

District Level Baseline Survey of Family Planning Program in Uttar Pradesh

Shahjahanpur

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EXECUTIVE SUMMARY

1 0 INTRODUCTION

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

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

While achieving these goals, the IFPS project will support service innovations in (a) the public sector, (b) non-government sector, and (c) contraceptive social marketing mechanisms. These efforts, it is expected, would increase contraceptive use among the eligible couples (aged 13-49) from 20 per cent now to 40 per cent over a period of ten years. An unique feature of this project is that most of the interventions would be developed at the district level. For this, it is essential that we have some **baseline information** for the districts in which the innovations are planned. Some of the basic information being sought are

- * Desired family size and sex preference among mothers
- * Utilisation of health services and immunisation of mothers and children
- * MCH care and delivery practices
- * Contraceptive information and services and satisfaction with health providers
- * Media exposure and role of media in promoting small family norm
- * Contraceptive use and unmet need. This obviously calls for undertaking a baseline survey in each district of the state. It is in this context that the Operations Research Group (ORG), at the instance of SIFPSA, has carried out the present baseline survey in the district of **Shahjahanpur**.

2 0 OBJECTIVES

The objectives of this survey are to

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

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

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

3 0 STUDY SITE

Shahjahanpur falls in Bareilly division of UP. The total population of Shahjahanpur as per 1991 census is 19 87,395, which is one per cent of the State's population. The growth rate (1981-91) is two per cent per annum. The share of urban population is 21 per cent against the state average of 20 per cent. The sex ratio in Uttar Pradesh (879 females per 1000 males) is low, but it is still lower in Shahjahanpur (816). Female literacy (19%) is low as compared to the state average of 25 per cent.

Only two per cent of the females are economically active in the district against 12 per cent in UP. The district primarily depends on agriculture. The dependency ratio is 906 per 1000 working persons aged 15-64. As per 1992 service statistics, 33 per cent of the eligible couples in the district are protected by family planning methods.

4 0 SAMPLE DESIGN AND DATA COLLECTION

In this survey the sample was so designed that it was possible to estimate district level CPR and other important indicators. Care was taken so as to get rural and urban estimates separately. The sample design was implemented at two stages viz selection of Primary Sampling Units (PSUs) and selection of households in the selected PSUs. It was decided that 25 households will be selected from each PSU and 100 PSUs from a district would yield a total sample of 2500 households. The baseline survey indeed covered 2500 households (1950 in rural and 550 in urban areas) spread over 8 towns and 82 villages.

Four types of schedules were canvassed

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

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

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

<i>Description</i>	<i>District</i>		<i>Remarks</i>
	<i>Survey estimates</i>	<i>Census (1991)</i>	
Population			Survey estimate exceeds by
Male	1169388	1149902	1.7%
Female	1019691	938353	8.7%
Total	2189079	2088255	4.8%
		[Projected upto 1993]	
Sex ratio (female per 1000 males)	872	816	Survey estimate exceeds by 56 points
Age distribution (total population)			
0-4*	16.4	13.2	In agreement
5-14	25.9	27.6	
15-59	51.7	52.5	
60+	6.0	6.7	
		[1981 census]	
Urban population (%)	22.0	21.0	In agreement
Literacy			
Male	60.9	42.7	Survey shows higher literacy rates
Female	27.1	18.6	
Total	45.4	32.1	

5.0 FINDINGS

- * On the basis of this survey, the population of Shahjahanpur is estimated to be 23 lakhs, four per cent of which comprise visitors who spent the previous night prior to this survey in the sample households. The number of eligible (ever married) women works out to be 4.4 lakhs. The number of currently married women is 4.2 lakhs. The fertility and mortality measures have been estimated using the births and deaths occurring in the households within two years previous to this survey. Vital events belonging to visitors have not been included in the calculation. For the eighty-two surveyed villages, some preliminary information concerning health care facilities, activities of NGOs in the areas and role of panchayats in family welfare promotion etc. have been obtained. The salient findings of the baseline survey are presented below.

5.1 AREA PROFILE AND HEALTH CARE FACILITIES IN SURVEYED VILLAGES

- * The average population in the surveyed villages is about 1500.
- * For one-third of the villages, the Sub-centre is beyond four kms. For seventy per cent villages, the Primary Health Centre (PHC) is beyond six kms. Half of the villages have private medical practitioners. Only one village has at least one medical shop.
- * Three-fourth villages have at least one birth attendant. Twenty nine per cent of the total birth attendants are trained.
- * Only seven per cent villages have an NGO. None provides family planning services.
- * Only a small fraction of local panchayats (5%) take active interest in family welfare programme.

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

5.2 CHARACTERISTICS OF SURVEYED POPULATION

- * The household population enumerated in this survey comprised usual residence and the visitors. For this district as a whole, the study in all enumerated 23 lakhs people. Among them, the share of the visitors was about four per cent.
- * About two-fifth of the population comprise children below 15 years of age.
- * About half of the total female population is in the reproductive ages 15-49 years.
- * The sex ratio is 872 females per 1000 males.
- * The dependency ratio works out to 934 per 1000 people in the working age group 15-59 years.
- * Eighty per cent of the households belong to Hindu community and 19 per cent to Muslim community. One-fifth of the rural households belong to scheduled caste community. The share of female headed household is five per cent. Mean household size is about six.
- * In the district, nearly three-fourth of the females and two-fifth of the males are illiterate. The 1991 census reveals still higher level of illiteracy.
- * Nearly half of the rural children aged 6-14 years and around two-third of urban children of the same age group are going to school. Urban children have more opportunities for learning than rural children. Again, boys have more opportunities for learning than girls.
- * Most of the rural families live in Kutcha houses without electricity. Well and hand pump are the sources of potable water in rural areas. Piped water is available only in urban areas.
- * Exposure to mass media is limited in rural areas. One-fourth own radio and three per cent own television. Urban proportions are 41 and 36 per cent respectively.

5 3 FEATURES OF ELIGIBLE WOMEN AND NUPTIALITY

- * Majority of the eligible women (95%) are currently married. Nearly two-fifth of them fall in the prime age group 20-29 years. One-tenth are quite young (<20 years), mostly belonging to rural areas.
- * Majority of the women are illiterate and also housewives. Only about two (in both rural and urban areas) are employed by someone else.
- * At least 90 per cent of the women have practically no exposure to any kind of mass-media.
- * Of all the media, radio has some reach to these women.
- * Presently, the mean age at marriage in the district is 17 years for girls and 22 years for boys. Over the three decades, there has only been marginal rise in marriage age. In 1961, the mean age at marriage was 15 years for girls and 21 years for boys. At least, 70 per cent of the eligible women are unaware of the legal minimum age at marriage of boys and girls.
- * Living together after marriage (gauna) starts early in rural areas compared to urban areas. For women, the mean age at gauna is 15 years in rural and 17 years in urban areas.
- * However, compared to past, now a relatively lesser proportion of women start conjugal life at young ages of 13-14 years. This is particularly so among women who are educated beyond sixth standard. Factors like rural-urban residence, and religion also play a role.

5 4 FERTILITY AND FERTILITY PREFERENCES

- * There is evidence of high fertility in the area. The birth rate is 45 against 36 for the state as a whole. The birth rate is higher in rural areas (47) compared to the urban areas (36). Certain factors influence fertility. Rural fertility (TFR 6.1) is higher than urban fertility (TFR 4.5). Women having above high school education have lower fertility (TFR 2.0) than illiterate women (TFR 6.2). Similarly, high caste women have lower fertility than scheduled caste and Hindus have lower fertility than Muslim women.
- * Out of every 100 pregnancies, on an average, 95 end up in live births and the rest five percent comprise still birth, spontaneous/induced abortions etc.
- * Three-fifth of the currently married women desire additional children. Nearly half want the next child after two years but one-third of them within one year.
- * Forty six per cent of the women want only boy (s). The women desiring only girl(s) are few. In the beginning of the child bearing an average woman lays equal importance to sons and daughters. After 3-4 children (and hopefully at least one girl among them), the tendency is that the next child, if at all, should be a son rather than a daughter.

- * In rural areas, the desire of having no children gains momentum after a couple has three children. In urban areas, this momentum starts after two children.
- * Nearly 70 per cent of the women in urban and 55 per cent in rural areas consider 2-3 children as the ideal number of children. However, more often than not the actual number far exceeds, the ideal number of children stated by women.
- * About three-fifth of the currently married women had no inter-spouse communication on the number of children they should have. Now of course, a relatively larger proportion of young couples talk on family size immediately after marriage. Education of girls plays some role in this matter.
- * About 90 per cent of women did not feel any pregnancy as "unwanted". The feeling that a pregnancy is unwanted starts some where between 20 to 29 years and gradually gains ground. However, four-fifth of these unwanted pregnancies end into live birth seemingly because of family pressure and lack of MTP services. An hypothetical question reveals that in future should these women become pregnant unwantedly, nearly half of them are likely to accept the pregnancy.
- * Child mortality is higher in rural areas compared to urban areas. In rural areas, women aged (13-49) deliver 3.8 live births, of which 2.7 survive. The figures for urban areas are 3.8 and 3.1 respectively. Child mortality is higher among illiterate and scheduled caste women. The estimated IMR is 107 per 1000 live births. Death rate is 15 per 1000 population as estimated by this survey.

5.5 MATERNAL CARE SERVICES

- * Antenatal care like check-up, protection against tetanus or anaemia during pregnancy was not availed by more than two-fifth of the pregnant women. These protections are taken more by urban women, women having education upto primary and above and those who are young (<35 years) and come from high caste Hindu families. Muslim women seem to take less protection. District hospital/PHC and private doctors are the main sources for undergoing antenatal check-up.
- * About two-fifth of the pregnant women go for medical check-up during the first trimester, 47 per cent of the women during the second trimester and the rest during the third trimester. A section of urban women take pregnancy more seriously than their rural counterpart and go for early medical check-up.
- * Most of the deliveries (95%) take place at home assisted by the unskilled people like untrained dais and family members (in 85% cases).

5.6 IMMUNISATION OF CHILDREN

- * At least 28 per cent of the male and female children (6-23 months) in both rural and urban areas are not immunized at all.
- * All vaccines were received by 40 per cent of boys and 30 per cent of girls in urban areas. In rural areas, the proportions are much less i.e. 23 and 16 per cent.

respectively. The parents in urban areas (compared to rural areas) are more particular about providing all vaccines to their children. Further, in immunization, boys receive preference over girls.

- * Education seems to have some positive impact on the practice of immunization. A larger proportion of "not immunised children" belong to illiterate mothers than mothers who are educated above high school. In both rural and urban areas, Muslim mothers seem to neglect immunisation of children. In rural areas, a relatively larger proportion of children who are immunised belong to high caste Hindu families as compared to low caste households. Immunisation for measles is somewhat given less priority over other vaccines.

5.7 UTILISATION OF PUBLIC HEALTH SERVICES

- * During sickness people mostly visit private doctors. About half of the ever married women said they visit private doctors only during sickness. A minority of them (5%) depend exclusively on government services.
- * The main reasons for "always preferring private doctors" are, better treatment, source near house, no alternative and no medicines available in public sources. Some also talked about bad behaviour of PHC staff, long waiting time and less attention received at govt. clinics. About half of the women said they are certain about getting the doctor at the PHC.
- * Half of the women are already paying at the government clinics. About three-fourth of the women are ready to pay some money provided the government offers better services. So pricing of govt. health care services, if deemed necessary, is no bar.
- * About half of the ever married women (or any member of the family) ever sought assistance from govt. health workers. During the past three months, however, only 14 per cent of women were visited by the health staff. In most cases (93%), the ANM/LHV visited the households.
- * Majority of the women (at least 92%), who were visited by health workers, felt that health workers spent enough time with them and they were satisfied with the health staff's service. The women also wanted the health staff should visit them again. More women in rural (compared to urban) areas hold good opinion about health staff.
- * Eight per cent of currently married women were informed about family planning methods. Tubectomy was mentioned to two-third of the women and each of the other modern spacing methods to at least two-fifth of the women. Eight per cent women were intimated about safe period and two per cent about withdrawal. Merits and demerits of methods were told to (at the most) 12 per cent of the women. During motivation, usually disadvantages are not mentioned. Information on how to use IUD and condom were told to one-third of the women or less. The corresponding proportion for pill is 47 per cent. Nearly 60 per cent of the women were told where to get tubectomy. For other methods like IUD and condom, this information was provided to around one-third of the women who were informed.

about each of these methods Regarding pills, half of the women were told about the source

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

5 8 FAMILY PLANNING

- * Among the family planning methods, awareness about sterilization and pills is almost universal among the currently married women Awareness about IUD and condom is also high Injection and withdrawal are known to around one quarter of the women Two-fifth of them are aware of safe period On an average, a currently married woman knows about five modern family planning methods including three modern spacing methods
 - * Currently married women particularly in rural areas lack information on how to use spacing methods (IUD, pill, condom) correctly Knowledge on correct use of safe period, withdrawal is still on the lower side
 - * On an average, a woman is aware of five sources of supply of modern contraceptives including three sources for getting modern spacing methods Awareness about contraceptive source is high At least 80 per cent women know the supply source of all modern methods except IUD whose source is known to two-third of the rural women
 - * In the district, 18 per cent of the currently married women are using any method The current users of sterilisation comprise 6 per cent and that of spacing methods 7 per cent The proportion using any traditional method is 5 per cent It has been seen that there is a wide gap between knowledge and practice of any contraceptive method in the area
- The estimate of current users provided by this survey (18%) is lower than the estimate obtained from 1992 service statistics (33%) During field checking investigators informed, the current users roughly vary from 15-25 per cent NFHS estimate for the backward districts of UP is 19 per cent Since no other survey estimate at the district level is available, these information make us believe that the real picture about the current users may not be too different from what is revealed from this survey
- * Tubectomy is largely accepted by older (> 30 years) and educated women More Hindus than Muslims opt for this method Education seems to positively influence the acceptance of modern spacing methods like IUD, pills and condom and also the acceptance of traditional methods
 - * By and large, contraceptive demand is felt after having two children Sterilization is accepted after having at least two sons

5 9 UNMET NEED

- * If we take into account the currently married non-pregnant women who want to wait for more than one year for the next child, who are unsure and who want no more children and also are not using any method, the unmet need works out to 52 per cent. Of these women, 28 per cent want to terminate child bearing while the rest (24%) want to space children
- * Unmet need is found at all ages, but it is particularly high at older ages for limiting
- * Family opposition, dislike for existing method, religious bindings, health reasons, fear of operation and lack of services contribute to unmet need

5 10 PERCEIVED DISADVANTAGES OF METHODS

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

5 11 SOURCES OF SUPPLY OF CONTRACEPTIVES

- * Services for sterilisation are mostly obtained from government clinics. IUD is obtained from govt sources and also from private doctors. For first time acceptance of pills, couples visit chemists in addition to govt clinics and private doctors
- * For condoms, shops are the most important source of supply. For pills, couples visit both shops and govt outlets. By and large, the users of pills and condom get their supply regularly
- * Most of the surveyed villages do not have outlets to serve the couples with pills and condoms

5 12 ATTITUDE OF COUPLES TOWARDS FAMILY PLANNING

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

5 13 EXPOSURE TO FAMILY PLANNING MESSAGE ON RADIO AND TELEVISION

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

5 14 REASONS FOR DISCONTINUATION OF FAMILY PLANNING METHODS

- * "Desire for a child" and "health problems caused by contraceptives" are the two main reasons for method discontinuation
- * About three-fourth of the women who/whose spouse accepted sterilisation reported having suffered problems
- * About one-fifth of IUD and condom users and one-third of the pill acceptors also reported problems experienced with these methods

6 0 DISCUSSION

In a nutshell, the baseline survey shows that in the district of Shahjahanpur the level of fertility is high and the use of contraceptives is low. There is a wide gap between knowledge and practice of family planning. The unmet need is 52 per cent and is particularly high among older women largely because of family opposition, dislike for methods, health reasons, etc. Pregnancies as such are not deemed unwanted and even if some are, village women have little options to get rid of them seemingly due to social pressure and no easy access to MTP services. The situation calls for dissemination of adequate information and strengthening service delivery with emphasis on quality part.

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

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

Today, very few depend on PHC/Sub-centres for treatment. There is a need to enhance the utility of these outlets and also their image as service points. What is expected is a little more dignified behaviour from the health staff (manning these outlets) and provision of prescribed medicines. This study has shown that village community does not mind paying money provided the government offers improved services. For the benefit of all, the programme

authorities may consider pricing of state health care services and make both beneficiaries and the service providers accountable to each other

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

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

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

CHAPTER I

INTRODUCTION

1.1 BACKGROUND

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

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

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

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

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

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

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

1 2 OBJECTIVES

The objectives of this survey are to

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

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

1 3 SOCIO-ECONOMIC AND DEMOGRAPHIC PROFILE OF THE DISTRICT

A profile of the study district is as under

Shahjahanpur falls in Bareilly division of U P. The total population of Shahjahanpur as per 1991 census is 19,87,395, which is one per cent of the State's population. The growth rate (1981-91) is 2 per cent per annum. The share of urban population is 21 per cent against the state average of 20 per cent. Nearly one-fifth of the population comprise of scheduled caste. The sex ratio in Uttar Pradesh (879 females per 1000 males) is low, but it is still lower in Shahjahanpur (816). Female literacy (19%) is low as compared to the state average of 25 per cent.

In Shahjahanpur, nearly half of the population of the district (48%) constitute children (0-14) and old age population (65+). The dependency ratio in the district is 906 per 1000 working persons in the age group 15-64. It is 36 points lower than the state average (942).

Only 2 per cent of the female population is economically active against 12 per cent in the state. The corresponding proportions for male are 55 and 50 per cent respectively. The district predominantly depends on agriculture with 80 percent of the workers depending on this sector. The corresponding figure for U P is 73 per cent.

As regards primary health care facilities, the district ranks low. The rank of the district exceeds 30 in number of PHCs and sub-centres. As per 1992 statistics, 33 per cent of the

eligible couples in the district are protected by one or the other methods Very few voluntary organizations are there in this district

1 4 PRESENTATION OF REPORT

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

Table 1 1 Socio-economic and demographic profile of the District and State

	<i>Shahjahanpur</i>	<i>Uttar Pradesh</i>
Population (1991 Census)		
Total	1,987,395	139,112 287
Male	1 094 363	74,036 957
Female	893 032	65 075 330
Growth rate (1981 91)	20 3	25 2
Population density (1991 Census)	434	473
% of total state population (1991 Census)	1 4	NA
% urban population (1991 Census)	20 8	19 8
Sex ratio (1991 Census)	816	879
Percentage of total population (1981 Census)		
0-14 Population	40 8	48 5
65 + Population	6 8	6 8
Dependency ratio (1981 Census))	906	942
Literacy level (1991 Census) (7+ years)		
Total	32 1	40 9
Male	42 7	55 7
Female	18 6	25 3
Crude Birth Rate (SRS, 1992)	U	36 2
Contraceptive Prevalence Rate (1992-93)	33 1	34 5
Per cent employed (1991)		
Total	31 2	32 2
Male	55 2	49 7
Female	1 9	12 3
Per cent employed in organized sector (1991)	U	U
Per cent depending on agriculture (1991)	79 9	73 12
Per cent of total population (1991)		
Scheduled caste	18 0	21 0
Scheduled tribe	-	0 2
Other Hindus	U	U
Muslims	U	U
Other religious groups	U	U
Number of PHC/CHC (1991)	52	3929
Number of Sub-centres (1991)	301	20154
Number of Voluntary Agencies	2	552
	(Rank 19)	
Average rural population per sub-centre (1991)	5232	5533

Note Less than 0 05% U No information NA Not Applicable

CHAPTER II

STUDY DESIGN

2 0 INTRODUCTION

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

2 1 SAMPLE DESIGN AND IMPLEMENTATION

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

(a) Urban Sample

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

In Shahjahanpur, since urban population is 21 per cent (in 1991 Census), the urban sample size was fixed as 550 households. The towns were classified into three groups such as Type I, Type II and Type III. Type I towns covered more than one lakh population and Type II towns from 20,000 to less than one lakh population. Type III towns had less than 20,000 population. The urban sample was allocated in all three types of towns based on the population size of each type. The summary table explains the procedure adopted to draw the final sample size for Shahjahanpur urban area.

URBAN PSU SELECTION (Summary table)

<i>Type of town</i>	<i>Total towns</i>	<i>% of total urban population</i>	<i>Allocated households based on % urban population</i>	<i>CEB No @ 25 HH/CEB</i>	<i>No of towns selected*</i>	<i>Ultimate sample household [CEBx25]</i>
Type I	1	57.6	317	12	1	300
Type II	2	15.9	87	4	2	100
Type III	9	26.5	146	6	3	150
	12	100	550	22	6	550

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

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

(b) Rural Sample

From rural areas 78 PSUs (villages) were to be selected. For this, the 1991 census data was used. All the villages having less than 50 persons were removed from the list of villages considered for the selection of PSUs. The remaining villages were arranged in a descending order, so that these villages could be divided into 3 strata with equal population. The total

number of PSUs to be selected (78) were to be equally divided into 3 groups. Thus, 26 villages were selected from each of the three stratum. By rearranging all the villages in a particular stratum in the manner they were originally placed in the Census list, the required number of villages were selected by using PPS. The same operation was repeated for other two strata to select a total of 78 villages from Shahjahanpur.

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

(c) Selection of Households

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

List of selected towns and villages is given in Appendix.

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

	Urban		Rural		Total	
	Number	Percent	Number	Percent	Number	Percent
Households selected						
Households completed (C)	550	100.0	1950	100.0	2500	100.0
Households with no competent respondent	534	97.1	1863	95.5	2397	95.9
Households absent (HA)			5	0.3	5	0.2
Households postponed (P)	8	1.4	39	2.0	47	1.9
Households refused (R)			-		-	
Households vacant/ No dwelling (DV)	3	0.6	19	1.0	22	0.9
Dwellings destroyed (DD)	3	0.6	6	0.3	9	0.3
Dwellings not found (DNF)						
Others (O)	2	0.4	18	0.9	20	0.8
Households occupied	545	100.0	1926	100.0	2471	100.0
Households interviewed	534		1863		2397	
Households not interviewed	11		63		74	-
Households response rate (HHR)*	NA	98.0	NA	96.7	NA	97.0
Eligible women	605	100.0	2223	100.0	2828	100.0
Women interviewed (EWC)	548	90.6	1969	88.6	2517	89.0
Women not at home (EWHH)	42	6.9	189	8.5	231	8.2
Women refused (EWR)	6	1.0	24	1.1	30	1.1
Women partly interviewed (EWPC)	6	1.0	28	1.3	34	1.2
Other (EWO)	3	0.5	13	0.5	16	0.5
Individual response rate (EWRR)**	NA	91.0	NA	89.1	NA	89.5
Overall response rate (ORR)***	NA	89.2	NA	86.2	NA	86.8

NA Not applicable

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

** EWRR = $\frac{EWC}{EWC + EWHH + EWP + EWR + EWPC}$

*** ORR = HHR * EWRR

(d) Sample Results for Households and Eligible Women

In Shahjahanpur, the survey could be undertaken in 96 per cent of the sample households in rural and 97 per cent in urban areas. Whereas 97 per cent in rural and 98 per cent of these households agreed to provide information. The eligible women schedule could be

completed for 91 per cent women in urban and 89 per cent women in rural areas. Most of the remaining eligible women were away from home when the study team visited them. The overall response rate was 87 per cent (Table 2.1).

2.2 SURVEY SCHEDULES - TYPE AND DESCRIPTION

Four types of schedules were used in this survey:

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

(a) Household Schedule

This schedule elicited the following information:

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

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

(b) Eligible Women Schedule

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

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

- * Quality of family planning services provided by health workers

(c) Village Schedule

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

- * Population of village
- * Availability of road, school facilities, etc
- * Private doctors
- * Availability of family planning services
- * Availability of medical shops
- * Availability of retail outlets and network for condom and oral pills
- * NGOs activities
- * Availability of health functionaries

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

(d) PHC/SC Schedule

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

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

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

2.3 TRAINING AND FIELD WORK

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

supervisors were trained during this training period

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

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

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

2.4 DATA PROCESSING

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

2.5 ESTIMATION PROCEDURE

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

(a) Weighting Factor for Rural Areas

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

Where

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

h_i = Actual number of households surveyed from the i th selected village/PSU

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

Where

E_i = Total number of eligible women existing in the selected households of the i th village/PSU

e_i = No 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 = No of selected towns in the i th stratum

q_{ijk} = Population (1991 census) of K th CEB in the j th town of i th stratum

b_j = No of selected CEBs in the j th town

H_k = No of listed households in the K th CEB of j th town

h_k = Actual no of households surveyed from the K th CEB of j th town

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

Where

E_k = Total number of eligible women present in the selected households in the K th CEB of j th town of i th stratum

e_k = Actual number of eligible women covered in the K th CEB of the j th town of i th stratum

(c) Validation of the Estimates

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

Household Population Characteristics - A comparison

Description	District	
	Survey estimates	Census (1991)
Population		
Male	1169388	1149902
Female	1019691	938353
Total	2189079	2088255
		[Projected 1993]
Sex ratio (female per 1000 males)	872	816
Age distribution (total population)		
0-4*	16.4	13.2
5-14	25.9	27.6
15-59	51.7	52.5
60+	6.0	6.7
		[1981 census]
Urban population (%)	22.0	21.0
Literacy		
Male	60.9	42.7
Female	27.1	18.6
Total	45.4	32.1

* 3.8 per cent population comprise of infants and 12.6 per cent children between 1-4 years

The population of Shahajahanpur is estimated as 2.2 million, which is 5 per cent higher than the 1991 census population projected upto 1993. The estimated female population is 1 million and this is 9 per cent higher than the census population. The sex-ratio works out to 872 females per 1000 males against 816 as recorded in the 1991 census. It is not clear whether the sex-differential in population mobility during Deepavali and Dashera [October festivals] has contributed to high female population estimate. The literacy rate (male 61%, female 27%) is also on the higher side as compared to the 1991 census (male 43%, female 19%).

Two-fifths of the estimated population (42%) are children in the age group below 14 years. Half of the population (52%) fall in the (working) age group (15-59). Aged population (60+) comprises about 6 per cent. This age distribution is close to the 1981 census age distribution. The estimated urban population (21%) is at par with the 1991 census.

