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## **Reproductive Health Indicator Survey, 2010 Uttar Pradesh**

**MAY 2010**

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**The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.**





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## FOREWORD

The United States Agency for International Development (USAID) and the Government of India (GOI) launched the Innovations in Family Planning Services (IFPS) Project in 1992 to increase contraceptive use and promote family planning in the state of Uttar Pradesh (UP). While IFPS was intended to focus solely on family planning in UP, by the time the project ended in 2004, project innovations had broadened to include pilot activities in maternal and neonatal health, child survival, management of sexually transmitted infections/reproductive tract infections (STI/RTI), and HIV/AIDS prevention. Activities had also extended to neighboring states, Uttarakhand (UK, then Uttaranchal) and Jharkhand (JH). IFPS continued in its second phase from September 2004 until March 2009 in all three states, again with the objective of increasing contraceptive prevalence rate (CPR), condom and oral contraceptive pill (OCP) sales, and Iron and Folic Acid (IFA) consumption.

The second phase of the Innovations in Family Planning Services (IFPS) Project, from October 2004 until March 2009, included documenting the impact of project interventions on reproductive health indicators. A baseline survey was conducted in 2005 to measure the status of select reproductive health indicators relevant to the IFPS project objectives. A similar survey was conducted in 2010, which is also the latest in a series of population-based surveys in Uttar Pradesh that have tracked these indicators.

The current Reproductive Health Indicator Survey (RHIS) reveals that Uttar Pradesh has made considerable progress on many key reproductive health indicators, such as antenatal care, institutional deliveries, and modern family planning method use, particularly the use of modern spacing methods. These achievements are laudable, but, at the same time, the data indicate that there remains a huge unmet need for services, which requires considerable attention so as to improve both the access to and the quality of services, based on proven best practices. During the past five years, the IFPS project has successfully tested several public-private partnership (PPP) models (including a voucher scheme, social franchising, social marketing in small size villages and clinic-based non-governmental organization (NGO) involvement) and has generated valuable information on the design, demonstration and documentation of these PPP models.

The IFPS Technical Assistance Project (ITAP) team has done a commendable job of conducting this RHIS in a short period of time, all the while maintaining high quality standards. I would like to take this opportunity to congratulate all of the team. Many of the findings of this survey will be extremely useful to refine and redefine reproductive health service delivery systems.

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# ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
BPL	Below Poverty Line
CBR	Crude Birth Rate
CDR	Crude Death Rate
CEB	Children Ever Born
CPR	Contraceptive Prevalence Rate
CS	Children Surviving
IFA	Iron and Folic Acid
IFPS	Innovations in Family Planning Services
IMR	Infant Mortality Rate
ITAP	IFPS-II Technical Assistance Project
IUD	Intrauterine Device
NFHS	National Family Health Survey
NRHM	National Rural Health Mission
OBC	Other Backward Class
PNC	Postnatal Care
PPP	Public-Private Partnership
PPS	Probability Proportional to Population Size
PSU	Primary Sampling Unit
RHIS	Reproductive Health Indicator Survey
SC	Scheduled Caste
SLI	Standard of Living Index
SRS	Sample Registration System
ST	Scheduled Tribe
TBA	Traditional Birth Attendant
TFR	Total Fertility Rate
TT	Tetanus Toxoid
USAID	United States Agency for International Development

# FACT SHEET

FACT SHEET						
Indicators	RHIS 2010			RHIS 2005		
	All	Urban	Rural	All	Urban	Rural
<b>Sample size</b> (unweighted)						
Households	4,777	1,893	2,884	4,759	1,885	2,874
Currently married women	4,293	1,643	2,650	4,420	1,629	2,791
<b>Women characteristics</b> (Currently married aged 15-49)						
Percent below 25 years	27.1	18.8	28.9	29.4	23.2	30.8
Percent illiterate	57.3	41.0	60.7	65.0	43.0	70.0
Percent completed 10+ grade	15.1	31.9	11.7	11.3	29.5	7.2
<b>Fertility indicators</b>						
Mean children ever born (CEB)	3.40	3.26	3.43	3.65	3.33	3.75
Mean children surviving (CS)	2.98	2.93	2.99	3.11	2.95	3.15
<b>Current contraceptive use</b>						
Any method (%)	44.0	50.4	42.7	35.1	46.8	32.4
Any modern method (%)	31.6	38.4	30.2	26.7	38.8	23.9
Pill (%)	2.6	3.3	2.4	1.6	2.6	1.4
IUD (%)	1.0	2.0	0.8	1.1	2.2	0.9
Condom (%)	9.5	15.9	8.1	6.4	15.4	4.3
Female sterilization (%)	18.3	16.5	18.7	17.0	17.7	16.8
Male sterilization (%)	0.2	0.1	0.2	0.4	0.4	0.3
<b>Unmet need for family planning</b>						
Percent unmet need	24.4	22.1	24.8	31.4	26.6	32.4
Percent with unmet need for spacing <sup>1</sup>	12.2	9.3	12.8	15.3	11.0	16.4
Percent demand	68.4	72.5	67.5	66.5	73.4	64.8
Percent demand satisfied	64.3	69.5	63.1	52.8	63.8	50.0
<b>Antenatal care*</b>						
Any ANC care <sup>2</sup> (%)	90.8	92.1	90.6	76.4	83.6	75.3
ANC in first trimester (%)	31.1	49.7	28.2	14.5	25.7	12.6
Had adequate IFA tablet/syrup <sup>3</sup> (%)	33.4	38.9	32.6	20.1	25.6	19.2
Source of IFA tablets: Government (%)	77.4	58.1	80.5	78.4	54.5	82.3
Received adequate TT injection <sup>4</sup> (%)	84.7	86.4	84.4	67.1	75.4	65.8
Source of TT injection: Government (%)	73.7	51.9	77.2	69.8	48.9	73.4
All recommended type of antenatal care <sup>5</sup> (%)	11.5	23.4	9.7	8.7	14.0	7.9

## FACT SHEET

Indicators	RHIS 2010			RHIS 2005		
	All	Urban	Rural	All	Urban	Rural
<b>Delivery care*</b>						
Place of delivery						
<b>Institutional delivery (%)</b>	48.1	56.2	46.8	18.9	41.1	15.5
Government health facility (%)	29.6	20.3	31.0	6.9	15.8	5.6
Private health facility (%)	17.4	33.4	14.8	12.0	25.3	10.0
NGO health facility (%)	1.1	1.5	1.0	0.0	0.0	0.0
<b>Home (%)</b>	51.9	43.8	53.2	81.1	58.9	84.4
Assistance of delivery by health professionals (%)	50.6	63.0	48.7	26.3	57.2	21.6
<b>Postnatal care</b>						
Received postnatal care (within 6 weeks after birth) (%)	39.4	39.3	39.4	34.9	39.0	34.2
<b>Quality of care</b>						
Health worker's visit at home in last 3 months (%)	46.7	36.6	48.8	54.4	42.2	57.2
Visit to any health facility in last 3 months (%)	52.4	56.8	51.5	54.9	50.4	55.9
Discussion on family planning methods during contacts with health workers						
Any modern spacing method (%)	28.0	32.6	27.1	13.2	18.0	12.2
Sterilization (%)	23.0	17.9	24.1	18.2	14.9	18.9
Any modern method (%)	41.2	42.3	40.9	26.2	27.7	25.9
<b>Exposure to mass media on FP/RH</b>						
Percent listening to radio at least once a week	29.5	30.2	29.4	20.4	21.9	20.0
Percent watching television at least once a week	45.5	73.4	39.7	23.6	56.2	16.1
Percent reading newspaper/magazines at least once a week	12.9	30.4	9.2	5.9	21.4	2.4
Percent seen/heard FP/RH messages on:						
Radio	30.2	29.8	30.3	33.1	38.3	31.9
Television	44.9	70.7	39.6	33.7	66.7	26.1
Newspaper	13.3	26.7	10.6	9.3	27.8	5.0
Poster/Banner	29.6	34.2	28.6	18.9	38.9	14.3
Bus/Van	12.5	19.4	11.1	13.6	28.7	10.2
Wall painting/wall writing	24.0	28.4	23.0	23.6	44.4	18.8

\* Based on mothers who gave birth to a child during last 2 years preceding the survey. If more than one birth to a woman, information pertaining to the last child is considered.

<sup>1</sup> Includes women who are neither pregnant nor currently using any method of family planning method but say they want to wait two or more years for their next birth. Women who are unsure whether they want another child or unsure when to have the birth, also included in unmet need for spacing.

<sup>2</sup> Includes those have received only IFA tablets or TT injection.

<sup>3</sup> Received IFA tablets/syrup to last 100 days and consumed all of them.

<sup>4</sup> Received two TT injections in last pregnancy or one during last pregnancy and also received before the last pregnancy.

<sup>5</sup> Has 3 or more antenatal care visits, adequate IFA tablets/syrup, and adequate TT injection.

# EXECUTIVE SUMMARY

The Reproductive Health Indicator Survey 2010 (RHIS 2010) serves as an endline for the second phase of the Innovations in Family Planning Services Project (IFPS II) as well as continues a series of indicator surveys dating from 1998. The RHIS 2010 was conducted in Uttar Pradesh to provide information on the knowledge, availability and utilization of various family planning and reproductive healthcare services.

## **SAMPLE SIZE AND CHARACTERISTICS**

The survey collected information from a state representative sample of 4,777 households and 4,293 respondents (currently married women aged 15-49 years) living in those households. The survey was designed and supervised by the IFPS II Technical Assistance Project (ITAP). Data collection was carried out during the months of December 2009 and January 2010 by two sub-contracted organizations.

A total of 28,553 individuals who stayed in the household the night before the interview were enumerated in the 4,777 RHIS 2010 sampled households. The average household size in the state

is six persons. Nine percent of the households are headed by women. About 37 percent of the household population in the state is below 15 years of age (down from 41 percent at the time of RHIS 2005), reducing the young age structure of the population. Nearly one-fourth (23 percent) of the married women aged 20-49 years in the state were married below the age of 15 and 57 percent were married below the age of 18 years.

Regarding the type of dwelling, only 27 percent of households live in pucca houses. Nearly one-third of the households have electricity. 27 percent of the households have flush toilet facility. Sixteen percent of the households have tap water facility as the main source of drinking water, which varies from nine percent in rural areas to 47 percent in urban areas. 48 percent of the households cook with wood and 15 percent cook with LPG/natural gas. Forty-four percent of the respondents were of parity four or above in the state. The proportion of respondents with parity two is higher in urban areas (19 percent) compared to rural areas (15 percent). Literacy has increased substantially over time, as

43 percent of the currently married women are literate, up from 35 percent at the time of RHIS 2005.

## **FAMILY PLANNING**

Knowledge about any family planning method, including any modern family planning method, is universal in the state. Fifty-six percent of the respondents have ever used any method of contraception (64 percent in urban and 54 percent in rural areas). Among those who have ever used any contraceptive, almost one-third (34 percent) have used after having four or more children. Twenty-six percent of the women have used contraceptives after the birth of their first child. Forty-four percent of the respondents were currently using a family planning method at the time of survey (up from 35 percent at the time of RHIS 2005). Among those currently using family planning methods, 42 percent were sterilized and 31 percent were using a modern spacing method. The proportion using modern spacing methods is higher (44 percent) in urban areas compared to the rural areas (28 percent).

The major source of modern spacing methods, i.e. oral pills and condoms, is the private sector. However, nine

out of every 10 sterilizations were performed in the public sector. The intention to use contraceptives is high; 25 percent of the non-users want to use them within one year and another 35 percent want to use them after one year. Of those intending to use contraceptives in future, 38 percent mentioned sterilization, 15 percent oral pills and 14 percent condoms as their preferred choice. Only 64 percent of the demand for contraceptives among currently married women in the state has been met.

### **MATERNAL HEALTH**

Nearly one-third of the respondents had registered for antenatal check-ups in the first trimester of their pregnancy, a considerable increase from 15 percent at the time of RHIS 2005. Quantum of antenatal care is abysmally low in the state, especially in rural areas. Sixty-two percent of mothers received iron and folic acid (IFA) supplements for their most recent birth (up from 51 percent at the time of RHIS 2005). Only 33 percent of the women consumed these IFA tablets/syrup for at least 100 days (up from 20 percent at the time of RHIS 2005). This percentage was universally low among all groups of women, except women who have completed 12 and above years of education and women from households in the highest SLI quintile. Eighty-five percent of the mothers received two or more tetanus toxoid (TT) injections during pregnancy for their most recent birth (up from 67 percent at the time of RHIS 2005). Forty-eight percent of the deliveries were institutional,

where majority of these took place in government institutions (30 percent). A significant increase is observed in the number of government institutional deliveries since RHIS 2005, especially in rural areas. Almost half (51 percent) of the mothers sought assistance at delivery from a health professional, including 28 percent from a doctor and 23 percent from an auxiliary nurse midwife/nurse or other health professional. Thirty-nine percent of the mothers who had delivered a child during the past two years were visited by a health worker/anganwadi worker (up from 35 percent at the time of RHIS 2005). The proportion of women visited by a health worker three or more times was very low in the state.

### **MESSAGES ON HEALTHY PRACTICES**

Exposure to mass media is far from universal in the state. In the urban areas, 78 percent of women are exposed to any form of mass media, whereas this is 51 percent in the case of rural women. Thirty percent listen to the radio, 45 percent watch television and 13 percent read newspapers at least once a week. Thirty percent of women have heard family planning or maternal and child health messages on radio during the three months preceding the survey. Forty-five percent of women have seen messages on television, but the urban-rural differential is much higher in this case (71 percent of the urban women and 40 percent of rural women). Other important sources of information are banners (30 percent)/wall paintings/hoardings (24 percent), posters and messages

as panels on buses or vans (13 percent). Among those who have heard/seen/read such messages, 60 percent observed them on family planning, 43 percent on polio immunization, 28 percent on routine child immunization, 13 percent on child feeding and a meager 13 percent on antenatal/postnatal care. Messages on healthy practices have increased in the state since RHIS 2005.

### **QUALITY OF HEALTHCARE**

Only 47 percent of the currently married women aged 15-49 years were visited by a health worker at home within three months prior to the survey. Eighty-six percent of the health workers were affiliated to a government facility, and 84 percent of the service provided was related to immunization. In the three months preceding the survey, almost half of the women visited a health facility for themselves or their children. Of these, 66 percent visited a private health facility and only 21 percent visited a government facility. Three out of every five women had discussions with the health worker about family planning. Of those who discussed oral pills, in 53 percent of the cases, only the advantages were discussed; and in 29 percent of the cases, both merits and demerits were discussed. Regarding discussions on condoms, 64 percent discussed only the advantages and 18 percent discussed both the advantages and disadvantages. When discussing IUDs, 43 percent discussed only the advantages and a similar proportion discussed both the advantages and disadvantages of the method.

# INTRODUCTION

## I.1 BACKGROUND OF THE SURVEY

USAID is committed to improve the health and well-being of children and families in the developing world. A mother's health profoundly affects the health and well-being of her children. USAID's approach to improve maternal as well as newborn health includes community involvement, evidence-based innovative interventions, scaling up best practices and compassionate high-quality services. Key interventions such as iron supplementation, malaria treatment, safe and clean delivery, and treatment of obstetric and newborn complications are improving health outcomes for mothers and infants around the world.

The Innovations in Family Planning Services (IFPS) project implemented in Uttar Pradesh by SIFPSA from 1992 to 2004, introduced innovative approaches to improve demand, access and quality of reproductive health services in the state. In October 2004, IFPS-II, the second phase of the project, was launched to reorient the project focus towards developing, demonstrating and documenting working models of public-private partnerships (PPPs) for improving reproductive and child health services. A crucial aspect

of IFPS-II is to robustly document the process of implementing PPPs in the state, including their impact on reproductive and child health indicators. The use of evidence-based interventions is important in this approach. The IFPS-II Technical Assistance Project (ITAP) provides technical assistance in the areas of program planning, as well as monitoring and evaluation.

For the impact assessment of IFPS, indicator surveys have been conducted since 1998. These surveys were conducted to provide information on the availability and utilization of various family planning and reproductive healthcare services in Uttar Pradesh. The Reproductive Health Indicator Survey (RHIS) conducted in 2005 served as a baseline for the second phase of the IFPS project. The recent RHIS conducted in 2009-10 will serve as an endline for the second phase of IFPS and as a baseline for the third phase.

## I.2 SOCIO-ECONOMIC AND DEMOGRAPHIC FEATURES

With a land area of 240,928 square kilometers, Uttar Pradesh accounts for seven percent of India's total land area. The state is divided into 17 administrative divisions and has 70 districts containing 97,942 villages

and 704 towns (Census 2001). Uttar Pradesh is the most populous state in India with a population of 166 million (RGI, 2001), which is 16 percent of the total population of the country. The population density per square kilometer in Uttar Pradesh has increased from 548 in 1991 to 689 in 2001, and is the fourth highest in the country. 79 percent of the population lives in rural areas and 66 percent of the population is engaged in agricultural activity. The proportion of scheduled caste (SC) population (21 percent) is higher and the scheduled tribe (ST) population (0.1 percent) is lower as against the corresponding figures at the country level. The overall sex ratio (females per 1000 males) in the state has increased from 876 to 898 during 1991-2001, but the child sex ratio during the same period has decreased from 927 to 916.

The overall literacy rate for the population aged seven and above has increased from 41 percent in 1991 to 57 percent in 2001; from 55 percent to 70 percent for males and from 24 percent to 43 percent for females. Though, the gender gap in the literacy rate has declined by four percentage points between 1991 and 2001, it remains high at 27 percent points.

Sample Registration System (SRS) (2009) estimates the infant mortality rate (IMR) in Uttar Pradesh at 67 per 1000 live births, contrary to 53 per 1000 live births at the country level. Uttar Pradesh has the third highest IMR in the country. Although, the crude death rate (CDR) has declined from 20.1 per 1000 persons in 1971 to 8.4 in 2008, it still remains high and above the national average (7.4). Estimates of life expectancy show a substantial increase both for males and females from 1970-75 to 2001-2005 – for males from 45.4 years to 60.1 years, and even more for females, from 40.5 years to 59.3 years (SRS based Abridged Life Tables, Office of the Registrar General of India, 2001-2005).

The crude birth rate (CBR) in Uttar Pradesh declined from 44.9 per 1000 persons in 1971 to 29.1 per 1000 persons in 2009 (SRS). However, the decline in birth rate has been rather slow and has become stagnant in recent years. The SRS figures show that total fertility rate (TFR) in Uttar Pradesh declined from 6.6 births in 1971 to 4.2 births in 2006. The state population policy aims to achieve a TFR of 2.1 by 2016 (Government of Uttar Pradesh, 2000). According to NFHS-3, the TFR was 3.8 children per women in the state, higher than the national figure (2.7 children per women). However, considerable improvements in all the socio-economic, demographic and health indicators are required, if the state population policy goals are to be realized.

### 1.3 OBJECTIVES OF THE SURVEY

This survey is designed to provide state level and urban-rural estimates.

The major objectives are to provide information on the contraceptive prevalence rate (CPR), perceptions regarding use of modern spacing methods, utilization of maternal healthcare services, use of IFA supplements, use of TT injections, quality of healthcare and exposure to media, especially to family planning and reproductive health messages.

### 1.4 QUESTIONNAIRES

Information on the indicators mentioned in Section 1.3 was collected using two types of questionnaires: Household and Woman's. The questionnaires were bilingual, with questions in Hindi and English.

The **Household Questionnaire** was used to collect background information about the selected households and the members living in them. The questionnaire lists the usual residents in each sample household along with any visitors who stayed in the sample household the night before the interview. For each listed person, the survey collected basic information on age, sex, education, marital status, and relationship to the head of the household. Information was also collected on the health-seeking behavior of the household members, the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion of the household head, caste/tribe of the household head, ownership of house, ownership of agricultural land, ownership of livestock, and ownership of other selected household assets. The information on age, sex, and marital status of household members was

used to identify eligible women for administering the women's questionnaire.

The **Woman's Questionnaire** collected information from currently married women aged 15-49 years, who were the usual residents of the sample household or visitors who had stayed in the sample household the night before the interview. The questionnaire addressed the details of the women's background characteristics (viz. age, marital status, education, occupation, spouse's education, spouse's occupation, and fertility history of the woman), knowledge and use of family planning methods, awareness and use of antenatal, natal and postnatal care services, quality of healthcare and exposure to media.

### 1.5 SURVEY AND SAMPLE DESIGN

Determining the overall sample size for RHIS was governed by factors like magnitude of the key indicators, subgroups for which the indicators are required, desired level of precision of the estimates, availability of resources, and logistical considerations. In order to attain these estimates, a sample size of 5,000 households is fixed for the state. To achieve reliable estimates for urban and rural areas, 3,000 households have been fixed for rural areas and 2,000 households have been fixed for urban areas. All eligible women (i.e. currently married women aged 15-49 years) from the selected households were interviewed to get the required information against the set objectives. Information regarding awareness and utilization of various maternal healthcare services such as

antenatal care, delivery and postnatal care were restricted to those eligible women who had delivered a child since July 1, 2007.

Village level information and population statistics from Census of India, 2001 have been used as a sampling frame for the survey. A two-stage sample design has been adopted in the baseline survey. The first stage involved systematic selection of primary sampling units (PSUs), which are villages or groups of villages, with probability proportional to population size (PPS). Villages with less than 30 households were linked to adjoining villages, while villages with more than 300 households were segmented for the study purpose. In case of segmentation, two segments were selected using systematic random sampling and were treated as a single PSU for household listing. The second stage involved the selection of households using systematic circular random sampling within each selected PSU. A total of 220 PSUs were selected: 120 PSUs (villages) from rural areas and 100 PSUs (census enumeration blocks) from urban areas. 25 and 20 households per PSU were selected for detailed enquiry in rural and urban areas, respectively.

Table I provides information on the total number of households identified for the survey and the number of households from which necessary information was collected. In urban areas, out of 2,000 identified households, information could be collected from 1,893 households. Similarly, in the rural areas, out of 3,000 identified households, complete information

could be collected from 2,884 households. Thus, in this survey, information was gathered from 4,777 households. The household response rate, which is the percentage of households completed out of those identified, is slightly lower in urban areas (94.7) than in rural areas (96.1), for an overall response rate of 95.5.

From the 4,777 completed household interviews, 4,750 currently married women aged 15-49 were identified for the interviews and 4,293 women were successfully interviewed. Absence of eligible women during the survey period was the major reason for non-response in the state. (8.1 percent of the women were absent from their homes during the survey period.)

## I.6 RECRUITING, TRAINING AND FIELD WORK

Several quality control measures were undertaken to ensure that data quality is maintained as per the expectations. To maintain uniformity in the data collection tools, all survey tools including questionnaires and manuals were prepared by ITAP and translated into Hindi, the local language of the state. Field organizations were selected through competitive bidding to conduct data collection in the state.

The field officers, household listing teams, and field survey teams were recruited by the field organizations and trained separately in three sessions, conducted during the months of December and January in the state. Household mapping and listing was carried out by the

**TABLE I: RESULTS OF THE HOUSEHOLD AND INDIVIDUAL INTERVIEWS**

Number of households, number of interviews with currently married women aged 15-49, and response rates, according to residence, RHIS, Uttar Pradesh, 2010

Result	Urban	Rural	Total
<b>Household interviews</b>			
Households selected	2,000	3,000	5,000
Households interviewed	1,893	2,884	4,777
Household response rate <sup>1</sup>	94.7	96.1	95.5
<b>Interviews with eligible women</b>			
Number of eligible women	1,817	2,933	4,750
Number of eligible women interviewed	1,643	2,650	4,293
Eligible women response rate <sup>2</sup>	90.4	90.4	90.4
Overall eligible women response rate <sup>3</sup>	85.6	86.9	86.3

Note: Eligible women are currently women aged 15-49, who stayed in the household the night before the interview (including both usual residents and visitors). This table is based on the un-weighted sample.

<sup>1</sup> Households interviewed/households selected.

<sup>2</sup> Respondents interviewed/eligible respondents.

<sup>3</sup> (Household response rate X eligible women response rate)/100.

teams; each team consisting of two members (one lister and one mapper), who were briefed in a two-day session. A week's training was organized for investigators on interviewing eligible women in selected households. The purpose of the training sessions was to ensure uniformity in the data collection procedures. All the investigators, who were at least graduates or equivalent in qualification, received intensive training on family planning and reproductive healthcare services, with reference to the questionnaires.

The training sessions were facilitated by senior professionals from the field organizations and ITAP. The training included classroom sessions, which was followed by field practice to get the investigators acquainted

with the practical aspects of the training received. The last day of training was utilized to recapitulate and summarize the learning of the preceding five days of training, and discuss on the way ahead. Each field team comprised five members – three female investigators, one female field editor and one supervisor.

Data collection was carried out from December 2009 to January 2010. The field coordinators appointed by field organizations were responsible for ensuring data quality by way of reviewing each filled-in schedule. In addition, the coordinators made frequent field visits to monitor the survey on the spot. A few cases were also backtracked to check data quality. Supervision and monitoring visits were also conducted by ITAP Country and State Office personnel,

and appropriate feedback was provided to the field teams.

### **I.7 DATA PROCESSING**

The completed questionnaires were sent to the office of the field organization for editing and data entry. Data entry was carried out using the customized data entry package developed by ITAP, using CSPro. These data sets were compiled at the ITAP Country office and necessary consistency checks were carried out before generating the final set of tables. Sample weights were developed for adjusting the non-response and the urban-rural proportions. SPSS software was used for generating the tables. Table I is based on the un-weighted sample, while all other tables are based on the weighted sample, unless otherwise specified.

# HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This chapter provides information on sample characteristics and characteristics of eligible women (currently married women aged 15-49) in the state.

## 2.1 AGE/SEX DISTRIBUTION OF THE HOUSEHOLD POPULATION

Table 2 shows the age and sex distribution of the household

population according to place of residence covered during the survey. The total population is 28,553; of which 51 percent is male and 49 percent female. The age distribution of the population in Uttar Pradesh is typical of high fertility populations, with a higher proportion in the younger age groups (Figure 1).

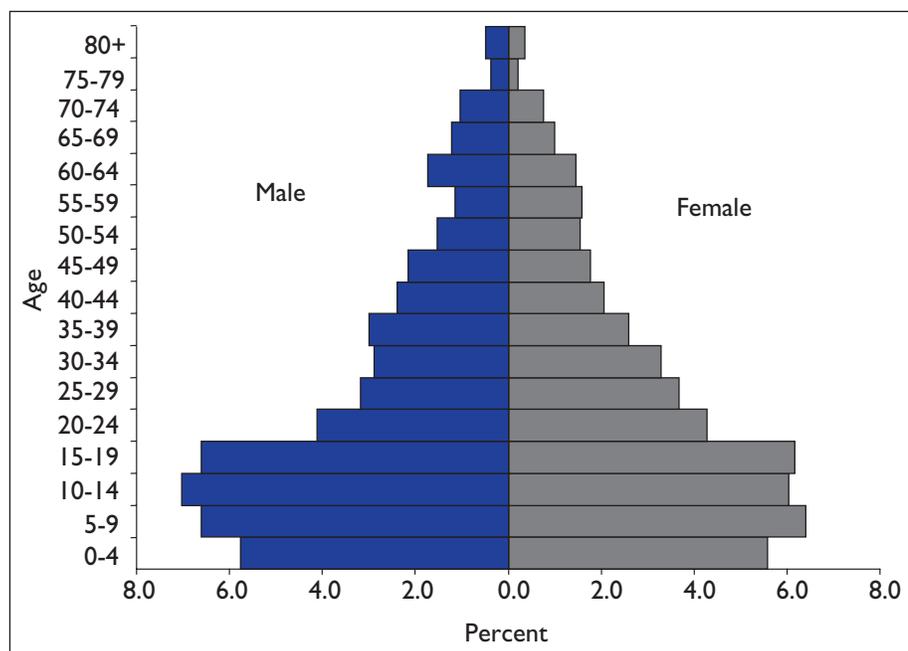
The slight decrease in the proportion of population under five years of age, compared with the population aged five to nine, is consistent with the recent decline in fertility. About 37 percent of the household population in Uttar Pradesh is below age 15, again reflecting the young age structure of the population. Five percent of the population is aged 65 and above. Children below age

**TABLE 2: HOUSEHOLD POPULATION BY AGE, EDUCATION, SEX AND RESIDENCE**

Percent distribution of the de facto household population by age and education, according to residence and sex, RHIS, Uttar Pradesh, 2010

Background characteristics Age (in years)	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-4	9.0	8.8	8.9	11.7	12.0	11.9	11.2	11.4	11.3
5-9	11.0	9.6	10.4	13.3	13.9	13.6	12.9	13.1	13.0
10-14	12.6	12.7	12.6	14.0	12.3	13.2	13.7	12.4	13.1
15-19	14.0	13.4	13.7	12.6	12.5	12.6	12.9	12.6	12.8
20-24	10.4	10.4	10.4	7.5	8.4	7.9	8.0	8.8	8.4
25-29	7.3	7.6	7.5	6.0	7.5	6.7	6.2	7.5	6.9
30-34	5.6	6.9	6.2	5.7	6.7	6.2	5.6	6.7	6.2
35-39	5.9	6.7	6.3	5.8	5.0	5.4	5.8	5.3	5.6
40-44	5.3	5.7	5.5	4.5	3.9	4.2	4.7	4.2	4.4
45-49	5.3	3.9	4.6	4.0	3.6	3.8	4.2	3.6	3.9
50-54	3.1	3.6	3.3	3.0	3.1	3.0	3.0	3.2	3.1
55-59	2.9	3.7	3.3	2.1	3.2	2.6	2.2	3.3	2.7
60-64	3.4	3.0	3.2	3.4	3.0	3.2	3.4	3.0	3.2
65-69	1.8	1.6	1.7	2.5	2.1	2.3	2.4	2.0	2.2
70-74	1.3	1.1	1.2	2.2	1.7	1.9	2.0	1.6	1.8
75-79	0.6	0.3	0.4	0.8	0.5	0.6	0.7	0.4	0.6
80 +	0.6	1.0	0.8	1.0	0.7	0.8	0.9	0.7	0.8
<b>Total percent</b>	<b>100.0</b>								
Number of persons	2,680	2,476	5,056	11,954	11,443	23,397	14,634	13,919	28,553

**FIGURE I: POPULATION PYRAMID**



15 comprised a larger proportion of the population in rural areas (39 percent) than in urban areas (32 percent), indicative of higher fertility in rural areas.

## 2.2 HOUSEHOLD CHARACTERISTICS

Table 3 shows the percent distribution of households according to the place of residence – urban or rural – by various household characteristics as well as household amenities.

The average household size in Uttar Pradesh is six persons (6.0 in rural areas and 5.9 in urban areas). Ninety-one percent of the households are headed by a male member, the proportion ranging from 91 percent in rural areas to 89 percent in urban areas. Almost all households had household heads who were either Hindus (79 percent) or Muslims (21 percent). Less than one percent of households had household heads following other religions. Twenty-eight percent of household heads

belonged to the SCs or STs and 49 percent belonged to other backward classes (OBCs). A little less than one-quarter (24 percent) of household heads in the state did not belong to SCs, STs, or OBCs.

Regarding the type of dwelling, 27 percent of households live in pucca (made with high quality materials throughout, including the roof, walls and floor), 49 percent in semi-pucca (using partly low quality and partly high quality materials) and 24 percent live in kutcha (made with mud, thatch, or other low quality materials) houses. 55 percent of houses in rural areas are semi-pucca, 29 percent are kutcha, and only 17 percent are pucca houses. This compares to 73 percent of the houses in the urban areas which are pucca. Sanitation facilities have an important bearing on the health of the household members. Sixty-five percent of the households do not have access to any kind of toilet facilities; while 27 percent have flush toilets, and eight percent have pit

toilets. In rural areas, the proportion of households which do not have access to any kind of toilet facilities is high (76 percent), whereas in the urban areas, only 15 percent do not have any toilet facilities. Seventy-six percent of urban households have flush toilet facilities.

Sources of drinking water have an important bearing on the health of the household members, especially the children. Sixteen percent of the households have access to piped drinking water, 78 percent drink water from hand pumps and about four percent drink water from wells. There are large urban-rural differences in sources of drinking water. The proportion of households with access to piped drinking water is 47 percent in urban areas, but only nine percent in rural areas.

Thirty-two percent of the households have electricity as their main source of lighting and 67 percent use kerosene. As in the case of source of energy for lighting in the household, there are large urban-rural differences. The proportion of households with electricity as the main source for lighting is 74 percent in urban areas and 22 percent in rural areas. Twenty-four percent of the urban households use kerosene as their main source for lighting, while 76 percent in rural areas do so.

For cooking purposes, different types of fuel are used, with wood being the most common. Forty-eight percent of the households depend primarily on wood, 32 percent on dung cakes, 15 percent on liquid petroleum gas (LPG), and five percent on other

**TABLE 3: HOUSEHOLD CHARACTERISTICS**

Percent distribution of urban, rural and total households according to housing characteristics, RHIS, Uttar Pradesh, 2010

Household and housing characteristics	Urban	Rural	Total
<b>Household headship</b>			
Male	88.7	91.0	90.6
Female	11.3	9.0	9.4
Mean household size	5.9	6.0	6.0
<b>Religion of household head</b>			
Hindu	61.5	82.6	78.7
Muslim	37.0	17.1	20.7
Other	1.5	0.3	0.5
<b>Caste/Tribe of household head</b>			
SC/ST	17.0	30.3	27.9
OBC	51.7	48.0	48.7
Other	31.4	21.7	23.5
<b>Type of house<sup>1</sup></b>			
Pucca	72.5	16.5	26.8
Semi-pucca	23.1	54.8	48.9
Kutchra	4.4	28.7	24.2
<b>Sanitation facility</b>			
Flush toilet	75.5	15.6	26.6
Pit toilet/latrine	7.7	7.4	7.5
No facility/Open space/Field	15.2	76.1	64.8
Other	1.6	0.9	1.1
<b>Main source of drinking water</b>			
Tap water	47.3	8.8	15.9
Hand pump	48.9	84.6	78.0
Well/Tube Well/Borehole	0.8	4.8	4.0
Other source	3.0	1.9	2.1
<b>Main source of energy for lighting</b>			
Electricity	74.3	22.0	31.7
Kerosene	24.2	76.2	66.6
Other	1.5	1.7	1.7
<b>Main source of energy for cooking</b>			
Liquified Petroleum Gas (LPG)	55.0	5.7	14.7
Wood	26.1	53.0	48.0
Dung cakes	12.2	36.8	32.3
Other	6.7	4.5	4.9
Total percent	100.0	100.0	100.0
<b>Number of households</b>			
Weighted	880	3897	4777
Un-weighted	1893	2884	4777

<sup>1</sup> Houses made from mud, thatch, or other low-quality materials are called *kutchra* houses, houses that use partly low-quality and partly high-quality materials are called *semi-pucca* houses, and houses made with high quality materials throughout, including the floor, roof, and exterior walls, are called *pucca* houses.

source of energy for cooking. Again, there are large urban-rural differences. Fifty-five percent of the urban households rely on LPG, while in rural areas this is only six percent. Ninety percent households in rural areas rely on wood, dung cakes and crop residues compared with 38 percent of the households in urban areas.

### 2.3 HOUSEHOLD ASSETS

Table 4 provides information on household assets (ownership of house, land, livestock and household durable goods) reflecting the socio-economic status of the households, by place of residence. Ninety-six percent (100 percent in rural and 95 percent in urban) of the households have their own houses. Forty-five percent of the households do not own any agricultural land. The proportion without agricultural land ranges from 86 percent in urban areas to 35 percent in rural areas. Fifty-seven percent of the households own livestock. The proportion of households owning livestock is 14 percent in urban areas and 67 percent in rural areas.

The possession of household durable goods gives an indication of the households' socio-economic level. For instance, having access to radio or television may expose household members to the latest information relating to health and family welfare; having a telephone or mobile and means of transportation makes it easier to summon help in an emergency and also in seeking access to services outside the local area. Having a refrigerator can preserve medicines and the wholesomeness of food. The majority of households had a cot or

**TABLE 4: HOUSEHOLD POSSESSIONS, OWNERSHIP OF AGRICULTURAL LAND, AND LIVESTOCK**

Percentage of urban, rural, and total households possessing various household goods, means of transport, agricultural land, a house and farm animals and health insurance and a BPL card, RHIS, Uttar Pradesh, 2010

Household possessions	Urban	Rural	Total
<b>Own a house</b>			
Same house	88.2	95.4	94.0
Another house	7.2	4.4	4.9
Percentage owning agriculture land	14.2	64.7	55.4
Percentage owning farm animals <sup>1</sup>	13.9	67.0	57.3
<b>Household goods</b>			
Mattress	73.9	45.0	50.3
Pressure cooker	78.8	29.5	38.6
Mixer/Grinder	29.6	5.2	9.7
Chair	69.3	32.7	39.4
Cot or bed	94.1	95.3	95.0
Table	62.6	24.1	31.2
Clock/Watch	89.2	59.3	64.8
Electric fan	77.7	28.5	37.5
Radio or transistor	24.5	16.2	17.7
Sewing machine	41.5	14.6	19.5
Landline telephone	14.2	3.0	5.1
Mobile telephone	73.3	51.0	55.1
Refrigerator	36.2	5.5	11.2
Television (Black and white)	18.9	13.6	14.6
Television (Color)	50.3	14.3	20.9
Water pump	5.7	8.0	7.5
Thresher	0.6	1.7	1.5
<b>Means of transport</b>			
Bicycle	59.7	66.3	65.1
Motorcycle or scooter	29.2	12.0	15.2
Animal-drawn cart	0.9	4.8	4.1
Car	5.0	1.3	2.0
Tractor	0.7	3.4	2.9
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of households	880	3897	4777

BPL = Below poverty line

<sup>1</sup> Cows, bulls, buffaloes, camels, horses, donkeys, mules, goats, sheep, chickens, or ducks.

<sup>2</sup> Any usual household member.

bed (95 percent), a clock or watch (65 percent), a bicycle (65 percent), a mobile phone (55 percent), and a mattress (50 percent). Other durable goods often found in households are chairs (39 percent), pressure cookers (39 percent), electric fans (38 percent), tables (31 percent), color televisions (21 percent each), sewing machines (20 percent), radios/transistors (18 percent), black and white television sets (15 percent), mopeds, scooters or motorcycles (15 percent), water pumps (eight percent), refrigerators (11 percent), bullock carts (4 percent each), threshers or tractors (3 percent), and cars/jeeps (2 percent).

Urban households are more likely to own most of these articles than rural households. However, expectedly, a higher proportion of households in rural areas own a water pump, a bullock cart, a tractor or a thresher – items which are used mainly for cultivation. In addition, rural households also own more bicycles than urban households.

Using the household assets, some of the household characteristics and amenities, a standard of living index (SLI) has been developed, and is used to indicate the differing economic levels of the households (IIPS & ORC Macro, 2001). This report also presents data by the SLI quintiles.

## 2.4 MARITAL STATUS OF HOUSEHOLD POPULATION

Table 5 provides the marital status of the household population aged 10 and above, classified by age and sex. Among females aged 10 and above, 59 percent are currently married and 32 percent have never

**TABLE 5: MARITAL STATUS OF THE HOUSEHOLD POPULATION**

Percent distribution of household population (10+ years) by marital status, according to age and sex, RHIS, Uttar Pradesh, 2010

Age	Marital status				Total percent	Number
	Never married	Currently married	Widowed	Divorced/ Separated		
<b>Male</b>						
10-14	97.2	1.0	0.4	1.5	100.0	2009
15-19	95.7	3.4	0.0	0.9	100.0	1884
20-24	66.5	30.1	0.6	2.9	100.0	1174
25-29	23.7	73.5	0.8	2.0	100.0	910
30-34	6.2	91.3	1.4	1.1	100.0	826
35-39	3.0	94.3	1.9	0.8	100.0	853
40-44	1.7	91.5	4.8	2.0	100.0	682
45-49	2.1	92.5	4.7	0.7	100.0	615
50+	2.3	82.7	14.4	0.6	100.0	2145
All ages	44.2	50.7	3.8	1.3	100.0	11100
<b>Female</b>						
10-14	97.6	1.4	0.3	0.8	100.0	1726
15-19	78.4	18.2	0.2	3.3	100.0	1759
20-24	23.0	75.1	0.1	1.8	100.0	1222
25-29	3.0	94.5	1.2	1.3	100.0	1049
30-34	0.9	96.3	2.1	0.8	100.0	937
35-39	0.4	94.8	3.8	1.0	100.0	742
40-44	0.2	88.4	10.2	1.3	100.0	587
45-49	0.6	85.7	12.1	1.5	100.0	503
50+	0.5	69.2	29.2	1.0	100.0	1972
All ages	32.4	58.8	7.3	1.5	100.0	10496

been married. The proportion of never married population is higher for males (44 percent) than for females (31 percent). The proportion of divorced/separated is negligible and the widowed are limited to the older age groups. Twenty-nine percent of the females aged 50 or above, and 14 percent of the males in that age group, are widowed.

To arrive at the percentage of persons who marry young, it is important to study the proportion of people ever married in the

15-19 age group. In this age group, the proportion of ever married is 22 percent for females and four percent for males. By the ages of 25-29, almost all females (97 percent) and only 76 percent of the males, are married. This indicates that women in Uttar Pradesh marry at a younger age than the men.

## 2.5 SELECTED CHARACTERISTICS OF THE RESPONDENTS

Table 6 gives the percentage distribution of currently married

women aged 15-49 by age, parity, religion, caste/tribe and education, according to the place of residence. The proportion of respondents increases from seven percent in the age group of 15-19 to 20 percent in the age group of 20-24, and then falls steadily to about nine percent in the age group of 45-49. The initial increase reflects the increasing share of currently married women in these age groups. The decline after ages 20-24 (an age by which most of the women have been married) reflects the normal pyramid shape of the

**TABLE 6: BACKGROUND CHARACTERISTICS OF RESPONDENTS**

Percent distribution of currently married women aged 15-49 by selected background characteristics, according to place of residence, RHIS, Uttar Pradesh, 2010

Background characteristics	Urban	Rural	Total
<b>Age group</b>			
15-19	3.2	8.2	7.3
20-24	15.6	20.7	19.8
25-29	18.3	20.2	19.9
30-34	20.0	18.2	18.5
35-39	19.5	13.9	14.8
40-44	13.3	10.6	11.1
45-49	10.2	8.2	8.6
<b>Parity</b>			
0	10.4	11.0	10.9
1	12.7	12.2	12.3
2	19.3	14.4	15.2
3	19.4	17.0	17.4
4+	38.2	45.4	44.1
<b>Religion</b>			
Hindu	59.9	82.7	78.8
Muslim	39.0	17.0	20.8
Other	1.1	0.3	0.5
<b>Caste/Tribe</b>			
SC/ST	16.3	28.0	26.0
OBC	52.6	48.5	49.2
Other	31.1	23.5	24.8
<b>Education</b>			
Illiterate	41.0	60.7	57.3
Lit (<8 <sup>th</sup> grade)	14.4	14.1	14.1
Lit (8-11 <sup>th</sup> grade)	20.7	17.3	17.9
Lit (12+ grade)	23.0	6.7	9.5
Other (Non-Formal)	0.8	1.2	1.1
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number of women</b>	<b>740</b>	<b>3553</b>	<b>4293</b>

population's age distribution. About 47 percent of the respondents are in the early reproductive age group of 15-29. The concentration is particularly high in the high fertility age group of 20-29, which contains almost 40 percent of the respondents.

There is an urban-rural differential in the ages of the currently married women, largely due to the higher age of marriage in urban areas. Hence, the percentage of currently married

women aged 15-29 is much lower in urban areas (37 percent) than in rural areas (49 percent). Sixty-two percent of currently married women are of parity three and above. The proportion of currently married women with three or higher order births are higher in rural areas (62 percent) than in urban areas (58 percent). The proportion of currently married Muslim women is much higher in urban areas (39 percent) than in rural areas

(17 percent). Forty-nine percent of the currently married women belong to OBCs and 26 percent belong to SCs or STs. 25 percent of the women belong to other castes. More rural women belong to OBCs and SCs/STs. However, the percentage of women belonging to the other caste category (other than SC/ST or OBC) is higher in urban areas (31 percent) than in rural areas (24 percent).

Educational level has an important influence on women's health-seeking behavior. Fifty-seven percent of the currently married women aged 15-49 are illiterate. The proportion of illiterates in the rural area (61 percent) is much higher than in urban areas (41 percent). Fourteen percent of the eligible women have less than middle school (less than eighth grade) education, 18 percent have completed middle and high school (up to, but not including higher secondary, i.e. 12<sup>th</sup> grade) and 10 percent of the respondents have higher secondary education and above (12<sup>th</sup> grade and above). Only one percent of the respondents received non-formal education.

There are slight urban-rural differences in the literacy levels, specifically among women who have studied up to eighth grade. However, at higher educational levels, the differences are much more pronounced and the proportion of literate women is much higher in urban areas. Forty-four percent of the respondents in the urban areas have middle school and above (eighth grade and above) education, while in rural areas, only 24 percent of the respondents have similar qualifications.

# FERTILITY PREFERENCES

Fertility levels in most populations can be explained by key proximate determinants that define the risk of becoming pregnant. This chapter addresses factors other than contraception that influence fertility. Marriage is a principal indicator of women’s exposure to the risk of pregnancy. Early age at marriage is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels.

### 3.1 AGE AT FIRST MARRIAGE

Information on age at first marriage was obtained by asking the age at which the respondents started living with their first partner. Table 7 shows the percentage of eligible women who have married at a specific age, the median age at first marriage and first cohabitation with spouse, according to current age. The median age at first marriage and first cohabitation with one’s spouse for a group of respondents is the age at which 50 percent of the group marries or cohabits.

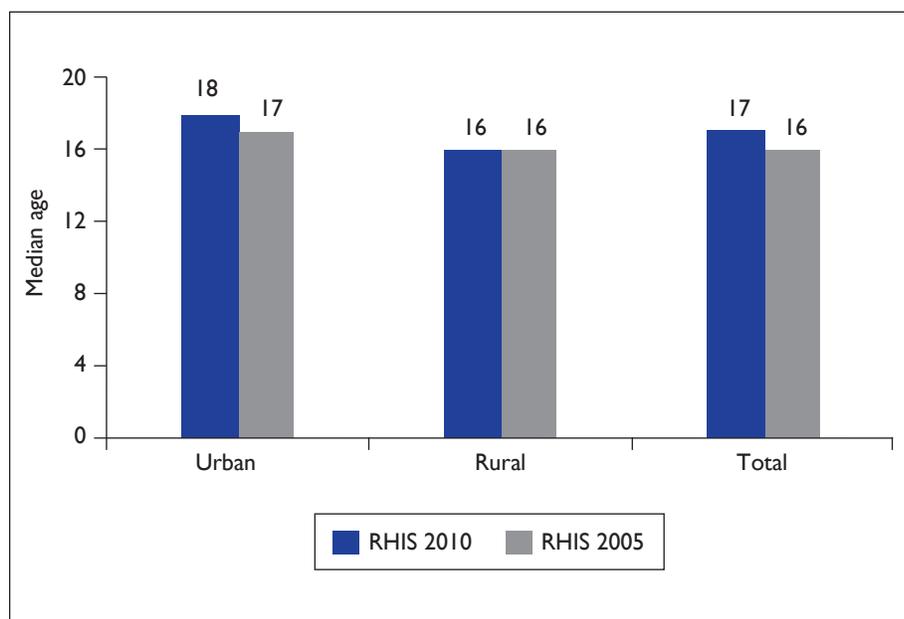
Marriage occurs relatively early in the state. More than one-fifth (23 percent) of women aged 20-49 were married before the age of 15, over half (57 percent) married before the legal minimum marriage age of 18, and four out of five (82 percent)

married before the age of 20. There has been a steady rise in age at first marriage, which is reflected in the gradual decline in the proportion of women married before the age of 15, 18, and 20 years, from the oldest to the youngest age groups. A particularly notable decline is seen in the percentage of women married before the age of 15 in the three youngest age groups, from 21 percent of women aged 25-29 to 17 percent of women aged 15-19.

However, the rate of increase in median age at first marriage is still low, and a considerable proportion

of women still marry below the legal minimum age at marriage. The median age at first marriage among women aged 20-49 is 17 and the median age at the first cohabitation is 18. *Gauna* system is prevalent in the communities, where age at marriage is below the legal age of marriage. As per *gauna* tradition, women either do not start living with their husbands immediately after marriage, or return to their parental home after only a couple days of living with the husband (actual cohabitation with their husband starts after a gap of a few months or even one or more years).

**FIGURE 2: MEDIAN AGE AT MARRIAGE AMONG WOMEN AGED 20-49 YEARS**



**TABLE 7: AGE AT FIRST MARRIAGE**

Percentage of currently women aged 15-49 who were first married below specific ages, and median age at first marriage, first cohabitation with spouse, according to current age, RHIS, 2010

Current age	Percentage married before age:					Number of respondents	Median age at first marriage	Median age at first cohabitation
	15	18	20	22	25			
15-19	17.4	NA	NA	NA	NA	315	○	○
20-24	19.2	46.4	76.7	NA	NA	850	18.0	18.0
25-29	21.3	47.0	80.0	90.2	97.2	853	17.0	18.0
30-34	25.2	59.9	83.0	92.1	96.5	795	16.0	17.0
35-39	26.6	65.8	87.0	94.1	97.6	637	16.0	17.0
40-44	26.6	67.3	85.9	94.4	99.1	476	16.0	17.0
45-49	27.0	64.7	86.8	95.8	99.5	368	16.0	17.0
20-49	22.8	56.5	82.3	NA	NA	3978	17.0	18.0
25-49	23.8	59.1	83.0	92.8	97.7	3128	16.0	17.0
25-49 (RHIS 2005)	21.9	64.3	85.4	95.1	98.8	3096	16.0	--

NA = Not applicable due to censoring

○ = Omitted because less than 50 percent of the women were married, began living with their spouse, or had sex for the first time before reaching the beginning of the age group

Over time, however, there has been significant increase in the median age at first marriage. The median age at first marriage in India is almost a year higher for women aged 20-24 than it is for women aged 45-49. The increase in the median age at first cohabitation is just over one year. The difference between the median age at first marriage and the median age at first cohabitation is no more than one year among women in any age group. The practice of marrying a girl below minimum legal age at marriage has declined in urban areas compared to rural areas, from the time of RHIS 2005 to RHIS 2010 (Figure 2).

### 3.2 AGE AT FIRST BIRTH

The age at which women start childbearing is an important demographic determinant of fertility. A higher median age at first birth is an indicator of lower fertility. Table 8 shows the median age at first birth

according to selected background characteristics.

Among women aged 20-49 years, the median age at first birth is one year higher (20 years) in urban areas than in rural areas (19 years) (Figure 3). The median is about the same (19 years) for Hindus, but it is considerably higher for Muslims and other religions (20 years). The median age at first birth among women from SCs, STs and OBCs is 19 years. The median age at first birth is three years higher for women who have completed 12 and more years of schooling than for women with illiterate. No significant differential is observed among the SLI quintiles for age at first birth.

### 3.3 CHILDREN EVER BORN AND LIVING

The number of children a woman has ever borne is a cohort measure of

fertility. Since it reflects past fertility, this indicator provides a different picture of fertility levels, trends, and differentials than period measures of fertility such as the CBR and the TFR do. Table 9 shows the percent distribution of currently married women by the number of children ever born (CEB). The table shows these distributions by the age of the woman at the time of survey and also shows the mean number of children ever born and living children.

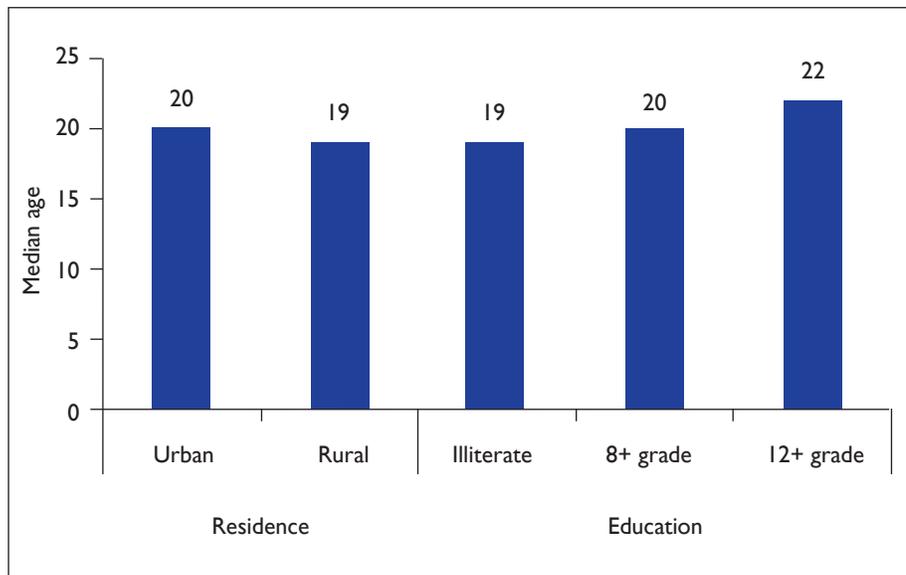
Among women aged 15-49, the mean number of children ever born is 3.4 for currently married women. The mean number of children ever born increases steadily with age, reaching a high of 5.3 children for currently married women aged 45-49. The data also reveals that early childbearing is fairly common in the state. 43 percent of currently married women aged 15-19 have already had a child.

