

**AVALABILITY AND USE OF ORAL PILLS AND CONDOMS IN  
THE TRIBAL AREAS OF THANE DISTRICT IN  
MAHARASHTRA, 1999**

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## **CHAPTER-1**

### **INTRODUCTION AND SAMPLE DESIGN**

#### **Background**

During the year 1998-99, the Ministry of Health and Family Welfare, Government of India, New Delhi provided the Population Research Centre a list comprising fourteen research projects covering various aspects of Reproductive and Child Health and asked them to undertake a few studies. The present study is the third in this series of the studies taken up by the PRC, Pune.

#### **Objectives**

The primary objectives of the present study were as follows:

1. To ascertain the extent of availability of the Oral Pills and Condoms in the tribal villages.
2. To ascertain the level of knowledge and use of various family planning methods with emphasis on spacing methods.
3. To ascertain the perception of the women about the availability, accessibility and quality of government health services in their areas.

#### **Selection of the District and Its Profile**

It was decided to carry out the study in the tribal villages of the Thane district. The selection of the district Thane for the present study was purposive and was mainly done for following reasons:

**Firstly**, besides being in close geographical proximity to Greater Mumbai, the district is also on a better footing than many other districts in the state in terms of various socio-economic and demographic parameters. It is presumed that because of its geographical proximity to Greater Mumbai, the availability of different types of health services (including those of family planning may be better.

**Secondly**, tribal population constitutes nearly 20 per cent of the total population of the district.



Thane accounts for nearly 7 per cent of the population of the state and is the third largest district after Greater Mumbai and Pune. During the decade 1981-91, the district has experienced an unprecedentedly higher rate growth of its population. As a matter of fact, the rate of growth of the population for the decade 1981-91 was more than doubled for Thane (56.62 per cent) as against that of the state (25.73 per cent). The number of people per square kilometer land is far more in the district (549 as against of 257 for the state). Nearly two-third of the district's population lives in urban areas whereas the corresponding figure for the state is close to 40 per cent. The overall sex ratio of the population is far lower than that of the state indicating shortage of female population. Despite the fact that nearly 20 per cent of the district population belong to Schedules Tribes, the district, on the whole, seems to have performed slightly better as compared to the state average when it comes to education. Although, the district has a long way to go, the 1991 census reveals that a relatively larger proportion of the households in the district than the state average has access to basic amenities such as sanitation facility, safe drinking water, electricity etc.

#### **Selection of Community Development Blocks**

As mentioned earlier, it was decided to undertake the present work in the rural areas of the district, with predominantly tribal population. Thus, once the district was selected, it was decided to select two Community Development Blocks with larger share of tribal and rural population. As a result of this, the blocks Jawhar and Mokhada were selected for present study.

According to the 1991 census, over 93 per cent of the total population of Jawhar live in rural areas whereas Mokhada is a completely rural block as 100 per cent of its population lives in the villages. The tribal population dominates both the blocks as they constitute over 90 per cent of the block population.

With this background, it was thought appropriate to carry out the present study in Thane district as it provides a unique opportunity to examine the availability conditions in a tribal area belonging to an industrially developed district.

### **Sampling Design and Questionnaire**

A total of sixteen villages (8 from each of the two blocks) were selected using the sampling technique known as Probability Proportion to Population Size (PPS). The village population from 1991 census served as the base population for the village selection. The list of the selected villages is provided in Appendix-2.

In addition to this, it was also decided to collect information on various related aspects from about 1300 eligible women (650 from each of the two blocks). It was decided to interview approximately 40 women from small villages with population of below 500 persons, 60 women from the villages having population ranging between 500-999 persons, 80 women from the villages with population ranging between 1000-1999 and 120 from the remaining villages with population of over 2000 persons in 1991.

The criterion for selecting the eligible women were as follows:

1. She is 15-44 years of age
2. She is currently married, and
3. She has had at-least one pregnancy and/or delivery between January 1995 and survey date.

It may be mentioned here that since the number of women interviewed from each of the village vary according to its population in 1991, weights have been assigned to each village to obtain the block estimates. Here weights have been given as the ratio of eligible women in each village to the total eligible women surveyed in the block.

Two types of questionnaires- namely Village Questionnaire and Women Questionnaire were used in the present survey.

The **village questionnaire** included questions on various aspects. Besides collecting information pertaining to the population size, area of the village, size of irrigated and non-irrigated land in the village, information on the availability of different type of facilities including educational and health facilities to general facilities such as availability of general stores, paan shop etc. in the village was also obtained in the same questionnaire. The information on the accessibility of different types of services such as connectivity to all weather roads, bus stand and railway stations, postal, telegraphic and

communication services etc. were also collected in the village questionnaire. Further, opinions of the local leaders related to the population issues in their village and in general were also sought in the same questionnaire.

The information in village questionnaire was obtained primarily from Sarpanch or any other member of the Gram Panchayat as well as from the Patwari and schoolteachers.

**The woman questionnaire had three sections:**

**Section-I:** questions related to the background characteristics such as caste, religion, education, occupation, age, number of living children etc. along with the type of house, source of drinking water, electricity, sanitation facility etc. are included in this section.

**Section-II** contained questions related to the knowledge and family planning practices of the couples. In addition to the current use of family planning, the details on use of family planning during the past four years in the context of all the pregnancies/deliveries have also been collected in this section.

**Section-III** contains question on visit by the health worker in the past one year period as well as women's visit to the government health facility along with her opinion on various components of the availability and accessibility of government health services in their area.

The pre-testing of the questionnaire was done in the Lohiya nagar area of Pune and the necessary changes in the questionnaire were incorporated.

### **Field Work**

The fieldwork for the present work was carried out during April to June 1999 by the team of trained field investigators comprising of three girls and two boys. Prior to the start of the fieldwork, the field investigators were given one-week training.

A total population of 8251 (consisting of 4001 males and 4250 females) was covered in the present survey.

### Profile of the Selected Community Development Blocks

In the Table-1.1 we have compared a few variables for Jawhar and Mokhada with that of the district for the period 1991. The data suggest that both the blocks lag behind considerably on almost all the fronts. For example, a relatively larger proportion of the population of the blocks is illiterate as compared to the district. Further, proportion of either villages or households having various types of civic and household amenities is lower in both the selected blocks as against what is observed for the district as a whole. On the other hand, almost over 90 per cent of the block population is tribal. The lower levels of various types of social and economic indicators become even more important from the viewpoint of poor demographic performance in these blocks.

**Table 1.1: Comparison of the Selected Variables of the Two Community Development Blocks with that of Thane District, 1991.**

VARIABLES	THANE	JAWHAR	MOKHADA
Population	5249126	140671	82215
Area (in square kilometers)	9558.0	847.89	478.35
Decadal rate of growth of the population (1981-91)	56.62	28.49	27.99
Population density	549	166	172
Percent urban population	64.64	6.63	0.00
Sex Ratio (males per 1000 females)	879	1000	980
Literacy rate (excluding 0-6 age group)	69.54	28.29	25.63
Work Participation Rate	39.85	55.10	55.52
Female Work Participation Rate	22.73	53.75	55.05
Percent Schedule Caste population	5.18	0.81	0.70
Percent Schedule Tribe population	18.12	89.30	93.46
Percent villages having one education facility	96.01	100.0	100.0
Percent villages having medical facility	15.72	6.30	5.56
Percent villages having drinking water	100.0	100.0	100.0
Percent villages having Post and telegraph	16.26	15.87	13.92
Percent villages having communication	65.87	63.49	49.37
Percent villages having approach by Pucca Road	52.35	36.51	3.80
Percent villages having elect. for domestic use	98.39	100.0	100.0
Percent households electrified	79.11	31.62	24.16
Percent households having sanitation facility	46.60	2.62	1.89
Percent households having safe drinking water	65.70	6.70	6.41
Percent households using LPG & Elect. for cooking	28.59	0.74	0.29

## CHAPTER-2

### PROFILE OF THE SELECTED VILLAGES: RESULTS FROM THE SURVEY

As has been reported earlier, while selecting the village, population size of the village in 1991 was used as the base. It may be seen from the Table-2.1 that out of the sixteen villages selected for the present study, 2 were smaller villages with a population of less than 500 people. For four of the villages, population ranged between 500-999 persons. Of the remaining villages, 3 each had a population ranging between 1000 to 1499 and 1500 to 1999 respectively and 2 villages with population of more than 2000 persons.

The distribution of the villages by population size has changed slightly by 1999 (when survey was conducted), as the number of villages with population ranging between 500-999 was 5 whereas another 3 villages had population ranging between 1000-1499. Four each of the villages had a population between 1500-1999 and over 2000 respectively.

**Table 2.1: Distribution of the selected villages by the population size.**

<b>Number of the Villages by Population Size</b>	<b>Census 1999</b>	
Below 500	2	-
500-999	4	5
1000-1499	3	3
1500-1999	3	4
Above 2000	4	4
<b>Total Number of Villages</b>	<b>16</b>	<b>16</b>

Table-2.2 gives the distribution of villages by the availability of various types of services available to the villages under study. It may be noted from the Table 2.2 that all of the 16 villages seem to be distantly located from the district head quarter as only one of the selected village was less than 30 kms away from the district head quarter whereas 6 villages were nearly 30 to 50 Kms away from the district head quarter. The rest of the 9 villages were located at the distance of more than 50 Kms from the district head quarter. The distance from the nearest town to the village was less than 10 Kms for 3 villages whereas it was about 10-20 kms for 5 villages. In case of remaining villages it was by more than 20 kms.

## **A: Availability of Various Types of Facilities to the Village**

### **Transportation**

Only 7 of the selected villages had bus services to other places within the village and another 5 had it within three kms from the village. On the other hand, there were 4 villages where the bus services to other places were available at a distance of more than 3 kms. The distance to the nearest railway station was less than 30 kms for only 1 village whereas it was about 30-50 kms for 5 villages. In case of the remaining 10 villages, the distance to the nearest railway station was well over 50 kms. Ten of the 16 villages were connected to all weather road.

### **Electrification**

Although, all the 16 selected villages were electrified, there were 6 villages where electricity supply was reportedly often irregular.

### **Drinking water/Drainage System**

None of the 16 villages had safe drinking water available to them as 'Well' was reported to be the main sources of drinking water in all the 16 villages. One village did not have drainage system at all whereas remaining 15 villages had open drainage system.

**Table 2.2. Distribution of selected villages by various types of facilities available.**

<b>Name of the facility and its availability</b>	<b>Number of Villages</b>
<b>Distance to the district head quarter</b>	
Less than 30 Kms.	1
30-50 Kms.	6
More than 50 Kms.	9
<b>Distance to the nearest town</b>	
Less than 10 Kms.	3
10-20 Kms.	5
More than 20 Kms.	8
<b>Distance to nearest transport service to other places</b>	
Within Village	7
Upto 3 Kms.	5
More than 3 Kms.	4

**Table 2.2 contd.....**

<b>Name of the facility and its availability</b>	<b>Number of Villages</b>
<b>Distance of the village from all weather Road</b>	
Within Village	10
Upto 3 Kms.	5
More than 3 Kms.	1
<b>Distance to the nearest railway station</b>	
Less than 30 Kms.	1
30-50 Kms.	5
More than 50 Kms.	10
<b>Village electrification</b>	
Electrified but irregular supply	10
Electrified and regular supply	6
<b>Main source of drinking water in the village</b>	
Well	16
<b>Type of drainage system in the village</b>	
No Drainage system	1
Open Drainage system	15
<b>Total Number of Villages</b>	<b>16</b>

### **Educational Institutions**

All the 16 villages selected had a primary school within the village, whereas middle school was available within the village for 5 villages (Table 2.3). Another 7 villages had a middle school at the distance of less than 5 kms whereas the corresponding distance was more than 5 kms for as many as 4 villages. Two of the selected villages had a secondary school within the village whereas for 11 and 14 villages respectively, the distance to secondary and higher secondary school was more than 5 kms.

### **Postal/Telegraphic/Communication/Bank**

The Post Office was located in 4 of the selected villages whereas Telegraph service was available in 3 of the villages. None of the 16 selected villages had public communication centre and for all of them the distance to it was more than 5 kms. One village has a bank functioning in the villages whereas for 3 of them it was available at a distance of less than 5 kms.

**Table 2.3. Distribution of villages by availability of selected educational, civic and health facilities and distance from the village (Total number of villages = 16).**

Type of Facility	Distance from the village (in Kms.)		
	Within Village	Upto 5 Kms.	Above 5 Kms
<b>Educational Facilities</b>			
Primary School	16	-	-
Middle School	5	7	4
Secondary School	2	3	11
Higher Secondary School	-	2	14
<b>Civic Facilities</b>			
Post Office	4	7	5
Telegraph office	3	5	8
Communication Centre	-	-	16
Bank	1	3	12
<b>Health Facilities</b>			
Sub-Centre	4	10	2
Primary Health Centre	2	7	7
Government Dispensary	-	-	16
Government Hospital	-	-	16
Private Clinic	2	3	11
Private Hospital	-	2	14

#### **Health Infrastructure/Personnel**

Four of the selected villages had a Sub-Centre (SC) within the village. One village has a Primary Health Centre (PHC) while another has a Primary Health Unit (PHU) located within the village. In case of the remaining villages, the distance to the SC and PHC was less than 5 kms for 10 and 7 villages respectively whereas for rest of the villages, the distance was more than 5 kms. The distance to the nearest Government Dispensary and Hospital was more than 5 kms for all the 16 villages. Besides this, there were 2 villages that have private clinics operating within the village.

