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

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Jhansi

**District Level Baseline Survey of Family Planning
Program in Uttar Pradesh**

SIFPSA, Lucknow

The Population Council, India

Centre for Population and Development Studies, Hyderabad

1995

District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Jhansi

CPDS

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1995

PREFACE

Baseline Survey in 15 districts of Uttar Pradesh as part of USAID assisted 'State Innovations in Family Planning Services' project is unique in many ways. This effort helps to create data bases at district level, an essential prerequisite for decentralised planning and strategy development.

Centre for Population and Development Studies, Hyderabad has been entrusted with the responsibility to conduct baseline surveys in Jhansi and Lalitpur districts. We would like to thank Mrs. Promila Shankar, Executive Director, SIFPSA, who extended all support in the execution of the project. We are grateful to The Population Council, particularly, Dr. J. Townsend, Dr. M.E. Khan and Dr. R.B. Gupta, for all technical assistance and help at various stages.

The surveys of this nature are like a process industry. Without continuous help, both direct and indirect, of many it would have not been possible to complete the tasks which have very tight time schedules. To name all who have helped in this effort, is difficult, for there are many. However, particular mention has to be made to the listers, investigators, editors and supervisors who worked very hard under difficult conditions. We profoundly thank them. All in the department of health and family welfare in Jhansi and Lalitpur districts have cooperated with us and provided all possible help. We extend our gratitude to all of them and particularly to Dr. (Mrs.) R.K. Dubey, Additional Director, Health and Family Welfare, Jhansi Division and to Dr. Abhay Singh, Chief Medical Officer, Jhansi district. Faculty of Health and Family Welfare Training Centre in Jhansi have provided all assistance at the time of training of investigators. We are thankful to Dr. A.S. Choudhary, Principal, HFWTC and his colleagues for the help given.

We do hope that the contents of this volume would be of assistance to the planners and implementors of health and family welfare programmes in Uttar Pradesh.

G. Narayana
CPDS

May 21, 1994

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CHAPTER I

INTRODUCTION

This chapter briefly describes the objectives of the Baseline Survey in Uttar Pradesh (BSUP), location of the study district in the state and how the district compares with the state on some of the main socio-economic and demographic characteristics.

1.1 Introduction

The Baseline Surveys in Uttar Pradesh (BSUP) were undertaken as part of the 'Innovations in Family Planning Services Project' (IFPS). The main objective of the IFPS project is to reduce the fertility rate in Uttar Pradesh. The specific objectives of the project are to : (1) increase access to family planning services; (2) improve the quality of family planning services; and (3) promote contraceptive use. The Population Council has been designated as the nodal organization to coordinate various activities and to provide necessary technical assistance for the consulting organizations involved in BSUP. Centre for Population and Development Studies, Hyderabad was the selected consulting organization (CO) for the BSUP in Jhansi and Lalitpur Districts.

1.2 Objectives of the Study

The general objectives of the BSUP are to : (1) provide a baseline against which the effectiveness and success of district level project activities can be assessed in the future; and (2) provide background data at the district level which would be of assistance to SIFPSA in the design of appropriate and innovative service delivery strategies.

The specific objectives of the survey are to: (1) estimate total fertility rate, birth rate, death rate and infant mortality rate; (2) understand the fertility behaviour; (3) assess the extent of utilisation of health services; (4) measure current levels of access to family planning services; (5) appraise quality of information, choice and follow up provided to family planning users on specific methods; (6) calculate the contraceptive prevalence rates and the level of unmet need for contraception; and (7) estimate the satisfaction levels with methods and services provided.

1.3 Socio-economic and Demographic Background

Local tradition ascribes the origin of the name of Jhansi to the beginning of the seventeenth century when Bir Singh Deo, the Bundela King of Orchha, built a fort in 1613 in what is now the city of Jhansi. The district has irregular boundary, the northern being contiguous with that of the district Jalaun. On the east lies the district of Hamirpur, on the south the district of Lalitpur, and part of the State of Madhya Pradesh forms the western and north western boundaries of the district. The average annual rainfall of the district is 880 mm. The climate of the district is subtropical, characterized by a hot dry summer and a cold winter. The district comprises of four tahsils viz. Moth, Garautha, Mauranipur, and Jhansi.

The land area of Jhansi district is 5,024 sq.kms. Population of the district in 1991 was 1,429,698. Jhansi district population constituted one percent of the total state population. The decennial population growth rate of Jhansi was 5.61 percent for the decade 1941-1951 and increased to 26.25 percent in the following decade. Marginal decline was noticed for the decade 1961-1971 and perhaps reached the peak level (30.67 percent) in 1971-1981. For the period 1981-1991, the decadal growth rate was 25.48 percent. The growth rates recorded for Jhansi and the state as a whole are more or less same. The density of population in 1991 was 285 persons per square kilometre which is lower than the state average of 473 persons.

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

	District	State
Population (1991)	1429698	139112287
Total	767430	74036957
Male	662268	65075330
Female		
Growth rate (1981-91)	25.5	25.2
Population density (1991)	285	473
% of total state population	1.0	16.4
% urban population	39.6	19.8
Sex ratio (1991)	863	833
Literacy level (1991)		
Total	51.6	40.9
Male	66.8	55.7
Female	33.8	25.3
Contraceptive Prevalence Rate (1992-93)	45.6	34.5
Per cent workers (1991)		
Total	30.2	29.7
Male	48.2	49.3
Female	9.2	7.4
Per cent employed in non-agriculture (1991)	36.6	26.9
Per cent depending on agriculture (1991)	63.4	73.1
Per cent of total population (1991)	28.8	21.3
Scheduled caste	28.8	21.0
Scheduled tribe	0.0	0.2
Other Hindus	90.4	83.3
Muslims	8.4	16.0
Other religious groups	1.2	0.7
Number of PHC/CHC (1991)	51	3929
Number of Sub-centre (1991)	251	20154
Average rural population per sub-centre	3440	5533

Source: G. Narayana, Harry E. Cross and J.W. Brown, Family Planning Programmes in Uttar Pradesh : Issues for Strategy Development, Hyderabad, CPDS, 1993.

Of the total district population, 767,430 were males and 662,268 were females. The sex ratio was 863 females per 1,000 males which was lower than the state average of 879. Sixty percent of Jhansi district population is in rural areas while the remaining 40 percent, in urban areas. Urban population in Jhansi district is almost 20 percentage points higher than the proportion of urban population to UP total population. Jhansi district has a total 759 villages and nearly two-thirds of these villages have more than 500 and less than 2,000 population. Ten percent of villages have less than 500 persons. Jhansi urban population lives in 16 towns. However, 57 percent of urban population is in Jhansi town and the remaining 43 percent, in 15 different towns.

Twenty nine percent of Jhansi population belonged to the Scheduled Castes category and the Scheduled Tribe population was negligible (0.01 percent). Total Scheduled Caste population in Jhansi district is 8 percentage points higher than that of the state (21 percent).

Total literacy rate of Jhansi district as per 1991 census was 51.6 percent which is 10 percentage points higher than the state average. While urban literacy rate was 67 percent, rural literacy rate was 42 percent. As has been the case with urban-rural literacy rates, there is a wide gap in the male and female literacy rates. While the male literacy rate was 66.8 percent, the female literacy rate was 33.8 percent. Rural female literacy rate in Jhansi district was only 20 percent. Male literacy rate in Jhansi was higher by 11 percentage points and female literacy by 9 percentage points than the state average.

Economic classification of main workers in Jhansi district showed no major changes in the last one decade. Sixty-three percent of main workers were in the primary sector in 1991, 11 percent in the secondary sector, and 25 percent in the tertiary sector. As compared to this, state had 73 percent workers in the primary sector, 9 percent in the secondary district, and 18 percent in the tertiary sector. Jhansi district has 70 limited companies with a work force of 14,058 and 5,480 small scale industries with 28,678 workers. Nearly 10 percent of the total workers in Jhansi district were in the organized sector.

Government health infrastructure in Jhansi district consists of 3 community health centres, 48 primary health centres, 251 sub-centres and 9 ICDS blocks. In addition, 69 allopathic, 20 ayurvedic, 20 unani, and 5 homeopathic public sector institutions provide health services in the district. Jhansi district also has a large pool of private sector physicians (1,129) practicing various systems of medicine.

In 1988, 39.6 percent of eligible couples, as per the MOHFW estimate, were effectively protected by modern methods of contraception. This has gradually increased to 43.8 percent in 1992. Of the total couples protected, 31 percent were acceptors of sterilization methods and the remaining 17.58 percent were non-terminal method acceptors. The percent of couples effectively protected by terminal methods increased by 2.7 percentage points between 1988 and 1992 and the non-terminal methods by 6 percentage points during the same period. Jhansi district ranks sixth among districts in the state in terms of family planning performance.

1.4 Presentation of the Report

This report consists of 10 chapters including the introductory chapter. The second chapter deals with the survey design, sampling procedure followed in rural and urban areas, types of study tools, recruitment and training of investigators, data processing, estimation procedures, and field problems. Household and respondent background characteristics in terms of age structure, sex, literacy and levels of education, and household facilities are given in the third chapter. In this and subsequent chapters, wherever necessary, distinction has been made between urban and rural settings. Chapter 4 addresses the subject of nuptiality and aspects such as current marital status of women, age at effective marriage, and knowledge of minimum legal age at marriage. Chapter 5 provides information on current fertility levels, outcome of pregnancies, and children ever born and surviving. Chapter 6 is on family planning practices and the specific areas covered are: knowledge of family planning methods and sources, contraceptive use, level of unmet need, reasons for discontinuation of contraceptive use, and intention of use of family planning methods in future.

The fertility preferences of the women in terms of desire for additional children, ideal number of children, husband and wife communication, and fertility planning are given in Chapter 7. In the following chapter, maternal and child health services in regard to antenatal care, place

of delivery, and assistance at the time of delivery, immunization of children and utilization of public health services are covered. Chapter 9 provides profiles of villages, sub-centres, PHCs and CHCs covered as part of the survey. Summary of findings is given in Chapter 10.

CHAPTER II

SURVEY DESIGN

This chapter deals with the study design, the sampling procedure for rural and urban areas and the sample size. A brief description of instruments used, training processes followed, data processing techniques adopted, estimation procedures used and field problems faced is also given.

2.1 Sample Design and Implementation

The sample for the Jhansi district survey was designed to provide statistical estimates for the district as a whole and for the urban and the rural areas separately. The sample size for Jhansi district was 2,500 households which was expected to result in interview of 3,000 ever married women aged 13-49.

2.1.1 Rural Sample

In rural areas, the 1991 census list of villages served as the sampling frame and a two stage stratified systematic sampling procedure was adopted, the unit of selection of different stages being the villages and the households.

First step consisted of deleting all the villages with population of less than 50. Then all the villages with population of 50 to 150 were clubbed with neighbouring villages. In the second stage all villages were arranged in a descending order based on population size and were divided into three strata of equal population. A total of 60 villages, 20 from each stratum were selected. The selection of villages was systematic with probability proportional to size. In case of a large village, with more than 500 households, the village was divided into 3 to 5 segments of 150 to 250 households each and two segments were selected using PPS. House listing was done only in the selected segments. From one segment 12 households from the other 13 households were selected using systematic random sampling method. For non-segmented villages, a sample of 25 households was selected using systematic random sampling procedure. The total rural sample consisted of 60 villages and 1,500 households.

Of the total 1,500 households selected, information could be collected from all households. So the household response rate is 100 percent. In these 1,500 households, 2,206 eligible women were listed, of which 2,166 could be interviewed (98.2 percent). Almost all women (39 out of total 40) could not be interviewed because they were not at home at the time of interview. The individual as well as overall response rate for eligible women is 98.2 percent.

2.1.2 Urban Sample

In each district, all the urban units were classified into the following strata depending on the population size of town.

Stratum I	:	Towns with population of 1 lakh and over
Stratum II	:	Towns with population of less than 1 lakh and above 20,000
Stratum III	:	Towns with population of less than 20,000

Jhansi district has one town in stratum I, 3 towns in stratum II and 18 towns in stratum III. First, information was obtained, from the Census Directorate, Lucknow, on number of census blocks in each of the four towns. Using probability proportional to size the number of blocks to be selected from each town was obtained. Then the blocks were arranged in a descending order based on population size. From each town, the required number of blocks were selected using the systematic random sampling method. Jhansi town, which represents the stratum 1, has 636 blocks and from these 22 blocks were selected as a sample. Jhansi district has 3 towns in the second stratum and a total of 7 blocks were selected from these three towns. The third stratum has 18 towns and a total of 345 blocks. From these total blocks, 11 blocks were selected. Thus a total of 40 urban blocks were selected. From each of the selected blocks, 25 households were selected using systematic random sampling method. Total urban sample consisted of 1,000 households. List of selected villages and towns are given in appendix 1. The map of the area covered is given in figure 2.

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

	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Households selected	1000	100.0	1500	100.0	2500	100.0
Households completed (c)	986	98.6	1500	100.0	2486	99.4
Households absent (HA)	10	1.0	-	-	10	0.4
Households refused (R)	1	0.1	-	-	1	0.0
Dwellings destroyed (DD)	2	0.2	-	-	2	0.1
Others (O)	1	0.1	-	-	1	0.0
Households occupied	997	100.0	1500	100.0	2497	100.0
Households interviewed	986	98.9	1500	100.0	2486	99.6
Households not interviewed	11	1.1	-	-	11	0.4
Households response rate (HHR)*	NA	98.9	NA	100.0	NA	99.6
Eligible women	1236	100.0	2206	100.0	3442	100.0
Women interviewed (EWC)	1140	92.2	2166	98.2	3306	96.1
Women not at home (EWNH)	92	7.4	39	1.8	131	3.8
Women refused (EWR)	2	0.2	1	0.1	3	0.1
Others (EWO)	2	0.2	--	-	2	0.1
Individual response rate (EWRR)**	NA	92.4	NA	98.2	NA	96.1
Overall response rate (ORR)***	NA	91.4	NA	98.2	NA	95.7

NA = Not Applicable

* Using the number of households falling into specific response categories, the household response rate is calculated as:

$$\frac{C}{C + HP + HA + P + R}$$

** Using the number of eligible women falling into specific response categories, the individual response rate is calculated as :

$$\frac{EWC}{EWC + EWNH + EWR}$$

*** The overall response rate (ORR) is calculated as: $ORR = (EWRR * HHR)$

Of the total 1,000 household urban sample selected, 997 households were occupied. A total of 986 households were interviewed and, of those who could not be interviewed, majority of them were not available at home even after repeated visits by the investigators. The household response rate in urban Jhansi is 98.9 percent. From the households interviewed, a total of 1,236

eligible women were listed and of these, 1,140 were interviewed. Of the total 96 who could not be interviewed, 92 were not at home on interview dates. The individual response rate is 92.4 percent and the overall response rate is 91.4 percent.

A total sample of 2,500 households were selected and 2,486 households were interviewed. Eleven households could not be interviewed due to non-availability. The household response rate is 99.6 percent. In the 2,486 households interviewed, 3,442 eligible women were listed. Of these total women, 3,306 were interviewed and 131 could not be interviewed for they were not at home. The individual response rate for eligible women is 96.1 percent and the overall response rate is 95.7 percent.

2.2 Study Tools

Four types of schedules, developed by the Population Council in collaboration with the consultancy organizations, were used to collect data as part of the survey. These included : (1) household schedule ; (2) eligible women schedule; (3) village level schedule; and (4) PHC/CHC/ sub-centre level schedule. The overall content and format of all the four questionnaires was determined in a workshop on schedule design held at Lucknow in September 1993. Workshop was attended by the representatives of all consulting organizations, SIFPSA, The Population Council and the USAID.

The household schedule was used to list all the usual residents of each sample household and visitors who slept in that household the night before the interview. Basic data on the characteristics of each listed person including age, sex, marital status, relationship with the head of household, education and occupation was collected with the help of this questionnaire. In addition, the schedule dealt with socio-economic background of the households and births and deaths since Dashera 1991.

The eligible women schedule was used to collect information from all eligible women, that is, all ever married women aged 13-49 years who slept in the household the night before the household interview. The main sections in the schedule contained the socio-economic characteristics of the couples, fertility and family size norms, utilization of maternal and child health services, and use of family planning methods and exposure to media.

Village schedule included distance of the village from various health institutions, school facilities, presence of private practitioners, contraceptive service delivery points and NGOs and TBAs working in the village. CHC/PHC/SC information sheet dealt with infrastructure facilities, manpower position in these institutions, condition of cold chain equipment, supply of vaccines, services available, contraceptive supplies, and IEC activities.

2.3 Recruitment of Investigators and Training

A total of 70 persons (55 females and 15 males) from 158 applicants were selected after the group interviews. The training programme was conducted for the selected persons for a period of three weeks from October 25 to November 13, 1993 at Health and Family Welfare Training Centre, Jhansi by the staff of CPDS. Field practice was arranged from November 11 to 13, 1993 in a village near Jhansi and also in Jhansi town.

The training programme consisted of instruction in interviewing techniques, field procedures for the survey or detailed review of each item in the questionnaire, mock interviews

between participants in the class room and, finally, the field practice. In addition, experts from the health and family welfare department were invited to take sessions on technical aspects of each section of the women schedule.

After the training, one more screening was done and the trainees who could not perform well were dropped.

The main field work for the BSUP in Jhansi was carried out by 5 investigating teams, each team consisting of one male supervisor, one female editor and 4 female investigators. All teams were given equal number of sample units in a specified geographical area. The field work was carried out from November 16, 1993 to January 14, 1994. Supervision of the field work was done by staff members from the CPDS. In addition, one officer from the Population Council, Lucknow, was in the field to monitor the activities and to assess the quality of data collected.

Before the actual field work, five teams - each team consisting of one household lister and one mapper were trained for listing the villages and urban blocks. The training for house listing teams was conducted from October 11-13, 1993 at the State Institute for Health and Family Welfare, Lucknow. Each house listing team visited the villages and identified the census enumeration blocks and then prepared two maps, one indicating the location of village or urban block and the other, indicating the location of each household. List of all households in selected villages and urban blocks was prepared which formed the basis for selection of households.

2.4 Data Processing

All the completed schedules were sent to the CPDS office in Hyderabad for data processing. The schedules were first office edited and then data were entered into the computer with the help of computer software package known as 'System for Data Entry Validation for Baseline Survey' supplied by the Population Council. Field check tables generated were used to monitor the work of individual investigators and the survey teams. SPSS package has been used to generate the main tables.

2.5 Estimation Procedure

Calculation of weights for estimating parameters at district level was done. The estimation procedure was given by the Population Council. Population level estimates, depending on the sample design, were generated on the basis of sample observations. Data processing was done with the help of SPSS package.

Estimation of parameters at district level was done with the help of the weighting procedure provided by the Population Council. Separate weighting procedure was adopted for rural and urban areas. Since the background characteristics of the household population was obtained from head of the household and reproductive related information was collected from the eligible women in that house, two weighting factors were adopted for the estimation, one for household population known as "Household Factor" and the other for eligible women, known as "Eligible Women Factor".

A: Weighting Factor for Rural Areas

$$\text{Household Factor} = \frac{P_i \times H_i}{a \times p_i \times h_i}$$

where

- P_i = Total rural population (1991 census) of the district
- p_i = Population of the i^{th} selection village/ i^{th} PSU (1991 census)
- a = Number of selected PSU's (villages) from the rural areas of the district.
- H_i = Number of listed households in the i^{th} PSU (village).
- h_i = Actual number of households surveyed from the i^{th} selected village.

Note : For segmented villages, number of listed households in the i^{th} PSU (village) was obtained by projecting 1991 census for two and half years, to get 1993 projected/listed households for that village.

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

where

- E_i = Total number of eligible women existing in the selected households in the i^{th} village/PSU.
- e_i = Number of actual eligible women covered in the i^{th} village/PSU.

B: Weighting Factor for Urban Areas

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

where

- P_i = Total urban population (1991 census) in the i^{th} stratum.
- a_i = Number of selected towns in the i^{th} stratum.
- q_{ijk} = Population (1991 census) of k^{th} Census Enumeration Block (CEB) in the j^{th} town of i^{th} stratum.
- b_j = Number of selected CEB's in the j^{th} town.
- H_k = Number of listed households in the k^{th} CEB.
- h_k = Actual number of households surveyed from the k^{th} CEB.

$$\text{Eligible Women Factor} = \text{House hold Factor} \times \frac{E_k}{C_k}$$

where

- E_k = Total number of eligible women present the k^{th} CEB of j^{th} town of i^{th} stratum.
- C_k = Actual number of eligible women covered in the k^{th} CEB.

After adopting the weightage procedure as given above, the population of Jhansi district was estimated to be 1,613,782 in 1993 and, according to the 1991 census figure the district had 1,429,698 inhabitants. The estimated urban and rural population according to BSUP was 660,529 and 953,253 respectively, while the 1991 census population for urban and rural areas was 566,356 and 863,342 respectively. The sex ratio for the district was estimated as 886 females per 1000 males, whereas the 1991 census sex ratio was 863. The percentage of literates in Jhansi was estimated as 68 percent, whereas the same according to 1991 census was 52 percent. Percentage of male and female literates were 82 percent and 51 percent respectively according to the estimation procedure, while 67 percent males and 34 percent females were literate according to 1991 census. Thus the various estimates obtained for Jhansi through weighting procedure are in the tolerable limits if projected for 1993.

2.6 Field Problems

Several problems were faced in the district and some of them are unique to Jhansi district. One of the major problems faced was in regard to the selection of investigators. A large number of applicants turned up for the interview and many were disappointed that they were not selected. In one of the villages, the villagers refused to cooperate with listers and asked for identification. Even after showing the letter issued by the SIFPSA, they were non-cooperative. Local police help was taken to complete the work. The same villagers extended all necessary help for the main survey team. A few villages bordering Madhya Pradesh are hide outs of dacoit gangs operating in the area. Hardly any one from the government department ever visited these villages. The survey teams were naturally reluctant to visit these villages to collect data but were finally convinced. While most of the primary health centres staff were cooperative, intervention of the Additional Director, Health Services was sought on a couple of occasions. Transport was a major problem in case of those villages with no motorable roads. Survey teams walked long distances to cover these villages. Based on previous experiences, anticipating drop out of investigators, a total of nine teams were recruited, There were no drop outs, so all the nine teams were retained till the end of the survey to cover both Jhansi and Lalitpur districts.

CHAPTER III

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

In subsequent chapters of this report, nuptiality, fertility, contraceptive behaviour, mortality and health of children, etc. are viewed across different subgroups of the population. One focus of this chapter is to lay out a descriptive assessment of the environment where women and children live. This is done by showing general characteristics of the studied population such as age-sex structure, literacy and education, household arrangements (headship, size, type) and housing facilities (water supply, sanitation, electricity, etc). A distinction is made between urban and rural settings where many of these indicators usually differ.

The second purpose of the chapter is to provide a summary of the respondent's characteristics. This is intended to highlight important features of surveyed women. Percent distributions of various demographic and socio-economic characteristics are shown for the full sample. The main ones are age, marital status, residence, education levels, religion and caste.

Besides a better understanding of many demographic phenomena discussed in the following chapters, this general description of the studied population is useful for socio-economic development purposes.

3.1 Age-Sex Distribution of the Household Population

Table 3.1 presents the distribution of household population by age and sex for both the usual residents of the household and the visitors. The age structure of the population describes the past history of the population and also its future course. Age structure may also be used to test the quality of data collected with regard to age reporting of the population. The table also provides the overall sex ratio in urban, rural and total study domains.

Out of 1,620,480 people covered in the survey, a negligible proportion (less than one percent) were visitors and the rest were usual residents. Out of the total 1,613,782 usual residents in Jhansi district, 3.0 percent were infants (aged less than one year), 38 percent were children below 15 years of age, 4 percent were aged 65+ and the rest of 58 percent were adult population aged 15-64 years. Age distribution of population by sex displayed that the percentage of male and female infants was almost same. The percentage of female children was slightly more than the percentage of male children. There were no major differences between genders as far as the distribution of adult population is concerned.

Percentage of infant and aged population was same in rural and urban areas of the district, while the percentage of children in urban areas (37 percent) was less than the percentage of children in rural areas (38 percent). Thus the percentage of working population aged 15-64 years was slightly more in urban areas (59 percent) compared to rural areas (58 percent). The percentage of infant and child male population was more in rural areas (38 percent) compared to urban areas (36 percent). Percentage of elderly males were also more in rural areas (5 percent) compared to urban areas (4 percent). So the working males (15-64 years) were more in urban areas (60 percent) compared to rural areas (57 percent). Although the percentage of female children was more in rural areas (39 percent) compared to urban areas (37 percent), the percentage of adult females formed 58 percent of the total both in urban and rural areas of the district. Number of visitors were more in rural areas compared to

urban areas. Among the visitors more than seventy percent were children aged below 15 years and the rest were adults.

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure									
< 1	3.1	2.4	2.8	2.7	3.3	2.9	2.8	2.9	2.9
1-4	8.4	10.4	9.4	10.5	10.9	10.7	9.7	10.7	10.1
5-9	13.0	12.6	12.8	13.1	14.2	13.6	13.1	13.6	13.3
10-14	11.8	11.9	11.8	11.8	10.1	11.0	11.8	10.8	11.3
15-19	10.5	10.5	10.5	9.0	9.0	9.0	9.6	9.6	9.6
20-24	10.0	10.1	10.0	8.5	10.8	9.6	9.1	10.5	9.8
25-29	8.1	8.6	8.4	8.7	9.3	9.0	8.5	9.1	8.8
30-34	7.0	6.7	6.9	7.5	7.4	7.4	7.3	7.1	7.2
35-39	6.0	6.0	6.0	6.4	5.4	6.0	6.2	5.7	6.0
40-44	5.4	4.2	4.8	4.8	4.0	4.4	5.1	4.1	4.6
45-49	3.5	3.5	3.5	3.6	3.9	3.8	3.6	3.7	3.7
50-64	9.1	8.7	8.9	8.4	8.5	8.5	8.7	8.6	8.6
65+	4.1	4.4	4.3	5.0	3.2	4.1	4.6	3.7	4.2
DK/Missing	-	-	-	-	-	-	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	345196	315333	660529	510501	442752	953253	855697	758085	1613782
Sex Ratio	NA	NA	913	NA	NA	867	NA	NA	886
Visitors									
< 1	8.6								
< 1	28.2	12.4	11.0	23.3	12.7	18.6	19.6	12.6	16.1
1-4	14.0	11.7	17.5	35.1	41.3	38.0	33.4	28.6	31.0
5-9	-	15.3	15.0	19.1	16.4	18.0	18.0	16.0	17.0
10-14	11.0	7.8	5.1	15.1	7.2	11.5	11.3	7.5	9.2
15-19	-	21.0	17.4	3.9	5.7	4.5	5.7	12.2	9.1
20-24	14.2	-	-	3.5	1.0	2.2	2.6	0.5	1.5
25-29	13.0	9.5	11.3	-	10.7	5.0	3.5	10.2	7.0
30-34	-	4.6	7.5	-	5.0	2.2	3.2	5.0	4.0
35-39	-	5.7	4.0	-	-	-	-	2.5	1.1
40-44	-	-	-	-	-	-	-	-	-
45-49	11.0	-	-	-	-	-	-	-	-
50-64	-	11.0	11.0	-	-	-	2.7	5.1	4.0
65+	-	-	-	-	-	-	-	-	-
DK/Missing	-	-	-	-	-	-	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	804	1487	2291	2451	1956	4407	3255	3443	6698
Sex Ratio	NA	NA	1849	NA	NA	798	NA	NA	1056

Number of female visitors were more in urban areas, while the number of male visitors were more in rural areas. The percentage of male children (83 percent) were more than the percentage of female children (65 percent) in the visitors population. Number of child visitors were more in rural areas (86 percent) compared to urban areas (49 percent).

Sex Ratio

Taking into consideration the usual residents only, the sex ratio for the district was 886 females for every 1000 males. The sex ratio was more in favour of females in urban areas (913) than in rural areas (867). The sex ratio for the visitors was 1,056 females for every 1,000 males and it was highly favourable to females in urban areas (1849).

3.2 Household Composition

The household composition plays an important role in a traditional society like India, where head of the household is attached both financially and emotionally to the rest of the members of the house. In cases where women or young persons were heads of household it is usually found that financial resources were limited and where the size of the household is large, crowding can lead to health problems.

Table 3.2 gives the percent distribution of households by various characteristics of heads of the household (sex, age, marital status, religion, caste) as well as the number of usual members, according to place of stay. Expectedly, around 97 percent of household heads were males and their proportion was slightly less in urban areas (93.4 percent) compared to rural areas (98.8 percent). More than 84 percent of heads of household were aged above 30 years and the percentage was more in urban areas (88 percent) compared to rural areas (82 percent). The highest percentage of household heads was in 30-44 age group followed by 45-49 age group, and this pattern was true for both urban and rural areas. The median age of household head was 42 years. The median age of household head was more in urban areas (45 years) than in rural areas (40 years). Ninety two percent of heads of households were currently married; followed by 5.7 percent, widowed and 2 percent, never married. The percentage of currently married was slightly less in urban areas (89.4) compared to rural areas (94 percent). On the other hand, there were as many as 8.6 percent widowed heads of households in urban areas, when the same in rural areas was 3.7 percent only. Ninety-three percent of household heads in the district were Hindus, 5 percent were Muslims and 2 percent belonged to other religious groups. The distribution of Muslims and other religious household heads was 10 percent and 5 percent respectively in urban areas while they constituted 1 percent and 0.1 percent in rural areas of the district.

Distribution of household heads by caste showed that nearly one third of the household heads belonged to the backward castes and 30.7 percent belonged to the Schedule Castes. Twenty-four percent of household heads were from the upper caste groups, while 5 percent were the Scheduled Tribes. Percentage of the Scheduled Castes, the Schedule Tribes and the backward castes household heads was more in rural areas than in urban areas. However, 34 percent of heads of household in urban areas belonged to the upper castes compared to just 17 percent in rural areas. Distribution of households by number of usual members showed that the mean family size in both rural and urban areas was around six. Only 26 percent of houses in the district were with 4 or less inhabitants, while 74 percent of houses was with family size of 5 or more. A significant proportion (19 percent) of houses were with family size of 9 or more individuals, and this proportion was slightly more (19.4 percent) in rural areas than in urban areas (18.5 percent). The percentage of houses with 4 or less persons was more in urban areas (27 percent) than in rural areas (25 percent).

Table 3.2: Housing composition

Housing composing	Residence		
	Urban	Rural	Total
Sex of the household head			
Male	93.4	98.8	96.6
Female	6.6	1.2	3.4
Age of household head			
Less than 30	11.6	17.9	15.3
30 - 44	35.9	39.0	37.7
45 - 59	29.0	22.7	25.3
60 +	23.5	20.4	21.6
Median age	45.0	40.0	42.0
Marital status of household head			
Never married	1.8	2.0	1.9
Currently married	89.4	94.0	92.1
Widowed	8.6	3.7	5.7
Divorced	0.2	-	0.1
Separated	0.1	0.3	0.2
Religion			
Hindu	84.9	98.7	93.0
Muslim	10.1	1.2	4.9
Other	5.0	0.1	2.2
Caste			
Scheduled caste	20.4	37.9	30.7
Scheduled tribe	3.7	6.0	5.0
Backward caste	26.9	37.6	33.2
Higher caste	33.9	17.2	24.1
Other religious groups	15.1	1.3	7.0
Number of usual members			
1	0.8	0.1	0.3
2	4.4	3.7	4.0
3	9.4	5.8	7.3
4	12.3	15.7	14.3
5	18.0	19.1	18.7
6	16.4	16.1	16.2
7	13.7	12.0	12.7
8	6.5	8.0	7.4
9 +	18.5	19.4	19.0
Mean	5.8	6.0	5.9
Total %	100.0	100.0	100.0
Number of households	103332	145987	249319

3.2.1 Usual Residents and Visitors

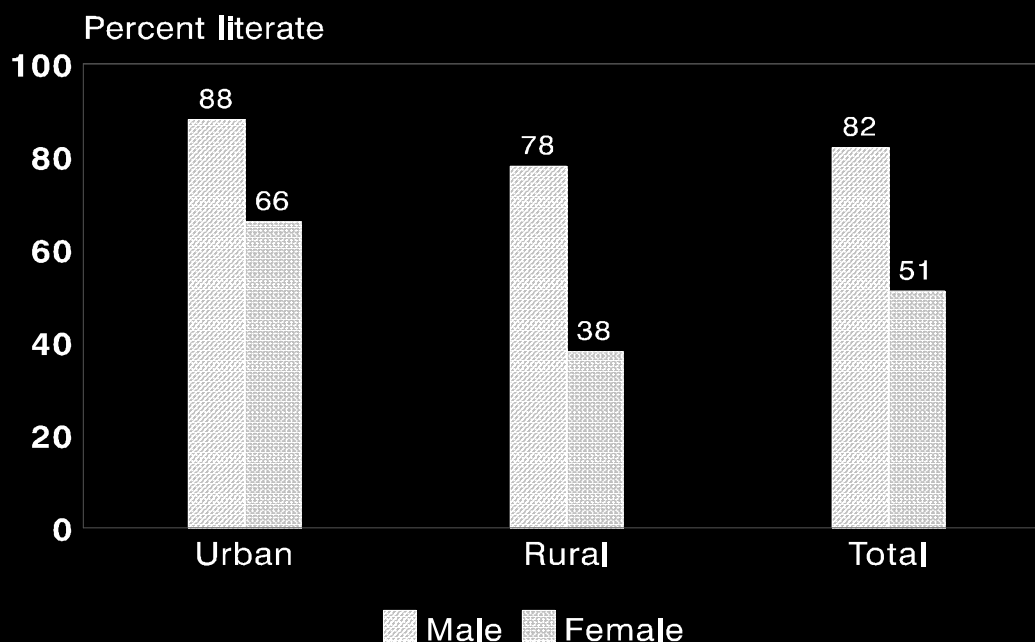
Table 3.3 presents the percent distribution of the *de-facto* household population by resident status in the household according to age, residence and sex. The proportion of visitors to total population covered was almost negligible (less than one percent) for age groups beyond 5 years. There were 2.3 percent infants among visitors. The only other age group where there were more than one percent visitors was 1-4, and among the rest of the age groups almost all the household population were usual residents. The number of visitors were more in rural

areas than in urban areas. Age distribution of male and female household population was almost same.

3.3 Educational Attainment

Educational level of the household population is perhaps the most important social characteristic which is proved to have significant impact on reproductive behaviour of women, use of contraception, immunization of children, health of children, proper hygienic habits of the household members and utilisation of health services. Tables 3.4 and 3.5 provide the educational level of household members and the percentage distribution of children attending school. Table 3.4 specifically provides the percent distribution of household population aged 6 and above by literacy and level of education and the median number of completed years of education, according to sex and residence. In a total of 1,199,758 people aged 6 and above, 32 percent were illiterate. Whereas in a total of 646,311 males aged 6 and above, 18 percent were illiterate and in a total of 553,447 females aged 6 and above, 49 percent were illiterate. Urban-rural literacy differentials between males and females aged above 6 were quite distinctive.

Figure 3.1: Education Level of Household Population



Jhansi, UP, 1993-94

Table 3.3: Usual residents and visitors

Characteristics		Usual resident	Visitor	Total %	Total N *
Male Age					
	< 1	97.4	2.6	100.0	24880
	1 - 4	98.7	1.3	100.0	83804
	5 - 9	99.5	0.5	100.0	112362
	10 - 14	99.6	0.4	100.0	101301
	15 - 19	99.8	0.2	100.0	82211
	20 - 24	99.9	0.1	100.0	78011
	25 - 29	99.8	0.2	100.0	72812
	30 - 34	99.8	0.2	100.0	62381
	35 - 39	100.0	-	100.0	53346
	40 - 44	100.0	-	100.0	43277
	45 - 49	100.0	-	100.0	30694
	50 - 59	99.9	0.1	100.0	74298
	60 +	100.0	-	100.0	39575
Residence	Urban	345196	804	100.0	346000
	Rural	510501	2451	100.0	512961
	Total	855697	3255	100.0	858952
Female Age					
	< 1	98.1	1.9	100.0	22422
	1 - 4	98.8	1.2	100.0	81773
	5 - 9	99.5	0.5	100.0	103299
	10 - 14	99.7	0.3	100.0	82474
	15 - 19	99.4	0.6	100.0	73070
	20 - 24	100.0	0.0	100.0	79756
	25 - 29	99.5	0.5	100.0	68999
	30 - 34	99.7	0.3	100.0	54156
	35 - 39	99.8	0.2	100.0	43182
	40 - 44	100.0	-	100.0	31050
	45 - 49	100.0	-	100.0	28221
	50 - 59	99.7	0.3	100.0	65342
	60 +	100.0	-	100.0	27784
Residence	Urban	315333	1487	100.0	316820
	Rural	442752	1956	100.0	444708
	Total	758085	3443	100.0	761528
Total Age					
	< 1	97.7	2.3	100.0	47302
	1 - 4	98.7	1.3	100.0	165577
	5 - 9	99.5	0.5	100.0	215661
	10 - 14	99.7	0.3	100.0	183775
	15 - 19	99.6	0.4	100.0	155281
	20 - 24	99.9	0.1	100.0	157767
	25 - 29	99.7	0.3	100.0	141811
	30 - 34	99.8	0.2	100.0	116537
	35 - 39	99.9	0.1	100.0	86528
	40 - 44	100.0	-	100.0	74327
	45 - 49	100.0	-	100.0	58915
	50 - 59	99.8	0.2	100.0	139640
	60 +	100.0	-	100.0	67359
Residence	Urban	660529	2291	100.0	662820
	Rural	953253	4407	100.0	957660
	Total	1613782	6698	100.0	1620480

* in 00's

Table 3.4: Educational level of household population

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	11.7	34.1	22.2	22.3	61.9	40.3	17.7	49.4	32.3
Upto class 4	21.6	20.6	21.1	22.6	18.0	20.5	22.2	19.2	20.8
Primary	6.9	8.4	7.6	10.9	8.8	9.9	9.1	8.6	8.9
Upto middle	17.0	12.8	15.0	19.3	7.7	14.0	18.3	10.0	14.5
Upto high	18.2	9.1	13.9	14.6	2.4	9.1	16.2	5.4	11.2
Above high school	24.7	15.0	20.1	10.3	1.2	6.2	16.5	7.4	12.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	279026	248619	527645	367285	3304828	672113	646311	553447	1199758
Median number of years	8.0	3.0	5.0	5.0	-	2.0	6.0	-	3.0

Out of a total of 68 percent literate population in the district, 30 percent were educated up to primary level or less, another 26 percent were educated up to middle or high school. Around 12 percent of household members had high school and above qualification. Among 82 percent male literates of the district, 31 percent were educated up to or below primary level, while 35 percent were educated up to middle or high school and another 16 percent were educated up to or above high school level. Among 51 percent female literates of the district, 28 percent were educated up to or below primary level and 15 percent were educated up to middle or high school. Forty percent of household population were illiterate in rural areas and 22 percent, in urban areas. The percentages of people educated up to or below primary in urban and rural households were 29 percent and 30 percent respectively. The percentages of people educated up to middle or high school in urban and rural areas were 29 percent and 23 percent respectively. Twenty percent household members had above high school education in urban areas and it was just 6 percent in rural areas. There were major differentials in the levels of education of males and females in rural as well as urban areas. Twelve percent urban males were illiterate compared to 22 percent rural male illiterate. The percentage of urban female illiterate was 34 compared to 62 percent rural female illiterate. Percentage of males educated up to or below primary level was more in rural areas (34 percent) compared to urban areas (29 percent). The percentage of males educated up to middle or high school was 35 percent and 34 percent in urban and rural areas respectively. The percentage of males with above high school education was significantly higher in urban areas (25 percent) compared to rural areas. There were 34 percent female illiterates in urban areas compared to 62 percent in rural areas. The percentage of females educated up to or below primary were 29 percent and 28 percent in urban and rural areas respectively. The percentage of females educated beyond primary was more in urban areas (37 percent) as against just 11 percent in rural areas. The median number of years of education was 3 years for the total district population, while it was 6 years for the males. The median number of years of education of urban and rural males was 8 years and 5 years respectively. The median number of years of urban females was 3 years.

