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MLE Measurement, Learning & Evaluation Project for the Urban Reproductive Health Initiative

Measurement, Learning & Evaluation of the Urban Health Initiative: Uttar Pradesh, India, Mid-term Survey 2012

URBAN HEALTH INITIATIVE शहरी स्वास्थ्य पहियोजना

This report presents the findings from an analysis of the mid-term survey results from urban samples in four cities in Uttar Pradesh, India. The report was written by the Measurement, Learning & Evaluation (MLE) Project of the Urban Reproductive Health Initiative. The MLE project is being implemented by the Carolina Population Center at the University of North Carolina at Chapel Hill, the International Center for Research on Women and the African Population and Health Research Center. The Urban Health Initiative (UHI) is being implemented in India by a consortium led by FHI360.

The opinions expressed in this report are those of the authors and do not necessarily reflect the views of the donor organization, the Bill & Melinda Gates Foundation. Additional information about this report may be obtained from:

Dr. Priya Nanda
C-139, Defence Colony, New Delhi-110024

Tel: 911124635141
E-mail: pnanda@icrw.org

Information about the Urban Reproductive Health Initiative and the MLE project may be obtained at *www.urbanreproductivehealth.org.*

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Cover photograph:

> A group of children in the urban slum of Jeevan Nagar, New Delhi, India.
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International Center for Research on Women
Priya Nanda
Pranita Achyut
Anurag Mishra
Ranajit Sengupta

Carolina Population Center at UNC-CH
Livia Montana
Lisa Calhoun

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List of Abbreviations

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
APHRC	African Population and Health Research Center
ASHA	Accredited Social Health Activist
AWW	Anganwadi Workers
BMGF	Bill & Melinda Gates Foundation
CHW	Community Health Workers
DMPA	Depot Medroxyprogesterone Acetate
EC	Emergency Contraception
FP	Family Planning
HV	High Volume
ICRW	International Center for Research on Women
IUCD	Intrauterine Contraceptive Device
LAM	Lactational Amenorrhea Method
LHV	Lady Health Visitor
MLE	Measurement, Learning & Evaluation Project
MDG	Millennium Development Goal
NGO	Non-governmental Organization
NTO	Non-traditional Outlet
OCP	Oral Contraceptive Pill
ORG	AC Nielsen ORG MARG
PSU	Primary Sampling Unit
RH	Reproductive Health
RMP	Recognized Medical Practitioner
SDP	Service Delivery Point
UHI	Urban Health Initiative
UNC-CH	University of North Carolina at Chapel Hill
UP	Uttar Pradesh

Executive Summary

Background

The global reproductive health community requires strong evidence to support the expansion and development of family planning programs in areas with high unintended pregnancy and maternal and infant mortality. The Bill & Melinda Gates Foundation's (BMGF) Reproductive Health (RH) Strategy aims to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary family planning services. The BMGF-funded Urban Reproductive Health Initiative (Urban RH Initiative) is one component of their RH Strategy. The Urban RH Initiative aims to increase modern contraceptive use in selected urban areas of Uttar Pradesh, India; Kenya; Nigeria and Senegal.

The Measurement, Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina in Chapel Hill (UNC-CH), in partnership with the International Center for Research on Women (ICRW) and the African Population and Health Research Center (APHRC), is undertaking the impact evaluation of the Urban RH Initiative's country-level programs.

The evaluation design includes a longitudinal survey with baseline, mid-term and endline surveys by following a representative sample of currently married women that was scientifically selected from the six study cities of Agra, Aligarh, Allahabad, Gorakhpur, Moradabad and Varanasi at baseline, covering both slum and non-slum areas. Baseline data for India were collected in the four initial intervention cities of Agra, Aligarh, Allahabad, Gorakhpur and the two control cities, Moradabad and Varanasi, from January through August 2010.

The mid-term data collection in the initial intervention cities of Agra, Aligarh, Allahabad and Gorakhpur provides UHI with actionable measurements with which to decide on mid-course corrections, optimize program implementation to best meet the family planning needs of the urban poor and identify interventions for scale-up. At mid-term, MLE conducted individual surveys of women of reproductive age and surveys of health facilities and clients at Service Delivery Points (SDP). Modifications to the original study design, such as streamlining the household and facility surveys, were made in order to provide UHI with timely results on key program questions on the potential population and facility level effects of its activities.

All households and women that participated in the baseline survey were revisited at mid-term. The tracking fieldwork was designed to confirm the current place of residence of all longitudinal respondents, so that they could be re-interviewed at mid-term (if selected for interview) and at the endline survey. A 60 percent stratified simple random sample of the baseline Primary Sampling Units (PSU) by slum and non-slum areas was selected for the mid-term survey in order to ensure that results could rapidly be provided to UHI. Household and individual level interviews were carried out among all women in the subset of selected PSUs. All women in the remaining 40 percent of PSUs of UHI initial intervention cities and in the delayed intervention cities were revisited but not interviewed, thereby allowing MLE to confirm their current place of residence and collect detailed follow-up contact information to be used at the endline survey. A total of 76 baseline PSUs (38 slum and 38 non-slum) in each of the four intervention cities were selected for the household interviews.

All public and private high volume SDPs included at baseline were selected for revisit at mid-term in the four intervention cities. At all facilities, a short facility survey was conducted to gather service statistics for all contraceptive methods provided by each facility. Exit interviews were conducted with female clients who had come for family planning, abortion and post-abortion services, maternal health and child immunization services.

Results

Household Population Distribution

At mid-term, a total of 5,469 households and 5,790 women were interviewed in the four intervention cities from 76 PSUs in each city. The 76 PSUs (38 slum and 38 non slum) were selected randomly from the 128 PSUs covered in the baseline (64 slum and 64 non slum) to reach 60 percent of the baseline sample for mid-term. The 60 percent baseline sample was visited at mid-term and 94.9 percent of the households were successfully revisited (ranging from 94.4 percent to 95.9 percent across the four cities). In tracking the women respondents, 92.6 percent of respondents were found, either at their baseline location or a new location. The highest percentage of women found was in Gorakhpur, at 94.8 percent, and the lowest percentage found was in Agra, at 89.8 percent. For the individual women's interviews, the overall response rate was 85.8 percent, with Allahabad having the highest response rate at 87.9 percent.

Socio-economic Profile

The baseline sample covered currently married women between the ages of 15 to 49 years; by mid-term these women had aged by two years. At mid-term, only a small percentage of women were between the ages of 15 to 19 years, ranging from 0.1 percent in Agra to 0.3 percent in Allahabad. The majority of women were in the age group of 30 to 39 years, ranging from 36.8 percent in Agra to 40.9 percent in Allahabad. The proportion of ever-married women who had completed at least 12 years of schooling ranged fairly widely from a high of 43.8 percent in Allahabad to 27.4 percent in Agra and 28.6 percent in Aligarh. Across the four cities, the percent of women that reported a change in their marital status, which included those widowed, divorced or separated, ranged from 0.7 percent in Gorakhpur to 2.0 percent in Allahabad.

Family Planning

At mid-term, the overall modern contraceptive use ranged from 42.5 percent in Aligarh to 54.1 percent in Allahabad. Across the four cities, modern method use increased among women in the poorest wealth quintile. The overall traditional method use at mid-term ranged from 14.5 percent in Allahabad to 20.0 percent in Agra. The percentage of women not using any family planning method decreased within each of the four cities.

At both baseline and mid-term, women relied primarily on female sterilization or condoms as their main modern method, though traditional methods in all cities were used at a similar level as condoms. The use of female sterilization increased in all four cities from baseline to mid-term. At mid-term, use of female sterilization ranged from 14.1 percent in Aligarh to 30.3 percent in Gorakhpur. At mid-term, condom use ranged from 14.0 percent in Gorakhpur to 20.1 percent in Aligarh. Condom use increased slightly in Aligarh, decreased in Agra and Gorakhpur and remained about the same in Allahabad. The use of modern methods increased among women in the poorest wealth quintile from baseline to mid-term within each of the four cities. At mid-term, among women living in slums, modern contraceptive use ranged from 40.3 percent in Aligarh to 52.7 percent in Allahabad.

At mid-term, unmet need declined overall across all cities as compared to baseline. Unmet need for limiting decreased or stayed about the same overall in each city. Among women in the poorest quintile, unmet need for limiting declined in each city. Unmet need for spacing decreased overall in each city.

The public sector remained the most common source for female sterilization in Aligarh, Allahabad and Gorakhpur. However, in Agra it changed from public sector at baseline to private sector at mid-term. Among the small number of IUCD and DMPA users, the private sector is the most common source mentioned at mid-term. Pharmacies and husbands of respondents remained the primary sources of both OCP and condoms.

Across all cities, approximately 40 percent of women stated that they had discussed family planning with their spouse in the last six months. About 62 percent of women in Allahabad to 78.7 percent in Aligarh responded that they needed their husband's or another family member's consent to use family planning.

Women who were not using a family planning method were asked their reasons for not using any method at the time of the survey. Most women were not using any method because they were trying to get pregnant, were breastfeeding, were menopausal or had a hysterectomy. Additionally, 4.8 percent of women in Gorakhpur and 14.2 percent of women in Allahabad reported that they had faced opposition to using a contraceptive method.

All women, including those who had been sterilized prior to the baseline survey, were asked about their attitudes towards four specific contraceptive methods: male condoms, IUCD, OCP and DMPA. Between 73.3 percent of women in Allahabad and 96.7 percent of women in Gorakhpur believe that if a condom was used correctly it protected against pregnancy most of the time. Women's attitudes towards the IUCD varied considerably across the cities. Approximately half of women in Agra and Allahabad believed that if the IUCD was used correctly it protected against pregnancy most of the time, whereas 78.0 percent of women in Aligarh and 90.4 percent in Gorakhpur believed so. Approximately 61 percent of women in Agra and Allahabad believed that if oral contraceptives were used correctly they protected against pregnancy most of the time. These percentages were higher in Aligarh at 85.8 percent and Gorakhpur at 91.6 percent. In both Agra and Allahabad, close to half of women believed that DMPA protected against pregnancy most of the time if used correctly, compared to more than three-quarters of women in Aligarh and Gorakhpur.

Maternal and Child Health

One of the key strategies of UHI is to integrate family planning services with post-partum and abortion/post-abortion care services for women both through outreach at home and within health service settings. A series of questions were included in the mid-term survey to capture program exposure and its association with post-partum and post-abortion family planning decisions. Women who had a birth since January 2010 were asked specifically about their interaction with Community Health Workers (CHW). Around one-third of women who had a birth in the last two years in Agra and Aligarh reported that they had met CHWs in the last trimester of their pregnancy; in Allahabad and Gorakhpur, less than one-fourth reported meeting with a CHW. Variation is observed across cities in the proportion of women who received information or counseling from a CHW on using a contraceptive method during the post-partum period; ranging from 13.3 percent in Agra to 47.8 percent in Allahabad. A similar proportion of women reported making the decision to use contraception in the post-partum period.

At mid-term, the proportion of in-home deliveries since baseline declined in all four cities, while the proportion of deliveries in public facilities increased. In Agra, 4.7 percent of women who delivered in a health facility reported that they were counseled about family planning before delivery whereas in Allahabad, it was 32.1 percent. In Agra, 6.1 percent of women who delivered in a facility reported that they were informed about breastfeeding for contraceptive purposes (LAM) whereas in Allahabad, it was 23.0 percent.

Seventy-five to 81.0 percent of women reported having been visited by a CHW within one month of delivery. Between 16.0 percent in Agra and 29.3 percent in Aligarh reported that they received any information or counseling on family planning during the CHW's visits after delivery. The percent of women that decided to use a contraceptive method at the CHW visits ranged by city, from 13.7 percent in Agra to 32.4 percent in Allahabad. Among the women who delivered since January 2010, around one-third adopted a modern contraceptive method within a year of delivery in Agra at 33.6 percent, Aligarh at 38.3 percent, Allahabad at 43.7 percent and Gorakhpur at 35.3 percent. Data on method mix showed that condom use accounted for approximately one-fifth to one-quarter of overall acceptance in all four cities.

The percent of women that reported experiencing at least one abortion, miscarriage or still birth in their lifetime ranged from 22.1 percent in Aligarh to 32.6 percent in Agra.

Demand Generation

The exposure to any community event such as folk shows or magic demonstrations which discussed or mentioned family planning was low, with less than 10 percent of the respondents reported ever having attended such events. Only a small percentage of women across the four cities reported listening to the radio, ranging from 17% in Allahabad to 3% in Aligarh. In contrast, nearly everyone reported watching TV with regular frequency.

Women's reported exposure to the UHI spots is highest in Gorakhpur, followed by Aligarh, Allahabad and Agra. The spot *Sambhal lunga* was reported to be the most popular across all four cities. The exposure to the spot *Munna* ranged from 15.1 percent in Agra to 31.2 percent in Gorakhpur. Approximately 34 percent of women saw K*ishton Mein* in Gorakhpur; in the other three cities, exposure to this spot ranged from 14.8 percent in Agra to 28.4 percent in Aligarh.

Of the women who had met a CHW in the last six months, the proportion who received information on family planning ranged from 25.7 percent in Agra to 39.3 percent in Allahabad. The most discussed methods in these meetings were female sterilization, followed by condoms, IUCD and injectables.

Contraceptive Method Switching between Baseline and Mid-term

In total, approximately 7 percent of women who were not using any contraceptive method at baseline began using a modern method at mid-term. Four percent of women switched from using a traditional method to a modern method. Thirty-nine percent of women remained as modern method users between baseline and mid-term, and 21.4 percent remained non-users between baseline and mid-term. A higher percentage of younger women switched from being non-users at baseline to modern method users at mid-term, as compared to older women. A higher percentage of women between 20 and 34 years of age switched from using traditional methods at baseline to using modern methods at mid-term.

Approximately 43 percent of women that were using OCP at baseline reported using OCP at mid-term. Among OCP users at baseline, 12.0 percent switched to condoms, 12.7 percent to traditional methods and 18.8 percent were not using any method at mid-term. Of the women who were using condoms at baseline, 48.6 percent also reported using condoms at mid-term. Among condom users at baseline, 18.1 percent became traditional method users and 22.7 percent became non-users at mid-term.

Service Delivery Point Survey

Facility Service Statistics

A total of 59 high volume (HV) facilities were surveyed, ranging from 11 in Gorakhpur to 20 in Aligarh. In Agra, all 15 HV facilities provided IUCD and female sterilization services and 93.3 percent (14 of 15) provided injectable contraceptives. These 59 facilities included a total of 34 high volume facilities which were added to the sample since the 2010 baseline. In Allahabad and Gorakhpur, the majority of facilities provided IUCD, injectables and female sterilization. Aligarh had the lowest percentage of facilities providing injectables at 65.0 percent (13 of 20).

Quality of Health Care Services

The exit interviews revealed that most women who had ever used family planning but were not currently using a method received information about different methods during the visit to the health facility, ranging from 84.2 percent in Agra to 94.5 percent in Allahabad. More than three-fourths of the respondents were helped by the providers to select a family planning method. Approximately 91 percent of the women in Allahabad reported that the provider explained the proper way of using the selected method during the visit.

More than 80 percent of current family planning users in each of the four study cities were asked by the provider whether they had faced any problem with their current contraceptive method. Among current users that reported a problem, approximately 75 percent reported that the provider suggested a solution to resolve the problems they were having with their method, with responses ranging from 50.9 percent in Agra to 89.2 percent in Allahabad.

In Agra, Aligarh and Gorakhpur, the majority of the exit interview respondents reported that they had enough privacy during their discussions with the health professional, which ranged from 58.9 percent in Gorakhpur to 83.6 percent in Aligarh. The majority of the respondents in the four cities said they were treated well or very well by the health professionals and other health staff at the facility. Nearly all of the respondents reported that they would be willing to visit this health facility for health care services in the future.

Integration of Services

At mid-term, only 5.8 percent of antenatal care clients received any information about family planning during their visit, though this was higher than the 2.5 percent that received the same at baseline. At mid-term, nearly one-quarter of postnatal care clients received family planning information during their visit and 13.0 percent of clients seeking delivery services received family planning information, higher than the 8.3 percent reported at baseline. Half of clients seeking an abortion received family planning information at their visit and approximately one quarter of post-abortion care clients received information about family planning during their mid-term visit.

Exposure to UHI Programs

In Agra, over one third of the exit interview respondents had met with a CHW in the last six months. In the other three cities, reported exposure to CHWs ranged from 10.9 percent in Aligarh to 17.8 percent in Allahabad. Approximately half of the exit interview clients in Agra, Allahabad and Gorakhpur mentioned that they had seen the UHI spot *Sambhal lunga*, whereas, in Aligarh, 62.1 percent reported they had seen or heard this spot. Across the four cities, about one-third of women reported having seen the other two UHI spots, *Munna* and *Kishton Mein*.

Chapter 1. Introduction

Background

The global reproductive health community requires strong evidence to support the expansion and development of family planning (FP) programs in areas with high unintended pregnancy and maternal and infant mortality. The Bill & Melinda Gates Foundation (BMGF) Reproductive Health (RH) Strategy aims to reduce maternal and infant mortality and unintended pregnancy in the developing world by increasing access to high-quality, voluntary FP services. The BMGF-funded Urban Reproductive Health Initiative (Urban RH Initiative) is one component of their RH Strategy. The Urban RH Initiative aims to increase modern contraceptive use in selected urban areas of India, Kenya, Nigeria and Senegal.

In India, as a part of the Urban RH Initiative, FHI360 is implementing the Urban Health Initiative (UHI) in 11 major cities of Uttar Pradesh (UP). The UHI began in 2010 in four core cities: Agra, Aligarh, Allahabad and Gorakhpur. In 2011, UHI expanded program activities to seven additional cities: Moradabad, Bareilly, Farrukhabad, Kanpur, Lucknow, Mathura and Varanasi (Figure 1.1). In addition to UHI's four core cites two delayed intervention cities, Moradabad and Varanasi, serve as control cities for the rounds of data collection. Key elements of the UHI program are:

- integration of FP services with post-partum and post-abortion services;
- expansion of service delivery through expanding the contraceptive choice and increased quality of FP services in high volume clinics;
- increase of FP access through public-private partnerships;
- creation of sustained demand for FP services among the urban poor; and
- facilitation of policy and national programs that increase access, quality and use of FP.

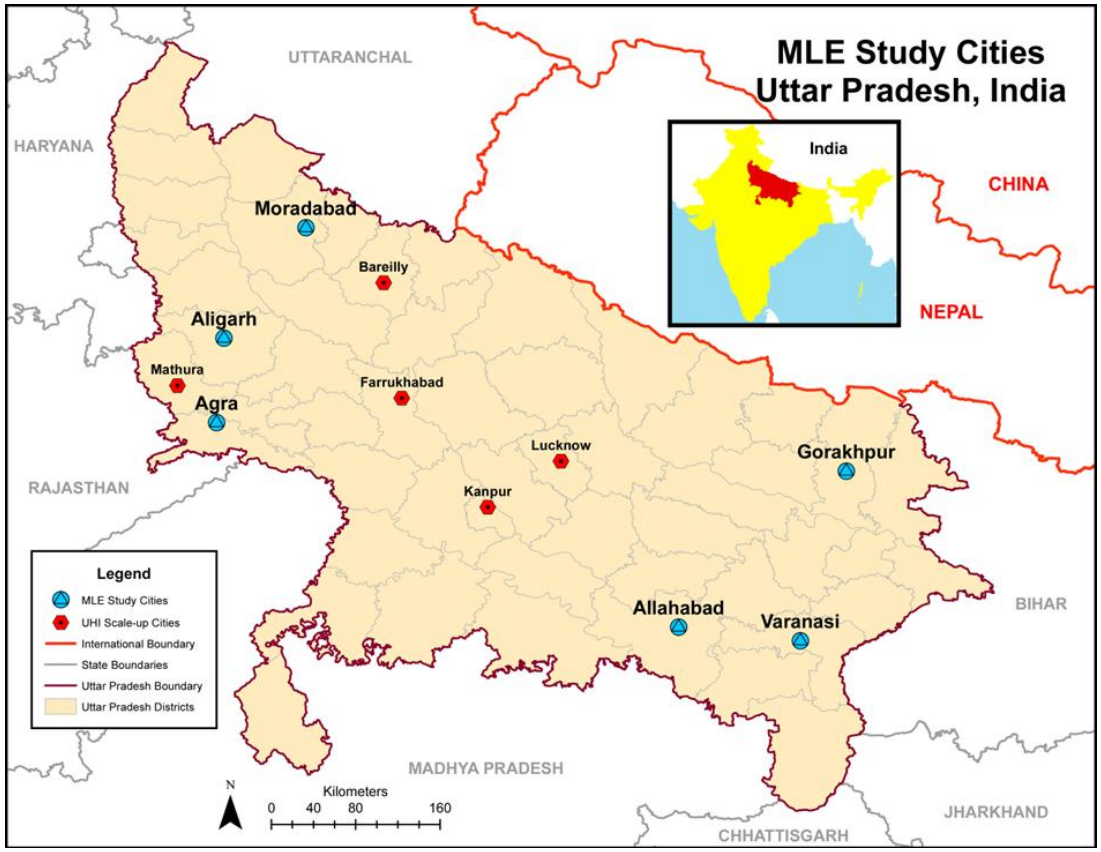


Figure 1.1 Map of UHI project cities, Uttar Pradesh, India.