In addition to this, private doctor was available in 2 of the villages, while 4 of the villages have a visiting doctor (see table 2.4). The Village Health Guide (VHG) was reportedly available in only 5 of the 16 villages whereas in 13 of the selected villages Traditional Birth Attendants (TBAs) was available within the village. Mobile Health Unit was coming to 3 of the villages.



**Table 2.4: Villages having availability of selected health provider within the village (Total Number of Villages = 16).**

<b>Availability of health provider within the Village</b>	
Private doctor	2
Visiting doctor	4
Village Health Guide	5
Traditional Birth Attendant	13
Mobile Health Unit	3

### **Other Facilities**

Table 2.5 contains data on availability of various types of other facilities like Kirana store, Medical shop, Mahila mandal, Youth club, Anganwadi centre etc. It may be noted from the same table that with the exception of one village, all the other villages have Kirana/General store within the village while weekly market was held in only 2 of the villages under study. Only 1 village had fair price shop whereas 2 of the villages had Paan shop. Medical shop was available only in one of the 16 selected village. Majority of the villages has Mahila mandal (14) and Youth Club (12). All the 16 villages have Anganwadi Centers whereas the Community Centre was there in 3 of the village. Five of the villages had Adult Education Center. Community television was available in only 9 of the villages.

**Table 2.5: Distribution of villages by types of general and health facilities.**

<b>Name of the facility and its availability</b>	<b>Number of Villages</b>
<b>Available within village</b>	
Kirana/General Market Shop	15
Weekly Market	2
Fair Price Shop	1
Paan Shop	2
Medical Shop	1
Mahila Mandal	14
Youth Club	12
Anganwadi Centre	16
Community Centre	3
Adult Education Centre	5
Community TV set	9
Cable connection	6

## **B: Availability of telephones and television to the households in the villages**

The data in Table- 2.6 reveals that with respect to the availability of communication facility, 4 villages did not have any telephone connection in any of the households whereas there are 7 villages where five or fewer households have telephone connection. In one of the selected village, none of the households have television whereas there were 8 villages where five or fewer households have television.

**Table 2.6: Distribution of villages by number of households having telephone connections and television sets.**

<b>Type of facility</b>	<b>Number of villages</b>
<b>Number of households having telephones</b>	
No Telephone	4
Upto 5 Telephones	7
More than 5 Telephones	5
<b>TV sets in the village</b>	
No TV	1
Up to 5 TV Sets	8
More than 5 sets	7
<b>Total number of villages</b>	<b>16</b>

## **C: Various Health and FP activities organized in past one year**

Table 2.7 gives the distribution of villages by various types of health and family planning activities organized in the villages in past one-year period prior to the survey. It is surprising to note that out of the total 16 village, in as many as 12 villages, not a single health and family welfare camp was organized during the reference period whereas in case of the remaining 4 villages only one such camp was organized.

Film shows were organized in only 9 of the villages. Neither exhibition nor drama was played in any of the 16 villages. However, puppet shows were organized in one village, whereas group meetings discussing issues related to health and family welfare were conducted in only 5 of the villages.

**Table 2.7: Distribution of villages by various types of health and family welfare activities in the past one year.**

Various Health and FP Activities in the past one year	Number
<b>No. of Health &amp; Family Welf. Camps in past 1 year</b>	
None	12
One camp	4
<b>Any Film shows organized in past 1 year?</b>	
Yes	7
No	9
<b>Exhibition shown/ Drama played in past 1 year?</b>	
Yes	-
No	16
<b>Any Puppet show held in past 1 year?</b>	
Yes	1
No	15
<b>Any Group Meeting organized in past 1 year?</b>	
Yes	5
No	11

**D: Beneficiaries of various social welfare programs**

Table-2.8 contains information on number of beneficiaries of various on-going social welfare programs for the selected villages. It may be observed from the Table-2.8 that Except for IAY and to some extent IRDP, none of the other welfare program listed in the table seem to be popular in most of these village as there are very few beneficiaries under each of these program. For example, as many as 10-13 villages did not have any beneficiary registered under the rest of the other programs. Wherever, there were beneficiaries under these programs, in majority of the instances their number was less than 10 beneficiaries.

**Table 2.8: Number of Beneficiaries of Various Welfare Programs.**

Name of the Program	Number of Beneficiaries			
	None	Upto 10	More than 10	Do not Know
IRDP	7	4	5	-
NREP	13	1	-	2
TRYSEM	11	4	-	1
EGS	12	2	-	2
WARCA	13	-	-	3
IAY	1	10	4	1
SGNY	10	4	-	2

## **G: Availability of Oral Pills and Condoms at the Village Level**

Table 2.9 gives the distribution of villages by various types of sources reported by the village head for obtaining condoms and oral pills by the villages. We have also provided the information by the distance to the villages for each of the source. They include both government and private sources. It may be noticed from the same table that the Sub-Center, Primary Health Center, Government Dispensary/Hospital, Multi Purpose Worker, private clinics/hospitals and medical shops were the most commonly reported source for obtaining condoms and oral pills in all of the 16 villages selected for the present study. However, there were only few villages where these facilities/sources existed within the village. In most of the instances, the distance to such sources was more than a kilometer, implying that in true sense their accessibility to the villagers was very limited. It was surprising to note that in none of the 16 village, the MPW was reportedly available within the village to provide oral pills and condoms to the villagers.

The role of private sector in providing the oral pills and condoms in these villages too seem to be limited. Since in most of the cases they are available at a distance of more than one kilometer. Nevertheless, there were two villages where private clinic was reported as a source from where people in the village could obtain oral pill and condom supply.

The other sources like general store, paan shop etc. seem to be less popular when it comes to obtaining condoms and oral pills. It may be recalled here that of the 16 villages, 15 have a general store available in the village and Paan shop is available in two of the villages only.

After observing this, we obtained the figures for the OP and Condom distribution by the PHC's in these two blocks from the ADHO office in Jawhar for the months of April 1999 through September 1999. The details of the service statistics on this are provided in Appendix-3. However, we noticed that the survey finding and the service statistics provide very different picture in this regard and therefore decided to talk to the MPW's on these issues and the meeting was fixed at the ADHO office in Jawahar. The observations made on the basis of survey findings, service statistics and from the discussions with MPW's are included in the chapter Discussion and Policy Implications'.

**Table 2.9: Distribution of villages by the source from where people in the village can obtain Oral Pills and Condoms by various sources and distance involved.**

Type of Source	Reported as the source	Not reported as the source	Distance from the village		
			Within Village	Within 1 Km.	More than 1 Km.
<b><u>A: For Oral Pills</u></b>					
Sub-Centre	16	0	4	1	11
Primary Health Centre	16	0	2	1	13
Community Health Centre	7	9	0	0	7
Government Dispensary	16	0	0	0	16
Government Hospital	14	2	0	0	14
Multi Purp. Worker (male)	16	0	0	0	16
Village Health Guide	0	16	0	0	0
Mobile Clinic	1	15	0	0	1
Private Clinic	14	2	2	0	12
Private Hospital	15	1	0	0	15
Private Doctor	0	16	0	0	0
Visiting Doctor	0	16	0	0	0
Medical Shop	13	3	1	0	12
General Store	1	15	1	0	0
Paan Shop	1	15	0	0	1
<b><u>B: For Condom</u></b>					
Sub-Centre	16	0	4	1	11
Primary Health Centre	16	0	2	1	12
Community Health Centre	5	11	0	0	5
Government Dispensary	14	2	0	0	14
Government Hospital	12	4	0	0	12
Multi Purp. Worker (male)	16	0	0	0	16
Village Health Guide	7	9	5	0	2
Mobile Clinic	1	15	0	0	1
Private Clinic	12	4	2	0	10
Private Hospital	12	4	0	0	12
Private Doctor	0	16	0	0	0
Visiting Doctor	0	16	0	0	0
Medical Shop	14	2	1	0	13
General Store	2	14	1	0	1
Paan Shop	2	14	0	0	2

## **CHAPTER-3**

### **BACKGROUND CHARACTERISTICS OF THE SURVEYED WOMEN**

As mentioned earlier, for the present work a total of 1295 women (653 from Jawhar and 642 from Mokhada) were interviewed. Apart from collecting information on various socio-economic and demographic characteristics of the women, in the present survey information related to various characteristics of their respective households were also collected from these women. The results pertaining to the household's characteristics are given in the Tables 3.1 and 3.2, whereas those of the women are given in tables 3.3 through 3.6.

It may be mentioned here that in the following sections we have provided the information separately for the two selected community development blocks, namely Jawhar and Mokhada as well as combined.

#### **A: Household Characteristics**

##### **Availability of Basic Amenities**

In the beginning, it may be mentioned that if we ignore the minor differences, the results in Table 3.1 clearly suggest that both the blocks are quite similar when it comes to the availability of basic household amenities. For this reason even though we have presented the results separately for Jawhar and Mokhada, we will discuss only the combined results.

It may be observed from the Table 3.1 that for as many as over 90 per cent of these households, well is the main source of drinking water. Over 60 per cent of the households reportedly do not have electricity connection and are using oil lamp for light. Only a handful of the households have any type of sanitation facility to them as the per cent of households not having any sanitation facility is nearly 92 per cent.

Most of the households live in either Kachcha (74.7 percent) or Semi-Pucca (15.4 percent) houses. Separate room for kitchen was available to only about 39 per cent of the households. Majority of the households (92.7 percent) live in one-room houses. Almost all the households use wood for domestic cooking.

**Table 3.1: Household characteristics of the surveyed population.**

<b>Name of the Variable</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Main Source of Drinking Water</b>			
Tap	8.6	0.8	4.7
Hand-Pump	3.4	-	1.7
Well	84.5	98.9	91.6
River/Pond/Stream	3.6	0.4	2.0
<b>B: Source of Light</b>			
Electricity	50.2	28.7	39.5
Oil lamp	49.8	71.3	60.5
<b>C: Type of sanitation facility</b>			
No facility/Open field/Bush	90.5	92.7	91.6
Pit/Latrine	5.2	4.7	4.9
Common Latrine	2.0	2.6	2.3
Flush	2.3	0.0	1.2
<b>D: Type of House</b>			
Pucca	15.0	4.7	9.9
Kachcha	66.5	83.0	74.7
Semi-Pucca	18.5	12.3	15.4
<b>E: Number of rooms</b>			
One room	90.7	95.0	92.7
Two rooms	6.4	4.7	5.6
Three rooms	2.3	0.3	1.3
Four or more rooms	0.8	0.0	0.4
<b>F: Availability of separate kitchen</b>			
Yes	40.0	38.5	39.2
No	60.0	61.5	60.8
<b>G: Type of Fuel used for cooking</b>			
Wood	97.7	98.9	98.3
Kerosene	1.1	0.6	0.8
LPG	1.2	0.5	0.8
<b>Total (Number of women)</b>	<b>100.0 (653)</b>	<b>100.0 (642)</b>	<b>100.0 (1295)</b>

**Ownership of the Land by the Households**

It may clearly be seen from the Table 3.2 that 18.7 per cent of the women could not answer the question on ownership of the land by the households. Excluding them, none of the household in either of the two selected blocks owns any irrigated land. It may be recalled here that from the data in village questionnaire it was noted that none of the 16 villages selected for the present study has any type of irrigation facility.

Section-B of the same table reveals that 40 per cent of the households do not own any land. In other words, 4 in every 10 households interviewed in the present survey are land-less. The share of land-less households is slightly lower in Mokhada than that in Jawahar. In addition to this, a sizeable proportion of the households in both the blocks own a land size of less than 4 acres (nearly 38 per cent). Only about 6 per cent of the households own a land size of 10 acres or more.

**Table 3.2: Distribution of the household by ownership of land.**

<b>Name of the Variable</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Type of land owned</b>			
Irrigated land	0.0	0.0	0.0
Non-irrigated Land	82.2	80.4	81.3
Cannot say	17.8	19.6	18.7
<b>Total (No. of Households)</b>	<b>100.0 (653)</b>	<b>100.0 (642)</b>	<b>100.0 (1295)</b>
<b>B: Size of the land owned</b>			
No land (land-less)	35.0	45.6	40.1
Upto 2 Acres	19.9	8.5	14.3
3-4 Acres	15.3	8.7	23.4
5-9 Acres	22.9	26.0	16.0
10 or more Acres	6.9	11.2	6.2
<b>Total (No. of Households)</b>	<b>100.0 (537)</b>	<b>100.0 (516)</b>	<b>100.0(1053)</b>

### **B: Socio- Economic Characteristics of the Surveyed Women**

Table-3.3 gives data pertaining to the selected social and economic characteristics of the women covered in the survey. It is evident from the data in this table that the sample consisted of the women belonging to Hindu religion and schedules tribes as they constitute over 99 and 96 per cent of the total sample respectively.

With respect to the educational status of these women it may be said that a vast majority of these women are illiterate and only very few have undergone any formal schooling. Less than one per cent of the women had completed 10 or more years of schooling. The results are not very different for Jawhar and Mokhada on these matters.



