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

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Tehri Garhwal

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

SIFPSA, Lucknow

The Population Council, India

Centre for Development Research & Training, Madras

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CFDRT

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CHAPTER I

INTRODUCTION

1.1 Introduction

Uttar Pradesh is the most populous state in the country with 139 million persons as per 1991 Census. The Sample Registration System in 1992 indicated a high growth rate of population at 2.34 percent accompanied by a very high birth rate at 36.2 per 1000 population. These indicators have caused great concern to the authorities concerned who have been taking several measures to contain the growth and bring in a rapid decline in the fertility rates. It is in this context that the Government of India and the USAID reached an agreement to begin the "Innovations in Family Planning Services Project (IFPS)" under the executive management of the State Innovations in Family Planning Services Agency (SIFPSA). The goal of the project is to reduce the fertility rate in the State of UP through efforts to expand and improve family planning services. Since there has been differential impact of the FP services over the years in the different districts of the State, it was considered desirable to take up the district as a unit and develop adequate data base for generating suitable intervention programmes. In this context, it has been decided to take up baseline surveys in 15 districts spread over the different regions of the State. The work of conducting the Surveys in Ghaziabad and Tehri Garhwal districts has been entrusted to the Centre For Development Research and Training, (CFDRT), Madras. This report contains the details of the Survey conducted in Tehri Garhwal district.

1.2 Objectives of the Study

The general objectives of the survey are to:

- Provide a baseline against which the effectiveness and success of district level project activities can be assessed in the future.
- Provide background data at the district level to assist SIFPSA in the design of appropriate service innovations.

The specific objectives of the baseline survey include:

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

1.3 Socio-Economic and Demographic Profile of the District

Tehri Garhwal is one of the hilly districts of the Garhwal division. The terrain, environment, climate etc., of the district make the living conditions difficult for the people. Inadequate or lack of transport and communication facilities add further to the problems of the people and the officials involved in the development activities. In 1991 the district has recorded a population of 5.8 lakh persons of which 5.7 percent are urban and 94.3 percent are rural. Located close to the Himalayan ranges, the climate of the district is determined by the changes in weather conditions of the mountain ranges. The density of population in the district is low at 131 persons as against 473 in the State but it is higher than the division average of 99 persons. The decennial growth rate during 1981-91 recorded 15.6 percent increase in population compared to 25.2 percent during 1971-81. The decline in the recent decade may be due to the out-migration taking place from the areas likely to be submerged by the proposed Tehri Dam.

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

	<i>District</i>	<i>State</i>
Population (1991)		
Total	580,153	139,112,287
Male	281,934	74,036,957
Female	298,219	65,075,330
Growth rate (1981-91)	15.60	25.16
Population density (1991)	131	473
% of total state population	0.42	NA
% urban population	5.67	19.84
Sex ratio (1991)	1058	879
Literacy level (1991)		
Total	48.38	40.89
Male	72.10	55.73
Female	26.41	25.30
Contraceptive Prevalence Rate (1992-93)	43.10	34.54
Per cent of total population (1991)		
Scheduled caste	14.20	21.05
Scheduled tribe	0.11	0.21
Number of PHC/CHC (1991)	30	3,929
Number of Sub-centres (1991)	159	20,154
Average rural population per sub-centre (1991)	3,442	5,533

Overall literacy in the district is 48.4 percent and it is low at 26.4 percent among females compared to 72.1 percent for males. As in the case of workers in the State employed predominantly in the primary sector (73.1 percent), in the district also, the primary sector provides employment to nearly four-fifths of the workers. This is due to lack of industrial development and availability of agriculture as the main source of employment for most of the workers.

With regard to Family Planning, the Couple Protection Rate (CPR) which is the most important indicator of measurement provided by the Ministry of Health and Family Welfare in 1992 indicates a happy picture. During this year, the CPR recorded in the district is 43.1 percent comprising of 25.5 percent for sterilization and 17.6 percent for spacing methods. All these rates are interestingly higher than those recorded for the State as a whole. Availability of medical facilities through the public sector medical institutions indicates the number as 34 institutions per lakh population as against 8 in the State. The location of relatively higher proportion of the medical institutions is due to the scatter of the villages and the need for the accessibility of the institutions for the people. However, the average coverage of population by a PHC and SC conforms to the norms prescribed by the Ministry of Health and Family Welfare of the Government of India.

1.4 Presentation of the Report

The report is organized into eight chapters. The first chapter gives an introduction to the study and socio-demographic profile of the district. The second chapter discusses the survey design adopted for the study including the study tools, estimation procedures and data processing. The following six chapters discuss the results in view of the objectives of the study. The topics which these chapters deal with are as follows:

- Household and respondent background characteristics
- Nuptiality
- Fertility
- Family Planning
- Fertility preferences
- Maternal and child health and utilization of health services.
- Community level variables

CHAPTER II

THE SURVEY DESIGN

2.1 Sample Design and Implementation

The sampling procedure adopted in the baseline survey has been designed to provide adequate estimates of the Contraceptive Prevalence Rates by district and for rural and urban areas separately. The suggested sample size is 2500 households and interviewing all the available ever married women in the age group of 13-49 years on a *de facto* basis in the selected households.

For obtaining adequate estimates for urban and rural areas separately, it is suggested that, a sample size of at least 500 households (ever married women in the age group 13-49 years, available in the households on a *de facto* basis) will be required in each area. For this purpose, while in a majority of the districts the estimates will be available directly by using a self weighting sampling design (sample size allocated according to urban/rural population proportions as per the 1991 Census), in few other districts like Tehri Garhwal to achieve the minimum required sample size (i.e., 500 households), the sample will be reallocated as 500 and 2000 to urban and rural areas respectively.

2.1.1 Rural Sample

For obtaining the required number of eligible women as defined above, a two stage systematic sampling procedure has been adopted. The units of selection at different stages are villages and households. For the selection of villages, all the villages in the district are arranged in descending order of 1991 population after excluding villages with population less than 50 and clustering the villages with population upto 150. All these villages are first divided into three strata, each of an equal population size. On the basis of 25 households to be selected from each village, the number of villages to be selected is determined and they are distributed equally (more or less) between the three strata. In Tehri Garhwal district 80 villages - 26 from first stratum and 27 each from second and third strata have been selected with probability proportional to the size (PPS).

2.1.2 Urban Sample

All the urban towns in the district have been classified into the following three strata:

Strata I : Towns with population of 1,00,000 and over

Strata II : Towns with population 20,000 and over but upto 1,00,000

Strata III : Towns with population less than 20,000

The sample has been distributed into three strata in proportion to the population in each stratum. In order to give adequate representation for towns over 1,00,000 population, it has been proposed to select a sample of at least 4 Census Enumeration Blocks (CEBs) and similarly from the other two categories at least 2 CEBs have been proposed to be drawn. Accordingly, the number of towns to be selected from each stratum has been arrived at. All the towns in each category have been listed as per 1991 census list and then using PPS, the requisite number of

towns have been selected. For the selected towns, a list of CEBs has been obtained from Census office, and using PPS the required number of CEBs has been selected. The Stratum wise sample size for the urban areas in Tehri Garhwal district is given below:

<i>Stratum</i>	<i>Total No. of towns</i>	<i>No. of Towns selected</i>	<i>No. of CEBs selected</i>
I	-	-	-
II	1	1	12
III	4	4	8

2.1.2a Houselisting and Selection of households

For each of the selected Primary Sampling Unit - villages in case of rural areas and CEBs in case of urban areas, a complete houselisting has been undertaken. All the households have been numbered for easy identification and the details of the heads of the households with addresses etc. have been recorded in the house listing proforma designed for the purpose. Two investigators - one lister and one mapper - after due training, have been assigned the job of houselisting and mapping for each PSU. The entire houselisting in 100 PSUs in Tehri Garhwal district has been completed over a period of 1½ to 2 months, employing six teams and 3 Coordinators. After thorough scrutiny of these lists, 25 households from each PSU have been selected using systematic sampling procedure.

2.2 Study Tools

Five types of questionnaires were used in the study: the Household Questionnaire, the Woman's Questionnaire, the Village Questionnaire, the Primary Health Centre Questionnaire and the Sub-Centre Questionnaire (see Annexure). The overall content and format of the questionnaires were determined by the Population Council in collaboration with the Consulting Organizations (COs). The contents and design of the questionnaires were based broadly, keeping in view the socio-cultural milieu of the state and the objectives of the BSUP. The questionnaires are largely pre-coded, with fixed response categories. The questionnaires used in BSUP were bilingual, consisting of questions in both Hindi and English. The average time to complete the Household Questionnaire was about 15 minutes and the average time to complete the Woman's Questionnaire was 45 minutes, accounting for a total of 60 minutes.

The Household Questionnaire was used to list all usual residents of each sample household and all the visitors who slept in that household the night before the interview. Some basic information was collected on the characteristics of each person listed, including their age, sex, marital status, education, occupation and relationship to the head of the household. The main purpose of this section of the Household Questionnaire was to identify women who were eligible for the Woman's Questionnaire (ever-married women aged 13-49 years). In addition, the Household Questionnaire collected information on the household itself, such as the source of drinking water, type of house, source of lighting, ownership of agricultural land, ownership of various consumer durable goods, and characteristics of the head of the household such as religion, caste or tribe. The Household Questionnaire also included sections on household birth and death records wherein all the live births and deaths that took place within the last two years in the household were recorded.

The Woman's Questionnaire was used to collect information from eligible women -- that is, all ever-married women, usual residents as well as visitors, aged 13-49 years. The Woman's Questionnaire consisted of five sections:

Section 1. Socio-Economic Characteristics of the Couple: In this section questions on age, marital status, age at marriage and education of the couple and the women's exposure to various media are included.

Section 2. Fertility and Family Size Norms: In this section, information is collected about the number Children Ever Borne and Surviving. The information collected includes the total number of sons and daughters that a woman has given birth to and information about stillbirths and abortions that the woman had after her last live birth. Also, information regarding the unwanted pregnancies, ideal family size, knowledge of the legal age at marriage for girls and boys, future fertility preferences and regarding husband wife communication with respect to adoption of family planning.

Section 3. Utilization of Health Services: Information related to the source of treatment for common sicknesses, reasons for the preference of the source of treatment, visits by the health workers and the level of satisfaction with the health worker's assistance/visit. Also, pregnancy history for the period two years prior to survey and utilization of MCH services are dealt in this section.

Section 4. Family Planning: This section forms core section of the questionnaire as information related to various family planning issues forms the major objective of BSUP. Here, information on the knowledge, ever use and current use of various family planning methods, intentions for future use, and for current users, the duration of use, source of the method, problems experienced with use, perceived disadvantages or inconveniences with the method, information received from the health workers about family planning methods, follow-up provided to family planning method users, and regarding the unmet need for the family planning are collected.

Besides these schedules, information relating to infrastructural facilities available in the sample villages are collected using Village Schedule. Similarly, for the concerned PHC/CHC and the SC located in the selected villages were also canvassed with the CHC/PHC/Sc Schedule.

2.3 Recruitment of Investigators and Training

In order to maintain uniform survey procedures across the states, four manuals dealing with different aspects of the survey were prepared. The *Interviewer's Manual* consisted of instructions for the interviewers regarding interviewing techniques, field procedures, and instructions on the method of asking each question and recording answers. The *Manual for Field Editors and Supervisors* contained a detailed description of the role of field editors and supervisors in the survey. A list of checks to be made by the field editor in the filled-in questionnaires was also provided in this manual. The *Household Listing Manual* was meant for household listing teams, and contained procedures to be adopted for household listing.

The selection of field teams was done in the district in order to ensure that interviewers were acquainted with localities in the district. All the field interviewers and editors were females and had received either a bachelor's or a master's degree. The field supervisors were males.

Training of field staff for the main survey was conducted at Narendhra Nagar during 1st November -25 December 1993. A total of 31 persons (6 males and 25 females) were trained by the Senior staff of CFDRT. Representatives of Population Council were also present during

training.

The three-week training course consisted of instruction in interviewing techniques and field procedures for the survey, a detailed review of each item in the questionnaire, mock interviews between participants in the classroom and practice interviews in the field. In addition, two special lectures were arranged: one on the topic of family planning at the beginning of the section on Family planning in the Woman's Questionnaire and one on maternal and child health practices, including immunizations, at the beginning of the section on health of children. Medical doctors conversant with the state's Maternal and Child Health (MCH) programme were the resource persons for these lectures. Female trainees who performed satisfactorily in the training programme were selected as interviewers for the main survey. In addition to the main training, two days' training was specially arranged for field editors and supervisors. The editors were trained to detect errors in the filled-in questionnaires and resolve problems in editing.

The fieldwork for the BSUP in Tehri garhwal was carried out by four interviewing teams, each team consisting of one field supervisor, one field editor and four female interviewers. The fieldwork was carried out between 29 November 1993 and 27 January 1994. Each team was allowed a fixed period of two days time to complete fieldwork in a PSU before moving to the next PSU. Each interviewer was instructed not to conduct more than three interviews a day and was required to make a minimum of three callbacks if the eligible woman identified in the selected household was not present at the time of the household interview.

The main duty of the field editor was to examine the completed questionnaires in the field for completeness, consistency and legibility of the information collected and to ensure that all necessary corrections were made. Special attention was paid to missing information, skip instructions, age information, completeness of the Family Planning, and the birth history. Whenever major discrepancies in the questionnaire were observed, the interviewers were required to revisit the respondent to correct the problems. If a return visit was not possible, the editor tried to establish, with the interviewer's assistance, the correct response. However, this option was used very rarely as the teams were based very close to the sampled villages which helped in making repeated revisits to the villages. An additional duty of the field editor was to observe ongoing interviews to ensure the correct procedure of the method of asking questions, recording answers and following skip instructions. The field supervisor collected information on the village using the Village Questionnaire. In addition, the field supervisor conducted spot-checks to verify the accuracy of information collected on the eligibility of respondents. During the period of data collection, Senior staff of the Population Council visited the field for ensuring correct survey procedures and maintaining the quality of the data. Throughout the survey, the Senior staff of CFDRT maintained close contacts with all the teams through direct communication and spot-checking. The objective was to provide support and advice to staff in the field and to enhance data quality and the efficiency of interviewers. This objective was accomplished by communicating data problems and possible solutions to the interviewing teams, reminding interviewers about proper probing techniques and examining the fieldwork of the supervisors. In addition, data from the field were simultaneously entered into microcomputers, and field check tables were produced during the fieldwork to assess the quality of the data and identify problem areas. These tables were discussed with the interviewing teams and supervisors during the fieldwork so that they could improve their performance if needed. Each team supervisor was provided with the original household listing, layout sketch map and the household sample selected for each PSU.

2.4 Data Processing

All completed questionnaires for the Tehri Garhwal BSUP were sent to the office of CFDRT in Madras for data processing. This process consisted of office editing, coding, data entry and machine editing. Although field editors examined the completed questionnaires in the field, the questionnaires were re-edited at the CFDRT office by specially trained office editors. One supervisor and four data entry operators were responsible for data entry and computer editing operations. The data were processed with four microcomputers using the data entry software provided by the Population Council. The data entry, done directly from the precoded questionnaires, started within one week of the receipt of the first set of completed questionnaires. All data entry and editing operations were completed by 11 February 1994. Computer-based checks were done to clean the data and remove inconsistencies.

A preliminary report highlighting the important findings of the survey in Uttar Pradesh was prepared in March, 1994. The preliminary report was primarily meant for disseminating the data on basic demographic and health parameters among programme planners, policy makers and administrators soon after the data collection was over. The report contained seventeen tables and a short description of the findings on fertility, knowledge and use of contraception, utilization of antenatal services, immunization, infant and child mortality, and the village level information.

In order to maintain comparability with all the districts, the tabulation plan for the detailed district reports were finalized at a workshop held in Lucknow in April, 1994. The final tables for Tehri Garhwal were produced at CFDRT based on this tabulation plan after the cleaning of the data by applying the weighting factors. These tables have been and are being thoroughly checked for locating possible processing errors.

2.5 Estimation Procedure

A. Weighting Factor for Rural Areas:

$$\text{HouseholdFactor} = \frac{P_i}{a * p_i} * \frac{H_i}{h_i}$$

Where:

- P_i = Total rural Population of the district
- p_i = Population of the (ith) Village/ith PSU (1991 Census)
- a = Number of selected PSUs (villages) from the rural areas of the district
- H_i = Number of listed households in the ith PSU (village)
- h_i = Actual number of households surveyed in the ith village

Note: For segmented villages, total number of households obtained from 1991 Census are projected by 2 1/2 years to get 1993 projected/listed households for the village.

$$\text{EWfactor} = \text{HouseholdFactor} * \frac{E_i}{e_i}$$

Where :

- E_i = Total number of eligible women existing in the selected households in the ith

village/PSU
 e_i = Number of eligible women covered in the i th village

B. Weighting Factor for Urban Areas:

Where:

P_i = Total urban population (1991 census) in the i th 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
 h_k = Actual no. of households surveyed from the k th CEB

Where:

E_k = Total number of eligible women present in the k th CEB of the j th town of i th stratum
 e_k = Actual number of eligible women covered in the k th CEB

$$EWFactor = HouseholdFactor * \frac{E_k}{e_k}$$

Table 2.1 shows the results of household and individual interviews, response rates for the survey, and reasons for nonresponse. Of the total sample of 2500 households in Tehri Garhwal District for the Base Line survey, a sample of 500 households in the urban areas and 2000 households in the rural areas was selected. Out of them, the interviews could be completed in 97 percent. The rest of them could not be interviewed due to absence of adult member in the household, household being absent, refusal and household being vacant. The household response rate for the district is estimated to be about 98 percent with a little variation between the urban and rural areas. Slightly less than one eligible woman (0.98) per household in the urban area and about 1.1 eligible women per household in the rural area were found in the sample. 95 percent of the women could be interviewed and the rest of them could not be contacted mostly due to the women being not at home. The eligible women response rate is 95.5 percent.

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

Results	Urban		Rural		Total	
	Number	%	Number	%	Number	%
Households selected	500	100.00	2000	100.00	2500	100.00
Households completed (C)	494	98.80	1937	96.85	2431	97.24
Households with no competent respondent (HP)	1	0.20	17	0.85	18	0.72
Household absent (HA)	2	0.40	35	1.75	37	1.48
Household postponed (P)	0	0.00	0	0.00	0	0.00
Household refused (R)	0	0.00	1	0.05	1	0.04
Households vacant/no dwelling (DV)	0	0.00	2	0.10	2	0.08
Dwellings destroyed (DD)	0	0.00	0	0.00	0	0.00
Others (O)	3	0.60	8	0.40	11	0.44
Households occupied	500	100.00	2000	100.00	2500	100.00
Households interviewed	494	98.80	1937	96.85	2431	97.24
Households not interviewed	6	1.20	63	3.15	69	2.76
Household response rate (HHR)	NA	99.40	NA	97.34	NA	97.75
Eligible women	490	100.00	2136	100.00	2626	100.00
Women interviewed (EWC)	478	97.55	2028	94.94	2506	95.43
Women not at home (EWNH)	12	2.44	103	4.82	115	4.37
Women refused (EWR)	0	0.00	2	0.09	2	0.07
Women incomplete(EWPC)	0	0.00	0	0.00	0	0.00
Others (EWO)	0	0.00	3	0.14	3	0.11
Individual response rate (EWRR)	NA	97.55	NA	95.08	NA	95.54
Overall response rate (ORR)	NA	96.96	NA	92.54	NA	93.38

2.6 Field Problems

As is well accepted, every survey is subject to a variety of field problems, which cannot be fully anticipated. The major problems encountered in the Tehri Garhwal BSUP are highlighted below.

2.6.1 Transportation

Almost all the teams experienced the problem of approaching the sample villages due to hilly terrain and lack of proper roads for the vehicles. These PSUs were covered by foot and by using local means of transportation. Added to this was the snow fall in some of the PSUs in the northern part of the district.

2.6.2 Communication

One of the major problems encountered during the Tehri Garhwal BSUP was of communication. The communication between the head office at Madras and the Field office at Tehri was very difficult by any means(either through post or through telephone). As a result, fieldwork was delayed due to funds not reaching the field in time.

CHAPTER III

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

This chapter presents a profile of the demographic and socioeconomic characteristics of the households and respondents in the BSUP. The chapter also includes some comparisons of the BSUP results with results from the 1991 Census of India and the Sample Registration System.

3.1 Age-Sex Distribution of the Household Population

Through the household schedule administered to all the selected households, information has been collected on socio-demographic profile of the household population. The BSUP household population are tabulated in two ways: *de jure* (the usual residents) and *de facto* (the visitors - persons who slept the night before the survey interview). The *de facto* and *de jure* populations in Tehri Garhwal may differ because of temporary population movements. Table 3.1 shows both the *de jure* as well as *de facto* populations classified by age, sex and residence. In this table, the total population is divided into urban and rural areas. The total weighted *de jure* and *de facto* population are 693800 and 13,682 respectively. The visitors population constitutes about two percent of the total household population. The age distribution of the *de jure* household population shows that the child population (0-14) years is large constituting 38 percent of the total population.

The sex-ratio of the *de jure* household population is 970 females per 1000 males which is lower than 1058 that was found in 1991 census. The reduction in the sex ratio may be due to the migration of the families taking place in the recent past because of the evacuation of the areas coming under the catchment area of the proposed Tehri dam. Against this the sex ratio of *visitors* is found to be highly favourable to females (1042 per 1000 males). Further, it can also be seen that women in the age group 15-29 constitute 61 percent of the total female visitors population.

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure									
< 1	2.0	1.3	1.7	2.0	1.9	2.0	2.0	2.0	2.0
1 - 4	8.6	9.4	9.0	9.0	8.7	8.9	8.9	9.0	8.9
5 - 9	13.9	14.0	14.0	14.7	13.3	14.0	14.0	14.7	14.0
10 - 14	13.6	11.8	12.8	13.6	13.4	13.5	13.5	13.6	13.5
15 - 19	9.6	11.2	10.3	11.9	11.2	11.6	11.6	11.7	11.5
20 - 24	9.8	9.5	9.7	7.8	8.3	8.1	8.1	7.9	8.1
25 - 29	8.4	10.7	9.4	6.4	7.4	6.9	6.9	6.5	7.0
30 - 34	7.9	9.5	8.6	5.6	6.0	5.8	5.8	5.7	6.0
35 - 39	7.5	7.7	7.6	4.9	6.5	5.7	5.7	5.1	5.8
40 - 44	5.8	4.1	5.0	4.8	4.2	4.5	4.5	4.9	4.5
45 - 49	4.2	5.1	4.6	4.0	4.8	4.4	4.4	4.1	4.4
50 - 64	7.0	4.2	5.7	10.5	10.5	10.5	10.5	10.3	10.2
65+	1.7	1.7	1.7	4.7	3.8	4.2	4.2	4.5	4.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	190.9	161.9	352.8	3066	2998	6064	6064	3257	6417
Sex Ratio	NA	NA	848	NA	NA	978	978	NA	970
Visitors									
< 1	7.8	4.9	6.1	7.4	6.3	6.9	6.9	7.4	6.8
1 - 4	30.2	13.3	20.2	8.1	12.5	10.3	10.3	9.0	10.8
5 - 9		3.2	1.9	5.2	6.9	6.1	6.1	5.0	5.9
10 - 14	2.7		1.1	8.9	3.1	6.0	6.0	8.7	5.7
15 - 19	7.7	9.1	8.5	9.3	15.9	12.6	12.6	9.2	12.4
20 - 24	16.8	27.8	23.3	24.4	27.3	25.9	25.9	24.1	25.7
25 - 29	19.1	16.7	17.7	12.9	17.7	15.4	15.4	13.2	15.5
30 - 34	2.7	7.5	5.6	9.1	2.1	5.6	5.6	8.8	5.6
35 - 39	4.8	4.0	4.3	6.3	2.4	4.4	4.4	6.3	4.4
40 - 44				3.1	.8	2.0	2.0	3.0	1.9
45 - 49		2.4	1.4	2.4		1.2	1.2	2.3	1.2
50 - 64	8.2	6.2	7.0	1.8	.8	1.3	1.3	2.0	1.6
65+		4.9	2.9	1.0	4.1	2.6	2.6	1.0	2.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	2.5	3.7	6.2	59.1	60.6	119.7	119.7	61.7	125.9
Sex Ratio	NA	NA	1480	NA	NA	1025	1025	NA	1042

Sex Ratio = Females /1000 Males

NA = Not Applicable

3.2 Household Composition

Table 3.2 shows the percent distribution of households by various characteristics of the household head (sex, age, marital status, religion and caste), as well as the number of usual household members. Almost all the household heads are male, regardless of the type of residence. The median age of household heads varies by residence from about 38 years in rural areas to 48 in urban areas. In rural areas about one fourth of the household heads are of the age group 60+ indicating the importance of the age factor for being the head of the household in the rural areas. With regard to religion of the head of the household about 98 percent of them are Hindu with a little urban-rural difference. About ten percent of household heads are classified as belonging to scheduled castes and a little less than one percent are members of scheduled tribes. According to the 1991 Census (Office of the Registrar General and Census Commissioner,

1992), the percentages of the population belonging to scheduled castes and scheduled tribes in Uttar Pradesh were 21 and 0.2 percent, respectively and that of the district is 14 percent scheduled caste. The mean household size for the district as a whole is 5.8 persons per household ranging from 4.8 members in urban areas to 5.9 in rural areas.

