CHAPTER-I

INTRODUCTION

1.1 Background

Uttar Pradesh is going through the process of revising the State Population Policy which was formulated in 2000. Task of revision of population policy has been given to SIFPSA. The review of the Population Policy is being conducted through a series of consultative workshops at the regional and state levels and commissioning specific research studies to assess the current situation and bring in additional evidence to address gaps and lacunae in the existing population policy for reframing strategies.

In light of the above, SIFPSA was entrusted with the task of carrying out a study on "Barriers to adoption of terminal and semi terminal methods of family planning in rural Uttar Pradesh" to understand the factors affecting acceptance of sterilization and intra uterine contraceptive device (IUCD) by couples not wanting to have more children.

1.2 Context Setting

Despite being one of the first States to adopt an explicit Population Policy, fertility in Uttar Pradesh remains high with a total fertility rate of 3.3 (SRS 2012). Though fertility has shown slow but consistent decline in Uttar Pradesh in recent years, contraceptive use remains low. Despite high knowledge of modern methods of contraception in U.P. only 37.3% of married women of reproductive age currently use a modern method of contraception (Annual Health Survey 2011-12). There exists a large unmet need (total 24.1%- limiting 11.6% and spacing 12.5%) for family planning services in Uttar Pradesh. Therefore, Uttar Pradesh presents an interesting context for examining the range of potential barriers to the use of family planning services, with a low level of economic development and cultural norms that may inhibit family planning service utilization.

1.3 Objective of the Study

The study is aimed at identifying the factors associated with family planning service use and examining the barriers to adoption of terminal and semi terminal methods of family planning in rural Uttar Pradesh. It is also aimed at understanding the system's perspective of these barriers

and opportunities to overcome them by interacting with front line workers, program managers, and policy makers of the state.

1.4 Study Design and Methodology

The study was conducted in 120 villages of 10 districts of Uttar Pradesh selected from 35 districts identified as low performing districts for sterilization as per the data received from the Office of Director General, Family Welfare (DG-FW), Government of Uttar Pradesh for the Financial Year 2012-13. Two blocks from each district and 6 PSUs per block were selected using systematic random sampling. House listing exercise was carried out to construct necessary sampling frame for selecting the sampled households. At least 20 HHs were selected from each selected village for the study and from each selected household, one eligible woman, currently married and aged between 15-49 years, was randomly selected for detailed interview. From the selected 20 households, at least 5 mothers-in-law were also interviewed. Thus the total rural sample covered was 25*120=3000.

Qualitative discussions were held with 20 MOICs of Block PHCs along with in-depth interviews with 100 ANMs and 113 ASHAs of selected villages. Discussions were also held with selected state level senior government officials who play a key role in influencing and framing policies in health and family welfare to understand their perspective on family planning, possible barriers in its uptake and solutions in improving the family planning usage in the state.

Total number of interviews conducted are given in the table below:

Sl. No.	Interviews	Total
1	20 interviews of EW per village from 120 villages of 10 Districts	2400
2	5 interviews of Mothers-in-law per village from 120 villages	600
3	20 MOICs of Block PHCs/CHCs	20
4	100 available ANMs from 120 selected villages	100
5	113 available ASHAs from 120 selected Villages	113
Total No. of Interviews		**3233**

1.4.1 Research techniques and tools

In line with the objectives of the study, quantitative and qualitative research techniques were used to generate information on all important indicators. All the research instruments were developed by R&E team of SIFPSA in Hindi, taking into consideration various important aspects of the study to generate information.

(i) Quantitative Research Tools

Listing Format

A format was developed for listing of households in the selected villages. The purpose of the house listing exercise was to construct necessary sampling frame for selecting the sampled households. Villages having 200 or less number of households were completely listed. In case the number of households was more than 200, villages were segmented into two or more parts and one part was selected using systematic sampling procedure for house listing.

Prime objective of carrying out the house listing exercise was to identify households having eligible women i.e. currently married women in the age group of 15 to 49 years.

Women Interview Schedule

A structured schedule was developed for interviewing currently married women between 15 to 49 years of age. As envisaged, 20 households from each selected village was drawn using systematic sampling procedure. The households having eligible women in the reproductive age group as mentioned above were kept in a different sampling frame. 20 such households were selected using systematic random sampling procedure and from each selected household, one eligible woman, currently married and aged between 15-49 years, was randomly selected for detailed interview.

Apart from the above, interviews were also held with 5 mothers-in-law from each selected village.

(ii) Qualitative Research Tools

The qualitative tools that were used in this survey include:

- Guideline for discussion with MOICs
- Guideline for discussion with ASHAs/ANMs

1.5 Selection of Districts:

Following procedure was adopted for selection of districts:

- Family Planning performance, as per the data maintained by the Office of Director General, Family Welfare (DG-FW), Government of Uttar Pradesh for the Financial Year 2012-13 was taken into account for selecting the sample districts.
- First, based on the data, 35 districts were identified as 'poor performing' districts against the state average of 47.47% (FST/MST/IUD).
- Out of 35 districts, 10 districts with low FP performance were to be selected for the study purpose. The districts were selected using systematic random sampling technique wherein the first random number selected was 01. From this point onwards, every 3rd district was selected till the selection of the 10th district.

Following is the list of 10 districts selected using random sampling:

Table: Data for FY 2012-13 showing Sterilization and IUCD Performance against the Annual Workload

S.No	District	Sterilization Achievement			IUD Insertion		
		Annual Workload	Ach.	Percentage Achievement	Workload	Ach.	Percentage Achievement
State		**970000**	**307648**	**31.72**	**2610967**	**1392238**	**47.47**
1	Bahraich	9609	1785	18.58	37883	19688	42.95
2	Gonda	16165	3288	20.34	41915	23846	46.72
3	Rampur	11225	1331	11.86	29290	15464	41.45
4	Mainpuri	9304	1467	15.77	27771	10622	32.61
5	Etah	8690	1564	18.00	22779	13893	49.12
6	Pilibhit	9609	1785	18.58	25755	9178	31.00
7	Fatehpur	13466	2649	19.67	38885	16688	36.94
8	Bareilly	21036	4301	20.45	55550	28556	42.90
9	Kanpur Nagar	24179	5600	23.16	62620	28636	39.44
10	Mau	10809	2697	24.95	29795	19177	53.87

Table: List of Selected Blocks and Villages (PSUs) Selected for the Study

Sl. No.	Name of District	Name of Block	Name of Village
1	Bahraich	Payagpur	Sachauli
2	Bahraich	Payagpur	Sumerpur
3	Bahraich	Payagpur	Lakhia
4	Bahraich	Payagpur	Ruknapur
5	Bahraich	Payagpur	Jhala Tarhar
6	Bahraich	Payagpur	Payagpur
7	Bahraich	Visheswerganj	Gangwal
8	Bahraich	Visheswerganj	Kanchar
9	Bahraich	Visheswerganj	Khargaurajanub
10	Bahraich	Visheswerganj	Balapur
11	Bahraich	Visheswerganj	Puraina
12	Bahraich	Visheswerganj	Lakharampur
13	Bareilly	Meerganj	Junhai Mustakil
14	Bareilly	Meerganj	Labhera Purohit
15	Bareilly	Meerganj	Nagariya Sadat
16	Bareilly	Meerganj	Khamria Sani
17	Bareilly	Meerganj	Sirodhi Angadpur
18	Bareilly	Meerganj	Mankara
19	Bareilly	Richha	Unhaini Jagir
20	Bareilly	Richha	Singtara
21	Bareilly	Richha	Igrah
22	Bareilly	Richha	Saidpur
23	Bareilly	Richha	Basant Nagar Jagir
24	Bareilly	Richha	Gauri Khera
25	Etah	Nidhauli Kalan	Himmatpur Kakamai
26	Etah	Nidhauli Kalan	Gurha
27	Etah	Nidhauli Kalan	Nagala Fakir
28	Etah	Nidhauli Kalan	Nagala Kisi
29	Etah	Nidhauli Kalan	Gahetu
30	Etah	Nidhauli Kalan	Bhadwas
31	Etah	Jalesar	Kosma
32	Etah	Jalesar	Devkaranpur
33	Etah	Jalesar	Mai
34	Etah	Jalesar	Bichhpuri
35	Etah	Jalesar	Bachhepura
36	Etah	Jalesar	Sirgawan
37	Fatehpur	Asother	Andipur
38	Fatehpur	Asother	Korra Kanak

Sl. No.	Name of District	Name of Block	Name of Village
39	Fatehpur	Asother	Prem Mau Katra
40	Fatehpur	Asother	Urauli
41	Fatehpur	Asother	Sarval
42	Fatehpur	Asother	Multaur
43	Fatehpur	Malwa	Davatpur
44	Fatehpur	Malwa	Sona Khera
45	Fatehpur	Malwa	Alipur
46	Fatehpur	Malwa	Harsinghpur
47	Fatehpur	Malwa	Jagdishpur
48	Fatehpur	Malwa	Shahjahanpur
49	Gonda	Rupaideeh	Takiya
50	Gonda	Rupaideeh	Devtaha
51	Gonda	Rupaideeh	Kalyanpur
52	Gonda	Rupaideeh	Ithina Lonpurwa
53	Gonda	Rupaideeh	Maheshpur
54	Gonda	Rupaideeh	Keshai Purwa
55	Gonda	Karnalganj	Gharkuiyan
56	Gonda	Karnalganj	Hari Pandeypurwa
57	Gonda	Karnalganj	Gaurasinghpur
58	Gonda	Karnalganj	Lalemau
59	Gonda	Karnalganj	Mundrewa
60	Gonda	Karnalganj	Dhanawan
61	Kanpur Nagar	Bidhanoo	Khersa
62	Kanpur Nagar	Bidhanoo	Kumharpur
63	Kanpur Nagar	Bidhanoo	Kanigawan
64	Kanpur Nagar	Bidhanoo	Dharahara
65	Kanpur Nagar	Bidhanoo	Bharu
66	Kanpur Nagar	Sarsol	Tharepah
67	Kanpur Nagar	Bidhanoo	Raipur Kathhar
68	Kanpur Nagar	Sarsol	Tirma
69	Kanpur Nagar	Sarsol	Bhaguwakhera
70	Kanpur Nagar	Sarsol	Narwal
71	Kanpur Nagar	Sarsol	Nagapur
72	Kanpur Nagar	Sarsol	Bausar
73	Mainpuri	Sultanganj	Maholi khera
74	Mainpuri	Sultanganj	Devganj
75	Mainpuri	Sultanganj	Dudhauna
76	Mainpuri	Barnahal	Daloopur
77	Mainpuri	Sultanganj	Pussaina
78	Mainpuri	Barnahal	Mohabbatpur Labhaaua
79	Mainpuri	Sultanganj	Tisaulli

Sl. No.	Name of District	Name of Block	Name of Village
80	Mainpuri	Barnahal	Dihuli
81	Mainpuri	Barnahal	Andupura
82	Mainpuri	Barnahal	Bamtapur
83	Mainpuri	Barnahal	Abdulnabipur
84	Mainpuri	Sultanganj	Harchandpur Meerapur
85	Mau	Mohamdabad	Noniyapur
86	Mau	Mohamdabad	Tawakalpur
87	Mau	Mohamdabad	Sounaura
88	Mau	Mohamdabad	Dholana
89	Mau	Mohamdabad	Dattauli
90	Mau	Mohamdabad	Bhadir
91	Mau	Kopaganj	Alipur
92	Mau	Kopaganj	Chisti
93	Mau	Kopaganj	Kotwa Kopra
94	Mau	Kopaganj	Jogari
95	Mau	Kopaganj	Lilari Bhrauli
96	Mau	Kopaganj	Alinagar
97	Pilibhit	Bilsanda	Simra Mahipat
98	Pilibhit	Amriya	Barehani
99	Pilibhit	Amriya	Dhankuna
100	Pilibhit	Bilsanda	Ghunghora
101	Pilibhit	Bilsanda	Mankapur
102	Pilibhit	Bilsanda	Andah
103	Pilibhit	Bilsanda	Navdiya Marori
104	Pilibhit	Amariya	Mudsena Madari
105	Pilibhit	Amariya	Amkhera
106	Pilibhit	Amariya	Barha Vikram
107	Pilibhit	Bilsanda	Pashtaur Kuinya
108	Pilibhit	Amariya	Bhara Pachpera
109	Rampur	Milak	Purainia Kalan
110	Rampur	Milak	Rehsaina
111	Rampur	Milak	Sirsa
112	Rampur	Milak	Gahluiya
113	Rampur	Milak	Inayatpur
114	Rampur	Milak	Rehsaina
115	Rampur	Bilaspur	Tal Mahawar
116	Rampur	Bilaspur	Paharpur Bilaspur
117	Rampur	Bilaspur	Alipur Thaka
118	Rampur	Bilaspur	Tehri Khwaja
119	Rampur	Bilaspur	Paipura
120	Rampur	Bilaspur	Anwaria Talibabad

1.6 Manpower deployed for the Study:

The study was conducted over a period of two months. There were two teams in each district with each team comprising 01 Field Coordinator, 01 Lister, 01 Supervisor cum Editor and 04 Investigators.

1.7. Data entry, analysis and reporting

All the filled-in questionnaires were regularly sent by the field teams to SIFPSA. After its scrutiny and desk editing, the data entry was undertaken through a customized package prepared in SPSS. The data were fully validated in terms of internal consistency checks before it was analyzed. The data entry programme had most of the in-built checks for quality control. The inconsistencies were sorted out by reexamining.

Data processing was done in-house using SPSS software. Before the data analysis tabulation plan was prepared and discussed with GM-R&E. Tables were generated according to the tabulation plans and in-depth interviews were analyzed and report prepared.

1.8 Organization of the Report

The report is divided into five chapters including the present one. Chapter-I discusses the Background, Need for study and methodology giving details of the study design, sample size, sampling procedure and coverage of different types of respondents. Chapter-II delineates the findings from interviews with eligible women and their mothers-in-law while Chapter-III delineates the findings from interviews with ANMs, ASHAs and MOICs. Chapter-IV includes discussion with policy makers/senior government representatives and Chapter-V includes summary and conclusion.

CHAPTER-II

Interaction with Eligible Women

This chapter provides information on background characteristics of the eligible women aged 15-49 years covered under the survey.

2.1 Socio-Economic and Demographic Characteristics of eligible women

Table 2.1 shows that little over half of the respondents interviewed were illiterate and it varied from 68 percent in Bahraich and Gonda to 33 percent in Mau. Nearly 17 percent respondents had studied high school or above. In terms of occupation, over three fourths respondents were housewives whereas nearly 10 percent women work in their own farms land and another 9 percent worked as farm labourer or daily wagers.

Table-2.1: Socio-Economic and Demographic Characteristics of Eligible Women Interviewed

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Education											
Illiterate	67.9	66.2	52.5	35.0	68.8	41.7	35.4	32.5	56.2	54.2	51.0
Literate	3.8	3.8	9.6	4.2	1.2	3.8	5.8	5.4	6.2	10.4	5.4
Primary	11.2	11.2	9.6	13.3	13.8	13.8	14.6	5.0	10.4	7.1	11.0
6 to 8 class	9.2	11.7	15.4	26.7	7.5	20.0	25.0	12.9	17.5	9.6	15.5
10-12 class	6.2	5.4	9.2	14.6	4.2	14.2	14.6	24.2	6.2	7.9	10.7
Graduate & above	1.7	1.7	3.8	6.2	4.6	6.7	4.6	20.0	3.3	10.8	6.3
Occupation											
Farmer (own land)	5.8	8.8	15.4	4.6	17.5	5.4	16.7	10.0	5.4	7.1	9.7
Agricultural Labour	4.2	1.7	4.6	11.2	5.0	15.8	9.6	6.2	8.8	7.1	7.4
Daily Wage Labour	0.8	0.8	4.6	1.7	0.0	2.5	2.1	1.2	0.8	4.2	1.9
Service	0.0	1.7	0.8	1.2	0.8	0.8	1.7	3.3	2.5	5.8	1.9
House Wife	87.9	84.6	70.8	78.3	74.2	72.1	69.2	76.2	80.8	72.1	76.6
Artisan	0.8	2.5	1.7	0.8	1.2	1.7	0.0	1.7	0.4	2.9	1.4
Business/ Shop	0.0	0.0	0.8	0.8	1.2	0.8	0.8	0.8	0.8	0.4	0.7
Others	0.4	0.0	1.2	1.2	0.0	0.8	0.0	0.4	0.4	0.4	0.5

Table 2.2 below depicts that little over fifty percent women interviewed were in the age group of 15 to 30 years, while about 43 percent were over 30 years of age. Almost a similar trend was observed across various districts. A high fertility trend was observed across districts with over 55 percent women having three or more living children. The fertility trend varied greatly across districts with Bareilly having over 66 percent women with 3 plus children while only 44 percent women in Kanpur Nagar reported having more than 3 children.

Table-2.2: Demographic Profile of the Eligible Women Interviewed

Parity at Birth	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Age of Respondent											
Age 15-25	29.2	28.3	35.4	26.2	37.1	27.5	27.1	22.9	35.0	30.4	29.9
Age 26-30	30.4	17.9	29.2	29.2	24.6	32.1	27.5	27.9	23.8	28.8	27.1
Age 31-49	40.4	53.8	35.4	44.6	38.3	40.4	45.4	49.2	41.2	40.8	43.0
Husband's Age											
Age 15-25	16.2	12.4	20.3	11.9	24.7	14.4	15.5	7.3	20.6	13.2	15.7
Age 26-30	26.8	23.6	26.8	29.5	27.2	33.2	25.7	32.8	28.5	29.1	28.3
Age 31-49	57.0	64.0	52.8	58.6	48.1	52.4	58.8	59.9	50.9	57.7	56.0
Eligible Women ever pregnant											
Yes	95.4	95.8	97.5	95.4	94.6	94.2	95.4	97.9	93.3	97.9	95.8
No	4.6	4.2	2.5	4.6	5.4	5.8	4.6	2.1	6.7	2.1	4.2
Total%	100	100	100	100	100	100	100	100	100	100	100
Parity/ Number of Living Children											
0	6.2	6.7	7.1	9.6	8.3	8.8	8.8	4.2	8.3	7.1	7.5
1	17.9	7.1	15.8	15.4	22.1	20.8	9.6	14.2	12.5	11.7	14.7
2	18.8	20	19.6	23.3	20	26.2	19.2	26.7	25.4	27.1	22.6
3	22.1	19.2	21.7	24.2	19.6	18.8	22.9	24.6	27.1	22.1	22.2
4+	35.0	47.1	35.8	27.5	30.0	25.4	39.6	30.4	26.7	32.1	33.0
N=	240	240	240	240	240	240	240	240	240	240	2400

2.2 Health Seeking Behaviour of Respondents:

Table-2.3 shows that over three-fourth women reported ever availing health services from govt. health facilities and 71 percent have also visited private doctors for some kind of treatment. Besides the above, almost half of the women also reported consulting chemists/ medical shops for medicine/ treatment. Nearly 21 percent women reported approaching Sub Centre/ANM or ASHAs for consultation and treatment.

Government health facility emerged as a preferred option for nearly 90 percent in Gonda while 60 percent said so in Mau. In Pilibhit and Gonda very few respondents (5 percent) availed serviced from ASHAs and Sub Centres whereas comparatively large number of respondents (42-45%) in Mau and Fatehpur availed services from ANM/ASHAs.

Table-2.3: Place of receiving health services by the Eligible Women:

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Govt. Hospital/ CHC/PHC	84.2	62.1	59.6	87.9	89.6	82.1	77.9	86.7	59.2	76.3	76.5
Sub-Centre/ AWW/ANM	17.9	7.9	4.6	31.7	4.2	18.8	1.7	34.6	3.8	15.0	14.0
Pvt. Hospital/ Physician	59.2	62.1	74.2	79.2	78.3	75.8	82.5	83.3	68.8	45.4	70.9
ASHA/ ANM/Dai	1.3	1.3	10.0	10.0	0.8	17.1	5.4	10.8	0.8	7.9	6.5
RCH Camp	0.0	0.0	0.4	0.4	0.0	0.0	0.4	0.4	0.0	0.4	0.2
Health Camp	0.4	0.0	0.4	0.4	0.4	1.7	0.0	0.4	0.0	1.3	0.5
Medical Shop	39.6	40.4	34.2	82.9	48.8	57.9	41.7	75.4	29.2	32.9	48.3
No Service	0.8	0.4	1.3	1.3	2.1	1.3	2.1	0.8	0.0	0.4	1.0
Others	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N=	240	240	240	240	240	240	240	240	240	240	2400

Note: multiple responses.

2.3 Family Planning

The next two Tables-2.4 and 2.5 on source of information for various family planning methods show that the knowledge about most family planning methods was nearly universal. Husband was the most common source of information for condom, while relatives and friends were the main source of information for oral pills, copper T and Injectables. The govt. health workers including ANMs and ASHAs were the main source of information for nearly one fifth of condoms and oral pills users and 32 percent of copper T/IUCD acceptors.

Table-2.4: Source of Information for Condom and Oral Pills

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Condom											
Husband	17.1	40.4	36.3	57.1	19.2	60.0	61.3	51.3	22.5	30.4	39.5
Medical Shop	4.2	1.3	0.4	0.0	2.9	0.0	0.4	0.0	2.9	0.4	1.3
Relative/Friend	42.1	31.3	31.3	20.0	51.7	15.8	22.1	20.4	33.8	17.9	28.6
ANM/Govt. Health Worker/Govt. Doctor	14.6	1.7	3.8	4.6	9.6	3.8	2.9	1.7	9.2	13.3	6.5
ASHA/ANM	9.2	16.7	15.0	5.8	4.6	11.3	7.5	6.3	12.9	21.7	11.1
Mass Media	5.4	2.9	6.3	10.8	4.6	7.9	3.3	19.2	7.5	10.0	7.8
Pvt. Hospital/Doctor	0.4	0.0	0.4	0.0	0.8	0.4	0.4	0.0	2.1	0.0	0.5
Other	0.0	0.0	0.4	0.4	0.0	0.4	0.4	0.0	0.0	0.0	0.2
Knowledge of CC (All Sources)	93	94.3	93.9	98.7	93.4	99.6	98.3	98.9	90.9	93.7	95.5
Oral Pills (OCP)											
Husband	1.7	3.8	5.8	27.9	0.4	28.3	25.8	26.7	5.0	2.5	12.8
Medical Shop	2.1	4.2	1.3	0.4	2.1	0.4	3.3	0.0	1.3	0.4	1.5
Relative/Friend	40.8	42.1	55.8	42.9	49.6	32.9	46.7	35.8	32.1	27.1	40.6
ANM/Govt. Health Worker/Govt. Doctor	8.3	7.1	3.8	5.8	11.3	2.5	1.3	4.2	13.8	9.2	6.7
ASHA/ANM	8.3	15.0	17.5	8.8	8.8	22.9	9.2	10.4	10.4	17.9	12.9
Mass Media	3.3	4.6	5.0	12.9	5.0	9.2	8.3	22.5	7.1	15.4	9.3
Pvt. Hospital/Doctor	2.1	0.8	0.0	0.0	0.0	0.4	1.3	0.0	2.9	0.4	0.8
Other	0.0	0.0	0.0	0.0	0.0	1.3	0.4	0.0	0.8	1.7	0.4
Knowledge of OCP (All Sources)	66.6	77.6	89.2	98.7	77.2	97.9	96.3	99.6	73.4	74.6	85.0
N=	240	240	240	240	240	240	240	240	240	240	2400

Table-2.5: Source of Information for IUCD/CuT and Injectables

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Coper T/ IUCD											
Husband	0.4	0.8	2.1	0.8	0.0	2.1	5.0	3.8	1.3	0.4	1.7
Medical Shop	1.7	0.4	0.0	0.4	0.0	0.0	1.7	0.4	0.0	0.8	0.5
Relative/Friend	26.7	24.6	40.0	55.4	35.4	34.2	46.7	52.5	16.3	18.8	35.0
ANM/Govt. Health Worker/Govt. Doctor	15.0	6.7	7.1	7.5	15.4	8.3	5.8	2.5	15.4	10.4	9.4
ASHA/ANM	17.9	7.5	35.8	24.2	15.4	45.4	30.0	26.7	8.3	15.0	22.6
Radio/TV/News Paper/Magazine	3.3	4.2	3.3	8.3	2.9	3.8	2.5	12.5	2.1	7.9	5.1
Pvt. Hospital/Doctor	0.4	0.4	0.4	0.4	0.4	0.4	0.8	1.3	2.5	2.1	0.9
Other	0.0	0.0	0.0	0.8	0.0	1.3	0.4	0.0	0.8	1.3	0.5
Knowledge of CuT (All Sources)	65.4	44.6	88.7	97.8	69.5	95.5	92.9	99.7	46.7	56.7	75.7
Injectables											
Husband	0.4	0.4	2.1	1.3	0.0	1.7	0.4	1.3	0.0	0.4	0.8
Medical Shop	0.4	0.0	0.0	0.0	0.4	0.0	0.0	0.0	0.4	0.8	0.2
Relative/Friend	5.8	3.8	17.9	42.9	14.6	22.9	20.8	37.5	2.9	4.6	17.4
ANM/Govt. Health Worker/Govt. Doctor	1.3	1.7	1.7	7.5	6.7	7.1	8.8	3.8	2.9	2.5	4.4
ASHA/ANM	1.7	1.3	15.4	21.3	4.6	27.5	11.3	24.2	1.7	2.9	11.2
Radio/TV/News Paper/Magazine	0.4	1.7	2.9	4.2	2.5	2.1	3.3	9.2	1.3	4.2	3.2
Pvt. Hospital/Doctor	0.4	1.3	0.0	0.0	0.4	0.4	4.6	0.8	1.7	0.8	1.0
Other	0.0	0.0	0.0	0.4	0.4	1.3	0.4	0.0	0.0	0.8	0.3
Knowledge of Injectables (All Sources)	10.4	10.2	40	77.6	29.6	63	49.6	76.8	10.9	17	38.5
N=	240	240	240	240	240	240	240	240	240	240	2400

The following Table-2.6 on source of information for male and female sterilization revealed that friends and relatives followed by govt. health workers (ANM/ASHAs) were the main source of information.