**Table 3.3: Socio-economic characteristics of the surveyed women.**

<b>Name of the Variable</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Religion of the Woman</b>			
Hindu	99.1	99.1	99.1
Buddhist	0.9	0.9	0.9
<b>B: Caste of the Woman</b>			
Schedule Tribes	94.5	97.7	96.1
Other Backward Castes	2.1	0.9	1.5
Other Castes	2.5	0.5	1.5
No Caste	0.9	0.9	0.9
<b>C: Schooling Years Completed</b>			
No Schooling/Illiterate	81.9	82.6	82.2
1-4 Years	1.2	3.2	2.1
5-7 Years	6.1	8.3	7.3
8-10 Years	9.5	5.6	7.6
More than 10 Years	1.3	0.5	0.8
<b>D: Occupation of the Woman</b>			
Housewife	9.3	5.5	7.4
Works on own land	37.1	31.3	34.2
Works on others land	49.3	60.3	54.7
Works on Brick Bhatti	1.5	0.2	0.8
Anganwadi worker	1.2	0.9	1.1
Nurse	0.3	0.6	0.5
Others*	1.3	1.2	1.3
<b>E: Whether get paid for work</b>			
Yes	52.2	64.3	58.2
No	47.8	35.7	41.8
<b>Total (Number of women)</b>	<b>100.0 (653)</b>	<b>100.0 (642)</b>	<b>100.0 (1295)</b>

- includes working in grocery shop, sand worker, tailoring at home and cooking in Ashram school

Coming to the occupational status of the women, Except for about 7 per cent of the women who said they were only housewives, rests of them were involved in some economic activity or other. About 55 per cent of them work on someone else's farm as laborer. About 34 per cent of them worked on their own farms. It may be pointed out that the percent of women working on other's farm is much higher in Mokhada (60.3 per cent) as compared to that in Jawhar (49.3 per cent). Only a handful of the women are working in organized sector. Further, about 58 per cent of the women reported that they were being paid for their work.

## **C Demographic Characteristics of the Women**

### **Age of the woman**

The data on selected demographic characteristics of the women like present age, age at the time of marriage, age when they started living with husband and number of living children they already had at the time of survey is presented in Table-3.4. Here again the data are presented for both blocks separately as well as combined.

It may be mentioned that the sample mainly consisted of fairly young women as about 29 and 36 per cent of the women covered in the present survey were aged 15-19 and 20-24 years respectively. Less than 3 per cent of the women were aged 35 years or more.

It is very important to note that only 4 to 6 per cent of the women interviewed in the present survey were married at the age 18 years or above (the legal minimum age at marriage for girls in India). As a matter of fact, about two-third of these women got married before attaining 14 years of age. This is an important observation. Further, the results on age of the women at the time she started living with her husband also reveal that they are very similar to what is observed in case of age at first marriage. The lower age at living with husband indicates that the initiation of the reproduction is at a very young age in the survey population.

### **Number of living children**

The data in sections-D, E and F gives the distribution of women by number of children they have at the time of survey. At the outset it may be mentioned that the mean number of children is 2.46 children per woman for both the blocks together. The corresponding figures for Jawhar and Mokhada are 2.36 and 2.57 children per woman respectively.

It may be noticed from the table 3.4 that a little less than 6 per cent of the women (72 women) did not have any living children at the time of survey. In other words, they were first time pregnant at the time of survey.

There were as many as about 23 per cent of the women (21 and 24 per cent in Jawhar and Mokhada respectively) who have 4 or more living children at the time survey indicating prevalence of higher fertility levels in the study population.

**Table 3.4: Distribution of the women by selected demographic characteristics.**

<b>Name of the Variable</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Present Age of the Woman</b>			
15-19	28.18	30.06	29.11
20-24	37.06	35.51	36.29
25-29	22.66	20.72	21.70
30-34	9.80	10.90	10.35
35-39	1.68	2.18	1.93
40-44	0.61	0.62	0.62
<b>B: Age of the Woman at first marriage</b>			
Below 10	0.77	1.25	1.00
10-14	64.93	65.42	65.17
15-17	28.33	29.75	29.03
Above 18	5.97	3.58	4.79
<b>C: Age of started living with Husband</b>			
Below 10	0.00	0.78	0.39
10-14	64.93	65.73	65.33
15-17	29.10	30.22	29.65
Above 18	5.97	3.27	4.63
<b>D: Number of Living Children</b>			
No child	6.3	4.8	5.6
1 child	26.8	26.0	26.4
2 children	25.6	24.0	24.8
3 children	20.5	21.0	20.8
4 and more children	20.8	24.2	22.5
<b>Total (Number of women)</b>	<b>100.0 (653)</b>	<b>100.0 (642)</b>	<b>100.0 (1295)</b>

**B: Exposure of the Women to Various Types of Mass Media.**

Table 3.5 contains data on the exposure of the women to different types of media that includes both print and electronic media. It may be noticed from the table 3.5 that out of the total literate women, nearly half reported that they read newspaper and/or magazines at-least once a week. The percentages of women reporting reading news paper and/or magazine was slightly higher in Jawhar as compared to that in Mokhada (59.3 as against 42 per cent). Only 10 to 11 per cent of the women each reportedly listen to radio and/or watch television once a week. Here too, percentages of women either listening to radio and/or watching television is slightly higher in Jawhar as compared to Mokhada. The practice of going to the theatre for watching films seems to be completely absent amongst

the surveyed women as only about 1 per cent of them in both the blocks go to watch film in the theatre once a month.

It may thus be concluded that the women interviewed in the present survey have very limited interaction with the outside world. This is important to note as under such circumstances it becomes utmost important that the program reaches them in order to bring about any favorable changes that may be conducive to boost the family welfare program.

**Table 3.5: Exposure of the woman to various types of mass media.**

<b>Type of Media</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Read Newspaper/Magaz. once a Week</b>			
Yes	59.3	42.0	50.9
No	40.7	58.0	49.1
No. of literate women	118	116	233
<b>B: Listens to Radio once in a Week</b>			
Yes	16.1	5.0	10.6
No	88.9	95.0	89.4
<b>C: Watches Tele-Vision once in a Week</b>			
Yes	16.1	5.8	11.0
No	83.9	94.2	89.0
<b>G: Go to see Film in Theatre once a month</b>			
Yes	2.1	0.6	1.4
No	97.9	99.4	98.6
<b>Total</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>
<b>(Number of women)</b>	<b>(653)</b>	<b>(642)</b>	<b>(1295)</b>

## CHAPTER-4

### KNOWLEDGE AND USE OF FAMILY PLANNING

In the present chapter, we have analyzed the results of the survey related to the knowledge level of the women of various methods of family planning along with the use and place from where family planning services are being obtained etc. Here we have included both modern as well as traditional methods of family planning. In addition to this, information on issues such as information on different types of health problems faced by the women as a result of family planning use and the type of treatment sought etc. has also been collected in this section. Besides this, the current non-users of family planning were also asked about the reasons for not practicing family planning.

An important aspect on which the data in the present survey has been gathered is obtaining information from each woman on different aspects of family planning practices for all the pregnancies/deliveries that she underwent during the four year period beginning January 1995 to the date of survey. This is done in order to emphasize on the family planning practices related to spacing methods.

#### **A: Knowledge of Family Planning Methods**

Table 4.1 gives data on per cent of women knowing various methods of family planning as well as Medical Termination of Pregnancy (MTP). It may be noted from the same table that the knowledge of female sterilization is universal among the surveyed women. However, male sterilization is known to less than half of the women only.

The knowledge of the spacing methods of family planning is quite poor. Oral pill is known to a little over half of the women. It is surprising to note that a relatively larger proportion of the women knew about oral pills as compared to that of male sterilization. Only about 24 per cent and 14 per cent of the women knew about Cu-T and Condoms respectively. Across the blocks, a slightly higher proportion of the women in Jawhar than Mokhada knew about Cu-T (27.7 per cent as against 19.6 per cent) and Condoms (18.5 per cent as against 9.2 per cent).

**Table 4.1: Knowledge of various methods of Family Planning and Medical Termination of Pregnancy (MTP).**

	JAWHAR	MOKHADA	COMBINED
Female Sterilization	99.8	99.8	99.8
Male Sterilization	48.2	42.7	45.5
Cu-T/Loop	27.7	19.6	23.7
Oral Pill	54.8	50.3	52.6
Condom	18.5	9.2	13.9
Rhythm/Safe Period Method	3.2	1.9	2.5
Withdrawal	0.9	0.6	0.8
Other Traditional (Gavathi) Methods	1.4	0.3	0.8
Per cent Knowing MTP	7.5	5.5	6.5
Among those who know MTP, percent knowing Place	67.3	77.1	71.4
<b>Total number of Women</b>	<b>653</b>	<b>642</b>	<b>1295</b>

Interestingly, only a handful of the women in both the blocks knew about natural methods of family planning (Safe Period Method/Rhythm and Withdrawal). There were a few women who have mentioned about few local methods of family planning (called as Gavathi medicines). Thus, on the whole, it may be said that except for permanent methods of family planning, the knowledge level of these women with respect to spacing methods as well as natural methods of family planning is very poor. This gets reflected in poor use of family planning (analyzed in following pages) and prevalence of higher fertility levels.

#### **Knowledge of Medical Termination of Pregnancy (MTP)**

In general, women surveyed in the present study seem to be unaware of the MTP as only 6.5 per cent of them answered positively to this question. However, among those who knew about MTP, over 70 per cent also knew about the place where MTP services could be availed. There were no notable differentials across the blocks on this issue.

### **Fecundity Status of Woman at the time of Survey**

Out of the total 1295 women surveyed, 244 were pregnant (18.8 per cent) at the time of survey whereas another 535 women (41.3 per cent) were in Postpartum Amenorrhea (PPA). Beside this there was one woman who had undergone hysterectomy. The remaining 515 women (39.8 per cent) were fecund at the time of survey.

**Table 4.2: Distribution of the women by their fecundity status at survey time.**

	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>Currently Pregnant</b>	17.0	20.7	18.8
<b>Menstruating</b>	42.7	36.8	39.8
<b>In PPA</b>	40.3	42.4	41.3
<b>Had Hysterectomy</b>	0.0	0.2	0.1
<b>Total</b>	100.0	100.0	100.0
<b>Number of Women</b>	<b>653</b>	<b>642</b>	<b>1295</b>

### **B: Current Use of Family Planning**

Out of the total 1295 women interviewed, 245 (that is 19 per cent) were using some methods of family planning. Of these 245 women, 67.8 were using female sterilization whereas another 9.8 per cent adopted male sterilization (Table 4.3). Thus, permanent methods together account 76.6 per cent of the total users. Among the spacing methods of family planning, as was the case with respect to the knowledge, oral pill was used by most of them accounting for about 19 per cent of the total users. Only about 2 per cent of the women were using Cu-T at the time of survey.

It is surprising to note that in the whole sample, not a single woman reported use of condoms. Further, it seems that the natural methods of family planning too are not very popular among the surveyed couples as only less than 2 per cent of them were practicing them. There were few users of local methods (in all 11 women). The results were quite similar across two blocks.

It may be mentioned here that out of the total 515 fecund women at the time of survey, 245 were practicing some family planning method or other (approximately 48 per cent).

**Table 4.3: Current Users of Family Planning by Method used.**

	JAWHAR	MOKHADA	COMBINED
<b>A: Currently using FP</b>			
Yes	19.4	18.4	18.9
No	63.6	60.7	62.2
Currently Pregnant & Hysterectomy	17.0	20.9	18.9
<b>Number of Women</b>	<b>653</b>	<b>642</b>	<b>1295</b>
<b>B: Among users, method used</b>			
Female Sterilization	70.8	64.4	67.8
Male Sterilization	5.57	14.4	9.8
Cu-T/Loop	1.6	1.7	1.6
Oral Pill	18.9	18.6	18.8
Condom	-	-	-
Rhythm/Safe Period Method	3.1	-	1.6
Withdrawal	-	-	-
Other Traditional (Gavathi) Methods	-	0.9	0.4
<b>Number of Women</b>	<b>127</b>	<b>118</b>	<b>245</b>
<b>C: Place from where FP obtained</b>			
Government Hospital	76.4	78.6	77.5
Primary Health Centre	5.7	2.6	4.2
Government Doctor	-	0.9	0.4
ANM	9.8	11.1	10.4
FP Camp	-	1.7	0.8
Private Hospital	1.6	-	0.8
Private Doctor	0.8	-	0.4
Chemist/Medical Shop	5.7	5.1	5.5
<b>Number of Women</b>	<b>123</b>	<b>117</b>	<b>240</b>
<b>D: Inf'd on health prob. Due to FP use</b>			
Yes	38.6	41.5	40.0
No	58.3	57.6	58.0
Not Applicable	3.1	0.9	2.0
<b>Number of Women</b>	<b>127</b>	<b>118</b>	<b>245</b>
<b>E: Inquired health problems due to FP</b>			
Yes	47.3	36.4	42.1
No	49.6	62.7	55.9
Not Applicable	3.1	0.9	2.0
<b>Number of Women</b>	<b>127</b>	<b>118</b>	<b>245</b>
<b>F: Had any health prob. Due to FP use</b>			
Yes	29.1	20.3	24.9
No	70.9	79.7	75.1
<b>Number of Women</b>	<b>127</b>	<b>118</b>	<b>245</b>



**Table 4.3 Contd.....**

	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>G: health problems due to FP use</b>			
Weakness	51.4	41.7	47.5
Body-ache/backache	75.7	62.5	70.5
Cramps	10.8	12.5	11.5
Weight gain/Abdominal pain	-	-	-
Dizziness/Nausea/Vomiting	13.5	20.8	16.4
Breast tenderness	5.4	0.4	4.9
Irregular periods	8.1	0.4	6.6
Excessive bleeding	5.4	0.8	6.6
White discharge	-	0.4	1.6
Faint	29.7	45.8	36.1
Others	-	12.5	4.9
<b>Number of Women</b>	<b>37</b>	<b>24</b>	<b>61</b>
<b>H: Whether Treated</b>			
Yes	64.9	70.8	67.2
No	35.1	29.2	32.3
<b>Number of women</b>	<b>37</b>	<b>24</b>	<b>61</b>
<b>I: Place of treatment</b>			
Government Doctor	50.5	52.9	51.2
ANM	0.4	17.6	9.8
Private Doctor	49.6	29.4	39.0
<b>Number of Women</b>	<b>24</b>	<b>17</b>	<b>41</b>
<b>J: Satisfied with FP use</b>			
Yes	96.9	93.2	95.1
No	3.1	6.8	4.9
<b>Number of Women</b>	<b>127</b>	<b>118</b>	<b>245</b>

**C: Source of Family Planning**

With very few exceptions, almost all of the users of family planning methods have got the method from the government health facility. For example, about 78 per cent of the women the method from government hospital/doctor. However, only about 10.4 per cent of the women got the method from the ANM while PHC provided to about 4 per cent of the women. There were nearly 6 per cent of the women who obtained method from the medical shop.

