

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

## **Jaunpur**

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## FOREWORD

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

*VIMARSH, The Consultancy Group was entrusted with the task of carrying out surveys in the districts of Gorakhpur and Jaunpur. VIMARSH had successfully conducted NFHS in the states of Madhya Pradesh, Uttar Pradesh and Union Territory of Delhi and had thus gained valuable experience, which has been gainfully utilised in the surveys in these two districts. All the technical aspects of the survey i.e. preparation of manuals, training, field monitoring, data processing and demographic/statistical analysis were handled by the VIMARSH team headed by Mr.P.N. Kapoor. All possible efforts were made to ensure collection of information/data of high quality. Population Council devised the sampling procedures, questionnaires, data entry programmes, and tabulation plans for the preliminary and final reports, which were discussed in various meetings organised by them. The officers of VIMARSH helped Population Council on several technical matters pertaining to the survey.*

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

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

**DEEPAK BHANDARI**  
**DIRECTOR**

*New Delhi.*  
*Dated:- July 6, 1994.*

## PREFACE

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

*Every care has been taken to ensure accuracy in data processing and analysis. The tabulation plan provided by the Population Council, which is the Nodal Agency for the survey, was expanded wherever necessary, so as to enhance the utility of the data. We appreciate the efforts put in by Mr Vasant M Uttekar for formatting and graphic presentations of the report for publication.*

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

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

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

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

*New Delhi  
July 6, 1994*

*P.N. KAPOOR  
PROJECT DIRECTOR*

## ABBREVIATIONS AND SYMBOLS USED

### (A) ABBREVIATIONS

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

### (B) SYMBOLS

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

# CHAPTER I

## INTRODUCTION

### 1.1 Introduction

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

### 1.2 Objectives of the Survey

The general objectives of the survey are to:-

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

The specific objectives of the baseline survey include:-

- a. Measurement of current levels of access to family planning services;
- b. Estimation of the quality of information, extent of follow up services provided to family planning users;
- c. Estimation of extent of knowledge and use of contraceptive methods as well as level of unmet need of contraception;
- d. Assessment of satisfaction with the methods and services provided;
- e. Estimation of fertility rates like Birth Rate, TFR
- f. Estimation of Death Rate and Infant Mortality Rate

The Population Council was appointed as the Nodal Agency for the baseline survey.

### 1.3 Demographic Profile of the District of Jaunpur

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

The district of Jaunpur has a population of little over 3 million as of 1991 census with the decadal growth rate of 26.5% during 1981-91 which is slightly higher than the decadal growth rate of 25.5% for UP. Female literacy rate (aged 7+) was 22.4% which is lower than for the state as a whole (Table 1.1).

Similarly, this district had lower age at marriage for females in 1981 (14.9 compared to 16.7 for the state) and higher birth rate of 41.8 in 1981 compared to 39.6 for the state. On the other hand, the comparison of sex ratio (females per 1000 males in 1991 census) places Jaunpur in a better position compared to the state (994 in Jaunpur compared to 879 in U.P.). The district has much higher population density (796 per sq. km.) compared to the state (473). Workers constitute 29% of the population in the district of Jaunpur compared to 32% in the state according to 1991 census. Further, the percent of population employed in the organized sector was as low as 0.8 compared to 1.7 in the state (details in Table 1.1). Percent of scheduled caste population was 21.8, almost the same level as in the state. In regard to health infrastructure, the average sub-centre served 6300 population in rural areas compared to the average population of 5500 served per centre in the state. In regard to other infrastructure facilities, this district is relatively backward compared to many other districts of the state; for instance, in electrification of villages, and availability of drinking water facilities, pucca roads and medical/health institutions.

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

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

	<i>District</i>	<i>State</i>
<b>Population (1991) ('000)</b>		
Total	3215	139112
Male	1612	74037
Female	1602	65075
<b>Growth rate (1981-91)</b>	26.5	25.5
<b>Population density (1991) per sq. km.</b>	796	473
<b>% of total state population, 1991</b>	2.31	NA
<b>% of urban population, 1991</b>	6.9	19.84
<b>Sex ratio (1991)</b>	994	879
<b>Percentage of total population, (1981)</b>		
0-14 population	43.6	41.7
65 + population	4.3	3.9
<b>Dependency ratio (1981)</b>	91.9	83.8
<b>Literacy level (Aged 7 +) (1991)</b>		
Total	42.2	41.60
Male	62.2	55.7
Female	22.4	25.3
<b>Crude Birth Rate (SRS, 1991)</b>	U	35.7
<b>Effective Couple Protection Rate (1.4.1993)</b>	36.4	34.0
<b>Percent of population engaged as workers, 1991</b>		
Total	29.2	32.3
Male	43.2	49.4
Female	15.0	12.9
<b>Percent of population working in organized sector (1991)</b>	0.8	1.7
<b>Percent depending on agriculture (1991)</b> (% of main workers engaged in agriculture)	76.2	72.0
<b>Percent of total population (1991)</b>		
Scheduled caste	21.8	21.0
Scheduled tribe	--	--
Other Hindus	U	U
Muslim	U	U
Other religious groups	U	U
<b>Number of PHCs/CHCs (1991)</b>	90	3867
<b>Number of Sub-Centres (1991)</b>	478	20154
<b>Average rural population per sub-centre (1991)</b>	6262	5533

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

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

## CHAPTER II

### SURVEY DESIGN

#### 2.1 Sample Design and Implementation

The sample design was essentially 3 stage design for urban and 2 stage for rural areas. An overall sample of 2500 households, and all ever married women aged 13-49 years in them, were considered sufficient for providing required estimates at the district level. The sample of 2500 households was required to be allocated to urban and rural areas in proportion to their population as of 1991 census, with the proviso that a minimum sample of 500 households will be assigned to the urban areas. The proportion of urban population in the district of Jaunpur is 6.81% as per 1991 census. Since it was required to select 25 households in a sample village or in a Census Enumeration Block (CEB) of a sample town, it was decided to allocate a sample of 550 households to urban areas and 1950 households to rural areas in the district of Jaunpur.

##### 2.1.1 Sampling Design for Rural Areas

It was decided to exclude all the villages with a population of 50 or less as of 1991 census from the sampling frame. It was further decided that small villages with population from 51 to 150 will be combined with the next immediate village as per the census listing so as to ensure selection of 25 households in the sample from each selected village. All the villages in the district were then arranged in ascending order of population as of 1991 census and 3 strata with equal population size were formed. The overall sample of villages (PSUs), considering that 25 households were to be selected from each PSU, worked out to 78, which was equally divided to 3 strata i.e. 26 villages were allocated to each stratum.

##### 2.1.2 Sampling Design for Urban Areas

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

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

Allocation of 22 PSUs (i.e. CEBs) to three strata was made in proportion to their population. Therefore, it was decided to select 14 CEBs from the town of Jaunpur in stratum I and 8 CEBs from stratum III. Since the procedure laid down required selection of minimum of 2 CEBs from each of the towns, it was decided to select 4 towns on PPS basis allocating 2 CEBs to each one of them. The 4 sample towns were Keraket, Mongra Badshahpur, Shahganj and Machhli Shahar.

### **2.1.3 Selection of Households**

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

## **2.2 Study Tools**

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

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

### **2.2.1 Household Questionnaire**

The household questionnaire was designed to provide information on:-

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

### **2.2.2 Eligible Women Questionnaire**

The questionnaire for eligible women included information on:-

1. Background characteristics like age at marriage, occupation.
2. Exposure to mass media like TV, newspaper, radio, cinema.
3. Fertility and family size norms.

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

### **2.2.3 Village Schedule**

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

### **2.2.4 Schedule for PHC/Sub-centre**

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

## **2.3 Recruitment of Investigators and Training**

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

The main survey teams consisted of 1 male supervisor, 1 male editor and 4 female interviewers. Only 7 teams could be formed because of shortage of female interviewers with the minimum qualification, which was prescribed as graduation. Persons included in the main survey teams were given extensive and exhaustive training from 3rd November to 28th November, 1993 at Jaunpur. The training included

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

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

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

### **2.3.1 Monitoring of the Quality of Field Work**

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

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

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

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

more experienced female interviewers were also commissioned to observe the interviews of relatively weaker investigators in order to ensure high quality of work by every person. The field editors were also required to check every completed household and woman schedule for any inconsistency/inaccuracy, particularly those indicated in the check lists before departure from the PSU.

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

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

## **2.4 Data Processing**

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

## **2.5 Sample Results**

The results of household survey are presented in Table 2.1. The response rate was about 98%, in case of households. The magnitude of response rate was almost same in rural and urban areas. In all, interviews for 2444 households were completed. The response rate in case of women was 90.6%. The main reason for non-response was women not being found at home inspite of 3 calls. Interviews were completed for 3453 women.

**Table 2.1: Sample results**

<b>Results</b>	<b>Urban</b>		<b>Rural</b>		<b>Total</b>	
	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
<b>Households Selected</b>	550	100.0	1950	100.0	2500	100.0
Households completed	534	97.1	1910	97.9	2444	97.8
Households with no competent respondent	2	0.4	2	0.1	4	0.2
Households absent	10	1.8	28	1.4	38	1.5
Households postponed	-	-	-	-	-	-
Households refused	-	-	-	-	-	-
Households vacant/no dwelling	3	0.5	9	0.5	12	0.5
Dwelling destroyed	-	-	-	-	-	-
Others	1	0.2	1	0.1	2	0.1
<b>Households occupied</b>	546	100.0	1940	100.0	2486	100.0
Households interviewed	534	97.8	1910	98.5	2444	98.3
Households not interviewed	12	2.2	30	1.5	42	1.7
<b>Households response rate</b>	NA	97.1	NA	97.9	NA	97.8
<b>Eligible women</b>	701	100.0	3120	100.0	3821	100.0
Women interviewed	658	93.9	2795	89.6	3453	90.4
Women not at home	40	5.7	311	10.0	351	9.2
Women incomplete	1	0.1	4	0.1	5	0.1
Women refused	1	0.1	2	0.1	3	0.1
Others	1	0.1	8	0.3	9	0.2
<b>Individual response rate</b>	NA	94.0	NA	89.8	NA	90.6
<b>Overall response rate</b>	NA	91.3	NA	87.9	NA	88.6

## 2.6 Estimation Procedure

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

### (a) Weighting Factor for Rural Areas

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

where :

- P = Total rural population (1991 census) of the district.
- $p_i$  = Population (1991 census) of the selected ith village/ith PSU.
- a = No. of selected PSUs (villages) from the rural areas of the district.
- $H_i$  = No. of listed households in the ith PSU/village.
- $h_i$  = Actual number of households surveyed from the ith selected village/PSU.

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

Where :

$E_i$  = Total number of eligible women existing in the surveyed households of the ith village/PSU.

$e_i$  = Actual no. of eligible women covered in the ith village/PSU.

### (b) Weighting Factor for Urban Areas

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

Where :

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

$a_i$  = No. of selected towns in the ith stratum.

$q_{ijk}$  = Population (1991 census) of kth CEB in the jth town of ith stratum.

$b_j$  = No. of selected CEBs in the jth town.

$H_k$  = No. of listed households in the kth CEB of jth town.

$h_k$  = Actual no. of households surveyed from the kth CEB of jth town.

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

Where :

$E_k$  = Total number of eligible women present in the surveyed households of the kth CEB of jth town of ith stratum.

$e_k$  = Actual number of eligible women interviewed in the kth CEB of the jth town of ith stratum.

## 2.7 Field Problems

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

1. A fixed sample of 25 households was drawn from each PSU (urban or rural). It was expected that 25 households will consist of 25 to 27 ever-married women in the reproductive age group 13-49 years, eligible for the interviews. However, the actual survey showed that there were on an average 38 women per PSU against the expected number of 25. Initially, the operational plan involved covering of each PSU in 2 days by a team of 4 female investigators. The team had often to stay for an extra day in such PSUs, which had more than 26-27 eligible women. This caused frequent disruption in the schedule of visits to other PSUs. To overcome this, the schedules of visits had to be frequently modified.
2. There was an acute shortage of accommodation in the villages or small towns, with the result that the teams had to function from their headquarters, which were located in distant towns. This resulted in much larger time involved in transport (and also in increased expenditure). Moreover, often there was a problem in having separate accommodation for female investigators.
3. A number of villages were inaccessible on account of the fact that either the approach roads were kucha and uneven or the teams had to travel long distances, because of lack of infrastructural facilities.
4. Some of the villages in the sample were widely scattered because of diverse location of hamlets far off from the main village.
5. Some women in the sample showed disinclination to give answers on questions regarding family planning, pregnancy status and abortions. However, the interviewers were well trained to tackle the situation as best as possible.

## 2.8 Validity

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

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

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

Substituting the survey estimates of 36.1 for CBR and 88 for IMR, percentage of infants to total population works out to 3.4. The actual survey estimate of percentage of infants is 3.6 (see Table 3.1) indicating excellent consistency between these estimates.

3. The survey estimate of GFR (General Fertility Rate) is 155.5 and that of GMFR (General Marital Fertility Rate) works out to 174.1 per 1000 married women aged 15-49 years. The percentage of women expected to be pregnant at any point of time (with gestation period of 1-9 months) would be

$$= \frac{174}{10} \times \frac{8}{12} \times 1.05 = 12.2$$

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

The survey figure is estimated at 10.7, indicating a broad matching between the survey estimate and the expected value, even in regard to pregnancy status. Small difference in the two estimates should be viewed in the light of the fact that women are often unaware about pregnancy status in first couples of months.

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

## CHAPTER III

### HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

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

#### 3.1 Distribution of Population by Age and Sex

Table 3.1 presents age distribution of *de jure* population by age and sex. A gradual and systematic decline in proportion of population by 5-year age-groups reflects high quality of data collected on ages. The age distribution is characterised by high proportion of children and low proportions of the old age persons (Figure 3.1). Children in the age group 0-14 constituted 45.3% and persons aged 65 and above constituted 4.9%, implying high dependency ratio of 101% which is noted to be much higher than the dependency ratio of 78% for the state as a whole computed on the basis of Sample Registration System data for 1990. The high proportion of the young population implies high fertility conditions in the recent past in the district of Jaunpur. The sex ratio of population i.e. females per 1000 males according to *de jure* population was estimated at 1063, which is much higher than the sex ratio of 994 as per 1991 census. The difference in the sex ratio is attributable to several factors including:-

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

**Table 3.1: De jure household population and visitors by age and sex**

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
<b>De jure</b>									
< 1	2.7	2.3	2.5	3.8	3.5	3.6	3.7	3.4	3.6
1-4	9.6	12.5	11.0	13.4	12.0	12.7	13.1	12.1	12.6
5-9	14.4	15.3	14.8	17.2	14.8	15.9	17.0	14.8	15.9
10-14	13.3	13.1	13.2	14.3	12.2	13.2	14.2	12.2	13.2
15-19	13.5	10.3	12.0	9.5	9.4	9.4	9.8	9.4	9.6
20-24	8.9	8.7	8.8	6.5	8.9	7.7	6.7	8.9	7.8
25-29	7.0	8.0	7.5	5.5	7.2	6.4	5.6	7.3	6.5
30-34	6.4	7.0	6.7	5.1	6.3	5.7	5.2	6.3	5.8
35-39	5.0	5.2	5.1	4.4	5.0	4.7	4.4	5.0	4.7
40-44	4.4	3.9	4.2	3.7	4.1	3.9	3.7	4.1	3.9
45-49	4.0	4.7	4.4	3.5	4.1	3.8	3.5	4.2	3.9
50-64	6.4	5.6	6.0	7.9	7.8	7.9	7.8	7.7	7.7
65+	4.4	3.3	3.8	5.4	4.6	5.0	5.3	4.5	4.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	132077	125221	257298	1562609	1676431	3239040	1694686	1801652	3496338
Sex Ratio	NA	NA	948	NA	NA	1073	NA	NA	1063
<b>Visitors</b>									
< 1	10.7	5.4	7.4	14.8	7.6	10.0	14.6	7.5	9.9
1-4	29.6	14.0	19.8	31.6	17.3	22.1	31.5	17.1	22.0
5-9	18.3	7.0	11.2	18.0	9.2	12.2	18.0	9.1	12.1
10-14	6.6	8.5	7.8	4.5	4.7	4.7	4.6	4.9	4.8
15-19	9.2	13.1	11.7	4.1	18.1	13.4	4.4	17.9	13.3
20-24	6.4	22.9	16.8	5.5	23.5	17.5	5.6	23.5	17.4
25-29	6.5	12.1	10.0	6.3	10.4	9.0	6.3	10.5	9.1
30-34	2.2	3.8	3.2	4.0	3.6	3.7	3.9	3.6	3.7
35-39	3.5	2.8	3.1	4.1	2.5	3.1	4.1	2.5	3.1
40-44	3.9	-	1.4	2.5	1.4	1.8	2.6	1.3	1.8
45-49	-	3.9	2.5	1.1	0.3	0.6	1.1	0.5	0.7
50-64	3.3	3.5	3.4	2.2	0.8	1.2	2.2	0.9	1.3
65+	-	3.0	1.9	1.1	0.6	0.8	1.0	0.7	0.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	5173	8792	13965	86548	169961	256508	91720	178753	270473
Sex Ratio	NA	NA	1700	NA	NA	1964	NA	NA	1949

### 3.1.1 Enumeration of visitors

Table 3.1 also presents the estimated numbers of visitors and their distribution by age and sex. It is noted that majority of the visitors are females falling mainly in the age group 15-29. The age distribution of visitors also indicates preponderance of young children aged less than 5 years. This is as expected since visiting is common among young women in their child bearing years. This pattern results from the common practice of women coming to their parents' home to have their child delivered and staying there for some time after the delivery i.e. in the post-natal period. Women are often accompanied by their young children. Visitors constituted 7.2% of the total population (consisting of usual residents and visitors).

## 3.2 Housing Composition

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

*Table 3.2: Housing composition*

<i>Housing composition</i>	<i>Residence</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
<b>Sex of the household head</b>			
Male	87.5	81.4	81.8
Female	12.5	18.6	18.2
<b>Age of household head</b>			
Less than 30	10.4	10.2	10.3
30 - 44	40.9	34.6	35.1
45 - 59	28.4	30.2	30.1
60 +	20.2	24.9	24.6
Median age	44.0	47.0	46.0
<b>Marital status of household head</b>			
Never married	3.4	1.3	1.5
Currently married	82.1	85.1	84.9
Widowed	14.0	13.0	13.1
Divorced			
Separated	0.4	0.3	0.3
Gauna not performed	0.1	0.3	0.3
<b>Religion</b>			
Hindu	74.3	93.7	92.2
Muslim	25.1	6.1	7.6
Other	0.6	0.2	0.2
<b>Caste</b>			
Scheduled caste	6.2	27.1	25.5
Scheduled tribe	-	1.2	1.1
Backward caste	41.2	44.1	43.9
Higher caste Hindus	26.9	21.3	21.7
Other religious groups	25.7	6.3	7.8
<b>Number of usual members</b>			
1	4.7	3.1	3.2
2	7.3	5.3	5.5
3	7.4	8.4	8.3
4	10.3	10.5	10.5
5	13.9	13.8	13.8
6	16.1	13.5	13.7
7	9.9	13.4	13.2
8	5.4	8.3	8.1
9 +	25.0	23.8	23.9
<b>Mean</b>	6.6	6.8	6.8
Total %	100.0	100.0	100.0
Number of households	38929	475550	514478

The large size of the household implies relative over crowding, which can often lead to health problems. It is noted from Table 3.2 that:-

- a. 82% of the heads of the household were male and only 18% were females;
- b. 65% of the heads of the household were aged between 30 and 60 years with the median age around 46;
- c. 85% of heads of the households were currently married while 13% were widowed;
- d. 92% of heads of the household were Hindus and 8% were Muslims;
- e. Scheduled castes accounted for 26%, Scheduled Tribes for 1%, Backward Castes for 44% and High Caste Hindus for 22% of the households.

The average household size is 6.6 in urban, 6.8 in rural while the overall average size was 6.8. Households having 9 or more members constituted 24% of the total, while 9% of the households had 1 or 2 members only.

### **3.3 Characteristics of Household Population**

Table 3.3 presents distribution of the members of the households for each age group by their residential status, i.e. usual resident or visitor. The largest proportion of the visitors falls in the age group less than 1, followed by age groups 1-4, 25-29 and 20-24. The reasons for such a phenomenon have been discussed earlier in section 3.1.1.

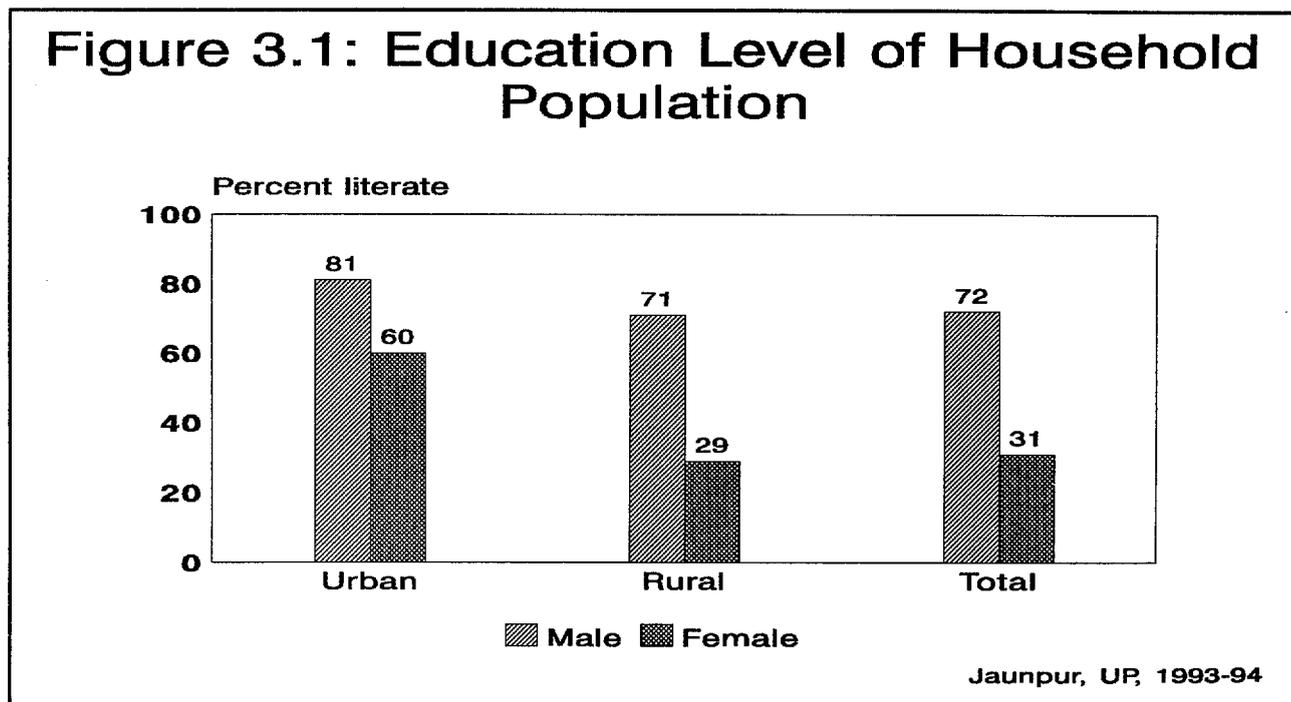
#### **3.3.1 Educational Attainment**

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

**Table 3.3: Usual residents and visitors**

<b>Characteristics</b>		<b>Usual resident</b>	<b>Visitor</b>	<b>Total %</b>	<b>Total N *</b>
<b>Male Age</b>					
	< 1	82.3	17.7	100.0	75664
	1 - 4	88.5	11.5	100.0	251612
	5 - 14	96.2	3.8	100.0	548706
	15 - 19	97.6	2.4	100.0	170862
	20 - 24	95.7	4.3	100.0	118332
	25 - 29	94.2	5.8	100.0	100504
	30 - 34	96.1	3.9	100.0	91075
	35 - 39	95.2	4.8	100.0	78653
	40 - 44	96.4	3.6	100.0	65887
	45 - 49	98.4	1.6	100.0	60419
	50 - 59	98.4	1.6	100.0	90233
	60 +	98.9	1.1	100.0	134460
<b>Residence</b>					
	Urban	96.2	3.8	100.0	137250
	Rural	94.8	5.2	100.0	1649157
	Total	94.9	5.1	100.0	1786407
<b>Female Age</b>					
	< 1	82.3	17.7	100.0	75415
	1 - 4	87.7	12.3	100.0	248161
	5 - 14	95.1	4.9	100.0	512492
	15 - 19	84.2	15.8	100.0	201828
	20 - 24	79.2	20.8	100.0	201843
	25 - 29	87.5	12.5	100.0	149630
	30 - 34	94.7	5.3	100.0	120458
	35 - 39	95.2	4.8	100.0	94942
	40 - 44	96.9	3.1	100.0	76671
	45 - 49	98.9	1.1	100.0	76333
	50 - 59	99.1	.9	100.0	93366
	60 +	98.5	1.5	100.0	129266
<b>Residence</b>					
	Urban	93.4	6.6	100.0	134013
	Rural	90.8	9.2	100.0	1846392
	Total	91.0	9.0	100.0	1980404
<b>Total Age</b>					
	< 1	82.3	17.7	100.0	151080
	1 - 4	88.1	11.9	100.0	499772
	5 - 14	95.7	4.3	100.0	1061197
	15 - 19	90.3	9.7	100.0	372691
	20 - 24	85.3	14.7	100.0	320175
	25 - 29	90.2	9.8	100.0	250133
	30 - 34	95.3	4.7	100.0	211534
	35 - 39	95.2	4.8	100.0	173595
	40 - 44	96.7	3.3	100.0	142558
	45 - 49	98.7	1.3	100.0	136751
	50 - 59	98.7	1.3	100.0	183599
	60 +	98.7	1.3	100.0	263726
<b>Residence</b>					
	Urban	94.9	5.1	100.0	271262
	Rural	92.7	7.3	100.0	3495549
	Total	92.8	7.2	100.0	3766811

Table 3.5 presents information to assess the education of the household members. Table 3-4 shows:-



- Overall literacy rate in population 6 years and above was 50.9% with literacy rate being much higher for males (72.1%) compared to females (31.3%);
- Literacy rate was much higher in urban areas (70.6%) than in rural areas (49.3%);
- Percentage of population with educational level "above high school" was much higher among males than for females and was also higher in urban areas than in rural areas;
- The median number of years of schooling was 4.0 for males and zero for females.

