

Population Stabilization in Uttar Pradesh: Past, Present and Future Directions

Usha Ram, Ph.D.

Associate Professor,
Dept. of Public health & Mortality Studies
International Institute for Population Sciences,
Govandi Station Road, Deonar,
MUMBAI- 400 088
Maharashtra (INDIA)

E-mail: usharam@iips.net; usharam.2008@rediffmail.com

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This report entitled “Population Stabilization in Uttar Pradesh: Past, Present and Future Directions” details on various aspects of population of the state and examines changes in population growth, population density, age and sex structures, fertility and mortality in the past. The report then goes on exploring the socio-economic development in the state with the help of changes in urbanization, education, female work participation, marriage, contraceptive use and unmet need for family planning. It then examines the status of the maternal and child health indicators in the state and assesses availability of health infrastructure. At the end, the report describes various programmatic efforts in the state towards improving the well being of its people and looks at the scenario of the population in near future. The study uses multiple sources of data from census of India, Sample Registration System, Rural Health Statistics Bulletin and the large scale sample surveys undertaken in the country. The population projections of the Registrar General of India and those carried out by the Population Foundation of India has been used to see future growth of the population.

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Population Stabilization in Uttar Pradesh, India

Past, Present and Future Directions

Introduction

Uttar Pradesh (Hindi: उत्तर प्रदेश) is located in the northern part of India. The literal meaning of Uttar Pradesh is “Northern Province”. With the adoption of constitution of republic India on January 26, 1950, the state of Uttar Pradesh, cultural cradle of India, came into existence. On November 9, 2000, Uttar Pradesh was divided into two states – Uttar Pradesh and Uttaranchal (later renamed as Uttarakhand) resulting in drastically altering the shape of the state. However, the state remains the most populous and 4th largest state of union of India. The state is home to over 190 million people as of 1 July 2008 (and is not only India’s most populous state, but is also world’s most populous sub-national entity and has an area of 93,933 sq. mi. (243,290 km²). The state can be divided into two distinct hypsographical regions namely “Gangetic Plain” and “Vindhya Hills”. The Gangetic Plain consists of the Ganga-Yamuna Doab, the Ghaghra plains, the Ganga plains and the Terai. The large Gangetic Plain is located in the north and has highly fertile alluvial soils and flat topography broken by many ponds, lakes and rivers while Vindhya Hills is small and is located in the south and comprises of hard rocks and varied topography of hills, valleys and plateau.

The state lies in the north-central India and shares an international border with Nepal to its north and nine Indian states of Uttarakhand and Himachal Pradesh (northwest), Haryana, Delhi and Rajasthan (west), Madhya Pradesh (south), Chhattisgarh and Jharkhand (southeast) and Bihar (east). Lucknow is the administrative and legislative capital of the state while Kanpur is the financial and industrial capital. The state is home to a number of historical cities including Allahabad, Varanasi and Agra.

Aryo-Dravidian ethnic group comprises of majority of the state’s total population while Asiatic origins (mainly residing in the Himalayan region) consist of only a proportion of the state population. The population is divided into numerous castes and sub-castes. Hindu society is divided into four sub-divisions (known as *varnas* – namely *Brahmins*, *Kshatriyas*, *Vaishyas* and *Shudras*). A further fifth group known as *Dalit* also exist. The peripheral regions of the state are home to a number of tribal communities like Agaria, Baiga, Bhar, Bhoksa, Bind, Chero, Gond and Korwa. The Union Government has recognized five tribal communities

(namely, Tharu, Bhoksa, Bhotia, Jaunswari and Raji) as disadvantaged scheduled tribe (People of India Uttar Pradesh Volume XLII edited by A Hasan & J C Das, Manohar Publications).

Hindu constitutes 80% population of the state. Islam is practiced by about 18% of the state population while remaining 2% include followers of other religions including Sikh, Jain, Buddhist and Christian. Only less than one percent of the state total population comprises of followers of the other religions. Hindi is the official language of the state by the Uttar Pradesh Official Language Act, 1951 and Urdu, established by the Amendment to the same in 1989. Hindi is the mother tongue of nearly 85% of the state population. The state is predominantly a rural state with as many as 85% of its population residing in the rural areas. Uttar Pradesh is an agrarian state as more than three-quarters of its working population is engaged in agriculture. Of the total urban population of the state, nearly half lives in five major cities of Lucknow, Varanasi, Kanpur, Allahabad and Agra. The state exhibits considerable out-migration to various parts of the country, primarily for employment and livelihood. Majority of the state migrants go to cities of Mumbai, Delhi and Kolkatta. Recently, a new migration stream has evolved towards cities of Bangaluru, Hyderabad and Pune as a result of emergence of information technology.

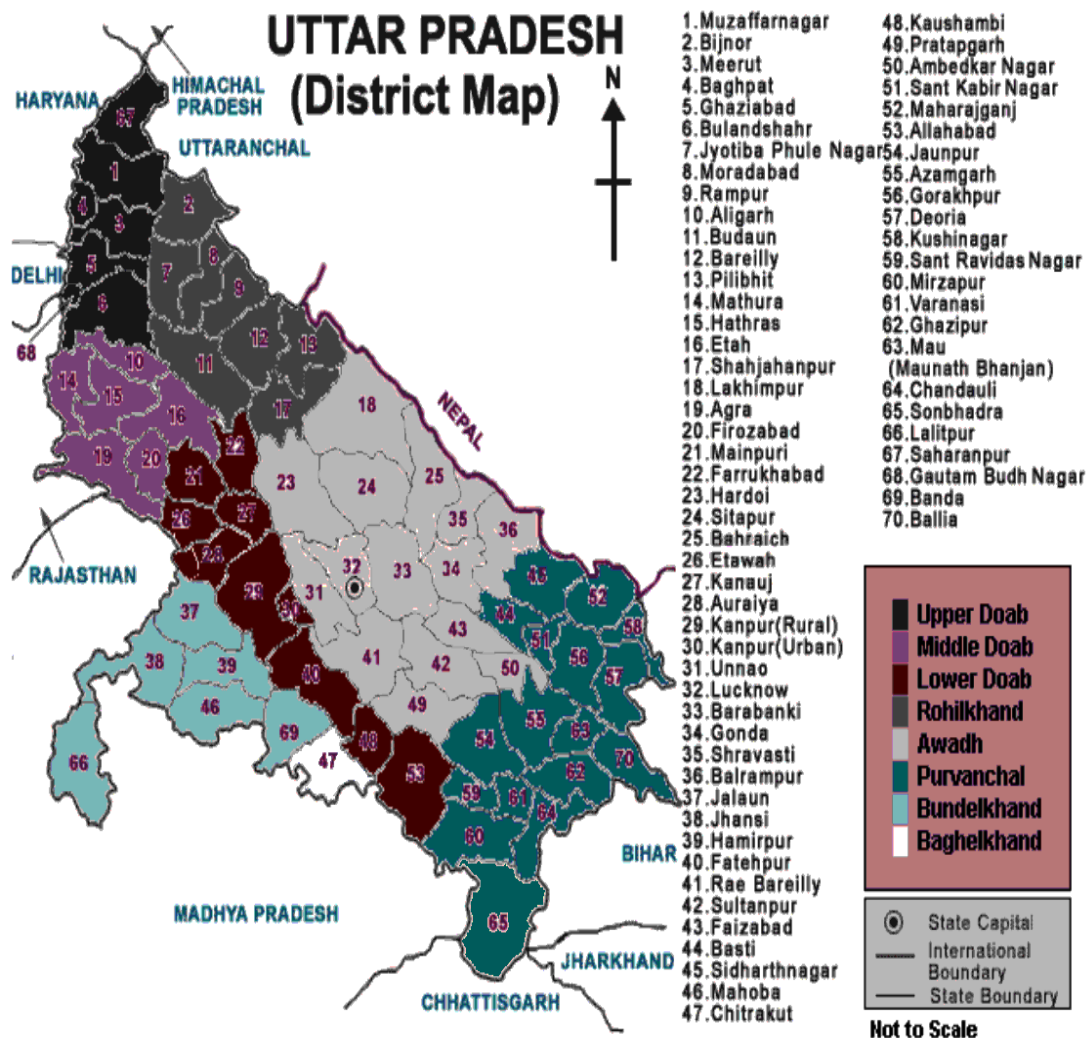
About 13% of the state land is under forest cover and has important plants and animals. The climate is predominantly subtropical but weather conditions change considerably with location and seasons. As of 2010, the state consists of seventy two districts which are grouped into eighteen divisions ([http://en.wikipedia.org/wiki/Uttar Pradesh](http://en.wikipedia.org/wiki/Uttar_Pradesh)). The divisions are: Agra, Aligarh, Allahabad, Azamgarh, Bareilly, Basti, Chitrakoot, Devipattan, Faizabad, Gorakhpur, Jhansi, Kanpur, Lucknow, Meerut, Mirzapur, Moradabad, Saharanpur and Varanasi. The map below gives names of the districts within each region in the state.

The state has provided national leadership as eight of India's fourteen Prime Ministers (Jawaharlal Nehru, Lal Bahadur Shastri, Indira Gandhi, Rajiv Gandhi, Choudhary Charan Singh, Vishwanath Pratap Singh, Chandra Shekhar and Atal Behari Vajpayee) were from Uttar Pradesh. The State Assembly (known as *Vidhan Sabha*) has 403 electoral constituencies. At the lowest tier of political pyramid the state has a large number of village councils, known as Panchayats, which are similar to those found in other states in India.

The state houses some of the best known educational institutions for higher and technical education in the country. Aligarh Muslim University (modeled on the British University of

Cambridge) is first institutions of higher learning established in 1875. Banaras Hindu University, located in Varanasi is a renowned Central University started functioning from 1 October 1917 and its present 1,350-acre (5.5 km²) campus was built on land donated by the *Kashi Naresh*. The University has more than 128 independent teaching departments. The school of Management Sciences (SMS), Varanasi, an autonomous educational institution approved by All India Council for Technical Education (AICTE), Ministry of Human Resource Development, Government of India, was established in 1995. The Indian Institute of Technology Kanpur – set up in 1960 is one of the famous internationally respected Indian Institutes of Technology with focus on teaching of undergraduates in engineering and related sciences and technologies and research in these fields.

Figure 1A: State map showing regions and districts of Uttar Pradesh



The state receives a large number of national and international tourists; majority visiting *Agra circuit* (city of Agra, having three World Heritage Sites: Taj Mahal, Agra Fort and the nearby Fatehpur Sikri) and the *Hindu pilgrimage circuit* (includes the holiest of the Hindu holy cities on the banks of sacred rivers Ganga and the Yamuna: Varanasi, Ayodhya (birth place of Lord Rama), Mathura (birth place of Lord Krishna), Vrindavan (the village where Lord Krishna spent his childhood), and Allahabad (the confluence or 'holy-sangam' of the sacred Ganga-Yamuna rivers). State has rich heritage of art and craft including *Zari* work (a type of fabric decoration, Bareilly), glass bangles (Firozabad), oriental perfumes, scents and rose water (Kannauj), leather crafts (Kanpur), ceramic pottery (Khurja), cloth work and embroidery (*chikan* work), carpets (Bhadoi), brass artifacts and metal-ware (Moradabad), wood-carving (Saharanpur), *Banarasi Saris* (Varanasi) etc.

Figure 1A: Well known places in Uttar Pradesh

Taj Mahal, Agra, Uttar Pradesh, India



Salim Chishti's Tomb, Fatehpur Sikri, Agra



Ganges River, Varanasi, Uttar Pradesh, India



Buland Darwaja, Fatehpur Sikri



Figure 1: Well known places in Uttar Pradesh contd...

Gateway to Bara Imambara



The Chhota Imambara

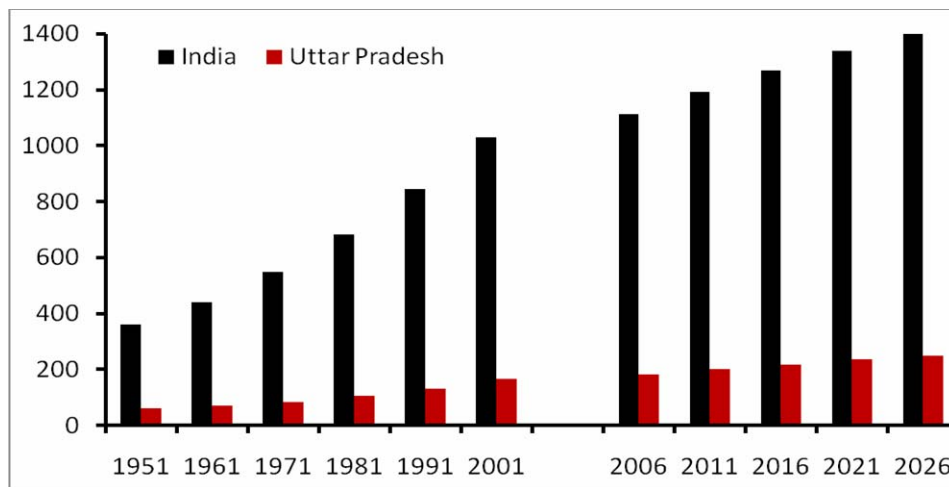


The state is home to ancient dance of Kathak (Lucknow and Banaras *Gharana*) and Hindustani Classical music. The state is also known for number of folk music including *rasiya* (in *Braj*, celebrating divine love of *Radha* and *Shri Krishna*). *Khyal*, *Qawwali*, *Ramlila*, *Nautanki* (a form of folk dance) etc. The state has numerous festivals and celebrations. A few of them are: Diwali, Holi and Dashehra (Hindu festivals), Bara Wafat, Bakreed, Moharram (Muslim festivals), Mahavir Jayanti (Jain), Buddha Jayanti (Buddhist), Guru Nanak Jayanti (Sikhs), Christmas (Christian) etc.

Population Growth

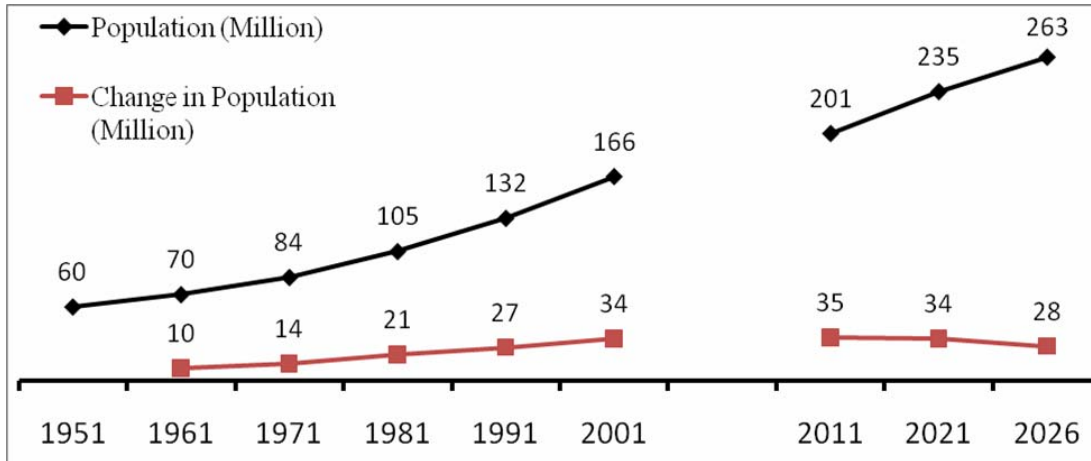
Post independence, India's total population increased from 238 million in 1951 to nearly 1029 million at the last census count in 2001, an increase of over three fold in half a century (see Figure 1C). The state was house to nearly one-sixth of the country's total population in 1951 and this has remained more or less similar over the time. However, the recent projections by the Registrar General of India (RGI 2006) indicate marginal increase in the share of the state population in country's total population to almost 18% by the year 2026.

Figure 1C: Population Size of India and Uttar Pradesh (in million), 1951-2026



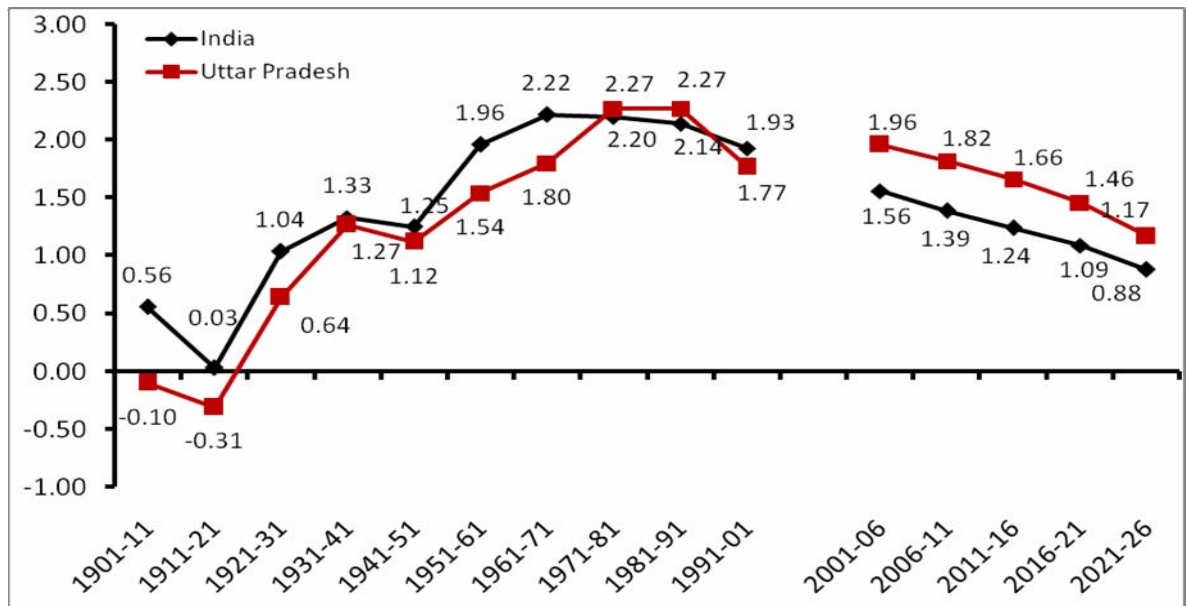
The population of Uttar Pradesh exhibited a continuous increase in its population and grew by over two and half times in the second half of the last century from about 60 million in 1951 to more than 160 million in 2001 (see Figure 1D). The state has been adding more and more people to its total population with passing of every decade. For example, in the first two decades of the post independence, nearly 10 and 14 million people were added, respectively, which increased to 21 and 27 million in the subsequent two decades. Over the last decade of 1991-2001, a total of another 35 million people were added to the state population. The population projections carried out by the Registrar General of India based on 2001 census results (RGI 2006) have revealed that the state population is likely to add about 34-35 million people in each decade until 2021 before this decline to about 28 million or so for the decade 2021-31. Thus the state has been adding more and more people to its population with passing of each decade.

