









DISTRICT LEVEL FAMILY PLANNING SURVEY 2016



DISTRICT LEVEL FAMILY PLANNING SURVEY (2016)



25 High Priority Districts UTTAR PRADESH

June, 2017

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MESSAGE

The Uttar Pradesh Technical Support Unit (UP-TSU) provides an integrated and embedded techno-managerial support to the Government of Uttar Pradesh (GoUP) in order to improve planning, implementation and monitoring of health programmes in the 25 High Priority Districts (HPDs) of the state. The UP-TSU has conducted a survey on family planning among the currently married women 15-49 to understand the current family planning situation in 25 HPDs.

This report brings the important family planning issues across sub-population groups and across geographical regions in 25 HPDs. The report highlights major domains such as contraception, unmet need for family planning, current method mix, potential users, post-abortion family planning, and importance of counselling on contraception. The findings suggest that the use of modern contraceptive method is low among the currently married women 15-49, and, also observed high unmet need for family planning services. Districts like Balrampur, Shrawasti and Kasganj have less than one-fifth women use modern contraceptive methods, while districts like Kaushambi, Allahabad, Sonebhadra and Mirzapur have more than 40% currently married women 15-49 use modern contraceptive methods showing large geographical variations across 25 HPDs.

Large proportion of non-users who are fecund (32%) and traditional users (22%) provide a greater scope in achieving state mCPR goal by 2020. However, certain sub-population groups and few districts contribute higher potential users for modern contraceptive methods.

We expect that the estimates and analyses provided in this report will be used by district and block health officials to review, develop, implement and prioritize specific plans for the improvement of key Family Planning services in their respective areas.

-Acen noz

(Alok Kumar)

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MESSAGE

A woman's ability to choose if and when to become pregnant has a direct impact on her health and well-being. Use of contraceptive methods allows women to space as well limit pregnancies to avoid unwanted health risk and death from childbearing. The younger women and the women who have more children are at higher risk of maternal mortality. As global partnership with Family Planning 2020 (FP2020), the Uttar Pradesh Government's goal is to achieve 61.3% of modern contraceptive prevalence rate (mCPR) among currently married women 15-49 by providing modern contraceptive methods to 12.6 million additional users (which is 26.7% of India FP2020 goal and 10.5% of global FP2020 goal).

The Uttar Pradesh Technical Support Unit (UP-TSU) has established a concurrent monitoring system to provide periodic community-based reliable estimates on key reproductive, maternal, new-born, and child healthcare (RMNCH) indicators in the 25 High Priority Districts (HPDs) of Uttar Pradesh. For the first time, the UP-TSU conducted a survey among currently married women 15-49 in 25 HPDs to understand the levels of key family planning indicators.

This report provides the current scenario of each districts in key family planning indicators such as contraceptive use, method mix, unmet need, unintended pregnancies, post-abortion family planning and potential additional users for family planning. The findings suggest that in 25 HPDs, only 31% of the currently married women 15-49 currently use any modern contraceptive method, while about one-fifth women those are in need but currently not using any contraceptive methods. A large geographical variation is observed across 25 HPDs.

More importantly, this report also provides a pathway to achieve the state mCPR goal of 61.3% by focusing few population sub-groups in few geographies. This will help the district as well as state officials in making micro plan and implementation to achieve the state goal of mCPR.

-Acunoz

(Alok Kumar)

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MESSAGE

This is the first time, the Uttar Pradesh Technical Support Unit (UP-TSU) has conducted a survey on family planning among currently married women 15-49 to understand the current scenario of family planning in 25 High Priority Districts (HPDs). Family planning can prevent closely spaced and unplanned pregnancies, and births to avoid majority of the maternal as well as infant mortality.

This report, which is based on the information collected from currently married women in the reproductive age group 15-49, is quite informative and useful for the Department of Family Welfare. This provides brief and important information on key family planning indicators across 25 HPDs and population sub-groups. The findings suggest that there are certain districts and sub-population groups that need more focused intervention to provide family planning services to the currently married women 15-49.

I encourage the district and block health officials in the 25 HPDs to use this information for making micro plans and implementation in their respective areas, focusing equally on community health workers, facility improvements, and data supply systems.

My sincere thanks to the UP-TSU for making this data available for further planning and implementation of key family planning strategies to provide modern contraceptive methods to the potential additional users.

(Dr. Neena Gupta)

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MESSAGE

The Uttar Pradesh Technical Support Unit (UP-TSU) has established the concurrent monitoring platform for conducting periodic rolling short sample surveys both at the community level (Community Behaviour Tracking Survey, CBTS) and at the facility level (Rolling Facility Survey, RFS) to support the GoUP with the concurrent monitoring data. These surveys are designed to meet the requirements for evidence-based program planning and review at district and sub-district levels. The CBTS is designed to track critical RMNCH+A behaviours and coverage of health programs at the community level, whereas the RFS helps in tracking the knowledge, skills, and practices of healthcare providers and enable them to deliver critical RMNCH+A services at Community Health Centres (CHCs), Primary Health Centres (PHCs), and Sub Centres (SCs).

The UP-TSU is supporting the GoUP in its effort to reach FP2020 goals, by addressing the unmet family planning needs of couples in 25 HPDs by expanding the availability, quality and voluntary uptake of modern contraception methods. As a first step towards understanding the current family planning situation in Uttar Pradesh, the UP-TSU conducted a family planning survey among currently married women 15-49 years in 25 HPDs during April-August 2016.

This report, which is based on the Family Planning Survey, provides the district level estimates in 25 HPDs on critical indicators of family planning services. The report highlights the sub-population and geographical variations in the contraceptive use across the districts. Further, this report covered major domains of family planning such as fertility behaviour, contraceptive use, current method mx and desired method mix, unmet need for family planning, and role of community health workers in use of modern contraceptive methods. This report identifies the major focus areas in order to improve the modern contraceptive uptake among the currently married women 15-49.

We believe that this report will help various departments and officials of the Government of Uttar Pradesh and non-Governmental organizations and agencies involved in achieving the state FP2020 goal of mCPR.

(Vikas Gothalwal)

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ABBREVIATIONS

AHS	-	Annual Health Survey
ANM	-	Auxiliary Nurse Midwifery
ASHA	-	Accredited Social Health Activist
AWW	-	Anganwadi Worker
CBTS	-	Community Behaviour Tracking Survey
CHWs	-	Community Health Workers
CPR	-	Contraceptive Prevalence Rate
ECP	-	Emergency Contraceptive Pill
FLWs	-	Frontline Workers
FP	-	Family Planning
GoI	-	Government of India
GoUP	-	Government of Uttar Pradesh
HPDs	-	High Priority Districts
IRB	-	Institutional Review Board
IUD	-	Intra-uterine Devices [IUD]
LAM	-	Lactational Amenorrhea Method
mCPR	-	Modern Contraceptive Prevalence Rate
MLE	-	Monitoring, Learning and Evaluation
MNCH	-	Maternal, Newborn and Child Health
OBC	-	Other Backward Classes
OCP	-	Oral Contraceptive Pill
OPK	-	Open Data Kit
PPS	-	Probability Proportional to Population Size
PSU	-	Primary Sampling Unit
QS	-	Quality Supervisors
RFS	-	Rolling Facility Survey
RI	-	Research Investigators
SC	-	Scheduled Caste
SDM	-	Standard Days Method
SHG	-	Self-help Group
ST	-	Scheduled Tribe
TCs	-	Team Coordinators
UP	-	Uttar Pradesh
UP-TSU	-	Uttar Pradesh Technical Support Unit

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EXECUTIVE SUMMARY

As part of the global FP2020 partnership, the Government of Uttar Pradesh's FP2020 vision is to achieve the modern contraceptive prevalence rate (mCPR) of 61.3 by providing contraceptives to 12.6 million more women. Towards understanding the current family planning situation in 25 high priority districts (HPDs) in Uttar Pradesh, the Uttar Pradesh Technical Support Unit (UP-TSU) conducted a family planning survey in 25 HPDs during April-August 2016. The UP-TSU is supporting the Government of Uttar Pradesh (GoUP) to reach FP2020 goals, by addressing the unmet family planning needs of couples in the state by expanding the availability, quality and voluntary uptake of modern methods of contraception.

The family planning survey was conducted in all 25 HPDs among currently married¹ women in the age group 15-49 years to give district level estimates in key family planning indicators. The executive summary highlights the key findings on family planning indicators. The report is organized into eight chapters. The first two chapters provide a brief background of the survey and the profiles of the interviewed women. The next three chapters discuss fertility behaviour, knowledge and practice of family planning services, and quality of family planning services. Chapters six and seven delineates post-abortion family planning, and the interaction of currently married women with community health workers (CHWs) and use of mCPR. The last chapter describes the prioritization of potential users and geographies to achieve the mCPR goal.

Fertility Behaviour: In the Indian context, age at marriage plays an important role in reducing the duration of childbearing. In recent years, age at marriage has increased among the currently married women. About 50 percent of the women below 30 years had got married before age 18, while it was 70 percent among women over 30 years. The mean desired family size expressed by the respondents was 2.7, while the mean number of living children was 3.1. About 73 percent of currently married women had completed their desired family size. The desired family size is highest in Balrampur and Bahraich districts (3 children). The difference between mean living children and mean desired children was found higher among the illiterate and poorest women. About one-third of the pregnancies were reported as unintended (either wanted later or not wanted at all). Gonda, Allahabad and Kausambi had more than one-third unintended pregnancies.

Contraceptive Uptake: About 53 percent of currently married women 15-49 years are using any contraceptive methods, while nearly 31 percent use any modern

¹ Currently married women are women who have been married and are not divorced, widowed or separated. <u>http://www.un.org/esa/population/publications/WMD2008/Metadata/CUR_MAR.html</u>

contraceptive methods (mCPR). Large geographical variations are observed in mCPR across 25 HPDs, the highest being in Mirzapur (55%) followed by Sonebhadra (46%), Kaushambi (41%) and Allahabad (40%), and lowest in Balrampur district (13%). The mCPR is higher among the older, literate, richest wealth quintile, members of SHG and higher parity currently married women compared to their counterparts. The mCPR also varies largely by the sex composition of the children. The mCPR increases if the women have at least one son.

Method Mix (Current vs Desired): The method mix among current users shows that the high level of mCPR is largely driven by female sterilization. Among the modern contraceptive methods, female sterilization (30%) is the most widely used among currently married women followed by usage of condoms by males (26%). The desired method mix shows that there is a high demand of modern contraceptive methods especially female sterilization and injectables. Though the injectable method has been introduced recently in the public sector, a higher demand for this method is observed across all ages and all parity.

Unmet Need: One-fifth of the currently married women have expressed unmet need as they are in need of family planning services, but are not using any contraceptive methods to avoid pregnancy. Nearly 13 percent had unmet need for limiting and 8 percent had unmet need for spacing. The younger women have a higher unmet need for spacing, while the older women have higher unmet need for limiting. The total unmet need varies from 10 percent in Sonbhadra to 29 percent in Balrampur. About 19 percent currently married women had unmet need for limiting in Budaun followed by 17 percent in Balrampur and Santh Kabir Nagar.

Infrequent sex/husband away and fecundity related (not menstruated since last birth and breastfeeding) reasons have emerged as major causes for not using any contraceptive methods to avoid pregnancy among the women who do not want a child before 24 months or do not want children at all. Opposition related issues (respondent oppose, husband/partner oppose, in-laws oppose and religious prohibition) are also barriers in the use of contraceptive methods.

