Assessment of IUCD Services in Rajasthan

For

RCH/ NRHM, Rajasthan

By:

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(An ISO 9001: 2008 Certified Institution)

Preface

The letters **IUCD** stand for **Intrauterine Contraceptive Device.** This means it is placed inside a woman's uterus (womb). The method is most suitable for women who have had children and for older women who may be advised to stop the pill. The IUCD is thought to work in several different ways, and through a combination of factors. Its main action is to stop sperm reaching the egg to fertilize it. It may also delay the egg coming down the fallopian tube, as well as preventing the egg settling in the womb.

IUCD was introduced in FP programs in 1965. Researches lead to changes in the type of CuT being used. CuT 200B being used since 1975 was replaced by CuT 380A in 2002.

Taking into account the female participation in the adoption of family planning methods, the reversible methods as IUCD and Oral contraceptives for spacing between pregnancies and avoid unwanted pregnancies need to be encouraged for acceptance far and wide.

SIHFW carried out an assessment of IUCD services across 15 districts of Rajasthan, covering medical officers, LHV, beneficiaries and non-beneficiaries of the service. Views of 2037 respondents were taken in all.

SIHFW is thankful to RCH-NRHM for providing an opportunity to carry out the assessment of this female focused family planning method.

We are also thankful to the district authorities, respondents and those involved directly and indirectly in the assessment for giving their cooperation and precious time.

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Chapter 1

Background

IUCD, in the form of Lippes Loop, were introduced in the National Family Welfare Program of the Government of India (GOI) in 1965 and has always been considered an important spacing method. Based on the results of clinical trials conducted by the Indian Council of Medical Research in 1972, Copper T 200 B was introduced in the program in 1975. In 1997, ICMR conducted a comparative study between IUCD 200B and 380A,based on which CuT 380A was introduced in 2002, replacing CuT 200B in the program.

Data collected in 1990-91 demonstrated that Copper-T 200 was the most widely used and effective birth spacing method in the national program. The ML Cu250, Nova T and CuT 380 A were also made available commercially. The Lippes Loop and CuT 200 and CuT 220C began to be locally manufactured. However, teenage marriages remained common in India and contraception before first birth was still a practice only among the urban elite. Pregnancy soon after marriage was the norm. The traditional practice of breast-feeding helped to attain birth intervals of 2-3 years. Most urban couples wanted two or three children, including at least one boy. A higher proportion of couples in rural area preferred three children. Almost 30 percent of deaths among rural females occur before the age of 15 and 15 percent occur during their reproductive years. Although in international comparisons India's maternal mortality is high, only about 2 percent of all female deaths are related to pregnancy or childbirth. Once a couple had desired number of children, the women mostly underwent sterilization, which remains the most commonly used contraceptive in India (IUCD In India – D Nandan, V. Tripathi –International Electronic Journal on Heath Education 2006))

In India only 1.8% of married women of reproductive age use IUCDs, though the NFHS-3 has shown an increase in the net CPR to 56.3%. Despite the fact that the government offers IUCD services free of cost, it still remains largely underutilized.

The Recent Global estimates suggest that almost one in five married contraceptive users is currently using an IUCD because it:

- Offers highly effective, long-term protection against pregnancy, with prompt return to fertility upon removal;
- Is convenient—does not require daily action on the part of the user, or repeated clinic visits for supplies (Rivera et al. 2006).

In Rajasthan age at marriage is low and usually most women have two or more children by the time they are in their mid-twenties. As per NFHS -III in Rajasthan % of women age 20-24 married by age 18 is 57.1 and % of women age of between 15-19 who were already mothers or pregnant at the time of the survey was 16. Median age at first birth for women age 25-49 was 19.6. Female sterilization % is 34.2 while IUCD is only 1.6%.

Availability of services at institution is one of the indicators for improving acceptance rate but in case IUCD it not so encouraging. SIHFW has conducted a facility survey in the year 2008 with support of Unicef. As per the findings availability of family planning services is moderately good in the state and there is scope for improvement in ensuring availability and accessibility of family planning services like

Vasectomy and tubectomy. However Availability of IUCD, oral pills and emergency contraceptives is fairly good in the State.

Percent of Facilities Providing Planning Family Services, Rajasthan

Type of FP Services	Type of facility	
	FRU	PHC
Tubectomy	56	5
NSV/Vasectomy	56	7
IUCD 380 A	97	95
Oral Pills	99	100
Emergency Contraception	78	68
Condoms	97	100
Any other method	4	0
At least one method	0	100
At least two methods	1	2
Three or more methods	99	98
Number of facilities	**192**	**102**

For young couples first preference is surgical sterilization, which considered the safest and most effective method of ensuring freedom from pregnancy. Permanent methods of contraception have been the sheet anchor of national Family Planning Programme. Still having different option of reversible methods for ensuring spacing even for a loner period but most of the women prefer to go for sterilization. There is continual progressive increase in the number of couples using sterilization for contraception.

Reversible methods of contraception like IUD and Oral Contraceptives are needed to achieve appropriate spacing between pregnancies and to prevent unwanted pregnancies. Over the last two years, there has been a progressive improvement in the acceptance of IUD, However, even now both the acceptance and what is even more important the continuation rates for these contraceptives are low. Counseling, providing information on the contraceptive options, helping the users to choose the method best suited to their needs and providing follow up services are some of the steps that might go a long way in improving both acceptance and continuation rates.

Comparative Progress Report of I.U.D. Insertions March, 2008 (2007-2008)

S.No.	District	Achievement 2007-08	Annual %Ach	Rank	Achievement 2006-07	% Increase or Decrease
1	Banswara	19278	128.52	1	14253	35.26
2	Bhilwara	18072	119.64	2	14915	21.17
3	Barmer	10544	116.83	3	8827	19.45
4	Ganganagar	14136	112.81	4	11797	19.83
5	Sirohi	12433	112.71	5	10968	13.36
6	Jhalawar	7652	111.40	6	5724	33.68
7	Dungarpur	9950	109.34	7	8746	13.77
8	Jhunjhunu	12232	106.27	8	11310	8.15
9	Rajsamand	8115	104.57	9	7757	4.62
10	Hanumangarh	13696	104.07	10	14353	-4.58
11	S.Madhopur	9149	102.45	11	8619	6.15
12	Bundi	5421	101.06	12	5525	-1.88
13	Dausa	4812	100.99	13	3990	20.60
14	Jaipur	19790	100.78	14	12872	53.74
15	Jaisalmer	4029	100.73	15	3871	4.08
16	Chittorgarh	12903	100.28	16	12567	2.67
17	Sikar	8416	100.27	17	7913	6.36
18	Karauli	8274	99.69	18	8239	0.42
19	Pali	15669	99.57	19	16034	-2.28
20	Jalore	11442	99.33	20	11002	4.00
21	Jodhpur	18482	99.24	21	17282	6.94
22	Udaipur	15471	95.61	22	14623	5.80
23	Baran	5323	92.09	23	5349	-0.49
24	Churu	7993	91.56	24	8638	-7.47
25	Dholpur	5118	91.18	25	4062	26.00
26	Bikaner	8813	87.99	26	7598	15.99
27	Alwar	7339	86.34	27	6748	8.76
28	Bharatpur	6926	81.48	28	5622	23.19
29	Tonk	7487	80.51	29	8909	-15.96
30	Kota	7161	75.38	30	5975	19.85
31	Ajmer	8656	75.27	31	6868	26.03
32	Nagaur	13197	73.39	32	12402	6.41
	Total	**337979**	**99.16**		**303358**	**11.41**

The main thrust areas for promoting Cu-T use were-

- To promote small family norms
- To promote spacing methods of contraception
- To address unmet needs and
- To strengthen mother and child services

State Institute of Health & family Welfare, Rajasthan has been approached to undertake the responsibility to carry out aforesaid assignment in selected 15 districts of Rajasthan with following specific objectives.

Objectives:

- To assess the extent of availability of services and their utilization; of IUCD by married women in Rajasthan
- To assess the knowledge, attitude and reactions of the adopting and non-adopting couples and to find out the reasons of low prevalence rate of IUCD use in the state
- To assess the quality of services and behavior of health service providers in reference to the insertion of IUCD
- To find out the popularity of the IUCD as contraceptive method advocated and reasons for non-adoption;
- To suggest the possible stapes to be taken by state for improving the utilization based on feed back of results of the study

Chapter 2

Approach and methodology

2.1 Scope of work

The Scope of work includes:

1. To assess the user perception;
2. To assess quality of services provided to the beneficiaries;
3. To assess the perception of service providers;
4. To assess future targets;
5. To assess myth associated;

2.2 Target group

The study covered 4 target groups;

1. Married women/beneficiaries;
2. Target community;
3. Service providers;
4. Administrator/ Key informants/ Opinion leaders;

Methodology

2.3 Selection of the Districts

The study was carried out in 15 districts of Rajasthan which were picked by randomly on the basis of two districts per zone. The selection of districts was done on the basis of service coverage in the districts. Both types of districts were selected as compare to state data. There were high coverage district as well as low coverage district. Selection of districts was done in consultation with Demographer and Evaluation Officer DM & HS, Jaipur. The district who had more than state average (99% of target) during the year 2007 - 2008 against ELA was selected as high coverage district whereas district has less than state average was selected as low coverage districts.

Zone	District	
	High coverage	**Low coverage**
Ajmer	Bhilwara	Tonk
Jaipur	Jhunjhunu	Jaipur
Bikaner	Ganganagar	Bikaner
Jodhpur	Sirohi	Jaisalmer
Kota	Bundi	Baran
Udaipur	Banswara	Udaipur
Bharatpur	Karauli	Bharatpur

Pali district was selected additionally as low coverage district.

2.4 Selection of the Unit

From each district, two blocks was selected. From each block two PHC was selected randomly. Out of these two PHCs, one was the nearby PHC while another was the remotest one. From each PHC, 2 SC was selected. Out of these two SC, one was the nearest SC while another was the remotest SC. All the villages in these SCs were covered during the study.

Hence, unit selected from a district was

		For 15 district
District	1	1 x 15 = 15
Block	2	2 x 15 = 30
PHC	4	4 x 15 = 60
SC	8	8 x 15 = 120
Villages	All (Approx 36-40)	Villages 36-40 x 15

A team of a supervisor and five investigators were visit the selected beneficiary to document their responses about adoption of NSV and its process. The list of beneficiary who had undergone NSV was collected first from the respective CHCs/PHCs. According to the list SC wise categorization were made and than required beneficiaries were picked up randomly. House to house contact was made to obtained information on predefined formats. Similar pattern was used to get information from other informants.

2.5 Sample Size

From high coverage district 15 beneficiaries from each SC was selected while from low coverage district 8 beneficiaries from each SC was selected for detailed survey. Similarly 7 non beneficiaries (target) was selected form high and 4 from low coverage districts. The sample taken was as under;

Area	Beneficiary	Non beneficiary (Target)
High coverage	15	7
Low Coverage	8	4

To assess the use/preference from high coverage district, 15 beneficiaries who had inserted CuT from each SC was interviewed while 7 non beneficiaries (Target) who have plan to insert CuT from each SC was also selected for interview. Similarly from low coverage district 8 beneficiaries who had inserted CuT from each SC was interviewed while 4 non beneficiaries (Target) who have plan to insert CuT from each SC was also selected for interview. The list of beneficiaries was obtained from the respective PHC in-charge.

The sample covered was as under;

	Beneficiary	Non beneficiary (Target)
High coverage	15 X 8 SC x 7 dist = 840	7 x 8 SC x 7 dist = 392
Low Coverage	8 x 8 SC x 7 dist = 448	4 x 8 SC x 7 dist = 224

Additional sample from Pali district was

Low Coverage 8 x 8 SC x 1 dist = 64 4 x 8 SC x 1 dist = 32

Total beneficiary to be interviewed from 15 districts was **1352** but due to non availability of beneficiaries at the time of survey only **1251** were contacted**.** Similarly non beneficiary interviewed from 15 districts was **684** as against **648**.

2.6 Duration

The field work was carried out from 10th April to 24th May 2008 in all the 15 districts.

2.7 Information areas

Total duration of the study for completion was decided within 90 days time period but due to unavoidable reasons actual field work was delayed.

