

**DISSEMINATION WORKSHOPS ON
PROGRAMME IMPLICATIONS OF
BASELINE SURVEYS IN
15 DISTRICTS OF
UTTAR PRADESH**

INDIA

Final Report

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**STATE INNOVATIONS IN FAMILY PLANNING SERVICES AGENCY
&
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C O N T E N T S

	Page No
Background	1
The Innovations in Family Planning Services (IFPS) Project	1
The Baseline Surveys in 15 Districts	1
Dissemination of the Findings	2
Salient Outcomes of the BSUP Workshops	3
Future Dissemination Activities	6
Annex 1 Districts and Consultancy Organizations	7
Annex 2 Briefing Papers Prepared for the 15 Districts	
Hills (Northern)	Nainital Pithoragath Tehri Garhwal
Western	Ghaziabad Meerut Rampur Shahjahanpur
Bundelkhand (Southern)	Jalaun Jhansi Lalitpur
Central	Kanpur Nagar Sitapur
Eastern Region	Gonda Gorakhpur Jaunpur

Background

Uttar Pradesh is the most populous state of India. According to the 1991 census the population of Uttar Pradesh was about 139 million, constituting 16 percent of the India's total population. Uttar Pradesh is predominantly an agricultural state with 80 percent of its population living in rural areas (compared to 74 percent in India). Its population density was 473 as compared to 273 for the country as a whole. The per capita income and the level of living of its people is quite low, with about 30 percent of the population in absolute poverty. Educationally also it is a backward state. According to the 1991 census the literacy rate (above 6 years) is 42 percent for the state as compared to 52 percent for the country. It is particularly low for females with only 25 percent of the females reported to be literate in U P as compared to 39 percent for the whole country.

The state is divided into 66 administrative Districts, 895 blocks and 112568 villages. Uttar Pradesh has five quite different geographical regions, i.e. Hills (Northern), Western, Bundelkhand (Southern), Central and Eastern Region. These regions are different not only in their socio-economic profile, but show very different demographic patterns as well. While the Hill region seems to be the best on socio-economic and demographic indicators, the Eastern region is the most backward. The Bundelkhand region seems to be better on demographic and economic indicators, but lags behind on social indicators like literacy and female age at marriage.

Despite this regional variation, Uttar Pradesh reports levels of fertility and mortality which are among the highest in the country. Since it has about one sixth of the country's population, the state greatly affects the demographic situation of India and thus requires special attention.

The Innovations in Family Planning Services (IFPS) Project

The purpose of the IFPS project is to assist the State of Uttar Pradesh to significantly reduce the total fertility rate through the comprehensive improvement and expansion of family planning services. To achieve this objective, the project has three related sub-objectives: to increase access to family planning services, to improve the quality of family planning services, and to promote family planning among all sections of the population. The direction of the project is under the State Innovations in Family Planning Services Agency (SIFPSA).

The Baseline Surveys in 15 Districts

The activities proposed in the IFPS project require planning and monitoring at the District level, since it is the basic unit of public health administration. In contrast, most of the demographic and family planning programme data in India is available only at the state level. Therefore the first need of the project was to collect baseline data required for planning, monitoring and evaluating the programme activities at the District level. For this purpose, SIFPSA selected three Districts each from the five regions for baseline surveys with the following objectives:

- 1 To establish a baseline of demographic and family planning parameters against which achievement of the project could be measured
- 2 To obtain information on the functioning of family welfare programme which could be used to prepare alternative strategies for strengthening the programme in U P

The Population Council, India was given the responsibility to coordinate this effort. The Council provided extensive technical assistance at all stages of the study, i.e. development of questionnaires, training of supervisors and interviewers, data entry, analysis, and report writing, to the eight organizations hired for conducting the survey. The list of the Districts and consultancy organizations which conducted the survey is given in Annex 1.

Under the guidance of the Population Council, 14 reports were prepared by the consultancy organizations and submitted to SIFPSA during early 1994. One report was prepared by the Population Council, as the responsible consultancy organization could not complete the analysis and report writing. Additional copies of these reports are being printed by the Council for wider distribution to enhance the utilization of the findings.

Dissemination of the Findings

The survey findings are being used by SIFPSA in a variety of ways including in preparation of the District plans for innovative programme strategies. SIFPSA and the Population Council undertook the responsibility for dissemination of the findings to identify the programme implications of the results and define possible actions that could be taken by the District officials to improve the programme. The Council requested Dr. Prem Talwar to assist in this exercise. For this purpose, the following preparatory work was done:

- Further analyses of the data to make findings more focused and useful to develop possible interventions
- Prepare Briefing Papers on the main findings of the survey, their programmatic implications and a set of useful tables for each District as a handout for workshops and as a source of references. Copies of the fifteen Briefing Papers prepared for this purpose are presented in Annex 2.
- Prepare transparencies for presentation in workshops as well as for broader dissemination, highlighting the findings, their programme implications, and potential programme strategies.

After completion of these activities, the Population Council and SIFPSA planned six workshops, which subsequently on the suggestion from SIFPSA was increased to nine. The first three workshops were held in Sitapur, Gonda and Gorakhpur where the District level officers, both from administration and health were invited from all the Districts of the region. Each workshop was attended by Mrs. Uma Pillai, Executive Director, Mr. J.S. Deepak, Additional Executive

Director and other officials of SIFPSA, Commissioner of the Division, District Magistrate, Divisional Director Family Welfare, CMOs of the District and neighbouring Districts, Chief Development Officers and Deputy CMOs of all the Districts in the Division. Besides the members of the District Innovation in Family Planning Service Agency (DIFPSA), representatives of local NGOs and voluntary agencies also attended the workshops. About 40-50 officials, professionals and social workers attended each workshop.

The morning sessions were generally devoted to the orientation of the participants about the objectives and activities of SIFPSA, presentation with the help of transparencies of important findings of the baseline survey, their programme implications and potential programme strategies. The presentations stimulated active participation in the discussion and all shared their experiences and comments on the suggested programmatic actions. All presentations were made in Hindi, the local language. This also helped to promote dialogue among all the participants.

The afternoon sessions were devoted to group work. All the participants were divided into working groups. In each group, the District officials, representatives of NGOs, DIFPSA and other voluntary agencies were present. Each group was assigned a specific area of activity to discuss in light of the presentations made in the morning session and suggest interventions to strengthen the family welfare programme in the District. The Population Council and SIFPSA staff worked as resource persons and helped the groups to formulate meaningful action strategies.

In the first three workshops, the Population Council had the responsibility of presenting the survey findings and programme implications. The technical staff of SIFPSA acted as observers and in the process they gained experience in presenting research findings and stimulating discussion by the participants. By the second session of the workshops, they actively participated as resource persons. The fourth workshop was held at Bareilly to discuss findings of the Districts of Rampur and Shahjahanpur. This presentation was made jointly by the Population Council and the staff of SIFPSA. From the excellent presentation made by the technical staff of SIFPSA, it was clear that they had acquired the necessary skills to independently undertake dissemination responsibilities in other Districts. The Population Council views this transference of skill with great satisfaction and feels that SIFPSA staff are now well-prepared to conduct such workshops in future.

Salient Outcomes of the BSUP Workshops

Under the leadership of the Executive Director of SIFPSA, these workshops created a good deal of enthusiasm among the District officers. The survey findings were taken very seriously by both the administrative and technical staff of the Districts. In each workshop some area specific innovative strategies emerged, which SIFPSA agreed to consider as priority programme interventions for those Districts. Both SIFPSA and the District officials found these workshops extremely useful in terms of better understanding of the problems and type of systematic efforts needed to strengthen the programme.

From the presentation of the survey results and discussion which followed, the major recommendations which emerged and were common for most of the Districts include

- Change the work routines of the health workers and supervisors to improve accessibility through increased contacts,
- Develop new strategies for programme management to enhance and strengthen IEC, counselling and follow-up,
- Broaden IEC and service options to increase the involvement of males and senior family members in acceptance of contraceptive and planned family formation,
- Provide training and ensure supplies to increase the involvement of the private sector, particularly of ISM practitioners and allopathic doctors,
- Establish and expand the social marketing of contraceptives particularly in rural areas,
- Develop an appropriate strategy for enhanced coverage by the health workers and support of community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims, and,
- Cooperate with other development programmes to empower women, improve their health and child survival

These broad recommendations helped stimulate discussion and in the afternoon sessions the working groups focussed on more District specific recommendations. Some of those include

- Health workers should complete the eligible couple and child registers on a priority basis and keep them updated to understand and identify the target groups, they are to serve,
- Add two more columns in the ECR on reproductive intentions of the couples to identify couples with unmet need,
- For areas where health workers can not make scheduled visits, depot holders should be formed. They could be satisfied users, Panchayat Members, or Mahila Mandals,
- With Panchayats being re-established, the major responsibility for programme implementation should be given to them. Panchayats could also help in establishing inter-sectoral coordinating at the implementation level,
- NGOs, ISM practitioners and private doctors (specially lady doctors) should be involved effectively in the programme,

- Logistic support including funds for increasing the mobility of the workers, medicines, housing the sub-centres and providing helpers to ANMs (and Trained Birth Attendants) are essential to make the sub-centres functional,
- Technical training both for doctors (e.g. non-scalpel vasectomy) and ANMs (e.g. IUD insertions, proper screening for STD and PDI) as well as counselling and IEC should become regular features of the programme. Those private doctors/ISM practitioners interested in the programme should also be trained in reproductive health, family planning methods and proper counselling,
- Involvement of private sector through employment based programme should be encouraged, and,
- Method specific family planning targets should be replaced by alternative management strategies focussed on process variables such as 100 percent coverage of pregnant women with antenatal care, screening of all IUD cases, shift in the method-mix, and continuation of any contraceptive method

SIFPSA has taken these recommendations seriously and actions have already been initiated to implement some of these recommendations. Some of these include

- Government of Uttar Pradesh has withdrawn the FP targets from Sitapur and Agra Districts on an experimental basis. The CMO Sitapur has already initiated developing alternative management strategies on the basis of BSUP results,
- ECR are being updated in Sitapur with the addition of two more columns which will help in understanding their reproductive intentions as well as in identifying couples with unmet need for spacing or for limiting. Soon the same process will start in Agra District,
- The Commissioners of Gorakhpur and Bareilly Divisions have already decided to review and update the target couple registers in phases, initially in 2 blocks (Chauti Chaura and Bansaon) in Gorakhpur and in 4 blocks in each of the 7 Districts of Bareilly Division within one month, and,
- In Shahjahanpur District, one of the NGOs (Vinoba Sewa Ashram) has been given the responsibility to provide safe delivery and family planning services to 58 villages through traditional birth attendants by providing them with adequate training

Some of the recommendations which were not District specific, such as the involvement of IMA/Private doctors, improvement in the technical competence of ANMs, and involving organized sector, have already been examined by SIFPSA and now are being implemented in some Districts on an experimental basis. While planning for these interventions was not a function of the BSUP, the availability of timely data made plans more specific and reflect local reality. The results of these initiatives will help in expanding and upscaling these interventions in more Districts or throughout Uttar Pradesh

Future Dissemination Activities

The District level workshops for the 11 remaining Districts (i.e. Jhansi, Lalitpur, Jalaun, Ghaziabad, Meerut, Tehri Garhwal, Nainital, Pithoragarh, Kanpur Nagar and Jaunpur) are yet to be organized. These Districts will be covered in five workshops which will be organized by SIFPSA during 1995. The technical staff of SIFPSA are now fully prepared to assume this responsibility. To facilitate their work, Council has already provided them with essential background materials in the form of Briefing Papers and a set of transparencies for each District. If required, the Population Council staff will be available as resource persons in future workshops along with SIFPSA staff. District level staff should be oriented to the problems in service delivery and their possible solutions to make a more systematic effort to strengthen the programme throughout the state.

Annex - 1

List of Consultancy Organizations and the Districts covered in the BSUP

<u>Name of Organization</u>	<u>Districts Covered</u>
CFDRT, Madras	Tehri Garhwal Ghaziabad
IIHMR, Jaipur	Nainital Pithoragarh
ORG, Baroda	Shahjahanpur Sitapur
VIMARSH, Delhi	Jaunpur Gorakhpur
CMDP, Delhi	Meerut Rampur
CPDS, Hyderabad	Lalitpur Jhansi
MODE, Delhi	Kanpur Nagar Jalaun
Giri Institute, Lucknow	Gonda

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

NAINITAL

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Nainital is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, unmet need and demand for family planning services. The survey in Nainital covered a total of 2,442 households, 1,650 from rural and 792 from urban areas. Altogether, 2,493 currently married women were interviewed. The survey was carried out by the Indian Institute of Health Management Research, Jaipur.

Demographic Background

Nainital, situated in the Hill region of the state, had a total population of 1.5 million in 1991, about 1.1 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	37.3*
Percent Urban	33.0*
Percent Muslim	13.0
Female Literacy Rate	43.0*
Mean Age at Marriage (F)	17.5
Crude Birth Rate	27.4
Total Fertility Rate	3.5
Mean Children Ever Born	3.2
Mean Surviving Children	2.9
Crude Death Rate	7.3
Contraceptive Prevalence Rate	51.5

*1991 Census

Access

The district has one PHC for every 20,744 population and one Sub-centre for every 3,614 population. While PHC population size follows government norms of 20,000, there are about 20 percent more people in a sub-centre in Nainital. Only about 9 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 3 percent in urban and 12 percent in rural areas. Nearly all women visited were satisfied with these workers and wanted the programme worker to visit them again.

About one-half of the women who were pregnant during the last two years received an antenatal physical exam, while 68 percent received a tetanus toxoid injection. Sixty four percent of the deliveries during the last two years were attended by trained personnel. This figure was as high as 81 percent in urban areas. Muslims and SC/ST underwent professional check-ups less often than Hindus. Sixty percent of babies between 12 and 23 months received all necessary immunizations, equal for male and female children.

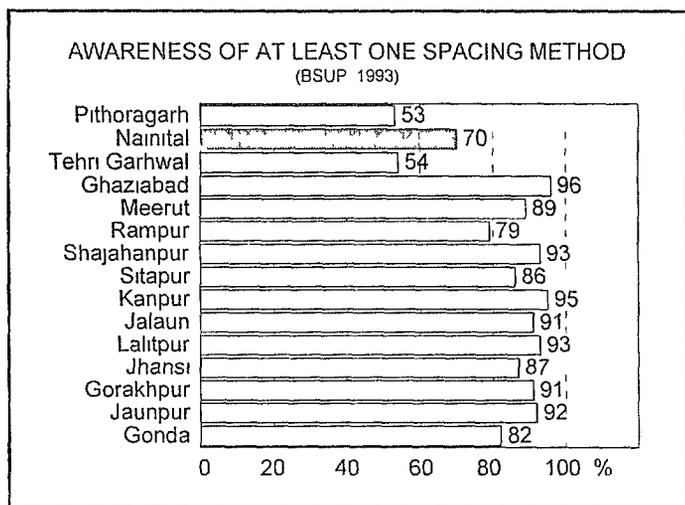
Fifty four percent of the women had access to at least one type of media, and 53 percent had heard family planning messages on either radio or television. Rural, SC/ST, Muslims and illiterate women have less access to media than urban and well-educated women.

Awareness

Awareness of family planning methods in Nainital was about 83 percent. This is low when compared to

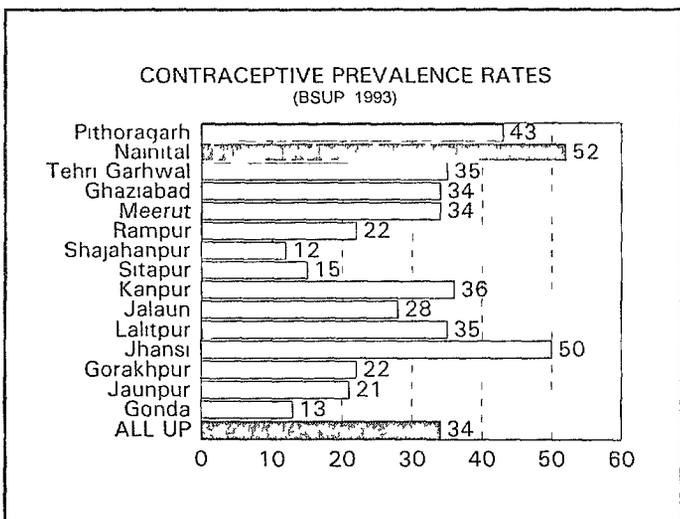
¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANE OR/TA) Project.

other districts where survey has been conducted. While 83 percent respondents were aware of at least one modern method, 70 percent were aware of at least one spacing method. This awareness among rural SC/ST and Muslims was lower.



Use

Current use of modern methods was low at 52 percent, while use of spacing methods was only 18 percent. Such use in urban areas was 63 and 29 percent respectively. The number of women who had ever used modern contraception was around 59 percent, this percentage in urban areas was 72.



Of the 52 percent using modern methods, 29 percent were using tubectomy, ten percent were using condoms and five percent were using vasectomy. Very few (four percent each) were using IUDs or pills, only one percent of the women were using traditional methods.

Most of the users had one or more sons (47% out of 52%). Muslim women used spacing methods more frequently than Hindu women. Rural and illiterate women were using modern spacing methods less frequently than their urban and educated counterparts.

Besides discontinuing because of desires for more children (40%), women discontinued because of problems with or side effects from the method (28%).

Informed Choice

The majority of women visited by health workers were told about tubectomy (87%) while less than 48 percent were told about IUDs and little more than half were talked about non-clinical methods (57%). Workers mentioned spacing methods more frequently to urban than to rural women.

During home visits also, workers informed women about methods' advantages and disadvantages more often for terminal methods than for spacing methods. This information was given least often for IUD (22%) and most often for sterilization (52%).

Sources of Supply

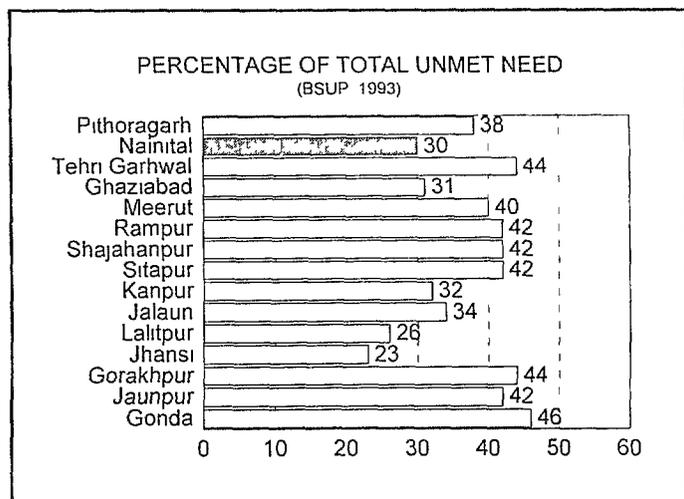
For curative health care about one-third of the women (31%) always preferred private sources. On the other hand, for MCH and family planning, women mostly used government services. Just over two-third used government sources for pills and just over half (56%) used it for condoms, showing a need to increase training in the private sector and social marketing. It suggests need of strengthening public sector programme so that more and more women can use programme services. For users, pills and condoms were available at service sites over 90 percent of the time.

Unmet Need

About 30 percent of the women in Nainital reported unmet need, meaning they do not desire more children/presently do not desire to have children and are not using family planning methods. Lighten percent of them expressed unmet need for limiting and for spacing births (desiring no births within the next 2 years)(12%), indicating a need to improve the quality of sterilization services as well as spacing.

method efforts within programmes Muslim, SC/ST and rural women had higher unmet need than their Hindu and rural counterparts This was so both for limiting births as well as for spacing

Many women cited programme services and side effects as an important reason for unmet need Other cited reasons included husband/family opposition and against religion This group generally got less information on FP from family welfare programme workers, and also had lower exposure to media



Nine percent of the surveyed women reported at least one unwanted pregnancy This number was high among urban and better educated women Of the women who did not desire additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose Another, about one-fifth were uncertain about abortions Probably they might also opt for MTP if good and accessible MTP services were available This suggests a need for more accessible MTP services

Comparison with Uttar Pradesh

Demographically, socially and economically, Nainital is much above the averages for Uttar Pradesh The crude birth rate in Nainital is 27.4 versus 36.2 for the whole state, while the total fertility rate is 3.5 compared to a state-wide 5.2 The contraceptive prevalence rate is 52 for the district and 34 for the state Also, female literacy in Nainital is high at 43 percent compared to 25 percent for the state Thirty three percent of Nainital's population lives in urban areas, while only 20

percent of the state's population does (Sources for UP data for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Nainital reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts Need-based contacts should be established to build better rapport,
- ✓ Focus IEC strategy to provide greater awareness of family planning methods, detailed information, better counselling and follow-up,
- ✓ Improve quality of services in public sector programme so as to create further demand through satisfied users,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, voluntary organisations, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Upto 24	25 29	30 +	
Total Fertility Rate	3 0	3 7	3 5	6 4	4 3	4 4	3 7	3 4				3 5
Crude Birth Rate	23 4	29 7										27 4
% with 3 or more living children who desire additional children	10	12	9	23	13	13	11	5	41	20	7	11
Mean age at effective marriage (Female)	18 3	16 9	17 4	16 9	16 6	16 7	16 9	19 0	17 1	17 5	17 5	17 4
% of households visited by PHC/SC workers in last 3 months	3	12	8	11	11	10	8	7	10	11	7	9
% always preferring private sector for health care during sickness	35	30	29	33	27	31	26	35	33	29	32	31
% who underwent ANC check up (last 2 years)	65	42	50	35	41	34	52	79	51	52	43	49
% of deliveries performed by trained personnel (last 2 years)	81	56	62	65	53	53	66	85	64	65	63	64
% of children (aged 12 23 months) who received all vaccines	59	60	64	42	56	52	60	76	59	63	57	60
% exposed to at least one form of media	76	42	55	39	39	32	63	88	51	54	56	54
% hearing FP messages on radio and/or TV	75	41	54	38	57	31	62	87	50	52	55	53
% aware of at least one modern FP method	92	78	85	72	78	75	88	95	70	83	89	83
% aware of at least one modern spacing FP method	84	62	71	62	62	57	74	91	65	73	71	70
% currently using any modern FP method	63	46	54	34	46	43	57	63	23	43	67	52
% currently using any modern spacing FP method	29	11	16	21	12	10	16	32	19	20	16	18
% currently using and having 1 son	18	11	14	8	11	10	12	21	8	18	14	13
% currently using and having 2+ sons	38	32	35	24	31	32	41	34	5	23	51	34
% using public sector for family planning services												
Sterilization	94	93	93	92	96	95	90	94	89	94	94	94
IUD	71	91	77	86	51	90	80	72	90	59	84	78
Non clinical methods	75	59	67	87	60	74	65	65	54	68	75	68
Oral Pills												
Condoms	50	65	55	78	75	76	69	43	49	67	56	56
% of women reporting that worker mentioned												
Sterilization	87	86	88	73	91	90	83	83	70	84	90	87
IUD	60	40	47	49	43	40	42	62	45	58	45	48
Non clinical methods (pills and/or condoms)	68	50	57	49	48	47	52	76	76	69	51	57
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	61	46	50	40	46	47	52	59	45	44	54	52
IUD	33	15	23	29	18	16	21	32	24	27	21	22
Non clinical methods (pills and/or condoms)	30	20	23	22	20	15	25	37	45	20	21	24
% total unmet need	21	36	30	38	35	38	26	21	38	35	25	30
% unmet need for limiting births	13	21	18	22	20	24	13	11	8	21	21	18
% of women reporting at least one unwanted pregnancy	12	7	9	9	8	8	7	12	3	9	11	9
Distribution of currently married women (N)	35 7	64 3	78 8	13 2	24 3	53 1	16 4	30 5	23 9	19 7	56 4	100 0 327900

Note Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

PITHORAGARH

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Pithoragarh is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Pithoragarh covered a total of 2,415 households - 1,952 from rural and 463 from urban areas. Altogether, 2,461 currently married women were interviewed. The survey was carried out by Indian Institute of Health Management Research, Jaipur.