**TABLE 8: MEDIAN AGE AT FIRST BIRTH**

Median age at first birth among currently married women aged 20-49 by current age, according to selected background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Current age				20-49	Number of women
	20-24	25-29	30-34	35+		
<b>Place of residence</b>						
Urban	20	21	20	20	20	663
Rural	19	20	19	20	19	3,163
<b>Religion</b>						
Hindu	19	20	19	20	19	3,020
Muslim	19	20	20	20	20	786
Other	22	23	27	19	20	20
<b>Caste/Tribe</b>						
SC/ST	19	19	18	20	19	999
OBC	19	20	19	20	20	1,871
Other	19	20	20	20	20	955
<b>Education</b>						
Illiterate	18	19	19	20	19	2,274
Lit (<8 <sup>th</sup> grade)	19	19	19	19	19	516
Lit (8-11 <sup>th</sup> grade)	20	20	21	20	20	657
Lit (12+ grade)	20	22	21	22	22	333
Other (Non-Formal)	15	20	31	19	19	46
<b>SLI quintile</b>						
Lowest	19	19	20	20	20	580
Low	18	18	19	20	19	726
Medium	19	19	18	20	19	687
High	19	20	19	19	19	890
Highest	20	20	20	20	20	944
<b>Total</b>	<b>19</b>	<b>20</b>	<b>19</b>	<b>20</b>	<b>20</b>	<b>3,826</b>

**FIGURE 3: MEDIAN AGE AT FIRST BIRTH AMONG WOMEN AGED 20-49 YEARS**



For women aged 45-49, the number of children ever born is of particular interest because these women have virtually completed their childbearing. Among currently married women in this age group, 12 percent have reached the end of childbearing with three children ever born and 79 percent have four or more live births. Only two percent of currently married women aged 45-49 years have never given birth. This suggests that primary infertility (which is the proportion of couples who are unable to have any children) is low in the state. The gap between children ever born and children surviving has reduced from

**TABLE 9: CHILDREN EVER BORN AND SURVIVING**

Percent distribution of currently married women aged 15-49 by children ever born (CEB), mean number of children ever born and surviving, according to age, RHIS, Uttar Pradesh, 2010

Age	Children ever born					Total percent	Number of women	Mean number of CEB	Mean number of children surviving
	0	1	2	3	4+				
15-19	56.9	32.0	6.4	3.7	0.9	100.0	315	0.61	0.55
20-24	22.0	31.1	25.3	14.5	7.0	100.0	850	1.56	1.42
25-29	6.0	11.8	21.2	27.5	33.4	100.0	853	2.93	2.66
30-34	2.0	3.9	16.3	21.5	56.3	100.0	795	4.02	3.56
35-39	3.2	2.1	9.2	16.8	68.7	100.0	637	4.64	4.03
40-44	1.3	2.7	5.5	12.0	78.4	100.0	476	5.25	4.43
45-49	1.9	1.2	6.3	11.8	78.8	100.0	368	5.29	4.43
15-49	10.9	12.3	15.2	17.4	44.1	100.0	4293	3.40	2.98
<b>RHIS 2005</b>	<b>10.5</b>	<b>11.3</b>	<b>14.1</b>	<b>16.6</b>	<b>47.6</b>	<b>100.0</b>	<b>4384</b>	<b>3.65</b>	<b>3.11</b>

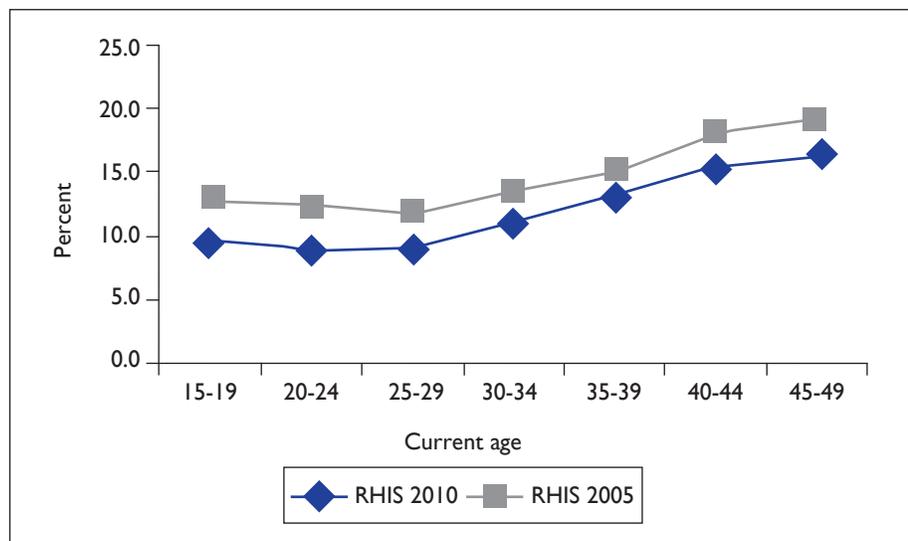
15 percent in RHIS 2005 to 12 percent in RHIS 2010. (Figure 4)

Among women aged 15-49, the average number of dead children

per woman is 0.42, implying that 15 percent of children ever born to currently married women have died. The proportion of CEB, who have died, increases with a woman's

age. For currently married women, the proportion of CEB, who have died, increases from nine percent at age 20-24 to 16 percent at age 45-49.

**FIGURE 4: GAP BETWEEN CHILDREN EVER BORN AND CHILDREN LIVING**



Respondents who experienced both abortion and stillbirths were negligible (2 percent).

### 3.5 IMPORTANCE OF BIRTH SPACING

Eligible women were asked for their opinion on birth spacing and its impact on the health of the mother and child. Eighty-eight percent of eligible women in the state feel that spacing is important for the health of both the mother and child (Table 11). This proportion is higher in the urban (94 percent) areas as compared to the rural areas (86 percent).

### 3.4 PREGNANCY WASTAGE

In any survey, it is more difficult to collect retrospective information on pregnancies than on live birth, particularly on pregnancies spontaneously aborted within the first few months after conception. The total number of pregnancies and the percentage of all pregnancies that end in spontaneous abortions are almost certainly underestimated, and should not be subjected to intensive interpretation. Stillbirths are probably much more accurately reported than abortions. Reports of induced abortions may be suppressed by respondents, or induced abortions may be reported as spontaneous abortions. Therefore, the actual incidence of induced abortions may be much higher than what was reported.

Of the total pregnancies reported by the respondents, 13 percent resulted in abortions and four percent resulted in stillbirths. More

pregnancies resulting in abortions were reported by urban respondents (16 percent) when compared to rural respondents (12 percent).

Those who agreed that birth spacing is important for the health of the mother and child were asked to mention its specific advantages.

**TABLE 10: STILLBIRTH AND ABORTION**

Percentage of currently married women aged 15-49 who reported still birth and abortion during their life span, by place of residence, according to age, RHIS, Uttar Pradesh, 2010

Age	Only stillbirth	Only abortion	Both stillbirth and abortion	Number of women
<b>Urban</b>				
15-19	1.1	10.4	1.6	138
20-34	2.6	16.0	2.6	283
35-49	3.1	17.4	3.1	318
Total	2.5	15.5	2.7	740
<b>Rural</b>				
15-19	3.5	7.1	0.3	1,026
20-34	3.5	12.1	2.1	1,365
35-49	7.2	16.1	3.1	1,162
Total	4.7	12.0	1.9	3,553
<b>Total</b>				
15-19	3.2	7.5	0.4	1,165
20-34	3.3	12.8	2.2	1,648
35-49	6.3	16.3	3.1	1,480
<b>Total</b>	<b>4.3</b>	<b>12.6</b>	<b>2.0</b>	<b>4,293</b>

A majority, 86 percent, reported that the nutritional status of the mother will be better if there is space between two children; 44 percent reported that it will reduce the incidence of anemia; about 24 percent reported that the mother will have better mental health; while about nine percent of the respondents felt there would be fewer complications during pregnancy. Interestingly, the pattern of reporting specific advantages of spacing for the mother does not differ much between the rural and urban areas. However, more women from urban areas perceived the benefits of spacing to both the mother's and child's health than their rural counterparts.

The key advantage of spacing to the child per the respondents is more attention from the mother (59 percent), followed by better growth (57 percent). Better nutritional status for the child is reported by 52 percent, while 12 percent reported better survival chances. Better nutritional status for the child is a more common perception among the urban respondents, while enhanced nutritional status for the mother is perceived more among women from rural areas.

### 3.6 IDEAL GAP BETWEEN TWO CHILDREN

Forty-three percent of the women felt that there should be a gap of at least 36 to 47 months between two births; nearly one-fourth of the women reported their perceived ideal gap as 24 to 35 months, while one-fifth of the respondents felt there should be a gap of four years between two births (Table 12).

**TABLE 11: IMPORTANCE OF BIRTH SPACING**

Percent of currently married women aged 15-49 who think birth spacing is important for the health of the mother and child, and mentioned advantages, according to place of residence, RHIS, Uttar Pradesh, 2010

Items	Urban	Rural	Total
<b>Spacing of children is important for the health of the mother and the child</b>			
Yes	94.0	86.3	87.6
No	1.3	2.4	2.2
Don't know	4.8	11.3	10.2
Total percent	100.0	100.0	100.0
Number of currently married women	740	3,553	4,293
<b>Percent of currently married women by type of advantage among those who have mentioned spacing of children is important</b>			
<b>Advantages to mother<sup>1</sup></b>			
Better nutritional status	87.1	86.1	86.3
Lower incidence of anemia	46.3	43.5	44.0
Less pregnancy complications	11.5	8.3	8.9
Better mental health	28.7	22.8	23.9
Other	0.6	0.9	0.9
<b>Advantages to child<sup>1</sup></b>			
Better growth	59.8	56.2	56.9
Better nutritional status	53.7	51.4	51.8
Lower incidence of diseases	10.7	9.3	9.6
Better survival chance	13.4	11.8	12.1
Better attention by mother	62.6	58.4	59.2
Other	0.4	0.7	0.6
<b>Number of currently married women</b>	<b>695</b>	<b>3,065</b>	<b>3,761</b>

<sup>1</sup>Total percent may add to more than 100.0 because of multiple responses.

There is not much difference in reporting of the ideal gap by women's age at birth and parity. However, more women from urban

areas report the ideal gap of at least four years (28 percent) compared to women from rural areas (19 percent).

**TABLE 12: IDEAL GAP BETWEEN TWO CHILDREN**

Percent distribution of currently married women aged 15-49 who responded ideal gap between two children, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Below 24 months	24-35 months	36-47 months	48 months & above	Don't know/ Can't say	Total	Number of women
<b>Age at birth</b>							
<20	4.3	22.4	40.0	20.4	13.0	100.0	1,165
20-34	4.1	23.5	41.7	22.9	7.8	100.0	1,648
35-49	4.9	24.6	46.5	17.7	6.3	100.0	1,480
<b>Parity</b>							
0	2.3	24.0	36.2	17.6	20.0	100.0	467
1	3.8	16.4	46.4	26.3	7.1	100.0	529
2	4.3	20.5	43.6	25.8	5.8	100.0	653
3	4.9	20.1	42.7	24.6	7.7	100.0	749
4+	5.0	27.9	43.4	16.0	7.7	100.0	1,895
<b>Residence</b>							
Urban	3.8	18.8	45.7	27.5	4.2	100.0	740
Rural	4.6	24.6	42.3	19.0	9.6	100.0	3,553
<b>Education</b>							
Illiterate	5.2	28.2	39.7	15.4	11.5	100.0	2,461
Lit (<8 <sup>th</sup> grade)	5.1	21.0	45.1	20.6	8.2	100.0	607
Lit (8-11 <sup>th</sup> grade)	3.1	18.0	46.4	28.7	3.8	100.0	770
Lit (12+ grade)	1.4	8.9	51.6	36.1	1.9	100.0	407
Other (Non-Formal)	1.9	34.5	45.1	12.2	6.3	100.0	49
<b>Religion</b>							
Hindu	4.5	22.4	44.0	20.2	8.9	100.0	3,381
Muslim	4.0	28.4	38.9	21.0	7.7	100.0	892
Other	17.7	7.1	31.7	35.3	8.2	100.0	20
<b>Caste/Tribe</b>							
SC/ST	6.0	24.1	38.4	18.8	12.8	100.0	1,116
OBC	4.4	25.1	43.4	18.8	8.2	100.0	2,112
Other	2.9	19.9	46.4	25.4	5.3	100.0	1,065
<b>SLI quintile</b>							
Lowest	6.3	27.8	33.1	14.7	18.1	100.0	623
Low	4.8	25.2	39.0	17.3	13.6	100.0	831
Medium	4.8	27.4	42.9	18.2	6.7	100.0	753
High	5.1	24.2	44.3	19.4	7.0	100.0	1,019
Highest	2.1	16.5	50.3	28.7	2.4	100.0	1,067
<b>Total</b>	<b>4.4</b>	<b>23.6</b>	<b>42.9</b>	<b>20.4</b>	<b>8.7</b>	<b>100.0</b>	<b>4,293</b>

Education of women is found to be positively associated with the reported ideal gap between two children. Of the women who have completed at least higher secondary education (12<sup>th</sup> grade), 36 percent reported a gap of at least 48 months as ideal between two children compared to 15 percent of the uneducated women.

The ideal gap of 36 to 47 months between two children is reported more among Hindu women (44 percent) compared to their Muslim counterparts (39 percent). Not much of a differential was observed in terms of caste among the respondents.

More women with a higher standard of living reported the ideal gap between two children compared to women from lower standard of living. Only 15 percent of the women from lowest SLI quintile

reported a gap of minimum four years between two children compared to 29 percent of women belong to highest SLI quintile. Around nine percent of the women, more from rural areas, could not report an ideal gap. A negligible proportion (four percent) of the respondents reported less than two years as an ideal gap between two children.

### 3.7 DESIRE FOR MORE CHILDREN

Table 13 shows future fertility preferences of currently married women aged 15-49 years. Forty-seven percent stated that they do not want any more children, an additional 19 percent cannot have another child because either the wife or the husband has been sterilized, and one percent stated that they cannot get pregnant (that is, they are 'declared infecund').

Nearly one-fourth (24 percent) of the women said they would like to have another child: nine percent within two years, 15 percent after waiting for at least two years, and three percent were undecided on when to have another child. The desire to stop childbearing is observed more among women with four or more living children (64 percent) compared to women with two living children (50 percent).

The desire to stop childbearing is directly proportional to the number of living children. Nearly one-fifth of women with one living child felt they do not want more children (either the woman or her husband is sterilized or the woman feels she does not want any more children) compared to 63 percent of women with two living children, 77 percent of women with three living children, and 89 percent of women with four or more living children.

**TABLE 13: FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN**

Percent distribution of currently married women aged 15-49 by desire for children, according to number of living children, RHIS, Uttar Pradesh, 2010

Desire for children	Number of living children <sup>1</sup>					Total	RHIS 2005
	0	1	2	3	4+		
Want another soon <sup>2</sup>	35.2	14.8	6.6	4.3	1.9	8.9	8.7
Want another later <sup>3</sup>	30.9	45.1	18.7	6.5	1.7	14.9	14.9
Want another, undecided when	11.3	8.5	2.4	1.3	0.6	3.3	5.1
Undecided	2.9	5.0	5.1	3.0	2.6	3.5	4.2
Up to God	6.1	4.4	3.0	2.2	2.6	3.3	3.6
Want no more	8.5	21.1	50.2	52.5	64.3	47.1	44.5
Sterilized <sup>4</sup>	0.7	1.1	13.5	30.3	26.4	18.5	17.4
Declared in-fecund	4.5	0.0	0.5	0.1	0.0	0.6	1.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of women	511	572	753	848	1,609	4,293	4,384

<sup>1</sup> Includes current pregnancy of woman.

<sup>2</sup> Wants next birth within 2 years.

<sup>3</sup> Wants to delay next birth for 2 or more years.

<sup>4</sup> Includes both female and male sterilization.

**FIGURE 5: PERCENT DESIRING NO MORE CHILDREN**

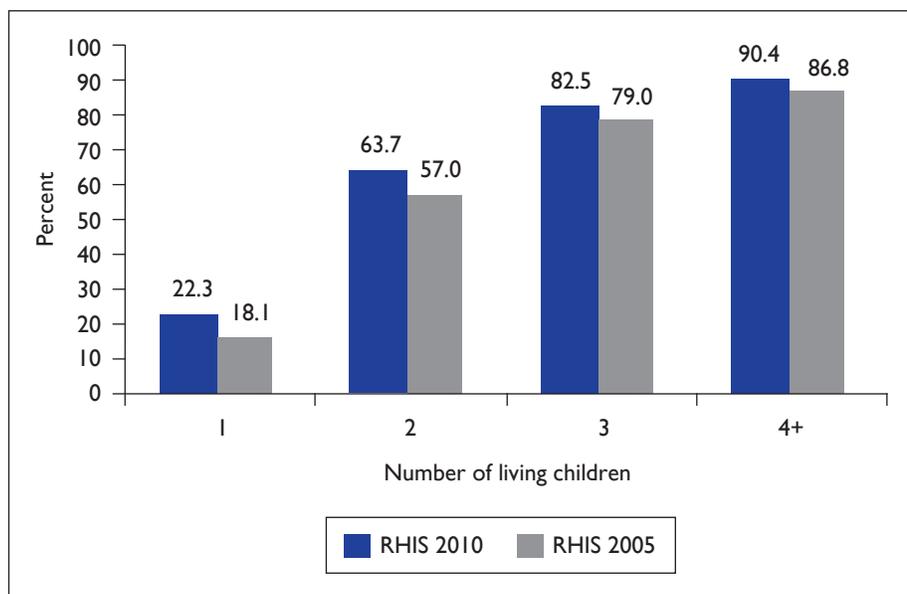


Table 14 and Figure 5 provide information about differentials in women’s desire to limit family size by background characteristics. Women who are sterilized (or whose husbands are sterilized) are included among those who do not want more children. As expected, older women are much more likely than younger women to not want more children. In the 15-24 age group, only 26 percent of women did not want more children. This percentage rises rapidly to 71 percent of women in the 25-34 age group and 90 percent of women aged 35-49 years.

The proportion of women who do not want more children is higher in urban areas (71 percent) than in rural areas (64 percent). The urban-rural differential is particularly large for women with two living children. The desire to stop childbearing increases steadily with the level of education for women with one to three living children; a trend that is not observed among women with

four and more living children. The proportion of women with two living children who do not want to have any more children is much lower among Muslim women (58 percent) than for women from other religions. In the context of caste/tribe, the percentage of women who do not want any more children is higher among women belonging to general (‘other’) category (68 percent) than women belonging to SCs/STs or OBCs (64 percent). In terms of standard of living, no definite pattern is observed on this topic.

A strong preference for sons is evident from the responses of women with different numbers of sons. For every number of children, the percentage of women who want to stop childbearing is lowest if the woman does not have any sons. For example, among women with two living children, 78 percent want to stop childbearing if both their living children are sons. On the other hand, the proportion of women

who do not want any more children decreases to 30 percent for women with two daughters and no sons.

Overall, the data reveals that in each population group, more than 90 percent of women with four or more living children do not want any more children. The table also shows that within each group, the proportion of women who do not want more children rises sharply with the number of living children. However, 65 percent of currently married women did not desire any more children, up from 62 percent at the time of RHIS 2005. Among women with two living children, the desire for no more children increased to 64 percent (RHIS 2010) from 57 percent at the time of RHIS 2005 (Figure 5).

### 3.8 CONCLUSIONS

More than half of women are married before the minimum legal age of 18. Among women aged 20-49, the median age at first marriage is 17 years, higher in urban areas (20 years) compared to rural areas (19 years). There is a significant decline in the percentage of women married before the age of 15, especially among women aged 15-29 years.

Among currently married women aged 15-49, the mean number of children ever born is 3.4. The mean number of children ever born increases steadily with age, reaching a high of 5.3 children for currently married women aged 45-49. Forty-three percent of currently married women aged 15-19 have already had a child. Of the total pregnancies reported by the respondents, 13 percent resulted in abortions and

**TABLE 14: DESIRE TO LIMIT CHILDBEARING**

Percentage of currently married women aged 15-49 who want no more children by number of living children, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Number of living children <sup>1</sup>				Total <sup>2</sup>
	1	2	3	4+	
<b>Age group</b>					
15-24	16.5	42.3	75.0	76.4	26.4
25-34	23.9	67.1	79.2	87.1	71.1
35-49	63.6	90.9	90.8	93.1	89.7
<b>Residence</b>					
Urban	28.7	78.7	88.4	92.7	70.7
Rural	20.9	59.8	81.2	90.0	64.3
<b>Education</b>					
Illiterate	23.3	51.5	77.9	89.4	69.6
Lit (<8 <sup>th</sup> grade)	20.7	73.2	80.9	95.3	61.4
Lit (8-11 <sup>th</sup> grade)	17.5	64.1	92.6	90.3	57.6
Lit (12+ grade)	30.0	85.9	95.1	93.7	59.8
<b>Religion</b>					
Hindu	24.9	67.3	84.9	93.0	67.3
Muslim	10.4	43.6	70.8	83.0	58.2
Other	2.6	92.9	89.9	76.4	66.6
<b>Caste/Tribe</b>					
SC/ST	25.9	49.9	77.9	91.5	64.4
OBC	19.7	65.3	82.8	88.5	64.5
Other	23.8	72.2	86.4	92.9	68.2
<b>SLI quintile</b>					
Lowest	36.4	62.1	66.3	89.2	67.2
Low	14.5	55.5	82.4	86.5	61.6
Medium	19.8	49.1	84.9	96.4	68.9
High	18.3	52.6	80.0	89.7	61.8
Highest	24.5	80.6	94.0	90.2	68.3
<b>Number of living sons<sup>3</sup></b>					
0	18.6	29.7	36.1	51.1	17.1
1	25.6	66.9	66.8	87.5	61.3
2	NA	78.0	94.6	91.6	90.1
3	NA	NA	94.3	92.6	93.0
4+	NA	NA	NA	91.1	91.1
<b>Total</b>	<b>22.3</b>	<b>63.7</b>	<b>82.5</b>	<b>90.4</b>	<b>65.4</b>
<b>RHIS 2005</b>	<b>16.1</b>	<b>57.2</b>	<b>79.1</b>	<b>86.9</b>	<b>61.9</b>

Note: Women who have been sterilized or whose husband has been sterilized are considered to want no more children.

NA = Not applicable

<sup>1</sup> Includes current pregnancy of women.

<sup>2</sup> Includes women with no children, who are not shown separately.

<sup>3</sup> Excludes pregnant women.

four percent resulted in stillbirths.

The pregnancies resulting in abortions were reported more by urban respondents (16 percent) compared to rural respondents (12 percent).

Forty-three percent of the women felt that there should be a gap of at least 36 to 47 months between two births and nearly one-fourth of the women reported their perceived ideal as 24 to 35 months, while one-fifth of the respondents felt there should be a gap of four years between two births. A greater proportion of women from urban areas, who have completed 12<sup>th</sup> grade education and above, who belong to a higher standard of living reported the ideal gap of minimum of four years between two children.

Nearly one-fourth (24 percent) of the women said they would like to have another child: 9 percent within two years, 15 percent after waiting for at least two years, and 3 percent were undecided on when to have another child. Forty-seven percent stated that they do not want any more children, an additional 19 percent cannot have another child because either the wife or the husband has been sterilized, and one percent stated that they cannot get pregnant (that is, they are 'declared in-fecund'). The desire to stop childbearing is observed more among women with four or more living children (64 percent) compared to women with two living children (50 percent). There is a marked preference for sons among the women in the state and the desire to stop childbearing, for every number of living children, is lowest among women who have no sons.

# FAMILY PLANNING

This chapter provides information on knowledge about contraceptives, their use, reasons for non-use, and intention to use. The results are presented in the subsequent sections.

## 4.1 KNOWLEDGE OF CONTRACEPTIVES

Currently married women, in the reproductive age group of 15-49, i.e., eligible women, were asked whether they had heard about any family planning methods. Knowledge about any family planning method, any modern method and any modern spacing method is almost universal among currently married women in Uttar Pradesh, with the exception of injectables, intrauterine devices (IUD) and emergency contraception (Table 15).

Less than three-fourths of the women have heard about injectables, which is expected, since these contraceptives are not part of the regular government program efforts.

There are no major differentials between urban and rural areas, except in the case of IUDs and emergency contraception. While 92 percent have heard about IUDs in urban areas, only 78 percent have heard about these contraceptives in the rural areas.

**TABLE 15: KNOWLEDGE OF CONTRACEPTIVE METHODS**

Percentage of currently married women aged 15-49 who know any contraceptive method by specific method according to residence, RHIS, Uttar Pradesh, 2010

Method	Urban	Rural	Total
Any method	99.8	99.6	99.6
<b>Any modern method</b>	99.8	99.5	99.6
Female sterilization	99.3	99.2	99.2
Male sterilization	92.6	88.9	89.5
Pill	97.5	92.6	93.4
IUD	91.5	77.6	80.0
Injectables	78.1	71.4	72.6
Condom/Nirodh	96.8	92.0	92.8
Emergency contraception	50.4	21.6	26.6
Pill, IUD, and condom <sup>1</sup>	90.6	74.4	77.2
<b>Any traditional method</b>	84.9	79.0	80.0
Rhythm	78.4	69.3	70.8
Withdrawal	67.3	61.7	62.7
<b>Other</b>	6.2	4.7	5.0
Mean number of methods known by respondents aged 15-49	7.7	6.9	7.0
Number of respondents aged 15-49	740	3,553	4,293

<sup>1</sup> All three methods.

## 4.2 CONTRACEPTIVE USE

### 4.2.1 Ever Use of Contraceptives

To understand contraceptive behavior, currently married women were asked whether they or their husbands had ever used anything, or tried in any way to delay or avoid pregnancy. Half of the couples had

used some method to avoid or delay pregnancy (Table 16). Urban-rural differentials in this regard are significant, as nearly 64 percent in urban areas, compared to only 54 percent in rural areas, are ever users of any method of contraception. Less than half (42 percent) opted for

**TABLE 16: EVER USE OF CONTRACEPTIVE METHODS**

Percentage of currently married women aged 15-49 by ever use of any contraceptive methods by specific method according to residence, RHIS, Uttar Pradesh, 2010

Method	Urban	Rural	Total
<b>Any method</b>	63.9	54.2	55.8
<b>Any modern method</b>	50.9	39.8	41.7
<b>Any modern spacing method</b>	38.3	23.2	25.8
Female sterilization	16.5	18.7	18.3
Male sterilization	0.1	0.2	0.2
Pill	12.9	9.6	10.2
IUD	6.5	2.5	3.2
Injectables	1.1	0.3	0.5
Condom/Nirodh	29.0	16.4	18.6
Emergency contraception	0.5	0.1	0.1
<b>Any traditional method</b>	18.3	19.0	18.8
Rhythm	16.5	15.6	15.8
Withdrawal	3.3	5.1	4.8
Other	0.9	0.7	0.7
Number of women	740	3,553	4,293
<b>Any method (RHIS 2005)</b>	62.6	47.8	50.5

after marriage, the majority of urban couples (53 percent) first used contraceptive methods after fewer children - after the first or the second child's birth, in contrast to the rural couples, the majority of whom (53 percent) started using contraceptives for the first time after the third or fourth child's birth.

#### 4.2.3 Current Use of Contraceptives

Currently married women in the reproductive age group (15-49 years) were asked whether they or their husbands are currently using any method to delay or avoid pregnancy. Those who answered in the affirmative were asked to specify the method they were currently using. Of all currently married women of reproductive age, 44 percent are current users of any method; nearly one-third (32 percent) are current users of any modern method and 13 percent are users of modern spacing methods (Table 18 and Figure 6). This means that **56 percent of currently married women in Uttar Pradesh do not use any contraceptive method and 68 percent do not use any modern contraceptive method.**

Of the total users, 72 percent are modern method users and the remaining 28 percent are traditional method users. There is barely any difference in traditional method usage in urban (11 percent) and rural (12 percent) areas. Of the total modern method users, nearly three out of five (58 percent) are users of female sterilization. Male sterilization is used by an insignificant proportion (less than one percent). Among the modern method users, 42 percent

any modern method. Ever users of any modern method are higher in urban areas (51 percent) compared to rural areas (40 percent). Twenty-six percent of the users are modern spacing method users. Ever users of modern spacing methods are significantly higher in urban areas (38 percent) compared to rural areas (23 percent). Ever users in both urban and rural areas have largely opted for condoms, female sterilization, oral pills and rhythm or safe period.

The key difference between ever users in the urban and rural areas is condom usage. Twenty-nine percent are ever users of condoms in urban areas; while in rural areas, 16 percent belong to this category. The proportion of couples who have ever used a traditional method

like safe period/rhythm is 19 percent.

#### 4.2.2 Timing of First Use of Contraceptives

All ever users were asked about the timing of their first use of contraceptives. An insignificant proportion of ever users (five percent) used contraceptives immediately after marriage to delay the first pregnancy (Table 17). Forty-three percent used contraceptives for the first time after the first or second child, but the majority (51 percent) waited to use contraceptives till they had three or more children.

While there are no differences among rural and urban couples in the use of contraceptives immediately

**TABLE 17: TIMING OF FIRST USE OF CONTRACEPTIVES**

Percent distribution of currently married women aged 15-49 ever used of contraceptives by timing of first use, according to place of residence, RHIS, Uttar Pradesh, 2010

Timing	Urban	Rural	Total
Immediately after marriage	4.6	5.0	4.9
After first child	31.3	24.5	25.8
After second child	21.4	16.3	17.3
After third child	17.6	17.3	17.4
After four or more births	25.0	36.0	33.9
Other	0.2	0.9	0.7
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number	473	1,925	2,397

**TABLE 18: CURRENT USE OF CONTRACEPTIVE METHODS**

Percent distribution of currently married women aged 15-49 by current use of any contraceptive methods according to residence, RHIS, Uttar Pradesh, 2010

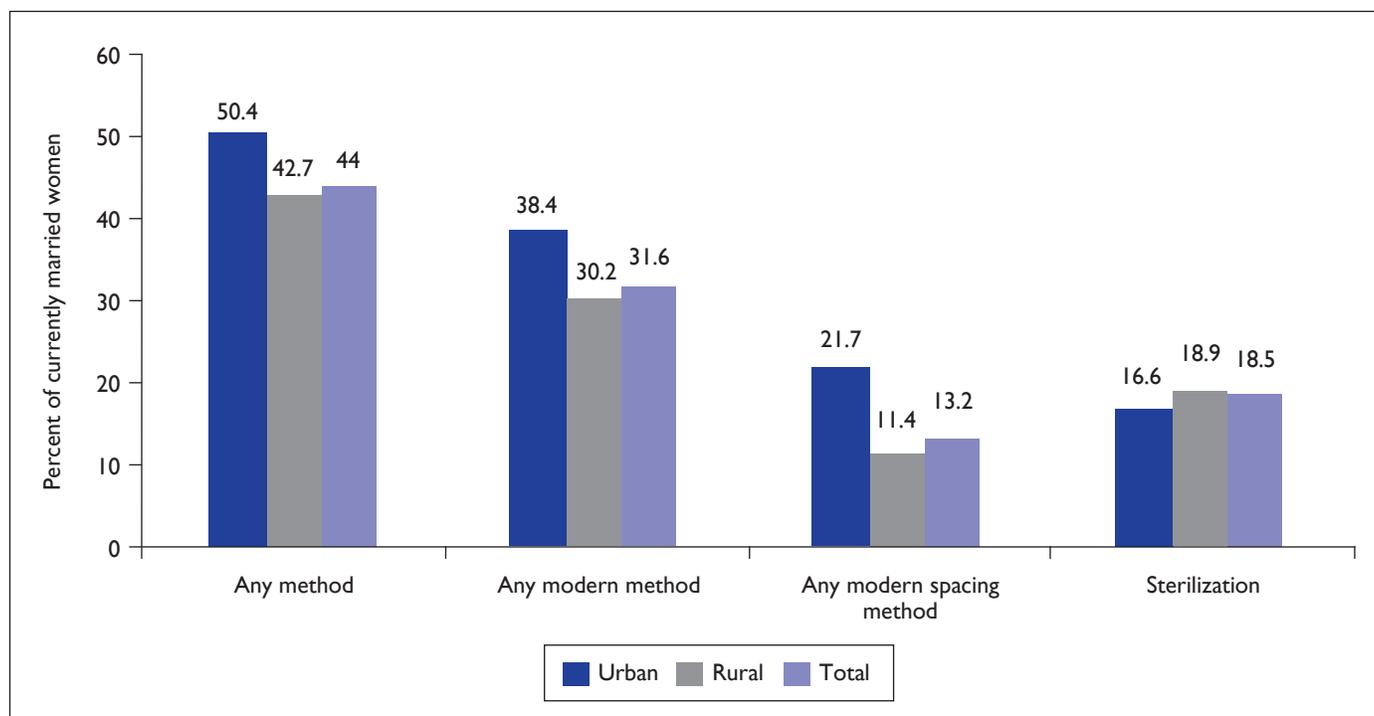
Method	Urban	Rural	Total
<b>Any method</b>	50.4	42.7	44.0
<b>Any modern method</b>	38.4	30.2	31.6
<b>Any modern spacing method</b>	21.7	11.4	13.2
Female sterilization	16.5	18.7	18.3
Male sterilization	0.1	0.2	0.2
Pill	3.3	2.4	2.6
IUD	2.0	0.8	1.0
Injectables	0.3	0.0	0.1
Condom/Nirodh	15.9	8.1	9.5
<b>Any traditional method</b>	11.4	11.9	11.8
Rhythm	9.6	9.6	9.6
Withdrawal	1.8	2.3	2.2
<b>Other</b>	0.9	0.6	0.6
Not using any method	49.6	57.3	56.0
Number of women	740	3,553	4,293

are current users of modern spacing methods. Of the total modern spacing method users, around 72 percent are condom users and 27 percent are oral pills and IUD users. **Female sterilization and condom users account for nearly 88 percent of total modern method users in Uttar Pradesh.**

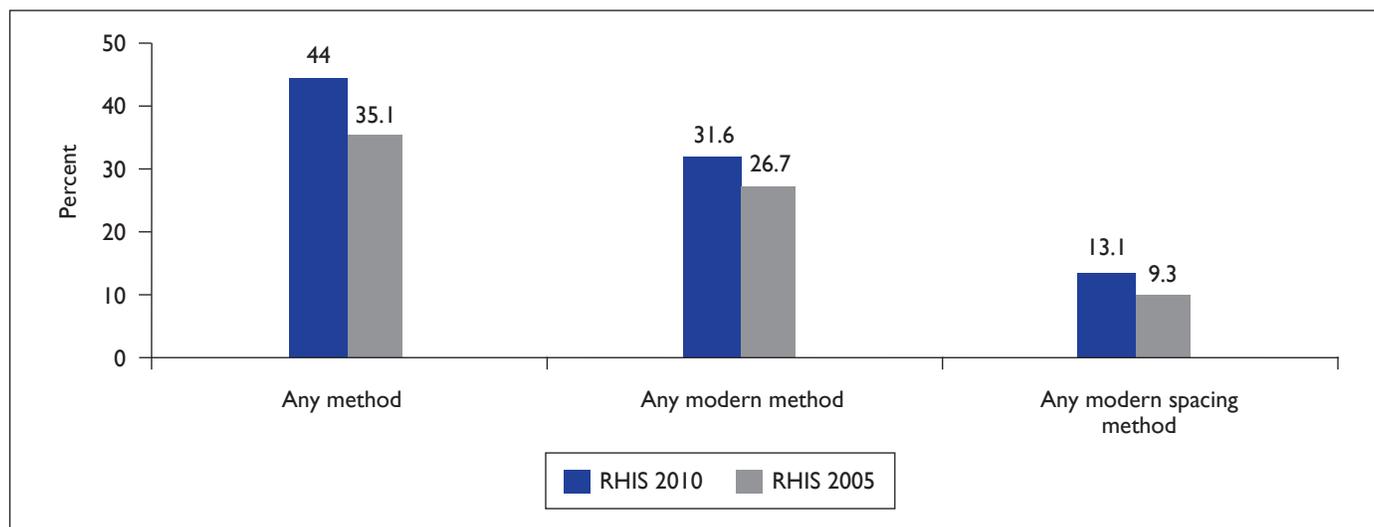
Among urban women, 50 percent currently use any method and 38 percent use any modern method, 11 percent being users of traditional methods. Among users of modern methods from urban areas, 57 percent are modern spacing method users and the remaining 43 percent are limiting method users. In urban areas, among modern spacing method users, condom usage is very high (73 percent) followed by oral pill users (15 percent) and IUD users (nine percent). Of the limiting method users in urban areas, most have opted for female sterilization. In contrast, 43 percent in rural areas are users of any method and 30 percent are users of any modern method. Of these modern method users from rural areas, nearly three-fourths (63 percent) use limiting methods and 38 percent use spacing methods.

The CPR among currently married women aged 15-49 was 44 percent, an increase from 35 percent at the time of RHIS 2005. The increase in use of contraceptive was reported more in rural areas (10 percent) as against urban areas (four percent) since RHIS 2005 (Figure 7).

**FIGURE 6: CURRENT USE OF CONTRACEPTIVES BY PLACE OF RESIDENCE**



**FIGURE 7: CURRENT USE OF CONTRACEPTIVES**



#### 4.2.4 Current Use of Contraceptives by Background Characteristics

Background characteristics of current users in terms of their age, parity, religion, caste, literacy and SLI have been analyzed to further understand contraceptive behavior.

An increase in age leads to increased use of any method of contraception (Table 19). Among women aged 15-19, only 14 percent are users of any contraceptive method, while in the age group 35-49, 53 percent use contraceptives. Most spacing method users are in the age

group of 20-34. Spacing method usage is lower in the 35-49 age group compared to the 25-34 age group. In contrast, the rate of sterilization increases substantially with an increase in age. Only three percent of women aged 20-24 years adopted sterilization compared to 28 percent of those aged 35-49.

**TABLE 19: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS**

Percentage distribution of currently married women by current use of contraceptives by method, according to selected characteristics, RHIS, 2010

Characteristics	Oral Pill	Condom	IUD/ Copper- T	Injection	Sterilization	Trad. method	Other	Not using	Total percent	Any modern method	Any modern spacing method	Number
<b>Age group</b>												
15-19	0.6	6.1	0.1	0.0	1.2	6.1	0.0	85.8	100.0	8.1	6.8	315
20-24	2.2	9.4	0.2	0.1	2.8	9.6	0.0	75.5	100.0	14.9	12.0	850
25-34	4.0	12.6	1.3	0.1	21.2	12.2	0.5	48.0	100.0	39.2	18.1	1,648
35-49	1.6	6.8	1.2	0.0	28.1	13.9	1.0	47.4	100.0	37.8	9.7	1,480
<b>Parity</b>												
0	0.1	3.0	0.0	0.0	0.0	1.8	0.1	95.1	100.0	3.1	3.1	467
1	1.4	12.8	1.1	0.3	0.8	7.5	0.0	75.8	100.0	16.6	15.8	529
2	3.1	15.3	2.0	0.1	12.2	13.7	0.1	53.4	100.0	32.7	20.5	653
3	3.1	11.0	0.7	0.2	28.5	13.8	0.3	42.4	100.0	43.5	15.0	749
4+	3.1	7.6	0.9	0.0	26.1	14.1	1.0	47.1	100.0	37.8	11.7	1,895
<b>Religion</b>												
Hindu	2.2	8.3	0.9	0.1	21.8	12.6	0.5	53.5	100.0	33.3	11.5	3,381
Muslim	3.9	13.7	1.1	0.0	5.7	9.0	0.8	65.6	100.0	24.6	18.9	892
Other	7.9	26.0	0.6	0.0	21.2	2.4	0.0	41.9	100.0	55.7	34.5	20
<b>Caste/Tribe</b>												
SC/ST	1.5	8.4	0.7	0.1	16.8	13.3	0.9	58.4	100.0	27.4	10.6	1,116
OBC	2.2	9.4	1.2	0.0	17.0	11.3	0.5	58.4	100.0	29.9	12.9	2,112
Other	4.4	10.8	0.9	0.2	23.1	11.4	0.3	48.7	100.0	39.5	16.4	1,065
<b>Education</b>												
Illiterate	2.2	6.7	0.6	0.0	19.8	12.1	0.4	58.0	100.0	29.4	9.6	2,461
Literate, <8 <sup>th</sup> grade	1.4	8.8	0.4	0.2	22.3	11.7	0.5	54.6	100.0	33.1	10.8	607
8-1 <sup>th</sup> grade	3.8	13.1	1.5	0.1	15.3	12.8	0.9	52.5	100.0	33.9	18.6	770
12+ grade	3.9	20.6	2.9	0.3	12.5	7.3	0.6	51.6	100.0	40.4	27.9	407
Other (informal)	2.0	10.8	0.0	0.0	1.9	21.3	0.0	64.0	100.0	14.6	12.8	49
<b>SLI quintile</b>												
Lowest	1.4	3.5	0.7	0.0	13.3	15.7	0.3	64.8	100.0	19.1	5.8	623
Low	1.4	6.3	0.1	0.1	17.3	10.9	0.7	63.1	100.0	25.2	7.9	831
Medium	1.5	9.0	0.8	0.0	22.4	11.8	0.2	54.3	100.0	33.7	11.3	753
High	1.7	9.9	0.8	0.1	18.7	11.6	0.2	57.0	100.0	31.2	12.6	1,019
Highest	5.7	15.3	2.1	0.2	19.4	10.5	1.1	45.6	100.0	42.8	23.4	1,067
<b>Total</b>	<b>2.6</b>	<b>9.5</b>	<b>1.0</b>	<b>0.1</b>	<b>18.5</b>	<b>11.8</b>	<b>0.5</b>	<b>56.0</b>	<b>100.0</b>	<b>31.6</b>	<b>13.2</b>	<b>4,293</b>
<b>RHIS 2005</b>	<b>1.6</b>	<b>6.4</b>	<b>1.1</b>	<b>0.1</b>	<b>17.4</b>	<b>8.0</b>	<b>0.4</b>	<b>64.9</b>	<b>100.0</b>	<b>26.7</b>	<b>9.3</b>	<b>4,384</b>

The proportion of any method usage increases in high parity couples. Five percent of couples with no children are current users of any method. The rate of usage of any method is 24 percent among couples with one child, 47 percent among couples with two children, and 58 percent among couples with three children. However, the proportion of users declines slightly among women with four or more children (53 percent). High parity couples prefer limiting and traditional methods to modern spacing methods.

A higher proportion of Hindus (47 percent) are current users of any method compared to Muslims (34 percent). Only six percent of Muslims are limiting method users as compared to 22 percent of Hindus. Use of contraceptives among Muslims leans toward modern spacing methods (19 percent) compared to sterilization (six percent).

Higher the caste, greater is the use of family planning methods. The proportion using any method is 42 percent among the SCs/STs, 42 percent among OBCs and 51 percent among other castes. The SCs/STs are more dependent on traditional methods (13 percent) compared to the modern spacing methods (11 percent). Among OBCs, the use of modern spacing methods (13 percent) is higher than the use of traditional methods (11 percent). Limiting method use is higher among other category (23 percent) compared to SCs/STs or OBCs (17 percent each).

Contraceptive use increases with an increase in educational level. Less than two-thirds (42 percent) of illiterates are current users of any method compared to 48 percent with an education level of 12<sup>th</sup> grade and above. The higher the education level, the higher the use of modern spacing methods and lesser the use of limiting methods.

Similarly, the use of contraceptives is directly proportional to the SLI. While only 35 percent are users of any method in the first quintile, i.e. lowest SLI, 54 percent of those belonging to the highest SLI use contraceptives. A higher proportion of women belonging to the highest SLI not only use modern spacing methods, but also limiting methods. Women in the higher SLI quintiles are less dependent on traditional methods, compared to their counterparts in the lower quintiles.

#### 4.2.5 Source of Modern Contraceptives

Women who are currently using modern family planning methods were asked to mention the most recent source they had used to obtain the services/products from. In general, the public sector provides limiting methods, while **the private sector is a key source for spacing methods** (Table 20).

Nine out of 10 sterilization users received services from the public sector and 10 percent received services from the private sector. Six out of 10 IUD users (61 percent) obtained services from the private sector, 32 percent from the public

sector and seven percent had the IUDs inserted at home by a health worker. Almost three-fourths of condom (75 percent) and pill (81 percent) users bought fully priced or subsidized products from the market. The private sector, in total, serves 82 percent of condom users and 85 percent of pill users. Only 15 percent of oral pill and 11 percent of condom users receive services from public sector sources.

In rural areas, too, the private sector has a dominant presence in the modern spacing method space. Eighty-two percent of oral pill users, 80 percent of condom users and the majority of IUD users depend on private sources for their supply. However, urban users depend even more on private sector sources compared to rural users. Of the total current users, 95 percent of oral pill users, 90 percent of condom users and 69 percent of IUD users in urban areas source products/services from the private sector.

The sources of modern contraceptive methods by SLI quintiles are given in Table 21. As expected, the proportion of users who source products and services from the public sector decreases with an increase in the standard of living. Twenty-five percent of the users from the lowest SLI quintile received condoms from sources in the public sector compared to only four percent of users from the highest SLI quintile. Similarly, the proportion sterilized in a public sector facility decreases from 94

**TABLE 20: SOURCE OF MODERN CONTRACEPTIVE METHODS**

Percent distribution of current users of modern contraceptive methods by most recent source of the method, according to residence, RHIS, Uttar Pradesh, 2010

Most recent source of method	Female sterilization	Pill	IUD	Condom/Nirodh	All modern methods <sup>1</sup>
<i>Urban</i>					
Public medical sector	75.8	5.3	30.6	3.5	37.0
Private medical sector	23.7	10.6	69.4	9.8	19.0
NGO or trust hospital/clinic	0.5	0.0	0.0	0.0	0.2
Market	0.0	84.0	0.0	81.5	41.6
Don't know	0.0	0.0	0.0	5.2	2.2
Other	0.0	0.0	0.0	0.0	0.0
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of users	122	24	14	118	280
<i>Rural</i>					
Public medical sector	92.9	17.4	32.3	13.4	63.9
Private medical sector	6.1	2.4	56.4	5.8	7.0
NGO or trust/hospital/clinic	1.0	0.0	0.0	0.0	0.6
Market	0.0	80.2	0.0	72.7	26.0
Don't know	0.0	0.0	0.0	8.1	2.2
Other	0.0	0.0	11.3	0.0	0.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	664	85	27	289	1,071
<i>Total</i>					
Public medical sector	90.2	14.7	31.7	10.5	58.3
Private medical sector	8.9	4.2	61.0	7.0	9.5
NGO or trust/hospital/clinic	0.9	0.0	0.0	0.0	0.5
Market	0.0	81.1	0.0	75.2	29.3
Don't know	0.0	0.0	0.0	7.3	2.2
Other	0.0	0.0	7.3	0.0	0.2
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of users	786	110	41	407	1,351

<sup>1</sup> Includes users of male sterilization and injectables, who are not shown separately.

**TABLE 21: SOURCE OF MODERN CONTRACEPTIVE METHODS**

Percent distribution of current users of modern contraceptive methods by most recent source of the method, according to SLI quintile, RHIS, Uttar Pradesh, 2010

Most recent source of method	Lowest	Low	Medium	High	Highest
<b>Condom</b>					
Public medical sector	25.2	8.1	20.3	13.1	3.7
Private medical sector	29.5	2.5	5.5	2.1	9.0
NGO or trust/hospital/clinic	0.0	0.0	0.0	0.0	0.0
Market	22.6	81.3	68.3	77.4	81.9
Don't know	22.8	8.1	5.9	7.4	5.4
Other	0.0	0.0	0.0	0.0	0.0
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of users	22	52	68	101	164
<b>Oral pill</b>					
Public medical sector	0.0	35.0	7.3	10.4	15.5
Private medical sector	0.0	3.6	0.0	11.2	3.6
NGO or trust/hospital/clinic	0.0	0.0	0.0	0.0	0.0
Market	100.0	61.5	92.7	78.4	80.9
Don't know	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of users	8	12	11	18	61
<b>Sterilization</b>					
Public medical sector	94.2	97.8	93.6	92.3	78.7
Private medical sector	5.8	2.2	2.5	7.5	21.2
NGO or trust/hospital/clinic	0.0	0.0	3.9	0.2	0.2
Market	0.0	0.0	0.0	0.0	0.0
Don't know	0.0	0.0	0.0	0.0	0.0
Other	0.0	0.0	0.0	0.0	0.0
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of users	83	144	169	190	207

percent in case of the lowest SLI quintile to 79 percent for the top SLI quintile.

In rural areas, the percentage of condom users who sourced the contraceptives from private sector increased by 25 percent from 63.9 percent (RHIS 2005), while the percentage of pill users who did the same, increased by eight percent from 74.9 percent (RHIS 2005) (Figure 8).

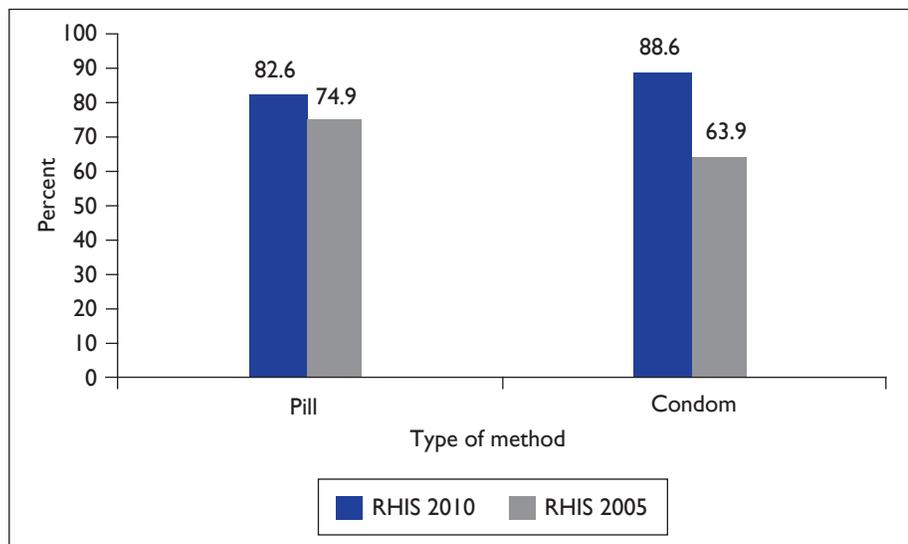
#### 4.2.6 Duration of Use of Modern Spacing Methods and Source of IUDs

All current users of modern spacing methods were asked to specify the length of time they had been using these methods (Table 22).

Fifty-seven percent of current IUD users have been using this method for more than two years, while

19 percent have been using the device for 12-23 months (Table 22). The remaining 24 percent adopted the method in the past one year. In rural areas, 59 percent have been using IUDs for more than two years and 30 percent adopted the method in the past one year. Almost half (51 percent) of the urban users have been using IUDs for more than two years, while

**FIGURE 8: CONTRACEPTIVES OBTAINED FROM PRIVATE SECTOR IN RURAL AREAS**



**TABLE 22: DURATION OF USE OF MODERN SPACING METHODS**

Percent distribution of currently married women aged 15-49, currently using modern contraceptives by method and duration of use, according to place of residence, RHIS, Uttar Pradesh, 2010

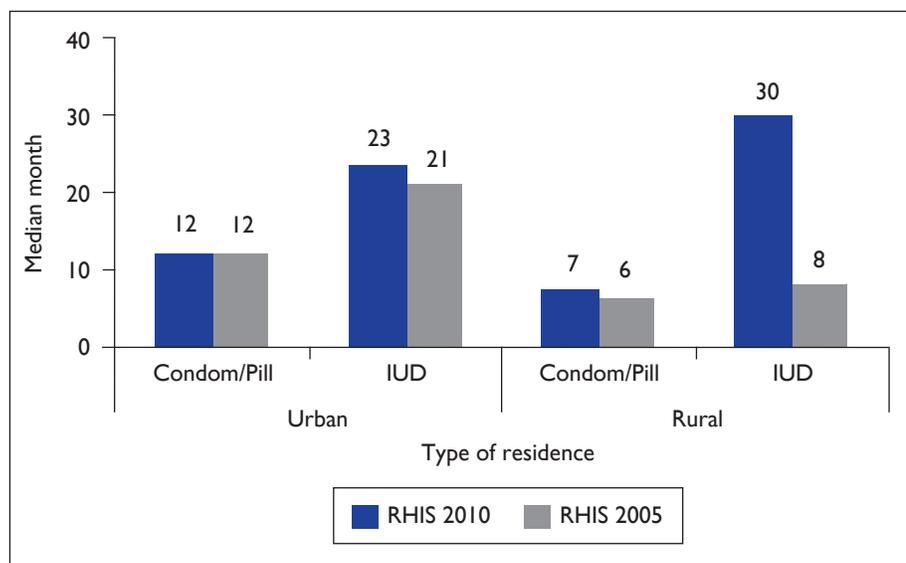
Duration of use	Oral pill	Condoms	IUD/Copper-T
<b>Urban</b>			
<6 months	39.9	23.0	4.6
6-11 months	17.5	21.5	9.3
12-23 months	8.7	14.2	34.8
24-35 months	8.2	11.6	13.8
36+ months	25.7	29.7	37.5
Total percent	100.0	100.0	100.0
Number	24	118	14
<b>Rural</b>			
<6 months	46.6	43.0	16.1
6-11 months	7.1	13.5	13.5
12-23 months	23.4	13.9	11.1
24-35 months	5.1	13.8	13.0
36+ months	17.9	15.8	46.3
Total percent	100.0	100.0	100.0
Number	85	289	27
<b>Total</b>			
<6 months	45.1	37.2	12.1
6-11 months	9.4	15.8	12.1
12-23 months	20.1	14.0	19.4
24-35 months	5.7	13.1	13.3
36+ months	19.6	19.8	43.2
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number	110	407	41

14 percent adopted the method in the past one year. In rural areas, IUDs are used for longer periods compared to urban areas.

With regard to condom usage, 33 percent have been using condoms for more than two years, while 53 percent adopted the spacing method in the past one year. The proportion of users that have been using condoms for more than two years is significantly higher in urban areas (41 percent) compared to rural areas (30 percent). The percentage of those who have been using condoms for less than one year is higher in rural areas (57 percent) compared to urban areas (45 percent). Fifty-five percent of oral pill users adopted the method in the past one year and only 25 percent have been using the method for more than two years. The proportion of users who adopted oral pills in the past one year is higher in urban areas (57 percent) compared to rural areas (54 percent). The percentage of women who have been using oral pills for two or more years is higher in urban areas (34 percent) than in rural areas (23 percent). The dropout rate in rural areas seems to be higher than in urban areas.

The average months of use of condoms/pills in urban areas was reported to be the same (12 months) as it was in RHIS 2005, while it had increased by one month in rural areas for use of condoms/pills, from six months in RHIS 2005 to seven months in RHIS 2010. The proportion of IUD users increased to 30 percent at the time of RHIS 2010, from eight percent during RHIS 2005.

**FIGURE 9: DURATION OF USE OF MODERN SPACING METHODS IN MEDIAN MONTHS**



contraceptive, 33 percent obtained services from the private sector and 63 percent from the public sector. The dropout rate is higher among those who obtained services from a government nurse or paramedic than among those who went to other service providers.

### 4.3 REASONS FOR DISCONTINUATION OF CONTRACEPTIVES

Among the respondents, those who had earlier used contraceptive methods but discontinued after some time were questioned on their reasons for discontinuation.

The key reason for discontinuation of condom use was the desire to have a child (24 percent) followed by dislike for the method and inconvenience in using the method (18 percent). Method failure (seven percent) and lack of sexual satisfaction (eight percent) were the other reasons for discontinuation.

Among erstwhile IUD users, 53 percent discontinued due to health problems (Table 24). The other reasons were menstrual problems (29 percent) and desire to have a child (15 percent). In rural areas, 55 percent discontinued the IUD use due to health problems. The other reasons given in rural areas were menstrual problems (32 percent), desire to have a child (15 percent), dislike for the method (nine percent) and inconvenience in using the method (three percent). Urban women cited similar reasons for discontinuation of IUD use.