Figure 1D: Population Size and Change in the Population of Uttar Pradesh, 1951-2026



The growth rates of the population clearly indicate that until 1961-71, the state was growing at a slower rate compared to the national average (Figure 2A below). The growth rate of the state population apparently showed strident increase during the period 1951-61 and 1961-71. From the decade 1971-81, the state population growth got accelerated and exceeded the national average. However, though the state continued to exhibit higher growth rate than the national average, it apparently stabilized at around 2.27% annual during 1971-81 and 1981-991. The state growth rate declined to 1.77% annually in the last decade. This decline is not due to the reduction in the net addition to the population of the state as noted. The country, post independence took health issues seriously and implemented rigorous public health measures to control and eradicate deaths due to various epidemic and communicable diseases. As a result of this, the death rates in the country declined considerably. However, the decline in death rate was not accompanied by the corresponding decline in the birth rates and as a result, most part of the country including Uttar Pradesh higher population growth rates. In the mid seventies, the policy makers and planners took a serious stock of county's on-going efforts of reducing fertility so as to bring down the population growth rate. As a result, the programme focus shifted from 'sole focus on family planning programmes' to programmes aiming at improving 'overall well-being of both mother and child'. The last two decades of the last century witnessed sea change in India's approach towards population and health issues and country several programmes, by the government were launched. Some of the programmes were - maternal and child health programme, safe motherhood and child survival programme and reproductive and child health programme etc. The fruits of these efforts resulted in the considerable reduction in the population growth rate of the state in the last 1991-2001.

Figure 2A: Annual Exponential Population Growth Rate (AEPGR), 1901-11 to 2021-26

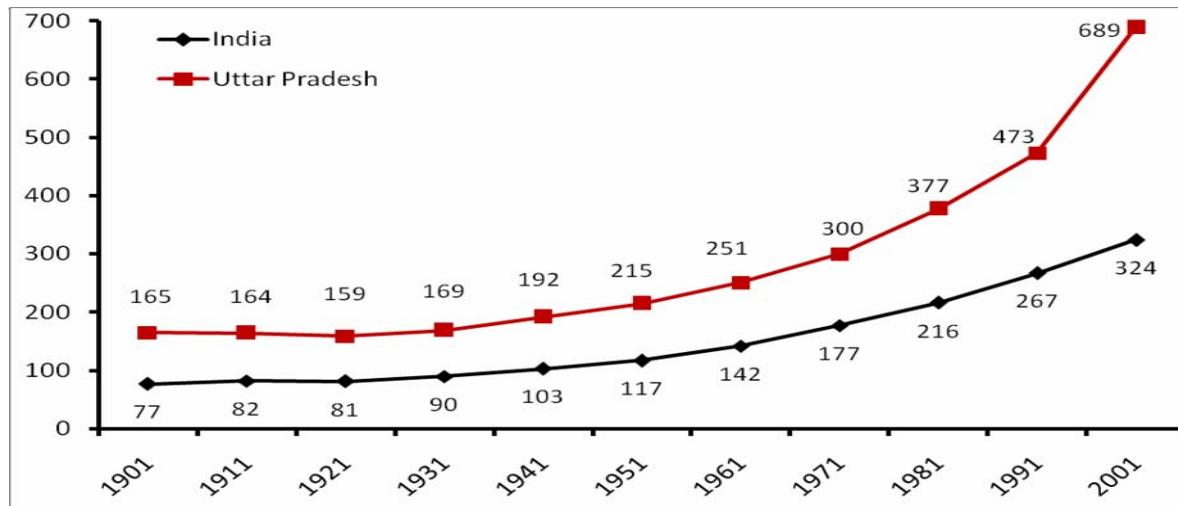


The expected annual growth rate of the projected population by the RGI show that the state would continue to grow at the rate higher than the national average in future as well, although, the difference between the two would slowly narrow down. In the next decade too, the state population is expected to grow at an annual rate of slightly lower than 2% and by the end of the first quarter of this century, the state growth rate would be well above 1% annually.

Population Density

Table 1 also provides data on the population density for India and Uttar Pradesh for the period 1901 to 2001. The population density represents number of persons in a population per square kilometer of area. As seen from the figure below the state, on an average, house more persons than the national average. Further, the level of population density in the past few decades too have gone considerably up for the state, indicating greater pressure on the state resources. The population density of the state has gone up unexpectedly high in the last decade (it may be reminded that the state was divided in two states of present Uttar Pradesh and a new state named Uttarakhand during this time).

Figure 2B: Population Density for India and Uttar Pradesh, 1901- 2001

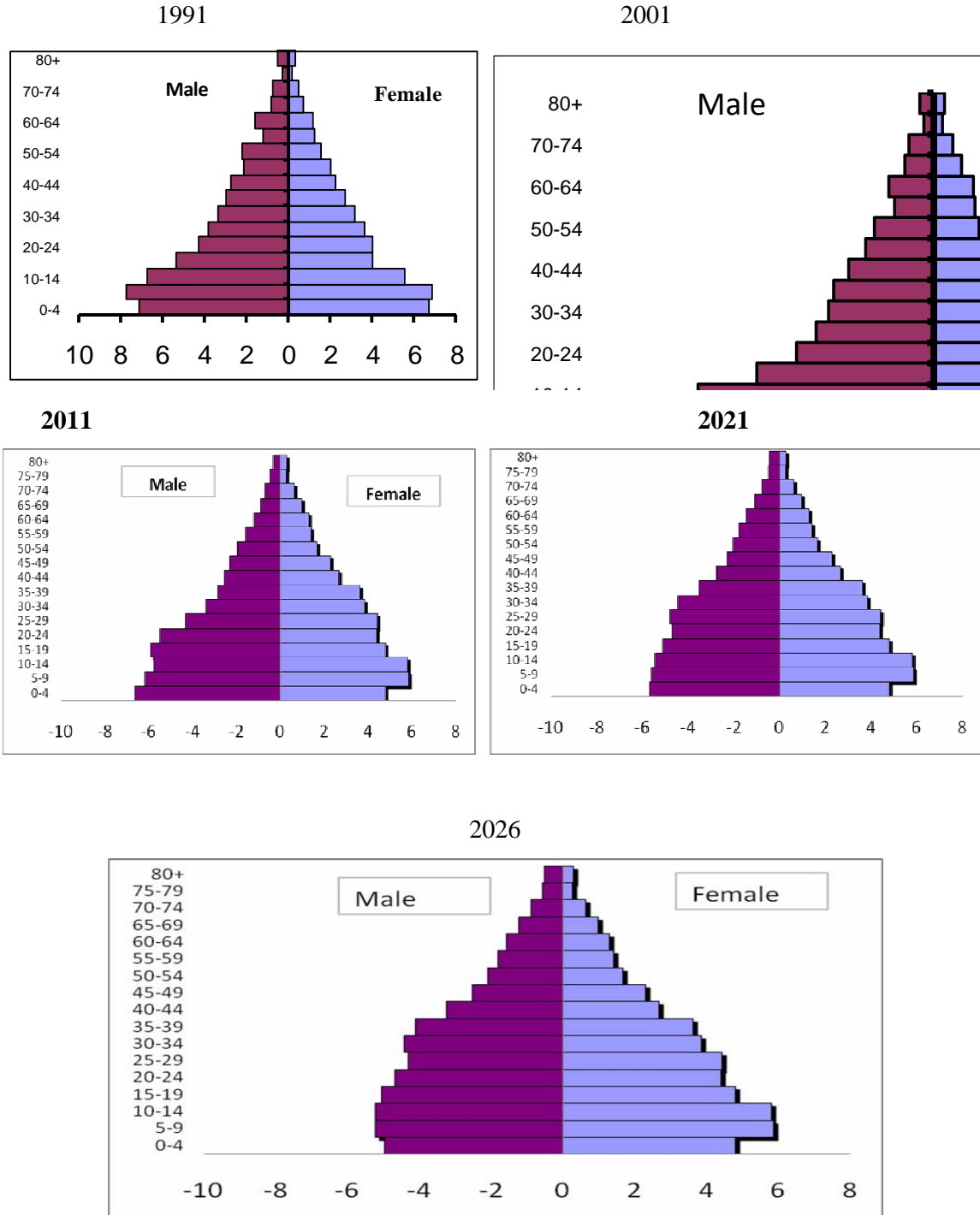


Age Structure of the Population

The experiences of the population with respect to fertility, mortality and migration primarily determine age composition of a population. The population with higher fertility and mortality levels is likely to have greater share of young age population (with broad base) and fewer at the older ages. Most developing populations have this type of age structure. It is important to note here that any population that has young age structure is likely to experience higher population growth in future as many more young females enter into the reproductive ages which may increase the number of births even when the fertility levels are low. On the other hand, increased share of elderly population indicate need for more investment for their welfare. The age structure of Uttar Pradesh too typically exhibits that of a population characterized with high fertility and mortality levels and high level of dependency ratio. About two-fifths of the state total population comprises of children under age 15 years and their share has remained somewhat similar during 1991 and 2001 censuses. Conversely, elderly population (aged 65 years or over) constituted about 4% of the state's total population in 1991 which has increased only marginally in 2001 (see Figure 3).

It may be thus said that the Uttar Pradesh population age structure has not changed between 1991 and 2001. Thus the age structure of Uttar Pradesh indicate that the state population would continue to grow as in spite of low fertility levels the number of births in the state would go up as more and more young girls would enter into the reproductive.

Figure 3: Age Pyramid of Uttar Pradesh, 1991-2026



The projected age-sex structure of the state population by the RGI indicate that the share of children population in the state would decline to about 29% in 2026 and that of the population aged 65 years or older would rise to nearly 7%. This means that the state would face dual

burden in terms of resources for meeting various needs of its ever growing number of young children and the elderly whose demands and needs would be very different. This would also mean that the state has to seriously examine the available services for meeting the health needs of its aged people and their needs with respect to social and economic security.

Sex Structure

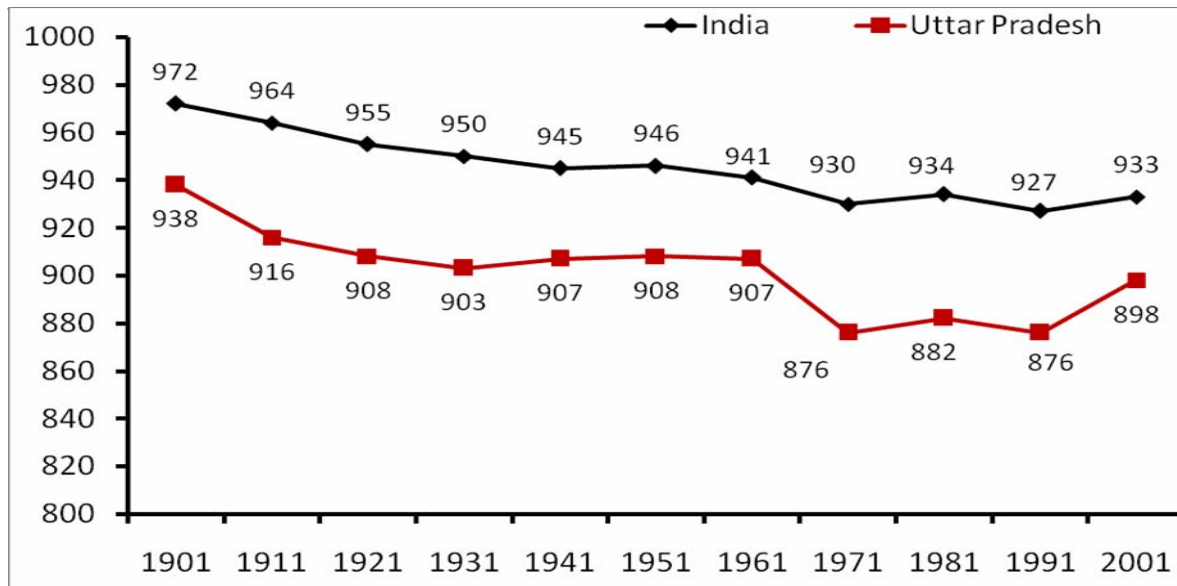
Sex structure of a population is discussed taking sex ratio of the population at various levels such as over all sex ratio, juvenile sex ratio and sex ratio at birth. Internationally, sex ratio is defined as the number of males per 100 females, however, in India, conventionally the sex ratio is presented as the number of females per 1000 males. Historically, sex ratio at birth (defined as number of male births for every 100 female births in a population) is generally in favor of males in almost all the population and for populations with good registration system it is found to be around 105 and it has remained fairly stable across populations and time. However, this female disadvantage at the time of birth in most of the developed countries gets wiped off with advancement in age as women usually have better survival chances than males since females are biologically stronger sex.

Male child is relatively more prone to death, especially during infancy and childhood ages. Nevertheless, there are number of countries where cultural discrimination against females is prominent at all stages of their lives, from birth to older ages. India is one of such country where discrimination against female children is profound and sons are hugely preferred over daughters and this practice is rampant in the northern parts of the country including Uttar Pradesh where neglect of female child in terms of nutrition and child health care has been observed widely. This discrimination against girl children does not stop in infancy or childhood but actually continues to be at all ages. In fact, this has gone beyond and there are evidences that sex discrimination against female fetuses is wide spread in many parts of the country and sex selective abortion is reaching horrifying levels.

At the beginning of the last century there were 972 females in India and 938 in Uttar Pradesh for every 1000 males. The overall sex ratio of the population has been declining consistently ever since reaching at 946 and 908, respectively in first census in the independent India (1951; Figure 4A). The decline in sex ratio of the overall population continues for the state even after

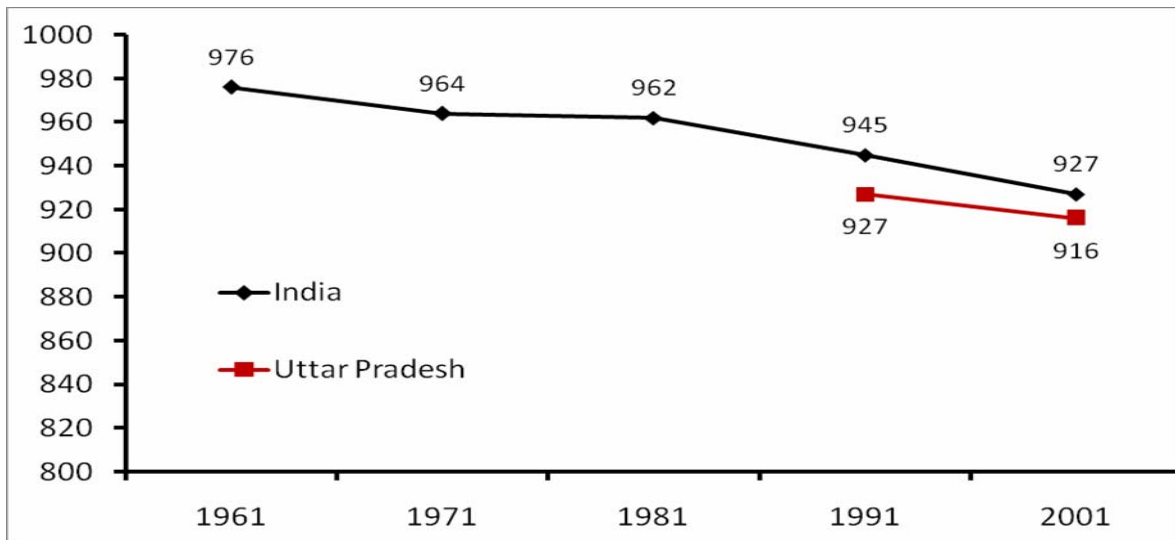
independence and reached to all time low level of 927 and 876 females for every 1000 males in 1991 census for India and state respectively. Such a low sex ratio is a matter of great concern to the state and calls for some serious and immediate interventions. The 2001 census results brought some relief to the state in this direction as the overall sex ratio for the state increased to 898 females for every 1000 males; an increase by 22 points during 1991-2001.

Figure 4A: Overall Sex Ratio (females per 1000 males in the population), India and Uttar Pradesh (1901-2001)



This increase in the over sex ratio, however, needs to be examined very carefully as the issue that attracted attention of the social scientists in general and demographers in particular and policy makers was the decline observed in the juvenile sex ratio for the state from a level of 927 in 1991 to 916 in 2001 census; a decline of 11 points in 10 years period. The deterioration in juvenile sex ratio has been observed in various parts of the country, more significantly in the last couple of decades. The figures for India show that there were about 976 female children aged 0-6 years in India for every 1000 male children in the same age group (it may be pointed out that this ratio is considerably better as compared to the ratio of 941 for overall population during the same time period; see table 3A). However, over the time, the juvenile sex ratio at the national level has shown consistent decline and was observed at 927 in 2001. In case of the state, it is important to note that the juvenile sex ratio in the state is even worse in comparison to the national average for both the periods (927 as against of 945 in 1991 and 916 as against of 927 in 2001).

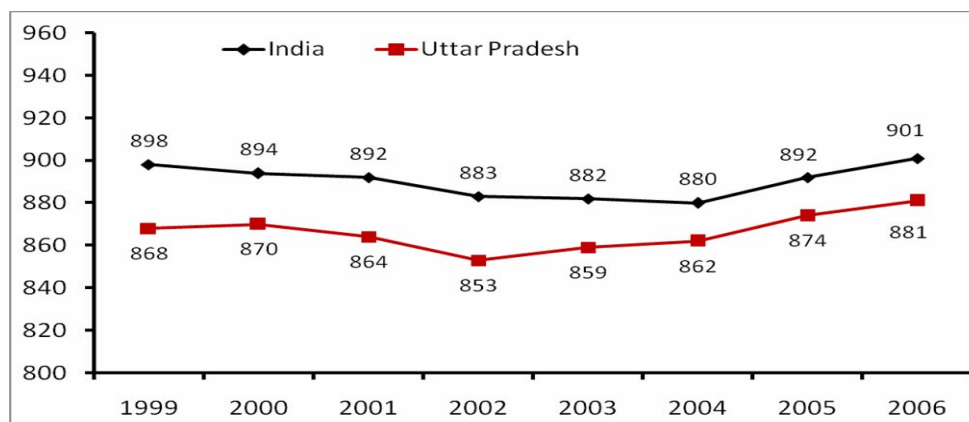
Figure 4B: Juvenile Sex Ratio (female children aged 0-6 years per 1000 male children in the population), India and Uttar Pradesh (1961-2001)



As mentioned above, the sex discrimination against female children after birth in India and Uttar Pradesh has extended even before birth where the female fetus is aborted in favor of male fetus due to very strong son preference in the population. In order to understand this in the figure below we examine trends in the sex ratio at birth for India and Uttar Pradesh during 1999 to 2006 for which data is available from the Sample Registration System by the RGI. Going with the international experience, in the absence of any sex selective abortion, on an average the sex ratio at birth should be approximately 952 female births for every 1000 male births in a population.

As may be seen from the Table 3B and Figure 4C below the sex ratio at birth in India is far below the expected levels for the period under analysis as it varied from 898 in 1999 to 901 in 2006. The condition is worse in Uttar Pradesh as there were only 868 female births in 1999 for every 1000 male births in the state and the condition is worsening with passage of time. The sex ratio at birth has remained far below the expected levels, however, has shown some sign of very marginal improvement since 2003.

