

**SOCIO-ECONOMIC AND DEMOGRAPHIC DETERMINANTS
OF UNWANTED PREGNANCIES / BIRTHS IN TRIBAL AND
MUSLIM AREAS OF MAHARASHTRA**

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March 2000

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Executive Summary

The present report contains findings of the study entitled 'Determinants of Unwanted Pregnancies/Births in Tribal and Muslim areas of the Thane District of Maharashtra'. The study was conducted in 32 Primary Sampling Units (16 each from the rural and urban areas) of the district spread over four-community development block. Out the 32 PSUs, 16 were from Tribal blocks (Jawahar and Mokhada) and the remaining 16 were from the Muslim Blocks (Thane and Bhiwandi). A total of 2606 eligible women were interviewed (1295 from Jawahar and Mokhada and 1311 from Thane and Bhiwandi). The major findings of the study are as follows:

Socio-economic Profile of the Selected Households

- About 30 per cent of the eligible women lived in the houses with no electricity (all from J-M blocks) and only a handful lived in the houses with sanitation facility.
- Three-fourth of the women in J-M blocks and about half of them in T-B blocks lived in Kachcha houses. All the households in J-M blocks were getting drinking water from well
- Nearly one-third of the households in J-M blocks were land-less. And belonged to Low standard of living group.

Socio-economic and Demographic Characteristics of the Surveyed Women

- Half each of the surveyed women were Tribal and Muslim and about 80 and 40 per cent of them respectively in J-M blocks and were illiterate.
- About 94 per cent of the women in T-B blocks were housewives. In case of J-M blocks around 93 per cent were economically active (mostly working as agricultural laborers).
- Women in general had very little decision making power, particularly in T-B blocks.
- Few women in J-M blocks had exposure to any type of mass media.
- The mean age of the women was a little over 23 years and 27 years in J-M blocks and T-B blocks respectively.

- The mean age at marriage for the women was nearly 14 years in J-M blocks and 18.53 years in T-B blocks.
- The mean number of living children at the time of survey was 2.5 children per woman in J-M blocks while it was 2.30 in Thane and 3.38 in Bhiwandi.
- Relatively higher proportion of women in T-B blocks (29 per cent) than J-M blocks (23 per cent) had four or more living children at the time of survey.

Family Planning: Knowledge and Use

- All of the women in T-B blocks knew about all the five methods of family planning (female and male sterilization, Oral Pill, Condom and Cu-T).
- In J-M blocks, female sterilization was known to all but two women, male sterilization was known to less than half. Knowledge of spacing methods was particularly poor in J-M blocks.
- Only few women knew natural methods.
- There exist strong relationship between standard of living, exposure of the women to various types of mass media and her decision making power with the knowledge level of family planning methods, particularly that of Condom, Cu-T and male sterilization.
- About 23 per cent in J-M blocks and about 47 per cent in T-B blocks were using family planning at the time of survey.
- Sterilization accounted for over 40 per cent of the current users in all the four blocks. (77 and 22 per cent in J-M and T-B blocks respectively).
- About 71 per cent of the women each in T-B blocks reported using users Cu-T, Condom and Oral Pill.
- None of the couple in J-M blocks were using Condom at the time of Survey.
- Only about 5 per cent of the couples were using natural methods of family planning.
- Among women with two living children, 36 per cent of couple with both sons had adopted sterilization whereas their share was only 3.4 per cent among those couple whose both children were daughters.
- Fear of side effect, husband opposed to family planning and against religion' (all from T-B blocks) as the reason for current non-use of family planning by many women.
- Family planning was used in only about 12 per cent of the total instances during the past four years.

Family Planning and Fertility Preferences and Quality of Care

- Over half of the non-users did not intend to use family planning in future either and as usual female sterilization followed by Oral Pills were the most preferred method women intending to use in future.
- Nearly half of the surveyed women could not answer question on ideal family size instead they said that it was upto God to have children (mostly from T-B blocks).
- Over a quarter of all women told two children as ideal family size (one son and one daughter family as the ideal family size).
- In most of the cases acceptors were not informed about the possible health consequences and very few were contacted for the follow-up check-up.
- Few women did face some health problem due to family planning use which were minor in nature and could be resolved by simple counseling.

Opinion of the Women on Government Health Services

- Visit of the health worker (most cases happened to be ANM) in J-M blocks was very limited as majority visited only once in two months or so and were typically for the purpose of antenatal, natal and post-natal services or for childcare (primarily immunization-related services).
- Only less than half of the women in all the four blocks visited any government health facility during the reference period and the visit was mainly for antenatal, natal and post-natal services or for childcare (primarily immunization-related services).
- Only a handful of the women visited the center for family planning services.
- About a quarter in J-M blocks and close to 60 per cent in T-B blocks told that they prefer to go to a private health facility.

Incidence of Unwanted Events

- Of the total 4319 events that took place during the reference period nearly 29 per cent were unwanted (16 per cent mistimed and 13 per cent never wanted).
- Per cent of unwanted events was higher by about 5 per cent points in T-B blocks.
- In T-B blocks more than half were never wanted events whereas nearly two-third were mistimed events in J-M blocks.

- Per cent of unwanted events were relatively higher in case of current pregnancies as.
- Among the live births, incidence of never wanted events was more for higher order births as compared to the births of lower order whereas mistimed events were more common among births of lower order.
- Economically too expensive to have many children was reported as the reason for never wanting the events by about one-third women in T-B blocks.

Demographic and Socio-economic Determinant of Unwanted Events

- Incidence of unwanted event was likely to be less by almost one-third in the households having any type of sanitation facility as compared to the households with no sanitation facility.
- Amongst the demographic variables, age and age at effective marriage of the woman, duration of marriage, sex composition of the living children at the time of index event and reproductive loss experienced by the woman come out to be the important predictor of unwanted events.
- Women who knew at least one modern method of spacing were nearly three times more likely to have unwanted events as compared to the women who did not know about modern spacing methods reflecting on existing gaps between demand and supply.
- In addition to the above variables, in J-M blocks, population size, distance from the district head quarters and size of landholding by the households has been found to be significantly associated with the incidence of unwanted events.
- Probability of unwanted events was lower among villages having more of the listed physical, social and medical infrastructure facilities.
- Mistimed events were likely to be less among women living in Pucca houses, older women, with longer marriage duration and those with greater decision-making power in the households.
- Never wanted events were likely to be more among women with longer marriage duration and more living children and those with all sons.
- Never wanted events were least likely to be amongst educated women.

Chapter 1

Introduction, Review of Literature and Survey Design

1.1 Introduction

Pregnancy and its outcome play an important role in the life of individuals especially that of the woman. In India, woman's role and status in the household as well as in the community changes with the number of live births borne by her. With the changing time and economic conditions, however, women (couple) now desire fewer and fewer children. For a good number of women, any additional child(ren) after attaining a particular parity becomes unwanted. Along with this, it has also been found that often women do not want a pregnancy or child at the point it happened. Given the choice they would have liked to delay a particular pregnancy and/or child. There may be many implications of the unwanted pregnancy/fertility. Most important of all, it affects the health of the mother as well as child and has far deeper implications.

Gerrard et al. (1983) pointed out that for most of the women danger of unwanted pregnancies exists throughout the childbearing ages. Though there are little evidence on mental health consequences of giving up of a child for adoption as a result of unwanted births, it has been found that they are of long term nature. The problems of unwanted pregnancies and induced abortions have both social and health repercussions (Odejide 1986). Beside the physical problems that the women have to go through during the process of childbirth, they suffer from many psychological stresses as a result of an unwanted pregnancy/delivery. Horderm (1971) observed that the maternal consequences of unwanted pregnancy are more serious for women, particularly among unmarried women. According to him some of the common problems are: depression, suicidal tendency and desperate attempt at legal or illegal abortion. In addition to this, the unwanted pregnancy also have negative influence on the overall well being of the children to be born or those who are already born. The British study conducted by Horderm reveals that the illegitimate children born as the result of unwanted pregnancy have higher mortality rates. It is also observed that the children who go to institution often

suffer from emotional and developmental problems while those who stay at home suffer from reduced quality of life.

A study conducted by David (1992) in Prague and Czechoslovakia among 220 children born between 1961-63 whose mothers were twice denied abortion for the same pregnancy revealed that overall unwantedness in early pregnancy and compulsory childbirth strongly damaged the children's psychological development. According to the United Nations (1995 p.41) unwanted births, child neglect and abuse are found to be factors contributing to the rise in child mortality.

Apart from this, reduction in incidence of unwanted pregnancies/births would help reduce population growth. According to Westoff et al. (1989a and 1989b) if all the unwanted births were prevented in Peru, the total fertility rate of the country would decline to 2.9 children per woman rather than the present level of 4.5 children per woman.

1.2 Review of the Literature

Using data on levels of unwanted fertility from 35 World Fertility Surveys and 13 Demographic and Health Surveys in developing countries, Bongaarts (1990 and 1997) concluded that the levels of unwanted births were low in countries with either very low or very high levels of fertility. On the other hand, their level was highest for the countries that have intermediate fertility levels. There seem to be very strong relationship between unwanted pregnancies/fertility and unmet need for family planning. Under the easy accessibility and quality programme, it is possible to reduce 'unmet need' to a great extent and thereby leading to the reduction in incidence of unwanted pregnancies/fertility. It is possible that in some population, there may be higher prevalence of unwanted pregnancies but not necessarily that of higher unwanted fertility. In such populations, prevalence of induced abortions is also high. For example, it has been found that in Korea, despite easy accessibility of several family planning methods, abortion is widely used. According to the finding of the study by Foreit and Suh (1980) Korean women are less successful in regulating 'unwanted pregnancies' than they are in regulating unwanted fertility.

Okonofua et al. (1996) carried out a study on 1516 randomly selected women aged 15-45 years in Nigeria on information related to the previous unwanted pregnancy and induced abortion in a value free manner. They observed that 20 per cent of the women reported having an unwanted pregnancy. Of these women, 58 per cent successfully terminated the

pregnancy while 32 per cent continued the pregnancy and remaining 9 per cent mentioned that attempted to terminate the pregnancy but failed. From their analysis they concluded that the adolescents are at a decreased risk of experiencing an unwanted pregnancy. For Nigeria, woman's employment level and educational status were found to be the significant predictors of unwanted pregnancy and induced abortion. According to the logistic regression analysis, women working in formal sector and those with higher level of education were significantly more likely to report having experiencing an unwanted pregnancy and induced abortion compared with less educated and those who were either unemployed or working outside the formal sector.

Mensch et al (1995) compared findings of three data sets (1991-92 Demographic Health Survey-Peru; A 1994 follow up of a sub-sample of Demographic and Health Survey respondents and A 1992 Situation Analysis) for identification of factors that most influence women's ability to achieve their reproductive goals. They found that a relatively fewer proportion of the women in clusters with high quality family planning services had an unplanned or unwanted pregnancy or birth as compared to the women in low quality clusters. According to them, the quality of the family planning programme care remained a highly significant predictor of achievement of reproductive goals.

Li and Ballweg (1995) found that in China socio-economic status was significantly related to the unsanctioned births, as they were more common in less developed areas and among women of lower socio-economic status. Persons living in areas with a high monetary contribution per person in family planning at the country level were less likely to have unsanctioned births. Further, women who lived in urban areas, worked in state enterprises and had parents with high educational status were less likely to have unsanctioned births. On the other hand, women who were married at an early age, lived with parents after marriage, had female living children and had failed pregnancies were more likely to have unsanctioned births. Further, those women who had arranged marriage, had a traditional desire for large family sizes, early marriage ideal and preference for sons were more likely to have unsanctioned births. It was further observed that those women who talked with their husband about desire family size were less likely to have unsanctioned births.

Xiao et al. (1995) in their study found that lack of knowledge of how to use contraceptive method correctly and /or the choice of lower efficacy methods to be responsible for many pregnancies which ended in induced abortion. They further observed that since the abortion is available as an alternative the men refuse to use contraception. Berglund et al.

(1994) attempted to understand the social, economic, cultural and psychological context in which teenage girls and adult women expose themselves to the social and medical risks of unwanted pregnancy in Nicaragua. Based on their analysis the authors found that economic deprivation, disturbed family relations, low self-esteem, rigid adherence to religious values, low levels of education and lack of close trustful relationships are some factors that in different combinations together increase the risk of undesirable pregnancy. Denton and Scott (1994) and Denton et al. (1994) found that the percentage of unintended pregnancies was higher among women with higher parity, those who never used any family planning, users of withdrawal method, younger unmarried women and women with shorter birth intervals. In case of unwanted pregnancy, they noted that their proportion was higher among women who were single and were of higher parity. They further observed that the leading reasons for the non-use of family planning were carelessness and unintended intercourse, contraceptive failure and fear of side effects. Senanayake (1993) identified following as the leading reasons for unwanted pregnancy: insufficient information to make family planning decisions, weakness of contraceptive and family planning delivery system, poor quality of health care services, lack of women's power to make decisions, husband's control over family planning decisions and lack of male involvement in family planning.

Weller et al. (1991), while analyzing the data from 1987 Indonesian Demographic and Health Survey and 1987 Indonesian Economic Survey (also known as National Indonesian Contraceptive Prevalence Survey) concluded that the wantedness status of a birth is related to age of the woman, children ever born and urban residence. Their findings supported that more educated women, urban population with small desired family size (more modern sector) to be more likely to have unwanted fertility. Labbok et al. (1991) reviewed studies related to the factors associated with unplanned pregnancy and/or non-adherence to the rules of the ovulation method of natural family planning conducted in Bangladesh, Kenya and Chile. Based on their review they concluded that the couples who are young, uneducated, experiencing lactation menses and never users of any form of family planning found to be at the highest risk of having an unplanned pregnancy. Sosa (1990) based on their analysis of 2047 pregnant Costa Rican women seeking prenatal care at social security and ministry of health facilities found that about 45 per cent of these pregnancies were unwanted. According to them, unwanted pregnancies were higher for women with 5 or more living children, for single or separated women, women with low educational levels, women belonging to large families and those who never

visited any family planning facility. They stated that the problem of unwanted pregnancy is complex and includes motivation, knowledge, attitude and availability and use of contraception. It also involves lack of opportunities outside of motherhood for women who internationalize attitude limiting them to home and child rearing. Sex role and inability of women to exercise their basic rights are important factors in explaining unwanted pregnancies.

Kwast and Liff (1988) observed that the unwanted pregnancies were more common among women with characteristics determined to predictors of maternal mortality (age, parity, education, occupation, income, marital status and selected antenatal care indicators). Sophocles (1986) observed that the majority of the unwanted pregnancies occur because contraception methods are either not used or are used incorrectly or inconsistently. He noted that most of the Oral Contraceptive related birth control failure resulted from inconsistent use or discontinuation after the development of side effects. Horn (1985) while analyzing the data for the United States observed that the marital status and the labor force status of the women at the time of pregnancy are by far the most important predictor of unintended births.

At the outset it may be mentioned that there are very few studies attempting to estimate prevalence and/or analyzing the determinants of unwanted pregnancies/fertility for either India or Maharashtra. Further, to best of our knowledge there is no study addressing these issues in the context of various communities in India. However, Vlassoff (1990) while comparing the fertility and family planning behavior of rural women in Maharashtra in 1975 with actual outcomes in 1987 concluded that sons were clearly the determinants of the reproductive success in terms of low unwanted fertility.

The National Family Health Survey conducted during 1992-93 (IIPS, 1994) obtained information on each of the births that occurred during the period 4 years prior to the survey as well as current pregnancies on whether they were wanted or not. The results on this for the major states of India are presented in Table-1.1. It may be observed from the table that for India, of the total births including current pregnancies, nearly 23 per cent were unwanted. Of these unwanted births, about 14 per cent were wanted later whereas remaining around 9 per cent were wanted no more. Among the major states, the per cent of unwanted births/pregnancies was highest in West Bengal (35.2 per cent) and Karnataka (34.7 per cent) whereas it was lowest in Gujarat (8.2 per cent). In case of Maharashtra, the per cent of unwanted births/pregnancies was about 22 per cent (15 per cent wanted later and about 7 per cent wanted no more), very close to the national average. In fact there

were 7 states where unwanted fertility was higher than that in Maharashtra. These states are: Assam, Bihar, Karnataka, Orissa, Tamil Nadu, Uttar Pradesh and West Bengal.

Table 1.1: Percent distribution of births during the four years preceding the survey and current pregnancies by fertility planning status for major States and India, NFHS 1992-93.

Name of the State	Wanted Status				Total Unwanted ¹	No. of births
	Wanted then	Wanted later	Wanted no more			
India	76.9	13.8	8.8	22.6	57177	
Andhra Pradesh	85.2	8.9	5.2	14.1	2174	
Assam	71.0	19.2	9.7	28.9	2259	
Bihar	76.3	14.2	9.3	23.5	4167	
Gujarat	91.7	5.7	2.5	8.2	2256	
Haryana	79.6	10.8	9.6	20.4	2086	
Karnataka	65.0	26.9	7.8	34.7	2672	
Kerala	80.1	16.8	2.4	19.2	1889	
Madhya Pradesh	83.0	8.7	7.4	16.1	4333	
Maharashtra	77.4	15.0	7.1	22.1	2389	
Orissa	72.1	17.3	9.4	26.7	2585	
Punjab	84.2	9.7	6.1	16.8	1716	
Rajasthan	85.5	6.0	7.6	13.6	3360	
Tamil Nadu	74.0	16.9	8.7	25.6	1959	
Uttar Pradesh	75.4	13.1	10.8	23.9	9126	
West Bengal	64.7	19.9	15.3	35.2	2513	

1. Sum of wanted later and wanted no more

Kulkarni and Choe (1998) estimated the levels of unwanted fertility in eight Indian states using data from the National Family Health Survey 1992-93. According to their estimates, nearly 31 per cent of the total marital fertility in Maharashtra was unwanted. The corresponding estimates for rural and urban Maharashtra were 29.3 and 33.8 per cent respectively. They further estimated that about one-fourth of the total marital fertility among tribals was unwanted whereas in case of Muslim population it was close to 33 per cent. Kanitkar and Radkar (2000) estimated proportion of definitely not wanted pregnancies to be at 12 per cent of all births during 1988-92 and at 26 per cent (including mistimed) in India. They found that age of the woman, birth order, educational level of woman, place of residence and Hindu religion to be the significant factors associated with

pregnancy planning status of a birth. They further noted that working women are less likely to have mistimed births as compared to the non-working women. It has been observed from the review of the literature that the unwanted fertility is generally higher among women from the areas where family planning services are inaccessible.

In order to understand the issue at hand, the present study was undertaken in the two tribal dominated rural blocks and two Muslim dominated urban blocks of Thane district in Maharashtra. The information whether a particular pregnancy or child is wanted or not may help the health workers in determining the service demand of the specific methods of family planning in their respective populations. This information may also help to initiating specific IEC activities as well as in making services more accessible to the population.

1.3 Objectives of the study

The main objective of the present study is to identify the factors associated with the unwanted pregnancies/births in the tribal and Muslim areas of Maharashtra. The specific objectives of the present study are as follows:

- 1. To study the incidence of unwanted pregnancies/births in the tribal and Muslim populations.**
- 2. To examine the determinants of unwanted pregnancies/births in the two types of populations.**
- 3. To find out the knowledge and use of family planning practices in the two populations.**
- 4. To find out the opinion of the women on the quality of Government health facilities.**

1.4 Survey design

1.4.1 Selection of the District, Community Development Blocks and Primary Sampling Units

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

Firstly, beside being in close geographical proximity to Greater Mumbai, the district is also on the better footing than many other districts in the state in terms of various social, economic and demographic parameters and is considered to be industrially progressive district in the state.

Secondly, according to the 1991 census, of the total population of the district, tribal constituted nearly 18 per cent whereas the per cent share of Muslim population was almost 9 per cent. Thane thus is one such district where both tribal and Muslim populations are in adequate numbers.

A total of four Community Development Blocks (two each from the Tribal and Muslim dominated blocks) were selected from the district for carrying out the actual fieldwork. The selected blocks are: Thane and Bhiwandi (Muslim dominated) and Jawahar and Mokhada (tribal dominated). According to the 1991 census, over 7.13 and 7.49 per cent of the population in Thane and Bhiwandi respectively is Muslim while over 90 per cent of the total population of Jawahar and Mokhada is tribal population.

In all, thirty-two (32) primary sampling units (PSU's) from all the four community development blocks (8 from each of the block) were selected. In case of tribal blocks, 8 villages from each of the two-community development block were selected using the sampling technique known as Probability Proportion to Population Size (PPS). The village population from 1991 census served as the base population for the village selection. On the other hand, while selecting the wards of Thane and Bhiwandi, it was ensured that the selected wards have higher proportion of the Muslim population. Therefore, before selecting the ward, we got the list of the wards with larger share of Muslim population from the Thane Municipal Corporation Office. Once the wards with Muslim dominance were identified, 8 such wards from each of the two blocks were selected using same sampling procedure.

1.4.2 Sample Size

The sample size (number of eligible women) for the present study was finalized after analyzing the data for Maharashtra from NFHS-I on the wanted and unwanted fertility. According to the NFHS-I, nearly 22 per cent of the fertility in Maharashtra was unwanted. Further, Kulkarni and Choe (1998) estimated that a little less than one-third of the total marital fertility rate in the state were unwanted. They also estimated the share of unwanted fertility rate to be about one-fourth of the total marital fertility rate for Schedule Tribes and about one-third in Muslims. Based on these information it was therefore felt that by covering a total of about 2500 eligible women we would get a minimum of about 500 unwanted cases of pregnancy/delivery which would be sufficient for the analysis. Based on this, the sample size for the present study was fixed at the 2600 eligible women (650 from each block).

In case of rural areas, it was decided to interview approximately 40 women from small villages with population of below 500 persons, 60 women from the villages having population ranging between 500-999 persons. In case of the villages with population ranging between 1000-1999 persons the number of women to be contacted was fixed at about 80 women while nearly 120 women were taken from the larger villages (with population of over 2000 persons in 1991). On the other hand, for urban areas, it was decided to interview approximately 80 women from each of the selected ward.

In order to select the eligible woman, Cluster-Sampling Procedure was adopted, After reaching the selected PSU, the village/ward was sub-divided into 3-4 zones arbitrarily. Care was taken to ensure that all these zones were of almost equal size. After doing so one investigator went in each of the zone and went to the first households and asked if there was any currently married women aged 15-44 years and has had a pregnancy and/or delivery during the reference period and if the answer to this question was positive that the women was selected and interviewed. After completing the interview, the investigator went to the next house and asked same question about the eligible women and if the answer was positive then she would conduct the interview otherwise will move to the next house. She continued this way until she achieved the total number of women assigned to her.

The criteria for selecting the eligible women were as follows:

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

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

1.5 Survey Instrument

Two types of questionnaires- namely **Village Questionnaire** and **Woman Questionnaire** were used in the present survey. It may be mentioned that the questionnaires used in the present survey were pre-coded. However, there were few questions included in the village questionnaire, which were open-ended.

1.5.1 Village Questionnaire

The **Village Questionnaire** included questions on wide range of aspects. Besides collecting information pertaining to the population size, area of the village, size of irrigated and non-irrigated land in the village, information on the availability of different type of facilities including educational and health facilities to general facilities such as general stores, paan shop etc. in the village was also obtained in the same questionnaire. The information on the accessibility of different types of services such as connectivity to all weather roads, bus stand and railway stations, postal, telegraphic and communication services etc. were also collected in the village questionnaire. Further opinions of the local leaders related to the population issues in their village and in general were also sought in the same questionnaire. It may be mentioned here that the village questionnaire was used only in Jawahar and Mokhada blocks.

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

It may be specified here that the village questionnaire was used only in Jawahar and Mokhada blocks.

1.5.2 Woman Questionnaire

The **Woman Questionnaire** had three sections:

Section-I: Questions related to the background characteristics such as caste, religion, education of the women, husband and parent-in-laws, occupation, age, number of children living, dead as well as number of still births, induced and spontaneous abortions etc. of the woman have been included in this section. Beside this, information on type of house, source of drinking water, electricity, sanitation facility etc. too are included in this section. In addition to this, few questions related to the possession of various household items and livestock, decision making power of the women and her exposure to various types of mass media too are included in this section. It is expected that the inclusion of the decision making power of the woman in the household could enable us in understanding the issue of unwanted fertility.

Section-II: This section contained questions related to the knowledge and use of family planning among the couples. Further, information on source of family planning, health problems due to family planning use and medical care sought for the health problems, reasons for current non-use of family planning, future intentions of use and desire for additional children and ideal family size and its sex composition etc. have also been obtained in this section.

In addition to the current use of family planning, the details on use of family planning, reason for non-use, advice by the health worker on family planning etc. prior to each of the pregnancy/delivery that the woman has undergone during the past four years have been collected in this section. Further, the question related to whether the pregnancies/births that took place during the reference period, were wanted or not and the reason for not wanting etc. too have been included in this section.

Section-III: Contains question on visit by the health worker in the past one year period as well as women's visit to the government health facility along with her opinion on various components of the availability and accessibility of government health services in their area. The questions related to the ANM's visit to the women were asked in Jawahar and Mokhada blocks only.

Pre-testing of the questionnaire was done in the Lohiya nagar area of Pune and the necessary changes in the questionnaire were incorporated. It may be mentioned that we used Marathi questionnaire for Jawahar and Mokhada blocks and Hindi questionnaire for Thane and Bhiwandi blocks. The questionnaires used in the survey are included in the report.

1.6 Field Work

The fieldwork for the present work was carried out during April to August 1999 by the team of trained field investigators. It may be mentioned here that we employed separate teams for Jawahar-Mokhada blocks and Thane-Bhiwandi blocks to carry out the fieldwork. With the view of getting better response and cooperation, it was decided to take the local investigators from Thane to do the fieldwork in Thane and Bhiwandi blocks. A total of three male investigators and seven female investigators were employed to do the fieldwork. Prior to the start of the fieldwork, the field investigators were given one-week training. The project coordinator closely supervised the fieldwork. The list containing names of the members of research team is provided in Annexure-4.

1.7 Profile of the District and Selected Community Development Blocks

Thane accounted for nearly 7 per cent of the population of the state and was the third largest district after Greater Mumbai and Pune in 1991. During the decade 1981-91, the district had experienced an unprecedentedly higher rate of growth of population. As a matter of fact, the rate of growth of the population for the decade 1981-91 was more than doubled for Thane (56.62 per cent) as against that of the state average (25.73 per cent). The number of persons per square kilometer land was far more in the district (549 as against of 257 for the state). In 1991, nearly two-third of the district's population lived in urban areas whereas the corresponding figure for the state was close to 40 per cent only. The overall sex ratio of the population in the district was far lower than that of the state, indicating shortage of female population.

Despite the fact that nearly 20 per cent of the district population in 1991 belonged to Scheduled Tribes, the district, on the whole, seems to have performed slightly better as compared to the state average when it comes to education. However the district has a long way to go before achieving universal literacy. The 1991 census reveals that a relatively

larger proportion of the households in the district than the state average had access to basic amenities such as sanitation facility, safe drinking water, electricity etc.

In Table-1.2 we have compared selected indicators for the Thane, Bhiwandi, Jawahar and Mokhada blocks with that of the district as a whole for the period 1991 taken from the census of Maharashtra, 1991. It may be observed from the table that the decadal population growth rate was more than one hundred per cent for Thane block (103.15 per cent) and was also higher in Bhiwandi (57.91 per cent) than the district average. On the other hand, the growth of the population during 1981-91 was much slower in both the tribal blocks (28.49 and 27.99 per cent for Jawahar and Mokhada blocks respectively).

As one would expect, the population density too was very high in both the T-B blocks (3645 and 1011 persons per square kilometer respectively in Thane and Bhiwandi blocks) as against of 166 in Jawahar and 172 in Mokhada. It may be mentioned here that the blocks Thane and Bhiwandi are almost like suburbs of Greater Mumbai and a large number of people working in Mumbai live in these areas as the accommodation here is relatively cheaper. Further these areas are well connected by local railway and roadway systems.

With respect to the urbanization level, it may be observed that Thane block was completely urban as over 99 per cent of block population in 1991 lived in urban areas whereas in case of Bhiwandi a little less than two-third of the block population lived in urban areas. On the other hand, only about 6 per cent of the block population of Jawahar in 1991 lived in urban areas whereas Mokhada was a completely rural block. Except for Jawahar (which had a sex ratio of 1000, indicating that in 1991 number of males in Jawahar was same as number of females) the sex ratio of the total population in all other three blocks was in favor of males, the gaps being unusually wider in Bhiwandi. For example, in 1991, there were only 734 females for every 1000 males in Bhiwandi. Similarly, in Thane, there were only 848 females for every 1000 males. The gap between the male-female population was smallest in Mokhada (980 females for every 1000 males).

In terms of the literacy rates, it may be noticed that Thane and Bhiwandi blocks had done far better than Jawahar and Mokhada. Over 82 and 64 per cent of the population of Thane and Bhiwandi blocks in 1991 was literate as against of just about 28 per cent in Jawahar and 26 per cent in Mokhada.

Table 1.2: Comparison of the selected variables of the two community development blocks with that of Thane district, 1991.

Variables	THANE	COMMUNITY DEVELOPMENT BLOCKS			
	DIST.	THANE	BHI'DI	JAW'R	MOK'A
Population	5249126	1297441	626056	140671	82215
Area (in square kilometers)	9558.0	355.92	619.26	847.89	478.35
Decadal pop. Growth rate*(%)	56.62	103.15	57.91	28.49	27.99
Population density	549	3645	1011	166	172
Percent-urban-population	64.64	99.17	64.12	6.63	0.00
Sex Ratio**	870	848	734	1000	980
Literacy rate (exc. 0-6 pop.)	69.54	82.22	61.26	28.29	25.63
Work Participation Rate	39.85	33.99	43.48	55.10	55.52
Female Work Part. Rate	22.75	10.93	19.00	53.75	55.05
Pct Schedule Caste pop.	5.18	5.26	3.38	0.81	0.70
Pct Schedule Tribe pop.	18.12	8.24	21.81	89.30	93.52
Pct vill. With one edu. Facil.	96.01	93.33	96.12	100.0	100.0
Pct vill. With medical facil.	15.72	6.67	15.05	5.56	6.33
Pct vill. With drink. Water	100.0	100.00	100.00	100.0	100.0
Pct vill. With Post & Teleg.	16.26	6.67	11.17	15.87	13.92
Pct vill. With Communic.	65.87	46.67	68.93	63.49	49.37
Pct vill. App' by Pucca Rd.	52.35	33.33	72.33	36.51	3.80
Pct vill. Elect. for Dom. Use	98.39	100.00	96.12	100.0	100.0
Pct houses electrified	79.11	90.64	85.15	31.62	24.16
Pct HHs having sanitat. Facil.	46.60	63.25	30.56	2.62	1.89
Pct HHs with safe drink. Wat.	65.70	87.47	67.51	6.70	6.41
Pct HHs LPG & Ele. For cook.	28.59	33.68	8.82	0.74	0.35

* Refers to 1981-91 and ** Females per 1000 Males.

- Sources: 1. District Census Handbook-Thane, Part XII-A and B. 1995. Series-14 Maharashtra, Census of Maharashtra, 1991. Directorate of census operations, Maharashtra.
2. Tables on Houses and Household Amenities, Part VII. 1993. Series-14, Maharashtra, Census of Maharashtra, 1991. Directorate of census operations, Maharashtra.

With respect to the educational status of the female population, it may be mentioned that about three-fourth of the females in Thane and about half of them in Bhiwandi were literate in 1991. On the other hand, in Jawahar and Mokhada only about 16-18 per cent of the females were literate. When it comes to the participation of females into the labor

force, it may be noted that relatively larger proportion of females in Jawahar (53.75 per cent) and Mokhada (55.05 per cent) were economically active compared with Thane (10.93 per cent) and Bhiwandi (19 per cent). Over 89 and 93 per cent of the population of Jawahar and Mokhada in 1991 was tribal population.

Coming to the various infra-structural facilities at the village level, it may be seen from the table that in Jawahar and Mokhada, only about 6 per cent of the villages in 1991 had any medical facility within the village. Postal and telegraphic facilities were available in only about 14-16 per cent of the villages (the per cent of villages having this facility was only about 7 per cent in Thane and 11 per cent in Bhiwandi). Further, a little over one-third of the villages in Jawahar and only about 4 per cent of them in Mokhada were approachable by Pucca road. Nearly half of the villages in Mokhada and about one-third of them in Jawahar did not have any communication facility.

At the household's level, large proportion of the households in these blocks, particularly in tribal blocks were deprived of basic amenities such as safe drinking water, electricity and sanitation facility. For example, only about 24 and 32 per cent of the houses in Jawahar and Mokhada respectively were electrified as against of 91 per cent in Thane and 85 per cent in Bhiwandi. Likewise, a mere of 2 to 3 per cent of the households in Jawahar and Mokhada had any type of sanitation facility available to them compared with nearly 63 per cent in Thane and 31 per cent in Bhiwandi. The per cent of households having access to safe drinking water was only about 6-7 per cent in tribal blocks whereas in Thane and Bhiwandi their share was over 87 and 67 per cent respectively. Further nearly one-third of the households in Thane and only 9 per cent of them in Bhiwandi were using LPG for domestic cooking. On the other hand, majority of the households in Tribal blocks use traditional sources of fuel (mainly wood/cow-dung) for domestic cooking.

Thus the data in the Table-1.2 suggests that both the tribal blocks lag behind considerably on almost all the fronts. On the other hand, Thane and Bhiwandi, though have exhibited better performance on these indicators as compared to the tribal blocks they still have to improve in certain areas. Further, between the T-B blocks, Thane stands far ahead of Bhiwandi on almost all the indicators included here. Nevertheless, Bhiwandi is better as compared to the tribal blocks. Between the tribal blocks, Jawahar has done better than Mokhada on all fronts.

Chapter 2

Profile of the Surveyed Villages and Households

In the present chapter we attempt to discuss the detail profile of the villages as well as the profile of the eligible women covered in the present study. This includes information on population size, area of the village, distance from the village to the district head quarter, nearest town, availability of different type of facilities including transportation, electrification, drinking water, educational and health facilities, general/kirana stores, paan shop etc. in the village. The information on the accessibility of different types of services such as connectivity to all weather roads, bus stand and railway stations, postal, telegraphic, banking and communication services etc. have also been discussed in this chapter. In addition to this, information on various health and family planning activities in the villages in the past one year period is also included in this chapter. It may be mentioned that we have not included the tables pertaining to the data in this section. However, the detail tables are available in the another report by Ram (1999) and can be obtained from the author on request.

At the household level, data related to the various basic household amenities such as source of drinking water, light, sanitation facility, type of house and number of room along with the availability of separate kitchen, type of fuel used for cooking and land ownership by the households have been included in this chapter. The educational level of the husband and parent-in-laws of the woman has also been included here. Apart from this, an attempt is also made to examine the standard of living of the household with the help of an index. The details of the construction of the index are given in Annexure-1.

It may be mentioned here that from now onward we would refer to Jawahar and Mokhada blocks jointly as J-M blocks. Similarly Thane and Bhiwandi blocks together would be referred as T-B Blocks.

A total population of 16344 (consisting of 8124 males and 8220 females) was covered in the present survey. The sex composition of the population surveyed by block is presented in the Table 2.1.

Table 2.1: Population by sex surveyed in each of the block.

Popul'n	Jawa'r	Mok'a	J-M Block	Thane	Bhiw'i	T-B block	Total
Male	1983	2018	4001	1893	2230	4123	8124
Female	2140	2110	4250	1838	2133	3970	8220
Persons	4123	4128	8251	3730	4363	8093	16344
No. HHs	642	653	1295	659	652	1322	2606

Note: HHs means households.

2.1 Profile of the Selected Villages in Jawahar and Mokhada

It may be mentioned that out of the sixteen villages selected in these tribal blocks, 5 of the villages had population ranging between 500-999 persons in 1999 when the survey was conducted and another 3 villages had population ranging between 1000-1499 persons. Four each of the villages had a population between 1500-1999 persons and over 2000 persons respectively. The distribution of villages by the availability of various types of services available reveals that all of the 16 villages seem to be distantly located from the district head quarter as only one of the selected village was within 30 kilometers away from the district head quarter. The distance from the nearest town to the village was less than 10 kilometers for 3 villages whereas it was about 10-20 kilometers for 5 villages. In case of remaining villages the distance to the nearest town was by more than 20 kilometers.

Transportation Facilities

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

Electrification, Drinking water and Drainage System

Although, all the 16 selected villages were electrified, there were 6 villages where electricity supply was reportedly often irregular. None of the 16 villages had safe drinking water available as 'Well' was reported to be the main sources of drinking water in all the 16 villages. One village did not have drainage system at all whereas remaining 15 villages had open drainage system.

Educational Institutions

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

Postal and Telegraphic, Communication and Banking services

The Post Office was located in 4 of the selected villages whereas telegraphic service was available in only 3 of the villages. None of the 16 selected villages had public communication centre. Further the distance to the nearest communication centre was more than 5 kilometers for all of the 16 villages. One village has a bank functioning in the villages whereas for 3 of the villages banking services was available at a distance of less than 5 kilometers.

Health Infrastructure and Personnel

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

In addition to this, private doctor was available in 2 of the villages, while 4 of the villages have a visiting doctor. The Village Health Guide (VHG) was reportedly available in only

5 of the 16 villages whereas in 13 of the selected villages Traditional Birth Attendants (TBAs) was available within the village. Mobile Health Unit was coming to only three villages.

Other Social and Community Facilities

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

Telephones and Television to the households

With respect to the availability of communication facility, it is observed that 4 villages did not have any telephone connection in any of the households whereas there are 7 villages where five or fewer households had telephone connection. In one of the selected village, none of the households have television whereas there were 8 villages where five or fewer households had television.

Health and Family Planning activities organized in past one year

It is surprising to note that out of the total 16 villages, in as many as 12 villages, not a single health and family welfare camp was organized during the reference period whereas in case of the remaining 4 villages only one such camp was organized.

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

2.2 Profile of the Surveyed Households

As mentioned earlier, in all 2606 women were contacted in the present survey. Of these, 1295 were from J-M blocks and 1311 from T-B blocks. In the present survey, from these women, information related to various characteristics of their respective households such as source of light, drinking water, sanitation facility, type of house, availability of separate kitchen and fuel used for cooking, land ownership, possession of various household items and livestock etc. were obtained. In addition to this, information was also collected on the educational status of the parent-in-laws as well as that of the husband from the women.

Table-2.2 gives the selected characteristics of the surveyed households for J-M and T-B Blocks separately and also for all the blocks together (last column of the table). It may be observed from the Table that in J-M blocks over 90 per cent of the surveyed women lived in the households where 'well' was the main source of drinking water whereas in case of T-B blocks in all the households tap was the main source of drinking water. Over 60 per cent of the women in J-M blocks lived in the houses that were not electrified and used oil lamp for light. On the other hand, in T-B blocks almost all the surveyed households had electricity for domestic use. Only a handful of the households in J-M blocks had any type of sanitation facility. In case of T-B blocks, common latrine was available to over 61 per cent of the households and another about 31 per cent had flush latrines.

Most of the households in J-M blocks lived in either Kachcha (74.7 percent) or Semi-Pucca (15.4 per cent) houses. In T-B blocks, about 88 per cent of the households lived in Pucca or semi-pucca houses whereas only about 12 per cent of the households lived in Kachcha houses. It may be mentioned here that for the classification of Kachcha, Semi-Pucca and Pucca houses we have used 1991 census definitions.

Separate room for kitchen was available to only about 39 per cent of the households in J-M blocks whereas in case of T-B blocks it was available to about half of the households. Approximately 93 per cent of the households in J-M blocks and about 81 per cent of them in T-B blocks lived in one-room houses. There were about 16 per cent of the households in T-B blocks living in two room houses. Almost all the households in J-M blocks used wood as fuel for domestic cooking whereas about 31 per cent of the households in T-B blocks used LPG while Kerosene was used by as many as 61 per cent of the households.

Table 2.2: Distribution of the surveyed households by the selected background characteristics.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Main Source of Drinking Water			
Tap	4.4	100.0	52.6
Hand-Pump	1.7	0.0	0.8
Well	91.7	0.0	45.5
River/Pond/Stream	2.0	0.0	0.9
B: Source of Light			
Electricity	39.5	99.9	69.9
Oil lamp	60.5	0.1	30.1
C: Type of sanitation facility			
Flush	1.2	31.2	16.3
Pit/Latrine	4.9	7.5	6.2
Common Latrine	2.3	61.3	32.0
No facility/Open field/Bush	91.3	0.0	45.5
D: Type of House			
Pucca	9.9	47.2	28.7
Semi-Pucca	15.4	40.3	27.9
Kachcha	74.7	12.5	43.4
E: Number of rooms*			
One room	92.7	80.7	86.7
Two rooms	5.6	16.3	11.0
Three rooms	1.3	2.3	1.8
Four or more rooms	0.4	0.7	0.5
F: Availability of separate kitchen			
Yes	39.2	50.6	45.0
No	60.8	49.4	55.0
G: Type of Fuel used for cooking			
Wood	98.3	0.5	49.1
Kerosene	0.8	61.0	31.1
LPG	0.8	37.1	19.1
Coal/Bio-gas etc.	0.0	1.5	0.7
H: Size of Land Ownership			
None	32.7	97.3	65.2
Up to 2 Acres	11.7	0.7	6.1
3-4 Acres	9.8	0.1	4.9
5-9 acres	19.8	0.2	10.0
10 acres and More	7.3	0.4	3.8
Do not know	18.7	1.4	10.0
Total	100.0	100.0	100.0
(Number of women)	(1295)	(1311)	(2606)

* Excluding kitchen.

At the outset it may be mentioned that none of the villages in both the blocks-Jawahar and Mokhada had any type of irrigation facility. It may be observed from panel-H of table-2.2 that about one-third of the households in J-M block did not own any land. In other words, 3 in every 10 households interviewed in the present survey in these villages were land-less. The share of land-less households was slightly lower in Jawahar than that in Mokhada. In addition to this, a sizeable proportion of the households in J-M blocks owned a land of less than 4 acres (nearly 21 per cent). It may further be mentioned that about 19 per cent of the women in J-M blocks did not know whether their households own any land or not. Only less than 3 per cent of the households in Thane and Bhiwandi blocks owned any land.

2.2.1 Differentials across Thane and Bhiwandi

It may be mentioned here that there were vast differentials across Thane and Bhiwandi blocks in terms of the household characteristics of the surveyed households. The data on the selected indicators for Thane and Bhiwandi is presented in Table-2.3. It may be observed from the table-2.3 that even though, sanitation facility was available to most of the households in Bhiwandi, a larger proportion of them were using common latrines (over 91 per cent) as against about 32 per cent in Thane block. Further, nearly 62 per cent of the households in Thane had flush latrines whereas in Bhiwandi none of the households had flush latrines.

Another striking difference was noted in terms of number of rooms. In Thane, about 68 per cent of the households were living in one-room houses whereas in Bhiwandi nearly 93 per cent of them were living in one-room houses. The per cent of households living in two room houses was around 28 per cent in Thane as against nearly 4 per cent in Bhiwandi. Similarly, about 84 per cent of the households in Bhiwandi as compared to over 38 per cent in Thane were using Kerosene for domestic cooking. On the other hand, the per cent of households using LPG was much higher in Thane (nearly 61 per cent) as compared to that in Bhiwandi (13 per cent).

Further, the per cent of households living in Pucca houses was over 75 per cent in Thane whereas it was only about 19 per cent in Bhiwandi. Also, the per cent of households living in Semi-pucca houses was just 20 per cent in Thane whereas in Bhiwandi it was around 61 per cent. At the same time about 21 per cent of the households in Bhiwandi as against a little over 4 per cent in Thane live in Kachcha houses.

Fig. 2.1
Background characteristics of the surveyed households

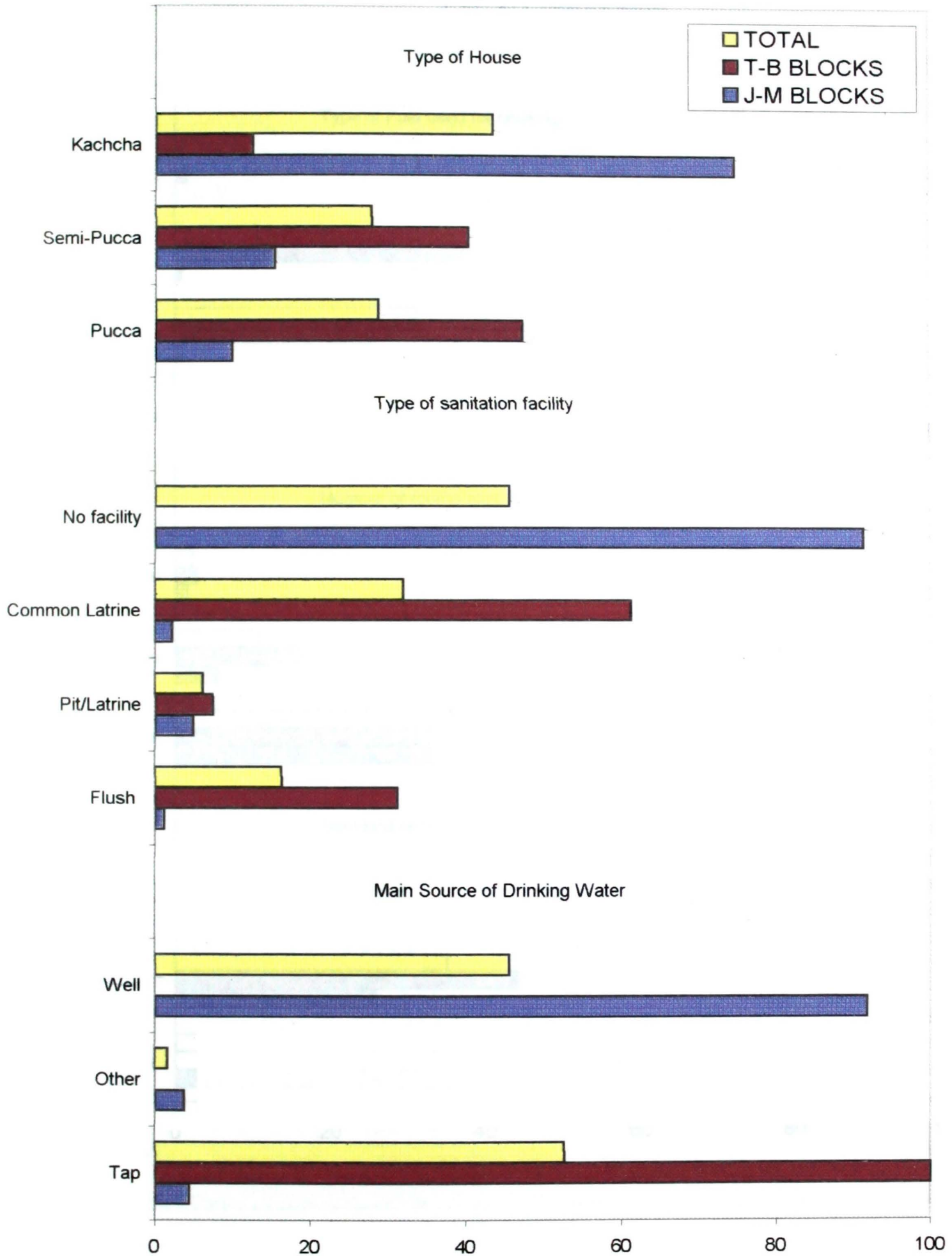


Fig. 2.1 Continued

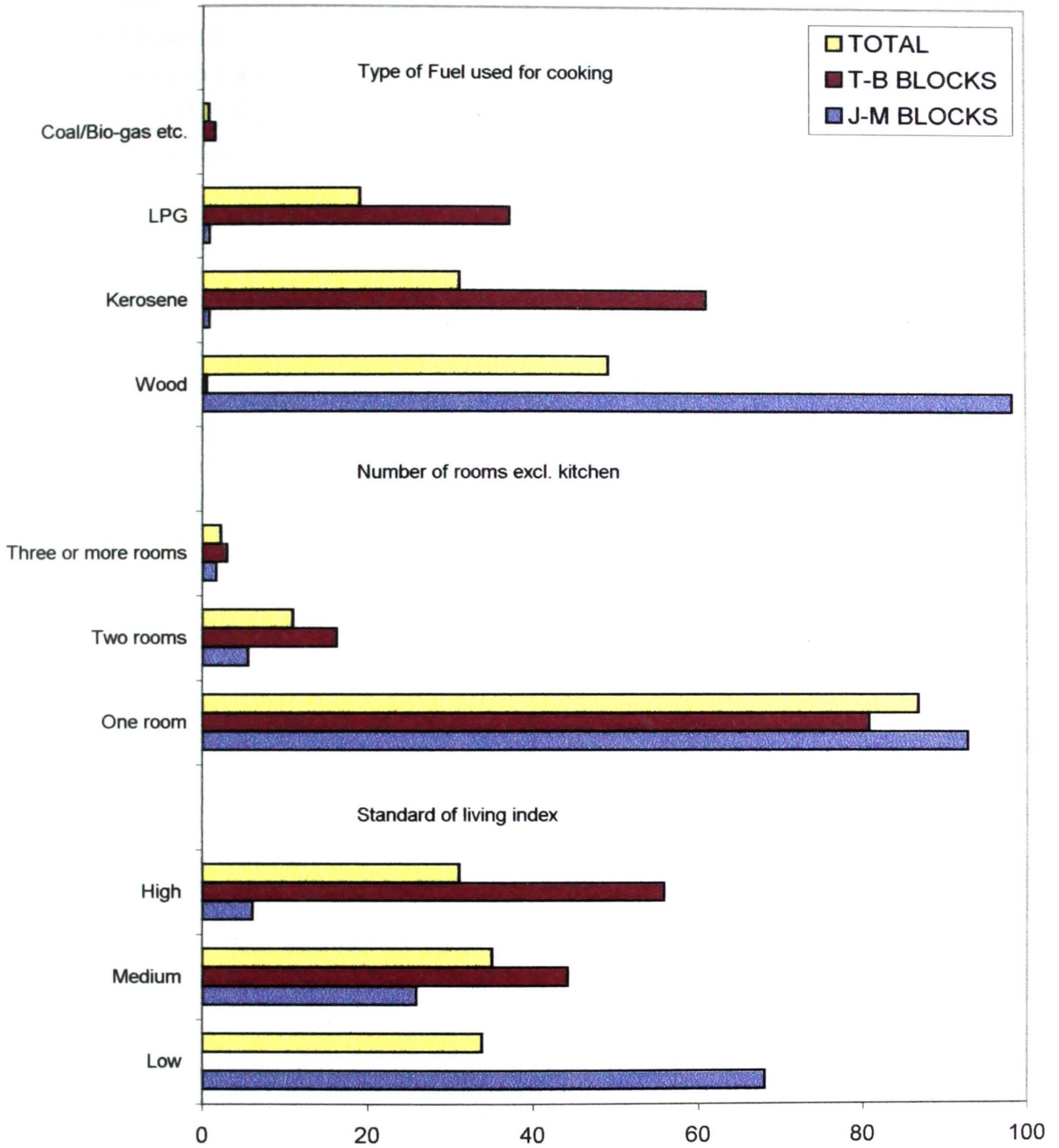


Table 2.3: Distribution of the surveyed households by the selected background characteristics for Thane and Bhiwandi.