The Measurement Learning & Evaluation (MLE) Project, led by the Carolina Population Center at the University of North Carolina in Chapel Hill (UNC-CH), in partnership with the International Center for Research on Women (ICRW) and the African Population and Health Research Center (APHRC), is undertaking the impact evaluation of the Urban RH Initiative country-level programs. MLE uses a rigorous evaluation design which includes individual surveys of women and men of reproductive age and surveys of health facilities, providers and clients at Service Delivery Points (SDP). The evaluation design includes a longitudinal survey with baseline, mid-term and endline surveys by following a representative sample of currently married women that was scientifically selected from each city at baseline, covering both slum and non-slum areas. The focus on slum clusters addresses the UHI program objective to target the urban poor. More specifically, MLE uses a study design and methods that ensure the highest possible standards of evidence with minimal disruption to program implementation and that permit generalization beyond the particular intervention areas and countries under study. The study methods have been described in previous publications (Nanda et al., 2011, Speizer et al., 2012).

Baseline data for India were collected in the four initial intervention and two control cities January through August 2010 (Nanda et al, 2011). In all six cities, individual-level data were collected from 17,643 currently married women between the ages of 15 and 49 years. In the four initial intervention cities, individual-level data were collected from 6,428 currently married men between the ages of 18 and 49 years. Contact information was collected during the baseline interviews so that households and women could be located in subsequent surveys. Facility audits and provider interviews were conducted at 732 public and private health facilities across the six cities; exit interviews were conducted with 3,490 women at 120 high volume (HV) facilities.

Mid-term Survey

Rationale

The overall objective of the mid-term data collection in the four study cities of Agra, Aligarh, Allahabad and Gorakhpur was to provide the UHI with actionable measurements with which to decide on mid-course corrections, optimize program implementation to best meet the FP needs of the urban poor and identify interventions for scale-up. The household survey provided information from FP users and non-users, as well as from women exposed and unexposed to the program. Comparisons of these groups are instructive for broadening program coverage and validating program strategies.

The mid-term assessment focused on key programmatic investments made by UHI to date and spanned their program objectives. Modifications to the original study design, such as streamlining household and facility surveys, were made in order to provide UHI with timely results on key program questions on the potential population and facility level effects of its activities. The impartial, external city-specific findings from the mid-term survey can be used to help drive program performance and program improvements. The components of the mid-term survey, and its modified design, were selected in order to obtain timely, relevant data for these purposes.

Overview of mid-term study design

Between February and April 2012, the mid-term survey was conducted in the four core cities: Agra, Aligarh, Allahabad and Gorakhpur. A 60 percent stratified simple random sample of the baseline primary sampling units (PSU) by slum and non-slum areas was selected in order to ensure that results could rapidly be provided to UHI. Household and individual level interviews were carried out among all women in the subset of selected PSUs. All women in the remaining 40 percent of PSUs were revisited but not interviewed thereby allowing MLE to confirm their current place of residence and collect detailed follow-up contact information to be used at the endline survey. Following the completion of data collection in the four core cities, all women in the delayed intervention cities of Moradabad and Varanasi were also revisited (but not interviewed) in order to collect detailed follow-up contact information for endline.

The data collection activities at the SDPs were also shortened in order to provide rapid results to the program. The questionnaires were modified to

capture facility-based services relevant to UHI's program. The mid-term SDP data collection plan included a short facility survey focused on FP service statistics at all HV facilities in the four core cities. Exit interviews were conducted with clients that were seeking FP services, abortion and post-abortion services, maternal health and child immunization services. These interviews were held with all eligible clients receiving services during approximately one week at each facility. The exit interviews provided information on the service environment and clients' exposure to key program strategies, such as post-partum integration, exposure to peer educators, mid-media or mass media. Additionally, 34 facilities in the six study cities where UHI had begun working since the 2010 baseline survey were included at mid-line. At these facilities, the facility audit used at the baseline was conducted as well as provider interviews and exit interviews.

Chapter 2. Methods

At mid-term, two types of data were collected: household and SDP data, each described below. All questionnaires were designed in English and then translated into Hindi, pre-tested and finalized for use in the field.

Household Survey

The household survey consisted of the household questionnaire and the women's questionnaire. A household interview was conducted with the head of household. Women were eligible to participate in the mid-term if, at the time of the baseline survey, they had completed their interview, were usual residents of the household, currently married and age 15 to 49 years. These women, also referred to as longitudinal respondents, are to be interviewed at three time points over the course of the project. Each household head was consented and provided permission to approach the eligible women. Each eligible woman was then approached by a female interviewer and consented to participate in the study.

***Household survey tools*–** The two tools for the household survey are listed below.

***Household questionnaire* –** The household questionnaire listed all usual residents in each selected household and any visitors who stayed in the household the previous night. For each listed person, basic information such as age, sex, relation with the household head and marital status was collected. Information was also collected on the socio-economic status of the household, including housing characteristics, water and sanitation facilities and ownership of assets.

Women's questionnaire – The survey collected general socio-demographic characteristics such as age, education and change in marital status of respondents, their family size and fertility desires. Survey questions captured women's exposure to the UHI program strategies; shifts in fertility and contraceptive use since the baseline survey, levels of respondent's interaction with community health workers (CHW) and counseling on contraceptive use during antenatal, post-partum and abortion/post-abortion care visits. Specific questions on exposure to the UHI's mid-media and mass media activities were also included. The survey tool collected information on experiences of pregnancy, live births, abortion and use of the abortion pill since the baseline. A contraceptive calendar covering a two year duration was introduced to record marital status, contraceptive use, source of the method and reasons for discontinuation for the time since the baseline survey (January 2010). A series of migration and mobility questions were added to measure migration patterns and potential for diffusion. Updated detailed contact information was collected at the end of the interview so that women could be more easily located for the endline survey.

Sampling design and implementation of the household survey – Individual-level data were collected in the four initial intervention cities. A 60 percent stratified simple random sample of the baseline PSUs was selected for the mid-term survey. A total of 76 baseline PSUs (38 slum and 38 non-slum) in each city were selected for the household interviews. All households and women that participated in the baseline survey in these selected PSUs were revisited and followed up for interview.

Tracking/follow-up for individual respondents – The tracking fieldwork was designed to confirm the current place of residence of all longitudinal respondents, so that they could be re-interviewed at mid-term (if selected for interview) and at the endline survey. A comprehensive process was developed to track women in their current household of residence to reduce attrition at mid-term and at endline. The tracking procedures consisted of two phases: local tracking and long-distance tracking. The local tracking teams first searched for target respondents at the household where they were interviewed at baseline. If a respondent was not found at or within three to four kilometers from her last known place of residence, efforts to locate her were transferred to long-distance tracking teams. The long-distance tracking teams attempted to locate women who had moved more than three to four kilometers from their place of residence at baseline and visited the new location of residence if it was in one of the six study cities.

The tracking teams were provided with follow-up contact information collected during the baseline survey, including the physical address or landmarks for the household, name of household head, name of the woman, her relationship with the household head, number of children at baseline and her estimated age at mid-term. During the tracking fieldwork, the team first verified whether the household was still located in the same place as it was at baseline. If the household was present, the team then checked for the presence of the target respondent. If she herself or someone from her household confirmed her presence, the team considered the target respondent to be found at the place of original residence.

If either the entire household or the woman herself had moved to another location, the tracking team gathered any available information from neighbors or the remaining household members about her new location. Contact phone numbers provided at baseline were also used to reach the target respondent. If the newly gathered information indicated that the woman had relocated within a range of three to four kilometers from the baseline residence, the local team continued to search for her. In cases where the respondent had relocated beyond this distance, the tracking was transferred to the long-distance tracking team. After locating a respondent at her new location, the tracking team captured detailed information on her new location, including address, a hand drawn map with landmarks and contact phone numbers.

Recruitment, training and fieldwork – A training of senior professionals of AC Nielsen ORG MARG (ORG) was conducted in Lucknow, UP by the MLE staff in January 2012. This training included sessions on tracking, data collection tools, quality assurance, ethics and the pretesting of survey tools. The main training of field staff, including interviewers and supervisors for the tracking and main survey was conducted in February 2012 by the senior ORG team and co-facilitated by MLE representatives from ICRW and UNC-CH. The training for the main survey consisted of classroom training, demonstrations, mock sessions and field practice. The classroom training included instructions on the logistics of tracking and locating the survey respondents, interviewing techniques, procedures for the survey field, a detailed review of each question in each survey tool and training on research ethics. Field practice was carried out in Lucknow, a non-study city, therefore none of the women interviewed during field practice were longitudinal respondents. A special session on UHI program strategies and activities was facilitated by the UHI Lucknow team.

Tracking fieldwork began in February 2012 and was implemented by 10 teams consisting of two members per team. For the main household survey, which began in March 2012, 15 teams were formed, comprised of one field supervisor, one female field editor and two female interviewers.

All mid-term activities, including tracking and interviews, were carried out in two phases. The first phase was conducted only in the four core cities and consisted of tracking and interviewing the 60 percent sample and conducting the short facility survey and exit interviews at HV facilities. The first phase was carried out from January through April 2012. In the second phase, the remaining 40 percent of women in the baseline in the four core cities and all women in the two comparison cities were tracked and facility audits, provider interviews and exit interviews were conducted at the newly identified HV facilities. This phase began in April and continued until June 2012.

Data entry and processing – Completed questionnaires were sent to the office of ORG in Lucknow for data processing. Data processing consisted of office editing, coding, double data entry and machine editing.

Data analysis – After these processes were completed, the baseline data were linked with the mid-term data for the respondents who were interviewed in both survey rounds. Sample weights and wealth indices were calculated at both the city level and for all cities combined. Tabulations and analyses were carried out by ICRW and UNC. All baseline results shown in the report are for the full sample of the baseline PSUs, while the mid-term results are for the 60 percent sample of the PSUs interviewed at baseline.

SDP Survey

The mid-term survey included data collection at public and private high volume SDPs. All public and private high volume facilities included at baseline were selected for revisit at mid-term. At all facilities, a short facility survey was conducted to gather service statistics for all contraceptive methods provided by each facility. Exit interviews were conducted with female clients who had come for FP, abortion and post-abortion services, maternal health and child immunization services.

Thirty-four HV facilities where UHI began working since 2010 were added to the mid-term selection of facilities. The more comprehensive baseline facility audit was administered at these facilities, as well as exit interviews and provider interviews. The detailed facility audits and provider interviews in these new facilities will set a benchmark for comparison at the endline.

SDP survey tools **-** The four tools for the SDP survey are listed below.

Facility survey questionnaire – In HV facilities that were surveyed at baseline, a concise questionnaire was developed to record service statistics on new clients and continuing clients for FP services provided at the facility. Data were separately captured for the last month and the last year. Previous questions from the baseline survey on the services provided and the number of providers were eliminated at mid-term.

Facility audit – At HV facilities where UHI had been working since 2010, a manager was interviewed using the baseline facility audit questionnaire to measure type of services and providers available at the facility, quality of care, stocking and availability of each FP methods. Service statistics were also recorded for new users and continuing user for each method, for the last month and the last year.

Provider interview **–** At high volume facilities where UHI had been working since 2010, a sample of providers was selected from the list of those providing FP and/or maternal, newborn and child health services, including physicians, nurses, auxiliary staff and auxiliary nurse midwives. The questionnaire emphasized information on training, knowledge and provision of FP methods. It also included the range of topics covered during counseling, provider barriers and integration of FP with other services.

Exit interview questionnaire – This questionnaire was modified based on the baseline tool in order to capture exposure to program strategies and was used at both the HV facilities interviewed at baseline and the new HV facilities where UHI had started working since 2010. The questions span reasons for the facility visit, experience of interaction with service providers, quality of care, level of satisfaction, method use, exposure to the UHI interventions and socio-demographic characteristics (such as age, education, caste, religion and fertility experience). The questions also provide information on the amount paid and mode of payment for the services received. This questionnaire was administered to currently married female clients aged 18 to 49 years, who had completed a visit for FP, abortion or post-abortion care, maternal health or child immunization services and who consented to the interview.

Recruitment, training and fieldwork – The training for the SDP survey consisted of classroom training, demonstrations, mock sessions and field practice. The classroom component included instructions on interviewing techniques, survey field procedures, a detailed review of each question in each survey tool and training on research ethics. Six teams of interviewers and supervisors were trained for the SDP surveys which began in March 2012.

All the activities during the mid-term were carried out in two phases. The first phase consisted of the short facility survey and exit interviews at HV facilities, and was carried out from January through April 2012. In the second phase, facility audits, provider interviews and exit interviews were conducted at the newly selected HV facilities. This phase began in April and continued until June 2012.

Data entry and processing – Completed questionnaires were sent to the office of ORG in Lucknow for data processing. Data processing consisted of office editing, coding, double data entry and machine editing.

Data analysis – After these processes were completed, tabulations and data analyses were carried out by ICRW and UNC.

Chapter 3. Response Rates

The results of the household and longitudinal individual interviews by city are presented in Table 3.1. All households interviewed for the baseline survey were revisited at mid-term in order to locate longitudinal respondents; household interviews were conducted in the 60 percent sample of PSUs selected for the mid-term survey. If female respondents had moved since the baseline survey within or to one of the six project cities, they were tracked and located in their new location of residence. Some households which contained two or more respondents at baseline had divided into two or more households at mid-term. These *divided households* had separate household interviews at mid-term. A total of 158 new households were formed from divided baseline households (data not shown). Each baseline survey respondent was tracked; for all women in PSUs selected for the mid-term survey, attempts were made to interview them at mid-term. If two respondents from separate baseline households moved into the same household at mid-term, it was considered a *merged household* and had one household interview and separate interviews for the female respondents. At mid-term, only one baseline household merged with another (data not shown).

The total number of households presented in Table 3.1 is the number of households at mid-term, after households have divided or merged, according to where the longitudinal respondent resides in 2012. At mid-term, a total of 5,469 households were interviewed. The household response rate was 94.9 percent overall, and ranged from 94.4 percent to 95.9 percent in each of the four cities. The household refusal rate was 1.7 percent overall, and was highest in Agra, at 2.2 percent. Approximately 3 percent of households with longitudinal respondents which were tracked and located were unavailable at the time of interview, and therefore did not complete a household interview.

Individual response rates for the longitudinal respondents are also provided in Table 3.1. Overall, 92.6 percent of respondents were found, either at their baseline location or a new location. The highest percentage of women found was in Gorakhpur, at 94.8 percent, and the lowest percentage found was in Agra, at 89.8 percent. For the individual women's interviews, the response rate was 85.8 percent overall, with Allahabad having the highest response rate at 87.9 percent. In all four cities, less than 0.5 percent of women had died since the baseline survey. Approximately 12 percent of longitudinal respondents were not interviewed at the mid-term survey. This includes women that were not successfully located at the time of the mid-term survey, excluded because of inconsistencies in background characteristics between the two surveys (n=46), or unavailable at the time of interview.

Among longitudinal respondents, approximately 4 percent moved locally (data not shown) within the same city. Additionally, less than one percent of women were tracked through long-distance tracking. Through phone calls and information from remaining household members, it was confirmed that 2.5 percent of women had moved outside of the study cities (data not shown).

Table 3.1. Results of the household and longitudinal individual interviews for the mid-term sub-sample
Number of households, number of female longitudinal respondents, and response rates. UHI cities, India 2012.

	Households					Women						
	Number of households with eligible women	Response rate	Refusal rate	Not interviewed*	Number of households interviewed	Number of eligible women at mid-term	Percent Found	Response rate	Refusal rate**	Died	Not interviewed***	Number of women interviewed at mid-term
Agra	1,453	94.9	2.2	2.9	1,379	1,761	89.8	83.9	2.0	0.7	13.3	1,478
Aligarh	1,560	94.4	1.8	3.8	1,472	1,813	92.6	84.3	2.1	0.3	13.3	1,529
Allahabad	1,282	95.9	1.5	2.6	1,230	1,483	93.3	87.9	1.9	0.4	9.8	1,303
Gorakhpur	1,469	94.5	1.3	4.2	1,388	1,695	94.8	87.3	1.4	0.1	11.2	1,480
Total	5,764	94.9	1.7	3.4	5,469	6,752	92.6	85.8	1.9	0.4	12.0	5,790

*Households not interviewed include those households that were found during mid-term tracking but unavailable at the time of interview.

**Includes refusal at time of tracking, household interview or woman's interview.
***Not interviewed includes women that were not found during mid-term tracking, women that were excluded because of inconsistencies in background characteristics (n=46), and women that were found but unavailable at the time of interview.

Chapter 4. Background Characteristics

This chapter provides a socio-demographic profile of the ever-married women surveyed in the four cities in UP during the mid-term survey. In the baseline survey, these women were age 15 to 49 years and currently married. The percentage distribution of ever-married women interviewed at mid-term by age, education, wealth index, number of live births, marital status, religion and household caste is shown in Table 4.1.

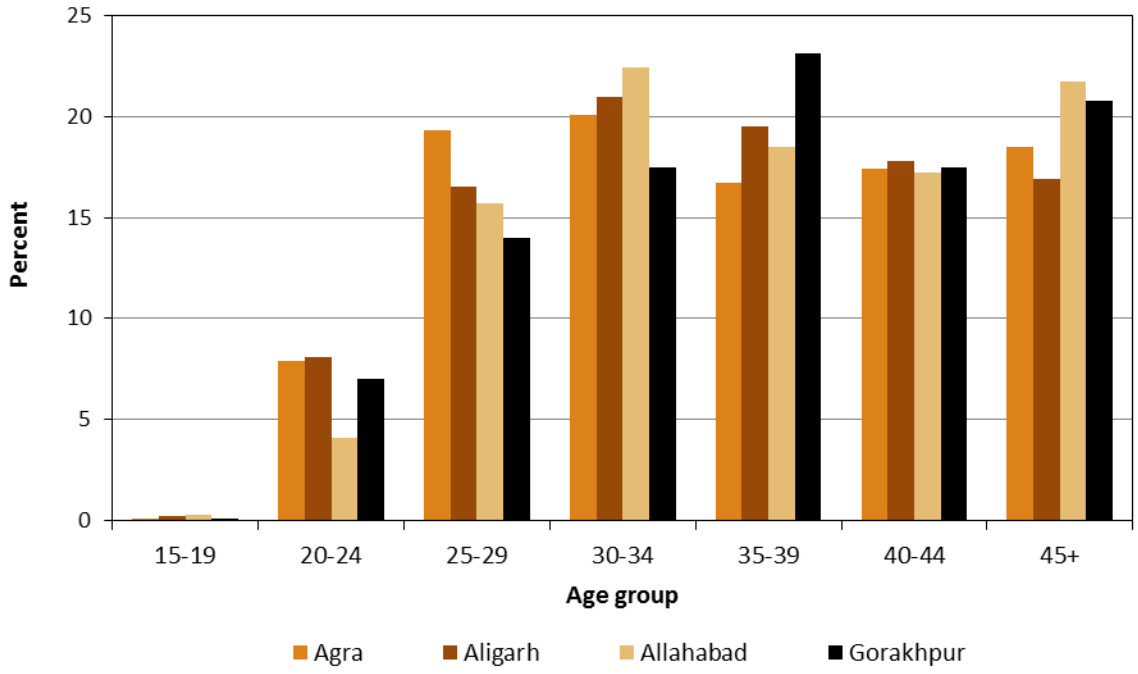
The distribution of women's age was similar across the four cities, as shown in Table 4.1 and Figure 4.1. Only a small percentage of women were in the age group of 15 to 19 years, since women have aged two years since the baseline survey and the youngest participants were 15 years of age at baseline. The proportion of women in the younger age groups (15 to 24 years) ranged from 4.4 percent in Allahabad to 8.3 percent in Aligarh. The majority of women were in the age group 30-39 years, ranging from 36.8 percent in Agra to 40.9 percent in Allahabad.

The proportion of ever-married women who had completed at least 12 years of schooling ranged fairly widely from a high of 43.8 percent in Allahabad to 27.4 percent in Agra and 28.6 percent in Aligarh. Allahabad had the lowest proportion of women with no education at 19.5 percent and Aligarh had the highest proportion of women with no education at 39.5 percent.