**D: Health Problems Faced due to FP Use**

It is evident from the data in Table-4.3 that 6 out of every 10 women were not informed about the possible health problems prior to adopting family planning. This is very crucial, as dissemination of the information to the women on this issue is very important from the

viewpoint of ensuring longer use of the methods by them. Not only this, the practice of follow-up checks too seem to be very poor as only 42.1 per cent of the women reported that the health staff inquired about their health after they adopted the method. The percentage of such women was even lower in Mokhada (36.4 per cent).

Even-though only a quarter of the users reported that they faced some type of health problems after they adopted the method, treatment was sought by about two-third of them. Body-ache/back-ache, weakness and to some extent, Dizziness/Nausea/Vomiting and Cramps were the most commonly reported health trouble as a result of FP use. It is important to note that about 36 per cent of the women reportedly suffered from 'fainting' after they adopted the method. Only about 5 per cent of the women told that they were not satisfied with family planing that they were using.

#### **E: Reasons for Currently Not Using Family Planning**

Coming to the reasons for non-use of family planing, about 60 per cent of the women said that they were not using any family planning as their child was too small and that they were in PPA. About 20 per cent of the women did not use any family planning since they desire to have a child. There were nearly 8 per cent of the women who told that they were afraid of using family planning as it may have some side effects. A few other reasons reported for the non-use are: opposed to family planning (1.49 per cent), do not like existing methods (1.24 per cent), difficult to get the method of their choice (1.12 per cent) etc. There were hardly any differentials across the two blocks on this issue.

**Table 4.4: Reasons for Currently not using Any Family Planning**

<b>Reasons for not using</b>	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
1. Child too young/ in PPA	59.52	61.79	60.62
2. Want child	20.72	19.74	20.25
3. Opposed to FP(self/husband/others)	1.93	1.03	1.49
4. Do not like existing methods	1.93	0.51	1.24
5. Fear of side effects	7.95	7.18	7.58
6. Difficult to get method	0.72	1.54	1.12
7. Husband presently staying away	2.17	1.54	1.86
8. Natural long birth interval	2.17	4.62	3.35
9. No specific reason/indifference	2.89	2.05	2.48
<b>Total (Number of woman)</b>	<b>100.0 (415)</b>	<b>100.0(390)</b>	<b>100.0(805)</b>

## **F: Family Planning Practices during Pregnancies/Deliveries between January 1995 to Survey Date**

As has been mentioned earlier that in the present survey information was collected related to family planning practices during each of the pregnancy and/or delivery woman underwent during the reference period January 1995 to survey date. The relevant data on various aspects such as advise on family planning, type of family planning method used, reason for non-use, difficulty faced by the woman in obtaining family planning services and supply etc. are presented in Tables 4.5 and 4.6.

At the outset it may be mentioned that in Table 4.5 we have given absolute number instead of per cent. This is done in view small numbers in each cell. Including the current pregnancies, the total number of pregnancies/deliveries occurred during the reference period among the women interviewed was 2169. Of these, 1067 were in Jawahar and 1102 were in Mokhada. Now onwards we would refer them as 'event'. It may be observed from the Table 4.5 that out of the total 2169 events, family planning advice was given in only about a little over quarter cases (584, 26.9 per cent). The corresponding figure was 22.6 and 31.1 in Jawahar and Mokhada respectively. Further, in only 93 case (4.3 per cent) family planning method was used before conception. The per cent event where family planning was used prior to the conception is 4.2 per cent in Jawahar and 4.3 in Mokhada. Out of the 93 users, oral pill was used in 82 cases while in 3 cases Cu-T was used. In 4 cases, safe period method was used before conception. There were 3 cases of sterilization failure.

In response to the question on the reason for discontinuing the method, 33 women reported 'desire to have child, as the reason for discontinuing the method. Another 32 women told that they 'forgot to take pill' and became pregnant. This implies that the health worker has to emphasize to the woman that it is very important to use the method as per the instructions and explain the instructions to the woman very clearly. In another 18 cases, family planning was discontinued on account of various health problems faced by the women after adopting family planning. There were four women who reported 'method failed' as the reason (this included 3 cases of sterilization failure and one of Gavathi method). Of the users, only in 6 cases it was told that they faced difficulty in obtaining the method they were using.

**Table 4.5: Family Planning Practices during the pregnancies/deliveries occurred during the period January 1995 to the date of survey.**

<b>Variables</b>	<b>Jawahar</b>	<b>Mokhada</b>	<b>Combined</b>
<b>1. Advised on family planning</b>	241	343	584
<b>2. Used FP before conception</b>	45	48	93
<b>3. Method used</b>			
Cu-T	2	1	3
Oral Pill	39	43	82
Safe Period Method	2	2	4
Sterilization	1	2	3
Gavathi method	1	0	1
<b>4. Reason for discontinuing FP</b>			
Wanted child	15	18	33
Health problem	9	9	18
Forgot to take pill	16	16	32
Difficult to get method	3	3	6
Method failed	2	2	4
<b>5. Difficulty in getting method</b>			
Yes	4	3	7
No	37	41	78
<b>Total Number of Events</b>	<b>1067</b>	<b>1102</b>	<b>2169</b>

#### **G: Reason for Non-use of Family Planning in the Past**

Table 4.6 gives distribution of non-users of family planning by the reasons for not using family planning prior to the conception. The data is presented for both the blocks separately as well as jointly. On the whole, the results are quite similar in both the blocks and therefore we will discuss results for both the areas together. It may be observed from table 4.6 that the 'desire to have child', either by the woman herself or by the husband (accounting for 73.4 per cent and 5.0 per cent respectively) and by the 'other family members' (about 2 per cent) were given as the main reason for non-use any family planning before the conception. A sufficiently large proportion of the women (9.4 per cent) did not use any method on account of 'fear of side effect'. Other reasons reported by the women are: Unaware of either spacing methods or family planning in the past (about 5 per cent), difficult to get method or opposition by the other family members.

**Table 4.6: Reasons for Non-Use of Family Planning prior to the conception.**

	<b>Jawahar</b>	<b>Mokhada</b>	<b>Combined</b>
Wanted child at the earliest (self)	74.2	72.5	73.4
Wanted child (Husband)	4.5	5.5	5.0
Wanted child (others)	2.1	2.2	2.1
Fear of side effects	7.5	11.2	9.4
Unaware of spacing methods	3.4	2.5	2.9
Unaware of FP at that time	2.1	2.0	2.0
Difficult to get method	1.3	0.8	1.0
Others in family opposed to FP	1.0	0.8	0.9
Conceived during PPA	1.0	0.8	0.9
Conceived after one menstruation	0.9	0.5	0.7
Naturally long birth interval	0.5	0.7	0.6
Doesn't like existing methods	0.6	0.3	0.4
Wanted son/daughter	0.6	0.0	0.3
No specific reason	0.5	0.3	0.4
<b>Total Number of Events</b>	<b>1022</b> <b>(100.0)</b>	<b>1054</b> <b>(100.0)</b>	<b>2076</b> <b>(100.0)</b>

It may be mentioned that the percentages of women reporting 'fear of side effects' as the reason for non-use is about 8 per cent in Jawahar whereas the corresponding figure for Mokhada is well over 11 per cent (see table 4.6).

It may be emphasized here that the role of health worker becomes very important in this context and they can play pivotal role in reducing this proportion. In other words, the health worker has to take the responsibility of providing and educating the couples about the possible side effects of each of the method clearly and counsel them time to time on this issue. The couples need to be told that the health problem they may face after adopting the method, are only for short period.

## **CHAPTER-5**

### **OPINION ON GOVERNMENT HEALTH FACILITIES**

All the women interviewed in the survey were asked to give their opinion about the available government health facilities in their area. Under this, women were asked on wide range of questions ranging about the visits by the health worker to them at home during the past one year and the themes of the discussions with the health workers during their visits. Beside this, they were also asked if they visited any government health facility in the past one year. Those women who visited any of the existing government health facility during the reference period were further asked to give their views on various components of the facility. Those women, who did not visit the center, were asked to state the reason for not visiting the facility. The data on these issues is analyzed in this section.

#### **Opinion on ANM's Visit**

Table 5.1 presents data on the health worker's visit to the women in the past one year period prior to the date of survey. It may be observed from the table that although the health worker had visited about 88 per cent of the women in both the blocks during the reference period, the frequency of visit was very limited as majority of these women was visited only once in two months or so. This indicates the fact the program is reaching to the women in a very limited extent. It may be mentioned that in all the cases it was the ANM who have visited the women.

It is interesting to note that in most of cases, the visits were typically in the contexts of antenatal, natal and post-natal services or for childcares (primarily immunization-related services). Issues such as nutrition, spacing methods of family planning etc. found either no place or very little space during the visits by the ANM. Most of the women who were visited by the ANM were satisfied with the amount of time ANM has spent with them and reported that she talked with them.

**Table 5.1: Distribution of the women visited by any health worker in the past one year**

	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Health worker visited: last 1 year</b>			
Not visited	13.32	11.37	12.36
Visited 1-3 times	23.43	18.69	21.08
Visited 4-6 times	45.0	52.34	48.65
Visited 7-9 times	10.72	12.93	11.81
Visited 10 or more times	7.50	4.67	6.10
<b>Number of women</b>	<b>653</b>	<b>642</b>	<b>1295</b>
<b>B: Topics covered during visit</b>			
Terminal methods of FP	15.02	10.37	12.69
Spacing methods of FP	11.84	7.56	9.69
Nutrition	2.12	2.99	2.56
Disease Prevention	70.85	79.26	75.07
Treatment of health problem	16.78	16.34	16.56
ANC/NC/PNC	45.41	47.28	46.34
Child care	34.81	43.94	39.38
ORS	0.18	0.53	0.35
Other	2.83	0.35	1.59
<b>Number of women</b>	<b>566</b>	<b>569</b>	<b>1135</b>
<b>C: Services provided during visit</b>			
Pill supply	2.47	1.58	2.03
Follow up for sterilization	22.26	1.23	2.03
Follow up for IUD insertion	0.35	0.00	0.18
FP advise	21.91	11.07	16.48
Other FP services	0.53	0.18	0.35
Disease Prevention	70.32	80.84	75.59
Treatment of health problem	5.12	3.34	4.23
ANC/NC/PNC	46.64	48.86	47.75
Child care	31.27	36.73	34.01
Other	1.41	0.53	0.97
<b>Number of women</b>	<b>566</b>	<b>569</b>	<b>1135</b>
<b>D: Satisfied with time spent</b>			
Yes	95.58	98.24	96.92
No	4.42	1.76	3.08
<b>Number of women</b>	<b>566</b>	<b>569</b>	<b>1135</b>
<b>E: Whether talked nicely</b>			
Yes, nicely	72.44	71.70	72.07
Somewhat nicely	25.97	26.89	26.43
No, did not talk nicely	1.59	1.41	1.50
<b>Number of women</b>	<b>566</b>	<b>569</b>	<b>1135</b>

### **Women's Visit to the Government Health Center**

The data in section-A of Table 5.2 gives the percentages of women visiting any of the government health facility in the past one-year period prior to the date of survey. It may be noted that less than half of the women (45.7 per cent) in both the blocks visited any government health facility in the reference period. This is clear indication of the fact that even in the remote areas like these, fewer and fewer women are utilizing the government health facilities. In other words, more and more people are turning to the private sector in order to meet their health needs. It may be mentioned that this is not peculiar to this study alone. In the past couple of years similar trends have been found in all the six rapid survey by our PRC in different parts of the state.

This is an important finding in view of the fact that the area under the present study represent socio-economically-backward area and most of them belong to very lower strata of our society. For most of them, to meet the expense of private sector services are a difficult task. This point will become even clearer when we discuss the reasons for not visiting the center. Despite the economic burden, people do not take advantages of the existing government health facility, which is free for them. This is matter of great concern.

Once again, as was observed in case of ANM's visit, here too most of the women visited the health facility mainly for antenatal, natal and post-natal services or for childcares (primarily immunization-related services). Very few women have gone to the system for other services. It is interesting to note that only a handful of the women visited the center for family planning services.