CHAPTER III

HOUSEHOLD AND RESPONDENTS' BACKGROUND CHARACTERISTICS

3 0 INTRODUCTION

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

3 1 AGE-SEX DISTRIBUTION OF HOUSEHOLD POPULATION

As stated, the household population enumerated in this survey comprised usual residents (*de jure* population), plus the visitors. For the district as a whole, the study in all enumerated 23 lakhs people. Among them, the share of visitors was about four per cent. The age distributions of the *de jure* population and that of the visitors are presented in Table 3.1. The summary results are as under:

Age sex distribution [summary table]

Age Group	<i>De jure population</i>		<i>Visitors</i>	
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	<i>Total</i>
Male				
0-14	39.8	42.4	41.9	63.4
15-64	56.5	54.2	54.6	34.4
65+	3.7	3.4	3.5	2.2
Female				
0-14	43.0	42.7	39.2	31.3
15-64	53.9	54.2	57.7	66.3
65+	3.1	3.1	3.1	2.4
15-49	46.2	45.8	49.5	61.1
Total				
0-14	41.4	39.0	42.4	43.4
15-64	55.2	57.7	54.3	54.3
65+	3.4	3.3	3.3	2.2
Sex ratio (F/M)	918	860	872	1661
Dependency ratio			934	

The table reveals that about two-fifth of the population comprise children below 15 years of age. The proportion of these population is slightly less in rural (39%) compare to urban areas (41%). Nearly half of the population (54%) include people aged 15-64 years of age. The remaining about three per cent comprise population aged 65 years and above. The female age distribution reveals that half of the total female population are in the reproductive ages 15-49 years. The sex ratio works out to be 872 females per thousand males. The corresponding ratio is 918 for urban and 860 for rural areas. The dependency ratio i.e. dependent population per thousand people in the working age group 15-49 is 934.

3 2 HOUSEHOLD COMPOSITION

Certain features of the households in Shahjahanpur and also that of the head of the households are presented in Tables 3 2 - 3 3

Table 3 1 Percentage distribution of de jure (usual residents) household population and visitors by age sex and residence

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
De jure Population									
<1	2 6	3 7	3 1	3 8	4 1	4 0	3 6	4 0	3 8
1 4	11 3	11 5	11 4	11 9	14 1	12 9	11 8	13 5	12 6
5 9	12 5	14 5	13 5	14 0	13 9	14 0	13 7	14 1	13 9
10-14	13 4	13 3	13 4	12 7	10 6	11 7	12 8	11 2	12 1
15-19	11 6	8 9	10 3	9 5	9 4	9 4	10 0	9 3	9 6
20-24	8 4	8 6	8 5	8 0	9 2	8 5	8 1	9 0	8 5
25-29	8 0	7 4	7 7	8 1	8 6	8 3	8 1	8 3	8 2
30-34	6 6	7 3	6 9	6 8	6 1	6 5	6 8	6 4	6 6
35-39	6 5	5 9	6 2	6 1	4 9	5 5	6 2	5 1	5 7
40 44	4 9	4 3	4 6	4 5	3 9	4 2	4 6	4 0	4 3
45 49	3 4	3 9	3 7	3 2	3 8	3 5	3 3	3 8	3 5
50 64	7 1	7 7	7 4	8 0	8 4	8 1	7 8	8 2	8 0
65 +	3 7	3 1	3 4	3 4	3 1	3 3	3 5	3 1	3 3
Total %	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0
Total N	250799	230157	480956	918589	789534	1708123	1169388	1019691	2189079
Sex Ratio	NA	NA	918	NA	NA	860	NA	NA	872
Visitors									
<1	5 5	2 9	3 8	13 9	6 4	9 2	12 7	5 8	8 4
1-4	25 2	9 1	14 4	29 4	14 0	19 9	28 8	13 1	19 0
5-9	15 3	9 2	11 2	18 0	6 2	10 7	17 6	6 7	10 8
10-14	6 7	3 8	4 7	3 9	6 1	5 2	4 3	5 7	5 2
15 19	8 3	25 1	19 5	5 5	25 5	17 8	5 9	25 4	18 1
20-24	8 4	11 6	10 5	8 3	16 2	13 1	8 3	15 4	12 7
25-29	8 2	17 7	14 6	6 4	12 8	10 3	6 7	13 6	11 0
30-34	2 6	6 5	5 2	4 8	3 4	3 9	4 5	3 9	4 1
35 39	7 5	2 4	4 1	2 9	0 6	1 5	3 6	1 0	1 9
40 44	-	-	-	1 5	1 0	1 2	1 3	0 8	1 0
45-49	-	2 8	1 9	1 1	0 6	0 8	1 0	1 0	1 0
50 64	4 6	3 9	4 1	3 1	5 5	4 6	3 3	5 2	4 5
65 +	7 8	5 1	6 0	1 2	1 8	1 6	2 2	2 4	2 3
DK	-	-	-	-	-	-	-	-	-
Total %	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0
Total N	4946	9997	14943	29469	47150	76619	34415	57147	91562
Sex Ratio	NA	NA	2021	NA	NA	1600	NA	NA	1661

Sex Ratio Females per 1000 Males

NA Not applicable Less than 0 05%

Table 3 2 Percentage distribution of households by selected characteristics of head of household and residence

Housing composition	Residence		
	Urban	Rural	Total
Sex of the household head			
Male	93.4	95.8	95.3
Female	6.6	4.2	4.7
Age of household head			
Less than 30 years	14.2	19.8	18.6
30-44	45.0	41.0	41.9
45-59	25.6	24.3	24.6
60+	15.3	14.8	14.9
Median Age	40.0	40.0	40.0
Marital status of household head			
Never married	3.5	5.4	5.0
Currently married	86.3	83.3	84.0
Widowed	9.0	10.4	10.1
Divorced	0.3	0.2	0.2
Separated	0.8	0.7	0.8
Religion			
Hindu	57.6	86.3	80.3
Muslim	39.4	13.1	18.6
Others	3.0	0.5	1.0
Caste			
Scheduled caste	11.1	20.0	18.2
Scheduled tribe	0.3	0.9	0.8
Backward caste	19.3	41.5	36.9
Higher caste	69.2	37.5	44.1
Number of usual members			
1	1.8	2.8	2.6
2	5.4	8.5	7.8
3	8.3	11.0	10.5
4	13.4	13.0	13.0
5	15.8	16.2	16.1
6	19.2	16.7	17.2
7	12.2	12.6	12.5
8	8.4	7.6	7.8
9+	15.6	11.6	12.4
Mean	6.0	5.6	5.7
	100.0	100.0	100.0
Total %			
Number of households	80019	302832	382851

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

Table 3 2 reveals that 5 per cent of the total households in the district are female-headed households. Female-headed households are more in urban (6.6%) than in rural areas (4.2%). The median age of the head of the households is 40 years (in rural as well as in urban areas).

Eighty four per cent of the total head of the households are currently married. The share of never married is 5 per cent. Never married are more in rural (5.4%) compared to urban areas (3.5%).

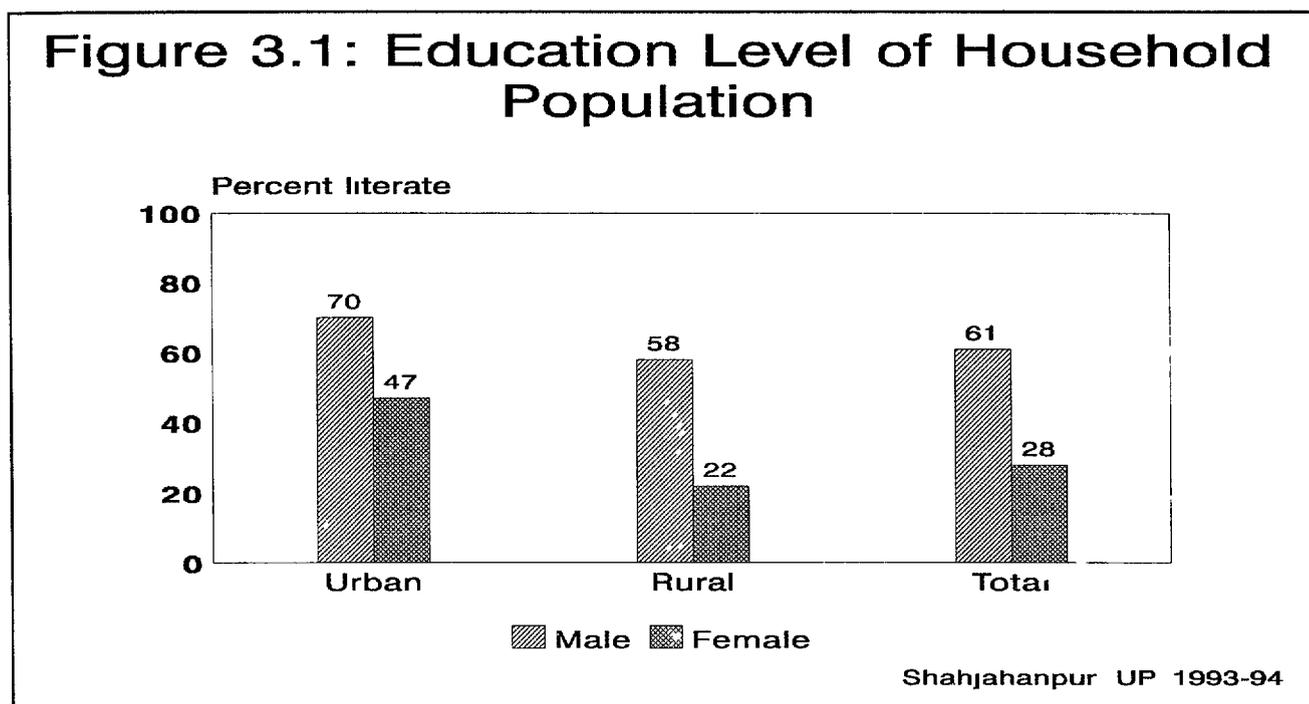
Eighty per cent of the households belong to Hindu community. The share of Muslim households is 19 per cent. The proportion of Muslim households is higher in urban areas (39.4%) as compared to rural areas (13.1%). One-fifth of the rural households belong to scheduled caste community. In urban areas, high caste households (69%) dominate.

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

At the time of this survey, 2 per cent of the male household members were visitors in urban and 3 per cent in the rural areas. Visitors are those who are not regular members of the household, but had spent the previous night in the surveyed households. The proportion of visitors among females was 5 per cent. When this survey was going on, two important festivals of North - Dashera and Deepavali - were celebrated. As we know, during such festivals, while male members stay in their own home, married daughters along with their children return to their parental home. This is perhaps why there are more female visitors than male visitors (Table 3.3).

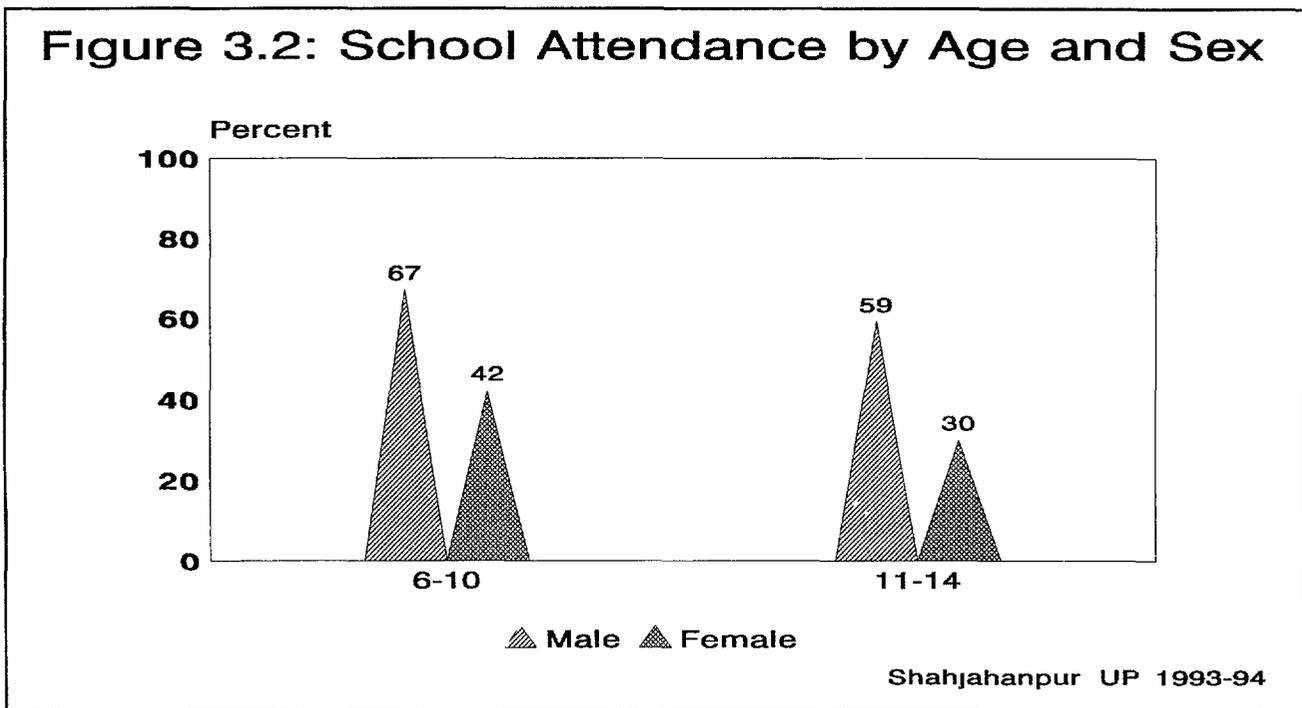
3.3 EDUCATIONAL ATTAINMENT

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



The illiterates and those having formal or informal education upto fourth standard comprise the largest chunk of the total population (74%). The corresponding proportion for total female population works out to 87 per cent and for the male population 63 per cent. The share of population having schooling beyond fourth standard is largely between 3 and less than 11 per cent irrespective of rural-urban status and sex of the population (Table 3.4). It can be

noted that this base line survey, compared to 1991 census, exhibits a relatively higher level of literacy in the population



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

3.4 HOUSING CHARACTERISTICS

Some information about type of dwellings and amenities are presented in Table 3.6. It is seen that in Shahjahanpur, 21 per cent of the households are electrified - 64 per cent in urban and only 10 per cent in rural areas. In rural areas, well and hand pumps are the chief sources of portable water. In urban areas, piped water and hand pumps are the major sources of water (in 95% cases). Most of the rural dwellings (65%) are kutcha. Whereas half of the urban dwellings are pucca and another 30 per cent are of the mixed type - partly pucca and partly kutcha. In rural areas, majority of the households (56%) in the category of marginal farmers own upto three acres of land. One-fifth of the households (19%) do not own any land. In rural areas, exposure to mass media is limited. About one-fourth of the rural households own radio and only three per cent own television. The situation in urban area is better with 41 per cent of the households owning radio and 36 per cent owning television.

3.5 RESPONDENTS' BACKGROUND CHARACTERISTICS

The specific features of the respondents (in this case ever married women aged 13-49 years) are presented in Table 3.7. It is revealed that 42 per cent of the eligible women fall in the prime age group 20-29 years. One-tenth of the women are quite young (aged 13-19 years).

and they mostly belong to rural areas. Majority of the eligible women (95%) are currently married. The rest comprise widowed (4.2%), divorced and separated women (0.8%). As observed in the general population, majority of our respondents are illiterate (rural 86% and urban 60%). Majority of them (97%) are also housewives. Only 2.4 per cent of them are employed by someone else (rural 1.7% and urban 4.8%).

The study reveals that, majority of the respondents have practically no exposure to any kind of mass-media. At least 90 per cent are not exposed to newspapers or cinema. Only a section of urban women reads/listens to newspapers (22%) and watch television (45%). Of all the media, radio has some reach to these women. One-fourth of the total women said they listen to radio. Urban women, women belonging to high caste Hindu families and those having schooling above fourth standard are the main listeners of the radio programme (Table 3.8).

Table 3 3 Percentage distribution of household population by resident status in household according to age, sex and residence

Characteristic	Usual resident	Visitor	Total %	Total N
Male				
Age				
< 1	90 5	9 5	100 0	46157
1 4	93 3	6 7	100 0	147374
5 14	97 6	2 4	100 0	317632
15-19	98 3	1 7	100 0	118726
20-24	97 1	2 9	100 0	97218
25-29	97 6	2 4	100 0	96888
30-34	98 1	1 9	100 0	80491
35 39	98 3	1 7	100 0	73520
40 44	99 2	0 8	100 0	53688
45 49	99 2	0 8	100 0	38666
50-59	99 3	0 7	100 0	61915
60 +	98 0	2 0	100 0	71530
Residence				
Urban	98 1	1 9	100 0	255745
Rural	96 9	3 1	100 0	948059
Total	97 1	2 9	100 0	1203803
Female				
Age				
< 1	92 6	7 4	100 0	44425
1-4	94 8	5 2	100 0	145134
5-14	97 3	2 7	100 0	264820
15 19	86 7	13 3	100 0	108945
20 24	91 3	8 7	100 0	101067
25-29	91 6	8 4	100 0	92482
30 34	96 7	3 3	100 0	67541
35-39	99 0	1 0	100 0	52821
40-44	98 9	1 1	100 0	40782
45-49	98 5	1 5	100 0	39583
50-59	96 3	3 7	100 0	56335
60 +	96 5	3 5	100 0	62742
Residence				
Urban	95 8	4 2	100 0	240154
Rural	94 4	5 6	100 0	836684
Total	94 7	5 3	100 0	1076838
Total				
Age				
< 1	91 6	8 4	100 0	90581
1 4	94 0	6 0	100 0	292508
5 14	97 5	2 5	100 0	582452
15 19	92 7	7 3	100 0	227670
20 24	94 1	5 9	100 0	198285
25-29	94 7	5 3	100 0	189370
30-34	97 4	2 6	100 0	148031
35-39	98 6	1 4	100 0	126340
40 44	99 0	1 0	100 0	94470
45-49	98 8	1 2	100 0	78249
50-59	97 8	2 2	100 0	118250
60 +	97 3	2 7	100 0	134272
Residence				
Urban	97 0	3 0	100 0	495899
Rural	95 7	4 3	100 0	1784742
Total	96 0	4 0	100 0	2280641

Table 3 4 Percentage distribution of *de jure* household population aged 6 and above by literacy, level of education and median number of completed years of education according to sex and residence

Education level	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Illiterate	30.1	52.7	40.8	41.7	78.2	58.3	39.2	72.3	54.4
Upto class 4*	23.5	19.0	21.4	24.1	13.0	19.1	24.0	14.4	19.6
Primary (5 yrs)	7.3	7.3	7.3	7.4	4.1	5.9	7.4	4.9	6.2
Upto Middle (6-8 yrs)	13.9	8.0	11.1	13.2	3.1	8.6	13.4	4.2	9.2
Upto high (9-10 yrs)	11.7	5.4	8.7	9.3	1.2	5.6	9.8	2.2	6.3
Above high school (11-18)	13.4	7.5	10.6	4.2	0.4	2.5	6.2	2.0	4.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Total N	209918	186323	396241	741265	620384	1361649	951184	806707	1757891
Median number of years	4	0	1	1	0	0	1	0	0

* Include the literates having no formal education

Table 3 5 Percentage of *de jure* household population 6-14 years of age attending school by age, sex and residence

Age	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
6-10	72.5	54.3	63.7	65.1	38.8	53.0	66.7	42.4	55.4
11-14	63.5	47.6	55.8	57.0	23.2	42.9	58.5	29.7	46.0
6-14	68.7	51.5	60.4	61.7	33.0	49.0	63.2	37.5	51.6

Table 3 6 Percentage distribution of households by selected housing characteristics and residence

Housing characteristic	Residence		
	Urban	Rural	Total
Households with electricity	63.7	9.6	20.9
Source of drinking water			
Piped	21.9	0.5	5.0
Handpump	72.6	70.1	70.6
Well water	5.5	29.4	24.4
Others		0.1	
Type of house			
Hut	2.6	5.2	4.6
Kutcha	17.9	65.3	55.4
Mixed	29.9	21.2	23.0
Pucca	49.7	8.3	16.9
Agricultural land ownership			
Landless	79.6	18.8	31.5
1-3 acres	14.1	55.8	47.1
4-5 acres	2.1	9.1	7.7
6 or more acres	4.3	16.3	13.8
Consumer durable goods			
Radio	40.8	23.0	26.7
Television	36.0	3.0	9.9
Total %	100.0	100.0	100.0
Number of households	80019	302832	382851

Table 3 7 Percentage distribution of ever-married women aged 13 49 by selected background characteristics and residence

Background characteristics	Residence			Total number of women	
	Urban	Rural	Total	Weighted N	Unweighted N
Age					
13 14		0 5	0 4	1812	11
15-19	6 8	13 8	12 4	55117	300
20 24	16 7	21 2	20 3	90194	512
25 29	20 3	20 7	20 6	91652	529
30 34	19 5	14 7	15 7	69677	392
35 39	15 4	11 5	12 3	54755	309
40 44	11 5	9 0	9 5	42185	236
45 49	9 8	8 7	8 9	39651	228
Marital status					
Currently married	93 8	95 5	95 1	423381	2395
Widowed	5 0	3 9	4 2	18470	104
Divorced	0 3	0 1	0 2	702	4
Separated	0 9	0 5	0 6	2490	14
Education					
Illiterate	60 0	85 9	80 6	358882	2001
Upto Class 4*	8 5	4 1	5 0	22198	131
Primary (5 yrs)	7 6	5 4	5 9	26043	151
Upto Middle (6 8 yrs)	7 7	2 6	3 7	16300	98
Upto High (9 10 yrs)	5 9	1 4	2 3	10313	64
Above High School (11 18 yrs)	10 4	0 5	2 5	11308	72
Religion					
Hindu	57 4	86 9	80 9	360025	2015
Muslim	39 4	12 5	18 0	80176	473
Others	3 1	0 6	1 1	4842	29
Caste					
Scheduled caste	12 1	20 3	18 7	83034	460
Scheduled tribe	0 2	0 9	0 8	3343	17
Backward caste	19 1	42 5	37 7	167976	923
Higher caste Hindu	68 6	36 2	42 8	190691	1117
Work status					
Not working	95 0	97 8	97 2	432630	2444
Working in family farm/business		0 4	0 3	1309	8
Employed by someone else	4 8	1 7	2 4	10471	62
Others	0 3	0 1	0 1	633	3
Husband s education**					
Illiterate	29 0	41 9	39 3	166248	921
Upto Class 4*	11 2	12 3	12 0	51002	283
Primary (5 yrs)	9 3	8 2	8 4	35522	199
Upto Middle (6 8 yrs)	15 5	15 8	15 7	66516	380
Upto High (9 10 yrs)	12 8	14 2	13 9	58878	341
Above High School (11 18 yrs)	22 2	7 8	10 7	45215	271
Total %	100 0	100 0	100 0	100 0	100 0
Number of women	90773	354270	445043	445043	2517

NA Not applicable

Including the literates having no formal education not asked are excluded from the analysis

In case of widowed divorced or separated women since husband s education was

Table 3 8 Percentage distribution of women by access to mass media, according to background characteristics

Background characteristics	Access to mass media												No of exposed women	% not exposed to any media
	Reads or listens to newspapers			Watches television			Listens to the radio			Visits cinema or theater				
	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent	Never	Less often	Frequent		
Age														
13-19	95.4	4.0	0.6	89.2	5.6	5.2	73.1	19.3	7.6	92.7	7.3		56929	67.4
20-24	91.6	7.2	1.3	87.8	6.0	6.2	71.4	19.1	9.5	90.0	9.7	0.4	90194	63.4
25-29	90.7	7.3	2.0	83.5	6.4	10.1	73.6	17.6	8.8	91.5	8.4	0.2	91652	65.6
30+	90.7	7.4	1.8	86.1	5.8	8.0	78.7	15.6	5.7	93.9	5.9	0.2	206269	69.5
Residence														
Urban	77.7	16.1	6.3	55.3	15.0	29.7	67.4	21.0	11.6	80.2	18.8	1.0	90773	42.5
Rural	95.1	4.6	0.4	94.3	3.6	2.1	77.5	16.2	6.3	95.6	4.4	-	354270	73.5
Education														
Illiterate	97.3	2.5	0.2	93.1	3.9	3.0	81.2	14.4	4.3	96.8	3.1	0.1	358882	75.9
Upto class 4*	90.9	7.5	1.6	68.2	15.5	16.3	62.8	28.9	8.3	83.8	15.7	0.5	22198	44.4
Primary (5 yrs)	77.1	20.3	2.6	73.7	9.0	17.4	59.3	24.5	16.2	89.3	10.1	0.5	26043	43.0
Upto Middle (6-8 yrs)	64.8	29.8	5.4	61.8	13.3	24.9	42.7	31.7	25.6	67.2	30.8	2.0	16300	22.9
Upto High (9-10 yrs)	44.3	46.0	9.6	40.9	19.7	39.4	42.2	28.5	29.3	56.2	42.4	1.4	10313	11.4
Above High School (11-18 yrs)	22.7	46.9	30.4	13.9	22.6	63.6	32.8	33.3	33.9	47.9	52.1	-	11308	4.5
Religion														
Hindu	92.2	6.6	1.1	88.6	5.0	6.5	75.5	17.1	7.4	93.2	6.7	0.1	360025	68.2
Muslim	90.6	6.6	2.8	79.0	9.7	11.3	76.8	16.8	6.4	90.6	8.6	0.8	80176	65.0
Others	52.2	32.1	15.6	41.5	17.2	41.3	51.3	28.8	19.9	67.6	32.4	-	4842	26.7
Caste														
Scheduled caste	95.2	4.4	0.4	90.1	5.4	4.5	80.0	15.2	4.8	94.4	5.6		83034	71.1
Scheduled tribe	100.0			94.1		5.9	89.6	10.4	-	89.6	10.4		3343	89.6
Backward caste	96.2	3.5	0.3	94.7	2.7	2.5	78.1	15.5	6.3	97.2	2.8	0.1	167976	74.8
Higher caste Hindu	85.6	11.1	3.3	77.2	9.1	13.7	70.9	19.6	9.5	87.5	12.1	0.4	190691	58.3
Total %	91.5	6.9	1.6	86.3	5.9	7.7	75.5	17.2	7.3	92.5	7.3	0.2	445043	67.2

* Including the literates having no formal education

CHAPTER IV

NUPTIALITY

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

4 1 CURRENT MARITAL STATUS OF WOMEN (13-49)

The marital status of all women aged 13-49 years in the district is shown in Table 4 1. It can be seen that in the urban areas, at the time of survey, 69 per cent of these women were currently married. Four per cent comprised widowed, divorced and separated women. The share of never married was about 27 per cent. The present age of these women shows that in urban areas, at least 95 per cent of the women aged 25 years are currently married.