Table-2.6: Source of Information for Male and Female Sterilization

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Male Sterilization:											
Husband	0.0	1.3	6.3	2.1	0.0	1.3	3.3	0.8	0.4	1.3	1.7
Medical Shop	0.0	0.4	0.4	0.0	0.4	0.0	0.0	0.0	0.0	0.8	0.2
Relative/Friend	12.5	7.1	48.3	63.3	27.9	52.9	58.3	52.9	8.3	4.2	33.6
ANM/Govt. Health Worker/Govt. Doctor	10.8	4.2	2.5	4.6	19.2	4.2	5.0	5.4	8.3	9.2	7.3
ASHA/ANM	24.2	5.8	16.7	21.7	18.3	34.2	20.8	30.0	6.3	11.7	19.0
Radio/TV/News Paper/Magazine	4.2	2.9	4.2	6.7	2.5	2.9	4.2	7.9	6.3	5.0	4.7
Pvt. Hospital/Doctor	0.8	0.0	0.0	0.0	0.0	0.0	2.1	1.3	1.7	0.8	0.7
Other	0.0	0.4	0.0	0.4	0.0	0.4	0.4	0.0	1.3	0.8	0.4
Knowledge of Male Sterilization (All Sources)	52.5	22.1	78.4	98.8	68.3	95.9	94.1	98.3	32.6	33.8	67.6
Female Sterilization:											
Husband	0.4	3.8	2.1	0.8	0.0	1.3	2.5	1.3	0.8	2.1	1.5
Medical Shop	0.0	0.4	0.4	0.0	0.0	0.0	0.0	0.0	0.8	0.4	0.2
Relative/Friend	29.6	27.1	57.1	68.3	37.1	55.4	56.7	56.3	30.8	16.7	43.5
ANM/Govt. Health Worker/Govt. Doctor	14.6	13.3	4.2	2.9	20.8	3.8	5.4	4.6	15.4	14.2	9.9
ASHA/ANM	37.9	27.5	24.2	20.4	30.8	35.0	25.8	28.8	23.3	17.5	27.1
Radio/TV/News Paper/Magazine	5.4	5.0	5.4	4.2	4.6	2.9	4.6	6.7	7.5	12.9	5.9
Pvt. Hospital/Doctor	0.8	2.5	0.4	0.0	0.4	0.0	2.9	1.3	2.9	2.5	1.4
Other	0.4	0.4	0.0	0.4	0.0	0.4	0.4	0.0	1.3	1.3	0.5
Knowledge of Female Sterilization (All Sources)	89.1	80	93.8	97	93.7	98.8	98.3	99	82.8	67.6	90.0
N=	240	240	240	240	240	240	240	240	240	240	2400

2.4 Family Planning Services Ever Availed and Source of Services Availed:

The respondents were further asked if they ever availed any family planning service and if so what was the source of services availed. The table below (2.7) depicts that nearly 48 percent respondents had ever availed any family planning service and the remaining 52 percent had never availed. Nearly one-third of the respondents have availed the services from government sources including CHC/PHC/ Sub Center/ ASHA and RCH Camps. About 4 percent received the services from the private health care providers and 22 percent received the same over the counter from a chemist.

Table-2.7: Ever Availed Family Planning Services and Source of Services Availed

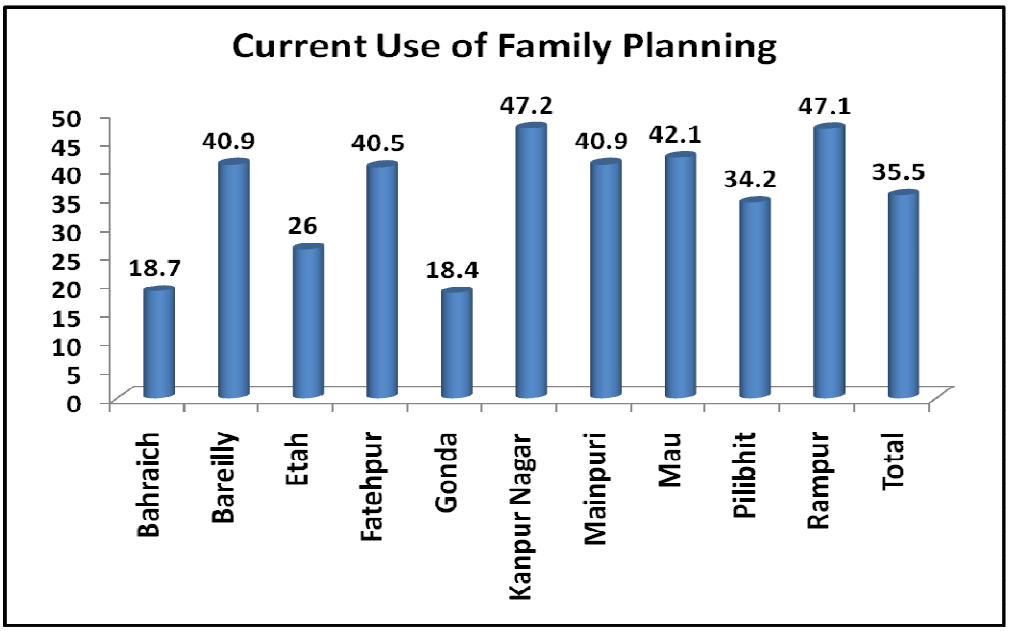
Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Govt. Hospital/CHC/PHC	15.4	30.8	8.8	24.2	10.8	18.8	12.5	18.8	22.9	32.9	19.6
Sub-Centre/AWW/ANM	0.4	2.1	0.8	2.5	1.7	3.3	0.0	0.8	2.5	9.2	2.3
Pvt. Hospital/Physician	0.8	7.9	3.8	1.7	1.3	0.8	3.3	2.5	7.5	7.5	3.7
ASHA/ANM/Dai	1.3	1.7	13.3	5.0	0.4	17.5	9.2	10.0	1.3	17.1	7.7
RCH Camp	0.0	0.4	0.8	0.8	0.0	0.4	0.4	0.0	0.0	0.8	0.4
Health Camp	0.0	0.0	0.4	0.8	0.4	0.0	0.4	0.4	0.4	0.0	0.3
Medical Shop	8.3	20.8	15.0	25.4	7.9	25.4	37.1	25.4	18.8	25.0	20.9
Never Availed FP Service	77.9	49.6	63.8	41.3	78.3	36.3	39.2	40.0	57.9	35.8	52.0
Other	0.0	0.0	1.7	1.7	2.1	1.3	2.5	4.2	0.8	0.4	1.5
N=	240	240	240	240	240	240	240	240	240	240	2400

2.5 Current Use of Family Planning:

The current use of family planning (table 2.8) shows nearly 36 percent currently married couple were using some modern method of family planning in the study districts. The usage varied across districts with Rampur and Kanpur (47%) having the highest CPR, followed by Mau (42%), Bareilly, Mainpuri (41%) and Fatehpur (40.5%). Gonda (18.3%) and Bahraich (18.8%) were found to be having the lowest CPR.

Table-2.8: Current Use of Family Planning:

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Current FP users	18.7	40.9	26.0	40.5	18.4	47.2	40.9	42.1	34.2	47.1	35.5
Non-users of FP	81.2	59.2	74.2	59.6	81.7	52.9	59.2	57.9	65.8	50.4	64.5
N=	240	240	240	240	240	240	240	240	240	240	2400

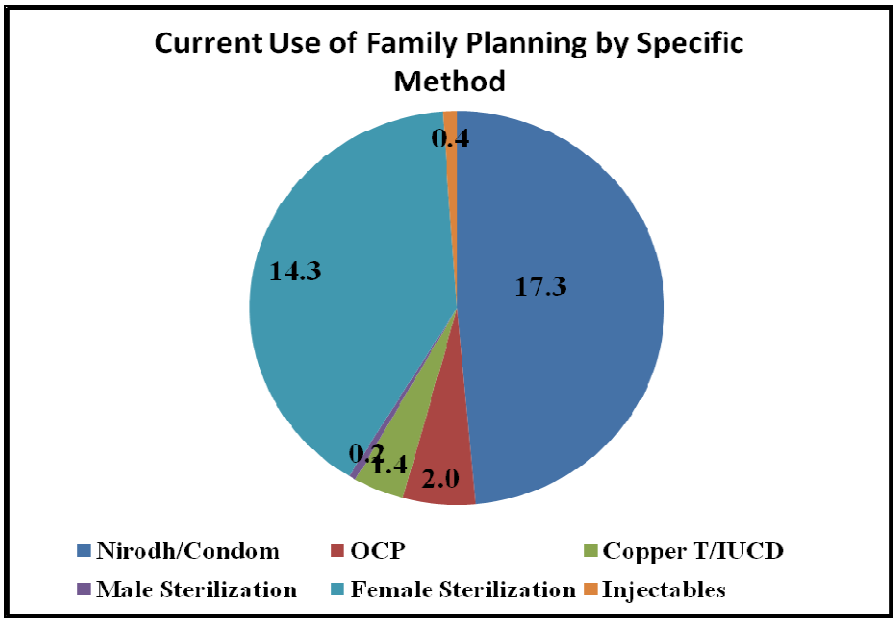


2.6 Current Use of Family Planning by Specific Method

Table-2.9 presents method wise current use of family planning. Of the total 853 users of some modern method of family planning, maximum were condom users (17.3%) followed by 14.5 percent of those who had undergone sterilization (FST- 14.3, MST- 0.2). Use of oral pills was reported by only 2 percent of the respondents while only 1.4 percent reported IUCD insertion. District-wise analysis shows Bareilly as having the highest number of sterilizations (20.4%) followed by Fatehpur and Mau (19.6%). Kanpur Nagar, Mainpuri and Rampur had maximum number of condom users.

Table-2.9: Current Use of Family Planning by Specific Method

Age Category	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Condom	5.4	13.3	13.8	17.5	5.0	28.8	29.6	20.4	12.1	27.1	17.3
OCP	0.8	3.8	1.3	2.1	1.3	2.1	0.0	1.3	4.2	3.8	2.0
Copper T/IUCD	0.4	1.3	1.3	1.3	0.0	1.3	1.7	0.4	2.9	3.3	1.4
Male Sterilization	0.0	0.4	0.0	0.4	0.4	0.0	0.4	0.0	0.0	0.0	0.2
Female Sterilization	12.1	20.0	9.2	19.2	11.7	15.0	8.8	19.6	14.6	12.5	14.3
Injectables	0.0	2.1	0.4	0.0	0.0	0.0	0.4	0.4	0.4	0.4	0.4
N=	45	98	62	97	44	113	98	101	82	113	853
Total CPR	18.7	40.9	26.0	40.5	18.4	47.2	40.9	42.1	34.2	47.1	35.5
N=	240	240	240	240	240	240	240	240	240	240	2400

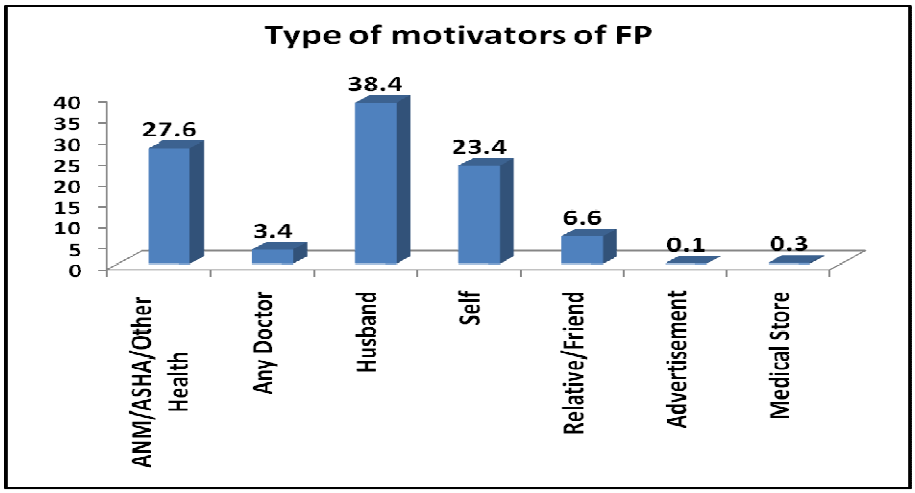


2.7 The Motivators who helped the eligible couple decide and adopt a FP method

Table-2.10 presents the type of motivators of current family planning users. While 23 percent respondents were self motivated, 38 percent had mention of husband as motivator. Nearly one third women reported ANM, ASHA and other health workers as motivators. While Mainpuri had more than half of the respondents reporting husband as the motivator, self motivation was reported by maximum (40.4%) users in Bareilly.

Table-2.10: The Motivators who helped the couple decide and adopt method

Type of Motivators	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
ANM/Other Health Worker	15.6	5.1	4.8	10.8	18.2	3.5	2.0	4.9	7.1	12.6	7.6
Any Doctor	4.4	6.1	4.8	1.0	4.5	0.0	2.0	2.0	7.1	5.0	3.4
ASHA/ANM/Volunteer	17.8	10.1	30.2	10.8	27.3	30.1	16.3	27.5	12.9	21.0	20.0
Husband	33.3	33.3	34.9	41.2	34.1	36.3	51.0	46.1	34.1	33.6	38.4
Self	24.4	40.4	9.5	32.4	13.6	25.7	13.3	15.7	34.1	17.6	23.4
Relative/Friend	4.4	5.1	15.9	2.9	2.3	4.4	12.2	3.9	4.7	9.2	6.6
Advertisement	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.1
Medical Store	0.0	0.0	0.0	0.0	0.0	0.0	3.1	0.0	0.0	0.0	0.3
Other	0.0	0.0	0.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1
N=	45	99	63	102	44	113	98	102	85	119	870

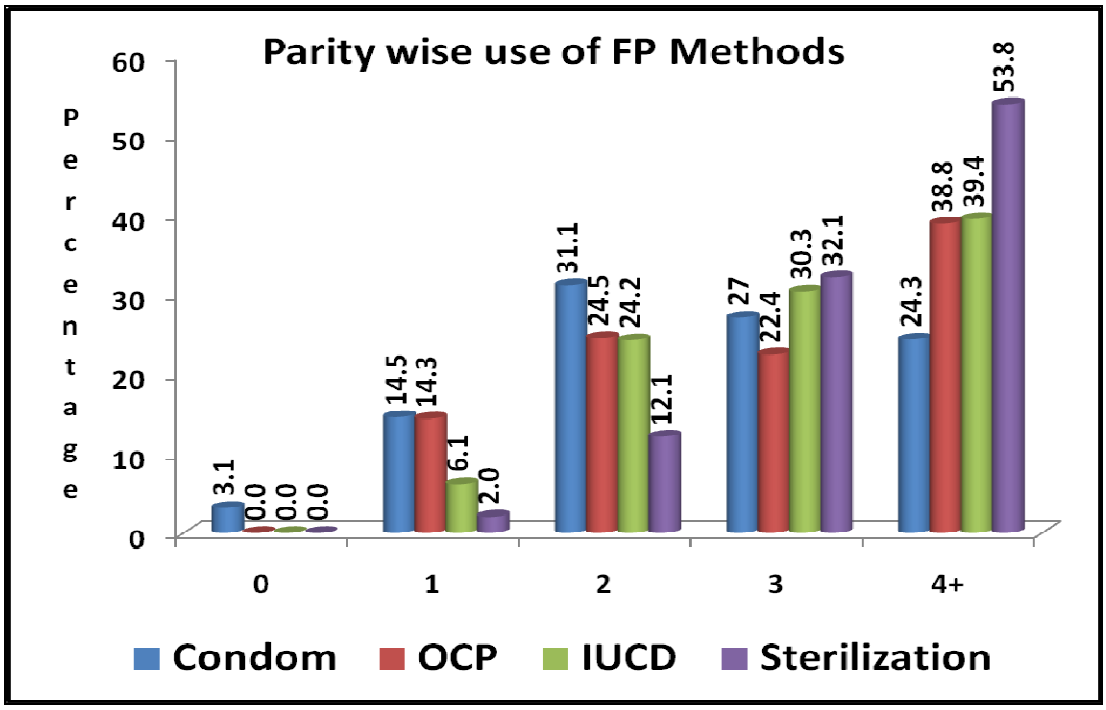


2.8 Use of Family Planning Methods by Age and Parity

An analysis on use of family planning method by age and parity of the women indicated that about two thirds of condom users were below 31 years of age (65%). This figure for OP was 53 percent. On the other hand majority of couples using terminal method were above 30 years. However, more than half (52.4%) users of temporary spacing method were found to be having three or more than three children. Efforts need to be made to motivate the high parity temporary spacing clients to adopt long acting reversible and terminal methods.

Table-2.11: Use of family planning method by age and parity

Parity	Condom				OCP				IUCD				Sterilization			
	15- 25 Years	26-30 Years	31-49 Years	Total	15- 25 Years	26-30 Years	31-49 Years	Total	15- 25 Years	26-30 Years	31-49 Years	Total	15- 25 Years	26-30 Years	31-49 Years	Total
0	10.2	0.0	0.0	3.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
1	35.9	9.2	0.7	14.5	36.4	13.3	4.3	14.3	0.0	16.7	0.0	6.1	5.6	4.4	1.2	2.0
2	35.9	44.4	13.8	31.1	45.5	6.7	26.1	24.5	71.4	25.0	0.0	24.2	38.9	20.6	8.1	12.1
3	15.6	31.7	32.4	27.0	18.2	46.7	8.7	22.4	28.6	33.3	28.6	30.3	50.0	38.2	29.2	32.1
4+	2.3	14.8	53.1	24.3	0.0	33.3	60.9	38.8	0.0	25.0	71.4	39.4	5.6	36.8	61.5	53.8
N=	128	142	145	415	11	15	23	49	7	12	14	33	18	68	260	346



2.9 Distribution of Current Users of Modern FP Method by Duration of Use

Almost 50 percent of the current users of family planning have been using the method for over two years while about one fifth have been using the method for less than six months.

Table-2.12: Distribution of Current Users of Modern FP Method by Duration of Use

Duration (months)	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
1-6	17.8	14.3	17.7	26.8	25.0	21.2	28.6	18.8	20.7	12.6	20.1
7-12	13.3	10.2	21.0	12.4	15.9	11.5	9.2	15.8	20.7	26.1	15.6
13-24	13.3	11.2	24.2	11.3	15.9	15.0	18.4	11.9	14.6	14.3	14.7
25- 30	55.6	64.3	37.1	49.5	43.2	52.2	43.9	53.5	43.9	47.1	49.6
N=	45	98	62	97	44	113	98	101	82	119	859

Further analysis Table-2.13 shows method wise duration of use. One in every five users had accepted sterilization in last one year while two in every five users had accepted IUD in last twelve months. Around 42 percent of the CuT users have been using the method for more than two years.

Table-2.13: Method Wise Duration of Use of Modern FP Method

Duration	Condom	OCP	Copper T/ IUCD	Male Sterilization	Female Sterilization	Injectables	SDM/ Mala Chakra	Other	Total
1-6 Months	26.3	26.5	21.2	0.0	11.7	40.0	0.0	0.0	20.1
7 - 12 Months	20.2	22.4	18.2	0.0	8.2	30.0	25.0	50.0	15.6
13 - 24 Months	21.2	14.3	18.2	50.0	6.1	10.0	25.0	0.0	14.7
25 & Above Months	32.3	36.7	42.4	50.0	74.0	20.0	50.0	50.0	49.6
N=	415	49	33	4	342	10	4	2.0	859

2.10 Users of Temporary Spacing Methods Intending to Adopt IUCD in Future

Out of 474 users of temporary spacing methods (CC, OCP, Injectables) only 2 percent (10) intended getting IUCD insertion done. All the 10 respondents preferred going to the government hospital for the same.

2.10.1 Spacing Users Intending to Adopt Sterilization in Future

The spacing method users were asked to give their opinion about their intention of adopting sterilization in future. As per table 2.14 below, majority (70%) of the current spacing users said they had no intention of adopting any limiting method while little more than 17 percent said they hadn't thought about it. Of the very few (12.6%) who said yes, 94 percent intended adopting female sterilization, with little less than half intending to do so between 1-6 months. Government hospital was the preferred facility of almost all the respondents.

Table-2.14: Percentage Distribution of Spacing Users Intending to Adopt Sterilization in Future

Items	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Ngr	Mainpuri	Mau	Pilibhit	Rampur	Total
Spacing Users N=	16	49	40	50	15	77	76	54	47	83	507
No	68.8	75.5	75.0	72.0	66.7	67.5	75.0	81.5	59.6	61.4	70.2
Not thought	0.0	12.2	12.5	22.0	13.3	22.1	21.1	11.1	12.8	21.7	17.2
Yes	31.3	12.2	12.5	6.0	20.0	10.4	3.9	7.4	27.7	16.9	12.6
MST	0.0	0.0	0.0	0.0	0.0	25.0	33.3	0.0	0.0	7.1	6.3
FST	100	100	100	100	100	75.0	66.7	100	100	92.9	93.7
When											
1-6 m	20.0	50.0	80.0	100	66.7	50.0	66.7	50.0	46.2	21.4	46.9
7 -12 m	20.0	16.7	0.0	0.0	0.0	0.0	0.0	25.0	15.4	42.9	17.2
13 -24 m	0.0	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	21.4	4.7
25 - 60 m	40.0	16.7	0.0	0.0	33.3	0.0	0.0	25.0	30.8	14.3	17.2
Can't say	20.0	16.7	20.0	0.0	0.0	50.0	33.3	0.0	7.7	0.0	14.1
Preferred facility											
Govt. hospital	100	100	80.0	100	100	87.5	100	100	84.6	100	93.8
Pvt. hospital	0.0	0.0	20.0	0.0	0.0	12.5	0.0	0.0	15.4	0.0	6.2
N=	5	6	5	3	3	8	3	4	13	14	64

2.11 Ever User of Family Planning Methods

Less than one fifth of the respondents who were currently non users said they had used some method of family planning in the past Table-2.15.

Table-2.15: Ever User of Family Planning Methods of the Total Non Users of FP

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	8.2	12.0	11.8	26.6	7.1	30.7	33.1	30.2	15.2	25.6	18.8
No	91.8	88.0	88.2	73.4	92.9	69.3	66.9	69.8	84.8	74.4	81.2
N=	195	142	178	143	196	127	142	139	158	127	1547

As table 2.16 portrays, most of the current non users reported using condoms followed by oral pill as method of contraception at some point of time. Similar pattern was observed across the districts.

Table-2.16: Method Wise Distribution of Ever Users

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Nirodh/Condom	50.0	58.8	71.4	65.8	42.9	71.8	78.7	78.6	33.3	64.5	65.7
OCP/Pills	25.0	35.3	9.5	21.1	28.6	17.9	12.8	19.0	37.5	19.4	20.8
IUCD/CuT	18.8	5.9	14.3	13.2	14.3	10.3	8.5	0.0	25.0	16.1	11.4
N=	16	17	21	38	14	39	47	42	24	32	290

2.12 Duration of Non-Use/ Discontinuation of Family Planning by Ever Users

Almost half of the ever users had stopped using contraceptives from last one to twelve months while little more than one fifth mentioned more than one year to two years back and almost the same number mentioned they had stopped using contraceptives more than three years back.

Table-2.17: Duration of Non-Use/ Discontinuation of Family Planning by Ever Users

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
1 to 12 m	73.3	47.1	47.6	31.6	57.1	53.8	46.8	59.5	20.8	54.8	48.3
13 to 24 m	6.7	29.4	28.6	21.1	21.4	15.4	23.5	16.7	29.2	35.5	22.6
25 to 36 m	6.7	5.9	9.5	7.8	7.2	5.2	10.6	4.8	8.6	6.5	7.3
37 +m	13.3	17.6	14.3	39.5	14.3	25.6	19.1	19	41.4	3.2	21.8
N=	16	17	21	38	14	39	47	42	24	31	289

2.13 Duration of FP Method Use before Discontinuing the Method

Table-2.18 shows seven in every ten respondents used the method for less than a year before discontinuing it.

Table-2.18: Duration of FP Method Use Before Discontinuing the Method

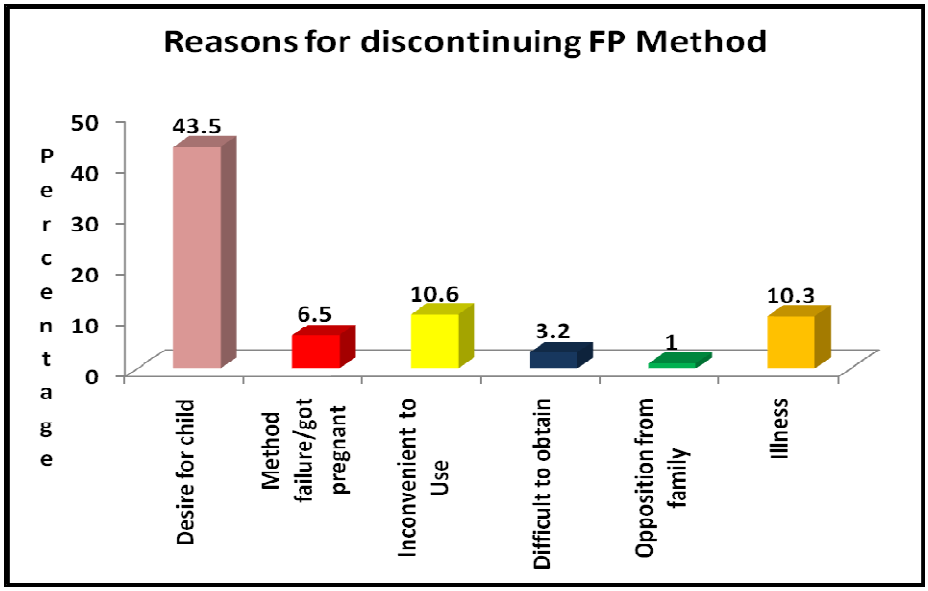
Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
1 to 12 Months	66.7	76.4	61.9	71.1	71.4	64.1	66	85.7	79.2	61.3	70.5
13 to 24 Months	20.0	11.8	33.3	13.2	14.4	17.9	23.3	9.5	16.6	16.1	17.4
25 to 36 Months	13.3	11.8	4.8	2.6	7.1	15.4	6.4	4.8	4.2	9.7	7.6
37+	0	0	0	13.1	7.1	2.6	4.3	0	0	12.9	4.5
N=	16	17	21	38	14	39	47	42	24	32	290

2.14 Reasons for Discontinuation

Table-2.19 presents the reasons for discontinuation of family planning method. Among various reasons, desire for child was the most common (43.5%). Inconvenient to use (10.6%), illness (10.3%), method failure (6.5%) were some of the other reasons stated.

Table-2.19: Reasons for discontinuing Family Planning Method

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Desire for child	25.0	38.1	50.0	37.1	25.0	52.5	52.8	50.0	40.7	36.8	43.5
Method failure/got pregnant	18.8	4.8	15.0	8.6	12.5	7.5	3.8	0.0	3.7	5.3	6.5
Inconvenient to Use	0.0	9.5	15.0	11.4	18.8	5.0	13.2	2.3	11.1	21.1	10.6
Difficult to obtain	12.5	0.0	0.0	2.9	0.0	5.0	5.7	2.3	0.0	2.6	3.2
Opposition from family	0.0	4.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.3	1.0
Illness	37.5	33.3	0.0	2.9	18.8	2.5	1.9	2.3	33.3	7.9	10.3
Others	6.3	9.5	20.0	37.1	25.0	27.5	22.6	43.2	11.1	21.1	24.8
N=	16	17	21	38	14	39	47	42	24	32	290



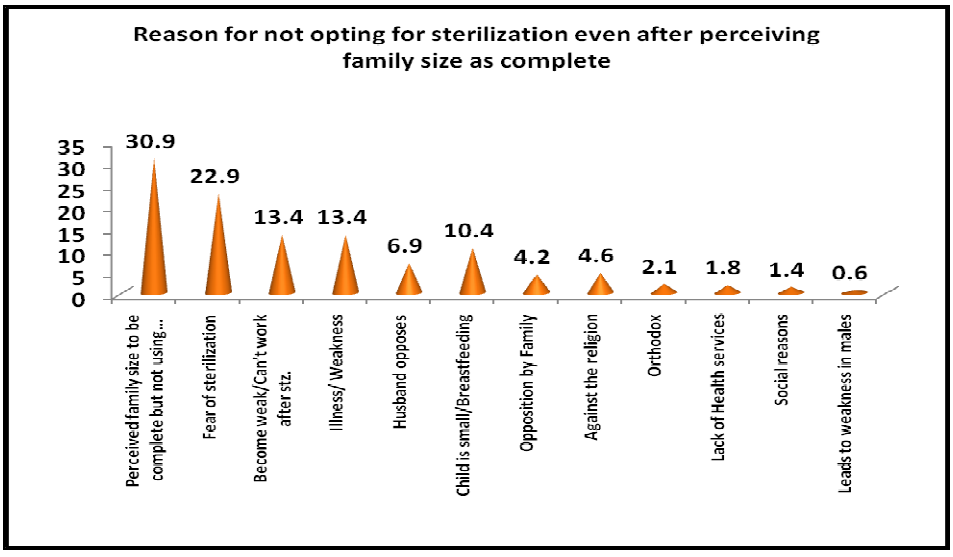
2.15 Reasons for Not Opting for Sterilization Even after Completing Family Size (spacing method users and non-users)

The non-users and users of some modern spacing method were asked if they perceived their family size to be complete. Those who said yes were further asked when they did not want more children then why didn't they adopt any terminal method of family planning. Analysis has been presented in table 2.20 below which shows that around 31 percent of the couples had achieved the ideal family size yet they had not adopted any terminal method of family planning. However, major reasons for non adoption of sterilization were 'fear of sterilization' (23%), 'become weak/can't work after sterilization' and 'illness' (13%). Another 13% mentioned 'opposition by husband/family members' and 'orthodox' while 10 percent mentioned breastfeeding as the reason for non use and close to 5 percent mentioned 'against religion'.