Of the total women who visited the health facility, about 98 per cent reported that they received the service that they had gone for. However, remaining 2 per cent mentioned they did not receive the required service at the center.



**Table 5.2: Distribution of the women visited by their opinion on the available government health facility to them.**

	<b>JAWHAR</b>	<b>MOKHADA</b>	<b>COMBINED</b>
<b>A: Visited Govt. health facility in last 1 Yr.</b>			
Yes	281	311	45.7
No	372	331	54.3
Total	100.0	100.0	100.0
<b>Number of Women</b>	<b>653</b>	<b>642</b>	<b>1295</b>
<b>B: Place Visited</b>			
Sub Centre	7.83	0.96	4.22
Primary Health Centre	37.01	48.87	43.24
Government Dispensary	54.45	50.16	52.20
Municipal Hospital	0.71	0.00	0.34
<b>Number of women</b>	<b>281</b>	<b>311</b>	<b>592</b>
<b>C: Purpose of the visit</b>			
FP related services	3.91	3.54	3.72
Child care	48.04	53.70	51.01
ANC/NC/PNC	25.62	28.94	27.36
Disease prevention	17.08	19.29	18.24
Treatment of sickness	33.45	33.76	20.10
Other	6.76	6.75	6.76
<b>Number of women</b>	<b>281</b>	<b>311</b>	<b>592</b>
<b>D: Whether received the required service</b>			
Yes	96.44	98.71	97.64
No	3.56	1.29	2.36
<b>Number of women</b>	<b>281</b>	<b>311</b>	<b>592</b>
<b>E: Whether have to wait for long time</b>			
No waiting time	4.63	0.96	2.70
Waited less than an hour	81.14	80.39	80.74
Waited more than an hour	14.23	18.65	16.55
<b>Number of women</b>	<b>281</b>	<b>311</b>	<b>592</b>

### **Perceptions of the women on various aspects of the Government health facility**

All those women who visited the health facility in the reference period were further asked about their opinion on various components of the health facilities. The results obtained on them are presented in Table 5.3. It may clearly be observed from the same table that, at large, most of the women had positive opinion regarding the various components of the health facility available to them. For example, with very few exceptions, majority felt that

the facility available to them is well equipped and has sufficient privacy at the time of examination.

Almost all women find the center convenient to reach and its timing suits them. Further, most of the women reported that the doctors are available whenever they had gone and they are explained as to how to take the medicines. About 93 per cent of the women find treatment effective. Almost all women said they would recommend the center to other. On the whole, women were satisfied with behavior of the staff at the center and found the center quite clean. Nevertheless, there were about 4 per cent of the women who complained that they have to pay for the treatment at the government health facility.

**Table 5.3: Distribution of women by the opinion with respect to various components of government health facilities.**

<b>Per cent of women who reported that</b>	<b>Jawahar</b>	<b>Mokhada</b>	<b>Comb.</b>
1. Centre is well equipped	94.31	98.07	96.28
2. Sufficient privacy at the time of examination	96.44	95.82	96.11
3. Centre timing are convenient	100.00	100.00	100.00
4. Centre is convenient to reach	98.58	100.00	99.32
5. The ANM/Doctor available at the centre	99.64	99.68	99.66
6. Medicines are available at the centre	98.93	99.36	99.16
7. Staff at the centre explains how to take medicines	99.29	98.07	98.65
8. Treatment given is effective	96.09	90.03	92.91
9. Do not have to pay for treatment	92.88	97.71	95.95
10. They will recommend the centre to others	96.44	92.28	94.26
<b>Whether staff talks nicely?</b>			
Nicely	74.02	69.45	71.62
Somewhat nicely	21.35	25.08	23.31
Not nicely	4.62	5.47	5.07
<b>Whether centre is clean?</b>			
Clean	38.79	37.30	38.01
Somewhat clean	60.50	61.74	61.15
Not clean	0.71	0.96	0.84
<b>Number of Women</b>	<b>281</b>	<b>311</b>	<b>592</b>

### Reasons for not visiting the center

Out of the total women who did not visit the center during the reference period, about 45 per cent (42 and 47 per cent for Jawhar and Mokhada respectively) reported that since they did not require any such service during the reference period, they did not visit the center. Besides this, another about 21 per cent of the women told that since the ANM visits them at home, they did not visit the center. The percentage of women reporting this reason was slightly higher in Mokhada (26 per cent) in comparison to Jawhar (17 per cent).

About one-fourth of the women told that they prefer to go to the private health facility over government facility. The per cent of women reporting this as the main reason was about 30 and 20 per cent respectively in Jawhar and Mokhada. In addition to this, another 7 per cent of the women gave 'poor quality of the services at the government health facility' as the reason for not visiting the center. Few other reasons reported by the women are: Long waiting time at the center, inadequate facilities, non-availability of the medicines etc.

**Table 5.4: Distribution of the women by main reason for not visiting the centre.**

Reason	JAWHAR	MOKHADA	COMBINED
1. No need	41.94	47.43	44.52
2. ANM visits at home	17.47	25.68	21.34
3. Poor quality services at the centre	8.87	5.74	7.40
4. Prefer to go to private facility	29.84	19.64	25.04
5. Have to wait for long time	0.00	0.60	0.28
6. Centre is not sufficiently equipped	0.27	0.00	0.14
7. Medicines are not given	0.27	0.00	0.14
8. Centre too far to reach	1.08	0.91	1.00
9. Have to pay for the service	0.27	0.00	0.14
Total	100.00	100.00	100.00
<b>Total Number of woman</b>	<b>372</b>	<b>703</b>	<b>331</b>

## **CHAPTER-6**

### **DISCUSSION AND POLICY IMPLICATIONS**

The present study attempts to ascertain the extent of availability of oral pills and condoms at the village level in the tribal villages of Jawahar and Mokhada blocks of the Thane district in Maharashtra. In addition to this, an attempt has also been made to examine the level of knowledge of various family planning methods, including natural methods of family planning, as well as their use. Further, an attempt is also made to understand the perception of women on various components of government health services available in their area.

The selection of Thane district for the present study was purposive mainly for two reasons: firstly, the district is one of the industrially most developed district in the state and has performed relatively better on social, economic and demographic fronts as compared to many other districts in the state. Secondly, tribal population constituted nearly 20 per cent of the total population of the district in 1991. Besides this, since the district is in the close geographical proximity of Mumbai, one would expect relatively better availability of various health and family welfare services.

Two-community development blocks (namely Jawahar and Mokhada) in Thane district were selected for the present study. According to 1991 census, both the blocks are predominantly rural (about 94 per cent of the population of Jawahar and 100 per cent of Mokhada live in rural areas) and over 90 per cent of the population in both of these blocks belong to tribal population. From these two blocks, a total of 16 villages (8 villages from each block) were selected using Probability Proportion to Population Size (PPS) sampling technique. The population size of 1991 census was used as the base for village selection.

A total of 1295 eligible women from the selected villages were interviewed with the help of a structured questionnaire by trained female investigators. The questionnaire was pre-tested before the launch of the actual fieldwork. The eligible woman in present survey was defined as the currently married woman aged 15-44 years with at least one

pregnancy and/or delivery (including currently pregnant women who were pregnant for the first time) during the reference period (between January 1995 till survey date). It may be mentioned here that the number of women interviewed varied across villages. For this reason, we have presented the weighted values to get the block estimates.

Two types of questionnaires, Village and Woman questionnaires were used in the present survey. In the village questionnaire, information was collected mainly from the members of the Gram Panchayats on various issues such as availability and accessibility of various infrastructure facilities like transportation (both roadways and railways), educational institutions, health services, postal and communication services, functioning of local social organizations like Mahila Mandal, Youth Clubs etc. Besides this, question was asked to list all the possible sources from where people in their village could obtain oral pills and condoms.

In woman questionnaire, information was collected on the background characteristics of the households as that of the woman herself along with her knowledge about various methods of family planning including that of the natural methods of family planning. In addition to this, questions on the current use of family planning and reasons for non-use etc were also included. In the last section, questions related to the opinion of the woman on available government health services in their area were also asked.

The fieldwork for the present study was carried out during the months of April-June 1999. The data reveal that most of the villages selected for the present study are distantly located from the districts head quarter and have very limited accessibility in terms of transportation services (both roadways and railways), postal, communication and banking services. None of the village has irrigation facility. Further, none of the 16-selected village has provision for safe drinking water and well continues to be the main source of drinking water for the people in these villages. Most of the villages have open drainage system. As a matter of fact, one of the surveyed village did not have any drainage system at all. Primary school was available in all the villages under study and middle school was available in 5 of the villages.

Coming to the health infrastructure, 4 of the villages have Sub-center within the village while one village has PHC. Primary Health Unit was available in one village. In case of the remaining villages, though the distance to the nearest government facility was not too

much it becomes important in view of the fact that most of these villages lack proper transportation facilities. Further, Village Health Guide and Traditional Birth Attendants were not available in 11 and 3 villages respectively. Also, other activities like organization of Health and Family Welfare Camps, Film shows, Exhibition, Puppet shows and Group Meeting also seems to be a rare happening in these villages. However, Anganwadi centre, Mahila Mandal and Youth Clubs were reportedly available in almost all of the selected villages.

Further, except for Indira Awas Yojna (IAY), the number of beneficiaries of various social welfare programs was also very few. In other words, it seems that the benefits of various social welfare programs are yet to reach the people in these villages.

With respect to the household characteristics of the women interviewed, the data reveals that most of the households do not have electricity for domestic use. Further, to almost all of the households, 'well' is the main source of drinking water. Over 90 per cent of the households do not have sanitation facility. Only a handful of the households live in pucca houses. Most of the households live in one-room houses and separate room for kitchen is available to about one-third of the households only. Almost all the households use firewood for cooking. Nearly 40 per cent of the households are landless. Of those who own some land, the land size is very small.

Almost all of the women interviewed in the present survey were Hindu and belong to schedule tribes (96 per cent). Further, majority of these women were illiterate since very few of them had any formal schooling. Nearly 90 per cent of the women were working as laborers, mostly on others harm. With regards to the demographic characteristics of the women, it may be noted that nearly 65 per cent of the women were aged 15-24 years. Further, only less than 5 per cent of the women got married at age 18 years or later (the minimum legal age at marriage for girls in India). In fact, nearly two-third of these women got married before attaining 15 years of age.

The mean number of living children is 2.46 children per woman (2.36 in Jawahar and 2.57 in Mokhada). Close to quarter of the women already had 4 or more living children at the time of survey. Thus, the data reveals the practice of early marriage and early initiation of reproduction in the population under study. Very few of these women have any interaction to the outside world as their exposure to different types of media is

virtually non-existent. This is reflected in their knowledge (particularly that of the spacing methods) and use of family planning.

The knowledge of female sterilization is universal among the surveyed women. However, relatively fewer women knew about male sterilization and other spacing methods of family planning like Cu-T, Oral pill and Condom. Only about 19 per cent of the women knew about condom. Not only this, the knowledge of natural methods of family planning like safe period methods and withdrawal was almost absent among these women. The Medical Termination of Pregnancy (MTP) was known to only a handful of the women. Further, the use of family planning is restricted to only few women. Only about 19 per cent of the women interviewed reported current use of any family planning at the time of survey. Out of the users, about 68 per cent have adopted female sterilization. About 19 per cent and 10 per cent used oral pills and male sterilization respectively. There were no users of the condoms.

The data thus clearly confirms to the pattern, which is peculiar to the Indian family planning program, that is dominance of female methods of family planning and lack of involvement of males into the family planning programs. Among non-users, except for those who were either in PPA or desired to have child, the most commonly reported reason was 'fear of side effects'. This indicates the lack of efforts on part of program in educating the women about side effects related to use of particular method(s).

As has been mentioned earlier that in the present survey questions were also asked to the women to find out family planning practices in the context of each of the pregnancy and/or delivery, woman has undergone during the reference period between January 1995 till the survey date.

It may be noted that out of the total 2169 pregnancies/deliveries (now onwards would be referred as events) that occurred during the reference period, family planning before conception was used in only 93 events. Here again oral pill was the most common method used. Out of the 93 users, beside 'desire to have child' (33 events) 'irregular use of the method' (32 events) and 'difficult to get method' (6 events) were the important reasons for discontinuing the method. Here again it may be emphasized that the health workers should tell the couples very clearly about how important it is to use the method as per the requirement. Among the non-users, once again, 'fear of side effects', 'unaware

of spacing methods', 'lack of knowledge of family planning at that time' and 'difficult to get methods' appeared as the important reason for the non-use (account for about 15 per cent).

Coming to the health worker's visit, even though a large proportion of the women reported that they were visited by the health worker in the last one year prior to the survey date, number of visits made by the worker were rather few. Most of the women were visited less than six times in a year (or once in two months). Further, in most of the cases, it was the ANM who visited the woman. Most of these visits relate to the antenatal, natal and post natal care and to some extent child care (mainly immunization). Thus it seems, that the areas like family planning (particularly spacing methods), nutrition etc. do not occupy important place in the work schedule of the health worker.

The data also reveals that the percent of women visiting government health facility is rather small as less than half of the women interviewed here reported visiting any government health facility in the past one-year. Further, of those who did visit, most of them went for immunization and to some extent for antenatal care. However, a large proportion of the women who visited the government health facility, though seems to have a favorable opinion on the quality of the services provided to them.

