Performance,Accepatability and Quality of family welfare practices Andhra Pradesh(Final report) .

Alex George

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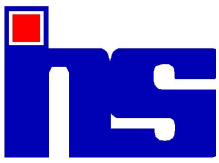

THE INSTITUTE OF HEALTH SYSTEMS

CONTENTS

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INTRODUCTION

Background

India was one of the first countries to accept Family Planning (F.P) as a national policy. In 1977 the country's "family planning programme" was renamed as "family welfare programme". The 4th and 5th five year plans had included some family welfare components under the rubric of the Maternal and Child Health (M.C.H). The change in nomenclature in 1977 was meant to give the impression that the programme would steer clear of coercion, force and disincentives which were seen to be attached with F.P and also that it cared for the family. Although family welfare is supposed to encompass the crucial component of maternal and child health services which has important bearing on women's health, undue emphasis on the target approach relegated even the M.C.H component to the background. At the same time, it is being increasingly realised now, that unless there is a significant improvement in the quality of health services offered to women and children, the mere propagation of F.P methods, is unlikely to lead to a concomitant decline in fertility.

However contraception of women continued to be centre stage in population policy for nearly two decades, though it is now apparently changing through M.C.H to reproductive health. But in fact, in the discourse on family planning practices in India, the health of the women has mostly been perceived as that of a pregnant woman or a mother and not in terms of women's health in general. Case studies such as the ones conducted by Rani Bang and others in Gadchiroli in rural Maharahtra, had on the other hand showed that out of 650 women they had studied 55% had complained of gynaecological problems while on medical examination it was found that as high as 92 % were found suffering from one or more gynaecological or sexual problems (Bang R.A et.al 1989).This brings out clearly the hidden quantum of female morbidity related to reproductive problems as well as the strength of cultural factors in inhibiting the women from expressing and treating their gynaecological problems.

In a large study conducted by the National Council of Applied Economic Research (Sunder. R) Andhra Pradesh recorded a prevalence rate of 135.9 per 1000 for males and only 115.5 for females. The same for urban A.P. was 135 per 1000 and a slightly higher 146.6 for males and females respectively. In another survey in Madhya Pradesh conducted by this author, it was found in an age-sex disaggregated analysis that female morbidity was reported less in all age groups except the 25-44 age group. It could be because the 25-44 age group coincides with part of the working age group and reproductive period that a relatively higher morbidity was reported for women of this category. (George A,1996 and George A et.al 1994). It therefore remains a fact that in several regions of India female morbidity does not get adequately expressed and taken care of within the family due to cultural practices and supposedly economic preferences towards the male. Maternal mortality rate (M.M.R) in India is also extremely high, and is estimated to be around 500 per 100,000 live births. About 75 % of maternal deaths are caused due to direct obstetric causes and 25 % due to indirect obstetric causes such as anemia, hepatitis, violence, injuries, etc. Maternal morbidity owing to complications of pregnancy, child birth and puerperium are stated to be *15 -16 times higher* than maternal deaths. (Ravindran T.K.S 1994).

It is on the top of such cultural disabling of women which affect their health seeking patterns thus adding to morbidity and mortality, that women were targeted particularly for the implementation of certain relatively hazardous methods of contraception under the guise that they were willing to undergo these methods voluntarily. To put it in Amartya Sen's words, this is in fact a *positional view of the reality* as distinct from an *objective view* (Sen. A in Das Gupta et al 1995). It seems these methods have been promoted since 1977 due to the opposition from males to the excesses in vasectomy drives during 1975-77. The point that is missed is that vasectomy is simpler and safer than tubectomy and would not affect the wage earning capacity of men, compared to the complications involved in tubectomy (W.H.O 1994). The use of the condom as a safe means of contraception has also not taken off considerably in India due to cultural prejudices from males. Unlike in the developed world where the reliance is more on temporary methods such as oral contraceptives, condoms, methods such as vaginal barrier and natural family planning, the developing countries mostly use female sterilisation and I.U.Ds (W.H.O 1994) and in India female sterilisation alone is the widely practised method (I.I.P.S 1995). While Indian women should be encouraged to use a wider range of temporary methods in addition to the terminal methods with proper

counselling and follow up services, it is also necessary to establish the freedom of choice to women in selecting the contraceptives (Rao.S 1993). At the same time men have to be made aware of the need to shirk off the cultural prejudices and take up the male methods of contraception , which are regarded as safer. The health and safety of woman, has thus to be an important consideration for selecting contraceptive technologies and not just birth prevention.

The Present Study

This enquiry in Andhra Pradesh attempts at providing information towards increasing the acceptability of a wider range of contraceptive choices for women including the temporary methods and also suggest measures to bring forward the men to accept safer means of contraception .The Quality concerns of the users and non users of F.P methods is another important component of the study. The study also covers the other socio cultural, economic and related factors that influence the acceptance of F.P methods.Since it is conducted in three high performing and three low performing Districts from each of the three geographical regions of the state. viz , Coastal Andhra,Telengana and Rayalseema it will also bring out the factors which were responsible for the higher acceptance of F.P in the high performing districts and those causing low performance in other districts.

Relevance Of The Study

- The study would bring out the cultural and gender factors which impinge on the choice of F.P methods and is expected to throw up useful findings which would help in spreading a healthy gender mix of F.P methods.
- The study would throw light on the Quality expectations of Male and female users and non users separately on the various methods of F.P, so that remedial action to improve the quality of various methods could be implemented, thereby increasing the level of performance of respective methods.
- As a component of the study, an awareness building campaign was launched in one less performing P.H.C area in a sample district, focussing on the need to have a more equal gender mix of F.P methods and also to popularise the temporary methods better. Insights gained from the research fieldwork was used as inputs for this campaign. The experience of this campaign has been documented to sensitise policy making and is

incorporated as Appendix - 5 to this Final Report and is also briefly touched upon in the conclusion.

Objectives

- To understand the societal, familial and gender factors behind the choice of male or female contraceptive methods according to the differentials of age, economic class education, access to health and family welfare services etc.
- To understand specifically the female perceptions on the gender aspect of contraceptive choice.
- To understand the expectations of both males and females about the quality of various contraceptive methods such as Oral Pills, I.U.D, Tubectomy, Condom and Vasectomy.
- To collect information on the quality of life of males after performing vasectomy and to look into ways and means of associating males also to take up safe methods of contraception.
- To Assess the performance of various family planning practices for the last 5 years in three high performing and three low performing districts.

METHODOLOGY:

Sampling For The Survey

- One high performing and one low performing district in F.P from the three regions of Andhra Pradesh were chosen for the study on the basis of the average Couple Protection Rates (C.P.R) during 1991-94, for the districts of the respective regions. The districts of West Godavari and Visakhapatnam with average C.P.R of 61.06 and 53.12 respectively, were selected from Coastal Andhra. Chittoor and Ananthapur with CPR of only 42.99 and 39.01 respectively are selected from Rayalseema region. Warrangal district with average CPR of 45.54 and Adilabad with CPR of 28.80 were selected from the Telengana Region. (Commissioner of Family Welfare,1995). The district of Visakhapatnam and Warrangal though not exactly the lowest and the highest Districts in their respective regions have been purposively selected because of their high performance in vasectomy which would give us sufficient cases to represent that category who were not available in sufficient numbers in other districts. Still Viskhapatnam fits in as a relatively less performing District in Coastal Andhra, while Warrangal is a high performing District in Telengana.

- **A combination of quantitative as well as qualitative methods were used** to elicit information. *The total sample size for the survey which formed mainly the quantitative part was planned to be 2400 eligible men and women. A* survey of 400 eligible men (200) and women (200) including both users and non users of family planning services were to be conducted in each selected district. Half the sample in each district was to constitute of users and half of non users. The rural sample for each district was to be 300 eligible men (150) and women (150) and urban sample 100 eligible men (50) and women (50). *The sample size for each district in each category was inflated by 20% to arrive at the targeted strength after excluding the non response.*
- The Rural sample of 300 for each district was equally distributed into 150 in one high performing and 150 in one low performing P.H.C areas in each district. The high performing and low performing P.H.Cs were selected on the basis of the annual performances in couple protection for the last 6 years upto 1995-96, which was taken from the district statistical officers of the F.W Department. Though this data had some inherent problems regarding the use of oral pills and condoms, in the absence of other more accurate data covering all methods, we had to use it for our sampling with mentioning this limitation. The high performing P.H.C was identified from a group of P.H.Cs which were between the highest performing P.H.C and the first decile and the low performing P.H.C was chosen from the PHCs between 9th to 10th deciles. Those P.H.Cs closer to higher levels of health care such as C.H.Cs or other Government Hospitals were avoided to get a proper picture of service utilisation at P.H.C level and below which would then truly represent the rural situation. Care was also taken to select P.H.Cs which had proper represenation for all methods as afar as possible. Within each P.H.C area, the P.H.C Village, one Sub Centre Village and one Remote Village (R.V) are represented in the sample. The S.C.V was selected on the basis of the median distance from the P.H.C village and also making sure that it was not near any other P.H.C, C.H.C, or Government hospital. The remote village is the remotest village under the PHC. Only minor changes were made in this pattern to suit convetance needs. The allotted sample per each P.H.C area was divided between the P.H.C.V , S.C.V and R.V in the proportion of 40:30:30.

- The Urban sample of 100 eligible couples for each District was drawn from one Urban Family Welfare Centre (U.F.W.C) which showed median performance over the last 6 years in the respective districts.
- The users and non users were selected from the eligible couple register maintained at the Sub Centres, P.H.Cs and Urban Family Welfare Centres on the basis of systematic random sampling. In the case of user women if sufficient number of users of O.P or I.U.D were not available, those numbers were added on to tubectomy. In the case of user men if enough number of persons who had undergone vasectomy were not available, we searched for condom users, if they were also not available we went for non users in Anantapur, Adilabad and West Godavari. Warrangal and Visakhapatnam where more men who had been vasectomised were available we reduced the non user sample slightly to take these cases.

The above mentioned 150 eligible men and women from each PHC which is the Rural sampling unit is 1.71% of eligible couples (E.C) (8750) of the P.H.C population assuming a P.H.C population of 50,000 and E.C of 175/1000.The 100 E.C from each U.F.W.C works out to 1.90% of the estimated E.C population of the U.F.W.C (5250), where the population of the U.F.W.C is assumed to be 30,000 with an E.C ratio of 175/1000. Since the sample sizes for all units were further inflated by 20% the actual sample covered has also gone up considerably higher than even the targeted sample sizes. In the process the total sample size has sweelled to 3085. Out of this, User Women were 772 and User Men 641, while Non User Women were 714 and Non User Men 958. The total number of vasectomised males covered under User Men were 575 ie 90 % of the Use Men Sample. The relatively higher sample size of Non User Men is because in the districts of Anantpur, Chittoor, and Adilabad where it was difficult to find sufficient number of User Men, we instead took on more Non User Men. The lacunae in identifying sufficient User Men was briged in the districts of Warangal, West Godavari and Visakhpatnam.

Techniques and Tools of Data Collection

Semi structured interview was the main technique used for data collection along with focus group discussions to support and enrich the information. Most of the studies on family welfare so far have been addressed only at women with probably an *a priori* notion that F.P concerned only them. Even the recent N.F.H.S is no exception. (I.I.P.S 1995). However, in

this study we have developed *four separate schedules for user women, user men, non user men and non user women,* suited to the data requirements of the objectives of the study. We have at the same time found that between 1987 and 1996 D.H.S has conducted studies on knowledge and attitude of males in 22 countries including nearby Pakistan and Bangladesh and various other countries in Sub Saharan Africa, North Africa, Asia and Latin America.(D.H.S 1996)

To develop the tools of this study we had referred to several questionnaires, such as the proformas suggested by ICOMPP, the studies conducted by the Population Council, an I.I.P.S study on Quality of Family Welfare Services (Verma R.K etal 1996) and also made a lot of literature search. The schedules developed have the following components: 1.Household Profile on socio economic conditions. **2.** Family profile on Demographic characteristics of each member of family with additional socio economic information. **3.**Section on health and family welfare service utilisation **4.**Section on Acceptability and Quality of F.P services. **5.** Section on future fertility preferences.

This survey was supplemented by separate **Focus Group Discussions** for male and female users and non users. All together 43 focus group discussions comprising groups from each of the above mentioned categories were conducted using separate discussion guides for each category. Neighbourhood women's groups, local women's organisations and other informal groups of men and women were tapped to recruit the participants. The snowballing technique was also made use of. Such methods for recruiting participants are approved for Focus Groups by Scrimshaw & Hutardo (1987) and Patton (1990).

Data Collection

Fieldwork was carried out by trained male and female research investigators. Male investigators were recruited from the headquarters while the female investigators were recruited from the respective P.H.Cs and trained by the researchers who were camping on the field through out the period of field work, guiding and supporting the investigators and doing random checks. Every day there were discussion meetings to solve problems in data collection and to draw insights to develop Focus Group Discussions (F.G.Ds). The F.G.Ds were conducted by our researchers or capable investigators mainly in rural areas, except for one urban unit. Male groups were

conducted by male and female groups by females. The distribution of F.G.Ds is presented in a table at the end of this chapter. Fortythree F.G.Ds were conducted in total among the four categories. Discussions on all issues have not taken place in all groups. though by and large the response was good. The total number of groups mentioned while taking up the analysis of various issues in the text therefore refer to the the total number of groups responded.

Preliminary Report and Final Report.

In the preliminary Report all aggregate data derived from the responses to closed questions were presented. All data was presented for Male and Female Users and Non Users separately. Disaggregated data with cross tabulations between relevant variables including district level break ups and the results of the open ended questions are being additionally presented in this final report. The results of the analysis of focus group discussions too is presented in this final report, which is integrated into the relevant places in the oncoming chapters. In the preliminary reprt we could not compare the data of the present study with that of other related studies such as the N.F.H.S. At the same time it needs to be pointed out that though there are certain aspects which could be compared, given the gender based approach of our study, several aspects which we have covered cannot be compared with other studies due to sheer lack of studies of the similar nature in India. For example male attitues and behavior regarding contraception is one area which is largely untouched in India. In line with the gender based approach to Family Planning which we have adopted there are a number of other areas rather difficult to list out where we have broken out of the *a prori* notions of Family Planning research followed in India, which has changed the priorities of this study and has in turn not generated certain types of data which are routinely generated by many a study in this field. This however was because our objectives were different. However, some comparable aspects have been taken up and have been analysed accordingly in this Final Report. A Chapter on Conclusion and suggestions has also been incorporated in this report which sums up the important findings and suggest certain areas for the consideration of policy makers.

All tables pertaining to description of sample population are pressented in Appendix I. In Appendix II, tables related to F.P performance in P.H.Cs are presented. Appendices 1 and 2 contain the Aggregate tables related to Users (Women and Men) and Non Users

(Women and Men) respectively. Appendix 3 and 4 contain Tables on differentials for Users and Non Users respetively. Appendix 5 contains the report of the Campaign which we conducted in Vijalapuram PHC area in Chittoor District to popularise spacing methods and vasectomy. Some observations from this canpaign are incorporated in the conclusion.

DESCRIPTION OF SAMPLE POPULATION

Social Geography

Above 72% of the sample in all categories ie., 75% of User Women, 75% of User Men, 73% Non User Women and 75% Non User Men were from the rural areas. In the aggregate sample 75.23 % were from rural areas and 24.77% from urban areas. See Table I.1

Distribution by Access Categories

Thirty two percent of the aggregate sample consisting of User Women, User Men, Non User Women and Non User Men are from PHC areas, 22 % are from Sub centre villages and 21 % are from Remote Villages where no Government delivered health services are located. Urban Family Welfare Centres constitute 25% of the sample See Table I.2

Religion

Over 94% of all categories - viz, User Women 95%, User Men 98%, Non User Women 94% and Non User Men 96% are Hindus. In the aggregate sample 95.73% were Hindus, Muslims 2.14% and Christians 1.17%. See Table I.3

Caste

Backward Caste contituted the largest group in the two User categories and two Non User categories with atleast around 55 % in each. Among Users the second largest caste group is Forward Caste with 15% and 17% from User Women and User Men respective places. Among Non Users SC is the second largest group with 20 % among Non User Women and 28% among Non User Men. ST's are around 2% in among the two User categories and the Non User categories. The distribution of castes in aggregate was as follows: SC 19.32%, ST 2.63%, Backward Castes 58.18%, Forward Castes 11.51% and other religionists . The rest are other religionists. There is a certain amount of

overlapping between other religionists and some of the castes which is understandable. See Table I.4

Economic Class

We classified the various occupational and land owning categores into a four fold class scale. which was used for analysing the data by economic background of the respondents. The deatils of this classification gouping is as follows:

1. **Lowest Class:** Mazdoors/ Unorganised sector workers/ Marginal peasants owning up to 2.5 acres land, village artisans/ Unskilled industrial workers.

2. **Lower Middle Class:** Organised Sector Workers, Attendants, Skilled workers/ labour/Small Peasants owning from 2.6 to 5 Acres, Household poultry, petty shops.

3. **Middle Class:** White collar workers/ Middle peasants owning 5.1 Acres to 15 Acres, priestly class, Retail shops and other medium scale trade and industry.

4. **Rich:** Rich peasants- Large Scale Industrialists / large scale traders/ Professionals/ Rich peasants above 15.1 Acres / Large scale dairies, poulltry.

As per the above classification lowest class has the highest representation with 51 % among User Women, 58% among User Men, 63% among Non User Women and 65% among Non User Men. There are 29% among Lower Middle Class among User Women, 22% among User Men, 26% among Non User Women and 25% among Non User Men. Middle Class varies from 16% and 17% among User Women and User Men and 10% among Non User Women and 8% among Non User Men. Rich are around 4% in both the sexes among Users while only 42% and 1.15 % among the Non User categories. In the aggregate the four classes are as follows: Lowest Class 60% , Lower Middle Class 26%, Middle Class 12%% and Rich 2%. See Table I.5

Education

It appears that on the whole there are more illeterates among Non Users than Users. Among the sexes in both the categories there are less percent of illeterates among females. Comparatively, percentage of illeterates among Non User Women are higher at 60% and only 51% among User Women. More of the educated among all four

categories were educated between Std V to Std X. Those with primary education were comparatively less than this group. In the aggregate the various educational categories are as follows: Illiterate: 48%, Std. I-IV: 5%, Std.V-VII: 17%, Std. VIII-X: 16%. Intermediate: 6%, Graduation: 4% P.G/Professional:1% Others and Not Mentioned: 3%. See Table I.6 for details.

The distribution of the sample by the six districts are shown below:

District Wise Distribution Of Sample

Name of the District	User Women		User Men		Non User Women		Non User Men		Total	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Anantapur	128	16.58	27	4.21	128	17.92	215	22.44	498	16.14
Chittoor	142	18.39	23	3.59	105	14.71	219	22.86	489	15.85
Adilabad	131	16.97	18	2.81	115	16.11	223	23.28	487	15.79
Warangal	116	15.03	132	20.59	125	17.51	114	11.9	487	15.79
West Godavari	131	16.97	136	21.22	117	16.39	108	11.27	492	15.95
Visakha patnam	124	16.06	305	47.58	124	17.37	79	8.25	632	20.49
Total	772	100	641	100	714	100	958	100	3085	100

The district wise break up of focus group discussions are given in the next page.

NO. OF FOCUS GROUP DISCUSSIONS CONDUCTED

DISTRICT	USER		NON-USER	
	MEN	WOMEN	MEN	WOMEN
CHITTOOR				
PHC		1		1
Sub-centre		1	1	
Remote village			2	
Total		2	3	1
ADILABAD				
PHC	1	1		1
Sub-centre				
Remote village				
Total	1	1		1
WARANGAL				
PHC	2	1	1	1
Sub-centre	2		2	
Remote village				
Total	4	1	3	1
WEST GODAVARI				
PHC		2		2
Sub-centre	2	1	2	1
Remote village	1		2	
Total	3	3	4	3
VISHAKAPATNAM				
PHC	2	1	1	2
Sub-centre	1	1		
Remote village				
UFW-centre	1	1	1	1
Total	4	3	2	3
Grand Total	12	10	12	9

FAMILY PLANNING PERFORMANCE OF PRIMARY HEALTH CENTRES AND URBAN FAMILY WELFARE CENTRES IN SAMPLE DISTRICTS

As a part of our study we have analysed the F.P performance of P.H.Cs in all the sample districts. Data on the total eligible couples as well as the number of couples protected during the last six years: i.e. 1990-91 to 1995-96, was collected from the District Statistical Officers of the F.W. department. This data consists of the couples protected under temporary and permanent methods of family planning. The number of average protected couples was obtained by adding up the data for last six years and dividing it by 6. In the case of P.H.Cs for which the data for last six years was not available, the average was obtained by dividing the total protected couples with the number of years for which data was available. For example, if the data was available for the last 5 years, their average was obtained by adding 5 years data and dividing it by 5 only. However, there are certain limitations in the calculation of the total number of couples protected by the temporary methods such as Oral Pills, Condom and IUD due to certain practices followed in the department. The number of eligible couples protected by condom is arrived at by dividing the number of condoms distributed by 72. The assumption here is that 72 condoms would protect a person for a year. Similarly, in the case of Oral Pills if a person used 11 strips then she was assumed to be protected. But unfortunately, neither the number of condoms distributed seem to be sufficient to protect the couples nor does this method of simple division make sure whether so many *persons* have actually used condoms or oral pills. For this a system has to be devised which takes care of an individual's use of the respective methods that too for a substantially higher period of the year. Calculations based on pieces and strips distributed would not take us far. In fact some of the condom cases collected by us from the eligible couple register when verified in the field turned out to be incorrect since they were no longer using those method. Similar type of experience was also found with OP users. In certain cases the IUDs would have come out. In the case of persons who use IUD, ANMs should visit them on regular intervals and ensure that they were safe and protected. Given the above mentioned limitations of the data which was collected from the eligible couple register, we arrived at the high as well as the low performing P.H.Cs by the method described below.

1. First we calculated the number of average eligible couples by the method mentioned at the beginning of this Chapter. Same method was followed in order to calculate the average number of protected couples by different methods.
2. Next the percentage of the average protected couples was calculated from the average eligible couples and is presented in tabular form in Appendix II.
3. Basing on the information on percentage of average protected couples the P.H.Cs were divided under five different categories: (A) Lowest Performing P.H.Cs (B) Less Performing P.H.Cs (C) Average Performing P.H.Cs (D) Moderately High Performing P.H.Cs and (E) High Performing P.H.Cs.

In order to derive these categories, we followed different positional measures (i.e., Fractiles) and median. The two positional measures which were taken into consideration were quartiles i.e., 1st and 3rd quartiles and Deciles i.e., 1st and 9th deciles.

1. **Lowest Performing P.H.Cs:** Lowest performing P.H.Cs are those which fall within the range of the lowest percentage of the total average protected couples and the 1st Decile.
2. **Less performing P.H.Cs:** Less performing P.H.Cs are those P.H.Cs which fall within the range of 1st decile and 1st quartile.
3. **Average Performing P.H.Cs:** Average performing P.H.Cs are those which fall within the range of 1st quartile and 3rd quartile including the median.
4. **Moderately High Performing P.H.Cs:** These are the P.H.Cs which fall within the range of 3rd quartile and 9th decile.
5. **High Performing P.H.Cs:** High performing P.H.Cs are those which fall within the range of 9th decile and above. Below we present the positional values for different positional measures. The information is given in the Table below. Detailed PHC wise FP performance figures are presented in Appendix II. hoses P.H.C which fall below the 1st Quartile and even more so under the 1st Decile deserve special attention in enhancing F.P Performance. These can be found out from the respecative district wise tables on F.P perforamnce presented in Appendix II.

Table Showing Classification Of PHCs F.P Performance In Sample Districts

Different Positional Measures	Annual Average Percentage of Couples Protected for Districts 1990-91 to 1995-96					
	Anantpur	Chittoor	Adilabad	Warangal	West Godavari	Visakhapatnam
First Decile	14.60 (7. 6th) (7th +8th)/2	17.52 (8. 3rd) (8th+9th)/2	10.14 (6. 4th) (6th+7th)/2	12. 02 (6.1 th) (6th+7th)/2	13.67 (6.1th) (6th+7th)/2	15.98 (6.2nd) (6th+7th)/2
First Quartile	17.09 (19th)	21.37 (20.75th) (20th+21st)/2	15.06 (16th)	15.01 (15.3th) (15th+16th)/2	18.07 (15.3rd) (15th+16th)/2	20.62 (15.5th) (15th+16th)/2
Median	21.21 (38th)	25.92 (41.5th) (41st+42nd)/2	17.35 (32nd)	19.99 (30.5th) (30th+31st)/2	22.74 (30.5th) (30th+31st)/2	24.80 (31st)
Third Quartile	23.87 (57th)	30.5 (62.3rd) (62nd+63rd)/2	21.31 (48th)	24.47(45.8th) (45th+46th)/2	27.59 (45.8 th) (45th+46th)/2	28.45 (46.5 th) (46th+47th)/2
Ninth Decile	27.92 (68.4 th) (68th+69th)/2	34.05 (74.7 th) (74th+75th)/2	27.45 (57.6th) (57th+58th)/2	29.7 (54.9 th) (54th+55th) 2	33.72 (54.9th) (54th+55th)/2	31.51 (55.8 th) (55th+56th)/2

PERCEPTIONS OF USER WOMEN AND USER MEN

UTILISATION OF HEALTH AND FAMILY WELFARE SERVICES

Generally Used Health Care Facility:

Primary Health Centres with 56 % among User Men (UM) and 50 % among User Women (UW) are the highest used health facilities followed by Government hospitals with 26 % and 30 % utilisation among both groups respectively. At the same it should be noted that Private clinics and hospitals also figure prominently with 42 % among User Women and a higher 51 % among User Men. Such a higher trend of private sector health are utilisation is found among Non User Men also. A clear picture of relative utilisation levels of each facility is not available, because we had allowed respondents to choose multiple facilities. (Table 1.1)

Visit To P H C/ S C/ Government Hospitals In Past Six Months:

Here also as in the case of the generally used facility, while 83 % of User Women visited these Government health facilities, only 62 % of User Men had visited them in the past six months. (Table 1.2)

Purpose Of Visit:

The inter-gender reasons for seeking care from Government health facilities was the purpose of this probe. It comes out that User Women went mainly for their own illnesses (38 %) and for their children's health problems (36%), while the corresponding percentage for User Men was much lower at 30 % and 19% respectively. Similar trend is noticed among Non Users also. (Table 1.3)

Benefits In Going To P H C/S C/Government Hospitals:

As can be observed from Table 1.4 for almost all the items listed, User Men were giving a higher percentage score than User Women, even though they were not utilising Government hospitals as much as User Women. Therefore it is somewhat difficult to infer that User Men were in fact getting a higher order of care than User Women. A certain casualness with the responses seem to have taken place among User Men here. (Table 1.4)

Distance Travelled To P H C/S C/Government Hospitals:

The mean distance covered by User Women was 4.33 kms while the same for User Men was only 1.8 kms. It seems User Men utilised Government run health facilities only when they were near. Table 1.4a gives the details.

Mode Of Transport To Reach P H C/ S C/ Government Hospitals:

Walking is the main means of reaching these health facilities among User Women 59 % and User Men 61 %. Second is public transport among User Women 36.4 % and cycle 11 % among User Men. User Men also use public transport 11 %. The higher use of public transport among the User Women indicate that they are travelling relatively longer distances to utilise health care from the Government facilities (Table 1.5)

PERCEPTION OF FAMILY PLANNING

Age At Marriage And Age At Wife Staying Together With Husband:

The mean age at the marriage for User Men was found to be 22 years and that of User Women 17.01 years. (Table 1.6). The mean age at which User Women started staying together with husband is 17.3 years. The mean age at which the wives of User Men started staying together is 16.7 years (Table 1.7).

Family Planning Method First Adopted:

Among User Women as high as 76 % had directly gone for Tubectomy without going for a spell of spacing methods. However 13 % User Women had gone for Oral Pills while another 9 % had adopted IUD. In the case of User Men also 88 % of the Vasectomy cases in the sample had not tried out with condoms earlier. Only 12 % of User Men had used condoms as a first method. (Table 1.8)

Current Family Planning Method:

It is interesting to note that there is no great difference between the first method and the current method in either User Women or User Men. Seventy eight percent are using Tubectomy while 90 % are using Vasectomy. This is due to the early adoption of terminal contraception without going through an initial spell of spacing methods. (Table 1.9) However, this is in tune with the state level and national level phenomenon as shown by N.F.H.S also. (I.I.P.S. 1995)

In six out of 11 Focus Group Discussions (F.G.D) of User Women, there was none who had used I.U.Ds and had therefore no idea about it. This however was in line with the findings of the survey which revealed predominance of tubectomy. In other 5 groups which had IUD users, they had not experienced this problem. However, they suggested better quality of IUD and proper insertion to solve this problem. Stomach pain and bleeding were complained by a group in Visakhapatnam while heat and body pain was complained by a group in Chittoor.

In some of the 11 F.Gs of User women spread in Chittoor, Adilabad, Warangal, Visakhapatnam and West Godavari, there were women who had experiential knowledge of condoms. What one group in Visakhapatnam said - their "husbands have not used them" may apply to most of them.

In six of the eleven F.Gs of user men, the participants did not know much about the condom probably since they were not using it. In one of those groups however a participant complained lack of sexual satisfaction and leakage. One group in Adilabad and one in Visakhapatnam regarded condom as the best temporary method with no side effects and complications. Two groups in Warangal expressed about poor quality of condoms supplied by government.

Persons Involved In Choosing An F.P Method:

Self decision on an FP method is more among User Men 34 % than among User Women only 10 %. Even in joint decisions among the couples husbands are involved more- 80 % than wives 48 %. (Table 1.10).

Sources Of Information About F.P:

Though with wide difference in between, ANM is the main source of Information among User Women with, 83 % and among User Men, 49 %. Relatives and friends is the major source for User Men 44 %. As was noticed among Non User Men, among User Men also news papers and periodicals emerge with 17 % compared to only 6 % among User Women. The higher rate of male literacy would explain this. (Table 1.11)

Providing Information About Other Methods:

A very large 79 % of User Women said that they were provided information about other methods also by Doctor/Staff when they selected the current method, while a much lower 38 % of User Men said so (Table 1.12). This could be partly due to the availability of multiple methods for women compared to men. IUD and Oral Pills were suggested to 20 % and 26 % of User Women along with Tubectomy which was suggested as an alternative to as high as 53 % of User Women. Condom was suggested to 11 % of User Men. (Table 1.13)

In contrast to the responses from the survey the majority of groups of User Women opened up and mentioned that no other methods were suggested to them except tubectomy. This indicates that we cannot totally go by the findings of the survey method for such aspects where the respondents are expected to give answers critical of the services provided. The strength of being in a group and the security of one's identity not getting revealed enables the participants to speak more openly than in the survey interviews. In six of 11 groups in Chittoor, Adilabad, Warangal, Visakhapatnam and West Godavari expressed this opinion.

However there were also 5 other groups in the same districts which said that other methods were also mentioned by the doctor/ staff.

In all the F.Gs of User men, participants mentioned that they were not informed about other methods. There were vasectomy as well as condom users in these groups.

Advantages Found In The Method Used:

Answers associated with financial gains due to small family has come as the main response as can be seen from Table 1.13 a. Slightly above 25 % of user women respondents were of this category. As such the responses were not quite specific to the advantages of the particular method used. Gap between children seems to have been suggested by the users of temporary methods. There was a high degree of non response also of 45 %.

Explanation By Doctor/Staff On How To Use The Method & How It Works:

It has to be mentioned that poor communities which do not want to be seen as critical of the Government would generally opt for giving positive comments and choose towards the positive side of a scale and see that they do not go beyond the midpoint of the scale and make any critical remarks. This phenomenon is found in most of the scaling questions in the study. Therefore the critical responses, though smaller in percentage counts should still be considered more important. In the case of explanation about how to use the method and how it works, the critical responses are only about 7 % among User Women and 8 % from User Men. The vast majority of the responses of the User Women and User Men change from satisfactory to Excellent explanation (Table 1.14)

In 8 of the 11 User Women F.Gs the opinion was that the doctor/ staff explained about how the method worked, but in three other groups the opinion was different. They felt that the Doctor/ staff had not explained about the method satisfactorily. In 5 out of 11 F.Gs of user men in Warangal, West Godavari, and Visakhapatnam districts user men were not properly explained how to use the method / how the method works.

Information About Side Effects Provided By Doctor/Staff:

A very high 68 % of User Women and 64 % of User Men mentioned that they were not informed of any side effects by the Doctor/Staff. Only around 31 % and 25 % respectively were informed about this aspect (Table 1.15). At the same time only 24 % of User Women

and 27 % of User Men said that they had suffered from side effects (Table 1.16). To as high as 68% user women, side effects were not explained. Among those to whom they were explained, also 19 % of them did not mention what was explained. Different individual and combined side effects seem to been explained to the rest. There is no pattern emerging from the answers, since there is no concentration of frequencies to any one or few side effects. See Table 1.15 a.

Comparable data was collected from those User Men who were vasectomised and were informed about side effects. Advice about diet and rest was given to 13 % of the User Men. Rest of the responses did not show any concentrations. Details are available in Table 1.15 b

Participants of 8 out of 11 F.Gs of User Women from Chittoor, Adilabad, Visakhapatnam and West Godavari districts expressed the view that side effects were either not explained or not properly explained. This trend was in the line with the findings in this respect from the survey also. At the same time 3 groups from Visakhapatnam and Warangal said that side effects such as abdominal pain, ache in hands and legs, fever, giddiness and bleeding were explained.

In 7 out of 11 F.Gs of user men the participants said that side effects were not mentioned. In one of these groups, it was told that there won't be any side effects. At the same time for 4 groups said that side effects were mentioned. They were told about fever and swelling and pain in testis.

Side Effects Experienced:

Of the over all sample for user women 74% mentioned that they did not experience any side effects. Backache singly and in combination with other complaints such as bleeding, white discharge, stomach ache is one of the main component group in side effects. Stomach ache, irregular periods, putting on weight and other similar complaints were also mentioned. Nearly 9% who had complaint did not respond. See Table 1.16a for details.

Nearly 7 % of the User Men who were vasectomised, mentioned about back pain, weakness and nervous weakness. Another 4 % complained of squeezing pain in hands and legs. All other responses were given by very small percentages of User Men. Details are presented in Table 1.16b

Providing Information By Doctor/Staff On Where To Get The Method/Source:

In the case of 88 % User Women and 89 % of User Men the Doctor/Staff did provi information about where to get the method / service. This indicated their enthusiasm wi the FP program also (Table 1.17). In 83 % of User Women and 89 % of User Men th Doctor/Staff had also told them when to come next (Table 1.18).

Tests And Examinations Conducted Before Adopting Family Planning Method:

Information on tests and examinations are usually collected from providers in mo studies on Quality of F.P practices. But we felt that this approach suffer from a rath scientistic bias and that in a number of aspects listed below in the check lists, informatio can be collected from the seekers of these services, with the help of trained investigator This can also help in comparing information gathered through provider questioning an observation, both of which could be affected by provider bias.

Oral Pill And I U D:

Enquiry about menstrual history was conducted in the case of 60 % of User Women wh adopted Oral Pill and 79 % who adopted IUD. Except for weight which was checked for 7 % of Oral Pill users all the other 6 tests/examinations were conducted for only less than 50 % of users Oral Pill. Pelvic examination was said to have been conducted for only 19 % of Ora Pill users. Table 1.19 gives details.

In case of IUD in addition to enquiry about menstrual history which has already bee mentioned, BP checking and examination of abdomen were also conducted for more than 5 % of User Women. All the other tests/examinations were conducted on less than 50 % Use Women only. While blood and Urine were tested for 36% and 33 % of User Women, Pelvi examination was done for 33% of cases somewhat higher than the 19 % of Oral Pills. Th details of this information is in Table 1.20.

Tubectomy:

For the large chunk of 603 users of Tubectomy in the sample, BP was checked for 81 of them, Blood was tested for 75% and Urine tested for 78%. All other tests a examinations were conducted only for less than 50 % of women. Table 1.21 gives details.

Vasectomy:

Though it is presumed that men got better attention in health care, this is not reflected in the pre-operative tests/examinations for Vasectomy. Except for examination of skin in operative area, none of the other 9 tests & examinations were conducted on more than 50 % of User Men. This particular examination was conducted for 68 % User Men. Temperature and BP was checked for 41 % of User Men. Blood was tested for 37 % of them and Urine was tested for 44 % of cases. Details are available in Table 1.22.

It was not possible to collect separate information on each method from each participant in a group discussion, and that was not the intention also. What was aimed at was to gather information on the people's attitude in this respect to supplement the survey data. However the trend that was seen was that more tests were conducted in the case of tubectomies. These findings is also in the lines of the findings of the survey responses. Checking of temperature and B.P, Blood and Urine tests were the most conducted tests and examinations for tubectomy. However two groups in Visakhapatnam district mentioned that no tests or examinations were conducted. They could be users of temporary methods also.