**Table 3.4: Educational level of household population**

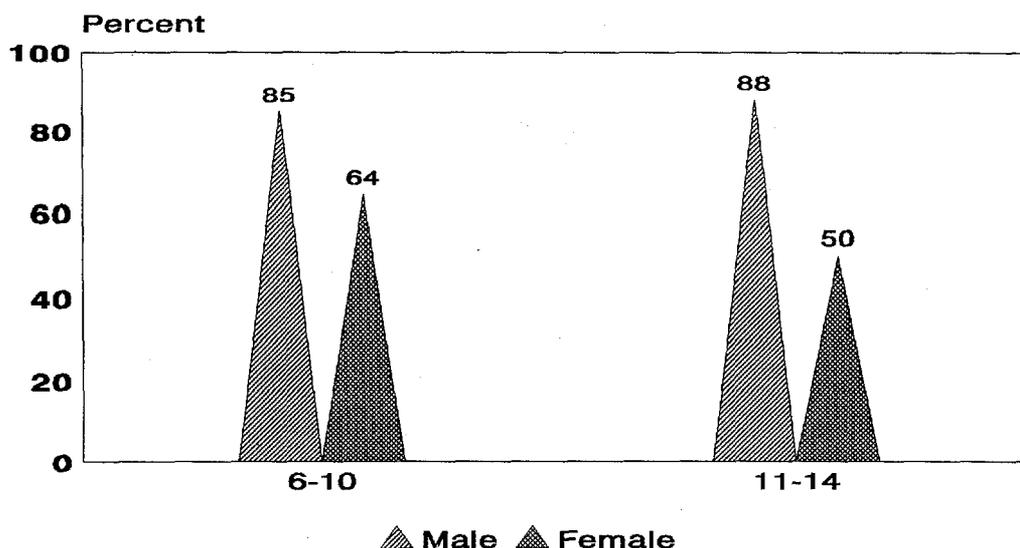
Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	19.4	40.3	29.4	28.6	70.8	50.7	27.9	68.7	49.1
Upto class 4	17.3	16.4	16.8	22.9	12.2	17.2	22.3	12.5	17.2
Primary	7.9	10.6	9.2	8.0	6.4	7.2	8.0	6.7	7.3
Upto middle	18.2	14.0	16.2	16.1	6.3	11.0	16.2	6.9	11.4
Upto high	16.1	8.2	12.3	12.9	2.6	7.5	13.1	3.0	7.9
Above high school	21.2	10.5	16.1	11.6	1.7	6.4	12.4	2.3	7.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	111867	102911	214778	1235246	1357025	2592271	1347113	1459936	2807049
Median no. of years	7.0	3.0	5.0	4.0	0.0	0.0	4.0	0.0	0.0

### 3.3.2 School Enrolment

Table 3.5 presents percentages of children attending school by age, sex and residence (based on *de jure* household population). The percentage of children aged 6-10 years attending school was 75.2, with much higher percentage among males (85.1%) compared to females (64.3%). The percentage of school attending children was much higher in urban areas (81%) compared to rural areas (75%). The same pattern was observed for school attendance in the age group 11-14 with somewhat lower enrolment percentages for females. Other noteworthy points that emerge from this table are:-

1. The ratio of male and female school enrolment was 1.32 in the age group 6-10 and 1.75 in the age group 11-14 indicating the widening gap between males and females, which is attributable to relatively high drop out rates among female children;
2. No significant differences are found in school attendance between male and female children in urban areas, while such differences are very significant in rural (or combined) areas, indicating sex discrimination against female education.

**Figure 3.2: School Attendance by Age and Sex**



Jaunpur, UP, 1993-94

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6 - 10	81.3	80.6	81.0	85.4	62.9	74.8	85.1	64.3	75.2
11 - 14	82.8	81.2	82.0	87.9	47.5	68.4	87.6	49.9	69.4
6 - 14	81.9	80.9	81.4	96.4	56.5	72.1	96.1	58.3	72.8

### 3.4 Housing Characteristics

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

- a. 32% of the households had electricity, (85% in urban and 28% in rural areas) indicating a great deal of improvement after 1981 when only 5% of households had electricity (RGI, 1989).
- b. The source for drinking water was piped supply in case of 7% of the households (52% in urban and 3% in rural areas);
- c. 3/5th of the households depended on handpumps;

- d. Only 22% of the households lived in pucca houses (74% in urban and 17% in rural areas).

This table also presents information on ownership of agricultural land. 62% in urban areas and 15% in rural areas did not own any agricultural land, whereas only 11% of the households had more than 4 acres of land.

25% of the households possessed radio, while only 12% possessed TV. In this case too, households in urban areas fared much better than in the rural areas.

### 3.5 Background Characteristics of Respondents

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

*Table 3.6: Housing characteristics*

<i>Housing characteristic</i>	<i>Residence</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% households with electricity	84.9	28.1	32.4
<b>Source of drinking water</b>			
Piped	52.1	3.2	6.9
Handpump	41.4	59.9	58.5
Well water	6.2	36.7	34.4
Other	0.3	0.2	0.2
<b>Type of house</b>			
Hut	3.0	15.0	14.1
Kutcha	6.4	44.6	41.7
Mixed	16.5	23.1	22.6
Pucca	74.0	17.3	21.6
<b>Agricultural land ownership</b>			
Landless	61.5	15.2	18.7
1-3 acres	31.5	73.5	70.3
4-5 acres	3.6	6.0	5.8
6 or more acres	3.4	5.3	5.2
<b>Consumer durable goods</b>			
Radio	42.7	23.6	25.1
Television	44.9	9.2	11.9
Total %	100.0	100.0	100.0
Number of households	38929	475550	514478

Table 3.7 presents background characteristics of 3453 women, who were interviewed in the baseline survey.

### **3.5.1 Age**

54% of the respondents were in the age group 13-29 years. Such proportion was higher in rural areas (54%) than in urban areas (46%) as expected since women marry at younger ages in rural areas. In the sample, there were only 11 women in the age group 13-14.

### **3.5.2 Marital Status**

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

### **3.5.3 Education**

76% of the respondents were illiterate (78% in rural areas and 45% in urban areas). Only 3.3% of women had qualifications "above high school".

### **3.5.4 Religion/Caste**

92.7% were Hindus, 7.2% were Muslims and 0.1% belonged to 'other religions'. 24.1% belonged to scheduled castes, 44.4% belonged to backward castes, 23.3% belonged to high caste Hindus and only 0.9% belonged to scheduled tribes.

Out of 3453 women interviewed, only 7 belonged to 'other religions' (religions other than Hindu and Muslim) and 25 to 'scheduled tribes'. Because of extremely small sizes, these categories are not shown in analytical tables, separately though these are included in "Total" column.

### **3.5.5 Work Status**

97% of the women were not working most of them being housewives, whereas only 3% of women had some occupation like "working in family farm/business" or "employed by someone else".

### **3.5.6 Husband's Education**

The level of husband's education was much better than that of respondents since 77% of husbands were literate and 23% had qualifications "above high school".

### **3.5.7 Additional Table on Cross Tabulation with Literacy Status**

Percentage of illiterate women being as high as 75%, the percentages of women in higher educational categories - upto class 4, primary, upto middle, upto high and above high school are very small. The review of various cross-tabulation with educational status, for instance, TFR status, current use of family planning, receipt of antenatal care by educational status as per the prescribed categories shows unclear and erratic relationships. Therefore, educational categories have been regrouped as illiterate, upto class 8 and class 9 + so that each category has significant frequencies. A master table showing cross tabulation of selected parameters with revised educational categories, which brings out relationships of various variables with education more clearly, has also been prepared and added in the Appendix (A.1).

### **3.6 Access to Mass Media**

Table 3.8 shows the level of exposure of women to mass media according to selected background characteristics. It is important to know which categories of women are likely to have access to health and other information. Only 25% of the women were exposed to different media like reading or listening to newspapers, watching TV, listening to radio or visiting cinema/theatre. It is noted from Table 3.8 that:-

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

**Table 3.7: Background characteristics of the respondents**

<b>Background characteristic</b>		<b>Residence</b>			<b>Total number of women</b>	
		<b>Urban</b>	<b>Rural</b>	<b>Total</b>	<b>Weighted N*</b>	<b>Unweighted N</b>
<b>Age</b>	13 - 14	0.2	0.4	0.4	3065	11
	15 - 19	8.4	14.0	13.6	112837	447
	20 - 24	16.8	22.6	22.2	183689	743
	25 - 29	21.0	17.3	17.5	144850	624
	30 - 34	17.0	15.0	15.1	125009	530
	35 - 39	13.8	11.7	11.8	97545	422
	40 - 44	9.9	10.0	10.0	82595	343
	45 - 49	13.0	9.1	9.4	77618	333
<b>Marital status</b>						
	Currently married	93.5	95.7	95.5	790191	3291
	Previously married	6.5	4.3	4.5	37015	162
<b>Education *</b>						
	Illiterate	45.4	78.3	76.2	630415	2468
	Upto class 4	6.3	2.9	3.1	25632	123
	Primary	12.0	7.9	8.1	67149	300
	Upto middle	12.5	5.7	6.2	51077	246
	Upto high	10.1	2.6	3.1	25787	146
	Above high school	13.7	2.6	3.3	27146	170
<b>Religion</b>						
	Hindu	72.8	94.0	92.7	766908	3120
	Muslim	26.7	5.9	7.2	59470	326
	Sikh	0.4	-	0.0	207	4
	Other	0.1	0.1	0.1	622	3
<b>Caste</b>						
	Scheduled caste	5.9	25.3	24.1	199398	725
	Scheduled tribe	-	0.9	0.9	7138	25
	Backward caste	40.7	44.6	44.4	367242	1530
	Higher caste Hindu	26.2	23.2	23.3	193131	840
	Other relig. groups	27.2	6.0	7.3	60298	333
<b>Work status</b>						
	Not working	96.1	96.7	96.7	799508	3333
	Working in family farm/business	-	0.4	0.4	3424	13
	Employed by someone else	3.7	2.4	2.5	20877	93
	Self-employed	0.1	0.2	0.2	1400	5
	Other	0.1	0.2	0.2	1997	9
<b>Husband's education</b>						
	Illiterate	15.3	23.4	22.9	189638	740
	Upto class 4	5.2	5.9	5.9	48394	201
	Primary	6.8	8.7	8.6	71171	288
	Upto middle	15.2	14.6	14.7	121431	503
	Upto high	19.5	20.5	20.4	169062	704
	Above high school	31.5	22.4	23.0	190181	854
	Not applicable	6.5	4.4	4.5	37329	163
	Total %	100.0	100.0	100.0	-	-
	Number of ever-married women	51874	775332	-	827206	3453

\* Educational grades completed are shown in brackets.

**Table 3.8: Access to mass media**

Background Characteristic	Reads or listens to newspaper			Watches television			Listens to the radio			Visits cinema or theater			No. of women *	% not exposed to any media
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent		
<b>Age</b>														
13 - 19	94.0	5.6	.4	85.1	7.7	7.2	82.6	11.6	5.8	93.7	6.3		100.0	72.9
20 - 24	93.4	5.7	.9	79.2	11.4	9.4	83.9	12.8	3.3	92.2	7.6	.1	100.0	71.3
25 - 29	92.0	6.5	1.6	82.9	9.0	8.0	89.5	7.4	3.1	91.6	8.1	.4	100.0	75.3
30 - 49	94.3	4.4	1.4	84.7	8.2	7.0	88.5	8.9	2.6	95.2	4.6	.2	100.0	77.5
<b>Residence</b>														
Urban	76.9	18.4	4.7	43.0	22.7	34.3	71.9	19.6	8.5	76.5	22.5	1.0	100.0	37.7
Rural	94.8	4.3	.9	85.9	8.1	6.0	87.8	9.2	3.0	94.9	5.0	.1	100.0	77.6
<b>Education</b>														
Illiterate	98.7	1.1	.1	91.8	5.5	2.7	93.3	5.5	1.2	97.9	2.1	.1	100.0	85.7
Upto class 4	91.7	7.3	1.0	72.4	19.3	8.2	82.4	10.4	7.2	92.6	7.4		100.0	63.0
Primary	87.8	10.5	1.7	67.6	17.7	14.6	75.2	20.2	4.6	88.5	11.1	.4	100.0	51.2
Upto middle	80.1	16.2	3.7	52.0	21.8	26.3	67.8	20.3	11.9	76.5	22.1	1.4	100.0	39.2
Upto high	61.9	32.9	5.2	40.0	23.3	36.7	49.6	37.6	12.9	72.8	26.5	.6	100.0	22.4
Above high school	47.0	37.7	15.3	32.8	21.2	45.9	39.3	39.7	21.0	62.7	37.0	.3	100.0	15.9
<b>Religion</b>														
Hindu	93.6	5.3	1.2	83.2	9.1	7.8	86.5	10.3	3.2	93.7	6.1	.2	100.0	74.9
Muslim	94.7	4.2	1.1	84.5	8.1	7.4	90.6	4.8	4.6	93.4	6.0	.6	100.0	77.2
Other	89.8	10.2		84.7	5.1	10.2	89.8	10.2		89.8	10.2		100.0	84.7
<b>Caste</b>														
Scheduled caste	97.5	2.4	.0	93.1	4.3	2.6	93.5	5.3	1.2	96.6	3.4		100.0	86.4
Scheduled tribe	100.0			96.0	4.0		100.0			100.0			100.0	96.0
Backward caste	96.1	3.4	.4	88.4	6.8	4.8	89.6	8.5	1.9	95.9	4.0	.1	100.0	80.9
Higher caste Hindu	84.3	11.9	3.8	62.4	18.5	19.2	72.9	19.2	7.9	86.5	13.1	.4	100.0	51.1
Other religious groups	94.6	4.3	1.1	84.5	8.0	7.5	90.6	4.9	4.5	93.4	6.0	.6	100.0	77.3
<b>Total %</b>	93.6	5.2	1.2	83.3	9.0	7.8	86.8	9.9	3.3	93.7	6.1	.2	100.0	75.1

## **CHAPTER IV**

### **NUPTIALITY**

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

#### **4.1 Current Marital Status Of Women**

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

- a. While marriage is universal, divorce and separation are rare events, in both rural and urban areas;
- b. Proportion of women currently married was only 4.3% in the age group 13-14, and then it rose sharply to 57% in 15-19 age group and kept on rising thereafter till the maximum proportion (of 97.5%) was attained in the age group 25-29. The proportion of women currently married declines from the age group 35-39 onwards, mostly because of widowhood;
- c. Proportion of women categorised as widowed increases with the age till the maximum figure of 12.5% is attained in the age group 40-44;
- d. Proportion of women currently married is higher in rural areas than in urban, in respect of each age group. Overall, 80% of the women in age group 13-49 were currently married in rural areas compared to 68% in the urban areas.

**Table 4.1: Current marital status**

Age	Marital Status					Total %	Total N	
	Never Married	Currently married	Widowed	Divorced	Separated			
Urban	13-14	100.0	-	-	-	-	100.0	6509
	15-19	66.4	33.0	0.6	-	-	100.0	14073
	20-24	25.4	73.7	0.2	-	0.7	100.0	12912
	25-29	4.7	94.2	0.8	-	0.3	100.0	11026
	30-34	-	91.3	6.7	1.0	1.1	100.0	9066
	35-39	-	94.9	3.3	-	1.9	100.0	6802
	40-44	-	85.9	14.1	-	-	100.0	4944
	45-49	-	82.1	17.9	-	-	100.0	6274
Total	27.4	68.0	4.0	0.1	0.5	100.0	71607	
Rural	13-14	95.0	4.7	0.3	-	-	100.0	76618
	15-19	40.8	58.5	0.1	0.1	0.5	100.0	187755
	20-24	3.2	95.5	-	0.5	0.8	100.0	188931
	25-29	0.5	97.8	1.5	-	0.2	100.0	138603
	30-34	-	96.0	3.6	0.2	0.2	100.0	111392
	35-39	-	96.7	2.7	-	0.5	100.0	88140
	40-44	-	87.3	12.4	0.3	-	100.0	71726
	45-49	0.4	87.3	12.0	0.4	-	100.0	70058
Total	16.7	79.9	2.8	0.2	0.4	100.0	933226	
Total	13-14	95.4	4.3	0.3	-	-	100.0	83127
	15-19	42.6	56.7	0.2	0.1	0.5	100.0	201828
	20-24	4.6	94.1	0.0	0.4	0.8	100.0	201843
	25-29	0.8	97.5	1.5	-	0.2	100.0	149630
	30-34	-	95.6	3.9	0.2	0.3	100.0	120458
	35-39	-	96.6	2.8	-	0.6	100.0	94942
	40-44	-	87.2	12.5	0.3	-	100.0	76671
	45-49	0.3	86.8	12.5	0.3	-	100.0	76333
Total	17.5	79.0	2.9	0.2	0.4	100.0	1004833	

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

#### 4.1.1 Singulate Mean Age at Marriage

The Singulate Mean Age at Marriage has been estimated by applying Hajnal's method to proportions single in various age groups from 10-14 to 50-54 for women and from 10-14 to 55-59 for males. Proportions single were calculated on the basis of women who were considered never married after excluding women who have not started living with their husbands (i.e. those women whose gauna has not been performed). The Singulate Mean Age at Marriage is estimated to be 16.3 years for females and 19.9 years for males (Table 4.2). Comparison with the estimates for the censuses of 1961, 1971 and 1981 shows an upward trend in the mean age at marriage both for females and males. In case of females, the highest increase in the Mean Age at Marriage is recorded during the period from 1981 to 1993-94. Such an increasing trend in the age at marriage may have contributed to fall in the fertility

during this period. The difference between the ages at marriage of boys and girls remains about 3 to 4 years.

**Table 4.2: Singulate mean age at marriage**

<i>Source (District Level)</i>	<i>Singulate mean age at marriage</i>		
	<i>Male</i>	<i>Female</i>	<i>Difference</i>
1961 Census	16.14	13.03	3.11
1971 Census *	17.17	13.51	3.66
1981 Census *	18.61	14.86	3.75
1992-93 BSUP	19.90	16.30	3.60

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

#### 4.1.2 Trends in Proportions of Married Women

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

<i>Age group percent of married females among women in the age group *</i>		
	<i>1981</i>	<i>1993-94</i>
15-19	83.2	71.6
20-24	97.9	95.6
15-44	93.9	89.6

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

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

#### 4.2 Knowledge of Minimum Legal Age at Marriage

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

- a. 1/5th of women knew the correct age for females (i.e. minimum legal age of marriage) whereas only 16% of them knew the correct age for males;

- b. Levels of knowledge have curvilinear relationship with age, implying relatively low levels at younger and older ages but higher levels at middle ages: for instance, 24% of the women in the age group 20-29 had correct knowledge about female age at marriage compared to about 20% in the age group 13-19 and 18% in the age group 40-49;
- c. Percentages of women having correct knowledge about the minimum age at marriage for males and females were much higher in urban than in rural areas;
- d. As expected, the percentage of women having correct knowledge increased monotonically with the rise in the educational status: for instance, only 10% of the illiterate women knew about the correct age for females whereas 79% of women with qualifications above high school had the correct knowledge in this regard (also see Appendix Table A1).
- e. Further, higher proportions of Muslim women had correct knowledge compared to Hindu women. Similarly, percentage of women having correct knowledge of female age at marriage was much higher amongst High Caste Hindus (43%) compared to Backward Castes (15%) and Scheduled Castes (10%).

#### **4.2.1 Age At Effective Marriage**

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

- 1. Mean ages at effective marriage are generally higher for urban women compared to rural women in each of the age groups. The mean age was 16.6 years in urban compared to 15.5 years in rural areas;
- 2. Among women in the age group 20-49, only 3.6% (3.2% in rural and 9.2% in urban areas) had started living with husbands after 21 years;
- 3. 69% started living with their husband before the age of 17 years (70% in rural and 55% in urban areas).

That such a large proportion i.e. 69% started living with their husband even before the age of 17, which is less than 18 years - the statutory minimum age at marriage, shows poor enforcement of the Child Marriage Restraint Act (1978). It is clear that majority of the women are not abiding by the legal rules of marriage. For instance, about 3/4th of the women currently aged 20-24 years, got married before attaining the minimum legal age of marriage.

**Table 4.3 Knowledge of minimum legal age at marriage**

<b>Background Characteristics</b>	<b>Percentage who correctly know legal minimum age at marriage</b>		
	<b>For males it is 21 years</b>	<b>For females it is 18 years</b>	<b>Number of women</b>
<b>Age</b>			
13 - 19	15.3	19.8	115901
20 - 29	18.8	23.7	328539
30 - 39	14.1	20.2	222553
40 - 49	12.7	17.7	160213
<b>Residence</b>			
Urban	41.1	50.2	51874
Rural	14.2	19.1	775332
<b>Education</b>			
Illiterate	6.3	9.6	630415
Upto class 4	19.0	29.9	25632
Primary	40.1	50.4	67149
Upto middle	48.8	61.0	51077
Upto high	59.9	75.7	25787
Above high school	70.6	79.1	27146
<b>Religion</b>			
Hindu	15.4	20.5	766908
Muslim	21.6	27.8	59470
<b>Caste</b>			
Scheduled caste	6.3	9.8	199398
Backward caste	11.4	14.9	367242
Higher caste Hindu	33.0	43.0	193131
Other religious group	21.5	27.7	60298
<b>Total</b>	<b>15.9</b>	<b>21.1</b>	<b>827206 *</b>

\* = includes women of all religious and caste categories.

#### **4.2.2 Relationship Between Age At Effective Marriage and Selected Background Characteristics**

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

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

**Table 4.4: Age at which respondent started living with husband**

<b>Current Age</b>	<b>Percentage who started living with husband by exact age</b>								<b>Mean age when started living with husband</b>
	<b>&lt; 13</b>	<b>13-14</b>	<b>15-16</b>	<b>17-18</b>	<b>19-20</b>	<b>21-22</b>	<b>23-25</b>	<b>26+</b>	
<b>Urban</b>									
13-14	-	100.0	NA	NA	NA	NA	NA	NA	13.0
15-19	2.3	20.8	39.0	31.3	6.6	NA	NA	NA	15.9
20-24	3.0	9.6	32.5	19.7	26.4	7.5	1.2	NA	17.2
25-29	1.5	16.8	31.3	21.8	15.5	9.4	2.8	0.8	17.1
30-34	1.2	18.1	33.2	22.6	14.0	6.1	3.5	1.4	16.9
35-39	4.1	16.2	34.2	22.1	17.3	3.7	2.2	0.3	16.6
40-44	6.0	26.5	29.3	21.8	8.0	6.7	-	1.6	16.0
45-49	7.9	34.1	34.3	12.9	6.4	4.3	-	-	15.2
20-49	3.5	19.1	32.5	20.4	15.4	6.6	1.8	0.7	16.6
25-49	3.6	21.3	32.5	20.5	12.9	6.4	2.0	0.8	16.5
<b>Rural</b>									
13-14	31.7	68.3	NA	NA	NA	NA	NA	NA	12.5
15-19	5.8	35.3	39.4	18.2	1.2	NA	NA	NA	14.9
20-24	5.5	24.8	33.1	23.0	11.4	1.9	0.3	NA	15.8
25-29	5.2	27.8	38.3	18.3	5.4	3.7	0.8	0.4	15.6
30-34	10.0	28.6	31.8	19.7	7.2	2.0	0.5	0.2	15.4
35-39	8.6	27.2	31.6	22.5	6.1	2.4	0.6	0.9	15.6
40-44	12.2	27.7	37.3	13.9	5.5	1.4	1.2	0.8	15.2
45-49	14.0	31.9	30.7	15.9	5.2	1.6	0.7	-	15.0
20-49	8.4	27.5	34.0	19.6	7.4	2.3	0.6	0.3	15.5
25-49	9.4	28.5	34.3	18.4	5.9	2.4	0.7	0.5	15.4
<b>Total</b>									
13-14	30.8	69.2	NA	NA	NA	NA	NA	NA	12.6
15-19	5.7	34.8	39.4	18.7	1.4	NA	NA	NA	15.0
20-24	5.3	24.0	33.1	22.9	12.2	2.2	0.4	NA	15.9
25-29	5.0	26.9	37.8	18.6	6.2	4.1	1.0	0.4	15.7
30-34	9.4	27.9	31.9	19.9	7.6	2.3	0.7	0.3	15.5
35-39	8.2	26.4	31.8	22.5	6.9	2.5	0.7	0.9	15.7
40-44	11.8	27.6	36.8	14.4	5.7	1.7	1.1	0.9	15.3
45-49	13.5	32.1	31.0	15.7	5.3	1.8	0.6	-	15.0
20-49	8.0	26.9	33.9	19.7	7.9	2.5	0.7	0.4	15.6
25-49	9.0	27.9	34.1	18.5	6.5	2.7	0.8	0.5	15.5

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

<b>Background Characteristics</b>	<b>Current age</b>						
	<b>20-24</b>	<b>25-29</b>	<b>30-34</b>	<b>35-39</b>	<b>40-49</b>	<b>20-49</b>	<b>25-49</b>
<b>Residence</b>							
Urban	17.0	17.0	16.0	16.0	15.0	16.0	16.0
Rural	16.0	15.0	15.0	15.0	15.0	15.0	15.0
<b>Education</b>							
Illiterate	16.0	16.0	16.0	16.0	15.0	16.0	16.0
Upto class 4	17.0	16.0	15.0	15.0	14.0	16.0	15.0
Primary	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Upto middle	17.0	16.0	17.0	18.0	15.0	17.0	16.0
Upto high	18.0	17.0	16.0	16.0	19.0	17.0	16.0
Above high school	19.0	18.0	18.0	17.0	17.0	18.0	18.0
<b>Religion</b>							
Hindu	16.0	15.0	15.0	15.0	15.0	15.0	15.0
Muslim	17.0	16.0	16.0	16.0	15.0	16.0	15.0
<b>Caste</b>							
Scheduled caste	15.0	15.0	14.0	15.0	15.0	15.0	15.0
Backward caste	16.0	15.0	15.0	15.0	15.0	15.0	15.0
Higher caste Hindu	17.0	16.0	16.0	16.0	16.0	16.0	16.0
Other religious groups	17.0	16.0	16.0	16.0	15.0	16.0	15.0
<b>Total</b>	16.0	15.0	15.0	15.0	15.0	15.0	15.0

## CHAPTER V

### FERTILITY

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

#### 5.1 Current Fertility Levels

Various summary measures of fertility have been calculated so as to provide a complete picture of recent fertility in the district. These measures include Crude Birth Rate (CBR), General Fertility Rate (GFR), Age Specific Fertility Rate (ASFR) and the Total Fertility Rate (TFR). All these estimates are based on information collected in regard to births to usual residents from Dussehra 1991 (17th October 1991) to the date of Survey. However, the final estimates are based on births occurring to usual residents in the two year period from October 1991 to September 1993. A two year period is chosen for these rates in order to reduce the effects of sampling variation and to minimise problems with regard to displacement of births from the time period preceding the survey to the earlier periods.

##### 5.1.1 Age Specific and Total Fertility Rates

Age Specific Fertility Rates are computed by dividing the births in the two year period first by 2 and then the estimated number of "all women" (as of 1st October 1992, which is the mid point of the two year period from October 1991 to September 1993) and multiplying the outcome by 1000. The Total Fertility Rate is a summary measure which indicates the number of children a woman is likely to bear during her reproductive span if she were to experience the current age specific fertility rates. The estimates of Age Specific Fertility Rates and Total Fertility Rates are presented in Table 5.1 and Figure 5.1. The overall estimate is 4.83, which connotes the average number of children a women is likely to bear during her reproductive span, from 15 to 49 years. The TFR is 4.89 for rural areas compared to 4.07 in urban areas, indicating that on an average, women in rural areas have 1 more child than the women in urban areas (Figure 5.2). The review of ASFRs shows a very low figure of only 78 (number of births per 1000 women) in the age group 15-19 which is followed by a steep increase in the subsequent age groups 20-24 and 25-29. The peak fertility of 276 is achieved in the age group 25-29. Fertility declines sharply from the age group 30-34 onwards. The rate of decline accelerates between the successive age groups till as low a figure as 10 is attained in the age group 45-49. The pattern of rise and decline is almost similar in rural and urban areas as is evident from the Table 5.1. Other noteworthy points relating to these estimates are:-

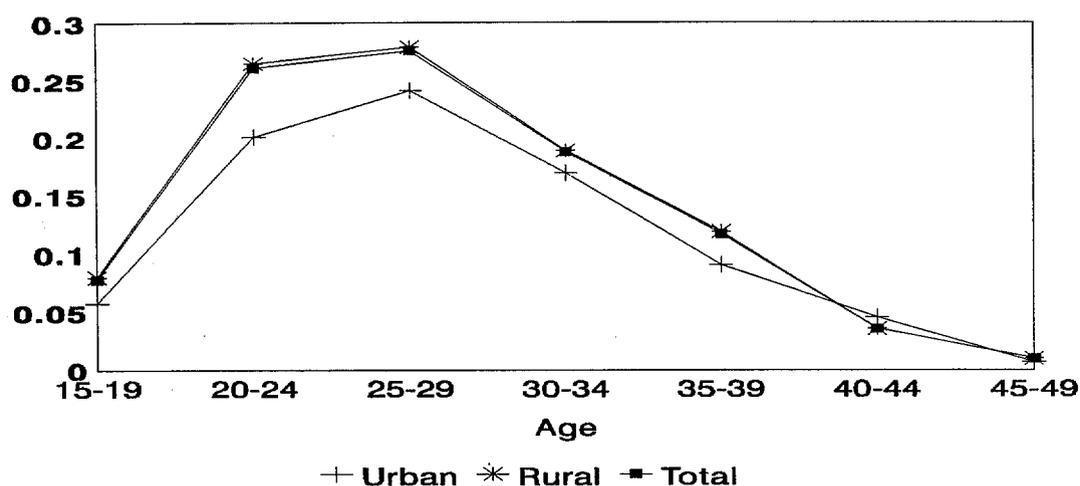
- a. Age Specific Fertility Rate is higher in rural areas than in urban areas for every age group, except the age group 40-44: the rural-urban gap which can be measured by ratio of ASFRs for rural and urban areas, is noted to be highest in the initial age group of 15-19 (which is mostly due to larger proportion of women currently married in this age group in rural areas than in urban areas): the rural ASFRs remain higher than the urban areas in all the subsequent age groups, with the gap fluctuating, but the minimum gap is recorded in the age group 35-39.
- b. The contribution towards total fertility by women after the age of 35 is about 17%: the contribution of women in the age group 40-49 is less than even 1%.