Table 3.2: Housing composition

Housing composing	Residence		
	Urban	Rural	Total
Sex of the household head			
Male	94.8	90.6	90.9
Female	5.2	9.4	9.1
Age of household head			
Less than 30	15.8	7.6	8.1
30 - 44	52.7	34.2	35.5
45 - 59	26.8	33.9	33.4
60 +	4.7	24.3	23.0
Median age	38.0	48.0	46.0
Marital status of household head			
Never married	2.2	1.1	1.2
Currently married	92.5	87.4	87.7
Widowed	5.1	10.5	10.2
Divorced		.1	.1
Separated	.1	.9	.8
Religion			
Hindu	97.2	97.7	97.7
Muslim	1.3	1.7	1.6
Others	1.5	.6	.7
Caste			
Scheduled caste	9.6	9.7	9.7
Scheduled tribe	1.0	.6	.7
Backward caste	1.1	.8	.8
Higher caste	88.3	88.9	88.9
Number of usual members			
1	3.9	3.4	3.5
2	7.8	4.8	5.0
3	7.4	8.0	7.9
4	23.0	12.1	12.8
5	26.8	18.3	18.8
6	17.7	17.6	17.6
7	8.6	13.9	13.6
8	2.7	9.0	8.6
9 +	2.2	13.0	12.2
Mean	4.8	5.9	5.8
Total %	100.0	100.0	100.0
Number of households	73.8	1026.0	1099.9

Table 3.3: Usual residents and visitors

Characteristics		Usual resident	Visitor	Total %	Total N *
Male Age					
	< 1	93.5	6.5	100.0	70.2
	1 - 4	98.1	1.9	100.0	298.2
	5 - 14	99.1	.9	100.0	928.2
	15 - 19	98.5	1.5	100.0	388.3
	20 - 24	94.5	5.5	100.0	272.3
	25 - 29	96.3	3.7	100.0	221.4
	30 - 34	97.2	2.8	100.0	192.4
	35 - 39	97.7	2.3	100.0	169.3
	40 - 44	98.8	1.2	100.0	159.9
	45 - 49	99.0	1.0	100.0	133.3
	50 - 59	100.0	.0	100.0	229.8
	60 +	99.3	.7	100.0	255.3
Residence					
	Urban	98.7	1.3	100.0	193.5
	Rural	98.1	1.9	100.0	3125.2
	Total	98.1	1.9	100.0	3318.6
Female Age					
	< 1	93.7	6.3	100.0	63.7
	1 - 4	97.2	2.8	100.0	284.3
	5 - 14	99.3	.7	100.0	849.5
	15 - 19	97.3	2.7	100.0	365.2
	20 - 24	93.8	6.2	100.0	282.4
	25 - 29	95.4	4.6	100.0	249.1
	30 - 34	99.2	.8	100.0	197.2
	35 - 39	99.2	.8	100.0	207.6
	40 - 44	99.6	.4	100.0	134.0
	45 - 49	99.9	.1	100.0	151.5
	50 - 59	99.9	.1	100.0	219.0
	60 +	98.6	1.4	100.0	220.3
Residence					
	Urban	97.8	2.2	100.0	165.6
	Rural	98.0	2.0	100.0	3058.6
	Total	98.0	2.0	100.0	3224.2
Total Age					
	< 1	93.6	6.4	100.0	133.9
	1 - 4	97.7	2.3	100.0	582.5
	5 - 14	99.2	.8	100.0	1777.7
	15 - 19	97.9	2.1	100.0	753.5
	20 - 24	94.2	5.8	100.0	554.7
	25 - 29	95.9	4.1	100.0	470.4
	30 - 34	98.2	1.8	100.0	389.6
	35 - 39	98.5	1.5	100.0	376.9
	40 - 44	99.2	.8	100.0	293.9
	45 - 49	99.5	.5	100.0	284.9
	50 - 59	99.9	.1	100.0	448.8
	60 +	99.0	1.0	100.0	475.6
Residence					
	Urban	98.3	1.7	100.0	359.0
	Rural	98.1	1.9	100.0	6183.8
	Total	98.1	1.9	100.0	6542.8

* in 00's

Table 3.3 presents the age-sex distribution of the household population (both usual residents and visitors). Overall, the visitors population constitutes a little less than two percent(1.9

percent) of total population in both the areas. Among the total female population visitors account for more than two percent in both urban and rural areas.

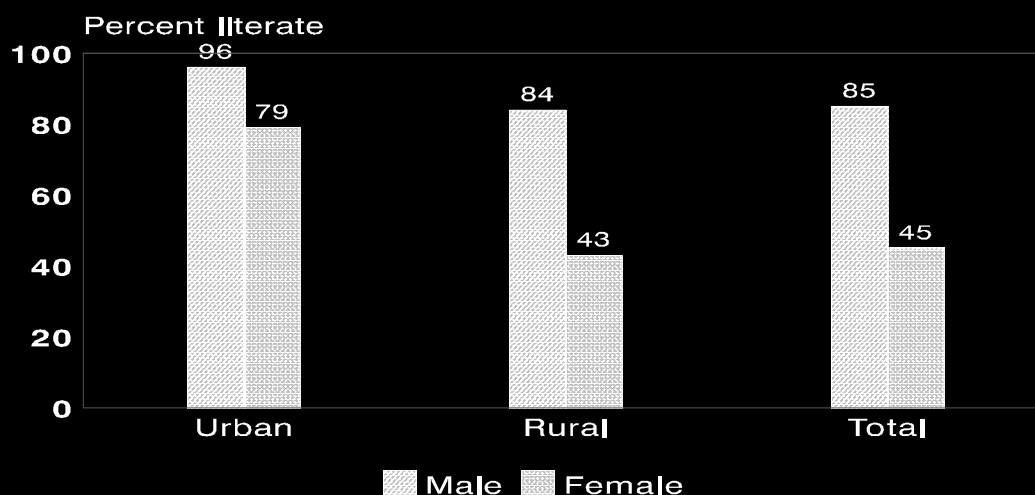
3.3 Educational Attainment

The educational level of household members is an important characteristic as educational attainment often observed to be determining reproductive behaviour, the use of contraceptives, the health of children and proper hygienic practices. Table 3.4 presents the educational attainment of the household population by residence. Overall, a little higher than one third (35 percent) of the population aged six and above are illiterate, this percentage ranges from about 11 percent in urban areas to 37 percent in rural areas. Pronounced sex differentials in the literacy level are observed in rural areas with 57 percent illiterate females as against 16 percent illiterate males. With regard to educational attainment, wide variations are observed with 33 percent of population educated above high school in urban areas to only nine percent in rural areas. Though the sex differentials exist in both the areas, urban women are better off than the rural women with regard to higher education (3 percent and 23 percent respectively in rural and urban areas with above high school qualification).

Table 3.4: Educational level of household population

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	3.6	20.8	11.4	16.1	57.3	36.6	15.4	55.5	35.2
Upto class 4	18.6	19.3	18.9	21.1	16.7	18.9	21.0	16.9	18.9
Primary	6.4	10.3	8.2	12.0	7.7	9.8	11.7	7.8	9.8
Upto middle	13.3	14.9	14.1	18.8	10.7	14.8	18.5	10.9	14.7
Upto high	17.1	11.5	14.6	17.8	4.5	11.2	17.8	4.9	11.4
Above high school	41.0	23.2	32.9	14.1	3.1	8.6	15.6	4.1	9.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	190.9	161.9	352.8	3066	2998	6064	3257	3160	6417
Median number of years	10.0	6.0	8.0	6.0		3.0	6.0		4.0

Figure 3.1: Education Level of Household Population



Tehri Garhwal, UP, 1993-94

Table 3.5 presents school enrolment ratios for the school-age *de jure* household population, by age, sex and residence. The focus here is on children in the age group 6-14, as there is a constitutional provision for free and compulsory education for children upto age 14. For the district as a whole the proportion of the children enrolled in the schools is 87 percent. As expected almost all children in urban areas are enrolled in the schools as against 87 percent in rural areas. The enrolment rate is higher for males than for females. Enrolment ratios by sex in the district as a whole are 94 percent for males and 83 percent for females aged 6-14.

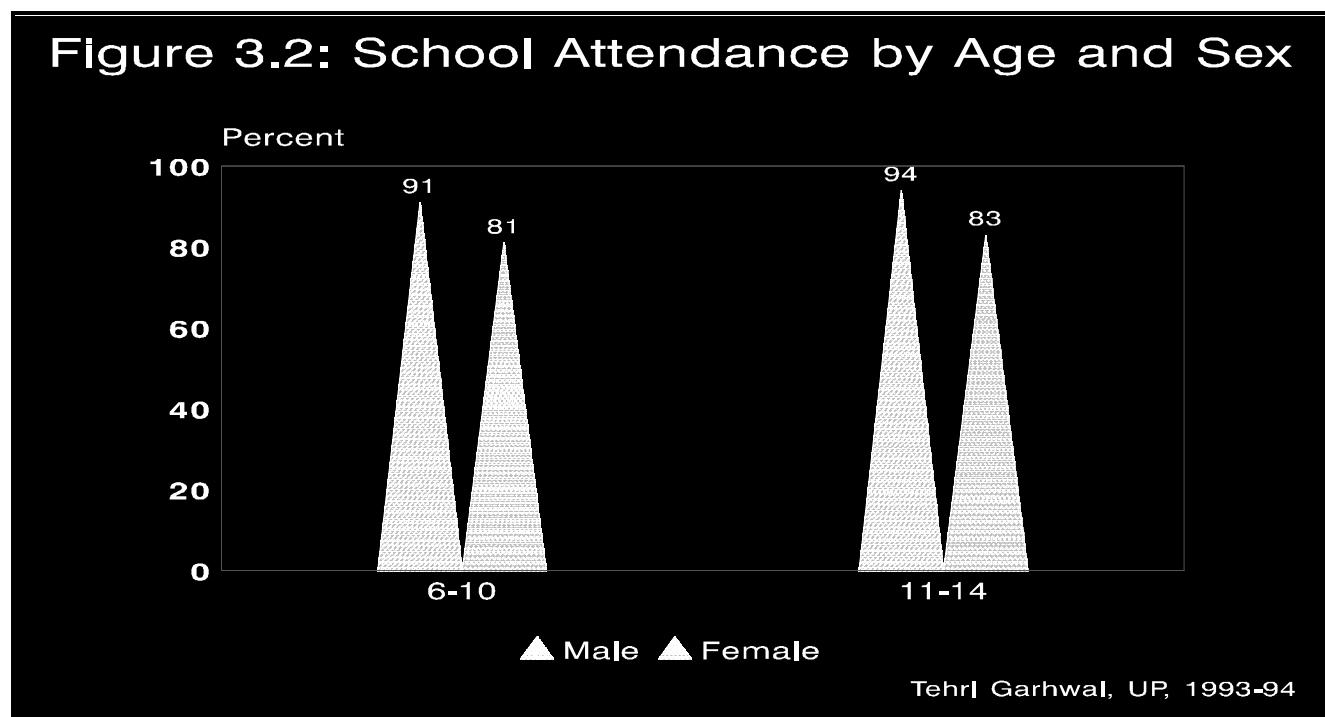


Table 3.5: Percentage of children attending school by age, sex and residence

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6 - 10	99.3	98.0	98.7	89.9	80.5	85.5	90.5	81.4	86.3
11 - 14	100.0	100.0	100.0	93.7	81.6	87.7	94.0	82.5	88.3
6 - 14	99.6	98.8	99.2	91.5	81.0	86.5	92.0	81.9	87.1
Total N	47.8	36.8	84.6	773.1	720.9	1494	820.9	757.7	1579

Urban-rural differences in female enrolment ratios are 18 percentage points at age 6-14 favourable in urban areas in all age groups (6-10,11-14 and 6-14). In spite of the urban-rural and sex differentials that exist in the school enrolment ratios, it can be said that on the whole school enrolment in the district is comparatively better than the state average.

3.4 Housing Characteristics

Housing characteristics by residence are presented in Table 3.6. Against 96 percent of the households with electricity in urban areas only 40 percent of the households in rural areas have electricity. In the district as a whole, only 44 percent of households have electricity. The type of drinking water is an important determinant of the health status of household members,

particularly of children. The seriousness of major childhood diseases such as diarrhoea can be reduced by safe drinking water and proper hygienic practices. In the BSUP a question on source of drinking water for the household was asked. Regarding the source of drinking water, 60 percent of households have piped water, two percent get water from a hand pump, and 37 percent from other sources like spring water etc. Large urban-rural differences in the source of drinking water are observed, the proportion of households with piped drinking water is 91 percent in urban areas against 57 percent in rural areas.

Larger urban rural differentials are observed with regard to type of house. Overall, for the district as whole about 47 percent of the houses were either huts or kutcha, this percentage ranged from 13 percent in urban areas to 49 percent in rural areas. A little less than half of the (48 percent) households have Radio and every eighth household has a Television set in the district. As expected urban households are found to be better equipped with mass media facilities than rural households.

Table 3.6: Housing characteristics

Housing characteristic	Residence		
	Urban	Rural	Total
% households with electricity	96.1	40.1	43.9
	3.9	59.9	56.1
Source of drinking water			
Piped			
Handpump	90.5	57.3	59.6
Well water	8.3	1.9	2.3
Other		1.1	1.1
	1.3	39.6	37.0
Type of house			
Hut			
Kutcha	3.4	1.7	1.8
Mixed	10.0	47.7	45.2
Pucca	18.7	30.5	29.7
	67.9	20.1	23.3
Agricultural land ownership			
Landless			
1-3 acres	97.6	8.3	14.3
4-5 acres	2.2	89.1	83.2
6 or more acres		1.8	1.7
	.2	.8	.8
Consumer durable goods			
Radio (% possessed)			
1	76.4	46.1	48.1
2	23.6	53.9	51.9
Television (% possessed)			
1	66.7	7.9	11.8
2	33.3	92.1	88.2
Total %	100.0	100.0	100.0
Number of households	73.8	1026.0	1099.9

3.5 Respondent Background Characteristics

In this section selected background characteristics of the respondents (ever-married women aged 13-49), based on the Woman's Questionnaire are examined. Table 3.7 shows several important background characteristics of the respondents. The increase in the proportion of women in the age group 20-29 indicates the increase in the proportion married in successive age groups. The decline after age 20-29, by which time most women have already married, reflects the normal pyramidal shape of the age distribution. This age pattern is similar for the district as a whole and by residence groups. About ninety-six percent of respondents (ever-

married women) are currently married. Distribution of the respondents by educational status shows a higher illiteracy (72 percent) in the district with urban women being better educated than their rural counterparts (30 percent and 75 percent illiterates respectively in urban and rural areas). The pattern of distribution of respondents by religion shows 97 percent of the respondents as Hindus and by caste 86 percent higher caste Hindus and another ten percent being scheduled caste similar to the pattern of distribution of households by these same characteristics, discussed elsewhere in the report.

Table 3.7: Background characteristics of the respondents

Background characteristic		Residence		Total number of women		
		Urban	Rural	Total	Weighted N *	Unweighted N
Age	15 - 19	2.5	3.0	3.0	35.8	73
	20 - 24	15.8	18.4	18.2	217.4	450
	25 - 29	22.1	20.0	20.1	240.1	512
	30 - 34	21.5	16.6	16.9	202.0	441
	35 - 39	17.1	17.3	17.3	206.3	430
	40 - 44	9.4	11.6	11.4	136.7	279
	45 - 49	11.7	13.2	13.1	156.4	321
Marital status						
	Currently married	97.5	96.3	96.4	1151.9	2419
	Previously married	2.5	3.7	3.6	42.9	87
Education						
	Illiterate	29.5	74.9	72.1	861.4	1663
	Upto class 4	5.9	4.4	4.5	53.7	118
	Primary	12.4	8.0	8.3	99.0	220
	Upto middle	13.7	6.6	7.0	83.9	198
	Upto high	11.7	2.7	3.2	38.3	109
	Above high school	26.8	3.5	4.9	58.5	198
Religion	Hindu	97.1	97.3	97.3	1162.3	2427
	Muslim	1.3	1.9	1.9	22.8	55
	Others	1.6	.8	.8	9.7	24
Caste						
	Scheduled caste	9.3	9.9	9.9	118.2	247
	Scheduled tribe	1.1	.7	.7	8.3	18
	Backward caste	1.1	.6	.6	7.3	17
	Higher caste Hindu	85.6	86.1	86.1	1028.5	2145
	Other religious groups	2.9	2.7	2.7	32.5	79
Work status						
	Not working	93.0	82.2	82.9	990.4	2078
	Working in family farm/business	.7	15.9	15.0	179.0	358
	Employed by someone else	5.6	1.5	1.8	20.9	60
	Self-employed	.1	.1	.1	1.4	4
	Others	.6	.2	.2	3.0	6
Husband's education						
	Illiterate	4.9	18.8	17.9	214.3	410
	Upto class 4	1.3	5.2	4.9	58.8	109
	Primary	3.7	15.3	14.6	174.1	327
	Upto middle	7.1	18.3	17.7	211.0	411
	Upto high	22.5	19.8	19.9	238.2	509
	Above high school	60.6	22.7	25.0	298.4	740
	Total %	100.0	100.0	100.0	1194.8	2506
	Number of ever married women	72.6	1122.2	1194.8	1194.8	2506

Table 3.8: Access to mass media

Background Characteristic	Reads or listens to newspaper			Watches television			Listens to the radio			Visits cinema or theater		No. of women*	% not exposed to any media	
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Frequent			
Age														
13 - 19	86.9	12.0	1.0	91.2	5.7	3.0	61.1	35.7	3.2	91.8	8.2		35.8	58.8
20 - 24	84.6	13.4	2.0	85.1	7.0	7.9	61.4	31.0	7.5	91.5	7.9	.6	217.4	55.0
25 - 29	85.5	12.4	2.1	83.3	7.9	8.8	64.5	29.0	6.5	90.7	8.4	.8	240.1	58.4
30 +	91.8	6.7	1.6	85.7	8.3	6.0	66.2	28.3	5.5	93.4	6.2	.4	701.5	61.3
Residence														
Urban	44.5	40.2	15.3	13.9	24.7	61.4	19.2	61.6	19.2	47.7	46.0	6.2	72.6	5.8
Rural	91.9	7.2	.9	89.9	6.8	3.3	67.8	27.1	5.1	95.3	4.5	.1	1122	63.0
Education														
Illiterate	97.5	2.1	.4	92.0	5.3	2.7	75.3	21.1	3.6	96.6	3.3	.1	861.4	70.5
Upto class 4	85.9	13.1	1.0	88.7	5.8	5.5	48.0	47.2	4.8	89.4	10.3	.4	53.7	43.5
Primary	83.1	15.1	1.8	76.7	13.6	9.6	46.1	46.8	7.2	87.7	11.7	.6	99.0	40.2
Upto middle	69.4	29.8	.9	69.8	14.5	15.7	37.5	55.5	7.0	87.0	11.7	1.3	83.9	29.2
Upto high	56.9	38.4	4.8	58.5	16.7	24.8	34.0	47.7	18.2	81.2	18.8		38.3	29.2
Above high school	27.1	51.9	21.0	36.9	23.9	39.1	17.9	51.2	30.8	58.1	36.8	5.1	58.5	7.7
Religion														
Hindu	89.1	9.1	1.8	85.4	8.1	6.5	65.3	28.9	5.8	92.4	7.1	.5	1162	60.0
Muslim	87.8	11.5	.7	75.4	2.7	21.9	42.2	44.9	12.9	95.9	3.3	.8	22.8	35.6
Others	83.8	15.5	.7	90.4	1.4	8.2	59.1	28.1	12.8	93.2	6.1	.7	9.7	58.4
Caste														
Scheduled caste	93.4	5.7	.9	91.1	4.2	4.8	78.5	16.4	5.2	94.7	4.7	.6	118.2	71.6
Scheduled tribe	95.6	3.1	1.3	85.3	11.8	2.8	80.4	19.6		90.7	9.3		8.3	70.4
Backward caste	98.1	1.9		98.1		1.9	86.4	11.8	1.9	98.2	1.8		7.3	86.4
Higher caste Hindu	88.5	9.6	1.9	84.7	8.6	6.8	63.6	30.5	5.9	92.1	7.4	.5	1028	58.4
Other religious groups	86.6	12.7	.7	79.9	2.3	17.8	47.2	39.9	12.9	95.1	4.1	.7	32.5	42.4
Total %	89.1	9.2	1.7	85.3	7.9	6.8	64.8	29.2	6.0	92.4	7.0	.5	1195	59.5

* in 00's

Communication is the most important tool for the spread of programme messages and their acceptance by the target audience. In this process various media and messages are employed. In order to assess their impact, all the eligible women in BSUP were asked to indicate whether they read/listened to the newspapers, listened to the radio, saw TV and cinema with reference to any frequency in a week. Table 3.8 presents the women's exposure to various media by some of the background characteristics of the women. Overall, about 60 percent of the women are not exposed to any media. This percentage varies little with the age of the women (more than half of the women in all age groups). About 89 percent of the women never listen/read news paper, this percentage for television, radio, cinema are 85 percent, 65 percent, and 92 percent respectively. Educational level of the respondent and residence show a positive effect on the exposure to various media.

CHAPTER IV

NUPTIALITY

In the Indian setting, marriage is an important social and demographic event indicating the socially accepted precondition for the beginning of the woman's childbearing period of her reproductive life. Hence, without a discussion on marital status of the population in any study related to fertility and family planning will remain incomplete.

This chapter discusses the current marital status, knowledge about the legal age at marriage, and age at which the women start living with the husband.

4.1 Current Marital Status

Table 4.1 presents the distribution of the women aged 13-49 by their marital status and residence. A glance at the proportion of single (never married) women indicates higher age at marriage in the district. Almost all the women in the age-group 15-19 are never married (94 percent) and this proportion among the women aged 20-24 is little less than half (45 percent). About 39 percent are single, 60 percent are currently married and slightly more than one percent are widowed in the district. This proportion shows a little variation by residence.

Table 4.1 Current marital status

Age	Marital Status					Total %	Total N
	Never Married	Currently married	Widowed	Divorced	Separated		
Urban	13-14	100.0				100.0	15.4
	15-19	95.6	4.4	.2		100.0	36.9
	20-24	60.2	39.6	2.1		100.0	35.5
	25-29	18.6	79.1	1.5		100.0	34.4
	30-34	2.6	95.9	.5		100.0	30.7
	35-39		99.5	1.0		100.0	26.9
	40-44	.5	98.5	5.4		100.0	17.8
	45-49		94.6	1.1		100.0	16.4
	Total	37.1	61.8			100.0	214.1
Rural	13-14	99.3	.7			100.0	285.6
	15-19	93.8	6.0	.2		100.0	716.6
	20-24	43.9	55.6	.4	.1	100.0	519.2
	25-29	10.8	87.8	.9		100.0	436.0
	30-34	1.7	96.2	1.7		100.0	358.9
	35-39	.4	96.5	2.9		100.0	350.0
	40-44	.5	96.1	2.7	.2	100.0	276.1
	45-49	.4	92.5	6.3	.2	100.0	268.4
	Total	38.7	59.6	1.5	.1	100.0	3210.8
Total	13-14	99.4	.6			100.0	301.0
	15-19	93.9	5.9	.1		100.0	753.5
	20-24	45.0	54.6	.4	.1	100.0	554.7
	25-29	11.4	87.1	1.0		100.0	470.4
	30-34	1.8	96.1	1.7		100.0	389.6
	35-39	.4	96.7	2.8		100.0	376.9
	40-44	.5	96.3	2.6	.2	100.0	293.9
	45-49	.3	92.6	6.2	.2	100.0	284.9
	Total	38.6	59.7	1.5	.0	100.0	3424.9

* in 00's

Table 4.2 attempts to examine changes in marriage pattern in the recent past. Along with the BSUP estimates of Singulate Mean Age at marriage, the table also provides estimates from other sources for different points of time.