Figure 4C: Sex Ratio at Birth (female births per 1000 male births in the population), India and Uttar Pradesh (1999-2006)

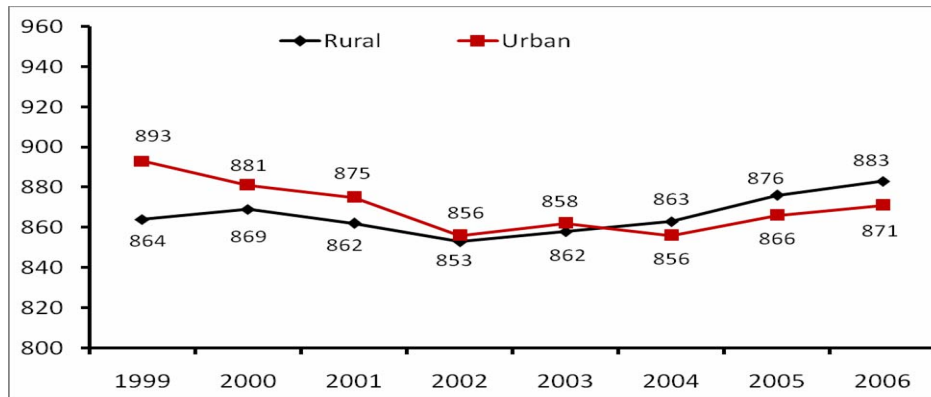


We also examine if the practice of sex selective abortion is limited to any particular population of the state. The SRS provide sex ratio at birth for the state by place of residence for the same period and it has been presented in Figure 4D below. The data clearly exhibits that the sex ratio at birth has been poor in both the urban and rural areas of the state and has shown signs of improvement since 2003. Until 2002, the sex ratio at birth was actually poorer in the rural areas of the state. The situation reversed after 2002 as the sex ratio at birth in urban areas became poorer than that in the rural areas of the state. Such situation is possible in a population where fertility preferences have changed and people want smaller family size (or fewer children) but correspondingly preference for son does not changed and medical technology is accessible easily which is the case with the urban areas. It may be mentioned that the RGI while projecting the future population of India and Uttar Pradesh has assumed value of sex ratio at birth as 111 and 115 male birth for every 100 female births respectively.

The population size and its growth, as discussed in the beginning, primarily is the function of fertility and mortality experiences of the population. Although, migration also influences the size and composition of the population, at the state level its role is assumably limited. Hence, in the section below we try to examine the levels and trends in selected fertility and mortality indicators for Uttar Pradesh over time. The Sample Registration System (SRS) in India provides fairly good annual estimates of fertility, mortality and other vital events for the country and at the state level within the country since 1971 onwards. After Uttar Pradesh was divided in two states – namely Uttar Pradesh and Uttarakhand, in 1999, the SRS gives data on

all indicators from 1999 onwards for the two states separately whereas the data for the period between 1971 and 1998 gives information for undivided state of Uttar Pradesh. This needs to be kept in mind while examining the trends in the rates.

Figure 4D: Sex Ratio at Birth (female births per 1000 male births in the population), Uttar Pradesh by rural – urban residence (1999-2006)



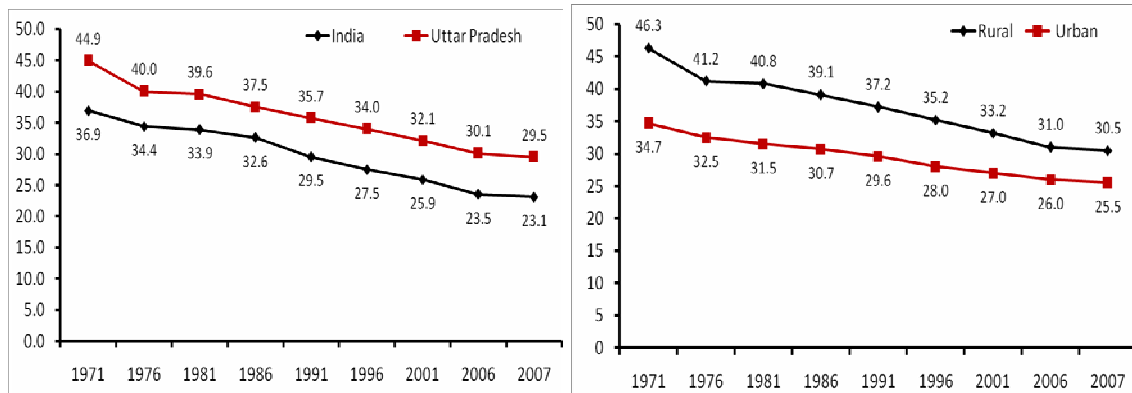
Levels and Trends in Fertility

For the present analysis we have chosen two indicators of fertility, namely crude birth rate (CBR) and total fertility rate (TFR). The crude birth rate is defined as the number of live births in a population in a year per one thousand persons. The total fertility rate gives the average number of children born to a woman if she experiences the current levels of fertility throughout her reproductive span. A TFR of 2.1 children per woman is considered as the replacement level fertility in the demographic literature. The data on these two indicators has been given in the Table 4A for India and Uttar Pradesh separately for urban and rural areas for period 1971 to 2007 with five year interval. In spite of consistent decline over time, the crude birth rate for the state remained relatively on the higher side (see figure 5A below). The CBR for the state has declined from nearly 45 in 1971 to less than 30 live births per 1000 population in 2007, however, it far above the national average of nearly 23 live births per 1000 population (higher by nearly 7 points).

There remain notable differences in the birth rates for the rural and urban areas of the state, the rates being typically high for the former, nonetheless they gaps are bridging. For example, rural CBR was higher by over 10 points than the urban rates in 1971 (46 versus 35). In 2007, the

rates still remains relatively higher in the rural areas of the state; the rural CBR was higher by almost 5 points compared to the urban rate. It may be specified that over the past 30 years or so the rural areas of the state have exhibited slightly faster decline in the birth rates in comparison to urban areas of the state. Yet a considerable gap exists in the birth rates of rural and urban areas of the state.

Figure 5A: Estimated Crude Birth Rate for India and Uttar Pradesh by the Registrar General of India, 1971-2007



Between 1871-81 and 1966-71: Before describing trends in TFR for the period as above, we would first like to discuss the trends in estimated TFR for Uttar Pradesh and India during 1871-81 to 1966-71 based on indirect estimates. Post 1971, the Registrar General of India provides direct estimates of TFR through Sample Registration System on annual basis for India and its states. The estimates reveal that the TFR for India and Uttar Pradesh did not show any significant change in nearly 100 years (between 1871-81 and 1966-71) and has remained nearly 6 children per woman until mid nineteen sixties. The TFR for India was 6 children per woman during 1871-81 and decline to 5.8 in 1966-71. However, the TFR for Uttar Pradesh was 6.4 children per woman for the same period.

Between 1971 and 2007: The trends in the total fertility rate (TFR) of the state as revealed by the SRS estimates were quite similar to those observed for CBR. The total fertility rate for the divided state of Uttar Pradesh was just below 4 children per woman in 2007 (See Figure 5C below). Although, the TFR for the state has declined considerably during period under analysis from 6.6 in 1971 to 3.9 in 2007, the state currently has an excess of 1.8 births per woman over the replacement level fertility. In other words, on an average, a woman in Uttar Pradesh is

having an additional two children above the replacement fertility level (TFR=2.1). When we compare the TFR of the state with the national average we note that the state has always had higher levels than the national average and the difference between the two remains more or less over the time. For example, in 1971 Uttar Pradesh women, on an average, had an excess of 1.4 children per woman when compared to a woman in India. In 2007, the Uttar Pradesh women continue to have an excess of 1.2 children per woman.

Figure 5B: Estimated Total Fertility Rate for India and Uttar Pradesh, 1871-81 to 1966-71.

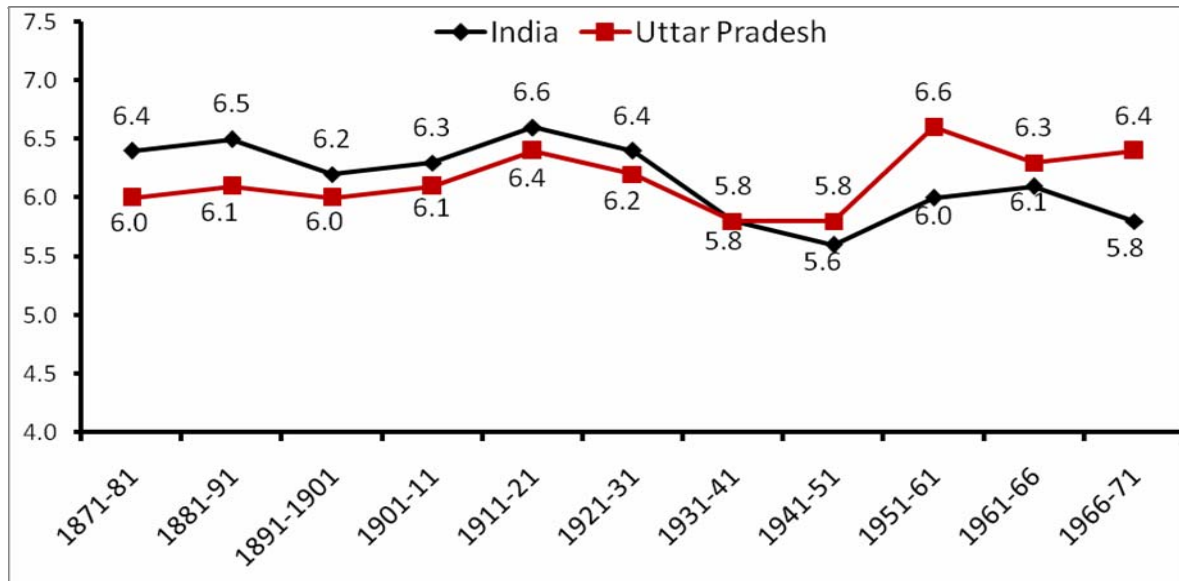
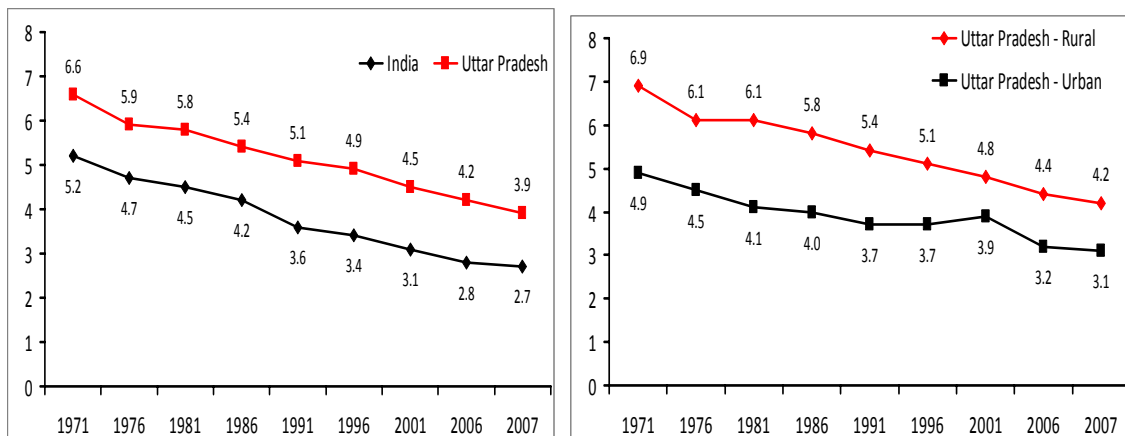


Figure 5C: Estimated Total Fertility Rate for India and Uttar Pradesh by the Registrar General of India, 1971-2007



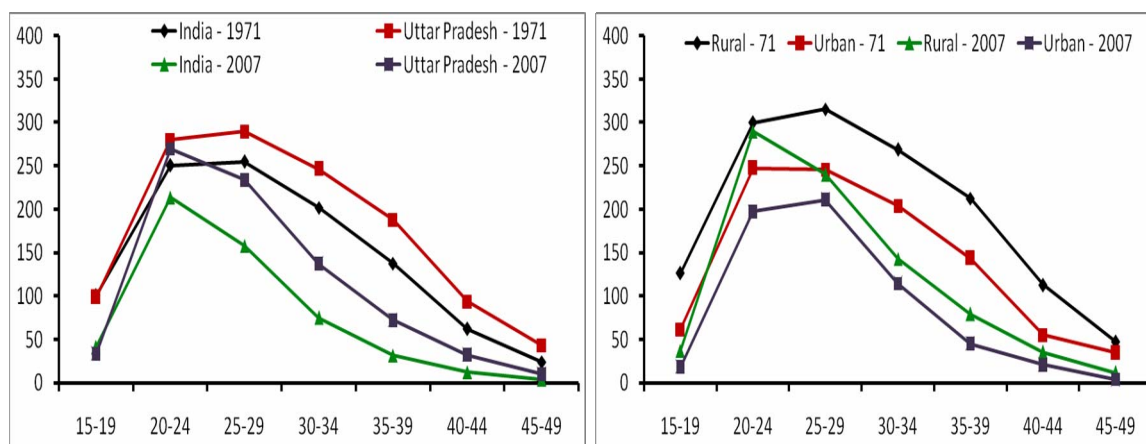
TFRs too vary considerably across rural and urban areas of the state. In the beginning of the 1970s, on an average a rural woman in Uttar Pradesh had nearly 2 more children compared to their counterparts in the urban areas (rural TFR = 6.9 and urban TFR = 4.9). The levels of TFR has come down in both the areas, relatively more rapidly in the rural areas as the difference between rural and urban TFR in 2007 bridged down to about one child per woman (rural TFR = 4.2 and urban TFR = 3.1). Based on the data on TFR for over 30 years, it seems impossible for the state to achieve replacement level fertility in the near future.

Levels and Changes in the Age Patterns of Fertility

The age patterns of fertility determine the fertility levels in the population. Populations where marriages happen at young ages and women enter reproduction early end up having higher fertility levels than otherwise. Also initiation of fertility at early ages and its continuation at the later ages also has greater influence on health and survival of both mother and their children. In Table 4B we have given age specific fertility rates for India and Uttar Pradesh during 1971 to 2007 at 10 year interval. In the same table we have also included the same separately for urban and rural areas of the Uttar Pradesh. Although we have presented data at 10 years interval, we have prepared figures only for two time points of 1971 and 2007 for convenience sake. The age specific rates for India and the state as shown indicate that many women in India and the state initiate reproducing at young ages and some of them also continue to reproduce at the later ages, say beyond ages 35 years. However, ages 20-34 emerge as the prime ages for reproduction as the rates are very high for women in these ages. Further, one can see that the age specific rates have always been higher in the state compared to the national average for the periods included in the analysis (also see figure 5D below).

With respect to the age patterns for the rural and urban areas of the state there are a few interesting findings as the rates are always higher for rural women residing compared to the ones living in the urban areas. The rates for rural women in 2007 in age group 20-24 are even higher than the rates for urban women in 1971. The rural-urban gaps rates have bridged over the years.

Figure 5D: Age patterns of fertility for India and Uttar Pradesh, 1971-2007



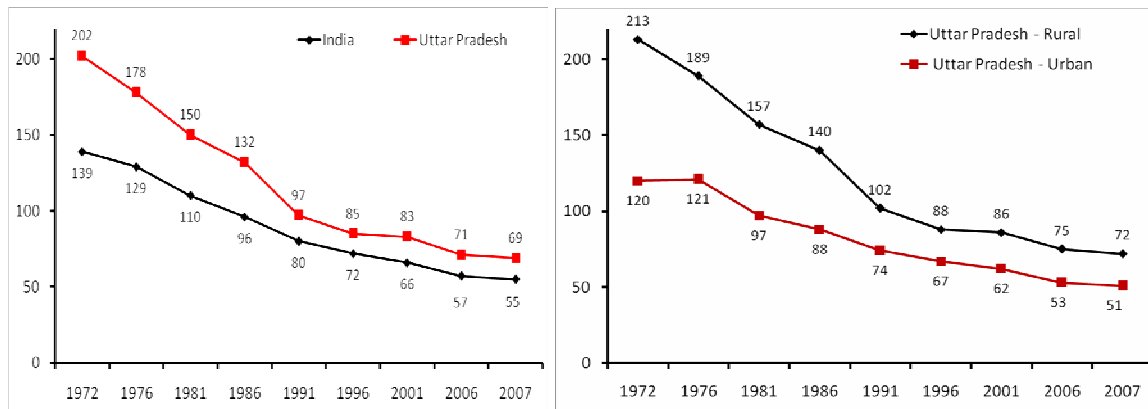
Levels and Trends in Mortality

Infant mortality rate and the life expectancy at birth are considered as two best indicators to present the mortality experience of a population. Considerable achievements have been made in the state and the country as far as the reduction in mortality is concerned, although we have a long way to travel in this direction to come with the levels of developed world. During the seventies and eighties the state has experienced massive infant mortality rate; out of every 1000 live births in the state in the 1972, over 200 infant died before completing one year. This declined to close to 100 by the end of the eighties. The nineties and the last seven years have shown significant improvement in the infant survival in the state with IMR reaching to less than 70 infant deaths for every 1000 live births in the year 2007 (Table 5A). Nonetheless, the state has a huge unfinished agenda of bringing down these unacceptably high levels of infant mortality. Infant mortality in rural areas is observed to be much higher than those in the urban areas.

It may be noted that the rates prevailing in the state are also higher than those in most of the remaining states of the country. The comparison of the infant mortality rate for the state with the national average clearly indicate that many more infants in the state die before celebrating their first birthday than the national average as the rates for the state have always been higher. For example, in comparison to the national average, for every 1000 live births, an additional of

nearly 36-63 infants died in the state seventies and eighties while in the nineties about 17 additional infants died in the state. However, in the present decade the gaps have narrowed down; with an additional of about 13 infant deaths for every 1000 live births.

Figure 6A: Estimated Infant Mortality Rate for India and Uttar Pradesh by the Registrar General of India, 1971-2007



The infants living in the rural areas of the state continue to be at considerably disadvantageous situations with respect to survival compared to their urban counterparts as the rates have been higher for rural areas than the urban areas in the state irrespective of time period. The infant mortality in the rural and urban areas for the year 2007 was 72 and 51 infant deaths per 1000 live births respectively. The infants born in the urban areas of the state continue to be at relative advantage as the disadvantage among rural infants has not been wiped off although it has bridged rapidly in the past 15-16 years. For example, until seventies and eighties, an additional of 52-93 infants died in the rural Uttar Pradesh as compared to the infants in the urban Uttar Pradesh. This gap has substantially narrowed down to about 21-24 additional infant deaths in the past one and a half decade.

In the table 5A we have also given data on the components of the infant mortality rate, that is neonatal mortality rate and post natal mortality rate for Uttar Pradesh during 1972 to 2007 at 10 years interval and also separately for rural and urban areas of the state. Additionally we also provided data on peri-natal mortality rate and the still birth rate for the same period. The same is also presented in Figures 6B and 6C respectively. As may be noted from the figure below, both NMR and PNMR have declined in the state over the time. The NMR declined from 95

deaths of the new born babies within first 28 days of live in 1972 to 48 in 2007 for every 1000 live births. The corresponding decline in PNMR was from 101 deaths of the children between after 28 days but before completing one year to 21 during the same period. Both rural and urban areas of the state have experienced decline in these rates over time, however, the decline is much more rapid in the rural areas and the PNMR; thus is because the levels were considerably higher in the rural areas in the early seventies as compared to the urban areas and hence the rapid decline. Another important observation is that the rural-urban differences in the PNMR have virtually disappeared and currently the rate are quite similar, however, they continue to persist in NMR calling for intensified efforts from program to bring the down the IMR in the rural areas of the state.

The levels of perinatal mortality rates were about 71 in 1972 which declined to about 39 in 2001 and have shown an upward rise in 2007 as the rate has gone up to 50 (see last panel of table 5A and Figure 6C below). The rural and urban areas too have exhibited similar trends and the rates are reltively lower in the urban areas of the state. There were about 14 still births for every 100o live births in the state in 1972 (irrespective of place of residence) which have declined to about 9 in 2007. The levels were lower in the urban areas than the rural areas (10 versus 4 in 2007).