A wealth index was created for the mid-term survey based on the ownership of household durable goods and assets and the materials used in the construction of the household, based on the methods devised by Filmer and Pritchett (2001). Principal components analysis was undertaken and a factor score was developed for each household. After a factor score was obtained, the household sample was divided into quintiles ranked from the lowest (or poorest) to the highest (or richest). Individual women were assigned a score based on the household in which they resided. The results are presented in Table 4.1 and as expected, there are about 20 percent of respondents in each wealth category.

At baseline, all women were currently married at the time of survey. The mid-term survey looked at any changes in women's marital status since the baseline survey in 2010. Across the four cities, the percent of

Figure 4.1. Age distribution at mid-term. UHI cities, India 2012.



women that reported a change in their marital status, which included those widowed, divorced or separated, ranged from 0.7 percent in Gorakhpur to 2.0 percent in Allahabad.

Religion and caste of the women were assumed to be the same of the head of the household and were calculated based on that of the head of household.

Table 4.1. Background characteristics at mid-term

Percent distribution of the population by five-year age groups, education, wealth index, number of live births, marital status, household religion, and caste. UHI cities, India 2012.

Background characteristic	Agra	Aligarh	Allahabad	Gorakhpur
Age				
15-19	0.1	0.2	0.3	0.1
20-24	7.9	8.1	4.1	7.0
25-29	19.3	16.5	15.7	14.0
30-34	20.1	21.0	22.4	17.5
35-39	16.7	19.5	18.5	23.1
40-44	17.4	17.8	17.2	17.5
45+	18.5	16.9	21.7	20.8
Education				
No education	32.4	39.5	19.5	27.5
<5 classes complete	4.9	3.7	4.8	3.4
5-7 classes complete	9.5	9.1	8.5	8.9
8-9 classes complete	14.7	9.3	10.9	11.0
10-11 classes complete	11.1	9.8	12.6	10.8
12 or more classes complete	27.4	28.6	43.8	38.4
Wealth Index*				
Lowest	19.0	18.2	18.7	20.1
Second	19.3	19.8	19.8	20.0
Middle	20.3	20.5	20.7	19.2
Fourth	20.4	20.3	20.1	20.6
Highest	20.9	21.2	20.6	20.1

Table continued on next page

Background characteristic	Agra	Aligarh	Allahabad	Gorakhpur
Number of live births				
No children	2.6	2.7	3.8	2.9
1 child	12.9	10.5	13.7	11.3
2 children	27.5	24.5	34.4	29.7
3 children	21.0	21.8	22.9	23.1
4 children	15.1	14.6	12.0	15.4
5 children	8.7	9.4	6.5	8.1
6+ children	12.1	16.5	6.8	9.6
Marital Status				
Currently married	98.9	98.4	98.0	99.3
Widowed / Divorced / Separated	1.1	1.6	2.0	0.7
Religion**				
Hindu	87.2	70.5	84.1	83.8
Muslim	11.2	27.7	15.1	14.9
Others***	1.6	1.8	0.7	1.3
Caste**				
Scheduled caste	32.0	20.3	17.1	13.3
Scheduled tribe	0.2	0.2	0.0	0.8
Other backward class	27.8	38.2	34.6	49.2
Extremely backward class	0.5	0.0	0.5	0.3
Other caste or tribe	39.4	41.0	47.8	35.9
No caste	0.1	0.2	0.0	0.6
Don't know	0.0	0.1	0.1	0.0
Total number of women	1,478	1,529	1,303	1,480

* Calculated from household data.
** Calculated from household head data.
*** Others include Christian, Sikh, Buddhist and Jain.

Chapter 5. Family Planning

Contraceptive Use

Increasing access to and use of FP in UP is important for attaining the Millennium Development Goals (MDGs) (UN 2012). Increased FP use can lead to improvements in the health of women and their families in a number of ways, including reduction of neonatal and maternal morbidity and mortality (MDG 4 and 5), increasing education (MDG 2), reducing poverty (MDG 1) and increasing gender empowerment (MDG 3). A key objective of UHI is to increase contraceptive use in UP, which can empower couples to choose the timing and number of pregnancies as well as contraceptive methods and providers.

At the time of the mid-term survey, women were asked if they or their husbands were currently doing something or using any method to avoid getting pregnant, and if they were using a method, what method they were using. In addition, all women were asked if they had ever undergone an operation to avoid having any (more) children. Women that reported having undergone female sterilization prior to the baseline survey in 2010 were asked a subset of contraceptive use questions since their method did not change between the surveys. Table 5.1 presents contraceptive use at baseline and mid-term by city and wealth quintile. Figure 5.1 presents contraceptive use at baseline and mid-term by city. All baseline results shown in the report are for the full sample of the baseline PSUs, while the mid-term survey is for the 60 percent sample of PSUs interviewed at baseline.

Modern contraceptive use at baseline ranged from 37.7 percent in Aligarh to 48.5 percent in Allahabad. Across all cities at baseline, modern contraceptive use increased as wealth increased. The overall traditional method use at baseline ranged from 14.9 percent in Agra to 19.1 percent in Aligarh. At mid-term, the overall modern contraceptive use ranged from 42.5 percent in Aligarh to 54.1 percent in Allahabad. Modern method use increased at mid-term in all four cities. At mid-term, as at baseline, overall modern method use was higher for those in a higher wealth groups. The overall traditional method use at mid-term ranged from 14.5 percent in Allahabad to 20.0 percent in Agra. No consistent pattern was observed for traditional method use by wealth quintile at baseline or mid-term.

The largest increase in modern method use was in Allahabad, at 5.6 percentage points overall, and by 13.0 percentage points among women in the poorest wealth quintile. Across the four cities, modern method use increased among women in the poorest wealth quintile. Overall traditional method use decreased in Aligarh and Allahabad, showed little change in Gorakhpur and increased in Agra. The percentage of women not using any FP method decreased within each of the four cities and across all wealth groups.

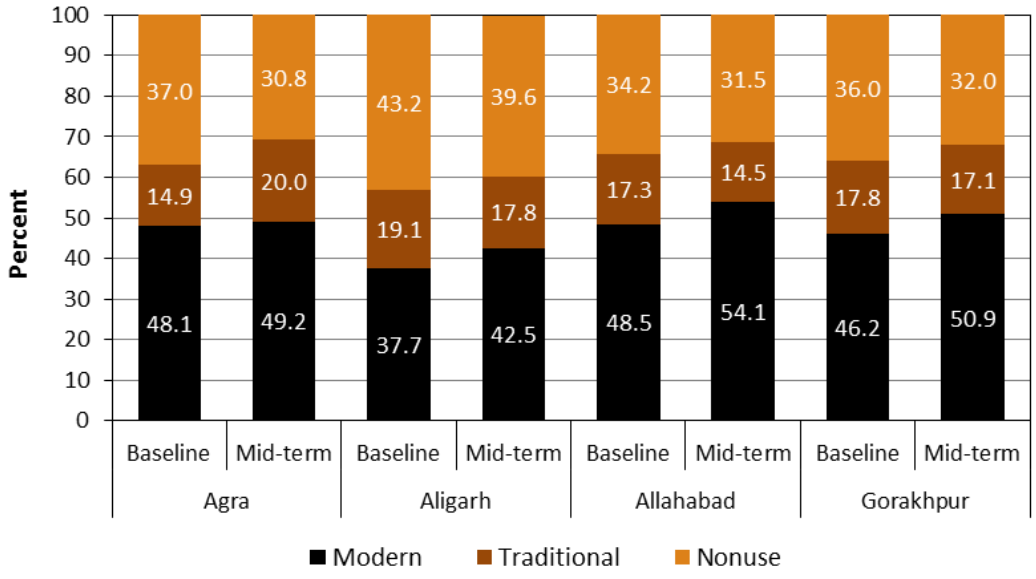


Figure 5.1. Current use of contraception at baseline and mid-term. UHI cities, India 2010, 2012.

Table 5.1. Current use of contraception by wealth quintile and city at baseline and mid-term

Percent distribution of all women by contraceptive method currently used by wealth quintile. UHI cities, India 2010, 2012.

	Baseline family planning use, 2010				Mid-term family planning use, 2012			
	Modern*	Traditional**	Non-use	Total	Modern*	Traditional**	Non-use	Total
Agra								
Poorest	38.0	18.3	43.7	100.0	43.4	17.3	39.3	100.0
Poor	43.4	16.8	39.7	100.0	44.0	23.6	32.4	100.0
Middle	46.8	13.3	39.9	100.0	47.7	26.1	26.1	100.0
Rich	54.0	12.9	33.2	100.0	52.4	17.2	30.4	100.0
Richest	56.0	14.0	30.1	100.0	57.5	15.7	26.7	100.0
Overall	48.1	14.9	37.0	100.0	49.2	20.0	30.8	100.0
Aligarh								
Poorest	26.7	15.9	57.5	100.0	34.0	17.2	48.8	100.0
Poor	33.7	19.0	47.3	100.0	40.7	20.5	38.8	100.0
Middle	37.0	22.5	40.6	100.0	42.9	16.0	41.1	100.0
Rich	38.9	20.0	41.1	100.0	46.5	13.8	39.8	100.0
Richest	49.7	17.6	32.7	100.0	47.5	21.5	31.0	100.0
Overall	37.7	19.1	43.2	100.0	42.5	17.8	39.6	100.0
Allahabad								
Poorest	46.1	11.6	42.3	100.0	59.1	5.8	35.1	100.0
Poor	46.1	13.3	40.6	100.0	47.8	13.2	39.0	100.0
Middle	48.6	17.4	34.0	100.0	55.0	19.3	25.7	100.0
Rich	50.0	20.4	29.6	100.0	49.3	17.3	33.4	100.0
Richest	50.6	20.9	28.5	100.0	59.3	15.8	24.9	100.0
Overall	48.5	17.3	34.2	100.0	54.1	14.5	31.5	100.0
Gorakhpur								
Poorest	41.6	18.1	40.3	100.0	46.9	15.3	37.9	100.0
Poor	46.3	17.1	36.7	100.0	57.9	15.0	27.1	100.0
Middle	49.7	16.5	33.7	100.0	51.8	16.3	31.9	100.0
Rich	41.9	19.7	38.5	100.0	48.7	22.2	29.1	100.0
Richest	51.3	17.5	31.2	100.0	49.6	16.3	34.1	100.0
Overall	46.2	17.8	36.0	100.0	50.9	17.1	32.0	100.0

* Modern methods include male and female sterilization, OCP, IUCD, DMPA, condoms, EC, dermal patch, diaphragm and spermicide.

** Traditional methods include periodic abstinence and withdrawal.

Table 5.2. Contraceptive use by method and city at baseline and mid-term

Percent distribution of all women by contraceptive method currently used by city. UHI cities, India 2010, 2012.

	Any method	Any modern method	Modern method								Any traditional method	Non-use	Number of women
			Female sterilization	Male sterilization	OCP	IUCD	DMPA	Condom / Nirodh	EC	Other modern method*			
Agra													
Baseline	63.0	48.1	21.9	0.1	3.2	1.7	0.9	19.4	0.0	1.0	14.9	37.0	3,007
Mid-term	69.2	49.2	26.8	0.3	3.8	2.1	0.9	15.3	0.0	0.0	20.0	30.8	1,478
Aligarh													
Baseline	56.8	37.7	12.6	0.1	3.2	2.4	0.3	18.9	0.0	0.1	19.1	43.2	3,112
Mid-term	60.4	42.5	14.1	0.0	3.6	3.9	0.9	20.1	0.0	0.1	17.8	39.6	1,529
Allahabad													
Baseline	65.8	48.5	24.1	0.2	3.2	3.3	0.5	16.9	0.1	0.3	17.3	34.2	2,670
Mid-term	68.5	54.1	29.8	0.3	2.6	2.7	1.7	16.2	0.3	0.5	14.5	31.5	1,303
Gorakhpur													
Baseline	64.0	46.2	24.9	0.1	3.3	1.4	0.3	15.5	0.1	0.5	17.8	36.0	3,022
Mid-term	68.0	50.9	30.3	0.4	4.2	1.6	0.4	14.0	0.0	0.0	17.1	32.0	1,480

*Other modern methods include dermal patch, diaphragm and spermicide.

Table 5.2 presents contraceptive method mix by city at baseline and mid-term. At both baseline and mid-term, women relied primarily on female sterilization or condoms as their main modern method, though levels of traditional methods in all cities were similar to levels of condom use. The use of female sterilization increased in all four cities from baseline to mid-term. At mid-term, use of female sterilization ranged from 14.1 percent in Aligarh to 30.3 percent in Gorakhpur. At mid-term, condom use ranged from 14.0 percent in Gorakhpur to 20.1 percent in Aligarh. Condom use increased slightly in Aligarh, decreased in Agra and Gorakhpur and remained about the same in Allahabad. At baseline and at mid-term, a small percentage of women used other modern methods which included male sterilization, oral contraceptive pill (OCP), injectable (depot medroxyprogesterone acetate, or DMPA), intrauterine contraceptive device (IUCD), emergency contraceptive pill (EC) and spermicide. These percentages should be interpreted cautiously due to the small number of women in each category. There were slight variations in other modern method use across the four cities between baseline and mid-term.

Figure 5.2 shows baseline and mid-term contraceptive method mix in Allahabad.

Figure 5.2 Contraceptive use by method at baseline and mid-term in Allahabad. India 2010, 2012.

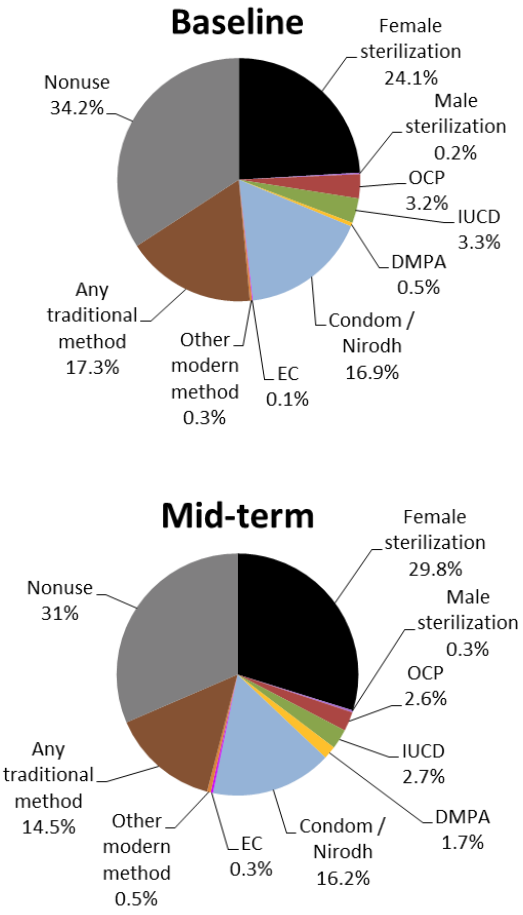


Table 5.3 presents contraceptive method use by wealth quintile and city at baseline and mid-term. At baseline, women in the poorest wealth quintile primarily used female sterilization, ranging from 12.8 percent in Aligarh to 34.9 percent in Allahabad. Across all cities, use of female sterilization was generally lower among women in the upper wealth quintiles. Conversely, condom use was much higher among women in the richest households, compared to the percentages of condom users in the poorest households. Use of other modern methods, such as OCP, IUCD or male sterilization, was generally higher among women in the richest households as compared to those in the poorest households.

In Agra and Aligarh at mid-term, use of female sterilization was somewhat similar across all wealth quintiles. In Allahabad, use of female sterilization was 17.3 percentage points higher among women in the poorest wealth quintile than among women in the richest wealth quintile, similar to the trend at baseline. Use of female sterilization in Gorakhpur varied little between women in the poorest and richest wealth quintiles at mid-term. Across all cities, the percentage of women using condoms increased as the household wealth quintile increased. Use of other modern methods, such as OCP, IUCD and male sterilization followed a similar pattern.

The use of modern methods increased among women in the poorest wealth quintile from baseline to mid-term within each of the four cities. Use of female sterilization was higher at mid-term within each of the four cities, as well as among women in the poorest wealth quintile. The largest increase in female sterilization among women in the poorest households was in Allahabad, from 34.9 percent at baseline to 42.0 percent at mid-term. Among women in the poorest households, condom use increased slightly in Agra yet decreased slightly in Aligarh, while Gorakhpur and Allahabad remained about the same. A small percentage of women used other modern methods at baseline and at mid-term, including male sterilization, OCP, DMPA, IUCD and EC. Given the small number of women in this category, the results for these methods should be interpreted cautiously.

Contraceptive use among women residing in a slum area within each city is presented in Table 5.4. At baseline, modern contraceptive use ranged from 36.7 percent in Aligarh to 46.0 percent in Agra among women living in slum areas. Women residing in slums across the cities primarily used female sterilization, condoms and traditional methods of FP at baseline. At mid-term, modern contraceptive use ranged from 40.3 percent in Aligarh to 52.7 percent in Allahabad among women living in slums. The primary methods were still female sterilization, condoms and traditional methods. Modern contraceptive use increased among slum residents in Aligarh, Allahabad and Gorakhpur and remained about the same in Agra. Use of female sterilization at the time of the mid-term survey was higher than it was at baseline in all cities among women in slums. The percentage of slum residents using condoms slightly decreased in Agra and Aligarh, remained about the same in Allahabad and slightly increased in Gorakhpur. Use of other modern methods remained about the same or slightly increased among women across all cities. Given the small number of women in these categories, the results for these methods should be interpreted cautiously.

Table 5.3. Contraceptive method use by wealth quintile and city at baseline and mid-term

Percent distribution of all women by contraceptive method currently used, by wealth quintile and city. UHI cities, India 2010, 2012.

			Modern method										
	Any method	Any modern method	Female sterili-zation	Male sterili-zation	OCP	IUCD	DMPA	Condom / Nirodh	EC	Other modern method*	Any traditional method	Non-use	Number of women
Agra baseline													
Poorest	56.3	38.0	24.1	0.0	2.0	0.8	0.1	9.5	0.1	1.4	18.3	43.7	540
Poor	60.3	43.4	20.4	0.0	2.6	0.6	0.7	18.2	0.0	0.9	16.8	39.7	588
Middle	60.1	46.8	23.2	0.0	2.5	1.5	1.3	18.0	0.0	0.3	13.3	39.9	599
Rich	66.8	54.0	20.0	0.0	4.4	2.1	1.0	25.6	0.0	0.8	12.9	33.2	635
Richest	69.9	56.0	22.2	0.3	3.9	3.1	1.2	23.9	0.0	1.4	14.0	30.1	646
Overall	63.0	48.1	21.9	0.1	3.2	1.7	0.9	19.4	0.0	1.0	14.9	37.0	3,007
Agra mid-term													
Poorest	60.7	43.4	26.8	0.0	3.2	1.6	1.4	10.4	0.0	0.0	17.3	39.3	280
Poor	67.6	44.0	23.8	0.8	4.2	1.3	0.4	13.5	0.0	0.0	23.6	32.4	286
Middle	73.9	47.7	29.2	0.0	2.8	1.0	1.4	13.4	0.0	0.0	26.1	26.1	301
Rich	69.6	52.4	25.9	0.0	4.1	3.7	0.0	18.6	0.0	0.0	17.2	30.4	302
Richest	73.3	57.5	28.3	0.6	4.8	2.8	1.1	19.7	0.0	0.2	15.7	26.7	309
Overall	69.2	49.2	26.8	0.3	3.8	2.1	0.9	15.3	0.0	0.0	20.0	30.8	1,478
Aligarh baseline													
Poorest	42.5	26.7	12.8	0.1	1.9	0.5	0.4	10.4	0.0	0.6	15.9	57.5	544
Poor	52.7	33.7	14.7	0.4	3.6	0.9	0.7	13.4	0.0	0.0	19.0	47.3	604
Middle	59.4	37.0	13.1	0.0	3.1	1.8	0.1	18.8	0.0	0.1	22.5	40.6	638
Rich	58.9	38.9	10.9	0.0	4.6	1.8	0.2	21.4	0.0	0.0	20.0	41.1	644
Richest	67.3	49.7	12.0	0.0	2.6	6.5	0.2	28.4	0.0	0.1	17.6	32.7	681
Overall	56.8	37.7	12.6	0.1	3.2	2.4	0.3	18.9	0.0	0.1	19.1	43.2	3,112
Aligarh mid-term													
Poorest	51.2	34.0	14.7	0.0	4.3	5.0	0.7	9.3	0.0	0.0	17.2	48.8	278
Poor	61.2	40.7	14.5	0.0	2.1	3.6	1.9	18.5	0.0	0.1	20.5	38.8	303
Middle	58.9	42.9	13.1	0.0	5.0	3.2	1.4	20.1	0.1	0.0	16.0	41.1	314
Rich	60.2	46.5	14.4	0.0	2.5	2.0	0.1	27.2	0.0	0.2	13.8	39.8	311
Richest	69.0	47.5	13.7	0.0	4.0	5.5	0.3	23.9	0.0	0.0	21.5	31.0	324
Overall	60.4	42.5	14.1	0.0	3.6	3.9	0.9	20.1	0.0	0.1	17.8	39.6	1,529

