

District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Lalitpur

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PREFACE

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

Centre for Population and Development Studies, Hyderabad has been entrusted with the responsibility to conduct baseline surveys in Jhansi and Lalitpur districts. We would like to thank Mrs. Promila Shankar, Executive Director, SIFPSA, who extended all support in the execution of the project. We are grateful to The Population Council, particularly Dr. John W. Townsend, Dr. M. E. Khan and Dr. R. B. Gupta, for all technical assistance and help at various stages. We appreciate the efforts put in by Mr Vasant M. Uttekar for graphic presentations and forming of the report for publication.

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

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

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CHAPTER I

INTRODUCTION

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

1.1 Introduction

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

1.2 Objectives of the Study

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

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

1.3 Socio-economic and Demographic Profile

Lalitpur town was founded by the Deccan Raja Sumer Singh who named the town after his wife Lalita. The district of Lalitpur lies in the extreme south-west corner of Uttar Pradesh and is almost surrounded by Madhya Pradesh. Lalitpur is connected with the district of Jhansi where river Betur forms its district boundary. The western boundary of the district runs along river Batwa, the north eastern boundary along river Jammi and the south-eastern boundary along river Bharan Nadi. The entire district of Lalitpur is hilly in character. The climate of the district is the Central India type subtropical, characterised by a very hot dry summer and a cold winter. The district comprises of three tahsils viz Talbehat, Mahrol and Lalitpur. The headquarters of the district is located at Lalitpur.

The land area of Lalitpur District is 5,039 square kilometres. Population of the district in 1981 was 577,648 and this has increased to 752,043 in 1991. Lalitpur district population constituted 0.52 percent of total state population in 1981 and 0.54 percent, in 1991. Decennial population growth rate was 5.61 percent between 1941-1951. After this period, the growth rates increased significantly to reach the level of 32.21 percent in 1971-1981. The population growth rate for the period 1981-1991 marginally declined to 29.66 percent. The decadal growth rate was higher in Lalitpur by 4.5 percentage points compared to the state average decennial growth rate of 25.16 percent. The density of population in 1991 was 149 persons per square kilometre which is very low compared to the state average of 473 persons.

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

	<i>District</i>	<i>State</i>
Population (1991)		
Total	752043	139112287
Male	403685	74036957
Female	348358	65075330
Growth rate (1981-91)		
Population density (1991)	29.66	25.16
	149	473
% of total state population		
% urban population	0.54	16.43
Sex ratio (1991)	14.03	19.84
	863	833
Literacy level (1991)		
Total		
Male	32.12	40.89
Female	45.22	55.73
	16.62	25.30
Contraceptive Prevalence Rate (1992-93)	43.75	34.54
Per cent workers (1991)		
Total	33.1	29.7
Male	53.3	49.3
Female	9.7	7.4
Per cent employed in non-agriculture (1991)	16.6	26.9
Per cent depending on agriculture (1991)	83.4	73.1
Per cent of total population (1991)	25.17	21.26
Scheduled caste	25.12	21.04
Scheduled tribe	0.05	0.22
Other Hindus	94.90	83.30
Muslim	2.10	16.00
Other religious groups	3.00	0.70
Number of PHC/CHC (1991)	33	3929
Number of Sub-centre (1991)	180	20154
Average rural population per sub-centre	3592	5533

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

Of the total district population of 752,043 persons, 403,685 were males and 348,358 were females. The sex ratio was 863 females per 1,000 males as compared to the state average of 833. Lalitpur district is predominantly rural with 85.97 percent population living in villages. The urban population constituted 14 percent of total district population which was 5.8 percentage points lower than the state average. It has only four towns viz Talbehat, Lalitpur, Pali and Mahroni.

One fourth of Lalitpur district population belonged to the Scheduled Castes category and the Scheduled Tribes population was extremely insignificant (0.55 percent). The proportion of the Scheduled Caste population is nearly 4 percentage points higher in the district compared to the state (21 percent).

Total literacy rate in Lalitpur district, as per 1991 census, was 32.12 percent which is 9 percentage points less than the state average. While urban literacy rate was 66.1 percent, rural literacy rate was 26.4 percent. Similarly there is a wide gap between male and female literacy rates. Male literacy rate was 45.2 percent and female literacy rate was 16.6 percent. Compared to the state, the male literacy was lower by 10 percentage points and female literacy, by 9 percentage points.

Lalitpur district has a total of 759 villages and three fourths of these villages have less than 2,000 inhabitants. More than 80 percent of Lalitpur work force is in the primary sector. There are no major changes in occupation structure of population between 1981 and 1991, indicating the near stagnation of economy. Eighty three percent of total workers were in the primary sector while the remaining 17 percent were in the secondary and tertiary sectors. Of total population, 33 percent were workers. The proportion of workers in the male population was 53 percent and the same for females was 10 percent.

Health infrastructure includes 2 community health centres, 1 primary health centre and 180 sub-centres. In addition, 39 allopathic, 25 ayurvedic, 26 unani, and 20 homeopathy public sector medical institutions are located in the district.

In spite of low levels of development, and low female literacy rate and urbanization, Lalitpur family planning programme performance is impressive. In 1988, Lalitpur as per MOHFW estimates, had a couple protection rate of 25 percent and this increased to 43.75 percent by 1992. This is 9.2 percentage points higher than the state average. Of the total couples effectively protected by modern methods, 24 percent were acceptors of terminal methods and the remaining 20 percent were users of non-terminal methods.

1.4 Presentation of the Report

This report consists of 10 chapters including the introductory chapter. The second chapter deals with the survey design, sampling procedure followed in rural and urban areas, types of study tools, recruitment and training of investigators, data processing, estimation procedures, and field problems. Household and respondent background characteristics in terms of age structure, sex, literacy and levels of education and household facilities are given in the third chapter. In this and subsequent chapters, wherever necessary, distinction has been made

between urban and rural settings.

Chapter 4 addresses the subject of nuptiality and aspects such as current marital status of women, age at effective marriage, and knowledge of minimum legal age at marriage. Chapter 5 provides information on current fertility levels, outcome of pregnancies, and children ever born and surviving. Chapter 6 is on family planning practices and the specific areas covered are: knowledge of family planning methods and sources, contraceptive use, level of unmet need, reasons for discontinuation of contraceptive use, and intention of use of family planning methods in future.

The fertility preferences of the women in terms of desire for additional children, ideal number of children, husband and wife communication, and fertility planning are given in Chapter 7. In the following chapter, maternal and child health services in terms of antenatal care, place of delivery, and assistance during the deliveries, immunization of children and utilisation of public health services are covered. Chapter 9 provides profiles of villages, sub-centres, PHCs and CHCs covered as part of the survey. Summary of findings is given in Chapter 10.

CHAPTER II

SURVEY DESIGN

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

2.1 Sample Design and Implementation

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

2.1.1 Rural Sample

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

First step consisted of deleting all the villages with population of less than 50. Then all the villages with population of 50 to 150 were clubbed with neighbouring villages. In the second stage all villages were arranged in a descending order based on population size and were divided into three strata of equal population. A total of 80 villages, 27 from the first two strata and 26 from the third stratum were selected. The selection of villages was systematic with probability proportional to size. In case of a large village, with more than 500 households, the village was divided into 3 to 5 segments of 150 to 250 households each and two segments were selected using PPS. House listing was done only in the selected segments. From each segment 12 to 13 households were selected using systematic random sampling method. For non-segmented villages, a sample of 25 households was selected using systematic random sampling procedure. The total rural sample consisted of 80 villages and 2,000 households.

Of the total 2,000 households selected, information could be obtained from 1,995 households. So the total household response rate is 99.8 percent. In these households, a total of 2,842 eligible women were listed, of which 2,740 could be interviewed (96.4 percent). Almost all women who could not be interviewed were not at home at the time of interview. The individual as well as overall response rate for eligible women is 96 percent.

2.1.2 Urban Sample

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

- | | | |
|------------|---|---|
| Stratum I | : | Towns with population of 1 lakh and over |
| Stratum II | : | Towns with a population of less than 1 lakh and above 20,000. |

5

Stratum III : Towns with a population of less than 20,000.

Lalitpur district has no town with more than one lakh population. It has only one town i.e, Lalitpur town in the second stratum and three small towns in the third stratum. First, information was obtained from the Census Directorate, Lucknow, on number of census blocks in each of the four towns. Using probability proportional to size the number of blocks to be selected from each town was obtained. Then the blocks were arranged in a descending order based on population size. From each town, the required number of blocks were selected using the systematic random sampling method. Thus, 14 blocks from Lalitpur town and 2 blocks each from the other 3 towns were selected. From each of the selected blocks, 25 households were selected using systematic random sampling method. Total urban sample consisted of 500 households. List of selected villages and towns is given in Appendix 1.

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

	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Households selected	500	100.0	2000	100.0	2500	100.0
Households completed (C)	481	96.2	1995	99.8	2476	99.0
Households with no competent respondent (HP)	2	0.4	1	0.1	3	0.1
Households absent (HA)	2	0.4	4	0.2	6	0.2
Households postponed (P)	-	-	-	-	-	-
Households refused (R)	-	-	-	-	-	-
Households vacant/no dwelling (DV)	12	2.4	-	-	12	0.5
Dwellings destroyed (DD)	-	-	-	-	-	-
Dwellings not found (DNF)	-	-	-	-	-	-
Others (O)	3	0.6	-	-	3	0.1
Households occupied	485	100.0	2000	100.0	2485	100.0
Households interviewed	481	99.2	1995	99.8	2476	99.6
Households not interviewed	4	0.8	5	0.3	9	0.4
Households response rate (HHR) *	NA	99.2	NA	99.8	NA	99.6
Eligible women	644	100.0	2842	100.0	3486	100.0
Women interviewed (EWC)	586	91.0	2740	96.4	3326	95.4
Women not at home (EWNH)	54	8.4	101	3.6	155	4.5
Women postponed (EWP)	-	-	-	-	-	-
Women refused (EWR)	2	0.3	-	-	2	0.1
Women partly interviewed (EMPC)	-	-	-	-	-	-
Others (EWO)	2	0.3	1	0.0	3	0.1
Individual response rate (EWRR) **	NA	91.3	NA	96.4	NA	95.5
Overall response rate (ORR) ***	NA	92.0	NA	96.7	NA	95.8

NA = Not Applicable U = Urban R = Rural T = Total

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

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

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

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

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

Of the total 500 household urban sample selected, 485 households were occupied. A total of 481 households were interviewed. Of those who could not be interviewed, majority of them were not available at home even after the repeated visits by the investigators. The household response rate in urban Lalitpur is 99.2 percent. From the households interviewed, 644 eligible women were listed and of these, 586 were interviewed. Of the total 59 who could not be interviewed, 54 were not at home at the time of interview. Individual response rate for urban women is 91.3 percent and the overall response rate is 90.6 percent.

A total sample of 2,500 households were selected and 2,476 households were interviewed. A total of 9 households could not be interviewed due to non-availability. The household response rate is 99.6 percent. Of the total 3,486 eligible women listed in these households, 3,326 could be interviewed. The remaining 160 eligible women could not be interviewed mainly due to their non-availability at home. The individual response rate for eligible women is 95.5 and the overall response rate is 95.1.

2.2 Study Tools

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

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

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

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

2.3 Recruitment of Investigators and Training

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

The training programme consisted of instruction in interviewing techniques, field procedures for the survey or detailed review of each item in the questionnaire, mock interviews between participants in the class room and, finally, the field practice. In addition, experts from the health and family welfare department were invited to take sessions on technical aspects of each section of the women schedule. After the training, one more screening was done and the trainees who could not perform well were dropped.

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

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

2.4 Data Processing

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

2.5 Estimation Procedure

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

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

A: Weighting Factor for Rural Areas

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

where

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

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

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

where

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

B: Weighting Factor for Urban Areas

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

where

- P_i = Total urban population (1991 census) in the i^{th} stratum
- a_i = Number of selected towns in the i^{th} stratum
- q_{ijk} = Population (1991 census) of k^{th} Census Enumeration Block (CEB) in the j^{th} town of i^{th} stratum

- b_j = Number of selected CEB's in the j^{th} town
 H_k = Number of listed households in the k^{th} CEB
 h_k = Actual number of households surveyed from the k^{th} CEB

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

where

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

After adopting the weightage procedure as given above, the population of Lalitpur district was estimated to be 836,005 in 1993 and, according to the 1991 census, the district had 752,043 inhabitants. The estimated urban and rural population according to BSUP was 138,709 and 697,296 respectively, while the 1991 census population for urban and rural areas was 105,548 and 646,495 respectively. The sex ratio for the district was estimated as 884 females per 1000 males, whereas the 1991 census sex ratio was 863. The percentage of literates in Lalitpur was estimated as 45 percent, whereas the same according to 1991 census was 32 percent. Percentage of male and female literates was 59 percent and 26 percent respectively according to the estimation procedure, while 45 percent males and 17 percent females were literate according to 1991 census. Thus the various estimates obtained for Lalitpur through weighting procedure are in tolerable limits if 1993 projected figures are taken into consideration.

2.6 Field Problems

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

CHAPTER III

HOUSEHOLD AND RESPONDENT BACKGROUND CHARACTERISTICS

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

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

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

3.1 Age-Sex Distribution of the Household Population

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

Out of 841,914 people covered in the survey, a negligible proportion (less than one percent) were visitors and the rest, usual residents. Of the total 836,005 usual residents in Lalitpur district, 3.0 percent were infants (aged less than one year), 42 percent were children below 15 years of age, 4 percent were aged 65+ and the rest of 54 percent were adult population aged 15-64 years. Age distribution of population by sex displayed that the percentage of male infants (3.3 percent) was more than the female infants (2.7 percent). However, the percentage of female children was slightly higher than the percentage of male children. There are no major differences between the genders as far as the distribution of adult population is concerned.

Percentage of infant and aged population was same in rural and urban areas of the district, while the percentage of children in urban areas (38 percent) was less than the percentage of children in rural areas (43 percent). Thus the percentage of working population aged 15-64 years was more in urban areas (59 percent) compared to rural areas (53 percent). There were no major differences in the distribution of male population between rural and urban areas. The percentage of female children was more in rural areas (45 percent) compared to

urban areas (36 percent), while the percentage of urban adult females was more (64 percent) than the percentage of rural adult females (55 percent). Number of visitors was more in rural areas compared to urban areas. Among the visitors more than sixty percent were children aged below 15 years and the rest were adults. Number of female visitors were more than the male visitors in both rural and urban areas. The percentage of male children (92 percent) was more than the percentage of female children (48 percent) in the visitors population. Number of child visitors was more in rural areas (63 percent) compared to urban areas (46 percent).

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

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure									
< 1	3.7	2.3	3.0	3.2	2.8	3.0	3.3	2.7	3.0
1-4	10.4	7.6	9.1	12.0	18.7	15.1	11.7	16.8	14.1
5-9	14.3	13.2	13.8	14.5	13.8	14.2	14.5	13.7	14.1
10-14	10.6	12.8	11.6	11.7	9.6	10.7	11.6	10.1	10.8
15-19	10.7	12.0	11.3	10.1	8.6	9.4	10.2	9.1	9.7
20-24	9.6	9.5	9.5	8.0	8.3	8.1	8.2	8.5	8.4
25-29	7.3	8.6	8.0	7.4	7.8	7.6	7.4	7.9	7.6
30-34	6.7	6.1	6.4	6.5	6.2	6.4	6.6	6.2	6.4
35-39	5.0	6.3	5.5	5.2	4.8	5.0	5.2	5.1	5.1
40-44	5.5	3.7	4.7	4.5	4.1	4.3	4.7	4.1	4.4
45-49	2.6	5.7	4.1	3.4	4.4	3.9	3.3	4.6	4.0
50-64	10.0	7.7	9.0	9.0	7.4	8.2	9.1	7.5	8.3
65+	3.6	4.4	4.0	4.6	3.4	4.0	4.5	3.6	4.1
DK/Missing	-	-	-	-	-	-	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N Sex	74603	64106	138709	369055	328241	697296	443658	392347	836005
Ratio	NA	NA	859	NA	NA	889	NA	NA	884
Visitors									
< 1	57.7	-	17.1	15.8	13.9	14.4	20.1	12.5	14.7
1-4	9.3	3.9	5.5	44.3	23.3	29.5	40.7	21.3	27.0
5-9	33.0	13.9	19.6	8.9	12.6	11.5	11.4	12.7	12.3
10-14	-	4.9	3.4	21.6	1.4	7.4	19.4	1.8	7.0
15-19	-	41.5	29.2	-	19.4	13.7	-	21.7	15.3
20-24	-	-	-	1.4	18.7	13.6	1.3	16.7	12.2
25-29	-	24.4	17.1	3.1	7.1	5.9	2.7	8.9	7.1
30-34	-	11.4	8.0	1.7	-	0.5	1.5	1.2	1.3
35-39	-	-	-	3.2	1.7	2.1	2.9	1.5	1.9
40-44	-	-	-	-	-	-	-	-	-
45-49	-	-	-	-	1.9	1.3	-	1.7	1.2
50-64	-	-	-	-	0.1	0.1	-	0.1	0.1
65+	-	-	-	-	-	-	-	-	-
DK/Missing	-	-	-	-	-	-	-	-	-
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N Sex	182	431	613	1566	3730	5296	1748	4161	5909
Ratio	NA	NA	2368	NA	NA	2382	NA	NA	2380

Sex Ratio = Females/1000 Males

Sex Ratio

Taking into consideration the usual residents only, the sex ratio for the district was 884 females for every 1,000 males. The sex ratio was more in favour of females in rural areas (889) than in urban areas (859). The sex ratio was highly favourable for females among the visitors and there were no major differences between rural and urban areas in this regard.

3.2 Household Composition

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

Table 3.2 gives the percent distribution of households by various characteristics of heads of the household (sex, age, marital status, religion, caste) as well as the number of usual members, according to place of stay. Expectedly, around 98 percent of household heads were males and their proportion was slightly less in urban areas (96.5 percent) compared to rural areas (98.1 percent). More than 86 percent of heads of household were aged above 30 years and there were no major differences between rural and urban areas in this regard. The highest percentage of household heads was in 30-44 age group followed by 45-59 age group, and this pattern was true for both urban and rural areas. The median age of household head was 43 years. The median age of household head was slightly less (42 years) in urban areas than in rural areas (44 years). Ninety percent of household heads were currently married; 6.4 percent, widowed; and 3.1 percent, never married. There were no major differences in the marital status distribution of heads of households between rural and urban areas. Ninety six percent household heads in the district were Hindus; 2.6 percent were Muslims; and 1.4 percent belonged to other religious groups. The distribution of Muslim and other religious household heads was 12.6 percent and 5.6 percent respectively in urban areas while they constituted 0.5 percent and 0.6 percent in rural areas of the district.

Table 3.2: Housing composition

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

Marital status and Caste not equal to 1 because gauna and other religious groups are not considered

Distribution of household heads by caste showed that nearly half of the household heads belonged to the backward castes and 27.5 percent belonged to the Scheduled Castes. Fifteen percent of household heads were from the upper caste groups, while 4.6 percent were the

Scheduled Tribes. Percentage of the Schedule Castes, the Scheduled Tribes and the backward castes household heads was more in rural areas than in urban areas. However, 28 percent of heads of households in urban areas belonged to the upper castes compared to 12.4 percent in rural areas. Distribution of households by number of usual members showed that the mean family size in both rural and urban areas was six. Only 23 percent of houses in the district was with 4 or less inhabitants while 77 percent of houses were with family size of 5 or more.

A significant proportion (21 percent) of houses were with family size of 9 or more individuals, and this proportion was slightly more (22 percent) in rural areas than in urban areas (16 percent). It is interesting to note that the percentage of houses with 4 or less persons were more in rural areas (25 percent) compared to urban areas (18 percent).

3.2.1 Usual Residents and Visitors

Table 3.3 presents the percent distribution of the *de facto* household population by resident status in the household according to age, residence and sex. The proportion of visitors was almost negligible (less than 1 percent) for age groups beyond 35 years. There were 3.3 percent infants among visitors. The other age groups where there was more than one percent visitors were 1-4, 15-19 and 20-24. Among other age groups almost all the household population were usual residents. The number of visitors was more in rural areas than in urban areas and the number of female visitors was more than that of male visitors. Significant proportion of male visitors were in 0-1 and 1-4 age groups and in other age groups their percentage was insignificant. Among all female infants, around 5 percent were visitors. There were more than 2 percent female visitors in 15-19 and 20-24 age groups. The proportion of female visitors was 1-2 percent in 1-4, 5-9 and 25-29 age groups. In other age groups the percentage of visitors was negligible among females.

3.3 Educational Attainment

Educational level of the household population is perhaps the most important social characteristic, which is proved to have significant impact on reproductive behaviour of women, use of contraception, immunization of children, health of children, proper hygienic habits of the household members and utilisation of health services. Tables 3.4 and 3.5 provide the educational level of household members and the percentage distribution of children attending school.

Table 3.4 specifically provides the percent distribution of household population aged 6 and above by literacy and level of education and the median number of completed years of education, according to sex and residence. In a total of 569,437 people aged 6 and above, 55 percent were illiterate. Whereas in a total of 316,471 males aged 6 and above, 41 percent were illiterate and in a total of 252,966 females aged 6 and above, 74 percent were illiterate. Urban-rural literacy differentials between males and females aged 6 and above were quite distinctive.

Table 3.3: Usual residents and visitors

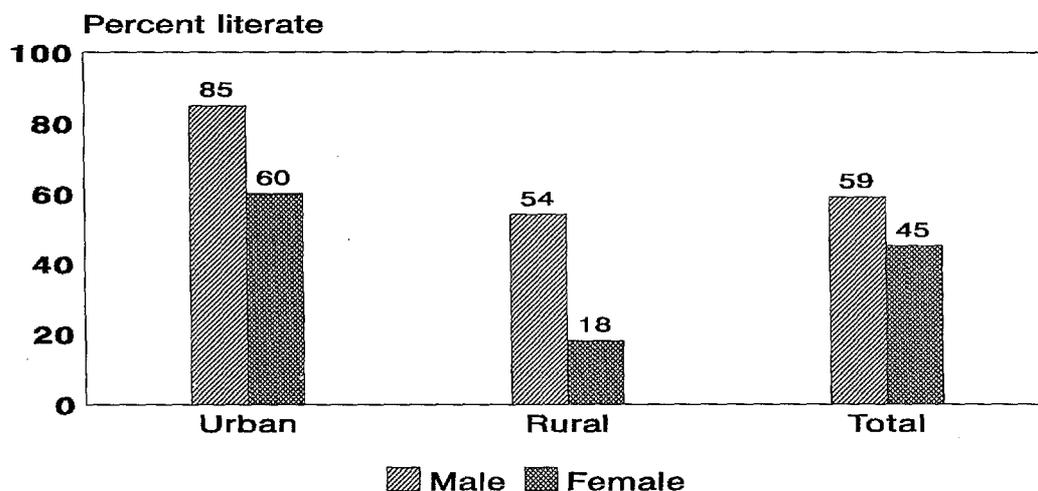
<i>Characteristics</i>	<i>Usual resident</i>	<i>Visitor</i>	<i>Total %</i>	<i>Total N</i>
Male Age				
< 1	97.6	2.4	100.0	14832
1 - 4	98.6	1.4	100.0	52443
5 - 9	99.7	0.3	100.0	64508
10 - 14	99.3	0.7	100.0	51751
15 - 19	100.0	-	100.0	45116
20 - 24	99.9	0.1	100.0	36486
25 - 29	99.9	0.1	100.0	32937
30 - 34	99.9	0.1	100.0	29141
35 - 39	99.8	0.2	100.0	22961
40 - 44	100.0	-	100.0	20770
45 - 49	100.0	-	100.0	14455
50 - 59	100.0	-	100.0	40256
60 +	100.0	-	100.0	19750
Residence				
Urban	74603	182	100.0	74785
Rural	369055	1566	100.0	370621
Total	443658	1748	100.0	445406
Female Age				
< 1	95.4	4.6	100.0	11244
1 - 4	98.7	1.3	100.0	67077
5 - 9	99.0	1.0	100.0	54358
10 - 14	99.8	0.2	100.0	39651
15 - 19	97.5	2.5	100.0	36677
20 - 24	98.0	2.0	100.0	34109
25 - 29	98.8	1.2	100.0	31583
30 - 34	99.8	0.2	100.0	24297
35 - 39	99.7	0.3	100.0	19994
40 - 44	100.0	-	100.0	15933
45 - 49	99.6	0.4	100.0	18235
50 - 59	100.0	-	100.0	29336
60 +	100.0	-	100.0	15014
Residence				
Urban	64106	431	100.0	64537
Rural	328241	370	100.0	328611
Total	392347	4161	100.0	396508
Total Age				
< 1	96.7	3.3	100.0	26076
1 - 4	98.7	1.3	100.0	119520
5 - 9	99.4	0.6	100.0	118866
10 - 14	99.5	0.5	100.0	91402
15 - 19	98.9	1.1	100.0	81793
20 - 24	99.0	1.0	100.0	70595
25 - 29	99.4	0.6	100.0	64520
30 - 34	99.9	0.1	100.0	53438
35 - 39	99.7	0.3	100.0	42955
40 - 44	100.0	-	100.0	36703
45 - 49	99.8	0.2	100.0	32690
50 - 59	100.0	-	100.0	69592
60 +	100.0	-	100.0	33764
Residence				
Urban	138709	613	100.0	139322
Rural	697296	5296	100.0	702592
Total	836005	5909	100.0	841914

Table 3.4: Educational level of household population

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	15.3	39.7	26.7	46.2	82.3	62.0	40.6	73.8	55.3
Upto class 4	24.5	20.3	22.5	21.9	9.8	16.6	22.4	11.9	17.7
Primary	8.9	10.0	9.4	10.5	4.4	7.8	10.2	5.5	8.1
Upto middle	16.9	10.9	14.1	13.0	2.6	8.2	13.7	4.3	9.5
Upto high	14.7	9.8	12.4	6.3	0.5	3.6	7.8	2.4	5.4
Above high school	19.6	9.5	14.9	2.1	0.3	1.8	5.3	2.2	3.9
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	57496	50506	108002	258975	202460	461435	316471	252966	569437
Median number of years	6.0	2.0	5.0	1.0	-	-	2.0	-	-

Out of a total 45 percent literate population in the district, 26 percent were educated up to primary level or less, another 15 percent were educated up to middle or high school. Around 4 percent of household members had above high school education. Of the total 59 percent male literates of the district, 33 percent were educated up to or below primary, while 22 percent were educated up to middle or high school. Among 26 percent female literates of the district, 16 percent were educated up to or below primary level and 10 percent were educated up to middle or high school. Sixty two percent of household population were illiterate in rural areas and 27 percent, in urban areas. The percentage of population educated up to or below primary in urban and rural households was 32 percent and 24 percent respectively. The percentages of those educated up to middle or high school in urban and rural areas were 27 percent and 12 percent respectively. Fifteen percent household members had above high school education in urban areas compared to 2 percent in rural areas. There were major differentials in the levels of education of males and females in rural as well as urban areas. Fifteen percent urban males were illiterate compared to 46 percent rural male illiterate. The percentage of urban female illiterate was 40 compared to 82 percent rural female illiterates. Percentages of males educated up to or below primary level was same (33 percent) both in rural and urban areas. The percentage of males educated up to middle or high school was 32 percent and 19 percent in urban and rural areas respectively. The percentages of males educated up to above high school were significantly higher in urban areas (20 percent) compared to rural areas (2 percent). Forty percent of females in urban areas were illiterate compared to 82 percent in rural areas. The percentages of females educated up to or below primary were 30 percent and 14 percent in urban and rural areas respectively. The percentage of females educated up to above primary was more (30 percent) in urban areas compared to rural areas (3 percent). The median number of years of education was 2 years for the males in the district. The median number of years of education of urban and rural males was 6 years and 1 year respectively. The median number of years of education for urban females was 2 years.

Figure 3.1: Education Level of Household Population



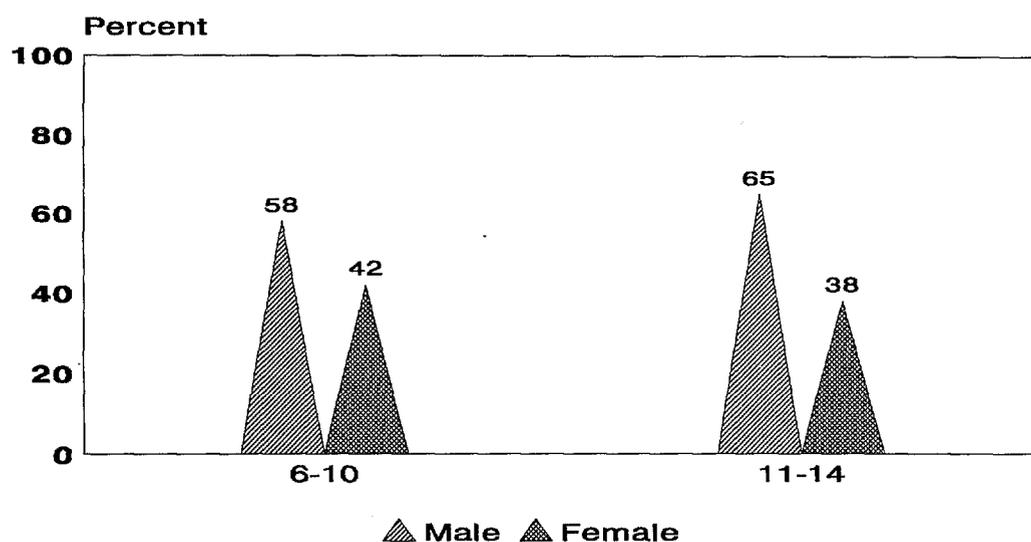
Lalitpur, UP, 1993-94

Table 3.5 gives the percentage distribution of household population 6-14 years of age attending school by age, sex and residence. Slightly more than fifty percent of children in the age group 6-14 years were attending schools, and the percentage of male school going children was 60 percent compared to only 41 percent for female children. There is a considerable difference in the percentage of school going male and female children both in rural and urban areas. With the increase in age of the child there was a slight improvement in the percentage of children attending schools in rural areas, and, in urban areas, there was a marginal drop in the percentage of children attending schools. In rural areas, the percentage of males attending schools in 6-10 age group was 53 percent, and raised to 62 percent for 11-14 age group. However, in rural areas the percentage of females attending schools dropped from 35 percent for 6-10 age group to 27 percent for 11-14 age group. In urban areas, there was a marginal drop in the percentage of children attending schools both for males as well as for females with the increase in age. Overall 46 percent of children who were in the age group of 6-14 were attending school in rural areas, while in urban areas this was as high as 78 percent.

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	52.5	35.1	44.8	84.7	73.7	80.1	58.2	41.7	51.1
11 - 14	62.2	27.3	47.3	79.8	69.1	74.1	65.2	37.5	52.7
6 - 14	55.1	33.1	45.5	83.5	72.1	78.2	60.1	40.6	51.4

Figure 3.2: School Attendance by Age and Sex



Lalitpur, UP, 1993-94

3.4 Housing Characteristics

Table 3.6 presents the housing characteristics of the population in terms of electrification, source of drinking water, type of house, land ownership and consumer durable goods. The health of the child and the hygienic condition of the family were proved to be affected by the characteristics like electricity, sources of drinking water and possession of consumer durable goods like T.V. and Radio. These characteristics also seem to influence the reproductive behaviour of women in terms of fertility and infant and child mortality. Only 18 percent of houses in the district were electrified. Sixty three percent of houses were electrified in urban areas and only 9 percent of houses, in rural areas. The major source of drinking water in the district is well, used by 65 percent of households followed by hand pump and piped water, used by 18 and 16 percent of households. In rural areas, three fourths of households used well water while in urban areas two third households depended on piped water. Eighteen percent and 17 percent households depended on hand pump for drinking water in rural and urban areas respectively. Around fifty percent of houses in the district were kutcha type and 28 percent were mixed type. Around 12 percent of household population in the district lived in huts and the remaining 12 percent in pucca houses. Kutcha and mixed houses constituted 81 percent of total houses in rural areas compared to 56 percent in urban areas. Thirty eight percent household population in urban areas lived in pucca houses while only 6 percent, in rural areas. Percentage of household population living in huts was more in rural areas (13 percent) compared to urban areas (6 percent).

Of 1,25,548 households in the district, 18 percent were landless, 27 percent households possessed 1-3 acres of land; and 55 percent households had 4 or more acres of land. The percentage of landless was more in urban areas (64 percent) compared to rural areas (8

percent). Thirty percent of households had 1-3 acres of land in rural areas while only 14 percent in urban areas had the same. Sixty two percent households in rural areas had four or more acres of land while only 22 percent of households in urban areas had the same. Twenty eight percent of households in the district possessed radios and another 9 percent, televisions. Percentages of households with radio were 51 percent and 23 percent respectively in urban and rural areas. The households with television formed just 2 percent of total households in rural areas while the same in urban areas was 43 percent.

Table 3.6: Housing characteristics

<i>Housing characteristic</i>	<i>Residence</i>		
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% households with electricity	63.	8.	18.
Source of drinking water			
Piped	66.6	5.2	15.8
Handpump	16.7	18.4	18.1
Well water	16.0	75.0	64.9
Other	0.7	1.4	1.2
Type of house			
Hut	5.6	12.7	11.5
Kutchra	24.9	53.6	48.7
Mixed	31.5	27.6	28.3
Pucca	38.0	6.1	11.6
Agricultural land ownership			
Landless	64.3	7.8	17.6
1-3 acres	14.0	30.2	27.4
4-5 acres	10.1	35.0	30.6
6 or more acres	11.6	27.0	24.4
Consumer durable goods			
Radio	51.2	22.8	27.7
Television	42.5	2.1	9.1
Total %	100.0	100.0	100.0
Number of households	21669	103879	125548

3.5 Respondents Background Characteristics

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

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

3.5.1 Age

Twenty one percent of ever married women were in the age group of 20-24, 15 percent each in the age groups of 15-19 and 30-34, 18 percent in the age group of 25-29, and 12 percent in the age group of 35-39. Fifty four percent of ever married women were in the early

reproductive period (15-29 age group) while the remaining 46 percent were in the later stage of reproductive period (aged 30+). The percentage of ever married women in 13-14 age group was almost negligible (0.4 percent). The percentage of rural ever married women (21 percent) was slightly higher than the urban ever married women (18 percent) in 20-24 age group. Converse was true in case of 25-29 age group where the percentage of urban ever married women (20 percent) was slightly more than the rural ever married women (18 percent). The percentage of ever married women in the early stages of reproductive behaviour was substantially high in rural areas (55 percent) compared to urban areas (49 percent).

