Integrating the Standard Days Method® into Ranchi District, Jharkhand: Key Findings from Household Surveys

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The purpose of the AWARENESS Project was to improve contraceptive choices by expanding natural family planning options and developing new strategies and approaches to increase the reproductive health awareness of individuals and communities in developing countries.

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Executive Summary

I. Background

The Standard Days Method® (SDM) is a fertility awareness-based method developed and tested by the Institute for Reproductive Health at Georgetown University (IRH). The SDM was integrated into family planning programs in two blocks of Ranchi District in Jharkhand as part of a study of the effect SDM integration has on the quality and use of family planning services. This study was conducted by Krishi Gram Vikas Kendra (KGVK) in collaboration with the Ministry of Health and Family Welfare (MOH/FW) of Jharkhand, with technical assistance from CEDPA and IRH.

Before incorporating the SDM into family planning programs in Ranchi, a baseline survey was conducted in three blocks (Kanke, Ormanjhi and Burmu). The Burmu block served as the control area and did not include SDM integration, while the SDM was introduced in the Kanke block and scaled up in Ormanjhi. Approximately two years after the baseline survey, an endline survey was conducted to assess the impact of SDM integration.

Both the baseline and endline surveys used two-stage sampling. In the first stage, villages were selected from each block and then a selection of households from these villages was chosen. All villages included in the baseline survey were also included in the endline survey.. In total, 44, 49 and 68 villages (including hamlets) were selected from Burmu, Ormanjhi and Kanke blocks, respectively. Systematic random sampling was used to determine the required number of households (from the list of all existing households) included from each of the selected villages. In each of the three blocks, 600 women were selected randomly for the sample. Respondents were currently married women between 15-49 years of age.

Two approaches were utilized to study the effect of including the SDM in family planning programs. The first approach assessed the effect (via endline survey results) in experimental blocks (Ormanjhi and Kanke) compared to the control block (Burmu). The second compared the key findings at endline with those of the baseline survey. This summary primarily describes the results from the endline survey; however, statistically significant differences between the baseline and endline surveys are mentioned.

II. Results

Profile of women

Across all blocks in both the baseline and endline surveys, the mean age of respondents was 30 years. Slightly over three-fifths of the women never attended school. Overall, 64% of the women were employed with the majority of these women (71%) working in agriculture. With regard to religion, 63% of the women were Hindu, 20% were Muslim and 8% were of other religions. Over half of the women belonged to Other Backward Class (OBC), one–third were from Standard Tribes (ST) and 4% came from a Scheduled Caste (SC) or higher caste families. Women had an average number of 3.3 live births. Early childbearing was relatively high in the study area: 41% of the women 15-19 years of age had already had at least one live birth. Other than the percentage of women working outside the home, no significant differences were observed between blocks.

Profile of husbands
The average age of respondents' husbands was 36 years, and the majority had about nine years of schooling. About one-third (29%) of husbands never attended school. Around two–fifths of men were engaged in agriculture (higher in Burmu than in Kanke and Ormanjhi) and almost 36% were manual laborers. About 11% were in sales, and 10% worked in the service industry. Occupational patterns varied widely across blocks.

Exposure to mass media
Survey results suggest that about half of the women in the study area had regular access to media; 54% of the women interviewed watch television, 43% listen to the radio and one-third read a newspaper or magazine at least once a week. However, the proportion of women with access to television was much lower in Burmu than in Kanke and Ormanjhi, which are peri-urban blocks with greater media access.

Family planning knowledge
Knowledge of female sterilization was nearly universal in all three blocks, and the majority (90%) was also aware of male sterilization. The most well-known birth spacing methods were oral contraceptives (93%), condoms (88%) and the intrauterine device (IUD) (73%). Injectables were known to 54% of the women. Knowledge of other spacing methods (implants, female condom, diaphragm and foam or jelly) was reported by less than 4% of the women. Fertility awareness-based methods were not as well known; 43% had heard of LAM and 21% were aware of the SDM. As expected, the proportion of women reporting knowledge of the SDM was higher in Ormanjhi (31%) and Kanke (27%) than in the control block of Burmu (4%) at endline. There was a significant increase in awareness of the SDM between baseline and endline. No increase in the awareness of other methods was observed.

Knowledge of family planning sources
About 90% of the women (higher in Ormanjhi and Kanke than in Burmu) knew where to obtain family planning methods**.** However, among the women who knew where to obtain family planning methods, only 12% reported that they knew where to go for information on natural methods. Significantly more women in Ormanjhi (18%) than in Burmu (9%) knew a source of information about natural family planning. At endline, significantly more women in all three blocks knew where to obtain family planning methods, including natural family planning.

Ever use of contraceptive methods
About one-third of study respondents had undergone female sterilization, which is the most commonly accepted method among married women. Condoms and pills had each been used by 16% of women, while only 3% had ever used an IUD, with no differences among blocks. Among fertility awareness-based methods, LAM, rhythm and the SDM had been used by 9%, 6% and 3% of women, respectively. More women in Ormanjhi (5%) and Kanke (3%) than in Burmu (1%) had ever used SDM.

Current use of contraceptive methods
Overall, 56% of the women reported using a family planning method at the time of the endline survey. Female sterilization, the most popular method in India, was used by 36% of currently married women, 11% were using a birth spacing method (pills, condoms, IUD, etc.) and another 8% were using a fertility awareness-based method. LAM and SDM were used by 1.4% and 0.8% of the women respectively at endline. No significant differences in current family planning use were observed between blocks or before or after SDM introduction.

Condom use was not widespread among respondents. Only about 7% of women reported that they had used a condom during their last sexual intercourse, with no block differentials. Further, women do not find it easy to obtain condoms. About 70% of women in the intervention blocks (only 51% in Burmu) knew where they could obtain condoms. However, less than half of these would feel comfortable doing so and only 27% stated that they could obtain a condom if they wanted one. Comparing the results from the baseline and endline surveys, a significant increase was observed in all blocks in condom use at last intercourse, as well as in knowledge of where to obtain condoms.

Quality of care

Information provided to new family planning users was poor. Only one-fifth of the current users reported that they received information about other available methods of family planning at the time they adopted their current method. In the experimental blocks only, there was a significant increase in the percentage of women who reported that they were informed of a variety of options when they received their current family planning method. Less than 10% of current spacing users were told at the time they received their current method about any side effects or problems they might encounter. Although this percentage increased in all blocks between the baseline and endline surveys, the difference was not significant.

Fertility preferences

About one half of the women and/or their husbands who were not sterilized said that they would like to have (a/another) child in the future. Those women who desired (a/another child) were further asked how long they would wait for their next child. About 60% stated that they would like to wait at least two years to have their next child, reflecting knowledge of healthy timing and spacing of pregnancies (HTSP).

Intention to use family planning in the future

On average, 62% of women reported that they plan to use contraception in the future. This number was higher in Ormanjhi (68%) than in Burmu (62%) or Kanke (57%). Slightly over two–thirds of women (68%) stated that they would choose female sterilization. The reasons cited by the women for not intending to use a method in the future included not having sex/infrequent sex, health concerns, menopausal/ hysterectomy and religious prohibition. No one reported lack of knowledge as a reason for not using family planning. Almost all women approved of family planning (89%), with no block differentials. Women perceived their husband's attitude to be equally favorable towards use of family planning. Intention to use family planning decreased in Kanke between the baseline and endline surveys, while no significant difference was observed in the other blocks.

Diffusion of family planning

Family planning messages were not widely disseminated through health services. Among the two–fifths of women who had visited a health facility during the last year, only 14% stated that a staff member had discussed family planning with them. Alternatively, almost half of women (45%) reported that they had discussed family planning with friends, neighbors or relatives in the last few months. Women most often discussed family planning with their husbands/partners (76%). Regarding the SDM specifically, about 40% of women in Ormanjhi and Kanke reported that they had discussed the method with someone during the last year, primarily their friends/neighbors and husbands/partners. In all blocks, there was a significant increase between baseline and endline in the percentage of women who had discussed family planning with friends/neighbors during the past few months. The percentage of women who had discussed family planning with their husband during the last year also increased significantly.

Most women who had heard of the SDM knew where to obtain more information about the method (69% in Kanke, 70% in Ormanjhi, 38% in Burmu). The Anganwadi workers, village meetings and self-help group meetings were reported as the primary sources of SDM information. Two-thirds of women reported that the Anganwadi workers were their main source of SDM information. Interestingly, most of the women (73%) who were using the SDM knew a current or past SDM user. This finding highlights the importance of social networks in the diffusion of an innovation.

Knowledge of the fertile days and the SDM

About 60% of women reported that they could identify the fertile days during their menstrual cycle. This percentage increased significantly between baseline and endline in all blocks. However, when asked to name the fertile days, only 16% of women correctly responded "halfway between two periods". Knowledge improved between baseline and endline in the two intervention blocks and decreased in the control block, but the difference was significant only in Ormanjhi. The proportion of women with correct responses was higher in Ormanjhi (21%) and Kanke (18%) than in Burmu (10%), perhaps due to SDM introduction.

Specific knowledge of the SDM was rather high among women who had heard of the method. As expected, knowledge of the method was higher in the intervention blocks, but women in Burmu also recalled key information. Over 70% of women were aware that the SDM "defines as fertile days 8-19 of the menstrual cycle or those of white beads," and almost 80% knew that the SDM "comes with a visual aid: a necklace." The SDM works best for certain women, thus it is encouraging that about 70% of survey respondents knew that a woman who has regular menstrual cycles (between 25 and 32 days) can use the SDM and that the method requires partner cooperation. With regard to method instructions, about 60% of women knew that the SDM requires abstinence or use of a condom on fertile days. Finally, between 60 and 70% of women knew the specific steps for SDM use (e.g. moving the black band to the red bead the day menstruation starts.)

Attitudes towards the SDM

Women who reported that they had heard of the SDM were asked about their attitudes towards the method. It is important to note that attitudes towards the SDM were more positive in the experimental than the control blocks, suggesting that a certain threshold of information may be necessary before couples are willing to accept the method. The majority of women who had heard of the SDM considered it easy to understand for themselves (59%) as well as for their husbands/partners (55%), simple to use (58%), effective if used correctly (59%), easy to obtain (61%) and safe for their health (64%). About half of women perceived the SDM as popular and acceptable to themselves and their husbands. Although the SDM was provided free of charge, only about one-third of the women interviewed considered the SDM affordable.

One half of the women reported that the SDM would not meet their future family planning needs, pointing to lack of information, dislike of abstinence and distrust of the method's efficacy as reasons. A slightly smaller percentage of women were convinced that their husbands would not approve of SDM use (44% in Kanke, 42% in Ormanjhi and 22% in Burmu) for the same reasons. However, almost 57% of the women interviewed stated that they would like more information on the SDM. The proportion of such women was higher in Kanke and Ormanjhi (59% each) than in Burmu (38%).

Gender roles
Most women report that they have significant say in household decisions. About three-fifths of the women stated that both the wife and the husband have equal say in making large household purchases. With regard to making small daily household purchases, about 52% of the women felt that they have the greater say. About three-fourths of the women perceived that the wife and the husband have equal say in deciding what to do with the money earned by the wives.

Joint decision making is even more prevalent in the reproductive realm, according to the women. Overall, about 93% of the women interviewed stated that the wife and the husband have equal say in deciding on how many children to have and when to have them. About 72% of women stated that they make decisions about what contraceptive method to use together with their husband. The proportion of shared contraceptive decision-making at endline was significantly higher in Ormanjhi (78%) than in Kanke (71%) and Burmu (65%).

The attitudes of the women interviewed provided a picture of a society in which social norms provide women some degree of control over their sexual life, although whether or not these norms are followed was not explored. The majority of women (83% in Kanke, 95% in Ormanjhi) were of the opinion that the husband has no right to withhold financial support from his wife if she refuses sex. Similar proportions of women stated that if a woman refuses to have sex with her husband, he does not have the right to reprimand her, use force, or go with another woman. Over 90% of women believe that a woman is justified in refusing to have sex with her husband if she "is tired and not in the mood," "has recently given birth," "knows her husband has sex with other women," "knows her husband has a sexually transmitted disease (STD)" or "is in her fertile period." Also, about 84% of the women perceived that the wife is justified in asking her husband to use a condom if she knows that he has a sexually transmitted infection.

III. Conclusions and Recommendations

Efforts to integrate the SDM into family planning programs in Ranchi were effective in increasing the availability and use of the method, and also had a positive influence on the overall family planning program. After the SDM was introduced, knowledge of the fertile period and condom availability increased, suggesting that SDM integration can have a positive effect on women's understanding of their own bodies and strategies to avoid pregnancy. In addition, efforts associated with SDM introduction appear to have improved quality of care in the intervention blocks. The proportion of women who were informed of a range of family planning methods by the government family planning worker when they adopted their current method increased significantly in Kanke and Ormanji, but not in Burmu.

Including the SDM among family planning choices provided a new option to women who were not interested in using other methods. At the end of the study, knowledge and attitudes regarding the SDM were significantly higher in the intervention than the control areas. Some women in the control block were aware of the SDM, and a few were using the method, but to a much lesser extent than in the intervention sites.

Use of birth spacing methods in Ranchi was quite low at both baseline and endline, and a high percentage of women reported that they relied on breastfeeding to prevent pregnancy. Although a relatively small percentage of women adopted the SDM during the study period, the results show progress in increasing awareness of the availability of the SDM among men and women. It is important to continue efforts to raise awareness of the availability of the SDM, among other

birth spacing methods, and to reach men with family planning information, in order to increase birth spacing use in Jharkhand. Awareness of the SDM, although higher at endline than at baseline, was still quite low compared to other methods (e.g. 90% of women spontaneously mention sterilization compared to only 12% mentioning the SDM). Low condom use suggests the need to reinforce condom counseling skills in provider training, to emphasize offering the SDM in conjunction with condoms, and to make condoms - and information about where to obtain them – available at the community level.

Positive attitudes towards the SDM suggest that this method could be an entry point to birth spacing for couples. However, the women interviewed lacked information on the SDM and were concerned about management of the fertile days and effectiveness of the method. Concerns about the cost of the method also emerged as an issue, although programs provided the method at no cost. Clearly, disseminating information on these topics through a variety of channels is important. With regard to gender, it is noteworthy that a very high proportion of women reported having a strong role in decisions that affect correct use of the SDM and, indeed, family planning in general. Programs and information, education, and communication (IEC)/behavior change communication (BCC) strategies can build on this positive finding.

These survey results have implications for the overall family planning program in Ranchi. One quarter of the pregnancies reported in the survey were unintended, suggesting a need for birth spacing information and services. Use of radio and television for increasing awareness of birth spacing could be explored, as about half of the women reported hearing about the SDM from these channels. Information was also widely disseminated at the community level, while few women were exposed to family planning information during visits to the health facilities. This suggests both the importance of IEC/BCC strategies that focus on the community and the need for expanding access to family planning information in health facilities.

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ACRONYMS

H and FOPs	Health and Family Planning Worker
IEC	Information, Education and Communication
IRH	Institute for Reproductive Health, Georgetown University
IUD	Intra Uterine Device
KGVK	Krishi Gram Vikas Kendra
LAM	Lactational Amenorrhea Method
NGO	Non-Governmental Organization
OBC	Other Backyard Class
PHC	Primary Health Center
RCH	Reproductive and Child Health
RMP	Registered Medical Practioner
SC	Schedule Castes
SDM	Standard Days Method®
ST	Schedule Tribes
STD	Sexually Transmitted Disease

CHAPTER 1

1 INTRODUCTION

1.1 Standard Days Method®

Standard Days Method (SDM) is a fertility awareness-based method developed and tested by the Institute for Reproductive Health at Georgetown University (IRH). SDM is appropriate for women with regular menstrual cycles between 26 and 32 days long. It identifies days 8 to 19 of the menstrual cycle as the "fertile window," i.e. the days when pregnancy is most likely to occur after unprotected sex. To prevent pregnancy, the couple avoids unprotected intercourse during the 12-day fertile window.

Most women who use SDM find that CycleBeads, a visual aid that represents the menstrual cycle, are helpful for learning and using the method. CycleBeads, a color-coded string of beads representing the menstrual cycle, help a woman to know which day of her cycle she is on, and identify whether she is on a day when she is likely to get pregnant.

The efficacy rates of SDM are comparable to those of male condoms and better than those of other barrier methods. The method is increasingly attractive to men and women who have never before used family planning. For example, almost 60% of the method acceptors in rural India reported that they were new to family planning. Other users had been using fertility-awareness methods incorrectly. Women who had discontinued hormonal and other methods due to side effects were also attached to SDM. SDM has already been integrated into family planning programs in Jharkhand and New Delhi.

1.2 Study

Jharkhand was considered as an ideal setting for the study because integrating SDM is consistent with the Jharkhand government's vision of expanding options, promoting informed choice and involving men in family planning through community-based initiatives. This study was conducted by Krishi Gram Vikas Kendra (KGVK), in the Ranchi district. Financial support was provided by IRH.

Before carrying out the interventions, a baseline survey was conducted in 2004 in the project areas of KGVK in three blocks of Ranchi (Kanke, Ormanjhi and Burmu). The Burmu block served as the control site and did not have an SDM intervention, while SDM was introduced in the Kanke block and scaled up in Ormanjhi. After the two year intervention, an endline survey was conducted to assess the intervention's impact.

1.3 Sampling methodology

Selection of villages

Baseline survey: During the baseline survey, a two-stage sampling method was adopted. At the first stage, villages were selected from each block. In the second stage, a sample of households was selected from each of the selected villages.

The entire Ormanjhi, Kanke and Burmu blocks of Ranchi district were chosen as the sampling frame for the study. An adjusted sampling frame was obtained by excluding the villages served by sub-centers of the Ministry of Health that were not a part of the 89 targeted facilities. The sub-center wise lists of villages in each of the three blocks were obtained. The sub-center villages were excluded from these lists to have final sampling frames to draw a sample of villages from each block. Two villages from each sub-center area were selected through probability proportional to size of the villages.

Endline Survey: All the villages that were covered during the baseline survey were also covered during the endline survey. The respondents included currently married women of reproductive age (15-49 years). Thus, 44, 49 and 68 villages, including hamlets, were covered from Burmu, Ormanjhi and Kanke, respectively, for the survey (Appendix A).