Development of protocols and research tools 7 days
Training of investigators 1 days
Sample selection 1 day
The field work was carried out from 10th April to 24th May 2008 in all the 15 districts. -45days
Data entry of the primary information – 10 days
Analysis and report- 15 days

2.8 Training to field staff

Supervisors and investigators were oriented in the field work e.g. Data collection, compilation etc at SIHFW for one day. The data entry work was outsourced to competent agency.

Initially a team of a supervisor and eight investigators were visited the field during first phase of field work. Afterward team was curtail down and a supervisor and five investigators were visited the camp site to document responses from selected beneficiary about the camp.

Three such teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by the each team in the selected districts. Medical Officer of the selected CHC/PHC was also contacted to gather secondary data related to PHC activities

2.9 Monitoring

Monitoring of the field work was done by the research team of SIHFW. Based on check list selection of sample area and respondents, was monitored and formats filled by investigators were rechecked.

Chapter 3

Observations

3.1 Observation from Service Providers

A. Medical Officer

It was proposed to have interaction with 4 Medical Officers per district. Accordingly 60 Medical Officers are supposed to be contacted from all the 15 selected districts. In spite of repeated visits only 53 medical officers were interrogated during the course of entire field work. In Baran, Jaipur, Karauli and Jaisalmer complete contacts were not made due to the long leave by medical officer or medical officers not posted.

Table 1: Duration of working on PHC

S.No	Districts	Duration				Total
		Less than a year	1 – 2 years	2 – 5 years	More than 5 years	
1.	Pali	0	2	1	1	4
2.	Tonk	1	2	0	1	4
3.	Bundi	2	2	0	0	4
4.	Udaipur	2	0	2	0	4
5.	Baran	1	0	1	0	2
6.	Banswara	0	0	2	2	4
7.	Bikaner	1	1	1	1	4
8.	Bhilwara	3	1	0	0	4
9.	Jaipur	0	0	0	1	1
10.	Bharatpur	3	0	1	0	4
11.	Jhunjhunu	0	3	1	0	4
12.	Sirohi	1	2	0	1	4
13.	Karauli	1	0	2	0	3
14.	Ganganagar	0	1	2	1	4
15.	Jaisalmer	1	1	1	0	3
	Total	**16 (30.2)**	**15 (28.3)**	**14 (26.4)**	**8 (15.1)**	**53 (100.0)**

Average time period a medical officer spent on a PHC was around 2 years. This was clearly visible by the data gathered through questionnaire specially designed for Cu T survey. It was observed from the table that Majority of the Medical Officers stayed at PHC less than a year. That indicates that MO may be not or partially aware about the programme and procedure adopted at respective PHCs for promotion of IUCD use. This trend was almost equal among all the 15 districts surveyed except Banswara and Ganganagar districts where they were stayed at PHC for more than 2 years.

Table 2: Availability of trained staff on PHC

S.No	Districts	Trained staff		Total
		Yes	No	
1.	Pali	4	0	4
2.	Tonk	4	0	4
3.	Bundi	4	0	4
4.	Udaipur	4	0	4
5.	Baran	2	0	2
6.	Banswara	3	1	4
7.	Bikaner	4	0	4
8.	Bhilwara	2	2	4
9.	Jaipur	0	1	1
10.	Bharatpur	4	0	4
11.	Jhunjhunu	4	0	4
12.	Sirohi	4	0	4
13.	Karauli	2	1	3
14.	Ganganagar	3	1	4
15.	Jaisalmer	2	1	3
	Total	**46 (86.8)**	**7 (13.2)**	**53 (100.0)**

Under RCH programme provision has been made to impart the training for ANM /LHVs and Staff Nurses for 6 days on IUCD insertion. This Hand's on training has been conducted in the districts based on national guide lines. MOs in-charge was asked during the survey about the availability of trained staff at their centers for providing the IUD insertion services. In around 87 percent of PHCs surveyed. Trained staff, who could insert Cu-T, was available at the PHC. In only 13.2 percent PHCs trained staff was not available. The trained staff was not available at one PHC each of Banswara, Bhilwara, Jaipur, Karauli, Ganganagar and Jaisalmer districts respectively

Table 3: Number of trained staff at CHC/PHC

No. of Staff	Number	Percentage
One	23	43.4
Two	20	37.7
Three	2	3.8
Four or more	1	1.9
Total	**46**	**100.00**

In 40 percent cases at least two trained staff was available at CHC/PHC for Cu T insertion. This finding was similar among all the districts surveyed.

Table 4: Knowledge about type of Cu T inserted

S.No	Districts	Knowledge about type					Total
		Cu T 200	Cu T 380 A	Cu T 200 B	Others	Not inserted	
1.	Pali	0	4	0	0	0	4
2.	Tonk	0	4	0	0	0	4
3.	Bundi	0	4	0	0	0	4
4.	Udaipur	0	3	0	1	0	4
5.	Baran	0	2	0	0	0	2
6.	Banswara	0	3	0	1	0	4
7.	Bikaner	0	4	0	0	0	4
8.	Bhilwara	0	3	0	0	1	4
9.	Jaipur	0	0	0	0	1	1
10.	Bharatpur	0	4	0	0	0	4
11.	Jhunjhunu	0	4	0	0	0	4
12.	Sirohi	0	4	0	0	0	4
13.	Karauli	2	1	0	0	0	3
14.	Ganganagar	0	4	0	0	0	4
15.	Jaisalmer	0	2	0	0	1	3
	Total	2 (3.8)	46 (86.8)	0 (0.0)	2 (3.8)	3 (5.7)	53 (100.0)

Around 7 percent Medical officers were not responded correctly regarding type of cu T inserted in their centre. They are from Udaipur, Banswara and Karauli districts. This finding shows that MOs has less interest in IUCD insertion. With out ensuring the involvement of MO in charge of any institution no work can perform well. Need is to ensure the involvement of Medical Officers in IUD insertion. At least he/she can counsel the couples for the use of IUCD. Counseling on IUCD by MO PHC can make a great difference.

Table 5: Number of Cu T inserted in the institution

Number	Number	Percentage
Less than 100	15	30.0
101 - 200	27	54.0
201 - 300	6	12.0
More than 300	2	4.0
Total	**50**	**100.00**

During survey IUCD services provided by institution was assessed. Information on number of IUCD inserted at the intuition during the last one year period was collected. As per the findings maximum Cu T insertion was taken place in Bikaner, Bhilwara and Baran districts while minimum number of Cu T was inserted in Tonk district as reported by the medical officers of respective PHCs.

Table 6: Incentives against Cu T inserted

Incentive	Number	Percentage
Yes	0	0.0
No	53	100.0
Total	**53**	**100.00**

It was reported by the respective medical officers that payment as incentive was not given to any women who inserted Cu T.

Client Assessment

The most important part of the decision to use an IUD is proper patient selection. It is critical that the physician know the patient's history and be aware of patient characteristics that increase the risk for complications. Special attention should be given to the patient's history concerning sexually transmitted diseases (STDs) and PID, her menstrual cycle and pattern, previous contraceptive failures and future childbearing plans. The main goal of patient selection is to prevent the inadvertent insertion of an IUD in a patient who has an STD or is at high risk for exposure to one. Most physicians have not offered the IUD to nulliparous patients, fearing the risk of infection-related infertility; however, if the patient has no contraindications and understands the risks, many physicians have found the IUD an excellent contraceptive for these patients. So before insertion of the IUCD, it is very important to assess the client based on recommended criteria for find out her eligibility to use the IUCD. Counseling of the client is one of the key aspects. As per findings there is practice to find out the previous history of the client.

Table 7: Information sought before Cu T insertion

Information	Number	Percentage
Previous history	10	18.9
reason for choosing	6	11.3
Number of Children	16	30.2
health status	2	3.8
family history	6	11.3
health problems if any	2	3.8
Specific choice	4	7.5
Others	4	7.5
Not sought	3	5.7
Total	**53**	**100.00**

As per the respondents mostly women were asked about the number of children they had followed by previous history and reason for choosing. But unfortunately, no enquiry is made about her health before insertion.

Table 8: Person responsible for Cu T insertion

S.No	Districts	Person responsible for insertion					Total
		MO	LHV	Staff Nurse	ANM	Others	
1.	Pali	4	1	4	0	0	4
2.	Tonk	2	1	4	2	0	4
3.	Bundi	4	1	4	2	0	4
4.	Udaipur	4	1	2	1	0	4
5.	Baran	2	0	1	0	0	2
6.	Banswara	2	3	2	1	0	4
7.	Bikaner	2	0	1	0	0	3
8.	Bhilwara	3	0	3	2	0	3
9.	Jaipur	1	0	1	0	0	1
10.	Bharatpur	4	0	4	0	0	4
11.	Jhunjhunu	4	0	4	3	0	4
12.	Sirohi	2	1	2	0	0	4
13.	Karauli	3	1	3	1	0	3
14.	Ganganagar	0	2	1	3	4	4
15.	Jaisalmer	1	2	0	2	2	2
	Total	**38 (76.0)**	**13(26.0)**	**36 (72.0)**	**17 (34.0)**	**6(12.0)**	**50(100.0)**

(Multiple Answers)

In more than three fourth cases, Cu T insertion was carried out by the Medical officers and Staff Nurse of the respective PHC while one fourth of CU T was inserted by LHV. 34 percent of the Cu T insertion was also done by the ANM. This trend was similar among all the districts surveyed except Jaipur and Ganganagar where maximum insertion was done by the LHV/SN.

Table 9: Awareness regarding duration of Cu T inserted

S.No	Districts	Duration of Cu T inserted				Total
		Three years	Ten years	No limit	Don't Know	
1.	Pali	0	4	0	0	4
2.	Tonk	2	2	0	0	4
3.	Bundi	1	3	0	0	4
4.	Udaipur	0	3	1	0	4
5.	Baran	0	2	0	0	2
6.	Banswara	0	4	0	0	4
7.	Bikaner	0	3	0	0	3
8.	Bhilwara	0	3	0	0	3
9.	Jaipur	0	1	0	0	1
10.	Bharatpur	2	2	0	0	4
11.	Jhunjhunu	0	4	0	0	4
12.	Sirohi	1	3	0	0	4
13.	Karauli	1	2	0	0	3
14.	Ganganagar	0	3	1	0	4
15.	Jaisalmer	1	1	0	0	2
	Total	**8 (16.0)**	**40 (80.0)**	**2 (4.0)**	**0 (0.0)**	**50 (100.0)**

80 percent of the Medical officers reported that the Cu T inserted in the PHC was of ten years. This trend was almost similar in the district surveyed. Medical Officers of Tonk, Bundi, Bharatpur, Sirohi, Karauli and Jaisalmer also reported insertion of Cu T for three years.

Table 10: Main reasons for Cu T insertion

S.No	Districts	Reason for insertion			Total
		As spacing method	As permanent method	Both	
1.	Pali	3	1	0	4
2.	Tonk	3	0	1	4
3.	Bundi	0	0	4	4
4.	Udaipur	1	1	2	4
5.	Baran	1	0	1	2
6.	Banswara	2	0	2	4
7.	Bikaner	2	0	1	3
8.	Bhilwara	1	0	2	3
9.	Jaipur	1	0	0	1
10.	Bharatpur	1	0	3	4
11.	Jhunjhunu	1	0	3	4
12.	Sirohi	0	0	4	4
13.	Karauli	2	0	1	3
14.	Ganganagar	1	1	2	4
15.	Jaisalmer	0	0	2	2
	Total	**19 (38.0)**	**3 (6.0)**	**28 (56.0)**	**50 (100.0)**

According to Medical Officers, women used Cu T for spacing the birth as well as permanent method both in 56 percent cases. In 38 percent cases it was used as spacing methods only. This trend was similar among all districts surveyed.

Table 11: Reason for Cu T force out

S.No	Districts	Reasons for force out			Total
		Period complete	Complication	Automatically	
1.	Pali	0	4	0	4
2.	Tonk	0	0	4	4
3.	Bundi	2	2	0	4
4.	Udaipur	0	2	2	4
5.	Baran	0	1	1	2
6.	Banswara	4	0	0	4
7.	Bikaner	1	2	0	3
8.	Bhilwara	1	0	2	3
9.	Jaipur	0	1	0	1
10.	Bharatpur	0	2	2	4
11.	Jhunjhunu	0	4	0	4
12.	Sirohi	2	2	0	4
13.	Karauli	1	2	0	3
14.	Ganganagar	2	2	0	4
15.	Jaisalmer	2	0	0	2
	Total	**15 (30.0)**	**24 (48.0)**	**11 (22.0)**	**50 (100.0)**

Increase in contraceptive use now becomes a more established behavior but prevalence is no longer a sufficient marker of programme success. Contraceptive continuation may become more important than acceptance in increasing contraceptive prevalence. An analysis of contraceptive continuation rates and the reasons why women discontinue using contraceptive methods could provide important information about the adequacy of services provided.