Figure 6B: Neonatal Mortality Rate (NMR) and Post Neonatal Mortality Rate (PNMR) for Uttar Pradesh by place of residence, 1972-2007.

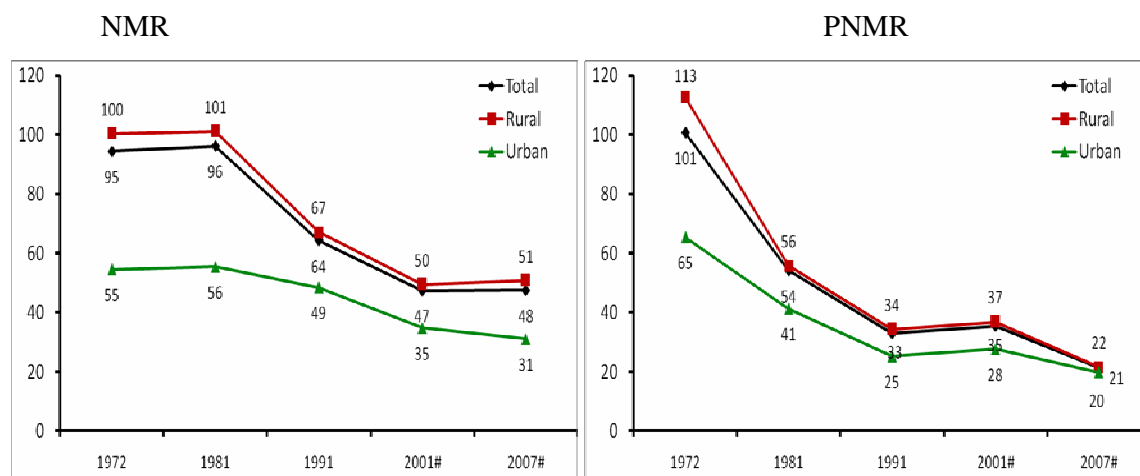
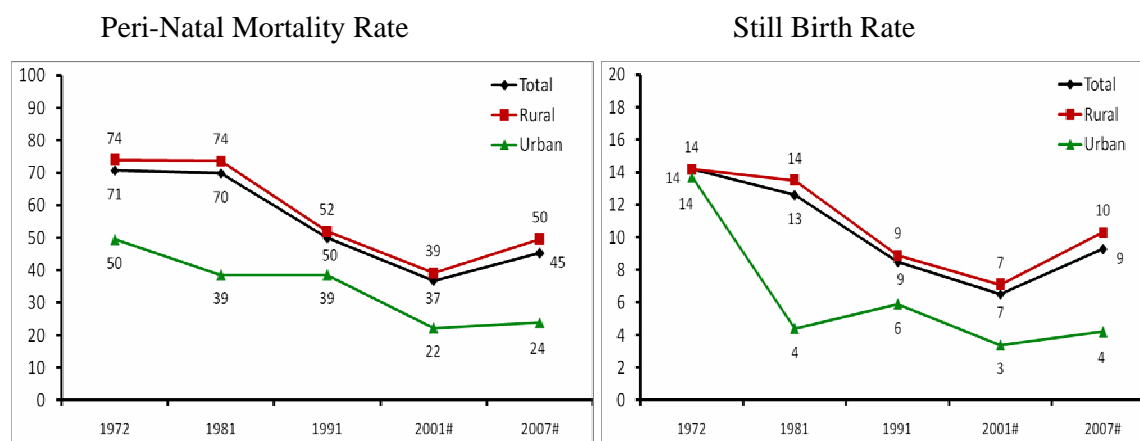


Figure 6C: Peri-natal Mortality Rate (Peri-NMR) and Still Birth Rate (SBR) for Uttar Pradesh by place of residence, 1972-2007.



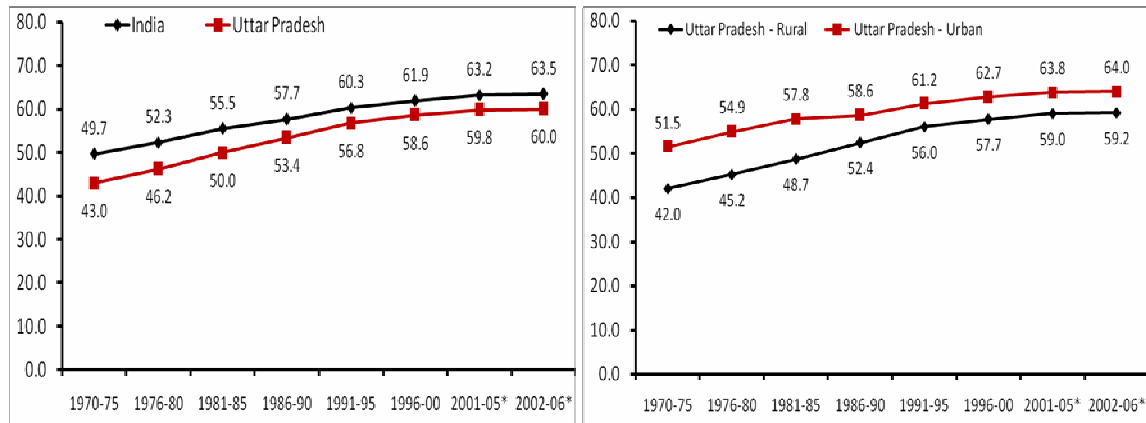
The data on life expectancy at birth for the undivided state have been obtained from the SRS based abridged life tables for various time periods starting from 1970-75 to 2002-06 and is presented in Table 5B by sex for India and the state. The estimated life expectancy at birth for the state is around 60 years for the period 2002-06 (see Figure 6D below). In other words, a person born in Uttar Pradesh on an average survives for nearly 60 years. The time trend in estimated life expectancy at birth indicates that in the last four decades it has increased by nearly 17 years between early seventies to the recent times. Nevertheless, the mortality in the state is considerably higher compared to the national average (see figure 6B below) as the state has a life expectancy at birth which is lower than the national average of 63.5 years in 2002-06.

This disadvantage has been there for all the period under analysis. In other words, people born in the state on an average live shorter than those born in other parts of the country. The time trend in the life expectancy at birth shows that this disadvantage is now shortening over years as compared the past. For example, the difference between national average and state life expectancy at birth was by almost 6 years during the early seventies which is now reduced to 3.5 years as shown in the most recent estimates.

Just like what was observed for IMR, the rural population of the state is at huge disadvantage than the urban population with respect to the life expectancy at birth as well since the levels are always lower for former for all periods under analysis. Although, the rural urban gaps persisted

in the state quite prominently until the early eighties but started to bridge soon after that; the difference between rural and urban life expectancy at birth was by 9-10 years in the seventies and early eighties which have now reduced to less than 5 years during the recent times (see figure on the right side below).

Figure 6D: Estimated Life Expectancy at Birth (LEB) for India and Uttar Pradesh by the Registrar General of India, 1971-2007

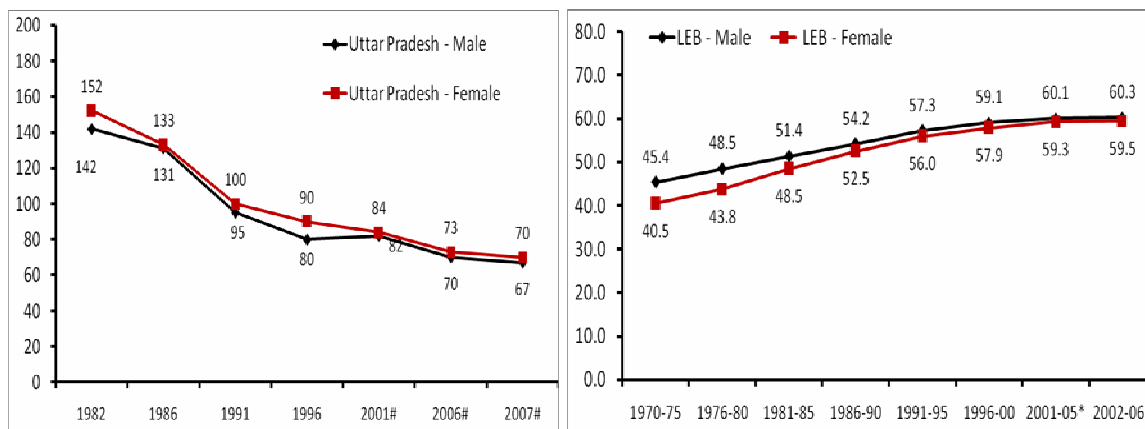


Gender Gap in Mortality

The estimates of IMR across various population show that the female infants experience lower mortality rates during infancy as compared to the male infants resulting in higher survival of female infants. However, this is not so in India and most of the states of the country especially the large north Indian states including Uttar Pradesh. The Indian experience has shown that female infants are disadvantaged compared to the male infants especially during infancy for various social and cultural practices prevailing in the country and prevalence of strong son preference is one of the most common practice in this context. As may be seen from the Figure 6E below, the IMR in Uttar Pradesh has always been higher for females compared to their male counterparts. In 1982, for every 1000 live births an additional of 10 female infants died; the IMR for female was 152 as against of 142 for male infants. This gap has remained until the last century. However, the estimates of IMR for the past few years show that the levels of IMR for male and female infants are coming closer as they were estimated at 70 and 67 for female and male infants respectively in 2007.

The estimates of life expectancy at birth for developed countries show that women elsewhere enjoyed much longer life than the males in the same population. However, this is not the case with Uttar Pradesh as the recent estimates of life expectancy at birth by sex show that the males in the state actually live longer by about one year than the females in the state (60.3 years for males compared to 59.5 years for females in 2002-06). As a matter of fact, the males in the state lived almost 5 years longer than the females in the seventies which reduced to nearly 3 years in the early eighties and less than 2 years thereafter. This situation is quite different than that is observed at the national level, where females live longer than males by about one and a half year or so for the time period under analysis (data not shown).

Figure 6E: Estimated Infant Mortality Rate and Life Expectancy at Birth (LEB) for Uttar Pradesh by Sex



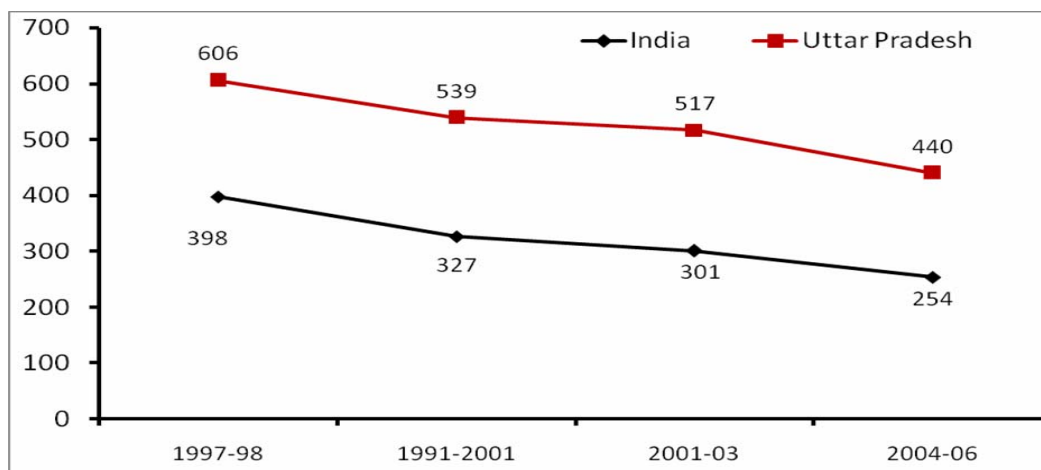
The fertility and mortality levels in a population are greatly affected by its socio-economic status. Among many socio-economic indicators, place of residence, education (particularly that of females), age at marriage, female work participation rate, contraception use, unmet need for family planning are some of the most important that have been found as the most critical factors determining fertility and mortality levels of the population. In the section below, we examine the levels and changes in these indicators for Uttar Pradesh.

Levels and Changes in Maternal Mortality

Owing to numerous social-cultural practices, India women are at much higher risks of maternal deaths compared to other countries of the developing world including those from south Asian continent. The utilization of maternal health care services has been extremely poor in the

country in general and in Uttar Pradesh in particular for a combination of both programme and non programme factors (we shall discuss about them in the later part of the report). As a result of this, the maternal mortality rates in this part of the country have been unacceptably higher however the recent estimates have given some relief as the rates have shown considerable improvement. In the Figure 6F below we have compiled the estimated Maternal Mortality Ratio (MMR) for India and Uttar Pradesh as made available by the Registrar General of India under Sample Registration System. The MMR was estimated at over 398 maternal deaths for 100000live births for India during 1997-98 which have consistently declined to 327 during 1991-2001 and further to 301 during 2001-03. The levels have further declined to 254 maternal deaths for every 100000 live births, yet they are matter of great concern to the programmers and policy makers in the country.

Figure 6F: Estimated Maternal Mortality Ratio (MMR) for India and Uttar Pradesh, 1997-8 to 2004-06

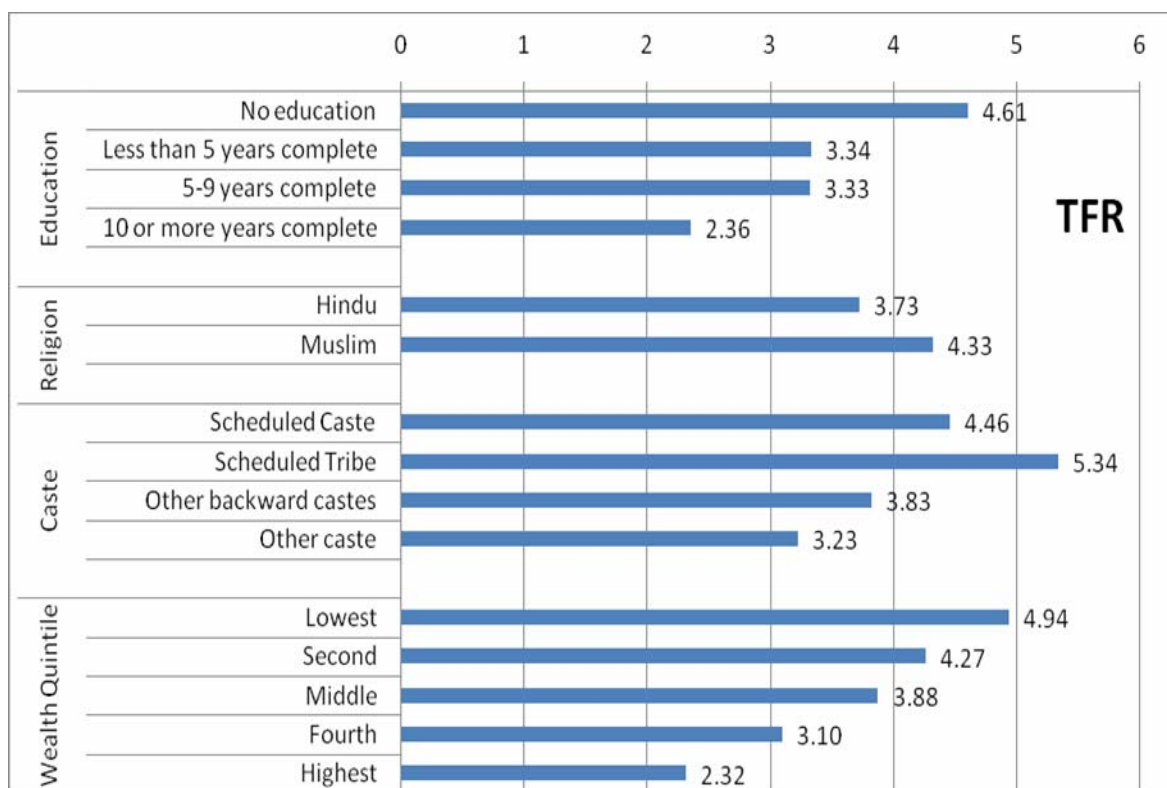


The rates in the state are way above national average. For example, the MMR for Uttar Pradesh was estimated at over 600 during 1997-98; one and half times more than the national average of below 400. The levels declined to 539 during 1991-2001 and further to 517 during 2001-03, yet were higher by 65% and 72% than the national average, respectively. The levels have further declined to 440 in 2004-6 but are higher by nearly 73% than the national average. Thus over time, the gap between national average and state average has actually widened as far as the MMR is concerned. Such high levels of MMR pose greater challenges to all of us, the policy makers, programmers and implementers, public health experts as well as researchers.

Fertility and Mortality by selected characteristics

The levels of fertility and mortality vary by the socio-economic characteristics of the household and women. In order to examine existing differences in selected fertility (TFR) and mortality (IMR, NMR and PNMR) indicators by the educational status, religion and caste of the woman and economic status of the household (as measured by the wealth quintile) we have provided the data in table 6 for Uttar Pradesh for 2005-6 from the National Family Health Survey 3. It may be noted from the data in table 6 that the levels of fertility and mortality vary considerably for women belonging to different socio-economic groups. For example, the fertility levels decline considerably with an improvement in advancement in the educational level of the women; the TFR was 4.61 children per woman among non-literate women which declined to 3.33-3.34 for those who have had less than 10 years of education (Figure 6G).

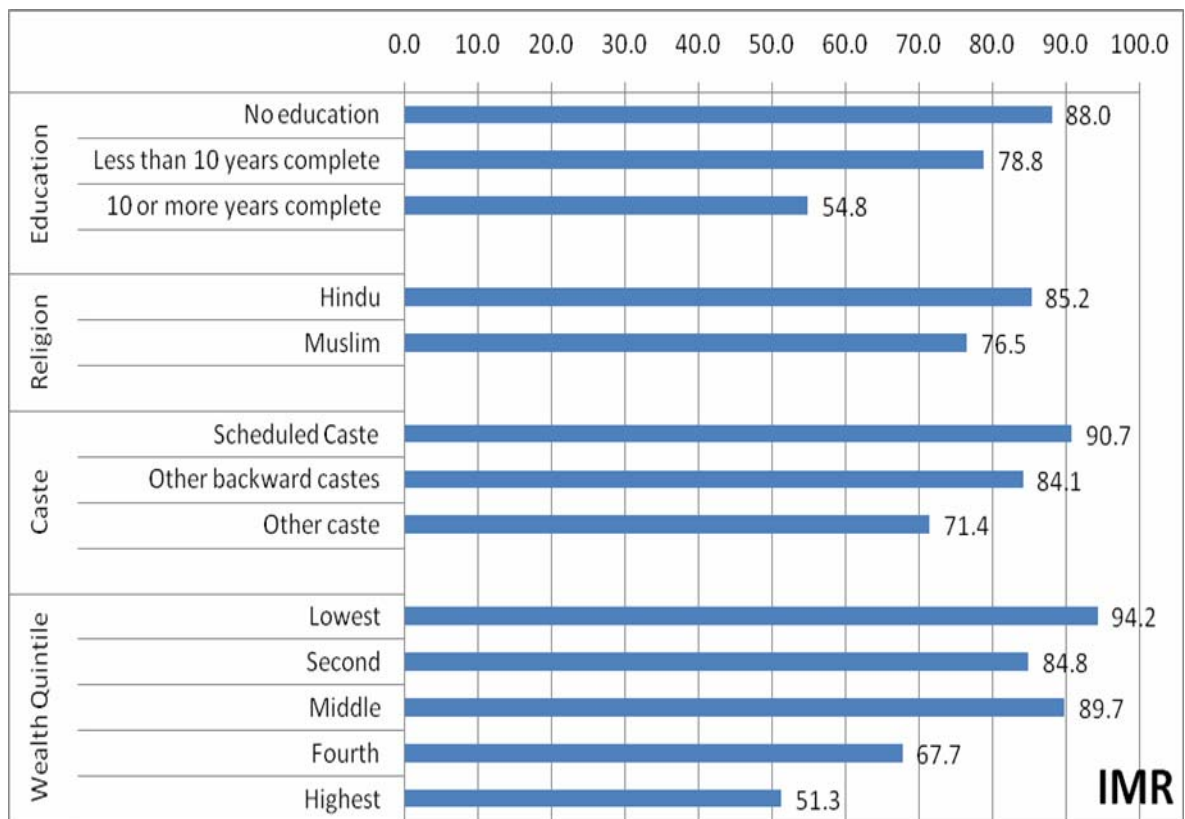
Figure 6G: Differentials in TFR by selected characteristics, Uttar Pradesh, 2005-06



Women who had more than 10 years of education have, on an average, 2.2 fewer children as compared to the ones who had no education as the TFR for the women with 10 or more years

of education is 2.36. With respect to the religion and caste, data reveals that the TFR is higher by about 0.6 children per woman among Muslims compared to Hindu. Women from scheduled castes have almost 1.2 children more than the women from other castes. Likewise scheduled tribe women have almost 0.6 more than the women from other castes. Like education, economic status of the household tremendously affects the fertility levels. The TFR was almost 5 children per woman for women coming from poor households which declined to 4.3 among those coming from second wealth quintile. The women who come from highest wealth quintile reported a TFR of 2.3 children per woman. Thus in comparison to rich women, poor women had almost 2.5 additional children in the state.