Table continued on next page

	Any method	Any modern method	Modern method								Any traditional method	Non-use	Number of women
			Female sterili-zation	Male sterili-zation	OCP	IUCD	DMPA	Condom / Nirodh	EC	Other Modern Methods*			
Allahabad baseline													
Poorest	57.7	46.1	34.9	0.1	3.4	0.8	0.0	7.0	0.0	0.0	11.6	42.3	389
Poor	59.4	46.1	29.0	0.0	3.3	0.9	0.2	12.5	0.0	0.2	13.3	40.6	488
Middle	66.0	48.6	27.9	0.1	1.1	1.9	0.7	16.0	0.0	0.9	17.4	34.0	587
Rich	70.5	50.0	19.3	0.0	3.0	4.4	0.7	21.8	0.6	0.2	20.4	29.6	625
Richest	71.5	50.6	13.9	0.7	5.3	7.2	0.7	22.8	0.0	0.0	20.9	28.5	581
Overall	65.8	48.5	24.1	0.2	3.2	3.3	0.5	16.9	0.1	0.3	17.3	34.2	2,670
Allahabad mid-term													
Poorest	64.9	59.1	42.0	0.0	3.0	1.2	5.0	7.4	0.0	0.4	5.8	35.1	244
Poor	61.0	47.8	28.7	0.4	4.5	1.8	0.2	12.2	0.0	0.0	13.2	39.0	259
Middle	74.3	55.0	26.1	0.0	0.9	2.7	0.8	23.5	0.0	1.0	19.3	25.7	270
Rich	66.6	49.3	28.5	0.0	1.1	2.7	1.4	13.7	1.5	0.4	17.3	33.4	263
Richest	75.1	59.3	24.7	0.9	3.6	4.6	1.6	23.2	0.0	0.6	15.8	24.9	268
Overall	68.5	54.1	29.8	0.3	2.6	2.7	1.7	16.2	0.3	0.5	14.5	31.5	1,303
Gorakhpur baseline													
Poorest	59.7	41.6	29.3	0.3	3.4	0.1	0.9	7.7	0.0	0.0	18.1	40.3	554
Poor	63.3	46.3	30.7	0.2	2.5	0.4	0.4	11.4	0.0	0.7	17.1	36.7	609
Middle	66.3	49.7	26.9	0.0	3.1	1.5	0.0	18.3	0.0	0.0	16.5	33.7	603
Rich	61.5	41.9	17.6	0.1	3.6	2.0	0.4	17.2	0.0	1.1	19.7	38.5	639
Richest	68.8	51.3	21.1	0.2	3.9	2.9	0.2	22.3	0.3	0.6	17.5	31.2	616
Overall	64.0	46.2	24.9	0.1	3.3	1.4	0.4	15.5	0.1	0.5	17.8	36.0	3,022
Gorakhpur mid-term													
Poorest	62.1	46.9	30.8	0.8	5.8	1.6	0.6	7.2	0.0	0.0	15.3	37.9	298
Poor	72.9	57.9	39.1	0.4	2.1	0.0	0.6	15.7	0.0	0.0	15.0	27.1	295
Middle	68.1	51.8	35.3	0.0	3.0	1.4	0.1	11.8	0.0	0.1	16.3	31.9	283
Rich	70.9	48.7	20.5	0.7	3.9	2.3	0.8	20.5	0.0	0.0	22.2	29.1	305
Richest	65.9	49.6	26.5	0.0	6.0	2.7	0.0	14.4	0.0	0.0	16.3	34.1	298
Overall	68.0	50.9	30.3	0.4	4.2	1.6	0.4	13.9	0.0	0.0	17.1	32.0	1,480

*Other modern methods include dermal patch, diaphragm and spermicide.

Table 5.4. Contraceptive method use among slum residents by city at baseline and mid-term
Percentage distribution of all women by contraceptive method currently used among women residing in a slum or poor neighborhood. UHI cities, India 2010, 2012.

Method	Agra		Aligarh		Allahabad		Gorakhpur	
	Baseline slum	Mid-term slum	Baseline slum	Mid-term slum	Baseline slum	Mid-term slum	Baseline slum	Mid-term slum
Female sterilization	23.8	29.5	12.3	14.2	26.8	33.4	29.2	35.6
Male sterilization	0.1	0.1	0.1	0.0	0.2	0.0	0.1	0.0
OCP	2.6	2.4	3.1	3.3	2.2	1.7	2.9	2.1
IUCD	1.1	1.5	1.3	2.8	2.1	3.9	0.9	1.4
DMPA	0.3	0.5	0.4	2.0	0.4	0.3	0.6	0.7
Condom / Nirodh	16.8	12.6	19.5	17.7	13.8	13.4	10.6	12.1
Other modern methods*	1.3	0.2	0.1	0.3	0.0	0.0	0.2	0.2
Total modern CPR	**46.0**	**46.7**	**36.7**	**40.3**	**45.7**	**52.7**	**44.4**	**52.0**
Traditional methods	14.2	17.8	17.3	16.4	14.2	10.8	17.5	13.4
Total CPR	**60.2**	**64.6**	**53.9**	**56.7**	**59.8**	**63.5**	**61.9**	**65.4**
Nonuse	39.8	35.4	46.1	43.3	40.2	36.5	38.1	34.6

*Other modern methods include dermal patch, diaphragm and spermicide.

Unmet Need

Unmet need is an estimation of the percentage of sexually active women who do not want to get pregnant and are not currently using a contraceptive method. The indicator has received renewed attention since it became a target under MDG 5 to improve maternal health. Unmet need is composed of unmet need for limiting and unmet need for spacing. Women who have an unmet need for limiting are currently married fecund women who are not using FP but do not want any more children and pregnant women whose pregnancy was unwanted. Women who have an unmet need for spacing are currently married fecund women who are not using FP but want to wait two or more years before their next birth and pregnant women whose current pregnancy was mistimed. Data on unmet need for limiting and spacing by wealth quintile and city is given in Table 5.5.

Overall, across all cities and at both baseline and mid-term, unmet need for limiting is higher than unmet need for spacing. At baseline, the percentage of women who had an unmet need for spacing ranged from 3.6 percent in Allahabad to 5.2 percent in Aligarh. At baseline, the percentage of women with an unmet need for limiting ranged from 9.2 percent in Allahabad to 14.9 percent in Aligarh. At baseline in Agra, Aligarh and Allahabad, unmet need for limiting and spacing decreased as wealth quintile increased. In Gorakhpur, unmet need for both limiting and spacing did not show consistent results by wealth quintile.

At mid-term, unmet need for spacing was the lowest in Aligarh at 1.6 percent and the highest in Gorakhpur at 3.2 percent. Unmet need for limiting ranged from 8.4 percent in Allahabad to 15.9 percent in Aligarh. At mid-term, unmet need for limiting and spacing was generally lower among women in higher wealth quintiles.

At mid-term, unmet need was lower overall across all cities as compared to baseline. Unmet need for limiting decreased or stayed about the same overall in each city. Unmet need for spacing decreased overall in each city. Among women in the poorest quintile, unmet need for limiting was lower at mid-term in each city. However, unmet need for spacing did not change consistently within the cities. Demand for FP was satisfied among a greater percentage of women at mid-term across almost all wealth quintiles in each city.

Table 5.5. Unmet need for family planning by wealth quintile and city at baseline and mid-term

Percentage distribution of all women with unmet need and demand satisfied, by wealth quintile. UHI cities, India 2010, 2012.

	Baseline, 2010				Mid-term, 2012			
	Unmet need for spacing	Unmet need for limiting	Percentage of demand satisfied	Total	Unmet need for spacing	Unmet need for limiting	Percentage of demand satisfied	Total
Agra								
Poorest	4.6	16.0	79.5	100.0	5.4	14.0	80.6	100.0
Poor	7.4	11.9	80.7	100.0	1.6	8.3	90.0	100.0
Middle	5.5	11.5	82.9	100.0	3.3	4.0	92.7	100.0
Rich	4.2	9.3	86.5	100.0	3.0	10.9	86.2	100.0
Richest	3.3	7.8	89.0	100.0	2.1	6.8	91.1	100.0
Overall	5.0	11.1	83.9	100.0	3.0	8.7	88.2	100.0
Aligarh								
Poorest	6.6	28.6	64.8	100.0	3.1	23.3	73.7	100.0
Poor	6.4	14.5	79.1	100.0	3.0	17.1	80.0	100.0
Middle	5.3	14.5	80.2	100.0	1.7	15.2	83.1	100.0
Rich	4.7	11.0	84.3	100.0	0.5	14.1	85.5	100.0
Richest	3.6	8.2	88.3	100.0	0.0	11.0	89.0	100.0
Overall	5.2	14.9	79.9	100.0	1.6	15.9	82.5	100.0
Allahabad								
Poorest	3.8	16.4	79.8	100.0	1.8	10.4	87.8	100.0
Poor	3.5	9.7	86.7	100.0	6.9	9.7	83.4	100.0
Middle	4.7	9.4	86.0	100.0	1.5	10.2	88.3	100.0
Rich	3.3	6.8	90.0	100.0	1.9	5.0	93.0	100.0
Richest	2.7	6.4	91.0	100.0	0.9	6.8	92.3	100.0
Overall	3.6	9.2	87.2	100.0	2.6	8.4	89.0	100.0
Gorakhpur								
Poorest	3.8	14.7	81.6	100.0	3.5	12.5	84.1	100.0
Poor	5.6	8.0	86.3	100.0	3.8	8.6	87.7	100.0
Middle	3.8	11.3	85.0	100.0	3.5	13.7	82.8	100.0
Rich	5.4	12.8	81.9	100.0	3.7	8.9	87.3	100.0
Richest	4.4	6.4	89.2	100.0	1.8	9.5	88.8	100.0
Overall	4.6	10.6	84.8	100.0	3.2	10.6	86.2	100.0

Note: Unmet need for spacing includes the percentage of pregnant women whose pregnancy was mistimed, fecund women who are not pregnant, and not using any family planning method, and say they want to wait 2 or more years for their next birth. Unmet need for limiting refers to pregnant women whose pregnancy was unwanted; and fecund women who are not pregnant, not using any method of family planning, and who want no more children. Excluded from the unmet need category are pregnant women who became pregnant while using a method.

Source of Method

All women who reported that they currently use a modern method of FP were asked to provide the source from which they or their husband obtained the method the last time. Table 5.6 presents the source of modern contraceptive methods at baseline and mid-term by city. At baseline, the primary source for female sterilization, the most commonly used FP method, was the public sector, ranging from 56.7 percent in Agra to 77.0 percent in Aligarh. Condoms and OCP were most often obtained from a pharmacy or the husband. The most common source for IUCDs at baseline was private sector facilities, followed by the public sector. Injectables (DMPA), not commonly used and not widely available in the public sector, were most often obtained from the private sector.

The overall distribution of sources of contraceptive methods did not change substantially between baseline and mid-term. Among the small number of women who had been sterilized since 2010, the public sector was still the most common source for female sterilization in Aligarh, Allahabad and Gorakhpur, while in Agra it was the private sector. This is similar to what was seen at baseline. Among the small number of IUCD and DMPA users, the private sector was the most common source mentioned at mid-term. Pharmacies and husbands of respondents remained the primary sources of both OCP and condoms. These percentages should be interpreted cautiously due to the small number of women in each category.

Table 5.6. Source of modern contraceptive methods at baseline and mid-term

Percent distribution of women using a modern method by source of modern contraceptive method at baseline and mid-term by city. UHI cities, India 2010, 2012.

	Baseline method source, 2010					Mid-term method source, 2012				
Source	Female sterilization	OCP	IUCD	DMPA	Condom/ Nirodh	Female sterilization*	OCP	IUCD	DMPA	Condom/ Nirodh
Agra	n=650	n=95	n=50	n=27	n=582	n=42	n=57	n=31	n=13	n=226
Public	56.7	7.8	18.1	2.6	2.2	39.6	4.3	15.0	0.0	1.8
Private	43.3	6.6	80.0	93.8	0.8	60.4	7.5	80.1	100.0	3.8
Pharmacy / Drugstore	–	70.6	1.1	3.6	71.4	–	55.9	5.0	0.0	43.3
Husband	–	7.8	0.0	0.0	21.1	–	28.4	0.0	0.0	40.1
Retail shops / NTOs**	–	0.4	0.0	0.0	0.6	–	1.7	0.0	0.0	2.3
Don't know	0.0	6.8	0.0	0.0	3.0	0.0	2.2	0.0	0.0	8.8
Missing	0.0	0.0	0.8	0.0	0.8	0.0	0.0	0.0	0.0	0.0
Aligarh	n=391	n=99	n=76	n=10	n=588	n=22	n=55	n=59	n=13	n=307
Public	77.0	5.1	4.4	0.0	2.3	76.7	1.7	27.7	7.8	1.9
Private	22.2	1.2	92.5	100.0	0.7	23.3	5.1	72.3	92.2	3.5
Pharmacy / Drugstore	–	54.8	0.0	0.0	35.2	–	67.5	0.0	0.0	50.4
Husband	–	38.9	3.1	0.0	61.3	–	25.8	0.0	0.0	39.2
Retail shops / NTOs**	–	0.0	0.0	0.0	0.5	–	0.0	0.0	0.0	0.8
Don't know	0.9	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	4.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Allahabad	n=638	n=85	n=88	n=13	n=451	n=22	n=34	n=35	n=23	n=212
Public	64.8	18.6	22.3	20.1	2.2	77.5	0.0	37.0	21.1	2.7
Private	34.5	6.4	77.0	80.0	0.9	22.5	4.4	63.0	78.9	2.7
Pharmacy / Drugstore	–	42.3	0.0	0.0	24.0	–	88.7	0.0	0.0	46.0
Husband	–	32.7	0.0	0.0	72.2	–	0.0	0.0	0.0	36.9
Retail shops / NTOs**	–	0.0	0.0	0.0	0.5	–	6.1	0.0	0.0	2.5
Don't know	0.6	0.0	0.7	0.0	0.1	0.0	0.8	0.0	0.0	9.2
Missing	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Gorakhpur	n=752	n=100	n=42	n=11	n=470	n=33	n=62	n=24	n=6	n=206
Public	69.5	1.7	42.2	13.9	1.7	81.7	4.5	61.8	0.0	6.7
Private	30.0	15.8	57.6	82.7	2.0	18.3	14.7	38.2	100.0	0.8
Pharmacy / Drugstore	–	64.9	0.0	3.4	62.9	–	56.5	0.0	0.0	45.8
Husband	–	12.0	0.0	0.0	29.4	–	16.5	0.0	0.0	30.3
Retail shops / NTOs**	–	0.0	0.0	0.0	0.6	–	0.0	0.0	0.0	3.4
Don't know	0.2	5.7	0.0	0.0	3.4	0.0	7.8	0.0	0.0	12.9
Missing	0.2	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0

* Source of sterilization at mid-term includes only women that had undergone sterilization since 2010.

** Non-traditional outlets (NTO) are shops, retail outlets or other stores that sell contraceptives in addition to other supplies and household items.

Table 5.7. Financing of family planning methods at mid-term
Percent distribution of women who paid for female sterilization, condoms or oral contraceptive pills and/or received compensation for female sterilization at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Payment for female sterilization among women sterilized since 2010	n=42	n= 22	n=22	n=33
Paid	32.8	21.8	30.8	22.3
Free	25.8	72.8	44.9	53.5
Don't know	41.3	5.3	24.3	24.2
Received any compensation for female sterilization among women sterilized since 2010	n=42	n= 22	n=22	n=33
Yes	37.3	65.2	51.8	67.9
No	62.7	34.8	48.2	32.1
Payment for condoms among current condom users	n=226	n=307	n=212	n=206
Paid	24.1	30.0	21.8	31.7
Free	4.1	3.8	3.8	2.2
Don't know	71.8	66.2	74.5	66.0
Payment for oral contraceptive pills among current pill users	n=57	n=55	n=34	n=62
Paid	79.0	71.4	73.3	63.3
Free	4.3	1.7	0.0	11.5
Don't know	16.7	9.0	26.7	25.2
Missing	0.0	18.0	0.0	0.0

Financing of Family Planning

Table 5.7 presents the financing of respondents' FP methods at mid-term by city. Receipt of free female sterilization ranged considerably across the four cities from 25.8 percent in Agra to 72.8 percent in Aligarh, though the small sample included only women that had been sterilized since 2010. Additionally, there was a broad range in the percentage of women that received any compensation for female sterilization, from 37.3 percent in Agra to 67.9 percent in Gorakhpur. Among women using condoms, about 21.8 to 30.0 percent of women had paid for condoms, though many did not know the amount paid. Of the small number of women who use OCP, only a small percent received them for free while more than 60.0 percent paid for their supply. Percentages for female sterilization and OCP should be interpreted cautiously due to the small number of women in each category.

Brands of Condoms and OCP

Condom and pill users were asked what brands they use. Table 5.8 presents the first brand mentioned for condoms and pills among these users. The most-commonly used condom brand varied somewhat by city; the most popular brands are Masti (8.4 to 30.0 percent) and Kohinoor (5.0 to 17.1 percent). Use of the government owned brand, Nirodh or Nirodh Deluxe, ranged from 4.7 percent in Allahabad to 11.8 percent in Aligarh. Many women did not know what brand of condom they use. Across the four cities, the most popular OCP brand was Mala D, a government owned brand. Pearl and Saheli were also common, though many women did not know the brand of pill they used. Percentages for OCP should be interpreted cautiously due to the small number of women in each category.

Table 5.8. Brands of condoms and oral contraceptive pills at mid-term

Percent distribution of women that use condoms or pills by condom or pill brand. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Condom brand	n=226	n=307	n=212	n=206
Black Cobra	0.0	0.0	0.2	0.0
Bull / Bulldog	0.0	0.0	0.0	0.1
Cherry Queen	0.2	0.0	0.0	0.0
Climax	0.4	0.0	0.0	0.0
Cobra	3.4	0.8	0.4	0.0
Durex	0	0	1.4	1.2
Josh	0.0	0.2	0.0	1.1
Kama Sutra	2.3	2.1	5.0	4.5
Kohinoor	17.1	9.5	15.0	5.0
Latin Lover	0.0	0.1	0.0	0.0
Man Force	5.8	4.2	5.6	2.7
Masti	8.4	13.4	30.0	9.8
Midnight Cowboy	0.0	0.0	1.4	0.0
Milan	0.0	0.2	0.1	0.0
Moods	0.0	0.0	0.8	0.0
Moon Light	0.0	0.0	1.5	0.0
Night Fight	0.3	0.0	0.1	0.0
Nirodh	2.8	3.0	2.2	1.5
Nirodh Deluxe	7.1	8.8	2.5	8.7
Rakshak	1.9	0.7	1.2	2.0
Sajan	0.0	0.9	0.0	0.0
Sawan	0.0	0.1	0.0	0.0
Sexy Girl	0.0	0.0	0.0	0.5
Sixty Nine	0.0	0.0	0.0	1.1
Thrill	0.0	0.1	0.0	0.0
Ustad	0.0	0.4	0.0	0.0
Zaroor	2.6	0.0	1.2	1.1
Don't know	47.7	55.5	31.5	60.7
OCP brand	n=57	n=55	n=34	n=62
Choice	0.8	3.5	10.1	10.6
Duoluton	0.0	0.0	0.0	0.3
Ecroz	3.9	0.0	0.0	0.0
Elogen	0.9	0.0	0.0	0.0
Femilion	6.6	0.0	1.6	4.2
Kushi	0.0	1.0	0.0	0.0
Mala D	35.4	31.3	25.5	23.4
Mala N	4.3	1.3	0.0	0.0
Novelon	0.0	1.0	0.0	3.4
Ovral	6.4	9.3	3.6	11.7
Pearl	10.7	6.0	8.5	17.5
Saheli	5.6	10.1	19.5	2.8
Suvida	0.0	0.8	0.0	0.0
Triquilar	7.0	0.0	0.0	5.2
Don't know	18.3	17.8	31.3	20.9
Missing	0.0	18.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0

Reasons for Use of Current Method

Women currently using a FP method were asked their reasons for using a method at the time of the survey. Table 5.9 presents the reasons current FP users report for using the method. Across all cities, the most common reason that women provided for why they were using the current method was because they believed the method is effective and they did not want to get pregnant. This percentage ranged from 84.0 percent in Allahabad to 92.2 percent in Agra. Other common responses included the belief that the method was safe, with few or no side effects and that the method was convenient, discreet and easy to use.