In six groups of user men spread out in West Godavari and Visakhapatnam and to an extent in Warangal certain tests such as B.P, Urine test and blood test were conducted. But in five other groups in Adilabad, Warangal and partly West Godavari also no tests / exams were conducted. Details of tests / examinations were provided for the survey data.

Perception About Services Received At S.C/ P.H.C/ Government Hospitals:

As mentioned already, given the nature of the respondents' reluctance to give critical responses it indicates that many who have given appreciate ranking have in fact hidden their actual opinion. Only about 10 % of User Women and 7 % of User Men are apparently not satisfied and all the rest are on different levels of satisfaction (Table 1.23).

Change In The Hospital Timings:

The responses to this question were also too scanty with 4 User Men giving four different timings and are therefore not worth presenting.

Meeting Doctor/ Staff When Wanted:

Ninety Six percent of User Women and 95 % of User Men could meet Doctor/Staf when wanted. (Table 1.24)

Behaviour Of Doctor/Staff At Clinic:

Apparently different levels of cordiality seem to have been expressed by 87 % of Use Women and 94 % of User Men. However 13 % of User Women and 3 % of User Me expressed inadequate or lack of cordiality (Table 1.25). Women being the main users of FI methods these responses are important.

Availability Of Privacy During Consultation:

Compared to the smaller group of one time users among the Non Users, the Use Women have been relatively more forthcoming in mentioning the inadequacy/lack of privac in consultation. Twenty percent of them have expressed this. Eleven percent of User Me have also indicated so. (Table 1.26).

Attention During Consultation:

Eighty seven percent of User Women and 65 % of User Men seem to be satisfied wit the attention at varying levels. Thirteen percent of User Women and 4 % of User Me expressed not so adequate or inadequate attention. (Table 1.27).

Understandability Of Language Of Doctor/Staff:

Ninety four percent of User Women and 95 % of User Men expressed that they coul understand the language used by Doctor/Staff. (Table 1.28).

Availability Of Supplies:

Eighty Six percent of User Men are satisfied about the availability of condoms a different levels. Eighty percent of User Men were also satisfied with the quality of th condoms (Tables 1.29 &1.30). Out of the 6 condom users who said they were not satisfied 3 said that the powder on condom was hindering satisfaction. Another User Man was no specific. Responses being too scanty we are not presenting this table.

Availability Of Proper Medical Attention During F P Related Complication:

Nearly 34 % of User Men mentioned that they were satisfied at different levels with the attention received in complications. Seven % them however expressed dissatisfaction. There was also large group of 48 % of no responses to this question who may not have experienced complications (Table 1.31)

In some parts of Visakhapatnam, Adilabad and Chittoor districts user women complained of non availability of proper attention during complications. In one case in Visakhapatnam district they said that the doctor was available for consultation, but medicines were not available and so they had to go to private hospitals. This was mentioned by a group in Chittoor also. However all the groups in West Godavari district and one group in Warangal district mentioned that they got proper care when they developed complications.

It is important to note that two groups of User Men in Warangal said that they did not develop any complications after vasectomy. One more group each in Warangal and West Godavari was confident that they would get medical attention if they developed complications. Participants of four groups had taken medical care from Government health centres when complications arose.

Suggesting The Same S.C/P.H.C/Government Hospital They Visit To Friend/Relative:

Apparently 93 % of User Women and 91 % of User Men would suggest the same Government Health facility to friends and relatives for their FP needs. At the same time one must hasten to add that this response should not be stretched too far as the choices of the poor who form the major chunk of our sample are restricted by the options of health care available to them, which as is known is very limited, considering the costs involved. (Table 1.31a).

Perception of Healthiest Method of F.P:

An interesting pattern has emerged for answers to a set of related questions on the gender based preferences on Family Planning methods. While not so unpredictable given the prevailing patriarchal social structure which has conditioned them, majority of User Women i.e., as high as 79 % mentioned Tubectomy as the healthiest method, though they were given the option to choose from a set of various methods including condom and Vasectomy. But

In the ten User Women groups which discussed about the safest method to prevent birth among male and female methods also mentioned that tubectomy was the safest in the respect. However it is needless to add that the responses in the healthiest and safest metho reflects the culturally conditioned opinions.

Of the 11 User Men F.Gs, in 10 of them the members considered vasectomy as safe method. In two groups of Visakhapatnam district there were instances of males undergoin vasectomy after their wives' tubectomy had failed. In one group in Adilabad, however th participants considered tubectomy as the safest method.

Health Perceptions On Vasectomy:

Here also 58 % of User Women felt that there were side effects, while only 36 % o User Men expressed this opinion. Thirty nine percent of User Women felt that there were n side effects, but a much higher 63 % User Men said that there were no side effects (Tabl 1.35). However when asked about the help they got when they had developed side effects i any, 60 % User Men did not mention any help received from the Government Healt facilities (Table 1.36). It is likely that the cases which did not develop side effects have als expressed their opinion.

As seen in responses to earlier related questions 71% of User Women considered th Vasectomy would affect the daily routine of their husbands, a nearly equal 70% of User M most of them who had undergone Vasectomy did not think so. Among the User Men only % thought that it would affect their routine occupation (Table 1.37). Sixty eight percent User Women felt that vasectomy would affect the earning capacity of their husbands. (Ta 1.38)

Among User Women 81% of User Women would not prefer their husband under go Vasectomy instead of themselves using the present method. Only 17% would prefer th husbands to do so. (Table 1.39).

It was also found that 78 % of User Men would not prefer their wives undergo Tubectomy instead of them undergoing Vasectomy. Only 22 % said the other way. (Ta 1.42).

on the contrary, an equal 79 % of User Men from the sample out of which 90 % were Vasectomy cases, mentioned that they considered Vasectomy as the healthiest method (Table 1.32). This pattern is seen in the responses to other related questions also and therefore needs to be further analysed and highlighted. Though there is a section of Tribal people and fishermen who accord a better status to women, also in our User Men sample it is very well represented by cases from various other general categories in society from rural as well as urban areas as mentioned in the section on sample description. Therefore these responses need to be looked in greater depth. The reasons for their thinking so are also documented and being open ended answers they are being processed for analysis.

When we asked subsequently, were they using the same method, which they considered healthy, 86% of User Women and 81 % of User Men said they did. Though this included those who considered other methods as healthy also , the bulk of these cases were those who regarded Tubectomy among User Women and Vasectomy among User Men as the healthiest method (Table 1.33). Interestingly while 65 % of User Women regard Vasectomy as not so healthy or very unhealthy, this category among User Men, most of whom had undergone Vasectomy was only 19 %. The rest of the 80 % of User Men considered it healthy in different degrees (Table 1.34).

Why Not Using The Method Perceived As Healthiest :

As high as 86% user women were using the method they considered healthiest. Out of the rest, the answers are not tending towards any pattern due to wide variations in responses. See details in Table 1.33a. Around 4 % of User Men were using condoms as spacing method since they wanted to have more children before choosing a permanent method. Another 4 % had undergone vasectomy and there was no question of choosing a new method. Other responses are in too small quantum. See details in Table 1.33b

Of the 11 user women F.Gs in Chittoor, Adilabad, Warangal, Visakhapatnam and West Godavari districts, tubectomy was regarded the healthiest method of F.P. The opinion further articulated by most groups was that it gave less complications and side effects than other male and female methods and therefore after the operation also women could carry out their activities.

Perceived Side Effects Of Vasectomy:

Apprehensions about damaging the ability of husband to work or in doing certain ha tasks were expressed by 47% of user women. Interestingly this happened to be one of th open ended questions which did not suffer from scantiness of response. One respondent eve thought that her husband may die of vasectomy. See Table 1.35a.

Nearly 15 % of User Men were vague : saying that it would affect their daily routine o lead to weakness without giving any specific bodily complaints. However, 12 % of the Use Men mentioned back ache and squeezing pain in hands and legs. Rest of the responses wer too varied and in small percentage shares. However, details are presented in Table 1.35b

Period For Which Side Effects Would Last:

What is most interesting is that unlike in the case of User Women only 8% of the Use Men felt that the side effects of vasectomy would last for life long. Nine percent were of th opinion that side effects would last from removal of stitches to 45 days. Nearly 9% of ther said that the side effects would last for 50 days to one year. There is not much concentratio of frequencies above one year. However the details are available in Table 1.35c

Duration Of Routine Work Affected By Vasectomy:

Three percent of User Men felt that routine work will be affected for 16 days to months. 2 % felt that it would affect for 4 - 6 months. Another 4 % said that it would last fo 9 months to one year. Responses from 2 years to 15 years were all together 7%. Those wh said it affects daily routine work life long were 9%. See Table 1.37a

Nine of the 11 user women F.Gs did not consider vasectomy as a healthy method. Th opinions expressed were of different shades. By and large there were fears of side effect and complications affecting the working capacity due to "Deterioration of health", "Stamina etc. Three groups in West Godavari expressed that it will be better for women to underg tubectomy. One group in Visakhapatnam was of the opinion that vasectomy will be good fo white collar workers and not for those who do hard labour. Two groups did not have prop idea about vasectomy.

Two groups of user women in Visakhapatnam, one in Adilabad and one in Chittoor d not have any idea of the side effects of vasectomy and whether it affected the routi

occupation of men. All the other seven groups opined that it had side effects and affected the routine occupation of men. Some of the specific side effects according to them were: "cannot withstand hunger" "cannot lift weights" "become emotionless and spiritless" "body pain, weakness and cannot work hard".

When asked how long they thought the side effects would last, 4 user women groups said they did not know. All the other groups however were of the view that it lasted throughout the life.

Although the groups generally felt that men should avoid hard labour after operated for vasectomy, when asked specifically to name some of the activities that vasectomised men should avoid only two group could come up with some. According to them the activities which are to be avoided are lifting weights, climbing trees, cycling and jumping.

As many as 8 F.Gs of user men in the sample districts of West Godavari, Warangal and Visakhapatnam regarded vasectomy as healthy as it did not give any side effects or complications. Four of these groups went to the extent of saying that it was the healthiest method. One of them also qualified their statement by saying that it is healthy provided it is done properly and 2 groups in Visakhapatnam however differed. According to one of those groups, it would lead to permanent impairment, to others it would lead to loss of stamina and deterioration of health, affecting ability to do hard labour.

Seven of the eleven F.Gs of user men also said that they did not experience any side effects, nor did vasectomy affect their routine occupation. Two of the groups however added that some rest was needed and few participants in one of these groups said that they could not enjoy sex due to leg pain.

Four other F.Gs have mentioned different combinations of the following complaints: ankle pain, joints pain, weakness of hands and legs, back ache, reduction in eye sight, over-heat, weakness, abdominal pain, swelling, chest pain sperm in urine, loss of stamina - ultimately affecting the ability to do hard work. They said that because of these problems, they could not carry loads, dig trenches, do masonry or dhobi work and hamali work.

Only one group of user men in Adilabad and 3 in Visakhapatnam mentioned that the sid effects of vasectomy would last for ever or for long. Even one of those groups mentione that it would last for long only for hard working people. Three groups in Warangal and tw in West Godavari said that they did not experience any side effects or complication According to two of those groups 10 -15 days rest was sufficient even if complications aros 3 other groups mentioned one month rest in the event of complications. Another grou suggested 15 days rest while one more group just suggested "some rest".

All together six F.Gs of user men mentioned that vasectomy was not affecting their wor though they were doing hard labour. One of these groups just suggested that coolies have t only take some rest and good food. But five other groups mentioned that it affected the hard labour in varying degrees. One group said they get leg pains if they worked hard, whil other said coolie work and agricultural work were to be given up after vasectomy. The othe four groups pointed out that long walking, load carrying, rickshaw pulling, climbing tree jumping, ploughing and fishing were the activities, the vasectomy operated persons shoul avoid.

Preference For Wife Undergoing Tubectomy, I U D, Oral Pills Instead Of Husband Using Present Method:

Eighty Six percent of user men would not prefer their wives undergoing Tubectom instead of them using the present method (Table 1.40). A still higher 98 % of User Me would not prefer their wives to have used IUD or Oral Pills also (Table 1.41).

Opinion On Women Using F P Methods Instead Of Men:

Only 14 % of User Men thought that it was better for women to use various FP method instead of men. At the same time as high as 85 % of User Men were not of that opinio (Table 1.43). Except for one F.G of User Women which was indecisive on this matter a groups felt that it would be better if women themselves undertook F.P methods instead men. The reasons apparently are that men do "hard labour", are the "earning sources", be "family burden" and that therefore they should not be made to undergo the complications F.P methods. In contrast women were considered to be more at ease to cope with a possible side effects because they were not regarded the breadwinners and were supposed doing "light jobs".

To a related question all user women F.Gs opined that it was better for women to undergo tubectomy than men getting vasectomised. The main concern being about the suggested side effects of vasectomy affecting the work if their husbands. A couple of groups mentioned that they regarded tubectomy healthier than vasectomy while one group regarded it healthier than other female methods also.

Except for 2 F.Gs of user men in Visakhapatnam and one in Adilabad none of the other groups preferred women to adopt F.P methods due to various complications, the tubectomised women whom they know were suffering. One group in Warangal and another in Visakhapatnam also mentioned about the failure of tubectomy. Those who preferred women to have taken up F.P methods gave reasons such as men being bread winners and hard workers they should be spared.

But for 2 groups of user men in Visakhapatnam and one in Adilabad no groups preferred their women to have taken up tubectomy instead of them using the current method. They felt that there were various complications in tubectomy: two groups mentioned of uterus problems. The three groups which expressed otherwise thought so because the men should be spared on account of their bread winning functions.

Even when a question was posed, did they prefer to have their women undergoing Tubectomy rather than themselves going in for vasectomy, except for the same three groups which preferred to undertake F.P method, all other groups were not in favour of it, due to the complications of tubectomy.

Preference For Husband Using Condoms Instead Of Wife Using Present Method:

Only 17 % of User Women would prefer their husbands to use condoms instead of they using the present method . As high as 81 % of them would not prefer their husbands to do so. (Table 1.44).

Perception On Problems And Complications Of Becoming Pregnant Very Close:

Apparently 64 % of User Women are aware of the problems involved in getting pregnant too close, while 78 % of User Men also seem to be aware of the problems involved. (Table 1.45).

Problems To Mother Due To Close Pregnancies:

General weakness, leading to deterioration of health and proneness to d culminating in inability to work was pointed out as the major problem due to pregnancies by 36% of user women. Another group of responses of 11% considered an singly or in combination as the major problems mother faced due to close pregnancie Table 1.45a.

Problems To Child Due To Close Pregnancies:

Forty-seven percent of user women said that unhealthy or underweight children wo borne out of close pregnancies, who would be prone to diseases and sometimes may b handicapped or abnormal. Concern about under nourishment was also said by this See Table 1.45c.

Ideal Gap Between Children:

Gaps Of Various duration has been suggested by user women respondents. The from 1-5 years. The largest component of 17% respondents suggested 3 years as idea The details are presented in Table 1.46. Three years was suggested as an ideal gap by of User Men while only 2 years was suggested by 22 %. See details in Table 1.47

Majority of participants in 5 of the 11 F.Gs of user Women were of the opinion th children of either sex was the ideal. One more group mentioned 2-3 children with o one female was stated as ideal. Two children with one boy and one girl was regar ideal by two groups, while another wanted 2 boys and one girl.

Two children of either sex was reportedly the ideal for six F.Gs of user men. A group mentioned only 2 children without mentioning sex preference. Two other preferred 2 children with one male child. Another would go up to 3 children with or child. One group mentioned 2 - 3 children without mentioning sex preference.

Informing Men About F.P Mehtods

Six out of 11 user men groups mentioned that the ANMs and health workers inform men about F.P methods. Other groups mentioned that they did not inform me temporary methods, or were mentioning only certain methods to men as well as w were informing only about vasectomy / tubectomy.

Eight F.Gs of User Women from various sample districts said that ANMs, health workers did explain the methods to men also. Only two groups one in Chittoor and another in Warangal said that they explained only to women; one said they were forcing them for tubectomy. Interestingly to a related question 6 of the 11 groups were of the view that ANM and other health workers were concentrating only on women.

Methods Which Give More / Least Complication:

Three F.Gs of User Women mentioned I.U.D as the method which gave more complications. Complications pointed out are "over bleeding", white discharge, stomach/ abdominal pain and deterioration of health. Another group was of the opinion that temporary methods gave rise to more complications. Some other groups did not have proper idea in this aspect. Except one group in Visakhapatnam which said that tubectomy leads to complications, all other 10 groups from various sample districts mentioned that tubectomy gave the least complications. While four groups of user men were of the opinion that tubectomy gave most complications to women 3 other groups considered that tubectomy gave least complications.

On Incentives For Vasectomy/ Tubectomy:

All F.Gs of User Women were of the opinion that incentives for tubectomy/ vasectomy was good. They felt it was necessary to compensate for the income loss when they could not work after the operation and to pay for food, medicines, fruits, eggs and other nutritious food items. Nine out of 11 F.Gs wanted to get it raised to between Rs. 1000/- - 1500. One group wanted to take it to Rs.1500-3000/-.

Except for 2 groups of user men all other 9 groups were for raising the amount of incentives, one group to Rs.. 1000/- another to Rs. 1500/-, another to Rs 5000/- while one of the three felt that incentives could have been better if provided in the form of land or loans.

One group of user men however said that people were using F.P methods for the sake of their own families. They felt that incentives should be given to poor, and they too felt that it should be raised. Another group was of the opinion that the incentive amount got exhausted in paying bribes, and therefore it would have been better if the government spent the amount for improving the facilities in the hospitals, like equipment, medicines etc. Another suggestion of this group was that those who had lost their health due to vasectomy should be paid a monthly pension by the Government.

Generally Used Health Care Facility:

Since multiple facilities were used by the respondents, this has got reflected in responses also. Taken individually the P.H.Cs have been mentioned by 47 % of Non Women (NUW) and 52 % of Non User Men (NUM). This is followed by Govern hospitals with 28% among Non User Women and 31 % among Non User Men. Sub Ce (S.C) are used only less than these two, in spite of the fact that 43% of our sample was t from S.Cs and remote villages (R.V). Private Hospitals and clinics together account high level of utilisation of nearly 40 % among Non User Women and 58 % among Non Men. A high level of utilisation of private hospitals and clinics for health care services noticed in several other studies as well. {N.S.S 42nd Round, the N.C.E.A.R (1995) George A et al 1994} (Table 2.1)

Visit To The P.H.C/ S.C/ Government Hospital:

While 85 % of Non User Women had visited any one of the Government health facil viz., P.H.C / S.C/ Government Hospital in the past six months, only 59 % of Non User had visited these facilities. This is in tune with the User Men's responses for the gene used health care facility, where a larger utilisation of private hospitals and clinics was f (Table 2.2)

Purpose Of The Visit To The P.H.C/ S.C/ Government Hospital:

We probed into the purpose of visit to the Government health facilities to look int gender wise patterns. It was found that in Non User Women's case most of them (visited for their own diseases or for their children's problems (32 %). Compar percentages for Non User Men were found to be only 18% and 19% only. The gender regarding the health care of children is also reflected in the lower visits by Non User M visits related to children's illnesses.(Table 2.3)

Benefits From Going To P.H.C/ S.C/Government Hospitals:

In these aspects, Non User Men have given a higher response than Non User Wo These are regarding the friendly behaviour of the doctor / staff, regarding the availabil

medicines and the supposedly free nature of treatment in P.H.C / S.C / Government Hospitals. But these have to be seen against the low utilisation of these facilities by Non User Men (Table 2.4)

Distance Covered To Reach P.H.C / S.C /Government Hospitals:

The mean distance covered by Non User Women is 4.42 kms and by Non User Men is 3.77 Kms. Women from relatively longer distances also seem to be making use of the Government health facilities (Table 2.5).

Mode Of Transport:

For both Non User Women and Non User Men walking and using public transport have come up as the major means for reaching government health facilities if they want to. (Table 2.6)

Awareness of Family Planning Methods:

The highest awareness is about Tubectomy. Among Non User Women it is 63%, while it is interestingly as high as 93 % among Non User Men. Next highest among Non User Women is oral pill with 44% and Vasectomy among Non User Men with 93 %. (Table 2.7)

Sources Of Information About Family Planning Methods:

In the case of Non User Women, the A.N.Ms are the main source of information for 76 % of them, while relatives and friends are the main sources for Non User Men with 80%. The different forms of media figure far less compared to these two sources among the respective groups. However, the friends and relatives could naturally be getting information from media sources also. It is not surprising to note that the print media reaches more Non User Men (21%) than Non User Women (7%). It is obvious that this is linked to the lower female literacy rate. (Table 2.8)

Choice Of Facility If Wanted To Get Contraceptive Services:

P.H.C is the major choice with 48% among the Non User Women and 44 % among the Non User Men. Government Hospitals are the next with 20 % for Non User Women and 30 % for Non User Men. While Sub Centres are chosen by 19% of Non User Women, only 3.13 % of Non User Men chose them. May be Non User Women are adjusting with the relatively poor services of the Sub Centres, while Non User Men are not willing to do so. (Table 2.9)

Earlier Use Of Family Planning Method:

While 23 % of Non User Women had used family planning methods earlier, only 6 % o the Non User Men had attempted to do so. This also is in the tune with the high fema utilisation of family planning methods as compared to men. (Table 2.10). Nearly 15 % of th Non User Women had chosen oral pills and 5 % IUDs, while 5.6 % of men had chose condoms. (Table 2.11)

Facility Utilised For Obtaining Family Planning Services Earlier:

Among those who had used family planning services earlier, PHCs were the highest use among both Non User Women and Non User Men with 12 % and 3 % of the respondent Utilisation of S.Cs was again comparatively less among Non User Men (1%) against No User Women(3%) (Table 2.12).

Opinion On Incentives For F.P:

Eighty one percent of NUW and 94% of NUM felt that the incentives were good. (Tab 2.13). Nearly 41% (290) of non user women (Non User Women) responded that th incentive should be given for the betterment of mother and child's health which inclu purchasing of fruits, purchase of medicine, meeting the hospital expenditure and oth nutritious food. Nearly 13.59 % (97) Non User Women gave the opinion that even if th incentives are good, the amount should be increased since it is not enough to meet th minimum requirements. (See Table 2.13a) Out of the total responses given by non user me (NUM) regarding the F.P. incentives (Table 2.13), 82.26% (786) were in support of Fami Planning (FP) incentives because it would help the FP users "for getting fruits, medicine daily requirements for one weak." Insufficiency of meeting their minimum requirements w expressed by 5.12 % (49) Non User Men. The responses were like: "good but enough/ goo if increased little more as the given amount is sufficient to give the hospital staff only/ should be higher amount/ better if increased to Rs. 1000/ help expenses in the hospita amount is enough for hospital staff only". Response like "it is useful for children (2 persons and suggestions like money is not sufficient instead they can give medicines/ livelihoo facilities for the patient care" came from 2.61% (25) other respondents. Responses like " attract the poor/ helpful for the poor" came from 2.71% (26) non user men. (See Tab 2.13b)

Except for one non user men F.G in Visakhapatnam all other F.Gs wanted to raise the incentive. The one group in Visakhapatnam said that since incentive went in bribes, it would be good if Government provided good medical services instead. Of the other groups one wanted it to be raised to Rs. 6000, another to "Rs.3000 for 3 months", another to Rs.3000, yet another to Rs.1000. One group preferred land. The argument was that the money was needed to take care of complications and to buy medicines, fruits and other nutritive things.

PERCEPTION OF FAMILY PLANNING

Age At First Marriage And Age Of Wife At Starting Marital Life:

The mean age of Non User Women at first marriage was 17.7 years. They start conjugal life at a mean age of 17.9 years. In the case of Non User Men the Mean age first marriage was 21.6 years and the mean age of their wives at beginning of conjugal li was 16.6 years (Tables 2.14 & 2.15)

Opinion On Adopting Family Planning Method In Future:

As predictable, given the social thrust on women to adopt family planning methods, % of Non User Women were willing to adopt them while as high as 87 % of Non User M were not willing to adopt any family planning method.(Table 2.16). Thirty Nine percent the Non User Women would opt for tubectomy, while 15 % opted for oral pills and 8 % f IUD. Among Non User Men 7 % each opted for condoms and vasectomy.(Table 2.17)

Out of the total respondents, a significant number of 18.63% (133) did not menti anything. Of others who responded to this question, 14.71 % (105) of them told that th would not like to adopt because they wanted more children or they were not having childr presently or they were newly married. Also some mentioned that they feared that after they would not get children. Table 2.17a.

Out of the total persons responded negatively regarding the adoption of FP method, major chunk of the sample 27.13% (260) persons were not interested in FP in order to ha more children or they did not have children and they would decide after having childr Nearly 33%(315) responded that their work may hinder, as the methods created problems their daily life and they did not have any idea about condoms. Some responded that, sin they did heavy works, they would not be able to do so after operation, condoms may fail a health may suffer due to vasectomy and they did not have a good opinion about vasecto Apart from that 3.03% (29) persons responded that they would not do it due to so restrictions. Some people i.e. nearly 1.56 (15) responded that they did not want to operated because they wanted their wives to go for tubectomy. Also a major chunk of th were found responding like they don't want it/ don't like to use which constituted 13.5 (130) of the total respondents. 1.15 % (11) responded that they have not decided/ don't w presently. (Table 2.17b).

Persons Involved In Choice Of Family Planning Method:

In the largest number of cases among both Non User Women and Non User Men i.e., 71 % and 67% cases both the husband and wife jointly would select the method. However, in the case of 22 % of Non User women their husbands would decide. (Table 2.18)

Relatives/ Friends Highly Supportive/ Against The Adoption F.P Method:

As per the responses obtained, those who would be highly supportive of adopting family planning methods were husbands, other family members and parents. Two hundred and thirty two i.e. 32.49% responded that they would be highly supported by husbands and the close associates of husbands like, husbands and in laws, and relatives. Nearly 140 (19.61%) responded that they would be supported by her won family members. One hundred and eighty one 25.35% of persons told that all would encourage to adopt F.P. (Table 2.18a).

The highest score in this case comes from the side of "no one object " i.e. 25.07 % (179). Apart from this, the responses shows major persons opposing to FP method were non user women's own parents, parents along with other family members and N.U.W's own mother and family members which constitute 15.13% (108). One interesting aspect of these responses is that nearly 14.14% (101) opposition came from the side of the in laws. Compulsion to b ear children early enough from in-laws and the opposition from elder generations seem to be coming up strongly against adoption of F.P methods. (Refer Table 2.18b).

Among the various responses obtained for this question, a significant number of people i.e. nearly 81% (776) of the respondents told that no body would object adopting any family planning method. Apart from that their parents, wives and those who take self decision constituted 5.42% (52), 3.86 (37), 1.46% (14) respectively. (See Table 2.18c).

Preferred Spacing Method:

IUD is preferred by only 8% while a much higher 21 % preferred oral pills. (Table 2.19).

Preference Of Tubectomy Over Spacing Methods:

A Very high 74 % Non User Women preferred Tubectomy over any spacing methods. (Table 2.20) Nearly 31.37 % (224) of non user women did not give any response. The Non User Women who responded to this question 27.45 % (196) responded that they did not want

spacing method because tubectomy was a permanent birth control method or there was failure or they don't want children. Some responded that since tubectomy has less si effects they preferred and spacing methods such as IUD and OP are harmful for heal Only one non user woman among them told that she "can easily work", if she ado tubectomy and 2.8 % (20) non user women mentioned that it is good and easy to adopt. S Table (2.20A).

Visit To P.H.C/ S.C/ Government Hospitals For Family Planning Services:

Again while 57 % of the Non User Women have visited the government health facilit in the last six months, only 7 % of Non User Men did so. The answers to the subseque questions refer to the experiences of those Non User Women and Non User Men when th had used the Government health care facilities for family planning services. (Table 2.21)

Ability To Meet Doctor/A.N.M:

Among those who had visited P.H.C/ S.C/ Government Hospital for FP services 94% Non User Women could meet them while a small 3 % could not. The same kind of patt with a slight change in percentages were found among the Non User Men also. Howeve should be cautioned that this group is too small to generalise, and this applies for questions about perceptions of the services by this group which follow. (Table 2.22)

Perception On Behaviour Of Doctor/ Staff Behaviour:

While looking into the responses to this as well as other similar questions on vari other aspects of the services, it should be born in mind that given our social structure, and poor economic status of most respondents, they won't be as forthcoming as they should about these aspects. Because there is always the fear that the concerned professional / offi may act against them. Therefore, our attention should fall more on the critical respon rather than getting carried away by the enormity of the responses which would be appare appreciative of the services. We find therefore, that in the perception of the behaviour of doctor / staff the Non User Men were slightly more critical with 29 % among them find the behaviour not so cordial or not at all cordial and 7% of the Non User Women also we thinking so. It is also interesting to note that a very high proportion of Non User Men i.e. % also found their behaviour either immensely cordial or quite cordial while only aroun % of women felt so. This would be to an extent due to a gender divide, most of the doc being men and therefore men feeling more free with them. (Table 2.23)

Perception Of Privacy During Consultancy:

It is again quite surprising that while nearly 30 % of Non User Men felt that privacy was either not so adequate or not at all adequate, only 9 % of Non User Women felt so. With our understanding of the conditions, Non User Women should have felt lack of privacy more. It seems however, that most of them were putting up with it. (Table 2.24)

Perceptions Of Attention Paid By Doctor/Staff:

Once again as high as 90 % of Non User Women were of the opinion that they got excellent /quite adequate attention from the doctor/ staff while a lesser, but high 82 % of Non User Men also felt so. While 18% of Non User Men felt that the attention they got was either not so adequate or not at all adequate, only a smaller 8 % of Non User Women felt so. (Table 2.25)

Perception Of Language Used By Doctor/ Staff:

Around 94 % of Non User Women and 97 % of Non User Men felt that the language used by doctor / staff was understandable. (Table 2.26)

Perception of Availability of Supplies for Oral Pills / Condoms:

While 57 % of Non User Women said supplies of oral pills was available adequately or even more so 78 % of Non User Men said so. While 13 % of women complained of inadequate availability of oral pills, 8 % of Non User Men also complained of inadequate availability of condoms. (Table 2.27)

Perception of Information Provided by Doctor/ Staff about various F.P Methods:

Eighty Five percent of Non User Women were informed about other methods and 87 % of Non User Men also informed. Ten percent of Non User Women and 12 % of Non User Men were not informed. (Table 2.28).

Perception On Doctor/ Staff In Providing Information On Where To Get F.P Methods/ Services:

Eighty-four percent of Non User Women and 91% of Non User Men were provided information about where to get those methods and services. Nearly 10 % of Non User Women and 8 % of Non User Men could not get this information. (Table 2.29).

Are Doctor/ Staff Advising Only Sterilisation?

Fifty two percent of Non User Women and 66 % of Non User Men mentioned that Doctor/ Staff were advising only sterilisation. The percentage of Non User Women must have shot up because of the fewer number of total cases which visited the health facilities. Around 43 % and 34 % in both groups said that the Doctor / Staff were not advising only sterilisation. Still it is clear that the main thrust is on sterilisation. (Table 2.30)

Perception Of Information Provided About Using F.P Methods And How They Work:

Around 82 % of both Non User Women and Non User Men told that they were either excellently / very satisfactorily or satisfactorily explained about how to use the method and how it worked. However, while 18% of Non User Men were not happy with the information provided on this matter only 10 % of Non User Women said so. (Table 2.31)

Perception Of Information Provided By Doctor/Staff On Relative Advantages Of F.P Methods:

Around 81 % of Non User Women and 91 % of Non User Men said that they were given information about the relative advantages of various methods. 11 % of Non User Women and 9 % of Non User Men mentioned that such information was not provided. Since as of now women are the main users of F.P methods, their responses in this regard need to be taken more seriously (Table 2.32).

Apprehensions On Follow Up Services After Adopting Fp Methods:

Among Non User Women 30 % had doubts about adopting F.P methods. The corresponding percentage for Non User Men was 18 %.(Table 2.33) Among the specific female methods, among the Non User Women the largest doubt was about IUDs with 45 % followed by 28 % for oral pills and 24 % for tubectomy. Among the Non User Men who expressed apprehensions about female methods also had highest apprehensions, 67 % about tubectomy followed remotely by vasectomy with 14 % (Table 2.34). But surprisingly since as high as 81% of Non User Males (Table 2.33), had expressed no apprehensions, probably because they regard FP as something that doesn't concern them, we can't make any clear observation about the perception of Non User Men in this respect.

While 3 of 5 non user women F.Gs which responded mentioned that they had not gone for FP methods because they wanted more children, the opinion in the other two groups were mixed while some had fear of side effects, some wanted more children.

In 5 of the 7 non user women groups the participants have not taken to FP methods not out of fear of lack of services if complications arose. In 3 of them the concern was having more children. Only in one group members said that they feared the lack services if complications arose. Some members of another group also felt so.

As non users and also because they did not have enough information about temporary methods, non user women F.Gs could not say in comparative terms, which method would give more complications. Two groups in Visakhapatnam district however know that oral pills gave complications like bleeding, menses stoppage and infertility.

Tubectomy was the method used as the one with least complications by all groups. However one group in Visakhapatnam had the fear that in the long run hysterectomy would have to be conducted after tubectomy.

Eight out 12 non user men groups did not know which methods caused most complications. One group in West Godavari considered tubectomy as the one which gave most complications. Three groups from Visakhapatnam considered oral pill or IUD as the methods with more complications.

However, of the 12 non user men groups ten of them considered tubectomy as the method with least complication. Oral Pills and IUD were suggested by one group each in West Godavari as the method with least complications.

Perceptions On F.P Personnel In Explaining Side Effects & Complications Of F.P Methods:

As high as 66 % Non User Women and even higher 84 % of Non User Men felt that the side effects and complications are not explained properly by the health personnel (Table 2.35). This apprehension was more about IUD (12 %) and Oral pills (11 %) among Non User Women (Table 2.36).

Five out of 7 F.Gs which expressed themselves on side effects mentioned that they were not afraid of side effects. Two of these groups said that they wanted more children. Two groups, one of them from Warangal and another from West Godavari said that they apprehended side effects, and that was the reason why they were not adopting F.P methods.

Apparently all these seven non user men groups said that they were confident that there were proper medical services to look after them in case of complications.

Perception On F.W Activities Of Health Workers:

While a much higher 80 % of Non User Women mentioned that the health worker visited, only 60 % of Non User Men mentioned so. The health worker seems to be focusing mainly on women for F.P activities. (Table 2.37). During these visits the health worker mainly carried out various activities related to F.P by propagating immunisation and distributing ORS packets which were mentioned significantly by both Non User Women and Non User Men. 43 % of Non User women and 33 % of Non User Men mentioned that they talked about FP in general. 24 % of Non User Women and 8 % of Non User Men mentioned that they talked about only sterilisation, while 27 % of Non User Women and 19 % of Non User Men mentioned that they spoke of spacing methods also in addition. Distribution of Oral Pills was mentioned only by 15 % of Non User Women and condom by 4 % of the Non User Men. Nearly 7 % of Non User Women and 3 % of Non User Men said that they spoke of side effects of certain FP Methods. (Table 2.38).

Fifty seven percent of Non User Men mentioned that the health workers could not provide the required confidence (Table 2.39).

Informing Men About F.P Methods:

Participants of six of the 9 non user women F.Gs mentioned that the ANMs / health workers had informed men also about F.P methods. However one group in Warangal and two in West Godavari mentioned that men had not been informed about FP methods by ANM/ health workers.

Four out of nine non user women F.Gs mentioned that the ANM/ health workers concentrated mainly on women. Five other groups said that they did not think so. Two of

these groups added that since women take antenatal and post natal services from government health centres more FP related information reach them.

In 8 out of 13 non user men groups ANMs and health workers had not informed men about F.P method. Only in 4 groups it was mentioned that men were also informed. Out of these 4 groups 2 were from West Godavari and 2 from Visakhapatnam.

Perception On Healthiest Method Of F.P:

It was quite interesting to note that far more than Non User Women, Non User Men regarded tubectomy as the healthiest method of F.P. While 74 % of Non User Women regarded tubectomy is the healthiest method, 82 % of Non User Men also thought so. At the same time 16 % of Non User Men thought that vasectomy was the healthiest method. (Table 2.40)

The nine Non user women F.Gs which participated in discussion groups from various sample districts mentioned tubectomy as the healthiest method. Out of these 4 groups also added that tubectomy had nil / few / less complications. One group in West Godaravi considered vasectomy as the healthiest method.

Eight non user women groups considered tubectomy as the safest method of birth prevention also. Three of them said that other male and female methods had cases of failures attached to them. At same time one group in West Godavari regarded vasectomy as the safest method.

