

# **Verification of Authenticity of Reported Cases of Sterilisation and IUD Insertions: A Field Investigation in Rural Maharashtra**

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## CONTENTS

Chapter	Page
<i>Contents</i>	
<i>List of Tables</i>	
<i>Acknowledgements</i>	
I Introduction.....	1
II Objectives and Methodology.....	26
III Authenticity of Reported Cases of Sterilisation and IUD Insertions under the Target (1995) and Target-Free (1998) Periods in Aurangabad District.....	35
IV Characteristics of Sterilisation and IUD Acceptors in 1995 and 1998 as per the Registers Maintained at the PHCs.....	51
V Characteristics of Sterilisation and IUD Acceptors in 1995 and 1998 as observed in the Field Verification.....	61
VI Quality of Sterilisation and IUD Services Provided under the Target Oriented (1995) and Target-Free (1998) Periods .....	82
VII Summary of Findings.....	103

### *References*

### *Appendix 1 Interview Schedule*

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## List of Tables

Table No.		Page
1.1	Family planning performance in major states during TFA (1996-97) as compared to the previous year (1995-96)	16
1.2	Percentage effective CPR due to all methods as on 31 <sup>st</sup> March: 1980-1997	17
1.3	Family planning performance in Maharashtra: sterilisation users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99	18
1.4	Family planning performance in Maharashtra: IUD users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99	21
1.5	Percent change in sterilisation acceptance in Maharashtra between 1995-96 and 1998-99	24
1.6	Percent change IUD acceptance in Maharashtra between 1995-96 and 1998-99	25
2.1	Comparative social, demographic and economic indicators for Maharashtra state and Aurangabad district	33
3.1	Reported cases of sterilisation in Deogaon and Dhakephal PHCs in 1995 and 1998	37
3.2	Change in the reported cases of sterilisation in Deogaon and Dhakephal PHCs between 1995 and 1998	38
3.3	Reported cases of IUD acceptance in Deogaon and Dhakephal PHCs in 1995 and 1998	39
3.4	Change in the reported cases of IUD acceptance in Deogaon and Dhakephal PHCs between 1995 and 1998	39
3.5	Percentage distribution of reported cases of IUD and sterilisation in 1995 and 1998	40
3.6	Residence and acceptance status of registered acceptors of sterilisation in 1995 and 1998	49
3.7	Residence and acceptance status of registered acceptors of IUD in 1995 and 1998	50
4.1	Characteristics of sterilisation acceptors as per the PHC register in 1995 and 1998	55
4.2	Characteristics of IUD acceptors as per the PHC register in 1995 and 1998	59

## List of Tables

<b>Table No.</b>		<b>Page</b>
5.1	Characteristics of sterilisation and IUD acceptors in 1995 and 1998 as observed in the field verification	67
5.2	Mean age at sterilisation acceptance in 1995 and 1998	68
5.3	Mean age at IUD acceptance in 1995 and 1998	70
5.4	Mean number of living children at the time of sterilisation acceptance in 1995 and 1998	72
5.5	Mean number of living children at the time of IUD acceptance in 1995 and 1998	74
5.6	Characteristics of sterilisation acceptors in 1995 and 1998 as observed in the field verification	76
5.7	Characteristics of IUD acceptors in 1995 and 1998 as observed in the field verification	79
6.1	Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods	90
6.1a	Follow-up visit for sterilisation acceptors: Visit of health workers by number of visit and day of first follow-up visit	96
6.2	Quality of IUD services received under the target oriented (1995) and target-free (1998) periods	97
6.2a	Follow-up visit for IUD acceptors: Visit of health workers by number of visit and day of first follow-up visit	102

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## **Chapter I**

### **Introduction**

India's population policy has a long history. India launched its national family planning (later family welfare) programme in 1951 with a primary objective of reducing its population growth rate as quickly as possible. India's population policy and programme have evolved over the past five decades. It started with clinical approach in the beginning and during the 1960s, massive efforts were made to recruit acceptors of Intra-Uterine Devices (IUDs) and to promote the use of condoms. During the 1970s serious efforts were made to promote male and female sterilisation through mass campaigns. The excesses of these mass campaigns generated a set back to the programme. But in the 1980s, India renewed its commitment to voluntary family planning. As a result, public support to the programme started increasing gradually. However, in the process of implementing the programme, a strategy based on rewards, cash incentive to acceptors and providers and targets for the workers were introduced to expedite the progress. Since the mid-eighties, the family welfare programmes have evolved with the focus on the Maternal and Child Health (MCH) i.e., the health needs of the women in the reproductive age group and of children below the age group of 5 years. In 1997, government of India adopted a Reproductive and Child Health (RCH) programme to give a holistic approach to the child survival, maternal health and contraceptive issues.

#### **Target Oriented Family Planning Programme**

As mentioned earlier, the objective of the family welfare programme is to bring down the birth rate. Contraception is only an instrument for achieving the lower birth rate. The success of the programme, with reference to the objective, can be judged only on the basis of the reduction in the birth rate. Numerous surveys conducted by the independent agencies and individual researchers have shown that, the extent of contraceptive acceptance is less than indicated by statistics provided by central and state governments. The higher contraceptive prevalence shown by the government statistics has not led to corresponding reduction in the birth rate. By observing this paradox, while publishing the eighth five-year plan in 1992, the government of India listed several factors that had contributed to the poor realisation of its family welfare goals. According to this report, the family planning programme, which had been conceived and implemented by the Ministry

of Health and Family Welfare, had suffered from centralised planning and target-setting that allowed for little innovation and flexibility in the programme management. The plan document argued that the monitoring mechanism of the family welfare programme was limited to routine target reporting that too, of method specific contraceptive targets only. This led to a situation where achievement of contraceptive targets has become an end in itself. Issues pertaining to outreach of services, quality of services and the problems encountered in the field found little mention in the reporting system (Government of India, 1992). Over-reporting of target achievements and silence on the age group of acceptors of terminal methods led to false sense of achievement. All these contributed to the projection of a false picture of the prevailing situation. Several studies have revealed the inconsistencies between observed fertility levels and the service statistics based contraceptive use rates on the one hand and discrepancies between survey-based contraceptive prevalence rates and official service statistics-based couple protection rates on the other (Visaria *et al* 1994; ORG, 1990). The dysfunctional aspects of method specific targets can be summarised as follows:

1. The increase in the contraceptive prevalence rate had no corresponding significant impact on the decline in birth rates. The programme, with emphasis on the achievement of numerical targets and obsession with sterilisation have resulted in poor coverage of younger and low parity couples and the promotion of spacing methods (Sangwan and Maru, 1999);
2. Performance data provided by the Department of Health and Family Welfare at various levels was incomplete and unreliable. Wide gaps existed between the performance reported by the Department, even after using corrective factors for over-reporting, and independent survey results. Intense pressure to achieve targets was responsible for distortion of performance data at various levels (Narayana, 1998);
3. Emphasis on numerical targets had led to a situation where attention to the needs of the individual clients was completely ignored. Centralised planning and strategy formulation has made micro planning difficult. Target systems negated the principle of participatory management (Narayana, 1998);

4. A disproportionately large proportion of the targets (40 percent) is achieved in the last three months of the financial year although the service ought to be provided evenly throughout the year (Ministry of Health and Family Welfare, 1996, 1998). In order to achieve numerical targets, particularly for sterilisation, services were provided in camps mainly in the last quarter of the year. This had a disturbing effect on the quality of services provided.
5. With considerable pressure on workers to achieve targets and competition between workers of different government departments to increase the number of sterilisation cases, indirect and direct pressures (such as reprimands from supervisors, withdrawal of annual salary increments and the job transfers to undesirable posts) were exerted on service providers and ultimately on clients to promote the use of family planning methods (Visaria *et al*, 1999);
6. The implementation of method-specific targets for each provider and the monitoring of their performance in terms of achievement of these targets led to an over-emphasis on sterilisation and over-reporting and wastage of reversible methods (Jain, 1989; Visaria *et al*, 1995);
7. There was a wide-spread manipulation of the performance indicators relating to the acceptance of reversible methods of contraception even in states considered to be “relatively well-administered” (Visaria and Chari, 1998); and
8. The targets appeared unnecessary in states such as Kerala and Tamil Nadu, where fertility has declined to near or below replacement level (Visaria and Chari, 1998).

In all, target oriented family planning was severely criticised for its non-achievement of programme objectives, unreliability of performance data, inability to do micro-plans, distortions in method promoted, insensitivity to clients' needs, poor quality of services, stagnation of the programme and above all, the use of indirect coercion to achieve targets. The centrally imposed and monitored method-specific targets system had faced the above criticism and subject of ridicule for a long time. There was a general consensus to abolish the discredited and dysfunctional system. Population experts,



women's groups, non-governmental organisations and donor agencies have played an important role in highlighting the problems associated with numerical targets.

### **Target-Free Approach (TFA)**

The International Conference on Population and Development (ICPD), held at Cairo in September 1994, gave a fresh direction to population and development strategies and goals. The ICPD programme of Action places individuals in the centre of development and is built on the pillars of human rights and gender equity and equality. India is a signatory to the ICPD Programme of Action. A growing body of evidence and the consensus achieved in Cairo suggested that India's old system of numerical, method-specific targets and monetary incentives for clients and providers would not help in achieving desired population goals. The evidence also suggested that setting a broad range of reproductive health goals reduces fertility and enhances client satisfaction and health. Hence, the government of India strongly supported the Cairo Programme of Action in general, and reproductive health approach in particular. Towards this, government of India has taken several policy initiatives after the Cairo conference to enhance the access and quality of family planning and reproductive health services. As a move towards achieving the ICPD goals, government of India, on experimental basis, had withdrawn the targets for family planning methods in entire Kerala and Tamil Nadu during 1995-96 and in other states one or two districts were made "target-free". In the following year, even without reviewing the performance of the target-free states and districts, government of India took a bold decision to abolish the numerical targets for the entire country. As of April 1, 1996, the method-specific targets that had been prescribed by the central government to the country's more than 150,000 female health workers have been abolished. The decision to abolish targets in all the districts of Tamil Nadu and Kerala and in 18 districts in other major states was made in April 1995, and the decision to abolish targets in all districts of the country beginning April 1996 was made in September 1995.

A brief understanding of TFA is essential to study the effects of target-free situation on family planning acceptance. Family planning was made a part of a more comprehensive and ambitious Reproductive and Child Health package since October 1997 and TFA was re-christened as "Community Needs Assessment Approach" (CNA). This means that the top-down programme switched from an aggressively supply and promotion oriented one to meeting-the-demands on a wide array of areas under RCH including

family planning. The current TFA does not mean the license to do no work. Actually, population goals remain the same as before. In the TFA, the decentralised participatory planning approach, the emphasis is shifted to district-level planning. Health personnel no longer need struggle to meet targets set by the centre. Instead, the ANM will now determine her own workload on the basis of perceived needs of the community, and service them as determined by the number of pregnancies and live births in her area. Under this changed scenario, the health workers are expected to consult families and local communities in the beginning of the every year in order to assess their needs and preferences and then work out for themselves the programme and requirements for the coming year (Ministry of Health and Family Welfare, 1996; 1998). The requirement of each village needs to be worked out to arrive the requirements for the ANM; this becomes the target for ANM for the year. The workload of the different ANMs under one PHC, when added-up, would determine the workload or requirement for that PHC. Similarly requirement at district level would be worked out by adding up the requirement at all the PHCs. It is clear that the new "Community Needs Assessment Approach" (CNA), is based on the principles of bottom-up planning with greater community involvement and performance assessments based on quality indicators. The Government of India expects that the progress under the participatory system should be faster than the earlier top-down system and with active community participation in the family welfare programme, unmet needs would reduce, service coverage would increase, and the quality of all health services, including family planning, would improve. Sangwan and Maru (1999) have summarised the "paradigm shift" in the family welfare programme as follows:

	<b>Paradigm Shift</b>	
	<b>Target Approach</b>	<b>Target-Free Approach</b>
Driving force	Targets	Needs of the Community
Orientation	Provider	Client
Concern	Target Achievement	Quality of care
Goal	Demographic Impact	Reproductive Health
Approach	Top-down	Bottom-up

Under the target-free situation, to judge the performance of the workers in sub-centres and PHCs, the Government of India introduced the alternative indicators such as number of pregnant women registered for antenatal care (ANC), deliveries attended by skilled personnel, number of women given post-natal care, number of children immunised,

identification and management of RTI etc. The assumption was that if the MCH programme succeeds, then automatically the family planning acceptance will increase since already there is a higher unmet need for family planning in the community, and if good quality services are offered, couple will come on their own to adopt family planning methods. It was assumed that in the absence of targets, though the number of acceptors may be low, their quality in terms of fertility potential will be better. They may be younger in age and of lower parity, and hence, use of contraception by them may have a greater impact on fertility.

The main thrust of the TFA is improving the quality of health services, including the provision of high quality contraceptive services and MCH services. It is true that under the TFA, MCH services are strengthened but fears were expressed by the programme managers that under the TFA, the family planning acceptance would go down. Because: (i) adequate preparations were not made in terms of identifying alternative indicators for monitoring the performance of various health personnel and health centres; (ii) neither the allocation of resources increased to implement the new approach nor the modifications of programme strategies adopted to improve the quality of services; and (iii) health workers used to working under the target system for long time, and now no target may lead them to feel no work on family planning and this may result in birth rates and population growth rates to go up. Government also endorsed this view that the level of achievements for few later years might fall below the level of performance reported for earlier years (Ministry of Health and Family Welfare, 1996; 1998).

The TFA adopted by the government, since 1996 is coming under serious review by professionals, administrators and policy makers. In the target oriented period the family planning targets were essentially based on the number of sterilisation operations or sterilisation equivalents of IUD insertions, oral pills and condom distributions for achieving a predetermined decline in birth rate. Srinivasan (1999) observes that as long as there was a sizeable proportion of eligible couples who had far exceeded their desired family size in the population, and who do not want any more children at any cost, it was not difficult for the programme personnel to recruit the targeted number of cases of sterilisation or sterilisation equivalents. Srinivasan points out that, in many states, such a programme exhausted this high fertility pool in different years, from 1990, it was becoming increasingly difficult for the programme personnel to recruit cases for

sterilisation operations. To confirm his view, between 1990 to 1993, the states that had already done well in the family planning programme, i.e., Goa, Kerala, Maharashtra, Tamil Nadu and West Bengal, have protested against targets being imposed on them because they felt that their fertility levels were already low and the imposition of family planning targets of any kind was unreasonable. They also said that fertility goals and not family planning acceptor targets are to be considered as success of the family planning programme.

A review of the pilot phase of TFA by Sangwan and Maru (1999) in Maharashtra, Rajasthan, Andhra Pradesh, Gujarat, Madhya Pradesh and Uttar Pradesh reveals that those districts which had understood the concept of TFA and which could plan or design the implementation had performed well, while others who could not do so did not do well. For example, Maharashtra's Satara district and Rajasthan's Tonk and Dausa districts, which had implemented the programme with complete co-ordination and understanding improved the programme qualitatively.

#### **Family Planning Performance under TFA**

Since TFA to the family welfare programme has a recent origin the literature on family planning performance under the target-free situation is scanty. Only few case studies, which have documented the experience of some states, are available. However, the case studies have been undertaken by the state level family welfare administrators and not by independent researchers (see Ramana, 1998; Salunke and Narvekar, 1998; Lubhaya, 1998). As mentioned earlier, as a pilot phase, Government of India, in 1995-96, made one or two districts target-free in major states. The aim was to learn from their experience and to find out feasibility of adopting TFA for the country as a whole. But, from first April 1996, Government of India adopted the TFA for the entire country. The switch over was done without sufficient planning, preparation and alternate goals for monitoring and evaluation of programme at the field level.

Family planning performance during the eighth five-year plan period (1992-1996) has remained unaltered. Also there has been an increase in IUD and oral pill use till 1994-95. Hence, prior to the implementation of TFA, family planning programme was almost stable or registered an increase in the acceptance of spacing methods. The performance data published by the Ministry of Health and Family Welfare in the *Family Welfare*

*Yearbook (1996-97)* help us to understand the performance of the programme under the TFA. Family planning programme's performance between 1995-96 and 1996-97, i.e., during the first year of TFA (1996-97) is provided for all the 15 major states in Table 1.1. The performance between 1995-96 and 1996-97 indicates that at the national level there has been a reduction in the acceptance of sterilisation and IUD. The decline is 12.5 percent for sterilisation and 17 percent for IUD. At the national level oral pill use has registered an increase of 3 percent whereas condom use has declined marginally by 0.5 percent. The extent of reduction in sterilisation and IUD is not at all good news for a country with the population of about 1 billion and growth rate of 1.9 percent per annum. If this decline is adequately compensated by the increase in the quality of the acceptors, i.e., younger and lower parity couples, the birth rate will not be affected much failing which it has a serious implications for our efforts to reduce growth rate of the population.

Comparison of the performance between 1995-96 and 1996-97 shows that there are substantial differences in performance between the states. The table 1.1 shows that, with the exception of Kerala, Tamil Nadu, Karnataka and Rajasthan, the sterilisation performance during 1996-97, as compared to the previous year (1995-96), declined in 11 major states. It is a matter of concern that the decline in Bihar and Uttar Pradesh, the traditionally poor performing states, is very high, 69 percent 50 percent respectively. The exception in this group of states is Rajasthan. During the TFA period, Rajasthan witnessed an increase in performance by 19 percent for sterilisation (from 168,245 to 200,711). Rajasthan's own monitoring system, which were designed and introduced in the state one year before the introduction of TFA seems to have paid large dividends for the state (Lubhaya, 1998). The decline in sterilisation is only marginal in Andhra Pradesh (1.3 percent), Haryana (1.0 percent) and West Bengal (1.4 percent). It is surprising that Maharashtra, the consistently better performing state, has witnessed a decline to the tune of 8 percent immediately after the removal of the targets.

It is strange that in both Kerala and Tamil Nadu all the three temporary methods have declined during 1996-97. These two states have achieved TFR of 2.1 long before the CPR of 60 was reached. In both these states sterilisation was the major mode of contraception, suggesting that under conditions prevailing in these states the low utilisation of spacing methods was not a hindrance for the achievement of replacement fertility. Except Rajasthan, almost all the states have witnessed a heavy decline in

condom use. The fall in condom use during 1996-97 might, at least in part, be attributable to reduction in wastage.

It is clear that the number of acceptors of family planning methods almost collapsed under the TFA (1996-97) in those states where fertility was high. But, at the same time, the number of sterilisation continued to remain a fairly high level in those states where fertility was already low and declined. This suggests that once the fertility started declining at a higher pace there is no need to impose target.

The decline in the family planning performance under the TFA can be further witnessed in Couple Protection Rate (CPR) given for the 15 major states for the years 1990-97 in Table 1.2. It shows that except for Karnataka and Rajasthan, in all the other 13 major states, CPR has witnessed a decline in 1996-97. The table also reveals that from 1990 onwards in most of the states the CPR is almost stagnant or witnessing some decrease. Though the rates of CPR have decreased after the removal of targets, a similar level of decline had been observed prior to the implementation of the TFA and may actually reflect a decrease in exaggerated reporting of contraceptive use.

What are reasons for the decline in performance immediately after the withdrawal of the targets? Has TFA conveyed an undesirable meaning to the field level health workers? With no effective mechanism to monitor the performance of the officials under the TFA is there any feeling among them that there is no need to promote the family planning services? This relaxed attitude could have been one of the reasons for the decline of family planning performance that has been moderate in some states and significant in others. However, this decline was expected by the health administrators in the sense that, in the transitional phase the performance would go down because at various levels the functionaries do not have enough confidence in the new TFA. As a result many state directorates have gone back to the target system or in other words Expected Level of Achievements (ELAs).

Many states have not introduced the TFA in its full sense. States have made half-hearted attempts to introduce the new system and, simultaneously, continued with old system, which caused considerable confusion in the field (Ramachandran, 1999). For example, in Maharashtra and Andhra Pradesh, the health workers on one side, were asked

to set their own performance levels based on their community needs assessments, on the other side, targets were given by the state level directorates (Salunke and Narvekar, 1998; Dama and Pendse, 1997; Ramana, 1998). In fact, monitoring based on state given targets intensified at the end of fiscal year 1996-97 to improve performance, which had begun to decline. Sangwan and Maru (1999) after reviewing the target-free programme in the selected states concluded that, ".....the implementation of the TFA was limited to sensitisation of workers about TFA, conducting surveys and calculating workload. The service delivery in the field was not on the basis of clients' needs and the quality of care objective. The mindset was still target oriented. Monitoring was more on the basis of whether targets, now called ELA, had been achieved or not. Emphasis on how they were achieved was missing, which is important in TFA, as providing quality services is its major objective".

Visaria and Visaria (1998) have examined the process of implementation of the TFA in Rajasthan and Tamil Nadu and observed that with minor variations the family planning workload of the grassroots level workers in both the states is decided on the basis of the number of living children of the couples ("client segmentation approach") living in their area of work. They have also found that in Tamil Nadu, immunisation services, prenatal check-ups, health-worker visit to villages and mother's meetings to discuss wide-ranging issues have all increased significantly in the last seven or eight years, even prior to the ICPD. In Rajasthan also, they have noticed the improvements in the above areas, but at a slower pace than in Tamil Nadu. Based on the focus group discussions Visaria and Visaria observed that the grassroots level workers in Tamil Nadu enjoy better status as health care providers than they did as family planning providers.

### **Family Planning Performance under TFA in Maharashtra**

Maharashtra has always done very well in terms of its performance in family planning programme. The state has consistently achieved more than the targets set by the Ministry of Health and Family Welfare. However, when the directorate of health services reviewed the programme (Salunke and Narvekar, 1998) it found the following lapses in the family planning programme:

1. Rural-urban differences in demographic indicators had remained constant;

2. The performance was not uniform within the state, and the state was almost equally divided between high and low performance districts;
3. The rate of decline of CBR, CDR and IMR was decreasing in many districts; and
4. Despite overall social and economic improvement, the progress of vital indicators was not commensurate with the inputs.

These findings led the State authorities to formulate other effective approaches to improve family planning service delivery. Around the same time Government of India announced its pilot project of TFA in one district for each state. However, Government of Maharashtra decided to introduce TFA in its two districts, Satara and Wardha. The TFA approach in Satara was implemented according to the guidelines given by the central government whereas in Wardha the TFA was not implemented as per the guidelines. The experiences of TFA in these two districts showed the mixed results. Both the districts showed an improvement in MCH service indicators under the TFA. Antenatal care coverage, referral of high-risk cases, percentage of institutional deliveries and those attended by trained personnel and immunisation rates of new-borns increased (Salunke and Narvekar, 1998). A study conducted by the Population Research Centre of the Gokhale Institute of Politics & Economics also showed a similar increase in the quality of acceptors of family planning and increase in the MCH services in the pilot phase of TFA (Mulay, 1998). Officials attributed this improvement to the TFA, i.e., the obsession with the targets gone, the health workers were in a better position to channelise their energies into MCH activities as desired by the clients. Though the districts witnessed the increase in MCH services, their performance in family planning is less impressive (Table 1.3). In Satara, while the couple protection rate increased from the previous year, the number of sterilisation acceptors during the TFA year was less compared to the previous year. During the year 1994-95 the district performed 19,304 sterilisations. For the year 1995-96 the district could perform only 18,117 sterilisations. But this was also not achieved uniformly throughout the year. Number of sterilisations performed till November end was 10,610 and in the next four months, i.e., till March 1996 the achievement was 18,117. It means that 41 percent of the sterilisation was performed in 33 percent of the year (Mulay, 1998). This again reflects the rush to fulfil the targets, interestingly, even during the TFA regime. In terms of relative achievement, a 6 percent decline in sterilisation performance



was observed in Satara. Wardha district experienced a 0.7 percent decline in sterilisation performance. Many attributed this decline in sterilisation performance to the TFA. Though there is a decline in family planning performance, the quality of the programme seems to have increased. For example, in Satara, the percentage of acceptors of family planning method especially sterilisations, increased at lower ages and parities (Salunke and Narvekar, 1998; Mulay, 1998). Success of the programme in Satara is attributed to the TFA whereas the performance in Wardha is not attributed to the TFA, as it was never implemented. But it should be mentioned that in both the districts sterilisation performance went down in the pilot phase of the TFA.

Without giving an opportunity to Maharashtra to present their experiences of implementing TFA in Satara and Wardha districts, Government of India introduced the TFA in all the districts in 1996-1997. To implement the TFA throughout the State Maharashtra worked out its own plan based on the guidelines provided by the Government of India. Maharashtra termed the TFA as the Self-Determination of Targets. Districts were asked to determine the ELA. But, not only the ELA did not differ from the targets in the earlier system but also the same rush to fulfil the targets towards the end of the fiscal year was observed. The district plans for the year 1996-97 was based upon mere calculation and it did not take into consideration of the community need assessment (Narayana, 1998; Salunke and Narvekar, 1998).

As soon as Maharashtra government developed its own policy and had its own targets, again there was a rush to complete them. The year 1996-97 was thus an effect of withdrawal of targets in the beginning and the implementation of the new policy during the remaining days. In this process, the districts with the overall good performance did not show much change. But the non-performing districts turned-up with low performance to begin with. An analysis of the monthly progress of sterilisation performance by Mulay (1998) for the year 1996-97 provides the effect of TFA. She observed that, at the state level, 5.2 lakhs sterilisations were performed during 1996-97. Out of these, only 1.9 lakhs sterilisations (36 percent) were performed during the first half of the year and the remaining 3.3 lakhs (64 percent) were performed in the second half of the year. Thus, under the TFA in 1996-97, 36 percent of the performance took place in the first half, while the remaining 64 percent in the second half. As is usually observed under the target oriented period there is a seasonal pattern in the performance during the target programme

as well. As a result of withdrawal of targets, either the performance declined or/and the usually observed rush during the second half of the year persisted. In short, quantitatively, there was no significant change.

### **Family Planning Performance of the Districts during 1995-98**

Tables 1.3 and 1.4 provide the district-wise family planning (sterilisation and IUD) performance in Maharashtra for the years 1994-95 to 1998-99. The last column in each fiscal year gives the percentage change in the users of the method over the previous year. During 1996-97 i.e., the first year of TFA sterilisation performance declined in 25 out of 29 districts. The extent of decline is above 10 percent in 11 districts. Both decline and improvement are not restricted to any specific regions of the State. In almost all the regions districts have witnessed a decline. But the margin of decline is slightly less in Western Maharashtra compared to the districts of the rest of the regions. The maximum decline was witnessed in Aurangabad (36 percent). The sterilisation performance of the Corporations is mixed: while the performance in half of the corporations declined the remaining half witnessed an increase in the first year of the TFA. Acceptance of IUD also declined during 1996-97 over the previous year by 5 percent in Corporations. District-wise performance of IUD shows that the performance declined in 21 out of 29 districts.

The sterilisation performance in the second year of TFA (1997-98) registered an increase in most of the districts over the previous year. Except in 6 districts, the remaining 23 districts the sterilisation performance registered an increase. Even in the districts, which had registered a decline, the margin of decline is only below 3 percent. It seems in the second year of the TFA the state had picked up the loss it had faced during the first year of the TFA. But in 1997-98 this is not true with IUD; its acceptance came down in most of the districts (22 out of 29 districts). The performance of the sterilisation during the third year of the TFA (1998-99) again went downwards over the previous year (1997-98) in most of the districts. But the decline is not to the extent observed for the first year of the TFA. In eight districts the programme registered an increase and in another 15 districts it registered a decline to the extent of 0-5 percent. The transitional phase of the TFA gives an erratic performance figures for sterilisation and continuous decline for IUD.

Tables 1.5 and 1.6 compare the sterilisation and IUD achievement respectively for the year 1995-96 (target period) and 1998-99 for the districts of Maharashtra.

(Performance of the Corporations has not included in these tables since the data for Corporations for the year 1998-99 were not available at the time of preparing this chapter). This comparison is done to know the effect of removal of targets on the family planning methods in the state over the last four years. The percentage change in the achievement is presented in ascending order. Compared to 1995-96 the number of sterilisation performed in the state during 1998-99 has come down (453,936 to 424,265). In ten districts the sterilisation acceptance has increased under the target-free situation indicating non-relevance of targets in these districts. It means that the removal of targets did not affect the performance over the last four years in these districts. In the remaining 19 districts the number of sterilisation has come down. In those districts, where number of sterilisation have come down, the extent of decline is 0 to 5 percent in three districts, 5 to 10 percent in 4 districts, 11 to 20 percent in 6 six districts and 20 percent and above in 6 six districts. The maximum decline is observed in Aurangabad (44 percent). The removal of the targets really affected the performance seriously in 12 districts (decline of above 10 percent). Hence the TFA needs the area/region specific attention.

The number of IUD acceptors in the state has come down to 306,783 in 1998-99 from 364,592 in 1995-96. Among the 29 districts only Nanded has registered an increase of 22 percent in number of IUD users. Sindhudurg is maintaining its 1995-96 level in 1998-99 as well. In the remaining 27 districts, the number of IUD users has come down. The extent of decline in half of the districts is more than 10 percent. Among these half of the districts in 8 of them the decline is above 20 percent and most of these are backward districts from Marathwada and Vidharba regions. Small declines can be attributed to wastage and over reporting. But districts, which have experienced larger declines, need serious attention.

### **Conclusion**

Method-specific targets for family planning were removed throughout the country from April 1996. The effect of this sudden policy change is reflected in the nation-wide reduction in the acceptance of family planning methods in the first year of TFA. The sudden withdrawal of targets without any preparation and immediate alternative monitoring system caused considerable confusion at the field level. Many professionals have criticised the policy change. Some predicted chaotic outcomes for India (Ross, 1998; Srinivasan, 1999; Visaria and Chari, 1998). Some of them expected the increase in birth

rate and have questioned the removal of targets. Some expected that the programme would lose momentum under the TFA.

The foregoing analysis showed that the implementation of TFA varied considerably across the country. In some States, the target approach, in variant forms, still functional. Because the word target is replaced by either 'expected achievement' or 'goal to be achieved'. Some states have preferred a gradual approach to the withdrawal of the targets. The reason was that, till the workers had acquired the skill needed for implementing TFA, work should not suffer in the absence of targets. The family planning performance did not suffer in States like Kerala, Tamil Nadu and Karnataka whereas in Bihar, Madhya Pradesh and Uttar Pradesh the decline in sterilisation and IUD acceptance was greater. A review of the implementation of TFA in the pilot phase in Maharashtra, Rajasthan, Andhra Pradesh, Gujarat, Madhya Pradesh and Uttar Pradesh reveals that those districts which had understood the concept of TFA and which could plan or design the implementation had performed well, while others who could not do so did not do well (Sangwan and Maru, 1999). Though there are declines in performance in some states there is a general consensus among programme managers, academics and NGOs that ethical considerations, proper procedures and high-quality care cannot be compromised for the sake of achieving demographic goals.

**Table 1.1**  
**Family planning performance in major states during TFA (1996-97)**  
**as compared to the previous year (1995-96).**

Sr.No.	States	Percentage change in 1996-97 as compared to 1995-96 <sup>@</sup>			
		Sterilisation	IUD	Oral Pill	Condom
1	Andhrapradesh	-1.3	5.4	0.3	-25.3
2	Assam	-31.9	-6.0	-21.2	-33.6
3	Bihar	-69.0	-42.1	-35.2	-47.8
4	Gujarat	-13.2	-9.5	-7.4	-8.2
5	Haryana	-1.0	-3.4	8.6	-7.0
6	Kamataka	0.7	8.8	4.2	-4.3
7	Kerala	3.0	-7.6	-3.3	-13.6
8	Madhyapradesh	-3.3	-25.0	-3.3	-12.0
9	Maharashtra	-8.3	-4.9	-13.7	-29.1
10	Orissa	-9.3	-7.6	2.8	-14.3
11	Punjab	-5.4	32.2	-11.5	-8.6
12	Rajathan	19.3	21.7	63.1	39.2
13	Tamil Nadu	2.0	-4.5	-22.2	-24.6
14	Uttar Pradesh	-49.7	-26.7	-8.7	-30.0
15	West Bengal	-1.4	-12.7	12.2	-9.9
	All India*	-12.5	-17.2	3.1	-0.5 <sup>#</sup>

<sup>@</sup> Percentage change is calculated from the actual achievement figures provided in the source mentioned below (See tables B-10, B-11, B-12 and B-13).

\* Including smaller states and union territories.

<sup>#</sup> This figure appears smaller as compared to the state level figures because state figures does not include condoms distributed through other agencies (Ministry of Defence, Ministry of Railways and Community Distribution).

Source: Department of Family Welfare, Government of India, 1996. *Family Welfare programme in India : Year Book - 1996-97*. New Delhi : Department of Family Welfare.

**Table 1.2**  
**Percentage effective CPR due to all methods as on 31<sup>st</sup> March, 1980-1997**

Sr. No.	States	1980	1990	1991	1992	1993	1994	1995	1996	1997
1	Andhra Pradesh	25.6	42.9	44.3	45.3	45.3	48.2	49.4	48.3	46.9
2	Assam	19.3	28.2	28.2	27.6	25.2	23.6	22.6	21.2	19.1
3	Bihar	12.4	26.3	26.0	24.7	24.0	24.1	22.4	23.1	21.1
4	Gujarat	31.3	56.5	57.8	57.0	54.5	58.2	61.0	59.5	57.4
5	Haryana	29.1	58.9	56.6	55.8	52.7	54.9	56.0	54.7	53.9
6	Karnataka	22.3	46.0	46.9	48.3	48.2	50.3	52.7	54.3	55.6
7	Kerala	28.9	54.4	55.6	55.7	53.4	51.5	50.7	48.8	46.7
8	Madhya Pradesh	21.7	39.4	40.3	39.1	37.9	43.1	48.0	49.1	47.4
9	Maharashtra	34.5	54.4	56.2	55.5	53.2	54.0	54.1	53.5	51.0
10	Orissa	26.9	40.7	41.0	40.3	38.1	39.0	40.6	40.6	39.5
11	Punjab	23.5	73.2	75.8	73.6	70.9	77.4	79.1	81.2	76.9
12	Rajasthan	13.3	30.0	29.0	29.5	29.3	30.3	30.2	30.7	32.6
13	Tamil Nadu	28.2	57.1	57.3	57.3	54.5	54.9	54.8	53.5	51.7
14	Uttar Pradesh	11.5	33.3	35.5	33.7	33.2	36.5	37.1	40.7	37.2
15	West Bengal	21.4	33.1	33.7	34.5	34.3	34.9	35.7	35.2	34.2
	All India	22.3	43.3	44.1	43.6	43.5	45.4	45.8	46.5	45.4

Source: Department of Family Welfare, Government of India, 1998. *Family Welfare programme in India : Year Book - 1996-97*. New Delhi : Department of Family Welfare.  
 Table No. C.22

**Table 1.3: Family Planning Performance in Maharashtra: Sterilisation Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	District	1994-95			1995-96					1996-97				
		Target 1994-95	Achievement 1994-95	Percent Achieved 1994-95	Target 1995-96	Achievement 1995-96	Percent Achieved 1995-96	Increase/ decrease in sterilisations between 94-95 & 95-96	Percentage increase/ decrease in sterilisations 94-95 & 95-96	Target 1996-97	Achievement 1996-97	Percent Achieved 1996-97	Increase/ decrease in sterilisations between 95-96 & 97-96	Percentage increase/ decrease in sterilisations 95-96 & 97-96
1	Raigad	13,000	13,046	100.4	13,000	12,745	98.0	-301	-2.3	14,230	9,430	66.3	-3315	-26.0
2	Ratnagiri	10,500	10,580	100.8	10,500	9,466	90.2	-1114	-10.5	12,040	10,562	87.7	1,096	11.6
3	Thane	22,700	19,363	85.3	22,700	18,631	82.1	-732	-3.8	25,910	15,322	59.1	-3309	-17.8
4	Ahmednagar	25,700	26,581	103.4	25,700	26,222	102.0	-359	-1.4	26,310	24,205	92.0	-2017	-7.7
5	Dhule	18,400	18,408	100.0	18,400	18,408	100.0	-	0.0	19,780	13,153	66.5	-5255	-28.5
6	Jalgaon	25,700	23,958	93.2	25,700	23,388	91.0	-570	-2.4	24,870	22,267	89.5	-1121	-4.8
7	Nasik	24,400	24,410	100.0	24,400	22,268	91.3	-2142	-8.8	24,990	20,065	80.3	-2203	-9.9
8	Pune	26,800	27,517	102.7	26,800	26,635	100.1	-682	-2.5	26,940	24,767	91.9	-2068	-7.7
9	Solapur	21,800	22,018	101.0	21,800	19,988	91.7	-2030	-9.2	20,490	20,524	100.2	536	2.7
10	Satara	19,300	19,304	100.0	-	18,117	-	-1187	-6.1	19,120	17,760	92.9	-357	-2.0
11	Kolhapur	21,400	21,815	101.9	21,400	21,809	101.9	-6	0.0	20,150	20,197	100.2	-1612	-7.4
12	Sangli	19,300	19,996	103.6	21,300	19,321	90.7	-675	-3.4	17,240	17,475	101.4	-1846	-9.6
13	Sindhudurg	4,700	4,251	90.4	4,700	4,719	100.4	468	11.0	6,490	4,257	65.6	-462	-9.8
14	Aurangabad	15,700	13,189	84.0	13,900	14,542	104.6	1,353	10.3	12,790	9,234	72.2	-5308	-36.5
15	Beed	13,900	14,251	102.5	18,800	10,974	58.4	-3277	-23.0	14,210	14,160	99.6	3,186	29.0
16	Jalna	11,800	11,802	100.0	15,700	12,592	80.2	790	6.7	10,640	8,511	80.0	-4081	-32.4
17	Nanded	21,200	21,257	100.3	21,200	19,101	90.1	-2156	-10.1	18,180	18,187	100.0	-914	-4.8
18	Latur	12,900	14,368	111.4	12,900	14,484	112.3	116	0.8	13,080	13,135	100.4	-1349	-9.3
19	Osmanabad	10,900	10,907	100.1	10,900	10,900	100.0	-7	-0.1	9,960	8,965	90.0	-1935	-17.8
20	Parbhani	15,400	15,421	100.1	15,400	15,411	100.1	-10	-0.1	16,510	15,392	93.2	-19	-0.1
21	Akoia	16,100	16,482	102.4	16,100	17,121	106.3	639	3.9	17,270	14,521	84.1	-2600	-15.2
22	Amaravati	12,300	12,300	100.0	12,300	12,301	100.0	1	0.0	13,770	9,875	71.7	-2426	-19.7
23	Buldhana	12,900	12,902	100.0	12,900	11,710	90.8	-1192	-9.2	14,710	9,155	62.2	-2555	-21.8
24	Yeotmal	16,100	16,107	100.0	16,100	15,064	93.6	-1043	-6.5	16,200	14,745	91.0	-319	-2.1
25	Bhandara	16,000	16,019	100.1	16,000	17,159	107.2	1,140	7.1	16,420	15,634	95.2	-1525	-8.9
26	Chandrapur	12,200	12,814	105.0	12,200	12,438	102.0	-376	-2.9	13,820	12,846	93.0	408	3.3
27	Gadchiroli	6,400	6,419	100.3	6,400	6,187	96.7	-232	-3.6	6,140	5,430	88.4	-757	-12.2
28	Nagpur	13,400	13,421	100.2	13,400	13,428	100.2	7	0.1	12,970	11,454	88.3	-1974	-14.7
29	Wardha	8,600	8,667	100.8	-	8,607	(60)	-60	-0.7	8,330	8,414	101.0	-193	-2.2
	Total	469,500	467,573	99.6	441,600	453,936	102.8	-13637	-2.9	473,580	409,642	86.5	-44294	-9.8

table contd...