As the Family Welfare Programme under RCH is currently making vigorous efforts to shift its emphasis from non-reversible methods to reversible methods, and expand service delivery beyond the bounds of the public sector, information on contraceptive discontinuation and switching assumes greater significance.

During the survey MO Officers were asked about the discontinuation of IUD. It is revealed from the opinion of MOs there is a higher discontinuation rates for pills and condoms than intra-uterine devices (IUDs). But discontinuation trends in IUD use after insertion cannot be neglected.

It was told by the Medical Officers that 30 percent Cu T was expelled on completion of period of affectivity. They further reported that in 48 percent cases it was expelled out by the women due to complications while in 22 percent cases it expelled automatically. This trend was similar among all district surveyed.

Table 12: Awareness of reasons for Cu T expel

S.No	Districts	Reasons for expel due to complications			Total
		Excessive bleeding	Pain in abdomen	Move upwards	
1.	Pali	4	0	0	4
2.	Tonk	0	0	0	0
3.	Bundi	2	0	0	2
4.	Udaipur	1	1	0	2
5.	Baran	1	0	0	1
6.	Banswara	0	0	0	0
7.	Bikaner	1	0	1	2
8.	Bhilwara	0	0	0	0
9.	Jaipur	1	0	0	1
10.	Bharatpur	1	0	1	2
11.	Jhunjhunu	4	0	0	4
12.	Sirohi	2	0	0	2
13.	Karauli	2	0	0	2
14.	Ganganagar	2	0	0	2
15.	Jaisalmer	0	0	0	0
	Total	**21 (87.5)**	**1 (4.2)**	**2 (8.3)**	**24 (100.0)**

It was pointed out by the medical officers that in most of the cases Cu T was force out due to excessive bleeding. In Pali, Jhunjhunu and Sirohi, Cu T was expelled out due to excessive bleeding in Majority of cases.

Table 13: Number of women expels Cu T

Number	Number	Percentage
Less than 25	22	62.8
25 – 50	11	31.5
51 -75	2	5.7
More than 75	0	0.0
Total	**35**	**100.00**

It was noticed from the data collected through medical officers that expulsion of Cu T was minimized during the last one year. During last one year less than 25 Cu Ts were expel out only. This trend was similar among the district surveyed. Maximum expulsion was taken place in Bundi and Udaipur districts.

Table 14: Duration of availability of facilities for Cu T insertion

Number	Number	Percentage
Daily	47	88.7
Weekly	6	11.3
Fortnightly	0	0.0
Monthly	0	0.0
Total	**53**	**100.00**

It was reported by the medical officers that facility of Cu T insertion in almost 89 percent cases was available daily while in 11 percent cases it was available on fixed day in a week in one PHC each of the Banswara, Bhilwara, Karauli, Ganganagar and Jaisalmer district respectively.

Table 15: Difference in demand & supply of Cu T

Difference	Number	Percentage
More demand less supply	2	3.8
More supply less demand	22	41.5
Supply as per demand	29	54.7
Total	**53**	**100.00**

Around 55 percent medical officers reported that supply of Cu T was done on the basis of demand raised by the PHC. In 41.5 percent cases, it was reported that excess supply was done as compared to demand raised by the medical officer of Pali, Bikaner and Ganganagar districts.

Table 16: Main Institution of Cu T insertion

S.No	Districts	Institution for insertion				Total
		CHC	PHC	SC	Pvt.	
1.	Pali	0	4	0	0	4
2.	Tonk	0	4	0	0	4
3.	Bundi	1	3	0	0	4
4.	Udaipur	0	4	0	0	4
5.	Baran	0	2	0	0	2
6.	Banswara	0	4	0	0	4
7.	Bikaner	0	4	0	0	4
8.	Bhilwara	1	2	1	0	4
9.	Jaipur	0	1	0	0	1
10.	Bharatpur	0	4	0	0	4
11.	Jhunjhunu	2	2	0	0	4
12.	Sirohi	0	4	0	0	4
13.	Karauli	1	2	0	0	3
14.	Ganganagar	3	1	0	0	4
15.	Jaisalmer	1	1	1	0	3
	Total	**9 (17.0)**	**42 (79.2)**	**2 (3.8)**	**0 (0.0)**	**53 (100.0)**

In majority of cases Cu T insertion was taken place at PHC followed by CHC. In Ganganagar Cu T insertion was mainly taken place at CHC while in Bhilwara, in 2 cases Cu T insertion was done in private hospital.

B. LHV

It was proposed to have interaction with 4 LHVs per district. Accordingly 60 Medical Officers are supposed to be contacted from all the 15 selected districts. In spite of repeated visits only 49 LHVs were interrogated during the course of entire field work. In Tonk, Baran, Jaipur, Ganganagar, Bharatpur and Jaisalmer complete contacts were not made due to the long leave by LHV or LHV not posted.

Table 1: LHV reported duration of working

S.No	Districts	Institution for insertion				Total
		Less than a year	1– 2 years	2 – 5 years	More than 5 years	
1.	Pali	1	1	1	1	4
2.	Tonk	0	2	0	1	3
3.	Bundi	0	1	0	3	4
4.	Udaipur	0	2	1	1	4
5.	Baran	1	0	1	1	3
6.	Banswara	0	0	1	3	4
7.	Bikaner	0	0	1	3	4
8.	Bhilwara	1	0	1	2	4
9.	Jaipur	0	0	0	1	1
10.	Bharatpur	0	0	1	2	3
11.	Jhunjhunu	0	3	0	1	4
12.	Sirohi	0	1	2	1	4
13.	Karauli	0	1	0	3	4
14.	Ganganagar	0	1	0	1	2
15.	Jaisalmer	0	0	1	0	1
	Total	**3 (6.1)**	**12 (24.5)**	**10 (20.4)**	**24 (49.0)**	**49 (100.0)**

In 49 percent cases, LHV had long working duration on a CHC/PHC. It was reported that in almost half cases, LHV has worked on a centre for more than 5 years. Only in 6 percent cases working experience was less than one year in Pali, Baran and Bhilwara districts.

Table 2: Insertion of Cu T at PHC

Insertion	Number	Percentage
Yes	49	100.0
No	0	0.0
Total	**49**	**100.00**

All the LHV surveyed reported that they had done Cu T insertion in The CHC/PHC. This finding was similar among all the districts surveyed. As per LHVs the participation of MOs in IUD insertion is very less.

Table 3: Person responsible for insertion of Cu T

S.No	Districts	Person responsible for insertion				Total
		Self (LHV)	Doctor	Health staff	Others	
1.	Pali	4	0	0	0	4
2.	Tonk	3	0	0	0	3
3.	Bundi	3	0	1	0	4
4.	Udaipur	4	0	0	0	4
5.	Baran	2	0	1	0	3
6.	Banswara	4	0	0	0	4
7.	Bikaner	4	0	0	0	4
8.	Bhilwara	4	0	0	0	4
9.	Jaipur	1	0	0	0	1
10.	Bharatpur	2	1	0	0	3
11.	Jhunjhunu	4	0	0	0	4
12.	Sirohi	4	0	0	0	4
13.	Karauli	4	0	0	0	4
14.	Ganganagar	2	0	0	0	2
15.	Jaisalmer	1	0	0	0	1
	Total	**46 (93.9)**	**1 (2.0)**	**2(4.1)**	**0 (0.0)**	**49 (100.0)**

As per the findings received from LHVs in around 94 percent cases, Cu T was inserted by LHV herself. In 6 percent cases it was done by the doctor or other health personal posted in the centre. It should be noted that when we asked from MOs they were accepting that they are doing the IUD insertion percentage of MO was 38 but as per LHV it only 6 %. This trend was similar among the districts surveyed. Fact is that involvement of MOs in IUD insertion is very less.

Table 4: Status of Training about Cu-T insertion

S.No	Districts	Training received		Total
		Yes	No	
1.	Pali	3	1	4
2.	Tonk	1	2	3
3.	Bundi	3	1	4
4.	Udaipur	4	0	4
5.	Baran	2	1	3
6.	Banswara	2	2	4
7.	Bikaner	4	0	4
8.	Bhilwara	3	1	4
9.	Jaipur	1	0	1
10.	Bharatpur	1	2	3
11.	Jhunjhunu	4	0	4
12.	Sirohi	4	0	4
13.	Karauli	4	0	4
14.	Ganganagar	1	1	2
15.	Jaisalmer	1	0	1
	Total	**38 (77.6)**	**11 (22.4)**	**49 (100.0)**

77.6 percent LHVs reported that they had undergone training regarding cu T insertion. The training was of seven days. Those who received training were mainly from Udaipur, Bikaner, Jhunjhunu, Sirohi and

Karauli districts. Those who had not undergone training were mainly from Tonk, Banswara and Bharatpur districts.

Table 5: Sharing of information with women regarding Cu-T

Information	Number	Percentage
Yes	49	100.0
No	0	0.0
Total	**49**	**100.00**

All the LHVs surveyed reported that information was given by them to the women regarding Cu T insertion during her visit to the centre. This trend was akin in all the districts surveyed.

Table 6: Carry women for Cu-T insertion

S.No	Districts	Carry women for insertion				Total
		LHV	ANM	ASHA	Other	
1.	Pali	3	0	1	0	4
2.	Tonk	2	1	0	0	3
3.	Bundi	2	2	0	0	4
4.	Udaipur	1	3	0	0	4
5.	Baran	2	1	0	0	3
6.	Banswara	2	1	0	1	4
7.	Bikaner	2	1	1	0	4
8.	Bhilwara	2	2	0	0	4
9.	Jaipur	0	1	0	0	1
10.	Bharatpur	0	2	1	0	3
11.	Jhunjhunu	3	0	1	0	4
12.	Sirohi	1	3	0	0	4
13.	Karauli	3	1	0	0	4
14.	Ganganagar	0	0	2	0	2
15.	Jaisalmer	0	1	0	0	1
	Total	**23 (46.9)**	**19 (38.8)**	**6 (12.3)**	**1 (2.0)**	**49 (100.0)**

Data was collected from the LHV about the person involve in bringing women for Cu T insertion at CHC/PHC. In 46.9 percent cases LHV reported that she herself escort women for Cu T insertion.

Table 7: Person responsible to take decision to insert Cu-T

S.No	Districts	Person take decision fro insertion			Total
		Doctor	LHV	Other	
1.	Pali	0	3	1	4
2.	Tonk	2	1	0	3
3.	Bundi	4	0	0	4
4.	Udaipur	1	2	1	4
5.	Baran	1	2	0	3
6.	Banswara	3	0	1	4
7.	Bikaner	1	1	2	4
8.	Bhilwara	3	1	0	4
9.	Jaipur	0	1	0	1
10.	Bharatpur	3	0	0	3
11.	Jhunjhunu	1	3	0	4
12.	Sirohi	3	1	0	4
13.	Karauli	3	0	1	4
14.	Ganganagar	0	2	0	2
15.	Jaisalmer	1	0	0	1
	Total	**26 (53.1)**	**17 (34.7)**	**6 (12.2)**	**49 (100.0)**

It was told by the LHV that in more than 53 percent cases decision regarding insertion or not insertion was taken by the medical officers. She herself involve in 34.7 percent decisions. In 12.2 percent cases decision was taken by other than health staff posted at the respective centers. Decision in Pali, Jhunjhunu and Ganganagar districts was taken by LHV while in Bikaner; decision was taken mainly by the women herself or the relatives who came along with her.

