

1995

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

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Sitapur

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

SIFPSA, Lucknow

The Population Council, India

Operations Research Group, Baroda

1995

District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Sitapur

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CONTENTS

	EXECUTIVE SUMMARY	xi
CHAPTER I	INTRODUCTION	1
1.1	Background	1
1.2	Objectives	1
1.3	Socio-Economic and Demographic Profile of the District	2
1.4	Presentation of Report	2
CHAPTER II	STUDY DESIGN	4
2.0	Introduction	4
2.1	Sample Design and Implementation	4
2.1.1	Urban Sample	4
2.1.2	Rural Sample	4
2.1.3	Selection of Households	5
2.1.4	Sample Results for Households and Eligible Women	6
2.2	Survey Schedules - Types and Description	6
2.2.1	Household Schedule	6
2.2.2	Eligible Women Schedule	6
2.2.3	Village Schedule	6
2.2.4	PHC/SC Schedule	7
2.3	Training and Field Work	7
2.4	Data Processing	8
2.5	Estimation Procedure	8
2.5.1	Weighting Factor for Rural Areas	8
2.5.2	Weighting Factor for Urban Areas	8
2.5.3	Validation of the Estimates	9
CHAPTER III	HOUSEHOLD AND RESPONDENTS' BACKGROUND CHARACTERISTICS	11
3.0	Introduction	11
3.1	Age-Sex Distribution of the Household Population	11
3.2	Household Composition	12
3.3	Educational Attainment	12
3.4	Housing Characteristics	14
3.5	Respondents' Background Characteristics	14

CHAPTER IV	NUPTIALITY	22
4.0	Introduction	22
4.1	Current Marital Status of Women (13-49)	22
4.2	Awareness about Minimum Legal Marriage Age	22
4.3	Age at which Women Start Living with Husband	22
CHAPTER V	FERTILITY	28
5.0	Introduction	28
5.1	Current Fertility Levels and Trends	28
5.2	Children Ever Born and Living	29
5.3	Outcome of Pregnancies	31
CHAPTER VI	FAMILY PLANNING	37
6.1	Knowledge of Family Planning Methods and Sources	37
6.1.1	Awareness of Methods	37
6.1.2	Knowledge About Correct Use	37
6.1.3	Knowledge About Supply Source	37
6.2	Contraceptive Use	38
6.2.1	Ever and Current Users of Contraceptives	38
6.2.2	Contraceptive Use and Background Characteristics of Currently Married Women	39
6.3	Level of Unmet Need	41
6.4	Hinderances to the Acceptance of Family Planning	42
6.4.1	Perceived Disadvantages of Methods	42
6.4.2	Sources of Supply of Contraceptives	43
6.4.3	Supply Position of Pills and Condom to the Current Users	44
6.4.4	Attitude of Couples Towards Family Planning	45
6.4.5	Exposure to Family Planning Messages on Radio and Television	45
6.5	Reasons for Discontinuation of Family Planning Methods and Intention of Use of Family Planning in Future	46
CHAPTER VII	FERTILITY PREFERENCES	61
7.0	Introduction	61
7.1	Desire for More Children	61
7.1.1	When Want Next Child and Sex of Child	61
7.1.2	Number of Additional Children Desired	62
7.1.3	Characteristics of Women Wanting Additional Children	62
7.2	Ideal Number of Children	62
7.2.1	Ideal Vs Actual Children	62
7.3	Husband-Wife Communication on Number of Children a Couple Should Have	63
7.4	Fertility Planning	63
7.4.1	Unwanted Pregnancies	63
7.4.2	Intentions about Current Pregnancy	64

7.4.3	Intentions about Future Pregnancies	64
CHAPTER VII	MATERNAL AND CHILD HEALTH AND UTILISATION OF HEALTH SERVICES	72
8.0	Introduction	72
8.1	Antenatal Care	72
8.1.1	Source(s) of Antenatal Check-up	72
8.1.2	Prophylaxis	73
8.1.3	Antenatal Check-up and Stage of Pregnancy	73
8.2	Place of Delivery and Assistance During Delivery	73
8.2.1	Place of Delivery	74
8.2.2	Assistance During Delivery	74
8.3	Immunisation of Children	74
8.4	Utilisation of Public Health Services	76
8.4.1	Source of Medical Assistance During Sickness	76
8.4.2	Pricing of Government Health Services	76
8.4.3	Contact with Health Service Providers	76
8.4.4	Quality of Client-Provider Interface	76
8.4.5	Quality of Information Provided on Family Planning	77
8.4.6	Perception About ANM	77
8.4.7	Mortality Rates	77
CHAPTER IX	COMMUNITY LEVEL INFORMATION	86
9.1	Profile of Study Area	86
9.1.1	Profile of Surveyed Villages	86
9.1.2	Profile of Health Centres	87
	APPENDIX	91
A-I:	Selected Primary Sampling Units Sitapur (Urban)	91
A-II:	Selected Primary Sampling Units Sitapur (Rural)	92

LIST OF TABLES

Table 1.1:	Socio-economic and demographic profile of District and State	3
Table 2.1:	Sample results for households and eligible women (Unweighted)	5
Table 3.1:	Percentage distribution of <i>de jure</i> (usual residents) household population and visitors by age, sex and residence	15
Table 3.2:	Percentage distribution of households by selected characteristics of head of household and residence	16
Table 3.3:	Percentage distribution of household population by resident status in household according to age, sex and residence	17
Table 3.4:	Percentage distribution of <i>de jure</i> household population aged 6 and above by literacy, level of education, and median number of completed years of education according to sex and residence	18
Table 3.5:	Percentage of <i>de jure</i> household population 6-14 years of age attending school by age, sex and residence	18
Table 3.6:	Percentage distribution of households by selected housing characteristics and residence	19
Table 3.7:	Percentage distribution of ever-married women aged 13-49, by selected background characteristics and residence	20
Table 3.8:	Access to mass media	21
Table 4.1:	Percentage distribution of women aged 13-49 by current marital status according to age and residence	24
Table 4.2:	Singulate mean age at marriage from selected sources 1961-1992/93	24
Table 4.3:	Percentage of ever-married women aged 13-49 who correctly know the minimum legal age at marriage for males and females, by selected background characteristics	25
Table 4.4:	Percentage of women who started living with husband by specific ages, and mean age at which respondent started living with her husband by current age and residence	26
Table 4.5:	Median age of women (aged 20-49 years) started living with husband by current age and selected background characteristics	27
Table 5.1:	Age-specific and cumulative fertility rates and crude birth rate	31

Table 5.2:	Total fertility rate for births two years preceding the survey for women aged 15-49, and mean number of children ever born to women 40-49 years of age, by selected background characteristics	32
Table 5.3:	Percentage distribution of women by number of live births and living children by age of the mother	33
Table 5.4:	Age standardized mean number of children ever born and living for currently married women, according to sex and selected background characteristics	35
Table 5.5:	Percentage distribution of all pregnancies (last two-years) of ever-married women by their outcome, according to age of the women and residence	36
Table 6.1:	Knowledge of family planning methods	47
Table 6.2:	Percentage of currently married women by their level of knowledge of modern contraceptives and source of supply by selected background characteristics	48
Table 6.3:	Percentage of currently married women who have ever used any contraceptive method, by specific method and age, according to residence	49
Table 6.4:	Percentage distribution of currently married women by contraceptive method currently used, according to age and residence	49
Table 6.5:	Percentage distribution of currently married women by contraceptive method currently used, according to selected background characteristics	50
Table 6.6:	Current use of contraceptives by sex composition of surviving children	51
Table 6.7:	Percentage of currently married women with unmet need for family planning services by selected background characteristics	52
Table 6.8:	Reasons for unmet need	53
Table 6.9:	Perceived disadvantages of the method	53
Table 6.10:	Knowledge of sources from where the method could be obtained	55
Table 6.11:	Sources of supply of modern contraceptive methods	56
Table 6.12:	Supply position of pills and condom as reported by current users	57
Table 6.13:	Availability of pills and condom from other than public sources in rural areas	57
Table 6.14:	Attitude towards family planning	57
Table 6.15:	Approval to family planning	58

Table 6.16:	Percentage distribution of ever-married women by whether they have heard a radio or television message about family planning in the last 3 months prior to the interview, according to selected background characteristics	59
Table 6.17:	Family planning messages through <i>different media</i>	59
Table 6.18:	Reasons of discontinuation	60
Table 6.19:	Future intention	60
Table 6.20:	Reporting problem(s) faced with the method used	60
Table 6.21:	Percentage of current users of pills, copper T/IUD and female/male sterilisation who have had problems in using the method	60
Table 7.1:	Per cent distribution of currently married women by desire for children, according to number of living children and residence	65
Table 7.2:	Percentage of currently married women who want more children by number of living children and selected background characteristics	66
Table 7.3:	Distribution of number of living children by number of additional desired children by residence	67
Table 7.4:	Per cent 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	68
Table 7.5:	Match between ideal number of children and number of living children	69
Table 7.6:	Husband-wife communication on number of children they should have	69
Table 7.7:	Percentage of currently married women who had experienced unwanted pregnancies and number of such unwanted pregnancies by selected background characteristics	70
Table 7.8:	Per cent distribution of the outcome of unwanted pregnancies by residence	70
Table 7.9:	Fertility planning	70
Table 7.10a:	What the women would do if gets unwanted pregnancy	71
Table 7.10b:	Intention if gets unwanted pregnancy	71
Table 8.1:	Percentage of currently married women who had experienced pregnancies in last two years by source of antenatal care during pregnancy, according to background characteristics	78
Table 8.2a:	Percentage distribution of women pregnant at least once in last	78

Table 8.2b:	two years, who received medical check-up by stage of pregnancy Antenatal Check-up by stage of pregnancy	78
Table 8.3:	Percentage distribution of live births in last two years by place of delivery, according to selected background characteristics	79
Table 8.4:	Per cent distribution live births in last two years by type of assistance during delivery, according to residence	79
Table 8.5a:	Among children 6-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban areas	80
Table 8.5b:	Among children 6-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in rural areas	81
Table 8.5c:	Among children 12-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban areas	82
Table 8.5d:	Among children 12-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in rural areas	83
Table 8.6:	Preferred sources of medical assistance during sickness	83
Table 8.7:	Percentage of women reporting payment at public clinics and readiness to pay if services improved	84
Table 8.8:	Percentage of women reporting contact with the health service providers	84
Table 8.9:	Quality of client-provider interface	85
Table 8.10:	Level of information (detailed) provided about various methods by workers	85
Table 8.11:	Perception of women about ANM	85
Table 8.12:	Mortality rates	85
Table 9.1:	Profile of villages	86
Table 9.2:	Profile of health centres	88

LIST OF FIGURES

Figure 3.1:	Education Level of Household Population	13
Figure 3.2:	School Attendance by Age and Sex	13
Figure 5.1:	Age Specific Fertility Rates by Residence	29
Figure 5.2:	Total Fertility Rate (TFR) by Background Characteristics	29
Figure 5.3:	Mean Number of Children Ever Born (CEB)	31
Figure 6.1:	Knowledge and Use of Modern Contraceptive Among Currently Married Aged 13-49 by Residence	38
Figure 6.2:	Share of Contraceptive	40
Figure 6.3:	Level of Unmet Need for Family Planning Services	42
Figure 8.1:	Percent Underwent ANC Check-up	72
Figure 8.2:	Timing of First ANC Visit	73
Figure 8.3:	Place of Delivery and Assistance During Delivery	74
Figure 8.4:	Percentage of Children 12-23 Months Who Have Received All Vaccinations	75

APPENDIX

A-I: SELECTED PRIMARY SAMPLING UNITS SITAPUR (URBAN)

<i>NAME OF TOWN</i>	<i>PSU NO.</i>	<i>WARD NO.</i>	<i>BLOCK NO.</i>
Sitapur M.B.	1	1	12
	2	5	55
	3	8	89
	4	11	123
	5	14	164
	6	18	200
	7	21	234
Laharpur M.B.	8	3	11
	9	15	56
Biswan M.B.	10	3	17
	11	11	60
Mahmudabad M.B.	12	8	39
	13	16	78
Khairabad M.B.	14	1	2
	15	8	38
Maholi T.A.	16	5	17
	17	10	36
Hargaon T.A.	18	1	1
	19	6	14
Sidhauri T.A.	20	3	8
	21	8	21

A-II: SELECTED PRIMARY SAMPLING UNITS SITAPUR (RURAL)

TAHSIL	BLOCK	PSU NO.	VILLAGE NAME	STRATUM
Misrikh	Pisawan	22	Neri	1
		23	Jalal Nagar	1
	Maholi	24	Brihmauli	1
		25	Endual Grant	1
	Misrikh	26	Paraspur	1
		27	Macharehta	1
	Gondlamau	28	Ambaghat	1
	Pisawan	29	Tavindanagar	2
	Maholi	30	Narni	2
		50	Jasrathpur	2
	Misrikh	51	Manpur	2
		52	Ramuwapur	2
	Machhrehta	53	Amatamau	2
	Gondlamau	54	Bakchherwa	2
	Pisawan	74	Doriya	3
		75	Allipur	3
	Maholi	76	Brahmawali	3
		77	Rajpur	3
	Misrikh	78	Chavfera	3
		79	Gulriha	3
	Machhrehta	80	Deopara	3
	Gondlamau	81	Gangapur	3
		82	Patoiya	3
Sitapur	Ailiya	29	Sadatnagar	1
		30	Gurdhapa	1
	Hargaon	31	Daina	1
		32	Rahimabad	1
	Parsendi	55	Keshavpur	2
		56	Khagasiya Mau	2
	Khairabad	57	Uljapur	2
		58	Unasiya	2
	Ailiya	83	Nataura	3
		84	Ramnagar	3
	Hargaon	85	Benipur Fazal Ali	3
		86	Gadhi	3
	Khairabad	87	Jaipur	3

Laharpur	Hargaon	33	Bariadih	1
	Paresendi	34	Sarayan	1
		35	Angarasi	1
	Laharpur	36	Karseora	1
	Behta	37	Kuseba	1
	Sakran	38	Mohari	1
	Hargaon	59	Bishunpur	2
	Parsendi	60	Mirkillipur	2
	Laharpur	61	Tahpur	2
	Behta	62	Tejawabpur	2
		63	Tambaur Khas	2
	Sakran	64	Kajipur	2
	Parsendi	88	Kaimhara	3
	Behta	89	Midnia	3
		90	Suspauli	3
	Biswan	Reusa	39	Golak Gondor
		40	Reusha	1
Sakran		41	Reuan	1
Reusa		65	Itgow	2
Sakran		66	Semra Khurd	2
Reusa		91	Laki Newada	3
		92	Chandoli	3
Sakran		93	Gathiya Khurd	3
Sidholi		Kasmanda	42	Kalyanpur
		43	Unchakhera Kala	1
	Sidhauli	44	Husainjganj	1
		45	Nawagaon	1
	Kasmanda	67	Lalwa	2
	Sidhauli	68	Baherwa	2
		69	Kathwa	2
	Kasmanda	94	Chandehra	3
	Sidhauli	95	Akohra	3
	Pahala	96	Shivra	3
Mahmudabad	Mahmudabad	46	Babupur	1
	Rampur Mathu	47	Kanarkhi	1
	Pahala	70	Sultanpur	2
	Mahmudabad	71	Bangawan	2
		72	Shiharu Khera	2
	Rampur Mathur	73	Thakuva	2
	Pahala	97	Jasmanda	3
		98	Bambhoori	3
	Mahmudabad	99	Amaliya Manpur	3
	Rampur Mathu	100	Puraina	3

EXECUTIVE SUMMARY

1.0 Introduction

The Government of India and the USAID have begun a special project in the State of Uttar Pradesh (UP) called **Innovations in Family Planning Services Projects (IFPS)** under the executive management of the State Innovations in Family Planning Services Agency (SIFPSA). The agency has **three objectives**:

- * Increase access to family planning services in the state
- * Improve quality of health care services
- * Promote contraceptive use

While achieving these goals, the IFPS project will support service innovations in (a) the public sector, (b) non-government sector, and (c) contraceptive social marketing mechanisms. These efforts, it is expected, would increase contraceptive use among the eligible couples (aged 13-49) from 20 per cent now to 40 per cent over a period of ten years.

A unique feature of this project is that most of the interventions would be developed at the district level. For this, it is essential that we have some **baseline information** for the districts in which the innovations are planned. Some of the basic information being sought are:

- * Desired family size and sex preference among mothers
- * Utilisation of health services and immunization of mothers and children
- * MCH care and delivery practices
- * Contraceptive information and services and satisfaction with health providers
- * Media exposure and role of media in promoting small family norm
- * Contraceptive use and unmet need

This obviously calls for undertaking a baseline survey in each district of the state. It is in this context that the Operations Research Group (ORG), at the instance of SIFPSA, has carried out the present baseline survey in the district of **Sitapur**.

2.0 Objectives

The objectives of this survey are to:

- * Provide baseline information against which effectiveness and success of district level innovations can be assessed in future
- * Provide background data at the district level to assist SIFPSA to design appropriate service innovations
- * Measure current levels of use and access to family planning services
- * Assess quality of information and follow-up services provided to family planning users on specific methods
- * Ascertain knowledge and use of contraceptive methods and the level of unmet need
- * Measure acceptability, utilisation and satisfaction with the methods and services provided

The baseline information will be used as the reference for the measurement of improvements in contraceptive use.

3.0 Study Site

Sitapur falls in Lucknow division of UP. The total population of Sitapur as per 1991 census is 28,57,009, which is two per cent of the State's population. The growth rate (1981-91) is 2.2 per cent per annum. The share of urban population is 12 per cent against the state average of 20 per cent. One-third of the population comprises of scheduled caste. The sex ratio in Uttar Pradesh (879 females per 1000 males) is low, but it is still lower in Sitapur (833). Female literacy (17%) is low as compared to the state average of 25 per cent.

Only 3 per cent of the females are economically active in the district against 12 per cent in UP. The district primarily depends on agriculture. The dependency ratio is 929 per 1000 working persons aged 15-64. As per 1992 service statistics, 33 per cent of the eligible couples in the district are protected by family planning methods.

4.0 Sample Design and Data Collection

In this survey, the sample was so designed that it was possible to estimate district level CPR and other important indicators. Care was taken so as to get rural and urban estimates separately. The sample design was implemented at two stages viz. selection of Primary Sampling Units (PSUs) and selection of households in the selected PSUs. It was decided that 25 households will be selected from each PSU and 100 PSUs from a district would yield a total sample of 2500 households. The baseline survey indeed covered 2500 households (1975 in rural and 525 in urban areas) spread over 8 towns and 79 villages.

Four types of schedules were canvassed:

- * Household schedule
- * Eligible women schedule
- * Village schedule
- * PHC/SC information schedule

These were respectively canvassed to any responsible member in the family, each eligible woman in sample households, any responsible village member and health functionaries at PHC/Sub-centre. Trained female investigators collected the relevant information.

The survey results were projected for the district as a whole using weighting factors worked out separately for rural and urban areas. Some selected survey estimates and their comparison with 1991 census are outlined below:

<i>Description</i>	<i>District</i>		<i>Remarks</i>
	<i>Survey estimates</i>	<i>Census (1991)</i>	
Population			Survey estimate exceeds by:
Male	1662835	1643865	1.2%
Female	1422071	1368851	3.9%
Total	3084906	3012716 [Projected upto 1993]	2.4%
Sex ratio (female per 1000 males)	855	833	Survey estimate exceeds by 22 points
Age distribution (total population)			
0-4*	15.1	12.8	In agreement
5-14	26.1	27.6	
15-59	51.0	51.8	
60+	7.8	7.8 [1981 census]	
Urban population (%)	11.8	12.0	In agreement
Literacy			
Male	60.4	43.1	Survey shows higher literacy rates
Female	26.2	16.9	
Total	44.8	31.4	

5.0 Findings

- * On the basis of this survey, the population of Sitapur is estimated to be thirty two lakhs, four per cent of which comprise visitors who spent the previous night prior to this survey in the sample households. The number of eligible (ever married) women works out to be six lakhs. The number of currently married women is 5.8 lakhs. The fertility and mortality measures have been estimated using the births and deaths occurring in the households within two years previous to this survey. Vital events belonging to visitors have not been included in the calculation. For the seventy nine surveyed villages, some preliminary information concerning health care facilities, activities of NGOs in the areas and role of panchayats in family welfare promotion etc. has been obtained. The salient findings of the baseline survey are presented below.

5.1 Area Profile and Health Care Facilities in Surveyed Villages

- * The average population in the surveyed villages is about 2000.
- * For one-quarter of the villages, the Sub-centre is beyond four kms. For sixty per cent villages, the Primary Health Centre (PHC) is beyond six kms. Three-fourth of the villages have private medical practitioners. Only six per cent villages have at least one medical shop.
- * Three-fourth villages have at least one birth attendant. Ten per cent of the total birth attendants are trained.
- * Only 5 per cent villages have an NGO. Half of the NGOs are not active. None provide family planning services.
- * Only a small fraction of local panchayats (4%) take active interest in family welfare

programme.

- * Most of the government health care outlets are located in rented buildings. Few of them are electrified.
- * Cold chain equipments comprise mainly vaccine carriers.
- * Supply of most of the vaccines is regular and adequate. This is also true of contraceptives.
- * Service outlets are mainly geared to handle IUD cases. They are equipped with IUD insertion kits. The manpower is also trained in IUD insertion.
- * On the day of survey, by and large, all categories of staff were found in position.
- * The outlets lack IEC support.

5.2 Characteristics of Surveyed Population

- * The household population enumerated in this survey comprised usual residence and the visitors. For this district as a whole, the study in all enumerated 32 lakhs people. Among them, the share of the visitors was about four per cent.
- * About two-fifth of the population comprise children below 15 years of age.
- * Forty-four per cent of the total female population is in the reproductive ages 15-49 years.
- * The sex ratio is 855 females per thousand males.
- * The dependency ratio works out to be 960 per thousand people in the working age group 15-59 years.
- * Eighty-seven per cent of the households belong to Hindu community and 13 per cent to Muslim community. Half of the rural households belong to scheduled caste community. The share of female headed household is three per cent. Mean household size is about six.
- * In the district, three-fourth of the females and two-fifth of the males are illiterate. The 1991 census reveals still higher level of illiteracy.
- * Half of the rural children aged 6-14 years and two-third of urban children of the same age group are going to school. Urban children have more opportunities for learning than rural children. Again, boys have more opportunities for learning than girls.
- * Most of the rural families live in kutchha houses without electricity. Well and hand pump are the sources of potable water in rural areas. Piped water is available only in urban areas.

- * Exposure to mass media is limited in rural areas. One-fourth own radio and two per cent own television. Urban proportions are 45 and 30 per cent respectively.

5.3 Features of Eligible Women and Nuptiality

- * Majority of the eligible women (96%) are currently married. Nearly two-fifth of them fall in the prime age group 20-29 years. One-tenth are quite young (<20 years), mostly belonging to rural areas.
- * Majority of the women are illiterate and also housewives. Only about one-tenth (in both rural and urban areas) are employed by someone else.
- * At least 90 per cent of the women have practically no exposure to any kind of mass-media.
- * Of all the media, radio has some reach to these women.
- * Presently, the mean age at marriage in the district is 17.6 years for girls and 22.3 years for boys. Over the three decades, there has only been marginal rise in marriage age. In 1961, the mean age at marriage was 15 years for girls and 20 years for boys. At least, three-fourth of the eligible women are unaware of the legal minimum age at marriage of boys and girls.
- * Living together after marriage (gauna) starts early in rural areas compared to urban areas. For women, the mean age at gauna is 15 years in rural and 16 years in urban areas.
- * However, compared to past, now a relatively lesser proportion of women start conjugal life at young ages of 13-14 years. This is particularly so among women who are educated beyond sixth standard. No other factor like rural-urban residence, religion etc play a role.

5.4 Fertility and Fertility Preferences

- * There is evidence of high fertility in the area. The birth rate is 44 against 36 for the state as a whole. Certain factors influence fertility. Rural fertility (TFR 5.8) is higher than urban fertility (TFR 4.8). Women having above high school education have lower fertility (TFR 3.1) than illiterate women (TFR 6.1). Similarly, high caste women have lower fertility than scheduled caste and Hindus have lower fertility than Muslim women.
- * Out of every 100 pregnancies, on an average, 97 end up in live births and the rest three percent comprise still birth, spontaneous/induced abortions etc.
- * Three-fifth of the currently married women desire additional children. Two-third want the next child after two years but a quarter of them within one year.
- * Two-fifth of the women want only boy (s). The women desiring only girl (s) are few. In the beginning of the child bearing an average woman lays equal importance to sons and daughters. After 3-4 children (and hopefully at least one girl among them), the tendency is that the next child, if at all, should be a son rather than a daughter.

- * In rural areas, the desire of having no children gains momentum after a couple has three children. In urban areas, this momentum starts after two children.
- * Nearly 70 per cent of the women both in rural and urban areas consider 2-3 children as the ideal number of children. However, more often than not the actual number far exceeds, the ideal number of children stated by women.
- * One-third of the currently married women had no inter-spouse communication on the number of children they should have. Now of course, a relatively larger proportion of young couples talk on family size immediately after marriage. Education of girls plays some role in this matter.
- * Ninety-three per cent of women did not feel any pregnancy as "unwanted". The feeling that a pregnancy is unwanted starts some where between 20 to 29 years and gradually gains ground. However, nearly four-fifth of these unwanted pregnancies end into live birth seemingly because of family pressure and lack of MTP services. A hypothetical question reveals that in future should these women become pregnant unwantedly, at least half of them are likely to accept the pregnancy.
- * Child mortality is higher in rural compared to urban areas. In rural areas, women aged (13-49) deliver 3.6 live births, of which 2.7 survive. The figures for urban areas are 3.3 and 2.8 respectively. Child mortality is higher among illiterate and scheduled caste women. Among scheduled caste, the girl child experiences higher mortality than boys. The estimated IMR is 83 per 1000 live births. Death rate is 13 per 1000 population as estimated by this survey.

5.5 Maternal Care Services

- * Antenatal care like check-up, protection against tetanus or anaemia during pregnancy was not availed by more than one-third of the pregnant women. These protection are taken more by urban women, literate women and those who are young (<35 years) and come from high caste Hindu families. Muslim women seem to take less protection. District hospital/PHC and private doctors are the main sources for undergoing antenatal check-up.
- * One-third of the pregnant women go for medical check-up during the first trimester; half during the second trimester and the rest during the third trimester. A section of urban women take pregnancy more seriously than their rural counterpart and go for early medical check-up.
- * Most of the deliveries (93%) take place at home assisted by the unskilled people like untrained dais and family members (in 89% cases).

5.6 Immunization of Children

- * At least two-fifth of the male and female children (6-23 months) in both rural and urban areas are not immunized at all.

- * All vaccines were received by 42 per cent of boys and 29 per cent of girls in urban areas. In rural areas, the proportions are much less i.e. 24 and 17 per cent respectively. The parents in urban areas (compared to rural areas) are more particular about providing all vaccines to their children. Further, in immunization, boys receive preference over girls.
- * Education seems to have some positive impact on the practice of immunization. A larger proportion of "not immunised children" belong to illiterate mothers than mothers who are educated above high school. In rural areas, Muslim mothers seem to neglect immunization of children. In urban areas, a relatively larger proportion of children who are immunised belong to high caste Hindu families as compared to low caste households. Immunization for measles is somewhat given less priority over other vaccines.

5.7 Utilisation of Public Health Services

- * During sickness people mostly visit private doctors. Two-third of the ever married women said they visit private doctors only during sickness. A minority of them (6%) depend exclusively on government services.
- * The main reasons for "always preferring private doctors" are, better treatment, source near house and no medicines available in public sources. Some also talked about bad behaviour of PHC staff, long waiting time and less attention received at govt. clinics. Sixty per cent women said they are not certain about getting the doctor at the PHC.
- * One-third of the women are already paying at the government clinics. Three-fourth of the women are ready to pay some money provided the government provides better services. So pricing of govt. health care services, if deemed necessary, is no bar.
- * Half of the ever married women (or any member of the family) ever sought assistance from govt. health workers. During the past three months, however, only seven per cent of women were visited by the health staff. In most cases (85%), the ANM/LHV visited the households.
- * Majority of the women (at least 93%), who were visited by health workers, felt that health workers spent enough time with them and they were satisfied with the health staff's service. The women also wanted the health staff should visit them again. More women in rural (compared to urban) areas hold good opinion about health staff.
- * Eight per cent of currently married women were informed about family planning methods. Tubectomy was mentioned to four-fifth of the women and each of the other modern methods to around one quarter of the women. Three per cent women were intimated about safe period and withdrawal. Merits and demerits of methods were told to (at the most) 15 per cent of the women. During motivation, usually disadvantages were not mentioned. Information on how to use IUD, condom and pills was provided to one quarter of the women or less. Three-fourth

of the women were told where to get tubectomy. For other methods, this information was provided to only a quarter of the women who were informed about each of these methods.

- * Majority of the women do not endorse the belief that "ANM is disinclined to assist deliveries in poor/low caste households; ANM belonging to scheduled caste families are not accepted by high caste people; and a young ANM is not better than a traditional dai in assisting deliveries".

5.8 Family Planning

- * Among the family planning methods, awareness about sterilization is almost universal among the currently married women. Awareness about IUD is less as compared to pills and condom. Injection, safe period and withdrawal are known to around one quarter of the women. On an average, a currently married woman knows about four modern family planning methods including two modern spacing methods.
- * Currently married women particularly in rural areas lack information on how to use spacing methods (IUD, pill, condom) correctly. Knowledge on correct use of safe period, withdrawal is still on the lower side.
- * On an average, a woman is aware of four sources of supply of modern contraceptives including two sources for getting modern spacing methods. Awareness about contraceptive source is high. At least 70 per cent women know the supply source of all modern methods except IUD whose source is known to about half of the rural women.
- * In the district, 22 per cent of the currently married women are using any method. The current users of sterilisation comprise 10 per cent and that of spacing methods 5 per cent. The proportion using any traditional method is 7 per cent. It has been seen that there is a wide gap between knowledge and practice of any contraceptive method in the area.