Table-2.20: Reasons for Not Opting for Sterilization Even after Completing Family Size (spacing method users and non-users)

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Perceived family size to be complete but not using sterilization	35.8	33.8	40.8	21.2	33.8	20.8	35	33.8	27.5	26.2	30.9
Fear of sterilization	26.1	16.5	27.2	22.1	17.5	28.0	18.6	24.6	24.0	24.2	22.9

Using/ Not Using	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Perceived family size to be complete but not using sterilization	35.8	33.8	40.8	21.2	33.8	20.8	35	33.8	27.5	26.2	30.9
Weakness/Can't work after stz.	13.4	9.4	9.5	15.0	16.7	24.4	14.7	16.7	6.2	14.2	13.4
Illness/ Weakness	15.5	19.7	7.1	14.2	16.7	2.4	9.3	11.9	20.9	15.0	13.4
Husband opposed	2.1	4.7	11.8	4.4	5.0	8.5	10.1	7.1	3.9	10.8	6.9
Currently/Lactating	6.3	15.7	13.6	5.3	11.7	2.4	8.5	11.9	15.5	9.2	10.4
Opposition by Family	4.2	3.9	3.6	5.3	1.7	2.4	7.8	3.2	3.1	6.7	4.2
Against religion	9.2	8.7	0.6	0.0	6.7	2.4	0.0	3.2	9.3	5.8	4.6
Orthodox	4.2	2.4	4.1	2.7	0.0	2.4	1.6	0.0	0.0	2.5	2.1
Lack of Health services	0.7	5.5	2.4	0.0	0.8	0.0	2.3	0.0	2.3	2.5	1.8
Social reasons	3.5	2.4	0.0	0.0	0.8	0.0	0.0	0.0	3.1	3.3	1.4
Leads to weakness in males	0.7	0.0	1.8	0.0	0.0	0.0	0.8	0.0	0.0	1.7	0.6
Others	14.1	11.0	18.3	31.0	22.5	26.8	26.4	21.4	11.6	4.2	18.3
N=	142	127	169	113	120	82	129	126	129	120	2052



Condom Users

Source of Supply of Condom:

As per the table below, maximum respondents reported market/shop as the key source of supply for condoms (34%) followed by ASHA/ANM/Other health workers (33.5%) and husband (24.6%).

Table-2.21: Source of Supply of Condom

	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
SC/ANM/Health Worker	15.4	9.4	0	7.1	8.3	0	0	2	24.1	33.8	9.4
Govt. Hospital/Doctor	0.0	3.1	3.0	2.4	0.0	1.4	2.8	0.0	6.9	0.0	1.9
Private Hospital/Doctor	0.0	18.8	3.0	0.0	0.0	0.0	1.4	0.0	0.0	3.1	2.4
Market/Shop	69.2	21.9	36.4	28.6	66.7	33.3	36.6	16.3	24.1	52.3	35.2
ASHA/ANM	7.7	12.5	48.5	16.7	0.0	47.8	22.5	32.7	10.3	6.2	24.1
Husband	7.7	34.4	9.1	40.5	8.3	14.5	36.6	49.0	20.7	4.6	24.6
Don't Know	0.0	0.0	0.0	2.4	16.7	1.4	0.0	0.0	13.8	0.0	1.9
Others	0.0	0.0	0.0	2.4	0.0	1.4	0.0	0.0	0.0	0.0	0.5
N=	13	32	33	42	12	69	71	49	29	65	415

2.16 Supply Situation of Condoms in last 3 months

As the table portrays, almost all the respondents reported receiving sufficient and regular supply of condoms in last three months. A high percentage of respondents (90%) reported regular use of the method.

Table-2.22: Supply Situation of Condoms in last 3 months

Supply Situation	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Received sufficient supply of CC	100.0	96.9	97.0	90.5	83.3	94.2	97.2	100.0	86.2	95.4	94.9
Received regular supply in last three months	100.0	90.6	93.9	92.9	75.0	92.8	95.8	100.0	79.3	98.5	93.7
Reported regular use of the method	84.6	87.5	90.9	90.5	66.7	89.9	94.4	100.0	62.1	89.2	88.9
N=	13	32	33	42	12	69	71	49	29	65	415

2.17 Use of Commercial and Socially Marketed Supply of Condoms

More than three fourth of the respondents reported receiving paid supply of condoms (Commercial and Socially Marketed Supply of Condoms), with maximum (72%) reporting purchasing the method from the market/shop while and 9.6 percent reported receiving paid supply of CC from ANM/ASHA.

Table-2.23: Use of Commercial and Socially Marketed Supply of Condoms

Status of Supply	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Purchased CC N=415	84.6	96.9	97.0	9.5	25.0	94.2	71.8	95.9	31.0	90.8	75.2
Purchased from:											
ASHA/ANM	9.1	3.2	3.1	0.0	0.0	10.8	3.9	12.8	0.0	20.3	9.6
Village shop	18.2	3.2	0.0	0.0	0.0	3.1	5.9	4.3	11.1	22.0	7.7
Shop outside village	72.7	87.1	56.3	75.0	100.0	53.8	76.5	66.0	77.8	50.8	64.4
Others	0.0	6.5	40.6	25.0	0.0	32.3	13.7	17.0	11.1	6.8	18.3
N=	11	31	32	4	3	65	51	47	9	59	312

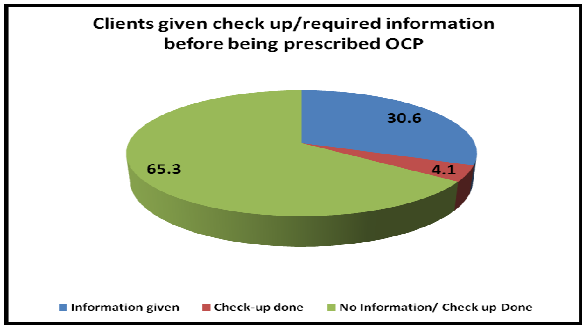
Oral Pill Users

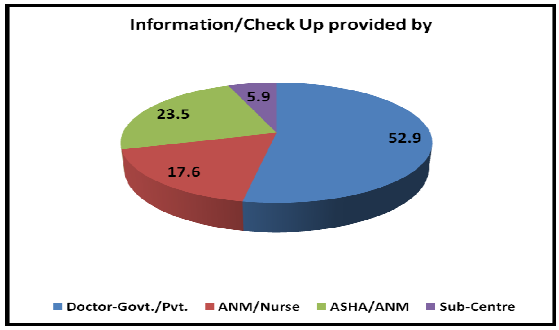
2.18 Required Information/Check-Up Received Before Being Prescribed OCP

The clients currently using oral contraceptive pills (OCP) were asked if they were given required information about the benefits and contraindications of pill usage or if they had undergone any health check-up before they were prescribed the OCP. The table below shows major gaps in sharing information and/or getting required health check-ups before the client is prescribed the hormonal pills. Nearly two third pills user were not given the required information before suggesting use of OCP while only a miniscule 4 percent clients underwent any check-up.

Table-2.24: Clients Given Check Up/Required Information before Being Prescribed OCP

Check up/Information	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Information given	50.0	22.2	0.0	20.0	66.7	20.0	0.0	33.3	40.0	33.3	30.6
Check-up done	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0	0.0	4.1
No Information/ Check up Done	50.0	77.8	100.0	80.0	33.3	80.0	0.0	66.7	40.0	66.7	65.3
N=	2	9	3	5	3	5	0	3	10	9	49
Information/Check Up provided by:											
Doctor-Govt./Pvt.	0.0	100.0	0.0	100.0	100.0	0.0	0.0	0.0	50.0	33.3	52.9
ANM/Nurse	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	33.3	17.6
ASHA/ANM	100.0	0.0	0.0	0.0	0.0	100.0	0.0	100.0	16.7	0.0	23.5
Sub-Centre	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	5.9
N=	1	2	0	1	2	1	0	1	6	3	17





2.19 Oral Pill Users Received Follow-up Support

Regular follow up and support to oral pill user is critical for their continuity and confidence in the efficacy of the method. Often clients drop out prematurely due to slightest of side effects they notice in the absence of regular follow up support. The Table underneath shows that barely one in every five OCP clients received some kind of follow up support. Wide variation observed across districts. Of those who were followed up, two thirds were approached by ASHAs, ANM or staff Nurse.

Table-2.25: Oral Pill Users Received Any Follow Up Support

Follow up received	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	22.2	33.3	0.0	0.0	0.0	0.0	33.3	20.0	22.2	18.4
No	50.0	77.8	66.7	100.0	100.0	100.0	0.0	66.7	80.0	77.8	81.6
N=	2	9	3	5	3	5	0	3	10	9	49
Who provided the Follow up service:											
Doctor-Govt./Pvt.	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	33.3
ANM/Nurse	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	50.0	0.0	11.1
ASHA/ANM	100.0	0.0	100.0	0.0	0.0	0.0	0.0	100.0	50.0	50.0	55.6
N=	1	2	1	0	0	0	0	1	2	2	9

2.20 OCP Clients Reporting Problems Faced within 3 months of Use

Linked to issues of follow up is the Table below which showed one in every 10 clients did face some problem/ side effects during the first three months of use of OCP. Irregular menses and feeling of weakness were the most common complaints shared by clients.

Table-2.26: OCP Clients Reporting Problems Faced within 3 months of Use

Problems faced	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	10.2
No	50.0	66.7	100.0	100.0	100.0	100.0	0.0	100.0	90.0	100.0	89.8
N=	2	9	3	5	3	5	0	3	10	9	49
Type of Problem Faced											
Back Pain	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	20.0
Irregular MC	0.0	66.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0
Weakness in stamina	100.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0
N=	1	3	0	0	0	0	0	0	1	0	5

2.21 Clients Reaching Out to the Facility or Provider for Problems/ Side Effects Faced During OCP Use

The Table below shows that of those who faced problems/ side effects, about 40 percent reached out to some govt. facility for support/ consultation, while 20 percent went to a private clinic and 40 percent did not get any help.

Table-2.27: Clients Reaching Out to the Facility or Provider for Problems/ Side Effects Faced During OCP Use.

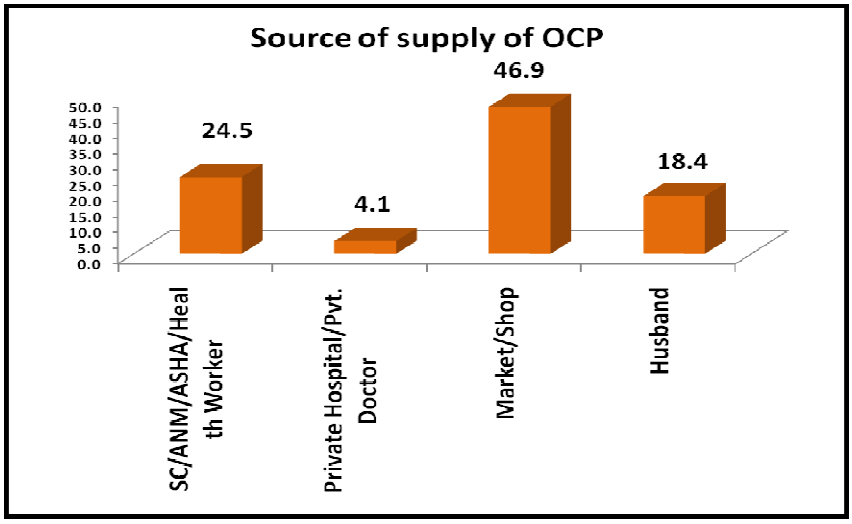
Facility contacted	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
ANM/LHV/Doctor/ Hospital(Govt)	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	40.0
Private-Doctor/Hospital	0.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	20.0
No Help	100.0	33.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	40.0
N=	1	3	0	0	0	0	0	0	1	0	5

2.22 Source of Supply of OCP

The source of supply analysis shows that nearly one in two current users of oral pills obtained the supply from the market while another 18 percent depended on their husband for it. Around one fourth clients reported receiving the resupply from SC/ ANMs/ ASHAs and other health workers.

Table-2.28: Source of supply of OCP

Source of Supply	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
SC/ANM/ASHA/Health Worker	50.0	0.0	33.3	20.0	0.0	0.0	0.0	66.7	20.0	55.5	24.5
Private Hospital/Pvt. Doctor	0.0	22.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4.1
Market/Shop	0.0	44.4	66.7	40.0	100.0	60.0	0.0	0.0	60.0	33.3	46.9
Husband	0.0	33.3	0.0	20.0	0.0	20.0	0.0	33.3	20.0	11.1	18.4
Don't Know	50.0	0.0	0.0	20.0	0.0	20.0	0.0	0.0	0.0	0.0	6.1
N=	2	9	3	5	3	5	0	3	10	9	49

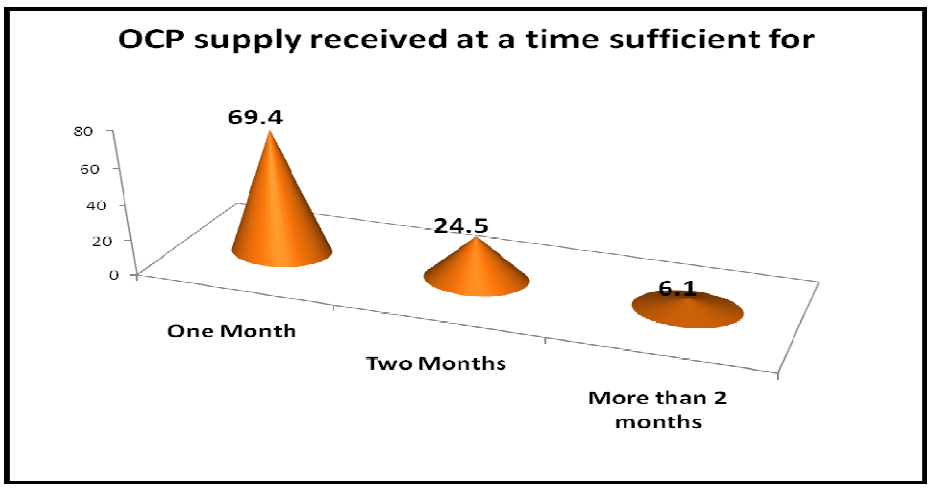


2.23 Quantity of Oral Contraceptive Pills Received at a Time

The Table below shows that maximum clients (70%) currently using oral pills received one cycle of pills at a time, while about 25 percent reported receiving two cycles of pills at a time.

Table-2.29: Quantity of Oral Contraceptive Pills Received at a Time

Supply Received	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
One Month	50.0	88.9	66.7	80.0	100.0	60.0	0.0	100.0	60.0	44.4	69.4
Two Months	50.0	0.0	0.0	20.0	0.0	20.0	0.0	0.0	40.0	55.6	24.5
More than 2 months	0.0	11.1	33.3	0.0	0.0	20.0	0.0	0.0	0.0	0.0	6.1
N=	2	9	3	5	3	5	0	3	10	9	49



2.24 Regularity of OCP Supply

The Table below shows that nearly 94 percent of clients who are currently using oral pills said they were getting regular supply for their use which is a heartening situation.

Table-2.30: Regularity of OCP supply to the Clients

Supply regular	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	100.0	100.0	80.0	100.0	80.0	0.0	100.0	100.0	100.0	93.9
No	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
Don't Know	0.0	0.0	0.0	20.0	0.0	20.0	0.0	0.0	0.0	0.0	4.1
N=	2	9	3	5	3	5	0	3	10	9	49

2.25 Quantity of OCP Cycles Received in Last Three Months

Corroborating the previous table, nearly 89% clients reported to have received sufficient quantity of OCPs for their regular use.

Table-2.31: Client Reported to have Received Sufficient Quantity of OCP in Last Three Months

Sufficient Quantity Received	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	100	100	80.0	33.3	60.0	0.0	100	100	100	87.8
No	50.0	0.0	0.0	20.0	66.7	40.0	0.0	0.0	0.0	0.0	12.2
N=	2	9	3	5	3	5	0	3	10	9	49

2.26 Regularity of Use of OCP by Clients

The table below is important from the program point of view. The clients who are currently using the OCP reported that nearly 86% had been using the pills regularly and as per norms while, remaining 14% reported irregular use due to various reasons.

Table-2.32: Regularity of Use of OCP by Clients

Status of use	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Regular	50.0	88.9	100.0	80.0	66.7	80.0	0.0	100.0	80.0	100.0	85.7
Irregular	50.0	11.1	0.0	20.0	33.3	20.0	0.0	0.0	20.0	0.0	14.3
N=	2	9	3	5	3	5	0	3	10	9	49

2.27 Whether had to pay for obtaining OCP Supply

The table below shows that nearly three fourths of the clients reported to have paid to obtain the OCP supply and remaining 26 percent obtained it free of cost.

Table-2.33: Percentage of Clients Who Reported to Have Purchased OCP for Use

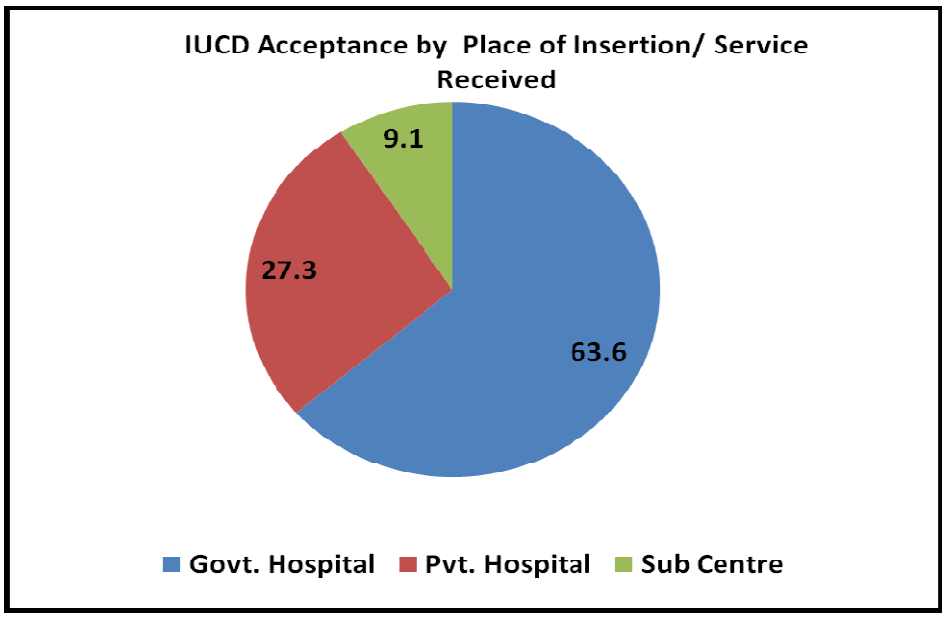
Paid money	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	88.9	66.7	60.0	100.0	80.0	0.0	33.0	80.0	66.7	73.5
No	50.0	11.1	33.3	40.0	0.0	20.0	0.0	66.7	20.0	33.3	26.5
N=	2	9	3	5	3	5	0	3	10	9	49

IUCD/CuT Acceptors

The IUCD acceptors in the study districts constitute about 4 percent of total acceptors of any modern method. These IUCD acceptors were further probed to know where they received the service from (Table 2.34). It shows nearly three fourths of the acceptors across the ten districts have received services from government health facilities. Nearly one out of every eleven acceptors of IUCD received the service from the health sub centre. About 27 percent went to a private health facility for IUCD insertion. District wise a wide variation was observed in the source of service for IUCD, for instance, private sector health facilities played a predominant role in Mainpuri and Etah while all acceptors in Bahraich, Bareilly and Mau received the services from government facilities.

Table-2.34: IUCD Acceptance by Place of Insertion/Service Received

Place of IUCD Services	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Govt. Hospital	100.0	100.0	0.0	33.3	0.0	33.3	25.0	100.0	85.7	87.5	63.6
Pvt. Hospital	0.0	0.0	66.7	33.3	0.0	33.3	75.0	0.0	14.3	12.5	27.3
Sub Centre	0.0	0.0	33.3	33.3	0.0	33.3	0.0	0.0	0.0	0.0	9.1
N=	1	3	3	3	0	3	4	1	7	8	33

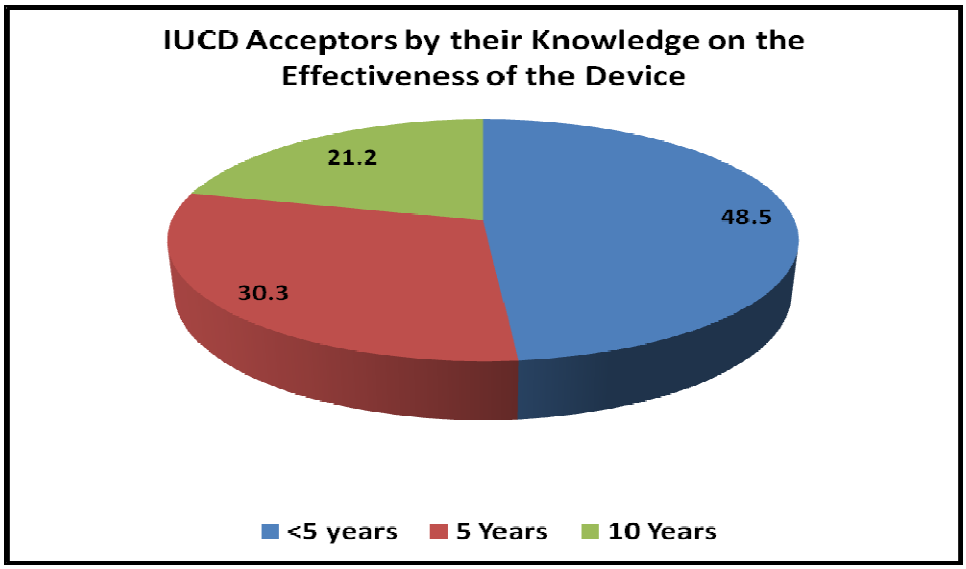


2.28 Knowledge on Effectiveness of Copper-T/ IUCD

The IUCD acceptors were further probed to know their knowledge about the maximum duration the device remained effective for once inserted. It was found that every second acceptor did not have the correct knowledge about the maximum duration of effectiveness of IUCD. Only 21 percent said '10 years' which is in case of CuT380A available in the govt. supply (Table 62).

Table-2.35: Percentage Distribution of IUCD Acceptors by their Knowledge on the Effectiveness of the Device

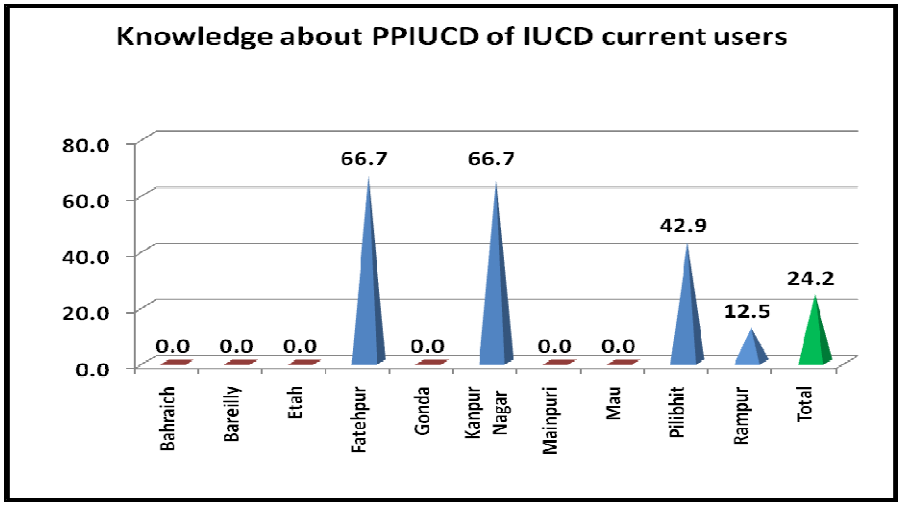
IUCD Effectiveness	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
<5 years	100.0	0.0	33.3	66.7	0.0	0.0	100.0	100.0	100.0	0.0	48.5
5 Years	0.0	66.7	0.0	33.3	0.0	100.0	0.0	0.0	0.0	50.0	30.3
10 Years	0.0	33.3	66.7	0.0	0.0	0.0	0.0	0.0	0.0	50.0	21.2
N=	1	3	3	3	0	3	4	1	7	8	33



The IUCD users were also probed to know if they were aware about post partum IUCD. It was found that three out of every four IUCD users were not aware of the PPIUCD which clearly indicates the communication gap in the program (Table 2.36)

Table-2.36: Knowledge of Current Users of IUCD on PPIUCD

Knowledge of PPIUCD	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	0.0	0.0	66.7	0.0	66.7	0.0	0.0	42.9	12.5	24.2
No	100.0	100.0	100.0	33.3	0.0	33.3	100.0	100.0	57.1	87.5	75.8
N=	1	3	3	3	0	3	4	1	7	8	33



The Table-2.37 reveals that nearly two thirds of the IUCD users have paid some amount to the providers for service/insertion. An earlier section showed that almost one third users had availed the service from private providers. *However, the table below shows that a sizable number of users who accepted the services from government facility also had some out of pocket expenses for obtaining services.*

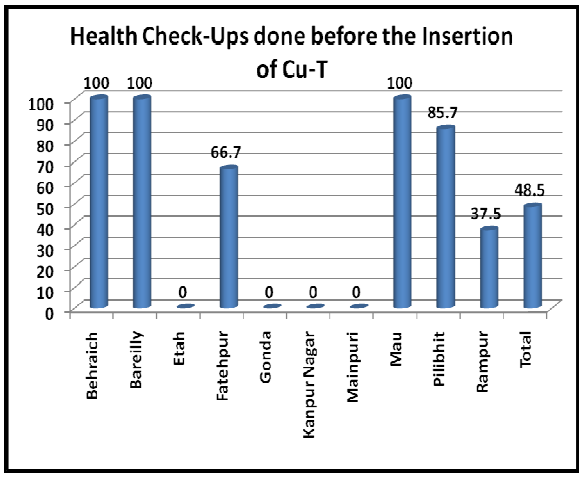
Table-2.37: Percentage of EW Reported to have Paid for the IUCD Insertion

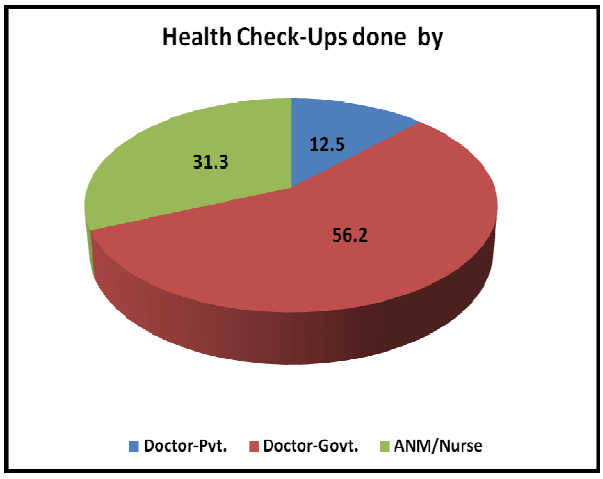
Clients Paying for IUCD Service	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	33.3	66.7	66.7	0.0	100.0	100.0	0.0	42.9	75.0	63.6
No	100.0	66.7	33.3	33.3	0.0	0.0	0.0	100.0	57.1	25.0	36.4
N=	1	3	3	3	0	3	4	1	7	8	33

Table-2.38 reveals a sharp contrast across districts when it came to the required pre-insertion health check-up by IUCD providers. On an average about 50 percent clients reported not having any check-ups done by the providers before IUCD insertion. While districts like Bahraich, Bareilly and Mau confirmed check-ups before IUCD insertion, remaining districts reported few to no checkups.