3.5.2 Marital Status

Almost all women (98 percent) out of a total 3,326 were currently married, 2 percent of them were either widowed or divorced or separated. Percent of currently married was slightly less in urban areas (96 percent) compared to rural areas (98 percent). On the other hand, percentage of women previously married was more in urban areas (3.6 percent) as compared to rural areas (1.9 percent). There were no significant differences in the proportion of divorced and separated women between rural and urban areas.

3.5.3 Female Education

More than three fourths of the eligible women in the district (82 percent) were illiterate. The percentage of illiterate women in rural areas (88 percent) was substantially higher than in the urban areas (49 percent), a difference of 39 percentage points. Ten percent of eligible women in the district were educated beyond high school. The percentage of women educated above high school level was 11 in urban areas while the same for rural areas was 0.4 percent. Twenty percent of urban women were educated up to or below primary compared to 8 percent in rural areas. Twenty percent women were educated up to middle or high school in urban areas compared to 4 percent in rural areas.

3.5.4 Religion and Caste

Distribution of eligible women by religious affiliation showed that 96 percent of women in the district were Hindus and around three percent women were Muslims and the rest of one percent belonged to other religious groups. Almost all women (99.3 percent) in rural areas were Hindus and their percentage in urban areas was 81. Fourteen percent of total women in urban areas were Muslims and their proportion was almost negligible (0.5 percent) in rural areas. The percentage of women belonging to other religious groups was also very high in urban areas (6 percent) compared to just 0.2 percent in rural areas. Fifty percent of the women in the district belonged to the backward castes; 28 percent to the Scheduled Castes; and 4 percent to the Scheduled Tribes. High caste Hindu and other religious group women constituted 18 percent of the total women. There are significant differentials in the distribution of women according to caste groups between rural and urban areas. The percentage of the Scheduled Castes and the Scheduled Tribes population was more in rural areas (34 percent) compared to urban areas (17 percent). The percentage of the backward castes population was also more in rural areas by 13 percentage points compared to urban areas. Forty percent of total women belonged to upper caste Hindu and the other religious groups in urban areas and the same for rural areas was only 13 percent.

3.5.5 Work Status

Majority of the women interviewed (92 percent) belonged to non-working category and were not engaged in any productive labour. There is not much variation in the percentage of non-working women between rural and urban areas. Seven percent of rural women and 3 percent of urban women were working in family farm/business activities. Three percent of urban and one percent of rural women were employed by some one else. The percentage of those engaged in other occupations was almost negligible (less than one percent) in rural areas. Two percent of urban women were self employed and 0.1 percent were self employed in rural areas.

3.5.6 Husband's Education

It is not only the woman's education but also the husband's education that is found to have favourable influence on attitudes towards small family norm and contraceptive acceptance. In this respect, each eligible woman was asked about the educational level of her husband. Of the total, 43 percent women had illiterate husbands. The percentage of women with illiterate husbands in rural areas (48 percent) was more than double the percentage in urban areas (21 percent). There were no major differences in urban and rural areas in regard to the percentage of husbands educated up to or below primary levels. Thirty seven percent of husbands were educated up to middle or high school levels in urban areas while the same in rural areas was only 26 percent. Nearly one fourth of husbands had above high school qualification in urban areas compared to just 5 percent in rural areas.

3.6 Access to Mass Media

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

Overall more than three fourths of the women in the district were not exposed to any of the media (radio, television, cinema and newspaper). Among various media, radio and television command greater reach compared to cinema and newspaper. Of all the women, only 2 percent frequently read or listened to newspaper; 8 percent, often viewed television; 5 percent, frequently listened to radio; and 1 percent, frequently watched movies. There were another 5 percent, 3 percent, 1 percent and 6 percent women who less often/sometimes read newspaper, watched television, listened to radio and saw movies respectively.

Table 3.7: Background characteristics of the respondents

Background characteristic		Residence			Total number of women	
		Urban	Rural	Total	Weighted N *	Unweighted N
Age	13 - 14	0.2	0.4	0.4	638	12
	15 - 19	10.8	15.3	14.6	25873	470
	20 - 24	18.3	20.9	20.5	36224	700
	25 - 29	20.0	18.1	18.4	32622	603
	30 - 34	14.3	14.6	14.5	25746	497
	35 - 39	15.0	11.4	12.0	21248	399
	40 - 44	9.8	9.7	9.7	17245	323
	45 - 49	11.7	9.5	9.9	17519	322
Marital status						
	Currently married	96.4	98.0	97.7	173004	3409
	Previously married	3.6	1.9	2.3	4046	72
Education						
	Illiterate	49.4	88.0	81.7	144754	2649
	Upto class 4	9.7	2.4	3.5	6255	124
	Primary	10.3	5.5	6.3	11049	215
	Upto middle	11.3	3.0	4.4	7783	170
	Upto high	8.5	0.7	2.0	3556	81
	Above high school	10.8	0.4	2.1	3719	87
Religion						
	Hindu	80.6	99.3	96.2	170466	3188
	Muslim	13.6	0.5	2.6	4637	85
	Sikh	-	-	-	-	-
	Other	5.8	0.2	1.2	2013	53
Caste						
	Scheduled caste	16.2	29.8	27.6	48943	855
	Scheduled tribe	1.0	4.5	3.9	6981	132
	Backward caste	40.3	52.3	50.4	89195	1732
	Higher caste Hindu	23.1	12.6	14.3	25347	469
	Other relig. groups	19.4	0.8	3.8	6649	138
Work status						
	Not working	92.2	92.1	92.2	163168	3044
	Working in family farm/business	2.8	6.9	6.2	10993	213
	Employed by someone else	3.0	0.8	1.1	2012	47
	Self-employed	1.8	0.2	0.4	745	18
	Other	0.3	0.1	0.1	197	4
Husband's education						
	Illiterate	20.6	47.7	43.3	76628	1396
	Upto class 4	8.5	9.0	9.0	15876	307
	Primary	9.1	12.8	12.2	21657	405
	Upto middle	18.2	16.3	16.6	29415	542
	Upto high	19.0	9.6	11.1	19653	373
	Above high school	24.6	4.6	7.8	13887	303
	Total %	100.0	100.0	100.0	NA	NA
	Number of ever married women	28829	148287	177116	177116	3326

NA = Not applicable

Exposure of the women to various media does not seem to be influenced by age of the respondent in the district. Weekly exposure of women to different kinds of media was substantially higher in urban areas than in rural areas. Sixty three percent urban women were exposed to at least one medium when only 12 percent rural women were exposed to either newspaper or T.V. or radio or cinema. With increase in the level of education of women, there

is sharp rise in the percent exposed to different media. For instance, only 15 percent illiterate women were exposed to any of the medium, while 99 percent women with above high school education were exposed to at least one medium. Exposure to media was maximum for women from other religious groups (94 percent) and minimum for Hindu women (22 percent). Sixty eight percent Muslim women were exposed to at least one medium. Less than one fifth of the Scheduled Castes, the Scheduled Tribes and the backward castes women were exposed to at least one medium, the same for higher caste Hindus and other religious group women was 52 percent and 76 percent respectively.

3.7 Summing up

Of the total residents in Lalitpur district, 3 percent were infants, 42 percent were children below 15 years of age, 4 percent belonged to 65+ age and the rest of 54 percent were adult population aged 15-64 years. There were no major differences between genders in regard to age distribution of adult population. Taking into consideration the usual residents only, the sex ratio for the district was 884 females for every 1,000 males. The sex ratio was more in favour of females in rural areas (889) compared to urban areas (859). Most household heads were males with median age of 43 years. The median age of household head was slightly less in urban areas (42 years) compared to rural areas (44 years). The mean family size both in rural and urban areas was six. Of the total population, 55 percent were illiterate. While 41 percent males were illiterate, 74 females belonged to the same category. Slightly more than 50 percent of children in age group 6-14 years were attending schools, and the percentage of male school going children was 60 percent compared to only 41 percent for female children.

Only 18 percent houses in the district were electrified. Sixty three percent of houses were electrified in urban areas compared to only 9 percent in rural areas. One fourth of households in rural areas and two thirds of households in urban areas had safe drinking water facility. Of the total households, 18 percent were landless; 27 percent households possessed 1-3 acres of land; and 55 percent households had 4 or more acres of land. Twenty eight percent of households in the district owned radios and another 9 percent, televisions. Percentages of households with radio were 51 percent in urban areas and 23 percent in rural areas. The households with television formed just 2 percent of total households in rural areas while the same in urban areas was 43 percent.

Age characteristics of respondents showed that 44 percent of ever married women were in the early reproductive period (15-29 age group) while the remaining 46 percent were in the later stage of reproductive period (30+). Of the total ever married women, 98 percent were currently married, 2 percent were widowed and less than one percent were either divorced or separated. More than three fourths of women in the district were illiterate. The percentage of illiterate women was substantially higher in rural areas (88 percent) compared to urban areas (49 percent). Ninety six percent of women in the district were Hindus, 3 percent were Muslims and the rest of one percent belonged to other religious groups. More than 90 percent of women were not engaged in any productive labour. There was no major difference between urban and rural areas in regard to proportion of non-working women.

Table 3.8: Access to mass media

Background Characteristic	Reads or listens to newspaper			Watches television			Listens to the radio			Visits cinema or theater			No. of women	% not exposed to any media
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent		
Age														
13 - 19	94.3	4.5	1.2	94.2	2.2	3.6	84.2	10.7	5.1	95.6	3.9	0.5	26511	78.6
20 - 24	91.3	6.2	2.4	88.9	4.1	7.0	81.2	13.1	5.7	92.6	6.3	0.1	36225	71.6
25 - 29	92.5	5.4	2.1	89.9	2.3	7.7	81.7	12.5	5.8	91.9	6.9	1.1	32622	75.1
30 +	93.7	3.8	2.5	87.8	3.2	8.9	85.7	9.2	5.1	93.5	6.3	0.3	81758	77.7
Residence														
Urban	75.1	14.4	10.5	50.5	11.2	38.3	69.8	17.8	12.4	74.3	23.8	1.9	28829	36.7
Rural	96.6	2.8	0.6	96.9	1.5	1.6	86.5	9.5	3.9	97.1	2.6	0.4	148287	83.8
Education														
Illiterate	98.6	1.0	0.4	96.5	1.4	2.1	89.5	7.3	3.2	97.9	1.9	0.2	144754	85.5
Upto class 4	91.8	4.2	4.0	69.1	10.7	20.2	74.7	15.4	9.9	85.2	13.7	1.1	6255	52.1
Primary	84.3	13.2	2.5	72.4	8.8	18.8	64.3	21.7	14.0	81.4	17.9	0.7	11049	45.4
Upto middle	66.7	27.1	6.3	59.5	13.0	27.4	53.6	33.7	12.7	74.4	23.0	2.6	7783	29.3
Upto high	32.3	53.4	14.2	33.0	17.6	49.3	41.3	41.2	17.4	56.3	37.4	6.3	3558	13.8
Above high school	20.0	31.6	48.5	10.6	3.8	85.6	39.7	31.3	29.0	40.3	52.1	7.6	3719	1.3
Religion														
Hindu	94.3	3.8	1.0	91.2	2.7	6.1	84.7	10.3	5.0	94.4	5.0	0.6	174066	78.1
Muslim	77.8	16.0	6.2	54.0	19.2	26.8	67.1	22.1	10.8	75.2	23.8	1.0	4637	32.0
Other	24.6	51.8	23.6	14.7	3.7	81.6	48.3	34.5	17.2	47.6	51.3	1.1	2013	6.2
Caste														
Scheduled caste	96.9	2.4	0.7	96.2	1.4	2.4	92.2	5.6	2.2	98.0	1.9	0.1	48943	88.1
Scheduled tribe	97.6	0.9	1.5	98.3	-	1.7	97.9	2.1	0.0	95.4	4.6	-	6981	90.6
Backward caste	96.7	2.5	0.8	94.0	2.4	3.6	85.7	10.1	4.2	95.5	4.1	0.4	89195	80.1
Higher caste Hindu	79.9	12.1	8.0	69.8	6.6	23.6	62.9	22.0	15.1	83.2	14.2	2.6	25347	48.3
Other religious groups	61.6	26.9	11.5	42.1	14.5	43.4	61.4	29.9	12.7	66.9	32.1	1.0	6649	24.2
Total %	93.1	4.7	2.2	89.4	3.1	7.5	83.8	10.9	5.3	93.4	6.0	0.6	177116	76.1

CHAPTER IV

NUPTIALITY

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

4.1 Current Marital Status

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

Table 4.1: Current marital status

Age	Marital Status					Total %	Total N	
	Never Married	Currently married	Widowed	Divorced	Separated			
Urban	13-14	97.2	2.8	-	-	-	100.0	3300
	15-19	55.6	44.4	-	-	-	100.0	8540
	20-24	18.5	80.2	0.3	-	0.9	100.0	6364
	25-29	2.7	92.3	4.6	0.4	-	100.0	5909
	30-34	2.5	91.4	4.9	1.2	-	100.0	4054
	35-39	-	98.4	1.6	-	-	100.0	4124
	40-44	-	94.3	5.7	-	-	100.0	2422
	45-49	-	93.8	6.2	-	-	100.0	3818
	Total	24.4	72.9	2.4	0.2	0.1	100.0	38531
Rural	13-14	88.7	11.3	-	-	-	100.0	9325
	15-19	26.0	73.4	0.2	-	0.4	100.0	32063
	20-24	0.9	98.8	0.2	-	0.2	100.0	31282
	25-29	-	99.0	0.8	-	0.2	100.0	26719
	30-34	-	98.6	1.1	0.1	0.3	100.0	20866
	35-39	-	97.0	2.7	0.3	-	100.0	16225
	40-44	0.4	96.4	3.2	-	-	100.0	13707
	45-49	0.8	91.7	7.8	-	0.5	100.0	14667
	Total	10.3	87.9	1.6	0.0	0.2	100.0	164854
Total	13-14	90.9	9.1	-	-	-	100.0	12625
	15-19	32.3	67.3	0.2	-	0.3	100.0	40603
	20-24	3.8	95.7	0.2	-	0.3	100.0	37646
	25-29	0.5	97.8	1.5	0.1	0.2	100.0	32628
	30-34	0.4	97.4	1.7	0.2	0.3	100.0	24920
	35-39	-	97.3	2.5	0.2	-	100.0	20349
	40-44	0.4	96.1	3.5	-	-	100.0	16129
	45-49	-	92.1	7.5	-	0.5	100.0	18485
	Total	12.9	85.1	1.7	0.1	0.2	100.0	203385

Of the total women in the age group of 13-49, 86 percent were currently married, 13 percent were never married and the remaining 2 percent were either divorced or widowed or separated. Most of the never married women belonged to 13-14 age group. In this age group 19 percent were never married and 9 percent were currently married. Two thirds of women in the age group of 15-19 were currently married while one third were never married. From the age 20 onwards, marriage is universal. Ninety six percent of women in 20-24 age group and subsequent age groups were currently married. With the increase in age, the percentage of widows has increased, from 0.2 percent in 20-24 age group to 7.5 percent in 45-49 age group, suggesting widow remarriages are uncommon. Age has no influence on the percentage of divorced or separated women. Complex set of social factors, irrespective of age, are behind the separation and divorce.

There are significant differences in marital status of women between urban and rural areas. While 88 percent in the age group of 13-49 were currently married in rural areas, only 73 percent of their counterparts in urban areas belonged to the same category. Currently married women in the age group of 13-14 in rural areas was much higher (11.3 percent) compared to urban areas (2.8 percent). Difference was more striking for the age group 15-19. While 44 percent women in urban areas were currently married, 73 percent in rural areas belonged to the same category. Rural-urban difference in regard to marital status narrowed down to insignificant level with the increase in age. For the age group 35-39, the percentage of currently married in both rural and urban areas (98 percent) was same. Percentage of widowed women increased with increase in age in both rural and urban areas. The number of divorced or separated women, in both rural and urban areas, was insignificant. Among these, separated were more in rural areas while divorced were more in urban areas. Differences in marital status of urban and rural women is largely a reflection of differences in age at marriage.

4.1.1 Singulate Mean Age at Marriage

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

Table 4.2: Singulate mean age at marriage

<i>Source (District Level)</i>	<i>Singulate mean age at marriage</i>		
	<i>Male</i>	<i>Female</i>	<i>Difference</i>
1961 Census	-	13.3	-
1971 Census	-	14.7	-
1981 Census	-	14.6	-
1992-93 BSUP	20.9	16.9	4.0

The singulate mean age at marriage for males is 20.9 years and for females, 16.9 years. The difference between males and females in regard to singulate mean age at marriage is 4 years.

4.1.2 Knowledge of Legal Age at Marriage

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

Table 4.3 Knowledge of minimum legal age at marriage

Background Characteristics	Percentage who correctly know legal minimum age at marriage		
	For males it is 21 years	For females it is 18 years	Number of women
Age			
13 - 19	21.1	32.3	26511
20 - 29	22.0	31.3	68912
30 - 39	20.0	29.3	47051
40 - 49	16.0	25.0	34764
Residence			
Urban	48.3	58.3	28886
Rural	14.6	24.1	148353
Education			
Illiterate	12.7	21.6	144877
Upto class 4	44.0	60.1	6255
Primary	43.0	56.1	11049
Upto middle	54.2	69.0	7783
Upto high	70.0	82.2	3556
Above high school	84.0	82.0	3719
Religion			
Hindu	18.6	27.9	170589
Muslim	49.9	72.0	4637
Other	79.9	80.9	2013
Caste			
Scheduled caste	12.4	21.4	48943
Scheduled tribe	10.8	11.9	6981
Backward caste	15.7	25.6	89318
Higher caste Hindu	42.5	53.2	25347
Other religious groups	59.0	74.2	6649
Total	35651	52625	177239

One fifth and 30 percent of total ever married women correctly knew about minimum legal age at marriage for males and females respectively. There is a slight increase in the knowledge level among younger age groups compared to old. While 25 percent in 40-49 age group knew about correct age at marriage for females, 32 percent in 13-19 age group mentioned the correct age. Similarly 16 percent in 40-49 age group and 21 percent in 13-19 age group were aware of correct age at marriage for males. Awareness about correct age at marriage for females increased by 7 percentage points between age groups 40-49 to 13-19.

Rural-urban differences in this regard are very sharp. While 58 percent of urban women could mention the correct legal age at marriage for females, only 24 percent of women in rural areas did so. Similarly awareness about legal age at marriage for males was much higher among urban ever married women (48 percent) compared to rural ever married women (15 percent).

Knowledge of correct legal age at marriage of both males and females increased with the increase in levels of education. Only 22 percent of illiterate ever married women were aware of correct age at marriage for females compared to 82 percent with up to high school and above qualifications. Knowledge of correct age at marriage for males increased from 13 percent among illiterate women to 84 percent among women with above high school qualification. Hindu ever married women's knowledge about correct age at marriage for males and females (19 percent and 28 percent) was much below compared to Muslim women (50 percent and 72 percent). Knowledge levels were much higher among higher caste groups compared to the Scheduled Castes, the Scheduled Tribes and the backward castes.

4.2 Age at Effective Marriage

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

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

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

Mean age at effective marriage was same (15.8 years) for women in the age groups of 20-49 and 25-49. There were no major differences in age at effective marriage across age cohorts. Mean age for the women in the age group of 13-14 was expectedly low (13.5 years). Among women in 20-49 age group, 90 percent started living with their husbands before they reached 19 years. An insignificant proportion of them (9.8 percent) started living with their husbands after 19 years. This was same for the women in the age group of 25-49. For all age cohorts, the effective age at marriage was less than 19 years. This clearly indicates the lack of changes in marriage patterns.

There are, however, significant differences among rural and urban women in regard to the age at effective marriage. More rural women in the age group of 20-49 started living with their husbands (71 percent) before reaching 17 years compared to urban women (53 percent). Mean age at effective marriage for rural women, in the age group 20-49, was 15.7 years and for urban women, 16.6 years. There are also major differences between cohort groups, in both urban and rural areas, in regard to age at effective marriage.

Table 4.4: Age at which respondent started living with husband

Current Age	Percentage who started living with husband by exact age						Mean age when started living with husband
	13-14	15-16	17-18	19-20	21-22	23-25	
Urban							
13-14	100.0	0.0	0.0	0.0	0.0	0.0	13.5
15-19	14.0	55.6	26.6	3.7	0.0	0.0	15.9
20-24	18.0	33.6	28.7	14.7	5.1	0.0	16.6
25-29	23.2	24.0	27.7	15.4	5.6	4.1	16.9
30-34	22.0	34.1	20.5	11.6	8.0	3.8	16.7
35-39	13.7	36.0	32.2	14.8	3.3	0.0	16.7
40-44	33.3	32.1	26.5	8.1	0.0	0.0	15.7
45-49	19.6	40.9	22.4	15.8	1.3	0.0	16.3
20-49	20.8	32.8	26.8	13.8	4.3	1.5	16.6
25-49	21.5	32.6	26.3	13.6	4.1	1.9	16.5
Rural							
13-14	100.0	0.0	0.0	0.0	0.0	0.0	13.5
15-19	38.4	47.2	14.1	0.4	0.0	0.0	15.0
20-24	30.4	38.7	24.7	5.1	0.9	0.1	15.7
25-29	31.8	40.5	19.8	5.5	1.3	1.0	15.6
30-34	31.9	42.0	19.9	5.3	0.5	0.3	15.5
35-39	31.8	41.6	16.6	7.0	2.0	1.1	15.7
40-44	28.6	39.8	21.6	7.9	1.9	0.1	15.8
45-49	31.0	37.2	23.0	5.7	2.7	0.4	15.8
20-49	31.0	40.0	21.2	5.9	1.4	0.5	15.7
25-49	31.2	40.5	20.0	6.1	1.6	0.6	15.7
Total							
13-14	100.0	0.0	0.0	0.0	0.0	0.0	13.5
15-19	35.3	48.2	15.7	0.8	0.0	0.0	15.1
20-24	28.5	37.9	25.3	6.5	1.6	0.1	15.8
25-29	30.3	37.7	21.2	7.2	2.1	1.5	15.9
30-34	30.3	40.8	20.0	6.3	1.7	0.9	15.7
35-39	28.0	40.2	19.9	8.6	2.2	0.9	15.9
40-44	29.4	38.6	22.4	8.0	1.6	0.1	15.8
45-49	28.8	37.9	22.9	7.6	2.4	0.3	15.9
20-49	29.3	38.8	22.1	7.2	1.9	0.7	15.8
25-49	29.5	39.0	21.2	7.5	2.0	0.9	15.8

4.3 Background Characteristics and Effective Age at Marriage

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

Median age at effective marriage for rural women was 15 years and for urban women, 16 years. The effective age at marriage remained constant for all age cohorts both in rural and urban areas. The median age at effective marriage was higher for literate women compared to illiterate women. Level of education to an extent influenced the age at effective marriage. Higher was level of education, higher was the age at effective marriage. Among women, in 25-49 age group, the effective age at marriage for illiterate women was 15 years and this increased to 16 years for women educated up to primary level and further moved up to 19 years for women with above high school qualifications.

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

Background Characteristics	Current age							
	15-19	20-24	25-29	30-34	35-39	40-49	20-49	25-49
Residence								
Urban	16.0	16.0	16.0	16.0	16.0	16.0	16.0	16.0
Rural	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Education								
Illiterate	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Upto class 4	17.0	17.0	16.0	16.0	15.0	16.0	16.0	16.0
Primary	15.0	17.0	15.0	16.0	16.0	15.0	16.0	16.0
Upto middle	16.0	16.0	17.0	16.0	17.0	16.0	16.0	17.0
Upto high	17.0	17.0	18.0	18.0	17.0	18.0	17.0	18.0
Above high school	18.0	19.0	19.0	20.0	18.0	18.0	19.0	19.0
Religion								
Hindu	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Muslim	-	16.0	16.0	19.0	15.0	16.0	16.0	16.0
Other	-	19.0	18.0	19.0	18.0	17.0	18.0	17.0
Caste								
Scheduled caste	15.0	15.0	15.0	15.0	15.0	15.0	15.0	15.0
Scheduled tribe	15.0	-	-	-	-	-	-	-
Backward caste	15.0	-	-	-	-	-	-	-
Higher caste Hindu	16.0	16.0	17.0	16.0	17.0	16.0	17.0	17.0
Other religious groups	-	-	-	-	-	-	-	-
Total	25873	36225	32688	25746	21305	34764	150727	114503

Hindu women got married at younger age (15 years) compared to both Muslim women (16 years) and women from other religious groups (18 years). There were no differences between age cohorts in regard to median age at marriage among women of all religious groups. Within Hindu women, the Scheduled Castes women got married at younger age (15 years) compared to women from high status caste groups (17 years). Differences in median age at effective marriage was more or less same for women in all age cohorts drawn from both the Scheduled Castes and the upper castes.

4.4 Summing up

Of the total women in the age group of 13-49, 86 percent were currently married, 13 percent were never married, and the remaining 2 percent were either divorced or widowed or separated. Most of the never married women belonged to 13-14 age group. With the increase in age, the percentage of currently married in different age groups increased considerably. Ninety six percent of women in 20-24 age group and subsequent age groups were currently married. Rural women got married at younger age groups compared to urban women. The singulate mean age at marriage for males is 21 years and for females 17 years. Of the total, 20 percent correctly know about minimum age at marriage for males and 30 percent, for females. Awareness about correct age at marriage for females increased by 7 percentage points between age groups 40-49 to 13-19. Knowledge of legal age at marriage for males and females increased with the increase in level of education of women and caste status. There were no major differences in age at effective marriage across age cohorts. More rural women in the age group of 20-49 started living their husbands (71 percent) before reaching 17 years compared to urban women (53 percent). Median age at effective marriage for rural women was 15 years and for urban women, 16 years. The median age at effective marriage was higher for literate compared to illiterate women. Hindu women got married at younger age (15 years) compared to Muslim (16 years) and other religious group women (18 years). Within Hindus, the Scheduled Caste women got married at younger age (15 years) compared to women from higher caste groups (17 years).

CHAPTER V

FERTILITY

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

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

5.1 Current Fertility Levels and Trends

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

To compute the numerator for the BSUP age-specific rates, live births are classified by (1) segment of time preceding the survey (i.e. 1-24 months) using the date of interview and date of birth; and (2) by age of the mother (in conventional five-year groupings) at the time of birth using date of interview and the dates of birth of both mother and child. The denominators of the age-specific rates are numbers of woman-years lived in the specified five-year age intervals during the time segment. The numerator for the general fertility rate is the total number of births to the women aged 13-49 that occurred during the time period. The denominator is the number of women-years lived between the ages of 15 and 49 during the period. The BSUP crude birth rate is based on births that occurred to usual residents of the household during the two years preceding survey as obtained in the household schedule. The CBR is calculated as the annual number of births in the two-year period before the date of interview per 1000 usual residents at the time of the survey.

Table 5.1 presents the age specific and cumulative fertility rate by residence. The age specific fertility rate was maximum for the ever married women in 20-24 age group (0.31) and has declined by more than half for ever married women of age above 30. The decline was more pronounced for urban ever married women than for rural ever married women. No urban ever married women in 13-14 and 45-49 age groups had given birth during the last two years. The fertility rates of rural ever married women were higher compared to urban ever married women in all age groups. The Total Fertility Rate (TFR) refers to the average number of children that would be born to a woman if she experienced the current fertility rates throughout her reproductive years.

Table 5.1: Current Fertility

Age	Urban	Rural	Total
13-14	-	0.01	0.01
15-19	0.08	0.16	0.15
20-24	0.26	0.33	0.31
25-29	0.19	0.23	0.22
30-34	0.12	0.16	0.13
35-39	0.02	0.09	0.08
40-44	0.02	0.05	0.04
45-49	-	0.01	0.01
TFR 15-44	3.45	5.12	4.65
TFR 15-49	3.45	5.12	4.67
GFR	107.13	165.11	154.14
BSUP CBR based on household birth record (<i>de jure</i>)	28.50	38.60	36.90

Note: Rates from BSUP are for the period 1-24 months before the interview except for the CBR from the household birth record which is based on the period 1991 Dassehra to 1993 Dassehra. Rates for the age group 45-49 might be slightly biased due to truncation.

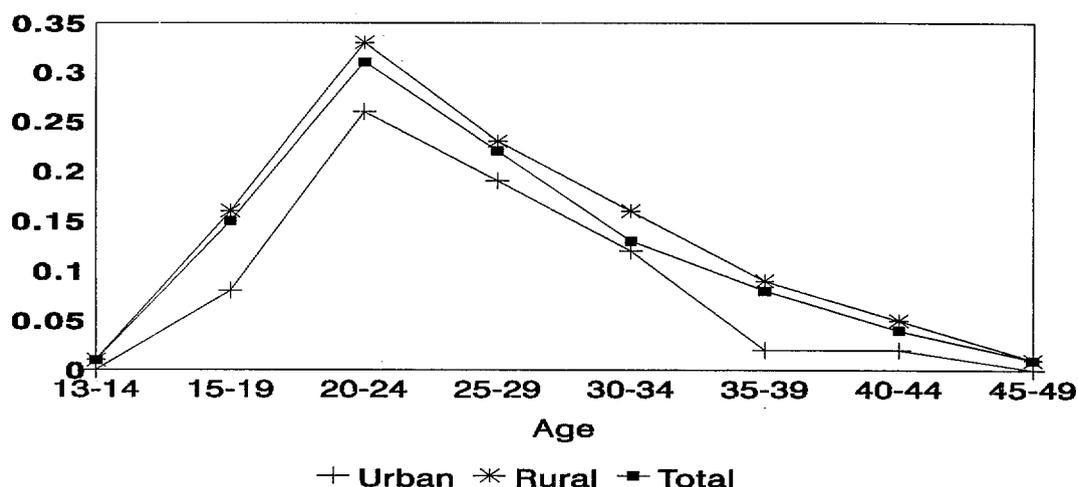
TFR: Total fertility rate for ages 15-44 and 15-49 expressed for woman

GFR: General fertility rate (births /number of women 15-49) expressed per 1000 women

CBR: Crude birth rate, expressed per 1000 population.

The TFR of all ever married women in 15-49 age group for the district as a whole was estimated to be 4.7. The TFR was more in rural areas (5.1) compared to urban areas (3.5). TFR for 15-44 and 15-49 age group women was almost same both in rural and urban areas. This would mean that there was no fertility in 45-49 age group. Difference in TFR of 1.6 between rural and urban women can be attributed to the already established lower levels of rural female literacy and lesser exposure to various mass media like newspaper, radio, television and cinema. The GFR was 177 for the district, and it was 143 for urban women and 184 for rural women. Similarly the CBR for the district as a whole was 36.9. Birth rate in rural areas was much higher (38.6) than in urban Lalitpur (28.5).

Figure 5.1: Age Specific Fertility Rates by Residence



Lalitpur, UP, 1993-94

Table 5.2 summarizes current fertility for major groups in population. It also provides a basis for inferring trends in fertility by comparing the current synthetic measures with the average number of children ever born to women currently in 40-49 years of age. Although comparison to completed fertility among women aged 40-49 with the total fertility rate can provide an indication of fertility change, such an approach is vulnerable to understatement of parity by older women. The findings on nuptiality and contraceptive use are also of crucial importance in reaching a balanced judgement about fertility trends. Unless there is evidence of increased age at marriage and/or appreciable use of contraception, it is unlikely that fertility has declined.

Table 5.2: Fertility by background characteristics

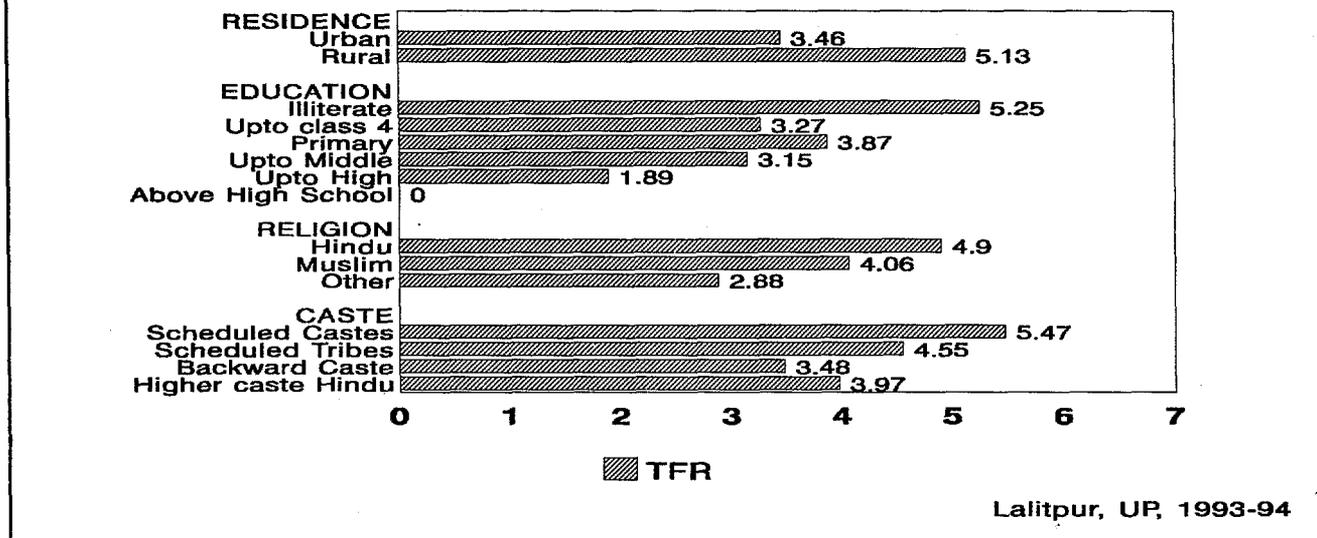
Background characteristic	Total fertility rate*	Mean number of children ever born to women aged 40-49 years
Residence		
Urban	3.456	4.5
Rural	5.130	5.7
Education		
Illiterate	5.247	4.6
Upto class 4	3.273	-
Primary	3.868	5.8
Upto middle	3.151	4.8
Upto high	1.889	4.2
Above high school	-	3.7
Religion		
Hindu	4.897	5.5
Muslim	4.055	6.1
Other	2.877	3.8
Caste		
Scheduled caste	5.468	5.3
Scheduled tribe	4.547	5.2
Backward caste	3.476	5.6
Higher caste Hindu	3.973	5.5
Other religious groups	-	-
Total	4.667	5.6

* Rate for women aged 15-49 years

There was a large difference in fertility between urban and rural women. The total fertility rate for rural women was 1.7 higher (5.13) than for urban women (3.46). Differences in fertility by education of women are striking. The total fertility rate in the district has declined from 5.2 for women with no education to 1.9 for women with up to high school education. The significant decline in fertility was between illiterate (5.3) and literate with up to class four education (3.3). However, the total fertility rate for women who completed the primary level of education (3.9) was more than the fertility for women who were educated up to class four (3.3). The total fertility rate was high for Hindu women (4.9) followed by Muslim (4.1) and other religion women (2.9). Fertility differentials by caste show that, the Scheduled Castes

women experienced the highest (5.5) total fertility rate while other religious group women (3.3) experienced the lowest. Total fertility rate was 4.5 for the Scheduled Tribes, 3.5 for the backward castes and 4.0 for the upper caste women of the district.