Seven of the 12 non user men groups considered tubectomy as the healthiest method. One of these groups considered condom also as a healthy method. In another group the opinion was that men doing hard labour should not adopt vasectomy. Instead their wives should go for tubectomy. They also considered condom as a healthy method. Five other groups considered vasectomy as the healthiest method. Two of these groups were from Warangal and one each from West Godavari and Visakhapatnam.

Eight out of 13 non user men groups considered tubectomy as the safest method for birth prevention. Some of the groups experienced that it was more dependable than all temporary methods. Some rated it even better than vasectomy. However, four groups, out of which 2 each in Warangal and West Godavari said that vasectomy was safest for birth prevention.

Health Perception On Vasectomy:

The overwhelming majority of both Non User Women and Non User Men did not prefer vasectomies for their husbands or themselves. The corresponding percentages were 81 % and 84 % respectively. However, 17 % and 16% of both groups respectively preferred vasectomy. (Table 2.41)

Sixty seven percent of Non User Women and 75 % of Non User Men have apprehensions about vasectomy affecting their husband's (Non User Men's) daily routine. Around 30 % of Non User Women and 24 % of Non User Men did not think so. (Table 2.42) While 75 % of Non User Women suspected that it would affect their husbands ability to work. (Table 2.43). 71 % of Non User Women also think that it would affect their husbands earning capacity. (Table 2.44)

More than 50 % of the non user men responded that vasectomy affected daily routine work and sometimes it may affect life long. Nearly 5.84 % (56) of the respondents responded that it would affect for 2-3 years. Interestingly 7.46% (54) of non user men were of the opinion that vasectomy would have its negative effect as long as they work. Details are in Table 2.43a

In 7 out of 9 non user women F.Gs, the opinion was that vasectomy causes several side effects which as a result affect the menfolk's ability to work. Side effects included; pain in chest, hands, legs, inability to walk long distances to carry heavy loads, in climbing trees, in ploughing, in washing clothes, loss of stamina, weakness and exhaustion. One group mentioned that vasectomised men should avoid agricultural work, masonry, carrying load, working as porters etc. However one group of non user women said that though it affected labourers little bit, they still favoured it.

Two F.Gs of non user women did not know how long the side affects of vasectomy would last. Five non user women groups mentioned that it would last life long. Another group mentioned that it would last life long for those who did hard labour. One group of non user women was of the opinion that the side effects would last only for one month.

Five F.Gs of non user women could not give any examples of hard labour that men should avoid if vasectomised. Two groups mentioned cycling, climbing, swimming,

Future Preference For Condoms:

Only 14 % of Non User Women would like their husbands to use condoms to relieve them of using a F.P method while an even less than 9 % of Non User Men were willing to do so. (Table 2.45)

In 7 of the nine F.Gs of non user women the members were not in favour of men going for vasectomy. Some of the groups said that it would affect their ability to do hard work, cause weakness, loss of stamina, overweight etc. However one group of non user women in West Godavari said that since women were facing many complications due to tubectomy it would be good if men adopted vasectomy.

Opinion Of Women Undertaking F.P Methods Instead Of Men:

Not surprisingly 82 % of Non User Men believe that it would be better if women undertook F.P methods than themselves (Table 2.46).

Nearly 72.54% (695) respondents openly expressed that if women undertake tubectomy there would not be any problem in the house as women did easy work only. They also expressed that the operation did not affect women much compared to men. Nearly 4.32 %(42) of the non user men responded that they would not take FP operations due to social restrictions. (See Table 2.46a).

Participants of eight of the nine non user women F.Gs mentioned that they preferred women only to undertake F.P methods compared to men. Six of these groups explained that since women remained at home and did only light jobs they could withstand the complications better than men who as three groups thought were doing hard labour.

Except for one group all the other groups non user women mentioned that they preferred women themselves undergoing tubectomy to opting for vasectomy. Reasons such as men do hard work, women do light jobs and that tubectomy had lesser complications than vasectomy were given.

Such a preference was expressed by 9 out of 12 non user men F.Gs. All of them were either mentioning that men did hard labour or women do light jobs as the reason. One group each in West Godavari and Warangal did not think so. One of those groups was concerned about vasectomy while the other was worried over the need for hysterectomy after

jumping, loading and unloading, ploughing, carrying weights, walking long distances, fishing probably at sea - as the hard labours that men should avoid if vasectomised. However one group said that it won't lead to any complications if men took nutritious food.

Out of the 12 non user men F.Gs which expressed themselves only 3 groups, two from Warangal and one from West Godavari regarded vasectomy as a healthy method. All the other nine groups did not think so. They were concerned about side effects, affecting the ability of men to do hard work, loss of their stamina etc. Some suggested vasectomy for white collar workers. Nine of the above mentioned non user men groups mentioned that there were adverse side effects for vasectomy. All the nine were in agreement that it would affect their daily routine.

Loss of stamina, " *loss of manliness*", inability to sustain hunger, inability to lift weights, inability to sit down and get up, back pain, chest pain, pulling sensation in legs and hands were some of the complaints they felt vasectomised males would suffer. They said vasectomised persons should avoid climbing, rickshaw pulling, carrying loads, dhobi work, wood cutting and toddy tapping. The three groups from Warangal and West Godavari said that vasectomy does not have any side effects

Seven out of the twelve non user men F.Gs mentioned that side effects would last life long. Two groups said that it would last for 15 days to one month. One group said the time needed for rest was less. One of the other groups thought side effects would affect those in hard labour life long.

Only 4 out of 13 groups could give example of hard labour that vasectomised should avoid, though 9 groups felt that hard labour would have to be avoided. The examples of hard labour to be avoided were: Cycling, jumping, carrying loads, agriculture, rickshaw pulling, tree climbing, fishing, quarrying, swimming and ploughing. However one group from Warangal said that it wont affect work, while two other groups said that with proper rest for some time, hard labour could be undertaken.

tubectomy. Another group in West Godavari felt that men also should undertake F.P. methods.

8 out of 12 F.Gs of non user men which expressed themselves on the desirability of women undertaking tubectomy to men going for vasectomy said that women going for tubectomy would be desirable. There was partial or complete opinion in 4 groups in West Godavari, Warangal and Visakhapatnam in favour of men taking up vasectomy. One group in West Godavari was confident that vasectomy would not give side effects, while another wanted Government to provide proper care in case of complications.

Knowledge On Problems Of Becoming Pregnant Very Close:

Apparently 57% of Non User Women said that they were aware of problems involved in close pregnancies, while a much higher 89 % of Non User Men also said so (Table 2.47).

Opinion regarding close pregnancy: Effect on mother:

Maximum number of non user women i.e. 46.63% (333) responded that close pregnancy affect mothers health. It brings disease like anaemia which is a result of lack of food, and weakness and might lead to abortion and mental weakness. Along with this the responses like mother and child would both be weak, mother may face difficulty during delivery and may be prone to disease were also given by the respondents. Other responses like "economic status may suffer and it is problematic to go for work" were stated by 5 persons. See Table 2.47a.

Responses like: weakness, ill health, mother may be prone to disease and mother may become anaemic were given by 72.03 % of the non user men respondents. Other responses like; mother may fall ill which may lead to death, cannot take care of the child properly, was spoken by 8.98% (86) of the non user men. Diseases like stomach ache, body pains which may result due to operation was mentioned by some of them. Table 2.47b

Opinion On Close Pregnancy: Effect On Child:

Out of total respondents, 30.11% (215) told that due to close pregnancy child may be weak and unhealthy at birth, child may lack proper care and sometimes even immature child may take birth. Apart from this other highest responses were regarding that milk may not be

sufficient for the child and that therefore may be weak etc. These constituted 13.45 % (96) of the on user women responses. (Table 2.47c).

Nearly 49.16 % (471) of the non user men responded that due to close pregnancy child may be weak or child health may suffer or child may be prone to disease or child will be lean and weak. Responses like "child may born weak and milk may not be sufficient for the child's growth" were given by 31.63% (303) of non user men. Other responses like "first child can not be looked after properly, child lacks mother love and health may suffer and financial problems" were given by a very few respondents. See Table 2.47 d.

Ideal Number/ Sex Combination Of Children:

Six of the 9 non user women F.Gs said that they considered 2 children of either sex as the ideal number of children. Two groups preferred one boy and one girl while one group preferred 2 boys and girl.

As many as nine groups of non user men said that they would prefer to have 2 children of either sex. However 4 groups out of which 3 in Visakhapatnam insisted on a male child. One of these groups wished 2 or 3 children, while another group in Chittoor would go up to 4, with atleast 2 sons and 2 daughters.

Opinion On Spacing Between Child to Child:

Out of the total responses given by non user women 43.25 % (309) did not respond any thing regarding this aspect. Out of other responses it was found that maximum i.e. 13.73 % (98) viewed 3 years gap between the children as ideal and 9.66 % (69) of the non user women respondents were of the opinion that there should be a minimum of two years gap between the children. (Table 2.48)

Maximum 71.4% (684) non user men felt that a minimum of 2-3 gap was necessary for the next child. Apart from this, the responses like 3-4 years of gap constituted the second highest i.e. 7.30% (70). The third highest was 5.22% (50) who responded that health of mother and child will be fine due to gap. Details are given in Table 2.49.

ANALYSIS BY DIFFERENTIALS : USER WOMEN AND USER MEN

USER WOMEN

Analysis Of Current F.P Method And Method Adopted First:

In the case of 75% out of the 78% of user women who were current users of tubectomy, they had not used any other method ever before. (See Table 3.1) This shows the low popularity of spacing methods in the reproductive history of the users of Tubectomy. The low utilisation of spacing methods has also been indicated by other studies such as N.F.H.S. (P.R.C - I.I.P.S 1995)

Analysis Of Current F.P Method By Education:

Tubectomy continues to be adopted more among the illiterates as well as the educated categories. But among the high school educated who happen to be a sizeable chunk of 12% of the sample 5% were users of either Oral Pills or I.U.D. Of this O.P amounts to nearly 4% . Does this indicate an interest in spacing methods among the relatively more educated ?

Analysis Of Current F.P Method By Economic Class:

In all the four classes Tubectomy remains the more adopted method. There is a relatively higher utilisation of spacing methods as the class status goes up, but this pattern however is not linear.

Analysis Of Current Method By District:

Though tubectomy remains the reigning queen among all the 6 districts, in Anantapur, Adilabad and Visakhapatnam spacing methods also were used by 6% - 8% of the sample. Among O.P and I.U.D, O.P is preferred more in Anantapur and Adilabad, while both these methods were used by almost equal percentage of women in Visakhapatnam. See Table 3.4 for details.

Analysis Of Information Provided About Side Effects By Districts:

Visakhapatnam is the only district where the percentage of those who were provided information about side effects is more than those not provided such information. In Anantapur, Chittoor, Adilabad and West Godavari approximately 5%-6% out of a district

sample size of 15% - 19% were informed. In Warangal district which has a sample strength of 16%, only 2% were informed of side effects. See Table 3.5 for details.

Analysis Of Information Provided About Side Effects By Caste And Community:

A high level of non provision of information of side effects is noticed in all castes and communities. Therefore, caste / community is not influencing the imparting of information in this respect See Table 3.6.

Analysis Of Information On Side Effects By Economic Classes:

In all classes, the percentage of user women who were informed about side effects were less than those not informed. If we calculate these percentages in the user women sample strengths of each class, it is 66.58% for lowest class, 71.36% for lower middle class, 70.16 for middle class and a relatively less 59% for the rich. Table 3.7

Analysis Of Information On Side Effects By Education:

When we calculate the percentage of user women not informed of side effects in the sample strengths of their respective educational categories, we find that 69% of illiterates, 72% of primary educated, 71 % of upper primary educated and 67% of high school educated were not informed of side effects. That side effects were not explained to a chunk of even to the relatively better educated should cause concern See Table 3.8.

Perception Of Side Effects Of Vasectomy By Caste:

Of the Backward Classes who constitute 63% of the sample, 23% said that vasectomy would not have side effects. Among S.C as well as Forward Castes also there were substantial percentages who said that there were no side effects to vasectomy. See Table 3.9

Perception Of Vasectomy By Economic Class:

In the two lowest classes, 38% and 41% respectively did not believe that vasectomy had any side effects. This is reassuring in that it should have been these classes who must have had concerns about their husband's ability to work. See Table 3.10.

Perception Of Side Effects Of Vasectomy By Education:

It is heartening to note that nearly 20% of the 51% of illiterate user women in the sample did not think that vasectomy had side effects. This shows that rumours can't carry away all

even if they were illiterate. There were also sizeable sections, among the middle school and high school educated also who thought so. See Table 3.11

Perception Of Women On Vasectomy Affecting Husband's Daily Routine By Districts:

Except in the districts of Warangal and Visakhapatnam in all other districts only a small percentage of the district sample strength of user women thought that vasectomy would not affect routine work of husbands. In Warangal 7% out of an overall sample strength of 15% and in Visakhapatnam 6% out of an overall sample strength of 16% regarded that there were no side effects to vasectomy. See Table 3.12

Perception On Vasectomy Affecting Routine Occupation By Class:

The responses on side effects did not actually seem to have shown the concerns of the lower classes on the effect of vasectomy on routine occupation. As high as 35% of the sample out of an over all sample strength of 51%, thought that vasectomy would affect their husband's routine occupation. Similarly in the lower middle class also 21% out of an over all sample strength of 29% were also of the same view . See Table 3.13.

Perception On Vasectomy Affecting Routine Occupation By Education:

Not to speak of the illiterates, even among the relatively educated sections that is the middle school and high school educated also, the vast majority think that vasectomy would affect the daily routine of their husbands. Thirteen percent of the middle school educated out of their sample strength of 12% thought so. See Table 3.14

USER MEN

Current Method Adopted By District:

It could be clearly seen that most of the vasectomised males were from Warangal, West Godavari and Visakhapatnam. In these districts they were 19% , 21% and 47% respectively out of the sample strengths of 20%, 21%, and 47%. See Table 3.15.

Current Method Adopted By Caste:

Backward Castes seem to be one group from which the largest number of persons were getting vasectomised. They were 56% of the user men sample out of their sample strength of 61%. From S.Ts all the members in the sample had undergone vasectomy. It could be seen from Table 3.16 that even from other castes and communities also a high proportion of user men had taken to vasectomy. This however, was only restricted to the three districts and was therefore only a regional phenomenon, partly because of the favourable disposition of tribals (in Warangal) and fishing castes in the coastal districts towards vasesctomy (Visakhapatnam and West Godavari) which has influenced other castes also.

Current Method Adopted By Education:

An overwhelming majority of illiterates have adopted vasectomy. The corresponding percentage amounted to 39% in their sample strength of 40%. Fourteen percent and 15% of the sample from middle school educated and the high school educated out of a sample strength of 16% and 18% had also undergone vasectomy. See Table 3.17

Current Method Adopted By Economic Class:

In all classes the large majority had adopted vasectomy. However the largest was in the lowest class. See Table 3.18.

Vasectomy Affecting Routine Occupation By District:

As was mentioned earlier since the three districts of Anantapur, Chittoor and Adilabad had very few vasectomy cases, any analysis with such small numbers would not be statistically viable. Still even in those districts a good number of user men said that vasectomy did not affect their daily routine. Of the 20% in the sample from Warangal only 6% said that it affected, while in West Godavari only 1% of the 21% said so. The same for Visakhapatnam however was 19% out of 47% in the sample. See Table 3.19

Vasectomy Affecting Routine Occupation By Caste:

Even though user men saying that vasectomy did not affect the routine occupation are high in all castes. There was a section among each caste and community which thought that it affected. (See Table 3.20) The largest chunk which says it did not affect are from the backward castes.

Vasectomy Affecting Routine Occupation By Education

There is a very high percentage of User Males who thoght that Vasectomy would not affect their daily routine among all educational categories. These percentages increase with the rise in education. Table 3.21

Vasectomy Affecting Routine Occupation By Class

In the middle class and the rich, there was little apprehension about Vasectomy affecting routine occupation among user males. However, in the lowest class particularly, a considerable amount of user men said that it affected. About 40% them had such doubts. See Table 3.22.

Perception On Women Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By District :

In the districts of Warangal and West Godavari the overwhelming majority did not think that their women should have taken up tubectomy instead of their having undergone vasectomy. In visakhapatanam also this percentage was high. See Table 3.23

Perception On Women Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Caste / Community:

Among the backward castes who constitute 61% of the sample, 46% did not think that their women should have undergone tubectomy. Among S.C, S.T, F.Cs and Muslims also majority of user men did not think that way. But 5% of S.C in the sample and 15% of B.Cs in the sample were of the opinion that wives should have underwent tubectomy. See Table 3.24

Perception On Women Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Education:

User Men in all the educational categories did not think that their women should have undergone tubectomy. However, among the illiterates nearly 12 % of the sample strength thought the other way. See Table 3.25.

Perception On Women Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Class:

In all classes the predominant thinking was that women need not have undergone tubectomy in the place of husband's who had taken up vasectomy. However, 17% of the sample strength of lowest class thought instead of men who had undergone tubectomy.

ANALYSIS BY DIFFERENTIALS : NON USER WOMEN AND MEN

NON USER WOMEN

Opinion On Adopting F.P Method In Future By District:

In Chittoor, Adilabad, Warangal and West Godavari there were only 4% - 5% of the total sample strength of non user women who would not adopt any F.P method. However, the corresponding percentages for Anantapur and Visakhapatnam was between 8% - 9% (See table 4.1).

Opinion On Adopting F.P Method In Future By Economic Class:

While the large bulk of 41% of the total sample of the lowest class in the sample strength of 63% would adopt an F.P method another 23% of them would not adopt. So also in the lower middle class 15% of the sample out of a sample strength of 26% would adopt a method while 11% would not adopt (See table 4.2).

Opinion On Adopting F.P Method In Future By Education:

Though among the illiterates and all other categories of education those who said that they would adopt an F.P method in future was quite high, among illiterates who formed 61% of sample 21% would not adopt. Similarly among middle school educated, the sample of 14% was equally divided between those who would adopt a F.P method and those who would not. (See table 4.3)

Apprehensions On Follow Up Services Of F.P Method By District:

Apprehensions were limited to 3% - 4% of the over all sample in districts of Chittoor and West Godavari. At the same time it was around 5% - 6% of the over all sample in Anantapur, Adilabad, Warangal and Visakhapatnam. The over all sample strengths these districts are also availble in Table 4.4.

Apprehensions On Follow Up Services By Economic Class:

There were more non user women with apprehensions in the lowest class and lower middle class. Eighteen percent out of the sample strength of 63% of the lowest class and 9%

out of the sample strength of 26% among the lower middle class were having doubts about the follow up services if complications of F.P arose (See table 4.5)

Apprehensions On The Follow Up Services By Education:

Among the illiterates 18% out of a total sample strength of 61% and among the middle school and high school educated around 4% each in the total sample were having apprehensions about the follow up services in case complications of F.P arose (See table 4.6)

Perception Of F.W Personnel Explaining Side Effects And Complications Of F.P Methods By District:

In all districts those non user women who said that the F.W personnel were not explaining the side effects and complications, were higher in percentage strength of the sample. However, curiously it seems to be in the two districts of Adilabad and Warangal that explanation is reported more by non user women i.e around 6% - 7% of total sample as compared to 3% - 4% for other district (See table 4.7) The total sample strengths of the respective districts are also presented in Table 4.7.

Perception Of F.W Personnel In Explaining Side Effects And Complications By Economic Class:

It is among the lowest and lower middle classes that reporting of non explanation of side effects and complications of F.P methods is higher. Fortyone percent of the sample strength of lowest class of 63% and as high as 18% of the sample strength of lower middle class felt so. (See table 4.8)

Perceptions Of F.W Personnel In Explaining Side Effects And Complications By Education:

Among illiterates and all other categories of educated personal also, those who felt that side effects and complications were not properly dealt with was high. But compared to their percentage shares in the sample it is among the educated sections that the concern about non explanations or inadequate explanation of side effects and complications was more. (See Table 4.9)

Perception On Vasectomy Affecting Husband's Daily Routine By District:

In Warangal, Adilabad and Ananatapur district a relatively high percentage share of the sample of non user women felt that vasectomy would not affect the daily routine of their

husbands. It was however substantially higher in Warangal with as high as 10% of the 17% sample strength thinking so. (See table 4.10)

Perception On Vasectomy Affecting Husband's Daily Routine By Economic Class:

Forty three percent out of the non user women sample strength of 63% of the lowest class, 17% out of the sample strength of 26% of the lower middle class and even 8% of the sample strength of 10% of the middle classes were of the view that vasectomy would affect their husband's routine. (See table 4.11).

Perception Of Vasectomy Affecting Husband's Daily Routine By Education:

Among the larger educational categories of illiterates, middle and high school educated 39%, 10% and 10% of the non user women out of their respective sample strengths of 61%, 14% and 15% were of the view that vasectomy affected their husbands daily routine (See table 4.12).

NON USER MEN

Opinion On Adopting F.P Method In Future By District:

True to the overall high percentage of unwillingness to accept any method of F.P The nearly 90% or slightly more non user men in the district sub samples also in Anantapur, Chittoor, Adilabad and West Godavari expressed their disinterest in adopting any F.P method in future. It is only in Warangal and Visakhapatnam districts that the disinterest among males in around 70% (Table 4.13).

Opinion On Adopting F.P Method In Future By Economic Class And Education:

There is practically no variation among the non user men in terms of the opinion on adopting F.P method as far as the economic classes and the educational categories are concerned. Male disinterest in F.P is strongly reflected in the analysis by these two variables and can be seen in tables 4.14 and 4.15.

Opinion On F.W Personnel In Explaining Side Effects And Complications By District:

The feeling among non user men that side effects and complications of F.P are no explained properly are apparently high in all districts with 77% in Adilabad to 99% in Wes Godavari. These figures should be treated more as a rationalisation of non user men for thei disinterest in taking up any method F.P themselves rather than as a comment on thi particular aspect of services in the districts for the situation certainly is not so bad. (See tabl 4.16)

Opinion On F.W Personnel In Explaining Side Effects And Complications By Economic Class And Education:

For both these variables also the percentage for those who said the side effects an complications were not mentioned was apparently on the higher side. Eighty four perce each of lowest class and lower middle class and 74% and 73% respectively of the middle an rich classes were of this opinion. The same view was expressed by 84% each of illiterat and high School educated. However, as in the case of the middle and upper classes the percentages drop slightly to 79% and 77% for intermediates and graduates. (See table 4. and 4.18).

Perception Of Men Undergoing Vasectomy Rather Than Wife Going For Other Methods By District:

In the districts of Warangal, West Godavari, Visakhapatnam and Adilabad a small section of the sample was willing to adopt vasectomy to spare their wives from F.P. The percentage strength of this section in Warangal was higher than that those who were not willing to do so. (See table 4.19)

Perception Of Men Undergoing Vasectomy Rather Than Wife Going For Other Methods By Economic Class And Education:

It is not worthy that 10% of the lowest class out of sample strength of 65% and 4% of the lower middle class out of a sample strength of 25% were willing to adopt vasectomy. It is equally interesting to note that from around 10% among the illiterates there is a steady growth in the percentage of non user men willing to adopt vasectomy to 19% among intermediate and 33% among graduates. However, the strength of graduates was only 39. (See table 4.20 and 4.21).

Vasectomy Affecting Daily Routine By District And Economic Class:

As high 57% of non user men in Warangal, 39% in West Godavari and 30% in Visakhapatnam were of the opinion that vasectomy would not affect routine work. (See table 4.22).

Among the lowest class 50% out of 65% believed that daily routine would be affected; the same for lower middle class and middle class was 19% and 6% of their sample strengths of 25% and 8.35% (See table 4.23).

CONCLUSION AND SUGGESTIONS

The analysis of P.H.C level performance data on Family Planning (See Appendix II) as per the procedure shown in Table I in the text of Chapter I indicated that in all districts those P.H.Cs which fell under the 1st Quartile deserved attention. Those below the 1st Decile demand special attention to improve their F.P performance. The data used for this calculation was derived out of a six year average of the performance figures of the six sample districts of Anantapur, Chittoor, Adilabad, Warangal, West Godavari and Visakhapatnam. (See Introduction for sampling procedure)

It needs however to be added that the data collection and maintenance practices on the various spacing methods needs some corrective steps. To begin with the assumption that if you divide the total number of condoms distributed by a figure of 72, or if you divide the number of strips of oral pills distributed by 11 you will get the number of couples protected by these methods should be given up. Mainly because such calculations do not make sure how many individuals are actually using these methods. In the case of condoms at least the figure of 72 is too small to protect a couple for a year. Regarding I.U.Ds the problem of these devices coming out is not taken into consideration once they were inserted. In order to strengthen the M.I.S on spacing methods, it is therefore necessary to develop a system of maintaining data on the basis of actual users, as opposed to the practice of bulk division which is followed in some places. It will therefore become imperative that the A.N.M / Health worker follows up the users of spacing methods to reasonably make sure whether the method is actually in use.In addition to strengthening the statistics, such an effort would more importantly make sure that a broader spectrum of contraceptive choices are offered and ensured to be in use (Jejeebhoy J.S 1997)for both females and males.

Coming to the primary data based part of the study on Acceptability and Quality of the Family Planning Practices which we conducted in the above mentioned districts from the three regions of the State, the study was done with a survey as well as focus group discussions. All together 3085 eligible Women and Men both users as well as non users of Family Planning were surveyed from 12 PHC villages,12 Sub Centre villages 12 Remote Villages distributed equally in the six districts and one Urban Family Welfare Centre from each District. (See Introduction and Appendix I for details). Seven Hundred and Seventy Two User Women, 641 User men, 714 Non User Women, and 958 Non User Men were interviewed using four different interview schedules prepared separately for each category.

Forty Three Focus Group Discussions from all the four categories (See Introduction and Appendix I for details) were also conducted with different discussion guides for Male and Female Users and Non Users, to deepen and enrich the survey data.

Out of the 78% User Women who were current users of tubectomy, 75% of the sample had not used any other spacing method in their reproductive life. While studies such as N.F.H.S (P.R.C - I.I.P.S 1995) had brought out the preponderance of tubectomy among F.P Methods. Still the fact that majority of tubectomised women have not gone through a spell of spacing methods early in their reproductive life still needs to be noted. (See Table 3.1)

Among the high school educated there was a slightly higher utilisation of spacing methods. Oral pills were preferred compared to I.U.D. Among the four economic classes there was a relatively higher utilisation of spacing methods as the class status went up. This pattern however was not linear. (See Table 3.2 and 3.3). Though tubectomy continued to be the method most adopted, compared to other districts spacing methods were used by a slightly larger percentage of women in Anantpur, Adilabad and Visakhapatnam. In decision of choosing F.P methods self decision was more among the males - 34%, than among females. While 80% of user women would involve husbands in F.P decisions, only 48% of men would involve wives. (See Table 1.10)

For 83% of User Women the A.N.M was the main source of information about Family Planning. A.N.Ms were cited only by 49% of males. (See Table 1.11). It appears that the A.N.Ms mainly concentrated on women.

A very large 79% of User Women said that they were provided information about other methods also by the doctor / staff. (See Table 1.12). For some questions on the quality aspect such as behaviour of the doctor / staff at the clinics, availability of privacy during consultations, attention during the consultation and a few others a very high level of satisfaction, reasonably incommensurate with the general understanding of the situation, was given by the User Women and User Men. However, these could be because, as poor people and users of Government health services the majority of respondents did not actually want to be seen as critical of these services and the personnel manning them. High satisfaction about explanation of how the method works, on the sources of the methods/services or on the understandability of the language sounds more plausible and are appreciable as well. (See Table 1.14, 1.28 & 1.29). At the same time it needs to be mentioned that in the case of 68% of user women and 64% of User Men they were not informed of side effects of F.P methods.

(See Table 1.14). Except for Visakhapatnam, in all other districts the percentage of those not informed about side effects in the over all sample was higher than that of those provided with such information. It was lowest in Waranagal. In tune with the new approach to improve the quality of Family Planning and to make it more transparent, it is necessary that women and men were properly informed of side effects also.

The information on side effects from the survey was also corroborated by findings of focus group discussions. Eight out of the 11 Focus Group Discussions (F.G.D) for User Women and 7 out of 11 F.G.Ds for User Men mentioned that side effects were not explained. In the case of attention during complication however the information collected from focus group discussions was mixed. Though there were groups which pointed out the non availability of attention during complication, there were also groups which said that they got the services.

Certain tests and examinations are to be conducted before adopting any F.P method except condom. We have followed the check list followed by the International Council of Management for Population Programs (I.C.O.M.P.P) which they have given as part of the proforma to be administered to providers or for observation. We felt that it was rather *scientistic*, not to ask the user women and men themselves about these aspects which included as simply understandable things as checking of temperature, checking weight, checking B.P, examination of skin, examination of pelvis, abdomen etc. Yes, in the case of Blood and urine tests we can't exactly make out whether they have actually conducted the correct tests about which only few people would know. But we can certainly know whether any blood and urine tests at all was conducted . Presumably the doctor/staff does not have any interest in not conducting the correct tests provided they are aware of it. And these tests are only one component of of the several tests / examinations to be conducted.

This approach which demystifies the primacy of the technical personnel in Quality of F.W studies (providers) is an important rupture we are making from the conventional research procedures followed in the field of quality Family Welfare. However, we must add that the methodogical basis of this approach is rooted in the not so recent advances in the field of Sociology of Science (See Helge K, 1980 and Rose . H & Rose . S 1976), which would still be fresh for the field of health and family welfare.

Enquiry about the menstrual history was done for 60% of user women who had adopted oral pill. Weight was checked for 70% of them. All the other 6 tests and examinations were conducted for only less than 50% of O.P users. (See Table 1.19)

In the case of I.U.D menstrual history was taken for as high as 79% of adopters. Checking of B.P and abdominal examination was conducted for 53% and 60% of I.U.D adopters. Rest of the tests were conducted for less than 50% I.U.D adopters (See Table 1.20).

Tests and examinations which were conducted for a relatively small percentage of adopters of O.P and I.U.D were conducted for a higher percentage of those who had adopted tubectomy. (See Table 1.21) Blood and Urine was tested for 75% and 77% of adopters respectively. B.P was also checked for a high 81% of them. However, though these three tests were conducted for a very high percentage of user women who adopted tubectomy, the other tests and examinations were conducted for only less than 50% of user women. (See Table 1.21).

In the case of Vasectomy, examination of skin in operative area was the only examination which was done on more than 50% of adopters. This examination was done on 68% adopters. Next highest was for urine test 44% followed by temperature and B.P checks 41% each.

Conducting the stipulated tests and examinations is another area where quality can be improved. These tests and examinations would ensure that the F.W program is sensitive to the health concerns of its adopters. Ensuring the conduct of these tests and examinations would instil the necessary confidence in potential adopters.

A pattern worth special mention has emerged for a set of related questions on the gender based preferences on F.P methods. Given the patriarchal social structure, which conditions women, 79% of User Women mentioned that Tubectomy was the healthiest method of family planning. On the contrary, 79% of User Men, among whom 90% were vasectomy operated, mentioned vasectomy itself as the healthiest method (See Table 1.32). While 65% User Women regarded vasectomy as not so healthy or very unhealthy, this category among the User Men was only 19%. The rest of the 80% of User Men considered it healthy in different degrees. (See Table 1.34) While 55% of user women said that there were side effects to vasectomy only 36% of User Men were of this opinion. (See Table 1.35)

Seventy one percent of User Women considered that vasectomy would affect the daily routine of their husbands. On the contrary 70% of User Men from the sample said that it did not affect their routine occupation (See Table 1.36). A further analysis showed that among the 70%, who said that vasectomy would not effect their routine occupation, 75% were actually vasectomised males. Again among user women, 81% would not have preferred their husbands undergoing vasectomy instead of them undergoing tubectomy. On the other hand it was found that 78% of User Men would not have preferred their wives undergoing tubectomy instead of them undergoing vasectomy (Table 1.39 & 1.41).

A similarly unfavourable disposition to vasectomy among user women was found in the focus group discussions also with the majority of their F.G.Ds expressing dislike for vasectomy for their husbands in the place of tubectomy that they had undergone. On the other hand, among the F.Gs of User Men, the majority of them considered vasectomy as the healthiest method without any side effects. Most of these groups which were from Warangal, West Godavari and Visakhapatnam said that they did not experience any side effects. Apprehensions of damaging the ability of the husbands to do hard labour, they being the main bread winners, was the main concern for the User Women. However among those user men who complained about side effects, 15% could not mention clearly any specific bodily complaints. Twelve percent of user men however mentioned of back ache and squeezing pain in hands and legs. Only 8% of user men felt that side effects would last life long. While 9% were of the view that it would disappear from the day stitches were removed to 45 days. Another 9% said that side effects would last from 50 days to 1 year. Very few thought that it would go beyond one year. (See Table 1.35 a, b and c)

In the light of the above findings it seems clear that the actual experience of individuals who had undergone vasectomy operation need to be documented in detail. This exercise is not possible using the survey method. Instead, *case studies* of the life histories of vasectomised persons after the operation, should be developed of a few selected number of persons from different socio economic categories such the tribal people, fishermen, Backward Castes, Illiterates, the Educated, the urbanites etc. to probe the socio cultural background of such groups which make them more receptive to vasectomy and to project the emulatable aspects in it for the larger population. Some of these case studies could also be used in the I.E.C campaigns for developing educational material and also as sketches to draw up scripts for audio visual programmes.

Among both non user women and non user men Tubectomy was the better known method of Family Planning. Interestingly 93% of non user men knew about it as against only 63% of non user women (See Table 2.7) . A.N.Ms were the main source of information for 76% of non user women, but relatives and friends were the main source for non User Men. If they were to adopt F.P methods a larger percentage of non user women as well as non user men would choose the P.H.C, followed by the Government hospitals and then only the Sub Centres. This is inspite of the fact that 43% of our sample was from the Sub Centres or Remote Villages. Only a small 3% of user men selected Sub Centres. It appeared men were not quite impressed by the services at Sub Centres. (Tables 2.8, 2.9).

While 23% of non user women had used F.P methods but were not current users, only 6% non user men were of this category (Table 2.11). This itself shows the low interest among men to adopt F.P methods. However, the quality perception of the small group of former users is also documented in Chapter 4. In line with this gender influenced past use of F.P methods, while 62% of non user women were willing to adopt F.P methods in future, as high as 87% of non user men were unwilling to adopt any method. F.P for a majority of non user males was therefore a part of the female domain (Table 2.17)

Possible non acceptability in future among non user women was less in the districts of Chittoor, Adilabad, Warangal and West Godavari while it was reportedly slightly higher in Anantapur and Visakhapatnam. It was also relatively higher among the two lower classes, the illiterate and the middle school educated. (See Tables 4.1,4.2 and 4.3).

Though 22% of non user women said that their husbands would choose the method for them, 71% of non user women said that husband and wife would jointly decide (Table 2.18). In reality, however this was somewhat different as shown by the experience user women mentioned in Chapter 3. In tune with other studies 74% of non user men would go for Tubectomy rather than spacing methods.

Apprehensions about, follow up services of F.P methods was expressed only by 30% of non user women. Sixty five percent did not have apprehensions. Apprehensions on follow up were within 3% - 4% of over all sample strength of non user women in the districts of Chittoor, and West Godavari, while it was between 5% - 6% of over all sample strength in Anantapur, Adilabad, Warangal and Visakhapatnam. It was relatively higher among the lower classes, illiterates, as well as the middle school educated (See table 4.4, 4.5,4.6) in the non user women sample. These apprehensions on follow up were more about I.U.D (45%),

and it was relatively less for Oral Pills (28%) and Tubectomy (24%). In the campaign to promote a gender balance and better choice of Family Planning methods also it was found that if necessary women preferred Oral Pills to I.U.D as a spacing method. (See Appendix 5) Among those who had utilised F.P services once 52% of non user women and 66% of non user men said that Doctor/ Staff were were advising only sterilisation (See table 2.30).

The perception on explanation of side effects and complications to prospective users of F.P methods indicated that 66% of non user women did not think that they were explained. In all districts non user women who thought that the explanation on side effects was not done was higher in the sample strength for those districts. Explanation in this respect was reported more in districts of Adilabad and Warangal. The perception on non explanation of side effects and complications was reportedly higher among the lower as well as middle classes. Among illiterates as well as the educated the perception on non explanation was high; higher among the educated (Tables 4.7,4.8,4.9).

The health workers seemed to have been concentrating their activities on women. This would be also because of their M.C.H activities. But at the same time in order to achieve a gender balance in F.P methods it was necessary that the health workers interacted more with men also and impart F.P information to them. It needs however to be pointed out that sterilisation was not the only thing that they were talking about in their visits. (See table 2.31).