Discussion and Decision-making on Family Planning

Table 5.10 provides information on discussions respondents have with their spouses and other relatives or friends on FP and how FP decisions are made. All women who were not sterilized prior to 2010 responded to these questions. Women were asked how frequently they discuss FP, whether they need consent from their husband or family to use contraception and who decides the type of method used. Across all cities, approximately 40 percent of women stated that they had discussed FP with their spouse in the last six months. Other than their spouse, about 90 percent of women across all cities said they did not discuss FP with anyone in the last six months; 61.9 percent of women in Allahabad to 78.7 percent in Aligarh responded that they needed their husband's or another family member's consent to use FP. Some women also responded that they had never used FP or never wanted to use it. Across all cities, the majority of women responded that decisions about which contraceptive method to use were made jointly with her husband.

Table 5.9. Reasons why using method at mid-term

Percent of women currently using a family planning method by reason for using the current method. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Effective / Don't want to get pregnant	92.2	91.9	84.0	90.0
Safe / Few or no side effects	15.4	20.5	12.7	18.8
Don't want to get infected with HIV or other STIs	0.9	0.6	3.3	0.4
Convenient to use	5.0	6.5	17.9	4.1
Discreet	10.8	2.7	10.7	3.4
Affordable	0.3	0.1	0.6	0.2
Easy to obtain	2.7	2.0	1.5	1.4
Easy to use	6.2	8.0	9.8	2.3
Many people use it	4.1	1.3	1.0	1.4
You like that you take it every day	0.3	0.2	0.3	0.4
You like that you don't have to take it every day	2.1	0.4	4.5	0.4
Makes skin look healthier	0.1	0.2	0.0	0.0
Recommended by provider	0.4	0.1	4.2	0.1
Partner prefers	7.1	5.0	14.5	3.9
Don't have to worry about it; partner is responsible for it	1.1	0.7	5.7	0.0
Other	0.1	0.0	0.1	0.0
Number of women	667	729	526	590

Note: Percentages may not sum to 100% because multiple responses could be given.

Table 5.10. Discussion and decision-making about family planning at mid-term

Percent distribution of women reporting discussion of family planning at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Have you discussed FP with your spouse in the last 6 months	n=1037	n=1235	n=826	n=958
Yes	39.4	40.4	39.4	42.8
No	60.6	59.6	60.6	57.2
Who else have you discussed FP with in the last 6 months*	n=1037	n=1235	n=826	n=958
Mother-in-law	3.8	1.6	0.9	4.2
Sister-in-law	3.6	3.7	3.0	3.9
Other family members	2.6	1.2	1.6	3.0
Friends	2.9	3.1	4.2	2.8
No one	90.0	92.3	91.6	89.4
Do you need the consent of your husband or other family members to use FP	n=1037	n=1235	n=826	n=958
Yes	76.3	78.7	61.9	72.6
No	8.9	2.7	20.1	2.7
Not applicable / Never used or wanted to use	14.2	18.6	18.0	24.5
Don't know	0.6	0.0	0.0	0.2
Who decides which type of contraceptive method to use	n=889	n=1006	n=677	n=724
Mainly you	3.1	1.2	4.4	1.6
Mainly husband	9.1	3.6	7.2	6.3
Jointly	87.7	95.2	88.1	92.1
Other	0.1	0.0	0.3	0.0

*Percentages may not sum to 100% because multiple responses could be given.

Reasons for Non-use of Contraception

Women who were not using any FP method were asked their reasons for not using a method at the time of the survey. This information contributes to the understanding of barriers to contraceptive use. As seen in Table 5.11, most women were not using a FP method because they were trying to get pregnant, were already pregnant, were breastfeeding, were menopausal or had a hysterectomy. Additionally, 4.8 percent of women in Gorakhpur and 14.2 percent in Allahabad reported that they had faced opposition to using a contraceptive method. Some women also stated that they were not using FP because either their husband was away, did not have sex or had sex infrequently. These percentages ranged from 8.5 percent in Agra to 15.1 percent in Gorakhpur. Some women also cited method-related reasons for not using a method, which ranged from 9.2 percent in Agra to 15.7 percent in Gorakhpur. Notably, few women cite that they lacked knowledge, access or that FP methods cost too much.

Table 5.11. Reasons for non-use at mid-term

Percent of women not currently using contraception by reasons for not using a method at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
No sex / Infrequent sex	8.5	9.8	11.8	15.1
Husband away	0.5	2.8	10.7	9.7
Menopausal / Hysterectomy	13.8	13.5	10.7	12.7
Already pregnant	18.6	12.9	15.2	14.9
Breastfeeding	5.4	3.4	7.2	4.6
Can't have children	2.8	2.6	4.2	4.5
Wants as many children as possible	1.5	0.9	0.1	0.0
Trying to get pregnant	21.6	18.5	20.0	16.3
Postpartum amenorrhea	10.3	6.9	3.6	10.0
Has faced opposition to use	11.3	13.9	14.2	4.8
Lacks knowledge	0.4	0.0	0.4	0.0
Method-related reasons	9.2	13.5	9.3	15.7
Lack of access / Too far	0.0	0.0	0.0	0.0
Costs too much	0.0	0.0	0.0	0.0
Fatalistic	1.8	7.9	1.0	2.5
Others	6.0	4.9	1.5	3.6
Don't know	0.4	0.2	0.5	0.0
Number of women	369	506	299	368

Note: Percentages may not sum to 100% because multiple responses could be given.

Attitudes towards Family Planning Methods

All women, including those who had been sterilized prior to the baseline survey, were asked about their attitudes towards four specific FP methods: male condoms, IUCD, OCP and DMPA. Table 5.12 presents data on attitudes towards these methods.

Between 73.3 percent of women in Allahabad and 96.7 percent of women in Gorakhpur believed that if a condom is used correctly it protects against pregnancy most of the time. Approximately 30 percent of women said they had recommended the condom for FP or birth spacing to friends or relatives. More than 85 percent of women in all four cities said that condoms are easy to get in their area.

Women's attitudes towards the IUCD varied considerably across the cities. Approximately half of women in Agra and Allahabad believed that if the IUCD was used correctly it protects against pregnancy most of the time, whereas 78.0 percent of women in Aligarh and 90.4 percent in Gorakhpur believed so. Across all cities, 15 percent or less of women reported that they had ever recommended the IUCD for FP or birth spacing to friends and relatives. In Aligarh and Gorakhpur, more than 86 percent of women said that the IUCD is easy to get in their area; in these cities the highest percentage of women also thought IUCDs are effective against pregnancy. The percentages reporting that the IUCD is easy to get were lower in Agra at 68.1 percent and Allahabad at 75.8 percent.

Approximately 61 percent of women in Agra and Allahabad believed that if oral contraceptives were used correctly they protect against pregnancy most of the time. These percentages were higher in Aligarh at 85.8 percent and Gorakhpur at 91.6 percent. The percentage of women who ever recommended OCP for FP to friends and family ranged from 11.1 percent in Agra to 15.0 percent in Allahabad. In Aligarh, Allahabad and Gorakhpur, more than 90 percent of women believed OCP are easy to get in their area, while 84.6 percent of women in Agra believed so.

In both Agra and Allahabad, approximately half of women believed that if injectables are used correctly that they protected against pregnancy most of the time, compared to more than three-quarters of women in Aligarh and Gorakhpur. Additionally, in Agra and Allahabad 12.7 to 13.6 percent of women respectively reported that they did not know the method. In all cities, less than 10 percent of women had ever recommended DMPA to friends or family to prevent pregnancy; in Agra only 5.7 percent of women reported the same. From 59.4 percent of women in Agra to 83.2 percent of women in Gorakhpur believed that it is easy to get DMPA in their area.

Respondents were asked why they believed that some women choose not to use the IUCD, OCP and DMPA. Results were similar across cities; aggregated results for the four cities are presented in Table 5.13. For the IUCD, the most frequently-mentioned reasons were that the method creates health problems (36.4 percent), fear of side effects (35.2 percent) and that the IUCD creates menstrual problems (24.4 percent). Twenty-six percent of women said they did not know why women choose not to use the IUCD. The most frequently mentioned reasons that women do not use OCP were that the method creates health problems (30.9 percent), fear of side effects (32.8 percent) and creates menstrual problems (10.5 percent). Additionally, many women responded that OCP causes women to put on weight (14.8 percent) and that it is difficult to remember to take a pill daily (17.9 percent). Women frequently cited fear of side effects (26.2 percent) and creation of health problems (21.3 percent) for reasons why women choose not to use DMPA. Half of women said they did not know why women choose not to use DMPA.

Table 5.12. Attitudes towards family planning at mid-term

Percent distribution of respondents' attitudes towards family planning, among all women at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Male condom				
If a condom is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	n=1,478	n=1,529	n=1,303	n=1,480
Most of the time	75.2	88.9	73.3	96.7
Sometimes	7.1	3.0	9.0	2.0
Not at all	1.1	0.1	1.6	0.0
Don't know method	1.1	0.4	3.8	0.0
Don't know / Unsure	15.5	7.7	12.2	1.2
Have you ever recommended the condom for family planning or birth spacing to your friends and relatives?*	n=1,462	n=1,523	n=1,253	n=1,480
Yes	26.6	31.1	34.6	27.0
Not at all	73.4	68.8	65.2	73.0
Don't know	0.0	0.0	0.1	0.0
Is it easy to get condoms in your area?*	n=1,462	n=1,523	n=1,253	n=1,480
Yes	85.7	91.9	90.1	94.7
No	1.7	1.7	1.3	0.9
Don't know	12.6	6.4	8.7	4.3
IUCD				
If an IUCD is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	n=1,478	n=1,529	n=1,303	n=1,480
Most of the time	48.3	78.0	50.0	90.4
Sometimes	23.2	7.8	22.6	6.3
Not at all	6.4	0.7	5.3	0.4
Don't know method	2.3	0.5	4.3	0.5
Don't know / Unsure	19.9	12.9	17.9	2.5
Have you ever recommended the IUCD for family planning or birth spacing to your friends and relatives?*	n=1,443	n=1,521	n=1,248	n=1,473
Yes	9.7	14.3	15.0	10.3
No	90.3	85.7	85.0	89.7
Is it easy to get an IUCD in your area?*	n=1,443	n=1,521	n=1,248	n=1,473
Yes	68.1	86.0	75.8	89.8
No	11.5	1.9	9.6	3.3
Don't know	20.4	12.1	14.6	7.0

Table continued on next page

Table 5.12. Attitudes towards family planning at mid-term

Percent distribution of respondents' attitudes towards family planning, among all women at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
OCP				
If OCP is used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	n=1,478	n=1,529	n=1,303	n=1,480
Most of the time	60.7	85.8	61.5	91.6
Sometimes	16.8	5.1	16.1	6.5
Not at all	2.0	0.5	2.6	0.1
Don't know method	1.7	0.3	3.9	0.0
Don't know / Unsure	18.7	8.2	15.8	1.8
Have you ever recommended OCP for family planning or birth spacing to your friends and relatives?*	n=1,453	n=1,524	n=1,252	n=1,480
Yes	11.1	14.3	15.0	12.5
No	88.9	85.7	85.0	87.5
Is it easy to get OCP in your area?*	n=1,453	n=1,524	n=1,252	n=1,480
Yes	84.6	92.4	90.2	94.2
No	1.2	0.9	1.5	1.0
Don't know	14.2	6.7	8.3	4.8
Injectables / DMPA				
If injectables are used correctly, do you think that it protects against pregnancy most of the time, only sometimes, or not at all?	n=1,478	n=1,529	n=1,303	n=1,480
Most of the time	44.9	75.4	53.8	85.9
Sometimes	11.2	2.6	6.3	3.6
Not at all	2.8	0.3	3.2	1.0
Don't know method	12.7	3.1	13.6	1.2
Don't know / Unsure	28.4	18.6	23.1	8.3
Have you ever recommended injectables for family planning or birth spacing to your friends and relatives?*	n=1,290	n=1,482	n=1,126	n=1,462
Yes	5.7	7.0	9.4	6.2
No	94.3	93.0	90.6	93.8
Is it easy to get injectables in your area?*	n=1,290	n=1,482	n=1,126	n=1,462
Yes	59.4	74.9	70.7	83.2
No	11.4	1.2	8.3	2.3
Don't know	29.2	24.0	21.0	14.5

*Among women who reported knowledge of the method.

Table 5.13. Attitudes on why women do not use family planning methods at mid-term

Percent of women that reported specific reasons on why women choose not to use IUCD, OCP or DMPA among women who reported knowledge of the method at mid-term. UHI cities, India 2012.

	IUCD	OCP	DMPA
Ineffective against pregnancy prevention	1.7	2.6	1.8
Wanted to get pregnant	2.6	3.0	2.1
Fear of becoming infertile	0.9	0.6	1.0
Causes lack of sexual satisfaction	1.1	0.3	0.2
Creates menstrual problems	24.4	10.5	7.0
Creates health problems	36.4	30.9	21.3
Inconvenient to use	3.3	5.0	2.1
Hard to get	0.4	0.5	0.5
Put on weight	7.0	14.8	3.7
Costs too much	0.5	0.3	1.4
Husband does not approve	1.4	0.9	0.7
Mother-in-law does not approve	0.7	0.6	0.3
Fear of side effects	35.2	32.8	26.2
Causes blood to build up in the body	1.7	1.3	1.5
Causes cancer	3.1	0.8	1.6
Contains hormones that are bad for the body	1.1	0.7	1.6
Causes difficulty in getting pregnant in future	0.9	1.1	1.6
Difficult to remember to take a pill daily	NA	17.9	NA
Difficult to remember to get more on time	NA	0.3	0.5
Don't want something inside body	3.7	NA	NA
Other	0.6	0.5	0.3
Don't know	26.5	24.1	50.0
Number of women	5,663	5,688	5,272

Note: These questions were asked of all women, including family planning users and non-users; NA - Not applicable to the method; Percentages may not sum to 100% because multiple responses could be given.

Chapter 6. Maternal and Child Health

One of the key strategies of UHI is to integrate FP services with post-partum and abortion/post-abortion care services both through outreach at home and within health service settings. At the community level, UHI has CHWs in slums to reach out to couples to identify their FP needs and inform them about methods and method sources. UHI also follows pregnant women to ensure that they receive antenatal care (ANC) and to provide counseling and access for FP methods post-delivery. At UHI-supported facilities, service providers are oriented by UHI to provide FP information to women coming for ANC. In addition, UHI conducts trainings on post-partum/post-abortion IUCD insertion and sterilization for providers.

A series of questions were included in the mid-term survey to capture program exposure and its association with post-partum and post-abortion FP decisions. This chapter describes the findings on post-partum and post-abortion FP program exposure and contraceptive use. The results are based on the 991 women that delivered since January 2010; exposure to FP programs should be interpreted cautiously due to the small number of women in some categories. The analysis of program exposure during the antenatal period, during delivery and the post-partum period are provided for each city.

Prenatal FP Program Exposure

Figure 6.1 and Table 6.1 illustrate women's use of antenatal care services and access to information about FP during pregnancy among women who had a birth since January 2010. These percentages should be interpreted cautiously due to the small number of women in each category.

The proportion of women that attended at least one ANC visit is high ranging from 88.5 percent in Aligarh to 96.7 percent in Gorakhpur. However, the proportion that received any FP information in their last trimester from any health professional ranged from 10.8 percent in Agra to 25.8 percent in Allahabad.

Women who had a birth since January 2010 were asked specifically about their interaction with CHWs. Around one-third of women in Agra and Aligarh reported that they had met with a CHW in the last trimester of their pregnancy; in Allahabad and Gorakhpur, less than one-fourth reported having met with a CHW. Table 6.1 shows that nearly half to two-thirds of the recently pregnant women who met with a CHW in Agra, Aligarh and Allahabad met the CHW at their home; 26.6 percent women reported so in Gorakhpur. When asked about the details of their discussion, around half reported that the CHW counseled them on delivery at a health facility. Variation is observed across cities in the proportion of women who received information or counseling on using a FP method during the post-partum period; ranging from 13.3 percent in Agra to 47.8 percent in Allahabad. A similar proportion of women (15.9 to 17.7 percent of recently pregnant women in Agra and Gorakhpur, and 41.7 to 46.0 percent in Aligarh and Allahabad) reported making the decision to use contraception in the post-partum period.

Figure 6.1. Prenatal exposure to FP programs. UHI cities, India

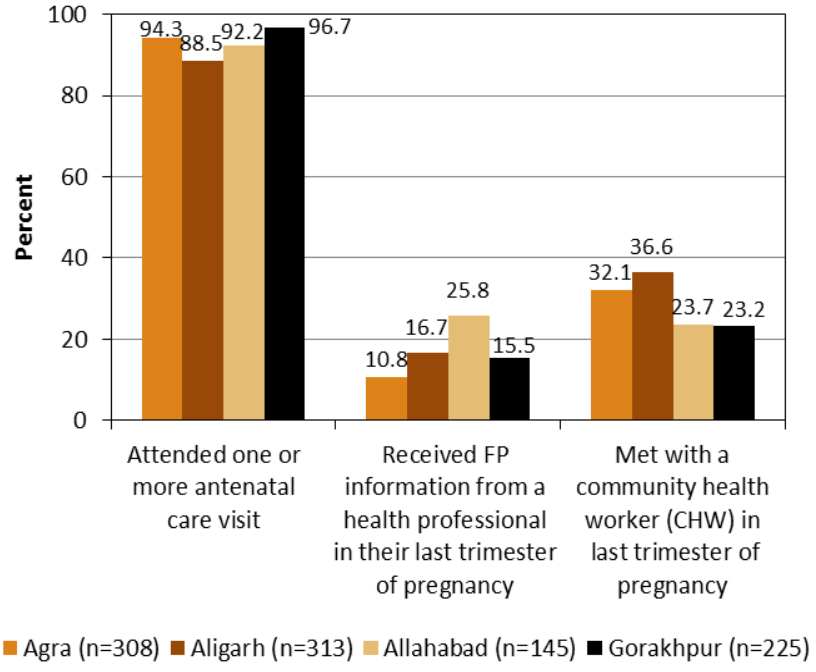


Table 6.1. Exposure to family planning programs and services during pregnancy at mid-term

Percent distribution of women that had a birth since January 2010 and were exposed to family planning programs or services during pregnancy by city. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Attended one or more antenatal care visit since January 2010	n=308	n=313	n=145	n=225
Yes	94.3	88.5	92.2	96.7
No	5.7	11.5	7.8	3.3
Received FP information from a health professional in their last trimester of pregnancy	n=308	n=313	n=145	n=225
Yes	10.8	16.7	25.8	15.5
No	89.2	83.3	74.2	84.5
Met with a community health worker (CHW) in last trimester of pregnancy	n=308	n=313	n=145	n=225
Yes	32.1	36.6	23.7	23.2
No	67.9	63.4	76.3	76.8
Met with a CHW at home among women who met with a CHW during last trimester	n=99	n=114	n=34	n=52
Yes	52.1	42.8	64.4	26.6
No	47.9	57.2	35.6	73.4
Received information or counseling from the CHW on delivering at a health facility among women who met with a CHW during last trimester	n=99	n=114	n=34	n=52
Yes	42.7	51.2	63.6	43.9
No	57.3	48.8	36.4	56.1
Received information or counseling on using a FP method in the post-partum period from the CHW among women who met with a CHW during last trimester	n=99	n=114	n=34	n=52
Yes	13.3	34.6	47.8	16.5
No	86.7	65.4	52.2	83.5
Decided to use a FP method in the post-partum period among women who met with a CHW during last trimester	n=99	n=114	n=34	n=52
Yes	15.9	41.7	46	17.7
No	68.6	53.2	49.6	37.2
Undecided	15.4	5	4.4	45.1
Received information on exclusive breastfeeding for contraceptive purposes among women who met with a CHW during last trimester	n=99	n=114	n=34	n=52
Yes	13.6	24.9	27.9	12.4
No	86.4	75.1	72.1	87.6

Exposure to FP Information and Services at the Time of Delivery

This section describes the distribution of births since January 2010 by place of delivery, reasons for not delivering at a health facility, exposure to FP information and services received at the time of delivery.

Place of delivery – As indicated in Table 6.2, there was a decline in home deliveries since baseline in all four cities. The proportion of deliveries in public facilities has increased in all cities since baseline. Aligarh had the highest percent of home deliveries (40.2 percent) at baseline; at mid-term, it declined to 27.9 percent. The percentage of home deliveries within the public and private sectors increased in Agra and Aligarh; in Allahabad and Moradabad, the increase was predominately within public sector facilities. As mentioned previously, all baseline results shown in the report are for the full sample of the baseline PSUs, and therefore are not limited to the 60 percent sample of PSUs interviewed at mid-term; this explains why the sample size is bigger at baseline. At mid-term, when women were asked about the reasons for not delivering at a facility, the responses 'not necessary' and 'didn't have time' were mentioned most in all four cities, however, the denominators were small (see Table 6.3).