The poor knowledge of spacing methods among the women may probably be due to the fact that firstly these women have no access to outside world and secondly the availability and accessibility of these methods is very limited to the women.

An important finding of the survey that surprised us was that out of the 1295 women contacted for the present study none reported using condom as a method of family planning. Not only this, the data on family planning practices in the past also reveal that the condom was not used in any of the instances.

As a result of this, it was decided to obtain data on the distribution of oral pills and condoms by the service providers in the surveyed areas as reported in the service statistics. However, as expected, the data on number of packets of oral pill and condom pieces distributed by the health workers (presented in appendix-2 by the PHC) gave a very different picture. However, the results of our survey and that of the government statistics were very different since the service statistics reveals a rather ideal scenario. With that, one would assume some use of condoms and oral pills. But it was not what the



survey has revealed when it comes to the use of condom. As the last resort, we decided to talk to the ANM,s and MPW's working in the area on this issue subsequently a meeting was organized at the Additional District Health Officer's (ADHO) office in Jawahar. We appraised the workers with our survey findings and asked them to give their opinion. Following points emerged from the discussion with the workers.

The health workers stated that for various reasons the demand for the family planning among the tribal is very low. As a part of routine assignment, we are expected to distribute a minimum number of oral pill packets and condoms every month. When we approach the villagers/individuals and try to convince them to use the villagers do not cooperate with us. However hard we may try with them, it often looks like impossible task. Nevertheless, we keep explaining to them and at the end they do agree to take the supply from us but actually never use them.

One of the worker told that when we explain to a individual on the advantages of family planning use they reply to us by saying 'anyway if I do not take them from you, you would not get your salary so for that sake, I am taking them from you'.

They also told that often we notice that after taking the condoms, often villagers give them to their children to play with them. Beside this, few of the worker also told that if they report 'NIL' in their monthly report against column on Condom their seniors would not accept the report and would ask them to redistribute the figure between oral pill and condoms.

The lower demand for family planning among tribals is on many accounts. The workers told us that when we advise any man to use condom, he complains to us that 'after whole day's hard work when they have sex they want to enjoy it to the most and if they use condom it does not give them the pleasure that they look for. And since they have no other means of entertainment, they do not want to compromise on it.

With regards to the oral pills, the workers told that often women would complain to us that she couldn't use it without the permission from husband since they fear that their husband would leave them and bring another wife. However, it may be mentioned that this reason did not appear as an important reason for non-use of family planning by the women in survey.

Another important point that came up during the discussion is that many of the workers felt that a large proportion of the men in their area did not know how to use condom appropriately. To quote 'when we, also our doctors, demonstrate to the villagers how to use condom we do it on our thumb. After few months the people will come to us complaining that they used the methods in the way described and despite this his wife got pregnant. Since it is free sex among tribals he would blame the wife and refuse to accept that the child was his. This causes lot of problems for the couples. Many of the MPW's felt that they themselves are not competent enough to explain it to the villagers and should be given more training to sensitize them on this as they feel very shy to explain it to the villagers. It may be mentioned that these MPWs took lot of time to open up with the researcher and were very shy while giving the details. It was only after a lot of persuasion and use of local terms by the researcher that the MPWs came out and discussed the issues freely.

It was also mentioned that since it is free sex among tribal and sex outside the marital-union is socially accepted many use condom only when they are having sex outside the marital union. Thus the use may not get reported in this kind of surveys. According to the workers, it is a common practice among the tribal.

According to the health workers, the most important reason for non-use of family planning among the tribal is the contradiction in existing social welfare policies and population policies. They sighted the example of one scheme that is implemented in their area known as 'Mother Subsidy Scheme or Matrutva Anudaan Yojna'. In this, each pregnant woman in their area receives rupees 800 from the health department for each pregnancy/delivery she has (Rs. 50 at the time of ANC registration, Rs. 150 in the seventh month, Rs. 200 each in eighth and ninth month and Rs. 200 when the child is born). In addition to this, she also receives another rupees 500 from the zilla parishad. Thus each child born ensure an 'income' of Rs. 1300 to the couple. This discourages them from adopting family planning.

They further told that often villagers tell us 'you come to us because you get paid for giving us these things (that is method) but we are not fool to use them. If we use them we will not get the money that we get when we have a child. It is not only free but also bring us income, what is wrong then in going on having children'. They add that having any

number of children does not cost them financially at all. When our child is small he/she gets free food, clothing, education (referring to Ashram-Shalas) etc. Everything is free for us. Even we take loans and do not repay the loans, as government would waive them for us. Therefore few children or more it is no liability for us, in fact it is good if we have more children. It seems that though the availability and accessibility of the spacing methods of family planning is limited in the villages covered in the present study it is equally important to mobilize our efforts towards creating the demand for the same. Without generating the demand for the family planning, it may not be possible to achieve the desired goals in terms of use of family planning.

## **APPENDIX-1**

### **Perception of the Village Leaders on Various Issues concerning their Village**

#### **Major Issues facing their Village**

In the village questionnaire information was obtained from the local leaders on the two most important issues faced by the people in their village. The most commonly reported issues are as follows:

1. Lack of irrigation facility in the village
2. Unemployment
3. Illiteracy
4. Problem of drinking water (including repairing of the wells in the village)
5. Lack of drainage system

#### **Common sickness experienced by the people in the village**

Following were the most common type of sickness by the people in the village:

- |                          |                             |
|--------------------------|-----------------------------|
| 1. Diarrhea              | 5. Gastric related problems |
| 2. Malnutrition          | 6. Pneumonia                |
| 3. Weakness              | 7. Abdominal Pain           |
| 4. Cold, Cough and Fever |                             |

#### **Actions suggested for popularizing Small Family Norm among the Villagers:**

In all the villages, the leader were of the single view that the growing population is a matter of great concern and that the small family norm should be made more popular to the villagers in order to curb the growing population. Some of the measures suggested by them in this respect are as follows:

1. Health Shibirs should be organized frequently in order to discuss the issues with the villagers
2. People should be told about the benefits of the small family
3. People, particularly women should be educated
4. Awareness campaigns should be held frequently
5. Ensuring full employment to those who have accepted small family norm
6. Gram Sabha with the villagers should be organized and the relevant issues should be discussed with them
7. Invite experts to the villages to discuss these issues with the villagers
8. Implementation of minimum legal age at marriage effectively
9. Provide more subsidies to the families that have accepted small family norm
10. Establish Community Halls in each of the villages and organize meeting with the villagers on the relevant issues
11. Reward the families that have already accepted small family norm

## **APPENDIX-2**

### **List of the Selected villages**

#### **Community Development Block- Jawahar**

- 1. Gadadhe**
- 2. Dhanoshi**
- 3. Chinchghar**
- 4. Vasuri**
- 5. Dolhari Kh.**
- 6. Malwade**
- 7. Sarsun**
- 8. Nyhale Kh.**

#### **Community Development Block- Mokhada**

- 1. Daskod**
- 2. Gonde Kh.**
- 3. Dhamanshet**
- 4. Medha**
- 5. Palsunde**
- 6. Gomghar**
- 7. Vaver**
- 8. Ase**

### APPENDIX-3

**Family Planning Performance of the PHC's during April-August, 1999 as Reported in the Government Statistics.**

#### A: Sterilization

Name of the PHC	Number of cases performed				
	April	May	June	July	August
<b>i) Jawahar</b>					
1. Sakhashet	-	-	1	-	-
2. Jamsar	-	4	3	1	2
3. Nandgaon	-	-	-	-	-
4. Sakur	-	-	6	-	-
5. Talawade	-	-	-	-	-
6. Vikramgarh	-	-	-	-	-
7. Khurje	8	1	-	-	-
<b>ii) Mokhada</b>					
1. Khodala	-	-	-	-	-
2. Vashala	-	-	-	-	-
3. Morhanda	-	-	-	-	-
4. Ase	-	-	-	-	-

#### B: Cu-T

Name of the PHC	Number of cases inserted				
	April	May	June	July	August
<b>iii) Jawahar</b>					
8. Sakhashet	-	-	-	-	-
9. Jamsar	-	-	1	2	2
10. Nandgaon	-	-	-	-	-
11. Sakur	-	-	-	1	8
12. Talawade	1	-	-	-	-
13. Vikramgarh	2	-	-	-	2
14. Khurje	3	3	1	1	2
<b>iv) Mokhada</b>					
5. Khodala	-	-	-	-	-
6. Vashala	3	2	5	12	-
7. Morhanda	-	-	-	2	1
8. Ase	1	-	-	-	1

Appendix-3 contd...

**C: Oral Pill**

Name of the PHC	Number of packets distributed				
	April	May	June	July	August
<b>v) Jawahar</b>					
15. Sakhashet	-	-	-	-	-
16. Jamsar	160	160	160	160	160
17. Nandgaon	-	-	-	-	-
18. Sakur	-	36	-	33	72
19. Talawade	122	-	-	-	-
20. Vikramgarh	139	-	-	-	178
21. Khurje	132	168	149	149	160
<b>vi) Mokhada</b>					
9. Khodala	-	-	-	-	-
10. Vashala	86	79	86	86	86
11. Morhanda	15	8	18	75	71
12. Ase	66	64	-	66	-

**D: Condom**

Name of the PHC	Number of pieces distributed				
	April	May	June	July	August
<b>vii) Jawahar</b>					
22. Sakhashet	-	-	-	-	-
23. Jamsar	1200	1200	1200	1200	1200
24. Nandgaon	-	-	-	-	-
25. Sakur	-	35	-	34	430
26. Talawade	680	-	-	-	-
27. Vikramgarh	830	-	-	-	870
28. Khurje	1720	1880	67	67	2320
<b>viii) Mokhada</b>					
13. Khodala	-	-	-	-	-
14. Vashala	-	420	-	420	420
15. Morhanda	-	5	8	153	560
16. Ase	46	50	-	59	-

**APPENDIX-4**

**VILLAGE QUESTIONNAIRE**

**SURVEY ON AVAILABILITY OF ORAL PILLS  
AND CONDOMS AT VILLAGE LEVEL AND  
THEIR USE, 1999**

Confidential for  
research only

<b>IDENTIFICATION</b>	
STATE _____ MAHARASHTRA	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DISTRICT _____ THANE	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
COMMUNITY DEVELOPMENT BLOCK _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
VILLAGE _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
PSU NUMBER _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
TOTAL POPULATION OF THE VILLAGE ACCORDING TO THE 1991 CENSUS	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER'S NAME _____	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
DATE OF INTERVIEW:	
DATE.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
MONTH.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
YEAR.....	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
RESULT :	
BOTH VILLAGE SCH & VILLAGE	
HEAD SCH COMPLETED.....	1
ONLY VILLAGE SCHEDULE COMPLETED.....	2
OTHER _____	6