It is interesting to counterpose the responses of user men and non user men on the healthiest method of F.P. While 79% of user men out of whom 90% were Vasectomy operated men said that Vasectomy, from their experience was the healthiest method, 82% of non user men considered Tubectomy as the healthiest method (See Tables 1.32 and 2.40). The attitude of non user men who may be having various stereotyped notions of Vasectomy, was indicative of their attitude that F.P was something meant for women. As is pointed out in other chapters the overwhelming majority of User Women as well as Non User Women considered Tubectomy as the healthiest method (See Tables 1.32 and 2.40). While 63% of user men said that there were no side effects to Vasectomy (Table 1.35) a slightly higher 70% of them were also of the opinion that it did not affect their daily routine/ routine occupation. Seventyfive percent of User Men had apprehensions of Vasectomy affecting their routine work. Seventy one percent of User Women and 77% of Non User Women thought that Vasectomy would affect their husbands'routine occupation (See Table 1.37 and 2.44). Focus

group discussions among User Men in districts such as Warangal, West Godavari and Visakhapatnam where more number of men had undergone Vasectomy also corroborated the findings of the survey that Vasectomy had no or less side effects and that it was not affecting the routine work of males. There was also a substantial section among the non user males of the above mentioned districts also who felt that Vasectomy would not affect routine work. However among the lowest class, 77% believed that it would affect routine occupation (See Table 4.22, 4.23). A similar feeling was existing among Non User Women of practically all classes (See table 4.11).

It is at the same time equally interesting to note that 86% of User Men would not have preferred their wives to undergo Tubectomy instead of them. However 82% of Non User Men disapproved the idea of undergoing Vasectomy instead of their women undertaking F.P methods (Table 1.40 and 2.46). The opinion of User Men further pointed out that men essentially did not want women alone to bear the responsibility of family planning, if they were motivated properly. The information from the experience of User Men should enlighten other men also in this matter. It is in this respect that the necessary I.E.C campaigns are required. As regard the problem of training doctors in Vasectomy, it could be achieved with the help of doctors in Warangal, West Godavari and Visakhapatnam who are already performing this operation in large numbers.

It would at this juncture be worthwhile to look at the agricultural employment data also to find out how far the argument that routine occupation would be affected by vasectomy does really arise. The number of days agricultural labourers in Andhra Pradesh with cultivable land had worked in an year declined from 224 days in 1982 - 83 to 202 days in 1987 - 88. The corresponding days of employment for landless agricultural labourers had only marginally increased from 221 days to 223 days during the same period. The pattern in other states and at the All India level is also similar with a large number of days of unemployment (Labour Bureau 1994). Considering the seasonal nature of agricultural employment which is the main occupational category in India,is it not possible to have Vasectomy conducted in the lean season to allow men, sufficient time for rest after the operation to reassure them?

In the awareness building campaign which we conducted for a more balanced gender spread of F.P methods, it was found that men who had not experienced vasectomy seemed to be having a mental block against it because in many villages there were no men who had

adopted vasectomy or were using it as a method since many years. (See Appendix 5)In the fieldwork also we could find that there were whole villages in P.H.Cs of certain districts where not a single person had undergone vasectomy. Thus the tendency to look at Family Planning itself as something beyond the purview of men has therefore come about. The emphasis on tubectomy has also contributed to this phenomenon which the males seemed to have lapped up happily.

SUGGESTIONS:

- Ensuring that only user based data is collected and maintained for spacing methods.
- Health workers should conduct follow ups to make sure as far as possible, that the spacing methods such as Oral Pills, I.U.D and Codom are actually in regular use.
- Propagate Vasectomy and spacing methods more, in order to broadbase the programme in terms of methods for both the sexes.
- Continuing education for A.N.Ms and other Health Workers on the current concerns about Quality of Family Welfare and on the gender equal approach to family planning.
- A.N.Ms and other Health Workers should spread the message of F.P among men also.
- Information on side effects and complications should be improved, to present an open picture to potential users. This should enhance their confidence in F.P.
- User based data on tests and examinations to be performed before the adoption of certain F.P methods could be collected periodically from selected PHCs/ SCs in various districts to get feedback. This could form part of a larger quality database in each district which could be co-ordinated by the District Statistical Officers.
- Apprehensions about follow up services of family planning among the lower classes needs to be attended to.
- In the light of the appreciative attitude among the males who had undergone Vasectomy, detailed biographical case studies of Vasectomy operated males from different socio economic and cultural categories which are receptive to Vasectomy shold be conducted. These case studies would throw light on the emulatable aspects from their social, economic and cultural background which were influential in their acceptance of vasectomy. Such case studies would also bring out their experience of being able to carry on with their routine occupation after the operation. This could be used for various I.E.C campaigns in the print as well as electronic media.

- Since the number of days of employment of male agricultural labourers of different categories in A.P was only between 202 to 223 days, leaving large number of days of unemployment, Vasectomy could be encouraged in the lean season. This would provide sufficient days of rest to the operated persons to mentally reassure them. Apart from the districts of Warangal, Visakhapatnam and West Godavari, the districts nearb to these could also be chosen for the initial implementation of this activity, without of course a publicity overkill.

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APPENDIX- I

TABLES ON SAMPLE DESCRIPTION

Table I.1
SOCIAL GEOGRAPHY

	User Women		User Men		Non User Women		Non User Men		Total	%
Residence	No.	%	No.	%	No.	%	No.	%	No.	%
Rural	582	75.39	497	77.54	521	72.97	721	75.26	2,321	75.23
Urban	190	24.61	144	22.46	193	27.03	237	24.74	764	24.77
Total	**772**	**100**	**641**	**100**	**714**	**100**	**958**	**100**	**3,085**	**100**

Table I.2
SAMPLE DISTRIBUTION BY ACCESS CATEGORIES

Health Care Facility	No.	%
Primary Health Centres	991	32.12
Sub-Centres	685	22.23
Remote Villages	645	20.9
Urban Family Welfare Centres	764	24.75
Total	**3,085**	**100**

Table I.3
RELIGION

Responses	User Women		User Men		Non User Women		Non User Men		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Hindu	736	95.34	626	97.66	674	94.4	917	95.72	2,953	95.73
Christian	11	1.42	5	0.78	18	2.52	2	0.21	36	1.17
Muslim	11	1.42	8	1.25	13	1.82	34	3.55	66	2.14
Others	1	0.13	0	0	0	0	1	0.1	2	0.06
Not Mentioned	13	1.69	2	0.31	9	1.26	4	0.42	28	0.9
Total	**772**	**100**	**641**	**100**	**714**	**100**	**958**	**100**	**3,085**	**100**

Table I.4
CASTE

Responses	User Women		User Men		Non User Women		Non User Men		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
SC	94	12.18	89	13.88	144	20.17	269	28.08	596	19.32
ST	16	2.08	19	2.96	20	2.8	26	2.71	81	2.63
BC	484	62.69	388	60.53	391	54.76	532	55.53	1,795	58.18
FC	119	15.41	109	17	72	10.08	55	5.74	355	11.51
Muslim	11	1.42	24	3.75	14	1.96	57	5.95	106	3.44
Christian	5	0.65	4	0.62	8	1.13	5	0.53	22	0.71
Others	13	1.68	2	0.31	39	5.46	0	0	54	1.75
Not Mentioned	30	3.89	6	0.95	26	3.64	14	1.46	76	2.46
Total	**772**	**100**	**641**	**100**	**714**	**100**	**958**	**100**	**3,085**	**100**

Table I.5
ECONOMIC CLASS

Responses	User Women		User Men		Non User Women		Non User Men		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Lowest class	392	50.78	369	57.57	453	63.45	625	65.24	1,839	59.6
Lower Middle Class	227	29.4	139	21.68	185	25.91	242	25.26	793	25.71
Middle Class	124	16.06	107	16.69	73	10.22	80	8.35	384	12.45
Rich	29	3.76	26	4.06	3	0.42	11	1.15	69	2.24
Total	**772**	**100**	**641**	**100**	**714**	**100**	**958**	**100**	**3,085**	**100**

Table I.6
EDUCATION

Responses	User Women		User Men		Non User Women		Non User Men		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%
Illiterate	396	51.3	259	40.41	429	60.08	408	42.59	1,492	48.36
Std I - IV	36	4.66	39	6.08	33	4.62	56	5.85	164	5.32
Std V - VII	135	17.49	103	16.07	98	13.73	179	18.68	515	16.69
Std VIII - X	93	12.05	116	18.1	108	15.13	167	17.43	484	15.69
Inter	16	2.07	39	6.08	29	4.06	89	9.29	173	5.61
Graduation	16	2.07	57	8.89	15	2.1	39	4.07	127	4.12
P.G/ Professional	1	0.13	17	2.65	2	0.28	5	0.52	25	0.81
Others specify	2	0.26	9	1.4	0	0	9	0.94	20	0.65
Not Mentioned	77	9.97	2	0.32	0	0	6	0.63	85	2.76
Total	**772**	**100**	**641**	**100**	**714**	**100**	**958**	**100**	**3,085**	**100**

APPENDIX II

FAMILY PLANNING PERFORMANCE OF P.H.C'S IN SAMPLE DISTRICTS

1990-91 - 1995-96

Abbreviations Used in Appendix II Tables

PHCCODE: Primary Health Centre Code Number

AVEGCP: Average Eligible Couples

AVTUB: Average of Tubectomy Conducted

AVVAS: Average of Vasectomy Conducted

AVIUD: Average of IUD Used

AVORL: Average of Oral Pills Used

AVCON: Average of Condoms Used

AVGTPCP: Average of Total Protected Couples

PERTPCP: Percentage of Total Protected Couples

** All average are taken for the period of 1990-91 to 1995-96.*

ANANTAPUR (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
15	4687.00	30.00	0.00	3.00	0.00	0.00	33.00	0.70
10	8117.00	219.17	0.50	198.33	137.17	294.83	850.00	10.47
26	10900.83	459.67	0.17	80.17	159.33	516.83	1216.17	11.15
47	6672.00	329.60	0.00	127.40	100.00	328.00	893.00	13.40
8	6176.17	298.67	0.33	91.67	91.33	374.00	856.00	13.86
3	7140.00	271.83	0.00	91.67	134.67	531.00	1029.17	14.41
55	3414.33	128.00	0.00	73.50	44.83	247.83	494.17	14.47
50	7910.00	439.83	0.33	164.33	135.33	426.83	1166.67	14.73
30	5300.00	150.00	0.00	112.00	92.00	437.00	791.00	14.90
2	4954.17	215.67	0.00	67.83	131.17	378.50	793.17	16.01
24	6200.00	185.17	0.00	94.33	131.67	586.00	997.17	16.00
72	7440.67	307.00	0.50	100.00	141.50	500.50	1209.50	16.24
73	8001.33	411.50	2.00	230.17	175.00	640.33	1459.00	16.50
23	7239.17	335.33	0.00	100.33	113.00	663.17	1211.83	16.74
16	6020.00	373.83	0.33	113.83	150.83	510.17	1149.00	16.05
25	9031.00	499.50	0.17	122.83	162.33	747.83	1532.67	16.97
62	5104.00	249.17	0.00	55.03	63.17	511.03	000.00	16.90
60	5005.67	106.03	0.17	06.00	121.00	457.50	051.50	17.01
9	6027.17	277.50	0.17	123.50	137.17	491.50	1029.03	17.09
30	6397.67	321.50	0.00	142.00	137.03	495.50	1096.03	17.14
53	4900.17	210.33	0.17	113.03	120.67	300.17	041.17	17.14
50	2124.75	116.25	0.00	101.50	57.25	93.00	360.00	17.32
27	7504.50	405.33	0.67	155.00	153.03	590.50	1313.33	17.50
5	5507.17	294.33	1.00	110.33	133.00	452.50	991.17	17.74
17	4196.50	111.50	0.00	136.03	132.00	397.50	777.03	10.54
63	5539.00	234.03	0.00	193.03	159.03	459.03	1040.33	10.93
4	0415.33	520.33	1.67	140.67	214.67	723.33	1616.67	19.21
11	5615.33	216.33	0.17	213.03	100.17	524.67	1115.17	19.06
20	6975.33	344.17	0.03	211.17	195.50	650.17	1409.03	20.21
40	5341.50	243.17	0.17	111.50	119.67	614.03	1009.33	20.39
61	6700.67	370.00	0.00	175.50	179.50	642.67	1375.67	20.53
42	6695.33	374.33	0.67	103.50	101.50	650.03	1370.03	20.59
31	5707.67	297.03	0.50	157.67	171.03	500.17	1190.00	20.00
35	3234.25	159.75	0.00	91.00	111.75	305.75	000.25	20.00
74	2651.75	110.75	0.00	00.50	70.75	202.00	540.00	20.07
32	3395.75	237.25	0.25	59.50	77.75	333.25	700.00	20.05
41	1555.75	69.50	0.00	00.00	43.25	132.00	324.75	20.07
1	4611.17	104.00	0.00	74.67	97.00	622.33	970.00	21.21
37	6974.03	204.67	0.67	249.17	103.00	790.67	1400.17	21.34
00	4129.03	230.50	0.67	137.33	111.03	401.00	007.33	21.49
56	6297.33	322.03	0.00	100.00	144.50	704.00	1359.33	21.59
6	4375.03	253.33	0.00	151.67	94.00	461.03	960.03	21.96
19	2466.75	164.00	0.00	57.75	73.50	247.00	542.25	21.90
69	0307.67	305.00	0.17	305.50	220.67	914.67	1034.00	22.00
40	6450.17	361.00	0.67	242.03	216.33	633.00	1453.03	22.54
70	3534.50	122.17	0.17	93.67	120.33	452.17	796.50	22.54
22	10050.17	520.50	0.17	256.00	232.33	1439.67	2440.67	22.57
45	7099.00	395.03	0.17	200.00	217.03	096.00	1797.03	22.76
21	0091.33	435.50	0.03	210.03	204.17	914.50	1045.03	22.01
65	5393.17	266.33	0.17	204.00	156.50	600.33	1235.33	22.91
67	7276.03	350.03	0.00	263.50	174.17	079.00	1667.50	22.92
66	5591.17	313.00	0.00	192.50	137.00	643.67	1286.17	23.00
10	6932.50	407.17	0.17	217.17	105.03	007.33	1617.67	23.33
54	4059.00	276.03	1.17	170.50	152.67	555.03	1157.00	23.01
43	5079.33	237.17	0.00	175.17	157.67	642.67	1212.67	23.07
44	6896.17	351.33	0.00	257.33	164.67	872.67	1646.00	23.87

52	5318.17	235.00	1.33	182.67	142.17	710.17	1271.33	23.91
20	4042.33	212.00	0.00	174.17	108.33	477.67	972.17	24.05
7	5817.17	311.00	0.00	185.83	158.17	836.83	1411.83	24.27
33	6263.33	320.00	0.00	226.00	152.17	823.67	1521.83	24.38
12	3502.50	176.50	0.00	133.67	110.33	440.67	861.17	24.59
13	7588.67	397.00	0.17	298.00	181.33	1003.33	1871.83	24.67
29	5833.00	297.00	0.00	216.20	172.60	819.00	1504.40	25.02
34	1784.50	98.50	0.00	64.25	55.25	247.25	465.25	26.07
39	9891.00	539.17	0.83	245.50	243.00	1624.33	2652.83	26.82
36	5853.17	376.17	0.00	131.17	127.50	938.33	1573.17	26.88
49	2137.00	113.75	0.00	62.00	60.00	339.50	575.25	26.92
46	7733.50	411.33	0.00	173.00	230.83	1330.83	2146.00	27.75
64	3262.75	218.25	0.00	117.50	130.75	450.00	916.50	28.09
14	7612.67	428.83	0.00	265.33	175.33	1292.67	2162.17	28.40
51	5267.00	280.67	0.00	174.17	177.50	892.83	1525.17	28.96
57	5103.83	261.00	0.17	202.00	166.33	921.50	1551.00	30.39
71	1893.00	100.50	0.00	92.50	48.25	393.75	635.00	33.54
59	5360.33	354.67	0.50	172.33	166.00	1140.17	1833.67	34.21

ANANTAPUR PHC NAMES

1	AGALI
2	AMADAGUR
3	AMARAPURAM
4	ANANTAPUR (R)
5	ATMAKUR
6	B.K.SAMUDRAM
7	BATHALAPALLI
8	BELUGUPPA
9	BETHAPALLI
10	BOMMANAHAL
11	BRAHMASAMUDRAM
12	BUKKAPATNAM
13	C.K.PALLI
14	CHILAMATHUR
15	CHOWLUR
16	CHUKKALUR
17	D.HIREHAL
18	DHARMAVARAM (R)
19	GADEHOTHUR
20	GANDLAPENTA
21	GARLADINNE
22	GORANTLA
23	GUDIBANDA
24	GUMMAGATTA
25	K.BASAVANAHALLI
26	KALLUMARRI
27	KALYANDURG (R)
28	KAMBADUR
29	KANAGANAPALLI
30	KANAGANAPALLI(C.K.P)
31	KONAKONDLA
32	KORRAPADU
33	KOTHACEHRUVU
34	KRISHNAPURAM
35	KRISTIPADU
36	KUDAIR
37	KUNDURPI
38	LEPAKSHI
39	MUDIGUBBA
40	N.P.KUNTA
41	N.P.KUNTA
42	NAGALAPURAM
43	NALLACHERUVU
44	NALLAMADA
45	NARPALA
46	O.D.CHERUVU
47	P.KOWKUNTLA
48	PAMIDI (R)
49	PAMUDURTHI
50	PARIGI
51	PATNAM
52	PEDDAPAPPUR
53	PEDDAVADUGUR
54	PENUKONDA (R)
55	PERURU
56	PUTLUR
57	PUTTAPARTHI
58	RAMAGIRI
59	RAPTHADU
60	RAYADURG (R)

61	RODDAM
62	ROLLA
63	SETTUR
64	SINGANAMALA
65	SOMENDEPALLI
66	TADIMARRI
67	TALUPULA
68	TARIMELA
69	THANAKAL
70	THIMMAMPALLI
71	VENGALAMMACHERUVU
72	VIDAPANAKAL
73	YADIKI
74	YELLANUR
75	YERRAGUNTA

ANANTAPUR (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
1	23928.00	278.67	6.83	262.00	143.67	317.50	1008.67	4.22
2	12378.67	295.17	0.17	144.67	104.50	119.50	664.00	5.36
11	11561.50	319.50	0.83	107.50	39.00	170.83	637.67	5.52
5	14855.50	347.33	3.00	269.50	72.33	270.67	962.83	6.48
6	10796.67	166.67	0.50	282.83	114.33	218.83	783.17	7.25
4	15550.67	360.33	1.83	193.50	174.50	465.17	1195.33	7.69
10	6250.17	159.67	0.67	185.33	76.50	209.33	631.50	10.10
3	6089.00	205.00	0.67	260.67	65.67	235.67	767.67	12.61
7	3649.17	105.67	0.50	136.17	87.67	165.83	495.83	13.59
12	3892.83	169.17	0.17	128.83	85.00	212.17	595.33	15.29
8	1964.33	74.50	1.33	25.50	64.33	168.00	333.67	16.99
9	2848.67	103.33	0.83	120.33	89.33	223.17	537.00	18.85

1	D.H.HOSP ANANTAPUR
2	G.H.DHARMAVARAM
3	G.H.GOOTY
4	G.H.GUNTAKAL
5	G.H.HINDUPUR
6	G.H.KADIRI
7	G.H.KALYANDURG
8	G.H.KANEKAL
9	G.H.PENUKONDA
10	G.H.RAYADURG
11	G.H.TADIPATRI
12	G.H.URAVAKONDA

CHITTOOR (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
30	6403.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8	5000.00	0.00	0.00	27.00	0.00	354.00	381.00	7.61
28	2623.00	63.00	0.00	60.50	50.00	60.00	233.50	8.90
78	2819.60	105.00	0.00	95.20	75.40	162.00	438.40	15.55
56	4909.00	258.00	2.00	45.25	51.00	449.75	806.00	16.42
43	4446.00	249.00	0.00	117.00	116.00	292.00	774.00	17.41
70	7330.83	285.50	0.33	214.17	189.67	587.00	1276.67	17.42
50	5443.33	221.67	0.00	207.50	89.83	432.50	951.50	17.48
5	9636.67	479.17	0.17	240.33	192.00	780.33	1692.00	17.56
19	5952.20	303.20	0.20	152.20	123.00	493.00	1071.60	18.00
20	4000.67	141.67	0.17	130.00	100.67	355.33	727.83	18.16
57	3727.17	159.00	0.00	125.67	80.67	314.83	680.17	18.25
59	2807.50	141.50	0.00	125.00	51.50	232.00	550.00	19.59
21	6289.83	282.67	0.00	198.50	129.00	637.83	1248.00	19.84
60	7398.17	369.50	0.33	260.67	129.50	718.17	1478.17	19.98
72	7230.33	269.33	0.33	245.17	151.83	797.67	1464.33	20.25
61	27730.67	1675.00	0.83	665.00	500.17	2835.83	5684.83	20.50
7	10073.83	633.83	0.17	406.83	144.50	913.50	2098.83	20.83
74	9025.33	501.33	0.00	234.67	256.67	911.67	1904.33	21.10
65	6331.17	202.50	0.00	156.00	178.17	814.83	1351.50	21.35
62	4061.50	193.67	0.00	130.50	107.67	436.67	868.50	21.38
75	8086.83	718.67	1.00	313.83	231.67	495.33	1760.50	21.77
52	5713.33	251.83	0.17	172.67	126.17	701.33	1252.17	21.92
11	6605.00	337.00	0.83	257.67	141.50	727.67	1464.67	22.18
29	6893.50	343.00	0.25	236.75	138.75	825.50	1544.25	22.40
77	3818.40	181.40	0.00	129.40	98.60	458.60	868.00	22.73
53	5200.00	228.00	0.17	209.33	120.33	637.50	1195.33	22.99
35	6663.33	358.17	0.17	345.00	149.17	709.83	1562.33	23.45
66	4981.67	241.33	0.00	249.67	114.83	584.17	1190.00	23.89
48	4191.00	228.75	58.50	150.50	93.25	487.00	1018.00	24.29
10	9036.17	523.17	0.33	345.00	198.50	1129.67	2196.67	24.31
4	1765.40	100.00	0.00	58.60	73.20	199.00	432.40	24.49
13	8579.33	495.67	2.00	244.00	267.00	1095.67	2104.33	24.53
40	4859.33	279.17	0.00	207.67	190.17	540.50	1217.50	25.05
79	5087.00	234.33	40.17	190.33	117.50	697.67	1280.00	25.16
38	5825.67	223.67	1.50	189.33	140.17	926.83	1481.50	25.43
33	3295.20	151.80	0.20	158.00	35.60	493.40	839.00	25.46
2	4950.50	235.00	0.50	177.00	131.33	718.83	1262.67	25.51
49	2324.00	103.60	0.00	54.20	72.00	365.80	595.60	25.63
18	7783.67	300.50	0.00	246.50	156.83	1293.33	1997.17	25.66
31	2116.60	123.00	0.60	97.80	65.80	258.60	545.80	25.79
73	4732.40	215.60	0.60	148.80	120.80	746.80	1232.60	26.05
24	3679.17	167.50	0.00	139.83	89.33	584.00	980.67	26.65
27	10467.33	582.83	1.50	292.83	261.67	1738.67	2797.50	26.73
46	7822.67	244.83	0.17	219.17	196.67	1441.67	2102.50	26.88
25	3073.80	163.40	0.00	117.00	67.40	486.20	834.00	27.13
69	6567.50	357.83	0.17	296.33	119.50	1023.50	1797.33	27.37
58	17959.00	934.17	1.00	607.17	404.83	3084.83	5032.00	28.02
14	8834.33	387.00	0.83	299.67	188.67	1621.50	2497.67	28.27
68	3318.00	188.00	0.00	147.00	149.00	458.00	942.00	28.39
80	6416.83	356.67	0.17	162.33	182.17	1149.67	1851.00	28.85
1	8499.17	425.33	0.00	337.33	190.83	1500.17	2453.67	28.87
44	7935.17	399.17	0.00	338.33	187.67	1387.00	2312.17	29.14

22	6775.67	615.00	0.83	321.50	248.33	791.83	1977.50	29.19
16	4594.17	262.00	0.67	176.67	167.67	746.33	1353.33	29.46
54	12305.83	617.17	2.50	284.67	268.67	2458.17	3631.17	29.51
42	4140.33	209.17	0.17	160.00	263.50	599.33	1232.17	29.76
67	5998.33	262.17	0.17	277.00	191.00	1061.83	1792.17	29.88
9	2268.00	152.50	0.00	155.50	100.50	274.00	682.50	30.09
47	3384.83	154.50	0.00	117.50	91.50	633.50	997.00	30.17
37	16344.00	754.50	2.17	541.67	327.00	3318.67	4944.00	30.25
26	3101.33	161.33	17.50	144.00	84.17	534.17	941.17	30.35
12	6108.50	258.33	0.33	292.50	181.00	1139.67	1871.83	30.64
76	5025.17	301.17	0.83	182.50	166.50	888.67	1539.67	30.64
34	4015.20	130.40	0.00	128.00	108.80	866.00	1233.20	30.71
3	4207.00	226.33	0.00	143.17	118.33	819.67	1307.50	31.08
64	5066.67	221.33	1.50	193.00	141.17	1032.00	1589.00	31.36
71	3010.20	123.60	0.00	74.40	78.40	675.20	951.60	31.61
45	6993.67	320.00	0.00	181.67	140.67	1571.83	2214.17	31.66
6	2491.25	171.75	1.25	123.75	92.50	485.25	794.50	31.89
36	5387.50	229.00	39.83	221.83	167.00	1073.00	1730.67	32.12
63	2985.00	216.00	0.00	187.67	77.33	520.33	1001.33	33.55
81	4004.50	265.17	1.17	199.17	110.33	775.83	1351.67	33.75
82	2676.86	156.29	0.14	154.57	113.14	482.29	906.43	33.86
17	3693.67	235.67	0.17	183.33	119.17	806.17	1264.50	34.23
15	2424.00	124.20	0.00	120.20	84.40	520.60	849.40	35.03
32	5863.67	302.17	0.00	267.83	174.50	1314.33	2058.83	35.11
55	2872.60	143.00	0.20	117.60	94.20	677.00	1032.00	35.95
51	3372.67	200.33	0.00	176.83	142.50	727.17	1246.83	36.97
41	4394.00	183.33	29.50	164.67	300.17	873.00	1630.67	37.11
39	1950.00	84.00	0.00	68.20	82.60	500.00	735.60	37.71
23	6769.50	311.50	0.00	209.00	165.50	1961.00	2647.00	39.10

CHITTOOR PHC NAMES

1	B.KOTHAKOTA
2	B.N KANDRIGA
3	BAIREDDYPALLE
4	BHAKRAPETA
5	BOMMASAMUDRAM
6	C.G GALLU
7	C.T.M
8	CHANDRAGIRI
9	CHINNAGOTTIGALLU
10	CHINNAPANDUR
11	CHINTHAPARTHY
12	CHOWDEPALLE
13	DAMALACHERUVU
14	EMPEDU
15	ERRAKOTAPALLE
16	G.D NELLORE
17	GANGAVARAM
18	GARNIMITTA
19	GUDIPALA
20	GUDUPALLE
21	GURRAMKONDA
22	IRALA
23	K.NAGAR
24	K.V.B.PURAM
25	KALAKADA
26	KALIKIRI
27	KAMMAPALLE
28	KANDUKUR
29	KARVETINAGAR
30	KOLAMASANAPALLE
31	KOVANUR
32	KURABALAKOTA
33	MAHAL
34	MALLANUR
35	MOLAKALACHERUVU
36	NAGALAPURAM
37	NAGARI
38	NARAYANAVARAM
39	NERABAILU
40	NIMMANAPALLE
41	NINDRA
42	P.KOTHAKOTA
43	P.N PET
44	P.T.M
45	PACHIKAPALEM
46	PAIPALEM
47	PALASAMUDRAM
48	PAPANAIDUPET
49	PATHIKONDA
50	PEDDAMANDYAM
51	PEDDAPANJANI
52	PENUMUR
53	PICHATUR
54	PULICHERLA
55	PUTHALAPATTU
56	R.H.C CHANDRAGIRI
57	RAMAKUPPAM
58	RAMASAMUDRAM

59	RAYALPETA
60	REGALLU
61	RENIGUNTA
62	ROMPICHERLA
63	ROYALPETA
64	S.R PURAM
65	SANTHIPURAM
66	SODAM
67	SOMALA
68	TALAPULA
69	THAMBALLAPALLI
70	THAVANAMPALLE
71	THEERTHAM
72	THOTTAMBEDU
73	THUGUNDRAM
74	THUMBAKUPPAM
75	V.KOTA
76	VADAMALAPETA
77	VARADAIAHPALEM
78	VIJALAPURAM
79	VIJAYAPURAM
80	YADAMARRI
81	YERPEDU
82	YERRAKOTAPALLI

CHITTOOR (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
6	9933.50	196.00	0.67	43.33	75.00	44.17	359.17	3.62
3	12692.17	375.83	0.00	226.33	31.67	54.83	688.67	5.43
7	19402.50	630.83	1.83	227.17	399.50	226.33	1485.67	7.66
2	752.17	29.00	0.00	40.33	19.83	15.50	104.67	13.92
4	975.50	47.67	1.00	59.00	13.17	29.33	150.17	15.39
1	9524.17	400.17	0.67	151.83	701.00	264.00	1517.67	15.93
5	1431.33	73.33	1.00	33.83	79.00	48.83	236.00	16.49

1	G.H CHITTOOR
2	G.H KUPPAM
3	G.H MADANAPALLE
4	G.H PALAMANER
5	G.H PUTTUR
6	G.H SRIKALAHASTHI
7	G.M.H TIRUPATI

ADILABAD (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAG	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
45	25578.50	113.00	2.00	59.50	228.00	919.50	1322.00	5.17
5	6849.60	38.80	3.00	8.00	96.00	341.00	490.00	7.15
12	6556.17	14.83	1.00	12.33	155.00	336.50	519.67	7.93
24	14725.67	5.00	0.67	131.67	290.33	770.33	1198.00	8.14
27	5864.33	5.67	4.33	1.67	189.33	293.83	494.83	9.77
60	7169.50	1.50	0.00	48.50	346.00	307.50	703.50	9.81
47	3986.00	63.00	3.17	7.83	70.67	264.33	409.00	10.47
26	14928.00	492.83	7.50	164.83	282.50	782.33	1650.00	11.05
49	5646.00	26.00	3.00	153.00	72.00	406.00	660.00	11.69
61	6256.00	0.00	0.00	25.00	153.00	577.00	755.00	12.07
51	6255.83	37.33	1.00	75.00	187.50	480.83	781.67	12.50
32	5718.00	0.00	0.00	31.00	168.00	535.00	734.00	12.84
19	7286.50	32.17	3.33	68.00	231.17	692.83	1027.50	14.10
59	2577.33	5.67	5.00	6.17	137.00	215.83	369.67	14.34
20	7361.67	290.17	11.00	45.83	247.67	484.17	1078.83	14.65
17	4930.80	52.20	0.00	38.40	280.60	371.20	742.40	15.06
57	4464.00	14.33	1.67	68.83	128.17	473.50	686.50	15.38
3	7426.00	0.00	0.00	28.00	481.50	642.50	1152.00	15.51
28	8015.00	99.83	7.50	33.67	450.50	668.00	1259.50	15.71
55	4498.00	31.67	0.00	38.00	99.00	546.33	715.00	15.90
39	5547.40	368.40	5.40	60.40	153.00	297.80	885.00	15.95
25	2912.17	10.33	0.33	63.33	163.33	227.83	465.17	15.97
46	8351.40	166.20	19.00	152.00	263.20	732.40	1333.60	15.97
16	3552.33	66.33	1.67	51.67	156.83	298.50	575.00	16.19
13	4955.00	20.33	2.33	58.67	139.17	585.67	806.17	16.27
2	6878.00	3.00	0.00	57.00	289.00	769.00	1119.60	16.28
50	6916.50	0.00	0.00	101.50	98.00	930.50	1130.00	16.34
29	4948.67	40.67	0.00	25.00	221.67	526.33	813.67	16.44
23	8939.33	0.33	0.00	160.00	329.67	994.00	1484.00	16.60
63	3712.00	12.00	0.00	47.33	129.67	430.33	619.33	16.68
33	4531.83	41.83	2.50	23.33	212.83	488.83	769.33	16.98
31	4701.33	0.00	0.00	31.33	274.33	510.00	815.67	17.35
11	7554.00	32.67	1.33	127.33	222.33	936.33	1320.00	17.47
37	3271.17	24.17	1.33	1.00	171.17	385.33	583.00	17.82
1	3769.83	17.33	2.00	36.83	248.00	380.00	676.17	17.94
34	4045.00	20.33	2.33	40.83	183.33	504.50	751.33	18.57
36	3359.83	21.17	2.33	38.50	124.00	438.67	624.67	18.59
9	7641.00	33.40	0.20	7.00	566.00	818.00	1426.20	18.67
43	3184.50	5.50	0.00	14.00	166.00	412.50	598.00	18.78
7	2937.33	16.17	0.00	45.17	190.17	300.83	552.33	18.80
21	2986.60	0.00	0.00	10.40	141.20	422.80	574.40	19.23
42	5852.00	330.00	21.50	18.50	143.50	614.50	1128.00	19.28
41	5585.75	66.00	0.00	90.50	264.00	695.25	1115.75	19.97
6	3760.50	64.33	2.83	14.00	172.67	497.33	751.17	19.98
56	4410.00	59.00	0.00	77.00	115.00	649.00	900.00	20.41
14	3612.50	64.17	3.00	50.17	167.00	478.67	763.00	21.12
53	5461.00	11.67	0.00	20.67	166.67	963.67	1162.67	21.29
40	3025.33	12.67	0.00	3.67	159.00	469.33	644.67	21.31
58	2912.67	23.00	2.50	6.67	133.33	460.67	626.17	21.50
54	5411.00	240.17	10.17	107.17	233.17	609.33	1200.00	22.18
44	3553.17	100.00	4.67	44.17	193.83	449.17	791.83	22.29
22	4340.17	225.83	18.83	71.50	213.83	512.17	1042.17	24.01
4	4222.50	106.33	4.50	86.67	202.17	622.67	1022.33	24.21
15	2211.17	32.00	1.33	51.83	107.67	352.33	545.17	24.66
35	4430.17	277.00	11.67	36.50	166.33	658.83	1150.33	25.97

30	3542.00	131.17	6.33	36.50	299.83	459.83	933.67	26.36
48	1855.40	23.40	1.20	72.00	97.40	313.80	507.80	27.37
10	2595.83	15.33	1.67	33.17	179.00	485.33	714.50	27.52
52	3828.17	125.83	6.00	55.00	314.50	597.83	1099.17	28.71
38	2129.00	46.83	2.00	33.67	153.17	398.17	625.83	29.40
8	1685.00	18.00	0.00	10.50	101.33	412.00	541.83	32.16
18	2579.33	100.00	2.67	42.17	214.33	521.67	880.83	34.15
62	3172.83	128.17	5.50	43.33	272.50	783.00	1152.50	36.32

ADILABAD PHC NAMES

1	ADA (ASIFABAD)
2	ANKOLI (ADB)
3	BASAR (MUDHOLE)
4	BAZARHATNOOR
5	BEJJUR
6	BELA
7	BHEEMINI
8	BHEEMPUR (TAMSI)
9	DANDEPALLY
10	DANTHANPALLY(UTNOOR)
11	DASTURABAD (KADAM)
12	DEHAGAON
13	DILAWARPUR
14	GUDIHATNOOR
15	HASNAPUR (UTNOOR)
16	ICHODA
17	INDERVALLY
18	JAINOOR
19	JAIPOOR
20	JANNARAM
21	JHARI (NARNUR)
22	KASIPET
23	KASIPET (M.MARRY)
24	KASIPET (MNCL)
25	KERAMERI
26	KHAGAZNAGAR
27	KOTAPALLY
28	KOWTHALA
29	KOWTHALA (SIRPUR.T)
30	KUBEER
31	KUBEER (BHAINSA)
32	KUBEER (MUDHOLE)
33	KUNDARAM
34	KUNTALA
35	LAXMANCHANDA
36	MAMDA
37	NANNEL
38	NARNOOR
39	NARSAPUR
40	NARSAPUR (ICHODA)
41	NARSAPUR (LOHESRA)
42	NARSAPUR(SARANGAPUR)
43	NARSAPUR(T) (ICHODA)
44	NERADIGONDA

45	PEMBI
46	PEMBI (KHANAPUR)
47	REBBANA
48	SIRPUR (U)
49	SOAN (L.CHANDA)
50	SOAN (NIRMAL)
51	SONALA (BOATH)
52	TALAMADUGU
53	TALAMADUGU (JAINAD)
54	TANDOOR
55	TANDOOR (B.PALLY)
56	TANDOOR (B.PALLY)(U)
57	TANOOR
58	THAMSI
59	VEMANPALLY
60	VENKATRAOPET
61	VENKATRAOPET (LXPT)
62	WANKIDI
63	WANKIDI (THIRYANI)