Table 6.2. Place of delivery at baseline and mid-term

Percent distribution of the last live births in the three years prior to 2010 and the two years prior to 2012 by place of delivery. UHI cities, India 2010, 2012.

	Agra		Aligarh		Allahabad		Gorakhpur	
Facility type	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term
Public	15.5	16.9	20.6	28.1	19.2	36.3	25.6	41.1
Private	56.8	63.1	39.2	44.0	57.3	44.4	41.7	36.8
Home	26.6	19.8	40.2	27.9	23.6	19.3	32.4	22.0
Don't know	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Missing	1.1	0.0	0.0	0.0	0.0	0.0	0.4	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	1,039	308	1,110	313	765	145	844	225

Table 6.3 Reasons for not delivering in a health facility at mid-term

Percent of women that had home delivery since January 2010 by reasons for not delivering in a health facility. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Costs too much	10.4	10.3	10.1	2.5
Facility not open	0.0	0.4	3.9	0.0
Didn't have time	37.3	29.5	55.9	38.4
Don't trust the staff	9.6	5.9	12.1	3.6
Not necessary	29.1	41.0	34.7	44.2
Not customary	17.0	1.7	16.4	10.1
Too far	5.5	0.8	17.2	4.4
No transport available	1.6	4.8	8.0	6.1
No one available to accompany her	7.6	7.2	0.5	9.9
Poor quality services	6.2	2.6	2.1	7.5
Do not offer services required	0.9	2.4	1.5	0.2
Providers often away	0.0	0.0	0.0	0.2
Husband / Family won't allow	6.6	8.2	2.0	7.6
Other	3.8	6.7	4.8	0.0
Number of women	64	88	28	50

Note: Percentages do not sum to 100 because multiple responses could be given.

Exposure to program interventions at the time of delivery in health facilities – Table 6.4 details the exposure to FP programs at the time of delivery. There was substantial variation between cities in the exposure to program interventions at a health facility just before and after delivery. In Agra, 4.7 percent of women reported that they were counseled about FP before delivery at the facility whereas in Allahabad, it was 32.1 percent. In Agra, 6.1 percent of women and 23.0 percent in Allahabad reported that they were informed about breastfeeding for contraceptive purposes. Around 16 percent in Agra, Aligarh and Gorakhpur and 36.4 percent in Allahabad reported that before leaving facility after delivering, they were informed or counseled about FP use post-partum. Further, in relation to this exposure to FP use post-partum, acceptance of a FP method before leaving the facility ranged from 4.0 percent of the women in Aligarh to 10.8 percent in Allahabad. The proportion of those who accepted a FP method after delivery while still at the facility, and those who were counseled about FP post-delivery is highest in Agra, although the numbers of women in these categories are small.

Table 6.4. Exposure to family planning programs and services at time of delivery at mid-term

Percent of women that were exposed to programs at the time of delivery since January 2010 among women that delivered at a health facility. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Was accompanied to the facility by a community health worker	0.4	0.3	0.5	1.1
Discussed or was counseled on family planning before delivery	4.7	23.8	32.1	16.1
Discussed or received information about breastfeeding for contraceptive purposes	6.1	15.5	23.0	19.5
After delivery, discussed using FP method post-partum before leaving the facility	15.3	16.0	36.4	16.5
Received or accepted a FP method while still in the facility after delivery	7.9	4.0	10.8	9.5
Number of women	243	225	117	175

Note: Percentage of women who respond "yes" to each question.

Exposure to Program Intervention during Postnatal Period

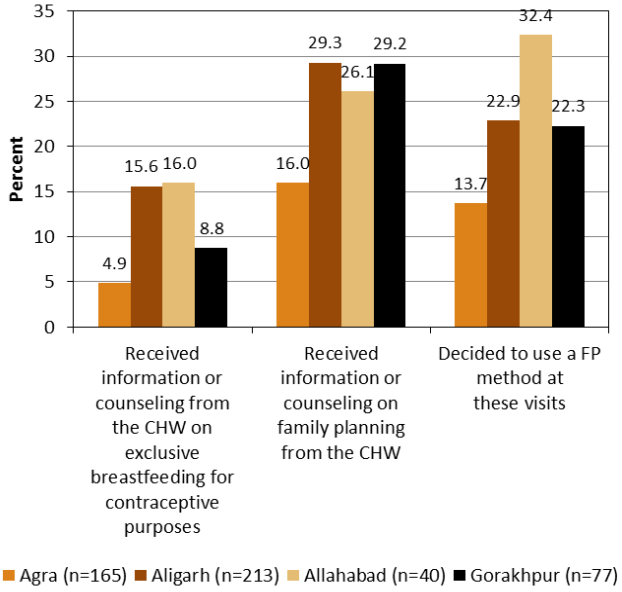
Program exposure post-partum – All women who had a birth since January 2010, regardless of place of delivery, were asked about their post-partum exposure to FP programs. Table 6.5 and Figure 6.2 suggest that the reach of CHWs within 12 months of delivery is highest in Aligarh at 68.1 percent and lowest in Allahabad at 27.9 percent. When asked about the timing of the first CHW visit after delivery, 5.0 to 11.6 percent reported it was less than one week after delivery, 14.8 to 32.4 percent reported it was one to three weeks after delivery, and 39.5 to 51.0 percent said the visit was one month after delivery. The sum of these figures indicates that 75 to 81 percent of women reported having been visited by a CHW within one month of delivery. Of women that reported receiving information or counseling on exclusive breastfeeding from the CHW in these visits within 12 months of delivery, the responses ranged from 4.9 of respondents in Agra to 16.0 percent in Allahabad. Further, only between 16.0 percent in Agra and 29.3 percent in Aligarh reported that they received any information or counseling on FP during CHW's visits after delivery. The percent of women that decided to use a FP method at the CHW visits ranged by city, from 13.7 percent in Agra to 32.4 percent in Allahabad.

Table 6.5. Exposure to family planning programs in the post-partum period at mid-term

Percent distribution of women who gave birth since January 2010 and met with a community health worker (CHW) and received information on family planning during the post-partum period of the last birth. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Met with a community health worker (CHW) within 12 months of delivery	n=308	n=313	n=145	n=225
Yes	53.8	68.1	27.9	34.3
No	46.2	31.9	72.1	65.7
How soon after delivery was the first visit with the CHW	n=165	n=213	n=40	n=77
Less than one week	5.7	5.2	5.0	11.6
1-3 weeks	26.3	20.9	32.4	14.8
1 month	48.6	51.0	39.5	48.6
2-5 months	14.2	21.8	11.2	15.5
6-12 months	1.9	1.0	11.7	8.8
Don't know / Remember	3.3	0.1	0.2	0.7
Received information or counseling from the CHW on exclusive breastfeeding for contraceptive purposes	n=165	n=213	n=40	n=77
Yes	4.9	15.6	16.0	8.8
No	95.1	84.4	84.0	91.2
Received information or counseling on family planning from the CHW	n=165	n=213	n=40	n=77
Yes	16.0	29.3	26.1	29.2
No	84.0	70.7	73.9	70.8
Decided to use a FP method at these visits	n=165	n=213	n=40	n=77
Yes	13.7	22.9	32.4	22.3
No	86.0	76.5	62.0	64.9
Already using	0.3	0.6	5.6	12.9

Figure 6.2. Exposure to FP programs during the post-partum period. UHI cities, India 2012.



Post-partum contraceptive use – Table 6.6 shows that among the women who delivered since January 2010, around one-third adopted a modern contraceptive method within a year of delivery in Agra at 33.6 percent, Aligarh at 38.3 percent, Allahabad at 43.7 percent and Gorakhpur at 35.3 percent. Data on method mix shows that condom use accounted for approximately one-fifth to one-quarter of overall acceptance in all four cities. In all cities except Aligarh, 6 to 8 percent of women adopted female sterilization. Use of IUCD post-partum is relatively high with 6.4 percent in Aligarh. A very small proportion of women mentioned LAM as the method they adopted within a year after delivery. These percentages should be interpreted cautiously due to the small number of women in each category.

Table 6.6 also presents current contraceptive method use among women with a child less than 12 months of age. Though the sample sizes are relatively small, it presents a similar picture to what was shown for contraceptive method adoption with 12 months of delivery; approximately one-third of women with a child less than 12 months of age across all cities were using a modern method at the time of survey.

Abortions, Stillbirths and Miscarriages

Given the sensitive nature of issues related to abortion, collecting accurate information on abortion is very difficult. As the UHI program focuses on integrating FP with post-abortion care, a series of questions were added at mid-term to assess care seeking behaviors, exposure to FP information and FP methods at the time of post-abortion care.

Table 6.7 presents the data on miscarriages, abortions and stillbirths. The percent of women that reported experiencing at least one abortion, miscarriage or stillbirth in their lifetime ranged from 22.1 percent in Aligarh to 32.6 percent in Agra. Among these women, 8 to 9 percent had an abortion since January 2010, 8 to 21 percent had a miscarriage since January 2010 and 0.0 to 2.9 percent had a stillbirth since January 2010.

Given the availability of the abortion pill over the counter, specific questions were asked about its use. It was reported that 2.6 to 4.1 percent of women in all cities, excluding those that were sterilized prior to 2010, reported ever using an abortion pill. Among those who had ever used an abortion pill, 71.5 to 79.1 percent had used it more than 12 months ago in Agra and Aligarh, while nearly 40.6 and 47.0 percent reported so in Allahabad and Gorakhpur, respectively. These results should be interpreted with caution given the sensitive nature of the topic, and the very small number of women that reported these events.

Table 6.6. Post-partum contraceptive use at mid-term

Percent distribution of women that had a live birth since January 2010 and their post-partum contraceptive use. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Contraceptive method adopted within 12 months of delivery				
Female sterilization	7.2	2.3	8.0	6.3
OCP	4.3	2.0	1.9	3.7
IUCD	1.8	6.4	2.4	1.1
DMPA	1.5	0.8	2.6	1.5
Condom / Nirodh	18.1	26.2	25.2	21.7
LAM	0.0	0.4	1.1	1.1
Other modern methods*	0.7	0.2	2.5	0.1
Total modern CPR	33.6	38.3	43.7	35.3
Traditional methods	26.6	16.6	18.8	17.0
Total CPR	60.2	54.8	62.5	52.3
Nonuse	39.8	45.2	37.5	47.7
Number of women	308	313	145	225
Current contraceptive method use among women with a child less than 12 months of age				
Female sterilization	9.9	2.1	6.5	0.9
OCP	3.8	0.7	0.3	1.8
IUCD	0.7	6.1	2.2	0.4
DMPA	1.9	1.0	0.0	1.9
Condom / Nirodh	11.5	19.6	16.1	24.5
LAM	0.0	0.2	2.0	0.0
Other modern methods*	0.0	0.3	2.2	0.2
Total modern CPR	27.7	29.9	29.3	29.7
Traditional methods	16.7	12.7	5.8	20.9
Total CPR	44.4	42.5	35.1	50.6
Nonuse	55.6	57.5	64.9	49.4
Number of women	130	121	54	102

*Other modern methods include male sterilization, emergency contraception, spermicide, diaphragm, and dermal patch.

Table 6.7. Miscarriages, abortions and stillbirths at mid-term

Percent distribution of women who have experienced a miscarriage, abortion or stillbirth among women non-sterilized prior to 2010. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Ever miscarried, had an abortion or stillbirth	n= 1037	n=1235	n=826	n=958
Yes	32.6	22.1	29.6	26.0
No	67.4	77.9	70.4	74.0
Among women who ever miscarried aborted or had a still birth, percent that had a miscarriage within the last two years	n=338	n=273	n=244	n=249
Yes	8.7	20.5	13.0	9.2
No	91.3	79.5	87.0	90.8
Among women who ever miscarried aborted or had a still birth, percent that had a stillbirth within the last two years	n=338	n=273	n=244	n=249
Yes	1.9	2.2	2.9	0.0
No	98.1	97.8	97.1	100.0
Among women who ever miscarried aborted or had a still birth, percent that had an abortion within the last two years	n=338	n=273	n=244	n=249
Yes	9.0	8.8	7.6	8.5
No	91.0	91.2	92.4	91.5
Ever taken the abortion pill excluding women that were sterilized prior to 2010	n= 1037	n=1235	n=826	n=958
Yes	3.4	3.2	2.6	4.1
No	96.6	96.8	97.4	95.9
Among those who have ever taken the abortion pill, when they last took it	n=35	n=39	n=21	n=39
Less than 6 months ago	13.7	11.9	14.3	32.2
Six to 12 months ago	14.8	8.9	45.2	20.8
More than 12 months ago	71.5	79.1	40.6	47

Note: Women that were sterilized prior to 2010 are excluded.

Chapter 7. Demand Generation

UHI adopted demand generation as a one of their core strategies to increase the contraceptive prevalence rate in urban UP. UHI encourages couples to adopt contraceptive use to meet their fertility goals. UHI uses the following three approaches in its demand generation strategy to reach couples in the community. First, UHI uses interpersonal communication through peer educators (PEs), outreach workers and the counselors at the health facilities to clarify the importance of FP, encourage the target population to use it and provide couples with information on available FP methods and their sources. Mid-media is UHI's second approach in which it organizes community based events on FP and encourages the community to participate in the events. UHI's third approach, mass media, focuses on media spots and an ongoing contest broadcasted on TV to encourage women with need for spacing and limiting to adopt contraception.

To capture women's exposure to the demand generation activities, including mid-media and mass media, a series of questions were asked at mid-term. This chapter details women's self-reported exposure to mid-media and mass media along with visits by CHWs. All women were asked questions on their exposure to any mass media, mid-media and CHWs and were then asked successive questions on the three types of demand generation activities to gauge women's exposure to UHI's programs.

Exposure to Mid-Media Events

Each woman respondent was asked whether she had ever seen any community event in her area that discussed or mentioned FP, such as folk shows, magic shows or auto drive/miking, where a vehicle has a large speaker and drives around playing messages or announcements. Table 7.1 shows that exposure to community events is very low, with less than 10 percent of the respondents having ever experienced any community events in their area. A relatively larger percentage of women from Aligarh observed a mid-media event (8.2 percent) as compared to women in the other three cities. Auto drive/miking was the most reported type of mid-media event reported by the respondents in all four study cities, ranging from 1.5 percent to 5 percent.

Of the small number of women that reported that they observed a mid-media event in the last year prior to the survey, more than 40 percent of the women in Aligarh and Allahabad had observed a mid-media event only once. A total of 25.5 percent of the women in Aligarh and 37.6 percent of the women in Allahabad had observed a mid-media event twice. Recent mid-media exposure was rare in Gorakhpur where 79.0 percent of women reported they had not seen an event in the last year, and in Agra, 38.8 percent reported they had not observed a mid-media event during the same period.

Among the women who had seen a mid-media event in their area in the last year, only 2.7 percent in Aligarh to 14.9 percent of women in Allahabad saw the last community event in the area within the last month. In terms of information received on FP during this event, female sterilization, OCPs and condoms were the most commonly discussed methods, as reported by women in all four cities. Of those who had seen any community event in last one year, the majority had not discussed FP information they received with anyone.

Exposure to the Happy Dampatti Contest

Happy Dampatti ki khoj is a communication initiative developed by UHI to encourage FP users to be open about their FP use and to be advocates for non-users. In the Happy Dampatti contest, communities take on the responsibility to identify and celebrate couples who have successfully accepted FP. These stories are disseminated to city wide audiences through local mass media. This contest was designed and implemented in Aligarh as of March 2012, around the same time the mid-term survey was fielded. The contest is broadcast on local mass media; women in other cities are occasionally exposed to the contest.

Table 7.2 indicates that 17.5 percent of the women in Aligarh had heard or seen the contest. Among women in Aligarh who had heard or seen it, cable TV and friends were two predominant sources. In Aligarh where the contest was broadcast, among women who saw an interview on TV, about 30 percent had discussed it with their spouse and 21.4 percent had discussed it with someone else. In the other three cities, only a small percentage of women had ever seen or heard about the contest, therefore these percentages should be interpreted cautiously due to the small number of women in each category. Among women who had heard of or seen the contest, most of these women saw a Happy Dampatti interview on TV.

Table 7.1. Exposure to mid-media events at mid-term
Percent distribution of women with exposure to mid media events and discussion of events. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Ever seen any community event in their area, such as folk shows, magic shows, auto drive/miking that discussed or mentioned FP*	n=1478	n=1529	n=1303	n=1480
Folk shows / Street plays	1.3	2.0	0.6	2.0
Magician	1.0	0.5	0.4	0.1
Auto drive/ Microphone announcements	2.4	5.0	2.6	1.5
Other	0.0	0.7	0.0	0.0
Not seen any	96.5	92.8	96.4	96.8
Among women that have ever seen a community event in their area, the number of times seen community events in the last one year	n=52	n=110	n=47	n=48
Not in the last one year	38.8	16.7	11.9	79.0
Once	28.9	43.0	40.8	13.1
Twice	19.3	25.5	37.6	7.2
More than thrice	11.2	13.2	9.0	0.6
Don't know / Remember	1.8	1.5	0.6	0.0
When was the last community event in their area, among women who saw a community even in the last one year	n=32	n=92	n=41	n=10
One month or less	14.7	2.7	14.9	3.1
Two to six months ago	31.6	44.5	38	26.8
Seven to twelve months ago	32.5	46.3	45.6	68.1
Don't know / Remember	21.1	6.5	1.6	2
What information about FP was discussed*	n=32	n=92	n=41	n=10
Pills	56.6	54.6	11.7	20.0
IUCD	32.0	36.0	16.5	43.0
Condoms	50.2	22.4	35.2	49.1
DMPA / Injectables	26.2	13.3	15.2	5.0
Emergency contraception	24.4	13.9	7.8	1.0
Female sterilization	64.0	48.4	25.2	30.7
Male sterilization	15.0	16.5	7.3	2.0
Spacing between births	15.3	49.0	23.1	37.8
Limiting family size	3.2	22.0	35.9	33.4
Other	0.0	0.0	0.0	0.0
Discussed the community event with spouse	n=32	n=92	n=41	n=10
Yes	36.9	46.3	13.8	46.6
No	63.1	53.7	86.2	53.4
Discussed the community event with someone other than spouse	n=32	n=92	n=41	n=10
Yes	42.1	27.5	8.3	28.2
No	57.9	72.5	91.7	71.8

*Multiple responses could be given so percentages do not sum to 100%.

Table 7.2. Exposure to the Happy Dampatti contest at mid-term

Percent distribution of women with recent exposure to the Happy Dampatti contest. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Seen or heard about Happy Dampatti	n=1,478	n=1,529	n=1,303	n=1,480
Yes	0.8	17.5	0.9	3.2
No	99.2	82.5	99.1	96.8
How first learned of Happy Dampatti*	n=13	n=267	n=12	n=47
Family member	9.8	12.3	1.3	3.3
Friend(s)	35.9	20.9	36.9	9.1
Community health worker (CHW)	8.6	17.5	0.0	0.7
Community leader	0.0	0.4	0.0	0.0
Rickshaw mikes	15.0	16.7	3.4	0.0
Wall paintings	15.0	3.9	0.9	0.0
Radio	0.0	0.5	5.6	0.0
Cable TV	30.9	44.8	57.5	79.5
Messages on mobile phones	0.0	1.6	0.0	0.0
Newspapers	18.5	14.5	0.9	8.9
Other	8.2	1.9	0.0	3.4
Saw a Happy Dampatti interview on TV	n=12	n=260	n=12	n=47
Yes	63.9	51.7	66.6	79
No	36.1	48.3	33.4	21
Discussed Happy Dampatti with spouse	n=13	n=267	n=12	n=47
Yes	49.9	29.5	34.4	16.9
No	50.1	70.5	65.6	83.1
Discussed Happy Dampatti with anyone else	n=13	n=267	n=12	n=47
Yes	44.9	21.4	40.9	15
No	55.1	78.6	59.1	85

*Multiple responses could be given so percentages do not sum to 100%.

Exposure to Mass Media

Respondents were asked general questions about their exposure to mass media and the frequency of exposure. Table 7.3 shows the results for the four study cities. A majority of women across the four cities do not listen to the radio, and many do not read the newspaper. The percentages ranged from 82.6 percent in Allahabad to 97.2 percent in Aligarh. In contrast, nearly everyone reported watching TV with regular frequency. The exposure was highest in Agra, followed by Allahabad, Gorakhpur and Aligarh. Across all four cities, more than 70 percent of the respondents reported watching TV almost every day. The exposure to cable TV however is lower compared to non-cable TV. About half of the respondents in Allahabad report not watching cable TV at all. The percent of women who do not watch cable TV in Agra was 42.8 percent, 31.2 percent in Gorakhpur and in Aligarh 28.6 percent.