Demographic Background

Pithoragarh, situated in the Hill region of the state, had a total population of 566,408 in 1991, less than one-half percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	13.9*
Percent Urban	7.4*
Percent Muslim	0.3
Female Literacy Rate	38.4*
Mean Age at Marriage (F)	17.8
Crude Birth Rate	28.9
Total Fertility Rate	5.1
Mean Children Ever Born	3.3
Mean Surviving Children	2.7
Crude Death Rate	8.6
Contraceptive Prevalence Rate	42.8

*1991 Census

Access

The district has one PHC for every 18,725 urban population and one Sub-centre for every 2,929 rural

population, placing the district well within the suggested government norms for hill regions. Only about six percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 1 percent in urban and 7 percent in rural areas. All urban and most rural (96%) women visited were satisfied with these workers, and wanted to have revisits.

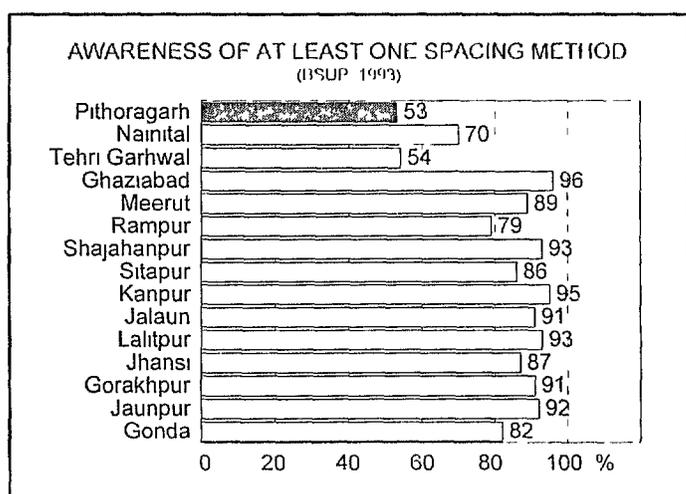
One-third of the women (36%) who were pregnant during the last two years received an antenatal physical exam, while 46 percent received a tetanus toxoid injection. Thirty-two percent of the deliveries during the last two years were attended by trained personnel. Muslims and urban women underwent professional check-ups and deliveries by trained personnel more often than Hindus and in rural areas. Fifty-two percent of babies between 12 and 23 months received all necessary vaccines.

Forty-three percent of the women have access to at least one type of media, and a high of forty percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. Muslims have higher access than Hindus, while SC/ST access is especially low to media.

Awareness

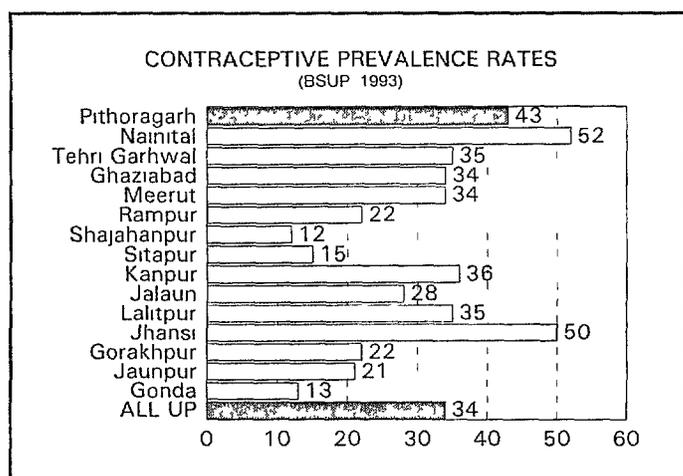
Awareness of family planning methods is relatively low. While only 79 percent respondents were aware of at least one modern method, only 53 percent were aware of at least one spacing method. Urban and better educated women have greater awareness of spacing methods than their rural and illiterate counterparts.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & North East Operations Research/Technical Assistance (ANE-OR/TA) Project.



Use

Current use of modern methods was relatively high at 43 percent, while use of spacing methods was only 6 percent. The number of women who had ever used modern contraception was around 48 percent.



Of the 43 percent using modern methods, a majority of them were using tubectomy (27%), and 3 percent were using condoms. Notwithstanding the general trend, a high percentage of males had undergone vasectomy (9%). Very few (around 2 percent each) were using IUDs or pills. Less than one percent of the women were using traditional methods.

Most of the users had two or more sons. Muslim women used spacing methods more frequently than Hindu women. Interestingly, illiterate women were using modern methods as frequently as their educated counterparts, this was less true for spacing methods. As expected more of the urban than rural women were using modern family planning methods.

Pithoragarh/2

Besides discontinuing because of desires for more children, women discontinued because of method failure and problems with or side effects from the method.

Informed Choice

The majority of women visited by health workers were told about tubectomy (89%), while less than one-third were told about spacing methods (IUD, 28% and non-clinical methods, 30%). Workers mentioned spacing methods more frequently to urban and Muslim than to rural and Hindu women.

During home visits, workers informed women about methods' advantages and disadvantages more often for terminal methods (though it is also low) than for spacing methods. This information was given least often for non-clinical methods (12%) and most often for sterilization (27%).

Sources of Supply

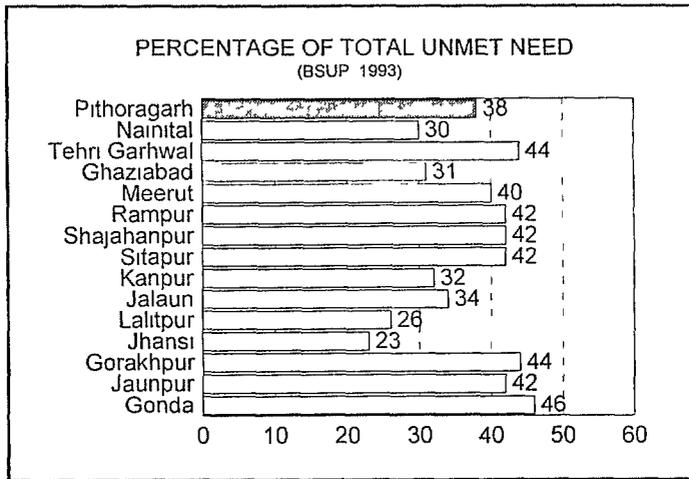
For curative health care about one-fifth of the women (19%) always prefer private sources which is again different than observed for most study districts in the state. Similarly, for MCH and family planning, women mainly use government services. It is therefore necessary to improve quality of services in public as well as private sectors. The exception is for non-clinical family planning methods, just over 70 percent used government sources for pills and condoms, showing a need for strengthening training in the private sector and social marketing. Hindu women used government services less often for non-clinical methods than Muslim women. For users, pills and condoms are available at service sites over 95 percent of the time.

Unmet Need

About 38 percent of the women in Pithoragarh reported unmet need, meaning they do not desire more children/presently do not desire to have children and are not using family planning methods. More number of women expressed unmet need for limiting (23%) than for spacing births (desiring no births within the next 2 years)(15%), indicating a need to strengthen sterilization as well as spacing method efforts within programmes. Muslim and younger rural women had higher unmet need than

their Hindu, urban and older counterparts, especially Muslims for limiting births

Many women cited health problems as a reason for unmet need. Other less cited reasons include fear of side effects and husband/family opposition



Seven percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among better educated and older women. Of the women who do not desire additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. Another 11 percent were unsure about whether to undergo abortion or not. This suggests a need for accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically, Pithoragarh is much above the averages for Uttar Pradesh. The crude birth rate in Pithoragarh is 31 versus 36 for the whole state, while the total fertility rate is 3.3 compared to a state-wide 5.2. The contraceptive prevalence rate is 43 for the district and 34 for the state. Also, female literacy in Pithoragarh is high at 38 percent compared to 25 percent for the state. Only seven percent of Pithoragarh's population live in urban areas, while 20 percent of the state's population does. (Sources for UP data: for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Pithoragarh reveals an urgent need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage
- Increase inputs to the public service institutions, as these are the ones taking major responsibilities

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. Even there is a need to increase awareness of FP methods, particularly of spacing methods,
- ✓ Emphasise on vasectomy which still is second most preferred method alongwith tubectomy, so also on spacing methods,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up. Much more emphasis needs to be given to spacing method,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youths,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25 29	30+	
Total Fertility Rate	2 0	3 4	3 2	5 1	3 9	4 1	3 7	2 4				3 3
Crude Birth Rate	22	32										31
% with 3 or more living children who desire additional children	2	8	8	*	11	9	8	3	21	19	4	8
Mean age at effective marriage (Female)	18 0	16 0	16 2	15 2	15 1	15 3	16 3	18 3	16 5	16 9	15 7	16 2
% of households visited by PHC/SC workers in last 3 months	1	7	6	8	6	6	8	6	10	6	4	6
% always preferring private sector for health care during sickness	27	18	19	18	16	18	20	23	18	20	19	19
% who underwent ANC check up (last 2 years)	73	34	36	79	30	26	32	61	36	38	31	36
% of deliveries performed by trained personnel (last 2 years)	82	30	32	80	30	22	35	52	34	34	26	32
% of children (aged 12-23 months) who received all vaccines	76	51	52	57	55	42	30	32	52	56	50	52
% exposed to at least one form of media	89	39	43	63	30	25	54	77	44	44	42	43
% hearing FP messages on radio and/or TV	88	37	42	63	29	23	53	75	42	42	41	40
% aware of at least one modern FP method	96	77	79	70	78	72	85	90	68	79	85	79
% aware of at least one modern spacing FP method	87	50	53	59	46	37	65	83	56	58	50	53
% currently using any modern FP method	63	41	43	53	44	44	44	39	12	39	62	43
% currently using any modern spacing FP method	21	5	6	33	4	3	5	18	7	10	5	6
% currently using and having 1 son	21	11	11	6	9	10	13	15	4	12	16	11
% currently using and having 2+ sons	36	29	29	37	33	34	29	19	4	26	45	30
% using public sector for family planning services												
Sterilization	97	88	88	94	91	88	90	89	82	84	89	88
IUD	89	100	96	100	100	100	100	95	99	100	90	95
Non clinical methods	80	70	70	75	74	64	81	73	53	97	72	71
Oral Pills												
Condoms	59	76	72	90	47	95	69	67	56	90	73	71
% of women reporting that worker mentioned												
Sterilization	74	91	89	98	92	94	92	72	72	92	91	89
IUD	44	26	27	38	22	14	29	64	52	38	20	28
Non clinical methods (pills and/or condoms)	41	29	30	38	21	17	40	58	66	27	24	30
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	42	25	27	2	28	26	29	26	25	17	30	27
IUD	32	11	14	5	9	5	17	36	26	21	9	14
Non clinical methods (pills and/or condoms)	29	9	12	2	5	6	10	30	31	8	9	12
% total unmet need	28	38	38	42	33	39	36	36	45	38	33	38
% unmet need for limiting births	23	23	23	32	19	25	19	22	10	26	29	23
% of women reporting at least one unwanted pregnancy	8	7	7		5	7	8	8	2	7	10	7
Distribution of currently married women (N)	8 0	92 0	98 9	0 5	21 3	54 4	25 0	20 6	29 4	19 3	51 3	100 0 147693

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women *negligible percentage

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

TEHRI GARHWAL

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Tehri Garhwal is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, unmet need and demand for family planning services. The survey in Tehri Garhwal covered a total of 2,431 households - 1,937 from rural and 494 from urban areas. Altogether, 2,506 currently married women were interviewed. The survey was carried out by Centre for Development Research and Training, Madras.

Demographic Background

Tehri Garhwal, situated in the Hill region of the state, had a total population of 580,153 in 1991, about 0.4 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	15.6*
Per cent Urban	5.7*
Per cent Muslim	2.0
Female Literacy Rate	26.0*
Mean Age at Marriage (F)	17.7
Crude Birth Rate	23.3
Total Fertility Rate	4.1
Mean Children Ever Born	3.2
Mean Surviving Children	2.9
Crude Death Rate	8.7
Contraceptive Prevalence Rate	34.5

*1991 Census

Access

The district has one PHC for every 19,545 rural population and one Sub-centre for every 3,442 population, placing the district quite close to the suggested government norms (for hill districts) except Sub-centre which has slightly higher population to serve. Only about 11 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 6 percent in urban and 12 percent in rural areas. Nearly all women visited were satisfied with these workers (94%), they wanted visits of these workers to their homes.

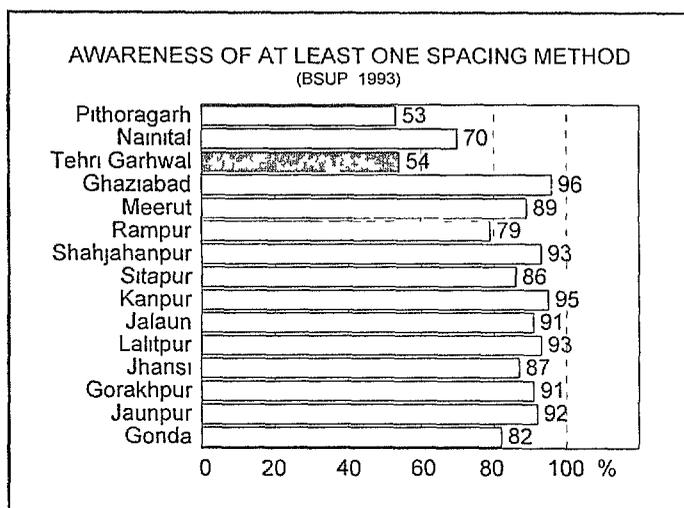
One-fourth of the women who were pregnant during the last two years received an antenatal physical exam, while 27 percent received a tetanus toxoid injection. Forty percent of the deliveries during the last two years were attended by trained personnel. In urban areas 87 percent deliveries were attended by trained persons. Muslims underwent professional check-ups and deliveries much more often than Hindus. The SC/ST had minimum such check-ups. Thirty percent of babies between 12 and 23 months received all necessary immunizations. It was more for male babies than females. Urban babies were receiving immunizations much more than rural.

Forty-one percent of the women have access to at least one type of media, thirty nine percent had heard family planning messages on either radio or television. Rural, SC/ST and illiterate women have less access to media than urban and well-educated women. Muslims have higher exposure than Hindus, while SC/ST population's access is especially low.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & North East Operations Research/Technical Assistance (ANO/ORTA) Project.

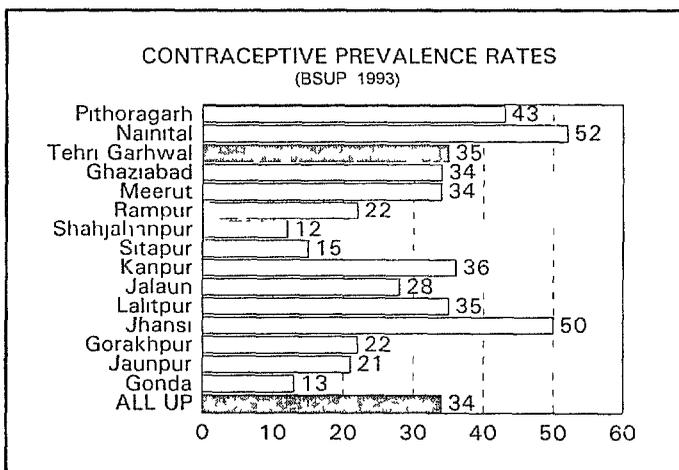
Awareness

Awareness of family planning methods is quite high (84%) While 84 percent respondents were aware of at least one modern method, only 54 percent were aware of at least one spacing method



Use

Current use of modern methods was at 35 percent (58 percent urban areas and 33 percent in rural), while use of spacing methods was only 5 percent. This district had one of the lowest practice of spacing methods. The number of women who had ever used modern contraception was around 39 percent.



Of the 35 percent using modern methods, most were using tubectomy (27%), two percent were using condoms and three percent were using vasectomy. Very few (around two percent) were using IUDs, and about 1 percent were using pills. Only one percent of the women were using traditional methods.

Tehri Garhwal/2

Most of the users had one or more sons. Interestingly, illiterate women were using modern methods as frequently as their educated counterparts, in the case of spacing methods, much higher percentage of educated women were using spacing methods than less educated ones. Use among Muslims is also lower.

Besides discontinuing because of desire for more children, women discontinued because of method failure and problems with or side effects from the methods used. The percentage in the latter category were much fewer in this district (even so in Nainital) than other districts in which the survey was conducted.

Informed Choice

The majority of women visited by health workers were told about tubectomy (84%), only about one-quarter were told about spacing methods (IUD 27% and non-clinical methods 25%).

During home visits, workers informed women about methods' advantages and disadvantages more often for terminal methods than for spacing methods. This information was given least often for IUD (4%) and most often for sterilization (17%). That is, clients do not get full information on family planning methods.

Sources of Supply

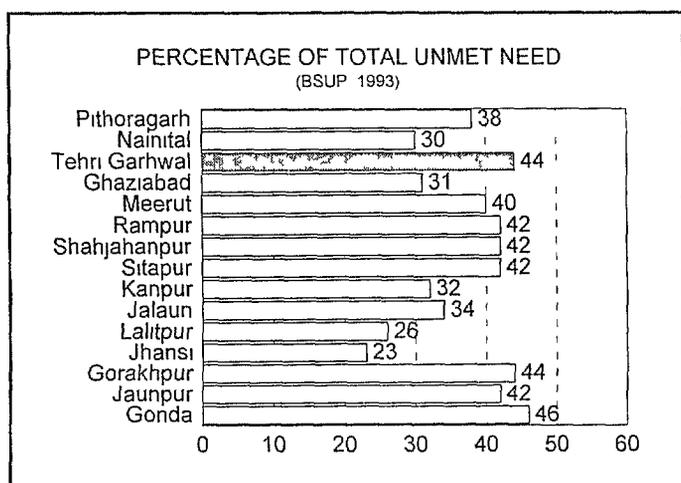
For curative health care, 31 percent women always preferred private sources. For MCH and family planning, women mainly used government services. The percentage using public sector for sterilization, IUD, oral pills and condoms were 87, 76, 82 and 59 respectively. This suggests that people have started going to private sector for family planning services. It shows a need to increase training in private sector and social marketing. For users, pills and condoms are available at service sites (69% for oral contraceptive pills and 83% for condoms).

Unmet Need

About 44 percent women in Tehri Garhwal reported unmet need, meaning they did not desire more children/presently do not desire to have children and were not using family planning methods. Twenty eight percent of them reported unmet need for limiting births and 16 percent for spacing births.

(desiring no births within the next 2 years), indicating a need to improve the quality of sterilization services as well as spacing method efforts within programmes. Muslim and rural women had higher unmet need than their Hindu and urban counterparts, especially for limiting births.

Many women cited problems related to programme and its side effects as a reason for unmet need. Other less frequently cited reasons include husband/family opposition (3%) and religion (2%).



Six percent of the surveyed women reported at least one unwanted pregnancy. Of the women who did not desire additional children, about 15 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. There were other 16 percent who were not certain about fate of their unwanted pregnancy. This group perhaps will accept MTP if accessible and good quality service were made available. This suggests a need for more accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically, Tehri Garhwal is much above the averages for Uttar Pradesh. The crude birth rate in Tehri Garhwal is 23.3 versus 36.2 for the whole state, while the total fertility rate is 4.1 compared to a state-wide 5.2. The contraceptive prevalence rate is 35 for the district and 34 for the state. Also, female literacy in Tehri Garhwal is equal to that for the State where about one-quarter females are literate. Only six percent of Tehri Garhwal's population lives in urban areas, while 20 percent of the state's population does. (Sources for UP data for literacy and urban

population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Tehri Garhwal reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. Need based contacts should be established to build better rapport. Messages on spacing methods are to be spread,
- ✓ Focus IEC strategy to provide detailed information on each method, better counselling and follow-up. This is particularly meant for spacing methods,
- ✓ Improve quality of services in public sector programme so as to create further demand through satisfied users,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, voluntary organisations, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	3 7	4 2	4 2	3 7	4 9	4 3	4 4	3 6				4 1
Crude Births Rate	22 0	23 3										23 3
% with 3 or more living children who desire additional children	3	13	12	30	13	13	12	9	25	27	9	12
Mean age at effective marriage (Female)	18 5	17 6	17 6	17 6	16 9	17 3	17 9	19 0	18 0	17 8	17 4	17 6
% of households visited by PHC/SC workers in last 3 months	6	12	11	11	9	11	13	11	13	13	10	11
% always preferring private sector for health care during sickness	15	32	31	2	35	32	33	23	31	30	30	31
% who underwent ANC check up (last 2 years)	80	24	26	52	23	16	39	52	27	29	22	26
% of deliveries performed by trained personnel (last 2 years)	87	37	39	81	44	37	35	54	40	42	38	40
% of children (aged 12 23 months) who received all vaccines	65	28	31	16	24	20	39	57	34	30	28	30
% exposed to at least one form of media	94	38	41	68	29	30	59	78	45	42	40	41
% hearing FP messages on radio and/or TV	93	36	39	55	28	29	55	75	43	40	38	39
% aware of at least one modern FP method	98	83	85	64	74	81	91	93	79	83	87	84
% aware of at least one modern spacing FP method	92	52	55	48	43	47	66	79	63	59	50	54
% currently using any modern FP method	58	33	35	15	28	34	35	36	10	25	48	35
% currently using any modern spacing FP method	19	4	5	1	4	3	4	15	7	9	2	5
% currently using and having 1 son	18	6	7	3	6	6	4	12	4	9	7	7
% currently using and having 2+ sons	35	26	26	12	21	28	28	18	2	14	40	26
% using public sector for family planning services												
Sterilization	92	87	87	98	82	87	88	88	82	87	87	87
IUD	83	73	76	100	30	100	100	61	96	59	90	76
Non clinical methods	88	80	82	100	54	90	77	78	85	83	72	82
Oral Pills												
Condoms	54	61	59		86	53	68	64	65	59	52	59
% of women reporting that worker mentioned												
Sterilization	75	85	85	42	81	88	83	68	56	73	92	84
IUD	28	27	27		14	24	26	39	35	48	20	27
Non clinical methods (pills and/or condoms)	21	26	26	3	27	22	30	37	46	37	19	25
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	10	18	18	-	20	19	14	17	11	15	19	17
IUD	8	4	4	-	1	2	12	4	7	6	3	4
Non clinical methods (pills and/or condoms)	7	5	5		10	4	9	7	10	8	3	5
% total unmet need	30	46	44	60	48	46	42	39	43	46	44	44
% unmet need for limiting births	23	29	28	45	31	31	23	18	8	25	37	28
% of women reporting at least one unwanted pregnancy	4	6	6	5	4	6	7	3	2	5	8	6
Distribution of currently married women (N)	6 2	93 8	97 3	1 9	10 6	71 6	13 0	15 4	21 8	20 7	57 5	100 0 114970

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

GHAZIABAD

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Ghaziabad is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization and demand for family planning services. The survey in Ghaziabad covered a total of 3,068 households - 1,953 from rural and 1,115 from urban areas. Altogether, 3,434 currently married women were interviewed. The survey was carried out by Centre for Development Research and Training, Madras.