Table 4 1 Percentage distribution of women aged 13-49 by current marital status according to age and residence

Age	<i>Marital Status</i>					Total %	Total N
	<i>Never* Married</i>	<i>Currently Married</i>	<i>Widowed</i>	<i>Divorced</i>	<i>Separated</i>		
Urban							
13-14	100.0					100.0	12189
15-19	72.4	27.6				100.0	22668
20-24	22.4	76.3			1.3	100.0	21763
25-29	3.1	95.2	1.8		-	100.0	18575
30-34	0.9	96.4	2.7		-	100.0	18441
35-39	0.9	92.2	5.2	0.9	0.8	100.0	15011
40-44	-	85.4	12.7	-	1.8	100.0	10847
45-49		81.9	16.6	1.5		100.0	9944
Total	26.6	69.2	3.6	0.2	0.5	100.0	129439
Rural							
13-14	91.5	8.5			-	100.0	30749
15-19	38.2	61.0	0.6	0.3	-	100.0	82423
20-24	3.9	94.8	0.6		0.7	100.0	80720
25-29	0.4	96.8	2.1	0.2	0.6	100.0	75030
30-34		98.1	1.9	-		100.0	54094
35-39		94.9	5.1		-	100.0	43078
40-44	0.3	86.2	13.5		-	100.0	33838
45-49		85.1	14.9		-	100.0	33043
Total	14.6	81.6	3.5	0.1	0.2	100.0	432975
Total							
13-14	93.9	6.1				100.0	42938
15-19	45.6	53.8	0.4	0.2	-	100.0	105091
20-24	7.8	90.9	0.5		0.8	100.0	102483
25-29	0.9	96.4	2.0	0.2	0.5	100.0	93605
30-34	0.2	97.6	2.1		-	100.0	72536
35-39	0.2	94.2	5.1	0.2	0.2	100.0	58089
40-44	0.3	86.0	13.3		0.4	100.0	44684
45-49		84.4	15.3	0.3	-	100.0	42988
Total	17.3	78.7	3.5	0.1	0.3	100.0	562414

* It includes the women of married but no gauna category

At the time of this survey, in rural Shahjahanpur, only about 15 per cent of the women (13-49) were never married. The proportion of total currently married was about 81 per cent. The remaining 4 per cent comprised widowed, divorced and separated women. In rural areas, marriage takes place early. Of the total rural women aged 15-19, nearly two-third are currently married. The corresponding proportion for urban areas is 28 per cent. Similar is the case with 20-24 age group.

In this district as a whole, 79 per cent of the women aged 13-49 are currently married, 17 per cent are never married and 4 per cent comprise widowed, divorced and separated category.

The statistics on mean age at marriage obtained from different sources reveal that over the past three decades there has been a marginal rise in the age at marriage for boys as well as girls in the district. In 1961, the mean age at marriage for boys was 21 years. Now it is 22 years. In the corresponding period, the mean age at marriage for girls has risen from 15 years to about 17 years now. The mean difference between the age at marriage of boys and girls is 5 years (Table 4.2).

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

<i>Source (District Level)</i>	<i>Singulate mean age at marriage</i>		
	<i>Male</i>	<i>Female</i>	<i>Difference</i>
1961 Census*	21.17	15.23	5.94
1971 Census*	21.99	15.80	6.19
1981 Census**	22.38	16.67	5.71
1992-93 BSUP	22.30	16.97	5.33

Census estimates by R.P. Goyal in *Marriage in India* * Census estimates from 1981 Census

4.2 AWARENESS ABOUT MINIMUM LEGAL MARRIAGE AGE

Statistics of women's awareness about the minimum legal age at marriage of boys and girls are presented in Table 4.3. It can be seen that, only 18 per cent of the ever married women in the area are aware that presently the minimum legal age at marriage for males is 21 years. This awareness is more among urban women (40%) compared to rural women (13%). Similarly, only 29 per cent of the ever married women know that the minimum legal age at marriage for females is 18 years. The proportion of such women is 60 per cent in urban area and 22 per cent in rural area. The proportion of such woman is also high among high caste Hindus (as compared to low caste) and literate (as compared to illiterate) women.

Table 4 3 Percentage of ever-married women aged 13 49 who correctly know the minimum legal age at marriage for males and females by selected background characteristics

Background Characteristics	Percentage who correctly knew legal minimum age at marriage		
	For males it is 21 yrs	For females it is 18 yrs	Number of women
Age			
13 19	16 1	25 0	56929
20-29	20 6	30 9	181846
30-39	18 9	27 0	124432
40 49	15 1	28 6	81836
Residence			
Urban	40 3	55 9	90773
Rural	13 0	21 6	354270
Education			
Illiterate	11 8	20 9	358882
Upto Class 4*	32 7	39 8	22198
Primary (5 yrs)	38 5	58 9	26043
Upto Middle (6 8 yrs)	50 9	69 3	16300
Upto High (9 10 yrs)	64 7	77 7	10313
Above High School (11-18 yrs)	68 9	80 2	11308
Religion			
Hindu	16 8	26 2	360025
Muslim	25 5	38 3	80176
Others	33 2	48 9	4842
Caste			
Scheduled caste	12 5	20 8	83034
Scheduled tribe	11 8	22 0	3343
Backward caste	10 3	19 3	167976
Higher caste Hindu	28 5	40 4	190691
Total	18 5	28 6	445043

* Including the literate having no formal education

4 3 AGE AT WHICH WOMEN START LIVING WITH HUSBAND

The age at which women start living with their husband after marriage (age at first effective marriage (gauna)) is presented in Table 4 4. The table reveals that in urban areas, of all the women who are aged 20-49 now, nearly one-third of them had actually started living with their husband when they were 15-16 years old. The proportion of women who started living with their husband at a still younger age of 13-14 years is 27 per cent. For the remaining women (42 %), the age at gauna was 17 years and more.

Table 4 4 Percentage of women who started living with husband by specific ages and mean age at which respondent started living with her husband by current age and residence

Current age	Percentage who started living with husband by exact age						Mean age when started living with husband
	13 14	15 16	17-18	19-20	21 22	23 25	
Urban							
13-14		NA	NA	NA	NA	NA	
15 19	28 2	38 0	31 9	1 9	NA	NA	15 8
20-24	27 9	30 8	21 2	10 3	8 6	1 2	16 5
25-29	16 6	25 7	28 4	12 6	8 2	8 5	17 4
30-34	33 3	31 3	20 0	11 2	1 3	3 1	16 1
35 39	21 4	36 2	18 2	11 3	11 2	1 7	16 9
40 44	35 0	34 4	13 8	9 0	5 0	2 9	15 8
45 49	35 0	27 8	20 4	7 8	6 4	2 7	16 2
20 49	27 1	30 8	21 0	10 7	6 7	3 6	16 6
25 49	27 0	30 8	21 0	10 8	6 3	4 2	16 6
Rural							
13-14	100 0	NA	NA	NA	NA	NA	13 0
15-19	49 4	38 2	11 6	0 7	NA	NA	14 6
20 24	43 0	33 5	15 8	6 2	1 1	0 5	15 1
25 29	46 7	34 2	11 1	4 0	2 9	1 2	14 9
30 34	54 3	29 5	10 4	4 2	0 9	0 7	14 6
35-39	51 5	31 7	12 8	1 7	1 9	0 6	14 6
40-44	51 3	33 6	10 8	3 7		0 6	14 7
45-49	57 9	27 1	12 7	2 3		-	14 5
20-49	49 3	32 1	12 5	4 1	1 4	0 7	14 8
25 49	51 4	31 6	11 4	3 4	1 4	0 7	14 7
Total							
13-14	100 0	NA	NA	NA	NA	NA	13 0
15-19	47 1	38 2	13 9	0 8	NA	NA	14 7
20-24	40 5	33 0	16 7	6 9	2 3	0 6	15 3
25-29	40 7	32 5	14 5	5 7	3 9	2 6	15 4
30 34	49 0	29 9	12 8	6 0	1 0	1 3	15 0
35-39	43 9	32 8	14 1	4 1	4 2	0 8	15 2
40 44	47 3	33 8	11 5	5 0	1 2	1 2	15 0
45-49	52 7	27 3	14 4	3 6	1 5	0 6	14 9
20-49	44 5	31 8	14 3	5 5	2 5	1 3	15 2
25-49	45 7	31 4	13 6	5 1	2 6	1 5	15 1

NA Not Applicable

The situation is slightly different in rural areas. As in urban areas, here also one-third of the women aged 20-49 started living with their husband at the age of 15-16 years. But in contrast to urban areas, a very large chunk of the women (49 % against 27 % in urban areas) start living with their husband at a young age of 13-14 years. This implies that living together (gauna) starts early in rural areas as compared to urban areas.

The table also reveals that as compared to the past, now a relatively lesser proportion of women start conjugal life at young ages of 13-14 years. This is true of both rural and urban areas. The mean age when a married woman starts living with her husband works out to 17 years in urban and 15 years in rural areas.

Table 4 5 further reveals that women who are educated beyond six standard, only they start living with their husband at relatively higher ages varying from 15-21 years. This has been found true of all women irrespective of their present age ranging from 15-49 years. Factors like rural-urban residence and religion influence the age at gauna. Urban women start living with

husband at an older age (15-17 years) as compared to rural women (14-15 years) To an extent it is true of Muslim women (15-16 years) compared to Hindu women (14-15 years) For all these variables, the median age at living together varies from 14-17 years

Table 4 5 Median age of women (aged 20-49 years) started living with husband by current age and selected background characteristics

Background characteristics	Current Age							20-49	25-49
	15-19	20-24	25-29	30-34	35-39	40-49			
Residence									
Urban	16 0	16 0	17 0	16 0	16 0	15 0	16 0	16 0	16 0
Rural	15 0	15 0	15 0	14 0	14 0	14 0	15 0	14 0	14 0
Education									
Illiterate	14 0	15 0	15 0	14 0	15 0	14 0	15 0	14 0	14 0
Upto class 4*	15 0	15 0	15 0	15 0	16 0	15 0	15 0	15 0	15 0
Primary (5 yrs)	15 0	15 0	15 0	15 0	15 0	15 0	15 0	15 0	15 0
Upto Middle (6-8 yrs)	15 0	17 0	15 0	16 0	16 0	17 0	16 0	16 0	16 0
Upto High (9 10 yrs)	16 0	17 0	18 0	20 0	16 0	17 0	18 0	18 0	18 0
Above High School (11 18 yrs)	16 0	20 0	20 0	18 0	21 0	21 0	20 0	20 0	20 0
Religion									
Hindu	14 0	15 0	15 0	14 0	15 0	14 0	15 0	15 0	15 0
Muslim	16 0	16 0	16 0	15 0	15 0	15 0	16 0	16 0	16 0
Others	15 0	16 0	21 0	18 0	15 0	18 0	18 0	18 0	18 0
Caste									
Scheduled caste	15 0	15 0	15 0	14 0	14 0	14 0	14 0	14 0	14 0
Scheduled tribe	14 0	16 0	15 0	12 0	16 0	12 0	15 0	15 0	15 0
Backward caste	14 0	15 0	14 0	14 0	14 0	14 0	14 0	14 0	14 0
Higher caste Hindu	15 0	16 0	16 0	15 0	15 0	15 0	15 0	15 0	15 0
Total	15 0	15 0	15 0	15 0	15 0	15 0	15 0	15 0	15 0

* Including the literate having no formal education

CHAPTER V

FERTILITY

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

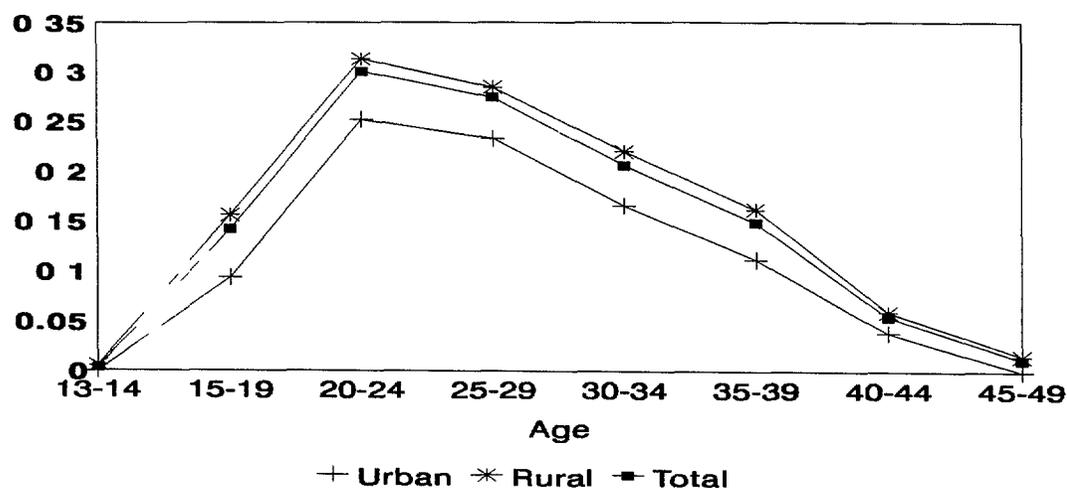
5.1 CURRENT FERTILITY LEVELS AND TRENDS

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

Indicators	Survey Estimates		
	Rural	Urban	Total
Birth rate (CBR)	47.4	35.5	44.8 [UP 36.2]
Total fertility rate (TFR 15-49)	6.1	4.5	5.7
Mean no. of children ever born (13-49)	3.8	3.8	3.8
Mean no. of children surviving (13-49)	2.7	3.1	2.8
Completed family size (40-49)	7.0	6.3	6.8

It can be seen that the level of fertility is high in Shahjahanpur. The birth rate is about 45 per thousand population against 36 for the State as a whole. The birth rate is higher in rural areas (47) compared to urban areas (36). The total fertility rate (average number of children to be born to a woman at the end of reproductive span) for women aged 15-49 is 6.1 in rural and 4.5 in urban areas. Women aged 13-49, on an average deliver 3.8 live births in both rural and urban areas. All these imply that the level of fertility is higher in rural than in urban areas. The age-specific fertility rates presented in Table 5.1 show evidence of early fertility at least in rural areas. In rural areas, maximum births occur in the age group 20-24 (0.313) and 25-29 age group (0.284). In urban areas, the same trend is observed. The number of births in the respective age groups are 20-24 (0.252) and 25-29 (0.233).

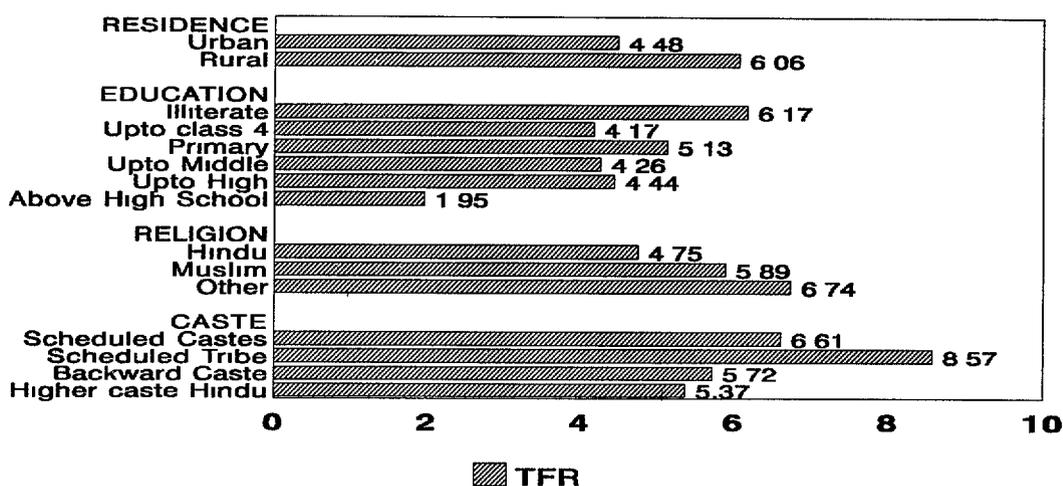
Figure 5.1: Age Specific Fertility Rates by Residence



Shahjahanpur UP 1993-94

The analysis reveals that, besides rural-urban factor, fertility (measured by TFR) is influenced by women's education, religion and caste affiliation. Table 5.2 reveals that women who have studied above high school have a much lower fertility (TFR 2.0) than illiterate women (TFR 6.2). Similarly, scheduled caste women have a higher fertility than other caste groups and Muslims have a relatively higher fertility than the Hindus.

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



Shahjahanpur, UP, 1993-94

5.2 CHILDREN EVER BORN AND LIVING

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

The table indicates that up to the age of 24, the difference in the fertility performance (measured by mean number of live births) of rural and urban women is not too wide. However, from age 25 onwards, the fertility of rural women is higher than urban women. It is also revealed that child mortality is higher in rural than in urban areas. In rural areas, the mean number of children ever born to a woman (13-49) is 3.8. Overall 2.7 children survive. The corresponding figures for urban areas are 3.8 and 3.1 children respectively.

Description	Summary Results							
	Mean no. of live births/living children by present age							
	13-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49
Urban								
Live births		0.4	1.9	2.8	3.8	5.5	5.7	6.9
Living children		0.3	1.6	2.5	3.2	4.4	4.2	5.1
Rural								
Live births	-	0.5	1.8	3.2	5.0	6.0	7.1	6.9
Living children	-	0.4	1.4	2.5	3.8	4.3	4.8	4.4
Total								
Live births	-	0.5	1.8	3.2	4.7	5.9	6.8	6.9
Living children	-	0.4	1.4	2.5	3.7	4.4	4.7	4.6

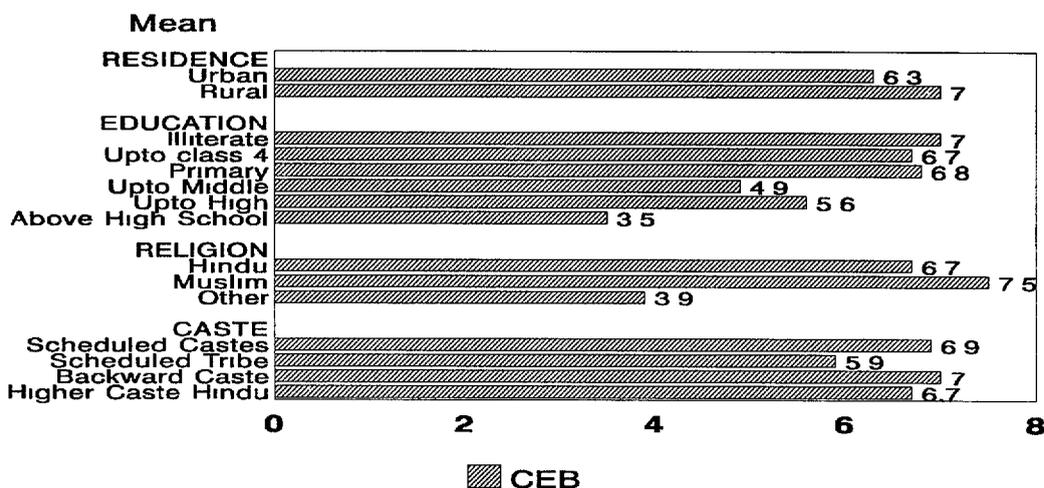
Table 5.4 gives the age standardised (standardisation done using the NFHS age distribution of ever married women for U P) mean number of children ever born and living for currently married women according to selected characteristics of women

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

DIFFERENCE BETWEEN MEAN NO OF CHILDREN EVER BORN AND CHILDREN SURVIVING

Background characteristics	Male children	Female children	All children
Residence			
Urban	0.53	0.51	1.05
Rural	0.60	0.53	1.13
Education			
Illiterate	0.59	0.53	1.12
Upto class 4	0.46	0.42	0.88
Primary (5 years)	0.48	0.53	1.01
Upto Middle School (6-8 years)	0.18	0.22	0.40
Upto High School (9-10 years)	0.19	0.17	0.36
Above High School (11-18 years)	0.14	0.14	0.28
Religion			
Hindu	0.57	0.50	1.08
Muslim	0.46	0.48	0.94
Caste			
Scheduled Caste	0.55	0.52	1.07
Scheduled Tribe	0.34	0.44	0.78
Backward Caste	0.63	0.57	1.20
High Caste Hindus	0.48	0.42	0.90
Total	0.55	0.52	1.07

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



Shahjahanpur UP, 1993-94

The "all children" column reveals that child mortality is higher in rural than in urban areas (difference between children born and surviving being 1.13 in rural and 1.05 in urban areas). Similarly, child mortality is higher among illiterate mothers compared to those having education up to fourth class and above. Scheduled caste women experience higher child mortality than high caste Hindus.

5.3 OUTCOME OF PREGNANCIES

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

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

Age	Urban	Rural	Total
13-14	-	0.006	0.004
15-19	0.094	0.156	0.142
20-24	0.252	0.313	0.300
25-29	0.233	0.284	0.274
30-34	0.166	0.220	0.206
35-39	0.112	0.162	0.149
40-44	0.039	0.060	0.055
45-49		0.16	0.012
TFR 15-44	4.48	5.98	5.62
TFR 15-49	4.48	6.06	5.68
GFR	146	201	189
BSUP CBR based on household birth record (<i>De jure</i>)	35.5	47.4	44.8

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

Background characteristic	Total fertility rate*	Mean number of children ever born to women aged 40-49 years
Residence		
Urban	4.48	6.3
Rural	6.06	7.0
Education		
Illiterate	6.17	7.0
Upto class 4**	4.71	6.7
Primary (5 yrs)	5.13	6.8
Upto Middle (6-8 yrs)	4.26	4.9
Upto High (9-10 yrs)	4.44	5.6
Above High School (11-18 yrs)	1.95	3.5
Religion		
Hindu	4.75	6.7
Muslim	5.89	7.5
Others	6.74	3.9
Caste		
Scheduled caste	6.61	6.9
Scheduled tribe	8.57	5.9
Backward caste	5.72	7.0
Higher caste Hindu	5.37	6.7
Total	5.68	6.8

* Rate for women aged 15-49 years

** Including the literates having no informal education

Less than 0.5%

Table 5 3 Percentage distribution of women by number of live births and living children by age of the mother

Number of live births and living children	Age of mother							Total %	Number of women	
	13-14	15-19	20-24	25-29	30-34	35-39	40-44			45-49
Urban										
Number of live births										
0		40.2	26.0	9.9	12.8	2.5	7.2	1.3	100.0	10494
1		19.4	45.6	23.0	10.6	1.4	-	-	100.0	8700
2		1.0	31.5	30.5	21.0	7.7	6.7	1.6	100.0	14329
3		1.2	12.9	40.3	25.0	10.2	5.9	4.5	100.0	12579
4	-		11.0	31.9	22.1	20.7	9.4	5.0	100.0	12946
5	-		6.7	13.9	34.0	21.2	13.1	11.1	100.0	8476
6	-			10.8	15.9	38.2	14.9	20.2	100.0	5692
7			5.5	-	22.7	34.6	21.9	15.4	100.0	6675
8				-	16.6	21.4	24.1	38.0	100.0	4298
9	-			-	11.8	16.0	36.5	35.7	100.0	3494
10 or more	-				-	25.3	32.3	42.5	100.0	3090
Mean	-	0.4	1.9	2.8	3.8	5.5	5.7	6.9	3.8	NA
SD	-	0.7	1.5	1.4	2.2	2.5	2.9	2.5	2.8	NA
Number of living children										
0	-	36.0	27.4	12.3	13.8	2.0	7.4	1.1	100.0	12606
1		13.5	38.4	26.2	13.8	1.1	5.7	1.2	100.0	11280
2		-	29.6	26.9	24.8	9.6	5.3	3.9	100.0	15281
3		1.0	10.0	33.0	18.3	17.1	10.1	10.5	100.0	15227
4			7.7	24.9	25.7	17.2	13.5	11.0	100.0	14798
5			2.6	10.0	20.7	37.2	20.4	9.1	100.0	8190
6				4.1	22.7	41.2	13.0	19.1	100.0	6306
7				-	19.3	27.1	14.8	38.7	100.0	3800
8				-		7.1	46.4	46.5	100.0	2131
9				-	15.9	16.8	27.9	39.4	100.0	997
10 or more				-	-	-	100.0	-	100.0	158
Mean		0.3	1.6	2.5	3.2	4.4	4.2	5.1	3.1	NA
SD		0.6	1.2	1.4	1.9	1.7	2.5	2.2	2.2	NA
Rural										
Number of live births										
0	3.4	55.0	25.1	7.9	4.4	2.6	0.6	1.0	100.0	53200
1	-	33.4	46.0	15.3	2.6	1.2	1.4	0.2	100.0	44191
2	-	10.3	47.7	29.4	5.4	4.7	1.6	1.0	100.0	42093
3		1.4	30.3	43.0	11.7	5.9	2.4	5.4	100.0	42678
4			13.6	41.8	25.1	10.8	3.8	4.9	100.0	41474
5	-		4.7	22.3	30.7	20.1	9.1	13.2	100.0	35139
6	-		4.3	15.6	31.5	21.4	16.4	10.9	100.0	25312
7	-			6.2	22.4	23.7	25.1	22.6	100.0	24615
8				4.5	18.5	26.6	31.2	19.3	100.0	16487
9					14.7	30.8	30.4	24.2	100.0	14886
10 or more				1.1	9.5	18.6	31.4	39.4	100.0	14195
Mean		0.5	1.8	3.2	5.0	6.0	7.1	6.9	3.8	NA
SD		0.6	1.4	1.7	2.3	2.7	2.5	2.7	3.0	NA

<i>Number of live births and living children</i>	<i>Age of mother</i>								<i>Total %</i>	<i>Number of women</i>
	<i>13-14</i>	<i>15-19</i>	<i>20-24</i>	<i>25-29</i>	<i>30-34</i>	<i>35-39</i>	<i>40-44</i>	<i>45-49</i>		
Number of living children										
0	2.9	50.3	26.9	9.2	5.2	2.8	1.2	1.5	100.0	62487
1		25.6	44.6	19.4	3.5	2.0	2.5	2.3	100.0	56989
2		4.9	36.9	32.6	9.5	6.0	4.9	5.2	100.0	59137
3			15.8	37.8	20.4	13.7	4.7	7.6	100.0	52813
4			3.8	26.1	28.6	18.1	12.6	10.8	100.0	46780
5			2.5	12.2	25.3	20.8	19.0	20.2	100.0	35580
6				2.6	19.6	29.3	24.4	24.1	100.0	19777
7				1.0	18.3	26.4	31.7	22.7	100.0	13854
8					28.9	34.9	22.3	13.9	100.0	3617
9		-			23.4	8.4	52.1	16.1	100.0	2255
10 or more						32.6	35.8	31.6	100.0	982
Mean		0.4	1.4	2.5	3.8	4.3	4.8	4.4	2.7	NA
SD		0.6	1.1	1.4	1.9	2.0	2.1	2.0	2.2	NA
Total										
Number of live births										
0	2.8	52.6	25.2	8.2	5.8	2.6	1.7	1.1	100.0	63694
1		31.1	45.9	16.6	3.9	1.2	1.1	0.2	100.0	52891
2		7.9	43.6	29.7	9.4	5.4	2.9	1.1	100.0	56422
3		1.3	26.3	42.4	14.7	6.9	3.2	5.2	100.0	55257
4			13.0	39.4	24.4	13.2	5.1	5.0	100.0	54420
5			5.1	20.7	31.3	20.3	9.9	12.8	100.0	43616
6			3.5	14.7	28.6	24.4	16.1	12.6	100.0	31004
7			1.2	4.9	22.5	26.0	24.4	21.0	100.0	31291
8				3.5	18.1	25.5	29.7	23.2	100.0	20784
9					14.1	28.0	31.5	26.4	100.0	18380
10 or more				0.9	7.8	19.8	31.6	39.9	100.0	17284
Mean	-	0.5	1.8	3.2	4.7	5.9	6.8	6.9	3.8	NA
SD		0.7	1.4	1.6	2.3	2.6	2.7	2.6	2.9	NA
Number of living children										
0	2.4	47.9	27.0	9.8	6.6	2.7	2.2	1.5	100.0	75093
1		23.6	43.6	20.5	5.2	1.9	3.1	2.1	100.0	68269
2		3.9	35.4	31.4	12.6	6.7	5.0	5.0	100.0	74418
3		0.2	14.5	36.7	19.9	14.5	5.9	8.3	100.0	68040
4			4.7	25.8	27.9	17.9	12.8	10.8	100.0	61577
5			2.5	11.8	24.4	23.8	19.3	18.2	100.0	43770
6				3.0	20.4	32.2	21.6	22.9	100.0	26082
7				0.8	18.5	26.5	28.1	26.1	100.0	17654
8	-	-			18.2	24.6	31.3	26.0	100.0	5747
9		-			21.1	11.0	44.7	23.3	100.0	3253
10 or more						28.1	44.7	27.2	100.0	1140
Mean		0.4	1.4	2.5	3.7	4.4	4.7	4.6	2.8	NA
SD		0.6	1.1	1.4	1.9	1.9	2.2	2.0	2.2	NA