ADILABAD (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
18	0.00	823.67	54.33	0.00	0.00	0.00	878.00	0.00
23	0.00	1749.00	18.40	49.00	625.60	1942.40	4367.40	0.00
4	9762.00	166.67	5.50	0.00	8.17	32.50	212.83	2.18
20	15176.50	220.83	6.50	5.33	46.17	72.17	351.00	2.31
26	4233.50	3.00	0.00	17.50	91.00	0.00	111.50	2.63
5	20161.33	487.50	14.50	2.17	67.00	73.67	564.83	2.80
14	8099.33	165.17	7.67	5.83	24.50	33.83	237.00	2.93
21	8357.50	271.50	7.67	0.00	1.17	6.67	287.00	3.43
27	6850.00	237.40	2.40	0.00	0.00	3.20	243.00	3.55
24	7904.86	224.29	16.00	1.00	47.14	6.14	294.57	3.73
25	3258.60	73.00	4.20	10.60	2.40	32.60	122.80	3.77
16	8685.50	271.00	15.50	2.17	18.00	22.33	329.00	3.82
6	6441.00	57.00	6.00	52.00	13.00	162.00	290.00	4.50
1	13347.33	698.33	28.17	0.00	0.00	0.00	726.50	5.44
15	6508.50	155.33	7.50	93.83	50.00	85.67	392.33	6.03
13	7550.50	334.00	18.00	0.50	163.83	18.33	526.67	6.98
22	9467.00	501.50	52.00	24.50	72.50	162.50	813.00	8.59
3	2924.00	223.20	6.80	16.80	11.00	5.00	263.60	9.02
2	12686.00	1151.60	86.20	0.00	0.00	0.00	1237.80	9.76
17	6723.83	475.83	18.50	5.00	83.00	171.17	753.50	11.21
10	6197.33	774.67	49.33	30.00	139.33	135.67	1129.00	18.22
11	8984.75	575.50	46.50	18.25	424.00	619.00	1683.25	18.73
12	11161.00	1430.00	389.00	39.00	251.00	0.00	2109.00	18.90
9	4248.00	318.20	43.00	28.60	274.00	160.60	825.20	19.43
8	4112.33	425.83	14.50	8.17	153.50	222.50	824.50	20.05
7	10002.00	1155.40	47.40	38.00	136.00	984.00	2360.00	21.85
19	7521.00	754.00	67.67	45.00	741.33	676.00	2284.00	30.37

ADILABAD URBAN NAMES

1. A.H.B PALLY
2. A.H.R.K.PUR
3. ASIFABAD
4. BELLAMPALLY
5. BOATH
6. CHENNOOR
7. D.H.H.ADB
8. G.H BHAINSA
9. G.H CHENNOOR
10. G.H MANCHERIAL
11. G.H NIRMAL
12. H.H ADB
13. JAINAD
14. KADDAM
15. KHAGAZNAGAR
16. KHANAPUR
17. LUXETTIPET
18. M.L.T. CAMPS
19. MANCHERIAL
20. MANDAMARRY
21. MUDHOLE
22. NIRMAL
23. P.M.P'S
24. R.K.PUR
25. SIRPUR (T)
26. THIRYANI
27. UTNOOR

WARANGAL (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
9	25373.00	93.50	171.50	174.00	385.25	446.50	1270.75	5.01
11	23979.20	117.00	307.00	184.20	328.00	623.40	1561.20	6.51
8	2500.00	31.75	7.25	60.50	65.25	65.00	229.75	9.16
50	7812.20	5.60	20.20	155.80	193.80	372.40	747.80	9.57
3	2001.60	4.40	15.00	3.20	38.20	167.40	228.20	11.40
5	19797.00	449.80	259.40	432.20	292.60	925.00	2359.00	11.92
47	17339.20	194.00	194.00	464.60	420.20	827.00	2099.80	12.11
2	8783.25	60.00	98.50	196.75	248.00	474.25	1077.50	12.27
59	5420.00	14.40	34.00	118.60	90.60	434.00	691.60	12.76
12	8141.75	208.50	93.25	151.00	234.25	400.75	1087.75	13.36
20	2290.00	0.00	25.00	137.00	42.00	103.00	307.00	13.41
42	5332.00	51.25	66.75	145.25	231.75	220.50	715.50	13.42
39	7237.67	66.67	49.67	137.33	294.33	450.00	998.00	13.79
25	11503.00	182.50	127.00	105.50	221.00	973.50	1609.50	13.99
1	2000.33	19.00	36.67	22.00	42.67	179.00	299.33	14.96
55	14945.00	114.00	240.40	358.20	374.20	1161.20	2248.00	15.05
16	6375.50	84.75	141.50	67.50	194.50	497.25	985.50	15.46
32	1500.00	9.67	53.00	55.67	27.00	107.67	253.00	16.87
4	15963.40	169.20	95.00	368.40	586.60	1500.20	2719.40	17.04
19	2382.00	79.00	5.00	0.00	49.00	200.00	413.00	17.34
54	8300.00	160.00	220.00	275.00	294.40	522.00	1473.00	17.74
29	3979.00	45.75	55.00	187.00	142.25	282.00	712.00	17.89
41	2382.00	5.50	28.00	6.00	100.50	207.00	427.00	17.93
15	10092.60	355.00	100.00	299.20	238.40	828.60	1829.20	18.12
43	6200.00	142.60	76.40	163.00	213.00	545.40	1141.20	18.17
14	6332.20	133.20	75.20	275.00	100.40	494.60	1159.20	18.31
45	8503.60	174.20	120.60	155.00	413.20	709.60	1501.40	18.60
17	7911.00	152.00	126.00	105.60	290.00	717.40	1472.60	18.61
6	4290.40	60.00	03.40	255.20	02.00	309.40	790.00	18.62
56	3110.00	07.60	50.20	00.20	54.20	333.60	621.00	19.99
60	6653.00	150.00	99.00	220.40	192.60	660.40	1330.40	19.99
30	7563.00	200.60	91.00	262.00	153.60	739.20	1520.00	20.20
51	7900.17	09.03	69.03	171.33	264.50	1022.03	1610.33	20.20
52	0273.00	19.00	137.00	259.00	225.00	1063.00	1703.00	20.59
22	2055.00	111.20	30.40	117.60	105.60	210.00	590.00	20.69
13	10117.00	72.00	07.40	334.20	202.20	1347.40	2103.20	20.79
27	5330.00	133.00	91.20	152.20	137.00	017.00	1132.00	21.23
10	0547.40	114.60	232.60	132.00	209.00	1055.00	1024.00	21.34
36	3221.00	27.25	14.50	97.25	00.50	505.00	724.50	22.49
49	7520.00	7.50	7.00	371.75	226.75	1004.75	1697.75	22.50
40	2030.50	22.50	21.75	50.50	01.00	301.25	405.00	22.03
53	0901.20	92.40	140.40	202.60	334.00	1214.20	2052.40	23.06
34	3015.20	2.20	5.20	131.00	136.60	437.20	712.20	23.62
33	3574.00	101.50	111.00	125.25	227.75	200.50	052.00	23.04
24	10029.00	03.00	125.40	239.40	232.60	1734.00	2395.20	23.00
37	4100.60	230.00	90.00	131.00	102.20	410.20	1047.40	25.05
50	7710.00	309.20	207.60	143.00	314.60	005.40	1940.60	25.14
26	4403.50	7.00	11.00	219.50	140.50	730.00	1114.00	25.30
21	12900.25	030.75	201.75	470.75	400.75	1441.25	3299.25	25.50
40	5040.00	00.00	91.00	154.40	200.40	005.20	1571.00	20.07
40	9015.40	411.20	133.00	290.00	337.40	1255.40	2435.00	27.02
7	2474.00	151.20	113.00	70.00	54.40	295.20	005.40	27.70
23	4141.50	200.75	151.00	200.25	170.00	407.25	1209.25	29.20
20	7270.20	153.00	130.20	292.00	317.40	1247.00	2140.40	29.41
30	10415.60	509.00	207.20	300.60	422.40	1429.40	3115.40	29.91

35	6191.00	15.20	2.00	315.00	251.20	1305.00	1889.20	30.52
57	1893.67	43.67	60.00	103.00	96.00	315.33	618.00	32.64
18	13561.00	669.00	191.00	705.00	457.00	2550.00	4572.00	33.71
44	4919.00	83.50	124.25	161.25	161.75	1301.00	1831.75	37.24
31	5369.00	74.40	28.60	294.40	331.40	1758.00	2486.00	46.32

WARANGAL PHC NAMES

1	ALANKANIPET
2	ATMAKUR
3	AZAMNAGAR
4	BACHANNAPET
5	BALPAL
6	BHOOPALPALLY
7	CHELPUR
8	CHENCHUPALLY
9	CHENNARAOPET
10	CHITYAL
11	DAMERA
12	DANTHALAPALLY
13	DARMASAGAR
14	DEVARUPPULA
15	DORNAKAL
16	DUGGONDI
17	GEESUGONDA
18	GHANPUR
19	GHANPUR(H)
20	GHANPUR(MULUGU)
21	GHANPUR(STN)
22	GOVINDARAOPET
23	GUDUR
24	HASANPARTHY
25	KADIPIKONDA
26	KAMBALAPALLY
27	KANNAIGUDEM
28	KESAMUDRAM
29	KHANAPUR
30	KODAKANDLA
31	KOMALLA
32	KOMETAGUDEM
33	KOTHAGUDEM
34	LADNOOR
35	LINGALAGHANPUR
36	MADDUR
37	MANGAPET
38	MARRIPEDA
39	MEDAPALLY
40	MOGULLAPALLY
41	MULUGUGHANPUR
42	NALLABALLI
43	NARMETTA
44	NEKKONDA
45	NELLIKUDUR
46	PALAKURTHY
47	PARWATHAGIRI
48	PASRA
49	RAGHUNATHAPALLI
50	RAINIGUDEM

51	RAIPARTHY
52	RAIPARTHY(M)
53	REGONDA
54	SANGEM
55	SHAYAMPET
56	TADVAI
57	TEEGALAVENI
58	THORRUR
59	VENKATAPUR
60	ZAFFERGADH

WARANGAL (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP
1	0.00	29.00	2.00	0.00	0.00	0.00	31.00
8	0.00	73.50	11.00	0.00	0.00	0.00	84.50
21	11879.00	123.00	36.67	5.67	0.00	0.00	165.33
6	5100.00	0.00	0.00	50.00	36.00	0.00	86.00
3	11660.67	0.00	0.00	124.33	111.33	108.33	344.00
2	5100.00	33.00	137.50	16.00	0.00	0.00	186.50
12	14020.33	482.67	196.00	44.00	16.00	115.33	854.00
24	13469.00	683.00	265.00	0.00	20.00	0.00	968.00
4	7583.00	378.00	150.00	40.00	0.00	0.00	568.00
22	5100.00	1.00	504.00	0.00	0.00	0.00	505.00
9	11223.00	888.00	411.00	2.00	0.00	20.00	1241.00
20	8538.60	427.80	165.20	73.00	71.80	248.80	986.60
18	7966.00	552.33	416.67	0.00	0.00	0.00	969.00
16	10612.40	787.80	167.80	47.80	116.80	170.60	1298.80
13	18388.00	525.00	1057.00	89.00	284.00	559.00	2514.00
10	11951.50	537.50	0.00	112.00	187.50	802.50	1639.50
19	8876.80	660.20	352.20	73.60	78.60	113.60	1278.20
11	10229.00	1182.67	73.00	94.00	45.67	190.00	1585.33
23	9339.00	1351.00	35.00	0.00	69.00	0.00	1455.00
17	18888.00	1226.00	1088.00	239.33	301.33	1314.67	4169.33
5	15722.00	1161.00	0.00	169.00	194.00	1958.00	3474.00
7	9120.00	0.00	9.00	428.00	109.00	2434.00	2980.00
14	5100.00	1864.50	172.50	35.50	0.00	0.00	2072.50
15	5100.00	1788.00	203.00	417.00	0.00	0.00	2408.00

WARANGAL URBAN FAMILY WELFARE CENTRES NAMES

1	CAMP AT KALYANI
2	CHRISTIAN HOSPITAL
3	CITY MUNCIPALITY
4	CIVIL HOSP MULUGU
5	CKM HOSPITAL
6	CWC KAZIPET
7	EPWC MUNCIPALITY
8	ESI HOSPITAL
9	G.H.VARDANAPET
10	GKM HOSPITAL
11	JANAGAON
12	MAH'BAD
13	MGM HOSPITAL
14	PPP (R)
15	PPP (U)
16	PPP UNIT CHERIAL
17	PPP UNIT MGM
18	PPP UNIT MULUGU
19	PPP UNIT NARSAMPET
20	PPP UNIT PARAKAL
21	PPP UNIT VARDANAPET
22	REG. EYE HOSPITAL
23	UPWC JANAGAON
24	UPWC MAH'BAD

WEST GODAVARI (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
17	3723.00	0.00	0.00	109.00	120.00	0.00	229.00	6.15
13	10710.50	0.00	0.00	191.50	312.50	450.00	954.00	8.91
48	21442.00	197.50	4.50	500.50	311.00	1077.00	2090.50	9.75
49	12457.50	134.00	2.50	172.50	301.50	744.50	1355.00	10.88
50	10717.00	29.50	1.50	359.33	224.17	770.50	1385.00	12.92
54	6179.00	121.00	4.50	162.00	179.00	375.00	841.50	13.62
23	2745.00	0.00	0.00	84.00	76.00	216.50	376.50	13.72
45	9735.71	112.43	9.43	327.71	203.43	755.71	1408.71	14.47
31	9251.00	380.00	19.00	365.00	270.00	350.00	1384.00	14.96
18	9420.50	0.00	0.00	382.50	229.67	870.67	1490.83	15.83
56	11024.33	382.33	11.00	304.00	206.00	968.83	1872.17	16.98
24	12156.00	283.00	10.67	342.50	270.67	1192.00	2098.83	17.27
55	5673.00	311.75	8.25	153.50	90.00	427.50	991.00	17.47
44	11418.33	237.67	7.33	355.33	212.83	1231.17	2044.33	17.90
25	10730.00	519.67	9.00	355.00	281.33	771.50	1936.50	18.05
39	2570.00	77.75	2.25	86.50	68.50	230.00	465.00	18.09
3	4964.33	0.00	0.00	143.33	135.00	629.33	907.67	18.28
41	10469.00	310.00	26.67	270.17	204.67	1113.00	1924.50	18.38
4	6262.00	0.00	0.00	283.00	142.50	755.00	1180.50	18.85
7	9282.67	220.33	3.67	248.17	170.00	1107.00	1757.17	18.93
43	11236.00	9.00	0.00	379.00	241.67	1510.33	2140.00	19.05
14	10667.00	450.17	27.67	220.83	189.50	1158.83	2055.00	19.27
37	12092.50	424.83	7.83	399.00	289.83	1227.00	2348.50	19.42
52	10743.17	251.33	5.50	332.67	223.33	1329.50	2142.33	19.94
6	7461.00	86.67	235.50	175.17	192.83	829.67	1519.83	20.37
16	6539.00	165.33	6.67	186.33	194.00	785.00	1337.33	20.45
32	9617.67	109.17	0.33	283.50	855.00	793.00	2041.00	21.22
35	11064.67	622.17	42.50	478.17	279.67	937.17	2359.67	21.33
8	11266.67	369.00	7.50	438.00	277.67	1416.00	2508.17	22.26
46	11061.67	4.17	0.00	312.50	736.67	1413.33	2466.67	22.30
47	10879.17	311.83	9.83	422.00	308.17	1469.50	2521.33	23.18
1	10272.83	368.67	8.00	422.33	252.17	1339.67	2390.83	23.27
19	3375.00	97.00	0.20	107.40	81.40	500.00	786.00	23.28
12	3804.50	73.00	5.00	63.00	389.00	480.00	930.00	24.44
57	11850.67	799.83	39.83	529.67	324.50	1213.17	2907.00	24.53
28	4708.67	18.17	0.33	158.00	129.50	866.67	1172.67	24.90
27	10768.83	480.50	24.50	419.83	297.33	1462.00	2684.17	24.93
38	7391.83	345.83	12.83	296.33	357.83	834.33	1847.17	24.99
22	10366.17	463.67	18.17	424.33	295.83	1432.17	2634.17	25.41
42	21015.25	285.75	10.00	491.00	3204.00	1462.50	5453.25	25.95
29	12163.50	774.67	39.33	421.00	270.00	1662.33	3175.33	26.11
34	10200.40	310.40	271.00	466.60	627.00	1012.00	2687.00	26.34
36	11446.83	277.00	12.67	461.67	1335.67	943.17	3030.17	26.47
21	10449.33	728.83	67.83	371.33	253.50	1458.33	2879.83	27.56
26	5951.50	106.00	3.33	317.50	341.67	872.83	1641.33	27.58
10	6122.60	46.60	61.40	374.20	244.80	962.60	1689.60	27.60
20	7676.17	415.33	9.50	208.67	1069.17	529.67	2232.33	29.08
11	7545.14	299.00	4.86	235.00	402.00	1284.57	2225.43	29.49
9	9471.00	424.67	0.00	361.17	988.67	1116.50	2891.00	30.52
2	10358.17	452.67	14.00	427.00	296.00	2020.67	3210.33	30.99
60	9530.00	89.60	8.60	350.80	1562.80	943.40	2955.20	31.01
59	6799.67	17.67	3.00	242.33	1352.33	560.67	2176.00	32.00
51	6989.00	153.67	2.67	305.00	591.33	1258.67	2311.33	33.07

33	8928.00	511.67	21.17	553.33	965.17	910.50	2961.83	33.17
48	4230.50	0.00	0.00	169.50	233.00	1047.50	1450.00	34.27
38	14030.83	473.50	14.67	545.50	2441.17	1789.83	5264.67	37.52
50	6251.67	8.33	0.00	382.33	264.00	1839.00	2493.67	39.89
53	4871.33	447.00	10.17	314.17	170.33	1119.33	2061.00	42.31
15	5287.67	291.83	3.17	361.33	427.33	1344.33	2428.00	45.92
5	5258.50	466.33	15.00	335.00	534.00	1427.17	2777.50	52.82

1	A.VEMAVARAM
2	AKIVEEDU
3	ALAMURU
4	ATTILI
5	BHIMADOLE
6	BUTTAYAGUDAM
7	CHAGALLU
8	CHEBROLE
9	D.TIRUMALA
10	DENDULURU
11	DEVARAPALLI
12	DODDIPATLA
13	DOMMERU
14	GANAPAVARAM
15	GOPALAPURAM
16	GUNDUGOLANU
17	HUKUMPETA
18	IRAGAVARAM
19	JEELUGUMILLI
20	K.KOTA
21	KALLA
22	KANURU
23	KONDNUKOTA
24	KONITHIWADA
25	KOYYALAGUDEM
26	L.B.CHERLA
27	L.KODERU
28	L.N.D.PETA
29	LAKKAVARAM
30	LINGAPALEM
31	MADAPADU
32	MALAKAPALLI
33	MANCHILI
34	MEDAPADU
35	MOGALTHURU
36	MUDUNURU
37	NALLAJERLA
38	P.N.KOLANU
39	P.R.GUDEM
40	PADAPADU
41	PALAKODERU
42	PEDAPADU
43	PEDAVEGI

44	PENUGONDA
45	PENUMANTRA
46	PERAVALI
47	PODURU
48	POTHUNURU
49	RAGHAVAPURAM
50	RELANGI
51	T.NARASAPURAM
52	TADIMALLA
53	TALLAPUDI
54	THURUPUTALLU
55	UNDI
56	UNDRAJAVARAM
57	V.R.GUDEM
58	VEERAVASARAM
59	YADAVOLE
60	YENDAGANDI

WEST GODAVARI (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
15	8207.00	255.00	27.00	154.50	56.50	41.50	534.50	6.51
11	13873.67	543.00	25.67	19.67	144.00	183.33	915.67	6.60
7	8949.33	145.67	12.17	121.50	135.50	187.50	602.33	6.73
17	12447.00	649.50	34.00	38.50	109.50	63.50	895.00	7.19
1	18469.50	1076.50	136.50	64.50	50.00	209.00	1536.50	8.32
9	8476.25	261.50	19.50	125.75	244.00	132.00	782.75	9.23
14	26492.67	354.33	19.33	191.67	1719.00	944.67	3229.00	12.19
3	18943.50	1290.50	84.50	179.00	251.25	532.50	2337.75	12.34
2	23464.33	1482.50	86.17	274.00	513.17	931.83	3287.67	14.01
6	5745.25	501.50	15.25	30.00	165.50	267.75	980.00	17.06
13	5479.00	590.50	15.00	35.00	219.50	124.00	984.00	17.96
8	6229.00	369.00	7.33	148.00	165.00	463.00	1152.33	18.50
12	9320.00	933.50	37.00	117.25	156.25	583.25	1827.25	19.61
18	8273.00	808.00	57.00	165.00	65.00	552.50	1647.50	19.91
5	7953.17	734.00	97.67	424.33	793.00	707.50	2756.50	34.66
4	1327.50	466.50	21.17	7.50	25.50	40.33	561.00	42.26
16	686.00	163.00	8.00	46.00	30.00	135.00	382.00	55.69
10	652.40	186.40	2.60	61.00	23.00	95.20	369.00	56.56

WEST GODAVERY URBAN FAMILY WELFWARE CENTRES NAMES

1	BHIMAVARAM
2	ELURU (MP)
3	G.H.BHIMAVARAM
4	G.H.CHINTALAPUDI
5	G.H.ELURU
6	G.H.KOVVURU
7	G.H.NARASAPURAM
8	G.H.NIDADAVOLE
9	G.H.PALAKOLLU
10	G.H.POLAVARAM
11	G.H.TADEPALLIGUDEM
12	G.H.TANUKU
13	KOVVURU
14	NIDADAVOLE
15	PALAKOLLU
16	POLAVARAM
17	TADEPALLIGUDEM
18	TANUKU

VISAKHAPATNAM (RURAL)

PHCCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
48	2210.00	2.00	20.60	15.40	15.00	125.00	178.00	8.09
32	3353.20	14.40	76.00	54.40	65.20	273.40	483.40	14.42
50	4493.60	91.20	49.20	76.60	94.00	336.00	648.60	14.43
23	11843.83	137.17	201.67	238.67	185.17	1047.00	1809.67	15.28
38	5872.33	1.17	119.83	188.00	106.33	508.33	923.67	15.73
53	6609.67	204.33	4.00	95.33	157.00	594.33	1055.00	15.96
36	7194.00	65.33	41.33	168.67	122.33	760.33	1150.00	15.99
18	3677.40	26.00	95.00	85.40	65.20	319.60	591.20	16.08
45	6770.83	1.00	134.33	84.67	120.83	762.00	1102.83	16.29
14	6709.00	20.17	174.67	150.33	101.83	650.83	1105.83	16.48
16	7248.17	72.00	127.17	179.00	122.83	800.00	1309.00	18.06
42	3400.00	55.50	37.00	92.00	89.50	342.00	616.00	18.12
49	9459.33	379.50	47.00	124.50	279.50	969.50	1800.00	19.03
4	4404.50	54.00	114.17	145.00	88.50	478.50	880.17	19.98
41	9042.83	353.67	9.83	209.33	233.83	973.00	1859.67	20.57
31	8402.60	135.00	202.40	195.00	175.20	1020.00	1736.40	20.67
11	2224.00	61.00	49.00	100.00	70.00	185.60	476.00	21.40
60	8461.60	336.40	12.00	304.60	241.00	841.60	1817.20	21.48
35	8005.83	217.67	7.33	304.33	169.50	992.00	1770.83	21.90
7	6040.67	145.83	4.00	220.83	139.00	810.00	1327.67	21.98
8	6042.67	133.67	3.83	350.00	193.83	857.17	1546.50	22.60
15	4691.67	57.83	79.83	161.83	157.50	610.00	1075.00	22.91
44	11618.50	492.50	32.50	305.50	260.67	1404.33	2663.50	22.92
1	5729.00	267.00	23.00	270.00	154.00	629.20	1345.60	23.49
27	13406.83	653.17	37.17	559.50	200.50	1640.83	3171.17	23.51
12	8641.50	229.00	8.83	426.50	219.67	1176.83	2060.83	23.05
20	5072.60	156.20	7.00	229.00	132.20	691.40	1216.60	23.98
17	10642.67	612.83	60.50	520.33	247.33	1150.00	2607.00	24.50
55	7090.17	252.50	15.50	391.33	233.33	1054.67	1947.33	24.66
52	9449.50	369.00	14.03	491.17	251.03	1212.50	2339.33	24.76
33	6059.33	220.50	20.17	252.03	151.17	050.33	1503.00	24.00
51	7197.33	272.03	7.50	300.17	202.33	1020.50	1011.33	25.17
5	3400.00	17.00	19.00	195.00	165.00	460.00	056.00	25.10
50	10556.33	256.67	5.33	516.33	401.67	1509.33	2609.33	25.40
19	0419.50	290.50	15.00	375.33	241.03	1230.67	2161.33	25.67
21	7107.03	197.17	15.67	304.50	216.03	1023.17	1037.33	25.05
37	7511.03	331.33	11.17	347.50	219.00	1062.33	1971.33	26.24
47	5021.20	223.00	15.00	255.00	120.40	706.20	1320.40	26.30
30	2677.40	70.00	1.00	130.60	02.00	419.60	712.00	26.59
13	3230.00	92.60	45.00	159.60	01.40	497.00	077.20	27.16
46	9225.33	536.33	26.67	430.67	212.17	1311.03	2525.67	27.30
10	4276.20	104.00	3.20	207.20	124.00	745.20	1105.20	27.72
56	0441.17	422.67	15.03	360.03	256.50	1277.17	2341.00	27.73
59	3150.00	144.40	9.40	150.20	99.40	470.60	002.00	27.92
24	9192.40	451.60	16.00	494.00	231.60	1307.00	2501.00	20.00
22	3652.60	153.60	3.60	105.00	93.00	595.00	1031.00	20.25
43	7403.50	430.33	21.50	361.00	230.03	1101.17	2144.03	20.00
39	5423.03	109.00	6.00	237.50	100.50	903.17	1556.17	20.09
9	3400.00	64.00	116.50	126.50	100.00	510.00	977.00	20.74
3	6643.00	335.00	7.03	357.67	166.50	1055.50	1922.50	20.94
61	3795.00	39.00	2.00	201.00	100.00	700.00	1122.00	29.57
54	14635.00	752.50	34.17	790.00	431.00	2306.03	4394.50	30.03
26	9927.00	077.17	172.67	459.50	266.03	1226.03	3003.00	30.25
57	6090.50	299.50	13.00	342.17	109.50	1263.67	2107.03	30.55
28	7723.17	312.33	10.67	434.00	239.17	1360.50	2364.67	30.62
6	4551.00	295.50	12.50	320.50	120.67	725.03	1475.00	32.41
29	3400.00	136.00	72.00	252.00	209.00	673.00	1357.00	39.91

25	2739.40	405.40	13.20	207.60	121.40	583.80	1331.40	48.60
2	4537.00	472.00	24.00	475.00	130.00	1150.00	2251.00	49.61
34	3463.00	393.00	15.00	319.00	140.00	998.00	1857.00	53.62
40	3345.00	290.00	20.00	384.00	225.00	1270.00	2189.00	65.44

VISAKHAPATNAM PHC NAMES

1	AGNAMPUDI
2	ANAKAPALLI
3	ANANDAPURAM
4	ANANTAGIRI
5	ARAKU
6	ATCHUTAPURAM
7	BUTCHIYYAPETA
8	CHEEDIKADA
9	CHINTHAPALLI
10	CHOWDUVADA
11	DARAKONDA
12	DEVARAPALLI
13	DOWNOOR
14	DUMBRIGUDA
15	G.K.VEEDHI
16	G.MADUGULA
17	GAJUWAKA
18	GANNELA
19	GAVARAVARAM
20	GODICHERLA
21	GOLUGONDA
22	HARIPALEM
23	HUKUMPETA
24	K.J.PURAM
25	K.KOTAPADU
26	KANITHI
27	KASIMKOTA
28	KOTAURATLA
29	KOYYURU
30	L.V.PALEM
31	LOTHUGEDDA
32	MADAGADA
33	MADHURAWADA
34	MADUGULA
35	MAKAVARAPALEM
36	MINUMULURU
37	MUNAGAPAKA
38	MUNCHINGPUT
39	NAKKAPALLI
40	NARSIPATNAM
41	NATHAVARAM
42	PADERU
43	PARAWADA
44	PAYAKARAOPETA
45	PEDABAYALU
46	PENDURTHI
47	PENUGOLLU
48	PINAKOTA
49	R.H.C SIMHACHALAM

50	RAJENDRAPALEM
51	RAMBILLI
52	RAVIKAMATAM
53	REGUPALEM
54	REVIDI
55	ROLUGUNTA
56	SABBAVARAM
57	SARVASIDDI
58	THUMMAPALA
59	TURAKALAPUDI
60	VEMULAPUDI
61	YALAMANCHILI

VISAKHAPATNAM (URBAN)

UCODE	AVEGCP	AVTUB	AVVAS	AVIUD	AVORL	AVCON	AVGTPCP	PERTPCP
8	0.00	8.20	6.00	0.00	0.00	0.00	14.20	0.04
9	0.00	61.00	20.75	9.00	1.75	10.25	102.75	0.04
10	0.00	26.00	9.00	3.00	0.00	0.00	38.00	0.04
17	0.00	9.00	0.00	0.00	0.00	0.00	9.00	0.04
18	0.00	14.75	5.25	0.00	0.00	0.00	20.00	0.04
20	0.00	362.33	92.67	277.67	0.00	0.00	732.67	0.04
30	0.00	1339.00	210.17	417.00	0.00	0.00	1966.17	0.04
33	0.00	157.67	237.00	310.00	0.00	0.00	704.67	0.04
35	0.00	33.00	38.00	34.00	0.00	0.00	105.00	0.04
41	0.00	64.60	57.20	0.00	0.00	0.00	130.60	0.04
14	3400.00	35.00	25.00	0.00	0.00	0.00	60.00	1.76
19	21202.00	0.00	0.00	72.50	380.25	351.00	803.75	3.79
13	4420.00	33.00	149.00	0.00	0.00	0.00	182.00	4.12
11	5100.00	147.00	117.00	0.00	0.00	0.00	264.00	5.18
24	38696.50	253.00	50.00	287.50	794.00	570.00	1874.50	6.11
3	45373.00	361.00	39.00	429.00	300.00	1846.00	2975.00	6.56
15	3400.00	149.00	80.00	0.00	0.00	0.00	229.00	6.74
34	8500.00	195.00	21.50	100.00	176.50	117.50	610.50	7.18
16	8500.00	219.50	25.00	140.50	178.50	235.50	799.00	9.40
28	36407.00	0.00	0.00	200.75	1593.50	2061.75	3936.00	10.81
21	8500.00	0.00	0.00	240.50	227.00	571.00	1046.50	12.31
39	8500.00	0.00	4.50	327.50	209.00	582.00	1123.00	13.21
32	8573.50	231.25	95.25	210.50	307.25	541.75	1386.00	16.17
22	27881.00	892.67	277.67	333.33	1225.67	1817.00	4546.33	16.31
38	25639.00	1214.50	49.67	329.33	873.33	1825.67	4292.50	16.74
31	9015.50	70.00	61.00	189.50	269.50	1009.00	1599.00	17.74
1	3268.25	289.75	0.00	68.75	53.50	282.75	614.75	18.81
5	3520.00	186.00	18.00	73.00	78.00	436.00	711.00	20.21
29	8500.00	693.00	475.00	660.00	5.00	3.00	1836.00	21.60
42	3557.67	255.67	24.33	25.50	107.33	359.33	772.17	21.70
23	33651.00	1028.67	381.67	559.67	1211.33	4204.00	7385.33	21.95
4	3301.50	239.00	18.50	53.75	95.00	334.50	740.75	22.44
40	2777.00	268.00	0.00	86.00	80.50	237.50	672.00	24.20
12	6740.00	201.00	71.25	209.00	261.50	985.25	1728.00	25.64
2	8500.00	492.50	28.00	341.50	843.50	593.50	2299.00	27.05
7	2946.83	298.17	19.33	46.17	101.17	371.50	836.33	28.38
37	3249.00	146.00	8.00	50.00	245.00	479.00	928.00	28.56

25	22358.50	1828.50	69.50	777.50	1385.50	4443.50	7624.50	34.11
6	8500.00	696.50	53.50	347.00	1178.00	673.50	2946.50	34.66
27	2879.00	374.17	31.67	71.17	147.67	495.83	1120.50	38.92
36	7410.00	383.00	101.00	386.00	681.00	1666.00	3857.00	41.26
26	22367.00	1141.00	74.00	1482.00	2550.00	6052.00	11299.00	50.52

VISAKHAPATNAM URBAN FAMILY WELFWARE CENTRES NAMES

1	A.M.A.V.MAT.HOSPITAL
2	ALLIPURAM
3	ANAKAPALLI
4	BHIMILI
5	BHIMURUPATNAM
6	CHINAWALTAIR
7	CHODAVARAM
8	D.L.B.VSP
9	E.S.I HOSPITAL
10	E.S.I MALKAPUR
11	G.D.K.KOTAPADU
12	G.H.ANAKAPALLI
13	G.H.ARAKUVALLEY
14	G.H.CHINTHAPALLI
15	G.H.PADERU
16	GNANAPURAM
17	HINDUSTAN SHIP YARD
18	HINDUSTAN ZINC
19	I.C.D.S.VSP
20	I.N.S KALYANI
21	I.TOWN DISPENSARY
22	K.G.H PP UNIT
23	K.G.HOSPITAL VSP
24	KAPPAVADA
25	M.C.VSP
26	M.P.L.CORPORATION
27	NARSIPATNAM
28	O.D.A VSP
29	OTHER HOSPITAL
30	P.M.P'S
31	R.H.F.W.T.C.VSP
32	R.T.C (M)
33	S.E RAILWAY
34	SRIHARIPURAM
35	STEEL PLANT VSP
36	U.F.W.C.ANAKAPALLI
37	U.F.W.C.BHIMILI
38	V.G HOSPITAL
39	VIDYUTNAGAR
40	VOL.ORG.AMAV
41	VSP PORT TRUST
42	YELLAMANCHILI

AGGREGATE TABLES ON PERCEPTION OF USER WOMEN AND USER MEN

TABLE 1.1

Generally Used Health Care Facility

S.No	Facility	User Women		User Men	
		No.	%	No.	%
1	Sub Centre	106	13.73	89	13.88
2	Primary Health Centre	386	50	357	55.69
3	Government hospitals	204	26.42	191	29.8
4	Private Doctors Clinic	163	21.11	139	21.68
5	Private Hospital	164	21.24	190	29.64
6	Qualified Ayurvedic	1	0.13	6	0.94
7	Unqualified traditional practitioners	0	0	0	0
8	Homeopaths	0	0	0	0

Note: N = 772 for User Women and N= 641 for User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 1.2

Visit To P.H.C/S.C/ Government Hospitals In Past Six Months

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Visited	638	82.64	399	62.25
2	Not visited	134	17.36	240	37.44
3	Not mentioned	0	0	2	0.31
TOTAL		772	100	641	100

TABLE 1.3

Purpose Of Visit

S.No	Purpose Of Visit	User Women		User Men	
		No.	%	No.	
1	I was ill	295	38.21	190	2
2	My husband /wife was ill	109	14.12	111	1
3	My child was ill	281	36.4	124	1
4	My relatives were ill	61	7.9	57	
5	For adopting FP method	83	10.75	12	
6	For follow up services of the FP method adopted	30	3.88	1	
7	Others (specify)	13	1.68	19	

Note: N = 772 for User Women and N= 641 for User Men. Multiple answer question. Numbe responses and percentages will not add up to N and 100.