Forty-five percent of oral pill users discontinued due to health problems. The other major reasons

**TABLE 23: IUD/COPPER-T INSERTIONS**

Percent distribution of current users and ever users of IUD/Copper-T by health professional who inserted it, according to place of residence, RHIS, Uttar Pradesh, 2010

Health professional	Currently using			Discontinued		
	Urban	Rural	Total	Urban	Rural	Total
Government doctor	27.4	30.1	29.1	25.6	32.6	30.3
Government nurse/ Paramedic	17.2	20.5	19.3	27.6	34.7	32.4
NGO doctor	0.0	0.0	0.0	1.0	0.0	0.3
NGO nurse	2.8	5.6	4.6	0.0	0.0	0.0
Private doctor	43.3	31.7	35.7	27.6	15.0	19.2
Private nurse/Paramedic	9.4	12.1	11.2	9.7	15.2	13.4
Other	0.0	0.0	0.0	8.5	2.4	4.4
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number of currently married women	14	27	41	42	87	129

The majority of IUD insertions among those currently using this method took place in private health facilities (52 percent) rather than in public facilities (48 percent) (Table 23). In the private sector, doctors are the key service providers (36 percent), while in the public

sector, the government doctor plays a significant role (29 percent). In rural areas, the public health sector facilitates more IUD insertions compared to urban areas.

Among the IUD users who discontinued use of the

**TABLE 24: REASON FOR DISCONTINUATION OF CONTRACEPTIVES**

Percent distribution of lapsed users of modern spacing methods by reasons for discontinuation, according to method and place of residence, RHIS, Uttar Pradesh, 2010

Reasons	Urban			Rural			Total		
	Pill	Condom	IUD	Pill	Condom	IUD	Pill	Condom	IUD
Method failed/Got pregnant	13.3	11.8	0.0	6.2	5.5	0.0	7.7	6.8	0.0
Lack of sexual satisfaction	0.0	8.4	3.0	0.0	8.1	0.0	0.0	8.2	0.9
Created menstrual problem	22.0	0.1	24.1	29.5	0.4	31.5	28.0	0.3	29.2
Created health problem	43.8	0.4	49.1	45.5	0.6	54.7	45.2	0.3	53.0
Inconvenient to use	3.1	12.2	6.9	4.9	19.2	3.1	4.5	17.7	4.3
Hard to get	0.0	1.0	0.0	1.0	2.3	0.0	0.8	2.0	0.0
Put on weight	9.4	0.0	0.0	0.9	0.0	0.0	2.7	0.0	0.0
Did not like the method	8.4	19.9	19.5	8.6	17.1	9.0	8.5	17.7	12.2
Wanted to have a child	13.0	23.3	15.4	13.3	23.7	14.7	13.2	23.6	14.9
Wanted to replace dead child	1.3	3.3	0.0	0.1	0.2	0.0	0.4	0.8	0.0
Lack of privacy	0.0	0.9	0.0	0.3	2.2	0.0	0.2	1.9	0.0
Husband away	3.5	4.4	0.0	10.1	11.7	0.0	8.7	10.9	0.0
Costs too much	1.2	2.6	1.3	0.7	1.8	0.0	0.8	2.0	0.4
Other	9.7	7.9	7.1	8.2	5.1	13.7	8.5	5.7	11.6
Number	52	61	21	196	228	45	248	289	66

for discontinuation were menstrual problems (28 percent), desire to have a child (13 percent) and failure of the method (eight percent).

**The majority of women who discontinued oral pill and IUD use did so due to health problems or menstrual problems which resulted from using the contraceptives, while discontinuation of condom use was attributed to the desire to have a child.**

#### 4.4 INTENTION TO USE FAMILY PLANNING PRODUCTS AND PREFERRED METHOD

Currently married women in the reproductive age group, currently not using any contraceptive methods, were asked about their or their husbands' intention to use a

method to delay or avoid pregnancy within the next 12 months. Those who intended to use a method were asked to mention the contraceptive they would prefer to use. Of those not using any contraceptive method, only 25 percent wanted to use any method of contraception within one year (Table 25).

However, keeping in mind the significant proportion of 16 percent who were uncertain about their willingness to use any method during the next year, the actual demand for contraceptives could be much higher. Similarly, those not using any method of contraception and not anticipating usage during next year, were asked about their intention to use it any time in the future. Overall, 35 percent want to use any contraceptive method in the future, a proportion which is somewhat higher

in rural areas (36 percent) compared to urban areas (27 percent). A significant proportion of non-users in both rural and urban areas have expressed their willingness to use a contraceptive method within the next one year or in the near future, thus displaying a positive attitude towards family planning.

Of those who intended to use contraceptives in future, 74 percent plan to use any modern method, three percent will opt for traditional methods and about 22 percent are unsure about the method they will use in future (Table 26).

Among those who intend to use any modern method, 51 percent prefer the limiting method, i.e. sterilization, and the rest prefer any modern spacing method - oral pills and condoms (20 percent each),

**TABLE 25: INTENTION TO USE CONTRACEPTIVES**

Percent of non-users of contraceptives by intention to use them, according to place of residence, RHIS, Uttar Pradesh, 2010

Reasons	Urban	Rural	Total
<b>Think that they/couple will use a method to delay or avoid pregnancy within one year</b>			
Yes	22.9	25.9	25.4
No	62.8	57.5	58.3
Don't know	14.3	16.6	16.3
Total percent	100.0	100.0	100.0
<b>Number<sup>1</sup></b>	329	1,909	2,238
<b>Think that they/couple will use a method to delay or avoid pregnancy at any time in the future</b>			
Yes	26.9	36.3	34.8
No	47.9	39.9	41.1
Don't know	25.2	23.9	24.1
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number<sup>2</sup></b>	254	1,416	1,669

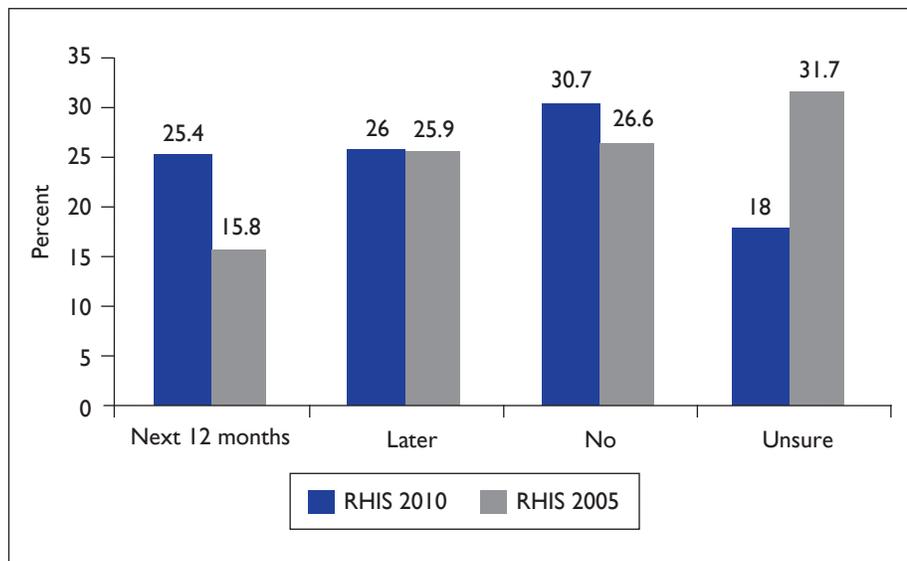
<sup>1</sup>Currently not using any contraceptive method<sup>2</sup>Currently not using any contraceptive method and don't want to use them with in a year**TABLE 26: PREFERRED CONTRACEPTIVE METHOD FOR FUTURE USE**

Percent distribution of currently married women aged 15-49 who intend to use contraceptives in future by method, according to place of residence and SLI quintile, RHIS, Uttar Pradesh, 2010

Method	Place of residence		SLI quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
Pill	15.3	14.8	9.9	17.8	21.1	15.2	10.0	14.8
Condom/Nirodh	22.3	13.2	10.5	4.1	15.4	17.8	23.9	14.4
IUD/Loop/Copper-T	1.7	1.8	1.4	1.4	0.3	2.4	3.3	1.8
Injection	5.4	5.0	7.1	5.1	5.1	5.8	2.7	5.1
Female sterilization	29.3	38.5	45.7	42.2	36.7	33.7	30.2	37.4
Male sterilization	0.4	0.0	0.0	0.0	0.0	0.1	0.2	0.1
Rhythm/Safe period	4.3	2.9	3.3	3.2	2.6	2.5	3.9	3.1
Withdrawal	0.0	0.2	0.0	0.3	0.0	0.2	0.4	0.2
Standard days method (SDM)	0.0	0.2	0.0	0.3	0.0	0.4	0.0	0.2
Others	0.6	0.6	0.7	0.1	0.3	1.2	0.8	0.6
DK/Unsure	20.7	22.6	21.5	25.6	18.7	20.7	24.6	22.4
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Sterilization	29.7	38.6	45.7	42.2	36.7	33.8	30.5	37.5
Any modern method	74.4	73.6	74.5	70.8	78.5	75.4	70.3	73.7
Any modern spacing method	44.7	35.1	28.8	28.6	41.8	41.6	39.9	36.3
<b>Number<sup>1</sup></b>	144	1,007	190	258	197	272	234	1,151

<sup>1</sup>Currently married women who intend to use contraceptive method in future

**FIGURE 10: INTENTION TO USE FAMILY PLANNING IN FUTURE**



**TABLE 27: REASON FOR NEVER USE OF CONTRACEPTIVES**

Percent distribution of never users of contraceptives by reasons for non use, according to residence, RHIS, Uttar Pradesh, 2010

Reasons	Urban	Rural	Total
Husband away	2.9	7.5	6.9
Not having sex	0.4	0.7	0.7
Infrequent sex	6.8	4.1	4.4
Menopausal/Had hysterectomy	14.1	7.9	8.8
Sub-fecund/In-fecund	6.3	4.0	4.3
Postpartum/Breastfeeding	9.8	11.1	11.0
Want more children	32.7	38.9	38.0
Opposed to family planning	1.3	0.9	0.9
Husband opposed	3.5	3.7	3.7
Other people opposed	0.5	0.5	0.5
Religion forbids family planning	3.4	2.1	2.3
Knows no method	0.4	1.9	1.7
Knows no source	0.0	0.1	0.1
Health concerns	2.8	3.0	3.0
Worry about side-effects	1.5	2.7	2.6
Hard to get method	0.1	0.5	0.4
Costs too much	0.2	0.3	0.3
Inconvenient	0.3	0.2	0.2
Afraid of sterilization	0.0	0.4	0.3
Don't like existing methods	3.2	2.2	2.4
Other	9.1	6.5	6.8
Don't know	0.5	0.8	0.7
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number	267	1,629	1,896

injectables (seven percent) and IUDs (two percent). There are no rural-urban differences in terms of future use of modern spacing methods, except for condoms. Female sterilization is the preferred method for future use of non-users living in rural areas (39 percent) compared to urban areas (29 percent). **The proportion of future users of spacing methods increases with the increase in SLI, while the proportion of future users of limiting methods decreases with the increase in the SLI.**

The overall percentage of women who intend to use contraceptives in the future (51 percent) has increased from 42 percent (RHIS 2005). However, keeping in mind the significant proportion of 18 percent who were uncertain about their willingness to use any method, the actual demand for contraceptives could be much higher (Figure 10).

#### 4.5 REASONS FOR NEVER USE OF CONTRACEPTIVES

The female respondents who had never used any contraceptive method were asked reasons for not adopting family planning methods (Table 27).

The desire to have more children is the predominant reason for not using contraceptives (38 percent), followed by postpartum period or breastfeeding (11 percent) (Table 27). Other reasons offered were that their husband is away (seven percent), menopause and hysterectomy (nine percent), being sub-fecund (reduced capacity to bear children due to nutritional status)/in-fecund (have difficulty conceiving) (four percent), infrequent sex (four

percent) and health concerns (three percent). Access to information or products/services is not considered a major problem. Only a negligible proportion of the respondents stated that people in their community are opposed to family planning. Religion is not considered a barrier by most of the women not using contraceptives. There are no rural-urban differentials in this regard, except for the fact that a large proportion of urban women (14 percent) reported menopause/hysterectomy and rural women (eight percent) reported their husbands being away from home as the main reason for not using contraceptive methods.

#### 4.6 REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES

The female respondents who did not intend to use any contraceptive method ever were asked the reason for their decision (Table 28). Thirty-two percent would like to have more children, while infrequent sex (nine percent), menopause/hysterectomy and being sub-fecund (eight percent) were the other significant reasons. Six percent of the women felt that use of family planning methods is against religion, while another six percent had concerns about health. A few (five percent) do not like the existing methods. There are no major differentials between rural and urban areas in this context.

#### 4.7 NEED FOR FAMILY PLANNING

Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. Currently

**TABLE 28: REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES**

Percent distribution of currently married women aged 15-49 never wanting to use contraceptives by reasons, according to place of residence, RHIS, Uttar Pradesh, 2010

Reasons	Urban	Rural	Total
Not having sex	1.2	1.8	1.7
Infrequent sex	11.3	9.0	9.4
Menopausal/Had hysterectomy	11.6	7.3	8.1
Sub-fecund/In-fecund	4.7	4.3	4.4
Want more children	31.6	32.2	32.1
Opposed to family planning	0.6	1.9	1.7
Husband opposed	3.0	2.8	2.8
Other people opposed	0.3	0.3	0.3
Against religion	8.8	6.0	6.4
Knows no source	0.6	2.5	2.2
Health concerns	7.6	5.0	5.5
Worry about side-effects	3.7	5.6	5.3
Hard to get method	0.0	0.8	0.6
Costs too much	1.0	1.0	1.0
Inconvenient	0.0	0.6	0.5
Afraid of sterilization	0.2	1.5	1.3
Don't like existing methods	4.4	5.2	5.0
Other	7.2	8.2	8.1
Don't know	2.3	3.8	3.6
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number<sup>1</sup></b>	<b>185</b>	<b>902</b>	<b>1,088</b>

<sup>1</sup>Currently married women never wanting to use contraceptives.

married women who do not use any method of contraception but who do not want any more children are defined as having an unmet need for limiting, and those who are not using contraception but want to wait two or more years before having another child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and the unmet need for spacing is the unmet need for family planning. Current

contraceptive users are said to have a met need for contraception. The total demand for family planning is the sum of unmet need and met need.

Per these definitions, 24 percent of the currently married women in Uttar Pradesh have an unmet need for family planning. The unmet needs for spacing and limiting in the state are equal at 12 percent

**TABLE 29: NEED FOR FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN**

Percentage of currently married women aged 15-49 with unmet need for family planning, percentage with met need for family planning, and total demand for family planning, by background characteristics, RHIS, Uttar Pradesh, 2010

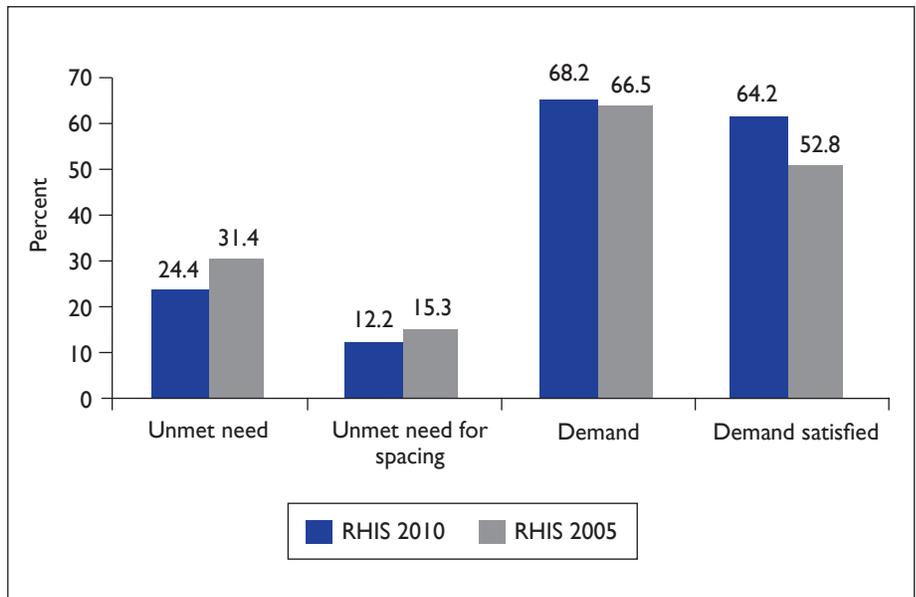
Background characteristics	Unmet need for family planning			Met need for family planning (currently using)			Total demand for family planning			Percentage of demand satisfied	Number of women
	For spacing	For limiting	Total	For spacing	For limiting	Total	For spacing	For limiting	Total		
<b>Age group</b>											
15-19	20.3	0.4	20.7	11.5	1.8	13.3	31.8	2.2	34.0	39.2	315
20-24	22.3	3.6	25.9	12.0	12.1	24.1	34.2	15.7	49.9	48.2	850
25-34	11.8	12.0	23.8	5.8	46.2	52.0	17.6	58.2	75.8	68.6	1,648
35-49	5.1	19.9	25.0	2.5	50.1	52.6	7.6	70.0	77.6	67.8	1,480
<b>Parity</b>											
0	21.8	0.1	21.9	4.6	0.3	4.9	26.4	0.4	26.8	18.4	467
1	23.2	2.4	25.5	18.5	5.0	23.6	41.7	7.4	49.1	48.0	529
2	15.3	9.7	25.0	8.6	37.8	46.4	23.9	47.5	71.4	65.0	653
3	10.6	10.7	21.3	5.5	51.9	57.3	16.1	62.5	78.6	72.9	749
4+	6.3	19.4	25.7	2.9	50.0	52.9	9.2	69.4	78.6	67.3	1,895
<b>Residence</b>											
Urban	9.3	12.8	22.1	8.1	42.3	50.4	17.4	55.1	72.5	69.5	740
Rural	12.8	12.1	24.9	5.9	36.5	42.5	18.7	48.6	67.5	63.1	3,553
<b>Education</b>											
Illiterate	12.8	13.7	26.5	4.8	37.1	41.9	17.6	50.8	68.3	61.3	2461
<8 years complete	12.7	10.3	22.9	5.6	39.6	45.2	18.2	49.8	68.1	66.3	607
8-11 years complete	13.3	9.4	22.6	9.5	37.7	47.2	22.8	47.1	69.8	67.6	770
12 or more years complete	6.9	10.8	17.7	11.0	37.4	48.4	17.9	48.1	66.1	73.2	407
Other (Non-formal)	2.9	17.7	20.6	2.6	33.4	36.0	5.5	51.1	56.6	63.6	49
<b>Religion</b>											
Hindu	11.5	11.2	22.7	6.1	40.2	46.3	17.7	51.3	69.0	67.1	3,381
Muslim	14.4	16.2	30.6	7.0	27.1	34.1	21.4	43.3	64.7	52.7	892
Other	20.3	11.0	31.3	5.7	52.4	58.1	26.0	63.4	89.4	65.0	20
<b>Caste/Tribe</b>											
SC/ST	12.5	13.6	26.1	8.2	33.3	41.5	20.7	46.9	67.6	61.4	1,116
OBC	12.2	11.8	24.0	5.5	35.9	41.5	17.7	47.7	65.5	63.3	2,112
Other	11.9	11.5	23.3	5.9	45.2	51.1	17.7	56.6	74.4	68.6	1,065
<b>SLI quintile</b>											
Lowest	15.0	15.5	30.5	4.2	30.1	34.4	19.2	45.6	64.8	53.0	623
Low	14.1	13.8	27.9	6.3	30.5	36.9	20.5	44.3	64.8	56.9	831
Medium	12.9	12.7	25.6	5.2	40.3	45.6	18.1	53.0	71.1	64.0	753
High	11.3	11.8	23.1	6.2	36.8	43.0	17.5	48.6	66.1	65.0	1,019
Highest	9.3	9.1	18.4	8.4	46.0	54.4	17.8	55.1	72.8	74.7	1,067
<b>Total</b>	<b>12.2</b>	<b>12.2</b>	<b>24.4</b>	<b>6.3</b>	<b>37.7</b>	<b>44.0</b>	<b>18.5</b>	<b>49.7</b>	<b>68.4</b>	<b>64.3</b>	<b>4,293</b>
<b>RHIS 2005</b>	<b>15.3</b>	<b>16.0</b>	<b>31.4</b>	<b>5.0</b>	<b>30.1</b>	<b>35.1</b>	<b>20.3</b>	<b>46.2</b>	<b>66.5</b>	<b>52.8</b>	<b>4,384</b>

(Table 29). Forty-four percent of women have a met need for family planning. Combining the unmet and met needs, 68 percent of currently married women in the state have a demand for family planning, of which 64 percent are satisfied.

Unmet need increases with age, from 21 percent for women aged 15-19 to 26 percent for women aged 20-24. Younger women (age 15-24) have a greater unmet need for spacing than for limiting. For older women, the reverse pattern is evident. Rural women have a higher unmet need than urban women. The unmet need for spacing increases with an increase in the level of education, but the unmet need for limiting is highest for women with illiterate and women with informal education. As a result, the total unmet need is practically the same for women with different levels of completed secondary education. Unmet need for family planning is particularly high for Muslim women. Unmet need for both spacing and limiting decreases with an increase in SLI quintiles.

The total unmet demand is higher in urban areas (73 percent) as compared to rural areas (68 percent). While unmet demand for spacing and limiting is more or less the same (16 percent) in rural areas, unmet demand for limiting is much higher in rural areas compared to urban areas. The percent of demand satisfied is positively associated with the age, parity, educational level and standard of living. Only 53 percent of the demand is satisfied among women who belong to the lowest SLI quintile compared to 75 percent in the highest SLI quintile.

**FIGURE 11: UNMET NEED FOR FAMILY PLANNING**



To reiterate, nearly one-fourth of the currently married women in the state had an unmet need for family planning, a decrease from 31 percent during RHIS 2005. The decrease in the unmet need for limiting during the inter-survey periods was slightly higher than the decrease in the unmet need for spacing (Figure 11).

#### 4.8 CONSENT OF FAMILY MEMBERS FOR USING CONTRACEPTIVES

Current non-users who intend to use a contraceptive method in future were asked whether they needed consent from other family members before adopting family planning methods. Those who required consent were asked to mention their relationship with the decision-makers in the family.

Fifty-four percent of the women require consent from one of their family members (Table 30). A slightly higher percentage of women in the rural areas require consent from family members

(57 percent) compared to urban areas (45 percent). Of those who require consent, **the mother-in-law (51 percent) followed by the mother (22 percent) wield the highest influence on family planning decisions.** Male members in the family such as father and father-in law play a less important role. This finding has implications for communication campaigns that aim at generating demand for family planning services.

#### 4.9 PERCEPTIONS ABOUT CONDOM USAGE

Fifteen percent of women feel that using condoms reduces sexual pleasure and 14 percent consider it a sign of infidelity (Table 31). Surprisingly, a slightly higher proportion of urban women (16 percent) reported that the use of condoms reduces sexual pleasure compared with rural women (13 percent). A similar pattern exists for urban and rural women who consider condom use to be a sign of infidelity.

**TABLE 30: CONSENT OF FAMILY MEMBERS FOR USING CONTRACEPTIVES**

Percent of currently married women aged 15-49 who need consent of family members for use of contraception, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Urban	Rural	Total
<b>Think that the couple need to take consent of family members</b>			
Yes	45.3	55.6	54.3
No	54.7	44.4	45.7
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number<sup>1</sup></b>	144	1,007	1,151
<b>Percent of those who need consent from family members by currently married women from whom consent is to be obtained before using contraceptives</b>			
Mother	19.3	22.1	21.8
Mother-in-law	50.4	51.4	51.3
Father	0.0	1.1	1.0
Father-in-law	0.4	3.3	3.0
Others	35.5	30.8	31.3
<b>Number<sup>2</sup></b>	65	559	625

<sup>1</sup> Currently married women who intend to use contraceptive method in future

<sup>2</sup> Currently married women who intend to use contraceptive method in future and needs consent from family members

#### 4.10 SAFE PERIOD

To find out awareness levels of women about the concept of safe period, all women (who were aware of oral contraceptive pills) were asked whether they were aware of certain days between menstrual periods when a woman is more likely to become pregnant.

More than two-thirds (68 percent) are aware of the safe period, 21 percent are unaware and the remaining 11 percent do not know anything about a safe period (Table 32). Women in urban areas are more aware of the safe period (75 percent) compared to rural areas (67 percent). Women who were aware of the safe period were asked to mention the days during which a woman is more likely to become pregnant. Only 22 percent of women had the correct knowledge of the days during which women are likely to become pregnant.

Interestingly, nearly two-thirds consider that the safe period falls right after the menstrual period, seven percent feel it falls during the menstrual period, and according to six percent, the safe period precedes the menstrual period. There are no major differentials between urban and rural areas. A majority of women do not have correct knowledge about safe period.

#### 4.11 CORRECT USE OF ORAL PILLS

The respondents were asked a series of questions to determine their level of knowledge of pill usage. These questions were related to the start of oral pill usage, frequency with which the pills should be taken, and what should be done if a user

**TABLE 31: PERCEIVED PLEASURE OF USING CONDOM AND ITS USE AS SIGN OF INFIDELITY**

Percent distribution of currently married women aged 15-49 who report that use of condom reduces sexual pleasure and its use is sign of infidelity, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Urban	Rural	Total
<b>Use of condom reduces sexual pleasure</b>			
Yes	16.2	12.9	13.5
No	29.5	18.7	20.6
Can't say	54.3	68.4	66.0
<b>Using condom is a sign of infidelity</b>			
Yes	15.8	13.7	14.1
No	39.8	31.8	33.2
Can't say	44.5	54.5	52.7
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	659	3,095	3,754

**TABLE 32: KNOWLEDGE ABOUT SAFE PERIOD**

Percent of currently married women aged 15-49 aware of safe periods and identification of unsafe period, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Urban	Rural	Total
<b>From one menstrual period to the other, are there certain days when a woman is more likely to become pregnant</b>			
Yes	74.5	66.7	68.0
No	18.1	21.4	20.9
Don't know	7.3	11.9	11.1
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>681</b>	<b>3,359</b>	<b>4,039</b>
<b>Percent among those who reported that there are days during which a woman is more likely to become pregnant</b>			
Time in which a woman is more likely to become pregnant			
Just before her period begins	4.0	5.9	5.5
During her period	6.8	7.2	7.1
Right after her period has ended	65.5	61.5	62.3
Halfway between two periods	21.6	22.3	22.2
Others	0.6	0.0	0.1
Don't know	1.6	3.0	2.8
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number<sup>1</sup></b>	<b>507</b>	<b>2,239</b>	<b>2,747</b>

<sup>1</sup> Reported that there are certain days in which a woman is more likely to become pregnant.

misses the pill for a day or two. Only 35 percent of the respondents feel that pills can be started any time within five days of menstruation, which is the right time to start the use of oral pills; 47 percent did not know the right time to start oral pills and another 16 percent reported anytime/other (Table 33).

Urban women are more knowledgeable about the right time to start using the pill (49 percent) compared to rural women

(32 percent). Women who belong to the highest SLI quintile are more knowledgeable about the right time to start using the pill (51 percent) compared to women from the lowest SLI quintile (22 percent).

A higher proportion of Muslims and women from other religions have correct knowledge about the start of pill usage compared to Hindus. Women from SC/ST communities (28 percent) are less knowledgeable compared to women from the

upper castes (42 percent) (Table 34).

Answering to the question of how frequently an oral pill user should take pills, 58 percent gave the correct answer - every day or once a week (depending on the type of pill) and 37 percent did not know about the frequency. More women in urban areas (70 percent) have correct knowledge about the frequency with which the pill should be taken, when compared to women in rural areas (56 percent). Women belonging to other religions are more knowledgeable about frequency of pill use (72 percent) compared to Hindu or Muslim women (55 and 53 percent respectively). SC women are less knowledgeable (47 percent), compared to OBCs (62 percent) and upper castes (55 percent).

Knowledge about what should be done if a pill user misses the pill for a day is extremely low. Only one-third mentioned that two pills should be taken the next day. Fifty-seven percent of the women are not aware of what should be done in such a situation. More urban women (45 percent) are knowledgeable about what should be done if they miss a pill for a day than rural women (30 percent). Knowledge levels improve with an increase in SLI quintiles. Only 23 percent of women in the first SLI quintile have correct knowledge compared to 48 percent in the fifth quintile. Only 32 percent of Hindu and 34 percent of Muslim women have correct knowledge compared to 49 percent from other religious groups. Knowledge levels also improve with increased caste status as 24 percent of the SCs,

**TABLE 33: KNOWLEDGE ABOUT CORRECT USE OF ORAL PILLS**

Percent distribution of eligible women who are aware of oral pills by knowledge about correct use of oral pills, according to place of residence and standard of living quintiles, RHIS 2010

Item	Place of residence		SLI quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
<b>If a woman is interested in using oral pills, when should she start using the pills?</b>								
Any time within five days of menstruation	48.7	32.4	22.4	24.9	31.5	36.4	50.5	35.3
Any time	12.1	17.3	15.4	18.4	20.6	16.6	12.5	16.4
Any other	2.2	1.7	0.3	2.6	1.5	1.9	2.2	1.8
Don't know	36.9	48.5	61.9	54.1	46.4	45.1	34.7	46.5
<b>How frequently should an oral pill user take the pills?</b>								
Every day	65.5	52.0	37.6	45.5	57.5	57.9	63.6	54.3
Once a week	4.4	3.5	3.1	3.7	2.6	4.9	3.4	3.7
Every day or once a week	0.6	1.7	0.8	1.6	1.6	0.7	2.6	1.5
Whenever desired	0.2	0.6	0.2	0.1	1.4	0.6	0.4	0.5
Any other	2.4	3.6	4.1	4.1	2.9	2.7	3.4	3.4
Don't know	26.9	38.6	54.2	45.1	34.0	33.3	26.4	36.6
<b>If oral pill user misses pill for a day, what should she do?</b>								
Take two pills next day	45.4	29.9	22.5	25.2	26.6	31.7	47.6	32.6
Continue with the pills as usual	11.0	10.2	5.4	12.0	10.6	11.6	10.3	10.3
Any other	1.0	0.5	0.7	0.6	0.6	0.4	0.6	0.6
Don't know	42.6	59.5	71.4	62.3	62.2	56.3	41.4	56.5
<b>If oral pill user misses pill for two days, what should she do?</b>								
Take two pills next two days and abstain from sex or use condom	16.7	11.8	8.0	8.5	8.6	14.0	19.2	12.6
Continue with the pills as usual	17.3	15.3	11.9	19.6	13.0	13.8	18.2	15.7
Any others	2.9	2.2	3.0	0.6	3.7	2.1	2.5	2.3
Don't know	63.1	70.8	77.1	71.3	74.8	70.0	60.1	69.4
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
Number	663	3,121	499	712	657	914	1,003	3,784

**TABLE 34: KNOWLEDGE ABOUT CORRECT USE OF ORAL PILLS BY RESPONDENTS' RELIGION AND CASTE**

Percent distribution of eligible women who are aware of oral pills by knowledge about correct use of oral pills, according to religion and caste/tribe, RHIS 2010

Item	Religion			Caste/Tribe			Total
	Hindu	Muslim	Others	SC/ST	OBC	Others	
<b>If a woman is interested in using oral pills, when should she start using the pills?</b>							
Any time within five days of menstruation	34.2	38.7	63.5	28.0	35.5	42.2	35.3
Any time	16.7	15.4	3.9	18.1	17.1	13.3	16.4
Any other	1.6	2.6	1.8	1.2	1.9	2.3	1.8
Don't know	47.5	43.3	30.8	52.8	45.5	42.2	46.5
<b>How frequently should an oral pill user take the pills?</b>							
Every day	54.5	53.4	71.9	46.7	54.5	61.7	54.3
Once a week	3.0	6.0	7.4	3.5	4.3	2.5	3.7
Every day or once a week	1.4	2.3	0.0	1.4	1.3	2.2	1.5
Whenever desired	0.7	0.1	0.0	1.2	0.3	0.4	0.5
Any other	3.5	2.7	0.0	4.6	3.7	1.4	3.4
Don't know	36.9	35.6	20.8	42.6	35.9	31.8	36.6
<b>If oral pill user misses pill for a day, what should she do?</b>							
Take two pills next day	32.2	33.6	49.4	24.3	33.4	39.3	32.6
Continue with the pills as usual	10.4	10.0	14.7	11.5	10.8	8.2	10.3
Any other	0.6	0.4	0.0	0.8	0.6	0.2	0.6
Don't know	56.8	56.0	35.9	63.4	55.1	52.3	56.5
<b>If oral pill user misses pill for two days, what should she do?</b>							
Take two pills next two days and abstain from sex or use condom	12.0	14.8	12.5	8.8	13.6	14.7	12.6
Continue with the pills as usual	15.9	14.5	29.8	17.1	16.0	13.6	15.7
Any others	2.5	1.4	11.5	2.2	2.1	2.8	2.3
Don't know	69.6	69.3	46.2	71.9	68.3	69.0	69.4
<b>Total</b>	<b>100.0</b>						
<b>Number</b>	2,964	801	19	961	1,865	958	3,784

33 percent of OBCs and 39 percent of upper caste women have correct knowledge about what should be done if a user misses a pill for a day.

Very few women had correct knowledge about what should be

done if a user missed the pill for two days. Merely 13 percent of the women have correct knowledge: 12 percent of rural women and 17 percent of urban women. Similarly, eight percent in the lowest quintile and 19 percent in the highest quintile are aware of

what needs to be done if a user does not have a pill for two days. Muslim women are slightly more knowledgeable (15 percent) than their Hindu counterparts (12 percent); though, the knowledge levels are higher among non-SC/ST women.

#### 4.12 PERCEPTIONS ABOUT SAFETY AND EFFECTIVENESS OF ORAL PILLS AND CONDOMS

All eligible women were asked about their perceptions of safety and effectiveness of oral pills and condoms. More than one-third (36 percent) of the total women consider oral pills as very safe and 23 percent perceive them to be somewhat safe (Table 35). Only an insignificant four percent stated that oral pills are not safe. Nearly half of the women (37 percent) do not have any opinion on the safety aspects of oral pills.

Responses regarding the effectiveness of oral pills are more or less the same in both rural and urban areas.

A higher proportion of women consider condoms safe (55 percent) compared to oral pills. Only two percent perceive condoms as unsafe. The percentage of women perceiving condoms as safe is significantly higher in urban areas (61 percent) compared to rural areas (54 percent). The responses about effectiveness are similar to those given for safety.

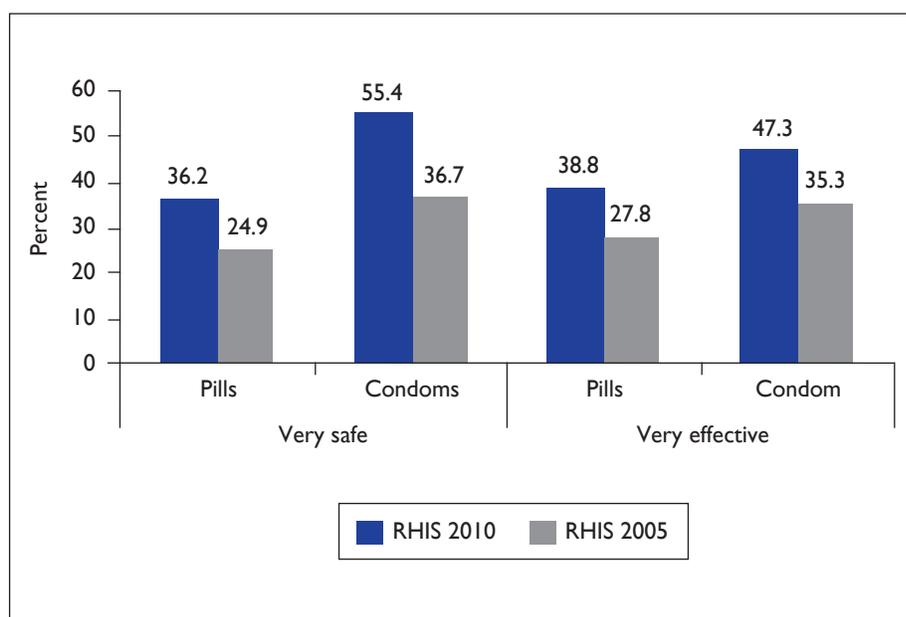
The perceived safety of oral pills has increased 36 percent, up from 25 percent at the time of RHIS 2005; while the effectiveness of oral pills has increased to 39 percent from 28 percent at the time of RHIS 2005. Similarly, the safety of condoms has also increased to 55 percent, up from 37 percent at the time of RHIS 2005, while the effectiveness of condoms has increased to 47 percent, up from 35 percent at the time of RHIS 2005 (Figure 12).

**TABLE 35: SAFETY AND EFFECTIVENESS OF ORAL PILLS/CONDOMS**

Percent distribution of currently married women aged 15-49 who have heard of oral pills/condoms by perceived safety and effectiveness of oral pills/condoms, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Oral Pill			Condom		
	Urban	Rural	Total	Urban	Rural	Total
<b>Safety</b>						
Very safe	36.3	36.1	36.2	61.0	54.1	55.4
Some what safe	28.7	21.6	22.8	21.7	19.4	19.8
Not safe	3.3	4.6	4.4	1.5	1.9	1.8
Don't know	31.7	37.7	36.6	15.7	24.6	23.0
<b>Effectiveness</b>						
Very effective	38.8	38.8	38.8	53.3	46.0	47.3
Some what effective	29.1	21.3	22.7	25.1	22.7	23.1
Not effective	2.8	3.5	3.4	2.2	2.2	2.2
Don't know	29.3	36.4	35.1	19.4	29.1	27.4
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>663</b>	<b>3,121</b>	<b>3,784</b>	<b>659</b>	<b>3,095</b>	<b>3,754</b>

**FIGURE 12: PERCEPTIONS ABOUT SAFETY AND EFFECTIVENESS OF ORAL PILLS AND CONDOMS**



#### 4.13 AVAILABILITY OF ORAL PILLS AND CONDOMS

The respondents were questioned on the availability of oral pills and where they could be sourced from. Seventy-two percent are aware of the sources. The awareness level in urban areas (84 percent) is significantly higher when compared to rural areas (69 percent) (Table 36). Forty-six percent think that they can get oral pills from a shop or a health unit on their own. The proportion of women who can obtain oral pills on their own is higher in urban areas (56 percent) compared to rural areas (44 percent). Of the total, 69 percent consider it easy to get oral pills in their area. A significantly higher proportion of women have easy access to oral pills in urban areas (85 percent) compared to rural areas (65 percent).

A majority of women (70 percent) are aware of places to obtain condoms, but only 29 percent feel that they can obtain condoms on their own from a shop or a health unit. Awareness on the places from where one can obtain condoms is higher in urban areas (83 percent) compared to rural areas (68 percent). Urban women (33 percent) are less shy than rural women (28 percent) about obtaining condoms on their own. Access to condoms is also easier in urban areas (85 percent) compared to rural areas (67 percent).

**TABLE 36: KNOWLEDGE ABOUT AVAILABILITY OF ORAL PILLS/CONDOMS**

Percent distribution of currently married women aged 15-49 who have heard about oral pills/condoms by knowledge about its availability, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Urban	Rural	Total
<b>Oral Pills</b>			
<b>Know the place from where one can get oral pills</b>			
Yes	84.0	68.9	71.5
No	16.0	31.1	28.5
<b>Can obtain oral pills from a shop or health unit herself</b>			
Yes	56.3	43.7	45.9
No	43.7	56.3	54.1
<b>Easy to get oral pills in their area</b>			
Yes	85.4	65.0	68.6
No	14.6	35.0	31.4
Total percent	100.0	100.0	100.0
<b>Number</b>	663	3,121	3,784
<b>Condoms</b>			
Know the place from where one can get condoms			
Yes	83.4	67.7	70.4
No	16.6	32.3	29.6
<b>Can obtain condoms from a shop or health unit herself</b>			
Yes	33.2	27.5	28.5
No	66.8	72.5	71.5
<b>Easy to get condoms in their area</b>			
Yes	85.3	65.5	69.0
No	14.7	34.5	31.0
Total percent	100.0	100.0	100.0
<b>Number</b>	659	3,095	3,754

#### 4.14 ENCOURAGING FRIENDS/RELATIVES TO USE ORAL PILLS AND CONDOMS

More than half (52 percent) of the women are prepared to encourage relatives and friends to use oral pills, while another 16 percent are not (Table 37). A similar proportion of women could encourage relatives and friends to use condoms (46 percent). More women in urban areas are willing to encourage others to use condoms and oral pills. Nearly half of the women (55 percent) in urban areas would encourage relatives and friends to use oral pills compared to only 52 percent in rural areas. In the case of condoms, urban women (52 percent) are more agreeable to recommending condoms than rural women (44 percent).

#### 4.15 CONCLUSIONS

Knowledge about any family planning method and also of any modern family planning method is universal in the state of Uttar Pradesh.

Fifty-nine percent of the currently married women aged 15-49 years have ever used some method of contraception (64 percent in urban and 54 percent in rural areas). Ever use of any modern spacing method is 26 percent, which is dominated by condoms (19 percent) and oral pills (10 percent). Of those who have ever used contraceptives, 34 percent started using them after having four or more children. Only five percent used contraceptives immediately after marriage and another 26 percent used them

**TABLE 37: ENCOURAGING FRIENDS/RELATIVES TO USE ORAL PILLS/CONDOMS**

Percent distribution of currently married women aged 15-49 who will encourage friends/relatives to use oral pills/condoms, according to place of residence, RHIS, Uttar Pradesh, 2010

Item	Urban	Rural	Total
<b>Encourage others to use oral pills</b>			
Yes	55.5	51.6	52.3
No	16.4	16.2	16.3
Can't say	28.2	32.1	31.4
<b>Encourage others to use condoms</b>			
Yes	52.3	44.1	45.5
No	16.9	18.2	18.0
Can't say	30.9	37.7	36.5
<b>Total percent</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>Number</b>	<b>655</b>	<b>3,005</b>	<b>3,659</b>

Note: Table based on women who have heard about oral pills and condom.

after the first child. 44 percent are currently using some method of contraception. Among those currently using, 58 percent opted for sterilization and 42 percent use some modern spacing method. The proportion using modern spacing methods is higher (43 percent) in urban areas compared to the rural areas (27 percent).

The major source of modern spacing methods (oral pills and condoms) is the private sector. However, in case of sterilizations, nine out of ten are performed in the public sector. The intention to use contraceptives is high, with 25 percent of the non-users wanting to use them within one year, and 35 percent saying

they would use them in the future, though not within the next year. Of those wanting to use contraceptives in future, 38 percent mentioned sterilization, 15 percent oral pills and 14 percent condoms as their preferred choice. Only 64 percent of the demand for contraceptives among currently married women in Uttar Pradesh is met, which is less in rural areas (63 percent) when compared to urban areas (70 percent). Of those who have heard of oral pills, more than one-third felt they were very safe to use and 39 percent felt that they were very effective. In the case of condoms, the responses to safety and effectiveness were 55 percent and 47 percent, respectively.

# EXPOSURE TO MESSAGES ON HEALTHY PRACTICES

**E**xposure to any type of messages is linked to the literacy level of the population being addressed. According to Census of India 2001, 56 percent of Uttar Pradesh's population aged seven and above is literate. In the case of females, this is only 42 percent. In this chapter, we will examine the exposure of eligible women (currently married women aged 15-49 years) to messages on healthy practices. The media, represented by types of communication such as street plays, dramas, interpersonal communication and mass media has a role to play in changing behavior.

## 5.1 EXPOSURE TO MASS MEDIA

Table 38 provides information on the exposure of eligible women to various types of mass media such as radio, television, newspaper and cinema.

Only 30 percent of the eligible women listen to the radio at least once a week, which increases to 46 percent in case of watching television once a week. More than three times as many women from urban areas watch television (73 percent) compared to their rural counterparts (40 percent). Only 19 percent of women from the lowest quintile listen to the radio at

least once a week compared to 42 percent from the highest quintile. There was a similar proportional difference between the increase in listening radio between illiterate women and those with 12<sup>th</sup> grade education and above. With regard to watching television at least once a week, the differences in the proportion of viewership is much greater between the quintiles. The proportion of women who read a newspaper at least once a week is 13 percent. It is a low nine percent in rural areas compared with 30 percent in urban areas. Only five percent go to the cinema theatre to watch a movie at least once a year, and this proportion is less than three percent in rural areas.

Overall, 55 percent of the women are exposed to some form of media: radio, television, newspapers or the cinema. This proportion is high at 78 percent in urban areas compared to 51 percent in rural areas. Substantial differentials are noticed among educational levels, the standard of living quintiles and also among different caste/tribe groups.

### 5.1.1 Average Number of Days and Hours of Exposure to Radio/Television

Women who are exposed to either radio or television were asked

about the average number of days in a week and average number of hours they listen/watch radio and television (Tables 39 and 40). Of those who listen to the radio at least once a week, more than half of the respondents are irregular listeners, while about 19 percent are daily listeners. Urban women listen to the radio more frequently than their rural counterparts. Younger women listen to more radio daily compared to older women. As the standard of living improves, the chances of listening to the radio on a daily basis also increases. Among those who listen to radio, 79 percent on an average listen to it for one to two hours a day. Women belonging to lowest SLI quintile listen to the radio for fewer hours compared to women in the highest quintile. Only seven percent from the lowest SLI quintile listen to the radio for more than two hours a day compared to 18 percent in the highest SLI quintile, which may be due to more free time among those with a better standard of living.

Among those who watch television at least once a week, the majority are irregular viewers (45 percent) while 35 percent watch television every day. Compared to rural areas, women belonging to urban areas watch television more frequently.

**TABLE 38: EXPOSURE TO MEDIA BY CHARACTERISTICS**

Percent of currently married women aged 15-49 who are exposed to media by type of media, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Percent of currently married women who:						Number of currently married women
	Listen to radio at least once a week	Watch television at least once a week	Read newspaper at least once a week	Go to cinema theatre to watch cinema at least once a year	Exposed to any of these	No exposure	
<b>Age group</b>							
15-24	32.6	45.7	12.5	4.7	56.6	43.4	1,165
25-34	29.1	45.6	13.8	4.7	55.3	44.7	1,648
35-49	27.6	45.2	12.1	4.5	53.9	46.1	1,480
<b>Place of residence</b>							
Urban	30.2	73.4	30.4	11.5	77.6	22.4	740
Rural	29.4	39.7	9.2	3.2	50.5	49.5	3,553
<b>Religion</b>							
Hindu	31.1	45.5	14.0	4.9	55.3	44.7	3,381
Muslim	23.4	44.4	7.0	3.1	53.8	46.2	892
Other	42.2	86.1	75.8	29.2	91.1	8.9	20
<b>Caste/Tribe</b>							
SC/ST	28.5	35.5	5.2	2.0	47.5	52.5	1,116
OBC	30.7	44.8	11.6	4.0	54.7	45.3	2,112
Other	28.2	57.4	23.4	8.5	64.0	36.0	1,065
<b>Education</b>							
Illiterate	22.2	30.9	0.0	1.2	41.1	58.9	2,461
Lit (<8 <sup>th</sup> grade)	32.4	51.0	10.1	2.3	61.7	38.3	607
Lit (8-11 <sup>th</sup> grade)	41.8	67.7	29.2	7.3	75.1	24.9	770
Lit (12+ grade)	46.3	85.1	64.7	24.1	93.9	6.1	407
Literate (Non-Formal)	28.6	31.0	7.5	2.7	40.2	59.8	49
<b>SLI quintile</b>							
Lowest	18.9	15.4	1.0	.7	25.9	74.1	623
Low	21.3	19.3	1.8	1.5	31.8	68.2	831
Medium	27.9	33.0	5.6	1.8	46.7	53.3	753
High	31.0	54.6	9.4	3.1	64.0	36.0	1,019
Highest	41.8	83.6	36.8	12.8	87.9	12.1	1,067
<b>Total</b>	<b>29.5</b>	<b>45.5</b>	<b>12.9</b>	<b>4.6</b>	<b>55.1</b>	<b>44.9</b>	<b>4,293</b>
<b>RHIS 2005</b>	<b>20.4</b>	<b>23.6</b>	<b>5.9</b>	<b>2.1</b>	<b>36.1</b>	<b>63.9</b>	<b>4,384</b>

**TABLE 39: LISTENING TO RADIO ACCORDING TO NUMBER OF DAYS AND HOURS LISTENED**

Percent distribution of currently married women aged 15-49 by number of days listened during a week and number of hours listened in a day, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Number of days listened to radio during a week					Number of hours listened to radio during a day			Total percent	Number of currently married women
	Irregular	1-2	3-4	5-6	All days	Less than 1 hour	1-2 hours	More than 2 hours		
<b>Age group</b>										
15-24	55.0	15.0	4.2	4.6	21.3	5.3	83.1	11.6	100.0	379
25-34	58.8	15.0	5.7	2.3	18.2	8.3	80.6	11.1	100.0	480
35-49	58.2	14.8	6.9	3.3	16.9	12.0	72.6	15.4	100.0	408
<b>Place of residence</b>										
Urban	53.1	12.9	7.8	4.5	21.7	7.1	75.0	17.9	100.0	223
Rural	58.3	15.4	5.1	3.1	18.1	8.9	79.6	11.5	100.0	1,044
<b>Religion</b>										
Hindu	56.2	15.9	5.6	3.2	19.1	9.2	77.8	12.9	100.0	1,050
Muslim	62.8	10.2	5.9	4.1	16.9	5.5	83.0	11.5	100.0	209
<b>Caste/Tribe</b>										
SC/ST	56.8	17.2	7.6	1.3	17.1	9.0	79.0	12.0	100.0	319
OBC	57.1	15.6	4.4	4.1	18.8	10.0	75.8	14.3	100.0	649
Other	58.8	11.0	6.1	3.9	20.3	5.3	85.0	9.7	100.0	300
<b>Education</b>										
Illiterate	63.4	16.6	4.0	2.0	14.0	12.1	76.3	11.6	100.0	547
Lit (<8 <sup>th</sup> grade)	45.0	17.2	5.3	4.3	28.2	10.7	72.9	16.4	100.0	197
Lit (8-11 <sup>th</sup> grade)	56.9	11.3	8.7	4.7	18.4	4.5	87.0	8.5	100.0	321
Lit (12+ grade)	51.8	15.1	5.7	3.7	23.6	3.4	79.1	17.6	100.0	189
Literate (Non-Formal)	85.5	0.0	0.0	4.2	10.2	5.4	65.6	29.0	100.0	14
<b>SLI quintile</b>										
Lowest	65.3	21.8	2.3	2.8	7.8	14.4	78.4	7.2	100.0	118
Low	56.8	16.4	7.4	0.2	19.2	12.5	75.7	11.8	100.0	177
Medium	62.6	14.9	4.0	1.8	16.7	10.1	79.1	10.7	100.0	210
High	57.8	12.8	6.5	4.8	18.0	8.1	80.0	11.9	100.0	316
Highest	52.9	14.1	5.9	4.4	22.8	5.2	79.0	15.8	100.0	446
<b>Total</b>	<b>57.4</b>	<b>14.9</b>	<b>5.6</b>	<b>3.3</b>	<b>18.7</b>	<b>8.6</b>	<b>78.8</b>	<b>12.6</b>	<b>100.0</b>	<b>1,267</b>

**TABLE 40: WATCHING TELEVISION ACCORDING TO NUMBER OF DAYS AND HOURS WATCHED**

Percent distribution of currently married women aged 15-49 by number of days watched during a week and number of hours watched in a day, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Number of days TV watched in a week					Number of hours TV watched in a day			Total percent	Number of currently married women
	Irregular	1-2	3-4	5-6	All days	Less than 1 hour	1-2 hours	More than 2 hours		
<b>Age group</b>	46.5	6.1	7.4	5.4	34.5	2.3	76.2	21.5	100.0	533
15-24	42.7	6.1	8.9	3.9	38.3	7.1	67.2	25.7	100.0	751
25-34	46.5	6.7	7.6	7.1	32.0	2.7	74.8	22.5	100.0	669
35-49										
<b>Place of residence</b>										
Urban	26.2	4.2	6.6	7.1	55.9	2.3	64.7	32.9	100.0	543
Rural	52.3	7.2	8.6	4.7	27.2	5.0	75.1	19.8	100.0	1,410
<b>Religion</b>										
Hindu	46.2	6.0	6.2	5.4	36.3	4.2	71.6	24.2	100.0	1,540
Muslim	42.0	7.9	15.7	4.8	29.6	4.6	74.1	21.3	100.0	396
Other	17.0	0.7	2.7	22.6	57.1	0.0	89.1	10.9	100.0	17
<b>Caste/Tribe</b>										
SC/ST	53.0	7.4	4.8	4.7	30.1	3.5	76.3	20.2	100.0	396
OBC	45.5	6.8	9.0	6.0	32.7	3.8	72.3	23.9	100.0	946
Other	39.3	5.0	8.6	4.8	42.2	5.5	69.6	24.9	100.0	612
<b>Education</b>										
Illiterate	53.8	7.4	9.4	3.2	26.1	6.1	74.5	19.5	100.0	761
Lit (<8 <sup>th</sup> grade)	49.3	7.2	7.3	8.2	28.0	5.5	76.2	18.3	100.0	309
Lit (8-11 <sup>th</sup> grade)	42.6	7.4	7.4	6.6	36.0	2.9	73.7	23.3	100.0	521
Lit (12+ grade)	25.0	1.8	6.1	6.1	60.9	1.5	61.7	36.9	100.0	347
Literate (Non-Formal)	61.0	3.8	19.5	0.0	15.6	2.3	69.2	28.4	100.0	15
<b>SLI quintile</b>										
Lowest	70.9	9.2	2.5	0.5	16.8	8.7	81.6	9.7	100.0	96
Low	71.7	6.5	8.0	0.8	13.0	3.5	86.3	10.3	100.0	160
Medium	55.5	12.5	6.7	4.0	21.3	7.8	73.3	18.9	100.0	249
High	51.4	6.5	8.8	5.8	27.5	4.4	74.6	21.0	100.0	557
Highest	30.6	4.2	8.6	6.9	49.7	2.9	67.0	30.1	100.0	892
<b>Total</b>	<b>45.1</b>	<b>6.3</b>	<b>8.1</b>	<b>5.4</b>	<b>35.1</b>	<b>4.3</b>	<b>72.2</b>	<b>23.5</b>	<b>100.0</b>	<b>1,953</b>

Of those who do watch television, 27 percent of rural women watch regularly compared with 56 percent in the case of urban women. Similarly, more educated women and those with a better standard of living watch television daily compared to those who are illiterate and those who have a low standard of living (Table 40). Among those who watch television once a week, 72 percent watch for one to two hours a day. The number of hours spent watching television also increases with literacy levels and standard of living.