NA Not Applicable

Table 5 4 Age standardized mean number of children ever born and living for currently married women, according to sex and selected background characteristics

Background characteristic	Children ever born			Children living		
	Male	Female	Total	Male	Female	Total
Residence						
Urban	1 846	1 804	3 660	1 320	1 291	2 611
Rural	2 207	1 880	4 087	1 605	1 350	2 955
Education						
Illiterate	2 206	1 927	4 133	1 612	1 398	3 010
Upto class 4*	2 150	1 801	3 951	1 692	1 381	3 073
Primary (5 yrs)	1 903	1 787	3 690	1 422	1 261	2 683
Upto Middle (6-8 yrs)	1 520	1 538	3 058	1 339	1 321	2 660
Upto High (9-10 yrs)	1 620	1 170	2 790	1 430	1 002	2 432
Above High School (11 18 yrs)	0 970	1 101	2 071	0 829	0 960	1 789
Religion						
Hindu	2 120	1 811	3 931	1 546	1 307	2 853
Muslim	2 166	2 127	4 293	1 707	1 649	3 356
Others	1 492	0 873	2 365	1 425	0 822	2 247
Caste						
Scheduled caste	2 117	1 843	3 960	1 565	1 323	2 888
Scheduled tribe	1 579	2 256	3 835	1 240	1 819	3 059
Backward caste	2 174	1 863	4 037	1 546	1 296	2 842
Higher caste Hindu	2 080	1 856	3 936	1 603	1 434	3 037
Total	2 123	1 860	3 983	1 576	1 338	2 914

* Including the literates having no informal education

Table 5 5 Percentage distribution of all pregnancies (last two years) of ever-married women by their outcome according to age of the women and residence

Current Age	Outcome of pregnancy				Total %	Number of pregnancies
	Spontaneous abortion	Induced abortion	Still birth	Live birth		
Urban						
13 19	5 9	-	-	94 1	100 0	2006
20-24	3 0	5 6	1 3	90 1	100 0	11621
25 29	5 4	1 2	1 9	91 5	100 0	14329
30 39	1 5	2 4	5 4	90 7	100 0	12420
40 49	-	-	-	100 0	100 0	1449
Total	3 4	2 7	2 6	91 3	100 0	41826
Rural						
13 19	6 3	-	-	93 7	100 0	20054
20 24	2 5	0 3	0 6	96 6	100 0	54048
25 29	0 3	0 3	1 8	97 5	100 0	49656
30-39	3 1	1 1	1 8	93 9	100 0	50215
40-49	-	-	-	100 0	100 0	9145
Total	2 4	0 5	1 2	96 0	100 0	183118
Total						
13 19	6 3	-	-	93 7	100 0	22060
20 24	2 6	1 2	0 7	95 5	100 0	65669
25-29	1 5	0 5	1 9	96 2	100 0	63985
30 39	2 8	1 4	2 5	93 3	100 0	62636
40 49	-	-	-	100 0	100 0	10594
Total	2 6	0 9	1 4	95 1	100 0	224944

CHAPTER VI

FAMILY PLANNING

6 1 KNOWLEDGE OF FAMILY PLANNING METHODS AND SOURCES

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

(a) Awareness of Methods

Table 6 1 reveals that awareness about sterilization and pills is almost universal (90% and more) among the currently married women. Awareness about condom (84%) and IUD (72%) is also high. Injection is known to one-fourth of the women. One-fifth are aware of withdrawal and around two-fifth (rural 41 % and urban 50 %) know about safe period. Overall a currently married woman in Shahjahanpur knows about five modern family planning methods including about three modern spacing methods.

(b) Knowledge about Correct Use

The currently married women particularly in rural areas lack information on how to use the spacing methods correctly. Around half of the women in rural areas and three-fourth in urban areas know how to use IUD correctly/to some extent correctly. Around 66 per cent of the currently married women in rural areas and 82 per cent in urban areas know how to use oral pills correctly and to some extent correctly. The corresponding proportions for condom are 67 and 85 per cent respectively. Knowledge on correct/to some extent correct use of traditional methods like withdrawal (rural 12 % and urban 19 %) and safe period (rural 22 % and urban 31 %) are still on the lower side.

(c) Knowledge about Supply Source

Awareness about contraceptive source is high. At least 93 per cent of the women in urban areas are aware of the sources of supply of all modern contraceptives (except IUD 88%). Majority of the rural women (at least 90%) also know from where to get vasectomy/tubectomy. The source of supply of pills and condoms is known to 80-87 per cent women. About two-third of the women know where to get IUD. On an average, a currently married woman is aware of five sources of supply of modern contraceptives including three sources for getting modern spacing methods (Table 6 1).

The study also reveals that almost all currently married women (at least 95%) know at least one modern method of family planning irrespective of their age, rural-urban residence, education and other social characteristics like religion and caste. However, knowledge of modern spacing methods, knowledge of (mean) number of modern methods and (mean) number of contraceptive outlets is relatively less among women who are relatively young (aged 13-19 years), who belong to rural areas and those who are illiterate (Table 6 2).

6 2 CONTRACEPTIVE USE

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

(a) Ever and Current Users of Contraceptives

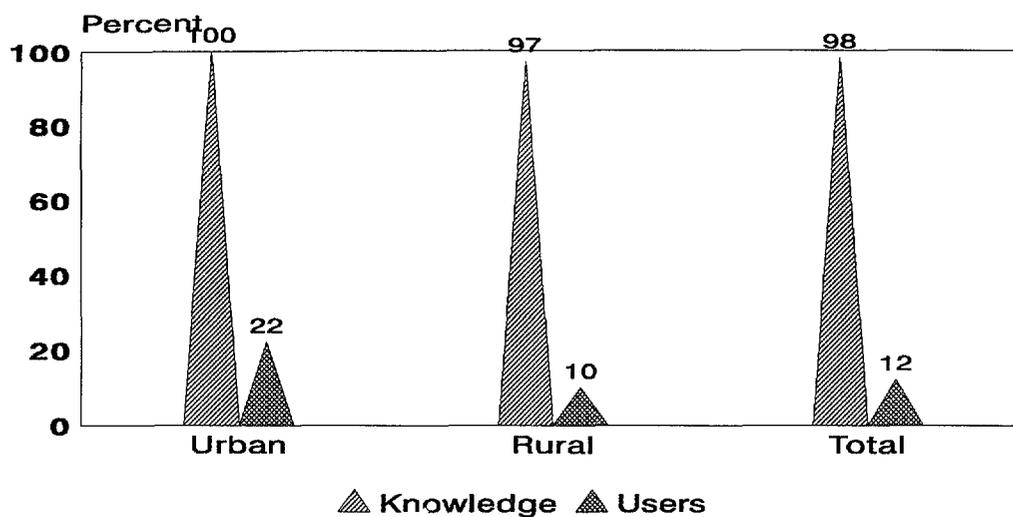
The contraceptive use by currently married women is presented in Tables 6 3 - 6 4 It can be seen that, of the total currently married women in the district, 29 per cent (rural 26 %, urban 44 %) have **ever used** any contraceptives - both modern and traditional Nearly one-fifth of the women (rural 19%, urban 37%) have ever used any modern method like sterilization, IUD, etc Eleven per cent women (rural 10%, urban 14%) have ever used any traditional method mainly withdrawal and safe period methods Thus, the proportion of **ever users** of any method is relatively more in urban than in rural areas

The proportion of women currently using any method is only 18 per cent and that of any modern method is 12 per cent The modern method users comprise the users of tubectomy (5%), vasectomy (1%), condom (4%), pills (2) and users of IUD around one per cent The current users of any traditional method is 5 per cent comprising among others the users of withdrawal (1%) and safe period (about 3%) etc Once again for each method, the proportion of current users is relatively more in urban than in rural areas

The available service statistics (1992) indicates that in Shahjahanpur, the total current family planning users is 33 4 per cent comprising the users of sterilization (16 5%) and spacing methods (16 6%) In comparison to the available statistics, therefore the survey estimates are on the lower side That we are likely to get a lower estimate of CPR became evident when the survey was in progress To cross-check the data, therefore, we held meetings with the field investigators and supervisors and wanted to assess from them the prevailing situation These field persons, who in any way are not familiar with CPR, told us that out of every hundred currently married women at the most 15-25 women are currently using any method Such observations lead us to believe that the real situation is perhaps not too different from what is revealed by the baseline survey For the sake of comparison, the NFHS results for U P are presented on the right hand side of the table It can be seen that, NFHS estimates are also not too different from the present baseline survey results

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

Figure 6 1 Knowledge and Use of Modern Contraceptive Among Currently Married Aged 13-49 by Residence



Shahjahanpur UP 1993-94

(d) Contraceptive Use and Background Characteristics of Currently Married Women

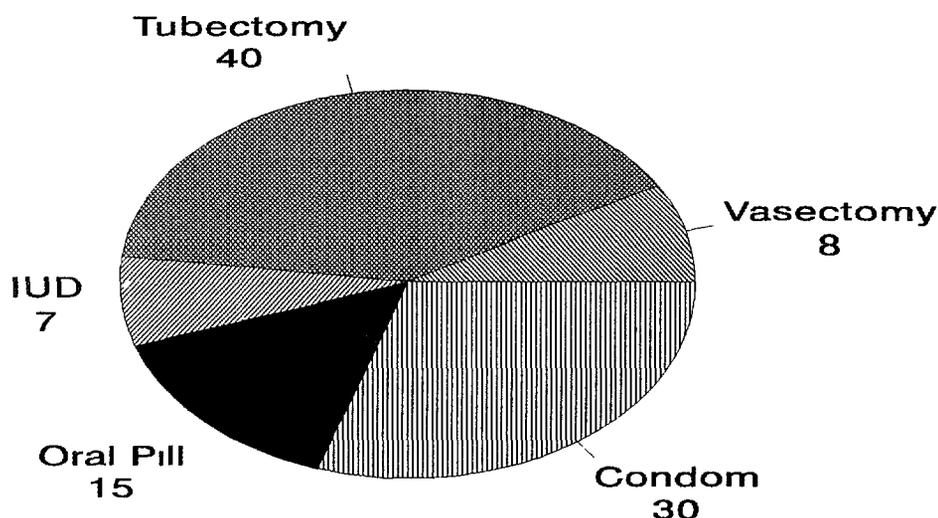
The use of contraceptives by currently married women and their background characteristics like age, rural-urban residence, living children (also sons) and education etc are presented in Tables 6 3 - 6 6 The salient observations pertaining to modern and traditional methods are presented below

SUMMARY RESULTS

Methods	Ever Used (%)			Currently Using (%)			NFHS UP Backward Districts	UP All Districts
	Urban	Rural	Total	Urban	Rural	Total		
Any method	44 0	25 5	29 2	28 9	14 7	17 6	19 2	19 8
Any modern method	37 1	18 5	22 3	21 9	10 0	12 4	17 9	18 5
Vasectomy	1 9	0 8	1 0	1 9	0 8	1 0	1 3	1 4
Tubectomy	6 1	4 5	4 9	6 1	4 5	4 9	10 5	11 7
IUD	8 9	2 4	3 7	2 0	0 6	0 8	1 3	1 1
Pills	11 8	6 7	7 7	3 2	1 6	1 9	1 2	1 0
Condom	21 4	8 1	10 8	8 7	2 5	3 7	3 5	3 2
Foam tab	1 0	0 1	0 3	-	-	-	-	-
Injection	0 5	0 1	0 1	-	-	-	0 2	0 1
Any traditional method	14 2	9 8	10 7	7 0	4 7	5 2	1 3	1 3
Withdrawal	4 7	2 9	3 3	0 8	0 5	0 5	0 2	0 2
Safe period	10 7	6 5	7 4	4 4	2 5	2 9	0 9	0 9
Other method	1 6	2 6	2 4	1 8	1 8	1 8	0 1	-

Source Tables 6 3 6 4

Figure 6.2: Share of Contraceptive



Shahjahanpur UP 1993-94

Tubectomy

- * The concentration of current users (defined as the proportion of current users of a given method among total currently married women in a given age group, caste etc) of tubectomy is high (5-11%) in the ages 30 years and above. The concentration is low (less than 2%) in the younger ages i.e. 20-29.
- * The method is accepted more by educated women having schooling primary level and above.
- * More Hindu than Muslim women opt for this method. Among Hindus, caste has little influence on acceptance of tubectomy.

Vasectomy

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

IUD

- * The concentration of women currently using IUD is almost the same (around one per cent) across the ages 20-49 years. In the urban areas, the concentration is particularly high (3%) in the age group 25-29 years.
- * Education seems to influence the acceptance of IUD. The proportion of IUD acceptors is high (5%) among women educated above high school and women educated up to middle level.

Pills

- * The current users of pills have high concentration (3%) in the age group 30-39. In the other ages, their concentration is around one per cent
- * Factors like rural-urban residence and education seem to have some positive influence on acceptance of pills

Condom

- * The condom users have almost equal concentration (4-5%) in the age groups 20-24 years to 30-39 years
- * As such condoms are used more in urban than in rural areas, in urban areas, the concentration of condom users is quite high (13%) in the age group 25-29 years
- * The proportion of condom users is high (20%) among those women who are educated upto high school and above

Traditional methods

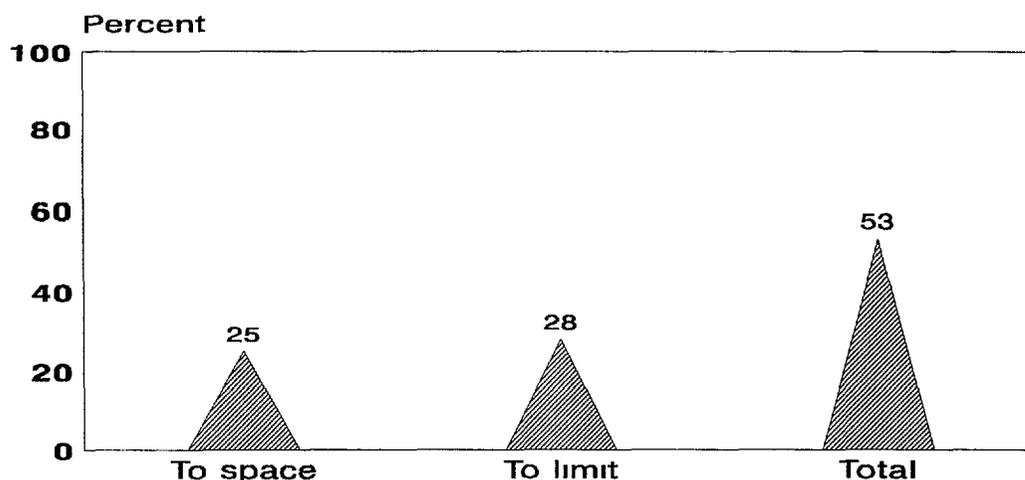
- * Rural-urban difference and to some extent education influence the practice of traditional methods
- * Factors such as age, religion, caste etc seemingly have little influence on the preference for traditional methods

The study also reveals that, by and large, upto two children, majority (83% and more) of the couples remain unconcerned about contraception. After having four children, about one-quarter become concerned about family planning. Sterilization is accepted after having at least two surviving sons. The acceptance of spacing method is relatively less among couples having no sons (Table 6.6)

6.3 LEVEL OF UNMET NEED

Conventionally, while working out unmet need for family planning, we include those currently married women, who are not wanting children and not yet practising family planning. In this baseline survey, while estimating unmet need we consider three categories of non-pregnant currently married women: (a) those who want to wait for one or more years for the next child; (b) women who are unsure whether they want another child; and (c) women who want no more children and also are not using any method. Of all the currently married women in the district (423381 women), 192574 women fall in one or the other three categories cited above. Thus the unmet need for the district as a whole works out to 45.5 per cent. If we exclude women who are currently pregnant from the denominator, the total unmet need is estimated to be 52 per cent - 24 per cent for spacing and about 28 per cent for limiting.

Figure 6.3: Level of Unmet Need for Family Planning Services



Shahjahanpur UP 1993-94

The unmet need for spacing and also for limiting fertility by the background characteristics of currently married women is presented in Table 6 7

It can be seen that unmet need for family planning is experienced by women of all ages But it is particularly high in the age groups 30-39 and 40-49 years The requirement of these women is to limit children The situation is almost the same for women having 4 and more children Unmet need is also high among less educated women, rural women and to an extent women coming from Muslim community Among young women in the ages of 13-29 years and women having 1-2 children, the requirement is to space the children

The table also shows of the total women reporting unmet need, 47 per cent want to space children and the remaining 53 per cent want to terminate the child bearing

The study reveals that family opposition, sheer dislike for existing methods, religious bindings, health reasons and fear of operation in both rural and urban areas and lack of services, particularly in rural areas largely contribute to unmet need (Table 6 8)

6 4 HINDERANCES TO ACCEPTANCE OF FAMILY PLANNING

a) Perceived Disadvantages of Methods

In this survey, if a currently married woman knew a particular method, she was asked four questions about the method (a) whether method has some disadvantages, (b) if so, nature of disadvantages, (c) whether the problems are permanent or temporary in nature and (d) the basis for saying so The results are presented in Table 6 9 The salient findings for each method are discussed below

Vasectomy

Twenty eight per cent of the currently married women who are aware of vasectomy believe that this method has some disadvantages. Their perceived disadvantages are weakness and abdominal/gastric pains. Nearly three-fifth of these women believed that these problems of vasectomy are permanent in nature. It is, however, found that their apprehensions are based on what they have heard from their friends and others.

Tubectomy

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

Laparoscopy

About two-fifth of the women believe that laparoscopy has some disadvantages. The problems mentioned by them are similar to tubectomy i.e. weakness, abdominal/ gastric pain and body/headache. Three-fifth of the women believe that the problems are permanent in nature. Most of the women were referring to these problems from the experiences shared by others.

IUD

Nearly two-fifth of the women believe IUD has disadvantages. The most important problem mentioned is excessive or irregular bleeding. Nearly two-fifth of the women felt this is a perpetual problem. Only a quarter of women from urban areas were narrating this from their own experience. Most of the women from rural areas were narrating the experiences shared by others.

Pills

One-third of the women feel pills have disadvantages like weakness, excessive or irregular bleeding and body/headache. About two-fifth of the women believe that these problems are permanent in nature. Twenty eight per cent were saying so based on their own experience.

Condom

Only a small fraction of women (6-8%) considered condom as a problem. Fear of failure and the problem of disposal bothered these women. About two-fifth of them considered there is no easy solution for these problems. Majority of the women, particularly from the urban areas said so from their own experience.

b) Sources of Supply of Contraceptives

As regards women's knowledge about sources of contraceptives, two types of information was obtained (a) currently married women's awareness about sources of contraceptives which they are knowing and (b) actual source (outlets) from which the current

users have obtained the method for the first time. The findings are presented in Tables 6.10 - 6.12.

Awareness about Contraceptive Sources

Table 6.10 reveals that, majority of the women (89-91%) are aware that sterilization can be obtained from PHC/other government hospitals. Fifteen to eighteen per cent of them said the method could be obtained from private sources as well.

For IUD also, 84 per cent women mentioned government clinics. One-fifth of the women referred to private sources and 17 per cent to sub-centre staff.

For pills and condoms, around three-fifth mentioned about PHC/government hospitals. The other important source for these two methods was shops. About half of the women said that pills could be obtained from shops. The corresponding proportion for condom was 57 per cent.

One-fifth of the women said they can get foam tablets and injectable contraceptives from PHC/other governmental hospitals. Forty four per cent of the women said foam tablets could be obtained from shops.

Method Source for Current Users

The outlets from which the current users have obtained the contraceptives for the first time are presented in Table 6.11. It can be seen that in urban areas, all the vasectomy acceptors got this method from PHC/government hospitals or at vasectomy camps. In rural areas also 83 per cent of the vasectomy acceptors visited these sources. Seventeen per cent got operated by other sources.

For female sterilization also, the service outlets are the same as vasectomy. Of all tubectomy acceptors, 94 per cent of the current users from rural areas and 87 per cent from urban areas obtained this method from government clinics. Three to five per cent of the acceptors visited private doctors for operation both in urban and rural areas.

In rural areas, IUD is obtained from four sources. In order of importance they are PHC/camp (in 38% cases), government hospitals/CHC (30%), private doctors (18%) and female health workers/sub-centre (15%). IUD users in urban areas mentioned three sources i.e. government hospitals/CHC (78%) and private sources (13%) and medical shops (9%).

As regards Pills, in urban areas, 79 per cent of the pill users got this method mainly from two sources i.e. medical shops (54%) and government hospitals/CHC (25%). Fifteen per cent of the acceptors visited private doctors. In rural areas, the method was obtained from chemists (39%), health workers (26%) and PHC (16%). Private doctors provided pills to nearly one-tenth of the current pill users.

c) Supply Position of Pills and Condom to the Current Users

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

In both rural and urban areas, shops (chemists) and government health outlets are the two important sources for obtaining oral cycles. In urban areas, three-fourth of the pill users obtain supply from shops and one-quarter from government outlets. The corresponding proportions for rural areas are 52 and 42 per cent respectively. In rural areas, private doctors/clinics provide supply to nearly one-fifth of the pill users.

For condom, shops are the most important source of supply. Ninety per cent of the current users of condom in urban areas and 71 per cent in rural areas get condoms from shops. Thirty per cent of the users in rural areas also visit government hospitals/PHC etc. The corresponding proportion in urban area is 16 per cent.

By and large, the pill and condom users get their supply regularly. In rural areas, in case pills are not available, 55 per cent of the pill users shift to other methods, 30 per cent do not use the method and 15 per cent procure pills from any other source. In urban areas, there is no question of short supply. In case of condom, in urban areas there is no question of short supply. In the rural areas, when condoms are not available, three-fourth procure condom from other source while the remaining one-fourth do not use any method at all.

When enquired about the supply position during the last three months, 59 per cent of the current users said they always got the supply. One-fourth did not get supply some times and the remaining (16%) never received supply. As regards condoms, two-third always received supply. Supply of condom was received "sometimes" by the remaining condom users.

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

In the surveyed villages, the likelihood of getting pills and condoms from sources other than state health outlets is shown in Table 6.13. It is revealed that only in about 11 per cent villages, pills and condoms can be obtained from private doctors. Retail stores stock pills in 9 per cent villages and condoms in 11 per cent villages. Depot holders for condoms and pills are available in three villages. In other words, most of the surveyed villages do not have outlets to serve the couples with pills and condoms.

d) Attitude of Couples towards Family Planning

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

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

e) Exposure to Family Message on Radio and Television

Women's exposure to family planning message from mass media has been studied over the past three months prior to this survey. Table 6.16 reveals that, 81 per cent of the ever married women in rural areas and half of the women in urban areas did not receive any family planning message either on radio or television during the past three months. Message from radio (only) was received by 7 per cent of the ever married women in the rural and 14 per cent in the urban areas. Message from television (only) attracted 21 per cent of the urban and less than two per cent of the rural women. In urban areas, about one-fifth of the ever married women received family planning message from both the media. The corresponding proportion for the rural area is about three per cent. The survey reveals that rural women's exposure to mass media is any way low, but it is least for television.

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

The message contains largely refer to "small family size", "oral pills/Mala D" and "condom/nirodh". The study shows that this kind of message was also received from cinema by 15 per cent of the urban and 3 per cent of the rural women (Table 6.17).

6.5 REASONS FOR DISCONTINUATION OF FAMILY PLANNING METHODS AND INTENTION OF USE OF FAMILY PLANNING IN FUTURE

The currently married women who ever used a method but are not practising any method now were asked as to why they gave up the method. Table 6.18 indicates that **desire for a child** (urban 40%, rural 34%) and **health problems** caused by contraceptives (urban 18%, rural 13%) are the two main reasons for method discontinuation. In rural areas, 13 per cent of the users gave up the method when they got pregnant or the method failed. The corresponding proportion in the urban area was eight per cent. Both in rural and urban areas around five per cent women discontinued the method since it created menstrual problems.

For male sterilization, the women mentioned about weakness (38%), abdominal/gastric pain (28%), body ache etc (27%) and loss of sexual desire (20%). For female sterilization, the frequently cited problems are weakness (67%), abdominal/gastric pain (40%) and body ache etc (34%). For IUD, the women mentioned about excessive or irregular bleeding (62%), white discharge (31%) and abdominal/gastric pain (22%) (Table 6.21).

Table 6.20 indeed shows that the acceptors of modern contraceptives like vasectomy, tubectomy, IUD etc do face problems. About three-fifth of the women who/whose spouse accepted sterilization reported having suffered problems. About one-fifth of IUD and condom users and one-third of the pill acceptors also reported problems experienced with these methods.

The survey recorded fifty eight thousand women who were non-pregnant, not wanting children and also having intentions to use family planning in near future. Half of them (55%) said they will use a method within a year's time. Another 15 per cent said that they will do so within 1-2 years. About one-third were not sure about the time when they will be using a method (Table 6.19).