Table 8: Women insist for specific Cu T

S.No	Districts	Insist for Specific Cu T		Total
		Yes	No	
1.	Pali	2	2	4
2.	Tonk	2	1	3
3.	Bundi	2	2	4
4.	Udaipur	2	2	4
5.	Baran	3	0	3
6.	Banswara	1	3	4
7.	Bikaner	1	3	4
8.	Bhilwara	1	3	4
9.	Jaipur	1	0	1
10.	Bharatpur	2	1	3
11.	Jhunjhunu	2	2	4
12.	Sirohi	4	0	4
13.	Karauli	4	0	4
14.	Ganganagar	2	0	2
15.	Jaisalmer	0	1	1
	Total	**29 (59.2)**	**20 (40.8)**	**49 (100.0)**

It was also reported by the LHVs that in almost 60 percent cases women insisted for specific Cu T. Demand for specific Cu T was told by the women mainly in Baran, Sirohi and Karauli districts.

Table 9: Escorted women for Cu T insertion

S.No	Districts	Person escorted women					Total
		ANM	AWW	ASHA	Family member	None	
1.	Pali	2	0	0	1	1	4
2.	Tonk	2	0	0	1	0	3
3.	Bundi	1	0	0	3	0	4
4.	Udaipur	1	0	0	3	0	4
5.	Baran	2	0	0	0	1	3
6.	Banswara	1	0	1	1	1	4
7.	Bikaner	3	1	0	0	0	4
8.	Bhilwara	1	1	1	1	0	4
9.	Jaipur	1	0	0	0	0	1
10.	Bharatpur	1	0	1	1	0	3
11.	Jhunjhunu	1	0	1	0	2	4
12.	Sirohi	2	0	0	2	0	4
13.	Karauli	4	0	0	0	0	4
14.	Ganganagar	1	0	1	0	0	2
15.	Jaisalmer	0	0	1	0	0	1
	Total	**23 (46.9)**	**2 (4.1)**	**6 (12.2)**	**13 (26.5)**	**5 (10.2)**	**49 (100.0)**

Women were escorted to PHC mainly by ANM followed by family members and ASHA Sahyogini. ANM played key role in Bikaner and Karauli districts.

Table 10: Women visited PHC for Cu T insertion

Visited	Number	Percentage
None	3	6.1
Less than 25	9	18.4
26 - 50	12	24.5
More than 50	25	51.0
Total	**49**	**100.00**

In almost 50 percent cases, more than 50 women visited PHC for Cu T insertion during last one year. They are mainly from Pali, Udaipur, Banswara, Bhilwara, Bharatpur and Jhunjhunu districts.

Table 11: Women inserted Cu T

Inserted	Number	Percentage
None	1	2.2
Less than 25	12	26.0
26 - 50	9	19.6
More than 50	24	52.2
Total	**46**	**100.00**

In 52.2 percent cases, more than 50 Cu T was inserted during last one year in Pali, Bundi, Udaipur, Banswara, Bhilwara, Bharatpur and Jhunjhunu districts.

Table 12: Shared information regarding Cu T to the women

S.No	Districts	Type of Information share					Total
		Basic information	Problems	Benefits	Duration	Others	
1.	Pali	2	2	1	1	0	4
2.	Tonk	2	0	0	0	0	3
3.	Bundi	3	0	0	0	0	4
4.	Udaipur	4	0	0	0	0	4
5.	Baran	2	0	0	0	0	3
6.	Banswara	3	0	0	0	0	4
7.	Bikaner	2	0	0	0	0	2
8.	Bhilwara	4	0	0	0	0	4
9.	Jaipur	1	0	0	0	0	1
10.	Bharatpur	3	1	1	2	1	3
11.	Jhunjhunu	3	0	0	0	0	3
12.	Sirohi	4	0	0	0	0	4
13.	Karauli	2	0	0	0	0	4
14.	Ganganagar	0	0	2	0	0	2
15.	Jaisalmer	1	1	1	1	0	1
	Total	**36 (78.3)**	**4 (8.7)**	**5 (10.7)**	**4 (8.7)**	**1 (2.2)**	**46 (100.0)**

(Multiple Answer)

In majority of cases LHVs reported that they conveyed basic information regarding Cu T. When asked about the specific information, it was observed that possible problems were told to 8.7 percent cases and benefits to 10.7 percent cases. Duration of effectiveness was told in only 8.7 percent cases. Specific information like possible problems and benefits and its duration were told only in Pali, Bharatpur and Jaisalmer districts. However they also told that basic information covers specific information also.

Table 13: Case history asked before insertion

S.No	Districts	Case history asked		Total
		Yes	No	
1.	Pali	2	2	4
2.	Tonk	1	2	3
3.	Bundi	1	3	4
4.	Udaipur	1	3	4
5.	Baran	3	0	3
6.	Banswara	3	1	4
7.	Bikaner	2	2	4
8.	Bhilwara	1	3	4
9.	Jaipur	1	0	1
10.	Bharatpur	3	0	3
11.	Jhunjhunu	3	1	4
12.	Sirohi	4	0	4
13.	Karauli	4	0	4
14.	Ganganagar	2	0	2
15.	Jaisalmer	1	0	1
	Total	**32 (65.3)**	**17 (34.7)**	**49 (100.0)**

It was told by 65.3 percent LHVs that case history was asked from the women before insertion of Cu T. Case history was not asked mainly from the women of Tonk, Bundi, Udaipur and Bhilwara districts.

Table 14: Physical examination done

S.No	Districts	Physical Examination done		Total
		Yes	No	
1.	Pali	4	0	4
2.	Tonk	3	0	3
3.	Bundi	4	0	4
4.	Udaipur	3	1	4
5.	Baran	3	0	3
6.	Banswara	4	0	4
7.	Bikaner	3	1	4
8.	Bhilwara	3	1	4
9.	Jaipur	1	0	1
10.	Bharatpur	2	1	3
11.	Jhunjhunu	4	0	4
12.	Sirohi	4	0	4
13.	Karauli	4	0	4
14.	Ganganagar	2	0	2
15.	Jaisalmer	1	0	1
	Total	**45 (91.8)**	**4 (8.2)**	**49 (100.0)**

It was told by 91.8 percent LHVs that physical examination was done of women before insertion of Cu T. Physical examination was not done mainly in one PHC each of Udaipur, Bhilwara, Bikaner and Bharatpur districts respectively.

Table 15: Follow up done after Cu T insertion

Follow up	Number	Percentage
Yes	47	95.9
No	2	4.1
Total	**49**	**100.00**

It was also told by 95.9 percent LHVs that follow up after Cu T insertion was done of women. Follow up was not done mainly in one PHC each of Bikaner and Bharatpur districts respectively.

Table 16: Duration of follow up

S.No	Districts	Duration				Total
		Next day	Weekly	Monthly	Not fix	
1.	Pali	3	1	0	0	4
2.	Tonk	0	2	1	0	3
3.	Bundi	3	1	0	0	4
4.	Udaipur	0	3	1	0	4
5.	Baran	3	0	0	0	3
6.	Banswara	2	1	1	0	4
7.	Bikaner	1	1	0	1	3
8.	Bhilwara	4	0	0	0	4
9.	Jaipur	1	0	0	0	1
10.	Bharatpur	0	2	0	0	2
11.	Jhunjhunu	3	1	0	0	4
12.	Sirohi	3	0	1	0	4
13.	Karauli	4	0	0	0	4
14.	Ganganagar	1	1	0	0	2
15.	Jaisalmer	0	1	0	0	1
	Total	**28 (59.6)**	**14 (29.8)**	**4 (8.5)**	**1 (2.1)**	**47 (100.0)**

In 59.6 percent cases, LHVs reported that follow up was done on next day of insertion while in 29.8 percent cases; it was done on any day of the week. In 8.5 percent cases it was done more than fortnightly. This was done mainly in Tonk, Udaipur and Banswara districts.

Table 17: Place to get remedies of their problems

Place	Number	Percentage
At CHC	15	30.6
At PHC	32	65.4
At SC	1	2.0
At Home	1	2.0
Total	**49**	**100.00**

It was reported by about 65.4 percent LHVs that the place to get remedies for the problems was PHC, while 30.6 percent reported that the place was CHC. Similar response came for Sub center and home, 2 percent each.

Table 18: Reason for use of Cu T

S.No	Districts	Use as		Total
		Birth spacing	Family Planning	
1.	Pali	3	1	4
2.	Tonk	3	0	3
3.	Bundi	2	2	4
4.	Udaipur	4	0	4
5.	Baran	3	0	3
6.	Banswara	4	0	4
7.	Bikaner	1	3	4
8.	Bhilwara	3	1	4
9.	Jaipur	1	0	1
10.	Bharatpur	0	3	3
11.	Jhunjhunu	4	0	4
12.	Sirohi	4	0	4
13.	Karauli	3	1	4
14.	Ganganagar	2	0	2
15.	Jaisalmer	0	1	1
	Total	**37 (75.5)**	**12 (24.5)**	**49 (100.0)**

It was reported by the LHVs that 75.5 percent women admit its use as method for birth spacing while 24.5 percent as permanent method of family planning. They were also reported that the women of Tonk, Udaipur, Banswara, Jhunjhunu, Sirohi and Ganganagar were used it as birth spacing method while women of Pali, Bundi, Baran, Bikaner, Bharatpur, Jaipur Karauli and Jaisalmer were used it as family planning method.

Table 19: Myths exists in the coverage area

S.No	Districts	Myths exists		Total
		Yes	No	
1.	Pali	2	2	4
2.	Tonk	3	0	3
3.	Bundi	4	0	4
4.	Udaipur	2	2	4
5.	Baran	2	1	3
6.	Banswara	2	2	4
7.	Bikaner	1	3	4
8.	Bhilwara	2	2	4
9.	Jaipur	0	1	1
10.	Bharatpur	2	1	3
11.	Jhunjhunu	3	1	4
12.	Sirohi	4	0	4
13.	Karauli	2	2	4
14.	Ganganagar	2	0	2
15.	Jaisalmer	0	1	1
	Total	**31 (63.3)**	**18 (36.7)**	**49 (100.0)**

63.3 percent of the LHVs reported existence of myths related to Cu-T in their coverage area. This trend was observed in almost every district surveyed. However, existence of myths was found mainly in entire coverage area of Tonk, Bundi and Sirohi districts.

Table 20: Type of myths exists

S.No	Districts	Type of Myths			Total
		Move upwards	Heavy bleeding	Health problems	
1.	Pali	2	0	0	2
2.	Tonk	2	1	0	3
3.	Bundi	2	2	0	4
4.	Udaipur	1	1	0	2
5.	Baran	2	0	0	2
6.	Banswara	1	1	0	2
7.	Bikaner	1	0	0	1
8.	Bhilwara	2	0	0	2
9.	Jaipur	0	0	0	0
10.	Bharatpur	1	0	1	2
11.	Jhunjhunu	1	1	1	3
12.	Sirohi	3	1	0	4
13.	Karauli	0	1	1	2
14.	Ganganagar	1	1	0	2
15.	Jaisalmer	0	0	0	0
	Total	**19 (61.3)**	**9 (29.0)**	**3 (9.7)**	**31 (100.0)**

Various myths are prevalent among the different communities. As per responses received from LHVs myths reported were mainly move of Cu T upwards followed by heavy bleeding with pain in abdomen.

Table 21: Things practiced at the time of Cu T insertion

Things	Number	Percentage
Personal Hygiene	45	91.8
Availability of potable water	4	8.2
Availability of antiseptic	5	10.2
Sterilization of equipments	5	10.2
Availability of clan area	9	18.4
Privacy	4	8.2
Total	**49**	**100.00**

LHVs of the respective PHCs were asked about the thing to be kept in mind at the time of insertion of Cu T. 91.8 percent of them narrated personal hygiene followed by availability of clean area and sterilized equipments. Only 8.2 percent each narrated availability of clean water and privacy to be kept in mind at the time of insertion of Cu T. This trend was comparable among all the districts surveyed.

Table 22: Duration of provide solution

S.No	Districts	Duration				Total
		Immediately	After a day	As per plan	Not done	
1.	Pali	3	0	0	1	4
2.	Tonk	2	0	0	1	3
3.	Bundi	3	0	1	0	4
4.	Udaipur	4	0	0	0	4
5.	Baran	2	0	1	0	3
6.	Banswara	4	0	0	0	4
7.	Bikaner	3	0	0	1	4
8.	Bhilwara	4	0	0	0	4
9.	Jaipur	1	0	0	0	1
10.	Bharatpur	2	0	1	0	3
11.	Jhunjhunu	3	1	0	0	4
12.	Sirohi	4	0	0	0	4
13.	Karauli	4	0	0	0	4
14.	Ganganagar	2	0	0	0	2
15.	Jaisalmer	1	0	0	0	1
	Total	**42 (85.8)**	**1 (2.0)**	**3 (6.1)**	**3 (6.1)**	**49 (100.0)**

It was told by the LHVs that immediate solution to the problems was made in majority of cases.