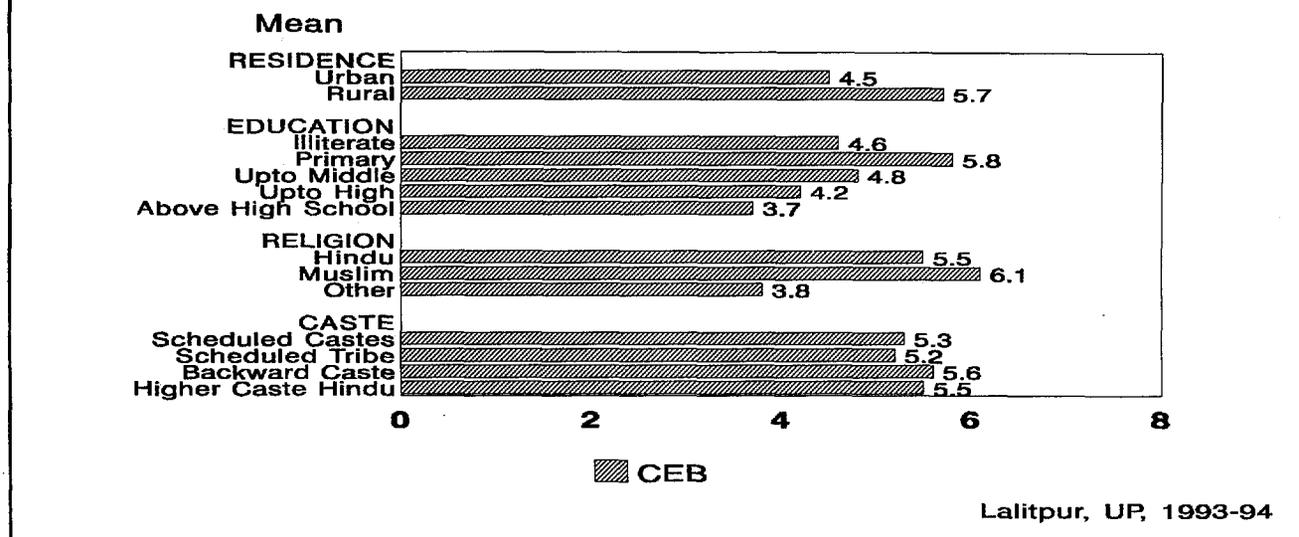
Figure 5.2: Total Fertility Rate (TFR) by Background Characteristics



The mean number of children ever born to women aged 40-49 years was more in urban areas (5.7) compared to rural areas (4.5). The educational differentials in mean number of children ever born to women aged 40-49 years has not followed the pattern of total fertility rate for different educational groups. The mean number of children ever born was high for women educated up to primary (5.8) while the same was 3.7 for women educated up to high school and above levels. However, mean number of children ever born was 4.8 for women educated up to middle when the same was 4.6 and 4.2 for illiterate and up to high school educated women respectively. Contrary to the estimates of total fertility rate, the mean number of children ever born was more for Muslim women (6.1) compared to Hindu women (5.5). The differentials in mean number of children ever born for different caste women was not significant. The mean varies between 5.6 for the backward castes women to 5.2 for the Scheduled Tribes women, while the same for the Scheduled Castes and the upper castes women was 5.3 and 5.5 respectively.

Thus it may be noted here that the estimates of mean number of children ever born for women aged 40-49 seems to be influenced much by the difference in sample size and this may be the reason for getting somewhat fluctuating estimates in case of mean number of children ever born unlike the estimates of total fertility rate.

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



5.2 Outcome of Pregnancies

Outcome of pregnancy is an indicator of the health of the mother which is influenced by a host of other factors. Table 5.3 shows the outcome of all pregnancies ever married women have had during last two years by age of mother and place of residence at the time of the survey. Out of a total 77,417 pregnancies in the district, more than 98 percent resulted in live births. There were 1.2 percent still births and induced as well as spontaneous abortions constituted around 0.3 percent of all deliveries. Contrary to the normal expectations, the percentage of live births to total pregnancies was slightly less for urban women (97.7 percent) compared to rural women (98.5 percent). The pregnancies that resulted in still births were slightly more in urban areas (1.9 percent) compared to rural areas (1.1 percent). There were no spontaneous abortions among urban women while there were no induced abortions among rural women of the district.

Analysis of the pregnancy outcome by current age of women showed that all the pregnancies had resulted in live births among urban women of 13-19 and 40-49 age groups. The percentages of live births were 97 and 95 in 20-24 and 30-39 urban age groups respectively because of 3 percent and 5 percent still births in these age groups. Among urban women of 25-29 age group, 1.4 percent of deliveries resulted in induced abortions. In rural areas, out of total pregnancies, 2 percent were still births in 20-24 age group and in 25-39 age group one percent were still births. Among rural women of 40-49 age group, nearly 2 percent of deliveries resulted in spontaneous abortions.

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>		
Urban						
13-19	100.0	0.0	0.0	0.0	100.0	1488
20-24	97.4	2.6	0.0	0.0	100.0	4037
25-29	98.6	0.0	0.0	1.4	100.0	3109
30-39	94.9	5.1	0.0	0.0	100.0	1975
40-49	100.0	0.0	0.0	0.0	100.0	118
Total	10477	206	-	44	100.0	10727
Rural						
13-19	99.3	0.0	0.7	0.0	100.0	9031
20-24	97.9	2.1	0.0	0.0	100.0	22856
25-29	99.0	1.0	0.0	0.0	100.0	17130
30-39	98.6	0.7	0.7	0.0	100.0	14375
40-49	98.4	0.0	1.6	0.0	100.0	3298
Total	65721	754	215	-	100.0	66690
Total						
13-19	99.4	0.0	0.6	0.0	100.0	10519
20-24	97.9	2.1	0.0	0.0	100.0	26893
25-29	98.9	0.9	0.0	0.2	100.0	20239
30-39	98.1	1.3	0.6	0.0	100.0	16350
40-49	98.4	0.0	1.6	0.0	100.0	3416
Total	76198	960	215	44	100.0	77417

5.3 Children Ever Born and Living

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

The mean number of children ever born among all ever married women in the district was 3.3 with the corresponding standard deviation of 2.4. The mean number of children ever born in 13-14 age group was almost negligible (0.1 percent). The mean number of children ever born increased with increase in age of the women except for 45-49 age group. The mean number of children ever born has increased from 0.5 for 15-19 age group to 1.8 and 3.2 for age groups 20-24 and 25-29, respectively. The mean number of children of 4.2 in 30-34 age group reached the highest level of 5.5 at age 40-44 and then there was a marginal drop for 45-49 age group. This might be due to high infant and child mortality among the old age cohort. The childless women constituted 14 percent of the total and the percentage generally declined

with the increase in age of women, from 60 percent for women aged 15-19 to 2 percent for 45-49 age group. By the time, the women completed their reproductive period, only 2 percent women remained as primary sterile while the remaining 98 percent had at least one live birth. This kind of behaviour is an indication of high propensity to become mothers by the married women. There were more than 17 percent women with 6 or more children and the percentages of women with 1-2 and 3-5 children were 27 percent and 42 percent respectively.

The average number of children surviving among all ever married women of the district was 2.7 with the corresponding standard deviation of 2.0 children. Thus each woman in the district had lost 0.5 children, on an average, throughout her reproductive period. The average number of surviving children was 0.4 for 15-19 age group women and rose to 1.5 and 2.7 for age groups 20-24 and 25-29 respectively. The mean number of surviving children of 3.6 among 25-29 age group increased to 4.3 by the completion of the reproductive behaviour of the women. The average number of children lost by the mother increased with age, from 0.1 for women aged 15-19 to 1.2 and 1.1 for age groups 40-44 and 45-49 respectively. This indicated that the women who were in the completing stages of reproductive behaviour (aged 40 and above), have lost more children compared to women in the early stages of reproductive behaviour (aged 15-29).

The average number of children ever born and surviving in the urban areas of the district was 3.1 and 2.8 respectively. There were no births for the women in 13-14 age group. In urban areas, there was sharp rise in the mean number of children up to age 34 and slowed down later on. This was true even for the mean child survival pattern. The average number of children ever born and surviving in the rural areas of the district was 3.3 and 2.7 respectively. One important point to be noted here is that although the mean number of children ever born in rural areas (3.3) is more than the mean number of children ever born in urban areas (3.1), the mean number of children surviving in rural areas (2.7) is less than the mean number of children surviving in urban areas (2.8). This is due to higher infant and child mortality in rural areas compared to urban areas. Among urban women of the district, the average number of children ever born for 15-19 age group was 0.5 and increased to 3.2 and 5.7 for women of age 25-29 and 40-44 respectively. For rural women also the rise in mean number of children was very sharp between ages 13 to 34 and slowed down later. This trend was true for the mean number of living children.

The percentage of mothers who were childless was slightly more in rural areas (14 percent) compared to urban areas (12 percent). However, the percentage of childless women in 45-49 age group was more in urban areas (4 percent) while in rural areas the corresponding percentage was just two. Based on this, it may be concluded that the percentage of primary sterile women was more in urban areas compared to rural areas. The mothers with 6 or more children formed 18 percent of total in rural areas and 11 percent, in urban areas of the district. Twenty seven percent of mothers had one or two live births in urban as well as rural areas of the district. On the other hand, 50 percent urban mothers had 3-5 live births compared to 40 percent of rural mothers. Thus, it can be concluded that the family building process of the urban women is substantially different from that of the rural women.

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

Number of live births and living children	Age of the mother								Total %	Number of women
	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49		
Urban										
Number of live births										
0	1.5	45.8	27.7	6.7	1.2	5.0	7.9	4.2	100.0	3465
1	-	38.2	38.8	12.1	5.0	2.4	-	3.5	100.0	3403
2	-	4.2	33.9	32.5	16.0	6.9	0.5	6.1	100.0	4489
3	-	0.8	17.3	32.3	18.7	14.6	9.4	6.9	100.0	6176
4	-	-	4.4	23.5	18.7	26.2	10.5	16.7	100.0	4706
5	-	-	3.4	10.7	22.7	27.6	20.9	14.7	100.0	3438
6	-	-	-	8.7	23.0	19.3	21.2	27.8	100.0	1483
7	-	-	-	5.7	-	22.0	20.4	51.9	100.0	909
8	-	-	16.9	-	8.9	23.9	31.9	18.5	100.0	541
9	-	-	-	-	-	40.9	40.9	18.3	100.0	117
10 or more	-	-	-	-	-	-	-	100.0	100.0	102
Mean	-	0.6	1.8	3.0	3.6	4.1	4.4	4.6	100.0	
SD	-	0.7	1.5	1.3	1.4	2.0	2.1	2.2	100.0	
Number of living children										
0	1.4	42.4	30.5	6.2	1.1	4.7	9.8	3.8	100.0	3739
1	-	37.3	37.1	13.5	4.5	3.7	0.6	3.2	100.0	3726
2	-	3.1	35.2	31.6	17.6	5.3	0.5	6.7	100.0	4729
3	-	-	10.4	32.0	19.8	17.4	12.1	8.2	100.0	6790
4	-	-	5.6	21.6	18.1	24.6	12.8	17.3	100.0	4779
5	-	-	3.7	6.5	19.8	31.6	18.4	20.0	100.0	3128
6	-	-	-	5.0	18.2	21.3	24.7	30.8	100.0	1148
7	-	-	-	9.0	18.3	8.3	13.9	60.5	100.0	577
8	-	-	-	-	-	50.8	15.8	33.4	100.0	212
9	-	-	-	-	-	-	-	-	100.0	-
10 or more	-	-	-	-	-	-	-	-	100.0	-
Mean	-	0.5	1.6	2.7	3.4	3.8	3.7	4.2	100.0	
SD	-	0.6	1.2	1.2	1.3	1.5	1.8	1.8	100.0	
Rural										
Number of live births										
0										
1	2.4	61.9	22.9	7.0	1.4	2.0	0.6	1.7	100.0	21247
2	0.4	40.1	41.8	8.8	2.5	2.9	1.5	2.0	100.0	19494
3	-	6.9	45.7	25.5	8.8	5.9	3.3	4.0	100.0	20758
4	-	1.5	24.1	32.7	18.0	11.1	5.8	6.8	100.0	23521
5	-	-	9.5	28.4	26.6	17.5	11.5	6.5	100.0	19100
6	-	-	4.9	20.1	28.5	18.9	13.0	14.6	100.0	16754
7	-	-	1.1	13.8	22.1	18.2	20.2	24.5	100.0	11319
8	-	-	-	4.9	25.0	18.3	33.7	18.1	100.0	5856
9	-	-	-	0.1	11.2	31.2	30.5	27.1	100.0	4624
10 or more	-	-	-	4.0	6.8	21.2	37.4	30.5	100.0	3163
Mean	-	-	-	-	7.5	14.7	28.3	49.4	100.0	2516
SD	0.1	0.5	1.8	3.2	4.4	4.8	5.7	5.6	100.0	
	0.3	0.7	1.3	1.6	1.7	2.2	2.3	2.5	100.0	

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		
Number of living children										
0	2.1	59.0	25.6	7.6	1.6	2.0	0.6	1.5	100.0	24060
1	0.3	32.9	42.4	11.0	3.9	4.3	1.4	3.6	100.0	22706
2	-	3.8	39.5	31.6	10.4	5.4	4.7	4.5	100.0	24878
3	-	0.5	15.9	29.1	21.6	13.5	11.0	8.4	100.0	27750
4	-	-	3.8	22.9	27.8	20.6	13.0	12.0	100.0	22206
5	-	-	0.6	9.3	30.8	20.3	20.0	19.1	100.0	13471
6	-	-	-	4.4	14.1	20.5	27.9	33.0	100.0	7932
7	-	-	-	-	8.9	32.0	35.1	24.0	100.0	3163
8	-	-	-	-	3.4	21.1	40.9	34.6	100.0	1455
9	-	-	-	-	-	19.7	27.6	52.7	100.0	684
10 or more	-	-	-	-	-	-	41.5	58.5	100.0	47
Mean	0.1	0.4	1.5	2.6	3.6	4.0	4.5	4.4	100.0	
SD	0.3	0.6	1.1	1.3	1.3	1.7	1.8	2.0	100.0	
Total Number of live births										
0	2.3	59.7	23.6	6.9	1.4	2.5	1.7	2.0	100.0	24712
1	0.3	39.3	41.3	9.3	2.9	2.8	1.3	2.3	100.0	22897
2	-	6.4	43.6	26.7	10.1	6.0	2.8	4.4	100.0	25247
3	-	1.4	22.7	32.6	18.2	11.8	6.6	6.8	100.0	29697
4	-	-	8.5	27.4	25.1	19.2	11.3	8.5	100.0	23806
5	-	-	4.6	18.4	27.5	20.6	14.3	14.6	100.0	20249
6	-	-	1.0	13.2	22.2	18.4	20.3	24.9	100.0	12802
7	-	-	-	5.0	21.7	18.8	31.9	22.6	100.0	6765
8	-	-	1.8	0.1	10.9	30.4	30.6	26.2	100.0	5165
9	-	-	-	3.9	6.6	21.9	37.5	30.1	100.0	3281
10 or more	-	-	-	-	7.2	14.2	27.2	51.4	100.0	2618
Mean	0.1	0.5	1.8	3.2	4.2	4.6	5.5	5.4	100.0	
SD	0.3	0.7	1.3	1.5	1.7	2.1	2.3	2.5	100.0	
Number of living children										
0	2.0	56.8	26.3	7.4	1.5	2.4	1.8	1.8	100.0	27799
1	0.3	33.5	41.7	11.3	4.0	4.3	1.4	3.6	100.0	26432
2	-	3.7	38.8	31.6	11.6	5.4	4.0	4.9	100.0	29607
3	-	0.4	14.8	29.7	21.2	14.2	11.2	8.4	100.0	34540
4	-	-	4.1	22.6	26.1	21.3	12.9	12.9	100.0	26985
5	-	-	1.1	8.7	28.6	22.7	19.6	19.2	100.0	16656
6	-	-	-	4.5	14.6	20.6	27.5	32.7	100.0	9079
7	-	-	-	1.4	8.8	28.3	31.8	29.7	100.0	3740
8	-	-	-	-	3.0	24.9	37.7	34.4	100.0	1668
9	-	-	-	-	-	19.7	27.6	52.7	100.0	684
10 or more	-	-	-	-	-	-	41.5	58.5	100.0	47
Mean	0.1	0.4	1.5	2.1	2.7	2.9	3.1	3.2	100.0	
SD	0.3	0.6	1.1	1.3	1.5	1.6	1.7	1.7	100.0	

5.5 Children Ever Born and Living by Background Characteristics

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

The mean number of children ever born increased with the increase in the age of women. For instance, the mean number of children ever born was 0.5 for 13-19 age group women and increased to 5.6 for 40-49 age group. Similarly the mean number of surviving children was 0.4 for 13-19 age group women and 4.4 for 40-49 age group of currently married women. The difference between number of children ever born and living was less for the younger age groups compared to the old age group women. Among women who have almost completed/ completing the reproductive behaviour (40-49 age group), the maximum attained fertility was 5.6 children. Of these, 3.1 were sons and 2.4 were daughters. The mean number of children ever born for 40-49 age group women (5.6) significantly differed from the total fertility rate (4.7) of ever married women. This implied that there was considerable decline in fertility of currently married women during the last 10-15 years. In all the age groups of the currently married women, the average number of ever born sons was more than the average number of ever born daughters. In different age groups of the women, variations in the survival pattern of males and females seem to be minimal.

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

<i>Background characteristics</i>		<i>Children ever born</i>			<i>Children living</i>		
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
<i>Currently married</i>							
Age	13-19	0.3	0.2	0.5	0.2	0.2	0.4
	20-24	1.0	0.8	1.8	0.8	0.7	1.5
	25-29	1.7	1.5	3.2	1.4	1.2	2.6
	30-39	2.4	2.1	4.5	2.1	1.7	3.8
	40-49	3.1	2.4	5.5	2.5	1.9	4.4
Residence	Urban	1.8	1.5	3.3	1.5	1.2	2.7
	Rural	1.8	1.3	3.1	1.6	1.2	2.8
Education	Illiterate	1.9	1.6	3.4	1.6	1.3	2.9
	Upto class 4	1.7	1.5	3.2	1.5	1.3	2.8
	Primary	1.6	1.1	2.7	1.4	1.0	2.4
	Upto middle	1.2	1.0	2.3	1.2	1.0	2.2
	Upto high	1.4	0.8	2.2	1.3	0.8	2.1
	Above high school	1.2	1.1	2.3	1.1	1.1	2.2
Religion	Hindu	1.8	1.5	3.3	1.5	1.2	2.7
	Muslim	1.9	1.6	3.5	1.7	1.4	3.1
	Other	1.4	1.4	2.8	1.4	1.4	2.8
Caste	Scheduled caste	1.8	1.4	3.2	1.4	1.1	2.5
	Scheduled tribe	1.9	1.6	3.5	1.5	1.3	2.8
	Backward caste	1.8	1.5	3.3	1.5	1.2	2.7
	Higher caste Hindu	1.9	1.5	3.4	1.6	1.3	3.0
	Other reli. group	-	-	-	-	-	-
Total		317793	263535	581340	267152	213676	480825

Of the average 3.3 children ever born for urban women, 1.8 were sons and the remaining 1.5 were daughters and, of these, 1.6 sons and 1.2 daughters were surviving. For rural women, the average number of ever born sons was 1.8 out of which 1.6 were surviving and the mean number of ever born and surviving daughters was 1.3 and 1.2 respectively. The mean number of ever born children decreased with increase in the education of the women. The mean number of ever born children for illiterate mothers was 3.4, whereas the same for women with above high school education was 2.3. With the increase in education of the women, the mean number of children surviving increased.

The mean number of ever born children was relatively more for Muslim women (3.4), the same for Hindu and other religion women was 3.3 and 2.9 respectively. The average number of children surviving was also more for Muslim women (3.1), and the same for Hindu and other religion women was 2.7. On the other hand, the mean children died was more for Hindu women (0.5) compared to 0.3 and 0.2 for Muslim and other religion women respectively. The survival pattern is almost same for male and female children in different religious groups. Caste-wise variations in mean children ever born were minimal: 3.2 for the Scheduled Castes and 3.5 for the Scheduled Tribes women. The mean number of surviving children varied from 2.5 for the Scheduled Castes women to 3.0 for the upper castes women. The mean number of children died was as high as 0.7 for the Scheduled Castes and the Scheduled Tribes women, while it was 0.4 for the upper castes women. There was not much variation in the survival pattern of male and female children among women of different caste groups.

5.6 Summing up

The age specific fertility was maximum for ever married women in 20-24 age group (0.31) and has declined by more than half for ever married women of age 30 and above. The decline was more pronounced for urban ever married women compared to rural ever married women. The TFR for all ever married women in 15-49 age group for the district as a whole was estimated to be 4.7. The TFR was more in rural areas (5.1) compared to urban areas (3.5). The GFR was 154 for the district. The urban GFR was 107 and the rural, 165. The total fertility rate in the district has declined from 5.2 for illiterate women to 1.9 for women with up to or above high school education. The TFR was high for Hindu women (4.9) followed by Muslim (4.1) and other religion women (2.9). The Scheduled Castes women experienced the highest (5.5) TFR while the same for the upper caste women was 4.

Of the total pregnancies during the last two years, slightly more than 98 percent resulted in live births. There were 1.2 percent still births and induced as well as spontaneous abortions constituted around 0.3 percent of all deliveries. Contrary to normal expectations, the percentage of live births to total pregnancies was slightly less for urban women (98 percent) compared to rural women (99 percent). The pregnancies that resulted in still births were slightly more in urban areas (1.9 percent) compared to rural areas (1.1 percent). The mean number of children ever born among all ever married in the district was 3.3. The average number of children ever born and surviving in the urban areas of the district was 3.1 and 2.8 respectively. The average number of children ever born and surviving in the rural areas of the district was 3.3 and 2.7 respectively. The mean number of children ever born increased with the increase in the age of women. Education level of women and caste status negatively

influenced the number of children ever born. The mean number of ever born children was relatively more for Muslim women (3.4) and the same for Hindu and other religion women was 3.3 and 2.9 respectively.

CHAPTER VI

FAMILY PLANNING

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

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

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

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

6.1 Knowledge of Family Planning Methods and Sources

Table 6.1 presents the extent of knowledge separately as assessed by spontaneous response (without any probe) and with probed responses. Knowledge of different contraceptive methods and of a source from where each method could be obtained is presented for currently married women, by method and type.

Table 6.1: Knowledge of family planning methods

(percentage)

<i>Method</i>	<i>Spont- aneous</i>	<i>Spont- aneous + Probing</i>	<i>Knows how to use correctly</i>	<i>Knows how to use correctly & to some extent</i>	<i>Knows a source</i>	<i>Percentage ever used the method</i>
Urban						
Vasectomy	88.2	95.9	73.7	87.0	95.9	7.3
Tubectomy	94.2	97.9	86.7	93.3	97.9	27.4
Loop/CuT	72.3	88.5	65.1	82.0	88.5	6.4
Pills	68.2	81.5	64.0	82.2	81.5	2.8
Condom	83.1	90.5	81.2	91.1	90.5	21.1
Foam Tab/Jelly	10.2	13.3	41.6	60.0	13.3	0.7
Injection	24.6	36.2	46.3	74.0	36.2	0.1
Withdrawal	14.7	23.2	56.2	67.5	-	4.2
Rhythm/Safe period	21.0	24.2	82.5	84.6	-	9.6
Knows at least one modern method	97.6	100.0	92.6	98.8	100.0	55.3
At least one modern spacing method	89.9	97.4	81.9	91.5	97.4	27.3
Mean of modern methods known	4.4	5.0	0.7	0.9	5.0	0.7
Mean of modern spacing methods known	2.6	3.1	0.4	0.5	3.1	0.3
Rural						
Vasectomy	50.8	81.9	38.4	67.8	81.9	1.9
Tubectomy	75.0	96.1	57.5	80.7	96.1	21.9
Loop/CuT	28.3	63.0	30.1	56.9	63.0	1.5
Pills	47.5	81.7	40.4	69.0	81.7	6.5
Condom	53.2	81.9	53.8	75.7	81.9	17.5
Foam Tab/Jelly	2.1	3.6	12.3	42.6	3.6	-
Injection	3.3	11.1	18.9	62.9	11.1	-
Withdrawal	9.4	14.4	69.1	85.8	-	6.0
Rhythm/Safe period	34.2	40.4	92.9	97.4	-	28.2
Knows at least one modern method	89.0	99.6	76.1	91.4	99.6	45.2
At least one modern spacing method	67.3	92.2	56.6	75.4	92.2	24.1
Mean of modern methods known	2.6	4.2	0.4	0.7	4.2	0.5
Mean of modern spacing methods known	1.3	2.4	0.2	0.4	2.4	0.3

Almost all women in urban areas of Lalitpur district were, as a spontaneous response, aware of atleast one modern method (98 per cent), and 90 percent were aware of atleast one modern spacing method. Spontaneous knowledge of tubectomy was very high (94 percent) compared to other methods such as Vasectomy (88 percent), condoms (83 percent), IUD (72 percent) and pills (68 percent). Awareness levels of other methods such as foam tablets/jelly (10 per cent) and injection (25 percent) were very low. Within traditional methods, more were aware of rhythm/safe period (21 percent) compared to withdrawal (15 percent). When spontaneous and probed responses were put together, differences in awareness levels between methods narrowed down considerably. Awareness level of any one modern method was universal and almost all (98 percent) were also aware of any one modern spacing method. Mean number of modern methods known, as a spontaneous response, was 4.4 methods and after probing the average jumped upto 5. Mean number of modern spacing methods known was 2.6 and moved up to 3.1 after probing. Nearly 93 percent knew about correct use of any one modern method and 82 percent, about any one modern spacing method. Mean number of

methods known for correct use is much less than the average number of methods women are aware of. Mean number of methods, about which correct use was known, was only 0.7 for any modern method and 0.4 for any modern spacing method. This position improved slightly when the responses about correct use and to some extent were added together. Most of the women were aware of the sources to obtain modern family planning methods. Mean number of modern methods, for which sources were known, was 5 and mean number of sources known for modern spacing methods was 3.

Knowledge levels of family planning methods were low among rural women compared to urban women. Three fourths of rural women were, as a spontaneous response, aware of female sterilization, 51 percent about vasectomy, 53 percent about condoms, 48 percent about pills, and about 28 percent about IUD. The knowledge levels for jelly/foam tablets (2 percent) and injections (3 percent) were extremely low. Within traditional methods, more were aware of rhythm/safe period (34 percent) compared to withdrawal (9 percent). Knowledge levels improved considerably when spontaneous responses and responses obtained after probing were clubbed together. Almost all women were aware of tubectomy (96 percent), 82 percent about vasectomy, 82 percent each about condoms and pills and 63 percent about IUD. Knowledge about foam tablets/jelly and injection was very low. All women in rural Lalitpur were aware of at least one modern method and 92 percent were aware of atleast one modern spacing method. Mean number of modern methods known was 4.2 and mean number of modern spacing methods known was 2.4. Knowledge of correct use of methods was high for tubectomy (58 percent) and condoms (54 percent) compared to other methods such as vasectomy (38 percent), IUD (30 percent) and pills (40 percent). Of those who were aware of the use of traditional methods, 69 percent knew about withdrawal method and 93 percent about safe period. When knowledge to an extent on correct use was taken into consideration, there was considerable improvement. Seventy six percent knew about correct use of at least one modern method and this moved upto 91 percent when knowledge to an extent was taken into consideration. Similarly correct use of atleast one spacing method was known to 57 percent and this moved to 75 percent. Mean number of modern methods about which correct use was known, was only 0.4 and mean number of spacing methods with knowledge of correct use was 0.2. Almost all women knew about the source to obtain atleast one modern method and 92 percent knew about sources for at least one modern spacing method. Mean of sources known for modern methods was 4.2 and mean of sources known for modern spacing methods was 2.4.

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

Table 6.2: Knowledge of methods and source by background characteristics

Background Characteristics	Knows at least one modern method	Knows at least one modern spacing method	Average number of modern methods known	Average number of sources for modern method	Number of women
Age					
13-19	99.6	94.8	4.28	6.00	26305
20-24	99.8	96.4	4.40	6.00	35650
25-29	99.3	92.8	4.40	6.00	32066
30-49	99.9	91.0	4.30	6.00	78132
Residence					
Urban	100.0	97.4	5.00	7.33	27639
Rural	99.7	92.2	4.20	5.64	144515
Education					
Illiterate	99.6	91.9	4.20	5.58	140778
Upto class 4	100.0	99.1	5.00	7.25	5759
Primary	100.0	96.3	4.80	6.83	10945
Upto middle	100.0	98.0	5.10	7.82	7526
Upto high	100.0	100.0	5.40	8.28	3556
Above high school	100.0	100.0	5.90	8.37	3589
Religion					
Hindu	99.7	92.8	4.28	5.82	165618
Muslim	100.0	99.7	5.28	7.95	4529
Other	100.0	100.0	5.80	9.13	2007
Caste					
Scheduled caste	99.2	91.0	4.01	5.00	47087
Scheduled tribe	100.0	89.8	4.13	5.94	6774
Backward caste	99.9	93.4	4.33	6.03	87209
Higher caste Hindu	100.0	94.7	4.69	6.61	24548
Other religious groups	100.0	99.8	5.44	5.91	6536
Total	99.7	93.0	4.33	5.91	172153

Almost all currently married women were aware of atleast one modern method and 93 percent of atleast one modern spacing method. Average number of methods known was 4.33 and average number of sources known for modern methods was 5.9. Age has no particular influence on the knowledge of atleast one modern method, knowledge of atleast one spacing method, average number of modern methods known and average number of sources known to obtain modern methods. There was no difference in the extent to which the respondents were knowledgeable about atleast one modern method in urban and rural areas. Urban women were slightly more knowledgeable about modern spacing methods than rural women. Ninety seven percent women in urban areas knew about atleast one modern spacing method compared to 92 percent in rural areas. Average number of methods known was more in urban areas (5 methods) compared to rural areas (4 methods) and also average number of sources known in urban areas (7.3 sources) compared to rural areas (5.6 sources).

Literacy and level of education has no influence on the knowledge of atleast one modern method. Knowledge about atleast one spacing method among women with high school and above high school qualification was universal. Among illiterate women, this was only 92 percent. Average number of methods was low among illiterate (4 methods) compared to women with above high school education (6 methods). Knowledge about sources was more among high school educated women (8 sources) compared to illiterate women (6 sources). Level of education has influenced the extent of knowledge in regard to spacing methods, average number of modern methods and sources from where these methods could be obtained. Religion has no influence on the knowledge level of any modern method. Knowledge of any spacing method was universal among Muslim and other religious group women compared to Hindu women (93 percent). Average number of modern methods known was more among women from other religious groups (5.8 methods) and Muslim women (5.2 methods) compared to Hindu women (4.3 methods). Average number of sources from where the modern method could be obtained was the highest among women from other religious groups (9 sources) followed by Muslims (8 sources) compared to Hindu women (6 sources). While the knowledge levels of any modern methods were more or less same for all caste groups, there were differences in awareness levels of any one modern spacing method. The Scheduled Castes and the Scheduled Tribes women were less aware of any one modern spacing method (91 percent and 90 percent respectively) compared to the upper caste women (99.8 percent). Average number of modern methods known was 4 among the Scheduled Castes, and the Scheduled Tribes women, 4.3 among the backward castes, 4.7 among the upper castes and 5.4 among the other religious groups. More sources from where the modern methods could be obtained were known to the upper castes (7 sources) and the backward castes women (6 sources) compared to the Scheduled Castes (5 sources) women. Higher the caste status, more was the knowledge about spacing methods and sources to obtain these methods.

6.2 Contraceptive Use

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

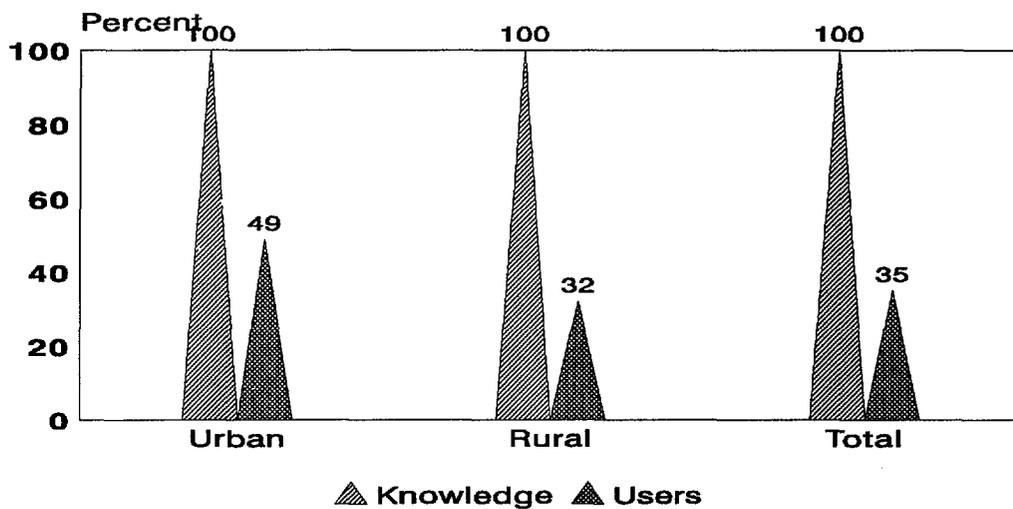
Of the total currently married women in Lalitpur district, 63 percent were ever users of any method of contraception and of this 47 percent were ever users of any modern method of contraception. Proportion of ever users increased with the increase in age. Only 39 percent were ever users in 13-19 age group, this increased to 67 percent in 25-29 age group and reached a peak level of 77 percent among 30-39 age group. Modern method use also had a similar pattern. Twenty three percent in 13-19 age group and 56 percent in 30-39 age group were ever users of any one modern method. Ever use of any method was high among rural women (63 percent) compared to urban women (60 percent). However, reverse was true for ever use of any modern method. Fifty five percent of urban women were ever users of any one modern method compared to 45 percent in rural areas. The difference is due to large proportion of traditional method users in rural areas. More women in 13-19 age group in rural areas were ever users of any method (40 percent) compared to women of the same age group in urban areas (25 percent).