Table 6 1 Knowledge of family planning methods

<i>Method</i>	<i>Awareness</i>		<i>Knows how to use correctly</i>	<i>Knows how to use correctly and to some extent</i>	<i>Knows a source</i>	<i>Percentage ever used the method</i>
	<i>Spontaneous</i>	<i>Spontaneous + Probing</i>				
Urban						
Vasectomy	79.8	98.6	66.2	78.1	94.8	1.9
Tubectomy	84.8	99.6	87.7	93.7	98.5	6.1
Loop/CuT	65.4	90.5	64.9	73.8	87.9	8.9
Pills	82.3	97.3	66.6	82.0	94.5	11.8
Condom	77.6	94.6	80.8	85.2	92.7	21.4
Foam Tab/Jelly	8.1	15.1	8.9	9.9	12.8	1.0
Injection	17.1	32.6	3.7	5.6	24.6	0.5
Withdrawal	7.8	26.9	16.0	18.8	NA	4.7
Rhythm/Safe Period	16.2	50.0	25.1	31.4	NA	10.7
Knows at least one modern method	93.7	100.0	95.8	98.3	100.0	37.1
Knows at least one modern spacing method	88.2	99.1	89.1	93.4	98.2	32.1
Mean no. of modern methods known	4.1	5.3	3.8	4.3	5.1	0.5
Mean no. of modern spacing methods known	2.5	3.3	3.8	4.3	3.1	0.4
Rural						
Vasectomy	68.4	92.1	65.4	75.7	90.4	0.8
Tubectomy	73.4	96.3	80.8	88.7	95.5	4.5
Loop/CuT	36.8	67.2	40.1	47.6	65.7	2.4
Pills	61.8	88.7	49.5	65.6	87.0	6.7
Condom	55.5	81.6	61.2	66.5	80.0	8.1
Foam Tab/Jelly	1.3	5.2	1.5	2.1	4.3	0.1
Injection	11.3	23.1	1.0	2.7	17.7	0.1
Withdrawal	2.2	19.4	9.8	11.5	NA	2.9
Rhythm/Safe Period	8.6	40.8	16.7	21.9	NA	6.5
Knows at least one modern method	82.7	97.4	89.1	93.7	97.2	18.5
Knows at least one modern spacing method	70.6	93.4	73.8	81.2	92.3	13.8
Mean no. of modern methods known	3.1	4.5	3.0	3.5	4.4	0.2
Mean no. of modern spacing methods known	1.7	2.7	3.0	3.5	2.5	0.2
Total						
Vasectomy	70.7	93.4	65.6	76.2	91.3	1.0
Tubectomy	75.7	96.9	82.2	89.7	96.1	4.9
Loop/CuT	42.6	71.8	45.1	52.9	70.2	3.7
Pills	65.9	90.4	52.9	68.9	88.5	7.7
Condom	59.9	84.2	65.1	70.3	82.5	10.8
Foam Tab/Jelly	2.6	7.2	3.0	3.6	6.0	0.3
Injection	12.5	25.0	1.5	3.3	19.1	0.1
Withdrawal	3.3	20.9	11.1	13.0	NA	3.3
Rhythm/Safe Period	10.1	42.7	18.4	23.8	NA	7.4
Knows at least one modern method	84.9	97.9	90.5	94.6	97.8	22.3
Knows at least one modern spacing method	74.2	94.5	76.9	83.7	93.5	17.5
Mean no. of modern methods known	3.3	4.7	3.2	3.6	4.5	0.3
Mean no. of modern spacing methods known	1.8	2.8	3.2	3.6	2.7	0.2

* For modern methods the source refers to a place that a person could go to get the method

NA Not Applicable

Table 6 2 Percentage of currently married women by their level of knowledge of modern contraceptives and source of supply by selected background characteristics

Background Characteristics	Knows at least one modern method	Knows at least one modern spacing method	Average number of modern methods known	Average number of sources for modern method*	Number of women
Age					
13-19	94.8	88.7	4.2	2.6	55850
20-24	96.9	94.6	4.7	2.7	88830
25-29	98.7	96.6	4.8	2.9	89159
30-39	98.3	96.0	4.8	2.9	119772
40-49	100.0	94.0	4.6	2.7	69771
Residence					
Urban	100.0	99.1	5.3	3.0	85183
Rural	97.4	93.4	4.5	2.7	338198
Education					
Illiterate	97.6	93.6	4.5	2.7	341067
Upto class 4**	99.1	95.9	5.1	3.0	21576
Primary (5 yrs)	98.7	97.8	5.1	3.1	25364
Upto Middle (6-8 yrs)	100.0	100.0	5.7	3.4	14743
Upto High (9-10 yrs)	100.0	100.0	5.7	3.3	9782
Above High School (11-18 yrs)	100.0	100.0	5.7	3.4	10849
Religion					
Hindu	98.0	94.2	4.7	2.8	342950
Muslim	97.8	96.0	4.9	2.8	76060
Others	91.5	91.5	4.9	2.7	4371
Caste					
Scheduled caste	98.6	93.4	4.5	2.7	79439
Scheduled tribe	100.0	93.7	4.6	2.7	3168
Backward caste	97.4	94.2	4.5	2.7	159861
Higher caste Hindu	98.0	95.3	4.9	2.9	180913
Total	97.9	94.5	4.7	2.8	423381

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

** Including the literates having no formal education

Table 6 3 Percentage of currently married women who have ever used any contraceptive method, by specific method and age according to residence

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom	Foam tablet	Inject ions	Traditional methods	With-drawal	Periodic abstin-ence	Other methods	Number of women
Urban														
13 19	17 2	7 6			-	7 6		-	-	9 7	5 0	4 7		6209
20 24	37 7	34 1			5 9	13 1	24 1	-	1 4	5 4	1 9	4 6	-	15041
25 29	43 1	36 5		2 2	10 6	10 9	27 4	2 0		16 2	7 6	13 3		17841
30 39	51 8	45 0	1 6	9 7	13 6	13 3	26 1	1 7	0 6	17 0	5 9	12 3	1 6	30079
40 49	46 9	37 0	7 3	11 8	4 4	10 4	11 9	-		16 9	1 6	12 7	5 6	16014
Total	44 0	37 1	1 9	6 1	8 9	11 8	21 4	1 0	0 5	14 2	4 7	10 7	1 6	85183
Rural														
13 19	12 3	7 2		-		1 0	6 7			6 0	1 8	5 2	0 9	49641
20 24	19 8	13 1		0 5	2 2	7 3	6 6	-		8 6	2 3	5 6	2 5	73790
25-29	22 8	17 4		1 1	3 9	8 6	9 9	-	0 3	9 0	2 9	6 3	1 7	71318
30 39	36 8	27 9	0 6	9 5	3 4	10 0	10 0	0 2		12 9	4 3	8 2	2 9	89693
40 49	30 0	22 4	4 0	10 7	1 2	3 2	5 9	0 3		10 7	2 3	6 5	5 0	53757
Total	25 5	18 5	0 8	4 5	2 4	6 7	8 1	0 1	0 1	9 8	2 9	6 5	2 6	338198
Total														
13 19	12 8	7 3		-		1 7	6 0		-	6 4	2 2	5 1	0 8	55850
20 24	22 9	16 6		0 4	2 8	8 3	9 6	-	0 2	8 0	2 2	5 4	2 1	88830
25 29	26 9	21 2		1 3	5 3	9 0	13 4	0 4	0 2	10 5	3 9	7 7	1 3	89159
30 39	40 5	32 2	0 9	9 5	6 0	10 8	14 1	0 6	0 1	13 9	4 7	9 3	2 6	119772
40 49	33 9	25 7	4 7	11 0	1 9	4 8	7 3	0 2		12 2	2 2	7 9	5 1	69771
Total	29 2	22 3	1 0	4 9	3 7	7 7	10 8	0 3	0 1	10 7	3 3	7 4	2 4	423381

Table 6 4 Percentage distribution of currently married women by contraceptive method currently used, according to age and residence

Age	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom or Nirodh	Any Traditional methods	Withdrawal	Periodic abstinence	Other methods	Non-users	Number of women
Urban													
13 19	13 7	4 1				4 1		9 7	2 7	7 0	-	86 3	6209
20 24	17 0	15 2			2 7	2 4	10 2	1 7		1 7	-	83 0	15041
25 29	27 2	21 3		2 2	3 3	3 0	12 8	5 9	0 7	5 2	-	72 8	17841
30 39	37 5	27 7	1 6	9 7	2 3	3 8	10 4	9 8	1 2	6 0	2 6	62 5	30079
40 49	31 6	24 5	7 3	11 8		2 6	2 9	7 1		2 3	4 8	68 4	16014
15 44	29 3	22 0	1 4	5 7	2 2	3 5	9 3	7 3	0 8	4 6	1 9	70 7	77839
15 49	28 9	21 9	1 9	6 1	2 0	3 2	8 7	7 0	0 8	4 4	1 8	71 1	85183
13 49	28 9	21 9	1 9	6 1	2 0	3 2	8 7	7 0	0 8	4 4	1 8	71 1	85183
Rural													
13 19	5 2	2 7			-	0 3	2 4	2 5		2 5	-	94 8	49641
20 24	8 6	5 4		0 5	0 5	1 7	2 7	3 3	0 5	2 4	0 4	91 4	73790
25 29	10 8	6 9		1 1	0 9	1 5	3 4	3 9	0 8	1 8	1 3	89 2	71318
30 39	22 7	16 2	0 6	9 5	1 0	2 8	2 3	6 5	0 7	3 2	2 6	77 3	89693
40-49	23 6	16 9	4 0	10 7		0 8	1 4	6 7	-	2 2	4 5	76 4	53757
15 44	14 3	9 8	0 5	4 2	0 6	1 7	2 7	4 5	0 5	2 5	1 5	85 7	310655
15-49	14 7	10 1	0 8	4 6	0 6	1 6	2 5	4 7	0 5	2 4	1 8	85 3	336386
13 49	14 7	10 0	0 8	4 5	0 6	1 6	2 5	4 7	0 5	2 5	1 8	85 3	338198
Total													
13 19	6 2	2 9				0 6	2 1	3 3	0 3	3 0	-	93 8	55850
20 24	10 0	7 0		0 4	0 8	1 8	4 0	3 0	0 4	2 3	0 4	90 0	88830
25 29	14 1	9 8		1 3	1 4	1 8	5 3	4 3	0 8	2 4	1 1	85 9	89159
30 39	26 5	19 1	0 9	9 5	1 3	3 1	4 3	7 3	0 8	3 9	2 6	73 5	119772
40 49	25 4	18 6	4 7	11 0		1 2	1 7	6 8		2 2	4 6	74 6	69771
15 44	17 3	12 2	0 7	4 5	0 9	2 1	4 0	5 1	0 6	2 9	1 6	82 7	388494
15 49	17 6	12 4	1 0	4 9	0 9	1 9	3 8	5 2	0 5	2 8	1 8	82 4	421569
13 49	17 6	12 4	1 0	4 9	0 8	1 9	3 7	5 2	0 5	2 9	1 8	82 4	423381

Table 6 5 Percentage distribution of currently married women by contraceptive method currently used, according to selected background characteristics

Background Characteristics	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	Condom or Nirodh	Other modern methods	Any Traditional methods	Withdrawal	Periodic abstinence	Other methods	Not using any method	Number of women
Residence														
Urban	28.9	21.9	1.9	6.1	2.0	3.2	8.7		7.0	0.8	4.4	1.8	71.1	85183
Rural	14.7	10.0	0.8	4.5	0.6	1.6	2.5	-	4.7	0.5	2.5	1.8	85.3	338198
Education														
Illiterate	14.2	9.1	1.0	4.2	0.3	1.5	2.2	-	5.1	0.4	2.7	2.0	85.8	341067
Upto class 4*	22.3	16.3		6.0	2.2	0.8	7.2		5.9	0.7	4.5	0.7	77.7	21576
Primary (5 yrs)	22.6	19.8	1.3	8.7	2.4	3.0	4.4		2.8		2.1	0.7	77.4	25364
Upto Middle (6-8 yrs)	33.5	30.1	1.8	7.4	5.3	2.8	12.9		3.4	1.1	2.3	-	66.5	14743
Upto High (9-10 yrs)	45.3	36.0	2.7	7.8	3.6	5.6	16.3		9.3	3.0	2.6	3.8	54.7	9782
Above High School (11-18 yrs)	55.8	44.4		9.8	4.7	9.6	20.4		11.3	3.3	6.6	1.5	44.2	10849
Religion														
Hindu	17.2	12.0	1.1	5.5	0.7	1.8	2.9	-	5.2	0.6	2.7	1.9	82.8	342950
Muslim	18.0	12.8	0.3	2.1	1.0	2.3	7.1		5.2	-	3.7	1.6	82.0	76060
Others	40.2	37.5	3.7	6.4	11.0	2.7	13.6		2.7	2.7			59.8	4371
Caste														
Scheduled caste	18.8	13.0	2.1	5.9	0.2	1.9	2.8	-	5.8	1.4	2.3	2.1	81.2	79439
Scheduled tribe	17.6	12.2	6.3	6.0		-	-		5.4	-	5.4		82.4	3168
Backward caste	11.6	7.0	0.7	2.8	0.2	1.3	2.1		4.6	0.4	2.6	1.6	88.4	159861
High Caste Hindu	22.3	16.9	0.8	6.2	1.7	2.5	5.7		5.4	0.2	3.3	1.9	77.7	180913
Total	17.6	12.4	1.0	4.9	0.8	1.9	3.8	-	5.2	0.5	2.9	1.8	82.4	423381

* Including the literates having no formal education

Table 6 6 Current use of contraceptives by sex composition of surviving children

Number and sex of living children	Sterilisation	Modern spacing	Traditional method	Non-user	Total per cent	Number of women
None	-	1 7	1 1	97 2	100 0	72324
1 child	-	5 9	4 6	89 5	100 0	64939
1 son		8 5	4 9	86 7	100 0	34763
No son	-	3 0	4 3	92 7	100 0	30177
2 children	3 6	9 2	4 5	82 7	100 0	71818
2 sons	8 9	14 0	5 1	72 0	100 0	19785
1 son	1 3	8 6	4 9	85 2	100 0	38529
No son	2 2	4 0	2 6	91 2	100 0	13503
3 children	8 7	8 1	6 9	76 2	100 0	64804
3 sons	13 7	10 6	8 5	67 3	100 0	9651
2 sons	12 6	10 2	9 4	67 8	100 0	27101
1 son	4 2	5 2	4 8	85 8	100 0	21662
No son		5 8	1 6	92 7	100 0	6391
4+ children	11 2	7 1	6 9	74 8	100 0	149495
3+ sons	12 7	6 3	7 0	74 0	100 0	81950
2 sons	12 0	7 5	7 5	73 1	100 0	43068
1 son	4 9	8 0	7 2	79 9	100 0	20040
No son	2 7	13 8		83 5	100 0	4437

Table 6 7 Percentage of currently married women with unmet need for family planning services by selected background characteristics

Background characteristics	Unmet need for FP			Total N
	* To space	** To limit	Total	
Age				
13-19	36 3	1 1	37 4	48205
20-29	38 9	14 4	53 3	146936
30-39	13 7	36 3	50 0	105983
40-49	2 1	63 2	65 3	66430
Residence				
Urban	16 8	30 1	46 9	74839
Rural	26 6	27 2	53 8	292715
Education				
Illiterate	25 8	28 9	54 7	294521
Upto class 4***	24 4	31 7	56 1	18486
Primary (5 yrs)	23 1	23 8	46 9	22552
Upto Middle (6-8 yrs)	24 4	20 4	44 8	13592
Upto High (9-10 yrs)	8 4	18 8	27 2	8392
Above High School (11-18 yrs)	8 3	13 9	22 2	10010
Religion				
Hindu	24 4	27 2	51 6	298587
Muslim	25 7	31 1	56 8	65197
Others	21 4	15 2	36 6	3770
Caste				
Scheduled caste	23 8	23 7	47 5	68540
Scheduled tribe	9 2	38 1	47 3	2449
Backward caste	25 9	28 7	54 6	138843
Higher caste Hindu	24 1	28 5	52 6	157722
Number of living children				
None	17 3	1 6	18 9	59916
1	42 5	6 2	48 7	51804
2	43 3	13 8	57 1	63711
3	30 5	29 6	60 1	56382
4+	9 8	53 4	63 2	135741
Total	24 6	27 8	52 4	367554

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

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

*** Including the literates having no formal education.

Table 6 8 Reasons for unmet need

Reasons for unmet need	Urban	Rural	Total		Total
			<30 years	>30 years	
Going to use a FP method	30 6	29 7	34 0	25 7	29 9
Do not like existing method	9 1	8 0	8 9	7 6	8 2
Services are not available	4 0	13 2	12 1	10 9	11 5
After operation one can t work		0 6	0 2	0 9	0 5
Fear of operation	4 4	3 3	1 6	5 4	3 5
Health does not permit	3 6	3 9	2 0	5 7	3 8
Operation may fail	-	0 5	0 5	0 4	0 4
Currently pregnant	0 9	-	0 2	0 2	0 2
Fear of after effects of methods	2 9	1 4	1 2	2 1	1 7
Unaware of any FP methods	1 7	3 0	2 7	2 8	2 7
Opposition from husband or other family members	12 3	11 2	13 9	8 9	11 4
Against religion	10 0	3 7	4 2	5 5	4 9
Natural sterility	2 4	1 7	0 2	3 5	1 8
Attained menopause/ MC stopped	10 6	11 7	0 2	22 8	11 5
Others	28 5	23 3	29 5	18 8	24 2
DK/Can t specify	0 7	3 3	4 3	1 4	2 8

Note Percentages may add to more than 100 0 because of multiple responses

Table 6 9 Perceived disadvantages of method

Disadvantages	Vasectomy	Tubectomy	Laparoscopy	IUD	Pill	Condom
Urban						
A % believed that method has some disadvantage	23 7	44 6	46 7	52 3	38 7	8 2
Total N	83955	84837	84837	77049	82920	80606
B Nature of disadvantages						
Sepsis	9 3	10 7	4 0	6 2	NA	NA
Abdominal/gastric pain	24 5	37 5	35 7	6 5	4 2	NA
Backache/body pain/headache	11 8	18 6	18 1	18 3	10 9	4 9
Weakness	81 2	58 4	56 1	22 2	31 8	5 5
Excessive or irregular bleeding	NA	4 5	8 6	77 2	23 0	NA
White discharge	0 7	3 9	6 1	9 5	5 4	NA
Fear of failure	0 6	1 5	4 4	0 4	5 6	48 6
Problem in disposing						37 0
Infertility/secondary sterility					-	
Loss of sexual desire	1 4	-		0 7	-	28 4
Weight gain	4 5	19 2	12 2	3 3	1 0	4 8
Others	6 9	8 3	7 7	9 6	49 9	13 0
Don t know/can t specify					-	
C % believed disadvantage to be permanent in nature	60 0	59 5	61 2	40 4	35 5	48 1
D Basis of this belief						
Own experience	6 2	4 0	10 2	23 2	27 4	71 6
Friends experience	26 2	43 7	33 3	37 0	30 7	34 5
Heard from friends	43 0	34 8	28 8	29 8	15 3	6 8
Heard from others	56 6	67 7	65 9	49 9	45 0	24 0
TV radio posters	3 5	0 6	0 6	1 3	3 0	-
Health personnel	0 6	-	-	0 7	0 3	1 5
Others	4 2	8 2	13 3	10 1	8 1	6 3
Total %	100 0	100 0	100 0	100 0	100 0	100 0
Total N	19873	37857	39659	40267	32052	6621
Rural						
A % believed that method has some disadvantage	23 7	44 6	46 7	52 3	38 7	5 5
Total N	83955	84837	84837	77049	82920	80606
B Nature of disadvantages						
Sepsis	9 1	12 7	5 0	5 8	NA	NA
Abdominal/gastric pain	25 6	29 9	28 1	3 3	1 9	NA
Backache/body pain/headache	11 8	19 0	20 8	17 1	19 5	6 7
Weakness	78 7	68 8	62 5	21 7	41 6	16 1
Excessive or irregular bleeding	0 2	6 4	10 9	73 8	23 8	NA
White discharge	NA	3 2	4 6	9 6	4 9	NA
Fear of failure	0 9	0 7	2 3	0 8	6 9	38 0
Problem of disposing				0 4		39 7
Infertility/secondary sterility		0 1		0 2	1 5	-
Loss of sexual desire	2 5	0 4	0 1	0 2		22 5
Weight gain	2 6	7 1	7 6	0 9	0 5	-
Others	8 5	7 9	5 3	12 0	42 1	12 8

<i>Disadvantages</i>	<i>Vasect- omy</i>	<i>Tubect- omy</i>	<i>Laparo- scopy</i>	<i>IUD</i>	<i>Pill</i>	<i>Condom</i>
C % believed disadvantage to be permanent in nature	63 8	53 2	59 6	43 1	38 8	35 1
D Basis of this belief						
Own experience	4 1	4 9	10 2	11 6	28 5	61 1
Friends experience	28 9	35 7	33 3	32 4	35 4	29 6
Heard from friends	41 4	39 8	28 8	32 3	24 2	10 6
Heard from others	56 5	65 3	65 9	55 2	47 1	36 4
TV, radio, posters	0 2	0 3	0 6	1 0	0 7	-
Health personnel		-	-	-	0 2	
Others	7 8	6 1	13 3	11 4	6 0	1 2
Total %	100 0	100 0	100 0	100 0	100 0	100 0
Total N	19873	127552	39659	77830	92032	15314
Total						
A % believed that method has some disadvantage	27 9	40 3	41 8	38 8	32 4	6 2
Total N	395520	410363	410363	304185	382814	356643
B Nature of disadvantage						
Sepsis	9 2	12 3	4 8	5 9	NA	NA
Abdominal/gastric pain	25 4	31 6	29 9	4 4	2 5	NA
Backache/body pain/headache	11 8	18 9	20 2	17 5	17 3	6 1
Weakness	79 1	66 4	61 0	21 9	39 1	12 9
Excessive or irregular bleeding	0 2	6 0	10 4	75 0	23 6	NA
White discharge	NA	3 4	5 0	9 5	5 0	NA
Fear of failure	0 9	0 9	2 8	0 7	6 6	41 2
Problem of disposing	-	-	-	-	-	38 9
Infertility/secondary sterility	-	0 1	-	0 1	1 1	
Loss of sexual desire	2 3	0 3	0 1	0 4		24 3
Weight gain	2 9	9 9	8 7	1 7	0 6	1 4
Others	8 1	8 0	5 9	11 2	44 1	12 8
Don't know/can't specify	0 1	-			-	0 8
C % believed disadvantage to be permanent in nature	63 1	54 7	60 0	42 2	38 0	39 1
D Basis of this belief						
Own experience	4 5	4 7	11 6	15 6	28 2	64 3
Friends experience	28 4	37 5	26 1	34 0	34 2	31 1
Heard from friends	41 7	38 7	30 5	31 4	21 9	9 5
Heard from others	56 5	65 9	66 1	53 4	46 6	32 7
TV radio posters	0 8	0 4	0 4	1 1	1 3	
Health personnel	0 1	-	-	0 2	0 2	0 5
Others	7 1	6 6	12 0	10 9	6 6	2 7
Total %	100 0	100 0	100 0	100 0	100 0	100 0
Total N	110380	165409	171586	118097	124084	21935

NA Not Applicable

Table 6 10 Knowledge of sources from where the method could be obtained

Methods	Women who mentioned					Number of women aware of the method
	PHC/ District hospital	SC + Workers	CBD	Private doctor	Shops	
Vasectomy	88 8	3 3	82 2	167 7	253 2	338 7
Tubectomy	424 2	509 7	595 2	680 7	766 2	851 7
IUD	937 2	1022 7	1108 2	1193 7	1279 2	1364 7
Pills	1450 2	1535 7	1621 2	1706 7	1792 2	1877 7
Condom	1963 2	2048 7	2134 2	2219 7	2305 2	2390 7
Foam Tablets	2476 2	2561 7	2647 2	2732 7	2818 2	2903 7
Injection	2989 2	3074 7	3160 2	3245 7	3331 2	3416 7

Note Percentages will not add to 100 0 since other source category is not shown

Table 6 11 Source of supply of modern contraceptive methods

Source of supply	Male sterili- sation	Female sterili- zation	Copper T/ IUD	Pill
Urban				
Public Sector				
Govt hospital/CHC	84 8	75 9	77 6	25 6
PHC/camps	15 2	8 2		
SC/Male/Female worker		3 3		
Private medical sector				
Private doctor		4 7	12 9	15 2
Medical shop			9 5	53 9
Other private sector				
Others		7 9		5 3
Total %	100 0	100 0	100 0	100 0
Total N	1644	5070	1702	2687
Rural				
Public Sector				
Govt hospital/CHC	61 7	62 0	29 6	7 4
PHC/camps	21 3	32 0	37 6	16 4
SC/Male/Female worker		-	14 9	26 4
Private medical sector				
Private doctor	-	2 7	17 9	11 3
Medical shop		-		38 5
Other private sector				
Others	17 0	3 3		-
Total %	100 0	100 0	100 0	100 0
Total N	2687	15379	1897	5432
Total				
Public Sector				
Govt hospital/CHC	70 5	65 4	52 3	13 4
PHC/camps	19 0	26 1	19 8	11 0
SC/Male/Female worker		0 8	7 8	17 6
Private medical sector				
Private doctor		3 2	15 5	12 6
Medical shop		-	4 5	43 6
Other private sector				
Others	10 6	4 5	-	1 8
Total %	100 0	100 0	100 0	100 0
Total N	4331	20449	3599	8119

Table 6 12 Supply position of pills and condoms as reported by current users

Source of supply	Pill users			Condom users		
	Urban	Rural	Total	Urban	Rural	Total
Source of supply						
Government hospital/CHC/PHC	25 3	42 1	36 5	29 8	16 3	22 7
SC and its male and female workers	9 4	15 4	13 4	5 9	26 6	16 8
VHG/CBD	-	-	-	-	1 7	0 9
Shops	74 9	52 2	59 7	90 3	70 5	79 9
Private doctors/clinic	10 8	18 2	15 7	11 3	10 8	11 0
Others	5 3	-	1 8	-	3 9	2 1
Total %	100 0	100 0	100 0	100 0	100 0	100 0
Total N	2687	5432	8119	7802	8650	16452
% reporting regular supply	100 0	88 0	92 0	100 0	95 1	95 1
Alternative in case of short supply						
Do not use the method	NA	29 9	29 9	NA	25 2	25 2
Get from some other source	NA	15 4	15 4	NA	74 8	74 8
Shift to other method	NA	54 7	54 7	NA		
Supply position during last 3 months						
Always got the supply	NA	58 6	58 6	NA	66 5	66 5
Did not get some time	NA	25 0	25 0	NA	33 5	33 5
Never received	NA	16 4	16 4	NA		
How many cycle (pieces) R would like to receive at a time		2 5	2 5	8 5	9 5	9 0

* Percentages may add to more than 100 0 because of multiple responses

Table 6 13 Availability of pill and condom from other than public sources in rural areas

Sources (excluding public)	Pills	Condom	Both
Retails/shop stocking contraceptive	8 5	11 0	8 5
Private doctors providing contraceptive	11 0	11 0	11 0
Depot holder stocking the method	3 7	3 7	3 7
Number of villages	82	82	82

Table 6 14 Attitude towards family planning

Attitude towards family planning*	Urban	Rural	Total
Per cent of women approving use of FP	88 4	79 7	81 4
Per cent reporting disapproval of FP by family members	10 6	14 7	13 9
Who oppose FP in family**			
Husband	68 4	75 0	73 9
Parents	4 6	3 2	3 4
Father in law	7 2	7 9	7 8
Mother-in law	39 6	23 4	25 9
Other male member	4 4	4 9	4 9
Other female member	10 0	10 4	10 3
Others	6 5	9 2	8 8