Post Abortion Contraceptive Uptake: About 57 percent among those who had an induced abortion in last five years preceding the survey used any contraceptive method after undergoing abortion, while 38 percent used any modern method. This shows that there is a high unmet need for modern contraception among those who had undergone abortion. Besides, there is no proper counselling during the abortion procedure at the health facility on post-abortion family planning needs, basket of methods and method of choice.

Interaction with Community Health Workers (CHWs) and Use of mCPR:

Counselling on family planning services during pregnancy or after delivery through community health workers, Accredited Social Health Activist (ASHA), Anganwadi Worker (AWW), Auxiliary Nurse Midwife (ANM), is found significant in increasing mCPR among currently married women. There is a 16 percent points difference in mCPR among those who did not receive counselling (22%) and those who received counselling (39%) either during pregnancy or after delivery. However, the younger women and low parity women seem to be getting less counselling.

Pathways to Achieve mCPR Goal: In 25 HPDs with the current providers and a conservative rate (8 clinic days per month and 15 cases per clinic day) only 37 percent of the potential additional users of female sterilization can be served, while with the semi-conservative rate (12 clinic days and 15 cases per clinic day) half of the potential users can be served, and at an optimum rate (8 clinic days per month and 30 cases per clinic day) three-fourth of the potential users can be served. These three scenarios may add 1.4 percent, 2.1 percent and 2.8 percent to the current level of mCPR (30.8 percent). However, there are two scenarios (using all non-performing providers with semi-conservative rate and using half of the non-performing providers with optimum rate) in which almost all potential users can be served. These two scenarios may add at least 3.6 percent to the current level of mCPR respectively. Assuming supplying commodities to all potential users for modern spacing methods and the potential users for traditional methods, the mCPR may increase up to 42 percent which is far behind the set goal of 61.3 percent.

Additionally, there are 24 percent of currently married women who had completed their desired family size and who use the traditional method, or the fecund women who are not using any method and who do not want to use any method. These groups of women need special attention in order to bring about a change in their behaviour through various modes such as providing proper counselling, and increasing access to the method of choice.

Focusing on eight priority districts (Budaun, Hardoi, Bareilly, Allahabad, Gonda, Sitapur, Bahraich, and Kheri), which accounts for 50 percent of the potential users and converting all of them into modern method users will translate the mCPR to 54 percent.

1. INTRODUCTION

Background of the Survey

Contraceptive prevalence and unmet need for family planning are key indicators for measuring improvements in access to reproductive health. Contraceptive use helps couples and individuals realize their basic right to decide freely and responsibly if, when and how many children to have. India was the first country in the world to adopt an official population policy and to launch an official family planning programme in 1952. The programme has come a long way, and currently the family planning programme has transitioned from a population control centric approach to a reproductive rights based approach. It was subsequently realized that without increasing use and access to contraceptives it would be difficult to impact the prevailing high maternal, infant and child mortality substantially.

In India, the use of modern contraception to avoid and delay pregnancy has shown a slow increase from 18.5 percent in 1992 (NFHS 1) to 47.8 percent in 2015 (NFHS 4). The improvement in the use of modern contraceptive methods over the years is even more sluggish in Uttar Pradesh (UP), which is one of the most populous states of India. For instance, it was 15.5 percent in 1999 and increased to 31.7 percent in 2015 (NFHS 4).

Family Planning 2020 (FP2020) is a global partnership that supports the rights of women and girls to decide, freely, for themselves, whether, when, and how many children they want to have². The global FP2020 in partnership works to enable 120 million additional women and girls to use contraceptives by 2020. As part of the global FP2020 partnership, the Government of India's (GoI) goal is to provide modern contraceptive methods to 48 million additional users by 2020 (40% of the total FP2020 goal) to achieve the modern contraceptive prevalence rate mCPR of 67.3 percent. The Government of Uttar Pradesh's FP2020 vision is to achieve the mCPR of 61.3 by providing contraceptive to 12.6 million more women³. However, the current level of the mCPR is far below the levels required to achieve the ambitious goal of FP 2020.

The Uttar Pradesh Technical Support Unit (UP TSU) is supporting the GoUP in its effort to reach FP2020 goals, by addressing the unmet family planning needs of couples in the state by expanding the availability, quality and voluntary uptake of

https://advancefamilyplanning.org/sites/default/files/resources/FP2020-Vision-Document%20India.pdf

District Level Family Planning Survey (2016): Key Findings

² http://www.familyplanning2020.org/

³ Family Planning Division, Ministry of Health and Family Welfare (2014). India's 'VISION FP 2020', Government of India, Nirman Bhawan, New Delhi.

modern contraception methods, particularly in currently geographically underserved areas. In order to understand the current family planning situation in Uttar Pradesh, the UP-TSU conducted a family planning survey in 25 high priority districts during April-August 2016. The UP-TSU has established the concurrent monitoring platform for conducting periodic rolling short sample surveys both at the population level (Community Behaviour Tracking Survey, CBTS) and at the facility level (Rolling Facility Survey, RFS) to support the GoUP with the concurrent monitoring data. These surveys are designed to meet the requirements for evidencebased programme planning and review at sub-district levels that are not being provided by the national surveys. The family planning survey has integrated within the UP-TSU broader Maternal, New-born and Child Health (MNCH) survey, the third round of CBTS.

Objectives

The key objective of the family planning survey is to support the district and state level program managers to monitor performance and enhance accountability based on real-time population data on utilization, demand, choice, quality and access related to family planning.

Sample Design

The family planning survey was administered to currently married women in the age group 15-49 in 25 HPDs of Uttar Pradesh. The required sample size for each district was estimated using the prevalence of modern contraceptive users as per the Annual Health Survey (AHS) 2012-13. The survey adopted a two-stage cluster sampling design- the first stage involved selection of five blocks from each district using a probability proportional to population size (PPS) method. The second stage involved the random selection of Primary Sampling Unit (PSU). The ASHA areas are considered as the Primary Sampling Units (PSU) in the survey. The number of PSUs was decided proportionately, calculating the number of sample women required for each district given that five interviews will be conducted per PSU. Within the randomly selected PSUs, five eligible women from each PSU were interviewed. In case more than one eligible woman was found in the household, one respondent was selected randomly using the KISH table.

Coverage

The family planning survey was administered to currently married women aged 15-49 years in 25 high priority districts (HPDs) in Uttar Pradesh. Totally, 13182 eligible women were interviewed. The district sample varies from 386 in Balrampur to 624 in Bareilly district.

Data collection and data quality assurance mechanism

The current (first) round of family planning survey was conducted in 25 high priority districts (HPDs) between April 2016 and August 2016. The field data collection was carried out by 200 women research investigators. The research investigators were rigorously trained for a week on the questionnaire including mock interviews. During the training they were prepared on sensitive issues related to sex and sexuality and were made aware of family planning methods.

Handhelds (mobile) with Open Data Kit (ODK) based (Android) application were used for the interviews, which was adjusted for automatic skipping and outliers in the questions wherever applicable. Detailed information on time spent per interview with date was also provided, which helped supervisors to track/check the interviews of a particular investigator. Daily transfer of data from the field helped the State team to analyse the pattern of a few important indicators quickly and to provide feedback to the field supervisors. Women quality supervisors were also appointed to double check the interviews within day or two and compare/rectify the interviews accordingly. In addition, State level survey specialists visited the field weekly and observed/ checked the interviews. A specific proportion of total interviews conducted were monitored by the external MLE Partner of TSU in order to ensure coverage, eligibility of the respondent, ways of enquiry on specific questions, and so on.

Ethical Considerations

The survey protocol was approved by the University of Manitoba's Health Research Ethics Board and the Sigma Institutional Review Board, New Delhi. Signed informed consent was obtained from all participants.

2. BACKGROUND CHARACTERISTICS

Table 2.1 provides the percentage distribution of respondents by selected background characteristics. Among the interviewed currently married women onefifth belonged to the age group 15-24 years and 17 percent belongs to 35 years and more. Half of the respondents were below 31 years of age. Majority of the currently married women were illiterate, belonged to Other Backward Classes (OBCs) and were Hindus, and had three or more number of living children. About 27 percent were belonged to Scheduled Caste (SC) / Scheduled Tribe (ST) category. Around 66 percent of the husbands had been through at least five years of schooling.

3. FERTILITY BEHAVIOUR AND PREFERENCES

Age at Marriage and Age at First Birth

Marriage is an important social and demographic indicator and represents the point in a person's life when childbearing takes place. Age at first marriage is defined as the age at which the respondent begin living with her first spouse/partner.

A relatively large proportion of women (61%) married below the legal minimum age at marriage of 18 years (Figure 3.1). Though there is a decreasing trend of the percentage of women getting married by 18 years, yet nearly fifty percent of the younger women (<30 years) got married before age 18. The increasing pattern in age at marries showing change in social norm.



As shown in Figure 3.2, a higher

proportion of women aged 18-24 years who were married before age 18 were illiterate, Hindus, belonged to a lower socio-economic strata of society.



Early marriage and consequently the early child bearing is one of the most serious health threats to the younger women in India. Pregnancy at an early age may lead to morbidities (such as sexually transmitted diseases), mental disorders (such as depression) as well as higher maternal and neonatal mortality. Table 4.1 shows the median age at first marriage according to the 25 HPDs. Overall, the median age at first marriage is 17 years. The median age at first marriage

was highest in Farrukhabad and Rampur (18 years each) and lowest in Shrawasti (14 years), Bahraich, Balrampur and Gonda (15 years each).

Early age at marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels. Table 4.1 further shows that overall the median age at first birth was 19 years and that there was little variation across the districts.

Number of Living Children and Ideal Number of Children

In 25 HPDs it was observed that on an average there were three children per woman (Table 3.1). The mean number of living children was highest in Budaun (3.8), Bareilly (3.5), Balrampur (3.4) and Rampur (3.4) and lowest in Maharajganj (2.7), Sonbhadra (2.7) and Mirzapur (2.8).

To assess the ideal number of children a woman would like to have, queries were put across to them. Women with no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" Those who already had children were asked, "If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?". The ideal number of children represents the desired family size. Overall, mean number of ideal children as reported by women was 2.7. It ranges from 2.2 to 3.0, highest in Balrampur (3.0), Bahraich (3.0), Rampur, Kaushambi, and Budaun (2.9 each) and lowest in Gonda, Kannauj, and Kasganj (2.4 each).

It is important to note that in all the districts women had higher actual number of children than the ideal number of children they would like to have. The difference was highest in Kannauj (0.9), Budaun (0.9) and Sant Kabir Nagar (0.8) while in Maharajganj and Sonbhadra there were no differences between the living and ideal number of children.

Figure 3.3 presents the mean number of living children and mean number of ideal children by wealth quintile and education of currently married women in the age group 15-49 years. The mean number of living and ideal children decreases with the increase in wealth quintile and education. There is not much difference in the mean number of living children between women belonging to the poorest and richest wealth quintiles, but there is a huge difference in the ideal number of children, thus the gap is highest among the poorest. Similarly, there is a huge difference in the actual and ideal number of living children among illiterates while a negligible difference between the two can be witnessed among literate women.



Figure 3.4 shows the percentile distribution of ideal number of children by number of living children among women 15-49 years. Notably, around 55 percent of the women consider three or more children as the ideal number of children. As the number of living children increases the tendency to report more children as ideal number of children also increases. For instance, 63 percent of women having three

children report three children or more as the ideal number. Similarly, one-third (33%) of the women having four children or more, reported four as the ideal number of children. On the other hand, more than half of the women having one or two children, reported two children as the ideal number of children.





Note: Non-numeric responses in ideal number of children refers to those reported as others or up-to God.