**Table 1.3: Family Planning Performance in Maharashtra: Sterilisation Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	District	1997-98					1998-99					1995-96 to 1998-99	
		Target 1997-98	Achievement 1997-98	Percent Achieved 1997-98	Increase/decrease in sterilisations between 96-97 & 97-98	Percentage Increase/decrease in sterilisations 96-97 & 97-98	Target 1998-99	Achievement 1998-99	Percent Achieved 1998-99	Increase/decrease in sterilisations between 97-98 & 98-99	Percentage Increase/decrease in sterilisations 97-98 & 98-99	Increase/decrease in sterilisations between 95-96 & 98-99	Percentage Increase/decrease in sterilisations 95-96 & 98-99
1	Raigad	11,740	9,987	85.1	557	5.9	11,828	9,817	83.0	-170	-1.7	-2928	-23.0
2	Ratnagiri	10,203	10,273	100.7	-289	-2.7	10,279	10,291	100.1	18	0.2	825	8.7
3	Thane	17,772	15,472	87.1	150	1.0	17,905	15,575	87.0	103	0.7	-3056	-16.4
4	Ahmednagar	25,669	23,541	91.7	-664	-2.7	25,861	20,253	78.3	-3288	-14.0	-5969	-22.8
5	Dhule	16,656	13,046	78.3	-107	-0.8	16,781	14,684	87.4	1618	12.4	-3744	-20.3
6	Jalgaon	23,204	23,251	100.2	984	4.4	23,378	22,211	95.0	-1040	-4.5	-1177	-5.0
7	Nasik	22,248	20,437	91.9	372	1.9	22,414	20,486	91.4	49	0.2	-1782	-8.0
8	Pune	26,373	33,344	126.4	8577	34.6	26,570	27,250	102.6	-6094	-18.3	415	1.5
9	Solapur	20,843	25,508	122.4	4984	24.3	20,999	25,026	119.2	-482	-1.9	5038	25.2
10	Satara	18,394	26,911	146.3	9151	51.5	18,532	19,261	103.9	-7650	-28.4	1144	6.3
11	Kolhapur	21,274	26,141	132.3	7944	39.3	21,433	23,058	107.6	-5083	-18.1	1249	5.7
12	Sangli	18,931	25,108	132.6	7633	43.7	19,073	21,274	111.5	-3834	-15.3	1953	10.1
13	Sindhudurg	4,409	4,511	102.3	254	6.0	4,442	4,451	100.2	-60	-1.3	-268	-5.7
14	Aurangabad	11,672	10,147	86.9	913	9.9	11,759	8,094	68.8	-2053	-20.2	-6448	-44.3
15	Beed	14,318	14,562	101.7	402	2.8	14,425	13,462	93.3	-1100	-7.6	2488	22.7
16	Jalna	10,429	10,431	100.0	1920	22.6	10,507	8,407	80.0	-2024	-19.4	-4185	-33.2
17	Nanded	19,515	19,812	101.5	1625	8.9	19,661	19,044	96.9	-768	-3.9	-57	-0.3
18	Latur	13,996	12,598	90.0	-537	-4.1	14,101	12,762	90.5	164	1.3	-1722	-11.9
19	Osmanabad	10,257	10,290	100.3	1325	14.8	10,334	9,672	93.6	-618	-6.0	-1228	-11.3
20	Parbhani	15,408	15,409	100.0	17	0.1	15,523	13,273	85.5	-2136	-13.9	-2138	-13.9
21	Akola	16,041	14,139	88.1	-382	-2.6	16,161	13,742	85.0	-397	-2.8	-3379	-19.7
22	Amaravati	11,492	10,782	93.8	907	9.2	11,578	10,574	91.3	-208	-1.9	-1727	-14.0
23	Buldhana	11,258	9,708	86.2	553	6.0	11,340	10,137	89.4	429	4.4	-1573	-13.4
24	Yavatmal	15,305	14,268	93.2	-479	-3.2	15,420	15,421	100.0	1155	8.1	357	2.4
25	Bhandara	16,270	17,010	104.5	1376	8.8	16,393	15,933	97.2	-1077	-6.3	-1226	-7.1
26	Chandrapur	12,699	13,528	106.5	682	5.3	12,794	13,218	103.3	-310	-2.3	780	6.3
27	Gadchiroli	6,012	6,353	105.7	923	17.0	6,057	6,059	100.0	-294	-4.6	-128	-2.1
28	Nagpur	12,768	12,770	100.0	1316	11.5	12,863	12,220	95.0	-550	-4.3	-1208	-9.0
29	Wardha	8,563	8,596	100.4	182	2.2	8,627	8,630	100.0	34	0.4	23	0.3
	<b>Total</b>	<b>443,717</b>	<b>459,931</b>	<b>103.7</b>	<b>50289</b>	<b>12.3</b>	<b>447,038</b>	<b>424,265</b>	<b>94.9</b>	<b>-35666</b>	<b>-7.8</b>	<b>-29671</b>	<b>-6.5</b>



**Table 1.3: Family Planning Performance in Maharashtra: Sterilisation Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	Corporations	1994-95			1995-96					1996-97				
		Target 1994-95	Achievement 1994-95	Percent Achieved 1994-95	Target 1995-96	Achievement 1995-96	Percent Achieved 1995-96	Increase/decrease in sterilisations between 94-95 & 95-96	Percentage increase/decrease in sterilisations 94-95 & 95-96	Target 1996-97	Achievement 1996-97	Percent Achieved 1996-97	Increase/decrease in sterilisations between 95-96 & 96-97	Percentage increase/decrease in sterilisations 95-96 & 96-97
30	Gr.Mumbai	55,700	46,021	82.6	55,700	44,498	79.9	-1523	-3.3	77,340	44,640	57.7	142	0.3
31	Navi Mumbai	5,800	4,214	72.7	5,800	4,644	80.1	430	10.2	2,400	2,354	98.1	-2290	-49.3
32	Thane	5,300	4,963	93.6	5,300	4,814	90.8	-149	-3.0	6,220	5,290	85.0	476	9.9
33	Kalyan	7,500	6,568	87.5	5,500	6,375	115.9	-191	-2.9	6,410	4,379	68.3	-1998	-31.3
34	Nasik	15,000	14,819	97.5	15,000	14,752	98.3	133	0.9	5,050	6,569	130.1	-8183	-55.5
35	Pune	4,500	4,797	106.6	4,500	4,338	96.4	-461	-9.6	12,180	13,573	111.3	9237	213.0
36	PCMC	7,700	7,702	100.0	7,700	7,431	96.5	-271	-3.5	4,030	4,103	101.8	-3328	-44.8
37	Solapur	4,300	4,207	97.8	4,300	3,765	87.6	-442	-10.5	4,720	7,281	154.3	3518	93.4
38	Kolhapur	5,800	5,814	100.2	5,800	5,873	101.3	59	1.0	3,170	3,329	105.0	-2544	-43.3
39	Aurangabad	3,300	3,168	95.9	3,300	3,060	92.7	-108	-3.3	4,470	4,610	103.1	1550	50.7
40	Amaravati	13,500	11,419	84.6	13,500	10,678	79.1	-741	-6.5	3,390	3,015	88.9	-7663	-71.8
41	Nagpur	2,100	1,393	66.3	2,100	2,008	95.5	613	44.0	12,680	10,112	79.7	8108	404.1
Total		130,500	114,881	88.0	130,500	112,232	86.0	-2649	-2.3	142,070	109,255	76.9	-2977	-2.7
State Total		600,000	582,454	97.1	572,100	566,168	99.0	-16286	-2.8	616,650	518,897	84.1	-47271	-8.3

Satara and Wardha were target-free districts in 1995-96.

Data for the years 1997-98 and 1998-99 were not available for corporations

Source: Directorate of Health Services, Maharashtra, Pune

**Table 1.4: Family Planning Performance in Maharashtra: IUD Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	District	1994-95			1995-96					1996-97				
		Target 1994-95	Achievement 1994-95	Percent Achieved 1994-95	Target 1995-96	Achievement 1995-96	Percent Achieved 1995-96	Increase/decrease in IUD users between 94-95 & 95-96	Percentage increase/decrease in IUD users 94-95 & 95-96	Target 1996-97	Achievement 1996-97	Percent Achieved 1996-97	Increase/decrease in IUD users between 95-96 & 97-98	Percentage increase/decrease in IUD users 95-96 & 97-98
1	Raigad	12,960	9,740	75.2	12,960	8,919	68.8	-821	-8.4	14,230	7,332	51.5	-1587	-17.8
2	Ratnagiri	10,250	9,443	92.1	10,250	8,689	84.8	-754	-8.0	12,040	9,599	79.7	910	10.5
3	Thane	20,690	14,195	68.6	20,690	13,743	66.4	-452	-3.2	25,910	13,398	51.7	-347	-2.5
4	Ahmednagar	24,760	24,765	100.0	24,760	24,774	100.1	9	0.0	26,310	22,549	85.7	-2225	-9.0
5	Dhule	17,950	11,928	66.5	17,950	11,811	65.8	-117	-1.0	19,780	10,300	52.1	-1511	-12.8
6	Jalgaon	22,860	20,580	90.0	22,860	19,882	87.0	-698	-3.4	24,870	17,487	70.3	-2395	-12.0
7	Nasik	23,580	18,388	78.0	23,580	17,194	72.9	-1194	-6.5	24,990	15,440	61.8	-1754	-10.2
8	Pune	24,170	16,147	66.8	24,170	16,302	67.4	155	1.0	26,940	17,151	63.7	849	5.2
9	Solapur	17,700	17,735	100.2	17,700	17,029	96.2	-706	-4.0	20,490	15,115	73.8	-1914	-11.2
10	Satara	18,520	14,224	76.8	-	13,548	-	-676	-4.8	19,120	12,773	66.8	-775	-5.7
11	Kolhapur	18,520	17,421	94.1	18,520	17,689	95.5	268	1.5	20,150	18,405	91.3	716	4.0
12	Sangli	16,070	15,702	97.7	16,070	15,341	95.5	-361	-2.3	17,240	14,150	82.1	-1191	-7.8
13	Sindhudurg	5,820	5,575	95.8	5,820	5,694	97.8	119	2.1	6,490	5,306	81.8	-388	-6.8
14	Aurangabad	12,380	10,137	81.9	12,380	8,846	71.5	-1291	-12.7	12,790	7,704	60.2	-1142	-12.9
15	Beed	12,970	12,058	93.0	12,970	12,254	94.5	196	1.6	14,210	11,913	83.8	-341	-2.8
16	Jalna	10,610	9,172	86.4	10,610	8,825	83.2	-347	-3.8	10,640	8,764	82.4	-61	-0.7
17	Nanded	17,690	8,503	48.1	17,690	7,031	39.7	-1472	-17.3	18,180	10,685	58.8	3654	52.0
18	Latur	12,970	11,851	91.4	12,970	11,918	91.9	67	0.6	13,080	8,255	63.1	-3663	-30.7
19	Osmanabad	10,030	9,022	90.0	10,030	7,842	78.2	-1180	-13.1	9,960	8,033	80.7	191	2.4
20	Parbhani	16,500	15,645	94.8	16,500	13,584	82.3	-2061	-13.2	16,510	12,193	73.9	-1391	-10.2
21	Akola	15,970	14,546	91.1	15,970	15,439	96.7	893	6.1	17,270	13,499	78.0	-1970	-12.8
22	Amaravati	11,820	10,548	89.2	11,820	10,697	90.5	149	1.4	13,770	11,113	80.7	416	3.9
23	Buldhana	13,140	11,861	90.3	13,140	12,569	95.7	708	6.0	14,710	11,711	79.6	-858	-6.8
24	Yeotmal	15,160	15,165	100.0	15,160	14,185	93.6	-980	-6.5	16,200	14,742	91.0	557	3.9
25	Bhandara	16,360	13,921	85.1	16,360	13,719	83.9	-202	-1.5	16,440	13,332	81.1	-387	-2.8
26	Chandrapur	13,420	11,586	86.3	13,420	11,079	82.6	-507	-4.4	13,820	11,298	81.8	219	2.0
27	Gadchiroli	5,820	5,024	86.3	5,820	4,897	84.1	-127	-2.5	6,140	4,123	67.1	-774	-15.8
28	Nagpur	12,570	11,953	95.1	12,570	13,461	107.1	1508	12.6	12,970	10,495	80.9	-2966	-22.0
29	Wardha	7,580	7,654	101.0	-	7,631	-	-23	-0.3	8,330	7,233	86.8	-398	-5.2
	Total	438,840	374,489	85.3	412,740	364,592	88.3	-9897	-2.6	473,580	344,066	72.7	-20526	-5.6

table contd...

**Table 1.4: Family Planning Performance in Maharashtra: IUD Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	District	1997-98					1998-99					1995-96 to 1998-99	
		Target 1997-98	Achievement 1997-98	Percent Achieved 1997-98	Increase/decrease in IUD users between 96-97 & 97-98	Percentage increase/decrease in IUD users 96-97 & 97-98	Target 1998-99	Achievement 1998-99	Percent Achieved 1998-99	Increase/decrease in IUD users between 97-98 & 98-99	Percentage increase/decrease in IUD users 97-98 & 98-99	Increase/decrease in IUD users between 95-96 & 98-99	Percentage increase/decrease in IUD users 95-96 & 98-99
1	Raigad	8,663	6,989	80.7	-343	-4.7	7,828	7,738	98.9	749	10.7	-1181	-13.2
2	Ratnagiri	9,244	8,345	90.3	-1254	-13.1	8,352	7,842	93.9	-503	-6.0	-847	-9.7
3	Thane	13,778	11,993	87.0	-1403	-10.5	12,450	11,286	90.7	-707	-5.9	-2457	-17.9
4	Ahmednagar	24,029	23,168	96.4	619	2.7	21,712	23,579	108.6	411	1.8	-1195	-4.8
5	Dhule	11,346	9,250	81.5	-1050	-10.2	10,252	8,819	86.0	-431	-4.7	-2992	-25.3
6	Jalgaon	19,316	13,968	72.3	-3521	-20.1	17,454	12,448	71.3	-1518	-10.9	-7434	-37.4
7	Nasik	17,007	13,526	79.5	-1914	-12.4	15,367	12,089	78.7	-1437	-10.6	-5105	-29.7
8	Pune	16,533	15,191	91.9	-1960	-11.4	14,939	14,021	93.9	-1170	-7.7	-2281	-14.0
9	Solapur	16,626	12,006	72.2	-3109	-20.6	15,024	9,292	61.8	-2714	-22.6	-7737	-45.4
10	Satara	13,515	14,094	104.3	1321	10.3	12,212	12,188	99.8	-1906	-13.5	-1360	-10.0
11	Kolhapur	17,838	18,545	104.0	140	0.8	16,118	15,794	98.0	-2751	-14.8	-1895	-10.7
12	Sangli	15,064	13,748	91.3	-402	-2.8	13,912	14,464	104.0	716	5.2	-877	-5.7
13	Sindhudurg	5,525	5,424	98.2	118	2.2	4,992	5,694	114.1	270	5.0	0	0.0
14	Aurangabad	8,896	7,397	83.1	-307	-4.0	8,034	6,730	83.8	-667	-9.0	-2116	-23.9
15	Beed	12,075	11,966	99.1	53	0.4	10,911	11,365	104.2	601	5.0	-889	-7.3
16	Jaina	8,920	7,558	84.7	-1206	-13.8	8,060	7,640	94.8	82	1.1	-1185	-13.4
17	Nanded	8,740	8,963	102.6	-1722	-16.1	7,897	8,562	108.4	-401	-4.5	1531	21.8
18	Latur	10,675	7,960	74.6	-295	-3.6	9,666	8,316	86.0	356	4.5	-3602	-30.2
19	Osmanabad	8,299	8,180	98.6	147	1.8	7,498	7,347	98.0	-833	-10.2	-495	-6.3
20	Parbhani	13,807	10,954	79.3	-1239	-10.2	12,476	12,572	100.8	1618	14.8	-1012	-7.4
21	Akola	14,485	9,449	65.2	-4020	-29.8	13,086	10,438	79.8	989	10.5	-5001	-32.4
22	Amaravati	10,780	10,451	96.9	-662	-6.0	9,740	9,876	101.4	-575	-5.5	-821	-7.7
23	Buldhana	12,057	11,138	92.4	-573	-4.9	10,894	11,356	104.2	218	2.0	-1213	-9.7
24	Yeotmal	14,697	13,086	89.0	-1656	-11.2	13,280	13,191	99.3	105	0.8	-994	-7.0
25	Bhandara	13,657	12,627	92.5	-705	-5.3	12,340	10,880	88.2	-1747	-13.8	-2839	-20.7
26	Chandrapur	11,305	10,956	96.9	-342	-3.0	10,215	10,185	99.7	-771	-7.0	-894	-8.1
27	Gadchiroli	4,681	4,064	86.8	-59	-1.4	4,230	3,440	81.3	-624	-15.4	-1457	-29.8
28	Nagpur	11,970	10,350	86.5	-145	-1.4	10,815	12,234	113.1	1884	18.2	-1227	-9.1
29	Wardha	7,506	7,296	97.2	63	0.9	6,782	7,397	109.1	101	1.4	-234	-3.1
	Total	361,034	318,640	88.3	-25426	-7.4	326,536	306,783	94.0	-11857	-3.7	-57809	-15.9

table contd...

**Table 1.4: Family Planning Performance in Maharashtra: IUD Users in 1994-95, 1995-96, 1996-97, 1997-98 and 1998-99**

Sr. No.	Corporations	1994-95			1995-96					1996-97				
		Target 1994-95	Achievement 1994-95	Percent Achieved 1994-95	Target 1995-96	Achievement 1995-96	Percent Achieved 1995-96	Increase/ decrease in IUD users between 94-95 & 95-96	Percentage Increase/ decrease in IUD users 94-95 & 95-96	Target 1996-97	Achievement 1996-97	Percent Achieved 1996-97	Increase/ decrease in IUD users between 95-96 & 96-97	Percentage Increase/ decrease in IUD users 95-96 & 96-97
30	Gr.Mumbai	66,820	46,824	70.1	66,820	49,343	73.8	2,519	5.4	77,340	44,640	57.7	-4703	-9.5
31	Navi Mumbai	6,120	5,678	92.8	6,120	6,125	100.1	447	7.9	2,400	2,354	98.1	-3771	-81.6
32	Thane	5,820	5,277	90.7	5,820	5,625	96.6	348	6.6	6,220	5,290	85.0	-335	-6.0
33	Kalyan	4,410	4,185	94.9	4,410	4,469	101.3	284	6.8	6,410	4,379	68.3	-90	-2.0
34	Nasik	11,480	9,824	85.6	11,480	10,002	87.1	178	1.8	5,050	6,569	130.1	-3433	-34.3
35	Pune	3,540	2,873	81.2	3,540	2,205	62.3	-668.00	-23.3	12,190	13,573	111.3	11368	515.6
36	PCMC	5,300	4,015	75.8	5,300	3,943	74.4	-72.00	-1.8	4,030	4,103	101.8	160	4.1
37	Solapur	3,540	2,904	82.0	3,540	3,509	99.1	605	20.8	4,720	7,281	154.3	3772	107.5
38	Kolhapur	4,370	4,872	111.5	4,370	5,671	129.8	799	16.4	3,170	3,329	105.0	-2342	-41.3
39	Aurangabad	2,600	3,008	115.7	2,600	3,227	124.1	219	7.3	4,470	4,610	103.1	1383	42.9
40	Amaravati	11,260	11,161	99.1	11,260	10,426	92.6	-735.00	-6.6	3,390	3,015	88.9	-7411	-71.1
41	Nagpur	1,900	1,173	61.7	1,900	1,493	78.6	320	27.3	12,680	10,112	79.7	8619	577.3
	Total	127,160	101,794	80.1	127,160	106,038	83.4	4,244	4.2	142,070	109,255	76.9	3217	3.0
	State Total	566,000	476,283	84.1	539,900	470,630	87.2	-5653.00	-1.2	615,650	453,321	73.6	-17309	-3.7

Satara and Wardha were target-free districts in 1995-96.

Data for the years 1997-98 and 1998-99 were not available for corporations

Source: Directorate of Health Services, Maharashtra, Pune

**Table 1.5****Percent change in sterilisation acceptance in Maharashtra between 1995-96 & 1998-99#**

Sr.No.	District	Achievment 1995-96	Achievment 1998-99	Increase/ decrease in sterilisations between 95-96 & 98-99	Percentage increase/ decrease in sterilisations 95-96 & 98-99
1	Solapur	19,988	25,026	5038	25.2
2	Beed	10,974	13,462	2488	22.7
3	Sangli	19,321	21,274	1953	10.1
4	Ratnagiri	9,466	10,291	825	8.7
5	Satara	18117*	19,261	1144	6.3
6	Chandrapur	12,438	13,218	780	6.3
7	Kolhapur	21,809	23,058	1249	5.7
8	Yeotmal	15,064	15,421	357	2.4
9	Pune	26,835	27,250	415	1.5
10	Wardha	8607*	8,630	23	0.3
11	Naded	19,101	19,044	-57	-0.3
12	Gadchiroli	6,187	6,059	-128	-2.1
13	Jalgaon	23,388	22,211	-1177	-5.0
14	Sindhudurg	4,719	4,451	-268	-5.7
15	Bhandara	17,159	15,933	-1226	-7.1
16	Nasik	22,268	20,486	-1782	-8.0
17	Nagpur	13,428	12,220	-1208	-9.0
18	Osmanabad	10,900	9,672	-1228	-11.3
19	Latur	14,484	12,762	-1722	-11.9
20	Buldhana	11,710	10,137	-1573	-13.4
21	Parbhani	15,411	13,273	-2138	-13.9
22	Amaravati	12,301	10,574	-1727	-14.0
23	Thane	18,631	15,575	-3056	-16.4
24	Akola	17,121	13,742	-3379	-19.7
25	Dhule	18,408	14,664	-3744	-20.3
26	Ahmednagar	26,222	20,253	-5969	-22.8
27	Raigad	12,745	9,817	-2928	-23.0
28	Jalna	12,592	8,407	-4185	-33.2
29	Aurangabad	14,542	8,094	-6448	-44.3
	Total	453,936	424,265	-29671	-6.5

# Excluding Corporations

\* Target-free district in 1995-96

**Table 1.6**  
**Percent change in IUD acceptance in Maharashtra between 1995-96 and 1998-99#**

Sr. No.	District	Achievment 1995-96	Achievment 1998-99	Increase/ decrease in IUD users between 95-96 & 98-99	Percentage increase/ decrease in IUD users 95-96 & 98-99
1	Nanded	7,031	8,562	1531	21.8
2	Sindhudurg	5,694	5,694	0	0.0
3	Wardha	7631*	7,397	-234	-3.1
4	Ahmednagar	24,774	23,579	-1195	-4.8
5	Sangli	15,341	14,464	-877	-5.7
6	Osmanabad	7,842	7,347	-495	-6.3
7	Yeotmal	14,185	13,191	-994	-7.0
8	Beed	12,254	11,365	-889	-7.3
9	Parbhani	13,584	12,572	-1012	-7.4
10	Amaravati	10,697	9,876	-821	-7.7
11	Chandrapur	11,079	10,185	-894	-8.1
12	Nagpur	13,461	12,234	-1227	-9.1
13	Buldhana	12,569	11,356	-1213	-9.7
14	Ratnagiri	8,689	7,842	-847	-9.7
15	Satara	13548*	12,188	-1360	-10.0
16	Kolhapur	17,689	15,794	-1895	-10.7
17	Raigad	8,919	7,738	-1181	-13.2
18	Jalna	8,825	7,640	-1185	-13.4
19	Pune	16,302	14,021	-2281	-14.0
20	Thane	13,743	11,286	-2457	-17.9
21	Bhandara	13,719	10,880	-2839	-20.7
22	Aurangabad	8,846	6,730	-2116	-23.9
23	Dhule	11,811	8,819	-2992	-25.3
24	Nasik	17,194	12,089	-5105	-29.7
25	Gadchiroli	4,897	3,440	-1457	-29.8
26	Latur	11,918	8,316	-3602	-30.2
27	Akola	15,439	10,438	-5001	-32.4
28	Jalgaon	19,882	12,448	-7434	-37.4
29	Solapur	17,029	9,292	-7737	-45.4
	<b>Total</b>	<b>364,592</b>	<b>306,783</b>	<b>-57809</b>	<b>-15.9</b>

# Excluding Corporations

\* Target-free district in 1995-96

Source: Directorate of Health Services, Maharashtra, Pune

## **Chapter II**

### **Objectives and Methodology**

Under the earlier top-down target oriented programme, the performance statistics was often inflated by the health workers to show the complete achievement of the method-specific targets assigned to them in their area. Now, the new TFA envisages the decentralised planning at the levels of sub-centre, where grassroots level workers would set targets for themselves after assessing the needs of the clients (Community Needs Assessment). Since the health workers themselves set the targets it is expected that there is no need for them to report any false achievement. Further, inflating the statistics under the TFA goes against the spirit of the holistic approach given to the RCH programme. Now, with the absence of any reprimands under the TFA for not fulfilling the targets, certainly the acceptance statistics should not suffer from any biased reporting by the field workers. Naturally, Ministry of Health and Family Welfare would be interested in knowing the genuineness of the family planning statistics under the TFA. The Ministry has communicated its interest to the Population Research Centre in mid 1998. Thus, the present study is undertaken, at the request of the Ministry of Health and Family Welfare, New Delhi, to verify the authenticity of reported cases of sterilisation and IUD insertions in the records maintained at the PHCs. We have seen in the first chapter that still Maharashtra has not freed its health workers from the targets. After seeing the reversal of the family planning performance in the first year of TFA, Maharashtra seems to have gone back to the target system by changing the terminology to "Expected Level of Achievement". There are no punitive measures on the workers to achieve the ELA but pressures may be there to fulfil the targets from the district level officials, since the targets are fixed at the district level without the CNA.

In the target oriented programme, substantial differences have often been observed between the actual number of acceptors and the number of acceptors recorded in the registers maintained at the PHCs and the official statistics at the district and higher levels. Because figures were inflated, to show the fulfilment of the targets at the PHC and district levels. But, under the TFA, with the absence of CNA, targets are fixed at the district level, if not in all the districts of Maharashtra. This may lead to over-reporting of the family planning acceptance by the field workers. To investigate the issue of authenticity of

reported cases of sterilisation and IUD insertions in a detailed way we have undertaken the current study in rural areas of Aurangabad district.

### **Objectives**

To verify the authenticity of reported cases of sterilisation and IUD insertions under the TFA we need to know the situation under the target oriented approach as well. The comparison of authenticity of records in target oriented and target-free situations would help us to understand the extent of genuineness in record keeping in both the scenarios. Also the comparison would help us to understand, if there are any false reporting under the target oriented programme, the extent of improvement in reporting the cases. Hence, the main aim of this study is to assess the genuineness of the reported acceptors of sterilisation and IUD in the PHC registers. The specific objectives of this study are:

1. to analyse the family planning performance of Maharashtra from 1994-95 to 1998-99 in terms of sterilisation and IUD acceptance;
2. to analyse the performance of the family planning programme in terms of acceptance of sterilisation and IUD in rural areas of Aurangabad district under the target (1994-95 and 1995-96) and target-free (1996-97, 1997-98 and 1998-99) approaches;
3. to find out the authenticity of reported cases of sterilisation and IUD insertions in the records maintained at the PHCs in Aurangabad district;
4. to find out the characteristics of sterilisation and IUD acceptors under the target and target-free situations; and
5. to know the quality of services provided for the sterilisation and IUD acceptors under the target and target-free situations.

### **Study Design**

To study the genuineness of the sterilisation and IUD records, as a first step to select the sample district, we looked into the family planning performance statistics of the



districts of Maharashtra state. As we have seen earlier, the target achievement for sterilisation and IUD had gone down for the year 1996-97 in Maharashtra i.e., immediately following the withdrawal of the targets. This is true for most of the districts in the state. But the performance of the districts in terms of target achievement (ELA) under the target-free situation varied to a greater extent. For example, from 1995-96 to 1996-97, while acceptance of sterilisation has increased by 29 percent in Beed and 12 percent in Ratnagiri it had declined by above 30 percent in Aurangabad and Jalna. Similar inter-district variation is observed for IUD acceptance as well. Thus, the performance under the TFA was not uniform throughout the state. We have decided to select Aurangabad district, which has experienced a maximum decline in the state in sterilisation (-37 percent) acceptance. Another reason to select this district is, under the normal circumstances it is not possible for the sterilisation to go down by 37 percent in a single year if all the reported cases are genuine in the earlier years. This unusual decline prompted us to consider Aurangabad district for the study.

This study is conducted in two PHCs in Aurangabad district of Maharashtra state. As a first step to select the sample PHCs we have requested the Aurangabad District Health Office to provide the performance statistics (for sterilisation) of the PHCs in the district for the year 1998. From the performance statistics we have selected two PHCs: one with high performance (Deogaon) and another with low performance (Dhakephal). After selecting the two PHCs we have approached the concerned PHCs with the consent of the District Health Office and obtained the sterilisation (R3) and IUD (R4) registers for the years 1995 and 1998. For the field verification of acceptors, the information contained in the R3 and R4 registers for the reference period were copied in the interview schedule developed for this purpose (see Appendix 1). Both PHCs have four Sub-centres each under them. All the villages covered by the two PHCs, 31 in number, are included for the survey.

### *Reference Period*

The year 1995 was considered to represent the target-oriented period and the year 1998 was considered to represent the target-free period. The year we represent here is a calendar year i.e., January to December. Performance statistics are normally published for the fiscal year i.e., from April to March. Since we have started our fieldwork in the month of January 1999 we could not get the complete information for the 1998 fiscal year (April

1998 to March 1999). Hence, we have decided to restrict our investigation to the calendar year for both 1995 and 1998. Since our interest is to verify the authenticity of the acceptor statistics, selection of records for a calendar year would not cause any confusion.

### *Questionnaire and fieldwork*

As soon as the woman/man undergoes the sterilisation operation in the PHC/Camp or the woman accepts the IUD, the information pertaining to the couple are registered in the registers maintained for this purpose at the PHC. The sterilisation (R3) register contains the following information pertaining to the acceptor: name, address, date and month of acceptance, sex of the sterilised person, type of sterilisation (vasectomy or tubectomy), age, education, occupation, income, residence, caste, religion, children ever born and living, sex of last living child, place of sterilisation (PHC/Camp), information related to promoter (name, address, post), date of certificate given, date of information given to the DHO, incentive amount received, eligible couple register number etc. Similarly, IUD (R4) register contains information on name, address, date of IUD insertion, age at acceptance, education, religion, caste, occupation, children living, age and sex of youngest child, place of IUD insertion, promoter, incentive amount received, number in eligible couple register etc.

The list of acceptors and their characteristics obtained from the PHCs were used by the team of trained investigators to verify the acceptance status of each acceptor at his/her reported address. In all, the services of eight trained investigators (4 female and 4 male) were used for the survey. The fieldwork was completed during January-March, 1999. A close supervision throughout the survey ensured the quality in the information collected. Two types of questionnaires were used for the survey. One is to verify the registered acceptors and another is to ascertain the quality of services received at the time of acceptance. In addition to the above, information on follow-up services, side effects, duration of use (for IUD only), and method and service satisfaction were also collected from the acceptors.

### *Sociodemographic profile of Aurangabad district*

An understanding about the basic social and demographic features of Aurangabad district would help us to interpret the survey findings and the characteristics of family planning acceptors. Table 2.1 compares the social, demographic, and economic indicators

of Aurangabad district with that of Maharashtra. Aurangabad district, situated in the central part of the state, is coming under the Marathwada region of the state, which is considered to be backward in many development aspects. It is surrounded by Jalgaon district to the north, Jalna districts to the east, Ahmadnagar district to the south and southwest and Nashik district to the west. The comparison with the state should be made cautiously, since the indicators for state are affected by the development of Greater Bombay. According to the 1991 census the total population of Aurangabad district is 2,213,779 comprising 1,151,693 males and 1,062,086 females. Aurangabad has 2.80 percent of state's population over 3.28 percent of its area. Amongst the 30 districts in the state, it ranks 16<sup>th</sup> in terms of area and 14<sup>th</sup> in terms of population. Hence, Aurangabad is one of the medium size districts in the state in terms of area and population.

According to the 1981 census the total population of the district was 1,585,828. During the 1981-91 decade there has been an addition of 627,951 people. The decadal growth rate of the district, which works out to 39.60 percent, is comparatively much higher than the state growth rate of 25.73 percent. Among the 30 districts of the state Aurangabad holds the 2<sup>nd</sup> highest growth rate. The higher population growth rate of the district can also be observed in its higher crude birth rate and total fertility rate than the state for the year 1991. During the period 1981-91 the birth rate in the district has increased from 32.6 to 33.8 and consequently total fertility has increased from 4.60 to 4.62. But, Maharashtra as a whole, both CBR and TFR have registered a decline during the period 1981-91. The higher population growth rate of the district is also reflected in its higher proportion of population in the age group 0-6 as compared to the state. As per the 1991 census the average female age at marriage in the district is 17.9 years, i.e., just below the legal minimum age at marriage of 18 years for females. The mean age at marriage for Maharashtra state is also 17.9 years in 1991.

According to the 1991 census estimates both infant and under-five mortality rates in the district (56 and 81 respectively) are lower than the state average (74 and 91 respectively). But between 1981-91 the decline in IMR and under-five mortality is much higher in the district than in the state. The decline in IMR between 1981 and 1991 is 50 percent in the district and 37 percent in the state.

Of the total population of the district, one third is residing in urban areas. For the state as a whole it is 38.69 percent. Though Aurangabad district ranks 6<sup>th</sup> in the proportion of urban population to the total population in the state, the District Census Handbook of 1991 census describes the district as one of the less urbanised district in the state. Because, the average number of towns per hundred inhabited villages, which is often considered as an index of urbanisation, is only 0.62 towns in the district.

The 1991 census recorded a sex ratio of 922 females per 1000 males in the district, which is lower than that of the state average of 934. When the districts are arranged in the descending order of sex ratio Aurangabad occupies 27<sup>th</sup> place. The proportion of SC and ST population in the district (17.6 percent) is lower than in the state as a whole (20 percent). But the proportion of Muslim population in the district (18 percent) is clearly much higher than that of the state (9.7 percent). As far as total literacy level is considered, Aurangabad considerably lags behind the state. As per the 1991 census, only 57 percent of its population aged 7 and above are literate compared to the 65 percent of the state population. When we arrange the districts in the descending order of literacy rates, Aurangabad occupies the 21<sup>st</sup> place. In female literacy level, the district (40 percent) further lags behind the state (52 percent). As far as literacy among the females is concerned; Aurangabad district is placed at the 23<sup>rd</sup> place among the 30 districts.

The work participation rates (total male and female) and percentage of main workers to total population in Aurangabad district are more or less similar to the state level. But when we look at the percentage of workers engaged in non-agricultural work it is evident that the work participation in the district is mainly due to agriculture, i.e., among the workers, proportion engaged in non-agricultural work is much lower in the district (30 percent) than in the state (40 percent). Hence, the industrial activity in the district is lower than the state level.

The information related to basic infrastructural facilities show that though the 100 percent of villages and towns are electrified in the district, per capita domestic consumption of electricity (which could be considered as a proxy for standard of living) is very low in Aurangabad (36 kwh) as compared to the state (81 kwh). Motor vehicles per lakh of population are higher in the district compared to the state. Road length per 100 sq. km. in the district is the same as that for the state. In terms of railway route length, the

district lags behind the state level. Number of telephones and commercial banks per lakh of population (which are closely related with the industrial activities) are lower in the district as compared to the state. Information regarding housing and amenities from 1991 census shows that the district scores slightly less than the state in proportion of households living in pucca and semi-pucca households. Amenities in the house show that the proportion of households having electricity, safe drinking water and toilet facilities are more or less similar in the district and the state.

On the whole, Aurangabad district lags behind the state in aspects like population growth rate and fertility, female literacy, urbanisation, workforce in the modern sector, domestic consumption of electricity, communication and commercial activities, whereas in terms of road and transport facilities and housing amenities, the district is almost similar to that of the state. The family planning acceptance and characteristics of acceptors in the districts should be viewed with its backgrounds like higher population growth rate, higher fertility and higher proportion of Muslim population than the state.

#### *Chapter scheme*

The present report is divided into seven chapters. The first Chapter discusses the TFA and its impact on family planning performance in the country as whole and in Maharashtra. The chapter also reviews some of the case studies conducted to find out the effect of TFA on family planning performance in various parts of the country. Chapter two, the present one, provides the objectives of the study, methodology and a brief social, demographic and socioeconomic profile of the Aurangabad district. Authenticity of reported cases of sterilisation and IUD insertions are presented in Chapter three. Chapter four analyses the characteristics of the acceptors of sterilisation and IUD under target and target-free periods as given in the registers of the PHCs. Chapter five analyses the characteristics of the acceptors of sterilisation and IUD under target and target-free periods as obtained from the field verification of the reported acceptors. Quality of services received at the time of acceptance of the method and the issues related to it are discussed in Chapter six. Summary of findings of the present study is presented in Chapter seven.

Table 2.1. Comparative social, demographic and economic indicators for Maharashtra State and Aurangabad District.