TABLE 1.4

Benefits Found In Going To P.H.C/S.C/Govt. Hospitals

S.No	Benefits From PHC/SC/Govt. Hospitals	User Women		User Men	
		No.	%	No.	%
1	Behaviour of doctor / staff is friendly	246	31.87	356	55.54
2	Medicines are adequately available	261	33.81	282	43.99
3	Doctor will give prescribtion	173	22.41	157	24.49
4	Doctor is available	261	33.81	244	38.07
5	Cleanliness	185	23.96	198	30.89
6	Treatment is free	307	39.77	334	52.11
7	Near by	124	16.06	289	45.09
8	Convenient hospital timings	128	16.58	298	46.49
9	Others (Specify)	10	1.3	7	1.09

Note: N =772 for User Women and N= 641 for User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 1.4a

Distance Travelled To Reach P.H.C/S.C/Govt.Hospitals

S.No	Distance (KM)	User Women		User Men	
		No.	%	No.	%
1	0.1-1	369	47.8	353	49.44
2	1.1-3	115	14.9	79	11.06
3	3.1-5	59	7.64	54	7.56
4	5.1-10	108	13.99	61	8.54
5	10.1-15	43	5.57	46	6.44
6	15.1-20	18	2.33	11	1.54
7	20.1-25	12	1.55	16	2.24
8	25.1-30	11	1.42	14	1.96
9	>30	2	0.26	3	0.42
10	Not Applicable	29	3.76	62	8.68
11	Not Mentioned	6	0.78	15	2.1
	TOTAL	772	100	714	100

TABLE 1.5

Mode Of Transport If You Went To S.C/ P.H.C./ Government Hospital

S.No	Mode of Transport	User Women		User Men	
		No.	%	No.	%
1	By walk	453	58.68	393	61.31
2	Public transport	281	36.4	69	10.76
3	Private car	5	0.65	2	0.31
4	Taxi	13	1.68	2	0.31
5	Rikshaw	57	7.38	47	7.33
6	Motor Bike	25	3.24	36	5.62
7	Cycle	102	13.21	72	11.23
8	Others(Specify)	0	0	8	1.25

Note: N = 772 for User Women and N= 641 for User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 1.6

Age At First Marriage

S.No	Age At Marriage	User Women		User Men	
		No.	%	No.	%
1	6-10	14	1.81	0	0
2	11-13	48	6.21	1	0.16
3	14-15	148	19.17	15	2.34
4	16-18	401	51.94	81	12.64
5	19-21	125	16.19	222	34.63
6	22-24	25	3.24	143	22.31
7	25-27	8	1.05	131	20.44
8	28-30	2	0.26	38	5.93
9	31-33	0	0	4	0.62
10	34-38	0	0	4	0.62
11	Not Mentioned	1	0.13	2	0.31
TOTAL		772	100	641	100

TABLE 1.7

Age Of Starting Conjugal Life

S.No	Age At Marriage	User Women		User Men	
		No.	%	No.	%
1	5-10	5	0.65	21	3.28
2	11-13	35	4.53	80	12.48
3	14-15	142	18.39	155	24.18
4	16-18	420	54.4	231	36.04
5	19-21	129	16.71	105	16.38
6	22-24	26	3.37	29	4.52
7	25-27	9	1.17	12	1.87
8	28-30	2	0.26	3	0.47
9	31-33	0	0	0	0
10	34-38	0	0	1	0.16
11	Not mentioned	4	0.52	4	0.62
TOTAL		772	100	641	100

TABLE 1.8

F.P Method First Adopted

S.No	Method adopted	User Women		User Men	
		No.	%	No.	%
1	IUD	71	9.2	0	0
2	Oral pills	104	13.47	0	0
3	Tubectomy	588	76.17	0	0
4	Condoms	0	0	76	11.86
5	Vasectomy	0	0	541	87.52
6	Not mentioned	9	1.16	4	0.62
TOTAL		772	100	621	100

TABLE 1.9

Currently Used Method

S.No	Method Using	User Women		Method Using	User Men	
		No.	%		No.	%
1	IUD	67	8.68	Condom	65	10.14
2	Oral pills	100	12.95	Vasectomy	575	89.7
3	Tubectomy	603	78.11	Not mentioned	1	0.16
4	Not mentioned	2	0.26			
TOTAL		772	100	TOTAL	641	100

TABLE 1.10

Persons Involved In Choosing A Method Of Family Planning

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Myself	75	9.72	217	33.85
2	My Husband / My Wife	89	11.53	14	2.18
3	Myself and my husband /wife	615	79.66	306	47.77
4	Husbands relatives	76	9.84	0	0
5	My relatives	58	7.51	10	1.56
6	In discussion with husband/ wife and relatives	44	5.7	58	9.05
7	In discussion with relatives and friends	22	2.85	26	4.06
8	After consulting Doctor/ Paramedical staff	72	9.33	82	12.79
9	Others (Specify)	0	0	0	0

Note: N = 772 for User Women and N= 641 for User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 1.11

Sources Of Information About Family Planning

S.No	Sources Of Information	User Women		User Men	
		No.	%	No.	%
1	CHW	92	11.92	132	20.59
2	ANM	639	82.77	317	49.45
3	Relatives and friends	149	19.3	283	44.15
4	TV	82	10.62	38	5.93
5	Radio	42	5.44	85	13.26
6	News papers and Magazines	46	5.96	107	16.69
7	Other publicity materials	27	3.5	27	4.21
8	Anganwadi teacher	15	1.94	3	0.47

Note: N = 772 for User Women and N= 641 for User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 1.12

Providing Information About Other Methods By Doctor/ Staff While Chosing This Method

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Informed	611	79.15	246	38.38
2	Not Informed	154	19.95	395	61.62
3	Not mentioned	7	0.9	0	0
	TOTAL	**772**	**100**	**641**	**100**

TABLE 1.13

Other Methods Informed By Doctor/ Staff

S.No	Method Informed	User Women		Method Informed	User Men	
		No.	%		No.	%
1	IUD	156	20.21	Condom	71	11.08
2	Oral pills	201	26.04	Vasectomy	173	26.99
3	Tubectomy	409	52.98	Not Applicable	395	61.62
				Not mentioned	2	0.31
				TOTAL	**641**	**100**

Note: Total of User Women will not add up to 772 and percentages will not total to 100 because there are multiple options of methods.

TABLE 1.13a

Advantages Found In The Method Used

S. No.	Responses	User Women	
		No.	%
1	Permanent relief from Pregnancy	54	6.99
2	I / We can be happy due to relief from pregnancy.	1	0.13
3	I/ We can be happy and healthy / Due to gap between subsequent pregnancies	6	0.78
4	I /We can be healthy / (Due to relief from pregnancy) / Preventing pregnancy / Period pregnancy & provide good health.	98	12.69
5	Financial status and child / mothers health will be fine/ No financial problem & life will be happy / permanent relief from pregnancy and financial status will improve. Small family is a happy family / Increase savings in small family / Bringing up 1-2 children will be easy / Can have a happy life / Financial problem will be less / It is advantageous / Children future will be bright.	141	18.26
6	Can look after mine as well as child's health / Improve the health conditions of mother and child	7	0.91
7	Will have spacing between pregnancy / Permanent relief from pregnancy and can having spacing between child to child.	68	8.81
8	Can give birth required number of children.	1	0.13
9	Health is fine and would work easily & get Rs.140/-	3	0.39
10	Received money / Rs.120 was useful to purchase required medicines.	2	0.26
11	Method is easy to follow.	1	0.13
12	Financial status may go down.	2	0.26
13	No uses	2	0.26
14	It is easy without any pains.	1	0.13
15	After operation had side effects / unhealthy	7	0.91
16	Operation will be done free of cost.	0	0
17	Many problems.	2	0.26
18	No problems / Good	20	2.59
19	Anaemia can be prevented.	1	0.13
20	Do not know	7	0.91
98	Not Applicable (NA)	0	0
99	Not Mentioned (NM)	348	45.08
TOTAL		772	100

TABLE 1.14

Explanation By Doctor/ Staff On How To Use The Method And How It Works

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Excellently	94	12.18	94	14.66
2	Very Satisfactorily	234	30.31	246	38.38
3	Satisfactorily	383	49.6	234	36.51
4	Not so Satisfactorily	49	6.35	38	5.93
5	Not at all Satisfactorily	6	0.78	17	2.65
6	Not mentioned	6	0.78	12	1.87
TOTAL		772	100	641	100

TABLE 1.15

Information About Side Effects Provided By Doctor/ Staff

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Informed	243	31.48	159	24.8
2	Not Informed	527	68.26	413	64.44
3	Not mentioned	2	0.26	4	0.63
4	Not Applicable	0	0	65	10.13
TOTAL		772	100	641	100

TABLE 1.15a

Informtion About Side Effects Provided By Doctor/ Staff

S.No.	Responses	User Women	
		No.	%
1	Backache	8	1.04
2	Backache and weakness	5	0.65
3	Chance of white discharge	7	0.91
4	Chance for bleeding and white discharge / Due to bleeding and white discharge health may suffer./ Chance for white discharge, bleeding, and backache.	22	2.85
5	Work may hinder / Agricultural and house hold works may suffer.	2	0.26
6	Weaknes and Nausia.	1	0.13
7	Health may suffer due to lack of proper diet	2	0.26
8	May have side effects n monthly periods.	6	0.78
9	Has little body pains	2	0.26
10	Cannot lift weights / heavy weights	2	0.26
11	Stomach ache / vommittings / fever.	12	1.55
12	Causes changes in the body.	1	0.13
13	Mother health may suffer / Heavy works cannot be done/ To take rest for one month/ Mother & child health may suffer.	15	1.94
14	Delivery may be difficult / & there will not be proer nourishment of the child.	1	0.13
15	There is chances for pregnancys even after using this method.	1	0.13
16	May cause weakness which may be dnager for next pregnancy.	1	0.13
17	No problems.	4	0.52
18	Stomach pain and backache.	7	0.91
19	Facilities are not available.	1	0.13
98	Not Applicable (NA)	527	68.26
99	Not Mentioned (NM)	145	18.78
TOTAL		772	100

TABLE 1.15b

Informtion About Side Effects Provided By Doctor/ Staff

S. No.	Responses	User Men	
		No.	%
1	Told to take care properly for some days	1	0.16
2	May become weak due to improper diet / Proper diet with milk, bread and take one month rest/ have to take care about food	45	7.02
3	Proper rest / have to take 15 days rest	38	5.93
4	Advised not to work hard because hands and legs may be painful/ cannot work hard immediately after operation	9	1.4
5	Economic problems may come / Family economic position / problems with too many children	5	0.78
6	Problems may come due to vasectomy / may be unable to work for some time	1	0.16
7	Backache and weakness	3	0.46
8	Constipation, weakness and back pain	0	0
9	Unhealthy / nervous weakness	2	0.31
10	Eye sight problem / back pain	1	0.16
11	So may problems / physical problems	1	0.16
12	Often pain in testicles	0	0
13	Swelling and fever	1	0.16
14	No poroblems	2	0.31
98	Not Applicable	482	75.19
99	Not Metnioned	50	7.8
	TOTAL	**641**	**100**

TABLE 1.16

Affected By Side Effects From Adopted F.P Method

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Affected	189	24.48	176	27.46
2	Not Affected	570	73.84	462	72.07
3	Not mentioned	13	1.68	3	0.47
	TOTAL	772	**100**	**641**	**100**

TABLE 1.16a

Side Effects Experienced

S. No.	Responses	User Women	
		No.	%
1	Back ache / Pain and white discharge / anemia / weakness / leg pains.	59	7.64
2	Sometimes there was backache and stomach ache.	17	2.2
3	There was bleeding leading to backache.	11	1.42
4	Sometimes there was bleeding, white discharge and stomach ache	4	0.52
5	Loss of health affecting daily routine work.	2	0.26
6	Body pains, irregular monthly period, and putting in extra weight	2	0.26
7	Weekness (Which lead to one month rest), body pains	8	1.04
8	Stomach ache / Stomach pains since operated.	13	1.68
9	Stomache pain, heart problems, back pains.	1	0.13
10	Neck nerves pain and backache.	9	1.17
11	Indigestation and pains n hands and legs.	1	0.13
12	Illness / Getting tired while working and pain in the breast	3	0.39
13	Stomach pain and breathing problem	1	0.13
14	Knee pains and white discharge.	2	0.26
15	Would in the uterus.	2	0.26
16	Causes weakness / feeling weak since operated.	0	0
98	Not Applicable (NA)	570	73.83
99	Not Mentioned (NM)	67	8.68
TOTAL		772	100

TABLE 1.16b

Side Effects Experienced

S.No	Responses	User Men	
		No.	%
1	Due to the failure of condom, wife became pregnant/ wife got abortion due to the failure of this method.	0	0
2	After stiches are removed, bleeding continues for one week / Fuss formed at the stiches / wound not healed / pains at operated place.	8	1.25
3	Cannot participate in sex for even 2 minutes due to early ejaculation/ women facing uneasiness.	1	0.16
4	Penic become short and could not get ejaculated	1	0.16
5	walls has formed in testicles and causing pain at night time.	4	0.62
6	Health suffered due to vasectomy	21	3.27
7	Wearyness, lost endurance and unablea to work hard	1	0.16
8	stomach ache, weakness, pain in legs and cannot lift weights	8	1.25
9	After 4 months of operation, stiches got affected and	0	0
10	Digestion and Nervous problems / Gas is forming for every 5- 6 months	13	2.02
11	Eye sight problems	3	0.47
12	Back pain/ back pain and weakness & nervous weakness	43	6.71
13	legs and hands are sqeezing	28	4.37
98	Not Applicable	465	72.54
99	Not Metnioned	45	7.02
TOTAL		641	100

TABLE 1.17

Providing Information By Doctor/ Staff On Where To Get The Method/ Service

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Provided Information	678	87.82	569	88.77
2	Not Provided	83	10.75	68	10.61
3	Not mentioned	11	1.43	4	0.62
TOTAL		772	100	641	100

TABLE 1.18

C.H.W/ A.N.M/ Doctor Providing Dates For Next Visit

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Gave Dates	640	82.9	569	88.77
2	Did Not Gave	110	14.25	67	10.45
3	Not mentioned	22	2.85	5	0.78
TOTAL		772	100	641	100

TABLE 1.19

Tests And Examinations Conducted Before Adopting A Family Planning Method

S.No	ORAL PILL	User Women	
		No.	%
1	Enquired about Menstrual History	60	60
2	B.P Checked	40	40
3	Weight checked	70	70
4	Examination of chest	35	35
5	Examination of skin/ eyes	36	36
6	Examination of extremities	43	43
7	Enquired about lactation	46	46
8	Pelvic examination	19	19
9	Any other Please specify.	17	17

Note: N = 100.Multiple answer question Totals of frequencies and percentages will not add up to N and 100

TABLE 1.20

Intra Uterine Device

S.No	IUD	User Women	
		No.	%
1	Enquired about Menstrual History	53	79.1
2	B.P checked	36	53.73
3	Weight checked	27	40.29
4	Examination of chest	16	23.88
5	Examination of abdomen	40	59.7
6	Skin exam	11	16.42
7	Pelvic examination	22	32.84
8	Blood test	24	35.82
9	Urinetest	22	32.84
10	Any other please specify	6	8.96

Note: N=67. Multiple answer question Totals of frequencies and percentages will not add up to N and 100

TABLE 1.21

Tubectomy

S.No	TUBECTOMY	User Women	
		No.	%
1	Temperature checked	271	44.94
2	B.P Checked	486	80.6
3	Weight checked	284	47.1
4	Examination of chest	220	36.48
5	Examination of abdomen	266	44.11
6	Pelvic examination	123	20.4
7	Examination of skin in operative area	171	28.36
8	Blood test	452	74.96
9	Urine test	465	77.11
10	Any other please specify.	42	6.97

Note: N = 603. Multiple answer question Totals of frequencies and percentages will not add up to N and 100

TABLE 1.22

Vasectomy

S.No	VASECTOMY	User Men	
		No.	%
1	Temperature checked	237	41.22
2	B.P Checked	234	40.7
3	Weight checked	179	31.13
4	Examination of chest	186	32.35
5	Examination of Scrotum (Infection)	203	35.3
6	Examination of skin in operative area	392	68.17
7	Blood test	211	36.7
8	Urine test	252	43.83
9	Any other please specify.	16	2.78
10	No tests performed	(4)	0.69
Note: N = 575 Multiple answer question. Total and percentages will not add up to 575 and 100.			

TABLE 1.23

Perception About Services Received At S.C/ P.H.C/ Govt. Hospital

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Quite happy	156	20.2	119	18.56
2	Very satisfied	190	24.61	270	42.12
3	Satisfied	342	44.3	204	31.83
4	Not fully satisfied	68	8.81	33	5.15
5	Not at all satisfied	8	1.04	10	1.56
6	Did not go at all	0	0	4	0.62
7	Going to private doctor	0	0	0	0
8	Not mentioned	8	1.04	1	0.16
TOTAL		772	100	641	100

TABLE 1.24

Meeting The Doctor/ Staff When Wanted

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Could meet	745	96.5	607	94.7
2	Could not meet	27	3.5	21	3.28
3	Not applicable	0	0	0	0
3	Not mentioned	0	0	13	2.02
TOTAL		772	100	641	100

TABLE 1.25

Behaviour Of The Doctor / Staff At The Clinic

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Immensely Cordial	143	18.52	164	25.59
2	Quite Cordial	196	25.39	253	39.47
3	Cordial	330	42.75	187	29.17
4	Not so Cordial	93	12.05	18	2.81
5	Not at all Cordial	9	1.17	2	0.31
6	Not applicable	0	0	0	0
7	Not mentioned	1	0.12	17	2.65
TOTAL		772	100	641	100

TABLE 1.26

Availability Of Privacy During Consultation

S.No	Opinion On Privacy	User Women		User Men	
		No.	%	No.	%
1	More than enough	80	10.36	130	20.28
2	Quite adequate	190	24.61	188	29.33
3	Adequate	349	45.21	238	37.13
4	Not so adequate	123	15.93	24	3.74
5	Not at all adequate	28	3.63	48	7.49
6	Not applicable	0	0	0	0
7	Not mentioned	2	0.26	13	2.03
TOTAL		772	100	641	100

TABLE 1.27

Availabiity Of Attention During The Consultation

S.No	Opinion On Attention Paid	User Women		User Men	
		No.	%	No.	%
1	Excellent attention	111	14.38	115	17.94
2	Quite adequate	226	29.27	307	47.89
3	Adequate	334	43.26	181	28.24
4	Not so adequate	83	10.75	23	3.59
5	Not at all adequate	14	1.81	2	0.31
6	Not applicable	0	0	0	0
7	Not mentioned	4	0.53	13	2.03
TOTAL		772	100	641	100

TABLE 1.28

Understandability Of The Langauage Of The Doctor/ Staff

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Very easily understandable	159	20.6	271	42.28
2	Easily understandable	255	33.03	247	38.53
3	Understandable	313	40.54	89	13.88
4	Not so understandable	33	4.27	15	2.34
5	Not at all understandable	11	1.43	7	1.09
6	Not applicable	0	0	0	0
7	Not mentioned	1	0.13	12	1.88
TOTAL		772	100	641	100

TABLE 1.29

Availability Of Supplies

S.No	Responses	User Men (Condoms)	
		No.	%
1	Plentily	43	66.15
2	Quite sufficient	8	12.31
3	Sufficient	5	7.69
4	Not so sufficient	2	3.08
5	Not at all sufficient	0	0
6	Not mentioned	7	10.77
TOTAL		65	100

TABLE 1.30

Satisfaction Over Quality Of Condoms

S.No	Responses	User Men	
		No.	%
1	Satisfied	52	80
2	Not Satisfied	6	9.23
3	Not mentioned	7	10.77
TOTAL		65	100

TABLE 1.31

Availability Of Proper Medical Attention During F.P Related Complications

S.No	Responses	User Men	
		No.	%
1	Excellent attention	64	9.98
2	Quite proper attention	82	12.79
3	Proper attention	65	10.14
4	Not so proper attention	41	6.4
5	Not at all proper attention	12	1.87
6	Not applicable	65	10.15
7	Not mentioned	312	48.67
TOTAL		641	100

TABLE 1.31a

Suggesting The Same S.C/ P.H.C/ Govt. Hospital They Were Visiting For F.P Services To Friends And Relatives

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Will suggest	719	93.13	585	91.26
2	Will not suggest	47	6.09	52	8.12
3	Not mentioned	6	0.78	4	0.62
TOTAL		772	100	641	100

TABLE 1.32

Perception Of Healthiest Method Of F.P

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	IUD	51	6.61	3	0.47
2	Oral Pills	64	8.29	1	0.16
3	Tubectomy	609	78.89	114	17.78
4	Condoms	8	1.04	11	1.72
5	Vasectomy	36	4.66	509	79.41
6	Not mentioned	4	0.51	3	0.46
TOTAL		772	100	641	100

TABLE 1.33

Are They Using The Same Method?

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Using the same method	665	86.14	520	81.12
2	Not using the same method	91	11.79	117	18.25
3	Not mentioned	16	2.07	4	0.63
	TOTAL	772	100	641	100

TABLE 1.33a

Why Not Using The Method Perceived As Healthiest

S.No.	Responses	User Women	
		No.	%
1	Health may deteriate due to / because of the method	2	0.26
2	Due to some problems (Not healthy specified) / My husband is not accepting.	2	0.26
3	Other methods are not available	1	0.13
4	Not to face any problem in future.	1	0.13
5	To have more children	25	3.24
6	To undergo tubectomy after one more child.	2	0.26
7	She has been operated.	8	1.04
8	After having 5 children / even if I was operated for tubectomy I had two more children.	1	0.13
9	Due to illenss	3	0.39
10	Due to fear.	1	0.13
11	Husband cannot work if he undergoes vasectomy.	1	0.13
98	Not Applicable (NA)	665	86.13
99	Not Mentioned (NM)	60	7.77
	TOTAL	**772**	**100**

TABLE 1.33b

Why Not Using The Method Perceived As Healthiest

S.No.	Responses	User Men	
		No.	%
1	Presently not having children	1	0.16
2	I have been using condoms / to have children	27	4.21
3	Due to pressure from my elders for adopting tubectomy for my wife	1	0.16
4	Due to social influence	1	0.16
5	Wide is afraid of operation / she does not like it	4	0.62
6	I have undergone vasectomy	26	4.05
7	I do not like vasectomy	1	0.16
8	Do not know about vasectomy / No idea	2	0.31
9	My wife's health is not good, she is weak	24	3.74
10	My wife has got operated tubectomy	1	0.16
11	Women can take enough rest at houses	1	0.16
12	Do not like to have children	1	0.16
98	Not Applicable	524	81.74
99	Not mentioned	27	4.21
TOTAL		641	100

TABLE 1.34

Perception On Health In Undergoing Vasectomy

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Abundantly healthy	44	5.7	191	29.8
2	Very healthy	72	9.33	168	26.21
3	Healthy	134	17.36	159	24.8
4	Not so healthy	466	60.36	103	16.07
5	Very unhealthy	33	4.27	17	2.65
6	Not mentioned	23	2.98	3	0.47
TOTAL		772	100	641	100

TABLE 1.35
Perceptions On Side Effects Of Vasectomy

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	There are side effects	450	58.29	233	36.35
2	No side effects	302	39.12	402	62.71
3	Not applicable	0	0	0	0
4	Not mentioned	20	2.59	6	0.94
TOTAL		772	100	641	100

TABLE 1.35a
Perceived Side Effects Of Vasectomy

S.No.	Responses	User Women	
		No.	%
1	Due to vasectomy there may be problems in the house / Scare of the operation failed and becomes pregnant.	4	0.52
2	May not be able to do heavy work.	35	4.53
3	Agricultural work may hinder and face problems while lifting weights.	3	0.39
4	May face problems while lifting weights and travelling.	6	0.78
5	Work may hinder /Family income may go down / Agricultural work may go hinder.	87	11.27
6	Health may deteriorate and may face difficulty while working / Health & work may hinder / Fianncial position may be weak and he may become weak / Sterength may reduce leading to less hard work / has effect in earnings / cannot work hard.	168	21.76
7	Painful while bending and working.	2	0.26
8	Difficult for husband / nerve weakness and may cause illness	16	2.07
9	Back pain / Headache.	4	0.52
10	My husband may die.	1	0.13
11	Knee pains and back pain may occur.	4	0.52
12	Cannot work hard and may be prone to disease.	4	0.52
13	Because of fear.	4	0.52
14	Not good for health for us and will be knee pains, stomach ache and back pains.	6	0.78
15	Not leaves are given in the office.	1	0.13
16	Due to ill health cannot have proper rest	5	0.65
17	No idea	12	1.55
18	Cannot lookafter us properly.	5	0.65
19	They dont like it.	2	0.26
98	Not Applicable (NA)	302	39.11
99	Not Mentioned (NM)	101	13.08
TOTAL		772	100

TABLE 1.35b

Perceived Side Effects Of Vasectomy

S.No	Responses	User Men	
		No.	%
1	It will affect daily routine/ affecting daily routine due to stomach pain	56	8.74
2	Weakness / problems in health may come in future	40	6.24
3	Pain in testicles	1	0.16
4	Penis will becomea small and cannot get ejaculated	2	0.31
5	Water will form in testicles and pain at night time	1	0.16
6	No satisfaction in sex due to early ejaculataion	2	0.31
7	May get / got fuss at stiches after one month of operation	4	0.62
8	Back aches, legs and hands will squeeze	80	12.49
9	Weakness and back pain	22	3.43
10	stomach pain and motion	2	0.31
11	No problems	0	0
98	Not Applicable	402	62.71
99	Not mentioned	29	4.52
TOTAL		641	100

TABLE 1.35c

Period For Which Side Effects Would Last

S.No.	Responses	User Women	
		No.	%
1	3 hours	0	0
2	7 days / within 7 days	7	1.09
3	10 days rest is required	4	0.62
4	15 days rest is required	18	2.81
5	20 days rest is required	8	1.25
6	Upto opening the stiches	0	0
7	One month rest is required	22	3.43
8	50 days rest is required	5	0.78
9	2 months	8	1.25
10	3 months	14	2.18
11	4 months	3	0.46
12	6 months	9	1.4
13	8 months	0	0
14	1 year	16	2.5
15	2-3 years	2	0.31
16	5- 10 years	3	0.46
17	For some time	1	0.16
18	For long time	1	0.16
19	For life long	50	7.8
20	No problems / No effects	1	0.16
21	Do not Know	1	0.16
22	2 years	8	1.25
23	3 years	6	0.94
24	5 - 10 years	1	0.16
25	10 years	1	0.16
98	Not Applicable	402	62.71
99	Not mentioned	50	7.8
TOTAL		641	100

TABLE 1.36

Getting Help From P.H.C/S.C/Government Hospitals In Case Of Side Effects

S.No	Responses	User Men	
		No.	%
1	Got Help	160	24.96
2	Did Not Get	387	60.37
3	Not applicable	65	10.14
4	Not mentioned	29	4.53
TOTAL		641	100

TABLE 1.37

Perceptions On Vasectomy Affecting Daily Routine/ Routine Occupation

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Will Affect	545	70.6	173	26.99
2	No it will not	217	28.11	446	69.58
3	Not mentioned	10	1.29	22	3.43
TOTAL		772	100	641	100

TABLE 1.37a

Duration Of Routine Work Affected By Vasectomy

S.No	Responses	User Men	
		No.	%
1	16 days	3	0.47
2	25 days	2	0.31
3	1 month	4	0.62
4	2-3 months	12	1.87
5	4-5 months	3	0.47
6	6 months	10	1.56
7	9-10 months	3	0.47
8	1 year	12	1.87
9	2 years after operations/ 2 years	6	0.94
10	3 years / 3 years after operation	18	2.81
11	4- 5 years	7	1.09
12	6 years	1	0.16
13	7- 8 years	2	0.31
14	10 years	4	0.62
15	12 years	0	0
16	14 years	1	0.16
17	15 years	5	0.78
18	Often getting problems / pain for some time	12	1.87
19	After operation onwards / life long	58	9.05
98	Not Applicable	446	69.58
99	Not mentioned	32	4.99
TOTAL		641	100

TABLE 1.38

Peception On Vasectomy Affecting Husband's Earning Capacity

S.No	Responses	User Women	
		No.	%
1	Will affect	523	67.75
2	Will not affect	24	3.11
3	Not mentioned	225	29.14
TOTAL		772	100

TABLE 1.39

Preference For Husband Undergoing Vasectomy Instead Of Wife Using The Present Method

S.No	Responses	User Women	
		No.	%
1	Would Prefer	135	17.49
2	Would Not Prefer	623	80.7
3	Not mentioned	14	1.81
TOTAL		772	100

TABLE 1.40

Preference For Wife Undergoing Tubectomy Instead Of Husband Using Present Method

S.No	Responses	User Men	
		No.	%
1	Would Prefer	85	13.26
2	Would Not Prefer	549	85.65
3	Not mentioned	7	1.09
TOTAL		641	100

TABLE 1.41

Preference For Wife To Use I.U.D/ O.P Instead Of Husband Using The Present Method

S.No	Responses	User Men	
		No.	%
1	Would Prefer	4	0.62
2	Would Not Prefer	630	98.29
3	Not mentioned	7	1.09
TOTAL		641	100

TABLE 1.42

Preference For Women Undergoing Tubectomy Instead Of Men Undergoing Vasectomy

S.No	Responses	User Men	
		Actuals	%
1	Will Prefer	140	21.84
2	Will Not Prefer	498	77.69
3	Not mentioned	3	0.47
TOTAL		641	100

TABLE 1.43

Opinion On Women Using F.P Methods Instead Of Men

S.No	Responses	User Men	
		No.	%
1	Yes it it better	91	14.2
2	No it is not better	546	85.18
3	Not mentioned	4	0.62
TOTAL		641	100

TABLE 1.44

Preference For Husband Using Condoms Instead Of Wife Using The Present Method

S.No	Responses	User Women	
		No.	%
1	Would prefer	135	17.49
2	Would not prefer	625	80.96
3	Not mentioned	12	1.55
	TOTAL	772	100

TABLE 1.44a

Preference For Women Undergoing Tubectomy Instead Of Men Using The Present Method

S.No	Responses	User Men	
		No.	%
1	It will affect my daily routine / feeling difficult while working / we cannot work	5	0.78
2	I have to bear the family burden	0	0
3	My health is not good	3	0.47
4	It affects man's health	6	0.94
5	It is a permanent method	7	1.09
6	Women do not do heavy work / women will be at house and does easy works	37	5.77
7	Women get few problmes	0	0
8	men do not get operated here	2	0.31
9	Due to social influence	2	0.31
10	No problmes	1	0.16
98	Not Applicable	556	86.74
99	Not mentioned	22	3.43
TOTAL		641	100

TABLE 1.44b
Reasons Why Thinking Women May Better Take Up F. P Methods Than Men

S.No.	Responses	User Men	
		No.	%
1	They usually stay at houses and take rest	24	3.74
2	Women do easy works / They need not do hard works	27	4.21
3	Women cannot bear family burden	3	0.47
4	male is the major source of generating family income	6	0.94
5	I can not work hard if operated	4	0.62
6	Due to social influence	3	0.47
7	Women gets problems after operation	1	0.16
98	Not Applicable	546	85.18
99	Not mentioned	27	4.21
TOTAL		641	100

TABLE 1.45
Perception On Problems And Complications Of Becoming Pregnant Very Close

S.No	Responses	User Women		User Men	
		No.	%	No.	%
1	Aware of problems	493	63.86	503	78.47
2	Not aware of	274	35.49	134	20.9
3	Not mentioned	5	0.65	4	0.63
TOTAL		772	100	641	100

TABLE 1.45a

Problems To Mother Due To Close Pregnancies

S.No.	Responses	User Women	
		No.	%
1	Causes anamea and weakness / Mother will be anemic weak and also may cause bleeding / Causes anemea and oldage.	79	10.24
2	May cause leg pains and stomach pains.	4	0.52
3	May be anaemic and chances for abortion/ Mother may be weak and abortion may occur.	12	1.55
4	Weakness & illness/ Weakness may deteriorate health condition/ Health may suffer bcomes weak mother health may suffer and problems during delivery / Mothres health may suffer / Cannot work hard due to weakness / Mother will be weak and can not get required strength / Health may suffer due to freqnently prone to disease & cannot work/ mother will become weak / Mother's prone anemia, loss of immunity & weakness.	282	36.52
5	Agricultural work may hinder.	1	0.13
6	Financial & health status will not be fine.	24	3.11
7	Due to age there may be delivery problem.	2	0.26
8	Mother and child health cannot be maintained well / Their health may suffer.	15	1.94
9	If mother's condition is good, spacing is not necessary.	1	0.13
10	There will be misunderstanding between spouses.	1	0.13
11	There won't be sufficient time to look after the child/ can not be happy due to problems and nourishment of child may be affected / Difficult to look after children.	12	1.55
12	Chances for mothers death / Difficulty in delivery may lead to mother's death.	5	0.65
13	May give birth to unhealthy child who may die.	1	0.13
14	Mother's health may suffer and milk may not be sufficient for child.	6	0.78
15	Causes back pain, white discharge and weakness.	4	0.52
16	Causes vomittings and weakness.	4	0.52
17	No such problm / No idea	2	0.26
18	Mother / Mother and child health will be fine / To be healthy/ Health will be fine.	3	0.39
98	Not Applicable (NA)	274	35.49
99	Not Mentioned (NM)	40	5.18
	TOTAL	772	100

TABLE 1.45b
Problems To Mother Due To Close Pregnancies

S.No.	Responses	User Men	
		No.	%
1	Mother's health will suffer / mother will be weak and anaemic and unhealthy / mother will be weak and may be prone to diseases/ suffer from weak ness and unhealthy / weakness and lack of immunity power / may be weak and cannot work hard.	452	70.51
2	Mother and childs health will suffer	18	2.8
3	Mother's health may suffer and may face problems during the delivery.	7	1.09
4	Mother may suffer from post natal diseases	3	0.47
5	Sexual life and family care will be problem	1	0.16
6	Health will suffer due to poor diet	1	0.16
7	causes chest pain	1	0.16
8	Backaches and nervours pains	3	0.47
9	Lot of problems	1	0.16
98	Not Applicable	134	20.9
99	Not mentioned	20	3.12
	TOTAL	641	100

TABLE 1.45c
Problems To Child Due to Close Pregnancies

S.No.	Responses	User Women	
		No.	%
1	Unhealthy child / give birth to unhealthy child/ chance of handicapped and weak child / After child growth / Birth of weak child / Weak child being prone to disease frequently / Abnormal child will be born / Child health may suffer/ Child will be lean and weak / Under weight, may effet growth and nourishment of child / Nourishment and health may suffer / Child health may not be fine/ Nourishment difficult / Milk will not be sufficient for the child/ Loss of resistance power due to insufficienty of milk/ By birth child may be weak.	363	47.02
2	Cannot look after the child properly / Cannot be looked after by mother's properly/ Mothers love may decrease.	61	7.9
3	Freqnent dehydration problem loss of childs weight	2	0.26
4	Chances of anaemia and pneomonia due to improper nourishment / Unhealthy child may born and may suffer for anaemia and pneomonia.	3	0.39
5	Chances of death of child / Not good for child.	2	0.26
6	Good for child.	1	0.13
7	Causes vitamin deficiency.	6	0.78
8	No problem.	1	0.13
9	Health will be fine.	3	0.39
98	Not Applicable (NA)	274	35.49
99	Not Mentioned (NM)	56	7.25
	TOTAL	772	100

TABLE 1.45d

Problems To Child Due To Close Pregnancies

S. No.	Responses	User Men	
		No.	%
1	Weak and unhealthy children will born / child will be unhealthy and weak	360	56.16
2	Handicapped children may born / lacks proper nourishment	8	1.25
3	child's growth may suffer due to insufficiency of milk	7	1.09
4	child will be deoprived / lacks proper care	14	2.19
5	Due to insufficiency of milk child may prone to diseases and weakness	5	0.78
6	Milk is not sufficient	46	7.18
98	Not Applicable	134	20.9
99	Not Mentioned	67	10.45
TOTAL		**641**	**100**

TABLE 1.46

Ideal Gap Between Children

S. No.	Responses	User Women	
		No.	%
1	1-2 yrs gap	7	0.91
2	1-3 yrs gap	1	0.13
3	2 yrs	71	9.2
4	2-3 yrs gap	10	1.3
5	2-4 yrs gap	6	0.78
6	2-5 yrs gap	2	0.26
7	3 yrs gap	131	16.96
8	3-4 yrs	8	1.04
9	5 yrs	23	2.98
10	Can lookafter the children properly.	6	0.78
11	Good for health	58	7.51
12	Don't know (No idea)	52	6.73
13	No such experience.	1	0.13
97	Aware of need for gap, but ideal gap was not mentioned.	172	22.28
98	Not Applicable (NA)	1	0.13
99	Not Mentioned (NM)	223	28.88
TOTAL		**772**	**100**

TABLE 1.47

Ideal Gap Between Children

S. No.	Responses	User Men	
		No.	%
1	1-2 yrs gap	7	0.91
2	1-3 yrs gap	1	0.13
3	2 yrs	71	9.2
4	2-3 yrs gap	10	1.3
5	2-4 yrs gap	6	0.78
6	2-5 yrs gap	2	0.26
7	3 yrs gap	131	16.96
8	3-4 yrs	8	1.04
9	5 yrs	23	2.98
10	Can look after the children properly.	6	0.78
11	Good for health	58	7.51
12	Don't know (No idea)	52	6.73
13	No such experience.	1	0.13
97	Aware of need for gap, but ideal gap was not mentioned.	172	22.28
98	Not Applicable (NA)	1	0.13
99	Not Mentioned (NM)	223	28.88
TOTAL		**772**	**100**