Unintended Pregnancy

The family planning survey had asked pregnant women and those had at least one child whether the current pregnancy or the last birth was wanted at that time (planned), wanted at a later time (mistimed), or not wanted at all. This information provides a potentially powerful indicator of the degree to which couples successfully control childbearing. Figure 3.5 presents the percentile distribution of births to women in the age group 15-49 in the five years preceding the survey, by planning status of the birth, according to background characteristics. Around 18 percent of births were unwanted and 14 percent were mistimed. The proportion of births that were not wanted at all, increases sharply by age of women, from 5 percent for women aged 15-24 to 36 percent for women aged 40-49. Conversely, the mistimed pregnancy decline from 22 percent in the younger age-group to 3 percent in the older age group (40-49 years). The unwanted births were higher among illiterate women whereas mistimed births were higher among literate women. Nearly half of the currently married women who had four living children or more wanted that pregnancy later or did not want it at all. The unplanned pregnancy (unwanted and mistimed) was higher among the women from the poor wealth quintile compared to their counterparts.

Figure 3.5: Percentage of currently married women (15-49 years) by intent of last birth (in past 5 years) / current



Older, illiterate and poor currently married women have more mistimed or unwanted last birth/current pregnancy Table 3.2 presents the percentile distribution of women aged 15-49, in the five years preceding the survey (including current pregnancy), by birth-planning in the district of 25 HPDs. There are substantial geographical variations in mistimed and unwanted pregnancies among currently married women aged 15-49 years in the 25 HPDs (Figures 3.6 and 3.7). The unplanned births (mistimed and unwanted) were the lowest in Maharajganj (22%) and highest in Gonda (42%). In particular, mistimed births ranged from less than 12 percent in Pilibhit, Budaun, Barabanki, Bareilly and Sonbhadra to more than 18 percent in Faizabad, Gonda and Sant Kabir Nagar. Likewise, unwanted births were around one-tenth in Maharajganj, Mirzapur, and Faizabad, while it was more than one-fifth in Kasganj, Shahjahanpur, Farrukhabad, Kaushambi, Gonda and Allahabad.

Figure 3.6: Percentage of currently married women (15-49 years) who had mistimed current pregnancy/ last birth, 25 HPDs



Figure 3.7: Percentage of currently married women (15-49 years) who had unwanted current pregnancy/ last birth, 25 HPDs



4. FAMILY PLANNING (KNOWLEDGE AND PRACTICE)

Knowledge of contraceptive methods

The family planning survey collected information from currently married women on whether they had heard of the ten modern methods (female sterilisation, male sterilisation, intra-uterine devices [IUD]/loop, injectables, pills, emergency contraception, male condoms and female condoms) and traditional methods (standard days method, lactational amenorrhoea method, rhythm or calendar method and withdrawal). In addition, a provision was made in the questionnaire to record any other methods named spontaneously by the respondents.

Figure 4.1 presents the percentage of currently married women who know methods of contraception by specific method. Knowledge of female sterilization was almost universal (97%). More than 80 percent of the women had knowledge of male condom/nirodh, pills, IUCD/loop and injectables. Interestingly, though injectables are not included in the family planning programme of the Government of India, still the awareness of this method was high. A higher percentage of women were familiar with male sterilization (71%). Among traditional methods, rhythm method (72%) was the most known method followed by withdrawal method (51%). The least

known methods among women were emergency contraceptive pill (ECP) (29%), lactational amenorrhoea method (LAM)⁴ (19%) and Standard Days Method (SDM)⁵ (14%). Other traditional methods and modern methods were known by 23 and 5 percent of women respectively.

Figure 4.1: Percentage of currently married women (15-49 years) ever heard about the different contraceptive methods, 25 HPDs 97 84 84 85 86



The knowledge of any contraceptive method (99) and female sterilization (97) among

currently married women was universal with little variation across the districts (Table 4.1). The awareness of any of the mentioned methods was considerably high in Bahraich, while it was consistently low in the southern districts of Uttar Pradesh.

⁴ Temporary contraception for new mothers whose monthly bleeding has not returned; requires exclusive or full breastfeeding day and night of an infant less than 6 months old.

⁵ Women track their fertile periods (usually days 8 to 19 of each 26 to 32 day cycle) using cycle beads or other aids. <u>http://www.who.int/mediacentre/factsheets/fs351/en/</u>

District Level Family Planning Survey (2016): Key Findings

Modern Contraceptive Prevalence Rate (mCPR)

This section presents information on the prevalence of ever contraceptive use, current contraceptive use and current modern contraceptive use among currently married women aged 15-49. Current use of contraceptives is the most widely employed and valuable measure of the success of family planning programmes. The contraceptive prevalence rate (CPR) is usually defined as the percentage of currently married women who are currently using a method of contraception at the time of survey. Similarly, the mCPR helps us compare progress within and across regions as it compares the number of women using modern contraception with the number of eligible women who could be using contraception.

In 25 HPDs, 76 percent of the currently married women had used contraceptive methods. Nearly 53 percent currently married women are using a contraceptive method (CPR), while only 31 percent use a modern contraceptive method (mCPR). At present, the mCPR is almost half of the state goal of Uttar Pradesh (61.3%) raised by FP2020. The contraceptive usage (ever used or current use) varies by the women's characteristics such as age, literacy status, parity, sex composition of the child, and also by the household characteristics such as religion and wealth quintile. The mCPR was higher among the women in the age group of 30 - 39, who were literate, higher parity, Hindus, and belonged to the higher wealth quintile compared to their respective counterparts (Figure 4.2).



Figure 4.2: Percentage of currently married women

mCPR is higher among women who belonged to older age groups, literate, higher parity, Hindu and higher wealth quintile

Self-Helf Groups (SHG) show a significant impact on the use of modern contraceptive methods as the mCPR was 40 percent among SHG members compared to 30 percent among those who were not members of any SHGs (Figure 4.3). A noticeable difference was found in the use of contraception by women who were counselled by staff at a health facility. Apart from counselling, the exposure to family planning services on television also increased the use of contraception.

Figure 4.3: Percentage of currently married women (15-49 years) using any modern contraceptive method (mCPR) by programe exposure



Figure 4.4 shows differences in mCPR by the number and sex composition of living children among currently married women aged 15-49 years. Contraceptive use increases with the number of sons, due to the strong preference of sons in India. Many women prefer not to use contraception and to continue childbearing until they have at least one son. For example, mCPR was 13 percent among women having two

daughters without a son compared to 36 percent among women having two sons without a daughter. The mCPR is highest (52%) if the women had two sons and a daughter.





of living children and sex of the child

The mCPR shows a wide range of variation across the districts in 25 HPDs (Table 4.3 and Figure 4.5). A clear geographical clustering pattern in mCPR is observed from the map. It was found that among the 25 HPDs, Mirzapur was the best performing district where nearly 55 percent of the currently married women were using any modern method, while Balrampur district was the worst performing district where

only 13 percent of the currently married women were using any modern contraceptive method. The districts are classified into four groups based on the level of mCPR. Three districts (Balrampur, Shrawasti and Kasganj) have mCPR below 20 percent, eleven districts have mCPR 20 – 30 percent, seven districts have mCPR 30 - 40 percent, and four districts (Allahabad, Kaushambi, Sonbhadra and Mirzapur) have the mCPR above 40 percent.





Method Mix among Current Users

Method mix is the percentage distribution of contraceptive users in a given area, by method. It reflects the availability of a wide variety of contraceptive methods. Providing access to a range of methods is both a component of quality of care as well as an important principle of rights-based family planning. A desirable method mix should respond to the changing needs of the population at different stages in the reproductive life cycle. Reversible methods should be offered to those who desire to space pregnancies and permanent methods to those who have completed their desired family size.

Fig 4.6a: Method mix among current users of currently married women (15-49 years)



Figure 4.6a shows the method mix among current users among currently married women aged 15-49 years. Among the modern methods, female sterilization (30%) is widely used by currently married women followed by male condom (18%). Among the traditional methods, rhythm method is the most popular method (32%) followed by withdrawal method (9%). Other methods of contraception were used by less than 5 percent of women.

The method mix varies by age group and parity among currently married women. Figure 4.6b suggests that younger women use modern spacing methods, while use of permanent methods was more prevalent among older women. Among the modern spacing methods used by younger women, condom and pills were widely used. Among current users, there is a substantial proportion of traditional users in all the age groups of currently married women.

The current method mix also varies largely by the parity. Figure 4.6c shows that as the number of living children increases a higher proportion of women opt for a permanent method of contraception. Contrarily, low parity women or women having no children mostly use male condom.



There are large geographical variations in the current method mix (Table 4.4). Compared to the other 25 HPDs, use of permanent methods were most popular in

District Level Family Planning Survey (2016): Key Findings

Mirzapur, Allahabad and Sonbhadra, where more than half of the users were opted for sterilization, while 30 – 50 percent of the users in Sitapur, Mahrajganj, Kheri and Kaushambi opted for sterilization. Rampur, Pilibhit, Shahjahanpur, Budaun, and Bareilly were dominated by modern spacing methods in which more than 35 percent users relied on any modern spacing method. The modern spacing method is largely driven by male condom users. The use of traditional methods is predominant in Shrawasti, Kasganj, Etah, Hardoi, Gonda, Balrampur, Bahraich and Kannauj, where more than half of the users relied on any traditional methods. Rhythm method is practiced by the traditional users in all districts. Interestingly, among the current users, in Mirzapur district about 69 percent use permanent method, 14 percent use modern spacing methods and 17 percent use traditional method. On the other hand, in Shrawasti district one-fifth used permanent method, 14% were using modern spacing method and a substantial proportion were using traditional method (67%).

Future Intention to Use Family Planning Services by Methods

The intention to use a method of contraception in the future is an important indicator of the potential demand for family planning services. Currently married women aged 15-49 who were not using any contraceptive method at the time of the survey were asked about their intention to use family planning in the future. Women who reported an intention to use contraception in the future were further asked about the method they would prefer to use. In



the 25 HPDs about one-fourth currently married non-users expressed an intention to use any family planning method in the future, while one-fifth wanted to use any modern contraceptive method. Figure 4.7a shows the desired method mix⁶ among the non-users who intended to use contraceptive methods in the future. Around onethird of women wished to adopt female sterilization (33%) followed by injectables (22%). Demand for condom use was less among non-users (13%) while it was predominant among modern spacing method users. About 8 percent of the nonusers reported to use pills as a contraceptive method. Though there is a substantial

⁶ Desired method mix is calculated among the non-users who want to use any method in the future

proportion of currently married women who use traditional methods, future intention to use traditional methods was observed low among the non-users (18%).

The desired method mix among the non-users by age group and by parity is shown in Figures 4.7b and 4.7c. Desired to use a permanent method is higher among women in the age group 30-34 years. Desire for injectables, pills and condoms are the same across all age groups of women, while desire for IUCD was higher among women below 35 years. Desire to use a traditional method is higher among older women, 35 years and older. Desire for a permanent method increases with age, while desire for modern spacing methods were higher among younger women. Among the spacing methods, demand for injectable was predominant among women across all parity.



Desire for any contraceptive method varies in the districts of the 25 HPDs from less than 20 percent in Kannauj, Maharajganj, Barabanki and Budaun to more than 30 percent in Bahraich, Gonda, Sant Kabir Nagar and Sitapur (Table 4.5). Intention to use modern contraceptive method ranges from 8 percent in Kannauj to 31 percent in Sitapur. Intention to use female sterilization was less than five percent in Farrukhabad, Sidharth Nagar, Kannauj, Balrampur, Shahjahanganj and Etah while it was 15 percent or more in Sonbhadra, Allahabad and Mirzapur. Intention to use IUCD/loop was high in Barabanki, Siddhartha Nagar and Farrukhabad (2 percent or more). Intention to use injectables was more than 10 percent in Bahraich, Shrawasti and Sitapur. The future intention to use pills ranges from less than 1 percent in Kannauj to 4 percent in Pilibhit. Intention to use condom in future ranges from 0.6 percent in Mirzapur to 7 percent in Sant Kabir Nagar. Seven percent or more in Gonda, Faizabad, Sant Kabir Nagar and Kheri intend to use contraceptive method in the future.