A glance at the table reveals a rise in the age at marriage for both males and females in the recent past in the district. The pace of increase seems to be high for females than males as the difference in age at marriage which was 5.4 years in favour of males during 1961 has reduced to 3.5 years according to BSUP estimates for 1992-93. Further, it can be seen that the rise in age at marriage is more rapid during 1981-92 than during the pervious decades. Probably, this could be due to the increase in female literacy and labour force participation, increase in the exposure to mass media especially Television and Radio and the socio-economic development in the region.

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	20.96	15.59	5.37
1971 Census *	22.58	16.32	6.26
1981 Census *	24.33	17.08	7.25
1992-93 BSUP	23.96	20.47	3.49

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

4.2 Age at Effective Marriage

Table 4.3 shows the knowledge of the minimum legal age at marriage of the women by various background characteristics. On the whole about 31 percent of the women know the correct minimum legal age at marriage for the boys and this proportion for girls is 36 percent. Awareness among the younger women regarding the legal age at marriage was found to be better than the older cohorts aged 30 and above. As expected the place of residence and level of education show a positive relation with the knowledge.

Table 4.3: Knowledge of minimum legal age at marriage

Background Characteristics	Percentage who correctly know legal minimum age at marriage		Number of women*
	For males it is 21 years	For females it is 18 years	
Age			
13 - 19	41.8	46.6	35.8
20 - 29	37.9	44.4	457.5
30 - 39	29.0	33.4	408.4
40 - 49	20.7	25.2	293.1
Residence			
Urban	72.8	79.5	72.6
Rural	28.0	33.2	1122
Education			
Illiterate	18.9	23.5	861.4
Upto class 4	40.2	42.7	53.7
Primary	53.2	58.8	99.0
Upto middle	58.2	69.7	83.9
Upto high	82.5	88.6	38.3
Above high school	86.0	92.2	58.5
Religion			
Hindu	30.7	35.9	1162
Muslim	35.2	38.1	22.8
Others	25.5	42.6	9.7
Caste			
Scheduled caste	22.4	26.6	118.2
Scheduled tribe	39.7	39.7	8.3
Backward caste	3.7	13.6	7.3
Higher caste Hindu	31.8	37.1	1028
Other religious groups	32.3	39.5	32.5
	30.8	36.0	1195
Total			

* In 00's

Age at which the women start living with the husband is an important determinant of the fertility. Table 4.4 presents the exact age at which the women started living with the husband by current age and residence. The mean age at which the women started living with the husband is consistently higher for the women aged below 30 years than the women aged 30 and above indicating the increase in the age at marriage in the recent past. Even the percentage classification of the current age by age at which the women started living with the husband also confirms this trend.

With regard to the median (Table 4.5) age at which the women started living with the husband, level of education of the women shows a positive relation. Similarly the median age for the urban women was higher than the rural women. Religion and caste of the women also indicate variations in the median age at which the women started living with the husband.

Table 4.4: Age at which respondent started living with husband

Current Age	Percentage who started living with husband by exact age							Number of women	Mean age when started living with husband
	13-14	15-16	17-18	19-20	21-22	23-25	Others		
Urban									
15-19	7.2	16.7	76.1					17.0	1.8
20-24	4.1	13.3	29.9	33.4	18.8	.6		18.6	11.5
25-29	1.5	14.8	27.1	23.3	18.6	14.7		19.3	16.0
30-34	4.0	13.0	43.4	19.8	8.1	6.7	5.1	17.9	15.6
35-39	3.1	27.1	33.6	13.1	6.2	11.8	5.1	18.9	12.4
40-44		30.4	34.1	16.7	9.8	7.5	1.4	18.4	6.8
45-49	10.1	31.6	19.0	20.5	8.3	5.4	5.2	17.3	8.5
20-49	3.6	19.8	32.0	21.4	12.0	8.4	2.8	18.5	70.8
25-49	3.5	21.1	32.4	19.1	10.7	9.9	3.3	18.5	59.3
Rural									
15-19	3.6	25.6	59.2	11.6				17.2	34.0
20-24	2.4	18.0	33.7	37.0	7.4	.8	.7	18.1	205.9
25-29	6.1	24.3	34.6	21.8	8.2	2.4	2.7	17.7	224.1
30-34	9.2	27.5	35.6	17.0	6.6	2.5	1.6	17.3	186.4
35-39	5.1	34.7	29.2	19.7	4.2	3.4	3.7	17.3	193.9
40-44	11.8	28.3	29.3	16.9	8.0	2.6	3.2	17.3	129.9
45-49	11.3	26.1	30.5	14.4	8.9	5.6	3.2	17.7	147.9
20-49	7.1	26.2	32.5	21.9	7.1	2.7	2.4	17.6	1088
25-49	8.3	28.1	32.2	18.3	7.1	3.2	2.8	17.5	882.3
Total									
15-19	3.8	25.2	60.0	11.0				17.2	35.8
20-24	2.5	17.7	33.5	36.8	8.0	.8	.6	18.2	217.4
25-29	5.8	23.6	34.1	21.9	8.9	3.2	2.5	17.8	240.1
30-34	8.8	26.4	36.2	17.2	6.7	2.8	1.8	17.4	202.0
35-39	5.0	34.3	29.5	19.3	4.3	3.9	3.8	17.4	206.3
40-44	11.3	28.4	29.5	16.8	8.1	2.9	3.1	17.3	136.7
45-49	11.2	26.4	29.9	14.7	8.9	5.5	3.3	17.7	156.4
20-49	6.9	25.8	32.4	21.9	7.4	3.1	2.4	17.7	1159
25-49	8.0	27.7	32.2	18.4	7.3	3.6	2.9	17.5	941.6

* in 00's

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

Background Characteristics	Current age							
	15-19*	20-24*	25-29	30-34	35-39	40-49	20-49	25-49
Residence								
Urban	17.0	19.0	19.0	18.0	18.0	18.0	18.0	18.0
Rural	17.0	18.0	18.0	17.0	17.0	17.0	17.0	17.0
Education								
Illiterate	17.0	18.0	17.0	17.0	17.0	17.0	17.0	17.0
Upto class 4	18.0	18.0	18.0	17.0	17.0	17.0	18.0	18.0
Primary	17.0	19.0	18.0	18.0	17.0	18.0	18.0	18.0
Upto middle	18.0	19.0	18.0	18.0	17.0	18.0	18.0	18.0
Upto high	18.0	19.0	19.0	17.0	19.0	19.0	19.0	19.0
Above high school	18.0	20.0	20.0	20.0	19.0	19.0	20.0	20.0
Religion								
Hindu	17.0	18.0	18.0	17.0	17.0	17.0	18.0	17.0
Muslim		16.0	18.0	17.0	18.0	17.0	17.0	17.0
Others	16.0	16.0	18.0	15.0	18.0	18.0	17.0	18.0
Caste								
Scheduled caste	17.0	17.0	16.0	15.0	16.0	17.0	16.0	16.0
Scheduled tribe	18.0	18.0	13.0	10.0	19.0	17.0	17.0	17.0
Backward caste		16.0	17.0	18.0	19.0	17.0	17.0	18.0
Higher caste Hindu	18.0	18.0	18.0	17.0	17.0	17.0	18.0	17.0
Other religious groups	16.0	16.0	18.0	17.0	18.0	17.0	17.0	18.0
Total	17.0	18.0	18.0	17.0	17.0	17.0	18.0	17.0

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

CHAPTER V

FERTILITY

One of the major objectives of the BSUP is to estimate fertility levels, differentials and trends. The fertility estimates in this chapter are based on the cumulative and current fertility of ever-married women aged 13-49. Women were asked about the number of sons and daughters living with them, living elsewhere, and the number dead separately to facilitate the complete and accurate reporting of births the women had till the date of survey. A detailed information related to births that have occurred during the last two years preceding survey -October 1991 to September 1993 were collected, including the year and month of birth, sex and survival status.

Despite all the measures to improve data quality, the BSUP is subject, to some degree, to the same kinds of errors that are inherent in all retrospective sample surveys -- namely, the omission of some births (especially births of children who died at a very young age) and the difficulty of determining the date of birth accurately. These problems may be particularly common in states such as Uttar Pradesh where the level of female literacy is very low.

5.1 Current Fertility Levels and Trends

The level of fertility has been studied utilising the data on all the live births obtained in the household schedules. The current level of fertility is based on the occurrence of births to the women in the household during the two year period prior to the survey which corresponds to October 91 to September 93. The age specific fertility rates and the total fertility rates thus obtained are shown in Table 5.1.

Table 5.1: Current Fertility

Age	Urban	Rural	Total
Urban			
13-14	0.00	0.00	0.00
15-19	166.63	157.15	157.55
20-24	336.48	274.98	278.26
25-29	147.23	202.17	198.57
30-34	64.54	106.34	103.02
35-39	13.63	56.01	53.34
40-44	14.98	32.36	31.46
45-49	0.00	7.20	6.80
TFR 15-44	3.71	4.14	4.11
TFR 15-49	3.71	4.18	4.14
GFR	90.31	107.09	106.06
BSUP CBR based on household birth record (<i>de jure</i>)	22.00	23.34	23.26

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

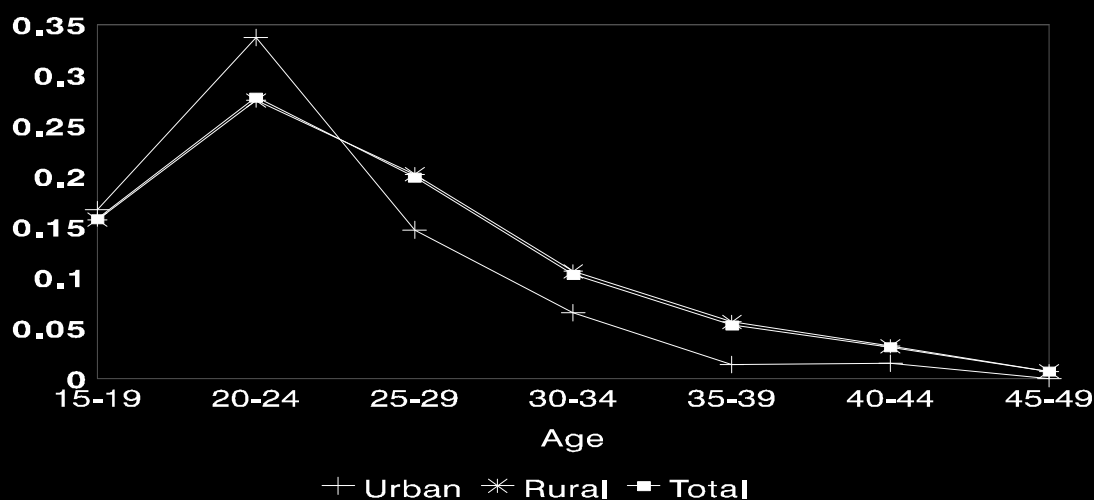
TFR: Total Fertility Rate for ages 15 - 44 and 15 - 49, expressed per woman.

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

CBR: Crude Birth Rate, expressed per 1000 population

The TFR is the average number of children that would be born to a woman if she experienced the current fertility rates throughout her reproductive years. TFR in the district is 4.1 for the currently married women in the age group 15-49 years. The difference in this rate between the rural (4.1) and urban (4.0) is marginal. The level of TFR recorded in the district is lower than the rate of 5.1 reported by the SRS of the Register General of India for 1991.

Figure 5.1: Age Specific Fertility Rates by Residence



Tehri Garhwal, UP, 1993-94

Table 5.2: Fertility by background characteristics

Background characteristic		Total fertility rate*	Mean number of children ever born to women aged 40-49 years
Residence	Urban	3.71	4.10
	Rural	4.18	4.83
Education	Illiterate	4.33	4.82
	Upto class 4	4.50	5.05
	Primary	4.30	4.64
	Upto middle	4.29	4.87
	Upto high	2.55	3.34
	Above High School	3.35	3.95
Religion	Hindu	4.23	4.72
	Muslim	3.72	6.76
	Other	2.79	5.21
Caste	Scheduled caste	4.83	5.39
	Scheduled tribe	6.01	4.50
	Backward caste	4.49	8.00
	Higher caste Hindu	4.12	4.72
Total		4.14	4.79

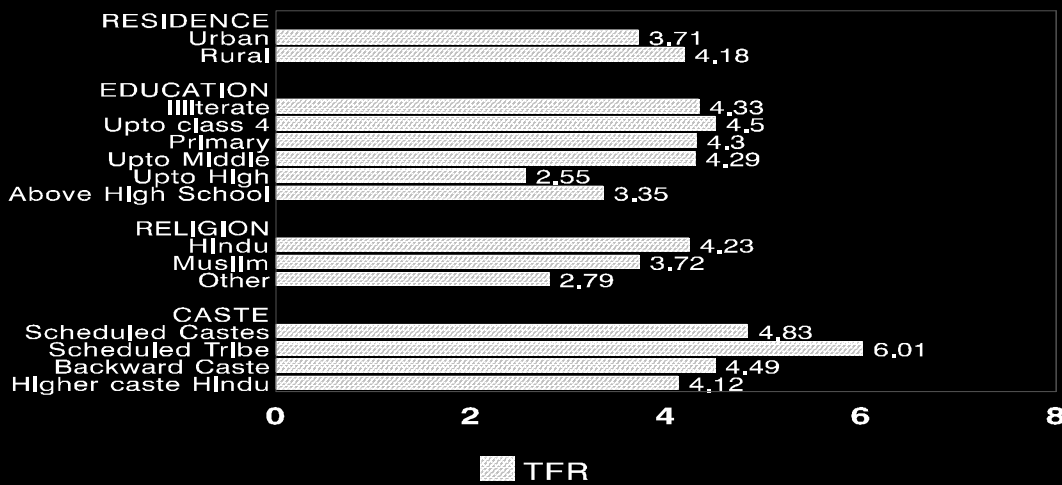
* Rate for women aged 15-49 years

There is peak in the fertility level in the age group of 20-24 years and beyond this age group it is observed to be declining. For the currently married women, except for the two age groups 15-19 and 20-24, the fertility levels in all the other age groups are higher in the rural areas than the urban areas.

The crude birth rate for the district is estimated as 23.3 births per thousand population. General fertility rate, a further refinement of the fertility estimation shows that on an average every tenth woman in the reproductive age-group has had a child in the district. The GFR estimate for the district is 106 ranging from 90 in Urban areas to 107 in rural areas.

The current fertility levels for different population sub-groups are presented in Table 5.2. In order to enable a comparison of achieved fertility and the estimates of current fertility the average number of children ever born for the women aged 40-49 is also provided. Though the latter is inherent with the under statement of parity by older women, it is evident from the table that there is a decline in the fertility levels in the district in the recent past.

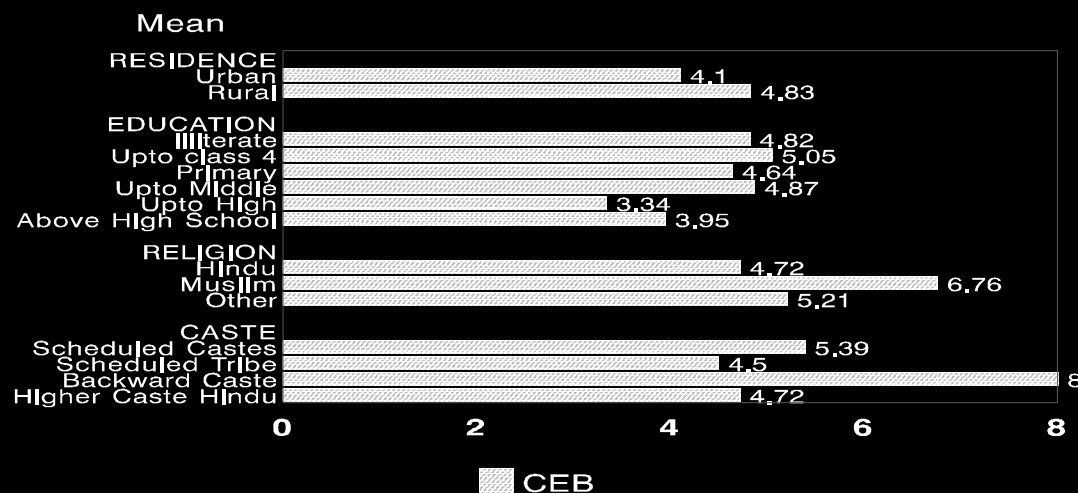
Figure 5.2: Total Fertility Rate (TFR) by Background Characteristics



Tehri Garhwal, UP, 1993-94

Education of the women exhibits a very strong negative relationship with fertility. On an average a woman with educational qualification upto high school will have about two children less than a illiterate woman under current fertility schedule. Even the achieved fertility among the women aged 40-49 years exhibits similar relationship indicating the importance of raising female literacy levels for reduction in current fertility levels.

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



Tehri Garhwal, UP, 1993-94

5.2 Outcome of Pregnancies

Table 5.3 presents the distribution of the outcome of the pregnancies that have occurred during the last two years period prior to the survey - October 1991 to September 1993. The total number of pregnancies during the last two years is estimated to be 35,422 for the district as a whole and 1872 and 33,550 for urban and rural areas respectively. Of these almost 98 percent resulted in live births and little less than two percent resulted in either still births or spontaneous abortions. The low estimates of abortions and still births in the district could be due to under reporting of abortions and still births or this could be also due to the smaller number of pregnancies or due to effective maternal and child care practices.

Table 5.3: Outcome of pregnancy

Current Age	Outcome of pregnancy				Total %	Number of pregnancies*
	Spontaneous abortion	Induced abortion	Still birth	Live birth		
Urban						
13-19			30.9	69.1	100.0	.96
20-24		2.4		97.6	100.0	5.80
25-29				100.0	100.0	6.68
30-39	9.7		6.3	84.0	100.0	4.27
40-49			50.0	50.0	100.0	1.00
Total	2.2	.7	5.7	91.4	100.0	18.72
Rural						
13-19				100.0	100.0	4.75
20-24	1.2	.4	1.7	96.7	100.0	105.28
25-29	.6		.3	99.0	100.0	119.24
30-39	.5			99.5	100.0	88.70
40-49				100.0	100.0	17.54
Total	.7	.1	.7	98.5	100.0	335.50
Total			5.2	94.8	100.0	5.71
13-19	.6		.3	99.1	100.0	125.92
20-24	1.0		.3	98.7	100.0	92.97
25-29			2.7	97.3	100.0	18.54
30-39						
40-49	.8	.1	.9	98.1	100.0	354.22
Total						

* In 00's

5.3 Children Ever Born and Living

Number of live births and the number of living children by age of the mother are presented in Table 5.4. On an average women in the district are estimated to have had 3.2 live births, this average ranges from 2.8 for urban areas to 3.2 for rural areas. The average number of live births by age of the women consistently increase with the increase in the age both in urban and rural areas. The urban-rural differences are pronounced with urban women consistently having lesser number of live births than the rural women in all the age groups from the age group 25-29 onwards.

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

Number of live births and living children	Age							Total %
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Urban								
Number of live births								
0	15.3	59.7	7.2	1.1	5.8	4.6	6.4	100.0
1	5.2	40.9	35.2	5.1	6.4	5.5	1.8	100.0
2		22.9	33.9	22.6	8.8	6.3	5.5	100.0
3		2.9	28.4	30.8	21.7	9.6	6.6	100.0
4	3.3	1.6	13.5	32.8	22.6	10.6	15.6	100.0
5			1.4	14.5	33.4	20.0	30.8	100.0
6			3.6	14.2	32.1	6.2	43.8	100.0
7					10.6	28.2	61.2	100.0
8							100.0	100.0
9							100.0	100.0
10 or more						100.0		100.0
Mean	1.2	1.	2.4	3.1	3.5	3.6	4.2	2.8
SD	2.47	1.05	1.05	1.06	1.41	2.24	1.95	1.66
Number of living children								
0	14.6	59.3	9.1	1.0	5.5	4.4	6.1	100.0
1	4.7	35.2	35.3	8.4	5.8	9.0	1.6	100.0
2		23.2	34.8	22.3	9.4	4.9	5.4	100.0
3	1.5	2.2	25.7	30.5	23.1	8.7	8.2	100.0
4	1.0	1.6	11.4	30.3	25.4	11.4	18.9	100.0
5				17.1	27.2	24.8	30.9	100.0
6			6.3		25.3		68.5	100.0
7					00.0			100.0
8							100.0	100.0
9						100.0		100.0
Mean	1.0	1.	2.3	3.0	3.3	3.4	3.9	2.7
SD	2.06	1.05	1.04	1.03	1.30	1.80	1.69	1.51
Rural								
Number of live births								
0	22.5	53.5	10.2	3.9	3.3	3.5	3.1	100.0
1	3.7	57.0	23.1	5.1	3.6	2.8	4.7	100.0
2	.6	27.2	38.1	15.4	8.8	3.0	7.1	100.0
3		6.9	29.0	24.2	19.3	10.4	10.3	100.0
4		1.5	17.7	26.0	24.7	14.2	16.0	100.0
5		.7	8.4	23.5	29.6	18.6	19.3	100.0
6		.8	7.9	12.7	30.2	25.3	23.1	100.0
7			4.7	8.2	14.8	34.5	37.7	100.0
8				3.2	36.7	27.2	33.0	100.0
9					21.9	39.2	38.9	100.0
10 or more					27.2	15.0	57.8	100.0
Mean	.2	1.	2.6	3.6	4.3	4.6	4.7	3.2
SD	.46	1.05	1.38	1.40	1.84	2.03	2.40	2.15

Number of live births and living children								Total %
	15-19	20-24	25-29	30-34	35-39	40-44	45-49	
Number of living children								
0	21.4	53.6	10.7	3.9	3.5	4.0	2.9	100.0
1	3.0	52.8	24.0	7.3	4.1	4.0	4.8	100.0
2	.5	21.6	37.8	18.8	10.6	3.3	7.3	100.0
3		5.3	25.7	25.3	19.6	11.7	12.3	100.0
4		.7	16.6	23.2	25.4	16.0	18.1	100.0
5		.7	5.0	19.5	35.4	17.1	22.2	100.0
6		1.1	3.5	5.7	28.4	34.7	26.6	100.0
7			2.1	2.6	13.8	40.9	40.6	100.0
8					30.7	21.5	47.9	100.0
9						100.0		100.0
10 or more					19.1		80.9	100.0
Mean	.2	1.0	2.4	3.2	3.9	4.2	4.1	2.9
SD	.46	1.00	1.24	1.28	1.51	1.81	1.97	1.88
Total								
Number of live births								
0	22.2	53.8	10.0	3.8	3.4	3.6	3.2	100.0
1	3.8	56.1	23.8	5.1	3.8	2.9	4.6	100.0
2	.5	26.8	37.7	16.1	8.8	3.3	6.9	100.0
3		6.6	29.0	24.7	19.5	10.3	10.0	100.0
4	.2	1.5	17.4	26.4	24.6	13.9	16.0	100.0
5		.7	8.0	23.1	29.7	18.6	19.9	100.0
6		.8	7.8	12.7	30.3	24.8	23.6	100.0
7			4.6	8.1	14.8	34.4	38.1	100.0
8				3.1	36.3	26.9	33.6	100.0
9					21.5	38.4	40.0	100.0
10 or more					26.8	16.2	56.9	100.0
Mean	.2	1.1	2.6	3.5	4.2	4.6	4.7	3.2
SD	.62	1.05	1.36	1.38	1.83	2.04	2.38	2.13
Number of living children								
0	21.0	53.9	10.6	3.8	3.6	4.0	3.0	100.0
1	3.1	51.9	24.6	7.3	4.2	4.3	4.6	100.0
2	.4	21.8	37.6	19.1	10.5	3.4	7.2	100.0
3	.1	5.1	25.7	25.7	19.9	11.5	12.0	100.0
4	.1	.8	16.2	23.6	25.4	15.7	18.2	100.0
5		.7	4.8	19.4	35.0	17.5	22.6	100.0
6		1.1	3.5	5.6	28.4	34.0	27.5	100.0
7			2.1	2.6	14.0	40.7	40.5	100.0
8					29.8	20.9	49.3	100.0
9						100.0		100.0
10 or more					19.1		80.9	100.0
Mean	.2	1.0	2.4	3.2	3.8	4.1	4.1	2.9
SD	.57	1.00	1.23	1.26	1.50	1.81	1.95	1.86

Children ever born and children surviving by background characteristics of the women are discussed in Table 5.5. Educational attainment of the women has a negative effect on the mean number of children born to the women. The mean number of children ever born to women consistently decreases with the increase in the educational level of the women from 3.5 children for illiterates to 1.7 in the case of above high school educated women. Classification by residence shows that urban women had lesser number of children born to them than the rural women (2.8 and 3.2 for urban and rural areas respectively). Religion and caste of the women are also found to be having significant relationship with the children ever born to the women. On an average Hindus have 1.5 children less than Muslims (3.2 and 4.7 for hindus and Muslims respectively)

indicating preference for large family size prevailing among the muslims in the district. However, among the Hindus the Backward caste are also found to be favouring the large family size than other caste groups in the district.