3.2 Observation from service seeker

C. Beneficiary

It was proposed to have interaction with 1352 beneficiaries all the 15 districts. Accordingly average 90 beneficiaries (120 from high coverage and 64 from low coverage district) are supposed to be contacted from all the 15 selected districts. In spite of repeated visits only 1251 beneficiaries were interrogated during the course of entire field work. Complete contacts were not made in Tonk, Banswara, Bhilwara, Sirohi, Jaisalmer and Ganganagar in spite of repeated visits.

Table 1: Age of respondents

S.No	Districts	Age (in years)				Total
		Less than 18	18 - 25	26 - 35	36 & more	
1.	Pali	0	20	31	13	64
2.	Tonk	0	24	36	0	60
3.	Bundi	0	57	57	6	120
4.	Udaipur	0	22	39	4	65
5.	Baran	0	16	38	10	64
6.	Banswara	0	46	58	3	107
7.	Bikaner	0	23	34	5	62
8.	Bhilwara	0	28	50	4	82
9.	Jaipur	0	23	40	1	64
10.	Bharatpur	0	24	36	4	64
11.	Jhunjhunu	0	36	76	8	120
12.	Sirohi	0	31	57	6	94
13.	Karauli	0	40	71	9	120
14.	Ganganagar	0	23	44	11	78
15.	Jaisalmer	0	31	54	2	87
	Total	**0(0.0)**	**444 (35.5)**	**721 (57.6)**	**86(6.9)**	**1251 (100.0)**

Data was collected from the women who are currently user of Cu T. 57.6 percent of them were in the age group of 26 - 35 years at the time of insertion of Cu T. 35.5 percent of the beneficiary comes under the age group of 18 - 25 years. In around 7 percent cases, Cu T was inserted to the women of more than 36 years of age. Majority of them are from Pali, Baran and Jaisalmer districts.

Table 2: Education of respondents

S.No	Districts	Education					Total
		Illiterate	Primary	Middle	High Sec.	Graduate	
1.	Pali	12	19	18	12	3	64
2.	Tonk	28	14	8	7	3	60
3.	Bundi	45	19	32	16	8	120
4.	Udaipur	21	13	17	7	7	65
5.	Baran	21	23	12	6	2	64
6.	Banswara	34	28	21	12	12	107
7.	Bikaner	35	9	12	1	5	62
8.	Bhilwara	42	21	5	12	2	82
9.	Jaipur	29	16	12	6	1	64
10.	Bharatpur	25	11	13	12	3	64
11.	Jhunjhunu	17	12	45	40	6	120
12.	Sirohi	13	29	29	15	8	94
13.	Karauli	52	11	27	17	13	120
14.	Ganganagar	65	8	4	0	1	78
15.	Jaisalmer	29	30	21	4	3	87
	Total	**468 (37.4)**	**263 (21.0)**	**276 (22.1)**	**167(13.3)**	**77(6.2)**	**1251(100.0)**

37.4 percent of the beneficiaries are illiterate, 43.1 percent are middle or less than middle at the time of survey. Only 6.2 percent beneficiaries had the qualification more than graduate.

Table 3: Respondents caste

S.No	Districts	Caste				Total
		General	SC	ST	OBC	
1.	Pali	20	14	2	28	64
2.	Tonk	15	10	7	28	60
3.	Bundi	29	9	10	72	120
4.	Udaipur	17	2	36	10	65
5.	Baran	17	4	13	30	64
6.	Banswara	29	2	43	33	107
7.	Bikaner	21	3	3	35	62
8.	Bhilwara	40	6	10	26	82
9.	Jaipur	22	8	19	15	64
10.	Bharatpur	19	6	1	38	64
11.	Jhunjhunu	88	12	0	20	120
12.	Sirohi	54	19	5	16	94
13.	Karauli	33	13	44	30	120
14.	Ganganagar	35	5	6	32	78
15.	Jaisalmer	29	23	3	32	87
	Total	**468(37.4)**	**136(10.9)**	**202 (16.1)**	**445(35.6)**	**1251 (100.0)**

Majority of the beneficiaries belongs to general caste followed by other backwards class. Schedule caste and tribe contributed 27 percent only.

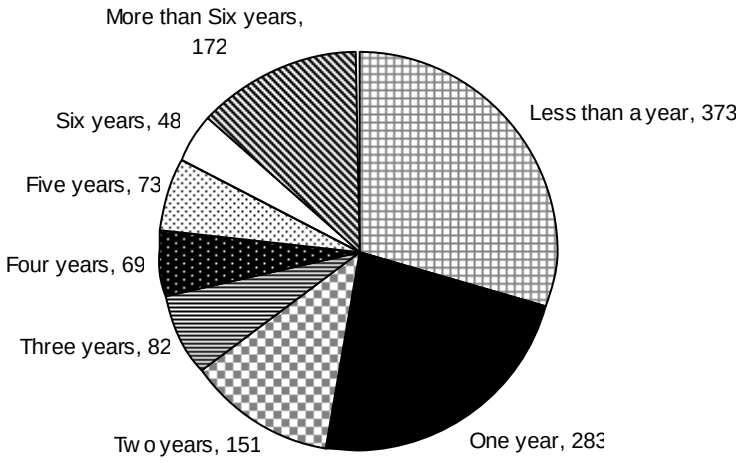
Table 4: Respondents family income

Family Income (Rs.)	Number	Percentage
Less than 6000	12	1.0
6001 - 10000	133	10.6
10001 - 20000	395	31.6
More than 20000	711	56.8
Total	**1251**	**100.00**

The sum of income received in a calendar year by all household members aged 15 years and above was treated as family income. As far family income are concerns, in 56.8 cases family incomes comes to more than 20000 rupees. Only 1 percent had the family income less than 6000 rupees. They are comes under the category of BPL.

Table 5: Age of youngest child

Age	Number	Percentage
Less than a year	373	29.8
One year	283	22.6
Two years	151	12.1
Three years	82	6.6
Four years	69	5.5
Five years	73	5.8
Six years	48	3.8
More than Six years	172	13.8
Total	**1251**	**100.00**



In 52.4 percent cases the age of the youngest child of women who Cu T opted comes to one year or less. Age of youngest child more than six years comes in 13.8 percent cases. Rests were come in the age of

two to five years. The data indicates that those who had youngest child of age one year or less inserted Cu T recently while those who had child more than 2 years inserted Cu T at least 10 months back.

Table 6: Type of FP methods informed to women

S.No	Districts	FP methods informed				Total
		Cu T	OP	CC	Others	
1.	Pali	62	57	60	6	64
2.	Tonk	59	0	0	0	60
3.	Bundi	120	115	111	5	120
4.	Udaipur	65	62	53	2	65
5.	Baran	63	40	43	8	64
6.	Banswara	106	0	0	0	107
7.	Bikaner	62	56	47	4	62
8.	Bhilwara	82	79	78	3	82
9.	Jaipur	62	46	29	5	64
10.	Bharatpur	64	60	54	2	64
11.	Jhunjhunu	116	67	94	8	120
12.	Sirohi	94	87	84	3	94
13.	Karauli	120	119	116	26	120
14.	Ganganagar	78	67	66	1	78
15.	Jaisalmer	87	65	64	0	87
	Total	**1240(99.1)**	**920(73.5)**	**899 (71.9)**	**73(5.8)**	**1251 (100.0)**

(Multiple Answer)

It was reported by the beneficiaries that in 99.1 percent cases they were told about the Cu T during their visit to health centre.

Table 7: Reasons for Cu T adoption

S.No	Districts	Reason for adoption		Total
		No child required in future	Difference between next child	
1.	Pali	37	27	64
2.	Tonk	33	27	60
3.	Bundi	55	65	120
4.	Udaipur	39	26	65
5.	Baran	29	35	64
6.	Banswara	39	68	107
7.	Bikaner	29	33	62
8.	Bhilwara	27	55	82
9.	Jaipur	38	26	64
10.	Bharatpur	47	17	64
11.	Jhunjhunu	61	59	120
12.	Sirohi	58	36	94
13.	Karauli	89	31	120
14.	Ganganagar	49	29	78
15.	Jaisalmer	58	29	87
	Total	**688 (55.0)**	**563 (45.0)**	**1251 (100.0)**

It was reported by the beneficiaries that in 55.0 percent cases they adopt Cu T because they do not want in future while 45.0 percent were reported adoption for difference between next children.

Table 8: Place of Cu T insertion

S.No	Districts	Place of insertion				Total
		CHC	PHC	SC	GH/Pvt.	
1.	Pali	7	28	27	2	64
2.	Tonk	13	20	27	0	60
3.	Bundi	1	85	21	13	120
4.	Udaipur	9	20	36	0	65
5.	Baran	12	27	16	9	64
6.	Banswara	13	41	51	2	107
7.	Bikaner	1	8	53	0	62
8.	Bhilwara	9	56	13	4	82
9.	Jaipur	21	4	38	1	64
10.	Bharatpur	21	28	6	9	64
11.	Jhunjhunu	1	0	119	0	120
12.	Sirohi	55	30	9	0	94
13.	Karauli	25	57	36	2	120
14.	Ganganagar	9	64	5	0	78
15.	Jaisalmer	13	56	18	0	87
	Total	**210 (16.8)**	**524 (41.9)**	**475 (37.9)**	**42 (3.4)**	**1251 (100.0)**

In 41.9 percent cases Cu T insertion was carried out at PHC. It was also observed from the data that around 38 percent of the beneficiaries got their Cu T inserted at sub centre. CHC contributed only 16.8 percent of the total insertion. It was worthwhile to mention here that, in Jhunjhunu almost all insertions were taken place at PHC.

Table 9: Person inserted Cu T

S.No	Districts	Person insert				Total
		Doctor	LHV	SN/ANM	Other Staff	
1.	Pali	7	44	11	2	64
2.	Tonk	0	36	24	0	60
3.	Bundi	9	110	1	0	120
4.	Udaipur	5	50	9	1	65
5.	Baran	18	29	17	0	64
6.	Banswara	19	87	1	0	107
7.	Bikaner	9	46	2	5	62
8.	Bhilwara	8	67	7	0	82
9.	Jaipur	5	25	33	1	64
10.	Bharatpur	8	55	1	0	64
11.	Jhunjhunu	1	87	32	0	120
12.	Sirohi	6	52	36	0	94
13.	Karauli	5	85	29	1	120
14.	Ganganagar	1	67	10	0	78
15.	Jaisalmer	2	65	20	0	87
	Total	**103 (8.2)**	**905 (72.3)**	**233 (18.5)**	**10 (1.0)**	**1251 (100.0)**

In 72.3 percent cases, Cu T was inserted by the LHV followed by staff nurse or ANM. Doctor's contribution was limited to only 8.2 percent of the total insertion. Involvement of LHV in insertion of Cu T

was mainly observed in Bundi, Banswara, Bhilwara, Jhunjhunu, Karauli, Jaisalmer and Ganganagar districts.

Table 10: Aware about duration of Cu T inserted

S.No	Districts	Aware		Total
		Yes	No	
1.	Pali	63	1	64
2.	Tonk	59	0	60
3.	Bundi	119	1	120
4.	Udaipur	62	2	65
5.	Baran	64	0	64
6.	Banswara	106	1	107
7.	Bikaner	61	1	62
8.	Bhilwara	82	0	82
9.	Jaipur	56	8	64
10.	Bharatpur	64	0	64
11.	Jhunjhunu	119	1	120
12.	Sirohi	92	2	94
13.	Karauli	119	1	120
14.	Ganganagar	78	0	78
15.	Jaisalmer	86	1	87
	Total	**1230 (98.3)**	**21 (1.7)**	**1251 (100.0)**

98.3 percent of total beneficiaries had knowledge about duration for which a Cu T was inserted. This trend was equal among all the districts surveyed.