Selection of households

Household listing: For selection of households in the selected villages, the complete household listing was conducted in all the selected villages for the endline survey. For this purpose, a household listing table was prepared. The format included information on structure number, household number in the structure, name of the head of the household, names of the women age 15-49 years (including female visitors staying in the household for the last 15 nights), current age and marital status of these women, and their husbands' names**.** Households with eligible married women, including female visitors who had been staying in the household for the last 15 nights, were circled in the last column of the table. These circled households were used as sampling frames to draw the required number of households in each of the selected villages. By adopting a systematic random sampling technique, the required number of households were selected from each of the villages. In each of the three blocks, approximately 600 women were to be covered as per the proposed sample.

1.4 Sample coverage

Sample coverage of the endline survey is presented below.

Table 1.1Sample Coverage

Block	Number of villages covered	Number of women covered
Burmu	44*	598
Kanke	**68**	605
Ormanjhi	49*	597
Total	**161**	**1800**

*In Burmu block, two villages (Chapra and Churugara) and one village in Ormanjhi (Chandra) could not be covered due to insurgency problems

1.5 Survey Questionnaire

The same questionnaire used in the baseline survey was also used in the endline survey. A few additional questions on media exposure and family planning were added in the endline survey. The questionnaire in English and Hindi was provided to GfK MODE by IRH. The women's questionnaire collected information on the following:

- ***Background characteristics:*** Questions on age, education, employment status, religion and caste were included in order to provide information on characteristics likely to influence women's behavior. In addition, women were asked about their husband or partner. These questions included information on husband's/partner's age, education, employment status as well as the woman's attitude toward gender roles.
- ***Reproductive behavior and intentions:*** Data was collected on number of children, current pregnancy status and future childbearing intentions.
- ***Knowledge and use of contraception:*** Questions were designed to determine knowledge and use of specific family planning methods, including SDM. Women not currently using family planning were asked their intentions for future use.
- ***Availability of family planning:*** Questions were included to determine where a user obtained her family planning method and whether non-users knew of places to get family planning methods.

1.6 Recruitment and Training of Field Staff Houselisting Operations

In all, 10 teams were established for the house listing operations during the endline survey. Each team was comprised of two house listers. These listing team members completed a one-day training prior to the listing, and all household listings were completed by the trained personnel. The householding listing in all the selected villages was completed between October 3-20, 2007.

The same villages covered in the baseline survey were to be covered for the endline survey. The list of villages provided to GfK MODE contained 186 villages, which were covered in the baseline survey. In the actual field situation, it was found that the total number of villages was 164 and not 186. This inconsistency was due to two factors – either hamlets were counted as separate villages or the same villages were counted

twice due to spelling mistakes. GfK MODE covered all the villages/hamlets except for three villages that could not be covered due to the insurgency problems described above.

Main Survey

In total, six teams were compiled for the survey. Each team comprised of 4 female interviewers and one supervisor-cum-editor. Thus, 24 interviewers and 6 supervisors were recruited for the endline survey.

All interviewers and supervisors (including those with prior experience) completed four days of training with the senior executive of MODE from September 23-26, 2007 in Ranchi. The training included two days of classroom-based study of the questionnaire, one day of mock interviews and one day of field practice (including a debriefing on gaps observed in a review of the questionnaires completed during field practice). Interviewers and supervisors were trained in content knowledge, interviewing techniques, questionnaire completion, coding, skip pattern, field procedures, etc.

Field supervisors received additional training to learn how to conduct consistency checks and assess data for accuracy, monitoring procedure, back check in the field and preparation of the assignment sheet on daily basis for each interviewer in his/her team. Actual fieldwork began only when the interviewers and supervisors were trained to the satisfaction of the senior field executive providing the training.

The fieldwork was carried out from October 6-31, 2007. The following two manuals were provided by IRH: 1) Interviewer's manual – Woman's questionnaire and 2) Supervisor's manual – Woman's questionnaire.

A photocopy of each manual was given to all team members. The field team members were instructed to always keep their copy of the manual in the field for reference during data collection, in case of any misunderstanding of the questions while collecting data in the field.

1.7 Quality Assurance of Data

To ensure data quality, provision was made for continuous and close monitoring of the progress of the survey. Three layers of supervision were put in place:

- **1st layer:** There was a supervisor with every field team. Twenty percent of all the completed questionnaires were back-checked by the supervisors.
- **2nd layer:** There was a field executive to 1) monitor and supervise the field teams 2) check the quality of data on the spot and 3) back-check 5% of the questionnaires.
- **3rd layer**: One researcher was involved in overseeing the progress and quality of work. Any gaps observed were individually addressed and corrected.
- **4th layer:** Revisits were planned in villages where the teams could not complete the assigned samples. In such cases, at least three visits were made to complete them.

1.8 Field constraints

Every survey is subject to a variety of unanticipated field problems; this survey is not an exception. The major problems encountered by the field teams in carrying out this survey are listed below.

All the teams were provided with vehicles in the field to visit the selected villages in the blocks of the district. However, some of the teams experienced difficulty in reaching villages due to poorly maintained roads.

Some of the selected villages have a number of tolas. Most of these tolas within the village are not connected by road and they are 3-4 km away from each other. The field teams had to cover such tolas on foot.

Most of the respondents are engaged in agricultural related or labor activities and were not available during day. Special efforts were made to interview them either early in the morning before 8 pm or in the evening after 6 pm.

1.9 Data processing and tabulation

All the completed questionnaires were brought to the MODE office at Kolkata for data processing. The process consisted of questionnaire editing, data entry, data cleaning and tabulation. The completed questionnaires were edited by our office editors before sending for data entry. The data entry was done by using the software package provided by the client. Data cleaning included validation, range and consistency checks.

Keeping objectives of the study in mind, a tabulation plan was prepared and given to the Data Processing Unit of MODE for generating tables. All the tables were generated for each block and then for all the three blocks combined together by using the data station entry package provided by IRH. Further, all the final tables were prepared for inclusion in the report. The findings of the three blocks combined have been presented in the report. Wherever we found differentials across the three blocks (control and non-control blocks), they have been highlighted in the write-up. The findings on key indicators have also been compared with those of the baseline survey.

1.10 This report

This report contains the findings from the impact study conducted in three blocks (Kanke, Ormanjhi and Burmu) in the Ranchi district of Jharkhand by Gfk MODE. It contains 8 chapters.

CHAPTER 2

2. PROFILE OF WOMEN

2.1 Background

In all, 1,800 currently married women aged 15-49 years across three blocks of Burmu, Kanke and Ormanjhi blocks were included in this study. This chapter provides their profile in terms of age, educational attainment, religion, caste and occupation. Their exposure to mass media has also been discussed in this chapter. This chapter also highlights the background characteristics of their husbands, as reported by the participant women.

2.2 Profile of women

Age: The women's average age was around 30 years (Table 2.1). Almost two–fifths of the women were in their peak fertility years of 20-29, while 5% were below 20 years and about 17% were above 40 years, with no differences across the blocks.

Educational attainment: On an average, the women had 7-8 years of schooling, with no differences across the blocks (Table 2.1). Slightly over three-fifths of the women never attended any school. Out of those who ever went to school, about two–thirds had completed some secondary education and 30% had completed some primary education. Only 6% had gone to college.

Occupation: Almost two–fifths of the women did not work outside the home (this was higher in Kanke (46%) than Ormanjhi (39%) and Burmu (35%)). Among those who were not working outside the home, 4% were currently doing work for which they were paid in cash or in-kind. Among the women who were not doing any work outside the home, 7% reported that they had worked somewhere outside the home in the past 12 months.

Among those women either currently working outside the home, currently doing any work for which they were paid in cash or in-kind or had worked somewhere in the past 12 months, about 71% of the women were engaged in agriculture-related activities. The next highest group was those who were in labor (20%), service (2.5%) and sales (1.4%). No occupational differentials were found among women across the blocks (Table 2.1).

Religion: About 63% of the women were Hindu and 20% came from Muslim communities. Nearly one-fifth (18%) belonged to other religions. The proportion of Hindu women was higher in Burmu (73%) than in Ormanjhi (65%) and Kanke (50%) (Table 2.1).

Caste: Overall, about 58% of the women belonged to OBC, one–third were from schedule tribe (ST) and 4% each came from scheduled caste families and some higher castes.

Regarding caste differentials among blocks, the proportion of ST women was highest in Kanke (39%) and lowest in Ormanjhi and Burmu (31% each) (Table 2.1.)

Table 2.1 Profile of sample women

Particulars	Block			Total (%)
	Burmu (%)	Kanke(%)	Ormanjhi(%)	
Age (in years) (n=)	**598**	**605**	**597**	**1800**
15-19	5	5.1	5.2	5.1
20-24	19.6	20.7	19.8	20
25-29	25.3	22.8	22.4	23.5
30-34	16.2	16.9	17.1	16.7
35-39	17.9	16.9	19.4	18.1
40-44	8.5	9.8	9.2	9.2
45-49	7.5	7.9	6.9	7.4
Average age	30.19	30.43	30.34	30.32
Whether ever attended school (n=)	**598**	**605**	**597**	**1800**
Yes	37	41	37.5	38.5
No	63	59	62.5	61.5
Highest level of school attended (n=)	**221**	**248**	**224**	**693**
Primary	34.4	29.8	25	29.7
Secondary	61.5	62.5	69.6	64.5
Higher	4.1	7.7	5.4	5.8
Average years of schooling	7.21	7.94	8.13	7.77
Religion (n=)	**598**	**605**	**597**	**1800**
Hindu	72.9	50.4	65.2	62.8
Muslim	15.1	25.3	18.1	19.5
Others	12.0	24.3	16.7	17.7
Caste (n=)	**598**	**605**	**597**	**1800**
SC	4.8	3.5	4.7	4.3
ST	31.4	39	30.7	33.7
OBC	60.4	53.1	60.3	57.9
Others	3.4	4.4	4.3	4.1
Whether working outside the home (n=)	**598**	**605**	**597**	**1800**
Yes	64.9	54.2	61	60
No	35.1	45.8	39	40
Whether currently doing any work for which paid in cash or in-kind. (n=)	**210**	**277**	**233**	**720**
Yes	6.7	2.9	2.1	3.8
No	93.3	97.1	97.9	96.2
Whether worked anywhere in last 12 months. (n=)	**196**	**269**	**228**	**693**
Yes	7.1	3.7	9.2	6.5
No	92.9	96.3	90.8	93.5
Occupation	**416**	**346**	**390**	**1152**

(n=)				
Agriculture	74.8	71.1	66.4	70.8
Labor/industry/technical	16.8	19.7	23.6	20
Sales (Street, market)	0.7	1.4	1.3	1.1
Sales (Shop)	0.2	0.3	0.3	0.3
Service	2.9	2	2.6	2.5
Professional/administrative	2.2	3.8	3.1	3
Others	2.4	1.7	2.8	2.3

2.3 Exposure of women to mass media

Table 2.2 provides information on access to mass media such as reading a newspaper or magazine, listening to the radio and or watching television.

Table 2.2: Exposure of sample women to mass media

Particulars	Block			Total
	Burmu(%)	Kanke(%)	Ormanjhi(%)	
Reading habit of newspaper/ magazine (n=)	**211**	**236**	**209**	**656**
Almost every day	11.8	10.6	13.4	11.9
At least once a week	20.9	21.2	18.2	20.1
Less than once a week	15.2	21.2	22.5	19.7
Not at all	52.1	47	45.9	48.3
Listening to radio (n=)	**598**	**605**	**597**	**1800**
Almost every day	23.1	24.1	24.8	24
At least once a week	19.6	18.5	17.4	18.5
Less than once a week	11.4	12.1	9.9	11.1
Not at all	46	45.3	47.9	46.4
Watching T V (n=)	**598**	**605**	**597**	**1800**
Almost every day	30.1	42	42	38.1
At least once a week	13.7	15.2	17.8	15.6
Less than once a week	8.4	10.7	10.9	10
Not at all	47.8	32.1	29.3	36.4

About 48% of the women (ranging from 46% in Ormanjhi to 52% in Burmu) do not read the newspaper/magazine at all, while 20% read at least once a week and 12% read almost every day (with no block differentials).

Regarding listening to the radio, 24% of the women listen to the radio almost every day, 19% listen at least once a week and 46% do not listen to the radio at all, with no differences across the blocks.

Almost 36% of the women do not watch TV at all, 38% of women watch TV almost every day, 16% watch at least once a week and 10% watch TV less than once a week. The proportion of women watching TV almost every day was significantly lower in Burmu (30%) than in Kanke and Ormanjhi (42% each).

2.4 Profile of husbands

Age: Among husbands, the average age was 36 years; about two-fifths of them were in their thirties, 23% in their twenties and 39% were above 40. Thus, they were older than

their wives by an average of 6 years. The age pattern was the some across three blocks (Table 2.3).

Educational attainment: On an average, husbands had about 9 years of schooling. Almost 29% of husbands never attended any school. Among those who ever attended school, two–thirds had completed some secondary education and 21% had completed some primary education, while 11% went to college, with no difference among the blocks (Table 2.3).

Occupation: Around two–fifths of husbands were engaged in agriculture (higher in Burmu than in Kanke and Ormanjhi) and almost 36% were involved in manual labor. About 11% were doing some sales-related activities and 10% were in service. However, large variations in occupation existed among husbands across the blocks (Table 2.3).

Table 2.3: Profile of husbands/partners of sample women

Particulars	Block			Total
	Burmu(%)	Kanke(%)	Ormanjhi(%)	
Age (in years) (n=)	**598**	**605**	**597**	**1800**
15-19	0.2	0.2	0.3	0.2
20-24	4.8	4.1	4.9	4.6
25-29	16.9	19.5	17.3	17.9
30-34	19.4	21.5	17.6	19.5
35-39	19.4	17	20.6	19
40-44	16.9	15	17.8	16.6
45-49	10.4	11.9	10.7	11
50+	11.9	10.7	10.9	11.2
No response	0.1	0.2	0	0
Average age	36.42	36.01	36.16	36.2
Whether ever attended school (n=)	**598**	**605**	**597**	**1800**
Yes	67.9	71.1	72.9	70.6
No	32.1	28.9	27.1	29.4
Highest level of school attended (n=)	**406**	**430**	**435**	**1271**
Primary	23.9	18.6	20.7	21
Secondary	66.5	68.8	67.8	67.7
Higher	9.4	12.3	11	10.9
Don't Know/ not mentioned	0.2	0.2	0.5	0.3
Average years of schooling	8.51	8.99	8.75	8.75
Occupation (n=)	**598**	**605**	**597**	**1800**
Agriculture	55	33.4	27.3	38.6
Labor/industry/technical	23.4	40	45.1	36.2
Sales (Street, market)	3.7	1.8	2.2	2.6
Sales (Shop)	7.5	8.3	9.4	8.4
Service	6.4	11.2	11.2	9.6
Professional/administrative	0.7	2.1	1.5	1.4
Others	3.2	3.1	3.4	3.2
Don't know/not mentioned	0.1	0.2	0	0

CHAPTER 3

3 FERTILITY

3.1 Background

This chapter discusses the number of live births across the women's lifetime (until the day of the survey) and the number of living children at the time of survey. In addition, this chapter provides information on the women's current pregnancy status and gestation period, if currently pregnant, or pregnancy wastage (miscarriage, abortion or stillbirth) the women had during the past year.

3.2 Children ever born

Table 3.1 provides the distribution of women by their age and number of live births they produced in their lifetime until the day of the survey.

Table 3.1: Distribution of women by age and number of children ever born

Block/ Age (in years)	**No. of children ever born**						**Total number of women (n=)**	**Mean children ever born**
Burmu	0	1	2	3	4	5+		
Age (in years)								
15-19	63.3	23.3	13.3	0	0	0	30	0.5
20-24	8.5	29.1	35.9	15.4	7.7	3.4	117	1.96
25-29	2	6.6	27.2	38.4	21.2	4.6	151	2.87
30-34	2.1	6.2	12.4	25.8	17.5	36.1	97	4.11
35-39	1.9	3.7	7.5	20.6	18.7	47.7	107	4.5
40-44	0	2	3.9	23.5	15.7	54.9	51	5.12
45-49	2.2	2.2	2.2	17.8	31.1	44.4	45	5.13
Total	**6.2**	**10.2**	**18.7**	**23.9**	**16.7**	**24.2**	**598**	3.43
Kanke								
15-19	51.6	38.7	6.5	3.2	0	0	31	0.61
20-24	13.6	36	33.6	14.4	2.4	0	125	1.56
25-29	5.1	15.9	24.6	30.4	18.1	5.8	138	2.59
30-34	4.9	3.9	17.6	29.4	24.5	19.6	102	3.31
35-39	2	2	9.8	23.5	18.6	44.1	102	4.4
40-44	0	0	11.9	11.9	28.8	47.5	59	5.08
45-49	0	0	0	16.7	16.7	66.7	48	5.35
Total	**7.8**	**14.0**	**18.7**	**21.5**	**16.0**	**22.0**	**605**	3.17
Ormanjhi								
15-19	61.3	32.3	6.5	0	0	0	31	0.45
20-24	18.6	44.9	28	7.6	0.8	0	118	1.27
25-29	4.5	6	27.6	29.9	18.7	13.4	134	3
30-34	1	2	15.7	22.5	27.5	31.4	102	3.89
35-39	0	2.6	7.8	22.4	27.6	39.7	116	4.3
40-44	1.8	0	5.5	16.4	16.4	60	55	5.11
45-49	0	0	4.9	22	29.3	43.9	41	4.88
Total	**8.2**	**12.7**	**17.1**	**19.4**	**17.9**	**24.6**	**597**	3.25

Total (All the three blocks)								
15-19	58.7	31.5	8.7	1.1	0	0	92	0.52
20-24	13.6	36.7	32.5	12.5	3.6	1.1	360	1.59
25-29	3.8	9.5	26.5	33.1	19.4	7.8	423	2.82
30-34	2.7	4	15.3	25.9	23.3	28.9	301	3.77
35-39	1.2	2.8	8.3	22.2	21.8	43.7	325	4.4
40-44	0.6	0.6	7.3	17	20.6	53.9	165	5.1
45-49	0.7	0.7	2.2	18.7	25.4	52.2	134	5.13
Total	**7.4**	**12.3**	**18.2**	**21.6**	**16.9**	**23.6**	**1800**	3.28

On average, women had 3.3 children ever born to them. About 24% of the women gave birth to 5 or more children, while about 22% produced 3 live births and 17% have given birth to 4 children. Only 7% of the women had no children. This low level of childlessness is probably an indication of the relative absence of primary sterility in the women. There is no difference across the blocks in the distribution of women by number of children ever born.