The estimate of current users provided by this survey (22%) is lower than the estimate obtained from 1992 service statistics (33%). During field checking investigators informed, the current users roughly vary from 18-25 per cent. NFHS estimate for the backward districts of UP is 19 per cent. Since no other survey estimate at the district level is available, these information make us believe that the real picture about the current users may not be too different from what is revealed from this survey.

- * Tubectomy is largely accepted by older (>30 years) and less educated women. More Hindus than Muslims opt for this method. Education seems to influence IUD acceptance positively and also condom.
- * By and large, contraceptive demand is felt after having two children. Sterilization is accepted after having at least two sons.

5.9 Unmet Need

- * If we take into account the currently married non-pregnant women who want to wait for more than one year for the next child, who are unsure and who want no more children and also are not using any method, the unmet need works out to be 57 per cent. Of these, women, 58 per cent want to space children while the rest (42%) want to terminate child bearing.
- * Unmet need is found at all ages, but it is particularly high at young ages for spacing.
- * Health reasons, family opposition, religious bindings, dislike for existing methods and lack of services contribute to unmet need.

5.10 Perceived Disadvantages of Methods

- * The disadvantages perceived by the currently married women are method specific. For example, sterilisation is associated with abdominal pain and weakness; IUD with excessive bleeding; oral pill with weight gain and headache etc. For condom, perceived disadvantages are fear of failure and problem of disposal.
- * Their apprehensions are largely based on what they heard from their friends and others. In case of IUD, condom and oral pills, their complaints are partly based on their own experience.

5.11 Sources of Supply of Contraceptives

- * Services for sterilisation are mostly obtained from government clinics. IUD is obtained from govt. sources and also from private doctors. For first time acceptance of pills, couples visit chemists in addition to govt. clinics and private doctors.
- * For condoms, shops are the most important source of supply. For pills, couples visit both shops and govt. outlets. By and large, the users of pills and condom get their supply regularly. In rural areas, in case of short supply, more often than not, no protection is taken.
- * Most of the surveyed villages do not have outlets to serve the couples with pills and condoms.

5.12 Attitude of Couples Towards Family Planning

- * At least four-fifth of the women approve the use of family planning. Fifteen per cent of the women said contraception is disapproved in their family. The main opponents in the family are the husband and the mother-in-law.
- * Young brides (aged 13-19), Muslim women, illiterate women are more likely to face opposition in the family.

5.13 Exposure to Family Planning Message on Radio and Television

- * Eighty per cent of rural women and half of the urban did not receive any family planning message either on radio or television during the past three months.
- * Among those who received message, they said, the message contents largely referred to "small family size", "oral pills/Mala D" and "condom/Nirodh".

5.14 Reasons for Discontinuation of Family Planning Methods

- * "Desire for a child" and "health problems caused by contraceptives" are the two main reasons for method discontinuation.
- * About half of the women who/whose spouse accepted sterilisation reported having suffered problems.
- * One-third of IUD and 16 per cent of the pill acceptors also reported problems experienced with these methods.

6.0 Discussion

In a nutshell, the baseline survey shows that in the district of Sitapur the level of fertility is high and the use of contraceptives is low. There is a wide gap between knowledge and practice of family planning. The unmet need is 57 per cent and is particularly high among young women largely because of health reasons, family opposition, dislike for methods etc. Pregnancies as such are not deemed unwanted and even if some are, village women have little options to get rid of them seemingly due to social pressure and no easy access to MTP services. The situation calls for dissemination of adequate information and strengthening service delivery with emphasis on quality part.

The survey has noted that, the ANM is accepted by the rural community and the village women look forward to her visits. Thus, in order to optimise the utility of ANMs as service providers, it will be worthwhile to review ANM's ratio to population (for augmenting their frequency of visits to the community), facilities provided to them (accommodation, transport etc.), and the training needs assessment for upgradation of their knowledge and skills. This will enable the ANMs to spend more time with the community and answer competently the queries of village women regarding family planning, common ailments and reproductive health issues.

There is a need to look into the programme on training of Traditional Birth Attendant. The survey has shown, not only bulk of the deliveries are conducted at home, majority of them are assisted by untrained dais and family members. In three-fourth of the surveyed villages, there is at least one Traditional Birth Attendant, but only one-tenth of the total birth attendants in these villages are trained in conducting deliveries. Therefore, training of dais should be urgently persuaded for the safety of the mother and the new born.

Today, very few depend on PHC/Sub-centres for treatment. There is a need to enhance the utility of these outlets and also their image as service points. What is expected is a little more dignified behaviour from the health staff (manning these outlets) and provision of

prescribed medicines. This study has shown that village community does not mind paying money provided the government offers improved services. For the benefit of all, the programme authorities may consider pricing of state health care services and make both beneficiaries and the service providers accountable to each other.

It has been found that, in nearly half of the service outlets, the supply of IEC materials is neither regular nor adequate. Audio-visual aids are non-existent. So, the IEC component needs to be strengthened. The IEC programme should lay emphasis on popularising certain spacing methods (for example IUD), telling people how to use all the spacing methods correctly and allaying apprehensions about modern methods, mostly spread by friends and neighbours. Since, as the survey indicates, most of the women are illiterate, secluded from the outside world and are practically unexposed to any kind of mass media, communication modes such as inter-personal communication and traditional media have to play a major role in the dissemination of information.

The above efforts may be supplemented by inviting the services of NGOs and local panchayats in the programme. But this may not be easy. In the study area, as such the number of NGOs are few and the existing ones are not working in the area of family planning. Similarly, very few of the panchayat members are active family planning promoters. Thus, necessary environment and supportive system have to be created to bring them into the folds of family welfare services.

Expectedly, such and similar efforts would enhance better reach and quality of health delivery system. The family planning programme would also receive impetus as the ground realities are quite favourable. This study has shown today, majority of the women in the district endorse family planning; demand for contraception starts after two children; more young brides now indulge in talks on family size soon after marriage and there is no organised resistance to family planning in the area. Thus, doubling the use of family planning from the present level can be time consuming but not difficult.

CHAPTER I

INTRODUCTION

1.1 Background

Uttar Pradesh (UP) is India's most populous state. With a population of 139 million, it accounts for sixteen per cent of country's population. The growth rate is high (2.24% against the national average of 2.11%) and hence the state's contribution to nation's population is substantial.

In order to combat this situation, the Government of India and the USAID have begun a special project in UP called **Innovations in Family Planning Services Projects (IFPS)** under the executive management of the State Innovations in Family Planning Services Agency (SIFPSA). The agency has **three objectives**:

- Increase access to family planning services in the state
- Improve quality of services
- Promote contraceptive use

While achieving these goals, the IFPS project will support service innovations in (a) the public sector, (b) non-government sector, and (c) contraceptive social marketing mechanisms. These efforts, it is expected, would increase contraceptive use among eligible couples (aged 13-49) from 20 per cent now to 40 per cent over a period of ten years.

An unique feature of this project is that most of the interventions would be developed at the district level. For this, it is essential that we have some **baseline information** for the districts in which innovations are planned. Some of the basic information being sought are:

- Desired family size and sex preference among mothers
- Utilisation of health services and immunisation of mothers and children
- MCH care and delivery practices
- Contraceptive information and services and satisfaction with health providers
- Media exposure and role of media in promoting small family norm
- Contraceptive use and unmet need

This obviously calls for undertaking a baseline survey in each district of the state. It is in this context that Operations Research Group (ORG), at the instance of SIFPSA, has carried out the present baseline survey in the district of **Sitapur**.

1.2 Objectives

The objectives of this survey are to:

- Provide baseline information against which effectiveness and success of district level innovations can be assessed in future
- Provide background data at the district level to assist SIFPSA to design appropriate service innovations
- Measurement of current levels of use and access to family planning services
- Assess quality of information and follow-up services provided to family planning users on specific methods

- Ascertain knowledge and use of contraceptive methods and the level of unmet need
- Measure acceptability, utilisation and satisfaction with the methods and services provided

It is expected that the service innovations will lead to an increase of 10 percent points in contraceptive use among currently married women in each of the selected districts, from approximately 20 to 30 per cent over the first phase (5 years) of the project. There will also be a corresponding increase in the use of effective birth spacing methods (pills, IUD, injectables and condoms) by married women under the age of 30. The baseline information will be employed as the reference for the measurement of improvements in contraceptive use.

1.3 Socio-economic and Demographic Profile of the District

A profile of the study district is as under:

Sitapur falls in Lucknow division. The total population of Sitapur as per 1991 census is 28,57,009, which is two per cent of the State's population. The growth rate (1981-91) is 2.2 per cent per annum. The share of urban population is 12 per cent against the state average of 20 per cent. One-third of the population comprise of scheduled caste. The sex ratio in Uttar Pradesh (879 females per 1000 males) is low, but it is still lower in Sitapur (833). Female literacy (17%) is low as compared to the state average of 25 per cent.

In Sitapur, nearly half of the population of the district (48%) constitute children (0-14) and old age population (65+). The dependency ratio in the district is 929 per 1000 working persons in the age group 15-64. It is 13 points lower than the state average (942).

Only 3 per cent of the female population is economically active against 12 per cent in the state. The corresponding proportions for male are 57 and 50 per cent respectively. The district predominantly depends on agriculture with 85 percent of the workers depending on this sector. The corresponding figure for U.P. is 73 per cent.

As regards primary health care facilities, the district seems to be slightly privileged. The district ranks tenth in terms of number of PHCs and sub-centres. As per 1992 statistics, 33 per cent of the eligible couples in the district are protected by one or the other methods.

1.4 Presentation of Report

The report comprises ten chapters, the first one gives introductory details. Chapter 2 describes the survey design and Chapter 3 presents the background characteristics of households and respondents. Nuptiality is discussed in Chapter 4, fertility in Chapter 5 and family planning in Chapter 6. Chapter 7 deals with fertility preferences, Chapter 8, maternal and child health and utilization of health services and Chapter 9 describes the community level information.

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

	Sitapur	Uttar Pradesh
Population (1991 Census)		
Total	2,857,009	139,112,287
Male	1,558,104	74,036,957
Female	1,298,104	65,075,330
Growth rate (1981-91)	21.8	25.2
Population density (1991 Census)	497	473
% of total state population (1991 Census)	2.1	NA
% urban population (1991 Census)	12.0	19.8
Sex ratio (1991 Census)	833	879
Percentage of total population (1981 Census)		
0-14 Population	40.4	48.5
65 + Population	7.8	6.8
Dependency ratio (1981 Census)	929	942
Literacy level (1991 Census) (7+ years)		
Total	31.4	40.9
Male	43.1	55.7
Female	16.9	25.3
Crude Birth Rate (SRS, 1992)	U	36.2
Contraceptive Prevalence Rate (1992-93)	33.4	34.5
Per cent employed (1991)		
Total	32.5	32.2
Male	57.0	49.7
Female	3.2	12.3
Per cent employed in organized sector (1991)	U	U
Per cent depending on agriculture (1991)	84.4	73.1
Per cent of total population (1991)		
Scheduled caste	84.4	21.0
Scheduled tribe	32.2	0.2
Other Hindus	-	U
Muslim	U	U
Other religious groups	U	U
Number of PHC/CHC (1991)	87	3929
Number of Sub-centres (1991)	437	20154
Number of voluntary agencies	2 (Rank 19)	552
Average rural population per sub-centre (1991)	5751	5533

Note: - : Less than 0.05% U: No information NA: Not Applicable

CHAPTER II

STUDY DESIGN

2.0 Introduction

The sampling procedure, area coverage and survey instruments used in this baseline survey are discussed below. Training of field personnel, team composition, etc. are also discussed.

2.1 Sample Design and Implementation

In this survey, the sample was so designed that it was possible to estimate district level CPR and other important indicators. Care was taken so as to get rural and urban estimates separately. The sample design was implemented at two stages viz. selection of Primary Sampling Units (PSUs) and selection of households in the selected PSUs. It was decided that 25 households will be selected from each PSU and 100 PSUs from a district would yield a total sample of 2500 households.

2.1.1 Urban Sample

The size of the urban sample depended on whether the share of urban population in a district was exceeding 20 per cent. In Sitapur district, the urban population proportion was less than 20 per cent. The procedure adopted in this case is discussed below:

In Sitapur, since urban population is less than 20 per cent (in 1991 Census), the urban sample size was fixed as 500 households. The towns were classified into three groups such as Type I, Type II and Type III. Type I towns covered more than one lakh population and Type II towns from 20,000 to less than one lakh population. Type III towns had less than 20,000 population. The urban sample was allocated in all three types of towns based on the population size of each type. The summary table explains the procedure adopted to draw the final sample size for Sitapur urban area.

URBAN PSU SELECTION (Summary table)

<i>Type of town</i>	<i>Total towns</i>	<i>% of total urban population</i>	<i>Allocated households based on % urban population</i>	<i>CEB No. @ 25 HH/CEB</i>	<i>No. of towns selected*</i>	<i>Ultimate sample household [CEBx25]</i>
Type I	1	35.5	178	7	1	175
Type II	4	39.6	197	8	4	200
Type III	6	24.9	125	6	3	150
	11	100	500	21	8	525

* From type II, III towns, to choose a maximum of two CEBs from each town.

After finalising the number of towns to be selected, the actual selection of towns was done by using the probability proportion to size (PPS) method. Having selected the sample towns, the required number of CEBs were selected using PPS.

2.1.2 Rural Sample

From rural areas, 79 PSUs (villages) were to be selected. For this, the 1991 census data was used. All the villages having less than 50 persons were removed from the list of villages considered for the selection of PSUs. The remaining villages were arranged in a descending order, so that these villages could be divided into 3 strata with equal population. The total number of PSUs to be selected (79) were to be equally divided into 3 groups. Since this was not feasible, 26 villages were selected each from stratum I and II. From stratum III, 27 villages were selected. By rearranging

all the villages in a particular stratum in the manner they were originally placed in the Census list, the required number of villages were selected by using PPS. The same operation was repeated for other two strata to select a total of 79 villages from Sitapur.

In the rural PSUs, segmentation of villages was done, if the PSU had more than 500 households. After segmentation, two segments were selected using PPS in a sample village.

2.1.3 Selection of Households

In all urban and rural PSUs, a houselisting operation was carried out to list all the households in the selected units. The selection of 25 households from this houselist was done through systematic random sampling with one random start.

List of selected towns and villages is given in Appendix.

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

Results	Urban		Rural		Total	
	Number	Per cent	Number	Per cent	Number	Per cent
Households selected	525	100.0	1975	100.0	2500	100.0
Households completed (C)	511	97.3	1927	97.6	2438	97.5
Households with no competent respondent	-	-	3	0.1	3	0.1
Households absent (HA)	11	2.1	36	1.8	47	1.9
Households postponed (P)	-	-	-	-	-	-
Households refused (R)	2	0.4	5	0.3	7	0.3
Households vacant/no dwelling (DV)	-	-	3	0.1	3	0.1
Dwellings destroyed (DD)	-	-	-	-	-	-
Dwellings not found (DNF)	-	-	-	-	-	-
Other (O)	1	0.2	1	0.1	2	0.1
Households occupied	524	100.0	1971	100.0	2495	100.0
Households interviewed	511		1927		2438	
Households not interviewed	13		44		57	
Households response rate (HHR)*	NA	97.5	NA	97.8	NA	97.7
Eligible women	620	100.0	2203	100.0	2823	100.0
Women interviewed (EWC)	531	85.7	1990	90.3	2521	89.3
Women not at home (EWHH)	73	11.7	183	8.3	256	9.1
Women postponed (EWP)	-	-	-	-	-	-
Women refused (EWR)	10	1.6	15	0.7	25	0.9
Women partly interviewed (EWPC)	3	0.5	11	0.5	14	0.5
Other (EWO)	3	0.5	4	0.2	7	0.2
Individual response rate (EWRR)**	NA	86.1	NA	90.5	NA	89.5
Overall response rate (ORR)***	NA	83.9	NA	88.5	NA	87.4

NA: Not applicable

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

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

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

$$\frac{EWC}{EWC + EWHH + EWP + EWR + EWPC}$$

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

2.1.4 Sample Results for Households and Eligible Women

In **Sitapur**, the survey could be undertaken in 97 per cent of the sample households in rural and urban areas each. An equal proportion of these households agreed to provide information. The

eligible women schedule could be completed for 86 per cent women in urban and 90 per cent women in rural areas. Most of the remaining eligible women were away from home when the study team visited them. The overall response rate was 87 per cent (Table 2.1).

2.2 Survey Schedules - Types and Description

Four types of schedules were used in this survey:

- * Household schedule
- * Eligible women schedule
- * Village schedule
- * PHC\SC information schedule

2.2.1 Household Schedule

This schedule elicited following information:

- * All Household members - usual residents and visitors who stayed in the household on previous night
- * Age, sex, marital status, education and occupation of all members
- * Socio-economic status, morbidity, births and deaths occurred in the last two years i.e., from October 1991 to the survey date (September 1993).
- * Eligible woman to be interviewed in the sample households was decided based on the information collected in the household schedule. All ever married women in the age group of 13-49 were considered as **eligible women** in this survey.

The relevant information was collected from any responsible member in the family.

2.2.2 Eligible Women Schedule

This schedule was administered to each eligible woman in the sample households. It covered the following information:

- * Respondents' background
- * Fertility and family size preferences
- * Utilization of health services
- * Pregnancy history in the last two years
- * Immunization of children
- * Contraceptive knowledge and use
- * Quality of family planning services provided by health workers

2.2.3 Village Schedule

Village schedule was used to collect the macro level information in the sample villages. The information collected was as follows:

- * Population of village
- * Availability of road, school facilities, etc.
- * Private doctors
- * Availability of family planning services

- * Availability of medical shops
- * Availability of retail outlets and network for condom and oral pills
- * NGOs activities
- * Availability of health functionaries

Relevant information was collected from any responsible person in the village e.g. sarpanch.

2.2.4 PHC/SC Schedule

This schedule was used to collect information on PHC/SC/CHC, located in the village. It gathered information on:

- * Infrastructure facilities
- * Health manpower
- * Cold chain equipments
- * Particulars of :
 - Supply of vaccine
 - Family planning services
 - Supply of contraceptives
 - Demand creation activities

The information was collected from PHC/SC functionaries. The schedules used in this study were provided by the Population Council.

2.3 Training and Field Work

The interview schedules used at the household level were bilingual - Hindi and English. The training for field staff was conducted in Lucknow from the second week of October to the first week of November 1993. A total of 16 female investigators, 4 female editors and 4 male supervisors were trained during this training period.

The training consisted of instructions in interview techniques, field procedures and discussion on each item in the schedules. Demonstration interviews and mock interviews in the class room and practice interviews in the neighbouring villages of Lucknow were undertaken. It was ensured that at least 20 interview schedules are filled in by the investigators during field training.

The field work in a district was carried out by four teams, each consisting of one field supervisor (male), one field editor (female) and four investigators (female). The field work was carried out between November, 1993 to February, 1994. Monitoring and supervision of data collection were done by senior professionals.

In addition to the female investigators, listers and mappers were involved for houselisting purpose. In a district, there were six teams, each team consisting of one mapper and one lister. There were two supervisors for the six teams. The mappers and listers were trained in identifying the boundaries of the sample areas, mapping (to locate the households), houselisting, segmentation of villages which have more than 500 households, and in the application of technique of Probability Proportion to Size. They received field training in two villages. The houselisting operation started in October 1993, 25 days prior to actual survey.

2.4 Data Processing

The completed interview schedules were sent to the local office of ORG in Lucknow. After office editing, the software programme developed by the Population Council was used to enter the data, which has in-built checks for data editing. Data entry operation was completed in the third week of February 1994. For table generation, 'SPSSPC+' was used. In order to apply the weighting factors to each PSU, 'FOXPRO' was used.

2.5 Estimation Procedure

The tables presented in this volume are based on survey results projected for the district as a whole. For this, weighting factors were worked out separately for rural and urban areas. There are two types of weighting factors - Household Factor and Eligible Women Factor. The Household Factor projected the household level information at the district level, whereas the Eligible Women Factor was used to project the information provided by the eligible women at the district level. The estimation procedure adopted is discussed below :

2.5.1 Weighting Factor for Rural Areas

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

Where :

- P = Total rural population (1991 census) of the district.
- p_i = Population (1991 census) of the selected ith village/ith PSU.
- a = No. of selected PSUs (villages) from the rural areas of the district.
- H_i = For Non-segmented Village : No. of listed households in the ith PSU/Village.
= For Segmented Villages : Total number of projected households upto 1993 (by projecting the total number of households of 1991 census for 2.5 years).
- h_i = Actual number of households surveyed from the ith selected village/PSU.

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

Where :

- E_i = Total number of eligible women existing in the selected households of the ith village/PSU.
- e_i = No. of actual eligible women covered in the ith village/PSU.

2.5.2 Weighting Factor for Urban Areas

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

Where :

- P_i = Total urban population (1991 census) in the ith stratum.

- a_i = No. of selected towns in the i th stratum.
 q_{ijk} = Population (1991 census) of K th CEB in the j th town of i th stratum.
 b_j = No. of selected CEBs in the j th town.
 H_k = No. of listed households in the K th CEB of j th town.
 h_k = Actual no. of households surveyed from the K th CEB of j th town.

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

Where :

- E_k = Total number of eligible women present in the selected households in the K th CEB of j th town of i th stratum.
 e_k = Actual number of eligible women covered in the K th CEB of the j th town of i th stratum.

2.5.3 Validation of the Estimates

In order to validate the estimates, some selected survey estimates and their comparison with the 1991 census are outlined below:

HOUSEHOLD POPULATION CHARACTERISTICS - A COMPARISON

Description	District		Remarks
	Survey estimates	Census (1991)	
Population			Survey estimate exceeds by:
Male	1662835	1643865	1.2%
Female	1422071	1368851	3.9%
Total	3084906	3012716	2.4%
Sex ratio (female per 1000 males)	855	[Projected upto 1993] 833	Survey estimate exceeds by 22 points
Age distribution (total population)			
0-4*	15.1	12.8	In agreement
5-14	26.1	27.6	
15-59	51.0	51.8	
60+	7.8	7.8	
Urban population (%)	11.8	[1981 census] 12.0	In agreement
Literacy			
Male	60.4	43.1	Survey shows higher literacy rates
Female	26.2	16.9	
Total	44.8	31.4	

* 3.5 per cent population comprise of infants and 11.6 per cent children between 1-4 years

The population of Sitapur is estimated as 3.1 million, which is 2 per cent higher than the 1991 census population projected upto 1993. The estimated female population is 1.4 million and this is 4 per cent higher than the census population. The sex-ratio works out to be 855 females per 1000 males against 833 as recorded in the 1991 census. It is not clear whether the sex-differential in population mobility during Deepavali and Dashera [October festivals] has contributed to high female population estimate. The literacy rates (male 60%, female 26%) is also on the higher side as compared to the 1991 census (male 43%, female 17%).

Two-fifths of the estimated population (41%) are children in the age group below 14 years. Half of the population (51%) fall in the (working) age group (15-59). Aged population (60+) comprises about 8 per cent. This age distribution is close to the 1981 census age distribution. The estimated urban population (11.8%) is at par with the 1991 census.

CHAPTER III

HOUSEHOLD AND RESPONDENTS' BACKGROUND CHARACTERISTICS

3.0 Introduction

The chapter deals with : (a) the background characteristics of the respondents of this study (ever married women 13-49) including their exposure to mass media, (b) features of household population like age, sex, education etc. and (c) dwelling type and amenities. The age structure is presented separately for two groups of population namely *de jure* population (usual residents) and for visitors - those who are not permanent members but have spent previous night in the household. The rest of the analysis has been presented only for *de jure* population.

3.1 Age-Sex Distribution of Household Population

As stated, the household population enumerated in this survey comprised usual residents (*de jure* population), plus the visitors. For the district as a whole, the study in all enumerated 32 lakhs people. Among them, the share of visitors was about four per cent. The age distributions of the *de jure* population and that of the visitors are presented in Table 3.1. The summary results are as under :

<i>Age-sex distribution [summary table]</i>					
Age Group	De jure population			Visitors	
	Urban	Rural	Total	Total	
Male					
0-14	37.7	41.2	40.7	53.0	
15-64	56.8	53.8	54.2	40.1	
65+	5.5	5.0	5.1	6.3	
Female					
0-14	37.9	42.3	41.9	32.7	
15-64	58.1	53.4	53.4	64.7	
65+	3.9	4.3	4.7	2.6	
15-49	47.9	44.1	44.0	61.0	
Total					
0-14	37.8	41.7	41.3	39.1	
15-64	57.5	53.6	54.0	57.0	
65+	4.7	4.7	4.7	3.7	
Sex ratio (F/M)	909	848	855	2237	
Dependency ratio	-	-	960	-	

Source: Table 3.1

The table reveals that about two-fifth of the population comprise children below 15 years of age. The proportion of these population is slightly less in urban (38%) compared to rural areas (42%). Fifty-four per cent of the population include people aged 15-64 years of age. The remaining about four per cent comprise population aged 65 years and above. The female age distribution reveals that 44 per cent of the total female population are in the reproductive ages 15-49 years. The sex ratio works out to be 855 females per thousand males. The corresponding ratio is 909 for urban and 848 for rural areas. The dependency ratio i.e. dependent population per thousand people in the working age group 15-59 is 960.

3.2 Household Composition

Certain features of the households in Sitapur and also that of the head of the households are presented in Tables 3.2 - 3.3.

Table 3.2 reveals that 3.5 per cent of the total households in the district are female - headed households. Female-headed households are slightly more in urban (4.8%) than in rural areas (3.4%). The median age of the head of the households is 40 years (rural 40 years, urban 45 years).

Eighty-five per cent of the total head of the households are currently married. The share of never married is about 4 per cent. Never married are more in rural (3.8%) compared to urban areas (1.5%).

Eighty-seven per cent of the households belong to Hindu community. The share of Muslim households is 13 per cent. Half of the rural households belong to scheduled caste community. In urban areas, high caste households (61%) dominate.

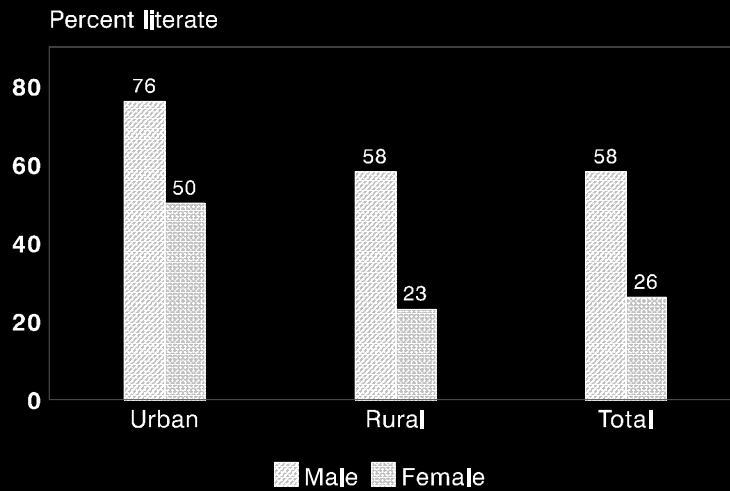
The household size works out to be about six. The share of single member households is 3 per cent.

At the time of this survey in both rural and urban areas, 2 per cent of the male household members were visitors. Visitors are those who are not regular members of the household, but had spent the previous night in the surveyed households. The proportion of visitors among females was 5 per cent. When this survey was going on, two important festivals of North - Dashera and Deepavali - were celebrated. As we know, during such festivals, while male members stay in their own home, married daughters along with their children return to their parental home. This is perhaps why there are more female visitors than male visitors (Table 3.3).

3.3 Educational Attainment

The literacy level of *de jure* household population (aged 6 years and more) is presented in Tables 3.4 - 3.5. In the district, three-fourth of the total females and two-fifth of the total males are illiterate. In the rural areas also, almost the same proportion of males and females are illiterate. The situation is relatively better in the urban area where half of the females and one-fourth of the males are illiterate.

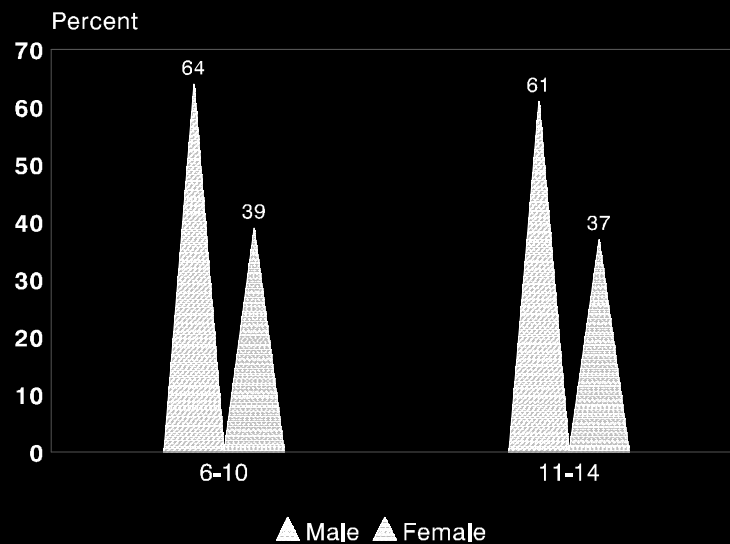
Figure 3.1: Education Level of Household Population



Sitapur, UP, 1993-94

The illiterates and those having formal or informal education upto fourth standard comprise the largest chunk of the total population (73%). The corresponding proportion for total female population works out to be 85 per cent and for the male population 62 per cent. The share of population having schooling beyond fourth standard is largely between 4 and less than 15 per cent irrespective of rural-urban status and sex of the population (Table 3.4). It can be noted that this base line survey, compared to 1991 census, exhibits a relatively higher level of literacy in the population.

Figure 3.2: School Attendance by Age and Sex



Sitapur, UP, 1993-94

As expected, the survey shows that the urban children have more opportunities for schooling than the rural children. The school attendance of (*de jure*) household children aged 6-14 years is shown in Table 3.5. It is seen that in rural areas, only one-third of the girls and three-fifth of the boys (aged 6-14 years) are currently attending schools, whereas in urban areas, three-fifth of the girls and three fourth of the boys of corresponding ages are currently attending schools. Overall, as of today, half of the children aged 6-14 years in rural areas and around two-third in urban areas are currently going to schools.