Name of the Variable	Thane Block	Bhiwandi Block
A: Type of sanitation facility		
Flush	62.1	0.0
Pit/Latrine	6.1	8.9
Common Latrine	31.9	91.1
No facility/Open field/Bush	0.0	0.0
B: Type of House		
Pucca	75.4	18.7
Semi-Pucca	20.2	60.6
Kachcha	4.4	20.7
C: Number of rooms*		
One room	68.4	93.1
Two rooms	28.2	4.3
Three rooms	3.0	1.5
Four or more rooms	0.3	1.1
D: Availability of separate kitchen		
Yes	73.1	27.9
No	26.9	72.1
E: Type of Fuel used for cooking		
Wood	0.0	0.9
Kerosene	38.4	83.9
LPG	60.8	13.0
Coal/Bio-gas etc.	0.8	2.1
Total	100.0	100.0
(Number of women)	(659)	(652)

*** Excluding kitchen.**

2.3 Socio-Economic Characteristics of the Surveyed Households

In this section, we analyze the data on the educational status of the parent-in-laws as well as the husband of the respondent. Also the information on the Standard of Living Index of the households had also been discussed in this section.

2.3.1 Educational status of the Parent-in-laws and Husband

Table-2.4 gives data pertaining to the educational status of the parent-in-laws as well as of the husband of the respondent. With respect to the educational status of the parent-in-laws of the respondent, it may be said that in most of the instances they were either illiterates or had completed very few years of schooling. For example, in a little less than two-third of the households in J-M blocks and about one-third of them in T-B blocks, father-in-law was illiterate. At the same time, in very few of the cases father-in-laws had completed 8 or more years of formal schooling.

Table 2.4: Distribution of the eligible women by the educational status of Parent-in-laws and Husband.

	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Father-in-law			
No Schooling/Illiterate	62.7	31.2	46.9
1-7 Years	3.5	10.9	7.2
8 or More years	0.9	9.7	5.3
Not alive	30.8	36.8	33.8
Do not know	2.0	11.4	6.7
B: Mother-in-law			
No Schooling/Illiterate	81.4	54.8	68.0
1-7 Years	2.4	10.4	6.5
8 or More Years	0.2	4.7	2.4
Not alive	15.7	20.7	18.2
Do not know	0.3	9.5	4.9
C: Husband			
No Schooling/Illiterate	66.3	22.8	44.4
1-7 Years	10.0	22.2	16.2
8-10 Years	17.9	32.0	25.0
More than 10 Years	4.6	19.1	11.9
Do not know	1.1	3.8	2.5
Total (Number of women)	100.0 (1295)	100.0 (1311)	100.0 (2606)

The educational status of mother-in-law, as one would expect, is poorer than what is observed for father-in-law. Only in a handful of the instances mother-in-law had any formal schooling. With regards to the educational levels of the husbands it may be observed from the last panel of the Table-2.4 that in over two-third of the cases in J-M

blocks, husbands were illiterate (66.3 per cent) and very few have completed 8 or more years of schooling. In fact, in about 18 per cent of the cases, husbands had completed 8-10 years of schooling. On the other hand, in T-B blocks, only in about 22 per cent of cases husbands were illiterate whereas nearly 19 per cent of them had completed 10 or more years of schooling.

2.3.2 Standard of Living Index of the Households

Table-2.5 gives the distribution of the surveyed households by standard of living of the households. The details of the construction of standard of living index and their classification into low, medium and high category is presented in the Annexure-1. It may be observed from the table that about one-third of the total households under study belong to 'Low' standard of living category whereas another 35 per cent belong to 'Medium' category. The remaining about 31 per cent of the households belonged to 'High' standard of living category.

Table 2.5: Distribution of the eligible women by the Standard of Living Index of the households.

Standard of Living Index	J-M BLOCKS	T-B BLOCKS	TOTAL
Low	68.0	0.0	33.8
Medium	25.9	44.2	35.1
High	6.1	55.8	31.1
Total	100.0	100.0	100.0
(Number of women)	(1295)	(1311)	(2606)

The distribution of the households across the J-M blocks and T-B blocks reveals that on an average, standard of living of the surveyed households is better in T-B blocks as compared to that in J-M blocks. For example, over two-third of the households in J-M blocks belong to 'Low' category whereas the per cent of households in this category was zero in T-B blocks. Further, nearly 44 per cent of the households in T-B blocks as against of about 26 per cent in J-M blocks belong to 'Medium' category. On the other hand as many as about 56 per cent of the households in T-B blocks belong to 'High' standard of

living category whereas the per cent of such households in J-M blocks was only 6 per cent.

It may be mentioned that though there are no significant differentials across Jawahar and Mokhada in terms of the distribution of household by standard of living categories they differ markedly from one another when compared for Thane and Bhiwandi. For example, close to 70 per cent of the households in Bhiwandi as against of just about 19 per cent in Thane belong to Medium standard of living group. On the other hand, there were 80.7 per cent of the households in Thane, which belong to High standard of living category whereas the per cent of such households was only 30.5 per cent in Bhiwandi (Table 2.6)

Table 2.6: Distribution of the eligible women by the Standard of living Index of the households.

Standard of Living	JAW'R	MOK'A	THANE	BHIW'I
Low	61.4	74.6	0.0	0.0
Medium	30.2	21.7	19.3	69.5
High	8.4	3.7	80.7	30.5
Total	100.0	100.0	100.0	100.0
(Number of women)	(653)	(642)	(659)	(652)

Chapter 3

Socio-economic and Demographic Characteristics of the Eligible Women

The present chapter contains analysis of the relevant data on the selected socio-economic and demographic characteristics of the eligible women covered in the present study. Beside the regular characteristics, an attempt has been made to study the extent of involvement of the women in the decision making process in the household on various issues to women themselves and their children as well as her exposure to different kind of mass media.

In the present survey seven questions related to the decision making power of the women in the household were asked. The questions included were: Who decides on what items to cook? Health care for yourself/children? On children's education? Purchase of jewellery/major items for households? Going or staying with parents or sibling? Going to the market? Visit to relatives or friends? The responses received on these questions have been converted into an index of women empowerment. Based on the score of the index, the women have been divided into three sub-groups of Low, Medium and High decision making power. The details of the construction of index as well as classification into three sub-groups are provided in Annexure-1.

Exposure to different types of mass media is expected to bring about favorable changes in the knowledge, attitude and practices which could further strengthen the process of social and economic development in any population. It has been found that those women who have some amount of exposure to the outside world by way of interaction with different mass media also have highly favorable attitude towards various social and development policies. With this in mind, it was decided to obtain information from the women on their exposure to different types of mass media (reading newspaper/magazine, listening to radio, watching television and going to cinema halls for film viewing). The responses to all these four questions have been converted into a index of mass media exposure and the details of the methodology is given in Annexure-1.

3.1 Social and Economic Characteristics of the Surveyed Women

Table-3.1 gives the distribution of the eligible women by selected socio-economic characteristics such as religion, caste, education, occupation, decision making power and exposure to various kinds of mass media. It is evident from the data that almost all of the women surveyed in J-M blocks belonged to Hindu religion (99 per cent) whereas in case of T-B blocks over 97 per cent belonged to Muslim religion. About 96 per cent of the eligible women in J-M blocks belonged to Scheduled Tribes. Thus out of the total eligible women covered in the survey, nearly half each belonged to Scheduled Tribes and Muslim religion.

With respect to the educational status of the eligible women it may further be observed from the table that over 82 per cent of the women in J-M blocks and about 37 per cent of them in T-B blocks had no formal education. In other words, about 8 and 4 in every 10 women in these blocks respectively were illiterate. Further the per cent of women with 10 or more years of schooling is virtually zero in J-M blocks whereas in T-B blocks, they constituted nearly 11 per cent of the total women.

Coming to the occupational status of the women, except for about 7 per cent of the women who said they were only housewives, rests other in J-M blocks were involved in some economic activity or the other. Approximately 55 per cent of the women worked on someone else's farm as laborer whereas another 34 per cent worked on their own farms. It may be pointed out that the percent of women working on other's farm is much higher in Mokhada (over 60 per cent) compared with Jawahar (about 49 per cent). Further only a handful of the women in J-M blocks were working in organized sector. In case of T-B blocks, the per cent of women engaged in any economic activity was very little as over 93 per cent of the women reported being 'housewives' exclusively. Further, most of the economically active women in T-B blocks were self-employed. Out of the working women, about 58 per cent in J-M blocks and nearly 7 per cent in T-B blocks reported that they were paid for the work they did.

Table 3.1: Distribution of the eligible women by selected socio-economic characteristics.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Religion			
Hindu	99.1	2.0	50.2
Muslim	0.0	97.2	48.9
Other	0.9	0.8	0.8
B: Caste			
Schedule Tribes	96.1	0.0	47.7
Other Backward Castes	1.5	0.8	1.2
Other Castes	1.5	1.1	1.3
No Caste	0.9	98.0	49.8
C: Completed years of schooling			
No Schooling/Illiterate	82.2	36.9	59.4
1-4 Years	2.2	4.8	3.5
5-7 Years	7.2	20.0	13.6
8-10 Years	21.6	27.1	17.4
More than 10 Years	0.8	11.2	6.1
D: Occupation			
Housewife	7.4	93.5	50.7
Works on own land	34.2	0.0	17.0
Works on others land	54.7	0.0	27.2
Service	3.0	1.4	2.2
Self Employment	0.2	3.7	2.0
Tailor	0.4	1.4	0.9
E: Whether get paid for work			
Yes	58.2	6.5	32.2
No	41.8	93.5	67.8
Total	100.0	100.0	100.0
(Number of women)	(1295)	(1311)	(2606)

3.2 Decision-making power of the women and her exposure to mass media

It may be observed from the Table 3.2 that on the whole very few women seem to have any decision making power in the households. It is interesting to note that on all the indicators that have been described so far, T-B blocks have been doing better than J-M blocks.

However, when it comes to the index of women empowerment, it is observed that the percentage of women with 'Low' decision making power was about 37 per cent in J-M blocks whereas the corresponding figure for T-B blocks was almost 50 per cent. In other words, almost half of the women in T-B blocks and about one-third of them in J-M blocks had very little say in the households on the issues related to either themselves or their children

Table 3.2: Distribution of the eligible women by the index of decision making power in the households and exposure to mass media.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Decision Making Power			
Low level of women empowerment	36.6	49.6	43.1
Medium level of women empowerment	43.1	23.4	33.2
High level of women empowerment	20.3	27.0	23.7
B: Exposure to Mass Media			
No Exposure to Mass Media	82.7	11.0	46.6
Some Exposure to Mass Media	17.3	89.0	53.4
Total (Number of women)	100.0(1295)	100.0(1311)	100.0(2606)

Further, about 27 per cent of the women in T-B blocks and nearly 20 per cent of them in J-M blocks did have good amount of control in taking decisions on the issues related to themselves and their children. It may be observed from the same table that the majority of the women (nearly 83 per cent) in J-M blocks did not have any exposure to any kind of mass media. On the other hand, there were only about 11 per cent of the women in T-B blocks who did not have any exposure to mass media. The rest of them did have some exposure to different types of mass media.

It may be interesting to see how these women are doing on each of the questions covered under exposure to various types of mass media. The results on this are given in Table- 3.3 for two types of blocks separately as well as together. In Table-3.3a we have also given the results on this aspect separately for each of the four blocks.

The data in Table-3.3 reveals that nearly 58 per cent of the literate women in all the four blocks reported reading newspaper at least once a week. Out of the total women about 34 and

Fig. 3.1
Eligible women by decision making power and exposure to mass media

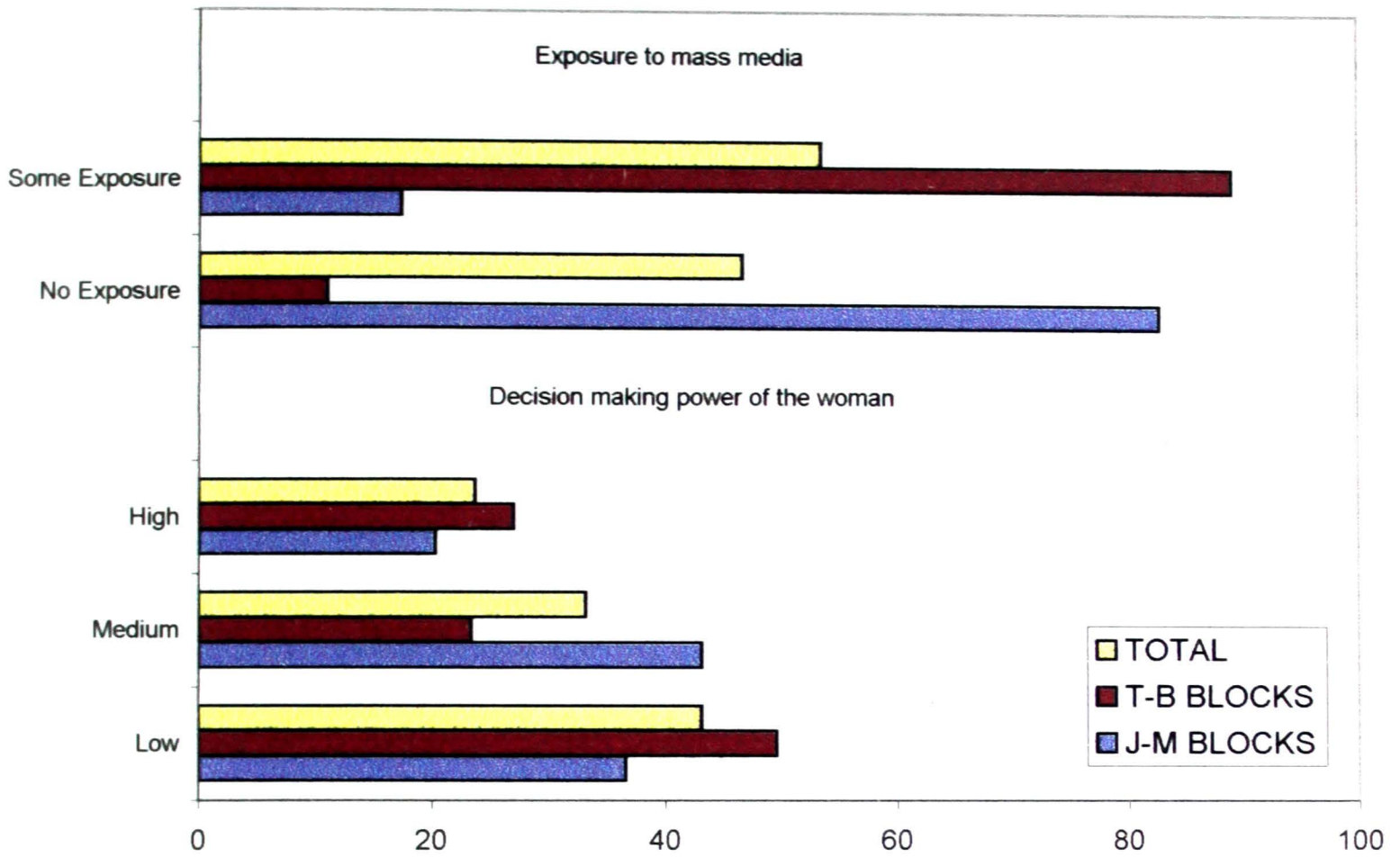


Fig. 3.2
Mean present age and mean age at marriage of the eligible women



40 per cent respectively listened to a radio and/or watched television once a week. Only less than 5 per cent of the total women reportedly went to the cinema hall to watch a film.

Table 3.3: Distribution of eligible women by exposure to different types of mass media.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOT- AL
Per cent women read Newspaper/Magaz. once a week	50.9	59.7	57.8
Number of literate women	230	827	1057
Per cent women listening Radio once a week	10.6	57.6	34.2
Per cent women watching television once a week	11.0	68.0	39.6
Per cent women going to cinema hall once a month	1.4	8.0	4.7
Number of women	1295	1311	2606

Coming to the differentials across two types of blocks it may be observed from the same table that out of the total literate women, nearly half in J-M blocks and about 60 per cent in T-B blocks reported reading newspaper and/or magazines at-least once a week. The per cent of women reporting reading newspaper and/or magazine was slightly higher in Jawahar (nearly 59 per cent) as compared to that in Mokhada (42 per cent). Similarly their share was larger in Thane (around 73 per cent) as compared to that in Bhiwandi (close to 37 per cent), table 3.3a.

Only 11 per cent of the women reportedly listened to radio and/or watched television once a week in the J-M blocks. On the other hand, in T-B blocks about 58 per cent and 68 per cent of women respectively reported listening to radio and/or watching television. Once again, a relatively larger proportion of women in Jawahar (16 per cent) as compared to Mokhada (5-6 per cent) listened to radio and/or watched television. Further, the per cent of women either listening to radio and/or watching television was higher in Thane (54 and 85 per cent respectively) as compared to Bhiwandi (61 and 51 per cent respectively). The practice of going to the theatre for seeing films seems to be completely absent amongst the surveyed women in J-M block and Bhiwandi as only about one per cent of them went to watch film in

the theatre once a month. Nevertheless, about 15 per cent of the women in Thane block reported that they went to see a film in theatre once a month.

Table 3.3a: Distribution of eligible women by exposure to different types of mass media separately for all the blocks.

Name of the Variable	JAW'R	MOK'A	THAN	BHIW'I
Per cent read Newspaper/Maga. once a week	59.3	42.0	73.3	36.6
Number of literate women	118	112	521	306
Per cent women listening Radio once a week	16.1	5.0	54.3	60.9
Per cent women watching televis.once a week	16.1	5.8	85.1	50.6
Per cent going to cinema hall once a month	2.1	0.6	15.2	0.8
Number of women	653	642	659	652

It may thus be concluded that the women interviewed in the present survey in J-M blocks and to some extent in Bhiwandi block had very limited interaction with the outside world. This is important to note since under such circumstances it is of utmost importance that the programme reaches them in order to bring about favorable changes that may be conducive to boost the family welfare programme.

3.3 Demographic Characteristics

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

3.3.1 Present age and age at marriage

Before discussing the distribution of women by various characteristics it may be useful to know the mean current age of the women as well as mean age at marriage for the surveyed

women. In Table 3.4 we have given the results on this aspect. It may be noted from the table that the mean age of the surveyed women for all the four blocks together was 25 years. In case of T-B blocks the mean age of the women was slightly higher (27 years) as compared to that of J-M blocks (23 years). The corresponding mean age was 23 years for Jawahar, 23 years for Mokhada, nearly 27 years for Thane and Bhiwandi. Thus it may be said that the sample in J-M blocks comprised of relatively younger woman as against of women in T-B blocks. The mean age at marriage works out to be 16.21 years for all the four blocks together. The gap in the mean age at marriage of women in two types of blocks seems to be nearly five years (18.53 years for T-B blocks as against of 13.87 years for J-M blocks). Between the blocks, the mean age at marriage is more or less similar in Jawahar and Mokhada whereas in case of T-B blocks it is higher in Thane as compared to Bhiwandi.

Table 3.4: Mean present age and age at marriage of the eligible women (in years).

Name of the Variable	Mean Present Age	Mean age at marriage
All Four Blocks	25.06	16.21
J-M Blocks	23.04	13.87
T-B Blocks	27.05	18.53
Jawahar Blocks	23.02	13.98
Mokhada Block	23.06	13.76
Thane Block	27.25	19.36
Bhiwandi Block	26.86	17.69

Table-3.5 gives the distribution of women by the selected demographic characteristics of the women for the two types of blocks. It may be observed from the table that about 15 per cent of the women covered in the present survey were aged 15-19 years while about 34 per cent were in the age group 20-24 years. Only about 7 per cent of the women were aged 35 years or more. A little over one-third of all women got married before completing 15 years of age and another 31 per cent married before reaching 18 years of age (the legal minimum age at marriage for girls in India). Thus almost two-third of the women married before completing 18 years of age indicating prevailing low age at marriage of girls in the study population.

With regards to the differential across two types of blocks it may be observed from the same table that in J-M blocks, about 29 and 36 per cent of the women covered in the present survey were aged 15-19 and 20-24 years respectively whereas about 13 per cent were aged 30 years or more. In case of T-B blocks, less than 2 per cent of the women interviewed were aged 15-19 years whereas about 32 per cent were aged 20-24 years. Close to 30 per cent of the women covered in the survey in T-B blocks were aged 30 years or more.

It is very important to note that in J-M blocks only about 5 per cent of the women were married at the age 18 years or above. As a matter of fact, about two-third of these women got married before completing 14 years of age. This is an important observation. On the other hand, though in T-B blocks relatively larger proportion of women married after 18 years of age nearly one-third married before crossing the legal minimum age of marriage for girls in India. Further, the results on age of the women at the time she started living with her husband also reveal that they are very similar to what is observed in case of age at first marriage. The practice of low age at the time of starting to live with husband is indicative of the fact that the initiation of the reproduction in the survey population occurs at very young age.

3.3.2 Number of living children

The data in the panels-D, E and F of Table-3.5 give distribution of women by number of living children as well as number of living sons and daughters at the time of survey. It may be seen that a little over 4 per cent of the total women were childless whereas about 25 per cent had one or two living children at the time of survey. There were about 26 per cent of the women in the sample who had four or more living children at the time of survey. The distribution of women by number of living children was more or less similar in both types of blocks. Nevertheless, it may be pointed out that relatively larger proportion of the women in T-B blocks as compared with J-M blocks had 4 or more living children (29 per cent as against of nearly 23 per cent).

Table 3.5: Distribution of eligible women by selected demographic characteristics.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Present Age of the Woman			
15-19 Years	29.1	1.8	15.4
20-24 Years	36.3	32.0	34.1
25-29 Years	21.7	36.2	29.0
30-34 Years	10.3	19.6	15.0
35-39 Years	1.9	7.8	4.9
40-44 Years	0.6	2.7	1.7
B: Age of the Woman at first marriage			
Below 10 Years	1.0	0.2	0.6
10-14 Years	65.2	3.7	34.3
15-17 Years	29.0	32.5	30.8
18 Years or above	4.8	63.6	34.4
C: Age when started living with Husb.			
Below 10 Years	0.4	0.1	0.2
10-14 Years	65.3	3.0	34.0
15-17 Years	29.7	32.8	31.2
18 Years or above	4.6	64.1	34.5
D: Number of Living Children			
No child	5.5	3.0	4.2
1 child	26.5	24.0	25.2
2 children	24.9	24.9	24.9
3 children	20.6	19.4	20.0
4 or more children	22.5	28.8	25.6
E: Number of Living Sons			
No son	26.4	24.1	25.2
1 son	40.9	34.5	37.7
2 sons	22.9	24.6	23.8
3 or more sons	9.8	16.7	13.3
F: Number of Living Daughters			
No daughter	29.5	25.6	27.5
1 daughter	37.2	37.3	37.3
2 daughters	18.5	20.7	19.6
3 or more daughters	14.7	16.4	15.6
Total	100.0	100.0	100.0
(Number of women)	(1295)	(1311)	(2606)

Table 3.5 contd..

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
G: Number of Children Dead			
None	86.2	96.6	91.4
1 child	11.7	2.9	7.3
2 or more children	2.1	0.5	1.3
H: Number of Sons Dead			
None	82.4	96.0	89.3
1 son	14.7	3.1	8.9
2 or more sons	2.9	0.9	1.8
I: Number of Daughters Dead			
None	86.2	96.6	91.4
1 daughter	11.7	2.9	7.3
2 or more daughters	2.1	0.5	1.3
J: Number of Pregnancies terminated into Still Birth			
None	96.7	97.6	97.2
One	2.8	1.9	2.3
Two or more	0.5	0.5	0.5
K: Number of Pregnancies terminated into Induced Abortion			
None	99.3	96.1	97.7
One	0.7	3.4	2.1
Two or more	0.0	0.5	0.2
L: Number of Pregnancies terminated into Spontaneous Abortion			
None	92.0	92.4	92.2
One	6.1	5.6	5.8
Two or more	1.9	2.0	2.0
Total	100.0	100.0	100.0
(Number of women)	(1295)	(1311)	(2606)

With respect to the distribution of women by number of living sons and daughters it may be observed from the same table that nearly 13 per cent of the women (10 and 17 per cent in J-M and T-B blocks respectively) had 3 or more living sons. On the other hand there were about 16 per cent of the women (15 per cent in J-M blocks and 16 per cent in T-B blocks)

who had three or more living daughters. Further, about a quarter of the women in the sample did not have any living son. The corresponding figures for J-M and T-B blocks were 26 per cent and 24 per cent respectively. In case of daughters, about 28 per cent of the all women (30 and 26 per cent respectively for J-M and T-B blocks) had no living daughters.

In the same table we have also given the distribution of women by number of children died (also by sex), number of still births, induced abortions and spontaneous abortions. It may be seen from the table that though majority of the women in the sample did not experience any child loss /reproductive wastage there were few women who did experience it. For example, a little over one per cent of the women reported death of two or more children. The per cent of such women was higher in J-M blocks (2.1 per cent) as compared to the T-B blocks (0.5 per cent).

It may further be noted from the same table that nearly 3 per cent of the women reported one or more still births (the figure being higher in J-M blocks as against of T-B blocks). About 2.3 per cent of the women reported one or more induced abortions. The per cent of women reporting induced abortions was higher in T-B blocks (3.9 per cent) as compared to that in J-M blocks (0.7 per cent). It may also be seen that about 8 per cent of the women in the survey reported one or more spontaneous abortions. The per cent of women reporting spontaneous abortions was quite similar in both types of blocks.

In Table-3.6 we have given the mean number of living and dead children by sex for all blocks individually as well as together. It may be observed that the mean number of living children is 2.46 and 2.84 children per woman respectively for the J-M blocks and for T-B blocks together, indicating higher fertility levels in case of later (see Table-4.2 below). Further, there are no notable variations in the mean number of living children across Jawahar (2.36) and Mokhada (2.57) whereas they differ significantly in Thane (2.30) and Bhiwandi (3.38).

With respect to the child loss, it may be noticed from the same table that the mean number of children died is 0.37 children per woman in J-M blocks as compared to 0.09 children per woman in T-B blocks. Once again, there are hardly any differentials across the block in J-M blocks on this issue as against that in the T-B blocks (mean number of children died is 0.12 in Bhiwandi as against 0.06 in Thane).

Table 3.6: Mean number of children living and died by sex.

	Jaw'r	Mok'a	J-M Blocks	Thane	Bhi'di	T-B Blocks
Mean No. of						
Living children	2.36	2.57	2.46	2.30	3.38	2.84
Living daughters	1.20	1.33	1.26	1.15	1.63	1.39
Living sons	1.16	1.24	1.20	1.15	1.74	1.45
Mean No. of						
Children dead	0.34	0.40	0.37	0.06	0.12	0.09
Daughters dead	0.17	0.17	0.17	0.02	0.05	0.04
Sons dead	0.18	0.24	0.21	0.04	0.05	0.05
Number of women	653	642	1295	659	652	1311

Table 3.7 we have gives distribution of women by sex composition of the living children at the time of survey. Since table is self-explanatory we are not analyzing the results here.

Table 3.7: Distribution of eligible women by the number and sex composition of the living children at the time of survey.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
1. No child	5.4	3.0	4.2
2. One child			
1 son & no daughter	14.3	11.1	12.7
No son & 1 daughter	12.2	12.9	12.5
3. Two children			
2 sons & no daughter	6.6	7.5	7.0
1 son & 1 daughter	14.0	12.4	13.2
No son & 2 daughter	4.5	5.0	4.8
4. Three children			
3 sons and no daughter	2.5	2.9	2.7
2 sons & 1 daughter	8.6	7.9	8.2
1 son & 2 daughters	7.0	6.5	6.8
No son & 3 daughter	2.4	2.1	2.3
5. Four children or more	22.5	28.8	25.6
Total (Number of women)	100.0(1295)	100.0(1311)	100.0(2606)

Fig. 3.3
Demographic characteristics of the eligible women

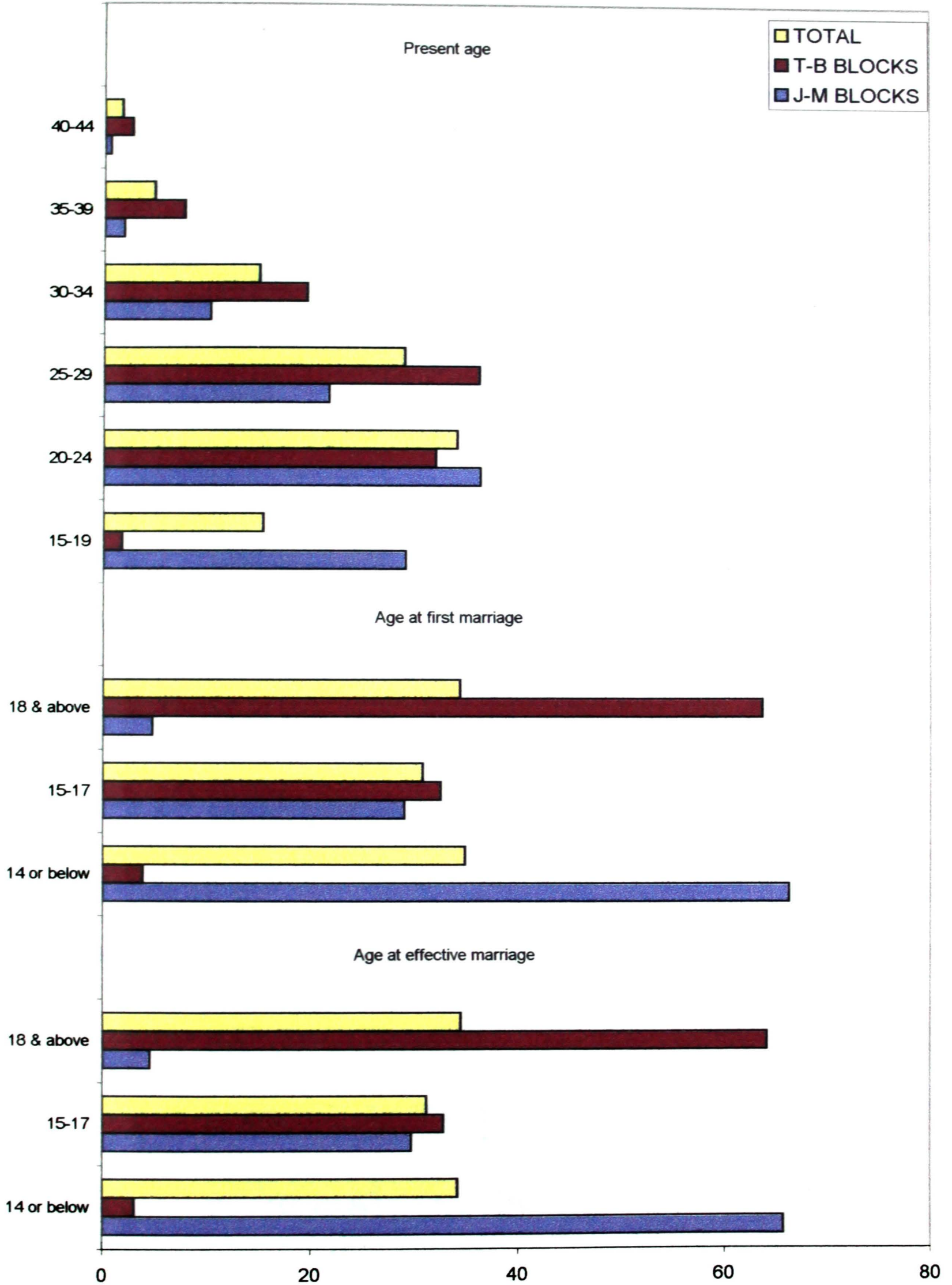


Fig. 3.3 continued

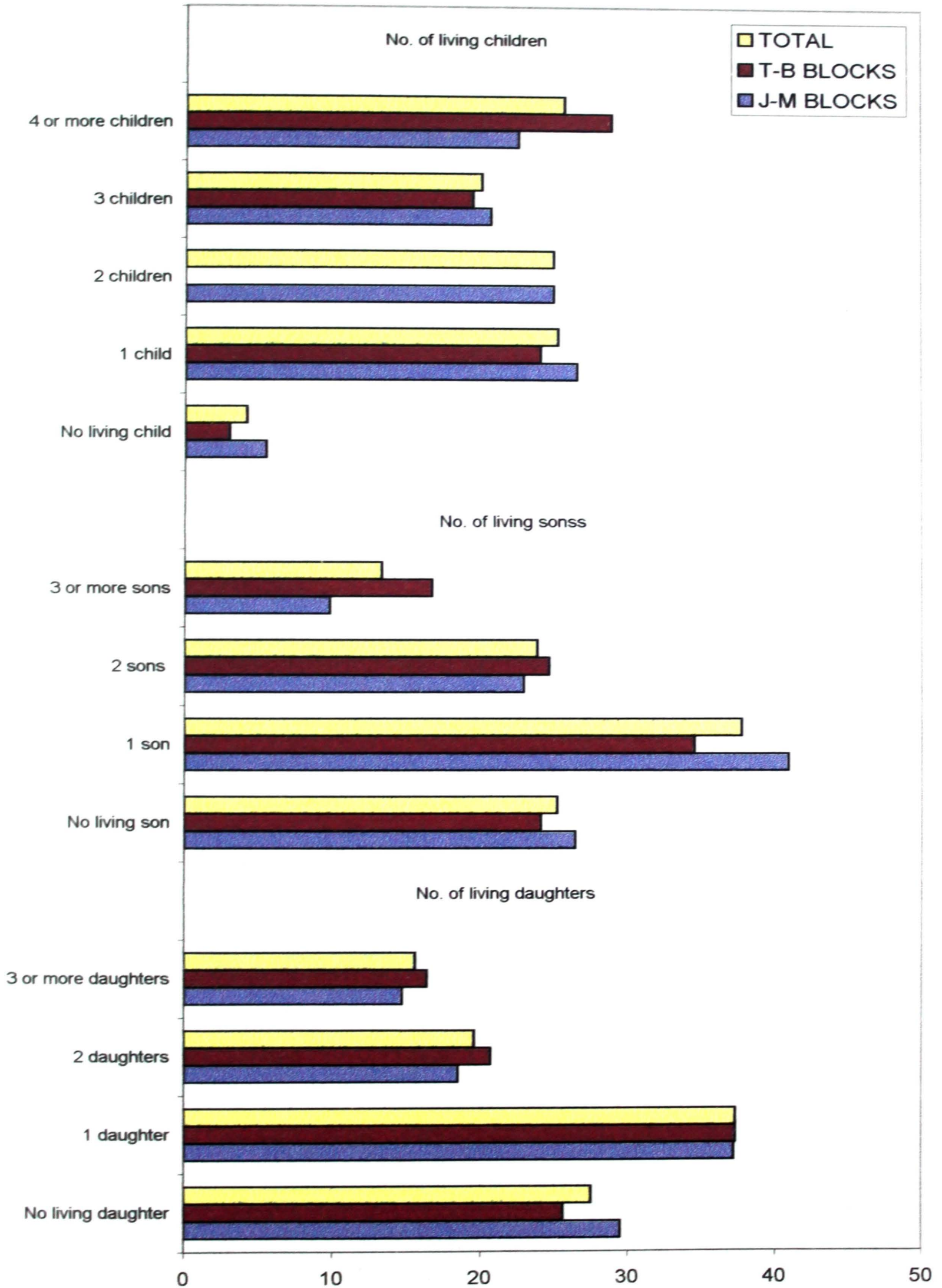


Fig. 3.3 continued

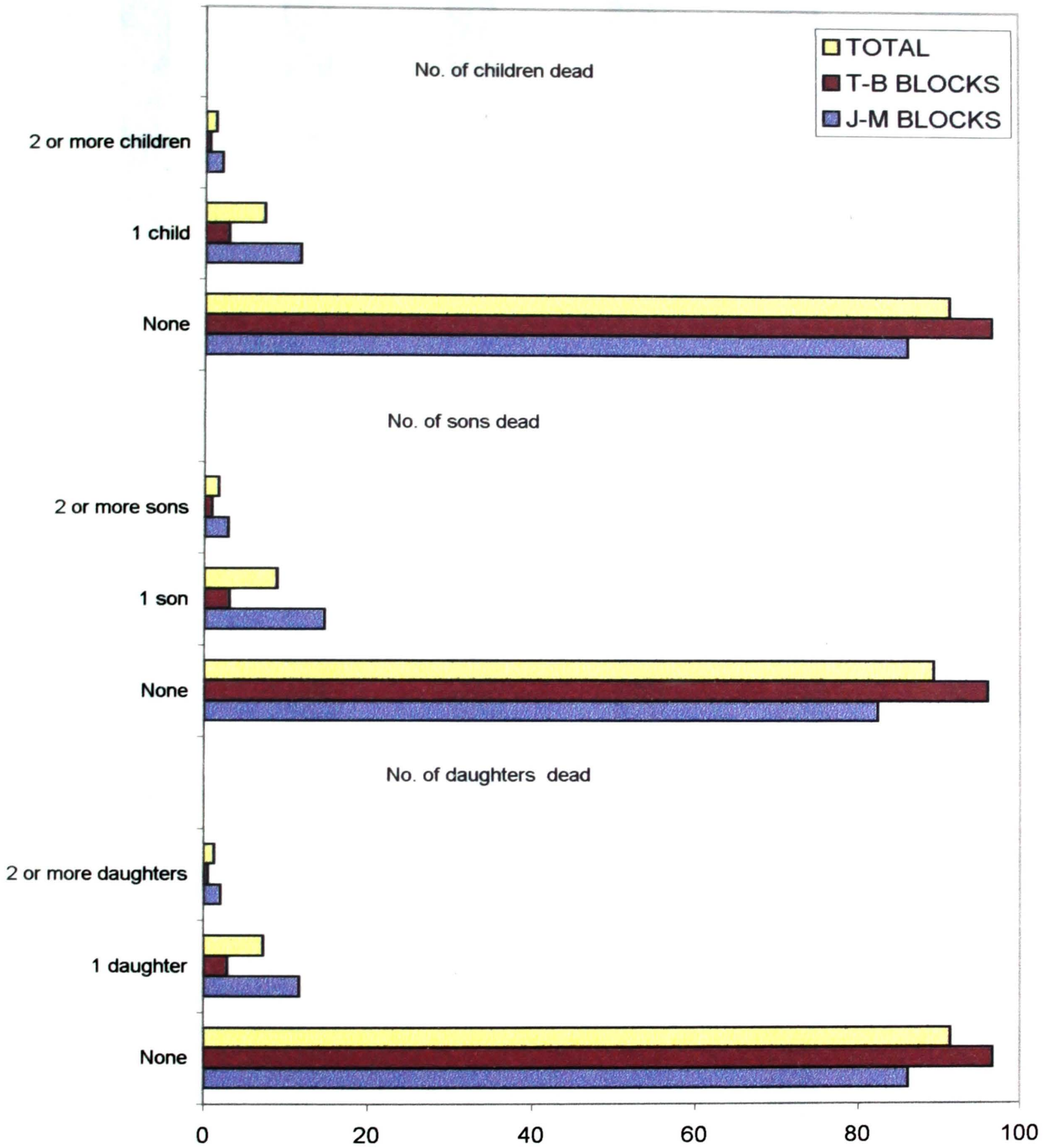
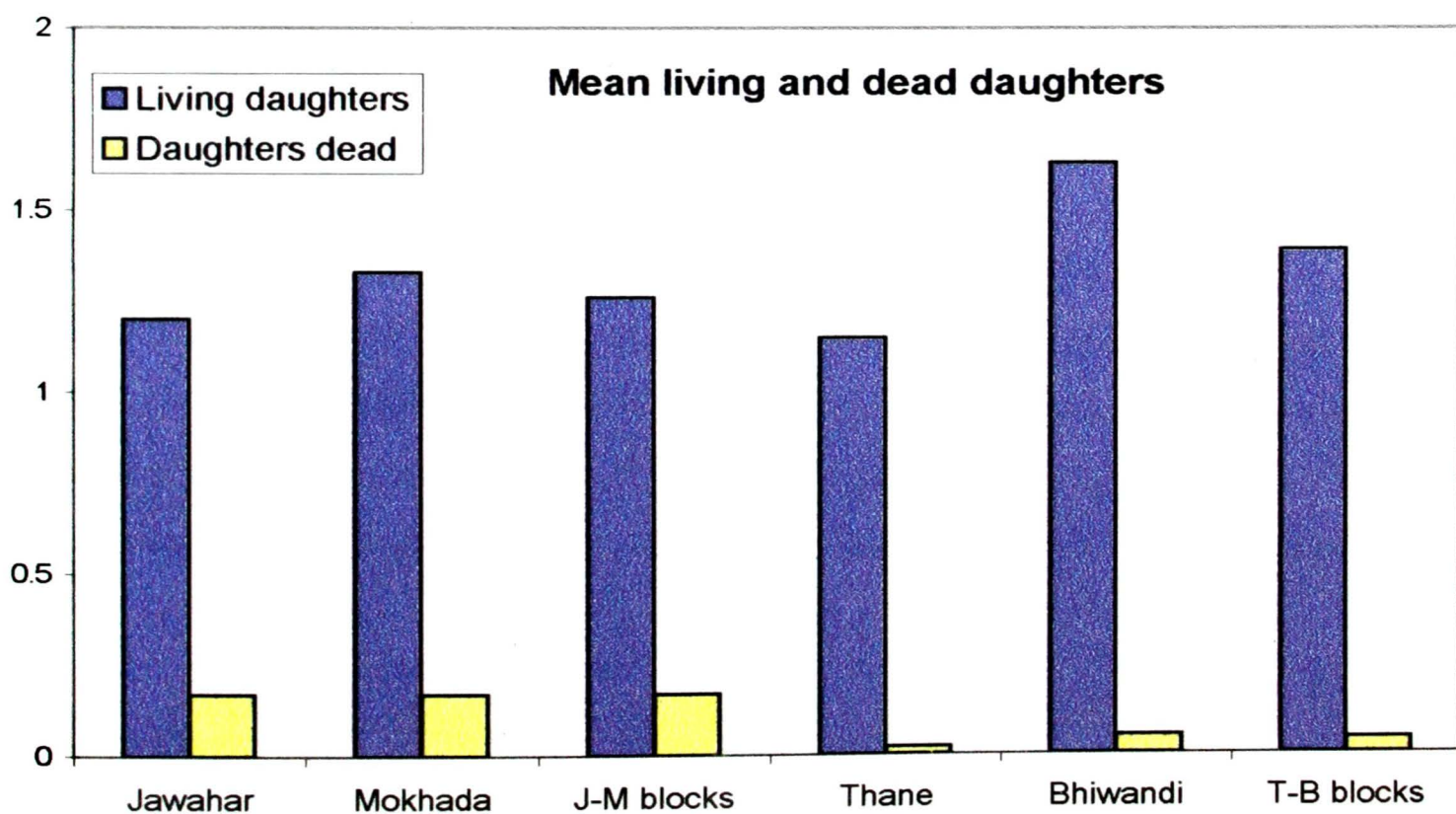
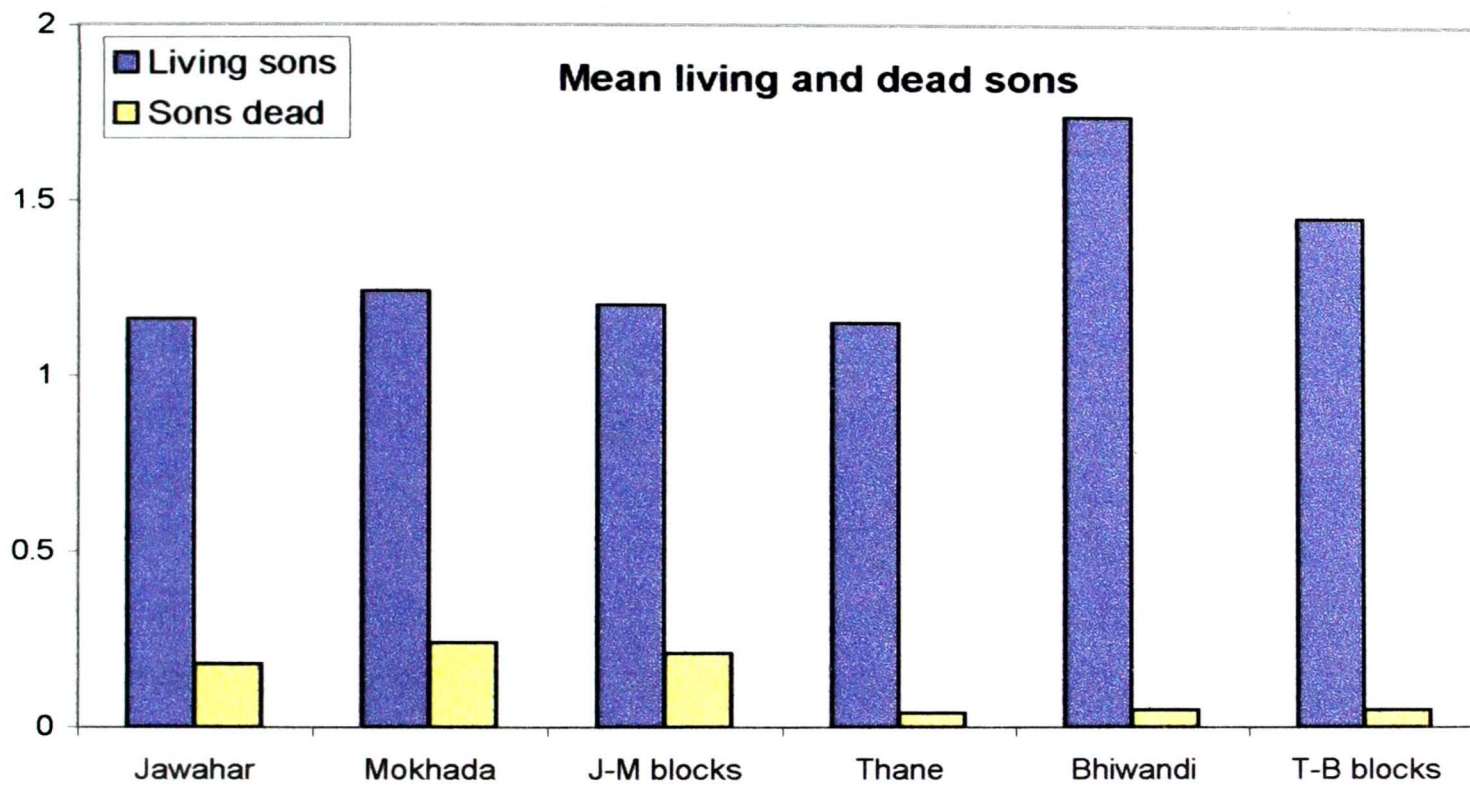
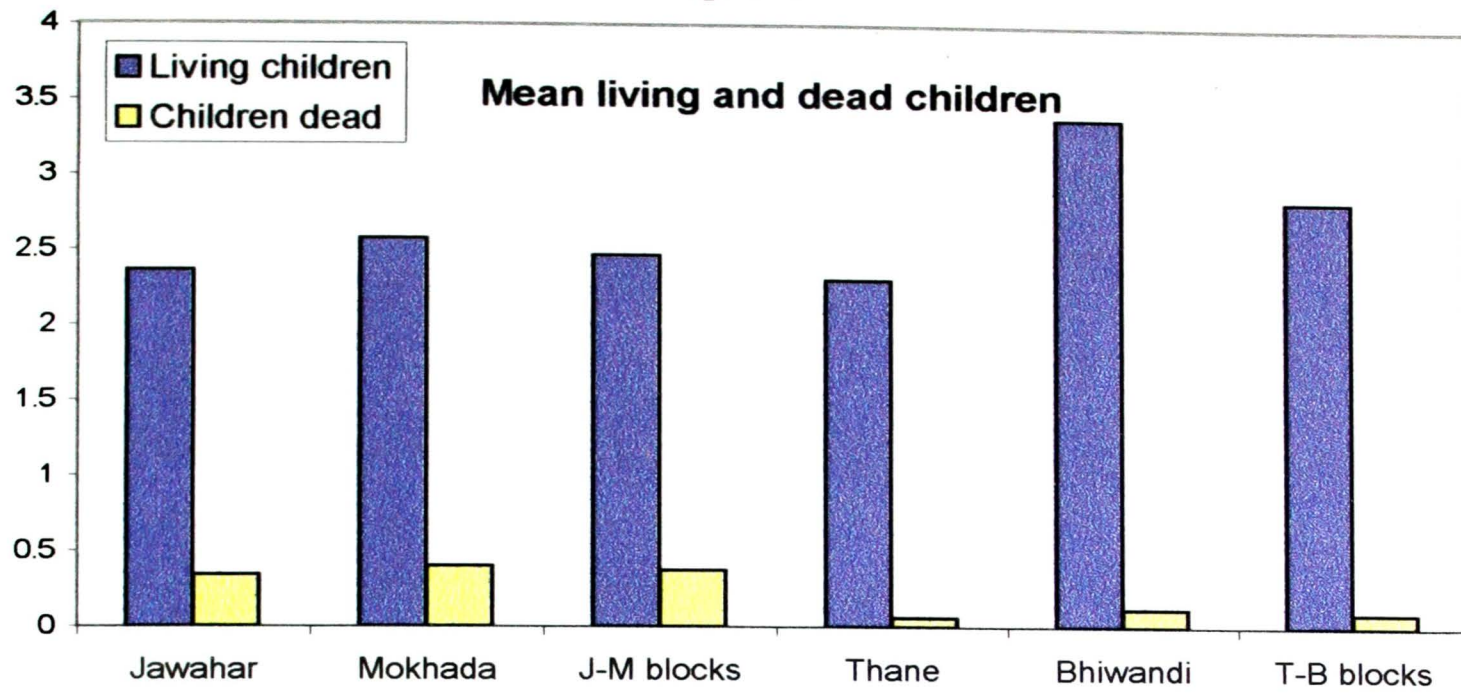


Fig. 3.4



Chapter 4

Family Planning Knowledge

In the present survey, we have collected information on various aspects of family planning practices among the couple in the study area. The aspects that were covered are: knowledge level of the women of various methods of family planning including natural methods of family planning, Medical Termination of Pregnancy (MTP), current use of family planning and method used, source of supply of family planning methods, various types of health problems faced by them due to family planning use and treatment seeking behavior in case of health problems, reason for current non-use of family planning, future intentions of family planning use etc.