<i>Indicators</i>	<i>Year</i>	<i>Maharashtra</i>	<i>Aurangabad</i>
<b>Population<sup>@</sup></b>			
Total population (in millions)	1991	78.94	2.21
Percentage of population to state population	1991	-	2.80
Growth rate of population during (percentage)	1981-91	25.73	39.6
Annual exponential growth rate	1981-91	2.29	3.34
Density of population per sq. km.	1991	257	219
Sex ratio (number of females per 1000 males)	1991	934	922
Percentage of urban population	1991	38.69	32.76
Percentage of scheduled castes population	1991	11.09	13.79
Percentage of scheduled tribe population	1991	9.27	3.77
Percentage of Muslim population	1991	9.66	18.41
Work participation rate, total	1991	43.0	42.70
Work participation rate, male	1991	52.16	49.55
Work participation rate, female	1991	33.11	35.28
Percentage of main workers to total population	1991	39.28	40.04
Percentage of other than agril. workers to total worker	1991	40.38	30.46
Percent of cultivators among main workers	1991	32.81	41.19
Percent of agricultural labourers among main workers	1991	26.81	28.35
Percent literate (Total)	1991	64.87	56.98
Percent literate (Males)	1991	75.56	72.93
Percent literate (Females)	1991	52.32	39.64
Percent literate (Rural)	1991	55.52	47.84
Percent literate (Urban)	1991	79.20	75.47
Crude birth rate*	1981	31.75	32.58
Crude birth rate*	1991	29.75	33.83
Total fertility rate*	1981	4.30	4.60
Total fertility rate*	1991	3.72	4.62
Proportion of population in the age group 0-6*	1991	17.11	20.30
Child-women ratio*	1991	598.50	738.00
Average household size*	1991	5.1	5.2
Female mean age at marriage*	1991	17.9	17.9
Infant mortality rate*	1981	119	111
Infant mortality rate*	1991	74	56
Under-five mortality rate*	1981	145	161
Under-five mortality rate*	1991	91	81
<b>Agriculture<sup>@</sup></b>			
Percentage of net area sown to geographical area	1994-95	58.7	69.4
Average size of operational holdings (in hect.)	1990-91	2.2	2.3
Percentage of net area irrigated to net area sown	1994-95	14.1	13.9
Percentage of gross irrigated area to gross cropped area	1994-95	15.4	15.3
Food grains production per capita (in kg.)	1994-95	136	202

Table contd. ....

Table 2.1. Comparative social, demographic and economic indicators for Maharashtra State and Aurangabad District.

Indicators	Year	Maharashtra	Aurangabad
<b>Infrastructure<sup>@</sup></b>			
Percentage of villages and towns electrified	1994-95	100	100
Per capita domestic consumption of electricity (kwh)	1994-95	80.9	35.9
Motor vehicles per lakh of population	1994-95	4227	4850
Road length per 100 sq. km. (kms.)	1994-95	59	59
Railway route length per 100 sq. km. (kms.)	1994-95	1.9	1.0
Number of post & telegraph offices per lakh of population**	1994-95	17	14
Number of telephones per lakh of population**	1994-95	1,063	502
Number of commercial banks per lakh of population,	1994-95	7.1	5.8
<b>Housing and Amenities<sup>§</sup></b>			
Percentage of households living in pucca houses	1991	52.2	48.28
Percentage of households living in semi-pucca houses	1991	36.14	33.72
Percentage of households living in kutcha houses	1991	11.67	18.00
Percentage of households having electricity	1991	69.40	66.2
Percentage of households having safe drinking water	1991	68.49	75.25
Percentage of households having toilet facility	1991	29.56	23.40
Percentage of households having all three facilities	1991	25.82	21.13
Percentage of households having none of the 3 facilities	1991	13.42	11.35
Percentage of households using cow dung cake for cooking	1991	9.59	10.74
Percentage of households using LPG for cooking	1991	16.40	8.74
Percentage of households using wood for cooking	1991	49.28	58.56
Percentage of households using kerosene for cooking	1991	20.28	19.82

\*\*Excluding Brihan Mumbai

**Sources:**

@: Government of Maharashtra. 1999. *Selected indicators for districts in Maharashtra and states in India 1994-95*. Mumbai: Directorate of Economics and Statistics.

\*: Registrar General, India. 1997. *District level estimates of fertility and child mortality for 1991 and their relations with other variables*. Occasional Paper No. 1 of 1997. New Delhi: Office of the Registrar General, India

§: Office of the Registrar General and Census Commissioner. 1994. *Census of India, 1991. Housing and Amenities: A data base on housing and amenities for districts, cities and towns*. New Delhi: Office of the Registrar General, India.

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### Chapter III

#### **Authenticity of Reported Cases of Sterilisation and IUD Insertions under the Target (1995) and Target-Free (1998) Periods in Aurangabad District**

The Indian Family Welfare Programme seeks to promote responsible and planned parenthood through voluntary and free choice of family planning methods, best suited to individual acceptors. The family planning services are provided to the community through a network of sub-centres, primary health centres and community health centres in the rural areas. The Auxiliary Nurse Midwife (ANM), a female paramedical worker, posted at the sub-centre and supported by a Male Multipurpose Worker (Male MPW) is the frontline worker in providing the family planning services to the community. She is supervised by the Lady Health Visitor (LHV) posted at PHC. The family welfare programme initiated in 1951, has grown to the level of one PHC for every 20,000 to 30,000 population and one SC for every 3,000 to 5,000 population in the rural areas of the country. Correspondingly, as a consequent of these improvements the estimated couple protection rate for the country has increased from 12 percent in 1972 to 45.4 percent in 1997. Out of the 45.4 percent CPR in 1997, 29.6 percent is due to sterilisation, 7.4 percent is due to IUD, and other 8.3 percent due to the use of other methods. In recent years, the share of reversible methods to the overall increase in the CPR has been improving (Ministry of Health and Family Welfare, 1998). However, The CPR estimated from field surveys shows a different picture. According to the NFHS of 1992-93, the combined CPR for all modern methods was 36.3 percent: 30.7 percent for sterilisation, 1.9 percent for IUD, 1.2 percent for the pill and 2.4 percent for the condom (IIPS, 1995). Though the NFHS included users of both government and private sector services, the CPRs for the sterilisation and reversible methods were much lower than that estimated from service statistics. In Maharashtra, according to the service statistics, the contribution of reversible methods to CPR is 11.5 percent whereas it is only 6.4 percent according to the NFHS (PRC, Pune and IIPS, 1995). Clearly, service statistics shows the over estimation of family planning methods in general and reversible methods in particular.

Researchers have identified discrepancies in CPRs in both service statistics and survey information. For example Visaria *et al* (1994) have identified some possible areas. Biases in survey-based CPRs may arise from the representativeness of the sample,



sampling errors, selective non-response, misreporting and underreporting of contraceptive use. In service statistics based CPRs biases could be due to the estimated number of eligible couples, estimated method specific attrition rates, multiple counting of method, switches and errors in reporting individuals as acceptors. Yet there is a general consensus that services statistics based CPRs are more prone to biases mainly because of over reporting of acceptors.

Some field surveys conducted to examine the issue of genuineness of reported acceptance of different methods of family planning have come out with similar conclusions. For example, a field study conducted by Visaria *et al* (1994) in two districts of Gujarat found that the use of temporary methods was substantially overstated in the service statistics, and 19-27 percent of the IUD acceptors, and only 3-4 percent of the condom acceptors confirmed the use of the method. A similar study conducted by Rajaretnam and Patil (1990) in a district of Karnataka state for the fiscal year 1987-88 showed that 97 percent of the sterilisation cases and only 68 percent of the IUD cases were genuine acceptors of the method. The above two survey findings were based on field verification of the cases recorded in registers of the PHCs and of the health workers. In an another recent study covering two PHCs by Rajaretnam (1998) in rural Karnataka found that, during 1991-92 to 1993-94, of the total number of reported acceptors for reversible methods (IUD, Pill, Condom) only 38 percent were verified as genuine acceptors of the methods. Method-wise, the genuine acceptors were 43 percent for IUD, 46 percent for pill and 12 percent for condom. The verification of these cases was done by using the PHC and worker records. But, when the verification was done by using the DHO's performance statistics for the concerned PHCs the proportion of genuine acceptors to reported performance went down further. It was less than 20 percent for all the reversible methods taken together. Method-wise, it varied from a high of 35 percent for the pills, 30 percent for the IUD and a mere three percent for the condom. The findings of the above studies compare closely with each other. These results suggest that either the workers have just stated a figure close to the target assigned to them for each method as their achievements or the district officials have inflated the performance figures of the PHCs to show the fulfilment of targets assigned to them by the Ministry. But the actual performance was found to be far less or negligible especially in case of condom. The results of the current study on the verification of the reported acceptance of sterilisation and IUD in Aurangabad district of Maharashtra are discussed below.

### Reported number of sterilisation acceptors in 1995 and 1998 in Aurangabad

Table 3.1 gives the reported cases of sterilisation for the years 1995 and 1998 in the two selected PHCs. According to the records of the two PHCs, a total of 645 acceptors were offered sterilisation services in the years 1995 and 1998. Of these 645 acceptors, as expected, two-thirds (432) had been served by the high performance PHC (Deogaon) and the remaining one-third (213) by the low performance PHC (Dhakephal). If we look at the reported cases of sterilisation for 1995 and 1998 separately, in both years two-third of the acceptors were from the higher performance PHC.

A description about the location of these two PHCs would help us to understand their respective performance. When we visited the two selected PHCs we came to know that the higher performance of the Deogaon PHC is because of its locational advantage. Deogaon is located on the state highway and naturally connected with the good transport network. Even for the villages, which are falling under other nearby PHCs, Deogaon PHC is the easily approachable by road than their own PHC. Because of its easy accessibility couples from nearby PHC area are making use of the service of the Deogaon PHC. One of the reasons for the consistent low sterilisation performance of the Dhakephal PHC is that some of the fringe villages coming under this PHC are (particularly from two sub-centre areas of this PHC) making use of a Rural Hospital of Paithan, which is nearer to them, for sterilisation services. Hence, the locational condition of these two PHCs is influencing their performance. Since the main objective of this study is to verify the authenticity of the registered cases of sterilisation and IUD we need not go into the details of the performance of the PHCs.

**Table 3.1**

#### Reported cases of sterilisation in Deogaon and Dhakephal PHCs in 1995 and 1998

PHC	1995		1998		Total	
	Number	Percent	Number	Percent	Number	Percent
Deogaon	244	68.0	188	65.7	432	67.0
Dhakephal	115	32.0	98	34.3	213	33.0
Total	359	100.0	286	100.0	645	100.0

Of the total 645 reported cases of sterilisation in the two PHCs, 359 cases were reported in the year 1995 and the remaining 286 cases were in the year 1998. Over the three-year period the reported cases of sterilisation of the PHCs have come down to the extent of 20 percent (Table 3.2). Under the normal circumstances this reduction is not expected. It seems that the removal of the target had affected the sterilisation performance of the PHCs. The reduction can be observed in both PHCs. In Deogaon PHC the reported cases have come down from 244 in 1995 to 188 in 1998. Similarly in Dhakephal sterilisation cases have come down from 115 in 1995 to 98 in 1998. The reduction in sterilisation cases from 1995 to 1998 in Deogaon is 23 percent and in Dhakephal it is 15 percent. A higher decline is observed in good performance PHC.

**Table 3.2**

**Change in the reported cases of sterilisation in Deogaon and Dhakephal PHCs between 1995 and 1998**

PHC	1995		1998		Total		% change 1995-1998
	Number	Percent	Number	Percent	Number	Percent	% Change
Deogaon	244	56.5	188	43.5	432	100	-23.0
Dhakephal	115	54.0	98	46.0	213	100	-14.8
Total	359	55.7	286	44.3	645	100	-20.3

**Reported number of IUD acceptors in 1995 and 1998 in Aurangabad**

According to the registers of the two PHCs, a total of 526 acceptors were offered IUD services in the two PHCs in 1995 and 1998 together (Table 3.3). Of these, both PHCs have served almost equal number of acceptors (267 by Deogaon and 259 by Dhakephal). However, reported cases of IUD acceptance for the two years separately shows a slightly different picture: in 1995 reported IUD acceptance is slightly higher in Dhakephal whereas, in 1998 it is slightly higher in Deogaon. But the differences are not much.

Of the total 526 reported cases of IUD acceptance in the two PHCs, 244 cases were registered in the year 1995 and the remaining 282 cases were in 1998. Over the three-year period the reported cases of IUD in the two PHCs have registered an increase to the extent

of 16 percent (Table 3.4). A 16 percent increase of IUD acceptance from the target period of 1995 to target-free period of 1998 is a welcoming change. If this increase is true it can be said that the acceptance of IUD is picking up fast under the target-free period. It appears that the removal of the target has made the health workers to expand the method mix of the acceptance. However, the increase is a real one or the inflation of statistics is remains to be seen in the subsequent pages.

**Table 3.3**

**Reported cases of IUD acceptance in Deogaon and Dhakephal PHCs in 1995 & 1998**

PHC	1995		1998		Total	
	Number	Percent	Number	Percent	Number	Percent
Deogaon	119	48.0	148	52.5	267	50.8
Dhakephal	125	51.2	134	47.5	259	49.2
Total	244	100.0	282	100.0	526	100.0

The increase in IUD acceptance can be observed in both PHCs. In Deogaon PHC the reported cases have increased from 119 in 1995 to 148 in 1998. Similarly in Dhakephal IUD cases have increased from 125 in 1995 to 134 in 1998. The increase in IUD acceptance from 1995 to 1998 in Deogaon is 24 percent and in Dhakephal it is seven percent. A higher rate of increase is observed in good performance (Deogaon) PHC.

**Table 3.4**

**Change in the reported cases of IUD acceptance in Deogaon and Dhakephal PHCs between 1995 and 1998**

PHC	1995		1998		Total		% change 1995-1998
	Number	Percent	Number	Percent	Number	Percent	% Change
Deogaon	119	44.6	148	55.4	267	100	+24.4
Dhakephal	125	48.3	134	51.7	259	100	+7.2
Total	244	44.6	282	53.6	526	100	+15.6

Percentage share of reported cases of acceptors of sterilisation and IUD is given in Table 3.5. It shows that the share of sterilisation has come down from 1995 to 1998, whereas, the share of IUD has increased in both the PHCs. It means that the share of IUD acceptance for the contraceptive prevalence is unusually very high in both the PHCs in 1995 as well as in 1998. The share of IUD is much higher in these two PHCs when compared to the survey based contraceptive acceptance. Also it raises doubts about the authenticity of the reported cases of IUDs. The increase in the share of IUD is higher in the Deogaon PHC than in the Dhakephal. In Dhakephal, in both the years, the reported acceptors of IUD are higher than the sterilisation acceptors. The reason for this anomaly is, as mentioned in Chapter II; some of the fringe villages under this PHC are availing the sterilisation facility available in the nearby rural hospital. Hence, the share of sterilisation in this PHC appears lesser than the IUD. Nevertheless, in both the PHCs the acceptors of IUD seems to be very high.

**Table 3.5**

**Percentage distribution of reported cases of IUD and sterilisation in 1995 and 1998**

PHC	1995		1998		Total	
	Number	Percent	Number	Percent	Number	Percent
<b>Deogaon</b>						
Sterilisation	244	67.2	188	56.0	432	61.8
IUD	119	32.8	148	44.0	267	38.2
Total	363	100.0	336	100	699	100.0
<b>Dhakephal</b>						
Sterilisation	115	47.9	98	42.2	213	45.2
IUD	125	52.1	134	57.8	259	54.9
Total	240	100.0	232	100.0	472	100.0

**Results of verification: Sterilisation**

The number of sterilisation acceptors reported in the registers of the two PHCs, as discussed earlier were 645. All these cases were verified in their reported addresses. The Table 3.6 shows the residential status and acceptance status of the verified acceptors. Overall, among the listed acceptors, 44 percent were found to be 'usual residents' of the

reported villages within the PHC area. Another eight percent of sterilisation acceptors were verified as visitors who stayed in the reported villages sometime during the reported date of acceptance of the method and one percent of the acceptors had been residents of the village prior to the reported date of acceptance of the method.

One-fourth of the acceptors could not be traced at their reported addresses. In spite of our best efforts with the help of health workers from the sub centres we could not find these acceptors. The fact remains that their temporary and permanent addresses were reported within the PHC area. We faced difficulty in locating these acceptors mainly because of lack of information about the correct addresses of these acceptors. Except the simple name of the acceptor and the name of the village nothing more could be found in the registers for these acceptors. Since the name of the women changes after their marriage because of the custom of using surname it is difficult to locate the women unless otherwise the names are written properly using the correct surname. However, it is also our strong belief that most of these acceptors were either genuine acceptors or had been motivated by somebody other than the workers themselves, and therefore have been included in the registers.

In addition, 22 percent of the acceptors were found to be out-of-area cases (other than visitors and past residents). According to the reported addresses, these out-of-area acceptors are spread over the entire taluk of Kannad and sometimes to the adjacent taluks as well. However, we were able to trace about half of the out-of-area cases (particularly in Deogaon PHC), whose addresses were reported to be closer to the Deogaon PHC area. Another question arises here: if all these out-of-area acceptors were genuine, they could have been included in the performance statistics of some other PHCs. We address this issue in the following discussion. We did not make any attempt to verify the acceptors who were far away (which is rather difficult) from the PHC area.

#### **Genuineness of sterilisation acceptors**

Of the total number of reported 645 acceptors, we were able to verify 405 (63 percent) of the reported acceptors, and all of them were verified as genuine acceptors of sterilisation and none of them have denied the acceptance. Of the 405 traced acceptors we were able to interview 258 acceptors and for the remaining 145 acceptors we were able to ascertain their acceptance status from the sources other than the acceptor. It may be noted

that permanent methods are often used with the knowledge of family elders and with the consent of the spouses. We tried to ascertain the acceptance status as far as possible from the reported acceptors themselves. However, the exceptions were women who were not available during the survey period and visitors who had come mainly for delivery and left the village before the survey. It is expected that these women had accepted the method with the consent or at least with the knowledge of the family (normally mothers' house) with whom they stayed and the information we got would therefore be fairly reliable. However, despite our best efforts, the acceptance status of 26 percent of acceptors could not be ascertained, as they or any other responsible persons could not be traced in the reported addresses. We did not contact 11.5 percent of the out-of-area acceptors, as their reported addresses were found to be far away from the PHC area. However, as mentioned earlier, of the total number of 143 out-of-area acceptors we were able to trace about half of the acceptors (69) in their reported addresses. These 69 out-of-area acceptors were mainly spread in the adjacent PHCs. The remaining were spread in the far away places, thus we did not make any effort to contact them, which is rather difficult as well.

The above findings of the verification show that, all the acceptors who had been contacted or their acceptance status could be ascertained at their reported addresses have confirmed the acceptance of the sterilisation and also confirmed the year of acceptance. Hence, all the reported acceptors, who had been contacted and whose acceptance could be verified, have been found to be genuine acceptors. This makes us to draw conclusions very cautiously about the non-traceable acceptors. Thus, we cannot conclude that all the 'non-traceable' and 'out-of-area not contacted' acceptors were not genuine acceptors simply for the matter that we were not able to trace/contact them. It is our feeling that all these 'non-traceable' acceptors would be genuine acceptors or had been self-motivated and therefore have been included in the registers. Also as we mentioned earlier, Deogaon PHC attracts clients from the other nearby PHC areas due to its easy accessibility by road. The main problems here is that the workers at the PHC do not write the records properly. Mainly the addresses are not written properly. Except the name of the acceptor and the name of the village nothing more is written in that column in the registers. Permanent and temporary addresses are not reported/not distinguished correctly, and names and surnames are not used properly.

As we discussed earlier, out of the reported 125 out-of-area acceptors in Deogaon, we have traced 69 acceptors. These 69 acceptors were mainly from the nearby three PHC areas. Now the question is that are these acceptors were included in the performance statistics of the respective PHCs they belong to? To find out this we have visited the three nearby PHCs with list of acceptors and checked the records of these PHCs. We found that these cases were not at all included in the registers of those three PHCs. The Medical Officers of these three PHCs have also confirmed that they never report such acceptors, who have been sterilised in the other PHCs, in the records of their own PHCs. This again confirms the genuineness of the sterilisation records maintained at the PHCs. Under these circumstances there is no room to suspect the 'non-traceable' and 'out-of area not contacted' acceptors as non-acceptors.

On the whole, there is no difference between 1995 and 1998 in our findings on the verification of the reported acceptors. It means that the removal of targets did not affect the method of record keeping in the PHCs. The visible effect is the reduction in the number of sterilisation from 1995 to 1998. PHC-wise results of the verification shows that in both the PHCs all the verified acceptors have confirmed the acceptance of sterilisation and the year of acceptance. The interviewed acceptors were higher in Dhakephal (45 percent) than in Deogaon (37 percent) because the proportion of out-of area acceptors was less in Dhakephal (8.5 percent) than in Deogaon (29 percent). Also the proportion of 'not-traceable' acceptors was also less in Dhakephal (21 percent) than in Deogaon (28 percent). There is no change in the acceptance status in both the PHCs for the years 1995 and 1998.

#### **Results of Verification: IUD**

The number of reported acceptors of IUD in the registers of the two PHCs was 526. All these listed acceptors were verified in their reported addresses. Table 3.7 shows the residential status and acceptance status of the verified acceptors. The residential status of the verified acceptors reveals that 57 percent of them were found to be 'usual residents' of the reported villages and another 13 percent were past residents who had been residents of the village prior to the reported date of acceptance or visitors who stayed in the reported villages some time during the reported date of acceptance of the IUD. Thirty-one percent of the reported acceptors could not be traced at their reported addresses. In contrast to the sterilisation acceptors none of the IUD acceptors were reported in the registers as out-of-



area acceptors. Hence all the reported acceptors were listed as acceptors within the PHC area. This has made our IUD verification easier compared to the verification of the sterilisation acceptors.

Residential pattern of the reported acceptors was different when we look at the data year-wise. In 1995 about half (49 percent) of the reported IUD acceptors were 'usual residents' whereas in 1998 about two-third (64 percent) were found to be usual residents. The proportion of past residents and visitors was found to be less in 1998 compared to 1995. Similarly non-traceable acceptors were also less in 1998 (25 percent) compared to 1995 (37 percent). The residential pattern of the reported acceptors shows some positive indication towards the quality of reporting. An improvement in the number 'usual residents' and reduction in the 'non-traceable' acceptors indicate the effect of removal of targets.

PHC-wise-residential pattern of the reported acceptors shows that in Deogaon usual residents have increased from 41 percent in 1995 to 71 percent in 1998. Consequently the acceptors reported as past residents/visitors have declined from 1995 to 1998. Non-traceable acceptors have considerably reduced from 40 percent in 1995 to 20 percent in 1998: a considerable change in the residential pattern of the reported acceptors in Deogaon PHC. In contrast to the Deogaon, there is no obvious change in the residential pattern of the reported acceptors in Dhakephal: about 55 percent of the reported acceptors were found to be usual residents in both the years and also there is no change in the non-traceable acceptors and acceptors found to be past residents/visitors. Hence under the target-free period there is a sign of improvement in quality of reporting in Deogaon and status quo in Dhakephal. Overall, as mentioned earlier, there is a slight improvement in the quality reporting under the target-free period.

### **Genuineness of IUD acceptors**

Of the total number of 526 reported IUD acceptors, we were able to verify 365 (69 percent) of them (remaining 31 percent were non-traceable cases). On the whole, among the reported number of 526 acceptors only one-third (32 percent) of them were found to be genuine acceptors of IUD. Twenty-two percent of them have denied the acceptance of IUD and two percent was duplicate names and out-of-reference period acceptors.

It may be noted that as temporary methods are sometimes used without the knowledge of family elders and sometimes even without the knowledge of spouse, the acceptance status was verified as far as possible from the reported acceptors themselves. The exceptions were the acceptors who had come to the mothers' house, mainly for delivery, and left the villages before the survey. It is expected that if these women had accepted the method, it would have been with the knowledge of their mothers or some of the responsible family members with whom they stayed and the information we got therefore be reliable. However, despite of best efforts, the acceptance status of 4 percent of such acceptors could not be ascertained, as they or any other responsible person could not be contacted. We could not ascertain the acceptance status for another 10 percent of women who have gone outside the PHC area for temporary employment. Thus, on the whole, for 14 percent of women we were not able to ascertain their acceptance status, though we could trace their reported addresses. It is disheartening that we were not able to trace 31 percent of the reported acceptors. As we could not trace them, it is difficult to conclude that that these non-traceable acceptors either as genuine acceptors of the method or as non-acceptors. However, it is our strong feeling that these acceptors were not genuine because already we found about 22 percent of the usual residents have denied the acceptance of the method.

The proportion of the reported acceptors verified as genuine acceptor shows an increasing trend over the years. In 1995 only 25 percent were found to be genuine whereas in 1998, 38 percent were found to be genuine. Consequently, there was a significant reduction in the non-traceable acceptors: 37 percent in 1995 to 25 percent in 1998. Thus, under the target oriented period the workers tended to overstate their performance figure closer to the target assigned to them by showing more false acceptors, whereas under the target-free period workers slowly started reporting less number of false entries. But still the programme in Maharashtra is not completely target-free. Targets are imposed on the workers by the district authorities. This makes the workers to report some false entries even under the target-free period to overstate their performance figure closer to target assigned to them. Also it seems that the programme managers are not taking any effort to check the false reporting; consequently the workers continue to practice it.

PHC wise verification of acceptance shows that the genuineness of reported performance was relatively better in high performance PHC (Deogaon) than in the low performance PHC (Dhakephal). Forty-three percent of the acceptors were verified as genuine in Deogaon whereas only 21 percent were in Dhakephal. Further, the proportion of genuine acceptors has increased in Deogaon from 21 percent in 1995 to 54 percent in 1998. In Dhakephal the genuine acceptors were found to be more or less same in 1995 and 1998 (32 percent and 31 percent respectively). Those who have denied the acceptance of the method were also less in Deogaon (13 percent) than in Dhakephal (31 percent). The PHC wise differentials in our findings support the method of selection of PHCs for the current study.

### **Conclusions**

This chapter tried to assess the authenticity of the sterilisation and IUD records maintained at the PHCs in Aurangabad. Field verification of the reported acceptors of sterilisation indicated that 44 percent of the acceptors were usual residents of the villages, 22 percent were out-of-area acceptors, one-fifth were not-traceable at their reported addresses within the PHC area, and the remaining were visitors and past residents. Further, of the total reported acceptors, we were able to contact 63 percent of the acceptors and all of them were found to be genuine acceptors of sterilisation and also all of them have confirmed the year of acceptance as well. This finding makes us to draw conclusions very cautiously about the 'non-traceable' and 'out-of-area not contacted' acceptors. Since all the contacted/verified acceptors were genuine, it is our strong feeling that all the 'non-traceable' and 'out-of-area not contacted' acceptors could be genuine acceptors of sterilisation. Hence as far as sterilisation is concerned it seems the reported acceptors are genuine acceptors. The reason for 22 percent of 'non-traceable' acceptors within the PHC was the lack of information about the addresses of those acceptors in the registers. In both the PHCs we did not find much difference between 1995 and 1998 in our findings on the verification status of the sterilisation acceptors. But the visible effect of removal of targets was on the reduction in the sterilisation acceptors from 1995 to 1998 in both the PHCs. But in 1998 we were able to contact slightly higher proportion of acceptors than in 1995.

Of the total 526 reported cases of IUD acceptors in the two PHCs, 244 cases were registered in the year 1995 and the remaining 282 cases were in 1998. Over the three-year period the reported cases of IUD in the two PHCs have registered an increase to the extent

of 16 percent. Sixteen-percent increase of IUD acceptance from the target period of 1995 to target-free period of 1998 is a welcoming change. If this increase is true it can be said that the acceptance of IUD is picking up fast under the target free period. It appears that the removal of the target has made the health workers to expand the method mix of the acceptance. However, the verification of reported acceptors gives a different picture.

The residential status of the verified acceptors revealed that 57 percent of them were 'usual residents' of the reported villages and another 13 percent were 'past residents' who had been residents of the village prior to the reported date of acceptance or visitors who stayed in the reported villages some time during the reported date of acceptance of the IUD. Thirty-one percent of the reported acceptors could not be traced at their reported addresses. In contrast to the sterilisation acceptors none of the IUD acceptors were reported in the registers as out-of-area acceptors. Hence all the reported acceptors were listed as acceptors from within the PHC area. The residential pattern of the reported acceptors in 1995 and 1998 shows some positive indication towards the quality of reporting. An increase in the number of 'usual residents' and reduction in the 'non-traceable' acceptors in 1998 compared to 1995 indicates the effect of removal of targets.

Verification of IUD shows that of the total number of 526 reported IUD acceptors, we were able to verify 365 (69 percent) of them. The remaining 31 percent of the reported acceptors could not be traced at their reported addresses. On the whole, among the reported number of 526 acceptors only one-third of them were found to be genuine acceptors of IUD. Eighteen percent of the reported acceptors have denied the acceptance of IUD besides two percent duplicate names and out-of-reference period acceptors. The proportion of the reported acceptors verified as genuine acceptor shows an increasing trend over the years. In 1995 only 25 percent were found to be genuine whereas in 1998, 38 percent were found to be genuine. Consequently, there was a significant reduction in the non-traceable acceptors: 37 percent in 1995 to 25 percent in 1998. Thus, under the target oriented period the workers tended to overstate their performance figure closer to the target assigned to them by showing more false acceptors, whereas under the target-free period workers slowly started reporting less number of false entries.

The findings of this study compare closely with those of other studies conducted in Gujarat and Karnataka. In general, finding of this study suggests that of the reported

acceptance of the IUD only one third of the acceptors were genuine and most of the remaining were false entries. It appears that the workers just stated a figure close to the target assigned to them by the district authorities for IUD as their achievement, but their actual performance was far less especially in case of a low performance PHC. The practice of reporting false entries is also continuing under the target-free approach although there is some evidence that the practice is gradually coming down. As of now there is no rigorous system of monitoring/checking the genuineness of the performance figures of workers by the district level higher officials of the programme as they themselves are sometimes involved in inflating the district performance. The finding, thus, indicate a need for strict monitoring and evaluation of the activities of the health workers including recording and reporting to ensure correct reporting leading to a realistic assessment of the progress made in the use of IUD. Failing which estimation of fertility rates based on contraceptive prevalence rate of different methods will give a lower fertility levels and over estimation of the momentum of the fertility decline.

**Table 3.6**  
**Residence and acceptance status of registered acceptors of sterilisation**  
**in 1995 and 1998**

<b>Deogaon</b>						
<b>Residence and Acceptance</b>	<b>1995</b>		<b>1998</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Residence</b>						
Usual resident	81	33.2	68	36.2	149	34.5
Past resident	1	0.4	4	2.1	5	1.1
Visitor	15	6.2	21	11.2	36	8.3
Not traceable	62	25.4	55	29.2	117	27.1
Out-of-area	85	34.8	40	21.3	125	29.0
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>	<b>432</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	90	36.9	71	37.8	161	37.3
Acceptor (not interviewed)	52	21.3	42	22.3	95	22.0
Acceptor (combined)	142	58.2	113	60.1	256	59.3
Not traceable	65	26.6	56	29.8	120	27.8
Out-of-area (not contacted)	37	15.2	19	10.1	56	13.0
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>	<b>432</b>	<b>100.0</b>
<b>Dhakephal</b>						
<b>Residence</b>						
Usual resident	72	62.6	60	61.2	132	62.1
Past resident	1	0.9	1	1.0	2	0.9
Visitor	9	7.8	7	7.2	16	7.5
Not traceable	19	16.5	26	26.5	45	21.1
Out-of-area	14	12.2	4	4.1	18	8.4
<b>Total</b>	<b>115</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>213</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	53	46.1	44	44.9	97	45.5
Acceptor (not interviewed)	29	25.2	24	24.5	53	24.9
Acceptor (combined)	82	71.3	68	69.4	150	70.4
Not traceable	19	16.5	26	26.5	45	21.1
Out-of-area (not contacted)	14	12.2	4	4.1	18	8.5
<b>Total</b>	<b>115</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>213</b>	<b>100.0</b>
<b>Total</b>						
<b>Residence</b>						
Usual resident	153	42.6	128	44.8	281	43.5
Past resident	2	0.6	5	1.7	7	1.1
Visitor	24	6.6	28	9.8	52	8.1
Not traceable	81	22.6	81	28.3	162	25.1
Out-of-area	99	27.6	44	15.4	143	22.2
<b>Total</b>	<b>359</b>	<b>100.0</b>	<b>286</b>	<b>100.0</b>	<b>645</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	143	39.8	115	40.2	258	40.0
Acceptor (not interviewed)	81	22.6	66	23.1	148	22.9
Acceptor (combined)	224	62.4	181	63.3	406	62.9
Not traceable	84	23.4	82	28.7	165	25.6
Out-of-area (not contacted)	51	14.2	23	8.0	74	11.5
<b>Total</b>	<b>359</b>	<b>100.0</b>	<b>286</b>	<b>100.0</b>	<b>645</b>	<b>100.0</b>

acceptance of the IUD only one third of the acceptors were genuine and most of the remaining were false entries. It appears that the workers just stated a figure close to the target assigned to them by the district authorities for IUD as their achievement, but their actual performance was far less especially in case of a low performance PHC. The practice of reporting false entries is also continuing under the target-free approach although there is some evidence that the practice is gradually coming down. As of now there is no rigorous system of monitoring/checking the genuineness of the performance figures of workers by the district level higher officials of the programme as they themselves are sometimes involved in inflating the district performance. The finding, thus, indicate a need for strict monitoring and evaluation of the activities of the health workers including recording and reporting to ensure correct reporting leading to a realistic assessment of the progress made in the use of IUD. Failing which estimation of fertility rates based on contraceptive prevalence rate of different methods will give a lower fertility levels and over estimation of the momentum of the fertility decline.

**Table 3.6**  
**Residence and acceptance status of registered acceptors of sterilisation**  
**in 1995 and 1998**

<b>Deogaon</b>						
<b>Residence and Acceptance</b>	<b>1995</b>		<b>1998</b>		<b>Total</b>	
	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>	<b>No.</b>	<b>%</b>
<b>Residence</b>						
Usual resident	81	33.2	68	36.2	149	34.5
Past resident	1	0.4	4	2.1	5	1.1
Visitor	15	6.2	21	11.2	36	8.3
Not traceable	62	25.4	55	29.2	117	27.1
Out-of-area	85	34.8	40	21.3	125	29.0
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>	<b>432</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	90	36.9	71	37.8	161	37.3
Acceptor (not interviewed)	52	21.3	42	22.3	95	22.0
Acceptor (combined)	142	58.2	113	60.1	256	59.3
Not traceable	65	26.6	56	29.8	120	27.8
Out-of-area (not contacted)	37	15.2	19	10.1	56	13.0
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>	<b>432</b>	<b>100.0</b>
<b>Dhakephal</b>						
<b>Residence</b>						
Usual resident	72	62.6	60	61.2	132	62.1
Past resident	1	0.9	1	1.0	2	0.9
Visitor	9	7.8	7	7.2	16	7.5
Not traceable	19	16.5	26	26.5	45	21.1
Out-of-area	14	12.2	4	4.1	18	8.4
<b>Total</b>	<b>115</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>213</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	53	46.1	44	44.9	97	45.5
Acceptor (not interviewed)	29	25.2	24	24.5	53	24.9
Acceptor (combined)	82	71.3	68	69.4	150	70.4
Not traceable	19	16.5	26	26.5	45	21.1
Out-of-area (not contacted)	14	12.2	4	4.1	18	8.5
<b>Total</b>	<b>115</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>213</b>	<b>100.0</b>
<b>Total</b>						
<b>Residence</b>						
Usual resident	153	42.6	128	44.8	281	43.5
Past resident	2	0.6	5	1.7	7	1.1
Visitor	24	6.6	28	9.8	52	8.1
Not traceable	81	22.6	81	28.3	162	25.1
Out-of-area	99	27.6	44	15.4	143	22.2
<b>Total</b>	<b>359</b>	<b>100.0</b>	<b>286</b>	<b>100.0</b>	<b>645</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	143	39.8	115	40.2	258	40.0
Acceptor (not interviewed)	81	22.6	66	23.1	148	22.9
Acceptor (combined)	224	62.4	181	63.3	406	62.9
Not traceable	84	23.4	82	28.7	165	25.6
Out-of-area (not contacted)	51	14.2	23	8.0	74	11.5
<b>Total</b>	<b>359</b>	<b>100.0</b>	<b>286</b>	<b>100.0</b>	<b>645</b>	<b>100.0</b>



**Table 3.7**  
**Residence and acceptance status of registered acceptors of IUD**  
**in 1995 and 1998**

Residence and Acceptance	Deogaon					
	1995		1998		Total	
	No.	%	No.	%	No.	%
<b>Residence</b>						
Usual resident	49	41.2	105	70.9	154	57.7
Past resident/Visitor	20	16.8	13	8.8	33	12.3
Not traceable	50	42.0	30	20.3	80	30.0
<b>Total</b>	<b>119</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>	<b>267</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	23	19.3	66	44.6	89	33.3
Acceptor (not interviewed)	11	9.3	14	9.5	25	9.4
Acceptor (total)	34	28.6	80	54.1	114	42.7
Out-of-reference period	1	0.8	1	0.7	2	0.7
Denied acceptance	15	12.6	19	12.8	34	12.7
Status not ascertained	6	5.0	7	4.7	13	4.9
Temp. gone out of PHC area for employmt	13	10.9	11	7.4	24	9.0
Not traceable	50	42.0	30	20.3	80	30.0
<b>Total</b>	<b>119</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>	<b>267</b>	<b>100.0</b>
	<b>Dhakephal</b>					
<b>Residence</b>						
Usual resident	70	56.0	74	55.2	144	55.6
Past resident/Visitor	15	12.0	19	14.2	34	13.1
Not traceable	40	32.0	41	30.6	81	31.3
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>259</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	25	20.0	25	18.7	50	19.3
Acceptor (not interviewed)	2	1.6	1	0.7	3	1.2
Acceptor (total)	27	21.6	26	19.4	53	20.5
Out-of-reference period	3	2.4	1	0.7	4	1.5
Duplicate case	-	-	4	3.0	4	1.5
Denied acceptance	30	24.0	50	37.3	80	30.9
Status not ascertained	7	5.6	-	-	7	2.7
Temp. gone out of PHC area for employmt	18	14.4	12	9.0	30	11.6
Not traceable	40	32.0	41	30.6	81	31.3
<b>Total</b>	<b>125</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>259</b>	<b>100.0</b>
	<b>Total</b>					
<b>Residence</b>						
Usual resident	119	48.8	179	63.5	298	56.7
Past resident/Visitor	35	14.3	32	11.3	67	12.7
Not traceable	90	36.9	71	25.2	161	30.6
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>282</b>	<b>100.0</b>	<b>526</b>	<b>100.0</b>
<b>Acceptance</b>						
Acceptor (interviewed)	48	19.7	91	32.3	139	26.4
Acceptor (not interviewed)	13	5.3	15	5.3	28	5.3
Acceptor (total)	61	25.0	106	37.6	167	31.7
Out-of-reference period	4	1.6	2	0.7	6	1.1
Duplicate case	-	-	4	1.4	4	0.8
Denied acceptance	45	18.5	69	24.5	114	21.7
Status not ascertained	13	5.3	7	2.4	20	3.8
Temp. gone out of PHC area for employmt	31	12.7	23	8.2	54	10.3
Not traceable	90	36.9	71	25.2	161	30.6
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>282</b>	<b>100.0</b>	<b>526</b>	<b>100.0</b>

## **Chapter IV**

### **Characteristics of the Sterilisation and IUD Acceptors in 1995 and 1998 as per the Registers Maintained at the PHCs**

This chapter provides the characteristics of the acceptors of sterilisation and IUD as per the information provided in the registers of the PHCs. This chapter would help us to understand the changes, if any, in the characteristics of the acceptors and the quality of record keeping by the PHC workers under the target and target-free situations. Tables 4.1 and 4.2 gives the background characteristics of the sterilisation and IUD acceptors separately for the years 1995 and 1998 for the two PHCs as provided in the registers. One has to be cautious while analysing the characteristics of the acceptors obtained from the registers. Because it is known that often the information provided in the registers are prone to errors such as incomplete information, over reporting, duplication of acceptors, inclusion of non-acceptors as acceptors, etc. Under these circumstances we should not draw conclusions based on the information obtained from the registers about the characteristics of the acceptors.