Figure 6H: Differentials in IMR by selected characteristics, Uttar Pradesh, 2005-06



Like fertility, mortality levels too are lower for educated women, women from economically better off households and those from other castes as compared to their respective counterparts . (Figure 6H). For example, children of non educated women in the state experienced 61% higher infant mortality rates as compared to the children of women who had 10 or more years

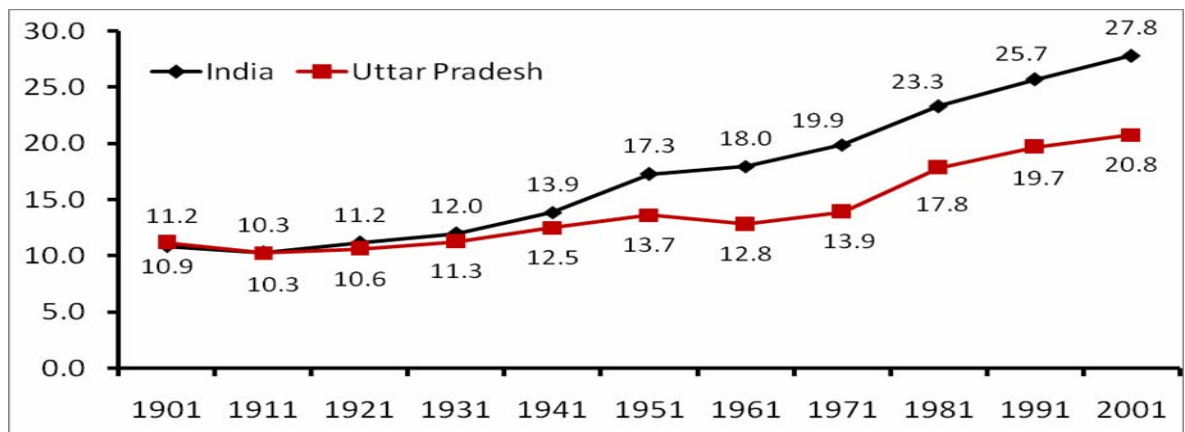
of education. Hindu children experienced 11% higher infant mortality as compared to the Muslim children. Children of under-privileged section of the society exhibited considerably higher infant mortality rates as the IMR was higher by 27% and 17%, respectively, for scheduled caste and other backward caste as compared to children from other caste. Children from poor households experience infant mortality rate almost double the level of those children who come from rich households. Similar observations may be made for neonatal and post-neonatal mortality rates.

Levels and Changes in Urbanization

The level of urbanization of a population reflects on the economic development of a population and is believed to be a significant factor in explaining the demographic behavior of a population. The demographic indicators are usually good in the urban areas compared to the rural areas. Higher levels of urbanization often means establishment of industries and employment opportunities including development of modern industries. The research has indicated that the populations where more persons live in urban areas have shown better levels of socio-economic development of the population which in turn leads to improved fertility and mortality experiences of the population. In the table 7A we have given level of urbanization in India and Uttar Pradesh as measured by the proportion share of urban population in the total population defined as percentage of the population living in the urban areas out of the total population enumerated of the same area at the time of census. The same is also presented in Figure 7A below. The state has shown relatively slower growth in the level of urbanization as the percentage share of its urban population has less than doubled in the last 100 years from a level of about 11% in 1901 to nearly 21% in 2001. In other words, just about one in every five persons on the state live in the urban areas whereas remaining four live in the rural areas. Thus majority of the state population continue to reside in the rural areas where availability as well as accessibility of various facilities and services is far poorer.

The urbanization level have been low for the nation as a whole, however, its comparison with the state figure indicate that the growth there is poorer than the national average. The data from 2001 census suggests that there are around 704 towns, 66 census towns and 32 urban agglomerations in the state. The respective figures for the state in 1991 census were 670, 33 and 24 respectively.

Figure 7A: Percentage of Urban Population in the Total Population of India and Uttar Pradesh, 1901-2001.



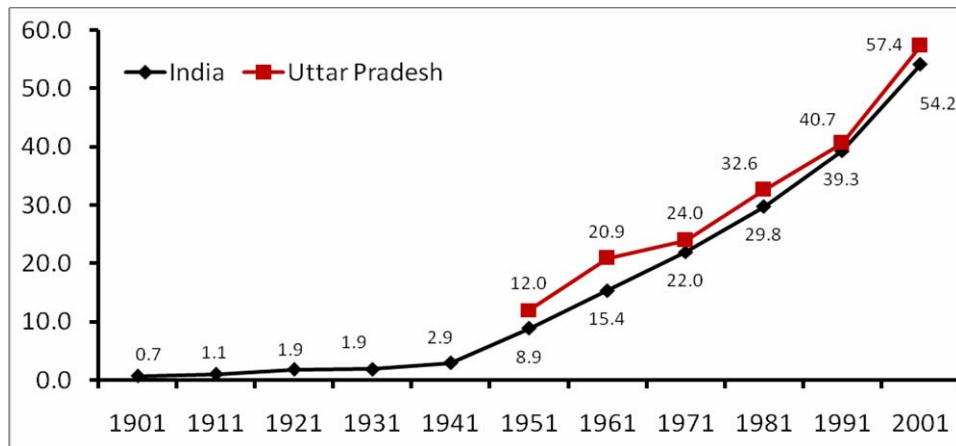
Levels and Changes in Education

As mentioned before, education is considered to be the single most important predictors of the demographic behavior. Repeated research in various parts of the world has shown that there prevail significant relationships between education and fertility, education and maternal health, education and child health, and so on and so forth. Therefore, education has the capacity to alter various demographic behaviors. Further, the effect of education is just not limited to only at the individual level but it goes beyond that and influences the behavior at the household level as well as the community level. The education brings in tremendous changes in the knowledge and awareness levels of various needs and services in the people which help them improve quality of their lives.

The literacy rates in the states have gone up over time and nearly about 3 in 5 persons in the state are now literate (see Table 7A and Figure 7B). The percentage of the literates in the state has consistently shown an upward trend and has increased from just about 12% in 1951 to over 57% in 2001. The last decades seem to have witnessed rapid increase in the levels of literacy rates in the state as the increase was by nearly 17% units in the 10 years; an increase of 1.7% annually. The comparison of the literacy rates of the state with that of the nation as a whole indicate that the state has been doing relatively better as they have marginally exceeded at all census points. It must be mentioned that so far this is the only indicator where the state has gone above the national average performance. However, it is far from satisfaction and there is

greater need to intensify the efforts in educating people if the state has to improve the quality of life of its people.

Figure 7B: Total Literacy Rate for India and Uttar Pradesh, 1901-2001



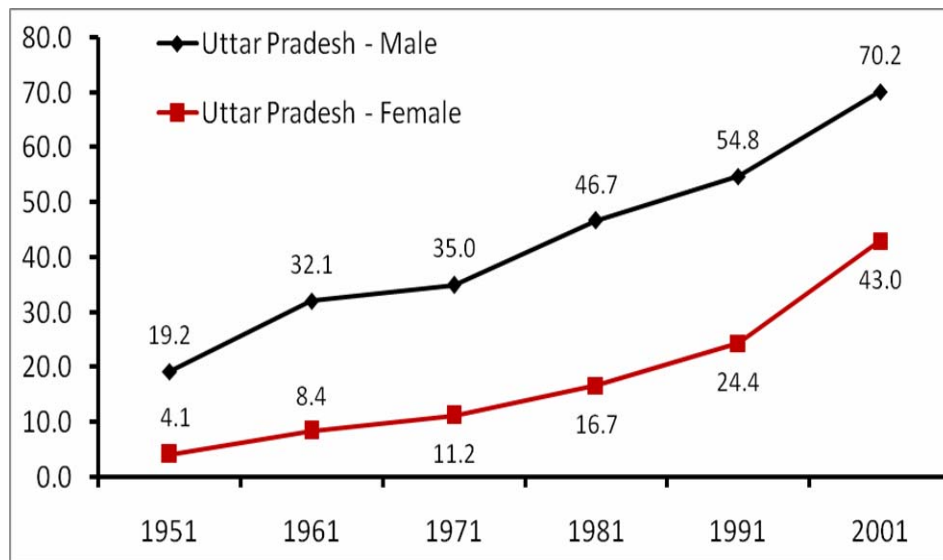
There is host of literature which support that in roder to bring about changes in demographic behavior, female education plays relatively bigger role than the male literacy per se, more so in reducing the mortality levels in the population. Female literacy is considered one of the important indicators of social development in a population. Higher female literacy often leads to better child survival, better utilization of available services etc.

Thus we examine the levels of literacy rates by sex and the same are presented for the state for the period 1951-2001 in Table 7B and Figure 7C). This becomes even more important in this context here when we see that the overall literacy rate in the state is actually better than the national average but in most of the other indicators discussed so far (including fertiltiy and mortality) the state has been a poor performer always. A literate woman in a household may actually work as catalyst at the household and community levels and guide other household/community members about the availability and utilization of numerous services and the benefits of utilizing them.

As seen in the figure 7C, the literacy levels have considerably increased for both males and females in the state; Male literacy increased from just about 19% in 1951 to over 70% in 2001 (an increase of nearly 51% points). Female literacy too increased in the state from a negligible

value of 4% to around 43% during the same time period. The increase in male literacy was by over 51% points as compared to 43% points for females. It may be said that the males in the state have been benefitted relatively in much bigger ways in the process of social development and females in the state females apparently were left much behind from it. It is surprising to note that even after more than six decades of independence, close to 3 in every 5 women in the state are illiterate.

Figure 7C: Literacy Rate by Sex for Uttar Pradesh, 1951-2001



Immediately after India attained its independence from British, the country launched a nationwide Family Planning Programme as a government sponsored programme in the year 1951 and thereby became the first country in the world that has an official programme on family planning. Since then, the program has undergone many changes from time to time to meet the varied challenges faced. In the initial phase, the focus of the program during was two folds: to create the infrastructure and to strengthen the outreach services. Having gone through the strict adherence to the targets with success below expectations, the programme in the 1980s was reoriented to provide strong back up for the universal immunization, oral rehydration therapy and safe motherhood. Later in the early 1990s these programs were integrated and further strengthened in the shape of child survival and safe motherhood programme (CSSM). Nonetheless, the target setting for individual contraceptives continued.

Levels and Changes in the Female Work Participation Rate

Like education, female work participation in economic activities too is an important explanatory variable in determining woman's demographic behavior. Working women usually are expected to have greater access to resources for related various health and other needs for themselves, other family members including children and are likely to enjoy higher status within as well as outside the household. They are further expected to enjoy higher decision making power on issues related to their own health as well as that of other family members including their children. Research conducted in the past in various social and cultural settings have established that women's participation in the gainful economic activities has been found to be both beneficial as well as detrimental to the health of their children at all ages in general and in infancy and childhood in particular and thus their children have advantage over the children of women who are economically not active in better survival. At the same, it has also been observed that the health of the women and their children is adversely affected for those working in the unorganized sectors. This is because as her participation in work outside her home may lead to child neglect or poor care as they are left behind at home with the siblings who may be poorly skilled in giving child care.

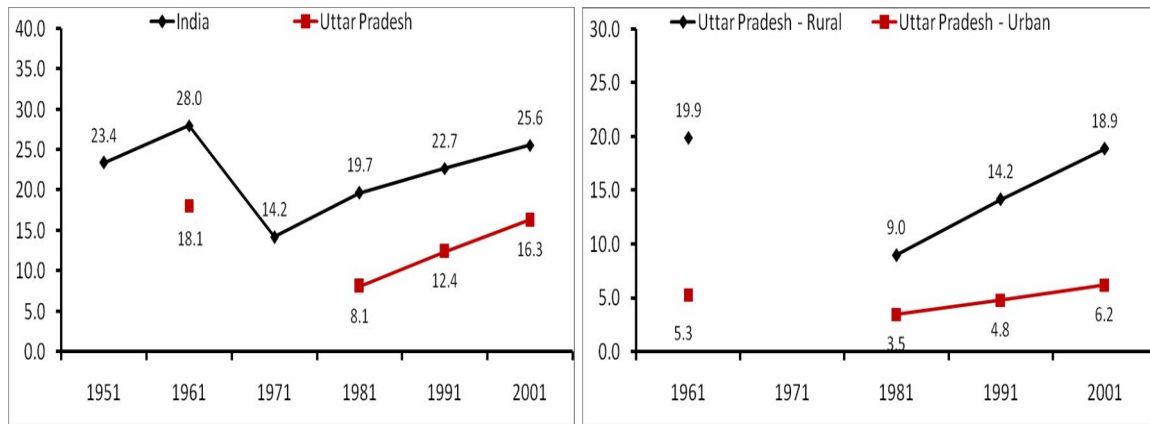
Working status of women may help in increasing age at marriage and enhanced and effective use of contraception. Additionally, working women are likely to delay marriage or childbearing or both as there is competition in her time allocation between childcare and other domestic responsibilities. Thus, women's work participation influences demographic outcomes both positively as well as negatively.

The census results of 2001 on work participation rate indicate that only about one-third of the state population was economically active which was somewhat similar to the levels observed for 1991 (at 32%). There exist alarming gender differences in economic participation of women and men in the state; in 1991, nearly half of the men were economically active as against of just about 11% among women. The work participation rate increased by 5% points to 16% between 1991 and 2001 whereas for men the rates actually declined by about 2% point (data not shown).

The female work participation rate for women for the period 1951-2001 has been given in

Table 7C and Figure 7D below for India and Uttar Pradesh. The same is also given for Uttar Pradesh by rural and urban residence of the woman. The female work participation rate at the national level has fluctuated over time. After 1971, the rates have gone up at the national level as well as in the state; the female work participation increased from about 20% in 1971 to about 26% in 2001 for India and from 8% to 16% for Uttar Pradesh during the same time. In other words, the female participation in the state almost doubled during the last 3 decades. The break-up of female work participation rate by urban and rural areas indicate that the rates in the urban areas were 9% in 1971 which doubled to 19% in 2001. In case of rural areas, the increase was from less than 4% to a little over 6%. Further, the rural rates in the state were just one-third of the urban levels in 2001.

Figure 7D: Female Work Participation Rate for India and Uttar Pradesh, 1951-2001



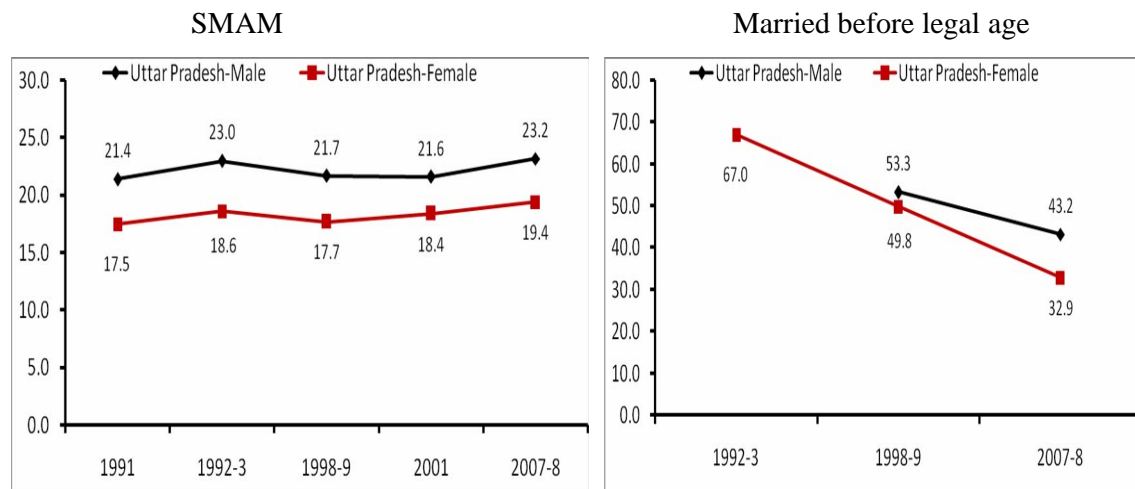
Marriage

In traditional populations such as India and Uttar Pradesh fertility largely occurs within marriage and reproduction outside marriage is virtually non-existent or is negligible. Thus the institution of marriage in our population has deep influence. There ample evidence that age at which women marry becomes crucial for the health and survival of both mother and their offspring's. The singulate mean age at marriage (SMAM) is one of the widely used indicators of age at marriage in a population and is defined as the number of years an individual remains single. In addition to this, we have also provided proportion of men and women who have married before minimum legal age at marriage. In India, the minimum age at marriage is 18 years for women and 21 years for men. In spite of the long standing act, child marriages / early

marriages are rampant in this country in its various parts and especially in large Hindi speaking northern including Uttar Pradesh. Various efforts of federal and state governments to curb / eliminate this practice have yielded only limited success. Table 8 provides relevant data on these two indicators for Uttar Pradesh by sex.

Until 1998-9, the female age at marriage in the state was lower than the legal age at marriage set by the government of India as the SMAM for females data was just above 17.7 years (See Figure 7E). However, the SMAM has gone up slightly during 1998-9 and reached at 19.4 years as revealed by the results of District Level Household Survey conducted in 2007-8 by the IIPS, Mumbai. In contrast, the SMAM for males was slightly over 21 years for males in 1981 has gone up by almost 2 years between 1981 to 2007-8; the SMAM for 2007-8 was over 23 years for males in the state. In terms of gap in the SMAM for males and females it may be noted that the SMAM has remained higher by approximately 4 years over the period under analysis. It needs to be specified that the SMAM for females in India was just 14.5 years in 1861 and have increased thereafter by about one year between two censuses. In case of male, the SMAM was below 20 years during 1961 and 1981 which lower than the minimum legal age at marriage for boys in India.