### VILLAGE SCHEDULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						
1	Current population of the village	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
2	Area of the village (in hectares) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
3	Total number of households in the village :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
4	Total arable land in the village (in hectares) :	IRRIGATED LAND..... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> NON-IRRIGATED LAND... <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
5	Main source of irrigation in the village :	RAIN WATER.....1 TANK / POND.....2 STREAM / RIVER.....3 CANAL.....4 WELL.....5 TUBE WELL.....6 OTHER _____ 9 (SPECIFY)						
6	Major crops grown in the village :	1. _____ <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 2. _____ 3. _____						
7	Distance to the nearest town(in kilometers) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
8	Distance to the District Headquarters (in kilometers) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
9	Distance to the nearest railway station (in kilometers) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
10	Distance to available transport service to other place (in kilometers) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
11	Distance of the village from all-weather road in connection to other place (in kilometers) :	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						
12	Village Electrification	NOT ELECTRIFIED.....1  ELECTRIFIED, BUT IRREGULAR SUPPLY.....2  ELECTRIFIED AND REGULAR SUPPLY.....3						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																		
13	Educational Facilities : Primary School Middle School Secondary School Higher Secondary School College IF DISTANCE MORE THAN 90 KMS RECORD 90; IF AVAILABLE WITHIN VILLAGE, RECORD 95	DISTANCE TO THE NEAREST FACILITY AVAILABLE ( IN KILOMETERS):  PRIMARY SCHOOL <input type="text"/> <input type="text"/> MIDDLE SCHOOL <input type="text"/> <input type="text"/> SECONDARY SCHOOL <input type="text"/> <input type="text"/> HR. SECONDARY SCHOOL <input type="text"/> <input type="text"/> COLLEGE <input type="text"/> <input type="text"/>																		
14	Health Facilities : Sub- Centre Primary health Centre Community Health Centre / Rural Hospital Government Dispensary Government Hospital Private Clinic Private Hospital IF DISTANCE MORE THAN 90 KMS, RECORD 90; IF AVAILABLE WITHIN VILLAGE, RECORD 95	DISTANCE TO THE NEAREST FACILITY AVAILABLE ( IN KILOMETERS):  SUB- CENTRE..... <input type="text"/> <input type="text"/> PRIMARY HEALTH CENTRE ... <input type="text"/> <input type="text"/> CHC / RH..... <input type="text"/> <input type="text"/> GOVERNMENT DISPENSARY... <input type="text"/> <input type="text"/> GOVERNMENT HOSPITAL..... <input type="text"/> <input type="text"/> PRIVATE CLINIC..... <input type="text"/> <input type="text"/> PRIVATE HOSPITAL..... <input type="text"/> <input type="text"/>																		
15	Other Facilities : Post Office Telegraph Office STD Booth Bank IF DISTANCE MORE THAN 90 KMS, RECORD 90; IF AVAILABLE WITHIN VILLAGE, RECORD 95	DISTANCE TO THE NEAREST FACILITY AVAILABLE ( IN KILOMETERS):  Post Office..... <input type="text"/> <input type="text"/> Telegraph Office..... <input type="text"/> <input type="text"/> STD Booth..... <input type="text"/> <input type="text"/> Bank..... <input type="text"/> <input type="text"/>																		
16	Availability of Health provider in the village : Private Doctor Visiting Doctor Village Health Guide (VHG) Traditional birth attendant(dai) Mobile health unit / visit	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>PRIVATE DOCTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>VISITING DOCTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>(VHG) .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TBA(DAI).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE HEALTH UNIT .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	PRIVATE DOCTOR.....	1	2	VISITING DOCTOR.....	1	2	(VHG) .....	1	2	TBA(DAI).....	1	2	MOBILE HEALTH UNIT .....	1	2
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																						
17	<p><b>Other Facilities AVAILABLE IN THE VILLAGE :</b></p> <p>Mills/Small Scale Industries (M / SSI)</p> <p>Credit Co-operative Society (CCS)</p> <p>Agricultural Co-operative Society (ACS)</p> <p>Fishermen's co-operative Society (FCS)</p> <p>Milk Co-operative Society (MCS)</p> <p>Kirana / General Market Shop (K / GMS)</p> <p>Weekly Market</p> <p>Fair price shop</p> <p>Paan Shop</p> <p>Pharmacy / Medical Shop</p> <p>Mahila Mandal</p> <p>Youth Club</p> <p>Anganwadi Centre</p> <p>Community Centre</p> <p>Adult Education Centre</p> <p>Community Television Set</p> <p>Cable Connection</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>M / SSI .....</td><td>1</td><td>2</td></tr> <tr><td>CCS .....</td><td>1</td><td>2</td></tr> <tr><td>ACS .....</td><td>1</td><td>2</td></tr> <tr><td>FCS .....</td><td>1</td><td>2</td></tr> <tr><td>MCS .....</td><td>1</td><td>2</td></tr> <tr><td>K / GMS.....</td><td>1</td><td>2</td></tr> <tr><td>Weekly Market .....</td><td>1</td><td>2</td></tr> <tr><td>Fair price shop .....</td><td>1</td><td>2</td></tr> <tr><td>Paan Shop.....</td><td>1</td><td>2</td></tr> <tr><td>Pharmacy / Medical Shop.....</td><td>1</td><td>2</td></tr> <tr><td>Mahila Mandal .....</td><td>1</td><td>2</td></tr> <tr><td>Youth Club.....</td><td>1</td><td>2</td></tr> <tr><td>Anganwadi Centre.....</td><td>1</td><td>2</td></tr> <tr><td>Community Centre.....</td><td>1</td><td>2</td></tr> <tr><td>Adult Education Centre.....</td><td>1</td><td>2</td></tr> <tr><td>Community Television Set ....</td><td>1</td><td>2</td></tr> <tr><td>Cable Connection.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	M / SSI .....	1	2	CCS .....	1	2	ACS .....	1	2	FCS .....	1	2	MCS .....	1	2	K / GMS.....	1	2	Weekly Market .....	1	2	Fair price shop .....	1	2	Paan Shop.....	1	2	Pharmacy / Medical Shop.....	1	2	Mahila Mandal .....	1	2	Youth Club.....	1	2	Anganwadi Centre.....	1	2	Community Centre.....	1	2	Adult Education Centre.....	1	2	Community Television Set ....	1	2	Cable Connection.....	1	2
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18	<p>In this village, from where people can obtain</p> <p><b>ORAL PILLS &amp; CONDOMS ?</b></p> <p><b>PLEASE TICK THE APPROPRIATE BOX</b></p>	<table border="0"> <thead> <tr> <th></th> <th>ORAL PILLS</th> <th>CONDOMS</th> </tr> </thead> <tbody> <tr><td>Sub Centre.....</td><td></td><td></td></tr> <tr><td>P H C.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>C H C.....</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Govt. Disp.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Govt. Hosp.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pvt. Clinic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pvt. Hosp.</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>MPW(male)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>V H G</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Mobile Clinic</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Pharmacy/Med. Shop</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>General Store</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Paan Shop</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>other. _____</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>			ORAL PILLS	CONDOMS	Sub Centre.....			P H C.....	<input type="checkbox"/>	<input type="checkbox"/>	C H C.....	<input type="checkbox"/>	<input type="checkbox"/>	Govt. Disp.	<input type="checkbox"/>	<input type="checkbox"/>	Govt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>	Pvt. Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Pvt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>	MPW(male)	<input type="checkbox"/>	<input type="checkbox"/>	V H G	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy/Med. Shop	<input type="checkbox"/>	<input type="checkbox"/>	General Store	<input type="checkbox"/>	<input type="checkbox"/>	Paan Shop	<input type="checkbox"/>	<input type="checkbox"/>	other. _____	<input type="checkbox"/>	<input type="checkbox"/>								
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C H C.....	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Govt. Disp.	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Govt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Pvt. Clinic	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Pvt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>																																																						
MPW(male)	<input type="checkbox"/>	<input type="checkbox"/>																																																						
V H G	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Mobile Clinic	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Pharmacy/Med. Shop	<input type="checkbox"/>	<input type="checkbox"/>																																																						
General Store	<input type="checkbox"/>	<input type="checkbox"/>																																																						
Paan Shop	<input type="checkbox"/>	<input type="checkbox"/>																																																						
other. _____	<input type="checkbox"/>	<input type="checkbox"/>																																																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
19	Total Number of Television Sets in the Village :	<input type="text"/> <input type="text"/> <input type="text"/>
20	No. of Households having Telephone Connection	<input type="text"/> <input type="text"/>
21	Type of drainage facility in the village	UNDERGROUND DRAINAGE.....1 OPEN DRAINAGE.....1 NO.....1
22	Any epidemic in the village during the last one year:	1. _____ <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/>
23	Number of health or family welfare camps in the last one year?	<input type="text"/> <input type="text"/>
24	Any beneficiaries in the village from the following programmes : Integrated Rural Development Programme (IRDP) National Rural Employment Programme (NREP) Training Rural Youth for Self Employment(TRYSEM) Employment Guarantee Scheme (EGS) Development of Women and Children of Rural (WARCA) Indira Awas Yojana ( IAY) Sanjay Gandhi Niradhar Yojana (SGNY)	BENEFICIARIES IRDP..... <input type="checkbox"/> <input type="checkbox"/> NREP..... <input type="checkbox"/> <input type="checkbox"/> TRYSEM..... <input type="checkbox"/> <input type="checkbox"/> EGS..... <input type="checkbox"/> <input type="checkbox"/> WARCA..... <input type="checkbox"/> <input type="checkbox"/> IAY..... <input type="checkbox"/> <input type="checkbox"/> SGNY..... <input type="checkbox"/> <input type="checkbox"/>
25	Community Level IEC activities for health and family welfare during the last one year :	YES NO
	Film Show	Film Show.....1 2
	Exhibition	Exhibition.....1 2
	Drama/Song/Dance Performance	Drama/Song/Dance Perform. 1 2
	Puppet Show	Puppet Show.....1 2
	Group Meeting	Group Meeting.....1 2
26	Persons providing information for the village schedule : RECORD ALL THE SOURCES	SARPANCH.....A PATWARI.....B GRAM SEVAK.....C SCHOOL TEACHER.....D HEALTH PERSONNEL.....E OTHERS _____ X (SPECIFY)

## VILLAGE HEAD SCHEDULE(SARPANCH / PRADHAN / MUKHIYA)

1. Age:   Sex : Male.....1 Female...2 3. Religion : Hindu.....1 Muslim...,2 Other.....3 Caste : SC.....1 ST.....2 OBC.....3 Other....6 NA.....7

5. Education :   6. No of Children :

NO.	QUESTIONS	SKIP TO
7.	In your opinion what are the most important problems in the village? 1. _____ 2. _____	
8.	What are the two most important health problems in this village? 1. _____ 2. _____	
9.	Give 2 most imp. health problems faced by women & children in village? 1. _____ 2. _____	
10.	Do you feel that it is necessary to encourage couples in this village to have a small number of children?	YES.....1 NO.....2 → 12
11	If you are asked to prepare a plan to achieve this objective, what are the two most important actions you would suggest? 1. _____ 2. _____	
12	If you are asked to prepare a health plan for this village, what are the two most important actions you would recommend? 1. _____ 2. _____	

APPENDIX-5

WOMAN QUESTIONNAIRE

**SURVEY ON AVAILABILITY OF ORAL PILLS  
AND CONDOMS AT VILLAGE LEVEL AND  
THEIR USE, 1999**

Confidential for  
research only

**FOR WOMEN HAVING PREGNANCY/DELIVERY SINCE JANUARY, 1995 ONLY**

IDENTIFICATION	
STATE _____ MAHARASHTRA	<input type="checkbox"/> <input type="checkbox"/>
DISTRICT _____ THANE	<input type="checkbox"/> <input type="checkbox"/>
COMMUNITY DEVELOPMENT BLOCK _____	<input type="checkbox"/> <input type="checkbox"/>
VILLAGE NAME _____	<input type="checkbox"/> <input type="checkbox"/>
TYPE OF LOCALITY (RURAL-1, URBAN-2)	<input type="checkbox"/>
HEAD OF THE HOUSEHOLD (MALE-1, FEMALE-2)	<input type="checkbox"/>
NAME _____	
ADDRESS _____	
NAME OF THE WOMAN _____	
INTERVIEW DATE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

SIGNATURE OF THE INVESTIGATOR: \_\_\_\_\_

NAME OF THE INVESTIGATOR: \_\_\_\_\_

**SECTION-I: BACKGROUND CHARACTERISTICS**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
101	How many people usually live in this household?	MALE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> FEMALE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> PERSONS													
102	What is the main source of drinking water for your household?	TAP.....1 HANDPUMP.....2 WELL.....3 RIVER.....4 POND.....5 OTHER.....9													
103	What is the main source of light for your household?	ELECTRICITY.....1 OIL LAMP.....2 OTHER.....3													
104	What kind of toilet facility does your household have?	FLUSH.....1 PIT/LATERINE.....2 NO FACILITY/BUSH/FIELD.....3 PUBLIC/COMMON LATERINE.....4 OTHER.....9													
105	How many rooms are there in your household? (EXCLUDING KITCHEN)	NO. OF ROOMS <input type="text"/> (IF MORE THAN 9, WRITE 9)													
106	Do you have a separate room for kitchen?	YES.....1 NO.....2													
107	What type of fuel does your household mainly use for cooking?	WOOD.....1 COW DUNG CAKES.....2 COAL/ LIGNITE CHARCOL.....3 KEROSENE.....4 ELECTRICITY.....5 LPG.....6 BIO-GAS.....7 OTHER.....9													
108	TYPE OF HOUSE (OBSERVATION)	PUCCA.....1 KACHHA.....2 SEMI-PUCCA.....3													
109	What is your religion?	HINDU.....1 MUSLIM.....2 JAIN.....3 CHRISTIAN.....4 SIKH.....5 BUDDHIST.....6 NO RELIGION.....7 OTHER.....9													
110	Do you belong to Schedule Caste, Schedule Tribe or Other Backward Caste?	SCHEDULE CASTE.....1 SCHEDULE TRIBE.....2 OBC.....3 NO CASTE.....4 OTHER CASTE.....5 DO NOT KNOW.....8													

**SECTION-I: CONTD...**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Does your household own any land? (IN ACRES)	IRRIGATED <input type="checkbox"/> <input type="checkbox"/> NON-IRRIGATED <input type="checkbox"/> <input type="checkbox"/> TOTAL LAND <input type="checkbox"/> <input type="checkbox"/> NO LAND.....00 DO NOT KNOW.....88	
112	How many years of schooling has your husband completed?	YEARS <input type="checkbox"/> <input type="checkbox"/> NO SCHOOLING.....00 DO NOT KNOW.....88	
113	How old are You?	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
114	How old were you at the time of your first marriage?	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
115	How old were you when you started living with your husband?	AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/>	
116	How many years of schooling have you completed?	YEARS <input type="checkbox"/> <input type="checkbox"/> NO SCHOOLING.....00	→ 118
117	Do you usually read a newspaper and/or a magazine at least once a week?	YES.....1 NO.....2	
118	Do you usually listen to radio at least once a week?	YES.....1 NO.....2	
119	Do you usually watch television at least once a week?	YES.....1 NO.....2	
120	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES.....1 NO.....2	
121	What kind of work do you do most of the time?	<input type="checkbox"/> <input type="checkbox"/>	
122	Do you earn cash for this work?	YES.....1 NO.....2	
123	How many sons and daughters do you have? (INC. THOSE PRESENTLY NOT LIVING WITH YOU)	SONS <input type="checkbox"/> <input type="checkbox"/> DAUGHTERS <input type="checkbox"/> <input type="checkbox"/> TOTAL <input type="checkbox"/> <input type="checkbox"/> NO LIVING CHILD.....00	
124	Did any of your son/daughter dies?	SON(S) DIED <input type="checkbox"/> <input type="checkbox"/> DAUGHTER(S) DIED <input type="checkbox"/> <input type="checkbox"/> TOTAL <input type="checkbox"/> <input type="checkbox"/> NONE..... 00	
125	Did any of your pregnancy end in either still birth and/or abortion?  IF YES, how many still births, induced abortion, spontaneous abortions?	STILL BIRTHS <input type="checkbox"/> INDUCED ABORTIONS <input type="checkbox"/> SPONTANEOUS ABORTION <input type="checkbox"/> NO FOETAL LOSS..... 00	