An analysis of acceptors' characteristics under target and target-free situations depends on how far the information is reported/registered by the workers correctly. Hence, the quality of information recorded in the registers of IUD and sterilisation needs some explanation. As soon as the woman/man undergoes the sterilisation operation in the PHC/Camp or the woman accepts the IUD (either in PHC or sub-centre) the information pertaining to the couple is registered by the workers in the registers maintained for this purpose at the PHC. The sterilisation (R3) register contains the following information pertaining to the acceptor: name and address, date and month of acceptance, sex of the sterilised person, type of sterilisation (vasectomy or tubectomy), age, education, occupation, income, residence, caste, religion, children ever born and living, sex of last living child, place of sterilisation (PHC/Camp), information related to promoter (name, address, post), date of certificate given, date of information given to the DHO, incentive amount received, eligible couple register number etc. Similarly, IUD (R4) register contains information on name and address, date of IUD insertion, age at acceptance, education, religion, caste, occupation, number and sex of living children, age and sex of

youngest child, place of IUD insertion, promoter, incentive amount received, number in eligible couple register etc.

Tables 4.1 and 4.2 show that for many of the crucial variables the information provided in the registers is incomplete. The age of women is not recorded for 7 percent of sterilisation acceptors in Dhakephal PHC. For about 7-9 percent of the couples their level of education is not at all recorded in the IUD and sterilisation registers. For 17 percent of the couples their religion is not recorded in the IUD register. Similarly, caste of the acceptors is not given for majority of the acceptors, particularly in IUD register. Occupation of husband and wife is not at all recorded for all the sterilisation acceptors and for two-third of the IUD acceptors. Age and sex of youngest child are very crucial information for the acceptors of contraception. For about 7-8 percent of the acceptors of IUD and sterilisation their youngest child's age is missing in the registers. Sex of youngest child is not available for 96 percent of the sterilisation acceptors and 57 percent of IUD acceptors. Interestingly the registers are totally silent about the incentive amount given to the acceptors but the information about the name of the promoter is almost complete for sterilisation. For 15 percent of the IUD acceptors the promoter's name is also missing in the registers.

Though the information pertaining to some of the above variables is missing in the registers, the lack of information is very acute in Dhakephal PHC than in Deogaon PHC. Also it appears that even under the target-free period the standard of the maintenance of the registers did not improve and in fact it had deteriorated further, particularly in Dhakephal PHC. Also we found in the earlier chapter that only one-third of IUD acceptors are genuine. Hence, the succeeding analysis of characteristics of acceptors obtained from the registers should be viewed with the above discrepancies in mind.

The residential status of the acceptors of sterilisation as recorded in the registers shows that the percentage of acceptors from out-of-area is less in 1998 (15 percent) as compared to 1995 (28 percent). This could be observed in both the PHCs. It seems that, because of the removal of the targets, the tendency of the workers to bring the acceptors from out side of the PHCs to fulfil the targets has come down. The residential status of the IUD acceptors also shows a similar trend. From 1995 to 1998 the percentage of usual residents among the IUD acceptors has considerably increased (from 65 percent to 80

percent) and the percentage of acceptors recorded as visitors has come down considerably (from 33 percent to 18 percent). Among the 645 recorded acceptors of sterilisation, only two of them are males (vasectomy). Thus, the sterilisation programme is still predominantly targeted towards females/tubectomy.

The distribution of recorded acceptors by the sub-centres shows that all the sub-centres are not uniform in enrolling the acceptors in 1995 and 1998. The enrolment of acceptors by some sub-centres is more compared to the others. This is mainly because of the locational condition of the sub-centres as we have mentioned in the earlier chapter. Couples from two sub-centres of Dhakephal PHC are making use of the sterilisation services available in the nearby Rural Hospital than from the PHC. Thus the enrolment for sterilisation in these two sub-centres is very low compared to other two sub-centres. More women from the PHC villages are appeared to have accepted IUD than the women from the sub-centre villages.

Month of sterilisation acceptance shows a seasonal pattern in the performance of sterilisation in both the PHCs. It appears that in the two PHCs in both target and target-free periods the performance in April-June and July-September quarters is less than the performance in January-March and October-December quarters. In both the PHCs maximum number of sterilisation was conducted during the January-March quarter even during the target-free year of 1998. This pattern is broadly true for IUD as well. It means that even under the TFA there is a tendency of slackening in the family planning performance of the workers in the first and second quarters (April-September) and the general rush to complete the work in the third and fourth quarters of the year (October-March). Age at acceptance of sterilisation and IUD has come down in both the PHCs from 1995 to 1998. For example, the proportions of women accepted sterilisation after age 29 and above and IUD after age 26 and above have come down considerably. It appears that, as per the register information, the quality of acceptors is improving under the target-free situation as more and more young couples are accepting contraception.

Number of living children at the time of acceptance of contraception is a crucial issue from the policy perspective. Acceptance by higher proportion of couples with less number of living children will accelerate the fertility transition. The distribution of sterilisation and IUD acceptors by number of living children show that the acceptance of

contraception with less number of living children is gradually increasing over the years. For example, the proportion of couples accepted sterilisation with three living children in 1995 and 1998 is 59 percent 64 percent respectively. Similarly, the proportion of couples accepted IUD with one living child has increased from 36 percent in 1995 to 44 percent in 1998.

The distribution of acceptors by place of sterilisation shows that except very few, all the sterilisations have been done in the PHCs. Strangely, two sterilisations have been taken place in sub-centre and three sterilisations which had been conducted in private hospitals are reported in the register of the Dhakephal PHC. Distribution of acceptors by the name of the promoter shows that about 60 percent of the sterilisation acceptors are motivated by the ANM and one-fourth of the acceptors is motivated by MPW. As for as IUD is concerned, it appears that, as expected, ANM is the only exclusive promoter of the method.

In spite of the limitations of the data available in the registers, the analysis has shown some positive changes in the characteristics of acceptors from the target period to target-free period. It is observed that, because of the removal of targets, the tendency of the workers to recruit the acceptors from out side of the PHC areas to fulfil the targets had come down. Under the target-free period there is no/less pressure to increase the acceptors, thus there is a reduction in the number of acceptors from out-side of the PHCs. This change may ultimately lead to the improvement in the quality of services provided in the PHCs and sub-centres.

Another positive change is that the age at acceptance is coming down for both sterilisation and IUD acceptors. Similarly number of living children at the time of acceptance is also coming down. But these observations are based on the register information, which are prone to errors as observed in the current chapter as well as in the previous chapter. To get the actual characteristics of the acceptors under the target and target-free period the information we obtained during the field verification of the registered acceptors would help us. Hence, the characteristics of the acceptors based on the household level verification are analysed in the next chapter.

**Table 4.1: Characteristics of the sterilisation acceptors as per the PHC register in 1995 and 1998**

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Residential status of acceptor</b>																		
Usual Resident	107	43.9	82	43.6	189	43.8	83	72.2	74	75.5	157	73.7	190	52.9	156	54.5	346	53.6
Past Resident	2	0.8	-	-	2	0.5	1	0.9	-	-	1	0.5	3	0.8	-	-	3	0.5
Visitor	50	20.5	66	35.1	116	26.9	17	14.8	20	20.4	37	17.4	67	18.7	86	30.1	153	23.7
Out of PHC area	85	34.8	40	21.3	125	28.9	14	12.2	4	4.1	18	8.5	99	27.6	44	15.4	143	22.2
<b>Place of Residence</b>																		
Rural	237	97.1	170	90.4	407	94.2	115	100.0	97	99.0	212	99.5	352	98.1	267	93.4	619	96.0
Urban	7	2.9	18	9.6	25	5.8	-	-	1	1.0	1	0.5	7	1.9	19	6.6	26	4.0
<b>Name of Sub-Centre</b>																		
1. Deogaon Dhakephal	65	26.6	57	30.3	122	28.2	51	44.3	42	42.9	93	43.7	116	32.3	99	34.6	215	33.3
2. Devanala Lohagaon	55	22.5	39	20.7	94	21.8	40	34.8	28	28.6	68	31.9	95	26.5	67	23.4	162	25.1
3. Tad Pimpalgaon Pir Pimpalwadi	26	10.7	31	16.5	57	13.2	7	6.1	9	9.2	16	7.5	33	9.2	40	14.0	73	11.3
4. Takali Sonwadi	13	5.3	21	11.2	34	7.9	3	2.6	15	15.3	18	8.5	16	4.5	36	12.6	52	8.1
5. Out of PHC area	85	34.8	40	21.3	125	28.9	14	12.2	4	4.1	18	8.5	99	27.6	44	15.4	143	22.2
<b>Month of sterilisation</b>																		
1. January-March	69	28.3	54	28.7	123	28.5	38	33.0	29	29.6	67	31.5	107	29.8	83	29.0	190	29.5
2. April-June	59	24.2	43	22.9	102	23.6	18	15.7	12	12.2	30	14.1	77	21.4	55	19.2	132	20.5
3. July-September	61	25.0	37	19.7	98	22.7	22	19.1	29	29.6	51	23.9	83	23.1	66	23.1	149	23.1
4. October-December	54	22.1	54	28.7	108	25.0	37	32.2	27	27.6	64	30.0	91	25.3	81	28.4	172	26.7
5. N.G.	1	0.4	-	-	1	0.2	-	-	1	1.0	1	0.5	1	0.3	1	0.3	2	0.3
<b>Age of women at acceptance</b>																		
Below 20	-	-	-	-	-	-	1	0.9	-	-	1	0.5	1	0.3	-	-	1	0.2
20-22	11	4.5	10	5.3	21	4.9	31	27.0	5	5.1	36	16.9	42	11.7	15	5.2	57	8.8
23-25	98	40.2	80	42.6	178	41.2	49	42.6	39	39.8	88	41.3	147	40.9	119	41.6	266	41.2
26-28	61	25.0	57	30.3	118	27.3	15	13.0	27	27.6	42	19.7	76	21.2	84	29.4	160	24.8
Above 29	74	30.3	41	21.8	115	26.6	19	16.5	12	12.2	31	14.6	93	25.9	53	18.5	146	22.6
N.G.	-	-	-	-	-	-	-	-	15	15.3	15	7.0	-	-	15	5.2	15	2.3
<b>Education of women</b>																		
Illiterate	164	67.2	97	51.6	261	60.4	67	58.3	53	54.1	120	56.3	231	64.3	150	52.4	381	59.1
Primary (1-4)	18	7.4	16	8.5	34	7.9	8	7.0	3	3.1	11	5.2	26	7.2	19	6.6	45	7.0
Middle (5-7)	35	14.3	33	17.6	68	15.7	14	12.2	9	9.2	23	10.8	49	13.6	42	14.7	91	14.1
High School & above (8+)	24	9.8	40	21.3	64	14.8	5	4.3	3	3.1	8	3.8	29	8.1	43	15.0	72	11.2
N.G.	3	1.2	2	1.1	5	1.2	21	18.3	30	30.6	51	23.9	24	6.7	32	11.2	56	8.7
<b>Education of spouse</b>																		
Illiterate	86	35.2	73	38.8	159	36.8	43	37.4	32	32.7	75	35.2	129	35.9	105	36.7	234	36.3
Primary (1-4)	21	8.6	19	10.1	40	9.3	5	4.3	5	5.1	10	4.7	26	7.2	24	8.4	50	7.7
Middle (5-7)	48	19.7	20	10.6	68	15.7	14	12.2	10	10.2	24	11.3	62	17.3	30	10.5	92	14.3
High School & above (8+)	87	35.7	75	39.9	162	37.5	33	28.7	21	21.4	54	25.4	120	33.4	96	33.6	216	33.5
N.G.	2	0.8	1	0.5	3	0.7	20	17.4	30	30.6	50	23.5	22	6.1	31	10.8	53	8.2
<b>Total</b>	<b>244</b>	<b>100.0</b>	<b>188</b>	<b>100.0</b>	<b>432</b>	<b>100.0</b>	<b>115</b>	<b>100.0</b>	<b>98</b>	<b>100.0</b>	<b>213</b>	<b>100.0</b>	<b>359</b>	<b>100.0</b>	<b>286</b>	<b>100.0</b>	<b>645</b>	<b>100.0</b>

Table contd...

**Characteristics of the sterilisation acceptors as per the PHC register in 1995 and 1998**

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Religion</b>																		
Hindu	207	84.8	142	75.5	349	80.9	100	87.0	74	75.5	174	81.7	307	85.5	216	75.5	523	81.1
Muslim	33	13.5	28	14.9	61	14.1	14	12.2	6	6.1	20	9.4	47	13.1	34	11.9	81	12.6
Buddhist	1	0.4	15	8.0	16	3.7	1	0.9	2	2.0	3	1.4	2	0.6	17	5.9	19	2.9
Christian	-	-	1	0.5	1	0.2	-	-	3	3.1	3	1.4	-	-	4	1.5	4	0.6
Jain	1	0.4	-	-	1	0.2	-	-	-	-	-	-	1	0.3	-	-	1	0.2
N.G.	2	0.8	2	1.1	4	0.9	-	-	13	13.3	13	6.1	2	0.6	15	5.2	17	2.6
<b>Caste</b>																		
SC, ST and NT	52	21.3	19	10.1	71	16.4	-	-	2	2.0	2	0.9	52	14.5	21	7.3	73	11.3
Others	138	56.6	101	53.7	239	55.3	7	6.1	8	8.2	15	7.0	145	40.4	109	38.1	254	39.4
N.G.	19	7.8	24	12.8	43	10.0	93	80.9	77	78.6	170	79.8	112	31.2	101	35.4	213	33.0
Non-Hindus	35	14.3	44	23.4	79	18.3	15	13.0	11	11.2	26	12.2	50	13.9	55	19.2	105	16.3
<b>Occupation of women</b>	N.G.						N.G.						N.G.					
<b>Occupation of spouse</b>	N.G.						N.G.						N.G.					
<b>Number of children living</b>																		
1	1	0.4	-	-	1	0.2	1	0.9	-	-	1	0.5	2	0.6	-	-	2	0.4
2	39	16.0	30	16.0	69	16.0	11	9.6	17	17.3	28	13.1	50	13.9	47	16.4	97	15.0
3	109	44.7	96	51.1	205	47.5	52	45.2	40	40.8	92	43.2	161	44.8	136	47.6	297	46.0
4+	95	38.9	62	33.0	157	36.3	51	44.3	26	26.5	77	36.2	146	40.7	88	30.8	234	36.3
N.G.	-	-	-	-	-	-	-	-	15	15.3	15	7.0	-	-	15	5.2	15	2.3
<b>Number of male children living</b>																		
0	1	0.4	2	1.1	3	0.7	-	-	1	1.0	1	0.5	1	0.3	3	1.0	4	0.6
1	68	27.9	55	29.3	123	28.5	37	32.2	25	25.5	62	29.1	105	29.2	80	28.0	185	28.7
2	159	65.2	105	55.9	264	61.1	64	55.7	51	52.0	115	54.0	223	62.1	156	54.5	379	58.8
3+	16	6.6	26	13.8	42	9.7	14	12.2	6	6.1	20	9.4	30	8.4	32	11.3	62	9.6
N.G.	-	-	-	-	-	-	-	-	15	15.3	15	7.0	-	-	15	5.2	15	2.3
<b>Number of female children living</b>																		
0	33	13.5	27	14.4	60	13.9	14	12.2	14	14.3	28	13.1	47	13.1	41	14.3	88	13.6
1	95	39.0	84	44.7	179	41.4	43	37.4	37	37.8	80	37.6	138	38.4	121	42.3	259	40.2
2	91	37.3	56	29.8	147	34.0	30	26.1	19	19.4	49	23.0	121	33.7	75	26.2	196	30.4
3+	25	10.2	21	11.2	46	10.6	28	24.3	13	13.3	41	19.2	53	14.8	34	11.9	87	13.5
N.G.	-	-	-	-	-	-	-	-	15	15.3	15	7.0	-	-	15	5.2	1	0.3
<b>Age of youngest child</b>																		
<6 months	193	79.1	145	77.1	338	78.2	71	61.7	54	55.1	125	58.7	264	73.5	199	69.6	463	71.8
7-12 months	8	3.3	9	4.8	17	3.9	7	6.1	6	6.1	13	6.1	15	4.2	15	5.2	30	4.7
13-24 months	22	9.0	20	10.6	42	9.7	13	11.3	7	7.1	20	9.4	35	9.7	27	9.4	62	9.6
25+ month	12	4.9	13	6.9	25	5.8	9	7.8	5	5.1	14	6.6	21	5.8	18	6.3	39	6.0
N.G.	9	3.7	1	0.5	10	2.3	15	13.0	26	26.5	41	19.2	24	6.7	27	9.4	51	7.9
<b>Total</b>	244	100.0	188	100.0	432	100.0	115	100.0	98	100.0	213	100.0	359	100.0	286	100.0	645	100.0

Table contd...

Characteristics of the sterilisation acceptors as per the PHC register in 1995 and 1998

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Sex of youngest child	-	-	-	-	-	-	16	13.9	-	-	16	7.5	16	4.5	-	-	16	2.5
Male	-	-	-	-	-	-	12	10.4	1	1.0	13	6.1	12	3.3	1	0.3	13	2.0
Female	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N.G.	244	100.0	188	100.0	432	100.0	87	75.7	97	99.0	184	86.4	331	92.2	285	99.7	616	95.5
Place of sterilisation	-	-	-	-	-	-	5	4.4	1	1.0	6	2.8	5	1.4	1	0.3	6	0.9
Govt. Hospital	-	-	-	-	-	-	3	2.6	-	-	3	1.4	3	0.8	12	4.2	15	2.3
Pvt. Hospital	-	-	12	6.4	12	2.8	-	-	-	-	-	-	-	-	-	-	-	-
PHC	244	100.0	174	92.6	418	96.8	104	90.4	93	94.9	197	92.5	348	96.9	267	93.4	615	95.3
Sub-centre	-	-	2	1.0	2	0.5	-	-	-	-	-	-	-	-	2	0.7	2	0.3
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
N.G.	-	-	-	-	-	-	3	2.6	4	4.1	7	3.3	3	0.8	4	1.4	7	1.1
Incentive amount received	-	-	N.A.	-	-	-	-	-	N.A.	-	-	-	-	-	N.A.	-	-	-
Promoter	-	-	-	-	-	-	7	6.1	-	-	7	3.3	7	1.9	-	-	7	1.1
M.O.	-	-	-	-	-	-	56	48.7	66	67.3	122	57.3	183	51.0	200	69.9	383	59.4
ANM	127	52.0	134	71.3	261	60.4	28	24.3	24	24.5	52	24.4	88	24.5	64	22.4	152	23.6
MPW	60	24.6	40	21.3	100	23.1	9	7.8	3	3.1	12	5.6	27	7.5	9	3.1	36	5.6
Anganwadi worker	18	7.4	6	3.2	24	5.6	8	7.0	1	1.0	9	4.2	31	8.6	9	3.1	40	6.2
Teacher	23	9.4	8	4.3	31	7.2	4	3.5	1	1.0	5	2.3	4	1.1	1	0.3	5	0.8
Self/Other	-	-	-	-	-	-	3	2.6	-	-	3	1.4	8	2.2	-	-	8	1.2
Volunteer	5	2.0	-	-	5	1.2	-	-	3	3.1	3	1.4	11	3.1	3	1.0	14	2.2
N.G.	11	4.5	-	-	11	2.5	-	-	-	-	-	-	-	-	-	-	-	-
Type of village	-	-	-	-	-	-	11	9.6	16	16.3	27	12.7	46	12.8	35	12.2	81	12.6
PHC village	35	14.3	19	10.1	54	12.5	4	3.5	4	4.1	8	3.8	48	13.4	51	17.8	99	15.3
Sub-centre village	44	18.0	47	25.0	91	21.1	86	74.8	71	72.4	157	73.7	165	46.0	151	52.8	316	49.0
Other village	79	32.4	80	42.6	159	36.8	-	-	-	-	-	-	85	23.7	40	14.0	125	19.4
Out of PHC area	85	34.8	40	21.3	125	28.9	14	12.2	7	7.1	21	9.9	15	4.2	9	3.1	24	3.7
N.A.	1	0.4	2	1.0	3	0.7	-	-	-	-	-	-	-	-	-	-	-	-
Total	244	100.0	188	100.0	432	100.0	115	100.0	98	100.0	213	100.0	359	100.0	286	100.0	645	100.0

Note: Among the 645 sterilisation acceptors only two are males.



**Table 4.2: Characteristics of IUD acceptors as per the PHC register in 1995 and 1998**

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Residential status of acceptor</b>																		
Usual Resident	64	53.8	125	84.5	189	70.8	94	75.2	101	75.4	195	75.3	158	64.8	226	80.1	384	73.0
Past Resident	6	5.0	4	2.7	10	3.7	-	-	1	0.7	1	0.4	6	2.5	5	1.8	11	2.1
Visitor	49	41.2	19	12.8	68	25.5	31	24.8	32	23.9	63	24.3	80	32.7	51	18.1	131	24.9
<b>Place of Residence</b>																		
Rural	88	73.9	141	95.3	229	85.8	120	96.0	125	93.3	245	94.6	208	85.2	266	94.3	474	90.1
Urban	31	26.1	7	4.7	38	14.2	5	4.0	9	6.7	14	5.4	36	14.8	16	5.7	52	9.9
<b>Name of Sub-Centre</b>																		
1. Deogaon Dhakephal	56	47.1	56	37.8	112	41.9	46	36.8	43	32.1	89	34.4	102	41.8	99	35.2	201	38.3
2. Devanala Lohagaon	19	16.0	42	28.4	61	22.8	38	30.4	10	7.4	48	18.5	57	23.4	52	18.4	109	20.7
3. Tad Pimpalgaon Pir Pimpalwadi	21	17.6	32	21.6	53	19.9	21	16.8	45	33.6	66	25.5	42	17.2	77	27.3	119	22.6
4. Takali Sonwadi	23	19.3	18	12.2	41	15.4	20	16.0	36	26.9	56	21.6	43	17.6	54	19.1	97	18.4
<b>Month of acceptance</b>																		
1. January-March	28	23.5	37	25.0	65	24.3	20	16.0	61	45.5	81	31.3	48	19.7	98	34.8	146	27.8
2. April-June	20	16.8	33	22.3	53	19.9	33	26.4	5	3.7	38	14.6	53	21.7	38	13.5	91	17.2
3. July-September	36	30.3	27	18.2	63	23.6	21	16.8	-	-	21	8.1	57	23.4	27	9.5	84	16.0
4. October-December	35	29.4	51	34.5	86	32.2	50	40.0	68	50.8	118	45.6	85	34.8	119	42.2	204	38.8
5. N.G.	-	-	-	-	-	-	1	0.8	-	-	1	0.4	1	0.4	-	-	1	0.2
<b>Age at acceptance</b>																		
Below 20	2	1.7	6	4.1	8	3.0	8	6.4	5	3.7	13	5.0	10	4.1	11	3.9	21	4.0
20-22	55	46.2	62	41.9	117	43.8	42	33.6	66	49.3	108	41.7	97	39.8	128	45.4	225	42.8
23-25	34	28.6	60	40.5	94	35.2	38	30.4	39	29.1	77	29.7	72	29.5	99	35.1	171	32.5
26-28	21	17.6	14	9.5	35	13.1	18	14.4	6	4.5	24	9.3	39	16.0	20	7.1	59	11.2
Above 29	7	5.9	6	4.1	13	4.9	19	15.2	18	13.4	37	14.3	26	10.7	24	8.5	50	9.5
<b>Education of women</b>																		
Illiterate	35	29.4	47	31.8	82	30.7	54	43.2	36	26.9	90	34.7	89	36.5	83	29.4	172	32.7
Primary (1-4)	1	0.8	6	4.1	7	2.6	12	9.6	15	11.2	27	10.4	13	5.3	21	7.4	34	6.5
Middle (5-7)	13	10.9	15	10.1	28	10.5	19	15.2	23	17.2	42	16.2	32	13.1	38	13.5	70	13.3
High School & above (8+)	53	44.5	65	43.9	118	44.2	36	28.8	56	41.8	92	35.5	89	36.5	121	42.9	210	39.9
N.G.	17	14.3	15	10.1	32	12.0	4	3.2	4	3.0	8	3.1	21	8.6	19	6.7	40	7.6
<b>Education of spouse</b>																		
Illiterate	22	18.5	22	14.9	44	16.5	38	30.4	30	22.4	68	26.3	60	24.6	52	18.4	112	21.3
Primary (1-4)	1	0.8	8	5.4	9	3.4	3	2.4	7	5.2	10	3.9	4	1.6	15	5.3	19	3.6
Middle (5-7)	9	7.6	13	8.8	22	8.2	8	6.4	15	11.2	23	8.9	17	7.0	28	9.9	45	8.6
High School & above (8+)	70	58.8	90	60.8	160	59.9	75	60.0	78	58.2	153	59.1	145	59.4	168	59.6	313	59.5
N.G.	17	14.3	15	10.1	32	12.0	1	0.8	4	3.0	5	1.9	18	7.4	19	6.7	37	7.0
<b>Total</b>	119	100.0	148	100.0	267	100.0	125	100.0	134	100.0	259	100.0	244	100.0	282	100.0	526	100.0

Table contd...

Characteristics of IUD acceptors as per the PHC register in 1995 and 1998

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Religion</b>																		
Hindu	39	32.8	129	87.2	168	62.9	104	83.2	115	85.8	219	84.6	143	58.6	244	86.5	387	73.6
Muslim	4	3.4	14	9.5	18	6.7	13	10.4	4	3.0	17	6.6	17	7.0	18	6.4	35	6.7
Buddhist	-	-	2	1.4	2	0.7	-	-	9	6.7	9	3.5	-	-	11	3.9	11	2.1
Christian	-	-	-	-	-	-	-	-	2	1.5	2	0.8	-	-	2	0.7	2	0.4
N.G.	76	63.8	3	2.0	79	29.6	8	6.4	4	3.0	12	4.6	84	34.4	7	2.5	91	17.3
<b>Caste</b>																		
SC, ST and NT	-	-	-	-	-	-	-	-	6	4.5	6	2.3	-	-	6	2.1	6	1.1
Others	3	2.5	7	4.7	10	3.7	-	-	54	40.3	54	20.8	3	1.2	61	21.6	64	12.2
N.G.	112	94.1	125	84.5	237	88.8	112	89.6	59	44.0	171	66.0	224	91.8	184	65.3	408	77.6
Non-Hindus	4	3.4	16	10.8	20	7.5	13	10.4	15	11.2	28	10.8	17	7.0	31	11.0	48	9.1
<b>Occupation of spouse</b>																		
Not working	-	-	1	0.7	1	0.4	-	-	-	-	-	-	-	-	1	0.4	1	0.2
Cultivator/working on family farm	45	37.8	72	48.6	117	43.8	-	-	-	-	-	-	45	18.4	72	25.5	117	22.2
Agricultural wage labourer	2	1.7	2	1.4	4	1.5	-	-	-	-	-	-	2	0.8	2	0.7	4	0.8
Non-agricultural wage labourer	7	5.9	13	8.8	20	7.5	-	-	-	-	-	-	7	2.9	13	4.6	20	3.8
Artisan	3	2.5	1	0.7	4	1.5	-	-	-	-	-	-	3	1.2	1	0.4	4	0.8
Trade and Commerce	11	9.2	4	2.7	15	5.6	-	-	-	-	-	-	11	4.5	4	1.4	15	2.9
White collar job	3	2.5	8	5.4	11	4.1	-	-	-	-	-	-	3	1.2	8	2.8	11	2.1
N.G.	48	40.3	47	31.8	95	35.6	125	100.0	134	100.0	259	100.0	173	70.9	181	64.2	354	67.3
<b>Occupation of acceptor</b>																		
Not working/housewife	-	-	11	7.4	11	4.1	-	-	-	-	-	-	-	-	11	3.9	11	2.1
Non-agricultural labourer	-	-	1	0.7	1	0.4	-	-	-	-	-	-	-	-	1	0.4	1	0.2
N.G.	119	100.0	136	91.9	255	95.5	125	100.0	134	100.0	259	100.0	244	100.0	270	95.7	514	97.7
<b>Number of children living</b>																		
1	54	45.4	73	49.3	127	47.6	35	28.0	51	38.1	86	33.2	89	36.5	124	44.0	213	40.5
2	46	38.7	56	37.8	102	38.2	45	36.0	53	39.6	98	37.8	91	37.3	109	38.7	200	38.0
3	18	15.1	17	11.5	35	13.1	24	19.2	18	13.4	42	16.2	32	13.1	35	12.4	77	14.6
4+	-	-	1	0.7	1	0.4	19	15.2	11	8.2	30	11.6	19	7.8	12	4.3	31	5.9
N.G.	1	0.8	1	0.7	2	0.7	2	1.6	1	0.7	3	1.2	3	1.2	2	0.7	5	1.0
<b>Number of male children living</b>																		
0	32	26.9	47	31.8	79	29.6	19	15.2	29	21.6	48	18.5	51	20.9	76	27.0	127	24.1
1	76	63.9	79	53.4	155	58.1	82	65.6	87	64.9	169	65.3	158	64.8	166	58.9	324	61.6
2	8	6.7	21	14.2	29	10.9	19	15.2	15	11.2	34	13.1	27	11.1	36	12.8	63	12.0
3+	2	1.7	-	-	2	0.7	2	1.6	2	1.5	4	1.5	4	1.6	2	0.7	6	1.1
N.G.	1	0.8	1	0.7	2	0.7	3	2.4	1	0.7	4	1.5	4	1.6	2	0.7	6	1.1
<b>Total</b>	<b>119</b>	<b>100.0</b>	<b>148</b>	<b>100.0</b>	<b>267</b>	<b>100.0</b>	<b>125</b>	<b>100.0</b>	<b>134</b>	<b>100.0</b>	<b>259</b>	<b>100.0</b>	<b>244</b>	<b>100.0</b>	<b>282</b>	<b>100.0</b>	<b>526</b>	<b>100.0</b>

Table contd...

Characteristics of IUD acceptors as per the PHC register in 1995 and 1998

Characteristics as per register	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Number of female children living																		
0	46	38.7	58	39.2	104	39.0	36	28.8	37	27.6	73	28.2	82	33.6	95	33.7	177	33.7
1	43	36.2	67	45.3	110	41.2	44	35.2	65	48.5	109	42.1	87	35.7	132	46.8	219	41.6
2	28	23.5	14	9.5	42	15.7	23	18.4	25	18.7	48	18.5	51	20.9	39	13.8	90	17.1
3+	1	0.8	8	5.4	9	3.4	19	15.2	6	4.5	25	9.7	20	8.2	14	5.0	34	6.5
N.G.	1	0.8	1	0.7	2	0.7	3	2.4	1	0.7	4	1.5	4	1.6	2	0.7	6	1.1
Age of youngest child																		
<6 months	60	50.4	72	48.6	132	49.4	46	36.8	39	29.1	85	32.8	106	43.4	111	39.4	217	41.3
7-12 months	28	23.5	30	20.3	58	21.7	37	29.6	38	28.4	75	29.0	65	26.6	68	24.1	133	25.3
13-24 months	22	18.5	26	17.6	48	18.0	23	18.4	27	20.1	50	19.3	45	18.4	53	18.8	98	18.6
25+ month	6	5.0	5	3.4	11	4.1	10	8.0	19	14.2	29	11.2	16	6.6	24	8.5	40	7.6
N.G.	3	2.5	15	10.1	18	6.7	9	7.2	11	8.2	20	7.7	12	4.9	26	9.2	38	7.2
Sex of youngest child																		
Male	49	41.2	57	38.5	106	39.7	16	12.8	12	9.0	28	10.8	65	26.6	69	24.5	134	25.5
Female	27	22.7	39	26.4	66	24.7	11	8.8	13	9.7	24	9.3	38	15.6	52	18.4	90	17.1
N.G.	43	36.1	52	35.1	95	35.6	98	78.4	109	81.3	207	79.9	141	57.8	161	57.1	302	57.4
Place of IUD insertion																		
Govt. Hospital	1	0.8	-	-	1	0.4	-	-	-	-	-	-	1	0.4	-	-	1	0.2
PHC	62	52.1	76	51.4	138	51.7	18	14.4	28	20.9	46	17.8	80	32.8	104	36.9	184	35.0
Sub-centre	46	38.7	53	35.8	99	37.1	40	32.0	75	56.0	115	44.4	86	35.2	128	45.4	214	40.7
Other	-	-	13	8.8	13	4.9	59	47.2	7	5.2	66	25.5	59	24.2	20	7.1	79	15.0
N.G.	10	8.4	6	4.1	16	6.0	8	6.4	24	17.9	32	12.4	18	7.4	30	10.6	48	9.1
Incentive amount received	N.G.	-	N.G.	-	N.G.	-	N.G.	-	N.G.	-	N.G.	-	N.G.	-	N.G.	-	N.G.	-
Promoter																		
ANM	109	91.6	148	100.0	257	96.3	49	39.2	122	91.0	171	66.0	158	64.8	270	95.8	428	81.4
MPW	8	6.7	-	-	8	3.0	6	4.8	6	4.5	12	4.6	14	5.7	6	2.1	20	3.8
N.G.	2	1.7	-	-	2	0.7	70	56.0	6	4.5	76	29.4	72	29.5	6	2.1	78	14.8
Type of village																		
PHC village	37	31.1	43	29.1	80	30.0	12	9.6	9	6.7	21	8.1	49	20.1	52	18.4	101	19.2
Sub-centre village	36	30.3	42	28.4	78	29.2	34	27.2	28	20.9	62	23.9	70	28.7	70	24.8	140	26.6
Other village	45	37.8	63	42.6	108	40.4	60	48.0	82	61.2	142	54.9	105	43.0	145	51.4	250	47.5
N.A.	1	0.8	-	-	1	0.4	19	15.2	15	11.2	34	13.1	20	8.2	15	5.3	35	6.7
Total	119	100.0	148	100.0	267	100.0	125	100.0	134	100.0	259	100.0	244	100.0	282	100.0	526	100.0

## **Chapter V**

### **Characteristics of the Sterilisation and IUD Acceptors in 1995 and 1998 as Observed in the Field Verification**

This chapter discusses the characteristics of the sterilisation and IUD acceptors as observed in the field verification of the reported acceptors of the two methods. The previous chapter discussed the characteristics of the acceptors based on the information obtained directly from the sterilisation and IUD registers of the PHCs. Since the register information is prone to various errors as discussed in the earlier chapters, realistic assessment about the characteristics of the acceptors in the target and target-free period can be made only from the information collected during the field verification of the reported acceptors. This is attempted in this chapter. Hence, only those acceptors who were interviewed and found to be genuine are included for the analysis. Those acceptors who were found to be genuine but not interviewed were not included because the information was not directly obtained from the acceptor but was obtained from the responsible person other than the acceptor.

Of the 645 reported acceptors of sterilisation in the registers we were able to verify the acceptance status of 406 acceptors, and all of them were found to be genuine acceptors of the method. However, out of 406 acceptors we were able to interview only 258 of them and for the remaining the information was obtained from the other responsible persons. Hence the characteristics of only those 258 interviewed acceptors are analysed here. Similarly, of the 526 reported IUD acceptors, only 167 of them were found to be genuine acceptors of the method. Of these 167 genuine IUD acceptors, the information for 139 acceptors was directly obtained from the acceptors themselves and for the remaining 28 acceptors the information was obtained from the responsible person other than the acceptor. Hence the characteristics pertaining to only 139 of the IUD acceptors are discussed here.

Table 5.1 gives some basic characteristics (mean age at acceptance, mean years of schooling, mean number children ever born and living, and mean age of youngest child at acceptance) of sterilisation and IUD acceptors and their spouses for 1995 and 1998. It shows that from 1995 to 1998 the mean age at acceptance of IUD has come down for both

husbands and wives to the extent of two years. This decline is observed in both the PHCs. A decline of two years in the average age at acceptance of IUD from 1995 to 1998 is a welcome change for a programme, which tries to recruit the younger couples to accelerate the ongoing fertility transition. It appears that the removal of the targets has made the workers to approach more and more young couples to accept IUD. Mean age at acceptance of sterilisation has not changed much over the last three years though there is a slight decline. It seems that the IUD acceptance is gaining momentum under the target-free approach as higher proportion of couples started accepting IUD early in their reproductive life.

Mean years of schooling of the women accepted IUD and sterilisation has considerably increased from 1995 to 1998. The mean years of schooling in 1995 and 1998 for IUD acceptors was 4.8 and 6.3 respectively and for sterilisation acceptors was 2.2 and 3.1 respectively. It means that there is an increasing acceptance of contraception by the younger couples. The removal of the targets appears to have started giving the desired results in the right direction.

The number of living children at the time of acceptance of contraception is a very important issue in the policy perspective. Our policy thrives for the higher acceptance of contraception by the couples with less number of children. Because the higher acceptance of the couples with more number of living children will not yield any desired result to bring down the fertility level in the country. The major criticism for the target-oriented programme was that it was not targeting the younger couples with less number of children. Hence the data on the number of living children at the time of acceptance of the method in 1995 and 1998 would indicate the extent of progress made from target period to target-free period. The mean number of living children at the time of IUD acceptance in rural Aurangabad is 2.1 children (1995 and 1998 combined). But the mean number of living children of IUD acceptors shows that it has come down from 2.5 in 1995 to 1.9 in 1998, a decline of 0.6 child over the three-year period. Number of living children at the time of sterilisation acceptance indicates the couples desire to stop childbearing altogether. Our observation in rural Aurangabad shows that couples accept sterilisation after getting on average 3.4 children. The mean number of living children had declined marginally from 1995 (3.5) to 1998 (3.3). Though there is a decline in number of living children at the time

of sterilisation acceptance, the decline is not to the extent of living children at the time of IUD acceptance.