Figure 7E: Singulate Mean age at Marriage and Percentage married before minimum legal age at marriage by Sex for Uttar Pradesh, 1991-2007-8



The difference between the male and female SMAM indicates that it was higher by about 4-5 years for boys until the end of the last century. However, this difference apparently has slightly

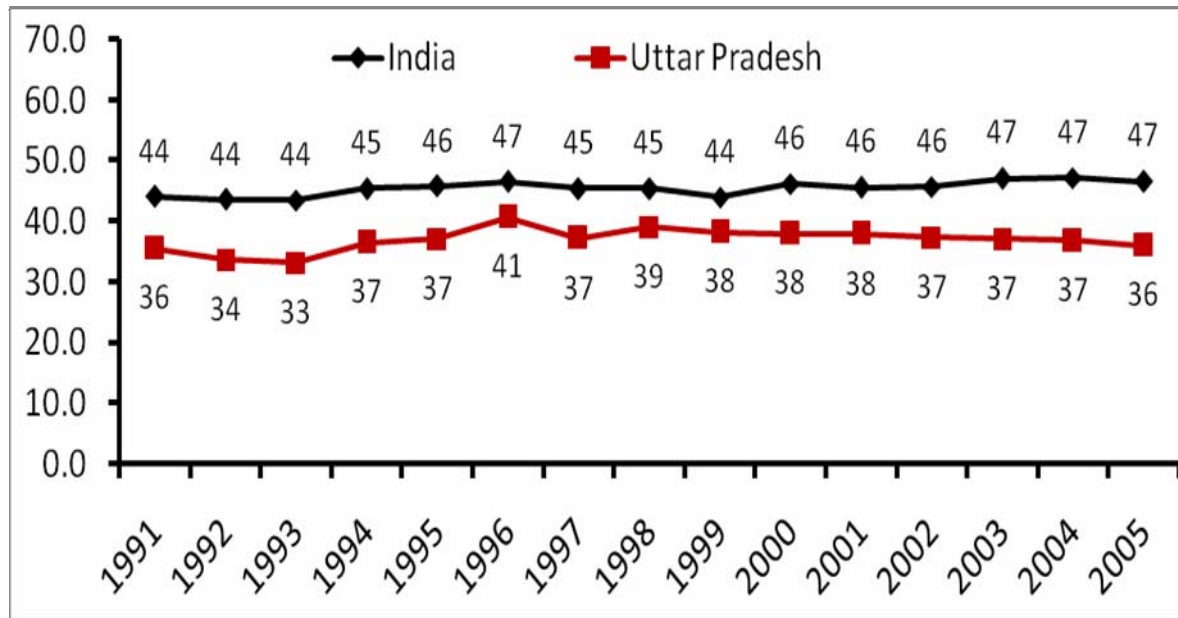
reduced for the estimates for 2001 and 2007-08 as the male SMAM was higher by a little over 3 years and less than 4 years, respectively. The figure on the right side gives percentages of men and women were married before minimum legal age at marriage in the state. It is encouraging to note that the proportion of men and women who married before the minimum legal age has declined considerably over time. However, nearly one-third of females and over two-fifths of males in the state were married before the minimum legal age in 2007-8. This confirms that the state has a long way to travel with respect to eradication of early marriages of both young males and females.

The ICPD 1994 brought paradigm shift in the Indian National Family Planning Programme as all existing programs with some new programs (e.g. issues of RTI/STI) were brought under the umbrella of Reproductive and Child Health Programme in 1996. Additionally, Community Need Assessment (CNA) replaced the program that was earlier based on the method-mixed-targets. In the year 2000, the Government of India brought out National Population Policy (NPP) documents that outlined strategies to achieve the goal of TFR of 2.1 by the year 2010 and stabilize the population of the country by 2045 AD (Government of India 2000).

Contraceptive Use

Before looking at the current contraceptive use and method mix, we would first like to discuss in brief levels and changes in percentages of couples effectively protected (referred as couple protection rate) from all methods of family planning as revealed from the service statistics (acceptors) published by the Ministry of Health and Family Welfare, Government of India. The same has been presented in Figure 8 below for India and Uttar Pradesh for the period 1991 to 2005. The data reveal that more and more Indian couples use family planning methods for limiting their families and relatively fewer for spacing the births as seen in increasing CPR until the mid nineties. It may be reminded that until 1995, the India family planning was dominated by single method, sterilization and that too female sterilization.

Figure 8: Percentage of couples effectively protected from all methods for India and Uttar Pradesh, 1991 – 2005



However, soon after 1996, the Indian family planning programme underwent a paradigm shift (when programme was changed from target driven to target free approach) which apparently lowered program performance initially resulting in decline in the couple protection rate in many Indian states. The decline was from 46.5% in 1996 to 44% in 1999 for India and from 41% to 37% in the state between 1996-7.

To overcome the problem of service statistics, in the present analysis we have given contraceptive prevalence rate (CPR) from two nationwide large scale surveys - National Family Health Survey (NFHS) and District Level Household Survey (DLHS) for India and Uttar Pradesh by type of method separately for rural and urban areas in Table 9. The table and Figure 9 below clearly indicate an upward trend in the CPR for all; an increase by about 16 points during 1992-3 to 2005-6 from about 41% to over 56% (largely due to the increase in female sterilization) for India. Likewise, it almost doubled for Uttar Pradesh from 20% to 38% during the same period. The data by method mix shows that in Uttar Pradesh use of traditional method went up from just 1% in 1992-3 to over 14% in 2005-6 while corresponding increase in modern spacing method was from over 5% to nearly 12%. The users of sterilization too

increased but the pace was relatively slower in comparison to either traditional method or modern spacing methods. The data from DLHS 3 does not show any pattern, however.

Figure 9: Contraceptive Prevalence Rate for India and Uttar Pradesh from Large Scale Surveys, 1992-3 to 2007-8

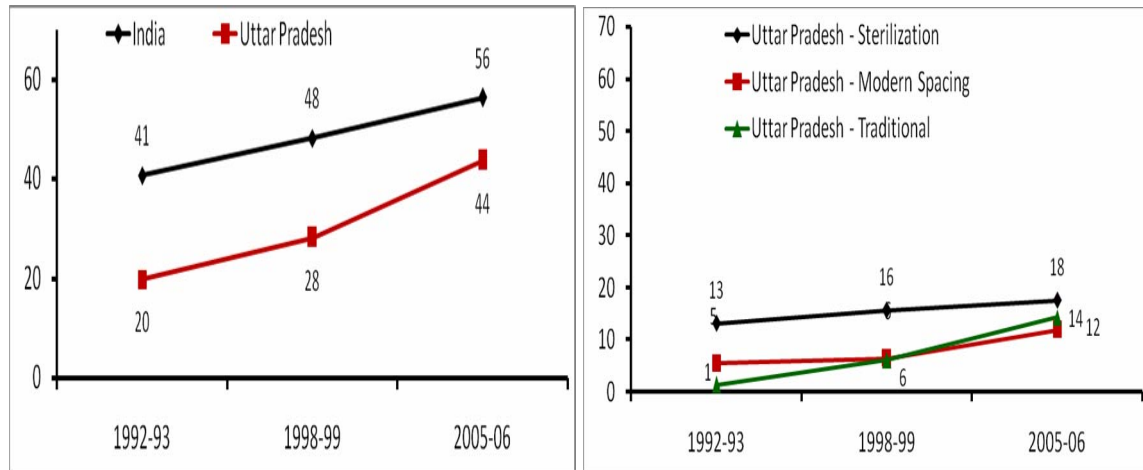
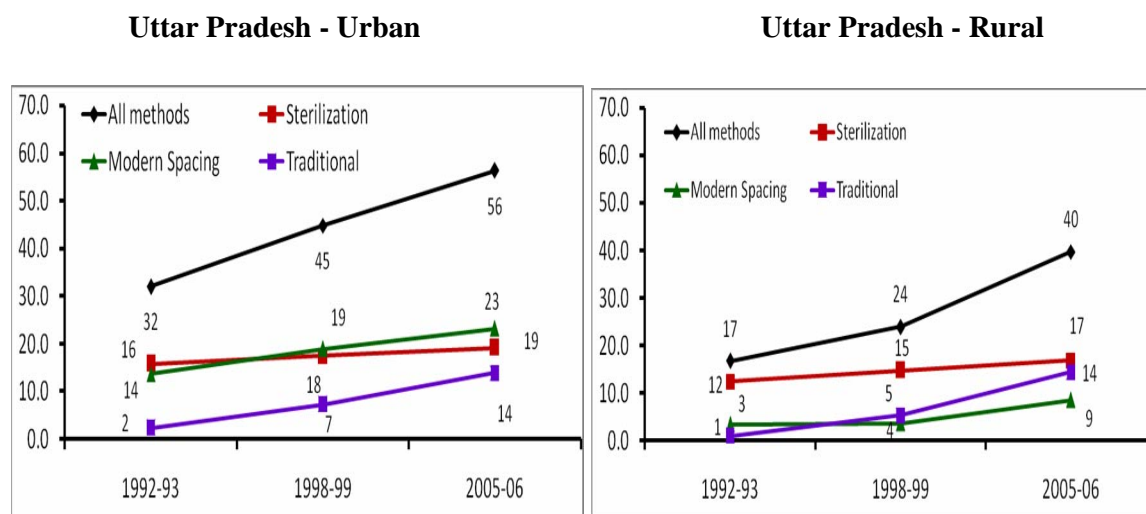


Figure 10 below give contraceptive prevalence rate for all methods and separately for broad categories by place of residence for Uttar Pradesh for the same period. There are marked rural urban differences in the state with respect to the family planning use. As noted, urban areas of the state have significantly higher levels of family planning use than its rural areas and interestingly difference is much wider in use of modern spacing methods than either sterilization or traditional methods. About one-third of the urban couples reported using family planning in 1992-3 which rose to over 56% in 2005-6 while the corresponding change among the rural couples was from less than 17% to 40%. The method mix show that sterilization users increased rather slowly from 16% to 19% in urban areas and from 12% to 17% in the rural areas during the same period. However, the increase was much more significant for modern spacing methods in urban areas from 14% to 23% areas and moderately from 3% to 9% in rural areas. An interesting finding is that the users of traditional methods of family planning went up remarkably in both urban and rural areas of the state. This probably indicates that the couples have favourable attitudes towards smaller families and like to regulate their fertility but the program is unable to reach them and hence their dependence on the less reliable traditional methods. This is not say that none of them is using them out of choice.

Figure 10: Contraceptive Prevalence Rate for Uttar Pradesh from Large Scale Surveys by place of residence, 1992-3 to 2007-8



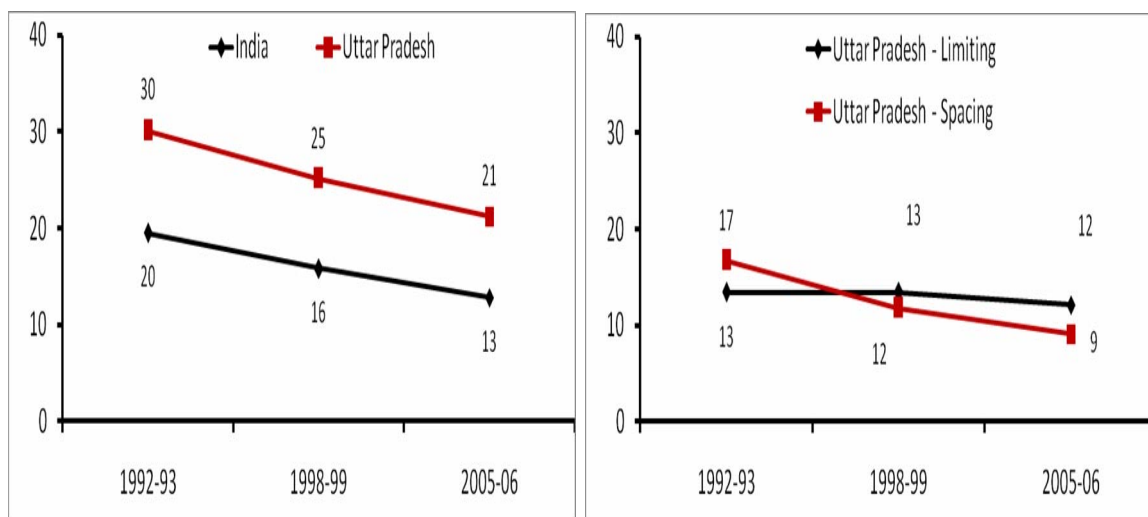
Unmet Need for Family Planning

Post adoption of target free approach, the unmet need for family planning has become a popular concept among policy makers in India especially for estimating the potential demand for contraception and to identify the target groups who may be in immediate need of family planning services and most of the demographic surveys now collect information on this aspect. We first briefly explain the concept of unmet need for family planning. The ‘unmet need’ by definition is a statistically derived measure of potential demand for family planning services whereas ‘intention to use any method in the future’ is the direct response of woman herself. The concept of ‘unmet need’ is based on the premise that when a woman says that she does not want child then she must use any modern contraception. Planners and programme managers are genuinely interested in knowing and understanding the annual demand for the family planning services in an area. In the revised RCH program, unmet need for family planning has been identified as one of the main tool to monitor the performance of the program.

The data in Table 10 and Figure 11 below reveal to that the unmet need in India has consistently declined from about 20% in 1992-3 to 13% in 2005-6; change mainly coming from the reduction in the unmet need for spacing methods. Similarly, in Uttar Pradesh too it declined from over 30% to 21% during the same period. However, it is important the levels of

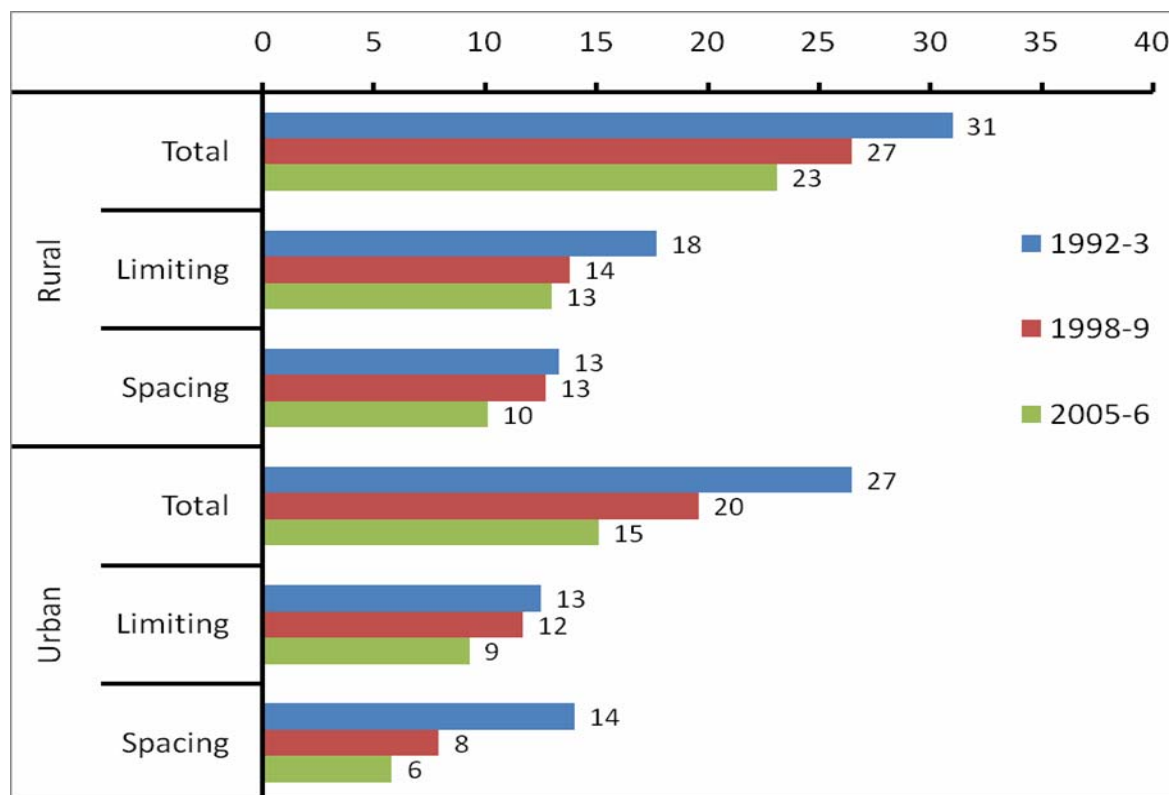
unmet need were considerably higher in the state than the national average. The break-up of unmet need for spacing and limiting indicate that it is relatively higher for the later. Nearly 17% of the currently married women in the state reported unmet need for spacing during 1992-3 which declined to 12% and just over 9% during 1998-9 and 205-6, respectively. On the other hand, the unmet need for limiting has remained somewhat unchanged during the same period as it decline from a little over 13% to 12%. This indicates that the family planning programme in the state is reaching out effectively to the people.

Figure 11: Extent of Unmet Need for Family Planning for India and Uttar Pradesh from Large Scale Surveys, 1992-3 to 2005-6



The rural urban break-up of the unmet need for family planning show that the extent of unmet need is far more in the urban areas of the state than the rural areas and this is true for both unmet need for limiting as well as spacing, although over time the levels have come down (see Figure 12). Further, for total unmet need the rates came down more speedily in the areas from 27% to 15% (by 12 units) while in urban areas it declined from 31% to 23% (by 8 units) during the same time. Conversely, the rate of unmet need for spacing declined by 8% points from 14% to less than 6% in urban areas whereas the corresponding decline in the rural areas was by about 3% points only (from 13% to 10%). On the other hand, the unmet need for limiting declined more rapidly in the rural areas (from 18% to 13%) as compared to the urban areas (13% to 9%) during the same time. This indicate that the program focus in the rural areas continue to be around sterilization.

Figure 12: Extent of Unmet Need for Family Planning for Uttar Pradesh by place of residence, 1992-3 to 2005-6



In view of this it is to be noted that such high extent of unmet need implies that there is huge demand for the contraceptives in the state and the programme has to take serious efforts to translate this demand into actual use so as to not only bring down the fertility levels in the population but also help in improving the health of both women and children.

Status of Maternal and Child Health

The findings from large scale survey data related to the status of maternal and child health indicators in the state indicates that the women and children in the state have been at relative disadvantaged compared to the national average and other parts of the country. The results of the National Family Health Survey 3 show that during 2005-6 just about one-quarter of the pregnant women in the state received 3 or more antenatal check-ups and only one-fourth of them received their first antenatal check-up in the first trimester of pregnancy. In other words, majority of the pregnant women in the state do not receive any antenatal check up and of those who get antenatal check up, most get it at the advanced stages of their pregnancy. Only a

handful of these women consume 90 or more IFA tablets (less than 9%). Nevertheless, out of those women who get antenatal care, nearly two-third of them are given 2 or more TT injections. Not only is the antenatal care poor, 4 in 5 deliveries in the state during 2005-6 took place in homes as the share of institutional deliveries was only 21%. Further, just over one-quarter of the home deliveries were assisted by a health personnel (Doctor or Auxiliary Nurse Midwife). The data related to post natal care too reveal same grave scenario as less than 15% of the women had a postnatal check up after delivery and about 13% had the same within 2 days of the delivery.