Unmet Need for Family Planning

Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. Currently married women with unmet need are those who are fecund and sexually active but are not using any method of contraception, and report not wanting any more children or wanting to delay the next child⁷. Currently married women who are fecund and not using any method of contraception but who do not want any more children are defined as having an unmet need for limiting and those who are not using contraception but want to wait two years or more before having another child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and the unmet need for spacing is the total unmet need for family planning. Current contraceptive users are said to have a met need for contraception.



Figure 4.8 shows that, 21 percent of currently married women 15-49 years in 25 HPDs had an unmet need for family planning. The unmet need for limiting (13%) was higher than unmet need for spacing (8%). Younger women (15-24 years) have a greater unmet need for spacing (18%) than limiting (5%). For older women, the reverse pattern is evident (spacing 5%, limiting 15%).

The unmet need for spacing decreases very sharply with age whereas the unmet need for limiting increases till age 35-39 and decreases thereafter (Table 4.6). The unmet need for spacing was high among literate and not working women, but the unmet need for limiting was high for illiterate and working women. No consistent pattern in the unmet need for spacing and limiting was visible by husband's education level. Unmet need for both spacing and limiting were high among non-Hindu women. Unmet need for spacing method was high among OBCs followed by SCs/STs and other castes. Contrastingly, unmet need for limiting method was high among other castes followed by women from OBCs and SCs/STs. Unmet need for

⁷ Bradley, Sarah E.K., Trevor N. Croft, Joy D. Fishel, and Charles F. Westoff. 2012. Revising Unmet Need for Family Planning. *DHS Analytical Studies* No. 25. Calverton, Maryland, USA: ICF International. URL: <u>http://dhsprogram.com/pubs/pdf/AS25/AS25[12June2012].pdf</u>

spacing was high among women from the lowest wealth quintile and more or less similar in the other quintiles. However, unmet need for limiting declines with the increasing wealth quintile from 15 percent in the lowest to 10 percent in the highest wealth quintile.

Being a member of a SHG/mahila mandal lowers the unmet need of both limiting (4.3%) and spacing (10%) among women. Surprisingly, women who were contacted by Frontline Workers (FLWs) and counselled on family planning had a slightly low unmet need for spacing (7%), but a high unmet need for limiting (13%). Unmet need for spacing and limiting were low among women who were counselled by facility staff or were exposed to family planning messages on television than those who were not. Unmet need for spacing declines while limiting increases sharply with increasing number of living children.

Figures 4.9a-4.9c show the percentage of currently married women with total unmet need, unmet need for spacing and unmet need for limiting in 25 HPDs. Total unmet need for family planning varies from 10 percent in Sonbhadra to 29 percent in Balrampur. Eight districts have more than 25 percent total unmet need for family planning (Balrampur, Budaun, Sant Kabir Nagar, Shrawasti, Gonda, Hardoi, Siddharth Nagar). Unmet need for spacing was comparatively higher

Figure 4.9a: Percentage of currently married women (15-49 years) with unmet need for family planning, 25 HPDs



in the eastern parts of Uttar Pradesh and Hardoi from central Uttar Pradesh. Further, unmet need for limiting was higher in the districts of Eastern UP namely, Gonda, Balrampur and Sant Kabir Nagar and districts of Southern upper Ganga plains viz. Budaun, Kasganj, Farukkhabad, Kannauj. Figure 4.9b: Percentage of currently married women (15-49 years) with unmet need for spacing, 25 HPDs Figure 4.9c: Percentage of currently married women (15-49 years) with unmet need for limiting, 25 HPDs



Reason for not using any Contraceptive Methods Currently

Women who reported that they did not want another child soon⁸ or wanted no more children, and were not using any contraceptive methods to delay or avoid pregnancy were asked about the main reasons for not using any contraceptive



Reasons of not using any contraceptive methods

⁸Don't want another child before 24 month

method⁹. This information is crucial for understanding obstacles to contraceptive use so that appropriate programmes can be designed based on this information. Figure 4.10 shows major reasons for not using any contraceptive method. Most commonly cited reasons were infrequent sex or husband away (33%) and not menstruated since last birth/breastfeeding (24%) followed by opposition to use (16%) and other reasons (17%). A higher proportion of younger women reported not menstruated since last birth/breastfeeding, whereas it was the other way round for those mentioned infrequent sex/husband away as the reason for not using any contraceptive method.

Table 4.7 presents the percentage of currently married women age 15-49 years who were not using contraception and did not want children soon or wanted no more children by main reason for not using in the districts of 25 HPDs. Less than one-fifth of the women in Sitapur, Barabanki, Etah and Bareilly, more than half of the women in Allahabad, Sant Kabir Nagar and Sidharth Nagar reported infrequent sex or distance from husband as one of the major reasons for not using any contraception. Fertility-related reasons ranges from 17 percent in Pilibhit to 59 percent in Sonbhadra. Similarly, less than one-tenth in Kasganj, Balrampur and Sonbhadra and more than one-fifth in Sant Kabir Nagar, Shahjahanpur, Maharajganj, Rampur, Hardoi and Pilibhit reported opposition to use as a reason. Health concern was reported by less than 5 percent in Kasganj, Sidharth Nagar, Sonbhadra, Allahabad, Bahraich and Maharajganj, and more than 20 percent in Shahjahanpur and Kannauj. A comparatively higher proportion of women (more than one-tenth) in Allahabad, Mirzapur and Kannauj reported lack of awareness. Similarly, more than one-tenth of the women in Allahabad and Kaushambi reported lack of accessibility. Inconvenience in use was reported by more than 15 percent in Kaushambi and Shahjahanpur. Other reasons cited ranges from 1 percent in Maharajganj to 31 percent in Farrukhabad.

⁹ The various reasons were group into eight main reasons viz. a) infrequent sex or husband away b) fecundity related reasons c) not menstruated since last birth and breastfeeding c) opposition to use includes respondent opposed, husband/partner opposed, in-laws opposed and religious prohibition d) lack of awareness includes knows no method and knows no source e) health concerns includes fear of side effects and health concern f) lack of accessibility includes lack of access/too far, costs too much, preferred method not available and no method available f) inconvenience to use consists of inconvenient to use and interferes with body's processes and g) others include the other responses reported by women.

5. QUALITY OF FP SERVICES

Timing of Sterilization (Age and Number of Living Children)

Sterilization is an effective permanent method of family planning. In women, it involves blocking or occluding the fallopian tubes to prevent eggs and sperm from uniting. This is one of the options that may be adopted by couples who do not want any more children. Figure 5.1 shows the percentile distribution of sterilized women in the age group 15-49 by age at the time of sterilization according to the number of years since sterilization. The figure shows the trend in age at sterilization. The age at sterilization has increased in the recent past suggesting that a larger proportion of currently married women opted for sterilization at a higher age in the five years preceding the survey, while in more than five years, a larger proportion of currently married women opted for sterilization at lower ages. For instance, less than 1 percent of women were sterilized before age 20 in past five years before the survey, while it was more than 24 percent among those who were sterilized a decade or more years before survey. Similarly, the percentage of women who were sterilized between 20-24 years increases from 19 percent among those who were sterilized less than two years before the survey to 35 percent among those who were sterilized ten or more years before the survey.



In the last 5 years preceding the survey, only 20% of the currently married women have opted for sterilization before age of 24 years Figure 5.2 presents the median age of women at sterilization by years since sterilization. Those women who were sterilized since five years or more prior to the survey were likely to get sterilized at a younger age compared to those who were sterilized less than five years prior to the survey. The difference was higher in Budaun, Balrampur, Kaushambi, Bahraich and Sitapur. A negligible difference, however, was found in SantKabir Nagar, Kheri, Gonda and Sidharthnagar.

Figure 5.3 shows the percentage of currently married women aged 15-49 years who underwent sterilization after having at least two children. A

Figure 5.2: Median age of currently married women (15-49 years) at sterilization by years since sterilization



Sterilization since 5 and more years Sterilization since <5 years

higher proportion of younger women (62%) with two children or less, who are literate (24%) and who belong to highest wealth quintile (22%) undergo sterilization with two or less children compared to their respective counterparts.

Figure 5.3: Percentage of currently married women (15-49 years) sterilized with 2 or less living children among sterilized by background characteristics



The percentage of currently married women age 15-49 who underwent sterilization by number of living children according to districts is presented in Table 5.1. The percentage of women who were sterilized after having at least two children ranges from less than 5 percent in Kaushambi and Rampur to more than 20 percent in Bahraich and Allahabad. Further, at least a quarter of women in Kasganj, Bareilly, Rampur and Shrawasti compared to more than 45 percent in Hardoi, Etah, Mirzapur and Gonda underwent sterilization after having three children. The percentage of women who were sterilized after having four children ranges from 8 percent in Etah to 40 percent in Kheri. Interestingly, a substantial proportion of women (more than 40%) in Bareilly, Kaushambi and Kasganj underwent sterilization after having five children or more.

Informed Choice

Informed choice is an important principle in the delivery of family planning services. It is required that all family planning providers inform potential users about the side effects of the method and what they should do if they encounter such problems. This information assists users in making an informed decision about what contraceptive method may work best for them and in coping with side effects. By making an informed choice, users can choose the method that is right for them, and thereby decrease the likelihood that they will discontinue the use of the method. Women



should be informed of all methods available to them. Method information index¹⁰ is computed to measure the extent to which women are given specific information when they receive family planning services¹¹. Figure 5.4 shows the percentage of current users of contraceptive methods who were informed about other methods, side effects or problems of the method used and about what to do if they experienced side effects. About 42 percent of current users of

¹⁰ The method information index is composed of three questions (Were you informed about other methods? Were you informed about side effects? Were you told what to do if you experienced side effects?). The index value is the percent of women who responded "yes" to all three questions.

¹¹ <u>http://www.track20.org/pages/data/indicators#ind14</u>

contraceptive methods were informed about alternative methods. Around 16 percent were informed about the potential side-effects of the method. Among those who were informed about the potential side-effects, around 45 percent were told what to do if they experienced side-effects. The method information index suggests the poor services of the informed choice by family planning providers, as only 4 percent were informed about all the aforementioned indicators. The proportion of women who were informed on any or all of the informed choice indicators was higher among older women (25-49 years) compared to younger women (15-24 years).

There are substantial variations in informed choice indicators across the districts (Table 5.2). One in every four women in Kasganj and at least one in every two women in Shahjahanpur, Sonbhadra, Bahraich, Gonda and Rampur were informed about other methods of contraception. Percentage of women informed about side effects ranges from 8 percent in Kasganj to 30 percent in Allahabad. Among those who were informed about the side-effects, less than one-third of the women in Kasganj, Faizabad, Sitapur and Barabanki and more than 60 percent in Kaushambi and SantKabir Nagar were told what to do if they experienced side-effects. The method information index varies from less than 2 percent in Faizabad, Kasganj and Etah to more than 7 percent in Rampur, Sonbhadra, Pilibhit, Shahjahanpur and Maharajganj.