## 5.2 EXPOSURE TO FAMILY PLANNING/REPRODUCTIVE HEALTH MESSAGES

Information on exposure of currently married women aged 15-49 years to family planning or reproductive health messages through different media during the three months preceding the survey is provided in Table 41.

Nearly one out of three (30 percent) women has heard messages on the radio and 45 percent have seen visuals on television related to family planning or reproductive health. Other important sources/places are wall paintings or hoardings (24 percent), posters or banners (30 percent), on buses or vans (13 percent) and newspapers (13 percent). For all these modes of communication, the proportion of women exposed differs substantially between rural and urban areas. Similarly, the differentials in the level of exposure among different standard of living index quintile groups are also substantial. For example, only 21 percent of the women from the lowest quintile are exposed to radio messages compared with more than 42 percent for the highest quintile. The differential in the case of exposure to television messages is higher, ranging from 15 percent in the lowest quintile to 81 percent in the highest quintile.

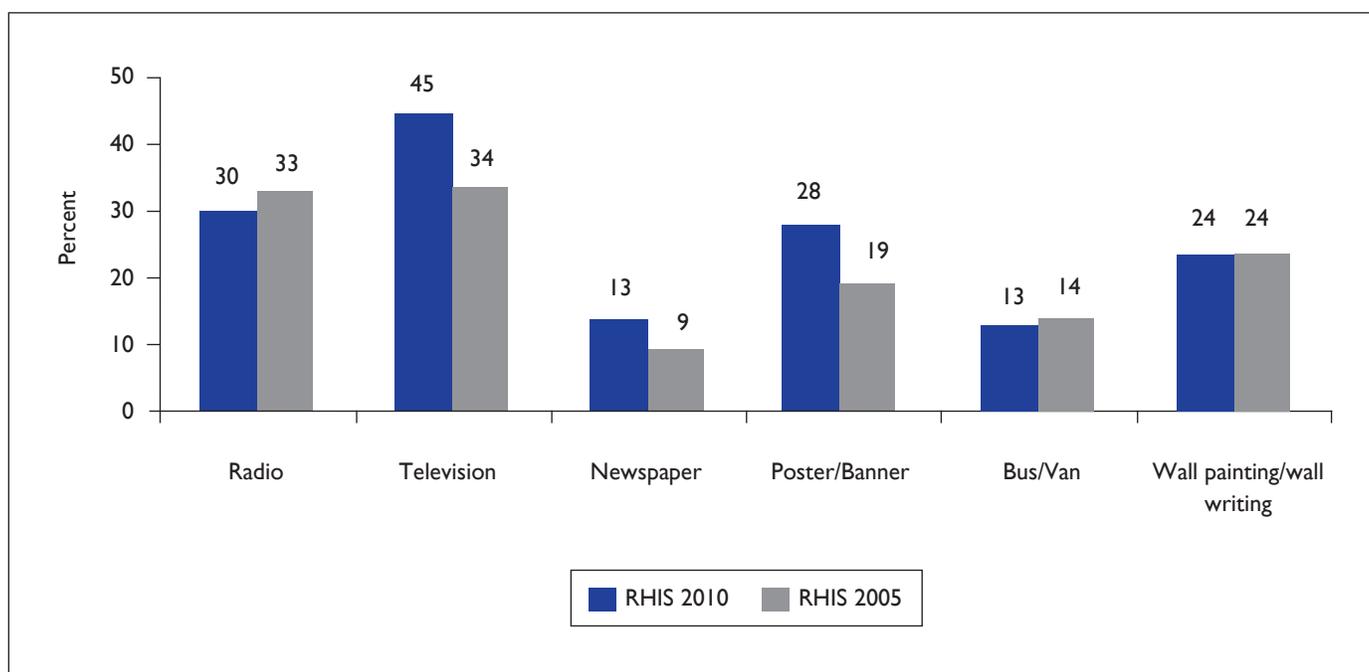
It is interesting to note that two-thirds of women are exposed to messages on family planning or reproductive health from at least one source, and 44 percent received messages from more than one source. As in the case of messages from a single source, rural-urban and quintile differentials are also noticed with respect to exposure to multiple sources of information.

Figure 13 provides the comparative picture between two survey periods regarding reproductive health messages.

### 5.2.1 Type of Messages

Women who have been exposed to messages on family planning or reproductive health were asked about the specific types of messages they had heard/seen/read. Ninety-one percent have heard/seen/read messages on family planning, 65 percent on polio immunization and 43 percent on child immunization (Table 42).

**FIGURE 13: EXPOSURE TO FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES**



**TABLE 41: EXPOSURE TO FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES**

Percent of currently married women aged 15-49 who heard, seen or read any family planning or reproductive health messages during three months preceding the survey by source of information, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Percent of currently married women who have heard, seen or read any family planning or reproductive health messages:											Number of currently married women				
	On radio	On TV	In a cinema hall or theatre	In an outdoor video or film show	In a newspaper or magazine	On a poster or banner	On a bus or van panel	In a leaflet or handbill	On wall painting or hoarding	In a drama or street play	In a folk dance, nautanki, etc		Any source	Two or more sources	None	
<b>Place of residence</b>																
Urban	29.8	70.7	4.3	5.6	26.7	34.2	19.4	12.6	28.4	1.9	1.8	81.3	55.4	18.7	740	
Rural	30.3	39.6	0.7	2.0	10.6	28.6	11.1	8.2	23.0	1.8	1.8	63.1	42.0	36.9	3,553	
<b>Religion</b>																
Hindu	31.3	44.1	1.3	2.6	14.3	30.0	12.6	9.4	24.8	2.0	1.8	65.5	44.5	34.5	3,381	
Muslim	25.8	47.2	0.9	2.7	8.3	27.3	11.4	6.5	20.1	1.0	1.8	68.5	42.6	31.5	892	
Other	44.8	86.8	15.7	11.2	72.0	64.5	49.9	40.3	53.5	8.5	5.9	89.9	86.9	10.1	20	
<b>Caste/Tribe</b>																
SC/ST	26.7	33.0	0.6	1.4	6.7	25.8	9.3	5.3	16.9	1.6	1.8	55.5	34.9	44.5	1,116	
OBC	31.8	44.7	1.1	2.6	12.1	28.8	13.0	9.4	24.3	2.1	1.9	68.0	44.4	32.0	2,112	
Other	30.9	57.9	2.4	3.9	22.7	35.2	14.8	11.9	30.7	1.4	1.7	74.0	54.0	26.0	1,065	
<b>Education</b>																
Illiterate	22.9	30.2	0.2	1.1	2.5	20.2	5.7	3.8	13.6	1.2	1.6	54.1	29.8	45.9	2,461	
Lit (<8 <sup>th</sup> grade)	32.0	52.4	0.8	2.0	11.7	36.3	14.3	10.2	25.8	1.2	1.4	73.9	47.6	26.1	607	
Lit (8-11 <sup>th</sup> grade)	42.9	66.1	1.7	3.9	27.7	41.9	24.6	15.8	41.1	2.0	2.2	83.8	68.6	16.2	770	
Lit (12+ grade)	49.1	85.1	8.0	10.4	55.4	53.6	28.8	25.8	50.4	5.2	3.0	94.4	83.0	5.6	407	
Literate (Non-Formal)	23.0	26.3	0.0	3.2	6.4	28.2	7.0	1.0	29.8	5.1	2.2	70.4	33.3	29.6	49	
<b>SLI quintile</b>																
Lowest	20.8	14.6	0.3	1.2	1.1	18.7	5.1	4.5	11.4	1.7	1.7	41.3	21.4	58.7	623	
Low	23.5	20.0	0.2	0.7	3.3	23.2	6.5	3.4	16.9	2.1	1.6	51.0	28.0	49.0	831	
Medium	29.5	34.7	0.2	1.2	8.0	27.1	10.1	7.0	19.9	0.8	1.4	63.2	38.5	36.8	753	
High	30.2	53.5	1.1	2.6	10.9	28.4	11.9	10.8	22.9	1.4	1.9	71.2	47.2	28.8	1,019	
Highest	41.5	81.1	3.7	6.0	34.4	43.9	23.8	15.4	40.7	2.6	2.2	90.1	71.8	9.9	1,067	
<b>Total</b>	<b>30.2</b>	<b>44.9</b>	<b>1.3</b>	<b>2.6</b>	<b>13.3</b>	<b>29.6</b>	<b>12.5</b>	<b>8.9</b>	<b>24.0</b>	<b>1.8</b>	<b>1.8</b>	<b>66.2</b>	<b>44.3</b>	<b>33.8</b>	<b>4,293</b>	
<b>RHIS 2005</b>	<b>33.1</b>	<b>33.7</b>	<b>1.6</b>	<b>1.1</b>	<b>9.3</b>	<b>18.9</b>	<b>13.6</b>	<b>6.5</b>	<b>23.6</b>	<b>1.1</b>	<b>0.4</b>	<b>52.3</b>	<b>34.1</b>	<b>47.7</b>	<b>4,384</b>	

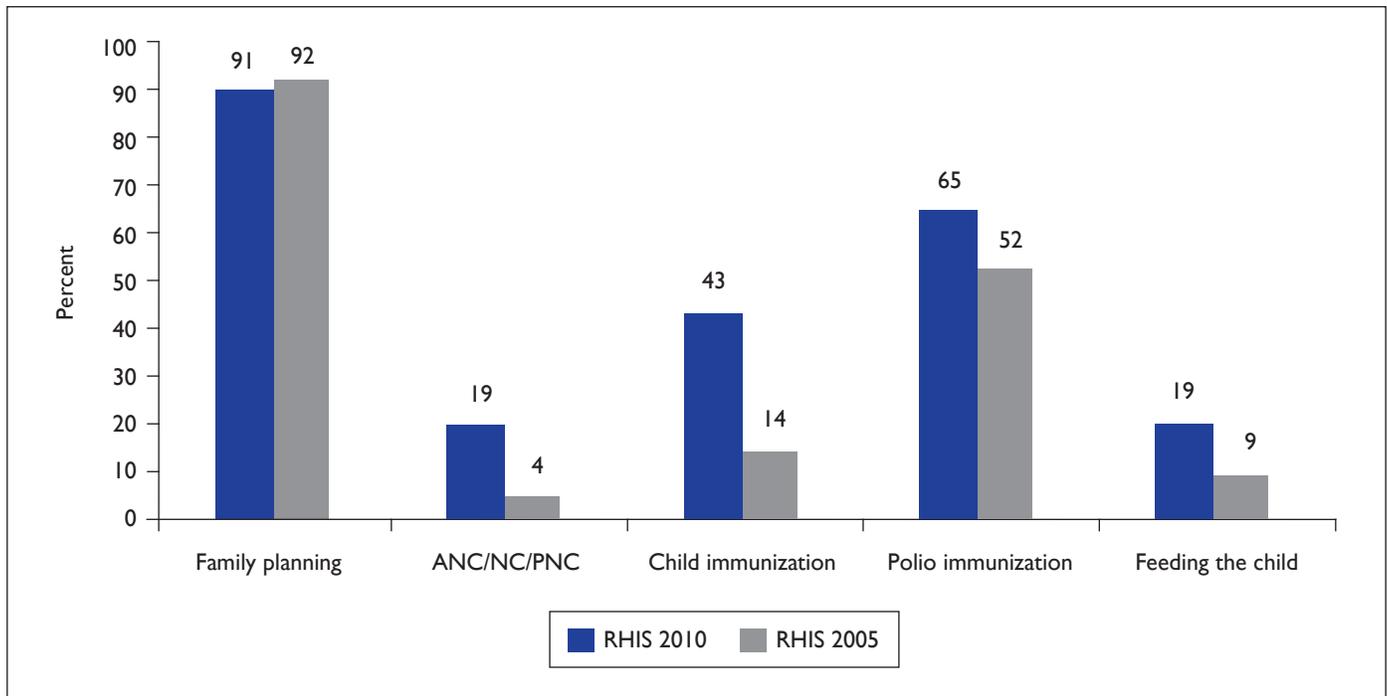
**TABLE 42: TYPE OF FP AND/OR REPRODUCTIVE HEALTH MESSAGES HEARD, READ OR SEEN**

Percent distribution of currently married women aged 15-49 who listened to, read or saw any family planning or reproductive health messages by type of message, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Family planning	ANC/PNC	Child immunization	Polio immunization	Feeding the child	Other	Number of currently married women
<b>Place of residence</b>							
Urban	95.2	24.8	42.6	54.0	27.3	8.7	602
Rural	89.2	18.0	42.8	67.6	17.1	10.1	2,242
<b>Religion</b>							
Hindu	90.2	21.0	43.1	65.4	18.4	10.0	2,214
Muslim	91.2	13.8	41.2	62.3	20.8	9.4	611
Other	100.0	15.3	47.3	54.2	67.9	7.7	18
<b>Caste/Tribe</b>							
SC/ST	92.3	17.5	39.3	61.7	18.3	12.0	619
OBC	89.2	20.0	44.6	65.1	19.0	10.1	1,436
Other	91.4	19.9	42.1	66.2	20.5	7.6	788
<b>Education</b>							
Illiterate	87.0	13.0	41.9	67.6	14.9	10.4	1,332
Lit (<8 <sup>th</sup> grade)	88.1	20.5	38.1	70.7	21.5	10.1	449
Lit (8-11 <sup>th</sup> grade)	94.8	25.9	47.9	61.9	23.5	10.7	645
Lit (12+ grade)	97.2	29.7	42.6	52.4	26.0	6.6	384
Literate (Non-Formal)	98.6	18.4	38.8	65.0	3.0	2.1	34
<b>SLI quintile</b>							
Lowest	78.4	10.9	47.0	74.3	13.9	12.3	257
Low	85.5	16.4	37.2	64.6	13.0	12.6	424
Medium	89.2	16.8	38.4	59.7	19.3	7.3	476
High	91.7	20.0	40.8	66.0	19.5	9.5	726
Highest	95.6	23.9	47.6	63.6	23.2	9.4	961
<b>Birth during past 2 years</b>							
Yes	90.8	23.2	46.2	67.4	20.1	11.8	776
No	90.4	18.0	41.4	63.7	18.9	9.1	2068
<b>Total</b>	<b>90.5</b>	<b>19.4</b>	<b>42.7</b>	<b>64.7</b>	<b>19.3</b>	<b>9.8</b>	<b>2,843</b>
<b>RHIS 2005</b>	<b>92.0</b>	<b>4.1</b>	<b>13.7</b>	<b>52.4</b>	<b>8.5</b>	<b>6.9</b>	<b>2,294</b>

Note: Based on those who have seen, heard or read any messages on family planning or reproductive health from any source.

**FIGURE 14: EXPOSURE TO HEALTH MESSAGES BY TYPE OF MESSAGE**



Nineteen percent were exposed to messages on breastfeeding and supplementary feeding of the child, and another 19 percent on antenatal or postnatal care. Women belonging to urban areas are more likely to receive multiple types of messages compared to their rural counterparts. Exposure to different types of reproductive messages also increases with literacy levels and standard of living. Women who had given birth to a child in the past two years preceding the survey were more aware of different types of reproductive messages compared to women who had not given birth in the past two years.

A significant increase is observed during RHIS 2010 in the reporting of maternal and child healthcare messages since RHIS 2005 (Figure 14).

### 5.2.2 Acceptability of Family Planning or Reproductive Health Messages

Every communication initiative needs to be acceptable to the audience/community, and in this context a question on the acceptance of family planning and reproductive health messages was asked to the respondents. Almost all (99 percent) who are exposed to these types of messages find them acceptable (Table 43). Surprisingly, there are no differentials in the proportion of women accepting these messages across different sub-groups, which indicates that all sections of the society accept messages on family planning and reproductive health.

### 5.2.3 Efficacy of Family Planning/Reproductive Health Messages in Promoting Use of Contraceptive Methods

Those exposed to family planning or reproductive health messages

were asked whether the messages promote the use of contraceptive methods. Overall, 92 percent felt that the messages do promote use of family planning methods, another four percent were not able to give a decisive answer and three percent said these messages don't promote family planning methods (Table 44). As in the case of acceptability, the perceived efficacy of these messages in promoting the use of contraceptive methods is more or less the same among different sub-groups. However, urban women and Hindu women tend to agree more that the family planning messages promote use of contraceptive methods. The perception that the messages promote family planning methods increases with the level of literacy and standard of living quintiles.

## 5.3 CONCLUSIONS

Exposure to mass media is still far from universal in Uttar Pradesh.

**TABLE 43: ACCEPTABILITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES ON MASS MEDIA**

Percent of currently married women aged 15-49 for whom the messages on family planning and reproductive health messages are acceptable and distribution among those who do not accept them by place of residence, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Urban	Rural	Total	Number of currently married women
<b>Age group</b>				
15-24	97.0	98.5	98.3	780
25-34	98.4	98.7	98.6	1,113
35-49	98.3	99.1	98.9	950
<b>Religion</b>				
Hindu	99.4	99.3	99.3	2,214
Muslim	96.0	96.3	96.2	611
<b>Caste/Tribe</b>				
SC/ST	97.5	98.2	98.1	619
OBC	97.8	98.6	98.4	1,436
Other	98.9	99.5	99.4	788
<b>Education</b>				
Illiterate	96.6	98.3	98.0	1,332
Lit (<8 <sup>th</sup> grade)	98.8	98.4	98.5	449
Lit (8-11 <sup>th</sup> grade)	99.0	100.0	99.8	645
Lit (12+ grade)	98.9	98.9	98.9	384
Literate (Non-Formal)	100.0	100.0	100.0	34
<b>SLI quintile</b>				
Lowest	88.8	99.4	98.9	257
Low	95.3	98.2	98.1	424
Medium	98.8	96.8	97.0	476
High	98.8	99.4	99.3	726
Highest	98.2	99.7	99.1	961
<b>Total</b>	<b>98.1</b>	<b>98.8</b>	<b>98.6</b>	<b>2,843</b>

**TABLE 44: EFFICACY OF FAMILY PLANNING MESSAGES**

Percent of currently married women aged 15-49 among those who have heard/seen/read any message on family planning by agreement of the message in promoting the use, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Percent of currently married women who agree that the messages promote use of family planning methods				Number
	Yes	No	Can't say	Total percent	
<b>Age group</b>					
15-24	92.2	2.2	5.5	100.0	699
25-34	93.2	3.0	3.8	100.0	1,011
35-49	91.4	4.3	4.3	100.0	863
<b>Place of residence</b>					
Urban	94.7	2.1	3.2	100.0	573
Rural	91.7	3.5	4.8	100.0	2,000
<b>Religion</b>					
Hindu	93.7	2.9	3.4	100.0	1,997
Muslim	87.2	4.6	8.2	100.0	557
<b>Caste/Tribe</b>					
SC/ST	93.0	2.6	4.3	100.0	572
OBC	91.6	3.6	4.9	100.0	1,281
Other	93.2	3.1	3.7	100.0	720
<b>Education</b>					
Illiterate	89.5	3.9	6.7	100.0	1,159
Lit (<8 <sup>th</sup> grade)	94.6	2.6	2.8	100.0	395
Lit (8-11 <sup>th</sup> grade)	94.1	2.8	3.1	100.0	611
Lit (12+ grade)	95.7	2.7	1.6	100.0	373
Literate (Non-Formal)	97.1	2.9	0.0	100.0	34
<b>SLI quintile</b>					
Lowest	88.2	5.5	6.4	100.0	202
Low	91.8	2.7	5.5	100.0	362
Medium	92.0	2.5	5.5	100.0	425
High	92.2	3.5	4.3	100.0	666
Highest	93.7	3.1	3.2	100.0	919
<b>Total</b>	<b>92.3</b>	<b>3.2</b>	<b>4.4</b>	<b>100.0</b>	<b>2,573</b>

Note: Based on those who have seen, heard or read any messages on family planning.

Fifty-five percent and 50 percent of the urban and rural women, respectively, are exposed to any mass media. Only 30 percent listen to the radio at least once a week, 46 percent watch television at least once a week, 13 percent read newspapers at least once a week and five percent go to a cinema hall to watch a movie at least once a year. However, there are large differentials by place of residence and standard of living quintiles.

Thirty percent women have heard any family planning and reproductive health messages on radio during

the three months preceding the survey. Forty-five percent have seen messages on television, but the urban-rural divide is much greater in this case: 71 percent (urban) and 40 percent (rural). Other important sources of information on family planning/reproductive health were wall paintings/hoardings (24 percent), posters/banners (30 percent) and on buses/van panels (13 percent). Ninety-one percent of the messages were on family planning, 65 percent on polio immunization, 43 percent on routine child immunization, 19 percent on breastfeeding and supplementary

feeding of the child, and another 19 percent on antenatal/postnatal care.

The lower proportion of women receiving messages on antenatal care/postnatal care, breastfeeding and supplementary feeding practices could be attributed to the limited dissemination of related messages through media. Therefore, these components of the Information, Education and Communication (IEC) campaign need to be strengthened to achieve the National Rural Health Mission (NRHM) goals.

# MATERNAL HEALTH AND CHILD CARE PRACTICES

Utilization of maternal health services is vital as it is not only beneficial for the mother’s own health status, but also for improving the survival chances and health status of her children. Important elements of the maternal and child health program include provision of antenatal care (ANC) comprising at least three visits by a health worker, provision of iron and folic acid (IFA) tablets, at least two doses of tetanus toxoid (TT) injections; encouragement of institutional deliveries, assistance at delivery by trained personnel and provision of postnatal care.

Information on maternal health and child care practices has been collected from women who gave birth in the two years preceding the survey.

## 6.1 ANTENATAL CARE

### 6.1.1 Antenatal Care Check-Ups

More than three-fourths of the mothers received some form of ANC (Table 45). The health workers, mainly doctors, were the most important sources for providing antenatal services (about 32 percent) followed by auxiliary nurse midwives (ANMs)/nurses/lady health visitors (LHVs) (28 percent).

Utilization of ANC was highest among mothers aged 20-24 years and showed a decreasing trend with

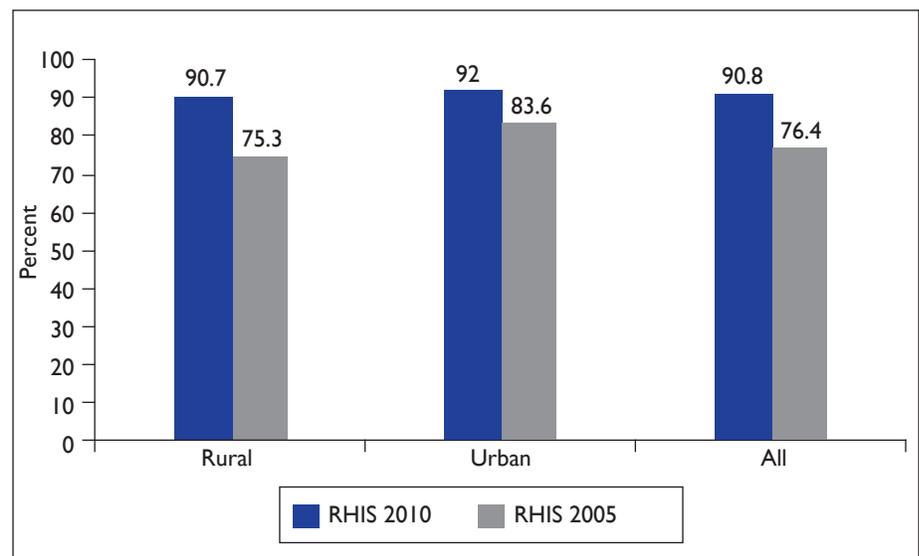
increase in maternal age. Utilization of ANC services was highest among women of low parity and decreased with an increase in parity. There was not much of a rural-urban differential in this context, as utilization of ANC services was a little higher in urban areas (92 percent) as compared to the rural areas (91 percent). Religious and caste differentials in the use of ANC services were also not very pronounced. Education of the mother has a positive impact on the uptake of ANC services. Among the economic indicators, it is evident that utilization of antenatal services increases with an increase in the standard of living. Only 84 percent of the women from lowest standard of living

quintile utilized any antenatal care as compared to 97 percent of the women from the highest quintile.

The proportion seeking antenatal check-ups from doctors was almost double among urban women (58 percent) than women in rural areas (28 percent). Similarly, the proportion of respondents receiving antenatal services from doctors is directly proportional to the level of education as well as standard of living.

A significant increase is observed in the number of women seeking antenatal care since RHIS 2005 (Figure 15).

**FIGURE 15: NUMBER OF WOMEN SEEKING ANTENATAL CARE**



**TABLE 45: ANTENATAL CARE**

Percent distribution of currently married women aged 15-49 who had a live birth in the two years preceding the survey by antenatal care (ANC) provider during pregnancy for the most recent birth, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Any ANC	Number of women	Antenatal care provider				Number of women
			Doctor	ANM/Nurse	Dai/TBA	No check-up*	
<b>Age at birth</b>							
<20	91.6	177	28.3	30.5	1.1	40.1	162
20-34	91.0	923	32.8	27.3	1.4	38.4	840
35-49	85.8	56	32.0	24.0	0.0	44.0	48
<b>Parity</b>							
1	95.5	288	36.4	31.5	0.1	32.0	275
2	93.6	236	42.4	26.8	3.8	27.0	221
3	92.1	233	32.2	27.8	0.0	40.0	215
4+	84.7	389	20.2	25.5	1.6	52.7	330
<b>Residence</b>							
Urban	92.1	152	57.7	19.8	0.7	21.8	142
Rural	90.6	1,005	28.1	28.9	1.4	41.6	908
<b>Education</b>							
Illiterate	87.8	670	23.4	28.3	1.5	46.8	589
<8 years complete	92.4	164	33.7	24.1	2.0	40.2	152
8-11 years complete	95.8	203	40.6	29.3	1.2	28.9	194
12 or more years complete	97.0	105	66.4	21.6	0.0	12.0	102
Other (Non-formal)	96.4	15	13.9	58.5	0.0	27.6	14
<b>Religion</b>							
Hindu	91.2	880	29.8	30.3	1.0	38.9	802
Muslim	89.6	271	38.5	18.9	2.6	40.0	243
Other	100.0	6	72.4	25.4	0.0	2.2	6
<b>Caste/Tribe</b>							
SC/ST	89.6	326	16.9	33.8	1.2	48.0	292
OBC	90.3	599	34.2	28.5	1.6	35.8	541
Other	93.9	231	47.4	17.2	0.9	34.6	217
<b>SLI quintile</b>							
Lowest	84.4	225	13.3	29.1	2.4	55.1	190
Low	86.5	250	14.5	38.6	0.3	46.6	216
Medium	89.3	192	27.9	32.7	2.6	36.7	171
High	96.6	268	39.5	21.2	0.6	38.7	259
Highest	96.6	221	61.0	19.0	1.3	18.8	214
<b>Total</b>	<b>90.8</b>	<b>1,157</b>	<b>32.1</b>	<b>27.6</b>	<b>1.3</b>	<b>38.9</b>	<b>1,051</b>

Note: If more than one source of ANC was mentioned, only the provider with the highest qualification is considered in this tabulation. TBA = Traditional birth attendant

\*Received only IFA tablets/syrup or/and TT injections.

**TABLE 46: NUMBER OF ANTENATAL CARE VISITS AND STAGE OF PREGNANCY**

Percent distribution of currently married women aged 15-49 who had a live birth in the two years preceding the survey by number of antenatal care visits and by the stage of pregnancy for the most recent birth, according to residence and SLI quintiles, RHIS, Uttar Pradesh, 2010

Number of antenatal care visits	Residence		SLI quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
1 visit	16.2	21.5	17.9	26.8	28.0	14.5	19.2	20.8
2 visits	20.0	18.6	16.3	13.9	20.8	20.7	22.0	18.8
3 or more visits	42.0	18.3	10.7	12.6	14.5	26.1	39.9	21.5
No visit*	21.8	41.6	55.1	46.6	36.7	38.7	18.8	38.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
<b>Months pregnant at the time of the first ANC visit</b>								
First trimester	49.7	28.2	18.4	15.4	33.3	33.0	54.3	31.1
Second trimester	23.5	22.4	20.8	31.1	21.2	18.7	21.3	22.6
Third trimester	5.0	7.8	5.6	6.9	8.7	9.6	5.7	7.4
No visit*	21.8	41.6	55.1	46.6	36.7	38.7	18.8	38.9
<b>Total percent</b>	<b>100.0</b>							
Number of women	140	911	190	216	171	259	214	1,051

\*Received only IFA tablets/syrup or/and TT injections.

**6.1.2 Number and Timing of First ANC Check-up**

Of those who received ANC, 22 percent have had three or more antenatal check-ups, 19 percent received two check-ups, while 21 percent had just one visit (Table 46). More urban mothers received three or more antenatal check-ups (42 percent) compared to only 18 percent of rural mothers. The standard of living also determines the number of antenatal check-ups. Of the women who belong to the lowest SLI quintile, only 11 percent received three or more antenatal check-ups compared to 40 percent of women from the highest quintile.

The majority of women (31 percent) availed their first antenatal check-up during the first trimester of pregnancy, while about 23 percent did so during the second trimester. Half of the urban women received their first antenatal check-up

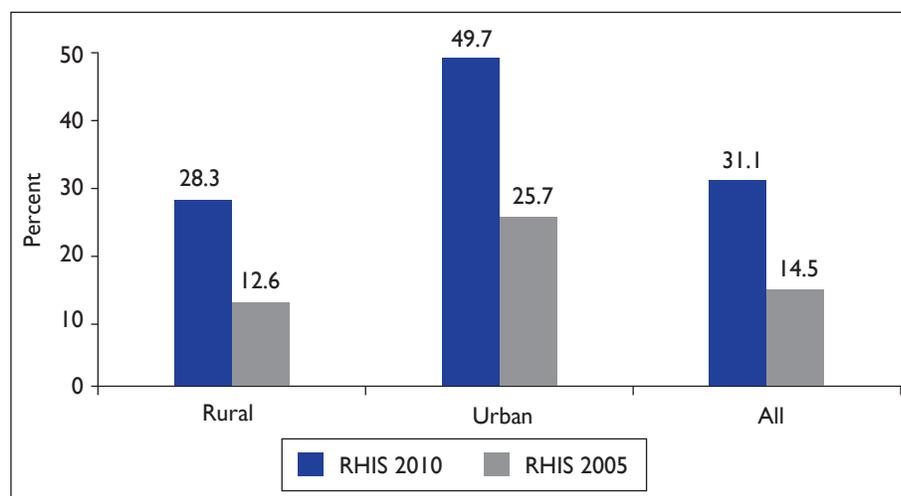
during the first trimester as compared to just 28 percent of the rural women.

The likelihood of getting the first antenatal check-up done during the first trimester also increases with an increase in standard of living. Eighteen percent of the mothers belonging to lowest quintile had their first

antenatal check-up during the first trimester of pregnancy compared to 54 percent of the mothers belonging to the highest quintile.

Interestingly, the dropout rate in receiving ANC decreased during RHIS 2010 compared with RHIS 2005 (Figure 16).

**FIGURE 16: ANTENATAL CARE IN FIRST TRIMESTER**



## 6.2 IRON AND FOLIC ACID SUPPLEMENTATION

Almost three-fifths (62 percent) of the mothers received IFA tablets/syrup during pregnancy. Forty-

four percent reportedly received enough supply and 45 percent consumed all the IFA tablets/syrup they received (Table 47). One-third of the mothers had adequate

IFA supplementation, i.e. enough supply to last for 100 days where the mothers consumed the entire supply.

**TABLE 47: CONSUMPTION OF IFA SUPPLEMENTS**

Among currently married women aged 15-49 with a live birth in the two years preceding the survey, percent of mothers who received IFA tablets/syrup, according to selected characteristics, RHIS 2010

Characteristics	Percent of mothers who:				Number of mothers
	Received IFA tablet/syrup	Received Enough IFA tablet/syrup	Consumed all IFA tablet/syrup	Had adequate IFA tablet/syrup <sup>1</sup>	
<b>Age of the mother</b>					
15-19	67.3	37.4	46.0	31.2	103
20-24	61.6	45.4	46.5	35.7	452
25-34	61.3	45.3	42.5	32.1	530
35-49	58.9	34.6	43.9	32.1	71
<b>Parity</b>					
1	69.5	50.3	55.9	45.1	288
2	67.4	51.0	46.6	36.4	236
3	54.7	40.0	33.5	24.6	233
4+	56.1	38.1	40.5	29.1	389
<b>Place of residence</b>					
Urban	63.7	47.8	49.4	38.9	154
Rural	61.5	43.4	43.7	32.6	1,002
<b>Religion</b>					
Hindu	64.4	46.0	46.0	34.8	880
Muslim	52.9	36.9	38.6	28.1	271
Others	100.0	80.1	82.3	80.1	6
<b>Caste/Tribe</b>					
SC/ST	60.7	42.1	39.0	29.1	326
OBC	60.1	42.6	44.6	33.6	599
Others	67.9	50.4	52.0	39.2	231
<b>Mother's education</b>					
Illiterate	54.4	35.1	36.1	24.7	670
Lit (<8 <sup>th</sup> grade)	65.4	46.5	44.9	35.4	164
Lit (8-11 <sup>th</sup> grade)	72.6	56.7	55.3	42.7	203
Lit (12+ grade)	87.4	76.0	78.8	70.3	105
Other (Non-Formal)	29.3	21.2	29.3	21.2	15
<b>SLI quintile</b>					
Lowest	49.5	32.3	31.8	23.9	225
Low	61.0	41.6	44.9	31.6	250
Medium	62.3	37.7	39.3	24.5	192
High	64.0	50.2	44.4	37.4	268
Highest	72.3	56.7	61.4	48.2	221
<b>Total</b>	<b>61.8</b>	<b>44.0</b>	<b>44.5</b>	<b>33.4</b>	<b>1,157</b>
<b>RHIS 2005</b>	<b>51.4</b>	<b>33.7</b>	<b>29.8</b>	<b>20.1</b>	<b>1,260</b>

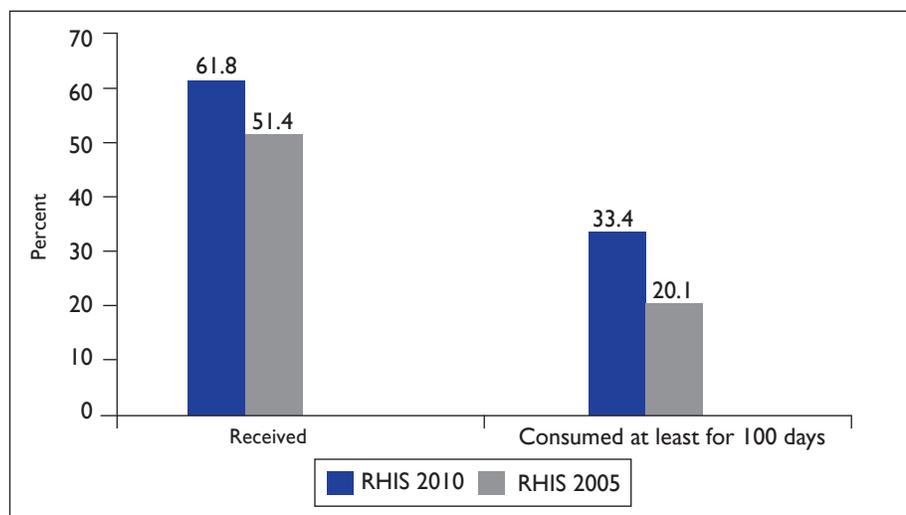
<sup>1</sup>Received IFA tablets/syrup to at least 100 days and consumed all.

**TABLE 48: SOURCE OF IFA SUPPLEMENTS**

Among currently married women aged 15-49 with a live birth in the two years preceding the survey, percent who received IFA tablet/syrup by source during the pregnancy for their most recent birth by background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Source of IFA tablet/syrup				Total percent	Number of women
	Government	Private	NGO/Trust	Other/Missing		
<b>Mother's age at birth</b>						
<20	87.8	11.6	0.6	0.0	100.0	124
20-34	75.6	23.3	0.0	1.1	100.0	553
35-49	70.0	28.8	1.2	0.0	100.0	38
<b>Parity</b>						
1	75.0	23.7	0.4	1.0	100.0	200
2	77.6	22.0	0.0	0.3	100.0	159
3	87.0	10.3	0.0	2.7	100.0	127
4+	75.0	24.7	0.3	0.0	100.0	218
<b>Residence</b>						
Urban	58.1	39.7	1.4	0.8	100.0	98
Rural	80.5	18.7	0.0	0.8	100.0	617
<b>Education</b>						
Illiterate	82.6	16.3	0.2	0.9	100.0	365
<8 years complete	82.0	18.0	0.0	0.0	100.0	107
8-11 years complete	81.1	17.3	0.4	1.3	100.0	147
12 or more years complete	45.5	53.9	0.0	0.6	100.0	92
Other (Non-formal)	83.3	16.7	0.0	0.0	100.0	4
<b>Religion</b>						
Hindu	81.8	17.0	0.2	1.0	100.0	566
Muslim	62.0	37.6	0.4	0.0	100.0	143
Other	30.5	69.5	0.0	0.0	100.0	6
<b>Caste/Tribe</b>						
SC/ST	85.0	12.5	0.5	2.0	100.0	198
OBC	75.6	23.9	0.1	0.4	100.0	360
Other	72.0	27.6	0.0	0.3	100.0	157
<b>SLI quintile</b>						
Lowest	87.7	12.3	0.0	0.0	100.0	112
Low	82.5	16.1	0.3	1.2	100.0	152
Medium	83.6	15.7	0.0	0.7	100.0	120
High	80.0	19.4	0.3	0.3	100.0	172
Highest	58.0	40.0	0.3	1.7	100.0	160
<b>Total</b>	<b>77.4</b>	<b>21.6</b>	<b>0.2</b>	<b>0.8</b>	<b>100.0</b>	<b>715</b>
<b>RHIS 2005</b>	<b>78.4</b>	<b>19.1</b>	<b>0.8</b>	<b>1.7</b>	<b>100.0</b>	<b>647</b>

**FIGURE 17: IFA SUPPLEMENTS RECEIVED AND CONSUMED DURING ANTENATAL PERIOD**



Thirty-nine percent of mothers from urban areas had adequate IFA supplementation compared to 33 percent of mothers from rural areas. The literacy level and standard of living of the mothers has a high positive association with the use of IFA supplementation. Only 25 percent of the illiterate mothers had adequate IFA supplementation compared with 70 percent of mothers who were educated up to 12<sup>th</sup> grade or above.

Similarly, 24 percent of mothers belonging to the lowest standard of living quintile had adequate IFA supplementation compared with 48 percent of those in the highest quintile.

The percent of women who received IFA supplements for their most recent birth has increased to 62 percent in RHIS 2010 from 51 percent at the time of RHIS 2005. Also, 33 percent of women

consumed IFA supplements for at least 100 days, which is also up from 20 percent at the time of RHIS 2005 (Figure 17).

### 6.2.1 Source of IFA Supplements

The government sector is, by far, the most important source of supply of IFA tablets/syrup, accounting for slightly more than three-fourths of the total supply (Table 48). More than 20 percent of the mothers obtained their supply of IFA tablets/syrup from private sources. Private sources gain over, but do not surpass, government sources in the urban areas and in the two uppermost standard of living quintiles. In urban areas, the private sector caters to 40 percent of the needs, but only to 19 percent in rural areas. More Muslim mothers (38 percent) received IFA tablets/syrup from private sources compared to Hindu mothers (17 percent). Forty percent of the mothers from the highest standard of living quintile obtained the product from private sources compared to 12 percent in the lower three quintiles.

**TABLE 49: REASONS FOR NOT CONSUMING ENTIRE STOCK OF IFA SUPPLEMENTS**

Percentage of currently married women aged 15-49 who had birth in the two years preceding the survey by reasons for not consuming all IFA tablet/syrup, according to residence and SLI quintiles, RHIS, Uttar Pradesh, 2010

Reason	Residence		SLI quintile				Total	
	Urban	Rural	Lowest	Low	Medium	High		Highest
Constipation	5.6	8.6	11.6	9.6	2.9	6.4	14.8	8.3
Pain in abdomen	14.5	8.7	8.4	7.7	8.1	14.3	4.8	9.3
Stomach upset/diarrhea	6.7	5.9	8.0	4.0	7.2	6.6	2.6	6.0
Feeling sick	29.3	25.8	17.7	31.5	20.8	32.1	28.7	26.2
Black stools	1.0	3.0	1.0	2.5	4.7	0.0	8.9	2.8
Baby will not be fair	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Baby will be big/Will create a problem in delivery	2.6	0.0	0.0	0.0	0.0	0.0	2.3	0.3
I don't need them all	16.3	26.7	41.7	46.1	15.4	9.3	18.8	25.6
Other	42.3	35.6	28.2	14.0	50.6	46.2	39.4	36.3
Number of women	22	179	40	40	44	52	24	201

**TABLE 50: IMPORTANCE OF IFA TABLET/SYRUP**

Among currently married women aged 15-49 by knowledge about importance of IFA tablet/syrup according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Percent reporting IFA tablet/syrup necessary	Number of women	Distribution of eligible women by number of tablets					Don't know	Number of women who report IFA is necessary
			<30	30-49	50-74	75-99	100+		
<b>Age of women</b>									
15-19	80.1	315	7.3	6.2	1.8	12.1	25.7	46.9	252
20-24	86.6	850	10.6	5.9	5.9	9.1	33.9	34.6	736
25-34	86.6	1,648	9.9	6.0	6.2	11.5	31.2	35.2	1,427
35-49	84.9	1,480	7.5	6.5	7.2	10.8	23.4	44.7	1,257
<b>Parity</b>									
0	79.1	467	6.4	4.6	3.6	7.5	26.5	51.5	370
1	89.9	529	10.5	4.9	6.1	11.1	38.7	28.8	475
2	91.1	653	9.2	6.4	5.1	11.2	36.5	31.5	595
3	86.7	749	9.4	6.0	5.9	10.8	31.0	36.9	649
4+	83.6	1,895	9.0	6.9	7.4	11.3	22.3	43.1	1,584
<b>Residence</b>									
Urban	87.4	740	6.8	3.5	5.4	11.5	35.4	37.4	646
Rural	85.2	3,553	9.5	6.7	6.3	10.7	27.3	39.5	3,027
<b>Education</b>									
Illiterate	86.7	3,381	9.1	6.6	6.4	10.5	30.1	37.4	2,931
<8 years complete	81.0	892	8.9	4.7	5.3	12.2	22.0	46.8	722
8-11 years complete	97.1	20	9.7	2.0	1.3	4.5	57.6	24.9	20
12 or more years complete	83.9	1,116	8.5	6.5	8.9	6.8	26.9	42.4	936
Other (Non-formal)	83.4	2,112	10.0	7.0	5.7	10.1	29.5	37.7	1,760
<b>Religion</b>									
Hindu	91.7	1,065	7.9	4.4	4.5	15.9	28.9	38.6	977
Muslim	80.5	2,461	10.8	7.2	6.8	9.8	21.5	43.9	1,980
Other	88.2	607	7.0	5.8	8.4	10.1	28.2	40.6	535
<b>Caste/Tribe</b>									
SC/ST	93.0	770	7.9	4.9	4.4	11.4	36.9	34.5	716
OBC	97.0	407	5.2	4.3	3.5	14.7	51.2	21.1	395
Other	95.6	49	6.1	3.9	3.8	19.2	22.9	44.0	47
<b>SLI quintile</b>									
Lowest	81.0	623	10.0	7.9	5.7	6.1	24.1	46.3	505
Low	81.9	831	12.1	6.8	9.8	10.7	19.1	41.4	681
Medium	87.0	753	10.4	7.3	4.6	9.3	26.8	41.7	654
High	84.0	1,019	6.7	7.0	6.7	11.1	29.4	39.1	856
Highest	91.5	1,067	7.6	3.3	4.5	14.1	38.3	32.2	977
<b>Total</b>	<b>85.6</b>	<b>4,293</b>	<b>9.0</b>	<b>6.2</b>	<b>6.2</b>	<b>10.8</b>	<b>28.7</b>	<b>39.1</b>	<b>3,673</b>
<b>RHIS 2005</b>	<b>81.9</b>	<b>4,384</b>	<b>5.1</b>	<b>5.3</b>	<b>10.5</b>	<b>6.0</b>	<b>21.8</b>	<b>51.3</b>	<b>3,588</b>

### 6.2.2 Reasons for Non-Consumption of IFA Supplements

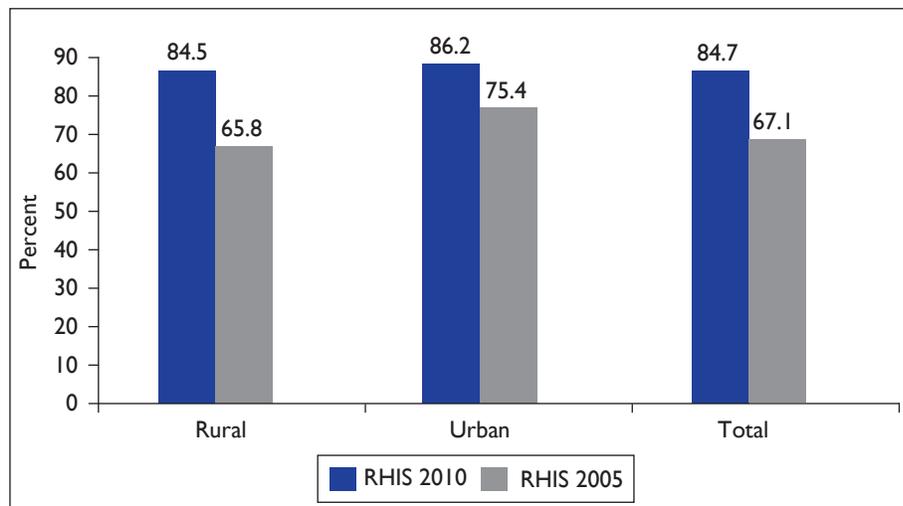
Mothers who had received IFA tablets/syrup and who had not consumed the entire supply were asked their reasons for doing so. About 26 percent felt that they did not require all the IFA tablets they had received, another 26 percent complained of feeling sick, nine percent complained of pain in the abdomen and eight percent complained of constipation (Table 49). The reasons for women not consuming IFA supplements varies with place of residence and standard of living.

### 6.2.3 Importance of IFA Supplements

All currently married women aged 15-49 years were asked about the importance of IFA supplementation during pregnancy. Eighty-seven percent reported that it is necessary to have IFA supplementation (Table 50). Surprisingly, not much variation is observed in the response levels of rural and urban women. Among illiterate women, 87 percent were aware of the importance of IFA supplementation. Even among the poorest women, knowledge about the necessity of IFA is quite high (81 percent).

Those who felt that IFA supplementation is necessary were asked about the number of tablets a pregnant woman should have during pregnancy. Forty percent did not know the required number of tablets to be consumed during pregnancy; no rural-urban differentials were noticed in this regard. The ideal quantity of 100 or more IFA tablets was reported by only 29 percent

**FIGURE 18: RECEIVED ADEQUATE TT INJECTIONS DURING ANTENATAL PERIOD**



of the women (35 percent in urban and 27 percent in rural areas). This highlights the need for more focused communication initiatives to promote the consumption of adequate IFA supplements.

### 6.3 TETANUS TOXOID INJECTIONS

Eighty-seven percent of the rural and 89 percent of the urban women received at least one TT injection during their most recent pregnancy, while 80 percent reported receiving two or more TT injections. Overall, 85 percent of the mothers received adequate TT injections, i.e. received two or more TT injections during their last pregnancy or received one during the last pregnancy and also during the previous pregnancy (Table 51).

A significant positive association in the level of TT coverage with the mother's educational level and standard of living is observed. For example, adequate TT coverage among illiterate mothers is 81 percent vis-à-vis 95 percent among mothers who have completed at least 12<sup>th</sup> grade.

The percentage of mothers who received two or more TT injections during the pregnancy for their most recent birth increased to 85 percent from 67 percent at the time of RHIS 2005 (Figure 18).

#### 6.3.1 Source of TT Injections

The government sector is the largest source of TT services, accounting for nearly three-fourths of the supply, while the private sector caters to the needs of one-fourth. In the urban areas, however, both the government and private sectors are on par, responsible for providing 52 percent and 45 percent of the TT injections, respectively.

With increases in the levels of education and standard of living, there is a shift in availing TT services from the public to the private sector. About 21 percent of the illiterate mothers sought TT services from the private sector, while more than 53 percent of the mothers with at least 12<sup>th</sup> grade education also turned to private sector sources. One-fifth

**TABLE 51: TT INJECTIONS**

Among currently married women aged 15-49 with a birth in the two years preceding the survey, percentage who received TT injection during the pregnancy for their most recent birth by background characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Percent of mothers who:				Number of mothers
	Received TT injection	Received 2 or more TT injections	Received TT injection before this pregnancy	Had adequate TT injections <sup>1</sup>	
<b>Age of the mother</b>					
15-19	82.7	73.1	39.7	76.1	103
20-24	91.8	83.2	62.1	89.1	452
25-34	86.0	79.8	73.7	84.5	530
35-49	71.1	66.1	59.3	70.7	71
<b>Parity</b>					
1	92.1	84.2	34.1	86.8	288
2	93.2	83.6	85.8	92.3	236
3	89.6	83.8	82.3	89.0	233
4+	77.8	71.0	66.8	75.6	389
<b>Place of residence</b>					
Urban	89.2	82.8	66.0	86.4	154
Rural	86.7	79.2	65.1	84.4	1,002
<b>Religion</b>					
Hindu	87.3	78.5	67.2	84.4	880
Muslim	86.0	83.0	59.7	85.2	271
Others	100.0	100.0	30.5	100.0	6
<b>Caste/Tribe</b>					
SC/ST	86.4	78.8	67.1	84.2	326
OBC	86.5	78.7	64.6	84.5	599
Others	89.6	83.4	64.2	86.0	231
<b>Mother's education</b>					
Illiterate	83.0	75.5	65.9	80.9	670
Lit (<8 <sup>th</sup> grade)	87.4	78.1	58.7	81.6	164
Lit (8-11 <sup>th</sup> grade)	94.8	86.8	69.2	94.0	203
Lit (12+ grade)	97.0	93.4	60.8	94.7	105
Other (Non-Formal)	93.3	93.3	84.7	93.3	15
<b>SLI quintiles</b>					
Lowest	78.6	72.5	65.5	76.8	225
Low	80.6	74.8	61.6	79.5	250
Medium	87.8	76.9	62.8	82.3	192
High	92.5	83.3	73.7	89.6	268
Highest	95.9	90.6	60.8	94.8	221
<b>Total</b>	<b>87.1</b>	<b>79.7</b>	<b>65.2</b>	<b>84.7</b>	<b>1,157</b>
<b>RHIS 2005</b>	<b>71.9</b>	<b>63.7</b>	<b>37.2</b>	<b>67.1</b>	<b>1,260</b>

<sup>1</sup>Received 2 TT during last pregnancy or 1 during last pregnancy and also receive during the previous pregnancy.

(21 percent) of the mothers from the first standard of living quintile obtained TT services from private facilities, whereas over four in ten (42 percent) from the highest quintile availed TT services at private facilities (Table 52).

### 6.3.2 Importance of TT Injections

All eligible women were asked about the importance of TT injections as well as the number of injections needed during a pregnancy. Almost all (93 percent) the respondents agreed

that it was necessary to have a TT injection, both in rural and urban areas (Table 53). This perception was also similar across all the standard of living quintiles except the first, as over 90 percent of women in each subscribed to this view.

**TABLE 52: SOURCE OF TT INJECTIONS**

Among currently married women aged 15-49 with a birth in the two years preceding the survey, percentage who received TT injection and by source of TT injection during the pregnancy for their most recent birth by background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Source of TT injection				Total percent	Number of women
	Government	Private	NGO/Trust	Other/Missing		
<b>Mother's age at birth</b>						
<20	77.6	22.1	0.1	0.2	100.0	159
20-34	73.7	25.0	1.2	0.0	100.0	803
35-49	58.6	39.4	2.0	0.0	100.0	44
<b>Parity</b>						
1	70.5	28.3	1.0	0.1	100.0	265
2	72.2	27.1	0.7	0.0	100.0	220
3	79.4	20.2	0.3	0.1	100.0	209
4+	74.3	25.3	0.4	0.0	100.0	303
<b>Residence</b>						
Urban	51.9	44.6	3.3	0.2	100.0	138
Rural	77.2	22.1	0.7	0.0	100.0	869
<b>Education</b>						
Illiterate	77.7	21.1	1.2	0.0	100.0	556
<8 years complete	75.0	25.0	0.0	0.0	100.0	143
8-11 years complete	76.7	21.9	1.2	0.1	100.0	192
12 or more years complete	45.1	53.4	1.5	0.0	100.0	102
Other (Non-formal)	67.9	32.1	0.0	0.0	100.0	14
<b>Religion</b>						
Hindu	75.9	23.5	0.5	0.1	100.0	768
Muslim	67.4	29.8	2.8	0.0	100.0	233
Other	30.5	69.5	0.0	0.0	100.0	6
<b>Caste/Tribe</b>						
SC/ST	85.5	14.4	0.0	0.1	100.0	282
OBC	67.9	31.2	0.8	0.1	100.0	518
Other	72.2	24.8	3.0	0.0	100.0	207
<b>SLI quintile</b>						
Lowest	78.8	21.2	0.0	0.0	100.0	177
Low	84.3	15.5	0.2	0.0	100.0	202
Medium	78.6	21.0	0.2	0.1	100.0	168
High	75.1	24.7	0.2	0.0	100.0	248
Highest	53.8	41.7	4.3	0.1	100.0	212
<b>Total</b>	<b>73.7</b>	<b>25.2</b>	<b>1.0</b>	<b>0.1</b>	<b>100.0</b>	<b>1,007</b>
<b>RHIS 2005</b>	<b>69.8</b>	<b>29.7</b>	<b>0.6</b>	<b>0.0</b>	<b>100.0</b>	<b>906</b>

Unlike the relative lack of knowledge regarding IFA supplementation, 54 percent reported that two injections are needed during one

pregnancy and three or more injections were reported by another 33 percent. Presumably awareness on the need for TT injections during pregnancy is quite

high. However, more initiatives are needed to educate the women regarding the number of injections needed during a pregnancy.