Table 7.3. Exposure to mass media at mid-term

Percent distribution of women with recent exposure to mass media at mid-term. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
How often do you read the newspaper				
Almost every day	25.3	24.8	38.1	38.2
At least once a week	12.2	11.5	18.9	12.3
Less than once a week	2.9	0.9	1.6	1.9
Do not read the newspaper	59.6	62.8	41.4	47.6
How often do you listen to the radio				
Almost every day	1.3	1.4	11.4	3.7
At least once a week	4.2	1.3	5.8	1.7
Less than once a week	0.4	0.0	0.2	0.5
Do not listen to radio	94.1	97.2	82.6	94.1
How often do you watch television				
Almost every day	81.5	73.2	81.5	78.5
At least once a week	13.4	12.4	9.4	10.8
Less than once a week	0.6	1.2	0.5	1.5
Do not watch TV	4.5	13.2	8.5	9.2
How often do you watch cable local television				
Almost every day	37.4	59.4	41.0	59.9
At least once a week	15.2	11.6	10.6	7.7
Less than once a week	4.6	0.5	0.1	1.2
Do not watch cable TV	42.8	28.6	48.2	31.2
Total percent	100.0	100.0	100.0	100.0
Number of women	1,478	1,529	1,303	1,480

Exposure to UHI Mass Media Initiatives

UHI has developed series of TV and radio campaigns to provide timely and accurate information on FP to couples. Table 7.4 presents women's exposure to three UHI spots:

- *Sambhal lunga*, about a wife taking control and going to see a doctor and to use a FP method,
- *Munna*, in which a husband adopts male sterilization after talking to a doctor and has a happy married life afterwards, and
- *Kishton Mein*, a story about a couple who adopts female sterilization at the time of delivery because they do not want any more children.

Table 7.4. Exposure to UHI mass media at mid-term

Percent distribution of women with recent exposure to UHI produced mass media on television or the radio among those who watch TV or listen to the radio. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Knows a TV / Radio spot about "Sambhal lunga"	n=1,414	n=1,330	n=1,204	n=1,346
Yes	29.2	39.6	29.9	44.7
No	70.8	60.4	70.1	55.3
Discussed "Sambhal lunga" TV / Radio spot with spouse	n=414	n=527	n=360	n=602
Yes	27.2	18.7	19.2	14.1
No	72.8	81.3	80.8	85.9
Discussed "Sambhal lunga" TV / Radio spot with anyone else	n=414	n=527	n=360	n=602
Yes	9.3	4.6	4.6	2.4
No	90.7	95.4	95.4	97.6
Knows the TV / Radio spot about "Munna"	n=1,414	n=1,330	n=1,204	n=1,346
Yes	15.1	23.4	18.9	31.2
No	84.9	76.6	81.1	68.8
Discussed "Munna" TV / Radio spot with spouse	n=214	n=312	n=228	n=419
Yes	24.8	14.7	17.8	9.7
No	75.2	85.3	82.2	90.3
Discussed "Munna" TV / Radio spot with anyone else	n=214	n=312	n=228	n=419
Yes	9.9	4.8	4.5	2.7
No	90.1	95.2	95.5	97.3
Knows a TV / Radio spot about "Kishton Mein"	n=1,414	n=1,330	n=1,204	n=1,346
Yes	14.8	28.4	20.5	33.6
No	85.2	71.6	79.5	66.4
Discussed "Kishton Mein" TV / Radio spot with spouse	n=209	n=378	n=247	n=452
Yes	22.1	17.6	15.5	8.6
No	77.9	82.4	84.5	91.4
Discussed "Kishton Mein" TV / Radio spot with anyone else	n=209	n=378	n=247	n=452
Yes	9.2	4.8	5.3	3.0
No	90.8	95.2	94.7	97.0

Women's reported exposure to the UHI spots was highest in Gorakhpur, followed by Aligarh, Allahabad and Agra. The spot *Sambhal lunga* was reported as the most seen or heard across all four cities. Reported exposure to *Munna* ranged from 15.1 percent in Agra to 31.2 percent in Gorakhpur. Approximately 34 percent of women saw *Kishton Mein* in Gorakhpur; in the other three cities, exposure to *Kishton Mein* ranged from 14.8 percent in Agra to 28.4 percent in Aligarh.

For each of the spots, the women who reported they knew the spot after seeing the picture card were asked whether they had discussed the spot and/or its message with their spouse or other people. In Agra, a higher proportion of respondents had discussed the information with their spouse and others (about one quarter of women), as compared to women in other three cities who reported discussion (less than 20 percent).

Exposure to Community Health Workers and Community Groups

In the mid-term survey, CHWs were broadly defined to include Anganwadi Workers (AWW), Accredited Social Health Activist (ASHA), Registered Medical Practitioner (RMP), workers of Non-Government Organizations (NGO), Auxiliary Nurse Midwife (ANM) and Lady Health Visitor (LHV).

As shown in Table 7.5, the proportion of women that reported participation in any community or women's group during the six months prior to survey ranged from 0.2 percent in Gorakhpur to 2.0 percent in Aligarh. More than three-fifths of the women in Aligarh and Agra reported having ever been exposed to CHWs, 67.7 percent and 64.9 percent respectively. Exposure to CHWs was lower in Gorakhpur and Allahabad, 42.0 percent and 38.9 percent respectively. Among those who had ever met a CHW, a majority of women in Agra, Allahabad and Gorakhpur had met them more than six months ago. In contrast to this, in Aligarh, more than half of the women (52.8 percent) met with a CHW in the past one month.

Of the women that had met with a CHW in the last six months, the proportion that received information on FP ranged from 25.7 percent in Agra to 39.3 percent in Allahabad. Of the small number of women who received FP information, the most discussed methods in these meetings were female sterilization, followed by condoms, IUCD and DMPA.

Table 7.6 and Figure 7.1 present the topics discussed in meetings with CHWs among women that had been visited by a CHW in the last six months. Though the denominators for Table 7.6 are small, the data suggest that majority of these women were either informed about the sources of FP methods or referred to a facility for FP services. In Allahabad, a higher proportion of women compared to the other three cities reported that the CHWs had helped them choose a new FP method or encouraged them to continue using the existing one.

Figure 7.1. Topics discussed with community health workers. UHI cities, India 2012.

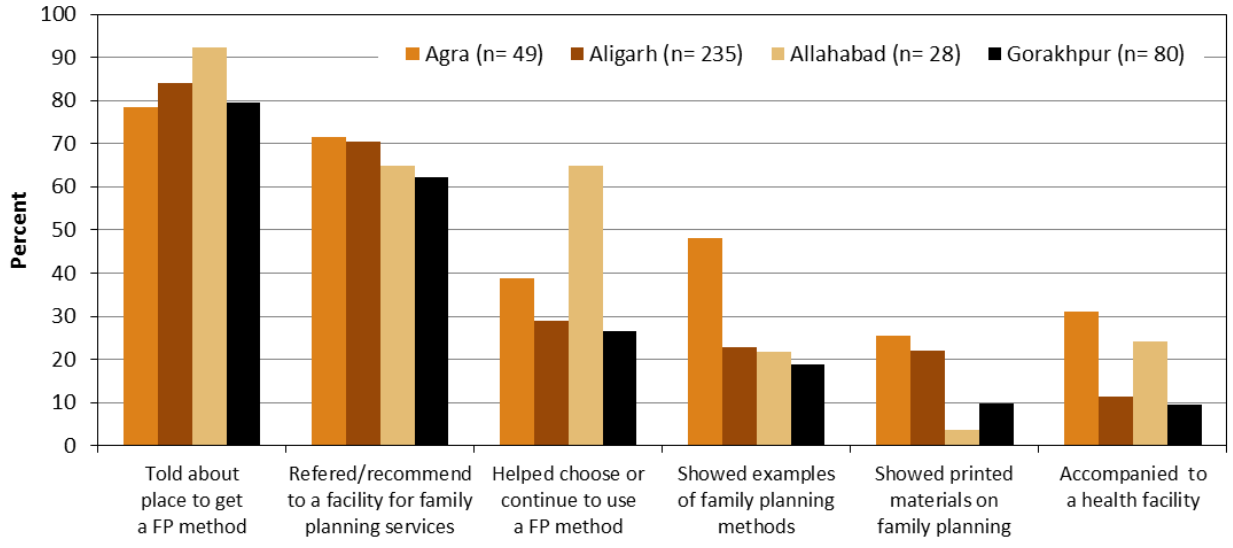


Table 7.5. Exposure to community health workers and community groups at mid-term

Percent distribution of women exposed to community health workers and community groups at mid-term among non-sterilized women prior to 2010. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Participated in a community group or women's group in the last 6 months	n=1,037	n=1,235	n=826	n=958
Yes	1.8	2.0	0.8	0.2
No	98.2	98.0	99.2	99.8
Ever met with a community health worker	n=1,037	n=1,235	n=826	n=958
Yes	64.9	67.7	38.9	42.0
No	35.1	32.3	61.1	58.0
How long ago did you meet with a community health worker (CHW)	n=673	n=837	n=322	n=402
One month ago or less	12.1	52.8	7.0	30.3
Two to three months ago	11.0	17.2	10.2	18.6
Three to six months ago	5.3	2.7	5.2	2.4
More than six months ago	71.7	27.3	77.6	48.6
Discussed or received information about family planning from the CHW in the last six months	n=191	n=608	n=72	n=207
Yes	25.7	38.6	39.3	38.5
No	74.3	61.4	60.7	61.5
Method discussed in the information*	n= 49	n=235	n=28	n=80
Female sterilization	49.4	75.7	46.6	65.9
Male sterilization	8.3	6.0	5.8	15.3
Implant	0.0	1.9	0.0	0.0
IUCD	44.2	72.0	24.1	46.5
DMPA / Injectable	32.6	25.8	46.7	39.6
Daily pill	37.5	39.1	18.5	25.2
Emergency pill	10.2	5.6	3.7	3.7
Condom / Nirodh	43.3	49.1	54.3	36.7
Other modern methods	0.0	0.0	0.0	0.0
Traditional methods	0.0	0.0	0.0	0.0

*Multiple responses could be given so percentages do not sum to 100%.
Note: Women that were sterilized prior to 2010 are excluded.

Table 7.6. Topics discussed with community health workers at mid-term

Percent of women that discussed family planning with a CHW among women who have been visited by a CHW in the last six months. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
In the last 6 months did a community health worker….				
Tell you where you could get a FP method	78.3	84.1	92.2	79.5
Refer or recommend you to a facility for family planning services	71.5	70.4	64.9	62.2
Help you choose or continue to use a FP method	38.8	28.8	64.8	26.6
Show you examples of family planning methods	48.1	22.9	21.7	18.9
Show you printed materials on family planning	25.4	21.9	3.6	9.8
Accompany you to a health facility	31.1	11.4	24.2	9.6
Number of women visited by CHW	49	235	28	80

Note: Percentage of women who respond "yes" to each topic discussed with a community health worker.

Chapter 8. Contraceptive Method Switching between Baseline and Mid-term

This chapter focuses on contraceptive use among women in the longitudinal sample that were interviewed at baseline and mid-term. The percentage of women that changed their contraceptive method between baseline and mid-term are presented in Table 8.1 by background characteristics at the time of the baseline survey. Approximately 7 percent of women switched from not using any contraceptive method at baseline to using a modern method at mid-term. Four percent of women switched from using a traditional method to a modern method. Thirty-nine percent of women were modern method users at both baseline and mid-term, and 21.4 percent were non-users at baseline and mid-term.

A higher percentage of younger women switched from being non-users at baseline to modern method users at mid-term, as compared to older women. By contrast, a higher percentage of older women were modern method users at both baseline and mid-term than were younger women. Non-use of any method at both baseline and mid-term varied across age groups. A greater percentage of women between 20 and 34 years of age switched from using traditional methods at baseline to using modern methods at mid-term. Little variation in switching was reported according to baseline education level and wealth.

A slightly larger percentage of women living in slum areas in 2010 did not use any FP method at baseline or mid-term as compared to women living in non-slum areas in 2010. Contraceptive method switching varied somewhat across the study cities. Nearly 10 percent of women in Aligarh switched from non-use of any method at baseline to using a modern method at mid-term, the highest percentage increase across the four cities. More women in Gorakhpur switched from a traditional method to a modern method (4.6 percent) than in the other cities. In Agra, 8.3 percent of women that did not use a method at baseline adopted a traditional method at mid-term; this percentage was greater than for any other study city.

The percentages of women that switched FP methods between baseline and mid-term, grouped by the method they were using at the time of survey, are presented in Table 8.2. As expected, all women that had undergone female sterilization at the time of the baseline survey in 2010 also reported using female sterilization at mid-term. Approximately 43 percent of women that were using OCP at baseline reported using OCP at mid-term . Among the small number of OCP users at baseline, 12.0 percent shifted to using condoms at mid-term, 12.7 percent to traditional methods and 18.8 percent were not using any method at mid-term. Among the small number of IUCD users at baseline, by mid-term 3.2 percent had shifted to using female sterilization. Approximately 45 percent of IUCD users at baseline were still using the IUCD at mid-term, though 21.5 percent became non-users at mid-term. Of the women who were using condoms at baseline, 48.6 percent also reported using condoms at mid-term. Among condom users at baseline, 18.1 percent became traditional method users at mid-term and 22.7 percent became non-users. Of the women that were traditional method users at baseline, 42.8 percent were still using traditional methods at mid-term. Thirty-four percent of traditional method users at baseline became non-users and 14.6 percent switched to condoms at mid-term. Among women that were not using any FP method at baseline, 62.9 percent remained non-users at mid-term.

Women that reported using condoms at baseline and again at mid-term were asked for the last source where they had obtained their condoms. Table 8.3 presents women's reported source of condoms at baseline and mid-term for women using condoms at the time of both surveys. Among women that obtained condoms from a pharmacy at baseline, 63.1 percent reported the pharmacy as their source of condoms at mid-term. Among women who had obtained their condoms from a pharmacy at baseline, 29.8 percent reported obtaining condoms from their husband at mid-term. Among women that reported their husband as their source for condoms at baseline, approximately 35 percent reported they obtained them from the pharmacy at mid-term and 47.5 percent again reported their husband as the source at mid-term. The numbers of baseline and mid-term condom users who obtained their condoms from public or private sources, or don't know where they obtained condoms, are small and should be interpreted with caution.

Table 8.1 Contraceptive method switching between baseline (2010) and mid-term (2012) surveys

Percent distribution of women's contraceptive method switching between baseline and mid-term surveys by baseline background characteristics. UHI cities, India 2012.

Baseline 2010 / Mid-term 2012	Non-user ↓ Modern method	Non-user ↓ Traditional method	Non-user ↓ Non-user	Traditional method ↓ Modern method	Traditional method ↓ Traditional method	Traditional method ↓ Non-user	Modern method ↓ Modern method	Modern method ↓ Traditional method	Modern method ↓ Non-user	Total	Number of women
Baseline age											
15-19	17.5	14.4	44.2	0.2	3.3	9.4	3.5	0.7	6.8	100.0	143
20-24	13.7	9.3	30.8	6.6	5.4	5.8	15.1	5.2	8.1	100.0	819
25-29	9.7	6.6	16.2	4.6	8.3	5.8	36.1	5.7	6.9	100.0	1,078
30-34	7.5	5.4	11.6	5.7	9.2	3.1	46.4	6.0	5.3	100.0	1,193
35-39	3.2	5.3	10.4	3.3	9.6	6.7	54.9	3.6	3.0	100.0	1,065
40-44	1.7	4.3	26.5	2.4	6.8	7.6	43.5	2.5	4.6	100.0	863
45+	2.1	1.5	43.1	0.7	3.4	7.5	36.2	1.0	4.5	100.0	631
Baseline education*											
No education	6.3	7.2	25.1	3.8	5.9	7.5	37.4	2.4	4.5	100.0	1,801
<5 classes complete	6.2	9.5	16.0	4.7	17.7	4.3	39.7	0.3	1.6	100.0	159
5-7 classes complete	9.5	4.4	22.2	3.0	5.2	5.7	42.6	4.2	3.1	100.0	543
8-9 classes complete	6.0	6.6	23.6	2.0	5.9	6.2	40.2	5.0	4.6	100.0	627
10-11 classes complete	7.0	5.4	22.0	4.4	8.2	4.8	38.2	6.3	3.8	100.0	691
>12 classes complete	6.8	4.5	17.3	4.9	8.9	5.1	39.3	5.2	8.1	100.0	1,964
Baseline wealth Index											
Lowest	5.3	5.3	22.2	4.3	8.3	5.9	39.3	4.1	5.4	100.0	1,275
Second	7.1	6.2	23.3	2.7	7.0	5.9	39.5	4.3	4.0	100.0	1,255
Middle	7.7	6.1	19.5	4.9	6.6	6.3	38.7	3.7	6.5	100.0	1,159
Fourth	8.5	6.3	20.1	4.0	8.6	5.1	37.1	4.9	5.4	100.0	1,102
Highest	5.5	5.0	21.6	4.3	6.6	6.6	40.5	4.1	5.9	100.0	999
Baseline residence											
Slum	7.4	6.9	24.1	4.0	5.5	6.3	35.9	3.4	6.6	100.0	939
Non-slum	6.7	5.6	20.9	4.0	7.8	5.9	39.6	4.4	5.2	100.0	4,851
Baseline city											
Agra	6.5	8.3	19.8	3.8	6.4	5.3	38.8	5.4	5.8	100.0	1,478
Aligarh	9.6	7.1	25.1	3.3	8.0	8.6	29.6	2.7	5.9	100.0	1,529
Allahabad	5.7	4.0	21.2	4.2	6.9	5.9	44.2	3.6	4.3	100.0	1,303
Gorakhpur	6.4	3.1	21.2	4.6	9.5	4.8	39.8	4.4	6.0	100.0	1,480
Total	6.8	5.8	21.4	4.0	7.4	5.9	39.0	4.2	5.4	100.0	--
Number of women	393	335	1,238	232	431	344	2,257	244	313	--	5,790

*A small number of women had missing information on education at baseline.

Table 8.2 Contraceptive method use at baseline (2010) and mid-term (2012)
Percent of women that switched contraceptive methods between 2010 and 2012 by method. UHI cities, India 2012.

	Mid-term method use								
Baseline method use	Female sterilization	OCP	IUCD	Condom / Nirodh	Other modern method*	Any traditional method	Nonuse	Total	Number of women
Female sterilization	100.0	0.0	0.0	0.0	0.0	0.0	0.0	100.0	1,358
OCP	3.9	43.0	5.8	12.0	3.7	12.7	18.8	100.0	201
IUCD	3.2	6.7	44.9	12.2	3.1	8.5	21.5	100.0	140
Condom / Nirodh	3.2	3.5	2.4	48.6	1.5	18.1	22.7	100.0	1,022
Other modern method*	2.0	12.0	1.5	19.1	28.2	22.7	14.6	100.0	95
Any traditional method	4.1	2.3	0.9	14.6	1.0	42.8	34.2	100.0	1,007
Nonuse	3.7	1.9	1.6	11.5	1.3	17.0	62.9	100.0	1,968
Total	26.3	3.5	2.5	16.1	1.5	17.4	32.7	100.0	5,790

*Other modern methods include DMPA, emergency contraceptive pills, male sterilization, spermicide, and lactational amenorrhea method.

Table 8.3 Condom source at baseline (2010) and mid-term (2012)
Percent of women using condoms at baseline and mid-term that switched sources between 2010 and 2012. UHI cities, India 2012.

	Mid-term condom source						
Baseline condom source	Public	Private	Pharmacy	Husband	Don't know	Total	Number of women
Public	23.5	11.3	49.9	10.9	4.5	100.0	12
Private	0.0	25.7	47.9	26.4	0.0	100.0	15
Pharmacy	1.9	0.1	63.1	29.8	5.1	100.0	227
Husband	1.8	2.5	35.0	47.5	13.2	100.0	232
Don't know	0.0	0.0	52.5	23.5	23.9	100.0	11
Total	2.2	2.3	49.0	37.4	9.1	100.0	497

Chapter 9. Service Delivery Point Survey

All high volume (HV) public and private facilities that were covered at baseline were surveyed again at mid-term in 2012. A short facility audit focusing on service statistics and exit interviews with female clients for maternal and child health and FP services were conducted. The client exit interviews provided information on service availability at the facilities, client satisfaction with the visits, counseling on FP and exposure to the UHI program.

Facility Service Statistics

A short facility audit was administered at 59 HV public and private health facilities in the four core cities to capture information on the FP services provided and service statistics related to these methods at these facilities. Table 9.1 presents the percentage of HV facilities that provided each FP method by city. The total number of HV facilities surveyed ranges from 11 in Gorakhpur to 20 in Aligarh. A majority of the facilities were private; the number of public facilities ranged from one of 15 in Agra to three of the 20 in Aligarh, three of the 13 in Allahabad to nine of 11 in Gorakhpur (data not shown). The tabulations are not disaggregated by facility type, and percentages should be cautiously interpreted due to small sample sizes.