Figure 5.5 shows the indicators of informed choice by the type of methods used. IUD users (16%) were most likely to be provided with all the three types of information followed by injectables, Oral Contraceptive Pills (OCP) and Emergency Contraceptive Pills (ECP) users (10%) and women who were sterilized (7%). On the other hand, condom users and users of traditional methods were least likely to be provided with this information.





Figure 5.6 presents the percentage of current users by methods who were informed about other methods that they could use. Few of the women were informed about male sterilization and the traditional method irrespective of the method they were using currently, except that those who were informed about traditional methods were slightly higher among traditional users. A higher percentage of women were



informed about that particular method which women were using currently. For example, among those who were sterilized 33 percent were informed about sterilization while the information on other methods was comparatively low. Similarly, those who were using IUCD and injectables/OCP/ECP, every second women were informed about IUCD and injectables/OCP/ECP respectively while considerably lesser proportion were informed

about other methods.

Perceptions about Access to Family Planning Methods

Easy access to family planning services helps both existing and potential users of family planning. Figure 5.7 presents the percentage of currently married women aged 15-49 by perception regarding access to IUD, injectables and ECP. Almost one in five women reported easy access to modern spacing methods such as IUD (22%), injectables (21%) and ECP (19%). A higher proportion of women who were literate, who belonged to other caste groups and the highest wealth quintile reported easy access to IUD, injectables and ECP compared to their respective counterparts.





Among the 25 HPDs, the proportion of women reporting the easy access of modern spacing methods was least in Allahabad (6-9%) irrespective of type of method (Table 5.3). Around one-third of women in Kheri reported easy access of IUD and injectables each and a similar percentage of women in Etah reported easy access to ECP.

6. POST ABORTION FAMILY PLANNING

"Abortion" refers to the termination of pregnancy before the foetus is capable of extra uterine life. "Spontaneous abortions" are those in which the termination is not provoked, whereas "induced abortions" are those caused by deliberate intervention¹². Providing information and initiation of family planning method are only the first steps in preventing unwanted pregnancy and subsequent unsafe abortions.

Figure 6.1: Percentage of currently married women (15-49 years) who had an induced abortion five years preceding the survey by background characteristics



Figure 6.1 presents the percentage of currently married women who had an abortion five years prior to the survey which was around five percent. The abortion rate was highest among women in the agegroup 25-29, illiterate women and those from SC/ST and OBCs. The abortion rate was higher among higher parity women. About 6 percent of the women who had three living children or more had undergone an abortion in the five years preceding the survey compared to 5 percent among those who had two living

children, 4 percent among those who had one living children and 1 percent among those who had no living children.

As shown in Figure 6.2, the induced abortion rate ranges from 3 percent in Mirzapur to 8 percent in Kasganj and Pilibhit. The induced abortion rate in 11 of the 25 districts was above 5 percent.

¹² World Health Organization (1994). *Complications of Abortion: Technical and Managerial Guidelines for Prevention and Treatment*, Geneva: WHO <u>http://apps.who.int/iris/bitstream/10665/40349/1/9241544694.pdf</u>

Figure 6.2: Percentage of currently married women (15-49 years) who had an abortion in five years prior to survey in 25 HPDs



Large geographical variations in induced abortion rate among currently married women in 25 HPDs

The women who had abortion during the five years preceding the survey, were asked, "*Did you go to a health facility or health provider or pharmacy for the last induced abortion?*". It is found that 48 percent of the women who had induced abortion visited a health facility or a health provider or a pharmacy for the last induced

Figure 6.3: Percentage of currently married women (15-49 years) who visited a health facility for induced abortion and received counselling on post abortion family planning methods



abortion.

80

8.0

7.8

7.8 7.7

> As shown in Figure 6.3, of those who visited health facility for the last abortion, less than a quarter (23%) were counselled for the need of practicing post abortion family planning. Around 26 percent were provided information about methods of post-abortion family planning and only 22 percent were informed about provision of the contraceptive method of choice.

Figure 6.4 shows the percentage of currently married women who had an induced abortion used any contraceptive method and any modern contraceptive method by background characteristics. About 57 percent used any contraceptive method and 38 percent used any modern method after induced abortion, which shows that a substantial proportion of currently married women also used traditional methods (19%). Only 8 percent used sterilization, while 30 percent used any modern spacing methods. The use of any modern contraceptive methods was highest among women in the age-group 25-29 years followed by women in the older age-groups, while use of any contraceptive methods was highest among women in the age group 35-39 years. Use of both any contraceptive and modern contraceptive was higher among literate women and women belonging to higher wealth quintiles

Figure 6.4: Percentage of currently married women (15-49 years) used any contraceptive method and any modern method after induced abortion, 25 HPDs



Use of post-abortion modern contraceptive methods varies across age groups, literacy status, wealth quintile and parity

Figures 6.5a and 6.5b shows the post-abortion method mix among the currently married women who had an induced abortion in five years prior to the survey by age group and parity respectively. The older and higher parity women opted for sterilization, whereas the younger and lower parity currently married women opted for either traditional method or condom after induced abortion.

Figure 6.5a: Post-abortion method mix among currently married women (15-49 years) experienced induced abortion by age group



Figure 6.5b: Post-abortion method mix among currently married women (15-49 years) experienced induced abortion by parity



Parity

7. INTERACTION WITH COMMUNITY HEALTH WORKERS (CHWs) AND USE OF CONTRACEPTIVE METHODS

Community health workers (CHWs) such as the Accredited Social Health Activist (ASHA), Anganwdi workers (AWWs) and Auxillary-Nurse-Midwifery (ANM) are recognized as important primary health care providers after the Alma Ata Declaration in 1978¹³. The unmet need for family planning is generally high among the post-partum women, especially spacing methods as birth spacing plays crucial role in improvement of maternal health¹⁴. Therefore, it is critical to counsel those women during pregnancy or during post-partum period, and the CHWs should play a major role in generating demand and creating awareness among them.

Figures 7.1a and 7.1b presents the percentage of women received counselling¹⁵ on family planning methods during pregnancy or after delivery among those who delivered during the five years preceding the survey. Majority of the currently married women (77%) did not receive counselling either during pregnancy or after delivery. About 4 percent received counselling only during pregnancy, 7 percent

¹³ <u>http://www.euro.who.int/__data/assets/pdf_file/0009/113877/E93944.pdf</u>

¹⁴<u>http://apps.who.int/iris/bitstream/10665/93680/1/9789241506496_eng.pdf</u>

¹⁵Information on FP counselling was collected for the last birth

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received counselling only after delivery, and 12 percent received during pregnancy as well as after delivery. A relatively higher proportion of older women received family planning counselling compared to younger women. For instance, only 18 percent women aged 15-24 received counselling compared to 25 percent among women aged 25-29 years and 29 percent among women aged 40-49. A higher percentage of women in higher parity received counselling compared to those who had less number of living children. For example, 15 percent women who had one child received counselling compared to 29 percent among those women who had





four living children or more. There are no variations in receiving counselling by background characteristics of the currently married women.

Figure 7.1b: Percentage of currently

received counselling on FP services

during pregnancy or after delivery

married women (15-49 years)

Figure 7.2 shows that counselling to women who had delivered five years preceding to the survey, either during pregnancy or after delivery, has greater impact on the use of any modern method. However, the use of modern contraceptive method was higher if the women received counselling during pregnancy and after delivery. The mCPR among those did not receive counselling was 23

Percentage

percent, while it was 39 percent among those who received counselling during pregnancy or after delivery. This difference in mCPR by counselling is persistent by age, education and wealth quintile. However, the impact of counselling was higher among women in the age group 25-29 and above 40 years which had 19 percentage points and 23 percentage points difference in mCPR between those who did not receive any counselling and those who received counselling during pregnancy or after delivery. Similarly, counselling to SC/ST women, OBC women, and women who belonged to middle wealth quintile shows greater impact on mCPR.

Figure 7.3 shows the mCPR among women who delivered five years prior to the survey by sex composition of living children. The figure shows that the mCPR is higher if the women received counselling irrespective of the number of living children and the sex composition. However, it is seen that though there is a strong sex preference in mCPR, counselling to the higher parity women and those not having a son shows greater impact on the use of any modern method. For example, among the women who had four children or more and no son, the mCPR was 11 percent if they had not received counselling compared to 31 percent who had received counselling. Similarly, the mCPR increased from 13 percent to 20 percent among those who had three daughters and no son if they had received counselling during pregnancy or after delivery.



Figure 7.4 presents the percentage of women using modern contraceptive methods by counselling on FP methods during and after delivery according to HPDs. In majority of the districts, contraceptive use was higher among women who received counselling on FP methods during pregnancy or after delivery. The difference was higher (at least 22 percentage points) in Sitapur, Kannauj, Etah, Siddharth Nagar, Shrawasti, Faizabad and Allahabad. On the other hand, in districts like Balrampur, Bareilly, Kasganj and Barabanki hardly any difference was visible among those who were counselled or not counselled.

Figure 7.4: Percentage of currently married women (15-49 years) using modern contraceptive methods by counselling on FP methods during pregnancy or after delivery in 25 HPDs



Received counselling during pregnancy or after delivery

Nearly 19 out of 25 HPDs have more than 10 percentage points difference in mCPR between those received counselling on FP during pregnancy or after delivery, and those who did not receive

8. PATHWAYS TO ACHIEVE mCPR GOAL THROUGH POTENTIAL ADDITIONAL USERS

Required Number of Clinic Days and Trained Providers to Provide Services and the Level of Expected mCPR

The percentage of potential additional users of family planning methods is calculated among those non-users and intend to use any contraceptive method in the future. About 12 percent of the total currently married women are identified as potential additional users for any family planning method, while 3.8 percent currently married women are identified as potential additional users for female sterilization¹⁶. In order to provide female sterilization services to those potential additional users the required clinic days and number of required trained providers are estimated and presented in Table 8.1. There are three different scenarios¹⁷ based on required number of clinic days and number of services to be done in a month –

(1) Conservative rate: 8 clinic days per month and 15 cases per clinic day,

- (2) Semi-conservative rate: 12 clinic days per month and 15 cases per clinic day, and
- (3) **Optimum rate**: 8 clinic days per month and 30 cases per clinic day.

In each scenario, the required number of providers of services to potential users and how far the mCPR goal can be achieved are calculated. At present, there are 221 trained providers are available in the 25 HPDs. Among them 130 providers are currently providing services for female sterilization and 91 are currently not performing. From Table 8.1, it is seen that with the conservative rate and using the currently performing providers, only 36 percent of the total potential additional users of female sterilization can be provided services and that will add only 1.4 percentage points to the current level of mCPR. Also using all available providers with the conservative rate, only 63 percent of potential users can be provided and that will add 2.4 percentage points of mCPR. With the semi-conservative rate and using performing providers, also only 55 percent of the potential users can be provided. However, the services can be provided to almost all potential uses in two scenarios:

a) Using all providers (performing and non-performing) with the semi-conservative rate, or

b) Using current performing providers plus half of the non-performing providers with optimum rate.

¹⁶ Not using any contraceptive methods but want to use female sterilization

¹⁷ The required number of clinic days and trained providers are estimated in three different scenarios with the assuming minimum and maximum cases that can be done per clinic day and per trained provider.

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These two scenarios can add about 3.6 percentage points in mCPR and the mCPR may reached up to 34.4 percent.