Demographic Background

Ghaziabad, situated in the Western region of the state, had a total population of 2,703,933 in 1991, about 1.9 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	49.5*
Percent Urban	46.2*
Percent Muslim	21.2*
Female Literacy Rate	38.8*
Mean Age at Marriage (F)	17.9
Crude Birth Rate	28.9
Total Fertility Rate	5.1
Mean Children Ever Born	3.3
Mean Surviving Children	2.9
Crude Death Rate	7.1
Contraceptive Prevalence Rate	34.6

*1991 Census

Access

The district has one PHC for every 30,972 population and one Sub-centre for every 5,236 rural

population, placing the district close to the suggested government norms. Only about six percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 2 percent in urban and 10 percent in rural areas. Nearly 90 percent of the district women visited, were satisfied with these workers and would welcome more visits.

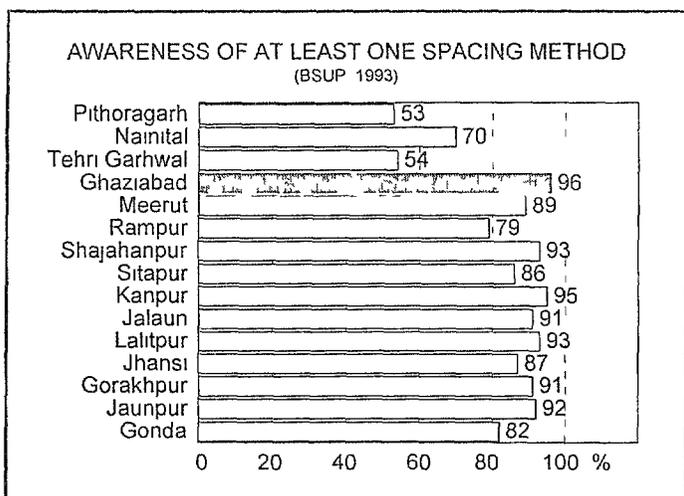
One-half of the women who were pregnant during the last two years received an antenatal physical exam, while 60 percent received a tetanus toxoid injection. Relatively higher percentage (38%) of the deliveries during the last two years were attended by trained personnel. This percentage in rural areas was only 23 percent, while in urban areas it was 59. Thirty-nine percent of babies between 12 and 23 months received all necessary vaccines.

Seventy percent of the women have access to at least one type of media, and almost all of them had heard family planning messages on either radio or television. The overall exposure to the media as well as family planning messages was quite high in the district compared to most other surveyed districts in the state. Rural, illiterate, Muslim and SC/ST women have less access to media than urban, well-educated and Hindu women.

Awareness

Awareness of family planning methods is high. While all respondents were aware of at least one modern method (98%), equally high (96%) were aware of at least one spacing method. Awareness of modern spacing methods is very similar within all categories: residence, religion, caste, education and age.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANE OR/TA) Project.



Besides about one-fourth discontinuing because of desire for more children (34%), women discontinued because of method failure and problems with or side effects from the methods used. Method failure as a reason was mentioned by 3 percent of women.

Informed Choice

The majority of women visited by health workers were offered tubectomy (90%), while less than one-half were given the option of non-clinical methods (46%). IUD was mentioned to about one-half of the acceptors. Workers mentioned spacing methods more frequently to urban, Muslims and well educated than to rural, Hindu and illiterate women.

Choosers were less informed about the advantages and disadvantages of different methods. Non-clinical method acceptors were given the least information on advantages and disadvantages (9%), so also sterilization acceptors - only 17 percent received such information. The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply.

Sources of Supply

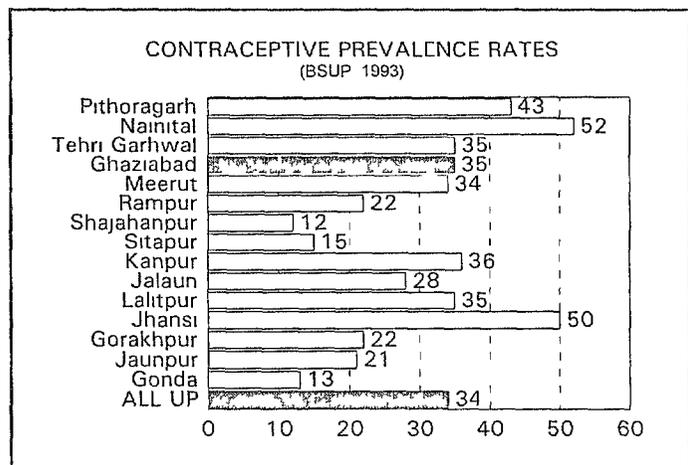
For curative health care majority of the women (58%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government channels a large percentage, however still go to the private sector. The percentages getting services from private sector for sterilization, IUD, oral pills and condoms were 39, 62, 46 and 43 respectively. This suggests a need to increase training in the private sector and social marketing. Rural women used government services, both for clinical and non-clinical methods more often than urban women. For users, pills and condoms are available at service sites over 90 percent of the time.

Unmet Need

Women who do not desire more children/presently not desiring to have children and who are not using family planning methods exhibit unmet need. About one-third of the women in Ghaziabad (31%) report unmet need, 24 percent for limiting family size and only 7 percent for spacing births (no birth within two years). Muslim, rural and illiterate had higher unmet need than Hindu, urban and better educated women.

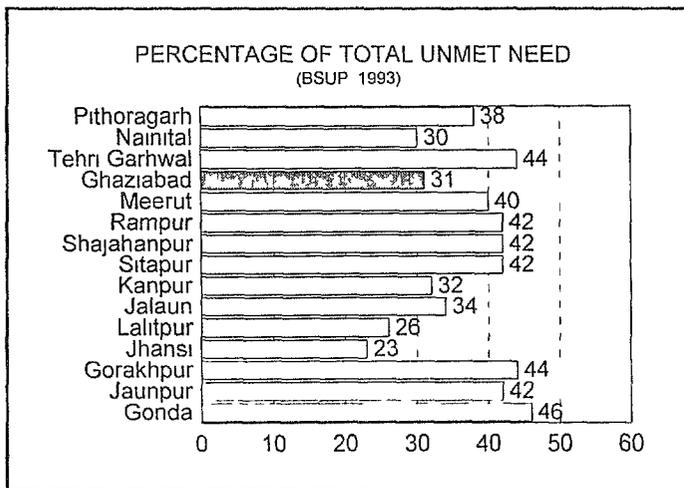
Use

Compared to the percentage of women aware of family planning methods, levels of use were found to be low. The usership level data however placed Ghaziabad among the average districts in the State. Current use of modern methods was 35 percent, while use of spacing methods was only 12 percent. The number of women who had ever used contraception was around 42 percent.



Of the 35 percent using modern methods, most were using tubectomy (21%), and 7 percent were using condoms. Very few (around 3 percent each) were using IUDs or pills. About 1 percent were users of vasectomy. Another seven percent of the women reported as users of traditional methods.

Most of the users had two or more sons. Rural, Muslim, SC/ST, illiterate and younger women use contraception much less frequently than their urban Hindu, educated and older counterparts.



Many women cited religion as a reason for unmet need (12%). Other frequently cited reasons include opposition from husband or other family members, health problems, unavailability of services and fear of side effects. This group generally has less contact with programme workers, exposure to media and awareness of spacing methods.

Six percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among well educated women, and lowest among Muslims. Of the total eligible women who did not want additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. This suggests a need for accessible MTP services.

Comparison with Uttar Pradesh

Among the 15 districts surveyed, Ghaziabad ranks among little above averages for most demographic indicators, contraceptive use, media exposure, and home visits by the workers. The crude birth rate in Ghaziabad is 28.9 versus 36.2 for the whole state, while the total fertility rate is 5.1 compared to a state-wide 5.2. The contraceptive prevalence rate is 35 for the district and 34 for the state. Also, female literacy in Ghaziabad is high at 39 percent compared to 25 percent for the state. Almost half (46%) of Ghaziabad's population live in urban areas while only 20 percent of the state's population does. (Sources for UP data for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Ghaziabad/3

Implications for Programme Goals

- The survey in Ghaziabad reveals an urgent need to
- Raise use of contraceptives, both for spacing and limiting, thereby reducing excessive unmet need,
 - Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
 - Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. There is need to give need-based services,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up. Correct information on FP methods will not create scary feelings,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programme,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing. Quality in public sector needs to be improved,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as SC/ST, Muslims and youth,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	4.4	5.8	4.8	7.8	5.4	6.5	5.4	3.8				5.1
Crude Birth Rate	24.2	33.4										28.9
% with 3 or more living children who desire additional children	6	14	6	27	9	12	12	3	34	19	6	10
Mean age at effective marriage (Female)	18.5	17.1	18.0	16.8	17.3	17.0	17.3	19.4	17.3	18.1	18.0	17.3
% of households visited by PHC/SC workers in last 3 months	2	10	5	8	4	6	7	3	6	5	6	6
% always preferring private sector for health care during sickness	58	59	59	56	58	54	54	67	60	55	59	58
% who underwent ANC check up (last 2 years)	64	37	54	28	46	35	49	75	51	51	42	49
% of deliveries performed by trained personnel (last 2 years)	59	23	42	23	26	26	33	70	40	41	33	38
% of children (aged 12-23 months) who received all vaccines	48	33	45	20	35	27	44	65	38	49	28	39
% exposed to at least one form of media	84	58	75	52	62	56	73	93	72	72	70	71
% hearing FP messages on radio and/or TV	83	57	74	51	61	53	72	92	71	71	69	70
% aware of at least one modern FP method	99	96	98	97	96	97	97	99	96	98	98	98
% aware of at least one modern spacing FP method	98	93	96	94	93	94	95	99	94	97	96	96
% currently using any modern FP method	44	25	39	11	27	27	36	46	11	31	49	35
% currently using any modern spacing FP method	17	8	14	7	6	7	13	21	9	16	12	12
% currently using and having 1 son	15	5	11	2	4	5	7	20	5	11	12	10
% currently using and having 2 sons	26	19	25	9	22	21	27	22	3	17	35	2
% using public sector for family planning services												
Sterilization	57	68	62	43	69	65	74	51	54	65	61	6
IUD	33	49	39	49	38	66	39	23	61	43	28	38
Non clinical methods	44	70	53	56	37	48	27	65	47	64	47	5
Oral Pills												
Condom	52	71	59	48	76	53	72	54	55	55	58	57
% of women reporting that worker mentioned												
Sterilization	92	87	90	86	93	93	86	88	76	84	94	90
IUD	55	47	51	59	46	47	59	53	56	55	49	51
Non clinical methods (pills and/or condoms)	48	43	45	54	36	39	55	50	50	48	44	46
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	16	18	17	21	18	18	16	16	19	16	17	17
IUD	17	9	13	17	13	9	15	18	18	10	13	13
Non clinical methods (pills and/or condoms)	12	5	8	19	1	5	8	16	10	8	9	9
% total unmet need	25	39	29	46	35	40	29	21	24	31	35	31
% unmet need for limiting births	19	30	23	33	28	32	21	14	8	24	32	24
% of women reporting at least one unwanted pregnancy	5	6	6	3	5	4	7	7	3	6	7	6
Distribution of currently married women (N)	50.9	49.1	80.4	17.4	18.2	50.9	16.5	32.6	27.3	21.3	51.4	100.0

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

23

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

MEERUT

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Meerut is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Meerut covered a total of 2,462 households - 1,543 from rural and 919 from urban areas. Altogether, 2,622 currently married women were interviewed. The survey was carried out by Centre for Management of Development Programmes, New Delhi.

Demographic Background

Meerut, situated in the Western region of the state, had a total population of 3,447,912 in 1991, about 2.5 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	23.0*
Percent Urban	37.0*
Percent Muslim	22.3
Female Literacy Rate	35.6*
Mean Age at Marriage (F)	17.9
Crude Birth Rate	30.3
Total Fertility Rate	4.6
Mean Children Ever Born	3.7
Mean Surviving Children	3.1
Crude Death Rate	8.2
Contraceptive Prevalence Rate	34.0

*1991 Census

Access

The district has one PHC for every 30,158 population and one Sub-centre for every 5,296 population, placing the district almost at par with suggested government norms. Only about 10 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 12 percent in urban and 9 percent in rural areas. Nearly 84 percent women visited were satisfied with these workers, and desired to have more visits.

Forty-two percent of the women who were pregnant during the last two years received an antenatal physical exam, while a relatively higher percentage of women (65%) received a tetanus toxoid injection. Forty percent of the deliveries during the last two years were attended by trained personnel. Urban women underwent professional check-ups and deliveries significantly more often than their rural counterparts. Thirty percent of babies between 12 and 23 months received all necessary vaccines.

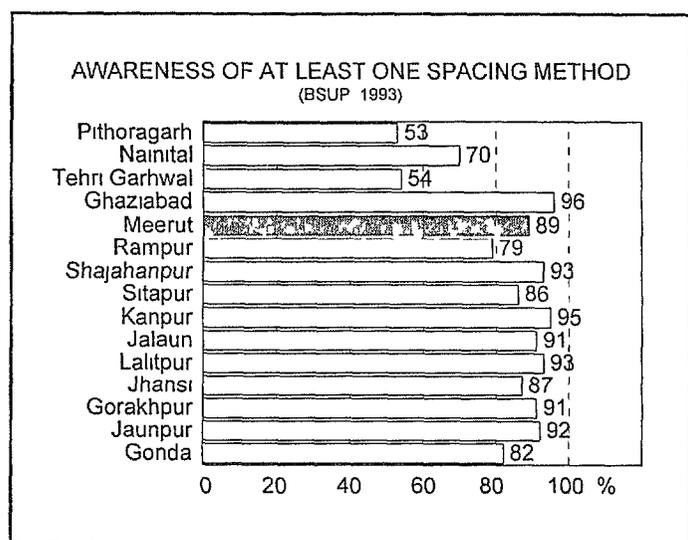
Forty-seven percent of the women have access to at least one type of media, and also forty-one percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. SC/ST have lower access than Hindus, while Muslims access is especially low.

Awareness

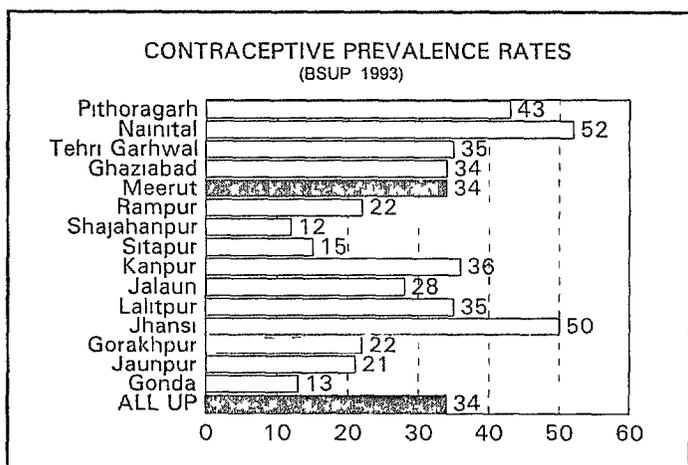
Awareness of family planning methods is nearly universal. While 94 percent respondents were aware

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANE OR/TA) Project.

of at least one modern method, 89 percent were aware of at least one spacing method. Not much differential in awareness was observed by caste, religion or literacy level.



Use
Current use of modern methods was 34 percent, while use of spacing methods was only 13 percent. The number of women who had ever used modern contraception was around 42 percent.



Of the 34 percent using modern methods, most were using tubectomy (21%), 8 percent condoms and 3 percent were using oral pills. Very few (around 2 percent) were using IUDs and less than one percent vasectomy. Six percent of the women were using traditional methods.

More urban, Hindus and better educated women were using FP methods than rural, Muslims, SC/ST

Meerut/2

and illiterates. The same is the picture with regard to spacing methods, except (i) urban-rural differentials being more and (ii) Hindu-Muslim differential less.

Besides discontinuing because of desire for more children, women discontinued because of method failure and problems with or side effects from the method.

Informed Choice

Interestingly majority of women visited by health workers were told equally about tubectomy (62%), and oral pills/condoms (60%), while about 45 percent were told about IUD, suggesting that almost equal emphasis is being placed by the workers on spacing and terminal methods, except on IUD. Again almost equal emphasis was given by the workers to all methods, irrespective of women's background characteristics.

During home visits, workers informed women about methods' advantages and disadvantages more often for terminal methods than for spacing methods, though it was low even for terminal methods. This information was given least often for OP/CC (11%) and most often for sterilization (26%).

Sources of Supply

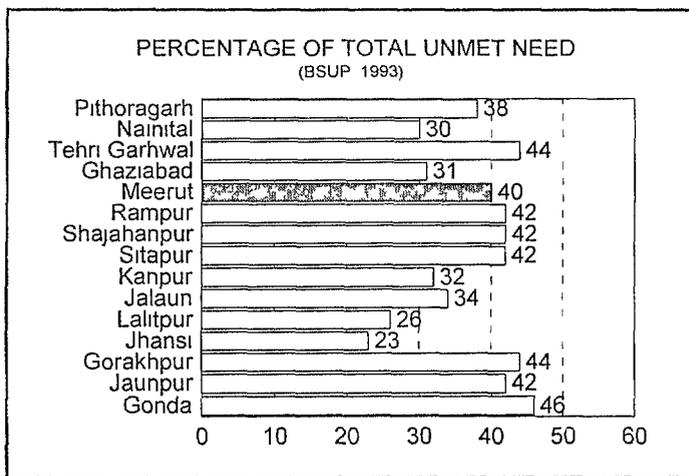
For curative health care more than three-fourths of the women (58%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, where in about 45 percent used government sources for pills and condoms, showing a need to increase training in the private sector and social marketing. There is also a need to improve quality of sterilization (for that matter all the methods) services in public sector as this channel is being mostly used. Urban and Hindu women used government services for clinical methods less often than rural and Muslim women. For users, pills and condoms are available at service sites over 90 percent of the time.

Unmet Need

About forty percent of the women in Meerut reported unmet need, meaning they do not desire

more children/presently do not desire to have children and are not using family planning methods. Almost two times of women expressed unmet need for limiting (27%) than for spacing births (desiring no births within the next 2 years)(13%), indicating a need to strengthen sterilization as well as spacing method efforts within programme. Muslim and illiterate women had higher unmet need than their Hindu and literate counterparts, both for limiting and spacing the births.

Many women cited health problems as a reason for unmet need. Other frequently cited reasons include against religion (13%), a few (3%) also mentioning husband/family opposition.



Eleven percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among rural and Hindu women. Of the women who do not desire additional children, about one-fourth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. This suggests a need for more accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically, Meerut is among the above averages for Uttar Pradesh. The crude birth rate in Meerut is 30.3 versus 36.2 for the whole state, while the total fertility rate is 4.6 compared to a state-wide 5.2. The contraceptive prevalence rate is 34 for the district which is almost equal to the state. Also, female literacy in Meerut is high at 36 percent compared to 25.3 percent for the state. Thirty-seven percent of Meerut's population

live in urban areas, while only 20 percent of the state's population does. (Sources for UP data for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Meerut reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up, this is particularly needed for IUDs,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing. Quality of services in public sector needs to be improved,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			A/I
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	4 2	4 9	4 3	5 8	4 9	5 3	4 8	3 6				4 6
Crude Birth Rate	30 0	30 5										30 3
% with 3 or more living children who desire additional children	13	14	10	25	14	15	16	8	43	26	8	13
Mean age at effective marriage (Female)	18 3	17 5	18 0	17 3	17 2	17 4	17 8	19 2	17 6	18 0	17 9	17 8
% of households visited by PHC/SC workers in last 3 months	12	9	10	9	8	9	13	12	10	12	9	10
% always preferring private sector for health care during sickness	62	55	58	60	56	55	58	65	60	62	55	58
% who underwent ANC check up (last 2 years)	51	36	45	33	34	32	51	66	47	43	32	42
% of deliveries performed by trained personnel (last 2 years)	59	29	43	31	38	29	43	73	42	40	38	40
% of children (aged 12 23 months) who received all vaccines	34	28	35	19	25	25	30	47	29	34	27	30
% exposed to at least one form of media	62	36	52	27	38	30	57	84	48	50	44	47
% hearing FP messages on radio and/or TV	58	30	46	24	32	26	51	78	40	44	39	41
% aware of at least one modern FP method	99	90	94	91	93	91	98	97	92	96	94	94
% aware of at least one modern spacing FP method	96	84	90	85	87	85	95	97	88	93	88	89
% currently using any modern FP method	40	30	39	13	28	28	37	48	13	32	45	34
% currently using any modern spacing FP method	19	9	13	9	8	8	10	26	11	20	10	13
% currently using and having 1 son	11	6	10	3	5	4	9	18	4	10	10	8
% currently using and having 2+ sons	24	22	27	10	21	22	25	23	4	18	34	23
% using public sector for family planning services												
Sterilization	69	82	77	88	71	81	74	71	67	84	76	77
IUD	49	69	58	73	69	92	29	50	60	49	67	59
Non clinical methods	46	49	49	41	37	42	64	49	53	38	51	47
Oral Pills												
Condoms	41	48	43	39	41	48	50	40	45	37	48	43
% of women reporting that worker mentioned												
Sterilization	55	72	65	54	71	62	76	55	45	54	69	62
IUD	31	64	45	50	29	42	52	48	46	53	42	45
Non clinical methods (Pills and/or condoms)	51	72	59	66	49	57	57	67	80	69	52	60
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	29	22	27	22	20	24	27	28	16	16	31	26
IUD	11	18	13	17	5	12	18	16	16	20	12	14
Non clinical methods (pills and/or condoms)	18	21	18	22	11	15	14	28	27	27	15	19
% total unmet need	38	42	37	54	40	45	34	29	40	37	41	40
% unmet need for limiting births	26	29	26	34	28	32	20	19	11	24	37	27
% of women reporting at least one unwanted pregnancy	8	13	13	7	12	12	16	9	4	9	15	11
Distribution of currently married women (N)	40 0	60 0	76 5	22 2	22 5	63 4	12 1	24 5	26 5	20 9	52 6	100 0 611125

Note Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

RAMPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Rampur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, unmet need and demand for family planning services. The survey in Rampur covered a total of 2,450 households - 1,811 from rural and 639 from urban areas. Altogether, 2,705 currently married women were interviewed. The survey was carried out by Centre for Management of Development Programmes, New Delhi.