Table-2.38: Health Check-Ups Done Before the Insertion of Cu-T/ IUCD

Check-up done	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100.0	100.0	0.0	66.7	0.0	0.0	0.0	100.0	85.7	37.5	48.5
No	0.0	0.0	100.0	33.3	0.0	100.0	100.0	0.0	14.3	62.5	51.5
N=	1	3	3	3	0	3	4	1	7	8	33
Check-up by											
Doctor-Pvt.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	0.0	12.5
Doctor-Govt.	100.0	66.7	0.0	0.0	0.0	0.0	0.0	0.0	50.0	100.0	56.2
ANM/Nurse	0.0	33.3	0.0	100.0	0.0	0.0	0.0	100.0	16.7	0.0	31.3
N=	1	3	0	2	0	0	0	1	6	3	16



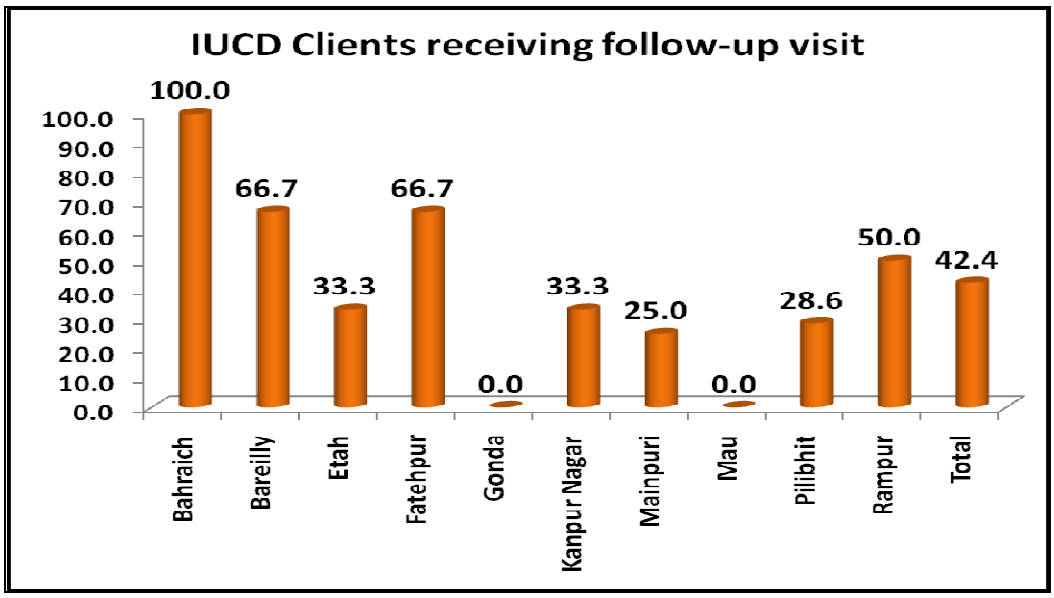


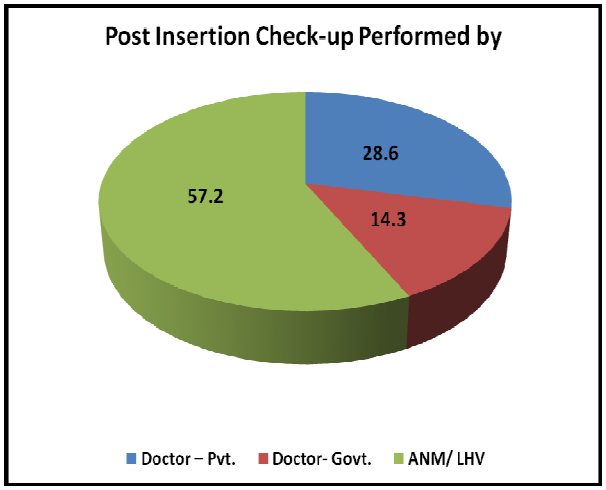
2.29 Post Insertion Follow-up and Check-up Received for IUCD

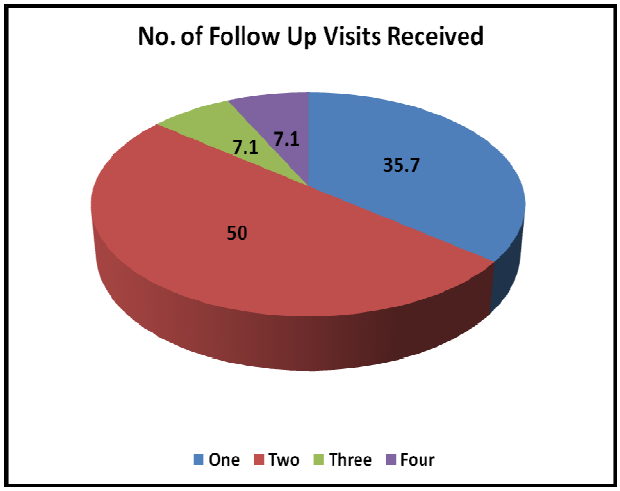
Follow-up of IUCD clients after certain interval is critical for quality of care and addressing any possible post insertion complications and side effects. Table below shows that only about 42 percent of the clients were followed up after IUCD insertion. Most of these check-ups were done by either ANMs or LHVs. Half of those who received follow-up visits post IUCD insertions, reported receiving at least two visits by health staff.

Table-2.39: IUCD Clients Receiving Post Insertion Necessary follow-up and Check-ups

Follow up visit received	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100.0	66.7	33.3	66.7	0.0	33.3	25.0	0.0	28.6	50.0	42.4
No	0.0	33.3	66.7	33.3	0.0	66.7	75.0	100.0	71.4	50.0	57.6
N=	1	3	3	3	0	3	4	1	7	8	33
Post Insertion Check-up Performed by											
Doctor – Pvt.	0.0	0.0	100.0	0.0	0.0	100.0	0.0	0.0	50.0	25.0	28.6
Doctor- Govt.	0.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	14.3
ANM/ LHV	100.0	50.0	0.0	100.0	0.0	0.0	100.0	0.0	50.0	50.0	57.2
N=	1	2	1	2	0	1	1	0	2	4	14
No. of Follow Up Visits Received by IUCD Clients											
One	100.0	50.0	0.0	0.0	0.0	100.0	0.0	0.0	50.0	25.0	35.7
Two	0.0	50.0	100.0	100.0	0.0	0.0	100.0	0.0	50.0	25.0	50.0
Three	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	7.1
Four	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	7.1
N=	1	2	1	2	0	1	1	0	2	4	14





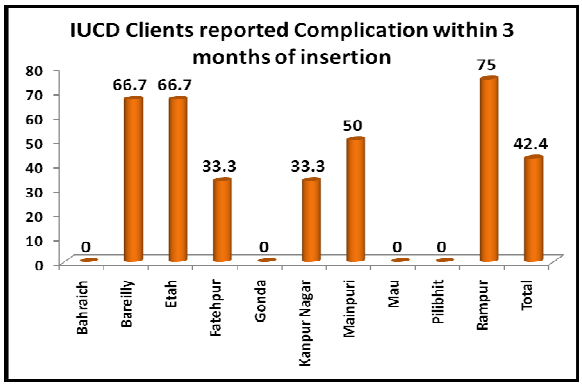


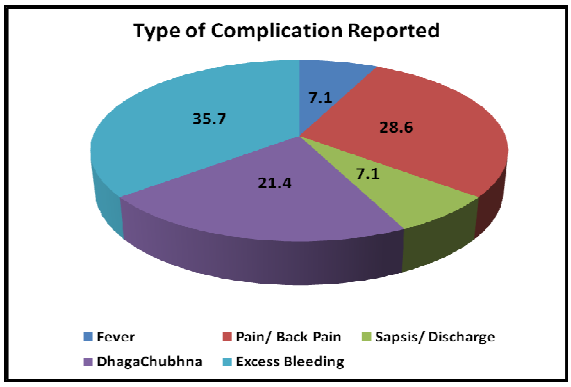
2.30 Complications within Three Months of Insertion

Table 2.40 reveals that little less than half of the clients reported some kind of complications or side effects within three months of accepting the IUCD. Excessive bleeding followed by lower back pain were the most frequently reported complications by the IUCD clients.

Table-2.40: IUCD Clients reported Complication within 3 months of insertion of Cu-T

Complication Reported	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	66.7	66.7	33.3	0.0	33.3	50.0	0.0	0.0	75.0	42.4
No	100.0	33.3	33.3	66.7	0.0	66.7	50.0	100.0	100.0	25.0	57.6
N=	1	3	3	3	0	3	4	1	7	8	33
Type of Complication Reported:											
Fever	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	7.1
Back Pain	0.0	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.0	33.3	28.6
Sepsis	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	16.7	7.1
Discomfort	0.0	0.0	50.0	0.0	0.0	100.0	0.0	0.0	0.0	16.7	21.4
Excessive Bleeding	0.0	100.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	33.3	35.7
N=	0	2	2	1	0	1	2	0	0	6	14



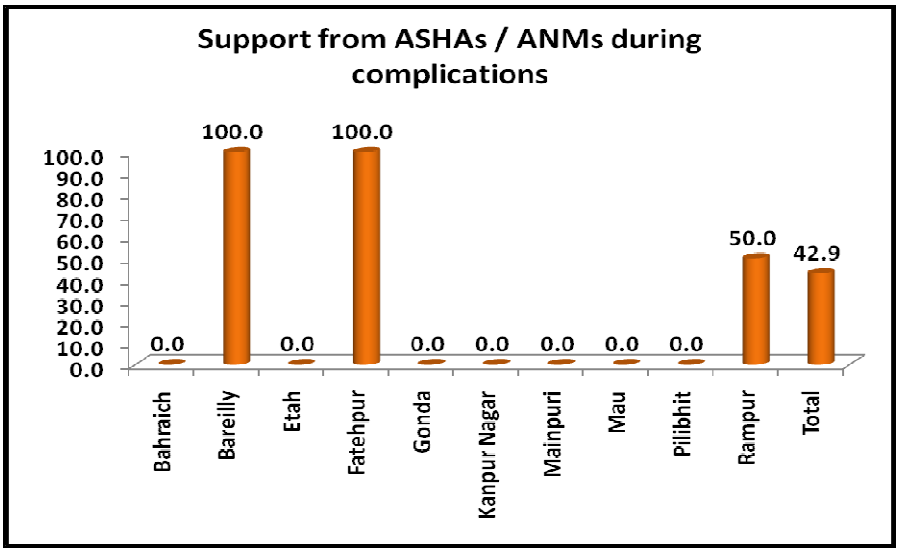


2.31 Received Help for Complications Post IUD Insertion

Table below reveals that little less that 50 percent of the clients who had had complications/ side effects post IUCD insertions had received some kind of help and support from ASHAs/ANMs.

Table-2.41: IUCD Acceptors Reported to Have Received Help and Support from ASHAs and ANMs when Faced with Complications

ANM/ASHAs Reaching Out during Complications	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	100.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	50.0	42.9
No	0.0	0.0	100.0	0.0	0.0	100.0	100.0	0.0	0.0	50.0	57.1
N=	0	2	2	1	0	1	2	0	0	6	14



The Table-2.42 below shows that despite all odds, more than four fifths of the IUCD clients reported being satisfied with the method they chose/accepted. *This only goes to show that if properly attended to, in terms of counseling, support and quality of services extended to the IUCD clients before and after insertion, the method per se has great potential to be popular among the clients.*

Table-2.42: Clients Reported Satisfaction with IUCD/Cu T insertion

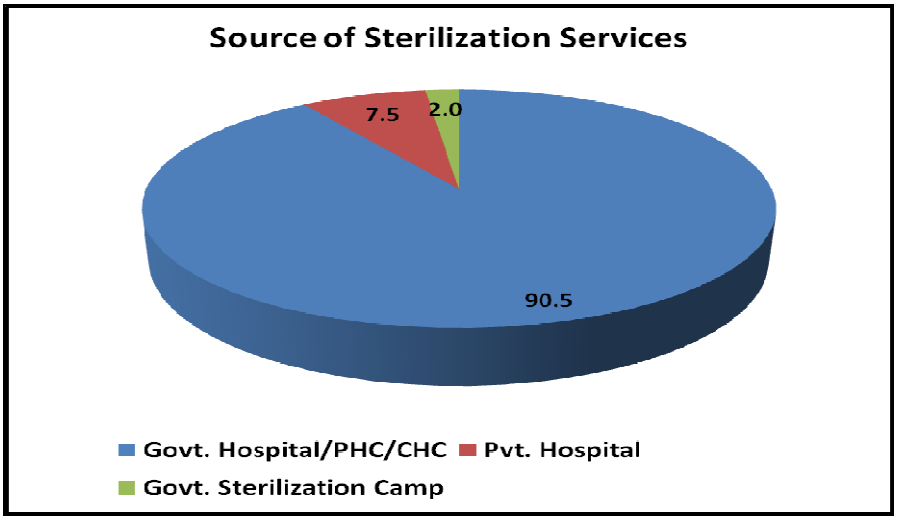
Whether Satisfied	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100.0	66.7	66.7	100.0	0.0	100.0	100.0	100.0	57.1	87.5	81.8
No	0.0	33.3	33.3	0.0	0.0	0.0	0.0	0.0	42.9	12.5	18.2
N=	1	3	3	3	0	3	4	1	7	8	33

Sterilization Acceptors

The Clients who had accepted sterilization as a method of family planning were further asked about the source of the service. The Table 2.43 reveals that a predominant number of clients (92.5%) had received the service either from a government hospital or from a government sterilization camp. The remaining reported receiving the same from a private sector health facility. *Etah seems to be an exception where nearly 23 percent clients opted for a private sector facility for sterilization.*

Table-2.43: Source of Sterilization Services Received by the Eligible Couples

Source of Sterilization Services	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Govt. Hos./PHC/CHC	93.1	98.0	68.2	100.0	89.7	100.0	77.3	89.4	82.9	86.7	90.5
Pvt. Hospital	6.9	2.0	22.7	0.0	10.3	0.0	9.1	8.5	14.3	13.3	7.5
Govt. Camp	0.0	0.0	9.1	0.0	0.0	0.0	13.6	2.1	2.9	0.0	2.0
N=	29	49	22	47	29	36	22	47	35	30	346



2.32 Paid Money for Sterilization Services

The sterilization acceptors were further probed to know if they had paid any money for obtaining sterilization service. It seems a small proportion of clients (10 percent) had to pay some money for the services they received. It is understandable in case of 8 percent of the clients who went to a private clinic to get the services and therefore had to pay. However, there seems to be a

miniscule percent of clients from the government health facilities too who had to pay some money to the providers for the service.

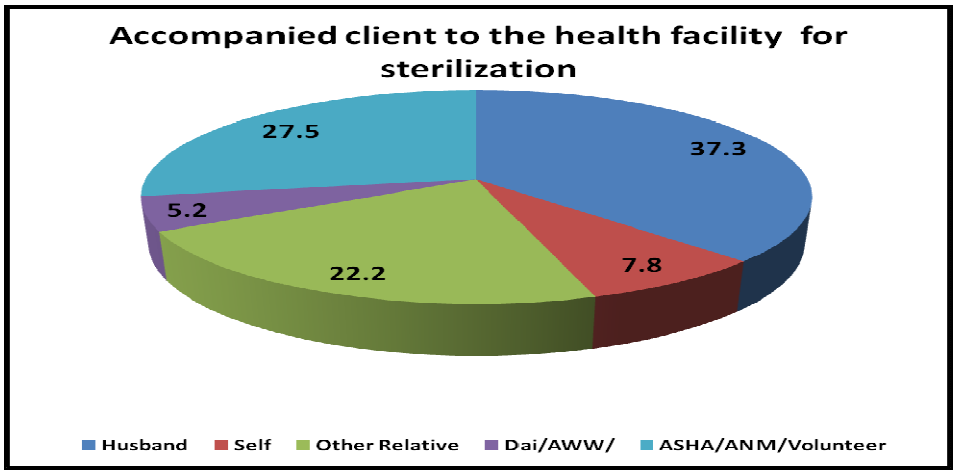
Table-2.44: Eligible Couples Reported to have paid money for Sterilization Services

Paid Money for Services	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	6.9	2.0	40.9	8.5	6.9	0.0	9.1	10.6	11.4	16.7	9.8
No	93.1	98.0	59.1	91.5	93.1	100.0	90.9	89.4	88.6	83.3	90.2
N=	29	49	22	47	29	36	22	47	35	30	346

Table-2.45 reveals that one in every 5 clients was accompanied by an ASHA/ ANM or a community volunteer to the health facility for sterilization service. In another one third of cases, the client was accompanied by husband and in about 20% cases she was accompanied by her relatives.

Table-2.45: Accompanied Client to the Health Facility for Sterilization Services

Client Accompanied by	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Husband	34.5	24.5	72.7	42.6	27.6	36.1	45.5	23.4	40	50	37.3
Self	3.4	8.2	4.5	12.8	3.4	2.8	22.7	6.4	5.7	10	7.8
Other Relatives	27.6	26.5	22.7	14.9	27.5	16.7	13.6	34.0	22.9	10.0	22.2
Dai/AWW/	0.0	6.1	0.0	2.1	13.8	13.9	0.0	6.4	0.0	6.7	5.2
ASHA/ANM/Volunteer	34.4	34.7	0.0	27.7	27.5	30.6	18.1	29.8	31.4	23.3	27.5
N=	29	49	22	47	29	36	22	47	35	30	346

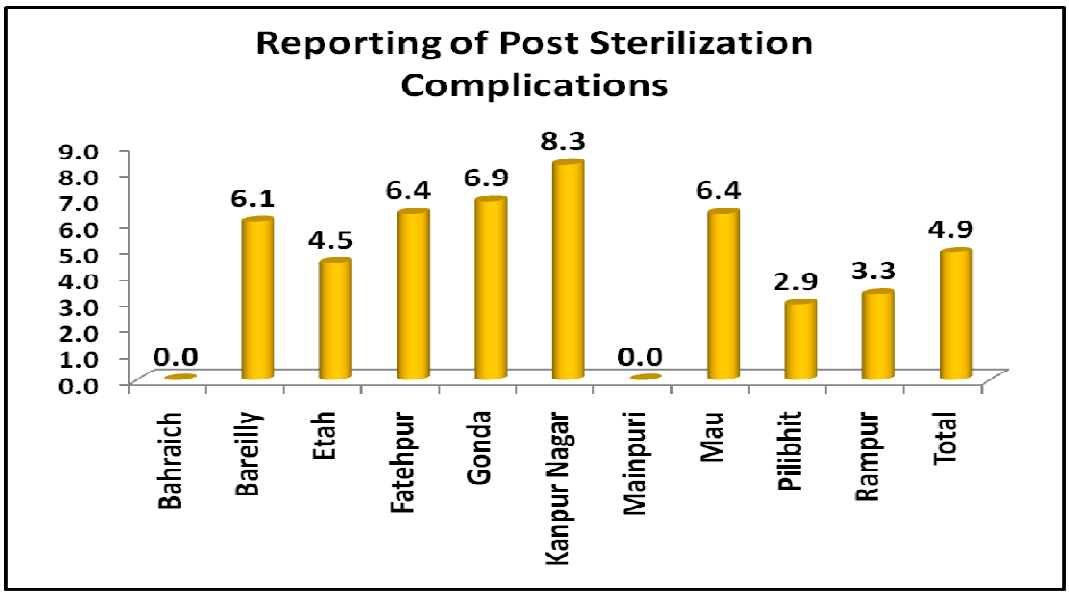


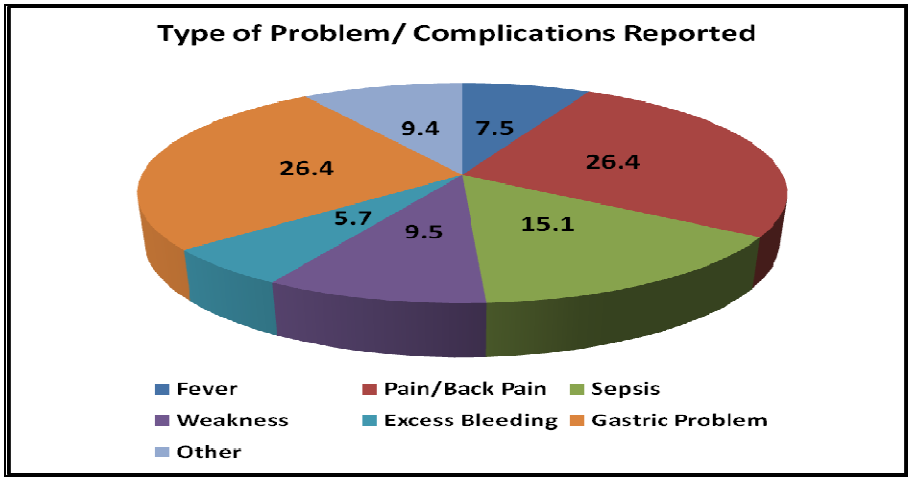
2.33 Post Sterilization Complications Reported

Table 2.46 reveals that majority of the clients (95%) did not face any complications or side effects after the sterilization operation. Only a small proportion (5%) of clients reported undergoing some side effects/complications. Pain in the abdomen and gastric problem were the most common problems reported by these clients followed by pain and sepsis.

Table-2.46: Clients Reporting of Post Sterilization Complications

Faced Complications	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	6.1	4.5	6.4	6.9	8.3	0.0	6.4	2.9	3.3	4.9
No	100.0	93.9	95.5	93.6	93.1	91.7	100.0	93.6	97.1	96.7	95.1
N=	29	49	22	47	29	36	22	47	35	30	346
Type of Problem/ Complications Reported											
Fever	0.0	0.0	0.0	40.0	0.0	0.0	0.0	20.0	0.0	0.0	7.5
Pain/Back Pain	25.0	40.0	20.0	40.0	0.0	0.0	0.0	0.0	40.0	50.0	26.4
Sepsis	50.0	20.0	0.0	0.0	33.4	0.0	0.0	10.0	20.0	0.0	15.1
Weakness	0.0	6.7	20.0	0.0	33.3	0.0	0.0	0.0	20.0	25.0	9.5
Excess Bleeding	0.0	13.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	25.0	5.7
Gastric Problem	25.0	13.3	40.0	20.0	33.3	100.0	0.0	40.0	20.0	0.0	26.4
Other	0.0	6.7	20.0	0.0	0.0	0.0	0.0	30.0	0.0	0.0	9.4
N=	4	15	5	5	3	2	0	10	5	4	53





2.34 Pre-Operative Check-ups

The mandatory pre-operative check-ups were reported by 90 percent of the clients while one in every 10 clients could not recall any such check-up being performed by the health workers/ doctors prior to the operation. More or less similar trend was observed across districts.

Table-2.47: Pre-Operative Check-ups done before Sterilization

Pre-Operative Check-ups done	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	96.6	89.8	68.2	89.4	93.1	91.7	86.4	95.7	91.4	90.0	90.2
No	3.4	10.2	31.8	10.6	6.9	8.3	13.6	4.3	8.6	10.0	9.8
N=	29	49	22	47	29	36	22	47	35	30	346

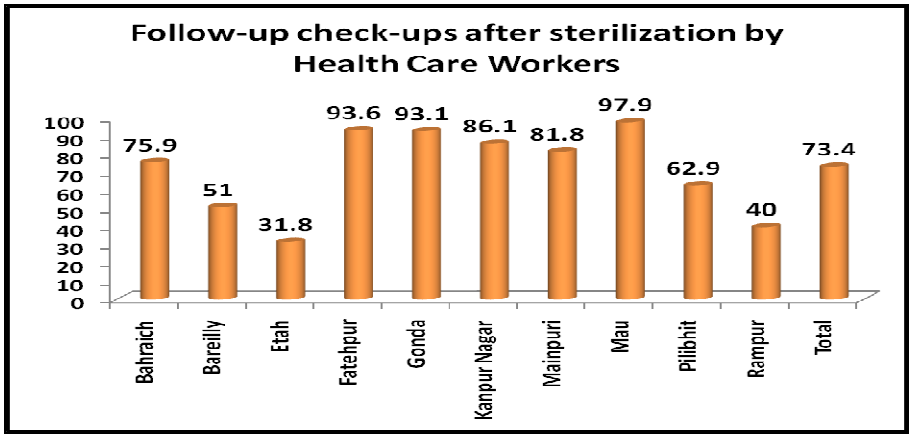
2.35 Follow-up check-ups after sterilization

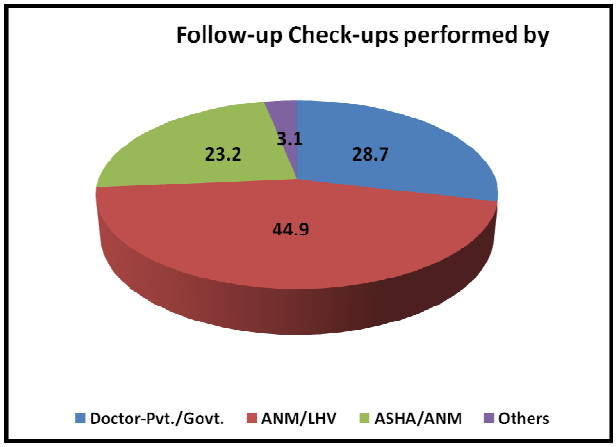
The necessary follow-up visit after sterilization is essential for client's satisfaction and to ensure that any possible side effects/complications are managed on time. The clients were asked if any health workers visited them after the surgery or they visited the health facility for a follow-up check-up. Two-thirds of the clients who accepted sterilization reported receiving some kind of follow-up check-ups either by a health care worker at their home or on visiting the health facility. It's a matter of concern that one in every four sterilization clients did not receive any follow up check-ups (Table 2.48). The table further reveals that nearly half of the clients were followed up by ANM/LHV while a little over one fourth received follow up/check-ups by a Doctor. About 60% of the clients received one to two follow up visits by the health workers.