An important feature of the present study was inclusion of questions related to family planning practices in the context of each of the pregnancies/births women underwent during the four-year period beginning January 1995 to the survey date. This is done in order to emphasize on the family planning practices related to spacing methods. However in this chapter we only analyze the data on the knowledge of the women of various family planning methods and differentials in level of knowledge by selected socio-economic and demographic characteristics of the women. The analysis on family planning use has been presented in the next chapter.

4.1 Knowledge of Family Planning Methods

Table 4.1 gives data on per cent of women knowing various methods of family planning as well as Medical Termination of Pregnancy (MTP). At the outset it may be mentioned that almost all the women in the study area knew about at least one modern methods of family planning. However, a little over three-fourth of the women knew at least one spacing method. The comparison across two types of block reveals that all the women in T-B blocks knew about at least one method of family planning, including spacing methods. On the other hand,

in J-M blocks, all the women knew about one permanent method of family planning, only a little over half of the women knew about at least one modern spacing method.

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

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
<u>About Family Planning</u>			
Knowing any method of FP	99.8	100.0	99.9
Knowing any modern method of FP	99.8	100.0	99.9
Knowing any permanent method of FP	99.8	99.6	99.7
Knowing any spacing method of FP	54.1	99.7	77.0
Female Sterilization	99.8	99.6	99.7
Male Sterilization	45.5	97.4	71.6
Cu-T/Loop	23.7	98.5	61.3
Oral Pill	52.6	99.4	76.1
Condom	13.9	98.9	56.7
Rhythm/Safe Period Method	2.5	25.7	14.2
Withdrawal	0.8	17.3	9.1
Other Traditional (Gavathi) Methods	0.8	0.0	0.4
Injection	0.0	0.8	0.4
Total number of Women	1295	1311	2606
<u>About MTP</u>			
Per cent Knowing MTP	6.5	11.4	8.9
Per cent knowing Place of MTP*	71.4	81.9	78.1
No. of women knowing MTP	84	149	233

- **Among those who are aware of the MTP.**

Coming to the knowledge level of the women on each of the family planning method, it may be noted that the knowledge of female sterilization was universal among the surveyed women. However male sterilization was known to a little less than three-fourth of the women. The data also reveal that among the spacing methods of family planning, Oral Pill

was known to over three-fourth of the women whereas Cu-T (IUD) was known to about 61 per cent of the women. However, a relatively fewer women (about 57 per cent) knew about Condom.

Further, the knowledge level of women with respect to the female sterilization was more or less similar in both types of blocks but it differed significantly when it is compared for male sterilization. As may be seen from the table, only about 46 per cent of the women in J-M blocks knew about male sterilization whereas in case of T-B blocks it was known to over 97 per cent of the women. In other words, knowledge of both male and female sterilization was almost universal among women in T-B blocks whereas substantial number of women in J-M blocks were unaware of male sterilization.

The knowledge of the spacing methods of family planning was quite poor among the women in J-M blocks. For example, Oral Pill was known to a little over half of the women only. It is surprising to note that a relatively larger proportion of the women in J-M blocks knew about Oral Pills as compared to the male sterilization. Only about 24 and 14 per cent of the women in J-M blocks knew about Cu-T and Condoms respectively.

Knowledge of natural methods of family planning seems to be very poor among the surveyed women as only about 14 per cent of them knew about Safe Period Method/Rhythm. Withdrawal was known to only about 9 per cent of the women. Further, it should be noted that most of the women who knew about natural methods of family planning belonged to the T-B blocks. As may be seen from the table, only 2.5 per cent of the women in J-M blocks knew about Safe Period Method/Rhythm whereas in case of T-B blocks it was known to over a quarter of the women. Similarly Withdrawal was known to about 17 per cent of the women in T-B blocks while it was known to less than one per cent of the women in J-M blocks. There were few women who have mentioned about any local methods of family planning (known as Gavathi methods).

It may thus be concluded that except for permanent methods of family planning, knowledge level of these women with respect to spacing methods as well as natural methods of family planning is very limited in the J-M block, particularly that of the later. However the women in T-B blocks seem to be slightly better off in this respect.

4.2 Knowledge of Medical Termination of Pregnancy (MTP)

In general, women surveyed in the present study seem to be unaware of the MTP as only about 9 per cent of them answered positively to this question (Table 4.1). The knowledge levels of women do not vary much in this respect across two types of blocks. However, a relatively larger proportion of the women in T-B blocks (over 11 per cent) knew MTP as compared to the J-M blocks (around 7 per cent). Nevertheless, among those who knew about MTP, over 78 per cent also knew about the place where MTP services could be availed. The per cent of women knowing place of MTP services was slightly higher in T-B blocks (82 per cent) as compared to the J-M blocks (71 per cent)

4.3 Knowledge of Family Planning Methods by selected characteristics of the women

Tables 4.2 through 4.4 give per cent distribution of women by the knowledge of various methods of family planning and selected social, economic and demographic characteristics of the woman respectively for total, J-M and T-B blocks.

It may be observed from Table-4.2 that the per cent women knowing various methods of family planning increases with the rising age of the woman, number of living children and the educational level of the woman. The relationship seems to be particularly stronger in case of the knowledge level of spacing methods like Cu-T and Condom. For example, nearly a quarter and less than 20 per cent of women aged 15-19 years respectively knew about Cu-T and Condoms. This figure rose to about 61 and 56 per cent respectively for the next age group (i.e. 20-24 years) to 80 per cent or more for the women aged 30 years or older. Similarly in case of education level of the women it may be noticed that only a little over one-third of the illiterate women knew about Cu-T and/or Condom. Further, the per cent of women who knew any of these methods went up to over 95 per cent among women who had completed 8 or more years of schooling.

Coming to the knowledge of male sterilization, it may be observed from the same table that the per cent of women knowing male sterilization was much higher among older women (over 80 per cent for women aged 30 years or older as compared to about 45 per cent among women aged 15-19 years). Further the knowledge of male sterilization increased with the

number of living children (63 per cent among women with no living child to about 75 per cent among those with four or more living children). Similarly only about 58 per cent of the illiterate women knew about male sterilization whereas the corresponding figure rose to over 88 per cent among women who have completed 5-7 years of schooling to further about 98 per cent among those with 10 or more years of schooling.

The data further reveals that a relatively lower proportion of women working as laborer either on their own farm or on someone else's farm knew about male sterilization and/or the spacing methods of family planning. It may also be noted that the per cent of women who knew spacing methods of family planning as well as male sterilization was higher among the women living in pucca or semi-pucca houses as against of those living in kachcha houses. For example, only about 21 and 28 per cent of the women living in kachcha houses in all four blocks knew about Condom and/or Cu-T respectively whereas their share was well over 80 per cent in case of women living in either pucca and semi-pucca houses.

The data in the last three panels of the same table suggest strong relationship between standard of living, exposure of the women to various types of mass media and her decision making power in the households with the knowledge level of family planning methods, particularly that of Condom, Cu-T and male sterilization. For example, of the women belonging to 'Low' standard of living, only about 6 per cent knew about Condoms and about 49 and 40 per cent respectively knew about Cu-T and/or male sterilization. On the other hand, per cent women who knew these methods was between 70 to 80 per cent among women belonging to 'Medium' group and over 95 per cent among those belonging to 'High' group. Similarly the per cent women knowing different methods of family planning, including natural methods, was much higher among women who had some exposure to mass media as compared to the women who did not have any exposure.

In Table-4.3 and 4.4 we have given the data on knowledge level of various methods of family planning by the selected background characteristics of the women separately for J-M blocks and T-B blocks respectively. The findings are more or less similar as that for all the four blocks together discussed above. Nevertheless few broad observations may be made. It may be reminded here that on the whole the knowledge level of the women in T-B blocks was higher than that of the women in J-M blocks. As a result of this, the relationship between

selected variables and per cent women knowing various methods is more significant in T-B blocks.

Further, in case of knowledge of spacing method the relationship with the selected background characteristics of the women is clearer in T-B blocks than what can be seen in J-M blocks since a very few of the women in the later blocks knew about these methods.

The variables reflecting standard of living of the women, her decision making power in the households and her exposure to various types of mass media clearly show the association between these variables and the level of knowledge of family planning methods particularly spacing methods and natural methods (in both types of blocks) and of male sterilization (only in J-M blocks). It may be concluded that the knowledge of these methods rises with the improvement in the standard of living of the women, her exposure to mass media. Further the knowledge level of the woman is also found to be correlated with her decision making power in the household.

Table 4.2: Knowledge of family planning method by selected characteristics, All Four Blocks.

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method	Total
A: Age of the Woman									
15-19 Years	99.8	58.4	99.8	44.6	26.7	56.1	18.5	1.7	401
20-24 Years	100.0	78.7	99.6	71.8	61.3	77.8	55.6	11.0	889
25-29 Years	100.0	80.4	100.0	76.4	69.8	80.0	67.4	21.7	755
30-34 Years	100.0	81.8	99.7	83.1	71.1	81.3	67.5	21.2	391
35-39 Years	100.0	87.4	100.0	87.4	83.5	86.6	79.5	18.1	127
40-44 Years	97.7	81.4	97.7	83.7	81.4	81.4	81.4	37.2	43
B: Number of Living Children									
No child	100.0	73.6	100.0	62.7	48.2	71.0	44.5	21.8	110
One child	99.8	77.7	99.4	69.9	60.2	76.4	55.6	16.9	658
Two children	100.0	77.3	99.8	69.5	62.4	76.6	58.4	17.4	649
Three children	100.0	78.5	100.0	73.1	62.0	77.5	56.4	14.8	521
Four or more	99.9	75.4	99.7	75.6	63.0	75.0	58.2	9.9	668
C: Education of woman									
No schooling	99.9	63.4	99.9	58.0	40.7	62.3	34.6	3.9	1549
1-4 years	100.0	86.8	98.9	83.5	80.2	85.7	73.6	7.7	91
5-7 years	100.0	95.8	99.4	88.2	86.5	94.9	81.4	17.7	355
8-10 years	100.0	98.9	99.6	93.6	95.4	98.5	94.3	38.4	453
10 yrs. Plus	100.0	100.0	100.0	97.5	98.1	100.0	100.0	55.1	158
Total	2604	2007	2599	1866	1598	1984	1477	391	2606

* Any modern method.

Table 4.2 contd.....

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method	Total
D: Occupation of the woman									
Housewife	100.0	98.0	99.6	95.2	95.9	97.6	95.2	22.8	1322
Service	100.0	80.7	100.0	78.9	73.7	78.9	64.9	33.3	57
Self-employ.	100.0	98.1	100.0	100.0	96.2	98.1	98.1	73.1	52
Tailor	100.0	100.0	100.0	91.3	100.0	100.0	100.0	52.2	23
Other's farm	99.9	47.2	99.9	39.8	17.9	16.4	6.8	1.7	709
Own farm	99.8	57.8	99.8	47.0	19.9	12.6	13.5	2.0	443
E: Type of House									
Kachcha	99.9	59.1	99.9	50.6	27.7	58.5	21.1	2.7	1131
Semi-Pucca	99.9	86.8	99.9	85.6	84.2	85.4	78.7	8.2	728
Pucca	100.0	94.6	99.3	89.8	90.0	93.7	89.0	40.3	747
F: Standard of Living Index									
Low	99.9	49.2	99.9	40.0	14.3	48.5	5.9	1.7	880
Medium	99.9	84.8	99.9	81.8	76.4	83.4	71.2	6.2	916
High	100.0	98.4	99.4	94.4	95.3	97.9	95.4	39.4	810
G: Index for Decision Making Power of Women									
Low	99.8	75.2	99.7	71.4	65.7	74.3	61.9	10.5	1124
Medium	100.0	78.0	99.5	68.0	50.4	77.6	45.8	19.1	865
High	100.0	78.9	100.0	77.1	68.6	77.5	62.4	17.5	617
H: Index for Exposure to Mass Media									
No Exposure	99.8	54.0	99.8	47.5	25.6	52.6	16.7	2.1	1215
Some Expos.	100.0	97.1	99.6	92.7	92.5	96.7	91.6	26.2	1391
Total	2604	2007	2599	1866	1598	1984	1477	391	2606

* Any modern method.

Table 4.3: Knowledge of family planning method by selected characteristics, J-M Blocks.

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method**	Total
A: Age of the Woman									
15-19 Years	99.7	55.7	99.7	41.4	22.3	53.3	13.3	1.9	377
20-24 Years	100.0	60.0	100.0	49.8	28.7	58.7	17.0	3.4	470
25-29 Years	100.0	48.0	100.0	42.3	21.7	47.0	13.9	4.6	281
30-34 Years	100.0	47.0	100.0	52.2	16.4	46.3	7.5	4.5	134
35-39 Years	100.0	40.0	100.0	36.0	20.0	40.0	4.0	0.0	25
40-44 Years	87.5	0.0	87.5	12.5	0.0	0.0	0.0	0.0	8
B: Number of Living Children									
No child	100.0	59.2	100.0	45.1	25.4	56.3	14.1	2.8	71
One child	99.7	57.4	99.7	45.5	24.8	55.7	16.0	4.1	343
Two children	100.0	54.5	100.0	43.3	26.9	52.9	17.3	3.4	323
Three children	100.0	58.4	100.0	49.1	26.6	56.9	16.1	2.6	267
Four or more	99.7	44.3	99.7	44.7	15.8	43.6	5.5	2.7	291
C: Education of woman									
No schooling	99.8	47.1	99.8	39.4	14.5	45.7	5.6	1.2	1065
1-4 years	100.0	57.1	100.0	53.6	39.3	57.1	14.3	7.1	28
5-7 years	100.0	83.9	100.0	65.6	52.7	81.7	34.4	3.2	93
8-10 years	100.0	94.9	100.0	83.7	83.7	92.9	74.5	19.4	98
10 yrs. Plus	100.0	100.0	100.0	100.0	100.0	100.0	100.0	45.5	11
Total	1293	700	1293	589	307	681	180	42	1295

* Any modern method. ** Per cent based on less than 50 observations.

Table 4.3 contd.....

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method**	Total
D: Occupation of the woman									
Service	100.0	71.8	100.0	71.8	61.5	69.2	48.7	23.1	39
Self-employ.	100.0	66.7	100.0	100.0	66.7	66.7	66.7	0.0	3
Housewife	100.0	77.1	100.0	66.7	63.5	75.0	47.9	12.5	96
Tailor	100.0	100.0	100.0	80.0	100.0	100.0	100.0	0.0	5
Other's farm	99.9	47.2	99.9	39.8	17.9	45.8	6.8	1.7	709
Own farm	99.8	57.8	99.8	47.0	19.9	56.4	13.5	2.0	443
E: Type of House									
Kachcha	99.9	52.2	99.9	42.2	15.5	51.6	7.9	2.0	967
Semi-Pucca	99.5	52.5	99.5	48.0	43.0	48.5	24.0	5.5	200
Pucca	100.0	70.3	100.0	66.4	55.5	66.4	43.8	9.4	128
F: Standard of Living Index									
Low	99.9	49.2	99.9	40.0	14.3	48.5	5.9	1.7	880
Medium	99.7	59.5	99.7	50.9	36.6	56.3	22.9	4.2	336
High	100.0	84.8	100.0	83.5	73.4	82.3	64.6	16.5	79
G: Index for Decision Making Power of Women									
Low	99.6	41.6	99.6	34.6	20.3	39.5	11.0	2.5	474
Medium	100.0	65.9	100.0	53.4	24.6	65.6	16.3	2.9	558
High	100.0	51.3	100.0	48.3	28.1	48.7	14.1	5.3	263
H: Index for Exposure to Mass Media									
No Exposure	99.8	47.8	99.8	40.4	15.6	46.3	5.7	1.4	1071
Some Expos.	100.0	83.9	100.0	69.9	62.5	82.6	53.1	12.1	224
Total	1293	700	1293	589	307	681	180	42	1295

* Any modern method. ** Per cent based on less than 50 observations.

Table 4.4: Knowledge of family planning method by selected characteristics, T-B Blocks.

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method	Total
A: Age of the Woman									
15-19 Years	100.0	100.0	100.0	95.8	95.8	100.0	100.0	0.0	24
20-24 Years	100.0	99.8	99.0	96.4	97.9	99.3	98.8	19.6	419
25-29 Years	100.0	99.6	100.0	96.6	98.3	99.6	99.2	31.9	474
30-34 Years	100.0	100.0	99.6	99.2	99.6	99.6	98.8	30.0	257
35-39 Years	100.0	99.0	100.0	100.0	99.0	98.0	98.0	22.5	102
40-44 Years	100.0	100.0	100.0	100.0	100.0	100.0	100.0	45.7	35
B: Number of Living Children									
No child	100.0	100.0	100.0	94.9	98.7	100.0	100.0	56.4	39
One child	100.0	99.7	99.0	96.5	98.7	99.0	98.7	30.8	315
Two children	100.0	100.0	99.7	95.4	97.5	100.0	99.1	31.3	326
Three children	100.0	99.6	100.0	98.4	99.2	99.2	98.8	27.6	254
Four or more	100.0	99.5	99.7	99.5	99.5	99.2	98.9	15.4	377
C: Education of woman									
No schooling	100.0	99.2	100.0	99.0	98.6	98.8	98.3	9.7	484
1-4 years	100.0	100.0	98.4	96.8	98.4	98.4	100.0	7.9	63
5-7 years	100.0	100.0	99.2	96.2	98.5	99.6	98.1	22.9	262
8-10 years	100.0	100.0	99.4	96.3	98.6	100.0	99.7	43.7	355
10 yrs. Plus	100.0	100.0	100.0	97.3	98.0	100.0	100.0	55.8	147
Total	1311	1307	1306	1277	1291	1303	1297	349	1311

* Any modern method.

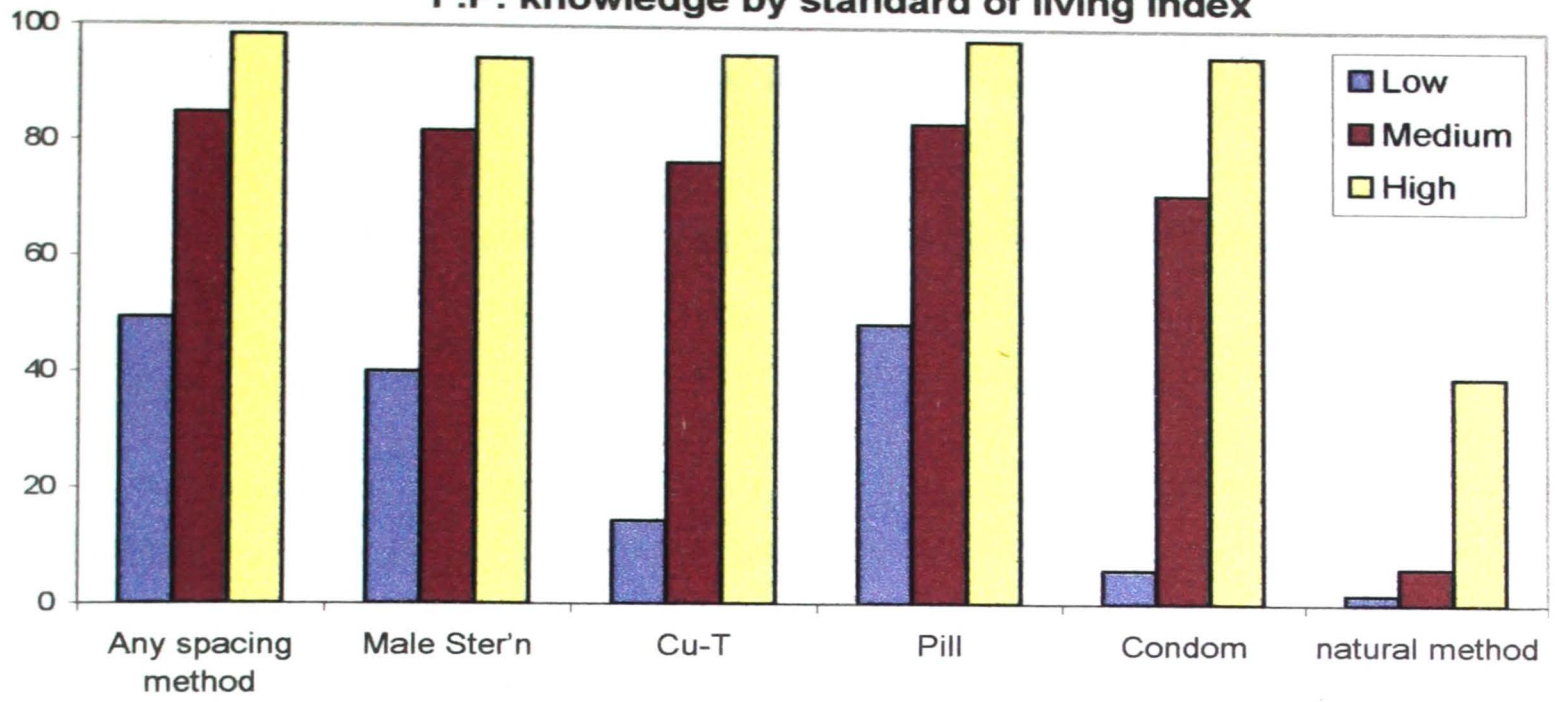
Table 4.4 contd.....

Characteristics of the woman	Any method*	Any spacing method	Female Ster'n	Male Ster'n	Cu-T	Pill	Condom	natural method	Total
D: Occupation of the woman									
Service	100.0	100.0	100.0	94.4	100.0	100.0	100.0	55.6	18
Self-employ.	100.0	100.0	100.0	100.0	98.0	100.0	100.0	77.6	49
Housewife	100.0	99.7	99.6	97.4	98.5	99.3	98.9	23.6	1226
Tailor	100.0	100.0	100.0	94.4	100.0	100.0	100.0	66.7	18
E: Type of House									
Kachcha	100.0	99.4	100.0	100.0	99.4	99.4	99.4	6.7	164
Semi-Pucca	100.0	99.8	100.0	99.8	99.8	99.4	99.4	9.3	528
Pucca	100.0	99.7	99.2	94.7	97.1	99.4	98.4	46.7	619
F: Standard of Living Index									
Low	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
Medium	100.0	99.5	100.0	99.7	99.5	99.1	99.1	7.4	580
High	100.0	99.9	99.3	95.6	97.7	99.6	98.8	41.9	731
G: Index for Decision Making Power of Women									
Low	100.0	99.7	99.8	98.2	98.9	99.7	99.1	16.3	650
Medium	100.0	100.0	98.7	94.5	97.4	99.3	99.3	48.5	307
High	100.0	99.4	100.0	98.6	98.6	98.9	98.3	26.6	354
H: Index for Exposure to Mass Media									
No Exposure	100.0	100.0	100.0	100.0	100.0	99.3	98.6	7.6	144
Some Expos.	100.0	99.7	99.6	97.1	98.3	99.4	99.0	29.0	1167
Total	1311	1307	1306	1277	1291	1303	1297	349	1311

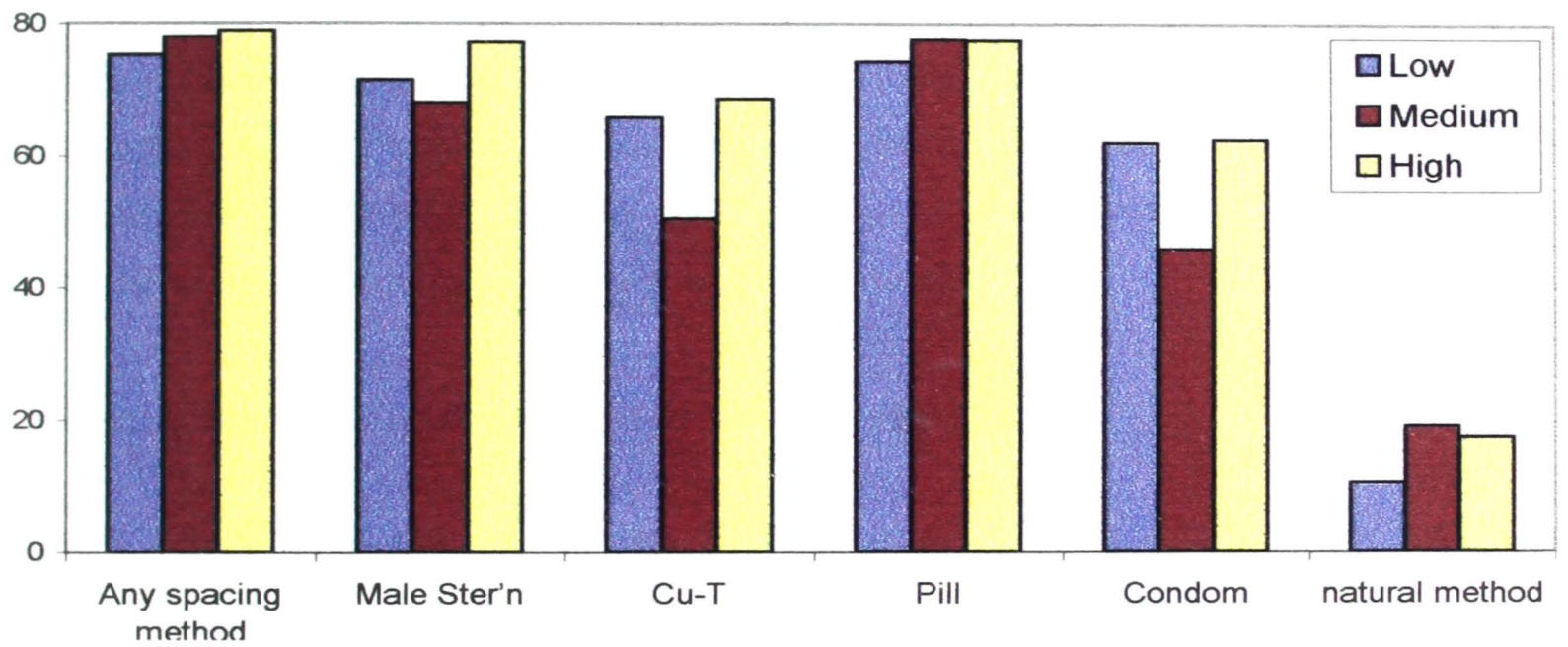
* Any modern method.

Fig. 4.1

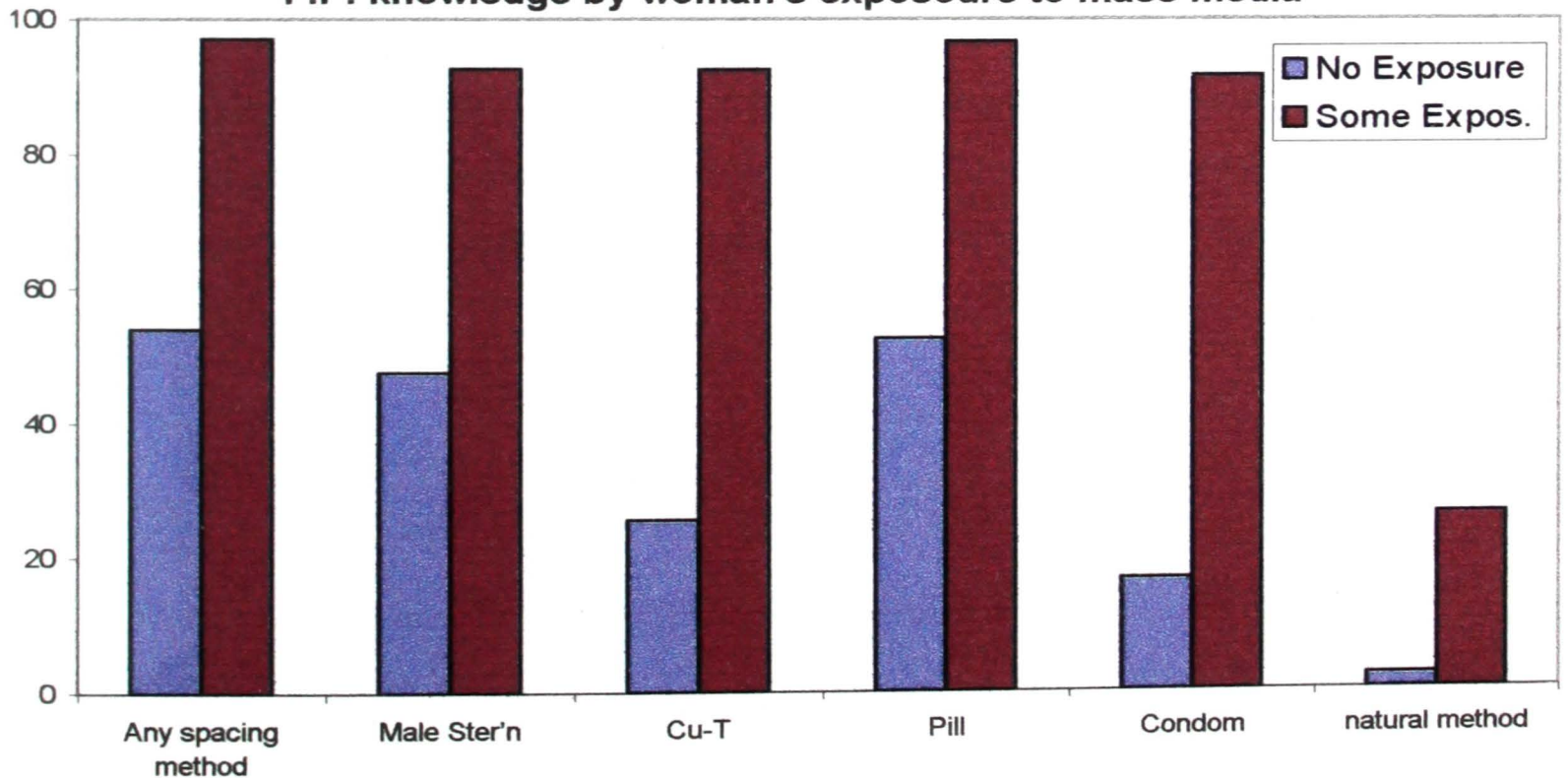
F.P. knowledge by standard of living index



F.P. knowledge by decision making power of the woman



F.P. knowledge by woman's exposure to mass media



Chapter 5

Current Family Planning Use and Fertility Preferences

The family planning use in this chapter has been discussed in the context of selected background characteristics of the women. Further the differentials across two types of blocks have also been incorporated in the chapter. In addition to the current use of family planning, reasons for not using any family planning have also been discussed here. Attempt has also been made to discuss quality of care in terms of counseling to the women before the adoption of any method as well as follow-up check-ups after the adoption of the method. Information related to various types of health problems related to the contraception use and their subsequent medical treatment has also been analyzed in this chapter. Nevertheless, before we analyze the data on family planning use it may be useful to understand the distribution of the surveyed women at the time of survey by their fecundity status.

5.1 Fecundity Status of the women at the time of survey

Table 5.1 gives distribution of women by their fecundity status at the time of survey. It may be observed that out of the total 2606 women surveyed, a little over 17 per cent were pregnant at the time of survey. The per cent of pregnant women at the time of survey was close to 19 per cent in J-M blocks and 16 per cent in T-B blocks. Further, about 41 per cent and 20 per cent in J-M and T-B blocks respectively were in Postpartum Amenorrhoea (PPA). One woman in J-M blocks and 1.5 per cent in T-B block had undergone hysterectomy. The remaining nearly 40 per cent in J-M blocks and 62 per cent in T-B blocks were fecund at the time of survey.

Table 5.1: Distribution of the eligible women by their fecundity status at the time of survey.

Fecundity Status	J-M BLOCKS	T-B BLOCKS	TOTAL
Currently Pregnant	18.8	16.1	17.5
Menstruating	39.8	62.4	51.1
In PPA	41.3	20.0	30.6
Undergone Hysterectomy	0.1	1.5	0.8
Total	100.0	100.0	100.0
Number of Women	1295	1311	2606

5.2 Current Use of Family Planning

Table-5.2 gives the distribution of women by current use of family planning. It may be mentioned here that we have excluded the currently pregnant women and women who have undergone hysterectomy from the denominator while calculating the per cent of current users of family planning. It may be observed from the table that out of the total 2130 women, 754 women (accounting for about 35 per cent) were using some methods of family planning at the time of survey. The per cent of women using any family planning method at the time of survey was much higher in T-B blocks (47 per cent) as compared to that in the J-M blocks (23 per cent). It may thus be said the per cent users of family planning were more than double in T-B blocks than the J-M blocks.

Coming to the distribution of current users by method, it may be observed that out of the 754 current users, nearly 36 per cent adopted female sterilization whereas another about 4 per cent adopted male sterilization. Thus, permanent methods together accounted for over 40 per cent of the current users.

Among the spacing methods of family planning about 17 to 18 per cent of the users each used Oral Pill, Cu-T and Condom. Thus, about 54 per cent of the current users have adopted all these three methods together. Further, As was the case with knowledge, the natural methods of family planning does not seem to be popular among the surveyed couples as only less than 5 per cent of them were practicing them. There were a few users of traditional (Gavathi) methods in J-M blocks (in all 11 women).

Table 5.2: Distribution of the eligible women by current users of Family Planning by Method.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Currently using FP			
Current users	23.3	47.1	35.4
Current non-users	76.7	52.9	64.6
Number of Women*	1050	1080	2130
B: Current users by method used			
Female Sterilization	67.8	21.0	36.2
Male Sterilization	9.8	1.0	3.8
Cu-T/Loop	1.61	26.5	18.4
Oral Pill	8.8	16.5	17.2
Condom	0.0	27.3	18.4
Rhythm/Safe Period Method	1.6	6.5	4.9
Withdrawal	0.0	1.0	0.7
Other Traditional Methods	0.4	0.2	0.3
Number of Women	245	509	754
C: Source of FP			
i) Government source:			
Government Hospital	77.5	36.3	50.2
Government Doctor	0.4	0.6	0.6
ANM	10.4	0.8	4.1
Primary Health Center	4.2	0.2	1.5
FP Camp	0.8	0.2	0.4
Sub-Centre	0.0	0.2	0.1
ii) Private source:			
Private Hospital	0.8	26.5	17.9
Private Doctor	0.4	3.6	2.5
Chemist/Medical Shop	.4	26.8	19.5
Do not know	0.0	4.7	3.1
Number of Women	240	470	710
D: Difficulty in getting Pills/Condom			
No Problem	(97.8)	100.0	99.6
Not Regularly available	(2.2)	0.0	0.4
Number of women	46	223	269

* Excluding currently pregnant women and women who had undergone hysterectomy.

Figure in parenthesis are per cent based on less than 50 observations.

It is interesting to note from the Panel-B of the same table that the distribution of the current users of family planning differ significantly by method across two types of blocks. For example, in J-M blocks, most of the users had adopted sterilization (68 per cent female sterilization and around 10 per cent male sterilization; together accounting for nearly 78 per cent of the current users). Of the remaining users, about 19 per cent used Oral Pills while Cu-T was used by less than 2 per cent. It was surprising to note that there were no users of Condom in J-M blocks (this would be discussed in detail in chapter 11). Further there were very few users of natural methods of family planning in the J-M blocks.

On the other hand, only about 22 per cent of the couples in T-B blocks adopted sterilization (21 per cent female sterilization and one per cent male sterilization). However, about 27 per cent of couples each used either Cu-T or Condom. Another, about 17 per cent of the couples were reportedly using Oral Pills. Together, these three methods accounted for over 70 per cent of all current users. Further about 8 per cent of the current users in T-B blocks reported practicing natural methods of family planning (mostly Rhythm/Safe Period Method). The corresponding figure for J-M blocks was about 2 per cent only.

5.3 Source of Family Planning Service

Panel-C of the same Table gives the distribution of current users by source of family planning. It may be observed that a large proportion of the users obtained their family planning methods from the government sources (accounting for about 57 per cent). However, as many as about 40 per cent of the users reported that their family planning requirements were met by the private sources. When we look at the data on these aspects for both types of blocks it may be seen that in J-M blocks almost all couples received their family planning services from the government source (over 98 per cent of the current users). It should be specifically mentioned here that only about 10 per cent of the couples reported ANM as the source of family planning supply. On the other hand, close to 60 per cent of the couple in T-B blocks reported that they obtained the method from private source (mostly private hospital and medical shop). Only about one third of the users in T-B blocks went to the government sources for family planning services.

When asked about the difficulty faced by the couples in getting their family planning supply, most of the couples reported that they did not face any problem as such.

5.4 Current use of family planning by selected characteristics of the women

Tables 5.3 through 5.5 give the per cent of family planning users by methods as well as selected background characteristics of the women. As noticed in case of knowledge, the data clearly reveals strong association between method use and the background characteristics of the woman. It may be observed from table 5.3 that for permanent methods of family planning, per cent of users rose as the age of the woman and number of living children increased. In case of spacing methods it may be seen that very small proportion of the women aged 15-19 years used Cu-T and Condom. This proportion increased to 20 per cent or so for the women aged 20-29 years for Cu-T and around 15 to 18 per cent for Condom and declined thereafter. In case of Oral Pills the per cent of users declined significantly as the age of the woman increased. Similar pattern may also be noted to some extent with number of living children.

With respect to the educational status of the women the per cent of users of Cu-T and Condom rose sharply with the improvement in the educational status of the woman (7.4 per cent among illiterate to nearly 29 per cent among those with 8 or more years of schooling for Cu-T and from about 11 per cent to 27 per cent for Condom). Among the women belonging to the landless households, only about 30 per cent accepted sterilization. This figure increased to nearly 70 per cent or more for the households owning some land. It may further be noted from the same table that the use of spacing methods becomes more common if the women lived in either pucca or semi-pucca houses and if they belong to High and Medium standard of living. For example, the per cent of women reporting using Cu-T /Condom was only about 4-5 per cent among women living in Kachcha houses as compared with women living in either pucca or semi-pucca houses (over 20 per cent).

Likewise, a relatively larger proportion of women belonging to high socio-economic strata used Cu-T and Condom as against those belonging to lower socio-economic strata. Further, the use of spacing methods of family planning was much higher among women who had some exposure to mass media as compared to those women who did not have any exposure

to the outside world. It may be recalled here that most of users of spacing methods are from T-B blocks.

5.5 Differentials in family planning use by block

In Tables 5.4 and 5.5 we have given the results of cross-tabulation between current users of family planning by method and the selected background characteristics of the women separately for J-M blocks and T-B blocks. The results are more or less similar to that of the all four blocks together. Nevertheless few important differentials may be noted. For example, it may be seen that the per cent of sterilization users was much higher in J-M blocks as compared to that in T-B blocks. This was true for different sub-groups of the women as well. In case of spacing methods the per cent users were higher in T-B blocks as compared to the J-M blocks. Further Oral Pill was commonly used method in J-M blocks by the users of spacing method. On the other hand, in case of T-B blocks Condom was the most commonly used method. It may further be observed that the association between type of house, education of the woman and her exposure to various types of mass media with family planning use comes out clearly in T-B blocks.

Table 5.3: Current use of family planning method by selected characteristics, All Four Blocks.

Characteristics of the woman	Female Steriliz.	Male Steriliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
A: Age of the Woman									
15-19 years*	28.6	0.0	3.6	53.6	10.7	3.6	0.0	0.0	100.0(28)
20-24 years	32.7	2.3	21.0	24.8	15.0	3.7	0.5	0.0	100.0(214)
25-29 years	38.5	5.0	19.4	14.4	18.3	3.6	0.4	0.4	100.0(278)
30 yrs or older	37.6	4.3	16.7	9.4	22.6	7.7	1.3	0.4	100.0(234)
B: Number of Living Children									
No child	NC	NC	NC	NC	NC	NC	NC	NC	100.0(1)
1 child	3.5	0.0	29.2	23.9	33.6	8.0	1.2	0.0	100.0(113)
2 children	20.4	0.6	29.8	25.4	16.6	7.2	0.0	0.0	100.0(181)
3 children	46.4	5.6	14.3	12.8	16.8	3.6	0.0	0.5	100.0(196)
4 and more	53.6	6.5	9.1	12.2	14.4	2.7	1.1	0.4	100.0(263)
C: Education of woman									
No schooling	52.6	6.5	7.4	20.0	10.8	1.8	0.6	0.3	100.0(325)
1-7 years	33.1	2.0	23.2	16.6	19.9	4.6	0.7	0.0	100.0(151)
8 yrs. Plus	18.7	1.8	28.8	14.4	26.6	8.6	0.7	0.4	100.0(278)
D: Occupation of the woman									
Housewife	24.6	1.0	25.3	17.5	25.3	5.1	1.0	0.2	100.0(491)
Service*	27.8	5.6	22.2	11.1	22.2	11.1	0.0	0.0	100.0(18)
Self-employ*	19.0	2.4	21.4	9.5	26.2	21.4	0.0	0.0	100.0(42)
Field work	71.2	12.0	0.0	16.0	0.0	0.8	0.0	0.0	100.0(125)
Own field work	64.1	9.0	2.6	23.1	0.0	0.0	0.0	1.3	100.0(78)

* Per cent based on less than 50 observations. NC means not calculated.

Table 5.3 Contd.....

Characteristics of the woman	Female Steriliz.	Male Steriliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
E: Type of House									
Kachcha	58.9	10.0	4.9	19.5	4.3	1.6	0.0	0.5	100.0(185)
Semi-Pucca	37.0	0.9	24.7	21.5	12.8	1.4	1.4	0.5	100.0(219)
Pucca	23.7	2.3	21.7	13.4	29.4	8.9	0.6	0.0	100.0(350)
F: Type of House									
Kachcha	58.9	10.0	4.9	19.5	4.3	1.6	0.0	0.5	100.0(185)
Semi-Pucca	37.0	0.9	24.7	21.5	12.8	1.4	1.4	0.5	100.0(219)
Pucca	23.7	2.3	21.7	13.4	29.4	8.9	0.6	0.0	100.0(350)
G: Standard of Living Index									
Low	66.4	11.9	0.7	19.4	0.0	0.7	0.0	0.7	100.0(134)
Medium	43.0	1.9	15.1	19.0	18.2	1.2	1.2	0.4	100.0(258)
High	20.2	2.2	27.3	15.2	25.4	9.1	0.6	0.0	100.0(362)
H: Index for Decision Making Power of Women									
Low	33.4	2.2	22.3	22.6	14.6	4.0	0.6	0.3	100.0(323)
Medium	39.4	4.8	17.3	16.9	15.2	5.6	0.4	0.4	100.0(231)
High	37.0	5.5	13.5	9.0	28.5	5.5	1.0	0.0	100.0(200)
I: Index for Exposure to Mass Media									
No Exposure	60.2	9.3	4.0	18.1	6.6	0.9	0.4	0.4	100.0(226)
Some Expos.	25.9	1.5	24.6	16.9	23.5	6.6	0.8	0.2	100.0(528)

* Per cent based on less than 50 observations. NC means not calculated.

Table 5.4: Current use of family planning method by selected characteristics, J-M Blocks.

Characteristics of the woman	Female Steriliz.	Male Steriliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
A: Age of the Woman									
15-19 years*	33.3	0.0	4.2	58.3	0.0	4.2	0.0	0.0	100.0(24)
20-24 years	68.2	5.9	1.2	23.5	0.0	1.2	0.0	0.0	100.0(85)
25-29 years	73.2	13.3	1.2	9.6	0.0	1.2	0.0	1.2	100.0(83)
30 yrs or older	73.6	15.1	1.9	7.5	0.0	1.9	0.0	0.0	100.0(53)
B: Number of Living Children									
No child	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0
1 child*	15.0	0.0	10.0	60.0	0.0	15.0	0.0	0.0	100.0(20)
2 children*	51.2	0.0	2.3	44.2	0.0	2.3	0.0	0.0	100.0(43)
3 children	75.9	10.8	1.2	12.0	0.0	0.0	0.0	1.0	100.0(83)
4 and more	78.8	15.2	0.0	5.1	0.0	0.0	0.0	0.4	100.0(99)
C: Education of woman									
Illiterate	69.9	10.8	0.5	17.7	0.0	0.5	0.0	0.5	100.0(186)
Literate	61.0	6.8	5.1	22.0	0.0	5.1	0.0	0.0	100.0(59)
D: Occupation of the woman									
Housewives*	72.4	3.4	3.4	17.2	0.0	3.4	0.0	0.0	100.0(29)
Working	61.7	10.6	1.4	19.0	0.0	1.4	0.0	0.5	100.0(216)
E: Whether paid for work									
Yes	69.1	11.5	0.7	16.5	0.0	2.2	0.0	0.0	100.0(139)
No	66.0	7.5	2.8	21.7	0.0	0.9	0.0	0.9	100.0(106)

* Per cent based on less than 50 observations.

Table 5.4 Contd.....

Characteristics of the woman	Female Steriliz.	Male Steriliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
F: Size of Land									
No land	68.9	8.9	1.1	18.9	0.0	2.2	0.0	0.0	100.0(90)
Upto 4 acres	69.8	13.2	0.0	15.1	0.0	1.9	0.0	0.0	100.0(53)
5 & more	63.3	6.7	5.0	23.3	0.0	0.0	0.0	1.7	100.0(60)
Do not know*	69.0	11.9	0.0	16.7	0.0	2.4	0.0	0.0	100.0(42)
G: Type of House									
Kachcha	65.4	12.4	1.3	19.0	0.0	1.3	0.0	0.7	100.0(153)
Semi-Pucca*	73.3	4.4	0.0	20.0	0.0	2.2	0.0	0.0	100.0(45)
Pucca*	70.2	6.4	4.3	17.0	0.0	2.1	0.0	0.0	100.0(43)
H: Standard of Living Index									
Low	66.4	11.9	0.7	19.4	0.0	0.7	0.0	0.7	100.0(134)
Medium	75.6	6.4	1.3	15.4	0.0	1.3	0.0	0.0	100.0(78)
High*	54.5	9.1	6.1	24.2	0.0	6.1	0.0	0.0	100.0(33)
I: Index for Decision Making Power of Women									
Low	72.7	6.8	1.1	18.2	0.0	1.1	0.0	0.0	100.0(88)
Medium	63.3	8.2	2.0	23.5	0.0	2.0	0.0	1.0	100.0(98)
High	67.8	16.9	1.7	11.9	0.0	1.7	0.0	0.0	100.0(59)
J: Index for Exposure to Mass Media									
No Exposure	67.0	11.5	0.5	19.8	0.0	0.5	0.0	0.5	100.0(182)
Some Expos.	69.8	4.8	4.8	15.9	0.0	4.8	0.0	0.0	100.0(63)

* Per cent based on less than 50 observations.

Table 5.5: Current use of family planning method by selected characteristics, T-B Blocks.

Characteristics of the woman	Female Steriliz.	Male Steriliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
A: Age of the Woman									
15-19 years	NC	NC	NC	NC	NC	NC	NC	NC	100.0(4)
20-24 years	9.3	0.0	34.1	25.6	24.8	5.4	0.8	0.0	100.0(129)
25-29 years	23.6	1.5	27.2	16.4	26.2	4.6	0.5	0.0	100.0(195)
30 yrs or older	27.1	1.1	21.0	9.9	29.3	9.4	1.7	0.6	100.0(181)
B: Number of Living Children									
No child	NC	NC	NC	NC	NC	NC	NC	NC	100.0(1)
1 child	1.1	0.0	33.3	16.1	40.9	6.5	2.2	0.0	100.0(93)
2 children	10.9	0.7	38.4	19.6	21.7	8.7	0.0	0.0	100.0(138)
3 children	24.8	1.8	23.9	13.3	29.2	6.2	0.0	0.9	100.0(113)
4 and more	38.4	1.2	14.6	16.5	23.2	4.3	1.8	0.0	100.0(164)
C: Education of woman									
No schooling	29.5	0.7	16.5	23.0	25.2	3.6	1.4	0.0	100.0(139)
1-7 years	26.0	0.0	27.6	15.4	24.4	5.7	0.8	0.0	100.0(123)
8 yrs. Plus	13.8	1.6	31.6	13.4	30.0	8.5	0.8	0.4	100.0(247)
D: Occupation of the woman									
Housewives	21.6	0.9	26.6	17.5	27.0	5.2	1.1	0.2	100.0(462)
Working*	14.9	2.1	25.5	6.4	32.0	19.1	0.0	0.0	100.0(47)
E: Whether paid for work									
Yes*	14.9	2.1	25.5	6.4	31.9	19.1	0.0	0.0	100.0(47)
No	21.6	0.9	26.6	17.5	26.8	5.2	1.1	0.2	100.0(462)

* Per cent based on less than 50 observations. NC means not calculated.

Table 5.5 Contd.....