Demographic Background

Rampur, situated in the Western region of the state, had a total population of 1,502,141 in 1991, about 1.1 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	27.1*
Percent Urban	26.1*
Percent Muslim	41.7
Female Literacy Rate	15.3*
Mean Age at Marriage (F)	17.4
Crude Birth Rate	36.2
Total Fertility Rate	5.4
Mean Children Ever Born	3.8
Mean Surviving Children	3.2
Crude Death Rate	9.7
Contraceptive Prevalence Rate	22.0

*1991 Census

Access

The district has one PHC for every 32,630 rural population and one Sub-centre for every 6,526 population, placing the district close to the suggested government norms for PHCs, but behind the norm for coverage by SCs (by 30%). Only about 16 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 14 percent in urban and 17 percent in rural areas. Most of the women visited were satisfied with these workers (94%) and would welcome their visits (95%).

About one-third of the women who were pregnant during the last two years received an antenatal physical exam, while 45 percent received a tetanus toxoid injection. However, only 23 percent of the deliveries during the last two years were attended by trained personnel. Literate and urban women underwent professional check-ups and deliveries more often than illiterates and their rural counterparts. Only twenty-one percent of babies between 12 and 23 months received all necessary immunizations.

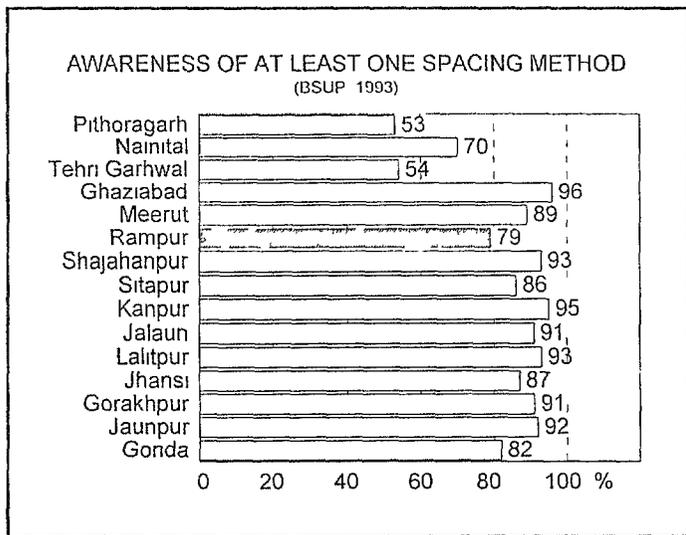
Forty-seven percent of the women have access to at least one type of media, while 32 percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. No differential by caste/religion was noticed in media exposure.

Awareness

Awareness of family planning methods is high. While 87 percent respondents were aware of at least

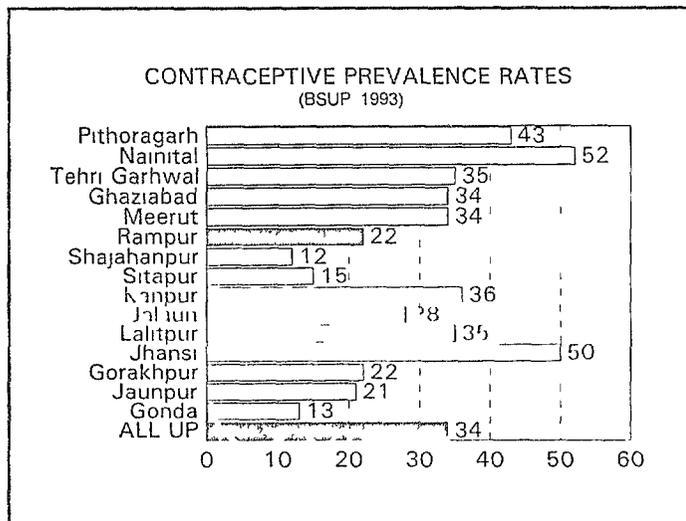
¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & North East Operations Research/Technical Assistance (ANO/ORTA) Project.

one modern method 79 percent were aware of at least one spacing method. Urban women have greater awareness of both terminal and spacing methods than rural women.



Use

Current use of modern methods was low at 22 percent, while use of spacing methods was relatively high at 12 percent. The number of women who had ever used modern contraception was around 33 percent.



Of the 22 percent using modern methods, 9 percent were using tubectomy, 6 percent were using condoms and less than 1 percent were using vasectomy. A sizeable percentage of women were also using IUDs (3%), and pills (4%). About 8 percent of the women were using traditional methods.

Most of the users had two or more sons. Urban women used both terminal and spacing methods more frequently than rural women. Interestingly, both Muslim and Hindu women were using modern spacing methods equally. As expected, differential by literacy level existed with more of the literate women using modern methods.

Besides discontinuing because of desires for more children (40%), women also discontinued because of problems with or side effects from the method (28%).

Informed Choice

Interestingly majority of women visited by health workers were told equally about tubectomy (70%) and non-clinical methods (75%), while only about one-half were told about IUD. Workers mentioned spacing methods more frequently to urban and Muslim than to rural and Hindu women.

During home visits also, workers informed women equally about methods' advantages and disadvantages for terminal as well as non-clinical spacing methods though only about one-fourth were informed. This information was given least often for IUD (17%) and most often for non-clinical methods (29%).

Sources of Supply

For curative health care about two-thirds of the women (65%) always preferred private sources. On the other hand, for MCH and family planning, women mainly used government services. Just over half used government sources for condoms, showing a need for training in the private sector and social marketing. Urban women used government services less often for modern spacing methods than rural women. Virtually no differences existed by caste and religion. For users, pills and condoms were available at service sites over 90 percent of the time.

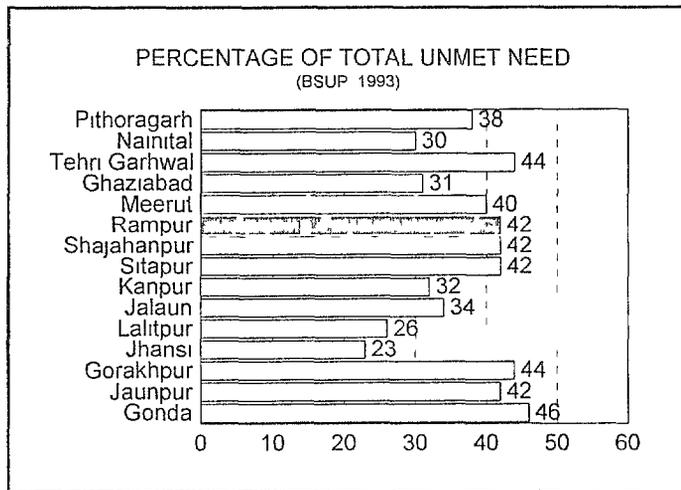
Unmet Need

About forty two percent of the women in Rampur reported unmet need, meaning they did not desire more children and were not using family planning methods. Relatively higher percent of women

29

expressed unmet need for limiting (27%) than for spacing births (desiring no births within the next 2 years)(15%) indicating a need to improve the quality of sterilization services as well as spacing method efforts within programmes. Almost equal number of Hindu and Muslim women, and urban and rural women expressed the unmet need both for limiting and spacing the births.

Many women cited programme and side effect problems as reason for unmet need. Other frequently cited reasons include fear of operation/side effects and husband/family opposition.



Nine percent of the surveyed women reported at least one unwanted pregnancy. This number was high among urban and older women. Of the women who did not desire additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. This suggests a need for more accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically, Rampur is among the below average districts of Uttar Pradesh. The crude birth rate in Rampur is 36.2 percent, equal to that for the whole state while the total fertility rate is 5.4 compared to a state-wide 5.2. The contraceptive prevalence rate is 22 for the district much lower than 34 for the state. Also, female literacy in Rampur is much lower at 15 percent compared to 25 percent for the state. Twenty six percent of Rampur's population lives in urban areas, while only 20 percent of the state's population does. The percentage of Muslim population was much higher at 42 percent as

compared to only 16 percent for the state (Sources for UP data for literacy and urban population, 1991 Census for birth rate and total fertility rate, SRS for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Rampur reveals a need to

- ▣ Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- ▣ Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- ▣ Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts,
 - ✓ Focus IEC strategy to provide detailed information on family planning methods, better counselling and follow-up,
 - ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
 - ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, voluntary organisations, allopathic doctors and social marketing. Also, improve quality of public sector services for greater satisfaction,
 - ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
 - ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
 - ✓ Cooperate with other development programmes to improve women's health and child survival
-

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	3.6	6.1	5.2	5.6	5.5	5.8	4.9	2.9				5.4
Crude Birth Rate	27.4	39.5										36.7
% with 3 or more living children who desire additional children	11	24	20	22	21	22	14	10	53	41	12	21
Mean age at effective marriage (Female)	18.1	17.2	17.2	17.6	16.6	17.2	17.4	19.1	17.0	17.9	17.5	17.7
% of households visited by PHC/SC workers in last 3 months	14	17	17	13	23	16	13	18	14	19	16	16
% always preferring private sector for health care during sickness	57	67	65	66	61	66	58	65	67	66	63	65
% who underwent ANC check up (last 2 years)	50	25	31	26	28	26	36	69	35	29	25	30
% of deliveries performed by trained personnel (last 2 years)	43	18	22	24	12	19	24	61	26	23	21	23
% of children (aged 12-23 months) who received all vaccines	46	15	23	17	24	16	19	73	24	24	16	21
% exposed to at least one form of media	64	27	36	35	30	27	60	84	38	38	35	33
% hearing FP messages on radio and/or TV	57	23	31	30	25	23	52	80	34	33	25	33
% aware of at least one modern FP method	99	83	85	89	86	84	96	99	86	89	87	88
% aware of at least one modern spacing FP method	95	74	76	82	78	75	92	97	80	84	76	77
% currently using any modern FP method	32	19	24	17	23	18	31	44	9	22	31	21
% currently using any modern spacing FP method	19	10	11	12	10	10	17	26	9	18	12	11
% currently using and having 1 son	9	5	5	5	4	4	9	16	4	8	6	5
% currently using and having 2+ sons	21	13	17	11	16	13	20	24	3	12	25	11
% using public sector for family planning services												
Sterilization	83	89	87	87	94	89	93	79	82	88	87	87
IUD	49	86	69	54	100	68	86	68	77	64	72	71
Non clinical methods	52	74	68	67	49	69	83	58	74	76	58	63
Oral Pills												
Condoms	31	77	59	54	84	66	45	34	60	59	51	57
% of women reporting that worker mentioned												
Sterilization	65	74	74	63	73	71	74	65	51	63	83	70
IUD	67	43	46	58	57	48	62	63	46	59	53	50
Non clinical methods (pills and/or condoms)	81	72	74	81	79	78	73	67	87	87	65	75
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	9	41	32	16	36	30	23	21	26	24	29	27
IUD	10	23	17	14	28	16	20	20	18	21	15	17
Non clinical methods (pills and/or condoms)	9	42	34	21	34	33	24	17	38	31	23	29
% total unmet need	41	43	41	45	41	45	39	30	33	38	50	42
% unmet need for limiting births	28	27	25	31	25	29	27	15	5	20	44	27
% of women reporting at least one unwanted pregnancy	13	7	8	10	9	8	14	11	4	8	12	10
Distribution of currently married women (N)	25.4	74.6	53.5	40.9	14.1	79.8	8.9	11.3	32.3	21.2	46.5	1025

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

SHAHJAHANPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Shahjahanpur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand, access and unmet need for family planning services. The survey in Shahjahanpur covered a total of 2,397 households - 1,863 from rural and 534 from urban areas. Altogether, 2,517 currently married women were interviewed. The survey was carried out by Operations Research Group, Baroda.

Demographic Background

Shahjahanpur, situated in the Western region of the state, had a total population of 1,987,395 in 1991, about 1.4 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	20.3*
Percent Urban	20.8 [†]
Percent Muslim	39.4 [†]
Female Literacy Rate	18.6 [†]
Mean Age at Marriage (M)	15.2
Crude Birth Rate	44.8
Total Fertility Rate	5.7
Mean Children Ever Born	4.0
Mean Surviving Children	2.9
Crude Death Rate	14.7
Contraceptive Prevalence Rate	12.0

[†]1991 Census**Access**

The district has one PHC for every 32,138 population and one Sub-centre for every 5,234 population, placing the district close to the suggested

government norms which is 30,000 and 5,000 respectively. Only about 14 percent of the women were contacted in their homes by a PHC/SC worker during the last 3 months, 6 percent in urban and 16 percent in rural areas. Nearly all women visited were satisfied with these workers, and would welcome their repeated visits.

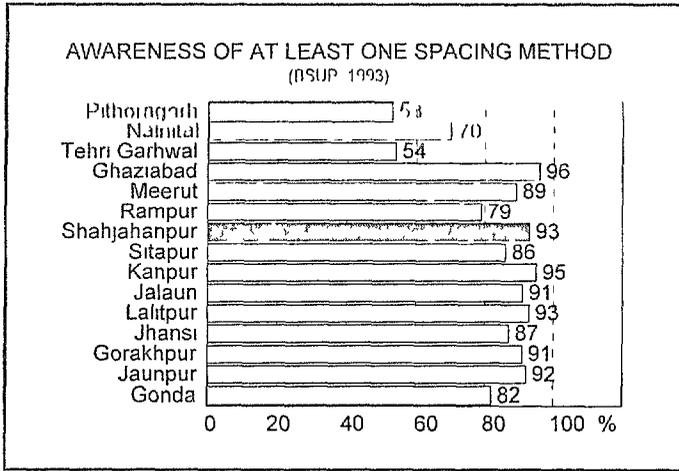
One-quarter of the women who were pregnant during the last two years received an antenatal physical exam, while 41 percent received a tetanus toxoid injection. Only 19 percent of deliveries during the last two years were attended by trained personnel. Thirty-two percent of male babies between 12 and 23 months received all necessary immunizations. While the percentage for female babies was only 29. Utilisation of these services was higher in urban than rural areas.

One-third of the women have access to at least one type of media, but only 17 percent had heard family planning messages on either radio or television. Access to radio is only 41 percent even in urban areas; it is as low as 23 percent in rural areas. Rural and illiterate women have less access to media than urban and well-educated women.

Awareness

Awareness of family planning methods is high. While almost all respondents were aware of at least one modern method (97%), 93 percent were aware of at least one spacing method. Awareness of individual methods of spacing was quite poor, even the condom was known to only two-thirds of women. Awareness of modern methods is very similar within all categories: religion, caste, education and age.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & North East Operations Research/Technical Assistance (ANOR/TA) Project.



failure and problems with or side effects from the methods used. Data suggests a need for better counselling and follow-up services.

Informed Choice

The majority of acceptors were offered tubectomy (67%), while about one-half were given the option of spacing methods (IUD 42% and non-clinical methods 61%). More women in urban areas than rural reported that they were given the choice of an IUD. IUD was the least mentioned method in rural areas, it was reported by only 38% compared to 69 and 61 percent who reported mentioning of sterilization and non-clinical methods respectively, by visiting health workers.

The workers in Shahjahanpur were not providing all the information on the methods. Only about one-tenth of respondents mentioned that they were told of both advantages and disadvantages of the method. This figure for the district is the lowest of the 15 districts covered in the survey. The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply.

Source of Supply

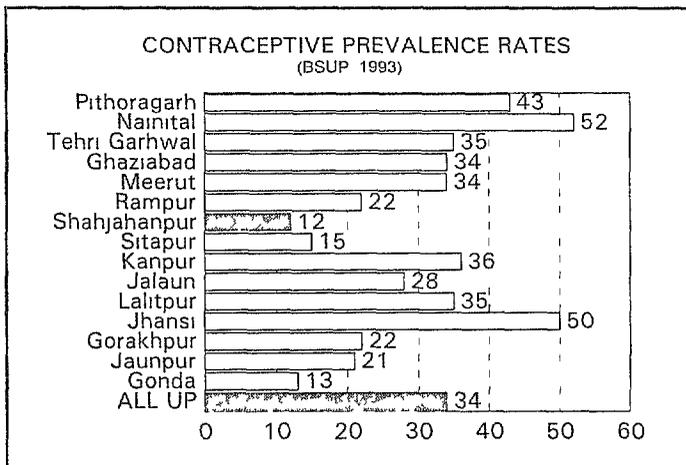
For curative health care most of the women (54%) always preferred private sources. On the other hand, for MCH and family planning, women mainly used government services. The exception is for non-clinical family planning methods only 37 and 48 percent used government sources for condoms and oral pills respectively, suggesting a need to increase training in the private sector and social marketing. Women used government sources for clinical methods more often. It is necessary to improve quality of services in the public sector so that satisfied users can speak favourably and help in the promotional work. For users, pills and condoms are available at service sites more than 90 percent of the time.

Unmet Need

Women who do not desire more children and who are not using family planning methods exhibit unmet need. Almost half of the women (42%) in Shahjahanpur reported unmet need, 24 percent for limiting family size and 18 percent for spacing births.

Use

Compared to the percentage of women aware of family planning methods, levels of use were very low. Current use of modern methods was 12 percent, while use of spacing methods was only 6 percent. These figures for urban areas were also quite low, only 21 percent were using a modern method. The number of women who had ever used contraception was around 22 percent.



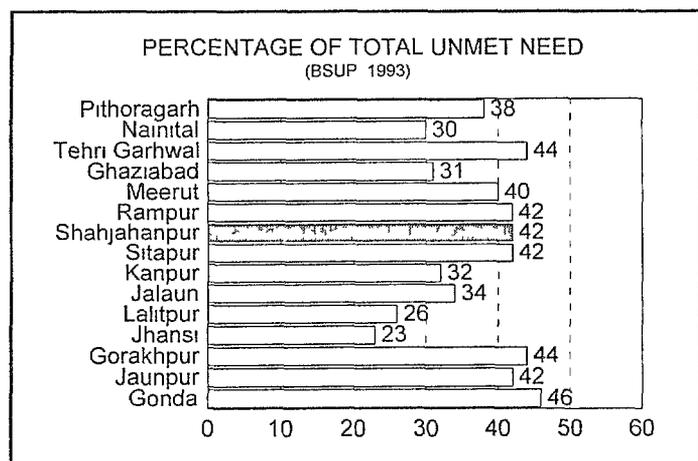
Of the 12 percent using modern methods, only 5 percent were using tubectomy and 3 percent were using condoms. Very few (around 1 percent each) were using vasectomy, IUDs and 2 percent pills. The use of traditional methods was reported by 5 percent of the couples.

Most of the users had two or more sons. Rural, illiterate and younger women use contraception much less frequently than their urban and educated counterparts.

Besides discontinuing because of desire for more children, women discontinued because of method

(no birth within two years) Rural women had higher unmet need than urban

Many women cited opposition from husbands or other family members as a reason for unmet need (11%) Other frequently cited reasons include religious reasons, side effects, and unavailability of services This unmet need groupd generally got less information on Family Planning from the program workers, and also had lower exposure to media and have less aware of spacing methods



Eleven percent of the surveyed women reported at least one unwanted pregnancy This number was higher among urban and well-educated women, and higher among Muslims than Hindus Of the total eligible women who did not desire additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose This suggests need for safe and accessible MTP services

Comparison with Uttar Pradesh

Among the 15 districts surveyed, Shahjahanpur ranks among the lowest on most demographic indicators, contraceptive use, media exposure, and home visits by workers Demographically, socially and economically, Shahjahanpur is much below the average for Uttar Pradesh The crude birth rate in Shahjahanpur is 44.8 versus 36.2 for the whole state, the total fertility rate is 5.7 compared to a state-wide 5.2 The contraceptive prevalence rate is 12 for the district and 34 for the state Also, female literacy in Shahjahanpur is low at 19 percent compared to 25 percent for the state Only 21 percent of Shahjahanpur's population lives in urban areas, while it is slightly higher than the state's

population does The Muslim population in the district is very high (39%) as compared to the State average (16%) (Sources for UP data for literacy and urban population 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Shahjahanpur reveals a need to

- ▣ Reduce unmet need by increasing access to contraceptives, both for spacing and limiting,
- ▣ Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- ▣ Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts Need-based contacts should be established to build better rapport,
- ✓ Focus IEC strategy to bring greater awareness of spacing methods, provide detailed information, better counselling and follow-up,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of the private sector, particularly of ISM practitioners, voluntary organisations, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among Muslims and youth Use of spacing methods should be increased among SC/ST and Hindus as well,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival

SHAHJAHANPUR DISTRICT - BASELINE SURVEY, UTTAR PRADESH

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25-29	30+	
Total Fertility Rate	4.5	6.1	4.8	5.9	6.7	6.2	4.9	3.6				5.7
Crude Birth Rate	35.5	47.4										44.8
% with 3 or more living children who desire additional children	18	31	27	32	30	31	13	12	55	51	19	28
Mean age at effective marriage (Female)	16.5	14.8	14.9	16.0	14.4	14.8	15.7	17.7	15.1	15.4	15.0	15.1
% of households visited by PHC/SC workers in last 3 months	6	16	15	11	14	14	16	11	14	15	14	14
% always preferring private sector for health care during sickness	47	56	52	63	57	55	47	54	55	53	54	54
% who underwent ANC check up (last 2 years)	42	23	27	26	24	22	34	62	28	24	26	26
% of deliveries performed by trained personnel (last 2 years)	37	15	17	26	14	15	27	50	18	20	18	19
% of children (aged 12-23 months) who received all vaccines	39	25	27	25	28	23	35	56	22	30	31	27
% exposed to at least one form of media	58	27	32	35	29	24	57	87	35	35	31	33
% hearing FP messages on radio and/or TV	49	9	15	23	13	9	37	70	15	19	18	17
% aware of at least one modern FP method	99	96	97	97	98	96	98	99	95	98	98	97
% aware of at least one modern spacing FP method	98	92	93	95	93	92	96	99	91	95	94	93
% currently using any modern FP method	21	10	12	13	13	9	18	36	5	10	19	12
% currently using any modern spacing FP method	14	5	5	10	5	4	10	26	5	8	7	6
% currently using and having 1 son	6	2	2	4	3	2	3	11	3	3	3	3
% currently using and having 2+ sons	14	7	9	8	10	7	14	19	1	6	16	9
% using public sector for family planning services												
Sterilization	89	91	91	94	89	91	94	81	100	100	90	90
IUD	78	82	81	100		82	100	66	62	81	88	80
Non clinical methods	35	55	57	20	40	46	52	51	47	37	53	48
Oral Pills												
Condoms	28	44	45	24	33	35	41	37	46	32	33	37
% of women reporting that worker mentioned												
Sterilization	64	69	68	64	76	67	75	64	42	54	79	68
IUD	59	38	40	56	35	40	44	54	42	43	42	42
Non clinical methods (pills and/or condoms)	62	61	58	77	44	59	57	79	87	59	54	61
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	23	11	13	17	12	13	16	12	3	13	16	13
IUD	23	9	11	13	6	10	23	12	7	17	13	12
Non clinical methods (pills and/or condoms)	11	14	14	16	9	14	12	15	13	18	13	14
% total unmet need	38	43	42	42	41	44	41	25	32	42	50	42
% unmet need for limiting births	26	23	23	26	21	25	24	16	4	17	42	24
% of women reporting at least one unwanted pregnancy	15	10	11	13	10	10	18	20	5	10	17	11
Distribution of currently married women (N)	20 2	79 8	81 0	17 9	19 4	80 8	10 9	8 3	34 2	21 0	44 8	100 0
												43C631

35

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

JALAUN

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Jalaun is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Jalaun covered a total of 2,425 households - 1,897 from rural and 528 from urban areas. Altogether, 2,780 currently married women were interviewed. The survey was carried out by MODE Research, Delhi.