In spite of continued efforts of the programme to advocate for early initiation of breastfeeding and exclusive feeding to the new born up to 6 months of age the state has performed extremely poor with respect to these matters and the status of child health indicator too is low. Only about 61% of the children in the state were immunized against BCG in 2005-6 and only 23% were immunized against all six killer diseases of tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis and measles). In other words, nearly 4 in 5 children in state have not been protected against all these diseases. The data on health care seeking practices show that out of the children who suffer from diarrhoea only 58% are taken to health provider for treatment and just about one-quarter of them are given any Oral Rehydration Therapy (ORT) or increased fluid during diarrhoea. Breastfeeding practices too are matter of great concern in the state as just 7% of the newly born children are breastfed within one hour after their birth. Not only this, pre-lacteal feeding practices are widely prevalent as most of the newly born babies (86%) are given some pre-lacteal feeding before initiation of breastfeeding. About 60% of the children are anaemic in the state where 55% are moderately anaemic and 5% are severely anaemic.

In tables 11 and 12 respectively provide relevant data from NFHS 3 by a few selected background characteristics of the mother and children for maternal and child health indicators. The data clearly indicates the status of maternal health care, for example, is relatively better in the urban areas of the state. In other words, rural women in the state are relatively disadvantaged when it comes to their health during pregnancy, at childbirth or during the postnatal period. For example, the urban women in the state were twice as likely to have received their first ANC visit in the first trimester of the pregnancy or 3 or more ANC visit. The urban women were almost three times more likely to have consumed 90 or more IFA tablets as compared to their rural counterparts. The extent of utilization of various ANC

indicators increases sharply with an advancement in woman's education status and the economic status of the households. Women who are not educated or are less educated and those who come from poor households were far less likely to have received any ANC compared to their respective counterparts. For example, share of women who had first ANC or three or more ANC was 56% and 64% respectively among those who had completed 10 or more years of schooling than those who had no education (17-18%) or had fewer than 5 years of education (17-26%). Similar differences are seen with respect to household economic status and for other indicators as well. Though less prominent, differentials in utilization of ANC services are noted with respect to caste and religion of the women; Muslim women and Schedules Caste and Tribe women were at a relative disadvantaged position.

The differentials continue during delivery and post natal period; rural women, women who are less educated and come from poor households and are from under-privileged sections of the society. Rural women were far less likely to have delivered in a health institution or have received skilled assistance at birth in case of home deliveries. Likewise, women who had no or less education, come from poor households, belonging to Schedules castes and tribe and come from economically poor households were more likely to have a home delivery and were less likely to have assisted home delivery by a health personnel than their respective counterparts. The differences were strikingly wide with respect to utilization of post natal care; for example, just 8-9% of rural women received any postnatal check-up or within 2 days after delivery whereas their share in urban areas was 34-36%. Just 7-12% of illiterate women and those with less than 5 years of education had received these two services compared to 44-46% among those with 10 or more years of schooling. Similarly, 3-4% of women from poor households had received these two services compared to 51-54% among those who came for the highest wealth quintile households.

Utilization of child health care services too confirms prevalence of huge differences across various sub-groups of women. Once again children of the mothers, who live in the rural areas, are less educated, belong to scheduled caste and tribe and come from poor economic households were at considerable disadvantaged position than the children of mother who were educated or better educated, whose mothers live in urban areas and hail from economically better off households. Additionally, female children were at greater disadvantage than the male children confirming to the old age strong son preference in the population and discrimination against female children.

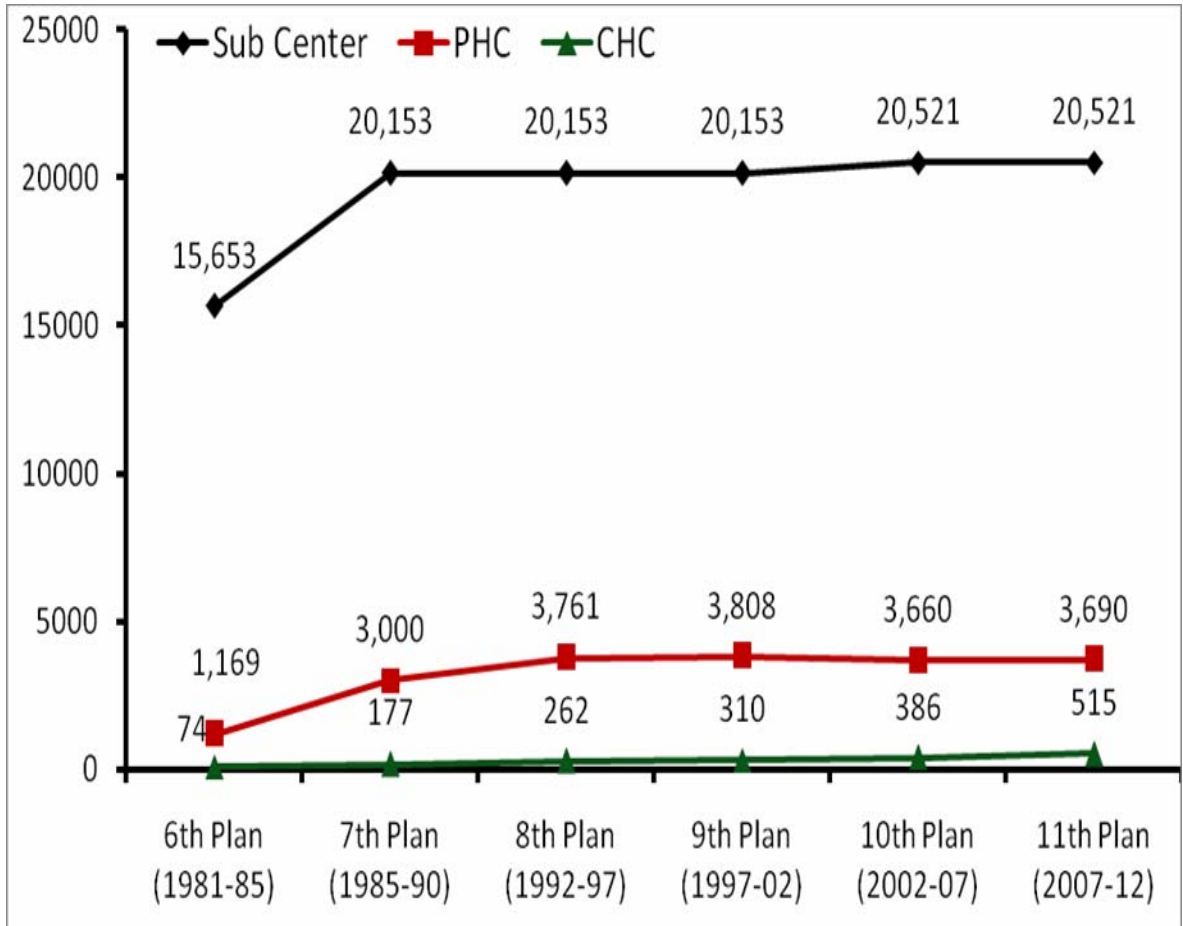
Available Health Infrastructure in the State as of March 2009

The available health infrastructure in the state is inadequate and needs extensive improvements. In 2009, There were 20,521 health sub centers, 3,690 Primary Health Centers (PHCs) and 515 Community Health Centers (CHCs) functioning in the state (see Table 13A). In all there were 130 First Referral Units (FRUs) in the state of which 72 were at the CHC level and 58 at the District level. Less than one-third of the Sub Centers (32%) and half of the PHCs in the state were running in the government owned building while remaining were located in the rented or rent free *Panchayats* buildings. All of the CHCs in the state were however located in the government owned buildings.

Although, it is improving over time but at a far slower pace and therefore needs further improvement as there prevail huge variations in the health status of the population by various characteristics including administrative units of district (See Table 13A and Figure 13A below; Also see Appendix 1 and 2 to have some idea about the same on a few selected indicators as available from the District Level Household Survey 3). The number of health facilities, especially sub centers and PHCs have not changed as much in the past 3 decades or so. This is matter of serious concern as the population of the states during this period has shown very high growth rates. In 2009, the state reported a shortfall of 22% for sub centers, 16% for PHC and over 53% for CHC (Figure 13B). There were 428 PHCs in the state that have a AYUSH facility.

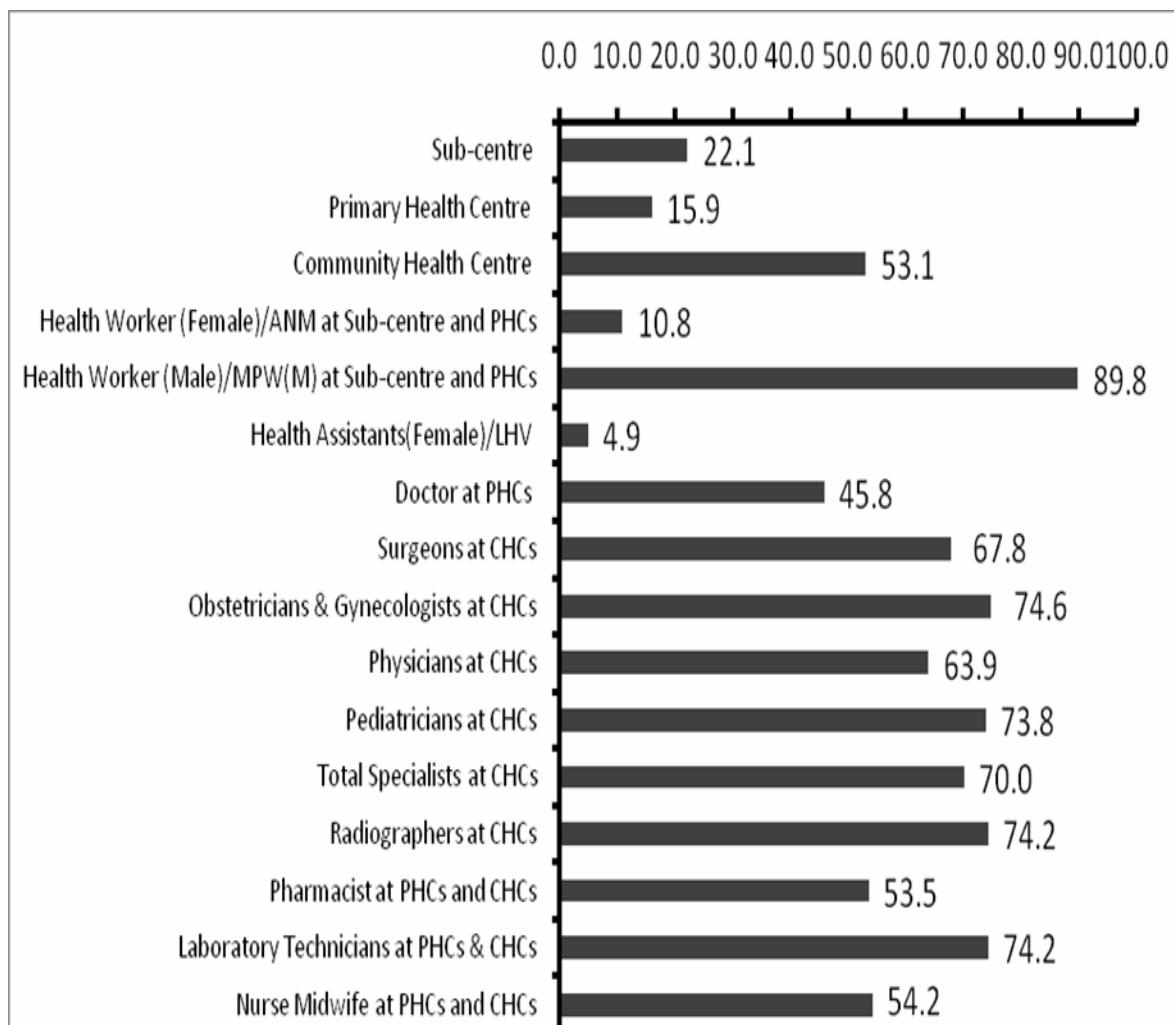
Not only does state has shortfall of health facilities, the state also has serious shortfall in manpower at various levels of health facilities (see Figure 13B and Table 13B). The state has recorded almost 90% shortfall for Male multi-purpose health worker during 2009. The shortfall for female health workers and female health assistants was relatively less (11% and 5% respectively). The situation was graver when it comes to the shortfall of doctors and other specialists whose availability is critical to the successful implementation of health services in order to positively influence the population health.

Figure 13A: Number of health facilities functioning at the end of the Five Years Plans



For example, short fall of doctors at PHC was nearly 46%. Similarly, in case of specialized doctors at the CHC level, the recorded shortfall in 2009 was by 68%. The corresponding shortfalls for Obstetrician and Gynecologists, Physicians, Pediatricians was by 75%, 64% and 74% respectively. In all, a shortfall of about 70% was reported for all specialists in the state. The other technical categories also had high levels of shortfall. For example, a short fall of about 74% was reported for Radiographers and Laboratory Technicians and of 54% for Pharmacists and Nurse midwife at the PHC and CHC levels. In 2009, nearly 10% of the sub centers in the state were functioning without a female health worker and as many as 63% were running without a male health worker.

Figure 13B: Extent of Shortfall of health facilities in Uttar Pradesh, 2009



Shortfall: defined as manpower required minus in position divided by required per 100.

The published statistics available in the Rural Health Statistics 2009 of the Government of India indicates that availability of other infrastructure too was extremely poor in the health facilities in the state (data not shown). Further, over one-thirds of the Sub Centers (38%) in the state did not have ANM quarter. Only 37% of the Sub Centers had regular water supply and just 30% had electricity supply. Seventy one percent of the PHCs did not have a labor room and 73% did not have any operation theatre. Less than 18% of the PHCs had 24 hours delivery facility. Majority of the PHCs though had electricity supply, regular water supply and were connected with all weather motorable approach road, there were significant minorities (8-13%)

who did not have these facilities. However, less than 9% of the PHCs had a telephone and 4% a computer. The average rural population covered by a health facility was far above the stated norm. For example, a Sub Centre in the state was catering to 6416 rural people (as against of the norm of 5000). Similarly, the average of 35680 rural people and CHC was serving an average of 255647 rural people (the norm for a PHC is about 20000-25000 persons and for CHC is 100000 population). The average area covered by a Sub Center was over 11 square kilometers and that for the PHC and CHC was 64 and 451 square kilometers. One ANM in the state was covering on an average 5 villages whereas the PHC was serving 29 villages. The average number of villages served by a CHC in the state was 209. On an average, a PHC had 6 Sub Centers under it while a CHC had about 7 PHCs under it. A male health worker in the state served on an average 62784 rural people in 2009.

Programmatic efforts in the state

The people in Uttar Pradesh continue to have large families due to lack of health care services. Changing national population policies towards family planning programs has also delayed fertility reduction in the state. The state has set its goals on several occasions, but they were never met and as a result subsequent revisions were made. To some extent, there are many small villages in the state that are scattered which is seen as a major obstacle to the development of infrastructure facilities and delivery of all types of services related to development sectors. Additionally, there are factors such as poor or limited awareness and knowledge of various family planning methods and their use, preference for larger family size, poverty, low status of women where women lack decision making power about themselves and issues related to their children and other household matters, social insecurity, prevalence of strong son preference etc.

The growing population is not only a bigger hindrance in the development of the state but is also posing a threat to people in availing themselves of basic services and amenities, such as drinking water, education, housing, health services etc. Immediate actions are therefore needed to achieve population stabilization in Uttar Pradesh. It is a daunting task but achievable with inputs of additional resources and concerted efforts. If Uttar Pradesh does not achieve replacement level of fertility soon and population stabilization later, the meagre resources available will be under considerable strain and population size will be a major barrier in alleviating poverty and in achieving desired levels of economic growth and prosperity. In order

to improve this mammoth gap, there is a need to improve the efficiency of programme management, have effective inter-departmental coordination and also to utilize other resources from the private sector like NGOs, co-operatives, corporate bodies and the private medical community.

It is under these circumstances that the state government of Uttar Pradesh has formulated its population policy, in 2000 following the publication of the National Population Policy 2000. The Population Policy looks at the issues related to population stabilization in a holistic, open and transparent manner. The mission of the Population Policy of the state is to improve the quality of life of the people of Uttar Pradesh with unequivocal and explicit emphasis on sustainable development measures and improvements. The policy recognizes that the population stabilization and improvement of health status of people, particularly women and children, are essential prerequisite to sustainable development.

Population stabilization cannot be achieved without addressing the health issues related to women and children. The main objective of population policy is to reach replacement level fertility of 2.1 children per woman by the year 2016. The specific objectives of population policy, therefore, are:

1. to increase the median age at marriage for women from 16.4 to 19.5 by 2016
2. to reduce total fertility rate from 4.3 in 1997 to 2.6 in 2011 and further to replacement level fertility of 2.1 in 2016
3. to reduce maternal mortality ratio from 707 in 1997 to 394 in 2010 and further below 250 in 2016
4. to reduce infant mortality rate from 85 in 1997 to 73 in 2006, to 67 in 2011 and to 61 in 2016 and to reduce under five mortality from 125 in 1997 to 105 in 2006 to 94 in 2011 and to below 84 in 2016, and finally
5. to reduce STI and RTI prevalence and incidence substantially and to improve awareness of AIDS among men and women.

To achieve these specific objectives, the policy document has set region specific objectives in view of the vast regional variations in demographic and social development within the state. The document further has identified several strategies including community participation, involvement of private sector, improvements in access to and quality of reproductive and child health services, and improvement of service delivery systems by decentralization of decision making and involvement of other development departments. The results of the district level

households survey – 3 (DLHS 3) indicate that there are considerable variations in the population and health indicators across regions of the state. For example, over one-quarter of pregnant women in the eastern region had at least 3 antenatal care visits while their share western and central and Bundelkhand regions about 20% only. Nearly one-third children aged 12-23 months in the eastern region had received all required six vaccinations which was less than 30% in central and Bundelkhand region and below 27% in western region.

The document gives detail strategies to materialize the proposed objectives. These are:

1. In order to increase age at marriage of girls in the state the policy suggests to use services of advocacy groups such as religious leaders, community leaders and women's groups. Electronic media would also be utilized in disseminate necessary information creating wide spread awareness of minimum legal age at marriage for girls and the adverse consequences of early marriage on the health of the adolescent girls. Along with this, the document proposes to take some punitive measures including ineligibility for government jobs or any job in the government managed organizations for those who marry before legal age. Further, marriage registration would be made mandatory.
2. Adolescent boys and girls would be provided with Family Life Education (FLE) covering vast issues and would also include parents in a few selected sessions with the view of encouraging parent-child communication.
3. The ongoing efforts of the state would further be intensified and strengthened towards empowering its women as they bear most of the burden of childbearing and rearing. This would include 33% reservations for women in all new jobs in organization owned and controlled by the government and in new establishments such as ration shops, enhancing girls education, formation of self help groups exclusively for women, extending women's milk cooperatives which is currently in operation in 12 districts, alleviation of discrimination against girl children, establishing women's polytechniques and working women hostel.
4. Increased role of *Panchayats* in programme implementation at the local levels. The document proposes to organize training programs for Gram Panchayats and Panchayats members along with the Panchayats development officers to sensitize them about their roles in the RCH programme, provision of IEC materials to the Panchayats, Organizing Panchayat Meetings, making them responsible for registration of marriages, births and

deaths in their area, allocation of financial resources to Panchayati Raj Institutions (PRI).