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

Background characteristics <i>Currently married</i>	Children ever born			Children living		
	<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
Age						
13-19	.1	.1	.2	.1	.1	.2
20-24	.6	.5	1.1	.5	.5	1.0
25-29	1.4	1.3	2.6	1.2	1.2	2.4
30-39	2.1	1.8	3.9	1.9	1.6	3.5
40-49	2.5	2.2	4.7	2.2	2.0	4.2
Residence						
Urban	1.6	1.2	2.8	1.5	1.2	2.7
Rural	1.7	1.5	3.2	1.5	1.4	2.9
Education	1.9	1.7	3.5	1.7	1.5	3.2
Illiterate	1.6	1.5	3.1	1.5	1.3	2.8
Upto class 4	1.6	1.1	2.7	1.4	1.0	2.4
Primary	1.3	1.1	2.4	1.3	1.0	2.3
Upto middle	.9	.8	1.7	.9	.8	1.6
Upto high	1.0	.7	1.7	.9	.7	1.6
Above high school	1.7	1.5	3.2	1.5	1.4	2.9
Religion	2.8	2.0	4.7	2.4	1.6	4.0
Hindu	1.5	1.5	3.0	1.3	1.3	2.7
Muslim	1.9	1.4	3.3	1.7	1.2	2.9
Others	1.3	.9	2.2	1.3	.9	2.2
Caste	2.1	1.8	3.9	1.5	1.6	3.1
Scheduled caste	1.7	1.5	3.2	1.5	1.4	2.9
Scheduled tribe	2.4	1.8	4.2	2.1	1.5	3.6
Backward caste	1.7	1.5	3.2	1.5	1.4	2.9
Higher caste Hindu						
Other religious groups						
Total						

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

CHAPTER VI

FAMILY PLANNING

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

6.1 Knowledge of Family Planning Methods and Sources

Under the family planning section of the survey, women were asked to mention if they had heard of any methods that are used by married couples to delay or prevent pregnancy. For those who said in the affirmative, a further question was asked to mention the names of the methods they had heard of. For each method not spontaneously mentioned, a description of the method was read out to them and they were asked if they had heard of it. Then for each method about which a woman was aware, she was asked to indicate whether she knew how to use it, the source from where it could be obtained, and whether she had ever used it. She was also asked to mention whether she was currently using any of the methods. The results are presented in Table 6.1. The knowledge on family planning is found to be more or less universal in the urban areas with about 98 percent of the women having reported knowledge of any family planning method (either spontaneously mentioned or probed for the method). Pronounced urban-rural differences are observed with regard to knowledge of the family planning methods. Though the knowledge of the modern methods (knows at least one modern method) is high in both the areas the proportion who are aware of at least one modern spacing method ranges from 52 percent in rural areas to 92 percent in urban areas. The difference is more prominent with regard to mean number of the methods known. Knowledge of the modern spacing methods among rural women is very low (mean modern methods and modern spacing methods known are 2.4 and 1 respectively) emphasising the need for the efforts for improvement in this direction. This fact is reflected in the knowledge of how to use and source for the methods. Only 27 percent of the women in rural areas know how to use at least one modern spacing method correctly against 62 percent in urban areas. Probably this could be the reason for the low level of ever use of modern spacing methods in the rural areas (8 percent in rural areas and 28 percent in urban areas).

Table 6.1: Knowledge of family planning methods (percentage)

<i>Method</i>	<i>Spontaneous</i>	<i>Spontaneous+ Probing</i>	<i>Knows how to use correctly</i>	<i>Knows how to use correctly & to some extent</i>	<i>Knows a source</i>	<i>Percentage ever used the method</i>
Urban						
Vasectomy	68.60	90.64	39.45	79.96	81.77	4.24
Tubectomy	82.53	96.99	65.52	92.53	91.62	36.16
Loop/Cu-T	64.65	82.70	39.32	75.31	73.74	12.51
Pills	71.78	84.53	44.27	76.68	76.74	7.65
Condom	62.59	72.85	44.59	65.96	64.72	11.49
Foam Tab/Jelly	4.42	5.51	2.80	5.34	4.10	
Injection	2.88	2.88	1.23	2.25	1.63	.22
Withdrawal	8.53	8.78	7.09	8.49		4.51
Rhythm/Safe period	8.55	9.03	7.94	8.93		4.76
Knows at least one modern method	92.51	97.72	83.64	95.05	95.27	63.49
At least one modern spacing method	81.89	92.10	62.21	85.45	87.07	27.30
Mean of modern methods known	3.6	4.4				
Mean of modern spacing methods known	2.1	2.5				
Rural						
Vasectomy	45.40	61.63	19.97	37.74	57.89	3.07
Tubectomy	72.98	81.16	50.83	65.32	79.50	27.85
Loop/CUT	30.09	37.19	14.09	25.65	34.89	2.46
Pills	31.12	37.60	15.54	27.38	36.36	2.65
Condom	20.45	25.07	12.55	19.33	23.89	3.60
Foam Tab/Jelly	.89	1.22	.51	1.22	1.13	.08
Injection	.20	.30	.20	.30	.30	
Withdrawal	1.76	2.00	1.59	2.00		.98
Rhythm/Safe period	1.93	2.63	2.04	2.56		1.57
Knows at least one modern method	78.31	83.37	60.50	69.53	82.98	37.07
At least one modern spacing method	45.37	51.88	27.15	40.14	50.62	7.77
Mean of modern methods known	2.0	2.4				
Mean of modern spacing methods known	.8	1.0				

In Table 6.2 an attempt is made to present the knowledge of methods and source by background characteristics of the women. Overall, the women in Tehri Garhwal district know more than two modern methods. The knowledge as discussed earlier reduces from 84 percent for at least one modern method to 54 percent for at least one modern spacing methods. This high level of knowledge for all modern methods could be mainly due to the nearly universal knowledge of the permanent methods - sterilization. As expected, the educational attainment of the women has a positive effect on the knowledge of the family planning methods. Also, classification by religion and caste shows differences in the level of awareness among the population sub groups. The knowledge among the Muslim women is found to be less than the other religious groups in the district including the Hindus.

Table 6.2: Knowledge of methods and source by background characteristics

Background Characteristics	Knows at least one modern method	Knows at least one modern spacing method	Average number of modern methods known	Average number of sources for modern method **	Number of women *
Age					
13-19	76.2	57.7	2.6	2.2	34.5
20-24	79.8	64.0	2.8	2.3	215.7
25-29	82.5	58.7	2.6	2.2	237.5
30-49	86.8	49.5	2.5	2.1	661.9
Residence					
Urban	97.7	92.1	4.4	3.4	70.8
Rural	83.4	51.9	2.4	2.1	1079.0
Education					
Illiterate	81.2	47.0	2.3	1.9	823.7
Upto class 4	89.6	55.5	2.5	2.4	50.4
Primary	91.9	70.6	3.1	2.6	98.6
Upto middle	88.1	70.7	3.3	2.6	81.2
Upto high	96.7	85.4	3.8	2.8	37.5
Above high school	96.5	87.1	4.2	3.2	58.3
Religion					
Hindu	84.7	54.5	2.6	2.2	1118.7
Muslim	63.7	48.1	1.9	1.6	21.4
Other	73.7	49.3	2.5	2.3	9.6
Caste					
Scheduled caste	73.6	41.6	2.1	1.8	113.3
Scheduled tribe	78.1	58.4	2.7	2.3	8.3
Backward caste	87.5	30.0	1.9	1.9	7.3
Higher caste Hindu	86.0	56.2	2.6	2.2	989.8
Other religious groups	66.8	48.5	2.1	1.8	31.0
Total	84.3	54.4	2.6	2.1	1149.7

* In 00's

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

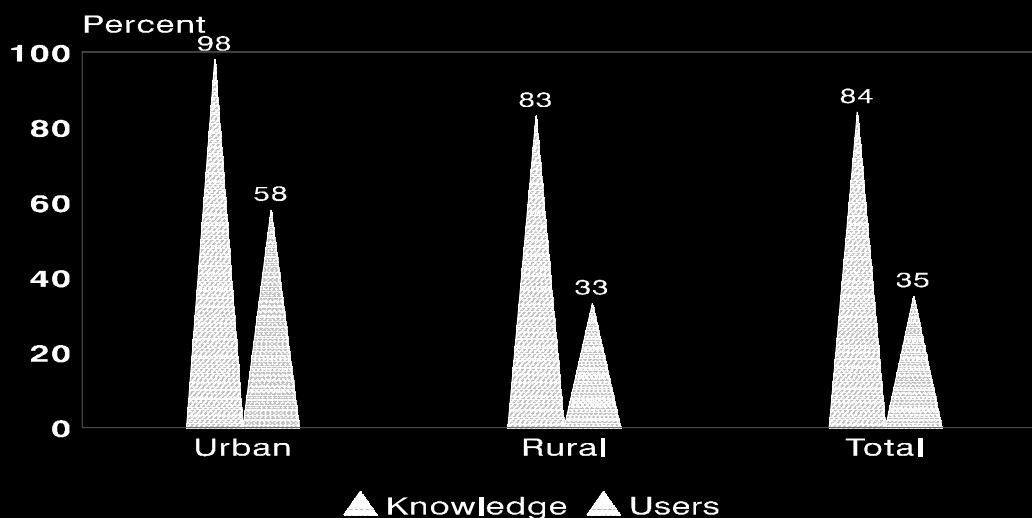
6.2 Contraceptive Use

For each method a woman mentioned the knowledge, further questions were asked about whether the woman has ever used the method. These results are tabulated by age and residence of the women in Table 6.3. Ever use of any method in the district is estimated to be 40 percent ranging from 38 percent in rural areas to 65 percent in urban areas. Among the modern methods female sterilisation constituted about 28 percent followed by condom (4.1 percent), Cu-T and male sterilisation, and pills accounting to about three percent each. The ever use of the permanent methods increases with the age in both the areas and the ever use of the spacing methods is high in urban areas compared to rural areas. Further, the ever use of spacing methods is high among the younger women (less than 30 years) in both the areas. Ever use of any traditional method is estimated to about slightly less than three percent.

Table 6.3 Ever use of contraception

<i>Method</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Injecti- ons</i>	<i>Tradition- al method</i>	<i>Withdr- awal</i>	<i>Periodic abstinence</i>	<i>Number of women</i>
Urban												
13-19	32.5	32.5		7.2		25.3	8.6					1.8
20-24	40.3	38.4		3.5	17.8	11.0	9.6		3.0	3.0	1.9	11.5
25-29	64.1	60.3		20.3	16.4	8.0	24.4		11.3	9.5	9.6	15.9
30-39	75.4	75.1	3.9	53.5	13.2	7.3	9.8	.6	5.8	4.2	5.0	27.4
40-44	71.2	71.2	9.1	53.1	4.8	3.1	2.3		3.9	2.8	3.9	6.6
45-49	66.7	66.7	17.6	48.1	3.8	2.9	2.0					7.6
Total	64.8	63.5	4.2	36.2	12.5	7.7	11.5	.2	5.6	4.5	4.8	70.8
Rural	6.4											
13-19	16.7	3.6	1.1				2.5		2.8	1.6	1.1	32.8
20-24	30.6	15.4	1.7	3.2	1.7	5.4	5.3		1.6	1.1	1.2	204.2
25-29	48.2	28.9	1.4	16.1	5.0	4.4	5.8	.2	2.1	1.0	1.5	221.6
30-39	54.9	47.7	1.9	42.3	2.3	1.6	2.8	.1	2.4	1.0	1.5	365.1
40-44	47.4	54.6	8.9	43.9	1.5	1.0	1.3		2.5	.2	2.3	122.5
45-49		46.8	6.4	37.7	1.3	.7	1.9		2.0	1.0	2.0	132.7
Total	38.0	37.1	3.1	27.9	2.5	2.6	3.6	.1	2.2	1.0	1.6	1079
Total	7.7											
13-19	18.0	5.1	1.1	4		1.3	2.8		2.6	1.6	1.1	34.5
20-24	32.8	16.6	1.6	3.2	2.6	5.7	5.5		1.7	1.2	1.3	215.7
25-29	50.1	31.0	1.3	16.4	5.8	4.7	7.1	.2	2.8	1.6	2.0	237.5
30-39	55.8	49.7	2.0	43.1	3.1	2.0	3.3	.1	2.6	1.2	1.7	392.5
40-44	48.4	55.5	8.9	44.4	1.6	1.1	1.3		2.6	.4	2.4	129.2
45-49		47.9	7.1	38.3	1.4	.8	1.9		1.9	1.0	1.9	140.3
Total	39.7	38.7	3.1	28.4	3.1	3.0	4.1	.1	2.4	1.2	1.8	1150

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



Tehri Garhwal, UP, 1993-94

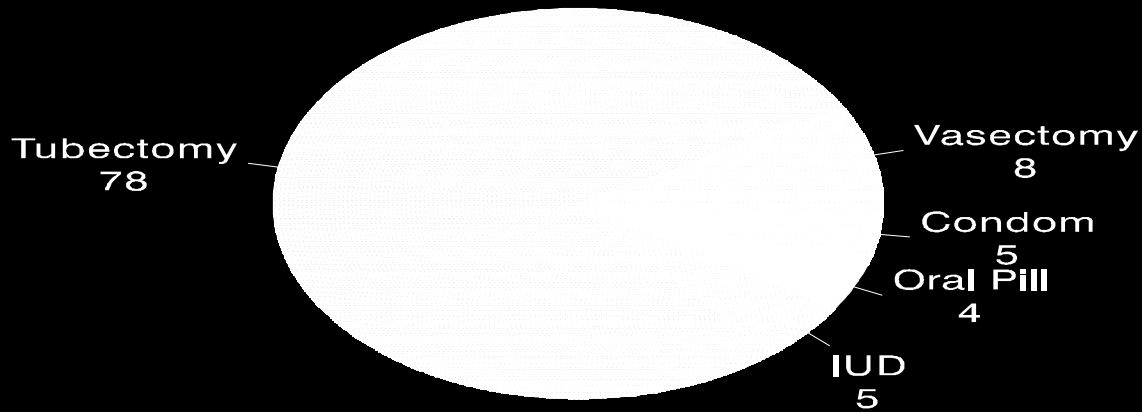
Current use of contraceptives among the currently married women aged 13-49 in Tehri Garhwal is about 35 percent (any method). This percentage ranges from 34 percent in rural areas to about 60 percent in urban areas. For the district as a whole the current use of modern methods is estimated to be 34.5 percent and traditional methods as less than one percent. The service statistics for the year 1991-92 estimate 43.1 percent with 25.5 percent sterilization and 17.6 percent Spacing methods. The corresponding estimates of BSUP for sterilization and spacing methods are 29.8 percent and 4.6 percent respectively. The major difference observed in the estimates is of spacing methods. Third All India Survey on Family Planning Practices in India, conducted in 1988-89 (Operations Research Group, 1990) recorded a contraceptive prevalence rate of 28 percent for Uttar Pradesh, with 25 percent using modern methods and 3 percent using traditional methods. These data refer to currently married women aged 15-44. For the same year official statistics for any modern methods is 33.9. Even the ORG estimates for the temporary methods were less than the official statistics indicating the possibilities of inflating family planning acceptance for temporary methods by grass root level workers (Khan and Patel, 1994). The proportion using any method consistently increase with the age from about four percent among women in age group 13-19 to 54 percent for the women aged 40-44 years. This trend is common for both the areas.

Table 6.4: Current use of contraception

Age	Any method	Any modern method	M F sterilization	Cu-T/IUD	Pill	Condom or Nirodh	Any traditional method	Withdrawal	Periodic abstinence	Other method	Not using any method	Number of women
Urban												
13-19	32.5	32.5		7.2		16.7	8.6				67.5	1.8
20-24	35.5	35.5		3.5	16.1	11.0	4.9				64.5	11.5
25-29	53.7	51.2		20.3	10.5	4.5	15.9	2.6	1.3	1.3	46.3	15.9
30-39	70.3	70.0	2.4	53.2	7.3	3.5	3.6	.3	.3		29.7	27.4
40-44	68.4	66.3	9.1	53.1	1.9		2.3				31.6	6.6
45-49	62.1	62.1	15.7	46.4							37.9	7.6
15-44	58.5	57.6	2.0	34.6	8.9	5.1	6.9	.8	.4	.3	41.5	63.2
15-49	58.9	58.1	3.5	35.8	8.0	4.6	6.2	.7	.4	.3	41.1	70.8
13-49	58.9	58.1	3.5	35.8	8.0	4.6	6.2	.7	.4	.3	41.1	70.8
Rural												
13-19	2.5	1.1					1.1				97.5	32.8
20-24	10.1	9.3	.9	1.9	.9	3.1	2.5	.6	.4		89.9	204.2
25-29	24.2	22.7	1.2	13.9	3.7	1.6	2.2	1.2	1.0	.2	75.8	221.6
30-39	45.7	45.0	1.7	41.0	1.0	.3	1.0	.4	.1	.2	54.3	365.1
40-44	53.1	52.4	8.6	42.9	.5		.4				46.9	122.5
45-49	44.3	43.3	5.6	37.4		.4		1.0	1.0		55.7	132.7
15-44	32.4	31.5	2.2	25.1	1.5	1.2	1.5	.5	.4	.1	67.6	946.2
15-49	33.9	32.9	2.6	26.6	1.3	1.1	1.3	.6	.4	.1	66.1	1079
13-49	33.9	32.9	2.6	26.6	1.3	1.1	1.3	.6	.4	.1	66.1	1079
Total												
13-19	4.0	2.7		.4		.9	1.5				96.0	34.5
20-24	11.4	10.7	.9	2.0	1.7	3.5	2.6	.5	.4		88.6	215.7
25-29	26.2	24.6	1.1	14.4	4.2	1.8	3.2	1.3	1.0	.3	73.8	237.5
30-39	47.4	46.7	1.7	41.9	1.5	.5	1.2	.3	.1	.2	52.6	392.5
40-44	53.9	53.2	8.6	43.5	.6		.5				46.1	129.2
45-49	45.3	44.3	6.1	37.8		.4		1.0	1.0		54.7	140.3
15-44	34.1	33.1	2.2	25.7	2.0	1.4	1.9	.6	.4	.1	65.9	1009
15-49	35.4	34.5	2.7	27.1	1.7	1.3	1.6	.6	.4	.1	64.6	1150
13-49	35.4	34.5	2.7	27.1	1.7	1.3	1.6	.6	.4	.1	64.6	1150

* in 00's

Figure 6.2: Share of Contraceptive



Tehri Garhwal, UP, 1993-94

Tables 6.5 and 6.6 discuss socio-demographic differentials in the current use. Urban-rural differentials are observed with the current use of spacing methods. The proportion of women using any spacing method ranges from about four percent (including CuT, Pills, and Condoms) in rural areas to about 20 percent in urban areas. Current use by literacy and education of women show a strong positive relationship. Differentials in current use by education were most evident between illiterate women (35 percent) and women who have educational qualification of above high school (51 percent). This same association exists in the use of modern spacing methods. The relationship is less obvious for female and male sterilization; the percentage of women sterilized, for example, was almost the same among illiterates and among those who had above high school education.

Differentials in the prevalence of contraception among the different religious groups are also quite substantial. The prevalence rate was low among Muslims (15 percent any method). The prevalence rate for Hindus was twice (36 percent) as high as the rate for Muslims but slightly less than the rate for other religious groups (42 percent). The practice of family planning was low among both women from scheduled castes and scheduled tribes compared to other women. About 29 percent of scheduled caste and about 18 percent of scheduled tribe women were currently using any modern method of family planning, and sterilization accounted for about 90 percent of the contraceptive use among scheduled caste.

Table 6.5: Current use by background characteristics

<i>Background characteristics</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Any traditional method</i>	<i>Withdrawal</i>	<i>Periodic abstinence</i>	<i>Other methods</i>	<i>Not** using any method</i>	<i>Number of women*</i>
Residence													
Urban	58.9	58.1	3.5	35.8	8.0	4.6	6.2	.7	.4	.3		41.1	70.8
Rural	33.9	32.9	2.6	26.6	1.3	1.1	1.3	.6	.4	.1	.0	66.1	1079
Education													
Illiterate	35.1	34.2	2.9	28.8	.7	.6	1.1	.6	.5	.1		64.9	823.7
Upto class 4	27.1	25.3	2.7	20.2	1.7	.6	.2					72.9	50.4
Primary	39.8	39.1	3.4	30.7	1.0	2.0	2.0	.7	.7			60.2	98.6
Upto middle	26.7	25.6	.3	17.7	3.1	2.5	1.9	1.1		.6	.5	73.3	81.2
Upto high	37.8	37.6	3.5	20.1	5.1	6.5	2.3	.2	.2			62.2	37.5
Above high school	50.8	48.6	.8	20.7	13.4	4.9	8.9	1.3	.4	1.0		49.2	58.3
Religion													
Hindu	35.8	34.9	2.7	27.4	1.8	1.3	1.7	.6	.5	.1	.0	64.2	1119
Muslim	14.6	14.6		13.8	.5	.3						85.4	21.4
Other	42.0	36.4	5.6	28.8	2.1							58.0	9.6
Caste													
Scheduled caste	28.5	28.5	3.1	21.2	1.7	1.0	1.6					71.5	113.3
Scheduled tribe	17.9	17.9	8.5	6.3	3.1							82.1	8.3
Backward caste	41.9	41.9		36.6			5.3					58.1	7.3
Higher caste Hindu	36.7	35.7	2.6	28.2	1.8	1.4	1.7	.7	.5	.2	.0	63.3	989.8
Other religious group	23.1	21.4	1.7	18.4	1.0	.2						76.9	31.0

* In 00's

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

Table 6.6 also shows the differentials in current use by sex composition of living children. A positive association exists between the number of sons a woman has and current use of contraception. Contraceptive use increases steadily from about three percent for women who have no son to 54 percent among those who have two sons and a daughter. However, this relationship seems to become insignificant after this sex composition as is evident from the fact that the use drops to 49 percent for those who have more than three sons indicating the commonly preferred number of sons in the district as two.