Demographic Background

Jalaun, situated in the Bundelkhand region of the state, had a total population of 1.2 million in 1991, about 0.9 percent of the state's population. The basic demographic characteristics of the surveyed group/district are

Decadal Growth Rate	23.4 ^k
Percent Urban	22.1 ^k
Percent Muslim	10.2
Female Literacy Rate	31.6 ^k
Mean Age at Marriage (F)	15.2
Crude Birth Rate	40.1
Total Fertility Rate	4.9
Mean Children Ever Born	4.3
Mean Surviving Children	3.3
Crude Death Rate	13.2
Contraceptive Prevalence Rate	28.4

^k1991 Census

Access

The district has one PHC for every 19,004 rural population and one Sub-centre for every 4,131 population, placing the district well above

government norms, particularly population coverage by PHCs. Nevertheless, only about 14 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 5 percent in urban and 16 percent in rural areas. Although nearly all the district women visited were satisfied with these workers, a strong effort must be made to increase the contacts with the clients. Repeated and need-based contacts are must to build rapport and convince them to use programme services.

Coverage of the district by MCH services was poor. While one-quarter of the women who were pregnant during the last two years received an antenatal physical exam, only 46 percent received tetanus toxoid injections. The coverage was much lower in rural areas (26%). Thirty-three percent of the deliveries during the last two years were attended by trained personnel. Thirty-four percent of the male children between ages 12 and 23 months received all necessary vaccines including DPT, polio and measles. Such coverage for female babies was only 21 percent - a finding which causes concern. Thirty percent of male and 43 percent of female children had received no vaccines at all.

About 40 percent of the women have access to at least one type of media, and nearly 34 percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women.

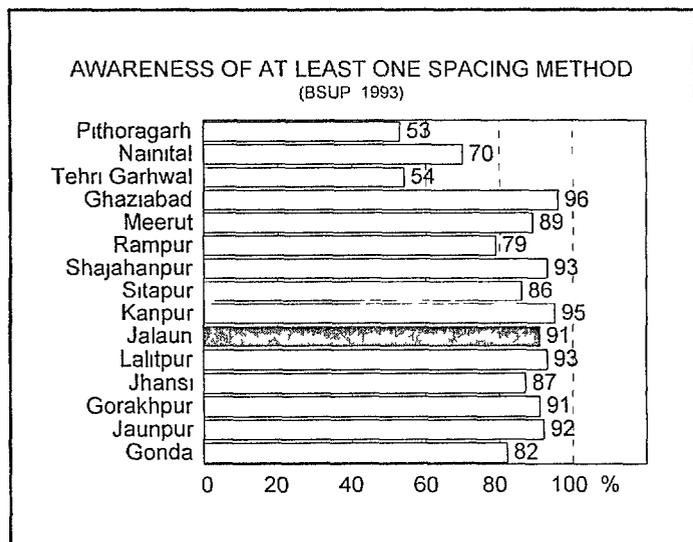
Awareness

Awareness of family planning methods is high. While nearly all respondents were aware of at least one modern method (97%), 91 percent were aware

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANI-OR/TA) Project.

of at least one spacing method. Awareness of modern methods, including spacing methods, is very similar within all categories: residence, religion, caste, education and age.

Most of the users had two or more sons. Muslims used spacing methods more frequently than Hindus. Use of modern methods was similar among urban and rural women.



Besides discontinuing mainly because of desire for more children (31%), sizeable women discontinued use of contraception because of method failure and problems with the acceptance or side effects from the method (17%). Data suggests a need for more informative counselling and follow-up services for helping the clients successfully use the methods of their choice and do not get alarmed by side effects.

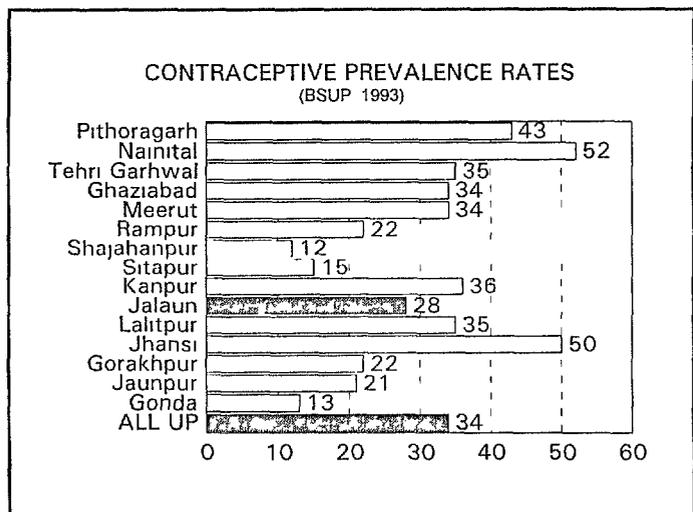
Use

Compared to the percentage of women aware of family planning methods, levels of use are quite low. Current use of modern methods was 28 percent, while use of spacing methods was only 7 percent. The number of women who had ever used contraception was around 39 percent, it was less among SC/ST, younger couples and Muslims.

Informed Choice

The majority of women visited by health workers were told about tubectomy (70%), but only about one-third were informed about spacing methods (IUD, 34% and non-clinical methods, 38%).

During home visits, workers informed women about methods' advantages and disadvantages very infrequently. Even for terminal methods, only 6 percent of the women reported to have been told of advantages and disadvantages. This information was given least often for IUD (3%) and 8 percent of the time for non-clinical methods. The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply.



Sources of Supply

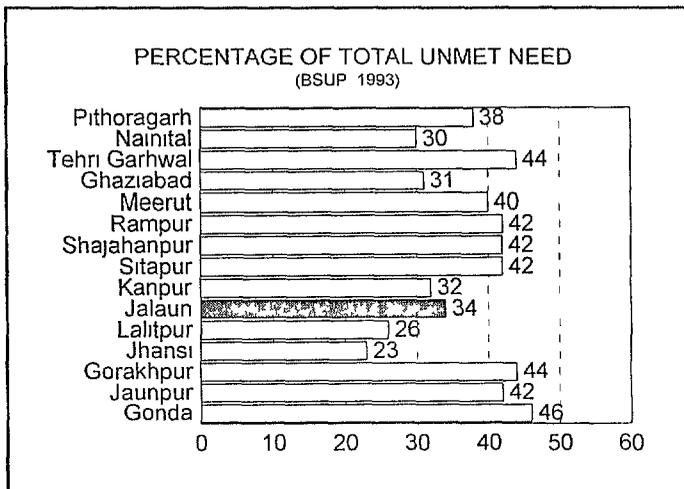
For curative health care, many women (47%) always preferred private sources. The percentage is quite low compared to other districts covered under the baseline survey. For MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, 53 percent used government sources for pills and 39 percent for condoms. Rural women used government sources more often than urban women. For users, pills and condoms are available at service sites over 85 percent of the time.

Of the 28 percent using modern methods, most were using tubectomy (21%) and 5 percent were using condoms. Very few (around 1 percent or less each) were using vasectomy, IUDs, or pills. More women were using traditional methods (12%) than modern spacing methods.

Unmet Need

Over one-third of the women in Jalaun reported unmet need, meaning they do not desire more children/presently not desiring to have children and are not using family planning methods. Almost 20 percent women expressed unmet need for limiting.

births and 14 percent for spacing births (desiring no births within the next 24 months), indicating a need to improve the quality of sterilization services as well as spacing method efforts within programme. The illiterate, Muslim and SC/ST groups had higher total unmet need than Hindus.



Some women mentioned that family members, particularly husbands, were against the use of FP methods. Others cited health problems, programme factors and fear of side effects as reasons for unmet need. Eleven percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among urban, well-educated and older women. Of the women not desiring additional children, about 14 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. Another group of women (7%) was not sure of the decision they would make in such a situation. This group may strongly consider abortion as an alternative if high quality MTP services are available.

Comparison with Uttar Pradesh

Demographically, Jalaun is below average districts in Uttar Pradesh, but socially and economically it is better than U P on some indicators and poorer on others. The crude birth rate in Jalaun is 40.1 versus 36.2 for the whole state. The contraceptive prevalence rate is 28 for the district and 34 for the state. Female literacy in Jalaun is high at 32 percent compared to 25 percent for the state. Twenty-two percent of Jalaun's population lives in urban areas, while 20 percent of the state's population does. (Sources for UP data for literacy and urban

population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Jalaun reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. There is need of repeated and need based contacts,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up. This is particularly for spacing methods,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors, NGOs and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Examine why gender differences occur for vaccinations and use findings to upgrade MCH services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25-29	30+	
Total Fertility Rate	4.5	5.0	4.9	5.0	5.8	5.8	5.6	3.4				4.9
Crude Birth Rate	40.5	40.0										40.1
% with 3 or more living children who desire additional children	12	14	13	15	15	14	12	9	40	24	7	13
Mean age at effective marriage (Female)	15.7	15.0	15.2	15.3	14.8	14.8	15.1	16.4	15.3	15.5	14.9	15.2
% of households visited by PHC/SC workers in last 3 months	5	16	14	11	14	14	13	13	16	17	10	14
% always preferring private sector for health care during sickness	29	52	48	39	50	49	42	45	49	48	45	47
% who underwent ANC check up (last 2 years)	35	21	25	23	19	18	26	42	25	26	20	24
% of deliveries performed by trained personnel (last 2 years)	56	26	32	41	25	22	43	56	36	32	28	33
% of children (aged 12-23 months) who received all vaccines	33	27	29	22	23	18	31	55	31	25	24	28
% exposed to at least one form of media	62	32	38	44	30	24	51	72	41	43	35	39
% hearing FP messages on radio and/or TV	55	78	33	37	27	21	44	62	35	35	31	34
% aware of at least one modern FP method	99	96	97	95	96	95	99	99	95	98	98	97
% aware of at least one modern spacing FP method	95	90	91	86	90	88	95	98	90	94	90	91
% currently using any modern FP method	30	28	29	21	22	24	36	35	11	26	43	28
% currently using any modern spacing FP method	11	5	6	11	5	4	7	15	8	9	4	7
% currently using and having 1 son	7	6	7	4	4	4	10	10	5	7	7	6
% currently using and having 2+ sons	20	21	21	16	17	19	25	22	3	19	36	21
% using public sector for family planning services												
Sterilization	87	92	92	83	96	92	90	91	92	91	91	91
IUD	69	84	88	41	76	73	53	94	100	73	62	78
Non clinical methods	48	57	48	80	44	66	59	45	51	53	58	53
Oral pills	14	55	43	16	42	47	41	31	32	33	57	39
Condoms												
% of women reporting that worker mentioned												
Sterilization	77	68	70	69	72	74	77	59	40	67	81	70
IUD	33	34	36	15	35	23	30	51	50	36	28	34
Non clinical methods (pills and/or condoms)	31	40	37	38	37	27	38	51	55	38	32	38
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	6	6	6	4	3	3	4	11	5	3	7	6
IUD	5	3	3			2	1	6	10		2	3
Non clinical methods (pills and/or condoms)	6	9	8	6	3	6	6	13	15	7	7	8
% total unmet need	32	35	34	40	38	38	29	27	34	33	35	34
% unmet need for limiting births	21	20	20	25	22	24	17	12	8	18	31	20
% of women reporting at least one unwanted pregnancy	15	10	11	11	8	10	14	14	5	13	15	11
Distribution of currently married women (N)	22.5	77.5	89.7	10	26	61.3	18.9	19.8	34.9	21.4	43.7	100

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

JHANSI

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Jhansi is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Jhansi covered a total of 2,486 households - 1,500 from rural and 986 from urban areas. Altogether, 3,365 currently married women were interviewed. The survey was carried out by Centre for Population and Development Studies, Hyderabad.

Demographic Background

Jhansi, situated in the Bundelkhand region of the state, had a total population of 1,429,698 in 1991, about 1 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	25.5*
Percent Urban	40.0*
Percent Muslim	5.0
Female Literacy Rate	34.0*
Mean Age at Marriage (F)	16.4
Crude Birth Rate	28.8
Total Fertility Rate	3.3
Mean Children Ever Born	2.9
Mean Children Surviving	2.6
Crude Death Rate	7.3
Contraceptive Prevalence Rate	50.0

*1991 Census

Access

The district has one PHC for every 17,986 rural population and one Sub-centre for every 3,440 population, placing the district well above suggested government norms, particularly so for PHCs. Nevertheless, only about ten percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 8 percent in urban and 11 percent in rural areas. Nearly all women visited were satisfied with these workers and will welcome revisits.

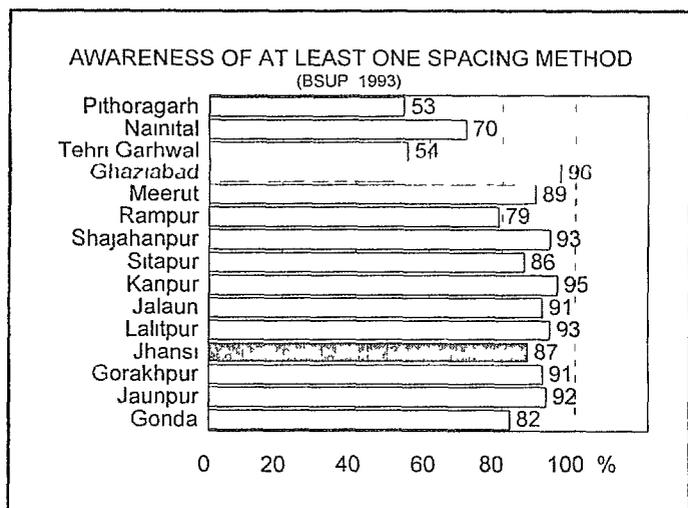
One-third of the women who were pregnant during the last two years received an antenatal physical exam, while 43 percent received a tetanus toxoid injection. Forty-one percent of the deliveries during the last two years were attended by trained personnel. Muslims underwent professional check-ups and deliveries more often than Hindus. Twenty-seven percent of babies between 12 and 23 months received all necessary vaccines (38% in urban and 20% in rural areas), while 32 percent have received no vaccines at all.

Forty-one percent of the women have access to at least one type of media, but only fourteen percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. Muslims have higher access than Hindus, while SC/ST access is especially low.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's ASI & Near Last Operations Research/Technical Assistance (ANI-OR/TA) Project.

Awareness

Awareness of family planning methods is nearly universal. While all respondents were aware of at least one modern method (97%), 87 percent were aware of at least one spacing method. Muslims have greater awareness of spacing methods than Hindus.



Most of the users had two or more sons. Muslim women used spacing methods more frequently than Hindu women. Interestingly, rural and illiterate women were using modern methods as frequently as their urban and educated counterparts.

Besides discontinuing because of desires for more children, women discontinued because of method failure and problems with or side effects from the methods used. Counselling about switching methods could improve user satisfaction with contraception.

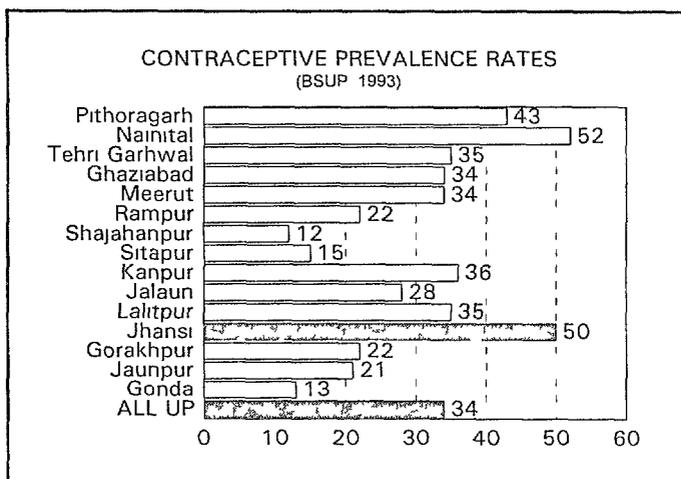
Informed Choice

The majority of women visited by health workers were told about tubectomy (78%), while less than one-half were told about spacing methods (IUD, 26% and non-clinical methods, 38%). Workers mentioned spacing methods more frequently to urban and Muslim than to rural and Hindu women.

During home visits, workers informed women about methods' advantages and disadvantages more often for terminal methods (which itself is low) than for spacing methods. This information was given least often for IUD (7%) and most often for sterilization (19%).

Use

Current use of modern methods was relatively high at 50 percent, while use of spacing methods was only 12 percent. The number of women who had ever used modern contraception was around 63 percent.



Sources of Supply

For curative health care about one-half of the women (53%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. It suggests need for improving quality of the services in public sector. The exception is for non-clinical family planning methods, just over half used government sources for pills and condoms, showing a need for participation in training in the private sector and social marketing. Rural and Hindu women used government services less often for non-clinical methods than urban and Muslim women. For users, pills and condoms are available at service sites over 90 percent of the time.

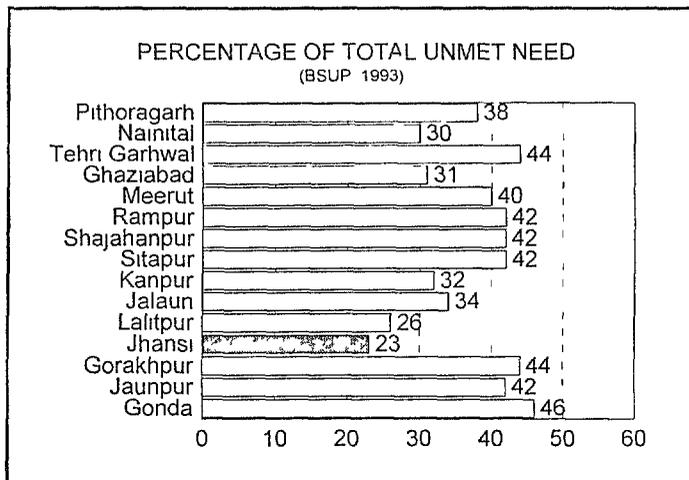
Of the 50 percent using modern methods, most were using tubectomy (36%), and 9 percent were using condoms. Two percent each were using vasectomy and IUDs, and around 1 percent were using pills. Five percent of the women were using traditional methods.

Unmet Need

About one-fourth of the women in Jhansi reported unmet need, meaning they do not desire more children and are not using family planning methods. Almost equal numbers of women expressed unmet

need for limiting (12%) and for spacing births (desiring no births within the next 2 years)(11%) indicating a need to improve the quality of sterilization services as well as spacing method efforts within programmes Muslim and urban women had higher unmet need than their Hindu and rural counterparts, especially for limiting births

Many women cited programme services and fear of side effects as a reason for unmet need Other cited reasons (by a small proportion of women) include fear and husband/family opposition



Eight percent of the surveyed women reported at least one unwanted pregnancy This number was highest among urban and Muslim women Of the women who do not desire additional children, about one-fifth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose This suggests a need for more accessible MTP services

Comparison with Uttar Pradesh

Demographically, socially and economically, Jhansi is much above the averages for Uttar Pradesh The crude birth rate in Jhansi is 28.8 versus 36.2 for the whole state, while the total fertility rate is 3.3 compared to a state-wide 5.2 The contraceptive prevalence rate is 50 for the district and 34 for the state Also, female literacy in Jhansi is high at 34 percent compared to 25.3 percent for the state Forty percent of Jhansi's population live in urban

Jhansi/3

areas, while only 20 percent of the state's population does (Sources for UP data for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Jhansi reveals a need to

- ▣ Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- ▣ Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- ▣ Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts Repeated and need based contacts are needed,
 - ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up,
 - ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
 - ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
 - ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
 - ✓ Cooperate with other development programmes to improve women's health and child survival
-

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25-29	30+	
Total Fertility Rate	3.3	3.3	3.2	4.1	3.6	3.8	2.6	2.4				3.3
Crude Birth Rate	28.7	28.9										28.8
% of women with 3 or more living children who desire additional children	8	10	10	7	13	11	8	6	41	16	5	9
Mean age at effective marriage (Female)	17.1	16	16.3	16.9	16.0	15.9	15.9	18.3	16.2	16.7	16.5	16.4
% of households visited by PHC/SC workers in last 3 months	8	11	10	7	11	12	6	8	11	12	8	10
% always preferring private sector for health care during sickness	54	52	53	60	49	50	56	58	51	54	54	53
% who underwent ANC check up (last 2 years)	52	26	34	52	25	25	37	63	34	39	34	35
% of deliveries performed by trained personnel (last 2 years)	73	22	38	69	30	30	43	68	39	47	38	41
% of children (aged 12-23 months) who received all vaccines	38	20	27	24	18	21	20	48	31	22	25	27
% exposed to at least one form of media	65	27	39	63	29	22	51	84	41	42	41	41
% hearing FP messages on radio and/or TV	27	6	13	23	6	4	15	39	12	13	15	14
% aware of at least one modern FP method	93	100	97	94	98	97	98	98	97	97	97	97
% aware of at least one modern spacing FP method	84	89	87	91	84	84	91	94	88	90	85	87
% currently using any modern FP method	50	51	50	49	48	50	48	53	22	50	72	50
% currently using any modern spacing FP method	16	10	12	16	9	9	9	24	16	15	8	12
% currently using and having 1 son	13	15	15	12	13	13	13	20	10	19	16	15
% currently using and having 2+ sons	32	31	31	34	33	34	32	25	4	28	54	32
% using public sector for family planning services												
Sterilization	93	93	94	92	95	94	97	86	94	93	93	93
IUD	73	77	76	53	71	74	76	75	69	67	84	75
Non clinical methods	58	51	48	85	38	55	69	51	51	56	59	55
Pills												
Condoms	57	47	50	49	54	53	40	55	45	54	62	52
% of women reporting that worker mentioned												
Sterilization	79	77	78	79	76	84	71	70	59	80	84	78
IUD	30	22	25	35	17	15	31	45	27	22	28	26
Non clinical methods (pills and/or condoms)	42	35	37	51	28	35	28	50	52	45	29	38
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	18	19	19	3	15	21	20	12	15	28	15	19
IUD	8	6	7		3	5	6	12	8	6	7	7
Non clinical methods (pills and/or condoms)	15	13	13	15	12	13	10	18	22	17	9	14
% total unmet need	27	22	24	33	22	24	23	23	31	22	20	23
% unmet need for limiting births	18	9	12	20	10	13	11	12	6	13	17	12
% of women reporting at least one unwanted pregnancy	12	5	7	16	6	6	8	11	4	8	10	8
Distribution of currently married women (N)	37.7	62.3	93.1	4.4	35.2	59.7	17.9	22.4	34.1	20.3	45.6	100

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

LALITPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Lalitpur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Lalitpur covered a total of 2,476 households - 1,995 from rural and 481 from urban areas. Altogether, 3,409 currently married women were interviewed. The survey was carried out by Centre for Population and Development Studies, Hyderabad.