The mean age of youngest child at the time of IUD acceptance of the couples has come down significantly from 1995 to 1998. While the mean age of youngest child at the time of acceptance of IUD was 27 months in 1995 it has declined to 12 months in 1998. On the contrary to the above, the mean age of youngest child for sterilisation acceptors has registered an increase of 1.5 months from 1995 to 1998. The decline in both the number of living children and age of youngest child of the acceptors of IUD from target to target-free period shows the good progress made under the target-free period in making the couples accept the method early. It is surprising to note that the above two variables did not change much for sterilisation acceptors. The reason could be, as can be seen in the earlier chapters, the removal of the targets seems to have made the workers not to take any extra effort to recruit acceptors for sterilisation. Under the target period the workers had to work overtime to get the sterilisation cases. Now, with no targets, recruiting acceptors for IUD is relatively easier and involves less work for the health workers than making couples to accept sterilisation. Thus, under the present changed scenario their focus has changed towards the IUD acceptors as more and more young couples with less number of children are resorting to IUD. Since there is no target for sterilisation in 1998, the health workers seem to have approached the potential couples for sterilisation later than under the target period. Thus there is an increase in the age of youngest child for sterilisation acceptors. The delay in approaching the potential users may lead to accidental pregnancies. While appreciating health workers for recruiting more and more young couples with less number of children to accept IUD the study also suggests that they should approach the potential users of sterilisation without any delay. Any delay in this may lead to accidental pregnancies and unwanted births.

Further breakdown of mean age at acceptance and mean number of living children of the sterilisation and IUD acceptors according to their other background characteristics like education, religion, caste, occupation, age at marriage and type village are presented in tables 5.2 to 5.5. The tables provide the relevant information for the two PHCs for 1995 and 1998 (conclusions should be made cautiously from these tables since some cell frequencies are smaller in number, less than 10, particularly for IUD). The mean age at acceptance of contraception has come down from 1995 to 1998 among the cross-section of

the women. The mean age at acceptance of IUD and sterilisation has come down for illiterate women; SC, ST and NT women; women who married at younger ages; and women engaged in agricultural activities. This pattern could be observed for both the PHCs. Similarly, mean number of living children at the time IUD acceptance has come down among the various sections of the women. For example, it has come down from 2.8 to 2.2 to illiterate women, 3.0 to 1.8 to SCs and STs, and 2.5 to 1.8 to women engaged in agricultural activities. Though the mean number of living children at time of acceptance has come down among the various categories of women for sterilisation acceptors, the decline is not to the extent observed for IUD. Since the cell frequencies are smaller in number not much can be inferred from these two tables.

The characteristics of interviewed genuine acceptors of sterilisation and IUD are given in tables 5.6 and 5.7. Unlike the tables given in chapter 4, the information presented in tables 5.6 and 5.7 is complete since the information is directly collected from the reported acceptors themselves. The residential status of the acceptors of sterilisation as observed in the field verification shows that the percentage of acceptors from out-of-area is less in 1998 (12 percent) as compared to 1995 (18 percent). It appears that the removal of the targets has reduced the tendency of the workers to bring the acceptors from out side of the PHCs to fulfil the targets.

Month of sterilisation was also collected in the verification survey. It shows the same seasonal pattern in the acceptance of sterilisation: in the two PHCs, in both target and target-free periods, the proportion of couples accepted sterilisation in April-June and July-September quarters is less than in January-March and October-December quarters. In both the PHCs maximum proportion of couples accepted sterilisation during the January-March quarter and minimum proportion of couples accepted in April to June quarter. The same pattern could be observed for the target-free year of 1998 also. It means that even under the TFA the pace of the workers in recruiting the acceptors is slow in the first and second quarters (April-September) and the pace is higher in the third and fourth quarters of the year (October-March). The same work culture continues under the target-free period. Reason lies in the fact that the targets have not been removed in the real sense of the term.

The verification of reported acceptors also confirms that the age at acceptance of sterilisation and IUD has come down from 1995 to 1998 in both the PHCs. For example, the proportions of women accepted sterilisation and IUD before age 25 have come down considerably: in 1995 the proportion accepted sterilisation before age 25 is 39 percent whereas it has increased to 46 percent in 1998. Similarly the women accepted IUD before age 25 has increased from 50 percent in 1995 to 76 percent in 1998. It is certain that, as per the verification survey, the quality of acceptors is improving under the target-free situation as more and more young couples are accepting contraception thus making more impact on the fertility transition.

Number of living children at the time of acceptance of a method is an important issue. Higher acceptance with fewer children accelerates the fertility transition. The distribution of sterilisation and IUD acceptors by number of living children shows that the acceptance of contraception with two living children is gradually increasing over the years. For example, the proportion of couples sterilised with two living children in 1995 and 1998 is 13 percent and 23 percent respectively. Similarly, the proportion of couples accepting IUD with one living child has increased from 23 percent in 1995 to 34 percent in 1998. Sex of the youngest living child plays a role in couples' decision to accept contraception. If the youngest child is male higher proportion of couples are found to accept sterilisation than if the child is female. For sixty four percent of the sterilisation acceptors the youngest child is male and for the remaining 36 percent their youngest child is female. Similarly for 58 percent of the IUD acceptors their youngest child is male and for the remaining 42 percent their youngest child is female. This pattern could be observed in both the PHCs and also for the years 1995 and 1998. Though this is not the perfect variable to look at the sex preference of the couples the data to some extent indicate that the couples' acceptance of contraception in rural Maharashtra is influenced by the sex composition of their living children.

The distribution of acceptors by place of sterilisation shows that all the sterilisation operation has been done in the PHCs. The distribution of acceptors by type of the promoter shows that about 60 percent of the sterilisation acceptors are motivated by the ANM and 23 percent of the acceptors are motivated by MPW. As far as IUD is concerned ANM is the only exclusive promoter of the method.



The results of the verification of the reported acceptors have shown positive changes in the characteristics of acceptors from the target period to target-free period. Removal of the targets has reduced the tendency of the workers to recruit the acceptors from out side of the PHC areas to fulfil the targets. This change may ultimately lead to the improvement in the IUD acceptance and the quality of services provided in the PHCs and sub-centres. The age at acceptance has come down for both sterilisation and IUD acceptors. Similarly number of living children at the time of acceptance has also come down particularly for IUD users. These observations are based on the verification survey and thus are reliable than the information obtained from the registers, which are incomplete and prone to various errors.

**Table 5.1.**

**Characteristics of sterilisation and IUD acceptors in 1995 and 1998 as observed in the field verification**

**Characteristics of sterilisation acceptors**

Characteristics	Deogaon			Dhakephal			Total		
	1995	1998	Total	1995	1998	Total	1995	1998	Total
Mean age at acceptance of Husband	31.1	30.2	30.7	30.1	31.3	30.6	30.7	30.6	30.7
Wife	26.1	25.2	25.7	25.1	25.6	25.3	25.7	25.4	25.6
Mean years of schooling Husband	6.3	6.7	6.5	4.3	4.4	4.3	5.6	5.8	5.7
Wife	2.6	4.2	3.3	1.5	1.4	1.4	2.2	3.1	2.6
Mean number of CEB Total	3.6	3.4	3.5	3.8	3.7	3.8	3.7	3.5	3.6
Male	1.8	1.9	1.9	1.9	1.9	1.9	1.8	1.9	1.9
Female	1.7	1.4	1.6	1.9	1.8	1.9	1.8	1.6	1.7
Mean number of children living Total	3.5	3.3	3.4	3.6	3.8	3.6	3.5	3.3	3.4
Male	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8	1.8
Female	1.7	1.4	1.6	1.9	1.7	1.8	1.8	1.5	1.7
Mean age of youngest child (in months)	3.7	7.2	5.3	8.9	7.0	8.1	5.6	7.1	6.3
Total number of acceptors	90	71	161	53	44	97	143	115	258

**Characteristics of IUD acceptors**

Characteristics	Deogaon			Dhakephal			Total		
	1995	1998	Total	1995	1998	Total	1995	1998	Total
Mean age at acceptance of Husband	29.3	27.6	28.0	29.1	26.7	27.9	29.2	27.4	28.0
Wife	23.9	22.4	22.8	24.4	22.0	23.2	24.2	22.3	22.9
Mean years of schooling Husband	8.0	9.1	8.9	8.9	8.8	8.9	8.5	9.1	8.9
Wife	4.9	6.4	6.0	4.7	6.0	5.4	4.8	6.3	5.8
Mean number of children living Total	2.5	1.8	2.0	2.4	2.1	2.3	2.5	1.9	2.1
Male	1.0	0.8	0.9	1.2	1.0	1.1	1.1	0.9	0.9
Female	1.6	1.0	1.1	1.2	1.1	1.2	1.4	1.0	1.4
Mean age of youngest child (in months)	20.0	10.3	12.8	33.9	17.4	25.7	27.2	12.3	17.4
Total number of acceptors	23	66	89	25	25	50	48	91	139

**Table 5.2: Mean age at sterilisation acceptance in 1995 and 1998**

Characteristics	Deogaon					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
Education						
Illiterates	53	27.1	26	25.7	79	26.7
Literate	37	24.5	45	24.7	82	24.7
Religion						
Hindu	76	26.0	61	25.0	137	25.6
Others	14	26.3	10	26.2	24	26.3
Caste						
SC, ST and NT	16	27.9	7	25.4	23	27.1
Others	60	25.5	54	25.0	114	25.3
Non-Hindus	14	26.3	10	26.2	24	26.3
Occupation						
Not working/housewife	25	25.5	25	25.4	50	25.4
Cultivator/working on family farm	39	25.6	31	24.8	70	25.2
Wage labourer (Agri. & Non-agri.)	24	27.3	15	25.7	39	26.7
Others	2	27.5	-	-	2	27.5
Age at marriage						
13 and below	30	27.6	11	25.2	41	27.0
14-15	40	24.9	31	25.3	71	25.0
Above 15	20	26.2	29	25.1	49	25.5
Sub-centre						
1. Deogaon	19	25.0	14	26.3	33	25.6
2. Devanala	29	27.2	18	25.2	47	26.5
3. Tad Pimpalgaon	11	26.6	16	24.4	27	25.3
4. Takali	6	23.5	9	24.1	15	23.9
5. Out of PHC area	25	25.9	14	25.6	39	25.8
Type of village						
PHC village	16	24.4	12	26.3	28	25.3
Sub-centre village	23	26.5	22	25.9	45	26.1
Other village	26	26.8	23	23.9	49	25.4
Out of PHC area	25	25.9	14	25.6	39	25.8
<b>Total</b>	<b>90</b>	<b>26.1</b>	<b>71</b>	<b>25.2</b>	<b>161</b>	<b>25.7</b>
	<b>Dhakephal</b>					
Education						
Illiterates	38	26.0	34	26.1	72	26.0
Literate	15	22.9	10	24.0	25	23.3
Religion						
Hindu	45	25.3	39	25.5	84	25.9
Others	8	23.9	5	26.6	13	24.9
Caste						
SC, ST and NT	14	23.3	13	26.5	27	24.8
Others	31	26.2	26	25.0	57	25.7
Non-Hindus	8	23.8	5	26.6	13	24.9
Occupation						
Not working/housewife	4	24.0	4	23.3	8	23.6
Cultivator/working on family farm	23	25.0	18	26.4	41	25.6
Wage labourer (Agri. & Non-agri.)	24	25.2	22	25.4	46	25.3
Others	2	26.5	-	-	2	26.5
Age at marriage						
13 and below	14	24.6	9	25.3	23	24.9
14-15	24	24.4	18	24.8	42	24.6
Above 15	15	26.6	17	26.7	32	26.6
Sub-centre						
1. Dhakephal	25	25.9	19	25.3	44	25.6
2. Lohagaon	24	24.6	14	25.4	38	24.9
3. Pir Pimpalwadi	3	23.7	6	26.7	9	25.7
4. Sonwadi	1	22.0	5	26.2	6	25.5
Type of village						
PHC village	7	24.6	6	24.3	13	25.6
Sub-centre village	1	22.0	3	27.3	4	24.5
Other village	45	25.2	35	25.7	80	26.0
<b>Total</b>	<b>53</b>	<b>25.1</b>	<b>44</b>	<b>25.6</b>	<b>97</b>	<b>25.3</b>

Table contd...

**Table 5.2: Mean age at sterilisation acceptance in 1995 and 1998**

Characteristics	Total					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Education</b>						
Illiterates	91	26.7	60	25.9	151	26.4
Literate	52	24.1	55	24.7	107	24.4
<b>Religion</b>						
Hindu	121	25.8	100	25.2	221	25.5
Others	22	25.4	15	26.3	37	25.8
<b>Caste</b>						
SC, ST and NT	30	25.4	20	26.1	50	25.9
Others	91	25.8	80	25.0	171	25.4
Non-Hindus	22	25.4	15	26.3	37	25.8
<b>Occupation</b>						
Not working/housewife	29	25.3	29	25.1	58	25.2
Cultivator/working on family farm	62	25.4	49	25.4	111	25.4
Wage labourer (Agri. & Non-agri.)	48	26.3	37	25.5	85	25.9
Others	4	27.0	-	-	4	27.0
<b>Age at marriage</b>						
13 and below	44	26.7	20	25.3	64	26.2
14-15	64	24.7	49	25.1	113	24.9
Above 15	35	26.3	46	25.7	81	26.0
<b>Sub-centre</b>						
1. Deogaon Dhakephal	44	25.5	33	25.7	77	25.6
2. Devanala Lohagaon	53	26.0	32	25.3	85	25.8
3. Tad Pimpalgaon Pir Pimpalwadi	14	25.4	22	25.1	36	25.4
4. Takali Sonwadi	7	23.3	14	24.9	21	24.3
5. Out of PHC area	25	25.3	14	25.6	39	25.8
<b>Type of village</b>						
PHC village	23	24.5	18	25.7	41	25.0
Sub-centre village	24	26.3	25	25.9	49	26.1
Other village	71	25.8	58	24.9	129	25.4
Out of PHC area	25	25.9	14	25.6	39	25.8
<b>Total</b>	<b>143</b>	<b>25.7</b>	<b>115</b>	<b>25.4</b>	<b>258</b>	<b>25.6</b>

**Table 5.3: Mean age at IUD acceptance in 1995 and 1998**

Characteristics	Deogaon					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Education</b>						
Illiterate	9	24.1	16	20.1	25	21.6
Literate	14	23.7	50	23.1	64	23.2
<b>Religion</b>						
Hindu	18	24.3	49	22.4	67	22.9
Others	5	22.4	17	22.3	22	22.3
<b>Caste</b>						
SC, ST and NT	3	25.0	6	20.7	9	22.1
Others	15	24.1	43	22.7	58	23.0
Non-Hindus	5	22.4	17	22.3	22	22.3
<b>Occupation</b>						
Not working/housewife	18	24.6	40	22.3	58	23.0
Cultivator/working on family farm	4	22.3	12	20.3	16	20.8
Wage labourer (Agri. & Non-agri.)	1	18.0	7	21.9	8	21.4
Others	-	-	7	26.9	7	26.9
<b>Age at marriage</b>						
13 and below	3	20.0	5	19.2	8	19.5
14-15	5	22.8	19	20.8	24	21.2
Above 15	15	25.0	42	23.5	57	23.9
<b>Sub-centre</b>						
1. Deogaon	10	22.9	25	22.7	35	22.8
2. Devanala	3	25.7	19	21.4	22	21.9
3. Tad Pimpalgaon	9	25.2	19	22.8	28	23.6
4. Takali	1	16.0	3	23.0	4	21.3
<b>Type of village</b>						
PHC village	9	23.0	25	22.7	34	22.8
Sub-centre village	10	25.4	23	22.7	33	23.5
Other village	4	22.0	18	21.6	22	21.6
<b>Total</b>	<b>23</b>	<b>23.9</b>	<b>66</b>	<b>22.4</b>	<b>89</b>	<b>22.8</b>
	<b>Dhakephal</b>					
<b>Education</b>						
Illiterate	10	26.3	8	21.3	18	24.1
Literate	15	23.2	17	22.4	32	22.8
<b>Religion</b>						
Hindu	22	24.1	21	21.4	43	22.8
Others	3	27.0	4	25.3	7	26.0
<b>Caste</b>						
SC, ST and NT	4	27.5	3	21.3	7	24.9
Others	18	23.3	18	21.4	36	22.4
Non-Hindus	3	27.0	4	25.3	7	26.0
<b>Occupation</b>						
Not working/housewife	13	24.4	13	21.6	26	23.0
Cultivator/working on family farm	10	22.9	5	19.6	15	21.8
Wage labourer (Agri. & Non-agri.)	1	37.0	3	19.0	4	23.5
Others	1	28.0	4	28.8	5	28.6
<b>Age at marriage</b>						
13 and below	8	23.9	6	22.0	14	23.1
14-15	7	26.1	8	19.5	15	22.6
Above 15	10	23.7	11	23.9	21	23.8
<b>Sub-centre</b>						
1. Dhakephal	11	20.8	5	22.0	16	21.2
2. Lohagaon	8	25.1	4	19.0	12	23.1
3. Pir Pimpalwadi	-	-	10	22.3	10	22.3
4. Sonwadi	6	30.2	6	23.7	12	26.9
<b>Type of village</b>						
PHC village	3	22.3	2	22.0	5	22.2
Sub-centre village	8	25.1	7	24.7	15	24.9
Other village	14	24.5	16	20.9	30	22.6
<b>Total</b>	<b>25</b>	<b>24.4</b>	<b>25</b>	<b>22.0</b>	<b>50</b>	<b>23.2</b>

Table Contd...

**Table 5.3: Mean age at IUD acceptance in 1995 and 1998**

Characteristics	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Total</b>						
<b>Education</b>						
Illiterate	19	25.3	24	20.5	43	22.6
Literate	29	23.5	67	22.9	96	23.1
<b>Religion</b>						
Hindu	40	24.2	70	22.1	110	22.9
Others	8	24.1	21	22.9	29	23.2
<b>Caste</b>						
SC, ST and NT	7	26.4	9	20.9	16	23.3
Others	33	23.7	61	22.3	94	22.8
Non-Hindus	8	24.1	21	22.9	29	23.2
<b>Occupation</b>						
Not working/housewife	31	24.5	53	22.2	84	23.0
Cultivator/working on family farm	14	22.7	17	20.1	31	21.3
Wage labourer (Agri. & Non-agri.)	2	27.5	10	21.0	12	22.1
Others	1	28.0	11	27.6	12	27.6
<b>Age at marriage</b>						
13 and below	11	22.8	11	20.7	22	21.8
14-15	12	24.8	27	20.4	39	21.7
Above 15	25	25.4	53	23.6	78	23.9
<b>Sub-centre</b>						
1. Deogaon/Dhakephal	21	21.8	30	22.6	51	22.3
2. Devanala/Lohagaon	11	25.3	23	21.0	34	22.4
3. Tad Pimpalgaon/Pir Pimpalwadi	9	25.2	29	22.7	38	23.3
4. Takali/Sonwadi	7	28.1	9	23.4	16	25.5
<b>Type of village</b>						
PHC village	12	22.8	27	22.7	39	22.7
Sub-centre village	18	25.3	30	23.1	48	23.9
Other village	18	23.9	34	21.2	52	22.2
<b>Total</b>	<b>48</b>	<b>24.2</b>	<b>91</b>	<b>22.3</b>	<b>139</b>	<b>22.9</b>

**Table 5.4: Mean number of living children at the time of sterilisation acceptance in 1995 and 1998**

Characteristics	Deogaon					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
Education						
Illiterates	53	3.7	26	3.6	79	3.7
Literate	37	3.2	45	3.0	82	3.1
Religion						
Hindu	76	3.4	61	3.2	137	3.3
Others	14	3.9	10	3.4	24	3.7
Caste						
SC, ST and NT	16	3.9	7	3.9	23	3.9
Others	60	3.3	54	3.1	114	3.2
Non-Hindus	14	3.9	10	3.4	24	3.7
Occupation						
Not working/housewife	25	3.2	25	3.2	50	3.2
Cultivator/working on family farm	39	3.4	31	3.1	70	3.3
Wage labourer (Agri. & Non-agri.)	24	3.9	15	3.5	39	3.7
Others	2	3.5	-	-	2	3.5
Age at marriage						
13 and below	30	3.9	11	3.5	41	3.8
14-15	40	3.5	31	3.5	71	3.5
Above 15	20	2.9	29	2.9	49	2.9
Sub-centre						
1. Deogaon	19	3.6	14	3.4	33	3.5
2. Devanala	29	3.7	18	3.3	47	3.5
3. Tad Pimpalgaon	11	3.8	16	2.7	27	3.2
4. Takali	6	2.7	9	3.4	15	3.1
5. Out of PHC area	25	3.2	14	3.4	39	3.3
Type of village						
PHC village	16	3.5	12	3.3	28	3.4
Sub-centre village	23	3.7	22	3.1	45	3.3
Other village	26	3.2	23	3.2	49	3.5
Out of PHC area	25	3.5	14	3.4	39	3.3
<b>Total</b>	<b>90</b>	<b>3.5</b>	<b>71</b>	<b>3.2</b>	<b>161</b>	<b>3.4</b>
	<b>Dhakephal</b>					
Education						
Illiterates	38	3.8	34	3.7	72	3.8
Literate	15	3.1	10	2.9	25	3.0
Religion						
Hindu	45	3.7	39	3.4	84	3.7
Others	8	3.5	5	3.8	13	3.6
Caste						
SC, ST and NT	14	3.5	13	4.7	27	4.1
Others	31	3.7	26	2.8	57	3.3
Non-Hindus	8	3.5	5	3.8	13	3.6
Occupation						
Not working/housewife	4	3.5	4	2.5	8	3.0
Cultivator/working on family farm	23	3.5	18	3.3	41	3.4
Wage labourer (Agri. & Non-agri.)	24	3.7	22	3.3	46	3.7
Others	2	5.0	-	-	2	5.0
Age at marriage						
13 and below	14	3.7	9	3.9	23	3.8
14-15	24	3.8	18	3.2	42	3.5
Above 15	15	3.4	17	3.5	32	3.5
Sub-centre						
1. Dhakephal	25	3.8	19	3.3	44	3.6
2. Lohagaon	24	3.5	14	3.6	38	3.6
3. Pir Pimpalwadi	3	3.3	6	3.7	9	3.6
4. Sonwadi	1	4.0	5	3.6	6	3.7
Type of village						
PHC village	7	3.6	6	2.5	13	3.1
Sub-centre village	1	4.0	3	4.0	4	4.0
Other village	45	3.6	35	3.6	80	3.6
<b>Total</b>	<b>53</b>	<b>3.6</b>	<b>44</b>	<b>3.5</b>	<b>97</b>	<b>3.4</b>

Table contd...

**Table 5.4: Mean number of living children at the time of sterilisation acceptance  
In 1995 and 1998**

Characteristics	Total					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Education</b>						
Illiterates	91	3.8	60	3.6	151	3.7
Literate	52	3.2	55	3.0	107	3.1
<b>Religion</b>						
Hindu	121	3.5	100	3.3	121	3.4
Others	22	3.8	15	3.5	37	3.7
<b>Caste</b>						
SC, ST and NT	30	3.7	20	4.4	50	4.0
Others	91	3.4	80	3.0	171	3.2
Non-Hindus	22	3.8	15	3.5	37	3.7
<b>Occupation</b>						
Not working/housewife	29	3.2	29	3.1	58	3.2
Cultivator/working on family farm	62	3.5	49	3.2	111	3.3
Wage labourer (Agri. & Non-agri.)	48	3.8	37	3.7	85	3.7
Others	4	4.3	-	-	4	4.3
<b>Age at marriage</b>						
13 and below	44	3.8	20	3.7	64	3.8
14-15	64	3.7	49	3.4	113	3.5
Above 15	35	3.1	46	3.1	81	3.1
<b>Sub-centre</b>						
1. Deogaon Dhakephal	44	3.7	33	3.3	77	3.6
2. Devanala Lohagaon	53	3.6	32	3.4	85	3.5
3. Tad Pimpalgaon Pir Pimpalwadi	14	3.7	22	3.0	36	3.3
4. Takali Sonwadi	7	2.7	14	3.5	21	3.3
5. Out of PHC area	25	3.2	14	3.4	39	3.3
<b>Type of village</b>						
PHC village	23	3.5	18	3.0	41	3.3
Sub-centre village	24	3.5	25	3.2	49	3.4
Other village	71	3.5	58	3.5	129	3.6
Out of PHC area	25	3.7	14	3.4	39	3.3
<b>Total</b>	<b>143</b>	<b>3.5</b>	<b>115</b>	<b>3.3</b>	<b>258</b>	<b>3.4</b>



**Table 5.5: Mean number of living children at the time of IUD acceptance in 1995 and 1998**

Characteristics	Deogaon					
	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Education</b>						
Illiterate	9	2.8	16	1.9	25	2.2
Literate	14	2.4	50	1.7	64	1.9
<b>Religion</b>						
Hindu	18	2.7	49	1.8	67	2.1
Others	5	1.8	17	1.7	22	1.7
<b>Caste</b>						
SC, ST and NT	3	3.0	6	1.7	9	2.1
Others	15	2.7	43	1.8	58	2.1
Non-Hindus	5	1.8	17	1.7	22	1.7
<b>Occupation</b>						
Not working/housewife	18	2.6	40	1.9	58	2.1
Cultivator/working on family farm	4	2.5	12	1.6	16	1.8
Wage labourer (Agri. & Non-agri.)	1	1.0	7	1.9	8	1.8
Others	-	-	7	1.7	7	1.7
<b>Age at marriage</b>						
13 and below	3	2.7	5	2.2	8	2.4
14-15	5	2.6	19	2.0	24	2.1
Above 15	15	2.5	42	1.7	57	1.9
<b>Sub-centre</b>						
1. Deogaon	10	2.0	25	1.6	35	1.7
2. Devanala	3	3.0	19	2.0	22	2.1
3. Tad Pimpalgaon	9	3.0	19	1.9	28	2.3
4. Takali	1	2.0	3	2.0	4	2.0
<b>Type of village</b>						
PHC village	9	2.1	25	1.6	34	1.7
Sub-centre village	10	3.1	23	2.0	33	2.4
Other village	4	2.0	18	1.8	22	1.8
<b>Total</b>	<b>23</b>	<b>2.5</b>	<b>66</b>	<b>1.8</b>	<b>89</b>	<b>2.0</b>
	<b>Dhakephal</b>					
<b>Education</b>						
Illiterate	10	2.8	8	2.6	18	2.7
Literate	15	2.1	17	1.9	32	2.0
<b>Religion</b>						
Hindu	22	2.4	21	2.0	43	2.2
Others	3	2.7	4	2.8	7	2.7
<b>Caste</b>						
SC, ST and NT	4	3.3	3	2.0	7	2.7
Others	18	2.2	18	2.0	36	2.1
Non-Hindus	3	2.7	4	2.8	7	2.7
<b>Occupation</b>						
Not working/housewife	13	2.2	13	2.0	26	2.1
Cultivator/working on family farm	10	2.4	5	2.2	15	2.3
Wage labourer (Agri. & Non-agri.)	1	4.0	3	1.7	4	2.3
Others	1	4.0	4	2.8	5	3.0
<b>Age at marriage</b>						
13 and below	8	2.9	6	2.8	14	2.9
14-15	7	2.6	8	2.1	15	2.3
Above 15	10	1.9	11	1.7	21	1.8
<b>Sub-centre</b>						
1. Dhakephal	11	2.1	5	2.4	16	2.2
2. Lohagaon	8	2.5	4	1.5	12	2.2
3. Pir Pimpalwadi	-	-	10	2.1	10	2.1
4. Sonwadi	6	2.8	6	2.3	12	2.6
<b>Type of village</b>						
PHC village	3	1.7	2	2.0	5	1.8
Sub-centre village	8	2.5	7	2.3	15	2.4
Other village	14	2.4	16	2.1	30	2.3
<b>Total</b>	<b>25</b>	<b>2.4</b>	<b>25</b>	<b>2.1</b>	<b>50</b>	<b>2.3</b>

Table contd...

**Table 5.5: Mean number of living children at the time of IUD acceptance in 1995 and 1998**

Characteristics	1995		1998		Total	
	No.	Mean	No.	Mean	No.	Mean
<b>Total</b>						
Education						
Illiterate	19	2.8	24	2.2	43	2.4
Literate	29	2.2	67	1.8	96	1.9
Religion						
Hindu	40	2.5	70	1.9	110	2.1
Others	8	2.1	21	1.9	29	2.0
Caste						
SC, ST and NT	7	3.1	9	1.8	16	2.4
Others	33	2.4	61	1.9	94	2.1
Non-Hindus	8	2.1	21	1.9	29	2.0
Occupation						
Not working/housewife	31	2.4	53	1.9	84	2.1
Cultivator/working on family farm	14	2.4	17	1.8	31	2.1
Wage labourer (Agri. & Non-agri.)	2	2.5	10	1.8	12	1.9
Others	1	4.0	11	2.1	12	2.3
Age at marriage						
13 and below	11	2.8	11	2.6	22	2.7
14-15	12	2.6	27	2.0	39	2.2
Above 15	25	2.2	53	1.7	78	1.9
Sub-centre						
1. Deogaon/Dhakephal	21	2.1	30	1.7	51	1.8
2. Devanala/Lohagaon	11	2.6	23	1.9	34	2.1
3. Tad Pimpalgaon/Pir Pimpalwadi	9	3.0	29	2.0	38	2.2
4. Takali/Sonwadi	7	2.7	9	2.2	16	2.4
Type of village						
PHC village	12	2.0	27	1.6	39	1.7
Sub-centre village	18	2.8	30	2.1	48	2.4
Other village	18	2.4	34	1.9	52	2.1
<b>Total</b>	<b>48</b>	<b>2.5</b>	<b>91</b>	<b>1.9</b>	<b>139</b>	<b>2.1</b>

**Table 5.6: Characteristics of sterilisation acceptors in 1995 and 1998 as observed in the field verification**

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Residence</b>																		
Usual Resident	65	72.2	57	80.3	122	75.8	53	100.0	43	97.7	96	99.0	118	82.5	100	87.0	218	84.5
Past Resident	-	-	-	-	-	-	-	-	1	2.3	1	1.0	-	-	1	0.9	1	0.4
Out of PHC area	25	27.8	14	19.7	39	24.2	-	-	-	-	-	-	25	17.5	14	12.1	39	15.1
<b>Education</b>																		
Illiterates	53	58.9	26	36.6	79	49.1	38	71.7	34	77.3	72	74.2	91	63.6	60	52.2	151	58.5
Literate	37	41.1	45	63.4	82	50.9	15	28.3	10	22.7	25	25.8	52	36.4	55	47.8	107	41.5
<b>Religion</b>																		
Hindu	76	84.4	61	85.9	137	85.1	45	84.9	39	88.6	84	86.6	121	84.6	100	87.0	221	85.7
Others	14	15.6	10	14.1	24	14.9	8	15.1	5	11.4	13	13.4	22	15.4	15	13.0	37	14.3
<b>Caste</b>																		
SC, ST and NT	16	17.8	7	9.9	23	14.3	14	26.4	13	29.5	27	27.8	30	21.0	20	17.4	50	19.4
Others	60	66.7	54	76.1	114	70.8	31	58.5	26	59.1	57	58.8	91	63.6	80	69.6	171	66.3
Non-Hindus	14	15.6	10	14.1	24	14.9	8	15.1	5	11.4	13	13.4	22	15.4	15	13.0	37	14.3
<b>Occupation</b>																		
Not working/housewife	25	27.8	25	35.2	50	31.1	4	7.5	4	9.1	8	8.2	29	20.3	29	25.2	58	22.5
Cultivator/working on family farm	39	43.3	31	43.7	70	43.5	23	43.4	18	40.9	41	42.3	62	43.4	49	42.6	111	43.0
Wage labourer (Agri. & Non-agri.)	24	26.7	15	21.1	39	24.2	24	45.3	22	50.0	46	47.4	48	33.6	37	32.2	85	32.9
Others	2	2.2	-	-	2	1.2	2	3.8	-	-	2	2.1	4	2.8	-	-	4	1.6
<b>Month of acceptance</b>																		
1. January-March	27	30.0	25	35.2	52	32.3	17	32.1	15	34.1	32	33.0	44	30.8	40	34.8	84	32.6
2. April-June	19	21.1	10	14.1	29	18.0	8	15.1	7	15.9	15	15.5	27	18.9	17	14.8	44	17.1
3. July-September	17	18.9	20	28.2	37	23.0	10	18.8	13	29.5	23	23.7	27	18.9	33	28.7	60	23.3
4. October-December	27	30.0	16	22.5	43	26.7	18	34.0	9	20.5	27	27.8	45	31.5	25	21.7	70	27.1
<b>Age at acceptance</b>																		
Below 25	27	30.0	30	42.3	57	35.4	27	50.9	23	52.3	50	51.5	54	37.8	53	46.1	107	41.5
25 and above	63	70.0	41	57.7	104	64.6	26	49.1	21	47.7	47	48.5	89	62.2	62	53.9	151	58.5
<b>Age at marriage</b>																		
13 and below	30	33.3	11	15.5	41	25.5	14	26.4	9	20.5	23	23.7	44	30.8	20	17.4	64	24.8
14-15	40	44.4	31	43.7	71	44.1	24	45.3	18	40.9	42	43.3	64	44.8	49	42.6	113	43.8
Above 15	20	22.3	29	40.8	49	30.4	15	28.3	17	38.6	32	33.0	35	24.4	46	40.0	81	31.4
<b>Total</b>	90	100.0	71	100.0	161	100.0	53	100.0	44	100.0	97	100.0	143	100.0	115	100.0	258	100.0

Table contd...

Characteristics of sterilisation acceptors in 1995 and 1998 as observed in the field verification

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Sub-centre</b>																		
1. Deogaon Dhakephal	19	21.1	14	19.7	33	20.5	25	47.2	19	43.2	44	45.4	44	30.8	33	28.8	77	29.8
2. Devanala Lohagaon	29	32.2	18	25.4	47	29.2	24	45.3	14	31.8	38	39.2	53	37.1	32	27.8	85	32.9
3. Tad Pimpalgaon Pir Pimpalwadi	11	12.2	16	22.5	27	16.8	3	5.6	6	13.6	9	9.3	14	9.8	22	19.1	36	14.0
4. Takali Sonwadi	6	6.7	9	12.7	15	9.3	1	1.9	5	11.4	6	6.2	7	4.9	14	12.2	21	8.1
5. Out of PHC area	25	27.8	14	19.7	39	24.2	-	-	-	-	-	-	25	17.4	14	12.2	39	15.1
<b>Number of children living</b>																		
1	2	2.2	-	-	2	1.2	1	1.9	-	-	1	1.0	3	2.1	-	-	3	1.2
2	14	15.6	16	22.5	30	18.6	5	9.4	10	22.7	15	15.5	19	13.3	26	22.6	45	17.4
3	35	38.9	31	43.7	66	41.0	22	41.5	18	40.9	40	41.2	57	39.9	49	42.6	106	41.1
4	22	24.4	18	25.4	40	24.8	13	24.5	9	20.5	22	22.7	35	24.5	27	23.5	62	24.0
5+	17	18.9	6	8.5	23	14.3	12	22.7	7	15.9	19	19.6	29	20.3	13	11.3	42	16.3
<b>Number of male children living</b>																		
0	1	1.1	1	1.4	2	1.2	1	1.9	-	-	1	1.0	2	1.4	1	0.9	3	1.2
1	26	28.9	21	29.6	47	29.2	18	34.0	12	27.3	30	30.9	44	30.8	33	28.7	77	29.8
2	56	62.2	38	53.5	94	58.4	28	52.8	28	63.6	56	57.7	84	58.7	66	57.4	150	58.1
3+	7	7.8	11	15.5	18	11.2	6	11.3	4	9.1	10	10.3	13	9.1	15	13.8	28	10.9
<b>Number of female children living</b>																		
0	13	14.4	13	18.3	26	16.1	5	9.4	7	15.9	12	12.4	18	12.6	20	17.4	38	14.7
1	27	30.0	31	42.7	58	36.0	20	37.7	19	43.2	39	40.2	47	32.9	50	43.5	97	37.6
2	33	36.7	18	25.4	51	31.8	12	22.6	8	18.2	20	20.6	45	31.5	26	22.6	71	27.5
3+	17	18.9	9	12.7	26	16.1	16	30.2	10	22.7	26	26.8	33	23.0	19	16.5	52	20.2
<b>Sex of youngest living child</b>																		
Male	56	62.2	45	63.4	101	62.7	31	58.5	33	75.0	64	66.0	87	60.8	78	67.8	165	64.0
Female	34	37.8	26	36.6	60	37.3	22	41.5	11	25.0	33	34.0	56	39.2	37	32.2	93	36.0
<b>Age of youngest living child</b>																		
Below 1 (month)	54	60.0	14	19.7	68	42.2	17	32.1	2	4.5	19	19.6	71	49.7	16	13.9	87	33.7
1-12	25	27.8	46	64.8	71	44.1	24	45.3	36	81.8	60	61.9	49	34.3	32	71.3	131	50.8
Above 12	11	12.2	11	15.5	22	13.7	12	22.6	6	13.6	18	18.6	23	16.0	17	14.8	40	15.5
<b>Household size</b>																		
Up to 5	29	32.2	24	33.8	53	32.9	12	22.6	11	25.0	23	23.7	41	28.7	35	30.4	76	29.5
6-7	38	42.2	24	33.8	62	38.5	25	47.2	20	45.5	45	46.4	63	44.1	44	38.3	107	41.5
8 and above	23	25.6	23	32.4	46	28.6	16	30.2	13	29.5	29	29.9	39	27.2	36	31.3	75	29.0
<b>Total</b>	90	100.0	71	100.0	161	100.0	53	100.0	44	100.0	97	100.0	143	100.0	115	100.0	258	100.0

Table contd...