**TABLE 53: IMPORTANCE OF TT INJECTIONS**

Among currently married women aged 15-49 by knowledge about importance of TT injections according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Percent reporting TT injections necessary	Number of women	Distribution of eligible women by number of injections				Number of women who report TT is necessary
			One	Two	Three or more	Don't know	
<b>Age of women</b>							
15-19	87.1	315	1.8	46.1	34.1	18.0	274
20-24	96.4	850	1.3	62.9	27.4	8.4	819
25-34	92.5	1,648	3.2	55.9	34.5	6.3	1,524
35-49	92.7	1,480	3.5	48.4	35.5	12.6	1,372
<b>Parity</b>							
0	89.3	467	1.9	44.4	30.5	23.2	417
1	95.9	529	1.7	66.2	28.8	3.3	507
2	97.1	653	1.3	59.0	34.2	5.4	635
3	94.4	749	2.7	53.2	37.2	6.8	706
4+	91.0	1,895	4.0	51.4	33.5	11.1	1,724
<b>Residence</b>							
Urban	93.2	740	1.6	55.6	35.7	7.1	690
Rural	92.9	3,553	3.1	53.8	32.9	10.3	3,300
<b>Education</b>							
Illiterate	93.4	3,381	2.9	54.2	32.9	10.1	3,156
<8 years complete	91.2	892	2.4	53.3	35.8	8.6	813
8-11 years complete	99.4	20	12.5	71.6	11.3	4.6	20
12 or more years complete	91.9	1,116	2.8	49.3	34.3	13.6	1,026
Other (Non-formal)	92.9	2,112	3.2	57.3	30.8	8.7	1,963
<b>Religion</b>							
Hindu	93.9	1,065	2.1	52.8	37.3	7.8	1,000
Muslim	91.4	2,461	3.9	51.5	32.5	12.1	2,250
Other	91.6	607	1.3	51.2	39.0	8.6	556
<b>Caste/Tribe</b>							
SC/ST	95.9	770	1.6	59.1	33.0	6.2	738
OBC	97.9	407	1.8	62.0	30.7	5.5	398
Other	97.0	49		63.8	35.2	1.0	47
<b>SLI quintile</b>							
Lowest	87.3	623	4.9	50.1	30.7	14.4	544
Low	91.5	831	3.9	52.2	32.0	11.9	761
Medium	94.7	753	3.5	50.8	36.6	9.1	713
High	94.0	1,019	2.3	55.6	32.8	9.3	959
Highest	95.0	1,067	1.0	58.6	34.1	6.4	1,013
<b>Total</b>	<b>92.9</b>	<b>4,293</b>	<b>2.8</b>	<b>54.1</b>	<b>33.4</b>	<b>9.7</b>	<b>3,989</b>
<b>RHIS 2005</b>	<b>94.4</b>	<b>4,384</b>	<b>1.8</b>	<b>40.2</b>	<b>41.6</b>	<b>16.3</b>	<b>4,140</b>

## 6.4 FULL ANTENATAL CARE

Full ANC is defined as three or more ANC visits, adequate IFA tablets/syrup (IFA tablets/syrup to last for 100 or more days) and adequate TT injections (two TT injections during last pregnancy or one during the last pregnancy and one received during previous pregnancy).

Twelve percent of the women received full ANC, which varied from 23 percent in the urban areas to 10 percent in the rural areas (Table 54). Only 20 percent of the women availed three or more ANC visits, from a high of 39 percent among urban mothers to 17 percent among rural mothers. Eighty-five percent of the mothers received adequate TT injections,

while only 33 percent of the mothers received adequate IFA tablets/syrup.

Among the illiterate mothers, only six percent received full ANC. On the other hand, among mothers with education levels of 12<sup>th</sup> grade and above, about 42 percent received full ANC. Only six percent of the mothers from the lowest SLI quintiles received full ANC as compared to 26 percent of mothers from the highest quintiles. The percent of full ANCs received has increased since RHIS 2005 (Figure 19).

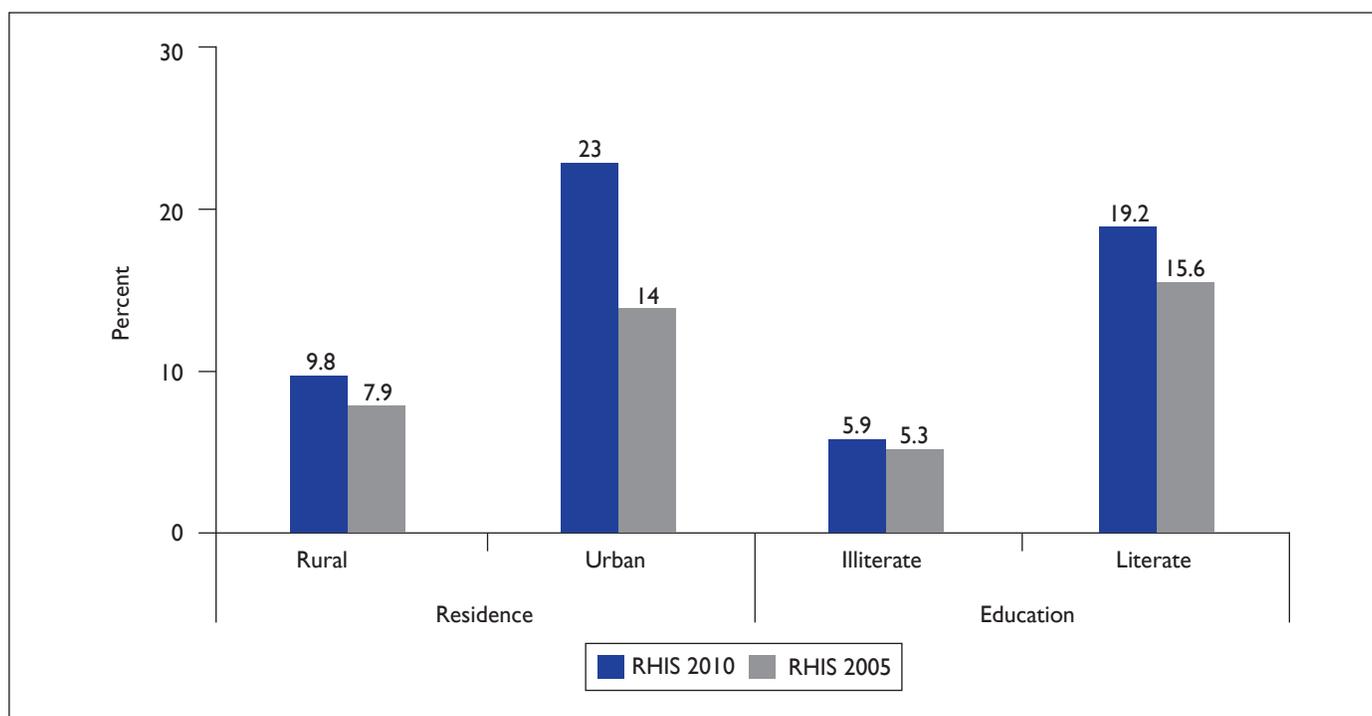
## 6.5 COMPONENTS OF ANTENATAL CARE

Women who had a live birth in the last two years prior to the survey were asked about the type of check-

up they had during ANC visits. Of those who had any antenatal check-ups, 88 percent of women had abdominal check-ups along with routine check-ups such as urine tests (61 percent), blood tests (53 percent), blood pressure check-up (44 percent) or measuring of weight (43 percent) (Table 55).

Substantial rural-urban differentials were noticed in this context. In the urban areas, almost all mothers (94 percent) received abdominal check-ups, over two-thirds received services for weight and blood pressure measured, and about three-fourths of mothers gave urine and blood samples. The proportion of mothers receiving the check-ups/ tests was comparatively lower in rural areas.

**FIGURE 19: FULL ANTENATAL CARE**



**TABLE 54: FULL ANTENATAL CARE**

Percentage of mothers who received full antenatal care and its components, according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Full antenatal care <sup>1</sup>	3 or more antenatal care visits	Adequate IFA tablet/syrup <sup>2</sup>	Adequate TT injection <sup>3</sup>	Number of mothers <sup>4</sup>
<b>Age of the mother</b>					
15-19	9.6	19.3	31.2	76.1	103
20-24	11.7	21.3	35.7	89.1	452
25-34	11.1	17.9	32.1	84.5	530
35-49	16.3	19.5	32.1	70.7	71
<b>Children ever born</b>					
1	17.2	28.2	45.1	86.8	288
2	12.3	21.2	36.4	92.3	236
3	12.0	19.3	24.6	89.0	233
4+	6.9	12.0	29.1	75.6	389
<b>Place of residence</b>					
Urban	23.4	8.7	38.9	86.4	154
Rural	9.7	16.5	32.6	84.4	1,002
<b>Religion</b>					
Hindu	11.8	20.2	34.8	84.4	880
Muslim	9.2	15.6	28.1	85.2	271
<b>Caste/Tribe</b>					
SC/ST	5.8	13.5	29.1	84.2	326
OBC	12.1	19.6	33.6	84.5	599
Other	18.0	27.5	39.2	86.0	231
<b>Education</b>					
Illiterate	5.9	11.9	24.7	80.9	670
Literate, <8 <sup>th</sup> grade	11.2	20.4	35.4	81.6	164
8-11 <sup>th</sup> grade	15.5	28.0	42.7	94.0	203
12+ grade	41.5	52.9	70.3	94.7	105
Other (informal)	0.0	0.0	21.2	93.3	15
<b>SLI quintile</b>					
Lowest	6.1	9.0	23.9	76.8	225
Low	5.0	10.9	31.6	79.5	250
Medium	6.5	12.9	24.5	82.3	192
High	13.8	25.2	37.4	89.6	268
Highest	25.9	38.6	48.2	94.8	221
<b>Total</b>	<b>11.5</b>	<b>19.5</b>	<b>33.4</b>	<b>84.7</b>	<b>1,157</b>
<b>RHIS 2005</b>	<b>8.7</b>	<b>27.6</b>	<b>20.1</b>	<b>67.1</b>	<b>1,260</b>

<sup>1</sup>Had three or more antenatal care visits, adequate IFA tablets/syrup, and adequate TT injection.

<sup>2</sup>Received IFA tablets/syrup to last 100 days and consumed all of them.

<sup>3</sup>Received two TT injections in last pregnancy or one during last pregnancy and received TT injection before the last pregnancy.

<sup>4</sup>Mothers who gave birth to a child during last two years preceding the survey.

**TABLE 55: ANTENATAL CARE SERVICES AND INFORMATION RECEIVED**

Percentage of currently married women aged 15-49 who had a live birth in the two years preceding the survey and received ANC for the most recent birth by services and information received, according to residence and SLI quintiles, RHIS, Uttar Pradesh, 2010

Percentage receiving selected services during antenatal care	Residence		SLI quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
Weighed	64.6	37.9	24.0	32.4	37.4	41.5	62.6	42.5
Blood pressure measured	69.7	39.1	15.3	28.8	51.5	48.3	61.2	44.4
Urine sample taken	78.4	56.9	33.5	51.0	58.0	71.6	72.0	60.6
Blood sample taken	74.7	48.3	30.1	32.1	52.3	62.5	69.5	52.9
Abdomen examined	93.7	87.1	87.3	89.4	85.7	85.1	92.4	88.3
<b>Percentage receiving information on specific pregnancy complications</b>								
Vaginal bleeding	17.8	12.3	2.8	6.3	6.4	17.4	23.4	13.2
Convulsions	10.1	6.1	0.4	5.9	4.7	9.6	9.1	6.8
Prolonged labor	26.3	16.2	10.0	9.2	16.2	21.7	25.2	17.9
Number of women	111	530	85	115	108	159	174	642

**6.6 INFORMATION ON PREGNANCY COMPLICATIONS**

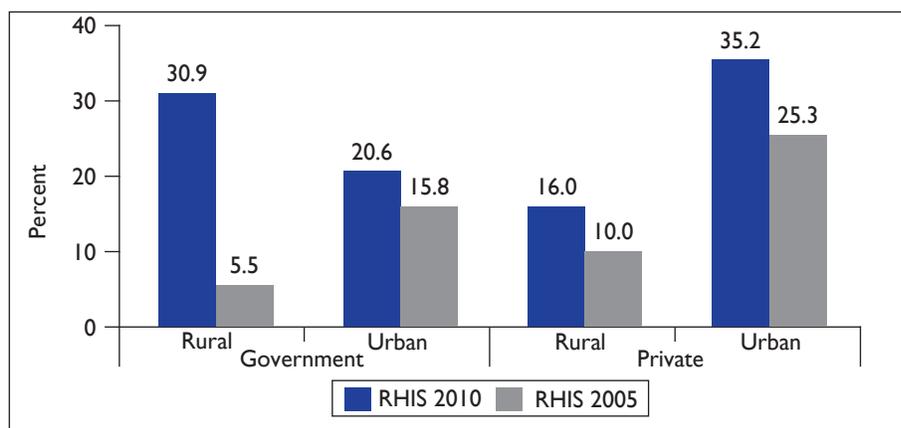
Women who had a birth in the last two years prior to the survey were asked about the information received during ANC visits on pregnancy complications. Eighteen percent of the mothers had received information on prolonged labor, 13 percent of the mothers were informed about vaginal bleeding and only seven percent received information on convulsions (Table 55). The mothers from urban areas are slightly better informed about pregnancy complications compared to their rural counterparts. Of the pregnancy complications, women in the urban areas were more informed about prolonged labor (26 percent) compared to 16 percent in rural areas. Women with a better standard of living are likely to be better informed on pregnancy complications and receive more antenatal check-ups.

**6.7 DELIVERY CARE**

More than half (52 percent) of the deliveries in Uttar Pradesh took place at home, varying from 44 percent in urban areas to about 53 percent in rural areas (Table 56). Forty-eight percent of the deliveries were institutional, the majority of which took place in government institutions (30 percent) and the remaining in private institutions (19 percent). In the urban areas, 36 percent of the deliveries took place in private institutions as compared to 16 percent in the rural areas.

With an increase in the mothers' education level, there is a decline in deliveries at home, from 63 percent among illiterate mothers to only 19 percent among mothers with 12<sup>th</sup> grade or above. Among mothers from the lowest standard of living, 39 percent had institutional deliveries as compared to 67 percent among mothers from the highest SLI quintile. A significant increase is observed in government institutional deliveries since RHIS 2005, especially in rural areas (Figure 20).

**FIGURE 20: INSTITUTIONAL DELIVERY**



**TABLE 56: PLACE OF DELIVERY**

Percent distribution of currently married women aged 15-49 in the two years preceding the survey by place of delivery, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Govt. health facility	Private health facility	Home	Any health facility	Number of women
<b>Mother's age at birth</b>					
<20	32.3	21.1	46.6	53.4	177
20-34	29.7	18.2	52.2	47.8	923
35-49	19.9	15.3	64.8	35.2	56
<b>Parity</b>					
1	24.4	31.4	44.1	55.9	288
2	36.9	21.0	42.1	57.9	236
3	33.9	12.1	54.0	46.0	233
4+	26.2	10.0	63.8	36.2	389
<b>Residence</b>					
Urban	20.3	35.9	43.8	56.2	154
Rural	31.0	15.8	53.2	46.8	1,002
<b>Education</b>					
Illiterate	26.5	10.4	63.1	36.9	670
<8 years complete	29.2	23.4	47.4	52.6	164
8-11 years complete	44.4	22.2	33.3	66.7	203
12 or more years complete	23.9	56.7	19.4	80.6	105
Other (Non-formal)	10.1	8.6	81.3	18.7	15
<b>Religion</b>					
Hindu	32.8	16.3	50.9	49.1	880
Muslim	19.7	24.4	56.0	44.0	271
Other	8.8	71.7	19.5	80.5	6
<b>Caste/Tribe</b>					
SC/ST	40.1	14.6	45.3	54.7	326
OBC	25.2	15.7	59.2	40.8	599
Other	26.2	31.3	42.4	57.6	231
<b>SLI quintile</b>					
Lowest	32.9	6.1	61.0	39.0	225
Low	25.6	7.0	67.4	32.6	250
Medium	29.8	15.6	54.6	45.4	192
High	36.4	20.4	43.2	56.8	268
Highest	22.3	44.2	33.4	66.6	221
<b>Total</b>	<b>29.6</b>	<b>18.5</b>	<b>51.9</b>	<b>48.1</b>	<b>1,157</b>
<b>RHIS 2005</b>	<b>6.9</b>	<b>12.0</b>	<b>81.1</b>	<b>18.9</b>	<b>1,260</b>

The percentage of deliveries attended by untrained *dais* is quite high in Uttar Pradesh (28 percent) (Table 57), varying from 20 percent in urban areas to 29 percent in the rural areas. Almost half of the mothers (51 percent) sought assistance at delivery from a health professional, i.e. doctor, ANM/nurse or other health professionals. As expected, this was more in the urban areas (63 percent) compared to the rural areas (49 percent).

Assistance at delivery by a health professional was higher among younger and low parity mothers. More than one-third (35 percent) of the illiterate mothers sought assistance from untrained *dais* during delivery as compared to just eight percent among mothers with Grade 12 education and above. Using

the services of an untrained *dai* at delivery was very high among the poor sections of the society, with more than one-third of the mothers seeking such assistance. On the other hand, about three out of five (69 percent) of the deliveries among women belonging to the highest standard of living were assisted by a health professional and a little less than 52 percent of the women sought assistance from a doctor.

### 6.8 POSTNATAL CARE

Thirty-nine percent of women who had delivered a child during the past two years were visited by a health worker/anganwadi worker (Table 58). The proportion of mothers who received PNC was more or less similar in the urban areas (39 percent) and rural areas (40 percent). Of those who received PNC, almost two-fifths

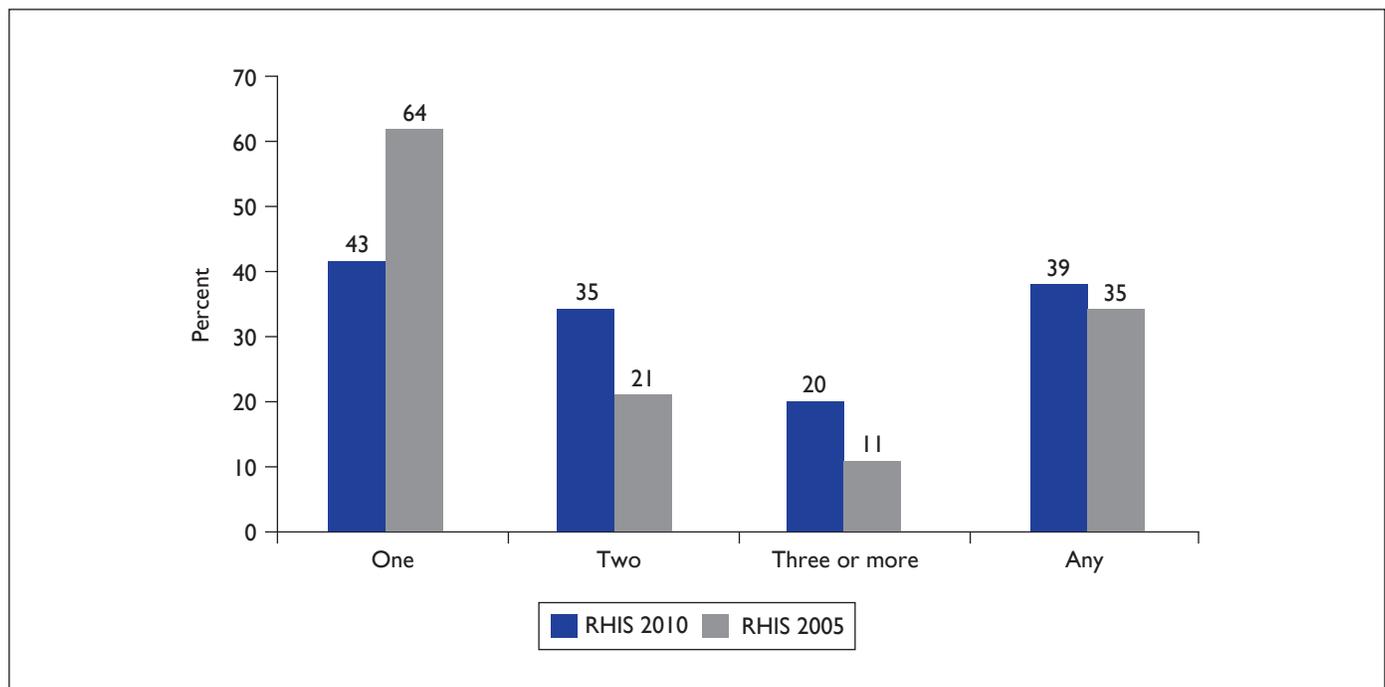
(43 percent) received at least one PNC visit by a health worker/anganwadi worker within six weeks of delivery, over two-thirds (35 percent) were visited twice and one-fifth of the mothers were visited three or more times.

Surprisingly, no substantial differentials exist by level of education. However, PNC was positively associated with standard of living quintiles, as PNC received by the women varies from 29 percent in the lowest quintile to 49 percent in the highest quintile. The percent of women receiving PNC increased to 39 percent from 35 percent at the time of RHIS 2005 (Figure 21).

### 6.9 ADVICE ON CHILD CARE PRACTICES

Women who had delivered a child in the past two years were asked

**FIGURE 21: POSTNATAL CARE**



**TABLE 57: ASSISTANCE DURING DELIVERY**

Percent distribution of currently married women aged 15-49 in the two years preceding the survey by providing assistance during delivery and percentage delivered by caesarian section, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Doctor	ANM/ Nurse	Other health prof- essional	Trained <i>dai</i>	Un-trained <i>dai</i>	Friends/ Relatives	None	Percentage delivered by skilled provider	Number of women
<b>Mother's age at birth</b>									
<20	27.4	30.1	0.0	6.5	26.1	9.8	0.0	57.6	177
20-34	28.5	20.8	0.7	5.6	27.9	15.7	0.9	50.0	923
35-49	24.5	13.5	0.0	10.4	29.0	20.0	2.6	38.0	56
<b>Parity</b>									
1	39.1	20.8	0.8	5.1	24.9	9.2	0.1	60.7	288
2	27.3	33.4	0.4	5.7	18.4	13.8	1.0	61.1	236
3	23.4	22.5	0.0	3.3	32.2	18.6	0.1	45.9	233
4+	22.1	15.3	0.7	8.6	33.4	18.2	1.6	38.1	389
<b>Residence</b>									
Urban	39.6	23.4	0.0	10.7	20.0	5.9	0.4	63.0	154
Rural	26.4	21.7	0.6	5.3	28.8	16.4	0.9	48.7	1,002
<b>Education</b>									
Illiterate	20.5	18.1	0.8	6.1	34.8	18.8	0.9	39.4	670
<8 years complete	34.7	20.1	0.4	7.2	24.5	13.1	0.0	55.2	164
8-11 years complete	32.1	37.6	0.0	6.0	13.5	9.2	1.6	69.7	203
12 or more years complete	61.7	19.6	0.0	3.9	8.4	6.4	0.0	81.2	105
Other (Non-formal)	10.1	13.4	0.0	3.6	69.7	3.1	0.0	23.6	15
<b>Religion</b>									
Hindu	27.2	23.3	0.7	5.7	25.6	17.1	0.5	51.1	880
Muslim	30.5	17.5	0.0	6.8	34.8	8.4	1.9	48.0	271
Other	63.6	16.9	0.0	8.8	10.7	0.0	0.0	80.5	6
<b>Caste/Tribe</b>									
SC/ST	27.2	29.9	1.1	5.9	23.5	12.4	0.1	58.2	326
OBC	22.1	20.5	0.4	5.7	32.4	18.2	0.7	43.1	599
Other	45.1	14.1	0.0	7.0	21.4	10.2	2.2	59.3	231
<b>SLI quintile</b>									
Lowest	14.4	22.8	0.7	4.2	34.9	22.8	0.2	37.8	225
Low	17.3	17.9	1.4	8.6	36.5	17.7	0.6	36.6	250
Medium	25.0	24.1	0.0	5.7	29.6	15.7	0.0	49.1	192
High	32.6	26.9	0.4	4.6	22.7	10.5	2.3	59.9	268
Highest	51.7	17.6	0.0	6.9	14.7	8.7	0.5	69.3	221
<b>Total</b>	<b>28.1</b>	<b>21.9</b>	<b>0.5</b>	<b>6.0</b>	<b>27.7</b>	<b>15.0</b>	<b>0.8</b>	<b>50.6</b>	<b>1,157</b>
<b>RHIS 2005</b>	<b>14.7</b>	<b>11.3</b>	<b>0.3</b>	<b>8.8</b>	<b>43.8</b>	<b>20.2</b>	<b>0.8</b>	<b>26.3</b>	<b>1,260</b>

**TABLE 58: POSTNATAL CARE**

Percentage of currently married women aged 15-49 who delivered a child during the two years preceding the survey who received a postnatal check-up and who received a postnatal check-up within two days of birth for their most recent birth, RHIS, Uttar Pradesh, 2010

Background characteristics	Percent of mothers visited by any health/anganwadi worker	Number of mothers	Number of postnatal visits within six weeks of delivery				Total	Number of women
			1	2	3+	Don't know		
<b>Mother's age at birth</b>								
<20	38.6	177	26.4	36.3	29.5	7.9	100.0	69
20-34	39.5	923	45.7	33.9	19.0	1.4	100.0	365
35-49	39.0	56	42.9	43.9	13.2	0.0	100.0	22
<b>Parity</b>								
1	34.7	288	35.6	30.3	28.4	5.8	100.0	100
2	42.4	236	36.2	32.6	27.2	4.0	100.0	100
3	41.1	233	44.1	39.6	16.1	0.2	100.0	96
4+	40.5	389	49.7	36.4	13.6	0.3	100.0	158
<b>Residence</b>								
Urban	39.3	152	38.4	42.2	15.2	4.1	100.0	60
Rural	39.5	1,005	43.3	33.6	21.1	2.0	100.0	395
<b>Education</b>								
Illiterate	37.5	670	39.0	38.7	19.2	3.1	100.0	251
<8 years complete	44.7	164	55.6	21.7	20.8	1.9	100.0	73
8-11 years complete	42.2	203	44.9	31.6	22.9	0.6	100.0	86
12 or more years complete	40.0	105	37.1	39.4	21.2	2.3	100.0	42
<b>Religion</b>								
Hindu	36.7	880	44.6	32.8	20.3	2.3	100.0	323
Muslim	47.5	271	38.8	38.2	20.9	2.1	100.0	129
<b>Caste/Tribe</b>								
SC/ST	42.8	326	43.4	41.4	14.8	0.5	100.0	140
OBC	34.0	599	44.2	31.8	22.1	1.9	100.0	204
Other	48.4	231	38.7	31.9	24.0	5.4	100.0	112
<b>SLI quintile</b>								
Lowest	29.3	225	46.1	40.1	11.3	2.5	100.0	66
Low	35.5	250	41.2	38.5	18.9	1.5	100.0	89
Medium	39.6	192	44.4	35.2	14.2	6.3	100.0	76
High	44.8	268	48.3	24.7	25.8	1.2	100.0	120
Highest	47.1	221	33.8	39.5	25.4	1.3	100.0	104
<b>Total</b>	<b>39.4</b>	<b>1,157</b>	<b>42.6</b>	<b>34.8</b>	<b>20.3</b>	<b>2.3</b>	<b>100.0</b>	<b>455</b>
<b>RHIS 2005</b>	<b>34.9</b>	<b>1,260</b>	<b>63.9</b>	<b>21.2</b>	<b>10.8</b>	<b>3.3</b>	<b>100.0</b>	<b>439</b>

about the counseling they received from health workers on child care practices. More than one-third (38 percent) of the mothers did not receive any advice on child care practices (Table 59). Nearly half of the mothers (47 percent) received messages about child immunization

from health workers, 44 percent said that the health worker had discussed exclusive breastfeeding with them, 36 percent said that they were advised about keeping the baby warm during the first week of birth, and 23 percent reported that the health worker discussed

supplementary feeding. More such discussions were reported from the urban women and women from the higher SLI quintiles.

## 6.10 CONCLUSIONS

Per the survey findings, one out of every ten women in Uttar Pradesh

**TABLE 59: CHILD CARE COUNSELING**

Percent of currently married women aged 15-49 in the two years preceding the survey by child care practices, according to residence and standard of living quintiles, RHIS, Uttar Pradesh, 2010

Child care practices	Residence			Standard of living quintile				Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
Keeping the baby warm	49.2	33.6	30.2	24.5	33.6	42.9	47.1	35.7
Exclusive breastfeeding	55.0	42.6	36.7	33.9	43.0	53.6	53.3	44.2
Supplementary feeding	28.7	21.7	16.8	12.8	22.0	28.5	33.1	22.6
Child immunization	52.6	46.6	38.8	36.2	47.3	53.1	62.0	47.4
All	10.5	8.2	3.7	4.5	7.3	14.0	12.4	8.5
Any two	61.5	46.7	42.0	33.5	47.7	55.1	65.8	48.7
None	28.3	40.0	50.1	49.7	41.1	30.3	21.5	38.4
Number of women	154	1,002	225	250	192	268	221	1,157

did not receive any antenatal check-up. Nearly one-third of the mothers registered for antenatal check-ups in the first trimester of their pregnancy. Full antenatal coverage, i.e. mothers who received three or more antenatal check-ups, adequate IFA tablets/syrup and two or more TT injections, is low in the state. The coverage needs to be extended to younger women, women of higher parities as well as socio-economically disadvantaged women.

Even though three out of every five mothers receive IFA supplements, the consumption is quite low. There is, thus, a strong need for educating the

women about the benefits of IFA supplements. The TT coverage is low among socio-economically disadvantaged women and hence, there is a need for programs to focus on these groups. As a part of essential obstetric care, as well as for monitoring high risk pregnancies, antenatal check-ups should also include routine tests and measurements. Currently, the percentage of women who undergo such tests is very low.

Nearly half of the deliveries in Uttar Pradesh are institutional deliveries and almost half of the deliveries are assisted by health workers. Educating women on the benefits

of professional medical care during pregnancy and delivery is, thus, of utmost importance.

The health of the mother and the newborn depends not just on the services received during pregnancy and delivery, but also on the quantum of care received during the first few weeks after delivery, i.e. PNC. Two out of every five mothers in the state were visited by a health worker during the postnatal period, and even though, the RCH program recommends three postnatal check-ups, the percentage of women visited by a health worker three or more times is very low.

# QUALITY OF HEALTHCARE

One of the objectives of this study is to understand the attitudes and practices of eligible women with regard to family planning and reproductive health. It also aims to assess the level of care that they receive via their interaction with family planning caregivers and the issues which cause them concern. One way of gauging the quality of care available to these women is the frequency of exposure to care-giving persons and facilities, and whether this interaction is meeting their family planning questions and needs.

### 7.1 SOURCE OF HEALTHCARE

Accessibility and availability of healthcare is a reflection of a community's general health status, as well as the reach and coverage of health facilities. Respondents to the household interview were asked to identify the place where members of the household generally go when they get sick. Almost four out of five households (81 percent) generally seek healthcare from the private medical sector, while one-fifth of households seek care from the public medical sector (Table 60).

The private medical sector remains the primary source of healthcare for the majority of households in

**TABLE 60: SOURCE OF TREATMENT FOR HOUSEHOLD MEMBERS**

Percent distribution of households by source of treatment for any sickness according to place of residence, RHIS, Uttar Pradesh, 2010

Health facility	Urban	Rural	Total
Government Hospital	14.1	4.4	6.2
Community health center/Primary health center	3.7	13.9	12.0
Ayush hospital			
Other government health facilities	0.1	0.3	0.3
NGOs/Trust hospitals	0.6	0.5	0.5
Private hospital	0.2	0.1	0.1
Private doctor/clinic	6.2	2.7	3.3
Other private health facilities	64.4	58.1	59.3
Total percent	10.7	19.9	18.2
Number of households	100.0	100.0	100.0
Mean distance (in kilometer)	880	3,897	4,777
Mean time taken to reach health facility (in minutes)	1.5	3.6	3.3
	18	33	30

both urban areas (82 percent) and rural areas (81 percent). The main provider of care among private providers was a private doctor or clinic. Sixty-five percent of urban households and 58 percent of rural households go to a private doctor or private clinic for healthcare.

Information on physical accessibility to the health facilities utilized in terms of distance travelled and time taken to reach a health facility show that the average distance travelled is 3.3 kilometers by household

members with considerable variation by place of residence (1.5 kilometers in urban areas and 3.6 kilometers in rural areas). The average time to reach the health facility was 30 minutes with considerable variation by place of residence (19 minutes in urban areas and 32 minutes in rural areas).

### 7.2 REASONS FOR NOT USING GOVERNMENT HEALTH FACILITIES

The very low level of utilization of government health facilities (only

one-fifth of households), makes it essential to examine the reasons for their non-utilization. The major reasons for not utilizing the government health facilities were

'no nearby facility' (42 percent), 'poor quality of care' (41 percent), 'drugs/medicine not available' (37 percent) and 'waiting time too long' (24 percent). There was

no major variation in reporting these reasons between urban and rural households in the state (Table 61).

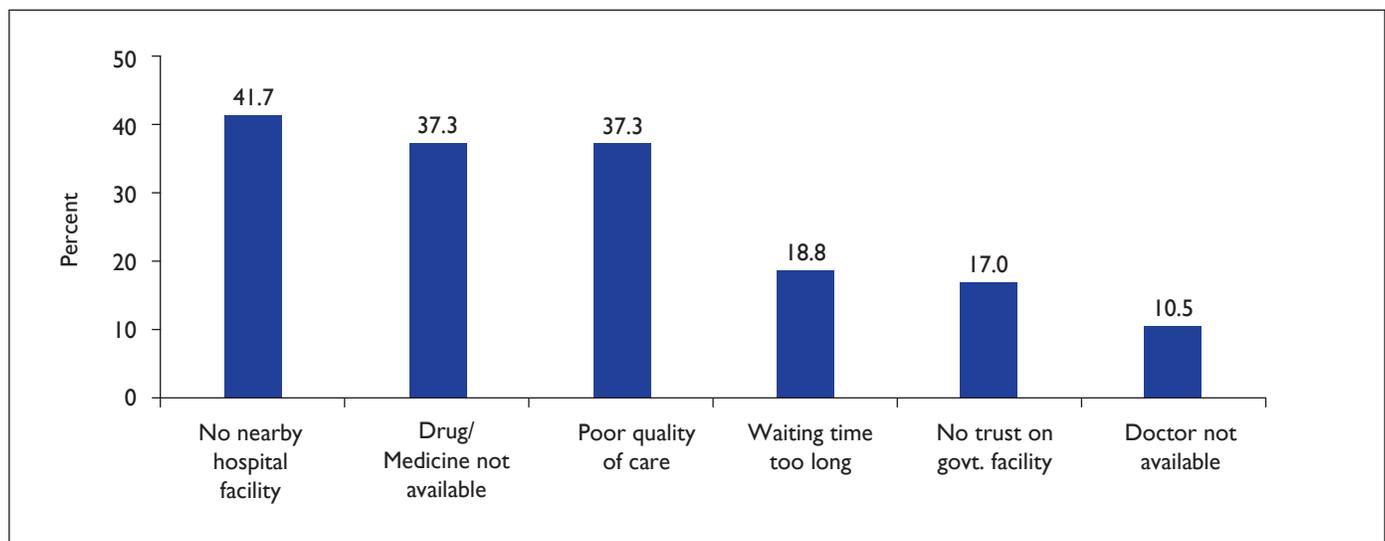
**TABLE 61: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITY**

Percentage of households not utilizing government health facilities by reasons for not utilizing them according to place of residence and SLI quintile, RHIS, Uttar Pradesh, 2010

Reasons	Place of residence		SLI quintile					Total
	Urban	Rural	Lowest	Second	Medium	Fourth	Highest	
No adequate infrastructure	13.9	20.1	23.6	20.2	17.6	19.9	14.0	19.0
No nearby hospital facility	40.9	41.9	46.8	45.3	39.2	44.1	33.4	41.7
Not aware about any facility	2.9	3.5	4.7	5.5	1.4	3.0	2.2	3.4
Doctor not available	9.1	10.9	10.2	7.7	12.8	9.0	13.3	10.5
Facility timing not convenient	7.9	7.0	3.5	5.8	6.9	6.3	12.9	7.2
Health personnel often absent	6.2	4.5	5.6	3.9	4.2	4.4	5.8	4.8
Waiting time too long	24.1	17.6	12.6	13.6	22.9	18.1	26.7	18.8
Poor quality of care	41.4	36.4	30.1	36.8	37.4	38.6	42.8	37.3
Drug/Medicine not available	37.9	37.2	31.2	36.7	37.3	41.4	39.5	37.3
No trust on Govt. Facility	20.7	16.2	11.9	17.0	15.0	14.0	25.7	17.0
Other	7.3	8.4	11.0	8.1	7.9	8.4	5.8	8.2
Number of households	716	3153	741	823	642	808	855	3869

Note: Total percent may add to more than 100.0 because of multiple responses.

**FIGURE 22: MAJOR REASONS FOR NOT USING GOVERNMENT HEALTH FACILITIES**



### 7.3 HEALTH INSURANCE COVERAGE

Health insurance coverage in India is far from satisfactory, despite the existence of a large population living below the poverty line and/or illiterate, which lives under great health risks. Only two percent of households under covered with health insurance in the state. Health insurance was found more in households in urban areas and households in higher standard of living quintiles than their respective counterparts (Table 62).

### 7.4 HEALTH WORKER VISITS/ VISITS TO HEALTH CAMPS/ FACILITIES

Nearly half of the eligible women (47 percent) were visited by a health worker and almost half (52 percent) reported having themselves visited health camps or facilities in the last three months prior to the survey (Table 63).

Those between 25 and 34 years were more likely to be visited by a health worker at home or to visit health camps and facilities on their own initiative, compared to their younger and older counterparts. Half or more of the women above 25 years of age took the initiative to visit health camps and facilities on their own, which suggests that they themselves feel the need for the services on offer.

Nearly half of the women in the rural areas (49 percent), those belonging to SCs/STs and OBCs (almost 48 percent each) and those in the bottom two standard of living quintiles (about 50 percent) were visited by a health worker at home in the three months prior to the survey. The percentage of visits is

**TABLE 62: HEALTH INSURANCE COVERAGE**

Percent distribution of households covered with health insurance, according to residence and standard of living quintiles, RHIS, Uttar Pradesh, 2010

Characteristics	Yes	No	Don't know	Total	
<b>Place of residence</b>					
Urban	2.3	95.8	1.8	100.0	880
Rural	2.2	95.1	2.7	100.0	3897
<b>SLI quintile</b>					
Lowest	1.8	92.3	5.9	100.0	966
Low	2.0	96.2	1.7	100.0	989
Medium	2.5	94.9	2.5	100.0	810
High	2.6	96.5	.9	100.0	1005
Highest	2.4	96.0	1.7	100.0	1008
Number	2.3	95.2	2.5	100.0	4777

higher than those of their urban and economically more advantaged counterparts, where the numbers are generally less than half. This could be partly explained by the fact that the wealthier women are also located in the urban areas; and that they are healthier with lower fertility rates. Moreover, health worker family visits do not take place to the same extent in the urban areas as in the rural areas.

Muslim women were somewhat more likely to have been visited by a health worker at home (55 percent) than their Hindu counterparts (45 percent). Similarly, Muslim women were also more likely to have visited camps and facilities (59 percent) than Hindu women (51 percent). Level of education and standard of living play a significant role in health-seeking as more women with 12<sup>th</sup> grade or higher education visited health facilities (56 percent) compared to illiterate

women (51 percent). A higher proportion of women who belong to highest standard of living quintile visited health facilities (59 percent) than women from the lowest quintile 41 percent).

### 7.5 AFFILIATION OF HEALTH WORKER AND SERVICES PROVIDED

In order to ascertain the most popular service provider and the types of services provided, respondents were asked about the affiliation of the health workers who visited them and the type of services they received.

In 86 percent of the instances, across the board, the women reported being visited at home by health workers from the government sector. The private, NGO and other sectors account for a lesser proportion of health visits and related services (Table 64). In 84 percent of the

instances, the services provided by the visiting health worker were related to child immunization or

polio vaccination. Family planning, ANC or PNC related services were provided during these

visits, with merely one in out of 10 women having received such services.

**TABLE 63: HEALTH WORKER VISITS AND VISITS TO HEALTH FACILITIES**

Percent of currently married women aged 15-49 who were visited at home by a health worker or visited any health facility or camp during 3 months preceding the survey, according to background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	By any health worker at home		Any health facility or camp		Number of women
	Within 3 months	Before 3 months	Within 3 months	Before 3 months	
<b>Age group</b>					
15-24	49.3	40.5	50.5	34.2	1165
25-34	54.7	33.3	54.5	33.5	1648
35-49	35.7	39.9	51.6	34.7	1480
<b>Parity</b>					
0	23.9	55.0	46.9	34.4	467
1	53.0	37.8	52.5	33.5	529
2	51.1	36.1	57.7	32.1	653
3	47.8	39.5	52.2	33.5	749
4+	48.5	32.8	52.0	35.2	1895
<b>Residence</b>					
Urban	36.6	43.3	56.8	29.7	740
Rural	48.8	36.3	51.5	35.0	3553
<b>Education</b>					
Illiterate	49.7	34.8	51.1	36.1	2461
Lit (<Grade 8)	45.3	38.3	53.4	29.8	607
Lit (Grade 8-11)	43.2	41.5	54.6	33.1	770
Lit (>Grade 12)	38.7	42.8	56.1	31.1	407
Other (Non-Formal)	32.2	56.9	40.7	28.1	49
<b>Religion</b>					
Hindu	44.5	38.8	50.8	35.9	3381
Muslim	54.6	33.0	58.6	27.2	892
Other	55.6	30.2	58.0	40.1	20
<b>Caste/Tribe</b>					
SC/ST	47.9	37.8	52.5	33.6	1116
OBC	47.7	38.0	50.6	37.1	2112
Other	43.4	36.3	56.0	28.7	1065
<b>SLI quintile</b>					
Lowest	50.6	37.4	41.2	38.6	623
Low	49.6	35.5	50.9	37.7	831
Medium	43.1	41.7	51.5	33.6	753
High	47.2	34.8	53.9	32.4	1019
Highest	44.2	38.8	59.4	30.8	1067
<b>Total</b>	<b>46.7</b>	<b>37.5</b>	<b>52.4</b>	<b>34.1</b>	<b>4293</b>

**TABLE 64: AFFILIATION OF THE HEALTH WORKER AND TYPE OF SERVICES RECEIVED**

Percentage of currently married women aged 15-49 who were visited at home by a health worker by affiliation of health worker and type of services received, according to selected background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Type of affiliation of the person who visited her at home			Type of services received during the visit				Number of women
	Govt. sector	Pvt./ NGO sector	Other/Don't remember	Family planning	ANC/ PNC	Child immunization/ polio	Other	
<b>Age group</b>								
15-24	88.9	9.8	1.3	9.1	17.2	86.3	14.5	574
25-34	86.9	11.1	2.1	11.7	11.6	88.9	16.2	901
35-49	81.8	15.6	2.6	11.1	3.9	73.2	30.7	529
<b>Parity</b>								
0	78.4	18.9	2.7	10.1	27.8	62.4	21.9	112
1	85.6	14.0	0.4	4.2	17.1	92.8	16.3	280
2	84.9	12.5	2.6	12.1	13.7	86.1	18.6	334
3	84.8	13.1	2.1	11.3	9.6	81.4	21.3	358
4+	88.2	9.7	2.1	12.3	7.1	84.2	19.9	920
<b>Residence</b>								
Urban	70.3	26.5	3.2	7.3	9.1	89.2	17.1	270
Rural	88.6	9.6	1.8	11.4	11.5	83.2	19.9	1,734
<b>Education</b>								
Illiterate	87.0	11.2	1.8	10.0	10.0	83.8	20.2	1,224
Lit (<Grade 8)	86.9	12.1	.9	12.6	15.0	81.9	19.9	275
Lit (Grade 8-11)	85.5	11.2	3.3	12.0	13.5	84.6	18.6	332
Lit (>Grade 12)	81.0	17.3	1.7	9.9	9.3	88.5	16.5	158
Other (Non-Formal)	70.8	20.1	9.1	26.6	6.9	84.2	12.3	16
<b>Religion</b>								
Hindu	86.2	11.5	2.3	11.4	11.0	82.5	18.3	1,506
Muslim	85.6	13.4	1.1	9.2	11.3	88.3	23.6	487
<b>Caste/Tribe</b>								
SC/ST	88.3	10.3	1.4	9.9	13.1	84.8	17.9	535
OBC	84.8	13.0	2.2	11.1	10.1	83.7	20.9	1,008
Other	86.4	11.3	2.3	11.3	11.4	83.7	18.4	462
<b>SLI quintile</b>								
Lowest	89.8	8.1	2.1	7.5	10.3	86.1	15.6	315
Low	90.5	6.6	2.9	11.8	9.9	84.1	16.1	412
Medium	87.8	11.8	0.4	15.5	13.4	85.2	13.7	324
High	82.8	15.5	1.7	9.5	13.1	81.6	26.1	481
Highest	82.0	15.4	2.5	10.4	9.4	84.3	22.5	472
<b>Birth during past 2 years</b>								
Yes	88.1	10.2	1.7	10.7	17.0	91.7	12.4	759
No	84.9	12.9	2.2	10.9	7.7	79.3	23.9	1,245
<b>Total</b>	<b>86.1</b>	<b>11.9</b>	<b>2.0</b>	<b>10.8</b>	<b>11.2</b>	<b>84.0</b>	<b>19.5</b>	<b>2,004</b>

**TABLE 65: TYPE OF HEALTH FACILITY VISITED AND TYPE OF SERVICES SOUGHT**

Percentage of currently married women aged 15-49 who visited any health facility or camp by type of facility and type of services sought, according to selected background characteristics, RHIS, Uttar Pradesh, 2010

Background characteristics	Type of health facility visited			Type of services sought during the visit				Number of women
	Govt. sector	Pvt./ NGO sector	Other	Family planning	ANC/ PNC	Child immunization/ polio	Other	
<b>Age group</b>								
15-24	29.3	59.7	11.0	2.8	16.5	16.6	85.6	588
25-34	18.2	68.3	13.5	5.9	8.2	11.4	90.4	898
35-49	19.0	68.7	12.3	3.4	1.7	3.3	98.0	764
<b>Parity</b>								
0	31.5	56.2	12.3	2.2	23.8	1.2	85.6	219
1	21.8	69.5	8.7	1.2	11.6	20.2	84.3	278
2	25.4	66.6	8.0	5.2	10.7	17.1	88.8	377
3	23.6	64.1	12.3	5.9	6.1	10.6	92.4	391
4+	16.5	68.2	15.3	4.5	3.5	6.2	96.1	986
<b>Residence</b>								
Urban	20.3	72.0	7.7	4.0	8.8	8.9	92.4	420
Rural	21.6	64.9	13.5	4.3	8.0	10.3	91.6	1,830
<b>Education</b>								
Illiterate	20.0	67.4	12.7	3.7	6.5	8.8	93.6	1,258
Lit (<8 <sup>th</sup> grade)	23.4	61.6	15.0	3.4	11.8	9.3	93.7	324
Lit (8-11 <sup>th</sup> grade)	23.1	61.8	15.1	7.6	10.8	13.8	85.8	420
Lit (12+ grade)	20.8	76.6	2.6	2.0	7.4	11.1	88.8	228
Other (Non-Formal)	46.2	41.3	12.6	2.9	2.9	7.8	100.0	20
<b>Religion</b>								
Hindu	22.7	64.5	12.8	3.9	8.1	10.3	91.1	1,716
Muslim	17.0	71.6	11.5	5.4	8.5	9.0	93.8	522
<b>Caste/Tribe</b>								
SC/ST	29.0	58.3	12.7	4.2	8.8	7.8	92.5	586
OBC	19.1	68.7	12.2	4.2	8.8	12.6	90.5	1,068
Other	17.9	69.4	12.6	4.2	6.4	7.6	93.2	596
<b>SLI quintile</b>								
Lowest	18.0	68.7	13.4	4.2	8.7	9.2	94.7	257
Low	27.9	55.9	16.2	2.6	7.9	9.3	92.0	423
Medium	25.4	64.8	9.8	5.2	6.2	8.7	93.0	387
High	20.4	65.8	13.7	4.3	10.3	12.0	90.1	550
Highest	16.7	73.3	10.0	4.7	7.4	9.9	91.0	634
<b>Birth during past 2 years</b>								
Yes	26.6	61.8	11.6	5.4	15.1	23.5	83.2	672
No	19.1	68.1	12.8	3.7	5.2	4.3	95.4	1,578
<b>Total</b>	<b>21.4</b>	<b>66.2</b>	<b>12.4</b>	<b>4.2</b>	<b>8.1</b>	<b>10.0</b>	<b>91.7</b>	<b>2,250</b>

## 7.6 TYPE OF HEALTH FACILITY VISITED AND SERVICES SOUGHT

To ascertain the favored sources from which women sought healthcare and the types of services they looked for during such visits, they were asked to identify the health facilities or camps that they had visited in the previous three months and the services which they had sought during those visits.

Although the healthcare space consists of four sectors (the government, private, NGOs and others), it is found that the private sector has a definite edge over the rest (Table 65). Healthcare is, thus, monopolized by the private and government sectors, with the private sector dominating over the government sector. While almost one-fifth of the women (21 percent) reported having visited government facilities, two-thirds (66 percent) claimed to have visited private sector/NGO facilities. There were no significant variations in the pattern across the different characteristics, except for a marginal preference for governmental institutions among younger women (29 percent) versus older women (about 19 percent).

Of the women who visited a health facility, most reportedly sought services other than FP, ANC/PNC or child immunization/polio.

## 7.7 DISCUSSION ON MODERN METHODS OF FAMILY PLANNING WITH HEALTH WORKER

During their contacts with health or family planning workers in the last three months prior to survey, about two-thirds of the women

(62 percent) claimed to have discussed a modern method for delaying or avoiding pregnancy (Table 66).

Almost half of the women had discussed modern spacing methods such as pills, condoms or IUDs, while nearly one-third (29 percent) included sterilization in their conversations with health workers. Two-thirds of those aged 25 to 34 years reported discussions with the health worker on any modern method. Among the younger women, however, this interaction appears to have been less, with only 56 percent of the 15 to 24 age group reporting such discussions. This pattern holds well in the case of modern spacing methods too.

Expectedly, the permanent method of sterilization was discussed most often in the higher age group of 35-49 years (40 percent), falling steadily down the age groups to hardly getting a mention in the lowest age group of 15-24 years (15 percent). Those in the higher age groups were probably satisfied with the number of children they have, and were more interested in limiting the size of their family rather than in increasing it, even at manageable intervals. Discussion on sterilization focused on female sterilization, and male sterilization was rarely mentioned.

Spacing methods are more popular in urban areas than in the rural areas. More urban women discussed modern spacing methods (79 percent) than rural women (48 percent). Hindu women were more likely to have had discussions on modern family planning methods

(63 percent) than Muslim women (54 percent). Hindu women were more than twice as likely to have discussed the permanent method of sterilization compared to their Muslim counterparts (32 percent versus 13 percent). The latter were more hesitant to explore the permanent option and, to a greater extent, discussed spacing methods (53 percent versus 51 percent for Hindu women). As the standards of living rose, so did the interest in discussing family planning methods. Nearly three-fourths of the women (73 percent) in the top quintile claimed to have had discussions on any modern method, with almost two-thirds (65 percent) mentioning spacing methods. In every instance, more discussions were reported about spacing methods than limiting methods. Women who had not given birth in the past two years were more likely to have held discussions on limiting methods of family planning (29 percent) than recent mothers (27 percent). A similar pattern can be observed among women who had discussed family planning during visits with health or family planning workers three months prior to survey. The percentage of family planning discussions during contacts with health or family planning workers increased substantially since RHIS 2005 (Figure 23).

## 7.8 DISCUSSION ON ADVANTAGES AND DISADVANTAGES OF MODERN SPACING METHODS

Condoms (64 percent) dominated the discussions on advantages of spacing methods followed by oral pills (53 percent) and IUDs (43 percent) (Table 67).

**TABLE 66: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACTS WITH HEALTH WORKER**

Percentage of currently married women aged 15-49 who discussed family planning methods to avoid or delay pregnancy with health worker by type of method discussed according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Discussed in last 3 months <sup>1</sup>			Discussed before 3 months <sup>1</sup>			Never discussed	Number of women		
	Any modern method	Any modern spacing	Sterilization	Any traditional method	Any modern method	Any modern spacing			Sterilization	Any traditional method
<b>Age group</b>										
15-24	55.8	51.2	15.1	6.5	66.0	60.6	23.2	7.6	58.8	1165
25-34	65.6	56.6	29.4	4.1	90.0	56.1	52.8	4.2	41.6	1648
35-49	60.8	43.4	40.2	2.2	92.7	49.4	63.1	6.1	44.7	1480
<b>Residence</b>										
Urban	90.1	78.8	32.2	10.0	93.3	68.8	41.6	6.0	54.3	740
Rural	58.0	47.9	28.1	3.5	85.4	51.3	53.7	5.5	45.9	3553
<b>Religion</b>										
Hindu	63.0	50.9	31.9	4.4	85.9	49.8	54.3	5.2	45.6	3381
Muslim	54.4	52.5	12.9	3.4	90.4	73.7	39.5	7.6	53.9	892
<b>Caste/Tribe</b>										
SC/ST	61.4	47.7	32.4	2.7	87.9	58.8	54.5	2.9	49.8	1116
OBC	64.5	54.3	30.1	6.0	81.9	53.8	46.4	7.7	48.3	2112
Other	56.4	49.8	21.8	2.5	94.5	51.1	58.5	4.2	42.9	1065
<b>SLI quintile</b>										
Lowest	44.4	33.1	27.7	.8	80.8	50.7	48.9	3.5	50.7	623
Low	57.1	47.3	27.9	4.0	83.5	46.0	59.6	8.4	51.4	831
Medium	62.8	47.9	34.4	5.1	86.6	51.3	56.7	6.8	44.9	753
High	64.9	55.3	29.6	6.0	86.4	53.2	54.2	3.6	48.0	1019
Highest	72.5	65.4	24.5	4.1	91.7	63.1	43.0	5.9	43.2	1067
<b>Birth during past 2 years</b>										
Yes	61.3	52.6	27.4	4.3	81.5	65.1	42.2	6.4	46.8	1157
No	61.7	50.5	29.3	4.1	88.3	51.2	54.3	5.4	47.5	3136
<b>Total</b>	<b>61.6</b>	<b>51.3</b>	<b>28.6</b>	<b>4.2</b>	<b>86.8</b>	<b>54.2</b>	<b>51.6</b>	<b>5.6</b>	<b>47.3</b>	<b>4293</b>

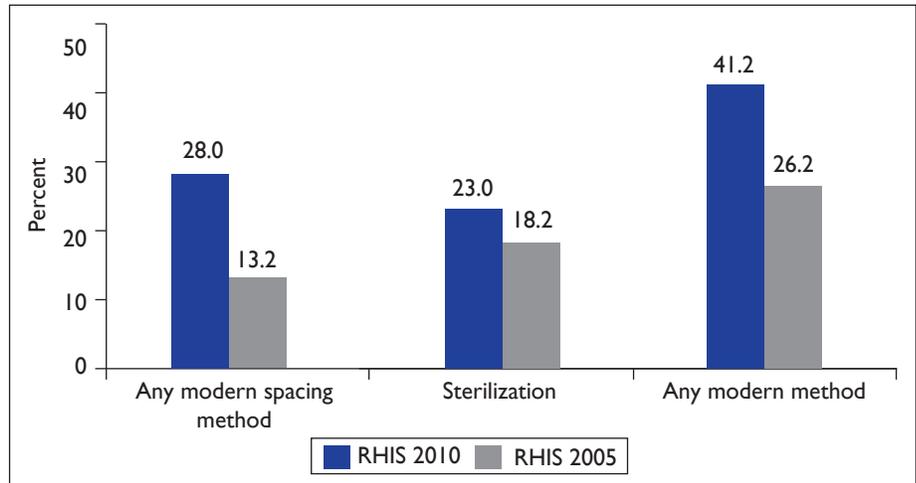
<sup>1</sup>Percent may not add to 100 due to multiple responses

**Across all the age groups, the respondents' greatest comfort level was with condoms.** Over two-thirds (67 percent) of the women aged 25-34 years discussed only the advantages of the spacing method. Women over 25 years were almost as accepting (84 percent), although they were likely to debate the pros and cons of condoms to a somewhat greater extent. Overall, only one out of five women who discussed condoms with the health worker spoke about both advantages and disadvantages of condom use, and a mere four percent concentrated exclusively on the disadvantages.