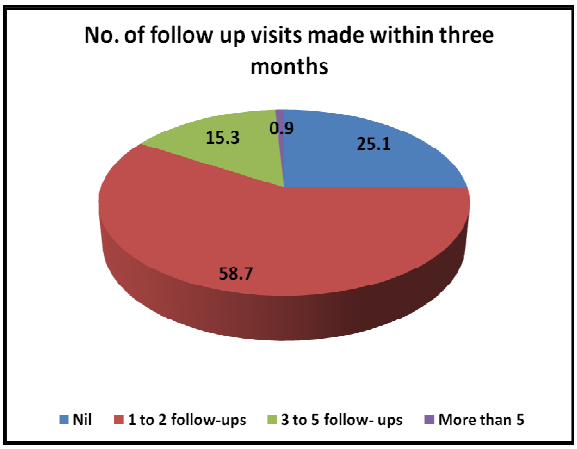
Table-2.48: Follow-up check-ups after sterilization by Health Care Workers

Follow-up done	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	75.9	51.0	31.8	93.6	93.1	86.1	81.8	97.9	62.9	40.0	73.4
No	24.1	49.0	68.2	6.4	6.9	13.9	18.2	2.1	37.1	60.0	26.6
N=	29	49	22	47	29	36	22	47	35	30	346

Follow-up done by	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Who performed the Follow-up Check-ups											
Doctor-Pvt./Govt.	27.3	40	71.4	13.6	22.2	25.8	22.2	32.6	36.4	41.7	28.7
ANM/LHV	50.0	28.0	14.3	68.2	55.6	32.3	55.6	39.1	40.9	25.0	44.9
ASHA/ANM	22.7	32	14.3	11.4	18.5	35.5	22.2	23.9	22.7	33.3	23.2
Others	0.0	0.0	0.0	6.8	3.7	6.5	0.0	4.3	0.0	0.0	3.1
N=	22	25	7	44	27	31	18	46	22	12	254
Number of follow up visits made within three months of Sterilization											
Nil	20.7	49.0	68.2	6.4	6.9	8.3	18.2	0.0	37.1	56.7	25.1
1 to 2 follow-ups	69.0	36.7	22.7	78.7	69.0	75.0	63.6	83.0	45.7	23.3	58.7
3 to 5 follow- ups	10.3	12.2	9.1	14.9	24.1	16.7	18.2	14.9	14.3	20.0	15.3
More than 5	0.0	2.0	0.0	0.0	0.0	0.0	0.0	2.1	2.9	0.0	0.9
N=	29	49	22	47	29	36	22	47	35	30	346





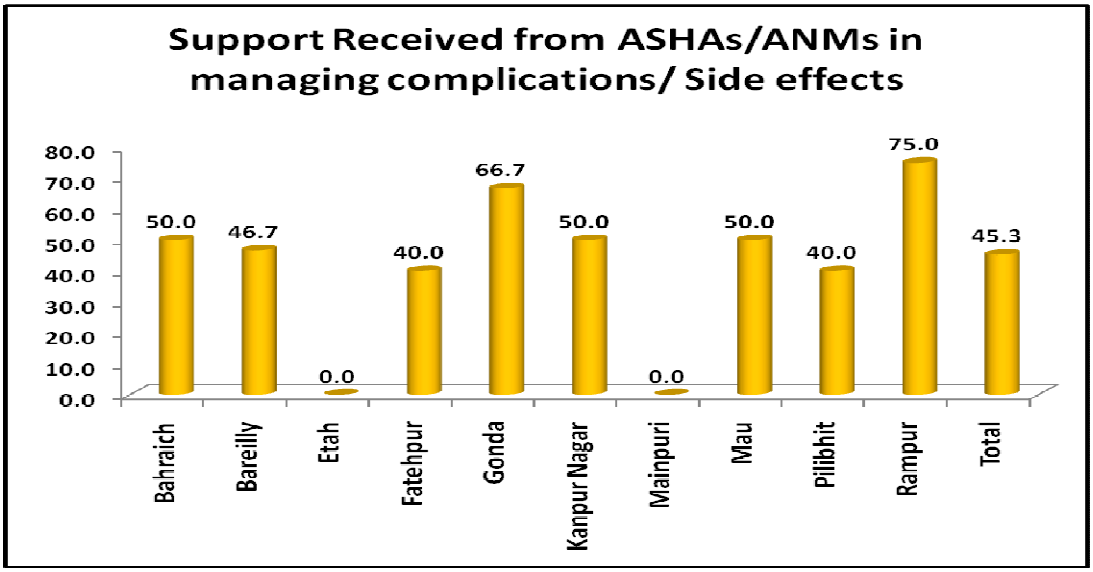


2.36 Support Received from ASHAs/ANMs in managing complications

As seen earlier, a small proportion of clients have had complications/ side effects after the sterilization operation. Half of these clients reported to have received timely help and support from ASHAs/ANMs in managing the complications while remaining clients had to manage on their own, which is a cause of concern.

Table-2.49: Support Received from ASHAs/ANM in Managing Complications/ Side effects

Support Received in Complications	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	50.0	46.7	0.0	40.0	66.7	50.0	0.0	50.0	40.0	75.0	45.3
No	50.0	53.3	100.0	60.0	33.3	50.0	0.0	50.0	60.0	25.0	54.7
N=	4	15	5	5	3	2	0	10	5	4	53



2.37 Client Satisfaction from the Sterilization Services Received

The sterilization acceptors were further probed (Table 2.50) to know if they were satisfied with the services received. A vast majority of them (92.5%) were satisfied with the quality of care and services provided while a small proportion (7.5 %) of clients were dissatisfied with the services received. Almost similar pattern was observed across districts.

Table-2.50: Client Satisfaction from the Sterilization Services Received

Satisfied with the services Received	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	89.7	95.9	95.5	91.5	93.1	97.2	95.5	83.0	88.6	100	92.5
No	10.3	4.1	4.5	8.5	6.9	2.8	4.5	17.0	11.4	0.0	7.5
N=	29	49	22	47	29	36	22	47	35	30	346

Findings from Interview with Mothers-In-Law

It is commonly assumed that in rural households, mothers-in-law play a significant role as decision makers in family matters, more so in the matters of family planning in want of more grandchildren, particularly grandson. With daughter-in-law spending most of the day in close proximity to the mother-in-law more than any other member of the family, influence of the mother-in-law becomes inevitable. In an attempt to understand the belief and attitude of the mother-in-law with respect to her daughter-in-law's involvement in decision making in matters of family planning, 600 mothers-in-law were interviewed across ten districts of Uttar Pradesh. Following are the findings:

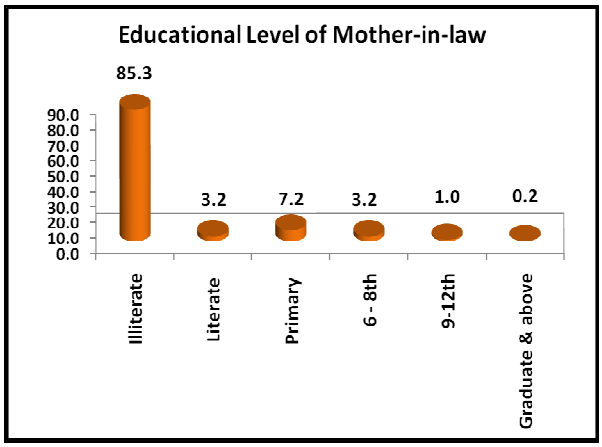
2.38 Socio-Economic and Demographic Background of Mothers-In-Law

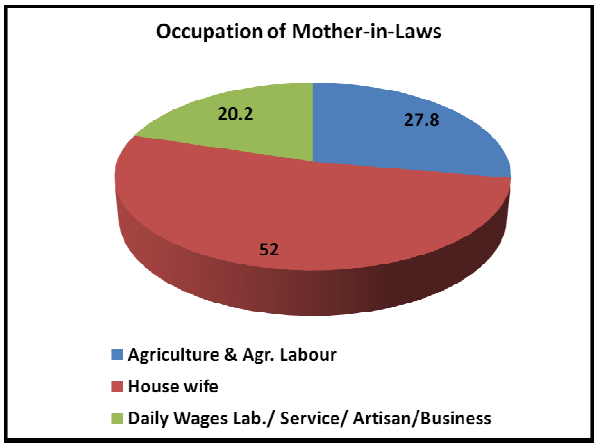
The table below portrays that more than 85% of the 600 mothers-in-law interviewed were illiterate with Gonda reporting the highest percentage (95%) to Kanpur Nagar and Mainpuri reporting the least (73%). Nearly 12 percent respondents had studied primary class or above. In terms of occupation, more than half of the respondents were housewives whereas nearly 21 percent mothers-in-law worked in their own farmland and another 10 percent worked as farm laborers or daily wagers. While more than two thirds mothers-in-law were in 50+ age group, about 30 percent were 50 years or less. Mean age was estimated at 56 years. About 22 percent of them were widows. Age of husbands varied from 40 years to as old as 90. Mean age of the husband was found to be 59 years. Majority (89%) of the mothers-in-law contacted were Hindus.

Table-2.51: Socio-Economic and Demographic Background of Mothers-in-Law

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Education											
Illiterate	86.7	90.0	90.0	81.7	95.0	73.3	73.3	90.0	88.3	85.0	85.3
Literate	0.0	3.3	3.3	1.7	1.7	3.3	1.7	3.3	3.3	10.0	3.2
Primary	8.3	5.0	6.7	5.0	3.3	11.7	16.7	3.3	8.3	3.3	7.2
6 - 8th	5.0	1.7	0.0	11.7	0.0	3.3	5.0	3.3	0.0	1.7	3.2
9-12th	0.0	0.0	0.0	0.0	0.0	6.7	3.3	0.0	0.0	0.0	1.0
Graduate & above	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.0	0.0	0.0	0.2
Occupation											
Agriculture (own land)	15.0	18.3	21.7	11.7	48.3	10.0	28.3	13.3	15.0	25.0	20.7

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Agr. Labour	5.0	0.0	8.3	8.3	3.3	10.0	6.7	8.3	8.3	13.3	7.2
Daily Wages Labour	1.7	3.3	5.0	1.7	0.0	1.7	0.0	3.3	5.0	6.7	2.8
Service	1.7	1.7	1.7	1.7	1.7	0.0	0.0	0.0	1.7	1.7	1.2
House Wife	71.7	63.3	46.7	51.7	45.0	46.7	40.0	45.0	61.7	48.3	52.0
Artisan	1.7	0.0	3.3	0.0	0.0	0.0	0.0	0.0	1.7	0.0	0.7
Business/Shop	0.0	0.0	0.0	0.0	1.7	5.0	1.7	0.0	0.0	0.0	0.8
Others	3.3	13.3	13.3	25.0	0.0	26.7	23.3	30.0	6.7	5.0	14.7
Age of Respondent											
35-50	45.0	43.3	38.3	16.7	30.0	18.3	21.7	15.0	40.0	38.3	30.7
51-60	46.7	38.3	25.0	43.3	58.3	40.0	35.0	38.3	51.7	45.0	42.2
61-70	6.7	18.3	35.0	33.3	10.0	35.0	30.0	43.3	8.3	8.3	22.8
71 +	1.7	0.0	1.7	6.7	1.7	6.7	13.3	3.3	0.0	8.3	4.3
Religion											
Hindu	81.7	86.7	96.7	98.3	86.7	100.0	100.0	90.0	83.3	70.0	89.3
Muslim	18.3	13.3	3.3	1.7	13.3	0.0	0.0	10.0	11.7	25.0	9.7
Other	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.0	5.0	1.0
N=	60	60	60	60	60	60	60	60	60	60	600



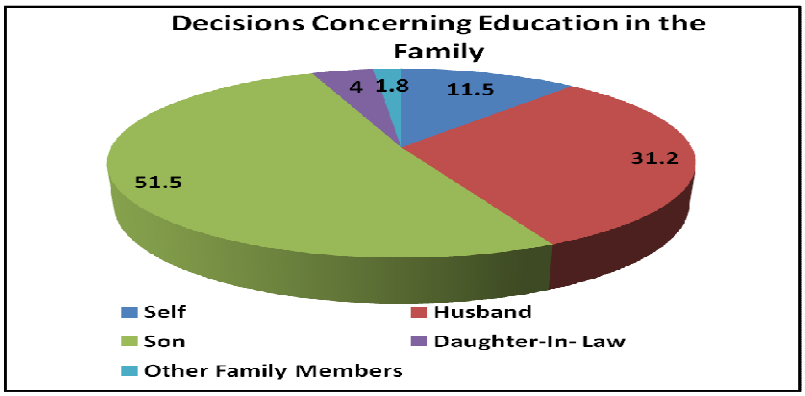


2.39 Opinion on Decision Concerning Education of Children in the Family

More than 51% mothers-in-law informed that decision concerning the education of a child in their family was taken by their son followed by husband (31%) and self (11.5%). However, only 4% acknowledged daughter-in-law having a say in the decision concerning the child's education.

Table-2.52: Decisions Concerning Education in the Family

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Self (MIL)	13.3	15.0	10.0	11.7	10.0	5.0	10.0	15.0	13.3	11.7	11.5
Husband	51.7	31.7	31.7	21.7	31.7	20.0	26.7	13.3	46.7	36.7	31.2
Son	35.0	43.3	51.7	60.0	55.0	70.0	58.3	65.0	31.7	45.0	51.5
Daughter-In-Law	0.0	8.3	5.0	1.7	3.3	5.0	5.0	5.0	6.7	0.0	4.0
Other Family Members	0.0	1.7	1.7	5.0	0.0	0.0	0.0	1.7	1.7	6.7	1.8
N=	60	60	60	60	60	60	60	60	60	60	600

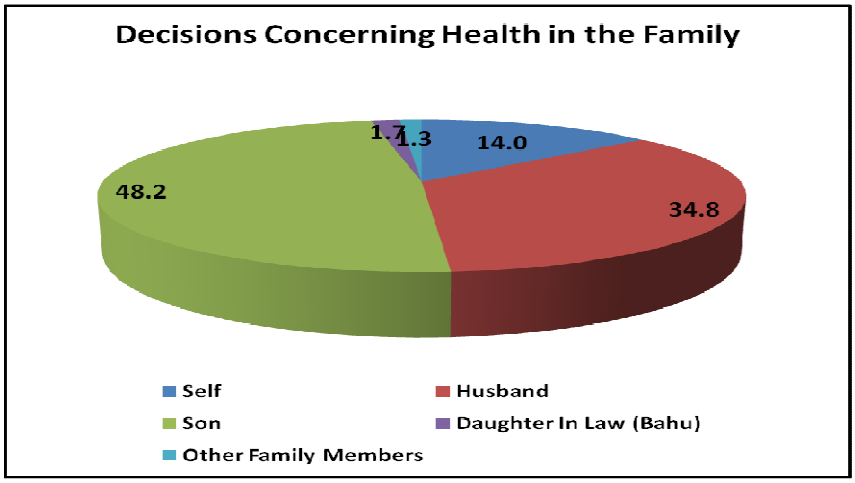


2.40 Decisions Concerning Health in the Family

As observed across most of the districts, it's the son who takes decision concerning health of the family members followed by husband. Decision by daughter-in-law was reported by only 8% MIL in Bareilly, 3% in Mau and a miniscule 1.7% in Mainpuri and Pilibhit. About 14% mothers-in-law said that decision concerning the family's health was taken by them.

Table-2.53: Decisions Concerning Health in the Family

Family Members	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Self (MIL)	16.7	13.3	11.7	13.3	16.7	8.3	10.0	13.3	23.3	13.3	14.0
Husband	45.0	38.3	41.7	21.7	45.0	28.3	28.3	16.7	46.7	36.7	34.8
Son	38.3	40.0	43.3	61.7	38.3	63.3	60.0	66.7	28.3	41.7	48.2
Daughter-in Law	0.0	8.3	1.7	0.0	0.0	0.0	1.7	3.3	1.7	0.0	1.7
Other Family Members	0.0	0.0	1.7	3.3	0.0	0.0	0.0	0.0	0.0	8.3	1.3
N=	60	60	60	60	60	60	60	60	60	60	600

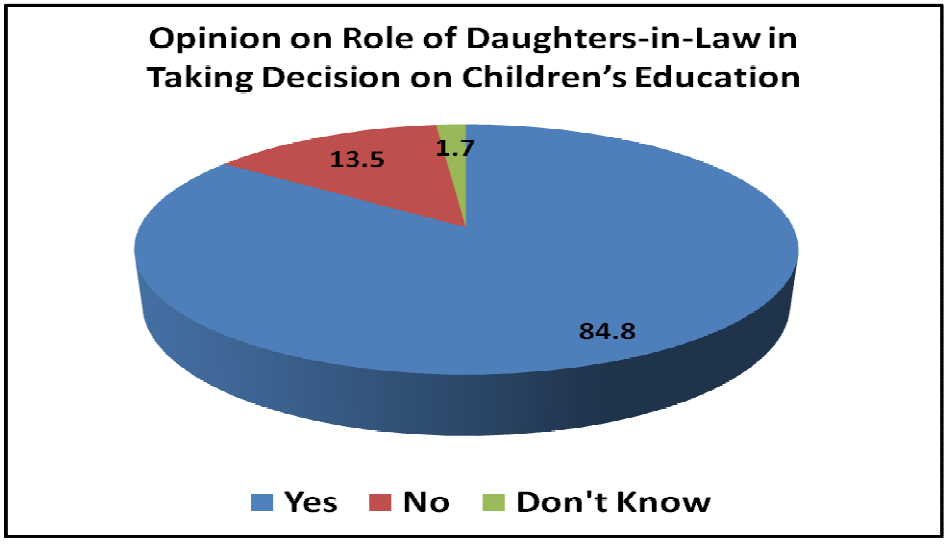


2.41 Opinion on Role of Daughters-in-Law in Taking Decision on Children's Education

As the table reveals, a large percentage of mothers-in-law (85%) considered decision by their daughter-in-law pertaining to the education of her children as being appropriate. Only 13.5% respondents did not appreciate this.

Table-2.54: Opinion on Role of Daughters-in-Law in Taking Decision on Children's Education

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	83.3	81.7	73.3	86.7	91.7	85.0	80.0	88.3	91.7	86.7	84.8
No	15.0	18.3	21.7	6.7	8.3	13.3	20.0	10.0	8.3	13.3	13.5
Don't Know	1.7	0.0	5.0	6.7	0.0	1.7	0.0	1.7	0.0	0.0	1.7
N=	60	60	60	60	60	60	60	60	60	60	600

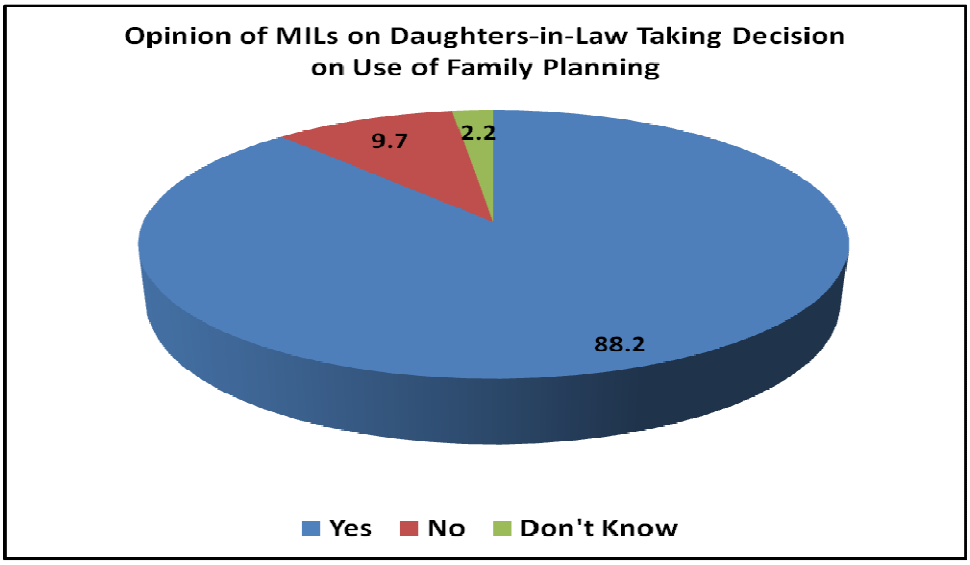


2.42 Opinion of MILs on Daughters-in-Law Taking Decision on Use of Family Planning

As the table portrays, majority of mothers-in-law (88%) thought decision by the daughter-in-law concerning family planning was appropriate. However, some (9.7%) did not approve of this.

Table 2.55 Opinion of MILs on Daughters-in-Law Taking Decision on Use of Family Planning

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	86.7	91.7	86.7	88.3	88.3	80.0	90.0	85.0	90.0	95.0	88.2
No	11.7	6.7	8.3	8.3	11.7	16.7	6.7	15.0	10.0	1.7	9.7
Don't Know	1.7	1.7	5.0	3.3	0.0	3.3	3.3	0.0	0.0	3.3	2.2
N=	60	60	60	60	60	60	60	60	60	60	600



2.43 Opinion of MILs on Daughters-in-Law Taking Decision in Other Family Matters

Although more than 74% mothers-in-law were in favour of their daughters-in-law taking decision in other family matters like purchase of vehicle, land etc., almost one fourth disapproved of this.

Table 2.56 View on decision by daughter-in-law in other family matters

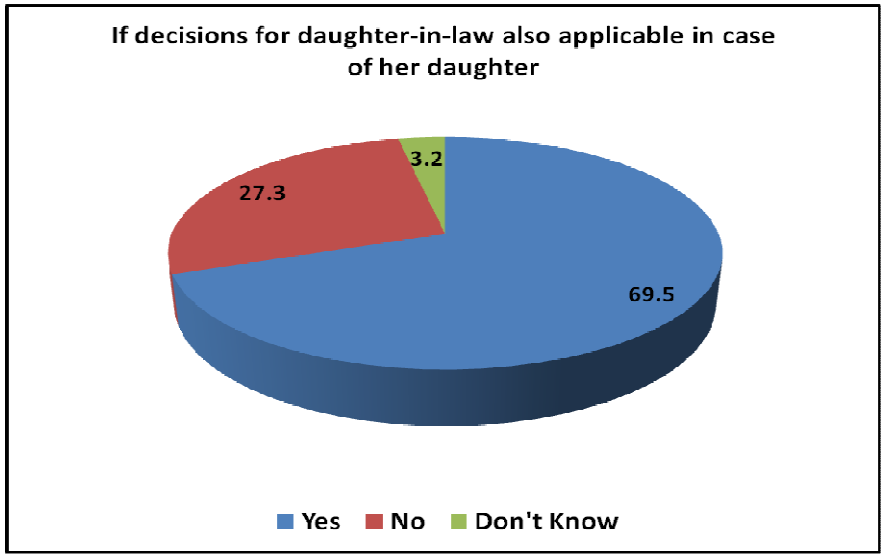
Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	58.3	88.3	50.0	70.0	76.7	83.3	65.0	81.7	66.7	95.0	73.5
No	35.0	11.7	45.0	21.7	23.3	15.0	33.3	18.3	33.3	5.0	24.2
Don't Know	6.7	0.0	5.0	8.3	0.0	1.7	1.7	0.0	0.0	0.0	2.3
N=	60	60	60	60	60	60	60	60	60	60	600

2.44 If decisions for daughter-in-law also applicable in case of her daughter

The mothers-in-law were asked if they believed that decisions taken in case of their daughter-in-law should also be applicable in case of their daughters. Almost 70% of the respondents said yes while little more than one fourth thought this to be inappropriate considering the place of a daughter-in-law in the society.

Table 2.57 If decisions for daughter-in-law also applicable in case of her daughter

Particulars	Bahraich	Barailly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	73.3	90.0	35.0	66.7	83.3	65.0	41.7	66.7	80.0	93.3	69.5
No	25.0	10.0	55.0	23.3	16.7	28.3	58.3	30.0	20.0	6.7	27.3
Don't Know	1.7	0.0	10.0	10.0	0.0	6.7	0.0	3.3	0.0	0.0	3.2
N=	60	60	60	60	60	60	60	60	60	60	600

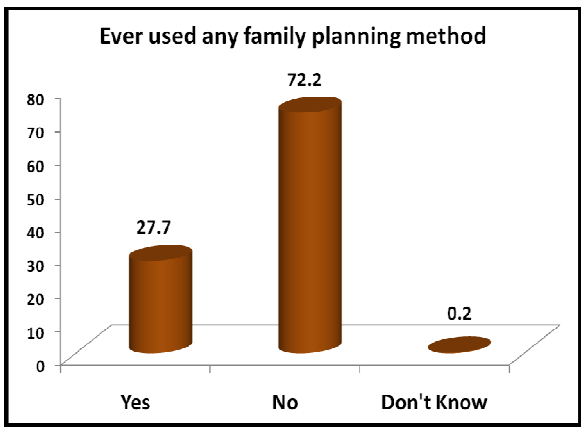


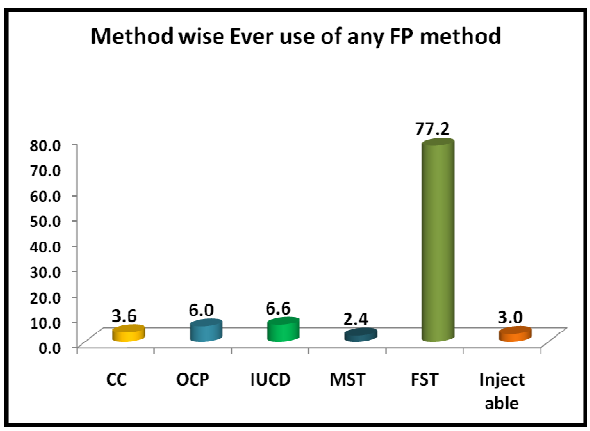
2.45 Ever used any family planning method

As the table reveals, almost 28% (166) of the 600 mothers-in-law contacted reported ever using any method of family planning of which more than three fourth reported sterilization. Most were self motivated (48%) followed by motivation by husband (19.3%) and ANM/ Health Worker (13.3%).