* Percentage may add to more than 100 0 because of multiple responses

** Among women who reported opposition from family members

Table 6 15 Approval to family planning

Background characteristics	Percent approving FP use	Percentage reporting opposition from					Total %**	Number of women	
		No one	Hus-band	Parent	Father-in-law	Mother-in-law			Others
Age									
13-19	73.8	86.0	7.2	0.6	2.8	6.8	3.6	100.0	55850
20-29	81.8	84.1	12.0	0.4	1.4	4.6	4.0	100.0	177989
30-39	83.8	87.3	10.0	0.8	0.4	2.0	2.3	100.0	119772
40-49	82.5	89.3	8.7	0.1	-	1.3	3.1	100.0	69771
Residence									
Urban	88.4	89.4	7.2	0.5	0.8	4.2	2.2	100.0	85103
Rural	79.7	85.3	11.0	0.5	1.2	3.4	3.6	100.0	338198
Education									
Illiterate	78.3	84.0	12.0	0.6	1.2	3.0	4.0	100.0	341067
Upto class 4 *	94.7	94.0	3.2	0.4	0.7	2.3	1.1	100.0	21576
Primary (5 yrs)	89.5	94.0	4.7	-	0.6	2.2	0.7	100.0	25364
Upto Middle (6-8 yrs)	96.4	96.8	2.2	-	1.2	2.2		100.0	14743
Upto High (9-10 yrs)	97.4	96.8	1.6	-	-	1.6		100.0	9782
Above High School (11-18 yrs)	100.0	93.9	-	-		6.1	-	100.0	10849
Religion									
Hindu	81.8	87.9	8.9	0.3	1.1	3.4	2.9	100.0	342958
Muslim	79.5	77.7	16.9	1.3	1.2	4.6	5.6	100.0	76060
Others	91.6	95.5				4.5		100.0	4371
Caste									
Scheduled caste	82.3	87.9	9.0	0.7	0.6	1.9	2.2	100.0	79439
Scheduled tribe	87.8	87.8	12.2		-			100.0	3168
Backward Caste	77.4	86.9	10.7	0.2	1.0	3.0	3.5	100.0	159861
Higher caste Hindu	84.5	84.6	10.4	0.6	1.3	4.9	3.7	100.0	180913
Total									

* Including the literates having no formal education

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

Table 6 16 Percentage distribution of ever married women by whether they have heard a radio or television message about family planning in the last 3 months prior to the interview according to selected background characteristics

Background characteristics	Heard of family planning messages on radio and television				Total %	Total N
	Neither	Radio only	Television only	Both		
Age						
13 19	77 8	13 2	3 1	5 9	100 0	56929
20 24	73 3	16 2	4 8	5 6	100 0	90194
25 29	73 5	11 3	5 9	9 4	100 0	91652
30 49	75 7	11 3	6 4	6 5	100 0	206269
Residence						
Urban	50 4	7 4	21 3	21 0	100 0	90773
Rural	81 4	13 9	1 5	3 2	100 0	354270
Education						
Illiterate	82 8	11 2	3 2	2 8	100 0	358882
Upto class 4*	55 8	16 3	13 3	14 6	100 0	22198
Primary (5 yrs)	56 9	19 8	8 9	14 4	100 0	26043
Upto Middle (6 8 yrs)	34 8	28 1	13 4	23 7	100 0	16300
Upto High (9 10 yrs)	31 0	14 2	21 8	33 0	100 0	10313
Above High School (11 18 yrs)	7 3	6 6	31 9	54 3	100 0	11038
Religion						
Hindu	76 0	13 7	4 5	5 8	100 0	360025
Muslim	73 3	7 6	8 6	10 4	100 0	80176
Others	29 9	11 6	32 4	26 1	100 0	4842
Caste						
Scheduled caste	78 3	12 4	5 0	4 2	100 0	83034
Scheduled tribe	89 6	4 5		5 9	100 0	3343
Backward caste	81 8	13 6	2 0	2 5	100 0	167976
Higher caste Hindu	67 4	11 8	9 0	11 9	100 0	190691
Use of contraception						
Ever use	60 1	15 8	10 6	13 5	100 0	123620
Never use	80 8	11 3	3 6	4 3	100 0	321423
Total	75 0	12 6	5 6	6 8	100 0	445043

* Including the literates having no formal education

Table 6 17 Family planning messages through different media

Types of messages received on family planning	Radio			Television			Cinema		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Per cent received messages on family planning	28 4	17 1	19 4	42 2	4 8	12 4	14 5	3 3	5 6
Type of message received*									
Small family size	28 4	17 1	19 4	42 2	4 8	12 4	9 9	2 3	3 8
Use of Condom/Nirodh	14 7	7 7	9 1	21 9	2 1	6 1	11 6	2 2	4 1
Use of Oral pills/Mala D	23 3	11 7	14 1	33 6	3 4	9 6	11 3	2 0	3 9
Use of Loop/IUD/CuT	4 0	1 3	1 9	4 4	0 6	1 4	2 3	0 4	0 7
Sterilisation	2 9	2 7	2 8	4 2	0 6	1 3	1 2	0 2	0 4
Population problems	1 0	0 7	0 8	3 0	0 4	0 9	2 0	0 3	0 7
Not received any message	71 6	82 9	80 6	57 8	95 2	87 6	5 3	1 1	2 0

* Percentages may add to more than 100 0 because of multiple responses

Table 6 18 Reasons of discontinuation

<i>Reasons for discontinuation*</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Method failed or got pregnant	7 5	13 1	11 7
Lack of sexual satisfaction	-	0 7	0 5
Created menstrual problem	5 2	4 3	4 5
Created health problem	18 2	12 8	14 2
Inconvenient to use	1 3	0 5	0 7
Hard to get method	-	2 4	1 8
Put on weight		0 6	0 5
Did not like the method		2 8	2 1
Wanted to have a child	39 5	33 6	35 1
Wanted to replace a dead child	1 2	-	0 3
Others	21 7	16 5	17 9
Don't know/missing	5 3	10 3	9 0
Total %	100 0	100 0	100 0
Number	10098	28624	38721

Table 6 19 Future intention

<i>When planning to adopt</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Within one year	44 2	57 8	55 2
1-2 years	15 5	12 9	13 4
2 or more years	1 1	1 3	1 3
Do not know/can't specify	39 2	28 0	30 1
Total women	100756	47099	57855

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

Table 6 20 Reporting problem(s) faced with the method used

<i>Method used</i>	<i>Problem faced with the method used</i>			<i>Total Number</i>
	<i>Urban</i>	<i>Rural</i>	<i>Total</i>	
Vasectomy	25 1	76 8	57 2	4331
Tubectomy	54 5	63 1	60 9	20568
IUD	23 6	18 1	20 7	3599
Pill	39 0	37 9	38 3	8119
Condom	9 2	26 7	18 5	15847
Other modern methods	-	-	-	-
Traditional methods	15 4	4 0	7 1	21898

Table 6 21 Percentage of current users of pills copper T/IUD and female/male sterilisation who have had problems in using the method

<i>Problems faced</i>	<i>Male</i>	<i>Female</i>	<i>IUD</i>	<i>Pills</i>
	<i>Sterilization</i>	<i>Sterilization</i>		
Sepsis	11 2	3 2	-	-
Abdominal/gastric pain	27 8	40 4	21 8	-
Backache/body pain/headache	27 4	34 3		24 1
Weakness	37 6	67 1	16 0	22 5
Excessive or irregular bleeding		24 2	62 2	31 9
White discharge		13 4	30 8	-
Fear of failure	-	1 3	-	4 5
Problem in disposing	-		-	5 0
Loss of sexual desire	20 1		-	
Weight gain		4 5	-	
Others	26 0	3 5	-	44 8
Number of women	2477	12536	744	3108

Note Percentages may add to more than 100 0 because of multiple problems

CHAPTER VII

FERTILITY PREFERENCES

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

7.1 DESIRE FOR MORE CHILDREN

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

(a) When Want Next Child and Sex of Child

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

It can be seen that, of the total currently married women (423381), about three-fifth (57%) want additional children. The corresponding proportion in rural women is 61 per cent and urban women 43 per cent.

Around one-third (32 %) of the total currently married women wanting children want to have the next child within eleven months. The desire is stronger among those who presently have no children. About three-fourth of the women (71 %) having no children desire to have the next child in the next eleven months.

Nearly half of the women (47 %) desiring children want to have the next child after 24 months and more. At least 55 per cent of the women falling in this category have one living child. This implies that once a woman has at least one child, she can afford to delay the next child. The trend is almost the same in both rural and urban areas.

As regards sex preference of additional children, it is seen that 46 per cent of the women want only boy(s). The proportion desiring only girl(s) is marginal (3 %). The proportion of women, desiring both boys and girls is 38 per cent. It transpires from the analysis that in the beginning of the child bearing, an average woman perhaps lays equal importance to sons and daughters. Table 7.1 shows that at the time of this survey, of all the women having no living children, 76 per cent of them wanted both boys and girls. However, with the passage of time as children are born to women, a relatively larger proportion of them prefer only son(s) rather than both son and daughter. In the table, of all the couples having at least three children, 76 per cent wanted the next child to be "only boy" and 9 per cent "both boy and girl". Seemingly, after begetting 3-4 children (and hopefully at least one girl among them), the tendency among the majority of the couple is to see that the next child is a son rather than a daughter. The findings are true of both rural and urban areas.

(b) Number of Additional Children Desired

The number of children desired by the currently married women is presented in Table 7.3. It is seen that in rural areas, of all the women who have yet to beget a child, more than half of them (58 %) want to have 2-3 children. In urban areas, the proportion is slightly higher, i.e. nearly three-fourth of such women (62 %) want 2-3 children. It is also seen that in urban areas, the tendency to have no more children gains ground once a couple has two children. After the third child, the urge becomes stronger. In rural areas, the desire of having no children gains momentum after a couple has three children. The desire gets stronger with each additional child. However, this desire is weaker as compared to urban couples. For example, in urban areas, 81 per cent of the women having four children don't want any additional child against 61 per cent of such women in rural areas.

(c) Characteristics of Women Wanting Additional Children

The specific features of women wanting children are presented in Table 7.2. It can be seen that the desire to have a child hardly subsides among childless women, even as they grow old. The table shows, 69 per cent of the women aged 40-49 and having no children wanted to have a child. In the urban area in particular, the desire for additional children declines drastically among couples having three children. Son preference (even at the cost of increasing family size) is evident from the analysis. Couples having three, and four or more children do not mind having additional children, in case they have no son. For example, 90 per cent of the women having three children and no son wanted to have additional children. In contrast to this, only one-third of the women having three children but no daughter desired to have additional children.

7.2 IDEAL NUMBER OF CHILDREN

Each of the ever married women was asked to opine on how many children a couple should have. Their opinion on the ideal number of children is shown in Table 7.4. It can be seen that in both rural and urban areas, around 45 per cent of the ever married women consider that a couple should ideally have only three children. The proportion of couples who consider "two children" as the ideal is 10 per cent in rural areas, but 28 per cent in urban areas. In sum, 69 per cent of the couples in urban and 55 per cent in rural areas consider 2-3 children as the ideal number of children. Incidentally, the government media also insist on 2-3 children per couple.

Six per cent of the couples in urban area and around 16 per cent in rural area consider "five and more children" as ideal. Seemingly, the younger generation is not in favour of too many children. As can be seen the proportion of couples who consider "five and more children" as ideal is relatively less among the couples who presently have four or less children as compared to the couples who have five and more children. There is hardly any difference in the perception of ideal number of children among ever married and currently married women. In urban area, the ideal number of children comprise "3 children" and in rural areas "3-4 children". Women who believe in "one child" family is four per cent.

(a) Ideal Vs Actual Children

The extent to which the women in real life are able to stick to the number of children they believe to be ideal is shown in Table 7.5. The table shows that in rural areas, 44 per cent of the women having four children and four-fifth of the women having five and more children

have already crossed their ideal family size. The corresponding proportions are higher still in urban areas i.e. 55 and 93 per cent respectively. It transpires that in urban areas, while talking about ideal family size, women (perhaps to give an impression that they are more enlightened) give a conservative estimate of ideal children which in actual practice they are unable to adhere to due to one or the other reason. Anyway, there is a gap between what is perceived to be ideal and what actually happens in rural and urban area both.

7.3 HUSBAND-WIFE COMMUNICATION ON NUMBER OF CHILDREN A COUPLE SHOULD HAVE

Inter-spouse communication plays an important role in helping couples to decide the number of children they should have (and also in the acceptance of family planning). The sooner this communication starts, it is better for one and all. Accordingly, the currently married women were asked two questions: (a) whether they discussed with husband about how many children they want and if so (b) when did they first talk about this. The results are presented in Table 7.6. The table reveals that, about three-fifth of the currently married women (58 %) never discussed this issue with their spouse. The pace of such communications appears to be slow in the initial years of married life. It can be seen that, only nine per cent of the currently married women talked on this issue immediately after marriage, seven per cent after the birth of the first child and nine per cent after the birth of the second child. After the birth of the third child, the pace of communication accelerated and the proportion of women who started talking about their family size with the husband increased to 16 per cent. This is consistent with other findings. Case studies carried out in Uttar Pradesh reveal that at least in rural areas, couples generally get concerned about their family size only after 3-4 children (with at least one son) are born to them. Incidentally, this is also the time when couples accept one or the other method, specially sterilisation.

It is also revealed that a relatively larger proportion of young couples now talk on family size immediately after marriage. For example, of all the currently married women aged 13-19 years, about one-fourth said they initiated discussion on family size soon after marriage. Against this, 27 per cent of the currently married women aged 30-49 years, reported that they started such discussions only after the birth of the third child.

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

Among the ever users of family planning, about two-fifth said that they never discussed such matters with their husbands. The corresponding proportion among the never users is 66 per cent. Similarly, 29 per cent of the ever users said such discussions took place only after the birth of the third child against 11 per cent of the never users. This shows that the users of family planning discuss such matters more than the non-users of family planning.

7.4 FERTILITY PLANNING

(a) Unwanted Pregnancies

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

The analysis reveals that 89 per cent of the currently married women did not feel any pregnancy as "unwanted" Seven per cent considered "one pregnancy as unwanted" and the remaining four per cent considered "two and more pregnancies as unwanted"

It seems, the "feeling that a pregnancy is unwanted" starts some where at the ages 20-29 and gradually gains ground The table shows, the proportion of women considering pregnancies as unwanted is 8 per cent in the age group 20-29, 20 per cent in the age group 30-39 and 15 per cent among women aged 40-49 years A relatively larger proportion of urban women (16 %) as compared to rural women (10%) felt pregnancies as unwanted This is also true of women having schooling beyond six years, Muslim women and among high caste Hindu women More of these women (as compared to others) found some of their pregnancies as unwanted

The outcome of the unwanted pregnancies is presented in Table 7 8 Eighty per cent of the total pregnancies ended into live births (rural 83 %, urban 70 %) Four per cent ended into spontaneous abortion (rural 5 %, urban 2 %) Nine per cent pregnancies were aborted (rural 5 %, urban 21 %) In less than one per cent cases in rural areas, attempt was made to abort the pregnancies, but it failed Case studies carried out in Uttar Pradesh have very clearly shown that there is a strong urge among the rural women to protect themselves from unwanted pregnancies However, inadequate MTP facilities and information service, conservative social norms, pressure from elderly people and more importantly uncooperative attitude of the husband make rural women helpless in this matter

(b) Intentions about Current Pregnancy

In the district, fifty-five thousand currently married women were pregnant at the time of this survey The intentions of these women about their current pregnancy at the time when they became pregnant is presented in Table 7 9 It is revealed that 70 per cent of the women wanted the pregnancies then and hence they had no regrets about it About 12 per cent of the women wanted to defer the pregnancy, but became pregnant For 19 per cent women, (10440 pregnancies), the current pregnancy is "unwanted"

(c) Intentions about Future Pregnancies

In this survey, of all the currently married women who did not want any more children were asked a hypothetical question i e , what they will do in case they become pregnant The idea is to ascertain what options are available to an average woman in the area in case she becomes accidentally pregnant The results are shown in Table 7 10 (a) After suppressing the already sterilised couples, the intentions of the women towards unwanted pregnancies are presented in Table 7 10 (b)

It can be seen that nearly half of the total women (rural 56 %, urban 45 %), though they did not desire any more children were likely to accept the pregnancy About one-fifth (rural 19 %, urban 29 %) said they will abort it The other women were not sure about what to do The analysis shows that the inclination to discard unwanted future pregnancies is more among urban than the rural women apparently because of better facilities and more favourable environment in the urban area

Table 7 1 Per cent distribution of currently married women by desire for children, according to number of living children and residence

<i>Desire for children</i>	<i>Number of living children*</i>				<i>Total</i>
	<i>0</i>	<i>1</i>	<i>2</i>	<i>3+</i>	
Urban					
Desire for additional child					
Within 11 months	81.3	24.6	13.7	23.5	36.7
12-23 months	8.0	6.5	7.5	5.4	6.8
24 or more months	8.9	65.8	69.1	50.9	47.9
Do not know	1.8	3.1	9.6	20.3	8.5
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	3.9	40.2	65.5	80.9	46.2
Only girl(s)	1.2	7.8	6.8	4.7	5.1
Both boy and girl	78.8	35.6	5.6	3.6	32.5
Either	8.7	14.6	13.6	5.9	10.7
Others	7.3	1.8	8.5	4.8	5.5
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	9585	9585	8275	9230	36675
Rural					
Desire for additional child					
Within 11 months	68.7	23.3	16.3	18.2	31.1
12-23 months	6.7	4.9	5.9	6.6	6.0
24 or more months	14.4	53.7	60.8	55.6	46.5
Do not know	10.1	18.1	17.0	19.5	16.3
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	11.4	34.6	57.2	74.8	45.4
Only girl(s)		1.5	7.7	2.9	3.0
Both boy and girl	75.9	50.7	22.7	9.6	38.8
Either	7.7	6.0	7.7	4.9	6.5
Others	5.0	7.1	4.7	7.8	6.2
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	49364	50822	50074	55959	206220
Total					
Desire for additional child					
Within 11 months	70.8	23.5	15.9	19.0	31.9
12-23 months	6.9	5.2	6.1	6.4	6.2
24 or more months	13.5	55.6	62.0	55.0	46.8
Do not know	8.8	15.7	16.0	19.6	15.1
Total %	100.0	100.0	100.0	100.0	100.0
Preferred sex of additional child **					
Only boy(s)	10.2	35.5	58.4	75.7	45.5
Only girl(s)	0.2	2.5	7.6	3.1	3.3
Both boy and girl	76.4	48.2	20.3	8.8	37.9
Either	7.9	7.4	8.5	5.1	7.2
Others	5.4	6.3	5.2	7.3	6.1
Total %	100.0	100.0	100.0	100.0	100.0
Number wanting more children	58949	60408	58348	65189	242895

* Includes current pregnancy

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

Table 7 2 Percentage of currently married women who want more children by number of living children and selected background characteristics

Background characteristics	Number of living children*					Total
	0	1	2	3	4+	
Age						
13-19	99.6	100.0	95.2	44.6		99.1
20-29	98.8	97.9	83.7	62.2	40.5	76.7
30-39	100.0	82.0	64.4	39.4	22.1	35.7
40-49	68.5	25.6	14.0	4.6	9.9	12.1
Residence						
Urban	96.9	92.4	53.2	33.3	12.9	43.1
Rural	98.7	94.4	81.7	52.7	24.1	61.0
Education						
Illiterate	98.1	94.8	84.2	53.7	24.3	59.5
Upto class 4**	100.0	88.8	67.1	34.4	9.7	48.8
Primary (5 yrs)	100.0	97.1	62.1	40.5	2.0	53.9
Upto Middle (6-8 yrs)	98.0	91.8	63.6	26.5	8.2	52.1
Upto High (9-10 yrs)	100.0	82.8	40.3	12.6	6.9	43.7
Above High School (11-18 yrs)	100.0	86.0	18.3	13.5	-	38.1
Religion						
Hindu	98.1	93.8	77.3	45.9	21.4	58.4
Muslim	100.0	96.9	72.5	60.8	22.3	53.2
Others	100.0	78.8	45.9	-	22.7	50.3
Caste						
Scheduled caste	97.4	99.2	86.3	51.1	22.2	61.4
Scheduled tribe	100.0	100.0		100.0	9.2	42.8
Backward caste	98.0	92.9	83.6	48.5	24.5	62.1
Higher caste Hindu	99.4	92.9	64.2	46.8	19.5	51.8
Number of living sons						
None	98.4	97.3	86.1	90.1	74.1	94.8
1	-	89.9	75.7	62.5	41.8	69.5
2	-		65.6	31.3	20.7	32.5
3+				34.5	12.9	14.9
Number of living daughters						
None	98.4	92.6	71.5	34.6	24.5	83.0
1		96.5	74.9	36.2	21.5	56.8
2			87.8	64.1	16.3	37.8
3+			-	88.3	25.5	30.2
Total	98.4	94.1	75.9	48.5	21.6	57.4

* Includes current pregnancy

** Including the literates having no formal education

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

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

Number of living children*	Number of desired children					Total %	Number of women	
	0	1	2	3	4+			DK
Urban								
0		5.5	34.6	27.1	21.0	11.8	100.0	9892
1	7.6	35.4	36.8	8.5	8.8	3.0	100.0	10369
2	46.8	31.5	11.5	5.1	3.7	1.4	100.0	15563
3	66.7	19.0	11.4		1.0	2.0	100.0	14045
4	80.5	12.0	6.1		1.5		100.0	14623
5+	91.8	2.0	3.3		-	2.9	100.0	20690
Rural								
0	-	3.1	18.7	38.8	30.1	9.3	100.0	50024
1	5.6	9.5	33.3	19.4	21.5	10.7	100.0	53844
2	18.3	30.8	31.2	7.4	7.0	5.3	100.0	61284
3	47.3	18.1	21.2	4.1	4.0	5.2	100.0	50443
4	61.3	15.1	14.1	0.9	2.9	5.8	100.0	46024
5+	84.7	5.7	5.4	0.4	1.2	2.6	100.0	76581
Total								
0		3.5	21.3	36.8	28.6	9.7	100.0	59916
1	5.9	13.7	33.8	17.6	19.4	9.5	100.0	64212
2	24.1	31.0	27.2	7.0	6.3	4.5	100.0	76847
3	51.5	18.3	19.1	3.2	3.4	4.5	100.0	64488
4	65.9	14.3	12.2	0.6	2.5	4.4	100.0	60647
5+	86.2	4.9	4.9	0.3	0.9	2.7	100.0	97271

*Includes current pregnancy

Table 7.4 Per cent distribution of ever married women by ideal number of children and mean ideal number of children for ever married women and currently married women according to number of living children and residence

Ideal number of children	Number of living children*							Total
	0	1	2	3	4	5	6+	
Urban								
1	8.0	6.1	4.0	-	1.4	-	4.3	3.3
2	30.7	48.2	42.3	19.3	21.2	22.5	12.1	28.0
3	38.6	30.1	36.1	56.1	34.7	46.4	44.4	40.9
4	18.0	11.9	13.3	16.8	37.5	19.0	32.7	21.8
5	4.7	-	2.5	4.9	3.0	10.3	2.3	3.6
6+	-	3.7	1.7	2.9	2.1	1.8	4.2	2.4
Non-numeric responses**	9.9	5.2	3.7	5.6	3.6	4.8	10.6	6.0
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	9541	10918	15760	14473	14991	7895	12861	86438
Mean ideal number***								
Ever married women	2.8	2.6	2.7	3.2	3.2	3.3	3.3	3.0
Currently married women	2.9	2.6	2.8	3.1	3.2	3.3	3.4	3.0
Rural								
1	2.7	5.0	3.3	3.7	5.3	3.9	3.0	3.9
2	15.9	12.2	12.1	6.6	7.8	7.5	3.6	9.8
3	44.8	42.1	52.0	50.4	33.9	43.3	44.3	44.7
4	24.4	24.3	23.0	24.8	40.6	19.0	23.6	25.8
5	7.1	8.6	7.4	12.3	5.8	19.4	10.6	9.6
6+	5.0	7.8	2.2	2.3	6.6	6.9	14.8	6.1
Non-numeric responses**	7.3	9.9	11.4	10.8	10.7	16.9	13.8	11.3
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	49422	51801	57246	47949	44991	32895	38197	322502
Mean ideal number***								
Ever married women	3.3	3.4	3.2	3.4	3.5	3.6	3.8	3.5
Currently married women	3.2	3.4	3.2	3.4	3.5	3.6	3.8	3.4
Total								
1	3.6	5.2	3.5	2.8	4.3	3.2	3.4	3.7
2	18.3	18.4	18.6	9.6	11.2	10.4	5.7	13.6
3	43.8	40.0	48.6	51.7	34.1	43.9	44.3	43.9
4	23.4	22.1	20.9	22.9	39.8	19.0	25.9	25.0
5	6.7	7.1	6.3	10.6	5.1	17.6	8.5	8.4
6+	4.2	7.1	2.1	2.4	5.5	5.9	12.1	5.4
Non-numeric responses**	7.8	9.2	9.8	9.7	8.9	14.7	13.0	10.2
Total %	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	58963	62719	73006	62422	59982	40791	51058	408940
Mean ideal number***								
Ever married women	3.3	3.3	3.1	3.4	3.4	3.5	3.7	3.4
Currently married women	3.2	3.3	3.1	3.4	3.4	3.5	3.7	3.4

* Includes current pregnancy

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

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

Table 7 5 Match between ideal number of children and number of living children

<i>Existing against ideal</i>	<i>Number of living children*</i>				
	<i>0 1</i>	<i>2</i>	<i>3</i>	<i>4</i>	<i>5+</i>
Urban					
Less than ideal	96 7	58 3	31 9	10 0	0 7
Equal to ideal	3 3	40 4	49 9	35 3	6 6
More than ideal		1 4	18 2	54 6	92 7
Total %	100 0	100 0	100 0	100 0	100 0
Total N	20458	15760	14473	14991	20756
Rural					
Less than ideal	97 9	86 9	45 2	18 3	6 7
Equal to ideal	2 1	10 5	45 3	38 1	14 2
More than ideal		2 6	9 6	43 6	79 2
Total %	100 0	100 0	100 0	100 0	100 0
Total N	101223	57246	47949	44991	71092
Total					
Less than ideal	97 7	80 7	42 1	16 3	5 3
Equal to ideal	2 3	16 9	46 3	37 4	12 5
More than ideal		2 3	11 6	46 3	82 2
Total %	100 0	100 0	100 0	100 0	100 0
Total N	121682	73006	62422	59982	91849