The mean number of children ever born was 0.52 for women aged 15-19 years. This mean number of children ever born increased steadily with the increase in age of women, reaching as high as 5.13 children ever born per woman in the age group of 45-49 years. Early childbearing is relatively high across the blocks, as 41% of the women 15-19 years have ever had a live birth.

3.3 Living children

Table 3.2 gives distribution of women by their age and number of surviving children they had at the time of survey.

Table 3.2 : Distribution of women by age and number of living children

Block/ Age (in years)	**No. of living children**						**Total number of women (n=)**	**Mean number of living children**
Burmu	0	1	2	3	4	5+		
Age (in years)								
15-19	63.3	26.7	10	0	0	0	30	0.47
20-24	8.5	35	36.8	14.5	5.1	0	117	1.73
25-29	2	9.3	31.8	42.4	12.6	2	151	2.62
30-34	2.1	9.3	13.4	32	19.6	23.7	97	3.55
35-39	1.9	4.7	9.3	26.2	25.2	32.7	107	3.99
40-44	0	3.9	2	33.3	19.6	41.2	51	4.31
45-49	2.2	2.2	8.9	20	26.7	40	45	4.44
Total	**6.2**	**13.4**	**20.4**	**27.8**	**15.6**	**16.7**	**598**	3.01
Kanke								
15-19	51.6	38.7	6.5	3.2	0	0	31	0.61
20-24	16	40	32	10.4	1.6	0	125	1.42
25-29	7.2	15.9	31.9	26.8	15.9	2.2	138	2.36
30-34	5.9	3.9	22.5	35.3	19.6	12.7	102	3.02
35-39	2	3.9	15.7	28.4	23.5	26.5	102	3.76

40-44	0	0	15.3	27.1	23.7	33.9	59	4.17
45-49	0	0	12.5	18.8	20.8	47.9	48	4.46
Total	**8.9**	**15.2**	**23.1**	**25.3**	**15.2**	**14.2**	**605**	2.77
Ormanjhi								
15-19	61.3	32.3	6.5	0	0	0	31	0.45
20-24	22	46.6	24.6	6.8	0	0	118	1.16
25-29	6	9	32.8	32.1	12.7	7.5	134	2.61
30-34	1	3.9	19.6	26.5	30.4	18.6	102	3.48
35-39	0	3.4	15.5	28.4	29.3	23.3	116	3.65
40-44	3.6	0	7.3	21.8	25.5	41.8	55	4.25
45-49	0	0	14.6	29.3	24.4	31.7	41	4.12
Total	**9.4**	**14.2**	**20.6**	**22.6**	**17.8**	**15.4**	**597**	2.82
Total (All the three blocks)								
15-19	58.7	32.6	7.6	1.1	0	0	92	0.51
20-24	15.6	40.6	31.1	10.6	2.2	0	360	1.43
25-29	5	11.3	32.2	34	13.7	3.8	423	2.53
30-34	3	5.6	18.6	31.2	23.3	18.3	301	3.35
35-39	1.2	4	13.5	27.7	26.2	27.4	325	3.8
40-44	1.2	1.2	8.5	27.3	23	38.8	165	4.24
45-49	0.7	0.7	11.9	22.4	23.9	40.3	134	4.35
Total	**8.2**	**14.3**	**21.4**	**24.6**	**16.2**	**15.4**	**1800**	2.87

On average, women had 2.87 living children, indicating survival rate of 87%. About 15% of the women had five or more living children, about 25% of women had 3 and only 8% of the women did not have any surviving children at the time of survey. A similar trend in survival rates was found across all blocks.

3.4 Current pregnancy status

About 8% of the women were pregnant at the time of the survey. These women were further asked about their gestation period in completed months and whether they wanted to become pregnant at the time they did, later or did not want to get pregnant at all. Table 3.3 provides this information.

Table 3.3: Distribution of sample women by current pregnancy status

Particulars	Block			Total
	Burmu(%)	Kanke(%)	Ormanjhi(%)	
Currently pregnant (n=)	**598**	**605**	**597**	**1800**
Yes	6.4	9.3	7.4	7.7
No	92.6	90.2	92	91.6
Unsure	1	0.5	0.7	0.7
Gestation period (in months) (n=)	**38**	**56**	**44**	**138**
First trimester (1-3 months)	42.1	26.8	38.6	34.8
Second trimester (4-6 months)	31.6	33.9	43.2	36.2
Third trimester (7-9 months)	26.3	39.3	18.2	29
Time when desiring to become pregnant (n=)	**38**	**56**	**44**	**138**
Then	65.8	80.4	72.7	73.9
Later	18.4	14.3	15.9	15.9
Not at all	15.8	5.4	11.4	10.1

Out of the currently pregnant women (138), 35% were in the first trimester, 36% in the second trimester and 29% were in the third trimester. There were vast differences across the blocks (see Table 3.3).

Upon asking whether they wanted to become pregnant then, later or did not want to get pregnant at all, about three-fourths of women wanted to become pregnant at that time, while 16% wanted to become pregnant at some time later and 10% were not at all interested in becoming pregnant. Again, there were large differentials among the blocks. Thus, about 25% of pregnancies were unintended.

3.5 Pregnancy wastage

All women were asked whether they had experienced miscarriage, abortion or stillbirth during the past year. Only about 2% of the women reported occurrence of such an event in the past year (Table 3.4).

The largest percentage of women experiencing miscarriage, abortion or stillbirth reported that it happened 7-9 months ago (46%), followed by 18% each who reported the event happening 1-3 months ago, 4-6 months ago and 10-12 months ago.

Regarding gestation period (in completed months) when the pregnancy terminated into miscarriage, abortion or still birth, about 39% each reported miscarriage occurring in the first trimester and third trimester, while 21% stated that it happened in the second trimester (Table 3.4).

Table 3.4 : Distribution of sample women by pregnancy wastage in the past one year

Particulars	Block			Total
	Burmu(%)	Kanke(%)	Ormanjhi(%)	
Whether had miscarriage, abortion or stillbirth (n=)	**598**	**605**	**597**	**1800**
Yes	2	2.3	1.2	1.8
No	98	97.7	98.8	98.2
Months ago when occurred	**12**	**14**	**7**	**33**
1-3	25	14.3	14.3	18.2
4-6	25	14.3	14.3	18.2
7-9	41.7	42.9	57.1	45.5
10-12	8.3	28.6	14.3	18.2
Gestation period (in completed months) (n=)	**12**	**14**	**7**	**33**
1st trimester	50	28.6	42.9	39.4
2nd trimester	8.3	35.7	14.3	21.2
3rd trimester	41.7	35.7	42.9	39.4

CHAPTER 4

4. FAMILY PLANNING

4.1 Background

This chapter begins with an appraisal of knowledge of contraceptive methods and knowledge of supply sources. Then women were asked about ever use and current practice of family planning methods. Special attention has been focused on non-use, reasons for non-use and intentions to use family planning in future. This chapter also discusses women's attitudes toward the use of family planning methods and their knowledge about fertile days during menstrual cycle.

4.2 Knowledge of family planning methods

Each woman in the sample was asked to name all the methods she knew or had heard of without any prompting. Then, the investigator read out the name and a short description of each method not mentioned and asked if she knew the method. Thus, the woman's knowledge of contraception was assessed at three levels: (i) non-probed knowledge provided by the woman; (ii) responses provided with some probing; and (iii) methods unfamiliar to the woman. Table 4.1 presents the extent of women's knowledge without any probing and probed responses.

Table 4.1: Knowledge of women about contraceptive method

Particulars	Block												Total(%)			
	Burmu (%)				Kanke(%)				Ormanjhi(%)							
The family planning ways or methods	**S**	**P**	**T**	**(n=)**	**S**	**P**	**T**	**(n=)**	**S**	**P**	**T**	**(n)**	**S**	**P**	**T**	**(n=)**
Female sterilization	45	54.5	99.5	**598**	49.1	50.1	99.2	**605**	54.1	45.7	99.8	**597**	49.4	50.1	99.5	**1800**
Male sterilization	10	79.6	89.6	**598**	11.1	80	91.1	**605**	12.1	77.9	89.9	**597**	11.1	79.2	90.2	**1800**
At least one permanent method	46.2	85.5	99.7	**598**	49.4	84	99.3	**605**	54.1	83.4	100	**597**	49.9	84.3	99.7	**1800**
Pill	38.8	50.7	89.5	**598**	40.3	55	95.4	**605**	32.5	60.5	93	**597**	37.2	55.4	92.6	**1800**
IUD	15.9	53	68.9	**598**	12.6	63.5	76	**605**	10.7	63.7	74.4	**597**	13.1	60.1	73.1	**1800**
Injectables	4.7	47.2	51.8	**598**	3.5	53.9	57.4	**605**	3.9	49.1	52.9	**597**	4	50.1	54.1	**1800**
Implants	0.3	4.3	4.7	**598**	0	2	2	**605**	0.7	3	3.7	**597**	0.3	3.1	3.4	**1800**
Condom	21.4	64	85.5	**598**	23.3	67.4	90.7	**605**	22.1	65.3	87.4	**597**	22.3	65.6	87.9	**1800**
Female condom	0.3	4.3	4.7	**598**	0.2	3.8	4	**605**	0	2.5	2.5	**597**	0.2	3.6	3.7	**1800**
Diaphragm	0.2	1.7	1.8	**598**	0.2	0.7	0.8	**605**	0	0.5	0.5	**597**	0.1	0.9	1.1	**1800**
Foam or Jelly	0	1.3	1.3	**598**	0	0	0	**605**	0	0.7	0.7	**597**	0	0.7	0.7	**1800**

Table 4.1: Knowledge of sample women about contraceptive methods (Cont'd…)

Particulars	Block												Total (%)			
	Burmu(%)				Kanke(%)				Ormanjhi(%)							
At least one spacing method	43.8	89	95.7	**598**	46.4	92.9	97.4	**605**	38.7	94.1	96.8	**597**	43	92	96.6	**1800**
LAM	2.2	43.8	46	**598**	1.8	40.3	42.1	**605**	1	40.5	41.5	**597**	1.7	41.6	43.2	**1800**
Rhythm/fertility awareness base method	4.8	31.6	36.5	**598**	2.6	44.1	46.8	**605**	1.8	45.9	47.7	**597**	3.1	40.6	43.7	**1800**
Standard Days Method (SDM)	0.2	3.8	4	**598**	4.3	22.8	27.1	**605**	4.5	27	31.5	**597**	3	17.9	20.9	**1800**
Withdrawal	2	40.1	42.1	**598**	1.5	55	56.5	**605**	1.3	58.1	59.5	**597**	1.6	51.1	52.7	**1800**
At least one traditional method	8	65.9	68.1	**598**	9.6	75.5	76.9	**605**	7.7	74.4	75.9	**597**	8.4	71.9	73.6	**1800**
Emergency contraception	4.3	17.1	21.4	**598**	2.3	9.1	11.4	**605**	0.7	5.9	6.5	**597**	2.4	10.7	13.1	**1800**
Any other method	2.8	95	97.8	**598**	5.6	92.6	98.2	**605**	3.4	91.5	94.8	**597**	3.9	93	96.9	**1800**
At least one method	70.4	100	100	**598**	72.4	100	100	**605**	71.7	100	100	**597**	71.5	100	100	**1800**

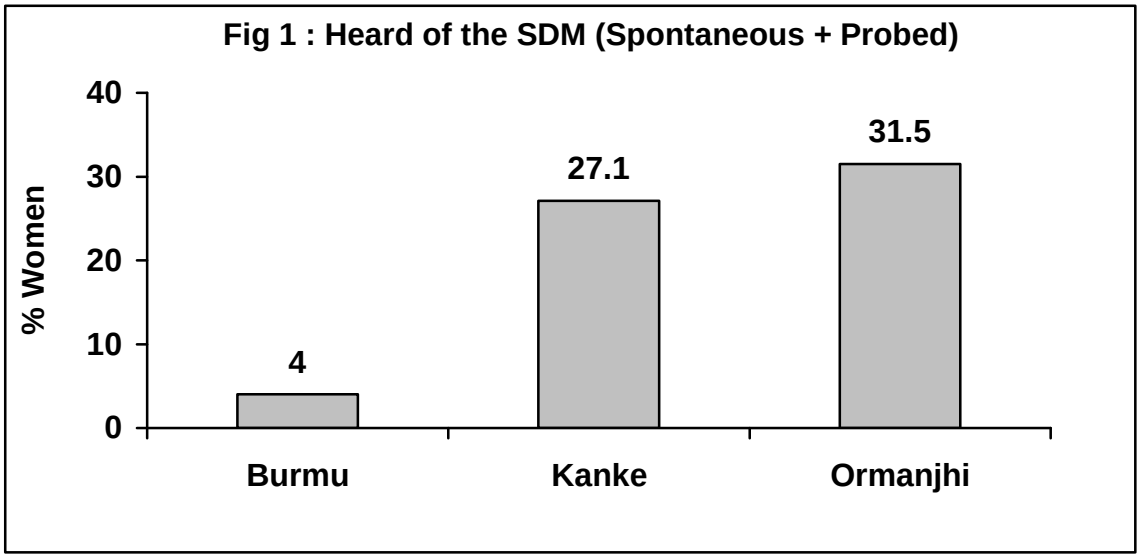
S – Spontaneous P – Probed T - Spont + Probed (n=) – Total number of women

Table 4.1 reveals that probing is essential to elicit the complete knowledge about contraceptive methods, as women reported greater knowledge of contraceptive methods upon probing.

Knowledge of female sterilization is nearly universal in all the three blocks, as almost all women (except 9) has heard of it. Male sterilization is slightly less familiar - known to 90% of the women.

Among birth spacing methods, the most well known to women were: the pill (93%), condoms (88%) and the IUD (73%). Injectable contraceptives were known to 54% of women, and knowledge of other spacing methods (implants, female condom, diaphragm and foam or July) was reported by less than 4% of the women.

Amongst traditional methods, withdrawal, rhythm/fertility awareness-based methods, LAM and SDM were known to 53%, 44%, 43% and 21% of the women, respectively. Across the blocks, the same pattern in knowledge was observed for various contraceptive methods except the IUD, rhythm/fertility awareness-based methods, SDM and withdrawal. The proportion of women reporting knowledge of these methods was higher in Ormanjhi and Kanke than in Burmu. In Burmu, only 4% of women reported knowledge of SDM, compared to 27% in Kanke and 32% in Ormanjhi (Figure 1).



4.3 Sources of obtaining family planning methods

All women, regardless of current contraceptive use, were asked about the sources from where they could obtain family planning methods (Table 4.2). About 90% of the women (higher in Ormanjhi and Kanke than in Burmu) knew a place to obtain family planning methods (Figure 2). Among these women, 93% reported government sources, while 58% reported private sources. Among government sources, government health centers (49%), government hospitals (48%) and field workers (31%) were the most popular, while private sources mentioned included pharmacists (40%), private hospitals/clinics (15%) and private doctors (11%).

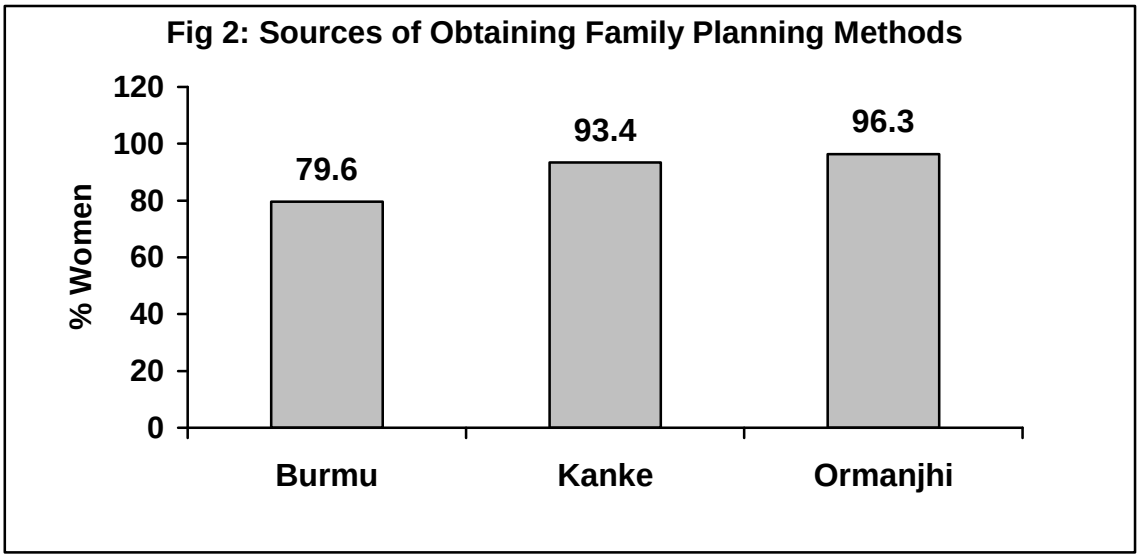


Table 4.2: Knowledge of sources for obtaining contraceptive methods

Particulars	Block			Total(%)
	Burmu (%)	Kanke(%)	Ormanjhi(%)	
Whether knows the place to obtain a method of family planning (n=)	**598**	**605**	**597**	**1800**
Yes	79.6	93.4	96.3	89.8
No	20.4	6.6	3.7	10.3
Knowledge of sources * (n=)	**476**	**565**	**575**	**1616**
Public sector				
- Govt. hospital	42.2	51	48.9	47.6
- Govt. health center	46.4	43.7	56.5	49.1
- Family planning clinic	1.9	0.9	0.5	1.1
- Mobile clinic	0.2	0.4	1	0.6
- Field worker	25.8	29.9	35.7	30.8
- Others	1.7	1.2	1.4	1.4
- Any Govt. source	90.3	90.4	97.2	92.8
Private sector				
- Private hospital/clinic	11.3	15.9	16.7	14.9
- Pharmacist	28.8	46.4	44	40.3
- Private doctor	8.4	13.8	10.8	11.1
- Mobile clinic	0.4	0.5	0.3	0.4
- Field worker	3.8	1.8	4	3.2
- Others	1.5	2.3	1.4	1.7
- Any pvt. source	44.3	63.7	63.5	57.9
Others				
- Shop	7.1	12.2	13.6	11.2
- Church	0	0.2	0	0.1
- Friends/relatives	0.4	0.4	0.2	0.3
Any Other	9.9	17.2	15	14.2

*Multiple Responses

Women reporting knowledge on sources for family planning products were specifically asked whether they knew where to obtain information on natural family planning methods. Only 12% of the women (out of 1616) reported knowing about sources for natural family planning information. Significantly more women in Ormanjhi (18%) than in Burmu (9%) knew where to obtain information on natural family planning methods (Figure 3). Most women reported that they could obtain information on natural methods

of family planning from government sources (70%), aganwadi workers (57%) or friends/relatives (20%). Only 9% reported private sector sources (Table 4.3).