Table 8.1: Required clinic days and trained providers to provide services to the total potential users of female sterilization and percentage points increase in expected mCPR, 25 HPDs

Scenarios	# of trained providers required	% Total potential users of Female sterilization can be provided	% points increase in mCPR	Expected mCPR
1. Conservative rate: 8 clinic days per month and	Current performing providers (130)	36.8	1.4	32.2
15 cases per clinic day	All providers (221=130+91)	62.6	2.4	33.2
2. Semi-conservative rate: 12 clinic days per	Current performing providers (130)	55.2	2.1	32.9
clinic day	All providers (221=130+91)	93.9	3.6	34.4
3. Optimum rate: 8 clinic days per month and 30	Current performing providers (130)	73.6	2.8	33.6
cases per clinic day	All providers (50% of all non- performing providers, 130+45)	99.4	3.8	34.6

A substantial proportion of currently married women are also identified as potential additional users for spacing methods¹⁸ and traditional methods¹⁹. Figure 8.1 shows the six different levels of mCPR that can be achieved though providing services to the potential users of permanent methods, spacing methods and also by converting potential traditional users into modern users. Potential additional users for injectables are higher compared to other modern spacing methods. By providing services to the potential users of injectables would increase mCPR by 2.6 percent, while providing services to potential users of IUCD/PILLS/ECP and condom would increase the mCPR by 1.5 percent each. In total, by providing services to the potential users for modern spacing method, the mCPR would increase by 5.6 percent. There are also a substantial percentage of currently married women who are not using any method but want to use traditional methods. By converting all of them, the mCPR would increase by 2.2 percent. There is only a small proportion of potential users for male sterilization. From the figure, it was found that even if

¹⁸ Currently not using any method but want to use any modern spacing methods such as IUD, ECP, PILLS, Condom, SDM or LAM

¹⁹ Currently not using any method but want to use any traditional methods.

potential users of female sterilization were provided services in optimum scenario, the current level of mCPR would increase up to 42.5 percent.



Similarly, for Baharaich district the expected mCPR in next one year is estimated assuming if the current providers (performing and non-performing) for female sterilization would provide services to those potential users for sterilization. Availability of human resource is important to provide sterilization services to the potential users in the district. Currently, in the district, there are 13 providers of female sterilization (five are performing and eight are not performing) present. In the district, potential users for permanent methods are higher compared to potential users for modern spacing methods. Around seven percentages of currently married want to use contraceptive method in next one year, while five percentages of currently married women want to use any modern method. About 2.9 percentage were the potential users of female sterilization including 0.6 percentage of potential traditional users in the age group 35-40 years. It is important to assess whether the current performing providers of female sterilization are enough to provide services

to all the potential users of female sterilization. As the district has substantial proportion of potential users of female sterilization, the expected mCPR of Bahraich district within one year is estimated in two conditions i.e. either increase monthly clinic days and half of the non-performing providers would start providing services, or all of the non-performing providers would start providing services. Also it is assumed that services will be provided to all the potential users of modern spacing methods and there will be no discontinuation.

Figure 8.2 shows the different level of expected mCPR in next one year in Bahraich district. The analysis shows that another 7 percentages would be added in current mCPR to reach the expected mCPR of 28.3 percentages in one year by utilizing the resources and providing family planning services. Additional 7 percentages of mCPR can be achieved in two scenarios: 1) by providing female sterilization in 8 clinic days per month and 15 cases per clinic day, and using all performing and all non-performing providers, and 2) by providing female sterilization in 12 clinic days per month and 15 cases per clinic day, and using all performing and half of the non-performing providers.



Differential Strategies to Increase mCPR

Providing services to potential additional users who want to use contraception in the future considering availability of required staff and supply of commodities, the current mCPR may increase up to only 42 percent. However, the state mCPR goal is

set to achieve 61.3 percent by the end of 2020. In order to achieve the goal, the population subgroups and potential geographies need to be targeted. For example, in the 25 HPDs, a substantial proportion of women (16%) consists of traditional users who have completed their desired family size. All the traditional users have the unmet need for modern contraceptives²⁰. Provision of modern methods to those groups of women will help them to either space or limit their family size. Besides, there are 8 percent of currently married women who have completed desired family size, have expressed unmet need and did not have the urge to use any method in the future. Translating all these women into modern method users would increase the mCPR up to 66 percent and help create a programme to increase modern contraceptive users.

Fewer districts account for a large proportion of potential targets (those who completed family size and either not using any method and do not want to use any method in the future or using traditional method). For example, as shown in Figure 8.3, eight districts (Budaun, Hardoi, Bareilly, Allahabad, Gonda, Sitapur, Bahraich, and Kheri) accounts for 50 percent of the potential users and converting all of them into modern method users will translate the mCPR to 54 percent. An additional six districts (Barabanki, Shahjahanpur, Mahrajganj, Siddharth Nagar, Faizabad, Kannauj) which would reach up to 60 percent. The figure also shows the order of priority with Budaun as the most prioritised district as it contributes a large proportion of potential users and Sonbhadra would be low priority district.





²⁰ <u>http://www.track20.org/pages/data/indicators#ind3</u>

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Tables

Table 2.1: Background Characteristics of Currently Married Women					
Percentile distribution of currently married women ag	ed 15-49 by selected background				
characteristics, 25 HPDs					
Background characteristics	Percent				
Women current age (Years)					
15-24	20.3				
25-29	22.4				
30-34	19.3				
35-39	17.3				
40-49	20.7				
Mean age	31.7				
Median age	31.0				
Years of education					
Illiterate	63.2				
<5 years	2.6				
5-10 years	25.1				
10+years	9.1				
Husband education					
Illiterate	31.7				
<5 years	1.9				
5-10 years	46.4				
10+yrs	19.9				
Caste					
SC/ST	26.9				
OBC	54.6				
Other/DK	18.5				
Religion					
Hindu	81.3				
Non-Hindu	18.7				
Wealth quintile					
Poorest	20.0				
Poor	20.0				
Middle	20.0				
Rich	20.0				
Richest	20.0				
N	13182				

Table 3.1: Fertility Behaviour and Preferences Median age at marriage, median age at first birth, mean number of living children, and mean number of ideal children in districts, 25 HPDs

District	Median age at first marriage	Median age at first birth	Mean # of living children	Mean # of ideal children	Difference (Mean # living children – Mean number of ideal children)
25 HPDs	17	19	3.1	2.7	0.5
Allahabad	17	19	3.3	2.7	0.6
Bahraich	15	19	3.2	3.0	0.2
Balrampur	15	19	3.4	3.0	0.4
Barabanki	17	20	3.1	2.5	0.6
Bareilly	17	19	3.5	2.8	0.7
Budaun	17	19	3.8	2.9	0.9
Etah	17	20	2.9	2.5	0.4
Faizabad	16	20	2.9	2.5	0.5
Farrukhabad	18	19	3.1	2.5	0.6
Gonda	15	19	3.0	2.4	0.6
Hardoi	17	20	2.9	2.5	0.5
Kannauj	17	20	3.3	2.4	0.9
Kasganj	17	19	3.1	2.4	0.6
Kaushambi	17	19	3.2	2.9	0.2
Kheri	17	20	3.0	2.8	0.2
Mahrajganj	16	20	2.7	2.7	0.0
Mirzapur	16	20	2.8	2.5	0.3
Pilibhit	17	19	2.9	2.6	0.3
Rampur	18	20	3.4	2.9	0.5
SantKabir Nagar	16	20	3.3	2.5	0.8
Shahjahanpur	16	19	3.2	2.5	0.7
Shrawasti	14	19	3.2	2.8	0.3
Siddharth Nagar	16	19	3.3	2.8	0.5
Sitapur	16	19	3.1	2.7	0.5
Sonbhadra	16	19	2.7	2.7	0.0

Table 3.2: Unintended Last Birth*/ Currently Pregnancy

Percentage of currently married women wanted, mistimed and unwanted the last birth or current pregnancy in districts, 25 HPDs

District name	Wanted	Mistimed	Unwanted	Ν
25 HPDs	68.09	14.15	17.76	7,298
Allahabad	61.3	13.7	25.0	254
Bahraich	65.5	15.0	19.6	304
Balrampur	67.3	15.9	16.8	261
Barabanki	71.2	10.7	18.1	284
Bareilly	67.9	11.7	20.4	332
Budaun	69.0	10.3	20.8	269
Etah	66.4	14.4	19.2	218
Faizabad	71.4	18.2	10.4	286
Farrukhabad	65.2	12.5	22.3	328
Gonda	57.8	18.3	23.9	267
Hardoi	68.1	15.0	16.9	309
Kannauj	63.6	15.6	20.8	277
Kasganj	65.7	12.4	21.9	270
Kaushambi	61.5	15.7	22.7	293
Kheri	68.0	16.6	15.4	296
Mahrajganj	78.2	12.2	9.6	297
Mirzapur	72.2	17.6	10.2	255
Pilibhit	76.9	6.6	16.5	292
Rampur	70.1	12.9	17.0	346
SantKabir Nagar	68.4	20.9	10.7	263
Shahjahanpur	64.6	13.5	22.0	333
Shrawasti	68.3	16.2	15.5	282
Siddharth Nagar	72.6	16.1	11.4	321
Sitapur	74.1	12.9	13.0	360
Sonbhadra	68.9	11.7	19.4	301

* Sample of last birth restricted to those who delivered in last 5 years

Table 4.1: Knowledge of Family Planning Methods

Percentage of currently married women heard about different contraceptive methods

District name	Any meth od	Fema le Sterili zation	Male Sterili zation	IUCD /LOO P	Inject able	Pill s	ECP	Male condo m/ Nirodh	Fem ale Con dom	SD M	LA M	Rhyt hm meth od	Withd rawal	Other traditio nal metho d	Other moder n method
25 HPDs	99	97	71	84	84	85	29	86	6	14	19	72	51	23	5
Allahabad	99	97	66	70	74	75	27	75	4	8	12	58	37	13	2
Bahraich	100	99	75	91	94	92	26	92	10	16	34	78	60	20	11
Balrampur	100	99	66	85	93	89	22	87	7	7	8	68	53	28	3
Barabanki	99	97	68	86	85	88	25	90	3	10	21	74	45	14	2
Bareilly	99	97	79	85	83	87	34	89	8	16	15	61	47	35	2
Budaun	100	99	65	88	84	90	32	90	4	14	19	78	55	43	3
Etah	98	94	71	90	85	85	30	82	4	15	14	74	58	17	5
Faizabad	98	95	79	83	83	85	23	91	6	10	17	75	57	17	4
Farrukhabad	99	94	66	90	83	85	32	85	5	10	11	64	39	22	2
Gonda	100	98	70	87	89	88	24	90	5	5	20	79	54	14	2
Hardoi	100	95	69	91	86	87	33	90	5	20	19	79	57	24	11
Kannauj	100	95	69	86	79	82	24	89	3	8	12	73	52	29	1
Kasganj	99	96	66	83	82	77	32	82	1	19	18	77	47	29	4
Kaushambi	100	98	62	75	78	79	28	83	5	8	13	62	44	23	2
Kheri	100	99	78	88	88	86	22	90	6	18	33	81	62	16	3
Mahrajganj	100	97	70	86	88	94	41	87	12	30	31	74	56	28	12
Mirzapur	98	97	66	69	67	68	17	70	4	10	11	53	27	12	2
Pilibhit	99	97	74	86	80	89	39	91	5	24	18	65	51	41	8
Rampur	100	97	71	89	84	89	45	89	9	30	29	61	56	37	13
SantKabir Nagar	99	97	68	81	86	88	20	88	2	9	17	85	70	20	1
Shahjahanpur	99	96	66	89	82	84	37	89	13	25	26	68	47	42	12
Shrawasti	99	97	61	76	88	84	19	81	1	5	18	85	53	17	4
Siddharth Nagar	100	99	72	85	94	95	36	90	9	10	25	79	56	21	10
Sitapur	100	99	81	88	93	90	18	93	10	10	14	81	49	13	6
Sonbhadra	99	96	66	73	71	75	36	70	8	12	14	63	38	28	9