**Table 5.1: Current fertility**

Age	Urban	Rural	Total
13-14	-	-	-
15-19	57.5	79.5	77.9
20-24	201.5	265.4	261.1
25-29	241.3	278.9	276.0
30-34	169.6	189.3	187.8
35-39	90.7	119.0	116.9
40-44	46.0	36.1	36.7
45-49	7.3	10.1	9.9
TFR 15-44	4.03	4.84	4.78
TFR 15-49	4.07	4.89	4.73
GFR	128.4	157.6	155.5
BSUP CBR based on household birth record ( <i>de jure</i> )	29.8	36.6	36.1

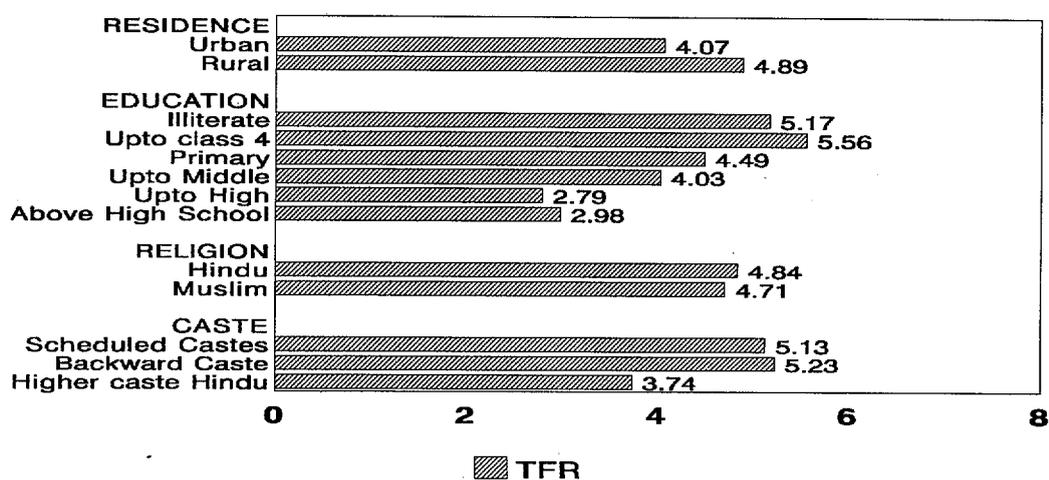
Note:- Above estimates are based on vital events occurring to usual residents during the period from October 1991 to September 1993.

**Figure 5.1: Age Specific Fertility Rates by Residence**



Jaunpur, UP, 1993-94

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



Jaunpur, UP, 1993-94

### 5.1.2 Birth Rate and General Fertility Rate

The estimated birth rate for the districts is 36.1. The rural birth rate is estimated to be 36.6, which is higher by about 23% than the urban birth rate of 29.8. No earlier estimates of fertility rates for any recent period are available except the estimate which the office of Registrar General of India had worked out based on the data on fertility collected in the 1981 census. The birth rate was estimated at 41.8 which on comparison with the estimate of 36.1 from the current survey, indicates decline of about 14% during the 13-year period from 1980 to 1993.

General Fertility Rate i.e. number of births per 1000 women in the age group of 15-49 years, is estimated to be 156 (128 in urban and 158 in rural areas).

### 5.2 Total Fertility Rate by Background Characteristics

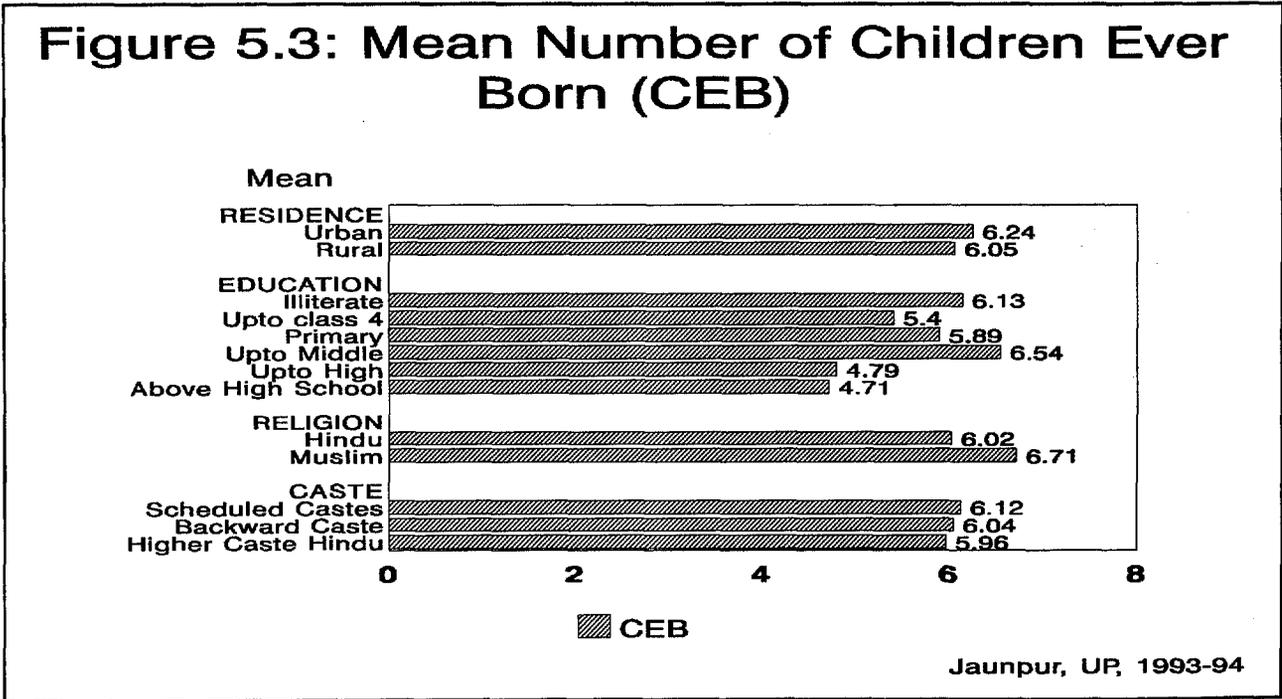
Table 5.2 presents TFRs by educational status of women and by religion as well as caste. Comparative figures of women by number of children ever born to women aged 40-49 years (CEB) are also shown in Table 5.2 and Figure 5.3. Review of estimates of Total Fertility Rate by background characteristics brings out the following prominent features:-

1. TFR is higher in rural areas than in urban areas, the magnitude of differential being about 1 child.
2. The TFR progressively declines with the improvement in the educational status of women, with minor deviations in some categories, which are mostly on

account of small numbers involved. The estimated TFR is 5.17 among illiterate women, which is much higher than the TFR of 2.98 among women with "above high school" qualification. Appendix Table A1 presents clearer picture in this regard.

3. No significant difference was noted in estimated TFRs between Hindu and Muslim women.
4. The highest fertility (TFR) occurs amongst women belonging to scheduled castes (or backward castes) followed by high caste Hindus; TFR of 5.13 is observed for scheduled castes compared to a much lower estimate of 3.74 for high caste Hindu women.

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



**Table 5.2: Fertility by background characteristics**

<b>Background characteristic</b>	<b>Total fertility rate*</b>	<b>Mean number of children ever born to women aged 40-49 years</b>
<b>Residence</b>		
Urban	4.07	6.24
Rural	4.89	6.05
<b>Education</b>		
Illiterate	5.17	6.13
Upto class 4	5.56	5.40
Primary	4.49	5.89
Upto middle	4.03	6.54
Upto high	2.79	4.79
Above high school	2.98	4.71
<b>Religion</b>		
Hindu	4.84	6.02
Muslim	4.71	6.71
<b>Caste</b>		
Scheduled caste	5.13	6.12
Backward caste	5.23	6.04
Higher caste Hindu	3.74	5.96
<b>Total</b>	<b>4.83</b>	<b>6.07</b>

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

### 5.2.1 Trends in Fertility

Children Ever Born to women aged 40-49 i.e. when more or less the child bearing stops, indicate completed family size. Comparison of TFR (which represents the current fertility status) with CEB (average number of children born to women in the age group 40-49 years), depicts trends in the fertility in the recent couple of decades. The mean number of children ever born is estimated to be 6.07 for all women. The mean number of children ever born was much higher among the illiterate women than among the educated women (Figure 5.3). It is further seen that Muslims had much higher completed family size (6.7) than Hindus (6.0). No significant differentials were observed between women belonging to different caste groups and between rural and urban areas.

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

- a. Decline in fertility by about 20% from the level of 6.07 to 4.83; much more substantial decline was noted in urban areas (35%) than in rural areas (19%);
- b. Much greater decline was noted for Muslims 30% (from 6.71 to 4.71) compared to 20% among Hindus (from 6.02 to 4.84);
- c. Magnitude of decline was 37% amongst High Caste Hindus compared to 13% among Backward Castes or 16% among Scheduled Castes; and

- d. The magnitude of decline was much higher amongst better educated women compared to illiterate or the less educated women: for instance, decline was 42% for women with qualifications "upto middle" compared to 16% amongst illiterate women (also see Appendix Table A1).

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

### 5.3 Outcome of Pregnancies

Table 5.3 presents information on outcome of all the pregnancies from October 1991 to the date of survey. Ninety-seven percent of the pregnancies terminated in live births while 1.6% in spontaneous abortions, 0.7% in still births and 0.5% were categorised as "induced abortions". The estimated proportions of spontaneous abortions and still births appear to be on the low side, which may be due to lack of probing by the interviewers and/or hesitation of respondents in revealing the real extent of abortions. The highest proportions of induced abortions were reported in the age groups 25-29 and 30-39 though the highest proportions of spontaneous abortions were reported by women in the age groups 20-24 and 30-39 years.

*Table 5.3: Outcome of pregnancy*

<i>Current Age</i>	<i>Outcome of pregnancy</i>				<i>Total %</i>	<i>Number of pregnancies</i>
	<i>Live birth</i>	<i>Induced abortion</i>	<i>Still birth</i>	<i>Spontaneous abortion</i>		
<b>Urban</b>						
13-19	-	-	-	100.0	100.0	2179
20-24	-	-	-	100.0	100.0	5953
25-29	-	-	4.1	95.9	100.0	6030
30-39	-	-	-	100.0	100.0	5119
40-49	-	-	-	100.0	100.0	729
Total	-	-	1.2	98.8	100.0	20010
<b>Rural</b>						
13-19	1.2	-	0.6	98.2	100.0	46714
20-24	2.3	0.5	1.1	96.2	100.0	125095
25-29	0.6	0.7	0.9	97.8	100.0	86227
30-39	2.3	0.7	-	97.0	100.0	75906
40-49	-	-	-	100.0	100.0	6818
Total	1.7	0.5	0.7	97.1	100.0	340760
<b>Total</b>						
13-19	1.1	-	0.6	98.3	100.0	48893
20-24	2.2	0.4	1.0	96.4	100.0	131048
25-29	0.6	0.6	1.1	97.7	100.0	92257
30-39	2.1	0.6	-	97.2	100.0	81025
40-49	-	-	-	100.0	100.0	7547
Total	1.6	0.5	0.7	97.2	100.0	360771

## **5.4 Children Ever Born and Children Surviving**

Table 5.4 presents percentage distribution of women by age groups cross classified with number of live births (number of children ever born) separately for rural, urban and combined areas. The mean number of Children Ever Born (CEB) rises progressively with the age though the extent of rise between 35 and 50 years is relatively small. The mean CEB rises from 0.6 in the age group 15-19 to 1.8, 3.5 and 4.8 in the subsequent 5 year age groups of 20-24, 25-29 and 30-34 respectively. The average number of children born upto the age 30 (computed as the average of the means in 25-29 and 30-34 age groups) works out to 4.2.

### **5.4.1 Survival Rates for Children and Childlessness**

An interesting feature that emerges from this table is that though more children are born to women in the age group 30-34 in rural areas (4.9) compared to urban areas (4.3) but the number of surviving children remains same at 3.7 or 3.8. This is on account of the fact that higher fertility in rural areas upto the age 30-34 is more or less offset by higher mortality rates in rural areas among the children born. Survival rates, estimated by dividing the average number of children surviving by average number of children ever born, brings out some more interesting features. The overall survival rate for children born to women in the age group 15-49 is 83% for urban area and is lower at 78% for rural area indicating prevalence of much higher mortality rates among children in rural areas compared to urban areas. Similar result is obtained by estimates of survival rates for women aged 45-49 years which work out to 75% for urban area and 72% for rural area. Table 5.4 also shows very low levels of childlessness. Percentage of childless women in age group 45-49 was only 1.2 though the proportion of women reporting no child ever born in the age group 40-45 was higher at 1.7. This is lower than the percentage of women remaining childless, estimated at 3.3 for women aged 50 years above, based on 1981 census data (RGI, 1987).

## **5.5 Children Ever Born and Living by Background Characteristics**

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

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

Number of live births and living children	Age of the mother								Total %	Number of women
	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
<b>Urban</b>										
<b>Number of live births</b>										
0	1.6	39.7	31.4	9.9	6.4	4.0	1.3	5.7	100.0	5482
1	-	23.5	49.7	12.0	9.6	5.3	-	-	100.0	6608
2	-	6.4	30.5	35.3	12.5	7.3	4.4	3.5	100.0	6584
3	-	2.6	15.1	38.9	21.6	13.9	5.3	2.7	100.0	7628
4	-	-	5.0	38.6	24.9	11.3	13.9	6.3	100.0	6302
5	-	-	3.8	19.7	25.1	19.4	10.9	21.1	100.0	5494
6	-	-	-	7.7	16.4	28.0	20.4	27.5	100.0	4492
7	-	-	-	6.7	25.8	19.4	22.0	26.0	100.0	3799
8	-	-	-	3.8	20.8	25.5	19.4	30.5	100.0	2023
9	-	-	-	-	3.0	15.7	24.7	56.6	100.0	1160
10 or more	-	-	-	-	14.4	24.4	20.5	40.7	100.0	2300
Mean	-	0.7	1.5	3.1	4.3	5.2	5.9	6.5	3.9	
SD	-	0.8	1.2	1.6	2.3	2.7	2.4	2.7	2.8	
<b>Number of living children</b>										
0	1.4	39.5	29.9	12.7	5.6	3.5	2.4	5.0	100.0	6288
1	-	18.6	47.2	16.0	8.7	5.5	-	4.1	100.0	7749
2	-	5.7	23.1	37.3	14.0	12.0	2.9	5.0	100.0	7373
3	-	-	13.2	35.7	27.2	12.0	7.8	4.1	100.0	8621
4	-	-	3.7	24.8	24.4	14.1	14.5	18.5	100.0	8424
5	-	-	-	12.6	18.0	25.9	18.3	25.2	100.0	5302
6	-	-	-	3.3	16.1	30.9	28.7	21.0	100.0	3246
7	-	-	-	7.1	19.2	19.4	13.7	40.6	100.0	2584
8	-	-	-	-	24.4	21.2	36.9	17.5	100.0	1219
9	-	-	-	-	12.1	15.3	15.3	57.4	100.0	690
10 or more	-	-	-	-	-	38.0	20.3	41.8	100.0	377
Mean	-	0.5	1.4	2.7	3.7	4.3	5.0	4.9	3.2	
SD	-	0.7	1.1	1.5	1.9	2.1	1.9	2.3	2.3	
<b>Rural</b>										
<b>Number of live births</b>										
0	2.8	58.8	26.5	4.5	1.8	3.0	1.7	1.0	100.0	107810
1	-	30.6	52.0	8.4	2.6	2.3	2.0	2.1	100.0	98342
2	-	12.4	51.4	21.0	5.8	3.8	3.5	2.1	100.0	95098
3	-	2.7	29.1	35.5	15.7	8.2	5.6	3.1	100.0	100472
4	-	0.2	12.0	29.6	27.4	12.4	11.6	6.8	100.0	101838
5	-	-	3.6	23.5	24.9	22.6	14.0	11.4	100.0	83844
6	-	-	2.8	12.5	25.2	21.5	18.7	19.2	100.0	68861
7	-	-	-	8.9	29.5	23.7	14.5	23.5	100.0	46979
8	-	-	-	3.3	18.3	19.6	32.5	26.3	100.0	33205
9	-	1.4	-	5.4	11.8	19.8	30.7	30.9	100.0	19624
10 or more	-	-	-	2.6	10.0	26.5	24.1	36.8	100.0	19260
Mean	-	0.6	1.8	3.6	4.9	5.4	5.8	6.4	3.6	
SD	-	0.9	1.3	1.7	2.0	2.4	2.5	2.6	2.7	

<i>Number of live births and living children</i>	<i>Age of the mother</i>								<i>Total %</i>	<i>Number of women</i>
	<i>13-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-29</i>	<i>30-34</i>	<i>35-39</i>	<i>40-44</i>	<i>45-49</i>		
<b>Number of living children</b>										
0	2.4	55.0	28.5	5.5	2.0	3.1	1.7	1.8	100.0	124358
1	-	26.1	49.4	9.7	5.5	3.6	3.0	2.8	100.0	115214
2	-	7.6	42.2	24.7	8.6	5.3	6.5	5.0	100.0	118125
3	-	0.6	18.9	31.1	22.6	12.8	8.2	5.7	100.0	131132
4	-	-	6.2	23.9	27.0	16.5	14.7	11.6	100.0	117684
5	-	-	0.4	15.1	24.7	25.1	16.9	17.8	100.0	84002
6	-	-	0.7	8.0	20.7	22.7	20.2	27.6	100.0	50678
7	-	1.3	-	4.0	17.7	23.8	29.3	23.8	100.0	20188
8	-	-	-	2.3	5.7	16.7	42.9	32.4	100.0	10824
9	-	-	-	-	10.6	29.0	30.3	30.2	100.0	2632
10 or more	-	-	-	-	-	-	44.8	55.2	100.0	494
Mean	-	0.5	1.5	3.0	3.8	4.1	4.4	4.6	2.8	
SD	-	0.7	1.1	1.4	1.5	1.8	2.0	2.0	2.1	
<b>Total</b>										
<b>Number of live births</b>										
0	2.6	57.9	26.7	4.8	2.0	3.1	1.7	1.2	100.0	113292
1	-	30.1	51.9	8.7	3.1	2.5	1.9	2.0	100.0	104950
2	-	12.0	50.0	21.9	6.3	4.0	3.6	2.2	100.0	101683
3	-	2.7	28.1	35.7	16.1	8.6	5.6	3.1	100.0	108100
4	-	0.2	11.6	30.1	27.3	12.3	11.7	6.7	100.0	108139
5	-	-	3.6	23.2	24.9	22.4	13.8	12.0	100.0	89339
6	-	-	2.6	12.2	24.7	21.9	18.8	19.7	100.0	73353
7	-	-	-	8.7	29.2	23.4	15.0	23.7	100.0	50778
8	-	-	-	3.3	18.4	20.0	31.7	26.5	100.0	35228
9	-	1.3	-	5.1	11.3	19.6	30.4	32.3	100.0	20784
10 or more	-	-	-	2.7	10.1	26.3	23.7	37.2	100.0	21561
Mean	-	0.6	1.8	3.5	4.8	5.4	5.8	6.4	3.6	
SD	-	0.9	1.3	1.7	2.0	2.4	2.5	2.6	2.7	
<b>Number of living children</b>										
0	2.3	54.3	28.6	5.9	2.2	3.1	1.7	2.0	100.0	130646
1	-	25.6	49.2	10.1	5.7	3.7	2.9	2.9	100.0	122963
2	-	7.4	41.1	25.4	8.9	5.7	6.3	5.0	100.0	125497
3	-	0.6	18.7	31.4	22.9	12.7	8.2	5.6	100.0	139754
4	-	-	6.0	24.0	26.9	16.4	14.7	12.1	100.0	126108
5	-	-	0.4	14.9	24.3	25.1	17.0	18.3	100.0	89305
6	-	-	0.7	7.7	20.5	23.2	20.7	27.2	100.0	53925
7	-	1.2	-	4.4	17.9	23.3	27.6	25.7	100.0	22772
8	-	-	-	2.1	7.6	17.1	42.3	30.9	100.0	12043
9	-	-	-	-	10.9	26.1	27.2	35.8	100.0	3322
10 or more	-	-	-	-	-	16.4	34.2	49.4	100.0	872
Mean	-	0.5	1.5	3.0	3.8	4.2	4.4	4.6	2.9	
SD	-	0.7	1.1	1.4	1.6	1.8	2.0	2.0	2.1	

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

- a. Overall sex ratio at birth was 1.04 (ratio of sons to daughters).
- b. The mean CEB rises sharply with age and by age 35 about 5.0 children are born.
- c. The mean number of children ever born is higher in rural (3.8) than in urban areas (3.7).
- d. The mean number of children ever born has a strong and negative correlation with the educational status: the mean number of children ever born declines progressively with the improvement in the educational status (Tables 5.5 and A1). Slightly higher average is reported by Muslims compared to Hindus. The highest average is reported by Scheduled Castes followed by Backward Castes and High Caste Hindus.

### **5.5.1 Child Survival Rates**

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

- a. Children of women in urban areas have higher survival rates (83%) compared to rural areas (78%).
- b. Children of Muslim women have higher survival rates (80%) than those of Hindu women (78%).
- c. Children of women of High Caste Hindus have highest survival rates (83%) compared to Backward Castes (79%) and Scheduled Castes (74%). and
- d. The survival rate improves substantially with the increase in the educational status of mothers; survival ratio of 77% was noted amongst children of women who are illiterate and 90% among women with "above high school" qualifications (Tables 5.5 and Appendix Table A1).

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

<b>Background characteristics</b>	<b>Children ever born</b>			<b>Children living</b>		
	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>
<b>Currently married</b>						
<b>Age</b>						
13-19	.26	.34	.60	.20	.28	.48
20-24	.90	.89	1.79	.76	.76	1.52
25-29	1.84	1.72	3.55	1.56	1.43	2.98
30-39	2.64	2.50	5.14	2.10	1.91	4.01
40-49	3.19	3.04	6.23	2.42	2.24	4.66
<b>Residence</b>						
Urban	1.83	1.83	3.66	1.53	1.49	3.02
Rural	1.95	1.86	3.81	1.54	1.44	2.98
<b>Education</b>						
Illiterate	2.03	1.93	3.96	1.58	1.47	3.05
Upto class 4	1.75	1.78	3.53	1.52	1.54	3.05
Primary	1.69	1.61	3.30	1.43	1.37	2.81
Upto middle	1.64	1.84	3.49	1.43	1.56	2.99
Upto high	1.57	1.42	2.99	1.20	1.25	2.44
Above high school	1.42	1.28	2.70	1.31	0.13	2.44
<b>Religion</b>						
Hindu	1.94	1.85	3.78	1.54	1.42	2.96
Muslim	2.03	2.02	4.06	1.61	1.65	3.26
<b>Caste</b>						
Scheduled caste	2.04	1.89	3.93	1.52	1.38	2.90
Backward caste	1.98	1.89	3.87	1.58	1.46	3.05
Higher caste Hindu	1.76	1.72	3.48	1.48	1.39	2.88
Other religious groups	-	-	-	-	-	-
<b>Total</b>	<b>1.85</b>	<b>1.78</b>	<b>3.63</b>	<b>1.48</b>	<b>1.38</b>	<b>2.86</b>

## **CHAPTER VI**

### **FAMILY PLANNING**

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

#### **6.1 Knowledge of Family Planning Methods and Sources**

Tables 6.1(a) and 6.1(b) present the extent of knowledge separately as assessed by spontaneous responses (without any probing) and with probed responses, as well as knowledge of different contraceptive methods and sources from where each method could be obtained, based on responses of currently married women. Awareness of family planning methods is almost universal in the district (Figure 6.1); over 99% of currently married women knew atleast one modern method of family planning. On an average, a woman knew about 4.6 modern methods (5.5 in urban and 4.6 in rural areas). The interesting features emerging from these tables are:-

1. Probing helped a great deal in eliciting responses on knowledge: for instance in rural areas, the percentage of women knowing "withdrawal" improved from 5.0% to 41.0% on probing and in case of loop/CuT, it improved from 19.3% to 55%;
2. Percentage of women having knowledge was highest in case of tubectomy (or vasectomy) followed by pills, condom and IUD/Loop. Percentage of women aware of withdrawal and rhythm was 41 and 62 respectively in rural areas;
3. Percentage of women having knowledge was higher in urban areas than in rural areas for each method of contraception. Similarly, the percentages of women knowing the correct use of the methods and those who knew about the sources from where the method could be obtained was higher in urban than in rural areas in respect of each method.