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

Number and sex of living children	Sterilization	Modern spacing	Any traditional method	Not using any method	Total percent	Number of women*
None	.4	2.9		96.6	100.0	133.4
1 child						
1 son	7.5	8.8		83.7	100.0	83.2
No son		6.6	1.3	92.2	100.0	63.5
2 children						
2 sons	32.5	8.8		58.8	100.0	63.9
1 son	14.3	11.5	3.9	70.2	100.0	94.2
No son	5.0	10.5		84.6	100.0	38.6
3 children						
3 sons	56.1	5.2		38.7	100.0	42.3
2 sons	54.1	2.3		43.6	100.0	122.9
1 son	24.9	7.5	.3	67.4	100.0	68.4
No son	11.5	2.0		86.5	100.0	19.7
4+ children						
3+ sons	49.1	1.2	.7	48.9	100.0	184.2
2 sons	52.5	1.1	.5	45.9	100.0	162.8
1 son	25.0	4.1	.1	70.8	100.0	57.0
No son	2.4	7.6		90.0	100.0	11.8
Total	29.9	4.7	.6	64.8	100.0	1145.8

* In 00's

For all the current users of vasectomy, female sterilisation, IUD, injectables, and pills questions were asked as to whether they had any problem with the method adopted. these results are presented in Table 6.7. Overall, a larger proportion of the women faced problems with almost all the methods listed and more than half of the users of the sterilization have reported problems. Though the proportion reporting problems in urban areas is less than the rural, it still accounts for a significantly higher proportion. Probably this could be due to the lower level knowledge about 'how to use the method', prevailing in the district discussed elsewhere in the report (Table 6.1). The nature of problems the users faced are presented in Table 6.8. The nature of problems faced by the users of female sterilisation are: backache/body pain/headache (77 percent), weakness (36 percent) and abdominal/gastric pain (20 percent) and sepsis (8 percent). The type of problems faced by the vasectomy users is also observed to be same. For the spacing methods an additional problem that they faced other than those above mentioned problems is excessive or irregular bleeding. Here the percentages should be read carefully as the same user can have more than one problem with the use of the method (multiple choice question with a maximum of three answers).

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

Method use	Percent faced problem with the method used			Total Number*
	Urban	Rural	Total	
Vasectomy	28.8	54.6	52.5	30.9
Tubectomy	48.2	65.8	64.4	312.0
Cu-T/IUD	21.1	48.3	40.7	20.1
Pill	17.1	27.3	25.0	14.7

* In 00's

Table 6.8: Problems with the current method

Problem faced	Male sterilization	Female sterilization	Cu-T/IUD	Pills
Percent faced problem with the method				
Sepsis	3.9	8.0		
Abdominal/gastric pain	47.7	19.8	23.6	23.4
Backache/body pain/headache	42.1	76.5	56.2	73.6
Weakness	60.6	35.9	26.6	14.8
Excessive or irregular bleeding		2.0	25.2	28.7
White discharge		15.6		
Fear of failure		2.4	14.6	1.9
Problem in disposing		.5		
Infertility/secondary sterility		.3		
Loss of sexual desire		.7	6.9	
Weight gain		1.4		
Others		.3		
Don't know/can't specify		.1	12.6	
Number of women*	16.2	200.9	8.2	3.7

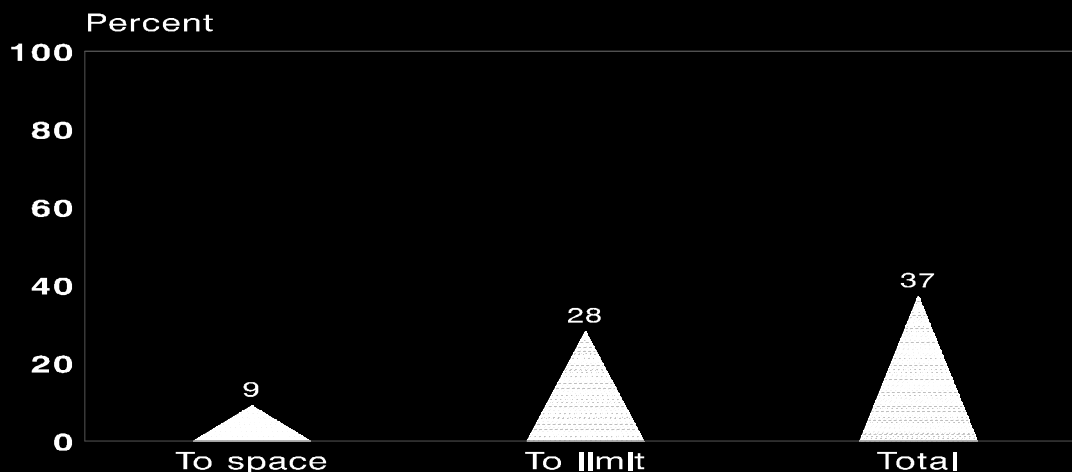
Note: Percentages may add to more than 100 because of multiple problems.

* In 00's

6.3 Level of Unmet Need

This section focuses on the unmet need for the family planning in the district. First, Table 6.9 attempts to assess the level of unmet need for family planning services in the district. The unmet need for family planning services is estimated as - 'those women who do not want children and are currently not pregnant and not using any method' (*to limit*), and those who want children after 12+ months and currently not pregnant and not using any family planning method (*to space*). These women were asked the reasons as to why they are not using any family planning method. The results of this question are discussed in Table 6.10.

Figure 6.3: Level of Unmet Need for Family Planning Services



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Table 6.9 presents the unmet need by different background characteristics of the women. Classification by age shows a steady increase in the total unmet need and the unmet need *to limit* and that for *to space* decreases with the age in conformity with the general pattern of contraceptive use. The unmet need in the urban areas is estimated to be less than the rural areas (28 percent and 37 percent for urban and rural areas respectively). Educational attainment of the women exhibits a negative relationship with unmet need. Religion and caste show differentials in the unmet need. As observed earlier the unmet need is high among the Muslims than the other religious groups in the district. Scheduled caste and tribes found to have higher unmet need than the others. The type of unmet need that they have is *to limit*. With the increase in the number of children their unmet need *to limit* increases.

Table 6.9: Level of unmet need for family planning services

Background Characteristics	** To space	*** To limit	Total	Others	Number of women*
Age					
13 - 19	21.9	3.9	25.8	74.2	34.5
20 - 29	17.2	17.0	34.2	65.8	453.3
30 - 39	2.5	32.4	34.9	65.1	392.5
40 - 49	.3	44.0	44.3	55.7	269.4
Residence					
Urban	4.6	22.8	27.3	72.7	70.8
Rural	8.6	28.5	37.1	62.9	1079.0
Education					
Illiterate	7.4	31.3	38.6	61.4	823.7
Upto class 4	7.7	32.8	40.5	59.5	50.4
Primary	10.5	18.3	28.8	71.2	98.6
Upto middle	14.7	25.1	39.8	60.2	81.2
Upto high	8.4	10.4	18.8	81.2	37.5
Above high school	10.6	12.8	23.4	76.6	58.3
Religion					
Hindu	8.5	28.0	36.5	63.5	1118.7
Muslim	2.1	45.2	47.3	52.7	21.4
Others	7.7	11.2	18.9	81.1	9.6
Caste					
Scheduled caste	7.1	31.4	38.5	61.5	113.3
Scheduled tribe	12.8	25.7	38.5	61.5	8.3
Backward caste	7.4	5.7	13.0	87.0	7.3
Higher caste Hindu	8.6	27.8	36.4	63.6	989.8
	3.8	34.7	38.5	61.5	31.0
Number of living children					
None	7.5	2.2	9.7	90.3	134.3
1	27.9	7.2	35.0	65.0	146.7
2	13.6	23.0	36.6	63.4	197.7
3	4.8	33.9	38.7	61.3	254.7
4+	1.4	43.0	44.4	55.6	416.3
Total	8.4	28.2	36.5	63.5	1149.7

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

* In 00's

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

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

As mentioned earlier the women were asked for the reason for not using the method. About one-fourth of them have reported as going to use family planning method. Age and residence of the respondent do not show any significant relationship with the reasons for unmet need. Fear of operation, fear of after effects and after operation one can not work are reasons reported by about 13 percent of the women indicating the need for the attempts at educating the women regarding the family planning methods in the district.

Table 6.10: Reasons of Unmet Need

Reasons of unmet need	Urban	Rural	Total		Total
			< 30 years	> 30 years	
Percent face problem with the method					
Going to use a FP method	28.7	25.0	30.8	21.6	25.2
Do not like existing method	1.1	4.9	4.4	5.0	4.7
Services are not available	.7	1.1	1.3	1.0	1.1
After operation one can't work	7.2	6.6	4.1	8.2	6.6
Fear of operation	2.7	5.4	3.9	6.1	5.3
Health does not permit	7.5	6.7	7.1	6.5	6.8
Operation may fail	2.3	.6	.3	.9	.6
Fear of after effects of methods		.8		1.2	.8
Unaware of any FP method		.6	1.0	.4	.6
Opposition from husband or other family members	1.4	3.3	4.0	2.7	3.2
Against religion	1.8	2.3	.8	3.3	2.3
Natural sterility	20.2	10.8	.5	18.1	11.2
Attained menopause/MC stopped	4.7	4.2	.1	6.9	4.2
Others	13.6	18.2	25.0	13.5	18.0
DK/Can't specify	22.8	20.9	22.3	20.1	20.9
Number of women *	19.2	400.3	164.0	255.5	419.5

* In 00's

6.4 Hindrances to the Acceptance of Family Planning

In this section some of the possible hindrances for the acceptance of the family planning methods are being examined. To begin with Section 6.4.1 presents the perceived disadvantages of the methods by the women followed by the sources of knowledge of supply and the supply position of these sources.

6.4.1 Perceived Disadvantages of the Methods

Use of any contraceptive method is affected by the perceptions that the women have about these methods. Hence, all the currently married women who mentioned the knowledge of the method were asked whether in their opinion the method has any disadvantage or inconveniences. The results are tabulated in the table 6.11. More than one-fifth of the women think that they will have problems with all the spacing methods. This percentage for the Vasectomy is 27 percent and that for tubectomy and laparoscopy are 46 percent and 25 percent respectively.

Table 6.11: Perceived disadvantages of the method

Disadvantages	Vasect- omy	Tubec- tomy	Laparo- scopy	Loop/ Cu- T/IUD	Oral Pill	Condom/ Nirodh
Urban						
A % believed that method has some disadvantage	12.8	30.5	18.4	20.2	13.5	6.7
Total number aware of	64.1	68.6	68.6	58.5	59.8	51.5
B Nature of disadvantage*						
Sepsis	3.9	2.2		15.0		
Abdominal/gastric pain	55.6	41.6	61.4	22.1	34.6	2.0
Backache/body pain/headache	12.8	43.1	55.0	34.6	36.9	
Weakness	78.0	51.4	31.2	13.3	7.2	14.1
Excessive or irregular bleeding	1.3	4.1		38.6	3.9	
White discharge				2.6		
Fear of failure		7.0	13.7	3.6	1.7	23.7
Problem in disposing						44.6
Loss of sexual desire						17.6
Weight gain		12.1	2.4	1.9	19.8	
Don't know/can't specify						2.0
Total N	8.2	20.9	12.6	11.8	8.0	3.4
C % believed disadv. to be permanent in nature						
Total number aware of	64.1	68.6	68.6	58.5	59.8	51.5
D Basis of this belief*						
Own experience	19.8	68.3	85.2	40.2	12.0	32.5
Friends experience	59.1	50.7	35.4	25.5	41.8	28.1
Heard from friend	52.4	34.0	29.7	32.4	23.2	31.3
Heard from others	18.7	3.4	5.5	19.0	3.0	
TV, radio, posters		.6	2.2	10.9	22.5	12.1
Others	1.7	1.1		1.1	1.5	
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	8.2	20.9	12.6	11.8	8.0	3.4
Rural						
A % believed that method has some disadvantage	27.8	46.8	25.9	26.3	20.0	22.9
Total number aware of	665.0	875.7	875.7	401.2	405.7	270.5
B Nature of disadvantage*						
Sepsis	5.8	7.9	1.7	11.5		
Abdominal/gastric pain	27.6	23.9	28.8	20.9	20.1	4.3
Backache/body pain/headache	20.7	71.2	71.3	48.1	38.0	
Weakness	75.9	36.5	33.3	11.0	5.7	1.8
Excessive or irregular bleeding		1.9	2.6	31.4	4.0	
White discharge	.3			9.5	1.9	
Fear of failure	13.1	17.2	32.6	7.8	9.4	34.0
Problem in disposing		1.9		1.0		73.1
Infertility/secondary sterility	.2					1.1
Loss of sexual desire	.3	.1	.3	3.4	.9	16.1
Weight gain	.6	2.0		1.6	30.3	
Others desire					1.7	2.3
Don't know/can't specify	.8	.3	.3	2.1	.5	5.0
Total N	184.8	409.6	226.6	105.7	81.2	61.8

<i>Disadvantages</i>	<i>Vasect-omy</i>	<i>Tubec-tomy</i>	<i>Laparo-scropy</i>	<i>Loop/Cu-T/IUD</i>	<i>Oral Pill</i>	<i>Condom/Nirodh</i>
C % believed disadv. to be permanent in nature	82.3	71.4	84.0	78.8	85.6	82.3
Total number aware of	665.0	875.7	875.7	401.2	405.7	270.5
D Basis of this belief (225)*						
Own experience	17.2	57.7	57.1	27.1	12.4	20.2
Friends experience	68.2	49.8	47.2	49.2	61.2	36.9
Heard from friend	20.0	27.6	32.8	25.2	12.8	39.2
Heard from others	17.5	8.5	18.9	20.3	10.0	33.1
TV, radio, posters	.4	1.2	1.1	11.5	6.9	3.4
Health personnel	.3	.5	.2	.5	2.4	
Others	2.7	.6		2.7	3.3	1.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	184.8	409.6	226.6	105.7	81.2	61.8
Total						
A % believed that method has some disadvantage	26.5	45.6	25.3	25.6	19.2	20.3
Total number aware of	729.1	944.3	944.3	459.7	465.5	322.1
B Nature of disadvantage*	5.7	7.6	1.6	11.8		
Sepsis	28.8	24.8	30.5	21.0	21.4	4.2
Abdominal/gastric pain	20.4	69.8	70.4	46.8	37.9	
Backache/body pain/headache	76.0	37.3	33.2	11.2	5.9	2.4
Weakness	.1	2.0	2.5	32.1	4.0	
Excessive or irregular bleeding	.3			8.8	1.7	
White discharge	12.5	16.7	31.6	7.4	8.7	33.5
Fear of failure		1.8		.9		71.6
Problem in disposing	.2					1.0
Infertility/secondary sterility	.3	.1	.3	3.1	.8	16.1
Loss of sexual desire	.6	2.4	.1	1.7	29.4	
Weight gain					1.6	2.1
Others	.8	.3	.3	1.9	.4	4.8
Don't know/can't specify						
Total N	193.0	430.5	239.2	117.5	89.3	65.3
	83.6	72.6	84.5	79.4	85.8	84.2
C % believed disadv. to be permanent in nature	729.1	944.3	944.3	459.7	465.5	322.1
Total number aware of						
	17.3	58.2	58.6	28.4	12.4	20.9
D Basis of this belief*	67.8	49.8	46.6	46.8	59.4	36.4
Own experience	21.4	27.9	32.7	25.9	13.7	38.8
Friends experience	17.6	8.2	18.2	20.2	9.4	31.4
Heard from friend	.4	1.2	1.1	11.5	8.3	3.8
Heard from others	.3	.5	.2	.5	2.2	
TV, radio, posters	2.7	.7		2.5	3.2	1.1
Health personnel						
Others	100.0	100.0	100.0	100.0	100.0	100.0
Total %	193.0	430.5	239.2	117.5	89.3	65.3
Total N						

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

The problems perceived are abdominal pain, backache and weakness for almost all the methods except for the condoms where problem of disposing (72 percent) and fear of failure (34 percent) are the major perceived problems reported. The women were also asked as to whether they consider the problem to be permanent in nature and the basis for this belief. It can be seen that

more than three-fourth of the women feel these disadvantages to be permanent in nature. Their beliefs are mostly based on their own experience, friends experience, heard from friend and heard from others. Analysis by residence does not show much variation in this regard.

6.4.2 Source of Supply of Contraception

For all the current and past users of vasectomy, female sterilisation, IUD, Injectables and pills a question was asked as to whether they had adopted the method for the first time. These results are tabulated in Table 6.12. However, the source tabulated for condom in the table is based on the current use only. Public sector sources like Govt. Hospital, PHC, SC, and health workers form the major source for the permanent methods (about 89 percent), CuT/IUD (79 percent), and condoms (48 percent) in the district. For the temporary methods private doctors and medical shops and others account for more than half. This trend is same across the residential groups.

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

Source of supply	Male sterilization	Female sterilization	Copper T /IUD	Pill	Condom*	All modern methods
Urban Public sector						
Government Hospital/CHC	71.4	73.5	73.0	41.5	34.5	70.1
PHC/camps	17.8	18.9	6.3	6.3		15.6
SC/Male/Female worker			5.0		39.0	1.2
Private medical sector						
Private doctor	5.3	6.0	5.9	4.6		5.8
Medical shop	XX	XX		8.2		.7
Other private sector						
NGOs, Depot holders						
Others	5.4	1.6	9.9	39.3	26.5	6.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N **	2.4	25.4	5.6	3.2	.4	36.9
Rural Public sector						
Government Hospital/CHC	65.2	53.3	48.6	4.8	50.8	52.5
PHC/camps	27.9	33.2	13.6	13.6		31.2
SC/Male/Female worker		3.0	13.1	32.4	49.2	1.7
Private medical sector						
Private doctor	3.8	6.9	18.5	21.1		7.6
Medical shop	XX	XX		19.3		.6
Other private sector						
NGOs, Depot holders	3.2	6.6	6.3	8.8		6.4
Others						
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N **	28.4	285.7	14.1	11.4	.8	340.4
Total Public sector						
Government Hospital/CHC	65.7	55.0	55.5	13.0	45.3	54.2
PHC/camps	27.1	32.0	11.5	12.0		29.7
SC/Male/Female worker			10.8	25.2	45.8	1.7
Private medical sector						
Private doctor	3.9	6.8	14.9	17.4		7.4
Medical shop	XX	XX		16.9		.7
Other private sector						
NGOs, Depot holders	3.3	6.2	7.3	15.5	8.9	6.4
Others						
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N **	30.8	311.1	19.7	14.7	1.2	377.4

* Based on current users

** In 00's

Table 6.13 deals with the knowledge of source from where the method could be adopted. Women in the survey were asked for each method they mentioned knowledge about where the method could be obtained. It is evident from the table that the women are well aware of the public

medical sector as the source for almost all the family planning methods. Also a sufficiently larger proportion (more than one-fourth) have reported private doctor as the source for almost all methods except injectables. Shops are reported as the source for the spacing methods like condoms and pills.

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

Methods	Percentage who mentioned					Number of women aware of the method*
	PHC/District hospital	SC + workers	CBD	Private doctor	Shops	
Vasectomy	91.93	33.31	.06	27.89	.59	729.1
Tubectomy	94.72	39.62		25.76	.59	944.3
IUD	82.45	61.47	.57	46.96	3.32	459.7
Pills	66.12	56.52	2.92	42.86	38.75	465.5
Condom	70.91	48.68	3.03	36.04	43.55	322.1
Foam tablets/Jelly	64.99	42.25		25.69	14.35	17.1
Injectables	55.93	58.21		10.11	1.32	5.2

* In 00's

6.4.3 Supply Position of Pills and Condoms to the Current Users of the Method

All the current users of the pills and condoms were asked a series of questions on the source from where they get the method and the supply position. These results are tabulated in Table 6.14. Govt. Hospital/CHC/PHC, SC and health workers form the major source for both the methods. However, the share of the private medical sector is also found to be significantly large. About 69 percent of the users of pills have reported a regular supply from the source mentioned. This proportion is as high as 83 percent for condoms. In continuation with the regularity of supply the women were also asked as to what they would do if they do not get supply, to this about 79 percent of pill users have said that they would get from other sources and the rest of them have reported as going to stop the method. Among the condom users about 37 percent have stated to get from other sources and another 47 percent would shift to other method. Against this high level of motivation prevailing among the users, the supply position during the last three months seems to be not satisfactory with little less than three-fourth of the women reporting as "did not get some time" (about 70 percent for both condom and pills). Probably this could be the reason for condom user's requiring on an average 26 pieces at a time and pill users two cycles.

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

Source of supply	Pill	Condom		
	Total users	Urban	Rural	Total
Government Hospital/CHC/PHC	84.3	67.9	49.7	54.0
SC and its male and female workers	10.4	4.6	17.5	14.5
Shops	23.1	71.4	57.4	60.6
Private doctors/clinic	15.9	17.6	12.4	13.6
Others	7.0		12.3	9.5
Total %	100.0	100.0	100.0	100.0
Total N	14.67	4.39	14.47	18.86
% reporting regular supply	68.6	97.6	79.0	83.3
Alternative in case of short supply				
Do not use the method	21.4		17.0	16.5
Get from some other source	78.6	100.0	33.9	36.1
Shift to other method			49.1	47.4
Supply position during last 3 months				
Always got the supply	29.5		31.1	30.1
Did not get some time	70.5	100.0	68.9	69.9
How many cycles R would like to receive at a time	1.7	26.6	26.2	26.3

In order to assess the availability of contraceptives in the village, information about retailers, private doctors, NGO's and Depot holders stocking the method was collected through village schedule. Table 6.15 reveals that very few villages in the district have sources listed above for pills and condoms.

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

Villages	Percentage of villages reporting availability of		
	Pills	Condom	Both
Percent of villages having at least one			
Retailers/shop stocking contraceptive	7.50	8.75	6.25
Private doctors providing contraceptive			17.50
NGO distributing the method			1.25
Depot holder stocking the method	2.50	1.25	1.25

6.4.4 Attitude of Couples Toward Family Planning

Approval and disapproval of contraception is observed to be one of the major determining factors of adoption of contraception. Hence, all currently married women were asked whether they approve or disapprove of couples using contraception. Also, followed by questions on whether any family member is against the use of contraception and if so, who opposes. The results are tabulated in Table 6.16. Overall, 78 percent of the women have stated approval of using contraception and this is nearly universal in the case of urban areas. Slightly more than half (55 percent) of the women have reported as their husbands opposed to using contraception and this proportion for the mother-in-law is 32 percent.

Table 6.16: Attitude towards family planning

Attitude towards family planning	Rural	Urban	Total
Percent of women approving use of FP	76.7	93.7	77.7
Total N	1079.0	70.8	1149.7
Percent reporting disapproval of FP by family members	3.6	1.6	3.5
Total N	1079.0	70.8	1149.7
Who oppose FP in family			
Husband	56.1	29.3	55.3
Parents	16.5	25.8	16.7
Father-in-law	6.8	10.1	6.9
Mother-in-law	32.1	25.8	32.0
Other male member	2.8		2.8
Other female member	6.1		5.9
Others	7.4	9.1	7.5
Number of women*	39.1	1.2	40.2

* In 00's

Table 6.17: Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from					Total %	No. of women*	
		No one	Husband	Parent	Father-in-law	Mother-in-law			Others
Age									
13 - 19	78.4	98.4				1.6	100.0	34.5	
20 - 29	76.6	96.3	1.8	.4	.3	1.4	0.8	100.0	453.3
30 - 39	79.1	97.0	1.8	.8	.4	1.0	0.3	100.0	392.5
40 - 49	77.5	95.8	2.6	.6		.8	0.7	100.0	269.4
Residence									
Urban	93.7	98.4	.5	.4	.2	.4	0.1	100.0	70.8
Rural	76.7	96.4	2.0	.6	.2	1.2	0.6	100.0	1079.0
Education									
Illiterate	73.7	96.3	2.1	.6	.2	1.0	0.7	100.0	823.7
Upto class 4	79.8	97.3	1.0		.2	1.5		100.0	50.4
Primary	86.5	97.6	.4	.4		1.9		100.0	98.6
Upto middle	86.8	95.7	3.3	1.0	1.0	1.0	1.0	100.0	81.2
Upto high	95.0	98.5		1.2		1.2	0.3	100.0	37.5
Above high school	94.2	96.9	2.1			1.1		100.0	58.3
Religion									
Hindu	78.5	97.1	1.7	.2	.2	1.0	0.3	100.0	1118.7
Muslim	44.2	63.0	14.5	19.1	4.7	10.3	13.7	100.0	21.4
Others	64.4	100.0						100.0	9.6
Caste									
Scheduled caste	69.0	95.1	2.7	.9	.9	.7	1.1	100.0	113.3
Scheduled tribe	41.2	100.0						100.0	8.3
Backward caste	67.3	100.0						100.0	7.3
Higher caste Hindu	79.9	97.3	1.6	.2	.1	1.0	0.2	100.0	989.8
Other religious groups	50.5	74.5	10.0	13.2	3.2	7.1	9.5	100.0	31.0
Total	77.7	96.5	1.9	.6	.2	1.1	0.6	100.0	1149.7

* In 00's

6.4.5 Exposure to Family Planning Messages on Radio and Television

Table 6.18 presents family planning messages heard on radio and television by background characteristics of the women. About 21 percent of the women have reported to have heard only from radio, three percent on television alone and about ten percent on both. Urban women are observed to be better exposed to media than rural with respect to family planning messages. Educational level of the women exhibit a positive relation with the messages received from the media. Radio is observed to be one of the major media the women in the district are exposed to. Use of contraception does not show significant effect on the messages received.