3.4 Housing Characteristics

Some information about type of dwellings and amenities are presented in Table 3.6. It is seen that in Sitapur, 13 per cent of the households are electrified - 57 per cent in urban and only 8 per cent in rural areas. In rural areas, well and hand pumps are the chief sources of portable water. In urban areas, piped water and hand pumps are the major sources of water (in 83% cases). Most of the rural dwellings (70%) are kutcha. Whereas half of the urban dwellings (54%) are pucca and another one-fifth (21%) are of the mixed type - partly pucca and partly kutcha. In rural areas, majority of the households fall in the category of marginal farmers owning upto three acres of land. One-fifth of the households (18%) do not own any land. In rural areas, exposure to mass media is limited. One-fourth of the rural households own radio and only two per cent own television. The situation in urban area is better with 45 per cent of the households owning radio and 30 per cent owning television.

3.5 Respondents' Background Characteristics

The specific features of the respondents (in this case ever married women aged 13-49 years) are presented in Table 3.7. It is revealed that 39 per cent of the eligible women fall in the prime age group 20-29 years. One-tenth of the women are quite young (aged 13-19 years) and they mostly belong to rural areas. Majority of the eligible women (96%) are currently married. The rest comprise windowed (2.5 %), divorced and separated women (1.1 %).

As observed in the general population, majority of our respondents are illiterate (rural 83%, urban 54%). Majority of them (91%) are also housewives. Only 8 per cent of them (in both rural and urban areas) are employed by someone else.

The study reveals that, majority of the respondents have practically no exposure to any kind of mass media. At least 90 per cent are not exposed to newspapers, television or cinema. Only a section of urban women reads/listens to newspapers (25%) and watch television (35%). Of all the media, radio has some reach to these women. One-fourth of the total women said they listen to radio. Urban women, women belonging to high caste Hindu families and those having schooling above fourth standard are the main listeners of the radio programme (Table 3.8).

Table 3.1: Percentage distribution of de jure (usual residents) household population and visitors by age, sex and residence

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure Population									
<1	3.7	2.5	3.1	3.5	3.6	3.6	3.5	3.5	3.5
1-4	10.9	11.4	11.2	11.3	12.1	11.6	11.2	12.0	11.6
5-9	12.0	13.1	12.5	13.7	15.0	14.3	13.5	14.8	14.1
10-14	11.1	10.9	11.0	12.7	11.6	12.2	12.5	11.6	12.1
15-19	10.2	10.8	10.5	10.2	7.9	9.1	10.2	8.3	9.3
20-24	8.0	8.9	8.4	7.8	8.9	8.3	7.8	8.9	8.3
25-29	7.5	8.8	8.1	6.8	7.4	7.1	6.9	7.5	7.2
30-34	6.3	6.7	6.5	6.5	7.1	6.8	6.5	7.0	6.8
35-39	6.8	4.9	5.9	5.8	5.9	5.9	5.9	5.8	5.9
40-44	4.7	4.0	4.3	5.2	4.0	4.6	5.1	4.0	4.6
45-49	3.6	3.8	3.7	3.2	2.9	3.0	3.2	3.0	3.1
50-64	9.7	10.2	10.0	8.3	9.3	8.8	8.5	9.4	8.9
65+	5.5	3.9	4.7	5.0	4.3	4.7	5.1	4.3	4.7
DK	-	0.1	-	-	-	-	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	191363	173885	365248	1471472	1248186	2719658	1662835	1422071	3084906
Sex Ratio	NA	NA	909	NA	NA	848	NA	NA	855
Visitors									
<1	6.2	8.9	8.1	7.5	8.3	8.1	7.3	8.4	8.1
1-4	19.7	16.4	17.4	25.4	12.4	16.4	24.7	12.9	16.6
5-9	13.1	8.9	10.2	15.4	6.4	9.2	15.1	6.7	9.3
10-14	6.9	-	2.1	5.7	5.4	5.5	5.9	4.7	5.1
15-19	10.9	13.1	12.5	2.4	22.5	16.3	3.4	21.3	15.8
20-24	7.4	21.9	17.5	10.0	18.9	16.1	9.6	19.3	16.3
25-29	8.4	9.7	9.3	9.6	10.2	10.0	9.4	10.2	9.9
30-34	8.3	2.8	4.5	5.7	6.2	6.1	6.0	5.8	5.9
35-39	7.5	3.9	5.0	0.8	2.2	1.8	1.6	2.4	2.2
40-44	-	3.7	2.6	0.7	1.3	1.1	0.6	1.6	1.3
45-49	-	0.9	0.7	2.3	0.3	0.9	2.0	0.4	0.9
50-64	5.0	7.3	6.6	7.7	3.2	4.6	7.4	3.7	4.8
65+	6.6	2.3	3.6	6.2	2.6	3.7	6.3	2.6	3.7
DK	-	-	-	0.7	-	0.2	0.6	-	0.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	4617	10650	15266	31814	70793	102607	36430	81443	117873
Sex Ratio	NA	NA	2307	NA	NA	2225	NA	NA	2237

Sex Ratio: Females per 1000 Males
 NA: Not applicable

Table 3.2: Percentage distribution of households by selected characteristics of head of household and residence

Housing composition	Residence		
	Urban	Rural	Total
Sex of the household head			
Male	95.2	96.6	96.5
Female	4.8	3.4	3.5
Age of household head			
Less than 30 years	11.0	14.6	14.2
30-44	38.6	40.9	40.7
45-59	27.4	23.6	24.1
60+	23.0	20.9	21.1
Median Age	45.0	40.0	40.0
Marital status of household head			
Never married	1.5	3.8	3.6
Currently married	88.5	84.9	85.3
Widowed	8.6	10.6	10.4
Divorced	0.3	0.2	0.2
Separated	1.1	0.5	0.6
Religion			
Hindu	75.8	88.0	86.6
Muslim	23.2	12.0	13.3
Others	1.0	-	0.1
Caste			
Scheduled caste	22.7	50.7	47.5
Scheduled tribe	0.3	0.3	0.3
Backward caste	15.9	19.6	19.2
Higher caste	61.1	29.5	33.1
Number of usual members			
1	4.1	3.1	3.2
2	7.2	8.4	8.2
3	8.9	10.8	10.6
4	16.2	13.3	13.7
5	15.8	15.4	15.4
6	12.3	15.4	15.0
7	9.7	11.6	11.4
8	6.2	7.4	7.2
9+	19.7	14.6	15.2
Mean	6.0	5.8	5.8
Total %	100.0	100.0	100.0
Number of households	60724	469750	530473

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

Table 3.3: Percentage distribution of household population by resident status in household according to age, sex and residence

Characteristic	Usual resident	Visitor	Total %	Total N
Age		Male		
<1	95.7	4.3	100.0	61218
1-4	95.4	4.6	100.0	195809
5-14	98.3	1.7	100.0	440013
15-19	99.3	0.7	100.0	170224
20-24	97.4	2.6	100.0	133868
25-29	97.1	2.9	100.0	117991
30-34	98.0	2.0	100.0	110614
35-39	99.4	0.6	100.0	99493
40-44	99.7	0.3	100.0	84976
45-49	98.6	1.4	100.0	54099
50-59	98.8	1.2	100.0	89163
60+	97.3	2.7	100.0	141577
Residence				
Urban	97.6	2.4	100.0	195980
Rural	97.9	2.1	100.0	1503286
Total	97.9	2.1	100.0	1699266
Age		Female		
<1	87.8	12.2	100.0	56375
1-4	94.2	5.8	100.0	180817
5-14	97.6	2.4	100.0	383391
15-19	87.2	12.8	100.0	135160
20-24	89.0	11.0	100.0	142574
25-29	92.8	7.2	100.0	115562
30-34	95.5	4.5	100.0	104600
35-39	97.6	2.4	100.0	84063
40-44	97.7	2.3	100.0	57589
45-49	99.2	0.8	100.0	43243
50-59	98.0	2.0	100.0	94900
60+	96.9	3.1	100.0	105136
Residence				
Urban	94.2	5.8	100.0	184535
Rural	94.6	5.4	100.0	1318979
Total	94.6	5.4	100.0	1503513
Age		Total		
<1	91.9	8.1	100.0	117593
1-4	94.8	5.2	100.0	376626
5-14	97.9	2.1	100.0	823404
15-19	93.9	6.1	100.0	305383
20-24	93.1	6.9	100.0	276442
25-29	95.0	5.0	100.0	233553
30-34	96.8	3.2	100.0	215215
35-39	98.6	1.4	100.0	183556
40-44	98.9	1.1	100.0	142564
45-49	98.9	1.1	100.0	97342
50-59	98.4	1.6	100.0	184063
60+	97.1	2.9	100.0	246713
Residence				
Urban	96.0	4.0	100.0	380514
Rural	96.4	3.6	100.0	2822264
Total	96.3	3.7	100.0	3202779

Table 3.4: Percentage distribution of de jure household population aged 6 and above by literacy, level of education, and median number of completed years of education according to sex and residence

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	24.4	50.2	36.7	42.1	77.2	58.1	40.1	73.8	55.5
Upto class 4*	21.2	13.6	17.6	22.2	10.9	17.0	22.1	11.2	17.1
Primary (5 yrs)	9.1	8.8	9.0	7.5	5.1	6.4	7.7	5.5	6.7
Upto Middle (6-8 yrs)	14.3	9.2	11.8	13.6	4.2	9.3	13.7	4.8	9.6
Upto high (9-10 yrs)	13.3	6.6	10.1	8.4	1.5	5.2	8.9	2.1	5.8
Above high school (11-18 yrs)	17.7	11.6	14.8	6.2	1.2	3.9	7.5	2.5	5.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total %	158492	144790	303282	1202888	1008451	2211339	1361380	1153240	2514620
Total N	5	0	3	1	0	0	1	0	0
Median number of years									

* Including the literates having no formal education

Table 3.5: Percentage of de jure household population 6-14 years of age attending school by age, sex and residence

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6-10	74.3	61.6	67.9	62.2	35.7	49.3	63.5	38.5	51.3
11-14	74.4	56.0	70.0	59.2	34.2	48.7	60.8	36.9	50.7
6-14	74.3	59.5	67.1	61.0	35.2	49.1	62.4	37.9	51.0

Table 3.6: Percentage distribution of households by selected housing characteristics and residence

Housing characteristic	Residence		
	Urban	Rural	Total
Households with electricity	57.5	7.7	13.4
Source of drinking water			
Piped	41.7	0.9	5.6
Handpump	41.5	41.7	41.7
Well water	16.8	57.2	52.6
Others	-	0.2	0.1
Type of house			
Hut	3.1	3.6	3.5
Kutcha	21.3	69.6	64.1
Mixed	21.1	19.8	20.0
Pucca	54.4	7.0	12.5
Agricultural land ownership			
Landless	67.4	17.6	23.3
1-3 acres	23.4	62.3	57.8
4-5 acres	3.3	9.7	9.0
6 or more acres	6.0	10.5	10.0
Consumer durable goods			
Radio	44.8	23.5	25.9
Television	29.6	2.1	5.3
Total %	100.0	100.0	100.0
Number of households	60724	469750	530473

Table 3.7: Percentage distribution of ever-married women aged 13-49, by selected background characteristics and residence

Background characteristic	Residence		Total number of women		
	Urban	Rural	Total	Weighted N	Unweighted N
Age					
13-14	-	0.6	0.6	3338	13
15-19	8.6	10.6	10.6	62544	255
20-24	17.1	21.1	21.1	124396	521
25-29	22.2	18.4	18.4	113942	485
30-34	17.1	17.9	17.9	107539	439
35-39	13.3	14.6	14.6	87304	358
40-44	11.9	9.7	9.7	60115	257
45-49	9.8	7.0	7.0	44322	193
Marital status					
Currently married	96.5	96.3	96.4	581537	2430
Widowed	2.7	2.5	2.5	15081	63
Divorced	-	0.1	0.1	604	2
Separated	0.8	1.1	1.0	6279	26
Education					
Illiterate	54.3	82.8	79.5	479990	1921
Upto Class 4*	4.6	3.5	3.6	21855	97
Primary (5 yrs)	10.5	6.6	7.0	42290	187
Upto Middle (6-8 yrs)	10.1	3.8	4.5	27293	132
Upto High (9-10 yrs)	7.6	1.8	2.5	14920	76
Above High School (11-18 yrs)	13.0	1.5	2.8	17153	108
Religion					
Hindu	74.6	87.3	85.9	518264	2121
Muslim	24.4	12.7	14.0	84536	394
Others	1.0	-	0.1	701	6
Caste					
Scheduled caste	21.6	50.1	46.8	282335	1098
Scheduled tribe	0.3	0.3	0.3	1570	6
Backward caste	18.9	19.1	19.1	115087	484
Higher caste Hindu	59.2	30.6	33.9	204509	933
Work status					
Not working	91.7	91.1	91.2	550212	2300
Working in family farm/business	-	0.9	0.8	4788	18
Employed by someone else	7.6	7.8	7.8	47096	196
Others	0.7	0.2	0.2	1405	7
Husband's education**					
Illiterate	22.2	40.8	38.6	224505	889
Upto Class 4*	8.7	11.0	10.7	62388	261
Primary (5 yrs)	10.8	9.0	9.2	53553	225
Upto Middle (6-8 yrs)	13.4	15.9	15.6	90421	365
Upto High (9-10 yrs)	17.7	11.8	12.5	72622	318
Above High School (11-18 yrs)	27.3	11.5	13.3	77436	370
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	69876	533625	603501	603501	2521

NA: Not applicable

* Including the literates having no formal education

** In case of widowed, divorced or separated women, since husband's education was not asked, they are excluded from the analysis

Table 3.8: Access to mass media

Background characteristics	Access to mass media												No. of women	% not exposed to any media
	Reads or listens to newspapers			Watches television			Listens to the radio			Visits cinema or theater				
	Never	Less often	Freq- uent	Never	Less often	Freq- uent	Never	Less often	Freq- uent	Never	Less often	Freq- uent		
Age														
13-19	94.2	5.2	0.7	93.9	3.3	2.8	77.7	9.7	12.6	97.7	1.9	0.4	65882	74.8
20-24	92.7	6.1	1.1	91.1	4.8	4.0	74.2	12.9	13.0	96.3	3.3	0.4	124396	69.1
25-29	89.0	10.1	0.9	92.8	4.2	3.0	71.9	13.7	14.4	95.6	4.1	0.3	113942	66.7
30+	89.0	9.0	2.0	91.8	3.4	4.8	75.1	13.5	11.5	97.5	2.3	0.2	299281	68.3
Residence														
Urban	74.9	17.6	7.5	65.1	12.3	22.6	55.8	23.0	21.1	86.8	11.3	1.9	69876	43.1
Rural	92.4	7.0	0.7	95.6	2.7	1.7	77.0	11.7	11.3	98.2	1.7	0.1	533625	72.2
Education														
Illiterate	94.8	5.0	0.3	97.1	2.1	0.8	80.3	11.1	8.7	98.7	1.1	0.2	479990	75.9
Upto class 4*	89.8	9.8	0.5	92.4	2.3	5.3	68.3	18.5	13.3	97.5	2.5	-	21855	63.9
Primary (5 yrs)	85.8	13.0	1.3	85.6	6.7	7.6	56.2	17.6	26.2	96.1	3.6	0.3	42290	49.7
Upto Middle (6-8 yrs)	76.2	22.1	1.6	70.3	16.2	13.6	57.7	18.8	23.6	89.4	10.3	0.3	27293	44.1
Upto High (9-10 yrs)	55.0	35.5	9.5	46.5	25.7	27.8	35.4	22.8	41.7	86.6	12.7	0.7	14920	18.5
Above High School (11-18 yr)	31.6	39.8	28.6	41.3	7.9	50.8	29.5	30.9	39.6	68.2	27.6	4.2	17153	9.3
Religion														
Hindu	90.0	8.5	1.5	92.2	3.7	4.1	74.6	12.6	12.8	97.0	2.7	0.3	518264	68.7
Muslim	92.9	6.1	1.0	91.8	4.2	4.0	75.1	15.0	10.0	96.9	2.8	0.3	84536	70.1
Others	50.0	50.0		50.0	16.7	33.3	16.7	50.0	33.3	50.0	50.0	-	701	16.7
Caste														
Scheduled caste	93.5	6.3	0.2	96.8	2.2	1.0	81.6	9.3	9.1	99.0	0.8	0.1	282335	76.2
Scheduled tribe	100.0	-	-	100.0	-	-	67.5	32.5	-	100.0	-	-	1570	67.5
Backward caste	94.5	4.2	1.3	94.9	1.7	3.4	77.3	12.5	10.2	98.8	1.2	-	115087	74.0
Higher caste Hindu	83.6	13.2	3.2	83.9	7.3	8.8	63.3	18.2	18.5	92.9	6.4	0.7	204509	55.9
Total %	90.3	8.2	1.5	92.1	3.8	4.1	74.6	13.0	12.5	96.9	2.8	0.3	603501	68.9

* Including the literates having no formal education

CHAPTER IV

NUPTIALITY

4.0 Introduction

The present marital status of currently married women, trends in the age at marriage and age at gauna and women's awareness about legal marriage age for boys and girls are the issues for discussion in this chapter.

4.1 Current Marital Status of Women (13-49)

The marital status of all women aged 13-49 years in the district is shown in Table 4.1. It can be seen that in the urban areas, at the time of survey, 71 per cent of these women were currently married. A little over two per cent comprised widowed, divorced and separated women. The share of never married was about 27 per cent. The present age of these women shows that in urban areas, at least about 95 per cent of the women aged 25 years and above are currently married.

At the time of this survey, in rural Sitapur, only 16 per cent of the women (13-49) were never married. The proportion of total currently married was about 81 per cent. The remaining 3 per cent comprised widowed, divorced and separated women. In rural areas, marriage takes place early. Of the total rural women aged 15-19, nearly half are currently married. The corresponding proportion for urban areas is 34 per cent. Similar is the case with 20-24 age group.

In this district as a whole, 79 per cent of the women aged 13-49 are currently married, 17 per cent are never married and 3 per cent comprise widowed, divorced and separated category.

The statistics on mean age at marriage obtained from different sources reveal that over the past three decades there has been a marginal rise in the age at marriage for boys as well as girls in the district. In 1961, the mean age at marriage for boys was 20 years. Now it is 22 years. In the corresponding period, the mean age at marriage for girls has risen from 15 years to about 18 years now. The mean difference between the age at marriage of boys and girls is about 5 years (Table 4.2).

4.2 Awareness About Minimum Legal Marriage Age

Women's awareness about the minimum legal age at marriage of boys and girls are presented in Table 4.3. It can be seen that, only 14 per cent of the ever married women in the area are aware that presently the minimum legal age at marriage for males is 21 years. This awareness is more among urban women (33 %) compare to rural women (12 %). Similarly, only 26 per cent of the ever married women know that the minimum legal age at marriage for females is 18 years. The proportion of such women is 47 per cent in urban area and 24 per cent in rural area. The proportion of such women is also high among high caste Hindus (as compared to low caste) and literate (as compared to illiterate) women.

4.3 Age at which Women Start Living with Husband

The age at which women start living with their husband after marriage (age at first effective marriage (gauna)) is presented in Table 4.4. The table reveals that in urban areas, of all the women who are aged 20-49 now, one-third of them had actually started living with their husband when they

were 15-16 years old. The proportion of women who started living with their husband at a still younger age of 13-14 years is about 29 per cent. For the remaining women (38 %), the age at gauna was 17 years and more.

The situation is slightly different in rural areas. As in urban areas, here also one-third of the women aged 20-49 started living with their husband at the age of 15-16 years. But in contrast to urban areas, a very large chunk of the women (41 % against 29 % in urban areas) start living with their husband at a young age of 13-14 years. This implies that living together (gauna) starts early in rural areas as compared to urban areas.

The table also reveals that as compared to the past, now a relatively lesser proportion of women start conjugal life at young ages of 13-14 years. This is true of both rural and urban areas. The mean age when a married woman starts living with her husband works out to be 16 years in urban and 15 years in rural areas.

Table 4.5 further reveals that women who are educated beyond six standard, only they start living with their husband at relatively higher ages varying from 16-21 years. This has been found true of all women irrespective of their present age ranging from 15-49 years. No other factor like rural-urban residence, religion etc. influence the age at gauna. For all these variables, the median age at living together varies from 15-16 years.

Table 4.1: Percentage distribution of women aged 13-49 by current marital status according to age and residence

Age	Marital Status					Total %	Total N
	Never* Married	Currently Married	Widowed	Divorced	Separated		
Urban							
13-14	97.6	2.4	-	-	-	100.0	8025
15-19	65.6	34.4	-	-	-	100.0	21397
20-24	27.6	70.4	-	-	1.9	100.0	17811
25-29	3.2	93.5	3.3	-	-	100.0	17598
30-34	-	96.3	2.0	-	1.7	100.0	13455
35-39	1.4	93.9	3.4	-	1.3	100.0	9598
40-44	-	97.0	3.0	-	-	100.0	7913
45-49	-	95.4	4.6	-	-	100.0	7597
Total	26.6	71.0	1.7	-	0.7	100.0	103393
Rural							
13-14	91.8	8.2	-	-	-	100.0	43627
15-19	51.6	47.8	-	0.3	0.3	100.0	110029
20-24	5.4	91.7	0.6	0.3	1.9	100.0	123244
25-29	0.8	97.1	1.0	-	1.1	100.0	101615
30-34	0.2	97.0	2.2	-	0.6	100.0	97757
35-39	-	95.5	3.6	-	0.9	100.0	81382
40-44	-	91.8	6.2	-	1.9	100.0	55044
45-49	-	87.6	11.7	-	0.7	100.0	40241
Total	16.0	80.6	2.3	0.1	1.0	100.0	652939
Total							
13-14	92.7	7.3	-	-	-	100.0	51652
15-19	53.9	45.6	-	0.2	0.2	100.0	131426
20-24	8.2	89.1	0.5	0.2	1.9	100.0	141055
25-29	1.2	96.5	1.4	-	0.9	100.0	119213
30-34	0.2	96.9	2.2	-	0.7	100.0	111212
35-39	0.2	95.4	3.6	-	0.9	100.0	90980
40-44	-	92.5	5.8	-	1.7	100.0	62957
45-49	-	88.8	10.6	-	0.6	100.0	47838
Total	17.5	79.3	2.2	0.1	0.9	100.0	756332

* It includes the women of 'married but no gauna' category

Table 4.2: Singulate mean age at marriage from selected sources 1961-1992/93

Source (District Level)	Singulate mean age at marriage		
	Male	Female	Difference
1961 Census*	20.12	14.95	5.17
1971 Census*	18.92	15.47	3.45
1981 Census**	21.61	16.22	5.39
1992-93 BSUP	22.33	17.61	4.72

* Census estimates by R.P. Goyal in *Marriage in India*

** Census estimates from 1981 Census

Table 4.3: Percentage of ever-married women aged 13-49 who correctly know the minimum legal age at marriage for males and females, by selected background characteristics

Background Characteristics	Percentage who correctly knew legal minimum age at marriage		
	For males it is 21 yrs	For females it is 18 yrs	Number of women
Age			
13-19	11.0	21.5	65882
20-29	15.5	27.9	238338
30-39	14.5	27.0	194843
40-49	12.3	24.9	104438
Residence			
Urban	32.8	47.4	69876
Rural	11.7	23.7	533625
Education			
Illiterate	7.6	17.1	479990
Upto Class 4*	16.2	45.6	21855
Primary (5 yrs)	35.3	56.9	42290
Upto Middle (6-8 yrs)	37.4	61.0	27293
Upto High (9-10 yrs)	57.4	79.6	14920
Above High School (11-18 yrs)	67.3	85.9	17153
Religion			
Hindu	14.1	26.2	518264
Muslim	13.7	27.4	84536
Others	66.7	50.0	701
Caste			
Scheduled caste	8.9	18.1	282335
Scheduled tribe	16.3	16.3	1570
Backward caste	8.7	21.0	115087
Higher caste Hindu	24.4	41.0	204509
Total	14.1	26.4	603501

* Including the literates having no formal education

Table 4.4: Percentage of women who started living with husband by specific ages, and mean age at which respondent started living with her husband by current age and residence

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	NA	NA	NA	NA	NA	NA	15.1
15-19	30.2	46.8	23.0	NA	NA	NA	16.3
20-24	23.1	31.7	23.0	16.8	5.4	-	16.5
25-29	25.1	34.3	17.7	13.2	3.8	5.8	16.9
30-34	32.9	24.0	22.2	7.4	7.9	5.6	16.3
35-39	22.9	34.7	21.5	12.2	7.7	0.9	15.7
40-44	41.0	33.3	12.2	12.4	-	1.1	15.7
45-49	32.5	42.9	12.1	5.1	3.3	4.0	16.3
20-49	28.6	32.8	18.8	11.7	4.9	3.1	16.3
25-49	29.9	33.1	17.8	10.5	4.8		
Rural							
13-14	100.0	NA	NA	NA	NA	NA	13.1
15-19	41.6	41.5	15.0	1.9		NA	15.7
20-24	33.7	36.6	18.1	9.5	2.1	-	15.4
25-29	38.7	32.4	15.0	9.3	3.3	1.3	15.5
30-34	42.9	34.8	10.5	6.6	2.7	2.4	15.2
35-39	44.2	33.7	13.4	6.7	0.3	1.8	15.2
40-44	49.4	24.4	15.7	6.6	2.1	1.8	15.1
45-49	51.1	38.2	6.4	2.9	1.4	-	14.5
20-49	41.4	33.7	14.0	7.6	2.1	1.2	15.2
25-49	43.8	32.8	12.7	7.0	2.1	1.6	15.2
Total							
13-14	100.0	NA	NA	NA	NA	NA	13.1
15-19	40.5	42.0	15.8	1.8	NA	NA	15.7
20-24	32.7	36.1	18.6	10.2	2.5	-	15.5
25-29	36.8	32.6	15.4	9.9	3.4	1.9	15.6
30-34	41.8	33.6	11.8	6.7	3.3	2.8	15.4
35-39	41.9	33.8	14.3	7.3	1.1	1.7	15.3
40-44	48.3	25.6	15.2	7.4	1.8	1.7	15.2
45-49	48.2	38.9	7.3	3.2	1.7	0.6	14.7
20-49	39.9	33.6	14.5	8.1	2.5	1.5	15.4
25-49	42.1	32.8	13.3	7.4	2.5	1.9	15.3

NA: Not Applicable

Table 4.5: Median age of women (aged 20-49 years) started living with husband by current age and 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	15.0	16.0	16.0	16.0	16.0	15.0	16.0	15.0
Rural	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Education								
Illiterate	15.0	15.0	15.0	15.0	15.0	14.0	15.0	15.0
Upto class 4*	15.0	15.0	15.0	15.0	15.0	16.0	15.0	15.0
Primary (5 yrs)	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Upto Middle (6-8 yrs)	16.0	16.0	17.0	17.0	16.0	15.0	16.0	16.0
Upto High (9-10 yrs)	16.0	17.0	16.0	17.0	15.0	17.0	17.0	17.0
Above High School (11-18 yrs)	17.0	18.0	18.0	21.0	18.0	19.0	18.0	18.0
Religion								
Hindu	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Muslim	15.0	15.0	15.0	15.0	15.0	14.8	15.0	15.0
Others	-	18.0	16.5		14.0	15.0	16.5	15.0
Caste								
Scheduled caste	15.0	15.0	15.0	15.0	14.0	14.0	15.0	15.0
Scheduled tribe		15.0	15.0	14.0	12.0		15.0	15.0
Backward caste	15.0	15.0	15.0	15.0	14.0	14.0	15.0	15.0
Higher caste Hindu	15.0	16.0	16.0	15.0	16.0	15.0	16.0	16.0
Total	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0

* Including the literates having no formal education

CHAPTER V

FERTILITY

5.0 Introduction

The level of fertility prevailing in the area and its correlation with social variables are discussed in this chapter. The fertility measures are based on birth occurring to all women in the area during the past two years prior to this survey. The findings are presented below.

5.1 Current Fertility Levels and Trends

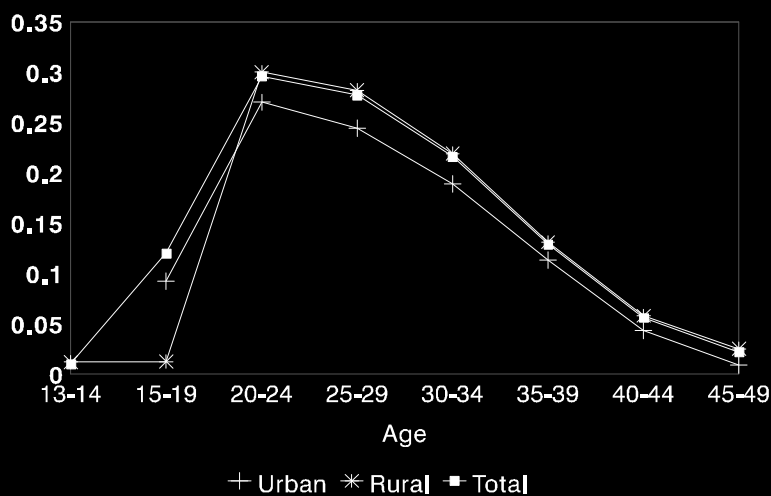
As stated, the fertility measures discussed in this section are based on the births occurring in the surveyed households in two years prior to this survey. The results are presented in Tables 5.1 - 5.4. The summary findings are presented below :

<i>Indicators</i>	<i>Survey Estimates</i>		
	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Birth rate (CBR)	43.9	43.7	43.9 [UP 36.2]
Total fertility rate (TFR 15-49)	5.8	4.8	5.6
Mean no. of children ever born (13-49)	3.6	3.3	3.6
Mean no. of children surviving (13-49)	2.7	2.8	2.7
Completed family size (40-49)	6.6	5.7	6.4

It can be seen that the level of fertility is high in Sitapur. The birth rate is about 44 per thousand population in both rural and urban areas against 36 for the State as a whole. The total fertility rate (average number of children to be born to a woman at the end of reproductive span) for women aged 15-49 is 5.8 in rural and 4.8 in urban areas. Women aged 13-49 on an average deliver 3.6 live births in the rural and 3.3 live births in the urban areas. All these imply that the level of fertility is higher in rural than in urban areas. The age-specific fertility rates presented in Table 5.1 show evidence of early fertility at least in rural areas. In rural areas, maximum births occur in the age group 20-24 (0.300) and 25-29 age group (0.282). In urban areas, the same trend is observed. The number of births in the respective age groups are 20-24 (0.270) and 25-29 (0.244).