**Table 6.1a: Knowledge of family planning methods**

**(Percentage)**

<i>Method</i>	<i>Spontaneous</i>	<i>Spontaneous + Probing</i>	<i>Knows how to use correctly</i>	<i>Knows how to use correctly &amp; to some extent</i>	<i>Knows a source</i>	<i>Percentage ever used the method</i>
<b>Urban</b>						
Vasectomy	56.9	99.4	55.3	75.0	99.3	2.2
Tubectomy	84.6	100.0	82.0	90.8	100.0	19.9
Loop/CUT	47.4	87.4	54.3	69.4	86.9	8.2
Pills	62.5	95.3	66.4	80.0	95.1	6.7
Condom	56.8	93.0	68.7	81.3	92.8	15.5
Foam Tab/Jelly	1.9	14.2	6.5	10.0	11.8	0.3
Injection	12.4	61.5	26.6	41.7	55.2	0.3
Withdrawal	5.6	45.4	39.5	43.9	NA	7.6
Rhythm/Safe period	13.4	72.8	61.3	71.5	NA	20.3
Knows at least one modern method	94.1	99.8				
At least one modern spacing method	74.4	99.0				
Mean of modern methods known	3.2	5.5				
Mean of modern spacing methods known	1.8	3.5				
<b>Rural</b>						
Vasectomy	51.4	92.6	47.4	66.9	92.0	0.8
Tubectomy	74.6	99.2	73.6	85.9	99.2	16.7
Loop/CUT	19.3	55.0	24.0	38.5	52.0	1.6
Pills	36.3	81.0	42.4	60.3	78.9	4.9
Condom	31.3	75.6	45.6	58.4	73.4	5.2
Foam Tab/Jelly	1.2	5.2	2.1	3.6	4.4	0.2
Injection	10.2	46.9	18.5	28.9	39.0	0.6
Withdrawal	5.0	41.0	33.2	38.2		6.8
Rhythm/Safe period	11.6	61.8	50.7	59.7	NA	15.6
Knows at least one modern method	81.7	99.4				
At least one modern spacing method	47.6	91.7				
Mean of modern methods known	2.2	4.6				
Mean of modern spacing methods known	1.0	2.6				

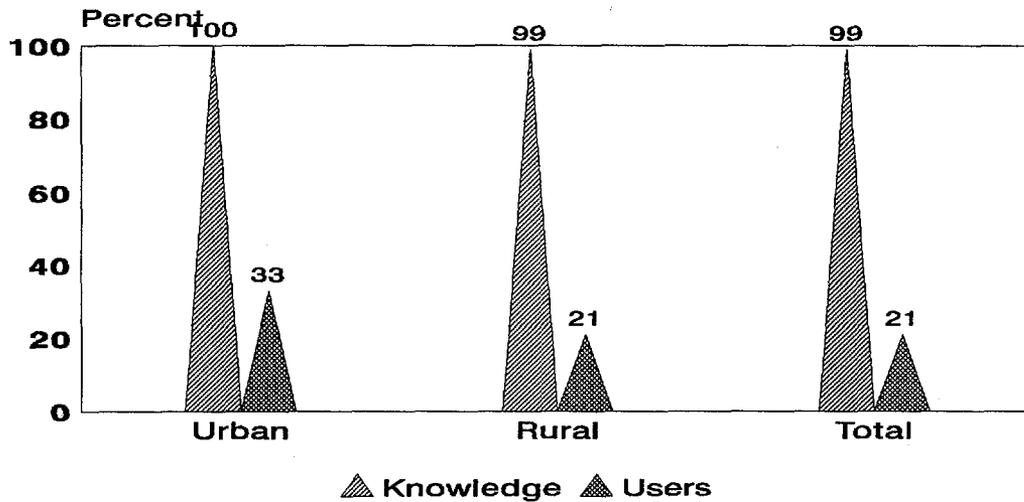
**Table 6.1b: Knowledge of family planning methods and their source**

	<i>Percent of Women</i>	
	<i>Urban</i>	<i>Rural</i>
1. Knows how to use atleast one modern method		
(a) correctly	95.6	83.1
(b) correctly and to some extent	98.6	92.8
2. Knows how to use atleast one modern spacing method		
(a) correctly	85.1	61.3
(b) correctly and to some extent	94.6	77.6
3a. Knows a source for atleast one modern method	100.0	99.4
b. knows a source for atleast one modern spacing method	99.2	91.7
4. Ever used		
(a) atleast one modern method	42.5	25.8
(b) atleast one modern spacing method	24.7	9.9
5. Mean number of modern methods for which use is known		
(a) correctly	3.6	2.5
(b) correctly and to some extent	4.5	3.4
6. Mean number of modern spacing methods for which use is known		
(a) correctly	2.2	1.3
(b) correctly and to some extent	2.8	1.9
7. Mean number of methods for which source is known		
(a) modern methods	3.1	2.8
(b) modern spacing methods	3.0	2.6
8. Mean number of methods ever used		
(a) modern methods	0.5	0.3
(b) modern spacing methods	0.3	0.1

## 6.2 Knowledge of Methods and Sources by Background Characteristics

Table 6.2 presents information in regard to differentials in knowledge about methods and the sources by background characteristics of currently married women i.e. education, religion and caste. Percentage of women knowing atleast one modern method (1) had virtually no correlation with the ages of the women; (2) was somewhat higher in urban than in rural areas; (3) improved with increase in the educational status; (4) was almost same among Hindu and Muslim women; (5) was found to have insignificant variation between caste groups.

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



Jaunpur, UP, 1993-94

Similar pattern of relationship is observed in respect of percentage of women knowing atleast one modern spacing method, with the exception of religion since Muslims were better in this respect. Average number of modern methods known or average number of sources for modern methods known had positive relationship with educational status of women. Overall, on an average a woman knew 4.6 modern methods of family planning (5.5 in urban and 4.6 in rural areas) and average number of sources for modern methods known to women was 2.8 (2.8 in rural and 3.1 in urban areas).

**Table 6.2: Knowledge of methods and source by background characteristics**

<b>Background Characteristics</b>		<b>Knows at least one modern method</b>	<b>Knows at least one modern spacing method</b>	<b>Average number of modern methods known</b>	<b>Average number of sources for modern method</b>	<b>Number of women</b>
<b>Age</b>	13-19	99.2	89.9	4.2	2.6	113581
	20-24	99.2	95.8	4.7	2.9	180833
	25-29	99.3	93.9	4.8	2.9	142181
	30-49	99.7	90.2	4.6	2.8	353597
<b>Residence</b>	Urban	99.8	99.0	5.5	3.1	48501
	Rural	99.4	91.7	4.6	2.8	741691
<b>Education</b>						
	Illiterate	99.3	90.3	4.3	2.7	598884
	Upto class 4	100.0	98.2	5.3	2.9	23773
	Primary	99.8	96.9	5.3	3.1	64819
	Upto middle	100.0	97.7	5.3	3.1	50562
	Upto high	100.0	98.7	5.6	3.3	25705
	Above high school	98.9	97.9	5.8	3.5	26449
<b>Religion</b>						
	Hindu	99.5	91.9	4.6	2.8	735050
	Muslim	99.1	95.4	4.6	2.8	54571
<b>Caste</b>						
	Scheduled caste	99.2	89.6	4.3	2.7	188347
	Backward caste	99.6	90.9	4.5	2.7	354819
	Higher caste Hindu	99.7	96.3	5.3	3.1	185029
	Other religious groups	99.1	95.5	4.6	2.8	55141
<b>Total</b>		<b>99.4</b>	<b>92.1</b>	<b>4.6</b>	<b>2.8</b>	<b>790191*</b>

\* includes women of all religious and caste categories.

### 6.3 Ever Use of Contraception

Table 6.3 presents percentages of currently married women who have ever used any contraceptive method. Overall, 39.8% of the currently married women have used one or the other methods of family planning (including traditional methods). The extent of ever use of modern methods was 26.8%. The findings of interest emerging from this table are:-

**Table 6.3: Ever use of contraception**

<i>Method</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/ IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Foam Tablet</i>	<i>Injections</i>	<i>Traditional method</i>	<i>Withdrawal</i>	<i>Periodic abstinence</i>	<i>Other methods</i>	<i>Number of women</i>
<b>Urban</b>														
13-19	24.5	15.2	-	2.0	-	-	13.2	-	-	18.0	6.6	15.5	-	4355
20-24	38.9	28.0	-	-	7.4	6.4	19.6	1.2	-	20.2	10.2	16.1	1.6	8560
25-29	54.3	42.5	-	14.4	12.1	4.9	24.2	0.6	0.8	27.2	11.3	22.5	0.9	10678
30-34	71.1	52.8	2.3	26.1	14.2	11.4	12.3	-	-	33.6	5.5	29.6	3.3	8223
35-39	65.5	55.0	2.5	37.2	8.5	14.0	12.8	-	1.0	24.6	7.0	19.2	4.9	6764
40-44	74.2	66.2	7.2	43.5	4.9	6.5	12.6	-	-	21.2	3.7	17.5	-	4336
45-49	44.1	37.2	7.4	26.3	1.4	-	4.9	-	-	15.9	3.7	15.9	-	5586
Total	53.9	42.5	2.2	19.9	8.2	6.7	15.5	0.3	0.3	24.0	7.5	20.3	1.7	48501
<b>Rural</b>														
13-19	18.8	5.7	-	-	0.2	3.0	2.9	-	0.3	15.6	8.6	13.4	0.5	109226
20-24	29.4	14.5	-	3.2	1.1	6.3	6.3	0.2	0.1	19.0	7.4	15.9	0.3	172273
25-29	42.2	25.9	0.2	13.7	2.7	7.5	8.4	0.2	1.2	23.9	8.7	19.6	1.0	131502
30-34	49.3	34.9	0.2	25.1	2.0	5.9	5.7	0.3	1.4	21.6	7.6	18.4	0.9	112267
35-39	55.9	44.3	1.7	36.6	2.4	2.8	6.0	-	0.5	18.7	6.5	15.6	1.3	86296
40-44	48.1	38.9	2.1	33.8	1.1	3.4	2.1	-	0.8	12.0	2.8	11.3	-	67805
45-49	41.7	35.4	4.5	28.0	2.3	2.3	1.4	0.4	-	10.1	1.6	9.8	0.4	62320
Total	38.9	25.8	0.8	16.7	1.6	4.9	5.2	0.2	0.6	18.3	6.8	15.6	0.7	741691
<b>Total</b>														
13-19	19.0	6.0	-	0.1	0.2	2.9	3.3	-	0.3	15.7	8.5	13.5	0.4	113581
20-24	29.8	15.1	-	3.1	1.4	6.3	6.9	0.3	0.1	19.1	7.5	15.9	0.4	180833
25-29	43.1	27.1	0.2	13.8	3.4	7.3	9.6	0.2	1.2	24.1	8.9	19.8	1.0	142181
30-34	50.8	36.1	0.3	25.1	2.9	6.2	6.1	0.2	1.3	22.4	7.5	19.2	1.1	120490
35-39	56.6	45.1	1.8	36.7	2.8	3.6	6.5	-	0.6	19.1	6.6	15.8	1.6	93061
40-44	49.7	40.6	2.4	34.4	1.3	3.6	2.7	-	0.8	12.6	2.8	11.6	-	72141
45-49	41.9	35.5	4.8	27.9	2.3	2.1	1.7	0.3	-	10.6	1.7	10.3	0.4	67905
Total	39.8	26.8	0.9	16.9	2.0	5.1	5.9	0.2	0.6	18.7	6.9	15.9	0.7	790191

1. There exists a curvilinear relationship between ever use of any of the methods across the age groups, implying increasing trend till the maximum figure is attained in the age group 35-39 in case of terminal methods and in age groups 25-29 in case of spacing methods, followed by decline in the next higher age groups; for instance, the percentage of women having used atleast one method was only 19.0% in the age group 13-19 and was as high as 56.6% in the age group 35-39, followed by a lesser use rate of 41.9% in the age group 45-49.
2. The highest ever-use rate is observed for female sterilisation (16.9%) followed by condom (5.9%), pills (5.1%), IUD (2.0%) and male sterilisation (0.9%). The ever use of traditional methods was about 18.7% (15.9% for periodic abstinence and 6.9% for withdrawal).
3. Ever use rate for every method (except foam tablets) was higher for women belonging to urban areas compared to rural areas.

#### **6.4 Current Use of Contraception**

Table 6.4 presents information on current use of contraceptive methods by currently married women. Overall, 27.6% of women were using one or the other method of family planning. The highest current use rate amongst currently married women in the age group 15-49 was reported for female sterilisation (16.9%) followed by condom (1.6%), pill (1.3%), male sterilisation (0.7%), and IUD (0.5%). Current use rate for traditional methods was 6.2% including 4.5% for periodic abstinence and 1.7% for withdrawal. Additional points worthy of note arising from the review of this table are:-

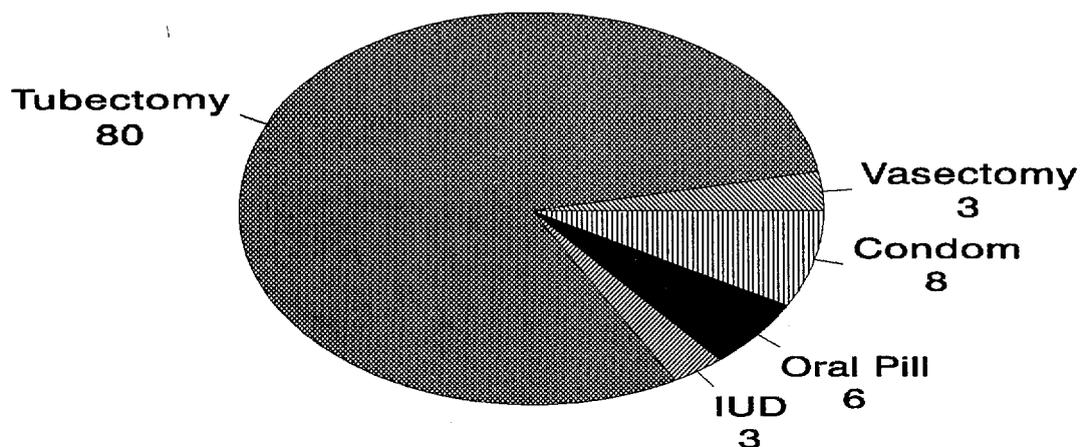
1. Current use rate of modern methods was much higher in urban areas (32.5%) compared to rural areas (20.5%).
2. Current use rate for each of the modern methods was higher in urban areas compared to rural areas. The use rate for male sterilisation had a monotonically increasing relationship with ages of women as against curvilinear relationship for each of other methods. Of all the modern methods being currently used, sterilisation accounted for about 79%, condom 7.5%, pills 6% and IUD/CuT 2.3%, which is a consequence of dominant preference for sterilisation and because of the longest duration of protection afforded by this method, being irreversible unlike spacing methods.

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

**Table 6.4: Current use of contraception**

Age	Any method	Any modern method	Male sterilization	Female sterilization	CuT/IUD	Pill	Condom or Nirodh	Injections	Foam tablets	Traditional method	Withdrawal	Periodic abstinence	Other methods	Not using any method	Number of women
<b>Urban</b>															
13-19	14.7	9.1	-	2.0	-	-	7.0	-	-	5.6	2.4	3.2	-	85.3	4355
20-24	24.7	17.0	-	-	2.1	3.3	10.4	-	1.2	7.7	3.2	4.5	-	75.3	8560
25-29	38.0	27.3	-	14.4	2.9	0.5	9.5	-	-	10.7	3.3	6.7	0.7	62.0	10678
30-34	52.1	39.6	2.3	26.1	3.1	2.8	5.2	-	-	12.5	1.9	10.6	-	47.9	8223
35-39	56.0	50.2	-	37.2	0.5	7.8	4.7	-	-	5.8	2.1	3.7	-	44.0	6764
40-44	64.8	58.2	4.9	43.5	2.5	2.3	5.0	-	-	6.6	1.8	4.8	-	35.2	4336
45-49	34.1	32.3	6.0	26.3	-	-	-	-	-	1.8	1.8	-	-	65.9	5586
15-44	41.1	32.3	0.9	18.9	2.1	2.8	7.4	-	0.2	8.8	2.6	6.0	.2	58.9	42827
15-49	40.3	32.3	1.5	19.8	1.8	2.5	6.5	-	0.2	7.9	2.5	5.3	.1	59.7	48413
13-49	40.4	32.5	1.5	19.9	1.8	2.5	6.5	-	0.2	7.9	2.5	5.3	.1	59.6	48501
<b>Rural</b>															
13-19	8.1	1.6	-	-	0.2	-	1.1	-	0.3	6.5	2.5	4.0	-	91.9	109226
20-24	12.6	7.0	-	3.2	0.6	1.5	1.6	-	-	5.6	1.1	4.5	-	87.4	172273
25-29	27.7	18.9	-	13.7	0.9	1.6	2.0	0.2	0.5	8.8	3.1	5.7	0.2	72.3	131502
30-34	38.6	29.8	0.2	25.1	0.5	2.1	1.5	-	0.5	8.8	2.0	6.6	0.2	61.4	112267
35-39	44.5	39.5	1.0	36.6	-	0.6	0.9	-	0.5	5.0	1.2	3.8	-	55.5	86296
40-44	39.7	37.3	1.8	33.4	-	1.4	0.3	-	0.4	2.4	-	2.4	-	60.3	67805
45-49	35.2	33.3	4.5	28.0	-	0.4	-	0.4	-	1.9	-	1.9	-	64.8	62320
15-44	26.0	19.4	0.3	15.7	0.4	1.3	1.4	0.0	0.3	6.5	1.8	4.7	0.1	74.0	676676
15-49	26.8	20.6	0.7	16.7	0.4	1.2	1.3	0.1	0.3	6.1	1.6	4.5	0.1	73.2	738996
13-49	26.7	20.5	0.7	16.6	0.4	1.2	1.3	0.1	0.3	6.1	1.6	4.5	0.1	73.3	741691
<b>Total</b>															
13-19	8.4	1.9	-	0.1	0.2	-	1.3	-	0.3	6.5	2.5	4.0	-	91.6	113581
20-24	13.2	7.5	-	3.1	0.7	1.6	2.0	0.1	-	5.7	1.2	4.5	-	86.8	180833
25-29	28.5	19.6	-	13.8	1.0	1.6	2.6	0.2	0.4	9.0	3.1	5.8	0.3	71.5	142181
30-34	39.5	30.5	0.3	25.1	0.7	2.2	1.8	-	0.4	9.0	2.0	6.8	0.2	60.5	120490
35-39	45.3	40.3	0.9	36.7	0.0	1.1	1.1	-	0.5	5.0	1.3	3.8	-	54.7	93061
40-44	41.2	38.6	2.0	34.0	0.1	1.5	0.6	-	0.4	2.6	0.1	2.5	-	58.8	72141
45-49	35.1	33.2	4.6	27.9	-	0.4	-	0.3	-	1.9	0.1	1.7	-	64.9	67905
15-44	26.9	20.2	0.4	15.9	0.5	1.4	1.7	0.1	0.3	6.7	1.8	4.8	0.1	73.1	719503
15-49	27.6	21.3	0.7	16.9	0.5	1.3	1.6	0.1	0.3	6.2	1.7	4.5	0.1	72.4	787409
13-49	27.5	21.3	0.7	16.8	0.5	1.3	1.6	0.1	0.3	6.2	1.7	4.5	0.1	72.5	790191

## Figure 6.2: Share of Contraceptive



Jaunpur, UP, 1993-94

### 6.5 Current Use by Background Characteristics

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

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

**Table 6.5: Current use by background characteristics**

<i>Background characteristics</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Foam Tablets</i>	<i>Injections</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>
<b>Residence</b>															
Urban	40.4	32.5	1.5	19.9	1.8	2.5	6.5	0.2	-	7.9	2.5	5.3	0.1	59.6	48501
Rural	26.7	20.5	0.7	16.6	0.4	1.2	1.3	0.1	0.3	6.1	1.6	4.5	0.1	73.3	741691
<b>Education</b>															
Illiterate	25.1	19.2	0.6	16.0	0.1	1.0	1.1	0.0	0.3	5.9	1.2	4.6	0.0	74.9	598884
Upto class 4	35.7	28.8	3.1	22.5	-	1.5	1.6	-	-	6.9	3.7	3.3	-	64.3	23773
Primary	34.1	28.9	0.7	24.2	1.1	0.1	2.7	-	-	5.2	2.9	2.3	-	65.9	64819
Upto middle	30.3	21.9	1.2	15.9	0.8	2.1	1.0	0.2	0.6	8.4	3.0	4.9	0.5	69.7	50562
Upto high	37.2	27.5	0.3	16.9	2.5	3.6	4.2	-	-	9.7	3.6	7.1	-	62.8	25705
Above high school	44.2	35.0	1.0	14.8	4.7	5.9	7.6	0.0	-	9.2	3.4	5.5	0.3	55.8	26449
<b>Religion</b>															
Hindu	28.6	22.4	0.8	17.9	0.5	1.2	1.6	0.1	0.3	6.2	1.7	4.5	0.1	71.4	735050
Muslim	12.8	6.8	-	2.3	0.2	2.6	1.8	-	-	6.1	1.2	4.8	-	87.2	54571
<b>Caste</b>															
Scheduled caste	25.0	15.8	0.3	12.4	-	1.3	1.2	0.2	0.4	9.2	2.0	7.1	0.2	75.0	188347
Backward caste	23.5	18.8	0.6	15.3	0.3	1.0	1.5	-	0.1	4.7	1.4	3.3	-	76.5	354819
Higher caste Hindu	42.2	36.1	1.8	28.7	1.5	1.4	2.2	0.1	0.4	6.1	2.1	3.9	0.1	57.8	185029
Other reli. groups	12.8	6.9	-	2.2	0.2	2.5	1.9	-	-	6.0	1.2	4.8	-	87.2	55141
All	27.5	21.3	0.7	16.8	0.5	1.3	1.6	0.1	0.3	6.2	1.7	4.5	0.1	72.5	790191*

\* includes women of all religious and caste categories.

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

Table 6.6 presents information on current use of methods of family planning cross classified by number of living children and their sex composition. The percentage of women covered under sterilisation rises sharply from 0 for those who have no living children to 9.5 among women having two children and to 32.5 among women having 4 or more children. Use of modern spacing methods increases sharply among women with children upto 2 children and then dips for women having one or more children. Use of traditional methods was as little as 2.9% among women having no children but it increased gradually to 7.9% among women with 3 children and declined thereafter. The most important finding arising from this table is well pronounced son preference. Women adopt methods like sterilisation mostly after having the desired number of sons; for instance, 28.5% of women who had 3 sons and no daughters, were covered under sterilisation whereas only 3.8% of women having 3 daughters and no son, were covered under this terminal method. Similarly, 35% of women having 4 or more children but having atleast 3 sons were covered under sterilisation but only 20% of women having atleast 3 daughters and only 1 son were covered in this method, while only 11% of women having no son were covered under sterilisation. Similar differentials in the use of modern spacing methods are observed, though they are relatively less pronounced.

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

<i>Number and sex of living children</i>	<i>Sterilization</i>	<i>Modern spacing</i>	<i>Any traditional method</i>	<i>Not using any method</i>	<i>Total percent</i>	<i>Number of women</i>
<b>None</b>	-	0.8	2.9	96.3	100.0	122936
<b>1 child</b>	1.3	5.4	6.7	86.6	100.0	118756
1 son	0.9	6.1	6.8	86.2	100.0	58978
No son	1.7	4.7	6.7	86.9	100.0	59778
<b>2 children</b>	9.5	5.6	7.1	77.8	100.0	119126
2 sons	18.5	5.5	5.3	70.7	100.0	35526
1 son	7.8	7.0	6.9	78.2	100.0	57151
No son	1.1	2.5	9.9	86.6	100.0	26449
<b>3 children</b>	22.5	2.8	7.9	66.9	100.0	134591
3 sons	28.5	1.7	6.5	63.4	100.0	19767
2 sons	33.8	2.7	8.7	54.8	100.0	56159
1 son	11.1	4.0	8.8	76.0	100.0	46389
No son	3.8		2.9	93.4	100.0	12276
<b>4+ children</b>	32.5	3.9	4.8	58.9	100.0	294782
3+ sons	34.8	4.8	5.3	55.2	100.0	147102
2 sons	35.7	2.6	3.7	58.0	100.0	98693
1 son	20.2	4.0	6.0	69.8	100.0	43338
No son	11.2	.9		87.9	100.0	5650
<b>Total</b>	17.6	3.7	5.6	73.1	100.0	790191

### 6.6.1 Comparison between the Survey Current Use Rate and Official Estimate

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

	<i>Official estimate</i>	<i>BSUP Survey estimate</i>
Sterilization	21.2	16.3
IUD	9.6	0.5
Nirodh (Condom)	9.8	1.7
Oral pill	1.2	1.4
Other methods	-	0.4
Total	41.8	20.2

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

### 6.7 Problems in the Use of Contraceptive Methods

Tables 6.7 and 6.8 present information on women facing problems in the use of various methods and the nature of problems which the current users have faced. Largest percentage of the users have faced the problems in regard to tubectomy (55%) followed by users of pill and vasectomy. For each method (except IUD), the proportion of women having faced problems was larger in rural areas than in urban areas. The problems mentioned were weakness, backache/body-pain and abdominal pain by women covered under tubectomy; the most common problems faced by women whose husbands were sterilised, were weakness and abdominal pain. Weakness, white discharge and abdominal pain were the main problems faced by IUD and pill users.

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

Method used	Percent faced problem with the method used			Total Number
	Urban	Rural	Total	
Vasectomy	18.5	20.7	20.4	5823
Tubectomy	51.0	55.4	55.1	133076
Cu-T/IUD	19.3	9.7	11.9	3903
Pill	19.5	20.7	20.6	10068
Injectable	-	24.6	24.6	2150

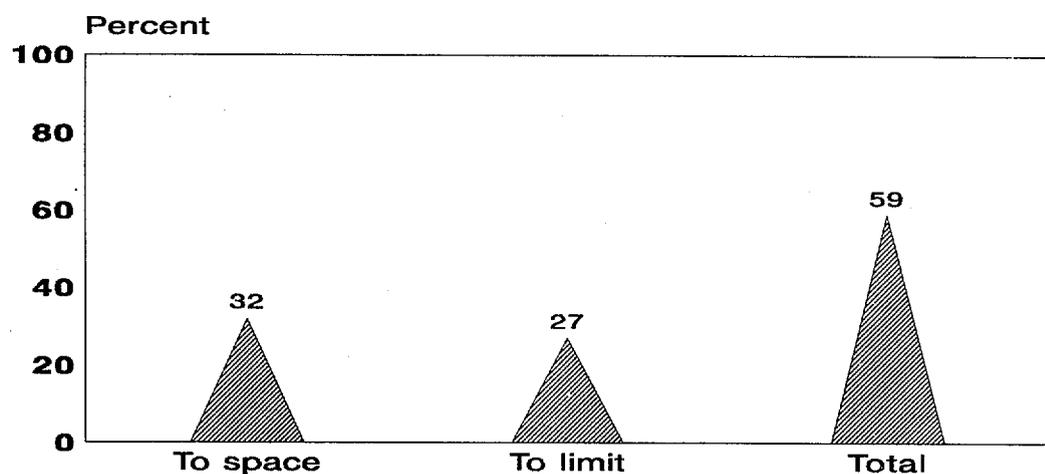
**Table 6.8: Problems with the current method**

Problem faced	Male sterilization	Female sterilization	Cu-T/IUD	Pills
Percent faced problem with the method	20.4	55.1	11.9	20.6
Total N	5823	133076	3903	10068
Type of problem faced				
Sepsis	26.3	3.2	-	12.0
Abdominal/gastric pain	24.8	46.0	13.1	-
Backache/body pain/headache	23.4	57.2	16.4	11.3
Weakness	72.3	39.4	29.5	30.1
Excessive or irregular bleeding	-	9.4	7.5	45.5
White discharge	-	16.7	62.9	-
Fear of failure	-	1.9	-	3.9
Problem in disposing	-	0.4	-	-
Infertility/secondary sterility	-	-	-	-
Loss of sexual desire	-	2.8	-	3.4
Weight gain	-	2.5	-	39.4
Others	-	-	-	-

## 6.8 Unmet Need

Tables 6.9 and 6.10 present information on unmet need for family planning. Overall, 59% of the currently married women who are not pregnant are not using any method of family planning even though either they do not want any additional child or they want to delay the next child beyond one year. 32.5% of the currently married women (who were not pregnant and who wanted to delay their next child) were not currently using any method of contraception. This indicates the potential need for spacing methods. Similarly, the potential need for permanent methods was around 27% (Table 6.9). The level of unmet need for spacing methods, as expected declines with age of woman or number of living children she has. On the other hand, the level of unmet need for terminal method increases with age or number of living children (Table 6.9). The overall level of unmet need is found to be much higher in rural areas compared to urban areas. On the other hand, the level of total unmet need declines progressively with the improvement in the educational status of women and also with the increase in number of living children. Further, the level of unmet need is higher among Muslims (compared to Hindus), and is also higher among Scheduled Castes or Backward Castes compared to High Caste Hindus. The main reasons for unmet need mentioned by the respondents were "attained menopause", "do not like existing method", "health does not permit", "opposition from husband and other family members", "fear of operation" and "against religion" (13.8% in urban and 5.0% in rural areas). However, 11% of them mentioned that they were "going to use family planning method in future".