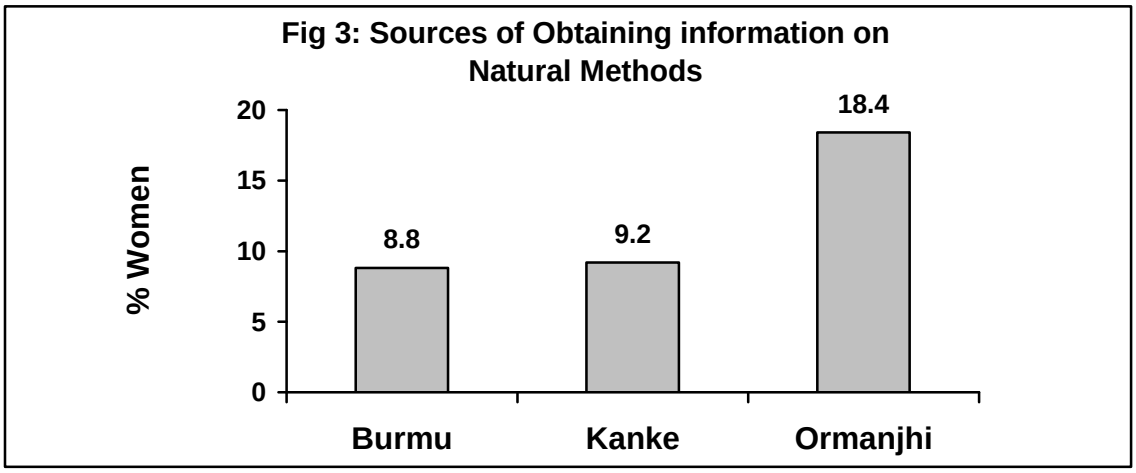


Table 4.3: Knowledge of sources of natural family planning methods

Particulars	Block			Total(%)
	Burmu (%)	Kanke(%)	Ormanjhi(%)	
Whether knows of the source (n=)	**476**	**565**	**575**	**1616**
Yes	8.8	9.2	18.4	12.4
No	91.2	90.8	81.6	87.6
Knowledge of sources*	**42**	**52**	**106**	**200**
Public sector				
- Govt. hospital	14.3	15.4	2.8	8.5
- PHC/ Sub Center	2.4	7.7	10.4	8
- Family Planning Center	0	0	0	0
- Anganwadi Center	31	51.9	69.8	57
- Others	4.8	1.9	0.9	2
- Any Govt. source	47.6	69.2	78.3	69.5
Private medical sector				
- Private Hospital Clinic	0	0	0	0
- Pharmacist	9.5	5.8	2.8	5
- RMP	2.4	3.8	0.9	2
- Non Govt. Field Worker	0	0	2.8	1.5
- Others Private	0	0	0.9	0.5
- Any private source	11.9	7.7	7.5	8.5
Others Source				
- Friend /Relative	11.9	28.8	17.9	19.5

- Others	31	5.8	1.9	9
- Any other	42.9	34.6	19.8	28.5

*Multiple Responses

4.4 Contraceptive use

Ever use of family planning methods

All women were asked whether they had ever used the method(s) they knew. Contraceptive use was further probed by asking whether women "ever used anything or tried in any way to delay or avoid getting pregnant." Table 4.4 presents the pattern of ever use.

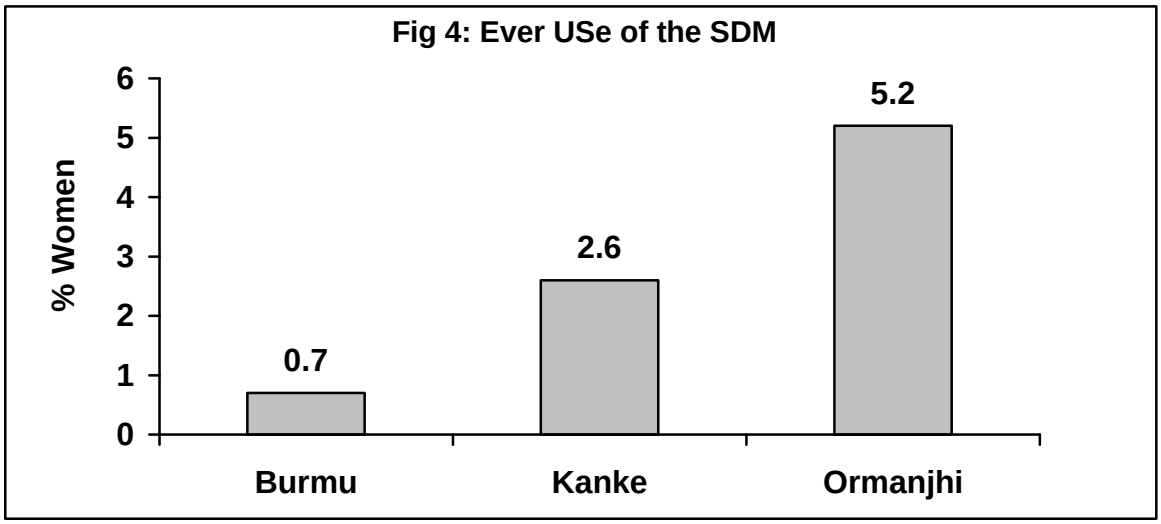
Table 4.4: Ever use of counteractive methods

The family planning ways or methods	Block						Total(%)	
	Burmu (%)		Kanke (%)		Ormanjhi(%)			
	Y	(n=)	Y	(n=)	Y	(n=)	Y	(n=)
Female sterilization	38.6	**598**	31.4	**605**	39.2	**597**	36.4	**1800**
Male sterilization	0.2	**598**	0	**605**	0.3	**597**	0.2	**1800**
At least one permanent method	38.8	**598**	31.4	**605**	39.4	**597**	36.5	**1800**
Pill	14	**598**	20	**605**	14.9	**597**	16.3	**1800**
IUD	4.3	**598**	2.5	**605**	2.2	**597**	3	**1800**
Injectables	0.5	**598**	0.2	**605**	0.2	**597**	0.3	**1800**
Condom	14.4	**598**	16.7	**605**	16.6	**597**	15.9	**1800**
Female condom	0.2	**598**	0.2	**605**	0	**597**	0.1	**1800**
At least one spacing method	26.3	**598**	32.2	**605**	26.8	**597**	28.4	**1800**
LAM	9.7	**598**	9.1	**605**	8.9	**597**	9.2	**1800**
Rhythm/fertility awareness base method	5.5	**598**	6.3	**605**	6.2	**597**	6	**1800**
Standard Days Method (SDM)	0.7	**598**	2.6	**605**	5.2	**597**	2.8	**1800**
Withdrawal	10.9	**598**	16.7	**605**	17.1	**597**	14.9	**1800**
At least one traditional method	21.6	**598**	26.6	**605**	27.8	**597**	25.3	**1800**
Emergency	1	**598**	0.5	**605**	0	**597**	0.5	**1800**

contraception								
Any other method	2	**598**	1.3	**605**	1.2	**597**	1.5	**1800**
At least one method	68.9	**598**	66.1	**605**	71.2	**597**	68.7	**1800**
Y – Yes						**(n=): All sample**		
women								

The most commonly accepted method was female sterilization, having been accepted by about two–fifths of the currently married women. Condoms and pills had both been used by about 16% of women, while 3% had ever used an IUD.

Among traditional methods, withdrawal, LAM, rhythm/fertility awareness base method and SDM were used by 15%, 9% 6% and 3% of the women respectively. More women in Ormanjhi (5%) and Kanke (3%) than in Burmu (1%) had ever used SDM (Figure 4).



Overall, 37% of women had accepted any permanent method, while 28% ever used any spacing method, and 25% had ever used any traditional method. On the whole, about 69% of the women had used any family planning method, with no differences across the blocks.

Current use of family planning methods: In all, 138 currently married women were found to be pregnant at the time of survey and the remaining women (1662) were either not pregnant or not sure about their pregnancy status. These 1662 women were asked whether they were currently practicing any family planning methods and, if yes, which method they were using. Contraceptive prevalence rates were calculated among (i) total currently married women and (ii) currently married women excluding those who were pregnant at the time of survey. The contraceptive prevalence rate was about 60%, excluding women currently pregnant at the time of survey, with no block differentials. Table 4.5 provides specific rates.

Overall, 56% of the total women were practicing any family planning method: 37% were using any permanent method, 11% were using any spacing method and another 8% were using traditional methods. Table 4.5 shows that female sterilization is the most popular contraceptive method in the area (as in all Indian states). Female sterilization was being used by 36% of the currently married women, accounting for 65% of contraceptive prevalence. Only two women (one each in Burmu and Ormanjhi) reported that their husbands were sterilized.

Among birth spacing methods, 6% of women reported the use of condoms and about 5% were using pills. Only nine women (three each in Burmu, Kanke and Ormanjhi) were using the IUD and two women (one each in Burmu and Kanke) were using female condoms. No other birth spacing methods were being used by any currently married woman. Amongst traditional methods, at the time of the survey women were using withdrawal (3.3.%), rhythm/fertility awareness-based methods (1.7%), LAM (1.4%) and SDM (0.8%). No block differentials were observed in the current use of family planning methods.

Table 4.5: Current use of counteractive methods

The family planning ways or methods being used currently	Block						Total(%)	
	Burmu (%)		Kanke(%)		Ormanjhi(%)			
	CPR -1	CPR-2	CPR - 1	CPR-2	CPR -1	CPR-2	CPR - 1	CPR-2
Female sterilization	38.6	41.2	31.4	34.6	39.2	42.3	36.4	39.4
Male sterilization	0.2	0.2	0	0	0.2	0.2	0.1	0.1
At least one permanent method	38.8	41.4	31.4	34.6	39.4	42.5	36.5	39.5
Pill	3.5	3.7	6.3	6.9	4	4.3	4.6	5.0
IUD	0.5	0.5	0.5	0.5	0.5	0.5	0.5	0.5
Condom	6.5	0.5	6.6	7.3	5.2	5.6	6.1	6.6
Female condom	0.2	0.2	0.2	0.2	0	0	0.1	0.1
At least one spacing method	10.7	11.4	13.6	15.0	9.7	10.5	11.3	12.2
LAM	1.5	1.6	0.8	0.9	2	2.2	1.4	1.5
Rhythm/fertility awareness base method	1.7	1.8	1.7	1.9	1.7	1.8	1.7	1.8
Standard Days Method (SDM)	0.2	0.2	0.7	0.8	1.7	1.8	0.8	0.9
Withdrawal	3.2	3.4	3.8	4.2	3.2	3.5	3.4	3.7
At least one traditional method	7.2	7.7	7.3	8.0	9.2	9.9	7.9	8.6
Any other method	0.7	0.7	0.3	9.3	0.7	0.8	0.6	0.6
At least one method	56.7	60.5	52.2	57.5	58.3	62.9	55.7	60.3

CPR 1: Contraceptive Prevalence Rate among all currently married women
CPR 2: Contraceptive Prevalence Rate among all currently married women excluding the currently pregnant women

Duration of use of family planning methods: Overall, about 53% of the acceptors of any permanent method (female or male sterilization) had undergone a sterilization operation 5 years ago, while only about 9% of those sterilized underwent the surgery within one year prior to the survey. The average duration of use is about 76 months for female/male sterilization. Most acceptors of birth spacing methods had been using them for the last year (Table 4.6).

Table 4.6: Duration of use (in months) by current family planning method being used

Block/Duration of use in months	Family planning method currently using								
	Female/male sterilization	Pill	IUD	Condom	LAM	Rhythm/ fertility awareness	SDM	Withdrawal	Any Method
Burmu (n=)	**232**	**21**	**3**	**39**	**9**	**10**	**1**	**19**	**334**
<6	3.9	52.4	0	46.2	55.6	10	100	42.1	15.9
7-12	4.7	9.5	66.7	17.9	33.3	30	0	10.5	9
13-24	8.2	4.8	0	15.4	11.1	0	0	21.1	9.3
25-36	10.8	14.3	33.3	7.7	0	30	0	10.5	11.1
37-48	12.9	0	0	2.6	0	0	0	5.3	9.6
49-60	7.8	0	0	0	0	10	0	0	5.7
>60	51.7	19	0	7.7	0	20	0	10.5	39.2
Don't remember	0	0	0	2.6	0	0	0	0	0.3
Average duration of use	78.89	24.71	18	14.44	5.44	39.2	4	20.05	60.67
Kanke (n=)	**190**	**38**	**3**	**40**	**5**	**10**	**4**	**23**	**313**
<6	3.7	28.9	0	47.5	40	30	50	43.5	17.3
7-12	6.3	13.2	33.3	12.5	40	20	25	21.7	10.5
13-24	6.8	31.6	0	15	20	20	25	8.7	11.8
25-36	11.6	15.8	66.7	12.5	0	10	0	4.3	11.8
37-48	7.9	2.6	0	5	0	0	0	8.7	6.4
49-60	6.3	2.6	0	2.5	0	0	0	8.7	5.1
>60	56.8	5.3	0	5	0	20	0	4.3	36.7
Don't remember	0.5	0	0	0	0	0	0	0	0.3
Average duration of use	79.47	21.45	23.33	15.8	7.8	39.6	7.75	18.96	55.89
Ormanjhi (n=)	**235**	**24**	**3**	**31**	**12**	**10**	**10**	**19**	**344**
<6	1.7	50	33.3	32.3	75	20	20	15.8	12.5
7-12	6.8	4.2	33.3	16.1	8.3	0	0	21.1	8.1
13-24	9.8	4.2	33.3	12.9	16.7	0	20	31.6	11.3
25-36	12.8	8.3	0	19.4	0	30	40	10.5	13.7
37-48	10.2	0	0	9.7	0	0	10	5.3	8.4
49-60	7.7	16.7	0	3.2	0	0	0	10.5	7.3
>60	51.1	16.7	0	6.5	0	50	10	5.3	38.7
Don't remember	1.7	50	33.3	32.3	75	20	20	15.8	12.5
Average duration of use	71.49	26.08	9.67	23.39	5.08	55.5	28.3	27.05	56.96
Total (All the three blocks) (n=)	**657**	**83**	**9**	**110**	**26**	**30**	**15**	**61**	**991**
<6	3	41	11.1	42.7	61.5	20	33.3	34.4	15.1
7-12	5.9	9.6	44.4	15.5	23.1	16.7	6.7	18	9.2
13-24	8.4	16.9	11.1	14.5	15.4	6.7	20	19.7	10.8
25-36	11.7	13.3	33.3	12.7	0	23.3	26.7	8.2	12.2
37-48	10.5	1.2	0	5.5	0	0	6.7	6.6	8.2
49-60	7.3	6	0	1.8	0	3.3	0	6.6	6.1

>60	53	12	0	6.4	0	30	6.7	6.6	38.2
Don't remember	0.2	0	0	0.9	0	0	0	0	0.2
Average duration of use	76.41	23.61	17	17.45	5.73	44.77	21.2	21.82	57.88

4.5 Information provided at the time of acceptance of the family planning method

Health and family planning workers are expected to provide clients with information on family planning methods and the methods' side effects/risks at the time of acceptance of a given method. All current family planning users (other than those choosing female/male sterilization) were asked a set of questions to assess the provision of contraceptive information. Table 4.7 provides their responses, and overall findings are outlined below:

- Overall, about one-fifth of current users (other than those using female/male sterilization) reported that they were told about other optional methods of family planning at the time of acceptance of the current method.
- Among those who were not told, only 12% stated that they were ever told by a health or family planning worker about other methods of family planning.
- Only 8% of the current users (other than those using female/male sterilization) were told at the time of acceptance of the method about the side effects or problems they might have with the method.
- Among those who were not told about the side effects or problems, only about 3% reported that ever received information on the side effects or problems of various family planning methods from a health or family planning worker.
- Of those who were told about the side effects or problems of a method(s) at the time of acceptance or ever received such information from a health/family planning worker, about 60% stated that they were told what they should do in case of any side effects or problems due to use of the method.