Table 4.2: Use of Contraceptive Methods by Background Characteristics

Percentage of currently married women ever used a contraceptive method, currently using any method and currently using any modern method by background characteristics, 25 HPDs

Background characteristics	Ever used a contraceptive method	Currently using any contraceptive method (CPR)	currently using any modern contraceptive method (mCPR)	N
Current age of the women				
15-24	62.2	35.7	16.9	2670
25-29	77.8	51.7	30.1	3029
30-34	83.2	63.1	38.8	2532
35-39	81.1	62.8	37.9	2321
40-49	78.7	53.1	31.8	2630
Literacy status (read and write)				
No	75.1	51.9	29.2	8105
Yes	78.7	54.5	33.6	5077
Husband education				
Illiterate	73.5	50.7	27.3	4102
<5 years	72.7	49.9	24.9	250
5-10 years	77.0	53.4	32.0	6105
10+ years	80.0	55.4	34.1	2725
Working(in last 12 months)				
No	75.7	51.7	30.9	9830
Yes	78.6	56.3	30.6	3352
Religion				
Hindu	77.5	54.9	32.7	10756
Non-Hindu	71.5	43.7	22.4	2426
Caste				
SC/ST	76.4	52.9	31.0	3508
OBC	75.7	52.6	29.8	7199
Other/DK	78.5	53.3	33.5	2475
Wealth guintile	1000000	(*******)		
Poorest	72.7	48.4	24.0	2513
Poor	73.7	50.6	27.1	2562
Middle	77.1	53.1	30.0	2636
Rich	77.2	53.6	33.7	2679
Richest	81.4	58.7	39.2	2792
Member of SHG/Mahilamandal	•		0.000	
No	76.3	52.5	30.4	12636
Yes	79.3	61.1	39.7	546
Contacted with ASHA/AWW/ANM & talked about FP methods		6.355		
No	75.7	52.6	30.8	12056
Yes	85.0	56.0	30.4	1126
Any staff at health facility talked about family planning				
No	76.0	52.7	30.5	12688
Yes	87.8	56.5	39.8	494
Seen about FP services on the				
television in last 12 months				
No	74.8	50.9	28.7	9717
Yes	81.8	59.1	37.6	3464
Total number of living children				
No child	33.7	13.2	6.2	1086
1 child	63.8	35.2	17.1	1669
2 child	79.7	56.0	31.3	2675
3+child	83.8	60.9	36.9	7752
Total	76.4	52.8	30.8	13182

Table 4.3: Use of Contraceptive Methods in Districts of 25 HPDs

Percentage of currently married women ever used a contraceptive method, currently using any method and currently using any modern method in districts of 25 HPDs

District name	Ever used any method	Ever used any modern method	Currently using any method (CPR)	Currently using any modern method (mCPR)	N
25 HPDs	76.4	48.8	52.8	30.8	13,182
Allahabad	76.9	54.1	60.3	40.8	602
Bahraich	75.9	40.8	44.4	21.5	460
Balrampur	54.0	28.2	27.9	13.3	386
Barabanki	78.4	50.8	55.4	33.8	567
Bareilly	74.6	49.1	50.2	29.4	624
Budaun	70.4	45.6	48.2	25.7	450
Etah	81.3	47.1	56.7	25.2	434
Faizabad	79.8	49.5	54.0	29.5	572
Farrukhabad	75.7	49.5	47.2	25.4	577
Gonda	77.1	43.2	47.6	22.6	485
Hardoi	80.6	50.7	52.2	24.6	556
Kannauj	82.5	47.9	53.8	26.2	566
Kashgnaj	74.3	40.1	45.7	19.4	429
Kaushambi	86.7	58.8	62.9	41.4	531
Kheri	77.7	49.3	57.8	34.8	530
Mahrajganj	75.8	53.2	59.2	36.6	599
Mirzapur	78.9	65.1	65.8	54.8	578
Pilibhit	76.0	56.6	52.4	34.8	599
Rampur	72.4	51.8	54.7	36.2	614
SantKabir Nagar	77.2	45.9	44.9	23.2	498
Shahjahanpur	77.9	52.6	55.8	30.7	547
Shrawasti	73.8	27.0	43.5	14.6	398
Siddharth Nagar	70.6	40.7	44.7	22.8	496
Sitapur	82.2	50.7	56.7	35.6	538
Sonbhadra	78.4	54.6	64.7	45.7	546

ble 4.4: Method Mix among Current Users						12									
centage dist	ributior	n of cu	rrentl	y mar	ried w	/omer	n using	g conti	racep	otive n	nethoo	d by m	nethod	s, 25	HPD
District name	Female sterilization	Male sterilization	IUCD/LOOP	Injectable	Pills	ECP	Male condom	Female Condom	SDM	LAM	Rhythm	Withdrawal	Other traditional	Other modern	* Z
25 HPDs	30.0	0.3	2.0	1.2	3.5	0.3	17.8	0.2	0.9	1.6	31.7	9.1	1.0	0.4	7,05
Allahabad	55.3	1.4	0.3	0.2	1.7	0.0	7.4	0.0	0.7	0.6	21.2	10.1	1.0	0.1	35
Bahraich	19.6	0.0	1.3	2.1	1.6	0.0	15.3	0.0	3.7	5.1	40.2	11.3	0.0	0.0	21
Balrampur	15.5	0.0	1.6	7.0	2.0	0.0	21.8	0.0	0.0	0.0	43.2	7.6	1.4	0.0	12
Barabanki	30.0	0.2	2.1	0.8	4.0	0.2	23.2	0.0	0.4	0.0	32.8	6.0	0.4	0.0	30
Bareilly	19.1	1.1	3.3	0.7	3.5	1.1	28.7	0.0	0.0	1.2	33.1	7.1	1.2	0.0	29
Budaun	14.6	0.0	2.3	3.5	3.2	0.9	26.2	0.0	0.9	1.4	38.9	4.9	2.8	0.4	22
Etah	14.9	0.0	7.3	1.0	5.1	0.6	12.8	0.0	0.2	1.4	37.4	17.8	0.5	1.0	25
Faizabad	25.9	0.0	3.1	0.0	1.6	0.0	22.3	0.0	1.0	0.9	31.3	13.6	0.3	0.0	30
Farrukhabad	20.5	0.0	5.9	0.9	4.3	0.0	21.6	0.0	0.0	0.6	35.3	9.1	1.8	0.0	27
Gonda	19.6	0.0	2.0	1.0	1.7	0.3	19.7	1.0	0.4	1.6	41.8	10.8	0.0	0.2	22
Hardoi	19.3	0.2	2.7	1.0	3.3	0.0	19.3	0.0	0.2	0.7	44.5	7.4	0.9	0.3	29
Kannauj	21.0	0.0	2.2	0.4	2.3	0.1	21.6	0.3	0.2	0.4	37.5	12.9	1.0	0.1	31
Kasganj	10.2	0.0	4.5	0.2	6.7	0.9	19.0	0.0	0.0	0.4	47.2	7.9	2.5	0.6	21
Kaushambi	32.7	0.0	1.1	0.1	0.5	0.2	21.8	1.5	2.1	5.3	25.1	9.0	0.2	0.5	32
Kheri	33.9	0.3	0.6	0.2	7.2	0.0	13.1	0.0	1.4	3.6	32.1	7.7	0.0	0.0	29
Mahrajganj	36.4	0.3	1.5	2.0	5.1	0.5	10.3	0.0	1.0	3.2	29.8	7.9	1.0	0.9	35
Mirzapur	68.5	0.4	0.6	0.5	1.4	0.1	9.1	0.0	2.1	0.4	13.8	2.6	0.5	0.0	39
Pilibhit	27.1	0.2	1.5	1.8	7.2	1.2	24.4	0.0	1.7	0.7	24.8	8.1	0.7	0.6	32
Rampur	20.0	0.0	0.8	0.9	5.2	1.0	33.0	0.7	1.0	3.0	18.1	15.1	0.7	0.6	35
Sant K Nagar	27.1	1.0	1.2	0.7	4.7	1.2	15.2	0.2	0.0	0.3	35.7	12.4	0.4	0.0	24
Shahjahanpur	16.2	0.0	1.8	2.5	5.3	0.2	23.7	0.0	1.3	1.7	32.4	10.2	2.4	2.4	30
Shrawasti	19.6	0.0	3.1	3.0	1.9	0.0	5.5	0.0	0.0	0.0	56.1	9.9	0.6	0.5	17
Siddharthnagar	16.9	0.0	0.8	6.0	7.7	0.9	14.6	0.5	0.0	3.8	36.8	10.1	2.0	0.0	21
Sitapur	37.7	0.0	2.9	0.5	2.0	0.0	17.9	0.0	1.1	0.4	28.2	8.2	0.8	0.3	30
Sonbhadra	49.5	1.2	2.9	0.1	2.4	0.1	10.1	0.3	1.4	1.4	15.8	9.7	4.0	1.3	35

Table 4.5: Future Intention of Contraceptive Use Among Non-Users Percentage of currently married women not using any method and want to use in future in districts of 25 HPDs

trict	y method	y modem thod	Female srilization	le rilization	8	ectable	s	4	mobn	her dern	y ditional	
Dis	An	An	Ste	Ma	ĩ	Inje	Pill	ы	ပိ	a et	Ant	z
25 HPDs	25.1	20	8.1	0.3	1.1	5.4	2.0	0.1	3.2	0.2	4.6	6,130
Allahabad	29	24	15.0	1.6	0.4	3.0	1.8	0.0	2.3	0.0	5.3	244
Bahraich	31	25	10.0	0.5	1.1	10.6	1.2	0.0	1.5	0.0	5.6	249
Balrampur	24	20	4.4	0.0	1.5	7.1	3.2	0.0	3.4	0.0	4.6	260
Barabanki	19	16	5.6	0.0	2.0	4.5	1.0	0.0	3.3	0.0	2.9	259
Bareilly	21	16	6.4	0.0	0.0	2.7	1.8	0.0	4.2	0.6	5.2	329
Budaun	19	16	7.2	0.0	0.8	5.3	1.3	0.0	1.3	0.0	3.2	224
Etah	26	19	4.6	0.0	1.4	8.2	0.6	0.0	2.9	1.1	6.6	179
Faizabad	27	20	6.5	1.0	1.4	3.3	1.3	0.0	6.1	0.3	7.0	266
Farrukhabad	25	19	2.1	0.4	2.6	7.0	3.2	0.0	3.6	0.0	5.5	305
Gonda	31	24	7.8	0.0	0.6	6.4	3.2	0.0	6.1	0.0	7.0	256
Hardoi	23	17	5.4	0.0	1.4	3.7	0.8	0.0	6.1	0.0	5.3	263
Kannauj	14	8	3.7	0.0	0.9	2.2	0.5	0.3	0.6	0.0	4.9	254
Kasganj	22	16	5.0	0.0	0.6	6.5	0.9	0.0	3.2	0.0	5.6	214
Kaushambi	26	24	12.7	0.2	1.2	3.6	1.3	0.0	4.1	0.5	2.0	211
Kheri	29	22	11.0	0.0	1.5	3.7	3.4	0.0	2.3	0.0	7.3	231
Mahrajganj	18	17	10.4	0.0	0.9	2.2	2.3	0.6	1.1	0.0	0.0	241
Mirzapur	24	22	17.6	0.0	1.6	0.0	2.2	0.0	0.6	0.0	1.5	181
Pilibhit	23	19	7.2	0.8	0.6	3.6	3.7	1.2	2.2	0.0	3.6	276
Rampur	24	22	10.3	0.0	0.9	5.9	2.5	0.0	1.8	0.6	1.7	258
S K Nagar	31	23	8.1	0.6	1.6	3.5	2.2	0.3	7.1	0.0	7.2	258
Shahjahanpur	21	15	4.6	0.3	0.2	4.6	0.7	0.7	3.3	0.4	6.1	244
Shrawasti	29	24	5.5	0.0	1.9	11.1	3.4	0.0	1.6	0.0	5.5	225
Siddharth Nagar	25	20	2.5	0.3	2.5	8.8	3.2	0.0	1.4	1.3	4.4	277
Sitapur	32	31	11.6	0.0	1.4	11.2	0.9	0.0	5.4	0.0	1.9	237
Sonbhadra	25	22	15.0	0.0	0.5	2.1	3.2	0.0	0.7	0.3	0.3	189