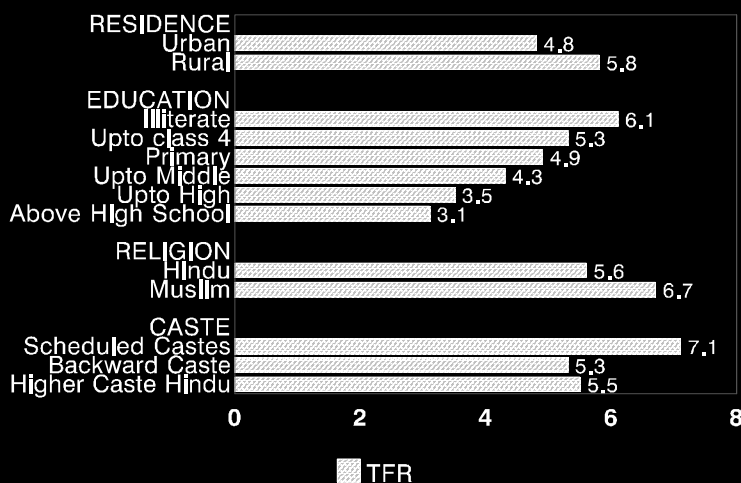
The analysis reveals that, besides rural-urban factor, fertility (measured by TFR) is influenced by women's education, religion and caste affiliation. Table 5.2 reveals that women who have studied above high school have a much lower fertility (TFR 3.1) than illiterate women (TFR 6.1). Similarly, scheduled caste woman have a higher fertility than other caste groups and Muslims have a relatively higher fertility than the Hindus.

Figure 5.1: Age Specific Fertility Rates by Residence



Slitapur, UP, 1993-94

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



Slitapur, UP, 1993-94

5.2 Children Ever Born and Living

The mean number of live births and living children by age of women are presented in Table 5.3. The summary results are reproduced below :

The table indicates that upto the age of 24, the difference in the fertility performance (measured by mean number of live births) of rural and urban women is not too wide. However, from age 25 onwards, the fertility of rural women is higher than urban women. At the end of the

reproductive span, a rural woman aged 45-49 gives about 7 live births against 6 live births occurring to an urban woman. It is also revealed that child mortality is higher in rural than in urban areas. In rural areas, the mean number of children ever born to a women (13-49) is 3.6. Overall 2.7 children survive. The corresponding figures for urban areas are 3.3 and 2.8 children respectively.

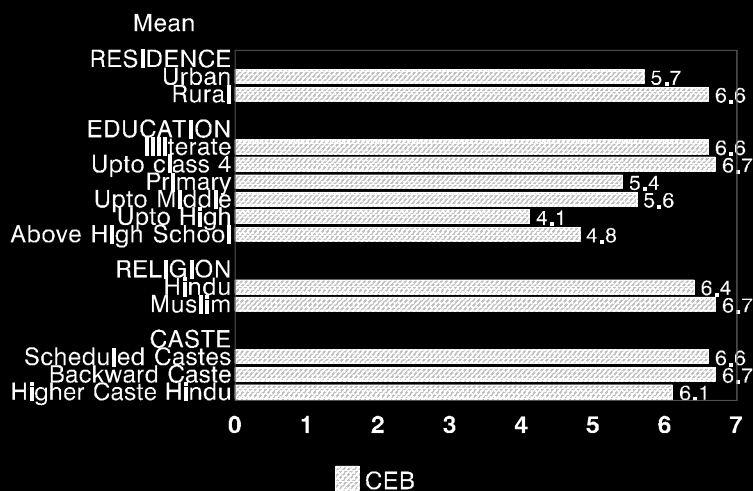
Summary Results								
Description	Mean no. of live births/living children by present age							
	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Urban								
Live births	-	0.4	1.6	2.6	3.6	4.4	5.4	6.0
Living children	-	0.3	1.4	2.2	3.2	3.6	4.3	4.8
Rural								
Live births	-	0.4	1.5	3.0	4.5	5.5	6.3	6.9
Living children	-	0.3	1.2	2.3	3.4	4.1	4.5	4.5
Total								
Live births	-	0.4	1.5	3.0	4.4	5.4	6.2	6.8
Living children	-	0.3	1.3	2.3	3.4	4.0	4.5	4.6

Table 5.4 gives the age standardised (standardisation done using the NFHS age distribution of ever married women for U.P.) mean number of children ever born and living for currently married women according to selected characteristics of women.

Difference between mean no. of children ever born and children surviving			
Background characteristics	Male children	Female children	All children
Residence			
Urban	0.25	0.24	0.50
Rural	0.47	0.51	0.99
Education			
Illiterate	0.27	0.52	0.99
Upto class 4	0.48	0.43	0.91
Primary (5 years)	0.40	0.29	0.66
Upto Middle School (6-8 years)	0.31	0.41	0.72
Upto High School (9-10 years)	0.19	0.09	0.28
Above High School (11-18 years)	0.10	0.13	0.23
Religion			
Hindu	0.45	0.50	0.96
Muslim	0.43	0.37	0.80
Caste			
Scheduled Caste	0.62	0.55	1.04
Scheduled Tribe	-	0.51	0.51
Backward Caste	0.48	0.50	0.97
High Caste Hindus	0.37	0.38	0.74
Total	0.45	0.48	0.92

Based on this table, the difference between the mean number of children ever born and surviving are presented below :

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



Stapur, UP, 1993-94

The "all children" column reveals that child mortality is higher in rural than in urban areas (difference between children born and surviving being 0.99 in rural and 0.50 in urban areas). Similarly, child mortality is higher among illiterate mothers, compared to those having education upto high school and above. Scheduled caste women experience higher child mortality than high caste Hindus. Among illiterate women, the girl child suffers higher mortality than boys.

5.3 Outcome of Pregnancies

The outcome of pregnancies occurring in the area in the last two years prior to this survey is presented in Table 5.5. It can be seen that of about three lakhs pregnancies occurring in the area, 97 per cent ended into live birth. The remaining about three per cent comprised still birth, spontaneous/induced abortion. The figures seem to be consistent for in a state like Uttar Pradesh, we can expect that out of every hundred pregnancies, 95 end up in live birth and the remaining will include still birth, abortions etc.

Table 5.1: Age-specific and cumulative fertility rates and crude birth rate

Age	Urban	Rural	Total
13-14	-	.012	.010
15-19	.092	.0125	.120
20-24	.270	.300	.296
25-29	.244	.282	.277
30-34	.189	.219	.216
35-39	.113	.131	.129
40-44	.043	.058	.056
45-49	.009	.025	.022
TFR 15-44	4.75	5.64	5.52
TFR 15-49	4.80	5.76	5.63
GFR	158	191	186
BSUP CBR based on household birth record (<i>de jure</i>)	43.7	43.9	43.9

Table 5.2: Total fertility rate for births two years preceding the survey for women aged 15-49, and mean number of children ever born to women 40-49 years of age, by selected background characteristics

Background characteristic	Total fertility rate*	Mean number of children ever born to women aged 40-49 years
Residence		
Urban	4.8	5.7
Rural	5.8	6.6
Education		
Illiterate	6.1	6.6
Upto class 4**	5.3	6.7
Primary (5 yrs)	4.9	5.4
Upto Middle (6-8 yrs)	4.3	5.6
Upto High (9-10 yrs)	3.5	4.1
Above High School (11-18 yrs)	3.1	4.8
Religion		
Hindu	5.6	6.4
Muslim	6.7	6.7
Others	-	-
Caste		
Scheduled caste	7.1	6.6
Scheduled tribe	-	-
Backward caste	5.3	6.7
Higher caste Hindu	5.5	6.1
Total	5.6	6.4

* Rate for women aged 15-49 years
 -: Less than .05%

** including the literates having no informal education

Table 5.3: Percentage distribution of women by number of live births and living children by age of the mother

Number of live births and living children	Age of 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	-	42.8	27.8	16.7	3.1	5.6	2.5	1.5	100.0	8910
1	-	23.3	34.8	28.9	6.7	4.1	1.2	1.0	100.0	8967
2	-	0.9	33.2	30.5	19.9	12.1	2.3	1.1	100.0	12020
3	-	-	14.6	34.7	23.9	13.7	9.3	3.8	100.0	11227
4	-	-	5.1	26.4	39.4	9.7	11.2	8.2	100.0	8838
5	-	-	3.6	8.2	15.1	28.0	27.2	17.9	100.0	7319
6	-	-	-	17.0	10.1	14.4	28.8	29.8	100.0	4797
7	-	-	-	-	18.8	20.1	28.8	32.3	100.0	3929
8	-	-	-	6.5	13.0	32.2	15.8	32.6	100.0	1685
9	-	-	-	-	-	25.1	74.9	-	100.0	843
10 or more	-	-	-	-	-	22.5	20.5	57.0	100.0	1341
Mean	-	0.4	1.6	2.6	3.6	4.4	5.4	6.0	3.3	NA
SD	-	0.5	1.2	1.6	1.7	2.4	2.2	2.4	2.4	NA
Number of living children										
0	-	43.2	27.5	17.2	2.9	5.4	2.4	1.4	100.0	9352
1	-	18.1	35.5	29.6	7.2	7.7	1.0	0.9	100.0	10325
2	-	0.7	27.9	32.3	20.9	9.7	4.4	3.9	100.0	15173
3	-	-	10.0	26.7	24.2	14.6	14.2	10.2	100.0	13708
4	-	-	1.1	20.6	32.1	16.5	18.3	11.5	100.0	8278
5	-	-	-	3.7	11.5	27.6	33.3	23.8	100.0	6586
6	-	-	-	6.3	22.0	21.6	24.5	25.6	100.0	3173
7	-	-	-	7.5	24.3	15.3	18.3	34.6	100.0	1443
8	-	-	-	-	-	48.9	24.8	26.3	100.0	928
9	-	-	-	-	-	-	72.2	27.8	100.0	532
10 or more	-	-	-	-	-	-	-	100.0	100.0	376
Mean	-	0.3	1.4	2.2	3.2	3.6	4.3	4.8	2.8	NA
SD	-	0.5	1.0	1.3	1.5	2.0	1.9	2.3	2.0	NA
Number of live births										
Rural										
0	4.0	46.9	31.2	9.1	3.0	4.8	0.6	0.3	100.0	82485
1	-	20.1	51.6	12.0	7.3	1.0	1.1	1.9	100.0	68978
2	-	5.7	40.1	29.8	12.5	6.3	4.4	1.2	100.0	69105
3	-	-	25.5	35.2	22.4	10.0	4.0	2.9	100.0	64180
4	-	-	8.8	25.6	32.9	16.1	12.4	4.3	100.0	62052
5	-	-	2.2	24.3	33.2	23.4	11.7	5.1	100.0	52215
6	-	-	1.0	8.1	30.3	31.7	15.1	13.8	100.0	44102
7	-	-	-	6.1	19.8	33.8	18.6	21.6	100.0	33033
8	-	-	-	7.3	17.9	25.9	29.3	19.7	100.0	21555
9	-	-	-	-	9.5	34.9	33.9	21.7	100.0	18257
10 or more	-	-	-	1.6	10.5	18.8	33.1	36.1	100.0	17663
Mean	-	0.4	1.5	3.0	4.5	5.5	6.3	6.9	3.6	NA
SD	-	0.6	1.2	1.8	2.1	2.5	2.6	2.8	2.9	NA

Number of living children

<i>Number of live births and living children</i>	<i>Age of 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>		
0	3.5	44.4	31.7	10.9	3.6	4.5	0.8	0.6	100.0	94774
1	-	14.5	50.5	17.9	9.4	3.0	2.9	1.9	100.0	85941
2	-	2.3	28.5	35.3	17.4	7.3	6.0	3.0	100.0	86127
3	-	-	13.3	27.6	27.8	16.0	9.2	6.1	100.0	85168
4	-	-	3.2	17.1	29.4	24.9	13.3	12.1	100.0	76811
5	-	-	1.3	7.7	27.9	30.3	19.2	13.6	100.0	54179
6	-	-	-	4.6	19.7	34.4	19.4	21.9	100.0	27704
7	-	-	-	1.7	6.5	28.8	42.6	20.5	100.0	12040
8	-	-	-	-	16.5	30.9	32.6	20.0	100.0	6908
9	-	-	-	-	7.6	14.5	50.4	27.5	100.0	3571
10 or more	-	-	-	-	-	-	100.0	-	100.0	403
Mean	-	0.3	1.2	2.3	3.4	4.1	4.5	4.5	2.7	NA
SD	-	0.5	1.1	1.4	1.6	1.8	2.1	1.9	2.1	NA
Number of live births				Total						
0	3.7	46.5	30.9	9.9	3.0	4.9	0.8	0.5	100.0	91395
1	-	20.5	49.7	18.4	7.2	1.4	1.1	1.8	100.0	77945
2	-	5.0	39.1	29.9	13.6	7.1	4.1	1.2	100.0	81124
3	-	-	23.9	35.1	22.6	10.6	4.8	3.1	100.0	75406
4	-	-	8.3	25.7	33.7	15.3	12.2	4.8	100.0	70890
5	-	-	2.4	22.3	31.0	24.0	13.6	6.7	100.0	59534
6	-	-	0.9	9.0	28.3	30.0	16.4	15.4	100.0	48899
7	-	-	-	5.4	19.7	32.4	19.7	22.8	100.0	36962
8	-	-	-	7.2	17.6	26.3	28.3	20.6	100.0	23241
9	-	-	-	-	9.0	34.5	35.7	20.8	100.0	19100
10 or more	-	-	-	1.5	9.7	19.1	32.2	37.5	100.0	19004
Mean	-	0.4	1.5	3.0	4.4	5.4	6.2	6.8	3.6	NA
SD	-	0.6	1.2	1.8	2.1	2.5	2.6	2.7	2.8	NA
Number of living children										
0	3.2	44.3	31.3	11.4	3.6	4.6	0.9	0.6	100.0	104126
1	-	14.8	48.9	19.2	9.1	3.5	2.7	1.8	100.0	96266
2	-	2.1	28.5	34.9	18.0	7.7	5.8	3.2	100.0	101300
3	-	-	12.8	27.5	27.3	15.8	9.9	6.7	100.0	98876
4	-	-	3.0	17.4	29.7	24.1	13.7	12.0	100.0	85089
5	-	-	1.1	7.3	26.1	30.0	20.7	14.7	100.0	60765
6	-	-	-	4.8	20.0	33.1	19.9	22.2	100.0	30877
7	-	-	-	2.3	8.4	27.4	40.0	22.0	100.0	13483
8	-	-	-	-	14.5	33.0	31.7	20.8	100.0	7836
9	-	-	-	-	6.6	12.6	53.2	27.5	100.0	4103
10 or more	-	-	-	-	-	-	51.7	48.3	100.0	779
Mean	-	0.3	1.3	2.3	3.4	4.0	4.5	4.6	2.7	NA
SD	-	0.5	1.1	1.4	1.6	1.9	2.0	1.9	2.1	NA

Table 5.4: Age standardized mean number of children ever born and living for currently married women, according to sex and selected background characteristics

Background characteristic	Children ever born			Children living		
	Male	Female	Total	Male	Female	Total
Residence						
Urban	1.639	1.510	3.149	1.386	1.269	2.654
Rural	1.951	1.802	3.753	1.479	1.288	2.766
Education						
Illiterate	1.749	1.800	3.749	1.481	1.283	2.764
Upto class 4*	2.084	1.883	3.967	1.604	1.450	3.054
Primary (5 yrs)	1.861	1.568	3.410	1.461	1.280	2.750
Upto Middle (6-8 yrs)	1.733	1.685	3.418	1.423	1.278	2.701
Upto High (9-10 yrs)	1.536	1.349	2.886	1.350	1.256	2.606
Above High School (11-18 yrs)	1.295	1.109	2.405	1.194	0.976	2.171
Religion						
Hindu	1.891	1.764	3.655	1.444	1.266	2.697
Muslim	2.036	1.760	3.797	1.606	1.395	3.001
Others	0.880	0.616	1.496	0.880	0.616	1.496
Caste						
Scheduled caste	1.909	1.849	3.758	1.290	1.303	2.717
Scheduled tribe	1.792	1.204	2.996	1.788	0.698	2.487
Backward caste	1.923	1.813	3.737	1.447	1.309	2.766
Higher caste Hindu	1.910	1.642	3.552	1.536	1.266	2.810
Total	1.912	1.763	3.675	1.467	1.285	2.752

* including the literates having no formal education

Table 5.5: Percentage distribution of all pregnancies (last two-years) of ever-married women by their outcome, according to age of the women and residence

Current Age	Outcome of pregnancy				Total %	Number of pregnancies
	Spontaneous abortion	Induced abortion	Still birth	Live birth		
Urban						
13-19	-	-	-	100.0	100.0	2058
20-24	-	2.6	-	97.4	100.0	8590
25-29	2.5	-	1.4	96.1	100.0	9454
30-39	4.1	1.1	1.5	93.3	100.0	9852
40-49	-	-	-	100.0	100.0	1931
Total	2.0	1.0	0.9	96.1	100.0	31885
Rural						
13-19	1.4	-	4.4	94.2	100.0	17062
20-24	1.9	0.3	1.2	96.6	100.0	69094
25-29	0.8	0.5	0.3	98.5	100.0	71264
30-39	0.8	-	1.0	98.2	100.0	90378
40-49	-	3.8	-	96.2	100.0	12267
Total	1.1	0.4	1.0	97.5	100.0	260066
Total						
13-19	1.2	-	-	-	-	-
20-24	1.7	0.6	1.1	96.7	100.0	77684
25-29	1.0	0.4	0.4	98.2	100.0	80718
30-39	1.1	0.1	1.1	97.7	100.0	100230
40-49	-	3.3	-	96.7	100.0	14198
Total	1.2	0.5	1.0	97.3	100.0	291951

CHAPTER VI

FAMILY PLANNING

6.1 Knowledge of Family Planning Methods and Sources

The awareness of currently married women about different contraceptive methods, the sources of obtaining these methods and their knowledge about correct use of the methods are discussed in this section.

6.1.1 Awareness of Methods

Table 6.1 reveals that awareness about sterilisation is almost universal (91 % and more) among the currently married women. At least 71 per cent of the women in rural areas, and 85 per cent in urban areas are aware of pills and condom. Awareness about IUD is relatively less (rural 48 % urban 69 %). Injection is known to one-fifth of the women. One-quarter are aware of withdrawal and around one-fifth (rural 19 %, urban 23 %) know about safe period. Overall, a currently married woman in Sitapur knows about four modern family planning methods including two modern spacing methods.

6.1.2 Knowledge About Correct Use

The currently married women particularly in rural areas lack information on how to use the spacing methods correctly. Around 40 per cent of the currently married women in rural areas and 60 per cent in urban areas know how to use IUD and oral pills correctly and to some extent correctly. The corresponding proportions for condom are 59 and 75 per cent respectively. Knowledge on correct/to some extent correct use of traditional methods like withdrawal (rural 24 % and urban 27 %), safe period (rural 9 %, urban 17 %) are still on the lower side.

6.1.3 Knowledge About Supply Source

Awareness about contraceptive source is high. At least 84 per cent of the women in urban areas are aware of the sources of supply of all modern contraceptives (except IUD 70 %). Majority of the rural women (at least 90 %) also know from where to get vasectomy/tubectomy. The source of supply of pills and condoms is known to around 70 per cent women. About half of the women (47 %) know where to get IUD. On an average, a currently married woman is aware of four sources of supply of modern contraceptives including two sources for getting modern spacing methods (Table 6.1).

The study also reveals that almost all currently married women (at least 93 per cent) know at least one-modern method of family planning irrespective of their age, rural-urban residence, education and other social characteristics like religion and caste. However, knowledge of modern spacing methods, knowledge of (mean) number of modern methods and (mean) number of contraceptive outlets is relatively less among women who are relatively young (aged 13-19 years), who belong to rural areas and those who are either illiterate or have education upto fourth standard (Table 6.2).

6.2 Contraceptive Use

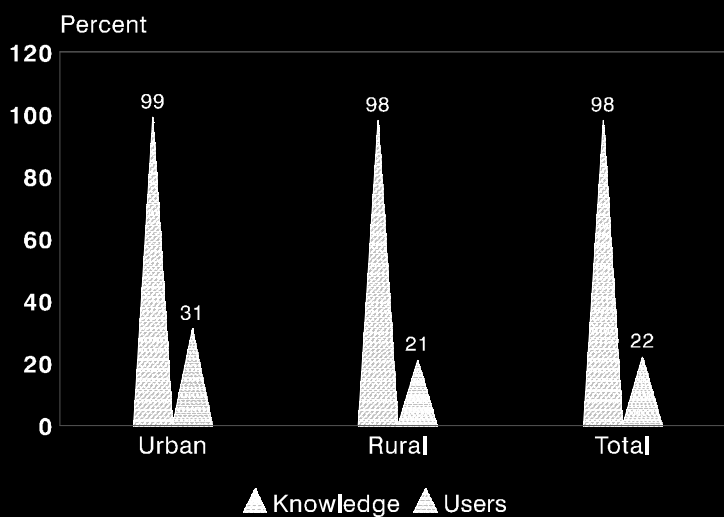
The stage when couples start seriously thinking about family planning, the current usership of different methods, and the background characteristics of the acceptors of these methods are discussed in this section.

6.2.1 Ever and Current Users of Contraceptives

The contraceptive use by currently married women is presented in Tables 6.3 - 6.4. It can be seen that, of the total currently married women in the district, one-third (rural 31 %, urban 43 %) have **ever used** any contraceptives - both modern and traditional. One-fourth of the women (rural 21 %, urban 34 %) have ever used any modern method like sterilisation, IUD, etc. Fourteen per cent women (rural 14 %, urban 19 %) have ever used any traditional method mainly withdrawal and safe period methods. Thus, the proportion of **ever users** of any method is relatively more in urban than in rural areas.

The proportion of women currently using any method is only 22 per cent and that of any modern method is 15 per cent. The modern method users comprise the users of tubectomy (9 %), vasectomy (0.8 %), condom (3 %) and users of IUD and Pills around one per cent each. The current users of any traditional method is 7 per cent comprising among others the users of withdrawal (4 %) and safe period (about 2 %) etc. Once again for each method, the proportion of current users is relatively more in urban than in rural areas.

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



Sitapur, UP, 1993-94

The available service statistics (1992) indicate that in Sitapur, the total current family planning users is 33.4 per cent comprising the users of sterilisation (17.6 %) and spacing methods (15.8 %). In comparison to the available statistics, therefore, the survey estimates are on the lower side. That we are likely to get a lower estimate of CPR became evident when the survey was in progress. To cross-check the data, therefore, we held meetings with the field investigators and supervisors and wanted to assess from them the prevailing situation. These field persons, who in anyway are not

familiar with CPR, told us that out of every hundred currently married women at the most 18-25 women are currently using any method. Such observations lead us to believe that the real situation is perhaps not too different from what is revealed by the baseline survey. For the sake of comparison, the NFHS results for U.P. are presented on the right hand side of the table. It can be seen that, NFHS estimates are also not too different from the present baseline survey results.

The knowledge of currently married women about various contraceptive methods and their current practices are shown in the graph. It can be seen that there is a wide gap between knowledge and practice for any contraceptive method in the area.

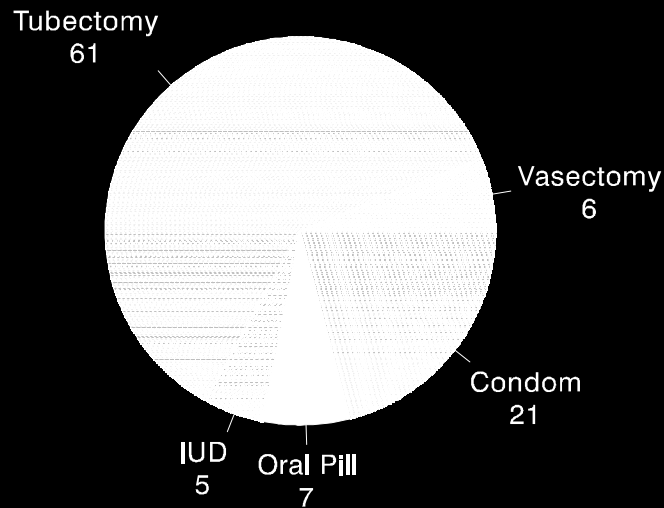
6.2.2 Contraceptive Use and Background Characteristics of Currently Married Women

The use of contraceptives by currently married women and their background characteristics like age, rural-urban residence, living children (also sons) and education etc. are presented in Tables 6.5 - 6.6. The salient observations pertaining to modern and traditional methods are presented below :

SUMMARY RESULTS								
Methods	Ever Used (%)			Currently Using (%)			NFHS UP Backward Districts	UP All Districts
	Urban	Rural	Total	Urban	Rural	Total		
Any method	42.6	30.9	32.3	30.9	21.0	22.1	19.2	19.8
Any modern method	34.3	21.5	23.0	25.3	13.6	15.0	17.9	18.5
Vasectomy	2.3	0.6	0.8	2.3	0.6	0.8	1.3	1.4
Tubectomy	11.2	8.8	9.1	11.2	8.8	9.1	10.5	11.7
IUD	6.9	2.2	2.8	1.8	0.5	0.7	1.3	1.1
Pills	7.2	5.0	5.2	1.6	1.0	1.1	1.2	1.0
Condom	16.6	8.9	9.8	8.3	2.4	3.1	3.5	3.2
Foam tab.	0.7	0.2	0.2	0.2	-	-	-	-
Injection	-	0.3	0.3	-	0.2	0.2	0.2	0.1
Any traditional method	18.7	13.8	14.4	5.5	7.4	7.1	1.3	1.3
Withdrawal	11.7	10.7	10.8	2.4	4.2	4.0	0.2	0.2
Safe period	9.1	3.4	4.1	2.5	1.7	1.8	0.9	0.9
Other method	0.6	0.7	0.7	0.6	1.4	1.4	0.1	-

Source: Tables 6.3-6.4

Figure 6.2: Share of Contraceptive



Sitapur, UP, 1993-94

Tubectomy

- * The concentration of current users (defined as the proportion of current users of a given method among total currently married women in a given age group, caste etc.) of tubectomy is high (8-25 %) in the ages 30 years and above. The concentration is low (less than 4 %) in the younger ages i.e. 20-29.
- * The method is accepted more by less educated women having schooling upto primary level.
- * More Hindu than Muslim women opt for this method. Among Hindus, caste has little influence on acceptance of tubectomy.

Vasectomy

- * The concentration of women whose husband has accepted vasectomy is in the ages 30 years and above. There are no such women in the younger age groups (less than 30 years).

IUD

- * The concentration of women currently using IUD is almost the same (around one per cent) across the ages 20-49 years. In the urban areas, the concentration is particularly high (5 %) in the age group 30-39 years.
- * Education seems to influence the acceptance of IUD. The proportion of IUD acceptors is high (6 %) among women educated above high school.

Pills

- * The current users of pills have high concentration (2 %) in the age group 25-29. In the other ages, their concentration is one per cent or less.
- * Influence of other variables on acceptance of pills is not very clear.

Condom

- * The condom users have almost equal concentration (3-4 %) in the age groups 20-24 years to 30-39 years.
- * As such condoms are used more in urban than in rural areas. In urban areas, the concentration of condom users is quite high (14 %) in the age group 30-39 years.
- * The proportion of condom users is high (14-19 %) among those women who are educated upto high school and above.

Traditional Methods

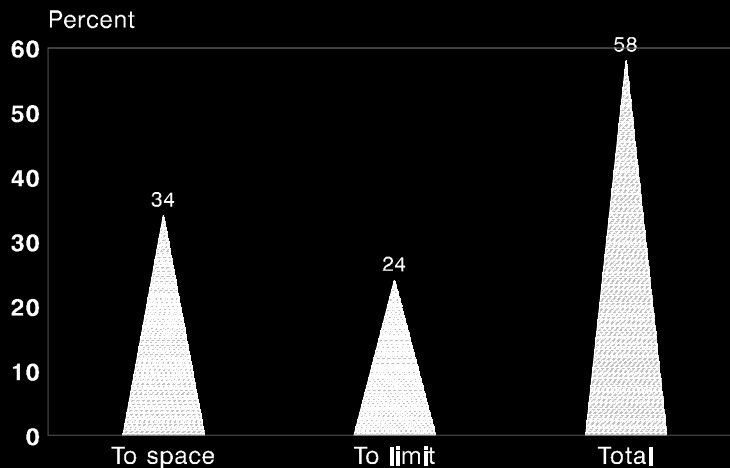
- * Factors such as age, rural-urban residence etc. seemingly have little influence on the preference for traditional methods.

The study also reveals that by and large, upto two children, majority (80 % and more) of the couples remain unconcerned about contraception. After having four children, about one-third become concerned about family planning. Sterilisation is accepted after having at least two surviving sons. The acceptance of spacing method is relatively less among couples having no sons (Table 6.6).

6.3 Level of Unmet Need

Conventionally while working out unmet need for family planning we include those currently married women, who are not wanting children and not yet practising family planning. In this baseline survey, while estimating unmet need we consider three categories of non-pregnant currently married women. (a) Those who want to wait for one or more years for the next child; (b) women who are unsure whether they want another child and (c) women who want no more children and also are not using any method. Of the all currently married women in the district (581537 women), 295508 women fall in one or the other three categories cited above. Thus the unmet need for the district as a whole works out to be 50.8 per cent. If we exclude women who are currently pregnant from the denominator, the total unmet needs are estimated to be 57 per cent - 33 per cent for spacing and about 24 per cent for limiting. The unmet need for spacing and also for limiting fertility by the background characteristics of currently married women is presented in Table 6.7.