Table 3.5 gives the percentage distribution of household population 6-14 years of age attending school by age, sex and residence. More than three-fourths of children in the age group 6-14 years were attending schools, and the proportion of male children attending schools was 80 percent compared to 72 percent for female children. With the increase in age of the child there was marginal drop in the percentage of children attending schools in urban areas and it was more or less constant in rural areas. In rural as well as urban areas, there was slight improvement in the percentage of male children who attended the schools with increase in age of the child. However, the converse holds true in case of females of both rural and urban areas.

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	77.0	70.0	74.0	82.8	77.7	80.3	79.4	73.5	76.6
11 - 14	77.4	61.0	70.0	86.2	73.6	80.5	81.5	66.5	74.6
6 - 14	77.1	67.3	72.6	83.8	76.6	80.4	80.0	71.5	76.1

Figure 3.2: School Attendance by Age and Sex



Jhansi, UP, 1993-94

3.4 Housing Characteristics

Table 3.6 presents the housing characteristics of the population in terms of electrification, source of drinking water, type of house, land ownership and consumer durable goods. The health of the child and the hygienic condition of the family were proved to be affected by the characteristics like electricity, source of drinking water and possession of consumer durable goods like T.V. and Radio. These characteristics also seem to influence the reproductive behaviour of women in terms of fertility and infant and child mortality. Nearly fifty percent of the houses in the district were electrified. Seventy-eight percent of houses were electrified in urban areas when only 30 percent of houses were electrified in rural areas. The major source of drinking water in the district is well, used by 45 percent of households followed by piped and hand pump water, used by 30 percent and 24 percent of households respectively. In rural areas, 63 percent of households used well water while, in urban areas, 60 percent households depended on piped water. Eighteen percent and 28 percent households depended on hand pump for drinking water in urban and rural areas respectively. Around 40 percent of houses in the district were kutcha type and 35 percent, mixed type. Slightly more than 20 percent of households in the district lived in pucca houses and another 5 percent, in huts. Kutcha and mixed houses constituted 87 percent of the total houses in rural areas compared to 56 percent in urban areas. Percentage of household population living in huts was more in rural areas (6.6 percent) compared to urban areas (6 percent).

Of 249,319 household population in the district, 40 percent were landless; 26 percent households possessed 1-3 acres of land; and 34 percent had 4 or more acres of land. The percentage of landless was more in urban areas (75 percent) compared to rural areas (14 percent). Thirty-five percent of households had 1-3 acres of land in rural areas while only 14 percent in urban areas belonged to the same category. More than half of the households in rural areas had four or more acres of land while only 11 percent households in urban areas had the same. Thirty-seven percent of household population in the district possessed radios and another 25 percent households, televisions. Percentages of households with radio were 48 percent and 29 percent respectively in urban and rural areas. The households with television formed only 7 percent of total households in rural areas compared to 50 percent in urban areas.

Table 3.6: Housing characteristics

Housing characteristic	Residence		
	Urban	Rural	Total
% households with electricity	77.7	29.9	49.7
Source of drinking water			
Piped	59.5	8.6	29.7
Handpump	18.4	27.8	23.9
Well water	20.0	63.2	45.3
Other	2.1	0.4	1.1
Type of house			
Hut	2.2	6.6	4.8
Kutcha	26.2	48.4	39.2
Mixed	30.2	39.0	35.4
Pucca	41.3	6.0	20.6
Agricultural land ownership			
Landless	75.3	14.1	39.5
1-3 acres	13.6	35.4	26.3
4-5 acres	3.8	17.0	11.5
6 or more acres	7.4	33.5	22.7
Consumer durable goods			
Radio	48.3	28.7	36.8
Television	50.4	6.9	24.9
Total %	100.0	100.0	100.0
Number of households	103332	145987	249319

3.5 Respondent's Background Characteristics

Previous part of the chapter described the characteristics of the household population obtained from the household questionnaire of BSUP. The present section deals with the analysis of respondents or eligible women in the age group of 13-49 years and the information for this part is obtained from the eligible women questionnaire.

Table 3.7 presents the percent distribution of respondents in regard to various background characteristics like age, marital status, education, religion, caste, work status and husbands education by place of residence.

3.5.1 Age

Twenty-three percent of ever married women were in the age group of 20-24, 20 percent in the age group of 25-29, 16 percent in the age group of 30-34, 12 percent in the age group of 35-39 and almost 10 percent each in the age groups of 15-19 and 40-44.

Table 3.7: Background characteristics of the respondents

Background characteristic	Residence		Total number of women		
	Urban	Rural	Total	Weighted N *	Unweighted N
Age					
13 - 14	-	0.5	0.3	994	10
15 - 19	7.9	12.1	10.5	35833	342
20 - 24	21.1	23.9	22.9	78137	747
25 - 29	20.2	20.1	20.1	68742	675
30 - 34	17.0	16.4	16.4	56855	551
35 - 39	14.6	11.0	12.4	42230	413
40 - 44	11.3	8.1	9.3	31889	309
45 - 49	8.0	7.8	7.9	26932	259
Marital status					
Currently married	97.4	98.3	97.9	336393	3365
Previously married	2.6	1.8	2.1	7129	76
Education					
Illiterate	43.2	69.8	59.7	204018	1939
Upto class 4	8.3	8.1	8.2	28013	274
Primary	8.4	10.5	9.7	33140	336
Upto middle	10.8	7.6	8.8	30215	309
Upto high	10.1	2.9	5.6	19099	185
Above high school	19.1	1.1	7.9	27003	262
Religion					
Hindu	86.3	98.5	93.9	320690	3119
Muslim	9.9	1.4	4.6	15792	144
Sikh	0.9	-	0.3	1116	9
Other	2.9	0.1	1.2	4014	34
Caste					
Scheduled caste	20.7	36.3	30.4	103821	1011
Scheduled tribe	3.6	6.1	5.2	17597	156
Backward caste	29.7	38.6	35.2	120362	1153
Higher caste Hindu	32.4	17.4	23.1	78910	799
Other religious groups	13.7	1.5	6.1	20922	187
Work status					
Not working	88.3	83.0	84.9	290242	2809
Working in family farm/business	0.6	13.1	8.4	28566	282
Employed by someone else	5.3	3.0	3.9	13161	108
Self-employed	5.3	0.9	2.6	8837	92
Other	0.5	0.1	0.2	807	9
Husband's education					
Illiterate	16.9	20.5	19.1	65364	614
Upto class 4	9.1	8.5	8.7	29816	281
Primary	7.4	11.9	10.2	34884	319
Upto middle	15.0	21.6	19.1	65310	639
Upto high	19.3	20.9	20.3	69342	680
Above high school	32.3	16.5	22.5	76896	770
	100.0	100.0	100.0	NA	NA
	129599	212022	341612	341612	3306
Total %					
Number of ever married women					

* in 00's

Fifty-four percent of ever married women were in the early reproductive period (15-29 age group) while the remaining 46 percent were in the later stage of reproductive period (aged 30+). The percentage of ever married women in 13-14 age group was almost negligible (0.3 percent). The percentage of rural ever married women (24 percent) was slightly higher than the urban ever married women (20 percent) in 20-24 age group. The percentage of ever married women was 20 percent both in rural and urban areas in case of 25-29 age group. The percentage of women in 30-34 age group also was almost same both in rural as well as urban areas. The percentage of ever married women in the early stages of reproductive behaviour was substantially high in rural areas (57 percent) compared to urban areas (49 percent).

3.5.2 Marital Status

Almost all women (98 percent) out of a total 336393 were currently married, 2 percent of them were either widowed or separated. Percent of currently married women was slightly less in urban areas (97.4 percent) compared to rural areas (98.3 percent). On the other hand, percentage of women previously married was slightly more in urban areas (2.6 percent) against 1.8 percent in rural areas.

3.5.3 Female Education

Nearly sixty percent of the eligible women in the district were illiterate. The percentage of illiterate women in rural areas (70 percent) was substantially higher than in the urban areas (43 percent), a difference of 27 percentage points. Eight percent of eligible women in the district had above high school education. The percentage of women with above high school education was 19 percent in urban areas while the same was just one percent in rural areas. The percentage of women educated up to or below primary was slightly more in rural areas (19 percent) compared to urban areas (16.7 percent). Twenty one percent of urban women were educated up to middle or high school while the same for rural women was 11 percent.

3.5.4 Religion and Caste

Distribution of eligible women by religious affiliation showed that 94 percent of women in the district were Hindus and around 5 percent were Muslims and the rest of nearly one percent belonged to other religious groups. The percentage of Hindu women was more in rural areas (98.5 percent) compared to urban areas (86.3 percent). There were 10 percent Muslim women in urban areas and their proportion was just one percent in rural areas. Percentage of women belonging to other religious groups was also high in urban areas (4 percent) compared to just 0.1 percent in rural areas. More than one-third (35.2 percent) of women in the district belonged to the backward castes; 30 percent to the Scheduled Castes; and 5 percent, to the Scheduled Tribes. High caste Hindu and other religious group women constituted 29 percent of the total women. There are significant differentials in the distribution of women according to caste groups between rural and urban areas. The percentage of the Scheduled Castes and the Scheduled Tribes population was more in rural areas (42.4 percent) compared to urban areas (24.3 percent). The percentage of backward caste population was also more in rural areas compared to urban areas. There were 46 percent higher caste Hindu and other religious group women in urban areas and the same for rural areas was only 19 percent.

3.5.5 Work Status

Majority of the women interviewed (85 percent) belonged to non-working category and were not engaged in any productive labour. The percentage of non-working women was slightly more in urban areas (88.3 percent) compared to rural areas (83 percent). There were as many as 13 percent women working in family farm/business in rural areas while the same in urban

areas was just 0.6 percent. Five percent women were self employed and another five percent were employed by someone else in urban areas while in rural areas three percent of women were employed by someone else and one percent of women were self employed.

3.5.6 Husband's Education

It is not only the women's education but also the husband's education that is found to have favourable influence on attitudes towards small family norm and contraceptive acceptance. In this respect each eligible women was asked about the educational level of her husband. Of the total, 19 percent women had illiterate husbands in the district. The percentage of women with illiterate husbands was slightly more in rural areas (21 percent) compared to urban areas (17 percent). The percentage of husbands educated up to or below primary was slightly more in rural areas (20 percent) compared to urban areas (17 percent). Forty-three percent of husbands were educated up to middle or high school in urban areas while the same in rural areas was 34 percent. Nearly one-third of husbands were above high school qualification in urban areas compared to 17 percent in rural areas.

3.6 Access to Mass Media

In order to know the potential of mass media in promotion of family planning methods by creating awareness of and demand for the methods, the women in rural and urban areas were asked questions on whether they read newspaper, heard radio and watched television or cinema. If they replied in positive, the frequency of such practice was recorded. Table 3.8 shows the level of exposure of women to mass media according to various background characteristics like age, residence, education, religion and caste in order to know which category of women are likely to be reached by media for diffusing family planning, health and population related information. Responses reflect exposure to media like radio, television, newspapers on weekly basis and cinema, on monthly basis.

Overall 57 percent of the women in the district were not exposed to any of the media (radio, television, cinema and newspaper). Among various media, radio and television command greater reach compared to cinema and newspaper. Of all the women only 8 percent frequently read or listened to newspaper; 19 percent, often viewed television; 7 percent, listened to radio; and 3 percent, watched movies. There were another 12 percent, 10 percent, 16 percent and 17 percent women who less often or sometimes read newspaper, watched television, listened to radio and seen movies respectively. Exposure of the women to various media does not seem to be influenced much by age of the respondent in the district.

Weekly exposure of women to different kinds of media was substantially high in urban areas than in rural areas. Sixty six percent of urban women were exposed to at least one media compared to only 26 percent rural women. There is a sharp rise in the percentage exposed to different media with increase in level of education. For instance, only 22 percent illiterate women were exposed to any of the medium, while 98 percent women with above high school education were exposed to at least one medium. Exposure to media was maximum for women from other religious groups (96 percent) and minimum for Hindu women (39 percent). Sixty-three percent Muslim women were exposed to at least one medium. Only less than one third of the Scheduled Caste, the Scheduled Tribe and the backward caste women were exposed to at least one medium, the same for higher caste Hindu and other religious group women was 69 percent and 71 percent respectively.

Table 3.8: Access to mass media

Background characteristics	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	87.4	11.0	1.7	78.2	8.4	13.4	78.0	16.0	6.0	79.2	17.2	3.6	36827	61.7
20 - 24	82.3	11.4	6.3	74.0	8.2	17.8	74.2	19.2	6.6	81.2	15.3	3.5	78137	57.4
25 - 29	80.0	10.7	9.3	71.0	9.0	20.0	77.0	14.5	8.5	79.2	17.5	3.3	68742	57.7
30 +	80.4	11.4	8.1	68.9	11.1	20.0	77.6	15.3	7.1	83.3	15.0	1.7	157907	58.8
Residence														
Urban	62.3	19.8	17.9	41.7	16.8	41.6	67.6	19.4	13.0	67.7	28.6	3.7	129591	34.1
Rural	93.3	5.9	0.7	89.7	5.4	4.9	82.3	14.1	3.6	90.1	8.0	1.9	212022	73.6
Education														
Illiterate	96.0	3.1	0.9	88.8	6.0	5.2	88.2	9.7	2.1	92.4	6.4	1.2	204018	77.6
Upto class 4	87.4	9.0	3.6	70.3	14.6	15.1	76.6	16.2	7.2	81.4	15.3	3.3	28013	53.4
Primary	79.8	16.8	3.4	64.3	14.6	21.2	66.6	23.4	10.0	78.7	17.4	3.9	33140	43.9
Upto middle	68.5	24.8	6.7	50.8	19.2	30.0	61.4	27.1	11.5	71.0	25.0	4.0	30215	31.4
Upto high	41.4	32.4	26.2	25.8	15.5	58.7	45.5	34.4	20.0	52.3	43.8	3.9	19099	12.0
Above high school	11.3	37.8	50.9	5.3	12.3	82.4	41.9	30.2	27.9	36.7	54.9	8.4	27003	1.7
Religion														
Hindu	83.2	10.6	6.2	73.8	9.4	16.8	77.5	15.7	6.8	83.1	14.6	2.3	320690	60.5
Muslim	67.5	16.1	16.5	43.5	15.5	41.0	72.1	18.4	9.5	59.9	33.4	6.7	15792	36.7
Other	21.6	33.5	44.9	7.7	12.9	79.4	43.1	31.2	25.6	53.5	39.9	6.7	5130	3.4
Caste														
Scheduled caste	92.0	6.3	1.6	82.2	7.9	9.9	84.2	11.6	4.2	90.2	8.0	1.7	103821	70.8
Scheduled tribe	95.2	3.1	1.7	85.6	6.6	7.9	85.1	11.3	3.5	87.5	10.7	1.8	17597	70.8
Backward caste	90.8	6.8	2.4	84.4	7.9	7.7	82.2	13.6	4.2	88.4	10.1	1.5	120362	69.3
Higher caste Hindu	57.4	23.7	18.9	44.1	14.2	41.7	59.7	25.5	14.8	64.6	30.8	4.5	78910	31.4
Other religious groups	56.2	20.3	23.4	34.7	14.9	50.4	7.7	21.5	13.4	58.3	35.0	6.7	20992	28.5
Total %	80.0	11.9	8.1	71.5	9.7	18.8	76.7	16.1	7.2	80.5	16.8	2.7	341682	56.7

3.7 Summing Up

Of the total residents in Jhansi district, 3 percent were infants, 38 percent were children below 15 years of age, 4 percent were aged 65+ and the rest of 58 percent were adult population aged 15-64 years. Percentage of infant and aged population was more or less same in rural and urban areas of the district. Taking into consideration the usual residents only the sex ratio for the district was 886 females for every 1000 males. The sex ratio was in favour of females in urban areas (913) than in rural areas (867). Most of the heads of households were men with the median age of 42 years. The median age of household head was more in urban areas (45 years) than in rural areas (40 years). Distribution of households by number of usual members showed that the mean family size in both rural and urban areas was six. Of the total population aged 6 and above, 32 percent were illiterate. Male illiteracy was 18 percent and that of females 49 percent. More than three-fourths of children in the age group 6-14 were attending schools. Proportion of male children attending school (80 percent) was more compared to female children (72 percent).

Seventy-eight percent of houses were electrified in urban areas compared to 30 percent houses in rural areas. While safe drinking water was available for 37 percent households in rural areas, 88 percent in urban areas had similar facility. Of the total population in the district, 40 percent households were landless, 26 percent households possessed 1-3 acres of land and 34 percent had more than 3 acres of land. Forty-eight percent owned radio in urban areas and only 29 percent owned radio in rural areas. The percentage of households with television was only 7 percent in rural areas compared to 50 percent in urban areas.

Age characteristics of respondents showed that 44 percent of ever married women were in the early reproductive period (15-29 age group) while the remaining 46 percent were in the later stage (aged 30+). Of the total ever married women, 98 percent were currently married, 2 percent were widowed and negligible (0.2 percent) were separated. The percentage of illiterate women was substantially higher (70 percent) in rural areas compared to urban areas (43 percent). Ninety-four percent of women were Hindus, 5 percent were Muslims and the remaining 1 percent belonged to other religious groups. Eighty-five percent of women were not engaged in any productive labour. The percentage of non-working women was slightly more in urban areas (88 percent) compared to rural areas (83 percent). Overall 57 percent of the women in the district were not exposed to any medium (radio, television, cinema and newspaper). Among various media, radio and television have wider reach compared to cinema and newspapers.

CHAPTER IV

NUPTIALITY

Nuptiality, in the Indian context, has both demographic and social implications. The principal interest of the UPBL survey in the subject of nuptiality is that marriage is a primary determinant of exposure of women to the risk of pregnancy and, therefore, is important for understanding fertility. The study of trends in age at marriage and systems of marriage will also shed light on some important aspects of social change.

4.1 Current Marital Status of Women

Table 4.1 is a descriptive table of basic importance in defining the population base for many of the subsequent tables.

Table 4.1: Current marital status

Age	Marital Status				Total %	Total N	
	Never Married	Currently married	Widowed	Separated			
Urban	13-14	99.2	0.8	-	-	100.0	13147
	15-19	68.8	31.0	-	0.2	100.0	35761
	20-24	19.5	79.4	0.3	0.7	100.0	34518
	25-29	4.0	94.1	1.0	0.9	100.0	28186
	30-34	1.4	97.3	1.3	-	100.0	21283
	35-39	0.6	95.6	3.8	-	100.0	19368
	40-44	1.9	94.4	3.7	-	100.0	13304
	45-49	-	91.3	8.7	-	100.0	11282
	Total	26.1	71.9	1.6	0.3	100.0	176849
Rural	13-14	92.5	7.5	-	-	100.0	17422
	15-19	40.6	59.1	0.2	-	100.0	42940
	20-24	3.5	96.1	0.3	0.1	100.0	51460
	25-29	0.9	98.3	0.8	-	100.0	43331
	30-34	0.3	99.0	0.4	0.3	100.0	33870
	35-39	0.4	97.6	2.0	-	100.0	24291
	40-44	-	96.2	3.8	-	100.0	17787
	45-49	-	90.6	9.4	-	100.0	17311
	Total	14.5	84.0	1.4	0.1	100.0	248412
Total	13-14	95.4	4.6	-	-	100.0	30569
	15-19	53.4	46.4	0.1	0.1	100.0	78701
	20-24	9.9	89.4	0.3	0.4	100.0	85978
	25-29	2.2	96.6	0.9	0.3	100.0	71517
	30-34	0.7	98.3	0.8	0.2	100.0	55153
	35-39	0.5	96.7	2.8	-	100.0	43659
	40-44	0.8	95.4	3.8	-	100.0	31091
	45-49	-	90.9	9.1	-	100.0	28593
	Total	19.3	79.0	1.5	0.2	100.0	425261

Of the total women in the age group of 13-49, 79 percent were currently married, 19 percent were never married, and 1.7 percent were either widowed or separated. Most of the never married women belonged to either 13-14 age group or 15-19 age group. In the age group

of 13-14, 95 percent were never married and in the age group of 15-19, 53 percent were never married. With the increase in age, the number of currently married dramatically increased. Eighty-nine percent of women in 20-24 age group and 97 percent of them in 25-29 age group were currently married. With the increase in age, the number of widowed women increased considerably, from 0.1 percent in 15-19 age cohort to 9.1 percent in 45-49 age cohort. This shows that widow remarriages are uncommon. The percentage of separated women, insignificant in number, were spread over all age groups.

There are significant differences in the marital status of women in urban and rural areas. While less than one percent of urban women in the age group of 13-14 were currently married, the same for rural areas was 7.5 percent. Thirty-one percent of urban women and 59 percent of rural women in the age group of 15-19 were currently married. The gap narrowed with the increase in age. By the time, they reached 25-29 age cohort, the differences were minimal. While 94 percent urban women were currently married in this age group, 96 percent rural women belonged to the same category. Percentage of widowed women increased with the increase in age in both rural and urban areas. For the age group 20-24, the widowed women formed 0.3 percent and this increased to 8.7 percent for the age group 45-49 in urban areas. Similarly in rural areas the percentage of widowed increased from 0.2 for the age group 15-19 to 9.4 for the age group 45-49. Number of divorced women was non-existent. Perhaps, social stigma attached to divorced women might have prevented them from giving correct information. There was no influence of age on number of women separated from their husbands. Thus, the differences in marital status of urban and rural women is largely a reflection of differences in age at marriage.

4.1.1 Singulate Mean Age at Marriage

Changes in marriage patterns over time are also evident from an examination of changes in the Singulate Mean age at Marriage (SMAM). Table 4.2 provides the singulate mean age at marriage computed from various sources for different points of time.

Table 4.2: Singulate mean age at marriage

Source (District Level)	Singulate mean age at marriage		
	Male	Female	Difference
1961 Census	-	13.3	-
1971 Census *	-	14.7	-
1981 Census *	-	16.6	-
1992-93 BSUP	22.9	18.3	4.6

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

The singulate mean age at marriage for the males is 22.9 years and for the females, 18.3. The difference between males and females singulate mean age at marriage is 4.6 years.

4.1.2 Knowledge of Legal Age at Marriage

According to the Child Marriage Restraint Act of 1978, the legal minimum age at marriage in India is 18 years for females and 21 years, for males. Table 4.3 provides the percentage of ever married women aged 13-49 who currently know minimum legal age at marriage for males and females by selected background characteristics.

Of the total ever married women, 47 percent knew about the correct legal age at marriage for females and 37 percent, for males. There is no influence of age on knowledge level. The percentage of women who knew about correct legal age at marriage of both males and females was more or less same in all age cohorts. Rural-urban differences in this regard are more striking. Sixty-two percent of ever married women in urban areas were aware of correct age at marriage for females while only 35 percent of rural women possessed this knowledge. Similarly 51 percent of urban women and only 28 percent of rural women were aware of correct age at marriage for males.

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	35.1	42.0	36939
20 - 29	37.5	48.0	146879
30 - 39	36.2	45.0	99085
40 - 49	37.1	44.0	58887
Residence			
Urban	51.0	62.0	129655
Rural	28.1	35.0	212133
Education			
Illiterate	20.3	29.1	204195
Upto class 4	41.0	51.0	28013
Primary	51.0	64.0	33140
Upto middle	63.4	72.1	30215
Upto high	81.2	88.0	19099
Above high school	80.0	81.0	27003
Religion			
Hindu	35.4	44.0	320867
Muslim	52.0	65.6	15792
Other	73.9	79.6	5130
Caste			
Scheduled caste	26.3	34.4	103821
Scheduled tribe	18.6	27.1	17597
Backward caste	32.1	42.3	120538
Higher caste Hindu	56.3	62.8	78910
Other religious group	57.4	69.0	20922
Total	125701	155472	341788

* in 00's

With the increase in level of education, the knowledge level has sharply improved. Awareness of correct age at marriage for females was only 29 percent among illiterate women and this increased to 64 percent among women educated upto primary level. More than 80 percent of women with high school or above high school qualification were aware of correct age at marriage for females. The same trend is noticeable in regard to awareness of correct age at marriage for males. Twenty percent of illiterate women, 51 percent of women educated upto primary level and above 80 percent with high school qualifications were aware of correct age at marriage for males.

Awareness of legal age at marriage for females was low among Hindu women (44 percent) compared to Muslim women (66 percent) and women from other religious groups. Similar was the difference in case of awareness of correct age at marriage for males. Large number of Muslim women respondents were from urban areas and this could be the reason for the differences. Awareness of legal age at marriage for females was the lowest among the Scheduled Caste (34 percent). Knowledge level increased with increase in caste status. Sixty-three percent of upper caste Hindus were aware of correct age at marriage for females. Similar was the case in regard to awareness of legal age at marriage for males. Nineteen percent of the Scheduled Tribe women, 26 percent of the Scheduled Caste women, 32 percent of Backward Caste Women and 56 percent of Upper Caste Women were aware of correct legal age at marriage for males.

4.2 Age at Effective Marriage

In the Indian setting, marriage is an important social and demographic event, representing the point in a woman's life at which child bearing first becomes welcome.

Cohort trends in age at marriage can be described by comparing the cumulative percentage ever married by a specified exact age for successive age groups and by comparing the mean age at effective marriage for successive age groups (Table 4.4). In drawing conclusions concerning trends, the data for the oldest cohorts should be interpreted cautiously since women may not recall marriage dates or ages with accuracy.

In the Indian setting, the age at which a woman starts living with her husband makes the beginning of her exposure to the risk of pregnancy. It allows an assessment of the age at which women initiate sexual intercourse and the trend in regard to this indicator across age cohorts.

Mean age at effective marriage was same (16.6 years) for the women in the age groups of 20-49 and 25-49. There were no major differences in age at effective marriage across age cohorts. Mean age at effective marriage was 14 percent for women in the age group of 13-14 and 16 percent for women in the age cohort of 15-19. Among women in 20-49 age group, majority (54 percent) started living with their husbands before reaching 17 years, another above one-fourth women (28 percent) before reaching 19 years and the remaining after 19 years of age. This was, more or less, same for women in the age group of 25-49. In all age cohorts, the effective age at marriage for majority of women was less than 17 years. This clearly suggests the lack of changes in marriage patterns.

There are, however, significant differences among rural and urban women in regard to the age at effective marriage. More rural women in the age group of 20-49 started living with their husbands (60 percent) before reaching 17 years compared to urban women (47 percent). Mean age at effective marriage for rural women, in the age group of 20-49, was 16 years and for urban women, 17 years. There are also major differences between cohort groups, in both urban and rural areas, in regard to age at effective 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
	13-14	15-16	17-18	19-20	21-22	23-25	
Urban							
13-14	0.0	0.0	0.0	0.0	0.0	0.0	0.0
15-19	13.0	45.1	32.9	9.0	0.0	0.0	16.3
20-24	15.5	24.9	30.0	22.1	5.4	2.1	17.2
25-29	19.9	23.4	21.8	16.9	10.3	7.7	17.5
30-34	17.8	28.8	30.1	12.6	4.7	5.9	17.0
35-39	10.3	32.9	31.3	15.0	5.4	5.2	17.3
40-44	19.6	35.7	21.2	16.2	1.4	6.0	16.8
45-49	14.2	40.9	18.7	16.0	5.5	4.6	17.0
20-49	16.5	29.2	26.4	16.9	5.9	5.2	17.2
25-49	16.8	30.5	25.3	15.3	6.0	6.2	17.2
Rural							
13-14	100.0	0.0	0.0	0.0	0.0	0.0	13.5
15-19	27.1	50.4	21.3	1.2	0.0	0.0	15.4
20-24	19.5	36.4	31.9	11.0	1.2	0.0	16.3
25-29	19.0	40.6	27.8	8.1	3.2	1.4	16.3
30-34	22.3	44.1	21.6	10.0	1.7	0.3	16.0
35-39	17.6	41.2	27.8	11.0	2.4	0.0	16.3
40-44	20.9	39.2	33.7	4.6	1.7	0.0	16.0
45-49	26.3	34.4	26.1	10.6	2.4	0.0	16.1
20-49	20.4	39.5	28.2	9.5	2.1	0.4	16.2
25-49	20.7	40.6	26.8	8.9	2.4	0.5	16.2
Total							
13-14	100.0	0.0	0.0	0.0	0.0	0.0	13.5
15-19	23.0	48.9	24.7	3.4	0.0	0.0	15.7
20-24	18.1	32.3	31.2	14.9	2.7	0.7	16.6
25-29	19.3	34.1	25.5	11.4	5.9	3.7	16.8
30-34	20.6	38.3	24.8	11.0	2.8	2.4	16.4
35-39	14.4	37.5	29.4	12.7	3.7	2.3	16.7
40-44	20.3	37.5	28.1	9.8	1.6	2.7	16.4
45-49	21.7	36.9	23.3	12.7	3.6	1.8	16.4
20-49	18.9	35.5	27.5	12.4	3.5	2.2	16.6
25-49	19.2	36.6	26.2	11.5	3.8	2.8	16.6

4.3 Background Characteristics and Effective Age at Marriage

Table 4.5 shows the median age at first cohabitation with husband by current age and selected background characteristics. The median is defined here as the exact age by which 50 percent of an age cohort started living with their husband for the first time. The table is of use to describe trend and differentials in the age at which women started living with their husbands.

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

Background Characteristics	Current age							
	15-19*	20-24*	25-29	30-34	35-39	40-49	20-49	25-49
Residence								
Urban	16.0	17.0	17.0	17.0	17.0	16.0	17.0	17.0
Rural	15.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Education								
Illiterate	15.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Upto class 4	17.0	15.0	15.0	17.0	14.0	14.0	15.0	15.0
Primary	16.0	17.0	16.0	16.0	16.0	16.0	16.0	16.0
Upto middle	16.0	17.0	17.0	17.0	17.0	16.0	17.0	17.0
Upto high	16.0	18.0	18.0	18.0	18.0	18.0	18.0	18.0
Above high school	18.0	20.0	20.0	21.0	19.0	20.0	20.0	20.0
Religion								
Hindu	15.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Muslim	17.0	16.0	16.0	14.0	16.0	14.0	16.0	16.0
Other	-	-	-	-	18.0	16.0	16.0	16.0
Caste								
Scheduled caste	15.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Scheduled tribe	-	-	-	-	-	-	-	-
Backward caste	15.0	16.0	16.0	16.0	-	-	-	-
Higher caste Hindu	16.0	18.0	17.0	17.0	17.0	16.0	17.0	17.0
Other religious groups	-	-	-	-	-	-	-	-
Total	35944	78137	68742	56855	42230	58887	304850	226713

* Omitted when less than 50 percent of the women have married for the first time by age 20.

Median age at effective marriage for rural women was 16 years and for urban women, 17 years. The differences in effective age at marriage between rural and urban women, more or less, remained the same for all age cohorts. Level of education to a large extent influenced the effective age at marriage. There were no differences between 20-49 and 25-49 age groups in this regard. Among women in 25-49 age group, the effective age at marriage for illiterate women was 16 and this increased to 17 years for women with up to 6-8 years of schooling and further moved up to 20 for women with above high school qualification. These differences were similar for all age cohorts.

Median age at effective marriage was same for Hindu, Muslim and other religious group women (16 years). There were also no major differences between age cohorts of women belonging to various religious groups. Within Hindu women, the Scheduled Castes got married at younger age (16 years) compared to upper caste Hindu women (17 years). Differences among different age cohorts of the Scheduled Caste and the upper caste women were, more or less, same.

4.4 Summing Up

Of the total women in the age group of 13-49, 79 percent were currently married, 19 percent were never married and 2 percent were either widowed or separated. Most of the never married women belonged to 13-14 and 15-19 age groups. With increase in age, the number of currently married dramatically increased. Eighty-nine percent of women in 20-24 age group and 97 percent of them in 25-29 age group were currently married. Rural women got married at

younger age compared to urban women. The singulate mean age at marriage for the males is 23 years and for the females, 18 years. Of the total ever married women, 47 percent knew about correct legal age at marriage for females and 37 percent, for males. The percentage of women who knew about correct legal age at marriage of both males and females was more or less same in all age cohorts. Awareness level of legal age at marriage was more among urban women compared to rural women. With the increase in education, the knowledge level increased sharply. Knowledge levels also increased with increase in caste status. There were no differences in age at effective marriage across age cohorts. In all age cohorts, the effective age at marriage for majority of women was less than 17 years. More rural women started living with their husbands before reaching 17 years compared to urban women. Median age at effective marriage for rural women was 16 years and for urban women, 17 years. Median age at effective marriage was same for Hindu, Muslim and other religious group women (16 years). Within Hindu women, the Scheduled Castes got married at younger age compared to the upper caste women.

CHAPTER V

FERTILITY

In BSUP information on current as well as cumulative and past fertility is collected. Drawing upon the information collected in the BSUP the chapter begins with descriptions of current fertility. This is followed by a description of differentials in fertility by background characteristics.

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

5.1 Current Fertility Levels

The current level of fertility is the most important topic in this chapter because of its direct relevance to population policies and programmes. Table 5.1 is designed to provide estimates of current levels of fertility for the district as a whole and for urban and rural areas. A two-year rate is chosen for the BSUP rates as a compromise of three criteria to get the most current information to reduce sampling error, and to minimize problems with displacement of births from years immediately preceding the survey to earlier years.

To compute the numerator for the BSUP age-specific rates, live births are classified by (1) segment of time preceding the survey (i.e, 1-24 months) using the date of interview and date of birth; and (2) by age of the mother (in conventional five-year groupings) at the time of child. The denominators of the age-specific rates are number of woman-years lived in the specified five-year age intervals during the time segment. The numerator for the general fertility rate is the total number of births to the women aged 13-49 that occurred during the time period. The denominator is the number of women-years lived between the ages of 15 and 49 during the period.

The BSUP crude birth rate is based on the births that occurred to usual residents of the household during the two years preceding survey, as obtained in the household schedule. The CBR is calculated as the annual number of births in the two-year period before the date of interview per 1000 usual residents at the time of the survey.

Table 5.1 presents the age specific and cumulative fertility rate from the BSUP (1993-94) by residence. There were no births for the ever married women in 13-14 and 45-49 age groups. Fertility of the women in district, virtually started in 15-19 age group (0.13), reached maximum in 20-24 age group (0.24) and again declined by more than sixty percentage points for ever married women of age above 30. The fertility pattern of rural and urban women is almost same, except for 15-19 and 25-29 age groups. In 15-19 age group rural fertility was slightly higher (0.156) than the urban fertility (0.10), while for 25-29 age group women urban fertility was slightly more (0.17) than the rural fertility (0.138). The Total Fertility Rate (TFR) refers to the average number of children that would be born to a woman if she experienced the current fertility rates throughout her reproductive years,

Table 5.1: Current fertility

Age	Urban	Rural	Total
13-14	-	-	-
15-19	0.5	0.8	0.7
20-24	1.2	1.2	1.2
25-29	0.9	0.7	0.8
30-34	0.4	0.4	0.4
35-39	0.2	0.2	0.2
40-44	0.1	0.0	0.1
45-49	-	-	-
TFR 15-44	3.3	3.3	3.3
TFR 15-49	3.3	3.3	3.3
GFR	110.5	115.0	113.0
BSUP CBR based on household birth record (<i>de jure</i>)	28.7	28.9	28.8

Note: Rates from BSUP are for the period 1 - 24 months before the interview except for the CBR from the household birth record which is based on the period 1 - 24 months before the interview. Rates for the age group 45 - 49 might be slightly biased due to truncation.