*Includes current pregnancy

Table 7 6 Husband wife communication on number of children they should have

Background characteristics	Stage at which discussion took place					Don't remember	Never	Total %	Number
	Immediately after marriage	After 1st child	After 2nd child	After 3rd child					
Age									
13-19	23.0	4.3	2.9	0.3		69.5	100.0	55850	
20-24	12.8	14.2	12.2	5.2	0.5	55.1	100.0	88830	
25-29	10.1	9.2	13.6	15.4	0.7	50.9	100.0	89159	
30-49	2.4	3.5	6.5	26.9	1.5	59.2	100.0	189542	
Residence									
Urban	11.4	8.2	12.5	20.7	1.5	45.6	100.0	85183	
Rural	8.3	6.7	7.8	15.3	0.8	61.1	100.0	338198	
Education									
Illiterate	7.2	6.1	7.1	16.1	0.8	62.8	100.0	341067	
Upto class 4*	12.1	5.7	11.7	25.3	2.2	43.0	100.0	21576	
Primary (5 yrs)	12.7	9.8	11.8	15.5	1.4	48.8	100.0	25364	
Upto Middle (6-8 yrs)	17.8	10.2	15.8	18.8	-	37.4	100.0	14743	
Upto High (9-10 yrs)	25.1	17.1	17.4	14.4	2.4	23.5	100.0	9782	
Above High School (11-18 yrs)	21.3	20.8	29.1	9.7	2.2	17.0	100.0	10849	
Use of contraception									
Ever use	8.6	8.2	14.0	28.5	1.7	39.1	100.0	123620	
Never use	9.1	6.6	6.6	11.4	0.6	65.8	100.0	299761	
Total	8.9	7.0	8.7	16.4	0.9	58.0	100.0	423381	

* Including the literates having no formal education

Table 7.7 Percentage of currently married women by number of unwanted pregnancies classified by selected background characteristics

Background characteristics	Number of unwanted pregnancies				Total %	Number of women
	0	1	2	3+		
Age						
13-19	98.8	1.2			100.0	55850
20-29	91.8	6.4	1.7	0.1	100.0	177989
30-39	81.1	10.0	5.4	3.5	100.0	119772
40-49	84.9	5.2	6.3	3.6	100.0	69771
Residence						
Urban	84.5	9.2	3.6	2.7	100.0	85183
Rural	89.5	5.9	3.2	1.4	100.0	338198
Education						
Illiterate	90.4	4.9	3.2	1.5	100.0	341067
Upto class 4*	76.7	14.5	4.5	4.3	100.0	21576
Primary (5 yrs)	85.9	9.3	4.3	0.6	100.0	25364
Upto Middle (6-8 yrs)	76.8	15.4	5.7	2.1	100.0	14743
Upto High (9-10 yrs)	78.6	17.2	1.0	3.2	100.0	9782
Above High School (11-18 yrs)	84.0	14.8	1.3		100.0	10849
Religion						
Hindu	89.2	6.5	3.0	1.3	100.0	342950
Muslim	86.4	6.0	4.5	3.1	100.0	76060
Others	75.6	19.4	5.1		100.0	4371
Caste						
Scheduled caste	89.5	6.3	3.2	1.1	100.0	79439
Scheduled tribe	100.0				100.0	3168
Backward caste	91.0	5.6	2.3	1.1	100.0	159861
Higher caste Hindu	85.7	7.6	4.3	2.4	100.0	180913
Total	88.5	6.6	3.3	1.6	100.0	423381

Table 7 8 Per cent distribution of the outcome of unwanted pregnancies by residence

Outcome of unwanted pregnancies	Urban	Rural	Total
Live birth	69 6	83 4	79 6
Still birth	2 4	2 8	2 7
Spontaneous abortion	2 0	4 5	3 8
Induced abortion/MTP	21 3	5 0	9 4
Attempted to abort but failed	-	0 6	0 5
Others	4 7	3 7	4 0
Total unwanted pregnancies	20858	55435	76293

Table 7 9 Fertility planning *

Pregnancy intention	Urban	Rural	Total
Wanted then	55 3	73 1	69 8
Wanted later	13 7	11 0	11 5
Wanted no more	31 0	15 9	18 7
Total %	100 0	100 0	100 0
Number of pregnancies	10344	45483	55827

* Includes current pregnancy

Table 7 10 (a) What the women do if get unwanted pregnancy?

Intention for unwanted pregnancy	Urban	Rural	Total
Will accept the pregnancy	38 7	47 9	45 5
Will get it aborted	25 3	16 4	18 8
Others	15 8	15 6	15 6
Not sure/do not know	6 4	5 6	5 8
Not possible/ sterilized	13 8	14 5	14 3
Total %	100 0	100 0	100 0
Number of women	48507	131787	180295

Table 7 10 (b) Intention if gets unwanted pregnancy

Intention for unwanted pregnancy	Urban	Rural	Total
Will accept the pregnancy	45 0	56 0	53 1
Will get it aborted	29 3	19 2	21 9
Not sure/do not know	7 4	6 6	6 8
Others	18 3	18 2	18 2
Number of women	41830	112645	154475

Note Percentages calculated after suppressing sterilised couples

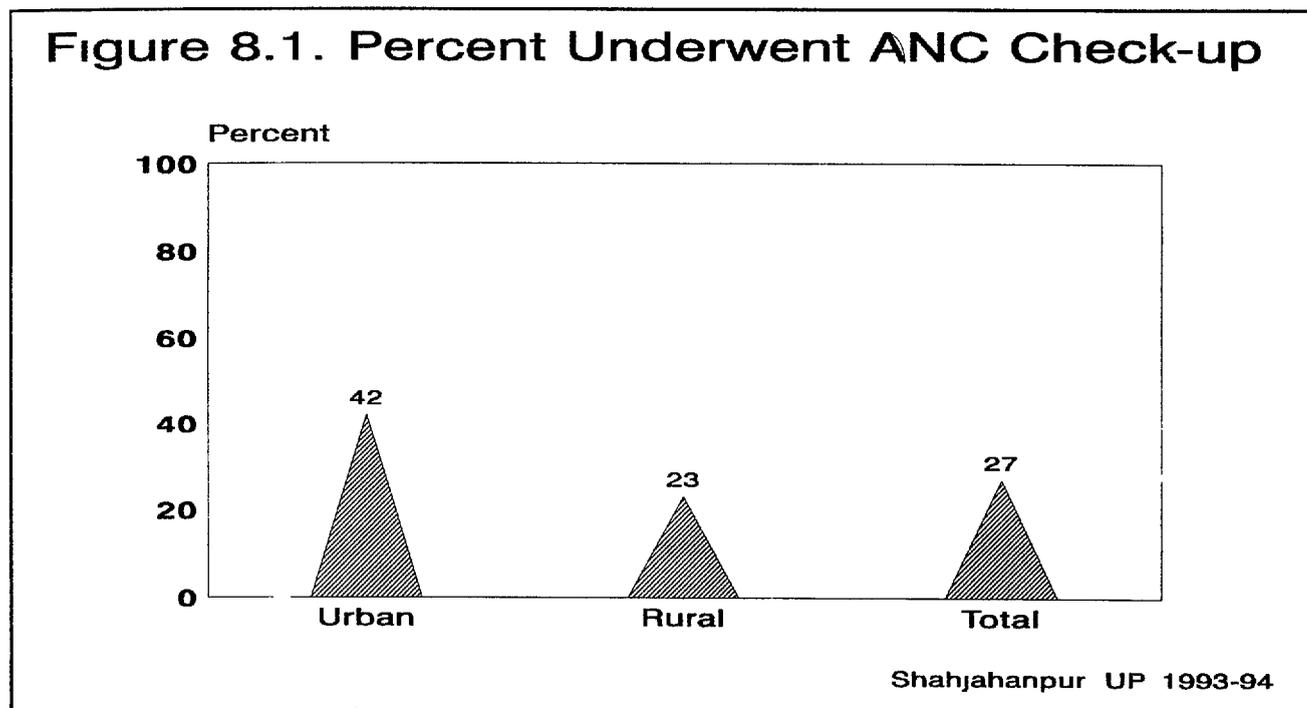
CHAPTER VIII

MATERNAL AND CHILD HEALTH AND UTILIZATION OF HEALTH SERVICES

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

8.1 ANTENATAL CARE

Information about the type of antenatal care availed and the source(s) was obtained from the currently married women who became pregnant during the last two years prior to this survey. The results are presented in Tables 8.1 - 8.2. It is revealed that, of the total women only about one-fourth (27%) had gone for antenatal check-up. The proportion of women undergoing check-up was more in urban (42%) than in rural areas (23%). Similarly, women who are educated at least upto primary level, young women aged 20-34 years and high caste Hindu women have availed antenatal services more as compared to others.



(a) Source(s) of Antenatal Check-up

District hospital/PHC and private doctors are the two main sources for antenatal check-up. Of all the women who became pregnant during the last two years prior to this survey, about two-fifth (41%) visited hospitals/PHC and about one-third (30%) visited private doctors. Six per cent of the women visited sub-centre for antenatal check-up. It is to be noted that one-fifth of the women underwent ANC check up at home itself.

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

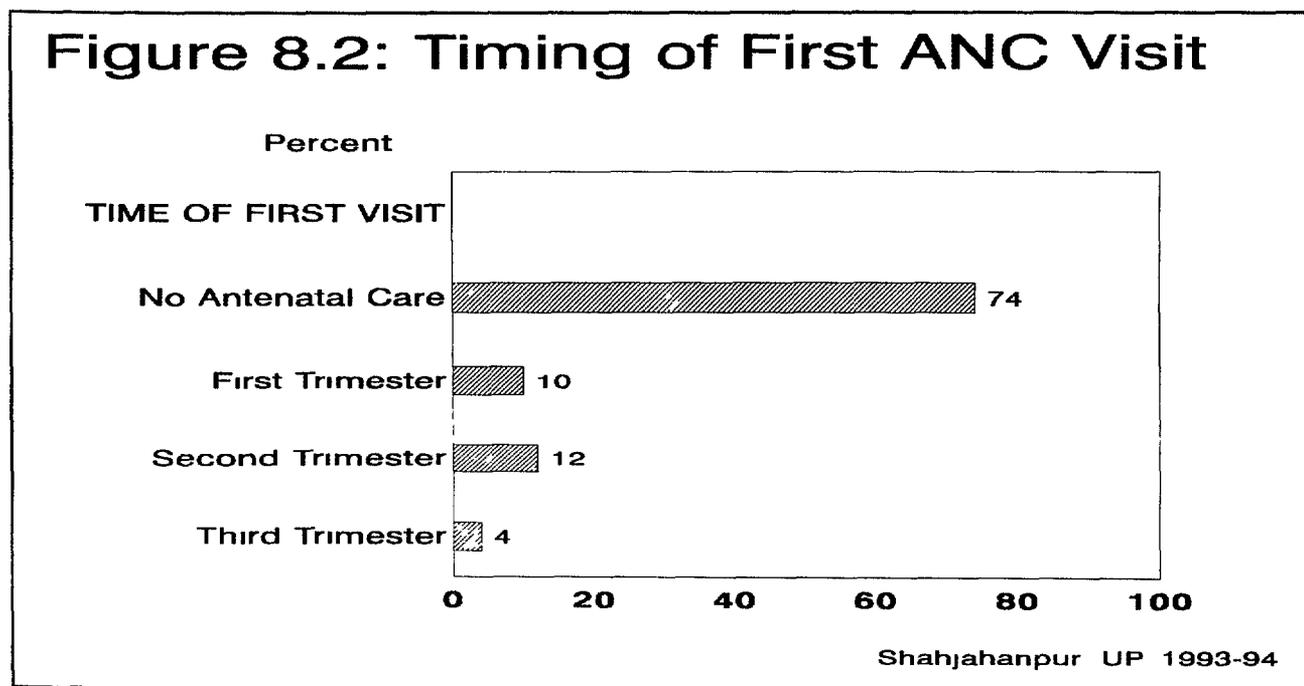
more by Muslim women, women belonging to urban areas, elderly women (35 +) and those who are educated above high school. More rural women underwent ANC check up at home itself.

(b) Prophylaxis

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

(c) Antenatal Check-up and Stage of Pregnancy

Information on the stage of pregnancy women usually go for antenatal check-up for the first time is presented in Tables 8.2 (a) - 8.2 (b). It can be seen that a pregnant woman in both urban and rural areas goes for the first antenatal check-up at the fourth month of pregnancy (Table 8.2a). The women in urban areas seem to take pregnancies more seriously. Table 8.2(b) reveals that, over two-fifth (44 %) of the pregnant women in urban areas avail antenatal services during the first trimester against 38 per cent in rural areas. By and large, at least 86 per cent of all pregnant women (who avail ANC) take antenatal care by the second trimester. The remaining 14 per cent go for check-up during the advance stages of pregnancy. IEC component needs to take care of this.

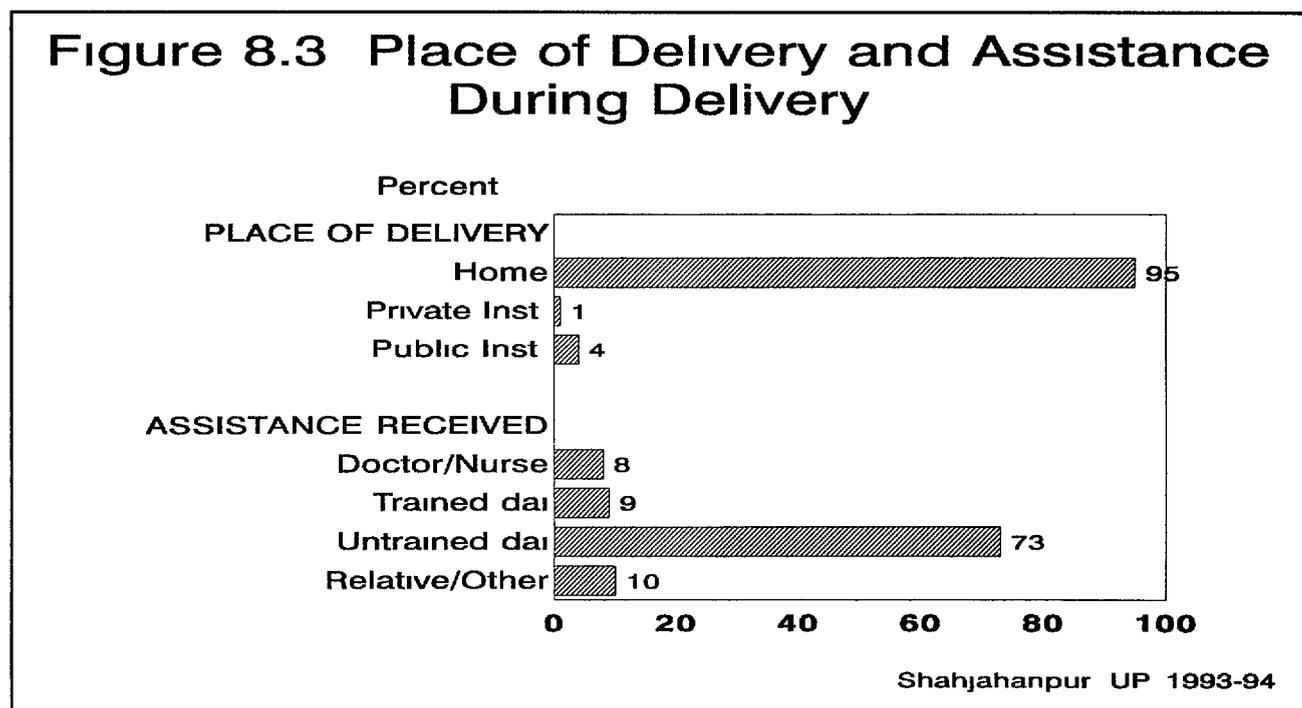


8 2 PLACE OF DELIVERY AND ASSISTANCE DURING DELIVERY

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

a) Place of Delivery

Table 8.3 reveals that, 95 per cent births take place at home. Three per cent births are delivered at public outlets (mainly PHC and hospitals) and the remaining (about 1%) births take place at private clinics etc. Private clinics and hospitals etc. are utilised more in urban than in rural areas. Home delivery is relatively less among those women who are educated upto high school and above and high caste Hindu women. They preferred to visit hospitals/PHC or private clinics.



b) Assistance during Delivery

Quality of assistance during delivery has a bearing on the safety of the mother and the child. It is, however, noticed that majority of the deliveries in the rural areas (85%) are conducted by unskilled people like family members and untrained dais. The proportion of such deliveries is also high in urban areas i.e. 64 per cent. In urban area, however, one-third of the deliveries are assisted by qualified people like doctor/nurse (government 14%, private 10%) and trained dais (12%). The proportion of deliveries receiving similar assistance is only 14 per cent in rural areas (Table 8.4).

8 3 IMMUNISATION OF CHILDREN

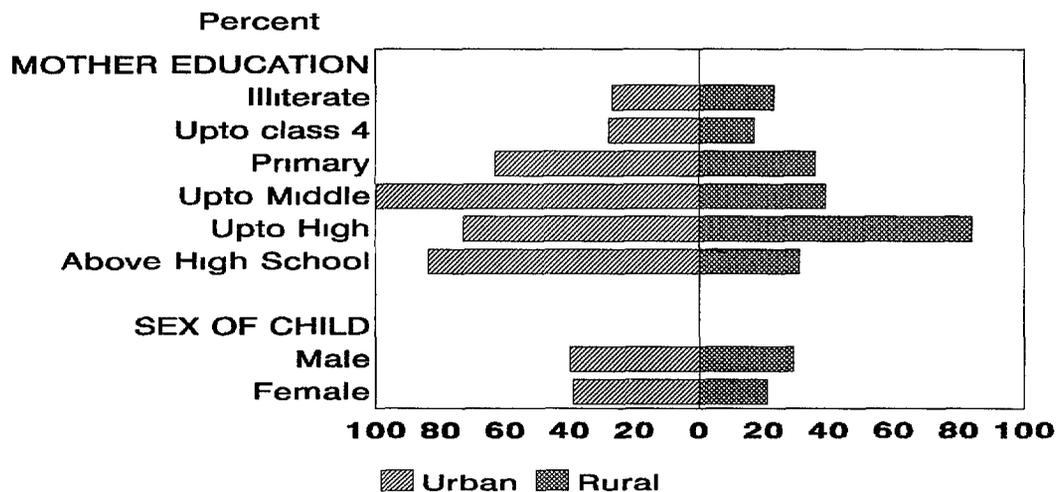
Information on immunisation of children has been analysed for children aged 6-23 months and those between 12-23 months. The results are presented in Tables 8.5 (a) - 8.5 (d). The summary findings are presented below.

Immunisation of Children

Description	6-23 months (%)		12-23 months(%)	
	Male	Female	Male	Female
Urban				
(a) Not immunised at all	28.8	41.5	30.2	40.4
(b) Received all vaccines	40.1	30.3	40.1	38.5
Rural				
(a) Not immunised at all	42.5	49.3	42.2	46.8
(b) Received all vaccines	22.6	16.2	29.4	21.3

If we look at the immunisation pattern of children 6-23 months, it can be seen that, 28 per cent of the male children in urban and 43 per cent in rural areas were not immunised at all. The corresponding proportion for female children is 42 per cent and 49 per cent. In urban areas, all vaccines were received by 40 per cent of boys and 30 per cent of the girls. The corresponding proportions in rural areas is much less i.e. 23 and 16 per cent respectively. The analysis brings to the fore that the parents in urban areas (compared to rural areas) are more particular in providing all vaccines to their children. Further, while providing all vaccines to children, boys receive priority over girls in both rural and urban areas. Education seems to have some positive impact on the practice of immunisation. Table 8.5(a) reveals that in urban areas, of all children belonging to illiterate mothers, 47 per cent were not immunised at all. Whereas all children belonging to mothers having education above high school are immunised. The same trend is observed in rural areas.

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



Shahjahanpur UP 1993-94

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

8 4 UTILIZATION OF PUBLIC HEALTH SERVICES

In order to assess womens' opinion on the utilisation of public health services, a series of questions were asked of the ever married women. The analysis is presented in Tables 8 6 - 8 11. The salient findings are outlined below.

(a) Source of Medical Assistance during Sickness

Three questions were asked to each of the women: (a) where they generally go for treatment, (b) why private doctors are preferred, and (c) certainty of getting the required services at PHC. The findings are presented in Table 8 6. The table reveals that during sickness people mostly visit private doctors. Nearly half of ever married women (54 %) said they always visit private doctors for treatment (rural 56%, urban 47%). About two-fifths said they sometimes visit private doctors and sometimes government clinics. Only a minority (5%) of the women reported that they exclusively depended on government health care services (urban 6%, rural 4%).

There are four main reasons for "always preferring private doctors" namely, better treatment (rural 62%, urban 73%), source near house (rural 51%, urban 52%), no alternative (rural 29%, urban 11%) and no medicines available in public source (rural 13%, urban 18%). A small section of women (4-14%) also complained about bad behaviour of PHC staff, long waiting time and less attention paid at government clinics.

As regards availability of the doctor at PHC, 47 per cent women said they are "quite certain" about getting the doctor. About half of the women, however, were not sure about it.

(b) Pricing of Government Health Services

Each of the women was asked two questions: (a) are they presently paying for government health care services, and (b) are they ready to pay if government services improve. As per Table 8 7, half of the women said they are already paying at the government clinics. About three-fourth of the women (70%) said they are ready to pay some money provided the government provides better services. This implies that majority of the women won't mind paying for the improved health care services of the government.

(c) Contact with Health Service Providers

Some specific details about client-service provider interaction are presented in Table 8 8. It can be seen that, nearly half of the ever married women or any member of their family have sought assistance from the ANM or other PHC staff at one point or the other. During the past three months prior to this survey, however, only 14 per cent of the total women (rural 16%, urban 5%) had an opportunity to be visited by a PHC staff. In most cases (93%), it was the ANM/LHV who visited the household.

(d) Quality of Client-provider Interface

The ever married women who were visited by the health staff in the last three months were also asked a few questions to assess their satisfaction with the services provided by the health staff. The findings are presented in Table 8 9.

As stated earlier, 14 per cent of the ever married women (rural 16%, urban 5%) were visited by health workers. Ninety eight per cent of them said health workers spent enough time with them. Majority of the women (93%) were satisfied with the assistance provided by the health staff. Ninety six per cent of the women also wanted that the health staff should visit them again. As regards opinion about health workers, 62 per cent women in rural areas said the community holds good opinion about health staff. However, in urban areas, only half of the women (53%) said so.

(e) Quality of Information Provided on Family Planning

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

The table reveals that only 8 per cent of the currently married women visited by the health staff were informed about the various family planning methods. While mentioning the methods, about two-third of the women were told about tubectomy. About one-fifth of the women were mentioned about vasectomy. Other modern methods like IUD and condom each were mentioned to around two-fifth of the women. Fifty-six per cent of the women were told about pills. Information on traditional methods like withdrawal (2%) and safe period (8%) was given to a small fraction of women.

During motivation, about 12 per cent women were informed about both advantages and disadvantages of tubectomy, IUD and pills each. The merits and demerits of each of the other methods were told to less than 10 per cent of the currently married women.

Information on how to use a method was provided to one-third of the women who were told about IUD and condom each. This piece of information was provided to 47 per cent of the women who were informed about pills.

Fifty nine per cent of the women, who were informed about tubectomy, were also told about the source from which to get this method. The corresponding proportion for vasectomy is 17 per cent. For other methods like IUD and condom, information on service outlets was provided to around one-third of the women, who were told about each of these methods. Regarding pills, half of the women were also told about the source from which they can get this method.

(f) Perception about ANM

Some of the perceptions of the ever married women about the quality of the services provided by the village ANM and her attitude towards the community are presented in Table 8.11. Nearly two-third of the women agree that "a young ANM is better than traditional dais in assisting deliveries". Majority of the women (at least 65%) do not endorse the belief that an ANM is disinclined to assist deliveries in poor families or in scheduled caste households. Similarly, only one-fourth of the women endorse the belief that the ANM/Nurse belonging to scheduled caste families are not accepted by high caste people.

g) Mortality Rates

The crude death rate is estimated to be 14.7 per thousand population. The state average is 12.8 (SRS 1992). The infant mortality (estimated by direct method) works out to be 107 per thousand live births - 112 in the rural areas and 85 in urban areas. The SRS estimate of IMR for the state as a whole is 98 (Table 8.12).