## Figure 6.3: Level of Unmet Need for Family Planning Services



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**Table 6.9: Level of unmet need for family planning services**

<b>Background Characteristics</b>		<b>To space</b>	<b>To limit</b>	<b>Total</b>	<b>No. of women</b>
<b>Age</b>	13 - 19	69.7	4.2	73.9	113581
	20 - 29	43.6	16.5	60.2	323013
	30 - 39	15.2	34.0	49.2	213550
	40 - 49	2.8	57.7	60.5	140046
<b>Residence</b>	Urban	22.5	26.3	48.8	48501
	Rural	33.1	26.8	59.9	741691
<b>Education</b>	Illiterate	33.0	29.6	62.6	598884
	Upto class 4	28.8	26.5	55.3	23773
	Primary	29.7	20.9	50.6	64819
	Upto middle	37.2	14.1	51.4	50562
	Upto high	26.6	14.4	40.9	25705
<b>Religion</b>	Above high school	27.1	14.4	41.6	26449
	Hindu	32.0	26.2	58.2	735050
	Muslim	38.2	35.5	73.7	54571
<b>Caste</b>	Scheduled caste	34.9	25.6	60.5	188347
	Backward caste	34.4	28.4	62.8	354819
	Higher caste Hindu	24.3	22.6	46.9	185029
	Other reli. groups	38.3	35.3	73.6	55141
<b>Number of living children</b>					
	0	65.9	3.7	69.6	122936
	1	54.7	9.4	64.1	118756
	2	43.9	18.3	62.2	119126
	3	25.5	31.4	56.9	134591
	4+	8.1	44.8	52.8	294782
<b>Total</b>		<b>32.5</b>	<b>26.8</b>	<b>59.2</b>	<b>790191*</b>

\* includes women belonging to all religious and caste categories.

**Table 6.10: Reasons for unmet need**

<i>Reasons for unmet need</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>		
			<i>13-29</i>	<i>30-49</i>	<i>Total</i>
<b>Percent face problem with the method</b>					
Do not like existing method	10.5	13.5	15.1	11.4	13.3
Services are not available	1.2	3.3	3.5	2.9	3.2
After operation one can't work	3.5	3.0	1.7	4.5	3.1
Fear of operation	4.0	3.8	3.1	4.5	3.8
Health does not permit	7.0	4.2	4.1	4.5	4.3
Operation may fail	1.6	0.9	0.1	1.7	0.9
Fear of after effects of methods	0.9	2.9	2.2	3.4	2.8
Unaware of any FP method	4.1	6.6	8.0	4.8	6.5
Opposition from husband or other family members	10.8	13.1	13.1	12.9	13.0
Against religion	13.8	5.0	4.2	6.7	5.4
Natural sterility	2.6	2.6	0.4	4.8	2.6
Attained menopause/MC stopped	17.0	15.2	0.8	30.9	15.3
Others	47.6	47.7	58.6	36.0	47.7
DK/Can't specify	2.3	1.0	0.8	1.3	1.0
Going to use a FP method	9.0	11.2	14.9	7.1	11.0

Note:- N is number of women not pregnant, who want to delay next child beyond 13 months or do not want any additional child and are not using any method of family planning (According to data entry programme of Population Council, women wanting to delay the child between 12 and 13 months are not included).

## **6.9 Perceived Disadvantages of the Methods**

The respondents were asked about their perceptions regarding the disadvantages resulting from the use of different methods of family planning. Highest percentage of women believe that tubectomy or laparoscopy or IUD has some disadvantages (29%) followed by pill (14.7%) and vasectomy (7.2%). Only 3.5% of the respondents had mentioned disadvantages about condom. Such wide differentials across the methods could be attributable partly to the fact that all respondents were women whereas vasectomy and condom are primarily "male" methods of contraception and women may not be able to convey the correct response. Table 6.11 also includes information on nature of disadvantages as perceived by respondents. The commonest disadvantages in case of vasectomy, tubectomy and laparoscopy were weakness, abdominal pain/gastric pain and body pain. In case of laparoscopy, "fear of failure" was mentioned by 10% of the women. In regard to IUD and pill, the commonest disadvantages mentioned were excessive bleeding or irregular MC, abdominal pain/gastric pain, white discharge and body pain. Those who believed that the method had disadvantages, were asked about the basis of their belief. The most common replies in case of terminal methods were "heard from others" or "friends' experience" and "own experience". Similar was the pattern of replies in regard to spacing methods. This analysis points to the need of re-inforcing IEC activities so as to remove women's such doubts or wrong perceptions about the methods.

**Table 6.11: Perceived disadvantages of the method**

<b>Disadvantages</b>	<b>Vasectomy</b>	<b>Tubectomy</b>	<b>Laparoscopy</b>	<b>CuT/IUD</b>	<b>Oral Pill</b>	<b>Condom</b>
<b>Urban</b>						
<b>A % believed that method has some disadvantage</b>	5.9	36.0	27.5	42.8	19.8	3.6
<b>Total number aware of</b>	48094	48402	48402	42308	46146	45024
<b>B Nature of disadvantage *</b>						
Sepsis	4.0	2.6	2.6	14.4	3.2	26.4
Abdominal/gastric pain	23.0	49.7	49.8	6.9	6.1	-
Backache/body pain/headache	31.9	44.9	32.5	12.5	8.0	-
Weakness	61.2	20.3	20.8	16.4	35.0	-
Excessive or irregular bleeding	-	11.6	10.9	74.9	42.6	-
White discharge	-	10.8	17.8	17.6	16.1	4.7
Fear of failure	7.1	2.8	9.3	0.5	3.8	61.9
Problem in disposing	5.9	4.7	6.5	3.9	5.2	30.1
Infertility/secondary sterility	-	-	-	-	-	-
Loss of sexual desire	2.7	-	-	-	1.1	-
Weight gain	10.5	16.6	10.6	2.5	7.9	-
Others desire	9.7	3.8	1.6	1.9	28.5	6.7
Don't know/can't specify	-	-	-	-	-	-
<b>C % believed disadv. to be permanent in nature</b>	53.5	40.9	52.3	41.4	44.6	17.3
<b>D Basis of this belief *</b>						
Own experience	7.6	14.7	18.3	14.9	9.3	39.0
Friends experience	69.7	51.9	43.8	42.1	56.1	21.8
Heard from friend	27.8	35.8	30.3	37.3	39.6	13.0
Heard from others	12.2	26.7	26.6	28.5	19.9	26.2
TV, radio, posters	-	-	-	0.4	-	-
Health personnel	-	-	-	-	-	-
Others	-	0.6	0.7	-	-	-
<b>Total N</b>	2832	17414	13292	18099	9116	1603
<b>Rural</b>						
<b>A % believed that method has some disadvantage</b>	7.2	28.7	29.2	27.8	14.3	3.5
<b>Total number aware of</b>	686654	735953	735953	407625	601002	560844
<b>B Nature of disadvantage *</b>						
Sepsis	10.3	8.3	3.9	15.0	2.8	15.5
Abdominal/gastric pain	22.9	39.3	44.9	4.0	7.3	4.5
Backache/body pain/headache	42.3	46.7	37.2	10.3	11.0	13.9
Weakness	63.6	34.1	24.8	15.5	24.8	16.1
Excessive or irregular bleeding	-	9.3	10.2	70.0	41.7	4.5
White discharge	0.5	11.8	20.5	23.6	14.6	10.5
Fear of failure	2.9	1.7	10.0	1.5	3.2	31.2
Problem in disposing	3.2	4.1	2.0	4.2	2.8	19.1
Infertility/secondary sterility	-	0.1	0.5	0.4	-	-
Loss of sexual desire	3.3	0.1	0.3	0.4	0.3	6.9
Weight gain	2.6	9.0	3.9	3.4	2.0	1.7
Others desire	4.1	3.3	2.7	2.8	36.0	9.6
Don't know/can't specify	0.5	0.5	0.3	-	0.6	-

<b>Disadvantages</b>	<b>Vasectomy</b>	<b>Tubectomy</b>	<b>Laparoscopy</b>	<b>CuT/IUD</b>	<b>Oral Pill</b>	<b>Condom</b>
<b>C % believed disadv. to be permanent in nature</b>	46.3	46.6	60.9	48.9	50.3	25.3
<b>D Basis of this belief</b>						
Own experience	3.7	15.2	23.2	8.2	17.4	19.7
Friends experience	52.2	46.9	36.9	44.6	42.4	36.6
Heard from friend	25.6	35.1	29.1	34.9	29.6	27.0
Heard from others	24.7	26.1	28.8	34.0	27.4	25.0
TV, radio, posters	-	0.1	0.4	0.5	0.3	-
Health personnel	-	0.2	-	-	0.3	-
Others	10.4	1.0	1.4	0.8	1.6	1.8
<b>Total N</b>	<b>49723</b>	<b>211396</b>	<b>215006</b>	<b>11343</b>	<b>85953</b>	<b>19633</b>
<b>Total</b>						
<b>A % believed that method has some disadvantage</b>	7.2	29.2	29.1	29.	14.	3.5
<b>Total number aware of</b>	<b>734748</b>	<b>784355</b>	<b>784355</b>	<b>44993</b>	<b>64714</b>	<b>60586</b>
<b>B Nature of disadvantage</b>						
Sepsis	10.0	7.8	3.8	14.9	2.9	16.3
Abdominal/gastric pain	22.9	40.1	45.1	4.4	7.2	4.2
Backache/body pain/headache	41.8	46.5	36.9	10.6	10.7	12.8
Weakness	63.5	33.1	24.6	15.6	25.8	14.9
Excessive or irregular bleeding	-	9.5	10.3	70.7	41.8	4.1
White discharge	0.5	11.7	20.4	22.8	14.8	10.1
Fear of failure	3.1	1.8	9.9	1.3	3.3	33.5
Problem in disposing	3.4	4.2	2.3	4.2	3.1	20.0
Infertility/secondary sterility	-	0.1	0.4	0.3	-	-
Loss of sexual desire	3.2	0.1	0.2	0.4	0.4	6.4
Weight gain	3.0	9.6	4.3	3.3	2.5	1.6
Others	4.4	3.4	2.7	2.7	35.3	9.4
Don't know/can't specify	0.5	0.5	0.3	-	0.6	-
<b>C % believed disadv. to be permanent in nature</b>	46.6	46.2	60.4	47.8	49.8	24.7
<b>D Basis of this belief</b>						
Own experience	3.9	15.2	22.9	9.1	16.6	21.2
Friends experience	53.1	47.3	37.3	44.3	43.7	35.5
Heard from friend	25.7	35.2	29.2	35.3	30.6	26.0
Heard from others	24.0	26.1	28.7	33.3	26.7	25.1
TV, radio, posters	-	0.1	0.3	0.5	0.3	-
Health personnel	-	0.1	-	-	0.2	-
Others	1.8	0.9	1.3	0.7	1.5	1.7
<b>Total N</b>	<b>52555</b>	<b>228810</b>	<b>228298</b>	<b>131532</b>	<b>95069</b>	<b>21235</b>

Notes:- (1) For 'A', N represents the number of currently married women who are aware of the method. For B, C and D, N is number of women in 'A', who mentioned that the method has disadvantage(s).  
2) Percentages in B and D are based on multiple responses.

## 6.10 Sources of Supplies

Table 6.13 presents percentages of currently married women knowing different sources from where the methods could be obtained, from amongst those who were aware of the respective methods. For sterilisation, commonest sources known to women were PHC/District Hospital and private doctor, whereas for spacing methods - IUD/CuT, oral pill and condom, medical shops (for oral pill and condom) and sub-centre (or its workers) were also mentioned. Community Based Distribution (TBAs or depot holders) was mentioned but by very few respondents.

6.10.1 Table 6.12 presents information on sources of supplies of modern contraceptive methods. It presents information in regard to source where sterilised women got operated or where the ever users of IUD/Cu-T and oral pill got first insertion or supplies. In regard to male or female sterilisation, a great majority (92% in case of male sterilisation and 88% in case of female sterilisation) got their operation done at the Government Hospital/PHC/SC, whereas only 6% of male sterilisation or female sterilisation were performed by private doctors. In case of IUD/CuT, about 71% got insertion done at the Government Hospital/clinic (72% in rural areas and 68% in urban areas). In all, 22% of the women got their insertion done by the private doctors. In case of oral pill, a great majority (63%) got their first supplies from private doctors or medical shops, whereas only 26% got their first supplies from Government Institutions/Hospitals. The role of NGOs/depot holders was negligible.

6.10.2 Current users of oral pill and condom were also asked about the sources of supplies being used or known to them. Such information is presented in Table 6.14. The most common sources mentioned by current users of pills were shops, Government Hospitals/Clinics and private doctors. Similarly, the most common sources of supplies mentioned by the current users of Nirodh (condom) were shops, Government Hospitals/Clinics/Workers and private doctors. At least 94% of the current users mentioned that the supplies of oral pill/condom were regular. Respondents stating that supplies were not regular, were also asked as to the supply position during the preceding 3 months. In case of nirodh, no respondent mentioned having never received the supplies during the preceding three months. However, 14% of them always got the supply, whereas 86% did not get the supply sometimes. Regarding oral pill, all users mentioned that they did not get the supply sometimes during last 3 months. The current users of oral pill mentioned that they would like to get 1.7 cycles at a time. Similarly, average number of pieces which the current users of Nirodh would like to obtain each time works out to 10.0 (7.2 in urban and 10.9 in rural areas).

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

<b>Source of supply</b>	<b>Male sterilization</b>	<b>Female sterilization</b>	<b>Copper /IUD</b>	<b>Pill</b>
<b>Urban Public sector</b>				
Government Hospital/CHC	63.9	87.5	52.1	8.6
PHC/camps	10.8	5.3	11.9	5.4
Male/Female worker	-	0.6	3.7	3.0
<b>Private medical sector</b>				
Private doctor	15.3	3.5	25.3	42.2
Medical shop	-	-	3.6	35.2
<b>Other private sector</b>				
NGOs, Depot holders	-	0.3	-	-
Others	10.0	2.8	3.5	5.6
Total %	100.0	100.0	100.0	100.0
Total N	815	9652	2840	2315
<b>Rural Public sector</b>				
Government Hospital/CHC	51.2	55.0	46.9	8.2
PHC/camps	43.6	33.1	22.1	11.3
SC/Male/Female worker	-	2.0	3.2	7.5
<b>Private medical sector</b>				
Private doctor	5.2	6.4	21.4	24.5
Medical shop	-	-	3.3	37.3
<b>Other private sector</b>				
NGOs, Depot holders	-	0.3	-	-
Others	-	3.2	3.0	11.2
Total %	100.0	100.0	100.0	100.0
Total N	5379	123711	7734	30716
<b>Total Public sector</b>				
Government Hospital/CHC	52.9			
PHC/camps	39.3	57.3	48.3	8.3
SC/Male/Female worker	-	31.1	19.4	10.9
Private medical sector	6.5	1.9	3.4	7.1
Private doctor	-	6.2	22.4	25.7
Medical shop	-	-	3.4	37.1
<b>Other private sector</b>				
NGOs, Depot holders	-	0.3	-	-
Others	1.3	3.2	3.1	10.8
Total %	100.0	100.0	100.0	100.0
Total N	6194	133364	10574	33031

**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	91.4	4.1	-	42.1	-	734748
Tubectomy	96.1	5.1	-	44.8	-	784355
IUD	80.5	23.3	0.2	40.5	-	449933
Pills	63.0	28.9	-	22.6	60.2	647148
Condom	57.4	33.0	0.6	17.9	65.3	605868
Foam tablets/Jelly	41.8	5.1	1.5	15.3	46.9	45065
Injectable	58.4	2.5	-	28.8	3.1	377616

Note:- CBD represents TBA and Depot Holders.

### 6.10.3 Sources of Supplies in Villages

The schedule, which was filled up for each sample village contains information on existence of retail shops, which stock contraceptives and existence of CBD networks. It is noted from Table 6.15 that very few villages had retail shops for pills and condom: only 18% of the villages had shops for pills and/or for condoms. Only 64% out of 81 villages were reported to have a CBD network for condom. Three villages had CBD network for oral pills.

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

Source of supply	Pill Total users	Condom		
		Urban	Rural	Total
Government Hospital/CHC/PHC	43.8	39.8	68.7	61.3
SC and its male and female workers	19.6	3.4	18.3	14.5
VHG/CBD	-	-	-	-
Shops	74.2	90.4	66.8	72.8
Private doctors/clinic	18.2	7.5	9.0	8.6
Others	0.9	6.6	-	1.7
Total N	10068	3170	9284	12454
% reporting regular supply	96.3	95.3	94.1	94.4
<b>Alternative in case of short supply @</b>				
Do not use the method	-	100.0	-	13.6
Get from some other source	100.0	-	100.0	86.4
Shift to other method	-	-	-	-
<b>Supply position during last 3 months @</b>				
Always got the supply	-	100.0	-	13.6
Did not get some time	100.0	-	100.0	86.4
Never received	-	-	-	-
How many cycles R would like to receive at a time	1.7	7.2	10.9	10.0

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

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

<b>Villages</b>	<b>Pills</b>	<b>Condom</b>
Any family planning service/advice	17.9	17.9
Retailers/shop stocking contraceptive (pills)	3.8	6.4
Retailers/shop stocking contraceptive (condoms)	0.0	0.0
Number of villages covered in the sample	78	78

### **6.11 Attitude towards Family Planning**

87% of the women stated that they approved of the use of family planning methods (93% in urban and 86% in rural areas). Moreover, only 14.3% of the respondents mentioned disapproval of family planning by their family members (11.6% in urban and 14.5% in rural areas). Though, disapproval was mentioned by a very small percentage of women, the family members opposing contraception were mostly husband and mother-in-law (Table 6.16).

**Table 6.16: Attitude towards family planning**

<b>Attitude towards family planning</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Percent of women approving use of FP	92.8	86.4	86.8
Percent reporting disapproval of FP by family members	11.6	14.5	14.3
<b>Who oppose FP in family</b>			
Husband	70.0	67.2	67.3
Parents	8.5	9.6	9.5
Father-in-law	18.0	15.8	15.9
Mother-in-law	42.0	36.6	36.9
Other male member	20.4	8.5	9.1
Other female member	14.4	6.9	7.5
Other	3.7	9.9	9.6

### **6.12 Approval vis-a-vis Background Characteristics**

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

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

The approval rate had negative correlation with the ages of respondents, implying higher approval rates among younger women. In most cases, husband or mother-in-law were mentioned as the members of the family who opposed use of contraception.

**Table 6.17: Approval to family planning**

<b>Background characteristics</b>	<b>Percent approving FP use</b>	<b>Percentage reporting opposition from</b>						<b>Number of women</b>
		<b>No one</b>	<b>Husband</b>	<b>Parent</b>	<b>Father-in-law</b>	<b>Mother-in-law</b>	<b>Others</b>	
<b>Age</b>								
13 - 19	90.8	89.4	6.5	0.8	1.7	6.3	2.5	113581
20 - 29	86.6	84.8	9.2	1.8	3.7	6.7	3.0	323013
30 - 39	86.7	82.7	13.2	1.0	1.4	4.6	4.6	213550
40 - 49	84.3	89.2	7.9	1.4	0.8	2.3	5.1	140046
<b>Residence</b>								
Urban	92.8	88.4	8.1	1.0	2.1	4.9	4.5	48501
Rural	86.4	85.5	9.7	1.4	2.3	5.3	3.7	741691
<b>Education</b>								
Illiterate	84.1	83.3	11.7	1.6	2.3	5.8	4.5	598884
Upto class 4	95.0	91.6	6.2	2.3	3.5	2.6	1.1	23773
Primary	94.4	91.9	4.0	0.6	2.2	4.3	0.4	64819
Upto middle	94.7	92.7	3.6	0.6	2.2	4.4	2.7	50562
Upto high	97.4	95.2	-	-	2.3	3.2	0.8	25705
Above high school	97.8	96.9	1.5	0.7	0.3	1.7	-	26449
<b>Religion</b>								
Hindu	88.4	88.2	7.7	0.8	1.7	4.4	2.6	735050
Muslim	65.8	51.8	35.7	8.6	9.8	16.8	18.2	54571
<b>Caste</b>								
Scheduled caste	85.6	83.6	12.7	1.6	2.2	4.0	2.9	188347
Backward caste	86.3	88.1	7.7	0.7	1.2	4.6	2.8	354819
Higher caste Hindu	96.0	93.0	2.8	0.3	2.1	4.6	2.0	185029
Other religious groups	65.6	51.8	35.9	8.6	9.7	16.6	18.0	55141
<b>Total</b>	<b>86.8</b>	<b>85.7</b>	<b>9.6</b>	<b>1.4</b>	<b>2.3</b>	<b>5.3</b>	<b>3.7</b>	<b>790191*</b>

\* includes women of all religions and caste categories.

### 6.13 Family Planning Messages on Radio/TV

All ever married women were asked whether they heard of any messages on family planning from radio or television in preceding three months. Only 18% of the women had heard of the messages from radio or TV whereas 82% (85% in rural and 48% in urban areas) had not heard of such messages. Thus, the reach of family planning messages through radio or TV was very poor in rural areas though it was quite significant in urban areas. Percentage of women having heard of family planning messages improved greatly with the increase in their educational status. For instance, while only 9% of the illiterate women had heard of the messages, 72% of the women with "above high school" qualifications had heard of the messages. On the other hand, a larger percentage of Hindu women (compared to Muslims) and larger percentage of women belonging to High Caste Hindus (compared to Backward Castes or Scheduled Castes) had heard of the messages. 13% of never users of family planning and 26% of the ever users had heard of family planning messages reflecting the relationship between use of family planning method and the receipt of messages.

**Table 6.18: Heard family planning messages on radio and television**

<b>Background Characteristics</b>	<b>Heard of family planning messages on radio and television</b>				<b>Total %</b>	<b>Total N</b>
	<b>Neither</b>	<b>Radio only</b>	<b>Television</b>	<b>Both</b>		
<b>Age</b>						
13-19	79.9	7.8	7.1	5.2	100.0	115901
20-24	81.0	3.4	9.5	6.2	100.0	328539
25-29	82.3	4.4	8.3	5.0	100.0	222553
30-49	86.9	3.0	6.9	3.3	100.0	160213
<b>Residence</b>						
Urban	48.0	2.3	29.3	20.3	100.0	51874
Rural	84.6	4.3	6.9	4.2	100.0	775332
<b>Education</b>						
Illiterate	91.2	2.8	4.4	1.5	100.0	630143
Upto class 4	79.4	3.5	10.0	7.1	100.0	25632
Primary	62.9	9.7	17.8	9.5	100.0	67422
Upto middle	54.1	8.1	22.2	15.7	100.0	51077
Upto high	31.9	12.2	26.2	29.7	100.0	25787
Above high school	27.7	8.9	30.0	33.4	100.0	27146
<b>Religion</b>						
Hindu	82.2	4.3	8.3	5.3	100.0	766908
Muslim	84.4	3.7	8.0	3.9	100.0	59470
<b>Caste</b>						
Scheduled caste	91.3	2.9	4.0	1.8	100.0	199398
Backward caste	86.9	3.6	5.9	3.6	100.0	367242
Higher caste Hindu	63.2	7.0	17.6	12.2	100.0	193131
Other religious groups	84.4	3.6	7.9	4.0	100.0	60298
<b>Use of contraception</b>						
Ever use	73.6	6.0	12.5	7.9	100.0	314867
Never use	87.3	3.3	6.0	3.4	100.0	475324
<b>Total</b>	<b>82.3</b>	<b>4.2</b>	<b>8.3</b>	<b>5.2</b>	<b>100.0</b>	<b>827206*</b>

\* includes women of all religious and caste categories.

6.13.1 Respondents were also asked as to which of the family planning messages they had heard of. Television had relatively higher reach in this regard, followed by Radio and Cinema. The most common messages related to small family size, use of oral pill or condom, IUD and sterilisation. Interestingly, only 16% of the respondents mentioned having received messages on sterilisation from TV compared to 63% who heard of oral pill. Similar pattern is observed regarding messages from radio or cinema indicating that spacing methods like oral pill and condom are getting much greater importance in publicity campaigns through these media compared to sterilisation (Table 6.19).

**Table 6.19: Family planning messages through different media**

<i>Types of messages received on family planning</i>	<i>Radio</i>			<i>Television</i>			<i>Cinema</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Percent received messages on family planning	22.7	8.5	9.4	49.6	11.1	13.5	18.4	4.0	4.9
Small family size	66.2	70.9	70.2	58.5	55.5	56.2	51.0	51.0	51.0
Use of condom/Nirodh	57.6	51.0	52.0	61.0	56.4	57.5	48.4	48.4	42.8
Use of oral pills/Mala D	58.6	57.5	57.6	75.2	59.4	63.0	55.6	55.6	50.5
Use of loop/IUD/Cu-T	17.8	11.6	12.5	16.0	13.0	13.7	16.1	16.1	13.4
Sterilization	14.9	17.8	17.3	15.3	15.7	15.6	12.0	12.0	19.0
Population problems	4.9	4.8	4.8	7.1	9.1	8.6	10.9	10.9	7.8
Others	7.6	8.1	8.0	5.5	9.0	8.2	9.8	9.8	12.7

#### 6.14 Reasons for Discontinuation

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

**Table 6.20: Reasons for discontinuation**

<i>Reasons for discontinuation *</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Method failed or got pregnant	28.2	21.8	22.2
Lack of sexual satisfaction	6.2	3.2	3.4
Created menstrual problem	11.0	6.9	7.2
Created health problem	-	0.8	0.7
Inconvenient to use	-	2.5	2.3
Hard to get method	1.1	0.4	0.5
Put on weight	0.5	2.5	2.4
Did not like the method	22.3	33.5	32.7
Wanted to have a child	1.1	1.5	1.5
Wanted to replace a dead child	-	-	-
Lack of privacy for use	29.5	21.2	21.8
Others	-	5.3	4.9
Don't know/missing			
Total %	100.0	100.0	100.0
Number	5353	71172	76525

### 6.15 Future Intention of Using Contraceptives

Women who are not currently using any method though they did not want additional child or they wanted to delay their next child were asked about the reasons for not using contraceptive methods. About 11% (9% in urban and 11% in rural areas) expressed their intention of using contraceptives in future. Of such respondents, 55% wanted to adopt family planning within one year, 16% between 1 and 2 years and 6% thereafter, though 24% mentioned that they did not know when they would like to start using family planning method. This is to be noted that the percentage of women desiring to use contraceptives is minimal since they were not asked specifically in regard to their intention of using contraceptives in future.

**Table 6.21: Future intention**

	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Within one year	66.3	54.3	54.8
1-2 years	9.0	16.2	15.9
2 or more years	4.9	5.9	5.8
Do not know/date not decided	19.7	23.6	23.5
<b>Total %</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Total N</b>	<b>1625</b>	<b>36921</b>	<b>38546</b>

N = Number of non-current users, not wanting any additional child or wanting to delay next child, but expressing willingness to use family planning methods in future.

## CHAPTER VII

### FERTILITY PREFERENCES

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

#### 7.1 Desire for More Children

Table 7.1 provides information about the fertility preferences of currently married women. This table gives an idea of the total potential need for spacing as well as terminal methods. The table presents percentage distribution of women desiring additional children by the desired timing of the next child as well as the preferred sex composition of additional children, cross-classified with number of living children. For the purpose of Tables 7.1 to 7.5, the number of living children means the actual number of living children for all non-pregnant women, and number of living children plus one for currently pregnant women. These figures need to be interpreted with caution since currently pregnant women were not asked specifically whether they would like to have another child in addition to the child from current pregnancy. Overall, 45% of all the currently married women want additional child; 6% within 11 months, 29% between 12 and 23 months, 48% after 24 months, whereas 17% did not know when they would like to have another child, even though they did want an additional child. Percentage of women desiring to have another child in urban areas was much lower, being 36%. Of these, 34% wanted to have additional child within 2 years.

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

##### 7.1.1 Preferred Sex Composition of Additional Children

Overall, of all those who wanted additional children, 36% desired to have only boy(s) and another 42% wanted to have both boys(s) and girl(s). On the other hand, only 6% wanted to have only girl(s). The sex preference in favour of son(s) is quite evident. In urban areas also, there was clear sex preference for boy(s), but it is somewhat less pronounced.