Table 2.58 Ever used any family planning method

Particulars	Bahraich	Barailly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	21.7	33.3	21.7	35.0	10.0	40.0	13.3	25.0	43.3	33.3	27.7
No	78.3	66.7	78.3	65.0	90.0	60.0	86.7	75.0	56.7	66.7	72.4
N=	60	60	60	60	60	60	60	60	60	60	600
If Yes, Method used											
CC	15.4	5.0	0.0	0.0	0.0	8.3	0.0	0.0	0.0	5.0	3.6
OCP	0.0	10.0	7.7	0.0	0.0	4.2	0.0	6.7	7.7	15.0	6.0
IUCD	7.7	10.0	0.0	14.3	0.0	4.2	12.5	6.7	3.8	5.0	6.6
MST	0.0	0.0	0.0	4.8	0.0	0.0	12.5	6.7	3.8	0.0	2.4
FST	69.2	65.0	84.6	76.2	100	79.2	75.0	73.3	84.6	75.0	77.1
Inject able	7.7	10.0	0.0	0.0	0.0	4.2	0.0	6.7	0.0	0.0	3.0
Others	0.0	0.0	7.7	4.8	0.0	0.0	0.0	0.0	0.0	0.0	1.2
Motivated by											
ANM/Health Worker	15.4	15.0	0.0	14.3	16.7	12.5	0.0	20.0	11.5	20.0	13.3
Doctor	0.0	10.0	0.0	0.0	0.0	0.0	12.5	6.7	3.8	30.0	6.6
ASHA	7.7	5.0	0.0	0.0	0.0	4.2	12.5	6.7	3.8	0.0	3.6
Husband	15.4	10.0	7.7	23.8	0.0	33.3	50.0	13.3	23.1	10.0	19.3
Self	38.5	60.0	61.5	52.4	66.7	50.0	25.0	33.3	53.8	35.0	48.2
Relatives/ MIL/ Friends	15.4	0.0	30.8	0.0	16.7	0.0	0.0	20.0	3.8	5.0	7.2
N=	13	20	13	21	6	24	8	15	26	20	166



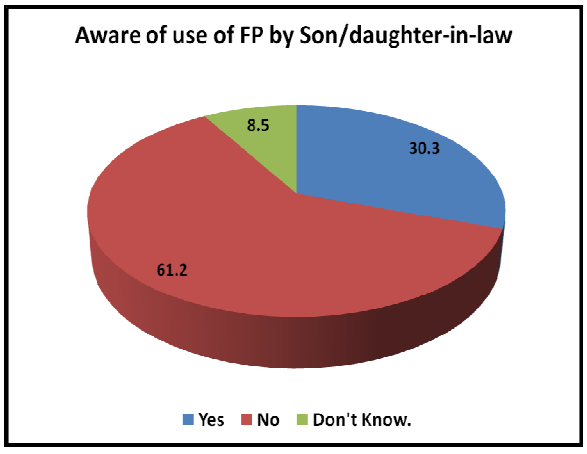


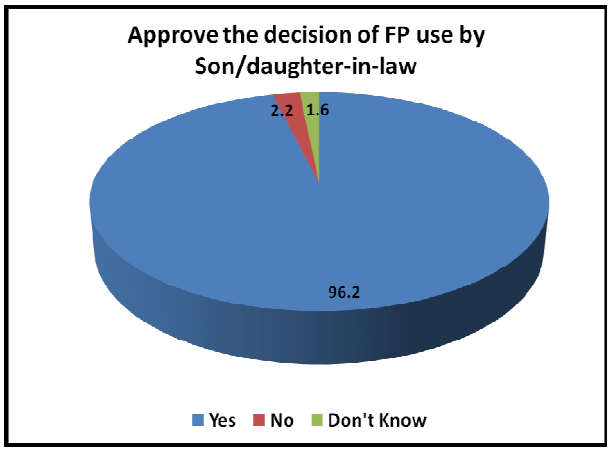
2.46 Awareness on use of family planning method by son/daughter-in-law

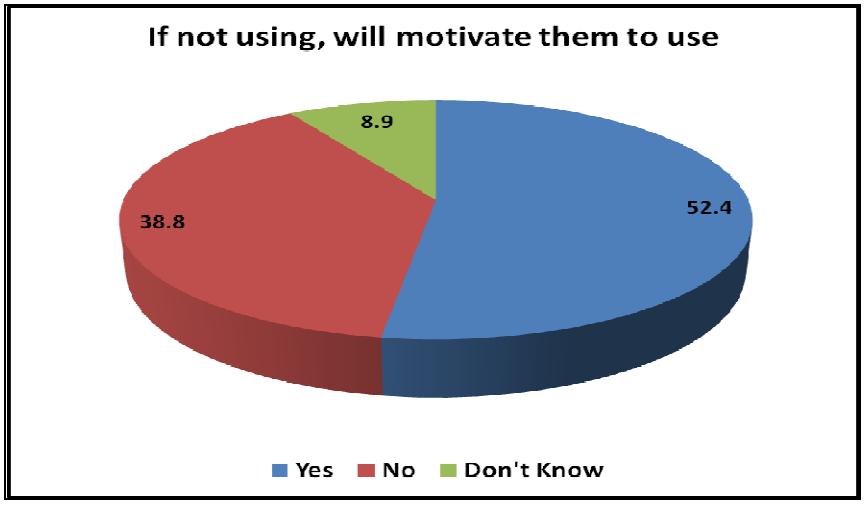
The table reveals that 30% of the mothers-in-law were aware of their son/daughter-in-law using some family planning method and almost all approved of their decision. More than half of the respondents whose son/daughter-in-law were not using any FP method said they will motivate them for adopting some method of family planning in future while almost two fifth said they won't.

Table 2.59 Awareness on use of family planning method by son/daughter-in-law

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	20.0	53.3	21.7	21.7	15.0	36.7	30.0	25.0	40.0	40.0	30.3
No	80.0	43.3	68.3	55.0	85.0	46.7	51.7	66.7	58.3	56.7	61.2
Don't Know	0.0	3.3	10.0	23.3	0.0	16.7	18.3	8.3	1.7	3.3	8.5
N=	60	60	60	60	60	60	60	60	60	60	600
Whether approve the use											
Yes	100	96.9	100	84.6	100	90.9	100	100	91.7	100	96.2
N=	12	32	13	13	9	22	18	15	24	24	182
If not using, whether will motivate them to use											
Yes	50.0	78.6	29.8	34.0	64.7	68.4	38.1	44.4	72.2	61.1	52.4
No	43.8	21.4	59.6	38.3	33.3	21.1	50.0	46.7	27.8	33.3	38.8
Don't Know	6.2	0.0	10.6	27.7	2.0	10.5	11.9	8.9	0.0	5.6	8.9
N=	48	28	47	47	51	38	42	45	36	36	418





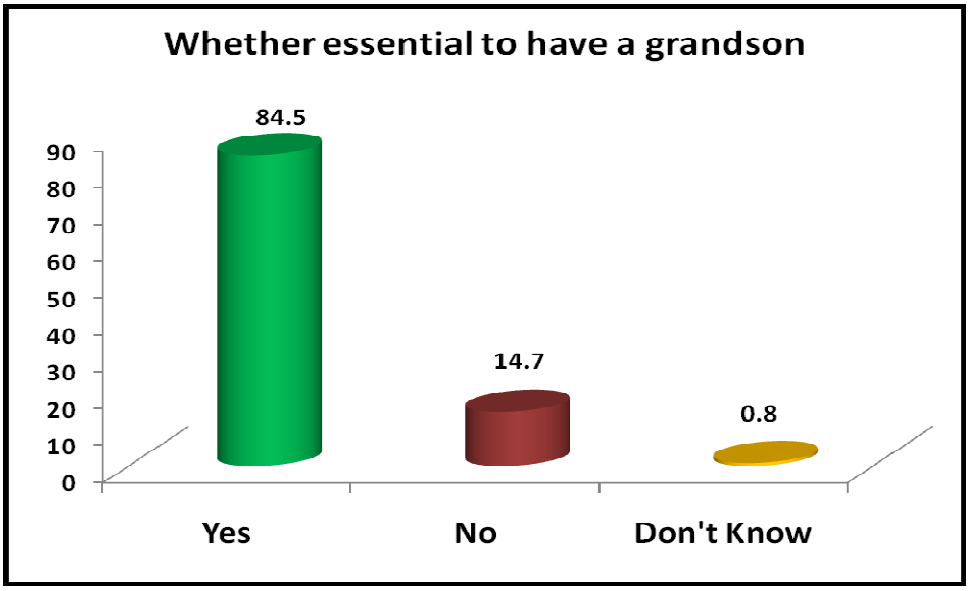


2.47 View of MIL on whether it was essential to have a grandson

More than four-fifth (84.5%) mothers-in-law were of the view that it was essential for a family to have a male child while 15% didn't think so.

Table 2.60 Whether essential to have a grandson

Particulars	Bahraich	Barailly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	88.3	80.0	96.7	75.0	98.3	81.7	91.7	71.7	93.3	68.3	84.5
No	11.7	20.0	1.7	18.3	1.7	18.3	8.3	28.3	6.7	31.7	14.7
Don't Know	0.0	0.0	1.7	6.7	0.0	0.0	0.0	0.0	0.0	0.0	0.8
N=	60	60	60	60	60	60	60	60	60	60	600

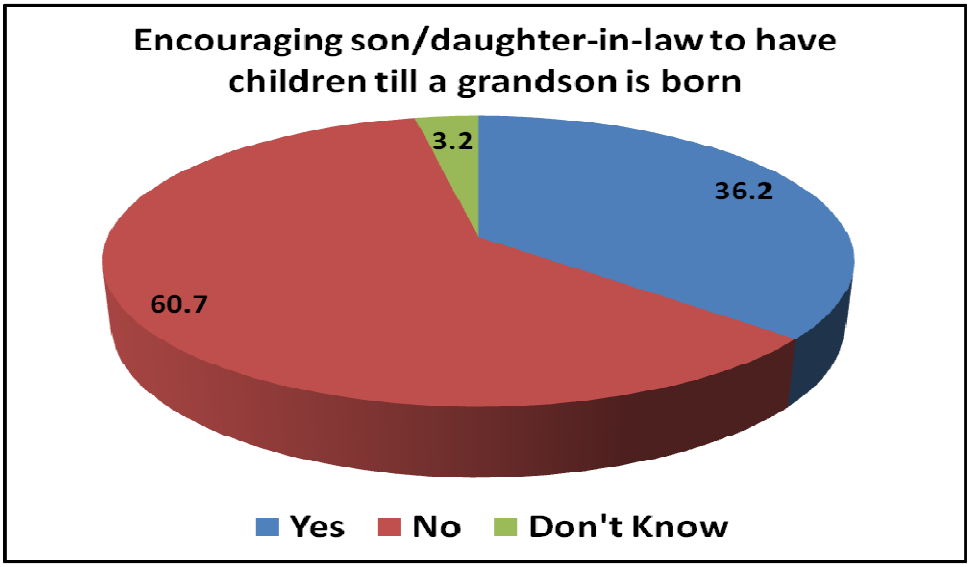


2.48 Encouraging son/daughter-in-law to have children till a grandson is born

The table reveals that 61% of the respondents were not in favour of pressurizing their son/daughter-in-law to have children in want of a son while 36% said they would.

Table 2.61 Encouraging son/daughter-in-law to have children till a grandson is born

Particulars	Bahraich	Barailly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	28.3	21.7	50.0	48.3	36.7	38.3	41.7	38.3	28.3	30.0	36.2
No	71.7	76.7	38.3	41.7	63.3	58.3	56.7	61.7	68.3	70.0	60.7
Don't Know	0.0	1.7	11.7	10.0	0.0	3.3	1.7	0.0	3.3	0.0	3.2
N=	60	60	60	60	60	60	60	60	60	60	600



CHAPTER-III

Findings from Interview with ASHAs, ANMs & MOICs

Findings from Interview with ASHAs

Nearly one-fourth of 113 ASHAs interviewed were less than 30 years of age whereas more than 50 percent were between 30 to 40 years old and the rest 20 percent belonged to 40+ age cohorts. Mean age of ASHA was estimated at 34 years. However, 98 percent of them were currently married. As it was mandatory for an ASHA to be from the same village, study showed that more than 91 percent were staying in the same place. Mean number of years of living in the village was estimated at 16 years. Twenty one percent belonged to SC/ST and almost 41 percent to OBC groups while 38 percent belonged to the general caste. Thirty-nine percent of ASHAs had passed 6^{th} to 9^{th} grades and 47 percent had passed 10^{th} to 12^{th} grades while 8 percent were graduate or above.

Table 3.1 Background Characteristics of ASHAs

Characteristics	Percent
Age (in years)	
20-29	24.8
30-39	54.0
40-50	20.3
50+	0.9
Mean Age (in Yrs.)	**33.9**
Currently married	98.2
Living in this village	91.2
Mean number of years since living in the village	**15.9**
Caste	
Scheduled Caste/Tribe	21.3
Other Backward Castes	40.7
General	38.0
Educational Level	
< 6^{th} Grade	4.4
6^{th} to 9^{th}	38.9
10^{th} to 12^{th}	46.9
Graduate and above	8.0
Number of ASHAs	**113**

3.1 Work Status before joining as ASHAs

As regards their work status before joining as ASHA, study revealed that 13 percent of them were engaged in some income generation activity where as more than four-fifths had not worked before. As for the duration of working in the same village, indicates that majority of ASHAs were working in this village for more than 5 years.

Figure-3.1 Work status before joining as ASHA

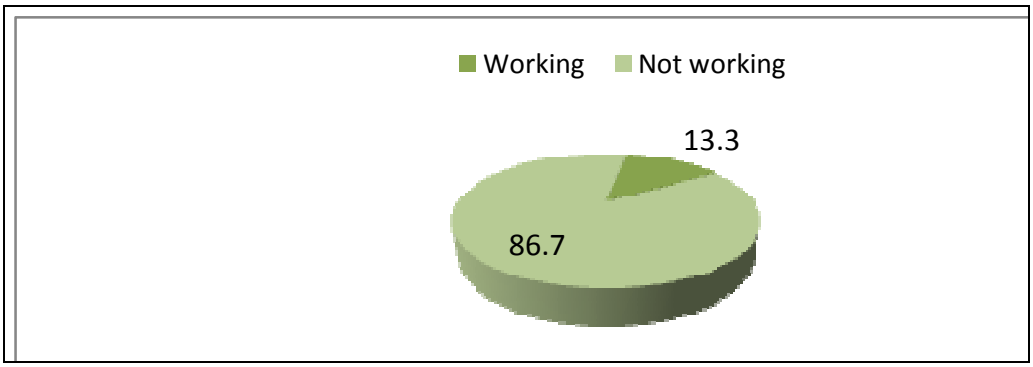
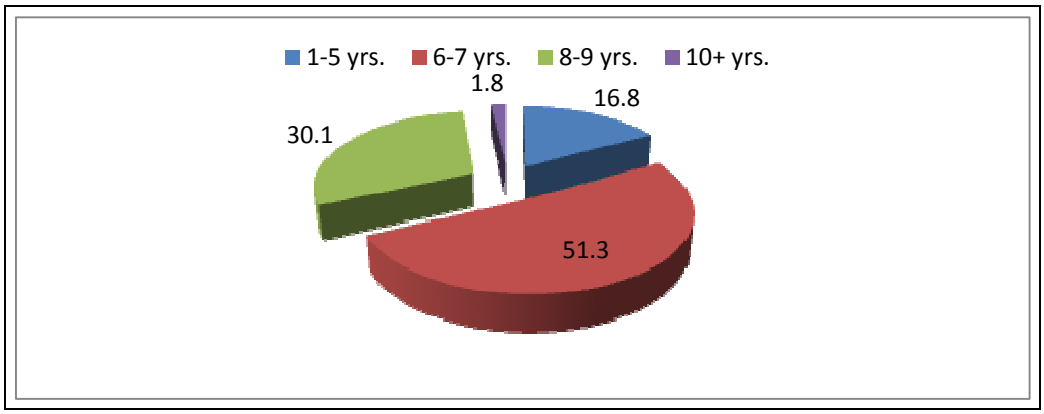


Figure-3.2 Number of years working in the same village



3.2 Population covered by ASHA

All ASHAs were asked about the population covered by them in their village. As the analysis indicates, close to three fifth ASHAs were found to be catering to a population between 1000 and 1400 and little more than one fifth were covering a population between 1401 and 2000. Mean population covered by each ASHA was around 37 percent more than what they were supposed to cover (Table 3.2).

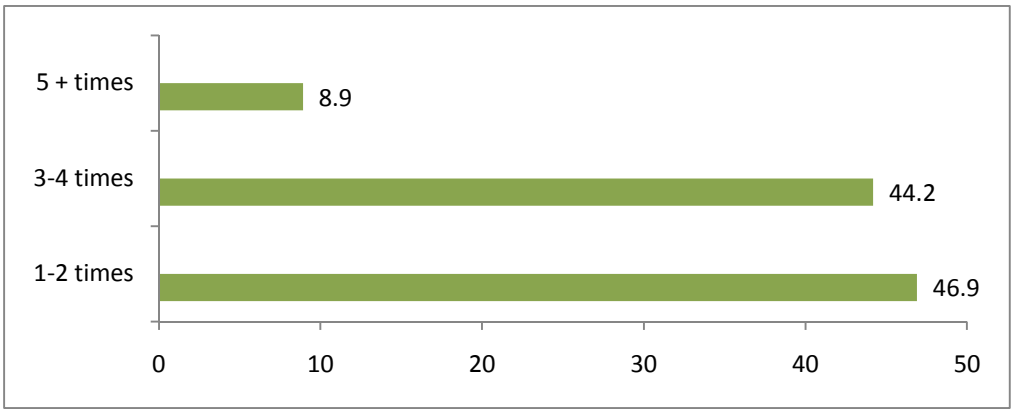
Table-3.2 Population covered by ASHA

Population covered	Percent
< 1000	8.8
1000	**24.8**
1001 to <1400	**32.7**
1401 to <2000	**21.2**
2001 to 3000	10.7
5000 & above	1.8
Mean population	**1373**
Total Percent	100.0
Number of ASHAs	**113**

3.3 Interaction with ANM

All ASHAs were asked about the frequency of interaction with ANM of their area. As the figure indicates, around 47 percent ASHAs were interacting with ANMs at least once or twice a month. As many as 44 percent of ASHAs reported meeting the ANM 3-4 times a month. This was probably because of the fact that they were meeting at least once a week for VHND or immunization sessions.

Figure-3.3 Frequency of interaction with ANM



3.4 Occasion/place of meeting and purpose of interaction

Almost all ASHAs reported meeting the ANMs during VHNDs (96.5 percent) and monthly meetings (90.3 percent). More than two-fifth (42.5 percent) ASHAs also reported meeting the ANM during home visits. (Table-3.4).

Table-3.3 Places/Occasions of Interactions with ANM

Place/Occasion	Total
Monthly Meetings	90.3
VHND	96.5
Home visits	42.5
Other	13.3
Number of ASHAs	**113**

*Percentage would exceed 100 due to multiple answers

Most ASHAs (81.4 percent) reported that the main purpose of interaction with ANMs was to resolve field issues/problems. As many as 69 percent reported this as an opportunity to meet the beneficiary while 60 percent reported the purpose as checking of records.

Table–3.4 Purpose of Interaction with ANM

Particulars	Percent
Checking of records	60.2
Meeting with beneficiaries	69.0
Resolve field issues/problems	81.4
Other	28.3
Number of ASHAs	**113**

*Percentage would exceed 100 due to multiple answers

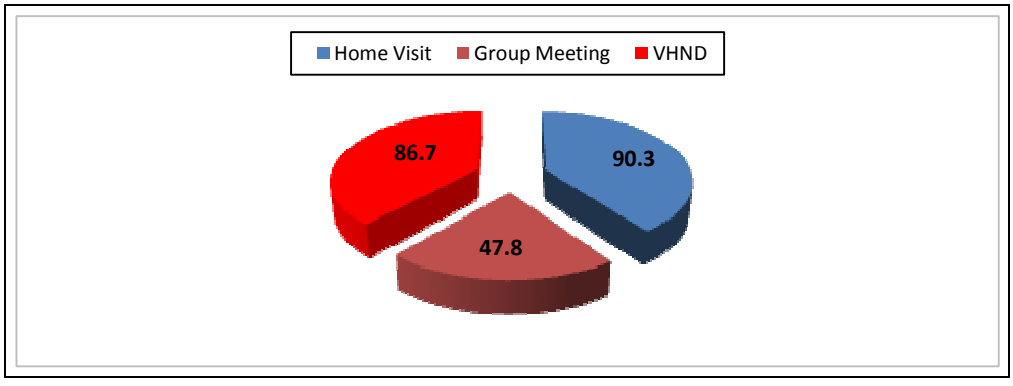
Around 57 percent ASHAs acknowledged ANMs visiting them.

3.5 Roles and Responsibilities of ASHA

Interaction with community and number of home visits

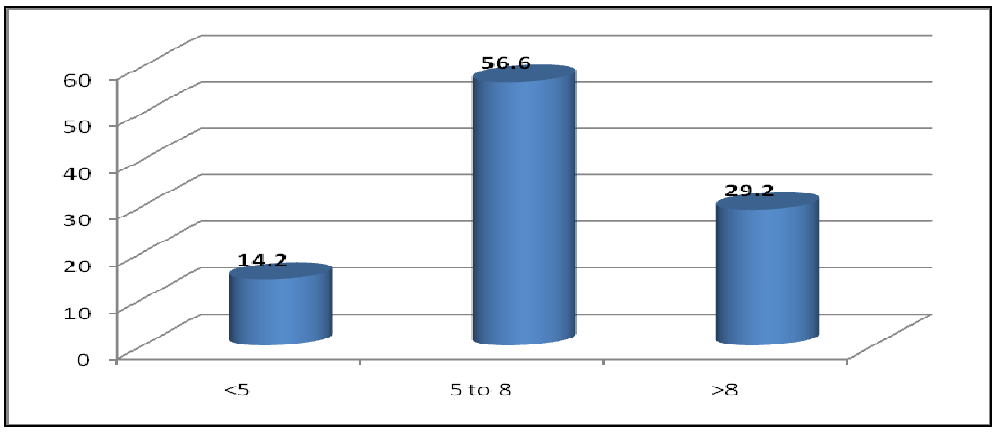
More than ninety percent of ASHAs reported meeting the community during home visits. Almost the same number of ASHAs stated interacting with the community during VHND sessions in the village while less than half mentioned group meetings. (Figure-3.4).

Figure-3.4 Place/Occasion to communicate with community members



Regarding the number of home visits in a day, analysis showed that around 6 in every 10 ASHAs were visiting 5-8 households while 29 percent ASHAs reported visiting more than 8 households in a day. On an average, one ASHA was making 7 home visits in a day.

Figure-3.5 Number of home visits undertake in a day by ASHA



3.6 Issues on which ASHA counsels women during home visits

The table presents issues on which ASHA counseled women during home visits she was undertaking in her area. More than three fourth ASHAs (76%) reported creating awareness about hygiene and sanitation during home visits. Around 70 percent ASHAs offered advice on use of family planning services at appropriate time and nutrition while 69 percent reported creating awareness about various health schemes.

Table-3.5 Issues on which ASHA counsels women

Particulars	Percentage
Nutrition	69.9
Primary hygiene & sanitation	76.1
Method of healthy life	54.0
Recent Health Schemes	69.0
Need of health & family planning services at right time	69.9
Other	10.6

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3.7 FP methods for which ASHAs motivated clients

The table below presents the family planning methods for which ASHA motivated the women. While all ASHAs reported motivating clients for CC, OCP, Cu-T and female sterilization, around 61 percent ASHAs reported motivating clients for male sterilization.

Table-3.6 FP methods for which clients motivated

Method	Percentage
Male Sterilization	61.1
Female Sterilization	99.1
Condom	100
Oral Contraceptive Pills	100
Copper T	99.1

3.8 Problems faced during motivation for Female Sterilization

As given in the table below, majority of ASHAs (64%) stated that women feared they would become weak after operation followed by 46 percent reporting 'fear of operation' and almost the same number reporting 'illness' due to which they were unable to adopt sterilization. 'Opposition from family/husband' (39.3%), 'religion did not permit' (23%), 'child is small' (15%) were some of the other major reasons that stopped women from accepting FST, as stated by ASHAs.

Table-3.7 Problems faced during motivation for Female Sterilization

Type of problem	Percentage
Fear of operation	46.0
Weakness after operation	63.7
Illness/weakness	43.4
Husband opposed	3.0
M.C. stop	6.2
Child is small	15.0
Family opposed	36.3
Against Religion	23.0
Pregnant	0.9

3.9 Problems faced during motivation for Male Sterilization

As depicted in the table below, more than two fifth of ASHAs (40.7%) stated 'can't work after operation' followed by 'wife opposed' (34.5%), 'fear of operation' (20.4%) as reasons stated for not adopting male sterilization. Lack of knowledge about the method (16%), reduced pleasure (14.2%), opposition from family (3.5%) and difficulty in accessing the service (2.7%) were also some of the reasons that hampered acceptance of male sterilization, as stated by ASHAs.

Table-3.8 Problems faced during motivation for Male Sterilization

Type of problem	Percentage
Lack of knowledge	15.9
Fear of operation	20.4
Against Religion	5.3
Can't work after sterilization	40.7
Reduction in pleasure	14.2
Difficult to access	2.7
Opposed by family members	3.5
Want more children	0.9
Wife opposed	34.5

3.10 Problems faced during motivation for Copper-T

As given in the table below, more than three fourth ASHAs (77%) reported excessive bleeding followed by pain/backache (47%), weakness/low stamina, sepsis (40%), fever (31%) and reduction in pleasure (17.7%) as major reasons for non acceptance of Cu_T by women, as stated by ASHAs.

Table-3.9 Problems faced during motivation for Copper-T

Type of problem	Percentage
Excessive Bleeding	77.0
Pain/Back ache	46.9
Sespsis	39.8
Leads to weakness/low stamina	39.8
Fever	31.0
Reduction in pleasure	17.7

3.11 Referral of male sterilization cases by ASHAs

Only 38.4% ASHAs reported referring MST cases, of which 26.5% stated referring them to the district hospital and 12% to block CHC/PHC and none to any private health facility, as depicted in the table below.

Table-3.10 Place of referral for male sterilization

Place	Percentage
Block CHC/PHC	11.9
District Hospital	26.5
Private Hospital	0.0

3.12 Referral of female sterilizations cases by ASHAs

As per the below table, 100% ASHAs reported referring FST cases. Almost three fourth ASHAs (73.5%) stated referring FST cases to the block CHC/PHC while remaining 26.5% reported referring them to the district hospital.

Table-3.11 Place of referral for female sterilization

Facility	Percentage
Block CHC/PHC	73.5
District Hospital	26.5
Private Hospital	0.0

3.13 Knowledge about years of effectiveness of Cu-T

As depicted in the table below, only 24% ASHAs said Cu-T 380-A remained effective till 10 years, while more than one third reported 5 years and two fifth said they were not sure about the years of effectiveness of Cu T.

Table-3.12 Knowledge about years of effectiveness of Cu-T

Response	Percentage
Not sure	39.8
5 years	36.3
10 years	23.9

3.14 Number of sterilization/IUCD clients motivated by ASHAs in last three months

In last three months 2 MST cases, 34 FST cases and 58 CU-T cases were reported to have been motivated by ASHAs.

3.15 Institutional deliveries in last three months

In last three months, 661 institutional deliveries had taken place in the study area. On an average, each ASHA had 5.8 deliveries to her credit. In almost all cases, ASHA accompanied the woman to the hospital/health centre. 269 home deliveries were reported in last three months.

3.16 Post Partum family planning advice given

Almost 86% ASHAs reported giving post partum family planning advice. However, only 15% ASHAs were found to be having knowledge of PPIUCD insertion.

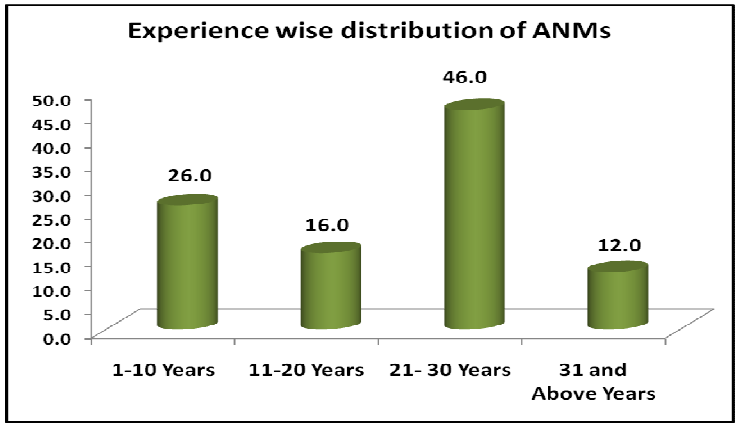
Findings from Interview with ANMs

3.17 Age, educational background and years of experience

The table below shows that out of 100 ANMs interviewed, 82 per cent were 40 plus in age. The minimum age reported was 22 years and maximum 59 years with the mean age of about 47.5 years. While little over half (52%) of the ANMs interviewed were intermediate, 25% were graduate and above. Further, the years of experience showed that a large number of ANMs (46%) had work experience of 21-30 years followed by 26% having between 1 to 10 years. However, only 12% ANMs were found to be having work experience of 31 years and above.