Table 6.3: Ever use of contraception

<i>Method</i>	<i>Any method</i>	<i>Any modern method</i>	<i>Male sterilization</i>	<i>Female sterilization</i>	<i>Cu-T/IUD</i>	<i>Pill</i>	<i>Condom or Nirodh</i>	<i>Foam Tablet</i>	<i>Injections</i>	<i>Traditional method</i>	<i>Withdrawal</i>	<i>Periodic abstinence</i>	<i>Other methods</i>	<i>Number of women</i>
Urban														
13-19	25.2	15.1	-	-	-	3.9	11.2	-	-	14.4	1.3	13.1	-	3174
20-24	43.6	34.2	-	4.5	4.2	1.4	23.2	1.1	-	14.0	3.0	11.7	-	5200
25-29	60.6	56.0	-	21.5	10.3	3.2	35.0	0.4	0.7	19.8	5.5	16.0	-	5407
30-34	70.4	69.9	2.0	43.1	11.3	8.9	23.0	1.0	-	7.0	5.7	1.3	-	3897
35-39	76.4	76.4	4.2	62.2	10.0	1.4	15.2	-	-	8.0	5.7	4.5	-	4186
40-44	81.1	78.5	41.2	33.9	-	-	8.2	-	-	14.0	3.3	12.4	-	2663
45-49	64.5	64.5	21.5	31.9	4.1	-	15.4	-	-	9.3	3.5	5.9	-	3111
Total	59.5	55.3	7.3	27.4	6.4	2.8	21.1	0.7	0.1	12.7	4.2	9.6	-	27639
Rural														
13-19	40.3	24.1	-	-	0.5	7.1	17.6	-	-	22.0	3.2	19.3	-	23131
20-24	55.1	33.6	-	3.2	1.7	8.2	23.0	-	-	33.9	6.6	28.3	-	30451
25-29	67.8	43.5	-	15.7	1.6	9.5	22.7	-	-	39.8	9.0	33.6	-	26659
30-34	70.0	53.5	0.3	33.7	2.7	5.5	17.5	-	-	35.0	5.7	15.7	-	21281
35-39	77.1	63.7	3.1	45.4	2.5	6.0	14.7	-	0.2	33.0	5.7	28.0	0.3	16327
40-44	76.5	60.1	6.8	47.2	0.7	1.6	7.9	-	-	36.2	6.4	31.9	-	13839
45-49	70.9	60.5	10.1	41.5	0.4	2.8	7.1	-	-	27.6	3.3	26.1	-	12828
Total	63.2	45.2	1.9	21.9	1.5	6.5	17.5	-	0.0	32.8	6.0	28.2	0.0	144515
Total														
13-19	38.5	23.1	-	-	0.5	6.7	16.9	-	-	21.1	3.0	18.6	-	26305
20-24	53.4	33.6	-	3.4	2.1	7.2	23.4	0.2	-	31.1	6.1	25.9	-	35650
25-29	66.6	45.6	-	16.7	3.1	8.4	24.8	0.1	0.1	36.5	8.5	30.7	-	32066
30-34	70.1	56.1	0.5	35.1	4.0	6.0	18.4	0.2	-	30.6	5.7	25.6	-	25177
35-39	77.0	66.3	3.3	48.8	4.0	5.1	14.8	-	0.2	28.0	5.7	23.2	0.3	20513
40-44	77.3	63.1	12.4	45.0	0.6	1.3	7.9	-	-	32.6	5.9	28.7	-	16502
45-49	69.7	61.3	12.3	39.7	1.1	2.2	8.7	0.4	-	24.0	3.3	22.1	-	15939
Total	62.7	46.8	2.8	22.8	2.3	5.9	18.1	0.1	0.0	29.6	5.7	25.2	0.0	172153

These differences persisted till the women reached 25-29 age group. After that for the age group 30-39, there were no differences in ever users in urban and rural areas. Ever users of any modern method were more in rural areas among 13-19 age group (24 percent) compared to the ever users in the same group in urban areas (15 percent). The differences were minimal between the urban and rural women of 20-24 age group. Among 25-29 age group women, the ever users were more (56 percent) in urban areas compared to rural areas (43 percent). The differences continued for the age group 30-39.

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



Lalitpur, UP, 1993-94

Of the total 3 percent ever users of male sterilization in the district, large majority were in the above 35 years age group. This method is not used by younger age groups. As a result, the number of male sterilization users would get reduced considerably after five years. There were more male sterilization acceptors in the urban areas (7.3 percent) compared to rural areas (1.9 percent). However, there were no differences in the age structure of acceptors. Most of them in both rural and urban areas were in above 40 years age groups. Twenty three percent of total women in the district were acceptors of female sterilization. There were no acceptors in 13-19 age groups and insignificant number in 20-24 age group. With the increase in age, acceptance rate increased. Thirty five percent in 30-34 age group and 49 percent in 35-39 age group were female sterilization method users. Female sterilization acceptance was more in urban areas (27 percent) compared to rural areas (22 percent). Twenty two percent in 25-29 age group, 43 percent in 30-34 age group, and 62 percent in 35-39 age group were acceptors of female sterilization in urban areas. Less number of women in the rural areas accepted female sterilization in younger age groups compared to urban women. Sixteen percent in 25-29 age group, 34 percent in 30-34 age group, 45 percent in 35-39 age group were acceptors of female sterilization in rural areas.

Only 2 percent of currently married women in the district were ever users of IUD. Most of the IUD users were in 30-39 age group. Ever users of IUD were more in urban (6 percent) compared to rural areas (2 percent). Ever users of IUD in urban areas belonged to younger age groups compared to ever users of IUD in rural areas. Six percent of total women were ever users of oral contraceptives. The proportion of pill users was more or less same in all age groups. Ever users of pill were more in rural (7 percent) compared to urban areas (3 percent). In both urban and rural areas, pill users were more or less in equal proportion in all age groups. Use of condoms was very high in the district. Eighteen percent were ever users of condoms. Younger age groups (20-29) had more ever users compared to others. Ever users of condoms were more in urban areas compared to rural areas. There were no differences between urban and rural areas in regard to the ever users in different age groups. Ever users of injections and foam tablets were minimal.

Ever users of traditional methods formed 30 percent of total women. There were more ever users in 20-34 age group compared to other age groups. Traditional method use was substantially more in rural areas (33 percent) compared to urban areas (13 percent). Equal proportion of couples in all age groups both in rural and urban areas practiced traditional methods. Periodic abstinence was more popular (25 percent) compared to withdrawal method (6 percent). Ever users of periodic abstinence were more in rural areas (28 percent) compared to urban areas (10 percent). The differences for withdrawal method were marginal between rural (6 percent) and urban areas (4 percent). There was no influence of age on use of these methods in both rural and urban areas.

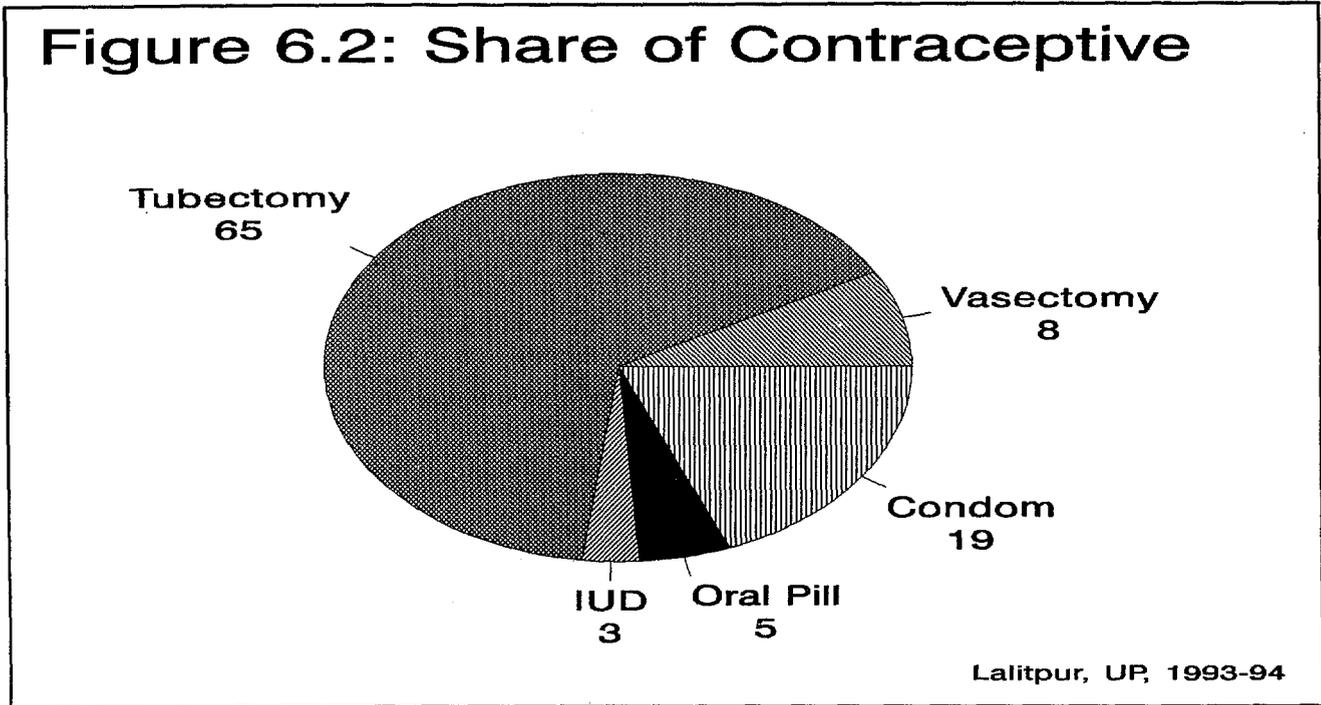
The level of current use is the most widely referred measure of the success of a family planning programme. Furthermore, it can be used at a later stage of analysis, to estimate the reduction in fertility attributable to contraception. The percentage distribution of currently married women by contraceptive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

Among total currently married women, 40 percent were current users of any method of contraception in 13-49 age group. While percent of current users remained the same for 15-49 age group, it was slightly less among 15-44 age group (39.4 percent). With the increase in age, the percent of current users increased. Only 19 percent were current users in 13-19 age group; this increased to 49 percent in 30-34 age group; and moved further up to 63 percent in 40-44 age group. Current users of any method were more in urban areas (52 percent) compared to rural areas (38 percent). Proportion of current users was high in all age groups in urban areas compared to rural areas. More in the younger age groups were current users of any method in urban areas compared to rural areas. As the age increased differences in proportion of users of any method in urban and rural areas narrowed down considerably. Thirty five percent of total currently married women were current users of any modern method of family planning. The use of any modern method was minimum in 13-19 age group (12 percent) and 20-24 age group (17 percent) and maximum in 35-39 age group (57 percent) and 40-44 age group (59 percent). Percent of current users of any modern method was more in urban areas (49 percent) compared to rural areas (32 percent). In all age groups, users of any modern method were more in urban areas compared to rural areas. With the increase in age proportion of current users of any modern method increased considerably both in rural and urban areas. Maximum current users were in 35-39 age group in urban areas and the same for rural areas was in 40-44 years age group.

Table 6.4: Current use of contraception

Age	Any method	Any Male sterilization method	Female sterilization	CuT/IUD	Pill	Condom or Nirodh	Foam Tablets	Any traditional method	Withdrawal	Periodic abstinence	Not using any method	Number of women	
Urban													
13-19	20.1	10.0	-	-	3.9	6.1	-	10.1	1.3	8.8	79.9	3174	
20-24	30.0	26.4	-	4.5	2.7	0.8	18.5	-	3.5	-	3.5	5200	
25-29	47.2	45.0	-	21.5	5.4	-	17.7	0.4	2.2	-	2.2	5407	
30-34	63.1	63.1	2.0	43.1	0.6	3.6	13.8	-	-	-	-	3897	
35-39	73.8	73.8	4.2	62.2	3.6	-	3.7	-	-	-	-	4186	
40-44	76.4	72.8	38.6	32.6	-	-	1.6	-	3.6	-	3.6	2663	
45-49	60.4	57.5	21.5	31.9	2.9	-	1.2	-	2.9	-	2.9	3111	
15-44	50.3	47.4	5.2	26.8	2.5	1.2	11.6	0.1	2.9	0.2	2.7	24476	
15-49	51.5	48.6	7.1	27.3	2.5	1.1	10.5	0.1	2.9	0.2	2.7	27587	
13-49	51.4	48.5	7.1	27.3	2.5	1.1	10.4	0.1	2.9	0.2	2.7	27639	
Rural													
13-19	18.3	12.5	-	-	0.5	3.2	8.7	-	5.9	0.7	5.2	81.7	23131
20-24	22.0	15.4	-	3.2	0.8	2.6	8.9	-	6.6	1.1	5.5	78.0	30451
25-29	35.3	26.1	-	15.7	0.6	3.1	6.7	-	9.2	2.8	6.4	64.7	26659
30-34	46.8	41.1	0.3	33.7	1.1	1.0	5.1	-	5.7	0.3	5.4	53.2	21281
35-39	57.7	52.8	2.6	45.4	1.2	1.8	1.6	-	5.3	1.3	4.1	46.3	16327
40-44	60.3	56.4	6.8	47.2	0.7	-	1.7	-	3.9	0.5	3.4	39.7	13839
45-49	56.3	53.1	10.1	41.5	0.4	0.5	0.6	-	3.2	-	5.6	43.7	12828
15-44	36.6	30.2	1.1	20.0	0.8	2.2	6.1	-	6.4	1.2	5.2	63.4	131101
15-49	38.4	32.2	1.9	22.0	0.8	2.0	5.6	-	6.1	1.1	5.0	61.6	143929
13-49	38.3	32.1	1.9	21.9	0.8	2.0	5.6	-	6.1	1.1	5.0	61.7	144515
Total													
13-19	18.5	12.1	-	-	0.5	3.3	8.4	-	6.4	0.8	5.6	81.5	26305
20-24	23.2	17.0	-	3.4	1.1	2.3	10.3	-	6.1	0.9	5.2	76.8	35650
25-29	37.3	29.3	-	16.7	1.4	2.6	8.5	0.1	8.0	2.3	5.7	62.7	32066
30-34	49.3	44.5	0.5	35.1	1.0	1.4	6.4	-	4.8	0.2	4.5	50.7	25177
35-39	61.0	56.8	2.9	48.8	1.7	1.4	2.0	-	4.2	1.0	3.2	39.0	20513
40-44	62.9	59.1	11.9	44.8	0.6	-	1.7	-	3.8	0.4	3.4	37.1	16502
45-49	57.1	54.0	12.3	39.7	0.9	0.4	0.7	-	3.1	-	3.1	42.9	15939
15-44	39.4	32.9	1.7	21.1	1.1	2.0	7.0	0.0	6.5	1.7	4.8	60.6	155576
15-49	40.5	34.9	2.7	22.8	1.0	1.9	6.4	0.0	5.6	0.9	4.7	59.5	171515
13-49	40.4	34.8	2.7	22.7	1.0	1.9	6.4	0.0	5.6	0.9	4.7	59.6	172153

Three percent of total were current users of male sterilization. Most of the male sterilization acceptors were in 40-49 age group. There were no acceptors till 29 years. Male sterilization acceptors were more in urban areas (7 percent) compared to rural areas (2 percent). Both in rural and urban areas, most of the acceptors were in 40-49 years age group. There were no acceptors in the younger age groups (13-29 years) in rural as well as urban areas. Of the total in 13-49 age group, 23 percent were current users of female sterilization. Acceptance has increased with age and reached peak level for 35-39 age group (49 percent). Tubectomy acceptors in urban areas were more (27 percent) compared to rural areas (22 percent). In all age groups, except 40-49, the tubectomy acceptors were more in urban areas compared to rural areas. This clearly establishes the fact that the rural women adopted female sterilization at older age compared to urban women.



Only one percent of women in 13-49 age group were current users of IUD. There were no major differences between age groups in regard to use of IUD. More women in urban areas use IUD (3 percent) compared to rural areas (0.8 percent). Age had no influence on IUD use both in urban and rural areas. Current users of pill were also very low (2 percent). Women in younger age groups (13-29) used pill more compared to women in above 30 years age groups. Pill use was comparatively less in urban areas (1 percent) compared to rural areas (2 percent). In both urban and rural areas, the users belonged to younger age groups (13-29). Condom use was significantly high compared to other spacing methods. Six percent of total in 13-49 age group were users of condoms. Current users were more in urban areas (10 percent) compared to rural areas (6 percent). In all age groups, except 13-19, condom use was high in urban compared to rural areas. In 13-19 age group condom use was more in rural compared to urban areas. In 13-19 age group, 6 percent in urban areas and 9 percent in rural areas were current

users of condoms. Most condom users in both rural and urban areas were in 13-29 age group. There were hardly any users of injections or foam tablets in the district.

Current users of traditional methods formed 6 percent of total women in 13-49 age group in the district. With the increase in age, the use of traditional methods decreased. While 6 percent were users of traditional methods in 13-19 age group, only 43 percent belonged to the same category in 35-39 age group. Extent of use of traditional methods was more in rural areas (6 percent) compared to urban areas (3 percent). Traditional method use was high in 13-19 age group (10 percent) and 20-24 age group (4 percent) in urban areas. Most users of traditional methods in rural areas were in 20-24 age group (7 percent) and 25-29 age group (9 percent). Almost all users of traditional methods followed periodic abstinence (5 percent) compared to withdrawal (1 percent). Use of withdrawal method was followed mainly by 25-29 age group in rural areas and 13-19 age group in urban areas. Periodic abstinence was also high among younger group (13 to 29) compared to older age groups both in rural and urban areas.

Table 6.5 allows for the comparison of levels of current contraceptive use among major groups of the population. It also permits an examination of differences, method wise, among current users in the various subgroups.

Current users of any method of contraception were substantially more in urban areas (51 percent) compared to rural areas (38 percent). The differences increased when use of any modern method was considered. Forty nine percent were current users of any modern method in urban areas compared to 32 percent in rural areas. The proportion of current users was more for all modern methods in urban areas compared to rural areas. Traditional method use was more in rural (6 percent) compared to urban areas (3 percent). Most of the traditional method users followed periodic abstinence both in rural and urban areas. Current use of any method was low among illiterate women (38 percent) compared to women educated up to high school (64 percent). As the level of education increased, the use of any method of contraception increased. These differences continued for the use of any modern method. Among illiterate only 32 percent were current users of any modern method and it increased to 60 percent for mothers with above high school education. Literacy or level of education had no influence on acceptance of male sterilization method. The female sterilization acceptors increased with increase in level of education. Among illiterate women 22 percent were acceptors of tubectomy compared to 31 percent among women with more than high school qualification. Current use of IUD was more among highly educated compared to less educated and illiterate. Education has no influence on extent of pill use. Condom use was very high among women educated upto high school (16 percent) and above high school (20 percent). In all other categories the use rate was low. Traditional method use was more among illiterate (6 percent) than among women educated upto middle level (6 percent).

Current use of any method was more among women of other religious groups (64 percent) compared to Muslims (45 percent) and Hindus (40 percent). Use of any modern method was also high among other religious group women (64 percent) compared to Muslims (37 percent) and Hindus (34 percent). Acceptors of male sterilization were more among Muslims (7 percent) compared to Hindus (3 percent) and other religious groups (6 percent). Female sterilization acceptance was more among other religious group women (35 percent)

compared to Hindus (23 percent) and Muslims (15 percent). Insignificant number among Hindus (1 percent) and Muslims (1 percent) were users of IUD compared to other religious groups (11 percent). Pill users were largely among Hindus and there were no pill users among Muslims. Condom use was high among Muslims (13 percent) compared to other religious groups (11 percent) and Hindus (6 percent). Traditional method use was high among Muslims (9 percent) compared to Hindus (6 percent). There were no users of traditional methods among other religious groups. Most of the users of traditional methods among Hindus and Muslims followed periodic abstinence. Current use of any method was low among the Scheduled Tribes (32 percent), the backward castes (37 percent) and the Scheduled Castes compared to the upper castes (54 percent) and other religious groups (51 percent). The same differences existed for the use of any modern method.

Male sterilization use was more among the Scheduled Castes (4 percent) and other groups (7 percent). Female sterilization acceptance was low among the Scheduled Castes (19 percent) compared to the upper castes (35 percent). Others were in between these social groups. IUD and condom use was more among the upper castes and pill use was more among the Scheduled Castes. Traditional method use was low among the Scheduled Tribes and more or less same in other caste groups.

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

Eighty seven percent of those with no child were non-users. Of the total 12 percent users, 8 percent were modern spacing method users and the remaining 4 percent traditional method users. There were hardly any sterilization acceptors. Seventy four percent with one child were non-users of contraceptives. More of them either with a son or a daughter used the modern spacing methods compared to traditional methods. Sterilization acceptors were negligible. Percent of non-users got reduced and percent of users increased in families with two children. Two thirds of families with two surviving children were non-users. Within this group, families with two sons had more current users of contraception compared to families with one son and families with no sons. Sixty percent of families with two sons were non-users; 66 percent, with one son; and 77 percent, with no sons. Current use increased considerably among families with 3 children. Only 48 percent in this group were non-users. Most of them accepted sterilization methods. More families with two or three sons adopted family planning than those with one or no sons. Most of the families with two or three sons adopted sterilization. Significant proportion of those with one or no sons used spacing and traditional methods. Current use was much higher among families with four or more children. Nearly 45 percent were current users in this group and most of them were sterilization acceptors.

Table 6.5: Current use by background characteristics

Background characteristics	Any method	Any modern method	Male sterilization	Female sterilization	Cu-T/IUD	Pill or Nirodh	Condom	Foam Tablets	Any traditional method	Withdrawal	Periodic abstinence	Not using any method	Number of women
Residence													
Urban	51.4	48.5	7.1	27.3	2.5	1.1	10.4	0.1	2.9	0.2	2.8	48.6	27639
Rural	38.3	32.1	1.9	21.9	0.8	2.0	5.6	-	6.1	1.1	5.0	61.7	144515
Education													
Illiterate	38.2	32.2	2.6	21.9	0.6	2.0	5.1	-	6.0	1.1	4.9	61.8	140778
Upto class 4	46.3	3.5	5.4	24.6	0.4	0.6	12.3	-	2.8	0.4	2.4	53.7	5759
Primary	51.2	47.6	3.3	28.5	2.0	1.8	12.0	-	3.6	0.4	3.2	48.8	10945
Upto middle	44.4	38.9	1.1	21.3	6.2	1.9	8.4	-	5.5	0.4	5.1	55.6	7526
Upto high	55.2	49.8	2.1	29.4	1.1	1.7	15.5	-	5.4	-	5.4	44.8	3556
Above high school	63.5	60.0	3.2	31.2	5.5	-	19.6	0.5	3.5	-	3.5	36.5	3589
Religion													
Hindu	39.9	34.4	2.5	22.8	0.9	1.9	6.2	-	5.6	1.0	4.6	60.1	165618
Muslim	45.3	36.7	7.4	15.4	0.8	-	13.0	-	8.7	-	8.7	54.7	4529
Other	64.4	64.4	5.5	35.4	11.2	0.3	11.0	0.9	-	-	-	35.6	2007
Caste													
Scheduled caste	38.4	31.6	3.6	19.2	0.8	3.2	4.8	-	6.8	1.6	5.3	61.6	47087
Scheduled tribe	32.1	31.1	0.4	22.4	-	1.0	7.2	-	1.0	-	1.0	67.9	6774
Backward caste	37.6	32.3	2.2	21.4	0.6	1.5	6.5	-	5.3	0.7	4.6	62.4	87209
Higher caste Hindu	53.5	48.1	2.3	34.6	2.6	1.4	7.2	-	5.4	1.1	4.3	46.5	24548
Other religious groups	51.2	45.2	6.8	21.6	4.0	0.1	12.4	0.3	6.0	-	6.0	48.8	6536

With the increase in number of children, the current users increased. Less number of families with two or less children adopted family planning. The current users in these families largely followed spacing and terminal methods. With the increase in number of living children, particularly after three, the sterilization acceptance has dramatically increased. There are more acceptors of sterilization in families with sons than families with no sons. More the number of sons, more was the acceptance.

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

<i>Number and sex of living children</i>	<i>Sterilization</i>	<i>Modern spacing</i>	<i>Any traditional method</i>	<i>Not using any method</i>	<i>Total percent</i>	<i>Number of women</i>
None	0.5	8.2	4.2	87.1	100.0	27089
1 child	2.6	17.6	5.7	74.1	100.0	25782
1 son	4.3	22.0	6.4	67.2	100.0	14147
No son	0.4	12.3	4.9	82.5	100.0	11635
2 children	13.4	13.7	6.8	66.1	100.0	28840
2 sons	22.7	11.1	6.1	60.2	100.0	9725
1 son	11.3	14.9	7.6	66.2	100.0	14228
No son	1.1	15.5	6.0	77.4	100.0	4887
3 children	40.4	6.2	5.7	47.7	100.0	33591
3 sons	51.5	0.7	5.5	42.3	100.0	6166
2 sons	50.6	6.7	4.9	37.8	100.0	16509
1 son	21.3	9.1	5.0	64.6	100.0	8642
No son	8.6	6.0	15.4	70.0	100.0	2274
4+ children	44.5	5.7	5.4	44.4	100.0	57541
3+ sons	50.1	5.7	4.8	39.3	100.0	18145
2 sons	47.3	6.1	5.5	41.2	100.0	19623
1 son	32.2	8.1	4.8	54.9	100.0	7161
No son	6.7	5.5	15.4	75.4	100.0	866
Total	25.3	9.3	5.6	59.8	100.0	172844

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

Above one third of acceptors faced problems with vasectomy, 57 percent with tubectomy, 58 percent with IUD and 11 percent with oral contraceptives. Those who faced problems with vasectomy were slightly more in urban areas (38 percent) compared to rural areas (33 percent). Problems with tubectomy were more in rural (59 percent) compared to urban areas (46 percent). This might be due to the fact that rural acceptors mainly obtain services in tubectomy camps where quality conditions are low. Two thirds of urban IUD users and half of them in rural areas faced problems. Nearly one third of pill users in urban areas and only 8 percent in rural areas had problems.

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

Method use	Percent faced problem with the method used			Total Number
	Urban	Rural	Total	
Vasectomy	38.2	32.7	35.0	4659
Tubectomy	46.3	59.4	56.9	39148
Cu-T/IUD	69.0	50.6	57.7	1797
Pill	33.3	8.1	10.5	3216
Injectable	-	-	-	-

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

Table 6.8: Problems with the current method

Problem faced	Male sterilization	Female sterilization	Cu-T/IUD	Pills
Percent faced problem with the method	35.0	56.9	57.7	10.5
Type of problem faced				
Sepsis	33.9	8.3	-	-
Abdominal/gastric pain	20.0	17.1	19.4	21.1
Backache/body pain/headache	22.7	28.0	14.0	34.7
Weakness	21.6	32.3	29.3	46.6
Excessive or irregular bleeding	0.0	6.6	35.9	7.1
White discharge	0.0	8.0	52.2	100.0
Fear of failure	0.0	0.0	0.0	1.2
Problem in disposing	0.0	0.4	7.2	0.0
Infertility/second sterility	1.8	0.0	0.0	0.0
Loss of sexual desire	0.0	0.0	0.0	0.0
Weight gain	0.0	4.7	10.7	25.7
Others	0.0	1.2	0.0	0.0
Don't know/Can't specify	3.5	0.0	0.0	0.0

Of those who experienced problems with male sterilization, sepsis was considered as the main problem by 34 percent, abdominal/gastric pain by 20 percent, backache/body pain/headache by 23 percent, and weakness by 22 percent. Weakness (32 percent), backache/body pain/headache (28 percent), abdominal/gastric pain (17 percent) were the main problems faced by the female sterilization acceptors. A few had also mentioned sepsis (8 percent), excessive or irregular bleeding (7 percent), white discharge (8 percent), and weight gain (5 percent) as other problems. Weakness (29 percent), excessive or irregular bleeding (36 percent) and white discharge (52 percent) were the main problems with IUD. Similar problems were also experienced with oral contraceptives.

6.3 Level of Unmet Need

Table 6.9 shows the unmet need for family planning according to whether there is a need for spacing or limiting births. Total unmet need for family planning is estimated to be 38 percent among currently married women not using the family planning methods. Of these, 21 percent would like to space children and 18 percent preferred to limit family size. Unmet need

was more among younger age groups of 13-19 (44 percent) and 20-29 (42 percent) compared to older age groups of 30-39 (32 percent) and 40-49 (35 percent). Unmet need to space children was more in 13-19 age group (44 percent) followed by 20-29 age group (30 percent). Unmet need to limit family size was more among 30-39 age group (24 percent) and 40-49 age group (33 percent). Unmet need was higher in rural areas (39 percent) compared to urban areas (34 percent). More in rural areas preferred to limit families and plan for spacing children than in urban areas.

Table 6.9: Level of unmet need for family planning services

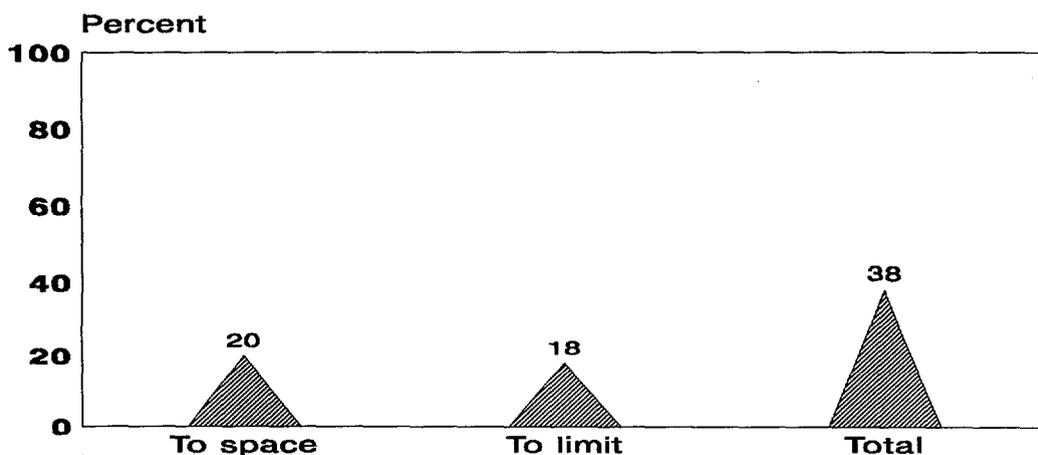
Background Characteristics	To space	To limit	Total	No. of women
Age				
13 - 19	43.8	0.8	44.3	26511
20 - 29	29.6	12.6	42.1	68847
30 - 39	8.4	23.5	31.9	46994
40 - 49	1.8	32.8	34.7	34764
Residence				
Urban	17.7	16.2	3.8	28829
Rural	21.2	17.9	39.1	148287
Education				
Illiterate	20.8	18.9	39.6	144754
Upto class 4	18.3	14.6	32.9	6255
Primary	23.6	11.9	35.5	11049
Upto middle	23.1	11.7	34.8	7783
Upto high	14.9	10.7	25.6	3556
Above high school	10.2	11.4	21.8	3719
Religion				
Hindu	20.8	17.6	38.4	170466
Muslim	21.3	18.0	39.2	4637
Other	5.2	21.1	26.3	2013
Caste				
Scheduled caste	21.9	16.7	38.7	48943
Scheduled tribe	16.3	23.6	39.9	6981
Backward caste	22.1	18.2	40.4	89195
Higher caste Hindu	15.2	15.3	30.5	25347
Other religious groups	16.4	18.9	35.3	6649
Number of living children				
None	34.1	0.9	35.0	27733
1	40.4	5.0	45.4	26432
2	29.2	11.9	41.1	29607
3	13.7	21.0	34.8	34540
4+	5.1	32.1	37.2	58804
Total	20.6	17.6	38.2	177116

Unmet need was more among illiterate (40 percent) compared to high school (26 percent) and above high school educated (22 percent). The unmet need both to space and to

limit families was more among the illiterate and those educated up to middle level. Unmet need was more among Hindus (38 percent) and Muslims (39 percent) compared to other religious groups (26 percent). The desire to limit family size was more among other religious groups (21 percent) compared to Hindus and Muslims (18 percent each). Unmet need to space was more among Hindus and Muslims (21 percent each) compared to other religious groups (5 percent). Unmet need was higher among the Scheduled Castes (39 percent), the Scheduled Tribes (40 percent) and the backward castes (40 percent) compared to upper caste Hindus (35 percent). There were no major differences between caste groups on the types of methods to be used. Unmet need was more or less same among all those with different parity levels. Those with no living children and with one or two living children wanted to space while those with three or more living children wanted to limit. In general, the unmet demand in all social groups is high.

Among urban women with unmet need, 56 percent would be using the family planning methods. Another 11 percent had natural sterility and 6 percent attained menopause. The main reasons given by others for not using the family planning methods were: fear that operation may fail (18 percent); fear of side effects of methods (6 percent); and ill health (6 percent). Among rural women, only 32 percent would like to use family planning methods, 11 percent had natural sterility and 5 percent attained menopause. Dislike for existing methods (14 percent), non-availability of services (8 percent), ill health (4 percent) and fear of side effects (6 percent) were the main reasons given for not adopting family planning methods.

Figure 6.3: Level of Unmet Need for Family Planning Services



Lalitpur, UP, 1993-94

More women below 30 years would like to use family planning methods (44 percent) compared to above 30 years (23 percent). Fear of operation, ill health and side effects were the other reasons given. Non-availability of services was considered a problem by below 30

years (9 percent) compared to above 30 years (4 percent). In total, 35 percent of those with unmet need would like to use family planning methods. Twelve percent had natural sterility and 5 percent attained menopause. Dislike for existing methods (12 percent), non-availability of services (7 percent), and fear of operation (7 percent) were the other major reasons given.