Table 4.7 : Information provided at the time of acceptance of the current family planning method

Block / Type of information provided	**Family planning method currently using**							
	Pill	**IUD**	**Condom**	**LAM**	**Rhythm/ fertility awareness**	**SDM**	**Withdrawal**	**Any Method**
Burmu								
Whether told by anybody about side effects or problems with the use of the method (n=)	**21**	**3**	**39**	**9**	**10**	**1**	**19**	**102**
Yes	28.6	0	10.3	0	10	100	0	11.8
No	71.4	100	89.7	100	90	0	100	88.2
Whether told by H and Family planning worker about side effects or problems with the use of method (n=)	**15**	**3**	**35**	**9**	**9**	**0**	**19**	**90**
Yes	20	33.3	5.7	0	11.1	0	0	7.8
Whether told about what to do in case of any side effects/ problems experienced (n=)	**9**	**1**	**6**	**0**	**2**	**1**	**0**	**19**
Yes	66.7	100	66.7	0	100	100	0	73.7

Whether told by anybody about other methods of family planning (n=)	**21**	**3**	**39**	**9**	**10**	**1**	**19**	**102**
Yes	19	0	23.1	11.1	30	100	15.8	20.6
No	81	100	76.9	88.9	70	0	84.2	79.4
Whether told by Hand F planning worker about other methods of family planning (n=)	**17**	**3**	**30**	**8**	**7**	**0**	**16**	**81**
Yes	5.9	33.3	6.7	0	14.3	0	0	6.2
Kanke								
Whether told by anybody about side effects or problems with the use of the method (n=)	**38**	**3**	**40**	**5**	**10**	**4**	**23**	**123**
Yes	10.5	33.3	7.5	0	0	25	0	7.3
No	89.5	66.7	92.5	100	100	75	100	92.7
Whether told by H and Family planning worker about side effects or problems with the use of method (n=)	**34**	**2**	**37**	**5**	**10**	**3**	**23**	**114**
Yes	2.9	50	0	0	0	0	0	1.8
Whether told about what to do in case of any side effects/ problems experienced (n=)	**5**	**2**	**3**	**0**	**0**	**1**	**0**	**11**
Yes	20	50	66.7	0	0	0	0	36.4
Whether told by anybody about other methods of family planning (n=)	**38**	**3**	**40**	**5**	**10**	**4**	**23**	**123**
Yes	26.3	0	25	40	0	50	17.4	22.8
No	73.7	100	75	60	100	50	82.6	77.2
Whether told by Hand F planning worker about other methods of family planning (n=)	**28**	**3**	**30**	**3**	**10**	**2**	**19**	**95**
Yes	7.1	0	20	66.7	20	0	10.5	14.7
Ormanjhi								
Whether told by anybody about side effects or problems with the use of the method (n=)	**24**	**3**	**31**	**12**	**10**	**10**	**19**	**109**
Yes	12.5	33.3	6.5	0	0	0	5.3	6.4
No	87.5	66.7	93.5	100	100	100	94.7	93.6
Whether told by H and Family planning worker about side effects or problems with the use of method (n=)	**21**	**2**	**29**	**12**	**10**	**10**	**18**	**102**
Yes	0	0	0	0	0	0	0	0
Whether told about what to do in case of any side effects/problems experienced (n=)	**3**	**1**	**2**	**0**	**0**	**0**	**1**	**7**
Yes	33.3	100	100	0	0	0	0	57.1
Whether told by anybody about other methods of family planning (n=)	**24**	**3**	**31**	**12**	**10**	**10**	**19**	**109**
Yes	12.5	33.3	16.1	16.7	0	20	5.3	12.8

No	87.5	66.7	83.9	83.3	100	80	94.7	87.2
Whether told by Hand F planning worker about other methods of family planning (n=)	**21**	**2**	**26**	**10**	**10**	**8**	**18**	**95**
Yes	4.8	50	30.8	0	10	0	11.1	13.7
Total (All the three blocks)								
Whether told by anybody about side effects or problems with the use of the method (n=)	**83**	**9**	**110**	**26**	**30**	**15**	**61**	**334**
Yes	15.7	22.2	8.2	0	3.3	13.3	1.6	8.4
No	84.3	77.8	91.8	100	96.7	86.7	98.4	91.6
Whether told by H and Family planning worker about side effects or problems with the use of method (n=)	**70**	**7**	**101**	**26**	**29**	**13**	**60**	**306**
Yes	5.7	28.6	2	0	3.4	0	0	2.9
Whether told about what to do in case of any side effects/ problems experienced (n=)	**17**	**4**	**11**	**0**	**2**	**2**	**1**	**37**
Yes	47.1	75	72.7	0	100	50	0	59.5
Whether told by anybody about other methods of family planning (n=)	**83**	**9**	**110**	**26**	**30**	**15**	**61**	**334**
Yes	20.5	11.1	21.8	19.2	10	33.3	13.1	18.9
No	79.5	88.9	78.2	80.8	90	66.7	86.9	81.1
Whether told by H and F planning worker about other methods of family planning (n=)	**66**	**8**	**86**	**21**	**27**	**10**	**53**	**271**
Yes	6.1	25	18.6	9.5	14.8	0	7.5	11.8

4.6 Fertility preferences

Desire for more children: Those women who reported that neither they nor their husbands/partners were sterilized were asked a series of questions about their desire for children in future (n=1143). Each woman was asked whether she wanted another child and, if so, how soon she would like to have her next child.

Currently not pregnant women and those who were unsure about their pregnancy status were asked “would you like to have a/another child or would you prefer not to have any/any more children?” Women who were pregnant at the time of survey were asked, “After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?” Table 4.8 provides information about women’s fertility preferences.

Table 4.8: Fertility preferences - Desire to have more children and when to have them

Particulars	Block			Total(%)
	Burmu (%)	Kanke (%)	Ormanjhi(%)	
Desire for more children (n=)	**366**	**415**	**362**	**1143**
Desire to have (a/another) child	51.1	47.2	50	49.3
No more/None	43.7	45.1	47.2	45.3
Can’t get pregnant	3.3	6	1.1	3.6

Undecided/don't know and pregnant	1.4	1.7	1.1	1.4
Undecided/don't know and not pregnant or unsure	0.3	0	0.3	0.2
Not mentioned	0.3	0	0.3	0.2
Time when wanted to have (a/another) child (n=)	**187**	**196**	**181**	**564**
≤ 24 months	11.2	13.3	15.5	13.3
24 -35 months	25.1	24	22.1	23.8
36-47 months	23.5	25	23.8	24.1
48- 59 months	4.8	3.6	3.3	3.9
60 months or more	7.5	7.7	7.2	7.4
Soon/now	12.3	17.9	18.2	16.1
Others	1.1	0.5	1.2	0.9
Don't know	2.1	2	0.6	1.6
Not mentioned	12.8	6.6	8.3	9.2

Overall, about one–half of women said that they would like to have another child at some time in the future. Almost 45% stated that they did not want any more children, 4% said that they could not get pregnant and 2% were undecided, with no block differentials.

Those women (564) who desired to have a/another child were further asked how long they would wait to have their next child. Almost 59% of them said that they would like to wait at least two years before having their next child; 29% expressed that they would like to have another child within 2 years.

Those women who were currently not using any contraception and desired to wait at least two years before having a/another child or did not desire to have more children were further asked to state why they were not currently using a family planning method. Table 4.9 provides their reasons.

Table 4.9: Reasons for not using any family planning method

Particulars	**Block**			**Total(%)**
	Burmu (%)	**Kanke(%)**	**Ormanjhi(%)**	
Reasons for not using any family planning method (n=)	123	118	114	355
Not having sex/infrequent sex	20.3	16.1	20.2	18.9
Menopausal/hysterectomy	6.5	9.3	8.8	8.2
sub fecund/ in fecund	0	0	0	0
Postpartum amenorrhea	14.6	22	27.2	21.1
Breastfeeding	19.5	18.6	14	17.5
Fatalistic	0.8	0.8	0	0.6
Fertility related reason	55.3	59.3	61.4	58.6
Respondent opposed	1.6	2.5	6.1	3.4
Husband/partner opposed	5.7	1.7	5.3	4.2
Others opposed	0.8	1.7	0	0.8
Religious prohibition	3.3	5.1	6.1	4.8
Opposition to use	10.6	9.3	17.5	12.4

Knows no method	0.8	1.7	0	0.8
Knows no source	0.8	0	0	0.3
Lack of knowledge	0.8	1.7	0	0.8
Health concerns	14.6	17.8	13.2	15.2
Fear of side effects	8.9	9.3	3.5	7.3
Lack of access/too far	2.4	0	0.9	1.1
Costs too much	7.3	4.2	0.9	4.2
Inconvenient to use	5.7	2.5	0.9	3.1
Interferes with body's normal process	3.3	0.8	1.8	2
Others	4.9	5.9	6.1	5.6
Method related reason	41.5	36.4	26.3	34.9
Husband stays outside	1.6	1.7	2.6	2
Control at the time of Climax	1.6	0	0	0.6
Menopause	1.6	1.7	1.8	1.7
Automatically	0	1.7	0.9	0.8
Not mentioned	4.9	3.4	3.5	3.9
If discovered pregnancy in next few weeks then it would be a (n=)	**176**	**196**	**161**	**533**
Big problem	67.6	69.4	68.3	68.5
Small problem	5.1	6.1	8.7	6.6
No problem	15.3	11.2	11.2	12.6
Can't get pregnant/ Not having sex	0.6	1	0	0.6
Not mentioned	11.4	12.2	11.8	11.8

Almost 21% of women reported having postpartum ammenorrhea as the reason why they were not using any family planning method. Other reasons reported by women were: "not having sex/infrequent sex" (19%), "currently breastfeeding" (18%), health concerns (15%) and fear of side effects (7%).

Overall, about three-fifths of the women stated fertility related reasons, while 35% reported method-related reasons and 12% reported opposition to using family planning.

Those women who were i) not pregnant or unsure of their pregnancy status and ii) currently using any family planning method at the time of survey were further asked if they discovered in the next few weeks that they were pregnant if the news would be i) a big problem, ii) a small problem or iii) no problem at all. More than two–thirds of women perceived that it would be a "big problem" for them, with no differences across the blocks. Only 13% felt that it would be "no problem." Their responses have been provided in Table 4.9.

Number of children women would like to have to: The women were asked to state the ideal number of children they would like to have. Women with no children were asked, "If you could choose exactly the number of children to have in your whole life, how many would that be?" Women who already had children were asked, "if you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be ?" Table 4.10 shows that majority of them (69% overall) would like to have either three (36%) or two children (33%). About 3% of women expressed a desire for fewer than two children and 28% thought that more than three children would be ideal, with no block differentials. The

average number of children considered to be ideal was 3 – equal to the average number of living children participant women had at the time of survey.

Table 4.10: Number of children the women would like to have in their whole life

No. of children would like to have	Block			Total(%)
	Burmu (%)	Kanke(%)	Ormanjhi(%)	
(n=)	**598**	**605**	**597**	**1800**
None	4	1	0.7	1.9
1	1.7	1.8	1	1.5
2	31.1	33.4	32.8	32.4
3	35.8	35.4	37.4	36.2
4	18.7	18.8	17.8	18.4
5	6	6.6	5.9	6.2
6+	2.7	3	4.5	3.4

Perception of women about number of children their husbands/partners want to have: All the women who were not sterilized and husbands/partners were also not sterilized were asked whether their husbands/partners wanted the same, more or a fewer number of children than they wanted. Table 4.11 provides their responses.

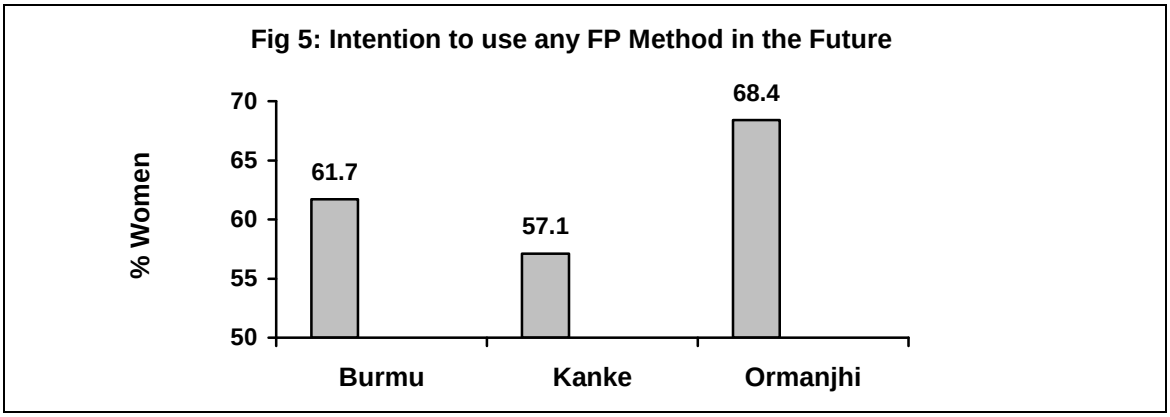
Table 4.11: Perception of women about number of children their husbands/partners want to have

No. of children	Block			Total
	Burmu(%)	Kanke (%)	Ormanjhi(%)	
(n=)	**326**	**381**	**326**	**1033**
Same	80.1	81.6	86.5	82.7
More	5.5	6.8	5.8	6.1
Fewer	8.9	6.3	3.7	6.3
Don't know/Can't say	5.5	5.3	4	5

Overall, about 83% of the women perceived that their husbands/partners wanted the same number of children they wanted, with no block differentials. Only 6% of the women felt that their husbands/partners wanted more children than they wanted.

4.7 Intention to use family planning in the future

Among women who were not pregnant or unsure about their pregnancy status and not using any family planning method at the time of survey were further asked whether they would like to use any family planning method in the future. Table 4.12 provides their responses. Almost 62% (more in Ormanjhi (68%) than in Burmu (62%) and Kanke (57%)) reported that they would use contraception in the future (Figure 5). About 22% of women (with no block differentials) did not intend to use contraception and 7% were not sure.



The women who said that they intended to use contraception in the future were further asked to specify the method of family planning they would like to use. About 68% of women stated that they would choose female sterilization. Oral contraceptives were reported by 18% of the women, followed by condoms (5%) and the IUD (2%).

Table 4.12: Intention to use family planning in the future

Particulars	Block			Total(%)
	Burmu (%)	Kanke(%)	Ormanjhi(%)	
Particulars				
Intention to use in future (n=)	**183**	**196**	**171**	**550**
- Yes	61.7	57.1	68.4	62.2
- No	20.2	21.9	22.2	21.5
- Don't know/not sure	9.3	6.1	5.8	7.1
- Not mentioned	8.7	14.8	3.5	9.3
Preferred future method of family planning (n=)	**113**	**112**	**117**	**342**
- Female sterilization	64.6	67.9	71.8	68.1
- Male sterilization	0	2.7	0.9	1.2
- Pill	26.5	15.2	12.8	18.1
- IUD	0.9	1.8	3.4	2
- Injectable	2.7	1.8	0.9	1.8
- Condom	6.2	4.5	4.3	5
- Periodic abstinence	0.9	0	1.7	0.9
- Standard Days Method	0	1.8	3.4	1.8
- Withdrawal	0	0.9	1.7	0.9
- Other	0	3.6	0.9	1.5
- Unsure	0.9	1.8	0	0.9

4.8 Reasons for not intending to use any contraception in the future

Those women who had no intention to use any family planning method in the future or were not sure about it were further asked to state the reason(s) for not intending to use contraception (Table 4.13). The reasons cited included: "not having sex/infrequent sex" (20%), "health concerns" (19%), "menopausal/hysterectomy" (16%) and "religious prohibition" (16%). Not a single woman stated "lack of knowledge" as the reason.

Table 4.13: Main reasons for not intending to use any contraception in the future

Main Reason	Block			Total
	Burmu	Kanke	Ormanjhi	
(n=)	**54**	**55**	**48**	**157**
Not having sex/infrequent sex	24.1	14.5	20.8	19.7
Menopausal/hysterectomy	11.1	21.8	14.6	15.9
Sub-fecund/in-fecund	1.9	1.8	4.2	2.5
Wants as many children as possible	14.8	3.6	4.2	7.6
Opposition to use				
Respondent opposed	1.9	0	6.3	2.5
Husband/partner opposed	9.3	3.6	10.4	7.6
Other opposed	0	3.6	2.1	1.9
Religious prohibition	13	14.5	20.8	15.9
Lack of knowledge				
Health related reasons				
Health concerns	13	23.6	20.8	19.1
Fear of side effects	7.4	9.1	0	5.7
Costs too much	7.4	5.5	0	4.5
Inconvenient to use	3.7	3.6	0	2.5
Interferes with baby's normal process	1.9	3.6	2.1	2.5
Others	1.9	3.6	6.3	3.8
Don't know	7.4	5.5	6.3	6.4

4.9 Attitudes of women towards family planning

Attitudes of the participant women towards family planning were assessed by asking whether they approved or disapproved of the use of family planning by couples. Their perceptions about their husband's/partner's attitudes were also ascertained. While a woman may not necessarily accurately report her husband's actual attitude towards contraception, a wife's perception of her husband's attitude is important since it may affect her own decision. Table 4.14 provides their responses.

Table 4.14: Attitudes of women towards use of family planning method and their perception about their husband's/partner's attitude

Particulars	Block			Total(%)
	Burmu (%)	Kanke (%)	Ormanjhi(%)	
(n=)	**598**	**605**	**597**	**1800**
Attitude of women				
Approves	89.5	87.6	88.9	88.7
Disapproves	7.9	9.4	7.7	8.3
Don't know/ Not sure	2.7	3	3.4	3
Perception about their husband's/partner's attitude (n=)	**598**	**605**	**597**	**1800**
Approves	87.6	84.6	87.9	86.7
Disapproves	8.5	10.9	8.9	9.4
Don't know/ Not sure	3.9	4.5	3.2	3.9

Across all blocks, about 89% of the women approved of family planning use by couples and only 8% disapproved. Women perceived their husband's attitude to be equally favorable towards use of family planning: 87% felt that their husbands approved and only 9% thought that their husbands disapproved of the use of family planning, with no block differentials.

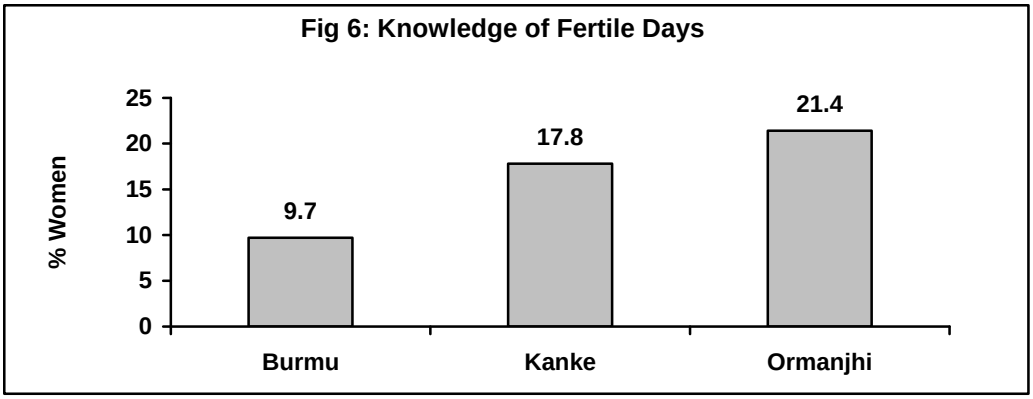
4.10 Knowledge of fertile days during menstrual cycle

For the use of SDM it is important to know about the fertile days during the menstrual cycle when a woman has a greater chance of becoming pregnant. Therefore, all the participant women were asked i) whether they knew about the fertile days in the menstrual cycle and, if yes, ii) to identify the timing of fertile days during the average menstrual cycle. Table 4.15 provides such information.