Characteristics of the woman	Female Steriliz.	Male Sterliz.	Cu-T	Oral Pill	Condom	Rhythm	Withdrawal	Other method	Total
	F: Type of House								
Kachcha*	28.1	0.0	21.9	21.9	25.0	3.1	0.0	0.0	100.0(32)
Semi-Pucca	27.6	0.0	31.0	31.0	16.1	1.1	1.7	0.6	100.0(174)
Pucca	16.5	1.7	24.4	12.9	34.0	9.9	0.7	0.0	100.0(303)
	G: Standard of Living Index								
Low	-	-	-	-	-	-	-	-	0
Medium	28.9	0.0	21.1	20.6	26.1	1.1	1.7	0.6	100.0(180)
High	16.7	1.5	29.5	14.3	28.0	9.4	0.6	0.0	100.0(329)
	H: Index for Decision Making Power of Women								
Low	18.7	0.4	30.2	24.3	20.0	5.1	0.9	0.9	100.0(235)
Medium	21.8	2.3	28.6	12.0	26.3	8.3	0.8	0.8	100.0(133)
High	24.1	0.7	18.4	7.8	40.4	7.1	1.4	1.4	100.0(141)
	I: Index for Exposure to Mass Media								
No Exposure*	31.8	0.0	18.2	11.4	34.1	2.3	2.3	0.0	100.0(44)
Some Expos.	20.0	1.1	27.3	17.0	26.7	6.9	0.9	0.2	100.0(465)

* Per cent based on less than 50 observations. NC means not calculated.

Fig. 5.1
Current F.P. use by no. of living children

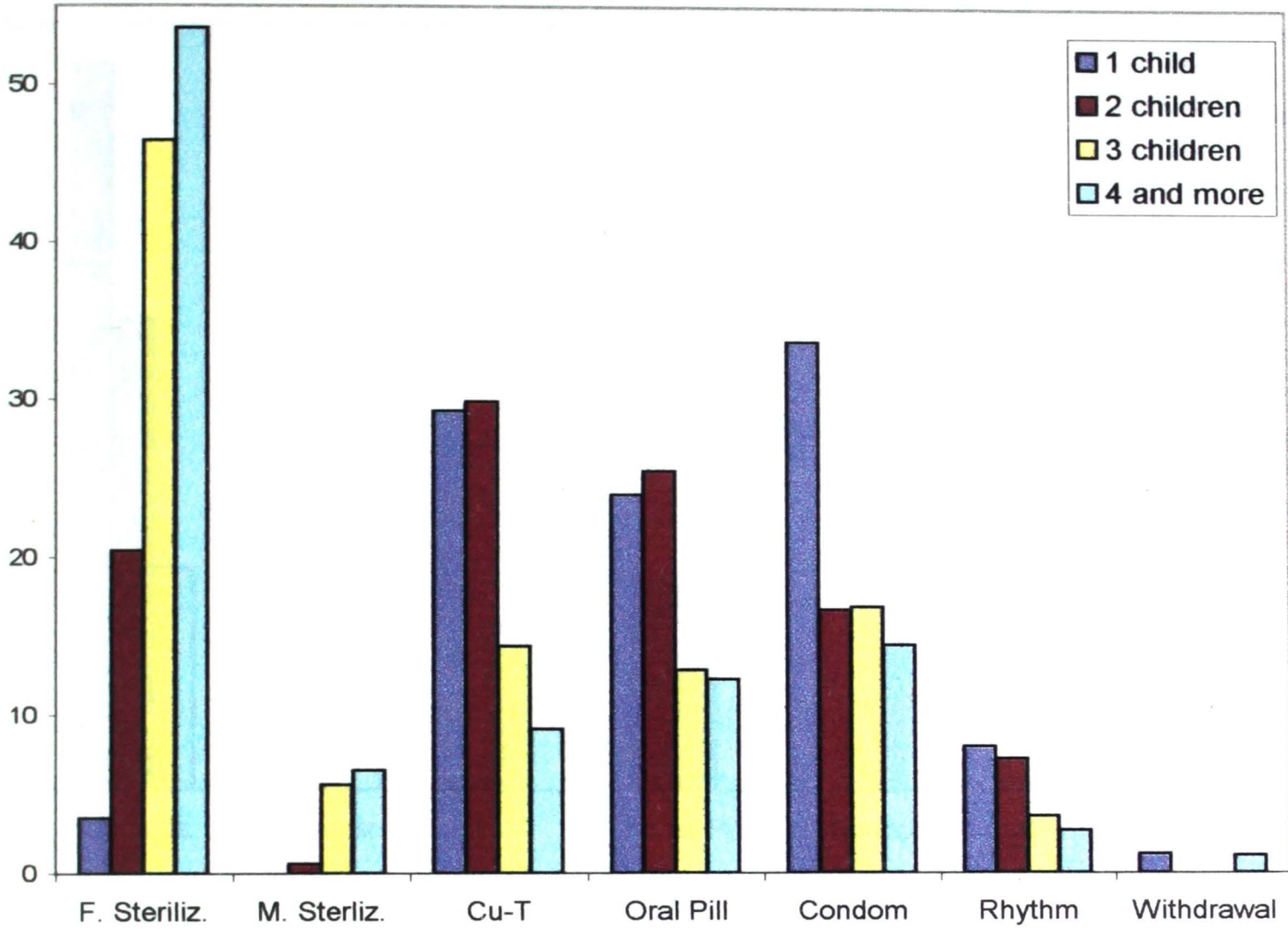


Fig. 5.2
Current F.P. use by education of woman

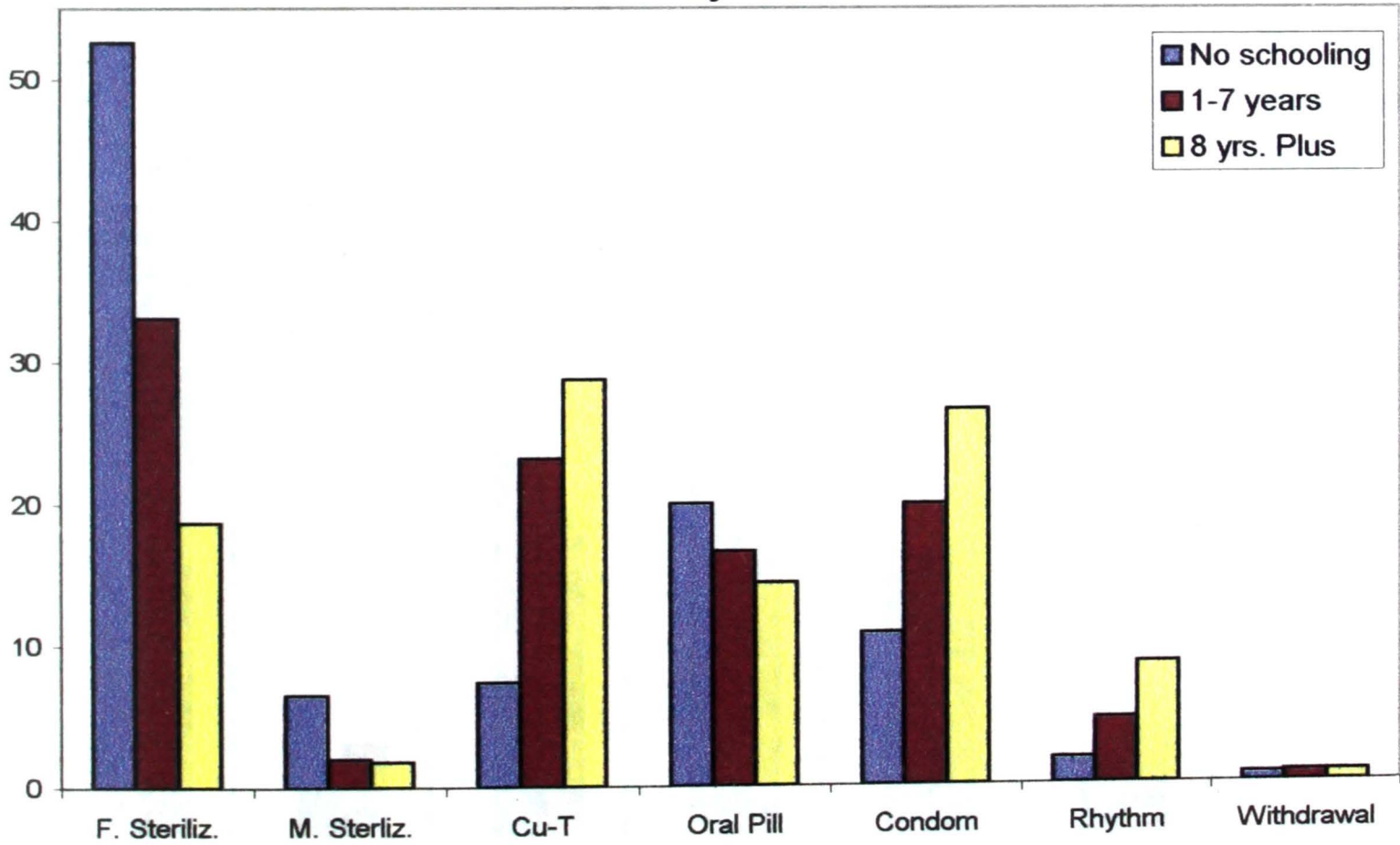


Fig. 5.3
Current F.P. use by standard of living index

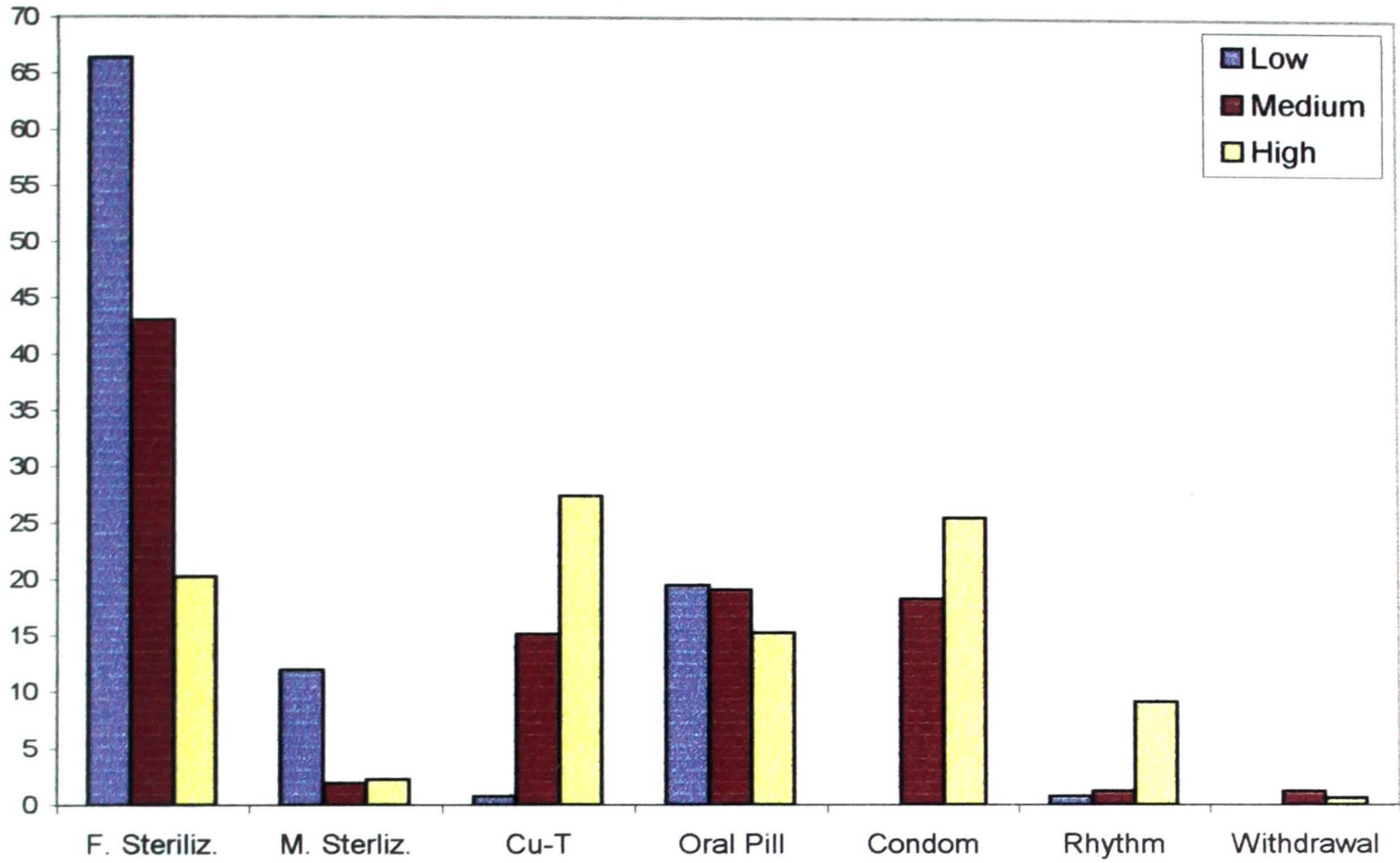


Fig. 5.4
Current F.P. use by decision making power of the woman

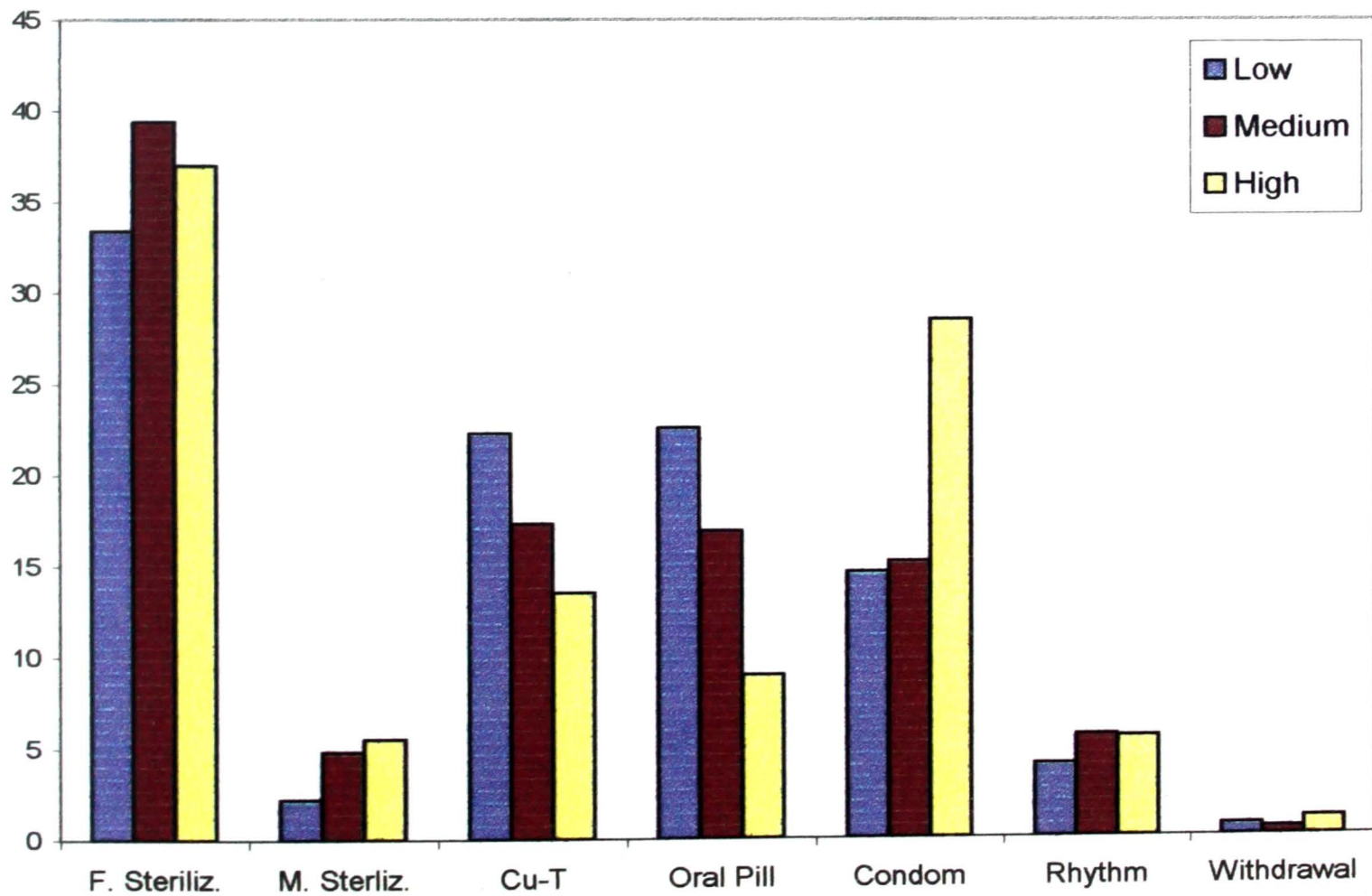
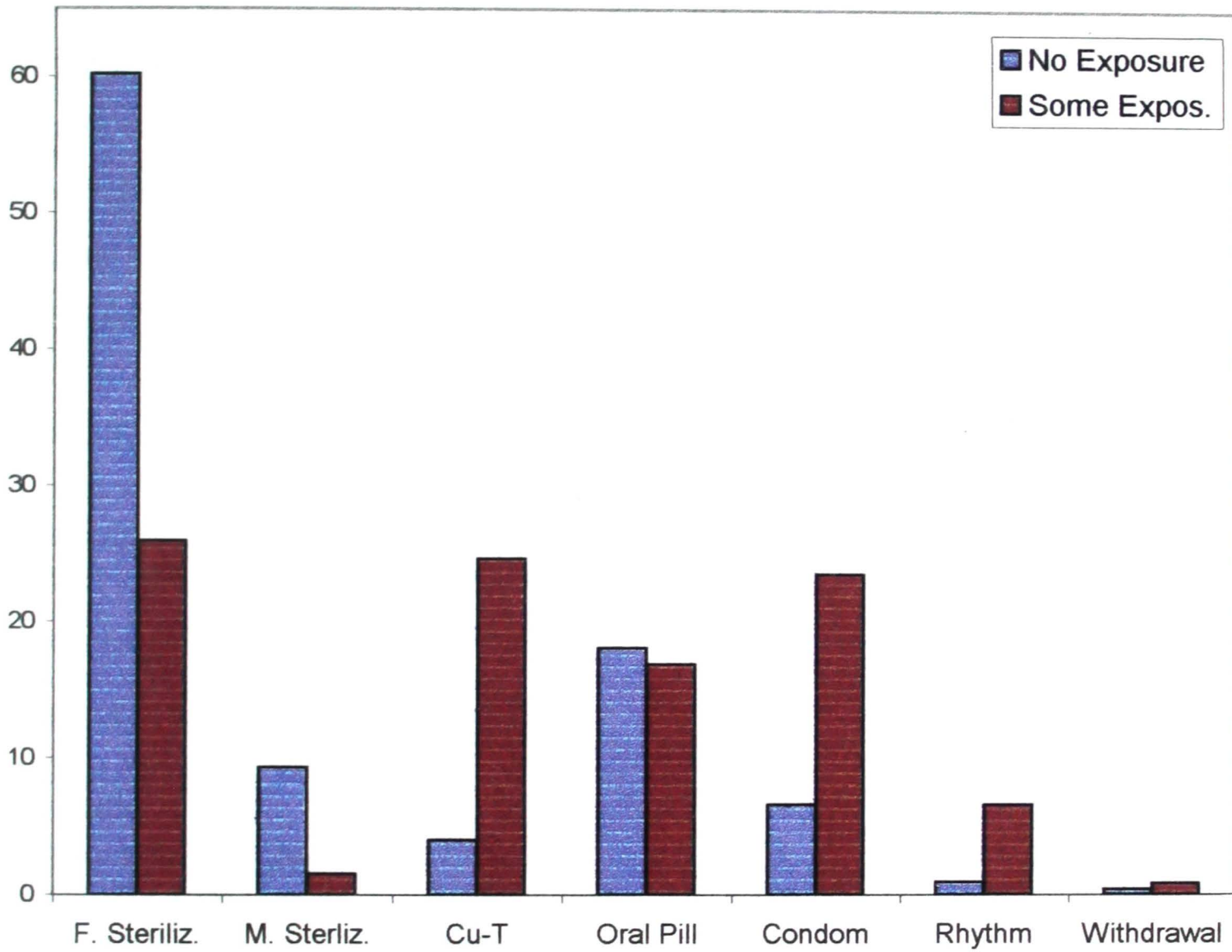


Fig. 5.5
Current F.P. use by exposure to mass media



5.6 Sex composition of the living children and family planning use

Table-5.6 contains distribution of women by sex composition of the living children for both types of blocks separately as well as together. It may be mentioned that for women with four or more living children we have not provided the sex composition of the living children. The data in Table-5.6 clearly reveals very strong son preference among the couple in the survey area. As may be seen among women with two children, per cent of couple using sterilization was close to 36 per cent among those with both sons whereas it was only 3.4 per cent among those couple whose both children were daughters. Similarly in case of couples with three living children the per cent of sterilization users was highest for those with all three sons (over 62 per cent) and it was lowest for those whose all three children were daughters (7 per cent). Further, the per cent of sterilization users was higher for those with 2 sons and one daughter (59 per cent) as compared to those with one son and two daughters (47 per cent). There are no notable differentials across types of blocks in this respect. Further, because of the small number of observations, in case of I-M and T-B blocks we have given absolute numbers.

Table 5.6: Distribution of women by sex composition of living children and family planning use.

Name of the Variable	Sterilization ¹	Spacing Methods ²	Row per cent	
			Others ³	Number
No child	NC	All Blocks NC	NC	1
One child				
1 Son No Daughter	4.2	85.5	10.4	48
No Son 1 Daughter	3.1	87.7	9.3	65
Two Children				
2 Sons No Daughter	35.7	55.3	8.9	56
1 Son 1 Daughter	17.7	78.1	4.2	96
No Son 2 Daughters	3.4	82.7	13.8	29
Three Child				
3 Sons No Daughter	62.5	37.5	0.0	32
2 Sons 1 Daughter	59.3	36.1	4.7	86
1 Son 2 Daughters	46.9	50.0	3.2	64
No Son 3 Daughters	7.1	78.6	14.3	14
4 or More children	60.1	35.7	4.2	263

Table 5.6 contd.....

Name of the Variable	Absolute numbers			Number
	Sterilization ¹	Spacing Methods ²	Others ³	
		J-M Blocks		
No child	0	0	0	0
One child				
1 Son No Daughter	2	8	2	12
No Son 1 Daughter	1	6	1	8
Two Children				
2 Sons No Daughter	15	1	0	16
1 Son 1 Daughter	7	14	1	22
No Son 2 Daughters	0	5	0	5
Three Child				
3 Sons No Daughter	17	1	0	18
2 Sons 1 Daughter	34	5	0	39
1 Son 2 Daughters	21	3	0	24
No Son 3 Daughters	0	2	0	2
4 or More children	93	5	1	99
		T-B blocks		
No child	0	0	1	1
One child				
1 Son No Daughter	0	33	3	36
No Son 1 Daughter	1	51	5	57
Two Children				
2 Sons No Daughter	5	30	5	40
1 Son 1 Daughter	10	61	3	74
No Son 2 Daughters	1	19	4	24
Three Child				
3 Sons No Daughter	3	11	0	14
2 Sons 1 Daughter	17	26	4	47
1 Son 2 Daughters	9	29	2	40
No Son 3 Daughters	7	3	2	12
4 or More children	65	89	10	164

1. Female and Male sterilizations

2. Oral Pills, Cu-T and Condoms

3. Rhythm, Withdrawal and other traditional methods.

5.7 Quality of Care

Informing women about the possible health problems prior to adopting family planning is very crucial. Dissemination of the information to the women on this issue is very important from the viewpoint of ensuring longer use of the methods by them. Beside this, the follow-up checks too are equally important.

5.7.1 Information given prior to the FP use

It may be observed from the Table-5.7 that only about one-fifth of the users were informed about the possible health problems arising due to use of family planning in advance. In most of the cases, the acceptors were not informed about the possible health consequences as a result of family planning use. The per cent of acceptors not informed in advance was much higher in T-B blocks (over 79 per cent) as compared to the J-M blocks (58 per cent). It may be recalled here that a large proportion of the current users in T-B blocks got the method from the private services. Despite this, only very few are informed about the possible health consequences of the family planning use in advance.

5.7.2 Follow-up check-up after acceptance

It may be noticed from the table 5.7 that less than 20 per cent of the users were contacted for the follow-up check-up after adopting the family planning method in all the four blocks together. The per cent of acceptors visited for the follow-up checks was much higher in J-M blocks (42 per cent) as compared to the T-B blocks (6 per cent only).

5.7.3 Health problems faced and subsequent treatment behavior

The data clearly reveals that a majority of the women did not experience any health problem after adopting the family planning. However, there were about 17 per cent of the women who did face some health problem or the other after they started using family planning. The most common reported health problems were: weakness and body-

ache/backache (by nearly half of the women). There were few women who suffered from irregular periods, cramps, dizziness, excessive bleeding etc.

Table 5.7: Distribution of women by various aspects of quality of care.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Informed on health prob. Due FP use			
Yes, informed	40.0	12.1	21.2
No, not informed	58.0	79.4	72.3
Do not remember	0.0	0.9	0.7
Users of natural methods of FP	2.0	7.6	5.8
Number of Women	245	509	754
B: Inquired health probl's due to FP			
Yes, inquired	42.0	6.1	17.8
No, not inquired	56.0	86.3	76.4
Users of natural methods of FP	2.0	7.6	5.8
Number of Women	245	509	754
C: Health Problems			
Per cent users with health problem	24.9	12.4	16.5
Type of health problem			
Weakness	47.5	55.5	51.6
Body-ache/backache	70.5	31.8	50.8
Cramps	11.5	25.4	18.5
Weight gain/Abdominal pain	0.0	3.2	1.6
Dizziness	11.5	28.6	20.2
Nausea/Vomiting	4.9	3.2	4.0
Breast tenderness	4.9	3.2	4.0
Irregular periods	6.6	39.7	23.4
Excessive bleeding	6.6	20.6	13.7
Spotting	0.0	3.2	1.6
White discharge	1.6	19.1	10.5
Abdominal Pain	0.0	4.8	2.4
Faint	36.1	0.0	17.7
Others	4.9	1.6	3.2
Number of Women	61	63	124
D: Whether Treated			
Yes, treated	67.2	61.9	64.5
No, not treated	32.8	38.1	35.5
Number of women	61	63	124

Table 5.7 contd.....

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
E: Place of treatment			
Government Doctor/ANM	90.2	97.4	93.8
Private Doctor	9.8	2.6	6.2
Number of Women	41	39	80
F: Satisfied with FP use			
Yes, satisfied	95.1	97.2	96.6
No, not satisfied	4.9	2.8	3.4
Number of Women	245	509	754

Coming to the block differentials in this respect it may be observed that out of the 61 women in J-M blocks who reportedly experience any health problem due to family planing use, about 70 per cent suffered from body-ache/backache and about 48 per cent from weakness. On the other hand, the percent of women reported to have suffered from body-ache/backache was relatively smaller in T-B blocks (32 per cent). Further about 55 per cent of the women in T-B blocks suffered from weakness. It may also be mentioned that 22 women in J-M blocks reported to have suffered from fainting after the family planning.

All those women who experienced any health problem after adopting family planning were further asked if they sought any medical help to overcome the problem along with the place of treatment. The responses to these questions are presented in panel-D and G of the same table. It may be noticed that majority of the women (about 65 per cent) in both the blocks sought some type of medical treatment for the health problems they faced. The results were more or less similar in both types of blocks. Further, in most cases, the treatment was obtained from government sources. It may be recalled here that most of the family planning users in T-B blocks got family planning services from the private sources. However, when it comes to the treatment for health problems due to FP use they obtained it from the government source.

Almost all of the acceptors told that they were satisfied with the method they were using at the time of survey.

5.8 Reasons for current non-use of family planning

All current non-users were asked questions about the reason for non-use. The answers to this question are summarized in Table-5.8. It may be observed from the table that, about 52 per cent of the women did not use any family planning at the time of survey, since their youngest child was too small and they were in PPA. Another about 13 per cent of the women did not use any family planning since they desired to have another child soon. Fear of side effects was reported as the reason for non-use of family planning by nearly 9 per cent of the women. Some of the other reasons reported for the non-use were: husband opposed to family planning (6.5 per cent), against religion (4.6 per cent), husband presently staying away (7.3 per cent), others in the family against family planning (1.4 per cent) etc.

Table 5.8: Distribution of women by reasons for current non-use.

Reason for non-use	J-M BLOCKS	T-B BLOCKS	TOTAL
1. Child too young/ in PPA	60.6	39.8	51.9
2. Want child	20.3	1.8	12.6
3. Opposed to FP(self)	1.0	0.7	0.9
4. Opposed to FP (husband)	0.3	15.2	6.5
5. Opposed to FP (others)	0.3	2.9	1.4
6. Do not like existing methods	1.2	0.2	0.8
7. Fear of side effects	7.6	11.9	9.1
8. Difficult to get method	1.1	0.0	0.6
9. Husband presently staying away	5.2	10.3	7.3
10. Against the religion	0.0	11.0	4.6
11. Method is costly	0.0	0.5	0.2
12. Difficult to use FP	0.0	0.7	0.3
13. No specific reason	2.5	5.0	3.4
Total Number of woman	805	571	1376

It should be noted here that the reasons reported for the current non-use of family planning varied significantly across type of blocks. For example, 'want child' was reported by about 20 per cent of the women in J-M blocks as compared to less than 2 per cent in T-B blocks. Similarly, over 15 per cent of the women in T-B blocks told that their husbands were opposed to family planning whereas this was reported by just 0.3 per cent of the non-users in J-M blocks. Nearly 12 per cent of the women in T-B blocks reported

that they did not use family planning, as they were afraid of various side effects of the family planning whereas this was reported as reason by about 7 per cent of the non-users in J-M blocks. About 11 per cent of the women in T-B blocks told that they did not use any family planning as it was against their religion.

5.9 Future intentions on family planning use

All the current non-users of family planning (including currently pregnant women) were further asked about their future intentions with respect to family planning use. The results of this are presented in Table-5.9. It may be noted from the table that over half of the non-users (53.6 per cent) did not intend to use family planning in future either. The per cent of women not intending to use family planning in future was about 58 per cent in J-M blocks as compared to nearly 48 per cent in T-B blocks. Rest of the other women intended to use family planning in future. Female sterilization followed by Oral Pills (24.4 per cent and 10.2 per cent respectively) were the most preferred method women intending to use in future. Another 7 per cent of the women reported that they intend to use condom in future. It may be mentioned that all those women who reportedly intended to use Condoms in future were from T-B blocks.

Table 5.9: Distribution of women by future family planning intentions by methods.

Method	J-M BLOCKS	T-B BLOCKS	TOTAL
None	57.9	47.8	53.6
Female Sterilization	26.2	21.9	24.4
Male Sterilization	0.6	0.3	0.5
IUD/ Cu-T/ Loop	0.4	2.1	1.1
Pill	13.6	5.5	10.2
Condom	0.2	16.6	7.2
Rhythm	0.1	1.5	0.7
Gavathi Medicine	0.8	0.0	0.4
Cannot say/not thought about it	0.2	4.3	1.9
Total Number Women	1049	782	1831

Though the results on this aspect did not vary substantially by the type of block it may be mentioned that about 13.6 per cent of the women in J-M blocks as against of only 5.5 per

cent in T-B blocks intended to use Oral Pills in future. On the other hand, per cent women intending to use Condom in future was much higher in T-B blocks (16.6 per cent).

5.10 Desire for Additional child

The responses to the question on whether an additional child was desired are presented in Table 5.10. At the outset it may be mentioned that this question was not asked to the acceptors of female/male sterilization or who had undergone hysterectomy. It may be noticed from the table that about 61 per cent of the respondents reported that desired to have an additional child whereas remaining 39 per cent said they did not want to have any additional child. The per cent of women wanting to have additional child was much higher in J-M blocks (75.3 per cent) as compared to those in T-B blocks (47.2 per cent).

Table 5.10: Distribution of the women by desire for additional child in future.

	J-M BLOCKS	T-B BLOCKS	TOTAL
Want additional child	75.3	47.2	60.8
Do not want additional child	24.7	52.8	39.2
Total No. of Women	1104	1179	2283

5.11 Ideal family size

In order to find out the popular norm on ideal family size couples would prefer to have, in the present survey all the women were asked following question:

“If you could go back to the time when you did not have any child and if you are asked to give number of children that you would like to have in your lifetime. What would that number be? How many of them would be Sons and how many Daughters?”

The responses to this question are presented in Table-5.11. It may be observed from the table that as many as 45 per cent of the surveyed women could not answer this question and said that it was upto God to give children. The per cent of women telling this was over 61 per cent in T-B blocks and about 28 per cent in the J-M blocks. Further, over 26 per cent of all women in all the four blocks told two children as ideal family size. Per cent of women reporting two children family as the ideal family size was more or less similar in both types of blocks.

Table 5.11: Distribution of women by the ideal number of children couples would like to have.

Number of Children	J-M BLOCKS	T-B BLOCKS	TOTAL
One Child	0.5	0.6	0.5
Two Children	24.4	28.4	26.4
Three Children	27.0	5.0	15.9
Four or more Children	19.9	5.1	12.4
Can't Say/upto God	28.2	60.9	44.7
Total Number of Women	1295	1311	2606

In table 5.12 we have given the sex composition of the ideal family size woman would like to have. The data has been presented for those women who replied to the question on ideal family size. In other words, all those women who could not state the ideal family size have been excluded from the analysis in this table for obvious reasons. As may be seen that over 45 per cent reported one son and one daughter family as the ideal family size. Another about 27 per cent reported two sons and one daughter as the ideal family size.

With respect to the differentials across types of blocks it may be noted that the per cent of women reporting one son and one daughter as the ideal family size was over 71 per cent in T-B blocks. However, in case of J-M blocks this was reported by nearly one-third women only. Further about one-third of the women in J-M blocks and only about 10 per cent of them in T-B blocks reported two sons and one daughter as the ideal family size.

It may be interesting to note that about 22 per cent of the women in all four blocks reported four or more children as the ideal family size. The corresponding figure for J-M blocks and T-B blocks were approximately 27 and 13 per cent respectively.

Table 5.12: Distribution of women who replied for ideal family size by the sex composition of the ideal number of children couples would like to have.

Number of Children	J-M BLOCKS	T-B BLOCKS	TOTAL
One child			
1 Son No Daughter	0.5	1.2	0.8
No Son 1 Daughter	0.1	0.2	0.1
Two Children			
1 Son 1 Daughter	31.3	71.1	45.5
Others	1.6	1.2	1.5
Three Child			
2 Sons 1 Daughter	35.5	10.4	26.6
Others	1.7	1.6	1.7
4 or More children	27.2	12.9	22.1
Sex composition not specified	2.0	1.6	1.7
Total	100.0	100.0	100.0
Number of Women	930	512	1442

Chapter 6

Family Planning Practices during Past Four Years prior to Survey

In the present survey questions on aspects covering outcome of the pregnancy, reason for abortion, sex, birth order and survival status of the baby, whether the pregnancy was wanted, reason for not wanting the pregnancy, family planning practices before conception (including advise on family planning, type of family planning method used, reason for non-use, difficulty faced by the women in obtaining family planning services and supply etc.) were asked in the context of each of the pregnancy/delivery that the women underwent during the reference period from January 1995 till survey date. The information obtained on these aspects has been analyzed in this chapter.

It may be mentioned that including the current pregnancies, a total of 4319 pregnancies/births occurred during the reference period to the 2606 eligible women covered in the present study. Of these total pregnancies/births, 2168 were from the J-M blocks and 2151 from T-B blocks.

Now onwards we would refer to these pregnancies/births as 'event'.

Table 6.1 gives the distribution of event by final outcome. It may be observed from the table that out of the total events that occurred during the reference period, 10.5 per cent were current pregnancies and 85.1 per cent ended into live births. Another 1.2 per cent terminated into still births while 2.5 per cent were spontaneous abortion and 0.7 per cent were MTP. The distribution of events by outcome does not vary much across type of blocks. Nevertheless, the per cent of MTP was slightly higher in T-B blocks as compared to that of the J-M block (1.2 per cent against 0.1 per cent).

Out of the total 29 MTP cases, 26 were reported from T-B blocks whereas only three were reported from J-M blocks. Further, majority of these MTPs were carried out as the child was either not desired at all or woman had some health problem. Nonetheless, there were few instances where abortion was carried as the child of a particular sex¹ was desired.

¹

Table 6.1: Final outcome of the pregnancy during the reference period.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
1. Outcome of Pregnancy			
Currently Pregnant	11.2	9.8	10.5
Live Birth	84.7	85.5	85.1
Still Birth	1.2	1.2	1.2
Spontaneous Abortion	2.8	2.3	2.5
MTP	0.1	1.2	0.7
Total Number of Events	2168	2151	4319
2. Reason For Abortion*			
Health Problem	NC	46.2	48.3
Do not want Child	NC	46.2	44.3
Wanted son/daughter	NC	7.6	6.7
Total No. of Abortions	3	26	29

NC= not calculated; out of the total 3 cases, one was on health ground whereas two were terminated as the child was not wanted.

* Per cent based on less than 50 observations.

6.1 Family planning practices during pregnancies/births between January 1995 to the survey date

Table-6.2 gives relevant data on various aspects of family planning practices prior to conception by the women in the past four years period. At the outset we may mention that in this table we have presented data in absolute terms. However, during the analysis we will use per cent figure. It may be observed from the Table 6.2 that out of the total 4319 events, family planning advice was given in only about a little over half of the instances (54 per cent). The per cent of women who were advised to use family planning before conception was just a little over quarter in J-M blocks (27 per cent) whereas in case of T-B blocks it was significantly high (82 per cent). Coming to the use, family planning was actually used before conception in only about 12 per cent of the total instances. The per cent of events where family planning was used prior to the conception was just about 4 per cent in J-M blocks. However in case of T-B blocks it was used in about 20 per cent of the cases.

Out of the 516 users of family planning, Oral Pill was used in about 44 per cent of the cases while Cu-T was used in about 14 per cent of the cases. Further, Condom was used in about 30 per cent of the cases (all from T-B blocks). Among the natural methods of family planning, Safe Period Method was used in about 11 per cent of the cases before

conception (most from the T-B blocks). There were 3 cases of sterilization failure (all from J-M blocks).

Table 6.2: Family Planning Practices During the pregnancies/births occurred during the period January 1995 to the date of survey.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
1: Advised on family planning	583	1757	2340
2: Used FP before conception	93	423	516
3: Method Used			
Cu-T	3	67	70
Oral Pill	82	143	225
Condom	0	157	157
Safe Period Method	4	55	59
Sterilization (failure)	3	0	3
Injection	0	1	1
Gavathi Method	1	0	1
4: Reason for discontinuing FP			
Wanted child (Self)	33	140	173
Wanted Child (Husband)	0	115	115
Wanted Child (Both)	0	19	19
Health Problem	18	67	85
Irregular use of Spacing Method	32	72	104
Difficult to get method	6	2	8
Method fail	4	8	12
5: Any Follow up visit			
Yes, visited	52	24	76
No, not visited	37	344	381
5: Difficulty in getting method			
Yes	7	3	10
No	78	365	443
Total Number of Event	2168	2151	4319

In response to the question on the reason for discontinuing the method, about one-third of the women reported 'desire to have child' as the reason. About 22 per cent of the women (all from T-B blocks) told that they discontinued the method, as their husband wanted another child. It may be noted here that none of the women in J-M blocks have reported this as the reason for discontinuing the method. There were about 17 per cent of the women who discontinued the method on account of health problems (the per cent women reporting this as the reason was slightly higher in J-M blocks). About one-fifth of the women reported that since they did not use the spacing method regularly and became pregnant. The implication of this finding is that the health worker has to emphasize to the

woman that it is very important to use the method as per the instructions and regularly. The health workers need to explain the instructions to the woman very clearly. There were four women who reported 'method failed' as the reason (this included 3 cases of sterilization failure and one of Gavathi method, all from the J-M blocks). Of the users, in about 8 cases (6 from J-M blocks and 2 from T-B blocks) it was told that they faced difficulty in obtaining the method they were using.

It is thus very important that the health worker visit the acceptor at a regular interval for follow-up check ups. This would help in increasing the retention rate of the method. However, the results of our survey reveal that the follow-up visit was made in only about 17 per cent of the instances (and in about 58 per cent of the instances in J-M blocks).

6.2 Health problems faced due to family planning use in the past

Table 6.3 gives relevant data on the type of health problems faced by the women due to family planning use prior to the conception. It may be mentioned here that there were very few women who had used any family planning before conception during the reference period, particularly in J-M blocks. Further, among the users relatively fewer numbers of women reportedly suffered from any kind of health problems. These points need to be kept in mind while analyzing the results on this issue.

It may be observed from the Table 6.3 that out of the total users of family planning during the reference period over 31 per cent reportedly suffered from any health problems because of the method. The per cent of women who experienced any kind of health problem was lower in J-M blocks (around 21 per cent) as compared to the women in T-B blocks (a little over 34 per cent). Further weakness (close to 60 per cent), body-ache/backache (18 per cent), cramps (14 per cent), dizziness/nausea/vomiting (21 per cent) and irregular period (17 per cent) were the most commonly reported health problems. Nevertheless, there were few women who suffered from excessive bleeding (about 24 per cent) and white discharge (about 10 per cent). On the whole, per cent of women reporting different types of health problems were quite similar in both types of blocks. It may be said that most of the health problems reported by the women are not of serious in nature and could be taken care of by simply counseling the women on these issues.

With regard to the treatment-seeking behavior of the women in case of health problem it may clearly be observed from the last panel that more than half of the women sought

some medical help. However, sufficiently large proportion of the women did not seek any medical help for the problem. Even though there was not much variation across the two types of blocks in terms of per cent women seeking medical help for their problem, slightly higher proportion of women in J-M blocks as compared to the T-B blocks sought medical help (61 per cent against 56 per cent).

Table 6.3: Distribution of past users of family planning by the health problems faced as a result of family planning use prior to the conception and subsequent treatment seeking behavior.

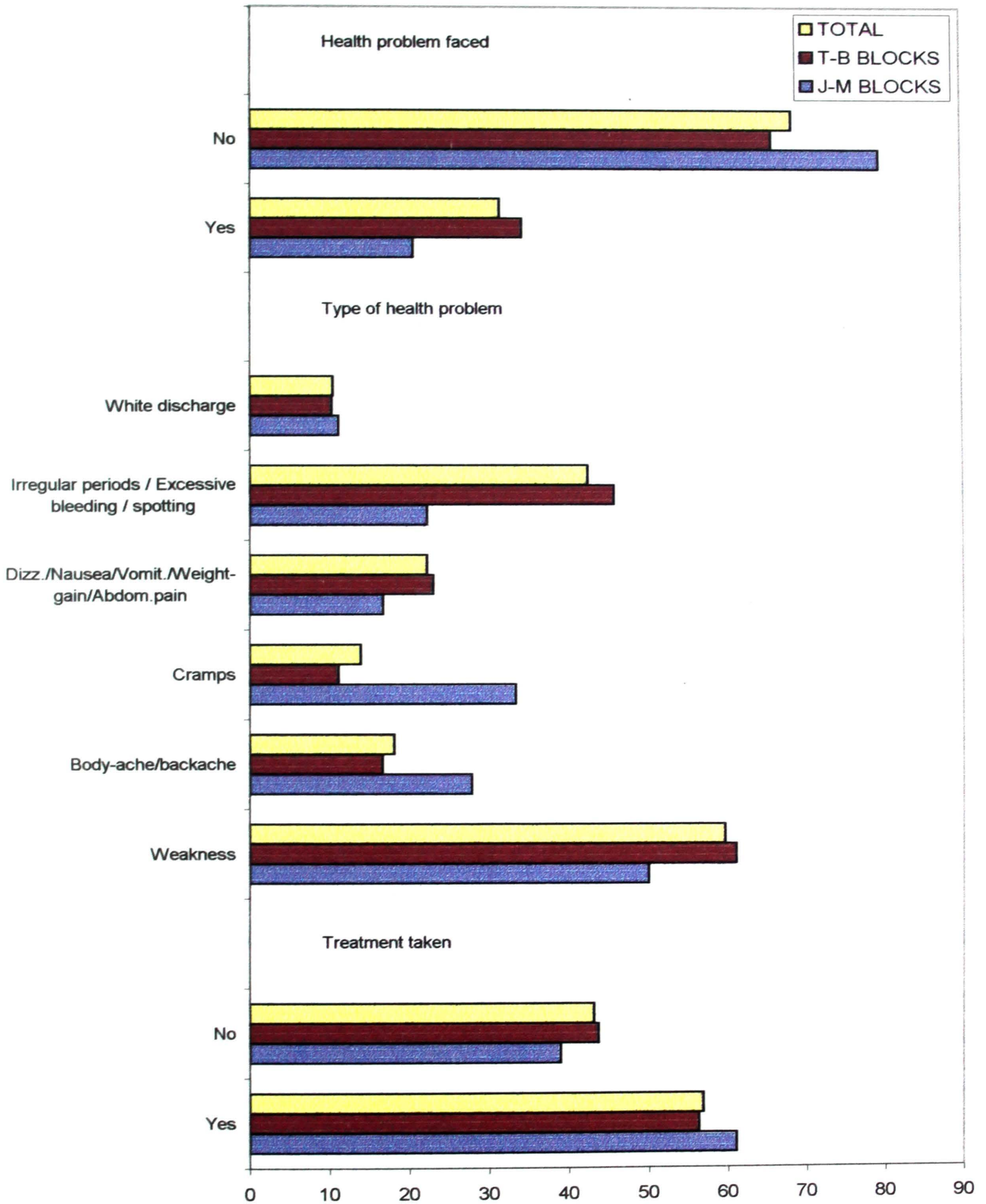
Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Health Problems faced			
Yes, faced problem	20.5	34.2	31.4
No problem	79.5	65.8	68.4
Number of Users	88	368	456
B: Types of health problems*			
Weakness	50.0	61.1	59.7
Body-ache/backache	27.8	16.6	18.1
Cramps	33.3	11.1	13.9
Weight gain/Abdominal pain	0.0	1.6	1.4
Dizziness/Nausea/Vomiting	16.7	21.4	20.8
Irregular periods	0.0	19.5	16.7
Excessive bleeding	22.2	23.8	23.6
Spotting	0.0	2.4	2.1
White discharge	11.1	10.3	10.4
Number of Event	18	126	144
C: Whether Treated			
Yes	61.1	56.3	56.9
No	38.9	43.7	43.1
Number of Event	18	126	144

* for J-M blocks per cent based on less than 50 observations.

6.3 Reason for Non-use of Family Planning in the Past

Table 6.4 gives distribution of non-users of family planning by the reasons for prior to the conception by reason for doing so. The data is presented for both types of blocks separately as well as together. It may be observed from Table 6.4 that the 'desire to have child', by the woman herself was reported to be the most common reason for non-users of family planning before pregnancy (by about 63 per cent of the women). The per cent of women reporting this as the reason was much higher in J-M blocks (73 per cent) than that

Fig. 6.1
Health problems faced by eligible woman due to
F.P. use in the past



in the T-B blocks (51 per cent). Husband/Others in the family wanted child was reported as the reason for non-use in about 15 per cent of the cases (mostly coming from T-B blocks). In as many as over 8 per cent of the cases family planning was not used on account of 'fear of side effect'.

The other reasons reported by the women were: Unaware of spacing methods either at present or in the past (about 4 per cent). In T-B blocks family planning was not used prior to the pregnancy in about 8 per cent of the cases as it was considered to be against their religion. In about 4 per cent of the cases it was not used as women faced opposition from either husband or other family members. It may further be mentioned that the per cent of women reporting 'fear of side effects' as the reason for non-use was over 9 per cent in J-M blocks whereas the corresponding figure for T-B blocks was about 7 per cent.

Table 6.4: Reasons for non-use of family planning before the conception.

Reason for Non-Use	J-M BLOCKS	T-B BLOCKS	TOTAL
1 Wanted Child (Self)	73.3	50.7	63.0
2 Wanted Child (Husband/Other)	7.1	25.2	15.4
3 Against the Religion	0.0	8.3	3.8
4 Fear of side effects	9.4	6.5	8.1
5 Difficult to get/use method	1.0	0.3	0.6
6 Opposed to FP (Husband)	0.0	2.8	1.3
7 Opposed To FP (Other)	0.9	1.0	0.9
8 Don't like existing method	0.4	0.2	0.3
9 Conceived during PPA	1.6	0.0	0.9
10 Unaware of spacing methods presently/that time	4.0	2.2	3.8
11 Method Expensive	0.0	0.1	0.1
12 Wanted Son/Daughter	0.3	0.3	0.3
13 No specific reason	1.0	2.4	1.5
Total Number of Event	2075	1728	3803

It may be emphasized that here the role of health workers become very important and they can play pivotal role in reducing this proportion. In other words, the health workers will have to take the responsibility of providing and educating the couples about the possible side effects of each of the method clearly and counsel them time to time on this issue. The couples need to be told that these health problems are only for short period.

Chapter 7

Opinion of the Women on the Quality of Government Health Services

All the women in the survey were asked to give their opinion about the available government health facilities in their area. Under this, the women in J-M blocks were asked questions ranging from the visits by the health worker to them at home during the past one year to the discussions with the health workers during their visits. In addition to this, women in all the four blocks were also asked about their visit to any of the government health facility in the past one-year. Those women who visited any of the existing government health facility during the reference period were further asked to give their views on various components of the facility. Those women, who did not visit the center, were asked to state the reason for not visiting the facility. The data on these issues are analyzed in this chapter.

7.1 Opinion on ANM's Visit (J-M blocks only)

Table 7.1 presents data on the health worker's visit to the women in the past one year period prior to the date of survey. As mentioned earlier, the data in this table refer to only Jawahar and Mokhada blocks since these questions were included only for these two blocks. It may be observed from the table that although the health worker had visited about 88 per cent of the women in both the blocks during the reference period, the frequency of his/her visit was very limited. Majority of the women were visited only once in two months or so. This indicates that the services are not reaching the women to an expected extent. It may be mentioned that in all the cases it was the ANM who have visited the women.

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

Table 7.1: Distribution of the women by health worker's visit.