Table 6.10: Reasons of unmet need

<i>Reasons of unmet need</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>		<i>Total</i>
			<i>< 30 years</i>	<i>> 30 years</i>	
Percent face problem with the method	55.6	31.7	44.0	23.0	35.3
Going to use a FP method	3.0	13.6	13.0	11.0	12.0
Do not like existing method	-	8.0	9.2	4.2	7.1
Services are not available	-	3.8	2.4	4.8	3.4
After operation one can't work	1.5	3.7	3.4	3.5	3.4
Fear of operation	5.6	4.3	5.2	3.7	4.4
Health does not permit	17.7	1.5	3.0	5.1	3.2
Operation may fail	4.2	0.2	0.3	-	0.3
Fear of after effects of methods	6.0	3.2	4.0	3.2	3.7
Unaware of any FP method	-	1.2	1.3	0.8	1.0
Opposition from husband or other family members	2.5	4.3	3.2	5.2	4.1
Against religion	3.0	0.4	2.7	1.2	1.4
Natural sterility	11.0	11.4	1.0	26.2	12.4
Attained menopause/MC stopped	5.8	5.2	0.6	11.6	5.3
Others	8.5	9.5	12.3	5.4	9.3
DK/Can't specify	5.7	9.7	12.0	4.8	9.1

6.4 Hindrance to the Acceptance of Family Planning

6.4.1 Perceived Disadvantages of the Method

Fifty percent of the respondents in urban areas perceived that vasectomy has some disadvantages and, of these, three fourths believed that the disadvantages are of permanent nature: The major disadvantages of the method considered were abdominal gastric pain (32 percent), sepsis and weakness (24 percent) and backache, body pain or headache (16 percent). The basis for this perception was largely experiences of friends (46 percent) and information received from friends (38 percent). Eight percent had actually experienced the disadvantage.

A majority of the women (69 percent) believed that tubectomy has some disadvantages and half of these women (51 percent) thought that these disadvantages are permanent in nature. Thirty six percent of the respondents reported that tubectomy causes weakness; 25 percent, backache, body pain or headache; and another 18 percent, abdominal or gastric pain. A few considered white discharge (6 percent) and excessive or irregular bleeding (5 percent) as disadvantages. In case of tubectomy, though friends experience (34 percent) has been the major source of belief in the disadvantage, 29 percent of women had personally experienced these disadvantages. Another 35 percent respondents have heard about the disadvantages either from their friends or others.

Fifty six percent of the respondents considered that the laparoscopic operation had disadvantages and 46 percent among them believed that these disadvantages are permanent in nature. Twenty eight percent considered weakness as a disadvantage and around 30 percent of them thought some physical discomfort in the form of gastric/abdominal pain or body pain/headache as a disadvantage of these operations. Another 23 percent mentioned fear of failure as a disadvantage. Excessive bleeding (5 percent) and white discharge (6 percent) were also mentioned as disadvantages. The perceptions of disadvantages were formed largely based on friends experiences (39 percent) or based on what they heard from friends (33 percent) and others (23 percent).

In regard to spacing methods, perceived disadvantages of IUD were higher (59 percent) than other methods such as condom (43 percent) and oral pills (44 percent). Of those, who thought IUD has some disadvantages, 40 percent considered them to be permanent in nature. Excessive or irregular bleeding was the main disadvantage perceived (33 percent) followed by white discharge (24 percent), weakness (13 percent) and abdominal/gastric pain and body pain (10 percent). Of those who believed the disadvantages to be of permanent nature, 10 percent based their beliefs on personal experiences. Friends experiences (36 percent) and heard from friends (31 percent) and others (20 percent) also played an important role in belief formation. Among those who thought oral contraceptives have some disadvantages, almost all of them (except for 10 percent) believed that the disadvantages are permanent in nature. Weight gain (24 percent) is the major disadvantage cited for oral pills followed by excessive and irregular bleeding (23 percent) and weakness (16 percent). Seven percent formed their opinion based on their own experience; 25 percent, on the experiences of their friends or others; and 34 percent, from what they heard from their friends.

Though 43 percent of respondents believed that condoms have disadvantages, only one third of them consider these disadvantages as permanent in nature. Problem in disposing (45 percent), loss of sexual desire (25 percent) and fear of failure (23 percent) were the main disadvantages perceived. Of those who considered these disadvantages were of permanent nature, 26 percent had formed these beliefs based on personal and friend's experiences. Thirty one percent of them heard about disadvantages from their friends.

Perceived disadvantages for all methods were lower among rural women compared to urban women. Sixteen percent of rural women thought that vasectomy had some disadvantages, 41 percent had similar opinion about tubectomy and 22 percent, about laparoscopy. Nature of disadvantages for vasectomy were weakness and abdominal or gastric pain (29 percent), and sepsis or body pain (19 percent). Of the 27 percent who believed that these disadvantages were of permanent nature, 49 percent based their beliefs on friends experiences and 33 percent heard from their friends.

Table 6.11: Perceived disadvantages of the method

Disadvantages	Vasectomy	Tubectomy	Laparoscopy	CuT/IUD	Oral Pill	Condom
Urban						
A % believed that method has some disadvantage	50.3	68.8	55.5	59.2	44.0	42.9
Total number aware of	13325	18620	15018	14499	9918	10732
B Nature of disadvantage						
Sepsis	23.5	3.4	1.5	0.0	0.5	1.0
Abdominal/gastric pain	32.2	18.0	15.3	10.6	7.6	1.0
Backache/body pain/headache	15.5	25.4	15.0	9.9	13.1	0.5
Weakness	23.5	36.2	28.2	13.1	17.5	0.8
Excessive or irregular bleeding	2.2	5.0	5.0	33.2	22.5	1.1
White discharge	0.0	6.4	6.7	23.7	8.1	1.1
Fear of failure	1.3	0.0	23.0	2.2	2.4	23.2
Problem in disposing	0.8	1.2	1.0	1.0	1.5	44.8
Infertility/secondary sterility	0.0	0.0	0.0	4.6	0.8	0.9
Loss of sexual desire	1.3	0.0	0.7	0.0	0.6	25.3
Weight gain	0.0	4.2	4.4	1.0	23.8	1.4
Others desire	0.0	0.0	0.0	0.6	1.9	0.7
Don't know/can't specify	0.6	0.3	0.0	0.7	0.0	0.2
C % believed disadv. to be permanent in nature	36.8	51.1	45.8	40.2	36.9	14.0
D Basis of this belief						
Own experience	8.3	28.8	5.3	9.9	6.9	25.6
Friends experience	45.7	33.5	38.9	35.9	25.2	26.6
Heard from friend	37.5	24.8	32.9	30.7	34.1	31.2
Heard from others	7.1	10.8	22.9	20.4	25.3	14.5
TV, radio, posters	0.0	0.4	0.5	1.9	7.5	1.9
Health personnel	0.0	0.7	0.0	0.2	0.8	1.3
Others	2.3	2.4	0.4	1.5	0.4	1.0
Total%	100.0	100.0	100.0	100.0	100.0	100.0
Total N	13325	18620	15018	14499	9918	10733
Rural						
A % believed that method has some disadvantage	15.5	40.5	21.7	27.6	13.8	9.2
Total number aware of	18298	56231	30117	25090	16359	10828
B Nature of disadvantage						
Sepsis	18.0	5.0	4.5	1.8	0.0	0.0
Abdominal/gastric pain	28.4	14.2	11.5	11.8	7.4	3.3
Backache/body pain/headache	19.6	26.9	22.7	10.9	6.4	2.8
Weakness	29.1	31.0	21.3	11.6	14.2	3.9
Excessive or irregular bleeding	0.3	8.9	17.0	44.0	18.3	2.1
White discharge	0.6	5.8	9.3	15.3	17.7	3.4
Fear of failure	2.1	1.9	7.4	1.7	2.2	34.8
Problem in disposing	1.8	1.2	0.3	2.7	8.3	37.2
Infertility/secondary sterility	0.0	0.1	0.3	0.0	0.4	0.2
Loss of sexual desire	0.3	0.0	0.0	0.0	0.0	9.1
Weight gain	0.3	4.0	5.4	0.4	14.5	1.2
Others desire	0.3	0.9	0.3	0.7	10.8	1.9
Don't know/can't specify	0.1	0.1	0.0	0.0	0.0	0.1

Disadvantages	Vasectomy	Tubectomy	Laparoscopy	CuT/IUD	Oral Pill	Condom
C % believed disadv. to be permanent in nature	27.0	40.1	39.9	14.7	21.3	48.2
D Basis of this belief (225)						
Own experience	4.8	31.1	18.4	5.8	13.9	35.6
Friends experience	48.5	33.8	38.7	37.6	34.4	32.0
Heard from friend	32.8	20.9	24.7	33.8	29.4	16.5
Heard from others	12.8	12.7	17.8	21.0	19.6	15.0
TV, radio, posters	0.0	0.0	0.2	0.4	1.8	0.6
Health personnel	0.0	0.1	0.2	1.2	0.5	0.5
Others	1.1	1.5	0.4	0.3	0.5	0.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	18299	56232	30117	25090	16358	10828
Total						
A % believed that method has some disadvantage	21.8	45.1	27.2	34.3	18.7	15.0
Total number aware of	31623	74851	45134	39589	26276	21560
B Nature of disadvantage						
Sepsis	20.5	4.6	3.4	1.1	0.2	0.5
Abdominal/gastric pain	30.1	15.2	12.8	11.3	7.5	1.9
Backache/body pain/headache	17.7	26.5	20.0	10.6	9.1	1.5
Weakness	26.5	32.3	23.8	12.2	15.4	2.3
Excessive or irregular bleeding	1.1	8.0	12.8	40.0	20.0	1.6
White discharge	0.3	5.9	8.4	18.4	14.0	2.2
Fear of failure	1.7	1.4	12.9	1.9	2.3	28.9
Problem in disposing	1.3	1.2	0.4	1.9	5.6	41.0
Infertility/secondary sterility	0.0	0.1	0.2	1.7	0.5	0.6
Loss of sexual desire	0.8	0.0	0.2	0.0	0.2	17.3
Weight gain	0.2	4.1	5.1	0.7	18.1	1.3
Others	0.2	0.7	0.2	0.5	7.2	1.1
Don't know/can't specify	0.3	0.1	0.0	0.3	0.0	0.1
C % believed disadv. to be permanent nature	31.4	42.8	42.0	60.0	27.4	31.0
D Basis of this belief						
Own experience	6.4	30.6	13.9	7.3	11.1	30.6
Friends experience	47.2	33.7	38.7	37.0	30.8	29.3
Heard from friend	45.0	21.8	27.5	32.7	31.2	23.9
Heard from others	10.2	12.0	19.3	20.8	21.9	14.7
TV, radio, posters	1.7	0.0	0.3	1.0	4.1	0.6
Health personnel	0.0	0.3	0.1	0.9	0.6	0.9
Others	0.4	1.5	0.2	0.4	0.5	0.6
Total %	100.0	10.0	100.0	100.0	100.0	100.0
Total N	31623	74852	45135	39589	26277	21561

Of those who believed that tubectomy (40 percent) had some disadvantages also believed that these are of permanent nature and majority of them (31 percent) mentioned weakness as a major disadvantage and another 27 percent and 14 percent mentioned backache/body pain/headache and abdominal gastric pain respectively as disadvantages of

tubectomy. Around 32 percent of them based their beliefs either on their own experience or experiences of their friends. Twenty one percent of them have heard about the disadvantages from their friends. The nature of disadvantages mentioned by 22 percent of the respondents is similar to those mentioned for tubectomy, with an exception of excessive and irregular bleeding mentioned by 17 percent of the respondents. Of the 40 percent, who believed that the nature of disadvantages for laparoscopy as permanent, 39 percent based their opinion on friends experiences, 25 and 18 percent have heard about the disadvantages either from friends or others respectively.

More number of respondents perceived disadvantage with IUD (28 percent) compared to oral pills (14 percent) and condoms (9 percent). In regard to IUD, excessive or irregular bleeding (44 percent), white discharge (15 percent), weakness, abdominal or body pain (11 percent) were considered as main disadvantages. Only 15 percent of the respondents believed these disadvantages to be permanent in nature. Around 35 percent, on an average, based their beliefs on friends experience or on information received from their friends.

Fourteen percent of the women thought oral pills had some disadvantages and of them 21 percent believed in the permanent nature of the disadvantages. Eighteen percent of the women considered excessive and irregular bleeding and white discharge as main disadvantages of oral pill use. Another 14 percent of the women feared weight gain and weakness on use of oral pills. Fourteen percent formed their opinions based on personal experience and 34 percent on friends experience. Forty nine percent of the women had heard about the disadvantages from friends and others. Less number of women expressed the opinion that condoms compared to other methods, have disadvantages (9 percent).

Fear of failure (35 percent), problems in disposing (37 percent) and loss of sexual desire (9 percent) were the main disadvantages mentioned. Near about 50 percent of the women believed that these disadvantages are permanent. Thirty six percent based their beliefs on personal experiences, and 32 percent on friends experiences. The remaining 32 percent heard about the disadvantages from friends and others.

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

6.4.2 Sources of Supply of Contraceptives

Table 6.12 is intended to document the main sources of supply for users of different contraceptive methods. This information is useful to identify gaps in the distribution systems. Government hospital/CHC (67 percent) and PHC/camps (23 percent) were considered as main sources for male sterilization in urban areas. Only 7 percent considered private doctor as a source for male sterilization. Government sector, mainly government hospitals (74 percent) and PHC or camps (12 percent) were considered as main sources for female sterilization in urban areas. Only 11 percent of urban women considered private doctor as a source for female sterilization. Even for copper T/IUD, government service centres were the major sources of supply and the contribution of private sector was negligible in urban areas.

Reliance on private sector was more for modern spacing methods like pills and condoms. Nearly 68 percent respondents relied on private sector for pills and 58 percent for condoms and the rest on public sector particularly government hospitals and PHCs. When all methods were considered together, for nearly 84 percent of respondents, public sector was the main source and for the remaining 16 percent, private sector. In general, in urban areas for clinical methods, public sector was the main source and for non-clinical methods, with the active social marketing efforts in place, the private sector. The same sources are considered in rural areas also. For nearly 57 percent of rural women, government hospital and for 32 percent, PHC/camps are the main sources for male and female sterilization and 7 percent considered private sector as a source. Reliance on private doctors for IUD insertion was significant in rural areas (17 percent). One fifth of total women considered private sector as main source while the remaining 80 percent, public sector. Private sector was mentioned as a source by 26 percent of women for oral contraceptives and 46 percent of women for condoms. In general, private sector plays a dominant role for oral contraceptives and condoms and public sector for sterilization operations and IUD insertions.

Forty nine percent and 46 percent of total women who were aware of the method mentioned PHC/district hospital as sources for vasectomy and tubectomy operations. Slightly more than one third of them mentioned private doctors. Only 10-12 percent considered sub-center as source. Insignificant number mentioned CBD. For IUDs also, the main source was government hospital/CHC (56 percent), followed by PHC/camps (24 percent) and private doctors (13 percent). For oral pills and condoms, the role of health institutions and medical professionals decreased and that of paramedical workers and shops increased. Slightly more than one third depended on hospitals/PHCs and only 10 percent on private doctors for pills and condoms. SC workers were mentioned as sources by 15 percent for pills and 16 percent for condoms. One fourth of the total mentioned shops as sources for both pills and condoms.

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

Source of supply	Male sterilization	Female sterilization	Copper /IUD	Pill	Condom	All modern methods
Urban Public sector						
Government Hospital/CHC	67.2	74.4	73.3	22.5	16.8	67.7
PHC/camps	22.9	12.4	16.2	-	16.8	14.8
Male/Female worker	0.9	0.9	1.8	9.6	7.8	1.7
Private medical sector						
Private doctor	7.0	10.9	8.7	36.8	11.8	12.3
Medical shop	XX	XX	-	31.0	46.4	2.3
Other private sector						
NGOs, Depot holders	-	-	-	-	-	-
Others	2.0	0.3	-	-	0.4	1.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	2789	7578	1737	779	5214	11389
Rural Public sector						
Government Hospital/CHC	57.7	56.6	41.9	30.2	9.1	50.7
PHC/camps	32.9	32.3	30.6	26.5	28.1	31.0
SC/Male/Female worker	2.1	1.6	10.4	17.0	17.0	5.3
Private medical sector						
Private doctor	2.0	2.7	17.2	13.5	11.8	5.3
Medical shop	XX	XX	-	12.7	33.3	2.7
Other private sector						
NGOs, Depot holders	-	-	-	-	-	-
Others	5.4	6.7	-	-	0.7	5.1
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	2023	31603	2195	9395	15493	44660
Total Public sector						
Government Hospital/CHC	61.7	60.1	55.6	29.8	10.7	54.1
PHC/camps	28.7	28.5	24.4	24.7	26.0	27.7
SC/Male/Female worker	1.6	1.5	6.5	14.9	15.5	4.5
Private medical sector						
Private doctor	4.1	4.3	13.4	16.5	7.7	6.7
Medical shop	XX	XX	-	14.1	38.4	2.6
Other private sector						
NGOs, Depot holders	-	-	-	-	-	-
Others	4.0	5.7	-	-	1.7	4.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0
Total N	4812	39181	3932	10174	20707	56050

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	48.6	10.3	0.0	17.7	0.3	143000
Tubectomy	45.9	12.4	0.0	18.7	0.2	163395
IUD	45.8	25.9	0.1	21.4	3.1	114312
Pills	39.9	26.0	0.7	8.6	24.3	140069
Condom	37.4	23.7	0.9	9.0	28.8	142651
Foam tablets/Jelly	31.6	7.4	2.0	23.9	34.0	8747
Injectable	33.1	6.5	0.0	34.4	15.4	21899

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

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

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	54.7	32.3	39.2	36.7
SC and its male and female workers	13.3	7.7	21.2	15.1
VHG/CBD	-	-	0.5	0.4
Shops	20.0	46.4	31.0	38.4
Private doctors/clinic	12.0	11.8	6.4	7.7
Others	-	1.8	1.7	1.7
Total %	100.0	100.0	100.0	100.0
% reporting regular supply	87.7	88.6	88.7	88.7
Alternative in case of short supply				
Do not use the method	51.3	26.1	9.1	13.5
Get from some other source	48.7	51.5	44.7	46.5
Shift to other method	-	22.4	46.2	40.0
Supply position during last 3 months				
Always got the supply	69.2	29.1	28.3	28.5
Did not get some time	30.8	57.4	61.4	60.3
Never received	-	13.5	10.4	11.2
How many cycles R would like to receive at a time	3.0	6.0	6.8	6.7

Among current users of pills, more than half of the respondents, 55 percent, depended on government hospital/CHC/PHC, 20 percent on shops, 13 percent on SC workers and 12 percent on private doctors. Eighty eight percent received the supplies regularly irrespective of the source. In case of short supply 51 percent wanted to discontinue the method, and 49

percent preferred to look for alternate source. Sixty nine percent faced no problems with supplies in last three months and 31 percent did not get supplies on time. On an average the current users would like to receive 3 cycles of oral pills at a time. The Government hospitals/CHC/PHC (37 percent), shops (38 percent) and private doctors (8 percent) were the main source of supplies for current users of condoms. All other sources such as subcentres, CBD and others played an insignificant role. Shops, as a source of supply, are more prominent among urban users and sub-centres among rural users. Eighty nine percent of respondents from both urban and rural areas reported regular supply of condoms. More of the urban users (26 percent) would not like to use the method in case of short supplies than rural users of condoms (9 percent). In urban areas, 52 percent of the respondents said that they would prefer to get the supplies from some other source and 22 percent preferred to shift to other methods in case of short supply. In rural areas, 45 percent and 46 percent of the respondents preferred to get the same method from some other source or shift to use of other methods respectively.

Around 29 percent of total respondents reported regular supply of condoms and another 60 percent did not receive condoms occasionally and the remaining 11 percent, never received. In urban areas, the preferred number of pieces the users would like to have at a time is 6 and rural users would like to have 7 pieces at a time.

Table 6.15 gives the information on availability of pills and condoms in rural areas from other than public sources (retailers, chemist shops, depot holders, NGOs, private doctors). This information was collected with the help of village schedule. The unit of analysis is village. In 10 percent of villages, private doctors provided services and advice on contraceptives to the villagers. Only one percent of the villages in the district have shops stocking pills and 6 percent stocking condoms.

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

<i>Villages</i>	<i>Percentage of villages reporting availability of</i>
Any family planning service/advice	10.1
Retailers/shop stocking contraceptive (pills)	1.3
Retailers/shop stocking contraceptive (condoms)	6.3

6.4.4 Attitudes of Couples Toward Family Planning

In the BSUP, women were asked if they approved of a couple using family planning. Probing was done to know whether any one in the family opposed use of contraceptives. Table 6.16 presents information on the extent of consensus between attitudes of women and those of their husbands. The differentials presented in the table will facilitate interpretation of the data on adoption and use. For example, differences between age groups may reflect genuine generational change, with younger women being more responsive to new ideas. But there may be countervailing life cycle effect. Older women have larger families and thus may feel a great need for contraception than younger women. This need may bring about the shift towards a more positive attitude.

In Lalitpur district, almost all women (90 percent) approved the use of contraceptives.

Those who approved family planning methods are slightly more in urban areas (93 percent) compared to rural areas (90 percent). Husbands (78 percent), mothers-in-law (19 percent) and other female members (9 percent) were mainly the persons who opposed family planning method use in rural areas. Compared to this, in urban areas, husbands (47 percent), parents (29 percent), father-in-law (20 percent) and mother-in-law (12 percent) were the main opponents. Opposition from husbands was the factor in both urban and rural areas. There was more opposition from female members in rural areas and from male members, in urban areas. There were no major differences in the background characteristics of those who received some opposition to contraceptive use in the family.

Table 6.16: Attitude towards family planning

Attitude towards family planning	Rural	Urban	Total
Percent of women approving use of FP	89.9	92.9	90.4
Percent reporting disapproval of FP by family members	6.5	3.6	6.0
Who oppose FP in family			
Husband	77.5	47.4	74.7
Parents	1.4	28.6	4.0
Father-in-law	5.8	20.0	7.2
Mother-in-law	19.2	11.7	20.0
Other male member	0.7	-	0.6
Other female member	8.9	-	8.1
Others	0.9	-	0.8

Table 6.17: Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from						Total % of women	Number
		No one	Husband	Parent	Father-in-law	Mother-in-law	Others		
Age									
13 - 19	86.4	94.2	2.5	0.5	0.0	2.2	0.5	100.0	26511
20 - 29	91.4	91.0	4.6	0.3	1.0	2.3	0.8	100.0	68847
30 - 39	92.2	93.5	4.6	0.2	0.5	0.6	0.6	100.0	46994
40 - 49	88.9	94.5	4.4	0.2	0.0	0.4	0.6	100.0	34764
Residence									
Urban	92.9	95.9	1.6	1.2	0.8	0.5	0.0	100.0	28829
Rural	89.9	92.9	4.5	0.1	0.4	1.5	0.6	100.0	148287
Education									
Illiterate	89.6	92.1	4.8	0.3	0.5	1.6	0.8	100.0	144754
Upto class 4	96.9	97.8	0.4	0.0	0.0	1.8	0.0	100.0	6255
Primary	93.3	93.2	3.9	0.5	1.2	1.2	0.0	100.0	11049
Upto middle	91.8	95.6	1.9	0.7	1.0	0.8	0.0	100.0	7783
Upto high	96.0	99.5	0.5	0.0	0.0	0.0	0.0	100.0	3556
Above high school	98.3	99.0	0.5	0.0	0.5	0.0	0.0	100.0	3719
Religion									
Hindu	90.1	92.8	4.3	0.3	0.5	1.5	0.7	100.0	170466
Muslim	99.2	91.6	4.7	1.5	0.0	1.7	0.6	100.0	4637
Other	98.2	99.1	0.3	0.0	0.3	0.3	0.0	100.0	2013
Caste									
Scheduled caste	86.7	91.5	4.8	0.2	1.0	1.8	0.7	100.0	48943
Scheduled tribe	90.1	84.1	9.6	0.8	0.4	3.1	2.0	100.0	6981
Backward caste	90.9	93.3	4.1	0.2	0.4	1.3	0.6	100.0	89195
Higher caste Hindu	94.0	95.8	2.5	0.5	0.1	0.7	0.3	100.0	25347
Other religious groups	98.9	93.8	3.4	1.1	0.1	1.3	0.4	100.0	6649
Total	90.4	93.4	4.0	0.3	0.5	1.3	0.5	100.0	177116

6.4.5 Exposure to Family Planning Messages on Radio and Television

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

Of the total, 95 percent of women have not heard of any family planning messages either on radio or television one month prior to the survey. Of those who heard almost all of them stated both television and radio. Those who heard family planning messages only on television formed just 0.1 percent and none of them heard family planning messages on radio in the last one month. Age differences have no significant influence on exposure to mass media. However, women in 13-19 age group were slightly less exposed to family planning messages compared to women in other age groups. Urban women were more exposed to

television and radio messages (20 percent) compared to rural women (2 percent). Illiterate women were less exposed compared to literate. With the increase in education qualification the percent exposed to family planning messages both on radio and television increased. Only one percent of illiterate women, 21 percent of those educated upto middle and 55 percent with above high school education were exposed to family planning messages both on radio and television. Lack of exposure was 99 percent among illiterate women, 89 percent among women educated upto middle level and 44 percent with above high school education. Hindus were less exposed (4 percent) compared to Muslims (15 percent) and other religious groups (42 percent). More among the Scheduled Castes (99 percent) and the Scheduled Tribes were not exposed to the media compared to the backward castes (83 percent) and the upper castes (76 percent). The proportion exposed was substantially higher among never users (22 percent) compared to ever users (6 percent).

Table 6.18: Heard family planning messages on radio and television

Background Characteristics	Heard of family planning messages on radio and television				Total %	Total N
	Neither	Radio only	Television	Both		
Age						
13-19	97.6	-	-	2.3	100.0	26511
20-24	94.9	-	0.3	4.8	100.0	68847
25-29	93.6	-	0.0	6.4	100.0	46994
30-49	95.1	0.1	-	4.8	100.0	34764
Residence						
Urban	78.9	0.1	0.5	20.5	100.0	28829
Rural	98.1	-	0.1	1.8	100.0	148287
Education						
Illiterate	98.9	-	0.0	1.1	100.0	144754
Upto class 4	88.4	-	-	11.6	100.0	6255
Primary	89.1	-	0.3	10.6	100.0	11049
Upto middle	78.4	0.1	0.4	21.1	100.0	7783
Upto high	57.2	-	2.2	40.6	100.0	3556
Above high school	44.1	-	1.0	54.9	100.0	3719
Religion						
Hindu	95.7	0.1	0.1	4.1	100.0	170466
Muslim	84.0	-	1.0	15.0	100.0	4637
Other	56.9	-	1.4	41.7	100.0	2013
Caste						
Scheduled caste	98.6	-	0.0	1.4	100.0	48943
Scheduled tribe	-	-	-	-	100.0	6982
Backward caste	97.6	-	0.1	2.3	100.0	89195
Higher caste Hindu	82.6	0.1	0.3	17.0	100.0	25347
Other religious groups	75.8	-	1.1	23.1	100.0	6649
Use of contraception						
Ever use	94.0	0.0	0.0	5.9	100.0	92156
Never use	77.5	0.0	0.2	22.3	100.0	105843
Total	95.0	0.0	0.1	4.8	100.0	117116

Percent distribution of messages received through different media (TV, radio and cinema)

Table 6.20: Reasons for discontinuation

Reasons for discontinuation	Urban	Rural	Total
Method failed or got pregnant	10.9	1.1	1.7
Lack of sexual satisfaction	0.0	0.4	0.4
Created menstrual problem	3.5	1.3	1.4
Created health problem	5.0	5.8	5.7
Inconvenient to use	-	0.5	0.5
Hard to get method	-	1.5	1.4
Put on weight	-	0.2	0.2
Did not like the method	20.4	10.2	10.8
Wanted to have a child	32.9	46.5	45.7
Wanted to replace a dead child	-	0.7	0.6
Lack of privacy for use	-	0.5	0.5
Menopausal	-	-	-
Husband absent	-	-	-
Others	17.9	18.3	18.3
Don't know/missing	9.6	13.2	13.0
Total %	100.0	100.0	100.0
Number	1833	28801	30633

Significant number of women discontinued use of family planning methods because they wanted to have a child (46 percent). Dislike for methods and health problems faced after method use were the other reasons. Two percent mentioned method failure as reason for discontinuation. Those who discontinued to have a child were more in rural areas (47 percent) compared to urban areas (33 percent). Method failure was given as reason by almost 11 percent in urban areas compared to only 1 percent in rural areas. Dislike for the method (33 percent), weight gain (20 percent), health problems created by methods (5 percent) and menstrual problems (4 percent) were the major reasons for discontinuation of method use in urban areas. Dislike for the method (10 percent) and health problems created by the method (6 percent) were the reasons stated for discontinuation by rural women.

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

Table 6.21: Future intention

	Rural	Urban	Total
Within one year	40.1	21.9	35.9
1-2 years	15.1	16.4	15.6
2 or more years	13.9	8.8	12.7
Do not know/can't specify	30.6	52.9	35.7

Thirty six percent of women would like to use contraception within one year; 16 percent between 1 to 2 years; and 13 percent after two years. More than two thirds have not decided about time period. Those who would like to use contraceptives within one year were more in rural areas (40 percent) compared to urban areas (22 percent). Those who wanted to follow family planning between 1 to 2 years were more or less same both in rural (15 percent) and

urban (16 percent) areas. More women from urban areas would like to use contraceptives after two years (14 percent) compared to rural women (9 percent). More urban women (53 percent) compared to rural women (31 percent) were indecisive about their future intentions to use family planning methods.

6.6 Summing Up

In Lalitpur district, almost all women in urban areas were aware of at least one modern method (98 percent) and 90 percent were aware of at least one modern spacing method. Mean number of methods known as spontaneous response in urban areas was 4.4 methods and after probing the average moved to 5. Mean number of spacing methods known was 2.6 and moved up to 3.1 after probing. Mean number of modern methods, for which sources were known in urban areas was 5 and mean number of sources known for spacing methods was 3. Almost all women in rural Lalitpur were aware of at least one modern method and 92 percent were aware of at least one modern spacing method. Mean number of modern methods known for rural women was 4.2 and mean number of modern spacing methods known was 2.4. Mean of sources known for modern methods was 4.2 and mean of sources known for spacing methods was 2.4. Age of women has no influence on awareness levels. Literacy level has no influence on modern methods but it positively influenced the average number of spacing methods known.

Of the total currently married women in Lalitpur district, 63 percent were ever users of any method of contraception and of this 47 percent were ever users of any modern method of contraception. Forty percent were current users of any method of contraception in 13-49 age group. Current users of any method were more in urban areas (52 percent) compared to rural areas (38 percent). Proportion of current users was high in all age groups in urban areas compared to rural areas. More in the younger age groups were current users of any method in urban areas compared to rural areas. As the age increased differences in proportion of users of any method in urban and rural areas narrowed down considerably. Thirty five percent of total currently married women were current users of any modern method of family planning. In all age groups, users of any modern method were more in urban areas compared to rural areas. This clearly establishes the fact that the rural women have adopted female sterilization at older age compared to urban women. Current users of traditional methods formed 6 percent of total women in 13-49 age group in the district. With the increase in age, the use of traditional methods decreased.

Education has no influence on use of male and female sterilization methods. Spacing method users were more among highly educated women compared to less educated and illiterate women. Muslim users of male sterilization were more compared to Hindu users. Use of female sterilization is more among Hindu women compared to Muslim women. Use of any modern method was high among Muslim women compared to Hindu women. Contraceptive use rate increased with the increase in number of children. More the number of sons, more was the acceptance of sterilization methods. The proportion of spacing method users, both traditional, and modern, increased with decrease in number of sons. Son preference to a large extent determines the use of contraceptives and also method choice. Women who reported problems with method use were more for tubectomy and IUD (57 percent) followed by

vasectomy (35 percent) and pill (11 percent). The unmet need among total currently married women in the district was 38 percent. Of this, 21 percent preferred to space children and 18 percent wanted to limit family size. The unmet need to space children was high among younger age groups and to limit family size was high among older age groups. The unmet need to space children is high in rural areas (21 percent) compared to urban areas (18 percent). The unmet need to limit family size is also high among rural women (18 percent) compared to urban women (16 percent).

The perceived disadvantages were more in case of tubectomy and IUD methods compared to other methods. Nature of disadvantages was, more or less, same for all methods except condoms. Abdominal or gastric pain, body ache or body pain, excessive bleeding and weakness were the main disadvantages listed for all methods. In case of tubectomy and condoms, own experiences guided women's beliefs. For all other methods, friends experiences or what they heard from others formed the basis. More of urban women thought of disadvantages than rural women. Belief formation was not influenced by information received from mass media and health personnel. Public sector was the main source for sterilization services both in rural and urban areas. For spacing methods, private sector played a major role. Whatever might be the source for current users of pills and condoms, 88 percent considered the supply of contraceptives was regular. There was no major opposition for use of family planning methods in the families.

Of the total, 95 percent of women have not heard any family planning messages either on radio or television one month prior to the survey. Of those who heard the messages, most were urban educated women. Most of the messages were generic in nature and a small proportion heard method specific messages, particularly on condom use. Majority women who used a method in the past and discontinued the use did so to have a child. Dislike for the method and health problems created by method use were the other reasons. Thirty six percent of total women, who are not at present using any method, would like to use family planning methods within one year, and 16 percent, between 1 to 2 years. Those who would like to use contraceptives within one year were more in rural areas (40 percent) compared to urban areas (22 percent).

CHAPTER VII

FERTILITY PREFERENCES

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

Interpretation of data on fertility preferences has always been the subject of controversy. Survey questions have been criticised on the grounds that answers are misleading because: a) they reflect unformed, ephemeral views, which are held with weak intensity and little conviction; and b) they do not take into account the effect of social pressures or the attitudes of other family members, particularly the husband, who may exert a major influence on reproductive decisions. The first objection has greater force in non-contracepting geographical areas where the idea of conscious reproductive choice may still be alien; preference data from these settings should be interpreted with caution. In districts with moderate to high levels of use, greater interpretative weight can be attached to the findings. The second objection is correct in principle. In practice, however, its importance is doubtful; for instance, the evidence from surveys in which both husbands and wives are interviewed suggests that there is no radical difference between the views of the two sexes.

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

Couples who have been sterilized for contraceptive purposes also require special analytical treatment. The general strategy in this chapter is to classify these women as wanting no more children. The validity of this assumption can be ascertained by referring to the marginal distribution of answers to the special question for sterilized women or men on regrets about being sterilized.

7.1 Desire for More Children

Table 7.1 provides information about the fertility preferences of currently married women. The table allows to examine the total potential need for contraceptive services, for spacing as well as limiting births. Until recently, concern to provide appropriate contraception for couples who wish to have no further children has overshadowed contraception for child spacing purposes. The interest in spacing has been reinforced by recent evidence that : a) large

number of couples wish to postpone child bearing by contracepting; b) there appears to be a potential demand for contraception to space births in some areas where such a demand for limiting family size has not yet emerged.

Of the total 79,749 currently married women in the district, nearly one fourth of the women (22.6 percent) expressed the desire to have their next child within 11 months from the date of survey.