Table-3.13: Age, Education and Years of Experience

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
20- 29 Years	0.0	25.0	20.0	0.0	10.0	9.1	0.0	20.0	9.1	0.0	9.0
30 - 39 Years	0.0	12.5	20.0	9.1	20.0	9.1	0.0	10.0	9.1	0.0	9.0
40- 50 Years	58.3	25.0	20.0	45.5	50.0	45.5	12.5	40.0	45.5	55.6	41.0
51 and above Years	41.7	37.5	40.0	45.5	20.0	36.4	87.5	30.0	36.4	44.4	41.0
Educational Background											
High School	33.3	0.0	10.0	0.0	20.0	9.1	25.0	20.0	45.5	66.7	23.0
Intermediate	58.3	75.0	50.0	45.5	20.0	54.5	75.0	60.0	54.5	33.3	52.0
Graduate and above	8.3	25.0	40.0	54.5	60.0	36.4	0.0	20.0	0.0	0.0	25.0
Years of Experience											
1-10 Years	16.7	37.5	40.0	9.1	60.0	27.3	0.0	30.0	27.3	11.1	26.0
11-20 Years	0.0	25.0	10.0	36.4	10.0	45.5	0.0	30.0	0.0	0.0	16.0
21- 30 Years	83.3	37.5	40.0	54.5	20.0	18.2	25.0	30.0	54.5	88.9	46.0
31 and Above Years	0.0	0.0	10.0	0.0	10.0	9.1	75.0	10.0	18.2	0.0	12.0
N=	12	8	10	11	10	11	8	10	11	9	100

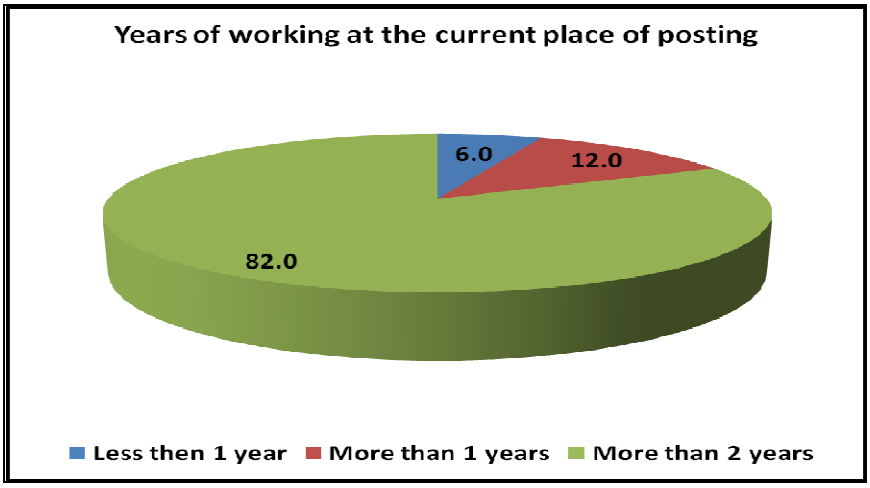


3.18 Years of working at the current place of posting

The table below reveals that a vast majority (82%) ANMs were working at the current place of posting (HSC) for more than two years. Only 6.0% ANMs were working from less than one year at current place of posting / sub-centre.

Table-3.14: Years of working at the current place of posting

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
< 1 year	8.3	37.5	0.0	9.1	0.0	0.0	0.0	10.0	0.0	0.0	6.0
> 1 years	0.0	0.0	20.0	18.2	20.0	27.3	12.5	0.0	9.1	11.1	12.0
> 2 years	91.7	62.5	80.0	72.7	80.0	72.7	87.5	90.0	90.9	88.9	82.0
N=	12	8	10	11	10	11	8	10	11	9	100

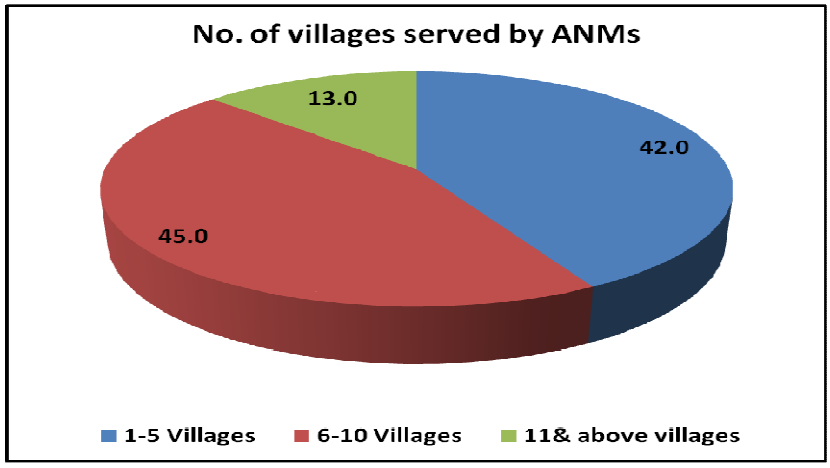


3.19 Number of villages served

The table below reveals that about 45 percent ANMs had 6-10 villages under their subcentre while 42 percent were serving less than 5 villages. However, 13 percent ANMs were found to be serving more than 10 villages.

Table-3.15: Number of villages served

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
1-5 villages	83.3	37.5	10.0	9.1	70.0	0.0	37.5	40.0	36.4	100.0	42.0
6-10 villages	8.3	62.5	70.0	90.9	30.0	45.5	50.0	60.0	36.4	0.0	45.0
10+ villages	8.3	0.0	20.0	0.0	0.0	54.5	12.5	0.0	27.3	0.0	13.0
N=	12	8	10	11	10	11	8	10	11	9	100

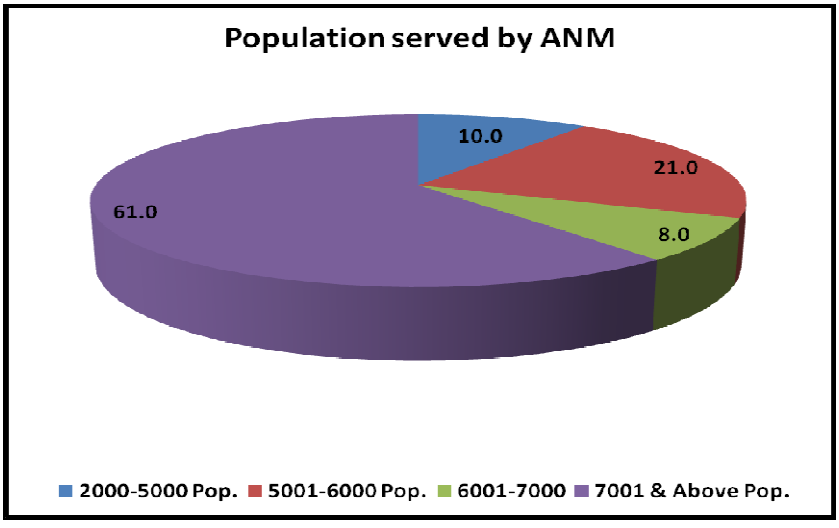


3.20 Population served

The table below reveals that 61% ANMs are serving above 7000 population. In districts Mainpuri and Mau 100% ANMs are serving 7000+ population. In Kanpur Nagar 30% ANMs are serving population between 2000-5000.

Table-3.16: Population served by ANM

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
2000-5000 pop.	0.0	12.5	20.0	0.0	30.0	0.0	0.0	20.0	18.2	0.0	10.0
5001-6000 pop.	25.0	12.5	30.0	18.2	50.0	0.0	0.0	40.0	18.2	11.1	21.0
6001-7000 pop.	25.0	12.5	10.0	18.2	0.0	0.0	0.0	0.0	9.1	0.0	8.0
7001 + pop.	50.0	62.5	40.0	63.6	20.0	100	100	40.0	54.5	88.9	61.0
N=	12	8	10	11	10	11	8	10	11	9	100

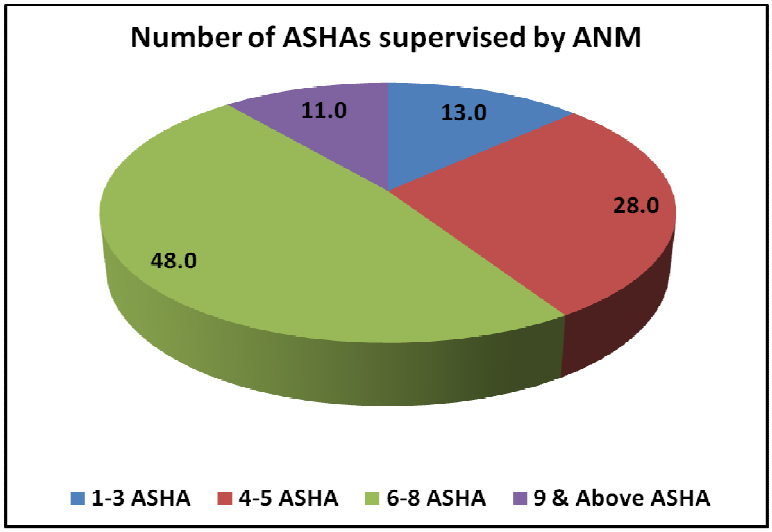


3.21 Number of ASHAs supervised by ANM

The table reveals that 48% ANMs reported having 6-8 ASHAs under their supervision followed by 28% reported 4-5 ASHAs. However, 11% ANMs were found to be supervising 9 or more ASHAs with highest reporting from Etah (30%) and Gonda (22%).

Table-3.17: Number of ASHAs supervised by ANM

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
1-3	0.0	12.5	0.0	45.5	40.0	0.0	0.0	20.0	9.1	0.0	13.0
4-5	33.3	25	30	27.3	30	27.3	25	20	18.2	44.4	28.0
6-8	50.0	62.5	40.0	18.2	30.0	63.6	62.5	60.0	63.6	33.3	48.0
8 +	16.7	0.0	30.0	9.1	0.0	9.1	12.5	0.0	9.1	22.2	11.0
N=	12	8	10	11	10	11	8	10	11	9	100

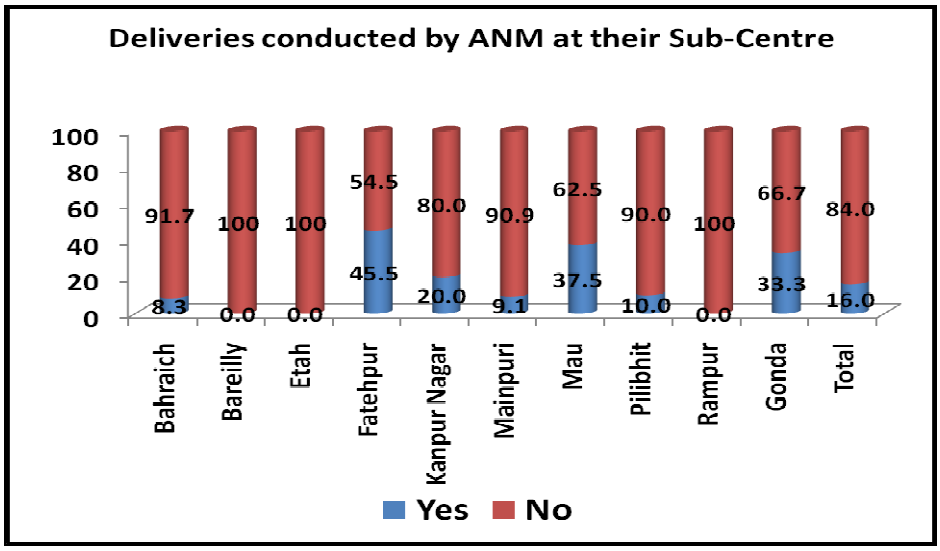


3.22 Deliveries conducted by ANMs at their Sub-Centre

The table reveals that out of 100 ANMs interviewed, only 16% are conducting deliveries at their sub-center. However, only 13% reported conducting deliveries in last 6 months of which two thirds reported conducting 20 or less deliveries with Fatehpur reporting the maximum. Unavailability of delivery room, delivery table and/or essential delivery related services, not confident etc. were some of the major reasons reported by most ANMs across all districts for not being able to conduct deliveries at their sub-centre.

Table-3.18: Deliveries conducted by ANM at their Sub-Centre

	Bahraich	Bareilly	Etah	Fatehpur	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Gonda	Total
Yes	8.3	0.0	0.0	45.5	20.0	9.1	37.5	10.0	0.0	33.3	16.0
No	91.7	100.0	100.0	54.5	80.0	90.9	62.5	90.0	100.0	66.7	84.0
N=	12	8	10	11	10	11	8	10	11	9	100
No. of deliveries conducted in last 6 months											
1-20	100	0.0	0.0	100	0.0	100	100	0.0	0.0	0.0	66.7
21-50	0.0	0.0	0.0	0.0	100	0.0	0.0	0.0	0.0	0.0	20.0
51 - 100	0.0	0.0	0.0	0.0	0.0	0.0	0.0	100	0.0	0.0	6.7
100+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	00.0	0.0	0.0	6.7
N=	1	0	0	5	2	1	3	1	0	0	13

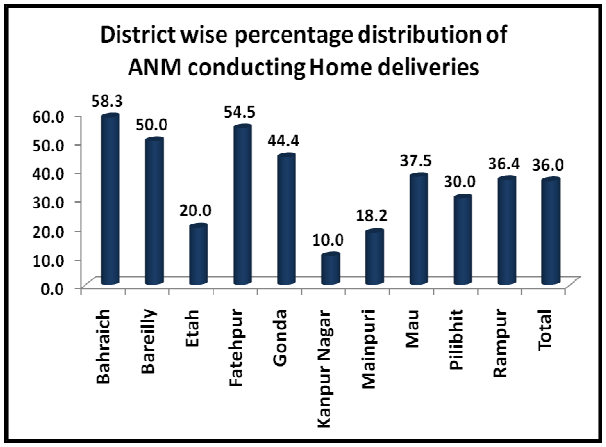


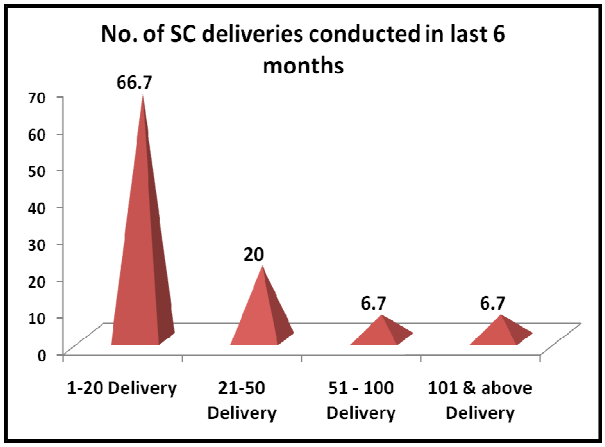
3.23 Home Deliveries by ANMs

As given in the table below, 36% ANMs reported conducting home deliveries. Bahraich reported the maximum number of home deliveries (58.3%) followed by Fatehpur (54.5%) while Kanpur Nagar had only 10% ANMs reporting conducting home deliveries. Almost 42% of them reported conducted five or less deliveries in last 6 months.

Table- 3.19: Home deliveries conducted by ANMs

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	58.3	50.0	20.0	54.5	44.4	10.0	18.2	37.5	30.0	36.4	36.0
No	41.7	50.0	80.0	45.5	55.6	90.0	81.8	62.5	70.0	63.6	64.0
N=	12	8	10	11	9	10	11	8	10	11	100
No. of home deliveries conducted in last 6 months											
1-5	57.1	25.0	50.0	66.7	25.0	100	50.0	33.3	0.0	25.0	41.7
6-10	0.0	75.0	0.0	33.3	25.0	0.0	0.0	66.7	66.7	0.0	27.8
10+	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	33.3	25.0	5.6
Zero	42.9	0.0	50.0	0.0	50.0	0.0	50.0	0.0	0.0	50.0	25.0
N=	7	4	2	6	4	1	2	3	3	4	36





3.24 IUCD insertion at the HSC by ANMs

Out of hundred ANMs interviewed, 57% reported inserting IUCD at their centre. Kanpur Nagar reported the highest number of insertions (80%) followed by Mau (75%) and Fatehpur (72.7%). Only 20% of the ANMs from Etah reported inserting CuT at their centre.

Table-3.20: ANMs Inserting IUCD at their Sub-centres

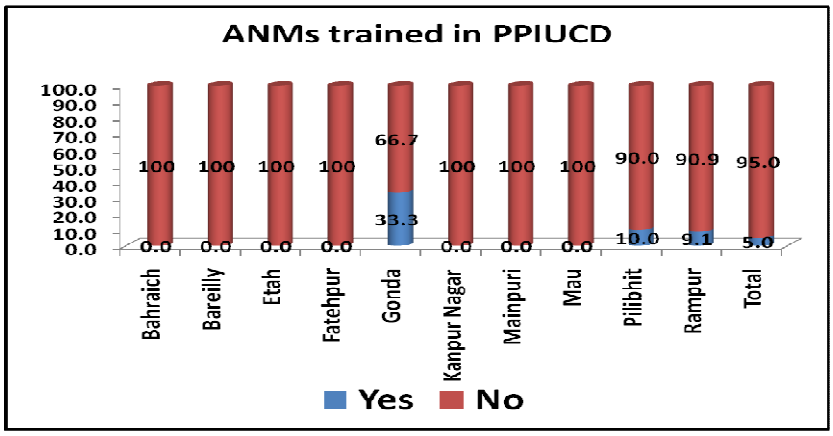
	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	41.7	62.5	20.0	72.7	44.4	80.0	54.5	75.0	60.0	63.6	57.0
No	58.3	37.5	80.0	27.3	55.6	20.0	45.5	25.0	40.0	36.4	43.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.25 Received PPIUCD training

95% of the ANMs have not received PPIUCD training. None of the 5% who received the training was found to be conducting PPIUCD insertion.

Table-3.21: ANMs trained in PPIUCD

Particular	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	0.0	0.0	0.0	33.3	0.0	0.0	0.0	10.0	9.1	5.0
No	100	100	100	100	66.7	100	100.0	100.0	90.0	90.9	95.0
N=	12	8	10	11	9	10	11	8	10	11	100

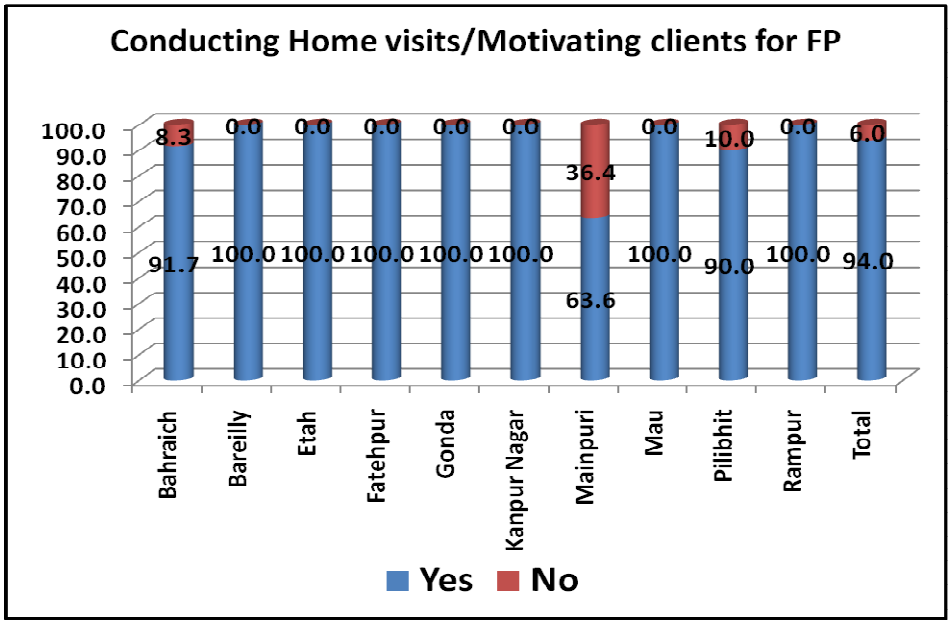


3.26 Conducting Home visits and motivating clients for family planning

Almost all ANMs reported making home visits and motivating clients to adopt family planning. However, a little over one third in Mainpuri and some in Bahraich and Pilibhit informed they did not make home visits.

Table-3.22: Conducting Home visits/Motivating clients for FP

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Conducting Home Visits											
Yes	91.7	100	100	100	100	100	63.6	100	90.0	100	94.0
No	8.3	0.0	0.0	0.0	0.0	0.0	36.4	0.0	10.0	0.0	6.0
N=	12	8	10	11	9	10	11	8	10	11	100
Motivating clients for family planning											
Yes	100	100	100	100	100	100	100	100	100	100	100
No	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N=	11	8	10	11	9	10	7	8	9	11	94

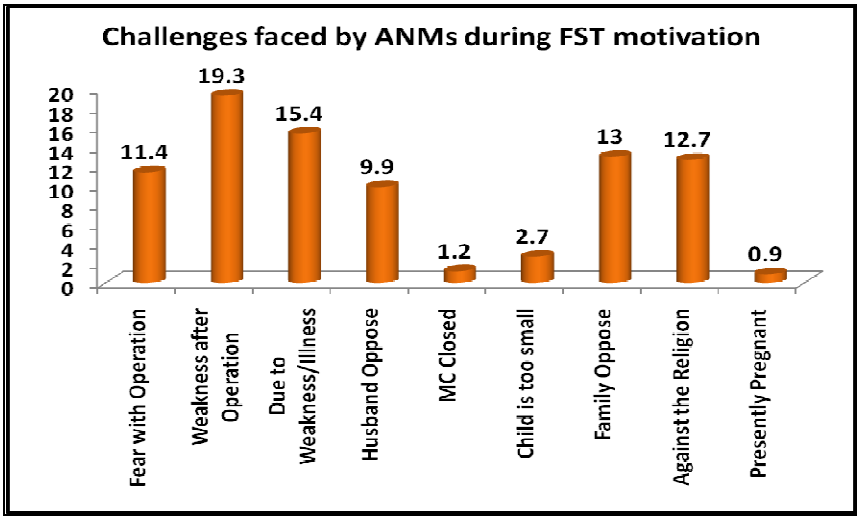


3.27: Challenges faced by ANMs during motivation for female sterilization

More than 30% ANMs said that the women feared sterilization and thought it would make them weak and unfit to carry out their daily chores. Another major reason reported was opposition by husband and other family members (23%) whereas almost 13% thought it was against religion.

Table-3.23: Challenges faced by ANMs during motivation for Female Sterilization.

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Fear with Operation	6.5	17.2	20.6	5.6	2.9	16.7	7.4	5.3	21.6	10.3	11.4
Weakness after Operation	17.4	13.8	20.6	22.2	25.7	23.3	18.5	31.6	10.8	15.4	19.3
Weakness/Illness	19.6	17.2	8.8	19.4	17.1	13.3	11.1	10.5	13.5	17.9	15.4
Husband Opposes	6.5	6.9	11.8	13.9	0.0	13.3	14.8	15.8	16.2	5.1	9.9
Menopause	2.2	3.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5.1	1.2
Child too small	0.0	3.4	2.9	5.6	0.0	3.3	7.4	0.0	0.0	5.1	2.7
Family Opposes	19.6	6.9	17.6	5.6	20.0	16.7	18.5	5.3	13.5	2.6	13.0
Against Religion	15.2	24.1	2.9	5.6	25.7	0.0	3.7	0.0	18.9	20.5	12.7
Pregnant	0.0	3.4	2.9	0.0	0.0	0.0	0.0	0.0	0.0	2.6	0.9
Others	13.0	3.4	11.8	22.2	8.6	13.3	18.5	31.6	5.4	15.4	13.6
N=	**46**	**29**	**34**	**36**	**35**	**30**	**27**	**19**	**37**	**39**	**332**

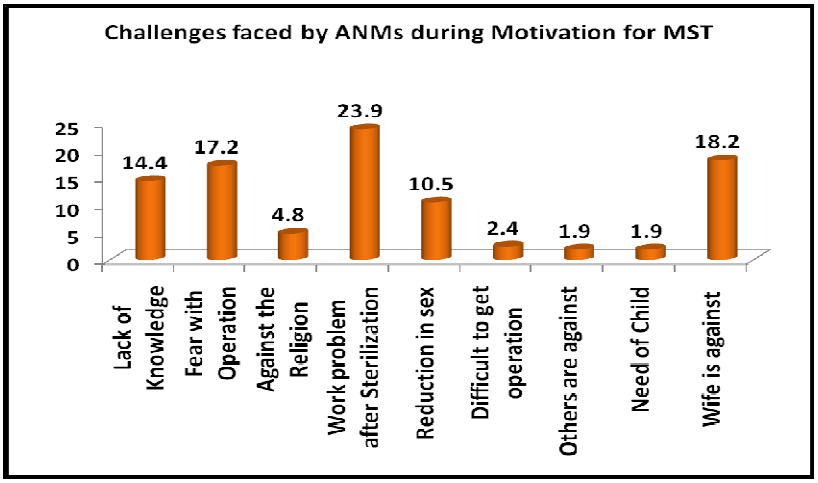


3.28: Challenges faced by ANMs during motivation for male sterilization

The table below reveals the major reasons for non acceptance of male sterilization with 24% reporting work problem after sterilization followed by 'wife against' (18%), 'fear of operation' (17%), 'lack of knowledge' (14%) and 'reduction in pleasure' after sterilization (10.5%).

Table-3.24: Challenges faced by ANMs during motivation for Male Sterilization.

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Lack of Knowledge	63.6	27.3	6.7	0.0	100	0.0	0.0	0.0	17.2	10.5	14.4
Fear of Operation	9.1	22.7	20.0	16.7	0.0	23.1	20.8	20.8	10.3	15.8	17.2
Against the Religion	18.2	4.5	0.0	0.0	0.0	0.0	4.2	0.0	13.8	10.5	4.8
Work problem after Sterilization	0.0	27.3	40.0	26.7	0.0	38.5	29.2	33.3	6.9	15.8	23.9
Reduction in pleasure	9.1	4.5	0.0	23.3	0.0	7.7	16.7	8.3	10.3	10.5	10.5
Difficult to get operation	0.0	4.5	0.0	0.0	0.0	0.0	4.2	0.0	3.4	10.5	2.4
Others are against	0.0	4.5	0.0	0.0	0.0	0.0	8.3	0.0	3.4	0.0	1.9
Need for child	0.0	0.0	0.0	6.7	0.0	0.0	0.0	0.0	6.9	0.0	1.9
Wife against	0.0	0.0	13.3	26.7	0.0	30.8	12.5	33.3	17.2	21.1	18.2
Others	0.0	4.5	20.0	0.0	0.0	0.0	4.2	4.2	10.3	5.3	4.8
N=	11	22	15	30	9	26	24	24	29	19	209

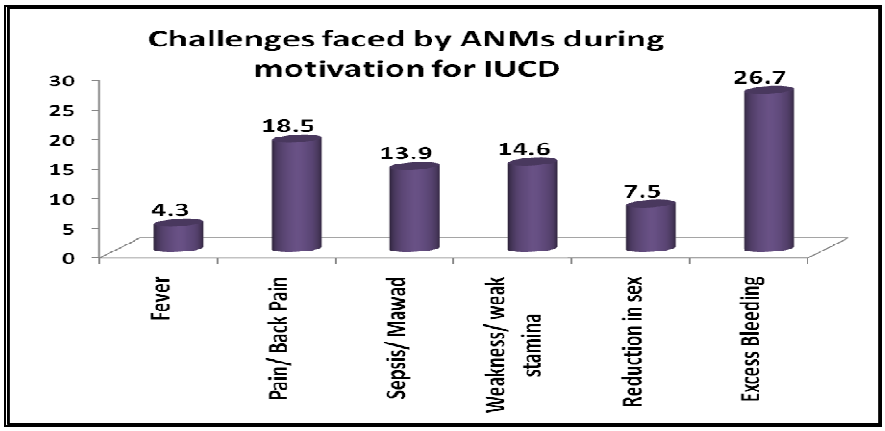


3.29 Challenges faced by ANMs during motivation for IUCD insertion

The table reveals that excessive bleeding (26.7%), back pain (18.5%), weakness due to excessive bleeding after IUCD insertion (14.6%) and sepsis (14%) were the commonly reported problems that restricted the acceptance of IUCD insertion by the clients. Some also feared reduction in pleasure after insertion (7.5%).