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

7.2 Women's Visit to the Government Health Center (all four blocks)

The data in section-A of Table 7.2 gives the percentages of women visiting any of the government health facility in the past one-year period prior to the date of survey. It may be noted that less than half of the women (about 45 per cent) in all the four blocks visited any government health facility during the reference period. This is true for both types of blocks as well. This is clear indication of the fact that fewer and fewer women are utilizing the government health facilities. In other words, more and more people are turning to the private sector in order to meet their health needs. It may be mentioned that this finding is not peculiar to this study alone. In the past couple of years similar trends have been found in all the six rapid surveys carried out by our PRC in different parts of the state.

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

The data in the Panel-B of the table reveals that out of the total women who visited the Government health facility during the reference period, over 96 per cent in T-B blocks visited the Government Hospital while in J-M blocks, a little over half visited the Government Dispensary. Another about 43 per cent of these women in J-M blocks visited the Primary Health Centre.

It may further be observed that most of the women visited the health facility mainly for antenatal, natal and post-natal services or for childcare (primarily immunization-related services). Very few women had gone to the system for other services. It is interesting to note that only a handful of the women visited the center for family planning services. The results on this were slightly different in two types of blocks. For example, in J-M blocks about one-third of the women visited the government health facility for treatment of sickness while in T-B blocks it was reported by only about 2 per cent of the women.

Of the total women who visited the health facility, about 98 per cent reported that they received the service that they had gone for. However, remaining 2 per cent mentioned

they did not receive the required service at the center. The results were quite similar in both types of blocks.

Table 7.2: Distribution of the women visiting Government health facilities by their opinion on the quality of services.

Name of the Variable	J-M BLOCKS	T-B BLOCKS	TOTAL
	A: Visited Govt. health facility in last 1 Yr.		
Yes, visited	45.7	43.4	44.6
No, not visited	54.3	56.6	55.4
Number of Women	1295	1311	2606
	B: Place Visited		
Govt./Municipal Hospital	0.2	96.3	47.3
Government Dispensary	52.2	0.0	26.6
UHC/UHP/UFWC	0.2	0.0	0.1
CHC/RH/PHC	43.2	0.0	22.0
Sub Centre	4.2	0.0	2.2
Hospital/Clinic	0.0	3.5	1.7
Mobile Clinic	0.0	0.2	0.1
	C: Purpose of the visit		
FP related services	3.4	14.4	8.8
Child care	51.0	68.2	59.4
ANC/NC/PNC	27.4	20.9	24.2
Disease prevention	18.2	51.7	34.6
Treatment of sickness	33.6	2.3	18.3
Other	6.8	0.2	3.5
	D: Whether received the required service		
Yes	97.6	97.7	97.7
No	2.4	2.3	2.3
Total	100.0	100.0	100.0
Number of women	592	569	1161

7.3 Perceptions of the women on various aspects of the Government health facility (all blocks)

All those women who visited the health facility in the reference period were further asked about their opinion on various components of the health facilities. The results obtained on these aspects are presented in Table 7.3. It may clearly be observed from the table that, at

large, most of the women had positive opinion regarding the various components of the health facility available to them. For example, with very few exceptions, majority of the women who visited the government health facilities felt that the facility available to them was well equipped and there was sufficient privacy at the centre during examination.

Table 7.3: Distribution of women by the opinion regarding various components of Government health facilities.

Per cent of women who reported that the	J-M	T-B	TOTAL
	BLOCKS	BLOCKS	
1. Centre is well equipped	96.3	99.1	97.7
2. Sufficient privacy at the time of examination	96.1	93.1	94.7
3. Centre timing are convenient	100.0	98.6	99.3
4. Centre is convenient to reach	99.3	98.8	99.1
5. The ANM/Doctor available at the centre	99.7	99.5	99.6
6. Medicines are available at the centre	99.2	95.3	97.2
7. Staff at the centre explains how to take medicines	98.6	99.3	99.0
8. Treatment given is effective	92.9	96.5	94.7
9. Do not have to pay for treatment	95.9	86.5	91.3
10. They will recommend the centre to others	94.3	97.2	95.7

Almost all women found the centre convenient to reach and also the centre's timing suited them. Further, most of the women reported that the doctors were available at the centre whenever they had gone and they were explained as to how to take the medicines. About 95 per cent of the women found the treatment effective. Almost all women told that they would recommend the center to others. On the whole, women were satisfied with behavior of the staff at the center and found the center quite clean. Though majority of the women reported that they did not have to pay for the treatment at the government health facility there were a few women who complained that they had to pay for the treatment at the centre. For example, nearly 14 per cent of the women in T-B blocks and about 4 per cent in J-M blocks reported that they had to pay at the facility they visited.

Table 7.3 contd.....

	J-M BLOCKS	T-B BLOCKS	TOTAL
	Whether have to wait for long		
No waiting time	2.7	23.0	12.7
Waited less than an hour	80.7	44.3	62.9
Waited more than an hour	16.6	32.7	24.5
	Whether staff talked nicely?		
Nicely	71.6	39.5	55.9
Somewhat nicely	23.3	59.1	40.8
Not nicely	5.1	1.4	3.3
	Whether centre is clean?		
Clean	38.0	42.5	40.2
Somewhat clean	61.1	57.5	59.3
Not clean	0.8	0.0	0.4
Total	100.0	100.0	100.0
Number of Women	592	569	1161

7.4 Reasons for not visiting the center (all Blocks)

Out of the total women in all the four blocks who did not visit the center during the reference period, nearly 42 per cent reported that they did not visit any government health facility during the reference period as they prefer to go to private health facility. The per cent of women reporting this as the reason was much higher in T-B blocks (nearly 59 per cent) as compared to that in J-M blocks (25 per cent only). Further, about 38 per cent of the women reported that since they did not require any such service during the reference period they did not visit the center. The per cent of women giving this reason was higher in J-M blocks (over 44 per cent) as against that in T-B block (31 per cent). Beside this, about 21 per cent of the women in J-M blocks reported that since the ANM visits them at home, they did not visit the center during the reference period.

In addition to this, another 4 per cent of the women gave 'poor quality of the services at the government health facility' as the reason for not visiting the center. The corresponding figure was higher in J-M blocks (7.5 per cent) as compared to those in T-B blocks (1.3 per cent only). Few other reasons reported by the women are: Long waiting time at the center, inadequate facilities, non-availability of the medicines etc.

Table 7.4: Distribution of the women by main reason for not visiting the centre.

Reason	J-M BLOCKS	T-B BLOCKS	TOTAL
1. No need	44.5	31.1	37.8
2. ANM visits at home	21.3	0.0	10.3
3. Poor quality services at the centre	7.5	1.3	4.3
4. Prefer to go to private facility	25.1	58.8	42.2
5. Have to wait for long time	0.3	4.0	2.2
6. Centre is not sufficiently equipped	0.1	1.0	0.7
7. Medicines are not given	0.1	0.4	0.3
8. Centre too far to reach	1.0	2.4	1.7
9. Have to pay for the service	0.1	0.0	0.1
10. Other	0.0	0.6	0.4
Total	100.0	100.0	100.0
Number of woman	703	742	1445

Chapter 8

Demographic Characteristics and Unwanted Pregnancies/Births

At the outset it may be mentioned that in the following chapters the pregnancies/births which were wanted by the women at that time are termed as '**Wanted**' whereas those reported as 'wanted later' are referred as '**Mistimed**'. The pregnancies/births reported as 'not wanted at all' are referred as '**Never wanted**'. **Unwanted** is the sum of mistimed and never wanted events. Further, the mistimed events are defined as the events, which was desired by the woman sometimes later in the future and not at the time when the event took place. In other words, woman would have liked to delay these events for sometime in future. On the other hand, never wanted events are those which were completely undesired by the woman. In other words, the woman did not want these events at all.

Before coming to the analysis let us first see the wantedness status of these events and their incidence across two types of blocks.

8.1 Wantedness status of the event

In Table-8.1 we have given distribution of the events by their wantedness status for both types of blocks separately as well as together. It may be noted from the table that out of the total 4319 pregnancies/births (now onward would be referred as event) that occurred during the reference period in all the four blocks, 71.3 per cent were reported to be wanted whereas the remaining events were unwanted. In other words, 28.7 per cent of the total events during the reference period were unwanted by the women. Further segregation of the unwanted events by mistimed events and never wanted status reveals that about 15.7 per cent of these events were mistimed whereas remaining 13 per cent were never wanted (Table 8.1).

The per cent of unwanted events was higher in T-B blocks as compared to those in J-M blocks (31.1 per cent as against of 26.3 per cent). Further, the share of mistimed events was higher in J-M blocks (16.4 per cent) than the T-B blocks (15.0 per cent). On the other hand, never wanted events were substantially higher in T-B blocks (16.1 per cent) as compared to those in J-M blocks (9.9 per cent).

Table 8.1: Distribution of events by wantedness status.

Wantedness status	J-M BLOCKS	T-B BLOCKS	TOTAL
Wanted that time	73.8	68.9	71.3
Mistimed	16.4	15.0	15.7
Never Wanted	9.9	16.1	13.0
Total Unwanted	26.3	31.1	28.7
Total No. of Events	2168	2151	4319

8.1.1 Reasons for not wanting the Events

All the women who reported that some of the pregnancies/births they had during the reference period were either mistimed or were never wanted by them at all were further asked to give the reason for the same. The answers obtained to this are presented in Table-8.2 separately for mistimed events, never wanted events and unwanted. It may be noted from the same table that out of the total mistimed events in all the four blocks in nearly three-fourth cases it was told that would have liked to wait for some time before having the baby as their last child was too small. In about 5 per cent cases woman would have liked to wait for some time after marriage before having her first baby. In about 15 per cent of the cases it was on the health ground of the women. The reasons reported for mistimed events were more or less similar in both types of blocks.

Coming to the never wanted events it may be noticed from the same table that in around 46 per cent of the women in all the four blocks together told the particular pregnancies/births was not wanted at all as they already had enough children. Another about 43 per cent told that it is economically very difficult for them to support their children since they already had too many. The other reported reasons for not wanting the events were: health problems (4 per cent), wanted child of a particular sex (4.3 for son and 2.1 per cent for daughter).

The results on this by types of block reveal that the situation is slightly different when it comes to the reasons for not wanting the event. For example, in about 63 per cent of the cases in T-B blocks as against of only about 10 per cent in J-M blocks the events was not wanted on accounts of economic reasons. On the other hand, the per cent of women reporting 'sufficient children' as the reason for never wanting the events was higher in J-M blocks (close to 82 per cent) as compared to that in T-B blocks (about 25 per cent).

Fig. 8.1
Distribution of the event by wantedness status

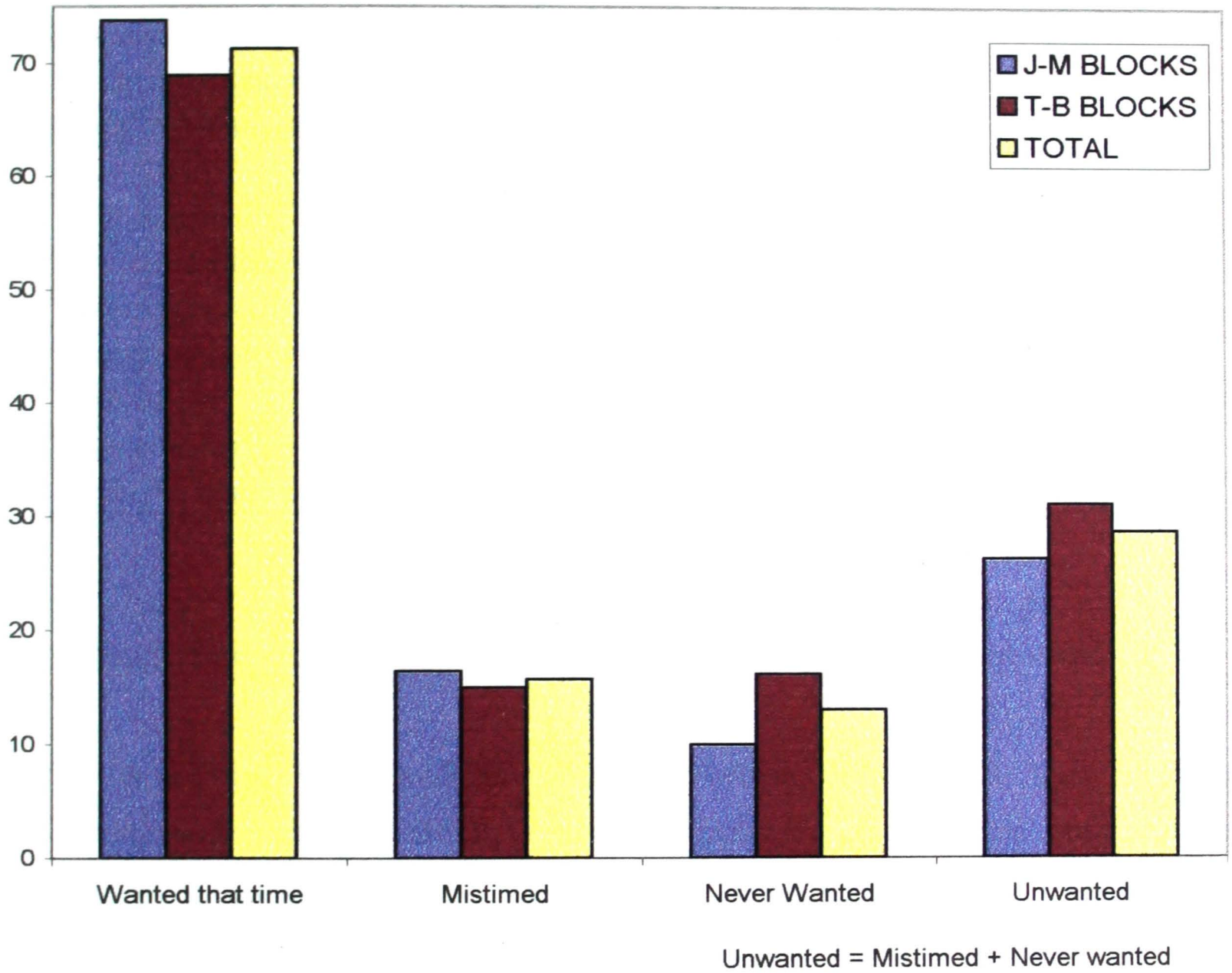


Table 8.2: Distribution of events by reason for not wanting the event.

Reason for not wanting	J-M BLOCKS	T-B BLOCKS	TOTAL
A: Mistimed events			
Health Problem	22.8	6.2	14.9
Last child was too small	72.4	91.0	75.8
Had too soon after marriage			5.4
Wanted child after marriage	4.8	0.0	2.5
Operation failure	0.0	0.3	0.1
Wanted son	0.0	1.6	0.7
Wanted daughter	0.0	0.9	0.4
Total Number of Event	355	322	677
B: Never wanted events			
Health Problem	4.2	4.3	4.3
Sufficient Children	81.9	24.5	46.4
Too expensive	9.8	62.8	42.6
Operation failure	0.9	0.0	0.3
Wanted son	2.3	5.5	4.3
Wanted daughter	0.9	2.9	2.1
Total Number of Event	214	347	561

8.2 Demographic characteristics of the events and their wantedness status

It may be useful to understand the relationship between demographic characteristics of the events and their wantedness status. For example, it may be useful to see if wantedness status of the events has anything to do with the final outcome of the conception, sex of the child, birth order or survival status etc. In the following section we discuss these issues in detail.

8.2.1 Final outcome of the conception

Table 8.3 gives the distribution of events by final outcome of the conception. It may be noticed from the table that 73 per cent of the total live births were wanted by the woman. In case of the remaining events, 14.7 per cent mistimed and 12.7 per cent never wanted. With respect to the current pregnancies it may be observed that of the total current pregnancies only about 59 per cent were wanted whereas the remaining 41 per cent were unwanted (26 per cent mistimed and 15 per cent never wanted). Relatively higher per cent

of wanted events in case of live births as compared to the current pregnancies indicates rationalization of the children already born by the woman. Of the total 29 induced abortion, close to 80 per cent were unwanted (28 per cent mistimed and 52 per cent never wanted). In case of the still births and spontaneous abortions about 88 and 85 per cent respectively were wanted events whereas remaining were either mistimed or were never wanted. Though the pattern of events in terms of wantedness status was more or less similar in both types of blocks it may be mentioned that excluding induced abortions a relatively larger proportion of the events in J-M blocks were wanted (ranging between 61 per cent for current pregnancy to 95 per cent in case of spontaneous abortions). On the other hand the per cent share of wanted events ranged between 57 per cent for current pregnancies to nearly 88 per cent for still births in T-B blocks.

Table 8.3: Distribution of events by final outcome and wantedness status.

Final outcome	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
	All blocks				
Live birth	72.6	14.7	12.7	27.4	3675
Still birth	88.2	7.8	3.9	11.7	51
Spontaneous Abort.	85.3	3.7	11.0	14.7	109
Induced Abortion	20.7	27.6	51.7	79.3	29
Current Pregnancy	59.1	26.2	14.7	40.9	455
Total	71.3	15.7	13.0	28.7	4319
	J-M blocks				
Live birth	74.6	15.3	10.1	25.4	1836
Still birth	88.0	8.0	4.0	12.0	25
Spontaneous Abort.	95.0	3.3	1.7	5.0	60
Induced Abortion	66.7	0.0	33.3	33.3	3
Current Pregnancy	61.1	28.7	10.2	38.9	244
Total	73.8	16.4	9.9	26.3	2168
	T-B blocks				
Live birth	70.6	14.2	15.2	29.4	1839
Still birth	88.5	7.7	3.8	11.5	26
Spontaneous Abort.	73.5	4.1	22.4	26.5	49
Induced Abortion	15.4	30.8	53.8	84.6	26
Current Pregnancy	56.9	23.2	19.9	43.1	211
Total	68.9	15.0	16.1	31.1	2151

¹ = Sum of mistimed and never wanted events.

It may also be noted from the same table that among the events that were unwanted, in J-M blocks, the share of mistimed events was larger as compared to the never wanted events. In case of T-B blocks slightly larger proportion of the events were never wanted as compared to the mistimed events. This was true irrespective of outcome of the conception. Further the per cent of mistimed events in case of current pregnancy was slightly higher in J-M blocks (28.7 per cent) as compared to that in T-B blocks (23.2 per cent). On the other hand, share of never wanted events among current pregnancy was higher in T-B blocks (19.9 per cent) than J-M blocks (10.2 per cent).

All those women who reported induced abortions were asked the reason for aborting the pregnancy. The results are not presented in table. However we are discussing them here. It has been observed that out of the total 29 abortions reported in the survey, 23 were unwanted and only 6 were wanted. Of the 23 unwanted abortions, 8 were mistimed and 15 were never mistimed events. Further, of the unwanted abortions, 6 were unwanted on account of ill health of the woman. In 2 cases pregnancy was terminated, as the child of a particular sex was desired.

8.2.2 Sex of the baby

The results of the cross tabulation between sex of the child and its wantedness status are presented in the Table 8.4. This analysis is carried out for live births only. It may be interesting to note that the variations in the per cent of either mistimed or never wanted events in terms of the sex of the baby for all the four blocks together were insignificant. For example, out of the total male babies, nearly 26.5 per cent were unwanted (14.5 per cent mistimed and 12.0 per cent never wanted) whereas in case of the female babies it was 28.5 per cent (15.1 per cent mistimed and 13.4 per cent never wanted). It may be mentioned here that the populations under study have larger family norms and therefore the relationship between wantedness status of the event with the sex of the baby does not get reflected here.

However the results are very different by types of blocks. As may be seen from the table that the unwanted events were more or less same in J-M blocks for both male and female children (25-26 per cent). In case of T-B blocks, over 31 per cent of the female babies as against of about 28 per cent of male babies were unwanted. In other words, in T-B blocks, relatively higher proportions of female babies were unwanted. Similar pattern may be observed for never wanted events as well.

Table 8.4: Distribution of events (live births only) by sex of the baby and wantedness status.

	Row per cent				
Sex of the baby	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
	J-M Blocks				
Male	74.9	14.6	10.5	25.1	948
Female	74.2	16.1	9.7	25.8	888
Total	74.6	15.3	10.1	25.4	1836
	T-B Blocks				
Male	72.3	14.4	13.3	27.7	974
Female	68.8	14.0	17.2	31.2	865
Total	70.6	14.2	15.2	29.4	1839
	All Blocks				
Male	73.6	14.5	12.0	26.5	1923
Female	71.5	15.1	13.4	28.5	1753
Total	72.6	14.7	12.7	27.4	3676

1 = Sum of mistimed and never wanted events.

8.2.3 Birth order of the baby

Table 8.5 gives the distribution of events by birth order of the baby and its wantedness status. It may be observed from the table that the per cent of unwanted events rose sharply as the birth order of the baby increased. This was true for both types of blocks separately as well jointly. For example, the per cent of unwanted events was less than 8 per cent for births of order one that increased to 22 per cent for second order births to further 31 per cent in third order births. The per cent of unwanted events went to as high as 48 per cent for births of order 4 or higher.

It may further be noted that the per cent of mistimed births remained around 15 to 19 per cent for births of order two or higher whereas in case of first order births it is only about 7 per cent. On the other hand, the per cent of never wanted events rose sharply from just about 2 per cent for first order births to nearly 13 per cent for third order births to further over 32 per cent for fourth or higher order births. In other words, for all the blocks together per cent of mistimed events was slightly higher for births of order two and three whereas the never wanted events were higher for births of order four or more.

Coming to the differential across the blocks it may be seen that the relationship though is in similar direction for both types of block its magnitude varies significantly. For

Fig. 8.2a
Wantedness status of the events by birth order
(only for L.B.)

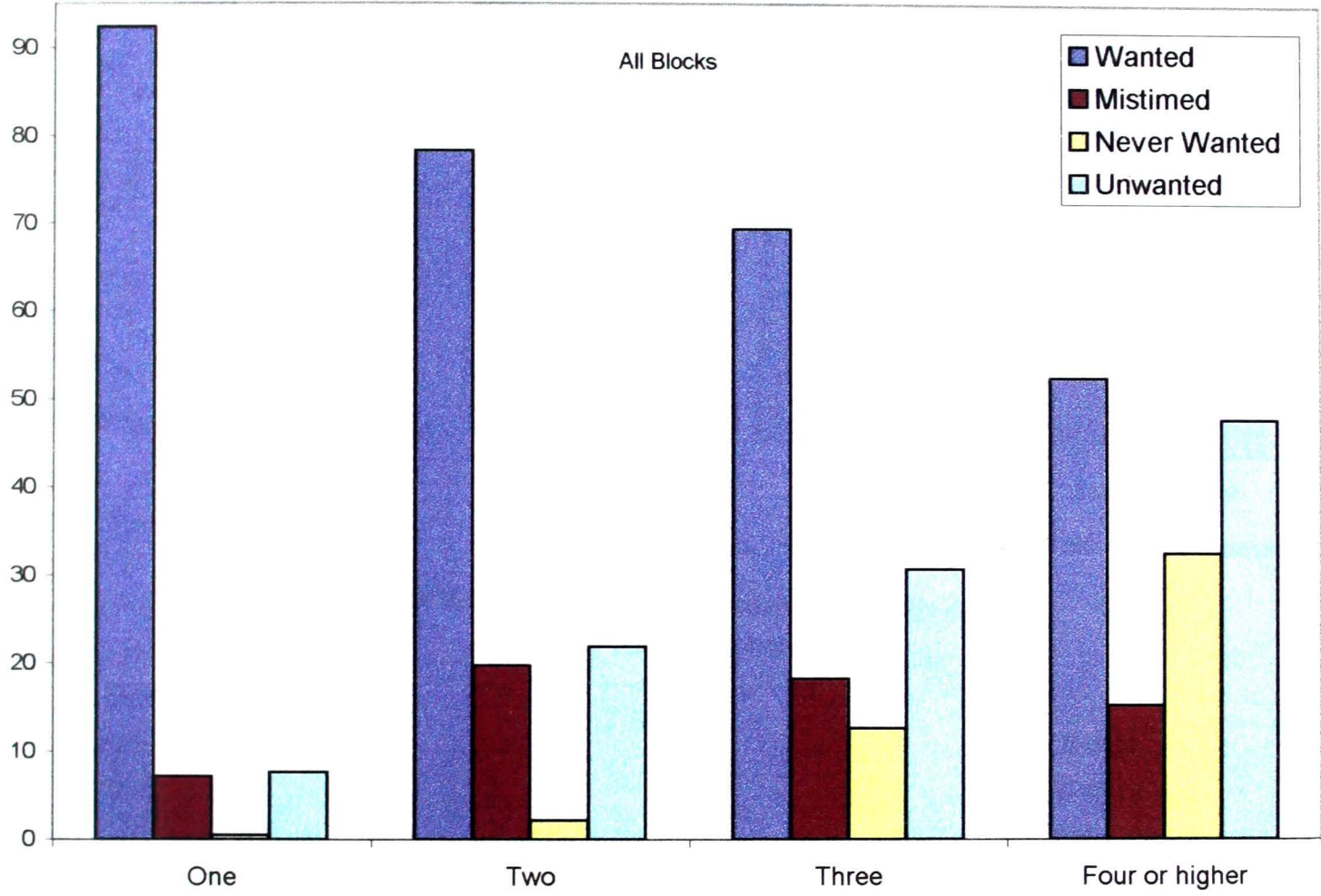


Fig. 8.2b
Wantedness status of the events by birth order
(only for live births)

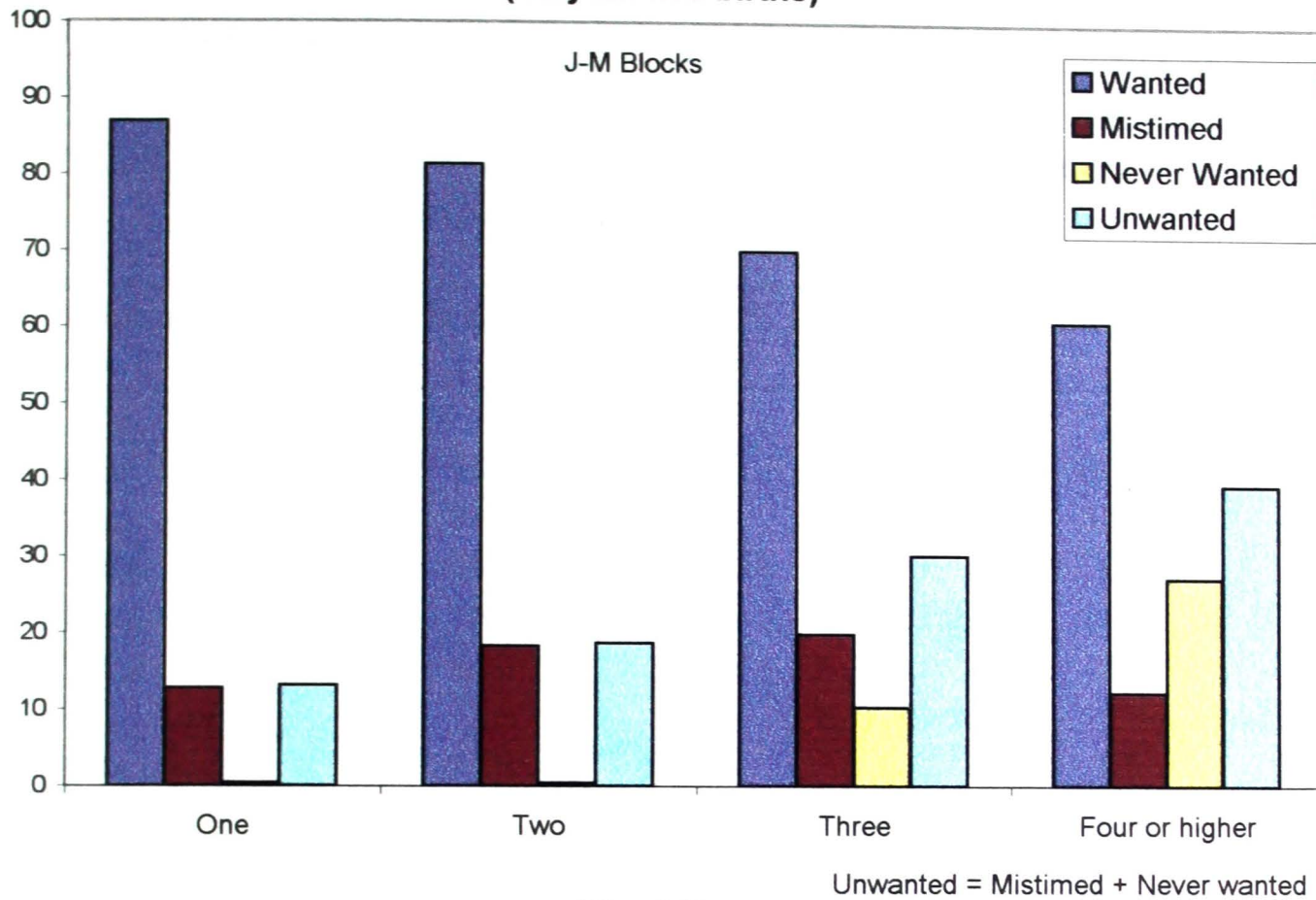
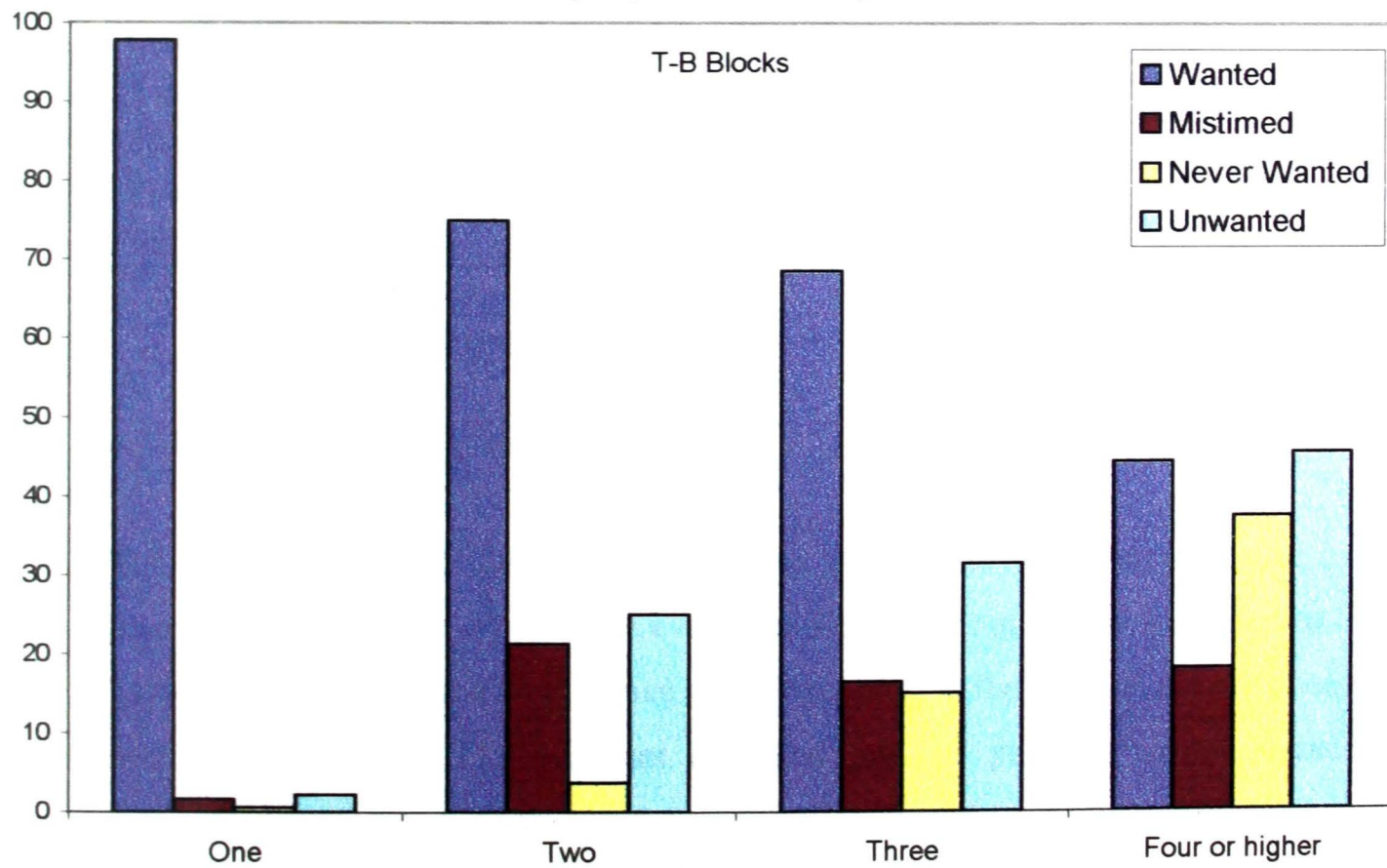


Fig. 8.2c
Wantedness status of the events by birth order
(only for live birth)



example, nearly 13 per cent of the first order births in J-M blocks were mistimed whereas the corresponding figure for T-B blocks was less than 2 per cent. In case of never wanted events nearly 27 per cent of the births of order 4 or higher were never wanted in J-M blocks whereas in T-B blocks their share was almost 38 per cent.

Table 8.5: Distribution of events (live births only) by birth order of the baby and wantedness status.

Birth order	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
One	86.9	12.7	0.4	13.1	482
Two	81.3	18.2	0.4	18.6	461
Three	69.9	19.8	10.3	30.1	359
Four or higher	60.7	12.2	27.2	39.4	534
Total	74.6	15.3	10.1	25.4	1836
T-B Blocks					
One	97.8	1.6	0.6	2.2	491
Two	75.0	21.3	3.7	25.0	456
Three	68.6	16.5	15.0	31.5	334
Four or higher	44.4	18.1	37.5	45.6	558
Total	70.6	14.2	15.2	29.4	1839
All Blocks					
One	92.4	7.1	0.5	7.6	973
Two	78.2	19.7	2.1	21.8	917
Three	69.3	18.2	12.6	30.6	693
Four or higher	52.4	15.2	32.4	47.6	1093
Total	72.6	14.7	12.7	27.4	3676

1 = Sum of mistimed and never wanted events.

8.2.4 Survival status at the time of survey

The survival status of the index child at the time of survey seems to be an important determinant of the fact whether the event was wanted or not. It may be observed from the Table 8.6 that out of the total babies who were alive at the time of survey about 28 per cent were unwanted (15 per cent mistimed and 13 per cent never wanted). The corresponding figure for babies, who were not alive at the time of survey, was about 13 per cent only (7 per cent mistimed and 6 per cent never wanted). It is interesting to note

that the percent of unwanted events was almost same for alive and dead babies in T-B blocks. On the other hand over 26 per cent of the babies who were alive were unwanted in J-M blocks whereas in case of dead babies it was only about 8 per cent.

Table 8.6: Distribution of events (only live births) by survival status at the time of survey and wantedness status.

Survival status	Wanted	Mistimed	Row per cent		Total
			Never Wanted	Unwanted ¹	
J-M Blocks					
Alive	73.4	16.0	10.7	26.7	1716
Dead	91.7	5.8	2.5	8.3	120
Total	74.6	15.3	10.1	25.4	1836
T-B Blocks					
Alive	70.6	14.2	15.2	29.4	1808
Dead	71.0	12.9	16.1	29.0	31
Total	70.6	14.2	15.2	29.4	1839
All Blocks					
Alive	72.0	15.1	12.9	28.0	3522
Dead	87.0	7.1	5.8	12.9	154
Total	72.6	14.7	12.7	27.4	3676

1 = Sum of mistimed and never wanted events.

After discussing the demographic profile of the events it may be useful to understand the incidence of unwanted events by the selected demographic characteristics of the woman. In the following pages we discuss on the incidence of unwanted events in the context of demographic characteristics of the woman.

8.3 Present Age of the woman

Table 8.7 gives the distribution of events by their wantedness status and present age of the woman for both types of blocks together as well as separately. It may be seen from the table that the per cent of unwanted events increased sharply with an increase in the age of the woman. This holds true for all the four blocks together as well as separately. It may be seen that out of the total events that occurred to the women aged 15-19 years, about 22 per cent were unwanted. This figure went up to about 41 per cent among those aged 30-

34 years to further 51 and 55 per cent among those aged 35-39 and 40-44 years respectively.

Further among younger women most of these events were mistimed. As may be seen from the table share of mistimed events reduced significantly with an increase in the age of the woman. For example, the percent of mistimed events was nearly 21 per cent among women aged 15-19 years whereas it declined to just about 10 per cent for the women aged 30-34 years and to only about 7 per cent among those aged 40-44 years. On the other hand, the per cent of never wanted events rose sharply from less than one and about 5 per cent respectively among women aged 15-19 years and 20-24 years to as high as about 31 and 48 per cent respectively among women aged 30-34 and 40-44 years.

Table 8.7: Distribution of events by age of the woman and wantedness status.

Age of the woman	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
15-19	78.2	21.3	0.5	21.8	574
20-24	76.1	18.5	5.4	23.9	853
25-29	71.9	12.9	15.2	28.1	473
30-34	60.5	4.7	34.9	39.6	215
35-39*	52.5	7.5	40.0	47.5	40
40-44*	76.9	7.7	15.4	23.1	13
T-B Blocks					
15-19*	80.6	12.9	6.5	19.4	31
20-24	78.1	18.5	3.4	21.9	686
25-29	71.9	13.9	14.2	28.1	812
30-34	58.5	13.0	28.5	41.5	424
35-39	47.7	12.9	39.4	52.3	155
40-44*	34.9	7.0	58.1	65.1	43
All Blocks					
15-19	78.3	20.8	0.8	21.6	605
20-24	77.0	18.5	4.5	23.0	1539
25-29	71.9	13.5	14.6	28.1	1285
30-34	59.2	10.2	30.7	40.9	639
35-39	48.7	11.8	39.5	51.3	195
40-44	44.6	7.1	48.2	55.3	56
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations.

Fig. 8.3a
Wantedness status of the events by present age of the woman

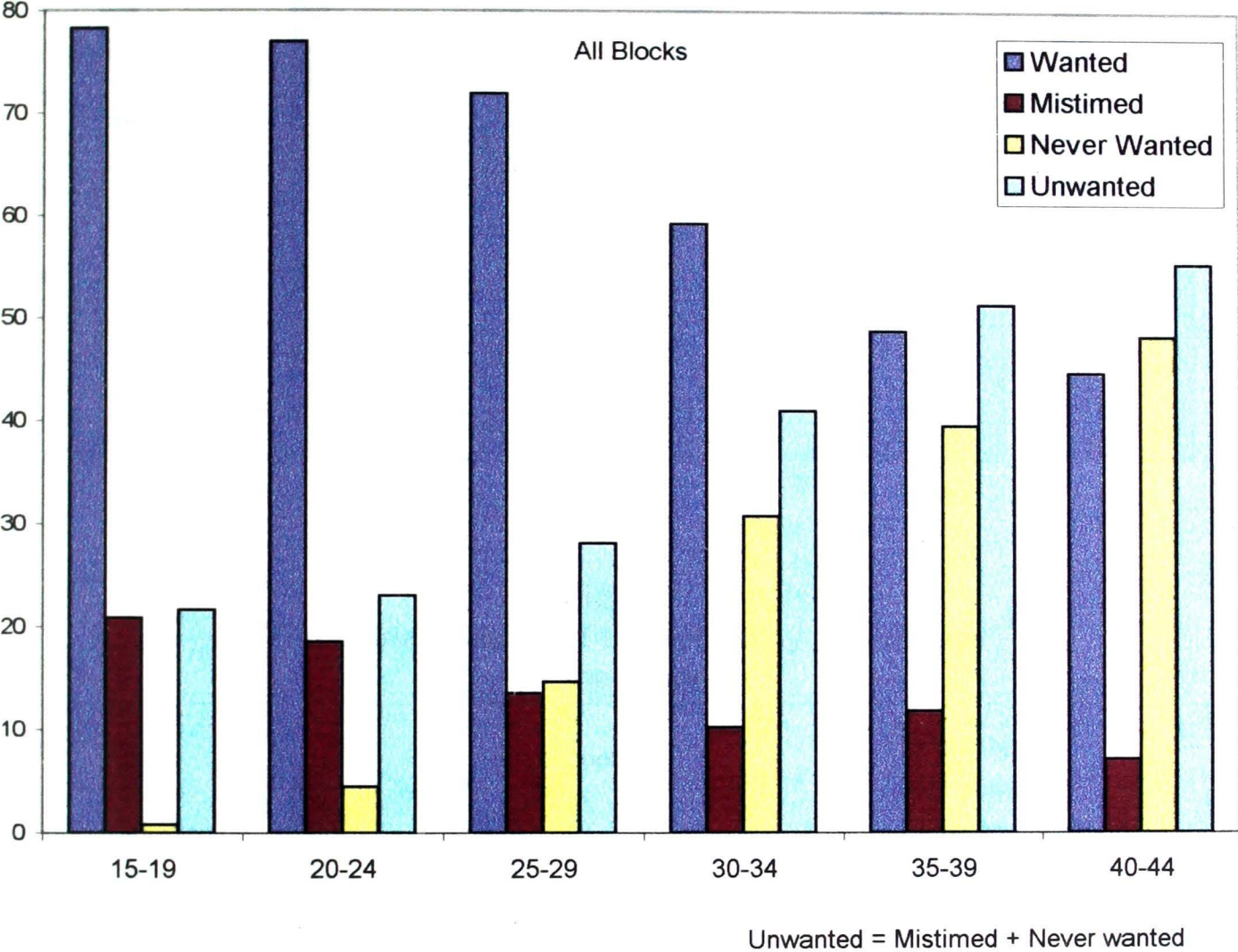


Fig. 8.3b
Wantedness status of the events by present age of the woman

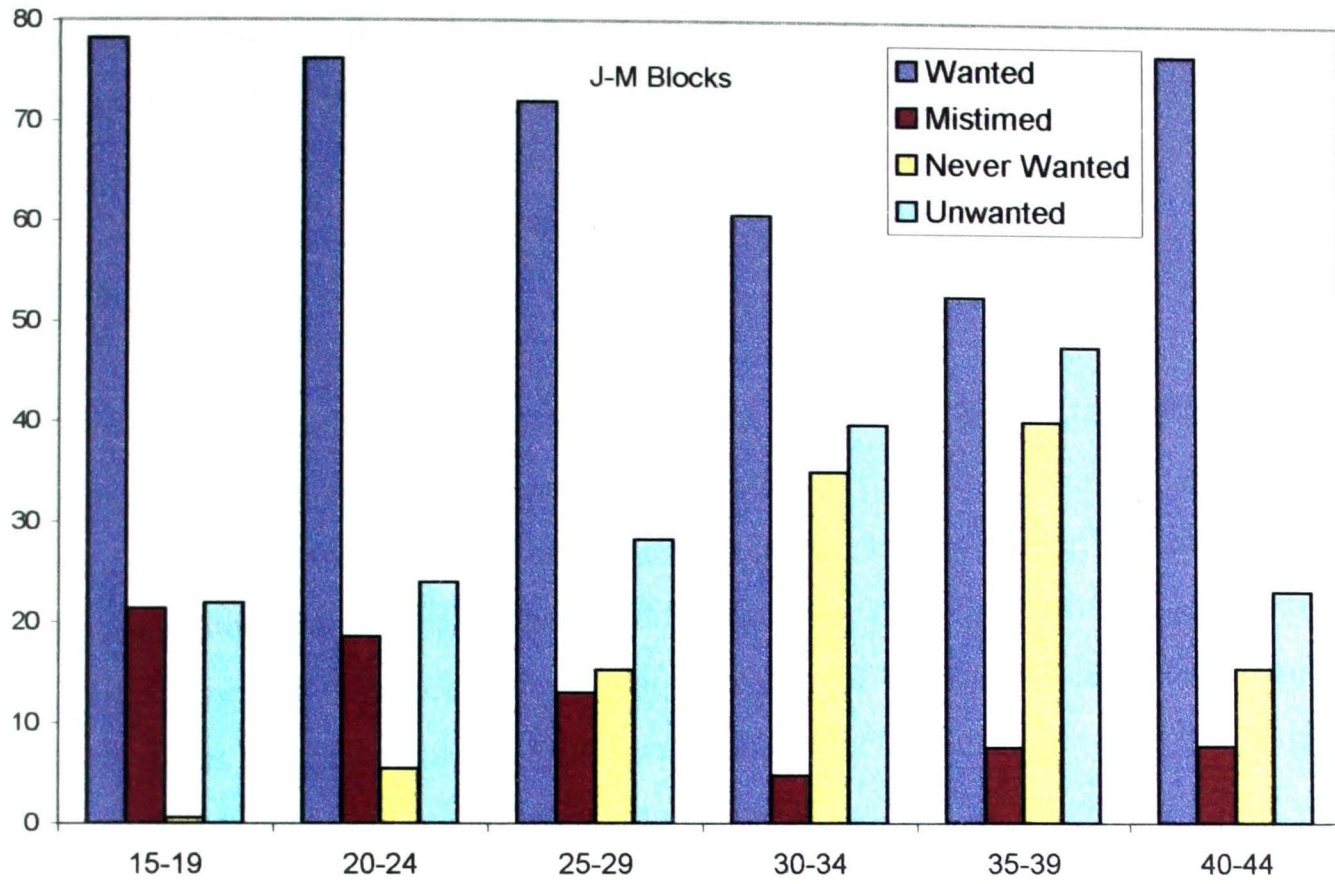
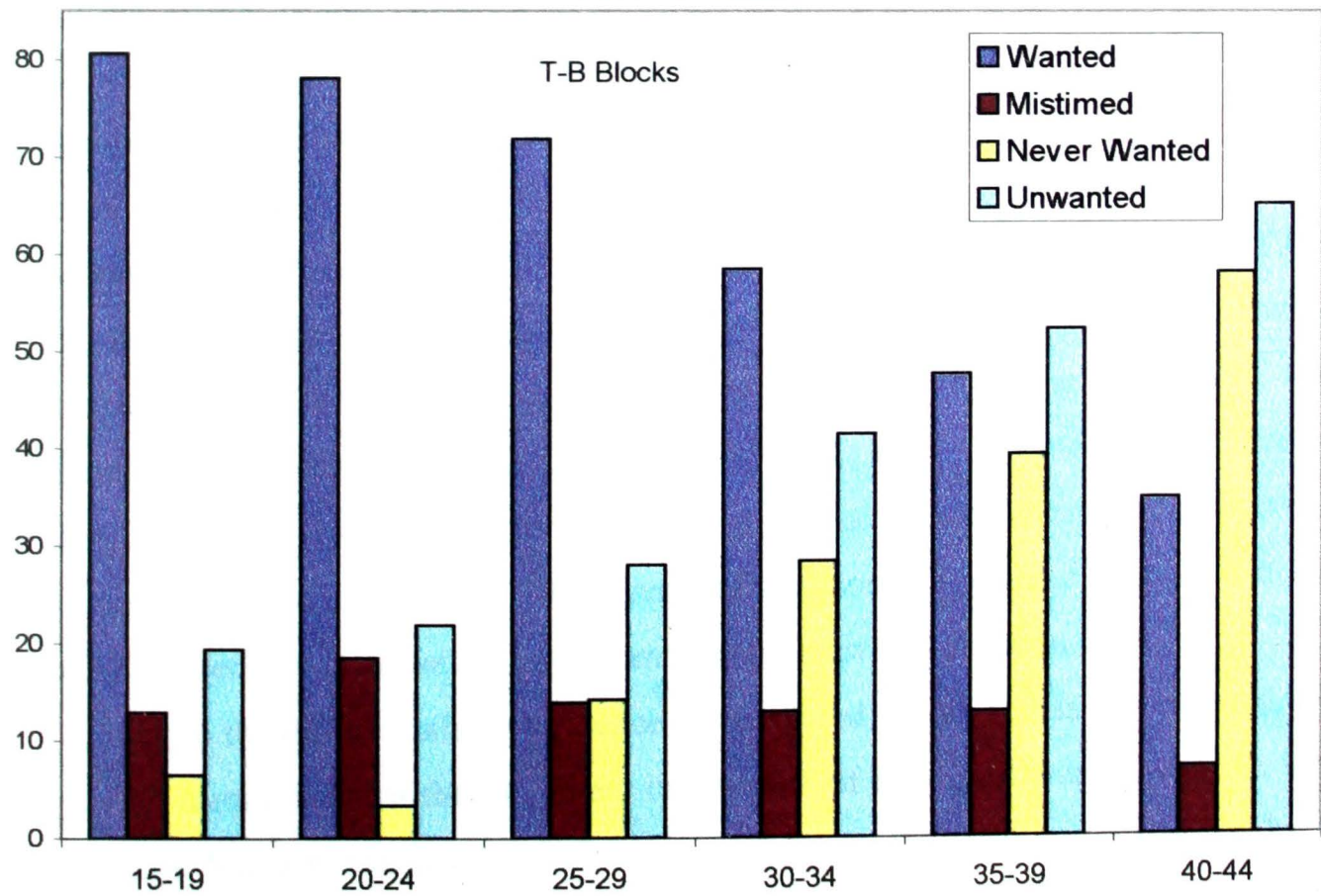


Fig. 8.3c
Wantedness status of the events by present age of the woman



Though the findings in this respect are more or less similar for both types of blocks few broad observations may be made. Generally the per cent share of mistimed events was lower in J-M blocks at ages 25-29 years or later as compared to that in T-B blocks while reverse was true for the age groups 15-19 years. Over 58 per cent of the events among women aged 40-44 years were never wanted in T-B blocks as against of only about 15 per cent in J-M blocks.

8.4 Duration of marriage

With respect to the duration of marriage, it may be observed from the Table-8.8 that the per cent of unwanted events increased substantially with an increase in duration of marriage. In other words, per cent of unwanted events was higher for the women with longer duration of marriage as compared to those who have shorter marriage duration. For example, among the women with marriage duration of 4 or fewer years, about 21 per cent of the events were unwanted (27 per cent in J-M blocks and 15 per cent in T-B blocks). The share of unwanted events went upto over 33 per cent for those with 10-14 years of marriage duration and to further over 46 per cent for those with marriage duration of over 15 years. The per cent of unwanted events in J-M blocks was close to 60 per cent among women with marriage duration of over 15 years whereas it is only a little over 36 per cent. Further as one would expect, the per cent of mistimed events declined as the marriage duration increased. On the other hand, per cent share of never wanted event increased significantly with an increase in marriage duration. Similar observations may also be made for both types of blocks.