Table 7.1: Fertility preferences

<i>Desire for children</i>	<i>Number of living children*</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 +</i>	
Urban					
Desire for additional child					
Within 11 months	41.8	9.8	22.7	11.7	21.1
12-23 months	28.9	13.1	16.6	36.0	22.1
24 or more months	11.5	62.9	43.8	24.9	38.7
Do not know	17.7	14.1	16.9	27.4	
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	9.5	24.0	31.7	38.6	26.4
Only girl(s)	-	8.1	16.7	9.6	9.0
Both boy and girl	83.2	54.7	49.6	45.8	57.1
Either	3.7	9.9	2.0	5.3	5.6
Others	3.6	3.3	-	0.7	1.8
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children**	2624	3540	2439	1969	10572
Rural					
Desire for additional child					
Within 11 months	39.2	17.5	16.8	16.1	22.9
12-23 months	31.3	15.3	21.9	20.8	22.1
24 or more months	13.8	53.4	49.6	48.4	41.0
Do not know	15.8	13.8	11.8	14.7	14.0
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	2.3	26.2	35.1	43.3	28.3
Only girl(s)	-	4.5	9.4	5.8	5.4
Both boy and girl	92.9	62.7	48.0	49.2	60.9
Either	3.8	6.1	6.5	1.6	4.7
Others	1.0	0.5	1.0	0.1	0.7
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children**	18425	21811	16971	11970	69177

<i>Desire for children</i>	<i>Number of living children</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3 +</i>	
Total					
Desire for additional child					
Within 11 months	39.5	16.4	17.5	15.5	22.6
12-23 months	31.0	15.0	21.2	22.9	22.1
24 or more months	13.5	54.7	48.9	45.0	40.7
Do not know	16.0	13.8	12.4	16.5	14.5
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child					
Only boy(s)	3.4	25.9	34.6	42.7	28.1
Only girl(s)	-	5.0	10.3	6.3	5.8
Both boy and girl	91.5	61.6	48.2	48.7	60.4
Either	3.8	6.6	5.9	2.1	4.9
Others	1.3	0.9	1.0	0.2	0.7
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children**	2104	25351	19410	13940	79749

** In 00's

* Includes current pregnancy.

Twenty two percent women wanted to postpone the next birth by 12-23 months. As many as 41 percent of the women wished to have next birth after two or more years; and the remaining 15 percent, undecided. Among the women with no surviving children, 40 percent would like to have a child within one year from the date of survey; 31 percent, after 12-23 months; 14 percent, in 24 or more months; and 16 percent have not yet decided.

The percent of mothers who would like to have next child after 23 months decreased with the increase in the number of surviving children, from 55 percent with one live birth to 45 percent with three or more live births. However, there was a marginal rise in the percentage of mothers who wished to have the next child within 11-23 months. With as many as 63 percent of women, desiring to have the next child after a year or more, the potential to promote use of spacing methods is enormous and requires more attention than hitherto given by the family planning personnel.

The analysis of the desire for additional children according to the preferred sex of the child shows that, 28 percent of women preferred their next child to be a son while only 6 percent would like to have a daughter. As many as 60 percent women wanted to have both boy and girl as additional children and 5 percent preferred either of the sex. With the increase in number of living children, the preference for only son(s) increased, from 3 percent for childless women to 43 percent for women with two or more children. On the other hand, the preference for both boy and girl decreased with the increase in number of surviving children.

There were no major differentials between rural and urban women as far as the desire for additional children is concerned. Twenty one percent of urban women and 23 percent of rural women expressed the opinion that they would like to have the next child within 11 months, while 39 percent of urban women and 41 percent of rural women would like to

postpone the next birth by 24 or more months. The preference for only boy(s) was slightly more in rural areas (28 percent) compared to urban areas (26 percent), while the preference for only girl(s) was more among urban women (9 percent) compared to rural women (5 percent). Fifty seven percent of urban women and 61 percent of rural women preferred both boy and girl as their additional children. Six percent of urban women and 5 percent of rural women showed no gender preference.

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

Number of living children *	Number of desired children						Total %	Number of women **
	0	1	2	3	4+	DK		
Urban								
0	11.0	3.0	49.7	26.5	6.3	3.4	100.0	2950
1	12.3	20.8	52.0	11.5	-	3.5	100.0	4036
2	51.3	26.2	16.2	5.0	1.3	-	100.0	5005
3	83.6	11.2	4.7	0.5	-	-	100.0	6844
4	92.2	6.6	1.2	-	-	-	100.0	4751
5+	91.0	8.6	-	-	-	0.4	100.0	5242
Rural								
0	4.3	0.9	26.4	50.8	17.0	0.6	100.0	19243
1	10.2	15.3	52.6	16.4	4.5	1.1	100.0	24205
2	32.1	35.2	27.8	2.9	0.6	1.4	100.0	24980
3	73.0	17.9	7.6	1.2	0.3	-	100.0	28374
4	87.6	9.8	2.4	0.3	0.0	-	100.0	23413
5+	95.0	3.4	1.1	0.2	0.2	0.1	100.0	28072
Total								
0	5.2	1.2	29.5	47.6	15.6	1.0	100.0	22194
1	10.5	16.0	52.5	15.7	3.9	1.4	100.0	28241
2	35.3	33.7	25.9	3.2	0.7	1.2	100.0	29985
3	75.1	16.6	7.0	1.1	0.3	-	100.0	35218
4	88.4	9.2	2.2	0.2	0.0	-	100.0	28164
5+	94.3	4.2	0.9	0.2	0.2	0.1	100.0	33314

* Includes current pregnancy ** in 00's

Table 7.2 presents the percent distribution of number of living children by number of additional desired children by residence. Expectedly, the desire to have fewer children increased with the increase in number of living children. Five percent of childless women in the district preferred not to have children at all. Eleven percent of women with one living child, 35 percent with two living children, 75 percent with three living children, 88 percent with four living children and 94 percent, with five or more living children chose not to have an additional child. Among the childless women, 36 percent wished to have less than or equal to two children; 48 percent, three children; and 16 percent, four or more children. The desired number of children seems to be high among urban women compared to rural women. Eleven percent of urban women and 4 percent of rural women with no living children preferred not to have children. The percentage of mothers who wished to stop with one, two, three and four live births was more in urban areas compared to rural areas. However, 91 percent of urban and 95 percent of rural mothers, with five or more living children preferred not to have an additional child. Among the childless women, the percentage that desired to have one or two children

was more in urban areas compared to rural areas. For instance, 50 percent of urban women and 26 percent of rural women with no live birth, would like to have two children. On the other hand, percentage of women with the desire to have three or more children was high among rural areas compared to urban areas. Sixty eight percent of rural women with no living child would like to have three or more children and the same for urban women was 33 percent. Thus more number of urban women desired to stop their reproductive process with parity two while more number of rural women desired to have more than two children.

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

Out of a total 79,749 women, who desired to have more children, 26 percent women were at parity zero; 32 percent, at parity one; 24 percent, at parity two; 11 percent, at parity three; and 7 percent, at parity four and above. In 13-19 age group, more than 90 percent of women who desired more children were in parities zero and one. In 20-29 age group, more than 80 percent of women who desired additional children were in parities 1 to 3. In 30-39 age group more than 75 percent of women who desired additional children were in parities 2 and 3+. In 40-49 age group, 50 percent women were in parity zero; 3 percent, in parity one; 17 percent, in parity two; 6 percent, in parity three; and 24 percent, in parity four or more, who desired additional children. There were no significant rural-urban differentials in the distribution of women of different parities who desired additional children. The distribution of up to high school and above high school educated women varied from the other educational groups of women as far as the desire for more children is concerned. For instance, more than 90 percent of up to high school and above high school educated women who desired more children were in parities 0-2, which was not the case for women with less educational qualifications. More is the level of education, less is the desire for additional children.

All the other religious group women, who wanted more children, were concentrated in parities 0-2, while only 83 percent of Hindu and 79 percent of Muslim women who desired additional children were distributed in parities 0-2. Caste-wise variations in the additional children desired at specific parities of women were generally insignificant.

Forty seven percent of women each with parity zero or with no living son or daughter, wanted additional children. Of those women with one living son, 38 percent women in parity one and two; 15 percent of women in parity three; and 10 percent of women with four or more living children wanted additional children. Of those with one living daughter, 45 percent women of parity one; 43 percent women in parity two; 11 percent women in parity three; and 2 percent women in four or more parity wanted additional children. Of those who had three or more living sons, 45 percent women of parity three and 55 percent women of parity four or above still wanted more children, perhaps daughter(s). However, among women with three or more living daughters, one third women of parity three and two thirds women of parity four and above still wanted more children, perhaps son(s). Even with parity four and above the desire for son(s) seems to be more (68 percent) compared to that of daughters (55 percent).

Table 7.3: Desire to have more children by background characteristics

Background Characteristics	Number of living children *					Total**
	0	1	2	3	4+	
Age						
13 - 19	50.8	2.2	6.5	0.3	0.2	26046
20 - 29	14.5	30.2	36.3	14.6	4.5	44038
30 - 39	10.2	12.3	18.2	25.8	33.5	8552
40 - 49	49.7	2.6	17.0	6.2	24.4	1114
Residence						
Rural	24.8	33.5	23.1	10.6	8.0	10572
Urban	26.6	31.5	24.5	11.1	6.2	69177
Education						
Illiterate	24.9	30.2	25.4	11.8	7.8	64916
Upto class 4	36.2	26.7	23.9	13.2	-	2483
Primary	36.1	37.5	20.4	3.5	2.5	5198
Upto middle	31.7	35.7	21.2	11.4	-	4057
Upto high	33.9	42.5	18.2	5.3	-	1610
Above high school	19.8	65.5	8.6	6.2	-	1419
Religion						
Hindu	26.3	31.9	24.3	10.9	6.6	77288
Muslim	25.7	27.6	25.7	16.5	4.5	2028
Other	41.6	33.2	25.2	-	-	433
Caste						
Scheduled caste	25.6	32.3	25.5	10.8	5.8	23441
Scheduled tribe	19.8	27.1	32.9	9.2	11.1	3226
Backward caste	27.6	30.7	23.1	11.4	7.2	42011
Higher caste Hindu	24.5	38.5	23.4	9.9	3.8	8611
Other religious groups	28.5	28.6	25.6	13.6	3.7	2461
Number of living sons						
None	47.4	34.4	11.8	4.4	1.9	44422
1	-	38.0	37.5	15.0	9.6	26464
2	-	-	61.2	28.5	10.3	6917
3+	-	-	-	44.6	55.4	1947
Number of living daughters						
None	47.2	35.1	14.0	3.0	0.7	44619
1	-	45.1	42.8	10.5	1.7	21533
2	-	-	47.0	41.4	11.6	8399
3+	-	-	-	32.5	67.5	5198
Total	26.4	31.8	24.3	11.0	6.5	79749

* Includes current pregnancy ** in 00's

7.2 Ideal Number of Children

Thus far in this chapter, interest has been focussed on the respondents* present opinion as to how many children a couple should have.

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

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

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

The mean ideal number of children desired by ever-married women of the district was 3.3. With the increase in number of living children, there was marginal rise in the mean ideal number of children desired . The mean ideal number of children wished by the women (3.0) with no living child increased to 3.3 for women with three living children to 3.9 for women with six or more living children. Of the total ever-married women in the district, a mere 0.5 percent felt one child as the ideal number, fifteen percent of women opined two children as ideal number. As many as 42 percent of ever married women were of the view, three is an ideal figure and another 39 percent felt four or more children as the ideal number of children. A close look at the table reveals that, among women with 0-4 living children more than 85 percent women were of the view that 2-3 is the ideal family size, while among women with 5 and above living children, more than 85 percent women were of the view, three or more is the ideal family size.

The mean ideal number of children desired by urban women (3.1) was slightly less than the mean ideal number of children desired by rural women (3.3). The mean ideal number of children desired, increased with the increase in the number of living children in rural as well as urban areas of the district. Among urban women, mean ideal number of children, the women with no living child would like to have was 2.6 and this increased to 3.4 for women with three living children and 4 for women with six or more living children. In rural areas, the mean ideal number of children desired by women with no living child was 3.1 and this increased to 3.4 for women with three living children and 4.0 for women with six or more living children. The percentage of women who felt, one child as the ideal number, was more in urban areas (0.8 percent) compared to rural areas (0.4 percent). Twenty eight percent of urban women and 13 percent of rural women felt two children as the ideal number. However, the percentage of women who felt three children as the ideal number was more in urban areas (47 percent) compared to rural areas (41 percent). Twenty four percent of urban women and 42 percent of rural women viewed four or more as the ideal number of children.

Table 7.4: Ideal and actual number of children

Ideal number of children	Number of living children *							Total
	0	1	2	3	4	5	6+	
Urban								
None	1.4	-	-	-	-	-	-	40
1	-	3.6	-	-	-	2.3	-	226
2	46.6	36.2	34.2	21.5	29.4	7.4	17.5	8012
3	46.0	40.6	44.5	59.4	43.2	40.2	38.8	13488
4	2.7	15.2	17.4	12.3	18.1	28.5	20.1	4634
5	-	1.2	2.1	3.5	4.6	15.5	11.7	1369
6+	3.4	3.2	1.8	2.9	4.7	2.7	12.0	1059
Non-numeric responses	-	-	-	0.5	-	3.3	-	147
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	2950	4036	5005	6878	4751	3419	1937	28976
Mean ideal number **	2.6	2.8	2.9	3.0	3.1	3.5	4.1	3.1
Ever-married women	10.2	14.0	17.4	23.7	16.5	11.5	6.7	28829
Currently married women	10.0	13.6	17.8	22.9	16.7	12.1	7.0	27672
Rural								
None	0.0	0.4	0.8	0.9	0.3	2.3	0.4	1054
1	0.4	0.5	0.2	0.8	0.5	-	0.4	661
2	21.0	23.8	12.4	9.5	6.8	6.1	7.0	19596
3	52.4	46.9	50.2	43.7	34.3	25.2	24.4	63345
4	21.2	20.1	26.6	33.6	43.1	40.7	32.5	12870
5	2.4	4.9	6.2	5.8	10.4	16.4	20.4	3678
6+	0.6	1.0	0.8	1.3	1.4	3.7	13.1	4932
Non-numeric responses	2.1	2.6	2.9	4.4	3.0	5.6	1.7	47083
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	19664	24842	25724	29677	24136	15291	13884	153219
Mean ideal number **	3.1	3.0	3.3	3.4	3.6	3.9	4.0	3.3
Ever-married women	13.0	16.3	16.8	19.1	15.8	9.7	9.1	148287
Currently married women	12.9	16.5	16.7	19.2	15.7	9.7	9.3	145171
Total								
None	0.2	0.3	0.6	0.8	0.3	1.8	0.3	1095
1	0.3	0.9	0.2	0.6	0.4	0.4	0.3	887
2	24.3	25.5	16.0	11.7	10.6	6.3	8.3	27608
3	51.5	46.0	49.3	46.6	35.8	27.9	26.6	76832
4	18.8	19.4	25.1	29.6	39.0	38.4	31.4	51717
5	2.1	4.4	5.5	5.4	9.5	16.3	19.3	14239
6+	0.9	1.3	0.9	1.6	2.0	3.5	13.4	4737
Non-numeric responses	1.9	2.2	2.4	3.7	2.5	5.2	0.3	5079
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100
Number of women ***	22615	28878	30729	36555	28887	18710	15823	182195
Mean ideal number **	3.0	3.0	3.2	3.3	3.5	3.7	3.9	3.3
Ever-married women	12.5	15.9	16.9	19.9	15.9	10.0	8.8	177116
Currently married women	12.4	16.0	16.9	19.8	15.9	10.1	8.9	172844

* Includes current pregnancy

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

*** in 00's

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

With the increase in number of living children there was sharp decline in the number of women who have less than ideal number of children. For instance, almost all women with parity 0-1, 43 percent with three living and 4 percent with five or more living children have the actual size which is less than the ideal size. For the women who have actual size equal to ideal size, the percentage increased from 0.4 for 0-1 parity women to 44 percent for women with parity three and again dropped to 14 percent for women with five or more live births. Thirteen percent women with three living children, 44 percent of women with four living children and 82 percent of women with 5 or more living children, have the actual size which is more than the ideal size.

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

Number of ideal children	Number of living children *				
	0-1	2	3	4	5+
Urban					
Less than ideal	-	-	20.2	69.5	81.6
Equal to ideal	2.1	33.9	59.4	21.2	12.9
More than ideal	97.9	66.1	20.3	9.3	5.5
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	6946	5005	6844	4751	5299
Rural					
Less than ideal	-	0.2	10.8	38.4	81.7
Equal to ideal	0.2	12.2	40.7	45.7	14.2
More than ideal	99.8	87.6	48.5	15.9	4.1
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	43424	24785	28095	23330	27665
Total					
Less than ideal	-	0.2	12.7	43.7	81.7
Equal to ideal	0.4	15.8	44.3	41.5	14.0
More than ideal	99.6	84.0	43.0	14.8	4.3
Total %	100.0	100.0	100.0	100.0	100.0
Total N**	50370	29790	34938	28081	32964

* Includes current pregnancy ** in 00's

The percentage of women with the actual size less than the ideal size was generally high in rural areas compared to urban areas. For instance, 49 percent of rural women with three surviving children and 20 percent of urban women with three surviving children, had the actual

size which is less than the ideal size. The percentage of women with the actual size equal to ideal size was more in urban areas compared to rural areas for 0-3 living children. Among women with 4 and above children the rural percentage was more than the urban percentage. There were no significant differentials between urban and rural areas in regard to the distribution of women with more children than the ideal size.

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

Table 7.6 presents the stage at which the husband and wife communicated on the number of children they should have. Of the total 63,552 women, nearly 31 percent of the couples discussed the number of children they should have immediately after marriage, while 2 percent of women never discussed with their husbands about the number of children they should have. Twenty six percent of women discussed with their husbands the number of children they should have, after first child, while 23 percent and 18 percent did the same after second and third child respectively. Communication regarding the number of children desired by the couple was more among younger women compared to older women. For instance, 76 percent of women in 13-19 age group discussed with their husbands the number of children they should have, immediately after marriage. However, the same for 40-49 age group women was 17 percent.

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

Background Characteristics	Stage at which discussion took place					Never	Total %	Number *
	Immediately after marriage	After 1st child	After 2nd child	After 3rd child				
Age								
13-19	75.7	21.3	2.5	0.6	-	100.0	8775	
20-29	29.8	33.1	25.7	11.4	-	100.0	28978	
30-39	16.8	21.1	27.0	31.1	4.1	100.0	18013	
40-49	17.0	17.9	23.8	35.4	5.9	100.0	7786	
Residence								
Rural	22.0	24.9	24.2	24.8	4.0	100.0	13363	
Urban	33.2	26.5	22.2	16.7	1.3	100.0	51089	
Education								
Illiterate	29.5	25.4	23.4	19.7	2.0	100.0	46077	
Upto class 4	20.8	45.1	19.6	12.7	1.8	100.0	2244	
Primary	33.7	34.3	12.5	19.6	-	100.0	6198	
Upto middle	48.5	15.1	23.7	12.7	-	100.0	4165	
Upto high	31.5	19.8	26.9	19.1	2.8	100.0	2184	
Above high school	29.0	28.4	30.0	6.9	5.7	100.0	2685	
Use of contraception								
Ever use	25.8	25.9	25.3	20.3	2.6	100.0	41855	
Never use	26.5	29.2	23.8	18.8	1.6	100.0	40255	
Total	19617	16654	14372	11719	1190	100.0	63552	

* in 00's

All the women in 13-29 age group had communicated with their husbands on number of children they should have at some stage or the other, while 4 percent of women in 30-39 age group and 6 percent of women in 40-49 age group, never discussed the same with their husbands. Contrary to the usual expectation, husband-wife communication on number of children they should have immediately after marriage was more in rural areas (33 percent) compared to urban areas (22 percent). Even the percentage of women with no communication with their husbands regarding the number of children they should have was slightly more in urban areas (4 percent) compared to rural areas (1 percent). Education of the wife does not seem to influence husband-wife communication on the number of children they should have. There were no major differentials between ever users and never users of contraception regarding husband-wife communication about the number of children they should have.

7.4 Fertility Planning

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

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

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

Table 7.9 is a birth based rather than a woman based table. It provides perhaps the single most useful indicator of the degree of successful reproductive control exercised by couples in the recent past.

Table 7.7 shows the percentage of currently married women who had experienced unwanted pregnancies and number of such unwanted pregnancies by selected background characteristics. Out of a total 177,116 pregnancies in the district, more than 96 percent of pregnancies were wanted while a mere 4 percent were unwanted pregnancies. Out of total 4 percent unwanted pregnancies, 3.2 percent women had one unwanted pregnancy, 0.4 percent had two unwanted pregnancies and 0.2 percent had three or more unwanted pregnancies. Analysis of the number of unwanted pregnancies with the current age of women showed that there were more unwanted pregnancies in 30-39 age group (6.4 percent) compared to other

age groups. Out of 6.4 percent unwanted pregnancies, 5.4 percent women had one unwanted pregnancy. Percentage of unwanted pregnancies was more in urban areas (6 percent) compared to rural areas (3.4 percent). Highest percentage of unwanted pregnancies were among the women who were educated up to class four (7.6 percent), followed by above high school (6.8 percent) and primary (6.2 percent) level educated women.

Muslim women experienced more unwanted pregnancies (5.4 percent) compared to Hindu (3.8 percent) and women from other religious groups (2.2 percent). There were no significant differentials in the percentage of unwanted pregnancies in regard to the caste status of eligible women, except that the percent of unwanted pregnancies was slightly more in case of the upper caste and other religious group women.

Table 7.7: Unwanted pregnancy

Background Characteristics	Number of unwanted pregnancies				Total %
	0	1	2	3+	
Age					
13 - 19	98.6	1.1	0.3	-	100
20 - 29	97.0	2.8	0.2	0.1	100
30 - 39	93.6	5.4	0.7	0.4	100
40 - 49	96.4	2.5	0.7	0.3	100
Residence					
Rural	94.1	4.9	0.8	0.1	100
Urban	96.6	2.8	0.4	0.2	100
Education					
Illiterate	96.5	2.8	0.4	0.2	100
Upto class 4	92.4	7.6	-	-	100
Primary	93.8	4.9	1.3	-	100
Upto middle	98.5	1.5	-	-	100
Upto high	94.5	5.5	-	-	100
Above high school	93.2	5.7	1.2	-	100
Religion					
Hindu	96.2	3.2	0.4	0.2	100
Muslim	94.6	2.3	3.1	-	100
Other	97.8	2.2	-	-	100
Caste					
Scheduled caste	96.9	2.5	0.1	0.4	100
Scheduled tribe	96.7	3.3	-	-	100
Backward caste	96.0	3.2	0.6	0.2	100
Higher caste Hindu	95.6	4.2	0.2	-	100
Other religious groups	95.6	2.3	2.1	-	100
Total	170379	5590	794	353	177116

Table 7.8 presents the percent distribution of the outcome of unwanted pregnancies by residence. Nearly three fourths of the unwanted pregnancies had resulted in live births followed by 11 percent spontaneous abortions. The percent of unwanted pregnancies that had resulted

in live births (80 percent) and spontaneous abortions (13 percent) was more in rural areas compared to urban areas. Percentage of unwanted pregnancies that had resulted in still births was more in urban areas (12 percent) compared to rural areas (6 percent). One percent of women attempted to abort the unwanted pregnancies but failed.

Table 7.8: Outcome of unwanted pregnancies *

Outcome of unwanted pregnancies	Rural	Urban	Total
Live birth	79.7	59.1	74.7
Still birth	5.9	11.3	7.3
Spontaneous abortion	10.3	4.4	8.9
Induced abortion/MTP	2.9	19.6	7.2
Attempted to abort but failed	1.2	-	0.7
Others	-	5.3	1.2

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

Table 7.9 presents the percent distribution of births in the current pregnancies by fertility planning status. Out of a total 52,314 currently married women who became pregnant, more than 83 percent wanted to become pregnant then only, 12 percent wanted later and another 5 percent, never wanted to be pregnant. Eighty five percent of urban women and 83 percent of rural women wanted the pregnancy then only. The percentage of women who wanted to have pregnancies later was more in rural areas (12 percent) compared to urban areas (9 percent). The percentage of women who wanted to stop childbearing was more in urban areas (6.5 percent) compared to rural areas (5 percent).

Table 7.9: Fertility planning

Pregnancy intention	Rural	Urban	Total
Wanted then	83.2	84.8	83.4
Wanted later	11.9	8.6	11.6
Wanted no more	4.8	6.5	5.0
Missing	-	-	-
Total %	100.0	100.0	100.0
Number of pregnancies *	47713	4601	52314

* in 00's

Table 7.10 gives the opinion on what the woman would do if she gets unwanted pregnancy. Nearly half of the women would not become pregnant as they had adopted the sterilization method. Among the remaining 50 percent who could become pregnant, 22 percent of women said that they would accept the unwanted pregnancy while 14 percent would like to get it aborted. Another 5 percent of women were undecided about the unwanted pregnancy. Nearly one fourth of the rural women expressed the desire to accept the unwanted pregnancy when the same in urban areas was just 11 percent. The percentage of women who wanted to get the unwanted pregnancy aborted was more in urban areas (20 percent) compared to rural areas (13 percent). Five percent of rural and 2 percent of urban women were undecided or not sure about what should be done in case of unwanted pregnancy.

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

Intention	Urban	Rural	Total
Will accept the pregnancy	10.7	24.9	22.3
Will get it aborted	19.9	12.8	14.1
Others	9.9	9.0	9.1
Not sure/do not know	2.4	5.4	4.8
Not possible/sterilized	57.1	47.9	49.6

7.5 Summing Up

Of the total currently married women desirous of having an additional child, 23 percent preferred their next child within 11 months, 22 percent wanted to postpone the next birth for 12 to 23 months, 41 percent wished to have next birth after 2 or more years and the remaining 15 percent, undecided. There are no major urban-rural differentials in regard to the postponement of births. The desire to have additional children decreased with increase in number of living children. Highly educated women had less desire for additional children compared to illiterate and less educated. The mean ideal number of children desired by ever married women of the district was 3.3. The mean ideal number of children desired by urban women (3.1) is slightly less than the mean ideal number of children desired by rural women (3.3). Thirty one percent of the total couples discussed about the number of children they should have immediately after marriage, while 2 percent of the women never discussed. More of young and educated women discussed with their husbands compared to other women. Of the total pregnancies in the last 3 years, 4 percent were unwanted pregnancies. Nearly three-fourths of unwanted pregnancies resulted in live births. Of the total 50 percent women who could become pregnant, in case of unwanted pregnancy, 22 percent women would accept the pregnancy and 14 percent would prefer to go for abortion. The remaining were not certain of what should be done.

CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

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

8.1 Antenatal Care

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

Among the women in the group of less than 20 years, only 35 percent underwent antenatal check-up. Majority of the pregnant women are present in 20-34 years age group but only 37 percent of them have had ante-natal check-up and about 23 percent of the women above 35 years of age underwent these check-ups. On an average, 32 percent of the total number of women who were pregnant in last two years had ante-natal check-up. For pregnant women aged less than 20 years, the major source of antenatal care (ANC) is either government hospital or PHC in 48 percent cases and home in 32 percent cases. Approximately 9 percent of women below 20 years of age availed ANC services either from the sub-centre or from a private doctor. In 20-34 age group, 45 percent of pregnant women received ANC services from district hospital or PHC, 30 percent at home, 10 percent from sub-centre and 15 percent from private doctor. In 35 plus age group, majority of the pregnant women (49%) availed ANC treatment at home. Twenty six percent and 14 percent of the women in the same age group could go to district hospital or PHC and sub-centre respectively for ANC services. Eight percent of pregnant women aged above 35 years visited private doctor for such services. Other sources availed for ANC are negligible (around 2 percent). In all the age groups the major source of ANC service is government hospital or PHC and also majority of the women preferred to receive such services at their homes.

Forty one percent and 56 percent of pregnant women aged less than 20 years received iron folic tablets and tetanus toxoid injections respectively. In 20-34 years age group, 44 percent and 50 percent of pregnant mothers received IFA tablets and TT injections respectively. Among women aged above 35 years, where the risk due to pregnancy is high, only 30 percent pregnant women had taken IFA tablets and 35 percent were immunised against tetanus. The percentage of ANC services availed shows a decreasing trend with increase in the age of the pregnant women.

A substantial difference is seen in utilisation of ANC services in urban and rural areas. While 62 percent of urban pregnant women underwent ante-natal check-up, a little less than half (31 percent) of the rural pregnant mothers had physical check-ups. In urban areas, majority of the pregnant women (82 percent) used district hospital or PHC sources for ante-natal care and another 15 percent of them availed the services from private doctors. Negligible percent of such women received ANC service at home. In contrast to the urban mothers, 41 percent rural mothers received most of their ANC treatment at home and 33 percent of them went to government hospital or PHC for the same. In rural areas, sub-centres also play a significant role in providing ante-natal services. Thirteen percent of rural mothers approached sub-centres for AN services and 12 percent availed the services of private doctors.

Level of education of the pregnant mothers has an impact on number of physical check-ups done, type of sources used and other AN services received. The results show an increasing trend in the number of physical check-ups from 31 percent among illiterate women to 88 percent among women with above high school education, an increase of 57 percentage points. The use of district hospital or PHC for AN services has also increased from 38 percent among illiterate women to 84 percent among women educated up to high school and has slightly come down by 16 percentage points for women educated above high school. Receiving antenatal services at home by the pregnant women has decreased with increase in level of education. Thirty eight percent of illiterate women accepted ante-natal services at home but only 1.5 percent mothers with above high school education received such services at home. Services availed by the women from the private doctors increased with increase in level of education from 11 percent among illiterate women to 30 percent among women educated above high school. Use of sub-centre services for ante-natal purposes has decreased with increase in level of education of the mothers. While 37 percent of illiterate pregnant women received iron folic tablets, more than double the percentage of women with above high school education (86 percent) have received IFA tablets. Same is the case with tetanus toxoid injections. Where 44 percent of illiterate mothers were immunised against tetanus, 87 percent of mothers educated above high school were given TT injections.

Thirty four percent of Hindu women, 54 percent of Muslim women and 74 percent of women from other religious groups underwent physical check-ups. Forty three percent of Hindu women have availed services from district hospital or PHC, 33 percent received services at home, around 12 percent of them had gone to the sub-centres or private doctors for AN services. There are no Muslim women who have received ante-natal services at home. Twenty eight percent of Muslim women and 22 percent of other religious group women availed the services of private doctor for ANC. Forty one percent of Hindu women received IFA tablets and 48 percent were immunised against tetanus. Whereas 55 percent and 80 percent of

Muslim women received IFA tablets and TT injections respectively. More than 90 percent of women belonging to other religions received IFA and TT injections. No definite trend is seen in utilisation of AN services based on the religious factors due to the fact that the representation of these groups in the sample is not proportionate. But a definite trend is established on the use of AN services based on caste factors.

Table 8.1: Antenatal care

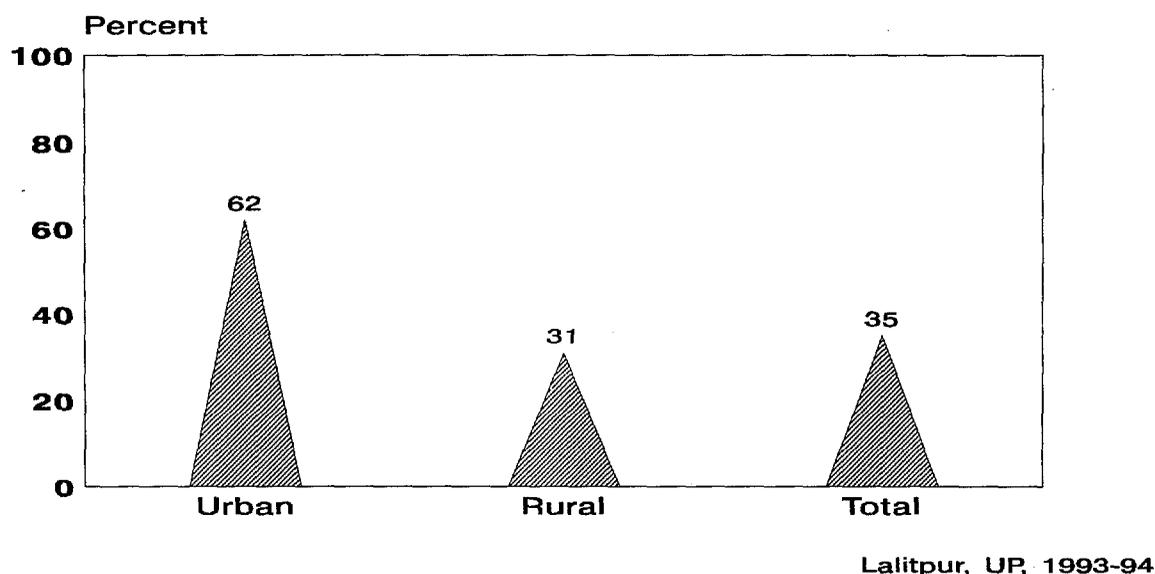
<i>Background characteristics</i>	<i>underwent ANC check-up</i>	<i>Source of ANC treatment*</i>						<i>% received</i>		<i>Number of women pregnant in last 2 years</i>
		<i>District hosp/PHC</i>	<i>Sub-centre</i>	<i>Private doctor</i>	<i>Camp</i>	<i>At home</i>	<i>Others</i>	<i>IFA tab</i>	<i>TT injection</i>	
Age										
< 20	35.1	47.8	9.2	8.4	-	31.8	2.8	40.6	56.1	21887
20 - 34	37.3	44.7	10.2	15.2	0.1	29.6	0.2	43.6	50.4	54751
35 +	22.6	26.3	14.3	8.4	-	49.3	1.7	30.1	35.1	9035
Residence										
Urban	62.0	81.8	0.6	15.0	0.3	1.3	1.0	68.0	80.6	11555
Rural	30.9	32.5	13.2	12.3	-	40.9	0.9	32.0	44.3	74118
Education										
Illiterate	30.6	37.6	12.6	10.8	-	38.2	0.8	37.0	44.1	70989
Upto class 4	48.3	78.1	2.4	8.7	-	10.8	-	63.0	77.7	2398
Primary	57.9	47.2	6.5	19.4	0.6	26.3	-	63.3	75.9	5116
Upto middle	49.9	59.9	6.3	18.3	-	11.0	4.5	54.1	66.4	3849
Upto high	55.6	83.8	-	12.8	-	3.3	-	64.0	73.0	1684
Above high school	87.7	67.6	-	29.5	-	1.5	1.4	86.1	87.1	1572
Religion										
Hindu	34.3	42.8	10.7	12.2	0.1	33.4	1.0	40.6	48.0	82678
Muslim	54.2	68.0	4.4	27.6	-	-	-	55.1	79.8	2285
Other	73.7	73.6	-	22.4	-	4.0	-	91.9	94.5	709
Caste										
Scheduled caste	29.4	39.7	12.9	8.6	-	37.6	1.2	36.6	43.3	25176
Scheduled tribe	23.5	26.4	22.5	33.9	-	17.3	-	29.3	31.2	4009
Backward caste	33.7	45.3	9.8	9.1	-	34.9	0.9	41.0	47.9	42445
Higher caste Hindu	51.7	42.9	8.0	20.8	0.3	26.8	1.2	52.4	64.8	11049
Other religious groups	58.7	69.9	3.1	26.1	-	0.2	-	63.8	83.3	2995
Total	35.1	39.2	11.5	12.7	0.0	35.6	0.9	41.4	49.2	85673

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

As the social status increases, there is also an increase in the use of ante-natal services. Social, economic and educational factors contribute to this inference. The results show that the percentage of pregnant women belonging to the Scheduled Tribes (24 percent) who underwent physical check ups is less than the percentage of women hailing from higher caste Hindus (52 percent). This percentage increases by another 7 percentage points for women belonging to other religious groups. Twenty six percent of ST women availed services from district hospital or PHC whereas 43 percent of women from high caste Hindus and as many as

70 percent of women from other religious groups have received services from the same source. A majority of the backward caste women (around 43 percent on average) received their services either at the district hospital/PHC or at home. Twenty one percent of high caste Hindu women made use of the services of private doctor, and another 27 percent of them received services at home. The maximum percentage of women who received iron folic acid tablets and tetanus toxoid injections (more than 50 percent) belong to high caste Hindus or other religious groups.