Table 11: Duration of Cu T inserted

S.No	Districts	Duration					Total
		One year	Three years	Five years	Ten years	Not specified	
1.	Pali	1	27	6	29	0	63
2.	Tonk	3	21	3	30	2	59
3.	Bundi	0	61	21	37	0	119
4.	Udaipur	0	11	5	47	1	62
5.	Baran	0	37	1	25	1	64
6.	Banswara	1	92	3	7	3	106
7.	Bikaner	8	37	1	15	0	61
8.	Bhilwara	2	24	6	49	1	82
9.	Jaipur	0	19	1	36	0	56
10.	Bharatpur	3	41	6	13	1	64
11.	Jhunjhunu	0	103	7	8	1	119
12.	Sirohi	0	32	9	51	0	92
13.	Karauli	0	11	3	105	0	119
14.	Ganganagar	0	6	0	69	3	78
15.	Jaisalmer	1	14	1	70	0	86
	Total	**19(1.5)**	**536 (43.6)**	**73(5.9)**	**591(48.0)**	**11(1.0)**	**1230(100.0)**

48.0 percent of the respondents reported ten years as duration for which a Cu T is to be inserted while 43.6 percent of the beneficiaries reported three years as duration. Beneficiaries who reported three years

were mainly from Bundi, Banswara, Bharatpur and Jhunjhunu districts while those who reported period as ten years were mainly from Udaipur, Karauli, Jaisalmer and Ganganagar districts.

Table 12: Person motivated for insertion

S.No	Districts	Person motivated						Total
		Friend/ Relative	ASHA	ANM	PRI member	JMC	Other person	
1.	Pali	1	0	52	0	0	11	64
2.	Tonk	0	1	37	0	0	22	60
3.	Bundi	26	50	39	1	4	0	120
4.	Udaipur	3	7	48	0	3	4	65
5.	Baran	2	15	37	4	1	5	64
6.	Banswara	2	3	87	0	1	14	107
7.	Bikaner	0	0	58	0	0	4	62
8.	Bhilwara	2	3	63	0	6	8	82
9.	Jaipur	4	10	36	5	3	6	64
10.	Bharatpur	18	16	22	0	4	4	64
11.	Jhunjhunu	31	15	64	1	2	7	120
12.	Sirohi	4	8	77	0	0	5	94
13.	Karauli	6	19	74	0	3	18	120
14.	Ganganagar	2	10	64	0	1	1	78
15.	Jaisalmer	0	17	63	0	1	6	87
	Total	**101(8.1)**	**174(13.9)**	**821(65.5)**	**11(1.0)**	**29(2.3)**	**115(9.2)**	**1251(100.0)**

ANM play key role in motivating women for insertion of Cu T in the health centre. It was observed from the data that in 65.5 percent cases, ANM motivated women for insertion in health centre followed by ASHA Sahyogini. Motivation from Jan Mangal Couple was also seen in 2.3 percent cases.

Table 13: Informed advantages or complications from Cu T

S.No	Districts	Informed		Total
		Yes	No	
1.	Pali	44	20	64
2.	Tonk	45	15	60
3.	Bundi	72	48	120
4.	Udaipur	59	6	65
5.	Baran	40	24	64
6.	Banswara	95	12	107
7.	Bikaner	46	16	62
8.	Bhilwara	70	12	82
9.	Jaipur	39	25	64
10.	Bharatpur	54	10	64
11.	Jhunjhunu	112	8	120
12.	Sirohi	82	12	94
13.	Karauli	102	18	120
14.	Ganganagar	27	51	78
15.	Jaisalmer	32	55	87
	Total	**919 (73.5)**	**332 (26.5)**	**1251 (100.0)**

Data was collected from the beneficiaries to assess whether they had received information regarding advantage and complications of using Cu T. 73.5 percent of the respondents told that they had received information regarding profit and/or complications from Cu T. Those who have received information were mainly from Udaipur, Banswara, Bhilwara, Bharatpur, Jhunjhunu, Sirohi and Karauli districts. Those who have not received information were mainly from Ganganagar and Jaisalmer districts.

Table 14: Type of advantages

Profit	Number	Percentage
Spacing between child	531	57.8
No problem of use daily	37	4.0
Less time	25	2.7
No need of pills	16	1.7
No effect on body	44	4.8
expel as per need	83	9.0
No fear of conceive	49	5.3
Method for long duration	134	14.6
Total	**919**	**100.00**

Data was collected from the beneficiaries to assess whether they had received information regarding profit of using Cu T. 57.8 percent of the respondents told that they had received information that it was useful in spacing between two children followed by it could be expelled as per your need.

Table 15: Type of complications

Complications	Number	Percentage
Pain in abdomen	103	11.2
Excessive bleeding	178	19.4
Pain since 15 days	26	2.8
Move upwards in body	8	1.0
Health problem	21	2.3
Swelling	6	0.7
White watery discharge	3	0.3
not told	574	62.4
Total	**919**	**100.00**

Data was also collected from the beneficiaries to assess whether they had received information regarding complications of using Cu T. 62.4 percent of the respondents told that they had not received information regarding complications from Cu T. Those who have received information were received excessive bleeding in 19.4 percent cases followed pain in abdomen and it might moved upwards.

Table 16: Counseling regarding Cu T done

S.No	Districts	Counseling done		Total
		Yes	No	
1.	Pali	64	0	64
2.	Tonk	58	2	60
3.	Bundi	120	0	120
4.	Udaipur	64	1	65
5.	Baran	63	1	64
6.	Banswara	105	2	107
7.	Bikaner	62	0	62
8.	Bhilwara	81	1	82
9.	Jaipur	48	16	64
10.	Bharatpur	63	1	64
11.	Jhunjhunu	106	14	120
12.	Sirohi	91	3	94
13.	Karauli	120	0	120
14.	Ganganagar	77	1	78
15.	Jaisalmer	87	0	87
	Total	**1209 (96.6)**	**42 (3.4)**	**1251 (100.0)**

In 96.6 percent cases beneficiaries reported that counseling were done prior to the insertion of Cu T by the health staff of the respective PHCs. This trend was similar among all the districts surveyed. Counseling was not done mainly in few selected PHCs of Jaipur and Jhunjhunu districts.

Table 17: Case history asked

S.No	Districts	Case history asked		Total
		Yes	No	
1.	Pali	62	2	64
2.	Tonk	57	3	60
3.	Bundi	118	2	120
4.	Udaipur	62	3	65
5.	Baran	48	16	64
6.	Banswara	105	1	107
7.	Bikaner	62	0	62
8.	Bhilwara	78	4	82
9.	Jaipur	36	28	64
10.	Bharatpur	64	0	64
11.	Jhunjhunu	120	0	120
12.	Sirohi	92	2	94
13.	Karauli	120	0	120
14.	Ganganagar	76	2	78
15.	Jaisalmer	87	0	87
	Total	**1187 (94.9)**	**64 (5.1)**	**1251 (100.0)**

In 94.9 percent cases beneficiaries reported that case history were asked prior to the insertion of Cu T by the health staff of the respective PHCs. This trend was similar among all the districts surveyed. Case history was not asked mainly in few selected PHCs of Jaipur and Baran districts.

Table 18: Physical examination done

S.No	Districts	Physical examination		Total
		Yes	No	
1.	Pali	62	2	64
2.	Tonk	43	17	60
3.	Bundi	110	10	120
4.	Udaipur	64	1	65
5.	Baran	53	11	64
6.	Banswara	96	11	107
7.	Bikaner	62	0	62
8.	Bhilwara	80	2	82
9.	Jaipur	58	6	64
10.	Bharatpur	60	3	64
11.	Jhunjhunu	93	27	120
12.	Sirohi	88	6	94
13.	Karauli	120	0	120
14.	Ganganagar	71	7	78
15.	Jaisalmer	85	2	87
	Total	**1146 (91.6)**	**105 (8.4)**	**1251 (100.0)**

In 91.6 percent cases beneficiaries reported that physical examination was done prior to the insertion of Cu T by the health staff of the respective PHCs. This trend was similar among all the districts surveyed. It was reported by the 8.4 percent beneficiaries that physical examination was not done. These beneficiaries were mainly from Tonk, Bundi, Baran, Banswara and Jhunjhunu districts.

Table 19: Cleanliness of the place

Cleanliness	Number	Percentage
Yes	1239	99.0
No	12	1.0
Total	**1251**	**100.00**

Majority of the beneficiaries reported that the place where Cu T inserted was cleaned. These findings were similar among the districts surveyed.

Table 20: Maintenance of privacy

S.No	Districts	Privacy maintained		Total
		Yes	No	
1.	Pali	64	0	64
2.	Tonk	59	1	60
3.	Bundi	116	4	120
4.	Udaipur	65	0	65
5.	Baran	58	6	64
6.	Banswara	106	1	107
7.	Bikaner	62	0	62
8.	Bhilwara	82	0	82
9.	Jaipur	61	3	64
10.	Bharatpur	64	0	64
11.	Jhunjhunu	120	0	120
12.	Sirohi	91	3	94
13.	Karauli	120	0	120
14.	Ganganagar	75	3	78
15.	Jaisalmer	86	1	87
	Total	**1229 (98.2)**	**22 (1.8)**	**1251 (100.0)**

Majority of the beneficiaries reported that during the insertion of Cu T privacy was maintained. These findings were similar among the districts surveyed.

Table 21: Suggestion/medicine given

S.No	Districts	Suggestion/Medicine		Total
		Yes	No	
1.	Pali	62	2	64
2.	Tonk	56	4	60
3.	Bundi	100	20	120
4.	Udaipur	65	0	65
5.	Baran	33	31	64
6.	Banswara	106	1	107
7.	Bikaner	62	0	62
8.	Bhilwara	81	1	82
9.	Jaipur	45	19	64
10.	Bharatpur	50	14	64
11.	Jhunjhunu	118	2	120
12.	Sirohi	80	14	94
13.	Karauli	119	1	120
14.	Ganganagar	77	1	78
15.	Jaisalmer	85	2	87
	Total	**1139 (91.0)**	**112 (9.0)**	**1251 (100.0)**

In 91.0 percent cases, beneficiaries reported that suggestion and medicine was given to them after insertion of Cu T. Suggestion and medicine was not given to some beneficiaries of Bundi, Baran, Jaipur, Bharatpur and Sirohi.

Table 22: Payment by clients for suggestion/medicine

S.No	Districts	Payment done		Total
		Yes	No	
1.	Pali	0	62	62
2.	Tonk	6	50	56
3.	Bundi	1	99	100
4.	Udaipur	0	65	65
5.	Baran	1	32	33
6.	Banswara	1	105	106
7.	Bikaner	0	62	62
8.	Bhilwara	0	81	81
9.	Jaipur	0	45	45
10.	Bharatpur	1	49	50
11.	Jhunjhunu	1	117	118
12.	Sirohi	1	79	80
13.	Karauli	1	118	119
14.	Ganganagar	1	76	77
15.	Jaisalmer	1	84	85
	Total	**15 (1.3)**	**1124 (98.7)**	**1139 (100.0)**

Only 1.3 percent of the beneficiaries reported that amount was given by them for seeking suggestion and medicine. Amount given by them was varied from 50 to 1000 rupees. The amount was given mainly in Tonk district.

Table 23: Person to whom payment made

S.No	Districts	Payment to		Total
		Doctor	Nurse	
1.	Pali	0	0	0
2.	Tonk	6	0	6
3.	Bundi	1	0	1
4.	Udaipur	0	0	0
5.	Baran	0	0	1
6.	Banswara	1	0	1
7.	Bikaner	0	0	0
8.	Bhilwara	0	0	0
9.	Jaipur	0	0	0
10.	Bharatpur	1	1	1
11.	Jhunjhunu	1	0	1
12.	Sirohi	0	1	1
13.	Karauli	1	0	1
14.	Ganganagar	0	1	1
15.	Jaisalmer	1	0	1
	Total	**12 (80.0)**	**3 (20.0)**	**15 (100.0)**

In majority of cases payment was given to the doctor. However, as only in 1.3% of the total clients who paid for services this number carries no significance

Table 24: Level of satisfaction

S.No	Districts	Satisfied		Total
		Yes	No	
1.	Pali	62	2	64
2.	Tonk	55	5	60
3.	Bundi	118	2	120
4.	Udaipur	64	1	65
5.	Baran	64	0	64
6.	Banswara	105	2	107
7.	Bikaner	59	3	62
8.	Bhilwara	79	3	82
9.	Jaipur	60	4	64
10.	Bharatpur	56	8	64
11.	Jhunjhunu	104	16	120
12.	Sirohi	93	1	94
13.	Karauli	116	4	120
14.	Ganganagar	78	0	78
15.	Jaisalmer	87	0	87
	Total	**1200 (95.9)**	**51 (4.1)**	**1251 (100.0)**

Around 96 percent of the respondents were satisfied with the Cu T. They were distributed uniformly among the districts surveyed.