TFR: Total Fertility Rate for ages 15 - 44 and 15 - 49, expressed per woman.

GFR: General Fertility Rate (births / number of women 15 - 49), expressed per 1000 women.

CBR: Crude Birth Rate, expressed per 1000 population

The TFR of all ever married women in 15-49 age group for the district as a whole was estimated to be 3.3. The TFR was almost same in rural as well as urban areas of the district. Because of no fertility in 45-49 age group women, the TFR for 15-44 and 15-49 age group women was almost same. The GFR was 113 for the district, and it was 110.5 for urban women, 115 for rural women. Similarly the CBR for the district as a whole was 28.8. Birth rate in rural areas was slightly higher (28.9) than in urban areas (28.7).

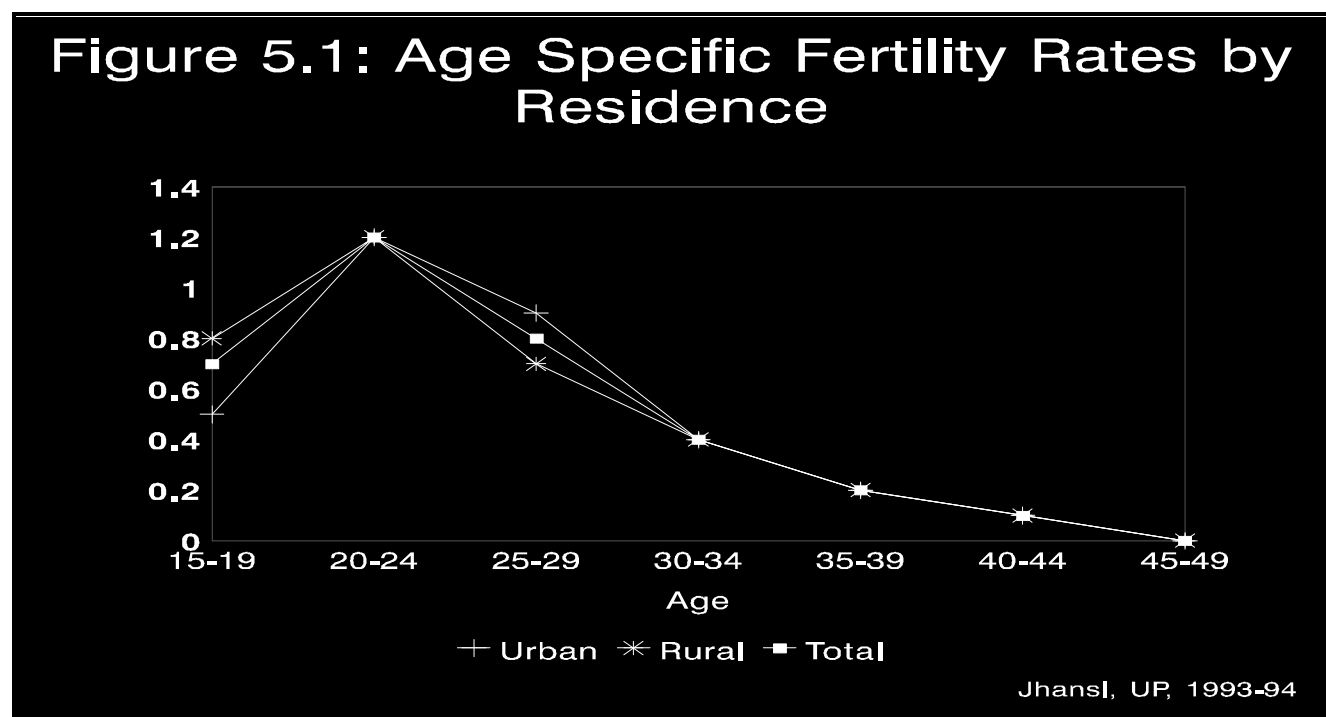


Table 5.2 summarizes current fertility for major groups in population. It also provides a basis for inferring trends in fertility by comparing the current synthetic measures with the average number of children ever born to women currently in 40-49 years of age. Although comparison

to completed fertility among women aged 40-49 with the total fertility rate can provide an indication of fertility change, such an approach is vulnerable to understatement of parity by older women. The findings on nuptiality and contraceptive use are also of crucial importance in reaching a balanced judgement about fertility trends. Unless there is evidence of increased age at marriage and/or appreciable use of contraception, it is unlikely that fertility has declined.

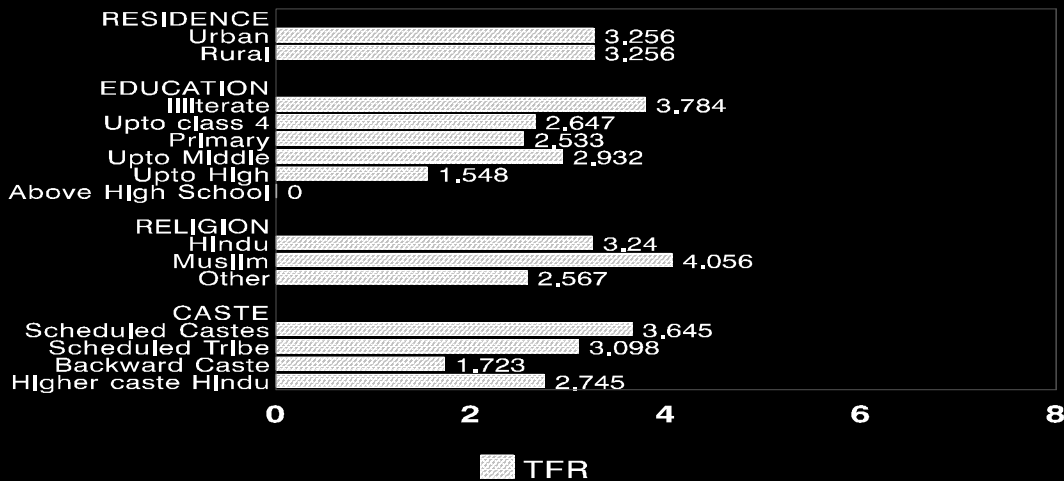
Table 5.2: Fertility by background characteristics

Background characteristics	Total fertility rate*	Mean number of children ever born to women aged 40-49 years
Residence		
Urban	3.256	114.6
Rural	3.256	4.7
Education		
Illiterate	3.784	5.0
Upto class 4	2.647	-
Primary	2.533	4.8
Upto middle	2.932	4.4
Upto high	1.548	4.0
Above high school	-	3.1
Religion		
Hindu	3.240	4.7
Muslim	4.056	5.2
Other	2.567	3.3
Caste		
Scheduled caste	3.645	5.0
Scheduled tribe	3.098	5.2
Backward caste	1.723	4.8
Higher caste Hindu	2.745	4.2
Other religious groups	3.526	-
Total	3.250	4.7

* Rate for women aged 15-49 years

There was no difference in fertility of urban and rural women. The total fertility rate for urban as well as rural women was 3.26. Differences in fertility by education of women are quite significant. The total fertility rate has declined from 3.8 for women with no education to 1.5 for women with up to high school education. The significant decline in fertility was between illiterate (3.8) and literate with up to class four education (2.6). However, the total fertility rate for women who completed primary level of education (2.5) was less than the fertility for women who were educated upto middle (2.9). The total fertility rate was high for Muslim women (4.1), followed by Hindu (3.2) and other religion women (2.6). Fertility differentials by caste show that, the Scheduled Castes women experienced the highest total fertility rate (3.6) while the backward castes women experienced the lowest (1.7). Total fertility rate was 3.5 for other religious group women, 2.7 for the upper caste Hindu women and 3.1 for the Scheduled Tribe women.

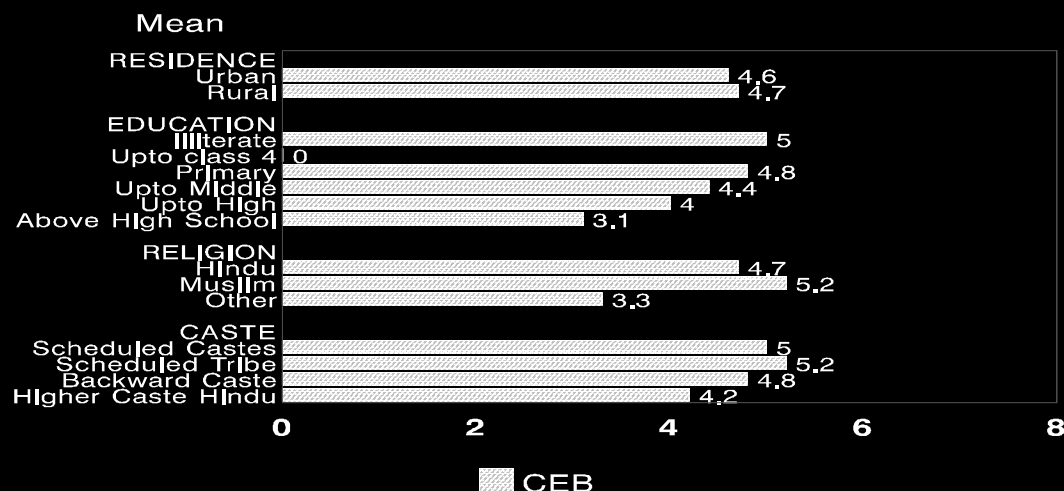
Figure 5.2: Total Fertility Rate (TFR) by Background Characteristics



Jhansi, UP, 1993-94

The mean number of children ever born to women aged 40-49 years was slightly more in rural areas (4.7) compared to urban areas (4.6). With the increase in the education of women, there was decline in the mean number of children ever born. The mean number of children ever born was more for illiterate women (5.0) which declined to 4.4, for women with up to middle education and 3.1 for above high school educated women. The mean number of children ever born was more for Muslim women (5.2), followed by Hindu women (4.7) and other religion women (3.3). Differentials in mean number of children ever born by different caste groups were not significant. The mean varies between 5.2 for the Scheduled Tribe women and 4.2 for the upper caste Hindu women. The mean number of children ever born was 5.0 for the Scheduled Caste women and 4.8 for the backward caste women.

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



Jhansi, UP, 1993-94

The systematic decline in mean number of children ever born in 40-49 age group for different educational groups, religion and caste groups, which is not the case with total fertility rate, can be considered as an indication of fertility decline among the women irrespective of their caste, religion and educational level.

5.2 Outcome of Pregnancies

Outcome of pregnancy is an indicator of the health of the mother which is influenced by a host of other factors. Table 5.3 shows the outcome of all pregnancies of ever married women had during last two years by age of mother and place of residence at the time of the survey. Out of a total 114,281 pregnancies in the district, more than 95 percent had resulted in live births. There were 2.1 percent still births, 1.5 percent spontaneous abortions and 1.2 percent induced abortions. Contrary to the normal expectations, the percentage of live births to total pregnancies was slightly less for urban women (93.8 percent) compared to rural women (96.2 percent). The pregnancies that resulted in still births were slightly more in rural areas (2.4 percent) compared to urban areas (1.5 percent). Spontaneous as well as induced abortions constituted five percent of total pregnancies in urban areas and the same in rural areas was one percent.

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	87.8	9.2	3.0	0.0	100.0	4208
20-24	98.2	0.0	1.4	0.4	100.0	18455
25-29	90.7	1.6	4.1	3.6	100.0	12349
30-39	91.4	1.1	3.1	4.3	100.0	8123
40-49	100.0	0.0	0.0	0.0	100.0	525
Total	40974	676	1151	859	100.0	43660
Rural						
13-19	95.5	2.5	2.0	0.0	100.0	10445
20-24	96.0	2.9	0.4	0.7	100.0	31805
25-29	96.2	2.0	1.1	0.7	100.0	16655
30-39	98.3	0.5	0.0	1.2	100.0	10527
40-49	91.5	8.5	0.0	0.0	100.0	1185
Total	67947	1685	526	463	100.0	70621
Total						
13-19	93.3	4.4	2.3	0.0	100.0	14653
20-24	96.8	1.9	0.8	0.6	100.0	50264
25-29	93.9	1.8	2.4	1.9	100.0	29004
30-39	95.3	0.8	1.4	2.6	100.0	18650
40-49	94.1	5.9	0.0	0.0	100.0	1710
Total	108921	2361	1677	1322	100.0	114281

* In 00's

Analysis of the pregnancy outcome by current age of women showed that, all the pregnancies resulted in live births among urban women of 40-49 age group. Only 88 percent of total pregnancies resulted in live births for 13-19 urban age group women, because of 9 percent still births and 3 percent spontaneous abortions. For 25-29 and 30-39 urban age group women,

8 percent and 7 percent of deliveries resulted in abortions (includes both induced and spontaneous) and for rural women of 40-49 age group only 92 percent of all deliveries had resulted in live births because of 8 percent still births. Contribution of still births to total pregnancies was 2.3 percent in 13-29 age group of rural ever married women. There were two percent spontaneous abortions and one percent induced abortions in 13-19 and 30-39 age groups of rural women respectively.

5.3 Children Ever Born and Living

The number of children ever born and living is presented in Table 5.4 for ever married women. In BSUP questionnaire, the total number of children ever born has been ascertained by a sequence of questions designed to maximize recall. Experience suggests that, even among high fertility and illiterate population omissions of births can be kept to a low level. Life-time fertility reflects the accumulation of births over previous years, and, therefore, its relevance to the current situation is limited.

The mean number of children ever born among all ever married women in the district was 2.9 with corresponding standard deviation of 2.1. The mean number of children ever born in 13-14 age group was almost negligible. The mean number of children ever born increased with the increase in age of the women. For instance, the mean number of children ever born has increased from 0.5 for 15-19 age group to 2.7 and 3.8 for age groups 25-29 and 30-34, respectively. The mean number of children of 4.1 in 35-39 age group reached the highest level of 4.9 for 45-49 age group. The percentage of childless women formed 12 percent of the total and the percentage generally declined with the increase in age of women from 51 percent for women aged 15-19 to 0.3 percent for 45-49 age group. By the time, the women completed their reproductive period, only 0.3 percent women remained as primarily sterile, while the remaining 99.7 percent were found to have at least one live birth. This kind of behavior is an indication of high propensity to become mother by the married women of the district. There were more than 10 percent women with 6 or more children and the percentage of women with 1-2 and 3-5 children were 34 percent and 44 percent respectively.

The average number of children surviving among all ever married women of the district was 2.6 with corresponding standard deviation of 1.8 children. Thus each woman in the district lost 0.3 children, on an average, during her reproductive period. The average number of surviving children were 0.4 for 15-19 age group women and rose to 2.4 and 3.3 for age groups 25-29 and 30-34 respectively. The mean number of surviving children of 3.7 among 35-39 age group increased to 4.2 by the completion of the reproductive behavior. The average number of children lost by the mother increased with age, from 0.1 for women aged 15-19 to 0.7 for 45-49 age group.

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	-	47.9	29.8	14.1	2.0	4.2	1.3	0.9	100.0	12329
1	-	17.3	48.6	20.5	5.6	3.9	1.7	2.4	100.0	20596
2	-	2.6	33.1	32.1	11.3	7.8	10.3	2.9	100.0	23471
3	-	0.5	18.1	22.1	27.0	15.1	11.2	6.1	100.0	25620
4	-	-	48.8	18.1	26.8	24.3	13.2	12.8	100.0	20284
5	-	-	1.6	20.5	26.8	22.0	15.9	13.2	100.0	12547
6	-	-	1.6	10.6	11.4	30.4	29.4	16.6	100.0	6295
7	-	-	-	2.1	20.2	33.9	28.8	15.1	100.0	4054
8	-	-	-	-	16.2	28.1	28.9	26.8	100.0	2101
9	-	-	-	-	9.5	-	27.7	62.8	100.0	1011
10 or more	-	-	-	-	19.8	26.3	25.1	28.9	100.0	1349
Mean	-	0.5	1.6	2.6	3.7	4.2	4.4	4.8	100.0	
SD	-	0.7	1.1	1.5	1.7	2.0	2.1	2.3	100.0	
Number of living children										
0	-	47.7	29.2	13.9	1.8	4.6	2.0	0.8	100.0	13203
1	-	14.4	48.0	22.3	6.2	4.8	1.8	2.6	100.0	22999
2	-	2.5	30.4	29.3	14.9	7.9	11.2	3.9	100.0	24700
3	-	-	16.0	22.4	27.0	18.0	11.7	4.9	100.0	27564
4	-	-	1.7	19.7	26.4	23.7	15.4	13.1	100.0	20398
5	-	-	0.8	12.3	21.9	23.6	20.9	20.5	100.0	12370
6	-	-	2.6	3.7	8.0	34.1	26.0	25.5	100.0	3851
7	-	-	-	3.1	23.7	38.5	29.8	5.0	100.0	2721
8	-	-	-	-	-	-	27.5	72.5	100.0	913
9	-	-	-	-	-	-	59.6	40.4	100.0	433
10 or more	-	-	-	-	31.4	38.8	-	29.7	100.0	505
Mean	-	0.4	1.5	2.4	3.4	3.7	3.8	4.4	100.0	
SD	-	0.6	1.1	1.4	1.4	1.7	1.7	2.0	100.0	
Rural										
Number of live births										
0	3.3	52.2	33.0	6.8	2.8	0.8	1.0	-	100.0	29999
1	-	24.5	51.3	15.5	4.2	1.6	1.7	1.1	100.0	32328
2	-	5.1	37.1	28.5	16.6	6.2	3.6	2.8	100.0	39246
3	-	0.2	15.4	31.1	19.7	17.4	9.0	7.2	100.0	45254
4	-	-	6.6	23.3	30.1	17.4	12.9	9.7	100.0	24984
5	-	-	4.9	16.8	25.4	17.3	17.5	18.1	100.0	20120
6	-	-	1.8	9.0	21.4	27.2	15.8	24.7	100.0	8607
7	-	-	-	6.3	24.4	16.8	23.3	29.2	100.0	5190
8	-	-	-	-	21.9	21.6	20.8	35.6	100.0	3656
9	-	-	-	-	28.0	9.0	20.6	42.1	100.0	1324
10 or more	-	-	-	-	-	20.5	21.5	36.0	100.0	1425
Mean	-	0.5	1.5	2.7	3.7	4.1	4.4	4.9	100.0	
SD	-	0.6	1.2	1.4	1.8	1.8	2.0	2.7	100.0	

<i>Number of live births and living children</i>	<i>Age of the mother</i>								<i>Total %</i>	<i>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										
0	3.1	51.4	33.5	7.1	2.9	0.8	0.9	0.3	100.0	32271
1	-	21.2	51.0	16.6	5.0	2.6	2.2	1.3	100.0	35376
2	-	3.7	34.2	29.7	17.6	6.3	4.9	3.6	100.0	43887
3	-	-	11.3	30.8	22.0	17.6	10.2	8.1	100.0	49275
4	-	-	3.2	16.9	30.4	19.9	16.2	13.4	100.0	27214
5	-	-	2.7	9.2	24.5	21.0	19.3	23.3	100.0	15401
6	-	-	0.9	3.5	22.9	27.4	13.5	31.8	100.0	5656
7	-	-	-	-	12.0	14.3	28.8	44.9	100.0	2154
8	-	-	-	-	-	28.2	15.1	56.7	100.0	735
9	-	-	-	-	-	-	70.7	29.3	100.0	136
10 or more	-	-	-	-	-	100.0	-	-	100.0	2
Mean	-	0.4	1.4	2.4	3.2	3.6	3.8	4.2	100.0	
SD	-	0.6	1.1	1.2	1.3	1.4	1.5	1.6	100.0	
Total Number of live births										
0	2.3	51.0	32.0	8.9	2.6	1.8	1.1	0.3	100.0	42328
1	-	21.7	50.2	17.4	4.8	2.5	1.7	1.6	100.0	52923
2	-	4.2	35.6	29.9	14.6	6.8	6.1	2.8	100.0	62717
3	-	0.3	16.4	27.8	22.3	16.5	9.8	6.8	100.0	70874
4	-	-	5.8	21.0	28.6	20.5	13.0	11.1	100.0	45268
5	-	-	1.5	8.7	14.9	14.8	17.3	16.2	100.0	32667
6	-	-	1.7	9.7	17.2	28.6	21.6	21.3	100.0	14902
7	-	-	-	4.5	22.5	24.3	25.7	23.0	100.0	9243
8	-	-	-	-	19.8	24.0	23.8	32.4	100.0	5757
9	-	-	-	-	20.0	5.1	23.8	51.0	100.0	2335
10 or more	-	-	-	-	20.1	23.9	30.7	25.3	100.0	2774
Mean	-	0.5	1.6	2.7	3.8	4.1	4.4	4.9	100.0	
SD	-	0.6	1.2	1.4	1.8	1.8	2.1	2.2	100.0	
Number of living children										
0	2.2	50.3	32.2	9.1	2.6	1.9	1.2	0.5	100.0	45473
1	-	18.5	49.8	18.9	5.5	3.5	2.0	1.8	100.0	58374
2	-	3.3	32.8	29.6	16.6	6.9	7.2	3.7	100.0	68587
3	-	-	13.0	27.8	23.8	17.7	10.8	7.0	100.0	76839
4	-	-	2.6	18.1	28.7	21.5	15.8	13.3	100.0	47611
5	-	-	1.8	10.6	23.4	22.2	20.0	22.0	100.0	27771
6	-	-	1.6	3.6	16.9	30.1	18.6	29.2	100.0	9507
7	-	-	-	1.7	18.5	27.8	29.3	22.6	100.0	4875
8	-	-	-	-	-	12.6	22.0	65.5	100.0	1648
9	-	-	-	-	-	-	62.3	37.7	100.0	569
10 or more	-	-	-	-	29.7	42.2	-	28.1	100.0	534
Mean	-	0.4	1.1	2.4	3.3	3.7	3.8	4.2	100.0	
SD	-	0.6	1.0	1.2	1.4	1.5	1.6	1.7	100.0	

The average number of children ever born and surviving in the urban areas of the district was 3.0 and 2.8 respectively. In urban areas, there was a sharp rise in the mean number of children up to age 34 and slowed down later on. This was true even for the mean child survival pattern. The average number of children ever born and surviving in rural areas of the district was

2.8 and 2.4 respectively. One important point to be noted here is that, mean number of children ever born in urban areas (3.0) was more than the mean number of children ever born in rural areas (2.8). However the mean number of children died in rural areas was more than the mean number of children died in urban areas. Among the urban women of the district, the average number of children ever born for 15-19 age group was 0.5 and increased to 3.7 and 4.8 for women of age 30-34 and 45-49 respectively. For rural women also the rise in mean number of children was very sharp between ages 15 to 34 and slowed down later. This trend was true for the mean number of living children.

The percentage of mothers, who were childless, was more in rural areas (14 percent) compared to urban areas (10 percent). However the percentage of childless women in 45-49 age group was more in urban areas (0.9 percent), while in rural areas the percentage of primarily sterile women was more in urban areas compared to rural areas. The mothers with 6 or more children formed 9.5 percent of total in rural areas and 11.4 percent in urban areas of the district. Thirty-four percent of mothers in both rural and urban areas had one or two live births. The percentage of mothers with 3-5 live births was slightly more in urban areas (45 percent) compared to rural areas (43 percent). Thus, there were not much variations in the family building process of urban and rural women except at parity zero.

5.5 Children Ever Born and Living by Background Characteristics

Differentials in the mean number of children ever born and living by background characteristics are shown in Table 5.5. To avoid the confounding influence of different age distributions of women in different groups, the mean values in the table are all age standardized according to the age distribution of all currently married women of NFHS.

The mean number of children ever born increased with the increase in the age of women. For instance, the mean number of children ever born was 0.4 for 13-19 age group women and increased to 4.7 for 40-49 age group. Similarly the mean number of surviving children was 0.4 for 13-19 age group and 4.0 for 40-49 age group of currently married women. The difference between number of children ever born and living was less for the younger age groups compared to the old age group women. Among women who have almost completed/completing the reproductive behavior (40-49 age group), the maximum attained fertility was 4.7 children. Of these 3.6 were sons and 2.1 were daughters. The mean number of children ever born for 40-49 age group women (4.7) significantly differed from the total fertility rate (3.3) of ever married women. This implied that there was considerable decline in fertility of currently married women during the last 10-15 years. In all the age groups of above 25 years of currently married women, the average number of ever born sons were more than the average number of ever born daughters. Except in 40-49 age group, variations in the survival pattern of males and females of different age groups seem to be minimal.

Of the average 2.8 children ever born for urban women, 1.5 were sons and the remaining 1.3 were daughters, and of these 1.3 sons and 1.1 daughters were surviving. For rural women the average number of ever born sons was 1.6 out of which 1.5 were surviving and the mean number of ever born and surviving daughters was 1.4 and 1.3 respectively. The mean number of ever born children decreased with increase in the education of the women. The mean number of ever born children for illiterate mothers was 3.2, where as the same for women with above high school education was 2.0. With the increase in education of the women, the mean number of children surviving increased.

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	0.2	0.2	0.4	0.2	0.2	0.4
20-24	0.7	0.8	1.6	0.7	0.7	1.4
25-29	1.5	1.3	2.7	1.3	1.1	2.5
30-39	2.1	1.8	3.9	1.9	1.6	3.5
40-49	3.6	2.1	4.7	2.3	1.8	4.0
Residence						
Urban	1.5	1.3	2.8	1.3	1.1	2.4
Rural	1.6	1.4	3.1	1.5	1.3	2.8
Education						
Illiterate	1.7	1.8	3.2	1.5	1.2	2.7
Upto class 4	1.5	1.3	2.9	1.4	1.2	2.5
Primary	1.5	1.3	2.8	1.3	1.2	2.5
Upto middle	1.3	1.1	2.4	1.2	1.0	2.2
Upto high	1.1	1.0	2.1	1.1	1.0	2.0
Above high school	1.0	1.0	2.0	1.0	1.0	2.0
Religion						
Hindu	1.5	1.3	2.9	1.4	1.2	2.6
Muslim	1.8	1.8	3.7	1.7	1.7	3.4
Other	1.3	0.9	2.2	1.2	0.8	2.0
Caste						
Scheduled caste	1.6	1.4	3.0	1.4	1.1	2.5
Scheduled tribe	1.5	1.3	2.8	1.3	1.1	2.4
Backward caste	1.5	1.3	2.8	1.3	1.1	2.5
Higher caste Hindu	1.5	1.4	2.8	1.3	1.2	2.6
	-	-	-	-	-	-
Total	529516	457931	987451	472323	400182	871326

Note: The means are standardized on the age distribution of all currently married women of NFHS age structure for the state (Take the NFHS age structure from the preliminary report of NFHS)

The mean number of ever born children was relatively more for Muslim women (3.7), the same for Hindu and other religion women was 2.9 and 2.2 respectively. The average number of children surviving was also more for Muslim women (3.4) followed by Hindu (2.6) and other religious groups women (2.0). There were no significant differentials in the survival pattern of children of different religious groups. The mean number of children ever born was 3.0 for the Scheduled Caste women and 2.8 for the Scheduled Tribe, the Backward Caste and the upper caste Hindu women. The mean number of children surviving varied between 2.6 for the upper caste women to 2.4 for the Scheduled Tribe women of the district.

5.6 Summing Up

Fertility of the women in the district started in 15-19 age group (0.13), reached maximum in 20-24 age group (0.24) and again declined after 30 years age. In 15-19 age group rural fertility was slightly higher (0.156) than urban fertility (0.10) while for 25-29 age group women urban fertility was slightly more (0.17) than rural fertility (0.138). The TFR for all ever married women in 15-49 age group for the district as a whole was estimated to 3.3. The TFR was same for both urban and rural women. The GFR was 113 for the district. The urban GFR was 110.5 and the rural, 115. With the increase in education level of women, the total fertility rate declined significantly. The TFR was highest among Muslim women (4.1), followed by Hindu (3.2) and other religious group women (2.6). The Scheduled Caste women had highest fertility rate followed by the Scheduled Tribe women and the upper caste women.

Of the total pregnancies in the district, more than 95 percent resulted in live births. The pregnancies that resulted in still births were slightly more in rural areas (2.4 percent) compared to urban areas (1.5 percent). Spontaneous as well as induced abortions constituted 5 percent total pregnancies in urban areas and only 1 percent in rural areas. The mean number of children ever born among all ever married women in the district was 2.9. The average number of children surviving among all ever married women of the district was 2.6. The average number of children ever born and surviving in the urban areas of the district was 3.0 and 2.8 respectively. The mean number of children ever born increased with the increase in the age of women. With the increase in education, the mean number of ever born children decreased and the mean number of surviving children increased. The mean number of ever born and surviving children was more for Muslim compared to Hindu women.

CHAPTER VI

FAMILY PLANNING

This chapter begins with an appraisal of the knowledge of contraceptive methods before moving on to a consideration of current and past practice of family planning. Special attention is focused on problems with method use. Following this, level of unmet need among different sub groups and reasons for unmet need are analysed. Perceived disadvantages of methods which might act as major hindrances for method use are given in next section. The chapter continues with tabulation of knowledge of sources of supply of contraceptives and supply position of condoms and pills. Attitudes towards family planning, exposure to family planning messages, reasons for discontinuation of methods and future intentions to use family planning methods are given in the last sections of the chapter.

These topics will be of practical use to policy and programme staff in several ways. Level of use of contraceptives provides the most obvious and widely accepted criterion of success of the programme. The examination of use in relation to need pinpoints segments of the population for whom intensified efforts at service provision are most needed. In districts where most women have tried at least one method, practical problems with particular methods or in obtaining supplies and advice may be important obstacles for further advances in the programme. Survey findings of these topics can provide crucial guidance to administrators to improve services.

Though the main emphasis should be on results of practical relevance, an analytical framework may assist data interpretation. One simple framework divides the determinants of contraceptive use into two types: those that promote use; and those that provide obstacles to use. Use-promoting factors include the desire of couples to postpone or terminate childbearing. Obstacles to use, as perceived by potential users, include lack of knowledge of methods; disapproval of contraception; and ignorance of sources of advice and supply. A further set of obstacles is likely to influence whether initial and often tentative adoption of a method is sustained or discontinued. These include: unsatisfactory experience with the method and the source of supply; and inability to use the method effectively. Overall thrust is to provide as much as possible detailed information related to access, promotion and quality of family planning services.

The relative importance of use-promoting and discouraging factors in determining actual use has long been the subject of dispute. In reality, the two may not be independent of each other. The reduction or elimination of perceived obstacles may well strengthen use-promoting attitudes and vice-versa.

6.1 Knowledge of Family Planning Methods and Sources

Table 6.1 presents the extent of knowledge separately as assessed by spontaneous responses (without any probe) and with probed responses. Knowledge of different contraceptive methods, knowledge of use of methods and of sources from where each method could be obtained are presented for currently married women by method and place of residence.

Table 6.1: 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</i>	<i>Percentage ever used the method</i>
Urban						
Vasectomy	41.8	71.6	41.0	65.5	71.6	4.4
Tubectomy	65.6	90.8	61.6	80.6	90.8	32.4
Loop/CUT	42.4	69.7	46.9	72.3	69.7	9.2
Pills	46.4	78.4	41.2	69.5	78.4	5.9
Condom	53.6	80.7	56.4	76.0	80.7	21.8
Foam Tab/Jelly	5.6	10.6	33.9	61.6	10.6	0.3
Injection	7.1	16.0	19.6	38.7	16.8	0.3
Withdrawal	5.3	9.8	65.2	84.8	0.0	2.9
Rhythm/Safe period	10.2	16.2	76.6	91.6	0.0	4.4
Knows at least one modern method	84.3	99.2	80.4	91.6	99.2	60.8
Knows at least 1 modern spacing method	65.2	89.8	57.5	75.7	89.8	29.5
Mean of modern methods known	2.6	4.2	0.5	1.0	4.2	0.7
Mean of modern spacing methods known	1.5	2.5	0.3	0.4	2.5	0.4
Rural						
Vasectomy	44.7	93.6	28.0	58.2	93.6	1.7
Tubectomy	78.2	99.0	66.9	81.0	99.0	39.2
Loop/CUT	20.4	71.8	28.7	53.3	71.8	2.4
Pills	30.4	77.6	36.2	61.3	77.6	4.4
Condom	41.7	82.0	54.4	71.0	82.0	24.0
Foam Tab/Jelly	1.1	7.6	18.2	64.3	7.6	0.1
Injection	6.1	23.8	23.3	61.8	23.8	0.1
Withdrawal	6.1	19.2	76.3	86.4	0.0	6.2
Rhythm/Safe period	24.9	40.0	90.2	97.7	0.0	22.6
Knows at least one modern method	89.3	99.9	83.1	91.0	99.9	64.7
Knows at least 1 modern spacing method	53.6	89.6	55.3	69.1	89.6	28.8
Mean of modern methods known	2.2	4.5	0.4	0.7	4.5	0.7
Mean of modern spacing methods known	1.0	2.6	0.2	0.4	2.6	0.3

In Jhansi district, 84 percent of urban married women knew at least one modern family planning method and 65 percent, at least one modern spacing method. Rural women awareness level of any one modern method (89 percent) was slightly higher than that of urban women (84 percent). Their awareness level of any modern spacing method was lower (53 percent) than that of urban women (65 percent). Mean awareness of any modern family planning methods known, as a spontaneous response, was higher among urban women (2.6 methods) compared to rural women (2.2 methods). The differences between urban and rural women were insignificant when both spontaneous responses and responses after probing are considered together. Similarly higher number of modern spacing methods were known, as a spontaneous response, to urban women (1.5 methods) than to rural women (one method). In this case also, the differences in awareness levels narrowed down to insignificant level when both spontaneous and probed responses are considered together.

Majority of urban women spontaneously responded that they were aware of tubectomy (66 percent) and condoms (54 percent). Significant number were also aware of vasectomy (42 percent), pills (46 percent), and IUD (42 percent). Awareness about other methods such as foam tablets, jelly, withdrawal, rhythm/safe period, was very low, as these are not normally promoted by the department. When probed about these methods, the awareness levels increased by 20 to 30 percentage points for tubectomy, vasectomy, IUD, oral pills and condoms. For all other methods, the change was marginal (9 to 4 percent).

Those who were spontaneously aware of tubectomy method formed 78 percent in rural areas. Awareness about all other methods particularly modern spacing methods was very low. Nearly half of them knew about vasectomy; 42 percent, about condoms; 30 percent, about oral pills; and 20 percent, about IUD. Percent of women who were aware about foam tablets/jelly, injections, withdrawal, rhythm/safe period was insignificant. On probing, the awareness level increased drastically. Almost all women were aware of tubectomy (99 percent) and vasectomy was known to 94 percent.

Table 6.2: Knowledge of methods and source by background characteristics

Background Characteristics	Knows at least one modern method	Knows at least one modern spacing method	Average number of modern methods known	Average number of sources for modern method **	Number of women*
Age					
13-19	100.0	93.8	4.44	5.11	34938
20-24	99.8	90.0	4.29	5.17	75531
25-29	100.0	92.5	4.28	5.53	65816
30-49	99.9	87.4	4.39	5.24	148527
Residence					
Urban	99.9	89.8	4.21	5.17	117462
Rural	99.9	89.7	4.58	5.33	207350
Education					
Illiterate	99.9	86.4	4.20	4.96	193104
Upto class 4	100.0	93.2	4.55	5.61	26727
Primary	100.0	91.5	4.52	5.51	31864
Upto middle	100.0	93.2	4.58	5.48	29109
Upto high	100.0	98.4	4.91	6.05	18228
Above high school	100.0	98.7	5.21	6.13	25781
Religion					
Hindu	99.9	89.3	4.39	5.22	305339
Muslim	100.0	97.1	4.73	6.00	14830
Other	100.0	96.8	5.36	6.30	4643
Caste					
Scheduled caste	100.0	85.2	4.12	4.76	98804
Scheduled tribe	100.0	87.2	4.28	5.26	16559
Backward caste	99.8	89.2	4.35	5.26	114742
Higher caste Hindu	100.0	95.2	4.80	5.74	75234
Other religious groups	100.0	97.0	-	6.12	19473
Total	99.9	89.7	4.42	5.27	324812

* In 00's

** Includes female sterilization, male sterilization, copper T/IUD, pill, condom, foam tablets/jelly and injections. Suppress traditional methods.

Knowledge of any modern method of contraception as well as its means are good indicators of knowledge because of its relevance for programme publicity, which is mainly confined to modern methods. Similarly, percent knowing at least one modern spacing method will give an idea about the efforts put in for promoting spacing methods. Knowledge of a source for obtaining modern methods is also presented. Table 6.2 shows the differentials in the level of knowledge of modern contraceptive methods and sources of methods among currently married women. The differentials are shown according to background characteristics such as age, place of residence, education, religion and caste status of women.

Awareness of at least one modern family planning method and also at least one modern spacing method was almost universal. Age differences, place of residence, educational qualification, religion and caste have no influence on awareness levels. This is mainly due to the fact that almost all women were aware of tubectomy and condom methods. Age has no influence on average number of modern methods known. Rural women's awareness of average number of modern methods was slightly higher (4.58 methods) compared to that of urban women (4.21 methods). Level of education has some influence on the average methods known. Illiterate women, on an average, were aware of 4.2 methods, this had gone up to 4.58 methods for women educated up to middle level and reached 5.2 methods for women with above high school qualifications. Mean number of methods known was lower among Hindus (4.39 methods) compared to Muslims (4.73 methods) and other religious groups (5.36 methods). Less number of methods were known to the Scheduled Caste women (4.12 methods) compared to the Scheduled Tribe women, (4.28 methods), the backward caste women (4.35 methods), and the upper caste women (4.8 methods). Age of women had no influence on knowledge of average number of sources of modern methods. Sources for modern methods known to rural women was slightly higher (5.33 methods) compared to that of urban women (5.17 methods). With the increase in level of education, the number of sources of modern methods known increased. Illiterate women knew about 4.96 sources for modern methods and this increased to 6.13 methods for women with above high school qualifications. Hindu women knew about less number of sources (5.22 sources) compared to Muslim women (6 sources) and women from other religious groups (6.3 sources). Thus the background characteristics particularly residence, education, religion and caste have significant influence on the awareness of at least one modern spacing method, average number of modern methods known and average number of sources known for modern methods.