Familiarity with and inclination towards pills is placed between condoms and IUDs. While two-thirds spoke only about the advantages of pills, one in 10 (seven percent) discussed only the disadvantages, and 29 percent discussed the merits and demerits of the method. Women in the younger age groups had more such discussions compared to older women – 34 percent among the 19 to 24 year olds to 21 percent among those aged 34 years and above.

Muslim women appear to be more accepting of spacing methods, while Hindu women are more likely to seek a fuller picture by discussing the disadvantages as well as advantages. Women in the second lowest standard of living quintiles were more apprehensive about pill usage than those who were economically better off. Forty-two percent of the women who discussed IUDs with the health workers discussed the advantages and disadvantages of the method.

**FIGURE 23: DISCUSSION OF FAMILY PLANNING METHODS DURING CONTACTS WITH HEALTH WORKERS**



### 7.9 CONCLUSIONS

While there is evident interaction between caregivers and eligible women with regard to family planning services and concerns, these efforts need to be stepped up as almost half of the women in the state are not covered. This gap is more apparent in urban areas.

Also, greater efforts are called for to provide family planning assistance and counseling to women aged 25-34. Women in this age group are more likely to discuss family planning issues during the health worker home visits, and they are also more likely to visit health camps and facilities on their own initiative. They show great interest in family planning techniques, especially in limiting methods, i.e. sterilization. The older women, particularly those between the ages of 35 and 49, seem least interested in discussing family planning.

Health workers who make home visits belong to the public sector, and the main services they provide during their visits are child immunization and polio vaccination.

Hardly any family planning, antenatal or postnatal services are rendered during these visits, indicating that they are falling short in one of their basic functions, which is to promote family planning.

The level of discussion on modern family planning methods is average, with nearly two-thirds of the women getting involved. Furthermore, even among those who discussed modern spacing methods, the discussion focused on the advantages, and it appears that knowingly or unknowingly, the health workers avoid mentioning the disadvantages. If all the eligible women can be educated on the modern methods, both spacing and limiting, they would be in a position to make an informed choice, to suit their own circumstances.

The private sector is responsible for the major quantum of health assistance sought out by the women. However, this service remains confined to the seekers, and since it does not reach out to the rest, a large proportion is left lacking the necessary benefits.

**TABLE 67: ISSUES DISCUSSED ABOUT MODERN SPACING METHODS**

Percent of currently married women aged 15-49 who discussed about advantage/disadvantage of specific family planning methods with health worker according to selected characteristics, RHIS, Uttar Pradesh, 2010

Characteristics	Pill			Condom			IUD					
	Advantage	Disadvantage	Both	None	Advantage	Disadvantage	Both	None	Advantage	Disadvantage	Both	None
<b>Age group</b>												
15-24	45.0	9.2	34.4	11.4	57.1	1.6	22.2	19.1	24.3	2.7	52.7	20.3
25-34	52.2	7.0	30.7	10.1	67.3	6.5	17.0	9.2	45.5	3.4	40.2	10.9
35-49	60.8	5.7	21.6	11.8	64.7	3.8	16.8	14.8	48.3	2.7	39.9	9.1
<b>Residence</b>												
Urban	48.9	6.5	26.8	17.8	60.1	2.8	20.0	17.0	47.9	4.9	38.7	8.5
Rural	54.1	7.3	29.1	9.5	65.0	4.9	17.7	12.3	41.7	2.5	43.1	12.6
<b>Religion</b>												
Hindu	51.8	6.2	32.3	9.7	60.4	4.9	21.1	13.6	36.0	3.0	48.3	12.7
Muslim	58.3	10.5	15.1	16.1	75.7	3.0	9.4	12.0	68.9	3.0	19.5	8.5
<b>Caste/Tribe</b>												
SC/ST	56.9	8.9	22.8	11.4	59.5	6.2	18.5	15.9	39.1	1.8	38.2	20.9
OBC	52.7	6.1	31.3	9.9	65.1	4.3	19.3	11.3	40.5	4.4	49.5	5.7
Other	50.1	7.3	30.0	12.7	66.2	3.0	15.9	14.9	51.3	1.7	33.3	13.7
<b>SLI quintile</b>												
Lowest	61.4	6.2	26.8	5.6	65.1	6.6	8.1	20.2	50.6	17.1	22.1	10.2
Low	56.5	10.1	24.0	9.4	64.8	5.0	12.8	17.5	14.7		71.2	14.1
Medium	54.3	8.5	28.4	8.8	67.1	4.8	13.7	14.3	57.7	2.8	37.3	2.2
High	53.1	5.7	26.5	14.8	63.5	3.4	20.9	12.2	41.3		36.3	22.5
Highest	47.6	6.2	34.2	12.1	61.7	4.0	25.0	9.3	45.4	2.8	43.2	8.6
<b>Birth during past 2 years</b>												
Yes	48.6	7.5	32.0	12.0	63.0	3.0	22.8	11.3	33.8	3.4	47.0	15.8
No	55.4	6.9	27.1	10.5	64.4	5.1	16.2	14.3	47.4	2.8	39.9	9.9
<b>Total</b>	<b>53.2</b>	<b>7.1</b>	<b>28.7</b>	<b>11.0</b>	<b>64.0</b>	<b>4.4</b>	<b>18.2</b>	<b>13.4</b>	<b>43.0</b>	<b>3.0</b>	<b>42.2</b>	<b>11.8</b>

# REFERENCES

1. Government of Uttar Pradesh. 2000. Uttar Pradesh Population Policy, Department of Health and Family Welfare, Government of Uttar Pradesh, Uttar Pradesh.
2. International Institute for Population Sciences (IIPS) and ORC Macro. 2000. National Family Health Survey (NFHS-2), 1998-99: India. Mumbai: IIPS.
3. International Institute for Population Sciences (IIPS) and ORC Macro. 2007. National Family Health Survey (NFHS-3), 2005-06: India. Mumbai: IIPS.
4. International Institute for Population Sciences (IIPS) and ORC Macro. 2008. National Family Health Survey (NFHS-3), 2005-06: Uttar Pradesh. Mumbai: IIPS.
5. Office of the Registrar General. 2001. Final Population Totals, A Series, Census of India. New Delhi: Office of the Registrar General, India.
6. Office of the Registrar General. 2001. Social Cultural Tables, Census of India. New Delhi: Office of the Registrar General, India.
7. Office of the Registrar General. 1999a. Sample Registration System: Statistical Report 1997. New Delhi: Office of the Registrar General, India.
8. Office of the Registrar General. 1999b. Sample Registration System Compendium of India's Fertility and Mortality Indicators, 1971-1997. New Delhi: Office of the Registrar General, India.
9. Office of the Registrar General. 2009. Sample Registration System Bulletin, Vol. 44, No. 1. New Delhi: Office of the Registrar General, India.
10. Office of the Registrar General, SRS based abridged life tables, 2001-2005. Analytical Studies report no. 3 of 2007.
11. Reproductive Health Indicator Survey (RHIS, 2005). 2005. Reproductive Health Indicator Survey, Uttar Pradesh, 2005. New Delhi: USAID India and the Futures Group International.

# APPENDICES



# ORGANIZATIONS INVOLVED IN DATA COLLECTION

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## ESTIMATES OF SAMPLING ERRORS

<b>List of variables for sampling errors, RHIS, Uttar Pradesh, 2010</b>		
Variable	Estimate	Base population
Children ever born	Mean	Currently married women aged 15-49
Children surviving	Mean	Currently married women aged 15-49
Currently using any method	Proportion	Currently married women aged 15-49
Currently using a modern method	Proportion	Currently married women aged 15-49
Currently using a traditional method	Proportion	Currently married women aged 15-49
Currently using spacing method	Proportion	Currently married women aged 15-49
Using public medical sector source of contraception	Proportion	Women age 15-49 currently using modern methods of contraception
Want no more children	Proportion	Currently married women aged 15-49
Want to delay next birth at least 2 years	Proportion	Currently married women aged 15-49
Mother received any antenatal care	Proportion	Women with at least one birth in last two years (last birth)
Mother received ANC in first trimester	Proportion	Women with at least one birth in last two years (last birth)
Took iron and folic acid (IFA) for 90 days or more	Proportion	Women with at least one birth in last two years (last birth)
Received two TT injections	Proportion	Women with at least one birth in last two years (last birth)
Births delivered by a skilled provider	Proportion	Births in last 2 years
Institutional delivery	Proportion	Births in last 2 years
Postnatal care for mother within 6 week of birth	Proportion	Women with at least one birth in last two years (last birth)
Health worker's visit at home in last 3 months	Proportion	Currently married women aged 15-49
Visit to health facility in last 3 months	Proportion	Currently married women aged 15-49
Listen to radio in a week	Proportion	Currently married women aged 15-49
Watch television in week	Proportion	Currently married women aged 15-49
Read newspaper/magazine in a week	Proportion	Currently married women aged 15-49

Sampling errors, RHIS, Uttar Pradesh, 2010								
Value (R)	Standard error (SE)	Number of cases		Design effect (DEFT)	Relative standard error (SE/R)	Confidence limits		
		Unweighted (N)	Weighted (WN)			R-2SE	R+2SE	
Children ever born (currently married women aged 15-49)	3.404	0.052	4293	4293	1.440	0.015	3.303	3.505
Children surviving (currently married women aged 15-49)	2.977	0.044	4293	4293	1.453	0.015	2.890	3.064
Currently using any method (currently married women aged 15-49)	0.440	0.010	4293	4293	1.379	0.024	0.419	0.460
Currently using a modern method (currently married women aged 15-49)	0.316	0.010	4293	4293	1.381	0.031	0.297	0.335
Currently using a traditional method (currently married women aged 15-49)	0.118	0.007	4293	4293	1.364	0.057	0.105	0.131
Currently using any spacing method (currently married women aged 15-49)	0.132	0.007	4293	4293	1.368	0.054	0.118	0.145
Using public medical sector source of contraception (women aged 15-49 currently using modern methods of contraception)	0.582	0.018	1463	1355	1.379	0.031	0.547	0.617
Want no more children (currently married women aged 15-49)	0.654	0.010	4293	4293	1.426	0.016	0.634	0.674
Want to delay next birth at least 2 years (currently married women aged 15-49)	0.149	0.008	4293	4293	1.422	0.052	0.134	0.164
Mother received any antenatal care (women with most recent birth in last two years)	0.908	0.012	1082	1157	1.359	0.013	0.885	0.932
Mother received ANC in first trimester (women with most recent birth in last two years)	0.311	0.020	983	1051	1.375	0.065	0.271	0.351
Took iron and folic acid (IFA) for 100 days or more (women with most recent birth in last two years)	0.334	0.021	1082	1157	1.446	0.062	0.294	0.375
Received at least two TT injections (currently married women aged 15-49)	0.847	0.015	1082	1157	1.376	0.018	0.817	0.877
Births delivered by a skilled provider (women with most recent birth in last two years)	0.506	0.021	1082	1157	1.410	0.042	0.464	0.548
Institutional delivery (women with most recent birth in last two years)	0.481	0.021	1082	1157	1.402	0.044	0.439	0.523
Postnatal care (women with most recent birth in last two years)	0.394	0.019	1082	1157	1.281	0.048	0.356	0.431
Health worker's visit at home in last 3 months (currently married women aged 15-49)	0.467	0.010	4293	4293	1.306	0.021	0.447	0.486
Visit to health facility in last 3 months (currently married women aged 15-49)	0.524	0.010	4293	4293	1.369	0.020	0.504	0.545
Listen to radio in a week (currently married women aged 15-49)	0.295	0.009	4293	4293	1.348	0.032	0.277	0.314
Watch television in week (currently married women aged 15-49)	0.455	0.010	4293	4293	1.369	0.023	0.435	0.475
Read newspaper/magazine in a week (currently married women aged 15-49)	0.129	0.007	4293	4293	1.282	0.051	0.116	0.142

## RHIS 2010 QUESTIONNAIRES

## HOUSEHOLD QUESTIONNAIRE

सभी निरीक्षणकर्ताओं के लिए- कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे प्रसव एवं शिशु स्वास्थ्य योजनाओं का वर्तमान स्तर जानने के लिए कर रहे हैं और इस जानकारी को इन सेवाओं के वर्तमान स्तर के सुधार के लिए उपयोग किया जाएगा। यह जानकारी पूर्णतया गोपनीय रखी जाएगी और किसी को भी नहीं बताई जाएगी। [PLEASE READ THE CONSENT FORM]

IDENTIFICATION पहचान	
State _____ District / जिला _____ Block ब्लाक _____ Village/CEB गाँव/सी ई बी _____ Urban(नगरीय)-1/ Rural (ग्रामीण)-2/ PSU Number / पी. एस. यू. नम्बर..... Household Number / घर का नम्बर..... Name of head of household घर के मुखिया का नाम	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Total number of persons in the HH/घर में कुल व्यक्तियों की संख्या No. of eligible women in HH/ घर में कुल योग्य महिलाएं	<input type="text"/> <input type="text"/>
INTERVIEWER'S DETAILS साक्षात्कर्ता की जानकारियां	
Name and code of the interviewer साक्षात्कर्ता का नाम व कोड Date of interview साक्षात्कार की तिथि	_____ <input type="text"/> <input type="text"/> <input type="text"/> Day दिन Month महीना Year वर्ष
<b>Number of visit</b> FIRST VISIT.....1 SECOND VISIT.....2 THREE OR MORE VISITS.....3	<b>Result परिणाम</b> Completed पूर्ण.....1 Not at home घर पर नहीं.....2 Postponed स्थगित .....3 Refused नकार दिया/मनाकर दिया.....4 Partly completed आंशिक रूप से पूर्ण.....5 Other (Specify) अन्य (स्पष्ट करें).....6
REMARKS टिप्पणियाँ	
Name of the editor एडिटर का नाम	_____
Editor's Remarks एडिटर की टिप्पणियाँ	_____
Name of the Supervisor पर्यवेक्षक का नाम	_____
Supervisor's Remarks पर्यवेक्षक की टिप्पणियाँ	_____

## Consent Form

### Purpose of Study

Namaste! My name is \_\_\_\_\_. I am a part of a research team working with (NAME OF THE ORGANIZATION). We are conducting a survey in your state about the health of women. We would very much appreciate your participation in this survey. We will discuss on household membership, living conditions, and use of health facilities. Information on family planning and maternal health related topics will be discussed with currently married women aged 15-49 years. If you decide to be interviewed, you will be one of about 5,000 households from Uttar Pradesh who will be interviewed.

### Explanation of Procedures

The interview will take place in your home, somewhere private. The interview will not take more than 15 minutes for the household information. You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

### Confidentiality

Your answers will not be shared with anyone outside this project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. Once the study is finished, the list of names with your contact information, and the completed surveys will be destroyed.

### Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure women can access the health care they need.

### Risks and Discomforts

There are no risks to you in this study. If you feel uncomfortable about any of the questions, you do not have to answer them. The interviewer can skip those questions and go on to the next section. You can end the interview at any time.

### Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.

### Questions / Your rights as Participant

This study has been reviewed by the ethics committee of the Futures Group International Ltd. that works to protect your rights and welfare. If you have any questions about the research or your participation, you can ask me or (contact person of field organization) or contact Mr. Nizamuddin Khan, Operations Research Manager, Futures Group International, India, Phone: 0124-4702024. You should report any problems, and ask any questions you like. Do you have any questions now?

s

### Consent

**Now, can you tell me if you agree to participate in this survey? If you say yes, it means that you have agreed to be part of the study.**

Yes      No

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## सहमति पत्र

### सर्वेक्षण के उद्देश्य

नमस्ते! मेरा \_\_\_\_\_ है मैं (Organization name) की ओर से रिसर्च टीम के साथ कार्य कर रही हूँ। हम आपके प्रदेश में औरतों के स्वास्थ्य के बारे में सर्वेक्षण का कार्य कर रहे हैं। हम आपके इस सर्वेक्षण में भाग लेने के बहुत आभारी होंगे। हम परिवार के सदस्यों, रहन-सहन का स्तर तथा स्वास्थ्य सुविधाओं के बारे में बात करेंगे। 15-49 वर्ष की महिलाओं से परिवार नियोजन, मातृ स्वास्थ्य से सम्बन्धित विषयों पर बात करेंगे। यदि आप साक्षात्कार के लिये तैयार होते हैं तो आप 5,000 परिवारों में से एक होंगे जिनका कि उत्तर प्रदेश में साक्षात्कार किया जाना है।

### तरीको की समीक्षा

यह साक्षात्कार आपके घर पर किया जायेगा। साक्षात्कार के दौरान परिवार के बारे में जानकारी लेने में 15 मिनट से ज्यादा का समय नहीं लगेगा। आप किसी कारणवश साक्षात्कार न देने या किसी प्रश्न का उत्तर न देने का अधिकार रखते/रखती हैं। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं यह कह कर कि आप साक्षात्कार रोकना चाहती हैं। यदि आप साक्षात्कार नहीं देना चाहती है या किसी प्रश्न का उत्तर नहीं देना चाहती हैं तो आपका किसी भी प्रकार का नुकसान नहीं होगा, और भविष्य में मिलने वाली स्वास्थ्य सुविधाओं पर कोई असर नहीं पड़ेगा।

आपके द्वारा दिये गये प्रश्नों के उत्तरों को इस प्रोजेक्ट से बाहर किसी को बताया नहीं जायेगा। आपका नाम इस सर्वेक्षण में नहीं आयेगा। हम आपके उत्तरों को समुदाय के सदस्यों, स्वास्थ्य सुविधा देने वाले, परिवार या अन्य किसी से नहीं बतायेंगे। सर्वेक्षण के अन्त में हम आपके उत्तरों से एक रिपोर्ट तैयार करेंगे जब सर्वेक्षण खत्म हो जायेगा तो नामों की लिस्ट और समस्त सूचनाओं को नष्ट कर दिया जायेगा।

### लाभ

अनुसन्धान की सहायता से समाज को नई जानकारी मिलती है, हो सकता है कि इस सर्वेक्षण से आपको व्यक्तिगत तौर पर कोई लाभ प्राप्त न हो लेकिन आपके उत्तर योजनाओं और कार्यक्रमों को बेहतर बनाने में महत्वपूर्ण होंगे। जिससे यह सुनिश्चित हो सके कि महिलाओं को जिन स्वास्थ्य सेवाओं की आवश्यकता है उन तक उनकी पहुँच हो।

### खतरे और परेशानियाँ

इस सर्वेक्षण में आपको कोई परेशानी नहीं है यदि आपको किसी प्रश्न का उत्तर देने में परेशानी होती है तो आप उसका उत्तर न दें। साक्षात्कारकर्ता इन प्रश्नों को छोड़कर अगले सेक्शन में चला जाये। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं।

### प्रश्न/उत्तरदाता के रूप में आपके अधिकार

इस सर्वेक्षण की समीक्षा फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0, लिमिटेड की नीति सम्बन्धी समिति द्वारा किया जा रहा है जो कि आपके अधिकारों और कल्याण की सुरक्षा के लिए कार्य करती है। यदि आपके इस सर्वेक्षण में और भाग लेने के बारे में कोई प्रश्न हो तो आप मुझसे या मेरे अधिकारी ( Name & Contact No.) या मिस्टर निज़ामुद्दीन खान, आपरेशन्स रिसर्च मैनेजर, फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0 लिमिटेड, फोन नं0 0124-4702024 पर पूछ सकते हैं। आप किसी भी समस्या की शिकायत और कोई भी प्रश्न पूछ सकते हैं। क्या आपको कोई प्रश्न पूछना है?

### सहमति

आप मुझे बतायें कि आप इस सर्वेक्षण में भाग लेने के लिए तैयार हैं यदि हाँ कहती हैं तो इसका मतलब आप सर्वेक्षण में भाग लेने के लिए तैयार हैं।

हाँ

नहीं

साक्षात्कारकर्ता के हस्ताक्षर : \_\_\_\_\_

दिनांक : \_\_\_\_\_

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	EDUCATION		MARITAL STATUS IF AGE 10 YEARS OR OLDER
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Can (NAME) read and write?	IF YES in column (8) What is the highest standard (NAME) has completed? (नाम) ने अधिकतम शिक्षा किस स्तर तक प्राप्त की है?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01	Please give me names of persons who usually live in your HH and guests of the HH who stayed here last night, starting with the head of HH कृपया मुझे उन व्यक्तियों के नाम बताये जो सामान्यतः आपके घर में रहते हैं और वे मेहमान जो पिछली रात इसी घर में ठहरे थे। शुरुआत घर के मुखिया से करें।	What is the relationship of (NAME) to the head of HH? घर के मुखिया से (नाम) का रिश्ता क्या है?	Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
02			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
03			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
04			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
05			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
06			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
07			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
08			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
09			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
10			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8
11			Yes No 1 2	Yes No 1 2	M F 1 2	<input type="text"/>	Yes No 1 2	<input type="text"/>	CM NG D W NM OT 1 2 3 4 5 8

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	EDUCATION		MARITAL STATUS IF AGE 10 YEARS OR OLDER
			Does (NAME) usually live here? क्या (नाम) सामान्यतः यहीं रहते/रहती है?	Did (NAME) stay here last night? क्या (नाम) पिछली रात यहीं ठहरे थे/ठहरी थी?			Can (NAME) read and write? क्या (नाम) पढ़ और लिख सकते हैं?	IF YES in column (8) What is the highest standard (NAME) has completed? ने अधिकतम शिक्षा किस स्तर तक प्राप्त की है?	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
12			Yes No 1 2	Yes No 1 2	M F 1 2		Yes No 1 2		CM NG D W NM OT 1 2 3 4 5 8
13			Yes No 1 2	Yes No 1 2	M F 1 2		Yes No 1 2		CM NG D W NM OT 1 2 3 4 5 8
14			Yes No 1 2	Yes No 1 2	M F 1 2		Yes No 1 2		CM NG D W NM OT 1 2 3 4 5 8
15			Yes No 1 2	Yes No 1 2	M F 1 2		Yes No 1 2		CM NG D W NM OT 1 2 3 4 5 8
16			Yes No 1 2	Yes No 1 2	M F 1 2		Yes No 1 2		CM NG D W NM OT 1 2 3 4 5 8

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Line number of the respondent

उत्तर देने वाले का लाइन नम्बर

Codes for col. 10 कॉलम नम्बर 10 के लिए कोड

01	Head मुखिया	08	Brother or Sister भाई या बहन	1	CM	Currently Married	वर्तमान में विवाहित
02	Wife or Husband पति या पत्नी	09	Brother-in-law or Sister-in-law साली, साला, देवर, भाभी, ननद, देवरानी, जेठ, जेठानी, नन्दौड़	2	NG	Married but no Gauna	विवाहित हैं पर गोना नहीं हुआ है
03	Son or Daughter बेटा या बेटी	10	Niece or Nephew भंजा, भंजनी, भतीजा, भतीजी	3	D	Divorced	तलाकशुदा
04	Son-in-law or Daughter-in-law दामाद या बहु	11	Other Relative अन्य रिश्तेदार	4	W	Widowed	विधवा
05	Grand child पोता या पोती, नाती या नातिन	12	Adopted / Foster Child गोद लिया हुआ या पाला हुआ बच्चा	5	NM	Never Married	कभी विवाह नहीं हुआ हो
06	Parent माँ या बाप	13	Not related कोई रिश्ता नहीं है	8	OT	Other	अन्य
07	Parent-in-law सास या ससुर						

## SECTION 1: HOUSEHOLD ASSETS

भाग 1: घर की सम्पति

No.	QUESTIONS	CODING CATEGORIES	SKIP
101	<p>Does your household own this house or any other house?</p> <p>क्या यह परिवार इस घर का या किसी दूसरे घर का मालिक है?</p>	<p>Yes, this house हाँ यही घर ..... 1</p> <p>Yes, another house हाँ दूसरा घर ..... 2</p> <p>No नहीं ..... 3</p>	
102	<p>What is the religion of the head of the household?</p> <p>आपके परिवार के मुखिया का धर्म क्या है ?</p>	<p>Hindu हिन्दू ..... 1</p> <p>Muslim मुस्लिम ..... 2</p> <p>Christian ईसाई ..... 3</p> <p>Sikh सिख ..... 4</p> <p>Buddhist/Neo Buddhist बौद्ध ..... 5</p> <p>Jain जैन ..... 6</p> <p>Jewish/ Zoroastrian/Parsi यहूदी/ पारसी ..... 7</p> <p>No Religion कोई धर्म नहीं ..... 8</p> <p>Other (Specify अन्य (स्पष्ट करे) ..... 9</p>	
103	<p>What is the caste of the head of the household?</p> <p>आपके परिवार के मुखिया की जाति क्या है ?</p> <p>Is it a scheduled caste, a scheduled tribe, other backward caste, or general?</p> <p>क्या यह अनुसूचित जाति या अनुसूचित जनजाति या अन्य पिछड़ा वर्ग के अंतर्गत आते हैं ?</p>	<p>Scheduled Caste अनुसूचित जाति ..... 1</p> <p>Scheduled Tribe अनुसूचित जनजाति ..... 2</p> <p>Other Backward caste (OBC) अन्य पिछड़ा वर्ग ..... 3</p> <p>General सामान्य ..... 4</p>	
104	<p>TYPE OF HOUSE.</p> <p>घर के प्रकार</p> <p>OBSERVE ROOF, WALL AND FLOOR, AND RECORD</p> <p>छत, दीवार और फर्ष का अवलोकन करें और दर्ज करें</p>	<p>Pucca पक्का ..... 1</p> <p>Semi-Pucca अर्ध पक्का ..... 2</p> <p>Kachha कच्चा ..... 3</p>	
105	<p>What is the main source of drinking water for members of your household?</p> <p>आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है?</p>	<p>Piped water in residence/yard/plot ..... 1</p> <p>पाइप का पानी घर में/आंगन में/भूखंड में</p> <p>Public tap सार्वजनिक नल ..... 2</p> <p>Hand pump in residence/yard/plot ..... 3</p> <p>हैंडपंप घर में/ आंगन में/ भूखंड में</p> <p>Public Hand pump सार्वजनिक हैंड पंप ..... 4</p> <p>Covered well in residence/yard/plot ..... 5</p> <p>रहने के स्थान/यार्ड/प्लॉट में ढका हुआ कुँआ</p> <p>Open well in residence/yard/plot ..... 6</p> <p>रहने के स्थान/यार्ड/प्लॉट में खुला कुँआ</p> <p>Public well सार्वजनिक कुँआ ..... 7</p> <p>Spring झरना ..... 8</p> <p>Other (specify अन्य (स्पष्ट करे) ..... 9</p>	

No.	QUESTIONS	CODING CATEGORIES	SKIP
106	<p>What kind of toilet facility does your household have?</p> <p>आपके घर में किस प्रकार की शौच सुविधा उपलब्ध है?</p>	<p>Own flush toilet ..... 1 निजी फ्लश शौचालय</p> <p>Public/Shared flush toilet..... 2 सार्वजनिक/सम्मिलित फ्लश शौचालय</p> <p>Own pit toilet ..... 3 निजी गढ़दे वाला शौचालय</p> <p>Public/Shared pit toilet ..... 4 सार्वजनिक/गढ़दे वाला सम्मिलित शौचालय</p> <p>No facility/Bush/Field ..... 5 कोई सुविधा नहीं/जंगल/मैदान</p> <p>Other (specify) अन्य (स्पष्ट करें) _____ 9</p>	
107	<p>What is the main source of lighting for your household?</p> <p>आपके घर में प्रकाश का मुख्य स्रोत क्या है?</p>	<p>Electricity बिजली..... 1</p> <p>Kerosene मिट्टी का तेल ..... 2</p> <p>Gas गैस ..... 3</p> <p>Oil तेल ..... 4</p> <p>Other (specify) अन्य (स्पष्ट करें) _____ 9</p>	
108	<p>Do you have a separate room which is used as a kitchen?</p> <p>भोजन पकाने के लिए क्या आपके घर में रसोई का अलग कमरा है?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं..... 2</p>	
109	<p>What type of fuel does your household commonly use for cooking?</p> <p>भोजन पकाने के लिए आपके परिवार में मुख्यतः किस प्रकार के ईंधन का उपयोग किया जाता है?</p>	<p>Wood लकड़ी ..... 1</p> <p>Crop Residues ..... 2 फसल का बचा हुआ हिस्सा</p> <p>Dung Cakes उपले ..... 3</p> <p>Coal/Charcoal ..... 4 कोयला/लकड़ी का कोयला</p> <p>Kerosene मिट्टी का तेल ..... 5</p> <p>Electricity बिजली..... 6</p> <p>Liquid Petroleum Gas ..... 7 तरल पेट्रोलियम द्रव्य</p> <p>Bio-gas जैविक द्रव्य ..... 8</p> <p>Other (specify) अन्य (स्पष्ट करें) _____ 9</p>	
110	<p>Does your household own any agricultural land?</p> <p>क्या यह परिवार किसी कृषि भूमि का मालिक है?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं..... 2 →</p>	<b>112</b>
111	<p>How much agricultural land does your household own?</p> <p>यह परिवार कितनी कृषि भूमि का मालिक है?</p>	<p>Total (in Acres)..... <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>कुल (एकड़ में)</p>	
112	<p>Does your household own any live stock?</p> <p>क्या आपके परिवार के पास कोई पशुधन है?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं..... 2</p>	



117	<p>When members of your household get sick, mostly - where do they go for treatment? जब आपके घर के सदस्य बीमार पड़ जाते हैं तो आप उन्हें इलाज के लिये ज्यादातर कहाँ लेकर जाते हैं</p> <p><b>GOVERNMENT</b></p> <p>11. HOSPITAL अस्पताल..... 11</p> <p>12. DISPENSARY दवाखाना..... 12</p> <p>13. UHC/UHP/UFWC यु एच सी/यू एच पी/यू एफ डब्ल्यू सी..... 13</p> <p>14. CHC/ RURAL HOSPITAL/PHC सी एच सी/ग्रामीण अस्पताल/पी एच सी .... 14</p> <p>15. SUB CENTER उपकेन्द्र..... 15</p> <p>16. AYUSH HOSPITAL/CLINIC आयुष अस्पताल/क्लिनिक..... 16</p> <p>17. ANGANWADI/ICDS CENTRE आगनवाडी केन्द्र/आई सी डी एस केन्द्र..... 17</p> <p>18. MOBILE CLINIC मोबाईल क्लिनिक..... 18</p> <p>19. OTHER PUBLIC SECTOR HEALTH FACILITY..... 19 अन्य सरकारी क्षेत्र की स्वास्थ्य सुविधाएँ</p> <p>20. NGO OR TRUST HOSPITAL/CLINIC ..... 20 गैर सरकारी संस्था या ट्रस्ट अस्पताल/क्लिनिक.....</p> <p><b>PRIVATE</b></p> <p>31. HOSPITAL. अस्पताल..... 31</p> <p>32. DOCTOR/CLINIC डाक्टर/क्लिनिक..... 32</p> <p>33. PARAMEDIC अर्ध चिकित्सक..... 33</p> <p>34. AYUSH HOSPITAL/CLINIC आयुष अस्पताल/क्लिनिक..... 34</p> <p>35. TRADITIONAL HEALER परम्परागत चिकित्सक..... 35</p> <p>36. PHARMACY/DRUG STORE फार्मसी/दवाखाना..... 36</p> <p>37. OTHER PRIVATE SECTOR HEALTH FACILITY..... 37 अन्य निजी क्षेत्र की स्वास्थ्य सुविधाएँ</p> <p><b>OTHER</b></p> <p>41. NON MEDICAL SHOP दवा के अतिरिक्त अन्य दूकान..... 41</p> <p>42. HOME TREATMENT घरेलू उपचार..... 42 → 121</p> <p>98. OTHER (SPECIFY) अन्य (स्पष्ट करें) _____ 98</p>	<p><b>Coding category</b></p>			
118	<p>How far is .....? If less than 1 Km code 00 ..... कितनी दूरी पर है ? यदि 1 किमी से कम है तो 00 कोड करें</p>	<p>IN KMS. किमी में</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
119	<p>What transportation method was mainly used to reach health facility/health personal? जब आप स्वास्थ्य सुविधा पर जाते हैं तो कौन सा साधन ज्यादातर इस्तेमाल करते हैं ?</p>	<p>Walk पैदल..... 1</p> <p>Rickshaw/cart रिक्शा/बैलगाडी ..... 2</p> <p>Bus बस ..... 3</p> <p>Taxi/auto/tractor टैक्सी/आटो/ट्रेक्टर..... 4</p> <p>Ambulance एम्बुलेन्स..... 5</p> <p>Motor cycle/bicycle मोटरसाईकिल/साईकिल..... 6</p> <p>Other (Specify) अन्य (स्पष्ट करें) ..... 7</p> <p>Don't know नहीं जानते ..... 8</p>			
120	<p>How much time it will take to reach there? वहाँ पहुँचने में कितना समय लगता है ?</p>	<p>IN MINUTES मिनट में</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			

121	<b>CHECK Q117</b> IF Q117 > 19 [NOT USING GOVT. FACILITY]	
	<b>B. Why don't <i>members</i> of your household generally go to government facility?</b> आपके परिवार के सदस्य आमतौर पर सरकारी सुविधा केन्द्र पर क्यों नहीं जाते हैं?	<b>Coding category</b>
	A. NO ADEQUATE INFRASTRUCTURE/पर्याप्त संसाधन नहीं है .....	A
	B. NO NEARBY HOSPITAL FACILITY/पास में कोई अस्पताल सुविधा नहीं .....	B
	C. NOT AWARE ABOUT ANY FACILITY/जगह के बारे में नहीं जानते .....	C
	D. DOCTOR NOT AVAILABLE/डाक्टर उपलब्ध नहीं रहते हैं .....	D
	E. FACILITY TIMING NOT CONVENIENT/समय सुविधाजनक नहीं है .....	E
	F. HEALTH PERSONNEL OFTEN ABSENT/स्वास्थ्य अधिकारी अक्सर नहीं मिलता.....	F
	G. WAITING TIME TOO LONG/बहुत ज्यादा समय इंतजार करना पड़ता है .....	G
	H. POOR QUALITY OF CARE/देखभाल का स्तर / क्वालिटी खराब है.....	H
	I. DRUG/MEDICINE NOT AVAILABLE/दवाएं उपलब्ध नहीं रहती हैं .....	I
	J. NO TRUST ON GOVT.FACILITY/सरकारी सुविधाओं पर विश्वास नहीं है .....	J
	X. OTHER अन्य _____	X
	<b>(SPECIFY)</b>	

**-.: THANK YOU: -**

**:-: धन्यवाद :-:**



## Consent Form

### Purpose of Study

Namaste! My name is \_\_\_\_\_. I am a part of a research team working with (NAME OF THE ORGANIZATION). We are conducting a survey in your state about the health of women. We would very much appreciate your participation in this survey. In this survey, we will discuss on family planning and maternal health related topics from currently married women aged 15-49 years. If you decide to be interviewed, you will be one of about 5,000 households from Uttar Pradesh who will be interviewed.

### Explanation of Procedures

The interview will take place in your home, somewhere private. The interview will take about 30 minutes. I will ask you questions about your home, family planning, maternal health-care seeking, and family size decisions. You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

### Confidentiality

Your answers will not be shared with anyone outside this project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. Once the study is finished, the list of names with your contact information, and the completed surveys will be destroyed.

### Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure women can access the health care they need.

### Risks and Discomforts

There are no risks to you in this study. If you feel uncomfortable about any of the questions, you do not have to answer them. The interviewer can skip those questions and go on to the next section. You can end the interview at any time.

### Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.

### Questions / Your rights as Participant

This study has been reviewed by the ethics committee of the Futures Group International, India that works to protect your rights and welfare. If you have any questions about the research or your participation, you can ask me or (contact person of field organization) or contact Mr. Nizamuddin Khan, Operations Research Manager, Futures Group International, India, Phone: 0124-4702024. You should report any problems, and ask any questions you like. Do you have any questions now?

### Consent

**Now, can you tell me if you agree to participate in this survey? If you say yes, it means that you have agreed to be part of the study.**

Yes      No

Signature of interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

## सहमति पत्र

### सर्वेक्षण के उद्देश्य

नमस्ते! मेरा \_\_\_\_\_ है मैं **(Organization name)** की ओर से रिसर्च टीम के साथ कार्य कर रही हूँ। हम आपके प्रदेश में औरतों के स्वास्थ्य के बारे में सर्वेक्षण का कार्य कर रहे हैं हम आपके इस सर्वेक्षण में भाग लेने के बहुत आभारी होंगे। हम परिवार के सदस्यों, रहन-सहन का स्तर तथा स्वास्थ्य सुविधाओं के बारे में बात करेंगे। 15-49 वर्ष की महिलाओं से परिवार नियोजन, मातृ स्वास्थ्य से सम्बन्धित विषयों पर बात करेंगे। यदि आप साक्षात्कार के लिये तैयार होती है तो आप 5,000 परिवारों में से एक होंगीं जिनका कि उत्तर प्रदेश में साक्षात्कार किया जाना है।

### तरीको की समीक्षा

यह साक्षात्कार आपका घर पर किया जायेगा। इस साक्षात्कार की जानकारी लेने में 30 मिनट का समय लगेगा। मैं आपसे आपके परिवार, परिवार नियोजन, मातृ स्वास्थ्य सेवा और परिवार के अकार का निर्णय के बारे में पूछूँगीं। आप किसी कारणवश साक्षात्कार न देने या किसी प्रश्न का उत्तर न देने का अधिकार रखती हैं। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं यह कह कर कि आप साक्षात्कार रोकना चाहती हैं। यदि आप साक्षात्कार नहीं देना चाहती है या किसी प्रश्न का उत्तर नहीं देना चाहती हैं तो आपका किसी भी प्रकार का नुकसान नहीं होगा, और भविष्य में मिलने वाली स्वास्थ्य सुविधाओं पर कोई असर नहीं पड़ेगा।

### गोपनीयता

आपके द्वारा दिये गये प्रश्नों के उत्तरों को इस प्रोजेक्ट से बाहर किसी को बताया नहीं जायेगा। आपका नाम इस सर्वेक्षण में नहीं आयेगा। हम आपके उत्तरों को समुदाय के सदस्यों, स्वास्थ्य सुविधा देने वाले, परिवार या अन्य किसी से नहीं बतायेंगे। सर्वेक्षण के अन्त में हम आपके उत्तरों से एक रिपोर्ट तैयार करेंगे जब सर्वेक्षण खत्म हो जायेगा तो नामों की लिस्ट और समस्त सूचनाओं को नष्ट कर दिया जायेगा।

### लाभ

अनुसन्धान की सहायता से समाज को नई जानकारियां मिलती है, हो सकता है कि इस सर्वेक्षण से आपको व्यक्तिगत तौर पर कोई लाभ प्राप्त न हो लेकिन आपके उत्तर योजनाओं और कार्यक्रमों को बेहतर बनाने में महत्वपूर्ण होंगे। जिससे यह सुनिश्चित हो सके कि महिलाओं को जिन स्वास्थ्य सेवाओं की आवश्यकता है उन तक उनकी पहुच हो।

### खतरे और परेशानियां

इस सर्वेक्षण में आपको कोई परेशानी नहीं है यदि आपको किसी प्रश्न का उत्तर देने में परेशानी होती है तो आप उसका उत्तर न दे। साक्षात्कारकर्ता इन प्रश्नों को छोड़कर अगले सेक्शन में चला जाये। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं।

### प्रश्न/उत्तरदाता के रूप में आपके अधिकार

इस सर्वेक्षण की समीक्षा फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0, लिमिटेड की नीति सम्बन्धी समिति द्वारा किया जा रहा है जो कि आपके अधिकारों और कल्याण की सुरक्षा के लिए कार्य करती है। यदि आपके इस सर्वेक्षण में और भाग लेने के बारे में कोई प्रश्न हो तो आप मुझसे या मेरे अधिकारी **(Name and contact number)** या मिस्टर निज़ामुद्दीन खान, आपरेशनस रिसर्च मैनेजर, फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0 लिमिटेड, फोन नं0 0 124-4702024 पर पूछ सकते हैं। आप किसी भी समस्या की शिकायत और कोई भी प्रश्न पूछ सकते हैं। क्या आपको कोई प्रश्न पूछना है?

### सहमति

आप मुझे बतायें कि आप इस सर्वेक्षण में भाग लेने के लिए तैयार हैं यदि हाँ कहती हैं तो इसका मतलब आप सर्वेक्षण में भाग लेने के लिए तैयार हैं।

हाँ

नहीं

साक्षात्कारकर्ता के हस्ताक्षर : \_\_\_\_\_

दिनांक : \_\_\_\_\_

## SECTION 1: BACKGROUND CHARACTERISTICS AND FAMILY PLANNING

### भाग 1: पृष्ठभूमि एवं परिवार नियोजन

101	<p>In what month and year were you born? आपका जन्म किस महीने और साल में हुआ था?</p>	<p>Month माह ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>DK Month माह का पता नहीं ..... 98</p> <p>Year साल ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>DK Year साल का पता नहीं ..... 9998</p>
102	<p>How old were you on your last birthday? पिछले जन्मदिन पर आपकी आयु कितनी थी? <b>COMPARE AND CORRECT 101 OR 102 IF INCONSISTENT</b> जवाब को प्रश्न 101 से मिलाएं और यदि मेल न खाए तो प्रश्न 101 या 102 को ठीक करें।</p>	<p>Age in completed years उम्र पूरे वर्षों में <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
103	<p>How old were you at the time of your (first) marriage? (पहले) विवाह के समय आप की उम्र क्या थी?</p>	<p>AGE IN COMPLETED YEARS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>उम्र पूरे वर्षों में लिखें</p>
103a	<p>How old were you when you start living with your husband? जब आपने पति के साथ रहना शुरू किया उस समय आपकी उम्र क्या थी?</p>	<p>AGE IN COMPLETED YEARS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>उम्र पूरे वर्षों में लिखें</p>
104	<p>What is your educational level? आप कितना पढ़ी है?  <b>RECORD COMPLETED GRADE</b></p>	<p>Illiterate अनपढ़ ..... 1</p> <p>Literate, non-formal ..... 2 पढ़े-लिखे, कोई औपचारिक शिक्षा नहीं</p> <p>Literate, formal..... 3 पढ़े-लिखे औपचारिक शिक्षा प्राप्त की है <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
105	<p>What is your husband's educational level? आपके पति कितना पढ़े हैं?  <b>RECORD COMPLETED GRADE</b></p>	<p>Illiterate अनपढ़ ..... 1</p> <p>Literate, non formal ..... 2 पढ़े-लिखे, कोई औपचारिक शिक्षा नहीं</p> <p>Literate, formal..... 3 पढ़े-लिखे, औपचारिक शिक्षा प्राप्त की है <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
106	<p>What is your occupation? आपका व्यवसाय (काम) क्या है?</p>	<p>Housewife गृहिणी ..... 01</p> <p>Agricultural labourer खेतीहर मजदूर ..... 02</p> <p>Farmer किसान ..... 03</p> <p>Artisan दस्तकार ..... 04</p> <p>Petty trader/shop owner ..... 05 छोटा व्यापारी/दुकान का मालिक</p> <p>Business/industrialist बिजनेस/उद्योगपति ..... 06</p> <p>Unskilled worker अकुशल कार्यकर्ता ..... 07</p> <p>Skilled worker कुशल कार्यकर्ता ..... 08</p> <p>Self employed स्वरोजगार ..... 09</p> <p>Clerical/supervisory/sales person ..... 10 क्लर्क/सुपरवाइजर/सेल्स पर्सन</p> <p>Officer/executive ऑफिसर/एग्जीक्यूटिव ..... 11</p> <p>Others अन्य ..... 99</p>

107	<p>What is your husband's occupation? आपके पति का व्यवसाय (काम) क्या है?</p>	<p>Agricultural labourer खेतीहर मजदूर .....01 Farmer किसान .....02 Artisan दस्तकार .....03 Petty trader/shop owner .....04 छोटा व्यापारी/दुकान का मालिक Business/industrialist बिजनस/उद्योगपति .....05 Unskilled worker अकुशल कार्यकर्ता .....06 Skilled worker कुशल कार्यकर्ता.....07 Self employed स्वरोजगार.....08 Clerical/supervisory/sales person .....09 क्लर्क/सुपरवाइज़र/सेल्स पर्सन Officer/executive ऑफिसर/एगजीक्यूटिव ..... 10 Not working कार्य नहीं करते..... 11 Others अन्य .....99</p>
108	<p>How many live births have you had? आपके कितने जीवित शिशु (जन्म) हुए?</p> <p>a. How many males? कितने लड़के हैं?</p> <p>b. How many females? कितनी लड़कियां हैं?</p> <p>[If none, code "00"] अगर कोई (नहीं कोड 00)</p>	<p>LIVE BIRTHS जीवित जन्म MALES लड़के..... <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां ..... <input type="text"/> <input type="text"/></p> <p>No live births ('00' in both) ..... → <b>112</b> कोई जीवित शिशु नहीं (00 कोड दोनों में)</p>
109	<p>How many are now surviving? अब उनमें से कितने जीवित हैं?</p> <p>a. How many males? कितने लड़के हैं?</p> <p>b. How many females? कितनी लड़कियां हैं?</p> <p>[If none, code "00"] अगर कोई (नहीं कोड 00)</p>	<p>SURVIVING जीवित MALES लड़के ..... <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां ..... <input type="text"/> <input type="text"/></p>
110	<p>How many are now not surviving? अब उनमें से कितने जीवित नहीं (मर गए) हैं?</p> <p>a. How many males? कितने लड़के हैं?</p> <p>b. How many females? कितनी लड़कियां हैं?</p> <p>[If none, code "00"] अगर कोई (नहीं कोड 00)</p>	<p>NOT SURVIVING जीवित नहीं MALES लड़के ..... <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां..... <input type="text"/> <input type="text"/></p>
111	<p>How old were you at the time of first birth? पहले बच्चे के जन्म समय आप की उम्र क्या थी?</p>	<p>AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/> उम्र पूरे वर्षों में लिखें</p>
112	<p>In your opinion, what should be the ideal (age) gap between the birth of two children? आपकी राय में, दो बच्चों के जन्म के बीच कितना अन्तर होना चाहिये?</p>	<p>IN MONTHS महिनों में..... <input type="text"/> <input type="text"/></p> <p>Don't know मालूम नहीं <b>99</b></p>
113	<p>Do you think spacing of children is important for the health of mother and children? क्या आप सोचते हैं कि मां व बच्चों के स्वास्थ्य के लिए बच्चों में अंतर रखना महत्वपूर्ण है।</p>	<p>Yes हाँ, ..... 1 No नहीं,.....2 → <b>115</b> Don't know पता नहीं.....3 → <b>115</b></p>

114	<p>A. What are the advantages the mother will have?  मॉ को क्या लाभ मिलेंगे?  Any other?  कोई अन्य ?</p>	<p>Better nutritional status..... A  बेहतर पोषण की स्थिति  Lower incidence of anemia..... B  खून की कमी की कम घटनाएँ  Less pregnancy complications..... C  गर्भावस्था में कम उलझनें  Better mental health..... D  बेहतर मानसिक स्वास्थ्य  Other ( _____ ) .X  कोई अन्य (स्पष्ट करें)</p>		
	<p>B. What are the advantages the child will have?  बच्चों को क्या लाभ मिलेंगे?  Any other?  कोई अन्य ?</p>	<p>Better growth बेहतर संवृद्धि..... A  Better nutritional status बेहतर पोषण स्थिति..... B  Lower incidence of diseases..... C  रोगों की कम घटनाएँ  Better survival chance..... D  जीवित रहने की अधिक संभावना  Better attention by mother ..... E  मॉ द्वारा बेहतर ध्यान  Other ( _____ ) .X  कोई अन्य (स्पष्ट करें)</p>		
115	<p>There are various methods a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about?  ऐसे कई साधन हैं जिनसे एक दम्पति गर्भधारण को टाल सकता है या उससे बच सकता है। ऐसे कौन से साधनों के बारे में आपने सुना है?</p>			
		<b>Yes, spontaneous</b>	<b>Yes, probed</b>	<b>No</b>
A. <b>Pill.</b> Women can take a pill every day or weekly. गर्भनिरोधक गोली – महिलाएं प्रतिदिन या सप्ताह में एक गर्भनिरोधक गोली खा सकती हैं।	1	2	3	
B. <b>Condom/Nirodh.</b> Men can use a rubber sheath during sexual intercourse. कंडोम/निरोध – यौन सम्बन्ध के दौरान पुरुष रबड़ वाले आवरण का प्रयोग कर सकते हैं।	1	2	3	
C. <b>IUCD/Copper T.</b> Women can have a loop or coil placed inside them by a doctor or a nurse. आईयूसीडी/कॉपर टी – महिलाएं डॉक्टर या नर्स द्वारा स्वयं के अन्दर कॉपर टी लगा सकती हैं।	1	2	3	
D. <b>Injectables.</b> Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months. इंजेक्शन का प्रयोग – महिलाएं डॉक्टर या नर्स द्वारा इंजेक्शन ले सकती हैं जो उन्हें कुछ महीनों के लिए गर्भवती होने से रोकता है।	1	2	3	
E. <b>Female sterilisation.</b> Women can have an operation to avoid having any more children. स्त्री नसबन्दी – महिलाएं एक ऑपरेशन करवा सकती हैं जिससे और बच्चे पैदा नहीं होते।	1	2	3	
F. <b>Male sterilisation.</b> Men can have an operation to avoid having any more children. पुरुष नसबन्दी – पुरुष एक ऑपरेशन करवा सकते हैं जिससे और बच्चे पैदा नहीं होते।	1	2	3	
G. <b>Standard Days Method (SDM)</b> मानक दिवस/मालाचक विधि Couple can abstain from sex during certain days of month with the help of a 'BEADS CHAIN' महीने के कुछ विशेष दिनों के दौरान दम्पति माला चक (दानों की माला) की सहायता से यौन सम्बन्ध से बचाव कर सकते हैं	1	2	3	
H. <b>Emergency Contraceptive Pill (ECP)</b> आकस्मिक गर्भनिरोधक गोली Women can take pills up to three days/72 hours after sexual intercourse to avoid becoming pregnant. यौन सम्बन्ध स्थापित करने के तीन दिन/72 घण्टों के अन्दर महिलायें आकस्मिक गर्भनिरोधक गोली का इस्तेमाल करके गर्भवती होने से बच सकती हैं?	1	2	3	

	I. <b>Rhythm or Periodic abstinence.</b> Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. सुरक्षित काल – महीने के उन दिनों में दम्पति को यौन सम्बन्ध करने से बचना चाहिए जब महिला गर्भवती हो सकती है।	1	2	3
	J. <b>Withdrawal.</b> Men can be careful and pull out before climax. विच्छेदन – पुरुष सावधानी बरत सकते हैं व चरमोत्कर्ष से पूर्व बाहर निकाल सकते हैं।	1	2	3
	K. Have you heard of any other ways or methods that a man or woman can use to delay or avoid pregnancy क्या आपने कोई अन्य तरीका सुना है जिसका पुरुष या महिला गर्भवस्था को टालने या इससे बचने के लिए इस्तेमाल कर सकते हैं (specify _____) वर्णन कीजिए	1	2	3
116	Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant? क्या आपने या आपके पति ने कभी कुछ इस्तेमाल करने की कोशिश की है जिससे गर्भवती होने को टाला जा सके या उससे बचा जा सके?	Yes हाँ ..... 1 No नहीं ..... 2 → 156		
117	When did you/your husband use the contraceptives for the first time? पहली बार गर्भनिरोधक आपने कब इस्तेमाल किया?	Immediately after marriage ..... 1 विवाह के तुरंत बाद After first child birth ..... 2 पहले बच्चे के जन्म के बाद After second child birth..... 3 दूसरे बच्चे के जन्म के बाद After third child birth ..... 4 तीसरे बच्चे के जन्म के बाद After four or more births ..... 5 चौथे या अधिक बच्चे के जन्म के बाद Other अन्य ( _____ ) . 9		
118	What method(s) have you/your husband used? आप या आपके पति ने कौन से तरीकों का उपयोग किया था?  Any other method? कोई अन्य तरीके ?	Pill गर्भनिरोधक गोलियाँ ..... A Condom / Nirodh निरोध (कंडोम)..... B IUCD/Copper T ..... C आई यू डी/कापर टी Injectables इंजेक्टेबल्स ..... D Female sterilisation स्त्री नसबंदी..... E Male sterilisation पुरुष नसबंदी ..... F Standard Days Method (SDM) मनका विधी ..... G Emergency Contraceptive Pills (ECPs) आकस्मिक गर्भनिरोधक गोली ..... H Rhythm / safe period ..... I रिदम/सुरक्षित काल पद्धति Withdrawal विच्छेदन..... J Other अन्य ( _____ )..... X		
IF STERILISATION IS MENTIONED IN Q118, [i.e., 'E OR F'] THEN CODE '1' IN Q119 AND CODE(S) '5 OR 6' IN Q120 यदि प्र.118 में नसबन्दी का उल्लेख किया गया है (E या F) फिर प्र. 119 में कोड 1 और प्र. 120 में कोड 5 या 6 पर गोला लगायें				
119	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? क्या आप या आपके पति आजकल गर्भाधारण टालने या रोकने के लिए कुछ कर रहे हैं या किसी तरीके का उपयोग कर रहे हैं?	Yes हाँ ..... 1 No नहीं ..... 2 → 151		