Among women who were married for 4 or fewer years, nearly 20 per cent of the total events were mistimed. This figure reduced to less than 15 per cent for those who were married for 10-14 years and further to just 9.5 per cent among those with marriage duration of 15 years or more. On the other hand, share of never wanted events rose sharply from just one per cent for those with 4 or less years of marriage duration to nearly 19 per cent among those with 10-14 years of duration. Their share went further up close to 37 per cent for those with 15 years and longer marriage duration.

Coming to the differentials in incidence of unwanted events across two types of blocks it may be mentioned that the increment in per cent of unwanted events with the increased marriage duration was faster in T-B blocks as compared to that in the J-M blocks. On the other hand, per cent of mistimed events did not vary significantly with duration of

marriage in T-B blocks, as it ranged between about 14 to 16 per cent irrespective of marriage duration. However, in case of J-M blocks it varied substantially (from about 27 per cent for less than 4 years of marriage duration to just about 7 per cent among those having 15 years or longer marriage duration). In case of the never wanted events, the relationship between the two was in the same direction in both types of blocks, though much stronger in T-B blocks.

Table 8.8: Distribution of events by duration of marriage and wantedness status.

Duration of marriage	Row per cent				
	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
J-M Blocks					
0-4 years	73.0	26.8	0.2	27.0	429
5-9 years	78.6	17.2	4.3	21.5	822
10-14 years	74.2	13.9	11.8	25.7	532
15 or more yrs.	63.6	6.5	29.9	36.4	385
T-B Blocks					
0-4 years	84.6	13.6	1.7	15.3	462
5-9 years	75.5	16.0	8.5	24.5	910
10-14 years	58.6	15.1	26.3	41.4	490
15 or more yrs.	40.5	13.5	46.0	59.5	289
All Blocks					
0-4 years	79.0	20.0	1.0	21.0	891
5-9 years	77.0	16.6	6.5	23.1	1732
10-14 years	66.7	14.5	18.8	33.3	1022
15 or more yrs.	53.7	9.5	36.8	46.3	674
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

8.5 Age at marriage and age at effective marriage

Table 8.9 gives the distribution of events by wantedness status and age at marriage and age at effective marriage of the women. It may be noted from the table for all the blocks jointly, the per cent of unwanted events were more for the women who married at ages 15-17 years (34 per cent) as compared to those who either married before age 14 (25 per cent) or after age 18 years (27 per cent). Similar pattern was observed for mistimed events and never wanted events as well as for age at effective marriage of the woman. It may

further be seen that for all the four blocks together, per cent of mistimed events was higher than the never wanted events irrespective of age at marriage and age at effective marriage. However, this statement does not hold true when the types of block are taken into account. For example, share of mistimed events was larger than that of the never wanted events in J-M blocks for different age at marriage and age at effective marriage. In case of T-B blocks reverse was true.

Table 8.9: Distribution of events by age at marriage and age at effective marriage of the woman and wantedness status.

Age at mar. & Effective marr.	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
A: Age at marriage					
<u>J-M Blocks</u>					
Below 14 years	76.2	14.0	9.8	23.8	1455
15-17 years	68.7	20.3	11.0	31.3	610
18 & Above	68.9	27.2	3.9	31.1	103
<u>T-B Blocks</u>					
Below 14 years	55.9	14.7	29.4	44.1	102
15-17 years	63.2	16.5	20.3	36.8	728
18 & Above	73.1	14.2	12.8	27.0	1321
<u>All Blocks</u>					
Below 14 years	74.9	14.0	11.1	25.1	1557
15-17 years	65.7	18.2	16.1	34.3	1338
18 & Above	72.8	15.1	12.1	27.2	1424
B: Age at effective marriage					
<u>J-M Blocks</u>					
Below 14 years	76.3	14.1	9.6	23.7	1445
15-17 years	68.7	20.1	11.2	31.3	623
18 & Above	69.0	27.0	4.0	31.0	100
<u>T-B Blocks</u>					
Below 14 years	53.3	13.0	33.7	46.7	77
15-17 years	63.0	16.6	20.4	37.0	741
18 & Above	73.1	14.2	12.8	27.0	1333
<u>All Blocks</u>					
Below 14 years	75.0	14.0	10.9	24.9	1522
15-17 years	65.6	18.2	16.2	34.4	1364
18 & Above	72.8	15.1	12.1	27.2	1433
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

It is also important to note that in T-B blocks, per cent of mistimed events varied marginally with age at marriage and age at effective marriage. On the other hand, share of never wanted events declined sharply from about 29 per cent for women marrying before 14 years of age to nearly 20 per cent for those married at ages 15-17 years to only 12 per cent for those marrying after 18 years of age.

8.6 Number of living children at the time of survey

Table 8.10 gives the distribution of events by the total number of living children of the respondent at the time of survey. The information is given separately for two types of blocks as well as together for all the four blocks. Like, age of the woman and duration of marriage the pattern of unwanted and never wanted events by number of living children too is similar. It may be seen from the table that the per cent of unwanted events rose consistently as number of living children increased. For example, of the women with no living child nearly 10 per cent of the events were unwanted. This figure increased to 13 per cent for women with one living child to nearly 30 per cent for those with 2 living children and 48 per cent for those with 4 living children.

In case of mistimed events it may be noticed that among women with none or one living child, about 10-12 per cent of the events were mistimed which increased to about 18 per cent among those with 2 to 3 living children and declined marginally thereafter. On the other hand, for women with three living children, about 12 per cent of the events were never wanted. This figure shot up to over 33 per cent for women with 4 or more living children.

With respect to the differentials across two types of blocks it may be mentioned that the per cent of unwanted events was higher in J-M blocks for women with none or one living child as against of that in T-B blocks. On the other hand, for women with two or more living children, share of unwanted events was consistently higher in the later blocks. With few exceptions, similar observations may be also made in case of mistimed and never wanted events.

Table 8.10: Distribution of events by number of living children at the time of survey and wantedness status.

No. of living children	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
No Child	85.9	14.1	0.0	14.1	99
1 Child	82.3	17.3	0.4	17.7	481
2 Children	80.3	18.4	1.2	19.6	580
3 Children	71.5	18.1	10.3	28.4	474
4 & more	58.6	12.2	29.2	41.4	534
T-B Blocks					
No Child	96.6	3.4	0.0	3.4	58
1 Child	92.0	7.0	1.0	8.0	412
2 Children	75.7	17.9	6.3	24.2	569
3 Children	69.0	17.1	13.9	31.0	439
4 & more	46.5	16.9	36.6	53.5	673
All Blocks					
No Child	89.8	10.2	0.0	10.2	157
1 Child	86.8	12.5	0.7	13.2	893
2 Children	78.1	18.2	3.7	21.9	1149
3 Children	70.3	17.6	12.0	29.6	913
4 & more	51.9	14.8	33.3	48.1	1207
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

8.7 Living children at the time of index event

In the Table 8.11 we have given the distribution of events by the number of living children woman had before conceiving the index event. It may be seen from the table that for all the four blocks together, per cent of unwanted events rose sharply as the number of living children woman had before this index event increased. In other words, those women who had more living children before the index event were more likely to have an unwanted event. The per cent of unwanted events was 7 per cent for the women with no living child (mostly comprising of mistimed events) which increased to over 24 per cent for the women with one living child (again mostly mistimed events) to over 33 per cent for those who have 2 or more living children. In fact the per cent of unwanted events was

43 per cent for the women who had had 3 living children. In case of the women with 4 or more children before the index event, 6 in every 10 event were reportedly unwanted. At the same time, the per cent of mistimed events declined as the number of living children increased (excluding 'no child' category). Further the per cent of never wanted events went up as the number of living children increased (at a much faster rate for the women with 3 or more living children before the index event).

Table 8.11: Distribution of events by number of living children at the time of index events and wantedness status.

No. of living children	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
	J-M Blocks				
No Child	88.0	11.5	0.5	12.0	634
1 Child	78.5	20.9	0.5	21.4	578
2 Children	68.9	19.6	11.5	31.1	434
3 Children	60.5	16.4	23.0	39.4	256
4 & more	50.0	12.8	37.2	50.0	364
	T-B Blocks				
No Child	97.3	2.2	0.5	2.7	584
1 Child	73.0	22.8	4.3	27.1	540
2 Children	63.8	18.7	17.5	36.2	412
3 Children	53.4	19.9	26.7	46.6	251
4 & more	33.8	16.2	50.0	66.2	364
	All Blocks				
No Child	92.4	7.1	0.5	7.6	1218
1 Child	75.8	21.8	2.3	24.1	1118
2 Children	66.4	19.1	14.4	33.5	846
3 Children	57.0	18.1	24.9	43.0	507
4 & more	40.6	14.7	44.6	59.3	630
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

The pattern of relationship appears to be similar when types of blocks are taken into account only their magnitude changes. For example, irrespective of types of blocks with few exceptions the per cent of mistimed events declined as the number of living children before the index event increased (excluding no child category). On the other hand, the per cent share of never wanted moved upward with an increase in the number of living

children before the index event. This is found true for both types of blocks. However, at each level relatively larger per cent of events (both mistimed and never wanted jointly as well as individually) were unwanted in T-B blocks as compared to J-M blocks.

8.8 Sex composition of the living children at the time of index event

Table 8.12 provides the results of cross tabulation between the sex composition of the children a woman had before the index events. As usual the data is provided for all the blocks together as well as separately for two types of blocks. It may be seen from the table that the per cent of unwanted events was more or less similar for the women with one living child irrespective of the sex of the child (about 24 per cent) for all the blocks together. This statement also holds true when mistimed and never wanted events are considered separately. Among the women with two living children, the per cent of unwanted events was higher for women whose both children were sons (34 per cent) as compared to those whose both daughters (29 per cent). The corresponding figure for women with one son and one daughter combination was 36 per cent.

Similarly in case of women with 3 living children before the index event, per cent of unwanted events was highest for the women with all sons (48 per cent) which declined marginally to 47 per cent for those with 2 sons and one daughter. On the other hand, this figure was 39-40 per cent for women with one son and 2 daughters and all three daughters. Similar observations may also be made for the women with 4 living children. The only difference is that the extent of unwanted events goes up (52 per cent of the events were unwanted when all 4 children were sons as against of about 44 per cent when all children were daughters).

The results reveal very interesting picture when we consider mistimed and never wanted separately. It may be noticed that the per cent of never wanted events was relatively lower when either all children are daughters or if daughters are more than sons. For example, among women with three living children before the index event only about 19 and 21 per cent events respectively were never wanted for women with all three daughters and one son and 2 daughters. On the other hand, as many as about 47-48 per cent of the events were never wanted when all three children were either sons or two sons and one daughters. In case of women with 4 living children, the per cent of never wanted events varied between 19-21 per cent for women with all daughters and for those with one son

three daughters whereas in case of other combinations it ranged between 39 to 47 per cent.

Table 8.12: Distribution of events by sex composition of the living children at the time of index event and wantedness status, all four blocks.

Sex composition of the living children	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
No child	92.4	7.1	0.5	8.5	1218
One Child					
1 son 0 daughter	76.0	21.9	2.1	24.0	566
0 son 1 daughter	75.7	21.7	2.5	24.2	552
Two children					
2 sons 0 daughter	66.0	19.4	14.6	34.0	206
1 son 1 daughter	63.9	18.2	17.9	36.1	413
0 son 2 daughters	71.4	20.7	7.9	28.6	227
Three children					
3 sons 0 daughter	51.9	22.2	25.9	48.1	54
2 sons 1 daughter	53.0	14.5	32.5	47.0	166
1 son 2 daughters	60.0	19.0	21.0	40.0	195
0 son 3 daughters	60.9	20.7	18.5	39.1	92
Four children					
4 sons 0 daughter*	47.8	13.1	39.1	52.2	23
3 sons 1 daughter	50.9	7.5	41.6	49.1	53
2 sons 2 daughters	37.0	16.0	47.0	63.0	100
1 son 3 daughters	59.4	19.8	20.8	40.6	101
0 son 4 daught's*	55.6	25.9	18.5	44.4	27
Five or more child'n	32.5	13.2	54.3	67.5	326
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations.

8.8.1 Sex composition of the living children at the time of index event: differentials across blocks

Table-8.13 contains data on distribution of the events by sex composition of living children woman had before the index event took place. The information is provided separately for J-M and T-B blocks. One can see clear differences in terms of extent of

unwanted events and sex composition of children at the time of the index event. For example, among women with two living children prior to the index event, in J-M blocks the per cent of unwanted events varied only marginally (nearly 30 to 32 per cent) among the women with different combinations of children. On the other hand, in T-B blocks it varied significantly across categories. The per cent of unwanted events was only about 27 per cent of those with both daughters. This increased to 37 per cent for women with both sons. Similarly in case of never wanted events, among women with both daughters only about 7 and 9 per cent of the total events were never wanted in J-M blocks and T-B blocks respectively. The corresponding figures for women with both sons were nearly 10 and 18 per cent respectively. It may be concluded from this that for women with two living children before the index event the incidence of unwanted events (so also never wanted) depends heavily on the sex of the children woman already had.

With respect to the extent of mistimed events it may be said that they did not vary significantly across various categories in T-B blocks. In case of J-M blocks their share was relatively larger for the women with both daughters (24 per cent) as compared to those with both sons (nearly 20 per cent). The situation was slightly different for women with three living children before the index event. As may be seen the share of unwanted events was lower for women with all three daughters (over 35 per cent) as compared to the women with all 3 sons (47 per cent) in J-M blocks. The corresponding figures for T-B blocks were around 49 and 43 per cent respectively.

Further among women with 2 sons and one daughter the per cent of unwanted events was as high 55 per cent in T-B blocks whereas in J-M blocks it was nearly 39 per cent. The pattern was more or less similar in case of mistimed and never wanted events. It is interesting to note that in J-M blocks among women with 4 living children before the index event, nearly half of the total events were unwanted for women with all daughters or sons (based on 6 and 18 women). On the other hand, in T-B blocks only about one-third of the events among women with all four daughters were unwanted whereas in case of women with all sons over half of the events were unwanted (based on 17 and 9 women).

Table 8.13 Distribution of events by sex composition of the living children at the time of index event and wantedness status.

Row per cent

Sexcomp. liv. Chld'n	Block	Wanted	Misti'd	N. Wan'd	Unw'd ¹	Total
No child	JM	88.0	11.5	0.5	12.0	634
	TB	97.3	2.2	0.5	2.7	584
<u>One child</u>						
1 son 0 daughter	JM	77.8	21.9	0.3	22.2	297
0 son 1 daughter		79.4	19.9	0.7	20.6	281
1 son 0 daughter	TB	74.2	21.9	4.1	26.0	269
0 son 1 daughter		72.0	23.6	4.4	28.0	271
<u>Two children</u>						
2 sons 0 daughter	JM	69.8	19.8	10.4	30.2	96
1 son 1 daughter		68.1	17.1	14.8	31.9	216
0 son 2 daughters		69.7	23.8	6.6	30.4	122
2 sons 0 daughter	TB	62.7	19.1	18.2	37.3	110
1 son 1 daughter		59.4	19.3	21.3	40.6	197
0 son 2 daughters		73.3	17.1	9.5	26.6	105
<u>Three children</u>						
3 sons 0 daughter*	JM	52.6	21.1	26.3	47.4	19
2 sons 1 daughter		61.5	10.3	28.2	38.5	78
1 son 2 daughters		59.5	17.1	23.4	40.5	111
0 son 3 daughters*		64.6	22.9	12.5	35.4	48
3 sons 0 daughter*	TB	51.4	22.9	25.7	48.6	35
2 sons 1 daughter		45.5	18.2	36.4	54.6	88
1 son 2 daughters		60.7	21.4	17.9	39.3	84
0 son 3 daughters*		56.8	18.2	25.0	43.2	44
<u>Four children</u>						
4 sons 0 daughter	JM	NC	NC	NC	NC	6
3 sons 1 daughter*		57.7	0.0	42.3	42.3	26
2 sons 2 daughter*		45.0	22.5	32.5	55.0	40
1 son 3 daughters		67.9	18.9	13.2	32.1	53
0 son 4 daughters*		50.0	27.8	22.2	49.0	18
4 sons 0 daughter*	TB	47.1	11.8	41.0	53.0	17
3 sons 1 daughter*		44.4	14.8	40.7	55.5	27
2 sons 2 daughter		31.7	11.7	56.7	68.4	60
1 son 3 daughters*		50.0	20.8	29.2	50.0	48
0 son 4 daughters		NC	NC	NC	NC	9
Five or more child'n	JM	42.3	7.3	50.4	57.7	123
	TB	26.6	16.7	56.7	73.4	203

1 = sum of mistimed and never wanted events.

* Per cent based on less than 50 observations. NC means not calculated.

8.9 Child Loss

Table 8.14 gives the distribution of events by total number of dead children. It may be noticed from the table that the per cent of unwanted events was marginally lower for the women who lost two or more children (25 per cent) as compared to the women who either lost only one child (28 per cent) or did not experience any child loss (29 per cent). Further, per cent of mistimed events declined if the woman had experienced any child loss whereas in case of never wanted events their share was more for women who had suffered any child loss as compared to those who did not. The trend is more or less similar in J-M blocks.

In case of T-B blocks it may be noticed that per cent of unwanted events increased from about 30 per cent among women with no child loss to 37 and 46 per cent for women who had lost either one or two or more children prior to the survey. Similarly, the per cent of mistimed events increased from just about 15 per cent among women with no child loss to over 21 per cent for the women who have lost two or more children. The corresponding figures for never wanted events were 16 and 25 per cent respectively.

Table 8.14: Distribution of events by number of dead children to the woman and wantedness status.

No. of dead children	Row per cent				
	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
J-M Blocks					
None	73.0	18.5	8.4	26.9	1499
One	74.3	13.0	12.8	25.8	478
Two or more	78.0	7.9	14.1	22.0	191
T-B Blocks					
None	69.5	14.6	15.9	30.5	1985
One	63.0	18.8	18.1	36.9	135
Two or more*	53.6	21.4	25.0	46.4	25
All Blocks					
None	71.0	16.3	12.7	29.0	3484
One	71.8	14.3	14.0	28.3	616
Two or more	74.9	9.6	15.5	25.1	219
Total	71.3	15.7	13.0	28.7	4319

¹ = sum of mistimed and never wanted events.

* Per cent based on less than 50 observations.

Chapter 9

Socio-economic Characteristics and Unwanted Pregnancies/Births

It has been noted in various studies reviewed in chapter 1 that the incidence (extent) of unwanted events (both mistimed as well as never wanted) varies significantly across various socio-economic sub-groups of the population. It would therefore be useful to analyze the information on the distribution of these events in terms of their wantedness in the context of selected social and economic characteristics of the woman.

Before analyzing the results we would like to recall that the information related to the socio-economic characteristics of the women is same for the events occurred to the woman during the reference period. For example, if a woman had more than one event during the reference period, information related to the socio-economic indicator of the woman like educational, occupation, religion, caste etc. remains same for both the events. However, we did the analysis separately by taking only the last event of the woman during the reference period. It was observed that the pattern of association between various socio-economic variables included in this chapter and wantedness status of the event remains same as what was observed when all the events during the reference period were analyzed. For this reason, in the present chapter we are discussing the results based on all the events.

9.1 Education of the woman

Before beginning the discussion it may be mentioned that a large proportion of the women in the sample are illiterate and that a relatively fewer of them have completed any formal schooling (particularly in the J-M blocks). This has to be kept in mind while interpreting the results. It may be observed from the Table-9.1 that no clear relationship emerges between educational status of the women and the incidence of unwanted events when the results of all the four blocks are considered together. However, we do see a clear picture emerging when we discuss the results separately for both types of blocks. Therefore we will restrict our discussion to two types of blocks only.

It may be seen from the table that in J-M blocks the per cent of unwanted events rose sharply with the improvement in the educational level of the woman. In other words, the per cent of unwanted events was higher for literate women as compared to those who were illiterate. For example, of the total events among illiterate women, a little over 24 per cent were unwanted whereas in case of women with upto 7 years of schooling their share increased to around 34 per cent and further to 38 per cent among women with 8 or more years of schooling. Similarly, the per cent of mistimed events rose from just about 14 per cent among illiterate women to over 28 and 32 per cent for women with 1-7 and 8 or more years of schooling. On the other hand, the per cent of never wanted events declined from around 11 per cent among illiterate to just a little over 5 per cent for literate women.

Table 9.1: Distribution of events by educational status of the woman and wantedness status.

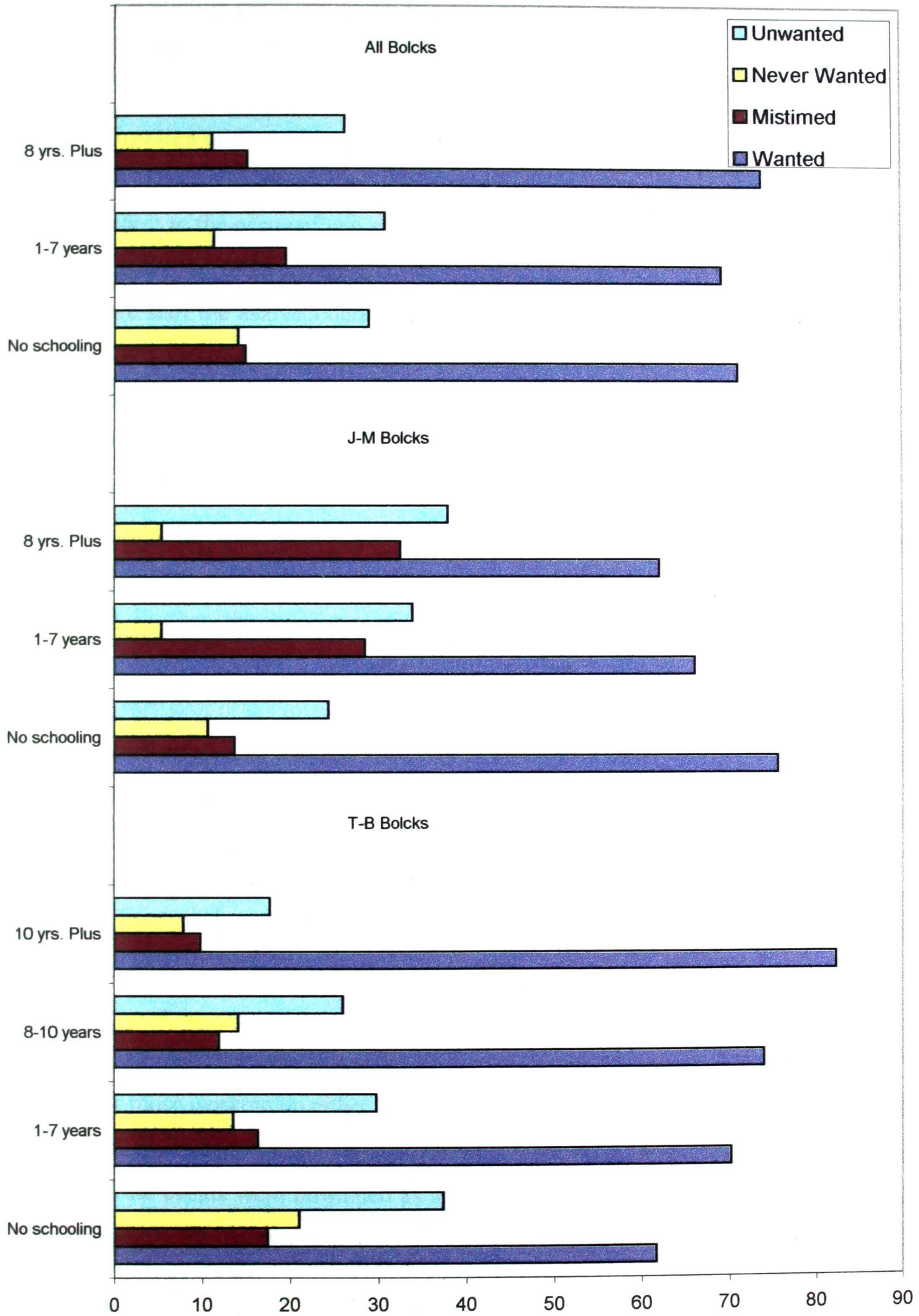
Educational status of woman	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
No schooling	75.6	13.7	10.7	24.4	1816
1-7 years	66.1	28.5	5.4	33.9	186
8 yrs. Plus	62.0	32.5	5.4	37.9	166
T-B Blocks					
No schooling	61.6	17.4	21.0	37.4	876
1-7 years	70.2	16.3	13.5	29.8	521
8-10 years	74.0	11.9	14.1	26.0	539
10 yrs. Plus	82.3	9.8	7.9	17.7	215
All Blocks					
No schooling	71.1	14.9	14.1	29.0	2692
1-7 years	69.2	19.5	11.3	30.8	707
8 yrs. Plus	73.8	15.1	11.1	26.2	920
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

The situation in this regard was quite different in T-B blocks. Unlike J-M blocks, in this case there seemed to be a negative association between the extent of unwanted events and the educational status of women as the extent of unwanted events declined with an improvement in the educational status of the woman. For example, the per cent of

Fig. 9.1

Wantedness of the event by education of the woman



unwanted events dropped from over 37 per cent among illiterate women to nearly 30 per cent for the women with 7 years or less schooling to 26 per cent for those with 8-10 years of schooling. The per cent of unwanted events was lowest for women with 10 or more years of schooling (17.7 per cent). Similar pattern may be seen for mistimed and never wanted events.

9.2 Occupation of the women

With respect to the occupational status of the woman, it may be noted from the Table-9.2 that although the differentials are not very significant, they are in expected direction. Before we start the analysis here, it may be mentioned that in the last panel of the table we have given an additional category of worker which includes all the women whose occupations was reported as service, self employed, field worker on either other's farm or own farm. We will first compare the incidence of unwanted events among working women to that among housewives.

As may be seen that the per cent of unwanted events were relatively higher among housewives compared with that in the working women (nearly 32 per cent against of 26 per cent). Further, the incidence of mistimed events was more or less similar for both types of women whereas it was significantly different in case of never wanted events. Nearly 16 per cent of the total events among housewives were never wanted whereas their share was only about 10 per cent in case of working women.

Coming to the differentials across types of blocks it may be noted that in J-M blocks, the per cent of unwanted events was higher by about 5 to 6 units among housewives and among those in service (about 33 per cent) as compared to the other categories of the women (varying between 24 to 28 per cent). With respect to the mistimed events it may be observed that they were highest among housewives (21 per cent) and were relatively lower for working women (ranging between 15-17 per cent). On the other hand, the per cent of never wanted events was about 12 per cent among housewives. The corresponding figures for those working on either their own land or on someone else's land was 11 and 9 per cent respectively. Among the women who were paid for the work they did, nearly quarter of the events were unwanted as against of about 30 per cent for those who were not getting paid for their work.

Since very few women were reportedly working in T-B blocks even though we have presented the results we are not discussing them here.

Table 9.2: Distribution of events by occupation of the woman and wantedness status.

Occupation of the woman	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
Housewife	67.1	21.0	11.9	32.9	143
Service	67.2	17.2	15.6	32.8	64
Self Employ* [*]	72.7	9.1	18.2	27.3	11
On other's Farm	76.1	15.3	8.7	24.0	1225
Own Farm	71.7	17.4	10.9	28.3	725
T-B Blocks					
Housewife	68.5	15.1	16.3	31.4	2020
Service*	85.7	4.8	9.5	14.3	21
Self Employed	72.8	13.6	13.6	27.2	110
All Blocks					
Housewife	68.4	15.5	16.0	31.5	2163
Service	71.8	14.1	14.1	28.2	85
Self Employ	72.7	13.2	14.1	27.3	121
On other's Farm	76.1	15.3	8.7	24.0	1225
Own Farm	71.7	17.4	10.9	28.3	725
Working	74.2	15.8	10.0	25.8	2156
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations.

9.3 Religion and caste of the woman

Table-9.3 gives data on the distribution of the wantedness status by religion and caste of the woman. As has been mentioned earlier the sample for the present study mainly consisted of the women belonging to either Scheduled Tribes or those belonging to Muslim religion. We therefore would be comparing our results across these two categories only.

It may be noted from the table 9.3 that the per cent of unwanted events was a little over 30 per cent among the Muslim women whereas it was about 26 per cent in case of Tribal women. In other words, the per cent of unwanted events was higher by nearly 4 per cent units among Muslim women as compared to the tribal women. It may further be noticed from the same table that the per cent of mistimed events was more or less similar in both groups of the population (15-16 per cent). However, the difference was substantial when never wanted events are compared. Over 16 per cent of the total events in Muslim women were never wanted. The corresponding figure for tribal women was less than 10 per cent.

Table 9.3: Distribution of events by religion and caste of the woman and wantedness status.

Religion & Caste of the woman	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
A: Religion of the woman					
Hindu	73.9	16.3	9.7	26.0	2184
Muslim	68.6	15.0	16.4	30.4	2102
Other*	72.7	15.2	12.1	27.3	33
B: Caste of the woman					
ST	74.0	16.2	9.8	26.0	2087
SC/OBC*	60.4	27.1	12.5	39.7	46
Other Caste*	85.7	10.2	4.1	14.3	49
No Caste	68.7	15.0	16.3	31.3	2135
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

*** Per cent based on less than 50 observations. Includes Jain and Boudh religions.**

9.4 Educational status of husband

Table-9.4 contains data on the distribution of events by the educational status of the husband and wantedness status. As may be seen, the per cent of unwanted events was about 27 per cent for the women whose husbands were illiterate whereas in case of women with literate husbands this figure was slightly higher for all the educational categories. Further, the per cent share varies only marginally across various educational levels (ranging between 29 to 32 per cent or so). Likewise, the per cent share of never

wanted events was higher among women whose husband were literate as against to the women whose husbands were not literate though the gap was only marginal.

The relationship between husband's educational status and extent of unwanted events seem to work in different directions when examined separately for two types of blocks. For example, the per cent of unwanted events rose with an improvement in the educational status of the husband in J-M blocks (from about 24 per cent among those with illiterate husbands to over 34 per cent among whose husband have completed 8 or more years of schooling). On the other hand, in case of T-B blocks it declined as the husband's level of education increased (from nearly 37 per cent among those with illiterate husbands to about 26-28 per cent among those whose husbands have had 8 or more years of schooling).

Table 9.4: Distribution of events by education of the husband and wantedness status.

Education of the husband	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
J-M Blocks					
No schooling	76.3	13.2	10.6	23.8	1475
1-7 years	73.3	17.1	9.6	26.7	217
8 years plus	65.6	26.5	7.9	34.4	456
Do not know*	80.0	15.0	5.0	20.0	20
T-B Blocks					
No schooling	63.5	20.2	16.3	36.5	526
1-7 years	66.2	17.1	16.7	33.8	486
8-10 years	72.5	12.2	15.3	27.5	662
10 plus	74.2	10.0	15.9	25.9	391
Do not know	65.1	15.1	19.8	34.9	86
All Blocks					
No schooling	72.9	15.0	12.1	27.1	2001
1-4 years	69.0	14.6	16.4	30.0	226
5-7 years	68.1	18.2	13.6	31.8	477
8-10 years	70.0	16.4	12.8	29.2	1029
10 plus	71.0	15.0	14.0	29.0	480
Do not know	67.9	15.1	17.0	32.1	106
Total	71.3	15.7	13.0	28.7	4319

¹ = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations.

9.5 Educational status of the parent-in-laws

It may be mentioned here that in most of the instances the in-laws were illiterate as only very few have had any schooling. This was true in both types of blocks and to a great extent in J-M blocks. Also in many instances the in-laws were not alive at the time of survey and in quite a few cases women had no knowledge of the educational status of her in-laws. Beside this, among those who did have some schooling, majority had only few years of schooling, particularly in J-M blocks. Thus we may not see much variation in terms of incidence of unwanted events by the educational status of the in-laws. However, few broad observations may be made. It may be seen that on the whole, the per cent of unwanted events declined from 28 per cent for women whose mother-in-law were illiterate to nearly 20 per cent for women whose mother-in-laws had completed 8 or more years of schooling. The relationship is clearer in T-B blocks as compared to the J-M blocks. There is no clear pattern emerging with the educational status of father-in-law.

Table 9.5: Distribution of events by education of parent-in-laws and wantedness status.

Education of the parent-in-laws	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
Education of the mother-in-law					
<u>J-M Blocks</u>					
No schooling	74.6	17.4	7.9	25.3	1767
1-7 years	78.4	13.7	7.8	21.6	51
8 years plus	NC	NC	NC	NC	3
Do not know.	67.6	11.8	20.6	32.4	340
Not alive	NC	NC	NC	NC	7
<u>T-B Blocks</u>					
No schooling	67.7	17.1	15.3	32.4	1218
1-7 years	78.3	10.4	11.3	21.7	212
8 years plus	78.9	10.5	10.5	21.0	95
Do not know	64.6	15.2	20.2	35.4	421
Not alive	70.7	8.8	20.5	29.3	205
<u>All Blocks</u>					
No schooling	71.8	17.3	10.9	28.2	2985
1-7 years	78.3	11.0	10.6	21.7	263
8 years plus	79.6	10.2	10.2	20.4	98
Do not know	66.0	13.7	20.4	34.1	761
Not alive	71.7	8.5	19.8	28.3	212

Table 9.5: Contd...

Education of the parent-in-laws	Row per cent				
	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
Education of the father-in-law					
<u>J-M Blocks</u>					
No schooling	74.5	17.7	7.9	25.6	1363
1-7 years	66.2	22.5	11.3	33.8	71
8 years plus*	81.3	12.5	6.3	18.8	16
Do not know	73.7	12.6	13.6	26.2	674
Not alive	61.4	25.0	13.6	38.6	44
<u>T-B Blocks</u>					
No schooling	66.0	20.7	13.3	34.0	691
1-7 years	76.1	14.2	9.7	23.9	226
8 years plus	70.9	10.7	18.4	29.1	206
Do not know	66.8	13.2	19.9	33.1	778
Not alive	75.2	8.8	16.0	24.8	250
<u>All Blocks</u>					
No schooling	71.6	18.7	9.7	28.4	2054
1-7 years	73.7	16.2	10.0	26.3	297
8 years plus	71.6	10.8	17.6	28.4	222
Do not know	70.0	12.9	17.0	29.9	1452
Not alive	73.1	11.2	15.6	26.8	294

¹ = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations. NC means not calculated.

9.6 Type of house

Type of house may be to an extent taken as an indicator representing economic conditions of the households. Table-9.6 gives the distribution of events by the type of house separately for all the four blocks together as well as for both types of blocks. It may be observed from the table that the per cent of mistimed events was about 16-17 per cent for women living in kachcha or semi-pucca houses and declined to about 12 per cent for those living pucca houses. In other words, the per cent of mistimed events was lowest for women living in pucca houses whereas it was higher for those living in either kachcha or semi-pucca houses. On the other hand, about 11 per cent of events among women living in kachcha houses were never wanted which increased to nearly 15 for the women living in semi-pucca and pucca houses.

Fig. 9.2
Wantedness of the event by type of house

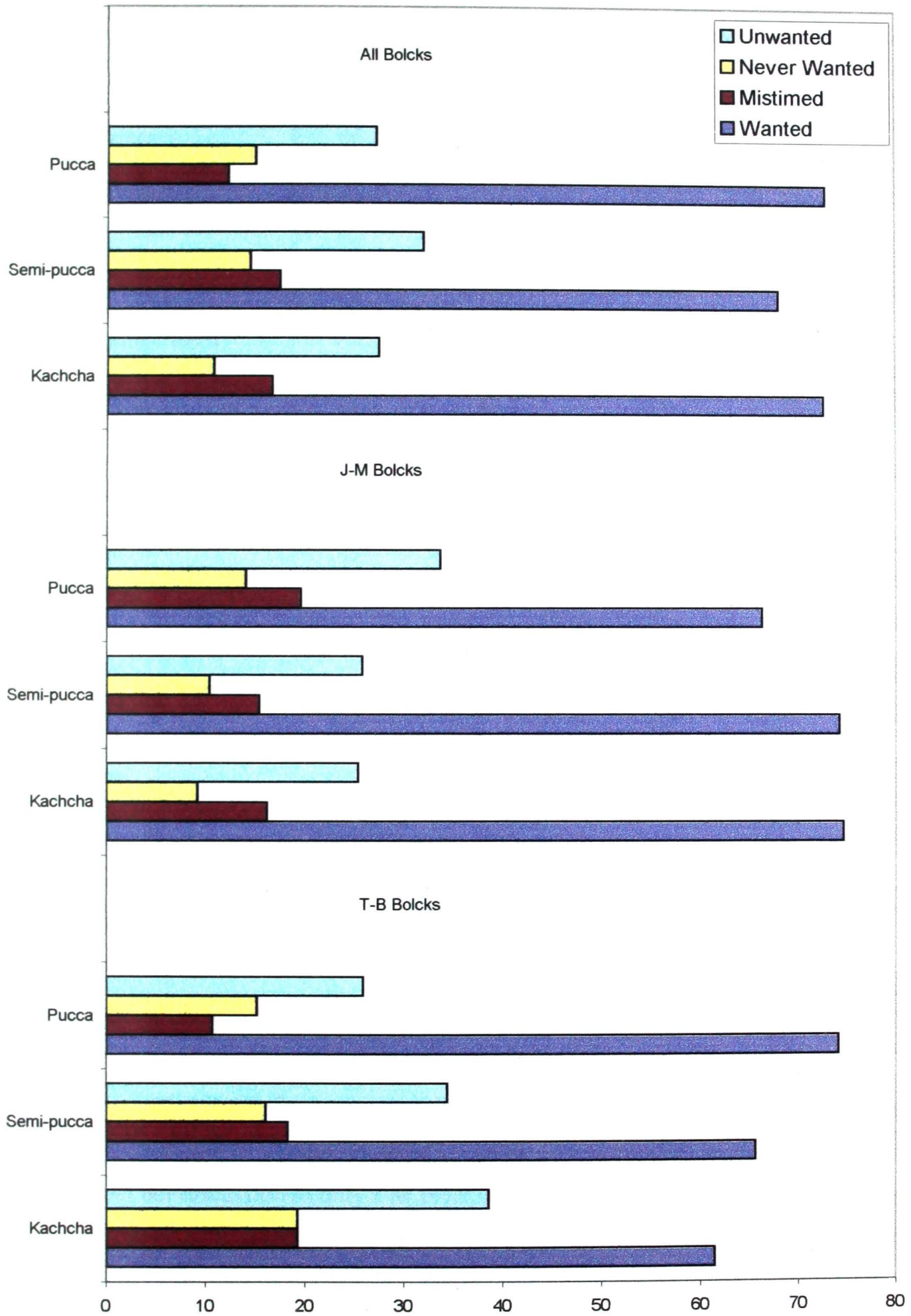


Table 9.6: Distribution of events by type of house and wantedness status.

Type of house	Row per cent				
	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
J-M Blocks					
Kachcha	74.6	16.2	9.2	25.4	1624
Semi-pucca	74.2	15.4	10.4	25.8	345
Pucca	66.3	19.6	14.1	33.7	199
T-B Blocks					
Kachcha	61.5	19.3	19.3	38.6	296
Semi-pucca	65.6	18.3	16.1	34.4	881
Pucca	74.1	10.7	15.2	25.9	974
All Blocks					
Kachcha	72.6	16.7	10.8	27.5	1920
Semi-Pucca	68.0	17.5	14.5	32.0	1226
Pucca	72.8	12.2	15.0	27.2	1173
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

Coming to the differentials by types of blocks it may be noted that not only the direction of relationship gets reversed but also its degree varies significantly. For example in J-M blocks per cent of mistimed and never wanted events were lowest for women living in kachcha houses (16 and 9 per cent respectively) and was highest for those living in pucca houses (about 20 and 14 per cent respectively). On the other hand, in T-B blocks the per cent share of mistimed and never wanted events was lowest for women living in pucca houses (11 and 15 per cent respectively) and it was highest for those living in kachcha houses (19 per cent for each). However, it needs to be emphasized here that very few of the women in J-M blocks were living in either semi-pucca or pucca houses while in case of T-B blocks it was other way around.

9.7 Ownership of land by the households

At the outset it may be mentioned that in T-B blocks very few households own any land and therefore even though we have given the data separately by types of blocks we shall restrict our discussion to only J-M blocks for obvious reasons. It may be seen from Table-9.7 that in J-M blocks incidence of unwanted events was more or less similar for the women belonging to the landless households and those households with land size of 2 acres or less (about 26 per cent). The analysis reveal positive association between size of

land owned by the households and incidence of unwanted events. In other words, the per cent of unwanted events increases as the size of land increases. For example, the per cent share of unwanted events increased to about 28 per cent for those with land size of 3-4 acres to further close to 31 per cent for those owning 5 or more acres of land.

Table 9.7: Distribution of events by land ownership and wantedness status.

Size of Land holding	Row per cent				
	Wanted	Mistimed	Never Wanted	Unwanted ¹	Total
J-M Blocks					
No land	74.0	15.4	10.6	26.0	720
Upto 2 acres	74.3	16.5	9.2	25.7	249
3-4 acres	72.4	16.3	11.3	27.6	221
5-9 acres	69.4	18.8	11.8	30.6	415
10 & more	68.6	17.3	14.1	31.4	156
Do not know	80.1	15.2	4.7	19.9	407
T-B Blocks					
No land	68.8	14.9	16.3	31.2	2087
Some land*	79.3	17.2	3.4	20.6	29
Do not know*	68.6	14.3	17.1	31.5	35
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

*** Per cent based on less than 50 observations.**

9.8 Standard of Living

Table -9.8 gives results of the cross tabulation of whether the event was wanted or not with index of standard of living. In the beginning it may be mentioned that the population under study is quite homogeneous and therefore classification of the events into Low, Medium and High categories may not be very distinct in nature. Nevertheless, some trends may be observed from the data. Further, as has been mentioned earlier that the per cent of women in Low category is zero in both Thane and Bhiwandi blocks. Since most of cases in these two blocks belong to either Medium or High group we have given the cross tabulation of the events by these categories for these two blocks. Nevertheless, it needs to mention that as per our definition, across these two blocks, majority of the events in Thane belonged to High group whereas in case of Bhiwandi majority belonged to

Medium group. For this purpose, the results are also presented separately for Thane and Bhiwandi blocks.

Table 9.8: Distribution of events by standard of living index (SLI) and wantedness status.

Standard of Living Index	Wanted	Mistimed	Never Wanted	Row per cent	
				Unwanted ¹	Total
J-M Blocks					
Low	75.5	14.6	9.9	24.5	1495
Medium	70.7	19.9	9.4	29.3	553
High	66.7	21.7	11.7	33.4	120
T-B Blocks					
Low	-	-	-	-	0
Medium	66.1	17.0	16.8	33.8	1010
High	71.3	13.1	15.5	28.6	1141
Thane Block					
Low	-	-	-	-	0
Medium	67.8	15.6	16.6	32.2	205
High	73.0	12.2	14.8	27.0	836
Bhiwandi Block					
Low	-	-	-	-	0
Medium	65.7	17.4	16.9	34.3	805
High	66.9	15.7	17.4	33.1	305
All Blocks					
Low	75.5	14.6	9.9	25.5	1495
Medium	67.8	18.0	14.2	32.2	1563
High	70.9	14.0	15.1	29.1	1261

1 = Sum of mistimed and never wanted events.

It may be noticed from the data in Table-9.8 that for all the four blocks together, the per cent of unwanted events increased with the rise in standard of living index (from nearly 26 per cent among women with Low standard of living to 32 per cent for Medium standard of living and declined after that to about 29 per cent for the women belonging higher socio-economic strata of the society). In case of mistimed events the per cent was highest for the women belonging to Medium socio-economic strata (18 per cent) whereas it was around 14-15 per cent for the women belonging to lower and higher socio-economic strata of the society. The situation was slightly different in case of the never wanted events. As may be seen about 10 per cent of total events among women belonging

to lower socio-economic strata were unwanted which increased to about 14 per cent for Medium group and further to 15 per cent for High group.

Across the types of blocks, it may be observed that the per cent of unwanted events increased consistently with an increase in the standard of living in J-M blocks (from 24.5 per cent in Low group to over 29 per cent in Medium group and further to over 33 per cent in High group). On the other hand, the per cent of unwanted events was larger in T-B blocks in Medium group (about 34 per cent) and is lower in High group (nearly 29 per cent). In case of mistimed events, their share rose sharply from about 15 per cent in Low group to nearly 22 per cent in J-M blocks. In T-B blocks it declined from 17 per cent in Medium group to about 13 per cent in High group.

It may also be noted from the same table that there are hardly any differentials in the incidence of unwanted events in Bhiwandi across the Medium and High categories. Similarly the per cent of mistimed and never wanted events also vary between 16 to 17 per cent across the two categories. On the other hand, in Thane the per cent of mistimed, never wanted and unwanted events was always higher in Medium group than the High group (32 and 27 per cent for unwanted events, 16 and 12 per cent for mistimed and 17 and 15 per cent for never wanted events respectively).

9.9 Decision making power of the women

The relationship between decision making power of the women and per cent unwanted event comes out very clear. It may be observed from the Table-9.9 that the incidence of unwanted events was highest among the women with greater decision making power in the households (31 per cent). In case of other categories, it was about 29 per cent among those with moderate decision making power and 27 per cent among those with very little decision making power. It may further be noticed that there is very little variation in per cent mistimed events by decision making power of the women in the low and medium groups as it varied between 16-17 per cent across.

Nevertheless, mistimed events were a little over 12 per cent among the women with greater decision making power. In case of never wanted events, their share rose sharply with the improvement in the decision making power of the women (from about 10 per cent in low group to nearly 13 and 19 per cent in Medium and High groups respectively).

Coming to the differentials by types of block it may be observed that in T-B blocks the per cent share of mistimed events declined from about 19 per cent in Low group to

around 11 per cent for Medium and High groups. On the hand, the share of never wanted events increased from just about 13-14 per cent in Low and Medium groups to nearly 35 per cent in High group. This relationship is not very clear in J-M blocks in case of mistimed events whereas in case of never wanted events the data clearly reveals an upward trend (increased from just 6 per cent in Low group to 12 per cent in Medium and High groups).

Table 9.9: Distribution of events by decision making power of the woman and wantedness status.

Deci'n mak'g power	Row per cent				
	Wanted	Mistimed	Ne'rWa'd	Unwanted ¹	Total
J-M Blocks					
Low	78.6	15.4	6.0	21.4	780
Medium	69.4	18.5	12.0	30.5	923
High	74.2	13.8	12.0	25.8	465
T-B Blocks					
Low	68.5	18.9	12.6	31.5	1049
Medium	74.6	11.1	14.3	25.4	468
High	65.3	11.4	23.3	34.7	634
All Blocks					
Low	72.8	17.4	9.8	27.2	1829
Medium	71.2	16.0	12.8	28.8	1391
High	69.1	12.4	18.6	31.0	1099

1 = Sum of mistimed and never wanted events.

9.10 Exposure to mass media

The exposure level of the women to various types of mass media is though very limited among the surveyed women, it seems to have some impact on their perceptions with respect to their reproductive behavior. As may be noted from the Table-9.10, the per cent of unwanted events was higher among those with some exposure (31 per cent) as compared to those with no exposure (26 per cent). Similar trend may also be noted for mistimed and never wanted events. It may further be noted that in J-M blocks, the per cent of unwanted events was higher in case women had some exposure (33.6 per cent) as against to those who have no exposure (24.8 per cent). The gap was wider in case of

mistimed events. On the other hand, reverse was true in T-B blocks (35.3 and 30.6 per cent respectively). Here the gaps were more significant for never wanted events.

Table 9.10: Distribution of events by exposure to mass media and wantedness status.

Exposure to media	Row per cent				
	Wanted	Mistimed	Ne'rWa'd	Unwanted ¹	Total
	J-M Blocks				
No Exposure	75.2	14.9	9.9	24.8	1820
Some Exposure	66.4	24.1	9.5	33.6	348
	T-B Blocks				
No Exposure	64.6	12.3	23.0	35.3	243
Some Exposure	69.4	15.3	15.3	30.6	1908
	All Blocks				
No Exposure	73.9	14.6	11.5	26.1	2063
Some Exposure	69.0	16.7	14.4	31.1	2256

1 = Sum of mistimed and never wanted events.

9.11 Awareness of Family Planning

The results of cross tabulation between status of events and various aspects of family planning among women in survey areas are presented in Tables-9.11 through 9.13. As has been noticed earlier, the knowledge of spacing methods, particularly male methods is very limited among women surveyed here.

9.11.1 Family Planning Knowledge

The data in Table-9.11 reveals that among those women who were aware any spacing methods of family planning, MTP Act and authorized Government Center for MTP by wantedness status of the event. It may be mentioned here that the results of cross tabulation with that of the knowledge on permanent methods of family planning is not given, as almost all of the women in the sample are aware of these methods.

It may be observed from the table that the per cent of unwanted events (so also mistimed and never wanted events) was always higher for those knowing any spacing method. This statement also holds true for J-M and T-B blocks separately. Similar observations may

also be made for the knowledge of MTP Act and extent of unwanted events. Though the degrees vary and the gaps seem to be narrower. For example, in cases where women were aware of MTP act about 32 per cent of the events were unwanted (19.4 per cent mistimed and 12.4 per cent never wanted). The corresponding figures were about 28 per cent, 15 per cent and 13 per cent in cases where women were unaware of the MTP act.

Table 9.11: Distribution of events by knowledge of various family planning methods and wantedness status.