Demographic Background

Lalitpur, situated in the Bundelkhand region of the state, had a total population of 752,043 in 1991, about one-half percent of the state's population. The basic characteristics of the surveyed group/district are

Decadal Growth Rate	29.7 ⁺
Percent Urban	14.0 [*]
Percent Muslim	2.6
Female Literacy Rate	16.6 [*]
Mean Age at Marriage (F)	15.8
Crude Birth Rate	36.9
Total Fertility Rate	4.7
Mean Children Ever Born	3.3
Mean Children Surviving	2.7
Crude Death Rate	9.8
Contraceptive Prevalence Rate	35.0

⁺1991 Census

Access

The district has one PHC for every 20,855 rural population and one Sub-centre for every 3,592 population, placing the district well above the suggested government norms. Nevertheless, only about 16 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 7 percent in urban and 17 percent in rural areas. While nearly all the district women visited were satisfied with these workers and would like revisits, a strong effort must be made to increase the number of homes visited.

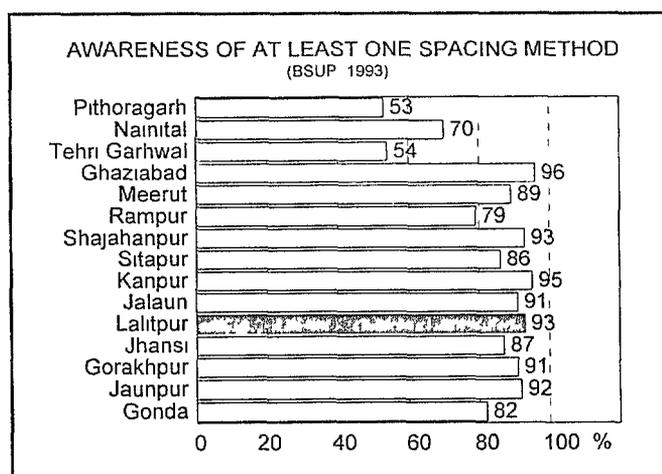
One-third of the women who were pregnant during the last two years received an antenatal physical exam, while one-half received a tetanus toxoid injection. Only 21 percent of the deliveries during the last two years were attended by trained personnel. This percentage was only 16 in rural and 56 in urban areas. Forty percent of babies between 12 and 23 months received all necessary vaccines, while 32 percent had received no vaccines at all. Muslims received MCH care more often than Hindus.

One-fourth of the women have access to at least one type of media, but as small as five percent had heard family planning messages on either radio or television. This percentage in rural areas was only two. Rural, Hindu and illiterate women have less access to media than urban Muslim and well-educated women.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANF/OR/TA) Project.

Awareness

Awareness of family planning methods is universal. While all women were aware of at least one modern method, 93 percent were aware of at least one spacing method. Awareness of modern methods is very similar within all categories: residence, religion, caste, education and age. Relatively more variation exists within these categories concerning awareness of spacing methods.



pills (2%) or IUDs (1%). About 6 percent of the women were using traditional methods, which is substantial and equal to the number of condom users.

Over three-fifths of the users (including users of traditional methods) had two or more sons. Rural, Hindu, illiterate and younger women use contraception less frequently than their urban, Muslim, educated and older counterparts.

Besides discontinuing because of desire for more children (46%), many women discontinued because of method failure and problems with or side effects from the method (20%). Data suggests a need for better counselling and follow-up services to ensure that clients are using methods correctly and know adequately how to deal with possible side effects.

Informed Choice

The majority of women visited by health workers were told about tubectomy (84%), while only less than one-half were told about spacing methods (IUD, 38% and non-clinical methods, 53%).

Counselling on advantages and disadvantages was infrequent and given roughly to the similar number of clients for all the methods (sterilization (19%), IUD (16%), non-clinical methods (18%)). The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply.

Sources of Supply

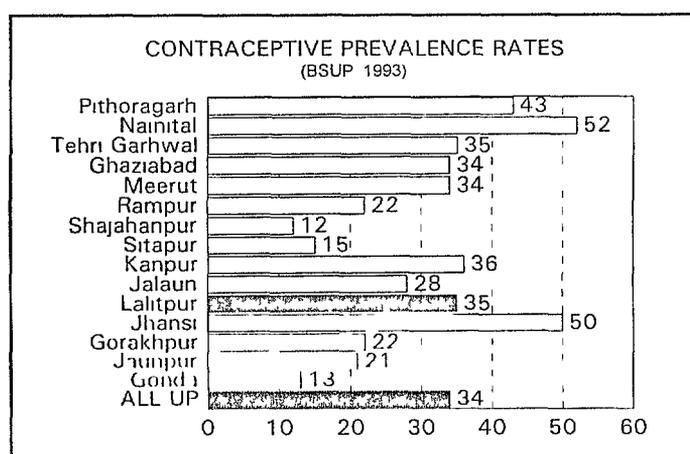
For curative health care, majority of women (60%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. Rural women used government sources more often than urban women. More urban women go to private sector for getting non-clinical methods. For users, pills and condoms are available at service sites almost 90 percent of the time.

Unmet Need

Over one-fourth of the women in Lalitpur reported unmet need, meaning they do not desire more children/presently do not desire to have children and are not using family planning methods. More than

Use

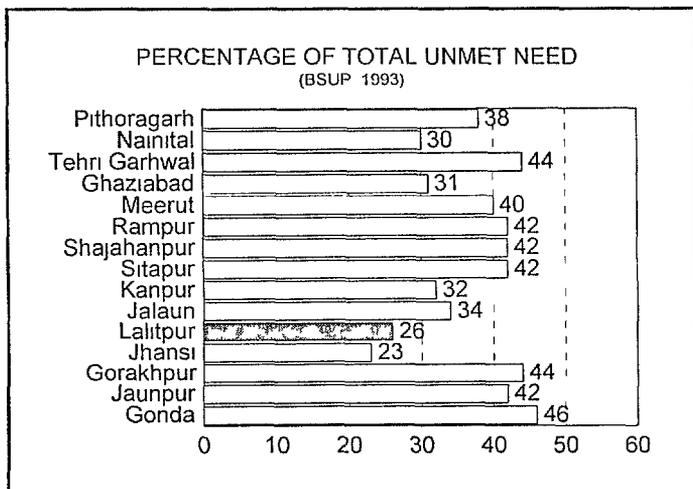
Compared to the percentage of women aware of family planning methods, levels of use are low. Current use of modern methods was 35 percent, while use of spacing methods was only 9 percent. The number of women who had ever used modern contraception was around 47 percent.



Of the 35 percent using modern methods, most were using tubectomy (23%) and 6 percent were using condoms. Very few were using vasectomy (3%),

Lalitpur/2

twice the number of women expressed unmet need for limiting (18%) than for spacing births (desiring no births within the 24 months)(8%) indicating a need to improve the quality of sterilization services as well as spacing methods within programmes. The large differences in unmet need were found in the education and age categories, illiterate and older women had higher unmet than their educated and younger counterparts



About one-third of women cited reasons for unmet need, those related to programme services and side effects. Opposition from husbands or other family members as a reason for unmet need was mentioned by only 4 percent of the women. Similarly, not many (1%) mentioned religious beliefs as a major factor for unmet need.

Four percent of the surveyed women reported at least one unwanted pregnancy. Of the women not desiring additional children, about 14 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose.

Comparison with Uttar Pradesh

Demographically, Lalitpur is slightly better than the averages for Uttar Pradesh except for the level of crude birth rate, but socially and economically the district is a bit below the state average. The crude birth rate in Lalitpur is 36.9 versus 36.2 for the whole state, while the total fertility rate is 4.7 compared to a state-wide 5.2. The contraceptive prevalence rate is 35 for the district and 34 for the state. Female literacy in Lalitpur is low at 17 percent compared to 25 percent for the state. Only 14 percent of Lalitpur's population live in urban

areas, while 20 percent of the state's population does. (Sources for UP data for literacy and urban population, 1991 Census for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Lalitpur reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts, need-based contacts should be made to improve quality,
- ✓ Expand provider training to develop better rapport between service providers and users. This is particularly important for public sector,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival and to incorporate literacy programmes into family welfare services

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25-29	30+	
Total Fertility Rate	3.5	5.1	4.9	4.1	5.4	5.2	3.7	2.8				4.7
Crude Birth Rate	28.5	38.6										36.9
% of women with 3 or more living children who desire additional children	12	14	14	14	15	15	6	8	44	24	8	14
Mean age at effective marriage (Female)	16.6	15.7	15.3	15.7	15.0	15.1	15.8	17.5	15.2	15.5	15.5	15.8
% of households visited by PHC/SC workers in last 3 months	7	17	16	9	15	16	15	11	19	17	13	16
% of women preferring private sector for health care during sickness	60	59	60	71	54	60	61	59	61	59	60	60
% of women who underwent ANC check up (last 2 years)	62	31	34	54	29	31	55	59	38	37	27	35
% of deliveries performed by trained personnel (last 2 years)	56	16	20	52	13	16	35	63	23	23	17	21
% of children (aged 12-23 months) who received all vaccines	74	36	40	58	33	37	55	58	42	43	35	40
% of women exposed to at least one form of media	63	16	22	68	12	14	53	81	25	25	22	24
% of women hearing FP messages on radio and/or TV	21	2	4	16	1	1	11	35	2	5	6	5
% of women aware of at least one modern FP method	100	100	100	99	100	100	100	100	100	99	100	100
% of women aware of at least one modern spacing FP method	97	92	93	100	90	92	97	98	95	93	91	93
% of women currently using any modern FP method	49	32	34	37	31	32	46	47	15	29	53	35
% of women currently using any modern spacing FP method	14	8	9	14	9	8	15	19	13	13	5	9
% of women currently using and having 1 son	14	6	7	11	7	6	11	14	6	7	9	8
% of women currently using and having 2+ sons	32	23	24	24	20	23	30	26	2	20	43	24
% of women using public sector for family planning services												
Sterilization	88	91	90	91	93	92	87	83	94	92	90	90
IUD	85	86	86	100	79	82	58	100	70	100	87	86
Non clinical methods	74	93	91		86	92	84	80	97	90	78	91
Oral pills												
Condoms	56	75	71	60	72	73	68	61	73	71	64	70
% of women reporting that worker mentioned												
Sterilization	94	79	83	96	79	83	83	88	68	81	92	84
IUD	44	35	38	40	31	36	35	51	49	42	31	38
Non clinical methods (pills and/or condoms)	38	61	54	36	55	54	47	57	80	53	41	53
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	18	19	19	11	14	20	10	25	20	18	19	19
IUD	27	10	15	24	2	13	19	27	19	17	13	16
Non clinical methods (pills and/or condoms)	28	13	17	32	11	15	21	32	20	23	15	18
% of total unmet need	23	26	26	25	26	27	21	21	20	25	31	26
% of unmet need for limiting births	17	18	18	18	18	19	13	12	5	17	29	18
% of women reporting at least one unwanted pregnancy	6	4	4	5	3	4	8	5	2	4	6	4
Distribution of currently married women (N)	16	84	96.2	2.6	31.4	81.7	9.7	8.6	36.0	18.6	45.4	100.0

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

KANPUR NAGAR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Kanpur Nagar is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Kanpur covered a total of 2,429 households - 483 from rural and 1,946 from urban areas. Altogether, 2,390 currently married women were interviewed. The survey was carried out by MODE Research, Delhi.

Demographic Background

Kanpur Nagar, situated in the central region of the state, had a total population of 2,418,487 in 1991, about 1.7 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	27.4*
Percent Urban	84.2*
Percent Muslim	18.6
Female Literacy Rate	58.8*
Mean Age at Marriage (F)	17.1
Crude Birth Rate	28.2
Total Fertility Rate	3.3
Mean Children Ever Born	3.4
Mean Surviving Children	2.9
Crude Death Rate	7.8
Contraceptive Prevalence Rate	36.0

*1991 Census

Access

The district has one PHC for every 34,650 rural population and one Sub-centre for every 4,706 population, placing the district close to the suggested government norms. Only about four percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 2 percent in urban and 13 percent in rural areas. Nearly 90 percent of the district women visited were satisfied with these workers and would like to have revisits.

Fifty-six percent of the women who were pregnant during the last two years received an antenatal physical exam, while two-thirds received a tetanus toxoid injection. Fifty-seven percent of the deliveries during the last two years were attended by trained personnel. Fifty-eight percent of babies between 12 and 23 months received all necessary immunizations, while about 22 percent received no immunizations at all. Rural, SC/ST and illiterate women received less immunizations.

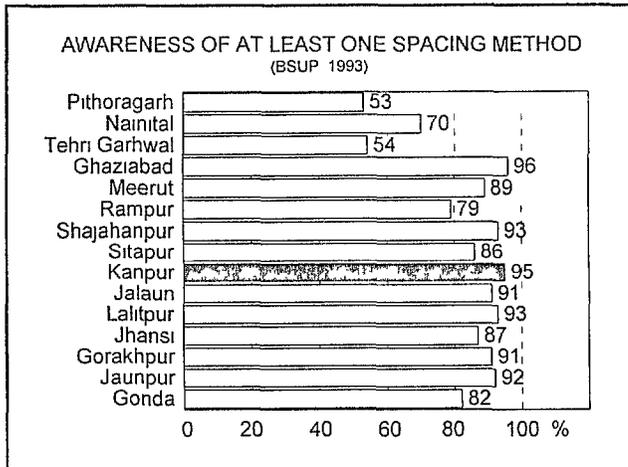
Because the district is largely urban, almost 80 percent of the women have access to at least one type of media, and 90 percent had heard family planning messages on either radio or television. Rural, SC/ST and illiterate have lower exposure to media.

Awareness

Awareness of family planning methods is high. Nearly all respondents were aware of at least one modern method (97%), and 95 percent were aware of at least one spacing method. Urban and well-

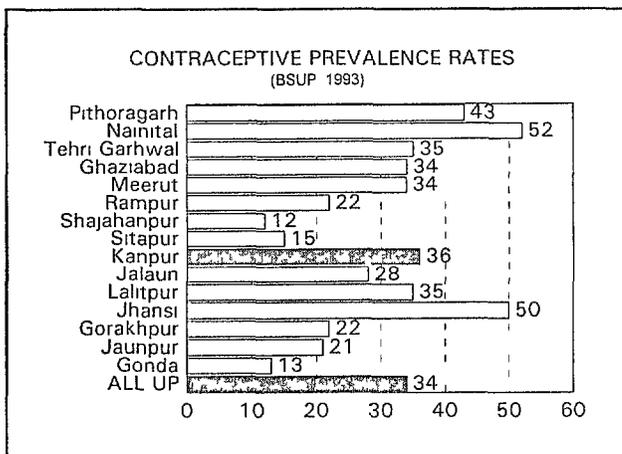
¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & North East Operations Research/Technical Assistance (ANET/OT/TA) Project.

educated women are more aware of family planning methods than their rural and illiterate counterparts. Among different religious and age groups awareness is very similar.



Use

Compared to the percentage of women aware of family planning methods, levels of use are very low. Current use of modern methods was 36 percent, while use of spacing methods was 18 percent which is quite high when compared to other districts. The number of women who had ever used contraception was around 50 percent.



Of the 36 percent using modern methods, most were using tubectomy (16%) and 12 percent were using condoms. Four percent were using IUD, while around 2 percent each were using vasectomy and pills. Ten percent of the women were using traditional methods.

Kanpur/2

Rural, SC/ST and illiterate women use contraception much less frequently than their urban and educated counterparts. Rural, SC/ST and illiterate women used spacing methods much less than others. Muslims used spacing methods more often than Hindus.

Besides discontinuing because of desires for more children, women discontinued because of method failure and problems with or side effects from the method. Data suggests a need for better counselling and follow-up services for assisting clients to better use their methods and avoid side-effects.

Informed Choice

The majority of women visited by health workers were told about tubectomy (73%), while less than one-half were told about spacing methods (IUD, 38% and non-clinical methods, 46%).

During home visits, workers informed women about methods' advantages and disadvantages very infrequently, between 6 to 8 percent of the time for each of the methods. The data suggests a need for more information to be given to clients on side effects and how to manage them.

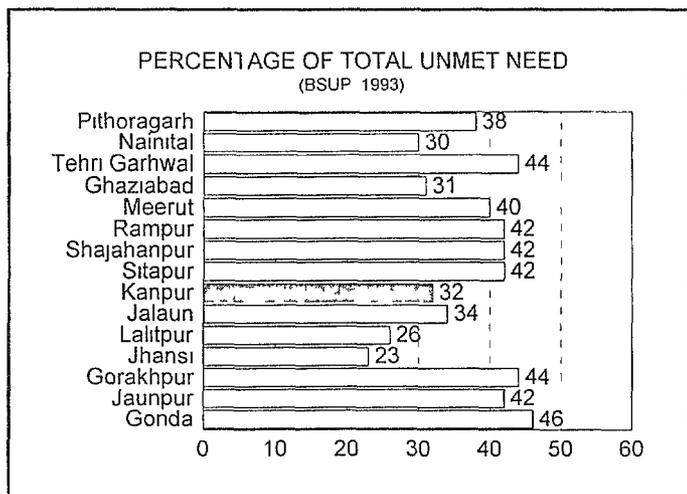
Sources of Supply

In curative health care, most women (68%) always prefer private services. But they use public sector for family planning services though less so for non-clinical methods. This shows a need to increase training in the private sector and social marketing. In this case of sterilization 75 percent used government sources. It suggests that quality of these services be strengthened. Rural women used government sources for non-clinical methods more often than urban women. Younger women used government sources for clinical methods less often than older women, and more often for non-clinical methods. For users pills and condoms are available at service sites over 90 percent of the time.

Unmet Need

About one-third of the women in Kanpur Nagar reported unmet need, meaning they do not desire more children/presently do not desire to have children and are not using family planning methods.

Most women expressed unmet need for limiting (24%) as opposed to spacing births (desiring no births within the next 24 months)(8%), indicating a need to improve the quality of sterilization services as well as spacing method efforts within programmes. Rural, illiterate and Muslims had higher unmet need than urban, better educated and Hindus.



Many women cited opposition from husbands or other family members and fear of after-effects as reasons for unmet need (4% each).

Nineteen percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among urban, well-educated and older women. Of the women not desiring additional children, about 27 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. This suggests a need for accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically Kanpur is better than the average Uttar Pradesh. The crude birth rate in Kanpur Nagar is 28.2 versus 36.2 for the whole state, while the total fertility rate is 3.3 compared to a state-wide 5.2. The contraceptive prevalence rate is 36 for the district and 34 for the state. Also, female literacy in Kanpur Nagar is high at 59 percent compared to 25.3 percent for the state. Eighty-four percent of Kanpur Nagar's population live in urban areas, while 20 percent of the state's population does. (Sources for UP data for literacy

and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Kanpur Nagar reveals a need to

- ▣ Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- ▣ Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- ▣ Raise female literacy and age at marriage,

Programme Recommendations

Possible interventions include

- ✓ Use urban networks, including employers and labour markets, to increase contact with people for promotion of FP,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up. Such details are needed much more for spacing methods,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes. Involvement of employers in the programme will help to bring males in the programme,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for urban coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25 29	30+	
Total Fertility Rate	3 1	4 7	3 2	3 9	4 3	4 9	4 1	2 3				3 3
Crude Birth Rate	27 2	31 0										28 2
% with 3 or more living children who desire additional children	5	17	7	9	12	11	6	3	23	15	4	7
Mean age at effective marriage (female)	17 3	16 1	17 1	16 8	15 7	15 8	16 0	18 3	17 0	17 7	16 9	17 1
% of households visited by PHC/SC workers in last 3 months	2	13	5	1	10	7	3	3	6	3	3	4
% always preferring private sector for health care during sickness	68	68	67	72	71	69	64	68	69	69	67	68
% who underwent ANC check up (last 2 years)	64	26	55	58	43	35	52	75	61	60	45	56
% of deliveries performed by trained personnel (last 2 years)	65	23	55	62	35	33	55	77	63	59	46	57
% of children (aged 12 23 months) who received all vaccines	60	44	61	46	43	38	56	75	65	63	43	58
% exposed to at least one form of media	85	48	79	78	60	55	81	95	79	79	80	79
% hearing FP messages on radio and/or TV	77	41	71	69	55	50	72	85	70	70	73	71
% aware of at least one modern FP method	99	92	97	98	96	95	99	98	96	98	98	97
% aware of at least one modern spacing FP method	97	84	95	97	91	89	98	98	94	96	95	95
% currently using any modern FP method	39	18	37	28	20	22	35	45	17	37	44	36
% currently using any modern spacing FP method	21	6	18	20	6	7	14	28	15	27	17	18
% currently using and having 1 son	13	4	12	6	6	4	8	18	8	14	12	11
% currently using and having 2+ sons	22	13	21	19	13	18	25	21	4	17	30	21
% using public sector for family planning services												
Sterilization	74	80	74	75	77	80	79	70	66	73	75	75
IUD	53	51	51	51	42	73	80	49	39	57	55	53
Non clinical methods	23	64	21	30	100	42	20	18	33	19	25	24
Oral Pills												
Condoms	31	48	33	25	42	34	32	31	47	32	25	32
% of women reporting that worker mentioned												
Sterilization	74	70	76	67	81	79	72	69	47	65	82	73
IUD	42	26	38	33	23	23	29	53	40	52	34	38
Non clinical methods (pills and/or condoms)	48	36	44	52	35	31	42	58	56	52	42	46
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	7	6	8	3	5	7		9	3	7	8	7
IUD	10	2	8	11	4	3	7	12	12	9	7	8
Non clinical methods (pills and/or condoms)	6	6	5	12	11	5	5	7	11	9	4	6
% total unmet need	30	45	31	39	40	44	33	25	28	28	36	32
% unmet need for limiting births	24	28	23	32	31	35	26	18	9	20	33	24
% of women reporting at least one unwanted pregnancy	21	10	19	20	14	14	22	22	10	18	24	19
% distribution of currently married women (N)	84 5	15 5	79 6	18 0	12 7	31 2	19 7	49 1	23 7	20 3	56 0	100 0

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

SITAPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Sitapur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization and demand for family planning services. The survey in Sitapur covered a total of 2,438 households - 1,927 from rural and 511 from urban areas. Altogether, 2,430 currently married women were interviewed. The survey was carried out by Operations Research Group, Baroda.

Demographic Background

Sitapur, situated in the central region of the state, had a total population of 2,857,009 in 1991, about 2.1 percent of the state's population. The basic characteristics of the surveyed group/district are

Decadal Growth Rate	21.8*
Percent Urban:	12.0*
Percent Muslim:	14.0
Female Literacy Rate:	16.9*
Mean Age at Marriage (F)	15.4
Crude Birth Rate:	43.9
Total Fertility Rate:	5.6
Mean Children Ever Born	3.7
Mean Surviving Children:	2.8
Crude Death Rate:	13.4
Contraceptive Prevalence Rate	15

*1991 Census

Access

The district has one PHC for every 31,028 rural population and one Sub-centre for every 5,751 population, placing the district close to suggested government norms. Only about seven percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 2 percent in urban and 8 percent in rural areas. While nearly all the district women visited were satisfied with these workers, a strong effort must be made to increase the number of homes visited.