**Table 7.1: Fertility preferences**

<b>Desire for children</b>	<b>Number of living children *</b>				<b>Total</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3 +</b>	
<b>Urban</b>					
<b>Desire for additional child</b>					
Within 11 months	11.6	4.1		4.8	5.2
12-23 months	50.0	16.6	25.9	25.8	28.3
24 or more months	26.8	65.2	59.7	46.1	51.2
Do not know	11.5	14.2	14.4	23.3	15.4
Total %	100.0	100.0	100.0	100.0	100.0
<b>Preferred sex of additional child</b>					
Only boy(s)	4.3	28.7	53.1	64.5	34.9
Only girl(s)	-	6.5	6.2	10.3	5.6
Both boy and girl	82.6	34.2	14.3	10.3	36.9
Either	7.7	25.7	20.2	7.1	16.6
Others	5.4	5.0	6.2	7.8	5.9
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	4659	7098	7860	28854	48501
Number wanting more children	4201	6303	3669	3438	17612
% wanting more children	90.2	88.8	46.7	11.9	36.3
<b>Rural</b>					
<b>Desire for additional child</b>					
Within 11 months	11.8	5.3	3.8	4.0	6.5
12-23 months	50.3	21.5	22.1	18.1	28.7
24 or more months	23.1	59.1	58.0	54.2	48.0
Do not know	14.8	14.1	16.1	23.6	16.9
Total %	100.0	100.0	100.0	100.0	100.0
<b>Preferred sex of additional child</b>					
Only boy(s)	4.7	36.9	49.3	61.3	36.4
Only girl(s)	.7	4.6	12.0	8.5	6.0
Both boy and girl	82.4	47.3	18.5	9.2	41.9
Either	7.1	8.3	13.1	10.7	9.6
Others	5.1	2.9	7.1	10.3	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	97197	111599	117282	415613	741691
Number wanting more children	92507	96536	74631	77463	341136
% wanting more children	95.2	86.5	63.6	18.6	46.0

<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>	
<b>Total</b>					
<b>Desire for additional child</b>					
Within 11 months	11.8	5.3	3.6	4.1	6.4
12-23 months	50.3	21.2	22.3	18.4	28.6
24 or more months	23.2	59.5	58.1	53.9	48.2
Do not know	14.6	14.1	16.0	23.6	16.8
Total %	100.0	100.0	100.0	100.0	100.0
<b>Preferred sex of additional child</b>					
Only boy(s)	4.7	36.4	49.5	61.4	36.3
Only girl(s)	.6	4.7	11.8	8.6	6.0
Both boy and girl	82.4	46.5	18.3	9.3	41.6
Either	7.2	9.3	13.4	10.5	9.9
Others	5.1	3.1	7.1	10.2	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Number of women	101856	118696	125142	444498	790191
Number wanting more children	96708	102839	78300	80901	358748
% wanting more children	94.9	86.6	62.6	18.2	45.4

\* includes current pregnancy.

### 7.1.2 Number of Additional Children Desired

Table 7.2 presents the percentage distribution of women, by number of additional children desired, cross-classified with the number of living children they already have. In all, 54.6% of women (55% in rural and 64% in urban areas) did not want to have any additional child. Further, 28% wanted one or two additional children while 13% wanted 3 or more children. The mean number of additional children desired was 0.93 (0.96 in rural and 0.59 in urban areas). Of those women, who did not have any living child, 95% wanted additional children; the average number of children desired by this group was 2.88. The mean number of additional children desired declines progressively with the number of children women already have; starting with the mean of 2.88 for women having no child, it declines to 1.07 for women having two children and 0.08 for women having 5 or more children. 34% of women who already have 3 children still want additional child/children. Family planning programme could focus on most of these women for adoption of terminal methods of family planning. In fact, even most of 63% of women who already have two children, yet desiring additional child should be motivated to adopt terminal methods.

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

Number of living children *	Number of desired children					DK	Total %	Mean	Number of women
	0	1	2	3	4+				
<b>Urban</b>									
0	9.8	7.4	42.7	24.8	9.3	6.0	100.0	2.17	4659
1	11.2	44.4	27.6	6.3	2.9	7.5	100.0	1.42	7098
2	53.3	29.2	9.2	3.3	0.9	4.2	100.0	0.64	7860
3	75.0	17.7	4.4	1.1	1.2	0.6	100.0	0.35	8109
4	88.4	6.4	2.3	-	-	2.9	100.0	0.11	7997
5+	96.2	1.9	0.6	-	-	1.3	100.0	0.03	12778
Total	63.7	16.5	10.9	4.0	1.7	3.3	100.0	0.59	48501
<b>Rural</b>									
0	4.8	2.3	22.5	38.7	23.4	8.3	100.0	2.91	97197
1	13.5	21.3	38.1	15.4	7.0	4.7	100.0	1.83	111599
2	36.4	28.8	19.4	5.6	4.2	5.5	100.0	1.10	117282
3	65.4	18.2	8.4	1.5	1.1	5.4	100.0	0.47	129864
4	81.8	9.1	4.7	0.5	1.3	2.7	100.0	0.26	116723
5+	93.3	3.7	1.4	-	0.5	1.2	100.0	0.09	163026
Total	54.6	13.5	14.3	8.6	5.3	4.3	100.0	0.96	741691
<b>Total</b>									
0	5.1	2.5	23.4	38.0	22.8	8.2	100.0	2.88	101856
1	13.4	22.7	37.5	14.8	6.8	4.9	100.0	1.81	118696
2	37.4	28.9	18.7	5.5	4.0	5.5	100.0	1.07	125142
3	66.0	18.1	8.2	1.5	1.1	5.1	100.0	0.46	137974
4	82.2	8.9	4.5	0.4	1.3	2.7	100.0	0.25	124720
5+	93.5	3.5	1.3	-	0.5	1.2	100.0	0.08	181804
Total	54.6	13.7	14.1	8.3	5.1	4.2	100.0	0.93	790191

\* includes current pregnancy.

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

Tables 7.3(a) and 7.3(b) present information on percentage of currently married women desiring to have more children, cross-classified by background characteristics like residence, education, religion and caste. Table 7.3(a) presents percentage distribution of women desiring additional children, by number of living children they already have. Of all those wanting additional children, 27% have no living children, 29% have one child, another 35% have two or three living children and only 10% have 4 or more living children. The differentials by background characteristics are quite well pronounced. For instance, percentage of women in rural areas wanting additional child, who already have 4 or more children is 10 compared to 8 in urban areas indicating preference for larger family size in rural areas compared to urban areas. Similarly, percentage of women who desire additional children but already have 4 or more children has negative correlation with educational status, implying that the desire for more children declines with the improvement in the educational status. The relationships are more clearly brought out from a review of Table 7.3(b), which shows the percentage of women desiring additional children for each of the categories/sub-categories. In general, percentage of women desiring additional child/children declines with the number of living children they

already have, cross-classified with any of the background characteristics. For instance, among the illiterate women having no children, 95% want children while among illiterate women having 3 children, only 2/5th desire to have another child and only 12% of those already having 4 or more children, desire additional child. Further, in general, the percentage of women wanting additional child declines with the improvement in the educational status, irrespective of number of living children; the relationship between number of children they already have and the educational status is quite prominent for women having 2 or more children. In general, higher percentage of Muslim women want additional child compared to Hindu women and similarly higher proportions of women belonging to Scheduled Castes or Backward Castes want additional child compared to High Caste Hindus. The son preference clearly emerges from this table; 90% of the couples who did not have any son want additional child compared to 76% of women who have no daughter; 53% of women having one son want additional child compared to 42% of women having only one daughter.

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

<b>Background Characteristics</b>	<b>Number of living children *</b>					<b>Total %</b>	<b>Total N</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4+</b>		
<b>Age</b>							
13 - 19	54.4	34.4	10.5	0.8		100.0	106306
20 - 29	16.3	29.5	29.4	16.4	8.5	100.0	206037
30 - 39	8.6	12.9	14.0	27.4	37.1	100.0	41599
40 - 49	35.7	4.8	17.7	19.3	22.4	100.0	4806
<b>Residence</b>							
Rural	23.9	35.8	20.8	11.5	8.0	100.0	17612
Urban	27.1	28.3	21.9	13.2	9.5	100.0	341136
<b>Education</b>							
Illiterate	24.6	25.6	23.6	15.4	10.8	100.0	270189
Upto class 4	27.7	18.6	31.0	9.5	13.2	100.0	9381
Primary	38.5	33.4	17.3	3.6	7.3	100.0	24688
Upto middle	34.6	40.8	14.3	6.0	4.3	100.0	29324
Upto high	23.7	47.0	17.9	7.7	3.7	100.0	13109
Above high school	40.0	46.6	7.5	6.0	-	100.0	12057
<b>Religion</b>							
Hindu	27.0	28.4	22.5	13.1	9.1	100.0	330501
Muslim	26.9	32.1	14.4	13.4	13.2	100.0	27838
<b>Caste</b>							
Scheduled caste	23.0	29.6	23.1	15.5	8.8	100.0	99110
Backward caste	27.5	24.6	22.9	14.1	11.0	100.0	166144
Higher caste Hindu	31.8	37.8	19.0	6.8	4.5	100.0	61568
Other religious groups	26.5	32.1	14.2	13.2	14.1	100.0	28247
<b>Number of living sons</b>							
None	47.3	30.8	14.1	4.9	2.9	100.0	204375
1	-	36.6	30.4	21.5	11.5	100.0	108668
2	-	-	51.6	26.1	22.2	100.0	32020
3+	-	-	-	38.3	61.7	100.0	13685
<b>Number of living daughters</b>							
None	51.6	32.0	11.7	3.1	1.6	100.0	187452
1	-	45.5	40.0	11.3	3.2	100.0	95107
2	-	-	37.7	48.4	13.9	100.0	49794
3+	-	-	-	23.2	76.8	100.0	27394
<b>Total</b>	<b>27.0</b>	<b>28.7</b>	<b>21.8</b>	<b>13.1</b>	<b>9.5</b>	<b>100.0</b>	<b>358748@</b>

\* includes current pregnancy.

@ includes women of all religions and caste categories.

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

<b>Background Characteristics</b>		<b>Number of living children *</b>					<b>Total %</b>
		<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4+</b>	
<b>Age</b>	13 - 19	96.2	93.4	86.2	69.3	26.8	93.6
	20 - 29	89.5	94.7	70.1	46.0	11.3	63.8
	30 - 39	74.6	55.3	37.6	24.1	1.0	19.5
	40 - 49	60.3	4.0	8.2	5.8	-	3.4
<b>Residence</b>	Rural	90.2	88.8	46.7	25.0	6.8	36.3
	Urban	95.2	86.5	63.6	34.6	11.4	46.0
<b>Education</b>	Illiterate	94.7	84.2	70.0	40.6	11.5	45.1
	Upto class 4	91.1	63.9	77.7	17.2	13.4	39.5
	Primary	95.3	90.6	42.9	6.7	8.0	38.1
	Upto middle	100.0	98.1	48.6	26.3	9.8	58.0
	Upto high	84.3	91.3	46.9	18.2	10.2	51.0
	Above high school	97.8	95.9	13.1	15.7	-	45.6
<b>Religion</b>	Hindu	94.8	86.2	62.2	33.3	10.6	45.0
	Muslim	96.3	91.9	71.8	45.0	15.9	51.0
<b>Caste</b>	Scheduled caste	90.9	85.4	71.5	48.6	13.3	52.6
	Backward caste	97.4	86.9	70.6	38.0	12.5	46.8
	Higher caste Hindu	93.5	86.6	36.9	11.9	4.0	33.3
	Other religious groups	96.3	92.0	71.3	44.8	16.8	51.2
<b>Number of living sons</b>							
	None	94.9	90.9	85.7	74.0	66.5	90.0
	1	-	80.6	56.2	45.6	26.8	52.8
	2	-	-	50.3	15.1	7.0	16.8
	3+	-	-	-	29.3	5.7	8.2
<b>Number of living daughters</b>							
	None	94.9	85.2	51.5	28.4	24.3	75.7
	1	-	88.7	62.0	17.5	5.3	41.6
	2	-	-	85.3	50.7	7.1	29.9
	3+	-	-	-	70.2	15.0	18.3
<b>Total</b>		94.9	86.6	62.6	34.0	11.1	45.4

\* includes current pregnancy.

## **7.2 Ideal Number of Children**

Table 7.4 presents percentage distribution of ever married women by ideal number of children according to the number of living children they already have. The ideal number of children for all ever married women works out to 3.2; it rises progressively from 3.1 for women having no living children to 3.2 for women having 2 children, and to about 3.5 for women having 4 or more children. The ideal numbers of children desired by currently married women, which are also shown in this table do not differ much from the mean ideal numbers for ever married women. As expected, the mean number of ideal children is higher in rural areas compared to urban areas for women having any specified number of children. The most preferred figure (the ideal number of children) is 3, which is the ideal number according to 41% of the women. Only 16% of the women mentioned the ideal number of children as 2 (28% in urban areas and 15% in the rural areas). However, the ideal number of children was 4 or more in case of 30.4% of the women, which is a very high proportion indicating that much too high demand for children still persists inspite of the Government's declared Policy of a two child family norm.

### **7.2.1 Matching between Number of Living Children and Ideal Number of Children**

Overall, the ideal number of children was found to be equal to living number of children in case of a little less than 1/4th of women (Table 7.5). In case of 45% of women, the ideal number of children was higher than the number of living children they already have and in case of 33% of women, the number of living children exceeded the ideal number of children. The latter percentage, being quite substantial offers hope that with the passage of time, the ideal number of children or the desired number of children would decline which in turn will inhibit the actual fertility achieved.

**Table 7.4: Ideal and actual number of children**

Ideal number of children	Number of living children *							Total
	0	1	2	3	4	5	6+	
<b>Urban</b>								
None	-	-	-	-	-	-	2.3	0.4
1	1.6	4.8	0.9	0.3	1.5	2.1	-	1.5
2	44.4	43.9	43.0	22.1	25.4	10.0	12.8	28.2
3	40.0	30.6	38.6	49.4	38.9	52.7	34.1	40.3
4	4.0	7.2	9.7	22.0	18.8	21.2	28.6	16.7
5	-	4.5	3.1	3.1	6.6	4.0	9.8	4.8
6+	-	1.4	-	1.2	4.7	-	1.0	1.3
Non-numeric responses	10.0	7.6	4.6	1.9	4.1	10.1	11.5	6.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	4659	7597	8239	8531	8366	6014	8469	51874
Mean ideal number **								
Ever-married women	2.5	2.7	2.7	3.1	3.2	3.2	3.4	3.0
Currently married women	2.5	2.7	2.7	3.1	3.2	3.2	3.4	3.0
<b>Rural</b>								
None	0.2	1.0	0.8	0.7	0.2	0.6	1.2	0.7
1	2.1	2.1	1.7	1.9	1.4	1.2	4.2	2.0
2	21.2	24.8	25.9	11.8	6.8	6.8	5.1	15.0
3	39.6	41.5	36.9	50.6	39.9	38.3	40.2	41.4
4	15.0	15.3	20.9	20.9	34.1	27.1	23.4	22.4
5	7.6	4.5	5.3	5.9	4.6	11.2	8.4	6.5
6+	1.7	1.2	1.6	0.9	2.5	3.7	3.7	2.1
Non-numeric responses	12.4	9.6	7.0	7.4	10.5	11.2	13.9	10.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	97197	118809	121111	135814	121517	87955	92530	775332
Mean ideal number **								
Ever-married women	3.1	3.0	3.1	3.2	3.5	3.6	3.4	3.2
Currently married women	3.1	3.0	3.1	3.2	3.5	3.6	3.4	3.3
<b>Total</b>								
None	0.2	0.9	0.7	0.6	0.2	0.6	1.3	0.6
1	2.1	2.2	1.7	1.8	1.4	1.3	3.8	2.0
2	22.3	25.9	26.9	12.4	8.0	7.0	5.7	15.8
3	39.6	40.9	37.0	50.5	39.8	39.2	39.7	41.3
4	14.5	14.8	20.2	21.0	33.1	26.7	23.9	22.0
5	7.3	4.5	5.1	5.7	4.8	10.7	8.5	6.4
6+	1.7	1.2	1.5	0.9	2.7	3.4	3.4	2.0
Non-numeric responses	12.3	9.5	6.8	7.1	10.1	11.1	13.7	9.8
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	101856	126406	129350	144345	129883	93969	101398	827206
Mean ideal number **								
Ever-married women	3.1	3.0	3.0	3.2	3.5	3.5	3.4	3.2
Currently married women	3.1	3.0	3.1	3.2	3.5	3.6	3.4	3.2

\* Includes current pregnancy

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

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

<i>Number of ideal children</i>	<i>Number of living children *</i>					<i>Total</i>
	<i>0-1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5+</i>	
<b>Urban</b>						
Less than ideal	96.7	54.0	26.8	11.8		37.8
Equal to ideal	3.3	45.0	50.4	19.6	2.5	20.7
More than ideal		1.0	22.8	68.6	97.5	41.5
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	11213	7856	8372	8023	12902	48367
<b>Rural</b>						
Less than ideal	98.0	69.5	29.9	8.0	2.6	45.5
Equal to ideal	1.4	27.8	54.6	38.1	7.8	22.4
More than ideal	.6	2.7	15.5	53.9	89.6	32.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	192500	12673	125772	108795	158170	697910
<b>Total</b>						
Less than ideal	97.9	68.5	29.7	8.3	2.4	45.0
Equal to ideal	1.5	28.9	54.3	36.9	7.4	22.3
More than ideal	.6	2.6	16.0	54.9	90.2	32.7
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	203713	120530	134144	116819	171072	746277

\* Includes current pregnancy. Note = N excluded women who gave non-numerical responses to question on ideal number of children.

### 7.3 Husband-wife Communication on Number of Children

Table 7.6 presents the stage at which the husband wife communicated on the number of children they should have. 8% of women discussed with their husband for the first time immediately after marriage, while 11-12% each had first discussion after first child, or second child, whereas 53% of them never had any such discussion. The percentage of women who have had communication with their husbands has curvilinear relationship with their ages implying higher extent of communication among women either too young (less than 20) or too old (above 30). The percentage of women having such communication immediately after marriage is much higher among the younger women than the older women, aged 30 years or above. Similarly, the percentage of women having communication after first child is much higher among the younger women (less than 30 years) compared to older women (aged 30 years or more). The percentage of women who never had any such communication was much larger in rural areas compared to urban areas. The extent of husband-wife communication improved with the educational status, as expected. For instance, only 42% of the illiterate had communication with their husbands while as high as 79% of women with "above high school" qualification had such communication. Husband-wife communication plays a catalytic role in adoption of family planning. This is evident from the findings that only 42% of the women who never used family planning methods had communication with their husbands in regard to number of children whereas 56% of the women who had used one or the other method of family planning had communication with their husbands.

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

<b>Background Characteristics</b>	<b>Stage at which discussion took place</b>						<b>Total %</b>	<b>Number *</b>
	<b>Immediately after marriage</b>	<b>After 1st child</b>	<b>After 2nd child</b>	<b>After 3rd child</b>	<b>Never</b>	<b>Don't know</b>		
<b>Age</b>								
13-19	21.4	12.2	3.8	0.7	61.7	0.2	100.0	113581
20-29	12.3	22.6	14.1	3.8	46.4	0.9	100.0	180833
30-39	5.8	13.1	16.8	21.5	42.0	0.8	100.0	142181
40-49	3.3	6.4	9.4	21.2	57.3	2.5	100.0	353597
<b>Residence</b>								
Rural	13.2	14.7	13.0	13.6	43.3	2.1	100.0	48501
Urban	8.1	12.0	10.9	14.4	53.3	1.5	100.0	741691
<b>Education</b>								
Illiterate	6.0	10.6	8.8	14.8	58.1	1.7	100.0	598884
Upto class 4	10.5	13.8	17.9	17.2	40.6	-	100.0	23773
Primary	7.3	14.5	20.4	16.4	39.6	1.8	100.0	64819
Upto middle	20.4	15.5	11.0	12.8	39.9	0.5	100.0	50562
Upto high	18.6	23.7	21.5	8.3	27.8	-	100.0	25705
Above high school	30.5	22.6	21.9	3.8	21.3	-	100.0	26449
<b>Use of contraception</b>								
Ever use	6.2	11.6	14.2	21.7	44.3	2.0	100.0	314867
Never use	9.9	12.5	8.8	9.4	58.2	1.1	100.0	475324
<b>Total</b>	<b>8.4</b>	<b>12.1</b>	<b>11.0</b>	<b>14.3</b>	<b>52.7</b>	<b>1.5</b>	<b>100.0</b>	<b>790191</b>

#### **7.4 Unwanted Pregnancies**

Women were asked a number of questions on their experience in regard to unwanted/unplanned pregnancies. These questions are important in determining the extent to which the couples successfully control child bearing. However, the responses of the women can be affected by the danger of rationalisation and/or inaccurate recall of their wishes and to report them honestly. Post-factum rationalisation may often occur and this may result in unwanted fertility. Table 7.7 presents percentage distribution of currently married women by number of unwanted pregnancies they have experienced, cross-classified by selected background characteristics. Only 13% of the women reported unwanted pregnancies; 8% only 1 pregnancy, 3.6% only 2 pregnancies and less than 2% reporting 3 or more pregnancies. The mean number of unwanted pregnancies per woman was only 0.23, which is rather low. However, the percentage of women who had the experience of unwanted pregnancies (or the mean number of pregnancies) was higher among:-

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

**Table 7.7: Unwanted pregnancy**

<b>Background Characteristics</b>	<b>Number of unwanted pregnancies</b>				<b>Total Mean %</b>
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3+</b>	
<b>Age</b>	13 - 19	97.1	2.9		100.0 0.03
	20 - 29	89.2	7.6	2.7	.5 100.0 0.15
	30 - 39	79.8	11.6	5.1	3.5 100.0 0.35
	40 - 49	82.6	6.7	6.5	4.2 100.0 0.36
<b>Residence</b>	Rural	81.7	9.7	6.1	2.5 100.0 0.32
	Urban	86.9	7.7	3.5	1.9 100.0 0.22
<b>Education</b>					
	Illiterate	88.8	6.4	4.1	.8 100.0 0.18
	Upto class 4	80.1	6.2	9.3	4.4 100.0 0.42
	Primary	83.5	11.5	3.3	1.7 100.0 0.25
	Upto middle	81.8	14.0	3.0	1.2 100.0 0.25
	Upto high	76.1	18.0	4.0	2.0 100.0 0.34
	Above high school	86.9	11.5	1.1	.5 100.0 0.16
<b>Religion</b>	Hindu	86.6	7.9	3.6	1.9 100.0 0.23
	Muslim	86.5	6.8	4.7	2.0 100.0 0.24
<b>Caste</b>					
	Scheduled caste	90.2	5.2	3.0	1.6 100.0 0.18
	Backward caste	86.7	7.3	4.2	1.9 100.0 0.23
	Higher caste Hindu	82.6	12.1	3.1	2.2 100.0 0.27
	Other religious groups	86.4	6.8	4.7	2.1 100.0 0.25
<b>Total</b>		86.6	7.9	3.6	1.9 100.0 0.23

#### 7.4.1 Outcome of Unwanted Pregnancy

Information on the outcome of the unwanted pregnancy was also elicited in the interviews. Though the extent of unwanted pregnancies is almost negligible, yet it is of interest to observe that 83% of such pregnancies terminated in live births, whereas 17% of such pregnancies terminated in spontaneous abortion (6.2%), still births (3%) or in induced abortions (5.1%).

**Table 7.8: Outcome of unwanted pregnancies \***

<b>Outcome of unwanted pregnancies</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Live birth	88.0	82.9	83.3
Still birth	2.6	3.1	3.0
Spontaneous abortion	1.8	6.7	6.2
Induced abortion/MTP	7.1	4.9	5.1
Attempted to abort but failed	-	0.3	0.3
Others	0.6	2.2	2.1
<b>Total %</b>	100.0	100.0	100.0

## 7.4.2 Fertility Planning

Currently pregnant women were asked if they had desired the pregnancy to occur at the time it did or they wanted to delay it or they had never wanted the current pregnancy. In 9% of the cases, the current pregnancy was unwanted and in another 10% of the cases, women would have liked to delay the timing of the pregnancy (Table 7.9).

*Table 7.9: Fertility planning*

<i>Pregnancy intention</i>	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Wanted then	84.2	80.6	80.8
Wanted later	10.2	9.8	9.9
Wanted no more	5.5	9.5	9.3
Total %	100.0	100.0	100.0
Number of pregnancies	4332	79803	84135

## 7.4.3 Intention regarding Future Unwanted Pregnancy

Women were asked what they would do if they had unwanted pregnancy. 1/3rd stated next pregnancy was not possible because they were sterilised or because of other reasons; 31% stated they would accept the pregnancy. 1/8th of the women stated that they did not know what to do with the unwanted pregnancy. However, only 11% stated they would resort to induced abortion in the event of unwanted pregnancy (Table 7.10).

*Table 7.10: What the woman would do if gets unwanted pregnancy*

<i>Intention</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Will accept the pregnancy	25.8	31.9	31.4
Will get it aborted	13.3	11.0	11.1
Others	10.4	11.5	11.4
Not sure/do not know	15.0	11.8	12.0
Not possible/sterilized	35.6	33.9	34.0
Total %	100.0	100.0	100.0

## CHAPTER VIII

### MATERNAL AND CHILD HEALTH AND UTILIZATION OF SERVICES

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

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

#### 8.1 Ante Natal Care (ANC)

Table 8.1 provides information on percentage of women getting ANC. In all, 39% of the women received antenatal check-up during their last pregnancy in preceding two years. Only 32 percentage of women received IFA tablets, while 59% of women received tetanus toxoid injection (TT). The review of figures in this table indicates that percentage of women who had ANC check up:

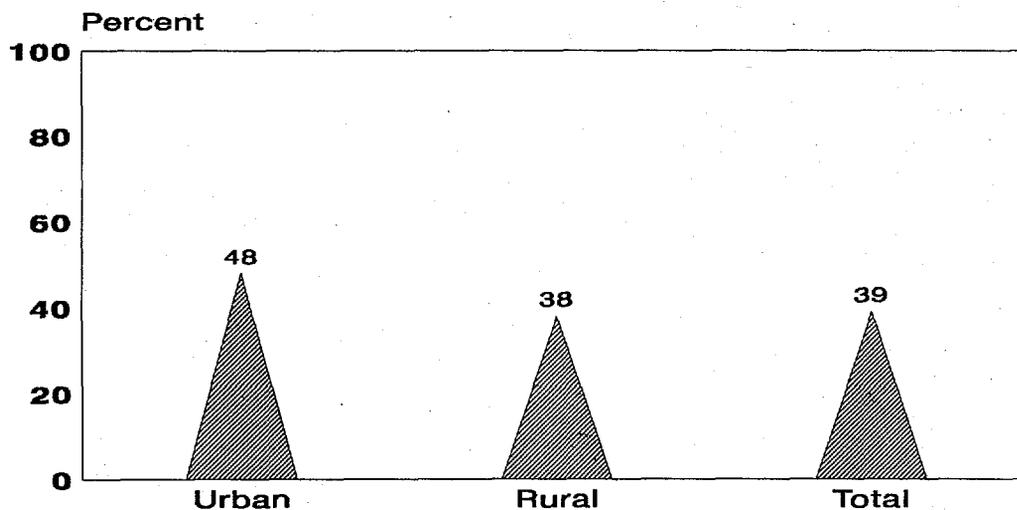
1. was highest among women of younger ages (also see Appendix Table A2);
2. was much higher in urban areas (48%) compared to rural areas (38%);
3. increased with the improvement in the educational status, being only 32 among illiterate women compared to 79% among women with "above high school" qualifications (also see Appendix Table A1);
4. was higher among Hindu women compared to Muslim women;
5. was highest among high caste Hindus followed by Backward Castes or Scheduled Castes.