6.2 Contraceptive Use

Table 6.3 presents the pattern of ever use of contraception by age and residence for currently married women. This is a straight-forward descriptive table which looks at the extent to which women have had experience with the use of contraceptive methods. Differences between age groups may reflect life time effects and/or genuine cohort change.

Ever use of any method of contraception was 73 percent in Jhansi district. The ever users were more in rural areas (79 percent) compared to urban areas (63 percent). The percentage of ever users among total currently married steadily increased from age group 13-19 to age group 30-39 and after that marginally declined for older age groups. Percentage of ever users was low among 13-19 age group (46 percent), increased to 87 percent among 30-39 age group and after that marginally declined for older age groups. Percentage of ever users was low among 13-19 age group (46 percent), increased to 87 percent among 30-39 age group and was 82 percent among 45-49 age group women. The same pattern was found in both rural and urban areas. However, the ever users in all age groups were more in rural areas compared to urban areas.

Sixty-three percent of total currently married women were ever users of any modern contraceptive method. Ever users in rural areas formed 65 percent and in urban areas 61 percent. The differences between urban and rural areas narrowed down considerably for ever users of any modern method compared to differences for ever users of any method. This is due to a large number of traditional method users among rural women. With the increase in age, the number of ever users of any modern method increased. This was particularly so from 13-19 age group to 30-39 age group. Thirty-four percent of women in 13-19 age group were ever users of any modern method and this increased to 82 percent in 30-39 age group. Major differences

existed among women in 13-19 age group in rural and urban areas. While 39 percent of rural currently married women in 13-19 age group were ever users of any modern method, only 19 percent in urban areas belonged to this category. With the increase in age, the differences in percentage of ever users in urban and rural areas decreased. For the age group 30-39, 79 percent women in urban areas and 82 percent in rural areas were ever users of any modern method.

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	18.7	18.7	-	-	1.1	3.1	15.7	-	-	1.2	-	1.2	-	8953
20-24	44.3	43.5	0.8	9.1	7.4	6.2	30.8	-	-	5.7	2.7	4.7	-	25321
25-29	63.9	59.5	2.0	24.7	13.0	10.4	28.2	0.8	-	9.4	3.8	6.5	-	23505
30-34	74.6	73.5	2.1	47.4	10.0	4.6	23.9	1.0	-	7.4	3.4	6.6	0.5	20431
35-39	81.1	79.0	4.5	57.0	11.2	6.0	16.1	-	0.5	6.6	4.2	3.4	-	18117
40-44	78.4	76.4	15.1	48.0	11.4	4.4	11.0	-	1.4	3.5	2.2	1.9	-	13058
45-49	68.6	67.6	15.4	45.1	4.7	-	6.1	-	1.3	3.2	1.3	2.0	-	8076
Total	62.7	60.8	4.4	32.4	9.2	9.2	21.8	0.3	0.3	6.4	2.9	4.4	0.1	117462
Rural														
13-19	55.7	39.4	-	0.9	-	3.8	34.8	0.5	-	21.2	4.7	16.9	-	25985
20-24	71.1	45.2	-	7.4	1.9	5.7	32.5	-	0.2	33.6	6.4	30.7	-	50210
25-29	81.3	68.9	-	40.3	5.5	6.3	27.7	0.0	0.1	26.9	7.0	21.4	0.5	42310
30-34	88.5	78.3	0.3	62.4	3.4	4.0	20.0	-	-	23.8	6.4	18.1	-	34535
35-39	92.5	85.1	0.2	75.9	1.5	2.1	15.3	-	-	24.9	6.3	20.5	0.4	22734
40-44	90.5	81.8	8.8	70.0	1.2	2.1	8.0	-	-	28.7	5.5	23.2	1.3	16476
45-49	88.6	81.4	12.7	66.2	0.4	2.2	6.4	-	-	24.2	5.3	21.0	-	15099
Total	79.3	64.7	1.7	39.2	2.4	4.4	24.0	0.1	0.1	27.0	6.2	22.6	0.3	207350
Total														
13-19	46.2	34.2	-	0.6	0.3	3.6	29.9	0.4	-	16.1	3.5	12.9	-	34938
20-24	62.2	44.6	0.3	8.0	3.8	5.9	31.9	-	0.1	24.3	5.2	22.0	-	75531
25-29	75.1	65.6	0.7	34.7	8.2	7.7	27.9	0.3	0.1	20.1	5.9	16.1	0.3	65816
30-34	83.3	76.5	1.0	56.8	5.8	4.2	21.4	0.4	-	17.7	5.3	13.8	0.2	54966
35-39	87.4	82.4	2.1	67.5	5.4	3.9	15.7	-	0.2	16.8	5.4	12.9	0.2	40851
40-44	85.2	79.4	11.5	60.3	5.7	3.1	9.3	-	0.6	17.2	4.1	13.8	0.8	29535
45-49	81.6	76.5	13.7	58.8	1.9	1.4	6.3	-	0.4	16.9	3.9	14.4	-	23175
Total	73.3	63.3	2.6	36.7	4.9	4.9	23.2	0.2	0.2	19.5	5.0	16.0	0.2	324812

Male sterilization acceptors constituted 2.6 percent of total ever users of any modern method. There were no acceptors of male sterilization in 13-19 age group both in urban and rural areas. Insignificant number of males accepted this method in all age groups except 40-49 and 45-49 age groups in both rural and urban areas. Thirty-seven percent of currently married women in the district accepted female sterilization. The acceptors of female sterilization were more in rural areas (39 percent) compared to urban areas (32 percent). With the increase in age, the acceptance rate of female sterilization method has gone up. Maximum acceptors of female sterilization were in the age group of 30-39, both in rural and urban areas. Within this age group, the gap between proportion of urban and rural acceptors has increased. While 57 percent in 30-39 age group in urban areas were acceptors of female sterilization, the same for rural areas was 76 percent.

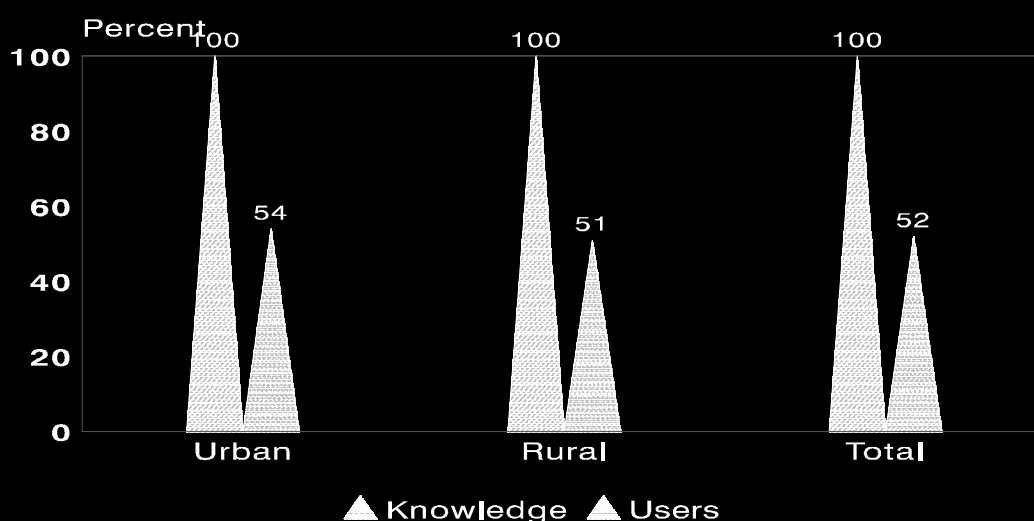
Ever users of modern spacing methods were more in urban areas compared to rural areas. Nine percent and 6 percent of currently married women were ever users of IUD and oral pills respectively in urban Jhansi compared to 2 percent ever users of IUD and 4 percent ever

users of pill in rural areas. Currently married women who ever used IUD was low for 13-19 and 20-24 age groups and increased among 25-29 age group and declined after that both in rural and urban areas. A similar pattern existed for oral contraceptives. Ever users of condoms were more in rural areas (24 percent) compared to urban areas (22 percent). The youngest in rural areas (13-19 age groups) had maximum number of ever users of condoms (35 percent). With the increase in age, the proportion of ever users of condoms decreased in rural areas. Only 15 percent of rural women were ever users of condoms. Ever users were maximum in the age group of 20-24 in urban areas (31 percent) compared to any other age group. As has been the case with rural areas, the proportion of ever users declined with the increase in age. Only 16 percent were ever users of condoms in 30-39 age group in urban areas. Injections and foam tablets were used by an insignificant number in both rural and urban areas.

Ever users of traditional methods constituted 20 percent of total currently married women in Jhansi district. The traditional methods were used more in rural areas (27 percent) compared to urban areas (6 percent). Age of women had no particular influence on use of traditional methods. Proportion of ever users was more or less same in all age groups. Among traditional methods maximum ever users followed periodic abstinence (16 percent), followed by withdrawal (5 percent) and other traditional methods (0.2 percent). Ever users of abstinence were very high in rural areas (23 percent) compared to urban areas (4 percent). More or less same proportion of women in all age groups, in both urban and rural areas, were ever users of periodic abstinence. Ever users of withdrawal method were also more (6 percent) in rural areas compared to urban areas (3 percent). Influence of age on practice of withdrawal was minimal.

The level of current use is the most widely used and valuable measure of the success of a family planning programme. Furthermore, it can be used, at a later stage of analysis, to estimate the reduction in fertility attributable to contraception. The percentage distribution of currently married women by contraceptive method currently used, according to age and residence, is given in Table 6.4

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



Jhansi, UP, 1993-94

Fifty-seven percent of total currently married women in 13-49 age group were current users of any method (both modern and traditional) of contraception. The proportion of current users was more or less same for 15-44 age group (55 percent) and 15-49 age group (57 percent). Current users of any method in the district increased with age. Twenty-one percent were current users in 13-19 age group and this increased to 80 percent in 35-39 age group. Use rate was marginally lower in the old age groups of 40-44 (80 percent) and 45-49 (75 percent). Current users of any method were slightly more in rural areas (57 percent) compared to urban areas (55 percent). In the younger age groups (13 to 34 years), the proportion of current users of any method was more in rural areas compared to urban areas. In 34-39 age groups, the proportion of current users of any method was also more in rural than in urban areas. In both urban and rural areas, the use rate increased with increase in age and reached peak levels for 35-39 age group.

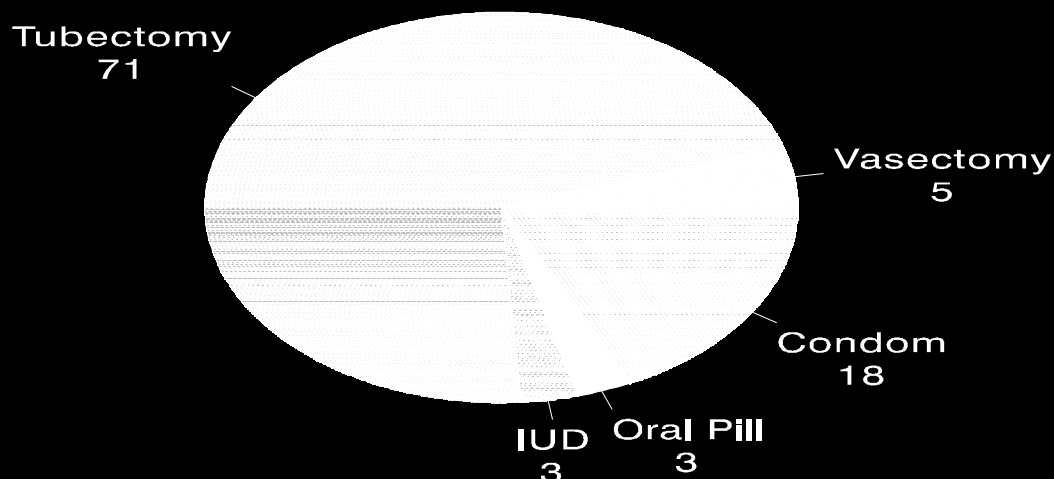
Table 6.4: Current use of contraception

Age	Any method	Any modern method	Male sterilization	Female sterilization	CuT/IUD	Pill	Condom or Nirodh	Foam Tab-lets	Any traditional method	Withdrawal	Periodic abstinence	Other methods	Not using any method	Number of women
Urban														
13-19	13.8	13.8	-	-	-	3.1	10.7	-	-	-	-	-	86.2	8953
20-24	32.5	31.3	0.8	9.1	2.0	2.3	17.1	-	1.2	0.7	0.5	-	67.5	25321
25-29	51.9	49.3	2.0	24.7	3.5	3.8	15.3	-	2.5	1.7	0.9	-	48.1	23505
30-34	70.7	69.2	2.1	47.4	2.3	2.7	14.2	0.5	1.4	0.4	0.6	0.4	29.3	20431
35-39	74.8	73.4	4.5	57.0	2.6	2.1	7.2	-	1.3	0.9	0.5	-	25.2	18117
40-44	73.1	72.5	15.1	48.0	3.3	-	6.2	-	0.7	0.7	-	-	26.8	13058
45-49	66.6	66.6	15.4	45.1	3.5	-	2.7	-	-	-	-	-	33.4	8076
15-44	54.1	52.7	3.6	31.4	2.4	2.5	12.7	0.1	1.4	0.8	0.5	0.1	45.9	109385
15-49	55.0	53.7	4.4	32.4	2.5	2.3	12.0	0.1	1.3	0.8	0.4	0.1	45.0	117462
13-49	55.0	53.7	4.4	32.4	2.5	2.3	12.0	0.1	1.3	0.8	0.4	0.1	45.0	117462
Rural														
13-19	24.0	17.3	-	0.9	-	1.5	15.0	-	6.7	1.6	5.1	-	76.0	25985
20-24	34.7	22.8	-	7.4	1.5	1.8	12.1	-	1.9	2.1	9.8	-	65.3	50210
25-29	59.0	52.1	-	40.3	2.7	1.3	7.9	-	6.9	1.2	5.7	-	41.0	42310
30-34	71.3	68.9	-	61.7	1.5	0.9	4.7	-	4.5	1.3	3.3	-	26.6	34535
35-39	84.3	80.6	0.2	75.9	0.4	-	4.2	-	3.7	0.9	2.4	0.4	15.7	22734
40-44	84.5	80.7	8.8	70.0	-	0.7	1.2	-	3.9	0.9	2.3	0.7	15.5	16476
45-49	79.1	79.1	12.7	66.2	0.2	-	-	-	-	-	-	-	20.9	15099
15-44	55.8	48.7	0.8	37.2	1.3	1.2	8.2	-	7.1	1.4	5.6	0.1	44.2	191257
15-49	57.5	50.9	1.7	39.3	1.2	1.1	7.6	-	6.6	1.3	5.2	0.1	42.5	206356
13-49	57.4	50.8	1.6	39.1	1.2	1.1	7.7	-	6.6	1.3	5.2	0.1	42.6	207350
Total														
13-19	21.4	16.4	-	0.6	-	1.9	13.9	-	5.0	1.2	3.8	-	78.6	34938
20-24	33.9	25.7	0.3	8.0	1.7	1.9	13.8	-	8.3	1.6	6.7	-	66.1	75531
25-29	56.5	51.1	0.7	34.7	3.0	2.2	10.5	-	5.3	1.4	3.9	-	43.5	65816
30-34	72.4	69.0	0.8	56.4	1.8	1.6	8.3	0.2	3.4	0.9	2.3	0.2	27.6	54966
35-39	80.1	77.4	2.1	67.5	1.3	1.0	5.5	-	2.7	0.9	1.5	0.2	19.9	40851
40-44	79.5	77.1	11.5	60.3	1.5	0.4	3.4	-	2.5	0.8	1.7	0.4	20.5	29535
45-49	74.8	74.8	13.7	58.8	1.3	-	0.9	-	-	-	-	-	25.2	23175
15-44	55.2	50.1	1.8	35.1	1.7	1.6	9.9	0.0	5.1	1.2	3.7	0.1	44.8	300642
15-49	56.6	51.9	2.6	36.8	1.7	1.5	9.2	0.0	4.7	1.1	3.5	0.1	43.4	323817
13-49	56.5	51.8	2.6	36.7	1.7	1.5	9.3	0.0	4.7	1.1	3.4	0.1	43.5	324812

Of the total 57 percent of current users of any method, 52 percent were users of any modern method in 13-49 age group in the district. This remained more or less same for 15-44

age group (50 percent) and 15-49 age group (52 percent). In the age group of 13-19, the percentage of current users was low (16 percent) and this gradually increased to 77 percent among 35-39 age group. Current users of any modern method of contraceptives were higher in urban areas (54 percent) compared to rural areas (51 percent). Use rate was low in both rural and urban areas for 13-19 age group. Only 14 percent urban women and 17 percent rural women were current users of any modern method of contraception. Proportion of users in 35-39 age group formed 73 percent in urban areas and 81 percent in rural areas.

Figure 6.2: Share of Contraceptive



Jhansi, UP, 1993-94

Insignificant number of respondents were current users of male sterilization method in the district (2.6 percent). Most of the male sterilization method users were in 40-49 and 45-49 age groups. As a result, in 15-44 age group, only 1.8 percent while in 13-49 age group, 2.6 percent respondents were users.

Current users of vasectomy were much less in rural areas (1.6 percent) in 13-49 age group than in urban areas (4.4 percent). In the 13-34 age group in rural areas, there were no vasectomy acceptors. Large proportion of vasectomy method users were in 45-49 age group. In urban areas also, there were no current users of male sterilization method in 13-19 age group. Insignificant proportion of them were in 20-39 age group and most of them belonged to 40-49 age group. Most of the acceptors of male sterilization probably accepted the method 10 to 15 years ago and new acceptors of this method in recent times are negligible. The proportion of male sterilization users is likely to be reduced further when these current users move out of eligible couple list in another five years. Thirty-seven percent of women in 13-49 age group in the district were current users of female sterilization method. Negligible number were tubectomy acceptors in 13-19 age group (0.6 percent) and 20-24 age group (8 percent). There is a sharp increase in female sterilization acceptors from 25-29 age group (35 percent) upwards. In the age group of 35-39, 68 percent were current users of female sterilization method. Percentage of acceptors of female sterilization in 13-49 age group was more in rural areas (39 percent) compared to urban areas (32 percent). Rural women accepted the sterilization methods at younger age group compared to urban women. There were hardly any acceptors of tubectomy in 13-19 age group both in urban

and rural areas. In 20-24 age group 9 percent of currently married women were users of tubectomy and the same among rural women was 7 percent. The urban-rural difference was sharp for the 25-29 age group. While 25 percent were current users of female sterilization in urban areas, 40 percent belonged to this category in rural areas. Acceptance reached peak level for 35-39 age group both in rural and urban areas. Fifty-seven percent of urban women and 76 percent of rural women in this age category were current users of female sterilization method. The main reasons for this difference could be that the rural women who marry earlier than urban women also completed their family size earlier.

Only 1.7 percent, out of total 51.8 percent, modern method users in 13-49 age group were current users of IUD. There were no IUD users in the age group of 13-19 in the district. The maximum users in all other age groups were more or less same. Users of IUD were more in urban areas (2.5 percent) in 13-49 age group than in rural areas (1.2 percent). In both urban and rural areas, the IUD users in 25-29 age group were more compared to other age groups. The current users of oral contraceptives formed only 1.5 percent in the district. The proportion of rural women using oral contraceptives (1.1 percent) was much lower than the urban users (2.3 percent). In both rural and urban areas, the use of oral contraceptives was largely confined to 13 to 29 age group. Negligible number of women in all other age groups were current users of oral pills.

Use of condoms was very high in the district (9.3 percent for 13-49 age group) compared to other spacing methods. Proportion of users of condoms decreased with increase in age. Fourteen percent of women in 13-19 age group were current users of condoms and this decreased to 11 percent of women in 25-29 age group. Only 5 percent of women in 35-39 age group were users of condoms. Current users of condoms were more in urban areas (12 percent) compared to rural areas (8 percent). In both rural and urban areas, condom users were mostly in younger age groups (13-29). Insignificant number of women were users of other modern methods such as injections and foam tablets.

Five percent of currently married women in Jhansi district were current users of any traditional method in the age group 13-49. Most of the traditional method users were in 13-19 (5 percent), 20-24 (8 percent) and 25-29 (5 percent) age groups. Use of traditional methods was comparatively less in other age groups. Current users of traditional methods were more in rural areas (7 percent) compared to urban areas (1 percent). This might be due to the fact that the users of modern spacing methods were less in rural areas compared to urban areas. Within traditional methods, abstinence is the most preferred method. A total of 3.4 percent used periodic abstinence in the district. Most of them were from rural areas. The users of abstinence in rural areas formed 5 percent compared to only 0.4 percent in urban areas. Withdrawal was practiced by 1.3 percent currently married women in rural areas and 0.8 percent in urban areas.

Table 6.5 allows for the comparison of levels of current contraceptive use among major groups of the population. It also permits an examination of differences in the method use among current users in various subgroups. In rural areas of Jhansi, 57 percent were current users of any method of contraception compared to 55 percent in urban areas. Modern users were, however, more in urban areas (54 percent) compared to rural areas (51 percent). Male sterilization method use was higher in urban areas (4 percent) compared to rural areas (2 percent). In contrast, the female sterilization method users were more in rural areas (39 percent) compared to urban areas (32 percent). Users of spacing methods were more in urban than in rural areas. Traditional method use was more in rural (7 percent) than in urban areas (1 percent). Periodic abstinence was observed by 5.2 percent in rural areas and by only 0.4 percent in urban areas. Use of withdrawal method was more in rural (1.3 percent) compared to urban areas (0.8 percent).

Table 6.5: Current use by background characteristics

Background characteristics	Any method	Any modern method	Male sterilization	Female sterilization	CuT/IUD	Pill	Condom or Nirodh	Foam Tablet s	Any traditional method	With drawal	Periodic abstinence	Other methods	Not** using any method	Number of women*
Residence														
Urban	55.0	53.7	4.4	32.4	2.5	2.3	12.0	0.1	1.3	0.8	0.4	0.1	45.0	117462
Rural	57.4	50.8	1.6	39.1	1.2	1.1	7.7	-	6.6	1.3	5.2	0.1	42.6	207350
Education														
Illiterate	56.8	52.0	2.8	40.1	1.2	1.0	6.9	-	4.8	1.0	3.7	0.1	43.2	193104
Upto class 4	51.7	45.0	2.5	34.9	0.4	0.9	6.2	-	6.7	3.6	2.7	0.4	48.3	26727
Primary	55.6	52.1	2.3	39.3	0.9	1.4	8.4	-	3.5	-	3.5	-	43.4	31864
Upto middle	51.7	44.5	1.2	30.4	1.8	1.9	9.2	-	7.2	1.9	5.3	-	48.3	29109
Upto high	55.4	54.9	4.0	24.8	5.9	3.5	16.1	0.6	0.5	-	0.5	-	44.6	18228
Above high school	66.8	63.9	2.5	25.2	4.8	4.7	21.7	-	2.9	0.6	2.3	-	33.2	25781
Religion														
Hindu	56.5	51.6	2.4	37.3	1.6	1.4	9.0	-	4.9	1.2	3.6	0.1	43.5	305339
Muslim	50.4	50.1	7.2	25.9	2.4	3.7	10.1	0.7	0.4	-	0.4	-	49.6	14830
Other	74.6	72.1	6.1	32.3	2.5	3.2	28.1	-	2.5	-	2.5	-	25.4	4643
Caste														
Scheduled caste	55.2	50.3	1.9	39.1	0.9	0.9	7.5	-	4.9	0.7	4.0	0.1	44.8	98804
Scheduled tribe	51.6	45.4	1.1	33.9	1.9	1.1	7.5	-	6.1	3.4	2.7	-	48.4	16559
Backward caste	55.1	49.4	1.7	37.2	1.0	1.4	8.1	-	5.7	1.2	4.4	0.1	44.9	114742
Higher caste Hindu	61.5	58.1	4.3	35.7	3.5	2.1	12.5	-	3.4	1.3	2.0	0.1	38.5	75234
Other religious groups	56.2	55.3	7.0	27.8	2.5	3.6	14.4	0.5	0.9	-	0.9	-	43.8	19473

* in 00's

** To all currently married women who were pregnant at the time of survey, questions on current use of family planning has not been asked. Hence, are coded as **blank**. All these 'blank' should be recoded as 'zero' and taken as **non-users**. It is important that while calculating the CPR all currently married women should also be included in the denominator.

Literacy has no influence on the use of any method. Fifty-seven percent among illiterate women were current users of any method, and 56 percent among women educated up to high school level. The current use of any of the family planning methods was substantially high among women with above high school education (67 percent) compared to all others. Similar pattern existed in case of use of any modern method of contraception. There were no differences in the extent of use among illiterate as well as literate up to high school level. Those with above high school qualification stand apart. Sixty-four percent of women in this group were current users of any modern method. Education has no effect on use of male sterilization method. Female sterilization acceptors were more among illiterate and less educated women compared to women with better educational qualifications. Forty percent among illiterate women and 39 percent among women with 5 years school were acceptors of female sterilization. Compared to this, only 25 percent women with up to or above high school qualifications were tubectomy acceptors.

In contrast, spacing method users were more among highly educated compared to less educated or illiterate women. While only 1 percent were IUD users among illiterate women, 5 percent in above high school education category were IUD users. The same is true for oral contraceptive use. Condom use was as high as 16 percent among women educated up to high school and 22 percent among women with above high school education. Among illiterate and women educated up to middle level, the use rate ranged from 6 percent to 9 percent. Traditional method users were more among illiterate and less educated than highly educated. Five percent among illiterate women, 7 percent among women with 4 years schooling, 4 percent among women with 5 years schooling and 7 percent among women up to 8 years schooling were users of traditional methods. Only 1 to 3 percent of women with high school or above high school education were users of traditional methods. The same differences exist for specific traditional methods such as withdrawal and periodic abstinence.

Current use of any method of contraception was 75 percent among women from other religious groups, 57 percent among Hindu women and 50 percent among Muslim women. The difference between Hindu and Muslim women was less in case of use of any modern method. Fifty-two percent of Hindu women and 72 percent of women from other religious groups were users of any modern method. Users of male sterilization were higher among Muslims (7 percent) and other religious groups (6 percent) compared to Hindus (2 percent). Female sterilization users were more among Hindus (37 percent) and other religious groups (32 percent) compared to Muslims (26 percent). Use of all types of modern spacing methods was higher among Muslims and other religious groups compared to Hindus. Traditional method use was more among Hindus compared to Muslims and other religious groups. Use of any method of contraception was more among the upper castes (62 percent) compared to the Scheduled Castes (55 percent) the Scheduled Tribes (52 percent) and the backward castes (55 percent).

The same was the case with the use of any modern contraceptive method. Use of male sterilization was more among the upper castes and the other religious groups (58 percent and 55 percent respectively), compared to the Scheduled Castes (50 percent), the Scheduled Tribes (45 percent) and the backward castes (49 percent). Tubectomy acceptors were more among the Scheduled Castes (39 percent), the backward castes (37 percent) and the upper castes (36 percent), as compared to the Scheduled Tribes (34 percent) and other religious groups (28 percent). Modern spacing method users were more among the upper castes and other religious groups while the traditional method users were more among the Scheduled Castes, the Scheduled Tribes and the backward castes.

Table 6.6 provides the current contraceptive use by number of living children and sex composition of children. This helps to discuss the gender preferences among current users of contraception. It is often considered that son preference is one of the major reasons for use or non-use of contraception in India.

Of those who had no child but using contraceptives, 9 percent were modern spacing method users and 2 percent were traditional method users. Those with one child family at the time of the survey, more used modern spacing methods (20 percent) and traditional methods (10 percent) compared to terminal methods (7 percent). Within this group, more families adopted terminal methods (10 percent) and modern spacing methods (23 percent) than families with no sons. Percentage of users of sterilization methods was very high (31 percent) among families with two children and the use of modern spacing methods (19 percent) and traditional methods (5 percent) was low. Within this more of those with two sons adopted sterilization (48 percent) than those with one son (29 percent). Those who had no sons but adopted sterilization were insignificant (3 percent). Given this preference for sons, naturally, the current use of spacing and traditional methods was high among those with one son (24 percent) and no sons (39 percent).

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

Number and sex of living children	Sterilization	Modern spacing	Any traditional method	Not using any method	Total percent	Number of women*
None	-	8.7	1.9	89.3	100.0	44364
1 child	6.5	19.6	9.5	64.5	100.0	57121
1 son	9.5	23.3	9.0	58.2	100.0	30683
No son	2.9	15.3	10.1	71.8	100.0	26438
2 children	31.4	19.1	4.6	44.7	100.0	66978
2 sons	47.9	14.3	1.4	36.0	100.0	21688
1 son	29.2	20.1	4.2	46.5	100.0	35351
No son	3.0	26.4	13.1	57.5	100.0	9940
3 children	60.3	9.8	4.6	24.9	100.0	75577
3 sons	74.6	4.3	3.6	16.5	100.0	11484
2 sons	71.3	7.7	3.4	17.6	100.0	36137
1 son	45.2	13.7	5.8	34.9	100.0	23378
No son	14.9	20.9	11.2	53.0	100.0	4578
4+ children	63.8	6.0	2.2	28.0	100.0	89973
3+ sons	67.3	8.5	2.2	21.9	100.0	25487
2 sons	72.4	3.0	2.3	22.3	100.0	32074
1 son	43.3	5.5	3.6	47.6	100.0	15774
No son	9.7	28.4	-	61.9	100.0	2447
Total	38.2	12.2	4.5	45.0	100.0	334012

* In 00's

Users of contraceptives have increased with the increase in number of children. This is particularly so for sterilization methods. Sixty percent of those with 3 children were acceptors of sterilization methods. Insignificant proportion of them used modern spacing methods (10 percent) and traditional methods (5 percent). Percentage of those who adopted sterilization methods increased with more sons. Among 3 children families, 75 percent with 3 sons, 71 percent with 2 sons, 45 percent with one son and only 15 percent with no son were adopters of sterilization methods.

The proportion of spacing method users, both traditional and modern, increased with decrease in number of sons. Only 8 percent with 3 sons and 32 percent with no sons were users of modern spacing and traditional methods. The same trend was observed in case of families with 4 or more children. Son preference to a large extent determines the use of contraceptives and also method choice. Preference is for at least two sons.

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	31.6	36.0	33.3	8563
Tubectomy	42.3	49.5	47.2	119122
Cu-T/IUD	12.5	48.0	28.9	5494
Pill	14.9	9.0	12.2	4930
Injectable	-	-	-	-

* in 00's

Table 6.7 which deals with the problems faced by women while using the pill, IUD and sterilization is useful to identify problems associated with the use of specific methods and has practical implications for IEC campaigns.

Women who reported problems with method use were more for tubectomy (47 percent) and IUD (29 percent). Rural women, in general, experienced more problems than urban women. While 50 percent and 36 percent of rural women complained about tubectomy and vasectomy method use respectively, the same among urban women was 42 percent and 32 percent. The problems faced with IUD use was very high among rural women (48 percent) compared to urban IUD users (13 percent). In general, the quality of services is low and this is particularly so in rural areas.

Table 6.8 provides the percentage of current users of pills, copper T/IUD and female/male sterilization who have had problems in using the method.

Table 6.8: Problems with the current method

Problem faced	Male sterilization	Female sterilization	Cu-T/IUD	Pills
Percent faced problem with the method	33.3	47.2	28.9	12.2
Type of problem faced				
Sepsis	20.1	25.0	-	-
Abdominal/gastric pain	27.5	22.4	-	17.6
Backache/body pain/headache	20.3	25.0	16.8	-
Weakness	36.4	11.4	28.0	46.8
Excessive or irregular bleeding	5.6	17.1	48.1	36.5
White discharge	35.0	7.1	54.7	41.2
Fear of failure	-	0.6	-	7.1
Problem in disposing	-	0.3	-	-
Loss of sexual desire	-	-	-	100.0
Weight gain	-	5.4	6.6	-
Others	4.2	2.2	-	-

Note: Percentages may add to more than 100 because of multiple problems.

* in 00's

One-third of the vasectomy acceptors faced problems after the operation. Sepsis (20 percent), abdominal or gastric pain (28 percent) and backache or body pain or headache (20 percent) were considered as main reasons. More than one-third of them (36 percent) also had

psychological problem such as 'weakness' after the operation. Forty-seven percent of tubectomy acceptors had problems after the operation. A vast majority of them (25 percent) suffered from sepsis. Abdominal or gastric pain, body pain or headache were the problems faced by 22 percent to 25 percent women. Excessive or irregular bleeding (17 percent) or white discharge (7 percent) were the other concerns.

Twenty-nine percent of IUD users faced one or the other kind of problems. Significant number of them (48 percent) experienced excessive or irregular bleeding. Backache, white discharge and weakness were the other complaints. Weight gain was reported by 5 percent. Proportion of those who complained about oral pills was low (12 percent). As has been the case with IUD, excessive or irregular bleeding (37 percent), weakness (47 percent), and white discharge (41 percent) were the major problems.

6.3 Level of unmet need

Table 6.9 shows the unmet need for family planning according to whether there is a need for spacing or limiting births.

Unmet need among total currently married women in Jhansi district is 30 percent. Of these, 18 percent preferred to space children and 12 percent would like to limit family size. Unmet need was very high in 13-19 age group (51 percent) followed by 20-29 age group (36 percent). To space children was preferred by the younger age groups of 13-19 (49 percent) and 20-29 (26 percent) and the unmet need for spacing was low in 30-39 age group (5 percent) and 40-49 age group (2 percent). To limit family size was the main concern of women in 40-49 age group (21 percent) and 30-39 age group (19 percent). Unmet need to limit family size was low in other age groups.

The unmet need to space children was slightly more in urban areas (19 percent) compared to rural areas (18 percent) and to limit family size was substantially high in urban (18 percent) compared to rural areas (8 percent).

Among illiterate women and among women with different levels of education, the extent of unmet need was more or less equally distributed both for spacing and for limitation of family size. Unmet need was more among Muslim women (41 percent) compared to Hindu (30 percent) and other religious group women (28 percent). This is also true for both spacing and limitation of family size. Unmet need was higher among other religious group women (38 percent) and the backward castes (33 percent) compared to the Scheduled Castes (29 percent), the Scheduled Tribes (26 percent) and the upper castes (27 percent). Similar were the differences between caste groups in regard to both spacing and limiting family size. More the number of living children, less was the unmet need. Forty-four percent with no living child, 42 percent with one, 32 percent with two, 20 percent with three and 24 percent with four or more had unmet need. The unmet need for spacing was more among low parity couples and the same to limit family was more among high parity couples. Forty-three percent with no living child, 38 percent with one, 19 percent with two, 7 percent with three and 3 percent with four children would like to space. Twenty-one percent with four or more living children, 13 percent with three and with two had unmet need to limit family size. Proportion of those with no child or one child who would like to limit the family size was negligible.

Table 6.9: Level of unmet need for family planning services

Background characteristics	** To space	*** To limit	Total	No. of women*
Age				
13 - 19	49.0	1.5	50.5	36827
20 - 29	26.0	9.9	35.8	146879
30 - 39	5.4	13.7	19.1	99085
40 - 49	1.9	20.7	22.6	58822
Residence				
Urban	19.2	17.8	37.0	129591
Rural	17.8	8.3	26.2	212022
Education				
Illiterate	18.0	12.4	30.4	204143
Upto class 4	22.3	12.1	34.4	28013
Primary	16.6	10.1	26.7	33140
Upto middle	21.3	11.7	33.0	30215
Upto high	22.3	11.2	33.4	19099
Above high school	12.9	11.4	24.3	27003
Religion				
Hindu	18.4	11.3	29.8	320690
Muslim	19.5	21.9	41.4	15792
Other	10.2	17.7	27.9	5130
Caste				
Scheduled caste	18.8	10.2	29.0	103821
Scheduled tribe	19.8	6.4	26.2	17597
Backward caste	21.5	11.0	32.5	120362
Higher caste Hindu	12.9	14.5	27.4	78910
Other religious group	17.2	20.9	38.1	20922
Number of living children				
None	42.9	0.8	43.7	45297
1	37.7	4.5	42.2	58374
2	18.7	12.8	31.6	68587
3	7.0	12.5	19.5	76839
4+	3.2	20.9	24.2	92516
Total	18.3	11.9	30.2	341612

Note: Total includes women aged 13-14, who are not shown separately

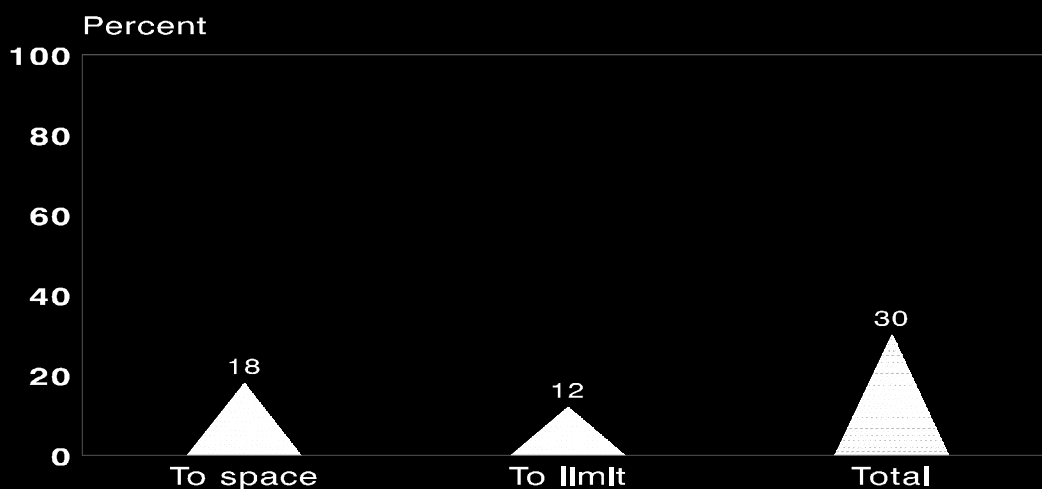
* In 00's

** Unmet need for spacing includes non-pregnant women who are **not using** any method of family planning and say that they want to wait for **1 or more** years for their next birth. Also included in unmet need for spacing are women who are unsure whether they want another child.