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

Background characteristics	% underwent ANC check up	Source of ANC treatment*					% received		Number of women pregnant in last two years
		District hosp/ PHC	Sub- centre	Private doctor	At home	Oth ers	IFA tab	TT inj	
Age									
< 20	24.5	51.8	-	26.2	22.0	20.9	42.9		29042
20-34	26.9	39.2	5.6	31.1	19.2	4.4	28.6	42.3	208955
35+	25.7	44.0	8.4	21.7	25.9		24.3	34.0	40924
Residence									
Urban	41.6	54.5	2.1	35.2	4.7	3.5	40.4	51.7	51750
Rural	23.1	35.6	6.9	26.8	26.9	3.3	24.1	38.8	227172
Education									
Illiterate	22.5	35.6	6.3	28.1	26.9	2.6	23.9	37.4	229499
Upto class 4 **	27.8	55.8	8.3	35.9			21.6	36.8	13345
Primary (5 yrs)	36.8	62.0	6.6	19.9	8.8	2.7	33.7	66.5	15119
Upto Middle (6-8 yrs)	49.9	56.0	2.9	14.0	7.3	19.9	50.7	51.1	9698
Upto High (9-10 yrs)	60.1	57.6		38.1	4.3	-	63.2	74.3	6484
Above High School (11-18 yrs)	86.7	35.4		60.5	4.1		79.2	89.2	4777
Religion									
Hindu	26.5	42.2	3.7	28.0	22.2	3.7	27.1	42.2	218568
Muslim	26.8	38.5	12.5	31.3	14.6	2.1	26.8	37.2	57027
Others	18.0			100.0			35.5	44.3	3326
Caste									
Scheduled caste	22.5	51.8	3.9	27.4	16.7		22.8	36.1	55237
Scheduled tribe	25.1	100.0					-	16.8	2256
Backward caste	24.7	33.3	5.5	27.6	29.5	3.4	24.3	38.4	100738
Higher caste Hindu	29.9	41.9	6.1	31.5	15.7	4.5	31.7	46.1	120690
Total	26.5	41.1	5.5	29.3	20.4	3.3	27.1	41.2	278921

*Percentage is based on those who underwent ANC check up
Including the literates having no formal education

Table 8 2 (a) Percentage distribution of women pregnant at least once in the last two years who received medical check up by stage of pregnancy

<i>ANC visits</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Stage of pregnancy at the time of the first ANC visit			
No ante-natal care	58.3	77.0	73.6
First trimester	18.4	8.7	10.5
Second trimester	19.7	10.7	12.3
Third trimester	3.6	3.6	3.6
Total %	100.0	100.0	100.0
Median months pregnant at first visit (for those with ANC)	4.0	4.0	4.0
Number of pregnancies in last two years	52308	228472	280780

Table 8 2 (b) Antenatal check up by stage of pregnancy

<i>ANC visits by stage</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
First trimester	44.2	37.8	39.7
Second trimester	47.3	46.4	46.6
Third trimester	8.5	15.8	13.7
N	21795	52603	74398

Note: New percentages worked out by suppressing women who have not taken antenatal care at all

Table 8 3 Percentage distribution of live births in the last two years by place of delivery, according to selected background characteristics

<i>Background characteristics</i>	<i>Place of delivery</i>				<i>Total %</i>	<i>Number of women had live births in last two years</i>
	<i>Health facility</i>			<i>Home</i>		
	<i>PHC/Dist hospital</i>	<i>Public</i>	<i>Private</i>			
Mother's age at birth						
< 20	2.0	2.0	-	98.0	100.0	32608
20-34	3.6	3.6	1.7	94.7	100.0	155197
35+	4.0	4.0	0.5	95.5	100.0	26139
Residence						
Urban	11.0	11.0	3.4	85.6	100.0	38192
Rural	1.7	1.7	0.8	97.5	100.0	175752
Education						
Illiterate	1.9	1.9	0.7	97.4	100.0	177714
Upto class 4 (informal education)	6.1	6.1	-	93.9	100.0	9827
Primary (5 years)	10.1	10.1	4.9	85.0	100.0	11258
Upto Middle (6-8 years)	2.0	2.0	-	98.0	100.0	6796
Upto High (9-10 years)	15.2	15.2	8.2	76.6	100.0	4530
Above High School (11-18 years)	33.7	33.7	15.7	50.6	100.0	3819
Religion						
Hindu	3.2	3.2	0.8	96.0	100.0	167537
Muslim	3.8	3.8	2.4	93.8	100.0	43974
Others	4.9	4.9	19.7	75.4	100.0	2433
Caste						
Scheduled caste	2.4	2.4	0.3	97.3	100.0	43403
Scheduled tribe	-	-	-	100.0	100.0	1538
Backward caste	1.4	1.4	0.3	98.3	100.0	77695
Higher caste Hindu	5.5	5.5	2.6	91.9	100.0	91309
Total	3.4	3.4	1.3	95.3	100.0	213944

Table 8 4 Per cent distribution of live births in the last two years by type of assistance during delivery, according to residence

Type of assistance	Urban	Rural	Total
Doctor or trained nurse	13 5	4 0	5 7
Trained dai	11 6	8 7	9 2
Untrained dai	60 8	75 5	72 8
Family member	3 4	9 2	8 2
Private doctor/ nurse	9 7	1 0	2 6
Others/self	1 0	1 6	1 5
Total %	100 0	100 0	100 0
Number	38192	175752	213944

Table 8 5a Among children 6-23 months, the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban and rural areas

Background characteristics	Percentage of children 6-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3	1	2	3				
Urban Sex											
Male	68 1	63 6	58 8	50 5	63 6	56 4	51 6	45 2	40 1	28 8	10943
Female	54 2	52 0	48 2	46 4	52 0	48 2	46 4	30 3	30 3	41 5	8592
Mother s Education											
Illiterate	50 0	47 9	43 0	38 4	47 9	43 0	38 4	23 5	23 5	46 9	10767
Upto class 4**	62 5	36 8	36 8	27 2	36 8	36 8	27 2	27 2	27 2	37 5	1484
Primary (5 yrs)	71 8	60 2	60 2	54 6	60 2	60 2	54 6	49 3	49 3	28 3	2681
Upto Middle (6 8 yrs)	68 2	82 1	82 1	68 2	82 1	68 2	68 2	52 1	38 1	17 9	1022
Upto High (9-10 yrs)	89 5	80 6	59 6	59 6	80 6	59 6	59 6	78 0	59 6	10 5	1598
Above High School	88 1	100 0	100 0	94 0	100 0	94 0	100 0	76 2	70 2		1983
Religion											
Hindu	67 5	68 6	65 7	59 0	68 6	63 2	60 1	45 0	39 7	28 9	10453
Muslim	51 9	42 4	35 6	31 6	42 4	35 6	31 6	25 4	25 4	44 1	8371
Others	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0		710
Caste											
Scheduled caste	61 8	61 8	61 8	61 8	61 8	61 8	61 8	30 0	30 0	38 3	2606
Backward caste	67 8	71 3	66 9	53 7	71 3	62 7	53 7	47 0	38 6	21 0	3365
Higher caste Hindu	60 6	54 7	49 4	45 0	54 7	48 6	45 9	38 2	36 2	36 9	13563
Total	62 0	58 5	54 1	48 7	58 5	52 8	49 3	38 6	35 8	34 4	19535
Rural Sex											
Male	51 3	46 7	38 8	33 7	48 2	38 1	36 1	26 1	22 6	42 5	45122
Female	45 0	38 4	31 4	24 0	41 3	32 8	25 1	22 4	16 2	49 3	47580
Mother s Education											
Illiterate	45 8	39 9	32 3	26 6	42 5	32 8	28 2	21 9	17 1	47 6	79585
Upto class 4**	37 1	36 2	29 1	21 4	36 2	29 0	28 8	19 2	15 7	59 2	4375
Primary (5 yrs)	64 0	62 0	51 0	51 0	62 0	51 0	51 0	28 4	28 4	31 6	3435
Upto Middle (6-8 yrs)	79 4	68 0	62 5	45 6	68 0	62 5	45 6	52 4	41 5	20 7	3371
Upto High (9 10 yrs)	100 0	100 0	100 0	73 5	100 0	100 0	73 5	87 2	73 5		1422
Above High School	31 2	31 2	31 2	31 2	31 2	31 2	31 2	31 2	31 2	68 8	512
Religion											
Hindu	49 0	43 7	35 8	29 1	45 9	35 8	30 7	24 1	19 7	44 8	79166
Muslim	43 4	35 8	30 7	26 6	38 2	33 4	29 3	26 1	18 0	51 6	12772
Others	24 4	24 4	24 4	24 4	24 4	24 4	24 4			75 6	764
Caste											
Scheduled caste	41 5	34 6	29 7	27 3	38 9	31 4	28 2	24 5	19 8	52 2	21780
Scheduled tribe										100 0	364
Backward caste	46 0	41 9	31 4	24 6	44 6	30 9	26 6	19 3	14 8	46 8	37739
Higher caste Hindu	55 3	48 8	43 1	34 7	49 1	43 6	36 7	29 9	24 3	40 2	32818
Total	48 1	42 4	35 0	28 7	44 7	35 4	30 4	24 2	19 3	46 0	92702

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

** Including the literates having no formal education

Table 8 5b Among children 12-23 months the percentage who had received each vaccine by the time of the survey by selected background characteristics in urban and rural areas

Background characteristics	Percentage of children 12-23 months vaccinated against										Number of children
	BCG	DPT			Polio			Measles	All*	None	
		1	2	3	1	2	3				
Urban Sex											
Male	68 1	63 2	59 1	48 3	63 2	56 0	49 8	46 9	40 1	30 2	8304
Female	53 1	51 9	49 3	49 3	51 9	49 3	49 3	38 5	38 5	40 4	5674
Mother s Education											
Illiterate	52 9	47 7	46 0	40 0	47 7	46 0	40 0	27 2	27 2	45 5	8254
Upto class 4**	55 5	42 8	42 8	27 7	42 8	42 8	27 7	27 7	27 7	44 6	944
Primary (5 yrs)	73 0	63 0	63 0	63 0	63 0	63 0	63 0	63 0	63 0	27 1	1694
Upto Middle (6-8 yrs)	48 9	100 0	100 0	48 9	100 0	48 9	48 9	100 0	48 9		278
Upto High (9-10 yrs)	87 3	76 5	51 0	51 0	76 5	51 0	51 0	73 4	51 0	12 7	1321
Above High School	84 2	100 0	100 0	92 0	100 0	92 0	100 0	84 2	76 1	-	1489
Religion											
Hindu	65 0	66 6	62 5	54 9	66 6	59 0	56 6	51 9	44 3	29 8	7312
Muslim	54 6	44 9	41 9	36 3	44 9	41 9	36 3	27 8	27 8	43 1	6077
Others	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0	100 0		591
Caste											
Scheduled caste	53 7	53 7	53 7	53 7	53 7	53 7	53 7	33 0	33 0	46 3	1940
Backward caste	53 2	58 2	51 9	39 2	58 2	45 8	39 2	35 4	23 1	30 5	2316
Higher caste Hindu	65 7	59 6	56 2	50 0	59 6	54 9	51 2	47 5	44 7	32 9	9722
Total	62 0	58 6	55 1	48 7	58 6	53 3	49 6	43 5	39 5	34 3	13979
Rural Sex											
Male	50 3	51 0	41 4	36 6	51 9	40 1	38 3	32 8	29 4	42 2	30045
Female	48 5	42 4	34 2	28 3	43 7	36 2	29 7	28 9	21 3	46 8	34046
Mother s Education											
Illiterate	46 6	43 9	35 0	30 1	45 2	35 3	31 6	28 4	23 0	46 3	54318
Upto class 4**	42 7	35 8	25 3	25 3	35 8	30 6	30 6	22 0	16 8	57 3	2938
Primary (5 yrs)	66 5	66 5	52 6	52 6	66 5	52 6	52 6	35 7	35 7	33 6	2727
Upto Middle (6-8 yrs)	78 4	70 8	62 9	38 7	70 8	62 9	38 7	54 4	38 7	21 7	2349
Upto High (9-10 yrs)	100 0	100 0	100 0	83 9	100 0	100 0	83 9	100 0	83 9	-	1247
Above High School	31 2	31 2	31 2	31 2	31 2	31 2	31 2	31 2	31 2	68 8	512
Religion											
Hindu	49 7	47 2	37 9	32 2	48 0	37 8	33 4	31 1	25 5	44 5	55260
Muslim	48 0	42 3	36 5	32 4	45 8	40 6	36 5	29 1	22 9	44 6	8647
Others							-		-	100 0	184
Caste											
Scheduled caste	44 4	42 0	35 6	32 0	41 9	36 8	32 0	33 3	27 5	51 3	14494
Scheduled tribe	-	-	-	-	-	-	-	-		100 0	202
Backward caste	46 2	45 3	32 8	28 2	47 7	32 7	29 5	26 0	20 4	46 4	25949
Higher caste Hindu	56 3	50 8	44 3	36 9	51 2	45 0	39 7	34 7	29 0	38 0	23446
Total	49 4	46 4	37 6	32 2	47 5	38 0	33 7	30 8	25 1	44 6	64091

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

** Including the literates having no formal education

Table 8 6 Preferred sources of medical assistance during sickness

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Preferred sources			
Always public sources (PHC/CHC Districts Hospital SC)	6 4	4 2	4 6
Sometime public source and sometime private	45 6	37 7	39 4
Always private source/doctor	47 0	55 7	53 9
Others	1 0	2 4	2 1
Reasons for always preferring private source*			
Cheaper treatment	9 4	9 1	9 1
Near to my house	52 4	50 6	50 9
Better treatment	73 4	62 2	64 2
PHC/SC are far off	1 4	4 1	3 6
Bad behaviour of PHC staff	10 2	4 8	5 8
No alternative	11 4	28 5	25 5
No medicines available in public source	17 9	12 6	13 5
No staff/doctor available in public source	0 7	1 3	1 2
Takes more time at government hospital	14 2	2 3	4 4
Others	3 5	1 1	1 5
Can t say/Don t know	0 7	0 4	0 4
Certainty about availability of doctor at PHC			
Quite certain	45 4	47 0	46 6
Not certain	51 2	47 6	48 5
Do not know	3 4	5 4	4 9

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

Table 8 7 Percentage of women reporting payment at public clinics and readiness to pay if services improved

	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Reporting payment at Govt Health Centers	32 5	56 6	50 8
Ready to pay for services if it improves	70 9	69 6	69 8

Table 8 8 Percentage distribution of women reporting contact with the health service providers

<i>Description</i>	<i>Urban</i>	<i>Rural</i>	<i>Total</i>
Women or her HH member contacted PHC/SC workers	57 2	46 4	48 6
Average number of contacts with PHC/SC workers during last 3 months			
Mean	1	1	1
SD	1	1	1
	5 3	15 9	13 8
Households visited by workers in the last 3 months			
Households reported visit of			
1 person	79 1	63 6	64 8
2 person	20 9	28 2	27 6
3 or more person	-	8 2	7 6
Total %	100 0	100 0	100 0
Frequency of visit during last 3 months			
1st person			
1	81 0	65 2	66 7
2	12 7	15 4	15 2
3 or more times	6 3	19 4	18 1
2nd person			
1	75 0	52 0	53 4
2	25 0	34 4	33 8
3 or more times	-	13 6	12 8
Who visited last			
ANM/LHV	90 3	93 2	93 0
Male workers	-	4 5	4 1
Doctor	9 7	0 4	1 1
Others		1 9	1 7
Per cent of families reporting at least one contact with public health service providers	57 7	54 1	54 8

Table 8 9 Quality of client-provider interface

<i>Residence</i>	<i>Number of women reporting visit of a worker</i>	<i>Provided enough time</i>	<i>Satisfied with assistance provided</i>	<i>Would like her to visit again</i>	<i>Villagers hold good opinion about the worker</i>
Urban	5 3	100 0	100 0	94 1	52 8
Rural	15 9	97 7	92 0	95 7	61 9
Total	13 8	97 9	92 6	95 5	61 1

Table 8 10 Level of information (detailed) provided about various methods by workers

Women reporting visit of workers	Methods	Women reported that				
		Method was mentioned	Informed advantages and disadvantages		Informed how to use	Informed about source
			Both	None		
	Vasectomy	18 4	5 8	2 6	13 7	17 2
	Tubectomy	67 3	12 7	7 9	49 8	59 0
	IUD/CuT	42 4	12 2	5 7	33 7	38 3
8 2% [423381]	Pills	55 7	12 2	7 1	47 3	50 6
	Condom	38 4	8 2	5 3	33 4	34 7
	Withdrawal	2 1	0 3	-		NA
	Safe period	8 1	1 9	3 0	0 6	NA
	N	34629	34629	34629	34629	34629

Table 8 11 Perception of women about ANM

	Urban	Rural	Total
% agreeing that a young ANM is better than a traditional dai for assisting delivery	76 6	60 5	63 8
% agreeing that a high caste ANM does not want to attend delivery of scheduled caste women	24 7	26 2	25 9
% agreeing that ANM/Nurse belonging to SC are not acceptable among high caste	20 6	24 4	23 6
% agreeing that ANM often do not want to visit or attend delivery in poor families	35 8	35 0	35 2
Total N	90773	354270	445043

Table 8 12 Mortality rates

Mortality rates	Urban	Rural	Total	Uttar Pradesh [SRS 1992]
Crude death rate	10 3	16 0	14 7	12 8
Infant mortality rate	85	112	107	98

CHAPTER IX

COMMUNITY LEVEL INFORMATION

9 1 PROFILE OF STUDY AREA

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

(a) Profile of Surveyed Villages

Most of the villages (79%) of Shahjahanpur are remote having an average population of about 1500. The sub-centres in most of the villages (66%) are within 3 kms.

Fifty per cent of the villages have private medical practitioners who largely practice allopathy (85%). About one-fourth of them provide family planning services. Seventy per cent of the birth attendants in these villages are untrained. Only one village has a medical shop. One-tenth of the villages have retail outlets for condoms and oral pills each. A CBD network for distribution of condoms and oral pills each exists in 4 per cent of the villages. About 5 per cent of the local panchayat members are active family planning promoters. Most of the villages (77%) have primary schools. One-fourth (22%) of them have secondary schools also.

The services of the NGOs are available in about 7 per cent of the villages. None of the NGOs provide family planning services (Table 9.1).

TABLE 9.1 PROFILE OF VILLAGES

Sr No	Features	(N = 82)	
		N	%
1	Type of Village		
	CHC	-	-
	PHC	-	-
	SC	17	20.7
	Remote	65	79.3
2	Population		
	Total	123967	-
	Average/village	1512	
3	Distance from main road		
(a)	Nearest Sub-centre (kms)		
	Upto 3	54	65.8
	4-8	20	24.4
	9+	8	9.8
(b)	Nearest PHC (kms)		
	Upto 5	25	30.5
	6-15	41	50.0
	15+	16	19.5
(d)	Nearest District HQ (km)		
	Upto 30	32	39.0
	30+	50	61.0
4	Primary Schools (No.)	63	76.8
5	Secondary Schools (No.)	18	22.0
	Boys	4	4.9
	Girls	1	1.2
	Both	13	15.9
6	Village having private medical practitioners (PMP)	41	50.0
(a)	Types of PMP		
	Allopathy	35	85.4

Sr No	Features	(N = 82)	
		N	%
	Homeopathy	2	4.9
	Ayurvedic	1	2.4
	Unani	0	-
	Others (mixed type)	3	7.3
(b)	Those providing FP services	9	22.0
7	Medical shops (nos)	1	1.2
8	Villages with retail outlets for		
(a)	Condoms	9	11.0
(b)	Oral pills	7	8.5
9	Community based dist (CBD) network of		
(a)	Condoms	3	3.7
(b)	Oral Pills	3	3.7
10	CBD (Anganwadi) for		
	Condoms	0	-
	Oral Pills	1	1.2
11	Villages served by NGOs	6	7.3
	Active	2	
	Working for FP	0	-
12	Major activities of NGOs (potential providers of FP services)	No such activity	
13	Villages having Birth Attendants (No)	61	74.4
(A)	Total no of Birth Attendants	143	-
	Trained	42	29.4
	Untrained	101	70.6
14	Local Panchayat Members (No)	727	
	- Active FP promoter	34	4.7

(b) Profile of Health Centres

The profile of the health centres of Shahjahanpur is summarised in Table 9.2. In all, there are 16 health centres in the study area (2 PHC, 13 SC, 1 CHC). Most of them are housed in rented buildings and only 2 of them are provided with electricity. Only one PHC has an operation theater but it is not functioning. None of them have vehicles. The manpower in most of the health centres is adequate.

The cold chain equipment in most of the health centres chiefly comprise of vaccine carriers. The supply of Polio, DPT and Measles vaccines is largely regular and adequate. In one-third of the units, the stock of BCG vaccine, though adequate is not supplied regularly.

The health centres are largely equipped with IUD insertion kits. Equipment for other methods/services are either not working or unavailable. The health personnel are mainly trained in IUD insertion. The supply of contraceptives is regular and adequate in most of the health centres. IEC material and equipment are not available in any centre.

TABLE 9 2 PROFILE OF HEALTH CENTRES

Features		PHC (N=2)	SC (N=13)	CHC (N=1)	Total (N=16)
1	Infrastructure (on day of visit)				
(a)	Building				
	Government	1	3	-	4
	Rented	1	9	1	11
	Others		1	-	1
(b)	Electricity	1	1	-	2
(c)	Operation theater				
	Functioning		-	-	-
	Non-functioning	1	-	-	1
	No	1	13	1	15
(d)	Vehicle				
	Working	-	-	-	-
	Non working				
	No	2	13	1	16
(2)	Manpower (% occupied on day of visit)				
	Medical Officer (MO)	100 0			100 0
	Block Extension Educator (BEE)	100 0	-	-	100 0
	Multipurpose Health Supervisor (MHS)	100 0		-	100 0
	Lady Health Visitor (LHV)	-	-	-	-
	Auxiliary Nurse Midwife (ANM)	100 0	100 0	100 0	100 0
	Multipurpose Worker (MPWM)	100 0	100 0	100 0	100 0
	Driver	-	-		
3	Cold chain equipment (on day of visit)				
a)	ILR				
	Functioning		-	-	-
	Non-functioning		-	-	-
	No	2	13	1	16
b)	Refrigerator				
	Functioning	-	1		1
	Non functioning	-	-	-	-
	No	2	12	1	15
c)	Vaccine carriers				
	Functioning	2	12	1	15
	Non functioning	-			
	No	-	1	-	1
d)	Thermos				
	Functioning		3	-	3
	Non-functioning		2		2
	No	2	8	1	11
4	Supply of vaccines (last 6 months)				
a)	Polio				
	Regular & adequate	2	13	1	16
	Regular but not adequate		-	-	-
	- Irregular but adequate	-	-	-	-
	- Neither regular nor adequate	-			
b)	BCG				
	Regular & adequate	2	9	-	11
	Regular but not adequate		-		-
	Irregular but adequate	-	3	1	4
	Neither regular nor adequate		1		1
c)	DPT				
	Regular & adequate	2	13	1	16
	- Regular but not adequate		-		-
	Irregular but adequate		-		-
	Neither regular nor adequate				
d)	Measles				
	Regular & adequate	2	10	1	13

<i>Features</i>	<i>PHC (N= 2)</i>	<i>SC (N= 13)</i>	<i>CHC (N= 1)</i>	<i>Total (N= 16)</i>
Regular but not adequate			-	
Irregular but adequate		3		3
- Neither regular nor adequate		-	-	-
5 Services available (on day of visit)				
a) Vasectomy				
Equipment working		-	-	-
Non-working	2	1	-	3
No	-	12	1	13
Trained personnel	-	-	-	-
b) Tubectomy				
Equipment working			-	-
Non working	1	1		2
No	1	12	1	14
Trained personnel	-	-		
c) Laparoscopy				
Equipment working	-	-	-	-
Non working	-	1	-	1
No	2	12	1	15
Trained personnel	0	1	-	1
d) IUD insertion kit				
Equipment working	2	11	1	14
Non working		2		2
No	-	-	-	-
Trained personnel	2	9	1	12
e) MTP				
Equipment working	-	-	-	-
Non-working		1	-	1
No	2	12	1	15
Trained personnel		1	-	1
6 Supply of contraceptives (last six months)				
a) IUD				
- Regular and adequate	1	9	1	11
- Regular but not adequate	-	1		1
- Irregular but adequate		1	-	1
Neither irregular nor adequate	1	2		3
b) Pills				
Regular and adequate	2	10	1	13
Regular but not adequate			-	
Irregular but adequate		2	-	2
Neither irregular nor adequate	-	1	-	1
c) Condoms/Nirodh				
- Regular and adequate	2	11	1	14
- Regular but not adequate	-	-		-
- Irregular but adequate	-	1	-	1
Neither irregular nor adequate	-	1		1
d) IEC materials				
- Regular and adequate	1	7	-	8
Regular but not adequate		1	1	2
- Irregular but adequate		1	-	1
Neither irregular nor adequate	1	4	-	5
7 Types of IEC materials				
a) Slide projector				
Not available	2	13	1	16
b) Film Projector				
Not available	2	13	1	16

APPENDIX
SELECTED PRIMARY SAMPLING UNITS
SHAHJAHANPUR (URBAN)

<i>Name of Town</i>	<i>PSU No</i>	<i>Ward No</i>	<i>CEB</i>
Shahjahanpur M B	1	2	28
	2	4	76
	3	7	127
	4	10	183
	5	12	232
	6	14	281
	7	17	338
	8	19	385
	9	22	439
	10	25	490
	11	28	539
	12	30	589
Tilhar M B	13	5	28
	14	13	78
Jalalabad M B	15	1	2
	16	7	23
Khutar T A	17	1	4
	18	5	16
Kant T A	19	5	12
	20	11	28
Shahjahanpur Cant	21	2	6
	22	5	50

SELECTED PRIMARY SAMPLING UNITS

[SHAHJAHANPUR (RURAL)]

<i>Tahsil</i>	<i>Block</i>	<i>PSU No</i>	<i>Village Name</i>	<i>Stratum</i>
Powayan	Banda	23	Dev Kali	1
		24	Indalpur	1
	Khutar	25	Kishanpur Haripur	1
		26	Kesarpur Kalan	1
		27	Tah Khurd Kalan	1
	Powayan	28	Pakadia Hakim	1
	Sindhauri	29	Gola Raipur	1
		30	Patai	1
		49	Bhabhi	2
	Banda	50	Patna	2
		51	Alampur Piparia	2
		52	Sihura Khurd Kalan	2
	Khutar	53	Mahua Pathak	2
	Powayan	54	Miyampur J Bilandpur	2
	Sindhauri	55	Kuiyan J Kirtapur	2
		75	Pipariya Ghasi	3
		76	Azmatpur	3
	Banda	77	Mahmudpur	3
		78	Todarpur T Chandpur	3
		79	Dalippur Munjapta	3
	Powayan	80	Bhatiuriya Buzurg	3
		81	Baskhera Bujurg	3
	Sindhauri	82	Misripur Bujurg	3
83*		Rawatpur	3	
83*		Dhodhanpur	3	
83*		Rampur Nagariya	3	
84		Raghola	3	
Tilhar	Khudaganja K	31	Rampur Nawadia	3
		32	Akavari	1
	Jaitipur	33	Bajhera Bhagbanpur	1
		34	Jargawan	1
	Tilhar	35	Dhakiya Ragha	1
		36	Bilhari	1
	Nigohi	37	Parsona Khalilpur	1
	Khudaganj Ka	56	Jiganian	2
		57	Madhopuri	2
	Jaitipur	58	Alampur	2
		59	Gogepur	2
	Tilhar	60	Lakhoha	2
	Nigohi	61	Bhataura Prathvipur	2
		62	Inayatpur	2
	Khudaganj Ka	85	Parchar	3
		Jaitipur	86	Agroli
	Jaitipur	87*	Mador	3
		87*	Malariya Mirzapur	3
	Tilhar	88	Amanpur	3
		89	Surjuapur Surjupur	3
	Nigohi	90	Sahdevpur	3
91		Madaripur	3	

<i>Tahsil</i>	<i>Block</i>	<i>PSU No</i>	<i>Village Name</i>	<i>Stratum</i>	
Shahjahanpur	Kanth	38	Chathoura Bahadurpur	1	
		39	Sisoti	1	
	Dadrol	40	Akrra Rasoolpur	1	
		Bhawal Khera	41	Chinaur	1
			42	Katia Kammu	1
	Kanth	43	Sisava	1	
		63	Kuniya Jamalpur	2	
		64	Aruaa Khanpur	2	
	Dadrol	65	Parasin	2	
		66	Panthi	2	
	Bhawal Khera	67	Basak	2	
		68	Bhilandpur	2	
		69	Peeng	2	
	Kanth	92	Gumta	3	
		93	Bahadurpur	3	
	Dadrol	94	Madhwamai	3	
		95	Barnava	3	
Bhawal Khera	96	Ahmadpur Niwazpur	3		
	97	Ramapur Nankari	3		
Jalalabad	Kalan	44	Bara Kalan	1	
		45	Behta Jungal	1	
	Mirzapur	46	Bharatpur	1	
		47	Rajapur Raipur	1	
	Jalalabad	48	Bajhera Mahua Dari	1	
	Kalan	70	Rukan Pur	2	
	Mirzapur	71	Sangaha	2	
	Jalalabad	72	Umarsar	2	
		73	Dhaka T Ujera	2	
	Kalan	74	Dahena	2	
		98*	Usmanpur	3	
	Jalalabad	98*	Pirara Uttar	3	
		99	Kunia Chachoura	3	
100		Bahadurpur	3		