Table 6.18: Heard family planning messages on radio and television

Background Characteristics	Heard of family planning messages on radio and television					Total %	Total N
	Neither	Radio only	Television	Both	Missing		
Age							
13-19	4.3	26.6	.8	7.9	60.3	100.0	35.8
20-24	3.8	22.4	3.4	11.1	59.3	100.0	457.5
25-29	3.6	21.6	4.2	10.1	60.6	100.0	408.4
30-49	6.1	18.0	2.6	8.4	65.0	100.0	293.1
Residence							
Urban	1.0	7.3	12.7	71.9	7.2	100.0	72.6
Rural	4.5	22.1	2.8	6.0	64.6	100.0	1122.2
Education							
Illiterate	4.0	17.5	3.1	3.6	71.8	100.0	861.4
Upto class 4	6.9	34.1	.3	11.0	47.7	100.0	53.7
Primary	5.4	31.6	3.8	17.9	41.3	100.0	99.0
Upto middle	5.9	32.6	4.0	23.8	33.6	100.0	83.9
Upto high	4.5	26.5	4.3	34.8	29.9	100.0	38.3
Above high school	2.3	25.1	8.5	53.9	10.3	100.0	58.5
Religion							
Hindu	3.9	21.0	3.3	10.1	61.7	100.0	1162.3
Muslim	18.5	31.5	8.6	5.9	35.6	100.0	22.8
Other	17.4	13.9		9.6	59.1	100.0	9.7
Caste							
Scheduled caste	3.0	14.3	2.8	4.9	75.0	100.0	118.2
Scheduled tribe	14.4	7.5		6.2	71.9	100.0	8.3
Backward caste		11.8		1.9	86.4	100.0	7.3
Higher caste Hindu	4.0	22.0	3.4	10.8	59.9	100.0	1028.5
Other religious groups	18.2	26.2	6.0	7.0	42.6	100.0	32.5
Use of contraception							
Ever use	3.8	22.1	4.3	14.7	55.2	100.0	456.1
Never use	4.6	20.6	2.9	7.1	64.8	100.0	738.7
Total	4.3	21.2	3.4	10.0	61.1	100.0	1194.8

Table 6.19 tabulates the messages received by the women. The most popular message received from radio, TV and cinema has been on "small family size" in both the rural and urban areas. Generally, the urban areas have an edge over the rural areas in respect of all the above three media with higher proportion reporting the receipt of various messages. However, the message on the use of oral pills has been received by an equal proportion of TV viewers in the urban and rural areas (about 42 percent). Other popular messages are the use of condom (all the media in urban areas), sterilization, and population problems. Message on the use of loop/IUD, which is an important method for women for spacing, is not significantly reported through any media in any of the areas.

Table 6.19: Family planning messages through different media

Types of messages received on family planning	Radio			Television			Cinema		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Percent received messages on family planning	79.2	28.1	31.2	84.6	8.8	13.4	48.8	3.7	6.4
Not exposed	20.8	71.9	68.8	15.4	91.2	86.6	51.2	96.3	93.6
Small family size	68.5	67.0	67.2	65.1	65.6	65.4	64.1	55.6	59.5
Use of condom/Nirodh	39.9	14.1	18.1	50.0	19.1	30.9	49.7	17.6	32.4
Use of oral pills/Mala D	38.7	25.5	27.5	45.3	40.3	42.2	37.8	33.6	35.5
Use of loop/IUD/Cu-T	12.3	6.8	7.6	17.1	8.7	11.9	13.3	14.6	14.0
Sterilization	20.4	18.5	18.8	26.4	15.2	19.5	9.5	6.7	8.0
Population problems	12.5	23.4	21.7	14.2	17.3	16.1	11.3	17.8	14.8
Others	3.2	3.0	3.0	2.1	4.3	3.5	4.0	5.8	5.0

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

All the ever users who were not using any method and currently not pregnant were asked as to why they stopped using the method. The results are tabulated in Table 6.20. About one third of the women have stated other reasons like wanted to have a son etc., and quite a large proportion of the women could not give any reason (can't say, Dk 43 percent). About five percent of the women have stated to have had health problem with the method.

Table 6.20: Reasons for discontinuation

Reasons for discontinuation	Urban	Rural	Total
Method failed or got pregnant	3.7	5.6	5.4
Lack of sexual satisfaction		.9	0.9
Created health problem	5.5	1.6	1.9
Inconvenient to use		.9	0.8
Hard to get method		1.2	1.1
Put on weight		1.1	1.0
Did not like the method		1.6	1.5
Wanted to have a child	12.8	13.2	13.2
Lack of privacy for use		1.1	1.0
Others	22.4	30.2	29.6
Can't say/D.K.	55.6	42.5	43.6
Total %	100.0	100.0	100.0
Number*	3.7	41.9	45.6

* In 00's

All currently married women who were non-pregnant and who did not want children within one year and who were non users were asked about their future intentions regarding the use of family planning and their method preference if they intended to use contraception. This type of information can assist family planning programme administrators in identifying potential groups of users and in providing the types of contraception that are likely to be in demand. Information on the reasons for nonuse is crucial for designing successful information programmes and understanding the obstacles to further advances in contraceptive prevalence. The results are tabulated in Table 6.21.

Overall, 40 percent of the currently married nonusers reported that they intend to use, another one-fourth intends to use within one to two years and about one-fifth of the women could not specify the time when they would be using.

Table 6.21: Future Intention

Planning	Rural	Urban	Total
Within one year	40.6	32.7	40.2
1 - 2 years	24.3	35.3	24.9
2 or more years	15.2	5.0	14.7
Don't know/can't specify	19.8	27.0	20.2
Number*	100.1	5.5	105.6

* In 00's

CHAPTER VII

FERTILITY PREFERENCES

All the currently married women were asked about their desire for children in the future. The questions dealt with: (1) whether the woman wanted another child, (2) if so, how soon she would like to have her next child and the preferred sex of that child, and (3) how many more children she would like to have. In addition, attempts were also made to ascertain the extent of son preference through enquiries on the preferred sex composition of the children and the ideal number of children by sex.

7.1 Desire for More Children

Currently married women were asked about their desire for additional children. All those women who expressed desire to have more children were further asked as to how many children they would like to have, sex composition of the desired number of children and about the preferred timing. These results are presented in Table 7.1.

Table 7.1 provides information about the fertility preferences of currently married women. Overall, 60 percent of women say they want another child at some time in the future and about half of the women would like to have child either after one year or after two years while 25 percent of women say they would like to wait at least two years before having their next birth. Only 10 percent of women say they would like to have another child soon (that is, within one year). About half of the women prefer only boys and another 36 percent preferred both boys and girls. Son preference is uniformly observed in both urban and rural areas of the district. A further look at the additional children desired is attempted by classifying women with the number of surviving children they have (Table 7.2). As expected the desire for additional children consistently reduces with increase in the number of surviving children irrespective of the place of residence. The table reveals that about 89 percent of the women with no surviving child have preferred only two or three children and only about 16 percent of the women with two surviving children have preferred more than two additional children. Across the areas the trend is observed to be same. This trend indicates a conducive environment prevailing in the district for the family planning promotion.

Table 7.1: Fertility preferences

<i>Desire for children</i>	<i>Number of living children*</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 +</i>	
Urban					
Desire for additional child	8.4	3.5	17.5	28.0	10.0
Within 11 months	50.5	17.7	22.1	7.3	28.3
12-23 months	8.0	57.9	42.5	40.0	37.0
24 or more months	33.1	20.9	17.9	24.8	24.7
Do not know	100.0	100.0	100.0	100.0	100.0
Total %	5.44	6.53	2.98	1.60	16.55
Number wanting more children					
Preferred sex of additional child					
Only boy(s)	15.0	44.3	76.4	85.3	44.4
Only girl(s)		23.4	18.5	8.6	13.4
Both boy and girl	70.1	22.0	5.1		32.6
Either	10.0	10.2			7.3
Others	4.9			6.1	2.2
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	5.44	6.53	2.98	1.60	16.55
Rural					
Desire for additional child					
Within 11 months	9.5	8.3	9.8	14.3	10.2
12-23 months	34.8	20.6	23.5	22.5	25.2
24 or more months	8.9	33.0	30.0	21.4	23.8
Do not know	46.8	38.1	36.8	41.8	40.8
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	103.0	131.0	92.11	89.38	415.5
Preferred sex of additional child					
Only boy(s)	9.3	42.6	74.2	84.7	50.4
Only girl(s)		10.7	7.0	5.2	6.0
Both boy and girl	83.1	38.8	12.5	3.0	36.3
Either	1.8	2.1	2.0	1.2	1.8
Others	5.8	5.8	4.2	6.0	5.5
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	103.0	131.0	92.11	89.38	415.5
Total					
Desire for additional child					
Within 11 months	9.5	8.1	10.0	14.5	10.2
12-23 months	35.6	20.5	23.4	22.3	25.3
24 or more months	8.8	34.2	30.4	21.7	24.3
Do not know	46.1	37.3	36.2	41.5	40.1
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	108.5	137.5	95.09	90.98	432.0
Preferred sex of additional child					
Only boy(s)	9.6	42.6	74.3	84.7	50.2
Only girl(s)		11.3	7.4	5.2	6.3
Both boy and girl	82.4	38.0	12.3	2.9	36.1
Either	2.2	2.5	2.0	1.1	2.0
Others	5.8	5.5	4.1	6.0	5.4
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	108.5	137.5	95.09	90.98	432.0

** In 00's

* Includes current pregnancy. For tabulating this table add one in living number of children if the woman is currently pregnant, i.e. for currently pregnant women number of living children = 133 + one.

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

Number of living children*	Number of desired children						Total %	Number of women **
	0	1	2	3	4+	DK		
Rural								
0	2.1	15.7	65.8	10.7	2.3	3.4	100.0	5.6
1	23.1	58.8	15.1	3.0			100.0	8.5
2	83.1	12.5	3.5	.9			100.0	17.6
3	94.5	4.4	.6			.5	100.0	19.6
4	98.1	1.9					100.0	13.3
5+	96.7		3.3				100.0	8.0
Urban								
0	8.9	2.2	48.5	29.4	6.5	4.5	100.0	113.1
1	15.1	31.8	37.9	12.4	1.0	1.9	100.0	154.2
2	50.4	30.5	16.4	1.3		1.3	100.0	185.8
3	80.3	15.4	3.6		.2	.5	100.0	250.2
4	88.5	8.4	1.5			1.6	100.0	198.9
5+	92.2	5.9	.5			1.4	100.0	220.0
Total								
0	8.6	2.9	49.3	28.5	6.3	4.4	100.0	118.7
1	15.5	33.2	36.7	11.9	1.0	1.8	100.0	162.6
2	53.2	29.0	15.3	1.3		1.2	100.0	203.4
3	81.3	14.6	3.4		.2	.5	100.0	269.8
4	89.1	8.0	1.4			1.5	100.0	212.1
5+	92.3	5.7	.6			1.4	100.0	228.1

* Includes current pregnancy

** In 00's

Table 7.3 presents the distribution of the women who desire for additional children by background characteristics and the number of living children. Overall, about one-fourth of the women who desire for children do not have any living child and another one-fifths have at least three living children. Classification by age reveals that more than half of the women aged 30 years and above have at least three living children.

Table 7.3: Desire to have more children by background characteristics

Background Characteristics	Number of living children*					Total
	0	1	2	3	4+	
Age						
13 - 19	76.4	20.8	2.8		3.3	100.0
20 - 29	23.1	38.7	24.7	10.2	33.3	100.0
30 - 39	10.2	13.4	21.3	21.8	26.0	100.0
40 - 49	31.1	14.2	14.4	14.2		100.0
Residence					3.1	
Rural	32.9	39.4	18.0	6.5	9.6	100.0
Urban	24.8	31.5	22.2	11.9		100.0
Education					12.6	
Illiterate	23.0	27.8	22.1	14.4	12.8	100.0
Upto class 4	22.2	40.6	14.5	9.9	3.6	100.0
Primary	25.9	35.0	23.3	12.3	2.0	100.0
Upto middle	26.0	40.7	26.2	5.1	.5	100.0
Upto high	47.3	31.4	16.6	4.2	2.4	100.0
Above high school	28.3	46.9	22.0	.4		100.0
Religion						
Hindu	25.4	32.5	21.8	11.4	8.8	100.0
Muslim	5.6	10.3	18.1	29.4	36.7	100.0
Other	30.5	14.7	44.0		10.7	100.0
Caste						
Scheduled caste	24.9	30.5	25.3	13.2	6.1	100.0
Scheduled tribe	25.1	29.8	25.1	19.9		100.0
Backward caste		23.8	48.5	14.5	13.2	100.0
Higher caste Hindu	25.8	32.8	21.1	11.1	9.2	100.0
Number of living sons						
None	44.3	30.9	13.7	6.8	4.4	100.0
1		41.2	32.8	15.3	10.8	100.0
2			42.4	31.3	26.3	100.0
3+				22.5	77.5	100.0
Number of living daughters						
None	50.3	38.2	8.4	2.5	.6	100.0
1		48.7	41.4	7.0	2.9	100.0
2			50.2	40.4	9.4	100.0
3+				29.7	70.3	100.0
Total	25.1	31.8	22.0	11.7	9.4	100.0
No. wanting more children	108.5	137.5	95.1	50.4	40.6	432.0

* Includes current pregnancy ** In 00's

7.2 Ideal Number of Children

All the ever married women in the survey were asked "in their opinion how many children a couple should have". Table 7.4 examines this fact with the number of children they actually have. In general the women with larger family size have favoured a larger ideal family size. This is evident from the mean ideal number for both ever married and currently married women. Similar trend is observed both in rural as well as urban areas except that the mean ideal number is smaller for urban areas than the rural areas. Further more, Table 7.5 attempts to examine the difference between the ideal number of children and the actual number of living children. The table reveals that the difference for the women with living children upto three is less than their ideal number of children and from three children it is either equal to or more than ideal number in consistence with the general fertility trends. Quite a larger proportion of the women with four or more children have achieved fertility more than the ideal number they have declared. This trend is common across the areas of the district.

Table 7.4: Ideal and actual number of children

<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	5.2	14.3		1.0	1.0			2.5
2	86.1	80.0	84.6	38.7	34.0	27.9	9.1	55.8
3	5.3	5.7	13.4	57.5	29.9	29.6	40.4	28.9
4			2.0	2.1	35.2	30.5	27.7	10.8
5						6.4	9.3	0.8
6+				.6			8.9	0.4
Non-numeric responses	3.4					5.5	4.6	0.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	5.6	8.5	17.6	19.6	13.3	6.5	1.5	72.6
Mean ideal number **								
Ever-married women	2.0	1.9	2.2	2.6	3.0	3.2	3.7	2.5
Currently married women	2.0	1.9	2.2	2.6	3.0	3.2	3.8	2.5
Rural								
None	2.8		.3	.2	1.3	3.1	.6	1.0
1	2.7	5.1	.8	1.8	1.1	.9	2.3	2.0
2	49.6	45.5	46.2	11.8	13.3	9.9	4.2	25.4
3	32.8	35.5	35.8	68.3	27.5	22.0	26.5	38.9
4	6.1	10.6	14.2	14.7	51.6	33.5	29.9	23.1
5	.4	.6	.6	1.0	3.1	23.0	8.2	4.3
6+	.6			.2		3.1	21.0	2.2
Non-numeric responses	5.0	2.7	2.0	2.0	2.1	4.5	7.3	3.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	113.1	154.2	185.8	250.2	198.9	127.5	92.5	1122
Mean ideal number **								
Ever-married women	2.4	2.6	2.7	3.0	3.4	3.7	4.2	3.1
Currently married women	2.4	2.6	2.7	3.0	3.4	3.7	4.2	3.1
Total								
None	2.7		.3	.2	1.3	3.0	.6	1.0
1	2.8	5.5	.7	1.8	1.1	.9	2.3	2.0
2	51.3	47.3	49.6	13.8	14.6	10.8	4.3	27.2
3	31.5	34.0	33.8	67.5	27.6	22.3	26.7	38.3
4	5.8	10.1	13.2	13.8	50.6	33.4	29.9	22.4
5	.3	.6	.5	.9	2.9	22.1	8.2	4.0
6+	.6			.2		3.0	20.8	2.1
Non-numeric responses	5.0	2.6	1.9	1.8	2.0	4.6	7.3	3.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women ***	118.7	162.6	203.4	269.8	212.1	134.0	94.1	1195
Mean ideal number **								
Ever-married women	2.4	2.5	2.6	3.0	3.4	3.7	4.2	3.0
Currently married women	2.4	2.5	2.6	3.0	3.4	3.7	4.2	3.0

* Includes current pregnancy

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

*** In 00's

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

Number of ideal children	Number of living children*					Total
	0-1	2	3	4	5+	
Urban						
Less than ideal	91.2	17.5	4.2			23.0
Equal to ideal	8.8	82.5	56.1	38.3	5.5	44.8
More than ideal			39.7	61.7	94.5	32.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N**	13.9	17.6	19.6	13.3	7.6	72.0
Rural						
Less than ideal	96.1	55.1	19.5	5.6	4.0	38.2
Equal to ideal	3.9	44.2	67.3	51.0	20.9	36.7
More than ideal		.6	13.2	43.4	75.0	25.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N**	257.4	182.0	245.2	194.7	207.5	1087
Total						
Less than ideal	95.8	51.8	18.4	5.2	3.9	37.2
Equal to ideal	4.2	47.6	66.5	50.2	20.4	37.2
More than ideal		.6	15.2	44.6	75.7	25.6
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N**	271.3	199.6	264.9	208.0	215.1	1159

* Includes current pregnancy

** In 00's

7.3 Husband-wife Communication on Number of Children they Should Have

All ever married women in the BSUP were asked as "whether they had ever discussed with their husband about the number of children they would have", and, if so, 'when did they discuss for the first time". The results are tabulated by background characteristics of the women in Table 7.6. Overall, about 43 percent of the women have stated to have never discussed with their husbands in this regard. This proportion reduces with the increase in the educational attainment of the women and is less for the urban women. About 13 percent of the women have discussed immediately after the marriage and this proportion is high among the younger women aged below 20 years. little less than half (43 percent) of the women had discussed before third child.

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

Background Characteristics	Stage at which discussion took place						Total %	Number*
	Immediately after marriage	After 1st child	After 2nd child	After 3rd child	Don't know/remember	Never		
Age								
13-19	44.6	7.1	1.5			46.9	100.0	34.5
20-29	26.7	22.0	9.2	1.2		40.9	100.0	215.7
30-39	13.7	21.0	19.2	9.4	1.3	35.5	100.0	237.5
40-49	5.9	11.0	18.7	17.4	1.4	45.7	100.0	661.9
Residence								
Urban	18.6	17.4	19.3	12.5	1.3	30.9	100.0	70.8
Rural	12.2	14.8	16.3	12.2	1.0	43.5	100.0	1079
Education								
Illiterate	9.0	12.7	16.0	12.3	1.0	49.1	100.0	823.7
Upto class 4	13.2	18.8	15.9	15.2	.4	36.6	100.0	50.4
Primary	16.9	17.8	21.6	13.4	1.1	29.3	100.0	98.6
Upto middle	19.8	19.4	17.7	15.3	1.5	26.3	100.0	81.2
Upto high	24.2	27.7	12.1	9.9	2.9	23.2	100.0	37.5
Above high school	37.4	25.7	17.0	3.0	1.0	15.9	100.0	58.3
Use of contraception								
Ever use	10.3	14.8	22.8	19.4	1.6	30.9	100.0	456.1
Never use	14.0	15.1	12.3	7.4	.7	50.5	100.0	693.6
Total	12.6	15.0	16.5	12.2	1.1	42.7	100.0	1150

* In 00's

7.4 Fertility Planning

In order to assess the extent of unwanted fertility, all the eligible women in BSUP were asked questions about the unwanted pregnancies that they had in the past or whether the woman was ever pregnant when she did not want to be", if so, further questions were asked about the number and the outcome of those unwanted pregnancies. The results are tabulated in Table 7.7 and 7.8. Only about six percent of the women declared to have had become pregnant when they did not want to be. This proportion is high among the older women aged 30 and above and among the scheduled tribe and backward caste women. About two-thirds (65 percent) of these pregnancies resulted in live births, about 20 percent resulted in still births and 14 percent of them resulted in abortion(both spontaneous and induced).

Table 7.7: Unwanted pregnancy

Background Characteristics	Number of unwanted pregnancies				Total %	Total N*
	0	1	2	3+		
Age						
13 - 19	100.0		.8		100.0	34.5
20 - 29	96.2	2.9	2.3	.1	100.0	453.3
30 - 39	90.8	6.8	1.8	.2	100.0	392.5
40 - 49	94.2	3.5		.4	100.0	269.4
Residence						
Rural	96.1	2.5	1.5	.3	100.0	70.8
Urban	93.9	4.4		.2	100.0	1079
Education						
Illiterate	93.6	4.4	1.0	.3	100.0	823.7
Upto class 4	92.5	6.3	1.0	.3	100.0	50.4
Primary	93.1	5.9	1.1		100.0	98.6
Upto middle	94.8	4.1	.4		100.0	81.2
Upto high	98.5	1.1	.6		100.0	37.5
Above high school	98.6	.6		.1	100.0	58.3
Religion						
Hindu	93.9	4.4	2.1	.2	100.0	1119
Muslim	95.5	2.4			100.0	21.4
Other	100.0				100.0	9.6
Caste						
Scheduled caste	96.3	2.5		.1	100.0	113.3
Scheduled tribe	86.1	13.9			100.0	8.3
Backward caste	89.2	10.8	1.6		100.0	7.3
Higher caste Hindu	93.7	4.5	1.4	.2	100.0	989.8
Other religious groups	96.9	1.6			100.0	31.0
Total	94.0	4.3	1.5	.2	100.0	1150

Table 7.8: Outcome of unwanted pregnancies*

Outcome of unwanted pregnancies	Rural	Urban	Total
Live birth	65.6	51.4	65.0
Still birth	19.8	13.5	19.5
Spontaneous abortion	7.8	22.1	8.5
Induced abortion/MTP	5.3	3.6	5.2
Others	1.5	9.4	1.8
Total N**	85.5	4.0	89.5

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

** In 00's

Table 7.9 presents an assessment of the current situation of unwanted pregnancies. All those currently married women who were pregnant were asked, "when they became pregnant did they want to become pregnant then or they wanted to wait for some time or they did not want to become pregnant", to this about 82 percent of the women have stated that they wanted to become pregnant then. Interestingly quite a larger proportion of the women (18 percent) either did not want to become pregnant or they wanted to wait for some time indicating the level of the unwanted pregnancies occurring in the district. In continuation with this women were asked, "as to what would they do if they do not want to have any more children but become pregnant". This

presents determination to prevent the unwanted fertility of the women. About 15 percent of the women have stated that they would "get it aborted", another 16 percent could not say as to what they would do and 8 percent of them have said to accept the pregnancy.