AGGREGATE TABLES ON PERCEPTION OF NON USER WOMEN AND NON USER MEN

TABLE 2.1

Generally Used Health Care Facility

S.No	Facility	Non User Women		Non User Men	
		No.	%	No.	%
1	Subcentre	106	14.85	106	11.06
2	Primary Health Centre	335	46.92	502	52.4
3	Other Government hospitals	198	27.73	295	30.79
4	Private doctors clinic	140	19.61	253	26.41
5	Private Hospital	135	18.91	299	31.21
6	Qualified Ayurvedic	3	0.42	30	3.13
7	Unqualified traditional practitioners	0	0	0	0
8	Homeopathic	0	0	0	0

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.2

Visit To P.H.C/ S.C / Government Hospitals In Past Six Months

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Visited	606	84.87	565	58.98
2	Not visited	106	14.85	393	41.02
3	Not mentioned	2	0.28	0	0
	TOTAL	714	100	958	100

TABLE 2.3

Purpose Of Visit To P H C/S C /Other Government Hospitals

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	I was ill	309	43.28	168	17.54
2	My husband/wife was ill	101	14.15	146	15.24
3	My child was ill	227	31.79	187	19.52
4	My relatives were ill	64	8.96	81	8.46
5	Others (specify)	41	5.74	39	4.07

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.4

Benefits In Going To P H C/S C/ Government Hospitals

S.No	Benefits from PHC/SC/Govt. Hospitals	Non User Women		Non User Men	
		No.	%	No.	%
1	Behaviour of doctor / staff is friendly	233	32.63	503	52.51
2	Medicines are adequately available	236	33.05	471	49.16
3	Doctor will give prescribtion	161	22.55	100	10.44
4	Doctor is available	265	37.11	303	31.46
5	Cleanliness	173	24.23	277	28.91
6	Treatment is free	290	40.62	499	52.09
7	Near by	136	19.05	333	34.76
8	Convenient hospital timings	147	20.59	416	43.42
9	Others (Specify)	7	0.98	20	2.09

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.5

Distance Travelled To Reach P H C /S C/ Govt. Hospitals

S.No	Class Intervals (In Kms)	Non User Women		Non User Men	
		No.	%	No.	%
1	0.1-1	353	49.44	439	45.82
2	1.1-3	79	11.06	103	10.75
3	3.1-5	54	7.56	81	8.46
4	5.1-10	61	8.54	106	11.06
5	10.1-15	46	6.44	9	0.94
6	15.1-20	11	1.54	15	1.57
7	20.1-25	16	2.24	17	1.77
8	25.1-30	14	1.96	17	1.77
9	>30	3	0.42	2	0.21
10	Not Applicable	62	8.68	168	17.54
11	Not Mentioned	15	2.1	1	0.1
TOTAL		714	100	958	100

TABLE 2.6

Mode Of Transport To P H C/S C/ Other Government Hospitals

S.No	Mode of Transport	Non User Women		Non User Men	
		No.	%	No.	%
1	By walk	427	59.8	532	55.53
2	Public transport	229	32.07	304	31.73
3	Private car	0	0	1	0.1
4	Taxi	8	1.12	10	1.04
5	Rikshaw	61	8.54	14	1.46
6	Motor Bike	16	2.24	8	0.84
7	Cycle	115	16.11	67	6.99
8	Others(Specify)	0	0	5	0.52

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

AWARENESS OF FAMILYPLANNING

TABLE 2.7

Awareness Of Family Planning Methods

S.No	Methods of Family Planning	Non User Women		Non User Men	
		No.	%	No.	%
1	Condom	89	12.46	557	58.14
2	Oral pills	317	44.4	408	42.59
3	IUD (Copper T)	182	25.49	162	16.91
4	Vasectomy	150	21.01	891	93
5	Tubectomy	447	62.61	914	95.41
6	Rhythm	26	3.64	29	3.03
7	Others(Specify)	10	1.47	1	0.1

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.8

Sources Of Information On Family Planning Methods

S.No	Sources of information	Non User Women		Non User Men	
		No.	%	No.	%
1	CHW	73	10.22	32	3.34
2	ANM	542	75.91	310	32.36
3	Relatives and friends	117	16.39	762	79.54
4	TV	108	15.13	102	10.65
5	Radio	81	11.34	137	14.3
6	News papers and Magazines	47	6.58	204	21.29
7	Other publicity materials	28	3.92	20	2.09
8	Anganwadi teacher	12	1.68	2	0.21
9	School teacher	0	0	0	0
10	Village leaders	1	0.14	1	0.1

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.9

Choice Of Facility If Wanted To Get Contraceptive Services

S.No	Sources	Non User Women		Non User Men	
		No.	%	No.	%
1	Subcentre	139	19.47	30	3.13
2	PHC	343	48.04	420	43.84
3	Other Government Hospitals	144	20.17	288	30.06
4	Private Doctors Clinic	23	3.22	13	1.36
5	Private hospital	35	4.9	45	4.7
6	Others (Specify)	1	0.14	43	4.49
7	Not applicable	0	0	61	6.37
8	Not mentioned	29	4.06	58	6.05
TOTAL		714	100	958	100

TABLE 2.10

Earlier Use Of Family Planning Methods

S.No	Responses	Non User Women (Spacing methods)		Non User Men (Condom)	
		No.	%	No.	%
1	Used	163	22.83	54	5.64
2	Not used	550	77.03	903	94.26
3	Not mentioned	1	0.14	1	0.1
TOTAL		714	100	958	100

TABLE 2.11

Family Planning Method Chosen Earlier

S.No	Method Used	Non User Women		Method Used	Non User Men	
		No.	%		No.	%
1	IUD	37	5.18	Condom	54	5.64
2	Oral pills	106	14.85	Vasectomy	0	0
3	Tubectomy	0	0	Not applicable	904	94.36
4	Not applicable	550	77.03	Not mentioned	0	0
5	Not mentioned	21	2.94			
TOTAL		714	100	TOTAL	958	100

TABLE 2.12

Facility Utilised For Obtaining Family Planning Services Earlier

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Subcentre	23	3.22	9	0.94
2	PHC	86	12.04	25	2.61
3	Other government hospitals	26	3.65	8	0.84
4	Private doctors clinic	9	1.26	5	0.52
5	Private hospital	14	1.96	2	0.21
6	Others	1	0.14	11	1.15
7	Not applicable	539	75.49	898	93.73
8	Not mentioned	16	2.24	0	0
TOTAL		714	100	958	100

TABLE 2.13

Opinion On Incentives For Family Planning

S.No	Opinion on Incentives	Non User Women		Non User Men	
		No.	%	No.	%
1	Good	577	80.81	905	94.47
2	Not Good	93	13.03	39	4.07
3	Not mentioned	44	6.16	14	1.46
TOTAL		714	100	958	100

TABLE 2.13a

Reasons For Thinking Incentives For Family Planning Are Good

S.No.	Responses	Non User Women	
		No.	%
1	For nutritious food/ For fruits and other expenditure/ Medicine & 'hospitals expenses' / For meeting hospital charges / For health development / For improving mother & child health	290	40.62
2	It is good if amount is increased/ Rs.300 needed to meet the requirement/ The amount should increase to 150/ The amount should increase to 200/ The amount is not enough.	97	13.59
3	To help the poor / Economical Support	12	1.68
4	For travelling expenditure	1	0.14
5	For some of other needs (but needs not specified) / For other expenditure	29	4.06
6	For child's care	1	0.14
7	For encouragement to adopt F.P method.	15	2.1
8	We are not getting incentives.	1	0.14
9	It helps in controlling population growth.	4	0.56
10	Don't know	2	0.28
99	Not Mentioned (NM)	262	36.69
TOTAL		714	100

TABLE 2.13b

Reasons For Thinking Incentives For Family Planning Are Good

S. No.	Responses	Non User Men	
		No.	%
1	Used for fruits, medicines and 'charges' / To get fruits/ Can get food for somedays / To get fruits and medicines/ To get medicines / To get fruits and good diet/ To get medicines and other requirements / To get good diet/ Used for fruits and medicines is not enough/ To get medicines and fruits after operation / For expenses after the operation/ To get daily things for one weak.	786	82.05
2	Useful for children.	2	0.21
3	Good but not enough/ Good if increased little more as the given amount is sufficient to give to the hospital staff only/ Financial problems./ It should be given in bigger amounts/ Better if increased to Rs.1000/- Helps for expenses in the hospital./ The amount is enough for hospital charges only.	49	5.11
4	Money is not sufficient instead they can give medicines./ Better if any livelihood is provided./ Instead of money they can provide facilities for the patient/	25	2.61
5	To attract the poor/ Coolies will come forward for operation. Helpful for the poor.	26	2.71
6	Solves some problems./ For house expenses	8	0.84
7	Don't know / No idea.	9	0.94
99	Not Mentioned (NM)	53	5.53
TOTAL		958	100

PERCEPTION ON FAMILY PLANNING

TABLE 2.14

Age At Marriage

S.No	Age at marriage	Non User Women		Non User Men	
		No.	%	No.	%
1	8-10	8	1.12	2	0.2
2	11-13	38	5.33	7	0.73
3	14-15	90	12.61	27	2.82
4	16-18	358	50.14	134	13.99
5	19-21	162	22.68	338	35.28
6	22-24	41	5.74	255	26.62
7	25-27	8	1.12	139	14.51
8	28-30	7	0.98	42	4.38
9	31-33	0	0	4	0.42
10	34-37	0	0	6	0.63
11	Not mentioned	2	0.28	4	0.42
TOTAL		714	100	958	100

TABLE 2.15

Age At Starting Conjugal Life

S.No	Class Intervals	Non User Women		Non User Men	
		No.	%	No.	%
1	8-10	3	0.42	17	1.77
2	11-13	22	3.08	67	6.99
3	14-15	93	13.03	287	29.96
4	16-18	359	50.28	374	39.04
5	19-21	175	24.51	167	17.43
6	22-24	44	6.16	27	2.82
7	25-27	8	1.12	10	1.04
8	28-30	7	0.98	4	0.42
9	31-33	0	0	0	0
10	34-37	0	0	0	0
11	Not mentioned	3	0.42	5	0.52
TOTAL		714	100	958	100

TABLE 2.16

Opinion On Adopting Family Planning Method In Future

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Will Adopt	443	62.04	128	13.36
2	Will not adopt	270	37.82	829	86.54
3	Not mentioned	1	0.14	1	0.1
TOTAL		714	100	958	100

TABLE 2.17

Choice Of Family Planning Method For Future

S.No	Method adopted	Non User Women		Method adopted	Non User Men	
		No.	%		No.	%
1	IUD	56	7.84	Condom	64	6.68
2	Oral pills	105	14.71	Vasectomy	64	6.68
3	Tubectomy	281	39.36	Not applicable	826	86.22
4	Not applicable	270	37.82	Not mentioned	4	0.42
5	Not mentioned	2	0.27			
TOTAL		714	100	TOTAL	958	100

TABLE 2.17a

Reasons For Not Planning To Use F.P Method

S.No.	Responses	No.	%
1	I am weak/ Because of ill health	4	0.56
2	Causes side effects/ Due to FP the problems like weakness, vomitting will come / It will be danger to my life/ Problems due to FP methods/ may be prone to disease	12	1.68
3	If get operated no one is there to work/ Earning will not be enough because it effects ability to work/ I may not get employment.	2	0.28
4	I didnt have good opinion regarding F.P / I didn't like/ I didn't believe in FP methods	10	1.4
5	My husband do not like it / My husband and in laws do not like F.P methods	4	0.56
6	Want more children / After FP, I will not get children / We are recently married / At present we do not have children	105	14.71
98	Not Applicable (NA)	444	62.18
99	Not Mentioned (NM)	133	18.63
TOTAL		714	100

TABLE 2.18

Persons Who Would Involve In Choice Of Family Planning Method

S.No	Choice of Family planning method by	Non User Women		Non User Men	
		No.	%	No.	%
1	My Husband / My Wife	158	22.13	23	2.4
2	My self	33	4.62	73	7.62
3	Myself and my husband / wife	504	70.59	644	67.22
4	Mother-in-law	62	8.68	0	0
5	Husbands relatives	28	3.92	0	0
6	In discussion with husband/ wife and relatives	49	6.86	116	12.11
7	In discussion with relatives and friends	24	3.36	62	6.47
8	After consulting doctor and doctor/ Paramedical staff	45	6.3	61	6.47

Note: N = 714 for Non User Women and N = 958 for Non User Men. Multiple answer question. Number of responses and percentages will not add up to N and 100.

TABLE 2.18a

Persons Who Would Be Highly Supportive If Undertook F.P Method

S.No.	Responses	No.	%
1	Husband and Grand mothers and in laws/ Husband relatives	232	32.49
2	Mother-in-laws/ In-laws	28	3.92
3	Relatives	18	2.52
4	Grand parents	1	0.14
5	My Family members/ Mother and father / friends	136	19.05
6	Nearest relatives	6	0.84
7	All will encourage to prevent	155	21.71
8	No one	26	3.64
99	Not Mentioned (NM)	112	15.69
TOTAL		714	100

TABLE 2.18b

Persons Firmly Opposing Adoption Of Any F.P Method

S.No.	Responses	No.	%
1	Husband and mother- in- laws	29	4.06
2	Mother-in-law/ in-law/ Father-in-law/ Brother-in-law / Grand mother	105	14.71
3	Mother/ Family members/ relatives/ Parents	104	14.57
4	Relatives/ Nearest relatives	16	2.24
5	All/ Every one/ Yes	44	6.16
6	No body/ no one will oppose	179	25.07
99	Not Mentioned (NM)	237	33.19
TOTAL		714	100

TABLE 2.18 c

Persons Highly Supportive Of Adopting F.P Methods

S. No.	Responses	No.	%
1	My own decision	14	1.46
2	My self and My wife	1	0.1
3	My wife	37	3.86
4	My wife and friends	1	0.1
7	Sisters and brother-in-law	2	0.21
10	Mother,brother and sister-in-law	11	1.15
11	Our parents	52	5.43
13	My parents and wife	5	0.52
14	Father and father-in-law	1	0.1
15	Doctor	10	1.04
16	Wife and brothers	1	0.1
17	My sisters	1	0.1
18	All will accept / No one will object	776	81
19	Family members	7	0.73
20	My uncle	2	0.21
21	Neighbours	1	0.1
99	Not Mentioned (NM)	36	3.76
TOTAL		958	100

TABLE 2.19

Prefered Spacing Method

S.No	Spacing Methods	Non User Women	
		No.	%
1	IUD	57	7.98
2	Oral pills	149	20.87
3	Not applicable	350	49.02
4	Not mentioned	158	22.13
TOTAL		714	100

TABLE 2.20

Preference Of Tubectomy Over Oral Pills/ I U D

S.No	Responses	Non User Women	
		No.	%
1	Prefer	530	74.23
2	Do not prefer	167	23.39
3	Not mentioned	17	2.38
TOTAL		714	100

TABLE 2.20a

Reasons For Preferring Of Tubectomy Over O P/ I U D

S.No.	Responses	Non User Women	
		No.	%
1	Permanent child brith control/ No problem no failure/ Don't want children.	196	27.45
2	For happy family with less number of children/ Due to economic problems/ Because of few earnings/ Husband health may suffer and could not be able to work hard	7	0.98
3	No side effects / Can easily work	17	2.38
4	Tubectomy is best method and healthiest / Safety method/ for quick recovery/ It is good for health	66	9.24
5	Oral pills leads to side effects/ fear to oral pills and IUD / Temporary methods are harmful to health/ oral pills and IUD are not good for health	11	1.54
6	There is chance to forget in case of other methods	1	0.14
7	Because of few problems	2	0.28
8	Easy to use/ Good	20	2.8
9	Conducive	2	0.28
10	To reduce the population	1	0.14
98	Not Applicable (NA)	167	23.39
99	Not Mentioned (NM)	224	31.37
TOTAL		714	100

TABLE 2.21

Visit To SC/ PHC/ Govt. Hospital For FP Services

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Yes	408	57.14	65	6.78
2	No	300	42.02	893	93.22
3	Going to private sector	0	0	0	0
4	Not mentioned	6	0.84	0	0
TOTAL		714	100	958	100

TABLE 2.22

Ability To Meet Doctor / ANM

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Could Meet	388	93.72	64	98.46
2	Could not Meet	12	2.9	1	1.54
3	Not Mentioned	14	3.38	0	0
TOTAL		414	100	65	100

TABLE 2.23

Perception On Behaviour Doctor/ Staff

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Immensely Cordial	114	27.54	23	35.38
2	Quite Cordial	91	21.98	23	35.38
3	Cordial	164	39.62	13	20
4	Not so Cordial	29	7	5	7.69
5	Not at all Cordial	1	0.24	1	1.55
7	Not mentioned	15	3.62	0	0
TOTAL		414	100	65	100

TABLE 2. 24

Perception On Privacy During Consultation

S.No	Opinion on Privacy	Non User Women		Non User Men	
		No.	%	No.	%
1	More than enough	89	21.5	15	23.08
2	Quite adequate	90	21.74	18	27.7
3	Adequate	161	38.89	12	18.46
4	Not so adequate	54	13.04	16	24.62
5	Not at all adequate	9	2.17	4	6.14
7	Not Mentioned	11	2.66	0	0
TOTAL		414	100	65	100

TABLE 2.25

Perception On Attention Paid By Doctor / Staff

S.No	Perception on Attention paid	Non User Women		Non User Men	
		No.	%	No.	%
1	Excellent attention	90	21.73	13	20
2	Quite adequate	107	25.84	27	41.54
3	Adequate	175	42.27	13	20
4	Not so adequate	28	6.77	10	15.38
5	Not at all adequate	4	0.97	2	3.08
7	Not Mentioned	10	2.42	0	0
TOTAL		414	100	65	100

TABLE 2.26

Perception On Language Used By Doctor / Staff

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Very easily understandable	128	30.92	22	33.85
2	Easily understandable	121	29.23	29	44.62
3	Understandable	140	33.82	12	18.47
4	Not so understandable	12	2.9	1	1.53
5	Not at all understandable	2	0.48	1	1.53
7	Not mentioned	11	2.65	0	0
TOTAL		414	100	65	100

TABLE 2.27

Perception Of Availability Of Supplies Of Oral Pills/ Condoms

S.No	Responses	Non user Women (Oral Pills)		Non user Men (Condoms)	
		No.	%	No.	%
1	Plenty	86	20.78	17	26.15
2	Quite sufficient	48	11.59	14	21.53
3	Sufficient	105	25.36	21	32.31
4	Not so sufficient	36	8.69	3	4.62
5	Not at all sufficient	18	4.35	2	3.08
7	Not mentioned	121	29.23	8	12.31
TOTAL		414	100	65	100

TABLE 2.28

Perception Of Information Provided By Doctor/ Staff About Various F P Methods

S.No	Responses	Non user Women		Non user Men	
		No.	%	No.	%
1	Informed	352	85.03	57	87.69
2	not informed	43	10.39	8	12.31
3	Not mentioned	19	4.58	0	0
TOTAL		414	100	65	100

TABLE 2.29

Perception Of Doctor/ Staff In Providing Information About Where To Obtain FP Methods

S.No	Informationon Where To Obtain FP Method	Non User Women		Non User Men	
		No.	%	No.	%
1	Provided	355	85.75	59	90.77
2	Not Provided	40	9.67	5	7.7
3	Not mentioned	19	4.58	1	1.53
TOTAL		414	100	65	100

TABLE 2.30

Are Doctor/ Staff Advising Only Sterilisation?

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Advices only Sterilisation	215	51.93	43	66.15
2	Do Not Advice Only Sterilisation	179	43.23	22	33.85
3	Not mentioned	20	4.84	0	0
TOTALS		414	100	65	100

TABLE 2.31

Perception On Information Provided About F P Methods & How They Work

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Excellently	87	21.01	17	26.16
2	Very satisfactorily	75	18.12	20	30.77
3	Satisfactorily	178	42.99	16	24.62
4	Not very satisfactorily	34	8.22	9	13.84
5	Not at all satisfactorily	8	1.94	3	4.61
7	Not Mentioned	32	7.72	0	0
TOTAL		414	100	65	100

TABLE 2.32

Perception On Information Provided Doctor/ Staff On Relative Advantages Of F P Methods

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Provided	336	81.15	59	90.76
2	Not Provided	47	11.36	6	9.24
3	Not Mentioned	31	7.49	0	0
TOTAL		414	100	65	100

TABLE 2.33

Apprehensions On The Follow Up Services After Adopting F P Method

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Have Doubts	211	29.55	177	18.48
2	Do Not Have Doubts	465	65.13	778	81.21
3	Not Applicable	10	1.4	3	0.31
4	Not mentioned	28	3.92	0	0
TOTAL		714	100	958	100

TABLE 2.34

Apprehensions On The Follow Up Services Of Specific F.P Methods

S.No	Method Used	Non User Women		Non User Men	
		No.	%	No.	%
1	IUD	95	45.02	15	8.47
2	Condoms	0	0	8	4.52
3	Oral pills	60	28.44	10	5.64
4	Tubectomy	51	24.17	118	66.68
5	Vasectomy	0	0	25	14.12
7	Not mentioned	5	2.37	1	0.57
TOTAL		211	100	177	100

TABLE 2.35

Perception On F.W Personnel In Explaining Side Effects And Complications Of F P Methods

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Mention Side Effects	201	28.15	156	16.28
2	Do Not Mention	471	65.97	798	83.3
3	Not applicable	7	0.98	0	0
4	Not mentioned	35	4.9	4	0.42
TOTAL		714	100	958	100

TABLE 2.36

Perceieved F.P Methods For Which Side Effects And Complications Are Not Mentioned Sufficiently To The Prospective Users

S.No	Responses	Non user Women	
		No.	%
1	IUD	89	12.46
2	Oral Pills	81	11.37
3	Tubectomy	57	7.98

Note: Responses are scanty but multiple choices are made

TABLE 2.37

Visit By Health Worker From P H C/S C In Last Three Months

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Visited	570	79.83	567	59.19
2	Not visited	137	19.19	389	40.6
3	Not Applicable	1	0.14	0	0
4	Not mentioned	6	0.84	2	0.21
TOTAL		714	100	958	100

TABLE 2.38

Perception On Activities Of Health Worker During Visits

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Talks about FP in general without specifically suggesting any method.	310	43.42	315	32.88
2	Talks about sterilisation only	168	23.53	80	8.35
3	Talks about sterilisation as well as spacing methoids	264	26.97	185	19.31
4	Talks about breast feeding	263	26.83	376	39.24
5	Talks about immunisations in general	331	46.36	466	48.64
6	Distribute leaflets and booklets	62	8.68	22	2.29
7	Distribution of condoms and oral pills	108	15.13	35	3.65
8	Distributes ORT packets	220	30.81	451	47.07
9	Talks about certain side affects of certain FP methods	47	6.58	24	2.5

TABLE 2.39

Perception On Health worker's Ability In Generating Confidence To Accept/ Continue F.P. Methods

S.No	Responses	Non User Men	
		No.	%
1	Satisfied	376	39.24
2	Not Satisfied	550	57.42
3	Not Applicable	19	1.98
4	Not mentioned	13	1.36
	TOTAL	958	100

TABLE 2.40

Perception Of Healthiest Method Of Family Planning

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	IUD	35	4.9	3	0.31
2	Oral Pills	78	10.92	6	0.63
3	Tubectomy	527	73.81	785	81.94
4	Condoms	2	0.28	6	0.63
5	Vasectomy	41	5.74	155	16.17
6	Don't know	1	0.14	0	0
7	Not Mentioned	30	4.2	0	0

TABLE 2.41

Preference For Vasectomy

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Better	124	17.37	154	16.08
2	Not better	579	81.09	801	83.61
3	Not mentioned	11	1.54	3	0.31
	TOTAL	714	100	958	100

TABLE 2.42

Opinion On Effect Of Vasectomy On Daily Routine

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Does affect	480	67.23	722	75.37
2	Does Not Affect	216	30.25	233	24.32
3	Not mentioned	18	2.52	3	0.31
TOTAL		714	100	958	100

TABLE 2.43

Opinion On Effect Of Vasectomy On Ability To Work

S.No	Responses	Non User Men	
		No.	%
1	Yes	722	75.37
2	No	233	24.32
3	Not mentioned	3	0.31
TOTAL		958	100

TABLE 2.44

Opinion On Effect Of Vasectomy On Earning Capacity

S.No	Responses	Non User Women	
		No.	%
1	Will effect earning capacity	505	70.73
2	Will Not effect earning capacity	191	26.75
3	Not mentioned	18	2.52
TOTAL		714	100

TABLE 2.45

Opinion On Using Condoms In Future

S.No	Use of Condoms	Non User Women		Non User Men	
		No.	%	No.	%
1	Would like	100	14.01	87	9.08
2	Would not like	588	82.35	864	90.19
3	Not mentioned	26	3.64	7	0.73
TOTAL		714	100	958	100

TABLE 2.46

Opinion On Women Undertaking F P Methods Instead Of Men

S.No	Responses	Non User Men	
		No.	%
1	Better	782	81.63
2	Not Better	174	18.16
3	Not mentioned	2	0.21
TOTAL		958	100

TABLE 2.47

Knowledge On Problems And Complications Of Becoming Pregnant Very Close

S.No	Responses	Non User Women		Non User Men	
		No.	%	No.	%
1	Will have complications and problems	407	57	855	89.25
2	Will not have complications and problems	294	41.18	103	10.75
3	Not Mentioned	13	1.82	0	0
TOTAL		714	100	958	100

TABLE 2.47a

Problems Of Close Pregnancies On Mother

S.No.	Responses	Non User Women	
		No.	%
1	Causes weakness/ Health will suffer/ Causes anaemia and mother health will suffer/ Mother will be weak and won't get nutritious food/ Physically and psychologically weak/ May lead to abortion and mental weakness/ Unhealthy to mother and child/ Mother and child health will suffer/ May be prone to other diseases/ May face difficulty during delivery	333	46.64
2	Unhealthy children will be born/ Mother cannot take proper care of children/ Second child will be unhealthy	11	1.54
3	Economic status will suffer/ It is problematic to go for work	5	0.7
4	No idea	1	0.14
98	Not Applicable (NA)	294	41.18
99	Not Mentioned (NM)	70	9.8
TOTAL		714	100

TABLE 2.47b

Problems Of Close Pregnancies On Mother

S. No.	Responses	Non User Men	
		No.	%
1	Mother will be weak and unhealthy/ Mother health may suffer/ Mother will be weak and may be prone to diseases/ Mother will be weak and causes aneamia/ Will lose stamina	690	72.03
2	Fell ill & leads to death	2	0.21
3	Mother health may suffer, cannot lookafter the child properly	86	8.98
4	Mother will be weak and delivery amy be difficult	11	1.15
5	Mother may not get the required amount of milk to feed the child.	7	0.73
6	Mother will be weak and chances for abortion	2	0.21
7	Cannot lookafter the family properly.	5	0.52
8	Causes aneamia and delivery may be difficult.	1	0.1
9	Mother may be weak and financial crisis may arise.	3	0.31
98	Not Applicable (NA)	103	10.75
99	Not Mentioned (NM)	48	5.01
TOTAL		958	100

TABLE 2.47c

Problems Of Close Pregnancies On Children

S.No.	Responses	Non User Women	
		No.	%
1	Child will be weak and unhealthy at birth/ Unhealthy children will born/ Child will lack proper care/ Unmatured child will be born	215	30.11
2	Mother and child will be unhealthy	3	0.42
3	Insufficient nutrition/ Milk may not be sufficient for the child and may be weak/ Milk may not be sufficient	96	13.45
4	Immunity will reduce	1	0.14
5	Child will lack mothers affection	2	0.28
6	First child lacks proper care/ Lacks proper growth	12	1.68
98	Not Applicable (NA)	294	41.18
99	Not Mentioned (NM)	91	12.75
TOTAL		714	100

TABLE 2.47d

Problems Of Close Pregnancies On Children

S. No.	Responses	Non User Men	
		No.	%
1	Child will be weak/ Child health will suffer/ Child will be born weak and lacks proper growth/ Child cannot be nourished properly/ Child will become weak and unhealthyand may be prone to many diseases/ Child will be lean and weak.	471	49.16
2	Child will be weak and milk may not be sufficient/ Child health suffers due to lack of sufficient milk / Milk may not be sufficient to the child / Child will be born weak, milk may not be sufficient and may be porne to diseases.	208	21.71
3	Child may not be looked after properly and milk may not be sufficient.	95	9.92
5	Child will be born weak, growth will suffer and becomes aneamic	24	2.51
6	First child cannot be looked after properly and second child will be weak	3	0.31
7	Child lacks mother love and health may suffer	1	0.1
9	May face financial problems.	1	0.1
98	Not Applicable (NA)	103	10.75
99	Not Mentioned (NM)	52	5.43
TOTAL		958	100

TABLE 2.48

Ideal Gap Between Children

S.No.	Responses	Non User Women	
		No.	%
1	1 yr.	5	0.7
2	1-2 yrs	2	0.28
3	1-3 yrs	1	0.14
4	2 yrs	69	9.66
5	2-3 yrs	18	2.52
6	2-4 yrs	1	0.14
7	3 yrs	98	13.73
8	3-4 yrs	8	1.12
9	4 yrs	25	3.5
10	5 years gap is required	18	2.52
11	It is good/ Child will be healthy	64	8.96
12	Happy family/ Mother and child have good health	57	7.98
13	No opinion/ Don't know/ No idea	30	4.2
14	Gap is necessary	8	1.12
15	Child lacks proper care if there is close pregnancy	1	0.14
99	Not Mentioned (NM)	309	43.28
	TOTAL	714	100

TABLE 2.49

Ideal Gap Between Children

S. No.	Responses	Non User Men	
		No.	%
1	1 yr. gap is required/ 1-2 yrs	11	1.15
2	2-3 yrs/ 2 yrs / 3 yrs	684	71.4
4	4 yrs/ 3-4 yrs/ 4 yrs	70	7.31
5	Wife health will be fine.	28	2.92
6	Mother and child health will be fine	50	5.22
7	Father, mother and child will be fine	1	0.1
8	Milk will not be sufficient if there is close pregnancy for the child and mother will be fine	1	0.1
9	Don't know	1	0.1
10	It is good to have gap	1	0.1
99	Not Mentioned (NM)	111	11.59
TOTAL		958	100

TABLES ON DIFFERENTIALS : USER WOMEN AND USER MEN

USER WOMEN

Table 3.1

Curent Tubectomy Users By Method Adopted First

Currently Used Fp Method	Family Planning Method Adopted First
	Tubectomy
IUD	3 (0.39)
OP	4 (0.52)
Tubectomy	581 (75.26)
Not Mentioned	0 (0.00)
Total	603 (78.11)

Note: Figures within the Parenthesis show Percentages.

Table 3.2

Current F.P Method Adopted By Education

Currently Used Fp Method	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
IUD	28 (3.63)	1 (0.13)	11 (1.42)	14 (1.81)	4 (0.52)	2 (0.26)	0 (0.00)	0 (0.00)	7 (0.91)	67 (8.63)
OP	50 (6.48)	3 (0.39)	10 (1.3)	20 (3.59)	1 (0.13)	0 (0.00)	0 (0.00)	0 (0.00)	16 (2.07)	100 (12.95)
Tubectomy	318 (41.19)	32 (4.15)	113 (14.64)	59 (7.64)	11 (1.42)	14 (1.81)	1 (0.13)	2 (0.26)	53 (6.87)	603 (78.11)
Not Mentioned	0 (0.00)	0 (0.00)	1 (0.13)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.13)	2 (0.26)
Total	396 (51.3)	36 (4.66)	135 (17.49)	93 (12.05)	16 (2.07)	16 (2.07)	1 (0.13)	2 (0.26)	77 (9.97)	772 (100.00)

Note: Figures within the Parenthesis show Percentages.

Table 3.3

Current F.P Method By Economic Class

Currently Used FP Method	CLASS				
	Lower Class	Lower Middle Class	Middle Class	Rich	Total
IUD	37 (4.79)	13 (1.68)	9 (1.17)	8 (1.04)	67 (8.68)
OP	49 (6.35)	28 (3.63)	22 (2.85)	1 (0.13)	100 (12.95)
Tubectomy	305 (39.51)	185 (23.96)	93 (12.05	20 (2.59)	603 (78.11)
Not Mentioned	1 (0.13)	1 (0.13)	0 (0.00)	0 (0.00)	2 (0.26)
Total	392 (50.78)	227 (29.4)	124 (16.06)	29 (3.76)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.4

Current F.P Method By District

Currently Used FP Method	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
IUD	20 (2.59)	4 (0.52)	10 (1.3)	3 (0.39)	1 (0.13)	29 (3.76)	67 (8.68)
OP	27 (3.5)	2 (0.26)	41 (5.31)	0 (0.00)	0 (0.00)	30 (3.89)	100 (12.95)
Tubectomy	81 (10.49)	136 (17.62)	78 (10.1)	114 (14.77)	130 (16.84)	64 (8.29)	603 (78.11)
Not Mentioned	0 (0.00)	1 (0.13)	1 (0.13)	0 (0.00)	0 (0.00)	0 (0.00)	2 (0.26)
Total	128 (16.58)	143 (18.52)	130 (16.84)	117 (15.16)	131 (16.97)	123 (15.93)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.5

Information Provided About Side Effects By District

Side Effects	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Informed	43 (5.57)	35 (4.53)	36 (4.66)	12 (1.55)	46 (5.96)	71 (9.2)	243 (31.48)
Not Informed	84 (10.88)	108 (13.99)	93 (12.05)	105 (13.6)	85 (11.01)	52 (6.74)	527 (68.26)
Not Mentioned	1 (0.13)	0 (0.00)	1 (0.13)	0 (0.00)	0 (0.00)	0 (0.00)	2 (0.26)
Total	128 (16.58)	143 (18.52)	130 (16.84)	117 (15.16)	131 (16.97)	123 (15.93)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.6

Information About Side Effects By Caste/ Communities

Side Effects	CASTES/ COMMUNITIES								
	SC	ST	BC	FC	Muslim	Christian	Others	Caste Not Mentioned	Total
Informed	26 (3.37)	7 (0.91)	157 (20.34)	27 (3.50)	3 (0.39)	0 (0.00)	11 (1.42)	12 (1.55)	243 (31.48)
Not informed	68 (8.81)	9 (1.17)	325 (42.10)	92 (11.92)	8 (1.04)	5 (0.65)	2 (.26)	18 (2.33)	527 (68.26)
Not Mentioned	0 (0.00)	0 (0.00)	2 (0.26)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (0.26)
Total	94 (12.18)	16 (2.07)	484 (62.69)	119 (15.41)	11 (1.42)	5 (0.65)	13 (1.68)	30 (3.89)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.7

Informing About Side Effects By Economic Class

Side Effects Informed	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Informed	130 (16.84)	64 (8.29)	37 (4.79)	12 (1.55)	243 (31.48)
Not informed	261 (33.81)	162 (20.98)	87 (11.27)	17 (2.20)	527 (68.26)
Not Mentioned	1 (0.13)	1 (0.13)	0 (0.00)	0 (0.00)	2 (0.26)
Total	392 (50.78)	227 (29.40)	124 (16.06)	29 (3.76)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.8

Information About Side Effects By Education

Side Effects Information	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Yes	122 (15.80)	10 (1.30)	39 (5.05)	31 (4.02)	3 (0.39)	3 (0.39)	1 (0.13)	1 (0.13)	33 (4.27)	243 (31.48)
No	272 (35.23)	26 (3.37)	96 (12.44)	62 (8.03)	13 (1.68)	13 (1.68)	0 (0.00)	1 (0.13)	44 (5.70)	527 (68.26)
Not Mentioned	2 (0.26)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	2 (0.26)
Total	396 (51.30)	36 (4.66)	135 (17.49)	93 (12.65)	16 (2.07)	16 (2.07)	1 (0.13)	2 (0.26)	77 (9.97)	778 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.9

Perception Of Side Effects Of Vasectomy By Caste

Side Effects	CASTES								
	SC	ST	BC	FC	Muslim	Christian	Others	Not Mentioned	Total
Have side effects	58 (7.51)	9 (1.17)	295 (38.21)	59 (7.64)	6 (0.78)	4 (0.52)	7 (0.91)	12 (1.55)	450 (58.29)
Do not have side effects	36 (4.66)	7 (0.91)	178 (23.06)	54 (6.99)	5 (0.65)	1 (0.13)	6 (0.78)	15 (1.94)	302 (39.12)
Not Mentioned	0 (0.00)	0 (0.00)	11 (1.42)	5 (0.65)	0 (0.00)	0 (0.00)	1 (0.13)	3 (0.39)	20 (2.59)
Total	94 (12.18)	16 (2.07)	484 (62.69)	119 (15.41)	11 (1.42)	5 (0.65)	13 (1.68)	30 (3.89)	772 (100)
Note: Figures within the Parenthesis show Percentages.									