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

### 8.1.1 Source of ANC Treatment

About 37% of women had the ANC check-up by private doctors. However, a little less than half of the women utilised Government Hospitals or Primary Health Centres or Sub-Centres for check up (Table 8.1, Figure 8.1).

**Figure 8.1: Percent Underwent ANC Check-up**



Jaunpur, UP, 1993-94

**Table 8.1: Antenatal care**

<b>Background characteristics</b>	<b>% underwent</b>	<b>Source of ANC treatment</b>					<b>% received</b>		<b>Number of women pregnant in last two years</b>
		<b>ANC check-up</b>	<b>District hosp/PHC</b>	<b>Sub-centre</b>	<b>Private doctor</b>	<b>At home</b>	<b>Others</b>	<b>IFA tab</b>	
<b>Age</b>									
< 20	43.0	34.9	14.0	35.0	13.8	2.3	33.5	64.9	53980
20 - 34	38.5	37.5	10.2	39.1	10.5	2.8	33.3	59.2	288853
35 +	32.8	33.7	17.6	25.6	21.6	1.5	23.1	47.9	34540
<b>Residence</b>									
Urban	47.6	37.0	1.1	58.4	3.5	-	33.6	67.5	21329
Rural	38.1	36.8	12.1	35.8	12.5	2.8	32.3	58.4	356044
<b>Education</b>									
Illiterate	32.2	35.1	13.9	33.4	14.0	3.6	27.2	53.7	283456
Upto class 4	49.2	45.1	1.9	42.0	5.7	5.2	43.6	62.0	11328
Primary	46.3	42.4	14.1	39.5	2.4	1.6	38.6	69.5	29163
Upto middle	57.9	39.2	8.1	37.4	15.2	-	40.3	75.8	26333
Upto high	69.8	39.6	-	48.6	11.8	-	56.8	83.7	13807
Above high school	78.5	33.3	6.2	56.6	3.9	-	78.0	85.5	13285
<b>Religion</b>									
Hindu	39.2	37.4	11.6	36.3	12.2	2.6	33.0	59.5	350132
Muslim	30.7	27.5	8.0	54.2	6.7	3.6	23.7	52.5	26754
<b>Caste</b>									
Scheduled caste	33.6	43.3	12.5	27.2	14.6	2.4	28.0	51.9	96225
Backward caste	36.2	35.4	13.9	35.4	11.4	3.9	29.4	58.1	174435
Higher caste Hindu	54.6	36.2	7.4	44.8	11.0	0.7	48.8	73.8	75624
Other reli. groups	30.6	27.1	7.9	54.8	6.6	3.5	24.8	52.0	27241
<b>Total</b>	<b>38.6</b>	<b>36.8</b>	<b>11.4</b>	<b>37.4</b>	<b>11.9</b>	<b>2.6</b>	<b>32.4</b>	<b>58.9</b>	<b>377373 *</b>

\* includes women of all religions and caste categories.

### 8.1.2 Stage of Pregnancy at the Time of Check-up

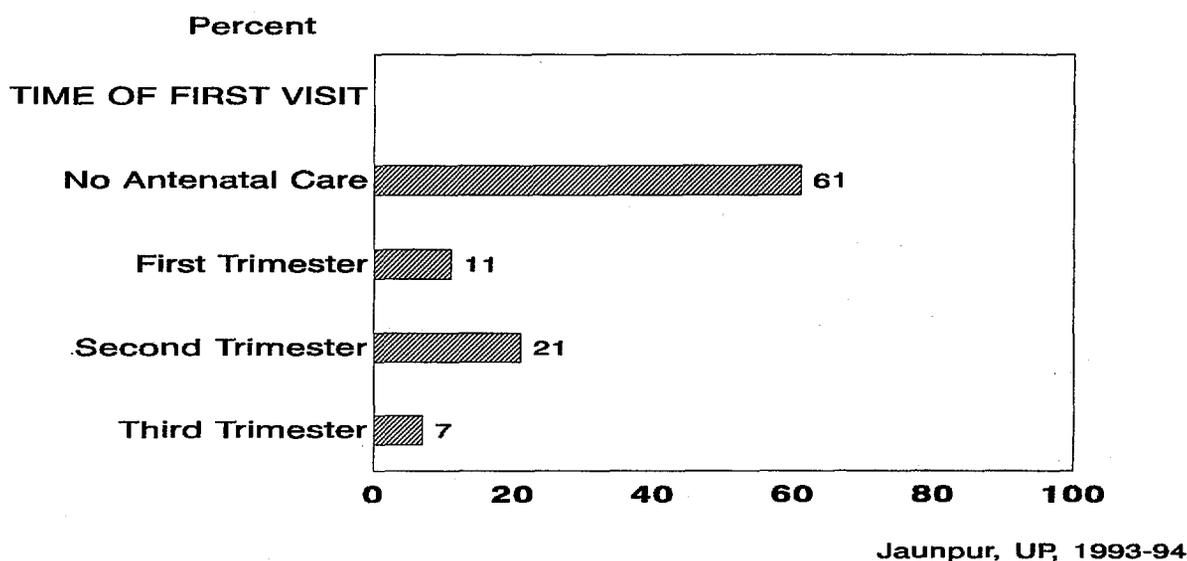
Table 8.2 presents information on the stage of pregnancy when women received medical check-up in regard to last pregnancy preceding the survey. While 61% did not get any ANC, 11% got during first trimester, 21% during second trimester, and only 6% during the 3rd trimester. The median number of months at the time of first check-up was 5.

**Table 8.2: Stage of pregnancy**

<b>ANC visits</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
<b>Stage of pregnancy at the time of the first ANC visit</b>			
No antenatal care	52.4	61.9	61.4
First trimester	18.1	10.8	11.2
Second trimester	21.2	20.9	20.9
Third trimester	8.3	6.4	6.5
Total %	100.0	100.0	100.0
<b>Median months pregnant at first visit (for those with ANC)</b>	4.0	5.0	5.0
<b>Number of pregnancies in last two years</b>	21329	356044	377373

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

**Figure 8.2: Timing of First ANC Visit**

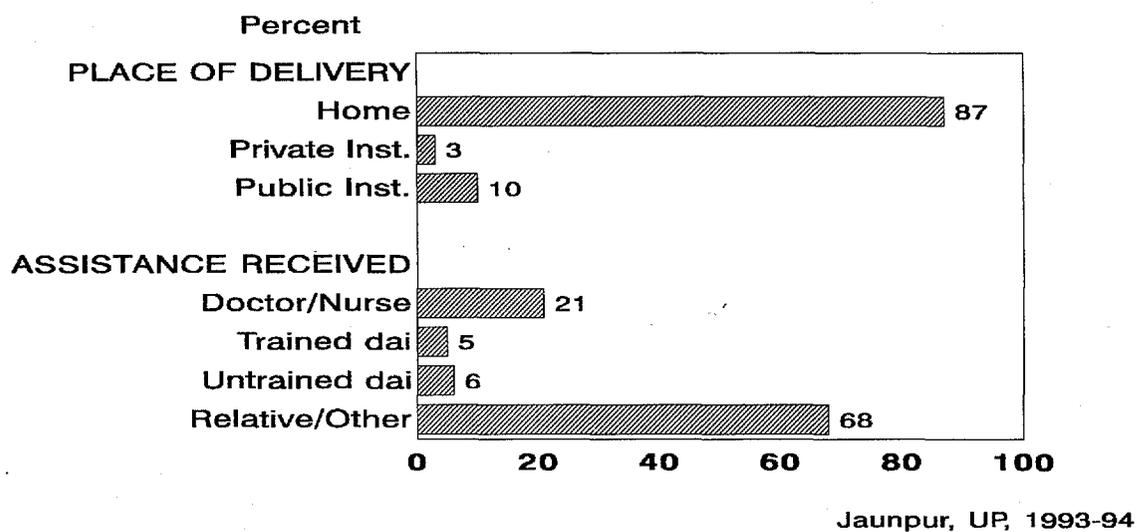


## 8.2 Place of Delivery

Majority of the deliveries take place in the country or in the state of U.P. in homes. In the district of Jaunpur, 87% of the deliveries (in little over two years preceding the date of survey), took place in homes. Only 1 out of 10 deliveries took place in the public sector hospitals/centres, whereas only 3% of the deliveries took place in the private hospitals/clinics (Figure 8.3). The extent of institutional deliveries is important both for mother's and child's health. The extent of institutional deliveries needs to be raised and that of domiciliary deliveries reduced, so as to improve the health of mothers and their children. The percentage of institutional deliveries is only 13 (29% in urban areas and 12% in rural areas). It is further noted that:-

- a. Percentage of institutional deliveries is higher among younger women compared to older women (also see Appendix Table A2);
- b. The percentage of institutional deliveries increases progressively with the improvement in educational status (also see Appendix Table A1);
- c. It is somewhat higher among Hindu women than among Muslim women;
- d. The percentage of institutional deliveries is highest among women belonging to high caste Hindus (27%) compared to Backward Castes (9%) and Scheduled Castes (8%).

**Figure 8.3: Place of Delivery and Assistance During Delivery**



**Table 8.3: Place of delivery**

<b>Background Characteristics</b>	<b>Place of delivery</b>				<b>Home</b>	<b>Total %</b>	<b>Number of women pregnant in last two years</b>
	<b>Health facility</b>						
	<b>PHC/Dist hospital</b>	<b>Sub-centre</b>	<b>Public</b>	<b>Private</b>			
<b>Mother's age at birth</b>							
< 20	8.2	0.6	8.8	1.8	89.4	100.0	62959
20 - 34	11.1	-	11.1	3.2	85.7	100.0	263145
35 +	1.8	-	1.8	2.1	96.2	100.0	28011
<b>Residence</b>							
Urban	17.9	-	17.9	11.5	70.6	100.0	20010
Rural	9.3	0.1	9.5	2.4	88.2	100.0	334105
<b>Education</b>							
Illiterate	6.9	0.1	7.0	1.0	91.9	100.0	265249
Upto class 4	16.9	-	16.9	6.8	76.3	100.0	11269
Primary	14.7	-	14.7	2.1	83.1	100.0	27906
Upto middle	15.4	-	15.4	7.6	77.0	100.0	24984
Upto high	22.4	-	22.4	14.8	62.8	100.0	11709
Above high school	31.5	-	31.5	18.3	50.3	100.0	12998
<b>Religion</b>							
Hindu	9.9	0.1	10.0	2.9	87.1	100.0	329167
Muslim	7.9	-	7.9	2.9	89.3	100.0	24462
<b>Caste</b>							
Scheduled caste	6.1	0.4	6.5	1.6	91.9	100.0	88614
Backward caste	6.9	-	6.9	2.4	90.7	100.0	162446
Higher caste Hindu	21.2	-	21.2	5.6	73.2	100.0	73967
Other religious groups	8.9	-	8.9	3.0	88.2	100.0	24948
<b>Total</b>	<b>9.8</b>	<b>0.1</b>	<b>9.9</b>	<b>2.9</b>	<b>87.2</b>	<b>100.0</b>	<b>354116*</b>

\* includes births to women of all religions and caste categories.

### 8.2.1 Assistance During Delivery

Table 8.4 presents percentage distribution of live births in the last 2 years by personnel, who attended or assisted the delivery. Government doctor/trained nurse attended 15% of the deliveries (15% in rural and 24% in urban areas), whereas Trained Birth Attendants (trained dais) attended only 5% of the deliveries. Private doctors/nurses provided assistance in 6% of the deliveries, while untrained dais/family members assisted in the rest of the deliveries (74%) (Figure 8.3).

**Table 8.4: Assistance during delivery**

<b>Background characteristics</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Govt. Doctor or trained nurse	24.0	14.5	15.1
Trained dai	12.7	4.0	4.5
Untrained dai	17.6	5.7	6.3
Family member	30.3	69.1	66.9
Private doctor/nurse	14.2	5.8	6.2
Others/self	1.2	0.9	0.9
Total	100.0	100.0	100.0

### **8.3 Death Rate and Infant Mortality Rate**

On the basis of survey results, the estimate of annualised death rate, for the period from October 1991 to September 1993, was 11.1 per 1000 population (9.3 in urban and 11.3 in rural areas) [Table 8.5(1)]. Death rate was computed on the basis of number of deaths among the usual residents, irrespective of the place of occurrence and the estimated population on the mid point of the period i.e. on 1st October 1992, which was calculated by projecting the survey population backwards by 1.25 years, employing exponential growth rate of population of the decade 1981-91.

The estimate of IMR is 88, which was based on live births and infant deaths occurring to usual residents, just as in case of deaths during the two year period (October 1991 to September 1993). IMR of 88 when compared with the 1981 census estimate (based on Brass Technique) of 118 shows a decline of 25% (RGI, 1987). Due to small numbers, no estimates of IMR for urban and rural areas are presented.

**Table 8.5(1): Crude death rate and infant mortality rate, 1991-1993**

<b>Background characteristics</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
Crude Death Rate	9.3	11.3	11.1
Infant Mortality Rate	-	-	88

#### **8.3.1 Source of Treatment Before Death**

Information on the type of treatment provided to the person before death is presented in Table 8.5(2). In 28% of the cases, treatment was obtained from district hospital, PHC or sub-centre, whereas in over 2/5th of the cases the treatment was obtained from private doctors or local vaidyas, while in 15% of the cases, only home treatment was given.

In great majority of the cases, the system of medicine followed was allopathic (69%), while Homoeopathic or Ayurvedic systems of medicines were availed of only in 3.2% of the cases. In 12% of the cases, only home remedies were resorted to.

**Table 8.5(2): Distribution of respondents by the source of treatment and system of medicine followed for those who died in the household since Dussehra 1991 to date of survey**

<b>Background characteristics</b>	<b>Urban</b>	<b>Rural</b>	<b>Total</b>
<b>Source of main treatment</b>			
District Hospital	40.4	17.6	19.0
PHC	4.9	7.7	7.6
Sub-centre	-	1.7	1.6
Private Doctor	36.9	44.3	43.8
Local Vaidya	-	2.4	2.3
Home treatment	6.3	15.2	14.7
Others	11.4	11.1	11.1
<b>System of medicine followed</b>			
No treatment	11.4	10.3	10.4
Home remedies	5.7	12.5	12.1
Magic/Exorcism	-	1.1	1.0
Ayurvedic	1.4	2.4	2.4
Allopathy	80.0	68.5	69.2
Homeopathic	-	0.9	0.8
Others	-	0.3	0.3
Do not know	1.4	3.9	3.7
Total %	100.0	100.0	100.0
Total N	5666	88574	94240

#### **8.4 Immunisation of Children**

Universal immunisation programme launched in most states from 1985 onwards aims at immunization of 100% of the children with vaccines like BCG, DPT, polio and measles, before the child attains the age of 12 months. One dose each of BCG vaccine for tuberculosis and measles vaccine and three dose each of oral polio drops and DPT (which provides immunity against diphtheria, pertussis and tetanus) are required to be given by the time a child is 12 months of age. Tables 8.5(a) and 8.5(b) present immunization coverage of children aged 6-23 months by selected background characteristics. The highest proportion of children is immunised with BCG vaccine (52%), followed by DPT or polio (47%) and measles (34%) in urban areas. The drop out rate, computed from percentages of children covered under first and third doses of DPT or Polio vaccine works out to 13%. Percentage of children immunised with all the 4 vaccines is 30% and percentage of children who did not receive any vaccine was as high as 42.

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

Background Characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measle <sup>s</sup>	All	None	
		1	2	3+	1	2	3+				
<b>Urban</b>											
<b>Sex</b>											
Male	58.3	60.3	56.6	53.4	58.3	56.6	53.4	37.5	33.7	36.0	4915
Female	46.5	48.0	43.3	41.6	46.4	45.1	41.6	30.6	27.6	46.8	6135
<b>Mother's education</b>											
Illiterate	45.1	42.4	37.7	34.6	40.5	39.8	34.6	24.7	22.8	49.6	5163
Upto class 4	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	25.5	74.5	894
Primary	51.3	57.8	55.2	55.2	57.8	55.2	55.2	41.2	41.2	42.2	1612
Upto middle	46.6	54.8	42.4	35.3	54.8	42.4	35.3	37.9	19.9	39.7	1504
Upto high	87.3	100.0	100.0	100.0	87.3	100.0	100.0	57.8	57.8		801
Above high school	87.2	87.2	87.2	87.2	87.2	87.2	87.2	48.3	48.3	12.8	1075
<b>Religion</b>											
Hindu	60.9	63.4	57.8	56.3	60.5	59.3	56.3	37.4	34.5	32.3	7051
Muslim	35.6	36.1	34.1	30.1	36.1	34.1	30.1	27.0	23.0	59.2	3998
<b>Caste</b>											
Scheduled caste	76.6	76.6	53.3	53.3	76.6	53.3	53.3	15.4	15.4	23.4	456
Backward caste	54.6	60.4	54.3	54.3	56.1	56.6	54.3	32.1	29.9	35.1	4630
Higher caste Hindu	72.2	67.2	67.2	61.8	67.2	67.2	61.8	55.2	49.8	27.8	1965
Other religious group	35.6	36.1	34.1	30.1	36.1	34.1	30.1	27.0	23.0	59.2	3998
<b>Total</b>	<b>51.8</b>	<b>53.5</b>	<b>49.2</b>	<b>46.8</b>	<b>51.7</b>	<b>50.2</b>	<b>46.8</b>	<b>33.7</b>	<b>30.3</b>	<b>42.0</b>	<b>11050*</b>
<b>Rural</b>											
<b>Sex</b>											
Male	68.5	72.0	64.8	57.8	73.8	65.7	58.7	37.8	32.1	22.4	95187
Female	55.6	60.2	52.7	45.1	59.5	53.9	45.9	28.4	26.0	36.5	83839
<b>Mother's education</b>											
Illiterate	57.0	62.0	53.9	45.5	62.5	54.8	46.5	28.6	24.1	33.0	135508
Upto class 4	52.3	52.3	38.1	38.1	52.3	38.1	38.1	27.9	22.8	42.7	5766
Primary	80.2	84.7	81.5	77.1	86.6	83.5	77.1	50.2	46.4	13.4	13239
Upto middle	80.7	76.9	76.9	70.4	79.1	79.1	72.5	55.3	50.6	16.8	11361
Upto high	87.6	92.1	82.5	79.7	92.1	82.5	79.7	51.0	51.0	7.9	6699
Above high school	91.3	91.3	87.0	83.0	91.3	87.0	83.0	47.9	47.9	8.7	6453
<b>Religion</b>											
Hindu	63.5	67.3	60.0	52.6	68.0	60.9	53.6	34.3	30.1	28.1	169238
Muslim	45.3	53.7	45.2	39.2	53.7	48.2	39.2	19.1	15.4	43.3	9500
<b>Caste</b>											
Scheduled caste	55.1	60.0	50.0	40.9	61.8	52.0	42.3	27.1	22.4	34.5	47241
Backward caste	62.6	64.5	57.5	50.6	64.8	57.9	51.3	32.4	28.6	29.5	84798
Higher caste Hindu	78.2	84.8	79.8	73.9	84.8	80.7	74.8	48.2	43.6	15.2	35544
Other religious group	43.9	52.1	43.9	38.1	52.1	46.8	38.1	18.5	15.0	44.9	9788
<b>Total</b>	<b>62.4</b>	<b>66.5</b>	<b>59.1</b>	<b>51.8</b>	<b>67.1</b>	<b>60.2</b>	<b>52.7</b>	<b>33.4</b>	<b>29.3</b>	<b>29.0</b>	<b>179026*</b>

\* includes children of women of all religions and caste categories.

It is further noted that in urban areas, the percentage of children immunised with each vaccine is higher among male children than female children; for each vaccine, the percentage of children immunised increases progressively with the improvement in the educational status of mothers (with minor deviations chiefly attributable to small samples in some categories). Further, percentage of children immunised with any vaccine or all vaccines was higher among Hindus compared to Muslims and was highest for high caste Hindus than for Backward Castes or Scheduled Castes. Almost, the same pattern of relationship emerges from Table 8.5(a) with reference to rural areas. Table 8.5(b) presents immunisation coverage of children aged 12-23 months. Children are supposed to receive all the vaccines by the time they attain the age of 12 months. Therefore, the survey of children in the age group 12-23 months is more meaningful since it avoids the problems arising out of censoring or truncation faced in case of children aged 6-23 months. Table 8.5(b) and Figure 8.4 presents data for rural and urban areas combined. Table 8.5(b) shows that percent of children immunised:

1. was highest for BCG (65%) followed by polio (56%), DPT(56%) and measles(42%).
2. with all the 4 vaccines was 39%, and
3. with none of the vaccines was 30%.

Further interesting features emerging from this table are:-

1. Gender differentials were in favour of male child for each vaccine;
2. Percentage of children immunised improves for each vaccine, with the increase in the educational status of mothers (also see Appendix Table A1);
3. Immunisation coverage for each of the vaccine was higher among Hindus than Muslims;
4. Immunisation coverage was highest among high caste Hindus followed by Backward Castes and Scheduled Castes.

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

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

Background Characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measle <sup>s</sup>	All	None	
		1	2	3+	1	2	3+				
<b>Urban</b>											
<b>Sex</b>											
Male	64.2	67.0	61.8	61.8	64.2	61.8	61.8	44.7	42.4	27.9	3523
Female	50.8	55.0	50.3	48.1	52.9	52.5	48.1	35.1	33.5	42.9	4887
<b>Mother's education</b>											
Illiterate	51.0	50.2	45.2	42.3	47.5	48.1	42.3	30.2	30.2	44.3	3698
Upto class 4	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	29.0	71.0	787
Primary	54.7	62.7	59.5	59.5	62.7	59.5	59.5	42.5	42.5	37.3	1327
Upto middle	52.6	63.9	46.7	46.7	63.9	46.7	46.7	42.7	27.6	28.4	1084
Upto high	85.9	100.0	100.0	100.0	85.9	100.0	100.0	64.4	64.4		719
Above high school	90.3	90.3	90.3	90.3	90.3	90.3	90.3	57.7	57.7	9.7	795
<b>Religion</b>											
Hindu	64.8	67.9	61.9	61.9	64.3	63.8	61.9	40.3	40.3	28.3	5490
Muslim	40.7	45.1	42.3	38.6	45.1	42.3	38.6	37.0	31.4	52.1	2921
<b>Caste</b>											
Scheduled caste	76.6	76.6	53.3	53.3	76.6	53.3	53.3	15.4	15.4	23.4	456
Backward caste	57.6	64.8	58.8	58.8	59.5	61.7	58.8	35.0	35.0	32.4	3780
Higher caste Hindu	82.0	74.2	74.2	74.2	74.2	74.2	74.2	65.2	65.2	18.0	1254
Other religious groups	40.7	45.1	42.3	38.6	45.1	42.3	38.6	37.0	31.4	52.1	2921
<b>Total</b>	<b>56.4</b>	<b>60.0</b>	<b>55.1</b>	<b>53.8</b>	<b>57.6</b>	<b>56.4</b>	<b>53.8</b>	<b>39.2</b>	<b>37.2</b>	<b>36.6</b>	<b>8411*</b>
<b>Rural</b>											
<b>Sex</b>											
Male	69.5	70.3	65.6	60.0	72.6	66.2	61.0	47.1	41.5	23.1	64436
Female	59.9	62.1	56.8	51.0	61.5	57.8	51.0	37.0	35.3	35.7	55936
<b>Mother's education</b>											
Illiterate	59.6	60.6	55.0	48.7	61.6	55.8	49.4	36.8	33.0	33.8	88771
Upto class 4	53.1	61.2	53.2	53.2	61.2	53.2	53.2	44.4	36.4	38.8	3621
Primary	80.7	82.6	78.5	75.6	85.2	81.1	75.6	59.9	55.0	14.8	10033
Upto middle	84.1	84.1	84.1	75.6	84.1	84.1	75.6	59.4	56.1	12.7	8840
Upto high	87.9	94.2	87.9	83.9	94.2	87.9	83.9	60.1	60.1	5.8	4771
Above high school	87.0	87.0	87.0	87.0	87.0	87.0	87.0	59.7	59.7	13.0	4337
<b>Religion</b>											
Hindu	65.7	66.9	61.9	56.4	67.9	62.5	57.0	43.2	39.3	28.4	114759
Muslim	55.9	61.1	55.7	45.1	61.1	61.1	45.1	27.5	27.5	38.9	5326
<b>Caste</b>											
Scheduled caste	55.4	59.6	51.1	45.4	62.5	53.0	46.5	35.9	32.0	34.8	30552
Backward caste	65.1	63.5	59.0	53.5	64.0	59.1	54.1	39.1	35.2	30.0	58389
Higher caste Hindu	81.0	84.3	82.6	78.0	84.3	82.6	78.0	62.1	57.8	15.7	24454
Other religious groups	53.0	58.0	52.9	42.7	58.0	58.0	42.7	26.1	26.1	42.0	5613
<b>Total</b>	<b>65.1</b>	<b>66.5</b>	<b>61.5</b>	<b>55.8</b>	<b>67.4</b>	<b>62.3</b>	<b>56.4</b>	<b>42.4</b>	<b>38.6</b>	<b>29.0</b>	<b>120372*</b>

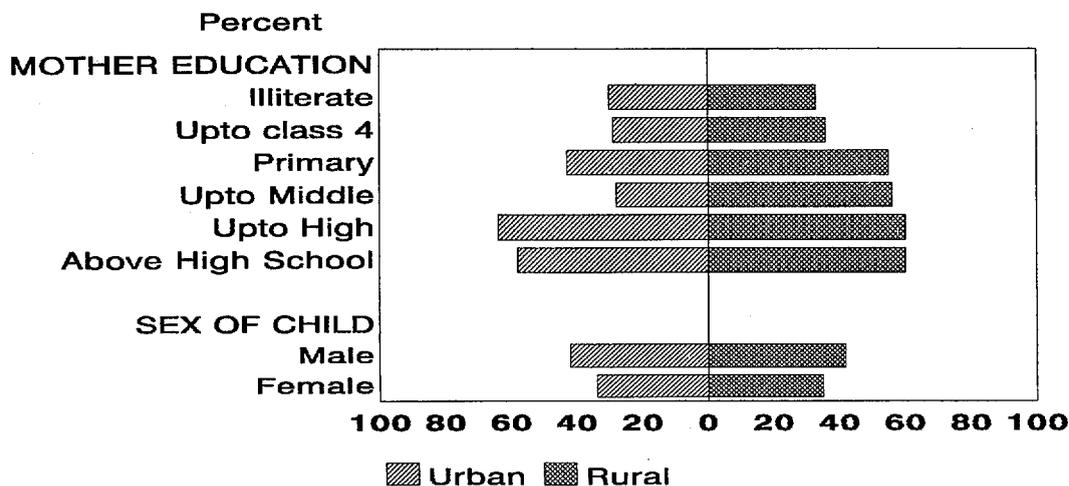
\* includes children of women of all religions and caste categories.