Table 4.15: Knowledge about fertile days during menstrual cycle

Particulars	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
Whether aware about fertile days during menstrual cycle (n=)	598	605	597	1800
Yes	65.2	65.1	62	64.1
No	22.1	19.3	24.1	21.8
Don't know	12.7	15.5	13.9	14.1
The fertile period starts (n=)	390	394	370	1154
Just before period begins	0.8	1	1.1	1
During period	2.8	2.8	1.4	2.3
Right after end of period	86.2	76.4	75.9	79.5
Half way between two periods	9.7	17.8	21.4	16.2
Others	0	0	0.3	0.1
Don't know	0.5	2	0	0.9

Almost 64% of women across all blocks reported having knowledge of the fertile days during the menstrual cycle. These women were further asked to identify the fertile days during the menstrual cycle. Only 16% of them correctly said "half-way between two periods." The proportion of such women was higher in Ormanjhi (21%) and Kanke (18%) than in Burmu (10%) (Figure 6).



CHAPTER 5

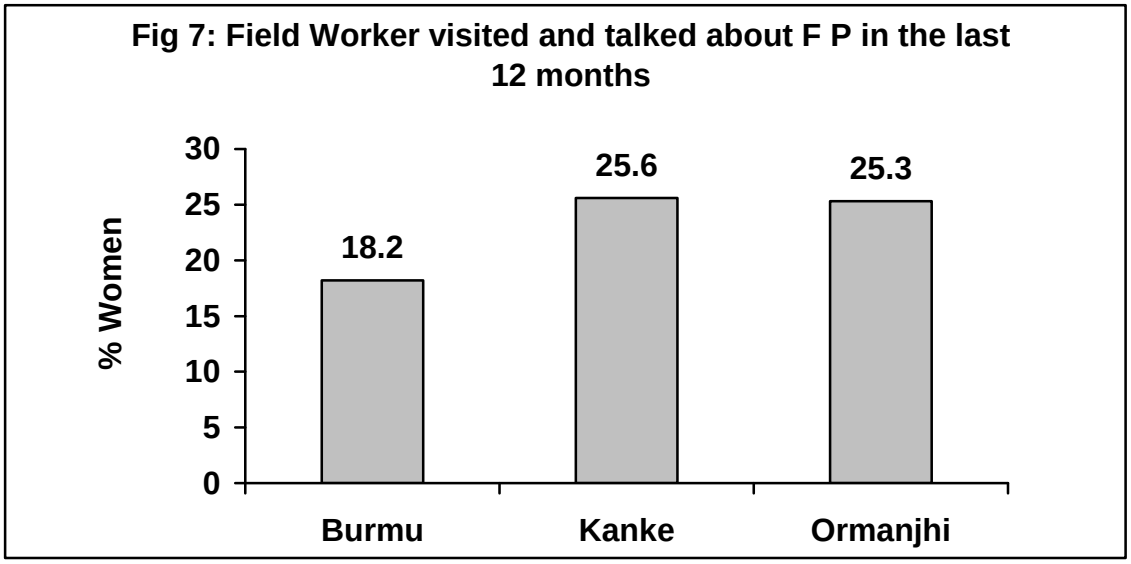
5 FAMILY PLANNING DIFFUSION

5.1 Background

To assess the diffusion of family planning information among women in the study areas, the following data were collected: whether a field worker visited and talked about family planning with the woman during the last 12 months; whether the woman visited any health facility in the last 12 months and any staff member at the health facility spoke to her about family planning methods; where the woman received family planning information in the last few months; whether the woman discussed family planning with friends, neighbors or relatives in the last few months, and with whom; and the frequency of discussion about family planning between women and their spouses/partners in the past year. This chapter reviews the findings of the family planning diffusion section of the questionnaire.

5.2 Discussion of family planning in the last 12 months

Visit by any field worker in the last 12 months and talked about family planning About 23% of women discussed family planning during a house visit with a field worker during the last 12 months, with higher rates in Kanke and Ormanjhi than in Burmu (Table 5.1 and Figure 7).



Discussion of family planning during visits to health facility during the last 12 months: Approximately two–fifths of women—ranging from 35% in Burmu to 41% in Kanke—reported that they visited any health facility in the last 12 months. Of those, only 14% stated that they were told about family planning by any staff member of the

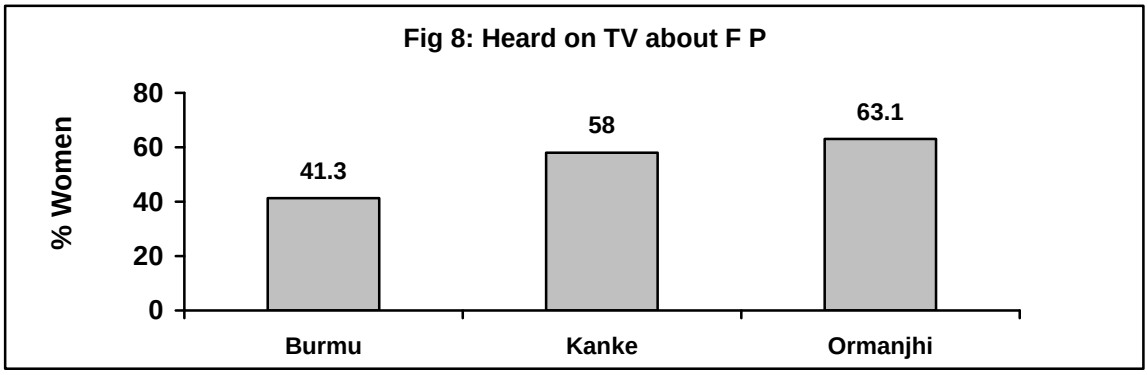
health facility they visited for their/their child's health care, with no block differentials (Table 5.1).

Table 5.1: Visits to health facility to discuss family planning during the last twelve months

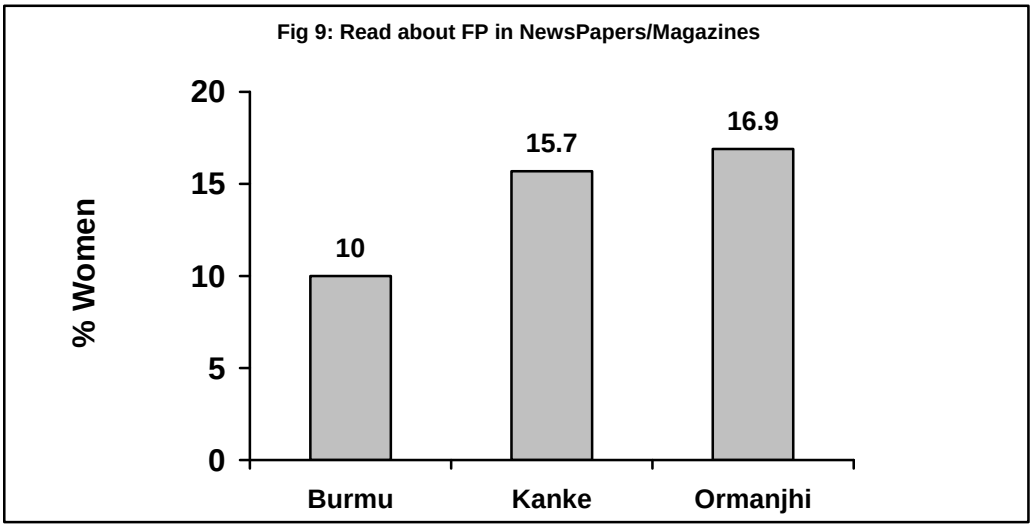
Particulars	Block			Total
	Burmu	Kanke	Ormanjhi	
Visited by any field worker and talked about family planning in the last 12 months (n=)	598	605	597	1800
- Yes	18.2	25.6	25.3	23.1
- No	81.8	74.4	74.7	76.9
Visited any health facility for self or their child's health care in the last 12 months (n=)	598	605	597	1800
- Yes	34.8	41.3	36.3	37.5
- No	65.2	58.7	63.7	62.5
Talked about family planning by any staff member (n=)	208	250	217	675
- Yes	14.9	13.2	14.7	14.2
- No	85.1	86.8	85.3	85.8

5.3 Exposure to family planning through mass media

For many years, the Government of India family welfare program has been utilizing mass media strategies to promote use of family planning methods. In order to explore the dissemination of family planning messages through various mass media, all women were asked whether they heard about family planning on radio, TV and/or in newspapers/ magazines during the last few months. About 46% of women across all blocks had heard about family planning on the radio, while 54% (higher in Ormanjhi and Kanke) had heard about family planning on TV (Figure 8).



An average of 14% of women (higher in Ormanjhi and Kanke than in Burmu) read about family planning in newspapers/magazines (Figure 9).



Women also reported hearing about family planning through the following outlets: village meetings (39%), public announcements/miking (26%), wall paintings/ writings (22%) and nukad natak/puppet shows (20%) (Table 5.2).

Table 5.2: Percentage of women hearing about family planning on radio, TV and newspaper/magazine

Media through heard about family planning*	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
(n=)	**598**	**605**	**597**	**1800**
Radio	45.5	45.5	46.9	45.9
TV	41.3	58	63.1	54.2
Newspaper/magazine	10	15.7	16.9	14.2
Nukad Natak/Puppet show	16.7	22.1	21.4	20.1
Wall painting/Wall writing	19.6	27.3	19.8	22.2
Public announcement/miking	20.4	25.3	31.8	25.8
Village meeting	30.8	37.9	49.4	39.3
***Multiple responses**				

5.4 Discussion of family planning with friends/neighbors/relatives

All participant women were asked whether they had discussed (and with whom) family planning with their friends, neighbors or relatives in the last few months. Table 5.3 provides their responses.

Table 5.3: Discussion of family planning with friends, neighbors or relatives

Particulars	Block			Total
	Burmu	Kanke	Ormanjhi	
Whether discussed	598	605	597	1800
Yes	41.8	46.8	44.9	44.5

No	58.2	53.2	55.1	55.5
With whom discussed * (n=)	250	283	268	801
Husband/partner	65.6	85.2	75	75.7
Mother	3.2	2.1	0.7	2
Sister/sister in law	6.4	7.8	8.6	7.6
Brother/brother in law	0	0.4	0.4	0.2
Daughter	1.6	0.7	0.4	0.9
Son	0	1.1	0	0.4
Mother in law	11.2	10.2	9	10.1
Friends/neighbors	64	65.4	61.2	63.5
Others	1.6	1.4	1.1	1.4
* Multiple responses				

About 45% of women – varying between 42% in Burmu and 47% in Kanke – reported that they discussed family planning with their friends, neighbors or relatives in the last few months. Among those who discussed the issue with relatives, most women discussed with their husbands/partners (76%), followed by mothers-in-law (10%) and sisters/sisters-in-law (8%). Between 61-65% discussed with friends/ neighbors.

5.5 Discussion of Family Planning With Husbands/Partners

All participant women were asked how often they talked about family planning with their husbands/partners in the past year. Table 5.4 provides their responses.

One–third of women never discussed family planning with their husbands/partners in the past year. Slightly over one–half of women discussed family planning only once or twice in the last year, and about 15% discussed the issue more often.

Table 5.4: Percentage of respondents who talked about family planning with their husbands/partners

Frequency of talking in the past one year	Block			Total
	Burmu	Kanke	Ormanjhi	
(n=)	598	605	597	1800
Never	30.9	31.9	35	32.6
Once or twice	51.8	54	51.3	52.4
More often	17.1	14	13.7	14.9

CHAPTER 6

6. KNOWLEDGE AND OPINION ABOUT THE STANDARD DAYS METHOD (SDM)

6.1 Background

Those women who reported that they had heard of the Standard Days Method were asked a set of questions to assess their knowledge on what is SDM, who can use it and how it is used. Their opinions regarding use, effectiveness if used correctly, affordability, understanding, popularity and acceptability in the community, and ability to meet family planning needs were sought. Their views are analyzed and discussed in this chapter.

6.2 Knowledge about the SDM

In all, 376 women (24 in Burmu, 164 in Kanke and 188 in Ormanjhi) had heard of SDM (Chapter 3). Data reveal that probing is essential to elicit women's complete knowledge about SDM, as most women only reported knowledge upon probing. So, their knowledge after probing (i.e. spontaneous responses plus probed responses) has been discussed.

What is the Standard Days Method?

Table 6.1 provides their responses of women who have heard of SDM, and below is a summary of findings (Figure 10).

- Almost three–fourths of women (more in Kanke (81%) and Ormanjhi (75%) than in Burmu (42%)) knew of SDM as the "fertility awareness," "rhythm" or "risky days" method.
- Slightly over 70% of the women (more in Kanke and Ormanjhi (74% each) than in Burmu (42%)) knew that SDM "defines as fertile days 8-19 of the menstrual cycle or those of white beads."
- About 78% of the women knew that SDM "comes with a visual aid: a necklace." The proportion of such women was higher in Kanke (82%) and Ormanjhi (78%) than in Burmu (54%).

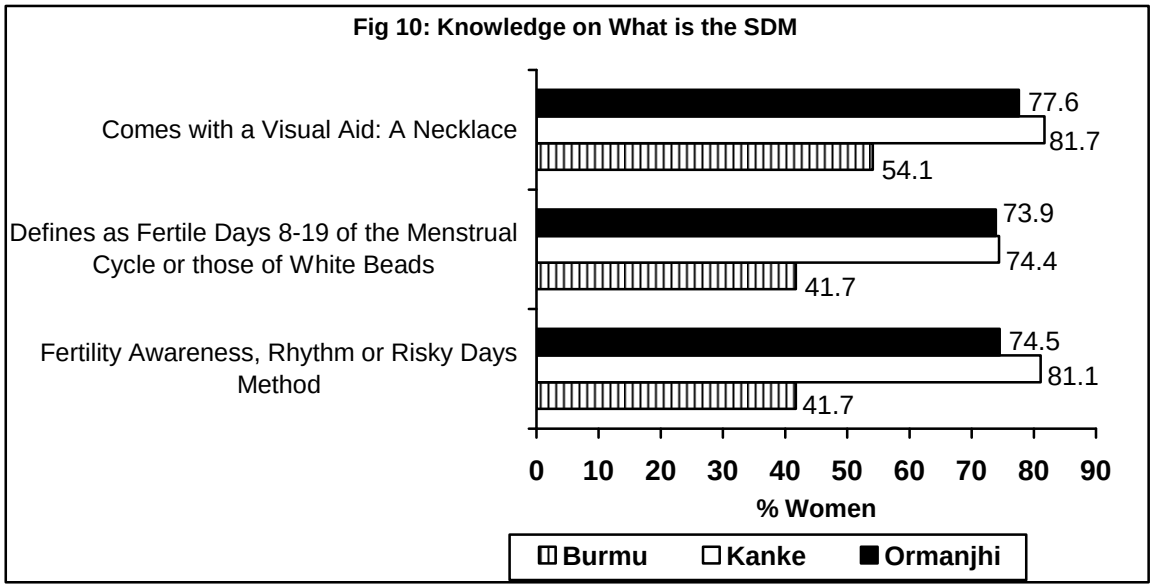


Table 6.1 : Knowledge of SDM: What is SDM

What is the Standard Days Method?	Block												Total			
	Burmu (%)				Kanke (%)				Ormanjhi (%)							
	S	P	T	n=	S	P	T	n=	S	P	T	n=	S	P	T	(n=)
- It is a fertility awareness, rhythm, or "risky days" method	29.2	12.5	41.7	24	31.1	50	81.1	164	23.4	51.1	74.5	188	27.1	48.1	75.2	376
- It defines as fertile days 8-19 of the menstrual cycle or those of white beads	29.2	12.5	41.7	24	25.6	48.8	74.4	164	16.5	57.4	73.9	188	21.3	50.8	72.1	376
- It comes with a visual aid: a necklace	20.8	33.3	54.1	24	34.1	47.6	81.7	164	32.4	45.2	77.6	188	32.4	45.5	77.9	376

S- Spontaneous P – Probed T- (Spon + Probed) (n=) – All women who heard of SDM

Who can use SDM?

Table 6.2 provides responses on who can use SDM. The main findings are as follows (Figure 11):

- About 71% of the women (more in Ormanjhi (73%) and Kanke (70%) than in Burmu (50%)) knew that "a woman who has a regular menstrual cycle can use it."
- About 65% of the women were aware that "its use requires a 26-32 days menstrual cycle." The percentage of such women was more in Kanke and Ormanjhi (66% each) than in Burmu (54%).
- About 64% of the women (more in Kanke (70%) and Ormanjhi (61%) than in Burmu (46%)) knew that "its use requires partner's cooperation."

Fig 11: Knowledge on Who can use the SDM

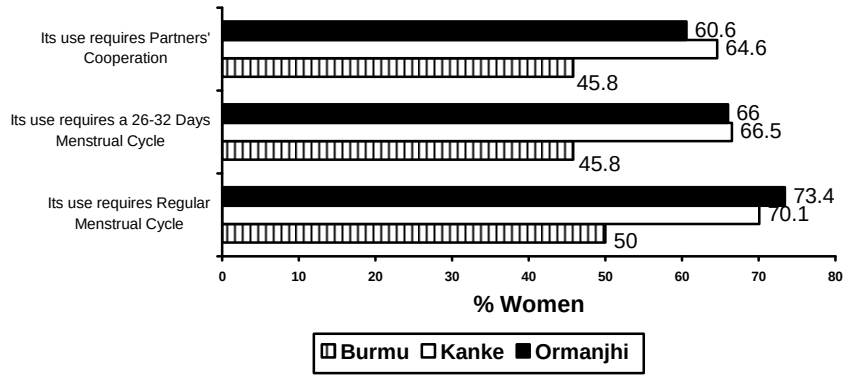


Table 6.2: Knowledge of SDM: Who can use it

What woman can use the Standard Days Method?	Block												Total (%)			
	Burmu (%)				Kanke (%)				Ormanjhi(%)							
	S	P	T	(n=)	S	P	T	(n=)	S	P	T	(n=)	S	P	T	(n=)
- Requires a regular menstrual cycle	8.3	41.7	50	24	13.4	56.7	70.1	164	10.6	62.8	73.4	188	11.7	58.8	70.5	376
- Requires a 26-32 day menstrual cycle	0	45.8	45.8	24	7.9	58.5	66.5	164	8	58	66	188	7.4	57.4	64.9	376
- Requires partner cooperation	4.2	41.7	45.8	24	5.5	64.6	70.1	164	3.2	57.4	60.6	188	4.3	59.6	63.8	376

S- Spontaneous P – Probed T- (Spon + Probed) (n=) – All women who heard of SDM

How is SDM used?