One-quarter of the women who were pregnant during the last two years received an antenatal physical exam, while one-third received a tetanus toxoid injection. Only 13 percent of the deliveries during the last two years were attended by trained personnel. Twenty-eight percent of babies between 12 and 23 months received all necessary vaccines.

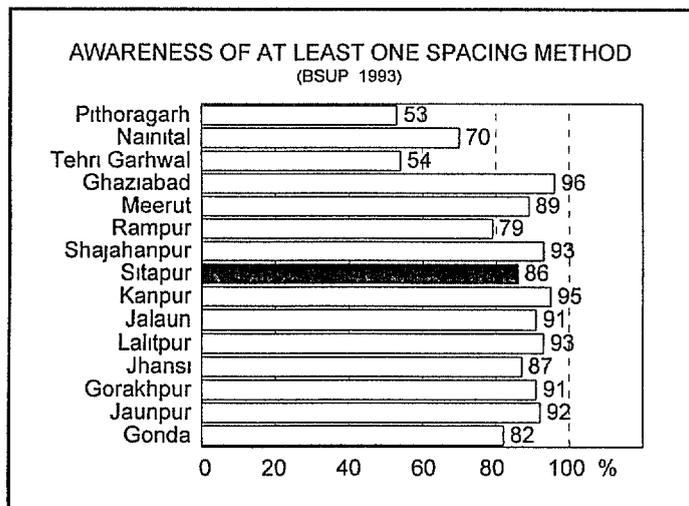
One-third of the women have access to at least one type of media, and only one-fourth had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women.

Awareness

Awareness of family planning methods is high. While nearly all respondents were aware of at least one modern method (97%), 86 percent were aware of at least one spacing method. Awareness of modern methods is very similar within all categories: residence, religion, caste, education and age. More variation exists concerning awareness of spacing.

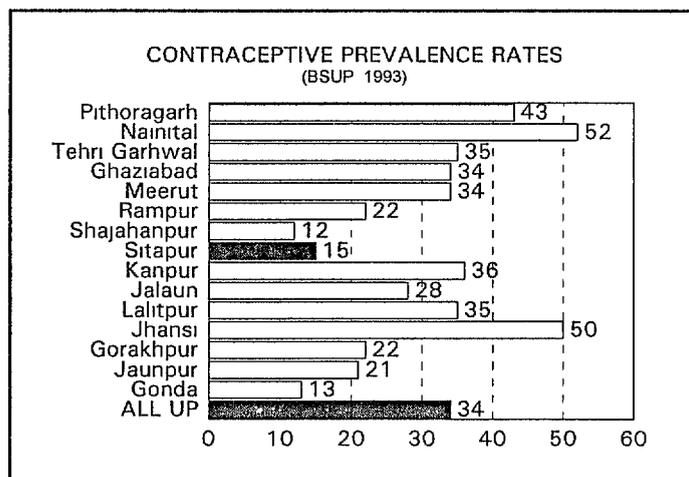
¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANE OR/TA) Project.

methods, especially between illiterate and well-educated women



Use

Compared to the percentage of women aware of family planning methods, levels of use are very low. Current use of modern methods was 15 percent, while use of spacing methods was only 5 percent. The number of women who had ever used contraception was around 23 percent.



Of the 15 percent using modern methods, most were using tubectomy (9%) and 3 percent were using condoms. Very few (around 1 percent each) were using vasectomy, IUDs, or pills. More women were using traditional methods (7%) than modern spacing methods.

Most of the users had two or more sons. Rural, Muslim, illiterate and younger women use

contraception much less frequently than their urban, Hindu, educated and older counterparts.

Besides discontinuing because of desires for more children, women discontinued because of method failure and problems with or side effects from the method. Data suggests a need for better counselling and follow-up services for reassuring the clients.

Informed Choice

The majority of women visited by health workers were told about tubectomy (83%), while less than one-half were told about spacing methods (IUD, 27% and non-clinical methods, 40%). Workers mentioned spacing methods more frequently to urban than to rural women.

During home visits, workers informed women about methods' advantages and disadvantages infrequently but more often for terminal methods than for spacing methods. This information was given least often for IUD (10%) and most often for sterilization (17%). The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply.

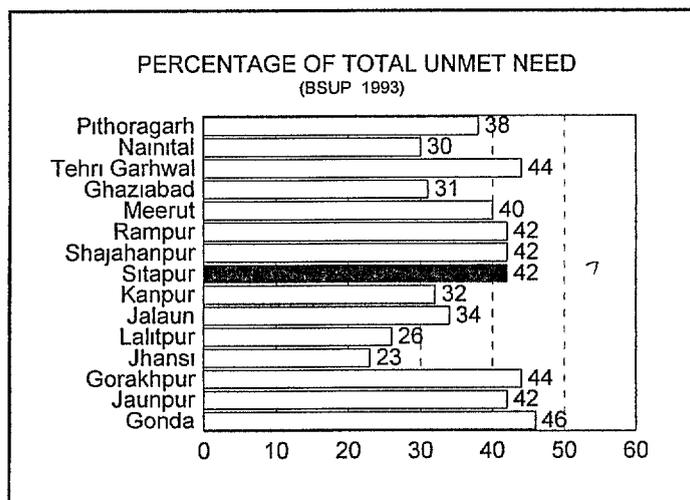
Sources of Supply

For curative health care many women (61%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, 50 percent used government sources for pills and 46 percent for condoms, showing a need to increase training in the private sector and social marketing. Rural women used government sources more often than urban women. For users, pills and condoms are available at service sites over 90 percent of the time.

Unmet Need

Forty-two percent of the women in Sitapur reported unmet need, meaning they do not desire more children and are not using family planning methods. Equal numbers of women expressed unmet need for limiting (21%) and for spacing births (desiring no births within the next 24 months)(21%), indicating a need to strengthen sterilization as well as spacing

method efforts within programmes Muslims had higher unmet need than Hindus



Many women cited opposition from husbands or other family members as a reason for unmet need (15%) Other frequently cited reasons include religious beliefs, health problems, and unavailability of services This group generally has less contact with programme workers, exposure to media and awareness of spacing methods

Seven percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among urban and well-educated women, and higher among Muslims than Hindus Of the women not desiring additional children, about 16 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose This suggests a need for accessible MTP services

Comparison with Uttar Pradesh

Among the 15 districts surveyed, Sitapur ranks among the lowest for most demographic indicators, contraceptive use, media exposure, and home visits by workers Demographically, socially and economically, Sitapur is much below the averages for Uttar Pradesh The crude birth rate in Sitapur is 43.9 versus 36.2 for the whole state, while the total fertility rate is 5.6 compared to a state-wide 5.2 The contraceptive prevalence rate is 15 for the district and 34 for the state Also, female literacy in Sitapur is low at 16.9 percent compared to 25.3 percent for the state Only 12 percent of Sitapur's population live in urban areas, while 20 percent of the state's population does (Sources for UP data

for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Sitapur reveals an urgent need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC\ST	Illit	Prim	Prim +	Up to 24	25-29	30+	
Total Fertility Rate	4 8	5 8	5 6	6 7	7 1	6 1	5 0	3 8				5 6
Crude Birth Rate	43 7	43 9										43 9
% with 3 or more living children who desire additional children	19	30	28	34	32	31	23	14	58	49	23	29
Mean age at effective marriage (Female)	16 2	15 1	15 2	15 7	14 9	15 0	15 5	17 3	15 2	15 6	15 2	15 4
% of households visited by PHC/SC workers in last 3 months	2	8	7	5	7	7	6	9	7	6	8	7
% always preferring private sector for health care during sickness	56	62	60	67	62	63	62	59	62	59	60	61
% who underwent ANC check up (last 2 years)	41	22	24	20	19	19	27	47	28	24	19	23
% of deliveries performed by trained personnel (last 2 years)	32	10	13	14	6	9	20	52	18	9	12	13
% of children (aged 12-23 months) who received all vaccines	40	27	30	15	23	22	42	63	36	25	25	28
% exposed to at least one form of media	57	28	31	30	24	24	44	73	29	33	32	31
% hearing FP messages on radio and/or TV	50	20	24	22	16	15	39	67	23	25	24	24
% aware of at least one modern FP method	98	97	97	98	97	97	99	97	96	98	98	97
% aware of at least one modern spacing FP method	92	85	86	85	83	83	93	97	84	87	86	86
% currently using any modern FP method	25	13	16	7	13	12	24	28	4	10	24	15
% currently using any modern spacing FP method	12	4	5	4	3	3	7	18	4	6	5	5
% currently using and having 1 son	6	2	2	1	2	2	2	9	2	3	3	2
% currently using and having 2+ sons	15	11	12	5	11	10	21	16	1	6	20	11
% using public sector for family planning services												
Sterilization	86	94	93	93	94	94	95	84	100	92	93	93
IUD	62	69	68	49	59	54	100	60	56	33	81	67
Non clinical methods	46	51	53	20	70	55	43	39	17	49	79	50
Oral Pills												
Condoms	36	51	49	19	41	52	46	39	54	44	44	46
% of women reporting that worker mentioned												
Sterilization	82	83	84	70	86	83	81	81	59	69	89	83
IUD	43	24	26	39	13	21	45	41	46	27	25	27
Non clinical methods* (Pills and/or condoms)	48	38	38	52	32	34	53	51	79	55	31	40
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	11	18	16	19	15	21	13	2	9	11	19	17
IUD	14	9	11	5	7	9	8	14	24	12	8	10
Non clinical methods* (Pills and/or condoms)	22	14	15	13	8	12	23	21	31	24	11	15
% total unmet need	42	43	41	50	41	43	38	32	36	40	47	42
% unmet need for limiting births	21	23	20	26	18	22	16	15	4	14	35	21
% of women reporting at least one unwanted pregnancy	12	7	7	9	4	6	9	18	4	6	9	7
Distribution of currently married women (N)	11 6	88 4	85 8	14 2	46 8	79 6	3 8	16 6	32 2	19 2	48 6	100 0 586835

Note Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

GONDA

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Gonda is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization and demand for family planning services. The survey in Gonda covered a total of 2,441 households - 1,953 from rural and 400 from urban areas. Altogether, 2,623 currently married women were interviewed. The survey was carried out by Giri Institute, Lucknow.

Demographic Background

Gonda, situated in the Eastern region of the state, had a total population of 3.6 million in 1991, about 2.5 percent of the state's population. The basic characteristics of the surveyed group/district are

Decadal Growth Rate	26.0*
Percent Urban	8.0*
Percent Muslim	22.0
Female Literacy Rate	11.0*
Mean Age at Marriage (F)	15.5
Crude Birth Rate	34.2
Total Fertility Rate	N.A.
Mean Children Ever Born	3.2
Mean Surviving Children	2.9
Crude Death Rate	N.A.
Contraceptive Prevalence Rate	13.0

*1991 Census

Access

The district has one PHC for every 32,435 rural population and one Sub-centre for every 6,266 population. It meant that this district has to have more PHCs and more Sub-centres. Only about 12 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 8 percent in urban and 12 percent in rural areas. Almost all women (93%) however were satisfied with the assistance provided by these workers.

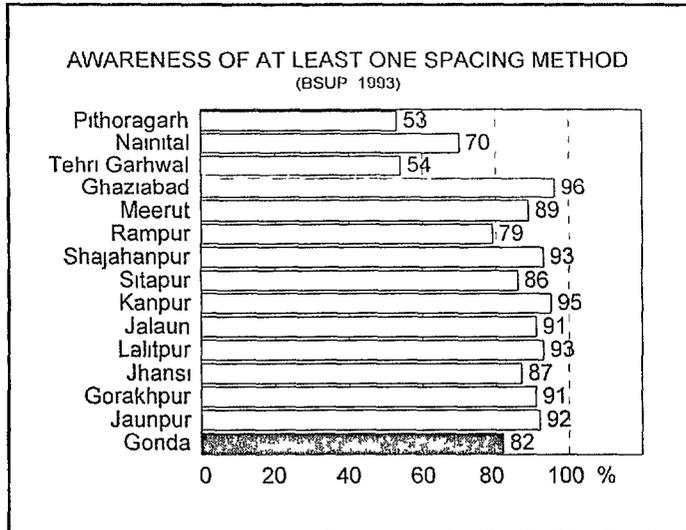
Almost one-third of the women who were pregnant during the last two years received an antenatal physical exam, while 47 percent received a tetanus toxoid injection. Only 21 percent of the deliveries during the last two years were attended by trained personnel. Such deliveries were less than 40 percent even in urban areas. As low as 16 percent of babies between 12 and 23 months received all necessary vaccines. No sex differential was observed in this respect.

Twenty four percent of the women have access to at least one type of media (newspaper, radio, TV), but only eleven percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. The media exposure to and messages access on FP were much lower among SC/ST than other religion/caste groups.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANL OR/TA) Project.

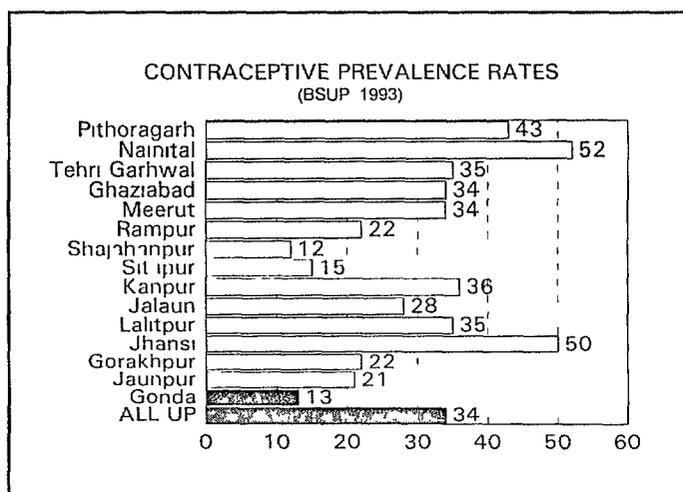
Awareness

Awareness of family planning methods is quite high. While most of the respondents were aware of at least one modern method (93%), 82 percent were aware of at least one spacing method. Awareness about IUD was lowest among women.



Use

Current use of modern methods was very low (13%), while use of spacing methods was only 4 percent. There was large variation in the use between urban and rural areas (24% vis-a-vis 12% for all methods and 12% vis-a-vis 4% for spacing methods). Similarly the number of women who had ever used modern contraception was low at around 16 percent.



Of the 13 percent using modern methods, majority were using tubectomy (8%), and 2 percent each were using condoms and pills and remaining one percent were using either IUD or vasectomy. Six

percent of the women were using traditional methods. Muslim women used spacing methods more frequently than Hindu women. Most of the users had two or more sons.

Besides discontinuing because of desire for more children, women discontinued because of method failure and problems with or side effects from the methods used. Counselling about switching methods could improve user satisfaction with contraception. This suggests need for more information on the family planning methods and better counselling to the clients.

Informed Choice

The majority of women visited by health workers were told about tubectomy (80%), while only about one-half (57%) were told about IUD and 73 percent about condom or oral contraceptive pill.

During home visits, less than one-third of the workers informed women about methods' advantages and disadvantages. Such inadequacy of information partly explains high discontinuation because of reasons related to acceptance and side effects.

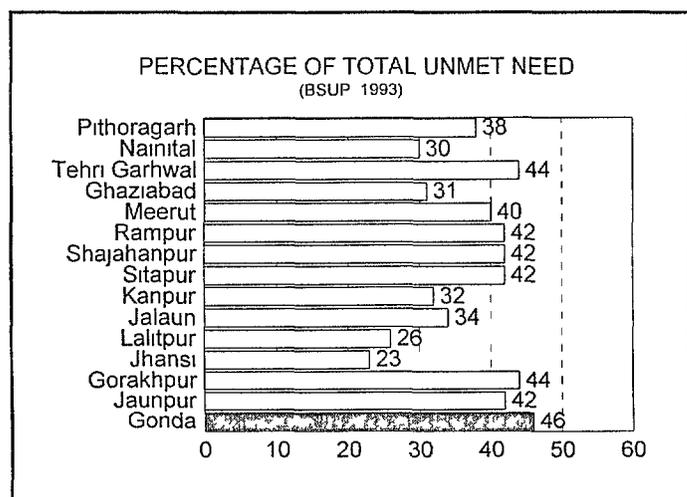
Sources of Supply

For curative health care, more than one-half of the women (57%) always prefer private sources. Easy accessibility and better treatment were the reasons given for this preference. On the other hand, for MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, while two-thirds used government sources for pills, only 29 percent used for condoms, showing a need to increase training in the private sector and social marketing. Urban women used government services less often for non-clinical methods than rural women. For users, pills and condoms are mostly available at service sites (82% for pill users and 94% for condom users).

Unmet Need

Forty-six percent of the women in Gonda reported unmet need, meaning they do not desire more children and are not using family planning methods. Thirty six percent of them had expressed unmet need for limiting and 10 percent for spacing births (desiring no births within the next 2 years),

indicating a need to improve the quality of sterilization services as well as spacing method efforts within programme. This level of unmet need remained similar for rural/urban and across the religion/caste groups.



Many women cited programme services and side effects as reasons for unmet need. Other frequently cited reasons include against religion and husband/family opposition.

Three percent of the surveyed women reported at least one unwanted pregnancy. This number was high among urban and Hindu women. Of the women who do not desire additional children, about one-sixth were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose. Another ten percent were 'unsure', perhaps this group may also like to abort if good and accessible abortion services are made available.

Comparison with Uttar Pradesh

Demographically, socially and economically, Gonda is poorer than the averages for Uttar Pradesh. The crude birth rate in Gonda is 34.2 versus 36.2 for the whole state. However, in general Gonda is demographically backward and falls among bottom ten districts. The contraceptive prevalence rate is only 13 for the district and 34 for the state. Also, female literacy in Gonda is as low as 11 percent compared to 25 percent for the state. Eight percent of Gonda's population live in urban areas, while 20 percent of the state's population does. (Sources for UP data for literacy and urban population, 1991

Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Gonda reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ PHCs and Subcentres should be set up as per norm,
- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. Need-based contacts should be established to build rapport,
- ✓ Focus IEC strategy to provide detailed information on programme services, better counselling on all methods of FP and follow-up,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services
- ✓ Cooperate with other development programmes to improve women's health and child survival



	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	N A	N A										N A
Crude Birth Rate	26 2	34 7										34 2
% with 3 or more living children who desire additional children	22	28	26	33	32	30	22	15	74	49	23	28
Mean age at effective marriage (Female)	16 9	15 4	15 4	16 1	15 0	15 5	15 9	16 2	15 3	16 0	15 4	15 5
% of households visited by PHC/SC workers in last 3 months	6	12	11	14	10	11	19	17	13	12	12	12
% always preferring private sector for health care during sickness	67	56	55	63	67	57	63	55	57	55	57	57
% who underwent ANC check up (last 2 years)	47	31	34	28	28	27	62	58	38	32	29	32
% of deliveries performed by trained personnel (last 2 years)	38	21	23	15	11	18	33	53	26	22	19	21
% of children (aged 12 23 months) who received all vaccines	27	15	15	17	11	13	12	52	18	19	12	16
% exposed to at least one form of media	46	23	25	22	15	17	50	69	30	23	23	24
% hearing FP messages on radio and/or TV	34	9	11	9	3	5	26	51	12	12	10	11
% aware of at least one modern FP method	93	93	93	93	89	92	95	99	94	92	92	93
% aware of at least one modern spacing FP method	89	82	82	83	74	81	88	94	83	82	82	82
% currently using any modern FP method	24	12	15	5	7	10	19	29	6	7	16	13
% currently using any modern spacing FP method	12	4	5	2	2	3	5	10	5	4	4	4
% currently using and having 1 son	6	3	4	1	1	3	4	10	4	3	3	3
% currently using and having 2+ sons	17	8	10	3	5	7	13	18	1	5	13	9
% using public sector for family planning services												
Sterilization	88	95	95	87	100	96	93	89	83	94	95	94
IUD	100	100	100	100		100	100	100	100	100	100	100
Non clinical methods	49	71	72	52	39	73	40	61	66	73	68	68
Oral Pills												
Condoms	19	31	29	28		35	27	17	27	63	25	29
% of women reporting that worker mentioned												
Sterilization	87	79	80	79	86	79	77	85	98	58	84	80
IUD	63	57	59	45	56	57	55	60	44	75	54	57
Non clinical methods (pills and/or condoms)	69	74	71	91	100	73	78	72	68	63	76	73
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	36	29	30	34	43	32	25	26	63	16	31	30
IUD	19	26	25	29	16	27	42	9	41	10	28	25
Non clinical methods (pills and/or condoms)	5	23	22	19	11	22	23	18	41	10	23	21
% total unmet need	44	46	46	45	45	48	39	32	34	35	53	46
% unmet need for limiting births	32	36	36	36	37	38	27	25	18	20	47	36
% of women reporting at least one unwanted pregnancy	6	3	4	2	2	3	5	4	2	3	4	3
Distribution of currently married women (N)	5 7	94 3	77 7	22 1	17 3	82 8	8 9	8 3	21 0	18 8	60 2	100 0 577238

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

GORAKHPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Gorakhpur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization and demand for family planning services. The survey in Gorakhpur covered a total of 2,432 households - 1,900 from rural and 532 from urban areas. Altogether, 2,906 currently married women were interviewed. The survey was carried out by Vimarsh, New Delhi.

Demographic Background

Gorakhpur, situated in the eastern region of the state, had a total population of about 3.1 million in 1991, about 2.2 percent of the state's population. The basic characteristics of this district are shown below. Though this district is little behind the state on most of the socio-economic indicators, it is better on demographic parameters.

Decadal Growth Rate	24.7*
Percent Urban	18.7
Percent Muslim	12.0
Female Literacy Rate	24.5*
Mean Age at Marriage (F)	17.0
Crude Birth Rate	32.7
Total Fertility Rate	4.6
Mean Children Ever Born	3.8
Mean Surviving Children	3.1
Crude Death Rate	12.0
Contraceptive Prevalence Rate	22.0

*1991 Census

Access

The district has one PHC for every 46,125 population and one Sub-centre for every 5,299 population. Thus, it is close to the government norm for Sub-centres, but is far behind the norm for PHCs. Only about 15 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 3 percent in urban and 18 percent in rural areas. Only about 58 percent of the women visited were satisfied with these workers. Thus, there is a need not only to increase the number of homes visited but also to make the visits more satisfying.

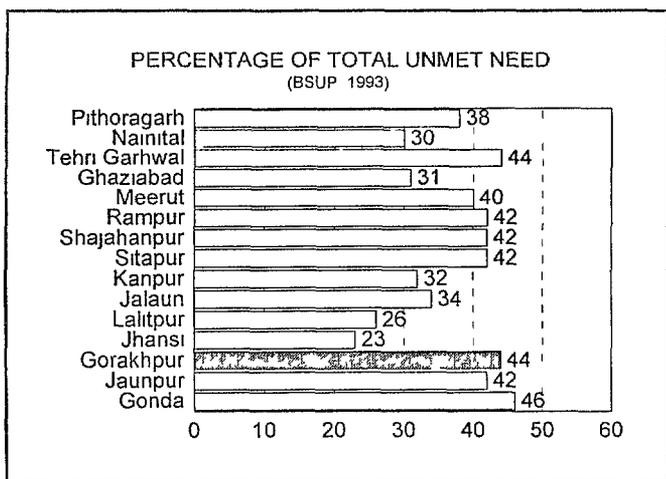
One-half of the women who were pregnant during the last two years received an antenatal physical exam, and quite a high number (70%) received a tetanus toxoid injection. Though provision of services was good, only 23 percent of the deliveries during the last two years were attended by trained personnel. Thirty-five percent of babies between 12 and 23 months received all necessary vaccines, it was much higher in urban than rural areas.