**Table 8.5c: Vaccination of 12-23 months children by background characteristics (Total)**

Background Characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measle <sup>s</sup>	All	None	
		1	2	3+	1	2	3+				
<b>Total</b>											
<b>Sex</b>											
Male	69.3	70.1	65.4	60.1	72.1	65.9	61.1	46.9	41.6	23.4	67959
Female	59.2	61.5	56.3	50.8	60.8	57.3	50.8	36.9	35.1	36.3	60824
<b>Mother's education</b>											
Illiterate	59.2	60.2	54.6	48.4	61.0	55.5	49.2	36.6	32.9	34.3	92470
Upto class 4	48.8	55.4	48.9	48.9	55.4	48.9	48.9	41.7	35.0	44.6	4408
Primary	77.7	80.3	76.3	73.7	82.6	78.5	73.7	57.8	53.5	17.4	11359
Upto middle	80.6	81.9	80.0	72.5	81.9	80.0	72.5	57.6	53.0	14.4	9924
Upto high	87.6	94.9	89.4	86.0	93.1	89.4	86.0	60.6	60.6	5.1	5490
Above high school	87.5	87.5	87.5	87.5	87.5	87.5	87.5	59.4	59.4	12.5	5132
<b>Religion</b>											
Hindu	65.6	66.9	61.9	56.7	67.7	62.5	57.3	43.1	39.3	28.4	120249
Muslim	50.5	55.4	51.0	42.8	55.4	54.5	42.8	30.9	28.9	43.6	8246
<b>Caste</b>											
Scheduled caste	55.7	59.9	51.1	45.5	62.7	53.0	46.6	35.6	31.7	34.6	31008
Backward caste	64.7	63.6	59.0	53.8	63.7	59.2	54.4	38.9	35.2	30.2	62168
Higher caste Hindu	81.1	83.9	82.2	77.9	83.9	82.2	77.9	62.2	58.2	15.8	25708
Other religious groups	64.5	53.6	49.3	41.3	53.6	52.6	41.3	29.8	27.9	45.5	8534
<b>Total</b>	64.5	66.0	61.1	55.7	66.8	61.9	56.2	42.2	38.5	29.5	128783*

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

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



Jaunpur, UP, 1993-94

## 8.5 Preferred Source of Medical Assistance during Sickness

Table 8.6 presents information on preferred source of treatment during sickness based on responses of ever married women. Private sector sources or doctors are always preferred by 76% of the households, whereas only 11% prefer always to use public sector sources (like PHC/SC/district hospital). On the other hand, 1/9th of the households use both the sources private as well as public. The table also presents the reasons for always preferring private sector sources. As many as 68% of the women stated the reason for always preferring private sources as "better treatment". 67% of the women gave the reason as "near the house". Of course 8% gave the reason "PHC/SC are far off" and 2% gave the reason as "bad behaviour of PHC staff". 15% gave "no medicines available" as the reason. Respondents who mentioned using facilities of public sector centres/hospitals were asked if they were certain about the availability of doctor when they or other members of the family visit the PHC or Government Hospital. 2/3rd of women said that they were certain about the availability of the doctors whereas 29% were not.

**Table 8.6: Preferred sources of medical assistance during sickness**

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
<b>Preferred sources</b>			
Always public sources (PHC/CHC, District Hospital, SC)	9.3	11.0	10.9
Sometime public source and sometime private	10.1	11.4	11.3
Always private source/doctor	79.2	76.0	76.2
Others	1.4	1.7	1.7
Total N	51874	775332	827206
<b>Reasons for always preferring private source *</b>			
Cheaper treatment	19.7	17.4	17.6
Near to my house	57.6	67.2	66.6
Better treatment	79.1	67.4	68.1
PHC/SC are far off	1.6	8.7	8.2
Bad behaviour of PHC staff	4.4	1.9	2.1
No alternative	4.7	5.4	5.3
No medicines available	26.3	14.2	15.0
No staff/doctor available	3.8	5.2	5.1
Takes more time at government hospital	12.3	9.4	9.6
Others	4.8	3.6	3.7
Can't say/Don't know	0.5	0.6	0.6
Total N	41072	588952	630023
<b>Certainty about availability of doctor at PHC</b>			
Quite certain	67.9	66.6	66.7
Not certain	31.1	29.1	29.2
Do not know	1.1	4.3	4.1
Total N	10079	173395	183474

\* Based on multiple responses.

8.5.1 Respondents were also asked if they made any payment at the centres/clinics. Surprisingly, a very high proportion (77%) reported that they made payment for the services at the health centres, though in fact most of the services at the Government health centres are free of cost. However, 93% of the respondents showed readiness to pay for services at the Government health centres if the services were improved (Table 8.7).

*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	59.1	77.8	76.7
Percent ready to pay for services if it improves	95.2	93.0	93.1

### 8.5.2 Client - providers contact

Table 8.8 presents information on contacts between household members and the service providers like ANMs, LHVs, male workers and doctors. Percentage of women who reported their household members having ever contacted PHC/SCs was 16 (19% in urban and 16% in rural areas).

*Table 8.8: Client-providers' contact*

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% of women or her HH member contacted PHC/SC workers during last 3 months	18.9	15.5	15.7
<b>Average number of contacts with PHC/SC workers</b>			
Mean	0.93	1.33	1.30
SD	1.19	1.11	1.12
% of households visited by workers in the last 3 months	0.9	7.6	7.1
<b>% of households reported visit of</b>			
1 person	82.8	86.0	85.9
2 person	17.2	12.9	12.9
3 or more person	-	1.1	1.1
Total %	100.0	100.0	100.0
<b>Frequency of visit during last 3 months</b>			
1st person	100.0	61.6	61.9
1	-	16.9	16.7
2	-	21.5	21.4
3 or more times			
2nd person			
1	100.00	53.1	53.6
2	-	39.0	38.6
3 or more times	-	7.9	7.8
<b>Who visited last</b>			
ANM/LHV	100.0	88.4	88.5
Male workers	-	5.0	4.9
Doctor	-	3.2	3.2
Others	-	3.4	3.4
Percent of families reporting at least one contact with public health service providers	19.3	20.7	20.6

This indicates rather much too low level of utilisation of the Public sector health services by the households. Those, who reported ever utilising PHC/SC reported an average of 1.3 visits during the previous three months. Percentage of households visited by the workers in last three months was 7.1 with a low figure of 0.9 in urban and 7.6 in rural areas. Of those, who reported visits by workers during last three months, 86% reported visit of one worker, 13% reported 2 workers and 1% reported 3 or more workers. The last visit was made by ANM/LHV in 88% of the cases, male worker in 5% of the cases and by doctors in 3% of the cases. Overall, 21% of the respondents reported at least one contact with service providers during last 3 months (19% in urban and 21% in rural areas).

8.5.3 Table 8.9 presents some information on qualitative aspects of the visits of the workers to the households. As already mentioned, only 7.1% of the households were visited by workers during three months prior to the date of survey (0.9% in urban areas and 7.6% in rural). An overwhelming majority of women mentioned that the workers provided enough time; 1/5th of them were satisfied with assistance provided by the workers and almost all of them would like the workers to visit again. Over 2/3rd of the respondents (whose households had contact with the workers during last three months), expressed that villagers had good opinion about the workers.

**Table 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	485	100.0	16.8	100.0	77.8
Rural	58644	97.6	20.0	96.0	70.6
Total	59129	97.6	20.0	96.0	70.6

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

8.5.4 Respondents were asked if they had received information on family planning methods from the workers. Questions were also asked on the qualitative aspects of the information provided by the workers. Only 8% of women mentioned that they received information on family planning from workers, which is dismally low. Of those respondents, who received such information, largest proportion received information on tubectomy/laparoscopy followed by vasectomy, oral pill, IUD/CuT and condom. Negligible number of women mentioned receiving information on withdrawal or safe period. Very few among those who got the information stated that they were informed both about advantages and disadvantages. Most of those, who got information about the methods were informed by workers about use of methods and the sources from where they could obtain the method.

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

Percentage reporting visit of workers	Methods	Percentage reported that					N
		Method was mentioned	Informed advantages and disadvantages		Informed how to use	Informed about source	
			Both	None			
8.4	Vasectomy	20.5	17.4	8.0	90.3	98.0	49557
	Tubectomy/Laparoscopy	87.6	13.1	10.9	83.9	94.5	69522
	IUD/CuT	18.3	11.1	8.7	89.2	93.9	10347
	Pills	23.9	5.8	12.4	91.0	93.2	37690
	Condom	15.1	6.5	6.9	89.3	86.3	26383
	Withdrawal	2.7	-	-	-	-	830
	Safe period	2.6	-	-	-	-	1232
790191	N		66454				

### 8.6 Perception of Women about ANM

Table 8.11 shows responses in regard to their perception about the ANMs. 66% of the respondents agreed with the statement that a young ANM is better than a trained dai in assisting delivery. On the other hand, 42% of respondents agreed with the statement that an ANM did not often want to visit or attend deliveries in poor families. 28% of respondents said that high caste ANM did not want to attend deliveries of scheduled caste women.

**Table 8.11: Perception of women about ANM**

	Urban	Rural	Total
% agreeing that a young ANM is better than a traditional dai for assisting delivery	74.8	65.5	66.0
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	28.3	28.2	28.2
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	28.3	25.9	26.1
% agreeing that ANM often do not want to visit or attend delivery in poor families	40.0	41.9	41.8
Total N	51776	776379	828154

The overall position with regard to contact between clients and providers, utilisation of Government health services, and respondents' perception about ANMs is rather discouraging. This requires immediate attention on the part of the health authorities in the state for taking suitable steps to promote utilisation of health infrastructure already existing in the public sector. Immunisation coverage of mothers and children is far too low compared to the goals set under Universal Immunisation Programme (UIP). The situation needs a thorough review and remedial action.

## CHAPTER IX

### RESULTS OF ANALYSIS OF SCHEDULES ON VILLAGES AND HEALTH CENTRES

#### 9.1 Village Information

Table 9.1 presents analysis of 78 schedules filled in for 78 sample villages in the district of Jaunpur. One-third of the villages had population less than 1000 while one-fourth had population above 3000 as of 1991 census. The average population size worked out to be 1968. The average distance between the village and the nearest Sub-Centre was 2.1 kms, 8.1 kms from the nearest PHC, 10.5 kms. from the CHC and 32 kms from the nearest district headquarters. While 72 per cent of the villages had primary schools, only 13 per cent had secondary schools for both boys and girls. The analysis in regard to functioning of private practitioners in the village indicates the preponderance of Allopathic system; an average village had 1.5 private practitioners of Allopathic, 0.3 of Homoeopathic, 0.2 of Ayurvedic and none of Unani system. The involvement of the private practitioners in family planning was marginal as an average village had only 0.8 such practitioners. On an average, a village had 1 medical shop, whereas 72 per cent of the villages did not report functioning of any medical shop. Similarly, more than 80 per cent of the villages did not have any retail outlet for condom or oral pill and only 5 villages (6.4%) reported the functioning of CBD network for condom whereas 3 villages reported such a network for oral pills. No anganwadi existed in any of the sample villages. Only 1 village reported functioning of an NGO. Average village had 1 untrained TBA and 0.4 trained TBAs. Two-third of the villages did not have any trained TBA. Involvement of panchayat members in family planning was marginal.

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

	<i>Number</i>	<i>Percentage</i>
<b>A1. Access to different facilities</b>		
<b>a. Building</b>		
Government	4	22.22
Rented	14	77.78
Donated	-	-
<b>b. Electricity</b>		
Yes	10	55.55
No	8	44.44
<b>A2. Manpower</b>		
<b>a. ANM</b>		
Posts sanctioned	18	-
In position	18	100.00
<b>A3. Cold chain Equipment</b>		
<b>a. Vaccine carrier</b>		
Yes, functioning	17	94.44
Yes, not functioning	-	-
No	1	5.56
<b>b. Thermos</b>		
Yes, functioning	8	44.44
Yes, not functioning	1	5.56
No	9	50.00
<b>A4. Supply of vaccines</b>		
<b>a. Polio</b>		
Regular and adequate	15	83.33
Regular but not adequate	-	-
Irregular but adequate	2	11.11
Neither regular nor adequate	1	5.56
<b>b. BCG</b>		
Regular and adequate	11	61.11
Regular but not adequate	4	22.22
Irregular but adequate	1	5.56
Neither regular nor adequate	2	11.11
<b>c. DPT</b>		
Regular and adequate	17	94.44
Regular but not adequate	-	-
Irregular but adequate	-	-
Neither regular nor adequate	1	5.56
<b>d. Measles</b>		
Regular and adequate	16	88.89
Regular but not adequate	1	5.56
Irregular but adequate	-	-
Neither regular nor adequate	1	5.56

	<i>Number</i>	<i>Percentage</i>
A5. Services available		
a. IUD insertion kit		
Yes	8	44.44
No	10	55.56
b. Trained personnel		
Yes	10	55.56
No	8	44.44
B. Supply of contraceptives		
a. IUD		
Regular and adequate	9	50.00
Regular but not adequate	2	11.11
Irregular but adequate	2	11.11
Neither regular nor adequate	5	27.78
b. Pills		
Regular and adequate	12	66.67
Regular but not adequate	4	22.22
Irregular but adequate	1	5.56
Neither regular nor adequate	1	5.56
c. Condoms/Nirodh		
Regular and adequate	13	72.22
Regular but not adequate	3	16.67
Irregular but adequate	-	-
Neither regular nor adequate	2	11.11
d. IEC Material for family planning		
Regular and adequate	7	38.89
Regular but not adequate	3	16.67
Irregular but adequate	-	-
Neither regular nor adequate	8	44.44
N	18	

Note:- Only 22 sample villages were found to be headquarters of Sub-Centres. Information could not be obtained from four sub-centres because workers were not available.

## 9.2 CHC/PHC/SC Information

Table 9.2 presents analysis of 18 schedules filled in for Sub-Centres in the district of Jaunpur. 78 per cent of them functioned in rented buildings and 44 per cent did not have electricity. All the Sub-Centres had ANMs in position. A great majority of the Sub-Centres reported having vaccine carriers, while only 50 per cent of them had thermocols. Supply of vaccine was reported to be regular and adequate in case of BCG by 61 per cent, DPT by 94 per cent, and measles by 89 per cent of Sub-Centres. Only half of the Sub-Centres reported having IUD insertion kits and trained persons for IUD insertion. The regular and adequate supply was reported in case of IUD by 50 per cent, oral pills by 2/3rd, and condom by 3/4th of sub-centres. More than 50 per cent of the Sub-Centres reported having IEC material for family planning.

**Table 9.2: Analysis of village schedule**

	<i>Number</i>	<i>Percentage</i>
<b>Type of Village</b>		
Headquarters of CHC	0	--
Headquarters of PHC	2	2.6
Headquarters of sub-centre	22	28.2
Remote Village (without facilities)	54	69.2
Total	78	100.0
<b>Population Size</b>		
Upto 499	6	7.7
500-999	20	25.6
1000-1999	24	30.8
2000-2999	9	11.5
3000-3999	7	9.0
4000 +	12	15.4
Total	78	100.0
Average	1968	
<b>Distance (in kms.)</b>		
<b>i. From main road</b>		
< 3	71	91.0
3-4	5	6.4
5-7	2	2.6
8-9	0	--
10 +	0	--
Total	78	100.0
Average	.8 kms.	
<b>ii. From nearest SC</b>		
< 3	61	78.2
3-4	14	18.0
5-7	3	3.8
8-9	-	-
10 +	-	-
Total	78	100.0
Average	1 kms.	
<b>iii. From nearest PHC</b>		
< 5	32	41.0
5-9	22	28.2
10-14	12	15.4
15-19	6	7.7
20 +	6	7.7
Total	78	100.0
Average	1 kms.	

	<i>Number</i>	<i>Percentage</i>
iv. From nearest CHC		
< 5	25	32.1
5-9	20	25.6
10-14	9	11.5
15-19	9	11.5
20 +	15	19.2
Total	78	100.0
Average	10.5 kms.	
v. From nearest district HQ		
< 10	9	11.5
10-19	6	7.7
20-29	19	24.4
30-39	22	28.2
40 +	22	28.2
Total	78	100.0
Average	31.8 kms.	
Villages Having Primary School	56	71.8
Villages Having Secondary School		
a. For Boys	2	2.6
b. For Girls	2	2.6
c. For Both	10	12.8
Distribution of Villages by number of Private Practitioners		
a. Allopathic		
0	42	58.9
1-2	22	28.2
3-4	5	6.4
5-9	9	11.5
10 +	0	--
Total	78	100.0
Average	1.5	
b. Homoeopathic		
0	64	82.0
1-2	13	16.7
3-4	1	1.3
5-9	0	--
10 +	0	--
Total	78	100.0
Average	0.3	

	<i>Number</i>	<i>Percentage</i>
<b>c. Ayurvedic</b>		
0	68	87.2
1-2	10	12.8
3-4	0	--
5-9	0	--
10+	0	--
Total	78	100.0
Average	0.2	
<b>d. Unani</b>		
0	77	98.7
1-2	1	1.3
3-4	0	--
5-9	0	--
10+	0	--
Total	78	100.0
Average	NIL	
<b>Distribution of Villages by number of Practitioners Providing FP services</b>		
0	56	71.8
1	7	9.0
2	6	7.7
3	3	3.8
4 +	6	7.7
Total	78	100.0
Average	0.8	
<b>Distribution of Villages Having non-allopathic Private Practitioners providing FP Services</b>		
0	74	94.9
1	3	3.8
2	1	1.3
3 +	0	--
Total	78	100.0
Average	0.1	
<b>Distribution of Villages By Number of Medical Shops</b>		
0	56	71.8
1	4	5.2
2	3	3.8
3	5	6.4
4+	10	12.8
Total	78	100.0
Average	1.0	

	<i>Number</i>	<i>Percentage</i>
<b>Number of Villages Having retail outlets for condom</b>		
0	64	82.1
1	3	3.8
2	3	3.8
3 +	8	10.3
Total	78	100.0
Average	0.5	
<b>Number of Villages Having retail outlets for pills</b>		
0	64	82.1
1	3	3.8
2	3	3.8
3 +	8	10.3
Total	78	100.0
Average	0.5	
<b>Number of Villages Having CBD network for condom</b>		
Yes	5	6.4
No	73	93.6
<b>Number of Villages having CBD network for oral pill</b>		
Yes	3	3.8
No	75	96.2
<b>Distribution of villages by Anganwadi functioning as CBD for condom</b>		
Anganwadi functioning as CBD for condom	0	--
Anganwadi exists but not as CBD for condom	0	--
No Anganwadi	78	100.0
Total	78	100.0
<b>Distribution of villages by Anganwadi functioning as CBD for oral pill</b>		
Anganwadi functioning as CBD for oral pill	0	--
Anganwadi exists but not as CBD for oral pill	0	--
No Anganwadi	78	100.0
Total	78	100.0

	<i>Number</i>	<i>Percentage</i>
<b>Villages Having NGOs</b>		
Yes	1	1.3
No	77	98.7
<b>Number of villages having TBAs</b>		
Yes	32	41.0
No	46	59.0
<b>Distribution of villages by number of trained TBAs</b>		
0	51	65.4
1	23	29.5
2	3	3.8
3	1	1.3
4 +	0	-
Total	78	100.0
Average	0.4	
<b>Distribution of villages by number of untrained TBAs</b>		
0	58	74.4
1	3	3.8
2	2	2.6
3	9	11.5
4 +	6	7.7
Total	78	100.0
Average	1.0	
<b>Distribution of Villages by number of panchayat members</b>		
0	31	39.7
1-4	12	15.5
5-9	20	25.6
10-14	9	11.5
15 +	6	7.7
Total	78	100.0
Average	4.9	
<b>Distribution of villages by number of panchayat members involved in FP promotion</b>		
0	66	84.6
1-4	5	6.4
5-9	5	6.4
10-14	2	2.6
15 +	0	-
Total	78	100.0
Average	0.9	

## CHAPTER X

### SUMMARY

A Baseline Survey was carried out in the district of Jaunpur from 1st December 1993 to 8th February 1994, which involved interviews with 2444 households and 3453 ever married women in the age group of 13-49 years. Major findings of the survey are as follows:-

1. 45.3% of the *de jure* household population was in the age group 0-14, which reflects prevalence of high fertility in the recent past in the district.
2. The sex ratio of *de jure* population was 1063 (females per 1000 population).
3. 82% of the heads of the household were males and only 18% were females.
4. Average household size was 6.6 in urban, 6.8 in rural areas, while overall average size was 6.8; 24% of the households had 9 or more members.
5. Literacy rate in population aged 6 years and above was 31.3% among females and 72.1% among males; literacy rate was higher in urban compared to rural areas. The percentage of children aged 6-10 years attending school was 75 and in the age group 11-14 years, the enrolment percentage was 69. Enrolment rates were much higher in urban compared to rural areas and were much higher for males compared to females especially in rural areas.
6. 96% of ever married women were currently married, while 4% were divorced/separated or widowed. 76% of the respondents were illiterate (78% in rural and 45% in urban areas). 93% of respondents were Hindus and 7% were Muslims. 24% of the respondents belonged to scheduled caste, 44% to backward caste and 23% to high caste Hindus and less than 1% belonged to scheduled tribes.

#### Access to mass media

7. Only 25% of the women were exposed to different media like newspapers, TV, radio and cinema/theatre.

#### Nuptiality

8. The Singulate Mean Age at Marriage is estimated to be 16.3 years for females and 19.9 years for males. Comparison with the estimates of earlier censuses shows an encouraging upward trend in the mean ages at marriage, both for males and females.
9. Only 1/5th of the women had correct knowledge about the minimum legal age for marriage of females.

## **Fertility**

10. Total fertility rate for the period October 1991 to September 1993 was 4.83; the rural rate was higher at 4.89 compared to 4.07 for urban areas. The review of age specific fertility rates shows very little contribution towards fertility by women after the age of 35 years.
11. The estimated birth rate is 36.1 (36.6 in rural and 29.8 in urban areas).
12. Comparison of children ever born to women in the age group 40-49 years with TFR shows substantial decline in fertility in all the categories of women according to residence, literacy status, caste and religion. Magnitude of decline in fertility was highest among high caste Hindus, compared to other caste groups. Magnitude of decline increased with the improvement in the educational status of women.

## **Mortality**

13. Child survival rates were much higher in urban areas compared to rural areas, and were also higher amongst the children of women with higher educational status.
14. Overall, death rate is estimated to be 11.1 (11.3 in rural and 9.3 in urban areas). Infant mortality rate was estimated at 88.

## **Family Planning**

15. An overwhelming majority (over 99%) knew at least one modern method of family planning. Percentage of women having knowledge was highest in case of tubectomy or vasectomy followed by pill, condom, and IUD/loop. Most of the women who were aware of methods also knew the sources from where services/supplies could be obtained. A very high proportion of women also knew how to use various methods correctly.
16. Only 39.8% of the women had ever used one or the other methods of contraception; 26.8% had used modern methods and 18.7% had used traditional methods like withdrawal and periodic abstinence.
17. 27.6% of the currently married women in the age group 15-49 years were currently using one or the other methods of contraception - 21.3% modern methods and 4.5% were using traditional methods. The highest current use rate was estimated for female sterilisation (16.9%) followed by condom (1.6%), pill (1.3%), male sterilisation (0.7%), and IUD (0.5%).
18. In general, ever use or current use rates were much higher among women of urban areas, among better educated women, among Hindus and among women belonging to high caste Hindus. Adoption of sterilisation was much higher

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

19. The level of unmet need was about 59% (32% for spacing of children and 27% in limiting their number).
20. Most of the women who had accepted sterilisation had been operated in the public sector institutions (Government Hospitals, PHCs). On the other hand, private sector made significant contribution in insertion of IUD/CuT and in supplies of oral pill and condom. Over 90% of current users were getting regular supplies of condom and oral pill.
21. The reach of radio and TV in propagating the messages on family planning was not found to be extensive, since only 18% of the women received messages on family planning from either of these media. The most popular messages were in regard to small family size, use of condom or oral pill. IUD/CuT and sterilisation received relatively much less importance.

### **Fertility Preferences**

22. Overall, 46% of currently married women wanted to have additional children. The percentage of women wanting additional children declined with the number of living children. Information on preferred sex composition of additional children showed that 36% wanted only boys and another 42% wanted both boys and girls, whereas only 6% wanted only girls, indicating prevalence of high degree of son preference.
23. The average ideal number of children was 3.2 (3.2 in rural and 3.0 in urban areas). In case of 33% of the women, number of living children exceeded the ideal number of children.
24. Only 47% of the women had communication with their husbands in regard to number of children; only 8% had first discussion with their husbands in this regard immediately after marriage.
25. A great majority of the currently pregnant women (81%) stated that they had wanted the pregnancy at the time it occurred. Only 10% would have wished to delay the pregnancy, whereas 9% of women didn't want to become pregnant at all.

### **Antenatal and natal care**

26. 39% of the women had received ANC check up. 59% had received TT injection and only 32% had received IFA tablets. Percentage of women getting these services was much higher in urban compared to rural areas and was also much higher among better educated women or women belonging to higher castes.
27. Only 13% of the deliveries in preceding two years took place in the institutions. The extent of institutional deliveries was higher in urban areas and also was much higher for women belonging to higher educational categories or higher castes.
28. Only 15% of the deliveries were attended by the staff of the Government Institutions. The attendance in deliveries by trained dais was very meagre being only 5%.

### **Immunization of children**

29. Highest immunization coverage of children aged 12-23 months was for BCG (65%), followed by polio (56%), DPT (56%) and measles (42%). Only 39% of children were immunised with all the 4 vaccines, whereas 30% of the children had not received any vaccine. Immunization coverage for each vaccine was much higher among male children compared to female children: among children of better educated women: among children of Hindus compared to Muslims and among children of women belonging to high caste Hindus compared to backward castes or scheduled castes. Immunisation coverage was also higher in urban areas than in rural areas.
30. A large proportion - 77% of the women reported that they or other members of the households made payment for services at the public clinics/centres. However, 93% showed willingness to pay for services, if improved.
31. Only 21% of the women reported that their families had atleast one contact with the service providers during previous three months (19% in urban areas and 21% in rural areas).

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## APPENDIX

**Table A1: Relationship between important variables and educational status of women**

<i>Variable</i>	<i>Illiterate</i>	<i>Upto Middle (1-8)</i>	<i>Upto High School and above (9+)</i>	<i>Total</i>
Percent exposed to mass media.	14.3	50.8	80.9	24.9
Percent of women knowing minimum legal age at marriage for				
(a) Boys	6.3	39.4	65.4	15.9
(b) Girls	9.6	50.4	77.4	21.1
Total Fertility Rate	5.17	4.48	2.88	4.83
Mean number of children ever born to women aged 40-49 years.	6.13	5.85	4.74	6.07
Percent knowing at least one modern method of family planning	99.3	99.9	99.4	99.4
Percent current users of				
(a) any method	25.1	33.0	40.7	27.5
(b) any modern method	19.2	26.3	31.3	21.3
Unmet need				
(a) to space	33.0	32.3	26.9	32.5
(b) to limit	29.6	19.4	14.4	26.8
Total	62.6	51.7	41.3	59.3
Percent reporting communication with husband on number of children they should have	41.9	60.1	75.5	47.3
Percent of currently married women experienced unwanted pregnancies.	11.2	17.7	18.4	13.4
Percentage of women pregnant (during last 2 years) received				
(a) Antenatal care	32.2	51.4	74.1	38.6
(b) IFA tablets	27.2	40.1	67.2	32.4
(c) TT injections	53.7	70.7	84.6	58.9
(d) delivered in institutions	8.1	20.5	43.8	12.8
Percentage of children aged 12-23 months immunised with all vaccines.	32.9	50.2	60.0	38.5
N				
(a)	630143	144131	52933	827206
(b)	598884	139153	52154	790191
(c)	283456	66825	27092	377373
(d)	92470	25691	10622	128783
(e)	584071	156141	72594	812806

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

@

**Table A2: Relationship between important variables and ages of women**

<b>Variable</b>	<b>&lt; 25</b>	<b>25-29</b>	<b>30-34</b>	<b>35+</b>	<b>Total</b>	
Percentage of women pregnant (during last 2 years) received	42.6					
Antenatal care	35.2	34.7	35.5	32.8	38.6	
IFA tablets	64.8	29.4	33.5	23.1	32.4	
TT injections	14.4	54.8	53.4	47.9	58.9	
Delivered in institutions		12.7	11.8	3.8	12.8	
	<b>N</b>	<b>167049</b>	<b>81482</b>	<b>42882</b>	<b>27516</b>	<b>318929</b>

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