Knowledge of FP met'ds/MTP	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
A: Knowledge of any Spacing Method					
J-M Blocks					
Yes	66.1	22.2	11.6	33.8	1151
No	82.4	9.7	7.9	17.6	1017
T-B Blocks					
Yes	68.8	15.0	16.2	31.2	2145
No	NC	NC	NC	NC	6
All Blocks					
Yes	67.9	17.5	14.6	32.1	3296
No	82.5	9.7	7.8	17.5	1023
B: Aware of MTP act					
J-M Blocks					
Yes	56.8	36.0	7.2	43.2	125
No	74.8	15.2	10.0	25.2	2043
T-B Blocks					
Yes	74.5	10.4	15.2	25.6	231
No	68.2	15.5	16.3	31.8	1920
All Blocks					
Yes	71.6	19.4	12.4	31.8	356
No	68.3	15.3	13.0	28.3	3963
Total	3081	677	561	1238	4319
C: Aware of authorized Govt. Centers					
J-M Blocks					
Yes	61.1	30.0	8.9	38.9	90
No	45.7	51.4	2.9	54.3	35
T-B Blocks					
Yes	75.7	11.4	13.0	24.4	185
No	69.6	6.5	23.9	30.4	46
All Blocks					
Yes	70.9	17.5	11.6	29.1	275
No	59.3	25.9	14.8	40.7	81
Total	68.3	19.4	12.4	31.8	356

1 = Sum of mistimed and never wanted events.

* Per cent based on less than 50 observations. NC means not calculated.

With regards to the knowledge of authorized Government MTP Centre, it may be said that the per cent of unwanted events were lower for the women who were aware of the centre (29 per cent) as compared to those women who were not aware of the centre (41 per cent). Similar observations may also be made by types of blocks and mistimed and never wanted events as well.

9.11.2 Advise on family planning prior to the conception of index event

Table-9.12 gives the data on incidence of unwanted events for women who were advised on family planning use prior to the conception of the index events. It may be observed from the table that the per cent of unwanted events were higher for women who were advised to use family planning before the conception as compared to women who were not advised. This statement holds true for all the blocks together as well for both types of blocks separately.

With only one exception, this was also true for mistimed and never wanted status as well. The only exception being never wanted events in T-B blocks where per cent of never wanted events was higher for those women who were not advised to use any family planning before the conception (18 per cent) as against of around 16 per cent for those women who were advised.

Table 9.12: Distribution of events by advice on family planning prior to index event and wantedness status.

Advice on FP use	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
	J-M blocks				
Yes	54.7	24.0	21.3	45.3	583
No	80.8	13.6	5.7	19.3	1585
	T-B blocks				
Yes	68.1	16.2	15.7	31.9	1757
No	72.6	9.4	18.0	27.4	394
	All blocks				
Yes	64.7	18.2	17.1	35.3	2340
No	79.1	12.7	8.1	20.8	1979
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

9.11.3 Family Planning Use before Index Event

The data on the use of family planning prior to the conception and wantedness status of the events is presented in Table-9.13. It is surprising to note that the per cent of unwanted events are higher for the users as compared to the non-users (over 40 per cent as against of 27 per cent) for all the four blocks together (though the number of users in the sample is very low). Further, the gap was mainly noticeable with respect to the never wanted events (the per cent of never wanted events was almost double for the users than the non-users). It may be mentioned here that though we have given the results separately in the table by types of block we are not discussing them here for the simple reason that the number of family planning users before the conception is very small in J-M blocks.

Table 9.13: Distribution of events by family planning use prior to the index event and wantedness status.

FP use before conception	Row per cent				Total
	Wanted	Mistimed	Never Wanted	Unwanted ¹	
	J-M blocks				
Yes	37.6	48.4	14.0	62.4	93
No	75.4	14.9	9.7	24.6	2075
	T-B blocks				
Yes	64.3	12.3	23.4	35.7	423
No	70.0	15.6	14.4	30.0	1728
	All blocks				
Yes	59.5	18.8	21.7	40.5	516
No	72.9	15.3	11.8	27.1	3803
Total	71.3	15.7	13.0	28.7	4319

1 = Sum of mistimed and never wanted events.

Chapter 10

Determinants of Unwanted Pregnancy/Birth: Results of Logistic Regression Analysis

In the last two chapters we have examined the variations in the unwanted status of the event according to the various socio-economic and demographic characteristics of the women as well as that of the events. It is well known that the descriptive analysis does not indicate the relative importance of the various factors that can be manipulated through policy interventions. In order to assess the important determinants of unwanted status of the event, in the present chapter we have used logistic regression analysis.

10.1 Selection of variables

Three dependent variables have been used in the present analysis. They are:

1. Unwanted events
2. Mistimed events, and
3. Never wanted events

Selection of independent variables has been done on the basis of the importance of the variables mentioned in the review of literature as well as those found important in our analysis in the previous chapters. The selected independent variables are:

A: Village level variables (J-M blocks only)

1. Population size (1999)-POPSIZ
 - a: Population below 1500
 - b: Population 1500 or more
2. Distance to the district head quarter - DIST-HQ
 - a: 50 kilometers or more
 - b: Less than 50 kilometers

3. Distance to the nearest town - DIST-TOWN
 - a: 20 kilometers or more
 - b: Less than 20 kilometers
4. Distance to the nearest railway station - DSIT-RLY
 - a: 50 kilometers or more
 - b: Less than 50 kilometers
5. Physical, social and medical infrastructure development index - INDEX-PSM

The variables included in the Index are: availability of transport facility, connectivity to all weather road, village electrification, middle school and postal facility, distance to the Sub-Centre and Primary Health Centre, availability of Village Health Guide, Traditional Birth Attendant, Mobile Health Unit, private doctor and visiting doctor in the village, Mahila Mandal, Youth Club, Adult Education Centre and Anganwadi centre). The detail of the score given to each variables used in construction of the Index is given in Annexure-2. After giving the score, the index is obtained by simply adding the values of the score against each of the variable.

B: Household level variables

1. Electrification of the house - ELECT-H
 - a: Electrified
 - b: Not electrified
2. Availability of toilet facility -SANIT-H
 - a: No facility
 - b: Common/Public latrines
 - c: Flush latrines
3. Type of house TYPE-H
 - a: Kachcha
 - b: Semi-Pucca
 - c: Pucca
4. Land ownership by the household (J-M blocks only) - LAND-H
 - a: None
 - b: 1-4 acres
 - c: 5-9 acres
 - d: 10 acres or more
 - e: Cannot say/Do not know

5. Standard of Living Index of the household -SLI-H

- a: Low group
- b: Medium group
- c: High group

C: Woman level variables

1. Age of the woman - AGE

- a: 15-24 years
- b: 25-29 years
- c: 30-44 years

2. Age at effective marriage of the woman - AGE-EM

- a: 14 years or below
- b: 15-17 years
- c: 18 years or more

3. Duration of marriage - DUR-M

- a: 0-4 years
- b: 5-9 years
- c: 10-14 years
- d: 15 years or more

4. Sex composition of the living children at the time of index event -SEXCOMP

- a: No living child
- b: one son and one daughter
- c: two sons and one daughter
- d: Three or more sons and any number of daughter(s)
- e: one/two son(s) and any number of daughter(s)
- f: No son and any number of daughter(s)

5. Educational status of the woman - EDU-W

- a: No schooling/Illiterate
- b: 1-7 years of schooling completed
- c: 8 years or more schooling completed

6. Educational status of the Husband - EDU-HB
 - a: No schooling/Illiterate
 - b: 1-7 years of schooling completed
 - c: 8 years or more schooling completed
 - d: Do not know
7. Occupation of the woman -OCC-W
 - a: Housewife
 - b: Working on other's farm
 - c: Working on own farm
 - d: Other
8. Child loss/ Reproductive wastage -REP-LOSS
 - a: None
 - b: One or more wastage
9. Decision making power of the woman in the household -EMPOWER
 - a: Low decision making power
 - b: Moderate decision making power
 - c: High decision making power
10. Exposure of the woman to various kind of mass media - EXP-MM
 - a: No exposure
 - b: Any exposure
11. Knowledge of woman of various spacing methods of family planning KNOW-SM
 - a: Does not Know any modern spacing method
 - b: Knows any modern spacing method
12. Knowledge of woman of medical termination of pregnancy - KNOW-MTP
 - a: Does not Know MTP
 - b: Knows MTP
13. Family planning use before the index event FP-PAST
 - a: Non-users
 - b: Users
14. Visit of the health worker to the woman (J-M blocks only) - VISIT-HW
 - a: Not visited by the health worker
 - b: Visited by the health worker
15. Woman's visit to the Government health facility - VISIT-GHC
 - a: Not visited any Government health facility
 - b: Visited any Government health facility

10.2 Analysis

Before starting the analysis, it may be mentioned that here we have attempted to identify the determinants of unwanted pregnancies/births for unwanted events. This analysis has been done for all the four blocks together as well as separately for J-M blocks and T-B blocks. In addition to this, we have also examined the determinants of mistimed and never wanted events separately. This has been done for all the four blocks together only. It may also be mentioned that we have also carried out separate analysis for live births only (for all blocks together as well as for J-M and T-B blocks). Since the results for live births are quite similar to that observed for all the events we have not included them in the discussion in this chapter. Nevertheless, they have been presented in the Annexure-3 of this report. It may also be specified that in the tables in this chapter we have given values for 'B', 'level of significance' and 'expected values of B' (known as odd ratios).

10.2.1 Determinants of unwanted pregnancies/births: all blocks

Tables 10.1 through 10.3 give results of logistic regression for all the four blocks together, J-M blocks and T-B blocks respectively.

It may be noticed from Table 10.1 that amongst the variables at the household level only availability of sanitation facility seemed to be an important determinant of unwanted events in the study population. The incidence of unwanted events was likely to be less by almost one-third in the households having any type of sanitation facility as compared to the households with no sanitation facility. Amongst the demographic variables, age and age at effective marriage of the woman, duration of marriage, sex composition of the living children at the time of index event and reproductive loss experienced by the woman come out to be the important predictor of unwanted events. For example, younger women and women with shorter marriage duration were more likely to have an unwanted event as compared to the older woman (odd ratio being 1.21 and 1.12 respectively).

Further, women with three or more living children (and those with 2 sons and one daughter) at the time of index event were more likely to have unwanted events as compared to the women with one son and one daughter combination. In other words, the probability of having an unwanted event was more than double among women with 3 or more children while among women with 2 sons and one daughter combination likelihood of unwanted events were higher by nearly 62 per cent.

Table 10.1: Determinants of unwanted events: results of the logistics regression analysis, all four blocks.

Dependent variable: Unwanted event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,

N= 4319

Name of the Variable	B	Sig.	Exp (B)
SANIT-H: No facility[®]			
Common/Public latrines	-0.3468	0.0024	0.7070
Flush latrines	-0.4128	0.0029	0.6618
AGE: 30-44 years[®]			
15-24 years	0.1865	0.2647	1.2051
25-29 years	-0.0976	0.4383	0.9070
DUR-M: 15 years and above[®]			
0-4 years	0.1143	0.5972	1.1211
5-9 years	-0.7232	0.0000	0.4852
10-14 years	-0.4554	0.0007	0.6342
AGE-EM: 14 years or below[®]			
15-17 years	0.3440	0.0017	1.4106
18 years or more	0.2008	0.1667	1.2224
SEXCOMP: one son & one daughter[®]			
No living child	-2.4409	0.0000	0.0871
3 or more sons & any No. of daughter(s)	0.8038	0.0000	2.2341
1/2 son(s) & any No. of daughter(s)	-0.0872	0.4764	0.9165
No son & any No. of daughter(s)	-0.5076	0.0001	0.6020
2 sons and 1 daughter	0.4824	0.0128	1.6199
REP-LOSS: None[®]			
One or more wastage	0.1992	0.0183	1.2205
KNOW-SM: Doesn't know any modern spac. Meth[®]			
Knows at-least one modern spac. Method	0.9950	0.0000	2.7048
FP-PAST: Non-users[®]			
Users	0.5895	0.0000	1.8031
ELECT-H: Not Electrified[®]			
Electrified	3.0793	0.0793	21.7432
VISIT-GHC: Not visited Government health centre[®]			
Visited Government health centre	3.6739	0.0553	39.4053
Constant	-1.0599		

Women who suffered any reproductive loss were 22 per cent more likely to have unwanted events as compared to the women who did not experience any loss. With respect to the family planning knowledge, it has been found that women who knew at least one modern method of spacing were nearly three times more likely to have unwanted events as compared to the women who did not know about modern spacing methods. It thus feels that the knowledge of women on various family planning methods is not getting translated into practice. Similarly, the users of the family planning before the index event were nearly two times more likely to have unwanted events as compared to those who did not use any family planning before the index event. It may be recalled here that in many cases the reason for discontinuing the method as given by women were: irregular/inconsistent use, health problems, difficult to get the method and method failed. The proportion of women reporting these reasons were 41 per cent in all four blocks together and 35 and 65 per cent respectively in T-B and J-M blocks.

10.2.2 Determinants of unwanted pregnancies/births: J-M blocks

Table 10.2 gives the results of the logistic regression for J-M blocks. It may be noticed from the table that in J-M blocks, beside the variables which were found to be significant predictor of unwanted events, two village level variables (namely population size, distance from the district head quarters and size of landholding by the households) have been found to be significantly associated with the incidence of unwanted events. It may be observed that the probability of unwanted event was nearly two-third lower in larger villages as compared to the smaller villages as well as for those villages which are nearer to the district head quarters. Further, probability of unwanted events was lower among villages having 4 or more of the listed physical, social and medical infrastructure facilities as compared to the villages with only three of the specified facilities. It may be mentioned here that the availability and accessibility of various health and family planning services are slightly better off in the large villages as compared to the smaller villages. Households that owned land holding of 5 or more acres were expected to have one and half times more unwanted events as compared to the land-less households. The other important predictor of unwanted events in J-M blocks were sex composition of the living children at the time of index events, duration of marriage, knowledge of spacing method, experience of reproductive loss and family planning use before the index event.

The analysis also reveals that the women with 3 or more living children and those with 2 sons and one daughter combination before the index event were more likely to have unwanted events than those with one son and one daughter combination (odd ratio: 2.96 and 1.39 respectively). Further, women with one or two sons and no daughter behaved in more or less similar way as the women with one son and one daughter (odd ratio: 0.81). On the other hand, probability of an unwanted event was least among women with no son. Similarly, women with shorter marriage duration (4 years or less) were nearly twice more likely to have an unwanted event than the women with 15 years of longer marriage duration whereas women with marriage duration of 5-14 years were less likely to have an unwanted event. It may further be concluded that the women who knew at least one method of spacing were nearly two-half times more likely to have an unwanted event than the women who did not know any spacing method. Similarly, women who used family planning prior to the index event were 50 per cent more likely to have an unwanted event as compared to the non-users. The higher incidence of unwanted events among women belonging to the households owning larger landholding and with better knowledge of spacing methods may indicate the existing gaps in the supply and demand.

10.2.3 Determinants of unwanted pregnancies/births: T-B blocks

Table 10.3 gives the results of the logistic regression analysis for T-B blocks. It may be observed from the table that the present age of the woman, duration of marriage and sex composition of the living children were the most important demographic predictor of the unwanted events in T-B blocks. In addition to the demographic variables, family planning use prior to the index event was also found to be significant predictor of unwanted events. It is surprising that none of the socio-economic variables included in the present analysis appear to be the important factors influencing incidence of unwanted events in T-B blocks.

The results further reveal that the younger women (aged 15-24 years) were more likely to have unwanted events as compared to the older women (odd ratio being 1.57). Similarly, women with marriage duration of 4 or less years were one-third less likely to have unwanted event as compared to the women with marriage duration of 15 or more years. Further, in cases of where marriage duration was between 5-9 years probability of them having an unwanted event was lower by nearly two-third as compared to the women with longer marriage duration.

Table 10.2: Determinants of unwanted events: results of the logistics regression analysis, J-M Blocks.

Dependent variable: Unwanted event =1, wanted = 0

Independent Variables:

POPSIZ, DIST-HQ, DIST-TOWN, DIST-RLY, INDEX-PSM
 ELECT-H, SANIT-H, TYPE-H, SLI-H, LAND-H
 AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
 EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,
 VISIT-HW

N= 2168

Name of the Variable	B	Sig.	Exp (B)
POPSIZ: Small village [®]			
Large village	-0.9797	0.0000	0.3754
DIST-HQ: 50 kilometers or more [®]			
Less than 50 kilometers	-0.8535	0.0038	0.4259
INDEX-PSM (SCORES):3[®]			
4	-1.1389	0.0069	0.3202
5	-1.1695	0.0039	0.3105
7	-0.6297	0.0213	0.5327
8	-0.2473	0.2800	0.7809
9	-0.1628	0.6372	0.8498
11	0.7648	0.0072	2.1486
LAND-H: None [®]			
1-4 acres	0.1682	0.2701	1.1832
5-9 acres	0.4077	0.0069	1.5033
more than 10 acres	0.4490	0.0343	1.5667
can not say	-0.2719	0.0993	0.7619
SEXCOMP: one son & one daughter [®]			
No living child	-2.0824	0.0000	0.1246
3 or more sons & any No. of daughter(s)	1.0847	0.0000	2.9587
1/2 son(s) & any No. of daughter(s)	-0.2159	0.2362	0.8058
No son & any No. of daughter(s)	-0.6326	0.0012	0.5312
2 sons and 1 daughter	0.3299	0.2611	1.3908
DUR-M: 15 years and above [®]			
0-4 years	0.6583	0.0024	1.9314
5-9 years	-0.4429	0.0073	0.6422
10-14 years	-0.3063	0.0609	0.7361
KNOW-SM: Doesn't know any modern spac. Meth [®]			
Knows at-least one modern S. method	0.8598	0.0000	2.3628
REP-LOSS: None [®]			
One or more wastage	0.4104	0.0005	1.5073
FP-PAST: Non-users [®]			
Users	1.2318	0.0000	3.4276
VISIT-GHC: Not visited Government health centre [®]			
Visited Government health centre	3.8064	0.0511	44.9882
Constant	0.0747		

Table 10.3: Determinants of unwanted events: results of the logistics regression analysis, T-B Blocks.

Dependent variable: Unwanted event =1, wanted = 0

Independent Variables:

- ELECT-H, SANIT-H, TYPE-H, SLI-H,
- AGE, AGE-EM, SEXCOMP, DUR-M, REP-LOSS, EDU-H, EDU-W,
- EMPOWER, FP-PAST, KNOW-MTP, EXPO-MM and VISIT-GHC,

N= 2151

Name of the Variable	B	Sig.	Exp (B)
AGE: 30 years or more [®]			
15-24 years	0.4522	0.0242	1.5717
25-29 years	0.0652	0.6797	1.0673
DUR-M: 15 years and above [®]			
0-4 years	-0.4787	0.0852	0.6196
5-9 years	-1.0250	0.0000	0.3588
10-14 years	-0.6340	0.0003	0.5305
SEXCOMP: one son & one daughter [®]			
No living child	-3.4500	0.0000	0.0317
3 or more sons & any No. of daughter(s)	0.6671	0.0029	1.9486
1/2 son(s) & any No. of daughter(s)	-0.0293	0.8630	0.9711
No son & any No. of daughter(s)	-0.5144	0.0053	0.5978
2 sons and 1 daughter	0.5719	0.310	1.7717
FP-PAST: Non-users [®]			
Users	0.4166	0.0016	1.5169
TYPE-H: Kachcha [®]			
Semi-Pucca	1.4832	0.2233	4.4070
Pucca	5.1045	0.0239	164.762
Constant	0.1436		

With respect to the sex composition of living children at the time of index event it may be mentioned that the probability of having an unwanted event was almost double for the women with 3 or more living children and 2 sons and one daughter combinations as compared to the women with one son and one daughter combination (odds ratio being 1.95 and 1.77 respectively). On the other hand, women with one or two sons and any number of daughter(s) were likely to behave in similar way as the women with one son

and one daughter combination. Contrary to this, women whose all children were daughters were least likely to have an unwanted event. Further, users of family planning prior to the conception at the time of the index event were one-half times more likely to have an unwanted event as compared to the non-users.

10.2.4 Determinants of unwanted pregnancies/births: differentials by block type

It may be observed from the above analysis that duration of marriage and sex composition of the living children at the time of index event, family planning use prior to the index event are significant predictor of unwanted events in both types of blocks. In addition to this, age of the woman has also been found to be significant only in T-B blocks. Beside these variables, the other important predictor of unwanted events in J-M blocks are: size of the village population, distance to head quarters, availability of selected physical, social and medical infrastructure at the village level, size of land holding by the households and past reproductive/child loss experienced by the woman.

10.2.5 Determinants of mistimed pregnancies/births: all blocks

Table 10.4 gives the results of the logistic regression for mistimed events for all the four blocks together. It may be observed from the table that the probability of mistimed events was lower by almost half for the women living in pucca houses and aged women (25 years or older) than their respective counterparts. Women with marriage duration of 5 years or longer were likely to have only about 33 per cent or lower mistimed events as compared to the women with marriage duration of 4 or less years. It may further be specified that women living in semi-pucca houses exhibited more or less similar behavior as the women living in kachcha houses.

With respect to the number of living children, it may be noted that women with no living child at the time of index event were least likely to have mistimed event (odd ratio: 0.15). The women with one or two son and no daughter were about 75 per cent more likely to have mistimed events (odd ratio: 1.75). Further, probability of having mistimed event was relatively higher among women with 2 or more daughters and no son (odd ratio: 2.12) as compared to the women with 2 or more living son and no daughter (odd ratio: 1.86).

Table 10.4: Determinants of mistimed events: results of the logistics regression analysis, all blocks.

Dependent variable: Mistimed event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,

N= 3758

Name of the Variable	B	Sig.	Exp (B)
TYPE-H: Kachcha[®]			
Semi-Pucca	-0.1465	0.2066	0.8637
Pucca	-0.5614	0.0000	0.5704
AGE: 15-24 years [®]			
25-29 years	-0.6778	0.0000	0.5077
30-44 years	-0.8988	0.0000	0.4071
DUR-M: 0-4 years [®]			
5-9 years	-1.0981	0.0000	0.3335
10-14 years	-1.2817	0.0000	0.2776
15 years and above	-1.3765	0.0000	0.2525
SEXCOMP: One living child[®]			
No living child	-1.9303	0.0000	0.1451
One son and one daughter	0.5622	0.0007	1.7546
2 or more living sons and no daughter	0.6179	0.0010	1.8550
2 or more daughters and no son	0.7535	0.0000	2.1244
Three or more living children	1.2020	0.0000	3.3267
REP-LOSS: None[®]			
One or more wastage	0.3687	0.0008	1.4459
KNOW-SM: Doesn't know any modern spac. Meth[®]			
Knows at-least one modern spac. Method	0.9194	0.0000	2.5077
KNOW-MTP: Doesn't know MTP[®]			
Knows MTP	0.5698	0.0010	1.7679
FP-PAST: Non-users[®]			
Users	0.5360	0.0003	1.7091
EMPOWER: Low decision making power[®]			
Moderate decision making power	-0.1103	0.3106	0.8956
High decision making power	-0.3079	0.0101	0.7350
Constant	-1.0538		

It may also be seen from the same table that the women who experienced any reproductive loss in the past were 45 per cent more likely to have mistimed events. Similarly, women who knew about modern spacing methods (odd ratio: 2.50), MTP (odd ratio: 1.77) and users of family planning before the index event (odd ratio: 1.71) were more likely to have mistimed events. The results also reveal that those women who have relatively higher decision making power in the households were likely to have mistimed events by about one-fourth as compared to the women who have very little or no decision making power in the households (odd ratio: 0.73).

The higher probability of mistimed events among women who have used family planning prior to the conception of index event may have been because of the irregular and inconsistent use of the method as well as various health problems faced by the women due to family planning use and thus resulting into mistimed events. In addition to this, poor availability and accessibility of the family planning services may too have contributed to this.

10.2.6 Determinants of never wanted pregnancies/births: all blocks

The results of the logistic regression analysis for never wanted events are presented in Table 10.5. It may be evident from the table that electrification of the house, standard of living, duration of marriage, sex composition of the living children before the index event, knowledge of woman of any modern spacing method, family planning use before the index event and decision making power of the woman in the household and educational status of woman as well as that of her husband are the significant predictor of never wanted event in the population under study. It may be mentioned that the women living in electrified houses were nearly two times more likely to have never wanted event as compared to those living in the houses that are not electrified (odd ratio: 1.86). On the other hand, women belonging to medium socio-economic strata were about one-third less likely to have never wanted event (odd ratio: 0.68). Further, women with two or more sons and no daughters were relatively more likely to have never wanted events while those with two or more daughters and no son were nearly 34 per cent less likely to have never wanted event (odd ratio: 1.15 and 0.66 respectively). This indicate that the presence of son in the family is an important determinant of never wanted events while that of daughter does not make any difference.

Table 10.5: Determinants of never wanted events: results of the logistics regression analysis, all blocks.

Dependent variable: Never wanted event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC

N= 3642

Name of the Variable	B	Sig.	Exp (B)
ELECT-H: Not Electrified[®]			
Electrified	0.6213	0.0086	1.8613
SLI-H: Low[®]			
Medium	-0.3808	0.1068	0.6833
High	-0.0243	0.9282	0.9760
DUR-M: 15 years and above[®]			
0-4 years	-0.7679	0.0655	0.4640
5-9 years	-0.8271	0.0000	0.4373
10-14 years	-0.5441	0.0001	0.5804
SEXCOMP: one son & one daughter[®]			
No living child	-3.9146	0.0000	0.0199
One son and no daughter	-2.3550	0.0000	0.0949
One daughter and no son	-2.1398	0.0000	0.1177
Two or more sons & no daughter	0.1424	0.5075	1.1530
Two or more daughters and no son	-0.4161	0.0593	0.6596
Three or more living children	1.0220	0.0000	2.7787
KNOW-SM: Doesn't know any modern spac. Meth[®]			
Knows at-least one modern spac. Method	0.7515	0.0000	2.1202
FP-PAST: Non-users[®]			
Users	0.8000	0.0000	2.2255
EMPOWER: Low decision making power[®]			
Moderate decision making power	0.4492	0.0015	1.5671
High decision making power	0.4646	0.0008	1.5914
EDU-W: No schooling/Illiterate[®]			
1-7 years of schooling completed	-0.4877	0.0070	0.6140
8 years or more schooling completed	-0.1778	0.3872	0.8371
EDU-HB: No schooling/Illiterate[®]			
1-7 years of schooling completed	0.2551	0.1429	1.2906
8 years or more schooling completed	0.5394	0.0025	1.7149
Do not know	0.1369	0.6980	1.1467
Constant	-2.1765		

Women who knew at least one modern method of spacing (odd ratio: 2.12), those who used family planning prior to the index events (odd ratio: 2.23) and those with moderate and higher decision making power in the households (odd ratio: 1.59) were more likely to have never wanted events as compared to their respective counterparts. On the other hand, women with shorter duration (odd ratios ranging between 0.44 to 0.59) were less likely to have never wanted events as compared to their counterparts.

10.2.7 Determinants of unwanted events: current pregnancies only

Table 10.6 gives the results of the logistic regression analysis for the current pregnancies only. In the earlier analysis it has been noted that the per cent of unwanted events was relatively higher for current pregnancies as compared to either live births or still births. In order to find out whether the determinants of unwanted events were different from what has been discussed for all events we decided to do the regression analysis separately for live births only. However, it should be reminded here that the analysis here is based on relatively smaller number of observation (455 events).

It may be noted from the table that the probability of having an unwanted events was much higher for women who knew at least one modern method of spacing, those women who visited the government health facility in last one year period prior to the survey date and those living in pucca houses. On the other hand, women with three or more children were most likely to have an unwanted event (odd ratio: 1.94) as compared to those with one son and one daughter combination. Similarly, women with 2 sons and one daughter combination were likely to have about 22 per cent more unwanted events as compared to the women in the reference category. Contrary to this, women with all daughters and no son (odd ratio: 0.38) and those with one or two sons and any number of daughters (odd ratio = 0.68) were less likely to have unwanted event.

Table 10.6: Determinants of unwanted events (current pregnancies only): results of the logistics regression analysis, all blocks.

Dependent variable: Unwanted event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,

N= 455

Name of the Variable	B	Sig.	Exp (B)
AGE: 30-44 years [®]			
15-24 years	-0.3798	0.4260	0.6840
25-29 years	-1.0844	0.0154	0.3381
SEXCOMP: one son & one daughter [®]			
No living child	-2.5743	0.0000	0.0762
3 or more sons & any No. of daughter(s)	0.6613	0.2331	1.9374
1/2 son(s) & any No. of daughter(s)	-0.3896	0.2499	0.6773
No son & any No. of daughter(s)	-0.9606	0.0080	0.3827
2 sons and 1 daughter	0.1958	0.6958	1.2163
KNOW-SM: Doesn't know any modern spac. Meth [®]			
Knows at-least one modern spac. Method	0.8902	0.0012	2.4356
VISIT-GHC: Not visited Government health centre [®]			
Visited Government health centre	0.4759	0.0318	1.6095
SANIT-H: No facility [®]			
Common/Public latrines	2.1149	0.1459	8.2888
Flush latrines	3.2824	0.0700	26.6396
TYPE-H: Kachcha [®]			
Semi-Pucca	1.5835	0.2083	4.8720
Pucca	4.4825	0.0342	88.4555
EDU-W: No schooling/Illiterate [®]			
1-7 years of schooling completed	2.7682	0.0962	15.9299
8 years or more schooling completed	0.0003	0.9857	1.0003
Constant	0.0699		

Chapter 11

Summary, Discussion and Policy Implications

11.1 Summary

The present study was carried in the Thane district in Maharashtra. The district Thane was selected for the following two reasons: beside being in close geographical proximity to Greater Mumbai, the district is also on the better footing than many other districts in the state in terms of various social, economic and demographic parameters and is considered to be industrially progressive district in the state. Also according to the 1991 census, of the total population of the district, tribal constituted nearly 18 per cent whereas the per cent share of Muslim population was almost 9 per cent. Thane thus is one such district where both tribal and Muslim populations are comparatively large in numbers.

In all, four-community development blocks from the district were selected for carrying out the actual fieldwork. The selected blocks are: Jawahar and Mokhada (tribal) and Thane and Bhiwandi (Muslim). A total of 32 primary sampling units (PSU's) from all the four community development blocks (8 from each block) were selected. Selection of PSUs was done using the sampling technique known as Probability Proportion to Population Size (PPS). Based on the data from NFHS-I for Maharashtra, sample size for the present study was fixed at the 2600 eligible women (650 from each block). **The eligible woman for the present study was the currently married woman aged 15-44 years with at least one pregnancy and/or delivery during the past four years prior to the survey (period between January 1995 and survey date).**

Two types of questionnaire namely -Village and Woman questionnaires- were used in the present survey. Village questionnaire was used only for Jawahar and Mokhada blocks. Both the questionnaires covered wide range of areas relevant to the present study.

The fieldwork for the present study was carried out in the months of April to August 1999 by the teams of trained field investigators. Separate teams were formed for Jawahar-Mokhada blocks and Thane-Bhiwandi blocks. With the view of getting better response and cooperation, it was decided to take the local investigators to do the fieldwork. The field staff was given one-week training before the actual fieldwork. The project coordinator closely supervised the work.

The main objective of the study was to find out the incidence of unwanted pregnancies/births as well as identify their important socio-economic and demographic determinants. An attempt is made to study the differentials in the incidence and determinants of unwanted pregnancies/births in two types of population. Beside this, knowledge and use of various family planning methods including natural methods and opinion of the women on the quality of the government health facilities in their areas have been studied.

According to the 1991 census, Thane district accounted for nearly 7 per cent of the state's population and was the third largest district after Greater Mumbai and Pune. During the decade 1981-91, the district grew by twice the rate of growth of the state average (rate of growth of population for Thane district was about 57 per cent as against 26 per cent for the state average). Nearly two-third of the district's population in 1991 lived in urban. About 20 per cent of the district population belonged to Scheduled Tribes. The district, on the whole, seems to have performed slightly well as compared to the state average when it comes to education. A relatively larger proportion of the households in the district as against the state average had access to basic amenities such as sanitation facility, safe drinking water, electricity etc.

Coming to the blocks, it may be mentioned that both the Tribal blocks lag behind considerably on almost all the fronts. On the other hand, Thane and Bhiwandi, though have exhibited better performance on these indicators as compared to the Tribal blocks they still have to improve in certain areas. Between the T-B blocks, Thane stands far ahead of Bhiwandi on almost all the indicators included here. Almost all of the 16 villages selected from Jawahar and Mokhada were far from the district head quarter. Many of the study villages did not have various physical, social and medical infrastructures within the village.

Of the total 2606 selected eligible women, nearly 30 per cent lived in the houses which were not electrified (all from J-M blocks) and only a handful lived in the houses with sanitation facility. Approximately three-fourth of the women in J-M blocks lived in Kachcha houses whereas in case of T-B blocks their share was about half. 'Well' was the main source of drinking water to almost all the households in J-M blocks and majority used wood for domestic cooking. Most of the women lived in one-room houses and nearly half of which did not have separate kitchen. Nearly one-third of the households in J-M blocks were landless. In T-B blocks, the situation on these matters was poorer in Bhiwandi as compared to the Thane blocks. Over two-third of the women in J-M blocks

belonged to Low standard of living group households whereas in case of T-B blocks there were none in this category.

With regards to the socio-economic characteristics of the surveyed eligible women, it may be said that half were Tribal whereas remaining were Muslim. Eight in every 10 women in J-M blocks and about 4 in every 10 women in T-B blocks were illiterate. Very few of the women had completed 10 or more years of schooling. Nearly 94 per cent of the women in T-B blocks were housewives whereas in case of J-M blocks around 93 per cent were economically active at the time of survey (mostly working as agricultural laborers either on own farm or on someone else's farm).

Nearly half of the women in T-B blocks had very little decision-making power in the households on the matters that are related to either themselves or their children. On the other hand, the per cent of women with low decision making power in the households was relatively lower in J-M blocks. Exposure of the women to various types of mass media was virtually not there in J-M blocks whereas in case of T-B blocks, majority of the women did have exposure to various types of mass media.

Coming to the demographic characteristics of the eligible women, the mean age was a little over 23 years and 27 years in J-M blocks and T-B blocks respectively. The mean age at marriage for the women was nearly 5 years lower in J-M blocks as compared to that in T-B blocks (13.87 and 18.53 years). The mean number of living children at the time of survey was more or less similar in Jawahar and Mokhada blocks (2.36 and 2.57 children per woman) while it was significantly different in Thane (2.30 children per woman) and Bhiwandi (3.38 children per woman). Nearly 29 per cent of the women in T-B blocks had four or more living children at the time of survey whereas in case of J-M blocks their share was about 23 per cent. This indicates prevalence of relatively higher levels of fertility in T-B blocks as compared to the J-M blocks. It has further been noted that a relatively larger proportion of the women in J-M blocks had suffered child loss in the past as compared to the T-B blocks (about 14 per cent as compared to a little over 3 per cent).

Almost all of the women in the sample in T-B blocks knew about all the five methods of family planning (female and male sterilization, Oral Pill, Condom and Cu-T). However, in case of J-M blocks, though female sterilization was known to all but two women, male sterilization was known to less than half of them. Further, the spacing methods of family planning were known to relatively fewer women in J-M blocks. For example, Cu-T was known to a less than quarter of the surveyed women while condom was known to only

about 14 per cent of them. Beside the modern methods of family planning, the knowledge of natural methods of family planning such as Rhythm/Safe Period Method and withdrawal too was very little. In fact, in J-M blocks about 3 per cent of the women knew about these methods. The data also reveal that the knowledge of MTP act too was very poor in both types of blocks.

It has further been observed that the per cent women knowing various methods of family planning rose with the increased age of the woman, number of living children and the educational level of the woman. The relationship seems to be particularly stronger in case of the knowledge level of spacing methods like Cu-T and Condom. The analysis also suggest strong relationship between standard of living, exposure of the women to various types of mass media and her decision making power in the households with the knowledge level of family planning methods, particularly that of Condom, Cu-T and male sterilization.

With respect to the family planning use the finding suggest that only about one-third of the women in all the four blocks reported using family planning at the time of survey indicating very low levels of family planning practices in the study population. The per cent of current users were just about 23 per cent in J-M blocks while in T-B blocks it was nearly 47 per cent. Permanent methods together accounted for over 40 per cent of the current users in all the four blocks (36 per cent female sterilization and 4 per cent male sterilization). The corresponding figures for J-M and T-B blocks are: 77 and 22 per cent respectively. This indicates that the permanent methods of family planning are less popular in the later blocks. On the other hand, spacing methods of family planning seem to be more popular in T-B blocks as compared to the J-M blocks. About 27 per cent of the women each in T-B blocks reported using users Cu-T and Condom whereas Oral Pill was used by another about 17 per cent. Thus, spacing methods accounted for about 71 per cent of the current users in T-B blocks. Further, As was the case with knowledge, the natural methods of family planning did not seem to be popular among the surveyed couples as only less than 5 per cent of them were practicing them.

Majority of the couples in J-M blocks were receiving their family planning services from the government sources whereas in case of T-B blocks they were receiving it from the private sources.

The analysis clearly reveals strong association between method used and the background characteristics of the woman. The share of permanent methods of family planning increased significantly as the age of the woman and number of living children increased.

Similarly, the per cent users of Cu-T and Condom rose sharply with the improvement in the educational status of the woman. Further, per cent of sterilization acceptors increased to nearly 70 per cent or more for the households owning some land as compared to the 30 per cent among land-less households. The use of spacing methods became more common if the women lived in either pucca or semi-pucca houses and if they belonged to High and Medium standard of living. Likewise, a relatively larger proportion of women belonging to high socio-economic strata used Cu-T and Condom as against those belonging to lower socio-economic strata. Further, the use of spacing methods of family planning was much higher among women who had some exposure to mass media as compared to those women who did not have any exposure.

There seem to be strong prevalence of son preference in the study population. It has been noted that among women with two living children, per cent of couple using sterilization was close to 36 per cent among those with both sons whereas it was only 3.4 per cent among those couple whose both children were daughters. Similarly in case of couples with three living children the per cent of sterilization users was highest for those with all three sons and it was lowest for those whose all three children were daughters. The analysis however does not suggest any notable differentials across types of blocks in this respect.

The quality of care provided to the family planning acceptors seem to be very poor in the study population. In most of the cases, acceptors were not informed about the possible health consequences. The per cent of acceptors not informed in advance was much higher in T-B blocks than J-M blocks despite the fact that larger proportion of the current users in T-B blocks got the method from the private services. Very few acceptors were contacted for the follow-up check-up after adopting the family planning method in all the four blocks together in general; and particularly in T-B blocks.

Though majority of the women did not experience any health problem after adopting the family planning few women did face some health problem or the other. Nevertheless, most of the complains were not serious in nature. The most common reported health problems were weakness and body-ache/backache. There were few women who suffered from irregular periods, cramps, dizziness, excessive bleeding etc.

All current non-users were asked questions about the reason for non-use of family planning at the time of survey. About 52 per cent of the women did not use any family planning, since their youngest child was too small and they were in PPA. Another about 13 per cent of the women did not use any family planning since they desired to have

another child soon. Fear of side effects was reported as the reason for non-use of family planning by nearly 9 per cent of the women. Some of the other reasons reported for the non-use were: husband opposed to family planning, against religion (all from T-B blocks), husband presently staying away, others in the family against family planning etc. With respect to the future intentions of couples towards family planning use it was found that over half of the non-users did not intend to use family planning in future either. The per cent of women not intending to use family planning in future was higher in J-M blocks as compared to T-B blocks. Female sterilization followed by Oral Pills were the most preferred method women intending to use in future.

Nearly half of the surveyed women could not answer question on ideal family size instead they said that it was upto God to have children. The per cent of women telling this was over 61 per cent in T-B blocks and about 28 per cent in the J-M blocks. Over a quarter of all women told two children as ideal family size (one son and one daughter family as the ideal family size). Per cent of women reporting two children family as the ideal family size was more or less similar in both types of blocks. It may be interesting to note that about 22 per cent of the women in all four blocks reported four or more children as the ideal family size. The corresponding figures for J-M blocks and T-B blocks were approximately 27 and 13 per cent respectively.

Out of the total 4319 events that occurred during the reference period, family planning advice was given in only about a little over half of the instances (just a little over quarter in J-M blocks) whereas family planning was actually used before conception in only about 12 per cent of the total instances. The per cent of events where family planning was used prior to the conception was just about 4 per cent in J-M blocks. However in case of T-B blocks it was used in about 20 per cent of the cases. Out of the 516 cases where family planning was used, Oral Pill was used in about 44 per cent of the cases and Cu-T in about 14 per cent of the cases. Condom was used in about 30 per cent of the cases (all from T-B blocks). Among the natural methods of family planning, Safe Period Method was used in about 11 per cent of the cases before conception (most from the T-B blocks). There were 3 cases of sterilization failure (all from J-M blocks). Among the total 78 users in J-M blocks, 50 discontinued the methods due to either health problems or irregular use. In case of T-B blocks 139 women (out of 365 users) gave these reasons.

Desire to have child by the woman herself was reported to be the most common reason for non-use of family planning before pregnancy. Husband/Others in the family wanted child was reported as the reason for non-use in about 15 per cent of the cases (mostly

coming from T-B blocks). In as many as over 8 per cent of the cases family planning was not used on account of 'fear of side effect'.

It has been observed that although the health worker (mostly ANM) had visited about 88 per cent of the women in J-M blocks during the reference period, the frequency of his/her visit was very limited. Majority of the women were visited only once in two months or so. It is interesting to note that in most of cases, the visits were typically for the purpose of antenatal, natal and post-natal services or for childcare (primarily immunization-related services). Issues such as nutrition, spacing methods of family planning etc. found either no place or very little space during the visits by the ANM.

Only less than half of the women in all the four blocks visited any government health facility during the reference period. This is clear indication of the fact that fewer and fewer women are utilizing the government health facilities. In other words, more and more people are turning to the private sector in order to meet their health needs. Similar trends have been found in all the six rapid surveys carried out by our PRC in different parts of the state. On reasons for not visiting a government health facility during the reference period, about a quarter in J-M blocks and close to 60 per cent in T-B blocks told that they prefer to go to a private health facility.

In most cases women visited the health facility mainly for antenatal, natal and post-natal services or for childcare (primarily immunization-related services). Very few women had gone to the system for other services. It is interesting to note that only a handful of the women visited the center for family planning services. The results on this reveal slightly different picture by block types. In J-M blocks about one-third of the women visited the government health facility for treatment of sickness while in T-B blocks it was reported by only about 2 per cent of the women. Most women, who visited the health facility, almost all had received the service that they had gone for. At large, women had positive opinion regarding the various components of the health facility available to them.

The analysis reveals that out of the total 4319 events that took place during the reference period (January 1995 to survey date) in the study population, nearly 29 per cent were unwanted. The per cent of unwanted events was higher by about 5 per cent points in T-B blocks as compared to the J-M blocks. Further among the unwanted events, in T-B blocks more than half were never wanted events whereas the remaining were mistimed events. On the other hand, nearly two-third of the unwanted events in J-M blocks were mistimed events whereas only about one-third were never wanted by the woman. 'Had sufficient children' or 'economically too expensive to have many children' were the most commonly

reported reasons for never wanting the events. However, the reasons for never wanting the events varied substantially across type of blocks. For example, in around one-third of the instances in T-B blocks as against of only about 10 per cent in J-M blocks 'economically too expensive to have many children' was reported as the reason for never wanting the events.

The analysis further reveals that the per cent of unwanted events were relatively higher in case of current pregnancies as compared to the live births. There are no notable differentials in the wantedness status of the event by sex of the child (true for both types of blocks) and survival status of the child (true only for T-B blocks). In case of J-M blocks, the per cent of unwanted events were higher for dead children as compared to those who were alive at the time of survey. Further, among the live births, incidence of never wanted events was more for higher order births as compared to the births of lower order. At the same time, mistimed events were more common among births of lower order. Nearly half of the births of order four or higher were unwanted. These findings were true for both types of blocks.

11.2 Socio-economic and demographic characteristics of the women and incidence of mistimed and never wanted events

The analysis in Chapters 8 and 9 clearly bring out strong association between selected demographic and socio-economic characteristics of the woman and incidence of unwanted pregnancies/births. In addition to this, in J-M blocks some of the village variables also have been found to be associated with the incidence of unwanted events in the study population. It has been found that the incidence of never wanted events were higher for older women and those with longer marriage duration. On the other hand, mistimed events were more common among younger women and those with shorter marriage duration. The pattern of relationship was quite similar across both types of blocks. It may thus be concluded that the per cent of never wanted event increased with an increase in the age of the woman and duration of marriage while in case of mistimed events their share declines. In T-B blocks, the incidence of unwanted events was relatively more common among women who married before minimum legal age at marriage for girls in India (about 38 per cent) as against of those who married after age 18 years (nearly 27 per cent). However, this was not found in J-M blocks. It may be

reminded here that number of cases where marriage took place after age 18 years were very few in J-M blocks.

Number as well as sex composition of the living children of the women before the index event seems to be influencing the wantedness status of the events to a great extent. The prevalence of never wanted events increased significantly with an increase in the number of living children woman had at the time of index event. The per cent of never wanted events was nearly 25 and 45 per cent respectively for cases with 3 and 4 or more living children. On the other hand, per cent of mistimed events was more in cases where number of living children before the index event was small. This was true for both types of blocks.

With respect to the sex composition of living children at the time of index event, the analysis suggests that in cases with 4 living children, per cent of never wanted events ranged between 40 to 47 per cent in cases with 2 or more sons and 2 or fewer daughter(s) combination as compared to those with 3 or more daughters and one or no son combination (18-21 per cent). Similarly, in cases with 3 living children before the index event, per cent of never wanted events was highest for those with 2 sons and one daughter combination as compared to other categories and was least for all daughters category. This clearly indicates the prevalence of strong son preference in the study population. The analysis on this issue by type of blocks reveal that the prevalence of strong son preference is much stronger in T-B blocks as compared to the J-M blocks.

Among the socio-economic variables, educational status of the woman as well as that of her husband are found to be associated with the level of unwanted events. However, the relationship is not very clear, particularly in J-M blocks, as the numbers of educated cases are very few. In T-B blocks, illiterate women were more likely to have an unwanted event as compared to those who were had formal education. Similarly, women whose husbands were educated were less likely to have unwanted events as compared to those whose husbands were either illiterate or had completed only few years of schooling.

In T-B blocks, per cent of both mistimed and never wanted events was higher among women living in either kachcha or semi-pucca houses as compared to those living pucca houses. On the other hand, reverse was true for J-M blocks. In case of J-M blocks, incidence of unwanted events were higher for households owning 5 or more acres of land whereas it was low for households with either no land or 4 or less acres of land.

The analysis shows different picture on association between standard of living index and wantedness status of the events by block type. For example, in J-M blocks, incidence of

both mistimed and never wanted events was highest in cases where households belonged to high group followed by those belonging to medium group and was least in cases where it belonged to the low group. In Thane block, it was lower for the cases belonging to high group while in Bhiwandi it remained more or less similar by standard of living index. Decision making power of the women in the households as well her exposure to various types of mass media have been found to be closely associated with the incidence of mistimed and never wanted events. Women who have greater decision making power in the households also reported higher incidence of unwanted events. This is true for both types of blocks. Further, those women who have no exposure to any mass media reported higher incidence of mistimed and never wanted events in T-B blocks whereas in case of J-M blocks reverse was true.

The analysis in Chapter 9 suggests that irrespective of block type, per cent of unwanted events (so also mistimed and never wanted events) was always higher (nearly double) for women who knew any modern methods of spacing as well as MTP. Further, those women who were advised as well as those who used family planning prior to the conception of index event were more likely to have an unwanted event.

11.3 Low levels of family planning use in Jawahar and Mokhada blocks: perceptions of the health workers

It has been found in the analysis that there were very few users of family planning particularly in J-M blocks, both in the past as well as at the time of survey. As has been noted, out of the total 2606 women interviewed in the present survey only 754 (245 from J-M blocks and 509 from T-B blocks) were using any family planning at the time of survey. Similarly, users of family planning prior to the conception of index event were also very few in the study population. Of the total 4319 events, family planning was used in only 516 cases (93 from J-M blocks and 423 from T-B blocks). Further, the results of our survey are very different from that of the government statistics with respect to Condom use, as there was not a single user of Condom in J-M blocks in the present survey. We therefore decided to talk to the ANM's and MPW's working in the area on this issue. Subsequently a meeting was organized at the Additional District Health Officer's (ADHO) office in Jawahar. We appraised the workers with our survey findings and asked them to give their opinion. Following points emerged from the discussion with the workers.

1. For various reasons the demand for the family planning among the tribal is very low. When we approach the clients and try to convince them to use family planning they do not cooperate with us. However hard we may try, it often looks like impossible task. Nevertheless, we keep explaining to them and at the end they reluctantly agree to take the supply from us but actually never use them. After taking the Condoms, often villagers give them to their children to play with them. One of the workers said that **“when we explain the advantages of family planning to the people they reply to us by saying anyway if I do not take them from you, you would not get your salary so for that sake, I am taking them from you”**.
2. In the monthly report if we fill ‘NIL’ against column on Condom, our seniors would not accept the report and would ask them to redistribute the figure between Oral Pill and Condoms.
3. When we explain to the people to use Condom we are told that after whole day’s hard work they do not get pleasure if they use Condom. And since they have no other means of entertainment, they do not want to compromise on it.
4. With regards to the Oral Pills, the workers told that often women would complain to us that she couldn’t use it without the permission of husband since they fear that their husband would leave them and bring another wife. However, it may be mentioned that this reason did not appear as an important reason for non-use of family planning by the women in survey.
5. Many of the workers felt that a large proportion of the men in their area did not know how to use Condom appropriately. Since it is free sex among tribal he would blame the wife and refuse to accept that the child is his. This causes lot of problems for the couples. **Many of the MPW’s felt that they themselves are not competent enough to explain it to the villagers and should be given more training to sensitize them on this as they feel very shy to explain it to the villagers**. It may be mentioned that these MPWs took lot of time to open up with the researcher and were very shy while giving the details. It was only after a lot of persuasion and use of local terms by the researcher that the MPWs came out and discussed the issues freely.
6. Since it is free sex among tribal and sex outside the marital-union is socially accepted many use Condom only when they are having sex outside the marital union. Thus the use may not get reported in this kind of surveys. According to the workers, it is a common practice among the tribal.
7. According to the health workers, most important reason for non-use of family planning among the tribal is the **contradiction in existing social welfare policies and population policies**. They sighted the example of one scheme that is implemented in their area known as **‘Mother Subsidy Scheme or Matrutva**

Anudaan Yojna'. Under this scheme, each pregnant woman in their area receives rupees 800 from the health department for each pregnancy/delivery she has (Rs. 50 at the time of ANC registration, Rs. 150 in the seventh month, Rs. 200 each in eighth and ninth month and Rs. 200 when the child is born). In addition to this, she also receives another rupees 500 from the Zilla Parishad. Thus each child born ensure an 'income' of Rs. 1300 to the couple. Most of the health workers told that often villagers tell us that you come to us because you get paid for giving us these things (that is method) but we are not fool to use them. If we use them we will not get the money that we get when we have a child. It is not only free but also bring us income, what is wrong then in going on having children. They further argue that when our child is small he/she gets free food, clothing, education (referring to Ashram-Shalas) etc. Everything is free for us. Even we take loans and do not repay them, as government would waive them for us. Therefore few children or more it is no liability for us, in fact it is good if we have more children. This discourages them from adopting family planning.