*** Unmet need for limiting refers to non-pregnant women who are **not using** any method of family planning and who want **no more** children.

Significant proportion of those with unmet need, both in rural and urban areas (31 percent), would like to use family planning methods in future and 9 percent and 13 percent in urban and rural areas respectively had natural sterility. Five percent in urban areas and 9 percent in rural areas attained menopause. Dislike for currently available methods was the reason among 17 percent of urban women and 8 percent of rural women. Health reasons were mentioned by 7 percent of urban and 3 percent of rural women. Fear of operation and likelihood of operation failure were the reasons for 12.5 percent of urban women and 5.5 percent of rural women.

Figure 6.3: Level of Unmet Need for Family Planning Services



Jhansi, UP, 1993-94

Opposition from husband or family members was cited as main reason by 6 percent of urban and 2 percent of rural women. Five percent of urban women considered religion as a constraint while none in rural areas had experienced any such problems.

Table 6.10: Reasons of unmet need

Reasons of unmet need	Urban	Rural	Total		Total
			< 30 years	> 30 years	
Percent face problem with the method					
Going to use a FP method	31.4	31.0	37.7	19.0	31.2
Do not like existing method	17.1	7.5	13.6	11.5	12.9
Services are not available	1.3	1.8	2.0	2.9	2.5
After operation one can't work	0.5	0.4	-	1.2	1.2
Fear of operation	8.1	3.7	4.5	5.2	4.8
Health does not permit	7.4	2.9	5.1	6.2	5.5
Operation may fail	3.9	1.4	3.1	2.3	2.7
Fear of after effects of methods	2.5	2.1	3.4	1.7	3.2
Unaware of any FP method	2.5	5.2	3.9	3.3	3.7
Opposition from husband or other family members	6.1	2.0	5.1	2.9	4.3
Against religion	4.6	-	2.5	2.7	2.6
Natural sterility	8.6	12.8	1.4	25.4	11.6
Attained menopause/MC stopped	4.8	8.7	0.5	16.6	6.5
Others	7.3	29.9	23.2	7.6	17.3
DK/Can't specify	9.5	4.8	6.9	8.4	7.4

* In 00's

Those who would like to use family planning methods were higher in below 30 years age group (38 percent) compared to above 30 years age group (19 percent). Dislike for existing methods was more or less same in the younger and older age groups. Opposition from husband and other family members was high among below 30 years age group women (5 percent) compared to above 30 years age group women (3 percent).

Lack of awareness of family planning methods was considered as reason by an insignificant number of women belonging to below 30 (4 percent) and above 30 (3 percent) age groups.

6.4 Hinderance to the Acceptance of Family Planning

6.4.1 Perceived Disadvantages of the Methods.

One-fifth of the total respondents in urban areas believed vasectomy was disadvantageous and, of these, one third perceived the disadvantage to be permanent in nature. Weakness (35 percent), sepsis (24 percent), abdominal or gastric pain (15 percent), backache or headache (15 percent) were considered as main disadvantages of vasectomy. The basis of this perception was largely experiences of friends (45 percent) and information received from friends or others (37 percent). Eleven percent had actually experienced the disadvantages.

A large number of women (45 percent) considered tubectomy to have some disadvantages and of these 37 percent thought that these disadvantages were permanent in nature. Backache or headache (23 percent) and weakness (22 percent) were the main disadvantages cited for tubectomy followed by abdominal/gastric pain (18 percent) and excessive or irregular bleeding (16 percent). A few considered white discharge (6 percent) and weight gain (5 percent) as disadvantages. Unlike the basis of beliefs in case of vasectomy, tubectomy experiences were largely personal. Forty-four percent of the women said that they had personally experienced these disadvantages. The remaining based their beliefs on friends experience (21 percent) or heard from friends or others (30 percent). Compared to vasectomy and tubectomy, less number of women (18 percent) considered that the laparoscopy operations had disadvantages. However, more believed these disadvantages to be permanent in nature (41 percent).

Nature of disadvantages cited for laparoscopy operations was same as those cited for tubectomy operations. Backache, abdominal or gastric pain, weakness, excessive or irregular bleeding and white discharge were considered as main disadvantages. The perceptions of disadvantages were formed largely based on friends experiences (34 percent) or based on what they heard from friends and others (37 percent). Twenty-four percent of women personally experienced the disadvantages. In case of all three permanent methods, vasectomy, tubectomy and laparoscopy, hardly any one formed their opinions based on information received from either mass media or health personnel.

In regard to spacing methods, perceived disadvantages of IUD were higher (41 percent) than other methods such as condom (13 percent) and oral pills (21 percent). Of those who thought IUD had some disadvantages, one-fourth considered these disadvantages to be of permanent nature. Excessive or irregular bleeding was the main disadvantage perceived (40 percent) followed by backache (14 percent), weakness (15 percent) and white discharge (12 percent). Of those who believed the disadvantages to be of permanent nature, 20 percent based their beliefs on personal experiences. Friends experience (31 percent) and heard from friends (34 percent) also played an important role in belief formation. The nature of disadvantages perceived for oral contraceptives are exactly same as the nature of disadvantages listed for IUD. Of those who thought oral contraceptives had some disadvantages, 17 percent considered these disadvantages were of permanent nature. About 13 percent had personal experience with disadvantages. The number of respondents who stated disadvantages of condoms were lowest (13 percent) compared to other methods and, of these, only 11 percent considered these

disadvantages were of permanent nature. Fear of failure (20 percent), problem in disposing (15 percent), loss of sexual desire (15 percent) and weakness (12 percent) were the main disadvantages perceived. Of those who considered these disadvantages were of permanent nature, one-third had formed these beliefs based on personal experiences and another 29 percent based on friends experiences. Twenty-seven percent heard about disadvantages from friends or others and 7 percent got this information from mass media.

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	20.5	45.0	18.4	41.0	21.4	12.5
Total number aware of	17254	48002	19661	33549	19724	11806
B Nature of disadvantage *						
Sepsis	24.3	4.6	7.0	4.4	2.1	7.9
Abdominal/gastric pain	15.1	17.8	11.5	7.1	7.8	10.1
Backache/body pain/headache	15.2	23.3	24.6	13.7	18.9	8.7
Weakness	35.4	22.0	19.8	14.7	23.4	11.7
Excessive or irregular bleeding	1.3	16.3	19.8	40.4	23.1	3.6
White discharge	0.7	6.0	8.2	11.6	6.5	2.1
Fear of failure	4.3	2.8	2.6	2.4	4.0	19.6
Problem in disposing	1.4	0.7	0.7	0.4	3.7	15.3
Infertility/secondary sterility	0.0	0.0	0.5	0.4	0.6	1.0
Loss of sexual desire	1.8	0.0	0.0	0.4	5.6	14.5
Weight gain	0.7	4.6	5.4	3.3	3.3	2.7
Others desire	0.0	0.2	0.6	0.6	4.5	1.6
Don't know/can't specify	1.7	3.6	0.3	0.9	3.5	4.1
C % believed disadv. to be permanent in nature	33.2	37.4	40.5	24.5	17.4	11.3
D Basis of this belief *						
Own experience	10.9	44.4	23.9	19.8	12.5	33.4
Friends experience	44.5	21.4	33.5	30.6	33.9	28.6
Heard from friend	26.7	17.7	19.9	21.0	26.4	21.0
Heard from others	10.1	13.7	17.7	22.9	18.5	5.9
TV, radio, posters	1.7	0.8	3.5	2.3	4.9	6.8
Health personnel	0.0	1.5	0.4	1.4	2.4	0.0
Others	7.2	1.3	1.3	1.9	1.5	4.2
Total%	101.1	100.9	100.2	100.0	100.0	100.0
Total N	17233	48003	19661	33548	19723	11805
Rural						
A % believed that method has some disadvantage	23.4	53.9	25.4	45.6	28.9	10.4
Total number aware of	45321	10674	52202	67851	46518	17709
B Nature of disadvantage *						
Sepsis	16.9	3.5	2.3	3.3	1.7	11.9
Abdominal/gastric pain	41.3	26.2	18.1	6.4	18.4	7.0
Backache/body pain/headache	12.3	21.8	13.4	7.2	18.6	5.3
Weakness	22.1	19.3	13.6	10.9	21.0	9.7
Excessive or irregular bleeding	0.6	13.6	27.0	45.0	25.0	6.3
White discharge	0.7	6.5	6.4	15.1	4.7	2.0
Fear of failure	4.8	0.6	9.8	10.0	6.0	31.7
Problem in disposing	0.2	0.1	0.2	0.3	0.2	10.7
Infertility/secondary sterility	0.0	0.1	0.4	0.1	0.4	0.7
Loss of sexual desire	0.4	0.1	0.0	0.4	0.1	10.8
Weight gain	0.6	8.0	8.4	1.2	1.2	0.9
Others desire	0.7	0.3	0.7	0.1	2.8	3.1
Don't know/can't specify	0.0	0.1	0.0	0.0	0.0	0.6

Disadvantages	Vasectomy	Tubectom y	Laparoscop y	CuT/IUD	Oral Pill	Condom
C % believed disadv. to be permanent in nature	16.5	32.7	39.0	42.6	35.2	24.3
D Basis of this belief						
Own experience	4.7	30.7	30.1	5.6	6.9	22.5
Friends experience	43.1	27.4	24.9	32.8	35.2	17.2
Heard from friend	42.6	28.8	21.2	38.0	40.6	50.3
Heard from others	8.9	12.8	23.1	22.2	15.6	9.5
TV, radio, posters	1.0	0.0	0.3	0.5	0.9	0.0
Health personnel	0.0	0.2	0.2	0.2	0.6	0.0
Others	0.7	0.3	0.3	0.7	0.2	0.6
Total %	100.9	100.1	100.1	100.0	100.1	100.1
Total N	45321	110673	52203	67852	45618	17708
Total						
A % believed that method has some disadvantage	22.5	50.9	23.0	43.9	26.2	11.1
Total number aware of	62575	158676	71863	101399	66242	29515
B Nature of disadvantage *						
Sepsis	19.4	3.8	3.8	3.7	1.8	10.1
Abdominal/gastric pain	32.6	23.6	16.0	6.6	15.0	8.4
Backache/body pain/headache	13.2	22.3	16.9	9.6	18.7	6.8
Weakness	26.5	20.1	15.6	12.3	21.8	10.6
Excessive or irregular bleeding	0.8	14.4	24.7	43.3	24.4	5.1
White discharge	0.6	6.3	6.9	13.8	5.3	2.0
Fear of failure	4.6	1.3	7.6	7.2	5.4	26.2
Problem in disposing	0.3	0.3	0.2	0.3	1.2	12.8
Infertility/secondary sterility	0.0	0.0	0.2	0.2	0.3	0.9
Loss of sexual desire	0.9	0.1	0.0	0.4	0.9	12.5
Weight gain	0.6	7.0	7.5	2.0	1.9	1.8
Others	0.4	0.2	0.6	0.2	2.7	2.1
Don't know/can't specify	0.5	1.1	0.1	0.3	1.0	2.0
C % believed disadv. to be permanent in nature	22.1	40.1	39.4	36.1	29.4	33.1
D Basis of this belief *						
Own experience	6.7	34.9	28.2	10.7	8.7	27.5
Friends experience	43.6	25.6	27.5	32.0	34.8	22.5
Heard from friend	37.4	25.4	20.8	31.8	36.1	36.8
Heard from others	9.3	13.1	21.5	22.5	16.5	7.8
TV, radio, posters	1.3	0.3	1.2	1.2	2.2	3.1
Health personnel	0.0	0.3	0.2	0.7	1.2	0.0
Others	2.8	0.6	0.5	1.1	0.5	2.2
Total %	101.0	100.0	100.0	100.0	100.0	100.0
Total N	62576	158675	71863	101399	66243	29514

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

Perceived disadvantages for all methods were higher among rural women compared to urban women. Twenty-four percent of rural women thought that vasectomy had some disadvantages, 54 percent had similar opinion about tubectomy and 25 percent, about laparoscopy. Nature of disadvantages for vasectomy were sepsis (17 percent), abdominal or gastric pain (42 percent), backache or body pain (12 percent) and weakness (22 percent). Of those who considered vasectomy was disadvantageous, 17 percent perceived the disadvantages to be permanent in nature. The number of those who based these beliefs on personal

experiences was insignificant (5 percent). Almost all of them who thought that the disadvantages of vasectomy were permanent in nature based their beliefs on experiences of friends (43 percent) or heard about disadvantages from friends and others (52 percent). Majority of women (54 percent) thought that tubectomy had certain disadvantages. The major disadvantages cited were abdominal or gastric pain, backache or body pain, and weakness. Of those who perceived disadvantages of tubectomy one-third considered the disadvantages were permanent in nature. For significant number of women (31 percent), these beliefs were based on personal experiences (27 percent), and heard from friends and others (42 percent) were the other sources of formation of beliefs in regard to tubectomy. Only one-fourth of women thought that laparoscopic operations had some disadvantages. Perceived disadvantages were same as given for tubectomy. Abdominal or gastric pain (18 percent), backache or body pain (13 percent), weakness (14 percent) and excessive or irregular bleeding (27 percent) were considered as main disadvantages. Of those who perceived disadvantages of laparoscopic operations, higher percentage compared to other methods, thought that these disadvantages were of permanent nature (39 percent). As has been the case with tubectomy, 30 percent based these beliefs on personal experiences, one-fourth of them based these beliefs on experiences of friends, and 44 percent heard about them from friends and others.

Among rural women, disadvantages perceived about IUD (46 percent) were more compared to oral pills (29 percent) and condoms (10 percent). Nature of disadvantages considered for IUD were excessive or irregular bleeding (45 percent), white discharge (15 percent), weakness (11 percent) and fear of failure (10 percent). Insignificant number of women cited other disadvantages. Of those who thought about disadvantages of IUD, 43 percent believed these disadvantages were permanent in nature. Own experience was the basis for this belief only among insignificant number of women (6 percent). Friends experiences (33 percent) and heard from friends and others (60 percent) were the basis for formation of these beliefs. Twenty-nine percent said that oral contraceptives had some disadvantages. The disadvantages stated were excessive or irregular bleeding (25 percent), weakness (21 percent), backache or body pain (19 percent) and gastric or abdominal pain (18 percent). Above one-third (35 percent) opined that the disadvantages associated with oral contraceptives were permanent in nature. Only 7 percent based these beliefs on personal experiences. The remaining largely formed their opinions based on experiences of friends (35 percent) or heard from friends (41 percent) and others (16 percent). The number who considered condoms had disadvantages were comparatively less (10 percent). Fear of failure (32 percent), problems in disposing (11 percent) and loss of sexual desire (11 percent) were thought to be major disadvantages. One-third of those who thought about disadvantages of condoms perceived these disadvantages as permanent in nature.. Only 23 percent experienced the disadvantages and 17 percent formed their opinions based on friends experiences. Another 60 percent heard about disadvantages from friends and others. Those who formed their beliefs based on information received from mass media and health personnel were very insignificant.

Of the total women (rural and urban combined), 23 percent thought vasectomy had some disadvantages. The main disadvantages mentioned were abdominal or gastric pain (33 percent) and weakness (27 percent). Of the total who mentioned about disadvantages of vasectomy, 22 percent thought the disadvantages were permanent in nature. Own experience was the basis for forming these opinions in 6.7 percent cases. Vast majority of them considered friends experience (44 percent) or what they heard from friends (37 percent) were the reasons for belief formation. Half of the women (51 percent) thought that tubectomy operations had some disadvantages. Abdominal pain (24 percent), backache/body pain (22 percent), weakness (20 percent) and excessive or irregular bleeding (14 percent) were considered as main disadvantages associated with tubectomy. Of those who considered tubectomy disadvantageous, 40 percent

thought the disadvantages are of permanent nature. Of these, 35 percent based their beliefs on personal experiences. The remaining depended on friends experiences (26 percent) or on what they heard from friends and others (39 percent). Only 23 percent of total women thought that laparoscopy operations have disadvantages. The nature of disadvantages given were same as those mentioned in case of tubectomy. Of those who considered laparoscopic operations disadvantageous, 39 percent thought these disadvantages were permanent in nature. Twenty-eight percent based these beliefs on own experiences, 28 percent on friends experience and the other 42 percent on what they heard from friends and others.

More perceived some disadvantages with IUD (44 percent) compared to oral pills (26 percent) and condoms (11 percent). In regard to IUD, weakness (12 percent), excessive or irregular bleeding (43 percent) and white discharge (14 percent) were considered as main disadvantages. Some felt backache or body pain (9 percent), abdominal or gastric pain (7 percent) and fear of failure (7 percent) as other disadvantages. Of those who thought about disadvantages, 36 percent believed these disadvantages were permanent in nature. Eleven percent had personal experiences with IUD disadvantages, 32 based their beliefs on friends experiences and the other 54 percent heard about them from friends and others. Twenty-six percent of total women thought that oral contraceptives had some disadvantages. Abdominal pain (15 percent), backache or body pain (19 percent), excessive or irregular bleeding (24 percent) and weakness (22 percent) were considered as main disadvantages. Of those who thought about disadvantages of oral contraceptives, 30 percent believed them to be permanent in nature. Only 9 percent formed these opinions based on personal experiences. The remaining based the beliefs on friends experiences (35 percent) or heard from friends and others (53 percent). Less number of women expressed the opinion that condoms, compared to other methods, have disadvantages (11 percent).

Fear of failure (26 percent), problems in disposing (13 percent), loss of sexual desire (13 percent), and weakness (11 percent) were the main disadvantages mentioned. Of those who thought of disadvantages of condoms, one third believed them to be permanent in nature. Twenty-eight percent based their beliefs on personal experiences, and 23 percent on friends experiences. The remaining 46 percent heard about the disadvantages from friends and others.

The perceived disadvantages were more in case of tubectomy and IUD methods compared to other methods. Nature of disadvantages was, more or less, same for all methods except condoms. Abdominal or gastric pain, bodyache or body pain, excessive bleeding and weakness were the main disadvantages listed for all methods. Loss of sexual desire, fear of failure and difficulties in disposing were the main disadvantages mentioned for condoms. In case of tubectomy and IUDs, own experiences guided women's beliefs. For all other methods, friend's experiences or what they heard formed the basis. More of rural women thought of disadvantages than urban women. However, nature of disadvantages and sources for forming beliefs were more or less same both in urban and rural areas. Belief formation was not influenced by information received from mass media and health personnel.

6.4.2. Source of Supply of Contraception

Table 6.12 is intended to document the main sources of supply for users of different contraceptive methods. This information is useful to identify gaps and to streamline the distribution systems. Government hospital/CHC (90 percent) and PHC/camps were considered as main sources for male sterilization in urban areas. None considered private sector as source for this method. Government sector, mainly government hospitals (83 percent) and PHC camps (8 percent), were considered as main sources for the female sterilization in urban areas. Only seven percent of urban women thought private sector as main source for female sterilization.

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

Source of supply	Male sterilization	Female sterilization	Copper /IUD	Pill	Condom *	All modern methods
Urban Public sector						
Government Hospital/CHC	90.2	83.3	73.6	61.3	18.4	79.4
PHC/camps	8.0	7.5	5.7	3.9	18.1	7.3
Male/Female worker	-	1.8	1.8	3.2	4.1	1.6
Private medical sector						
Private doctor	-	6.8	11.8	18.6	13.4	8.8
Medical shop	XX	XX	7.1	13.1	45.5	2.3
Other private sector						
Others	1.8	0.6	-	-	0.6	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N **	5144	38037	10758	6883	25396	55138
Rural Public sector						
Government Hospital/CHC	53.8	44.8	27.8	21.4	10.5	42.3
PHC/camps	40.7	47.5	45.3	22.6	27.4	44.8
SC/Male/Female worker	-	1.0	7.2	13.0	4.5	2.1
Private medical sector						
Private doctor	4.0	4.5	18.5	19.9	5.6	6.6
Medical shop	XX	XX	1.1	17.8	51.4	1.8
Other private sector						
NGOs, Depot holders	-	0.2	-	-	-	0.2
Others	1.5	1.9	-	17.8	0.4	2.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	3531	81314	4957	9100	23375	96137
Total Public sector						
Government Hospital/CHC	75.4	57.1	59.2	38.6	14.4	55.8
PHC/camps	21.3	34.8	18.2	14.5	22.5	31.1
SC/Male/Female worker	-	1.3	3.5	8.8	4.3	2.0
Private medical sector						
Private doctor	1.6	5.2	13.9	18.6	0.2	7.4
Medical shop	XX	XX	5.2	15.8	48.3	2.0
Other private sector						
NGOs, Depot holders	-	0.2	13.9	-	-	0.1
Others	1.7	1.5	-	3.0	0.5	1.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	8675	119350	15714	1598	47769	151277

* Based on current users

** In 00's

Reliance on private sector was more for modern spacing methods. Nearly one-fifth considered private sector as main source for IUD in urban areas and the remaining 80 percent, public sector particularly government hospitals. Dependence on private sector increased for oral contraceptives. Nearly one-third considered private sector as main source for oral pills and two thirds, the government institutions. For condoms, majority depended on private sector (50 percent) and only 41 percent on public sector. When all modern methods were considered

together for nearly 89 percent of respondents public sector was the main source and for the remaining 11 percent, private sector. In general, in urban areas for clinical methods, public sector was the main source and for non-clinical methods, with the active social marketing efforts, the private sector.

The same sources are considered in rural areas also. For nearly 94 percent of rural women, public sector was the main source for male and female sterilization operations, 5 percent thought private sector as source. Reliance on private doctors for IUD insertion was significant in rural areas. One-fifth of total women considered private sector as main source while the remaining 80 percent, public sector. Private sector was mentioned as source by 37 percent of women for oral contraceptives and 60 percent of women for condoms. In general private sector plays a dominant role for oral contraceptives and condoms and public sector for sterilization operations and IUDs.

Fifty-six percent and 51 percent of total women who were aware of the method mentioned PHC/district hospital as sources for vasectomy and tubectomy operations. Slightly more than one-fourth of them mentioned private doctors. Only 11 to 14 percent considered sub-centre as source. Insignificant number mentioned CBD. For IUD also, the main source was PHCs/ hospitals (48 percent) followed by private doctor (27 percent) and SC workers (19 percent). For oral pills and condoms, the role of health institutions and medical professionals decreased and that of paramedical workers and shops increased. Slightly more than one-third depended on hospitals/ PHCs and only 10 percent on private doctors for pills and condoms. SC workers were mentioned as sources by 29 percent for pills and 16 percent for condoms. One-third of the total mentioned shops as sources for both pills and condoms.

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

<i>Methods</i>	<i>Percentage who mentioned</i>					<i>Number of women aware of the method *</i>
	<i>PHC/District hospital</i>	<i>SC + workers</i>	<i>CBD</i>	<i>Private doctor</i>	<i>Shops</i>	
Vasectomy	56.4	11.2	0.5	25.9	0.5	276824
Tubectomy	50.9	13.9	0.2	27.2	0.5	310829
IUD	48.0	19.7	0.3	26.8	2.5	229459
Pills	36.5	29.1	3.0	11.5	31.3	251662
Condom	36.8	15.7	3.4	10.8	32.8	263262
Foam tablets/Jelly	28.6	11.5	12.0	19.0	26.8	27057
Injectable	48.0	3.5	1.6	36.0	6.5	62143

* In 00's

6.4.3 Supply of Pills and Condom to the Current Users of the Method

Table 6.14 gives supply position and related issue of pill and condom as reported by the current users of the method (i.e., pills and condoms). Since the number of users of oral pills is low, values are given for total pill users only. For condoms, analysis has been done based on residence of users.

Among current users of pills, 27 percent depended on government hospital/CHC/PHC, 45 percent on shops, and 22 percent on private doctors. Only 6 percent got their supplies from sub-centre workers. Ninety two percent received the supplies regularly irrespective of the source. In case of short supply 23 percent wanted to discontinue the method, 47 percent preferred to look for alternate source and 31 percent desired to shift to other methods. Twenty-three percent faced no problems with supplies in last three months, 55 percent did not

get supplies on time and the remaining 22 percent, never received. On an average the current users would like to receive 3 cycles of oral pills at a time.

Government hospitals/CHC/PHC (37 percent), shops (48 percent) and private doctors (10 percent) were the main sources of supplies for current users of condoms. All other sources such as sub-centres, CBD and others played a very insignificant role. There were no major differences among urban and rural current users of condoms in regard to supply sources. Nearly 90 percent of condom users received regular supply. Regular supply was more in urban areas (92 percent) compared to rural areas (88 percent). Half of them would not like to use the method in case of shortage in supplies, 44 percent preferred to change to other methods and only 6 percent would try to get condoms from some other sources. Those who would not like to use the method were more in rural areas (61 percent) compared to urban areas (43 percent). In urban areas, 57 percent wanted either to get condoms from some other source or shift to other methods and the same in rural areas was only 39 percent.

Seventeen percent of total condom users always received regular supply; 51 percent, occasionally; and the remaining 39 percent, never. Supplies were more regular in urban areas (22 percent) compared to rural areas (9 percent). In both urban and rural areas, preferred number of pieces, the users would like to have at a time is 6.

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	27.2	36.4	37.1	36.9
SC and its male and female workers	6.3	4.0	4.6	4.3
VHG/CBD	-	-	0.4	0.2
Shops	45.0	45.4	51.4	48.3
Private doctors/clinic	21.5	13.4	5.6	9.8
Others	-	0.7	0.4	0.6
Total %	100.0	100.0	100.0	100.0
Total N				
% reporting regular supply	91.6	92.2	87.9	90.2
Alternative in case of short supply				
Do not use the method	22.8	42.8	60.9	50.4
Get from some other source	46.3	10.4	-	6.0
Shift to other method	30.9	46.8	39.1	43.6
Supply position during last 3 months				
Always got the supply	22.9	22.1	9.4	16.8
Did not get some time	54.8	39.1	67.1	50.9
Never received	22.3	38.8	23.5	38.8
How may cycles R would like to receive at a time	3.0	6.2	5.9	6.0

Table 6.15 gives information on availability of pills and condoms in rural areas from other than public sources (retailers, chemist shops, depot holders, NGOs, private doctors). This information was collected with the help of village schedule. The unit of analysis is village. In 28 percent of villages, private doctors provided services and contraceptives to villagers. Sixteen percent of villages have shops stocking pills, and 35 percent stocking condoms.

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

Villages	Percentage of villages reporting availability of
Any family planning service/advice	27.6
Retailers/shop stocking contraceptive (pills)	15.5
Retailers/shop stocking contraceptive (condoms)	34.5

6.4.4 Attitudes of Couples Toward Family Planning

In the BSUP, women were asked if they approved of a couple using family planning. Probing was done to know whether any one in the family opposed use of contraceptives. Table 6.16 presents percent of women approving the use of FP and main sources of opposition within family.

In Jhansi district, almost all women (92 percent) approved the use of contraceptives. Those who approved use of family planning methods were slightly higher in rural areas (95 percent) compared to urban areas (87 percent). Husbands (30 percent), mother-in-law (36 percent), and other male members (23 percent), were the persons who opposed use of family planning methods in rural areas. Compared to this, in urban areas, husbands (48 percent), father-in-law (15 percent) and mother-in-law (16 percent) were the main opponents. Male members in the family mainly opposed the use of family planning methods, both in rural and urban areas. There were no major differences in the background characteristics of those who received some opposition to contraceptive use in the family.

Table 6.16: Attitude towards family planning

Attitude towards family planning	Rural	Urban	Total
Percent of women approving use of FP	95.4	87.4	92.3
Percent reporting disapproval of FP by family members	2.4	7.1	4.2
Who oppose FP in family			
Husband	29.9	48.4	41.8
Parents	3.8	5.6	5.0
Father-in-law	4.6	14.7	11.5
Mother-in-law	35.5	15.6	32.7
Other male member	23.3	7.6	11.9
Other female member	9.8	9.8	9.8
Other	-	4.7	3.9

Table 6.17: Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from					Total %	Number of women*	
		No one	Husband	Parent	Father-in-law	Mother-in-law			Others
Age									
13 - 19	90.3	91.9	2.3	0.6	0.9	3.1	1.2	100.0	36827
20 - 29	92.1	93.7	1.4	0.2	0.6	2.3	1.7	100.0	146871
30 - 39	94.3	94.9	2.1	0.3	0.5	1.4	0.7	100.0	99085
40 - 49	90.9	95.4	1.1	0.0	1.0	1.1	1.4	100.0	58822
Residence									
Urban	87.4	97.2	0.7	0.1	0.1	1.0	0.9	100.0	129591
Rural	95.4	89.3	3.2	0.5	1.6	3.4	2.0	100.0	212022
Education									
Illiterate	91.4	94.6	1.6	0.2	0.7	1.9	1.0	100.0	204018
Upto class 4	91.6	91.4	1.6	0.4	0.9	2.6	3.2	100.0	28013
Primary	93.8	95.2	2.3	0.3	0.3	1.0	0.9	100.0	33140
Upto middle	91.6	92.5	2.2	0.0	1.0	2.0	2.3	100.0	30215
Upto high	92.2	90.4	2.0	1.3	0.5	3.8	2.0	100.0	19099
Above high school	99.4	96.8	0.3	0.0	0.7	1.0	1.2	100.0	27003
Religion									
Hindu	92.6	95.0	1.4	0.3	0.5	1.8	1.0	100.0	320690
Muslim	89.3	89.6	3.2	0.3	1.5	2.4	2.9	100.0	15792
Other	88.0	97.9	0.0	0.0	0.0	0.0	2.1	100.0	5130
Caste									
Scheduled caste	91.9	95.7	1.3	0.2	0.6	1.4	0.7	100.0	103821
Scheduled tribe	91.4	95.1	0.0	0.5	0.5	2.0	2.0	100.0	17597
Backward caste	92.0	94.8	1.6	0.1	0.6	1.7	1.2	100.0	120372
Higher caste Hindu	94.7	94.3	1.6	0.4	0.4	2.3	1.0	100.0	78910
Other religious groups	89.0	82.1	5.4	0.5	2.7	4.1	5.3	100.0	20922
Total	92.3	95.9	1.7	0.2	0.4	1.3	1.5	100.0	341612

* In 00's

6.4.5 Exposure to Family Planning Messages on Radio and Television

In order to understand the spread of family planning information through various mass media, respondents were asked whether they have heard such messages on radio and/or television in the past one month. Table 6.18 shows the variation in the percentage of women exposed to family planning messages according to various background characteristics.

Of the total, 86 percent of women have not heard any family planning messages either on radio or television one month prior to the survey. Of those who heard, almost all of them stated both television and radio. Those who heard family planning messages only on radio (0.3 percent) and only on television (0.7 percent) were very few. Age variations have no influence on exposure to mass media. Those who were not exposed to family planning messages were slightly more in younger age groups compared to old age groups. Those who heard family planning messages both on television and radio were more in old age groups than young age groups. Urban women were more exposed to radio and television messages (25 percent) compared to rural women (5 percent). Illiterate women were less exposed compared to literate. With the increase in level of education, the percentage exposed to family planning messages on both radio and television increased. Ninety-seven percent illiterate women, 77 percent educated up to middle level and 46 percent with above high school education were not exposed to either television or radio messages. Those who were exposed, heard the messages on both radio and television. This

ranged from 3 percent among illiterate women to 21 percent among women educated up to middle level to 52 percent with above high school qualification. Women from other religious groups heard the family planning messages on radio and television more (46 percent) compared to Muslim (21 percent) and Hindu women (12 percent).

Higher caste and other religious group women were more exposed than the Scheduled Caste, the Scheduled Tribe and the backward caste women. More or less same proportion of ever users (13 percent) and never users (14 percent) heard the family planning messages both on radio and television. Percent distribution of types of messages received through different media (TV, radio and cinema) is given by residence in Table 6.19. Percentages are calculated based on those who are exposed to family planning message by the media under consideration.

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	88.1	0.7	-	11.2	100.0	36827
20-24	87.0	0.3	0.8	11.9	100.0	146879
25-29	86.0	0.2	1.0	12.8	100.0	99085
30-49	84.8	0.1	0.7	14.4	100.0	58822
Residence						
Urban	73.4	0.5	1.3	24.8	100.0	129591
Rural	94.4	0.1	0.4	5.1	100.0	212022
Education						
Illiterate	96.5	0.0	0.3	3.2	100.0	204142
Upto class 4	89.0	0.0	0.4	10.6	100.0	28013
Primary	82.5	0.3	0.7	16.5	100.0	33140
Upto middle	76.6	0.7	1.8	20.9	100.0	30215
Upto high	56.0	2.0	2.4	39.6	100.0	19099
Above high school	45.5	0.9	1.8	51.8	100.0	27003
Religion						
Hindu	87.5	0.3	0.6	11.6	100.0	320690
Muslim	76.6	0.0	2.2	21.2	100.0	15792
Other	50.7	0.0	2.9	46.4	100.0	5130
Caste						
Scheduled caste	93.0	0.4	0.7	5.9	100.0	103821
Scheduled tribe	94.6	0.5	0.0	4.9	100.0	17597
Backward caste	93.7	0.0	0.4	5.9	100.0	120362
Higher caste Hindu	69.2	0.5	0.8	29.5	100.0	78910
Other religious groups	69.8	0.0	2.8	27.4	100.0	20922
Use of contraception						
Ever use	86.2	0.2	0.6	13.0	100.0	238227
Never use	85.1	0.2	0.7	14.0	100.0	181502
Total	86.4	0.3	0.7	12.6	100.0	341612

Table 6.19: Family planning messages through different media

Types of messages received on family planning	Radio			Television			Cinema		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Percent received messages on family planning	89.0	92.2	90.5	89.7	96.8	91.3	89.9	87.9	89.2
Small family size	61.8	67.8	64.6	60.9	46.8	57.8	66.6	54.1	62.4
Use of condom/Nirodh	18.2	15.1	16.8	22.8	37.1	26.0	17.0	26.7	20.2
Use of oral pills/Mala D	5.9	6.4	6.2	4.1	9.7	5.4	4.0	1.9	3.3
Use of loop/IUD/Cu-T	0.6	0.7	0.6	0.2	0.5	0.3	0.2	0.7	0.4
Sterilization	1.6	0.8	1.2	0.4	1.0	0.5	-	0.8	0.3
Population problems	0.3	1.2	0.7	0.6	1.7	0.9	0.4	1.3	0.7
Others	0.5	0.1	0.3	0.6	-	0.5	1.7	2.4	2.0
No response	11.0	7.8	9.5	10.3	3.2	8.7	10.1	12.1	10.8

Of those who heard about family planning messages on radio, 65 percent said that the message was about small family size, 17 percent and 6 percent heard about use of condoms and oral pills respectively. Insignificant number received messages on IUD, sterilization or population problems. More in rural areas heard about general messages such as small family size (68 percent) compared to urban areas (62 percent). Method specific messages were heard by more women in urban areas (26 percent) compared to rural areas (22 percent). Among those who received the family planning messages on television, 58 percent were exposed to generic messages and the remaining 42 percent to method specific messages. The methods covered were mostly condom (26 percent) followed by oral pills (5 percent). Rural women were more exposed to method specific messages (48 percent) compared to urban women (28 percent). Methods covered were largely condoms and oral pills. The same pattern existed among those exposed to family planning messages in cinema halls in last three months. Large percentage of no response (10 percent) was due to the fact that the respondents could not recollect the messages they heard on media.

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

All the ever users of contraception who were not using any method (and were not pregnant) at the time of the survey were asked why they discontinued the use. This information is presented in Table 6.20.

Majority of the women discontinued use of family planning methods because they wanted to have a child. Dislike for methods (6 percent) and health problems created by methods (4 percent) were the other problems cited. A few also mentioned method failure (2 percent), menstrual problems created by the method (2 percent), inconvenient to use (1 percent), and lack of sexual satisfaction (1 percent) as reasons. Most of the women in rural areas discontinued the method to have a child (70 percent) and their proportion in urban areas was low (25 percent). Dislike for the method (4 percent) and health problems (2 percent) were the other reasons mentioned by rural women. Menstrual problems (10 percent), health problems (14 percent) and dislike for the method (11 percent) were the other major reasons given by the urban women for discontinuation of method use.