Table 25: Reason for non satisfaction

S.No	Districts	Reason for non satisfaction				Total
		Excessive bleeding	Pain in abdomen	Health problem	Other reasons	
1.	Pali	2	0	0	0	2
2.	Tonk	1	2	0	2	5
3.	Bundi	1	1	0	0	2
4.	Udaipur	1	0	0	0	1
5.	Baran	0	0	0	0	0
6.	Banswara	2	0	0	0	2
7.	Bikaner	2	0	1	0	3
8.	Bhilwara	1	0	0	2	3
9.	Jaipur	2	2	0	0	4
10.	Bharatpur	2	4	0	2	8
11.	Jhunjhunu	3	5	1	7	16
12.	Sirohi	1	0	0	0	1
13.	Karauli	0	3	0	1	4
14.	Ganganagar	0	0	0	0	0
15.	Jaisalmer	0	0	0	0	0
	Total	**18 (35.3)**	**17 (33.3)**	**2 (3.9)**	**14 (27.4)**	**51 (100.0)**

Those who were not satisfied reported excessive bleeding as main cause of dissatisfaction followed by pain in abdomen and other associated problems. The problems were mainly reported in Tonk, Jaipur, Bharatpur, Jhunjhunu and Karauli districts.

Table 26: Problem after Cu T insertion

S.No	Districts	Problems		Total
		Yes	No	
1.	Pali	3	61	64
2.	Tonk	4	56	60
3.	Bundi	3	117	120
4.	Udaipur	1	64	65
5.	Baran	1	63	64
6.	Banswara	6	101	107
7.	Bikaner	7	55	62
8.	Bhilwara	11	71	82
9.	Jaipur	8	56	64
10.	Bharatpur	11	53	64
11.	Jhunjhunu	20	100	120
12.	Sirohi	2	92	94
13.	Karauli	7	113	120
14.	Ganganagar	1	77	78
15.	Jaisalmer	0	87	87
	Total	**85 (6.8)**	**1166 (93.2)**	**1251 (100.0)**

Only 6.8 percent of respondent reported problem after Cu T insertion. They were mainly from Bhilwara, Bharatpur and Jhunjhunu districts.

Table 27: Time lag in attending to the problem

S.No	Districts	Duration					Total
		Immediately	After a day	After 2 days	After a week	Not received	
1.	Pali	2	0	0	1	0	3
2.	Tonk	1	0	1	2	0	4
3.	Bundi	1	0	0	2	0	3
4.	Udaipur	0	0	0	1	0	1
5.	Baran	1	0	0	0	0	1
6.	Banswara	0	1	1	4	0	6
7.	Bikaner	4	0	1	2	0	7
8.	Bhilwara	7	0	1	1	2	11
9.	Jaipur	3	2	0	2	1	8
10.	Bharatpur	0	1	1	7	2	11
11.	Jhunjhunu	0	0	0	10	10	20
12.	Sirohi	0	0	0	2	0	2
13.	Karauli	0	0	0	7	0	7
14.	Ganganagar	1	0	0	0	0	1
15.	Jaisalmer	0	0	0	0	0	0
	Total	**20 (23.5)**	**4 (4.7)**	**5 (5.9)**	**41 (48.3)**	**15 (17.6)**	**85 (100.0)**

It was reported that by about 48 percent respondents that the problem was attended after a week, while 17.6 percent respondents did not receive any attention to their problems. Immediate attention was given to 23.5 percent respondents.

Table 28: Follow up card prepared

S.No	Districts	Card prepare		Total
		Yes	No	
1.	Pali	26	38	64
2.	Tonk	3	57	60
3.	Bundi	32	88	120
4.	Udaipur	11	54	65
5.	Baran	47	17	64
6.	Banswara	7	100	107
7.	Bikaner	14	48	62
8.	Bhilwara	23	59	82
9.	Jaipur	21	43	64
10.	Bharatpur	8	56	64
11.	Jhunjhunu	119	1	120
12.	Sirohi	2	92	94
13.	Karauli	36	84	120
14.	Ganganagar	8	70	78
15.	Jaisalmer	5	82	87
	Total	**362 (28.9)**	**889 (71.1)**	**1251 (100.0)**

28.9 percent respondents reported that their follow up cards were prepared. Follow up cards were not reported mainly from Pali, Bundi, Banswara, Bikaner, Bhilwara, Bharatpur, Sikar, Jaisalmer and Ganganagar districts.

Table 29: Follow up done after insertion

S.No	Districts	Follow up done		Total
		Yes	No	
1.	Pali	62	2	64
2.	Tonk	53	7	60
3.	Bundi	90	30	120
4.	Udaipur	51	14	65
5.	Baran	39	25	64
6.	Banswara	103	4	107
7.	Bikaner	62	0	62
8.	Bhilwara	82	0	82
9.	Jaipur	41	23	64
10.	Bharatpur	46	18	64
11.	Jhunjhunu	86	34	120
12.	Sirohi	81	13	94
13.	Karauli	112	8	120
14.	Ganganagar	72	6	78
15.	Jaisalmer	68	19	87
	Total	**1048 (83.8)**	**203 (16.2)**	**1251 (100.0)**

83.8 percent respondents reported that follow up was done after Cu T insertion. This trend was similar among the districts surveyed.

Table 30: Best method of FP

Method	Number	Percentage
Cu T	1025	81.9
Oral Pills	25	2.0
Nirodh	141	11.3
Others	60	4.8
Total	**1251**	**100.00**

In majority of cases, respondents reported Cu T as best method for family planning followed by condom. Condom was mainly preferred by the respondents of Baran, Bharatpur and Sikar.

D. Non Beneficiary

It was proposed to have interaction with **648** non beneficiaries from all the 15 districts. Accordingly average 43 non beneficiaries (56 from high coverage and 32 from low coverage district) are supposed to be contacted from all the 15 selected districts. In all **684** non beneficiaries were interrogated during the course of entire field work.

Table 1: Age of respondents

S.No	Districts	Age (in years)			Total
		18 - 25	26 - 35	36 & more	
1.	Pali	14	17	2	33
2.	Tonk	13	26	6	45
3.	Bundi	15	18	3	36
4.	Udaipur	15	10	6	31
5.	Baran	34	22	3	59
6.	Banswara	16	24	1	41
7.	Bikaner	28	32	4	64
8.	Bhilwara	25	32	4	61
9.	Jaipur	26	27	3	56
10.	Bharatpur	16	34	6	56
11.	Jhunjhunu	15	19	2	36
12.	Sirohi	14	22	1	37
13.	Karauli	11	20	3	34
14.	Ganganagar	14	18	4	36
15.	Jaisalmer	30	25	4	59
	Total	**286 (43.9)**	**346 (53.1)**	**52 (8.0)**	**684 (100.0)**

In 53.1 percent cases respondents were in the age group of 26 to 35 years while 43.9 of them were in the age group of 18 to 25 years.

Table 2: Education of respondents

S.No	Districts	Education					Total
		Illiterate	Primary	Middle	High Sec.	Graduate	
1.	Pali	20	4	4	3	2	33
2.	Tonk	21	14	6	3	1	45
3.	Bundi	22	5	4	2	3	36
4.	Udaipur	12	5	9	5	0	31
5.	Baran	23	16	11	4	5	59
6.	Banswara	27	8	4	1	1	41
7.	Bikaner	32	6	9	9	8	64
8.	Bhilwara	29	12	9	7	4	61
9.	Jaipur	33	6	12	0	5	56
10.	Bharatpur	21	15	12	7	1	56
11.	Jhunjhunu	21	6	2	4	3	36
12.	Sirohi	23	4	3	3	4	37
13.	Karauli	11	6	8	7	2	34
14.	Ganganagar	20	7	4	3	2	36
15.	Jaisalmer	22	17	10	5	5	59
	Total	**337 (49.3)**	**131 (19.2)**	**107 (15.6)**	**63 (9.2)**	**46 (6.7)**	**684(100.0)**

Majority of the respondents were illiterate. Only 6.7 percent attain the education up to graduation or above. This trend was similar among the districts surveyed.

Table 3: Caste of respondents

S.No	Districts	Caste				Total
		General	SC	ST	OBC	
1.	Pali	18	8	4	3	33
2.	Tonk	9	6	8	22	45
3.	Bundi	10	2	0	24	36
4.	Udaipur	8	4	2	17	31
5.	Baran	29	11	8	11	59
6.	Banswara	13	4	6	18	41
7.	Bikaner	12	7	7	38	64
8.	Bhilwara	15	4	18	24	61
9.	Jaipur	11	1	20	24	56
10.	Bharatpur	7	10	0	39	56
11.	Jhunjhunu	12	5	2	17	36
12.	Sirohi	14	4	3	16	37
13.	Karauli	10	4	4	16	34
14.	Ganganagar	13	3	1	19	36
15.	Jaisalmer	23	12	8	16	59
	Total	**204 (29.8)**	**85 (12.4)**	**91 (13.3)**	**304 (44.5)**	**684 (100.0)**

Majority of the respondents were belongs to other backward class followed by general castes. This trend was similar among the districts surveyed.

Table 4: Respondents by family income

Family Income (Rs.)	Number	Percentage
Less than 6000	14	2.0
6001 - 10000	60	8.8
10001 - 20000	189	27.6
More than 20000	421	61.5
Total	**684**	**100.00**

In majority of cases the family income was comes to Rs. 20000.00 and more. This trend was even among the districts surveyed.

Table 5: Number of children

Number of Children	Number	Percentage
No Child	26	3.8
One	128	18.7
Two	211	30.8
More than two	319	46.7
Total	**684**	**100.00**

In majority of cases, a respondent has more than two children. Only 3.8 percent respondents had no child. This trend was similar among the districts surveyed except Bharatpur and Karauli where respondents reported atleast a child.

Table 6: Seeking advice fro delaying Pregnancy

S.No	Districts	Visit to centre		Total
		Yes	No	
1.	Pali	31	2	33
2.	Tonk	45	0	45
3.	Bundi	36	0	36
4.	Udaipur	29	2	31
5.	Baran	58	1	59
6.	Banswara	39	2	41
7.	Bikaner	62	2	64
8.	Bhilwara	61	0	61
9.	Jaipur	56	0	56
10.	Bharatpur	32	23	56
11.	Jhunjhunu	33	3	36
12.	Sirohi	35	2	37
13.	Karauli	31	3	34
14.	Ganganagar	35	1	36
15.	Jaisalmer	57	2	59
	Total	**640 (93.6)**	**44 (6.4)**	**684 (100.0)**

It was reported by the 93.6 percent respondents that they had visited health centre for seeking information regarding delay in pregnancy. This trend was similar among the districts surveyed.

Table 7: Awareness regarding type of method

Type	Number	Percentage
Cu T	566	88.6
Oral Pills	24	3.8
Other methods	16	2.3
Not told	34	5.3
Total	**640**	**100.00**

In 88.6 percent cases respondents were told about the Cu T followed by Oral Pills or other methods. In 5.3 percent cases they were not told about any methods. This trend was similar among the districts surveyed.

Table 8: Use of method informed

S.No	Districts	Use of method		Total
		Yes	No	
1.	Pali	20	11	31
2.	Tonk	14	31	45
3.	Bundi	17	19	36
4.	Udaipur	25	4	29
5.	Baran	17	41	58
6.	Banswara	18	21	39
7.	Bikaner	45	17	62
8.	Bhilwara	27	34	61
9.	Jaipur	52	4	56
10.	Bharatpur	11	21	32
11.	Jhunjhunu	18	15	33
12.	Sirohi	25	10	35
13.	Karauli	19	12	31
14.	Ganganagar	16	19	35
15.	Jaisalmer	18	39	57
	Total	**342 (53.4)**	**298 (46.6)**	**640 (100.0)**

Out of those who told about any family planning methods, only 53.4 percent respondents had adopted any method.