Table 3.10

Perception Of Side Effects Of Vasectomy By Economic Class

Perception of Side Effects	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Have side effects	226 (29.27)	125 (16.19)	79 (10.23)	20 2.59)	450 (58.29)
Do not have side effects	150 (20.47)	94 (12.18)	42 (5.44)	8 (1.04)	302 (39.12)
Not Mentioned	8 (1.04)	8 (1.04)	3 (0.39)	1 (0.13)	20 (2.59)
Total	392 (50.78)	227 (29.40)	124 (16.06)	29 (3.76)	772 (100)
Note: Figures within the Parenthesis show Percentages.					

Table 3.11

Perception Of Side Effects Of Vasectomy By Education

Perception of Side Effects	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professi onal	Others	Not Mentioned	Total
Have side effects	238 (30.83)	21 (2.72)	79 (10.23)	52 (6.74)	8 (1.04)	9 (1.17)	0 (0.00)	2 (0.26)	41 (5.31)	450 (58.29)
Do not have side effects	151 (19.56)	13 (1.68)	52 (6.74)	38 (4.92)	8 (1.04)	7 (0.91)	1 (0.13)	0 (0.00)	32 (4.15)	302 (39.12)
Not Mentioned	7 (0.91)	2 (0.26)	4 (0.52)	3 (0.39)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	4 (0.52)	20 (2.59)
Total	396 (51.30)	36 (4.66)	135 (17.49)	93 (12.05)	16 (2.07)	16 (2.07)	1 (0.13)	2 (0.26)	77 (9.97)	772 (100)
Note: Figures within the Parenthesis show Percentages.										

Table 3.12

Perception Of Women On Vasectomy Affecting Routine Work Of Their Husbands By Districts

Perception Regarding Daily Routine	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Will effect	100 (12.95)	120 (15.54)	91 (11.79)	62 (8.03)	99 (12.82)	73 (9.46)	545 (70.60)
Will not effect	28 (3.63)	22 (2.85)	3 (4.02)	54 (6.99)	32 (4.15)	50 (6.48)	217 (28.11)
Not Mentioned	0 (0.00)	1 (0.13)	8 (1.04)	1(0.13)	0 (0.00)	0 (0.00)	10 (1.30)
Total	128 (16.58)	143 (18.52)	130 (16.84)	117 (15.16)	131 (16.97)	123 (15.93)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.13

Perception On Vasectomy Affecting The Daily Routine Work By Occupation

Perception regarding daily routine	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Will afect	268 (34.72)	161 (20.85)	92 (11.92)	24 (3.11)	545 (70.60)
Will not affect	120 (15.54)	64 (8.29)	29 (3.76)	4 (0.52)	217 (28.11)
Not Mentioned	4 (0.52)	2 (0.26)	3 (0.39)	1 (0.13)	10 (1.30)
Total	392 (50.78)	227 (29.40)	124 (16.06)	29 (3.76)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table 3.14

Perception On Vasectomy Affecting The Daily Routine Work By Education

Perception Regarding Daily Routine	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Yes	274 (45.49)	26 (3.37)	102 (13.21)	66 (8.55)	10 (1.30)	12 (1.55)	0 (0.00)	2 (0.26)	53 (6.87)	545 (70.60)
No	115 (14.90)	10 (1.30)	32 (4.15)	27 (3.50)	6 (0.78)	3 (0.39)	1 (0.13)	0 (0.00)	23 (2.98)	217 (28.11)
Not Mentioned	7 (0.91)	0 (0.00)	1 (0.13)	0 (0.00)	0 (0.00)	1 (0.13)	0 (0.00)	0 (0.00)	1 (0.13)	10 (1.30)
Total	396 (51.30)	36 (4.66)	135 (17.49)	93 (12.05)	16 (2.07)	16 (2.07)	1 (0.13)	2 (0.26)	77 (9.97)	772 (100)

Note: Figures within the Parenthesis show Percentages.

Table : 3.15

Cross Table For Current Method Adopted By District

Present Method Adopted	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Condom	22 (3.43)	20 (3.12)	10 (1.56)	7 (1.09)	3 (0.47)	3 (0.47)	65 (10.14)
Vasectomy	5 (0.78)	4 (0.62)	10 (1.56)	124 (19.34)	132 (20.59)	300 46.80)	575 (89.70)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	1 (0.16)
Total	27 (4.21)	24 (3.74)	20 (3.12)	131 (20.44)	136 (21.22)	303 (47.27)	641 (100)
Note: Figures within the Parenthesis show Percentages.							

Table: 3.16

Current Method Adopted By Caste

Present Method Adopted	CASTE								
	SC	ST	BC	FC	Muslim	Christian	Others	Not Mentioned	Total
Condom	17 (2.65))	0 (0.00)	32 (4.99)	9 (1.40)	5 (0.78)	0 (0.00)	1 (0.16)	1 (0.16)	65 (10.14)
Vasectomy	72 (11.23)	19 (2.96)	356 (55.54)	99 (15.44)	19 (2.96)	4 (0.62)	1 (0.16)	5 (0.78)	575 (89.70)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)
Total	89 (13.88)	19 (2.96)	388 (60.53)	109 (17.00)	24 (3.74)	4 (0.62)	2 (0.31)	6 (0.94)	641 (100)
Note: Figures within the Parenthesis show Percentages									

Table :3.17

Cross Table For Current Method Adopted By Education

Present F.P Method Adopted	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Condom	9 (1.40)	1 (0.16)	11 (1.72)	23 (3.59)	5 (0.78)	11 (1.72)	5 (0.78)	0 (0.00)	0 (0.00)	65 (10.04)
Vasectomy	250 (39.00)	38 (5.93)	92 (14.35)	93 (14.51)	34 (5.30)	45 (7.02)	12 (1.87)	9 (1.40)	2 (.0.31)	575 (89.70)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)
Total	259 (40.41)	39 (6.08)	103 (16.07)	116 (18.10)	39 (6.08)	57 (8.89)	17 (2.65)	9 (1.40)	2 (0.31)	641 (100)
Note: Figures within the Parenthesis show Percentages.										

Table : 3.18

Current Method Adopted By Economic Class

Present F.P Method Adopted	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Condom	28 (4.37)	18 (2.81)	15 (2.34)	4 (0.62)	65 (10.14)
Vasectomy	341 (53.20)	121 (18.88)	92 (14.35)	21 (3.28)	575 (89.70)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.16)	1(0.16)
Total	369 (57.57)	139 (21.68)	107 (16.69)	26 (4.06)	641 (100)

Note: Figures within the Parenthesis show Percentages.

Table : 3.19

Vasectomy Affecting Routine Occupation By District

Vasectomy Affecting Routine Occupation	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Affected	3 (0.47)	0 (0.00)	1 (.16)	41 (6.40)	4 (0.62)	124 (19.34)	173 (26.99)
Do not affect	23 (3.59)	14 (2.18)	18 (2.81)	85 (13.26)	131 (20.44)	175 (27.30)	446 (69.58)
Not Mentioned	1 (0.16)	10 (1.56)	1 (0.16)	5 (0.78)	1 (0.16)	4 (0.62)	22 (3.43)
Total	27 (4.21)	24 (3.74)	20 (3.12)	131 (20.44)	136 (21.22)	303 (47.27)	641 (100)

Note: Figures within the Parenthesis show Percentages.

Table : 3.20

Vasectomy Affecting Routine Occupation By Caste

Vasectomy Affecting Routine Occupation	CASTES								
	SC	ST	BC	FC	Muslim	Christian	Others	Not Mentioned	Total
Affected	29 (4.52)	12 (1.87)	111 (17.32)	11 (1.72)	9 (1.40)	0 (0.00)	0 (0.00)	1 (0.16)	173 (26.99)
Do not Affect	55 (8.58)	7 (1.09)	266 (41.50)	94 (14.66)	13 (2.03)	4 (0.62)	2 (0.31)	5 (0.78)	446 (69.58)
Not Mentioned	5 (0.78)	0 (0.00)	11 (1.72)	4 (0.62)	2 (0.31)	0 (0.00)	0 (0.00)	0 (0.00)	22 (3.43)
Total	89 (13.88)	19 (2.96)	388 (60.53)	109 (17.00)	24 (3.74)	4 (0.62)	2 (0.31)	6 (0.94)	641 (100)

Note: Figures within the Parenthesis show Percentages.

Table: 3.21

Affecting Routine Occupation By Education

Vasectomy Affecting Routine Occupation	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Affected	110 (17.16)	13 (2.03)	29 (4.52)	16 (2.50)	1 (0.16)	1 (0.16)	0 (0.00)	2 (0.31)	1 (0.16)	173 (26.99)
Do not Affect	146 (22.78)	25 (3.90)	71 (11.08)	92 (14.35)	36 (5.62)	51 (7.96)	17 (2.65)	7 (1.09)	1 (0.16)	446 (69.58)
Not Mentioned	3 (0.47)	1 (0.16)	3 (0.47)	8 (1.25)	2 (0.31)	5 (0.78)	0 (0.00)	0 (0.00)	0 (0.00)	22 (3.43)
Total	259 (40.41)	39 (6.08)	103 (16.07)	116 (18.10)	39 (6.08)	57 (8.89)	17 (2.65)	9 (1.40)	2 (0.31)	641 (100)
Note: Figures within the Parenthesis show Percentages.										

Table: 3.22

Vasectomy Affecting Routine Occupation By Class

Vasectomy Affecting Routine Occupation	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Affected	148 (23.09)	18 (2.81)	7 (1.09)	0 (0.00)	173 (26.99)
Do not Affect	212 (33.07)	114 (17.78)	94 (14.66)	26 (4.06)	446 (69.58)
Not Mentioned	9 (1.40)	7 (1.09)	6 (0.94)	0 (0.00)	22 (3.43)
Total	369 (57.57)	139 (21.68)	107 (16.69)	26 (4.06)	641 (100)
Note: Figures within the Parenthesis show Percentages.					

Table : 3.23

Perception On Wife Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By District

Perception On Wife Undergoing Tubectomy	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Would like	20 (3.12)	16 (2.50)	6 (0.94)	8 (1.25)	7 (1.09)	83 (12.95)	140 (21.84)
Would not like	7 (1.09)	8 (1.25)	14 (2.18)	123 (19.19)	129 (20.12)	217 (33.85)	498 (77.69)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.47)	3 (0.47)
Total	27 (4.21)	24 (3.74)	20 (3.12)	131 (20.44)	136 (21.22)	303 (47.27)	641 (100)
Note: Figures within the Parenthesis show Percentages.							

Table : 3.24
Perception On Wife Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Caste/ Community

Perception On Wife Undergoing Tubectomy	CASTES / COMMUNITIES								
	SC	ST	BC	FC	Muslim	Christian	Others	Not Mentioned	Total
Would like	30 (4.68)	2 (0.31)	93 (14.51)	7 (1.09)	6 (0.94)	0 (0.00)	0 (0.00)	0 (0.00)	140 (21.84)
Would not like	59 (9.20)	17 (2.65)	292 (45.55)	102 (15.91)	18 (2.81)	4 (0.62)	1 (0.16)	5 (0.78)	498 (77.69)
Not Mentioned	0 (0.00)	0 (0.00)	3 (0.47)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.47)
Total	89 (13.88)	19 (2.96)	388 (60.53)	109 (17.00)	24 (3.74)	4 (0.62)	2 (0.31)	6 (0.94)	641 (100)

Note: Figures within the Parenthesis show Percentages.

Table : 3.25
Perception On Wife Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Education

Perception On Wife Undergoing Tubectomy	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Would like	74 (11.54)	10 (1.56)	24 (3.74)	21 (3.28)	2 (0.31)	5 (0.78)	3 (0.47)	1 (0.16)	0 (0.00)	140 (21.84)
Would not like	184 (28.71)	29 (4.52)	78 (12.17)	95 (14.82)	37 (5.77)	51 (7.96)	14 (2.18)	8 (1.25)	2 (0.31)	498 (77.69)
Not Mentioned	1 (0.16)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	1 (0.16)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.47)
Total	259 (40.41)	39 (6.08)	103 (16.07)	116 (18.10)	39 (6.08)	57 (8.89)	17 (2.65)	9 (1.40)	2 (0.31)	641 (100)

Note: Figures within the Parenthesis show Percentages.

Table : 3.26
Erception On Wife Undergoing Tubectomy Instead Of Husband Undergoing Vasectomy By Class

Perception On Wife Undergoing Tubectomy	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Would like	108 (16.85)	21 (3.28)	7 (1.09)	4 (0.62)	140 (21.84)
Would not like	259 (40.41)	117 (18.25)	100 (15.60)	22 (3.43)	498 (77.69)
Not Mentioned	2 (0.31)	1 (0.16)	0 (0.00)	0 (0.00)	3 (0.47)
Total	369 (57.57)	139 (21.68)	107 (16.69)	26 (4.06)	641 (100)

Note: Figures within the Parenthesis show Percentages.

TABLES ON DIFFERENTIALS : NON USER WOMEN AND NON USER MEN

NON USER WOMEN

Table : 4.1

Opinion On Adopting Family Planning Method In Future By District

Opinion	Anantapur	Chittoor	Adilabad	Warangal	West Godavari	Visakhapatnam	Total
Will Adopt	62 (8.68)	66 (9.24)	81 (11.34)	84 (11.76)	88 (12.32)	62 (8.68)	443 (62.04)
Will not adopt	66 (9.24)	39 (5.46)	34 (4.76)	40 (5.60)	30 (4.20)	61 (8.54)	270 (37.82)
Not mentioned	0 (0.00)	0 (0.00)	1 (0.14)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.14)
Total	128 (17.93)	105 (14.71)	116 (16.25)	124 (17.37)	118 (16.53)	123 (17.23)	714 (100)

Table : 4.2

Opinion On Adopting Family Planning Method In Future By Economic Class

Opinion	Lowest	Lower Middle	Middle	Rich	Total
Will Adopt	291 (40.76)	110 (15.41)	40 (5.60)	2 (0.28)	443 (62.04)
Will not adopt	161 (22.55)	75 (10.50)	33 (4.62)	1 (0.14)	270 (37.82)
Not mentioned	1 (0.14)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.14)
Total	453 (63.45)	185 (25.91)	73 (10.22)	3 (0.42)	714 (100)

Table : 4.3

Opinion On Adopting Family Planning Method In Future By Education

Opinion	Illiterate	Std I - IV	V - VII	VIII - X	Inter	Graduation	P.G/ Professional	Total
Will Adopt	277 (38.80)	21 (2.94)	49 (6.86)	66 (9.24)	20 (2.80)	9 (1.26)	1 (0.14)	443 (62.04)
Will not adopt	151 (21.15)	12 (1.68)	49 (6.86)	42 (5.88)	9 (1.26)	6 (0.84)	1 (0.14)	270 (37.82)
Not mentioned	1 (0.14)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.14)
Total	429 (60.08)	33 (4.62)	98 (13.73)	108 (15.13)	29 (4.06)	15 (2.10)	2 (0.28)	714 (100)

Table : 4.4

Apprehensions On The Followup Services After Adopting Fp Method By District

Responses	Anantapur	Chittoor	Adilabad	Warangal	West Godavari	Visakhapatnam	Total
Have Doubts	40 (5.60)	22 (3.08)	42 (5.88)	40 (5.60)	29 (4.06)	38 (5.32)	211 (29.55)
Do not have	78 (10.92)	80 (11.20)	60 (8.40)	82 (11.48)	87 (12.18)	78 (10.92)	465 (65.13)
Not Applicable	0 (0.00)	0 (0.00)	9 (1.26)	0 (0.00)	0 (0.00)	1 (0.14)	10 (1.40)
Not Mentioned	10 (1.40)	3 (0.42)	5 (0.70)	2 (0.28)	2 (0.28)	6 (0.84)	28 (3.92)
Total	128 (17.93)	105 (14.71)	116 (16.25)	124 (17.37)	118 (16.53)	123 (17.23)	714 (100)

Table : 4.5

Apprehensions On The Followup Services After Adopting F.P Method By Economic Class

Responses	Lowest	Lower Middle	Middle	Rich	Total
Have Doubts	128 (17.93)	62 (8.68)	20 (2.80)	1 (0.14)	211 (29.55)
Do not have	297 (41.60)	118 (16.53)	48 (6.72)	2 (0.28)	465 (65.13)
Not Applicable	8 (1.12)	1 (0.14)	1 (0.14)	0 (0.00)	10 (1.40)
Not mentioned	20 (2.80)	4 (0.56)	4 (0.56)	0 (0.00)	28 (3.92)
Total	453 (63.45)	185 (25.91)	73 (10.22)	3 (0.42)	714 (100)

Table : 4.6

Apprehension On The Followup Services After Adopting F.P Method By Education

Responses	Illiterate	Std I - IV	V - VII	VIII - X	Inter	Graduation	P.G/ Professional	Total
Have Doubts	128 (17.93)	12 (1.68)	30 (4.20)	29 (4.06)	8 (1.12)	4 (0.56)	0 (0.00)	211 (29.55)
Do not have	279 (39.08)	21 (2.94)	60 (8.40)	72 (10.08)	21 (2.94)	10 (1.40)	2 (0.28)	465 (65.13)
Not Applicable	8 (1.12)	0 (0.00)	0 (0.00)	2 (0.28)	0 (0.00)	0 (0.00)	0 (0.00)	10 (1.40)
Not mentioned	14 1.96)	0 (0.00)	8 (1.12)	5 (0.70)	0 (0.00)	1 (0.14)	0 (0.00)	28 (3.92)
Total	429 (60.08)	33 (4.62)	98 (13.73)	108 (15.13)	29 (4.06)	15 (2.10)	2 (0.28)	714 (100)

Table : 4.7

Perception On F.W Personnel In Explaining Side Effects And Complications Of F.P Methods By District

Responses	Anantapur	Chittoor	Adilabad	Warangal	West Godavari	Visakhapatnam	Total
Mention Side Effects	24 (3.36)	25 (3.50)	44 (6.16)	53 (7.42)	32 (4.48)	23 (3.22)	201 (28.15)
Do Not Mention	91 (12.75)	75 (10.50)	65 (9.10)	68 (9.52)	82 (11.48)	90 (12.61)	471 (65.97)
Not Applicable	0 (0.00)	1 (0.14)	4 (0.56)	1 (0.14)	1 (0.14)	0 (0.00)	7 (0.98)
Not Mentioned	13 (1.82)	4 (0.56)	3 (0.42)	2 (0.28)	3 (0.42)	10 (1.40)	35 (4.90)
Total	128 (17.93)	105 (14.71)	116 (16.25)	124 (17.37)	118 (16.53)	123 (17.23)	714 (100)

Table : 4.8

Perception On F.W Personnel In Explaining Side Effects And Complications Of F.P Methods By Economic Class

Responses	Lowest	Lower Middle	Middle	Rich	Total
Mention Side Effects	134 (18.77)	49 (6.86)	16 (2.24)	2 (0.28)	201 (28.15)
Do Not Mention	293 (41.04)	125 (17.51)	52 (7.28)	1 (0.14)	471 (65.97)
Not Applicable	5 (0.70)	2 (0.28)	0 (0.00)	0 (0.00)	7 (0.98)
Not mentioned	21 (2.94)	9 (1.26)	5 (0.70)	0 (0.00)	35 (4.90)
Total	453 (63.45)	185 (25.91)	73 (1022)	3 (0.42)	714 (100)

Table : 4.9

Perception On F.W Personnel In Explaining Side Effects And Complication Of F.P Methods By Education

Responses	Illiterate	Std I - IV	V - VII	VIII - X	Inter	Graduation	P.G/ Professional	Total
Mention Side Effects	124 (17.37)	7 (0.98)	22 (3.08)	34 (4.76)	11 (1.54)	3 (0.42)	0 (0.00)	201 (28.15)
Do Not Mention	288 (40.34)	25 (3.50)	63 (8.82)	64 (8.96)	17 (2.38)	12 (1.68)	2 (0.28)	471 (65.97)
Not Applicable	6 (0.84)	0 (0.00)	0 (0.00)	1 (0.14)	0 (0.00)	0 (0.00)	0 (0.00)	7 (0.98)
Not mentioned	11 (1.54)	1 (0.14)	13 (1.82)	9 (1.26)	1 (0.14)	0 (0.00)	0 (0.00)	35 (4.90)
Total	429 (60.08)	33 (4.62)	98 (13.73)	108 (15.13)	29 (4.06)	15 (2.10)	2 (0.28)	714 (100)

Table : 4.10

Perception On Vasectomy Affecting Husband's Daily Routine By District

Responses	Anantapur	Chittoor	Adilabad	Warangal	West Godavari	Visakhapatnam	Total
Will Affect	84 (11.76)	89 (12.46)	67 (9.38)	54 (7.56)	100 (14.01)	86 (12.04)	480 (67.23)
Will not	42 (5.88)	13 (1.82)	44 (6.16)	70 (9.80)	17 (2.38)	30 (4.20)	216 (30.25)
Not Mentioned	2 (0.28)	3 (0.42)	5 (0.70)	0 (0.00)	1 (0.14)	7 (0.98)	18 (2.52)
Total	128 (17.93)	105 (14.71)	116 (16.25)	124 (17.37)	118 (16.53)	123 (17.23)	714 (100)

Table : 4.11

Perception On Vasectomy Affecting Husband's Daily Routine By Economic Class

Responses	Lowest	Lower Middle	Middle	Rich	Total
Will affect	304 (42.58)	119 (16.67)	55 (7.70)	2 (0.28)	480 (67.23)
Will not	136 (19.05)	63 (8.82)	16 (2.24)	1 (0.14)	216 (30.25)
Not Mentioned	13 (1.82)	3 (0.42)	2 (0.28)	0 (0.28)	18 (2.52)
Total	453 (63.45)	185 (25.91)	73 (10.22)	3 (0.42)	714 (100)

Table : 4.12

Perception On Vasectomy Affecting Husband's Daily Routine By Education

Responses	Illiterate	Std I - IV	V - VII	VIII - X	Inter	Graduation	P.G/ Professional	Total
Will Affect	281 (39.36)	25 (3.50)	68 (9.52)	74 (10.36)	18 (2.52)	12 (1.68)	2 (0.28)	480 (67.23)
Will not	138 (19.33)	8 (1.12)	29 (4.06)	28 (3.92)	11 (1.54)	2 (0.28)	0 (0.00)	216 (30.25)
Not Mentioned	10 (1.40)	0 (0.00)	1 (0.14)	6 (0.84)	0 (0.00)	1 (0.14)	0 (0.00)	18 (2.52)
Total	429 (60.08)	33 (4.62)	98 (13.73)	108 (15.13)	29 (4.06)	15 (2.10)	2 (0.28)	714 (100)

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Table 4.13

Opinion On Adopting Family Planning Method In Future By District

Opinion On Adopting Family Palnning Method	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Will adopt	17 (1.77)	22 (2.30)	23 (2.40)	36 (3.76)	9 (0.94)	21 (2.19)	12 8 (13.36)
Will not adopt	198 (20.67)	197 (20.56)	200 (20.88)	78 (8.14)	99 (10.33)	57 (5.98)	829 (86.53)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.10)	1 (0.10)
Total	215 (22.44)	219 (22.86)	223 (23.28)	114 (11.90)	108 (11.27)	79 (8.25)	958 (100)
Note: Figures within the Parenthesis show Percentage of Total.							

Table 4.14

Opinion On Adopting Family Planning Method In Future By Economic Class

Opinion On Adopting Family Palnning Method	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Will adopt	83 (8.66)	33 (3.44)	10 (1.04)	2 (0.21)	128 (13.36)
Will not adopt	541 (56.47)	209 (21.82)	70 (7.31)	9 (0.94)	829 (86.53)
Not Mentioned	1 (0.10)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.10)
Total	625 (65.24)	242 (25.26)	80 (8.35)	11 (1.15)	958 (100)
Note: Figures within the Parenthesis show Percentage of Total.					

Table 4.15

Opinion On Adopting Family Planning Method In Future By Education

Opinion On Adopting Family Palnning Method	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Will adopt	34 (3.55)	3 (0.31)	25 (2.61)	33 (3.44)	17 (1.77)	7 (0.73)	2 (0.21)	5 (0.52)	2 (0.21)	128 (13.36)
Will not	374 (39.04)	53 (5.53)	153 (15.97)	134 (13.99)	72 (7.52)	32 (3.34)	3 (0.31)	4 (0.42)	4 (0.42)	829 (86.53)
Not Mentioned	0 (0.00)	0 (0.00)	1 (0.10)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	1 (0.10)
Total	408 (42.59)	56 (5.85)	179 (18.68)	167 (17.43)	89 (9.29)	39 (4.07)	5 (0.52)	9 (0.94)	6 (0.63)	958 (100)
Note: Figures within the Parenthesis show Percentage of Total.										

Table 4.16
Opinion On F.W.Personnel In Explaining With Side Effects And Complications Of F.P Methods By District

Explaining Side Effects and Complications	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Side effects mentioned	40 (4.18)	34 (3.55)	51 (5.32)	17 (1.77)	1 (0.10)	13 (1.36)	156 (16.28)
Side Effects not mentioned	174 (18.16)	185 (19.31)	171 (17.85)	97 (10.13)	107 (11.17)	64 (6.68)	798 (83.30)
Not Mentioned	1 (0.10)	0 (0.00)	1 (0.10)	0 (0.00)	0 (0.00)	2 (0.21)	4 (0.42)
Total	215 (22.44)	219 (22.86)	223 (23.28)	114 (11.90)	108 (11.27)	79 (8.25)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.17
Opinion On F.W.Personnel In Explaing With Side Effects And Complications Of F.P Methods By Occupation

Explaining Side Effects And Complications	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Side effects mentioned	95 (9.92)	37 (3.86)	21 (2.19)	3 (0.31)	156 (16.28)
Side effects not mentioned	527 (55.01)	204 (21.29)	59 (6.16)	8 (0.84)	798 (83.30)
Not Mentioned	3 (0.31)	1 (0.10)	0 (0.00)	0 (0.00)	4 (0.42)
Total	625 (65.24)	242 (25.26)	80 (8.35)	11 (1.15)	958 (100)

Note: Figures within the Parenthesis show Percentages.

Table 4.18
Opinion On F.W.Personnel In Explaining With Side Effects And Complications Of F.P Methods By Education

Explaining Side Effects And Complications	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Gradua-tion	P.G/ Professional	Others	Not Mentioned	Total
Side effects mentioned	65 (6.78)	7 (0.73)	23 (2.40)	26 (2.71)	19 (1.98)	9 (0.94)	2 (0.21)	4 (0.42)	1 (0.10)	156 (16.28)
Side effects not mentioned	341 (35.59)	49 (5.11)	154 (16.08)	141 (14.72)	70 (7.31)	30 (3.13)	3 (0.31)	5 (0.52)	5 (0.52)	798 (83.30)
Not Mentioned	2 (0.21)	0 (0 .00)	2 (0.21)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	4 (0.42)
Total	408 (42.59)	56 (5.85)	179 (18.68)	167 (17.43)	89 (9.29)	39 (4.07)	5 (0.52)	9 (0.94)	6 (0.63)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.22

Opinion On Vasectomy Affecting Daily Routine By District

Vasectomy Affecting Daily Routine	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Will affect	199 (20.77)	151 (15.76)	202 (21.09)	49 (5.11)	66 (6.89)	55 (5.74)	722 (75.37)
will not affect	15 (1.57)	68 (7.10)	19 (1.98)	65 (6.78)	42 (4.38)	24 (2.51)	233 (24.32)
Not Mentioned	1 (0.10)	0 (0.00)	2 (0.21)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.31)
Total	215 (22.44)	219 (22.86)	223 (23.28)	114 (11.90)	108 (11.27)	79 (8.25)	958 (1.00)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.23

Opinion On Vasectomy Affecting Daily Routine Work By Occupation

Vasectomy Affecting Daily Routine	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Will Affect	483 (50.42)	180 (18.79)	53 (5.53)	6 (0.63)	722 (75.37)
Will not affect	141 (14.72)	60 (6.26)	27 (2.82)	5 (0.52)	233 (24.32)
Not Mentioned	1 (0.10)	2 (0.21)	0 (0.00)	0 (0.00)	3 (0.31)
Total	625 (65.24)	242 (25.26)	80 (8.35)	11 (1.15)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.19
Perception On Men Undergoing Vasectomy Rather Than Wife Going For Other Methods Of F.P By District

Perception on men undergoing Vasectomy	DISTRICTS						
	Anantapur	Chittoor	Adilabad	Warangal	W.Godavari	Visakhapatnam	Total
Would Adopt	4 (0.42)	8 (0.84)	20 (2.09)	63 (6.58)	33 (3.44)	26 (2.71)	154 (16.08)
Would not	211 (22.03)	210 (21.92)	201 (20.98)	51 (5.32)	75 (7.83)	53 (5.53)	801 (83.61)
Not Mentioned	0 (0.00)	1 (0.10)	2 (0.21)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.31)
Total	215 (22.44)	219 (22.86)	223 (23.49)	114 (11.90)	108 (11.27)	79 (8.25)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.20
Perception On Men Undergoing Vasectomy Rather Than Wife Going For Other Methods Of F.P By Economic Class

Perception On Men Undergoing Vasectomy	CLASS				
	Lowest	Lower Middle Class	Middle Class	Rich	Total
Would Adopt	100 (10.44)	40 (4.18)	11(1.15)	3 (0.31)	154 (16.08)
Would not	524 (54.70)	200 (20.88)	69 (7.20)	8 (0.84)	801 (83.61)
Not Mentioned	1 (0.10)	2 (0.21)	0 (0.00)	0 (0.00)	3 (0.31)
Total	625 (65.24)	242 (25.26)	80 (8.35)	11 (1.15)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

Table 4.21
Perception On Men Undergoing Vasectomy Rather Than Wife Going For Other Methods Of F.P By Education

Perception On Men Undergoing Vasectomy	EDUCATION									
	Illiterate	I - IV	V - VII	VIII - X	Inter	Graduation	P.G/ Professional	Others	Not Mentioned	Total
Would Adopt	47 (4.91)	5 (0.52)	33 (3.44)	32 (3.34)	17 (1.77)	13 (1.36)	4 (0.42)	3 (0.31)	0 (0.00)	154 (16.08)
Would not adopt	361 (37.68)	51 (5.32)	146 (15.24)	132 (13.78)	72 (7.52)	26 (2.71)	1 (0.10)	6 (0.63)	6 (0.63)	801 (83.61)
Not Mentioned	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.31)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	0 (0.00)	3 (0.31)
Total	408 (42.59)	56 (5.85)	179 (18.68)	167 (17.43)	89 (9.29)	39 (4.07)	5 (0.52)	9 (0.94)	6 (0.63)	958 (100)

Note: Figures within the Parenthesis show Percentage of Total.

REPORT OF AWARENESS CAMPAIGN ON SPACING METHODS AND VASECTOMY

As a part of our Research study "Performance Acceptability and Quality of Family Planning methods, we found in our Fieldwork that the vast majority of users of FP methods were adopting only tubectomy. Neither the other female methods nor for that matter any of the male methods were being used by any significant proportion of the eligible couples. Therefore in order to bring about a better gender spread of Family Planning methods and to provide better choice of methods we felt that the spacing methods both male and female as well as Vasectomy should be popularised.

For this purpose we conducted an awareness campaign about spacing methods and Vasectomy in Vijalapuram Primary Health Centre area in Chittoor district. Vijalapuram is a low performing P.H.C which we had selected for our survey. Since we had built up good rapport with the officials and the people of this P.H.C area , it was chosen for this campaign. We selected one Sub-Centre (Govindapalli) and Two Remote villages (Balla and Singasamudram) within the Vijalapuram P.H.C area. Two group meetings each of Non User Women and Non User Men were conducted in each of the two remote villages and the one Sub Centre Village. In these group meetings we tried to explain to them based on the guidelines given below about the various spacing methods and vasectomy. In all we contacted 86 women and 77 men in these group meetings. A *dais* meeting attended by 25 of them was also held to explain to them about spacing methods because many women still contacted them for their maternity needs and had high regard for them. In addition publicity material like posters were deployed and pamphlets distributed . These were collected from the Indian Institute of Health and Family Welfare and Mass Media wing of the Family Welfare department. In this campaign we had associated with an N.G.O called G.R.A.S.S i.e.. *Grama Seva Samaj* which was involved in health and family welfare related activities in the same P.H.C area. The following are the guidelines used for conducting the campaign:

2. ORAL PILL: Aim: To prevent egg formation.

Oral Pill is an easy method for spacing the family. This Pills prevents pregnancy, delay the first child and gives gap between pregnancies. The Pills is widely used all over the world.

How Does The Pill Work ?

A woman releases eggs from her ovary. The release of eggs is stopped when the pill is taken regularly. She can engage in sex without fear of an unwanted pregnancy.

How To Take The Pill ?

A series of 21 tablets to be taken once everyday from the 5th day of a period

(If your menstruation starts on the 12th of the month you can begin the pill on the 16th day of the month.) You must continue to take the pill on every day. If a pill is forgotten for a day the missed pill should be taken the next day. The last seven of the pills in each 28th days supply package are blank pills. They don't contain the contraceptive drug but only contain iron. These should also be taken

Possible Side Effects :

There may be slight tenderness of breasts, headache but these symptoms should disappear very soon. In the case of this or any side effects, please consult the P.H.C/Sub Centre staff. Before adopting oral pill tell the Doctor/ Nurse/ ANM about your menstrual history. Get your B.P and weight checked. Get your chest, skin, eyes and pelvic examination done. Inform them if your are a expecting mother. Get the results of these tests seen by a doctor.

3. Intra Uterine Contraceptive Devices: Aim : To prevent implantation of the egg in the lining of the uterus.

What Is I U D ?

Copper-T is a simple intra uterine device and is moulded from polyethylene. It protects a women from becoming pregnant.

IUD and its use : IUD is inserted in the woman uterus by a doctor/ a trained lady health visitor. The procedure takes only a few minutes. It doesn't require hospitalisation. You can go home immediately and resume your normal routine.

How Does It Work ?

Copper-T exerts an anti-fertility effect by the presence of copper.

Side Effects :

There many be slight pain in the abdomen. Menstruation flow may be greater in the first few months. It is likely to become normal after a few cycles. If these or any other side effects occur please contact the PHC/ Sub Centre.

How Safe Is The Method:

It is not recommended for a women who has not borne her first child because it may cause higher bleeding/spotting. The Copper-T may be replaced with a new one in the fourth year to keep it efficient.

Advantages:

Copper-T provides you with an effective protection against pregnancy. You cannot feel its presence during sex.

Where Available:

It is available free of cost from hospital.

Before adopting I.U.D inform doctor, nurse, A.N.M about your menstrual history. Get your B.P, weight, chest, abdomen, skin and pelvic examination done. Get your blood and urine tested and see that the results are presented to a doctor.

Vasectomy : Aim: To ensure that no further pregnancies can take place.

The male spermatozoa travel through a tube called the vas deference. This VAS is cut and tied closed to the testicle. This makes it impossible for the sperm to travel their normal route. A vasectomy is a minor procedure which only requires local anaesthetia. It no way affects sexual activity and even ejaculation. There is enough fluid from the prostate gland being ejaculated, unaccompanied by sperm. It done by a small puncture instead of one/two incisions on scrotum. Thus it reduces pain, complication and operating time.

You may be interested to know some of the findings of our recently done research study:

* 79 % of men who were using Family Planning methods said that Vasectomy is the healthiest method of Family Planning . Ninety percent of the 643 users of Family Planning methods interviewed were Vasectomy operated.

* 70 % of User Men said Vasectomy did not affect their routine occupation.

* 79 % of User Men did not think their wives should have gone for tubectomy while 98 % of them did not feel that women should have used spacing methods also.

* Only 14 % of User Men that it was better if women undertook Family Planning methods. The rest did not think so.

Before adopting Vasectomy get your temperature, B.P and weight checked. Get your chest, scrotum and skin in operative area examined and your Blood and Urine tested. See that the results of these tests are verified by a doctor.

Observations of Group Meetings with Non User Women:

It was found in the 6 group meetings with Non User Women that they were more inclined to adopt Oral Pills than I.U.D. It was expressed that I.U.D was causing over bleeding and other side affects. There were problems with Oral Pills also like stomach pain and back pain which some mentioned. Some also stated that they may forgot to take Pills. On the whole if convinced women may still prefer O.P to I.U.D. But there was strong feeling among a section of them that it was better to have 2 or 3 children and then go for Tubectomy as a permanent solution. This they felt would steer them clear of the problems of both the spacing methods.

Observations of Group Meeting with Non User Men:

Men would if convinced go for condoms. But ensuring the regularity of use may be a problem.

But by and large the interesting part of Male groups was their expression of shyness when we started discussing about the F.P methods. This probably indicates that compered to women men still did not take F.P as a reality of their life. If at all, the women should have show some shyness, which they did not.

n seemed to be having some psychological block against Vasectomy due to the fact that many villages there are no men who have adopted it or are using it as a method since many years. The tendency to look at family Planning itself as something beyond the purview of mas therefore come about.