Table 6.20: Reasons for discontinuation

Reasons for discontinuation *	Urban	Rural	Total
Method failed or got pregnant	7.9	1.2	2.4
Lack of sexual satisfaction	4.7	0.3	1.1
Created menstrual problem	10.0	0.7	2.4
Created health problem	14.0	2.1	4.3
Inconvenient to use	3.2	0.7	1.2
Hard to get method	-	0.6	0.5
Put on weight	1.4	0.1	0.4
Did not like the method	11.0	4.4	5.6
Wanted to have a child	25.4	70.0	61.8
Wanted to replace a dead child	-	1.3	1.1
Lack of privacy for use	1.1	0.3	0.4
Others	7.8	14.1	13.7
Don't know/missing	9.6	4.0	5.0
Total %	100.0	100.0	100.0
Number **	7258	32515	39773

* Percentage may add to more than 100 because of multiple answers ** In 00's

Intention to use contraception in future provides a forecast of potential demand for services and acts as a convenient summary indicator of disposition towards contraception among current nonusers. The distinction between intended use in the next 12 months and later on should provide a more trustworthy indication of demand in the near future.

Thirty-two percent of total women, would like to use family planning methods within one year; 14 percent between 1 to 2 years; and another 14 percent, after 2 years. Nearly 41 percent have not decided about future use. Those who would like to use contraceptives within one year were more in rural areas (48 percent) compared to urban areas (19 percent). Those women who would like to follow family planning between 1 to 2 years were also more in rural areas (21 percent) compared to urban areas (8 percent). More women in urban areas would like to use contraceptive methods after two years (18 percent) compared to only 8 percent in rural areas. More urban women (55 percent) compared to rural women (23 percent) were indecisive about their future intentions.

Table 6.21: Future intention

	Rural	Urban	Total
Within one year	47.8	19.1	31.6
1-2 years	21.3	8.2	13.9
2 or more years	8.3	18.0	13.8
Do not know/can't specify	22.6	54.7	40.7

6.6 Summing Up

In Jhansi district, 84 percent of urban currently married women knew at least one modern spacing method. Mean of awareness levels of any modern family planning methods known was higher among urban women (2.6 methods) compared to rural women (2.2 methods). Similarly higher number of modern spacing methods were known to urban women (1.5 methods) than to rural women (one method). In both urban and rural areas, awareness of tubectomy and condoms was more compared to other methods such as IUD and pills.

Ever use of any method of contraception was 73 percent in the district and ever use of any modern method of contraception was 63 percent. Fifty-seven percent of total currently married women in 13-49 age group were current users of any method (both modern and traditional) of contraception. Current users of any method were slightly more in rural areas (57 percent)

compared to urban areas (55 percent). In both urban and rural areas, the use rate increased with increase in age and reached peak level in 35-39 age group. Of the total, 52 percent were users of any modern method in 13-49 age group in the district. Current users of any modern method were higher in urban areas (54 percent) compared to rural areas (51 percent). Proportion of current users in 35-39 age group formed 73 percent in urban areas and 81 percent in rural areas. Acceptance of sterilization method, particularly tubectomy, was high (39 percent) compared to spacing methods (13 percent). Five percent of total currently married women in Jhansi district were current users of any traditional method. Most traditional method users were in younger age groups. Current users of traditional method users were more in rural areas (7 percent) compared to urban areas (1 percent).

Education has no influence on use of male sterilization methods. Female sterilization acceptors were more among illiterate and less educated compared to more educated. In contrast, spacing method users were more among highly educated compared to less educated and illiterate women. There were no major differences among Hindu and Muslim women in regard to use of modern contraceptives. Contraceptive use rate increased with the increase in number of children. More the number of sons, more was the acceptance of sterilization methods. The proportion of spacing method users, both traditional and modern, increased with decrease in number of sons. Son preference to a large extent determines the use of contraceptives and also method choice. Women who reported problems with method use were more for tubectomy (47 percent) and IUD (29 percent). Rural women, in general experienced, more problems than urban women. The unmet need among total currently married women in the district was 30 percent. Of these, 18 percent preferred to space children and 12 percent wanted to limit family size. The unmet need, mainly to space children, was high among younger age groups. The unmet need to space children was slightly more in urban areas (19 percent) compared to rural areas (18 percent) and to limit family size was substantially high in urban (18 percent) compared to rural areas (8 percent).

The perceived disadvantages were more in case of tubectomy and IUD methods compared to other methods. Nature of disadvantages was, more or less, same for all methods except condoms. Abdominal or gastric pain, bodyache or body pain, excessive bleeding and weakness were the main disadvantages listed for all methods. In case of tubectomy and IUDs, own experiences guided women's beliefs. For all other methods, friends experiences or what they heard from others formed the basis. More of rural women thought of disadvantages than urban women. Belief formation was not influenced by information received from mass media and health personnel. Public sector was the main source for sterilization services both in rural and urban areas. For spacing methods, private sector played a major role. Whatever might be the source for current users of pills and condoms, 92 percent considered the supply of contraceptives was regular. There was no major opposition for use of family planning methods in the families.

Of the total, 86 percent of women have not heard any family planning messages either on radio or television one month prior to the survey. Of those who heard the messages, most were urban educated women. Most of the messages were generic in nature and a small proportion heard method specific messages. Majority of women who used a method in the past and discontinued the use did so to have a child. Distance for the method and health problems created by method use were the other reasons. Thirty-two percent of total women, who are not at present using any method, would like to use family planning methods within one year, and 14 percent, between 1 to 2 years. Those who would like to use contraceptives within one year were more in rural areas (48 percent) compared to urban areas (19 percent).

CHAPTER VII

FERTILITY PREFERENCES

This chapter addresses four questions which allow an assessment of the need for contraception. Does the respondent want more children? If so, how long would she prefer to wait before the next child? Two further related issues have also been examined : Is there a match between ideal and actual number of children? To what extent do unwanted or mistimed pregnancies occur? Bearing in mind that the underlying rationale of most family planning programmes is to give couples the freedom and ability to bear the number of children that they want and to achieve the spacing of births that they prefer, the importance of this chapter is obvious.

Interpretation of data on fertility preferences has always been the subject of controversy. Survey questions have been criticized on the ground that answers are misleading because: (a) they reflect unformed, ephemeral views, which are held with weak intensity and little conviction; and (b) they do not take into account the effect of social pressures or the attitudes of other family members, particularly the husband, who may exert a major influence on reproductive decision. The first objection has greater force in non-contracepting geographical areas where the idea of conscious reproductive choice may still be alien; preference data from these settings should be interpreted with interpretative weight attached to the findings. The second objection is correct in principle. In practice, however, its importance is doubtful; for instance, the evidence from surveys in which both husbands and wives are interviewed suggests that there is nor radical difference between the views of the two sexes.

The inclusion of women who are currently pregnant complicates the measurement of views on future childbearing. For these women, the question on desire for more children is rephrased to refer to desire for another child after the one that they are expecting. To take into account the way in which the preference variable is defined for pregnant women, the results are classified by number of living children including the current pregnancy as equivalent to a living child. In addition, her future intentions for another child may depend on the outcome of the current pregnancy and sex of the child born.

7.1 Desire for More Children

Table 7.1 provides information about the fertility preferences of currently married women. The table examines the desire for additional child and preferred sex of additional child by place of residence.

Out of a total 133,108 currently married women desirous of having additional child in the district, more than 13 percent women expressed the desire to have their next child within 11 months from the date of survey. Fifteen percent women wanted to postpone the next birth for 12-23 months. As many as 39 percent of the women wished to have next birth after two or more years and the remaining 33 percent, undecided. Among the women with no surviving children, 28 percent would like to have a child within one year from the date of survey; 24 percent, in 12-23 months; 15 percent, in 24 or more months and 16 percent, undecided.

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	34.2	12.1	12.9	5.8	17.0
12-23 months	30.1	14.6	19.7	34.1	22.0
24 or more months	18.0	58.5	56.0	43.3	45.9
Do not know	17.0	14.9	11.4	16.9	15.1
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	3.7	31.8	35.6	43.0	29.6
Only girl(s)	-	8.7	12.4	13.5	7.2
Both boy and girl	90.0	52.7	46.6	49.0	57.2
Either	2.2	6.3	4.9	2.5	4.6
Others	4.0	0.5	0.4	2.0	1.3
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	10872	17579	9388	5484	43323
Rural					
Desire for additional child					
Within 11 months	25.1	7.6	5.4	8.7	11.7
12-23 months	20.7	8.2	6.3	9.3	11.1
24 or more months	13.0	46.5	44.9	29.9	35.3
Do not know	41.2	37.7	43.5	52.1	41.9
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	3.4	25.0	39.3	45.0	28.3
Only girl(s)	-	6.8	7.4	2.6	5.0
Both boy and girl	92.4	63.6	50.1	49.1	63.0
Either	4.2	4.1	3.2	2.7	3.6
Others	-	0.5	-	0.5	0.3
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	22936	34497	20186	12166	89784
Total					
Desire for additional child					
Within 11 months	28.0	9.1	7.8	7.8	13.4
12-23 months	23.7	10.4	10.5	17.0	14.7
24 or more months	14.6	50.5	48.4	34.0	38.7
Do not know	33.7	30.0	33.3	41.2	33.1
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	3.5	27.4	38.2	44.4	28.7
Only girl(s)	-	7.5	9.0	3.0	5.7
Both boy and girl	91.7	59.6	49.0	49.0	61.0
Either	3.6	4.8	3.7	2.6	4.0
Others	1.2	0.5	0.1	1.0	0.6
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	33808	52076	29574	17650	133108

* In 00's ** Includes current pregnancy.

The percentage of mothers who would like to have next child after 23 months decreased with the increase in the number of surviving children, from 51 percent with one live birth to 34 percent with three or more live births. However, there was a marginal rise in the percentage of mothers who wished to have the next child within 12-23 months. With as many as 53 percent of women, desiring to have the next child after a year or more, the potential to promote spacing methods, is enormous and requires more attention than hitherto given by the family planning personnel.

The analysis of the desire for additional children according to the preferred sex of the child shows that, 29 percent of women preferred their next child to be son, while 6 percent women would like to have a daughter. As many as 61 percent women wanted to have both boy and girl as additional children and 4 percent preferred either of the sex. With the increase in number of living children, the preference for only son(s) increased, from 4 percent for childless women to 44 percent for women with three or more children. On the other hand, the preference for both boy and girl decreased with the rise in number of surviving children.

The timing of the desire for additional children of urban women was different from that of rural women. Seventeen percent of urban and 12 percent of rural women expressed the opinion that they would like to have the next child within 11 months, while 22 percent of urban women and 11 percent of rural women would like to postpone the next birth for 24 or more months. The percentage of women who desired to wait for two or more years for the next birth were more in urban areas (46 percent) compared to rural areas (35 percent). The percentage of women undecided about the timing of next pregnancy were more in rural areas (42 percent) compared to just 15 percent in urban areas. Thus the urban women of the district planned the future fertility better than the rural women and also the potential for the promotion of spacing methods was better in urban areas compared to rural areas. However, there were no major differentials between urban and rural women as far as the desire for additional children according to the preferred sex of the child is concerned. Preference for only boy(s) was slightly more in urban areas (30 percent) compared to rural areas (28 percent) and the same is true for only girl(s) also. Sixty three percent of urban women and 57 percent of rural women preferred both boy and girl as their additional children. Five percent of urban women and 4 percent of rural women did not have gender preference.

Table 7.2 presents the percent distribution of number of living children by number of additional desired children by residence. Expectedly, the desire to have fewer children increased with the increase in number of living children. Four percent of childless women in the district preferred not to have children at all. Fifteen percent of women with one living child; 58 percent, with two living children; 86 percent with three living children; 92 percent, with four living children and 96 percent, with five or more living children chose not to have an additional child. Among the childless women, 62 percent wished to have less than or equal to two children; 30 percent, three children; and 3 percent, four or more children. The desire to stop with fewer number of children seems to be high among urban women compared to rural women. Six percent of urban women and 3 percent of rural women with no living children preferred not to have children. The percentage of mothers who wished to stop with one, two, three, four and five or more live births was more in urban areas compared to rural areas. Among the childless women, the percentage desired to have one or two children was more in urban areas (65 percent) compared to rural areas (60 percent). On the other hand, percentage of women with the desire to have three or more children was high in rural areas compared to urban areas.

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

Number of living children*	Number of desired children						Total Number of	
	0	1	2	3	4+	DK	%	women**
Urban								
0	5.5	4.1	60.6	19.8	4.9	5.1	100.0	11506
1	21.2	38.9	33.3	2.8	2.3	1.5	100.0	22301
2	64.1	24.4	10.5	0.4	0.4	0.2	100.0	26187
3	87.5	10.9	1.6	-	-	-	100.0	27814
4	94.0	3.5	1.2	-	0.4	0.9	100.0	20684
5+	96.3	2.6	1.1	-	-	-	100.0	21098
Rural								
0	2.8	3.2	56.9	34.2	2.7	0.2	100.0	23587
1	10.7	23.9	51.6	11.5	2.0	0.3	100.0	38651
2	54.2	29.6	13.5	1.4	1.0	0.4	100.0	44072
3	84.4	12.3	3.2	-	-	0.2	100.0	52362
4	90.4	6.7	2.5	0.4	-	-	100.0	28664
5+	95.0	5.0	-	-	-	-	100.0	24686
Total								
0	3.7	3.5	58.1	29.5	3.4	1.8	100.0	35093
1	14.6	29.4	44.9	8.3	2.1	0.7	100.0	60953
2	57.9	27.7	12.3	1.0	0.8	0.3	100.0	70259
3	85.5	11.8	2.6	-	-	0.1	100.0	80175
4	91.9	5.3	2.0	0.2	0.2	0.4	100.0	49348
5+	95.6	3.9	0.5	-	-	-	100.0	45784

* Includes current pregnancy

** In 00's

Table 7.3 presents the simple percentage of women who wanted more children shown separately for each parity by selected background variations. This tabulation provides information about group variations in the potential demand for fertility control.

Out of a total 133,108 women, who desired to have more children, 25 percent women were at parity zero; 39 percent were at parity one; 22 percent were at parity two; 9 percent were at parity three; and 5 percent were at parity four and above. In 13-19 age group, more than 90 percent of women who desired more children were in parities zero and one. In 20-29 age group more than 80 percent of women who desired additional children were in parities 1 to 3. In 30-39 age group more than 60 percent of women who desired additional children were in parities 2 and 3. In 40-49 age group, 46 percent women in parities zero and one, and 54 percent women in parities three or more, desired additional children. There were no significant rural-urban differentials in the distribution of additional children desired by women of different parities. The distribution of up to high school and above high school educated women varied from that of illiterate and primary level educated women as far as the desire for more children is concerned. For instance, more than 95 percent of above high school educated women who desired more children were in parties 0-2, when there were only 83 percent illiterate women at parities 0-2 who expressed the same desire. More the level of education, less is the desire for additional children.

All the other religious groups women, who wanted more children, were concentrated in parities 0-2, while only 87 percent of Hindu and 86 percent of Muslim women who desired additional children were distributed in parities 0-2. Caste-wise variations in the additional children desired at specific parities of women were generally insignificant.

Forty two percent of women with parity zero or no living son and 45 percent of women with parity zero or no living daughter, wanted additional children. With one living son, 48 percent of women in parity one; 32 percent in parity two; 13 percent in parity three; and 7 percent in parity four or more, wanted additional children. With one living daughter, 57 percent women of parity one; 37 percent of parity two women; 4 percent of parity three women; and 2 percent of four or more parity women wanted additional children. With three or more living sons, 37 percent women of parity three and 63 percent women of parity four or above still wanted more children, perhaps daughter (s). With three or more living daughters, 41 percent of parity three and 59 percent of parity four and above wanted more children, perhaps sons(s).

Table 7.3: Desire to have more children by background characteristics

Background characteristics	Number of living children *					Total
	0	1	2	3	4+	
Age						
13 - 19	52.5	41.0	6.5	-	-	35321
20 - 29	15.8	41.0	29.4	10.0	4.0	83548
30 - 39	12.5	24.4	22.8	22.8	17.5	12064
40 - 49	28.0	18.1	-	26.8	27.0	2175
Residence						
Rural	25.1	40.6	21.7	8.0	4.7	43323
Urban	25.5	38.4	22.5	9.1	4.4	89784
Education						
Illiterate	21.8	37.8	23.9	10.8	5.7	77390
Upto class 4	27.8	38.7	24.2	8.5	0.8	11875
Primary	24.6	42.3	18.3	8.6	6.2	12520
Upto middle	35.4	32.9	22.9	5.7	3.1	13440
Upto high	32.8	40.3	23.0	3.8	-	9100
Above high school	32.2	55.3	7.9	1.4	3.3	8783
Religion						
Hindu	25.5	38.8	22.4	8.9	4.5	126593
Muslim	24.5	41.3	20.2	8.1	5.8	5268
Other	23.7	63.3	13.0	-	-	1246
Caste						
Scheduled caste	24.6	39.1	19.5	10.9	5.8	43579
Scheduled tribe	20.3	38.7	23.9	11.7	5.4	8234
Backward caste	25.6	36.3	25.6	8.4	4.0	50215
Higher caste Hindu	28.3	43.3	20.5	5.2	2.8	24566
Other religious groups	24.4	45.5	18.8	6.6	4.7	6515
Number of living sons						
None	41.9	38.5	12.7	4.9	2.0	80699
1	-	48.1	32.3	13.0	6.6	43643
2	-	-	74.2	19.7	6.0	6972
3+	-	-	-	37.3	62.7	1793
Number of living daughters						
None	45.2	41.6	11.0	1.6	0.5	74802
1	-	57.0	37.4	3.7	1.9	36808
2	-	-	53.2	42.9	3.8	14157
3+	-	-	-	40.7	59.3	7342
Total	25.4	39.1	22.2	8.8	4.5	133108

* Includes current pregnancy

** in 00's

7.2 Ideal Number of Children

Discussion in this section is on the respondents present opinion as to how many children a couple should have.

There is usually a correlation between actual and ideal number of children. The reason is two fold. First, the extent that women implement their preference, those who want larger families will tend to achieve larger families. Second, women may adjust upwards their ideal size of family as the actual number of children increases (i.e, rationalization). It is also possible that women with larger families being on average older than women with smaller families, have larger ideal sizes, because of attitudes that they acquired 20 to 30 years ago.

Despite the likelihood that some rationalization occurs, it is common to find that respondents state ideal sizes lower than their actual number of surviving children. The use of ungrouped variables in Table 7.5 permits the classification of the respondents at each parity into three categories: ideal size is greater than actual size; ideal size is less than actual size; ideal size equals actual size. The third category is of particular interest because it permits an indicator of surplus or unwanted fertility. The sum of the second and third categories should be broadly similar to the percentage wanting more children in Tables 7.1 or 7.2.

Table 7.4 gives the percent distribution of ever married women by ideal number of children and mean ideal number of children for ever married women and currently married women, according to number of living children and residence.

The mean ideal number of children desired by ever-married women of the district was 2.9. With increase in the number of living children, there was marginal rise in the mean ideal number of children desired. The mean ideal number of children wished by the women with no living child (2.5) increased to 2.9 for women with three living children and to 3.4 for women with six or more living children. Of the total ever married women in the district, a mere 0.6 percent felt one child as the ideal number and 35 percent of women opined two children as the ideal number. As many as 39 percent of ever married women were of the view that three is an ideal figure and another 25 percent felt four or more children as the ideal number of children. A close look at the table reveals that, among women with 0-4 living children, more than 90 percent women were of the view that 2-3 is the ideal family size and among women with 5 and above living children, more than 80 percent women were of the view that three or more is the ideal family size.

The mean ideal number of children desired by urban women (2.8) was slightly less than the mean ideal number of children desired by rural women (3.0). The mean ideal number of children desired, increased with the increase in the number of living children in rural as well as urban areas of the district. Among urban women, the mean ideal number of children, the women with no living child would like to have was 2.4. This increased to 2.8 for women with three living children and to 3.4 for women with six or more living children. In rural areas, the mean ideal number of children desired by the women with no living child was 2.5 and this increased to 3.0 for women with three living children and to 3.5 for women with six or more living children. In rural areas, the mean ideal number of children desired by the women with no living child was 2.5 and this increased to 3.0 for women with three living children and to 3.5 for women with six or more living children. The percentage of women who felt, one child as the ideal number, was more in urban areas (one percent) compared to rural areas (0.3 percent). Forty-one percent of urban women and 31 percent of rural women felt two children as the ideal number. Thirty-four percent of urban women and 42 percent of rural women viewed three children as the ideal figure.

The percentage of women, who felt that four or more areas the ideal number of children, was more in rural areas (27 percent) compared to urban areas (22 percent).

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	5.3	0.9	-	0.4	-	-	-	9826
1	-	4.6	0.4	1.2	-	-	-	1463
2	52.1	58.8	57.7	31.7	25.6	21.5	21.5	53665
3	27.2	28.1	27.8	46.3	34.8	32.8	39.2	44802
4	7.8	6.6	11.5	16.3	35.2	16.3	21.9	21334
5	1.6	0.5	0.9	2.2	3.6	21.9	6.8	5289
6+	-	-	0.4	1.0	0.9	6.0	8.0	2055
Non-numeric responses	5.8	0.5	1.3	0.8	-	1.5	2.6	1815
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	12219	22419	26522	28045	20684	12641	8875	131406
Mean ideal number **	2.4	2.3	2.5	2.8	3.2	3.5	3.4	2.8
Ever-married women	8.9	17.2	20.2	21.5	16.0	9.6	6.5	129591
Currently married women	8.8	17.2	20.1	21.9	15.9	9.6	6.5	125817
Rural								
None	0.7	-	-	0.2	-	-	1.3	382
1	0.6	0.6	0.3	-	0.4	-	-	590
2	51.4	43.8	40.4	20.9	16.7	8.8	15.3	65592
3	39.0	38.4	42.4	54.0	32.5	35.7	29.6	88904
4	7.6	14.2	14.0	21.4	41.5	38.2	34.0	45784
5	-	1.9	1.9	2.3	6.1	12.0	11.5	7499
6+	-	1.0	1.1	0.5	2.9	4.4	7.0	3271
Non-numeric responses	0.7	0.3	-	0.6	-	0.8	1.3	847
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	23748	38758	44072	52691	28664	15559	9377	212869
Mean ideal number **	2.5	3.2	2.8	3.0	3.4	3.6	3.5	3.0
Ever-married women	11.1	18.2	20.8	24.7	13.5	7.3	4.3	212022
Currently married women	11.1	18.3	20.8	24.7	13.6	7.2	4.3	208195
Total								
None	2.3	0.3	-	0.3	-	-	0.7	1365
1	0.4	2.1	0.3	0.4	0.2	-	-	2053
2	51.7	49.3	46.9	24.7	20.4	14.5	18.3	119257
3	35.0	34.6	36.9	51.4	33.4	34.4	34.3	133706
4	7.7	11.4	13.1	19.6	38.8	28.4	28.1	67118
5	0.6	1.4	1.5	2.3	5.0	16.5	9.2	12788
6+	-	0.6	0.8	0.7	2.1	5.2	7.5	5326
Non-numeric responses	2.4	0.4	0.5	0.7	-	1.1	1.9	2662
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	35967	61177	70594	80735	49348	28200	18252	344274
Mean ideal number **	2.5	2.6	2.7	2.9	3.3	3.6	3.4	2.9
Ever-married women	10.3	17.8	20.6	23.5	14.4	8.2	5.2	341612
Currently married women	10.2	17.9	20.6	23.6	14.5	8.1	5.1	334012

* Includes current pregnancy

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

***In 00's

If the number of living children was less than the ideal number expressed by the women, then these women were categorized as 'less than ideal' women. If the number of living children was same as the ideal number of expressed by the women, then these women were categorized as 'equal to ideal', and if the number of living children was more than the ideal number of children expressed, then these women were categorized as 'more than ideal' women. Table 7.5 gives the match between ideal number of children (less than ideal, equal to ideal and more than ideal) and the number of living children by residence.

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

Number of ideal children	Number of living children *				
	0-1	2	3	4	5+
Urban					
Less than ideal	-	0.4	32.9	58.5	80.6
Equal to ideal	3.1	54.3	45.1	37.0	13.3
More than ideal	96.9	45.3	22.0	4.5	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Total N **	32949	26187	27690	20684	21098
Rural					
Less than ideal	-	0.3	19.3	47.0	87.0
Equal to ideal	0.3	35.2	50.0	41.3	8.8
More than ideal	99.7	64.6	30.6	11.6	4.2
Total %	100.0	100.0	100.0	100.0	100.0
Total N **	62077	44072	52261	28664	24565
Total					
Less than ideal	-	0.3	24.0	51.8	84.0
Equal to ideal	1.3	42.3	48.3	39.5	10.9
More than ideal	98.7	57.4	27.7	8.6	5.1
Total %	100.0	100.0	100.0	100.0	100.0
Total N **	95026	70259	79951	49348	45663

* Includes current pregnancy

** In 00's

With the increase in number of living children there was sharp decline in the number of women who have less than ideal number of children, For instance, almost all women with parity 0-1, 28 percent with three living and 5 percent with five or more living children have the actual size which is less than the ideal size. For the women who have actual size equal to ideal size, the percentage increased from 1.4 for 0-1 parity women to 48 percent for women with parity three and again dropped to 11 percent for women with five or more live births. Twenty four percent of women with three living children, 52 percent of women with four living children and 84 percent of women with five or more living children, have the actual size which is more than the ideal size.

The percentage of women with the actual size less than the ideal size was generally high in rural areas compared to urban areas. For instance, 31 percent of rural women with three living children and 22 percent of urban women with three living children, had the actual size which was less than the ideal size. The percentage of women with the actual size equal to ideal size was more in urban areas compared to rural areas for 0-2 and 5 living children. Among the women with parity three and four, the rural percentage was more than the urban percentage. There were no significant differentials, between rural and urban areas, in regard to distribution of women with more than ideal size children, between rural and urban areas.

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

Table 7.6 presents the stage at which the husband and wife communicated on the number of children they should have. Out of a total 150,927 women, nearly 31 percent of the couples discussed the number of children they should have, immediately after marriage, while 3 percent of the women never discussed with their husbands the number of children they should have. Twenty-nine percent of women discussed with their husbands about the number of children they should have after first child while 24 percent and 13 percent did the same after second and third children respectively. Communication regarding the number of children desired by the couples was more among younger women compared to older women. For instance, 65 percent of women in 13-19 age group discussed with their husbands, the number of children they should have immediately after marriage, when the same for 40-49 age group women was 22 percent. Ninety-nine percent of women in 13-19 age group and 98 percent of women in 20-29 age group had communication with their husbands, on number on number of children they should have, at some stage or the other, while 5 percent of women in 30-39 age group and 7 percent of women in 40-49 age group, never discussed the same with their husbands. Expectedly, husband-wife communication on number of children they should have immediately after marriage, was more in urban areas (34 percent) compared to rural areas (28 percent). The percentage of women with no communication with their husbands regarding the number of children they should have was slightly more in rural areas (4 percent) compared to urban areas (2 percent). Husband-wife communication was better among up to and above high school educated women compared to illiterate and up to class four educated women. There were no major differentials between ever users and never users of contraception regarding the husband-wife communication on number of children they should have.

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		
Age							
13-19	65.0	29.6	3.5	0.6	1.3	100.0	16919
20-29	31.6	33.7	25.3	7.6	1.8	100.0	74669
30-39	18.6	26.4	29.6	20.5	4.9	100.0	42307
40-49	22.1	15.2	27.3	28.4	7.0	100.0	17156
Residence							
Rural	34.1	26.8	21.5	15.7	1.9	100.0	60405
Urban	28.3	30.6	26.1	10.9	4.1	100.0	90647
Education							
Illiterate	26.1	27.6	26.9	15.3	4.1	100.0	75628
Upto class 4	20.2	29.5	27.2	15.7	7.3	100.0	13287
Primary	29.7	28.8	25.5	13.3	2.7	100.0	15723
Upto middle	35.6	31.4	25.3	7.2	0.5	100.0	16001
Upto high	43.3	32.5	13.3	8.9	2.0	100.0	11832
Above high school	45.2	31.0	16.9	6.8	-	100.0	18457
Use of contraception							
Ever use	23.6	31.7	29.0	12.2	3.6	100.0	63977
Never use	26.9	33.0	27.0	8.9	4.2	100.0	54057
Total	46273	43947	36698	19179	831	100.0	150927

* In 00's

7.4 Fertility Planning

Women were asked a series of questions for each child born in the preceding three years and any current pregnancy to determine whether the particular pregnancy was planned, unplanned but wanted at a later time or unwanted. These questions form a potentially powerful indicator of the degree to which the couples successfully control childbearing.

The questions are extremely demanding. The respondent is required to recall accurately her wishes during her pregnancies and to report them honestly. The danger of rationalization is present, an unwanted conception may well become a cherished child. Despite these potential problems of comprehension, recall and truthfulness, results from the previous surveys have proved surprisingly plausible. Respondents are clearly willing to report unwanted conceptions, although some post factum rationalization probably occurs and the result is probably an underestimate of unwanted fertility.

In the BSUP, these retrospective questions are asked independently of the questions on the desire for more children and total desired family size and have not been across edited at the data processing stage. Investigation of consistency of attitudes at the individual level is thus possible but is not attempted in this report. However, broad consistency at the average or aggregate level between desired total family size and actual fertility and unwanted fertility can be examined.

Table 7.7: Unwanted pregnancy

Background characteristics		Number of unwanted pregnancies				Total %
		0	1	2	3+	
Age	13 - 19	99.7	0.3	-	-	100
	20 - 29	93.3	5.5	1.0	0.2	100
	30 - 39	88.4	6.8	3.6	1.2	100
	40 - 49	92.4	4.5	2.5	0.7	100
Residence	Rural	88.1	8.6	2.6	0.7	100
	Urban	95.1	3.0	1.4	0.5	100
Education						
	Illiterate	93.7	3.8	1.8	0.7	100
	Upto class 4	94.3	4.1	1.2	0.4	100
	Primary	89.8	7.0	2.4	0.7	100
	Upto middle	93.4	4.7	1.9	-	100
	Upto high	89.6	7.4	3.0	-	100
	Above high school	85.1	12.5	2.1	0.3	100
Religion	Hindu	92.9	4.9	1.8	0.4	100
	Muslim	83.5	9.1	4.1	3.3	100
	Other	89.8	6.5	3.6	-	100
Caste						
	Scheduled caste	93.9	3.8	1.5	0.8	100
	Scheduled tribe	93.9	3.9	2.1	-	100
	Backward caste	93.9	4.5	1.4	0.2	100
	Higher caste Hindu	89.9	7.2	2.6	0.4	100
	Other religious groups	85.1	8.5	4.0	2.5	100
Total		315761	17538	6447	1866	341612

Table 7.7 shows the percentage of currently married women who had experienced unwanted pregnancies and number of such unwanted pregnancies by selected background characteristics. Out of a total 341,612 pregnancies in the district, more than 92 percent of the pregnancies were wanted while 8 percent were unwanted pregnancies. Out of the total 8 percent unwanted pregnancies, 5 percent women had one unwanted pregnancy, 2 percent had two unwanted pregnancies, and 0.5 percent had three or more unwanted pregnancies. Analysis of the number of unwanted pregnancies with the current age of women showed that there were more unwanted pregnancies in 30-39 age group (12 percent) compared to other age groups. Out of 12 percent unwanted pregnancies, 6.8 percent women had one unwanted pregnancy, 3.6 percent women had two unwanted pregnancies and 1.2 percent women had three or more unwanted pregnancies. Percentage of unwanted pregnancies was more in urban areas (12 percent) compared to rural areas (5 percent). Highest percentage of unwanted pregnancies was among the women who were educated above high school (15 percent) followed by up to high school (10.4) and primary (10.2) level educated women.

Muslim women experienced more unwanted pregnancies (16.5 percent) compared to other religious groups women (10.2 percent) and Hindu women (7.1 percent). More than 10 percent of the pregnancies among the upper caste and other religious group women were unwanted, while only 6 percent of the pregnancies were unwanted among the Scheduled Caste, the Scheduled Tribe and the backward caste women.

Table 7.8 presents the percent distribution of the outcome of unwanted pregnancies by residence. Nearly half of the unwanted pregnancies had resulted in live births followed by 20 percent spontaneous abortions. However, 16 percent of unwanted pregnancies had resulted in induced abortions and 14 percent in still births. The percent of unwanted pregnancies that had resulted in live births (51 percent), spontaneous abortions (23 percent) and induced abortions (19 percent) were more in urban areas compared to rural areas. Percentage of unwanted pregnancies that had resulted in still births were more in rural areas (28 percent) compared to urban areas (4 percent). A negligible percent (0.6) of women attempted to abort the unwanted pregnancy but failed.

Table 7.8: Outcome of unwanted pregnancies *

Outcome of unwanted pregnancies	Rural	Urban	Total
Live birth	47.4	51.1	49.3
Still birth	28.0	4.3	14.3
Spontaneous abortion	15.1	23.0	19.5
Induced abortion/MTP	9.3	19.4	15.6
Attempted to abort but failed	0.2	0.6	0.5
Others	--	1.6	0.8

* Here the denominator will be **total number** of unwanted pregnancies the women had experienced

Table 7.9 presents the percent distribution of births in the current pregnancies by fertility planning status. Out of total 432,296 currently married women who became pregnant, more than 83 percent wanted to become pregnant then only, 7 percent wanted later and another 10 percent, never wanted to be pregnant. Eighty-four percent of rural women and 80 percent of urban women, wanted the pregnancy then only. The percentage of women who wanted to have pregnancies later were more in urban areas (12 percent) compared to rural areas (5 percent). The percentage of women who wanted to stop child bearing was more in rural areas (10 percent) compared to urban areas.

Table 7.9: Fertility planning

Pregnancy intention	Rural	Urban	Total
Wanted then	84.4	79.7	83.4
Wanted later	5.4	11.8	6.8
Wanted no more	10.2	8.5	9.9
Missing	-	-	-
Total %	100.0	100.0	100.0
Number of pregnancies *	29964	13332	43296

* In 00's

Table 7.10 provides the information on what the woman would do if she gets unwanted pregnancy. Nearly sixty percent of women would not become pregnant, as they were already sterilized. Among the remaining 40 percent women, who could become pregnant, 10 percent of women told that they would accept the unwanted pregnancy while 21 percent would like to get aborted. Another 5 percent women were not sure on what should be done. Thirteen percent of urban women and 8 percent of rural women expressed the desire to accept the unwanted pregnancy. The percentage of women who wanted to get the unwanted pregnancy aborted was also more in urban areas (36 percent) compared to rural areas (11 percent). Seven percent of urban and 3 percent of rural women were not sure about what should be done with the unwanted pregnancy.

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

Intention	Urban	Rural	Total
Will accept the pregnancy	13.0	7.6	9.8
Will get it aborted	35.8	10.5	20.9
Others	2.5	7.3	5.4
Not sure/do not know	7.3	2.6	4.5
Not possible/sterilized	41.4	71.9	59.4

7.5 Summing Up

Of the total currently married women desirous of having an additional child, 13 percent preferred their next child within 11 months, 15 percent women wanted to postpone the next birth for 12 to 23 months, 39 percent wished to have next birth after two or more years and the remaining, 33 percent, undecided. More urban women wanted to postpone births compared to rural women. The desire to have additional children decreased with increase in number of living children. Highly educated women had less desire for additional children compared to illiterate and less educated. The mean ideal number of children desired by ever married women of the district was 2.9. The mean ideal number of children desired by urban women (2.8) was slightly less than the mean ideal number of children desired by rural women (3.0). Thirty-one percent of the total couples discussed about the number of children they should have immediately after marriage, while 3 percent of the women never discussed. More of young, educated and urban women discussed with their husbands compared to other women. Of the total pregnancies in last 3 years, 8 percent were unwanted pregnancies. Nearly half of unwanted pregnancies resulted in live births. Of the total 40 percent women who could become pregnant, in case of unwanted pregnancy, 10 percent women would accept the pregnancy and 21 percent would prefer to go for abortion. The remaining were not sure on what should be done.

CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

This chapter presents the findings from two areas of importance to maternal and child health i.e, maternal care and vaccinations. This information is of great value in identifying subgroups of women who do not utilize ANC services and in planning for improvements in MCH services which in turn help to reduce the infant and maternal mortality rates to a great extent. ANC service utilization is measured in terms of ANC check ups provided, TT vaccination given and iron and folic acid tablets distributed. Following this birth, death and infant mortality rates are estimated for the rural and urban areas for a two year period preceding the survey i.e, Dassehra 1991 to Dassehra 1993. The delivery of services is described according to the place of delivery and assistance at the time of delivery. The presentation of immunization coverage information focuses on the age group 6-23 and 12-23 months. Differences in vaccination coverage between different subgroups of the population would be of help in effective programme planning. Finally this chapter looks into utilisation of public health services in terms of preferred sources for services, client provider contacts, and perceptions about quality of information, services and service providers.

8.1 Antenatal Care

In all health and family welfare programmes formulated by the government antenatal and post-natal care has gained importance over the years, in realisation that good care of the mothers before and after pregnancy could prevent many maternal and infant deaths. Keeping this in view, questions were posed to currently married women who had become pregnant in the last two years, in BSUP on antenatal check-ups and the source of such check-ups according to their background characteristics, the results of which are provided in Table 8.1

Among the women in the age group of less than 20 years, only 29 percent underwent antenatal check up. Majority of the pregnant women were in 20-34 years age group but only 37 percent of them had antenatal check-up and around 36 percent of the women above 35 years of age underwent these check-ups. On an average, 31 percent of the total number of women who were pregnant in last two years had antenatal check-up. For pregnant women aged less than 20 years, the major source of antenatal care (ANC) is either government hospital or PHC in 51 percent cases and private doctor in 32 percent cases. Approximately 8 percent of women below 20 years of age availed ANC services either from a sub-centre or at home. In 20-34 age group, 54 percent of pregnant women received ANC services from district hospital or PHC, 32 percent from private doctor, 7 percent from sub-centre and 4 percent at home. In 35 plus age group, majority of the pregnant women (54 percent) availed ANC treatment at district hospital or PHC. Twenty-four percent and 18 percent of the women in the same age group visited sub-centre and private doctor respectively for ANC services. No women in this age group received services at home. Other sources availed for ANC are negligible (around 2 percent). In all age groups the major source of ANC service is government hospital or PHC. For women aged up to 34 years private doctor is the second popular source for ANC and for women above 35 years of age sub-centre is the second major source for ANC.