120	<p>What method are you or your husband currently using? आप या आपके पति कौन से तरीके का उपयोग कर रहे हैं?</p>	<p>Pill गर्भनिरोधक गोलियां ..... 1  Condom / Nirodh निरोध (कंडोम)..... 2 → <b>124</b>  IUCD/Copper T ..... 3 → <b>134</b>  आई यू डी / कापर टी  Injectables इंजेक्टबल्स ..... 4 → <b>140</b>  Female sterilisation स्त्री नसबंदी..... 5 → <b>145</b>  Male sterilisation पुरुष नसबंदी ..... 6    Standard Days Method (SDM)मनका विधि ..... 7 → <b>149</b>    Emergency Contraceptive Pills (ECPs)... 8 → <b>150</b>  आकस्मिक गर्भनिरोधक गोली    Rhythm / safe period ..... 9  रिदम / सुरक्षित काल पद्धति  Withdrawal विच्छेदन..... 10 → <b>151</b>  Others अन्य (.....) 99</p>
121	<p>Is the pill you are currently using, a daily/bi-weekly/weekly one? गर्भनिरोधक गोली आप कैसे लेते हैं – हर रोज / सप्ताह में दो बार / सप्ताह में एक बार लेते हैं?</p>	<p>Daily हर रोज..... 1  Bi-weekly सप्ताह में दो बार ..... 2  Weekly सप्ताह में एक बार..... 3</p>
122	<p>May I see the package of pills you are using? जो आप गर्भनिरोधक गोली इस्तेमाल कर रही है क्या मैं उस पैकेट को देख सकती हूँ?</p>	<p>Package seen पैकेट देखा ..... 1  Brandname ब्राण्ड का नाम ..... } <b>126</b>  Package not seen पैकेट नहीं देखा ..... 2</p>
123	<p>May I know the brand name of pills you are using? जो आप गर्भनिरोधक गोली इस्तेमाल कर रही है क्या मैं उस ब्राण्ड के नाम को जान सकती हूँ?</p>	<p>Brandname ब्राण्ड का नाम ..... } <b>Skip to 126</b>  Don't know पता नहीं ..... 98</p>
124	<p>May I see the package of condoms your husband/you are using? जो आपके पति या आप कण्डोम इस्तेमाल करती है क्या मैं उस पैकेट को देख सकती हूँ?</p>	<p>Package seen पैकेट देखा ..... 1  Brandname ब्राण्ड का नाम ..... } <b>126</b>  Package not seen पैकेट नहीं देखा ..... 2</p>
125	<p>May I know the brand name of condoms your husband/you are using? जो आपके पति या आप कण्डोम इस्तेमाल करती है क्या मैं उस ब्राण्ड के नाम को जान सकती हूँ?</p>	<p>Brandname ब्राण्ड का नाम .....  Don't know पता नहीं ..... 98</p>
126	<p>For how many months have you been using pills / condoms (nirodh) continuously? आप कितने महीने से गर्भनिरोधक गोलियां / निरोध (कंडोम) का नियमित उपयोग कर रही हैं? IF LESS THAN ONE MONTH RECORD "00" यदि 1 महीने से कम हो तो 00 लिखे।</p>	<p>Months महीने .....  8 years or longer 8 वर्ष या अधिक..... 96</p>
127	<p>How many (pill cycles/condoms) did you get the last time? पिछली बार आपने कितनी (गर्भनिरोधक गोलियों के पत्ते / निरोध) प्राप्त किये थे</p>	<p>Number of pill cycles/condoms गर्भनिरोधक गोलियां के पत्ते / निरोध की संख्या .....  Don't know पता नहीं ..... 98</p>
128	<p>The last time you obtained (CURRENT METHOD IN Q120) how much did you pay in total, including the cost of the method and any</p>	<p>Cost in Rupee मूल्य रूप में .....  Free मुफ्त ..... 995</p>

	consultation you may have had? पिछली बार (वर्तमान साधन/विधि प्रश्न 120) प्राप्त किये गये साधन पर आपने कुल कितने रूपये खर्च किये। यदि कोई परामर्श शुल्क दिया हो तो उसको भी शामिल करके बतायें?	Don't know पता नहीं	998
129	Who purchases/brings oral contraceptives pills/condoms? गर्भनिरोधक गोलियां/कंडोम (निरोध) कौन खरीदता/लाता है?	Self स्वयं..... 1 Husband पति ..... 2 Health workers give स्वास्थ्यकार्यकर्ता द्वारा ..... 3 Other (Specify) अन्य (स्पष्ट करें) ..... 4	131
130	Do you feel embarrass while purchasing/obtaining pills/condoms? क्या आपको गर्भनिरोधक गोलियां/कंडोम (निरोध) खरीदते/लेते समय शर्म महसूस होती है?	Very embarrassing अधिक शर्म..... 1 Somewhat embarrassing थोड़ी बहुत शर्म ..... 2 Not at all बिल्कुल नहीं ..... 3	
131	Where did you obtain the pills / condoms the last time?  आपने पिछली बार गर्भनिरोधक गोलियां/निरोध (कंडोम) कहां से प्राप्त किये?  <b>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</b>  यदि स्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड़ पर गोला लगाएं।  _____ <b>NAME OF PLACE IF HOSPITAL OR CLINIC</b>  स्थान का नाम (यदि अस्पताल या क्लीनिक है तो स्थान का नाम लिखें)।	<b>PUBLIC MEDICAL SECTOR</b> सार्वजनिक चिकित्सा क्षेत्र Govt. / Municipal hospital..... 11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय..... 12 UHC / UHP / UFWC..... 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC / PHC / FP Centre..... 14 सीएचसी / पीएचसी / एफपी केन्द्र Subcentre/ANM उपकेन्द्र ..... 15 Govt. Mobile Clinic..... 16 सरकारी चलता-फिरता दवाखाना Govt. Paramedic सरकारी अर्ध-चिकित्सक ..... 17 RCH Camp कैम्प ..... 18 Other public sector health facility ..... 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा <b>NGO SECTOR एनजीओ क्षेत्र</b> NGO Hospital / Clinic..... 21 एनजीओ अस्पताल/दवाखाना NGO Worker एनजीओ कार्यकर्ता ..... 22 <b>PRIVATE MEDICAL SECTOR</b> निजी चिकित्सा क्षेत्र Pvt. Hospital / clinic ..... 31 निजी अस्पताल/दवाखाना Pvt. Doctor निजी डॉक्टर..... 32 Pvt. Mobile Clinic ..... 33 निजी चलता फिरता दवाखाना Pvt. Paramedic निजी अर्ध-चिकित्सक ..... 34 Vaidya / Hakim / Homeopath..... 35 वैद्य/हकीम/होमोपैथ Traditional Healer पारम्परिक हकीम ..... 36 Pharmacy / Drug store..... 37 औषधालय/दवा की दुकान AWW आंगवाडी कार्यकर्ता ..... 38 ASHA आशा ..... 39 Dai दाई..... 40 Other private sector health facility ..... 41 अन्य निजी क्षेत्र स्वास्थ्य सुविधा <b>OTHER SOURCE अन्य स्रोत</b> Shop दुकान..... 51 Husband पति..... 52 Friend / Other relative ..... 53 मित्र/अन्य रिश्तेदार Other (.....) 96 अन्य	133

<p>132</p>	<p>Do you know from where <u>this person</u> obtained the pills / condoms the last time?</p> <p>क्या आपको पता है कि इस व्यक्ति ने पिछली बार गर्भनिरोधक गोलियां/निरोध (कंडोम) कहां से प्राप्त किये?</p> <p><b>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</b></p> <p>यदि स्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं</p> <p><b>NAME OF PLACE IF HOSPITAL OR CLINIC</b></p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p><b>PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र</b></p> <p>Govt. / Municipal hospital ..... 11 सरकारी / नगरपालिका अस्पताल</p> <p>Govt. Dispensary सरकारी औषधालय..... 12</p> <p>UHC / UHP / UFWC ..... 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC / PHC / FP Centre ..... 14 सीएचसी / पीएचसी / एफपी केन्द्र</p> <p>Subcenter/ANM उपकेन्द्र ..... 15</p> <p>Govt. Mobile Clinic ..... 16 सरकारी चलता-फिरता दवाखाना</p> <p>Govt. Paramedic सरकारी अर्ध-चिकित्सा..... 17</p> <p>Camp कैम्प..... 18</p> <p>Other public sector health facility ..... 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p><b>NGO SECTOR एनजीओ क्षेत्र</b></p> <p>NGO Hospital / Clinic ..... 21 एनजीओ अस्पताल/दवाखाना</p> <p>NGO Worker एनजीओ कार्यकर्ता ..... 22</p> <p><b>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</b></p> <p>Pvt. Hospital/clinic ..... 31 निजी अस्पताल/दवाखाना</p> <p>Pvt. Doctor निजी डॉक्टर..... 32</p> <p>Pvt. Mobile Clinic ..... 33 निजी चलता फिरता दवाखाना</p> <p>Pvt. Paramedic निजी अर्ध-चिकित्सक ..... 34</p> <p>Vaidya / Hakim/Homeopath ..... 35 वैद्य/हकीम/होमोपैथ</p> <p>Traditional Healer पारम्परिक हकीम..... 36</p> <p>Pharmacy/Drug House ..... 37 औषधालय/दवा की दुकान</p> <p>AWW आंगवाडी कार्यकर्ता..... 38</p> <p>ASHA आशा .....39</p> <p>Dai दाई..... 40</p> <p>Other private sector health facility ..... 41 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p> <p><b>OTHER SOURCE अन्य स्रोत</b></p> <p>Shop दुकान..... 51</p> <p>DK पता नहीं ..... 98</p>
<p>133</p>	<p>Have you been able to get the supply of pills / condoms whenever you need them?</p> <p>जब कभी आपको गर्भनिरोधक गोलियां/निरोध (कंडोम) की जरूरत होती है तब क्या आपको उनकी आपूर्ति मिल जाती है?</p>	<p>Yes हां ..... 1</p> <p>No नहीं ..... 2</p> <p style="text-align: right;"><b>151</b></p>
<p>134</p>	<p>For how many months have you been using the IUCD/Copper T continuously?</p> <p>आप कितने महीने से आई यू डी/कापर टी का लगातार उपयोग कर रही हैं?</p>	<p>Months महीने ..... <input type="text"/></p> <p>8 years or longer 8 वर्ष या अधिक..... 96</p>
<p>135</p>	<p>Who inserted the IUCD / Copper T?</p> <p>आपको आई यू डी/कापर टी किसने लगाया था?</p>	<p>Government doctor सरकारी डाक्टर..... 1</p> <p>Govt. Nurse / Paramedic सरकारी नर्स/स्वास्थ्य कार्यकर्ता..... 2</p> <p>NGO Doctor स्वयंसेवी संस्थान का डाक्टर ..... 3</p>

		NGO Nurse /Paramedic..... 4 स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता Private Doctor प्राईवेट डाक्टर ..... 5 Private Nurse / Paramedic प्राईवेट नर्स/ स्वास्थ्य कार्यकर्ता .. 6 Other अन्य_(.....). ..... 9																
136	<p>Where did you get the IUCD / Loop / Copper T inserted? आपने आई यू डी/लूप/कापर टी कहाँ लगवाया था?</p> <p><b>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</b></p> <p>यदि स्रोत अस्पताल या दवाखाना है तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं</p> <p>_____</p> <p><b>NAME OF PLACE IF HOSPITAL OR CLINIC</b></p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p><b>HOME घर</b>          Your Home आपके घर पर..... 11          Parent's Home माता-पिता के घर पर ..... 12          Other Home अन्य घर पर ..... 13</p> <p><b>PUBLIC MEDICAL SECTOR</b>          सार्वजनिक चिकित्सा क्षेत्र          Govt. / Municipal hospital..... 21          सरकारी/नगरपालिका अस्पताल          Govt. Dispensary सरकारी औषधालय..... 22          UHC / UHP / UFWC..... 23          यूएचसी/यूएचपी/यूएफडब्ल्यू सी          CHC / PHC / PP Centre..... 24          सीएचसी/पीएचसी/एफपी केन्द्र          Subcenter उपकेन्द्र ..... 25          Govt. Mobile Clinic..... 26          सरकारी चलता-फिरता दवाखाना          Govt. Paramedic सरकारी अर्ध-चिकित्सक ..... 27          Camp कैम्प ..... 28          Other public sector health facility ..... 29          अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p><b>NGO SECTOR एनजीओ क्षेत्र</b>          NGO Hospital/Clinic..... 31          एनजीओ अस्पताल/दवाखाना</p> <p><b>PRIVATE MEDICAL SECTOR</b>          निजी चिकित्सा क्षेत्र          Pvt. Hospital/clinic ..... 41          निजी अस्पताल/दवाखाना          Pvt. Mobile Clinic ..... 42          निजी चलता फिरता दवाखाना          Other private sector health facility ..... 43          अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p>																
137	<p>Were you satisfied with the services received at the place of IUCD/Copper T insertion? आपने आई यू सी डी/कापर टी लगवाने की सेवाएं जहां से प्राप्त की थीं, क्या आप उनसे संतुष्ट हैं?</p>	<p>Yes हां ..... 1          No नहीं ..... 2</p>																
138	<p>Have you ever faced any physical problem after the insertion of IUCD/Copper T? क्या आई यू सी डी/कापर टी लगवाने के बाद कोई शारीरिक समस्या आई थीं?</p>	<p>Yes हां..... 1          No नहीं ..... 2</p>																
139	<p>How much did you pay in total for IUCD/Copper T, including any consultation you may have had? आपने आई यू सी डी/कापर टी में कितने खर्च किये,इसमें परामर्श को भी सम्मिलित करके बताएं ?</p>	<table border="1"> <tr> <td>Cost in Rupee रूपए में</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Free मुफ्त</td> <td></td> <td></td> <td></td> <td>9995</td> </tr> <tr> <td>Don't know पता नहीं</td> <td></td> <td></td> <td></td> <td>9998</td> </tr> </table>	Cost in Rupee रूपए में	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Free मुफ्त				9995	Don't know पता नहीं				9998	<p>Skip to 151</p>
Cost in Rupee रूपए में	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>														
Free मुफ्त				9995														
Don't know पता नहीं				9998														
140	<p>For how many months have you been using the injectable continuously?</p>	<p>Months महीने ..... <input type="text"/></p>																

	आप कितने महीनो से इंजेक्टेबल्स का लगातार उपयोग कर रही हैं?	8 years or longer 8 वर्ष या अधिक..... 96
141	Who inserted the injectable? आपको इंजेक्टेबल्स किसने लगाया था?	Government doctor सरकारी डाक्टर ..... 1 Govt. Nurse / Paramedic सरकारी नर्स/स्वास्थ्य कार्यकर्ता... 2 NGO Doctor स्वयंसेवी संस्थान का डाक्टर..... 3 NGO Nurse / Paramedic ..... 4 स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता Private Doctor प्राइवेट डाक्टर..... 5 Private Nurse / Paramedic प्राइवेट नर्स/ स्वास्थ्य कार्यकर्ता 6 Other अन्य_(.....). ..... 9
142	Where did you get the injectable? आपने इंजेक्टेबल्स कहाँ लगवाया था?  <b>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</b>  यदि स्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखे। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं  <b>NAME OF PLACE IF HOSPITAL OR CLINIC</b>  स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।	<b>HOME ?kj</b> Your Home आपके घर पर..... 11 Parent's Home माता-पिता के घर पर..... 12 Other Home अन्य घर पर..... 13 <b>PUBLIC MEDICAL SECTOR</b> सार्वजनिक चिकित्सा क्षेत्र Govt. / Municipal hospital ..... 21 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय ..... 22 UHC / UHP / UFWC ..... 23 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC / PHC / PP Centre ..... 24 सीएचसी / पीएचसी / एफपी केन्द्र Subcentre उपकेन्द्र..... 25 Govt. Mobile Clinic ..... 26 सरकारी चलता-फिरता दवाखाना Govt. Paramedic सरकारी अर्ध-चिकित्सक ..... 27 Camp कैम्प ..... 28 Other public sector health facility..... 29 अन्य लोकक्षेत्र स्वास्थ्य सुविधा  <b>NGO SECTOR , ut h k {k-</b> NGO Hospital / Clinic ..... 31 एनजीओ अस्पताल / दवाखाना  <b>PRIVATE MEDICAL SECTOR</b> f u t h f p f d R k {k- Pvt. Hospital / clinic..... 41 निजी अस्पताल / दवाखाना Pvt. Mobile Clinic ..... 42 निजी चलता फिरता दवाखाना Other private sector health facility ..... 43 अन्य निजी क्षेत्र स्वास्थ्य सुविधा
143	Were you satisfied with the services received? आपने इंजेक्टेबल्स लगवाने की सेवाएं जहां से प्राप्त की थीं, क्या आप उनसे संतुष्ट हैं?	Yes हां ..... 1 No नहीं ..... 2
144	Have you ever faced any physical problem after the injectable? क्या इंजेक्टेबल्स लगवाने के बाद कोई शारीरिक समस्या आई थीं?	Yes हां..... 1 No नहीं ..... 2 <b>Skip to 151</b>
145	In what month and year were you / your	Month..... <input type="text"/> <input type="text"/>

	husband's sterilisation operation performed? आपका/आपके पति का नसबंदी आपरेशन किस महीने और साल में हुआ था?	Year .....	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

146	<p>Where did you/your husband get sterilized?</p> <p>आपका/आपके पति का नसबंदी आपरेशन कहाँ हुआ था? स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p> <hr/> <p><b>NAME OF PLACE IF HOSPITAL OR CLINIC</b></p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>सार्वजनिक चिकित्सा क्षेत्र</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">RCH Camp आर सी एच कैम्प .....</td> <td style="width: 10%; text-align: right;">11</td> <td rowspan="17" style="width: 10%; text-align: center; vertical-align: middle;"><b>148</b></td> </tr> <tr> <td>Any Other Camp कोई अन्य कैम्प .....</td> <td style="text-align: right;">12</td> </tr> <tr> <td>Govt./Municipal hospital .....</td> <td style="text-align: right;">13</td> </tr> <tr> <td>सरकारी / नगरपालिका अस्पताल</td> <td></td> </tr> <tr> <td>UHC/UHP/UFWC .....</td> <td style="text-align: right;">14</td> </tr> <tr> <td>यूएचसी / यूएचपी / यूएफडब्ल्यू सी</td> <td></td> </tr> <tr> <td>CHC/PHC/PP Centre .....</td> <td style="text-align: right;">15</td> </tr> <tr> <td>सीएचसी / पीएचसी / एफपी केन्द्र</td> <td></td> </tr> <tr> <td>Govt. Mobile Clinic .....</td> <td style="text-align: right;">16</td> </tr> <tr> <td>सरकारी चलता-फिरता दवाखाना</td> <td></td> </tr> <tr> <td>Other public sector health facility .....</td> <td style="text-align: right;">17</td> </tr> <tr> <td>अन्य सार्वजनिक क्षेत्र की स्वास्थ्य सुविधा</td> <td></td> </tr> <tr> <td><b>NGO SECTOR एनजीओ क्षेत्र</b></td> <td></td> </tr> <tr> <td>NGO Hospital/Clinic .....</td> <td style="text-align: right;">21</td> </tr> <tr> <td>एनजीओ अस्पताल / दवाखाना</td> <td></td> </tr> <tr> <td><b>PRIVATE MEDICAL SECTOR</b></td> <td></td> </tr> <tr> <td>निजी चिकित्सा क्षेत्र</td> <td></td> </tr> <tr> <td>Pvt. Hospital/clinic .....</td> <td style="text-align: right;">31</td> </tr> <tr> <td>निजी अस्पताल / दवाखाना</td> <td></td> </tr> <tr> <td>Pvt. Doctor .....</td> <td style="text-align: right;">32</td> </tr> <tr> <td>निजी डॉक्टर</td> <td></td> </tr> <tr> <td>Pvt. Mobile Clinic .....</td> <td style="text-align: right;">33</td> </tr> <tr> <td>निजी चलता फिरता दवाखाना</td> <td></td> </tr> <tr> <td>Other private sector health facility .....</td> <td style="text-align: right;">34</td> </tr> <tr> <td>अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा</td> <td></td> </tr> </table>	RCH Camp आर सी एच कैम्प .....	11	<b>148</b>	Any Other Camp कोई अन्य कैम्प .....	12	Govt./Municipal hospital .....	13	सरकारी / नगरपालिका अस्पताल		UHC/UHP/UFWC .....	14	यूएचसी / यूएचपी / यूएफडब्ल्यू सी		CHC/PHC/PP Centre .....	15	सीएचसी / पीएचसी / एफपी केन्द्र		Govt. Mobile Clinic .....	16	सरकारी चलता-फिरता दवाखाना		Other public sector health facility .....	17	अन्य सार्वजनिक क्षेत्र की स्वास्थ्य सुविधा		<b>NGO SECTOR एनजीओ क्षेत्र</b>		NGO Hospital/Clinic .....	21	एनजीओ अस्पताल / दवाखाना		<b>PRIVATE MEDICAL SECTOR</b>		निजी चिकित्सा क्षेत्र		Pvt. Hospital/clinic .....	31	निजी अस्पताल / दवाखाना		Pvt. Doctor .....	32	निजी डॉक्टर		Pvt. Mobile Clinic .....	33	निजी चलता फिरता दवाखाना		Other private sector health facility .....	34	अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा	
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147	<p>You just mentioned that you/your husband received sterilisation services from ----- (<b>Read out response from Q146</b>).</p> <p>आपने अभी बताया कि आप/आपके पति ने..... (प्र० 146 से उत्तर पढ़ें) से नसबन्दी सेवाएँ प्राप्त की थी।</p> <p>Was there an RCH/Sterilization Camp being held at the place, the day you/your husband got sterilized?</p> <p>क्या जिस दिन आप/आपके पति ने नसबन्दी कराई थी, वहाँ पर RCH/नसबन्दी शिविर लगाया गया था?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Yes .....</td> <td style="width: 10%; text-align: right;">1</td> <td></td> </tr> <tr> <td>हाँ</td> <td></td> <td></td> </tr> <tr> <td>No .....</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>नहीं</td> <td></td> <td></td> </tr> <tr> <td>DK/Can't Say .....</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>मालूम नहीं / कह नहीं सकते</td> <td></td> <td></td> </tr> </table>	Yes .....	1		हाँ			No .....	2		नहीं			DK/Can't Say .....	3		मालूम नहीं / कह नहीं सकते																																			
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148	<p>How much did you pay in total for the sterilisation, including any consultation you may have had? आपने नसबन्दी में कितने खर्च किये, इसमें परामर्श को भी सम्मिलित करके बताएं ?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Cost in Rupee रूपए में</td> <td style="width: 20%; text-align: center;"> <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="width: 20%;"></td> </tr> <tr> <td>Free मुफ्त</td> <td></td> <td style="text-align: right;">9995</td> </tr> <tr> <td>Don't know पता नहीं</td> <td></td> <td style="text-align: right;">9998</td> </tr> </table>	Cost in Rupee रूपए में	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>						Free मुफ्त		9995	Don't know पता नहीं		9998	Skip to 151																																					
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149	<p>For how many months have you been using the Standard Days Method (SDM) continuously?</p> <p>आप कितने महीने से SDM/मनका विधि का लगातार उपयोग कर रही हैं?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Months महीने.....</td> <td style="width: 10%; text-align: center;"> <table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> </td> <td style="width: 20%;"></td> </tr> <tr> <td>8 years or longer 8 वर्ष या अधिक .....</td> <td></td> <td style="text-align: right;">96</td> </tr> </table>	Months महीने.....	<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				8 years or longer 8 वर्ष या अधिक .....		96	Skip to 151																																										
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150	For how many months have you been using the Emergency Contraceptive Pills (ECPs) continuously? आप कितने महीनो से ECP/आकस्मिक गर्भनिरोधक गोली का लगातार उपयोग कर रही हैं?	Months महीने..... <input type="text"/> <input type="text"/> 8 years or longer 8 वर्ष या अधिक ..... 96																																																																
151	Do you know condoms and pills are available in shpos in your village/town? क्या आप जानते हैं कि आपके गाँव/शहर में निरोध और गर्भनिरोधक गोली दूकानों में उपलब्ध है ?	Yes हाँ ..... 1 No नहीं..... 2																																																																
152	<b>CHECK Q118</b> <b>IF Q118 = 'E' or 'F'</b> यदि प्र. 118 = 'E' या 'F'	Sterilised ..... 1 → <b>162</b>																																																																
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<b>CHECK Q118 and Q120</b> प्रश्न 118 और प्रश्न 120 जांचें																																																																		
153	Why have you stopped using ..... method? आपने यह तरीका इस्तेमाल करना बंद क्यों कर दिया?  Reasons  Any other? कोई अन्य?	<table border="1"> <thead> <tr> <th></th> <th>Q118 = A &amp; Q120 ≠ 1</th> <th>Q118 = B &amp; Q120 ≠ 2</th> <th>Q118 = C &amp; Q120 ≠ 3</th> </tr> </thead> <tbody> <tr> <td></td> <td>Oral Pill गर्भनिरोधक गोलियाँ</td> <td>Condom कंडोम</td> <td>IUCD/C-T आईयूसीडी / सी-टी</td> </tr> <tr> <td>a. Method failed/Got pregnant तरीका विफल/गर्भवती हो गई</td> <td>A</td> <td>A</td> <td>A</td> </tr> <tr> <td>b. Lack of sexual satisfaction संभोग में संतुष्टि की कमी</td> <td>B</td> <td>B</td> <td>B</td> </tr> <tr> <td>c. Created menstrual problem मासिक धर्म की समस्या उत्पन्न हो गई</td> <td>C</td> <td>C</td> <td>C</td> </tr> <tr> <td>d. Created health problem स्वास्थ्य की समस्या उत्पन्न हो गई</td> <td>D</td> <td>D</td> <td>D</td> </tr> <tr> <td>e. Inconvenient to use method असुविधाजनक तरीका</td> <td>E</td> <td>E</td> <td>E</td> </tr> <tr> <td>f. Hard to get method साधन को प्राप्त करना कठिन है</td> <td>F</td> <td>F</td> <td>F</td> </tr> <tr> <td>g. Put on weight वजन बढ़ाता है</td> <td>G</td> <td>G</td> <td>G</td> </tr> <tr> <td>h. Did not like the method तरीका पसंद नहीं आया</td> <td>H</td> <td>H</td> <td>H</td> </tr> <tr> <td>i. Wanted to have a child बच्चा चाहते थे</td> <td>I</td> <td>I</td> <td>I</td> </tr> <tr> <td>j. Wanted to replace dead child मरे हुए बच्चे के बदले दूसरा बच्चा चाहते थे</td> <td>J</td> <td>J</td> <td>J</td> </tr> <tr> <td>k. Lack of privacy गुप्तता की कमी</td> <td>K</td> <td>K</td> <td>K</td> </tr> <tr> <td>l. Husband away पति दूर है</td> <td>L</td> <td>L</td> <td>L</td> </tr> <tr> <td>m. Costs too much बहुत खर्चीला है</td> <td>M</td> <td>M</td> <td>M</td> </tr> <tr> <td>x. Other अन्य (.....)</td> <td>X</td> <td>X</td> <td>X</td> </tr> </tbody> </table>		Q118 = A & Q120 ≠ 1	Q118 = B & Q120 ≠ 2	Q118 = C & Q120 ≠ 3		Oral Pill गर्भनिरोधक गोलियाँ	Condom कंडोम	IUCD/C-T आईयूसीडी / सी-टी	a. Method failed/Got pregnant तरीका विफल/गर्भवती हो गई	A	A	A	b. Lack of sexual satisfaction संभोग में संतुष्टि की कमी	B	B	B	c. Created menstrual problem मासिक धर्म की समस्या उत्पन्न हो गई	C	C	C	d. Created health problem स्वास्थ्य की समस्या उत्पन्न हो गई	D	D	D	e. Inconvenient to use method असुविधाजनक तरीका	E	E	E	f. Hard to get method साधन को प्राप्त करना कठिन है	F	F	F	g. Put on weight वजन बढ़ाता है	G	G	G	h. Did not like the method तरीका पसंद नहीं आया	H	H	H	i. Wanted to have a child बच्चा चाहते थे	I	I	I	j. Wanted to replace dead child मरे हुए बच्चे के बदले दूसरा बच्चा चाहते थे	J	J	J	k. Lack of privacy गुप्तता की कमी	K	K	K	l. Husband away पति दूर है	L	L	L	m. Costs too much बहुत खर्चीला है	M	M	M	x. Other अन्य (.....)	X	X	X
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<b>IF Q118 = C &amp; Q120 ≠ 3 (Ever used IUCD/Copper T)</b> यदि प्र.118 = C और प्र. 120 ≠ 3 (कभी भी इस्तेमाल किया आईयूसीडी/ कॉपर-टी)																																																																		
154	Who inserted the IUCD/ Copper T? आपको आई यू डी /कापर टी किसने लगाया था?	Government doctor सरकारी डाक्टर..... 1 Govt. Nurse/Paramedic सरकारी नर्स/स्वास्थ्य कार्यकर्ता.....2 NGO Doctor स्वयंसेवी संस्थान का डाक्टर..... 3 NGO Nurse/Paramedic स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता.....4 Private Doctor प्राइवेट डाक्टर..... 5 Private Nurse/Paramedic प्राइवेट नर्स/स्वास्थ्य कार्यकर्ता..... 6 Other अन्य (.....).....9																																																																

155	<p><b>CHECK Q116 &amp; Q119</b>  <b>IF Q116 = 1 &amp; Q119 ≠ 1</b>  यदि प्र. 116 = 1 और प्र. 119 ≠ 1  (Ever user, currently not using)  कभी इस्तेमाल किया, अभी नहीं कर रहे हैं</p> <p><b>IF Q116 = 1 &amp; Q119 = 1</b>  यदि प्र. 116 = 1 और प्रश्न 119 = 1  (Current user)  वर्तमान इस्तेमाल कर रहे हैं</p>	<p>1 Go to Q157</p> <p>2 Go to Q162</p>
156	<p>What is the main reason you are not using a method of contraception to delay or avoid pregnancy?</p> <p>ऐसा कौन सा मुख्य कारण है जिसकी वजह से आप गर्भ धारण टालने या रोकने के लिए किसी भी परिवार नियोजन विधि का इस्तेमाल नहीं कर रही है?</p>	<p>Husband away पति बाहर रहते हैं..... 11</p> <p><b>Fertility-related reasons</b></p> <p>Not having sex संभोग न करना ..... 21</p> <p>Infrequent sex ..... 22  कभी-कभी संभोग करते हैं</p> <p>Menopausal/Had hysterectomy ..... 23 → 206  रजोनिवृत्ति / गर्भाशयोच्छेदन</p> <p>Subfecund/Infecund बच्चे नहीं होते ..... 24</p> <p>Postpartum/Breastfeeding ..... 25  बच्चा दूध पी रहा है</p> <p>Wants more children और बच्चे चाहते हैं..... 26</p> <p><b>Opposition to use</b></p> <p>Opposed to family planning ..... 31  परिवार नियोजन के विरुद्ध</p> <p>Husband opposed पति मना करते हैं ..... 32</p> <p>Other people opposed ..... 33  अन्य लोग मना करते हैं</p> <p>Against religionधर्म के विरुद्ध ..... 34</p> <p><b>Lack of knowledge</b></p> <p>Knows no method कोई भी साधन नहीं पता..... 41</p> <p>Knows no source कोई भी स्रोत नहीं पता ..... 42</p> <p><b>Method-related reasons</b></p> <p>Health concerns स्वास्थ्य संबंधी ..... 51</p> <p>Worry about side-effects ..... 52  दुष्प्रभाव की चिंता</p> <p>Hard to get method ..... 53  साधन प्राप्त करने में मुश्किल</p> <p>Costs too much बहुत खर्चीला है ..... 54</p> <p>Inconvenient असुविधाजनक ..... 55</p> <p>Afraid of sterilisation नसबंदी का डर ..... 56</p> <p>Don't like existing methods ..... 57  वर्तमान तरीके पसंद नहीं</p> <p>Other अन्य (.....).....96</p> <p>DK मालूम नहीं..... 98</p>

157	<p>Do you think you or your husband will use a method to delay or avoid pregnancy within the next 12 months?</p> <p>क्या आप सोचती हैं कि आप या आपके पति अगले 12 महीने में गर्भधारण टालने या रोकने के लिए किसी तरीके का उपयोग करना चाहेंगे?</p>	<p>Yes हां..... 1 → <b>159</b></p> <p>No नहीं ..... 2</p> <p>DK मालूम नहीं..... 8</p>
158	<p>Do you think you or your husband will use a method to delay or avoid pregnancy at any time in the future?</p> <p>क्या आप सोचती हैं कि आप या आपके पति भविष्य में कभी भी गर्भधारण टालने या रोकने के लिए आप किसी भी तरीके का उपयोग करना चाहेंगे?</p>	<p>Yes हां..... 1</p> <p>No नहीं ..... 2 } → <b>161</b></p> <p>DK मालूम नहीं..... 8</p>
159	<p>Do you/your husband need to take the consent of family members before accepting the method of your choice?</p> <p>क्या आप या आपके पति को नियोजन विधि अपनाने के लिए अपने परिवार जनों की सहमति लेनी पड़ती है।</p> <p>If yes; whom all? यदि हां, तो किस-किस से</p>	<p>Yes हां..... 1</p> <p>No नहीं ..... 2</p> <p>Mother मां ..... A</p> <p>Mother-in-law सास..... B</p> <p>Father पिता..... C</p> <p>Father-in-law ससुर ..... D</p> <p>Other अन्य (.....).... X</p>
160	<p>What method would you or your husband prefer to use?</p> <p>आप या आपके पति कौन से तरीके का उपयोग करना चाहेंगे ?</p>	<p>Pills गर्भनिरोधक गोलियां ..... 01</p> <p>Condom / Nirodh निरोध (कंडोम) ..... 02</p> <p>IUCD / Loop / Copper T ..... 03</p> <p>आई यू डी / लूप / कापर टी</p> <p>Injectables इंजेक्शन..... 04</p> <p>Female sterilisation स्त्री नसबंदी ..... 05</p> <p>Male sterilisation पुरुष नसबंदी ..... 06 → <b>162</b></p> <p>Rhythm / safe period ..... 07</p> <p>रिदम / सुरक्षित काल पद्धति</p> <p>Withdrawal अधपतन / विदझावल..... 08</p> <p>Standard Days method (SDM) मनका विधि 09</p> <p>Others अन्य (.....) ..... 10</p> <p>DK/Unsure मालूम नहीं / पक्का नहीं..... 98</p>

161	<p>What is the main reason that you think you will not use a method of contraception at any time in future?  ऐसा कौन सा मुख्य कारण है जिसकी वजह से आप सोचती हैं कि आप भविष्य में परिवार नियोजन विधि का कभी भी इस्तेमाल नहीं करेंगी?</p>	<p><b>Fertility-related reasons</b>  Not having sex संभोग नहीं करते ..... 11  Infrequent sex अक्सर संभोग नहीं करते ..... 12 → <b>206</b>  Menopausal/Had hysterectomy ..... 13  मासिक धर्म खत्म हो जाना  Subfecund/Infecund बाँझ ..... 14  Wants more children ..... 15  और ज्यादा बच्चे चाहते हैं</p> <p><b>Opposition to use</b>  Opposed to family planning ..... 21  परिवार नियोजन का विरोध करते हैं  Husband opposed पति का विरोध ..... 22  Other people opposed ..... 23  अन्य लोगों का विरोध  Against religion धर्म के खिलाफ ..... 24</p> <p><b>Lack of knowledge</b>  Knows no source कोई साधन नहीं जानते..... 31</p> <p><b>Method-related reasons</b>  Health concerns स्वास्थ्य की चिंताएं..... 41  Worry about side-effects ..... 42  साइड इफेक्ट के बारे में चिंता  Hard to get method ..... 43  उपाय मुश्किल से मिलते हैं  Costs too much ..... 44  बहुत ज्यादा महँगे होते हैं  Inconvenient असुविधाजनक ..... 45  Afraid of sterilisation नसबंदी का डर ..... 46  Don't like existing methods ..... 47  वर्तमान उपाय पसन्द नहीं करते  Other अन्य (.....) .96  DK पता नहीं ..... 98</p>
162	<p>From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?  एक मासिक धर्म से दूसरे में, क्या कोई निश्चित दिन होते हैं। जिनमें एक महिला गर्भवती हो सकती है?</p>	<p>Yes हाँ..... 1  No नहीं ..... 2  DK पता नहीं ..... 8 ] <b>164</b></p>
163	<p>Is this time just before her period begins, during her period, just after her period has ended, or half way between two periods?  यह समय कब होता है – मासिक धर्म शुरू होने के तुरंत पहले, मासिक धर्म के दौरान, जब मासिक धर्म खत्म हो या अगले मासिक धर्म के बीच में?</p>	<p>Just before her period begins..... 1  उसके पीरियड शुरू होने से ठीक पहले  During her period ..... 2  उसके पीरियड के दौरान  Right after her period has ended..... 3  उसके पीरियड खत्म होने के ठीक बाद  Halfway between two periods ..... 4  दो पीरियडों के बीच में  Others अन्य (.....) .. 6  DK पता नहीं ..... 8</p>

164	<p><b>CHECK Q115</b> प्रश्न संख्या 115 जांचिए</p> <p><b>IF Q115A = 1 or 2 (Heard of pills)</b> यदि प्र. 115ए = 1 या 2 (गोलियों के बारे में सुना है)</p> <p><b>IF Q115A = 3 (Not heard of pills)</b> यदि प्र. 115A = 3 (गोलियों के बारे में नहीं सुना है)</p>	<p><input type="checkbox"/> 1 Continue</p> <p><input type="checkbox"/> 2 Go to Q179</p>
165	<p>If a woman is interested in using oral pills, when should she start using the pill?</p> <p>यदि एक महिला गर्भनिरोधक गोलियां इस्तेमाल करने में रुचि रखती है तो उसे गोलियों का इस्तेमाल कब करना चाहिए?</p>	<p>Any time within 5 days of menstruation ..... 1 मासिक धर्म शुरू होने के 5 दिनों के अन्दर</p> <p>Any time किसी भी समय..... 2</p> <p>Any other कोई अन्य (.....).. 3</p> <p>Don't know पता नहीं..... 8</p>
166	<p>How frequently should an oral pill user take the pills?</p> <p>गर्भनिरोधक गोलियां इस्तेमाल करने वाले को गोलियां अक्सर कैसे इस्तेमाल करनी चाहिए?</p>	<p>Every day प्रति दिन ..... 1</p> <p>Once a week सप्ताह में एक बार ..... 2</p> <p>Every day or once a week..... 3 प्रति दिन/सप्ताह में एक बार</p> <p>Whenever desired ..... 4 जब कभी भी इच्छा हो</p> <p>Any other कोई अन्य (.....). 8</p> <p>Don't know पता नहीं..... 9</p>
167	<p>If the oral pill user misses the pill for a day, what should she do?</p> <p>यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली एक दिन छूट जाए तो उसे क्या करना चाहिए?</p>	<p>Take two pills next day..... 1 अगले दिन दो गोलियां ले।</p> <p>Continue with the pills as usual..... 2 गोलियां सामान्य दिनों की तरह जारी रखें</p> <p>Any other कोई अन्य (.....).. 3</p> <p>Don't know पता नहीं..... 8</p>
168	<p>If the oral pill user misses the pill for two days, what should she do?</p> <p>यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली दो दिन छूट जाए तो उसे क्या करना चाहिए?</p>	<p>Take two pills next two days and abstain from sex or use condom for a week..... 1 अगले दो दिन दो गोलियां ले व यौन संबंध से दूर रहें या एक सप्ताह के लिए कंडोम का इस्तेमाल करें</p> <p>Continue with the pills as usual..... 2 गोलियां सामान्य दिनों की तरह जारी रखें</p> <p>Any other कोई अन्य (.....).. 3</p> <p>Don't know पता नहीं..... 8</p>
169	<p>In your opinion, oral pills are very safe, somewhat safe, or not a safe method to use?</p> <p>आपकी राय में गर्भनिरोधक गोलियां बहुत सुरक्षित हैं, थोड़ी बहुत सुरक्षित हैं या यह सुरक्षित तरीका नहीं है?</p>	<p>Very safe बहुत सुरक्षित ..... 1</p> <p>Somewhat safe थोड़ी बहुत सुरक्षित..... 2</p> <p>Not safe सुरक्षित नहीं ..... 3</p> <p>DK पता नहीं ..... 8</p>
170	<p>In your opinion, oral pills are very effective, somewhat effective, or not effective in preventing pregnancy?</p> <p>आपकी राय में गर्भनिरोधक गोलियां गर्भावस्था से बचने के लिए बहुत असरदार हैं, थोड़ी बहुत असरदार हैं या असरदार नहीं हैं?</p>	<p>Very effective बहुत असरदार ..... 1</p> <p>Somewhat effective थोड़ी बहुत असरदार..... 2</p> <p>Not effective असरदार नहीं ..... 3</p> <p>DK पता नहीं ..... 8</p>
171	<p>If you intend to use oral pills, do you need to take the consent of any family members before using them?</p> <p>यदि आप गर्भनिरोधक गोलियां खाना चाहें तो क्या आपको उन्हें खाने से पहले अपने घर के सदस्यों की इजाजत लेनी पड़ेगी?</p>	<p>Yes हां..... 1</p> <p>No नहीं ..... 2</p> <p>Sterilized आपरेशन हो गया..... 3</p>

	<p>If yes; whom? यदि हां तो किससे?</p> <p>Anybody else? कोई अन्य?</p>	<p>Husband पति..... a</p> <p>Mother मां..... b</p> <p>Mother-in-law सास..... c</p> <p>Father पिता..... d</p> <p>Father-in-law ससुर ..... e</p> <p>Other अन्य (.....) . x</p>
172	<p>Do you think one can use oral pills to space children? क्या आप सोचती हैं कि कोई बच्चों में अंतर बनाए रखने के लिए गर्भनिरोधक गोलियों का इस्तेमाल कर सकता है?</p>	<p>Yes हां..... 1</p> <p>No नहीं.....2</p> <p>Don't know पता नहीं.....3</p>
173	<p>Do you know the place from where one can get oral pills? क्या आप ऐसी कोई जगह जानती हैं जहां पर किसी को गर्भनिरोधक गोलियां मिल सकती हैं?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p>
174	<p>Can you obtain oral pills from a shop or health unit on your own? क्या आप स्वयं किसी दुकान या स्वास्थ्य इकाई से गर्भनिरोधक गोलियां ले सकती हैं?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p>
175	<p>Is it easy to get oral pills in your area? क्या आपके क्षेत्र में गर्भनिरोधक गोलियां मिलना आसान है?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p>
176	<p>Will you encourage friends/relatives to use oral pills? क्या आप दोस्तों/रिश्तेदारों को गर्भनिरोधक गोलियों के इस्तेमाल के लिए प्रोत्साहित करेंगे?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p> <p>Can't say कह नहीं सकते .....3</p>
177	<p>Do you think using pills leads to health problems? क्या आप सोचते हैं कि गर्भनिरोधक गोलियों का इस्तेमाल स्वास्थ्य समस्याएं पैदा करता है?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p> <p>Can't say कह नहीं सकते .....3</p>
178	<p>Do you think one can discuss the use of oral pills with spouse? क्या आप सोचते हैं कि कोई गर्भनिरोधक के इस्तेमाल के बारे में अपने जीवनसाथी से बात कर सकती हैं?</p>	<p>Yes हां..... 1</p> <p>No नहीं .....2</p> <p>Can't say कह नहीं सकते .....3</p>
179	<p><b>CHECK Q115 प्रश्न 115 जांचिए</b></p> <p><b>IF Q115B = 1 or 2 (Heard of condom)</b> यदि प्र. 115B = 1 या 2 (कंडोम के बारे में सुना है)</p> <p><b>IF Q115B = 3 (Not heard of condom)</b> यदि प्र. 115B = 3 (कंडोम के बारे में नहीं सुना है)</p>	<p><input type="checkbox"/> 1 <b>Continue</b> जारी रखें</p> <p><input type="checkbox"/> 2 <b>Go to Q192</b> प्रश्न 192 पर जाएं</p>
180	<p>In your opinion, condoms are very safe, somewhat safe, or not safe to use? आपकी राय में, कंडोम बहुत सुरक्षित है, थोड़ा बहुत सुरक्षित है या सुरक्षित नहीं है?</p>	<p>Very safe बहुत सुरक्षित .....1</p> <p>Somewhat safe थोड़ा सुरक्षित.....2</p> <p>Not safe सुरक्षित नहीं .....3</p> <p>DK पता नहीं .....8</p>
181	<p>In your opinion, condoms are very effective, somewhat effective, or not effective in preventing pregnancy? आपकी राय में, कंडोम गर्भावस्था से बचने के लिए बहुत असरदार है, थोड़ा बहुत असरदार या असरदार नहीं है?</p>	<p>Very effective बहुत असरदार..... 1</p> <p>Somewhat effective थोड़ी बहुत असरदार.....2</p> <p>Not effective असरदार नहीं.....3</p> <p>DK पता नहीं .....8</p>
182	<p>In your opinion, buying condoms are very embarrassing, somewhat embarrassing, or not at all embarrassing? आपकी राय में, क्या कंडोम(निरोध) खरीदना बहुत शर्म की बात है थोड़ी शर्म की बात या बिल्कुल शर्म की बात नहीं है?</p>	<p>Very embarrassing बहुत शर्म..... 1</p> <p>Somewhat embarrassing थोड़ी बहुत शर्म .....2</p> <p>Not at all embarrassing बिल्कुल शर्म नहीं .....3</p> <p>DK पता नहीं .....8</p>

183	<p>If you intend to use condoms, do you need to take the consent of any family members before using them?</p> <p>यदि आप कंडोम का इस्तेमाल करना चाहें तो क्या आपको इस्तेमाल से पहले अपने परिवार के सदस्यों की इजाजत लेनी पड़ेगी?</p> <p>If yes; whom? यदि हां, तो किससे? Anybody else? किसी और से?</p>	<p>Yes हां..... 1 No नहीं ..... 2 Sterilized आपरेशन हो गया.....3</p> <p>Husband पति..... a Mother मां..... b Mother-in-law सास..... c Father पिता..... d Father-in-law ससुर ..... e Other अन्य (.....) ..x</p>
184	<p>Do you think one can use condoms to space children?</p> <p>क्या आप सोचते हैं कि बच्चों में अंतर बनाए रखने के लिए कंडोम का इस्तेमाल किया जा सकता है?</p>	<p>Yes हां..... 1 No नहीं .....2 Can't say कह नहीं सकते .....3</p>
185	<p>Do you think one can discuss the use of condoms with spouse?</p> <p>क्या आप सोचते हैं कि कोई, कंडोम के इस्तेमाल के बारे में अपने जीवनसाथी से बात कर सकता है?</p>	<p>Yes हां..... 1 No नहीं .....2 Can't say कह नहीं सकते .....3</p>
186	<p>Do you know the place from where one can get condoms?</p> <p>क्या आप ऐसी कोई जगह जानते हैं जहां पर आपको कंडोम मिल सकते हैं?</p>	<p>Yes हां..... 1 No नहीं .....2</p>
187	<p>Can you obtain condoms from a shop or health unit on your own?</p> <p>क्या आप स्वयं किसी दुकान या स्वास्थ्य इकाई से कंडोम ले सकते हैं?</p>	<p>Yes हां..... 1 No नहीं .....2</p>
188	<p>Is it easy to get condoms in your area?</p> <p>क्या आपके क्षेत्र में कंडोम मिलना आसान है?</p>	<p>Yes हां..... 1 No नहीं .....2</p>
189	<p>Will you encourage friends/relatives to use condoms?</p> <p>क्या आप दोस्तों/रिश्तेदारों को कंडोम के इस्तेमाल के लिए प्रोत्साहित करेंगे?</p>	<p>Yes हां..... 1 No नहीं .....2 Can't say कह नहीं सकते .....3</p>
190	<p>Do you think using condoms reduces sexual pleasure?</p> <p>क्या आप सोचते हैं कि कंडोम का इस्तेमाल सम्भोग के समय आनन्द को कम करता है?</p>	<p>Yes हां..... 1 No नहीं .....2 Can't say कह नहीं सकते .....3</p>
191	<p>Do you think using condoms is a sign of infidelity?</p> <p>क्या आप सोचते हैं कि कंडोम का इस्तेमाल अपने जीवनसाथी के साथ अविश्वास का संकेत है?</p>	<p>Yes हां..... 1 No नहीं .....2 Can't say कह नहीं सकते .....3</p>
192	<p><b>CHECK Q115 प्रश्न 115 जांचिए</b> <b>IF Q115D = 1 or 2 (Heard of injectables)</b> यदि प्र. 115D = 1 या 2 ( इंजेक्टेबल्स के बारे में सुना है) <b>IF Q115D = 3 (Not heard of injectables)</b> यदि प्र. 115D = 3 ( इंजेक्टेबल्स के बारे में नहीं सुना है)</p>	<p><input type="checkbox"/> 1 <b>Continue</b> जारी रखें</p> <p><input type="checkbox"/> 2 <b>Go to Q200</b> प्रश्न 200 पर जाएं</p>
193	<p>How many months a woman can prevent pregnancy by use of injectables?</p> <p>इन्जेक्टेबल्स के उपयोग द्वारा एक औरत कितने महीनो तक गर्भ को टाल सकती है</p>	<p>No of months <input type="text"/></p> <p>Don't know <input type="text"/> 99</p>

## SECTION 2: ANTENATAL AND NATAL CARE

खंड : 2 प्रसव पूर्व एवं प्रसव के दौरान देखभाल

200.	<p><b>CHECK Q120</b> प्रश्न 120 जॉचियें</p> <p><b>IF Q120 ≤ 8 (Using any modern method)</b> यदि प्रश्न 120 में कोड 8 या उससे कम हो (कोई आधुनिक साधन का उपयोग कर रहे हैं)</p> <p><b>ELSE (Not using any modern method)</b> अन्यथा (कोई आधुनिक साधन का उपयोग नहीं कर रहे हैं)</p>	<p>Using modern method <input type="checkbox"/> <b>1</b> Skip to Q206</p> <p>Not using any modern method <input type="checkbox"/> <b>2</b> Continue</p>
201.	<p>Are you pregnant now? क्या आप इस समय गर्भवती हैं?</p>	<p>Yes हां..... 1</p> <p>No नहीं ..... <b>2</b></p> <p>Unsure पक्का नहीं ..... <b>3</b></p> <p style="text-align: right;"><b>206</b></p>
202.	<p>How many months pregnant are you? आप कितने महीने से गर्भवती हैं?</p>	<p>Months महीने..... <input style="width: 40px; height: 20px;" type="text"/></p>
203.	<p>At the time you became pregnant, did you want to become pregnant then, did you want to wait until later or did you not want to become pregnant at all? आप जब गर्भवती हुईं, क्या आप उस समय गर्भवती होना चाहती थी या कुछ समय बाद तक और इंतजार करना चाहती थी या आप गर्भवती ही होना नहीं चाहती थी?</p>	<p>Then उस समय ..... 1</p> <p>Later बाद में ..... 2</p> <p>No more/Not at all और नहीं/बिल्कुल नहीं ..... 3</p>
204.	<p>After the child you are expecting, would you like to have another child or would you prefer not to have any more children? आपके इस बच्चे के पैदा हो जाने के बाद क्या आप एक और बच्चा पैदा करना चाहेंगी या नहीं पैदा करना चाहेंगी?</p>	<p>Have a (another) child ..... 1 एक (एक और) बच्चा</p> <p>No more/None और नहीं /कोई भी नहीं..... <b>2</b></p> <p>Up to God भगवान पर ..... <b>3</b></p> <p>Undecided/DK तय नहीं किया/पता नहीं..... <b>8</b></p> <p style="text-align: right;"><b>206</b></p>
205.	<p>How long would you like to wait after the birth of the child you are expecting before the birth of another child? आपकी इच्छानुसार बच्चा पैदा होने के बाद, आप कितने दिनों बाद दूसरा बच्चा पैदा करना चाहेंगी? <b>(If less than 12 months; circle 1 and write the months or else circle 2 and write in completed years)</b> यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।</p>	<p>Months महीने..... 1</p> <p>Years वर्ष..... 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>Others _____ 3 अन्य (स्पष्ट करें)</p> <p>DK पता नहीं ..... 8</p>
206.	<p>When did you give birth to your last child? आपने आखिरी बच्चे को जन्म कब दिया?</p> <p style="text-align: center;"><b>INCLUDE “STILL BIRTHS “ ALSO</b> मृत जन्म को भी शामिल करे</p>	<p>MONTH महीना..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>YEAR वर्ष ..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>NO BIRTHS..... 99 → <b>241</b></p>

207.	<p><b>CHECK Q206</b> प्र. 206 जांचिए</p> <p><b>BIRTHS SINCE “1 JULY 2007”</b> 1 JULY 2007 के बाद जन्मे बच्चे</p> <p><b>NO BIRTHS SINCE “1 JULY 2007”</b> 1 JULY 2007 से पहले जन्मे बच्चे</p>	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center; width: 30px;">1</td> <td><b>CONTINUE</b> जारी रखें</td> </tr> <tr> <td style="text-align: center;">2</td> <td><b>GO TO Q241</b> प्रश्न 241 पर जाएं</td> </tr> </table>	1	<b>CONTINUE</b> जारी रखें	2	<b>GO TO Q241</b> प्रश्न 241 पर जाएं
1	<b>CONTINUE</b> जारी रखें					
2	<b>GO TO Q241</b> प्रश्न 241 पर जाएं					
208.	<p>At the time you became pregnant with the child (you just mentioned), did you want to become pregnant then, did you want to wait until later or did you want no more children at all? (नाम) के समय जब आप गर्भवती हुई, क्या आप उस समय गर्भवती होना चाहती थी या कुछ समय बाद तक और इंतजार करना चाहती थी या आप और (अधिक) बच्चे नहीं चाहती थी?</p>	<p>Then उसी समय ..... 1 → <b>210</b></p> <p>Later बाद में ..... 2</p> <p>No more और नहीं ..... 3 → <b>210</b></p>				
209.	<p>How much longer would you like to have waited? आप और कितने समय तक इंतजार करना चाहती थी?</p> <p>(If less than 12 months; circle 1 and write the months or else circle 2 and write in completed years) यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।</p>	<p>MONTHS महीने ..... 1</p> <p>YEARS वर्ष ..... 2 <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p> <p>DK पता नहीं ..... 8</p>				
<p><b>Now I would like to get some information relating to your last child birth</b> अब हम आपके पिछले बच्चे के जन्म से संबंधित कुछ जानकारियां लेना चाहेंगे</p>						
210.	<p>Did you get antenatal check-up? क्या आपकी प्रसव पूर्व जांच हुई थी?</p>	<p>Yes हां ..... 1</p> <p>No नहीं ..... 2</p> <p><b>Don't know</b> पता नहीं ..... 8 } <b>216</b></p>				
211.	<p>How many antenatal check-ups you had? प्रसव पूर्व कितनी बार जांच हुई?</p>	<p>NUMBER OF ANC ..... <input style="width: 40px; height: 25px;" type="text"/></p> <p>Don't know ..... 9</p>				
212.	<p>Whom did you see? आप किससे मिलें?</p> <p>Anyone else? किसी और को?</p> <p><b>RECORD ALL PERSONS SEEN</b> जिन जिन व्यक्तियों से मिले हो उन सब में गोला लगाये।</p>	<p>Doctor डॉक्टर ..... A</p> <p>ANM/Nurse/LHV नर्स ..... B</p> <p>ISM Practitioner ..... C भारतीय चिकित्सा प्रणाली का डाक्टर</p> <p>Dai दाई ..... D</p> <p>Other (.....).X अन्य कोई</p>				