Figure 8.1: Percent Underwent ANC Check-up



Birth, death and infant mortality rates indicate the living standards of people in a given society. Higher the rates, lower are the living standards and quality of life of the people, portraying economic and social backwardness. Table 8.1a gives the birth, death and infant mortality rates estimated for the last two years preceding the BSUP i.e. Dassehra 1991 to Dassehra 1993. The crude birth rate for Lalitpur district is 37.5, whereas for Uttar Pradesh as per the Sample Registration System (SRS) is 35.7. Birth rate in urban areas of the district (29.8) is less than the birth rate in rural areas (39.1).

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

	<i>Urban weighted</i>	<i>Rural weighted</i>	<i>Total weighted</i>
Birth Rate	29.76	39.07	37.52
Death Rate	6.07	10.48	9.75
Infant Mortality Rate	66.49	83.20	81.00

The crude death rate estimated in BSUP for Lalitpur district is 9.8 and the SRS figure for the state is 11.3. Rural death rate (10.5) is higher than the urban death rate (6.1). Infant mortality rate for the district as estimated on BSUP is 81 and IMR as per SRS for the state

during 1991 is 97. IMR of 83.2 in rural areas of the district is much higher than 66.5 estimated for urban areas.

The percentage distribution of the source of main treatment and system of medicine followed by residence is given in Table 8.1b. District hospital is the major source of treatment for both urban respondents (37 percent) and rural respondents (25 percent). The second popular source of treatment is the private doctor in both urban (23 percent) and rural areas (28 percent). About 24 percent of the rural respondents reported home treatment as a source and the corresponding percentage for urban respondents is very small (5 percent). Seventeen percent of urban and 9 percent of rural women reported to have used PHC as a major source of treatment. The use of sub-centre for the same purpose is made by a mere 3 percent of the respondents even in the rural areas which is a cause for concern as sub-centres are the basic health centres meant to serve the rural masses.

When it comes to the system of medicine followed, a majority of the urban (66 percent) and also the rural (55 percent) women confirmed it as allopathic system of treatment. Twenty four percent of the women reported that they did not receive any treatment at the time of their illness. This is a group in both areas which has to be educated on various health aspects if morbidity and mortality rates are to be reduced. Fifteen percent of the rural respondents used home remedies for treatment and only 2 percent of urban respondents did the same.

Magic/exorcism practiced as a system of medicine is higher among urban respondents (5 percent) than among rural respondents (2 percent). A negligible percentage of the respondents relied on Indian system of medicine for their treatment.

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

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Source of main treatment			
District Hospital	36.6	25.3	26.5
PHC	16.9	8.7	9.6
Sub centre	-	3.1	2.8
Private doctor	22.8	27.9	27.4
Local vaidya	-	0.4	0.4
Home treatment	5.0	24.4	22.4
Others	18.5	10.1	10.9
System of medicine followed			
No treatment	20.9	23.8	23.6
Home remedies	2.2	15.4	14.1
Magic/exorcism	4.8	1.8	2.2
Ayurvedic	-	1.4	1.3
Allopathy	65.9	54.9	56.1
Homeopathy	1.1	0.5	0.6
Others	1.7	0.5	0.6
Don't know	3.2	1.3	1.5

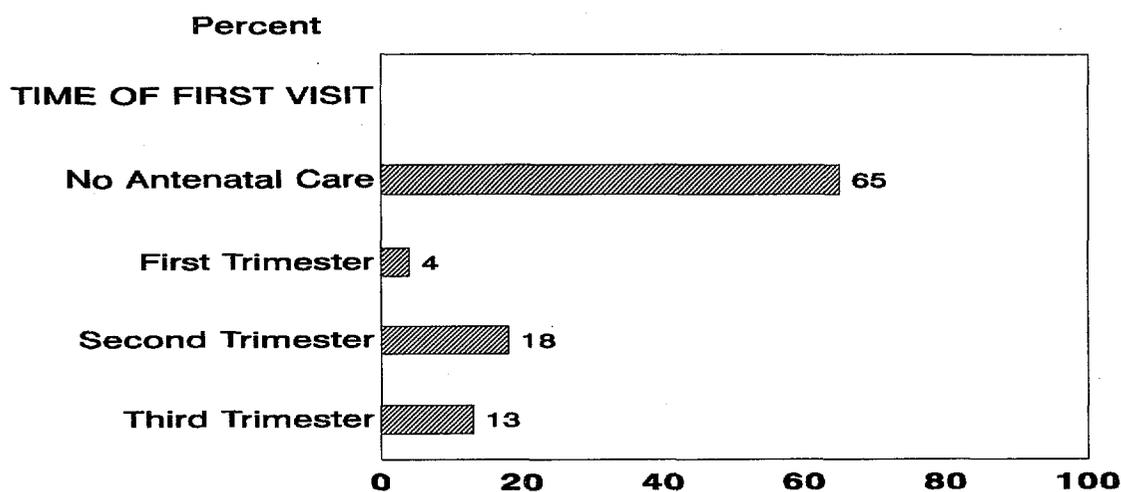
To assess the risk at pregnancy and also to immunise pregnant mothers against tetanus,

the mothers are required to go for medical check ups on regular basis during the course of pregnancy. At least three check-ups are made mandatory by the health department in order to provide effective services to pregnant mothers. In order to know the awareness of the mothers on the importance of such check-ups, women in the BSUP were asked whether any medical check up was done during their last pregnancy, occurred in two years preceding the survey and also the stage of pregnancy at the time of their first ANC visit. The results of this distribution are presented in Table 8.2 by their residence and stage of pregnancy. A majority of the pregnant rural women (69 percent) had not received any kind of ante-natal care whereas 38 percent of pregnant urban women had not received medical check up. There is a substantial difference of 31 percentage points between rural and urban pregnant women who had not received any ANC. Though rural women are the most neglected lot as far as ante-natal care is concerned the percentage of urban women requiring ANC care is also quite high.

Table 8.2: Stage of pregnancy

<i>ANC visits</i>	<i>Rural</i>	<i>Urban</i>	<i>Total</i>
Stage of pregnancy at the time of the first ANC visit	38.0	69.1	64.9
No antenatal care	5.2	3.9	4.0
First trimester	28.9	16.1	17.8
Second trimester	27.9	11.0	13.3
Third trimester	-	-	-
Don't know/missing	100.0	100.0	100.0
Total %	6.0	6.0	6.0
Median months pregnant at first visit (for those with ANC)			
Number of pregnancies in last two years	11555	74118	85673

Figure 8.2: Timing of First ANC Visit



Lalitpur, UP, 1993-94

A mere 4 percent of the total pregnant women had gone for medical check up in their first trimester of pregnancy. These ANC visits have increased during second and third trimesters, more so in urban areas than in rural areas. Twenty eight percent of urban pregnant mothers underwent medical check-up in second and third trimester of pregnancy respectively. Sixteen percent of rural mothers had their check-up in second trimester and only 11 percent in third trimester. The median months pregnant at first visit for ANC in both urban and rural areas is six months.

8.2 Place of Delivery and Assistance During Delivery

As in the antenatal care tables, Table 8.3 and 8.4 are organised around births in the past two years. The aim is simply to document the distribution of types of services utilised by different segments of population during delivery. The distribution of place of delivery by background characteristics is given in Table 8.3.

Table 8.3: Place of delivery

<i>Background Characteristics</i>	<i>Place of delivery</i>				<i>Home</i>	<i>Total %</i>	<i>Number of women pregnant in last two years</i>
	<i>Health facility</i>						
	<i>PHC/Dist hospital</i>	<i>Subcentre</i>	<i>Public</i>	<i>Private</i>			
Mother's age at birth							
< 20	9.2	0.4	9.6	0.4	90.0	100.0	15427
20 - 34	9.4	0.2	9.6	1.8	88.5	100.0	54204
35 +	1.8	0.0	1.8	0.0	98.2	100.0	6135
Residence							
Urban	32.0	0.0	32.0	5.0	63.0	100.0	10478
Rural	5.7	0.3	6.0	0.8	93.3	100.0	65720
Education							
Illiterate	5.4	0.2	5.6	0.6	93.9	100.0	63467
Upto class 4	17.4	0.0	17.4	2.4	80.3	100.0	2073
Primary	23.1	1.2	24.3	1.5	74.2	100.0	4642
Upto middle	30.8	0.0	30.8	5.7	63.6	100.0	3361
Upto high	37.5	0.0	37.5	3.2	59.3	100.0	1367
Above high school	52.6	0.0	52.6	24.3	23.1	100.0	1288
Religion							
Hindu	8.0	0.2	8.2	1.2	90.5	100.0	73466
Muslim	34.8	0.0	34.8	3.5	61.7	100.0	2056
Other	73.1	0.0	73.1	6.1	20.9	100.0	676
Caste							
Scheduled caste	2.7	0.3	3.0	0.3	96.7	100.0	22520
Scheduled tribe	1.7	1.7	3.4	0.0	96.6	100.0	3678
Backward caste	8.5	0.0	8.5	1.0	90.4	100.0	37365
Higher caste Hindu	20.1	0.6	20.7	4.7	74.6	100.0	9902
Other religious groups	44.3	0.0	44.3	4.1	51.6	100.0	2732
Total	9.3	0.2	9.5	1.3	89.1	100.0	76197

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

From the results it can be inferred that age of the mother at the time of birth has no significant bearing on place of delivery. Majority of mothers, more than 90 percent, delivered at home. For 9 percent of the mothers aged up to 34 years or less and 2 percent of the mothers aged above 35 years, PHC or district hospital was the place of delivery.

Thirty two percent of the urban women and 6 percent of rural women delivered either at PHC or at district hospital. Sixty three percent of urban and 93 percent of rural mothers had delivered at their home. Level of education shows an influence on place of delivery. With increase in level of education the institutional deliveries increased and home deliveries decreased. Only 5 percent of illiterate mothers used public health institutions for delivery whereas this percentage increased to 53 percent for mothers with above high school education. For 94 percent of illiterate mothers, home is their place of delivery and only 23 percent of mothers educated above high school delivered at home.

Thirty four percent of the Muslim clientele, 8 percent of Hindus and 73 percent of women from other religious groups used public sources during delivery. Ninety one percent of Hindu women, 62 percent of Muslim women and 21 percent of women from other religions delivered at home. Higher the caste of the women, greater are the number of deliveries conducted in public institutions and lesser are the number of home deliveries. Around 3 percent of the Scheduled Tribe women used public source, which increased to 44 percent among upper caste Hindu women. Ninety seven percent of ST women delivered at home whereas only 52 percent of women belonging to upper caste Hindus underwent home delivery.

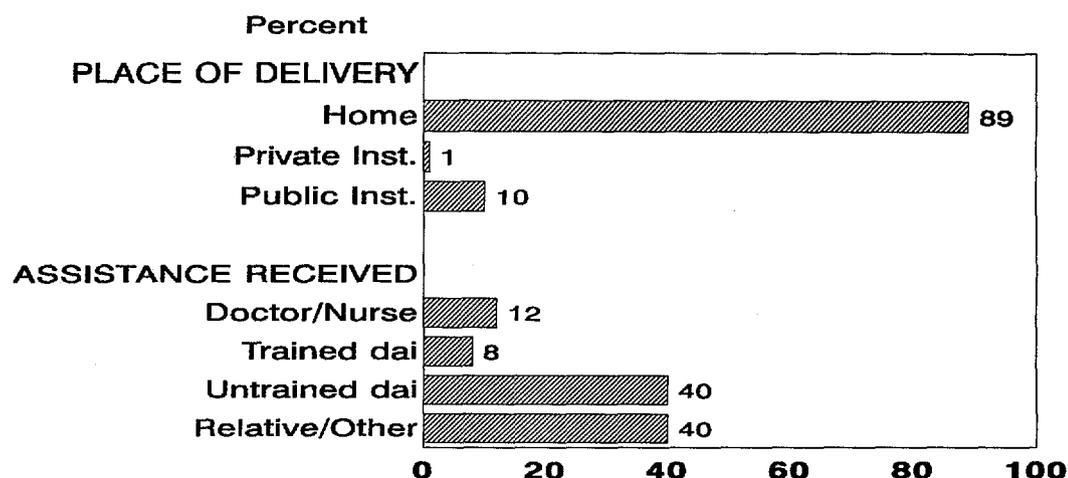
In Table 8.4 the type of services are defined according to the attendant assisting during delivery in the last two years preceding the survey. Thirty five percent of urban mothers and 7 percent of rural mothers were assisted by a doctor or by a trained nurse at the time of their delivery. In the case of 41 percent of the rural women, an untrained dai or a family member was present at the time of delivery. In contrast to this, only 31 percent and 19 percent of urban mothers were provided help by an untrained dai and a family member respectively. Assistance sought from a trained dai during delivery is less than 10 percent among both urban and rural respondents. On an average, 17 percent of urban women and only 5 percent of rural women reported assistance from trained personnel during delivery.

Table 8.4: Assistance during delivery

<i>Background characteristics</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Doctor or trained nurse	35.2	7.1	11.0
Trained dai	10.0	7.5	7.8
Untrained dai	30.5	41.0	39.6
Family member	18.6	41.5	38.2
Private doctor/nurse	7.1	0.9	1.7
Others/self	0.0	2.0	1.8

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

Figure 8.3: Place of Delivery and Assistance During Delivery



Lalitpur, UP, 1993-94

8.3 Immunization of Children

The purpose of Table 8.5 is to show the percentage of 6-23 months old who have been vaccinated by the time of survey, and by twelve months of age. Figures are shown by the source of data used for determining the degree of vaccination coverage.

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

Tables 8.5a and 8.5b show the percentage of children who were given each vaccine or dose by the time of the survey. The purpose of the tables is to examine the vaccination coverage levels among children 6-23 and 12-23 months old according to background characteristics in order to give an indication of the success of the vaccination programme in reaching all groups of population.

Complete coverage for female children (59.9 percent) in urban areas is higher than the male children (54.4). The converse is true in rural areas where all vaccines were given to 30.4 percent of male children and 26.9 percent of female children. Complete coverage for urban children is also higher when compared to rural children by 50 percent.

Children who are not immunised by atleast one vaccine are smaller in number in urban areas than in rural areas. The percentage of urban female children (10.3 percent) who had not received a single dose of any vaccine is higher than the urban male children (7.2 percent). Thirty nine percent of rural males and 37 percent of rural females had not been immunised at all. The problem of non-coverage is more serious among the rural children.

BCG coverage for urban males (89 percent) is higher than the coverage for females (86.7 percent). The coverage for the same vaccine among rural males and females is 58 percent which shows a substantial difference of 27 percentage points between urban and rural children. The trend for measles vaccine coverage is similar to that of BCG vaccine coverage. Sixty one percent of urban male children and 69 percent of urban female children are protected against measles. Whereas half of this percentage of children (36 percent) had measles coverage in rural areas. DPT and polio coverage for urban children is much higher than for the rural children. The drop out rates for these two vaccines are higher among rural children than urban children. DPT drop out rate for urban females (9.4 percent) is higher than urban males (7 percent) whereas converse is true for polio where the drop out rate among urban male children (14.5 percent) is higher than among urban female children (9.4 percent). DPT drop out rate for rural males is 12.5 percent which is less than that for rural females (16.6 percent). Drop out rate for polio coverage among rural female children (20 percent) is much higher than among rural male children (12.7 percent).

Mothers' level of education did not show any influence on complete coverage and no coverage for children in urban areas. The complete coverage for children of illiterate mothers and also mothers with above high school education is 56.9 percent. Among rural children, the complete coverage for children of illiterate mothers is 26.9 percent and it increased to 82.1 percent for children of mothers who had above high school education. The number of children who did not receive even a single dose of vaccination decreased with increase in the level of education of the mothers. Forty percent of children of rural illiterate mothers did not receive even a single dose of vaccination whereas there are no children of mothers educated above high school who had not been immunised by atleast one vaccine.

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

Background Characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	89.1	72.2	71.0	65.2	88.6	87.1	74.1	61.4	54.4	7.2	3410
Female	86.7	77.5	71.4	68.1	83.5	77.5	74.1	69.1	59.9	10.3	2116
Mother's education											
Illiterate	86.3	74.1	71.3	67.5	83.2	80.5	71.5	60.3	56.9	10.9	3255
Upto class 4	100.0	100.0	100.0	73.9	100.0	100.0	73.9	63.9	45.5	0.0	428
Primary	83.0	59.8	59.8	59.8	93.5	85.2	87.3	68.1	59.8	0.0	630
Upto middle	88.0	69.6	55.4	55.4	88.0	80.9	73.8	61.7	51.8	12.1	564
Upto high	100.0	84.5	84.5	84.5	84.5	84.5	84.5	86.4	70.9	0.0	309
Above high school	85.8	62.5	62.5	56.9	85.8	85.8	80.5	80.5	56.9	14.2	339
Religion											
Hindu	89.9	77.3	73.5	67.5	86.7	82.6	71.9	65.8	60.8	8.2	4493
Muslim	76.9	60.0	60.0	60.0	83.4	83.4	79.4	49.9	33.0	11.4	851
Other	100.0	77.1	77.1	100.0	100.0	100.0	100.0	100.0	68.1	0.0	182
Caste											
Scheduled caste	80.7	72.2	63.7	52.0	80.7	72.2	52.0	52.0	43.5	10.8	1069
Scheduled tribe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	62
Backward caste	89.3	78.6	78.6	73.1	88.0	85.8	77.1	71.7	65.9	10.7	2347
Higher caste Hindu	100.0	78.3	70.1	68.3	89.0	84.8	79.0	64.2	64.2	0.0	1015
Other religious groups	80.8	61.4	61.4	61.4	86.2	86.2	82.9	58.1	38.7	9.5	1032
Total	88.2	74.2	71.2	66.3	86.7	83.4	74.1	64.3	56.5	8.4	5526
Rural											
Sex											
Male	57.5	50.5	42.3	38.0	52.7	44.2	40.0	35.7	30.4	38.6	19091
Female	57.6	50.2	40.1	33.6	55.3	44.4	35.3	36.1	26.9	36.6	15849
Mother's education											
Illiterate	54.9	47.4	38.4	33.2	50.6	41.2	35.1	33.8	26.9	40.4	30699
Upto class 4	39.2	23.6	23.6	19.2	23.6	23.6	19.2	19.2	19.2	60.8	500
Primary	85.2	83.6	70.1	63.7	89.4	70.1	63.7	59.4	50.8	6.9	1975
Upto middle	79.6	77.6	64.8	59.7	77.6	70.4	60.7	45.5	38.4	20.4	1199
Upto high	63.9	50.5	50.5	45.1	81.0	81.0	58.4	53.2	34.1	19.0	457
Above high school	100.0	82.1	82.1	82.1	82.1	82.1	82.1	82.1	82.1	0.0	110
Religion											
Hindu	57.5	50.3	41.2	35.9	53.8	44.3	37.8	35.8	28.8	37.7	34839
Muslim	73.0	73.3	54.5	54.5	73.3	54.5	54.5	54.5	54.5	25.7	101
Other	-	-	-	-	-	-	-	-	-	-	-
Caste											
Scheduled caste	55.7	44.9	35.0	31.5	49.3	37.1	34.9	32.4	25.4	40.4	10616
Scheduled tribe	36.7	22.7	15.8	15.8	26.0	24.7	19.1	18.5	15.8	63.4	1759
Backward caste	55.8	51.5	44.3	37.1	55.1	47.1	38.3	36.4	29.7	38.3	17622
Higher caste Hindu	75.3	67.8	52.7	48.7	69.0	56.8	48.7	47.2	37.5	18.9	4842
Other religious groups	73.3	73.3	54.5	54.5	73.3	54.5	54.5	54.5	54.5	25.7	101
Total	57.6	50.4	41.3	36.0	53.9	44.3	37.8	35.9	28.8	37.7	34940

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

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

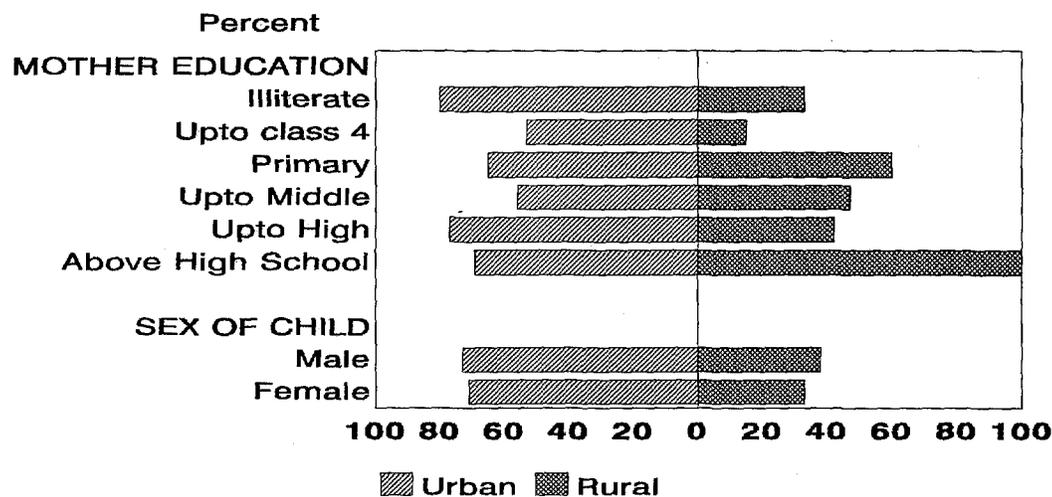
Background Characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3+	1	2	3+				
Urban											
Sex											
Male	90.7	86.4	86.4	81.3	95.1	92.6	87.5	79.7	72.6	5.0	2084
Female	86.2	79.1	79.1	77.8	87.6	87.6	86.2	83.7	70.8	9.3	1476
Mother's education											
Illiterate	86.4	89.9	89.9	89.9	91.0	91.0	91.0	80.9	79.9	9.0	1976
Upto class 4	100.0	100.0	100.0	69.6	100.0	100.0	69.6	74.5	53.0	0.0	357
Primary	85.8	64.8	64.8	64.8	100.0	89.7	89.7	75.3	64.8	0.0	494
Upto middle	76.0	63.5	63.5	63.5	76.0	76.0	76.0	76.0	56.4	24.0	275
Upto high	100.0	76.8	76.8	76.8	76.8	76.8	76.8	100.0	76.8	0.0	207
Above high school	100.0	68.5	68.5	68.5	100.0	100.0	100.0	100.0	68.5	0.0	251
Religion											
Hindu	90.7	88.7	88.7	84.2	93.8	92.0	87.5	82.6	77.8	6.2	2848
Muslim	76.5	62.4	62.4	62.4	80.4	80.4	80.4	70.4	44.4	11.8	530
Other	100.0	68.1	68.1	68.1	100.0	100.0	100.0	100.0	68.1	0.0	182
Caste											
Scheduled caste	72.9	92.8	92.8	92.8	92.8	92.8	92.8	72.9	72.9	7.4	461
Scheduled tribe	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	62
Backward caste	92.2	84.3	84.3	77.3	92.2	89.4	82.5	79.8	72.3	7.8	1832
Higher caste Hindu	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	493
Other religious groups	81.9	63.6	63.6	63.6	84.8	84.8	84.8	77.1	49.8	9.1	712
Total	88.8	83.3	83.3	79.8	91.9	90.5	86.9	81.4	71.8	6.8	3560
Rural											
Sex											
Male	60.6	52.8	46.2	42.3	55.0	48.3	45.0	43.5	37.6	36.8	14038
Female	59.3	51.4	43.5	36.8	55.9	47.4	38.2	43.6	32.9	35.6	12481
Mother's education											
Illiterate	57.4	49.1	42.2	37.0	52.2	45.1	39.1	41.4	33.4	38.9	23369
Upto class 4	32.3	14.7	14.7	14.7	14.7	14.7	14.7	14.7	14.7	67.7	449
Primary	82.4	85.2	70.9	66.0	91.2	70.9	66.0	67.5	59.8	8.8	1596
Upto middle	90.4	84.3	74.1	66.4	84.3	82.5	67.8	57.6	46.9	9.6	761
Upto high	100.0	73.9	73.9	63.2	100.0	100.0	88.9	78.6	41.9	0.0	234
Above high school	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	0.0	110
Religion											
Hindu	59.9	52.1	44.8	39.6	55.4	47.9	41.7	43.5	35.3	36.3	26438
Muslim	67.9	67.9	67.9	67.9	67.9	67.9	67.9	67.9	67.9	32.1	81
Other	-	-	-	-	-	-	-	-	-	-	-
Caste											
Scheduled caste	58.1	47.2	39.6	35.9	50.9	41.5	39.6	39.7	31.5	39.2	8237
Scheduled tribe	34.0	23.6	21.7	21.7	28.1	26.2	26.2	21.7	21.7	66.1	1282
Backward caste	58.7	53.5	47.3	40.0	57.5	50.8	41.5	44.5	36.4	36.3	13082
Higher caste Hindu	76.9	67.2	55.5	52.3	66.7	58.8	52.4	55.5	44.4	19.8	3837
Other religious groups	67.9	67.9	67.9	67.9	67.9	67.9	67.9	67.9	67.9	32.1	81
Total	59.9	52.1	44.9	39.7	55.4	47.9	41.8	43.6	35.4	36.2	26519

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

The influence of level of education of the mothers on immunization coverage is more pronounced in the rural areas than in urban areas. In urban areas level of education does not show any impact on BCG coverage but it is more marked for measles vaccine coverage. Sixty percent of urban children of illiterate mothers were given measles vaccine whereas 80.5 percent of urban children whose mothers had above high school education were protected against measles. In urban areas the drop out rate for DPT vaccine is 6.6 percent among children of illiterate mothers and 5.6 percent for children with mothers educated above high school. There is a substantial difference in the drop out rates of polio vaccine with increase in level of education. The drop out rate for children of illiterate mothers is 11.7 percent and it is reduced to 5.3 percent among children of mothers with above high school education.

In rural areas, the BCG coverage for children of illiterate mothers increased from 54.9 percent to 100 percent for children whose mothers are educated above high school and for measles coverage it has increased from 33.8 percent to 82.1 percent. The drop out rates for DPT and Polio for children of illiterate mothers are 3.2 and 15.5 respectively and the same for children of mothers with above high school education are nil. The drop out rate for DPT vaccine is higher in urban areas (6.6 percent) than rural areas (3.2 percent) and for Polio the rural drop out rate (15.5 percent) is higher than the urban drop out rate (11.7) for children of illiterate mothers.

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



Lalitpur, UP, 1993-94

Complete coverage of Hindu urban children is 60.8 percent which is much higher than the Hindu rural children (28.8 percent). Complete coverage of Muslim children in urban areas (33 percent) is less than that in rural areas (54.5 percent). In urban areas the percentage of children belonging to other religious groups who were completely immunized is 68 percent and no such group existed in rural areas.

BCG and measles coverage for children of all religions in urban areas is higher than in rural areas. The drop out rate for DPT for urban Hindu children is 9.8 percent and for polio it is 14.8 percent whereas among Muslim children the drop out rate of DPT is zero percent and polio is 4 percent. The drop out rates of rural Hindu children is 14.4 percent for DPT and 16 percent for Polio vaccinations. The same for Muslim children in rural areas is 18.8 percent for both the vaccines which is higher than among Hindu children.

With improvement in social status, when one moves from the Scheduled Tribes to the upper castes, the complete coverage rates of all children improved and the percentage of children who were not covered by a single dose of vaccine decreased. In urban areas the complete coverage of the Scheduled Castes children is 43.5 percent which increased to 64.2 percent for children belonging to the upper castes. The same in rural areas has increased from 25.4 percent to 37.5 percent. No coverage rate of 63 percent among the Scheduled Tribes rural children decreased to 18.9 percent among the upper caste children. In urban areas, children not immunised by atleast one vaccine decreased to zero percent for high caste Hindu children from 10.8 percent of scheduled caste children.

The drop out rates for urban Scheduled Caste children for DPT is 20.2 percent and zero percent for children of the upper castes. The drop out rate for Polio has drastically reduced from 28.7 percent among the Scheduled Castes children to 10 percent among the upper caste children. The drop out rates for DPT and polio show a reverse trend in rural areas where these rates are high for children of the upper castes than the lower caste children. The drop out rate for DPT among the upper caste children is 15 percent while that for the Scheduled Castes children is 3.4 percent. For Polio, the drop out rate for the upper caste children is 20 percent and for the Scheduled Castes children, 14 percent.

The complete immunization coverage for children aged 12-23 months in urban areas is almost double that in rural areas. Complete coverage for urban males is 72.6 percent and females is 70.8 percent and for rural males, 37.6 percent and rural females, 32.9 percent. Those children who are not protected by any single vaccination are larger in number in rural areas than in urban areas. Near about 36 percent of rural males and females are not immunised at all. Five percent of urban male children and 9 percent of female children did not receive even a single dose of vaccination.

BCG coverage of urban males (90.7 percent) is higher than urban females (86.2 percent) and for measles coverage the percentage of females (83.7 percent) is higher than the percentage of males (79.7 percent). The male-female differentials for BCG and measles vaccines are almost non-existent in rural areas. The drop out rates for DPT and polio vaccination are much higher among rural children than urban children. The drop out rate for DPT coverage among urban males is 5.1 percent and urban females is 1.3 percent and for polio, it is 7.6 percent and 1.4 percent respectively. Female drop out rates for DPT and polio coverage are less than the male drop out rates in urban areas. But in rural areas, the female drop out rates for the same are much higher than the male drop out rates. Drop out rate for DPT coverage among rural female children is 14.6 percent and among male children is 10.5 percent and the same for Polio coverage is 17.7 percent and 6.7 percent respectively.

With increase in literacy level of the mothers complete immunization coverage has increased by three fold in rural areas and decreased by 10 percent in urban areas. Non-coverage rates have fallen to absolute zero percent with increase in the level of education in both urban and rural areas. The percentage of urban children of illiterate mothers and mothers with above high school education who are completely immunised is 79.9 percent and 68.5 percent respectively. In rural areas, 33 percent of children of illiterate mothers are completely immunised and it increased to 100 percent for children of mothers educated above high school. Nine percent of the children of illiterate mothers in urban areas and 38.9 percent in rural areas were not protected by any kind of vaccination. As the level of education increased, the number of children of mothers with above high school education who were not given even a single dose of vaccination has decreased to a zero percent in both urban as well as rural areas.

Religion has not influenced the immunization coverage of the children. Complete coverage among urban Hindus (77.8 percent) is much higher than among rural Hindus (35.3 percent) and converse is true in case of Muslim children. Children not covered by atleast a single vaccine are more among urban Muslims (11.8 percent) than urban Hindus (6.2 percent). More than 30 percent of the rural children among Hindus and Muslims were not immunised by atleast a single vaccine. BCG and Measles coverage for children belonging to either communities (Hindus/Muslims) is higher for urban children than rural children. There are no drop outs among Muslim children for DPT and Polio coverage in urban and rural areas. The drop out rate for urban Hindu children for DPT is 4.5 percent and for Polio, 6.3 percent. The corresponding figures for rural Hindu children are 12.5 percent and 3.7 percent respectively. It is evident that more number of rural children dropped out from DPT coverage than urban children.

Social status also plays a significant role in influencing immunization coverage of the children. In urban areas where the complete immunization coverage for the Scheduled Castes children is 73 percent, it increased to 100 percent for children of high caste Hindus. Even in rural areas the complete coverage for the Scheduled Castes children increased from 31.5 percent to 44.4 percent in case of upper caste Hindu children. The percentage of the Scheduled Castes children who were not given a single dose of any vaccine is 7 percent in urban and 39 percent in rural areas. This percentage on non-coverage has decreased to zero percent in urban areas and to 19.8 percent in rural areas for children of high caste Hindus. In both the instances, the non-coverage rates are much higher for rural than urban children.

With the increase in social status, BCG and measles coverage for urban children has increased from 72.9 percent to 100 percent and there are no drop outs among these children for DPT and Polio vaccine coverage. In rural areas, the BCG coverage for the Scheduled Castes children is 58.1 percent which has increased to 76.9 percent for the upper caste children. Measles vaccine coverage also shows an increase from 39.7 percent for the Scheduled Castes children to 55.5 percent for high caste Hindu children. The drop out rates for DPT coverage for the Scheduled Castes children (11.3 percent) is higher than the children of upper castes (4.9 percent). Converse holds good for drop out rates for Polio. Eleven percent of the Scheduled Castes children dropped out from Polio coverage while 14 percent of the upper caste children did not receive all doses of Polio vaccination.