Table 6.3 gives women's responses on how SDM is used. The main findings are as follows:

- About 59% of the women (with no block differentials) knew that SDM "requires abstinence or use of condom in the fertile days."
- Almost 69% of the women (more in Kanke (73%) and Ormanjhi (69%) than in Burmu (50%)) were aware that "it requires keeping track daily."
- More than three–fifths (67%) of the women knew that SDM requires "moving the black band to the red bead the day menstruation starts," marking the first day of menstruation on a calendar" (63%), "moving the black band every day" (71%), "always moving the black band in the same direction" (68%) and "checking with the calendar if one forgets to move the band" (63%). Significantly more women in Kanke and Ormanjhi were knowledgeable about each of these requirements than in Burmu.

Table 6.3: Knowledge about use of SDM

How is the Standard Days Method used?	Block												Total			
	Burmu				Kanke				Ormanjhi							
	S	P	T	(n=)	S	P	T	(n=)	S	P	T	(n=)	S	P	T	(n=)
- Requires abstinence or use of condom in the fertile days	8.3	50	58.3	24	9.1	49.4	58.5	164	4.8	54.3	59.1	188	6.9	51.9	58.8	376
- Requires keeping track daily	12.5	37.5	50	24	11	61.6	72.6	164	9	60.1	69.1	188	10.1	59.3	69.4	376
- Requires moving the black band to the red bead the day menstruation starts	16.7	29.2	45.9	24	11	59.1	70.1	164	6.4	59.6	66.0	188	9	57.4	66.5	376
- Requires marking the first day of menstruation on a calendar	0	25	25	24	3.7	64	67.7	164	2.7	60.6	63.3	188	2.9	59.8	62.7	376
- Requires moving the black band every day	12.5	29.2	41.7	24	11	63.4	74.4	164	12.2	59.6	71.8	188	11.7	59.3	71.0	376
- Requires always moving the black band in the same direction	0	41.7	41.7	24	6.1	65.2	71.3	164	9	58.5	67.5	188	7.2	60.4	67.6	376
- Requires checking with the calendar if one forgets to move the band	0	29.2	29.2	24	2.4	67.1	69.5	164	4.3	57.4	61.7	188	3.2	59.8	63.0	376

S- Spontaneous P – Probed T- (Spon + Probed) (n=) – All women who heard of SDM

6.3 Women's opinions about community understanding, use, affordability and popularity, etc., of SDM

Women's views about the Standard Days Method are provided in Table 6.4. After analyzing their responses, the following major findings were determined.

- A majority of women perceived SDM to be easy to understand for themselves (59%) as well as their husbands/partners (55%), simple to use (58%), effective if used correctly (59%), easy to obtain (61%) and safe for health (64%). The

percentage of such women was significantly more in Kanke and Ormanjhi than in Burmu, with no difference between Kanke and Ormanjhi.

- About one–half of the women (more in Ormanjhi (51%) and Kanke (48%) than in Burmu (38%)) felt that SDM "does not require too much work."
- Only 17% of the women (with no block differentials) believed that SDM "interferes with one's sexual life."
- Only about one-third of the women perceived SDM to be affordable. The proportion of such women was lower in Burmu (25%) than in Ormanjhi (35%) and Kanke (36%).
- Regarding the popularity of SDM in the community, about one-half of women perceived it to be popular. The percentage of women who believed SDM to be popular was significantly lower in Burmu (21%) than in Kanke (49%) and Ormanjhi (53%).
- About three-fifths of the women in Kanke and Ormanjhi felt SDM to be consistent with their religions beliefs and moral principles, while in Burmu, the percentage of such women was significantly lower (about one-third of the women).

Table 6.4: Opinion about community understanding, use, affordability, popularity, etc. of SDM.

Opinion of SDM	Block												Total			
	Burmu				Kanke				Ormanjhi							
	Y	N	DK	(n=)	Y	N	DK	(n=)	Y	N	DK	(n=)	Y	N	DK	(n=)
- Easy for you to understand	33.3	8.3	58.3	24	64.6	18.3	17.1	164	56.4	21.8	21.8	188	58.5	19.4	22.1	376
- Easy for your partner to understand	29.2	20.8	50	24	58.5	16.5	25	164	55.9	20.2	23.9	188	55.3	18.6	26.1	376
- Simple to use	33.3	20.8	45.8	24	62.2	15.2	22.6	164	57.4	13.8	28.7	188	58	14.9	27.1	376
- Requires too much work	16.7	37.5	45.8	24	23.2	48.2	28.7	164	19.7	50.5	29.8	188	21	48.7	30.3	376
- Interferes with one's sexual life	16.7	41.7	41.7	24	19.5	50.6	29.9	164	14.9	51.6	33.5	188	17	50.5	32.4	376
- Effective if used correctly	25	25	50	24	63.4	11.6	25	164	59.6	8	32.4	188	59	10.6	30.3	376
- Affordable	25	33.3	41.7	24	36	42.7	21.3	164	35.1	35.1	29.8	188	34.8	38.3	26.9	376
- Easy to obtain	20.8	29.2	50	24	64	13.4	22.6	164	64.4	11.2	24.5	188	61.4	13.3	25.3	376

- Popular in your community	20.8	12.5	66.7	24	49.4	20.1	30.5	164	53.2	13.3	33.5	188	49.5	16.2	34.3	376
- Consistent with your religious beliefs	33.3	20.8	45.8	24	65.9	14.6	19.5	164	56.9	15.4	27.7	188	59.3	15.4	25.3	376
- Consistent with your moral principles	29.2	20.8	50	24	65.2	15.9	18.9	164	60.1	14.4	25.5	188	60.4	15.4	24.2	376
- Safe for your health	33.3	16.7	50	24	70.1	9.8	20.1	164	62.8	11.2	26.1	188	64.1	10.9	25	376
Y- Yes		**N- No**			**DK- Don't know**				**(n=) All women who heard of SDM**							

6.4 Acceptability of SDM

Upon asking whether SDM is acceptable to the respondents, 53% replied in that it is, with no difference in Kanke and Ormanjhi. In Burmu, significantly fewer women responded affirmatively (29%) (see Table 6.5).

Regarding its acceptability to their husbands/partners, about one–half of the women in Kanke and Ormanjhi perceived that it is acceptable to their husbands/partners, while in Burmu, only one–third of them reported as such.

Table 6.5 : Opinion on acceptability of SDM

Particulars	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
Acceptability of SDM (n=)	**24**	**164**	**188**	**376**
Yes	29.2	56.1	52.7	52.7
No	29.2	25.6	26.1	26.1
Don't Know	41.7	18.3	21.3	21.3
Acceptability by the spouse/partner (n=)	**24**	**164**	**188**	**376**
Yes	33.3	51.8	48.4	48.9
No	20.8	25.6	23.4	24.2
Don't Know	45.8	22.6	28.2	26.9

6.5 Opinion of using SDM to meet future family planning needs

Those women who were not using SDM to avoid or delay pregnancy at the time of the survey but had heard about it were further asked whether SDM would meet their needs for a family planning method in the future.

- Overall, one half of women (more in Kanke (55%) and Ormanjhi (50%) than in Burmu (22%)) felt that it would meet their needs for a family planning method in the future.
- Those women who reported that SDM would not meet the needs for a family planning method in the future cited "lack of information" (30%), "disliking

abstinence"" (20%) and " ineffective/no trust" (13%) as the most important factors why SDM does not meet their needs (Table 6.6).

Table 6.6: Opinion of using SDM for future family planning needs

Particulars	Block			Total(%)
	Burmu (%)	Kanke(%)	Ormanjhi (%)	
Whether SDM will meet future family planning needs (n=)	**23**	**160**	**178**	**361**
Yes	21.7	55	50	50.4
No	8.7	17.5	14.6	15.5
Don't Know	43.5	23.1	27	26.3
No response	26.1	4.4	8.4	7.8
Reasons for not meeting the needs (n=)	**2**	**28**	**26**	**56**
Spouse opposed	0	3.6	11.5	7.1
Expensive	0	0	3.8	1.8
Ineffective/Don't Trust	0	10.7	15.4	12.5
Lack of information	0	32.1	30.8	30.4
Dislike abstinence	100	10.7	23.1	19.6
Dislike condom use	0	0	7.7	3.6
Others	0	42.9	30.8	35.7

6.6 Approval of use of SDM in future by husbands/partners

Those women who were not using SDM at the time of survey but had heard of it were further asked whether their husbands/partners would approve if they decided to use SDM in the future. Table 6.7 provides their responses. The following findings emerged:

- Overall, about 42% of women (higher in Kanke (44%)and Ormanjhi (42%) than in Burmu (22%)) perceived that their husband/partner would approve of the use of SDM.
- The main reasons given by women for husbands'/partners' disapproval of SDM use in the future were: "lack of information" (24%), "disliking abstinence" (17%), "ineffective/no trust" (13%) and "disliking condom use" (6%). About 35% expressed that they would opt for female/male sterilization.

Table 6.7: Perception of approval of use of SDM in future by husband/partner

Particulars	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
Whether the spouse approve respondent decides to use SDM (n=)	**23**	**160**	**178**	**361**
Yes	21.7	44.4	42.1	41.8
No	17.4	22.5	26.4	24.1
Don't Know	34.8	28.1	23	26
No response	26.1	5	8.4	8
Reasons to disapprove SDM (n=)	**4**	**36**	**47**	**87**
Expensive	0	0	2.1	1.1

Ineffective/Don't Trust	0	11.1	14.9	12.6
Lack of information	25	25	23.4	24.1
Dislike abstinence	50	13.9	17	17.2
Dislike condom use	0	2.8	8.5	5.7
Female/male Sterilization	25	41.7	29.8	34.5
Religious Problem	0	0	2.1	1.1
Others	0	5.6	10.6	8.0

6.7 Planning to seek more information on SDM

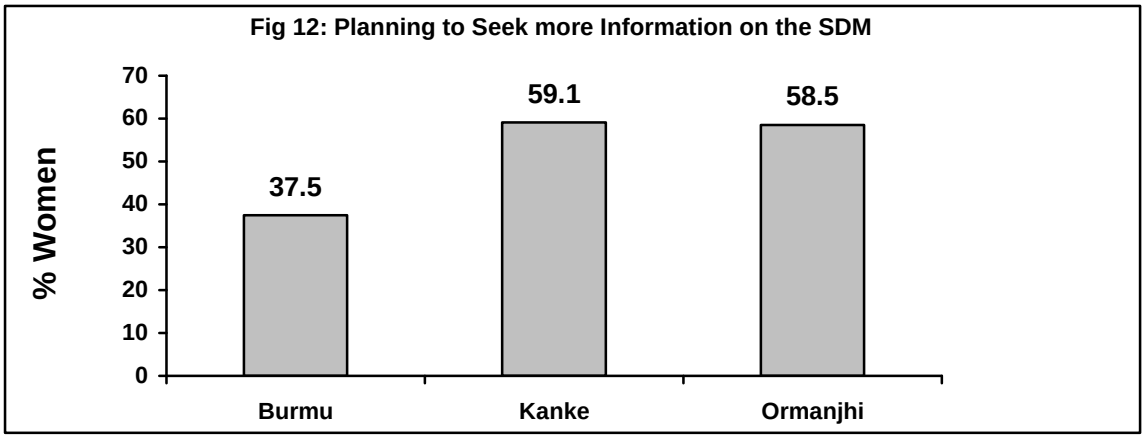
All those women who had heard of SDM were further asked whether they were planning to seek more information on SDM. Table 6.8 provides their responses.

Table 6.8: Planning to seek more information about SDM

Particulars	Block			Total
	Burmu (%)	Kanke (%)	Ormanjhi	
Whether planning to seek more information on SDM (n=)	**24**	**164**	**188**	**376**
Yes	37.5	59.1	58.5	57.4
No	20.8	28	30.9	29
Don't Know	20.8	9.8	3.2	7.2
Not Mentioned	20.8	3	7.4	6.4
Persons who told about SDM (n=)	24	164	188	376
- Friends/family members/neighbors	41.7	6.7	8	9.6
- Spouse	4.2	0	1.1	0.8
- Provider	8.3	7.9	8	8
- Anganwadi worker	25	71.3	66	65.7
- Community health worker	4.2	9.1	9.6	9
- RMP	0	1.2	1.1	1.1
- KVGK personnel	4.2	6.1	8	6.9
- Others	8.3	6.7	4.8	5.9
- Don't know	4.2	0.6	1.6	1.3
Source for getting information about the SDM (n=)	24	164	188	376
Community Talk	0	12.8	18.1	14.6
Health Fair	4.2	6.1	0.5	3.2
Clinic talk	0	1.2	0.5	0.8
Poster	0	0	0.5	0.3
Newspaper	4.2	0	0	0.3
Nukkad Natak/Puppet Shows	0	3	1.1	1.9
Public announcement	4.2	2.4	1.1	1.9
SHG/Mahila Mandal	16.7	15.2	11.2	13.3
Anganwadi Worker	8.3	32.3	24.5	26.9
Neighbor	8.3	4.3	1.6	3.2
Wall Painting	0	0.6	0	0.3
KGVK	0	0.6	0	0.3
Block	0	0.6	0	0.3
Anganwadi Center	0	4.9	5.9	5.1
ANM	4.2	4.3	1.6	2.9
Family/Relatives	8.3	1.2	2.1	2.1

Field Worker	4.2	0.6	0	0.5
School Camp	0	0.6	0	0.3
Nurse	0	0.6	0	0.3
Navbharat jagtiri Cendra	0	0.6	0	0.3
Gotdi	0	0.6	1.1	0.8
RMP	0	0	0.5	0.3
Govt. Health Center	0	0	0.5	0.3
Shop	4.2	0	0	0.3
Can't remember/Don't Know	4.2	13.4	19.1	15.7
Not mentioned	29.2	7.9	16.5	13.6
Knowledge about source for getting SDM (n=)	24	164	188	376
Yes	37.5	68.9	70.2	67.6
No	41.7	28	22.3	26.1
Not mentioned	20.8	3	7.4	6.4
Knowledge of places to get SDM (n=)	9	113	132	254
Government Hospital	0	5.3	9.8	7.5
PHC	11.1	7.1	6.1	6.7
Sub Center	11.1	0	0.8	0.8
Anganwadi Center	77.8	89.4	81.8	85
Private Hospital/Clinic	0	0	0	0
Pharmacy	0	0.9	1.5	1.2
RMP	0	0	1.5	0.8
Non-Government Field Worker	11.1	5.3	0.8	3.1
Friends/Relatives	11.1	0.9	4.5	3.1
Others	0	0.9	1.5	1.2

- Overall, almost 57% of the women stated that they would like to seek more information on SDM. The proportion of such women was higher in Kanke and Ormanjhi (59% each) than in Burmu (38%). See Figure 12.
- An Anganwadi worker was the main source (66%) of information about SDM.
- Regarding the places from where they got information about SDM, Aganwadi worker, community talk (village meetings) and SHG/Mahila Mandal were reported as the primary sources.
- About 68% of the women (more in Kanke (69%) and Ormanjhi (70%) than in Burmu (38%) knew where to get information about SDM.
- Those who reported that they knew where to get information on SDM were further asked to name where to get the information. The Aganwadi center and PHC were reported as the main places to get information on SDM.



6.8 Discussion of SDM with anyone

All women who heard of SDM were further asked whether they discussed SDM with anyone. Table 6.9 provides their responses.

Table 6.9: Discussion of SDM

Particulars	Block			Total
	Burmu	Kanke	Ormanjhi	
Ever discussed SDM with anyone (n=)	**24**	**164**	**188**	**376**
Yes	25	36.6	38.8	37
No	41.7	58.5	51.1	53.7
Don't know	12.5	1.8	2.7	2.9
Not mentioned	20.8	3	7.4	6.4
The person with whom discussed (n=)	**6**	**60**	**73**	**139**
- Husband	83.3	45	41.1	44.6
- Other relatives	16.7	16.7	23.3	20.1
- Friends/neighbors	66.7	75	75.3	74.8
- Others	0	3.3	4.1	3.6

- Thirty-seven percent of women (though more in Ormanjhi (39%) and Kanke (37%) than in Burmu (25%) but not statistically significant) discussed SDM with anyone.
- A majority of women discussed SDM with their friends/neighbors and husbands.

6.9 Knowledge of anyone using SDM

- Almost 73% of women using SDM at the time of survey knew someone who was using or had used SDM (Table 6.10).
- Among those who were not using the method at the time of survey, 31% knew somebody who was using SDM or had used SDM (Table 6.10).

Table 6.10 : Knowledge of any person using SDM

Particulars	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
Whether knows anybody who is using SDM or used (among those who were using SDM at the time of survey) (n=)	**1**	**4**	**10**	**15**
Yes	100	50	80	73.3
No	0	25	10	13.3
Don't know	0	25	10	13.3
Whether knows anybody who is using SDM or used (among those who were not using SDM at the time of survey) (n=)	**23**	**160**	**178**	**361**
Yes	34.8	28.1	32.6	30.7
No	30.4	53.1	52.2	51.2
Don't know	13	16.3	7.3	11.6
Not mentioned	21.7	2.5	7.9	6.4

CHAPTER 7

7. SEXUAL ACTIVITY AND CONDOM USE

7.1 Background

This chapter discusses information gathered from women on the date of last sexual intercourse, condom use and knowledge about where to get condoms.

7.2 Time of last sexual intercourse

All participant women were asked how many days, weeks, months or years ago they had their last act of sexual intercourse with their husbands/partners. Table 7.1 provides their responses.

Table 7.1 : Time of last sexual intercourse

Time of last inter course	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
(n=)	**598**	**605**	**597**	**1800**
Days ago	58	58.5	58	58.2
Weeks ago	14.9	11.6	15.1	13.8
Months ago	20.4	24.5	21.6	22.2
Years ago	6.7	5.5	5.4	5.8

Almost 58% of women had their last sexual intercourse several days ago, 14% some weeks ago and 22% had it several months ago. Only about 6% of women reported having their last encounter several years ago. There were no block differentials with regard to the time when the women had their last intercourse.