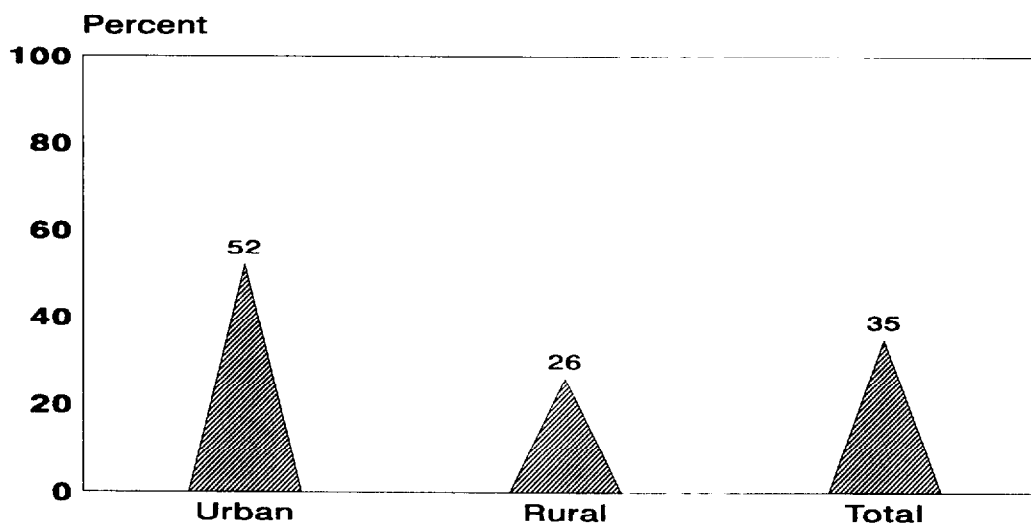
Twenty-eight percent and 33 percent of pregnant women aged less than 20 years received iron folic tablets and tetanus toxoid injections respectively. In 20-34 years age group, 36 percent and 48 percent of pregnant mothers received IFA tablets and TT injections respectively. Among women aged above 35 years, where the risk due to pregnancy is high, only 31 percent women had taken IFA and 35 percent were immunized against tetanus.

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	Privat doctor	Camp	At home	Others	IFA tab	TT injection	
Age										
< 20	29.4	50.8	7.0	32.3	-	8.9	1.1	28.4	33.2	36107
20 - 34	37.6	54.2	7.2	32.4	-	3.7	2.4	36.0	47.8	86138
35 +	35.9	53.6	24.4	18.3	-	-	3.8	30.9	34.6	6416
Residence										
Urban	51.8	57.0	3.3	35.6	-	0.8	3.3	46.2	60.2	45505
Rural	26.1	49.5	13.1	27.3	-	9.0	1.0	26.7	33.6	83157
Education										
Illiterate	24.7	55.3	15.1	19.4	-	9.1	1.1	23.8	32.3	76189
Upto class 4	37.2	64.7	2.5	24.7	-	5.2	2.9	35.9	45.7	11033
Primary	30.8	58.3	3.1	21.7	-	6.6	10.2	32.3	39.8	11373
Upto middle	50.7	55.9	5.3	37.0	-	-	1.8	47.6	57.4	12967
Upto high	64.8	46.7	2.0	51.3	-	-	-	56.2	67.7	7427
Above high school	77.5	42.2	1.8	53.5	-	-	2.6	73.3	89.9	9673
Religion										
Hindu	33.7	53.5	8.4	30.6	-	5.3	2.2	32.4	41.0	120513
Muslim	51.9	58.2	4.2	34.2	-	-	3.5	42.3	52.7	6549
Other	77.9	35.1	4.1	60.7	-	-	-	85.8	85.8	1599
Caste										
Scheduled caste	26.6	43.9	13.7	29.6	-	8.9	3.9	24.9	34.1	41311
Scheduled tribe	16.8	90.0	-	10.0	-	-	-	18.1	30.2	7663
Backward caste	30.4	56.8	8.9	26.7	-	7.0	0.5	30.7	39.1	45906
Higher caste Hindu	56.2	54.5	4.7	36.9	-	1.4	2.6	52.0	63.5	25633
Other religious groups	57.0	52.0	4.2	41.3	-	-	2.6	50.9	58.4	8148
Total	35.2	52.2	9.6	30.2	-	6.2	1.8	33.6	43.0	128662

* If more than one source of ANC was mentioned, only the provider with the highest qualification is considered in this tabulation

Figure 8.1: Percent Underwent ANC Check-up



Jhansi, UP, 1993-94

A substantial difference is seen in utilisation of ANC services in urban and rural areas. While 52 percent of urban pregnant women underwent antenatal checkup, exactly half this percent of rural pregnant mothers (26 percent) had physical checkups. In urban areas majority of the pregnant women, 57 percent, used district hospital or PHC for antenatal care and another 36 percent of them availed these services from private doctors. Negligible percent of women received ANC services at home. Fifty percent of the rural mothers received ANC treatment at district hospital or PHC and 27 percent approached private doctors for the same. In rural areas, sub-centre plays a significant role in providing antenatal services. Thirteen percent of rural mothers visited sub-centres for ANC services and 9 percent availed the services at home.

Level of education of the pregnant mothers has an impact on number of physical check-ups done, type of sources used and other ANC services received. The results show an increasing trend in number of physical check-ups from 25 percent among illiterate women to 78 percent among women with above high school education, an increase of 53 percentage points. AN services from private doctors have increased from 19 percent among illiterate women to 54 percent among mothers with above high school education. Receiving antenatal services at home by the pregnant women decreased with increase in level of education. Nine percent of illiterate women accepted AN services at home but no women with above high school education received such services at home. Use of sub-centre and also district hospital shows a decreasing trend with increase in level of education. While 24 percent of illiterate pregnant women received iron folic tablets, three times the percent of women (73 percent) with above high school education have received IFA tablets. Same is the case with tetanus toxoid injections. Where thirty-two percent of illiterate mothers were immunized against tetanus, 90 percent of mothers educated above high school were given TT injections.

Thirty-four percent of Hindu women, 52 percent of Muslim women and 78 percent of women from other religious groups underwent physical check-ups. Fifty-four percent of Hindu women have availed ANC services from district hospital or PHC, 31 percent from private doctors, 8 percent from sub-centres and 5 percent at home. There are no Muslim women who received antenatal services at home. Majority of Muslim women (58 percent) availed services

from government hospital or PHC. For 34 percent of Muslim women and 61 percent of women from other religions, private doctor is a major source of ANC treatment. Thirty-two percent of Hindu women received IFA tablets and 42 percent were protected for tetanus. Whereas 42 percent and 53 percent of Muslim women and 85 percent of women from other religions received IFA tablets and TT injections respectively. No definite trend is seen in utilisation of ANC services based on the religious factors due to the fact that representation of these groups in the sample is not proportionate. But a definite trend is established on the use of ANC services based on caste factors.

As the social status increases, there is also an increase in the use of antenatal services. The results show that the percentage of pregnant women belonging to Scheduled Tribe (17 percent) who underwent physical check-up is less than the percentage of women hailing from upper caste Hindus (56 percent). Forty-four percent of Scheduled Caste women availed services from district hospital or PHC whereas 55 percent of upper cast Hindu women received services from the same source. A majority of the backward caste women (57 percent) received their services from district hospital or PHC. The maximum percentage of women who received iron folic tablets and tetanus toxoid injections (more than 50 percent) belong to upper caste Hindus or other religious groups.

Birth, death and infant mortality rates indicate the living standards of people in a given society. Higher the rates, lower are the living standards and quality of life of the people, portraying economic and social backwardness. Table 8.1a gives the birth, death and infant mortality rates estimated for the last two years preceding the BSUP i.e, during Dashehra 1991 to Dashehra 1993.

Table 8.1(a): Birth, death and infant mortality rates (1991-93)

	<i>Urban weighted</i>	<i>Rural weighted</i>	<i>Total weighted</i>
Birth Rate	29.67	29.87	29.80
Death Rate	6.91	7.83	7.34
Infant Mortality Rate	47.15	50.61	49.20

The crude birth rate for Jhansi district is 29.8, and for Uttar Pradesh as per SRS is 35.7. Birth rate in urban areas (29.7) and in rural areas (29.9) is almost same. The crude death rate estimated in BSUP for Jhansi district is 7.3 and the SRS figure for the state is 11.3. Rural death rate (7.8) is higher than the urban death rate (6.9). Infant mortality rate for the district as estimated on BSUP data is 49. IMR of 50.6 in rural areas is higher than 47.2, estimated for urban areas.

The percentage distribution of the source of main treatment and system of medicine followed by residence is given in Table 8.1b. District hospital is the major source of treatment for respondents (28 percent) in both urban and rural areas. The second popular source of treatment is the private doctor in urban (26 percent) and rural (27 percent) areas. Around 13 percent of the respondents reported that they were treated at home. Sixteen percent of rural and 8 percent of urban women reported to have used PHC as a major source of treatment. The use of sub-centre for the same purpose is made by a negligible percent of respondents (less than one percent).

More than 50 percent of the respondents followed allopathic system of medicine. Twenty-seven percent of the women reported that they did not receive any treatment at the time of their illness. This is a group in both areas which has to be educated on various health aspects if morbidity and mortality rates are to be improved. Nine percent of the respondents

in both areas, used home remedies for treatment. Magic and exorcism practiced as a system of medicine is higher among urban respondents (2 percent) than among rural respondents (0.3 percent). A negligible percent of the respondents (less than 2 percent) relied on Indian system of medicine for their treatment.

Table 8.1(b): Source of main treatment and system of medicine followed

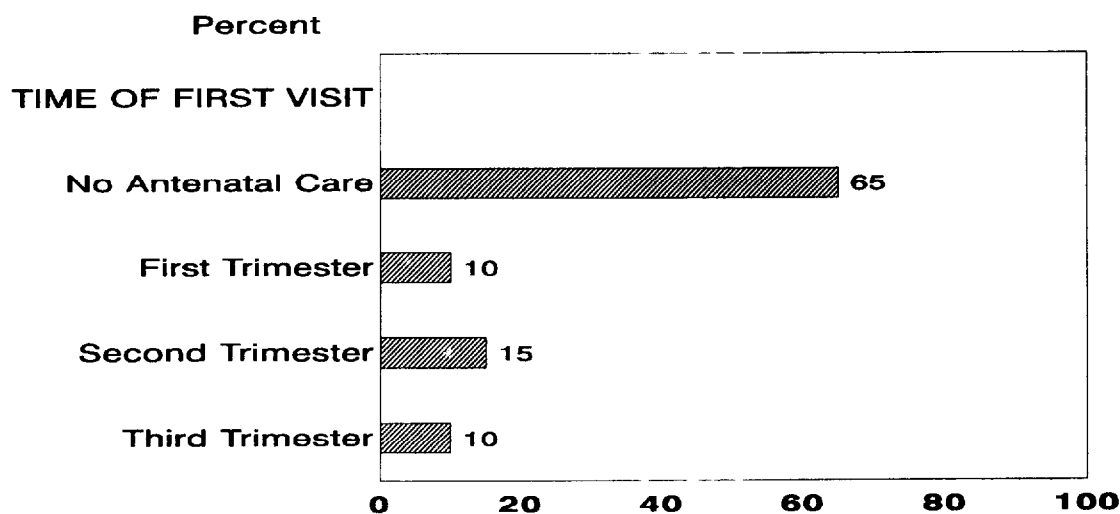
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Source of main treatment			
District Hospital	34.3	23.6	27.7
PHC	8.4	16.3	13.3
Sub-centre	0.7	0.7	0.7
Private doctor	26.2	26.5	26.4
Local vaidya	2.2	0.8	1.3
Home treatment	12.2	13.2	12.8
Others	16.0	18.8	17.8
System of medicine followed			
No treatment	26.5	27.4	27.1
Home remedies	9.5	8.8	9.1
Magic/exorcism	2.3	0.3	1.1
Ayurvedic	1.6	1.5	1.5
Allopathy	56.3	58.7	57.8
Homeopathy	1.0	1.9	1.6
Others	2.0	0.7	1.5
Don't know	0.0	0.7	0.4

To assess the risk at pregnancy and also to immunize pregnant mothers against tetanus, the mothers are required to go for medical check-ups on regular basis during the course of pregnancy. At least three check-ups are made mandatory by the health department in order to provide effective services to pregnant mothers. In order to know the awareness of the mothers on the importance of such check-ups women in BSUP were asked whether any such check-up was done during their last pregnancy, occurred in two years preceding the survey and also the stage of pregnancy at the time of their first ANC visit. The results of this distribution are presented in Table 8.2 by their residence and stage of pregnancy. A majority of the pregnant rural women (74 percent) had not received any kind of antenatal care whereas 48 percent of pregnant urban women had not gone for medical check-up. There is a substantial difference (26 percentage points) between rural and urban pregnant women who had not received any ANC. Though rural women are the most neglected lot as far as antenatal care is concerned, the percentage of urban women requiring ANC is also quite high.

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	48.2	73.9	64.8
First trimester	20.1	4.2	9.8
Second trimester	17.1	14.7	15.6
Third trimester	14.6	7.2	9.8
Don't know/missing	-	-	-
Total %	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.0	6.0	5.0
Number of pregnancies in last two years	45505	83157	128662

Figure 8.2: Timing of First ANC Visit



Jhansi, UP, 1993-94

Only 10 percent of the total pregnant women had gone for medical check up in their first trimester of pregnancy. These ANC visits have increased during second trimester and decreased during third trimester, more so in rural areas than in urban areas. Seventeen and 15 percent of urban mothers underwent medical check up in their second and third trimester of pregnancy respectively. Fifteen percent of rural mothers had their check up in second trimester and only 7 percent in third trimester. The median months of pregnancy at first visit for ANC is 4 months in urban areas and 6 months in rural areas.

8.2 Place of Delivery and Assistance During Delivery

As in antenatal care tables, Tables 8.3 and 8.4 are organized around births in the past two years. The aim is to simply document the distribution of types of services utilised by different segments of population during delivery. The distribution of place of delivery by background characteristics is given in Table 8.3. From the results it can be inferred that age of the mother at the time of birth has no significant bearing on place of delivery. Majority of mothers, more than 70 percent, delivered at home. For 16 percent of mothers aged up to 34 years or less and 5 percent of mothers aged above 35 years, PHC or district hospital was the place of delivery.

Twenty-six percent of urban women and 8 percent of rural women had delivered either at PHC or district hospital. Fifty six percent of urban and 87 percent of rural mothers had delivered at their home. Level of education has an influence on place of delivery. With increase in level of education institutional deliveries had increased and home deliveries decreased. Only 10 percent of illiterate mothers had institutional deliveries whereas this percentage increased to 31 percent for mothers educated above high school. Eighty-eight percent of illiterate mothers delivered at home and only 32 percent of mothers with above high school education delivered at home.

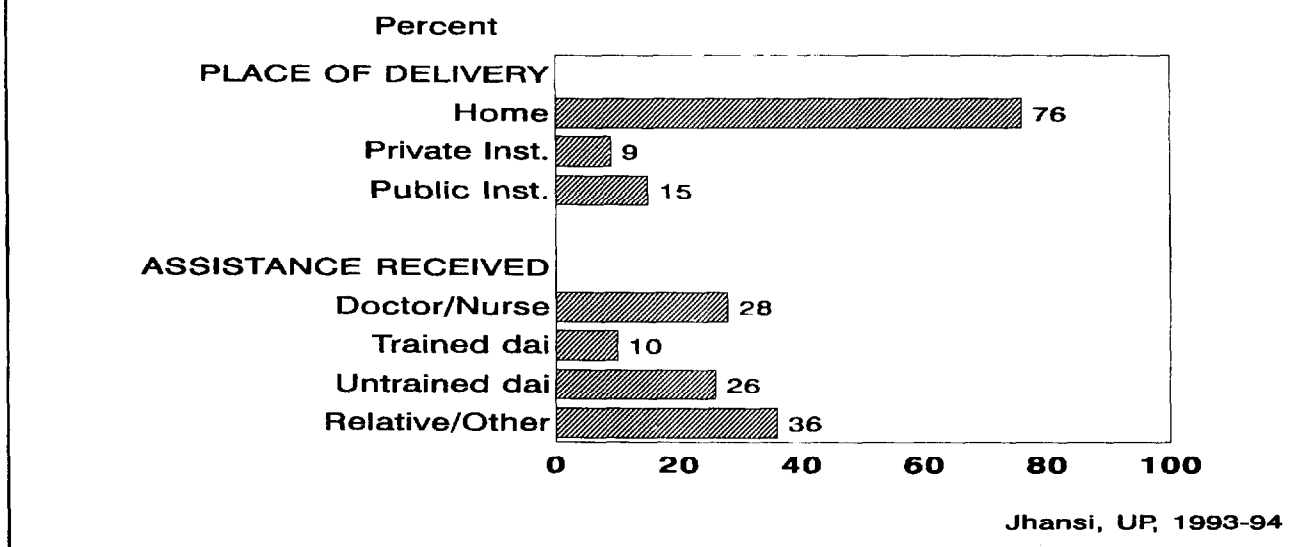
Table 8.3: Place of delivery

Background characteristics	Place of delivery				Home	Total %	Number of women pregnant in last 2 years
	Health facility						
	PHC/Dist hospital	Subcentre	Public	Private			
Mother's age at birth							
< 20	13.8	0.5	14.3	5.6	80.1	100.0	22348
20 - 34	15.6	0.2	15.8	9.9	74.3	100.0	82898
35 +	4.9	0.0	4.9	13.7	81.4	100.0	3595
Residence							
Urban	25.7	0.4	26.1	17.6	56.3	100.0	40974
Rural	8.4	0.2	8.6	4.0	87.4	100.0	67946
Education							
Illiterate	9.1	0.4	9.5	2.4	88.0	100.0	64478
Upto class 4	14.2	0.0	14.2	10.1	75.7	100.0	9652
Primary	18.0	0.0	18.0	6.9	75.1	100.0	8666
Upto middle	21.4	0.0	21.4	13.0	65.6	100.0	11044
Upto high	29.0	0.0	29.0	24.8	46.2	100.0	6337
Above high school	31.4	0.0	31.4	36.6	32.0	100.0	10341
Religion							
Hindu	14.0	0.3	14.3	8.3	77.4	100.0	102069
Muslim	26.8	0.0	26.8	15.7	57.5	100.0	5488
Other	34.2	0.0	34.2	45.3	20.5	100.0	1364
Caste							
Scheduled caste	11.2	0.0	11.2	5.2	83.6	100.0	34411
Scheduled tribe	4.5	0.0	4.5	0.0	95.5	100.0	5627
Backward caste	10.0	0.7	10.7	6.5	82.8	100.0	39779
Higher caste Hindu	28.0	0.0	28.0	18.4	53.6	100.0	22251
Other religious group	28.3	0.0	28.3	21.6	50.6	100.0	6852
Total	14.9	0.2	15.1	9.1	75.7	100.0	546120

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

Thirty-seven percent of Muslim women, 14 percent of Hindu women and 34 percent of other religious group women used public sources during delivery. Seventy-seven percent of Hindu women, 58 percent of Muslim women and 21 percent of women from other religions delivered at home. Higher the caste of the women, larger are the number of deliveries conducted in public institutions and lesser are the number of home deliveries. Around 5 percent of the Scheduled Tribe women used public source, which increased to 28 percent among upper caste Hindu women. Ninety-six percent of ST women delivered at home, compared to 54 percent of upper caste Hindu women.

Figure 8.3: Place of Delivery and Assistance During Delivery



In Table 8.4 the type of services are defined according to the attendant assisting during delivery in the last two years preceding the survey. Thirty-five percent of urban mothers and 9 percent of the rural mothers were assisted by a doctor or by a trained nurse at the time of their delivery. In case of 34 percent and 44 percent of rural mothers an untrained dai and a family member respectively were present at the time of delivery. In contrast to this, only 11 percent and 18 percent of urban mothers were provided help by an untrained dai and a family member respectively. Assistance sought from a trained dai during delivery is more among rural mothers (16 percent) than urban mothers (7 percent). On an average, 23 percent of urban women and only 7 percent of rural women reported assistance from trained personnel during delivery.

Table 8.4: Assistance during delivery*

<i>Background characteristics</i>	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Doctor or trained nurse	35.2	8.5	18.5
Trained dai	15.7	7.4	10.5
Untrained dai	11.1	34.2	25.6
Family member	18.1	43.7	34.1
Private doctor/nurse	19.3	4.4	10.0
Others/self	0.8	1.9	1.5

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

8.3 Immunisation of Children

Vaccination information was obtained for all the respondent's children under two years of age. Data are presented for children aged 6-23 and 12-23 months, thereby, including only those children who have reached the age by which they should be fully vaccinated, since children should have received all the vaccinations and doses listed in this table during their first year of life. The denominator for all rows in the table is all children in the age group 6-23 months for Table 8.5a and 12-23 months for Table 8.5b.

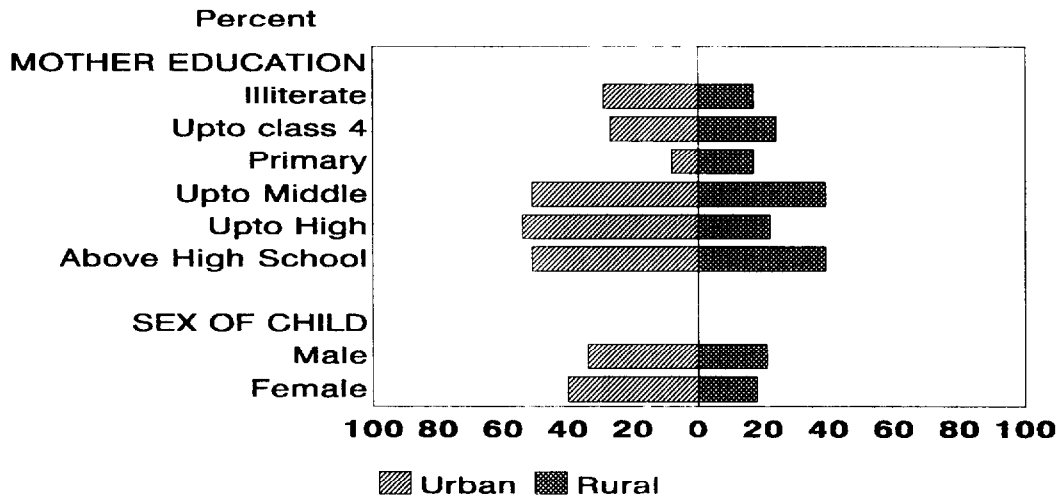
Tables 8.5a-b shows the percentage of children who were given each vaccine or dose by the time of the survey. The purpose of the tables is to examine the vaccination coverage levels among children 6-23 months old in rural and urban areas according to background characteristics in order to give an indication of the success of the vaccination programme in reaching all groups of population.

Complete coverage for female children (33.9 percent) in urban areas is higher than for the male children (26 percent). The converse is true in rural areas where all vaccines were given to 18 percent of male children and 15.6 percent of female children. Complete coverage for urban children is also higher when compared to rural children. Children who are not immunized by at least one vaccine are smaller in number in urban areas than in rural areas. The percentage of urban female children (24.3 percent) who had not received a single dose of any vaccine is higher than the urban male children (18.5 percent). Thirty percent of rural males and 46 percent of rural females had not been immunized at all. The problem of non-coverage is more serious among the rural children.

BCG coverage for urban males (78 percent) is higher than the female coverage (76 percent). The coverage for the same vaccine among rural males and females is 69 percent and 52 percent which shows a substantial difference between urban and rural children. The trend for measles vaccine coverage is similar to that of BCG coverage. Fifty percent of urban males and 55 percent of urban females are protected for measles. Whereas 36 percent of rural male and 30 percent of rural female children were given measles vaccine. DPT and Polio coverage for urban children is much higher than for the rural children. The drop out rates for DPT and Polio among urban male children are 21 percent and 23 percent respectively and among rural male children 21 percent and 29 percent respectively. The drop out rates for DPT and Polio among rural females are lesser than among urban females. For rural female children the drop out rates for DPT and Polio are 9.2 percent and 13.5 percent respectively and for urban female they are 16.7 percent and 19.4 percent respectively. The dropout rates for male children for both DPT and Polio are higher than for female children both in urban and rural areas.

Mother's level of education has an influence on complete coverage and no coverage rates in both urban and rural areas. The complete coverage for urban children of illiterate mothers is 20 percent and it increased to 42 percent for children of mothers with above high school education. In rural areas, this percent increased from 15 percent to 27 percent. The number of children who did not receive even a single dose of vaccination decreased to zero percent with increase in level of education of the mothers. Forty percent of urban and also rural children of illiterate mothers did not receive even a single dose of vaccination whereas there are no children of mothers educated above high school who had not been immunized by at least one vaccine.

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



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In urban as well as rural areas the BCG coverage increased from 58.4 percent of children of illiterate mothers to 100 percent of children with mothers educated above high school. The percentage for measles vaccine coverage also improved with increase in level of education from 32 percent to around 70 percent. The drop out rates among urban children for DPT and Polio vaccines have increased with increase in level of education. The drop out rates for DPT and Polio for urban children of illiterate mothers are 13 percent and 12 percent and the same for children of mothers with above high school are 31 percent and 26 percent respectively. In rural areas the drop out rates for DPT have decreased with increase in level of education to absolute zero percent whereas the drop out rates for Polio vaccine have increased from 21 percent for children of illiterate mothers to 32 percent for children of mothers educated above high school. In general, the drop out rates for DPT and Polio are higher among rural children than among urban children. Complete coverage of Hindu and Muslim urban children is 28 percent which is much higher than 17 percent of Hindu and none of Muslim rural children. In urban areas, the percentage of children belonging to other religious groups who were completely immunized is 73 percent and no such groups exist in rural areas. More number of rural Hindu and Muslim children are not protected by at least a single vaccine than in urban areas. Twenty-one percent of urban Hindu children and 29 percent of Muslim children were not given a single dose of any vaccination. In rural areas, 37 percent of Hindu children and 38 percent of Muslim children were not immunized at all.

Table 8.5(a): 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			Mea- sles	All*		None
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	78.1	56.8	37.4	35.8	66.9	49.5	44.1	50.3	26.0	18.5	12488
Female	75.7	57.7	45.8	41.0	67.1	52.1	47.7	54.6	33.9	24.3	12553
Mother's education											
Illiterate	58.4	41.7	34.0	28.5	46.3	41.2	34.7	32.7	20.1	40.0	11319
Upto class 4	75.0	53.7	28.2	23.7	68.5	38.2	29.2	56.0	23.7	20.8	2149
Primary	81.0	36.9	10.1	10.1	58.4	18.8	18.8	69.4	10.1	19.0	1500
Upto middle	88.2	81.9	63.1	63.1	90.6	69.0	64.4	64.6	46.3	6.7	2735
Upto high	100.0	71.4	64.6	64.6	87.5	66.9	66.9	73.1	51.4	0.0	2840
Above high school	100.0	81.0	51.3	49.1	92.7	70.3	66.3	72.9	41.8	0.0	4498
Religion											
Hindu	76.7	57.0	41.3	37.6	66.0	50.1	44.6	52.0	28.9	21.4	22127
Muslim	71.1	55.4	36.0	36.0	66.5	42.6	42.6	42.1	28.4	28.9	2215
Other	100.0	73.3	73.3	73.3	100.0	100.0	100.0	100.0	73.3	0.0	700
Caste											
Scheduled caste	71.4	51.6	32.1	25.2	66.9	44.6	33.6	42.3	18.5	26.8	5554
Scheduled tribe	52.2	40.2	8.6	8.6	40.2	8.6	8.6	28.1	8.6	47.8	898
Backward caste	69.1	50.1	37.7	33.9	54.9	41.8	35.9	45.4	24.0	28.3	8683
Higher caste Hindu	93.0	71.5	56.5	55.1	82.0	69.5	68.0	70.3	45.2	5.7	6991
Other religious groups	78.0	59.7	45.0	45.0	74.6	56.3	56.3	56.0	39.1	22.0	2914
Total	76.9	57.3	41.7	38.5	67.0	50.8	46.0	52.5	30.1	21.5	25041
Rural											
Sex											
Male	69.1	46.0	34.0	25.2	59.3	45.3	30.7	35.7	18.0	29.5	19878
Female	52.9	32.3	27.6	28.1	42.5	35.4	29.0	29.7	15.6	45.7	15435
Mother's education											
Illiterate	57.9	35.4	27.2	19.6	47.4	36.3	26.3	31.5	14.7	41.1	24834
Upto class 4	60.5	44.8	37.2	33.6	49.0	45.2	35.1	27.9	17.6	35.9	2777
Primary	74.6	37.1	26.7	23.1	51.9	37.1	31.9	34.6	15.0	25.4	2588
Upto middle	66.6	57.2	44.3	40.7	65.9	53.0	43.0	41.0	32.3	28.6	3643
Upto high	97.4	76.8	65.2	44.1	97.4	85.8	44.1	39.4	17.2	2.6	1102
Above high school	100.0	57.6	57.6	57.6	100.0	100.0	57.6	69.0	26.6	-	368
Religion											
Hindu	62.5	31.4	24.4	24.4	51.5	40.2	30.0	33.5	17.4	36.7	34329
Muslim	34.4	23.6	23.6	23.6	61.9	61.9	34.4	10.8	0.0	38.1	881
Other	100.0	100.0	100.0	100.0	100.0	100.0	-	100.0	0.0	-	103
Caste											
Scheduled caste	56.4	29.2	21.0	21.0	45.0	35.9	27.5	26.2	12.6	42.9	13350
Scheduled tribe	65.0	34.1	30.6	30.6	59.3	44.0	34.0	47.8	30.6	35.0	2795
Backward caste	64.1	32.9	26.7	26.7	53.6	41.9	31.2	38.0	19.8	34.7	13508
Higher caste Hindu	74.0	32.2	23.5	23.5	58.8	48.3	30.8	32.3	16.1	26.0	4676
Other religious groups	41.3	21.1	21.1	21.1	65.9	65.9	30.8	20.1	0.0	34.1	984
Total	61.9	31.2	26.5	26.5	51.9	40.9	30.0	33.1	16.9	33.6	35313

* Children who are fully vaccinated, i.e., those who have received BCG, measles and three doses of DPT and polio vaccine (excluding polio 0).

The BCG coverage and measles coverage of urban children is higher than rural children of Hindu and Muslim religious groups. The BCG coverage for urban Hindu children is 77 percent and urban Muslim children is 71 percent whereas for rural Hindu children it is 63 percent and rural Muslim children, 34 percent. Measles coverage for urban Hindu children is 52 percent and for rural Hindu children, 34 percent. The same for Muslim children in urban areas is 42 percent and in rural areas, 11 percent. The DPT drop out rates for Hindu and Muslim children in urban areas is 19 percent and in rural areas it is 16 percent and zero percent respectively. The Polio drop out rate for urban and rural Hindu children is same i.e, 21 percent. The drop out rate for Polio for rural Muslim children (28 percent) is higher than urban Muslim children (24 percent).

With improvement in the social status when one moves from the Scheduled Tribes to the upper caste Hindu the complete coverage rates for all children improved and the percentage of children who were not covered by a single dose of vaccine decreased. This phenomenon is more pronounced in urban areas than in rural. In urban areas, the complete coverage of the Scheduled Caste children is 18.5 percent which increased to 45 percent for children belonging to the upper caste Hindus. The same in rural areas increased from 12.6 percent to 16 percent. Non-coverage rate of 26.8 percent among the Scheduled Caste urban children decreased to 5.7 percent among the upper caste Hindu urban children. The same has decreased from 42.9 percent to 26 percent for children in rural areas. The drop out rates among the urban scheduled caste children for DPT is 26.4 percent and 16 percent for children of upper caste Hindus. The drop out rate for Polio has drastically declined from 33.3 percent among SC children to 14 percent among upper caste Hindu children in urban areas. The drop out rates for DPT and Polio show a reverse trend in rural areas where these rates are high for children of upper castes than children of lower castes. The drop out rate for DPT among upper caste children is 17 percent while that for scheduled caste children is 15 percent. Polio drop out rate for upper caste Hindu children is 28 percent and for SC children, it is 17.5 percent.

The complete immunisation for children aged 12-23 months (Table 8.5b) in urban areas is higher than for children in rural areas. Complete immunisation coverage for urban male children is 33.6 percent and female children is 39.7 percent and for rural males it is 20.8 percent and females, 18.4 percent. Those children who are not protected by any single vaccination are larger in number in rural areas than in urban areas. About 31.5 percent of rural male children and 43.9 percent of rural female children are not immunized at all. Twenty-two percent of urban male and 25 percent of female children did not receive even a single dose of vaccination.

The BCG and measles coverage for urban female children (75 percent and 59 percent respectively) shows a marginal difference in the coverage compared to urban male children (74 percent and 57 percent respectively). There is a marginal difference in BCG coverage among urban males (74 percent) and rural males (68 percent) whereas this difference is quite substantial for urban females (75 percent) and rural females (55 percent). The coverage for both BCG and measles is higher for rural male children than for rural female children. Measles coverage for urban males is 56.9 percent and for rural males is 38.3 percent and the same for female children is 59 percent and 33 percent in urban and rural areas respectively. The drop out rates for DPT are higher among urban children whereas the drop out rates for Polio are higher among rural children. DPT drop out rates for male and female children in urban areas are 23 percent and 13 percent respectively and the same for rural children are 19 percent and 11 percent respectively. Polio drop out rate for urban males is 24.3 percent and rural males, 26 percent and for urban females it is 12.5 percent and rural females, 13.3 percent.

Table 8.5(b): 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	73.7	65.5	44.8	42.4	72.6	65.5	48.3	56.9	33.6	22.4	8418
Female	75.0	58.8	50.3	45.8	66.5	57.6	54.0	59.1	39.7	25.0	8874
Mother's education											
Illiterate	55.7	47.1	40.9	34.3	50.3	47.8	40.1	42.1	28.5	43.2	8060
Upto class 4	76.8	52.6	34.0	27.4	67.2	48.6	35.4	56.3	27.4	16.9	1465
Primary	67.7	42.7	8.3	8.3	52.2	23.2	23.2	67.7	8.3	32.3	819
Upto middle	85.2	85.3	71.1	71.7	88.2	74.6	68.9	64.0	50.7	8.4	2166
Upto high	100.0	68.3	59.1	59.1	91.6	71.5	71.5	75.2	54.4	0.0	2053
Above high school	100.0	91.6	59.9	59.9	98.0	71.2	71.2	82.9	50.5	0.0	2729
Religion											
Hindu	74.0	60.2	45.9	42.0	68.4	55.7	49.8	57.8	34.9	23.9	15577
Muslim	68.6	68.6	50.4	50.4	68.6	50.4	50.4	44.7	36.2	31.4	1202
Other	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	513
Caste											
Scheduled caste	74.0	54.8	37.7	29.0	70.8	60.2	45.3	40.0	22.9	26.0	3296
Scheduled tribe	27.7	27.7	13.0	13.0	27.7	13.0	13.0	27.7	13.0	72.3	593
Backward caste	65.5	57.6	44.1	39.1	60.4	48.0	40.4	53.4	31.0	31.1	6763
Higher caste Hindu	90.3	66.4	52.6	52.6	82.1	67.7	69.2	78.0	49.9	8.0	4925
Other religious groups	78.0	91.4	78.7	78.7	78.0	65.2	65.2	61.2	55.3	22.0	1715
Total	74.4	62.0	47.7	44.2	69.3	56.6	51.3	58.1	36.8	23.8	17292
Rural											
Sex											
Male	67.8	47.1	36.7	28.6	59.8	46.9	33.8	38.3	20.8	31.5	15488
Female	55.3	35.5	30.4	24.6	43.9	37.0	30.6	32.5	18.4	43.9	19927
Mother's education											
Illiterate	56.9	38.5	30.3	22.2	49.2	37.9	29.5	33.3	17.2	42.5	19740
Upto class 4	68.8	48.0	37.9	33.1	53.6	48.5	35.2	37.1	23.5	26.4	2089
Primary	75.1	37.9	30.5	26.4	51.4	39.1	30.7	37.2	17.1	24.9	2250
Upto middle	73.2	61.6	52.3	52.3	64.1	54.8	52.3	43.1	38.5	26.9	2227
Upto high	96.5	70.0	70.0	42.8	96.5	96.5	42.8	48.7	22.2	3.4	856
Above high school	100.0	38.6	38.6	38.6	100.0	100.0	38.6	100.0	38.6	0.0	254
Religion											
Hindu	62.8	42.6	34.3	26.7	52.6	42.0	32.3	36.2	20.4	36.8	26553
Muslim	39.9	27.4	27.4	27.4	55.8	55.8	39.9	12.5	-	44.2	760
Other	100.0	0.0	0.0	0.0	100.0	100.0	0.0	100.0	-	0.0	103
Caste											
Scheduled caste	55.9	35.8	30.9	22.0	44.0	37.2	28.1	28.0	14.3	43.2	11092
Scheduled tribe	59.7	43.8	34.6	30.6	59.7	46.5	34.5	46.4	30.6	40.3	2432
Backward caste	66.4	49.7	36.3	29.7	56.7	41.3	34.8	43.4	24.8	33.6	9903
Higher caste Hindu	78.3	43.0	39.6	30.8	64.4	57.5	37.3	34.8	20.3	21.7	3126
Other religious groups	47.0	24.1	24.1	24.1	61.1	61.1	35.1	22.9	0.0	38.9	863
Total	62.3	42.0	33.9	26.6	52.9	42.6	32.4	35.8	19.8	36.9	27416

* Children who are fully vaccinated, i.e., those who have received BCG, measles and three doses of DPT and polio vaccine (excluding polio 0).