In Agra, all 15 HV facilities provided IUCD and female sterilization services and 93.3 percent (14 of 15) provided injectable contraceptives. One public HV facility in Agra did not provide injectable contraceptives. Injectables (DMPA) are not widely available in the public sector, though as noted, this sample of high volume facilities is primarily private sector facilities. In Agra, 86.7 percent of HV facilities (13 of 15) provided combined oral pills. Approximately 73 percent of HV facilities in Agra (11 of 15) provided EC. In Agra, only 13.3 percent of HV private facilities in (2 of 15) provided male sterilization and the standard days method. The pattern of method provision in Allahabad and Gorakhpur was similar to Agra; the majority of facilities provided IUCD, injectables and female sterilization. In Allahabad, 69.2 percent of the HV facilities (9 of 13) provided the combined oral pill, which was somewhat lower than in the other three cities. More than 90 percent of facilities in Allahabad (12 of 13) provide EC, which is the highest percentage across the four cities. Allahabad also had the highest percentage of facilities offering male sterilization at 38.5 percent surveyed in Allahabad (5 of 13). Aligarh had the lowest percentage of facilities providing DMPA at 65.0 percent (13 of 20), as well as the lowest percentage of facilities providing EC at 35.0 percent.

Table 9.1. Family planning method provision at high volume health facilities at mid-term
Percent of high volume public and private health facilities providing family planning methods by method. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Percent of high volume facilities that provide method				
IUCD / Copper T / Multiload	100.0	95.0	100.0	90.9
DMPA	93.3	65.0	92.3	81.8
Combined Oral Pills	86.7	90.0	69.2	81.8
Progestin Only Pills	66.7	50.0	61.5	54.5
Emergency Contraceptives	73.3	35.0	92.3	45.5
Female Sterilization	100.0	70.0	92.3	90.9
Male Sterilization	13.3	15.0	38.5	9.1
Standard Days Method	13.3	15.0	23.1	18.2
Number of facilities	15	20	13	11

Exit Interviews

In each HV facility, exit interviews were carried out with female clients that consented to be interviewed after visits for the following range of services: FP, child immunization, delivery services, ANC, post-partum, abortion and post-abortion services.

Table 9.2 shows the percent distribution of the main service that clients received on the day of the interview.

Table 9.2. Exit interviews by main service at mid-term

Percent distribution of exit interview clients by main service received at high volume facilities. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur	Total
Family planning	27.6	32.4	40.9	33.0	33.5
Antenatal care	55.1	51.7	33.3	39.3	44.7
Delivery services	1.7	3.6	4.3	2.8	3.1
Postnatal care	5.2	3.5	5.9	9.1	6.0
Abortion services	4.8	1.6	3.7	2.1	3.0
Post-abortion care	1.7	1.3	2.0	1.3	1.6
Child immunization	4.1	5.8	9.8	12.5	8.2
Total	100.0	100.0	100.0	100.0	100.0
Number of exit interview clients	543	549	540	616	2,248

Quality of Health Care Services

Quality of care is comprised of many elements that can be related to a range of services offered, including provision of care by health providers and information received by the client. In the mid-term survey, quality of services was assessed through exit interviews with clients regarding information they received from providers and their perceptions of facility quality such as waiting time, confidentiality and privacy during the visit.

Table 9.3 depicts details on FP information and services received among exit interview clients who had ever used FP but were not currently using a method. These exit interview clients were asked a series of questions to understand their experience with FP services received from the facility during that visit. Most of these women were informed about different FP methods during that visit to the health facility, ranging from 84.2 percent in Agra to 94.5 percent in Allahabad, though these percentages should be interpreted cautiously due to the small number of women. Most women reported that they had been asked about their preferred FP method at the visit, ranging from 73.7 percent in Agra to 95.5 percent in Allahabad. The table also reveals that over three-fourths of the respondents were helped by the providers to select a FP method. Approximately 91 percent of the women in Allahabad reported that the provider explained the proper way of using the selected method. In the other three cities, this ranges from 71.1 percent in Aligarh to 87.9 percent in Gorakhpur.

Table 9.3. Information and services received from service providers at mid-term

Percent of exit interview clients who received information and services on family planning from health care providers among women that have ever used contraception or were switching contraceptive methods. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Informed by health care providers about different FP methods*	n=38	n=68	n=110	n=88
Yes	84.2	85.3	94.5	94.3
No	15.8	14.7	5.5	5.7
Asked by health care providers about preferences on family planning method*	n=38	n=68	n=110	n=88
Yes	73.7	86.8	95.5	90.9
No	26.3	13.2	4.5	9.1
Helped by health care providers in selecting a method	n=72	n=83	n=128	n=99
Yes	76.4	84.3	92.2	89.9
No	23.6	15.7	7.8	10.1
Health care provider explained the proper way of using the method	n=72	n=83	n=128	n=99
Yes	87.5	71.1	90.6	87.9
No	12.5	28.9	9.4	12.1
Health care provider talked about possible side effects with the method	n=72	n=83	n=128	n=99
Yes	75	79.5	89.8	80.8
No	25	20.5	10.2	19.2
Told what to do by the health care provider if face any problems with the method	n=72	n=83	n=128	n=99
Yes	72.2	75.9	90.6	81.8
No	27.8	24.1	9.4	18.2
Informed by the health care provider about when to return for follow-up	n=72	n=83	n=128	n=99
Yes	77.8	96.4	89.8	82.8
No	22.2	3.6	10.2	17.2

*Only asked of exit interview clients that had ever used a family planning method and were not currently using one.

Exit interview clients who visited the facility for FP services were asked a series of questions on the information received from the provider during that visit. As seen in Table 9.4, more than 80 percent of current FP users in each of the four study cities were asked by the provider whether they had faced any problem with their current contraceptive method. Among current users, approximately 75 percent reported that the provider suggested a solution to resolve the problems they were having with their method, with responses ranging from 50.9 percent in Agra to 89.2 percent in Allahabad.

A majority of the respondents in Allahabad and Agra reported that they were informed by the service providers about different FP methods, whereas in Aligarh and Gorakhpur, a comparatively lower percentage of the respondents received information on contraceptive options. In contrast with the other three cities, respondents reported that a majority of

service providers in Allahabad (38.7 percent) asked the respondents about their preferences on FP methods. When the respondents were asked whether the service provider had discussed possible side effects of the contraceptives they were using at the time of survey, the majority of respondents in all four cities reported this was discussed, ranging from 59.8 percent in Agra to 85.6 percent in Allahabad.

More than 80 percent of the respondents using FP in Aligarh and Allahabad mentioned that they were informed by the providers what to do if they faced any problem with the current method and when to return for a follow-up visit. In Agra, only 68.8 percent of the current users received information from service providers on when to return for follow-up.

The results in Table 9.5 detail the exit interview clients' perceptions of quality of the services they received at the facility. A series of questions on waiting time for services, privacy during their consultation with the health professional, behavior of the staff at the facility and satisfaction with services provided were asked of all women that participated in the exit interviews.

About 42.2 percent of the respondents in Agra reported that they had to wait 15 minutes or less before their consultation with a provider. In the other cities, a higher proportion of women waited 16 to 30 minutes compared to the proportion that waited 15 minutes or less. The percentage of respondents that perceived that they had to wait too long at the facility to receive services ranged from 12.6 percent in Allahabad to 23.7 percent in Gorakhpur. In all three cities except Allahabad, the majority of the respondents reported that they had enough privacy during their discussions with the health professional. When the respondents were asked about their comfort to discuss their issues with health professionals, about 95 percent across the cities felt comfortable doing this. The majority of respondents in the four cities said they were treated well or very well by the health professionals and other health staff at the facility. Nearly all of the respondents replied that they would be willing to visit this health facility for health care services in future. About 96 percent of the respondents in Aligarh and Gorakhpur reported that they were satisfied with their visit. In Agra and Allahabad, a slightly lower percentage of women reported being satisfied with their visit, 82.9 percent and 89.4 percent respectively.

Table 9.4. Information and services received on side effects and complications of family planning methods at mid-term

Percent of exit interview clients currently using family planning that received information and services on family planning from the health care provider. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Health care provider specifically asked about any problems with the current method	n=112	n=110	n=111	n=115
Yes	85.7	87.3	88.3	83.5
No	14.3	12.7	11.7	16.5
Health care provider suggested any action(s) to resolve the problem	n=112	n=110	n=111	n=115
Yes	50.9	80.0	89.2	80.0
No	14.3	18.2	9.0	18.3
Not applicable	34.8	1.8	1.8	1.7
Provided information by health care provider about different FP methods	n=112	n=110	n=111	n=115
Yes	33.9	18.2	36.0	25.2
No	30.4	47.3	23.4	43.5
Not applicable	35.7	34.6	40.5	31.3
Asked by health care provider about preferences on family planning method	n=112	n=110	n=111	n=115
Yes	25.9	16.4	38.7	20.9
No	34.8	49.1	20.7	46.1
Not applicable	38.4	33.6	40.5	33.0
Don't Know	0.9	0.9	0.0	0.0
Health care provider talked about possible side effects with the current method	n=112	n=110	n=111	n=115
Yes	59.8	80.9	85.6	72.2
No	40.2	16.4	11.7	25.2
Not applicable	0.0	1.8	2.7	2.6
Don't Know	0.0	0.9	0.0	0.0
Told what to do by health care provider if face any problems with the current method	n=112	n=110	n=111	n=115
Yes	63.4	84.6	86.5	72.2
No	36.6	14.6	11.7	26.1
Not applicable	0.0	0.0	1.8	1.7
Don't Know	0.0	0.9	0.0	0.0
Informed by health care provider about when to return for follow-up	n=112	n=110	n=111	n=115
Yes	68.8	87.3	85.6	77.4
No	31.3	11.8	14.4	22.6
Not applicable	0.0	0.9	0.0	0.0

Table 9.5. Clients' perceptions of services received at the facility at mid-term

Percent distribution of exit interview clients' perceptions of quality of services received at the health facility. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Waiting time to visit a health staff for a consultation				
< 16 minutes	42.2	29.3	28.0	20.1
16-30 minutes	21.7	31.1	36.7	32.0
31-45 minutes	11.8	13.5	16.9	17.7
46-60 minutes	9.0	14.4	13.9	13.0
61-90 minutes	5.2	5.3	2.2	3.6
91-120 minutes	5.7	2.2	1.5	5.0
> 120 minutes	4.4	4.2	0.9	8.6
Feelings about waiting time				
No waiting time, was seen immediately	47.0	24.4	28.3	16.1
Reasonable amount of time	31.3	57.4	59.1	60.2
Too long	21.7	18.2	12.6	23.7
Enough privacy during consult				
Yes	81.4	83.6	48.7	58.9
No	18.6	16.4	51.3	41.1
Felt comfortable to ask questions				
Yes	99.6	99.8	93.0	97.1
No	0.4	0.2	7.0	2.9
How treated by provider				
Very well	37.6	16.6	14.6	24.8
Well	62.1	83.4	84.8	75.2
Not very well / Poorly	0.4	0.0	0.6	0.0
How treated by other staff				
Very well	21.2	6.6	8.3	8.9
Well	78.6	93.1	90.6	91.1
Not very well / Poorly	0.2	0.4	0.6	0.0
There was no other staff	0.0	0.0	0.6	0.0
Would use facility for health care in the future				
Yes	98.7	98.9	98.1	99.8
No	0.6	0.5	1.3	0.0
Don't Know	0.7	0.5	0.6	0.2
Feelings about information given during visit				
Too little	2.4	1.8	3.7	0.6
About right	90.2	95.3	89.8	94.0
Too much	7.4	2.9	6.3	5.4
Satisfaction with visit				
Highly satisfied	15.7	3.3	9.6	3.9
Satisfied	82.9	96.2	89.4	95.6
Somewhat satisfied	1.5	0.4	0.4	0.3
Not at all satisfied	0.0	0.2	0.6	0.2
Number of exit interview clients	543	549	540	616

Integration of Services

As a part of its core strategies, UHI is working towards integrating FP services with post-partum and abortion/post-abortion services for women. Exit interview clients were asked the main service that they were seeking at the health facility for their visit that day. Non-FP clients were asked what FP information or services they received in conjunction with their visit. Table 9.6 presents the percent of exit interview clients at baseline and mid-term that received FP information or services according to the main service the client was seeking; this information is aggregated for all four cities because the numbers of clients in some service categories are small.

As Table 9.6 and Figure 9.1 show, at mid-term, only 5.8 percent of antenatal care clients received any information about FP during their visit, though this was higher than the 2.5 percent that received FP information at baseline. At mid-term, nearly one-quarter of postnatal care clients received FP information during their visit and 13.0 percent of clients seeking delivery services received FP information, both of which were higher than at baseline. Half of clients seeking an abortion received FP information during their visit at mid-term and approximately one quarter of post-abortion care clients at mid-term received information about FP at their visit. Across the categories of the main service the client was seeking at both baseline and mid-term, the majority of women did not receive a FP method, a referral, or a prescription for FP and were not already using a method. Among the relatively small number of abortion clients across the four cities at mid-term, 16.2 percent received a method, 11.8 percent received a referral and 2.9 percent received a prescription, while 69.1 percent did not receive anything.

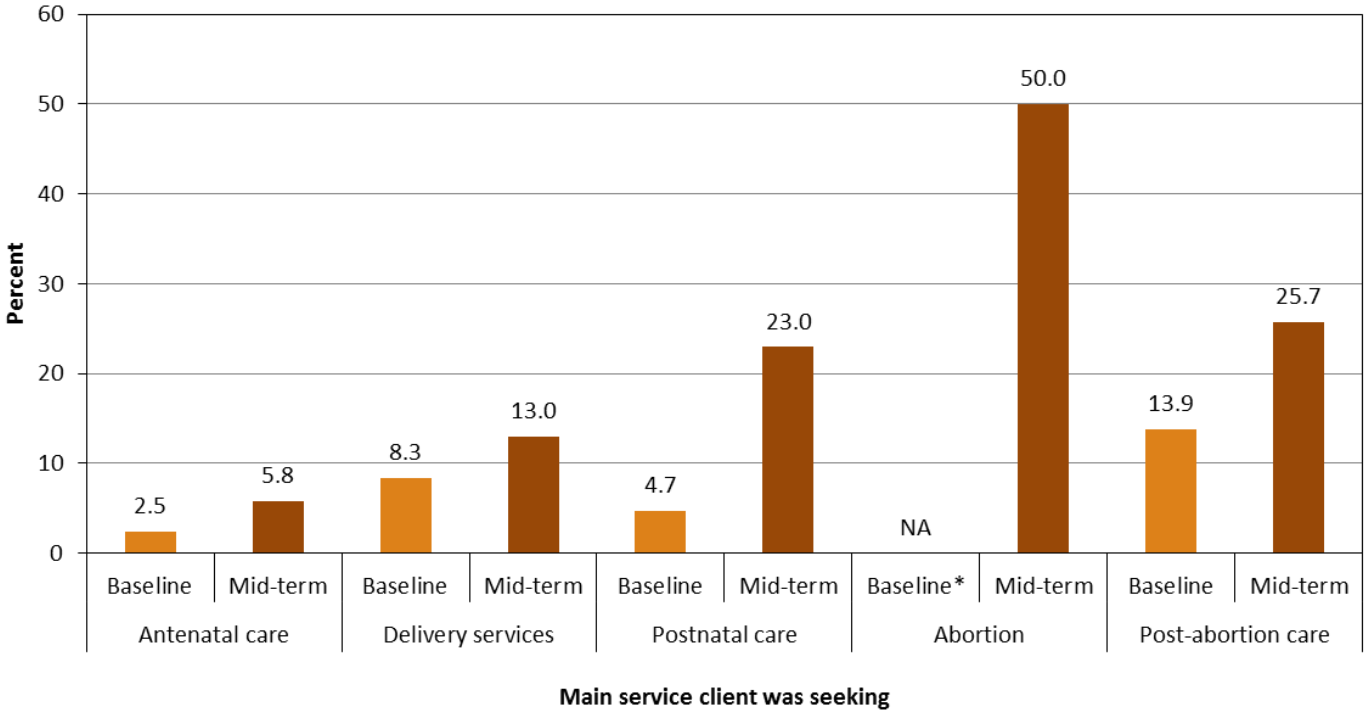
Table 9.6. Integration of services at baseline and mid-term

Percent of exit interview clients receiving family planning information or services by the main service the client was seeking at baseline and mid-term. UHI cities, India 2010, 2012.

	Main service client was seeking:									
	Antenatal care		Delivery services		Postnatal care		Abortion		Post-abortion care	
	Baseline	Mid-term	Baseline	Mid-term	Baseline	Mid-term	Baseline*	Mid-term	Baseline	Mid-term
Received any information about family planning										
Yes	2.5	5.8	8.3	13.0	4.7	23.0	NA	50.0	13.9	25.7
No	97.5	94.2	91.7	87.0	95.3	77.0	NA	50.0	86.2	74.3
Did you receive a FP method, referral, or prescription for a FP method today?										
Method	0.2	0.0	3.3	0.0	0.0	0.7	NA	16.2	1.5	2.9
Referral	0.5	0.0	0.0	1.5	0.0	1.5	NA	11.8	0.0	0.0
Prescription	1.1	0.0	5.0	0.0	2.3	0.7	NA	2.9	4.6	0.0
Did not receive anything	98.2	100.0	91.7	98.6	85.9	90.4	NA	69.1	70.8	85.7
Already using FP	0.0	0.0	0.0	0.0	11.7	6.7	NA	0.0	23.1	11.4
Number of exit interview clients	896	1,005	60	69	128	135	NA	68	65	35

*At baseline, only post-abortion care clients were interviewed.

Figure 9.1. Integration of family planning with maternal and child health services at baseline and mid-term. UHI cities, India 2010, 2012.



*At baseline, only post-abortion care clients were interviewed.

Exposure to UHI Programs

A series of questions were asked to exit interview clients to determine their exposure to CHWs, mid-media events and mass media. In Agra, over one third of the exit interview respondents had met with a CHW in the last six months, as shown in Table 9.7. In the other three cities, reported exposure to CHWs ranges from 10.9 percent in Aligarh to 17.8 percent in Allahabad. Among women who had met with a CHW in the previous six months, the majority reported that they received information on FP from CHWs during the visit(s), with Agra reporting the highest percentage at 83.4 percent.

When asked about the three UHI TV or radio spots on FP, approximately half of the exit interview clients in Agra, Allahabad and Gorakhpur mentioned that they had seen or heard of *Sambhal lunga*, whereas, in Aligarh, 62.1 percent reported they had seen or heard of this spot. Across the four cities, approximately one-third of women reported having seen or heard of the other two UHI TV spots, *Munna* and *Kishton Mein*. In all four study cities, the vast majority of respondents (over 90 percent) reported they had not attended any community events, such as folk shows, magic shows and auto drive/miking in the last six months.

Table 9.7. Exposure to FP programs at mid-term

Percent distribution of exit interview clients reporting exposure to community health workers (CHW), mid media events and mass media. UHI cities, India 2012.

	Agra	Aligarh	Allahabad	Gorakhpur
Met with a CHW in last 6 months	n=543	n=549	n=540	n=616
Yes	34.4	10.9	17.8	11.9
No	65.6	89.1	82.2	88.1
In last 6 months received information on family planning from CHW	n=187	n=60	n=96	n=73
Yes	83.4	55.0	74.0	56.2
No	16.6	45.0	26.0	43.8
Seen or heard of TV / Radio spot about "Sambhal lunga"	n=543	n=549	n=540	n=616
Yes	48.3	62.1	50.0	50.5
No	51.7	37.9	50.0	49.5
Seen or heard of TV / Radio spot about "Munna"	n=543	n=549	n=540	n=616
Yes	32.6	38.6	33.1	33.6
No	67.4	61.4	66.9	66.4
Seen or heard TV / Radio spot about "Kishton Mein"	n=543	n=549	n=540	n=616
Yes	30.0	38.4	39.3	43.3
No	70.0	61.6	60.7	56.7
In past 6 months seen any community events	n=543	n=549	n=540	n=616
Folk Show	0.9	0.2	1.7	1.8
Magician	0.0	0.0	0.4	0.0
Auto Drive or Miking	0.0	2.9	5.4	1.6
Other	0.2	0.2	0.4	0.0
Not seen any	98.9	96.7	92.2	96.6

Conclusion

The findings in this report provide timely updates on key indicators which can contribute to the mid-term assessment of women's reproductive health in the four core UHI study cities of Uttar Pradesh, India. We hope that the mid-term results will be used to strengthen strategies to assure access to high quality FP methods and reproductive health services, which can improve the lives of women in urban UP. Furthermore, we hope the findings can inform reproductive health program strategies in other urban settings in India and elsewhere.

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