Table 9: Reasons for adopting particular method

Reason	Number	Percentage
Easy to use	226	66.1
Easily available	280	81.9
Husband could not gauss	23	6.7
Accessible	65	19.0
Others	17	5.0
Total	**342**	**100.00**

(Multiple Answers)

When asked to opt for particular methods, easily availability was reported by the respondent in majority of cases followed by easy to use. This trend was similar among the districts surveyed.

Table 10: Reasons to not use Cu T

Reason	Number	Percentage
Difficult to use	131	19.2
Not available easily	26	3.8
Health problem	197	28.8
Not like by husband	93	13.6
Problem of insertion & expel	99	14.5
Place not known	10	1.5
Others reasons	128	18.6
Total	**684**	**100.00**

Respondents were asked about the reason for not use of Cu T. Health problem was reported by the 28.8 percent respondents followed by difficult to use. This trend was similar among the districts surveyed.

Table 11: Type of myths exists regarding Cu T

Myths	Number	Percentage
Excessive bleeding	23	16.2
Health problem	26	18.3
Move upward in body	33	23.2
To be operated	4	2.8
Reinserted regularly	4	2.8
Weakness	21	14.9
Problem in intercourse	6	4.2
White watery discharge	1	0.7
Pain in abdomen	24	16.9
Total	**142**	**100.00**

Myths were reported by the 142 respondents. Myths exists in their area were mainly associated with Cu T move upwards followed by excessive bleeding or health problems. Excessive bleeding was reported form all the districts surveyed except Bikaner, Bhilwara and Banswara while health problem was not reported in Bikaner and Bhilwara districts. Movement of Cu T was reported by the respondents of all the districts surveyed except Bikaner and Bhilwara districts.

Table 12: Reasons for Myths

Myths	Number	Percentage
Heard from many persons	17	12.0
Health problem	26	18.3
lack of information	50	35.2
Illiteracy	31	21.8
Seen such cases	18	12.7
Total	**142**	**100.00**

In majority of cases lack of information played an important role in development of myths. Illiteracy also contributed significantly. In 24.7 percent cases they were either heard from the other person or have seen such cases some where. This trend was similar among the districts surveyed.

Table 13: Best method of birth spacing

Methods	Number	Percentage
Oral pills	316	46.2
Nirodh	279	40.8
CuT	47	6.9
other	42	6.1
Total	**684**	**100.00**

Majority of non user respondents reported oral pills as best method for birth spacing followed by Nirodh. Only 6.9 percent respondents reported Cu T as best method. This distribution was similar among the districts surveyed.

Table 14: Desire use of Cu T in future

S.No	Districts	Desire to use in future		Total
		Yes	No	
1.	Pali	2	31	33
2.	Tonk	5	40	45
3.	Bundi	11	25	36
4.	Udaipur	2	29	31
5.	Baran	6	53	59
6.	Banswara	16	25	41
7.	Bikaner	3	61	64
8.	Bhilwara	5	56	61
9.	Jaipur	6	50	56
10.	Bharatpur	12	44	56
11.	Jhunjhunu	3	33	36
12.	Sirohi	4	33	37
13.	Karauli	3	31	34
14.	Ganganagar	2	34	36
15.	Jaisalmer	7	52	59
	Total	**87 (12.7)**	**597 (87.3)**	**684 (100.0)**

Out of the total non users, 87 were ready to use Cu T in future. They were mainly from Bikaner, Bhilwara and Jhunjhunu districts.

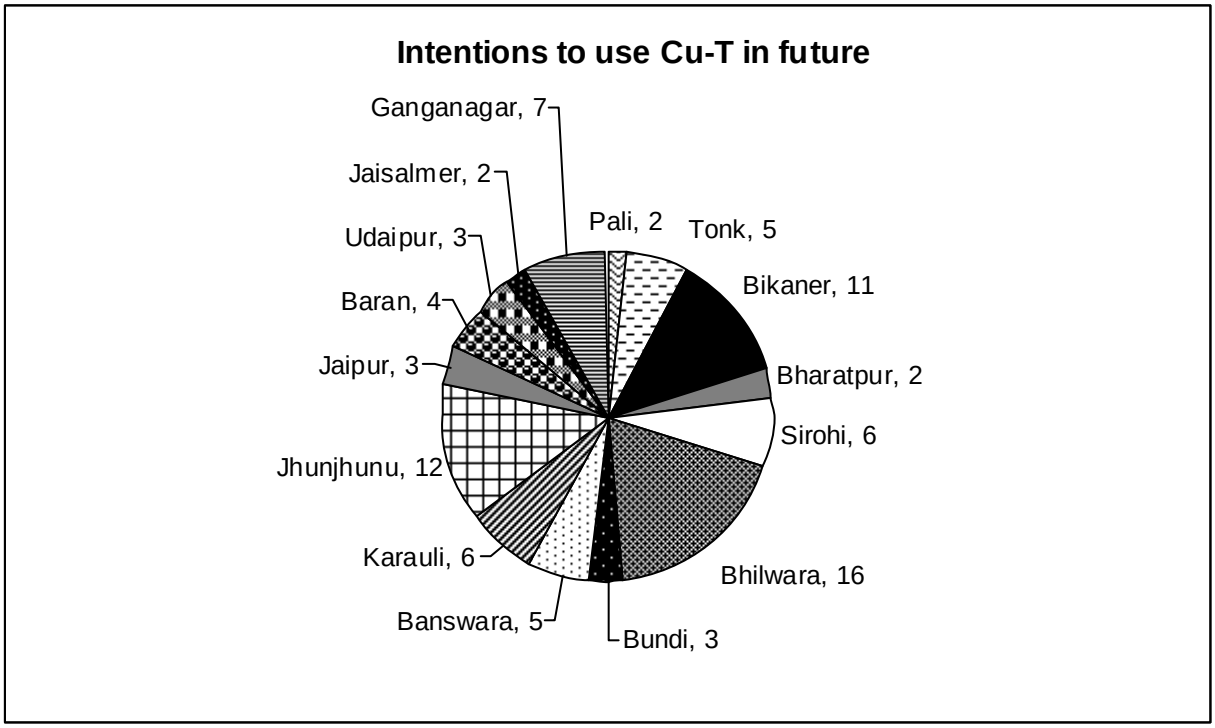


Table 15: Time by which clients intend to use Cu T in future

Duration	Number	Percentage
With in a year	16	18.4
After one year	12	13.8
With in 2 - 3 years	14	16.1
Not decided	45	51.7
Total	**87**	**100.00**

Majority of non beneficiaries were reported that they had not decided yet to use the Cu T in future. However, those who are ready to use Cu T reported with in a year followed by with in two to three years.

Chapter 4

Summary and Conclusion

Cu-T 380 A was a small object that is inserted through the cervix and placed in the uterus to prevent pregnancy. A small string hangs down from the CU-T into the upper part of the vagina. The CU-T is not noticeable during intercourse. It can last 1-10 years. They affect the movements of eggs and sperm to prevent fertilization

The study was carried out in 15 districts of Rajasthan which was picked by random selection on the basis of two districts per zone. The district who had more than state average (99%) during the year 2007 - 2008 against ELA was selected as high coverage district whereas district has less than state average was selected as low coverage districts.

From high coverage district 15 beneficiaries from each SC was selected while from low coverage district 8 beneficiaries from each SC was selected for detailed survey. Similarly 7 non beneficiaries (target) was selected form high and 4 from low coverage districts. Total beneficiary to be interviewed from 15 districts was 1352 but due to non availability of beneficiaries at the time of survey only 1251 were contacted**.** Similarly non beneficiary interviewed from 15 districts was 684 as against 648.

After training at SIHFW for one day, a team of a supervisor and eight investigators were visited the field during first phase of field work. Afterward team was curtail down and a supervisor and five investigators were visited the camp site to document responses from selected beneficiary about the camp.

Three such teams were formed for entire duration of survey. Internal staff of SIHFW was assigned the task to monitor quality of data collected by the each team in the selected districts.

Out of 53 Medical Officers only 4 had undergone training regarding Cu-T insertion. Out of them, two from Banswara district and one each from Bikaner and Bhilwara districts respectively. All 4 medical officers received training at their district hospital respectively. They also reported to undergo week long training. Maximum Cu T insertion was taken place in Bikaner, Bhilwara and Baran districts while minimum number of Cu T was inserted in Tonk district.

According to Medical Officers, women used Cu T for spacing the birth and permanent method both in 56 percent cases. All the LHV surveyed reported that they had done Cu T insertion in The CHC/PHC. 77.6 percent LHVs reported that they had undergone training regarding cu T insertion. The training was of seven days. Those who received training were mainly from Udaipur, Bikaner, Jhunjhunu, Sirohi and Karauli districts. Those who had not undergone training were mainly from Tonk, Banswara and Bharatpur districts. Women were escorted to PHC mainly by ANM followed by family members and ASHA Sahyogini.

63.3 percent of the LHVs reported existence of myths related to Cu-T in their coverage area. This trend was observed in almost every district surveyed. However, existence of myths was found mainly in entire coverage area of Tonk, Bundi and Sirohi districts

48.0 percent of the respondents reported ten years as duration for which a Cu T is to be inserted while 43.6 percent of the beneficiaries reported three years as duration. Beneficiaries who reported three years were mainly from Bundi, Banswara, Bharatpur and Jhunjhunu districts while those who reported period as ten years were mainly from Udaipur, Karauli, Jaisalmer and Ganganagar districts.

Around 96 percent of the respondents were satisfied with the Cu T. They were distributed uniformly among the districts surveyed. Those who were not satisfied reported excessive bleeding as main cause of dissatisfaction followed by pain in abdomen and other associated problems. The problems were mainly reported in Tonk, Jaipur, Bharatpur, Jhunjhunu and Karauli districts.

In majority of cases, respondents reported Cu T as best method for family planning followed by condom. Condom was mainly preferred by the respondents of Baran, Bharatpur and Sikar.

In majority of cases non beneficiaries reported that lack of information played an important role in development of myths. Illiteracy also contributed significantly. In 24.7 percent cases they were either heard from the other person or have seen such cases some where.

Out of the total non users, 87 were ready to use Cu T in future. They were mainly from Bikaner, Bhilwara and Jhunjhunu districts.

Majority of them were reported that they had not decided yet to use the Cu T in future. However, those who are ready to use Cu T reported with in a year followed by with in two to three years.

Chapter 5

Recommendations

- ✓ To ensure reach of quality services and increasing the acceptance rate of IUCD there is need to ensure the availability of trained staff at each PHC and periphery institutions. Training regarding communication skills should be given to LHV and Staff Nurse

- ✓ There is acute dearth of literature in local language on 10 years Copper T. Need is to extend the efforts in the area of IEC. Bus panels, Wall paintings like out door publicity is more useful than print material. Some material like flip books may be provided to the ANMS so that they can be able to counseled the clients on the use of IUCD.

- ✓ Number of cases rejected for IUCD insertion due lack of proper training and knowledge. New WHO Guidelines on client assessment may be disseminated to the ANMs and other health service providers to expend the service coverage.

- ✓ The contraceptive needs of sexually active young people remain largely unmet. Young people, married as well as unmarried, need accurate, user-friendly information and services, and multiple entry points (education, work, sports or other social activities) and settings (home, community, workplace, school or clinic) must be used to enhance access to information and services.

- ✓ Provider bias continues to restrict the rights of women and men in exercising contraceptive choice. Providers need to be oriented about the client's right to exercise choice.

- ✓ Women are powerless and voiceless in sexual and reproductive matters, particularly in IUCD use women are required the consent of family members including husband, mother in law etc. Multi-sectoral activities to enhance women's status are urgently needed. Since reproductive decision-making is often beyond the control of young women and their husbands, engaging other gate-keepers, including senior men and women in the family and influential people in the community, is crucial.

- ✓ Case history of successful users be documented and displayed in camps or through media

- ✓ Strict follow up of Cu T users need to ensure. Counseling / IPC and other IEC activities can be organized on MCHN day. IUCD insertion can also be introduced at MCHN days. Willing clients can utilized the service provisions of IUCD in MCHN days.

- ✓ Immediate attention should be given by the PHC in charge to the cases reported problem after insertion.

- ✓ Detailed information regarding Cu T should be given to the women who go for adoption.