With increase in level of education of the mothers complete immunisation coverage in urban and rural areas has increased and rate of non-coverage has fallen to zero percent. The percentage of urban children of illiterate mothers and mothers with above high school education who were completely immunized is 28.5 percent and 50.5 percent respectively. In rural areas, 17 percent of children of illiterate mothers were completely immunized and this percentage increased to 39 percent for children of mothers educated above high school. Forty-three percent of children of illiterate mothers in both urban and rural areas were not protected by any kind of vaccination. As the level of education increased, the number of children of mothers with above high school education who were not given even a single dose of any vaccination decreased to zero percent in both urban and rural areas.

Both the BCG and Polio coverage has doubled in rural and urban areas with increase in level of education. In urban areas, BCG and measles coverage of 56 percent and 42 percent respectively for children of illiterate mothers increased to 100 percent and 83 percent respectively for children of mothers with above high school education. In rural areas, 57 percent and 33 percent of BCG and measles coverage respectively for children of illiterate mothers increased to 100 percent for children whose mothers are educated up to above high school. The drop out rates for DPT have increased in urban areas and decreased in rural areas with increase in level of education. The drop out rates for DPT have increased from 13 percent among urban children of illiterate mothers to 32 percent among urban children of mothers with above high school education and same for rural children has decreased from 16 percent to none. Drop out rates for Polio coverage have increased with increase in level of education in both urban (from 10 percent to 27 percent) and rural (from 20 percent to 61 percent) areas.

Religion has not shown any particular trend in immunisation coverage. The complete immunisation coverage for urban Hindu children is 34.9 percent and rural Hindu children is 20.4 percent. About 36 percent of Muslim children in urban areas are completely immunized and there are no Muslim children in rural areas who are completely immunized. Twenty-four percent of Hindu children and 31 percent of Muslim children in urban areas and 37 percent children of Hindus and 44 percent children of Muslims in rural areas were not covered by even single vaccine. Seventy-four percent of urban Hindu children and 63 percent of rural Hindu children were protected against tuberculosis. Sixty-nine percent and 40 percent of Muslim children in urban and rural areas respectively were protected for the same. Measles coverage among urban children is higher than among rural children and is also high for Hindu children. The drop out rates for DPT and Polio for Hindu and Muslim children are almost similar (18 percent) in urban areas. But in rural areas the drop out rate for DPT for Hindu children is 16 percent and Muslim children is zero percent and Polio drop out rates for Hindu children is 20 percent and Muslim children is 16 percent.

Caste also seemed to exert its influence on immunisation coverage. The complete coverage rate improved and non-coverage rates and drop out rates for DPT and Polio declined considerably as one moved from lower caste children to children of upper castes. The complete coverage rate for urban scheduled caste children increased from 22.9 percent to 49.9 percent for children of upper caste Hindus. In rural areas, the complete coverage of 14 percent of scheduled caste children improved to 20 percent among upper caste Hindu children. The complete immunisation coverage is higher among urban children than among rural children. The percentage of children who were not immunized at all is high among rural areas than among urban. The non-coverage rate of 26 percent of urban scheduled caste children decreased to 8 percent for children of upper caste Hindus. The non-coverage of scheduled caste children of 43 percent in rural areas decreased to 22 percent for upper caste Hindu children.

BCG and Measles coverage also increased with increase in social status. In urban areas, BCG coverage for scheduled caste children of 74 percent increased to 90 percent for children of upper caste Hindus and in rural areas, the same has increased from 56 percent to 78 percent. Measles coverage in urban areas, increased from 40 percent to 78 percent and in rural areas, from 28 percent to 35 percent with increase in caste status from scheduled caste to upper caste Hindus. The drop out rates for DPT and Polio in urban areas have decreased from 26 percent of scheduled caste children to 13 percent for upper caste Hindu children. In rural areas, the drop out rate for DPT decreased from 13.8 percent of scheduled caste children to 12 percent of upper caste Hindu children. Whereas the Polio drop out rates show a substantial increase from 16 percent among scheduled caste children to 27 percent among upper caste Hindu children.

8.4 Utilisation of Public Health Services

This section attempts to assess the extent of contact between client and providers, degree of utilisation of public health services and similar related issues.

Table 8.6 gives the percentage distribution of preferred sources of medical assistance during sickness by residence. Twenty-seven percent of the total respondents always used public source of medical assistance which includes PHC, CHC, district hospital and SC. A majority of them i.e. 53 percent approached private source or doctor for assistance and around 20 percent used both public and private sources.

When asked about the reasons for always preferring private sources of treatment, about 36 percent of urban respondents said that this source is more accessible as it is nearer to their place of stay, and better than the treatment provided at public health centres. Thirty three percent of urban respondents said that the treatment provided is less expensive than at the government centres. A majority of rural respondents (26 percent) preferred private source as they would get better treatment. Twenty-two percent of them said that this source is preferred as it is cheaper and 10 percent of them availed this source as it takes more time at government hospital. On an average, 13 percent of the total respondents keep away from the public source due to its inaccessibility, due to distance and 14 percent of them have utilised the private source as they had no other alternative due to the absence of government centres, affordability and high quality service of private institutions, absence of doctors in public source, indifferent behaviour of the PHC staff.

Sixty-three percent of the women reported that they are quite certain about the availability of doctor at PHC and 30 percent are not certain and the rest do not know about the availability of the doctor.

Table 8.6: 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)	23.7	29.1	27.1
Sometime public source and sometime private	22.3	18.5	19.9
Always private source/doctor	53.4	52.2	52.7
Others	0.6	0.2	0.3
Reasons for always preferring private source *			
Cheaper treatment	33.0	22.1	26.3
Near to my house	36.7	10.7	18.5
Better treatment	35.6	25.9	29.7
PHC/SC are far off	2.4	9.3	6.7
Bad behaviour of PHC staff	2.7	3.1	2.9
No alternative	2.9	16.0	11.0
No medicines available	5.7	10.6	8.7
No staff/doctor available	1.6	3.4	2.7
Takes more time at government hospital	2.5	10.3	7.3
Others	0.7	0.5	0.6
Can't say/Don't know	0.4	0.2	0.3
Certainty about availability of doctor at PHC			
Quite certain	50.0	69.9	62.5
Not certain	36.6	26.4	30.2
Do not know	13.4	3.7	7.3

* Suppress all who mention 1, 2 and 7 in 159

Government health care is provided to the people almost free of cost except for paying a minimum amount towards registration. In recent times with technological advancements in the field of medicine, government, in order to provide quality services to the people, has to incur heavy expenditure to meet the requirements. In order to improve services, prevent misuse of health services by the people as they are provided free of cost, and also for sustaining the quality of services, the health department is debating on providing services to the people at nominal cost. In consonance with these objectives, the respondents in BSUP were asked if they were paying for services at public clinics and their willingness to pay for such services if these improve.

Table 8.7: Payment for the services at public clinics

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Percent of women reporting payment at health centres *	73.2	94.5	86.6
Percent ready to pay for services if these improve	66.1	62.3	63.9

* Suppress those answered 159 = 3

Table 8.7 gives us the information that a majority of respondents i.e. 87 percent had reported payment for services at public health centres. Ninety-five percent of rural respondents and 73 percent of urban respondents confirmed payment for services at public clinics. If the services are improved at these centres, nearly 64 percent of the respondents showed enthusiasm in paying for such services.

For the success of any service oriented programme a harmonious client-provider relationship is essential. The providers contact, frequency of visits to the client, quality of such relationship, type and level of information provided on various facilities and what the clients perceive of their providers play a decisive role in promotion of health services. The results

given in the next four tables from 8.8 to 8.11 show the influence of the above factors on service delivery.

The percentage distribution of household members who contacted health workers during last three months preceding the survey, frequency of visit by health workers and personnel visited, is given in Table 8.8. About 8.5 percent of the respondents reported contact with health service providers. The average number of contacts with PHC/SC workers comes to around 1.5. Percentage of workers who visited the households is high in rural areas (11 percent) than in urban areas (8 percent). Seventy-three percent of the households reported the visit of only one health worker, 23 percent reported the visit of two workers and only 4 percent reported that 3 or more persons from department visited them.

Table 8.8: 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	8.9	8.2	8.5
Average number of contacts with PHC/SC workers			
Mean	1.69	1.31	1.46
SD	0.85	0.57	0.73
% of households visited by workers in the last 3 months	8.3	10.5	9.7
% of households reported visit of			
1 person	45.4	86.9	73.4
2 person	44.6	12.2	22.75
3 or more person	10.0	0.9	3.8
Total %	100.0	100.0	100.0
Frequency of visit during last 3 months			
1st person			
1	76.2	85.2	82.3
2	17.9	12.9	14.5
3 or more times	5.9	1.9	3.2
2nd person			
1	78.7	88.7	82.0
2	14.6	8.5	12.6
3 or more times	6.7	2.8	5.4
Who visited last			
ANM/LHV	77.5	91.4	86.9
Male workers	5.7	4.9	5.2
Doctor	10.3	3.5	5.7
Others	6.5	0.2	2.2
Percent of families reporting at least one contact with public health service providers	60.0	53.9	56.2

More than 50 percent of the respondents said that only one visit was made by both the workers during the last three months, and a little above 10 percent of the respondents said that the workers visited them twice during the last three months. In most of the cases, above 80 percent reported the visit of ANM or LHV and another 5 percent reported the visits of either the doctor or the male worker respectively. Sixty percent of urban respondents reported atleast one contact with public health service providers and only 54 percent of the rural respondents reported the same.

Table 8.9 gives the results on the quality of client-provider interface which includes the adequacy of time spent, satisfaction with assistance provided and opinion of the villagers about the workers. Ninety-one percent of urban and rural respondents said that the workers had given them sufficient time at the time of providing the service. Ninety-nine percent of rural respondents and 88 percent of urban respondents are satisfied with the assistance provided by the workers and the same percentage of them respectively would like the health worker to revisit them. Seventy-four percent of rural and 45 percent of urban respondents reported that the people hold good opinion about the health workers.

8.9: 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	8.3	92.7	87.7	87.7	44.5
Rural	10.5	99.1	98.8	98.8	73.6
Total	9.7	97.0	95.2	95.2	64.2

Level of information provided by the workers to their clients on various family planning methods about the method itself, advantages and disadvantages, on the use and source of method is given in Table 8.10. At least 10 percent of the respondents said that workers had visited them with a purpose to provide information on family planning methods. The most popular method mentioned by the workers to the respondents is tubectomy (75 percent) while only 32 percent and over 20 percent of respondents reported that condom and other modern methods respectively were mentioned to them. Less than 5 percent of the respondents were told about withdrawal and safe period.

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

<i>Percentage reporting visit of workers</i>	<i>Methods</i>	<i>Percentage reported that</i>				
		<i>Method was Informed advantages and disadvantages mentioned</i>			<i>Informed how to use</i>	<i>Informed about source</i>
			<i>Both</i>	<i>None</i>		
12.1	Vasectomy	22.7	14.2	15.7	76.2	93.0
10.6	Tubectomy	75.2	23.2	14.6	80.3	92.1
11.5	IUD/CuT	26.0	27.1	8.9	77.6	87.4
10.2	Pills	25.1	38.5	7.2	90.3	89.6
9.5	Condom	31.8	29.3	10.3	81.4	88.4
9.8	Withdrawal	3.7	27.5	8.9	-	-
6.5	Safe period	4.7	42.3	10.6	-	-

Among all modern methods 39 percent of the respondents were informed about the advantages and disadvantages of pills, 29 percent about condoms, and 27 percent about IUD. Though majority of the respondents were provided information on tubectomy, only 23 percent of them were informed about the advantages and disadvantages of the method. Only 14 percent were informed about the vasectomy. Thirty-five percent of respondents were given information on natural methods of family planning. On an average, 11 percent of the total respondents were not provided information on all modern methods. More than 75 percent of the total respondents who reported the visit of the workers said that they were informed of the use and source of availability of all modern methods of contraception by the health workers.

To have a clear picture on the acceptability of the ANM by their clientele and also to facilitate her role as a service provider certain opinionated statements were included in BSUP and these were read out to the respondents, who were asked if they agreed or disagreed with those statements.

The results of perceptions about the ANM as expressed by the women are presented in Table 8.11. About 70 percent of the respondents agreed that a young ANM is better than a traditional dai for assisting delivery. Thirty-five percent of them agreed that a high caste ANM does not want to attend delivery of the Scheduled Caste women.

Table 8.11: Perception of women about ANM

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% agreeing that a young ANM is better than a traditional dai for assisting delivery	69.0	72.9	70.5
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	33.7	38.2	35.4
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	27.0	37.9	31.1
% agreeing that ANM often do not want to visit or attend delivery in poor families	31.6	40.9	35.1

Thirty-eight percent of rural and 27 percent of urban respondents agreed to the statement that ANM belonging to the Scheduled Castes is not acceptable among the upper castes. Thirty-two percent of urban women and 41 percent of rural women confirmed that ANMs often do not want to visit or attend delivery in poor families. The above analysis indicates that caste is a major hurdle in delivery of services by the ANMs.

8.5 Summing Up

On an average, 31 percent of the total number of women who were pregnant in last two years had antenatal check-up. In all age groups the major source of ANC service is government hospital or PHC. While 52 percent rural pregnant women availed the services. Level of education influenced the extent of use of antenatal services. Number of women who were given TT injections was higher than antenatal check-ups. With the increase in caste status, the number who availed services increased. The crude birth rate for Jhansi district is 29.8 and birth rate in urban and rural areas is almost same. The crude death rate for Jhansi is 7.3. Rural death rate is higher (7.8) than urban death rate (6.9). Infant mortality rate is 49. The rural IMR (51) is higher than urban IMR (47).

In case of illness, district hospital is the main source of treatment (28 percent) in both rural and urban. More or less an equal number of respondents depended on private hospitals. The use of sub centre was negligible (less than 1 percent). Allopathic system of medicine is the most preferred method of treatment. As many as 27 percent received no treatment. Only 10 percent of total pregnant women had gone for medical check-up in their first trimester of pregnancy and this increased to 16 percent in second trimester. More urban women availed services in first trimester and more rural women in second trimester. Twenty-six percent of urban women and 8 percent of rural women had delivered in institutions, largely district hospitals. Forty-six percent of urban women and 87 percent of rural women delivered at home. Two-thirds of deliveries in urban areas were conducted by trained personnel compared to one-fifth in rural areas. Complete coverage of children (12-23 months) by all vaccines was more in urban areas (37 percent) compared to rural areas (20 percent). Children not covered by any vaccine were more in rural areas (37 percent) compared to urban areas (24 percent). Complete

coverage was more for female children (34 percent) compared to male children (26 percent) in urban areas . Male children coverage was more in rural areas. The drop out rates for DPT and polio among both urban and rural were above 20 percent. The drop out rates among male children for both DPT and polio were higher than among female children. Higher drop out rate is the main reason for lower coverage rate.

In regard to preferred sources of medical assistance, 27 per cent of total respondents always depended on public source, 53 per cent on private source and 20 per cent used both public and private. Convenience and better quality care were the reasons given for use of private sources. Nearly 87 per cent of women pay for services at public clinics. Only 11 per cent of rural households and 8 per cent urban household were visited by health workers in the last three months. Those who were visited were satisfied with the services provided by the workers. Most workers talked about tubectomy and concentrated largely on advantages.

CHAPTER IX

COMMUNITY LEVEL INFORMATION

9.1 Profile of Villages

This chapter describes the information collected in the village level schedule which could be useful for interpretation of the survey findings. This chapter also gives an idea on the existing facilities in the PHC/CHC, for which information was obtained from PHC/CHC schedule.

The village schedule information in Jhansi district was obtained from a variety of persons like village pradhan, SC/PHC staff, school teacher and others. For majority of the villages the respondent was village pradhan/sarpanch (84.5 percent). SC/PHC staff, school teacher and others had an equal response rate of 5.2 percent each. Out of total 60 villages, 10.3 percent have primary health centres and 44.8 percent have sub-centres located within the village. The rest of 44.8 percent villages have no government health facilities.

Table 9.1 : Distribution of population in the villages by sex

<i>Distribution</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
< 1000	32.1	37.5	17.9
1001-2000	39.3	35.7	17.9
2001-3000	19.4	16.1	30.4
3001-4000	1.8	8.9	7.1
4001-5000	5.4	1.8	10.7
5001-6000	1.8	0.0	16.1
Total	100.0	100.0	100.0

Table 9.1 presents the percentage distribution of population in the villages by male, female and total. More than 35 percent of the villages have less than 2000 population and slightly less than one-third of the villages (30.4 percent) have population ranging between 2,000 to 3,000. The remaining 34 percent of the villages are comparatively big with more than 3,000 inhabitants. In about 70 percent of the villages, the number of males and females were less than 2000 and in the rest of nearly 30 percent villages, there were more than 2000 males and females.

Table 9.2 gives the distance between the main road and the nearest sub-centre, primary health centre, community health centre and district head quarters. In slightly less than one-fourth of the villages (24.1 percent), the distance between main road and the nearest sub-centre was negligible, and in case of 32.8 percent of villages the distance was between 0.1 to 5 kms. Nine percent of the villages had a distance of more than 5 kms. In comparison, the distances were more for primary health centres. Distance between the main road and the nearest primary health centre was negligible for 10.3 percent of villages. For slightly less than one-fourth of villages (24.1 percent) the primary health centres were located in less than 10 kms radius and in case of 29.3 percent villages the distance was more than 10 kms. Community health centres were located farther away. Seven percent of villages were located within 10 km distance from the nearest community health centre. Nearly 57 percent of the villages were located within a distance of 11 to 30 kms and 17.2 percent of villages had a distance of more than 31 kms from the nearest community health centre. Nearly thirty-seven percent of villages were located within a distance of 40 kms from the district head quarter; 31.1 percent villages from 41-80 kms and for 12.1 percent villages, the distance was more than 80 kms.

Table 9.2 : Distance of the sample village from the nearest sub-centre primary health centre, community health centre and district head quarters

Distance	Distance of sample village from the nearest			
	Sub-centre	PHC	CHC	District head quarter
0	24.1	10.3	1.7	-
0.1 - 5	32.8	13.8	1.7	-
5.1 - 10	6.9	10.3	3.4	1.7
10.1 - 20	1.7	20.7	32.8	10.3
20.1 - 30	-	3.4	24.1	5.2
30.1 - 40	-	5.2	10.3	12.1
40.1 - 60	-	-	3.4	12.1
60.1 - 80	-	-	3.4	19.0
81 +	-	-	-	12.1
Not stated	34.5	36.2	19.0	27.6
Total	100.0	100.0	100.0	100.0

Table 9.3: Availability of schools in villages

Item	Yes	No
Primary School	96.6	3.4
Secondary School (Boys)	34.5	65.5
Secondary School (Girls)	17.2	82.8
Secondary School (Both)	17.2	82.8

Table 9.3 shows the availability of primary and secondary schools in the villages. More than 96 percent of villages have primary schools and 17 percent villages have secondary schools for both boys and girls. Another 35 percent villages have secondary schools exclusively for boys and 17 percent villages have secondary schools exclusively for girls.

Table 9.4 displays the percent distribution of private practitioners and the availability of family planning related services in the villages. Fifty percent of villages have some type of medical practitioner. Slightly less than fifty percent (48.3) of villages are served by allopathic private practitioners. Homeopathic and ayurvedic private practitioners were serving an equal number of villages (5.2 percent). Unani and other types of practitioners were negligible. Twenty eight percent of villages have facilities for family planning services and advice. Retail outlets for condoms and oral pills were available in 34.5 percent and 15.5 percent of villages respectively. Nearly eight percent of villages have traditional birth attendants. Table 9.5 presents the distribution of number of trained TBAs, untrained TBAs, panchayat members and their involvement in family planning.

In villages where traditional birth attendants were less, the number of trained dais were more. Only 8.6 percent villages did not have any trained TBA and an equal percent of villages have no untrained TBA. There were 52 percent villages with one to two trained TBAs and 19 percent villages with more than two trained TBAs. However, there were 35 percent villages with one to two untrained TBAs. Only 3.4 percent of villages have no elected panchayat member; 17.3 percent villages have one to five members; 40 percent, 6 to 10 members; 29.3 percent, 11 to 15 members; and 7 percent, more than 15 members. In 38 percent of villages, there was no involvement of panchayat members in family planning activities and nearly fifty percent of villages have 1 to 5 members who took interest in family planning and the remaining 7 percent of villages, have more than 5 members involved in FP work.

Table 9.4: Distribution of private medical practitioners and the availability of family planning related services in the villages

Item	Percent
Type of Practice	
Some type of Practice	50.0
Allopathic	48.3
Homeopathic	5.2
Ayurvedic	5.2
Unani	0.0
Others	1.7
Availability of	
Family Planning Service/Advice	27.6
Retail Outlets for Condoms	34.5
Retail Outlets for Pills	15.5
Traditional Birth Attendants	79.3

Table 9.5: Distribution of number of trained TBAs, untrained TBAs, panchayat members and their involvement in family planning

Distribution	Trained	Untrained	Panchayat members	Percent involved in FP
0	8.6	8.6	3.4	37.9
1 - 2	51.7	34.5	12.1	39.7
3 - 5	12.0	22.4	5.2	8.6
6 - 10	6.9	17.2	40.0	6.9
11 - 15	-	-	29.3	0.0
16 +	-	-	6.9	0.0
Not stated	20.7	17.2	3.4	6.9

Table 9.6: Status of anganwadi as community-based distributor

Status	Condoms	Pills
Exists as CBD	29.3	22.4
Exists only	12.1	5.2
No Anganwadi exists	58.6	72.4
Total	100.0	100.0

Table 9.7: Distribution of NGOs

Item	Yes	No
NGO exists	13.8	86.2
Currently active	12.1	87.9
NGO working for family planning	6.9	93.1

Table 9.6 presents the status of anganwadi as community-based distributors of condoms and pills. In nearly sixty percent (58.6) and seventy percent (72.4) of villages no anganwadi exists as community-based distributor of condoms and pills respectively. In 29.3 percent of villages anganwadi workers were involved in community-based distribution of condoms and in 22.4 percent villages anganwadi worker was involved in distribution of pills. Fourteen percent of villages have non-government organizations (NGO) (see Table 9.7). Only in 12 percent of villages, the organizations are active and, of this, only 7 percent villages are provided family planning services by NGOs.

CHAPTER X

SUMMARY

10.1 Introduction

The Baseline Survey in Jhansi district as part of the 'Innovations in Family Planning Services Project' is funded by the USAID. The specific objectives of the survey are to : (1) estimate total fertility rate, birth rate, death rate and infant mortality rate; (2) understand fertility behaviour; (3) assess the extent of utilisation of health services; (4) measure current levels of access to family planning services; (5) appraise quality of information, choice and follow up provided to family planning users on specific methods; (6) calculate contraceptive prevalence rates and the level of unmet need for contraception, and (7) to assess satisfaction levels in regard to methods used and services provided.

10.2 Survey Design

The sample size for Jhansi district was 2,500 households which was expected to result in interview of 3,000 ever married women aged 13-49. In rural areas, 1991 census list of villages served as the sampling frame and a two stage stratified systematic sampling procedure was adopted, the unit of selection of different stages being the villages and the households. The total rural sample consisted of 60 villages and 1,500 households. In these 1,500 households, 2,206 eligible women were listed, of which 2,166 could be interviewed. Urban towns were classified into three strata depending on population size. Total urban sample consisted of 40 urban blocks and 1,000 households. From the households interviewed, a total of 1,236 eligible women were listed and of these, 1,140 were interviewed. Four types of schedules were used for data collection. These included : (1) household schedule; (2) eligible women schedule; (3) village level schedule; and (4) PHC/CHC sub-centre level schedule. The main field work in Jhansi was carried out by 5 investigating teams, each team consisting of one male supervisor, one female editor and 4 female investigators. Before the actual field work, five teams - each team consisting of two members carried out listing and mapping of households of the urban block and villages selected.

10.3 Household and Respondent Background Characteristics

Of the total residents in Jhansi district, 58 percent are adult population (15-64 years) and the remaining 42 percent are dependents. The sex ratio in the district is 886 females per 1000 males. The average family size in both rural and urban areas is 6. Urban literacy rate is much higher than rural literacy rate. Male literacy rate, both in urban and rural areas, is significantly more compared to female literacy rate. In terms of other development indicators, such as electrification of households and safe drinking water facility, the urban areas are way ahead of rural villages. Analysis of age distribution of ever married women in the district has shown that 44 percent are in the early reproductive period (15-29 age group) and 46 percent are in the later stage (aged 30+). Of the total ever married women, 98 percent are currently married, 2 percent are widowed and 0.2 percent separated. Overall 57 percent of women in the district are not exposed to any mass media (radio, television, cinema and newspaper).

10.4 Nuptiality

Of the total women in the age group of 13-49, 79 percent are currently married, 19 percent are never married, and 2 percent are either widowed or separated. The singulate mean age at marriage for males is 23 years and for females, 18 years. Rural women got married at younger age compared to urban women. Of the total ever married women, 47 percent are aware of correct legal age at marriage for females and 37 percent, males. Age of women has no influence on awareness levels. Level of education and caste status have positively influenced the awareness. Median age at effective marriage for rural women is 16 years and for urban women, 17 years. Religion has no influence on effective age at marriage. The effective age at marriage is higher for the educated and the upper caste women compared to others.

10.5 Fertility

Fertility of women in the district has reached maximum level in 20-24 age group and declined after age 30+. The TFR for all ever married women in 15-49 age group is estimated to be 3.3. The TFR is same for rural and urban women. TFR among the Muslim and the Scheduled Caste women is higher compared to Hindu and upper caste women. The mean number of children ever born for all ever married women is 2.9 and average number of children surviving is 2.6. With the increase in education level and caste status, the mean number of children ever born has decreased and the mean number of surviving children increased.

10.6 Family Planning

In Jhansi district, 84 percent of urban currently married women are aware of at least one modern family planning method and 65 percent, at least one spacing method. In regard to mean number of methods and sources to obtain these methods, awareness is more among urban women compared to rural women. In both rural and urban areas, awareness of tubectomy and condoms is more compared to other methods such as IUD and pills. Ever use of any method of contraception is 73 percent in district and ever use of any modern method of contraception is 63 percent. Of the total currently married, 52 percent are current users of any modern method. Acceptors of tubectomy and vasectomy formed 39 percent of total current users and that of spacing methods, 13 percent. Education has no influence on male sterilization acceptance. Female sterilization acceptors are more among illiterate and less educated women and spacing method use is more among highly educated. Use of contraception increased with increase in number of children. With the increase in number of sons, the acceptance of terminal methods increased. A large proportion of women have reported problems with method use. This is particularly so for tubectomy and IUD. Rural women have experienced more problems compared to urban women. The perceived disadvantages are also more in case of tubectomy and IUD. Public sector is the major source for sterilization methods and private sector presence is significant in case of spacing methods. Exposure to family planning messages either on television or radio is minimal. Desire to have additional child, dislike for the method and health problems created by method use are major reasons for discontinuation of method use. Of the total women who are not using any method, 32 percent would like to adopt family planning within one year and 14 percent between 1 to 2 years.

10.7 Fertility Preferences

Of the total currently married women desirous of having an additional child, 13 percent preferred their next child within 11 months, 15 percent wanted to postpone next birth by 12 to 23 months, 39 percent wished to have next birth after two or more years and the remaining 33 percent have not decided. The mean ideal number of children desired by ever married women of the district is 2.9. Only one-third of women have discussed about the number of children they should have with their husbands immediately after marriage. Of the total pregnancies in the last 3 years, 8 percent were unwanted pregnancies.

10.8 Maternal and Child Health and Utilization of Health Services

On an average, 31 percent of total women who were pregnant in the last two years had antenatal check-up. For all age groups and urban and rural residents, the major source of ANC service is government hospital. Level of education of women has influenced the extent of utilization of services. The crude birth rate for Jhansi district is 29.8 and the crude death rate 7.3. Thirty-six percent of urban women and 8 percent of rural women had delivered in institutions. Forty-six percent of urban and 87 percent of rural women delivered at home. Two thirds of deliveries in urban areas are conducted by trained personnel compared to one-fifth in rural areas. Complete coverage of children (12-23 months) is more in urban areas (37 percent) compared to rural areas (20 percent). Children not covered by any vaccine are more in rural areas (37 percent) compared to urban areas (24 percent). The drop out rate for DPT and polio, among both urban and rural children, is 20 percent. In regard to preferred sources of medical assistance, 27 percent of total respondents always depended on public source, 53 percent on private source and 20 percent on both. Nearly 87 percent women pay for services at public clinics. Only 11 percent of rural households and 8 percent of urban households were visited by workers in the last 3 months.

10.9 Community Level Information

Population size of villages has considerably varied. Thirty-two percent of villages have less than 1,000 population; 39 percent, 1,001 to 2,000; and the remaining 29 percent, more than 2000 population. Nine percent of villagers have to travel more than 5 kms to avail sub-centre services. Fifty percent of villages have one or the other type of medical practitioner. Retail outlets for condoms and oral pills are available in 35 percent and 16 percent of villages respectively. Nine percent of villages have no trained dais. In 38 percent villages, there is no involvement of local elected representatives in family planning activities. Half of health institutions are in government buildings, two-thirds have electricity connection, 15 percent have operation theatre facility and 6 percent have vehicles. Except for male workers and supervisors, there are no major gaps in staff sanctioned and staff in position for other categories of personnel. While ILRs and refrigerators are in functioning condition, vaccine carriers and thermos are not. Supply of vaccines in general is regular and adequate. Significant number considered supply of contraceptives and IEC material as irregular and inadequate.

APPENDIX

I: LIST OF SELECTED VILLAGES AND TOWNS

JHANSI URBAN

<i>PSU NO</i>	<i>STRATA NO</i>	<i>NAME</i>	<i>NAME</i>	<i>POP 1991</i>	<i>HHS 1991</i>
1		JHANSI	NANAKGANJ	211	35
2		JHANSI	MASIHAGANJ	492	82
3		JHANSI	NANDANPURA	677	113
4		JHANSI	ISAITOLA	410	68
5		JHANSI	NAINAGARH (NORTH)	931	155
6		JHANSI	HARIPURA	980	163
7		JHANSI	POLLIANO	185	31
8		JHANSI	CIVIL LINE	469	78
9		JHANSI	CIVIL LINE	154	26
10		JHANSI	NAYA BASTI	642	107
11		JHANSI	BAHAR DATIA GATE	563	94
12		JHANSI	MUKARYANA	744	124
13		JHANSI	CHANDRASEKHAR NAGAR	554	92
14		JHANSI	RANI MAHAL	424	71
15		JHANSI	SAGA GATE	614	102
16		JHANSI	BANGLA GHAT	543	90
17		JHANSI	LAXMAN GANJ	753	125
18		JHANSI	CUDARI	181	30
19		JHANSI	BHARORCHA GATE	951	159
20		JHANSI	MAHONI BABA	211	35
21		JHANSI	TALPURA	788	131
22		JHANSI	HASARI GIRD	438	73
23		JHANSI	BARUA SAGAR	504	84
24		JHANSI	GOPAL GANJ	343	57
25		JHANSI	M.B. MAURANIPUR	312	52
26		JHANSI	GANDHI GANJ	120	20
27		JHANSI	M.B. MAURANIPUR	742	123
28		JHANSI	IRICH	520	86
29		JHANSI	KATERA	610	101
30		JHANSI	TATTYATOPE NAGAR	420	70
31		JHANSI	KHADIA	528	125
32		JHANSI	M.B. GURSARAI	343	57
33		JHANSI	NARAYAN PURA	532	88
34		JHANSI	SAMTHAR	292	48
35		JHANSI	KUMHARTOLI	720	120
36		JHANSI	MALAHITOLA	738	123
37		JHANSI	TARPATPURA	323	54
38		JHANSI	KATRANADIPAR	468	78
39		JHANSI	ALYAPATHAK PURA	372	62
40		JHANSI	SHIV GANJ	192	32

JHANSI RURAL

PSU NO.	STRATA NO	DISTRICT	TEHSIL	BLOCK	VILLAGE	POP	HHS
41	I	JHANSI	MOTH	MOTH	BAMRAULI	2498	430
42	I	JHANSI	MOTH	MOTH	POONCHH	5532	847
43	II	JHANSI	MOTH	MOTH	AMGAON	1490	235
44	III	JHANSI	MOTH	MOTH	GYARAI	502	93
45	III	JHANSI	MOTH	MOTH	DHAMDAULI	183	29
46	III	JHANSI	MOTH	MOTH	BIRGUWAN	500	84
47	III	JHANSI	MOTH	MOTH	SAURAI	689	114
48	III	JHANSI	MOTH	MOTH	KADOORA	1104	176
49	III	JHANSI	MOTH	MOTH	DHAURKA	978	135
50	III	JHANSI	MOTH	MOTH	KHILLI (JHANSI)	940	136
51	I	JHANSI	MOTH	CHIRGAON	CHIRGAON	4774	836
52	I	JHANSI	MOTH	CHIRGAON	BAKUWAN BUZURG	2973	496
53	I	JHANSI	MOTH	CHIRGAON	SEMARI	2538	447
54	I	JHANSI	MOTH	CHIRGAON	KARGUWAN	3898	613
55	I	JHANSI	MOTH	CHIRGAON	AMARGARH	4817	747
56	II	JHANSI	JHANSI	CHIRGAON	CHINRUNA	2138	358
57	II	JHANSI	JHANSI	CHIRGAON	PAHARI BUZURG	723	138
58	III	JHANSI	MOTH	CHIRGAON	ITAURA	2773	505
59	I	JHANSI	GARAUTHA	GARSARAI	SUTTA	2557	428
60	I	JHANSI	GARAUTHA	GURSARAI	SINGAR	2107	362
61	I	JHANSI	GARAUTHA	GURSARAI	LABHERA	1216	215
62	I	JHANSI	GARAUTHA	GURSARAI	BARAMPURA	1470	242
63	I	JHANSI	GARAUTHA	GURSARAI	NIBOOJA	1982	330
	I				KARGUWAN KHURD		
64	II	JHANSI	GARAUTHA	GURSARAI	KHATHARRI	437	62
65	II	JHANSI	GARAUTHA	GURSARAI	SAGAULY	941	170
66	II	JHANSI	GARAUTHA	GURSARAI	SAGAULY	1135	178
67	II	JHANSI	GARAUTHA	BAMAUR	TAHRAULI KHAS	2375	422
68	II	JHANSI	GARAUTHA	BAMAUR	GHURAIYA	2432	402
69	II	JHANSI	GARAUTHA	BAMAUR	TAHRAULIKILA	3400	597
70	III	JHANSI	GARAUTHA	BAMAUR	BANGARA	1498	261
71	III	JHANSI	GARAUTHA	BAMAUR	BAG RABNI	1317	205
72	III	JHANSI	GARAUTHA	BAMAUR	MAHEWA	1674	271
73	III	JHANSI	GARAUTHA	BAMAUR	RAJWARA	841	127
74	I	JHANSI	MAURANIPUR	MAURANIPUR	MAGARPUR	4177	772
75	I	JHANSI	MAURANIPUR	MAURANIPUR	SAKARAR	5216	940
76	I	JHANSI	MAURANIPUR	MAURANIPUR	BONDA	1866	296
77	I	JHANSI	MAURANIPUR	MAURANIPUR	GHATKACHURA	1936	344
78	II	JHANSI	MAURANIPUR	MAURANIPUR	BAMHAURISUHAGI	1563	242
79	II	JHANSI	MAURANIPUR	MAURANIPUR	ATPAI	436	74
80	II	JHANSI	MAURANIPUR	BANGRA	GHATKORTA	2631	390
81	II	JHANSI	MAURANIPUR	BANGRA	RORA	1301	222
82	II	JHANSI	MAURANIPUR	BANGRA	KUTRA	1994	295
83	II	JHANSI	MAURANIPUR	BANGRA	BADAGAON	3721	596
84	II	JHANSI	MAURANIPUR	BANGRA	DHAWAKAR	4616	692
85	II	JHANSI	MAURANIPUR	BANGRA	GHATLACHURAI	1936	344
86	II	JHANSI	MAURANIPUR	BANGRA	BANDH	266	47
87	III	JHANSI	MAURANIPUR	BANGRA	BUDHAI	773	113
88	III	JHANSI	JHANSI	BABINA	CHAMARUA	3263	514
89	III	JHANSI	JHANSI	BABINA	KHAILAR	9758	2059
90	I	JHANSI	JHANSI	BABINA	SIJWAHA	1211	208
*1	I	JHANSI	JHANSI	BABINA	KHAJURAHA	1546	246
92	I	JHANSI	JHANSI	BABINA	DHIKOLE	1484	232
93	II	JHANSI	JHANSI	BABINA	BDORA	1489	278
94	II	JHANSI	JHANSI	BABINA	GVAOLI	1070	192
95	II	JHANSI	JHANSI	BABINA	SIMIRIYA	1104	160
96	II	JHANSI	JHANSI	BARAGAON	TENDOL	2181	377
97	II	JHANSI	JHANSI	BARAGAON	MADORA	1946	377
98	II	JHANSI	JHANSI	BARAGAON	LEWA	1011	184
99	III	JHANSI	JHANSI	BARAGAON	JORI KHURD	596	100
100	III	JHANSI	JHANSI	BARAGAON	RAUNLJA	477	50