Table-3.25: Challenges faced by ANMs during motivation for IUCD

Age Group	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Fever	8.9	12.1	0.0	4.2	0.0	0.0	0.0	0.0	8.6	0.0	4.3
Back Pain	24.4	24.2	19.2	8.3	25.0	0.0	4.2	0.0	20.0	31.3	18.5
Sepsis	17.8	15.2	11.5	8.3	25.0	26.7	0.0	0.0	20.0	6.3	13.9
Weakness	17.8	21.2	15.4	8.3	9.4	0.0	20.8	0.0	11.4	25.0	14.6
Reduces pleasure	4.4	3.0	0.0	12.5	12.5	0.0	8.3	0.0	20.0	6.3	7.5
Excess Bleeding	26.7	21.2	30.8	20.8	28.1	46.7	29.2	46.7	20.0	18.8	26.7
Others	0.0	3.0	23.1	37.5	0.0	26.7	37.5	53.3	0.0	12.5	14.6
N=	45	33	26	24	32	15	24	15	35	32	281



3.30 Scheduled meetings with ASHAs for review of work

As per the table below, 83% ANMs were found to be meeting their ASHAs on assigned dates. Fatehpur and Pilibhit lagged behind in this.

Table-3.26: Meeting with ASHAs for work review

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100	100	70.0	54.5	100	100	100	75.0	60.0	72.7	83.0
No	0.0	0.0	30.0	45.5	0.0	0.0	0.0	25.0	40.0	27.3	17.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.31 Whether ASHAs motivating clients during home visit

As informed by the ANMs, 100% ASHAs are giving information on and motivating clients for family planning during home visits.

Table-3.27: Whether ASHAs giving FP information at the time of home visit.

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100	100	100	100	100	100	100	100	100	100	100
No	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.32 Whether ASHAs referred IUCD clients to ANM

As given in the table below almost all ANMs interviewed acknowledged motivation and referrals by ASHAs to them for IUCD insertion.

Table-3.28: Whether ASHAs referred IUCD clients to ANM

Particulars	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	91.7	100	100	90.9	100	100	100	100	90.0	100	97.0
No	8.3	0.0	0.0	9.1	0.0	0.0	0.0	0.0	10.0	0.0	3.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.33 Whether ASHAs Motivated and Referred Sterilization Clients to ANM

As given in the table below almost all ANMs interviewed acknowledged motivation and referrals by ASHAs to them for sterilization.

Table-3.29: Whether ASHAs motivated and referred sterilization clients to ANM

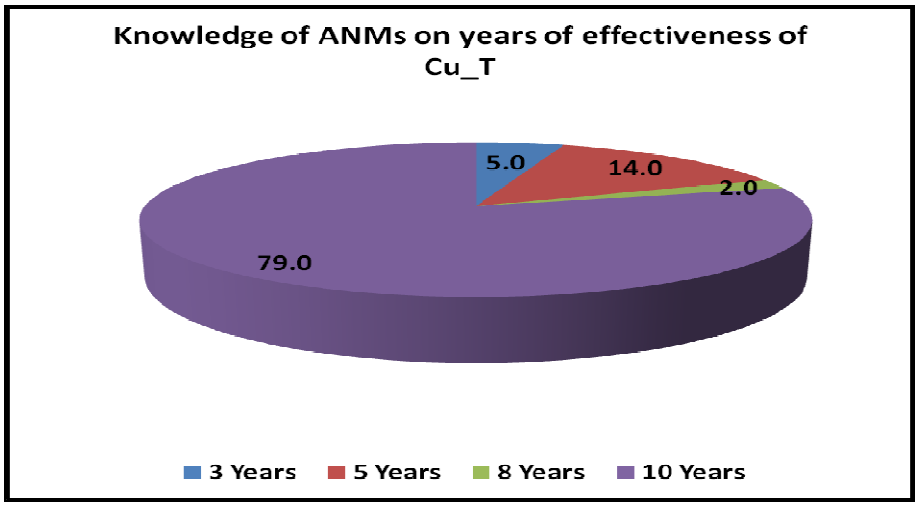
Age Group	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	91.7	100.0	100.0	100.0	100.0	100.0	100.0	100.0	90.0	100.0	98.0
No	8.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.0	0.0	2.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.34 Knowledge of ANMs on years of effectiveness of Cu -T

As per the table below, almost four fifths (79%) of the ANMs had correct knowledge about the number of years IUCD remained effective for with 100% ANMs of Rampur and Fatehpur reporting so while none of the ANMs of Mau were found to be aware of this.

Table-3.30: Knowledge of ANMs on years of effectiveness of Cu-T

Age Group	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
3 Years	0.0	0.0	0.0	0.0	0.0	10.0	9.1	37.5	0.0	0.0	5.0
5 Years	8.3	12.5	10.0	0.0	11.1	20.0	18.2	50.0	20.0	0.0	14.0
8 Years	8.3	0.0	0.0	0.0	0.0	0.0	0.0	12.5	0.0	0.0	2.0
10 Years	83.3	87.5	90.0	100.0	88.9	70.0	72.7	0.0	80.0	100.0	79.0
N=	12	8	10	11	9	10	11	8	10	11	100



3.35 Referrals of male sterilization clients by ANMs

More than three fifths (62%) of the ANMs mentioned referring MST clients with maximum reporting referrals to the district hospital. None of the ANMs in Etah found to be referring MST clients.

Table-3.31: MST client referrals by ANMs

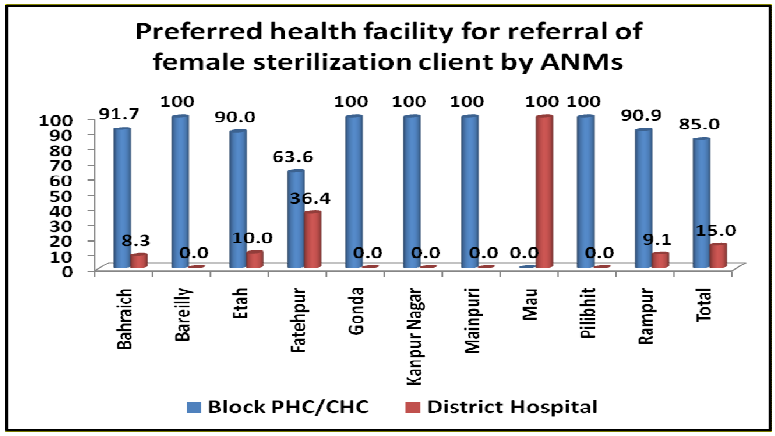
Referral Place	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Block PHC/CHC	0.0	0.0	0.0	0.0	0.0	80.0	9.1	37.5	0.0	36.4	16.0
District Hospital	50.0	87.5	0.0	54.5	88.9	0.0	9.1	50.0	90.0	45.5	46.0
Not referring	50.0	12.5	100.0	45.5	11.1	20.0	81.8	12.5	10.0	18.2	38.0
N=	12	8	10	11	9	10	11	8	10	11	100

3.36 Preferred health facility for referral of female sterilization client by ANMs

The table below reveals that 85% ANMs brought female sterilization clients to the block CHC/PHC while 15% brought them to the District Hospital. However, 100% clients were referred to the district hospital by ANMs in Mau.

Table-3.32: Preferred health facility for referral of female sterilization client by ANMs

Age Group	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Block PHC/CHC	91.7	100	90.0	63.6	100	100	100	0.0	100	90.9	85.0
District Hospital	8.3	0.0	10.0	36.4	0.0	0.0	0.0	100	0.0	9.1	15.0
N=	12	8	10	11	9	10	11	8	10	11	100

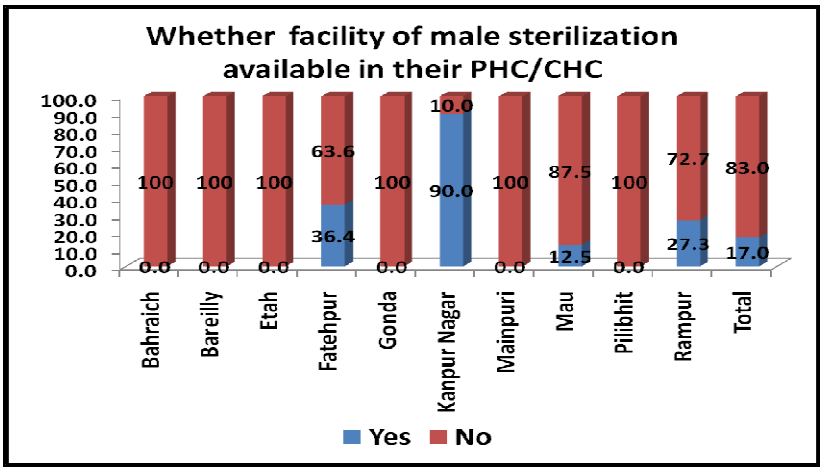


3.37 Whether facility of male sterilization available in the PHC/CHC

As per the below table, only 17% ANMs reported that their PHC/CHC had MST facility, with Kanpur Nagar reporting maximum (90%) followed by Fatehpur (36.4), Rampur (27.3%) and Mau (12.5%).

Table-3.33: Whether facility of male sterilization available in their PHC/CHC

Particular	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	0.0	0.0	0.0	36.4	0.0	90.0	0.0	12.5	0.0	27.3	17.0
No	100	100	100	63.6	100	10.0	100	87.5	100	72.7	83.0
N=	12	8	10	11	9	10	11	8	10	11	100

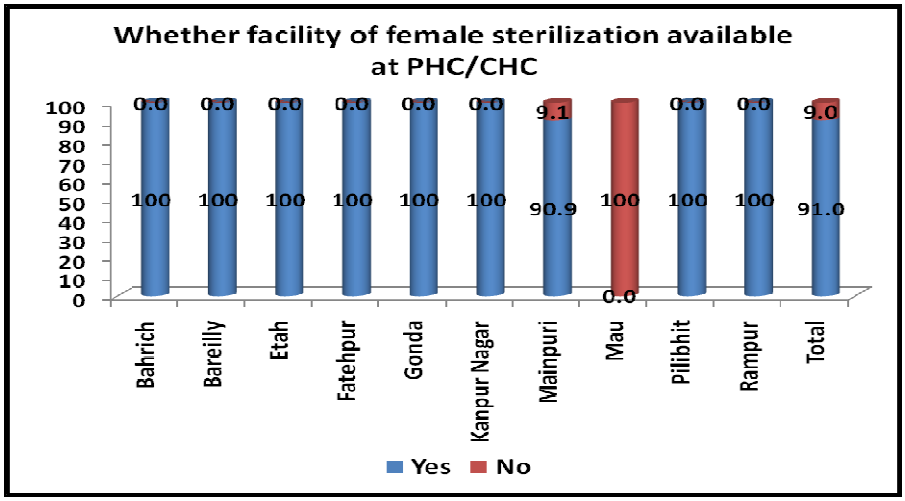


3.38 Whether facility of female sterilization available at the PHC/CHC

Almost all ANMs (91%) reported female sterilization facility being available at their PHC/CHC. However, none of the ANMs reported having FST facility at their PHC/CHC in Mau district.

Table-3.34: Whether facility of female sterilization available at PHC/CHC

Particular	Bahraich	Bareilly	Etah	Fatehpur	Gonda	Kanpur Nagar	Mainpuri	Mau	Pilibhit	Rampur	Total
Yes	100.	100	100	100	100	100	90.9	0.0	100	100	91.0
No	0.0	0.0	0.0	0.0	0.0	0.0	9.1	100	0.0	0.0	9.0
N=	12	8	10	11	9	10	11	8	10	11	100



Findings from Interview with MOICs

Apart from the interviews with ASHAs and ANMs, discussions were also held with 20 MOICs of block PHCs/CHCs which revealed the following:

Only one-fifth of the MOICs reported having MST facility at their health centre while facility of female sterilization at the PHC/CHC was reported by more than seventy eight percent of the MOICs. While IUCD services were being offered at hundred percent of the health facilities, availability of post partum IUCD service was reported by only two out of the twenty MOICs contacted. The MOICs were asked that in spite of all health centres offering IUCD services, why IUCD acceptance was so low. The MOICs reported that the reasons the clients stated were: against religion, excessive bleeding, not suitable and opposition from mother-in-law etc. In case of non acceptance of sterilization services, the common reasons reported were myths like sterilization leads to illness and weakness after which one is unable to carry out any heavy work and others reasons like fear of operation, opposition from family members/mother-in-law etc. In case of non acceptance of male sterilization, opposition by wife was also one of the reasons reported.

CHAPTER-IV

Interaction with Policy Makers/Senior Government Representatives

Apart from interviews with stake holders, discussions were also held with few policy makers/government representatives to understand their views on the current status of family planning use, factors affecting acceptance of sterilization and IUCD by couples not wanting more children, their views on the existing facilities for IUCD and sterilization services, role of the private sector in augmenting sterilization and IUCD services and quality concerns for ensuring adherence to quality standards set by the GoI for sterilization through the Fixed Day Static (FDS) camps. Senior officials interviewed included Dr. Kajal, Ex Additional Mission Director, UP National Health Mission-U.P. currently posted as Director NEDA UP, Dr. Baljit Singh Arora, Ex Director General, Directorate of Health and Family Welfare currently placed as Senior Advisor to UP NHM and Dr. Meenu Sagar, Director, Family Welfare, UP.

All shared a common opinion about the need for 'nipping in the bud' by introducing family life education in school curriculum beginning from as early as class five, emphasising the importance of hygiene for good health, talking about disadvantages of having a large family and from class eight-nine onwards gradually moving towards knowledge, attitude, behaviour and practice (KABP) of family planning creating awareness amongst adolescents.. Need for effective IEC for demand generation was also stated to be of utmost importance by all. As stated by Dr. Kajal, apart from counselling husbands and mothers-in-law who influence decision making in family planning matters, sensitization of doctors and paramedics also needs to be done for dealing with clients with patience and sensitivity. She also felt that the state population policy should be linked with complete RMNCH+A health instead of population control. Poor infrastructure, equipments, lack of trained manpower, inappropriate placements were all stated as matters of concern in extending quality family planning services.

Dr. B.S. Arora said that the state was unable to fulfil the large unmet need among couples. Moreover, misconceptions like lack of stamina to carry out physical activities after sterilization, gastric trouble post operative and other reasons like fear of operation and against religion etc. keep couples from adopting sterilization. Dr. Arora said that for such reasons permanent method was not being promoted much now and emphasised on the need of PPIUCD, counselling for which he said should begin at the time of ANC in presence of the woman's family members who

accompany her. Post the recent sterilization mishaps importance to FDS was also being given with adherence to 30 case limit for quality assurance. Acknowledging the role that the private sector could play in augmenting sterilization and IUCD services, Dr. Arora said that accreditation of private hospitals was important.

Dr. Kajal too emphasised the potential role of private practitioners in promoting family planning and suggested they be accredited under the government scheme and the reimbursement of cost incurred in providing sterilization and IUCD services by the private providers be streamlined and paid as per the revised norms set by GOI. There are over 150 centres with high delivery case loads in the state where the staff should be given adequate training in PPIUCD with a target to have at least 5% post partum cases to be motivated to accept PPIUCD. The counselling should start with ANC and followed up during intra and post partum period. SIFPSA should take the initiative of developing a software system for online tracking of PPIUCD and other methods.

Dr. Meenu Sagar, Director Family Welfare emphasised the need to focus on systematic approach in alleviating various myths and misconceptions that hinder acceptance of IUCD and sterilization. She also suggested that the contraceptive technology update should be a compulsory program for program managers and field forces to undergo periodically to update their understanding on various methods. She informed that PPIUCD training is being taken up as a priority program for training all ANMs starting with those actively engaged in assisting institutional deliveries either at PHCs or HSCs.

CHAPTER-V

Summary

Uttar Pradesh is going through the process of revising the population policy of the state which was formulated in 2000. The review of the Population Policy is being conducted through various processes including consultation workshops at the regional and state levels and through research studies to assess the current situation and address gaps and lacunae in the existing population policy for reframing strategies.

In light of the above, SIFPSA was entrusted the task of carrying out a study to understand the factors affecting acceptance of semi terminal and terminal methods of family planning by couples not wanting to have more children.

The study was undertaken in 10 districts randomly selected from a set of 35 low performing districts for family planning. The study aimed at identifying the factors associated with family planning service use and studying the barriers to adoption of terminal and semi terminal methods of family planning in rural Uttar Pradesh. While the detailed findings are presented in previous chapters, some of the salient findings of the study are elucidated below:

Salient findings from interview with Eligible Women

- Nearly 36 percent currently married couples were found to be using some modern method of family planning in the study districts. The usage varied across districts with Rampur and Kanpur (47%) having the highest CPR, followed by Mau (42%), Bareilly, Mainpuri (41%) and Fatehpur (40.5%). Gonda (18.3%) and Bahraich (18.8%) were found to be having the lowest CPR.
- Of the total 35.5% current users of some modern method of family planning, maximum were condom users (17.3%) followed by 14.5 percent sterilization users (FST- 14.3, MST- 0.2), 2 percent oral pill user, only 1.4 percent IUCD and 0.4% users of injectable. District-wise analysis shows Bareilly as having the highest number of sterilizations (20.4%) followed by Fatehpur and Mau (19.6%). Kanpur Nagar, Mainpuri and Rampur had maximum number of condom users.

- More than half (52.4%) users of temporary spacing method were found to be having three or more than three children. Efforts need to be made to motivate the high parity temporary spacing clients to adopt long acting reversible and permanent methods.
- Out of 474 users of temporary spacing methods (CC, OCP, Injectables) only 2 percent (10) intended getting IUCD insertion done. All 10 respondents preferred going to the government hospital for the same.
- Majority (70%) of the current spacing users said they had no intention of adopting any limiting method while little more than 17 percent said they hadn't thought about it. Of the very few (12.6%) who said yes, 94 percent intended adopting female sterilization.
- Less than one fifth of the non users said they had ever used any family planning. Nearly half had stopped using contraceptives from last one year, one fifth ever users had not been using contraceptives for last three years.
- Seven in every ten respondents used the method for less than a year before discontinuing it.
- Among various reasons for discontinuation by current non users, desire for child was the most common (43.5%) followed by inconvenient to use (10.6%), illness (10.3%), method failure (6.5%) and difficult to obtain (3.2%).
- Inspite of achieving the ideal family size, 31% of the couples had not thought of adopting any terminal method of family planning major reasons being 'fear of sterilization' (23%), 'loss of stamina after sterilization' and 'illness/weakness' (13%). Another 13% mentioned 'opposition by husband/family members' and 'orthodox' while 10% were currently lactating and another 5% gave 'against religion' as reasons for not adopting sterilization.
- The IUCD acceptors in the study districts constituted about 4 percent of total acceptors of any modern methods. Every second acceptor did not have the correct knowledge about the maximum duration of effectiveness of IUCD. Only 21 percent said 10 years which is the case with CuT380A available in the govt. supply.
- Almost 76% of the IUCD users were not aware of the PPIUCD indicating communication gap in the program.
- On an average, about 50 percent IUCD clients reported not receiving any check-ups from the providers before insertion. While Bahraich, Bareilly and Mau confirmed check-ups before IUCD insertion, remaining districts reported few to no checkups.
- Only about 42% of the clients were followed up after IUCD insertion. Most of the check-ups were done by either ANMs or LHVs. Half of those reported to have had follow-up visits post IUCD insertions received at least two visits by health staff.

- More than 42% of the clients reported some kind of complications or side effects within three months of accepting IUCD insertion. Excessive bleeding (35.7%) followed by lower back pain (28.6%) and discomfort (21.4%) were the most frequently reported complications.
- Only about 43% of the clients who had had complications/ side effects post IUCD insertion had received some kind of help and support from ASHAs/ANMs.
- Despite all odds, more than four fifths of the IUCD clients reported to be satisfied with the method they chose. *This only goes to show that if properly attended, in terms of counselling, support and quality of services extended to the IUCD clients before and after insertion, the method per se has great potential to be popular among the clients.*
- The sterilization acceptors in the study districts constituted about 14.5% percent of total acceptors of modern methods of family planning. Of them, a predominant number (92.5%) had received the service either from a government hospital or during a government sterilization camp. The remaining nearly 8 percent reported receiving the same from a private sector health facility. *Etah seems to be an exception where nearly 23 percent clients opted for a private sector facility for sterilization.*
- Nearly 28% clients reported being accompanied by ASHA/ ANM or a community volunteer to the health facility for sterilization service.
- Majority of the clients (95%) did not face any complications and side effects after the sterilization operation. Only a small proportion (5%) of clients reported undergoing some side effects/complications. Pain in the abdomen and gastric problem were the most common problems followed by sepsis.
- The mandatory pre-operative check-ups were reported by 90 percent of the clients, while one in every 10 clients could not recall any such check-up being performed by the health workers/ doctors prior to the operation. More or less similar trend was observed across districts.
- Two-thirds of the sterilization clients reported receiving some kind of follow-up check-ups either by a health care worker at their home or on visiting the health facility. It's a matter of concern that one in every four sterilization clients did not receive any follow up check-ups.
- Nearly half of the clients were followed up by ANM/LHV while a little over one fourth received follow up/check-ups by a Doctor. About 60% of the clients received one to two follow up visits by the health workers.
- Half of the clients who reported some problem post sterilization received timely help and support from ASHAs/ANMs in managing the complications while remaining clients had to manage on their own, which is a cause of concern.

Salient findings from interview with Mothers-In-Law (MIL)

- Only 4% MIL acknowledged daughter-in-law having a say in the decision concerning her child's education.
- Decision by daughter-in-law concerning health of the family members was reported by less than 2% of the MIL (8% in Bareilly, 3% in Mau and a miniscule 1.7% in Mainpuri and Pilibhit). About 14% mothers-in-law said that decision concerning the family's health was taken by them.
- 30% of the mothers-in-law were aware of their son/daughter-in-law using some family planning method and almost all approved of their decision.
- More than four-fifth (84.5%) mothers-in-law were of the view that it was essential for a family to have a male child.
- More than 36% of the MIL said they would encourage their son/daughter-in-law to have children till the time a son was born to them.

Salient findings from interview with ASHAs

- Around 70 percent of 113 ASHAs interviewed reported counseling women on family planning services during home visits alongwith other health issues.
- While all ASHAs reported motivating clients for CC, OCP, Cu-T and female sterilization, around 61 percent ASHAs reported motivating clients for male sterilization.
- ASHAs stated weakness after operation, fear of operation, illness, opposition from family/husband, against religion, child too small as major reasons that women gave for not adopting FST.
- Similarly major reasons for non acceptance of MST were stated by ASHAs as can't work after operation, opposition by wife and fear of operation. Lack of knowledge about the method, reduced pleasure, opposition from family and difficulty in accessing the service were also some of the reasons that hampered acceptance of male sterilization, as stated by ASHAs.
- Major reasons for non acceptance of Cu-T by women as stated by ASHAs were excessive bleeding, pain/backache, weakness/low stamina, sepsis, fever and reduction in pleasure.
- 38.4% ASHAs referred MST cases, of which 26.5% stated referring them to the district hospital and 12% to block CHC/PHC and none to any private health facility.

- 100% ASHAs reported referring FST cases. Almost three fourth stated referring FST cases to the block CHC/PHC while remaining referred them to the district hospital.
- Only one fourth ASHAs had correct knowledge about the number of years of effectiveness of Cu-T 380-A.
- Only 15% ASHAs had knowledge of PPIUCD insertion.

Salient findings from interview with ANMs

- Out of hundred ANMs interviewed, 57% reported inserting IUCD at their centre. Kanpur Nagar reported the highest number of insertions (80%) followed by Mau (75%) and Fatehpur (72.7%). Only 20% of the ANMs from Etah reported inserting CuT at their centre.
- 95% of the ANMs did not receive PPIUCD training. None of the 5% who received the training was found to be conducting PPIUCD insertion.
- More than 30% ANMs said that the women feared sterilization and thought it would make them weak and unfit to carry out their daily chores. Another major reason reported was opposition by husband and other family members (23%) whereas almost 13% thought it was against religion.
- Major reasons reported by ANMs for non acceptance of male sterilization were unfit to work after sterilization, opposition by wife, fear of operation, lack of knowledge and reduction in pleasure after sterilization.
- Excessive bleeding, back pain, weakness due to excessive bleeding after IUCD insertion and sepsis were the commonly reported problems and in some cases reduction in pleasure after insertion that restricted the acceptance of IUCD insertion by the clients as stated by the ANMs.
- Almost four fifths (79%) of the ANMs had correct knowledge about the number of years IUCD remained effective for, with 100% ANMs of Rampur and Fatehpur reporting so. None of the ANMs of Mau were found to be aware of this.
- More than three fifths (62%) of the ANMs mentioned referring MST clients with maximum reporting referrals to the district hospital. None of the ANMs in Etah found to be referring MST clients.
- 85% ANMs brought female sterilization clients to the block CHC/PHC while 15% brought them to the District Hospital. However, 100% clients were referred to the district hospital by ANMs in Mau.

Conclusion

The study clearly indicates the need for a focused inter personal and intensive communication program to address the prevailing myths, fears and concerns of families and couples towards accepting higher order family planning methods like long acting reversible and permanent methods.

Mothers-in-law as decision makers in the family continue to be seen as influencing the couple's ability in taking decision for family planning adoption. A customized communication plan focusing on such influences to be put in place to convert them as family planning champions in the community.

With ever increasing institutional deliveries, it's a missed opportunity not to adequately focus on post partum family planning. Adequate provision for counseling of women/ couple during their hospital stay to motivate them to adopt PPIUCD and post partum sterilization should be a key focus. There are over 150 centers with high delivery case loads in the state where the staff should be given adequate training in PPIUCD and post partum sterilization.

Engaging private sector health care facilities through accreditation and extending the government scheme to increase the choice of facilities to the clients to go for higher order family planning services including IUCD and sterilization with adequate quality of care. The reimbursement of cost incurred in providing sterilization and IUCD services by the private providers to be streamlined and paid as per the revised norms set by GOI.

The ASHAs and other front line workers to be adequately trained to provide counseling which should start with ANC and followed up during intra and post partum period. They should also be oriented on BCC for dealing with prevailing myths and misconceptions on higher order methods.

Contraceptive technology update should be a compulsory program, for program managers, surgeons and field forces to undergo periodically to update their understanding on various methods. This will also help in addressing some of the provider biases relating to efficacy of methods.

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