Table 7.9: Fertility planning

Pregnancy intention	Rural	Urban	Total
Wanted then	82.0	73.2	81.7
Wanted later	7.8	5.3	7.8
Wanted no more	10.2	21.5	10.6
Total %	100.0	100.0	100.0
Number of pregnancies*	67.4	2.7	70.1

* In 00's

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

Intention	Rural	Urban	Total
Will accept the pregnancy	3.3	8.6	8.2
Will get it aborted	15.7	14.9	14.9
Others	14.7	9.4	9.8
Not sure/do not know	12.0	16.6	16.2
Not possible/sterilized	54.4	50.6	50.9
Total %	100.0	100.0	100.0
Number of women	54.2	662.6	716.8

CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

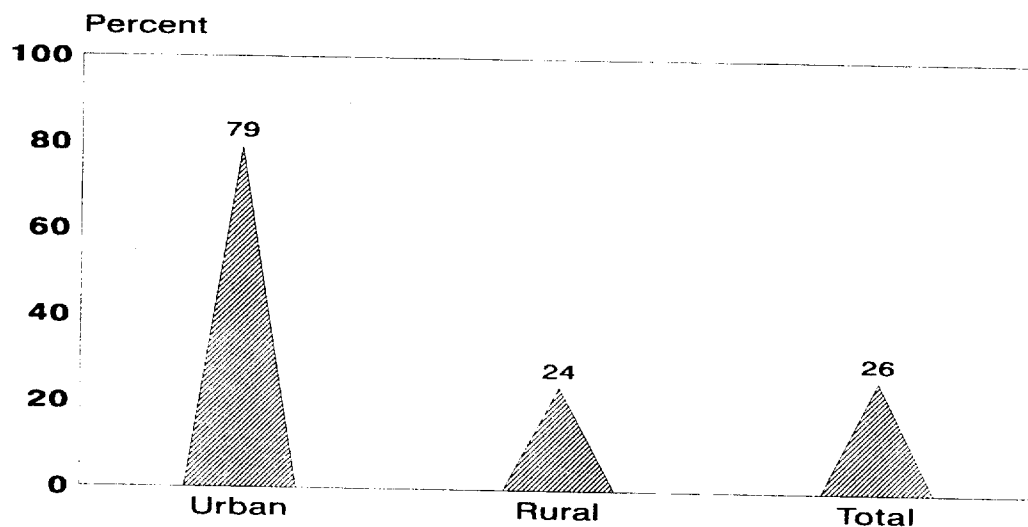
The well being of the mother and child depends on the extent of antenatal care the mother receives during the various stages of pregnancy. Realizing the importance of maternal and child health care services, the Ministry of Health, Government of India, took concrete steps to strengthen maternal and child health services in the First and Second Five Year Plans (1951-56 and 1956-61). The integration of family planning services with maternal and child health services and nutrition services was introduced as a part of the Minimum Needs Programme during the Fifth Five Year Plan (1974-79). The primary objective was to provide minimum public health services to vulnerable groups of pregnant women, lactating mothers and preschool children (Kanitkar, 1979). Since then, the promotion of health of mothers and children has been one of the most important aspects of the Family Welfare Programme in India and it has now been further strengthened by introducing the Child Survival and Safe Motherhood Programme (Ministry of Health and Family Welfare, 1993).

The present chapter analyzes the data collected on antenatal, delivery care, immunization coverage, preferred source of treatment and client provider contact.

8.1 Antenatal Care

Information on the extent to which these services are utilized by the pregnant women is given in Table 8.1. Nearly three fourths of the women in the urban areas have utilized the three services during pregnancy. About 79 percent of these women received the antenatal checkup from public medical institutions followed by 19 percent from the private doctors. The position in the rural areas is not encouraging as only about 24 percent of the women are reported to have received each of the three services. However, a significant proportion (66 percent) among them received the antenatal checkup from the public medical institutions. The role of private doctors is higher (25 percent) in the rural areas. There is rise in the receipt of the antenatal services with the increase in the education level in both the areas while the higher aged women in the rural areas do not seem to give much importance to the antenatal services.

Figure 8.1: Percent Underwent ANC Check-up



Tehri Garhwal, UP, 1993-94

Table 8.1: Antenatal care

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	Camp	At home	Others	IFA tab	TT injection	
Age										
13 - 19	25.8	59.5	0.0	40.4	0.0	0.0	0.0	21.1	30.7	8.8
20 - 34	27.0	54.9	13.8	22.5	1.9	3.5	3.0	25.2	28.1	327.2
35 +	20.8	45.5	16.4	29.5	0.0	4.3	4.0	19.1	21.0	54.3
Residence	79.4	68.1	10.7	19.1	0.0	0.0	1.8	68.7	76.8	18.3
Urban	23.5	51.6	14.2	24.5	1.9	4.1	3.3	22.1	24.8	372.1
Rural										
Education										
Illiterate	16.1	52.2	19.1	19.4	0.0	5.6	3.5	14.7	16.7	258.5
Upto class 4	49.4	56.2	9.3	11.5	17.8	5.1	0.0	45.9	44.1	19.8
Primary	33.4	40.4	7.6	44.2	0.0	3.4	4.2	31.7	28.4	38.7
Upto middle	44.3	59.4	4.4	33.4	0.0	0.0	2.6	38.8	55.0	39.2
Upto high	42.1	38.1	32.5	17.8	0.0	6.5	4.8	37.7	41.7	13.1
Above high school	70.5	68.9	11.0	16.9	0.0	0.0	3.0	72.3	77.2	21.0
Religion										
Hindu	25.8	52.7	13.8	24.6	1.7	3.7	3.2	24.1	27.1	380.3
Muslim	52.2	86.4	11.6	1.8	0.0	0.0	0.0	39.1	40.0	7.2
Other	2.4	100.0	0.0	0.0	0.0	0.0	0.0	2.4	2.4	2.9
Caste										
Scheduled caste	22.7	60.6	6.6	27.6	0.0	5.0	0.0	19.4	24.0	43.4
Scheduled tribe	25.9	83.3	0.0	16.6	0.0	0.0	0.0	25.9	25.9	3.4
Backward caste	7.3	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	3.6
Higher caste Hindu	26.4	51.3	14.8	24.4	2.0	3.6	3.6	25.0	27.9	329.7
Other religious groups	38.0	86.7	11.4	1.8	0.0	0.0	0.0	28.6	29.3	10.1
Total	26.1	54.0	13.7	23.7	1.7	3.5	3.1	24.3	27.2	390.5

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

The birth rate in the district is estimated to be 23.3 per 1000 population. Between the rural and urban areas there is not much of difference in this rate. The low birth rate is probably due to the existence of low proportion (40 percent) of ever married women in the peak reproductive age groups of less than 30 years and high proportion of 60 percent in the age groups above 30 years, relatively high age at marriage indicated by small proportion of ever married women in 15-19 years, as well as the estimates of mean age at marriage, high awareness of family planning methods and consequent adoption of any method by 35 percent (CPR) of women, fluctuations in the rates of growth of population during the decades particularly the reduced rate of decennial growth of population from 25.25 percent to 15.6 during the decades 1971-81 to 1981-91, out-migration taking place due to Tehri-dam construction etc. The death rate (DR) of the district is 8.7 per thousand population. By simple direct method, the Infant Mortality Rate is estimated to be 54.9 per 1000 live births. The details may be seen in Table 8.1(a).

Table 8.1(a): Crude Death Rate and Infant Mortality Rates (1991-1993)

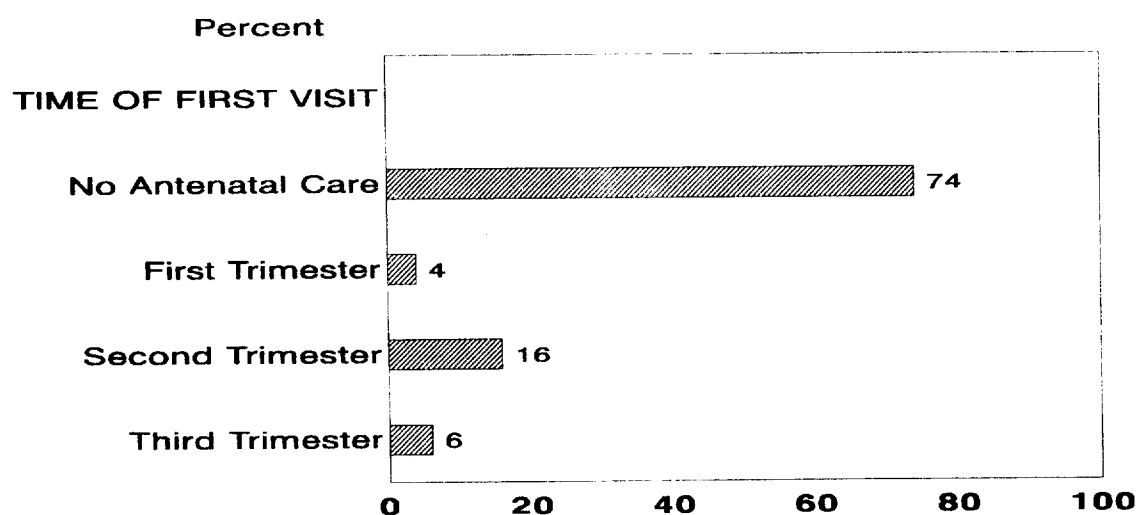
	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Birth Rate	22.00	23.34	23.26
Death Rate	7.56	8.80	8.73
Infant Mortality Rate	54.93		

For all the deaths that have occurred during the two years period prior to survey, information regarding place of treatment and type of treatment were also collected. These are tabulated in Table 8.1(b). Overall, about a third (39 percent) of deceased persons were given either home treatment or local vaidya and others before death for treatment and about 34 percent to the private doctors. With regard to the type of treatment provided, about 61 percent are treated with either allopathy or ayurvedic/homeopathic medicines. The proportion who received allopathic or ayurvedic/homeopathic treatment before death is higher in urban areas than rural areas.

Table 8.1(b): Place and type of treatment

	<i>Place of treatment</i>				<i>Type of treatment</i>					<i>Total %</i>	<i>No. of deaths</i>		
	<i>Dist. hospital/PHC</i>	<i>SC Doctor</i>	<i>Pvt. Doctor</i>	<i>Home treatment</i>	<i>Local vaidya/other</i>	<i>No treat-ment</i>	<i>Allopathy</i>	<i>Ayurvedic/ Homeopathy</i>	<i>Home remedy</i>			<i>Magic/ Exorcism & others</i>	<i>D.K.</i>
Urban	40.8	6.9	37.4	11.9	3.0	4.5	79.5		11.2	4.8	100.0	0.41	
Rural	22.3	4.6	33.4	27.7	11.9	14.0	45.3	15.0	20.1	1.4	4.2	100.0	11.62
Total %	23.0	4.7	33.6	27.1	11.6	13.7	46.5	14.5	19.8	1.3	4.2	100.0	12.03

Figure 8.2: Timing of First ANC Visit



Tehri Garhwal, UP, 1993-94

All those women who had undergone ANC, were further asked as to at what stage of pregnancy did they under-go antenatal check-up. About three-fourths of the women in the district are estimated to have not undergone ANC during their last pregnancy (Table 8.2). As expected this proportion is only one-fifth in urban areas (20 percent). Among those who have undergone ANC, a majority of them have done so in the second trimester and as observed earlier urban women are in a majority in the first and second trimester.

Table 8.2: Stage of pregnancy

ANC visits	Rural	Urban	Total
Stage of pregnancy at the time of the first ANC visit			
No antenatal care	20.5	76.4	73.8
First trimester	25.6	3.1	4.1
Second trimester	42.3	14.9	16.2
Third trimester	11.5	5.6	5.9
Total %	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	5.0	5.0	5.0
Number of pregnancies in last two years	18.3	372.2	390.5

8.2 Place of Delivery and Assistance During Delivery

Important among the maternal services is encouraging institutional deliveries and conducting deliveries by the trained health professionals to ensure better health for the mother and the child. In order to assess the current situation, the respondents were asked about the place where they gave birth and the persons who assisted in the delivery for all births that had taken place during the past two years preceding the survey. The data on this are analyzed and presented in Table 8.3. The table shows that a very high proportion (94 percent) of the deliveries in the rural areas had taken place at home. About six percent of the deliveries were conducted at public medical institutions like district hospital/PHC/SC and little more than two

percent in the private institutions. As expected home deliveries in urban areas are less than that in rural areas. About 39 percent of the deliveries in the district are attended to by the trained personnel (Table 8.4). Urban-rural differentials are pronounced in this regard with 86 percent of the births attended to by trained personnel in urban areas against 37 percent in rural areas.

Table 8.3: Place of delivery

Background Characteristics	Place of delivery				Total %	Number of women pregnant in last two years	
	Health facility			Home			Missing
	PHC/Dist hospital	Public	Private				
Mother's age at birth							
< 20	19.9		19.9		80.1	100.0	10.2
20 - 34	6.3	.1	6.4	2.4	91.2	100.0	293.8
35 +	2.7		2.7	1.0	96.3	100.0	43.5
Residence							
Urban	33.9	2.4	36.3	14.5	49.1	100.0	17.1
Rural	4.8		4.8	1.5	93.7	100.0	330.4
Education							
Illiterate	2.8		2.8	.6	96.6	100.0	231.3
Upto class 4	7.8		7.8	2.8	89.4	100.0	18.3
Primary	2.2	.4	2.6	3.9	93.5	100.0	35.1
Upto middle	14.2	.8	15.0	5.0	80.0	100.0	35.0
Upto high	12.5		12.5	1.0	86.5	100.0	10.6
Above high school	38.1		38.1	13.1	48.8	100.0	17.3
Religion							
Hindu	5.9	.1	6.0	2.2	91.8	100.0	340.3
Muslim	27.2		27.2		72.8	100.0	5.3
Other	3.7		3.7		96.3	100.0	1.9
Caste							
Scheduled caste	4.5		4.5	2.7	92.7	100.0	39.7
Scheduled tribe	8.6		8.6		91.4	100.0	2.7
Backward caste					100.0	100.0	3.0
Higher caste Hindu	6.1	.1	6.3	2.2	91.6	100.0	295.0
Other religious groups	20.9		20.9		79.1	100.0	7.2
Total	6.2	.1	6.3	2.1	91.5	100.0	347.5

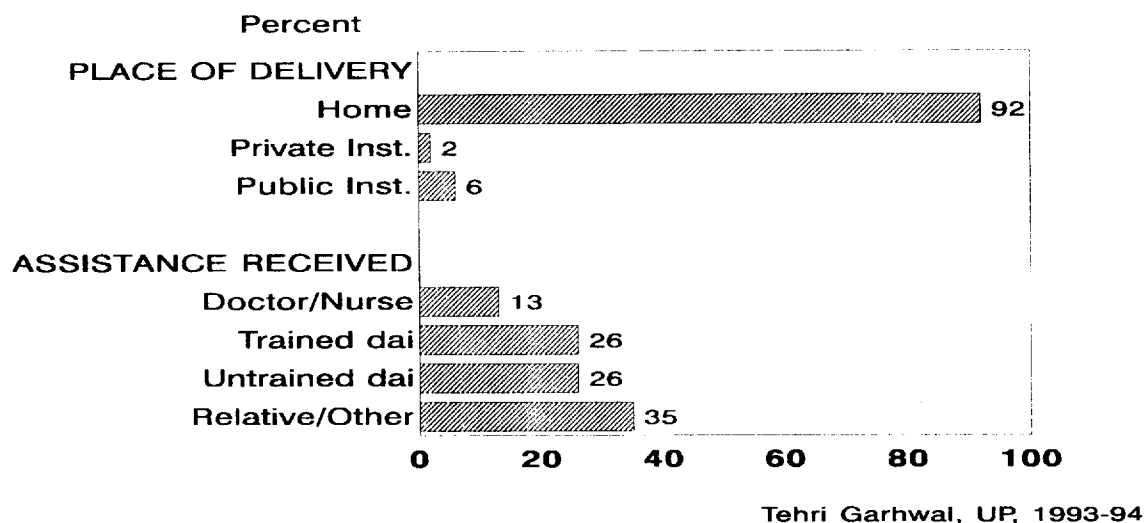
* Births in the period 1-24 months prior to the survey

Table 8.4: Assistance during delivery

Background characteristics	Rural	Urban	Total
Doctor or trained nurse	42.9	9.0	10.5
Trained dai	25.6	25.8	25.8
Untrained dai	9.1	26.6	25.8
Family member	4.7	27.3	26.3
Private doctor/nurse	17.7	2.1	2.8
Others/self		9.2	8.7
	100.0		
Total %	13.7	100.0	100.0
Total N		283.9	297.6

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

Figure 8.3: Place of Delivery and Assistance During Delivery



8.3 Immunization of Children

The Expanded Programme on Immunization (EPI) initiated in the country in 1978 aims at immunizing children against six preventable killer diseases: namely, Tuberculosis, Polio, Diphtheria, Pertussis (Whooping Cough), Tetanus and Measles. One dose each of BCG vaccine for tuberculosis and Measles Vaccine and three doses each of DPT injection and Oral Polio drops should be given by the time a child is 12 months of age. Booster doses of DPT and Polio vaccine may be given after 12 months of age.

The Universal Immunization Programme (UIP) launched by Government of India in 1985-86 aims at increasing the pace of immunization. This scheme has been introduced into every district of the country and it has the target of achieving one hundred percent immunization coverage by 1995.

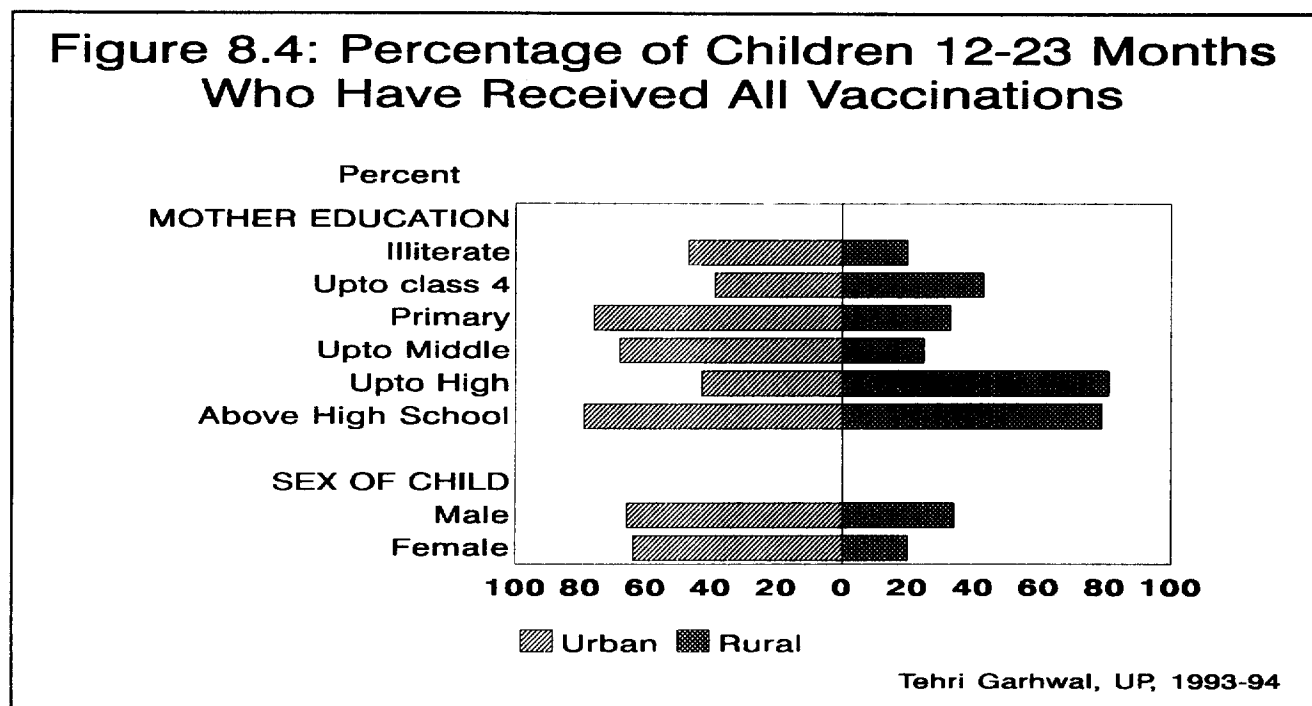
In the BSUP, respondents were asked whether an immunization card had been issued for each child born since Dasara 1991 and whether all vaccines received by the child were listed on the card. If the mother was unable to show the card for any reason, the mother was asked about each vaccine separately if the child had received the particular vaccine.

The data have been analyzed for two age categories, namely, 6-23 months 12-23 months by background characteristics and residence.

Tables 8.5(a) and 8.5(b) present the immunization coverage among children aged 6-23 months in Urban and Rural areas. Vaccine coverage of individual vaccines is fairly high. About 88 percent of children have received BCG, 63 percent have received all three doses of DPT, 76 percent Oral Polio and about 79 percent Measles vaccine in urban areas. The dropout of children between first and third doses of DPT and Polio is 17 percent and 11 percent respectively. The percentage of children who have received all vaccines in urban areas is estimated to be 57 percent.

On the contrary, in the rural areas of the district, immunization coverage is very low both in case of the coverage of individual vaccines and all vaccines. About 47 percent of children have received BCG, 31 percent three doses of DPT, 34 percent three doses of Polio and 32 percent Measles Vaccine.

Sex of the child and education of the mother exhibit variations in the immunization coverage. The coverage level of all vaccines is relatively high for male children (28 percent) than female children (17 percent). the proportion of children receiving all vaccines increases from 19 percent among illiterate mothers to about 59 percent among the children of above high school educated mothers.



According to immunization schedule, by the age of 12 months a child should have received one dose each of Measles and BCG and three doses each of DPT and Polio. Table 8.5(a) and 8.5(b) attempts to assess the coverage of vaccines among the children aged 12-23 months. About 65 percent of the children aged 12-23 months in urban areas have received all the vaccines and another ten percent are estimated to have not received any vaccines. The corresponding proportions for rural areas are 28 percent and 49 percent respectively. Sex of the child, education of the mother and religion have significant effect on the complete coverage of the vaccines. Coverage of all vaccines for male children is relatively higher (34 percent) than that for female children (20 percent). The complete coverage of vaccines increases from about 20 percent among the children of illiterate mothers to about 79 percent among the children of above high school educated women.