Characteristics of sterilisation acceptors in 1995 and 1998 as observed in the field verification

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Place of Sterilisation																		
PHC	90	100.0	71	100.0	161	100.0	51	96.2	39	88.6	90	92.8	141	98.6	110	95.7	251	97.3
Others	-	-	-	-	-	-	2	3.8	5	11.4	7	7.2	2	1.4	5	4.3	7	2.7
Promoter																		
ANM/Attend.	48	53.3	52	73.2	100	62.1	25	47.2	29	65.9	54	55.7	73	51.0	81	70.4	154	59.7
MPW/Componder	24	26.7	14	19.7	38	23.6	12	22.6	8	18.2	20	20.6	36	25.2	22	19.1	58	22.5
Anganwadi worker	8	8.8	3	4.2	11	6.8	6	11.3	2	4.5	8	8.2	14	9.8	5	4.3	19	7.4
Teacher	5	5.6	-	-	5	3.1	4	7.6	1	2.3	5	5.2	9	6.3	1	1.0	10	3.9
Others	5	5.6	2	2.8	7	4.3	6	11.3	4	9.1	10	10.3	11	7.7	6	5.2	17	6.6
Type of village																		
PHC village	16	17.8	12	16.9	28	17.4	7	13.2	6	13.6	13	13.4	23	16.1	18	15.7	41	15.9
Sub-centre village	23	25.6	22	31.0	45	28.0	1	1.9	3	6.8	4	4.1	24	16.8	25	21.7	49	19.0
Other village	26	28.9	23	32.4	49	30.4	45	84.9	35	79.6	80	82.5	71	49.7	58	50.4	129	50.0
Out of PHC area	25	27.8	14	19.7	39	24.2	-	-	-	-	-	-	25	17.4	14	12.2	39	15.1
<b>Total</b>	<b>90</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>	<b>53</b>	<b>100.0</b>	<b>44</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>143</b>	<b>100.0</b>	<b>115</b>	<b>100.0</b>	<b>258</b>	<b>100.0</b>

**Table 5.7: Characteristics of IUD acceptors in 1995 and 1998 as observed in the field verification**

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Residence</b>																		
Usual Resident	21	91.3	66	100.0	87	97.8	23	92.0	25	100.0	48	96.0	44	91.7	91	100.0	135	97.1
Past Resident	2	8.7	-	-	2	2.2	-	-	-	-	-	-	2	4.2	-	-	2	1.4
Visitor	-	-	-	-	-	-	2	8.0	-	-	2	4.0	2	4.2	-	-	2	1.4
<b>Education</b>																		
Illiterate	9	39.1	16	24.2	25	28.1	10	40.0	8	32.0	18	36.0	19	39.6	24	26.4	43	30.9
Literate	14	60.9	50	75.8	64	71.9	15	60.0	17	68.0	32	64.0	29	60.4	67	73.6	96	69.1
<b>Religion</b>																		
Hindu	18	78.3	49	74.2	67	75.3	22	88.0	21	84.0	43	86.0	40	83.3	70	76.9	110	79.8
Others	5	21.7	17	25.8	22	24.7	3	12.0	4	16.0	7	14.0	8	16.7	21	23.1	29	20.9
<b>Caste</b>																		
SC, ST and NT	3	13.0	6	9.1	9	10.1	4	16.0	3	12.0	7	14.0	7	14.6	9	9.9	16	11.5
Others	15	65.2	43	65.2	58	65.2	18	72.0	18	72.0	36	72.0	33	68.8	61	67.0	94	67.6
Non-Hindus	5	21.8	17	25.8	22	24.7	3	12.0	4	16.0	7	14.0	8	16.7	21	23.1	29	20.9
<b>Occupation</b>																		
Not working/housewife	18	78.3	40	60.6	58	65.2	13	52.0	13	52.0	26	52.0	31	64.6	53	58.2	84	60.4
Cultivator/working on family farm	4	17.4	12	18.2	16	18.0	10	40.0	5	20.0	15	30.0	14	29.2	17	18.7	31	22.3
Wage labourer (Agri. & Non-agri.)	1	4.3	7	10.6	8	9.0	1	4.0	3	12.0	4	8.0	2	4.2	10	11.0	12	8.6
Others	-	-	7	10.6	7	7.8	1	4.0	4	16.0	5	10.0	1	2.1	11	12.1	12	8.6
<b>Month of acceptance</b>																		
1. January-March	5	21.7	10	15.2	15	16.9	2	8.0	10	40.0	12	24.0	7	14.6	20	22.0	27	19.4
2. April-June	3	13.0	13	19.7	16	18.0	12	48.0	2	8.0	14	28.0	15	31.3	15	16.5	30	21.6
3. July-September	7	30.4	13	19.7	20	22.5	6	24.0	-	-	6	12.0	13	27.1	13	14.3	26	18.7
4. October-December	8	34.8	30	45.5	38	42.7	5	20.0	13	52.0	18	36.0	13	27.1	43	47.3	56	40.3
<b>Age at acceptance</b>																		
Below 25	12	52.2	49	74.2	61	68.5	12	48.0	20	80.0	32	64.0	24	50.0	69	75.8	93	66.9
25 and above	11	47.8	17	25.8	28	31.5	13	52.0	5	20.0	18	36.0	24	50.0	22	24.2	46	33.1
<b>Age at marriage</b>																		
13 and below	3	13.0	5	7.6	8	9.0	8	32.0	6	24.0	14	28.0	11	22.9	11	12.1	22	15.8
14-15	5	21.7	19	28.8	24	27.0	7	28.0	8	32.0	15	30.0	12	25.0	27	29.7	39	28.1
Above 15	15	65.2	42	63.6	57	64.0	10	40.0	11	44.0	21	42.0	25	52.1	53	58.2	78	56.1
<b>Total</b>	23	100.0	66	100.0	89	100.0	25	100.0	25	100.0	50	100.0	48	100.0	91	100.0	139	100.0

Table contd...

Characteristics of IUD acceptors in 1995 and 1998 as observed in the field verification

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Sub-centre</b>																		
1. Deogaon/Dhakephal	10	43.5	25	37.9	35	39.3	11	44.0	5	20.0	16	32.0	21	43.8	30	33.0	51	36.7
2. Devanala/Lohagaon	3	13.0	19	28.8	22	24.7	8	32.0	4	16.0	12	24.0	11	22.9	23	25.3	34	24.5
3. Tad Pimpalgaon/Pir Pimpalwadi	9	39.1	19	28.8	28	31.5	-	-	10	40.0	10	20.0	9	18.8	29	31.9	38	27.3
4. Takali/Sonwadi	1	4.3	3	4.5	4	4.5	6	24.0	6	24.0	12	24.0	7	14.6	9	9.9	16	11.5
<b>Number of children living</b>																		
1	6	26.1	24	36.4	30	33.7	5	20.0	7	28.0	12	24.0	11	22.9	31	34.1	42	30.2
2	6	26.1	32	48.5	38	42.7	8	32.0	12	48.0	20	40.0	14	29.2	44	48.4	58	41.7
3	5	21.7	10	15.2	15	16.9	9	36.0	2	8.0	11	22.0	14	29.2	12	13.2	26	18.7
4+	6	26.1	-	-	6	6.7	3	12.0	4	16.0	7	14.0	9	18.8	4	4.4	13	9.4
<b>Number of male children living</b>																		
0	3	13.0	23	34.8	26	29.2	6	24.0	4	16.0	10	20.0	9	18.8	27	29.7	36	25.9
1	18	78.3	32	48.5	50	56.2	10	40.0	16	64.0	26	52.0	28	58.3	48	52.7	76	54.7
2+	2	8.7	11	16.7	13	14.6	9	36.0	5	20.0	14	28.0	11	22.9	16	17.6	27	19.4
<b>Number of female children living</b>																		
0	5	21.7	19	28.8	24	27.0	6	24.0	6	24.0	12	24.0	11	22.9	25	27.5	36	25.9
1	8	34.8	34	51.5	42	47.2	10	40.0	12	48.0	22	44.0	18	37.5	46	50.5	64	46.0
2+	10	43.5	13	19.7	23	25.8	9	36.0	7	28.0	16	32.0	19	39.6	20	22.0	39	28.1
<b>Sex of youngest living child</b>																		
Male	12	52.2	36	54.5	48	53.9	16	64.0	16	64.0	32	64.0	28	58.3	52	57.1	80	57.6
Female	11	47.8	30	45.5	41	46.1	9	36.0	9	36.0	18	36.0	20	41.7	39	42.9	59	42.4
<b>Age of youngest living child</b>																		
Below 1 year	8	34.8	43	65.2	51	57.3	7	28.0	8	32.0	15	30.0	15	31.3	51	56.0	66	47.5
12-24	10	43.5	20	30.3	30	33.7	5	20.0	13	52.0	18	36.0	15	31.3	33	36.3	48	34.5
Above 2 year	5	21.7	3	4.5	8	9.0	13	52.0	4	16.0	17	34.0	18	37.5	7	7.7	25	18.0
<b>Household size</b>																		
Up to 5	10	43.5	39	59.1	49	55.1	14	56.0	12	48.0	26	52.0	24	50.0	51	56.0	75	54.0
6-7	9	39.1	14	21.2	23	25.8	7	28.0	6	24.0	13	26.0	16	33.3	20	22.0	36	25.9
8 and above	4	17.4	13	19.7	17	19.1	4	16.0	7	28.0	11	22.0	8	16.7	20	22.0	28	20.1
<b>Total</b>	23	100.0	66	100.0	89	100.0	25	100.0	25	100.0	50	100.0	48	100.0	91	100.0	139	100.0

Table contd...

Characteristics of IUD acceptors in 1995 and 1998 as observed in the field verification

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	N	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Place of IUD insertion																		
PHC	10	43.5	33	50.0	43	48.3	5	20.0	5	20.0	10	20.0	15	31.3	38	41.8	53	38.1
Sub-centre	13	56.5	32	48.5	45	50.6	9	36.0	10	40.0	19	38.0	22	45.8	42	46.2	64	46.0
Others	-	-	1	1.5	1	1.1	13	44.0	10	40.0	21	42.0	11	22.9	11	12.1	22	15.8
Promoter																		
ANM/Attend.	23	100.0	63	95.5	86	96.6	25	100.0	21	84.0	46	92.0	48	100.0	84	92.3	132	95.0
Others	-	-	3	4.5	3	3.4	-	-	4	16.0	4	8.0	-	-	7	7.7	7	5.0
Type of village																		
PHC village	9	39.1	25	37.9	34	38.2	3	12.0	2	8.0	5	10.0	12	25.0	27	29.6	39	28.1
Sub-centre village	10	43.5	23	34.8	33	37.1	8	32.0	7	28.0	15	30.0	18	37.5	30	33.0	48	34.5
Other village	4	17.4	18	27.3	22	24.7	14	56.0	16	64.0	30	60.0	18	37.5	34	37.4	52	37.4
Total	23	100	66	100	89	100	25	100	25	100	50	100	48	100	91	100	139	100



## Chapter VI

### Quality of sterilisation and IUD services provided under the target oriented (1995) and target-free (1998) periods

The importance of making reproductive health of women a central theme of the Indian family welfare programme has inevitably brought the issue of improving the quality of family welfare services into the focus. The emphasis on achieving the quantitative contraceptive targets has adversely affected the quality of family planning services and care. Hence in recent years, particularly after Cairo conference, there is a growing consensus that the improvement in quality of services would be an essential prerequisite for a sustained and durable programme. It is also observed that an improvement in the quality of care services will yield more satisfied and committed contraceptive users who will have self sustained motivation, leading to higher prevalence and longer continuation of contraceptives. This, in turn may help in achieving the requisite decline in fertility within the stipulated time frame.

Bruce (1988) has defined the following six elements of quality of care for a family planning programme: (1) availability of adequate contraceptive methods; (2) adequate and easily understandable information given to clients; (3) assurance of provider's technical competence; (4) positive interpersonal relationship between client and provider; (5) provision of adequate follow-up mechanisms to encourage continuity of contraceptive use; and (6) appropriate constellation of services. The concept of quality developed by Hermalin and Entwisle (1985) included other factors like waiting time, privacy, and courtesy accorded to the clients and the time chosen to provide services to the clients. While laying special stress on the accessibility of services, they also discussed aspects such as distance between the service points and the cost of services. Thus the conceptual framework presumes that infrastructural facilities are available and services are uniformly distributed at the service station as well as at the outreach. Further, Jain (1989) observed that other aspects, such as density of outlets and density of workers, are also important determinants of accessibility and quality of health care.

India adopted the target-free approach to family planning in 1996 with more emphasis on increasing the quality of care. It is believed that improving broader aspects of

the quality of services, as defined earlier which will take into account the elements of quality as well as availability of infrastructural facilities and the uniform distribution of services at the service points viz., PHCs, SCs and the outreach, will help in generating satisfaction among users through a consistent client provider interaction. This will enhance the use and continuity of contraception and ultimately lead to a reduction in fertility. However, the extent of impact, will depend on the extent of motivation of couples to regulate their family size.

One of the objectives of the current survey is to know the quality of services provided for the acceptors of sterilisation and IUD under the target oriented (1995) and target-free (1998) periods. Hence, the aim of the present chapter is to provide some of the above mentioned aspects of quality of services provided to the clients in rural areas of Aurangabad district. The analysis of quality of services provided to the clients in 1995 and 1998 would indicate the extent of progress made towards achieving the quality of care under target-free period. The current chapter is based on 258 sterilisation acceptors and 139 IUD acceptors who have received the services in 1995 and 1998. To study the quality of services provided under the two scenarios, questions related to services received prior to the acceptance, at the time of acceptance and follow-up care were asked to the acceptors. In addition to these, information related to side effects, duration of use (for IUD only), and method and service satisfaction was also collected from the acceptors. Tables 6.1 and 6.2 provide the relevant information. The observations from these two tables should be treated cautiously since the cell frequencies are smaller for some variables, particularly when we see the information separately for the two PHCs and also for IUD.

#### **I. Quality of services for sterilisation**

Distance at which the service was received, provision of transport facility and time taken to provide service in the PHC/sub-centre are the information collected regarding the services prior to the acceptance of the method. We can't expect a sudden change in the distance for the contraceptive service in just a three years period. As far as Maharashtra is concerned it is one of the states with good infrastructural facilities for family planning services. Hence we are not making any comment on this aspect of the service. But distance barrier can be tackled by providing a transport facility for accessing sterilisation service point. It is found that the provision of transport facility for availing the sterilisation services has significantly increased under the target-free period in rural Aurangabad. For

example, nearly for 60 percent of the sterilisation acceptors the transport was not at all provided in 1995 whereas only for one-third it was not provided in 1998. The provision of one-way transport facility has significantly increased under the target-free period. The percentage of women received transport facility for both ways is higher in a better performance PHC (Deogaon). Only one in ten women were accompanied by their husbands to go to PHC for sterilisation. Mother, mother-in-law and female relatives are the ones normally accompany women.

Time taken to provide the sterilisation service after reaching the PHC has considerably increased under the target-free period compared to the target period. This is a significant negative development. The reason could be that under the earlier target period always there was rush to fulfil the target and thus the services were faster. Under the new target-free regime the workers might be taking the issue in a relaxed manner and thus the increase in time for the provision of service.

As far as the services for preparing the women for sterilisation operation like enquiring about medical history, medical examination, conduct of different tests (blood pressure, blood, urine, and general examination) and privacy are concerned they are universally provided in both 1995 and 1998. Post-acceptance precautions and assistance by female workers for preparation of the case for operations were given to higher proportion of women in 1998 compared to 1995 and also in a better performing PHC (Deogaon) compared to lower performance PHC (Dhakephal).

TT injection, pre-medication and anaesthesia were given to almost all the acceptors in both the years. Two-third of the acceptors has realised the pain at the time of operation. Though the proportion of the acceptors experienced the pain has slightly come down from 1995 (69 percent) to 1998 (62 percent) it is still on the higher side. Stretcher/trolley was not at all made available to carry acceptors to operation theatre. But from operation theatre it was made available only to 9 percent of the acceptors. Even though the stretcher/trolley is available with the PHCs it seems they have not been used effectively.

Except very few almost all the sterilisation acceptors had to stay in the PHC for one week after the operation. It is surprising to note that eight percent of the acceptors has been charged for the medicines. But this practice has come down from 1995 (11 percent)

to 1998 (4 percent). It appears that the practice of giving green card has been discontinued in Maharashtra as none of the acceptor has received the card in both the years. In general all the acceptors were satisfied with the clinical services provided at the PHCs for the sterilisation operation.

### **Follow-up**

Good follow-up care is a good indicator of the quality of post operation services. The reproductive and child health approach of the target-free family planning programme recommends that all the sterilisation acceptors should be given at least 3 follow-up visits by a health worker to make sure that the acceptors are not getting any complications after operation. But in rural Aurangabad health workers gave follow-up visit only to 43 percent of the acceptors. Further, there is no improvement in the follow-up visit from 1995 to 1998. It means that under the target-free approach this aspect of the quality has not been strengthened in Aurangabad. However, in a better performing PHC (Deogaon) follow-up care was given to higher proportion of women than in a lower performing PHC (Dhakephal). Among those who have received the follow-up care 70 percent of them were visited by the female health workers and the remaining 30 percent were by male health workers. The health workers have visited most of these acceptors more than once (Table 6.1a). The health workers have visited a majority of these acceptors between 4<sup>th</sup> day to 15<sup>th</sup> day of operation. On follow-up visits, as per the acceptors, the health workers have generally enquired about the health condition of almost all the acceptors. About 25 percent to 30 percent of acceptors have informed that the health workers have checked their dressings and administered tablets for minor side effects. According to the acceptors' information, it appears that, those who have received the follow-up care have been given reasonable care (in terms of day and number of visits) by the health workers. This is reflected in the 100 percent satisfaction reported about the follow-up care by the sterilisation acceptors.

### **Side-effects**

According to the sterilisation acceptors twenty-three percent (60/258) of them have experienced some form of the side effects after the operation. The percentage of sterilised, who have experienced side effects in 1995 and 1998 is the same. Pain in the abdomen/waist, white discharge, other aches/pains and general weakness and debility are some of the common complaints after the acceptance. Among those who have experienced

side effects 28 percent of the acceptors experienced the side effects within a month of acceptance, another 28 percent experienced during 2-3 months of acceptance and 43 percent experienced after the third month of the acceptance. Among those who have experienced side effects, 70 percent (42/60) of them said that their problems are still continuing. But the percent of women experiencing the side effects continuously has come down in 1998 (63 percent) as compared to 1995 (76 percent).

Out of the 60 women who have experienced the side effects, half of them (48 percent) went to PHC for treatment. Among those who sought treatment at the PHC, only 59 percent were satisfied with the services provided at the PHC. However, under the target-free approach a larger number of acceptors expressed their satisfaction about the services provided at the PHC. For those who are not satisfied with the services at the PHC long waiting time, no effect in the treatment, charge for the medicines are the complaints against the services. For those who have not visited the PHC for the treatment of side effects (31/60) long distance, non availability of medicines, poor service, long waiting time and inconvenient timing of the PHC are some of the reasons for not availing the services of the PHCs. Among those who have not visited the PHC for the treatment of side effects majority of them (80 percent) sought treatment from a private hospital and all of them were satisfied with the services at the private hospital.

All those women, who have accepted sterilisation, were asked whether they regret for having accepted this method. Out of 258 acceptors only 10 of them opined that they are regretting. Experience of side effects is the major reason for their regret. About three fourth of the acceptors expressed that they would like to recommend sterilisation for others. Among those who expressed their willingness to recommend this method to others 80 percent of them have actually done so.

## **II. Quality of services for IUD**

The information related to quality of services received for IUD is based on only 139 women (48 in 1995 and 91 in 1998) for both the PHCs together. The numbers are still less when we look at the information separately for two years in the two PHCs. The smaller cell frequencies make us restrict our observations only for the total of the two PHCs. Hence the following observations are based on total of the two PHCs. Nevertheless, the table provides the information separately for the two PHCs.

Generally there is no arrangement for transport facility for those willing to accept IUD. In confirming this, 94 percent of the IUD acceptors mentioned that they were not provided with the transport facility for accepting the method. Nearly half of the women went alone to PHC/SC to accept IUD. Unlike sterilisation, nearly 21 percent of the husbands accompanied their wife while accepting the IUD. The proportion of women accompanied by their female relatives and mother-in laws was 17 percent and 9 percent respectively. On reaching the PHC/SC, IUD was provided immediately to 77 percent of women and another 20 percent got it within one hour. In general, IUD services are available to women within one hour of reaching the PHC/SC. Time taken to provide IUD service after reaching the PHC has not changed considerably under the target-free period compared to the target period. In both the periods most of the women received the service within one hour. We have seen in the earlier chapter that ANM is the only promoter of IUD. In confirming this, 93 percent of women got inserted the device by the ANM. The remaining 7 percent of women received the service either from the LMO or from the LHV.

As far as the services before preparing the women for IUD insertion like enquiring about date of last menstrual period, unusual vaginal bleeding, unusual discharge are concerned, except very few, all the enquiries were made by the health workers. At the time of insertion, 88 percent of women said that pelvic examination was done for them. Another 88 percent said that specula used during IUD insertion was sterilised. Almost everybody accepted that hand gloves were used while inserting the device. In general all the acceptors were satisfied with the clinical services provided at the time of IUD insertion.

### **Follow-up**

As far as IUD is concerned, good follow-up care is not only a good indicator of the quality of post acceptance services but it also ensures continuation of the use. It is recommended that all the IUD acceptors should be given a follow-up visit by the health workers after the acceptance to make sure that the acceptors are not getting any complications after the insertion. It is observed that in rural Aurangabad, health workers gave follow-up visit to two-third of the acceptors. Further, there is no change in the frequency of the follow-up visits from target oriented to target-free period. But the follow-

up care given for IUD (66 percent) is certainly higher than for sterilisation (43 percent). It shows the importance given to the IUD acceptance in recent years. Among those who received the follow-up care, 92 percent of them had received the services from the female health workers and the remaining 8 percent from others. The female health workers have visited most of these acceptors more than once (Table 6.2a) and the visits were made between 4<sup>th</sup> day to 15<sup>th</sup> day of insertion. On follow-up visits the health workers have generally enquired about the health condition of almost all the acceptors. Five percent of the acceptors have been rechecked for whether the device is properly placed. According to the acceptors' information, it appears that, those who have received the follow-up care have been given reasonable care (in terms of day and number of visits) by the health workers. This is reflected in 100 percent satisfaction reported about the follow-up care by the IUD acceptors.

### **Side-effects**

Thirty-nine percent of the acceptors have experienced some form of the side effects after the IUD insertion. The proportion of women experiencing side effects in 1995 and 1998 is same. The proportion of women experienced side effects for IUD acceptance is much higher than the women experienced for sterilisation (24 percent). Bleeding, pain in the abdomen/waist, white discharge and general weakness and debility are some of the common complaints after the IUD insertion. Among those who have faced side effects, fifty-seven percent of them experienced side effects immediately after accepting the method, 28 percent experienced during the first month of the acceptance and another 5 percent experienced after the third month of the acceptance. Among those who have experienced side effects, 20 percent said that they have experienced the side effects for a month and the remaining 80 percent said that their problems continued for more than a month. Among those who have experienced side effects, only one in ten women said that their problems are still continuing.

Out of the 54 women who have experienced the side effects, 34 of them went to PHC for treatment. Among those who sought treatment at the PHC, most of them (80 percent) were satisfied with the services provided for their side effects at the PHCs. For those who have not visited (20) the PHCs for the treatment of side effects long distance, non-availability of medicines, poor service and non-severity of the side effects are some of the reasons for not availing the services of the PHCs. Among those who have not visited

(24) the PHCs for the treatment of side effects only 12 of them have visited private hospital and they were satisfied with the services.

Among the total number of acceptors of IUD in 1995 and 1998 only for the 52 percent of acceptors the device is in situ currently. Those who have accepted in 1995, a majority of them have discontinued the method. Seventy-one percent of the acceptors who have accepted IUD in 1998 are currently continuing with the method, whereas only 15 percent of the acceptors who have accepted in 1995 are currently continuing with the method. Among those who have discontinued the method 52 percent discontinued within six month of use, 9 percent discontinued it from 6-12 months of use, 20 percent from 13-24 months of use and another 15 percent after 24 month of use.

Among those who are continuing (72) the method, 39 percent said that they are intend to use this method for another one year, 42 percent for another two years and the remaining 19 percent for more than two years. Those who have removed the device were asked to give the reason for the removal. Side-effect was the major reason (48 percent) for the removal followed by intention to have another child (25 percent), and switch over to another temporary (11 percent) and permanent methods (6 percent). All IUD acceptors were asked whether they want to have any more children. More than half of them (53 percent) expressed that they want to have a child in future. All those who expressed their plan to go for another child said that they would have one more child in future. The quality of service received by the acceptors reveals that relatively the services were better for IUD compared to sterilisation. The current study shows that under the TFA not only the IUD acceptance has increased considerably but also the quality of the acceptors has improved as more and more younger couples with lower parity are resorting to IUD.



**Table 6.1: Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods**

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total *	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Distance at which the service was recd.																		
Within a k.m.	16	17.8	11	15.5	27	16.8	6	11.3	5	11.4	11	11.3	22	15.4	16	13.9	38	14.7
1-3 k.m.	3	3.3	3	4.2	6	3.7	14	26.4	7	15.9	21	21.6	17	11.9	10	8.7	27	10.5
4-5 k.m.	12	13.3	8	11.3	20	12.4	10	18.9	5	11.4	15	15.5	22	15.4	13	11.3	35	13.6
6 k.m.	25	27.8	15	21.1	40	24.8	8	15.1	8	18.2	16	16.5	33	23.1	23	20.0	56	21.7
7-10 k.m.	19	21.1	19	26.8	38	23.6	5	9.4	4	9.1	9	9.3	24	16.8	23	20.0	47	18.2
11 + k.m.	15	16.7	15	21.1	30	18.6	10	18.9	15	34.1	25	25.8	25	17.5	30	26.1	55	21.3
Was transport facility provided?																		
Both ways	29	32.2	29	40.8	58	36.0	6	11.3	5	11.4	11	11.3	35	24.5	34	29.6	69	26.7
One way	12	13.3	21	29.6	33	20.5	12	22.6	22	50.0	34	35.1	24	16.8	43	37.4	67	26.0
Not provided	49	54.4	21	29.6	70	43.5	35	66.1	17	38.6	52	53.6	84	58.7	38	33.0	122	47.3
Who accompanied you to hospital?																		
Husband	4	4.4	11	15.5	15	9.3	5	9.4	4	9.1	9	9.3	6	6.3	15	13.0	24	9.3
Mother-in-law	23	25.6	18	24.4	41	25.5	16	30.2	13	29.5	29	29.9	39	27.3	31	27.0	70	27.1
Mother	39	43.3	34	47.9	73	45.3	23	43.4	19	43.2	42	43.3	62	43.4	53	46.1	115	44.6
Male relative	4	4.4	-	-	4	2.5	1	1.9	-	-	1	1.0	5	3.5	-	-	5	1.9
Female relative	20	22.3	8	11.2	28	17.4	5	9.4	8	18.2	13	13.4	25	17.5	16	13.9	41	15.9
Health Worker	-	-	-	-	-	-	3	5.7	-	-	3	3.1	3	2.1	-	-	3	1.2
Time taken to provide service (in hrs.)																		
0-5	24	26.7	17	23.9	41	25.5	22	41.5	5	11.4	27	27.8	46	32.2	22	19.1	68	26.4
6-10	41	45.6	23	32.4	64	39.8	20	37.7	7	15.9	27	27.8	61	42.7	30	26.1	91	35.3
11-15	10	11.1	11	15.5	21	13.0	3	5.7	11	25.0	14	14.5	13	9.1	22	19.1	35	13.6
16+	15	16.7	20	28.2	35	21.7	8	15.1	21	47.7	29	29.9	23	16.1	41	35.7	64	24.8
Did health staff enquired about medical history?																		
Yes	90	100.0	71	100.0	161	100.0	50	94.3	44	100.0	94	96.9	140	97.9	115	100.0	255	98.8
No	-	-	-	-	-	-	3	5.7	-	-	3	3.1	3	2.1	-	-	3	1.2
Were you medically examined before sterilisation?																		
Yes	90	100.0	71	100.0	161	100.0	53	100.0	44	100.0	97	100.0	143	100.0	115	100.0	258	100.0
No	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total</b>	<b>90</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>	<b>53</b>	<b>100.0</b>	<b>44</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>143</b>	<b>100.0</b>	<b>115</b>	<b>100.0</b>	<b>258</b>	<b>100.0</b>

Table contd...

Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Did they conduct:																		
Blood Pressure? Yes	89	98.9	71	100.0	160	99.4	51	96.2	44	100.0	95	97.9	140	97.9	115	100.0	255	98.8
No	1	1.1	-	-	1	0.6	2	3.8	-	-	2	2.1	3	2.1	-	-	3	1.2
Blood Test? Yes	88	97.8	71	100.0	159	98.8	52	98.1	44	100.0	96	99.0	140	97.9	115	100.0	255	98.8
No	2	2.2	-	-	2	1.2	1	1.9	-	-	1	1.0	3	2.1	-	-	3	1.2
Urine Test? Yes	88	97.8	70	98.6	158	98.1	52	98.1	44	100.0	96	99.0	140	97.9	114	99.1	254	98.4
No	2	2.2	1	1.4	3	1.9	1	1.9	-	-	1	1.0	3	2.1	1	0.9	4	1.6
General examn? Yes	84	93.3	69	97.2	153	95.0	50	94.3	44	100.0	94	96.9	134	93.7	113	98.3	247	95.7
No	6	6.7	2	2.8	8	5.0	1	1.9	-	-	1	1.0	7	4.9	2	1.7	9	3.5
Do not know	-	-	-	-	-	-	2	3.8	-	-	2	2.1	2	1.4	-	-	2	0.8
Did adequate privacy was provided?																		
Visual privacy? Yes	86	95.6	71	100.0	157	97.5	48	90.6	42	95.5	90	92.8	134	93.7	113	98.3	247	95.7
No	4	4.4	-	-	4	2.5	5	9.4	2	4.5	7	7.2	9	6.3	2	1.7	11	4.3
Auditory privacy? Yes	87	96.7	71	100.0	158	98.1	31	58.5	25	56.8	56	57.7	118	82.5	93	83.5	214	82.9
No	3	3.3	-	-	3	1.9	22	41.5	19	43.2	41	42.3	25	17.5	19	16.5	44	17.1
Were you advised about post accep- tance precautions? Yes	85	94.4	70	98.6	155	96.3	32	60.4	32	72.7	64	66.0	117	81.8	102	88.7	219	84.9
No	5	5.6	1	1.4	6	3.7	21	39.6	12	27.3	33	34.0	26	18.2	13	11.3	39	15.1
Who assisted you in preparation of the case for operation? Male worker	7	7.8	3	4.2	10	6.2	11	20.8	4	9.1	15	15.5	18	12.6	7	6.1	25	9.7
Female worker	82	91.1	68	95.8	150	93.2	34	64.2	37	84.1	71	73.2	116	81.1	105	91.3	221	85.7
Both	1	1.1	-	-	1	0.6	8	15.1	3	6.8	11	11.3	9	6.3	3	2.6	12	4.6
Was TT injection given? Yes	90	100.0	71	100.0	161	100.0	52	98.1	44	100.0	96	99.0	142	99.3	115	100.0	257	99.6
Do not know	-	-	-	-	-	-	1	1.9	-	-	1	1.0	1	0.7	-	-	1	0.4
Was pre-medication given? Yes	88	97.8	71	100.0	159	98.8	42	79.2	36	81.8	78	80.4	130	90.9	107	93.0	237	91.9
No	2	2.2	-	-	2	1.2	6	11.3	6	13.6	12	12.4	8	5.6	6	5.2	14	5.4
Do not know	-	-	-	-	-	-	5	9.4	2	4.5	7	7.2	5	3.5	2	1.7	7	2.7
<b>Total</b>	<b>90</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>	<b>53</b>	<b>100.0</b>	<b>44</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>143</b>	<b>100.0</b>	<b>115</b>	<b>100.0</b>	<b>258</b>	<b>100.0</b>

Table contd...

Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Was anesthesia given?																		
Yes	90	100.0	71	100.0	161	100.0	53	100.0	43	97.7	96	99.0	143	100.0	114	99.1	257	99.6
Do not know	-	-	-	-	-	-	-	-	1	2.3	10	1.0	-	-	1	0.9	1	0.4
Did you experience pain during operation?																		
Yes	65	72.2	43	60.6	108	67.1	34	64.2	28	63.6	62	63.9	99	69.2	71	61.7	170	65.9
No	25	27.8	28	39.4	53	32.9	19	35.8	16	36.4	35	36.1	44	30.8	44	38.3	88	34.1
Whether trolley/stretchers made available to carry you to operation theatre?																		
Yes:																		
Yes	-	-	-	-	-	-	2	3.8	3	6.8	5	5.2	2	1.4	3	2.6	5	1.9
No	90	100.0	71	100.0	161	100.0	50	94.3	41	93.2	91	93.8	140	97.9	112	97.4	252	97.7
Don't know	-	-	-	-	-	-	1	1.9	-	-	1	1.0	1	0.7	-	-	1	0.4
From operation theatre																		
Yes	-	-	1	1.4	1	0.6	8	15.1	15	34.1	23	23.7	8	5.6	16	13.9	24	9.3
No	90	100.0	70	98.6	160	99.4	44	83.0	29	65.9	73	75.3	134	93.7	99	86.1	233	90.3
Don't know	-	-	-	-	-	-	1	1.9	-	-	1	1.0	1	0.7	-	-	1	0.4
How long did you stay in hospital after operation? (days)																		
1 day	1	1.1	4	5.6	5	3.1	-	-	-	-	-	-	1	0.7	4	3.5	5	1.9
5-6 days	4	4.4	3	4.2	7	4.3	2	3.8	4	9.1	6	6.2	6	4.2	7	6.1	13	5.1
7 days	85	94.4	64	90.1	149	92.5	51	96.2	40	90.9	91	93.8	136	95.1	104	90.4	240	93.0
Were you provided with free medicine?																		
Yes	78	86.7	70	98.6	148	91.9	49	92.5	40	90.9	89	91.8	127	88.8	110	95.7	237	91.9
No	12	13.3	1	1.4	13	8.1	4	7.5	4	9.1	8	8.2	16	11.2	5	4.3	21	8.1
Did you receive green card after sterilisation?																		
Yes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
No	90	100.0	71	100.0	161	100.0	53	100.0	44	100.0	97	100.0	143	100.0	115	100.0	258	100.0
Were you satisfied with the clinical services provided?																		
Yes	90	100.0	71	100.0	161	100.0	53	100.0	43	97.7	96	99.0	143	100.0	114	99.1	257	99.6
No	-	-	-	-	-	-	-	-	1	2.3	1	1.0	-	-	1	0.9	1	0.4
After discharge from hospital did any Health staffs visit you for follow-up?																		
Yes	44	49.9	38	53.5	82	50.9	18	34.0	11	25.0	29	29.9	62	43.4	49	42.6	111	43.0
No	46	55.1	33	46.5	79	49.1	35	66.0	33	75.0	68	70.1	81	56.6	66	57.4	147	57.0
<b>Total</b>	90	100.0	71	100.0	161	100.0	53	100.0	44	100.0	97	100.0	143	100.0	115	100.0	258	100.0

Table contd...

Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Follow-up services (95 &amp; 98 total = 111)</b>																		
Who visited you?																		
Medical Officer	-	-	-	-	-	-	1	5.6	1	9.0	2	6.9	1	1.6	1	2.0	2	1.8
male Health Worker	29	65.9	28	73.7	57	69.5	13	72.2	5	45.5	18	62.1	42	67.7	33	67.4	75	67.6
female Health Worker	15	34.1	10	26.3	25	30.5	4	22.2	5	45.5	9	31.0	19	30.7	15	30.6	34	30.6
Advice provided by health worker *																		
Inquired about general health condition	42	95.5	36	94.7	78	95.1	15	83.3	11	100.0	26	89.7	57	91.9	47	95.9	107	96.4
Checked the dressings	10	22.7	12	31.6	22	26.8	8	44.4	4	36.4	12	41.4	18	29.0	16	32.7	34	30.6
Administered tablets for minor sideeffects	14	31.8	9	23.7	23	28.0	3	16.7	-	-	3	10.3	17	27.4	9	18.4	26	23.4
Advised to go to PHC in case of severe complaint	1	2.3	-	-	1	1.2	-	-	-	-	-	-	1	1.6	-	-	1	0.9
Advised to seek doctor for treatment	-	-	-	-	-	-	4	22.2	3	27.3	7	24.1	4	6.5	3	6.1	7	6.3
Are you satisfied with the follow-up services? Yes	44	100	38	100	82	100	18	100	11	100	29	100	62	100	49	100	111	100
Did you experience any side effects after operation? Yes	24	26.7	18	25.4	42	26.1	9	17.0	9	20.5	18	18.6	33	23.1	27	23.5	60	23.3
No	66	73.3	53	74.6	119	73.9	44	83.0	35	79.5	79	81.4	110	76.9	88	76.5	198	76.7
Site of the complaint* (95+98 total=60)																		
Leading/sepsis	1	4.2	-	-	1	2.4	1	11.1	1	11.1	2	11.1	2	6.1	1	3.7	3	5.0
Pain in the abdomen/waist	11	45.8	10	55.6	21	50.0	3	33.3	6	66.7	9	50.0	14	42.4	16	59.3	30	50.0
Problems related to menstrual cycle	3	12.5	-	-	3	7.1	-	-	1	11.1	1	11.1	3	9.1	1	3.7	4	6.7
White discharge	3	12.5	2	11.1	5	11.9	6	66.7	2	22.2	8	44.4	6	18.2	7	25.9	13	21.7
Other aches/pains	8	33.3	5	27.8	13	31.0	4	44.4	2	22.2	6	33.3	12	36.4	7	25.9	19	31.7
General weakness and debility	6	25.0	6	33.3	12	28.6	6	66.7	1	11.1	7	38.9	9	27.3	10	37.0	19	31.7
How long did you experience this problem?																		
Within a month	6	25.0	3	16.7	9	21.4	3	33.3	5	55.6	8	44.4	9	27.3	8	29.6	17	28.3
1-3 months	5	20.8	9	50.0	14	33.3	-	-	3	33.3	3	16.7	5	15.2	12	44.4	17	28.3
After 3 months	13	54.2	6	33.3	19	45.2	6	66.7	1	11.1	7	38.9	19	57.5	7	26.0	26	43.4
How long did you experience these effects?																		
Less than one month	1	4.2	-	-	1	2.4	-	-	4	44.4	4	22.2	1	3.0	4	14.8	5	8.3
Above one month	5	20.8	5	27.8	10	23.8	2	22.2	1	11.2	3	16.7	7	21.2	6	22.2	13	21.7
Continued	18	75.0	13	72.2	31	73.8	7	77.8	4	44.4	11	61.1	25	75.8	17	63.0	42	70.0

Table contd...

Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Are you still experiencing these side effects?																		
Yes	18	75.0	13	72.2	31	73.8	7	77.8	4	44.4	11	61.1	25	75.8	17	63.0	42	70.0
No	6	25.0	5	27.8	11	26.2	2	22.2	5	55.6	7	38.9	8	24.2	10	37.0	18	30.0
Did you go to PHC/SC for treatment?																		
Yes	15	62.5	7	38.9	22	52.4	3	33.3	4	44.4	7	38.9	18	54.5	11	40.7	29	48.3
No	9	37.5	11	61.1	20	47.6	6	66.7	5	55.6	11	61.1	15	45.5	16	59.3	31	51.7
Were you satisfied with the services of PHC/SC?																		
Yes	7	46.7	4	57.1	11	50.0	2	66.7	4	100.0	6	85.7	9	50.0	8	72.7	17	58.6
No (95+98 total = 29)	8	53.3	3	42.9	11	50.0	1	33.3	-	-	1	14.3	9	50.0	3	27.3	12	41.4
What is the reason for dissatisfaction?*																		
Indifferent attitude of the staff	-	-	-	-	-	-	1	100.0	-	-	1	100.0	1	11.1	-	-	1	8.3
Not provided free medicine	6	75.0	2	66.7	8	72.7	1	100.0	-	-	1	100.0	7	77.8	2	66.7	9	75.0
Long waiting time	2	25.0	1	33.3	3	27.3	-	-	-	-	-	-	2	22.2	1	33.3	3	25.0
Not given more tablets	-	-	1	33.3	1	9.1	-	-	-	-	-	-	-	-	1	33.3	1	8.3
No effect in the treatment (95+98 total = 12)	2	25.0	-	-	2	18.2	-	-	-	-	-	-	2	22.2	-	-	2	16.7
Reason for not visiting PHC/SC? *																		
Located at far off place	-	-	1	9.1	1	5.0	-	-	2	40.0	2	18.2	-	-	3	18.8	3	9.7
Medicine usually not available	3	33.3	1	9.1	4	20.0	1	16.7	1	20.0	2	18.2	4	26.7	2	12.5	6	19.4
Services are not good	9	100.0	6	54.5	14	70.0	5	83.3	2	40.0	7	63.6	13	86.7	8	50.0	21	67.7
Long waiting time	1	11.1	1	9.1	2	10.0	-	-	-	-	-	-	1	6.7	1	6.3	2	6.5
Timing of PHC/SC not convenient	-	-	-	-	-	-	2	33.3	-	-	2	18.2	2	13.3	-	-	2	6.5
Side effect not severe	-	-	-	-	-	-	3	50.0	-	-	3	27.3	3	20.0	-	-	3	9.7
Treatment from Pvt. Doctor	1	11.1	-	-	1	5.0	-	-	-	-	-	-	1	6.7	1	6.3	2	6.5
Do not have faith in govt. services	-	-	2	18.2	2	10.0	-	-	-	-	-	-	-	-	2	12.5	2	6.5
No time because of work (95+98 total = 31)	-	-	1	9.1	1	5	-	-	-	-	-	-	-	-	1	6.3	1	3.2

Table contd...

Quality of sterilisation services received under the target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total						
	1995		1998		Total		1995		1998		Total		1995		1998		Total		
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Did you visit to private clinic for treatment of side effects?																			
Yes	16	94.1	10	62.5	26	78.8	6	85.7	4	80.0	10	83.3	22	91.7	14	66.7	36	80.0	
No	1	5.9	6	37.5	7	21.1	1	14.3	1	20.0	2	16.7	2	8.3	7	33.3	9	20.0	
Were you satisfied with the services from private clinic?																			
Yes	15	93.8	10	100	25	96.2	5	83.3	4	100	9	90.0	20	90.9	14	100.0	34	94.4	
No (95+98 total =36)	1	6.2	-	-	1	3.8	1	16.7	-	-	1	10.0	2	9.1	-	-	2	5.6	
<b>Regret and recommendation</b>																			
Do you regret for having accepted this Method?																			
Yes	4	4.4	2	2.8	6	3.7	3	5.7	1	2.3	4	4.1	7	4.9	3	2.6	10	3.9	
No	86	95.6	69	97.2	155	96.3	50	94.3	43	97.7	93	95.9	136	95.1	112	97.4	248	96.1	
Why do you regret? (95+98=10)																			
Side effects	2	50.0	1	50.0	3	50.0	3	100.0	1	100.0	4	100.0	5	71.4	2	66.7	7	70.0	
Child death	2	50.0	-	-	2	33.3	-	-	-	-	-	-	2	28.6	-	-	2	20.0	
Family members unhappy	-	-	1	50.0	1	16.7	-	-	-	-	-	-	-	-	1	33.3	1	10.0	
Would you like to recommend this method to others?																			
Yes	61	67.8	54	76.1	115	71.4	39	73.6	33	75.0	72	74.2	100	69.9	87	75.7	187	72.5	
No	29	32.2	17	23.9	46	28.6	14	26.4	11	25.0	25	25.8	43	30.1	28	24.3	71	27.5	
Have you recommended this method to any one?																			
Yes	51	83.6	40	74.1	91	79.1	32	82.1	28	84.8	60	83.3	83	83.0	68	78.2	151	80.7	
No (95+98=187)	10	16.4	14	25.9	24	20.9	7	17.9	5	15.2	12	16.7	17	17.0	19	21.8	36	19.3	
<b>Total for all women</b>	<b>90</b>	<b>100.0</b>	<b>71</b>	<b>100.0</b>	<b>161</b>	<b>100.0</b>	<b>53</b>	<b>100.0</b>	<b>44</b>	<b>100.0</b>	<b>97</b>	<b>100.0</b>	<b>143</b>	<b>100.0</b>	<b>115</b>	<b>100.0</b>	<b>258</b>	<b>100.0</b>	

\* Total exceeds hundred because of multiple responses.

**Table 6.1a: Follow-up visit for sterilisation acceptors.**  
**Visit of health worker by number of visit and the day of first follow-up visit**

	Medical Officer				Female Health Worker (ANM)				Male Health Worker (MPW)			
	Deogaon		Dhakephal		Deogaon		Dhakephal		Deogaon		Dhakephal	
	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998
No. of times visited												
1	-	-	1	1	4	3	2	3	-	2	1	1
2	-	-	-	-	12	14	7	2	7	7	2	2
3	-	-	-	-	10	8	3	-	5	1	1	-
4	-	-	-	-	2	3	1	-	3	-	-	1
5+	-	-	-	-	1	-	-	-	-	-	-	1
<b>Total</b>	-	-	1	1	29	28	13	5	15	10	4	5
Day of first visit												
Within 3 days	-	-	-	-	5	7	2	1	4	2	-	-
4 to 7 days	-	-	1	-	12	3	4	1	3	4	2	2
8 to 15 days	-	-	-	1	10	18	6	-	7	3	-	2
16 to 30 days	-	-	-	-	1	-	-	2	1	-	1	1
After a month	-	-	-	-	1	-	1	1	-	1	1	-
<b>Total</b>	-	-	1	1	29	28	13	5	15	10	4	5

**Table 6.2: Quality of IUD services received under target oriented (1995) and target-free (1998) periods**

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Distance at which the service was recd.																		
Within a k.m.	17	73.9	42	63.6	59	66.3	20	80.0	18	72.0	38	76.0	37	77.1	60	65.9	97	69.8
1-5 k.m.	5	21.8	16	24.3	21	23.6	1	4.0	1	4.0	2	4.0	6	12.5	17	18.7	23	16.5
6 + k.m.	1	4.3	8	12.1	9	10.1	4	16.0	6	24.0	10	20.0	5	10.4	14	15.4	19	13.7
Did transport facility provided?																		
Both ways	2	8.7	1	1.5	3	3.4	1	4.0	3	12.0	4	8.0	3	6.3	4	4.4	7	5.0
One way	-	-	-	-	-	-	-	-	1	4.0	1	2.0	-	-	1	1.1	1	0.7
Not provided	21	91.3	65	98.5	86	96.6	24	96.0	21	84.0	45	90.0	45	98.7	86	94.5	131	94.3
Who accompanied you to hospital?																		
Husband	5	21.8	22	33.3	27	30.3	1	4.0	1	4.0	2	4.0	6	12.5	23	25.3	29	20.9
Mother-in-law	2	8.7	9	13.6	11	12.4	1	4.0	1	4.0	2	4.0	3	6.3	10	11.0	13	9.4
Mother	1	4.3	1	1.5	2	2.2	-	-	1	4.0	1	2.0	1	2.1	2	2.2	3	2.2
Male relative	1	4.3	-	-	1	1.1	-	-	-	-	-	-	1	2.1	-	-	1	0.7
Female relative	1	4.3	9	13.6	10	11.2	6	24.0	8	32.0	14	28.0	7	14.6	17	18.7	24	17.3
Health Worker	1	4.3	-	-	1	1.1	-	-	1	4.0	1	2.0	1	2.1	1	1.1	2	1.4
Self	12	52.3	25	37.9	37	41.6	17	68.0	13	52.0	30	60.0	29	60.4	38	41.8	67	48.2
Time taken to provide service (in Hrs)																		
Immediately	19	82.7	47	71.2	66	74.2	22	88.0	19	76.0	41	82.0	41	85.4	66	72.5	107	77.0
Within one hour	3	13.0	17	25.8	20	22.5	2	8.0	6	24.0	8	16.0	5	10.4	23	25.3	28	20.1
1-2 hours	1	4.3	2	3.0	3	3.4	1	4.0	-	-	1	2.0	2	4.2	2	2.2	4	2.9
Who inserted the device?																		
LMO	-	-	2	3.0	2	2.2	-	-	3	12.0	3	6.0	-	-	5	5.5	5	3.6
LHV	-	-	4	6.1	4	4.5	-	-	1	4.0	1	2.0	-	-	5	5.5	5	3.6
ANM	23	100.0	60	90.9	83	93.3	25	100.0	21	84.0	46	92.0	48	100.0	81	89.0	129	92.8
Prior to insertion did they enquire about																		
Date of last menstrual period?																		
Yes	22	95.7	64	97.0	86	96.6	23	92.0	24	96.0	47	94.0	45	93.8	88	96.7	133	95.7
No	1	4.3	2	3.0	3	3.4	2	8.0	1	4.0	3	6.0	3	6.3	3	3.3	6	4.3
Unusual vaginal bleeding																		
Yes	21	91.3	65	98.5	89	96.6	22	88.0	24	96.0	46	92.0	43	89.6	89	97.8	132	95.0
No	2	8.7	1	1.5	4	3.4	3	12.0	1	4.0	4	8.0	5	10.4	2	2.2	7	5.0
Unusual discharge																		
Yes	21	91.3	65	98.5	86	96.6	22	88.0	24	96.0	46	92.0	43	89.6	89	97.8	132	95.0
No	2	8.7	1	1.5	3	3.4	3	12.0	1	4.0	4	8.0	5	10.4	2	2.2	7	5.0
<b>Total</b>	<b>23</b>	<b>100.0</b>	<b>66</b>	<b>100.0</b>	<b>89</b>	<b>100.0</b>	<b>25</b>	<b>100.0</b>	<b>25</b>	<b>100.0</b>	<b>50</b>	<b>100.0</b>	<b>48</b>	<b>100.0</b>	<b>91</b>	<b>100.0</b>	<b>139</b>	<b>100.0</b>

Table contd...



Quality of IUD services received under target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Was any pelvic examination done?																		
Yes	19	82.6	59	89.4	78	87.6	21	84.0	23	92.0	44	88.0	40	83.3	82	90.1	122	87.8
No	4	17.4	7	10.6	11	12.4	4	16.0	2	8.0	6	12.0	8	16.7	9	9.9	17	12.2
Was specula used during IUD insertion sterilised?																		
Yes	22	95.7	63	95.5	85	95.5	19	76.0	18	72.0	37	74.0	41	85.4	81	89.0	122	87.8
No	-	-	1	1.5	1	1.1	-	-	-	-	-	-	-	-	1	1.1	1	0.7
Do not know	1	4.3	2	3.0	3	3.4	6	24.0	7	28.0	13	26.0	7	14.6	9	9.9	16	11.5
Were hand gloves used while inserting the device?																		
Yes	22	95.7	65	98.5	87	97.8	25	100.0	23	92.0	48	96.0	47	97.9	88	96.7	135	97.1
No	1	4.3	1	1.5	2	2.2	-	-	1	4.0	1	2.0	1	2.1	2	2.2	3	2.2
Do not know	-	-	-	-	-	-	-	-	1	4.0	1	2.0	-	-	1	1.1	1	0.7
Were you satisfied with the clinical services provided at the time of IUD insertion?																		
Yes	23	100.0	66	100.0	89	100.0	25	100.0	25	100.0	50	100.0	48	100.0	91	100.0	139	100.0
Did any health staff visit you for follow-up after insertion?																		
Yes	18	78.3	49	74.2	67	75.3	14	56.0	11	44.0	25	50.0	32	66.7	60	65.9	92	66.2
No	5	21.7	17	25.8	22	24.7	11	44.0	14	56.0	25	50.0	16	33.3	31	34.1	47	33.8
Follow-up services (95+98 total = 92)																		
If yes, who visited you?																		
Medical Officer	-	-	1	2.0	1	1.5	-	-	-	-	-	-	-	-	1	1.7	1	1.1
LHV	1	5.6	4	8.2	5	7.5	-	-	-	-	-	-	1	3.1	4	6.6	5	5.4
Female Health Worker	17	94.4	44	89.8	61	91.0	14	100.0	10	90.9	24	96.0	31	96.9	54	90.0	85	92.4
Male Health Worker	-	-	-	-	-	-	-	-	1	9.1	1	4.0	-	-	1	1.7	1	1.1
Service provided by health worker *																		
Enquired about general health condition	18	100	49	100	67	100	14	100.0	11	100.0	25	100.0	32	100.0	60	100.0	92	100.0
Examined whether IUD is properly placed	-	-	-	-	-	-	1	7.1	4	36.4	5	20.0	1	3.1	4	6.7	5	5.4
Asked to go PHC in case of severe complaints	-	-	-	-	-	-	1	7.1	-	-	1	4.0	1	3.1	-	-	1	1.1
Were you satisfied with follow-up service?																		
Yes	18	100	49	100	67	100	14	100	11	100	25	100	32	100	60	100	92	100

Table contd...

Quality of IUD services received under target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
<b>Side-effects</b>																		
Did you experience any side effects after IUD insertion?																		
Yes	10	43.5	24	36.4	34	38.2	8	32.0	12	48.0	20	40.0	18	37.5	36	39.6	54	38.8
No	13	56.5	42	63.6	55	61.8	17	68.0	13	52.0	30	60.0	30	62.5	55	60.4	85	61.2
Nature of the complaint* (95+98 total=54)																		
Bleeding/sepsis	7	70.0	13	54.2	20	58.8	6	75.0	6	50.0	12	60.0	13	72.2	19	52.8	32	59.3
Pain in the abdomen/waist	9	90.0	17	70.8	26	76.5	7	87.5	10	83.3	17	85.0	16	88.9	27	75.0	43	79.6
Problems related to menstrual cycle	-	-	1	4.2	1	2.9	-	-	1	8.3	1	5.0	-	-	2	5.6	2	3.7
White discharge	4	40.0	12	50.0	16	47.1	-	-	3	25.0	3	15.0	4	22.2	15	41.7	17	31.5
Other aches/pains	-	-	-	-	-	-	-	-	1	8.3	1	5.0	-	-	1	2.8	1	1.9
General weakness and debility	-	-	4	16.7	4	11.8	-	-	1	8.3	1	5.0	-	-	5	13.9	5	9.3
When did you experience this problem?																		
Immediately	10	100.0	12	50.0	22	64.7	5	62.5	4	33.3	9	45.0	15	83.3	16	44.4	31	57.4
Within a month	-	-	10	41.7	10	29.4	3	37.5	7	58.3	10	50.0	3	16.7	17	47.2	20	37.0
After 1 month	-	-	2	8.3	2	5.9	-	-	1	8.4	1	5.0	-	-	3	8.4	3	5.6
How long did you experience these Side effects?																		
Less than one month	1	10.0	5	20.8	6	17.6	2	25.0	3	25.0	5	25.0	3	16.7	8	22.2	11	20.4
More than a month	9	90.0	19	79.2	28	82.4	6	75.0	9	75.0	15	75.0	15	83.3	28	77.8	43	79.6
Are you still experiencing these side effects?																		
Yes	-	-	4	16.7	4	11.8	-	-	2	16.7	2	10.0	-	-	6	16.7	6	11.1
No	10	100.0	20	83.3	30	88.2	8	100.0	10	83.3	18	90.0	18	100.0	30	83.3	48	88.8
Did you go to PHC/SC for treatment?																		
Yes	6	60.0	15	62.5	21	61.8	7	87.5	6	50.0	13	65.0	13	72.2	21	58.3	34	63.0
No	4	40.0	9	37.5	13	38.2	1	12.5	6	50.0	7	35.0	5	27.8	15	41.7	20	37.0
Were you satisfied with the services from PHC/SC?																		
Yes	5	83.3	12	80.0	17	81.0	6	85.7	4	66.7	10	76.9	11	84.6	16	76.2	27	79.4
No	1	16.7	3	20.0	4	19.0	1	14.3	2	33.3	3	23.1	2	15.4	5	23.8	7	20.6
(95+98 total=34)																		
Reason for dissatisfaction* (95+98=7)																		
Asked to visit clinic for several times	-	-	-	-	-	-	1	100.0	1	50.0	2	66.7	1	50.0	1	20.0	2	28.6
Long waiting time	-	-	-	-	-	-	1	100.0	1	50.0	2	66.7	1	50.0	1	20.0	2	28.6
No effect	1	100.0	2	66.7	3	75.0	-	-	-	-	-	-	1	50.0	2	40.0	3	42.9
Staff did not listen about health problem	-	-	1	33.3	1	25.0	-	-	-	-	-	-	-	-	1	20.0	1	14.3

Table contd...

Quality of IUD services received under target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Reason for not visiting PHC/SC treatment*																		
Located at far off place	-	-	2	22.2	2	15.4	-	-	3	50.0	3	42.9	-	-	5	33.3	5	25.0
Medicine usually not available	2	100.0	1	11.1	3	23.1	-	-	-	-	-	-	2	-	1	6.7	3	15.0
Services are not good	-	-	2	22.2	2	15.4	1	100.0	-	-	1	14.3	1	-	2	13.3	3	15.0
Treatment from Pvt. Doctor	-	-	1	11.1	1	7.7	-	-	1	16.7	1	14.3	-	-	2	13.3	2	10.0
Feel normal side effect	-	-	3	33.3	3	23.1	-	-	1	16.7	1	14.3	-	-	4	26.7	4	20.0
N.G.	-	-	-	-	-	-	-	-	1	16.7	1	14.3	-	-	1	6.7	1	5.0
(95+98 total = 20)																		
Did you visit any private clinic for treatment of side effects?																		
Yes	2	66.7	4	33.3	6	40.0	1	33.3	5	62.5	6	54.5	3	50.0	9	45.0	12	40.0
No	1	33.3	8	66.7	9	60.0	2	66.7	3	37.5	5	45.5	3	50.0	11	55.0	14	50.0
(95+98 total = 24)																		
Were you satisfied with services from private clinic?																		
Yes	2	100	4	100	6	100	1	100	5	100	6	100	3	100	9	100	12	100
(95+98 total = 12)																		
Duration of IUD use																		
Is the device in situ now?																		
Yes	2	8.7	55	83.3	57	64.0	5	20.0	10	40.0	15	30.0	7	14.6	65	71.4	72	50.0
No	21	91.3	11	16.7	32	36.0	20	80.0	15	60.0	35	70.0	41	85.4	26	28.6	67	40.0
Yes: Duration of use																		
0-6 months	2	100.0	34	61.8	36	63.2	-	-	8	80.0	8	53.3	2	28.6	42	64.6	44	60.0
7-12 months	-	-	17	31.0	17	29.8	-	-	2	20.0	2	13.3	-	-	19	29.2	19	25.0
13-24 months	-	-	1	1.7	1	1.8	-	-	-	-	-	-	-	-	1	1.6	1	1.0
24+ months	-	-	-	-	-	-	5	100.0	-	-	5	33.4	5	71.4	-	-	5	6.0
Not given	-	-	3	5.5	3	5.2	-	-	-	-	-	-	-	-	3	4.6	3	4.0
(95+98 total = 72)																		
No: Duration of use																		
0-6 months	5	23.8	8	72.7	13	40.6	11	55.0	11	73.2	22	62.9	16	39.0	19	73.1	35	50.0
7-12 months	3	14.3	1	9.1	4	12.5	-	-	2	13.4	2	5.8	3	7.3	3	11.5	6	8.0
13-24 months	7	33.3	2	18.2	9	28.2	3	15.0	2	13.4	5	14.3	10	24.4	4	15.4	14	20.0
24+ months	5	23.8	-	-	5	15.6	6	30.0	-	-	6	17.0	11	26.8	-	-	11	15.0
Not given	1	4.8	-	-	1	3.1	-	-	-	-	-	-	1	2.5	-	-	1	1.0
(95+98 total = 67)																		

Table cont

Quality of IUD services received under target oriented (1995) and target-free (1998) periods

Characteristics	Deogaon						Dhakephal						Total					
	1995		1998		Total		1995		1998		Total		1995		1998		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
How long you intend to use this method																		
1 year (95+98 total = 72)	2	100.0	20	36.4	22	38.6	3	60.0	3	30.0	6	40.0	5	71.4	23	35.4	28	38.9
2 years	-	-	23	41.8	23	40.4	1	20.0	6	60.0	7	46.7	1	14.3	29	44.6	30	41.7
More than 2 years	-	-	12	21.8	12	21.0	1	20.0	1	10.0	2	13.3	1	14.3	13	20.0	14	19.4
Why the device is not in situ now																		
Removed (95+98 total = 67)	21	100.0	10	90.9	31	96.9	20	100.0	13	86.7	33	94.3	41	100.0	23	88.5	64	95.5
Pregnant	-	-	1	9.1	1	3.1	-	-	2	13.3	2	5.7	-	-	3	11.5	3	4.5
Reason for removal of device																		
Side effects	7	33.3	8	80.0	15	48.4	8	40.0	8	61.5	16	48.5	15	36.6	16	69.6	31	48.4
Wanted another child	7	33.3	1	10.0	8	25.8	6	30.0	2	15.4	8	24.2	13	31.7	3	13.0	16	25.0
Adopted terminal method	1	4.8	1	10.0	2	6.5	1	5.0	1	7.7	2	6.1	2	4.9	2	8.7	4	6.3
Switching to other temp. methods	4	19.0	-	-	4	12.9	2	10.0	1	7.7	3	9.1	6	14.6	1	4.3	7	10.9
Due to social/family pressure	1	4.8	-	-	1	3.2	1	5.0	1	7.7	2	6.1	2	4.9	1	4.3	3	4.7
Going to sterilise soon	1	4.8	-	-	1	3.2	1	5.0	-	-	1	3.0	2	4.9	-	-	2	3.1
Feel not become pregnant (95+98 total = 64)	-	-	-	-	-	-	1	5.0	-	-	1	3.0	1	2.4	-	-	1	1.6
Would you like to accept any FP method in future?																		
Yes	20	95.2	10	90.9	30	93.8	16	80.0	13	86.6	29	82.9	36	87.8	23	88.5	59	88.0
No	-	-	-	-	-	-	3	15.0	1	6.7	4	11.4	3	7.3	1	3.8	4	6.0
N.A. (Sterilised) (95+98 total = 67)	1	4.8	1	9.1	2	6.2	1	5.0	1	6.7	2	5.7	2	4.9	2	7.7	4	6.0
Do you want any more children																		
Yes	12	52.2	39	59.1	51	57.3	8	32.0	14	56.0	22	44.0	20	41.7	53	58.2	73	52.5
No	11	47.8	27	40.9	38	42.7	15	60.0	10	40.0	25	50.0	26	54.2	37	40.7	63	45.3
Not decided	-	-	-	-	-	-	2	8.0	1	4.0	3	6.0	2	4.2	1	1.1	3	2.2
If yes, how many?																		
1	12	100	39	100	51	100	8	100	12	85.7	20	90.9	20	100	51	96.2	71	97.3
2	-	-	-	-	-	-	-	-	2	14.3	2	9.1	-	-	2	3.8	2	2.7
Total	23	100.0	66	100.0	89	100.0	25	100.0	25	100.0	50	100.0	48	100.0	91	100.0	139	100.0

\* Total exceeds hundred because of multiple responses.

**Table 6.2a: Follow-up visit for IUD acceptors: Visit of health worker by number of visit and the day of first follow-up visit**

	Medical Officer				Female Health Worker (ANM)				Male Health Worker (MPW)				Lady Health Visitor			
	Deogaon		Dhakephal		Deogaon		Dhakephal		Deogaon		Dhakephal		Deogaon		Dhakephal	
	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998	1995	1998
No. of times visited																
1	-	-	-	-	4	5	3	4	-	-	-	1	-	-	-	-
2	-	-	-	-	9	34	8	6	-	-	-	-	-	1	-	-
3	-	1	-	-	3	6	1	1	-	-	-	-	1	3	-	-
4	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
5	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	1	-	-	16	45	14	11	-	-	-	1	1	4	-	-
Day of first visit																
Within 3 days	-	-	-	-	5	10	-	-	-	-	-	-	-	2	-	-
4 to 7 days	-	-	-	-	2	4	-	2	-	-	-	-	1	-	-	-
8 to 15 days	-	1	-	-	9	28	11	8	-	-	-	1	-	1	-	-
16 to 30 days	-	-	-	-	-	3	2	1	-	-	-	-	-	1	-	-
After a month	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-
<b>Total</b>	-	1	-	-	16	45	14	11	-	-	-	1	1	4	-	-

## **Chapter VII**

### **Summary of Findings**

India launched its national family planning programme in 1951 with a primary objective of reducing its population growth rate as quickly as possible. The programme started with clinical approach in the beginning and during the 1960s, massive efforts were made to recruit acceptors of IUDs and to promote the use of condoms. During the 1970s serious efforts were made to promote male and female sterilisation through mass campaigns. The excesses of these mass campaigns generated a set back to the programme. But in the 1980s, India renewed its commitment to voluntary family planning. As a result, public support to the programme started increasing gradually. However, in the process of implementing the programme, a strategy based on rewards, cash incentive to acceptors and providers and targets for the workers were introduced to expedite the progress. Since the mid-eighties, the family welfare programmes have evolved with the focus on the Maternal and Child Health i.e., the health needs of the women in the reproductive age group and of children below the age group of 5 years. In 1997, government of India adopted a Reproductive and Child Health programme to give a holistic approach to the child survival, maternal health and contraceptive issues.

In spite of Government of India's long history of family planning policy the population growth rate did not come down to the desired level in many regions of the country. The target based family planning programme faced serious criticism from several quarters. Numerous surveys conducted by the independent agencies and individual researchers have shown that, the extent of contraceptive acceptance is less than indicated by statistics provided by central and state governments. The higher contraceptive prevalence shown by the government statistics has not led to corresponding reduction in the birth rate. The eighth five-year plan document of Government of India also recognised that the family planning programme, which had been conceived and implemented by the Ministry of Health and Family Welfare, had suffered from centralised planning and target-setting that allowed for little innovation and flexibility in the programme management. The plan document argued that the monitoring mechanism of the family welfare programme was limited to routine target reporting that too, of method specific contraceptive targets only. Over-reporting of target achievements and silence on the age

group of acceptors of terminal methods led to false sense of achievement. All these contributed to the projection of a false picture of the prevailing situation. In all, target oriented family planning was severely criticised for its non-achievement of programme objectives, unreliability of performance data, inability to do micro-plans, distortions in method promoted, insensitivity to clients' needs, poor quality of services, stagnation of the programme and above all, the use of indirect coercion to achieve targets. There was a general consensus to abolish the discredited and dysfunctional system. Population experts, women's groups, non-governmental organisations and donor agencies have played an important role in highlighting the problems associated with numerical targets.

### **Target-Free Approach**

The International Conference on Population and Development, held at Cairo in September 1994, gave a fresh direction to population and development strategies and goals. A growing body of evidence and the consensus achieved in Cairo suggested that India's old system of numerical, method-specific targets and monetary incentives for clients and providers would not help in achieving desired population goals. The evidences also suggested that setting a broad range of reproductive health goals reduces fertility and enhances client satisfaction and health. Hence, the government of India strongly supported the Cairo Programme of Action in general, and reproductive health approach in particular. Towards this, government of India has taken several policy initiatives after the Cairo conference to enhance the access and quality of family planning and reproductive health services. As a move towards achieving the ICPD goals, government of India, took a bold decision to abolish the numerical targets for the entire country from April 1, 1996.

Family planning was made a part of a more comprehensive and ambitious Reproductive and Child Health package since October 1997 and TFA was re-christened as "Community Needs Assessment Approach" (CNA). This means that the top-down programme switched from an aggressively supply and promotion oriented one to meeting-the-demands on a wide array of areas under RCH including family planning. Under this changed scenario, the health workers are expected to consult families and local communities in the beginning of the every year in order to assess their needs and preferences and then work out for themselves the programme and requirements for the coming year. The Government of India expects that the progress under the bottom-up participatory system should be faster than the earlier top-down system and with active

community participation in the family welfare programme, unmet needs would reduce, service coverage would increase, and the quality of all health services, including family planning, would improve.

Under the target-free situation, to judge the performance of the workers in sub-centres and PHCs, the Government of India introduced the alternative indicators such as number of pregnant women registered for antenatal care, deliveries attended by skilled personnel, number of women given post-natal care, number of children immunised, identification and management of RTI etc. It was assumed that in the absence of targets, though the number of acceptors may be low, their quality in terms of fertility potential will be better. They may be younger in age and of lower parity, and hence, use of contraception by them may have a greater impact on fertility.

The sudden policy change showed its impact on the nation-wide reduction in the acceptance of family planning methods in the first year of TFA. The sudden withdrawal of targets without any preparation and immediate alternative monitoring system caused considerable confusion at the field level. Many professionals have criticised the policy change. Some predicted chaotic outcomes for India. Some of them expected the increase in birth rate and have questioned the removal of targets. Some expected that the programme would lose momentum under the TFA. Though there is a decline in performance after 1996 in some states and at the national level there is a general consensus among programme managers, academics and NGOs that ethical considerations, proper procedures and high-quality care cannot be compromised for the sake of achieving demographic goals.

Since under the CNA the health workers themselves set the targets it is expected that there is no need for them to report any false achievement. Now, with the absence of any reprimands under the TFA for not fulfilling the targets, certainly the acceptance statistics should not suffer from any biased reporting by the field workers. Naturally, Ministry of Health and Family Welfare would be interested in knowing the authenticity of the family planning statistics under the TFA. Thus, the present study was undertaken, at the request of the Ministry of Health and Family Welfare, New Delhi, to verify the authenticity of reported cases of sterilisation and IUD insertions in the records maintained at the PHCs. Further the study seeks to find out the characteristics of sterilisation and IUD



acceptors under the target and target-free situations, and the quality of services provided for the sterilisation and IUD acceptors under the target and target-free situations.

Aurangabad district was purposively selected for the study. Because immediately after the withdrawal of the targets the district has experienced a maximum decline in the state in sterilisation (37 percent) acceptance (i.e., from 1995-96 to 1996-97). Another reason to select this district was, under the normal circumstances it is not possible for the sterilisation to go down by 37 percent in a single year if all the reported cases are genuine in the earlier years. This unusual decline prompted us to consider Aurangabad district for the study. Two PHCs viz., Deogaon and Dhakhhepal were selected for the study based on their higher and lower performance in family planning respectively. After selecting the two PHCs the concerned PHCs were approached with the consent of the District Health Office and the sterilisation (R3) and IUD (R4) registers were obtained for the years 1995 and 1998. For the field verification of acceptors, the information contained in the R3 and R4 registers for the reference period were copied in the interview schedule developed for this purpose. Both PHCs have four Sub-centres each under them. All the villages covered by the two PHCs, 31 in number, were included for the survey. The year 1995 was considered to represent the target-oriented period and the year 1998 was considered to represent the target-free period. The list of acceptors and their characteristics obtained from the PHCs were used by the team of trained investigators to verify the acceptance status of each acceptor at his/her reported address. The fieldwork was completed during January-March, 1999.

Aurangabad district, situated in the central part of the state, is coming under the Marathwada region of the state, which is considered to be backward in many development aspects. An analysis of socio-demographic profile of the Aurangabad district showed that on the whole the district lags behind the state in aspects like population growth rate and fertility, female literacy, urbanisation, workforce in the modern sector, domestic consumption of electricity, communication and commercial activities, whereas in terms of road and transport facilities and housing and amenities, the district is almost similar to that of the state. The family planning acceptance and characteristics of acceptors in the districts should be viewed with its backgrounds like higher population growth rate, higher fertility and higher proportion of Muslim population than the state.

### **Reported number of sterilisation acceptors in 1995 and 1998**

According to the records of the two PHCs, a total of 645 acceptors were offered sterilisation services in the years 1995 and 1998. Of the total 645 reported cases of sterilisation in the two PHCs, 359 cases were reported in the year 1995 and the remaining 286 cases were in the year 1998. Over the three-year period the reported cases of sterilisation of the PHCs have come down to the extent of 20 percent. Under the normal circumstances this reduction is not expected. It seems that the removal of the target had affected the sterilisation performance of the PHCs. The reduction can be observed in both PHCs. In Deogaon PHC the reported cases have come down from 244 in 1995 to 188 in 1998. Similarly in Dhakephal sterilisation cases have come down from 115 in 1995 to 98 in 1998. The reduction in sterilisation cases from 1995 to 1998 in Deogaon is 23 percent and in Dhakephal it is 15 percent.

### **Reported number of IUD acceptors in 1995 and 1998**

According to the registers of the two PHCs, a total of 526 acceptors were offered IUD services in the two PHCs in 1995 and 1998 together. Of these, both PHCs have served almost equal number of acceptors (267 by Deogaon and 259 by Dhakephal). However, reported cases of IUD acceptance for the two years separately shows a slightly different picture: in 1995 reported IUD acceptance is slightly higher in Dhakephal whereas, in 1998 it is slightly higher in Deogaon. But the differences are not much.

Of the total 526 reported cases of IUD acceptance in the two PHCs, 244 cases were registered in the year 1995 and the remaining 282 cases were in 1998. Over the three-year period the reported cases of IUD in the two PHCs have registered an increase to the extent of 16 percent. A 16 percent increase of IUD acceptance from the target period of 1995 to target-free period of 1998 is a welcoming change. If this increase is true, it can be said that the acceptance of IUD is picking up fast under the target-free period and the health workers are expanding the method mix of the acceptance. However, the increase is a real one or the inflation of statistics remains to be seen. The increase in IUD acceptance can be observed in both PHCs. In Deogaon PHC the reported cases have increased from 119 in 1995 to 148 in 1998. Similarly in Dhakephal IUD cases have increased from 125 in 1995 to 134 in 1998. The increase in IUD acceptance from 1995 to 1998 in Deogaon is 24 percent and in Dhakephal it is seven percent.

Percentage share of reported cases of acceptors of sterilisation and IUD shows that the share of sterilisation has come down from 1995 to 1998, whereas, the share of IUD has increased in both the PHCs. It means that the share of IUD acceptance for the contraceptive prevalence is unusually very high in both the PHCs in 1995 as well as in 1998. The share of IUD is much higher in these two PHCs when compared to the survey based contraceptive acceptance. Also it raises doubts about the authenticity of the reported cases of IUDs.

### **Results of field verification of sterilisation acceptors**

All the 645 reported cases of sterilisation were verified in their reported addresses. Overall, among the listed acceptors, 44 percent were found to be 'usual residents' of the reported villages within the PHC area. Another eight percent of sterilisation acceptors were verified as visitors who stayed in the reported villages sometime during the reported date of acceptance of the method and one percent of the acceptors had been residents of the village prior to the reported date of acceptance of the method. One-fourth of the acceptors could not be traced at their reported addresses. In spite of our best efforts with the help of health workers from the sub centres we could not find these acceptors. The fact remains that their temporary and permanent addresses were reported within the PHC area. We faced difficulty in locating these acceptors mainly because of lack of information about the correct addresses of these acceptors. Except the simple name of the acceptor and the name of the village nothing more could be found in the registers for these acceptors. Since the name of the women changes after their marriage because of the custom of using surname it is difficult to locate the women unless otherwise the names are written properly using the correct surname. However, it is also our feeling that most of these acceptors were either genuine acceptors or had been motivated by somebody other than the workers themselves, and therefore has been included in the registers. In addition, 22 percent of the acceptors were found to be out-of-area cases (other than visitors and past residents). According to the reported addresses, these out-of-area acceptors are spread over the entire taluk of Kannad and sometimes to the adjacent taluks as well. However, we were able to trace about half of the out-of-area cases (particularly in Deogaon PHC), whose addresses were reported to be closer to the Deogaon PHC area. Another question arises here: if all these out-of-area acceptors were genuine, they could have been included in the performance statistics of some other PHCs. We address this issue in the following

discussion. We did not make any attempt to verify the acceptors who were far away (which is rather difficult) from the PHC area.

#### *Genuineness of sterilisation acceptors*

Of the total number of reported 645 acceptors, we were able to verify 405 (63 percent) of the reported acceptors, and all of them were verified as genuine acceptors of sterilisation and none of them have denied the acceptance. Of the 405 traced acceptors we were able to interview 258 acceptors and for the remaining 145 acceptors we were able to ascertain their acceptance status from the sources other than the acceptor. It may be noted that permanent methods are often used with the knowledge of family elders and with the consent of the spouses. We tried to ascertain the acceptance status as far as possible from the reported acceptors themselves. However, the exceptions were women who were not available during the survey period and visitors who had come mainly for delivery and left the village before the survey. It is expected that these women had accepted the method with the consent or at least with the knowledge of the family with whom they stayed and the information we got would therefore is fairly reliable.

As we discussed earlier, out of the reported 125 out-of-area acceptors in Deogaon, we were able to trace 69 acceptors. These 69 acceptors were mainly from the nearby three PHC areas. Now the question is that were these acceptors included in the performance statistics of the respective PHCs they belong to? To find out this we have visited the three nearby PHCs with list of acceptors and checked the records of these PHCs. We found that these cases were not at all included in the registers of those three PHCs. The Medical Officers of these three PHCs have also confirmed that they never report such acceptors, who have been sterilised in the other PHCs, in the records of their own PHCs. This again confirms the genuineness of the sterilisation records maintained at the PHCs. Under these circumstances there is no room to suspect the 'non-traceable' and 'out-of-area not contacted' acceptors as non-acceptors.

All the sterilisation acceptors whom we have contacted (63 percent) were found to be genuine acceptors of sterilisation and also all of them have confirmed the year of acceptance as well. This finding makes us to draw conclusions very cautiously about the 'non-traceable' and 'out-of-area not contacted' acceptors. Since all the contacted/verified acceptors were genuine, it is our strong feeling that all the 'non-traceable' and 'out-of-area

not contacted' acceptors could be genuine acceptors. Hence as far as sterilisation is concerned it seems the reported acceptors are genuine acceptors. The reason for 22 percent of 'non-traceable' acceptors within the PHC was the lack of information about the addresses of those acceptors in the registers. In both the PHCs we did not find much difference between 1995 and 1998 in our findings on the verification status of the sterilisation acceptors. But the visible effect of removal of targets was on the reduction in the sterilisation acceptors from 1995 to 1998 in both the PHCs. But in 1998 we were able to contact slightly higher proportion of acceptors than in 1995.

### **Results of field verification of IUD acceptors**

The residential status of the verified acceptors revealed that 57 percent of them are 'usual residents' of the reported villages and another 13 percent are past residents who had been residents of the village prior to the reported date of acceptance or visitors who stayed in the reported villages some time during the reported date of acceptance of the IUD. Thirty-one percent of the reported acceptors could not be traced at their reported addresses within the PHCs. In contrast to the sterilisation acceptors none of the IUD acceptors were reported in the registers as out-of-area acceptors. Hence all the reported acceptors were listed as acceptors within the PHC area. This has made our IUD verification easier compared to the verification of the sterilisation acceptors.