More than one-third of the women have access to at least one type of media, and only 28 percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women, and the differentials are very high.

Awareness

Awareness of family planning methods is high (98%), though a slightly lower percentage (91%) reported awareness of spacing methods. Awareness of IUD was comparatively low (only 71%). Awareness of modern methods is very similar within

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANE OR/TA) Project.



The majority of women (33% out of the total of 44%) cited issues related to programme services and side effects as reasons for unmet need. Other frequently cited reasons include religious beliefs and opposition from husband or other family members. This group (the unmet need group) generally gets less information from the programme workers, has less exposure to media and less awareness of spacing methods.

Seven percent of the surveyed women reported at least one unwanted pregnancy. This number was higher among urban and well-educated women. Of the women not desiring additional children, about 18 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose and another 16 percent were not sure whether they will undergo MTP. Perhaps this group will also accept MTP if abortion services are readily available. This suggests a need for accessible MTP services.

Comparison with Uttar Pradesh

Among the 15 districts surveyed, Gorakhpur ranks among one of the lowest for contraceptive use. It is one of the better districts for awareness of spacing methods. Its unmet need group is also very high. Demographically, socially and economically, Gorakhpur is much higher than the average for Uttar Pradesh. The crude birth rate in Gorakhpur is 32.7 versus 36.2 for the whole state, while the total fertility rate is 4.6 compared to a state-wide 5.2. But the contraceptive prevalence rate is 22 for the district and 34 for the state. Female literacy in Gorakhpur is 25 percent which is equal to that for the state. Only 19 percent of Gorakhpur's population live in urban areas, while 20 percent of the state's

population does. (Sources for UP data for literacy and urban population, 1991 Census, for birth rate and total fertility rate, SRS, for contraceptive prevalence, government statistics.)

Implications for Programme Goals

The survey in Gorakhpur reveals an urgent need to

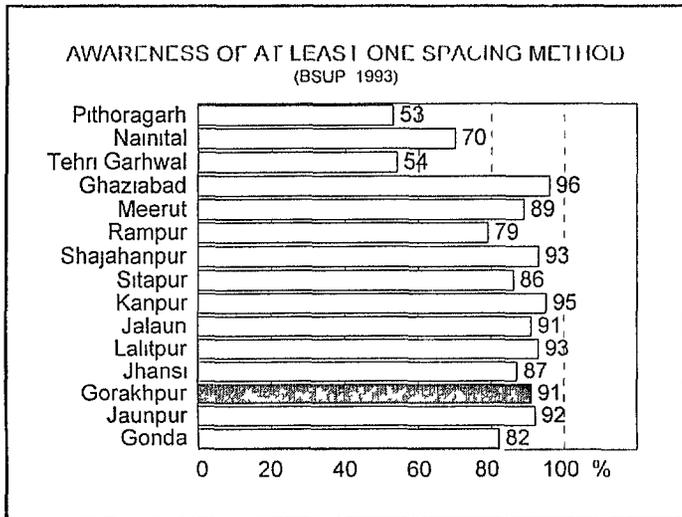
- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

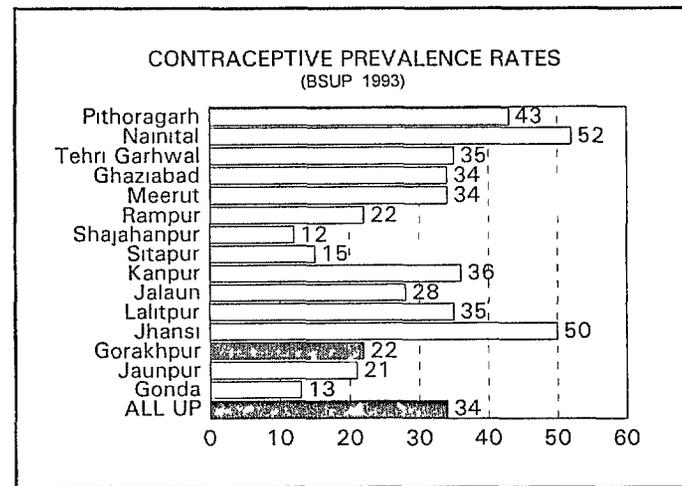
- ✓ PHCs should be set up as per norms;
- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. Need-based contacts should be established to build rapport,
- ✓ Focus IEC strategy to provide detailed information on programme services, better counselling on all methods of FP and follow-up. It seems the IUD is being neglected,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival

all categories residence, religion, caste, education and age



Use

Compared to almost universal awareness of family planning methods, levels of use are very low. Current use of modern methods was 22 percent, while use of spacing methods was only 7 percent. The number of women who had ever used contraception was around 26 percent.



Of the 22 percent using modern methods, most were using tubectomy (14%) and 3 percent were using condoms. Oral pills were being used by 2 percent. Very few (around 1 percent each) were using vasectomy and IUDs. Around 5 percent women were using traditional methods, mostly periodic abstinence.

Most of the users had two or more sons. Rural Muslim, SC/SI, illiterate and younger women use contraception much less frequently than their urban, Hindu, higher caste, educated and older

counterparts. It is these groups who need focused attention for family planning.

Besides discontinuing because of desire for more children (36%), as many as 56 percent of the women discontinued because of method failure and problems with or side effects from the method.

Informed Choice

The majority of women visited by health workers were told about tubectomy (93%), while only about one-half were told about oral pill or condom. A mere 14 percent reported to have been informed of IUD. This partly explains low use of IUDs.

During home visits, workers informed women about methods' advantages and disadvantages infrequently. This information was given least often for IUD (4%). The data suggests a need for more information to be given to clients on side effects, how to manage them, and sources of supply. Such information will reassure the clients of the short-lived nature of side effects.

Sources of Supply

For curative health care, most women (75%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, 28 percent used government sources for pills and 36 percent for condoms, showing a need to increase training in the private sector and social marketing. Rural women used government sources for clinical methods more often than urban women, and less often for non-clinical methods. It is therefore necessary that the government services be of better quality. For users, pills and condoms are available at service sites over 95 percent of the time.

Unmet Need

Forty-four percent of the women in Gorakhpur (numbering 3.1 lakhs) reported unmet need, meaning they do not desire more children and are not using family planning methods. Thirty-one percent of them have unmet need for limiting and 13 percent for spacing births (desiring no births within the next 24 months), indicating a need to strengthen sterilization as well as spacing method efforts within programme. There is also probably a need to involve other channels of service delivery as well.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	3 76	4 86	4 64	4 63	5 26	5 11	4 25	3 42				4 64
Crude Birth Rate	26 6	34 1										32 7
% with 3 or more living children who desire additional children	5	14	13	12	15	13	10	9	43	27	6	13
Mean age at effective marriage (Female)	17 7	16 8	16 9	17 0	16 3	16 6	16 9	18 3	16 9	17 2	16 9	17 0
% of households visited by PHC/SC workers in last 3 months	3	18	16	10	17	17	16	9	15	17	15	15
% always preferring private sector for health care during sickness	75	75	75	75	77	75	73	73	75	77	73	75
% who underwent ANC check up (last 2 years)	75	45	49	53	40	41	57	80	56	49	40	50
% of deliveries performed by trained personnel (last 2 years)	47	19	23	23	12	14	36	54	28	22	17	23
% of children (aged 12 23 months) who received all vaccines	49	32	34	36	22	26	49	63	40	32	30	35
% exposed to at least one form of media	74	27	34	46	18	21	56	83	38	37	34	35
% hearing FP messages on radio and/or TV	65	20	26	62	18	15	42	71	26	30	27	28
% aware of at least one modern FP method	100	98	98	98	99	98	100	100	99	98	98	98
% aware of at least one modern spacing FP method	98	90	91	91	89	88	96	99	92	92	91	91
% currently using any modern FP method	37	19	23	16	17	18	27	35	7	18	32	22
% currently using any modern spacing FP method	16	5	7	7	3	3	10	18	6	9	6	7
% currently using and having 1 son	11	4	5	2	3	3	5	13	4	6	6	5
% currently using and having 2+ sons	24	14	16	12	13	15	20	18	1	12	26	16
% using public sector for family planning services												
Sterilization	80	84	83	91	83	87	90	66	88	83	83	83
IUD	32	85	47	100	100	73	100	26	51	57	50	53
Non clinical methods	17	34	30	22	53	25	41	28	37	11	33	28
Oral Pills												
Condoms	32	40	36	37	16	43	45	30	26	35	44	36
% of women reporting that worker mentioned												
Sterilization	97	92	93	91	94	93	94	90	87	94	95	93
IUD	17	13	13	20	7	12	19	24	16	10	14	14
Non clinical method (pills and/or condoms)	54	60	59	59	50	56	74	64	66	62	56	59
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	26	14	16	16	19	16	10	19	10	20	16	16
IUD	2	4	4	3	-	3	6	10	9	1	3	4
Non clinical method (pills and/or condoms)	30	20	19	39	14	20	28	24	29	22	18	21
% total unmet need	36	47	44	47	47	48	40	34	35	39	52	44
% unmet need for limiting births	26	33	31	34	33	35	25	22	6	25	48	31
% of women reporting at least one unwanted pregnancy	10	7	7	8	6	7	9	9	2	7	10	7
Distribution of currently married women (N)	18 6	81 4	87 2	12 0	18 9	71 7	10 3	18 0	28 8	20 3	50 9	100 0 662800

Some of the reasons for the low number of women reporting that worker mentioned both advantages and disadvantages of sterilization are because base line survey is currently married women

FAMILY WELFARE PROGRAMME IN UTTAR PRADESH

JAUNPUR

The Population Council, India

SIFPSA, Uttar Pradesh¹**Introduction**

Jaunpur is one of the fifteen districts in which the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh carried out baseline surveys to determine the levels of knowledge, utilization, demand and unmet need for family planning services. The survey in Jaunpur covered a total of 2,444 households - 1,910 from rural and 534 from urban areas. Altogether, 3,453 currently married women were interviewed. The survey was carried out by VIMARSH Consultancy Group, New Delhi.

Demographic Background

Jaunpur, situated in the Eastern region of the state, had a total population of 3,214,636 in 1991, over 2 percent of the state's population. The basic characteristics of the surveyed district are

Decadal Growth Rate	26.5*
Percent Urban	6.9*
Percent Muslim	7.2
Female Literacy Rate	22.4*
Mean Age at Marriage (F)	15.5
Crude Birth Rate	36.1
Total Fertility Rate	4.8
Mean Children Ever Born	3.6
Mean Surviving Children	2.9
Crude Death Rate	11.1
Contraceptive Prevalence Rate	21.3

*1991 Census

Access

The district has one PHC for every 34,406 population and one Sub-centre for every 6,262 population, placing the district slightly below the suggested government norms. A need for increased number of sub-centres is evidently present. Only about 7 percent of the households were contacted in their homes by a PHC/SC worker during the last 3 months, 8 percent in rural and only 1 percent in urban areas. While only 20 percent women visited were satisfied with these workers, almost all the women desired to have revisits by them (96%).

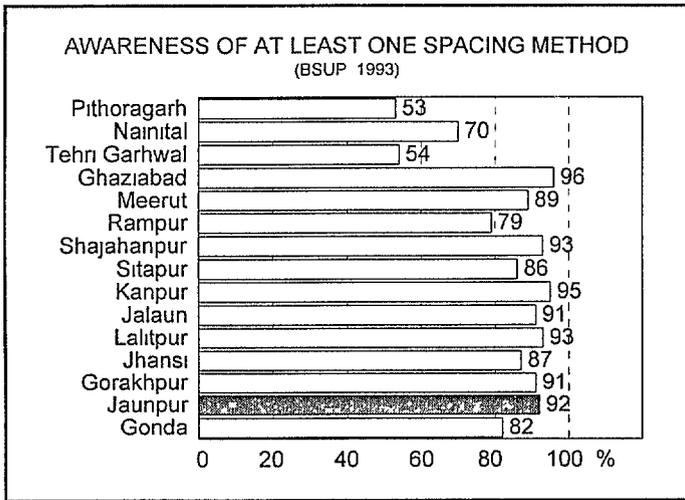
About 40 percent of the women who were pregnant during the last two years received an antenatal physical exam, while a much higher percent (59%) received a tetanus toxoid injection. Only 28 percent of the deliveries during the last two years were attended by trained personnel. Urban women underwent professional check-ups and deliveries more often than their rural counterparts. Thirty eight percent of babies between 12 and 23 months received all necessary immunizations.

One-fourth of the women have access to at least one type of media, and only eighteen percent had heard family planning messages on either radio or television. Rural and illiterate women have less access to media than urban and well-educated women. Muslims and Hindus have almost similar access to media, while SC/ST access is especially low.

¹ A joint product of the State Innovations in Family Planning Services Agency (SIFPSA) Project, Uttar Pradesh and The Population Council's Asia & Near East Operations Research/Technical Assistance (ANF OR/TA) Project.

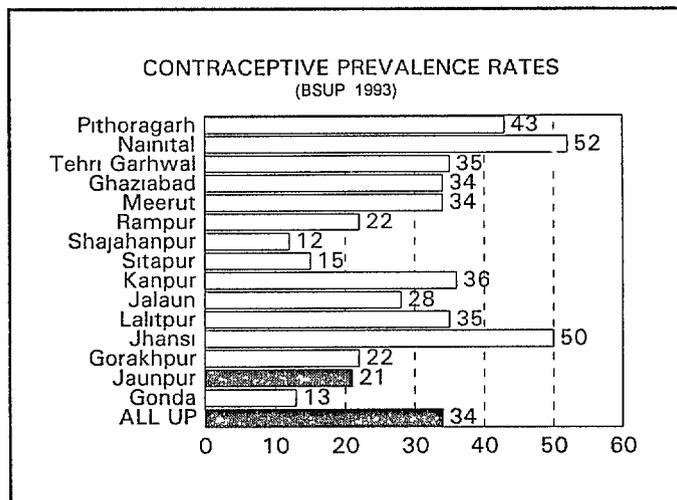
Awareness

Awareness of family planning methods is nearly universal. While all respondents were aware of at least one modern method (99%), 92 percent were aware of at least one spacing method. There are no differences in awareness among Hindus, Muslims and SC/STs.



Use

Current use of modern methods was low at 21 percent, while use of spacing methods was still low at 3 percent. The number of women who had ever used modern contraception was around 27 percent.



Of the 21 percent using modern methods, most were using tubectomy (17%), and 2 percent were using condoms and 1 percent were using pills. Very few (less than one percent each) were using IUDs or vasectomy. Six percent of the women were using traditional methods.

Most of the users had two or more sons. Relatively, Muslim women used spacing methods more

frequently than Hindu women. As expected, rural and illiterate women were using modern methods as frequently as their urban and educated counterparts, this was also true for spacing methods.

Besides discontinuing because of desires for more children (34%), sizeable women discontinued because of method failure (22%) and problems with or side effects from the method (17%).

Informed Choice

The majority of women visited by health workers were told about tubectomy (88%), while about one-quarter were told about non-clinical methods and only about 18 percent about IUDs. Workers mentioned non-clinical methods more frequently to Muslim, educated and younger than to Hindu, illiterate and older women.

During home visits, only a few workers informed women about methods' advantages and disadvantages. Those informed had done this more often for terminal methods than for spacing methods. Even for terminal methods only 11 percent women reported that both advantages and disadvantages were mentioned. This information was given least often for IUD and non-clinical methods (2% in each case).

Sources of Supply

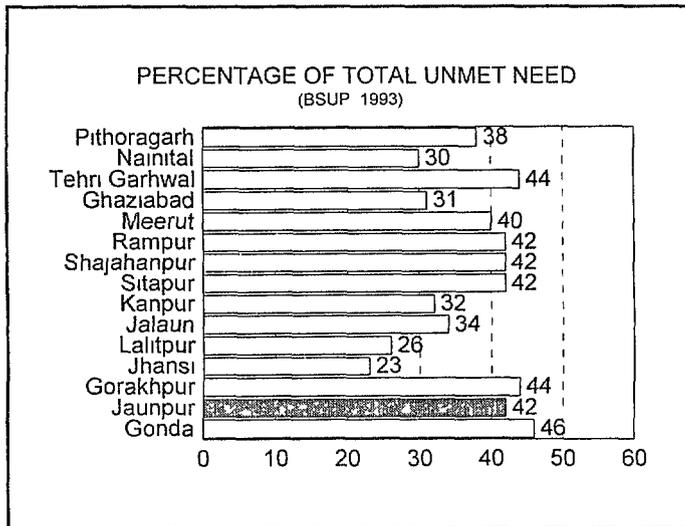
For curative health care about three-fourths of the women (76%) always prefer private sources. On the other hand, for MCH and family planning, women mainly use government services. The exception is for non-clinical family planning methods, just over half used government sources for pills and condoms, showing a need to increase training in the private sector and social marketing. For users, pills and condoms are available at service sites well over 90 percent of the time.

Unmet Need

About 42 percent of the women in Jaunpur reported unmet need, meaning they do not desire more children/presently do not desire to have children and are not using family planning methods. About 27 percent of women expressed unmet need for limiting, while only 15 percent felt unmet need for spacing births (desiring no births within next 2 years), indicating a need to improve the quality of

sterilization services as well as spacing method efforts within programmes. Muslim and rural women had higher unmet need than their Hindu and urban counterparts.

One-third of women cited health problems as a reason for unmet need. Other frequently cited reasons include fear and husband/family opposition and against religion.



Thirteen percent of the surveyed women reported at least one unwanted pregnancy. This number was highest among urban and literate women. Of the women who do not desire additional children, about 13 percent were of the opinion that they would prefer to abort an unwanted pregnancy if the occasion arose while another 15 percent were not sure about their decision in this regard. This suggests a need for more accessible MTP services.

Comparison with Uttar Pradesh

Demographically, socially and economically, Jaunpur is above the averages for Uttar Pradesh. The crude birth rate in Jaunpur is 36.1 versus 36.2 for the whole state, while the total fertility rate is 4.8 compared to a state-wide 5.2. The contraceptive prevalence rate is 21 for the district much lower than 34 for the state. Also, female literacy in Jaunpur is low at 22 percent compared to 25.3 percent for the state. Only 7 percent of Jaunpur's population lives in urban areas, while about 20 percent of the State's population does. (Sources for UP data for literacy and urban population, 1991 Census for birth rate and

total literacy rate, SRS, for contraceptive prevalence, government statistics)

Implications for Programme Goals

The survey in Jaunpur reveals a need to

- Reduce unmet need by increasing use of contraceptives, both for spacing and limiting,
- Close the gap between the number of children ever born and surviving by reducing infant and child mortality,
- Raise female literacy and age at marriage

Programme Recommendations

Possible interventions include

- ✓ Change work routines of health workers and supervisors to improve accessibility through increased contacts. This is important for better rapport and greater acceptance,
- ✓ Focus IEC strategy to provide detailed information, better counselling and follow-up. This is particularly so for spacing methods,
- ✓ Broaden IEC and service options to increase involvement of males and senior family members in programmes,
- ✓ Provide training and ensure supplies to increase involvement of private sector, particularly of ISM practitioners, allopathic doctors and social marketing,
- ✓ Develop appropriate strategy for coverage by health workers and community members to increase contraceptive use among groups that need special attention, such as scheduled castes, youth and Muslims,
- ✓ Assure necessary training and equipment to improve accessibility to and quality of MTP services,
- ✓ Cooperate with other development programmes to improve women's health and child survival.

	Residence		Religion/Caste			Education (F)			Age (F)			All
	Urban	Rural	Hindu	Muslim	SC/ST	Illit	Prim	Prim +	Up to 24	25 29	30 +	
Total Fertility Rate	4 07	4 89	4 84	4 71	5 1	5 17	4 78	3 35				4 83
Crude Birth Rate	29 8	36 6										36 1
% with 3 or more living children who desire additional children	11	18	17	24	22	19	9	14	46	32	9	17
Mean age at effective marriage (Female)	16 6	15 4	15 5	15 8	15 0	15 2	16 2	17 0	15 5	15 8	15 4	15 5
% of households visited by PHC/SC workers in last 3 months	1	8	8	3	7	7	7	8	7	8	8	7
% always preferring private sector for health care during sickness	80	76	75	85	81	78	72	71	76	77	76	76
% who underwent ANC check up (last 2 years)	48	38	39	31	33	32	47	66	43	35	34	39
% of deliveries performed by trained personnel (last 2 years)	55	26	28	30	19	21	42	53	30	28	23	28
% of children (aged 12 23 months) who received all vaccines	37	39	39	29	32	33	48	57	39	41	35	38
% exposed to at least one form of media	65	23	26	24	14	14	47	71	28	25	23	25
% hearing FP messages on radio and/or TV	52	15	18	16	12	9	33	58	20	19	16	18
% aware of at least one modern FP method	100	99	99	99	99	99	100	99	99	99	100	99
% aware of at least one modern spacing FP method	99	92	92	95	89	90	97	98	93	94	90	92
% currently using any modern FP method	32	20	22	7	15	19	29	26	5	19	35	21
% currently using any modern spacing FP method	11	3	3	5	2	2	4	9	3	5	3	3
% currently using and having 1 son	8	3	4	1	3	2	4	10	2	4	4	4
% currently using and having 2+ sons	21	16	17	5	12	16	24	15	1	14	30	16
% using public sector for family planning services												
Sterilization	93	90	91	77	96	93	84	82	88	87	91	90
IUD	58	81	75	100		73	97	70	73	76	79	76
Non clinical methods	43	49	47	58	40	60	19	32	55	49	44	48
Oral Pills												
Condom	34	62	58	30	42	59	61	43	49	68	51	55
% of women reporting that worker mentioned												
Sterilization	77	89	89	64	82	89	92	82	79	81	94	88
IUD	37	17	18	17	7	12	36	34	35	23	11	18
Non clinical methods (pills and/or condoms)	26	27	27	37	30	21	33	54	59	31	15	27
% of women reporting that worker mentioned both advantages and disadvantages of												
Sterilization	5	12	12		15	9	15	18	12	8	13	11
IUD	6	2	2		*	1	*	12	3	4	1	2
Non clinical method (pills and/or condoms)	3	2	2		2	1	*	7	4		2	2
% total unmet need	35	42	40	53	44	44	35	31	35	40	48	42
% unmet need for limiting births	26	27	26	36	26	30	22	14	9	23	44	27
% of women reporting at least one unwanted pregnancy	18	13	13	14	10	12	17	18	5	17	19	13
Distribution of currently married women (N)	6 1	93 9	93 0	6 9	24 6	75 8	11 2	13 0	37 3	18 0	44 7	100 0 791662

Note: Some figures here may differ from those in BSUP reports because base used here is currently married women *negligible numbers