Figure 6.3: Level of Unmet Need for Family Planning Services



Sitapur, UP, 1993-94

It can be seen that unmet need for family planning is experienced by women of all ages. But it is particularly high at young ages of 13-19 and 20-29 years. The requirement of these women is to space children. The situation is almost the same for the young women having 1-2 children. Unmet need is also high among illiterate women (60%), rural women (58%) and women coming from Muslim community (64%).

The table also shows that, of the total women reporting unmet need, 58 per cent want to space children and the remaining 42 per cent want to terminate the child bearing. The study reveals that health reasons, family opposition, religious bindings in both rural and urban areas and sheer dislike for existing method and lack of services, particularly in rural areas largely contribute to unmet need (Table 6.8).

6.4 Hinderances to Acceptance of Family Planning

6.4.1 Perceived Disadvantages of Methods

In this survey, if a currently married woman knew a particular method, she was asked four questions about the method : (a) whether method has some disadvantages, (b) if so, nature of disadvantages, (c) whether the problems are permanent or temporary in nature and (d) the basis for saying so. The results are presented in Table 6.9. The salient findings for each method are discussed below :

Vasectomy

One-quarter of the currently married women who are aware of vasectomy believe that this method has some disadvantages. Their perceived disadvantages are weakness and backache/body pain/headache. Two-fifth of these women believed that these problems of vasectomy are permanent in nature. It is, however, found that their apprehensions are based on what they have heard from

their friends and others.

Tubectomy

About two-fifths of currently married women also believe that tubectomy has disadvantages like abdominal/gastric pain, body/headache and weakness. An equal proportion of the women believe that the problems are permanent in nature. Once again, these women are merely depending upon the experience shared by friends and others.

Laparoscopy

One-quarter of the women believe that laparoscopy has some disadvantages. The problems mentioned by them are similar to tubectomy i.e. abdominal/gastric pain, body/headache and weakness. Half of the women believe that the problems are permanent in nature. One-third of the women were referring to these problems from their own experience.

IUD

Forty to fifty per cent women believe IUD has disadvantages. The most important problem mentioned is excessive or irregular bleeding. One-third of the women felt this is a perpetual problem. Only a quarter of women from urban areas were narrating this from their own experience. Most of the women from rural areas were narrating the experiences shared by others.

Pills

A little over one-quarter of women feel pills have disadvantages like weakness and body/headache. Weight gain was the most important problem mentioned for pills. One-third of the women believe that these problems are permanent in nature. Twenty-two to thirty per cent were saying so based on their own experience.

Condom

Only a small fraction of women (3-7 %) considered condom as problematic. Fear of failure and the problem of disposal bothered these women. Half of them considered there is no easy solution for these problems. Majority of the women, particularly from the urban areas said so from their own experience.

6.4.2 Sources of Supply of Contraceptives

As regards women's knowledge about sources of contraceptives, two types of information was obtained : (a) currently married women's awareness about sources of contraceptives which they are knowing and (b) actual source (outlets) from which the current users have obtained the method for the first time. The findings are presented in Tables 6.10 -6.12.

Awareness About Contraceptive Sources

Table 6.10 reveals that, majority of the women (91-92 %) are aware that sterilisation can be obtained from PHC/other government hospitals. Six per cent of them said the method could be obtained from private sources as well.

For IUD also, 85 per cent women mentioned government clinics. Eleven per cent referred to private sources and 6 per cent to sub-centre staff.

For pills and condoms, around two-third mentioned about PHC/government hospitals. The other important source for these two methods was shops. One-third of the women said that pills could be obtained from shops. The corresponding proportion for condom was 59 per cent.

Two-fifth of the women said they can get injectable contraceptives from PHC/other governmental hospitals.

Method Source for Current Users

The outlets from which the current users have obtained the contraceptives for the first time are presented in Table 6.11. It can be seen that in rural areas, all the vasectomy acceptors got this method from PHC/government hospitals or at vasectomy camps. In urban areas also 81 per cent of the vasectomy acceptors visited these sources. Eleven per cent got operated by private doctors.

For female sterilisation also, the service outlets are the same as vasectomy. Of all tubectomy acceptors, 95 per cent of the current users from rural areas and 86 per cent from urban areas obtained this method from government clinics. In urban areas, one-tenth of the acceptors visited private doctors for operation.

In rural areas, IUD is obtained from four sources. In order of importance they are : PHC/camp (in 45 % cases); government hospitals/CHC and private doctors (23 % each) and female health workers/sub-centre (9 %). IUD users in urban areas mentioned only two sources i.e. government hospitals/CHC (62 %) and private sources (38 %).

As regards pills, in urban areas, three-fourth (78 %) of the pill users got this method mainly from three sources i.e. PHC (31 %); medical shops (25 %) and government hospitals/CHC (22 %). One-tenth of the acceptors visited private doctors and health workers each. In rural areas, the method was obtained from chemists (32 %), PHC (27%) and health workers (14 %). Private doctors provided pills to one-tenth of the current pill users.

6.4.3 Supply Position of Pills and Condom to the Current Users

Each of the current users of these methods was probed about supply sources of the two contraceptives, regularity of supply and related issues (Table 6.12). The findings are presented below:

In both rural and urban areas, shops (chemists) and government health outlets are the two important sources for obtaining oral cycles. In urban areas, 86 per cent of the pill users obtain supply from shops and 35 per cent from government outlets. The corresponding proportions for rural areas is 59 and 38 per cent respectively. In rural areas, private doctors/clinics provide supply to one-tenth of the pill users.

For condom, shops are the most important source of supply. Nearly 90 per cent of the current users of condom in urban areas and 73 per cent in rural areas get condoms from shops. Sixty per cent of the users in rural areas also visit government hospitals/PHC etc. The corresponding proportion in urban area is 34 per cent.

By and large, the pill and condom users get their supply regularly. In urban areas, in case pills are not available, the pill users either shift to other methods (56 %) or procure pills from any other source. In rural areas, in case of short supply "no protection" is taken. In case of condom, in urban areas there is no question of short supply. In the rural areas, when condoms are not available, one-third use any other method while the remaining two-third do not use any method at all.

When enquired about the supply position during the last three months, all the current users of pills from rural areas said they did not receive any supply in the above period. In urban areas, supply was not received only "sometimes". As regards condoms, one-third of the current users of this method never received any supply during the last three months.

The pill users desired that they should get three months stock (three cycles) at a time. The condom users wanted to take ten pieces of condom at a time.

In the surveyed villages, the likelihood of getting pills and condoms from sources other than state health outlets is shown in Table 6.13. It is revealed that only in about 13 per cent villages, pills and condoms can be obtained from private doctors. Retail stores stock pills in 5 per cent villages and condoms in 9 per cent villages. Depot holders for condoms are available in only one village. In other words, most of the surveyed villages do not have outlets to serve the couples with pills and condoms.

6.4.4 Attitude of Couples Towards Family Planning

The study shows, at least four-fifth of the currently married women approve the use of family planning. Around 15 per cent women said in their family contraception is disapproved by one or the other members. Interestingly, in four-fifth cases family planning is opposed by the husband himself. In a quarter households, opposition came from the mother-in-law (Table 6.14).

It is seen that young brides (aged 13-19) are more vulnerable to pressure from the husband and the mother-in-law for not using family planning. This is also true of women from Muslim families. Illiterate women are likely to face more opposition from husband compared to others (Table 6.15).

6.4.5 Exposure to Family Planning Message on Radio and Television

Women's exposure to family planning message from mass media has been studied over the past three months prior to this survey. Table 6.16 reveals that, 80 per cent of the ever married women in rural areas and half of the women in urban areas did not receive any family planning message either on radio or television during the past three months. Message from radio (only) was received by 16 per cent of the ever married women in the rural and urban areas each. Message from television (only) attracted 10 per cent of the urban and less than two per cent of the rural women. In urban areas, about one quarter of the ever married women received family planning message from both the media. The corresponding proportion for the rural area is about two per cent. The survey reveals that rural women's exposure to mass media is any way low, but it is least for television.

It can also be seen that a relatively larger proportion of educated women (compared to illiterates) have mentioned that they receive family planning message from radio and television. This is also true of women who belong to high caste Hindu families and those who use any family planning methods.

The message contents largely refer to "**small family size**", "**oral pills/Mala D**" and

"**condom/ nirodh**". The study shows that this kind of message was also received from cinema by 12 per cent of the urban and about 2 per cent of the rural women (Table 6.17).

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

The currently married women who ever used a method but are not practising any method now were asked as to why they gave up the method. Table 6.18 indicates that **desire for a child** (urban 40 %, rural 33 %) and **health problems** caused by contraceptives (urban 15%, rural 10 %) are the two main reasons for method discontinuation. In urban areas, one-tenth of the users gave up the method when they got pregnant or the method failed. The corresponding proportion in the rural area was five per cent. In rural areas, another five per cent women discontinued the method since it created menstrual problems or dislike for the methods.

For male sterilisation, half of the women talked about sepsis and weakness. For female sterilisation, the frequently cited problems are abdominal/gastric pain (52 %), weakness (48 %), bodyache etc. (40 %). For IUD, the women mentioned about excessive or irregular bleeding (78 %), bodyache (56 %), abdominal/gastric pain (45 %) and white discharge (23 %) (Table 6.21).

Table 6.20 indeed shows that the acceptors of modern contraceptives like vasectomy, tubectomy, IUD etc. do face problems. About half of the women who/whose spouse accepted sterilisation reported having suffered problems. One-third of IUD and 16 per cent of the pill acceptors also reported problems experienced with these methods.

The survey recorded twenty three thousand women who were non-pregnant, not wanting children and also having intentions to use family planning in near future. Half of them (56%) said they will use a method within a year's time. Another one-quarter said that they will do so within 1-2 years. About 15 per cent were not sure about the time when they will be using a method (Table 6.19)

Table 6.1: Knowledge of family planning methods

Method	Awareness		Knows how to use correctly	Knows how to use correctly and to some extent	Knows a source	Percentage ever used the method
	Spontaneous	Spontaneous + Probing				
Urban						
Vasectomy	71.2	94.5	82.8	88.0	93.2	2.3
Tubectomy	77.7	97.9	92.0	95.0	97.5	11.2
Loop/CuT	45.3	69.5	51.7	59.5	68.6	6.9
Pills	62.0	85.5	43.3	62.2	84.7	7.2
Condom	61.4	84.8	70.2	74.6	83.6	16.6
Foam Tab/Jelly	3.9	8.7	5.6	7.1	8.0	0.7
Injection	5.8	19.4	5.8	11.6	17.5	-
Withdrawal	2.1	27.6	25.8	26.6	NA	11.7
Rhythm/Safe Period	5.3	23.4	13.6	17.3	NA	9.1
Knows at least one modern method	86.9	98.7	95.9	97.4	98.7	34.3
Knows at least one modern spacing method	73.4	92.9	78.8	86.8	92.5	24.8
Mean no. of modern methods known	3.3	4.6	3.5	4.0	4.5	0.4
Mean no. of modern spacing methods known	1.8	2.7	3.5	4.0	2.6	0.3
Rural						
Vasectomy	63.7	91.3	82.6	86.8	90.1	0.6
Tubectomy	73.4	97.0	90.8	94.4	96.1	8.8
Loop/CuT	22.3	48.0	35.2	40.5	47.0	2.2
Pills	35.6	71.2	24.7	44.3	70.1	5.0
Condom	32.6	70.0	55.1	59.1	69.1	8.9
Foam Tab/Jelly	0.5	2.9	1.6	2.2	2.8	0.2
Injection	5.6	20.0	7.6	13.7	19.3	0.3
Withdrawal	0.7	24.5	23.4	23.9	NA	10.7
Rhythm/Safe Period	1.9	18.7	6.2	8.8	NA	3.4
Knows at least one modern method	80.7	97.6	93.9	96.0	97.1	21.5
Knows at least one modern spacing method	48.8	85.3	64.9	73.2	84.3	13.7
Mean no. of modern methods known	2.3	4.0	3.0	3.4	3.9	0.3
Mean no. of modern spacing methods known	1.0	2.1	3.0	3.4	2.1	0.2
Total						
Vasectomy	64.6	91.7	82.7	87.0	90.4	0.8
Tubectomy	73.9	97.1	91.0	94.5	96.3	9.1
Loop/CuT	24.9	50.5	37.1	42.7	49.5	2.8
Pills	38.6	72.9	26.8	46.3	71.7	5.2
Condom	35.9	71.7	56.9	60.9	70.7	9.8
Foam Tab/Jelly	0.9	3.6	2.1	2.8	3.4	0.2
Injection	5.6	19.9	7.4	13.5	19.1	0.3
Withdrawal	0.9	24.9	23.6	24.2	NA	10.8
Rhythm/Safe Period	2.3	19.2	7.1	9.8	NA	4.1
Knows at least one modern method	81.4	97.7	94.2	96.2	97.3	23.0
Knows at least one modern spacing method	51.7	86.2	66.5	74.8	85.3	15.0
Mean no. of modern methods known	2.4	4.1	3.0	3.5	4.0	0.3
Mean no. of modern spacing methods known	1.1	2.2	3.0	3.5	2.1	0.2

* For modern methods, the source refers to a place that a person could go to get the method
 NA : Not Applicable

Table 6.2: Percentage of currently married women by their level of knowledge of modern contraceptives and source of supply by selected background characteristics

Background Characteristics	Knows at least one modern method	Knows at least one modern spacing method	Average No. of modern methods known	Average No. of sources for modern method*	Number of women
Age					
13-19	92.7	76.0	3.4	1.8	64995
20-24	97.8	88.9	4.1	2.1	121166
25-29	98.4	87.9	4.2	2.1	111055
30-39	98.7	88.8	4.2	2.1	188540
40-49	98.4	82.5	4.1	2.1	95781
Residence					
Urban	98.7	92.9	4.6	2.4	67419
Rural	97.6	85.3	4.0	2.0	514117
Education					
Illiterate	97.6	83.7	3.9	2.0	462660
Upto class 4**	97.2	88.1	4.3	2.1	21773
Primary (5 yrs)	100.0	98.1	4.9	2.4	40025
Upto Middle (6-8 yrs)	96.0	94.7	4.6	2.3	26220
Upto High (9-10 yrs)	100.0	99.1	5.1	2.7	14669
Above High School (11-18 yrs)	98.5	98.5	5.4	2.8	16190
Religion					
Hindu	97.5	86.3	4.1	2.1	498301
Muslim	98.9	85.5	4.0	2.1	82535
Others	100.0	100.0	5.5	2.8	701
Caste					
Scheduled caste	97.4	83.8	3.8	1.9	271506
Scheduled tribe	100.0	77.3	3.9	2.1	1570
Backward caste	96.8	85.8	4.0	1.9	112284
Higher caste Hindu	98.8	89.7	4.4	2.3	196177
Total	97.7	86.2	4.1	2.1	581537

* Includes female sterilisation, male sterilisation, copper T/IUD, pill, condom, foam tablets/jelly and injections.

** Including the literates having no formal education

Table 6.3: Percentage of currently married women who have ever used any contraceptive method, by specific method and age, according to residence

Age	Any method	Any modern method	Male sterilisation	Female sterilisation	IUD	Pill	Condom	Foam tablet	Injections	Traditional methods	Withdrawal	Periodic abstinence	Other methods	Number of women
Urban														
13-19	12.2	10.7	-	-	1.8	1.9	7.0	-	-	6.2	2.5	3.8	1.5	6024
20-24	33.6	17.9	-	-	3.3	5.6	12.1	-	-	22.2	13.5	9.4	0.9	11343
25-29	35.3	25.3	-	4.8	4.2	8.6	16.0	-	-	19.0	11.4	10.0	-	15013
30-39	58.8	50.9	0.5	17.7	12.5	8.9	25.4	2.1	-	20.3	13.2	10.0	-	20358
40-49	46.9	42.9	9.6	22.0	6.7	6.6	12.3	0.6	-	18.6	12.2	8.7	1.5	14681
Total	42.6	34.3	2.3	11.2	6.9	7.2	16.6	0.7	-	18.7	11.7	9.1	0.6	67419
Rural														
13-19	12.8	5.8	-	-	-	2.9	4.2	-	-	8.1	6.4	2.3	-	58971
20-24	26.3	13.2	-	0.3	0.8	4.4	9.7	0.3	-	16.7	13.8	3.6	0.2	109823
25-29	32.2	20.0	-	3.6	4.1	7.6	11.0	0.3	-	16.3	12.6	4.3	0.5	96042
30-39	33.7	26.3	0.6	12.4	2.7	5.7	10.0	0.1	0.6	12.5	9.4	3.2	0.9	168181
40-49	42.9	35.9	2.8	25.4	2.6	2.7	6.4	-	0.6	14.0	10.2	3.5	1.6	81100
Total	30.9	21.5	0.6	8.8	2.2	5.0	8.9	0.2	0.3	13.8	10.7	3.4	0.7	514117
Total														
13-19	12.8	6.2	-	-	0.2	2.8	4.5	-	-	8.0	6.0	2.4	0.1	64995
20-24	27.0	13.6	-	0.3	1.1	4.5	10.0	0.3	-	17.2	13.7	4.2	0.3	121166
25-29	32.6	20.7	-	3.8	4.1	7.7	11.7	0.2	-	16.7	12.5	5.1	0.4	111055
30-39	36.4	28.9	0.6	13.0	3.7	6.0	11.7	0.3	0.6	13.4	9.8	3.9	0.8	188540
40-49	43.5	37.0	3.8	24.8	3.2	3.3	7.3	0.1	0.5	14.7	10.5	4.3	1.6	95781
Total	32.3	23.0	0.8	9.1	2.8	5.2	9.8	0.2	0.3	14.4	10.8	4.1	0.7	581537

Table 6.4: Percentage distribution of currently married women by contraceptive method currently used, according to age and residence

Age	Any method	Any modern method	Male sterilisation	Female sterilisation	IUD	Pill	Condom or Nirodh	Foam Tablet	Injections	Any Traditional methods	Withdrawal	Periodic abstinence	Other methods	Non-users	Number of women
Urban															
13-19	3.8	2.3	-	-	-	-	2.3	-	-	1.5	-	-	1.5	96.2	6024
20-24	17.6	9.7	-	-	1.0	0.8	8.0	-	-	7.8	3.6	4.2	-	82.4	11343
25-29	22.7	16.0	-	4.8	-	3.2	8.0	-	-	6.7	3.1	2.8	0.8	77.3	15013
30-39	45.9	39.5	0.5	17.7	4.9	1.7	14.1	0.7	-	6.4	3.1	3.3	-	54.1	20358
40-49	39.7	36.6	9.6	22.0	0.7	1.0	3.3	-	-	3.1	0.8	0.8	1.5	60.3	14681
15-44	31.0	24.9	1.4	11.0	2.0	1.7	8.6	0.2	-	6.1	2.7	2.8	0.7	69.0	60968
15-49	30.9	25.3	2.3	11.2	1.8	1.6	8.3	0.2	-	5.5	2.4	2.5	0.6	69.1	67419
13-49	30.9	25.3	2.3	11.2	1.8	1.6	8.3	0.2	-	5.5	2.4	2.5	0.6	69.1	67419
Rural															
13-19	7.8	1.5	-	-	-	1.5	-	-	-	6.3	3.5	1.8	0.9	92.2	58971
20-24	13.2	4.4	-	0.3	0.5	0.8	2.8	-	-	8.9	6.4	1.2	1.3	86.8	109823
25-29	16.8	8.9	-	3.6	0.8	1.8	2.7	-	-	7.9	5.1	2.2	0.5	83.2	96042
30-39	24.7	18.0	0.6	12.4	0.6	0.9	3.2	-	0.3	6.7	3.2	1.8	1.8	75.3	168181
40-49	38.1	31.2	2.8	25.4	0.3	0.3	1.8	-	0.6	6.8	2.5	1.9	2.5	61.9	81100
15-44	20.1	12.5	0.4	7.7	0.5	1.1	2.6	-	0.2	7.6	4.5	1.8	1.4	79.9	477753
15-49	21.1	13.7	0.6	8.9	0.5	1.0	2.4	-	0.2	7.4	4.2	1.8	1.5	78.9	510779
13-49	21.0	13.6	0.6	8.8	0.5	1.0	2.4	-	0.2	7.4	4.2	1.7	1.4	79.0	514117
Total															
13-19	7.4	1.6	-	-	-	1.4	0.2	-	-	5.8	3.2	1.7	1.0	92.6	64995
20-24	13.6	4.9	-	0.3	0.6	0.8	3.3	-	-	8.8	6.1	1.4	1.2	86.4	121166
25-29	17.6	9.9	-	3.8	0.7	2.0	3.4	-	-	7.7	4.9	2.3	0.6	82.4	111055
30-39	27.0	20.3	0.6	13.0	1.0	1.0	4.4	0.1	0.3	6.7	3.2	1.9	1.6	73.0	188540
40-49	38.3	32.1	3.8	24.8	0.4	0.4	2.0	-	0.5	6.3	2.2	1.7	2.3	61.7	95781
15-44	21.4	13.9	0.5	8.0	0.7	1.2	3.3	-	0.2	7.5	4.3	1.9	1.3	78.6	538721
15-49	22.2	15.0	0.8	9.1	0.7	1.1	3.1	-	0.2	7.2	4.0	1.8	1.4	77.8	578198
13-49	22.1	15.0	0.8	9.1	0.7	1.1	3.1	-	0.2	7.1	4.0	1.8	1.4	77.9	581537

Table 6.5: Percentage distribution of currently married women by contraceptive method currently used, according to selected background characteristics

Background Characteristics	Any method	Any modern method	Male sterilisation	Female sterilisation	IUD	Pill	Condom or Nirodh methods	Other modern methods	Any Traditional methods	Withdrawal	Periodic abstinence	Other methods	Not using any methods	No. of women
Residence														
Urban	30.9	25.3	2.3	11.2	1.8	1.6	8.3	0.2	5.5	2.4	2.5	0.6	69.1	67419
Rural	21.0	13.6	0.6	8.8	0.5	1.0	2.4	0.2	7.4	4.2	1.7	1.4	79.0	514117
Education														
Illiterate	19.4	12.2	0.5	8.5	0.2	0.9	1.9	0.2	7.2	4.1	1.8	1.3	80.6	462660
Upto class 4*	31.5	25.0	1.3	16.1	1.1	1.7	4.8	-	6.5	5.0	0.5	1.0	68.5	21773
Primary (5 yrs)	30.8	23.8	3.4	13.3	1.6	2.2	2.6	0.7	7.0	3.2	1.0	2.8	69.2	40025
Upto Middle (6-8 yrs)	25.7	19.8	0.9	7.4	1.6	2.2	7.7	-	5.9	1.2	4.8	-	74.3	26220
Upto High (9-10 yrs)	35.4	30.4	2.0	9.1	3.1	1.9	14.2		5.0	2.2	0.7	2.0	64.6	14669
Above High School (11-18 yrs)	47.1	37.6	2.9	8.1	6.3	0.8	18.6	0.9	9.5	6.6	2.4	0.6	52.9	16190
Religion														
Hindu	23.2	16.1	0.8	10.1	0.7	1.1	3.1	0.2	7.1	4.0	1.7	1.4	76.8	498301
Muslim	15.3	7.8	0.9	2.9	0.3	0.7	2.8	0.3	7.5	3.6	2.7	1.2	84.7	82535
Others	50.0	50.0	-	16.7	-	-	33.3		-				50.0	701
Caste														
Scheduled caste	21.2	13.1	0.3	9.5	0.5	0.7	2.1		8.1	4.5	2.0	1.6	78.8	271506
Scheduled tribe	16.2	16.2	-	16.2	-	-			-	-	-	-	83.8	1570
Backward caste	18.1	11.2	0.8	5.5	0.1	1.6	2.6	0.5	7.0	4.3	0.8	1.9	81.9	112284
High Caste Hindu	25.7	19.7	1.6	10.5	1.2	1.3	4.8	0.3	6.0	3.1	2.3	0.6	74.3	196177
Total	22.1	15.0	0.8	9.1	0.7	1.1	3.1	0.2	7.1	4.0	1.8	1.4	77.9	581537

* Including the literates having no formal education

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

<i>Number and sex of living children</i>	<i>Sterilisation</i>	<i>Modern spacing method</i>	<i>Traditional method</i>	<i>Non-user</i>	<i>Total per cent</i>	<i>Number of women</i>
None		1.9	3.6	94.5	100.0	98933
1 child	0.6	4.1	8.4	87.0	100.0	92020
1 son	1.0	5.0	10.4	83.5	100.0	49797
No son	-	2.9	6.0	91.1	100.0	42222
2 children	4.9	6.5	8.1	80.5	100.0	98099
2 sons	11.7	6.7	10.7	70.9	100.0	29225
1 son	2.1	7.2	6.3	84.3	100.0	51897
No son	1.9	4.0	8.8	85.4	100.0	16977
3 children	15.1	6.4	8.3	70.1	100.0	96494
3 sons	31.7	6.7	10.2	51.5	100.0	13987
2 sons	21.4	7.0	8.0	63.7	100.0	42712
1 son	3.2	6.9	7.7	82.2	100.0	31606
No son	-	1.3	9.6	89.1	100.0	8189
4+ children	19.2	5.7	7.3	67.7	100.0	195991
3+ sons	22.2	6.1	7.4	64.3	100.0	103793
2 sons	21.3	5.3	8.4	65.0	100.0	61836
1 son	5.9	5.1	5.5	83.5	100.0	25210
No son	-	4.9	2.2	92.8	100.0	5152

Table 6.7: Percentage of currently married women with unmet need for family planning services by selected background characteristics

Background characteristics	Unmet need for Family Planning			Total N
	* To space	** To limit	Total	
Age				
13-19	53.4	0.5	53.9	57411
20-29	49.2	11.3	60.5	198012
30-39	25.2	31.6	56.8	167834
40-49	2.4	50.9	53.3	92442
Residence				
Urban	25.4	25.7	51.1	61676
Rural	34.6	23.5	58.1	454023
Education				
Illiterate	34.6	25.2	59.8	409757
Upto class 4***	26.0	20.5	46.5	19821
Primary (5 yrs)	30.7	19.9	50.6	35545
Upto Middle (6-8 yrs)	36.2	16.2	52.4	22285
Upto High (9-10 yrs)	17.9	23.4	41.3	13080
Above High School (11-18 yrs)	28.3	11.4	39.7	15210
Religion				
Hindu	33.3	23.0	56.3	440385
Muslim	34.5	29.1	63.6	74613
Caste				
Scheduled caste	36.6	20.3	56.9	240987
Backward caste	34.9	27.7	62.6	97941
Higher caste Hindu	28.5	26.5	55.0	175812
Number of living children				
None	31.2	1.2	32.3	85274
1	62.5	2.8	65.3	79613
2	49.3	13.9	63.2	81627
3	29.3	29.7	59.0	87350
4+	16.8	45.2	62.0	181833
Total	33.5	23.8	57.3	515698

* 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 or who 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

*** Including the literates having no formal education

Table 6.8: Reasons for unmet need

Reasons for unmet need	Urban	Rural	Total		Total
			<30 years	>30 years	
Going to use a FP method	10.9	7.0	9.0	5.7	7.4
Do not like existing method	2.1	3.6	3.1	3.8	3.4
Services are not available	1.2	5.1	5.5	3.8	4.7
After operation one can't work	0.6	0.2	0.2	0.3	0.3
Fear of operation	1.1	2.6	1.7	3.1	2.4
Health does not permit	4.6	5.0	3.3	6.7	5.0
Operation may fail	0.9	0.4	0.5	0.4	0.4
Currently pregnant	0.3	0.2	0.2	0.3	0.2
Fear of after effects of methods	2.3	1.9	2.2	1.6	1.9
Unaware of any FP methods	0.9	2.4	3.0	1.4	2.2
Opposition from husband or other family members	15.3	14.9	13.4	16.5	14.9
Against religion	13.1	5.7	4.6	8.5	6.5
Natural sterility	0.6	1.0	0.3	1.6	0.9
Attained menopause/ MC stopped	10.2	6.9	0.3	14.5	7.3
Others	56.8	55.0	61.0	49.2	55.2
DK/can't specify	1.3	1.5	2.4	0.5	1.5

Note: Percentages may add to more than 100.0 because of multiple reasons.