11.4 Availability of Oral Pills and Condoms at the Village Level: J-M blocks

In a study carried by the author it was found that the availability and accessibility of various family planning methods in general and that of spacing methods in particular in these two blocks is relatively poor (Ram 1999). Sub-Center, Primary Health Center, Government Dispensary/Hospital, Multi Purpose Worker, private clinics/hospitals and medical shops were the most commonly reported source for obtaining Condoms and Oral Pills in all of the 16 villages selected for the present study. However, there were only few villages where these facilities/sources existed within the village. In most of the instances, the distance to such sources was more than a kilometer, implying that in true sense their accessibility to the villagers was very limited. It was surprising to note that in none of the 16 village, the MPW was reportedly available within the village to provide Oral Pills and Condoms to the villagers.

Role of private sector in providing the Oral Pills and Condoms in these villages too seems to be limited, as in most of the cases they are available at a distance of more than one kilometer. Nevertheless, there were two villages where private clinic was reported as a source from where people in the village could obtain Oral Pill and Condom supply. The other sources like general store, paan shop etc. seem to be less popular when it comes to obtaining Condoms and Oral Pills. It may be recalled here that of the 16 villages, 15 have a general store available in the village and Paan shop is available in two of the villages only.

11.5 Discussion and Policy Implications

The present study was undertaken to examine the dynamics of unwanted pregnancies/births (mistimed and never wanted) and its determinants in two communities - namely Tribal and Muslim in the Thane district of Maharashtra. The two communities selected for the study are not only different in terms of their geographical location but also they are very different with respect to their socio-economic status. The Muslim population under study is from the urban areas of the Thane and Bhiwandi blocks whereas Tribal community is from far away villages with very little access to various basic amenities as well as health and family welfare services.

It has been found that out of the total events that took place during January 1995 till survey date, nearly 29 per cent were unwanted (either mistimed or never wanted). The extent of unwanted events was higher by about 5 per cent points in Muslim population as compared to the Tribal population. Further out of the total unwanted events among Muslims, more than half were never wanted whereas in case of Tribal nearly two-third were mistimed events. This was despite the fact that both availability as well as accessibility of various health and family welfare services (private as well as government) was much better in case of the former. In addition to this, the exposure to different mass media and also their socio-economic status is far better in the Muslim population as compared to the Tribal population.

The analysis clearly brings out that the demographic variables like age of the woman, duration of marriage, age at effective marriage, sex composition of the living children at the time of index event and prior experience of reproductive loss are important predictor of unwanted events. Beside this, availability of sanitation facility in the house too seems to be an important determinant of unwanted events in the study population. Younger women and women with shorter marriage duration were more likely to have an unwanted event as compared to the older women. Further, probability of having an unwanted event was more than double among women with 3 or more children while among women with 2 sons and one daughter combination, likelihood of unwanted events were much more. Those women who had suffered any reproductive loss were more likely to have unwanted events as compared to the women who did not experience any loss. Women who knew at least one modern method of spacing and those who used family planning before the index event were more likely to have unwanted events.

At the block level, duration of marriage and sex composition of the living children at the time of index event, family planning use prior to the index event were significant predictor of unwanted events in both types of blocks. In addition to this, age of the woman came out to be significant only in T-B blocks. The other important predictor of unwanted events in J-M blocks were: size of the village population, distance to head quarters, availability of selected physical, social and medical infrastructure at the village level, size of land holding by the households and past reproductive child loss experienced by the woman.

Electrification of the house, age of the woman, duration of marriage, sex composition of the living children before the index event, knowledge of any modern spacing method, family planning use before the index event and decision making power of the woman in the household are the significant predictor of never wanted event in the population under study. Similarly, women who knew at least one modern method of spacing, who used family planning prior to the index events and those with moderate and higher decision making power in the households were more likely to have never wanted events. On the other hand, younger women and women with shorter duration were less likely to have never wanted.

Among the current pregnancies, the analysis has revealed that the probability of having an unwanted events was much higher for women who knew at least one modern method of spacing, those women who visited the government health facility in last one year period prior to the survey date and those living in pucca houses. Whereas women with three or more children were most likely to have an unwanted event. Contrary to this, women with all daughters and no son and those with one or two sons and any number of daughters were less likely to have unwanted event.

It may be recalled that the female age at marriage is exceptionally low among Tribal (over 95 per cent of the women in J-M blocks got married before reaching 18 years of age, in fact about two-third of them got married before completing age 15 years). At the same time, knowledge of various spacing methods of family planning including natural methods too is very poor among these women. Beside knowledge, use of any type of family planning method is extremely poor in the population under study. On the top of it, a large proportion of family planning users before the index event discontinued it on reasons such as irregular/inconsistent use, health problems and difficult to get method etc. This clearly indicates that the programme has not reached to the people.

More effective measures are required in order to increase knowledge levels of spacing methods. Beside this, it is also important that the programme lays more emphasis on educating the women on correct and regular use of the method as well as makes them aware of various health concerns/implications as a result of the use of family planning. If the family planning method is used regularly and correctly, some of the unwanted events could be avoided. In addition to this, emphasis should also be given on educating the older women about maternal and fetal risks of repeated pregnancy and delivery.

It was noted that amongst the unwanted events in J-M blocks share of mistimed event was about two-third. As has been noted earlier that the female age at marriage is exceptionally low among tribal population. Further, the cost of bearing, rearing and educating child in Tribal areas is virtually negligible. As result of this they do not want to limit their family but certainly want to space between births. From the discussion with the health workers one understands that these people are not interested in controlling the number as each additional child brings them financial benefit (each woman in Tribal areas is paid Rs. 1300 for every birth under the Matratuva Anudan Yojna of Government of Maharashtra). Not only this, they also have Ashram Shalas (Residential Schools) where children get everything free. The cost of bearing and rearing of child(ren) thus is marginal among the Tribals. This discourages them from adopting family planning. At the same time, it has also been observed that the knowledge of various spacing methods of family planning including that of natural methods too is very poor among these women. All this may have been responsible for higher proportion of mistimed events in J-M blocks.

Health workers can play an important role in this by increasing the frequency of contacts with the women. This would help in raising the knowledge and use of family planning. From the program point of view, it is very important that the services are made easily available so that the women can obtain them.

On the other hand, sterilization, either male or female, is not favoured by Muslim community probably due to religious constrains. Even though the knowledge of spacing methods among the Muslim women is far, better the use is very low probably due to poorer access to family planning services. It has been observed that the women in these blocks have very little decision - making power concerning issues related to either

themselves or their children. Since they live in urban areas they do not get the required services at home. Unlike rural areas, the health worker does not visit the women at home in urban areas. However, they do have access to private services but as we know private services are very passive in nature as far as the family planning services are concerned.

It is thus imperative to have a special programmes to provide various health and family welfare services that aim at catering to the needs of the women living in urban areas who do not otherwise have access to these services. Beside this, in the cities like Thane and Bhiwandi, due to the high cost of living (as well as that of rearing and bearing of children), more number of children are considered to be economically expensive whereas in Tribal areas having more children does not bring any additional economic burden on parents since there are hardly any expenses involved in bearing and rearing of the children in these blocks.

The analysis also confirmed the direct link between unwanted events and number of living children a woman had as well as their sex composition. It also reconfirms that the presence of son(s) in the family reduces the level of unwanted events to a great extent. There are many social and cultural factors that can play greater role in reducing the preference for son. The mass education through formal as well as informal means in the population would go long way in not only reducing the preference for son(s) but would also make women aware of various means of regulating fertility and their proper use. It has been observed that illiterate Muslim women were more likely to have an unwanted event as compared to those with any formal education.

The analysis does not indicate any important variations in the incidence of unwanted events by standard of living in the Muslim population. However, in case of tribal blocks, both mistimed and never wanted events were relatively lower among women belonging to high standard of living group.

It is surprising to note that the incidence of unwanted events is higher among women who have higher decision-making power in the households and also have better knowledge of contraceptive methods, particularly spacing methods or have used any family planning prior to the index event. It has also been noted that in Muslim community women with no exposure to any mass media exhibited higher incidence of unwanted events whereas among Tribals unwanted events were more among women who had some exposure. This type of association among the tribal women is very interesting and probably arises due to the gap in knowledge and practice that could be reduced by making the services easily accessible to the women.

The higher incidence of unwanted events among women with better knowledge and more decision-making power indicate that the women are not getting the methods as and when they require them. This could also be true for the women in Thane and Bhiwandi blocks who have some decision making power in the households as they on their own may not be able to acquire the spacing method of their choice since they are under Purdah and do not adventure out. Further sterilization is not/less acceptable to them on the religious ground. This implies that the incidence of unwanted events in the population can only be reduced by improving availability and accessibility of health and family welfare services and by having a strong IEC activity in the area.

From the analysis following policy implication emerge:

1. There is a need to strengthen the availability of spacing methods.
2. Start mass educational programme with strong component of gender sensitivity to reduce the son preference.
3. To make social welfare policies and family welfare policies compatible to each other.
4. As a short-term measure, emphasis should be more on the higher parity women but the need of the younger women for spacing should not be neglected. It should rather be promoted more rigorously in Thane and Bhiwandi blocks.
5. An exclusive program for IEC activity and personal counseling must be chalked out. Women must be made aware of sources from where they can obtain the services as well as use them correctly.

REFERENCES

- Bongaarts J. 1990. The measurement of wanted fertility. **Population Development Review**. 16(3): 487-506.
- Bongaarts J. 1997. Proximate determinants of unwanted childbearing in the developing world. Paper presented at the Annual meeting of the Population Association of America, Washington D.C. March 27-29, 1997.
- Berglund S., J. Liljestrand, F.M. Marin, N. Salgado and E. Zelaya. 1994. The background of unwanted and adolescent pregnancies in Nicaragua: A pilot study. In. **The Challenge of Complexity: Third World Prospective on Population Research** by T. Kjellqvist (ed.) Harare, Zimbabwe, Dec. 6-10, 1993 and Swedish Agency for Research Cooperation with Developing Countries, 1994, SAARC documentation Conference Report, 1994:1, Stockholm, Sweden.
- David H.P. 1992. Born unwanted: long term developmental effects of denied abortion. **Journal of Social Issues**.
- Denton A.B. and K.E. Scott. 1994. Unintended and unwanted pregnancy in Halifax: The rate and associated factors. **Journal of Public Health**. 85(4): 234-8.
- Denton. A.B., W.M. Chase and K.E. Scott. 1994. Unintended and unwanted pregnancy in St. Lucia. **West Indian Medical Journal**. 43(3): 93-6.
- Foreitt K.G. and M.H. Suh. 1980. The effect of reproductive intentions on subsequent fertility among low parity Korean women. **Studies in Family Planning**. 11(3): 91-104.
- Gerrard M., L. McCann and B.D. Geis. 1983. The antecedents and prevention of unwanted pregnancy. **Issues in Maternal Health Nursing**. 5(1-4): 85-101.
- Hordern A. 1971. Unwanted pregnancies and therapeutic abortion. In **Legal abortion: the English experience** by A. Hordern. (Problems and Programmes in Development). New York, Pergamon. Pp. 55-68.
- Horn M.C. 1985. Incidence and correlates of unintended childbearing among teenagers in the United States. Proceedings of the NSFG Cycle III, 1982. Paper presented at the Annual meeting of the Population Association of America, Boston, Massachusetts, March 28-30, 1985.
- International Institute of Population Sciences, Mumbai. 1994. National Family Health Survey, India.
- Kanitkar T. and A. Radkar. 2000. Unwanted pregnancies and the role of induced abortions in India. Paper presented at the Millenium conference on Population, Development and Environment Nexus of the IASP held at New Delhi during February 14-16, 2000.

- Kwast B.E. and J.M. Liff. 1988. Factors associated with maternal mortality in Adis Ababa, Ethiopia. **International journal of Epidemiology**. 17(1): 115-21.
- Kulkarni S. and M.K. Choe. 1998. Wanted and unwanted fertility in selected states of India. **NFHS Subject Report Number 6**. February, 1998.
- Labbok M.H., A. Perez and H. Klaus. 1991. A profile of the successful versus unsuccessful ovulation method users: factors associated with unplanned pregnancy and non-adherence to the rules. In: **Natural family planning: current knowledge and new strategies for the 1990s** by John T. Queenan, V. H. Jennings, J. M. Spieler and H. V. Herten (eds.) Washington DC. Georgetown University, Institute for International Studies in Natural Family Planning. Pp. 121-3. Li L. and J.A. Ballweg. 1995. Unsanctioned births in China. **Sociological Focus**. 28(2): 129-46.
- Li L. and J.A. Ballweg. 1995. Unsanctioned births in China. **Sociological Focus**. 28(2): 129-146.
- Mensch B., M. Arends-Kuenning, A. Jain and M.R. Garate. 1995. Assessing the impact of the quality of family planning services on fulfillment of reproductive intentions in Peru. **Paper presented at the Annual Meeting of the Population Association of America, San Francisco, CA. April 6-8, 1995.**
- Odejide T.O. 1986. Offering an alternative to illegal abortion in Nigeria. **New Nursing Image international**. 2(2): 39-42.
- Okonofua F.E. et al. 1996. Assessing the prevalence and determinants of unwanted pregnancy and induced abortion in Nigeria. **Studies in Family Planning**. 30(1): 67-77.
- Ram Usha. 1999. Availability and Use of Oral Pills and Condoms in the tribal areas of Maharashtra. Report submitted to the Ministry of Health and family Welfare, Government of India, New Delhi.
- Senanayake P. 1993. Preventing marital mortality through family planning. In **Maternal and Infant Mortality- Closing the gap between peri-natal health services** by Elton Kessel, Gutardi H. Wiknjastro and Anna Alisjahbana (eds.), Chapel Hill, North Carolina, Southern printing press, 1993. PP. 106-11. Proceedings of the fourth international congress for maternal and neonatal health, 1991. Bandung, Indonesia.
- Sophocles A.M. Jr. 1986. Birth control failure. **American Family Physician**. 34(4): 101-6.
- Sosa D. Jare. 1990. Factors related to unwanted pregnancy in Cost Rica: Preliminary Findings. San Jose, Cost Rica. **Association Demographica Costarricense**. Nov. 1990.

- United Nations. 1995. Population and Development: Programme of action adopted at the ICPD Cairo. Vol. 1. September 5-13, 1994.
- Vlassoff C. 1990. Fertility intentions and subsequent behaviour : a longitudinal study in rural India. **Studies in Family Planning**. 21(4): 2166-225.
- Westoff C.F., L. Moreno and N. Goldman. 1989a. The demographic impact of changes in contraceptive practices in third world population. **Population and Development Review**. 15(1): 91-106.
- Westoff C.F., L. Moreno and N. Goldman. 1989b. The demographic impact of changes in contraceptive practices in third world. In **Demographic and programmatic consequences of contraceptive innovations** by S.J. Segal, A.O. Tsui and S.M. Rogers (eds.). New York, NY, Plenum Press. Pp. 55-72.
- Weller R.H., D. F. sly, A. Sukamdi and R. Ekawati. 1991. The wantedness status of birth in Indonesia. Paper presented at the DHS World Conference held at the Washington D.C. during August 5-7, 1991.
- Xiao Y., Y. Hu, L. Bai and X. Jiang. 1995. Determinants of unwanted pregnancy and abortion in Beijing, China. **Reproductive Health Matters**. 5: 95-103.

Annexure-1

Construction of Indices for Standard of Living, Decision-Making power of the Woman and Exposure to Mass Media

Variables	Response categories	Value assigned	
Standard of Living Index			
Source of drinking Water	Tap	2	
	Hand-Pump/Well	1	
	Other source	0	
Source of Light	Electricity	1	
	Other source	0	
Sanitation facility	Flash/Pit in the House	2	
	Other type	1	
	No facility	0	
Availability of separate room for Kitchen	Yes	1	
	No	0	
Type of fuel used for cooking	LPG/Electricity	2	
	Wood/Cow-dung/Coal	1	
	Other	0	
Type of House	Pucca	3	
	Semi-Pucca	2	
	Kachcha	1	
Ownership of Live stock	Bullock	Yes	1
		No	0
	Cow	Yes	1
		No	0
	Buffalo	Yes	1
		No	0
	Goat	Yes	1
		No	0
	Sheep	Yes	1
		No	0
	Camel	Yes	1
		No	0

Annexure-1 Contd...

Variables	Response categories	Value assigned
Standard of Living Index Contd..		
Possession of following items		
Sewing Machine	Yes	1
	No	0
Wall clock	Yes	1
	No	0
Sofa set	Yes	1
	No	0
Fan	Yes	1
	No	0
Radio/tape recorder	Yes	1
	No	0
Refrigerator	Yes	1
	No	0
Television	Yes	1
	No	0
VCP/VCR	Yes	1
	No	0
Bicycle	Yes	1
	No	0
Motor cycle/Scooter	Yes	1
	No	0
Car	Yes	1
	No	0
Bullock cart	Yes	1
	No	0
Thrasher	Yes	1
	No	0

Annexure-1 Contd...

Variables	Response categories	Value assigned
Standard of Living Index Contd..		
Possession of following items Tractor	Yes	1
	No	0
Hand-Pump	Yes	1
	No	0
2. Decision Making power of the Woman		
Who takes decision on following		
What to cook	Self	4
	Both jointly	3
	Jointly by all	2
	Husband	1
	Others in the family	0
Seeking medical help for self/children	Self	4
	Both jointly	3
	Jointly by all	2
	Husband	1
	Others in the family	0
Education of the children	Self	4
	Both jointly	3
	Jointly by all	2
	Husband	1
	Others in the family	0
To buy an expensive item(s)	Self	4
	Both jointly	3
	Jointly by all	2
	Husband	1
	Others in the family	0
To go to parents home	Self	4
	Both jointly	3
	Jointly by all	2
	Husband	1
	Others in the family	0

Appendix-1 Contd...

Variables	Response categories	Value assigned
2. Decision Making power of the Woman contd..		
Whether needs permission To go to market To visit friends/relatives	Doesn't need permission	2
	Yes, needs permission	1
	Not Allowed	0
	Doesn't need permission	2
	Yes, need permission	1
	Not Allowed	0
3. Exposure to Mass Media		
Reads Newspaper/ Magazine once a week	Yes	1
	No	0
Watches TV once a week	Yes	1
	No	0
Listens to radio once a week	Yes	1
	No	0
Go to theatre to see films once a month	Yes	1
	No	0

Classification into Low, Medium and High categories:

	Group/Value of the Score		
1. Standard of Living Index	Low: 3-7	Medium: 8-12	High: 13-22
2. Decision-making Power of the Woman	Low: 3-16	Medium: 17-19	High: 20+
3. Exposure to Mass media	No Exposure: 0		Some exposure: 1-4

Annexure-2

Construction of Index for availability of various Physical, Social and Medical Infrastructure in the Villages

Variables	Response categories	Value assigned
<u>Physical Infrastructure</u>		
1. Road Transport to other places	Outside village	0
	Within Village	1
2. Village connected to all weather road	No	0
	Yes	1
3. Village electrification	No/Irregular supply	0
	Regular supply	1
4. Middle school	Outside village	0
	Within village	1
5. Postal and telegraphic facility	Outside village	0
	Within village	1
<u>Medical Infrastructure</u>		
6. Distance to Sub- Centre	Outside village	0
	Within village	1
7. Distance to the PHC	Outside village	0
	Within village	1
8. Village Health Guide	Outside village	0
	Within village	1
9. Traditional Birth attendant	Outside village	0
	Within village	1
10. Mobile Health Unit	Outside village	0
	Within village	1
11. Private Doctor	Outside village	0
	Within village	1
12. Visiting Doctor	Outside village	0
	Within village	1

Annexure-2 contd...

Variables	Response categories	Value assigned
<u>Social Infrastructure</u>		
13. Mahila Mandal	Outside village	0
	Within village	1
14. Youth Club	Outside village	0
	Within village	1
15. Adult Education Centre	Outside village	0
	Within village	1
16. Anganwadi Centre	Outside village	0
	Within village	1

'R' stands for reference category in Logistic Regression Analysis

Annexure-3

Results of the logistic regression analysis: live births only

Table 1: Determinants of unwanted events: results of the logistics regression analysis (live births only), blocks.

Dependent variable: Unwanted event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,
N= 3675

Name of the Variable	B	Sig.	Exp (B)
SANIT-H: No facility[®]			
Common/Public latrines	-0.4333	0.0005	0.6484
Flush latrines	-0.4973	0.0012	0.6082
DUR-M: 15 years and above[®]			
0-4 years	0.2714	0.1292	1.3119
5-9 years	-0.6537	0.0000	0.5201
10-14 years	-0.5190	0.0000	0.5951
AGE-EM: 14 years or below[®]			
15-17 years	0.3032	0.0089	1.3542
18 years or more	0.1216	0.4020	1.1293
SEXCOMP: one son & one daughter[®]			
No living child	-2.3833	0.0000	0.0922
3 or more sons & any No. of daughter(s)	0.7964	0.0000	2.2175
1/2 son(s) & any No. of daughter(s)	-0.0470	0.7318	0.9541
No son & any No. of daughter(s)	-0.4135	0.0050	0.6613
2 sons and 1 daughter	0.3250	0.1398	1.3840
REP-LOSS: None[®]			
One or more wastage	0.2117	0.0267	1.2358
KNOW-SM: Doesn't know any modern spac. Meth[®]			
Knows at-least one modern spac. Method	1.0433	0.0000	2.8386
FP-PAST: Non-users			
Users	0.5679	0.0000	1.7646
ELECT-H: Not Electrified[®]			
Electrified	3.7144	0.0539	41.0340
EDU-HB: No schooling/Illiterate[®]			
1-7 years of schooling completed	0.5350	0.4645	1.7074
8 years or more schooling completed	3.3809	0.0606	29.3972
Do not know	0.1167	0.7327	1.1238
AGE: 30-44 years[®]			
15-24 years	3.5121	0.0609	33.5186
25-29 years	1.9713	0.1603	7.1800
Constant	-1.0924		

Table 2: Determinants of mistimed events: results of the logistics regression analysis (live births only), all four blocks.

Dependent variable: Mistimed event =1, wanted = 0

Independent Variables: ELECT-H, SANIT-H, TYPE-H, SLI-H, AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W, EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,

N= 3210

Name of the Variable	B	Sig.	Exp (B)
AGE: 15-24 years [®]			
25-29 years	-0.5530	0.0001	0.5752
30-44 years	-0.9473	0.0000	0.3878
DUR-M: 0-4 years [®]			
5-9 years	-1.0921	0.0000	0.3355
10-14 years	-1.3912	0.0000	0.2488
15 years and above	-1.2310	0.0000	0.2920
SEXCOMP: One living child [®]			
No living child	-1.9638	0.0000	0.1403
One son and one daughter	0.5131	0.0061	1.6705
2 or more living sons and no daughter	0.5629	0.0077	1.7558
2 or more daughters and no son	0.7343	0.0001	2.0841
Three or more living children	1.2576	0.0000	3.5180
REP-LOSS: None [®]			
One or more wastage	0.3960	0.0019	1.4859
KNOW-SM: Doesn't know any modern spac. Meth [®]			
Knows at-least one modern spac. Method	1.0859	0.0000	2.9621
FP-PAST: Non-users [®]			
Users	0.4982	0.0025	1.6457
EMPOWER: Low decision making power [®]			
Moderate decision making power	-0.1530	0.2210	0.8581
High decision making power	-0.3843	0.0050	0.6809
EXPO-MM: No exposure [®]			
Any exposure	0.3755	0.0164	1.4556
OCCU-W: Housewife [®]			
Service	0.2602	0.5144	1.2972
Self-employed	0.2591	0.4317	1.2958
Working on someone else's fields	0.6424	0.0005	1.9010
Working on own field	0.8097	0.0000	2.2471
TYPE-H: Kachcha [®]			
Semi-Pucca	0.6031	0.4374	1.8278
Pucca	5.6458	0.0175	283.010
SLI-H: Low [®]			
Medium	5.8329	0.0157	342.065
High	3.0074	0.0829	341.347
AGE-EM: 14 years or below [®]			
15-17 years	3.3343	0.0679	28.0587
18 years or more	0.4371	0.5085	1.5482
Constant	-1.8933		

Table 3: Determinants of never wanted events: results of the logistics regression analysis (live births only), all four blocks.

Dependent variable: Never wanted event =1, wanted = 0

Independent Variables:

ELECT-H, SANIT-H, TYPE-H, SLI-H,
AGE, AGE-EM, SEXCOMP, OCC-W, DUR-M, REP-LOSS, EDU-H, EDU-W,
EMPOWER, FP-PAST, KNOW-SM, KNOW-MTP, EXPO-MM & VISIT-GHC,

N= 3133

Name of the Variable	B	Sig.	Exp (B)
ELECT-H: Not Electrified[®]			
Electrified	0.6136	0.0137	1.8470
SLI-H: Low[®]			
Medium	-0.3883	0.1153	0.6782
High	0.1048	0.6899	1.1105
DUR-M: 15 years and above[®]			
0-4 years	-0.7855	0.1199	0.4559
5-9 years	-0.8081	0.0000	0.4457
10-14 years	-0.5668	0.0001	0.5673
SEXCOMP: one son & one daughter[®]			
No living child	-3.8095	0.0000	0.0222
One son and no daughter	-2.4052	0.0000	0.0902
One daughter and no son	-2.0789	0.0000	0.1251
Two or more sons & no daughter	0.1152	0.6239	1.1221
Two or more daughters and no son	-0.3107	0.1950	0.7329
Three or more living children	1.0127	0.0000	2.7530
KNOW-SM: Doesn't know any modern spac. Meth[®]			
Knows at-least one modern spac. Method	0.6744	0.0002	1.9629
FP-PAST: Non-users[®]			
Users	0.8190	0.0000	2.2683
EMPOWER: Low decision making power[®]			
Moderate decision making power	0.5684	0.0002	1.7654
High decision making power	0.4818	0.0011	1.6190
Constant	-2.1374		

Annexure-4

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Annexure-5

Survey Instrument

VILLAGE QUESTIONNAIRE

SURVEY ON DETERMINANTS OF UNWANTED PREGNANCY 1999

Confidential for
research only

IDENTIFICATION																																																													
STATE _____	<table border="1" style="margin: auto; border-collapse: collapse;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																																																												
DISTRICT _____																																																													
TEHSIL/TALUK _____																																																													
VILLAGE _____																																																													
PSU NUMBER _____																																																													
TOTAL POPULATION OF THE VILLAGE ACCORDING TO THE 1991 CENSUS																																																													
INTERVIEWER'S NAME _____																																																													
DATE OF INTERVIEW _____																																																													
DATE..... MONTH..... YEAR.....																																																													
RESULT : BOTH VILLAGE & VILLAGE HEAD SCH. COMP'D.....1 ONLY VILLAGE SCHEDULE COMPLETED.....2 OTHER.....6 (SPECIFY)																																																													

VILLAGE SCHEDULE

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

VILLAGE SCHEDULE CONTD...

No.	QUESTIONS AND FILTERS	CODING CATEGORIES
13	<p>Educational Facilities :</p> <p>Primary School</p> <p>Middle School</p> <p>Secondary School</p> <p>Higher Secondary School</p> <p>College</p> <p>IF DISTANCE MORE THAN 90 KILOMETERS, RECOR 90; IF FACILITY IS AVAILABLE IN THE VILLAGE, RECORD 95</p>	<p>DISTANCE TO THE NEAREST FACILITY AVAILABLE (IN KILOMETERS):</p> <p>PRIMARY SCHOOL <input type="text"/> <input type="text"/></p> <p>MIDDLE SCHOOL <input type="text"/> <input type="text"/></p> <p>SECONDARY SCHOOL <input type="text"/> <input type="text"/></p> <p>HR. SECONDARY SCHOOL <input type="text"/> <input type="text"/></p> <p>COLLEGE <input type="text"/> <input type="text"/></p>
14	<p>Health Facilities :</p> <p>Sub- Centre</p> <p>Primary health Centre</p> <p>Community Health Centre / Rural Hospital</p> <p>Government Dispensary</p> <p>Government Hospital</p> <p>Private Clinic</p> <p>Private Hospital</p> <p>IF DISTANCE MORE THAN 90 KMS, RECOR 90; IF AVAILABLE WITHIN VILLAGE, RECORD 95</p>	<p>DISTANCE TO THE NEAREST FACILITY AVAILABLE (IN KILOMETERS):</p> <p>SUB- CENTRE..... <input type="text"/> <input type="text"/></p> <p>PRIMARY HEALTH CENTRE ... <input type="text"/> <input type="text"/></p> <p>COMMUNITY HEALTH CENTRE / RURAL HOSPITAL..... <input type="text"/> <input type="text"/></p> <p>GOVERNMENT DISPENSARY.. <input type="text"/> <input type="text"/></p> <p>GOVERNMENT HOSPITAL..... <input type="text"/> <input type="text"/></p> <p>PRIVATE CLINIC..... <input type="text"/> <input type="text"/></p> <p>PRIVATE HOSPITAL..... <input type="text"/> <input type="text"/></p>
15	<p>Other Facilities :</p> <p>Post Office</p> <p>Telegraph Office</p> <p>STD Booth</p> <p>Bank</p> <p>IF DISTANCE MORE THAN 90 KILOMETERS, RECOR 90; IF FACILITY IS AVAILABLE IN THE VILLAGE, RECORD 95</p>	<p>DISTANCE TO THE NEAREST FACILITY AVAILABLE (IN KILOMETERS):</p> <p>Post Office..... <input type="text"/> <input type="text"/></p> <p>Telegraph Office..... <input type="text"/> <input type="text"/></p> <p>STD Booth..... <input type="text"/> <input type="text"/></p> <p>Bank..... <input type="text"/> <input type="text"/></p>

VILLAGE SCHEDULE CONTD...

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	
16	Availability of Health provider in the village :	Yes	No
	Private Doctor	PRIVATE DOCTOR..... 1	2
	Visiting Doctor	VISITING DOCTOR..... 1	2
	Village Health Guide (VHG)	(VHG) 1	2
	Traditional birth attendant(dai)	TBA(DAI)..... 1	2
	Mobile health unit / visit	MOBILE HEALTH UNIT 1	2
17	Other Facilities AVAILABLE IN THE VILLAGE :	YES	NO
	Mills/Small Scale Industries (M / SSI)	M / SSI 1	2
	Credit Co-operavive Society (CCS)	CCS 1	2
	Agricultural Co-operative Society (ACS)	ACS 1	2
	Fishermen's co-operative Society (FCS)	FCS 1	2
	Milk Co-operative Society (MCS)	MCS 1	2
	Kirana / General Market Shop (K / GMS)	K / GMS..... 1	2
	Weekly Market	Weekly Market 1	2
	Fair price shop	Fair price shop 1	2
	Paan Shop	Paan Shop..... 1	2
	Pharmacy / Medical Shop	Pharmacy / Medical Shop..... 1	2
	Mahila Mandal	Mahila Mandal 1	2
	Youth Club	Youth Club..... 1	2
	Anganwadi Centre	Anganwadi Centre..... 1	2
	Community Centre	Community Centre..... 1	2
	Adult Education Centre	Adult Education Centre..... 1	2
	Community Television Set	Community Television Set 1	2
	Cable Connection	Cable Connection..... 1	2

VILLAGE SCHEDULE CONTD...

No.	QUESTIONS AND FILTERS	CODING CATEGORIES																																																			
18	In this village, from where people can obtain ORAL PILLS & CONDOMS ? PLEASE TICK THE APPROPRIATE BOX	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">ORAL PILLS</th> <th style="width: 20%; text-align: center;">CONDOMS</th> </tr> </thead> <tbody> <tr><td>Sub Centre.....</td><td></td><td></td></tr> <tr><td>P H C.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>C H C.....</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Govt. Disp.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Govt. Hosp.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pvt. Clinic</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pvt. Hosp.</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>MPW(male)</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>V H G</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Mobile Clinic</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Pharmacy/Med. Shop</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>General Store</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>Paan Shop</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>other 1. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>2. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td>3. _____</td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>		ORAL PILLS	CONDOMS	Sub Centre.....			P H C.....	<input type="checkbox"/>	<input type="checkbox"/>	C H C.....	<input type="checkbox"/>	<input type="checkbox"/>	Govt. Disp.	<input type="checkbox"/>	<input type="checkbox"/>	Govt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>	Pvt. Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Pvt. Hosp.	<input type="checkbox"/>	<input type="checkbox"/>	MPW(male)	<input type="checkbox"/>	<input type="checkbox"/>	V H G	<input type="checkbox"/>	<input type="checkbox"/>	Mobile Clinic	<input type="checkbox"/>	<input type="checkbox"/>	Pharmacy/Med. Shop	<input type="checkbox"/>	<input type="checkbox"/>	General Store	<input type="checkbox"/>	<input type="checkbox"/>	Paan Shop	<input type="checkbox"/>	<input type="checkbox"/>	other 1. _____	<input type="checkbox"/>	<input type="checkbox"/>	2. _____	<input type="checkbox"/>	<input type="checkbox"/>	3. _____	<input type="checkbox"/>	<input type="checkbox"/>
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3. _____	<input type="checkbox"/>	<input type="checkbox"/>																																																			
19	Total Number of Television Sets in the Village :	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>																																																			
20	No. of Households having Telephone Connection	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>																																																			
21	Type of drainage facility in the village	UNDERGROUND DRAINAGE.....1 OPEN DRAINAGE.....1 NO.....1																																																			
22	Any epidemic in the village during the last one year:	1. _____ <input type="checkbox"/> <input type="checkbox"/> 2. _____ <input type="checkbox"/> <input type="checkbox"/>																																																			
23	Number of health or family welfare camps in the last one year?	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>																																																			
24	Community Level IEC activities for health and family welfare during the last one year :	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr><td>Film Show.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Exhibition.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Drama/Song/Dance Performance</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Puppet Show.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Group Meeting.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		YES	NO	Film Show.....	1	2	Exhibition.....	1	2	Drama/Song/Dance Performance	1	2	Puppet Show.....	1	2	Group Meeting.....	1	2																																	
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SCHEDULE FOR VILLAGE HEAD CONTD...

NO.	QUESTIONS	SKIP TO				
9.	Give 2 most imp. health problems faced by women & children in village? 1. _____ _____ 2. _____ _____					
10.	Do you feel that it is necessary to encourage couples In this village to have a small number of children? <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">YES.....</td> <td>1</td> </tr> <tr> <td style="border-left: 1px solid black; padding-left: 5px;">NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→ 12
YES.....	1					
NO.....	2					
11	If you are asked to prepare a plan to achieve this objective, what are the two most important actions you would suggest? 1. _____ _____ 2. _____ _____					
12	If you are asked to prepare a health plan for this village, what are the two most important actions you would recommend? 1. _____ _____ 2. _____ _____					

**SURVEY ON DETERMINANTS OF
UNWANTED PREGNANCY
1999**

Confidential for
research only

FOR WOMEN HAVING PREGNANCY/BIRTH SINCE JANUARY, 1995 ONLY

IDENTIFICATION							
STATE _____ MAHARASHTRA	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
DISTRICT _____ THANE	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
COMMUNITY DEVELOPMENT BLOCK _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
VILLAGE/WARD NAME _____	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>						
TYPE OF LOCALITY (RURAL-1, URBAN-2)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
HEAD OF THE HOUSEHOLD (MALE-1, FEMALE-2)	<table border="1" style="margin: auto;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>						
NAME _____							
ADDRESS _____							

NAME OF THE WOMAN _____							
INTERVIEW DATE	<table border="1" style="margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td> </tr> </table>						

NAME OF THE INVESTIGATOR:

SIGNATURE OF THE INVESTIGATOR

SECTION-I: BACKGROUND CHARACTERISTICS

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

SECTION-I: CONTD...

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																
111	Does your household own any land? (IN ACRES)	IRRIGATED <input type="checkbox"/> <input type="checkbox"/> NON-IRRIGATED <input type="checkbox"/> <input type="checkbox"/> TOTAL LAND <input type="checkbox"/> <input type="checkbox"/> NO LAND.....00 DO NOT KNOW.....88																																																	
112	Does your household own any livestock? Bullock? Cow? Buffalo? Goat? Sheep? Camel? Other	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>BULLOCK.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>COW.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>BUFFALO.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>GOAT.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SHEEP.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CAMEL.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER.....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	BULLOCK.....	1	2	COW.....	1	2	BUFFALO.....	1	2	GOAT.....	1	2	SHEEP.....	1	2	CAMEL.....	1	2	OTHER.....	1	2																									
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113	Does your household own any of following? A sewing machine? A clock or watch? A sofa set? A fan? A radio or transistor? A refrigerator? A television? A VCP or VCR? A bicycle? A motorcycle or scooter? A car? A bullock cart? A thresher? A tractor? A water pump?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>SEWING MACHINE.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CLOCK OR WATCH.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>SOFA SET.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>FAN.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>RADIO/TRANSISTOR.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TELEVISION.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>VCP/ VCR.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>BICYCLE.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>MOTORCY./SCOO.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>CAR.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>BULLOCK CART.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>THRESHER.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>TRACTOR.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>WATER PUMP.....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	SEWING MACHINE.....	1	2	CLOCK OR WATCH.....	1	2	SOFA SET.....	1	2	FAN.....	1	2	RADIO/TRANSISTOR.....	1	2	REFRIGERATOR.....	1	2	TELEVISION.....	1	2	VCP/ VCR.....	1	2	BICYCLE.....	1	2	MOTORCY./SCOO.....	1	2	CAR.....	1	2	BULLOCK CART.....	1	2	THRESHER.....	1	2	TRACTOR.....	1	2	WATER PUMP.....	1	2	
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114	How many years of schooling has your father-in-law completed?	<table border="0"> <tr> <td></td> <td align="center">YEARS</td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>NO SCHOOLING.....</td> <td></td> <td align="center">00</td> </tr> <tr> <td>NOT ALIVE.....</td> <td></td> <td align="center">98</td> </tr> <tr> <td>DO NOT KNOW.....</td> <td></td> <td align="center">88</td> </tr> </table>		YEARS	<input type="text"/> <input type="text"/>	NO SCHOOLING.....		00	NOT ALIVE.....		98	DO NOT KNOW.....		88																																					
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116	How many years of schooling has your husband completed?	<table border="0"> <tr> <td></td> <td align="center">YEARS</td> <td align="center"><input type="text"/> <input type="text"/></td> </tr> <tr> <td>NO SCHOOLING.....</td> <td></td> <td align="center">00</td> </tr> <tr> <td>DO NOT KNOW.....</td> <td></td> <td align="center">88</td> </tr> </table>		YEARS	<input type="text"/> <input type="text"/>	NO SCHOOLING.....		00	DO NOT KNOW.....		88																																								
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SECTION-I: CONTD...

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
117	Who makes the following decisions in your households: What items to cook? Obtaining health care for yourself/children? On children's education? Purchase of jewellery/major items for households? Your going or staying with parents or sibling?	RESPONDENT=1 HUSBAND = 2 JOINTLY WITH HUSBAND = 3 OTHERS IN THE HH = 4 JOINTLY WITH OTHERS = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
118	Do you need permission for: Going to the market? Visit relatives or friends?	YES NO NOT ALLOWED 1 2 3 1 2 3	
119	How old are You?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
120	How old were you at the time of your first marriage?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
121	How old were you when you started living with your husband?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
122	How many years of schooling have you completed?	YEARS <input type="text"/> <input type="text"/> NO SCHOOLING.....00	→ 124
123	Do you usually read a newspaper and/or a magazine at least once a week?	YES.....1 NO.....2	
124	Do you usually listen to radio at least once a week?	YES.....1 NO.....2	
125	Do you usually watch television at least once a week?	YES.....1 NO.....2	
126	Do you usually go to a cinema hall or theatre to see a movie at least once a month?	YES.....1 NO.....2	
127	What kind of work do you do most of the time?	_____ <input type="text"/> <input type="text"/>	
128	Do you earn cash for this work?	YES.....1 NO.....2	
129	How many sons and daughters do you have? (INCLUDING THOSE PRESENTLY NOT LIVING WITH YOU)	SONS <input type="text"/> <input type="text"/> DAUGHTERS <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> NO LIVING CHILD.....00	

SECTION-I: CONTD...

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
130	Did any of your son/daughter dies? IF YES, how many still births, induced abortion, spontaneous abortions?	SON(S) DIED <input type="text"/> <input type="text"/> DAUGHTER(S) DIED <input type="text"/> <input type="text"/> TOTAL <input type="text"/> <input type="text"/> NONE..... 00	
131	Did any of your pregnancy end in either still birth and/or abortion? IF YES, how many still births, induced abortion, spontaneous abortions?	STILL BIRTHS <input type="text"/> INDUCED ABORTIONS <input type="text"/> SPONTANEOUS ABORTION <input type="text"/> NO FOETAL LOSS..... 00	

SECTION-II: CONTD...

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

SECTION-II: CONTD...

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO									
217	What is the main reason for you/your husband currently not using any family planning?	LACK OF KNOWLEDGE.....01 AGAINST THE RELIGION.....02 SELF OPPOSED TO FP.....03 HUSBAND OPPOSED TO FP.....04 OTHER IN FAMILY OPPOSED TO FP.....05 DO NOT LIKE EXISTING METHODS.....06 FEAR OF SIDE EFFECTES.....07 TOO COSTLY.....08 HEALTH DOES NOT PERMIT.....09 DIFFICLUT TO GET THE METHOD.....10 INCONVINIENT TO USE.....11 DIFFICULT TO GET PREGNANANT.....12 CHILD TOO YOUNGIN AMINORRHOEA.13 WANT MORE CHILDREN.....14 OTHER.....99 (SPECIFY)										
218	Do you/your husband intend to use family planning in future? If Yes, Which method would you/your husband like to use?	NO.....00 FEMALE STERILISATION.....01 MALE STERILISATION.....02 IUD / COPPER-T / LOOP.....03 PILL.....04 CONDOM / NIRODH.....05 RHYTHM / PERIODIC ABSTI.....06 WITHDRAWAL.....07 OTHER.....99 (SPECIFY)										
219	Would you like to have another child?	YES.....1 NO.....2										
220	If you could go back to the time when you did not have any child and if you are asked to give number of children that you would like to have in your lifetime. What would that number be? How many of them would be Sons and how many Daughters?	<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">SONS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">DAUGHTERS</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">TOTAL</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> </table> DOES NOT MATTER.....66 CANNOT SAY.....77	SONS			DAUGHTERS			TOTAL			
SONS												
DAUGHTERS												
TOTAL												

221: DETAILS OF THE BIRTHS/PREGNANCIES SINCE JANUARY, 1995

WRITE TOTAL NUMBER OF BIRTHS/PREGNANCIES SINCE JANUARY 1995

(a) Sl. No	(b) OUT-COME OF PREGNANCY	(c) REASON FOR ABORTION	(d) BABY'S SEX	(e) YEAR OF BIRTH	(f) ORDER OF BIRTH	(g) ALIVE?	(h) WHE-THER WANT -ED ?	(i) WHY NOT WANT -ED?	(j) ADVISED ON FP	(k) USED FP?	(l) METHOD USED?	(m) REASON FOR DISCONTI -NUE FP?	(n) ANY FOLL-OW UP?	(o) DIFFICU-LTY IN GET METHOD	(p) ANY HEALTH PROBLEM? (2 IMP.)	(q) WHE-THER TREA-TED?	(r) REASON FOR NON USE
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C O D E S:

COMMON CODES: QUESTION NOT APPLICABLE= '6' OR '66' AND ROW NOT APPLICABLE= '9' OR '99'

(b) LIVE BIRTH 1 STILL BIRTH 2 SPONT. ABR. 3 INDUCED ABORTION 4 CURRENTLY PREGNANT 5	(g) YES 1 NO 2 QUEST. N A 6	(i) IUD/Cu-T/LOOP 1 PILL 2 CONDOM/NIRODH 3 RHYTHM/PERIODICABSTINENCE 4 WITHDRAWL 5 OTHER 8 QUEST. N A 6	(o) NO PROBLEM 01 NOT REGULARLY AVAILABLE WITHPHC 02 NOT REG. WITH ANM/MPW 03 NOT REG. WITH SHOP/CHEMIST 04 OTHER 96 QUEST. N A 66	(q) YES 1 NO 2 QUEST. N A 6
(c) FP FAILED 1 HEALTH PROBLEM 2 DO NOT WANTED CHILD 3 WANTED SON 4 WANTED DAUGHTER 5 OTHER 8 QUEST. N A 6	(h) WANTED THAN 1 LATER 2 DID NOT WANT AT ALL 3	(m) HEALTH PROBLEM 01 WANTED CHILD SELF 02 DIFICULT TO GET 03 HUSBAND WANTEDCHILD 04 FORGOT TO TAKE PILLS 05 OTHER 96 QUEST. N A 66	(p) NO PROBLEM AT ALL XX WEAKNESS/INABILITY TO WORK A BODYACHE/BACKACHE B CRAMPS C WEIGHT GAIN D DIZZINESS/NAUSEA/ VOMITING E IRREGULAR PERIODS F EXCESSIVE BLEEDING G SPOTTING H WHITE DISCHARGE I OTHER WW	(r) WANTED CHILD (SELF) 01 HUSBAND WANTED CHILD 02 OTHER FAMILY MEMBERS WANTED CHILD 03 LACK OF KNOWLEDGE 04 AGAINST THE RELIGION 05 DO NOT LIKE EXISTING METHODS 06 FEAR OF SIDE EFFECTS 07 HEALTH DOES NOT PERMIT 08 DIFFICULT TO GET METHODS 09 INCONVIENIENT TO USE 10 HUSBAND OPPOSED TO FP 11 OTHER FAMILY MEMBERS OPPOSED TO FP 12 OTHER 96
(d) MALE 1 FEMALE 2 QUEST. N A 6	(j) And (k) YES 1 NO 2 QUEST. N A 6	(n) YES 1 NO 2 QUEST. N A 6	QUEST. N A YY ROW NOT APPLICABLE ZZ	
(e) and (f) WRITE ACTUAL OR ELSE QUEST. N A 6				

SECTION-III: QUALITY OF CARE

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

SECTION-III: CONTD..

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Did she/he talk to you nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3	
307	Have you visited a government health facility in the last 12 months?	YES.....1 NO.....2	→ 325
308	What type of health facility did you visit most recently for yourself or for your child (ren)?	GOVT./MUNICIPAL HOSPITAL.....11 GOVT DISPENSARY.....12 UHC/UHP/UFWC.....13 CHC/RH/PHC.....14 SUB-CENTRE.....15 GOVT MOBILE CLINIC.....16 CAMP.....17 OTHER.....96	
309	What service did you go for? Anything else? (RECORD ALL MENTIONED)	PILL SUPPLY.....A CONDOM SUPPLY.....B FOLLOW-UP FOR STERILIZATION.....C FOLLOW-UP FOR IUD INSERTION.....D FAMILY PLANNING ADVICE.....E OTHER FP SERVICES.....F CHILD CARE.....G ANC/NC/PNC.....H TREATMENT OF HEALTH PROBLEMS.....I OTHER.....X	
310	During these visits, what were the different matters talked to you? Anything else? (RECORD ALL MENTIONED)	TERMINAL METHODS OF FAMILY P.A SPACING METHODS OF FAMILY P.B NUTRITION.....C DISEASE PREVENTION.....D TREATMENT OF HEALTH PROBLEM.....E ANC/NC/PNC.....F CHILD CARE.....G ORAL REHYDRATION.....H OTHER.....X	
311	Did you get the services that you went for?	YES.....1 NO.....2	

SECTION-III: CONTD..

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
312	How long did you have to wait before being served?	MINUTES.....1 <table border="1" data-bbox="1412 467 1561 612"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> HOURS.....2 NO WAIT AT ALL.....995 OTHER(SPECIFY).....996					
313	Was centre well equipped?	YES.....1 NO.....2					
314	Did the staff talk to you nicely?	NICELY.....1 SOMEWHAT NICELY.....2 NOT NICELY.....3					
315	Did the staff respect your need for privacy?	YES.....1 NO.....2 SAYS PRIVACY NOT NEEDED.....3					
316	Would you say that the health facility was clean?	VERY CLEAN.....1 SOMEWHAT CLEAN.....2 NOT CLEAN AT ALL.....3					
317	Is the centre timing convenient?	YES.....1 NO.....2					
318	Is the centre convenient to reach?	YES.....1 NO.....2					
319	Was the doctor/ANM available?	YES.....1 NO.....2					
320	Were medicines available?	YES.....1 NO.....2					
321	Did the health staff explain to you how to take medicines?	YES.....1 NO.....2					
322	Was treatment effective?	YES.....1 NO.....2					
323	Did you have to pay for the treatment? EXCLUDING CASE CHARGE	YES.....1 NO.....2					
324	Would you recommend the centre to others?	YES.....1 NO.....2 CANNOT SAY.....8	STOP				

SECTION-III: CONTD..

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	What is the main reason for not visiting the centre?	CENTRE NOT CONVINIENLY LOCATED.....01 CENTRE TIME IS NOT SUITABLE.....02 LONG WATING TIME.....03 POOR QUALITY SERVICES.....04 MEDICINES NOT AVAILABLE.....05 DOCTOR/ANM NOT AVAILABLE.....06 CENTRE NOT CLEAN.....07 NO PRIVACY.....08 CENTRE NOT WELL EQUIPPED.....09 NO NEED.....10 CENTRE TOO FAR11 ANM VISITS AT HOME12 PREFERS TO GO TO A PRIVATE FACILITY13 OTHER _____ 96	