**SECTION-II: CONTRACEPTION USE AND KNOWLEDGE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	<p>Which of the Family Planning methods are you aware of?</p> <p>1. FEMALE STERILISATION</p> <p>2. MALE STERILISATION</p> <p>3. COPPER-T/LOOP</p> <p>4. ORAL PILL</p> <p>5. CONDOM/NIRODH</p> <p>6. RHYTHM OR PERIODIC ABSTINENCE</p> <p>7. WITHDRAWAL</p> <p>8. OTHER            1 _____</p> <p>                          2 _____</p> <p>                          3 _____</p>	<p align="center">YES...1      NO....2</p> <div style="text-align: center;"> <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> </div>	
202	Are you aware of Medical Termination of Pregnancy Act?	<p>YES.....1</p> <p>NO.....2</p>	→ 204
203	Are you aware of authorised Govt. Centres for Medical Termination of Pregnancy?	<p>YES.....1</p> <p>NO.....2</p>	
204	Are you currently pregnant?	<p>YES.....1</p> <p>NO.....2</p>	→ 218
205	Are you currently menstruating?	<p>YES.....1</p> <p>IN AMENORRHOEA.....2</p> <p>IN MENOP/HYST.....3</p>	] → 220
206	Are you / your husband currently using any family planning method?	<p>YES.....1</p> <p>NO.....2</p>	→ 217
207	Which method you/your husband is using?	<p>FEMALE STERILISATION.....1</p> <p>MALE STERILISATION.....2</p> <p>IUD/COPPER-T/LOOP.....3</p> <p>ORAL PILL.....4</p> <p>CONDOM/NIRODH.....5</p> <p>RHYTHM/PERIODIC ABSTI.....6</p> <p>WITHDRAWAL.....7</p> <p>OTHER.....9</p>	] → 216
208	<p>Where did you/your husband go for sterilisation?</p> <p align="center">OR</p> <p>Where did you go for Copper-T insertion?</p> <p align="center">OR</p> <p>From where do you usually obtain pills?</p> <p align="center">OR</p> <p>From where did you get condom/ nirodh usually?</p>	<p>GOVT/MUNICIPAL HOSPITAL.....01</p> <p>PRIMARY HEALTH CENTRE.....02</p> <p>FAMILY PLANNING CAMP.....03</p> <p>SUB-CENTRE.....04</p> <p>PRIVATE HOSPITAL.....05</p> <p>GOVT. DOCTOR.....06</p> <p>PRIVATE DOCTOR.....07</p> <p>GOVT. NURSE/ANM.....08</p> <p>MOBILE CLINIC.....09</p> <p>CHEMIST.....10</p> <p>DO NOT KNOW.....11</p> <p>OTHER.....99</p>	

**SECTION-II: CONTD...**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
209	<b>(ONLY FOR PILL &amp; CONDOM USER)</b> Have you ever found difficulty in getting pills/condoms?	NO PROBLEM.....1 NOT REGULARLY WITH PHC.....2 NOT REGU. WITH ANM/MPW.....3 NOT REGU. WITH SHOPS/CHEMIST...4 OTHER.....9 (SPECIFY)	
210	When you started using this method, did doctor/nurse/ANM inform you about possible health problems that may occur?	YES.....1 NO.....2 DO NOT REMEMBER.....9	
211	Soon after you adopted the method, did any health worker/ANM visit you for inquiring about your/ your husband's health?	YES.....1 NO.....2	
212	Have you/your husband had any health problem with the use of this method?	YES.....1 NO.....2	→ 216
213	What health problem did you/your husband have?  <b>(CIRCLE ALL RESPONSES GIVEN)</b>	WEAKNESS/INABILITY TO WORK...A BODYACHE/BACKACHE.....B CRAMPS.....C WEIGHT GAIN.....D DIZZINESS.....E NAUSEA/VOMITING.....F BREAST TENDERNESS.....G IRREGULAR PERIODS.....H EXCESSIVE BLEEDING.....I SPOTTING.....J WHITE DISCHARGE.....K SCEPSIS IN STICHES.....L LOWER ABDOMINAL PAIN.....M OTHER.....X (SPECIFY)	
214	Did you/your husband seek any treatment for problem?	YES.....1 NO.....2	→ 216
215	Whom did you/your husband consult for treatment?	GOVERNMENT DOCTOR.....1 PRIVATE DOCTOR.....2 GOVT. NURSE/ANM.....3 TRAINED DAL.....4 UNTRAINED DAL.....5 RELATIVE/FRIENDS.....6 SELF-TREATMENT.....7 OTHER.....9 (SPECIFY)	
216	Are you satisfied with the method?	YES.....1 NO.....2	→ 219

217: DETAILS OF THE PREGN./DELIVERY SINCE JANUARY, 1995 WRITE TOTAL NO. OF PREGN./DELIVERIES SINCE JANUARY 1995

09

(a) Sl. No	(b) OUT-COME OF PREGNANCY	(c) REASON FOR ABORTION	(d) BABY'S SEX	(e) YEAR OF BIRTH	(f) ORDER OF BIRTH	(g) ALIVE?	(h) ADVISED ON FP	(i) USED FP?	(j) METHOD USED?	(k) REASON FOR DISCONTINUE FP?	(l) ANY FOLLOW UP?	(m) DIFFICULTY IN GET METHOD	(n) ANY HEALTH PROBLEM? (2 IMP.)	(o) WHETHER TREATED?	(p) REASON FOR NON USE
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**C O D E S: COMMON CODES: QUESTION NOT APPLICABLE= '6' OR '66' AND ROW NOT APPLICABLE= '9' OR '99'**

(b) LIVE BIRTH 1 STILL BIRTH 2 SPONT. ABR. 3 INDUCED ABORTION 4 CURRENTLY PREGNANT 5	(e) and (f) WRITE ACTUAL OR ELSE QUEST. N A 9	(j) IUD/Cu-T/LOOP 1 PILL 2 CONDOM/NIRODH 3 RHYTHM/PERIODICABSTINENCE 4 WITHDRAWL 5 OTHER 8 QUEST. N A 9	(m) NO PROBLEM 01 NOT REGULARLY AVAILABLE WITH PHC 02 NOT REG. WITH ANM/MPW 03 NOT REG. WITH SHOP/CHEMIST 04 OTHER 96 QUEST. N A 99	(o) YES 1 NO 2 QUEST. N A 9
(c) FP FAILED 1 HEALTH PROBLEM 2 DO NOT WANTED CHILD 3 WANTED SON 4 WANTED DAUGHTER 5 OTHER 8 QUEST. N A 9	(g) YES 1 NO 2 QUEST. N A 9	(k) HEALTH PROBLEM 01 WANTED CHILD SELF 02 DIFFICULT TO GET 03 HUSBAND WANTEDCHILD 04 FORGOT TO TAKE PILLS 05 OTHER 96 QUEST. N A 99	(n) NO PROBLEM AT ALL XX WEAKNESS/INABILITY TO WORK A BODYACHE/BACKACHE B CRAMPS C WEIGHT GAIN D DIZZINESS/NAUSEA/ VOMITING E IRREGULAR PERIODS F EXCESSIVE BLEEDING G SPOTTING H WHITE DISCHARGE I OTHER WW QUEST. N A YY ROW NOT APPLICABLE ZZ	(p) WANTED CHILD (SELF) 01 HUSBAND WANTED CHILD 02 OTHER FAMILY MEMBERS WANTED CHILD 03 LACK OF KNOWLEDGE 04 AGAINST THE RELIGION 05 DO NOT LIKE EXISTING METHODS 06 FEAR OF SIDE EFFECTS 07 HEALTH DOES NOT PERMIT 08 DIFFICULT TO GET METHODS 09 INCONVINIENT TO USE 10 HUSBAND OPPOSED TO FP 11 OTHER FAMILY MEMBERS OPPOSED TO FP 12 OTHER 96
(d) MALE 1 FEMALE 2 QUEST. N A 9	(h) & (i) YES 1 NO 2 QUEST. N A 9			

**SECTION-III: QUALITY OF CARE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	How many times did a health worker visit you in the last 12 months?	NUMBER OF VISITS <input type="text"/> <input type="text"/> NOT VISITED.....00	→ 307
302	Who visited you at that time?	<b>PUBLIC SECTOR WORKER</b> GOVT. DR.....11 PHN/ANM/LHV.....12 MPW(M)/SUP./AWW/VHG.....13 NGO DOCTOR.....21 NGO WORKER.....22 <b>PRIVATE SECTOR WORKER</b> PRIVATE DOCTOR.....31 PRIVATE NURSE/COMPOUNDER....32 TRADITIONAL HEALER.....33 DAI (TBA).....34 OTHER.....96	
303	During thses visits, what were the different matters talked about?	TERMINAL METHODS OF FP .....A SPACING METHODS OF FP.....B NUTRITION.....C DISEASE PREVENTION.....D TREATMENT OF HEALTH PROBLEM.....E ANC/NC/PNC.....F CHILD CARE.....G ORAL REHYDRATION.....H OTHER.....X	
304	What type of services did you receive during this visit?	PILL SUPPLY.....A CONDOM SUPPLY.....B FOLLOW-UP FOR STERILIZATION.....C FOLLOW-UP FOR IUD INSERTION.....D FAMILY PLANNING ADVICE.....E OTHER FP SERVICES.....F CHILD CARE.....G ANC/NC/PNC.....H DISEASE PREVENTION.....I OTHER.....X	
305	Did she/he spend sufficient time with you?	YES.....1 NO.....2	
306	Did she/he talk to you nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3	
307	Have you visited a government health facility in the last 12 months?	YES.....1 NO.....2	→ 325

**SECTION-III: CONTD..**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
308	What type of health facility did you visit most recently for yourself or for your child (ren)?	GOVT/MUNICIPAL HOSPITAL.....11 GOVT DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RH/PHC.....14 SUB-CENTRE.....15 GOVT MOBILE CLINIC.....16 CAMP.....17 OTHER.....96									
309	What service did you go for?  Anything else?  (RECORD ALL MENTIONED)	PILL SUPPLY.....A CONDOM SUPPLY.....B FOLLOW-UP FOR STERILIZATION.....C FOLLOW-UP FOR IUD INSERTION.....D FAMILY PLANNING ADVICE.....E OTHER FP SERVICES.....F CHILD CARE.....G ANC/NC/PNC.....H TREATMENT OF HEALTH PROBLEMS.....I OTHER.....X									
310	During these visits, what were the different matters talked to you?  Anything else?  (RECORD ALL MENTIONED)	TERMINAL METHODS OF FAMILY P. ....A SPACING METHODS OF FAMILY P. ....B NUTRITION.....C DISEASE PREVENTION.....D TREATMENT OF HEALTH PROBLEM.....E ANC/NC/PNC.....F CHILD CARE.....G ORAL REHYDRATION.....H OTHER.....X									
311	Did you get the services that you went for?	YES.....1 NO.....2									
312	How long did you have to wait before being served?	MINUTES.....1 <table border="1" data-bbox="1241 1552 1364 1622" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> HOURS.....2 <table border="1" data-bbox="1241 1629 1364 1698" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> NO WAIT AT ALL.....995 OTHER(SPECIFY).....996									
313	Was centre well equipped?	YES.....1 NO.....2									
314	Did the staff talk to you nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3									

**SECTION-III: CONTD..**

<b>NO.</b>	<b>QUESTIONS AND FILTERS</b>	<b>CODING CATEGORIES</b>	<b>SKIP TO</b>
315	Did the staff respect your need for privacy?	YES.....1 NO.....2 SAYS PRIVACY NOT NEEDED.....3	
316	Would you say that the health facility was clean?	VERY CLEAN.....1 SOMEWHAT CLEAN.....2 NOT CLEAN AT ALL.....3	
317	Is the centre timing convenient?	YES.....1 NO.....2	
318	Is the centre convenient to reach?	YES.....1 NO.....2	
319	Was the doctor/ANM available?	YES.....1 NO.....2	
320	Were medicines available?	YES.....1 NO.....2	
321	Did the health staff explain to you how to take medicines?	YES.....1 NO.....2	
322	Was treatment effective?	YES.....1 NO.....2	
323	Did you have to pay for the treatment? EXCLUDING CASE CHARGE	YES.....1 NO.....2	
324	Would you recommend the centre to others?	YES.....1 NO.....2 CANNOT SAY.....8	<b>STOP</b>
325	What is the main reason for not visiting the centre?	CENTRE NOT CONVINIENTLY LOCATED.....01 CENTRE TIME IS NOT SUITABLE.....02 LONG WATING TIME.....03 POOR QUALITY SERVICES.....04 MEDICINES NOT AVAILABLE.....05 DOCTOR/ANM NOT AVAILABLE.....06 CENTRE NOT CLEAN.....07 NO PRIVACY.....08 CENTRE NOT WELL EQUIPPED.....09 NO NEED.....10 CENTRE TOO FAR .....11 ANM VISITS AT HOME .....12 PREFERS TO GO TO A PRIVATE FACILITY.....13 OTHER.....96	

## **APPENDIX-6**

### **Members of the Research Team**

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