Table 6.9: Perceived disadvantages of the method

Disadvantages	Vasect- omy	Tubect- omy	Laparoscopy	IUD	Pill	Condom
A. % believed that method has some disadvantage	20.8	37.1	25.9	51.4	28.3	7.1
Total N	63686	66020	66020	46845	57615	57172
B. Nature of disadvantages						
Sepsis	10.6	21.3	8.6	3.7	-	-
Abdominal/gastric pain	17.8	29.9	48.2	11.8	5.6	5.9
Backache/body pain/headache	23.7	22.9	20.1	16.1	12.6	6.8
Weakness	59.8	41.8	21.0	15.4	10.4	3.5
Excessive or irregular bleeding	1.9	14.5	7.5	71.8	2.2	-
White discharge	-	2.2	3.6	17.7	6.8	-
Fear of failure	4.6	1.1	17.8	7.7	-	42.9
Problem in disposing	-	-	-	0.4	-	31.6
Infertility/secondary sterility	0.7	-	-	-	-	-
Loss of sexual desire	2.3	-	-	-	-	9.8
Weight gain	1.1	18.4	21.9	4.3	2.4	-
Others	14.3	13.9	10.8	10.5	70.2	32.0
Don't know/can't specify	0.8	-	-	0.5	0.5	-
C. % believed disadvantage to be permanent in nature	40.3	37.6	48.4	33.5	32.2	51.2
D. Basis of this belief						
Own experience	7.7	10.4	30.5	23.8	29.8	71.2
Friends experience	30.3	71.6	56.6	67.6	47.8	32.4
Heard from friend	67.0	33.0	38.6	30.2	24.3	27.8
Heard from others	31.7	46.6	33.8	32.5	19.9	9.9
TV, radio, posters	0.7	1.8	-	1.9	2.8	2.3
Health personnel	-	-	-	1.2	-	-
Others	1.0	1.1	-	1.4	0.7	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	13278	24509	17089	24101	16286	4040

NA: Not applicable

Table 6.9: Perceived disadvantages of the method (contd. from p.53)

Disadvantages	Vasect- omy	Tubect- omy	Laparos- copy	IUD	Pill	Condom
	Rural					
A. % believed that method has some disadvantages	24.4	38.6	26.0	38.3	28.0	3.0
Total N	469513	498890	498890	246833	366266	1359686
B. Nature of disadvantages						
Sepsis	14.5	13.8	6.3	4.0	-	-
Abdominal/gastric pain	12.9	23.2	35.2	7.2	4.1	8.5
Backache/body pain/headache	23.4	33.5	24.5	14.9	7.0	
Weakness	70.5	56.9	39.9	10.0	8.5	2.0
Excessive or irregular bleeding	-	7.5	9.5	63.1	11.3	-
White discharge	-	1.0	3.2	14.1	1.1	-
Fear of failure	2.6	1.6	7.9	2.6	6.7	36.3
Problem of disposing	-	-	-	-	-	23.4
Infertility/secondary sterility	-	1.0	-	-	0.2	-
Loss of sexual desire	0.4	18.1	0.2	-	0.3	2.2
Weight gain	0.7	0.3	10.1	2.3	0.2	-
Others	15.7	-	14.9	19.6	79.3	36.1
Don't know/can't specify	0.7	-	0.2	-	-	6.8
C. % believed disadvantage to be permanent in nature	40.3	37.6	48.4	33.5	32.2	51.2
D. Basis of this belief						
Own experience	3.4	5.3	32.0	12.3	21.3	51.9
Friends experience	31.5	56.4	44.9	53.2	37.0	31.9
Heard from friend	58.0	47.0	32.8	34.3	27.5	25.4
Heard from others	46.3	50.4	39.7	35.3	30.6	11.4
TV, radio, posters	2.1	1.0	0.5	1.2	1.4	
Health personnel		0.8		0.6	0.3	
Others	0.6	0.2	1.0		0.5	
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	114621	192339	134385	94708	102407	10952

Table 6.9: (contd.)

<i>Disadvantages</i>	<i>Vasect- omy</i>	<i>Tubect- omy</i>	<i>Laparo- scopy</i>	<i>IUD</i>	<i>Pill</i>	<i>Condom</i>
	Total					
A. % believed that method has some disadvantages	23.9	38.4	26.8	40.4	28.0	3.6
Total N	533200	564910	564910	293678	423881	416858
B. Nature of disadvantage						
Sepsis	14.1	14.7	6.6	4.0	0.9	4.0
Abdominal/gastric pain	13.4	24.0	36.7	8.2	4.3	7.8
Backache/body pain/headache	23.4	32.3	24.0	15.1	7.8	1.8
Weakness	69.4	55.2	37.8	11.1	9.0	2.4
Excessive or irregular bleeding	0.2	8.3	9.3	64.8	11.2	-
White discharge	0.7	1.2	3.2	14.8	1.3	2.9
Fear of failure	2.8	1.5	9.0	3.7	6.7	30.1
Problem of disposing	-	-	-	0.3	-	25.6
Infertility/secondary sterility	0.1	8.3	-	-	0.2	-
Loss of sexual desire	0.6	17.6	0.2	-	0.2	4.3
Weight gain	0.8	0.2	11.4	2.7	0.5	-
Others	15.6	-	14.4	17.8	78.0	35.0
Don't know/can't specify	0.7	-	0.2	0.1	0.1	5.0
C. % believed disadvantage to be permanent in nature	40.3	37.6	48.4	33.5	32.2	51.2
D. Basis of this belief						
Own experience	3.9	5.9	31.8	14.6	22.5	57.1
Friends experience	31.4	58.1	46.3	56.1	38.4	32.0
Heard from friend	58.9	45.4	33.5	33.4	27.1	26.1
Heard from others	44.8	50.0	39.0	34.7	29.2	11.0
TV, radio, posters	2.0	1.1	0.5	1.3	1.6	0.6
Health personnel	-	0.7	-	0.7	0.2	-
Others	0.6	0.3	0.9	0.3	0.5	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	127899	216848	151474	118809	118693	14992

Table 6.10: Knowledge of sources from where the method could be obtained

<i>Methods</i>	<i>Women 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	91.0	1.0	-	5.7	-	533200
Tubectomy	92.3	1.9	-	5.9	-	564910
IUD	84.8	5.8	-	11.0	0.5	293678
Pills	66.5	7.4	0.1	11.2	36.7	423881
Condom	60.3	9.1	0.2	5.2	59.2	416858
Foam Tablets/ Jelly	43.6	5.0	-	8.0	26.8	20880
Injection	40.0	0.9	-	7.0	0.8	115814

Note: Percentages will not add to 100.0%, since other source category is not shown.

Table 6.11: Sources of supply of modern contraceptive methods

Source of supply	Male sterilisation	Female sterilisation	Copper-T/IUD	Pill
Urban				
Public Sector				
Govt. hospital/CHC	74.9	80.5	62.0	22.3
PHC/camps	6.0	6.0	-	31.0
SC/Male/Female worker	-	-	-	10.8
Private medical sector				
Private doctor	11.4	11.5	38.0	11.5
Medical shop	-	-	-	24.4
Other private sector				
NGOs, Depot holders	-	-	-	-
Others	7.7	1.9	-	-
Total %	100.0	100.0	100.0	100.0
Total N	1520	7543	1202	1055
Rural				
Public Sector				
Govt. hospital/CHC	91.9	70.5	22.8	5.9
PHC/camps	8.9	24.0	45.3	26.6
SC/Male/Female worker	-	-	9.5	14.0
Private medical sector				
Private doctor	-	1.1	22.4	9.6
Medical shop	-	-	-	32.4
Other private sector				
NGOs, Depot holders	-	-	-	-
Others	-	4.4	-	11.6
Total %	100.0	100.0	100.0	100.0
Total N	3068	45219	2311	5211
Total				
Public Sector				
Govt. hospital/CHC	85.7	71.9	36.2	8.6
PHC/camps	8.0	21.0	29.8	27.4
SC/Male/Female worker	-	0.5	6.3	13.4
Private medical sector				
Private doctor	3.8	2.6	27.7	9.9
Medical shop	-	-	-	31.0
Other private sector				
NGOs, Depot holders	-	-	-	-
Others	2.5	4.1	-	9.7
Total %	100.0	100.0	100.0	100.0
Total N	4588	52762	3513	6266

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

	<i>Pill users</i>			<i>Condom users</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Source of supply						
Government hospital/CHC/PHC	35.1	37.6	37.2	33.8	60.2	51.7
SC and its male and female workers	10.8	13.7	13.2	-	-	-
Shops	86.5	59.4	64.0	88.4	72.6	77.6
Private doctors/clinic	-	11.1	9.2	11.7	4.7	7.0
Anganwadi workers	-	-	-	-	4.0	2.7
Others	13.5	-	2.3	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	1055	5211	6266	5890	12486	18376
% reporting regular supply	75.7	95.8	92.4	100.0	93.7	95.7
Alternative in case of short supply						
Do not use the method	-	100.0	46.2	NA	64.2	64.2
Get from some other source	44.3	-	23.8	NA	-	-
Shift to other method	55.7	-	30.0	NA	35.8	35.8
Supply position during last 3 months						
Always got the supply	-	-	-	NA	64.2	64.2
Did not get some time	100.0	-	53.8	NA	-	-
Never received	-	100.0	46.2	NA	35.8	35.8
How many cycles (pieces) R would like to receive at a time	3.0	3.7	3.4	11.3	9.5	10.1

* Percentages may add to more than 100.0 because of multiple responses

Table 6.13: Availability of pills and condom from other than public sources in rural areas

<i>Sources (excluding public)</i>	<i>Pills</i>	<i>Condom</i>	<i>Both</i>
Retails/shop stocking contraceptive	5.1	8.9	2.5
Private doctors providing contraceptive	12.7	12.7	12.7
Depot holder stocking the method	-	1.3	-
Number of villages	79	79	79

Table 6.14: Attitude towards family planning

Attitude towards family planning*	Urban	Rural	Total
Per cent of women approving use of FP	85.1	81.2	81.7
Per cent reporting disapproval of FP by family members	14.1	15.4	15.3
Who oppose FP in family**			
Husband	81.1	83.2	83.0
Parents	3.8	3.6	3.6
Father-in-law	4.8	11.8	11.0
Mother-in-law	25.1	21.2	21.6
Other male member	-	1.3	1.2
Other female member	5.2	1.6	2.0
Others	-	6.8	6.1

* Percentages may add to more than 100.0 because of multiple responses

** Among women who reported opposition from family members.

Table 6.15: Approval to family planning

Background characteristics	Per cent approving FP use	Percentage reporting opposition from						Total %**	Number of women
		No one	Hus-band	Parent	Father-in-law	Mother-in-law	Others		
Age									
13-19	77.54	86.0	8.5	0.8	1.7	5.2	1.6	100.0	64995
20-29	81.74	86.3	11.0	0.2	3.1	5.1	1.7	100.0	121166
30-39	82.75	84.2	13.9	0.4	2.1	2.9	0.7	100.0	111055
40-49	82.17	84.0	13.8	0.7	0.9	2.4	1.5	100.0	284320
Residence									
Urban	85.12	85.9	11.4	0.5	0.7	3.5	0.7	100.0	67419
Rural	81.22	84.6	12.8	0.6	1.8	3.3	1.5	100.0	514117
Education									
Illiterate	78.48	82.7	14.6	0.7	1.8	3.4	1.7	100.0	462660
Upto class 4 *	87.94	91.3	7.0	-	0.4	1.7	-	100.0	21773
Primary (5 yrs)	94.95	93.2	4.9	-	1.6	2.2	-	100.0	40025
Upto Middle (6-8 yrs)	95.26	91.3	6.7	-	0.9	5.6	-	100.0	26220
Upto High (9-10 yrs)	95.77	93.6	1.8	-	1.7	2.9	-	100.0	14669
Above High School (11-18 yrs)	97.03	93.6	3.1	0.6	1.6	2.4	1.9	100.0	16190
Religion									
Hindu	83.35	86.6	10.9	0.3	1.4	2.9	1.4	100.0	498301
Muslim	71.37	73.5	23.1	2.1	3.5	6.2	1.2	100.0	82535
Others	100.0	100.0	-	-	-	-	-	100.0	781
Caste									
Scheduled caste	79.83	83.8	13.3	0.3	1.8	3.9	2.1	100.0	271506
Scheduled tribe	77.25	77.3	22.7	-	-	-	-	100.0	1570
Backward caste	81.57	88.8	9.5	0.1	1.0	1.4	0.7	100.0	112284
Higher caste Hindu	84.32	83.8	13.4	1.2	2.0	3.7	0.9	100.0	196177
Total	81.7	84.7	12.7	0.6	1.7	3.4	1.4	100.0	581536

* Including the literates having no formal education

** Percentage may add to more than 100.0 because of multiple responses

Table 6.16: Percentage distribution of ever-married women by whether they have heard a radio or television message about family planning in the last 3 months prior to the interview, according to selected background characteristics

Background characteristics	Heard of family planning messages on radio and television				Total %	Total N
	Neither	Radio only	Television	Both		
Age						
13-19	80.0	14.0	2.4	3.5	100.0	65882
20-24	75.8	15.9	3.2	5.1	100.0	124396
25-29	75.1	18.4	2.6	4.0	100.0	113942
30-49	76.4	16.1	2.3	5.2	100.0	299281
Residence						
Urban	50.5	16.1	10.5	22.9	100.0	69876
Rural	79.8	16.3	1.5	2.4	100.0	533625
Education						
Illiterate	83.8	13.7	1.1	1.4	100.0	479990
Upto class 4*	71.1	24.1	2.2	2.5	100.0	21855
Primary (5 yrs)	56.0	30.4	3.8	9.8	100.0	42290
Upto Middle (6-8 yrs)	48.5	22.7	10.9	17.9	100.0	27293
Upto High (9-10 yrs)	24.3	25.9	17.2	32.6	100.0	14920
Above High School (11-18 yrs)	17.2	24.9	14.2	43.8	100.0	17153
Religion						
Hindu	76.2	16.6	2.4	4.8	100.0	518264
Muslim	78.3	13.8	3.6	4.3	100.0	84536
Others	16.7	33.3		50.0	100.0	701
Caste						
Scheduled caste	84.4	12.9	1.3	1.4	100.0	282335
Scheduled tribe	67.5	32.5	-	-	100.0	1570
Backward caste	80.7	14.5	1.4	3.4	100.0	115087
Higher caste Hindu	63.1	21.8	4.9	10.2	100.0	204509
Use of contraception						
Ever use	62.9	24.2	4.7	8.2	100.0	187679
Never use	82.5	12.7	1.6	3.2	100.0	415822
Total	76.4	16.3	2.5	4.8	100.0	603501

* Including the literates having no formal education

Table 6.17: 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
Per cent received messages on family planning	39.0	18.7	21.0	33.4	3.9	7.3	11.9	1.6	2.7
Type of message received*									
Small family size	39.0	18.7	21.1	33.6	3.9	7.3	8.9	0.8	1.8
Use of Condom/Nirodh	12.9	2.8	4.0	11.2	0.4	1.7	7.5	0.8	1.6
Use of Oral pills/Mala D	28.4	8.9	11.1	24.7	2.4	5.0	9.4	1.0	2.0
Use of Loop/IUD/CuT	7.6	3.2	3.7	7.5	0.5	1.4	1.8	0.4	0.5
Sterilisation	4.2	4.1	4.1	4.5	0.4	0.9	0.4	0.1	0.1
Population problems	0.6	0.4	0.4	0.8	-	0.1	0.8	0.1	0.2
Not received any message	61.0	81.3	79.0	66.6	96.1	92.7	88.1	98.4	97.3

* Percentages may add to more than 100.0 because of multiple responses

Table 6.18: Reasons of discontinuation

Reasons for discontinuation	Urban	Rural	Total
Method failed or got pregnant	11.1	5.4	6.1
Lack of sexual satisfaction	-	-	-
Created menstrual problem	-	5.3	4.7
Created health problem	14.8	10.3	10.9
Inconvenient to use	2.2	0.5	0.7
Hard to get method	2.1	2.7	2.6
Put on weight	1.5	0.6	0.7
Did not like the method	4.7	5.7	5.5
Wanted to have a child	39.8	33.1	33.9
Wanted to replace a dead child	2.0	-	0.2
Others	16.4	28.5	27.2
Don't know/missing	5.3	7.9	7.5
Total %	100.0	100.0	100.0
Number	5956	41245	47201

Table 6.19: Future intention

When planning to adopt	Urban	Rural	Total
Within one year	43.6	58.7	56.4
1-2 years	25.5	26.1	26.0
2 or more years	3.1	3.3	3.2
Do not know/can't specify	27.8	11.9	14.4
Total women	3538	19202	22740

Note: Based on non-current users not wanting children/want to delay child and showing intention to use method in future.

Table 6.20: Reporting problem(s) faced with the method used

Method used	Problem faced with the method used			Total Number
	Urban	Rural	Total	
Vasectomy	41.6	62.3	55.8	4821
Tubectomy	59.1	58.1	58.2	52762
IUD	33.7	30.8	31.7	3813
Pills	23.6	15.4	16.8	6266
Condom	27.3	8.7	14.5	18090
Other modern methods	-	75.3	66.4	1211
Traditional methods	5.2	6.7	6.5	41561

Table 6.21: Percentage of current users of pills, copper T/IUD and female/male sterilisation who have had problems in using the method

Problems faced	Male Sterilization	Female Sterilization	IUD	Pills
Sepsis	51.8	9.7	-	-
Abdominal/gastric pain	10.8	51.1	44.6	-
Backache/body pain/headache	18.8	39.6	56.4	-
Weakness	46.1	48.3	-	10.1
Excessive or irregular bleeding	-	14.2	78.3	-
White discharge	-	4.4	22.9	-
Fear of failure	-	0.8	-	-
Problem in disposing	-	5.4	-	-
Others	19.5	13.8		89.9
Number of women	2689	30712	10209	1052

Note: Percentages may add to more than 100.0 because of multiple problems

CHAPTER VII

FERTILITY PREFERENCES

7.0 Introduction

The desired family size, sex preferences among children, mental preparedness to reject unwanted pregnancies and husband-wife communication on the number of children a couple should have etc. have an important bearing on the fertility performance of women. Each of these issues are discussed in this chapter.

7.1 Desire for More Children

In order to assess women's desire for additional children (apart from the children they have), each of the currently married women were asked four questions : (a) whether they want more children, if so, (b) number of children desired, (c) preferred sex composition of children and (d) time when they want the next child. The findings are presented in Tables 7.1-7.3.

7.1.1 When Want Next Child and Sex of Child

The distribution of currently married women wanting additional children according to the sex of the additional child and the time when they want to have the next child is presented in Table 7.1.

It can be seen that, of the total currently married women (581537), about three-fifth (58%) want additional children. The corresponding proportion in rural women is 60 per cent and urban women 47 per cent.

One-quarter (22 %) of the total currently married women wanting children want to have the next child within eleven months. The desire is stronger among those who presently have no children. Half of the women (54 %) having no children desire to have the next child in the next eleven months.

Three-fifth of the women (63 %) desiring children wants to have the next child after 24 months and more. At least 70 per cent of the women falling in this category have at least one living child. This implies that once a woman has at least one child, she can afford to delay the next child. The trend is almost the same in both rural and urban areas.

As regards sex preference of additional children, it is seen that two-fifth (43 %) of the women want only boy(s). The proportion desiring only girl(s) is marginal (about 3 %). The proportion of women, desiring both boys and girls is 45 per cent. It transpires from the analysis that in the beginning of the child bearing, an average woman perhaps lays equal importance to sons and daughters. Table 7.1 shows that at the time of this survey, of all the women having no living children, 86 per cent of them wanted both boys and girls. However, with the passage of time as children are born to women, a relatively larger proportion of them prefer only son(s) rather than both son and daughter. In the table, of all the couples having at least three children, 70 per cent wanted the next child to be "only boy" and 13 per cent "both boy and girl". Seemingly, after begetting 3-4 children (and hopefully at least one girl among them), the tendency among the majority of the couple is to see the next child is a son rather than a daughter. The findings are true of both rural and urban areas.

7.1.2 Number of Additional Children Desired

The number of children desired by the currently married women is presented in Table 7.3. It is seen that in rural areas, of all the women who have yet to get a child, more than half of them (56 %) want to have 2-3 children. In urban areas, the proportion is slightly higher i.e. two-third of such women (67 %) want 2-3 children. It is also seen that in urban areas, the tendency to have no more children gains ground once a couple has two children. After the third child, the urge becomes stronger. In rural areas, the desire of having no children gains momentum after a couple has three children. The desire gets stronger with each additional child. However, this desire is weaker as compared to urban couples. For example, in urban areas, 85 per cent of the women having four children don't want any additional child against 66 per cent of such women in rural areas.

7.1.3 Characteristics of Women Wanting Additional Children

The specific features of women wanting more children are presented in Table 7.2. It can be seen that the desire to have a child hardly subsides among childless women, even as they grow old. The table shows, 8.5 per cent of the women aged 40-49 and having no children wanted to have a child. In the urban area in particular, the desire for additional children declines drastically among couple having three children. Son preference (even at the cost of increasing family size) is evident from the analysis. Couples having three, and four or more children do not mind having additional children, in case they have no son. For example, 90 per cent of the women having three children and no son wanted to have additional children. In contrast to this, only one-third of the women having three children but no daughter desired to have additional children.

7.2 Ideal Number of Children

Each of the ever married women was asked to opine on how many children a couple should have. Their opinion on the ideal number of children is shown in Table 7.4. It can be seen that in both rural and urban areas, around 45 per cent of the ever married women consider that a couple should ideally have only three children. The proportion of couple who consider "two children" as the ideal is 11 per cent in rural areas, but 27 per cent in urban areas. In sum, 70 per cent of the couples in urban and 67 per cent in rural areas consider 2-3 children as the ideal number of children. Incidentally, the government media also insist on 2-3 children per couple.

Nine per cent of the couples in urban area and around 20 per cent in rural area consider "five and more children" as ideal. Seemingly, the younger generation is not in favour of too many children. As can be seen the proportion of couples who consider "five and more children" as ideal is relatively less among the couples who presently have four or less children as compared to the couples who have five and more children. There is hardly any difference in the perception of ideal number of children among ever married and currently married women. In urban area, the ideal number of children comprise "3 children" and in rural areas "3.4 children". Women who believe in "one child" family is four per cent.

7.2.1 Ideal Vs Actual Children

The extent to which the women in real life are able to stick to the number of children they believe to be ideal is shown in Table 7.5. The table shows that in rural areas, about half of the women (46 %) having four children and four-fifth (82 %) of the women having five and more children have already crossed their ideal family size. The corresponding proportions are higher still in urban areas i.e. 65 and 89 per cent respectively. It transpires that in urban areas, while talking about ideal family size, women (perhaps to give an impression that they are more enlightened) give a conservative estimate of ideal children which in actual practice they are unable adhere to due to one or the other

reasons. Anyway, there is a gap between what is perceived to be ideal and what actually happens both in rural and urban areas.

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

Inter-spouse communication plays an important role in helping couples to decide the number of children they should have (and also in the acceptance of family planning). The sooner this communication starts, it is better for one and all. Accordingly, the currently married women were asked two questions: (a) whether they discussed with husband about how many children they want and, if so (b) when did they first talk about this. The results are presented in Table 7.6. The table reveals that, one-third of the currently married women never discussed this issue with their spouse. The pace of such communications appears to be slow in the initial years of married life. It can be seen that, only 13 per cent of the currently married women talked on this issue immediately after marriage, 14 per cent after the birth of the first child and 15 per cent after the birth of the second child. After the birth of the third child, the pace of communication accelerated and the proportion of women who started talking about their family size with the husband increases to 23 per cent. This is consistent with other findings. Case studies carried out in Uttar Pradesh reveal that at least in rural areas, couples generally get concerned about their family size only after 3-4 children (with at least one son) are born to them. Incidentally, this is also the time when couples accept one or the other methods, specially sterilisation.

It is also revealed that a relatively larger proportion of young couples now talk on family size immediately after marriage. For example, of all the currently married women aged 13-19 years, one-third said they initiated discussion on family size soon after marriage. Against this, nearly 40 per cent of the currently married women aged 30-49 years, reported that they started such discussions only after the birth of the third child.

Education also plays some role in this matter. The table reveals that a relatively larger proportion of women having six and more years of schooling discussed these matters with their husband immediately after marriage as compared to women who are illiterate or have five or less years of schooling.

Among the ever users of family planning, one-fifth said that they never discussed such matters with their husbands. The corresponding proportion among the never users is 40 per cent. Similarly one-third of the ever users said such discussions took place only after the birth of the third child against 19 per cent of the never users. This shows that the users of family planning discuss such matters were proportionately more than the non-users of family planning.

7.4 Fertility Planning

7.4.1 Unwanted Pregnancies

In this survey, each of the currently married women was asked (a) whether in the past any pregnancy was considered as unwanted and if so, (b) how many times and the outcome of the unwanted pregnancies. The results are presented in Tables 7.7 and 7.8.

The analysis reveals that 93 per cent of the currently married women did not feel any pregnancy as "unwanted". Five per cent considered "one pregnancy as unwanted" and the remaining two per cent considered "two and more pregnancies as unwanted".

It seems, the "feeling that a pregnancy is unwanted" starts some where at the ages 20-29 and gradually gains ground. The table shows, the proportion of women considering pregnancies as unwanted is 6 per cent in the age groups 20-29 and 30-39 each and 9 per cent among women aged 40-49 years. A relatively larger proportion of urban women (12 %) as compared to rural women (6 %) felt pregnancies as unwanted. This is also true of women having schooling beyond six years and among high caste Hindu women. More of these women (as compared to others) found some of their pregnancies as unwanted.

The outcome of the unwanted pregnancies is presented in Table 7.8. Seventy nine per cent of the total pregnancies ended into live births (rural 80%, urban 74%). Six per cent ended into spontaneous abortion (rural 6 %, urban 5 %). About 8 per cent pregnancies were aborted (rural 5 %, urban 18 %). In less than one per cent cases in rural areas, attempt was made to abort the pregnancies, but it failed. Case studies carried out in Uttar Pradesh have very clearly shown that there is a strong urge among the rural women to protect themselves from unwanted pregnancies. However, inadequate MTP facilities and information service, conservative social norms, pressure from elderly people and more importantly unco-operative attitude of the husband make rural women helpless in this matter.

7.4.2 Intentions about Current Pregnancy

In the district, sixty-five thousand currently married women were pregnant at the time of this survey. The intentions of these women about their current pregnancy at the time when they became pregnant is presented in Table 7.9. It is revealed that four-fifth of the women (81%) wanted the pregnancies then and hence they have no regrets about it. One-tenth wanted to defer the pregnancy, but became pregnant. For eight per cent women, (5367 pregnancies), the current pregnancy is "unwanted".

7.4.3 Intentions about Future Pregnancies

In this survey, of all the currently married women who did not want any more children were asked a hypothetical question i.e., what they will do in case they become pregnant. The idea is to ascertain what options are available to an average woman in the area in case they become accidentally pregnant. The results are shown in Table 7.10 (a). After suppressing the already sterilised couples, the intentions of the women towards unwanted pregnancies are presented in Table 7.10 (b).

It can be seen that, two-third of the total women (rural 68 %, urban 51 %), though they did not desire any more children, were likely to accept the pregnancy. Another one-fifth (rural 18 %, urban 32 %) said they will abort it. The other women were not sure about what to do. The analysis shows that the inclination to discard unwanted future pregnancies is more among urban than the rural women apparently because of better facilities and more favourable environment in the urban area.

Table 7.1: Per cent distribution of currently married women by desire for children, according to number of living children and residence

<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	66.9	16.8	10.9	9.5	25.2
12-23 months	10.8	8.3	1.1	3.6	5.9
24 or more months	17.8	73.4	77.4	77.4	62.6
Do not know	4.5	1.5	10.6	9.4	6.3
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	9.5	42.7	58.6	66.5	44.6
Only girl(s)		3.6	5.3	2.8	3.1
Both boy and girl	72.9	47.1	25.2	13.5	39.8
Either	5.5	5.1	2.8	6.8	4.9
Others	12.1	1.5	8.1	10.3	7.6
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	7243	9009	8284	6990	31526
Rural					
Desire for additional child					
Within 11 months	52.9	15.2	11.0	9.7	22.2
12-23 months	9.6	11.6	4.4	6.3	8.1
24 or more months	29.0	69.1	78.8	77.9	63.6
Do not know	8.4	4.0	5.8	6.1	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	7.4	37.9	56.9	70.8	43.4
Only girl(s)		2.0	7.2	2.5	2.7
Both boy and girl	86.7	54.4	29.7	12.5	45.7
Either	2.7	2.7	3.9	5.2	3.7
Others	3.1	3.0	2.3	9.0	4.6
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	76782	80704	61333	88227	307047
Total					
Desire for additional child					
Within 11 months	54.2	15.4	11.0	9.7	22.5
12-23 months	9.7	11.3	4.0	6.1	7.9
24 or more months	28.1	69.5	78.6	77.9	63.5
Do not know	8.1	3.8	6.3	6.3	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	7.6	38.4	57.1	70.5	43.5
Only girl(s)		2.2	6.9	2.6	2.7
Both boy and girl	85.6	53.7	29.2	12.6	45.1
Either	2.9	2.9	3.8	5.3	3.8
Others	3.9	2.8	3.0	9.1	4.9
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	84025	89713	69616	95218	338573

* Includes current pregnancy

** Excludes the women who were not sure of the desired number of children

Table 7.2: Percentage of currently married women who want more children by number of living children and selected background characteristics

Background characteristics	Number of living children*					Total
	0	1	2	3	4+	
Age						
13-19	99.4	100.0	90.0	100.0	-	99.1
20-29	98.8	98.0	82.5	61.6	37.4	79.4
30-39	89.1	93.7	66.0	39.0	30.7	42.2
40-49	84.2	47.0	24.8	16.2	5.1	10.7
Residence						
Urban	98.2	89.3	57.2	32.7	10.8	46.8
Rural	98.1	98.4	77.1	48.6	24.3	59.7
Education						
Illiterate	97.9	97.6	78.3	50.8	24.6	59.5
Upto class 4**	100.0	100.0	65.4	31.2	20.9	52.1
Primary (5 yrs)	100.0	93.3	76.8	37.7	15.0	52.9
Upto Middle (6-8 yrs)	95.8	97.4	76.5	45.7	4.7	63.3
Upto High (9-10 yrs)	100.0	80.3	28.6	-	27.3	42.6
Above High School (11-18 yrs)	100.0	88.9	33.6	13.8	-	48.5
Religion						
Hindu	97.8	97.3	73.7	45.3	22.2	58.1
Muslim	100.0	92.3	77.6	53.6	27.0	59.1
Others	100.0	100.0	-	-	-	50.0
Caste						
Scheduled caste	98.6	98.7	84.3	51.5	24.5	62.8
Scheduled tribe	-	-	100.0	100.0	26.6	55.3
Backward caste	94.9	96.0	77.4	45.8	29.0	60.1
Higher caste Hindu	99.0	93.8	59.2	40.2	17.5	50.9
Number of living sons						
None	98.1	99.2	88.7	90.3	73.5	96.0
1	-	93.5	76.4	60.1	49.2	76.1
2	-	-	58.2	28.8	19.0	30.0
3+	-	-	-	30.5	15.1	16.7
Number of living daughters						
None	98.1	94.9	64.8	36.4	32.0	83.9
1	-	99.1	75.4	31.7	21.3	54.8
2	-	-	90.7	65.1	16.9	39.8
3+	-	-	-	92.3	27.5	32.2
Total	98.1	96.6	74.0	46.4	22.9	58.2

* Includes current pregnancy

** Including the literates having no formal education

Note: In the age group 13-19 under zero children, the proportion means that 99% of total women aged 13-19 having no children are desiring children.