213.	<p>As a part of antenatal check-ups during last pregnancy, were any of the following done at least once?</p> <p>पिछली गर्भावस्था के दौरान प्रसव पूर्व जांच के संबंध में निम्नलिखित में से कोई जांच एक बार भी की गई थी?</p> <p>a. Weight measurement वजन मापना b. Blood pressure रक्त चाप c. Abdomen check पेट की जांच d. Urine test पेशाब की जांच e. Blood test खून की जांच</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">YES</th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT वजन.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. BLOOD PRESSURE रक्त चाप.1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. ABDOMEN पेट की जांच.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. URINE TEST पेशाब की जांच.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. BLOOD TEST खून की जांच.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		NO	YES	A. WEIGHT वजन.....1	1	2	B. BLOOD PRESSURE रक्त चाप.1	1	2	C. ABDOMEN पेट की जांच.....1	1	2	D. URINE TEST पेशाब की जांच.....1	1	2	E. BLOOD TEST खून की जांच.....1	1	2
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E. BLOOD TEST खून की जांच.....1	1	2																		
214.	<p>During any of the antenatal care visits, were you told about the signs of pregnancy complications?</p> <p>क्या आपको किसी भी प्रसव पूर्व भ्रमण के दौरान गर्भावस्था में होने वाली जटिलताओं के बारे में बताया था?</p> <p>a. Bleeding खून बहना b. Convulsions दौरा पड़ना c. Prolonged labour अत्यधिक समय तक प्रसव पीड़ा</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">YES</th> </tr> </thead> <tbody> <tr> <td>BLEEDING खून बहना.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A. CONVULSIONS दौरा पड़ना.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. PROLONGED LABOUR प्रसव पीड़ा...1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		NO	YES	BLEEDING खून बहना.....1	1	2	A. CONVULSIONS दौरा पड़ना.....1	1	2	B. PROLONGED LABOUR प्रसव पीड़ा...1	1	2						
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215.	<p>How many months pregnant were you with the last child, when you first received antenatal check-up?</p> <p>जब आपकी पहली बार प्रसव पूर्व जांच हुई, तब आप कितने महीने से गर्भवती थीं?</p>	<p>MONTHS..... <input style="width: 40px; height: 20px;" type="text"/></p> <p>Don't know <span style="float: right;">Skip to 217</span></p> <p style="text-align: right;">9</p>																		
216.	<p>Why did you not go for an antenatal check-up? आप प्रसव पूर्व जांच के लिए क्यों नहीं गयी ? <b>(DO NOT READ OUT THE OPTIONS)</b> (विकल्पों को न पढ़ें)</p>	<p>NOT NECESSARY आवश्यक नहीं था.....A COST TOO MUCH कीमत अत्यधिक थी.....B TOO FAR/NO TRANSPORT..... C बहुत दूर/यातायात का कोई साधन नहीं POOR QUALITY SERVICE बहुत खराब सेवाएं.....D NO TIME TO GO जाने के लिए समय नहीं था.....E FAMILY DID NOT ALLOW.....F परिवार के लोग मना करते हैं LACK OF KNOWLEDGE जानकारी नहीं... ..G OTHER(SPECIFY) _____X अन्य (स्पष्ट करें)</p>																		
217.	<p>Were you given any iron and folic acid (IFA) tablets or liquid?</p> <p>क्या आपको आयरन फौलिक एसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई दी गई थीं?</p>	<p>Yes, Tablets हों, गोलियां..... 1 Yes, Liquid हों, पीने वाली दवाई.....2 No नहीं ..... 3 → 222</p>																		
218.	<p>Did you receive enough iron and folic acid tablets or syrup (100 tablets or 3 bottles of syrup) to last about three months or longer?</p> <p>क्या उस समय आपको (खून बढ़ाने की) गोलियां या पीने वाली दवाई (100 गोलियां या 3 बॉटल/सीसिया वाली दवाई) तीन महीने या उससे ज्यादा दिनों के लिए दी गई थीं?</p>	<p>Yes हां..... 1 No नहीं ..... 2</p>																		

219.	<p>Where did you get iron a folic acid (IFA) tablets or liquid?</p> <p>आपको आइरन फोलिक एसिड (खून बढ़ाने की) गोलियां या पीने की दवाई कहां से मिली थी?</p>	<p>Govt. / Municipal hospital..... 11 सरकारी / नगरपालिका अस्पताल</p> <p>Govt. Dispensary (सरकारी औषधालय)..... 12</p> <p>UHC / UHP / UFWC ..... 13 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी)</p> <p>CHC / PHC / FP Centre ..... 14 (सीएचसी / पीएचसी / एफपी केन्द्र)</p> <p>Subcenter/ANM (उपकेन्द्र) ..... 15</p> <p>Govt. Paramedic (सरकारी दवाचिकित्सा)..... 16</p> <p>Camp (कैम्प) ..... 17</p> <p>Other public sector health facility ..... 18 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा</p> <p>NGO Hospital /Clinic ..... 21 एनजीओ अस्पताल / दवाखाना</p> <p>NGO Worker निजी डॉक्टर ..... 22</p> <p>MOBILE CLINIC ..... 31 चलता-फिरता दवाखाना</p> <p>Pvt. Hospital/clinic निजी अस्पताल / दवाखाना .. 41</p> <p>Pvt. Doctor निजी डॉक्टर..... 42</p> <p>Pvt. Paramedic निजी अर्धचिकित्सक..... 43</p> <p>Vaidya / Hakim / Homeopath ..... 44 वैद्य / हकीम / आयुर्वेदिक</p> <p>Traditional Healer पारम्परिक चिकित्सक..... 45</p> <p>Pharmacy / Drug House ..... 46 औषधालय / दवा की दुकान</p> <p>ASHA आशा ..... 47</p> <p>Dai/AWW दाई ..... 48</p> <p>Other private sector health facility ..... 49 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p> <p><b>OTHER SOURCE अन्य स्रोत</b></p> <p>Shop दुकान ..... 51</p> <p>DK पता नहीं ..... 98</p>
220.	<p>Did you consume all iron and folic acid (IFA) tablets or liquid you were given?</p> <p>आइरन फोलिक एसिड की जितनी (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थी, क्या आपने वह सभी गोलिया या पीने वाली दवाई खाई थी?</p>	<p>Yes हां ..... 1 → <b>222</b></p> <p>No नहीं..... 2</p>

221.	<p>What are the reasons for not consuming all iron and folic acid (IFA) tablets or liquid you were given?</p> <p>जितनी आइरन फोलिक एसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थीं उन्हें न खाने के क्या कारण हैं?</p> <p>Any other? कोई अन्य?</p>	<p>Constipation कब्ज..... A</p> <p>Pain in abdomen पेट में दर्द .....B</p> <p>Stomach upset or diarrhea .....C</p> <p>पेट खराब या डायरिया</p> <p>Feeling sick बीमार महसूस करना..... D</p> <p>Black stools काला मल.....E</p> <p>Baby will not be fair ..... F</p> <p>बच्चा गोरा नहीं होगा</p> <p>Baby will be big/problem in delivery..... G</p> <p>बच्चा बछ होगा तो प्रसव में परेशानी होगी</p> <p>I don't need them all मुझे उनकी जरूरत नहीं. H</p> <p>Other अन्य (specify _____) .. X</p>
222.	<p>Were you given an injection to prevent you and the baby from getting tetanus?</p> <p>क्या आपको और आपके होने वाले बच्चे को टेटनस से बचाने के लिए टीका (इंजेक्शन) लगाया गया था?</p>	<p>Yes हां..... 1</p> <p>No नहीं..... 2 → 226</p>
223.	<p>During this pregnancy, how many times did you get this injection?</p> <p>इस गर्भावस्था के दौरान आपको कितनी बार टीका (इंजेक्शन) लगाया गया था?</p>	<p>TIMES कितनी बार..... <input type="text"/></p> <p>Don't know पता नहीं..... 8</p>
224.	<p>Did you receive any TT injection during the pregnancy prior to the one we are referring?</p> <p>अभी हम जिस बच्चे के बारे में बात कर रहे थे उसके ठीक पहले वाले बच्चे के समय जब आप गर्भवती थीं तो क्या आपको उसकी गर्भावस्था के दौरान कोई टी टी का टीका लगा था ?</p>	<p>Yes हां..... 1</p> <p>No नहीं..... 2</p> <p>Don't know पता नहीं..... 8</p>
225.	<p>Where did you get this injection?</p> <p>आपने यह टीका (इंजेक्शन) कहाँ से लगाया था?</p> <p><b>RECORD ONLY ONE SOURCE</b> केवल किसी एक पर गोला लगाएं</p>	<p><b>PUBLIC MEDICAL SECTOR</b></p> <p>Govt. / Municipal hospital..... 11 सरकारी/नगर पालिका अस्पताल</p> <p>Govt. Dispensary (सरकारी औषधालय)..... 12</p> <p>UHC / UHP / UFWC..... 13 (यूएचसी/यूएचपी/यूएफडब्ल्यूसी)</p> <p>CHC / PHC / PP Centre..... 14 (सीएचसी/पीएचसी/पीपी केन्द्र)</p> <p>Subcenter/ANM (उपकेन्द्र)..... 15</p> <p>Camp (कैम्प)..... 16</p> <p><b>NGO SECTOR एनजीओ क्षेत्र</b></p> <p>NGO Hospital / Clinic..... 21 एनजीओ अस्पताल/दवाखाना</p> <p><b>MOBILE CLINIC ..... 31</b> चलता-फिरता दवाखाना</p> <p><b>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</b></p> <p>Pvt. Hospital / clinic ..... 41 निजी अस्पताल / दवाखाना</p> <p>Pvt. Doctor निजी डाक्टर ..... 42</p> <p>Other private sector health facility ..... 43 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p>

226.	<p>During your pregnancy did you suffer from any of the following health problems? आपकी गर्भावस्था के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?</p> <p>1. SWELLING OF HANDS AND FEET हाथों और पैरों में सूजन</p> <p>2. PALENESS पीलापन</p> <p>3. VISUAL DISTURBANCES देखने में तकलीफ</p> <p>4. EXCESSIVE BLEEDING अत्यधिक रक्तश्राव</p> <p>5. CONVULSIONS ऐंठन</p> <p>6. WEAK OR NO MOVEMENT OF FOETUS कमजोर या भ्रूण में कोई गतिविधि का न होना</p> <p>7. ABNORMAL POSITION OF FOETUS भ्रूण की असामान्य स्थिति</p>	<p><b>Yes</b> <b>No</b></p> <p>हां नहीं</p> <p>1 2</p>	<p><b>If 'NO' FOR ALL GO TO 228</b></p>
227.	<p>Did you seek treatment for any of these health problems? क्या आपने इनमें से किसी स्वास्थ्य समस्या का उपचार कराया?</p>	<p>Yes हां ..... 1</p> <p>No नहीं..... 2</p>	
228.	<p>Where did you give this birth? आपने इस बच्चे को जन्म कहाँ दिया?</p>	<p><b>PUBLIC SECTOR सार्वजनिक चिकित्सा क्षेत्र</b></p> <p>Govt. / Municipal/Hospital ..... 11 सरकारी / नगर पालिका अस्पताल</p> <p>UHC / UHP / UFWC ..... 12 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी)</p> <p>CHC / PHC / PP Centre ..... 13 (सीएचसी / पीएचसी / पीपी केन्द्र)</p> <p>Rural hospital ग्रामीण अस्पताल ..... 14</p> <p>Subcentre (उपकेन्द्र)..... 15</p> <p>Other public facility ..... 16 अन्य सार्वजनिक सुविधा</p> <p><b>NGO SECTOR एनजीओ क्षेत्र</b></p> <p>NGO Hospital / Clinic ..... 21 एनजीओ अस्पताल / दवाखाना</p> <p><b>PRIVATE SECTOR निजी क्षेत्र</b></p> <p>Pvt. Hospital / clinic ..... 31 निजी अस्पताल / दवाखाना</p> <p>Maternity home मातृत्व घर में ..... 32</p> <p>Other private sector health facility ..... 33 अन्य निजी क्षेत्र स्वास्थ्य सुविधाएं</p> <p><b>HOME घर</b></p> <p>Your Home (आपके घर पर)..... 41</p> <p>Parent's Home (माता-पिता के घर पर)..... 42</p> <p>Other Home (अन्य घर पर)..... 43</p> <p><b>OTHER (.....)..... 81</b></p>	
229.	<p>At the time of last delivery were the following done? अन्तिम प्रसव के समय क्या निम्न में से कुछ किया?</p> <p><b>A. Was a Disposable Delivery Kit used?</b> क्या डिसपोजिबल डिलिवरी किट प्रयोग की गयी ?</p> <p><b>B. Was the baby immediately wiped dry and then wrapped without being bathed?</b> क्या बच्चे को जन्म के तुरन्त बाद पोछकर सुखाया गया और उसके बाद बिना स्नान कराये कपड़े में लपेटा गया ?</p>		

	C. Was a new/sterilized blade used to cut the cord? क्या नाल को काटने के लिए नयी/विसंक्रमित की गयी ब्लेड का प्रयोग किया गया ?	1	2	3	
230.	<p>What are the reasons for not going to health facility for delivery? प्रसव के लिए स्वास्थ्य सुविधा केन्द्र पर न जाने के क्या कारण थे ?</p> <p><b>(RECORD ALL MENTIONED)</b> सभी बताये गये को रिकार्ड करें</p>	<p>COST TOO MUCH अत्यधिक कीमत..... A</p> <p>POOR QUALITY SERVICE..... B सेवा की खराब गुणवत्ता</p> <p>TOO FAR / NO TRANSPORT ..... C बहुत दूर/कोई यातायात का साधन नहीं</p> <p>NO TIME TO GO जाने के लिए समय नहीं ..... D</p> <p>NOT NECESSARY आवश्यक नहीं..... E</p> <p>NOT CUSTOMARY ऐसी प्रथा नहीं ..... F</p> <p>BETTER CARE AT HOME..... G घर पर अच्छी देखभाल हो जाती है</p> <p>FAMILY DID NOT ALLOW ..... H परिवार के लोग इजाजत नहीं देते हैं</p> <p>LACK OF KNOWLEDGE जानकारी का अभाव ..... I</p> <p>OTHER (SPECIFY)..... X अन्य स्पष्ट करें</p>			
231.	<p>Who assisted you with the delivery? प्रसव के समय किसने सहायता की थी?</p> <p>Any other? कोई अन्य?</p>	<p><b>HEALTH PROFESSIONAL</b> स्वास्थ्य कार्यकर्ता</p> <p>Doctor डाक्टर..... A</p> <p>ANM / Nurse नर्स ..... B</p> <p>Other health professional ..... C अन्य स्वास्थ्य कार्यकर्ता</p> <p><b>OTHER PERSON</b> अन्य व्यक्ति</p> <p><i>Dai दाई</i></p> <p>Trained प्रशिक्षित..... D</p> <p>Un trained अप्रशिक्षित..... E</p> <p>Friend / Relative दोस्त / रिश्तेदार..... F</p> <p>NO ONE कोई नहीं ..... Y</p>			
232.	<p>Was the delivery normal? क्या प्रसव सामान्य था?</p>	<p>Yes, normal हाँ, सामान्य..... 1</p> <p>No, caesarean नहीं, ऑपरेशन द्वारा ..... 2</p> <p>By instrument or assisted ..... 3 उपकरण की सहायता से जन्म</p>			
233.	<p>Did you receive any Govt. financial assistance for delivery care under the Janani Suraksha Yojana (JSY) / State Specific Scheme? क्या आपने प्रसव सम्बन्धित देखभाल के लिए जननी सुरक्षा योजना/राज्य स्तरीय विशेष योजना के अन्तर्गत कोई सरकारी सहायता प्राप्त की है ?</p>	<p>Yes हाँ ..... 1</p> <p>No नहीं..... 2</p>			

234.	<p>During delivery, did you experience any of the following problems?</p> <p>प्रसव के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES हां</th> <th style="width: 10%; text-align: center;">NO नहीं</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td>A. Did you experience premature labour? क्या आपको समय से पूर्व प्रसव पीड़ा हुई ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td rowspan="6" style="text-align: center; vertical-align: middle;"><b>If 'NO' FOR ALL GO TO 236</b></td> </tr> <tr> <td>B. Did you experience excessive bleeding? क्या आपको प्रसव के दौरान अत्यधिक रक्तश्राव हुआ ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. Did you experience prolonged labour? क्या आपको अत्यधिक समय तक प्रसव पीड़ा हुई ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. Did you experience obstructed labour? क्या आपको रूक-रूक कर प्रसव पीड़ा हुई ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. Did you experience breech presentation? क्या आपका बच्चा गर्भ में उल्टा हो गया था ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. Did you experience Convulsion/High B.P? क्या आपको ऐठन/उच्च रक्त चाप की शिकायत हुई ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Any Other? कोई अन्य ?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </tbody> </table>		YES हां	NO नहीं		A. Did you experience premature labour? क्या आपको समय से पूर्व प्रसव पीड़ा हुई ?	1	2	<b>If 'NO' FOR ALL GO TO 236</b>	B. Did you experience excessive bleeding? क्या आपको प्रसव के दौरान अत्यधिक रक्तश्राव हुआ ?	1	2	C. Did you experience prolonged labour? क्या आपको अत्यधिक समय तक प्रसव पीड़ा हुई ?	1	2	D. Did you experience obstructed labour? क्या आपको रूक-रूक कर प्रसव पीड़ा हुई ?	1	2	E. Did you experience breech presentation? क्या आपका बच्चा गर्भ में उल्टा हो गया था ?	1	2	F. Did you experience Convulsion/High B.P? क्या आपको ऐठन/उच्च रक्त चाप की शिकायत हुई ?	1	2	Any Other? कोई अन्य ?	1	2	
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236.	<p>Did any health personal discuss with you the following before or after delivering the last child? क्या आपके बच्चे के जन्म से पहले या बाद में कोई स्वास्थ्य कर्मी ने आपसे निम्नलिखित के बारे में बात की थी?</p> <p>a. Keeping the baby warm during first week पहले सप्ताह में बच्चे को गर्म रखने के बारे में</p> <p>b. Exclusive breastfeeding केवल स्तनपान के बारे में</p> <p>c. Supplementary feeding पूरक आहार के बारे में</p> <p>d. Child immunization बच्चों का टीकाकरण</p> <p>e. Family planning परिवार नियोजन</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. BABY WARM ..... बच्चे को गर्म रखना</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. EXCLUSIVE BREASTFEEDING ..... केवल स्तनपान</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. SUPPLEMENTARY FEEDING..... पूरक आहार</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. CHILD IMMUNISATION..... बच्चों का टीकाकरण</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. FAMILY PLANNING ..... परिवार नियोजन</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. BABY WARM ..... बच्चे को गर्म रखना	1	2	B. EXCLUSIVE BREASTFEEDING ..... केवल स्तनपान	1	2	C. SUPPLEMENTARY FEEDING..... पूरक आहार	1	2	D. CHILD IMMUNISATION..... बच्चों का टीकाकरण	1	2	E. FAMILY PLANNING ..... परिवार नियोजन	1	2								
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237.	<p>After the last child was born did any health worker or anganwadi worker visit you to enquire about your and child's health? पिछले बच्चे के जन्म के बाद क्या कोई स्वास्थ्य कार्यकर्ता या आंगनवाड़ी कार्यकर्ता आपसे आपके व आपके बच्चे के स्वास्थ्य के बारे में पूछने आया था?</p>	<p>Yes हां ..... 1 No नहीं..... 2 → <b>239</b></p>																										
238.	<p>How many times did they visit you during the first 6 weeks after delivery? बच्चे के जन्म के 6 सप्ताह के दौरान वे आपसे कितनी बार मिलने आए?</p>	<p>NUMBER OF VISITS कितनी बार आए ..... <input style="width: 40px; height: 20px;" type="text"/></p> <p>Don't know पता नहीं ..... 8</p>																										

239.	During the first <b>6 weeks</b> after delivery did you experience any of the following health problems? प्रसव के 6 सप्ताह के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?	YES हां	NO नहीं	<b>If 'NO' FOR ALL GO TO241</b>	
	A. Did you experience, <b>high fever</b> ? क्या आपको बहुत तेज बुखार हुआ ?	1	2		
	B. Did you experience, <b>lower abdominal pain</b> ? क्या आपको पेट में (पेट के निचले भाग) दर्द हुआ ?	1	2		
	C. Did you experience, <b>foul smelling vaginal discharge</b> ? क्या आपको योनि से बदबूदार श्राव हुआ ?	1	2		
	D. Did you experience, <b>excessive bleeding</b> ? क्या आपको अत्यधिक रक्त श्राव हुआ ?	1	2		
	E. Did you experience, <b>convulsions</b> ? क्या आपको ऐठन हुई ?	1	2		
	F. Did you experience, <b>severe headache</b> ? क्या आपको बहुत तेज सिर में दर्द हुआ ?	1	2		
G. Any other? कोई अन्य ?	1	2			
240.	Did you seek treatment for any of these health problems? क्या आपने इनमें से किसी स्वास्थ्य समस्या का उपचार कराया?	Yes हां .....	1	No नहीं.....	2

241.	<b>CHECK Q201</b> <b>IF Q201 = 1 (CURRENTLY PREGNANT)</b>  <b>ELSE (NOT CURRENTLY PREGNANT)</b>	<b>PREGNANT</b> <input type="checkbox"/> <b>1</b> <b>SKIP TO Q244</b>  <b>NOT PREGNANT</b> <input type="checkbox"/> <b>2</b> <b>CONTINUE</b>	
242.	Would you like to have a/another child or would you prefer not to have any children? क्या आप एक/एक और बच्चा पैदा करना चाहेंगी या आप एक भी बच्चा नहीं पैदा करना चाहेंगी?	Have a/another child एक या/एक और बच्चा.... 1 No more/None और नहीं /कोई नहीं ..... 2 Up to God भगवान पर..... 3 Undecided/DK तय नहीं किया/पता नहीं..... 8 Not Applicable लागू नहीं ..... 9	<b>244</b>
243.	How long would you like to wait from now on before the birth of a/another child? आप एक बच्चे/ या एक और बच्चे के जन्म के लिए कितने दिनों तक इन्तजार करना चाहेंगी। <b>(IF &lt;12 MONTHS; CIRCLE '1' AND WRITE THE MONTHS, ELSE CIRCLE '2' AND WRITE IN COMPLETED YEARS)</b> यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।	MONTHS महीने..... 1 YEAR वर्ष..... 2 <input type="text"/> <input type="text"/> Can't get pregnant गर्भवती नहीं हुई ..... 3 Others अन्य ..... 4 DK पता नहीं..... 8	

244.	Is it necessary for pregnant woman to take TT injections? क्या आप समझती हैं कि गर्भवती महिला का टी. टी इंजेक्सन (टीका) लगवाना अनिवार्य है?	Yes हां ..... 1 No नहीं..... 2 → 247
245.	During pregnancy how many TT injections should a woman take? गर्भावस्था के दौरान एक महिला को कितनी बार टी. टी. का इंजेक्सन (टीका) लगवाना होता है?	One एक बार..... 1 → 247 Two दो बार ..... 2 Three तीन बार..... 3 Four or more चार बार..... 4 DK पता नहीं..... 8
246.	What should be the gap between two injections? दो टीकों (इंजेक्सन) के बीच कितना अंतर होना चाहिए।	One week एक सप्ताह ..... 1 A Fortnight पंद्रह दिन में ..... 2 One month एक माह ..... 3 Two or more months दो या दो से अधिक माह. 4 DK पता नहीं..... 8
247.	Is it necessary for pregnant women to take IFA tablets? क्या गर्भावस्था के दौरान महिला को आयरन या फोलिक एसिड गोलियाँ (खून बढ़ाने के लिए गोली) लेना आवश्यक है?	Yes हां ..... 1 No नहीं..... 2 → 249
248.	During pregnancy, how many IFA tablets should a woman consume? गर्भावस्था के दौरान महिला को कितनी आयरन या फोलिक एसिड गोलियाँ (खून बढ़ाने के लिए गोली) खानी चाहिए?	<30 tablets 30 से कम गोलियाँ ..... 1 30-49 tablets 30-49 गोलियाँ ..... 2 50-74 tablets 50-74 गोलियाँ ..... 3 75-99 tablets 75-99 गोलियाँ ..... 4 100 or more tablets 100 या अधिक गोलियाँ ..... 5 DK पता नहीं..... 8
249.	Besides the live births did you have any pregnancy which terminated in to stillbirth? जीवित जन्मों के अलावा, क्या आपके किसी गर्भ का परिणाम मृत बच्चे के रूप में हुआ है? If yes, How many? यदि हाँ तो कितने?	No ..... 9 Number <input type="text"/>
250.	Did any of your pregnancy terminate into induced or spontaneous abortion? If Yes, क्या आपने किसी गर्भ का प्रेरित गर्भपात करवाया या स्वतः गर्भपात हुआ है? If yes, How many? यदि हाँ तो कितने?	No ..... 9 Induced abortion प्रेरित गर्भपात <input type="text"/> Spontaneous abortion स्वतः गर्भपात <input type="text"/>
<b>CHECK Q249=9 &amp; Q250=9 than</b> जाँचियें प्र. 249=9 और प्र. 250=9 तब		<b>Skip to Q301</b> प्र संख्या 301 पर जायें
251.	Had any abortions (induced or spontaneous abortion) occur after January 1, 2007? क्या आपको कोई गर्भपात (प्रेरित गर्भपात या स्वतः गर्भपात) जनवरी 1, 2007 के बाद हुआ है?	No ..... 1 → 301 Yes, spontaneous abortion स्वतः गर्भपात ..... 2 → 257 Yes, induced abortion प्रेरित गर्भपात ..... 3

252.	<p>Where was the induced abortion performed?</p> <p>प्रेरित गर्भपात किस स्थान (सुविधा) पर हुआ था?</p>	<p>Govt. / Municipal/Hospital ..... 11 सरकारी/नगर पालिका अस्पताल</p> <p>UHC / UHP / UFWC ..... 12 (यूएचसी/यूएचपी/यूएफडब्ल्यूसी)</p> <p>CHC / PHC / PP Centre ..... 13 (सीएचसी/पीएचसी/पीपी केन्द्र)</p> <p>Rural hospital ग्रामीण अस्पताल ..... 14</p> <p>Subcenter (उपकेन्द्र)..... 15</p> <p>Other public facility ..... 16 अन्य सार्वजनिक सुविधा</p> <p>NGO Hospital / Clinic .....21 एनजीओ अस्पताल/दवाखाना</p> <p>Pvt. Hospital / clinic .....31 निजी अस्पताल/वाखाना</p> <p>Maternity home जच्चा-बच्चा केन्द्र .....32</p> <p>Other private sector health facility .....33 अन्य निजी क्षेत्र स्वास्थ्य सुविधाएं</p> <p>At Home घर पर.....41</p> <p>Other ( _____ ) ....81</p>
253.	<p>Who performed the abortion?</p> <p>गर्भपात किसने किया था?</p>	<p>Doctor डाक्टर..... 1</p> <p>ANM / Nurse नर्स ..... 2</p> <p>Other health professional ..... 3 अन्य स्वास्थ्य कार्यकर्ता</p> <p>Trained dai प्रशिक्षित दाई ..... 4</p> <p>Un trained dai अप्रशिक्षित दाई ..... 5</p> <p>Friend / Relative दोस्त/रिश्तेदार..... 6</p> <p>Took medicine from medical store/ pharmacist दवाई की दुकान से दवा लेकर ..... 8</p>
254.	<p>Why did you abort the pregnancy?</p> <p>आपने गर्भपात क्यों करवाया था?</p> <p><b>MAIN REASON</b></p>	<p>Unplanned pregnancy बिना सोचा-समझा गर्भ . 1</p> <p>Due to contraceptive failure/Accidental Pregnancy गर्भनिरोधक साधन का फेल होना/आकस्मिक गर्भ ठहरना..... 2</p> <p>Complication in pregnancy गर्भ में कठिनाई... 3</p> <p>Health did not permit स्वास्थ्य खराब होना ..... 4</p> <p>Female foetus कन्या भ्रूण..... 5</p> <p>Economic reason आर्थिक स्थिति खराब होना .... 6</p> <p>Last child too young आखिरी बच्चा बहुत छोटा 7</p> <p>Other (Specify) अन्य (स्पष्ट करें) ..... 8</p>
255.	<p>At what month of pregnancy did it happen?</p> <p>गर्भ के किस महीने में गर्भपात हुआ था?</p>	<p>Month of pregnancy गर्भ का महीना <input type="text"/></p>
256.	<p>Did you go for sonography or amniocentesis before this abortion?</p> <p>क्या आपने गर्भपात से पूर्व सोनोग्राफी/अल्ट्रासाउण्ड या एमीनोसेन्टेसिस करवाया था?</p>	<p>Yes, sonography हॉ सोनोग्राफी..... 1</p> <p>Yes, amniocentesis हॉ एमीनोसेन्टेसिस ..... 2</p> <p>Yes, both हॉ, दोनो..... 3</p> <p>None नहीं ..... 4</p>

257.	Did you have any health problem after abortion (within 6 weeks of abortion)? क्या आपको गर्भपात के पश्चात (6 सप्ताह के अन्दर) किसी स्वास्थ्य समस्या या कठिनाई का सामना करना पड़ा था?	Yes हाँ..... 1 No नहीं ..... 2
258.	How much did you pay for the abortion services? आपने गर्भपात के लिए कुल कितने पैसे खर्च किए?	RUPEES ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PAID IN KIND ..... 99994 वस्तु में भुगतान NOT PAID ANY THING ..... 99995 कोई भुगतान नहीं DON'T KNOW ..... 99998 पता नहीं
259.	Have you received any advice on use of family planning methods to avoid abortion? क्या आपको गर्भपात से बचने के लिए परिवार नियोजन के तरीको को इस्तेमाल करने की कोई सलाह मिली है?	Yes हां ..... 1 No नहीं ..... 2

### SECTION 3: QUALITY OF CARE AND MEDIA EXPOSURE

#### भाग 3: सेवाओं की गुणवत्ता व संचार के माध्यमों से सम्पर्क

301	<p>During the last three months, has a health worker visited you at home?</p> <p>क्या पिछले 3 महीनों के दौरान कोई स्वास्थ्य या परिवार नियोजन कार्यकर्ता आपसे मिलने के लिए आपके घर आया?</p>	<p>Yes हाँ ..... 1</p> <p>No नहीं ..... 2 → 303</p>
302	<p>How many times did the health worker visit you in the last 3 months?</p> <p>पिछले 3 महीनों में कार्यकर्ता आपसे मिलने के लिए कितनी बार आया?</p>	<p>NUMBER संख्या..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>
303	<p>When was the last time a health worker visited you at home?</p> <p>आखिरी बार स्वास्थ्य कार्यकर्ता आपके घर आपसे मिलने के लिए कब आया था?</p> <p>If less than 1 month record "00" अगर 1 माह से कम है तो "00" रिकार्ड करें</p>	<p>MONTHS महीने ..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Not visited नहीं आये..... 97 → 308</p> <p>Don't remember याद नहीं ..... 98 → 308</p>
304	<p>Generally who visits you?</p> <p>आपसे मिलने के लिए कौन कौन आया?</p>	<p>Govt. doctor सरकारी डाक्टर..... A</p> <p>ANM/LHVएएनएम/एलएचवी .....B</p> <p>Anganwadi worker आंगनवाड़ी कार्यकर्ता .....C</p> <p>ASHA आशा..... D</p> <p>NGO workerएनजीओ कार्यकर्ता .....E</p> <p>Private doctor निजी डाक्टर..... F</p> <p>Dai [TBA] दाई..... G</p> <p>Other health worker ..... X</p> <p>अन्य स्वास्थ्य कार्यकर्ता</p>
305	<p>Who visited you last time?</p> <p>आखिरी बार आपसे मिलने के लिए कौन आया था?</p>	<p>Govt. doctor सरकारी डाक्टर..... 11</p> <p>Public health nurse सामाजिक स्वास्थ्य नर्स ..... 12</p> <p>ANM/LHVएएनएम/एलएचवी ..... 13</p> <p>Male MPW/ Supervisor..... 14</p> <p>पुरुष कार्यकर्ता/सुपरवाइज़र</p> <p>Anganwadi worker आंगनवाड़ी कार्यकर्ता ..... 15</p> <p>Village health guide गांव के स्वास्थ्य गाइड ..... 16</p> <p>Other public sector health workers ..... 17</p> <p>अन्य सरकारी स्वास्थ्य क्षेत्र के कार्यकर्ता</p> <p>ASHA आशा..... 18</p> <p>NGO doctor एनजीओ डाक्टर ..... 21</p> <p>NGO workerएनजीओ कार्यकर्ता ..... 22</p> <p>Private doctor निजी डाक्टर..... 31</p> <p>Private nurse निजी नर्स ..... 32</p> <p>Compounder कंपाउंडर ..... 33</p> <p>Traditional healer पारंपरिक वैद्य ..... 34</p> <p>Dai [TBA] दाई..... 35</p> <p>Other private sector health worker ..... 36</p> <p>अन्य निजी क्षेत्र के कार्यकर्ता</p> <p>Other अन्य (.....)....96</p>

<p>306</p>	<p>What were the different matters talked about?</p> <p>इन मुलाकातों के दौरान कौन-कौन से विषयों पर बातचीत की गई?</p> <p>Anything else? किसी अन्य विषय पर?</p>	<p>Family planning परिवार नियोजन ..... A Breastfeeding स्तनपान.....B Supplementary Feeding पूरक आहार.....C Child Immunization बच्चे का टीकाकरण ..... D Nutrition पोषण आहार.....E Disease prevention रोग निवारण ..... F Treatment of health problem..... G स्वास्थ्य संबंधी समस्या का इलाज Antenatal care प्रसवपूर्व देखरेख..... H Delivery care प्रसव देखरेख ..... I Postpartum care प्रसवोत्तर देखरेख .....J Child care बच्चे की देखरेख..... K Sanitation / Cleanliness स्वच्छता .....L Oral rehydration जलीकरण/ओ आर एस .....M Polio Immunization पोलियो टीकाकरण..... N Other अन्य (.....).....X</p>
<p>307</p>	<p>What type of services did you receive during this visit?</p> <p>इस मुलाकात के दौरान आपको क्या-क्या सेवायें मिलीं?</p> <p>Any other service? और कोई सेवा?</p>	<p>Pill supply गर्भनिरोधक गोलियों की पूर्ति..... A Condom supply निरोध आपूर्ति .....B Follow up for sterilisation .....C नसबन्दी के उपरान्त सेवा Follow up for IUD insertion..... D आईयूडी लगवाने के उपरान्त सेवा Family planning advice/ counseling.....E परिवार नियोजन की सलाह Child Immunization बच्चों का टीकाकरण..... G Antenatal care प्रसवपूर्व देखरेख ..... H IFA Tablets आईएफए गोलियां ..... I TT injection टीटी इंजेक्शन.....J Delivery care प्रसव देखरेख ..... K Postpartum care प्रसवोत्तर देखरेख.....L Disease prevention रोगों का निवारण.....M Medical treatment for self ..... N स्वयं के लिए चिकित्सा उपचार Treatment for sick child ..... O बीमार बच्चों का उपचार Treatment for other person..... P अन्य व्यक्ति का उपचार Polio Immunization..... Q पोलियो टीकाकरण Other अन्य (.....).....X</p>
<p>308</p>	<p>Have you visited a health facility or camp for any reasons for yourself or your children in the last 3 months or ever before?</p> <p>क्या आप पिछले 3 महीनों में या पहले कभी अपने लिए (या अपने बच्चों के लिए) किसी कारण से स्वास्थ्य सुविधा या शिविर में गई थी?</p>	<p>Yes, in last 3 months हां पिछले 3 महीनों में..... 1 Yes, before last 3 months ..... 2 हां पिछले 3 महीनों से पहले No नहीं ..... 3 → 313</p>

<p>309</p>	<p>What were the different matters talked about?</p> <p>इन मुलाकातों के दौरान कौन-कौन से विषयों पर बातचीत की गई?</p> <p>Anything else? किसी अन्य विषय पर?</p>	<p>Family planning परिवार नियोजन ..... A Breastfeeding स्तनपान.....B Supplementary Feeding पूरक आहार.....C Child Immunization बच्चे का टीकाकरण ..... D Nutrition पोषण आहार.....E Disease prevention रोग निवारण ..... F Treatment of health problem..... G स्वास्थ्य संबंधी समस्या का इलाज Antenatal care प्रसवपूर्व देखरेख..... H Delivery care प्रसव देखरेख ..... I Postpartum care प्रसवोत्तर देखरेख .....J Child care बच्चे की देखरेख..... K Sanitation / Cleanliness स्वच्छता .....L Oral rehydration जलीकरण/ओ आर एस .....M Polio Immunization पोलियो टीकाकरण..... N Other अन्य (.....).....X</p>
<p>310</p>	<p>What type of health facility did you visit most recently for yourself or your children?</p> <p>सबसे हाल ही में आप अपने लिए (या अपने बच्चों के लिए) किस प्रकार को स्वास्थ्य सुविधा में गई थीं?</p>	<p><b>Public sector</b> Govt. / Muncipal Hospital..... 11 सरकारी /नगरपालिका अस्पताल Govt.dispensary सरकारी औषधालय ..... 12 UHC/UFC/UFWC..... 13 यूएचसी / यूएफसी / यूएफडब्ल्यूसी CHC/ PHC/Rural Hospital ..... 14 सीएचसी / पीएचसी / ग्रामीण अस्पताल Subcenter उपकेन्द्र ..... 15 Govt. mobile clinic..... 16 सरकारी चलता फिरता दवाखाना Camp कैम्प..... 17 Other public sector health facility ..... 18 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा NGO/ Clinic/Trust Hospital ..... 21 एनजीओ / दवाखाना / खैराती दवाखाना <b>Private medical sector निजी औषधालय क्षेत्र</b> Pvt. hospital/clinic..... 31 निजी अस्पताल / दवाखाना Pvt.mobile clinic ..... 32 निजी चलता फिरता दवाखाना Pharmacy/Drug store..... 33 औषधालय / दवाखाना Other private sector health facility..... 34 अन्य निजी क्षेत्र स्वास्थ्य सुविधा Other अन्य (.....)... 96</p>
<p>311</p>	<p>What service did you go for?</p> <p>आप किस सेवा के लिए गई थीं?</p> <p>Any other? किसी अन्य सेवा के लिए?</p>	<p>Pill supply गर्भनिरोधक गोलियों की पूर्ति..... A Condom supply निरोध आपूर्ति .....B Follow up for sterilization.....C नसबन्दी के उपरान्त सेवा Follow up for IUD insertion..... D आईयूडी लगवाने के उपरान्त सेवा Family planning advice/ counseling.....E परिवार नियोजन की सलाह Child Immunization बच्चों का टीकाकरण..... G Antenatal care प्रसवपूर्व देखरेख ..... H IFA Tablets आईएफए गोलियां ..... I TT injection टीटी इंजेक्शन.....J Delivery care प्रसव देखरेख ..... K</p>

		Postpartum care प्रसवोत्तर देखरेख..... L Disease prevention रोगों का निवारण..... M Medical treatment for self ..... N स्वयं के लिए चिकित्सा उपचार Treatment for sick child ..... O बीमार बच्चों का उपचार Treatment for other person..... P अन्य व्यक्ति का उपचार Polio Immunization पोलियो टीकाकरण ..... Q Other अन्य (.....) .... X
312	Did you receive the service that you went for? आप जिस सेवा के लिए गई थीं, क्या वह आपको मिली?	Yes हां ..... 1 No नहीं ..... 2
313	Now I would like to ask about all the contacts you have had with health or family planning workers at home or anywhere else in the last 3 months or ever before. अब मैं आपसे उन सभी मुलाकातों के बारे में पूछना चाहूंगी जो आपने अपने घर में या कहीं और स्वास्थ्य अथवा परिवार नियोजन कार्यकर्ताओं के साथ पिछले 3 महीनों में या पहले कभी की हैं?	Yes, in last 3 months हां पिछले 3 महीनों में ..... 1 Yes, before last 3 months ..... 2 हां पिछले 3 महीनों से पहले None / never discussed ..... 3 → <b>316</b> कोई नहीं / कभी बातचीत नहीं हुई
314	During any of these contacts, which methods of delaying or avoiding pregnancy were discussed, if any इनमें से किसी भी मुलाकात के दौरान, गर्भधारण टालने या रोकने के किन-किन तरीकों के विषय में बातचीत हुई, यदि किन्हीं? <b>PROBE: Any other methods discussed?</b> क्या किन्हीं अन्य तरीकों पर बातचीत हुई?	Pill गर्भनिरोधक गोलियां ..... A Condom/Nirodh कंडोम / निरोध ..... B IUD/Loop आईयूडी / लूप ..... C Female sterilisation महिला नसबंदी ..... D Male sterilisation पुरुष नसबंदी ..... E Rhythm / safe period रिदम / सुरक्षित काल पद्धति ..... F Withdrawal विच्छेदन ..... G Other अन्य (.....) ... X
315	Were the advantages/disadvantages of each of the method discussed? क्या इनमें से प्रत्येक उपाय के फायदों / नुकसानों की बात की गई थी ? 1. Advantages फायदे 2. Disadvantages नुकसान 3. Both दोनों 4. None कोई नहीं	Pill गर्भनिरोधक गोलियां <input type="checkbox"/> Condom/Nirodh कंडोम / निरोध ..... <input type="checkbox"/> IUD/Loop आईयूडी / लूप ..... <input type="checkbox"/> Female Sterilisation महिला नसबंदी ..... <input type="checkbox"/> Male Sterilisation पुरुष नसबंदी ..... <input type="checkbox"/> Rhythm / safe period रिदम / सुरक्षित काल पद्धति .. <input type="checkbox"/> Withdrawal विच्छेदन ..... <input type="checkbox"/>

316	<p>In the last three months, have you heard or seen any family planning or reproductive health messages: पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना/देखा है?</p> <p>On radio? रेडियो पर</p> <p>On television? टेलीविजन पर?</p> <p>In a cinema hall or theater? सिनेमा हाल या थियेटर में?</p> <p>In an outdoor video or film show? खुले में वीडियो या फिल्म शो में?</p> <p>In a newspaper or magazine? अखबार या पत्रिका में?</p> <p>On a poster or banner? पोस्टर या बैनर पर?</p> <p>On a bus or van panel? बस या वैन पर?</p> <p>In a leaflet or handbill? लीफ लेट या कागज पर बने हुए इश्तेहार पर?</p> <p>On a wall painting, wall writing or hoarding दीवारों पर पेंटिंग दीवारों पर लिखाई या होर्डिंग में?</p> <p>In a drama or street play नाटक या नुक्कड़ नाटक में?</p> <p>In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show? लोक नृत्य, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES हां</th> <th>NO नहीं</th> </tr> </thead> <tbody> <tr> <td>RADIO रेडियो.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION टेलीविजन .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CINEMA HALL / THEATER सिनेमा हाल/थियेटर..</td> <td>1</td> <td>2</td> </tr> <tr> <td>OUTDOOR VIDEO / FILM SHOW .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>खुले में वीडियो या फिल्म शो</td> <td></td> <td></td> </tr> <tr> <td>NEWSPAPER / MAGAZINE अखबार या पत्रिका.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER/BANNER पोस्टर या बैनर.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BUS/ VAN बस/वैन.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLET / HANDBILL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>लीफ लेट या कागज पर बने इश्तेहार</td> <td></td> <td></td> </tr> <tr> <td>WALL PAINTING/WALL WRITING HOARDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>दीवारों पर पेंटिंग, दीवारों पर लिखाई या होर्डिंग</td> <td></td> <td></td> </tr> <tr> <td>DRAMA / STREET PLAY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>नाटक या नुक्कड़ नाटक</td> <td></td> <td></td> </tr> <tr> <td>FOLK DANCE /NAUTANKI /QAWALI /BIRAHA / ALAHA / PUPPET SHOW / MAGIC SHOW.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>लोक नृत्य, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन</td> <td></td> <td></td> </tr> </tbody> </table>		YES हां	NO नहीं	RADIO रेडियो.....	1	2	TELEVISION टेलीविजन .....	1	2	CINEMA HALL / THEATER सिनेमा हाल/थियेटर..	1	2	OUTDOOR VIDEO / FILM SHOW .....	1	2	खुले में वीडियो या फिल्म शो			NEWSPAPER / MAGAZINE अखबार या पत्रिका.....	1	2	POSTER/BANNER पोस्टर या बैनर.....	1	2	BUS/ VAN बस/वैन.....	1	2	LEAFLET / HANDBILL.....	1	2	लीफ लेट या कागज पर बने इश्तेहार			WALL PAINTING/WALL WRITING HOARDING.....	1	2	दीवारों पर पेंटिंग, दीवारों पर लिखाई या होर्डिंग			DRAMA / STREET PLAY.....	1	2	नाटक या नुक्कड़ नाटक			FOLK DANCE /NAUTANKI /QAWALI /BIRAHA / ALAHA / PUPPET SHOW / MAGIC SHOW.....	1	2	लोक नृत्य, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन		
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317	<p><b>CHECK Q316</b> प्रश्न 316 देखिए AT LEAST ONE ' YES' कम से कम एक 'हां' 'NO' IN ALL 'नहीं' सब में</p>	<table border="1"> <tbody> <tr> <td>1</td> <td><b>Continue</b> जारी रखें</td> </tr> <tr> <td>2</td> <td><b>Go to Q323</b> प्रश्न 323 देखें</td> </tr> </tbody> </table>	1	<b>Continue</b> जारी रखें	2	<b>Go to Q323</b> प्रश्न 323 देखें																																															
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318	<p>What messages did you hear? आपने क्या संदेश सुना?</p> <p>Any other message? कोई अन्य संदेश?</p>	<p>Sterilisation नसबंदी..... A</p> <p>Pills गर्भनिरोधक गोलियां .....B</p> <p>Condoms कंडोम.....C</p> <p>Limiting of births बच्चों के जन्म की सीमा..... D</p> <p>Spacing of births बच्चों के जन्म में अंतर.....E</p> <p>Antenatal care जन्म से पहले देखरेख ..... F</p> <p>TT injections टीटी इंजेक्शन..... G</p> <p>IFA tablets/syrup आईएफए गोलियां/पीने की दवा ..... H</p> <p>Delivery care प्रसव के दौरान देखदेख ..... I</p> <p>Postpartum care प्रसवोत्तर देखरेख.....J</p> <p>Breastfeeding स्तनपान..... K</p> <p>Nutrition of mother and child .....L मां और बच्चे का पोषण</p> <p>Supplementary feeding पूरक आहार.....M</p> <p>ORS ओआरएस ..... N</p> <p>Child immunization बच्चों का टीकाकरण..... O</p> <p>Polio immunization पोलियो टीकाकरण ..... P</p> <p>Water and sanitation पानी और स्वच्छता..... Q</p> <p>Others अन्य (.....)..... X</p>																																																			

319	Is the message you have heard or seen acceptable to you? जो संदेश आपने सुने व देखे हैं, क्या आपको मान्य हैं?	Yes हाँ..... 1 → <b>321</b> No नहीं..... 2				
320	Why do you think the messages are not acceptable to you? आप क्यों सोचते हैं कि आपको संदेश स्वीकार करने योग्य नहीं हैं?	Against religion धर्म के खिलाफ ..... A Against culture सरकार के खिलाफ ..... B No adequate supply/service..... C कोई पर्याप्त सप्लाई/सर्विस नहीं Not good for children ..... D बच्चों के लिये अच्छा नहीं Other अन्य (.....)... X				
321	<b>CHECK Q318</b> जांचिए 318 <b>ANY CODE 'A to E'</b> कोई कोड 'A से E' है <b>ELSE</b> अन्यथा	<table border="1"> <tr> <td>1</td> <td><b>Continue</b> जारी रखें</td> </tr> <tr> <td>2</td> <td><b>Go to Q323</b> प्रश्न 323 पर जायें</td> </tr> </table>	1	<b>Continue</b> जारी रखें	2	<b>Go to Q323</b> प्रश्न 323 पर जायें
1	<b>Continue</b> जारी रखें					
2	<b>Go to Q323</b> प्रश्न 323 पर जायें					
322	Do you agree that these messages can promote use of family planning methods? क्या आप सहमत हैं कि ये संदेश परिवार नियोजन तरीके के इस्तेमाल को बढ़ावा दे सकते हैं?	Yes हाँ..... 1 No नहीं ..... 2 Can't say कह नहीं सकते..... 3				
323	On an average, in a week, how many days do you listen to the radio? औसतन, एक सप्ताह में, आप कितने दिन रेडियो सुनते हैं?	DAYS दिन ..... <input type="text"/> Irregular अनियमितता ..... 8 <b>If '0' go to Q326</b>				
324	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	Yes हाँ..... 1 No नहीं ..... 2				
325	On an average, in a day, how many hours do you listen to the radio? औसतन एक दिन में, आप कितने घंटे रेडियो सुनते हैं?	NO. OF HOURS घंटों की संख्या..... <input type="text"/> <input type="text"/>				
326	On an average, in a week, how many days do you watch TV? औसतन एक सप्ताह में, आप कितने दिन टेलीविजन देखते हैं?	DAYS दिन ..... <input type="text"/> Irregular अनियमितता ..... 8 <b>If '0' go to Q329</b>				
327	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	Yes हाँ..... 1 No नहीं ..... 2				
328	On an average, in a day, how many hours do you watch the television? औसतन एक दिन में आप कितने घण्टे टेलीविजन देखते हैं?	NO. OF HOURS घंटों की संख्या..... <input type="text"/> <input type="text"/>				
329	On an average, in a week, how many days do you read newspapers? औसतन एक सप्ताह में, आप कितने दिन अखबार पढ़ते हैं?	DAYS दिन ..... <input type="text"/> Irregular अनियमितता ..... 8				

330	<p>On an average, in a year, how many times do you go to a cinema theater to watch a cinema? औसतन एक वर्ष में आप कितनी बार सिनेमाघर में सिनेमा देखने जाते हैं?</p>	<p>TIMES कितनी बार ..... <input style="width: 40px; height: 20px;" type="text"/> <input style="width: 40px; height: 20px;" type="text"/></p> <p>Irregular अनियमितता ..... 88</p>
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<p><b>Now I would like to ask about some questions on cooking</b> अब मैं आपसे घर की रसोई के बारे में कुछ प्र. पूछना चाहूंगी</p>		
331	<p>TYPE OF KITCHEN. रसोई के कमरे का प्रकार</p> <p>OBSERVE अवलोकन करें और कोड करें</p>	<p>No separate room अलग कमरा नहीं है ..... 1</p> <p>Has separate room अलग कमरा है ..... 2</p> <p>Open area खुला स्थान ..... 3</p> <p>Other (specify) अन्य (स्पष्ट करें) ..... 9</p>
332	<p>Does the kitchen have chimney? क्या रसोई में चिमनी है</p> <p>OBSERVE अवलोकन करें और कोड करें</p>	<p>Yes हाँ ..... 1</p> <p>No नहीं ..... 2</p>
333	<p>Does the kitchen have proper ventilation facility in terms of open window/door/skylight? क्या रसोई में खुली हवा एवं रोशनीदार खिड़की/दरवाजे की सुविधा है?</p> <p>OBSERVE अवलोकन करें और कोड करें</p>	<p>Yes हाँ ..... 1</p> <p>No नहीं ..... 2</p>
334	<p>The food cooked <u>mainly</u> on a stove, a chulha or an open fire? आपके यहाँ भोजन बनाने के लिये मुख्यतः किस प्रकार के चूल्हे का उपयोग किया जाता है?</p>	<p>Kerosene Stove मिट्टी के तेल का स्टोव ..... 1</p> <p>LPG Stove गैस स्टोव ..... 2</p> <p>Electric Stove बिजली स्टोव ..... 3</p> <p>Chulha चूल्हा ..... 4</p> <p>Open fire खुला चूल्हा ..... 5</p> <p>Other (specify) अन्य (स्पष्ट करें) ..... 9</p>
335	<p>Does your household have any other cooking device? क्या आपके घर में खाना बनाने का कोई अन्य साधन/चूल्हा उपलब्ध है?</p>	<p>Yes (Specify) हाँ (स्पष्ट करें) ..... 1</p> <p>No नहीं ..... 2 → 337</p>
336	<p>How often do you use the ..... device? आप इस साधन/चूल्हे का उपयोग कितने-कितने समय पर करते हैं?</p>	<p>Once a day दिन में एक बार ..... 1</p> <p>Once a week सप्ताह में एक बार ..... 2</p> <p>Twice a week सप्ताह में दो बार ..... 3</p> <p>Rarely कभी कभार ..... 4</p> <p>Other (specify) अन्य (स्पष्ट करें) ..... 9</p>
337	<p>On an average, how much do you spend in a month on cooking fuel? औसतन एक महीने में खाना बनाने के लिये ईंधन के इस्तेमाल पर आप कितना खर्च करते हैं?</p>	<p>Specify अन्य (स्पष्ट करें) (In INR ₹0 में) _____</p> <p>Can't say/don't know ..... 9999</p>
338	<p>Usually, how many times do you cook in a day? आमतौर पर आप एक दिन में कितनी बार खाना बनाती हैं</p>	<p>Once एक बार ..... 1</p> <p>Twice दो बार ..... 2</p> <p>Thrice तीन बार ..... 3</p> <p>Other (specify) अन्य (स्पष्ट करें) ..... 9</p>
339	<p>On an average, how much time do you spend on cooking in a day? औसतन एक दिन में खाना बनाने पर आप कितना समय व्यतीत करती हैं</p>	<p>Specify (स्पष्ट करें) (In Minutes मिनट में) _____</p>

-: THANK YOU :- धन्यवाद



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