Table 4.6: Unmet Need for Family Planning Percentage of currently married women with unmet need by background characteristics, 25 HPDs

Current age of women			neeu	
15-24	17.9	5.2	23.1	2670
25-29	10.4	10.9	21.3	3029
30-34	4.4	14.6	19.1	2532
35-39	3.2	19.0	22.3	2321
40-49	1.6	15.2	16.8	2630
Literacy (read and write)				
Illiterate	6.7	14.0	20.7	8105
Literate	9.4	10.7	20.1	5077
Husband education	10000			
Illiterate	6.9	13.7	20.6	4102
<5 years	5.4	15.4	20.8	250
5-10 years	8.4	12.4	20.7	6105
10+vrs	7.8	11.8	19.6	2725
Working status	1.0	11.0	13.0	2125
Not working	83	12.5	20.8	0830
Working	5.0	12.0	10.6	3352
Policion	0.9	13.7	19.0	3332
Hindu	7.0	11 0	10.1	10750
ninuu Non Hindu	1.3	11.0	19.1	00/00
Non-minuu Cooto	9.7	10.7	20.4	2420
Laste	7.4		10.0	0500
SC/ST	7.4	11.4	18.8	3508
OBC	8.2	12.5	20.7	7199
Other/DK	6.9	15.3	22.1	2475
Wealth quintile				
Poorest	8.1	15.4	23.5	2513
Poor	7.6	13.3	20.8	2562
Middle	7.9	12.5	20.4	2636
Rich	7.6	12.3	20.0	2679
Richest	7.3	10.3	17.6	2792
Member of SHG/Mahilamandal				
No	7.9	12.9	20.7	12636
Yes	4.3	9.9	14.2	546
Contacted with ASHA/AWW/ANM & talked				
about FP				
No	7.8	12.7	20.5	12056
Yes	6.5	13.4	19.9	1126
Any staff at facility talked about family				
planning				
No	7.9	12.8	20.7	12688
Yes	4.0	10.6	14.6	494
Seen about FP on the television in last 12	1.0	10.0	11.0	101
months				
No	82	12.2	21.5	9717
Vec	6.1	11 1	17.0	3/6/
Number of living children	0.1	11.1	17.2	3404
Number of living children	22.4	2.0	25.0	1000
	22.1	3.Z	25.2	1000
	24.3	3.2	27.6	1009
	8.4	12.2	20.6	26/5
3 Child	3.8	13.4	17.2	2/52
4+ child	1.1	17.8	18.9	5000

Table 4.7: Reasons for Not Using any Contraceptive MethodsPercentage of women who among those don't want another child before 24 months or don't want any more child (%)

District name		pa	q					108		
	Infrequent sex/Husband	away Fecundity relate	Not menstruate since last birth/ Breastfeeding	Opposition	Lack of awareness	Health concern	Lack of accessibility	In convenient to use	Other reasons	z
25 HPDs	33.0	8.9	23.8	16.2	3.8	8.4	4.5	7.2	17.4	2068
Allahabad	57.1	8.4	28.9	15.4	10.2	3.7	10.2	2.3	24.8	71
Bahraich	27.8	3.6	29.2	16.4	3.9	4.8	4.1	2.0	11.2	83
Balrampur	44.7	3.7	30.6	8.9	4.0	5.6	5.4	6.0	19.0	78
Barabanki	15.8	10.0	25.4	15.5	1.9	8.3	1.6	14.9	19.0	76
Bareilly	20.0	13.7	28.1	18.0	2.5	10.3	4.8	11.0	19.5	110
Budaun	26.1	14.6	26.0	11.7	3.1	9.4	4.0	11.5	17.6	73
Etah	18.5	14.4	14.2	13.8	0.8	14.1	0.0	6.9	26.0	71
Faizabad	39.6	10.9	25.2	14.0	0.4	7.2	5.0	4.5	18.8	104
Farrukhabad	29.3	9.4	14.4	15.1	1.4	5.9	3.7	5.8	30.5	115
Gonda	42.1	8.9	8.7	12.7	2.5	7.3	2.5	4.8	21.3	102
Hardoi	26.5	6.8	19.1	25.0	3.3	11.7	4.6	8.6	21.5	89
Kannauj	40.8	5.5	14.8	11.1	17.9	21.4	7.1	6.8	24.0	90
Kasganj	23.8	10.0	33.4	5.9	3.6	2.0	1.0	6.3	22.4	76
Kaushambi	32.8	9.6	16.3	11.7	9.1	16.0	12.2	16.2	22.4	68
Kheri	23.8	14.2	25.1	16.1	1.5	5.0	4.2	1.9	7.8	70
Mahrajganj	46.6	14.2	9.6	22.3	4.6	4.8	4.2	2.2	0.7	72
Mirzapur	23.2	2.0	21.7	15.4	12.2	8.5	1.6	14.7	29.7	33
Pilibhit	23.7	4.2	12.9	31.7	3.5	8.3	6.9	8.4	18.4	99
Rampur	30.2	7.0	26.1	24.8	3.6	10.3	1.2	10.3	16.1	69
SantKabir Nagar	62.0	13.5	17.9	20.1	0.2	6.5	3.4	8.8	6.0	118
Shahjahanpur	22.9	8.9	28.8	20.4	6.2	21.0	6.2	16.5	9.5	87
Shrawasti	32.9	3.2	23.1	15.0	1.6	10.6	5.7	4.0	15.5	85
Siddharth Nagar	62.5	1.0	22.5	17.4	1.9	2.1	5.5	0.7	10.3	90
Sitapur	15.0	3.9	39.3	13.5	1.8	10.7	2.1	9.6	16.6	91
Sonbhadra	21.5	25.0	45.9	9.1	1.6	2.5	6.1	1.8	17.7	48

Table 5.1: Timing of Sterilization Percentage of women had sterilization

District name	2 or less children	3 children	4 Children	5 and more Children	Ν
25 HPDs	13.9	35.0	27.1	24.1	1,901
Allahabad	23.1	31.5	20.3	25.1	192
Bahraich	20.6	38.6	19.5	21.3	31
Balrampur	9.6	29.8	22.1	38.5	22
Barabanki	11.2	28.8	38.7	21.4	79
Bareilly	11.1	17.8	30.9	40.2	58
Budaun	6.0	40.2	16.7	37.1	28
Etah	7.3	45.8	7.9	39.0	34
Faizabad	9.3	31.1	35.9	23.7	78
Farrukhabad	8.4	40.0	26.2	25.5	44
Gonda	6.9	49.7	26.5	16.9	35
Hardoi	5.6	45.8	21.6	27.0	53
Kannauj	17.1	34.9	27.2	20.8	51
Kasganj	5.4	17.4	18.2	59.0	20
Kaushambi	2.5	32.4	20.4	44.8	97
Kheri	12.3	29.7	39.7	18.4	98
Mahrajganj	18.1	29.9	28.6	23.5	134
Mirzapur	19.1	46.0	22.4	12.6	259
Pilibhit	13.3	29.2	37.7	19.9	86
Rampur	2.8	23.5	35.3	38.5	66
SantKabir Nagar	17.7	32.5	23.4	26.4	62
Shahjahanpur	12.6	32.0	19.3	36.1	51
Shrawasti	12.4	25.0	27.1	35.5	34
Siddharthnagar	14.0	38.8	21.8	25.4	34
Sitapur	6.2	42.2	32.6	19.1	97
Sonbhadra	12.4	35.7	33.6	18.2	158

Table 5.2: Method Information among Current Users Percentage of women informed about other methods, side effects and what to do if experienced side effects, 25 HPDs

Districts	% Informed about others methods	% Informed about side effects	% told what to do among those told about side effects	Method information index (%)	N
25 HPDs	42.1	16.3	45.4	4.4	6911
Allahabad	39.2	29.6	50.6	4.5	352
Bahraich	54.6	14.6	45.3	6.0	197
Balrampur	42.4	11.9	51.2	4.6	126
Barabanki	45.1	16.4	32.3	3.4	308
Bareilly	33.7	15.1	33.3	2.1	294
Budaun	31.8	10.2	40.2	2.0	220
Etah	31.1	13.5	38.6	1.4	250
Faizabad	32.9	10.9	30.7	1.3	303
Farrukhabad	33.3	15.0	49.6	3.6	269
Gonda	55.0	17.5	34.5	5.4	226
Hardoi	41.2	12.7	53.0	3.1	290
Kannauj	30.8	8.1	57.3	3.3	309
Kasganj	25.6	7.9	22.9	1.4	214
Kaushambi	49.0	12.9	63.5	5.8	308
Kheri	38.6	11.1	48.1	3.4	290
Mahrajganj	46.8	19.5	52.5	8.5	352
Mirzapur	32.1	22.1	38.8	4.4	385
Pilibhit	49.7	22.7	53.5	7.8	317
Rampur	65.0	22.1	43.4	7.6	348
SantKabir Nagar	37.1	13.0	66.5	2.8	240
Shahjahanpur	52.1	17.2	58.0	8.1	293
Shrawasti	33.2	12.4	43.5	3.2	167
Siddharth Nagar	42.2	14.3	44.5	5.4	214
Sitapur	45.4	12.5	31.3	3.7	296
Sonbhadra	52.2	18.0	52.5	7.7	343

Table 5.3: Accessibility of Spacing Methods Percentage of currently married women perceived easy access to spacing methods

District	IUD	Injectable	ECP	N
25 HPDs	21.8	21.3	19.3	13181
Allahabad	6.2	6.4	8.9	602
Bahraich	26.4	23.5	26.5	460
Balrampur	20.6	27.5	17.1	386
Barabanki	31.6	32.7	26.9	567
Bareilly	15.8	14.8	14.6	623
Budaun	21.2	13.3	14.5	450
Etah	27.6	22.2	33.3	434
Faizabad	26.5	29.8	23.6	572
Farrukhabad	28.8	27.6	30.2	577
Gonda	22.9	24.4	19.1	485
Hardoi	23.5	17.8	24.4	556
Kannauj	26.3	20.5	24.5	566
Kasganj	23.0	16.8	19.4	429
Kaushambi	16.1	16.8	13.5	531
Kheri	34.2	34.3	20.0	530
Mahrajganj	19.8	22.6	20.2	599
Mirzapur	12.5	15.4	10.6	578
Pilibhit	19.8	15.2	15.0	599
Rampur	32.2	26.8	29.7	614
SantKabir Nagar	17.4	18.8	12.7	498
Shahjahanpur	24.3	19.6	20.7	547
Shrawasti	18.9	25.0	17.5	398
Siddharth Nagar	17.8	27.9	20.7	496
Sitapur	27.2	27.0	19.6	538
Sonbhadra	13.8	16.8	16.4	546



UTTAR PRADESH TECHNICAL SUPPORT UNIT India Health Action Trust

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