Table 7.3: Distribution of number of living children by number of additional desired children by residence

Number of living children*	Number of desired children						Total %	Number of women
	0	1	2	3	4+	DK		
Urban								
0	-	1.6	30.4	36.8	16.3	15.0	100.0	7373
1	10.7	32.2	35.1	10.1	10.5	1.4	100.0	10088
2	42.8	24.7	17.6	1.8	6.6	6.4	100.0	14491
3	67.3	20.0	4.2	2.3	4.6	1.6	100.0	14349
4	85.4	4.3	1.3	5.3	-	3.7	100.0	8166
5+	91.5	2.6	0.7	-	1.0	4.2	100.0	12952
Rural								
0	-	2.3	14.7	41.3	32.9	8.8	100.0	78285
1	2.5	8.5	41.7	23.0	18.3	5.9	100.0	82801
2	22.9	31.9	26.2	9.2	6.2	3.6	100.0	79542
3	51.4	20.7	11.2	5.2	4.7	6.8	100.0	89473
4	66.2	13.4	11.5	2.3	2.4	4.1	100.0	76188
5+	82.3	6.0	6.1	1.9	0.8	2.8	100.0	107831
Total								
0	-	2.2	16.0	40.9	31.5	9.4	100.0	85658
1	3.4	11.0	41.0	21.6	17.5	5.4	100.0	92889
2	26.0	30.8	24.9	8.1	6.2	4.0	100.0	94033
3	53.6	20.6	10.2	4.8	4.7	6.1	100.0	103822
4	68.1	12.5	10.5	2.6	2.2	4.1	100.0	84354
5+	83.3	5.7	5.5	1.7	0.8	3.0	100.0	120781

* Includes current pregnancy

Table 7.4: Per cent 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

<i>Ideal number of children</i>	<i>Number of living children*</i>							<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5</i>	<i>6+</i>	
Urban								
1	3.9	6.3	5.4	1.6	4.2	2.0	6.3	4.2
2	37.9	29.9	36.5	22.8	29.9	16.0	10.2	27.3
3	45.2	41.3	36.1	50.2	34.9	50.8	47.4	43.2
4	4.2	11.9	15.9	19.9	19.9	19.1	16.2	15.8
5	8.8	8.3	1.8	4.7	7.2	6.8	9.7	6.0
6+	-	2.4	4.4	0.8	3.9	5.2	10.1	3.4
Non-numeric responses**	15.8	8.5	7.3	1.7	8.9	9.3	3.0	7.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	6399	10065	13970	14065	7889	6428	6259	65074
Mean ideal number***								
Ever married women	2.8	2.9	2.9	3.1	3.1	3.4	3.5	3.0
Currently married women	2.8	2.9	2.8	3.1	3.1	3.4	3.5	3.0
Rural								
1	6.5	2.9	3.2	5.7	4.6	6.3	3.5	4.7
2	14.3	10.3	18.1	10.1	6.6	7.9	8.0	11.1
3	43.8	50.2	43.5	52.8	39.7	44.3	41.9	45.7
4	16.2	19.4	22.4	14.4	35.0	18.9	22.3	21.0
5	14.1	11.1	8.9	12.2	6.8	16.1	9.8	11.2
6+	5.0	6.1	3.8	4.9	7.3	6.5	14.4	6.4
Non-numeric responses**	6.3	5.4	4.8	7.6	8.1	9.4	12.2	7.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	77504	81764	77977	86403	73163	51424	48391	496626
Mean ideal number***								
Ever married women	3.3	3.5	3.3	3.3	3.6	3.5	3.8	3.4
Currently married women	3.3	3.5	3.3	3.3	3.6	3.5	3.7	3.4
Total								
1	6.3	3.3	3.5	5.1	4.5	5.9	3.8	4.6
2	16.1	12.5	20.9	11.8	8.9	8.8	8.2	13.0
3	43.9	49.2	42.4	52.4	39.3	45.1	42.5	45.4
4	15.2	18.6	21.4	15.2	33.5	18.9	21.6	20.4
5	13.7	10.8	7.8	11.2	6.8	15.0	9.8	10.6
6+	4.6	5.7	3.9	4.3	7.0	6.3	14.0	6.1
Non-numeric responses**	7.1	5.7	5.1	6.8	8.1	9.4	11.2	7.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	83902	91829	91947	100468	81052	57852	546500	561700
Mean ideal number***								
Ever married women	3.3	3.4	3.2	3.3	3.5	3.5	3.7	3.4
Currently married women	3.3	3.4	3.2	3.3	3.5	3.5	3.7	3.4

* Includes current pregnancy

** Non-numeric responses include 'depends on God', 'don't know', etc.

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

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

Existing against ideal	Number of living children*				
	0-1	2	3	4	5+
Urban					
Less than ideal	96.6	61.8	30.6	12.4	3.5
Equal to ideal	3.4	32.8	46.5	22.2	7.8
More than ideal	-	5.4	22.8	65.4	88.7
Total %	100.0	100.0	100.0	100.0	100.0
Total N	16464	13970	14065	7889	12572
Rural					
Less than ideal	98.9	80.6	40.7	17.5	5.6
Equal to ideal	1.1	16.5	45.0	36.8	12.5
More than ideal	-	2.9	14.3	45.7	81.9
Total %	100.0	100.0	100.0	100.0	100.0
Total N	159017	77374	85877	72394	98615
Total					
Less than ideal	98.7	77.7	39.3	17.0	5.4
Equal to ideal	1.3	19.0	45.2	35.4	11.9
More than ideal	-	3.3	15.5	47.6	82.7
Total %	100.0	100.0	100.0	100.0	100.0
Total N	175480	91344	99942	80283	111188

* Includes current pregnancy

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

Background characteristics	Stage at which discussion took place						Total %	Number
	Immediately after marriage	After 1st child	After 2nd child	After 3rd child	Don't remember	Never		
Age								
13-19	36.1	13.1	1.4	-	0.2	49.2	100.0	64996
20-24	20.9	23.3	14.4	6.0	0.4	35.1	100.0	121166
25-29	11.5	17.4	20.8	16.1	-	34.2	100.0	111055
30-49	5.1	9.6	16.0	39.3	1.7	28.3	100.0	284320
Residence								
Urban	14.3	18.3	16.3	19.9	1.7	29.5	100.0	67420
Rural	12.9	13.8	14.8	24.0	0.8	33.7	100.0	514117
Education								
Illiterate	11.4	13.2	14.1	23.8	1.0	36.6	100.0	462660
Upto class 4*	17.4	9.7	22.8	23.5	1.0	25.7	100.0	21773
Primary (5 yrs)	15.4	17.9	17.0	28.8	1.0	20.0	100.0	40025
Upto Middle (6-8 yrs)	19.4	25.8	11.7	21.3	0.5	21.4	100.0	26220
Upto High (9-10 yrs)	18.9	19.6	28.7	17.8	-	15.0	100.0	14669
Upto High School (11-18 yrs)	33.9	21.1	16.9	13.4	1.5	13.2	100.0	16190
Use of contraception								
Ever use	12.0	14.8	19.4	33.8	1.0	19.0	100.0	187679
Never use	13.6	14.1	12.8	18.6	0.9	39.9	100.0	393858
Total	13.1	14.3	15.0	23.5	0.9	33.2	100.0	581537

* Including the literates having no formal education

Table 7.7: Percentage of currently married women who had experienced unwanted pregnancies and number of such unwanted pregnancies by selected background characteristics

Background characteristics	Number of unwanted pregnancies				Total %	Number of women
	0	1	2	3+		
Age						
13-19	98.1	1.9	-	-	100.0	649996
20-29	94.2	5.4	0.3	-	100.0	121166
30-39	93.9	4.4	1.2	0.5	100.0	111055
40-49	90.6	5.9	2.2	1.3	100.0	284320
Residence						
Urban	87.6	8.7	2.3	1.4	100.0	67420
Rural	93.5	4.6	1.2	0.7	100.0	514117
Education						
Illiterate	94.3	3.8	1.4	0.5	100.0	462660
Upto class 4*	94.7	3.5	1.4	0.4	100.0	21773
Primary (5 yrs)	89.3	7.9	1.2	1.7	100.0	40025
Upto Middle (6-8 yrs)	88.1	8.9	0.4	2.6	100.0	26220
Upto High (9-10 yrs)	72.9	22.1	2.0	2.9	100.0	14669
Upto High School (11-18 yrs)	82.6	15.0	2.4	-	100.0	16190
Religion						
Hindu	93.1	5.0	1.2	0.7	100.0	498301
Muslim	91.5	5.7	2.1	0.7	100.0	82535
Others	83.3	-	-	16.7	100.0	701
Caste						
Scheduled caste	95.8	2.4	1.1	0.6	100.0	271506
Scheduled tribe	100.0	-	-	-	100.0	1570
Backward caste	93.1	4.3	1.9	0.7	100.0	112284
Higher caste Hindu	8.5	9.2	1.4	0.9	100.0	196177
Total	92.8	5.1	1.3	0.7	100.0	581537

Table 7.8: Per cent distribution of the outcome of unwanted pregnancies by residence

Outcome of unwanted pregnancies	Urban	Rural	Total
Live birth	73.9	80.5	79.1
Still birth	2.4	3.3	3.1
Spontaneous abortion	4.5	6.3	6.1
Induced abortion/MTP	18.2	5.1	7.8
Attempted to abort but failed	-	0.7	0.5
Others	1.0	4.1	3.4
Total unwanted pregnancies	11835	46299	58134

Table 7.9: Fertility planning*

<i>Pregnancy intention</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Wanted then	84.6	81.1	81.4
Wanted later	9.6	10.4	10.4
Wanted no more	5.9	8.5	8.2
Total %	100.0	100.0	100.0
Number of pregnancies	5614	59841	65455

* Includes current pregnancy

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

Intention for unwanted pregnancy	Urban	Rural	Total
Will accept the pregnancy	39.6	51.9	50.0
Will get it aborted	24.9	13.9	15.6
Others	9.4	8.9	8.9
Not sure/do not know	3.0	1.3	1.6
Not possible/ sterilized	23.1	24.0	23.9
Total %	100.0	100.0	100.0
Number of women	35764	206817	242581

Table 7.10 (b): Intention if gets unwanted pregnancy

Intention for unwanted pregnancy	Urban [N=27488]	Rural [N=157126]	Total [N=184614]
Will accept the pregnancy	51.5	68.3	65.8
Will get it aborted	32.4	18.3	20.4
Not sure/do not know	4.0	1.7	2.1
Others	12.1	11.7	11.7
Total %	100.0	100.0	100.0

Note: Percentages calculated after suppressing sterilised couples.

CHAPTER VIII

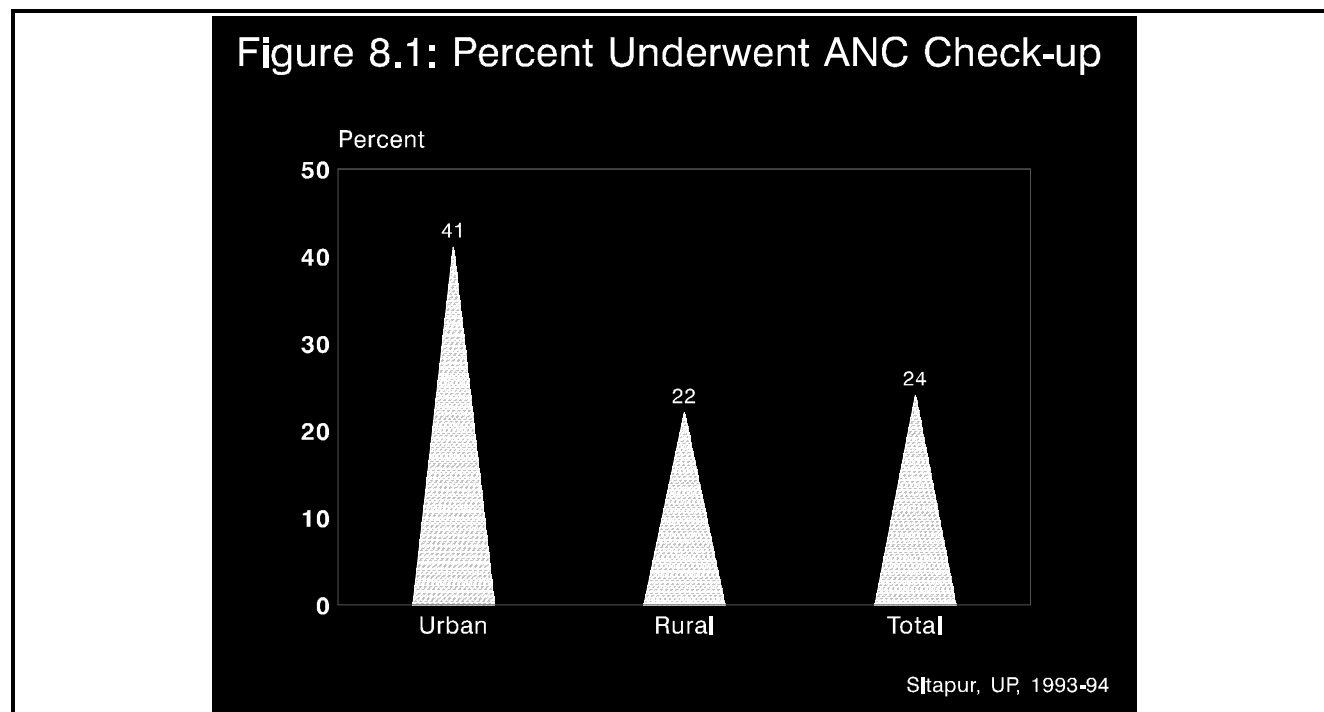
MATERNAL AND CHILD HEALTH AND UTILISATION OF HEALTH SERVICES

8.0 Introduction

The issues covered in this chapter include (a) antenatal care taken by pregnant women (b) place of delivery and quality of assistance, (c) immunisation, (d) extent of utilisation of public health services, and (e) client - provider interaction and quality of information provided by service providers to women.

8.1 Antenatal Care

Information about the type of antenatal care availed and the source(s) was obtained from the currently married women who became pregnant during the last two years prior to this survey. The results are presented in Tables 8.1 - 8.2. It is revealed that, of the total women only about one-fourth had gone for antenatal check-up. The proportion of women undergoing check-up was more in urban (41 %) than in rural areas (22 %). Similarly, women who are educated at least upto primary level, young women aged less than 20 years and those aged 20-34 years and high caste Hindu women have availed antenatal services more as compared to others.



8.1.1 Source(s) of Antenatal Check-up

District hospital/PHC and private doctors are the two main sources for antenatal check-up. Of all the women who became pregnant during the last two years prior to this survey, about half (47 %) visited hospitals/PHC and about one-third (31 %) visited private doctors. One-tenth of the women visited sub-centre for antenatal check-up.

The analysis shows, Hindu women, women coming from low caste families, illiterate women or those having education upto tenth standard utilise government services more. Private doctors are

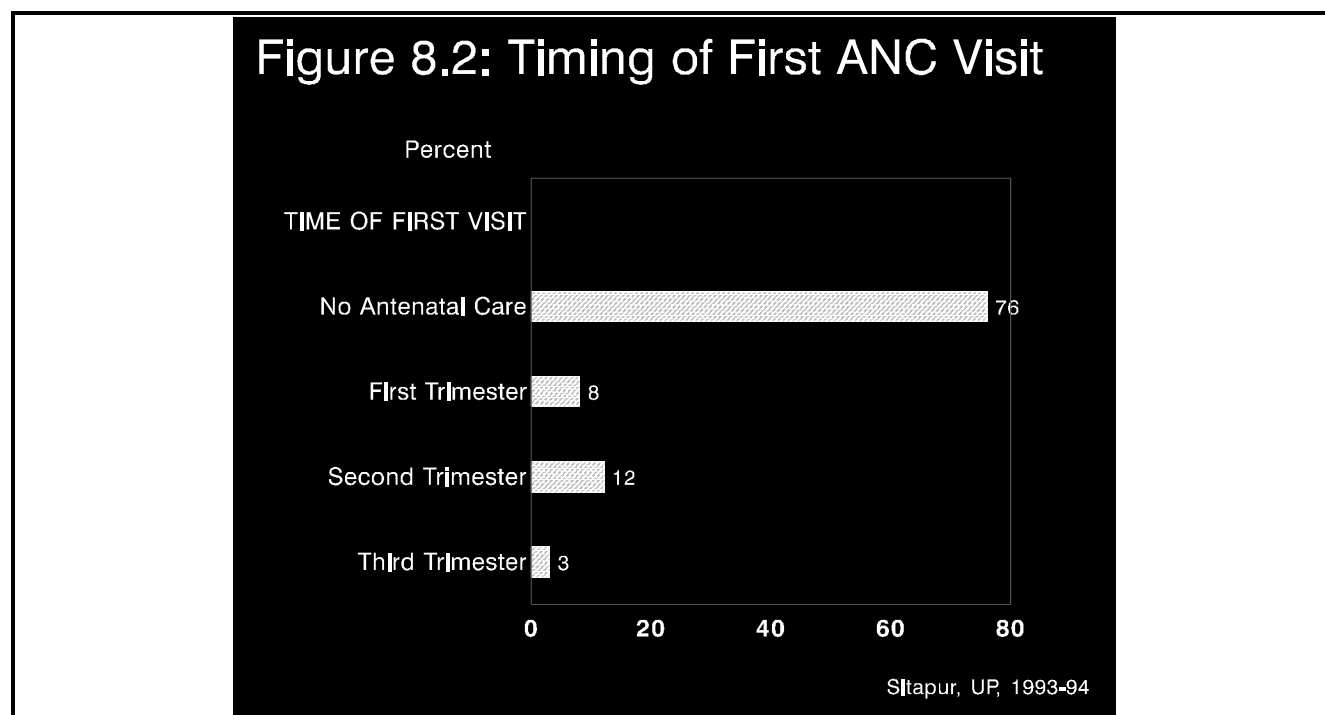
visited more by Muslim women, women belonging to urban areas, elderly women (35 %) and those who are educated above high school. The village sub-centres are frequented more by young women (aged less than 20 years).

8.1.2 Prophylaxis

Besides antenatal check-up, information was also collected on whether women received iron and folic acid tablets and tetanus injection during pregnancy. Table 8.1 reveals that one-third of the pregnant women received tetanus injection and about one-fifth iron and folic acid tablets. The analysis reveals that protection against tetanus during pregnancy is taken more by younger women (less than 35), urban women and literate women and those who come from high caste Hindu families. Muslim women seem to take less protection compared to Hindu women. Protection against nutritional anaemia (through IFA Tablets) has been taken more by urban women and women who are at least primary educated.

8.1.3 Antenatal Check-up and Stage of Pregnancy

Information on the stage of pregnancy women usually go for antenatal check-up for the first time is presented in Tables 8.2 (a) - 8.2 (b). It can be seen that a pregnant woman in the urban area goes for the first antenatal check-up at the fourth month of pregnancy and in rural areas at the fifth month (Table 8.2a). The women in urban areas seem to take pregnancies more seriously. Table 8.2(b) reveals that, over two-fifth (46 %) of the pregnant women in urban areas avail antenatal services during the first trimester against one-third of the pregnant women (31 %) in rural areas. By and large, at least 85 per cent of all pregnant women (who avail ANC) take antenatal care by the second trimester. The remaining 15 per cent go for check-up during the advance stages of pregnancy. IEC component needs to take care of this.

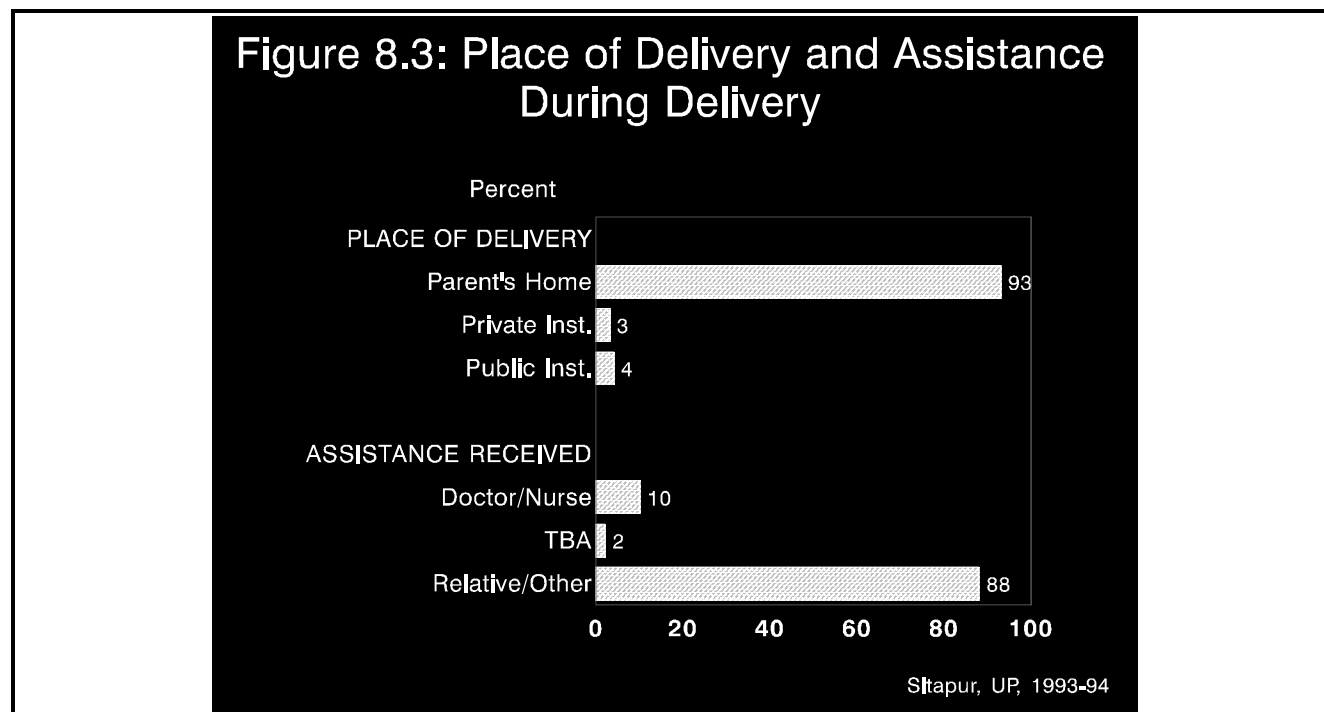


8.2 Place of Delivery and Assistance During Delivery

The above information was collected and analysed for all births occurring in the area during the past two years prior to this survey. The findings are presented below :

8.2.1 Place of Delivery

Table 8.3 reveals that, 93 per cent births take place at home. Four per cent births are delivered at public outlets (mainly PHC and hospitals) and the remaining (about 3%) births take place at private clinics etc. Private clinics and hospitals etc. are utilised more in urban than in rural areas. Home delivery is relatively less among those women who are educated upto high school and above. They prefer to visit hospitals/PHC or private clinics.



8.2.2 Assistance During Delivery

Quality of assistance during delivery has a bearing on the safety of the mother and the child. It is, however, noticed that majority of the deliveries in the rural areas (89 %) are conducted by unskilled people like family members and untrained dais. The proportion of such deliveries is also high in urban areas i.e. 67 per cent. In urban areas, however, one-third of the deliveries are assisted by qualified people like doctor/nurse (government 16%, private 12 %) and trained dais (5 %). The proportion of deliveries receiving similar assistance is only 10 per cent in rural areas.

8.3 Immunisation of Children

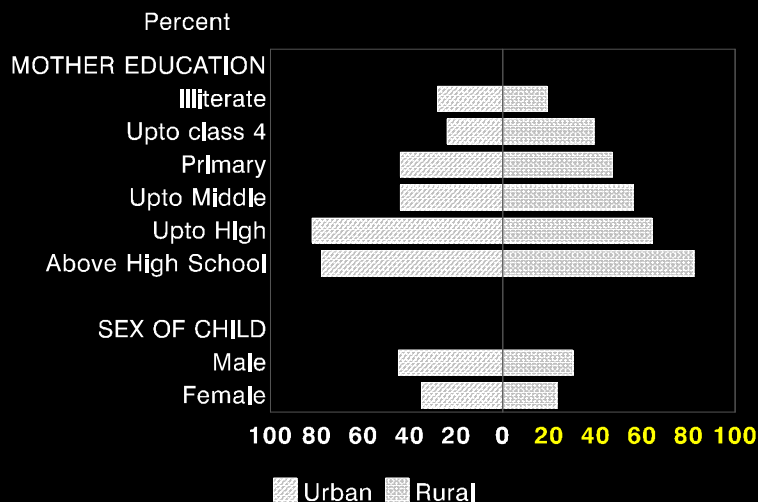
Information on immunisation of children has been analysed for children aged 6-23 months and those between 12-23 months. The results are presented in Tables 8.5 (a) - 8.5 (d). The summary findings are presented below :

Immunisation of Children

Description	6-23 months (%)		12-23 months(%)	
	Male	Female	Male	Female
Urban				
(a) Not immunised at all	41.1	46.4	45.6	48.3
(b) Received all vaccines	41.7	29.1	44.8	35.1
Rural				
(a) Not immunised at all	42.9	56.4	40.2	54.7
(b) Received all vaccines	24.0	17.1	30.3	23.0

If we look at the immunisation pattern of children 6-23 months, it can be seen that, two-fifth of the male children in both urban and rural areas were not immunised at all. The corresponding proportion for female children is 46 per cent in urban and 56 per cent in rural areas. In urban areas, all vaccines were received by 42 per cent of boys and 29 per cent of the girls. The corresponding proportions in rural areas are much less i.e. 24 and 17 per cent respectively. The analysis brings to the fore that the parents in urban areas (compared to rural areas) are more particular in providing all vaccines to their children. Further, while providing all vaccines to children, boys receive priority over girls in both rural and urban areas. Education seems to have some positive impact on the practice of immunisation. Table 8.5 (a) reveals that in urban areas, of all children belonging to illiterate mothers, 61 per cent were not immunised at all. This proportion for mothers having education above high school was only six per cent. The same trend is observed in rural areas.

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



Sitapur, UP, 1993-94

In rural areas, Muslim mothers seem to neglect immunisation of children (Table 8.5(b)). In urban areas in particular, a relatively larger proportion of children belonging to high caste Hindu families are immunised as compared to low caste households. Immunisation for measles is somewhat given less priority over other vaccines.

8.4 Utilisation of Public Health Services

In order to assess women's opinion on the utilisation of public health services, a series of questions were asked of the ever married women. The analysis is presented in Tables 8.6-8.11. The salient findings are outlined below :

8.4.1 Source of Medical Assistance During Sickness

Three questions were asked of each woman: (a) where they generally go for treatment, (b) why private doctors are preferred, and (c) certainty of getting the required services at PHC. The findings are presented in Table 8.6. The table reveals that during sickness people mostly visit private doctors. Sixty-two per cent ever married women said they always visit private doctors for treatment (rural 62%, urban 57%). One-third said they sometimes visit private doctors and sometimes government clinics. Only a minority (6%) of the women reported that they exclusively depended on government health care services (urban 6%, rural 4%).

There are three main reasons for "always preferring private doctors" namely, better treatment (rural 66%, urban 76%), source near house (rural 38%, urban 45%) and no medicines available in public source (rural 29%, urban 32%). A small section of women (4-9%) also complained about bad behaviour of PHC staff, long waiting time and less attention paid at government clinics.

As regards availability of the doctor at PHC, 60 per cent women said they are "quite certain" about getting the doctor. One-third of the women, however, were not sure about it.

8.4.2 Pricing of Government Health Services

Each woman was asked two questions : (a) are they presently paying for government health care services and (b) are they ready to pay if government services improve. As per Table 8.7, one-third of the women said they are already paying at the government clinics. Three-fourth of the women said they are ready to pay some money provided the government provides better services. This implies that majority of the women won't mind paying for the improved health care services of the government.

8.4.3 Contact with Health Service Providers

Some specific details about client-service provider interaction are presented in Table 8.8. It can be seen that, half of the ever married women or any member of their family have sought assistance from the ANM or other PHC staff at one point or the other. During the past three months prior to this survey, however, only 7 per cent of the total women (rural 7%, urban 2%) had an opportunity to be visited by a PHC staff. In most cases (85%), it was the ANM/LHV who visited the household.

8.4.4 Quality of Client-Provider Interface

The ever married women who were visited by the health staff in the last three months were also asked a few questions to assess their satisfaction with the services provided by the health staff. The findings are presented in Table 8.9.

As stated earlier, seven per cent of the ever married women (rural 7%, urban 2%) were visited by health workers. Ninety-five per cent of them said health workers spent enough time with them. Majority of the women (94%) were satisfied with the assistance provided by the health staff. Almost an equal proportion of women (93%) also wanted that the health staff should visit them again. As regards opinion about health workers, 69 per cent women in rural areas said the community holds good opinion about health staff. However, in urban areas, only one-third of the women said so.

8.4.5 Quality of Information Provided on Family Planning

Like quality of care, the quality of family planning information has a bearing on the success of this programme at least in the long run. Considering this, each of the currently married women who were visited by the health staff was asked a few questions like : (a) what family planning methods were mentioned to women by health staff, (b) whether they informed about both advantages and disadvantages and (c) whether women were told about how to use the methods and source of supply. The results are presented in Table 8.10.

The table reveals that only 8 per cent of the currently married women visited by the health staff were informed about the various family planning methods. While mentioning the methods, about 80 per cent of the women were told about tubectomy. Other modern methods like vasectomy, IUD, pills and condom each were mentioned to around one-quarter of the women. Information on traditional methods like withdrawal and safe period was given to about 3 per cent of the women each.

During motivation, 15 per cent women were informed about both advantages and disadvantages of tubectomy. The merits and demerits of each of the other methods were told to less than 10 per cent of the currently unmarried women.

Information on how to use a method was provided to a quarter of the women who were told about pills and condom each. This piece of information was provided to 18 per cent of the women who were informed about IUD.