The residential pattern of the reported acceptors shows some positive indication towards the quality of reporting under the target-free period. In 1995 about half (49 percent) of the reported IUD acceptors were 'usual residents' whereas in 1998 about two-third (64 percent) were found to be usual residents. The proportion of past residents and visitors was found to be less in 1998 compared to 1995. Similarly non-traceable acceptors were also less in 1998 (25 percent) compared to 1995 (37 percent). An improvement in the number 'usual residents' and reduction in the 'non-traceable' acceptors indicate the effect of removal of targets.

### ***Genuineness of IUD acceptors***

Of the total number of 526 reported IUD acceptors, we were able to verify 365 (69 percent) of them and we were not able to trace the remaining 31 percent of them. On the whole, among the reported number of 526 acceptors only one-third (32 percent) of them were found to be genuine acceptors of IUD. Twenty-two percent of them have denied the

acceptance of IUD and two percent was duplicate names and out-of-reference period acceptors. For 13 percent of women we were not able to ascertain their acceptance status, though we could trace their reported addresses. It is surprising that we were not able to trace 31 percent of the reported acceptors. As we could not trace them, it is difficult to conclude that that these non-traceable acceptors as either genuine acceptors of the method or as non-acceptors. However, it is our strong feeling that these acceptors were not genuine because already we have found about 22 percent of the usual residents having denied the acceptance of the method.

The proportion of the reported acceptors verified as genuine acceptor shows an increasing trend over the years. In 1995 only 25 percent were found to be genuine whereas in 1998, 38 percent were found to be genuine. Consequently, there was a significant reduction in the non-traceable acceptors: 37 percent in 1995 to 25 percent in 1998. The programme in Maharashtra is still not completely target-free. Targets are imposed on the workers by the district authorities. This makes the workers to report some false entries even under the target-free period to overstate their performance figure closer to target assigned to them. Also it seems that the programme managers are not taking any effort to check the false reporting; consequently the workers continue to practice it.

The findings of this study compare closely with those of other studies conducted in other parts of India. In general, finding of this study suggests that, of the reported acceptance of the IUD, only one-third of the acceptors was genuine and most of the remaining was false entries. It appears that the workers just stated a figure close to the target assigned to them by the district authorities for IUD as their achievement, but their actual performance was far less. The practice of reporting false entries is also continuing under the target-free approach although there is some evidence that the practice is gradually coming down. As of now, there is no rigorous system of monitoring/checking the genuineness of the performance figures of workers by the district level higher officials of the programme as they themselves are sometimes involved in inflating the district performance. The findings, thus, indicate a need for strict monitoring and evaluation of the activities of the health workers including recording and reporting to ensure correct reporting leading to a realistic assessment of the progress made in the use of IUD. Failing which, estimation of fertility rates based on contraceptive prevalence rate of different methods will lead to over estimation of the momentum of the fertility decline.

## **Characteristics of the Acceptors as per the Sterilisation and IUD Registers**

Analysis of characteristics of the acceptors of sterilisation and IUD as per the information provided in the registers of the PHCs would help us to understand the changes, if any, in the characteristics of the acceptors and the quality of record keeping by the PHC workers under the target and target-free situations. However this depends on the genuineness of the information provided in the registers. Hence, one has to be cautious while analysing the characteristics of the acceptors obtained from the registers. It is known that often the information provided in the registers are prone to errors such as incomplete information, over reporting, duplication of acceptors, inclusion of non-acceptors as acceptors, etc.

As soon as the woman/man undergoes the sterilisation operation in the PHC/Camp or the woman accepts the IUD (either in PHC or sub-centre) the information pertaining to the couple is registered by the workers in the registers maintained for this purpose at the PHC. Our analysis of acceptors' characteristics from the register showed that for many of the crucial variables the information provided in the registers is incomplete. The age of woman is not recorded for 7 percent of sterilisation acceptors in Dhakephal PHC. For about 7-9 percent of the couples the level of education is not at all recorded in the IUD and sterilisation registers. For 17 percent of the couples their religion is not recorded in the IUD register. Similarly, caste of the acceptors is not given for majority of the acceptors, particularly in IUD register. Occupation of husband and wife is not at all recorded for all the sterilisation acceptors and for two-third of the IUD acceptors. Age and sex of youngest child are very crucial information for the acceptors of contraception. For about 7-8 percent of the acceptors of IUD and sterilisation their youngest child's age is missing in the registers. Sex of youngest child is not available for 96 percent of the sterilisation acceptors and 57 percent of IUD acceptors. Interestingly, the registers are totally silent about the incentive amount given to the acceptors but the information about the name of the promoter is almost complete for sterilisation. For 15 percent of the IUD acceptors the promoter's name is missing in the registers. Though the information pertaining to some of the above variables is missing in the registers, the lack of information is very acute in Dhakephal PHC than in Deogaon PHC. Also it appears that even under the target-free period, the standard of the maintenance of the registers did not improve and in fact it had deteriorated further, particularly in a lower performance PHC (Dhakephal). Since the register information is prone to errors as discussed above we can't arrive to any

conclusions about the characteristics of acceptors under the target and target-free periods. Hence the information we obtained during the field verification of the registered acceptors is used to get the actual characteristics of the acceptors under the target and target-free period.

### **Characteristics of the acceptors as obtained from the field verification**

Only those acceptors who were interviewed and found to be genuine were included for the analysis. Those acceptors who were found to be genuine but not interviewed were not included because the information was not directly obtained from the acceptor but was obtained from the responsible person other than the acceptor. As we have seen earlier we were able to interview only 258 sterilisation acceptors and 139 IUD acceptors. Hence the characteristics pertaining to them were analysed to know the changes, if any, from target to target-free periods. The following observations are based on the verification survey and thus are reliable than the information obtained from the registers, which are prone to errors.

It is found that from 1995 to 1998 the mean age at acceptance of IUD has come down for both husbands and wives to the extent of two years. This decline is observed in both the PHCs. A decline of two years in the average age at acceptance of IUD from 1995 to 1998 is a welcoming change for a programme, which tries to recruit the younger couples to accelerate the ongoing fertility transition. It appears that the removal of the targets has made the workers to approach more and more young couples to accept IUD. Mean age at acceptance of sterilisation has not changed much over the last three years though there is a slight decline.

Mean years of schooling of the women accepting IUD and sterilisation has considerably increased from 1995 to 1998. The mean years of schooling in 1995 and 1998 for women accepted IUD was 4.8 and 6.3 respectively and for women accepted sterilisation was 2.2 and 3.1 respectively. It means that there is an increasing acceptance of contraception by the younger couples. The removal of the targets appears to have started giving the desired results in the right direction.

The number of living children at the time of acceptance of contraception is a very important issue in the policy perspective. Our policy thrives for the higher acceptance of



contraception by the couples with less number of children. The major criticism for the target-oriented programme was that it was not targeting the younger couples with less number of children. Hence the data on the number of living children at the time of acceptance of the method in 1995 and 1998 would indicate the extent of progress made from target period to target-free period. The mean number of living children at the time of IUD acceptance in rural Aurangabad is 2.1 children (1995 and 1998 combined). But the mean number of living children of IUD acceptors shows that it has come down from 2.5 in 1995 to 1.9 in 1998, a decline of 0.6 child over the three-year period. Number of living children at the time of sterilisation acceptance indicates the couples desire to stop childbearing altogether. Our observation in rural Aurangabad shows that couples accept sterilisation after getting on average 3.4 children. The mean number of living children had declined marginally from 1995 (3.5) to 1998 (3.3). Though there is a decline in number of living children at the time of sterilisation acceptance, the decline is not to the extent of living children at the time of IUD acceptance.

The mean age of youngest child at the time of IUD acceptance of the couples has come down significantly from 1995 to 1998. While the mean age of youngest child at the time of acceptance of IUD was 27 months in 1995 it has declined to 12 months in 1998. On the contrary to the above, the mean age of youngest child for sterilisation acceptors has registered an increase of 1.5 months from 1995 to 1998. The decline in both the number of living children and age of youngest child of the acceptors of IUD from target to target-free period shows the good progress made under the target-free period in making the couples accept the method early. It is surprising to note that the above two variables did not change much for sterilisation acceptors. The reason could be, as mentioned earlier, the removal of the targets seems to have made the workers not to take any extra effort to recruit acceptors for sterilisation. Under the target period the workers had to work overtime to get the sterilisation cases. Now, with no targets, recruiting acceptors for IUD is relatively easier and involves less work for the health workers than making couples to accept sterilisation. Since there is no target for sterilisation in 1998, the health workers seem to have approached the potential couples for sterilisation later than under the target period. Thus there is an increase in the age of youngest child for sterilisation acceptors. The delay in approaching the potential users may lead to accidental pregnancies. While appreciating health workers for recruiting more and more young couples with less number of children to accept IUD, the study also suggests that they should approach the potential users of

sterilisation without any delay. Any delay in this may lead to accidental pregnancies and unwanted births.

The mean age at acceptance of contraception has come down from 1995 to 1998 among the cross-section of the women. The mean age at acceptance of IUD and sterilisation has come down for illiterate women; SC, ST and NT women; women who married at younger ages; and women engaged in agricultural activities. Similarly, mean number of living children at the time IUD acceptance has come down among the various sections of the women. For example, it has come down from 2.8 to 2.2 to illiterate women, 3.0 to 1.8 to SCs and STs, and 2.5 to 1.8 to women engaged in agricultural activities. Though the mean number of living children at time of acceptance has come down among the various categories of women for sterilisation acceptors, the decline is not to the extent observed for IUD.

Month of sterilisation acceptance was also asked in the verification survey. It shows the same seasonal pattern in the acceptance of sterilisation: in the two PHCs, in both target and target-free periods, the proportion of couples accepted sterilisation in April-June and July-September quarters is less than in January-March and October-December quarters. In both the PHCs maximum proportion of couples accepted sterilisation during the January-March quarter and minimum proportion of couples accepted in April to June quarter. The same pattern could be observed for the target-free year of 1998 also. It means that even under the TFA the pace of the workers in recruiting the acceptors is slow in the first and second quarters (April-September) and the pace is higher in the third and fourth quarters of the year (October-March). Reason lies in the fact that the targets have not been removed in the real sense of the term.

The proportions of women accepting sterilisation and IUD before age 25 have increased considerably: in 1995 the proportion accepting sterilisation before age 25 is 39 percent whereas it has increased to 46 percent in 1998. Similarly the women accepted IUD before age 25 has increased from 50 percent in 1995 to 76 percent in 1998. It is certain that, as per the verification survey, the quality of acceptors is improving under the target-free situation as more and more young couples are accepting contraception thus making more impact on the fertility transition.

Higher acceptance with fewer children accelerates the fertility transition. The distribution of sterilisation and IUD acceptors by number of living children shows that the acceptance of contraception with two living children is gradually increasing over the years. For example, the proportion of couples accepting sterilisation with two living children in 1995 and 1998 is 13 percent and 23 percent respectively. Similarly, the proportion of couples accepting IUD with one living child has increased from 23 percent in 1995 to 34 percent in 1998. Sex of the youngest living child plays a role in couples' decision to accept contraception. If the youngest child is male, higher proportion of couples are found to accept sterilisation than if the child is female. For sixty four percent of the sterilisation acceptors the youngest child is male and for the remaining 36 percent their youngest child is female. Similarly for 58 percent of the IUD acceptors, their youngest child is male and for the remaining 42 percent their youngest child is female. The data indicates that the couples' acceptance of contraception in rural Maharashtra is still influenced by the sex composition of their living children.

#### **Quality of sterilisation and IUD services provided under target & target-free periods**

The target-free family welfare programme adopted by the government of India from 1996 emphasises the improvement in quality of care. The following quality aspects have been analysed: distance at which the service was received; provision of transport facility; the time chosen to provide services to the clients; waiting time; type of services provided prior to the acceptance of the method; privacy; courtesy accorded to the clients; follow-up services; treatment for side effects; duration of use (for IUD only); method and service satisfaction etc.

#### ***Quality of services for sterilisation***

It is found that the provision of transport facility for availing the sterilisation services has significantly increased under the target-free period. For example, only 40 percent of the sterilisation acceptors received transport facility in 1995 whereas 67 percent of the acceptors received it in 1998. A significant negative development is that the time taken to provide the sterilisation service after reaching the PHC has considerably increased under the target-free period compared to the target period. The reason could be that under the earlier target period always there was rush to fulfil the target and thus the services were faster. Under the new target-free regime not only the number of sterilisation has

come down but also the workers seem to be taking the issue in a relaxed manner and thus the increase in time for the provision of service.

As far as the medical services before preparing the women for sterilisation operation are concerned they are universally provided in both 1995 and 1998. But post-acceptance precautions and assistance by female workers for preparation of the case for operations were given to higher proportion of women in 1998 as compared to 1995. Though the proportion of the acceptors who have experienced pain has slightly come down from 1995 (69 percent) to 1998 (62 percent) it is still on the higher side. Even though the stretcher/trolley is available with the PHCs, it seems they have not been used effectively. It is surprising to note that medicines given to some of the acceptors were charged. But this practice has come down from 1995 (11 percent) to 1998 (4 percent). In general all the acceptors were satisfied with the clinical services provided at the PHCs for the sterilisation operation in both 1995 and 1998.

Good follow-up care is a good indicator of the quality of post operation services. Follow-up care by a health worker makes sure that the acceptors are not getting any complication after operation. It is found that only 43 percent of the acceptors had received follow-up care. Further, there is no improvement in the follow-up visit from 1995 to 1998. It means that under the target-free approach this aspect of the quality has not been strengthened. However, those who have received the follow-up care have been given reasonable care (in terms of day and number of visits) by the health workers.

#### *Side-effects*

Twenty-three percent of the sterilisation acceptors have experienced some form of the side effects after the operation. The percentage of couples who have experienced side effects in 1995 and 1998 is the same. Among those who have experienced side effects, 70 percent of them said that their problems are still continuing. Among those who have experienced the side effects, half of them went to PHC for treatment. Among those who sought treatment at the PHC only 59 percent were satisfied with the services provided at the PHCs. More number of acceptors expressed their satisfaction about the services provided for side effects at the PHCs in 1998 compared to 1995. For those who are not satisfied with the services at the PHCs, long waiting time, no effect in the treatment, charge for the medicines are the complaints against the services. For those who have not

visited the PHCs for the treatment of side effects long distance, non-availability of medicines, poor service, long waiting time and inconvenient timing of the PHC are some of the reasons for not availing the services of the PHC.

### *Quality of services for IUD*

In general, IUD services were provided to women within one hour of reaching the PHC/SC. Time taken to provide the IUD service after reaching the PHC has not changed considerably under the target-free period compared to the target oriented period. In both the periods most of the women received the service within one hour of reaching the PHC/SC. As far as the clinical services provided at the time of for IUD insertion is concerned, in general, all the acceptors were satisfied with the services.

### *Follow-up*

As far as IUD is concerned, good follow-up care is not only a good indicator of the quality of post acceptance services but it also ensures continuation of the use. It is observed that health workers gave follow-up visit to two-third of the acceptors. No change is observed in the follow-up visit by the health workers from target to target-free period. But the follow-up care given for IUD (66 percent) is certainly higher than for sterilisation (43 percent). It shows the importance given to the IUD acceptance in recent years. The female health workers have visited most of these acceptors more than once and the visits were made between 4<sup>th</sup> day to 15<sup>th</sup> day of insertion. According to the acceptors' information, it appears that, those who have received the follow-up care have been given reasonable care (in terms of day and number of visits) by the health workers.

### *Side-effects*

Thirty-nine percent of the acceptors have experienced some form of the side effects after the IUD insertion. The proportion of women who have experienced side effects for IUD is much higher than the women experienced for sterilisation (24 percent). Bleeding, pain in the abdomen/waist, white discharge and general weakness and debility are some of the common complaints after the IUD insertion. Among those who have experienced the side effects, fifty-seven percent of the acceptors have experienced it immediately after accepting the method, 28 percent experienced during the first month of the acceptance and another 5 percent experienced after the third month of the acceptance.

Among those who have experienced side effects one in ten women said that their problems are still continuing.

Out of the 54 women who have experienced the side effects 34 of them went to PHC for treatment. Among those who sought treatment at the PHC most of them (80 percent) were satisfied with the services provided for their side effects at the PHCs. For those who have not visited (20) the PHCs for the treatment of side effects long distance, non-availability of medicines, poor service and non-severity of the side effects are some of the reasons for not availing the services of the PHCs.

Among those who have accepted IUD in 1995, a majority of them have discontinued the method: seventy-one percent of the acceptors who have accepted in 1998 are currently continuing with the method whereas only 15 percent of the acceptors who have accepted in 1995 are currently continuing with the method. Among those who have discontinued the method 52 percent discontinued within six month of use, 9 percent discontinued it from 6-12 months of use, 20 percent from 13-24 month of use and another 15 percent after 24 month of use. Those who have removed the device were asked to give the reason for the removal. Side-effect was the major reason (48 percent) for the removal followed by intend to have another child (25 percent), switch over to another temporary and (11 percent) and permanent methods (6 percent). Among those who have continued (72) the method 39 percent said that they are intend to use this method for another one year, 42 percent for another two years and the remaining 19 percent for more than two years.

The findings of the study indicate that, under the target-free period, sterilisation programme appears to have suffered on many accounts. Under the target-free period the sterilisation acceptance has come down whereas IUD acceptance has increased. For those who have accepted sterilisation, the age at acceptance and number of living children at the time of acceptance have not changed much from the target-oriented period to target-free period whereas these two components have declined appreciably for IUD acceptors. In fact, age of youngest child at the time of acceptance has increased under the target-free period for sterilisation acceptors whereas it has declined greatly for IUD acceptors. Time taken to provide sterilisation services after reaching PHC has considerably increased under target-free period compared to target-oriented period. From target to target-free period the

follow-up visit for IUD acceptors has increased considerably whereas it has not changed for sterilisation acceptors. On the whole, under target-free approach not only the IUD acceptance has increased but also the quality of acceptors and the quality of services received has improved. The IUD programme appears to have gaining momentum under the target-free approach at the cost of sterilisation services.

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I. Evaluation of Target Free Approach in Aurangabad District: Sterilization and IUD Acceptance

District: Aurangabad

Taluk:

PHC:

Sub-Centre:

Village:

## I. STERILIZATION (Information from R3 Register)

Particulars	Register	Survey
1. Year	Year :	Year :
2. Month	Month :	Month :
3. Name of sterilized person		
4. Sex of sterilized person	Male.....1 Female.....2	Male.....1 Female.....2
5. Name of spouse		
6. Method accepted	Vasectomy.....1 Tubectomy.....2 Laparoscopic Tubectomy.....3	Vasectomy.....1 Tubectomy.....2 Laparoscopic Tubectomy.....3
7. Address: <i>Temporary</i>		
8. Address: <i>Permanent</i>		
9. Date of acceptance	Date :	Date :
10. Residential status of the acceptor	Permanent resident of the village.....1 Visitor.....2 If visitor, usual residence..... .....3	Permanent resident of the village.....1 Visitor.....2 If visitor, usual residence..... .....3
11. Residence	Rural.....1 Urban.....2	Rural.....1 Urban.....2
12. Age at acceptance	Husband : Wife :	Husband : Wife :
13. Current age	NA NA	Husband : Wife :
14. Education of Couples	Husband : Wife :	Husband : Wife :
15. Religion of Couples	Religion :	Religion :
16. Caste of couples	Caste :	Caste :
17. Occupation of couples	Husband : Wife :	Husband : Wife :
18. Number of children ever born	Total : Male :	Total : Male :

19. Number of children living	Total : Male : Female :	Total : Male : Female :
20. Age of youngest child	Years : Months :	Years : Months :
21. Sex of youngest child	Male.....1 Female.....2	Male.....1 Female.....2
22. Age at effective marriage	Husband : Wife :	Husband : Wife :
23. Household size	Total :	Total :
24. Place of sterilization	Pvt. Hospital.....1 Govt. Hospital.....2 PHC.....3 Camp.....4 Other, Specify.....5	Pvt. Hospital.....1 Govt. Hospital.....2 PHC.....3 Camp.....4 Other, Specify.....5
25. Incentive amount received	Cash : Kind :	Cash : Kind :
26. Promoter	M.O.....1 ANM.....2 MPW.....3 Others (specify).....4	M.O.....1 ANM.....2 MPW.....3 Others (specify).....4
27. Is a number given for user in ECR	Yes.....1 No.....2	NA
28. If given : Number	Number :	Number
29. If No : Reason for non-registration	N. A.	
30. Date of certificate given	Date:	Date:
31. Whether green card is given to the user	Yes.....1 No.....2	Yes.....1 No.....2
32. Type of village	PHC village .....1 Sub-centre village .....2 Other village .....3	PHC village .....1 Sub-centre village .....2 Other village .....3
33.		
Remarks		

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I. Evaluation of Target Free Approach in Aurangabad District: Sterilization and IUD Acceptance

District: Aurangabad

Taluk:

PHC:

Sub-Centre:

Village:

**I. IUD (Information from RL Register)**

Particulars	Register	Survey
1. Year	Year :	Year :
2. Month	Month :	Month :
3. Name of the IUD acceptor		
4. Name of the spouse		
5. Address: <i>Temporary</i>		
6. Address: <i>Permanent</i>		
7. Date of IUD insertion	Date :	Date :
8. Date of MCP (Menstrual Cycle Period)	Date :	Date :
9. Residential status of the acceptor	Permanent resident of the village.....1 Visitor.....2 If visitor, usual residence..... .....3	Permanent resident of the village.....1 Visitor.....2 If visitor, usual residence..... .....3
10. Residence:	Rural.....1 Urban.....2	Rural.....1 Urban.....2
11. Age at IUD acceptance	Husband : Wife :	Husband : Wife :
12. Current age	N.A. N.A.	Husband : Wife :
13. Education of Couples	Husband : Wife :	Husband : Wife :
14. Religion of Couples	Religion :	Religion :
15. Caste of couples	Caste :	Caste :
16. Occupation of couples	Husband : Wife :	Husband : Wife :
17. Number of children ever born	Total : Male : Female :	Total : Male : Female :
18. Number of children living	Total : Male : Female :	Total : Male : Female :

19. Age of youngest child	Years : Months :	Years : Months :
20. Sex of youngest child	Male.....1 Female.....2	Male.....1 Female.....2
21. Age at effective marriage	Husband : Wife :	Husband : Wife :
22. Household size	Total :	Total :
23. Place of IUD insertion	Pvt. Hospital.....1 Govt. Hospital.....2 PHC.....3 Camp.....4 Other, Specify.....5	Pvt. Hospital.....1 Govt. Hospital.....2 PHC.....3 Camp.....4 Other, Specify.....5
24. Incentive amount received	Cash : Kind :	Cash : Kind :
25. Promoter	M.O.....1 ANM.....2 MPW.....3 Others (specify).....4	M.O.....1 ANM.....2 MPW.....3 Others (specify).....4
26. Is a number given for user in ECR?	Yes.....1 No.....2	NA
27. If given : Number	Number :	NA
28. If No : Reason for non-registration	N. A.	
29. Date of certificate given	Date:	Date:
30. Whether green card is given to the user	Yes.....1 No.....2	Yes.....1 No.....2
32. Type of village	PHC village .....1 Sub-centre village .....2 Other village .....3	PHC village .....1 Sub-centre village .....2 Other village .....3
Remarks		

II. Evaluation of Target Free Approach in Aurangabad District: Sterilisation and IUD Acceptance

Field-Check Observations

Question	Coding Category	Skip to
1. Was the acceptor traced तापर करणा-याची भेट झाली का?	Yes .....1 No .....2 →	Q. 5
2. Is the acceptor resident of this village? तापर करणारा या गावाचा रहिवासी आहे का?	Yes .....1 → No .....2	Q. 4
3. If not the resident of this village, please note: या गावाचा रहिवासी नसेल तर पुढील गोष्टींची नोंद करा	Usual village of residence .....1 Under which sub-centre .....2 Under which PHC .....3 Purpose of visit to the village .....4	
4. Interview status: मुलाखतीविषयी	Contacted and interviewed .....1 Contacted but denied acceptance .....2 Contacted but the acceptance is not during reference period .....3 Contacted but refused interview .....4 Not contacted because the acceptor returned to her husband's place .....5 Not contacted because the acceptor has gone to relative's place .....6 Duplicate case (Note also the Sr. No. of the duplicate case) .....7 → Not contacted due to the other reasons (specify) .....8	Sr. No.
5. If not traced, reason: भेट होऊ न शकल्याचे कारण	Address was not legible in office record .....1 Person not known in the village .....2 Other reasons (specify) .....3	
6. Any other relevant information about traceability: शोध घेता येईल अशी इतर संबंधित माहिती		
7. Date of field-check	Date:	
8. Checked by		

**III. Evaluation of Target Free Approach in Aurangabad District: Sterilisation and IUD Acceptance**

Question	Coding Category	Skip to
<b>I. Particulars of services received at the time of acceptance</b>		
1. Where did you undergo sterilisation / IUD insertion? कु. नि. शस्त्रक्रिया कोठे करून घेतली/किंवा तांबी कोठे बसवली?	Private Hospital ..... 1 Govt. Hospital ..... 2 PHC ..... 3 Sub-centre ..... 4 Camp ..... 5 Home ..... 6 Others (Specify) ..... ..... 7	
2. Distance at which the service was received? तुमच्या घरापासून किती अंतरावर ही सेवा उपलब्ध झाली?	..... (in Kms.)	
3. Did the health staff provide you transport facility? आरोग्य कर्मचाऱ्यांनी तुमची जाण्या-येण्याची व्यवस्था केली का?	Both ways ..... 1 One way ..... 2 Not provided ..... 3	
4. Who accompanied you to hospital? रुग्णालयात जाताना बरोबर कोण आले होते?	Husband ..... 1 Mother-in-Law ..... 2 Mother ..... 3 Male relative ..... 4 Female relative ..... 5 Health Worker ..... 6 Other (Specify) ..... ..... 7	
5. How long did health staff take to provide you service? आरोग्य कर्मचाऱ्यांकडून सेवा उपलब्ध होण्यास किती वेळ लागला?	If sterilization acceptor: ..... (hours) ..... (days) If IUD acceptor: ..... (in Hrs)	
If IUD acceptor skip to Q. 12		
<b>For Sterilisation Acceptors only</b>		
6. Did they enquire about your medical history prior to acceptance of this method? तुम्ही ही पध्दत स्वीकारण्यापूर्वी तुमच्या प्रकृतीविषयीची चौकशी केली होती का?	Yes ..... 1 No ..... 2	
7. Were you medically examined prior to acceptance of this method? ही पध्दत वापरण्यापूर्वी तुमची वैद्यकीय तपासणी झाली होती का?	Yes ..... 1 No ..... 2 → Q. 9	
8. Did they conduct the following tests on you? पुढील पैकी कोणत्या तपासण्या केल्या होत्या?	Blood Pressure Yes ..... 1 No ..... 2 Don't Know ..... 3 Blood Test Yes ..... 1 No ..... 2 Don't Know ..... 3 Urine Test Yes ..... 1 No ..... 2 Don't Know ..... 3 General Examination Yes ..... 1 No ..... 2 Don't Know ..... 3	

Question	Coding Category	Skip to
9. Did the Clinic / Staff provide you adequate privacy at the time of acceptance / operation? तांबी बसवतांना किंवा शस्त्रक्रियेच्यावेळी तुम्हाला पुरेसा एकांत मिळेल अशी खबरदारी घेतली गेली होती का?	Visual Privacy Yes .....1 No .....2 Auditory Privacy Yes .....1 No .....2	
10. Were you advised about post-acceptance precautions? तांबी बसवल्यानंतर किंवा शस्त्रक्रियेनंतर घ्यावयाच्या काळजीबद्दल सल्ला मिळाला होता का?	Yes .....1 No .....2	
11. Who assisted you in preparation of the case for operation? शस्त्रक्रियेच्या पूर्व तयारीत तुम्हाला कोणी मदत केली होती?	Male worker .....1 Female worker .....2 Both .....3	
11a. Was TI given घनुर्वाताचे इंजेक्शन दिले होते का?	Yes .....1 No .....2 Don't Know .....3	
11b. Was Pre-medication given? शस्त्रक्रियेपूर्वीचे औषधोपचार केले होते का?	Yes .....1 No .....2 Don't Know .....3	
11c. Was Anesthesia given? मूल दिली होती का?	Yes .....1 No .....2 Don't Know .....3	
11d. Did you experience pain during operation? शस्त्रक्रिया चालू असताना तुम्हाला वेदना जाणवत होत्या का?	Yes .....1 No .....2	
11e. Whether trolley / stretcher made available to carry you to and from operation theater? शस्त्रक्रियेसाठी जाताना व शस्त्रक्रिया झाल्यानंतर आणताना ट्रॉली किंवा स्ट्रेचरचा उपयोग केला होता का?	To theater Yes .....1 No .....2 From theater Yes .....1 No .....2	
11f. How long did you stay in the Hospital after operation? शस्त्रक्रियेनंतर दवाखान्यात किती दिवस रहावे लागले?	(in days)	
11g. Were you provided with free medicine? औषधे मोफत मिळत होती का?	Yes .....1 No .....2	
11h. Whether you received green card after undergoing Sterilisation? शस्त्रक्रिया केल्याबद्दल तुम्हाला हिरवे कार्ड मिळाले का? मिळाले असल्यास फायदेशीर ठरले का?	Yes .....1 No .....2 N. A. ....3 If Yes, how benefited? Got preference in health treatment ....1 Got preference in getting loan ....2 Other benefits (specify) ..... .....3	
<b>12. For IUD Acceptors only</b>		
12a. Who inserted the device? तांबी कोणी बसविली?	LMO .....1 LHV .....2 ANM .....3	



Question	Coding Category	Skip to
12b. Prior to acceptance of this method, did the health staff enquire you about the following aspects? तांबी बसविण्यापूर्वी खालील गोष्टींची चौकशी आरोग्य कर्मचाऱ्यांनी केली होती का? (i) Date of last menstrual period हा आधी झालेल्या मासिकपाटीविषयी (ii) Infectious symptoms: ससर्गानी लक्षणं a) Unusual vaginal bleeding वेगवेगळ्या आकारातून रक्तस्राव होतो b) Unusual discharge अनन्यथा कास जाणवतो	Yes .....1 No .....2  Yes .....1 No .....2  Yes .....1 No .....2	
12c. Was any pelvic examination done? ओटीपेटाची तपासणी केली होती का?	Yes .....1 No .....2	
12d. Whether specula used during pelvic examination / IUD insertion was sterilised? तपासणी करताना वापरलेले उपकरण (साकयुला) निर्जंतुक केले होते का?	Yes .....1 No .....2 Don't Know .....3	
12e. Were the hand gloves used while inserting the device? तांबी बसविताना हातगोऱ्यांचा उपयोग केला होता का?	Yes .....1 No .....2	
<b>II. Satisfaction about the services received</b>		
13. Were you satisfied with the clinical services provided at the time of operation / IUD insertion? शस्त्रक्रियेच्या/तांबी बसविण्याचे वेळी मिळालेल्या सेवा-सुविचांबद्दल तुम्हाला समाधान आहे का?	Yes .....1 → No .....2	Q. 15
14. Reasons for dissatisfaction समाधान नसण्याची कारणे		
<b>III. Follow-up services</b>		
15. Did any health staff visit you for follow-up after your discharge from hospital / IUD insertion? तुम्ही दवाखान्यातून परत गेल्यावर आरोग्य कर्मचारी तुमची विचारपूस करण्यास घरी कधी आले होते का?	Yes .....1 No .....2 →	Sectn. IV
16. Who visited you, and how many times did they visit you? तुम्हाला कोणी नेट दिली? व किती वेळा दिली?		
Personal visited	Number of times visited	When was the first follow-up visit (in days)?
Medical Officer .....1		
LHV .....2		
Female Health Worker .....3		
Male Health Worker .....4		

Question	Coding Category	Skip to
17. What was the nature of service provided by female health worker? या भेटीत नसबाईंनी कोणत्या स्वरूपाच्या सेवा दिल्या/उपचार केले?	Enquired about general health condition .....A Checked the dressings .....B Administered tablets for minor side effects .....C Examined whether IUD is properly placed .....D Asked to go to PHC in case of severe complaints .....E Took to doctor for treatment .....F Other (Specify) .....G	
18. Were you satisfied with the follow-up services provided by female health worker? नसबाईंनी दिलेल्या सेवा-सुविधांबद्दल तुम्ही समाधानी आहात का?	Yes .....1 No .....2	Sectn. IV
19. What was the reason for dissatisfaction? समाधान नसल्याचे कारण काय?	Frequency of visits is not adequate A Poor quality of services .....B Demand money .....C Not provided free medicines .....D Other (Specify) ..... .....F	
<b>IV. Side Effects</b>		
20. Did you experience any side effects, after operation / insertion? शस्त्रक्रियेनंतर किंवा तांबी बसविल्यानंतर काही दुष्परिणाम अनुभवता आले का?	Yes .....1 No .....2	Sectn. V for IUD acceptors Sectn. VI for sterilisation acceptors
21. What was the nature of the complaint? दुष्परिणामाचे स्वरूप काय होते ?	Bleeding / sepsis .....A Pain in the abdomen / waist .....B Problems related to menstrual cycle ....C White discharge .....D Other aches / pains .....E General weakness and debility .....F Other (Specify) ..... .....G	
22. When did you experience this problem? वापर सुरू केल्यानंतर किती दिवसांनी त्रास सुरू झाला?	Interval between acceptance and onset of the problem ..... (in days)	
23. How long did you experience these side-effects? हा त्रास किती दिवस झाला?	..... (days) ..... (months)	
24. Are you still experiencing these side effects? हा त्रास अजूनही होत आहे का ? (Ask this question even if the method has been discontinued) (हा प्रश्न पध्दत वापरणे सोडून दिले असले तरी विचारता)	Yes .....1 No .....2	

Question	Coding Category	Skip to
25. Did you go to PHC/SC for the treatment of side-effects? होणाऱ्या त्रासावर उपचार करून घेण्याकरिता तुम्ही आरोग्य केंद्र किंवा उपकेंद्र येथे भेट दिली आहे का?	Yes .....1 No .....2	Q. 28
26. Were you satisfied with the services provided for side-effects at the PHC/SC? आरोग्य केंद्र किंवा उपकेंद्र येथे मिळालेल्या सेवा-सुविधांबाबत तुम्हाला समाधान वाटते का?	Yes .....1 No .....2	Sectn. V for IUD acceptors Sectn. VI for sterilisation acceptors
27. What is the reason for dissatisfaction? समाधान नसल्याचे कारण काय?	Indifferent attitude of the staff .....A Not provided free medicines .....B Asked to visit Clinic for several Times .....C Long waiting time .....D Other (Specify) ..... .....E	
28. What was the reason for not visiting PHC/SC for treatment? प्राथमिक आरोग्य केंद्राला किंवा उपकेंद्राला भेट न देण्याची कारणे काय?	Located at far off place .....A Medicines usually not available.....B Services are not good .....C Demand money .....D Long waiting time .....E Timing of PHC / SC is not convenient.....F Side effect is not severe .....G Others (Specify) ..... .....H	
29. Did you visit any private clinic for treatment of side effects? दुष्परिणाम किंवा होणाऱ्या त्रासावर उपचार करण्याकरिता खाजगी दवाखान्यात गेला होता का?	Yes .....1 No .....2	Sectn. V for IUD Sectn. VI for sterilisation
30. Were you satisfied with the services provided at private clinic? खाजगी दवाखान्यात मिळालेल्या उपचारांबद्दल तुम्ही समाधानी आहात का?	Yes .....1 No .....2	
<b>V. For IUD Acceptors</b>		
31. Is the device in situ now? तांबीचा वापर चालू आहे का?	Yes .....1 No .....2	
32. For how many months have you used / been using this method? तुम्ही किती महिने तांबीचा वापर केलात किंवा किती महिने करित आहात ?	_____ (in months)	If currently not using Q. 34
33. How long do you intend to use this method? अजून किती महिने वापर करण्याची इच्छा आहे?	_____ (in months)	Q. 37
34. Why the device is not in situ now? सध्या तांबीचा वापर का करित नाही?	Removed .....1 Expelled .....2 Pregnant .....3	Q. 36

Question	Coding Category	Skip to
35. What was the reason for removal? तांबी काढून टाकण्याचे कारण काय?	Side effects .....1 Wanted another child .....2 Adopted terminal method .....3 → Switching to other methods .....4 Due to social / family ..... pressure.....5 Others (Specify) ..... .....6	In case she has used IUD & sterilization two forms have to be filled
36. Would you like to accept any FP method in the future? हा पध्दे तुम्हाला एखादी कु.नि.पध्दती वापरणे आवडेल का?	Yes .....1 No .....2 N. A. (sterilised) .....3	→ Sectn. VI
37. Do you want to have any more children? तुम्हाला आणखी मुले हवी आहेत का?	Yes .....1 No .....2	
38. If yes, how many children? हवी असल्यास किती मुले? (include current pregnancy while recording the number of children desired) (गर्भदरपण चालू असले तर त्या जन्मणाऱ्या मुलांसाठी मुलांच्या संख्येत समावेश करावा)	Male ..... Female ..... Total .....	
<b>VI. Method Satisfaction</b>		
39. Do you regret for having accepted this method? शस्त्रक्रिया करून घेतल्याबद्दल आणणस पश्चाताप वाटते आहे का?	Yes .....1 No .....2 →	Q. 41
40. Why do you regret? तुम्हाला पश्चाताप का वाटते?	Side effects .....1 Child death .....2 Initial acceptance not ..... voluntary .....3 Family members unhappy .....4 Others (Specify) ..... .....5	
41. Would you like to recommend this method to your friends / neighbours / relatives? तुमचे मित्र, शेजारी किंवा नातेवाईक यांना शस्त्रक्रियेची शिफारस करणे आवडेल का?	Yes .....1 No .....2 →	Q. 44
42. Have you recommended this method to any one? तुम्ही कोणाला शस्त्रक्रियेची शिफारस केली आहे का?	Yes .....1 No .....2	
Please probe for reasons from the acceptors who have experienced side effects but like to recommend the method to others ज्यांना त्रास झाला असूनही दुसऱ्यांना ही पध्दत सुचवावीशी वाटते त्यांना खोलात जाऊन कारणे विचारावीत		
43. Why do you like to recommend this method to others? शस्त्रक्रियेची शिफारस इतरांना करण्याची कारणे काय आहेत?		
44. Why do you not like to recommend this method to others? इतरांना शिफारस न करण्याची कारणे काय आहेत?		
45. Do you have any suggestion for improving the service? हा पध्दतीत सुधारणा करण्याकरिता तुमच्या		