Table 8.5(a): Vaccination by 6-23 months children background characteristics (urban and rural)

Background Characteristics	Percentage of children 6-23 months vaccinated against									Number of children	
	BCG	DPT			Polio			Measles	All		None
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	89.9	82.0	68.3	68.3	85.9	81.4	77.5	79.0	62.6	10.0	5.62
Female	86.0	65.5	60.0	54.3	84.0	72.8	72.8	80.0	49.0	13.9	3.55
Mother's education											
Illiterate	100.0	100.0	45.5	45.5	100.0	74.9	74.9	86.4	45.5	0.0	1.01
Upto class 4	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	61.2	0.48
Primary	75.9	75.9	75.9	75.9	75.9	75.9	75.9	75.9	75.9	24.0	0.82
Upto middle	65.3	55.9	55.9	55.9	55.9	55.9	55.9	55.9	55.9	34.6	1.63
Upto high	100.0	80.7	61.8	49.8	95.8	89.9	76.9	80.3	31.7	0.0	1.68
Above high school	100.0	80.3	77.5	77.5	98.0	89.5	89.5	94.1	71.7	0.0	3.54
Religion											
Hindu	89.0	76.0	65.3	63.1	86.5	79.3	76.9	79.8	58.2	10.9	9.04
Muslim	50.0	50.0	50.0	50.0	0.0	0.0	0.0	50.0	0.0	50.0	0.14
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Caste											
Scheduled caste	100.0	100.0	63.1	63.1	100.0	63.1	63.1	31.5	31.5	0.0	0.37
Scheduled tribe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.10
Backward caste	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Higher caste Hindu	88.4	74.7	65.0	62.6	85.8	79.7	77.2	81.7	58.8	11.5	8.56
Other religious groups	50.0	50.0	50.0	50.0	0.0	0.0	0.0	50.0	0.0	50.0	0.14
Total	88.4	75.6	65.1	62.9	85.2	78.1	75.7	79.4	57.3	11.5	9.18
Rural											
Sex											
Male	51.7	39.5	36.2	34.8	44.0	39.5	37.8	36.5	28.4	46.1	97.56
Female	41.1	32.9	27.0	26.0	37.2	29.7	29.4	26.9	17.7	55.3	74.07
Mother's education											
Illiterate	37.5	30.6	26.8	25.0	33.0	29.6	27.9	24.0	18.5	59.7	114.82
Upto class 4	53.8	38.4	38.4	38.4	49.1	44.4	38.4	49.0	38.4	46.1	10.57
Primary	60.3	41.7	36.5	36.5	48.6	40.2	40.2	37.0	24.4	37.0	16.63
Upto middle	61.5	40.1	33.6	33.6	51.7	38.6	42.7	51.3	23.4	31.8	16.08
Upto high	75.2	65.3	52.7	52.7	65.3	52.7	52.7	52.7	52.7	24.7	5.25
Above high school	100.0	83.5	75.5	75.5	91.7	75.5	75.5	67.5	59.2	0.0	8.27
Religion											
Hindu	46.9	36.5	32.3	31.1	40.8	35.2	34.0	32.4	24.0	50.2	168.44
Muslim	48.9	32.6	16.3	16.3	48.9	32.6	32.6	32.6	16.3	51.0	2.71
Other	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.48
Caste											
Scheduled caste	33.8	26.5	21.5	21.5	30.2	25.2	28.8	24.1	18.0	66.1	19.84
Scheduled tribe	74.6	26.8	26.8	26.8	26.8	26.8	26.8	74.6	26.8	25.3	1.95
Backward caste	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1.54
Higher caste Hindu	48.8	38.4	34.2	32.8	42.8	37.0	35.2	33.3	25.0	47.9	145.09
Other religious groups	56.6	42.8	28.9	28.9	56.6	42.8	42.8	27.6	13.8	43.3	3.20
Total	47.1	36.7	32.3	31.0	41.1	35.3	34.2	32.3	23.8	50.1	171.64

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

Table 8.5(b): Vaccination by 6-23 months children background characteristics (urban and rural)

Background Characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	88.2	78.9	65.8	65.8	83.5	81.1	76.5	85.0	65.8	11.7	4.81
Female	92.7	77.3	73.7	66.3	90.1	86.6	86.6	92.7	63.7	7.2	2.73
Mother's education											
Illiterate	100.0	100.0	46.7	46.7	100.0	85.0	85.0	100.0	46.7	0.0	0.77
Upto class 4	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	38.7	61.2	0.48
Primary	75.9	75.9	75.9	75.9	75.9	75.9	75.9	75.9	75.9	24.0	0.82
Upto middle	79.8	68.3	68.3	68.3	68.3	68.3	68.3	68.3	68.3	20.1	1.34
Upto high	100.0	82.3	64.7	48.5	94.3	94.3	76.7	100.0	42.8	0.0	1.24
Above high school	100.0	82.8	79.4	79.4	97.5	94.1	94.1	100.0	79.4	0.0	2.87
Religion											
Hindu	90.6	78.9	69.0	66.3	87.5	84.7	81.7	88.5	66.3	9.3	7.40
Muslim	50.0	50.0	50.0	50.0	0.0	0.0	0.0	50.0	0.0	50.0	0.14
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Caste											
Scheduled caste	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.11
Scheduled tribe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.10
Backward caste	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
Higher caste Hindu	90.3	78.2	68.0	65.2	87.2	84.2	81.1	88.1	65.2	9.6	7.18
Other religious groups	50.0	50.0	50.0	50.0	0.0	0.0	0.0	50.0	0.0	50.0	0.14
Total	89.8	78.3	68.6	65.9	85.9	83.1	80.2	87.8	65.0	10.1	7.54
Rural											
Sex											
Male	53.8	42.7	40.4	39.8	47.9	44.9	43.0	43.3	34.3	44.6	72.24
Female	40.3	37.1	30.5	29.8	41.1	32.2	31.5	26.3	19.5	55.9	52.59
Mother's education											
Illiterate	38.4	32.4	28.8	27.8	35.5	31.9	30.5	25.5	20.2	59.1	84.50
Upto class 4	60.1	42.9	42.9	42.9	54.9	49.7	42.9	54.8	42.9	39.8	9.46
Primary	55.2	50.2	43.1	43.1	54.4	43.1	43.1	40.5	32.8	41.2	12.36
Upto middle	69.1	50.0	44.0	44.0	59.1	53.2	54.7	56.5	25.4	24.6	8.81
Upto high	80.5	80.5	80.5	80.5	80.5	80.5	80.5	80.5	80.5	19.4	3.44
Above high school	100.0	89.0	78.5	78.5	100.0	78.5	78.5	89.4	78.5	0.0	6.24
Religion											
Hindu	47.9	40.3	36.4	35.8	44.7	39.5	38.1	36.3	28.5	49.5	121.63
Muslim	48.9	32.6	16.3	16.3	48.9	32.6	32.6	32.6	16.3	51.0	2.71
Other	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.0	0.0	0.48
Caste											
Scheduled caste	35.3	29.1	25.0	25.0	30.6	26.5	31.1	25.0	20.3	64.6	15.09
Scheduled tribe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	0.52
Backward caste	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1.54
Higher caste Hindu	50.2	42.2	38.3	37.5	47.1	41.6	39.3	38.2	29.7	46.8	104.47
Other religious groups	56.6	42.8	28.9	28.9	56.6	42.8	42.8	27.6	13.8	43.3	3.20
Total	48.1	40.4	36.3	35.6	45.0	39.5	38.2	36.1	28.1	49.4	124.83

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

8.4 Utilization of Public Health Services

All the eligible women were asked as to where do the household members generally go for the treatment and reasons for preferring the source. The results are tabulated in Table 8.6. About one-third of the women (31 percent) have said to be going only to private doctors, and another 53 percent have stated to be going some time to public medical service and some time to private doctors. The proportion going only to public health care services is only 16 percent. The major reasons for preferring private medical care services are better treatment (67 percent), near to home (19 percent) and cheaper treatment (8 percent). This is observed to be common across the areas. Of those who are availing the public health care system, about 37 percent are not certain of doctor's availability when they go. This proportion is high among urban areas than in rural areas (47 and 36 percent for urban and rural areas respectively). Of those who are availing the public health care system in the district, about ten percent have said to be paying for the services (Table 8.7). More than three-fourth of the women agree for the payment for services if they are improved.

Table 8.6: Preferred sources of medical assistance during sickness

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Preferred sources			
Always public sources (PHC/CHC, District Hospital, SC)	25.7	14.9	15.6
Sometime public source and sometime private	58.5	52.5	52.8
Always private source/doctor	15.5	31.7	30.7
Others	.3	1.0	.9
Total %	100.0	100.0	100.0
Total N	72.6	1122.2	1194.8
Reasons for always preferring private source*			
Cheaper treatment	15.3	17.5	17.5
Near to my house	33.9	18.8	19.3
Better treatment	79.1	66.4	66.8
PHC/SC are far off		8.8	8.5
Bad behaviour of PHC staff	3.9	2.6	2.7
No alternative	2.5	16.3	15.9
No medicines available	3.8	6.0	5.9
No staff/doctor available	13.0	11.1	11.1
Takes more time at government hospital	1.7	4.4	4.3
Others		1.2	1.2
Can't say/Don't know	8.2	1.7	1.9
Total %	100.0	100.0	100.0
Total N	11.2	355.4	366.6
Certainty about availability of doctor at PHC			
Quite certain	49.3	49.1	49.1
Not certain	47.0	36.3	37.1
Do not know	3.8	14.6	13.8
Total %	100.0	100.0	100.0
Total N	61.2	756.1	817.3

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

Table 8.7: Payment for the services at public clinics

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Percent of women reporting payment at health centres *			
Yes	8.1	10.3	10.1
No	91.9	89.7	89.9
Total %	100.0	100.0	100.0
Total N	61.2	756.1	817.3
Percent ready to pay for services if improve			
Yes	54	761	815
No	14	283	279
Total %	100.0	100.0	100.0
Total N	67.6	1044.2	1111.8

* Suppress those answered 159=3

All the women in BSUP were asked a series of questions about the visit of the health workers. About 43 percent of the households in the district have ever utilized the public health care system. As against this only 11 percent of the households were visited by the health workers during the last three months and the average number of contacts with health workers during the last three months works out to less than one (Table 8.8). Little less than one-fourth of those who were visited by the health workers have reported to have been visited only once. Of these women, more than half have reported that the health worker spent enough time during her last visit and almost all of them are satisfied with the assistance provided by the worker and they would like her to visit again (Table 8.9).

Table 8.8: Client-providers' contact

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
% of women or her HH member contacted PHC/SC workers during last 3 months			
Yes	78.5	41.0	43.3
Total N	72.57	1122.19	1194.76
Average number of contacts with PHC/SC workers			
Mean	.5	.7	.7
SD	.8	.8	.8
% of households visited by workers in the last 3 months			
Yes	5.8	11.6	11.3
Total N	72.57	1122.19	1194.76
% of households reported visit of			
1 person	54.8	60.0	59.9
2 persons	45.2	37.1	37.4
3 or more persons		2.8	2.7
Total N	4.19	130.28	134.47
Frequency of visit during last 3 months			
1st person			
1	74.9	70.6	70.7
2	11.5	22.6	22.3
3 or more times	13.6	6.8	7.0
2nd person			
1	36.9	48.3	47.9
2	51.5	46.1	46.3
3 or more times	11.6	5.6	5.8
Who visited last			
ANM/LHV	58.9	69.8	69.5
Male workers	7.9	11.6	11.5
Doctor	1.6	.4	.5
Others	31.5	18.1	18.6
Percent of families reporting at least one contact with public health service providers			
Yes	80.7	46.2	48.3

8.9: Quality of client-provider interface

	<i>Number of women reporting visit of a worker</i>		<i>Provided enough time</i>		<i>Satisfied with assistance provided</i>		<i>Would like her to visit again</i>		<i>Villagers hold good opinion about the worker</i>	
Urban	100.0	4.2	57.2	2.4	91.7	3.8	70.8	3.0	32.7	1.4
Rural	100.0	130.3	52.	68.2	94.0	122.5	93.0	121.1	56.6	73.7
Total	100.0	134.5	52.5	70.5	94.0	126.4	92.3	124.1	55.9	75.1

All the currently married women were asked whether any person from PHC/SC informed about family planning methods if so, a series of questions about the information provided by the health worker were also asked. These results are tabulated by methods in Table 8.10. Three-fourth of the women were mentioned only about tubectomy, another 27 percent vasectomy and IUD, and 21 percent about pills. An important fact that the table reveals is that women are not given proper information about the method as such except for mentioning the method and the source. Table 8.11 presents perception about ANM among the ever married women. About 84 percent of the women feel that a young ANM is better than traditional dai. The caste of the ANM and health services that she provide are treated independently in the district (only 25 percent believe that an ANM belonging to scheduled caste is not welcome in high caste Hindu households). Also, the socio-economic status of the household is perceived to be not influencing the behaviour of the ANM (33 percent ANM do not attend to poor families).

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

Methods	Percentage reported that						Total %	No. reporting visit of workers
	Method was mentioned	Method was not mentioned	Informed both advantages and disadvantage	Informed neither advantages nor disadvantages	Informed how to use	Informed about source		
Vasectomy	27.1	72.9	4.8	3.0	20.1	26.6	100.0	399.0
Tubectomy	74.9	25.1	15.3	6.0	63.9	72.4	100.0	399.0
IUD/CuT	26.6	73.4	4.3	9.0	16.3	25.6	100.0	399.0
Pills	20.6	79.4	3.3	6.5	13.8	18.5	100.0	399.0
Condom	14.8	85.2	3.3	5.8	9.8	12.8	100.0	399.0
Withdrawal	0.5	99.5					100.0	399.0
Safe period	0.8	99.2					100.0	399.0

Table 8.11: Perception of women about ANM

	Rural	Urban	Total %	Total
% agreeing that a young ANM is better than a traditional dai for assisting delivery	90.7	83.7	84.2	670.2
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	23.8	29.8	29.3	233.4
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste Hindu households	19.3	25.6	25.2	200.1
% agreeing that ANM often do not want to visit or attend delivery in poor families	32.4	33.2	33.2	263.9
Total	100.0	100.0	100.0	100.0

CHAPTER IX

COMMUNITY LEVEL VARIABLES

The BSUP included a Village Questionnaire and CHC\PHC\SC questionnaire (see Annexure) to assess the availability, or supply, of family planning and other health and educational services in rural areas.

The supervisor of each interviewing team was responsible for locating key informants in the village who were knowledgeable about village facilities and infrastructure. The village headman (Sarpanch) would usually be contacted by the supervisor to obtain an overview of the village. If the sarpanch could not be contacted for any reason the village Patwari (village land record keeper) or Gram Sevak (village extension worker) or school teacher were contacted for the required information. In addition to this a Sub centre Questionnaire was canvassed for all the sampled villages having Sub Centres and the concerned CHC\PHCs of the sample villages. These information were collected during the field work in each village. The information in this chapter is based on questionnaires completed for 80 villages selected in the district.

At the primary stage the sample consisted of 80 villages in the rural areas and 20 Census Enumeration Blocks in the urban areas. The villages are covered by 10 Primary Health Centres located at different places. Though all the selected villages are under the jurisdiction of one Sub-centre or the other, only in case of 10 sample villages, the sub-centres are located in the selected village itself. Out of them, 2 sub-centres were not functioning at the time of survey.

9.1 Availability of Educational and Family Welfare Facilities

Though about 93 percent of the villages have primary schools in the village, only about 23 percent of the villages have secondary schools (Table 9.1). With regard to private medical practitioners it can be seen that only about 19 percent of the villages have private doctors practicing in the villages. A majority of them are practicing allopathy (Table 9.2).

Table 9.1: Educational facilities available in the village

	Yes	No
Primary School	74	6
Secondary School		
Boys	8	72
Girls	3	77
Both	18	62

Table 9.2: No. of Villages having private medical practitioners

	No. of private medical practitioners				Total
	0	1-2	3-5	5+	
Private Medical Practitioners	65	12	3	0	80
Allopathic	71	6	3	0	80
Homeopathy	79	1	0	0	80
Ayurvedic	73	7	0	0	80
Unani	80	0	0	0	80
Others	80	0	0	0	80

Proximity of the health facilities has been one of the factors directly influencing the utilization of health services. From Table 9.3 it can be seen that a larger proportion of the villages do not seem to be having an easy access to health facilities except for the Sub-centres.

Table 9.3: Distance (in kms.) from the Health facilities

	≤ 5	5-10	10+
Nearest Sub-centre	55	12	13
Nearest PHC	10	4	66
Nearest CHC	2	1	77
Nearest District HQ	0	2	78

Tables 9.4 and 9.5 present the availability of the family welfare facilities within the village. Retail outlets stocking condoms and Oral pills is a rare phenomenon in the districts. Also, the involvement of community leaders like panchayat members is not common.

Table 9.4: Number of villages with family welfare services

	0	1-2	3-5	5+	Total
Private Medical Practitioners providing FP services	66	11	3	0	80
Non-Allopathic Medical Practitioners providing FP services	77	2	0	1	80
Number of Medical Shops available	67	13	0	0	80
Retail outlets stocking Condoms	73	4	2	1	80
Retail outlets stocking Oral Pills	74	5	0	1	80
Number of Trained TBAs	35	43	2	0	80
Number of Untrained TBAs	20	40	20	0	80
Number of Panchayat Members	10	4	22	44	80
Number of Actively involved in FP promotion	63	12	4	1	80

Table 9.5: Number of villages with CBD network for condoms and oral pills

	Yes	No
CBD network for Condoms	2	78
CBD network for Oral Pills	1	79
Whether anganwadi acts as CBD for Condoms	7	15
Whether anganwadi acts as CBD for Oral Pills	6	13

9.2 Status of Services Available at CHC\PHC\SCs

Table 9.6 presents the status of the infrastructural facilities at the Sub-centres at the time of the survey. Almost all the sub-centres buildings were rented with electricity in five out of the 9 sub centres. With regard to vaccines it can be seen that only in four sub centres the supply was adequate and regular. Though the spacing methods of oral pills and condoms have been supplied in accordance with the requirements, in case of IUD neither the insertion nor the supply were adequate. Neglect with regard to IEC is more visible as only two sub-centres have been provided with a regular and adequate supply of IEC materials. The sample villages in the district were covered by 10 PHCs.

It is commonly observed that either the vehicles are withdrawn by 'higher ups'(Mishra, 1992; Khan et al.,1988) or the vehicles are very old and at any given point of time only 70-75 percent of the vehicles are in working condition. Added to this is the problem of insufficient funds which invariably results in minimizing of the use so that they can not use them through out the year (Mishra, 1992 ; Khan et al., 1988).

Table 9.7 presents the status of the infrastructural facilities available at the time of survey. Except for the refrigerator, vasectomy equipment and the number of persons trained in vasectomy, the status of all other facilities is inadequate including the staff positions.

Table 9.6: Status of infrastructural facilities at the Sub-centres at the time of survey

		<i>No. of SCs</i>
Building	Government	0
	Rented	8
	Donated	1
	Others	0
Electricity	Yes	5
	No	4
Vaccine Carriers	Yes, functioning	8
	Yes, non-functioning	1
	No	0
Thermos	Yes, functioning	5
	Yes, non-functioning	0
	No	4
Polio	Regular and adequate	4
	Regular but not adequate	4
	Irregular but adequate	1
	Neither regular nor adequate	0
BCG	Regular and adequate	4
	Regular but not adequate	3
	Irregular but adequate	1
	Neither regular nor adequate	1
DPT	Regular and adequate	4
	Regular but not adequate	3
	Irregular but adequate	1
	Neither regular nor adequate	1
Measles	Regular and adequate	4
	Regular but not adequate	3
	Irregular but adequate	1
	Neither regular nor adequate	1
IUD insertion kit	Yes	4
	No	5
Trained personnel	Yes	3
	No	6
IUD	Regular and adequate	3
	Regular but not adequate	1
	Irregular but adequate	0
	Neither regular nor adequate	5
Pills	Regular and adequate	7
	Regular but not adequate	1
	Irregular but adequate	0
	Neither regular nor adequate	1
Condoms/Nirodh	Regular and adequate	7
	Regular but not adequate	1
	Irregular but adequate	0
	Neither regular nor adequate	1
IEC material for family planning	Regular and adequate	2
	Regular but not adequate	0
	Irregular but adequate	1
	Neither regular nor adequate	6

Table 9.7: Status of infrastructural facilities in the PHCs at the time of survey

	<i>No. of SCs</i>	<i>Don't know</i>
Operation theater		
Yes, functioning	3	
Yes, non-functioning	3	
No	4	
Vehicle		
Yes, Working	6	
Yes, non-working	2	
No	2	
Post		
Medical Officer	4	0
Block Extension Educator (BEE/HEO)	5	2
Multi-purpose Health Supervisor	3	1
MPHS (Male/HA/SS)	4	2
Lady Health Visitor (LHV)	8	0
Multi-purpose Worker (MPW-M)	5	1
Driver	0	2
ILR		
Yes, functioning	3	
Yes, non-functioning	2	
No	5	
Refrigerator		
Yes, functioning	8	
Yes, non-functioning	0	
No	2	
Vasectomy Equipment		
Yes in Working Condition	8	
Yes in Non-working Condition	1	
No	1	
Trained personnel (Vasectomy)		
Yes	8	
No	2	
Tubectomy Equipment		
Yes in Working Condition	3	
Yes in Non-working Condition	1	
No	6	
Trained personnel (Tubectomy)		
Yes	4	
No	6	
Laparoscopy Equipment		
Yes in Working Condition	4	
Yes in Non-working Condition	1	
No	5	
Trained personnel		
Yes	5	
No	5	

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ANNEXURE

A-I: LIST OF URBAN AREAS SELECTED FOR SURVEY IN TEHRI GARHWAL DISTRICT

<i>PSU No.</i>	<i>Name of the Town</i>	<i>Name of the Ward</i>	<i>CEB No.</i>	<i>Households</i>	<i>Population</i>
001	TEHRI	LOWER PURANA ADDA	004	226	1175
002		" "	005	201	1034
003	UPPER-P	UPPER PURANA DARBAR	008	103	361
004	PURVIYANA AND	PASCHIM AHALKARI MOHALLA	011	104	411
005		MUSUM MOHALA AND PURVI AHALKARI	014	167	754
006		PASCHIM YANA AND HATHIYAN MOHALLA	017	99	464
007		GHANTA GHAR	022	125	459
008		MOTI BAG PRADARSHAN MAIDAN	024	122	503
009		BHANDO KI MAGARI SIMLASOO DAYRA BAG	028	137	423
010		NEW TEHRI	031	171	594
011		" "	034	264	675
012		" "	037	44	281
013	NARENDRA NAGAR	KUMAR KHERA	004	56	235
014	"	SUMAN HOSPITAL	012	70	327
015	MUNI KI RETI	SHEESAM JHARI	006	144	596
016	" "	CHANDRA BAGA	011	77	344
017	DEVPRAYAG	MANDIR	002	63	259
018	" "	TEHSILWAR	007	94	420
019	KIRTINAGAR	RANA COLONY	004	32	84
020	" "	BAZAR COLONY	008	72	297

A-II: LIST OF VILLAGES SELECTED FOR SURVEY IN TEHRI GARHWAL

<i>PSU No.</i>	<i>Tehsil</i>	<i>Block</i>	<i>Name of the Village</i>	<i>Households</i>	<i>Population</i>
021	PRATAP NAGAR	PRATAP NAGAR	SAUNDRI	115	629
022			ANAR GAON	29	175
023			NAUGHAR	66	638
024			PANIYALALWAYKHA	190	1095
025			GALYKHET	56	363
026			KURAN MAYA TANDAASHRI	100	600
027			BASELI	95	487
028			MOTNA	126	621
029		BHKANGNA	ANUWAMAYWARN	102	776
030			KEMRIYASUR	22	165
031			CNANI	118	527
032			KUNDI	83	417
033			BHITI	158	847
034			BEENA	39	237
035			BALESHWAR	42	249
036			KHANGA	58	323
037			MANGAR	108	595
038		JAKHANI DHAR	PATURI	100	559
039			TUNIYAR	102	503
040			DUNGKHAVOLY	208	1155
041			SARPHUL	53	299
042			GANWALI	84	439
043			NAWKOT	279	1273
044			GHOGAS	38	342
045	TEHRI	JAUNPUR	KOTSRI KOT	57	316
046			MASON	19	169
047			THALWAL GAON, SIYAKEMPTI	10+83	71+265
048			THATYUR	105	360
049			MAJEPUR,SHYALST	12+39	63+116
050			THAN	111	786
051			AIRAL GAON,SERA	24+21	88+116
052			HABLI	80	396
053		KOWLDHAR	RAMOL GAON	44	161
054			JASPUR	71	341
055			BHANSKOTI	98	569
056			RATNU MALLA	32	190
057			KOT	205	543
058		CHAMBA	SAUR	306	1784
059			KURIYALGAON	96	433
060			GURUNİYAL GAON	48	268
061			SASYUTA CHHOTA	104	415
062			HADAM MALLA	57	339
063			GULDI	441	1791
064			TONGOLI	180	407
065			JAGEHI	69	285
066			GAUNSARI	180	817
067	NARENDRA NAGAR	NARENDRA NAGAR	BADWAJASPUR,NALA KANCHANPUR	21+19	122+100
068			ADADA	85	44
069			KHAKHOOR	31	165
070			DHALOO WALA	1399	5855
071			BAIRAI	92	568
072			GULALA	58	324
073			ADALI,MADEWA	27+9	111+59
074			LAWA	187	1125
075	DEV PRAYAG	DEV PRAYAG	AMELDA	71	284

076		BAGI	88	465
077		SARAUL,BHUTIYANA	22+17	110+64
078		BAMANA	105	508
079		CHILPAR	42	219
080		UNANAA	190	925
081		BURKOT	55	240
082		KUNARI	70	369
083	KIRTI NAGAR	BAIZAWARI	116	627
084		THAPALI	52	229
085		SARAKYANA	124	542
086		MAHAR GAON, BHYU PANI	18+17	76+109
087		CHILERI	294	1429
088		MATHGAON	98	498
089		SEM	30	151
090	JAKOLI	JAKJANYALI	160	906
091		BHATWARA	98	454
092		MALYKOTI	142	719
093		ANTHAWAL	121	669
094		UCHHALA	80	463
095		BAJWAR	43	249
096		SIRWARI	107	558
097		PULAN	87	484
098		KWILA	52	247
099		MUSADUNG	100	584
100		UTARSU	74	422