8.4 Utilization of Public Health Services

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

Table 8.6 gives the percentage distribution of preferred sources of medical assistance during sickness by residence. Eighteen percent of the total respondents always used public source of medical assistance which includes PHC, CHC, District Hospital and SC. A majority of them i.e., 60 percent approached private source or doctor for assistance and 22 percent used both public and private sources. When asked about the reasons for always preferring private sources of treatment, a little above 30 percent of urban respondents said that this source is more accessible as it is nearer to their place of stay, and better than the treatment provided at public health centres. A majority of the respondents in the rural areas (79 percent) preferred private source as they would get better treatment. Twenty nine percent of them said that this source is preferred as it is cheaper and 20 percent of them availed the source as it is nearer to their house. Fifteen percent of the rural respondents mentioned that they had no other alternative but to use this source and another 14 percent confided that medicines are not available at the public health centres hence they used the private source. Another important reason reported by 17 percent of rural women is that they are made to wait for longer periods of time in order to get treated and to avoid this they visited the private health centres for medical assistance. On an average, 9 percent of the total respondents keep away from the public source due to its inaccessibility or due to distance and 16 percent of them have utilised the private source as they had no other alternative due to the absence of the government centres, lack of medicines, absence of the doctor in the centre, indifferent behaviour of the PHC staff.

Table 8.6: Preferred sources of medical assistance during sickness

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Preferred sources			
Always public sources (PHC/CHC, District Hospital, SC)	21.5	17.6	18.2
Sometime public source and sometime private	17.9	22.9	22.1
Always private source/doctor	60.4	59.3	59.5
Others	0.2	0.2	0.2
Reasons for always preferring private source			
Cheaper treatment	18.3	28.6	16.1
Near to my house	33.5	19.7	12.5
Better treatment	35.6	78.7	36.4
PHC/SC are far off	3.8	9.8	4.5
Bad behaviour of PHC staff	5.8	7.9	5.0
No alternative	0.6	14.8	7.1
No medicines available	4.4	13.6	6.0
No staff/doctor available	1.6	5.1	2.1
Takes more time at government hospital	7.1	17.1	12.1
Others	0.8	0.5	0.4
Can't say/Don't know	0.4	0.5	0.5
Certainty about availability of doctor at PHC			
Quite certain	54.5	61.9	60.7
Not certain	29.5	30.1	29.5
Do not know	9.8	8.1	9.8

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

Government health care is provided to the people almost free of cost except for paying a minimum amount towards registration. In recent times with technological advancements in the field of medicine, government, in order to provide quality services to the people, has to incur heavy expenditure to meet the requirements. In order to improve services, prevent misuse of health services by the people as they are provided free of cost, and also for sustaining the quality of services the health department is debating on providing services to the people at nominal cost. In consonance with these factors, the respondents in BSUP were asked if they were paying for services at public clinics and their willingness to pay for such services if they improve. Table 8.7 gives us the information that a majority of the respondents i.e., 93 percent, had reported payment for services at the public health centres. If the services are improved at these centres nearly 84 percent of the urban respondents and 65 percent of the rural respondents showed enthusiasm to pay for such improved services.

Table 8.7: Payment for the services at public clinics

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Percent of women reporting payment at health centres	90.0	93.8	93.2
Percent ready to pay for services if it improves	83.9	65.0	68.2

For the success of any service oriented program a harmonious client provider relationship is essential. The providers contact, frequency of visits to the client, quality of such relationship, type and level of information provided on various facilities and what the clients perceive of their providers play a decisive role in promotion of health services. The results given in the next four tables from 8.8 to 8.11 show the influence of the above factors on service delivery.

The percentage distribution of household members who contacted health workers during last three months preceding the survey, frequency of visits by health workers and the personnel visited is given in Table 8.8. Only 11 percent of urban respondents and 6 percent of rural respondents reported contact with health service providers and the average number of contacts with PHC/SC workers comes to around 1.4. Percentage of workers who visited the households is high in rural areas (17 percent) than in urban areas (7 percent). Seventy five percent of the households reported the visit of only one health worker and 23 percent had reported that two health workers had visited them.

Table 8.8: Client-providers' contact

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% of women or her HH member contacted PHC/SC workers during last 3 months	10.6	5.5	6.3
Average number of contacts with PHC/SC workers			
Mean	1.53	1.34	1.40
SD	0.56	0.85	0.78
% of households visited by workers in the last 3 months	6.6	17.3	15.6
% of households reported visit of			
1 person	67.4	75.6	75.0
2 persons	32.6	22.0	22.7
3 or more persons	0.0	2.4	2.3
Total %	100.0	100.0	100.0
Frequency of visit during last 3 months			
1st person			
1	85.6	62.4	64.0
2	14.4	34.8	33.4
3 or more times	-	2.8	2.6
2nd person			
1	89.9	58.5	61.3
2	10.1	38.1	35.6
3 or more times	-	3.4	3.1
Who visited last			
ANM/LHV	97.0	90.2	90.7
Male workers	-	0.7	0.6
Doctor	3.0	7.5	7.2
Others	-	1.6	1.5
Percent of families reporting at least one contact with public health service providers	27.1	72.9	32.7

More than 50 percent of the respondents said that only one visit was made by both the workers during the last three months, and 35 percent of them said that the workers visited them twice during the last three months. In most of the cases, above 90 percent, reported the visit of ANM or LHV and 7 percent reported that doctor had visited them in the last three months. A negligible percent of the respondents said that male workers or other staff had visited them (around 1 percent). A majority of the rural respondents (73 percent) reported at least one contact with public health service providers in contrast to only 27 percent of urban respondents. Accessibility to health facility, higher levels of literacy, more awareness, mobility facilitated due to better transport and communication facility in the urban areas encourage people to go to the health centres to avail the facility whereas lack of health facilities in all the villages necessitates the health workers to deliver door-to-door services.

Table 8.9 gives the results on the quality of client provider interface which includes the adequacy of time spent, satisfaction with assistance provided and opinion of the villagers about the workers. Ninety nine percent of the urban and rural respondents said that the workers had given them sufficient time at the time of providing the service. Ninety eight percent of the respondents are satisfied with the assistance provided by the workers and same percentage of

them would like the health worker to visit them again. Sixty six percent of the rural respondents reported that the villagers hold good opinion about the health workers and only half of the urban respondents, (50 percent), had given the same opinion about the service providers. No definite conclusion can be arrived at based on this analysis as the percentage of urban respondents who reported the visit of a workers is very small (7 percent).

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	6.6	99.2	98.9	98.9	50.4
Rural	17.3	98.8	97.4	97.4	65.6
Total	15.6	99.2	97.5	97.5	64.6

Level of information provided by the workers to their clients on various family planning methods about the method itself, advantages and disadvantages, on the use and source of method is given in Table 8.10. Atleast 13 percent of the respondents said that workers had visited them with a purpose to provide information on family planning methods. The most popular method as mentioned by the workers to the respondents is tubectomy (81 percent) and 46 percent of respondents reported that workers also mentioned condom as method of family planning. On an average, 39 percent of the respondents were informed about pills, vasectomy and IUD. A very small percent of the respondents were told about withdrawal and safe period (less than 10 percent). Forty one percent of the respondents were informed about the advantages and disadvantages of IUD, 31 percent about pills and 28 percent about condoms. Though majority of the respondents were provided information on tubectomy, only 22 percent of them were given information on advantages and disadvantages of the method.

Less than half of the respondents to whom vasectomy was mentioned (17 percent) were told about the advantages and disadvantages. Less than 10 percent of the respondents were provided with the knowledge about natural methods of family planning. An average of 3 percent of the respondents were not given any information on all modern methods. More than 90 percent of the total respondents who reported the visit of the workers said that they were informed of the use and source of availability of all modern methods of contraception, by the health workers.

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

<i>Percentage reporting visit of workers</i>	<i>Methods</i>	<i>Percentage reported that</i>				
		<i>Method was mentioned</i>	<i>Informed advantages and disadvantages</i>			<i>Informed how to use</i>
			<i>Both</i>	<i>None</i>		
14.7	Vasectomy	38.7	16.5	2.1	93.3	97.0
13.5	Tubectomy	81.3	21.5	2.3	95.4	97.3
15.8	IUD/CuT	37.9	40.9	1.5	91.6	93.0
14.8	Pills	40.3	31.2	3.0	96.7	97.6
13.1	Condom	46.0	28.2	3.2	98.1	97.0
27.1	Withdrawal	5.4	7.8	15.9	-	-
25.7	Safe period	7.9	6.7	1.8	-	-

To have a clear picture on the acceptability of the ANM by urban and rural respondents and also to facilitate her role as a service provider certain opinionated statements were included in BSUP and these were read out to the respondents, who were asked if they agreed or disagreed with those statements. The results of perceptions about the ANM as expressed by the women are presented in Table 8.11.

Table 8.11: Perception of women about ANM

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
% agreeing that a young ANM is better than a traditional dai for assisting delivery	74.4	80.5	75.4
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	38.6	31.5	37.4
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	28.1	32.5	28.8
% agreeing that ANM often do not want to visit or attend delivery in poor families	40.3	38.4	40.0

About 74 percent of urban respondents and 81 percent of rural respondents agreed that a young ANM is better than a traditional dai for assisting delivery. Thirty seven percent of the total respondents agreed that a high caste ANM does not want to attend delivery of the Scheduled Castes women. Twenty nine percent of the respondents agreed to the statement that ANM belonging to the Scheduled Castes is not acceptable among the upper castes. Forty percent of respondents confirm that ANMs often do not want to visit or attend delivery in poor families. The above analysis indicates that caste status can become a major hurdle in delivery of services by the ANMs.

8.5 Summing Up

Thirty five percent of the total number of women who were pregnant in the last two years had antenatal check-up. In all age groups, the major source of ante-natal check-up service is government hospital or PHC. While 62 percent of urban pregnant women had physical check-ups, only 31 percent rural pregnant women availed the services. Level of education influenced the extent of use of ante-natal services. With increase in caste status number who availed services increased. The crude birth rate for Lalitpur district is 37.5 and it is high in rural areas (39.1) compared to urban areas (29.8). The crude death rate for Lalitpur is 9.8. Rural death rate of 10.5 is higher than the urban death rate (6.1). Infant mortality rate for the district is 81. The rural IMR (83) is higher than the urban IMR (67).

In case of illness, district hospital and private doctor are the main sources of treatment in both urban and rural areas. Use of sub-centre is negligible around 3 percent and only in rural areas. Allopathic system of medicine is the most preferred method of treatment. As many as 24 percent received no treatment. Only 4 percent of total pregnant women had gone for medical check-up in their first trimester of pregnancy and this increased to 18 percent in second trimester. More urban women availed services than rural women. Thirty seven percent of

urban women and 7 percent of rural women had delivered in institutions, largely in district hospitals. Sixty three percent of urban women and 93 percent of rural women delivered at home. Nearly half of the deliveries in urban areas were conducted by trained personnel compared to one sixth in rural areas.

Complete coverage of children (12-23 months) by all vaccines was more in urban areas (72 percent) compared to rural areas (35 percent). There is a substantial difference among children not covered by any vaccine in rural and urban areas. The rural non-coverage rates (36 percent) are five times higher than the urban non-coverage rates (7 percent). Complete coverage was more for male children in urban areas and rural areas. The drop out rates for DPT (3.5 percent) and Polio (5 percent) among urban children are much less when compared to the drop out rates for DPT (12.4 percent) and Polio (13.6 percent) among rural children. The drop out rates for DPT and Polio among male children in urban areas and female children in rural areas are high. Higher drop out rate is the main reason for lower coverage rate.

In regard to preferred sources of medical assistance, 18 percent of total respondents always depended on public sources, 60 percent on private source and 22 percent used both public and private sources. Convenience and better quality care were the reasons given for use of private sources. Ninety three percent of women pay for services at public clinics. Only 11 percent of urban households and 6 percent of the rural households were visited by health workers in the last three months. Those who were visited were satisfied with the services provided by the workers. Most workers talked about tubectomy and concentrated largely on informing the clients about advantages of the method.

CHAPTER IX

COMMUNITY LEVEL INFORMATION

9.1 Profile of Villages

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

The village schedule information in Lalitpur district was obtained from a variety of persons like village pradhan, SC/PHC staff, school teacher and others. For majority of the villages the respondent was village pradhan/sarpanch (59.5 percent) and school teacher (21.5 percent). SC/PHC staff and others had the response rate of 7.6 percent and 11.4 percent respectively. Out of total 80 villages, 7.6 percent have primary health centres and 46.8 percent have sub-centres located within the village. The rest of 45.6 percent villages have no government health facilities.

Table 9.1: Distribution of population in the villages by sex

<i>Distribution</i>	<i>Male</i>	<i>Female</i>	<i>Total</i>
< 1,000	46.8	63.3	27.8
1001-2000	39.2	30.4	29.1
2001-3000	7.6	5.1	17.7
3001-4000	2.5	1.3	12.7
4001-5000	1.3	0.0	6.3
5001-6000	2.5	0.0	6.3
Total	100.0	100.0	100.0

Table 9.1 presents the percentage distribution of population in the villages by male, female and total. Fifty seven percent of the villages have less than 2000 population and slightly less than one third of the villages (30.4 percent) have population ranging between 2,000 to 4,000. The remaining 12.6 percent of the villages are comparatively big with more than 4,000 inhabitants. There were 47 percent villages with male population of less than 1000, while there were 63 percent villages with female population of less than 1000. Fourteen percent of the villages had male population more than 2000 while only 6.4 percent villages had female population more than 2000.

Table 9.2 gives the distance between the main road and the nearest sub-centre, primary health centre, community health centre and district headquarters. For nearly 14 percent of the villages, the distance between main road and the nearest sub-centre was negligible, and for more than half of the villages (51.9 percent), the distance was between 0.1 to 5 kms. Eighteen percent of the villages had a distance of more than 5 kms. In comparison, the distances were more for primary health centres. For 29 percent of the villages, the primary health centres were located in less than 10 kms radius and in case of 35.5 percent villages the distance was

between 10 kms. and 30 kms. For 22 percent villages the primary health centre was located at a distance of more than 30 kms. Nine percent of the villages were located within 10 km distance from the nearest community health centre. Thirty eight percent of villages were located within a distance of 11 to 30 kms and 28 percent of villages had a distance of more than 31 kms from the nearest community health centre. District headquarters was located farther away. Forty one percent of villages were located within a distance of 40 kms from the district head quarters, 28 percent villages from 41-80 kms and only for 5 percent villages, the distance was more than 80 kms.

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

<i>Distance</i>	<i>Distance of sample village from the nearest</i>			
	<i>Sub centre</i>	<i>PHC</i>	<i>CHC</i>	<i>District head quarter</i>
0	13.9	3.8	1.3	-
0.1 - 5	51.9	10.1	2.5	-
5.1 - 10	13.9	15.2	5.1	2.6
10.1 - 20	3.8	20.3	19.0	10.5
20.1 - 30	-	15.2	19.0	15.8
30.1 - 40	-	8.9	15.2	11.8
40.1 - 60	-	12.7	12.7	12.7
60.1 - 80	-	-	-	15.2
81 +	-	-	-	5.1
Not stated	16.5	13.9	25.3	26.5
Total	100.0	100.0	100.0	100.0

Table 9.3 shows the availability of primary and secondary schools in the villages. More than 91 percent of the villages have primary schools and 16.5 percent villages have secondary schools for boys and girls. Another 13 percent villages have secondary schools exclusively for boys and 9 percent villages have secondary schools exclusively for girls.

Table 9.3: Availability of schools in villages

<i>Distribution</i>	<i>Male</i>	<i>Female</i>
Primary School	91.1	8.9
Secondary School (Boys)	12.7	87.3
Secondary School (Girls)	8.9	91.1
Secondary School (Both)	16.5	83.5

Table 9.4 displays the percent distribution of private practitioners and the availability of family planning related services in the villages. Thirty nine percent of villages have some type of medical practitioners. One fourth of the villages are served by allopathic private practitioners. There were 14 percent of the villages with Ayurvedic private practitioners and 9 percent of villages were served by other private practitioners. Homeopathic and Unani practitioners were negligible. Ten percent of villages have facilities for family planning service and advice. Retail outlets for condoms and oral pills were available in only 6.3 percent and 1.3 percent of villages respectively. Sixty seven percent of villages have traditional birth attendants.

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

<i>Item</i>	<i>Percent</i>
Type of Practice	
Some type of practice	39.2
Allopathic	25.3
Homeopathic	1.3
Ayurvedic	13.9
Unani	0.0
Others	8.9
Availability of	
Family Planning Service/Advice	10.1
Retail Outlets for Condoms	6.3
Retail Outlets for Pills	1.3
Traditional Birth Attendants	67.1

Table 9.5 presents the distribution of number of trained TBAs, untrained TBAs, panchayat members and their involvement in family planning.

Table 9.5: Distribution of no. of trained TBAs, untrained TBAs, panchayat members and their involvement in family planning

<i>Distribution</i>	<i>Trained</i>	<i>Untrained</i>	<i>Panchayat members</i>	<i>Percent involved in FP</i>
0	18.7	8.9	6.3	46.8
1 - 2	43.0	30.4	-	11.4
3 - 5	3.9	19.0	5.1	8.8
6 - 10	6.3	16.4	20.2	5.1
11 - 15	-	-	43.0	1.3
16+	-	-	6.3	1.3
Not stated	29.1	25.3	19.0	25.3
Total	100.0	100.0	100.0	100.0

Nearly one-fifth of the villages (18.7 percent) did not have any trained TBA and 9 percent of the villages have no untrained TBA. There were 43 percent villages with one to two trained TBAs and 10 percent villages with more than two trained TBAs. However, there were 30 percent villages with one to two untrained TBAs and 35 percent villages with more than two untrained TBAs. Only 6.3 percent of villages have no elected panchayat member; 5.1 percent villages have one to five members; 20 percent, 6 to 10 members; 43 percent, 11 to 15 members; and 6 percent, more than 15 members. In nearly half of the villages (46.8 percent), there was no involvement of panchayat members in family planning activities and 20 percent villages have one to five members who took interest in family planning and in the remaining 8 percent of villages, have more than 5 members involved in family planning work.

Table 9.6: Status of anganwadi as community based distributor

<i>Status</i>	<i>Condoms</i>	<i>Pills</i>
Exists as CBD	0.0	1.3
Exists only	13.9	8.8
No Anganwadi exists	86.1	89.9
Total	100.0	100.0

Table 9.7: Distribution of NGOs

<i>Item</i>	<i>Yes</i>	<i>No</i>
NGO exists	3.8	96.2
Currently active	3.8	96.2
NGO working for family planning	2.5	97.5

Table 9.6 presents the status of anganwadi as community based distributors of condoms and pills. In 86 percent and 90 percent of villages no anganwadi exists as community based distributor of condoms and pills respectively. In 14 percent of villages anganwadi workers were involved in community based distribution of condoms and in 9 percent villages, anganwadi worker was involved in distribution of pills. Only four percent of villages have non government organizations (NGO) (see Table 9.7), and only in 2.5 percent villages NGOs are providing family planning services.

CHAPTER X

SUMMARY

1 Introduction

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

2 Survey Design

The sample size for Lalitpur district was 2,500 households which is expected to result in interview of 3,000 ever married women aged 13-49. In rural areas, 1991 census list of villages served as the sampling framework, the unit of selection of different stages being the villages and the households. The total rural sample consisted of 80 villages and 2,000 households. In these 2,000 households, 2,842 eligible women were listed, of which 2,740 could be interviewed. Urban towns were classified into three strata depending on population size. Total urban sample consisted of 20 urban blocks and 500 households. From the households interviewed, a total of 644 eligible women were listed and of these, 586 were interviewed. Four types of schedules were used for data collection. These included : (1) household schedule; (2) eligible women schedule; (3) village level schedule; and (4) PHC/CHC/subcentre level schedule. The main field work in Lalitpur was carried out by 4 investigating teams, each team consisting of one male supervisor, one female editor and 4 female investigators. Before the actual field work, five teams - each team consisting of two members, carried out listing and mapping of households of the urban blocks and villages selected.

3 Household and Respondent Background Characteristics

Of the total residents in Lalitpur district, 54 percent are adult population (15-64 years) and the remaining 46 percent are dependents. The sex ratio in the district is 884 females per 1000 males. The average family size in both rural and urban areas is 6. Urban literacy rate is much higher than rural literacy rate. Male literacy rate, both in urban and rural areas, is significantly more compared to female literacy rate. In terms of other development indicators such as electrification of households and safe drinking water facility, the urban areas are way ahead of rural villages. Analysis of age distribution of ever married women in the district has shown that 54 percent are in the early reproductive period (15-29 age group) and 46 percent are in the later stage (aged 30+). Of the total ever married women, 98 percent are currently married, 2 percent widowed, 0.1 percent divorced and 0.2 percent separated. Overall 76 percent of women in the district are not exposed to any mass media (radio, television, cinema and newspaper).

4 Nuptiality

Of the total women in the age group of 13-49, 85 percent are currently married, 13 percent are never married and 2 percent are widowed. The singulate mean age at marriage for males is 21 years and for females, 17 years. Rural women got married at younger age compared to urban women. Of the total ever married women, 30 percent are aware of correct legal age at marriage for females and 20 percent, for males. Age of women has no influence on awareness levels. Level of education and caste status have positively influenced the awareness. Median age at effective marriage for rural women is 16 years and urban women, 17 years. The effective age at marriage is higher for the educated and upper caste women compared to others.

5 Fertility

Fertility of women in the district has reached maximum level in 20-24 age group and declined after age 30+. The TFR for all ever married women in 15-49 age group is estimated to be 4.7. The TFR is higher among rural women (5.1) compared to urban women (3.5). TFR among the Muslim and the Scheduled Caste women is higher compared to Hindu and upper caste women. The mean number of children ever born for all ever married women is 3.3 and average number of children surviving is 2.7. With increase in level of education the mean number of children ever born has decreased and mean number of children surviving also increased.

6 Family Planning

In Lalitpur district, 98 percent of urban currently married women are aware of at least one modern method and 90 percent, at least one spacing method. Eighty nine percent of rural currently married women are aware of at least one modern method and 67 percent, at least one spacing method. In regard to mean number of methods and sources to obtain these methods, awareness is more among urban women compared to rural women. In both urban and rural areas, awareness of tubectomy, vasectomy and condoms is more compared to other methods such as IUD and Pills. Ever use of any method of contraception is 63 percent in the district and ever use of any modern method of contraception is 47 percent. Of the total currently married, 35 percent are current users of any modern method. Acceptors of tubectomy and vasectomy formed 25 percent of total current users and that of spacing methods, 10 percent. Education has no influence on male and female sterilization acceptors. Spacing method use is more popular among highly educated and upper caste women. Use of contraception increased with increase in number of children. With the increase in number of sons, the acceptance of terminal methods increased. A large proportion of women have reported problems with method use. This is particularly so for tubectomy and IUD. Rural women have experienced more problems with tubectomy and urban women with IUD. The perceived disadvantages are also more in case of tubectomy and IUD. Public sector is the major source for sterilization methods and private sector presence is significant in case of spacing methods. Exposure to family planning messages either on television or radio is minimal. Desire to have additional child, dislike for the method and health problems created by method use are major reasons for discontinuation of method use. Of the total women who are not using any method, 36 percent would like to adopt family planning within one year and 16 percent between 1 to 2 years.

7 Fertility Preferences

Of the total currently married women desirous of having an additional child, 23 percent preferred their next child within 11 months, 22 percent wanted to postpone next birth by 12 to 23 months, 41 percent wished to have next birth after 2 or more years and the remaining 15 percent, undecided. The mean ideal number of children desired by ever married women of the district is 3.3. Only one third of women have discussed with their husbands about the number of children they should have immediately after marriage. Of the total pregnancies, in the last 3 years, 4 percent were unwanted pregnancies.

8 Maternal and Child Health and Utilization of Health Services

Thirty five percent of the total women who were pregnant in the last two years had antenatal check-up. For all age groups and urban and rural residents, the major source of ANC service is government hospital. Level of education has influenced the extent of utilization of services. The crude birth rate for Lalitpur district is 37.5 and the crude death rate is 9.8. Thirty seven percent of urban women and 7 percent of rural women had delivered in institutions. Sixty three percent of urban women and 93 percent of rural women delivered at home. Nearly half of the deliveries in urban areas were conducted by trained personnel compared to one sixth in rural areas. Complete immunization coverage of children (12-23 months) in urban areas (72 percent) is double than that in rural areas (35 percent). The rural non-coverage rates, (36 percent), are five times higher than the urban non-coverage rates (7 percent). The drop out rates for DPT (3.5 percent) and Polio (5 percent) among urban children are much less when compared to the drop out rates for DPT (12.4 percent) and Polio (13.6 percent) among rural children. The drop out rates for DPT and Polio among male children in urban areas and female children in rural areas are high. In regard to preferred sources of medical assistance, 18 percent of total respondents depended on public sources, 60 percent on private source and 22 percent used both public and private sources. Ninety three percent of women pay for services at public clinics. Only 11 percent of urban households and 6 percent of the rural households were visited by health workers in the last 3 months.

9 Community Level Information

Population of Lalitpur villages is mostly concentrated in less than 2,000 population size category. Twenty eight percent of villages have less than 1,000 population; 29 percent, 1001 to 2,000; and the remaining 43 percent, more than 2,000 population. Nearly 18 percent of villagers living in different villages have to travel more than 5 kms to avail subcentre services. Thirty nine percent of villages have one or the other type of medical practitioner. Nineteen percent villages have no trained dais. Retail outlets for condoms and oral pills are available in only 6 percent and 1 percent of villages respectively. In 47 percent villages there is no involvement of local elected representatives in family planning activities. Less than one fifth of the health institutions are in government buildings, one fourths have electricity connection, 9 percent have operation theatre facility and 6 percent have vehicles. There are no major gaps in staff sanctioned and staff in position for health personnel with an exception of medical officer. Supply of vaccines is in general regular and adequate. Significant number considered supply of IEC material as irregular and inadequate.

APPENDIX - I

LIST OF SELECTED VILLAGES AND TOWNS

LALITPUR URBAN

<i>PSU NO</i>	<i>DISTRICT</i>	<i>TEHSIL</i>	<i>BLOCK NAME</i>	<i>POP</i>	<i>HH</i>	<i>STRATA NO</i>
1	LALITPUR	TALBEHAT	CHOWBYANA	327	55	III
2	LALITPUR	TALBEHAT	GANJ	372	62	III
3	LALITPUR	LALITPUR	RAMNAGAR	588	98	II
4	LALITPUR	LALITPUR	BADARURA	776	129	II
5	LALITPUR	LALITPUR	JHANSIPURA	734	122	II
6	LALITPUR	LALITPUR	CHOBAYANA	363	60	II
7	LALITPUR	LALITPUR	NADIPURA	173	29	II
8	LALITPUR	LALITPUR	KSHATRA SALPURA	379	31	II
9	LALITPUR	LALITPUR	AZADPURA	573	95	II
10	LALITPUR	LALITPUR	NEHRU NAGAR	769	128	II
11	LALITPUR	LALITPUR	CIVIL LINE	304	51	II
12	LALITPUR	LALITPUR	GANDHI NAGAR	714	119	II
13	LALITPUR	LALITPUR	NAJHAI BAZAR	830	138	II
14	LALITPUR	LALITPUR	TALAB PURA	389	65	II
15	LALITPUR	LALITPUR	TALAB PURA	374	62	II
16	LALITPUR	LALITPUR	LAXMI PURA	621	103	II
17	LALITPUR	PALI	KURYANA	344	57	III
18	LALITPUR	PALI	TIPUA WARD	194	32	III
19	LALITPUR	MAHRONI	KHAN KANEHPURA	400	67	III
20	LALITPUR	MAHRONI	LAHARIYANA	481	80	III

LALITPUR RURAL

PSU NO	DISTRICT	TEHSIL	BLOCK NAME	VILLAGE	POP.	STRATA NO	HH
21	LALITPUR	TALBEHAT	TALBEHAT	BANGUWAN KALAN	2969	I	557
22	LALITPUR	TALBEHAT	TALBEHAT	PAWA	3045	I	682
23	LALITPUR	TALBEHAT	TALBEHAT	KHANDI	10066	I	1841
24	LALITPUR	TALBEHAT	TALBEHAT	BIRDHA	3296	I	588
25	LALITPUR	TALBEHAT	TALBEHAT	TERAI	1679	I	323
26	LALITPUR	TALBEHAT	TALBEHAT	SUNAURI	1949	II	358
27	LALITPUR	TALBEHAT	TALBEHAT	HAJARIYA	288	III	68
28	LALITPUR	TALBEHAT	TALBEHAT	BARI KALAN	487	III	93
29	LALITPUR	TALBEHAT	JAKHAURA	HARSHPUR	3260	I	623
30	LALITPUR	TALBEHAT	JAKHAURA	JAKHARA	6152	I	1136
31	LALITPUR	TALBEHAT	JAKHAURA	BUDHANDI	532	III	85
32	LALITPUR	TALBEHAT	JAKHAURA	SAURAI	707	III	121
33	LALITPUR	TALBEHAT	BAR	BASIGUWAN	2228	I	358
34	LALITPUR	TALBEHAT	BAR	BARAUDADANG	3280	I	556
35	LALITPUR	TALBEHAT	BAR	BAR	5572	I	1134
36	LALITPUR	TALBEHAT	BAR	DASHRARA	1125	II	197
37	LALITPUR	TALBEHAT	BAR	BHELANILODH	1206	II	183
38	LALITPUR	TALBEHAT	BAR	BHAILONISHUBA	1384	II	279
39	LALITPUR	TALBEHAT	BAR	BACHHRAWNI	1812	II	311
40	LALITPUR	TALBEHAT	BAR	BAMURI KHARAIL	881	III	181
41	LALITPUR	LALITPUR	JAKHAURA	DAWNI	2124	I	395
42	LALITPUR	LALITPUR	JAKHAURA	RONDA	2525	I	394
43	LALITPUR	LALITPUR	JAKHAURA	JIJYAWAN	2154	I	338
44	LALITPUR	LALITPUR	JAKHAURA	GANGORA	1252	II	216
45	LALITPUR	LALITPUR	JAKHAURA	RANIPURA	1926	II	484
46	LALITPUR	LALITPUR	JAKHAURA	LAKHANPUR	1274	II	239
47	LALITPUR	LALITPUR	JAKHAURA	NADAWARA	1567	II	239
48	LALITPUR	LALITPUR	JAKHAURA	MINORA	594	III	113
49	LALITPUR	LALITPUR	JAKHAURA	MALAWNI	902	III	113
				MONAWARI		III	
50	LALITPUR	LALITPUR	VIRDHA	BIRARI	2030	I	304
51	LALITPUR	LALITPUR	VIRDHA	SATARWANS	2178	I	347
52	LALITPUR	LALITPUR	VIRDHA	BIRDHA	4267	I	286
53	LALITPUR	LALITPUR	VIRDHA	BHORRA	2985	I	554
54	LALITPUR	LALITPUR	VIRDHA	DONGRA KALAN	4231	I	658
55	LALITPUR	LALITPUR	VIRDHA	BALABEHAT	4591	I	822
56	LALITPUR	LALITPUR	VIRDHA	PATAUWA	1247	II	214
57	LALITPUR	LALITPUR	VIRDHA	TIKRA TIWARI	968	II	158
58	LALITPUR	LALITPUR	VIRDHA	BARODA BIJLON	1105	II	168
59	LALITPUR	LALITPUR	VIRDHA	GILTORA	510	III	77
60	LALITPUR	LALITPUR	VIRDHA	BAROBIYA RAEN	958	III	108
				EMILIYA		III	
61	LALITPUR	LALITPUR	VIRDHA	DANWAR	503	III	92
62	LALITPUR	LALITPUR	VIRDHA	UTTAM DHANA	750	III	127
63	LALITPUR	LALITPUR	VIRDHA	MENWAR	923	III	168
64	LALITPUR	LALITPUR	VIRDHA	MAILWARA KALAN	645	III	123
				HANSARA LALAN		III	
65	LALITPUR	LALITPUR	VIRDHA	KAPASSI	455	III	91
66	LALITPUR	LALITPUR	BAR	MARROLI	1306	II	253
67	LALITPUR	LALITPUR	BAR	SEMRABHAG NAGAR	1529	II	269
68	LALITPUR	LALITPUR	BAR	SUNWAHA	1370	II	224
69	LALITPUR	LALITPUR	BAR	BURGAON	1932	II	360
70	LALITPUR	LALITPUR	BAR	MOGAN	1397	II	245

PSU NO	DISTRICT	TEHSIL	BLOCK NAME	VILLAGE	POP.	STRATA NO	HH
71	LALITPUR	MAHRONI	BAR	GAHRO	433	III	90
72	LALITPUR	MAHRONI	BAR	DAILWARA	732	III	123
73	LALITPUR	MAHRONI	BAR	UDYA	430	III	92
74	LALITPUR	MAHRONI	BAR	GANGCHARI	948	III	183
75	LALITPUR	MAHRONI	BAR	BANPUR	7892	I	1327
76	LALITPUR	MAHRONI	MAHRONI	NAIGUWAN	1053	II	186
77	LALITPUR	MAHRONI	MAHRONI	RUKAWAHA	1294	II	218
78	LALITPUR	MAHRONI	MAHRONI	KURWAS	1031	II	169
79	LALITPUR	MAHRONI	MAHRONI	JARIYA	1459	II	253
80	LALITPUR	MAHRONI	MAHRONI	MIDARWAR	1562	II	244
81	LALITPUR	MAHRONI	MAHRONI	DONGRA KHURD	1340	II	264
82	LALITPUR	MAHRONI	MAHRONI	GAGARA	490	III	81
83	LALITPUR	MAHRONI	MAHRONI	GAGANIYA	206	III	37
84	LALITPUR	MAHRONI	MAHRONI	PYASA	573	III	88
85	LALITPUR	MAHRONI	MAHRONI	CHHAPRL	834	III	121
86	LALITPUR	MAHRONI	MAHRONI	SINDWAHA	2661	I	464
87	LALITPUR	MAHRONI	MAHRONI	SAIDPUR	4700	I	822
88	LALITPUR	MAHRONI	MAHRONI	PATHABIJIPUR	3002	I	582
89	LALITPUR	MAHRONI	MAHRONI	SONJANA	4694	I	898
90	LALITPUR	MAHRONI	MAHRONI	GORAKALAN	1477	II	248
91	LALITPUR	MAHRONI	MARWAR	DHAURI SAGAR	1514	II	294
92	LALITPUR	MAHRONI	MARWAR	MADANPUR	1545	II	349
93	LALITPUR	MAHRONI	MARWAR	MANPURA	352	III	63
94	LALITPUR	MAHRONI	MARWAR	IKONA	688	III	111
95	LALITPUR	MAHRONI	MARWAR	IMILIYA KHUED	528	III	81
				BADWAR		III	
96	LALITPUR	MAHRONI	MARWAR	HANSARA	317	III	55
97	LALITPUR	MAHRONI	MARWAR	BALNA	426	III	96
98	LALITPUR	MAHRONI	MARWAR	SONRAI	3170	I	600
99	LALITPUR	MAHRONI	MARWAR	GONA	3550	I	581
100	LALITPUR	MAHRONI	MARWAR	NARAHAT	6246	I	1068