7.3 Use of condom in last sexual intercourse

All those women who had their sexual intercourse some days, weeks or months ago were further asked whether they used condom at that time. Only about 7% of them reported condom use with no block differentials (Table 7.2).

Table 7.2: Use of condom

Use of condom	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
(n=)	**558**	**572**	**565**	**1695**
Yes	7.9	7.7	6.4	7.3
No	92.1	92.3	93.6	92.7

7.4 Sources of obtaining condoms

All participant women, irrespective of whether they used condoms at last sexual intercourse, were asked whether they know where to get condoms. Table 7.3 provides their responses.

More than three-fifths of the women (more in Ormanjhi (70%) and Kanke (68%) than in Burmu (51%)), knew where to obtain condoms. In the public sector, field workers (42%), government health centers (29%) and government hospitals (20%) were the three main sources known to them. In private sector, pharmacists were the main source reported (57%) followed by shops (18%).

Women who were aware of where to obtain condoms were further asked whether they would feel comfortable getting condoms. About 47% of women reported they would feel comfortable getting condoms, with no block differentials (Table 7.3).

All the women (regardless of knowledge) were further asked whether they felt comfortable getting condoms; only 27% said yes. Though the proportion of such women was higher in Ormanjhi (31%) and Kanke (28%) than in Burmu (23%), the data was not statistically significant (See Table 7.3).

Table 7.3 : Sources for obtaining condom

Particulars	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
Whether knew the place(s) from where can obtain condom (n=)	**598**	**605**	**597**	**1800**
Yes	50.5	68.1	70.4	63
No	49.5	31.9	29.6	37
Knowledge about place(s) (n=)	**302**	**412**	**420**	**1134**
Public sector				
Govt. hospital	22.5	22.6	14.8	19.7
Govt. health center	27.2	24.8	33.8	28.7
Family planning clinic	2	0.7	1.4	1.3
Mobile clinic	1	0.2	0.7	0.6
Field worker	34.1	45.9	44.3	42.2
Other public health facility	5	3.6	4.5	4.3
Any public source	71.5	72.6	71.9	72
Private medical sector				
Private hospital/clinic	8.3	4.9	5.2	5.9
Pharmacy	44.7	62.4	60.7	57.1
Private doctor	4.3	7	4.8	5.5
Mobile clinic	0.3	0.2	0.7	0.4
Field worker	2.6	1.9	3.6	2.7
Medical	1.7	3.6	1	2.1
Any private source	1.7	3.6	1	2.1
Shop	15.6	18.4	20.5	18.4
Church	0	0	0.2	0.1
Friends/relatives	0.3	0	0	0.1
Others	**5**	**4.9**	**1.4**	**3.6**

Whether felt comfortable in getting condom (n=)	**302**	**412**	**420**	**1134**
Yes	47	44.7	50	47.3
No	50.3	51.2	48.8	50.1
Don't know/can't say	2.6	4.1	1.2	2.6
Whether could get a condom (n=)	**598**	**605**	**597**	**1800**
Yes	22.6	27.8	30.7	27
No	67.7	66	61.6	65.1
Don't know/can't say	9.7	6.3	7.7	7.9

CHAPTER 8

8. GENDER ROLES

8.1 Background

Women were asked a number of questions related to who (they or their husbands) have a greater say in matters such as household chores, sexual activities, acceptance of family planning methods and number and timing of children. Their views are presented in this chapter.

8.2 Household chores

The following findings emerged regarding household chores (Table 8.1).

- About three-fifths of women (ranging between 57% in Burmu and 61% in Kanke) stated that both the wife and the husband have equal say in making large household purchases.
- With regard to making small daily household purchases, about 52% of the women (varying from 48% in Burmu to 56% in Ormanjhi), felt that they have the greater say.
- About four-fifths of the women (significantly higher in Kanke and Ormanjhi (86% each) than in Burmu (64%)) believed that both the wife and the husband have equal say in deciding when to visit family, friends or relatives.
- About three-fourths of women (significantly more in Ormanjhi (81%) and Kanke (78%) than in Burmu (68%)) perceived that both the wife and the husband have equal say in deciding what to do with the money earned by their wives.
- Overall, about 93% of the women stated that both the wife and the husband have equal say in deciding on how many children to have and when to have them, with no block differentials.

Table 8.1: Household chores and who has the greater say

Household chores	Who has the greater say				All sample women (n=)
	Husband	Wife	Both equally	DK/ Depends	
Burmu					
Making large household purchases	37	5.4	57	0.7	**598**
Making small daily household purchases	22.6	47.5	28.8	1.2	**598**
Deciding when to visit family, friends or relatives	27.3	8.2	63.7	0.8	**598**
Deciding what to do with the money the wife earns for her work	18.4	8.9	67.6	5.2	**598**
Deciding how many children to have and when to have them	6.2	4.2	89.1	0.5	**598**

Kanke					
Making large household purchases	31.6	6.4	60.8	1.2	**605**
Making small daily household purchases	20.8	51.7	26.3	1.2	**605**
Deciding when to visit family, friends or relatives	9.6	4	85.8	0.7	**605**
Deciding what to do with the money the wife earns for her work	7.1	5.6	77.9	9.4	**605**
Deciding how many children to have and when to have them	3.1	2.1	93.9	0.8	**605**
Ormanjhi					
Making large household purchases	32.8	7.2	58.3	1.7	**597**
Making small daily household purchases	14.7	55.9	27.5	1.8	**597**
Deciding when to visit family, friends or relatives	6.7	5.5	86.1	1.7	**597**
Deciding what to do with the money the wife earns for her work	2.5	2.7	80.9	13.9	**597**
Deciding how many children to have and when to have them	2	1.3	95.8	0.8	**597**
Total (All the three blocks)					
Making large household purchases	33.8	6.3	58.7	1.2	**1800**
Making small daily household purchases	19.4	51.7	27.5	1.4	**1800**
Deciding when to visit family, friends or relatives	14.5	5.9	78.6	1.1	**1800**
Deciding what to do with the money the wife earns for her work	9.3	5.7	75.4	9.5	**1800**
Deciding how many children to have and when to have them	3.8	2.6	92.9	0.7	**1800**

All sample women were asked whether the husband is justified in hitting or beating the wife in certain situations. Table 8.2 provides their responses.

Table 8.2: Views of women on whether the husband is justified in hitting or beating his wife in certain situations

Situations	Yes (%)	No (%)	DK/ Depends (%)	All sample women (n=)
Burmu				
- If she goes out without telling him	28.6	71.1	0.3	**598**
- If she neglects the children	29.3	70.6	0.2	**598**
- If she argues with him	41.1	58.4	0.5	**598**
- If she refuses to have sex with him	12.9	86.8	0.3	**598**
- If she burns the food	14	85.6	0.3	**598**
Kanke				
- If she goes out without telling him	18.8	80.8	0.3	**605**
- If she neglects the children	19.5	80.2	0.3	**605**
- If she argues with him	31.1	68.6	0.3	**605**

- If she refuses to have sex with him	8.4	90.9	0.7	**605**
- If she burns the food	8.9	90.7	0.3	**605**
Ormanjhi				
- If she goes out without telling him	17.1	82.4	0.5	**597**
- If she neglects the children	18.1	81.7	0.2	**597**
- If she argues with him	26.6	72.7	0.7	**597**
- If she refuses to have sex with him	9.4	88.6	2	**597**
- If she burns the food	8.4	91.3	0.3	**597**
Total (All the three blocks)				
- If she goes out without telling him	21.5	78.1	0.4	**1800**
- If she neglects the children	22.3	77.5	0.2	**1800**
- If she argues with him	32.9	66.6	0.5	**1800**
- If she refuses to have sex with him	10.2	88.8	1	**1800**
- If she burns the food	10.4	89.2	0.3	**1800**

Most of the women believed that husbands were not justified in hitting or beating their wives in the case their wife " goes out without telling their husband" (78%), "neglects the children" (77%), "argues with the husband" (67%), "refuses to have sex with him" (89%) or "burns the food" (89%). The proportion of such women was significantly lower for each of the situations in Burmu than in Kanke and Ormanjhi. In Kanke and Ormanjhi, there was no difference in the women's responses.

8.3 Use of money earned by women

All women who were working for money were further asked who mainly decides (wife, husband, both or any family member) how to use the money they earn. Their responses are given in Table 8.3.

About four-fifths of them (higher in Ormanjhi (85%) and Kanke (83%) than in Burmu (70%)) stated that both the wife and the husband jointly decide about how to utilize the money they earn.

Table 8.3 : Who mainly decides about how the money earned by women will be utilized

Main decision maker	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
(n=)	**416**	**346**	**390**	**1152**
Respondent	9.4	8.4	7.9	8.6
Spouse/partner	20.4	7.8	6.4	11.9
Both jointly	69.5	82.9	85.1	78.8
Some one else	0.2	0.9	0	0.3
Respondent and some one else jointly	0.5	0	0.5	0.3

8.4 Refusal of wives to have sex in certain situations

All the sample women were asked whether the wife is justified in refusing to have sex with their husband/partner in certain situations (listed in Table 8.4).

A vast majority of women (between 91 and 93%) believed that the wife is justified in refusing to have sex with their husband if she “is tired and not in the mood,” “has recently given birth,” “knows her husband has sex with other women,” “knows her husband has a sexually transmitted disease” and “is on her fertile days.” The proportion of such women was significantly lower in Burmu than in Kanke and Ormanjhi in each of the situations.

Table 8.4: Views of women on whether the wife is justified in refusing to have sex with her husband in certain situations

Situations	Women			All sample women (n=)
	Yes (%)	No (%)	DK/ Depends (%)	
Burmu				
She is tired and not in the mood	82.9	16.7	0.3	**598**
She has recently given birth	83.6	16.1	0.3	**598**
She knows her husband has sex with other women	85.6	13.9	0.5	**598**
She knows her husband has a sexually transmitted disease	87.1	12	0.8	**598**
She is on her fertility days	84.3	15.1	0.7	**598**
Kanke				
She is tired and not in the mood	93.9	5.6	0.5	**605**
She has recently given birth	96.2	3.8	0	**605**
She knows her husband has sex with other women	95	4.6	0.3	**605**
She knows her husband has a sexually transmitted disease	96.5	3.5	0	**605**
She is on her fertility days	95.5	4	0.5	**605**
Ormanjhi				
She is tired and not in the mood	96.5	3.4	0.2	**597**
She has recently given birth	95.8	4	0.2	**597**
She knows her husband has sex with other women	95.1	4.4	0.5	**597**
She knows her husband has a sexually transmitted disease	95.3	4	0.7	**597**
She is on her fertility days	95.8	3.4	0.8	**597**
Total (All three blocks)				
She is tired and not in the mood	91.1	8.6	0.3	**1800**
She has recently given birth	91.9	7.9	0.2	**1800**
She knows her husband has sex with other women	91.9	7.6	0.4	**1800**
She knows her husband has a sexually transmitted disease	93	6.5	0.5	**1800**
She is on her fertility days	91.9	7.4	0.7	**1800**

Women were specifically asked whether the wife is justified in asking her husband to use a condom during intercourse if she knows that her husband has sexually transmitted disease.

About 84% of the women perceived that the wife is justified in asking her husband to use a condom in such a situation (Table 8.5). However, more women reported that the wife is justified is refusing to have sex with her husband in such a situation (Table 8.4).

Table 8.5: Opinion on whether wife is justified in asking her husband to use condom if she knows that her husband has a sexually transmitted disease

Whether justified	Block			Total (%)
	Burmu (%)	Kanke (%)	Ormanjhi (%)	
(n=)	**598**	**605**	**597**	**1800**
Yes	80.8	86.1	83.9	83.6
No	3.2	3	4.7	3.6
Don't know/Can't say	16.1	10.9	11.4	12.8

Women's views on whether the husband has the right to do certain things if his wife refuses to have sex with him are given in Table 8.6.

Table 8.6: Views of women on whether the husband has the right to do certain things in case the wife refuses to have sex

Right to do the following	Women			All sample women (n=)
	Yes (%)	No (%)	DK/ Depends (%)	
Burmu				
Get angry and reprimand the wife	33.1	66.4	0.5	**598**
Refuse to give money or other means of financial support to the wife	15.1	84.6	0.3	**598**
Use force and have sex with her even if she does not want to have sex	12.5	87.1	0.3	**598**
Go and have sex with another woman	3.3	96.5	0.2	**598**
Kanke				
Get angry and reprimand the wife	30.1	69.6	0.3	**605**
Refuse to give money or other means of financial support to the wife	16.9	82.8	0.3	**605**
Use force and have sex with her even if she does not want to have sex	7.1	92.7	0.2	**605**
Go and have sex with another woman	2.8	97	0.2	**605**
Ormanjhi				
Get angry and reprimand the wife	14.4	85.3	0.3	**597**
Refuse to give money or other means of financial support to the wife	4.4	95.3	0.3	**597**
Use force and have sex with her even if she does not want to have sex	6.2	93.6	0.2	**597**
Go and have sex with another woman	1.7	98.2	0.2	**597**
Total (All three blocks)				
Get angry and reprimand the wife	25.9	73.7	0.4	**1800**
Refuse to give money or other means of financial	12.1	87.6	0.3	

support to the wife				**1800**
Use force and have sex with her even if she does not want to have sex	8.6	91.2	0.2	**1800**
Go and have sex with another woman	2.6	97.2	0.2	**1800**

- More than four-fifths of women, ranging from 84% to 97%, were of the opinion that the husband has no right to "refuse to give money or other means of financial support to the wife," "use force and have sex with her even if she does not want to" or " go and have sex with another woman."
- About three-fourths of women expressed that the husband has no right to get angry and reprimand his wife if she refuses to have sex with him. The proportion of such women was higher in Ormanjhi (85%) than in Kanke (70%) and Burmu (66%).

8.5 Main decision-makers for the use of the current family planning method

Among women who either they or their husbands were using any contraceptive method at the time of survey were asked who mainly decided about its use (wife, husband, jointly or other family member). Table 8.7 provides their responses.

Table 8.7: Main decision-maker for the use of the current family planning method

Main person	**Block**			**Total (%)**
	Burmu (%)	**Kanke (%)**	**Ormanjhi (%)**	
(n=)	**334**	**313**	**344**	**991**
Self	8.7	9.9	5.8	8.1
Husband/partner	23.0	16.2	13.1	17.4
Joint (wife and husband/partner)	65.4	71.3	77.9	71.6
Any other family member	0.3	0.0	0.0	0.1
Others	2.7	2.2	3.2	2.7

About 72% of the women expressed that they jointly (wife and husband) decided. The proportion of such women was significantly higher in Ormanjhi (78%) than in Kanke (71%) and Burmu (65%).

APPENDIX A

1. Soba 6. Churugara 11. Hesalang 16. Konka 21. Bhantboreya 26. Chakme 31. Mayapur 36. Berwari 41. Arid 46. Barkamuru 51. Sumu 56. Hoyar	2. Binjothakur Gaon 7. Kedal 12. Hesalpiri, 17. Katangdiri 22. Bamne 27. Kohakra 32. Saram 37. Gutru 42. Chakme 47. Mahuliya 52. Basri	3. Barka Muru 8. Dundu 13. Mohonpur 18. Ara 23. Piraguttu 28. Murgi 33. Harhu 38. Matwe 43. Sosai 48. Matwe 53. Chamke	4. Sosoi 9. Kedli 14. Khakra 19. Karamba 24. Aktan 29. Kulbey 34. Nawadih 39. Dariya 44. Dulli 49. Gutru 54. Makka	5. Chapar 10. Bansri 15. Ichhapiri 20. Mecca 25. Ulatu 30. Marwe 35. Sharnatola 40. Munna 45. Bare 50. Siram 55. Churi
1. Manatu 6. Chanwari 11. Jahabera 16 Hochai 21. Kamta 26. Datma 31. Hesatu 36. Jirawari 41. Khatanga 46. Barway 51. Siladiri 56. Baridih (1) 61. Jhiri	2. Pundak 7. Gurgai 12.Rola 17. Bijang 22. Latwa 27. Mayapur 32. Mandro 37. Rukka 42. Harchanda 47. Echadag 52. Chaprakoha 57. Sabaya 62. Karmatoli	3. Bardihi 8. Kulhi 13. Anandi 18. Saher 23. Piparbandh 28. Hutub 33. Palu 38. Dundun 43. Baridih 48. Chakla 53. Barway(1) 58. Dardag	4. Sabaya 9. Halwal 14. Tape 19. Ulatu 24. Koilari 29. Ganeshpur 34. Sati 39. Banlatwa 44. Bijang 49. Halwadi 54. Dardag 59. Hatwal	5. Hendilili 10. Jhiri 15. Bartua 20. Bardihi 25. Sandik 30 Gagari 35. Chandra 40. Muta 45. Saher 50. Chapabar 55. Baridih 60. Anandi
1. Hochar 6. Manjhilkanki 11. Kisunpur 16. Barhu 21. Nawadih 26. Bahahara 31. Katanga 36. Hundur 41. Jhiri 46. Dubulia 51. Nawasoso 56. Nagdi 61. Bajra 66. Pirra	2. Patangai 7. Madanpur 12. Deepa toil 17. Murun 22. Balu 27. Sutiyambe 32. Kolha kanadu 37. Hujuri(hujir) 42. Malsiring 47. Lalgang 52. Rendo 57. Khatanga 62. Panchali 67. Gagi	3. Hetal 8. Chama 13. Patra toil 18. Bethi 23. Jamuwari 28. Karkarta 33. Cheri 38. Chatakpur 43. Sirango 48. Sukuruttu 53. Tender 58. Ekamba 63. Marwa 68. Arsanaday	4. Kedalmesra 9. Kari tongri 14. Katma 19. Katamkuli 24. Patratu 29. Merdi 34. Haldama 39. Patratu 44. Siddi 49. Nawatoli 54. Pipra(pirra) 59. Ulatu 64. Chamguru	5. Khannga 10. Samudah 15. Garu 20. Chirwa 25. Muretha 30. Pusu 35. Phutkol toli 40. Humbai 45. Hatkonke 50. Upar konki 55. Dahisoot 60. Chardi 65. Newri kandu

Blockwise list of selected villages