Three-fourth of the women, who were informed about tubectomy, were also told about the source from which to get this method. For other methods like vasectomy, IUD, pills and condom, information on service outlets was provided to around a quarter of the women, who were told about each of these methods.

8.4.6 Perception About ANM

Some of the perceptions of the ever married women about the quality of the services provided by the village ANM and her attitude towards the community are presented in Table 8.11. Nearly three-fifth of the women agree that "a young ANM is better than traditional dais in assisting deliveries". Majority of the women (at least 75%) do not endorse the belief that an ANM is disinclined to assist deliveries in poor families or in scheduled caste households. Similarly, only 10 per cent of the women endorse the belief that the ANM/Nurse belonging to scheduled caste families are not accepted by high caste people.

8.4.7 Mortality Rates

The crude death rate is estimated to be 13.4 per thousand population. The state average is 12.8 (SRS 1992). The infant mortality (estimated by direct method) works out to be 83 per thousand live births - 84 in the rural areas and 70 in urban areas. The SRS estimate of IMR for the state as a whole is 98 (Table 8.12).

Table 8.1: Percentage of currently married women who had experienced pregnancies in last two years by source of antenatal care during pregnancy, according to background characteristics

Background characteristics	% under- went ANC check-up	Source of ANC treatment*				% received			Number of women pregnant in last two years
		District hosp/ PHC	Sub- centre	Private doctor	At home	Others	IFA tab	TT inj	
Age									
<20	27.3	43.9	21.0	22.3	7.4	5.4	19.1	37.9	26232
20-34	25.9	48.5	8.8	30.6	9.2	2.9	21.5	36.9	263397
35+	14.0	40.0	6.9	44.1	5.8	3.2	14.6	25.4	62486
Residence									
Urban	41.2	50.1	0.6	42.6	1.8	4.8	35.3	48.9	36733
Rural	21.9	46.6	11.7	28.8	10.2	2.8	18.3	33.3	315382
Education									
Illiterate	21.5	46.5	11.5	27.3	11.3	3.4	16.1	28.8	154118
Upto class 4 **	31.3	51.1	19.1	15.5	11.6	2.7	25.6	51.5	12763
Primary (5 yrs)	40.1	57.5	-	29.8	4.8	7.9	36.4	53.3	24085
Upto Middle (6-8 yrs)	42.8	44.3	16.6	34.5	4.5	-	38.6	64.7	15421
Upto High (9-10 yrs)	60.9	60.6	-	36.1	3.3	-	55.9	73.4	8734
Above High School (11-18 yrs)	75.8	27.2	4.7	68.1	-	-	68.0	94.4	8512
Religion									
Hindu	24.4	49.0	8.7	30.7	8.6	3.0	21.1	36.4	299474
Muslim	21.0	35.5	16.2	34.8	9.0	4.5	14.4	26.6	52407
Others	50.0	-	-	100.0	-	-	50.0	100.0	234
Caste									
Scheduled caste	18.6	50.8	12.5	19.1	10.9	6.7	16.5	28.2	164844
Scheduled tribe	-	-	-	-	-	-	28.7	28.7	1776
Backward caste	21.2	53.5	3.6	33.3	8.8	0.8	18.6	33.1	67226
Higher caste Hindu	33.2	42.1	9.7	40.1	6.8	1.3	25.8	45.6	118269
Total	23.9	47.2	9.7	31.3	8.7	3.2	20.1	35.0	352115

* Percentage is based on those who underwent ANC check-up

** Including the literates having no formal education

Table 8.2 (a): Percentage distribution of women pregnant at least once in last two years, who received medical check-up by stage of pregnancy

ANC visits	Urban	Rural	Total
Stage of pregnancy at the time of the first ANC visit			
No ante-natal care	58.7	78.2	76.2
First trimester	18.9	6.8	8.0
Second trimester	17.6	11.8	12.4
Third trimester	4.8	3.2	3.4
Total %	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.0	5.0	4.0
Number of pregnancies in last two years	37230	317175	354405

Table 8.2 (b): Antenatal check-up by stage of pregnancy

ANC visits by stage	Urban	Rural	Total
First trimester	45.6	31.1	33.7
Second trimester	42.6	54.0	51.9
Third trimester	11.8	14.9	14.4
N	15393	69065	84458

Note: Percentages worked out by suppressing women who have not taken antenatal care at all.

Table 8.3: Percentage distribution of live births in last two years by place of delivery, according to selected background characteristics

Background characteristics	Place of delivery					Total %	Number of women who had live births in last two years
	Health facility				Home		
	PHC/Dist hospital	Sub-centre	Public	Private			
Mother's age at birth							
<20	4.2	-	4.2	3.1	92.7	100.0	33094
20-34	4.5	0.1	4.6	2.9	92.5	100.0	215367
35+	2.5	-	2.5	1.7	95.8	100.0	35709
Residence							
Urban	11.6	-	11.6	10.1	78.3	100.0	30639
Rural	3.3	0.1	3.4	1.9	94.7	100.0	253532
Education							
Illiterate	2.4	0.1	2.5	1.3	96.2	100.0	229530
Upto class 4 (informal education)	7.0	-	7.0	2.0	91.0	100.0	10310
Primary (5 years)	10.3	-	10.3	1.0	88.7	100.0	18988
Upto Middle (6-8 years)	5.1	-	5.1	6.6	88.3	100.0	11177
Upto High (9-10 years)	26.5	-	26.5	13.4	60.1	100.0	6684
Above High School (11-18 years)	21.4	-	21.4	37.4	41.2	100.0	7483
Religion							
Hindu	4.3	0.1	4.4	2.8	92.8	100.0	240735
Muslim	4.1	-	4.1	2.0	93.9	100.0	43203
Others	-	-	-	50.0	50.0	100.0	234
Caste							
Scheduled caste	1.7	-	1.7	0.8	97.5	100.0	134963
Scheduled tribe	-	-	-	-	100.0	100.0	1163
Backward caste	3.1	-	3.1	1.6	95.3	100.0	52129
Higher caste Hindu	8.4	0.3	8.7	6.2	85.1	100.0	95915
Total	4.2	0.1	4.3	2.8	92.9	100.0	284171

Table 8.4: Per cent distribution of live births in last two years by type of assistance during delivery, according to

Type of assistance	residence		Total
	Urban	Rural	
Doctor or trained nurse	15.6	5.0	6.1
Trained dai	4.8	1.4	1.8
Untrained dai	26.4	31.4	30.9
Family member	40.3	57.8	56.0
Private doctor/ nurse	11.7	3.2	4.1
Others/self	1.2	1.2	1.2
Total %	100.0	100.0	100.0
Number	30639	253532	284171

Table 8.5a: Among children 6-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban areas

Background characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3	1	2	3				
Urban											
Sex											
Male	55.3	55.4	54.1	49.6	55.4	54.1	49.6	44.0	41.7	41.1	9192
Female	53.6	41.9	38.7	34.0	41.9	38.7	34.0	30.4	29.1	46.4	8304
Mother's Education											
Illiterate	38.8	27.6	24.8	24.8	27.6	24.8	24.8	24.8	24.8	61.2	4962
Upto class 4**	51.3	51.3	51.3	51.3	51.3	51.3	51.3	37.2	37.2	48.7	691
Primary (5 yrs)	53.1	44.7	44.7	44.7	44.7	44.7	44.7	32.6	32.6	46.9	1618
Upto Middle (6-8 yrs)	78.7	78.7	78.7	55.2	78.7	78.7	55.2	38.6	38.6	21.3	1479
Upto High (9-10 yrs)	87.7	87.7	87.7	87.7	87.7	87.7	87.7	68.0	68.0	12.3	992
Above High School (11-18 yrs)	93.9	93.9	85.9	85.9	93.9	85.9	85.9	81.0	73.0	6.1	1516
Religion											
Hindu	54.8	49.1	46.2	41.1	49.1	46.2	41.1	37.0	35.4	43.4	13705
Muslim	51.7	47.2	47.2	44.3	47.2	47.2	44.3	37.6	34.7	45.9	3675
Others	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		117
Caste											
Scheduled caste	34.8	30.0	30.0	30.0	30.0	30.0	30.0	30.0	30.0	65.2	4030
Scheduled tribe	-	-	-	-	-	-	-	-	-	100.0	194
Backward caste	56.8	47.9	45.2	34.6	47.9	45.2	34.6	34.6	34.6	40.2	5104
Higher caste Hindu	64.0	60.3	57.1	63.9	60.3	57.1	53.9	44.0	40.0	33.8	8168
Total	54.5	49.0	46.8	42.2	49.0	46.8	42.2	37.6	35.7	43.6	17496

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

** Including the literates having no formal education

Table 8.5b: Among children 6-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in rural areas

Background characteristics	Percentage of children 6-23 months vaccinated against									Number of children	
	BCG	DPT			Polio			Measles	All*		None
		1	2	3	1	2	3				
Rural											
Sex											
Male	50.7	48.1	43.3	37.2	48.5	45.2	38.5	29.0	24.0	42.9	74468
Female	37.0	38.3	31.1	26.6	37.4	30.7	26.7	20.9	17.1	56.4	68387
Mother's Education											
Illiterate	33.8	34.6	29.0	22.9	34.1	28.9	22.8	17.9	13.5	58.5	66189
Upto class 4**	60.9	50.4	44.2	38.1	44.2	44.2	38.1	43.9	32.0	39.1	4407
Primary (5 yrs)	73.1	70.8	65.0	62.2	70.8	65.0	62.2	44.4	42.0	22.3	10773
Upto Middle (6-8 yrs)	71.6	74.5	66.1	61.3	80.3	72.0	61.3	57.4	48.0	15.0	5460
Upto High (9-10 yrs)	83.0	72.6	72.6	72.6	72.6	72.6	72.6	63.3	63.3	17.0	2929
Above High School (11-18 yrs)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	71.00	71.00	-	1883
Religion											
Hindu	46.2	45.3	39.3	33.6	45.1	40.0	34.3	26.5	21.9	47.2	125580
Muslim	29.4	29.5	24.1	21.2	29.5	25.3	22.5	15.7	11.8	65.1	17275
Caste											
Scheduled caste	39.4	37.6	31.5	25.7	37.4	32.0	26.5	20.3	16.6	54.9	77827
Scheduled tribe	100.0	100.0	100.0	-	100.0	100.0	-	-	-	-	255
Backward caste	50.4	49.3	40.7	35.8	48.0	40.8	35.9	28.0	20.6	41.3	22464
Higher caste Hindu	49.2	50.5	46.3	42.1	51.1	48.1	43.2	32.7	28.4	43.8	42309
Total	44.1	43.4	37.5	32.1	43.2	38.3	32.9	25.2	20.7	49.4	142855

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

** Including the literates having no formal education

Table 8.5c: Among children 12-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban areas

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	51.5	49.2	49.2	49.2	49.2	49.2	49.2	46.3	44.8	45.6	6132
Female	51.7	39.4	37.0	37.0	39.4	37.0	37.0	37.0	35.1	48.3	5815
Mother's Education											
Illiterate	38.0	28.3	28.3	28.3	28.3	28.3	28.3	28.3	28.3	62.0	3195
Upto class 4**	24.4	24.4	24.4	24.4	24.4	24.4	24.4	24.4	24.4	75.6	445
Primary (5 yrs)	55.6	44.2	44.2	44.2	44.2	44.2	44.2	44.2	44.2	44.4	1194
Upto Middle (6-8 yrs)	57.4	57.4	57.4	57.4	57.4	57.4	57.4	44.2	44.2	42.6	739
Upto High (9-10 yrs)	82.1	82.1	82.1	82.1	82.1	82.1	82.1	82.1	82.1	17.9	680
Above High School (11-18 yrs)	92.9	92.9	92.9	92.9	92.9	92.9	92.9	77.9	77.9	7.1	1304
Religion											
Hindu	53.6	45.9	44.4	44.4	45.9	44.4	44.4	43.4	42.4	45.4	8933
Muslim	43.4	37.7	37.7	37.7	37.7	37.7	37.7	34.4	30.6	53.4	2897
Others	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	--	117
Caste											
Scheduled caste	43.3	34.4	34.4	34.4	34.4	34.4	34.4	34.4	34.4	56.7	2190
Scheduled tribe	-	-	-	-	-	-	-	-	-	100.0	194
Backward caste	56.8	42.9	39.1	39.1	42.9	39.1	39.1	39.1	39.1	43.2	3566
Higher caste Hindu	53.2	50.4	50.4	50.4	50.4	50.4	50.4	47.4	44.0	43.8	5997
Total	51.6	44.4	43.3	43.3	44.4	43.3	43.3	41.8	40.1	46.9	11947

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

** Including the literates having no formal education

Table 8.5d: Among children 12-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in rural areas

Background characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio		Measles	All*	None		
		1	2	3	1	2				3	
Rural											
Sex											
Male	54.2	51.8	47.1	41.2	52.4	49.0	41.8	34.5	30.3	40.2	51466
Female	39.4	41.5	35.1	30.6	40.2	34.4	30.7	26.7	23.0	54.7	45578
Mother's Education											
Illiterate	36.5	38.8	33.3	26.3	38.1	32.6	25.6	22.0	18.7	57.1	42766
Upto class 4**	73.8	61.1	53.6	46.2	53.6	53.6	46.2	53.1	38.7	26.2	3637
Primary (5 yrs)	71.2	73.5	63.7	63.7	73.5	63.7	63.7	49.5	46.5	22.9	8502
Upto Middle (6-8 yrs)	75.8	79.5	73.5	67.2	87.1	81.1	67.2	68.3	55.9	6.8	4202
Upto High (9-10 yrs)	87.6	75.1	75.1	75.1	75.1	75.1	75.1	63.9	63.9	12.4	2425
Above High School (11-18 yrs)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	81.7	81.7	-	1638
Religion											
Hindu	50.8	50.4	45.0	39.3	50.1	45.8	39.7	33.4	29.1	43.5	84551
Muslim	23.2	23.4	17.6	15.3	23.4	17.6	15.3	13.6	11.7	71.1	12493
Caste											
Scheduled caste	43.6	41.8	36.6	31.5	41.3	37.3	32.0	25.4	22.8	51.9	52331
Scheduled tribe	-	-	-	-	-	-	-	-	-	-	-
Backward caste	54.2	54.2	44.9	37.5	52.2	45.0	37.6	34.8	25.5	37.0	14967
Higher caste Hindu	50.3	52.3	48.2	44.0	53.4	49.3	44.0	38.5	34.8	43.4	29746
Total	47.3	46.9	41.4	36.3	46.7	42.2	36.6	30.8	26.9	47.0	97044

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

** Including the literates having no formal education

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)	3.7	5.7	5.5
Sometime public source and sometime private	38.8	31.3	32.2
Always private source/doctor	56.5	62.2	61.5
Others	1.0	0.7	0.8
Reasons for always preferring private source*			
Cheaper treatment	3.8	2.7	2.9
Near to my house	44.7	38.2	38.9
Better treatment	75.6	65.6	66.6
PHC/SC are far off	1.8	11.9	10.8
Bad behaviour of PHC staff	6.3	3.9	4.2
No alternative	2.3	10.4	9.5
No medicines available in public source	32.4	29.3	29.6
No staff/doctor available in public source	3.3	5.3	5.1
Takes more time at government hospital	7.7	5.2	5.4
Others	3.7	9.9	9.2
Can't say/don't know	-	0.1	0.1
Certainty about availability of doctor at PHC			
Quite certain	55.5	60.9	60.2
Not certain	41.2	35.7	36.4
Do not know	3.3	3.4	3.4

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

Table 8.7: Percentage of women reporting payment at public clinics and readiness to pay if services improved

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Reporting payment at Govt. Health Centers	31.2	37.7	36.8
Ready to pay for services if improve	74.4	74.2	74.2

Table 8.8: Percentage of women reporting contact with the health service providers

<i>Description</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Women or her HH member contacted by PHC/SC workers	58.4	48.4	49.6
Average number of contacts with PHC/SC workers during last 3 months			
Mean	1	1	1
SD	1	1	1
Households visited by workers in the last 3 months	1.9	7.5	6.9
Households reported visit of			
1 person	56.9	61.2	61.1
2 persons	43.1	34.1	34.3
3 or more persons	-	4.7	4.6
Total %	100.0	100.0	100.0
Frequency of visit during last 3 months			
1st person			
1	52.2	65.3	64.9
2	47.8	8.9	10.1
3 or more times	-	25.8	25.0
2nd person			
1	100.0	63.3	64.8
2	-	23.6	22.7
3 or more times	-	13.1	12.5
Who visited last			
ANM/LHV	91.7	85.1	85.4
Male workers	-	9.8	9.5
Doctor	-	-	-
Others	8.3	5.0	5.1
Per cent of families reporting at least one contact with public health service providers	59.0	51.7	52.5

Table 8.9: Quality of client-provider interface

<i>Residence</i>	<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	1.9	100.0	91.7	81.2	37.7
Rural	7.5	95.3	94.5	93.4	69.4
Total	6.9	95.4	94.4	93.0	68.4

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

<i>Women reporting visit of workers</i>	<i>Methods</i>	<i>Women reported that</i>				
		<i>Method was mentioned</i>	<i>Informed advantages and disadvantages</i>		<i>Informed how to use</i>	<i>Informed about source</i>
			<i>Both</i>	<i>None</i>		
7.7% [N=5815377]	Vasectomy	22.1	2.5	0.7	17.0	21.9
	Tubectomy	79.4	14.9	6.3	54.8	72.6
	IUD/CuT	27.4	9.9	2.3	17.9	23.9
	Pills	27.4	8.7	3.3	24.4	24.8
	Condom	28.8	7.8	3.8	22.4	25.6
	Withdrawal	2.7	1.3	0.5	-	NA
	Safe period	3.3	1.8	-	1.2	NA
	Total N	44651	44651	44651	44651	44651

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	75.9	59.5	61.4
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	22.6	17.6	18.2
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	8.0	9.9	9.7
% agreeing that ANM often do not want to visit or attend delivery in poor families	31.3	24.7	25.5
Total	69876	533625	603501

Table 8.12: Mortality rates

<i>Mortality rates</i>	<i>Urban</i>	<i>Rural</i>	<i>Total Uttar Pradesh [SRS 1992]</i>	
Crude death rate	11.3	13.7	13.4	12.8
Infant mortality rate	70	84	83	98

CHAPTER IX

COMMUNITY LEVEL INFORMATION

9.1 Profile of Study Area

The profile of the surveyed villages and existing health infrastructure are discussed in this section.

9.1.1 Profile of Surveyed Villages

A majority of the villages of Sitapur are remote (67%). Most of these are medium sized villages having an average population of 2000.

Three-fourths of the villages are within 3 kms of the sub-centre. Three-fourths of the villages have private medical practitioners. Majority of them follow allopathy (33%) or mixed (38%) system of medicine. Very few (17%) provide family planning services. The birth attendants are mostly (89%) untrained. Only 5 out of 79 villages have medical shops. The retail outlets for condoms and oral pills are few. The community based distribution (CBD) networks for condoms and oral pills are also few. Hardly four per cent of the community members (local panchayat members) are active family planning promoters. The educational facility in these villages mostly comprises of Primary Schools. Roughly half (41%) have secondary schools. Only 5 per cent villages are served by NGOs. None of them cater family planning services (Table 9.1).

Table 9.1: Profile of villages

	<i>Features</i>	<i>(N=79)</i>	
		<i>N</i>	<i>%</i>
1.	Type of Village		
	PHC	4	5.1
	SC	22	27.8
	Remote	53	67.1
2.	Population		
	Total	155681	-
	Average/village	1971	-
3.	Distance from main road		
(a)	Nearest Sub-centre (km)		
	Upto 3	60	75.9
	4-8	13	16.5
	9+	6	7.6
(b)	Nearest PHC (km)		
	Upto 5	31	39.3
	6-15	37	46.8
	15+	11	13.9
(c)	Nearest district HQ (km)		
	Upto 30	40	50.6
	30+	39	49.4

	Features	(N=79)	
		N	%
4.	Primary Schools (No.)	60	75.9
5.	Secondary Schools (No.)	32	40.5
	Boys	8	10.1
	Girls	8	10.1
	Both	16	20.3
6.	Villages having private medical practitioners (PMP)	58	73.4
(a)	Types of PMP		
	Allopathy	19	32.7
	Homeopathy	2	3.5
	Ayurvedic	10	17.2
	Unani	5	8.6
	Others (mixed type)	22	38.0
(b)	Those (PMP) providing FP services	10	17.2
7.	Medical shops (nos.)	5	6.3
8.	Villages with retail outlets for:		
(a)	Condoms	7	8.8
(b)	Oral pills	4	5.1
9.	Community based distribution (CBD) of:		
(a)	Condoms	1	1.3
(b)	Oral Pills	0	-
10.	CBD (Anganwadi) for:		
(a)	Condoms	4	5.1
(b)	Oral Pills	3	3.8
11.	Villages served by NGOs	4	5.1
	Active	3	
	Working for FP	0	-
12.	Major activities of NGOs (potential providers of FP services)	No such activities	
13.	Villages having Birth Attendants (No.)	57	72.2
(A)	Total no. of Birth Attendants	242	-
	Trained	26	10.8
	Untrained	216	89.2
14.	Local Panchayat Members (No.)	843	-
	- Active FP Promoter	34	4.0

9.1.2 Profile of Health Centres

The profile of health centres of Sitapur is summarised in Table 9.2. In the study area, there are three Primary Health Centres (PHC) and twenty-five Sub-centres (SC). Most of these health centres are housed in rented buildings. Only seven centres have electricity facility. Two PHCs have

a vehicle - one of which is in working condition. The manpower in all the health centres is adequate.

The cold chain equipment in all the health centres comprises only of vaccine carriers. The supply of Polio, DPT and Measles vaccines is regular and adequate. The supply of BCG vaccine is reported to be partly irregular but adequate.

The health centres are largely equipped with IUD insertion kits. The equipment for other methods/services like vasectomy, tubectomy, laparoscopy and MTP are either not available or are in non-working condition. The health personnel are largely trained in IUD insertion. The supply of IUD, oral pills and condoms in most of the health centres is regular and adequate.

The IEC material and the equipment to promote family planning is non-existent.

Table 9.2: Profile of Health Centres

Features	PHC (N=3)	SC (N=25)	Total (N=28)
1. Infrastructure (on day of visit)			
(a) Building			
Government		2	5
Rented	3	23	23
(b) Electricity	-		
	3	4	7
(c) Operation theatre			
Functioning	1	-	1
Non-functioning	1	-	1
No	1	25	26
(d) Vehicle			
Working	1	-	1
Non-working	1	-	1
No	1	25	26
2. Manpower (% occupied on day of visit)			
Medical Officer (MO)	85.7	-	85.7
Block Extension Educator (BEE)	100.0	-	100.0
Multipurpose Health Supervisor (MHS)	85.7	-	85.7
Lady Health Visitor (LHV)	50.0	-	50.0
Auxiliary Nurse Midwife (ANM)	100.0	-	100.0
Multipurpose Male Worker (MPWM)	90.0	75.0	81.8
Driver	100.0	-	100.0
3. Cold chain equipment (on day of visit)			
(a) ILR			
Functioning	1	-	1
Non-functioning	1	-	1
No	1	25	26
(b) Refrigerator			
Functioning	1	-	1

Features	PHC (N=3)	SC (N=25)	Total (N=28)
Non-functioning	1	-	1
No	1	25	26
(c) Vaccine carriers			
Functioning	2	25	27
Non-functioning	-	-	-
No	1	-	1
(d) Thermos			
Functioning	1	4	5
Non-functioning	-	1	1
No	2	20	22
4. Supply of vaccines (last 6 months)			
(a) Polio			
- Regular and adequate	2	22	24
- Regular but not adequate	-	2	2
- Irregular but adequate	1	1	2
- Neither regular nor adequate	-	-	-
(b) BCG			
- Regular and adequate	1	12	13
- Regular but not adequate	1	2	3
- Irregular but adequate	1	11	12
- Neither regular nor adequate	-	-	-
(c) DPT			
- Regular and adequate	1	22	23
- Regular but not adequate	1	2	3
- Irregular but adequate	1	1	2
- Neither regular nor adequate	-	-	-
(d) Measles			
- Regular and adequate	1	23	24
- Regular but not adequate	1	1	2
- Irregular but adequate	1	1	2
- Neither regular nor adequate	-	-	-
5. Services available (on day of visit)			
(a) Vasectomy			
Equipment working	3	-	3
Non-working	-	-	-
No	-	25	25
Trained personnel	2	-	2
(b) Tubectomy			
Equipment working	1	-	1

Features	PHC (N=3)	SC (N=25)	Total (N=28)
Non-working	2	25	27
No	-	-	-
Trained personnel	1	0	1
(c) Laparoscopy			
Equipment working	0	0	0
Non-working	3	25	28
No	-	-	-
Trained personnel	0	0	0
(d) IUD insertion kit			
Equipment working	3	16	19
Non-working	-	9	9
No	-	-	-
Trained personnel	2	20	22
(e) MTP			
Equipment working	1	1	2
Non-working	2	24	26
No	-	-	-
Trained personnel	-	-	-
6. Supply of contraceptives (last six months)			
(a) IUD			
- Regular and adequate	1	15	16
- Regular but not adequate	-	5	5
- Irregular but adequate	2	2	4
- Neither irregular nor adequate	-	3	3
(b) Pills			
- Regular and adequate	1	17	18
- Regular but not adequate	-	4	4
- Irregular but adequate	2	2	4
- Neither irregular nor adequate	-	2	2
(c) Condoms/Nirodh			
- Regular and adequate	3	21	24
- Regular but not adequate	-	1	1
- Irregular but adequate	-	2	2
- Neither irregular nor adequate	-	1	1
(d) IEC materials			
- Regular and adequate	1	7	8
- Regular but not adequate	-	2	2
- Irregular but adequate	-	2	2
- Neither irregular nor adequate	2	14	16
7. Types of IEC materials			
(a) Slide projector			
Not available	3	25	28

Features		PHC (N=3)	SC (N=25)	Total (N=28)
(b)	Film Projector			
	Not available	3	25	28

APPENDIX

A-I: SELECTED PRIMARY SAMPLING UNITS SITAPUR (URBAN)

<i>NAME OF TOWN</i>	<i>PSU NO.</i>	<i>WARD NO.</i>	<i>BLOCK NO.</i>
Sitapur M.B.	1	1	12
	2	5	55
	3	8	89
	4	11	123
	5	14	164
	6	18	200
	7	21	234
Laharpur M.B.	8	3	11
	9	15	56
Biswan M.B.	10	3	17
	11	11	60
Mahmudabad M.B.	12	8	39
	13	16	78
Khairabad M.B.	14	1	2
	15	8	38
Maholi T.A.	16	5	17
	17	10	36
Hargaon T.A.	18	1	1
	19	6	14
Sidhauri T.A.	20	3	8
	21	8	21

A-II: SELECTED PRIMARY SAMPLING UNITS SITAPUR (RURAL)

TAHSIL	BLOCK	PSU NO.	VILLAGE NAME	STRATUM
Misrikh	Pisawan	22	Neri	1
		23	Jalal Nagar	1
	Maholi	24	Brihmauli	1
		25	Endual Grant	1
	Misrikh	26	Paraspur	1
		27	Macharehta	1
	Machhrehta	28	Ambaghat	1
	Gondlamau	29	Tavindanagar	2
	Pisawan	30	Narni	2
		50	Jasrathpur	2
	Maholi	51	Manpur	2
		52	Ramuwapur	2
	Machhrehta	53	Amatamau	2
		54	Bakchherwa	2
	Gondlamau	74	Doriya	3
		75	Allipur	3
	Pisawan	76	Brahmawali	3
		77	Rajpur	3
	Maholi	78	Chavfera	3
		79	Gulriha	3
	Misrikh	80	Deopara	3
		81	Gangapur	3
Machhrehta	82	Patoiya	3	
	Gondlamau			
Sitapur	Ailiya	29	Sadatnagar	1
		30	Gurdhapa	1
	Hargaon	31	Daina	1
		32	Rahimabad	1
	Parsendi	55	Keshavpur	2
		56	Khagasiya Mau	2
	Khairabad	57	Uljapur	2
		58	Unasiya	2
	Ailiya	83	Nataura	3
		84	Ramnagar	3
	Hargaon	85	Benipur Fazal Ali	3
		86	Gadhi	3
	Parsendi	87	Jajpur	3
		Khairabad		

Laharpur	Hargaon	33	Bariadih	1
	Paresendi	34	Sarayan	1
		35	Angarasi	1
	Laharpur	36	Karseora	1
	Behta	37	Kuseba	1
	Sakran	38	Mohari	1
	Hargaon	59	Bishunpur	2
	Parsendi	60	Mirkillipur	2
	Laharpur	61	Tahpur	2
	Behta	62	Tejawabpur	2
		63	Tambaur Khas	2
	Sakran	64	Kajipur	2
	Parsendi	88	Kaimhara	3
	Behta	89	Midnia	3
		90	Suspauli	3
Biswan	Reusa	39	Golak Gondor	1
		40	Reusha	1
	Sakran	41	Reuan	1
	Reusa	65	Itgow	2
	Sakran	66	Semra Khurd	2
	Reusa	91	Laki Newada	3
		92	Chandoli	3
	Sakran	93	Gathiya Khurd	3
Sidholi	Kasmanda	42	Kalyanpur	1
		43	Unchakhera Kala	1
	Sidhauli	44	Husainganj	1
		45	Nawagaon	1
	Kasmanda	67	Lalwa	2
	Sidhauli	68	Baherwa	2
		69	Kathwa	2
	Kasmanda	94	Chandehra	3
	Sidhauli	95	Akohra	3
	Pahala	96	Shivra	3
Mahmudabad	Mahmudabad	46	Babupur	1
	Rampur Mathu	47	Kanarkhi	1
	Pahala	70	Sultanpur	2
	Mahmudabad	71	Bangawan	2
		72	Shiharu Khera	2
	Rampur Mathur	73	Thakuva	2
	Pahala	97	Jasmanda	3
		98	Bambhoori	3
	Mahmudabad	99	Amaliya Manpur	3
	Rampur Mathu	100	Puraina	3