5. Efforts would be made to involve private sector. Under this there are provision for encouraging NGOs which are currently not working for RCH to introduce RCH services, recognition and reward for NGOs which have performed better, linking of NGOs to public sector service delivery system and use them as referrals, training provision for the NGOs. Cooperatives such as milk Cooperatives and Primary agriculture credit societies would be used for service delivery, including contraceptive services. The large industrial organizations would be involved in the delivery of RCH services. This would include organizations such as railways, post office, chambers of commerce and industry like FICCI, PHD and their affiliates.
6. The indigenous systems of medicines and practitioner of these systems from Ayurvedic, Unani and Homeopathy would be made first contact point for health care in the rural parts of the state and would be trained in counselling and services relayed to family planning and would also serve as depots for free and priced spacing modern methods and RCH products.
7. Identifying private health institutions in districts for providing sterilization and IUCD services, training of medical practitioners for quality family planning services, supporting private health institutions with supply of equipments and other resources.
8. Launching of contraceptive marketing projects in the districts. Efforts would be made to encourage innovative marketing approaches, linking private sector with ISM practitioners to sell oral contraceptives and condoms and other components such as ORS packets, disposable delivery kits, Vitamin A solution and IFA tablets.
9. Additional efforts would be made to improve access to and quality of RCH services. For this ANMs would undertake periodic surveys to register all pregnant women for ANC during the first trimester and they would be given all services during the antenatal. Natal and post natal care including TT injections, IFA tablets, supplementary nutrition. Services would also be made available to infertile couples through infertility clinics. Efforts would be made to mobilize community and the skills of the personnel at the health facilities would be enhanced to treat women with reproductive tract infections. In addition to increasing institutional deliveries, concerted efforts would be made to ensure skilled attendance at birth for home deliveries. All health institutions would be equipped with necessary infrastructure to provide round the clock services

and this would be achieved in phased manner. Finances would be made available with the PRIs to arrange for transport and other facilities for emergency deliveries. Innovative approaches would be adopted to ensure safe deliveries by the traditional birth attendants including training them with the skills for conducting safe deliveries and also by providing them with the delivery kits.

10. IEC campaigns to be launched for creating awareness about vaccine preventable diseases and encourage them to utilize immunization services. Also NGOs, community leaders and other civil society organization would be involved in supporting government in having each of the children fully vaccinated. Additionally mothers of the children would be educated on ORS and social marketing of the ORS would be encouraged. Facilities at PHCs and CHCs would be augmented to detect and treat ARI among children. In order to eliminate all forms of nutritional deficiencies among children necessary provisions would be made for child supplementary nutrition.
11. Sterilization services would be strengthened. This would be achieved by having regular RCH camps and also for sterilization, and the same would be planned in advance and publicize to have greater participation. Punitive measures would be posed against the health workers who fail to regularly monitor pregnant women in their service areas. Involvement of all departments and local bodies and NGOs would be ensured in achieving desired goals. At the divisional and district level, pool of medical officers including surgeons would be created. Periodic reviews of the RCH/sterilization camp approach would be undertaken to identify gaps and necessary corrective measures would be taken.
12. Involvement of men in family planning would be encouraged by training medical in No-scalpel vasectomy and male sterilization services in CHC and block level PHCs. IEC campaigns would be implemented to create awareness on this among men on the matters related to family planning and responsible parenthood. Health manpower and facilities would be adequately equipped to secure positive changes in this direction.
13. Service delivery systems in the state would be improved. Intensified efforts would be made to bring down the existing regional variations in service provision, their quality and utilization. In doing so, structural changes would be brought in service delivery. Attention would be paid to ensure supply of medicines. Urban health systems would be further strengthened and efforts would be made to enhance quality services there.

14. Special attention would be paid for improving linkages with the other departments. The IEC component in the state would be promoted effectively and for this region specific communication materials and strategies would be evolved and implemented. Attention would also be paid for human resource development in the state to meet the evolving demands for various services. Efficiency of the logistic systems would be improved and care would be taken to fill in the existing gaps for female doctors by encouraging private sector to help government meet the demand for the same.

Innovative Strategies of the *Jansankhya Sthirta Kosh* (JSK, meaning Population Stabilization Fund)

Strategy No. 1 Prerna

“Prerna” provides an opportunity for couples who have fulfilled specific responsible parenthood criteria to become entitled to receive award for breaking stereo-types. The ingredients to qualify are:

- Girl’s marriage after 19 years of age (**Reward of Rs.5000/**) and giving birth to the first child after she is 21 years old (**Reward of Rs.7000/ if it’s a girl child & Rs 5000/ if it’s a boy**)
- Keeping a 36 month gap between first and second child and one parent getting sterilized (within 1 year from the date of birth of the 2nd child) after the second child is born (**Reward of Rs.7000/ if it’s a girl child & Rs 5000/ if it’s a boy**)

Eligible Couples in each district (initially not more than 30 Couples per District) fulfilling age of marriage criteria and birth of the 1st child after 2 years of marriage and birth of 2nd child after 36 month interval followed by sterilization, shall be eligible for the award subject to the conditions below:

Important Conditions:

- Couple must belong to any of the 46 districts identified for 2008-09 Prerna awards by JSK.
- Must belong to BPL category
- Preference will be given to younger couples (age of wife not exceeding 30 years)

- Only those couples who have completed registration of marriage and registration of the birth of each child with the competent authority (Registrar of Marriages / Appropriate Govt. Officer registering births) would qualify for the Award
- The award shall be given in form of *Kisan Vikas Patra* in the name of Couple and will be given at a public function

Strategy No. 2 *Santushti*

Under the “*Santushti*” strategy private gynaecologists and NSV surgeons are encouraged to perform 100 tubectomy / vasectomy operations in public private partnership mode. An MOU has to be signed between the district CMHO or District Health Society and the Private Nursing Home. JSK is paying at the rates approved by Ministry of Health. The beneficiary pays nothing. Funding is provided by JSK through the Collector’s office to save time. The strategy encourages private sector facilities and surgeons to join hands to provide services for sterilization

JSK offer a Rs. 15,000/- start up advance and Rs. 500/- per case extra if 30 or more operations are conducted in a day in accredited hospitals or Nursing Homes. These modifications are promoted by JSK to encourage private sector involvement in offering services.

Strategy No. 3 Call Centre on Reproductive Health, Family Planning and Child Health

JSK has established a Call Centre service to give information on reproductive health and family planning in English and Hindi using computer based software. The service is used by those who want telephonic advice particularly adolescents, newly married and about-to-be married couples. The software was prepared by the *Maulana Azad* Medical College (MAMC), New Delhi and technical training was given by the MAMC and St. Stephens Hospital, New Delhi.

Strategy No. 4 Involving Private O&G Practitioner for IUCD 380 A

JSK has involved private sector doctors (gynaecologists) to promote the use of an intra-uterine contraceptive device called IUCD 380A which prevents pregnancy upto 10 years. This device

was introduced by Government of India in 2002 as a part of its National Family Planning Programme. The improved version is popular in government facilities but has not been picked in large measure by the private sector although it is a boon for women who want to have both long term protection from pregnancy and the option of having a baby.

This device is extremely popular in other countries particularly in China. The health risks associated with the method are negligible. The option is reversible and can be used by women apprehensive about opting for surgery.

Strategy No. 5 Virtual Resource Centre

JSK has established a Virtual Resource Centre (VRC) which provides access to films, posters, photos on subjects like gender, maternal and infant mortality, the waning sex ratio, adolescent health spacing etc. the material is of use to the teaching fraternity, NGO's, Media, Researchers and Students. Inter-university and school level quiz competitions are now being planned which would further motivate young people to use the VRC which would heighten interest in material and child health issues. The VRC is a virtual documentation centre and anyone can place orders and receive the material on CD free of cost.

Strategy No. 6 Display Mindset Change Posters

In consultation with UNFPA, JSK prepared mindset change posters which address family members to give the girl a chance to be in good health before she produces a child. The posters were designed by Lintas which is the leading advertising agency and the cost of the creatives was borne by UNFPA.

The posters below can be downloaded by any organisation and they can fix their own logo and display the posters at places like post offices, rural banks, fertiliser depots, shops or any places where congregates. This is one way of promoting mindset changes by involving civil society. Mindset changes promoted by well-know such organisations are likely to be received positively by the public.

The large USAID assisted project named 'Innovations in Family Planning Services' (IFPS) was under implementation at the time of formulation of the state population policy and was launched for strengthening the family welfare programme in the state. At that point of time the Co-operating Agencies (CAs) of the USAID were working actively in the state for the implementation of the IFPS project. The goals of the Innovations in Family Planning Services (IFPS) Project are to assist the state in reducing the rate of population growth to a level consistent with the social and economic objectives. The baseline survey PERFORM was conducted in 1995 in 28 districts of Uttar Pradesh to establish baseline values of key indicators. The project has followed a phase approach, beginning with 6 districts, later expanding to 15 districts and now certain interventions are being extended to all 28 PERFORMS districts. The overall approach of the project is to increase demand, to improve quality and accessibility of services.

The POLICY Project has coordinated the process of the formulation of the state population policy. The policy formulation is further refined with the incorporation of the inputs from the workshop organised for the purpose. It is basically directed towards population control. The primary health care, especially the reproductive and child health approach has been chosen as the means of achieving the reduction in fertility levels. Regional variations in population and development have been pointed out clearly suggesting approaches to fulfil the regional needs. The strategic plan has been cast very widely including the functional areas of the IFPS. Decentralisation of implementation and linkages among various departments dealing with developmental aspects has been stressed. The role of NGOs and private sector in the programme implementation is extensive. Uttar Pradesh has the advantage of the district level societies with the District Magistrate as its chairman for the implementation of the strategies, monitoring, and evaluation. These societies have been designated to supervise and evaluate the programme implementation across the state.

Compensation Rates for various family planning methods

A. At Public (Government) Facilities:

Category	Breakage of the Compensation Package	Acceptor	Motivator	Drugs and Dressings	Surgeon Charges	Anesthetist	Staff Nurse	OT technician /helper	Refreshment	Camp Management	Total
*High Focus 18 States	Vasectomy	1100	200	50	100		15	15	10	10	1500
	Tubectomy	600	150	100	75	25	15	15	10	10	1000
**Non-High Focus 17 States/ Uts	Vasectomy	1100	200	50	100		15	15	10	10	1500
	Tubectomy (**BPL and SC/ST only)	600	150	100	75	25	15	15	10	10	1000
Non-High Focus 17 States/ Uts	Tubectomy (Non-BPL and Non-SC/ST only) i.e. APL	250	150	100	75	25	15	15	10	10	650

B. At Accredited Private/NGO Facilities:

Category	Type of operation	Facility	Motivator	Total
*High Focus 18 States	Vasectomy	1300	200	1500
	Tubectomy	1350	150	1500
**Non-High Focus 17 States/ Uts	Vasectomy	1300	200	1500
	Tubectomy (**BPL+SC/ST)	1350	150	1500

All units are in Rupees

* High Focus 18 States - Bihar, Uttar Pradesh, Madhya Pradesh, Rajasthan, Jharkhand, Chattisgarh, Uttarakhand, Orissa, Jammu & Kashmir, Himachal Pradesh, Assam, Arunachal Pradesh, Manipur, Mizoram, Meghalaya, Nagaland, Tripura, Sikkim.

** Non-High Focus 17 States/Uts - Karnataka, Kerala, Tamil Nadu, Andhra Pradesh, Maharashtra, Goa, Gujarat, Punjab, Haryana, West Bengal, Delhi, Chandigarh, Pondicherry, Andaman & Nicobar Islands, Lakshadweep & Minicoy Islands, Dadra & Nagar Haveli, Daman & Diu

***BPL - Below Poverty Line, APL - Above Poverty Line

Note:

1. No compensation is payable to the acceptor if he/she opts to avail of sterilization services in the accredited private/ NGO sector. However the accredited private/ NGO facility is bound to provide the service free to such an acceptor.
2. For IUD insertions, the existing scheme would continue wherein Rs.20 would be admissible to all the states for each IUD insertion in the public facilities and Rs.75 inclusive of the cost of the IUD, in the accredited private/ NGO facilities in the EAG states only. It is the discretion of the States to apportion this compensation among various activities keeping the client's interest and the quality of services as the uppermost.

Future Scenario of the State Population

The technical group on population projections has produced a set population projections for the country and the major states of the country till the year 2026 using 2001 census results. The base population for these projections was taken from the census 2001 age distribution. The migration rates too were assumed based on the rates revealed by the 2001 census. For fertility and mortality, data was taken from the SRS to assess the past trends. The future assumptions for the same were made on the basis of past experiences and programmatic changes that focus towards decline in fertility levels and improvement in the health status of the population.

Statement 1: Estimated Year by which States are expected to reach Replacement Fertility

Year of achievement	State
States already achieved replacement fertility: Source: RGI – SRS estimates available up to 2007	Kerala (1988); Tamil Nadu (1993); Himachal Pradesh (2002); Andhra Pradesh (2004); West Bengal (2005); Punjab (2005); Maharashtra (2006); Karnataka (2006); Himachal Pradesh (2002); Manipur (1999); Sikkim (2004); Tripura(1995); Andaman & Nicobar Island (1994); Daman & Diu (2003); Delhi (1999); Lakshadweep (2005) Goa (before 1990); Mizoram (before 1996); Nagaland (before 2002); Chandigarh (before 1990); Pondicherry (before 1990)
Year for achieving the replacement fertility as assumed in the RGI population projections*	
between Year 2007-16	Gujarat (2012); Haryana (2012); Jharkhand (2018); Orissa (2010);
between Year 2017-25	Assam (2019); Bihar (2021); Chhattisgarh (2022); Madhya Pradesh (2025); Rajasthan (2021); Uttaranchal (2022); India (2021; weighted)
After 2025	Uttar Pradesh (2027)**
Year not specified	Jammu and Kashmir

* **Source: Ministry of Health and Family Welfare, Government of India, Population Projections for India and States 2001-2026, Report of the Technical group on population projections constituted by the national commission on population, May 2006. Census of India**

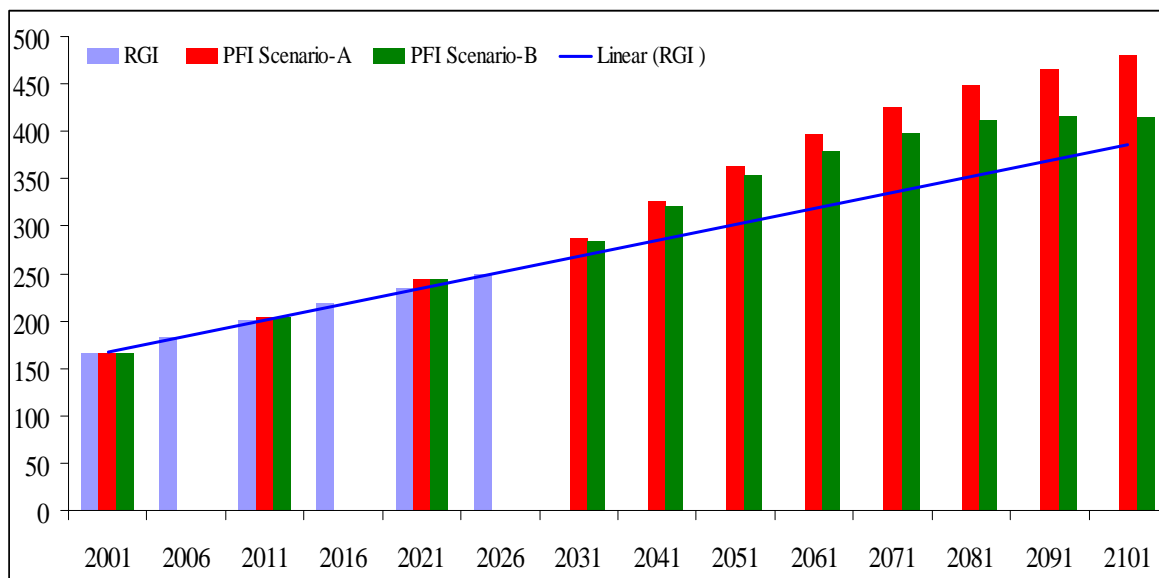
- ** 1. The Uttar Pradesh Population Policy has specified year 2016 for achieving replacement fertility for the state
2. The population projections carried out by the Population Foundation of India for 2001 to 2101 assume 2071-76 as period for achieving replacement fertility for Uttar Pradesh in Scenario-A and 2041-46 in Scenario-B

The statement 1 gives the year in which states in India achieved replacement fertility levels based on the SRS estimates and for the state which have not attained the same so far, the expected year in which they are likely to attain the same. It may be noted that the Uttar Pradesh is expected to achieve replacement fertility only after 2025 and all other states in the country

may achieve the same before Uttar Pradesh. Even the other backward states like Bihar and Rajasthan are expected to achieve the same before Uttar Pradesh.

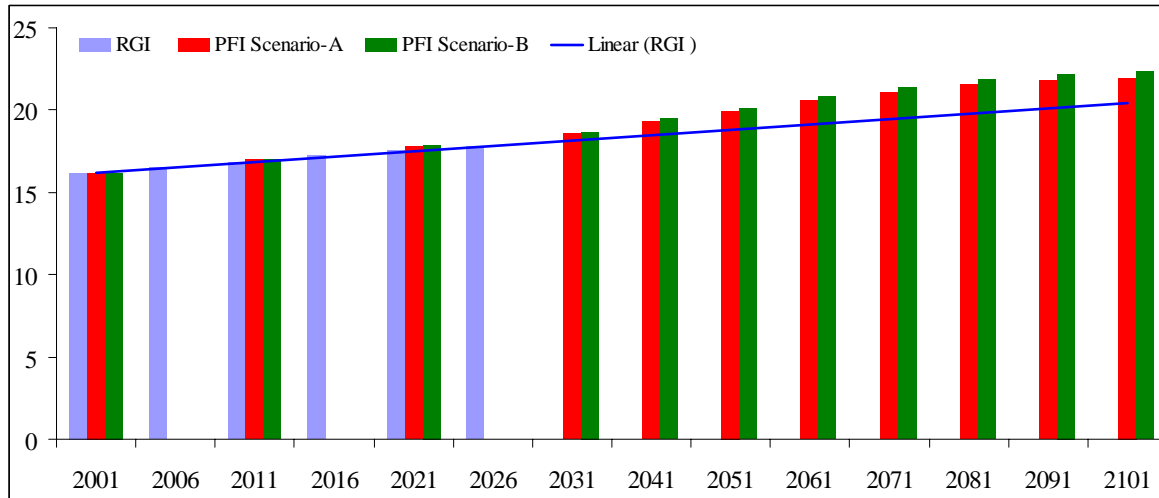
In addition to RGI projection we have also included two alternate projection (Scenario A with high fertility levels and Scenario B with relatively low fertility levels) made by the Population Foundation of India and Population Reference Bureau for next 100 years for all the states in the country. The related information on the same is provided in Tables 14A and 14B and Figures 14 through 18. As per the RGI projections, the population of the state is expected to reach around 201 million by 2011 and around 249 million by 2026. The projected population of the state indicate that the 2001 population is expected to double by 2041 (327 million) and triple (480 million) in 2101 under Scenario A while in Scenario B it is expected to double in 2051 (353 million) (Also see Figure 14 below).

Figure 14: Projected Population for Uttar Pradesh by the RGI and PFI



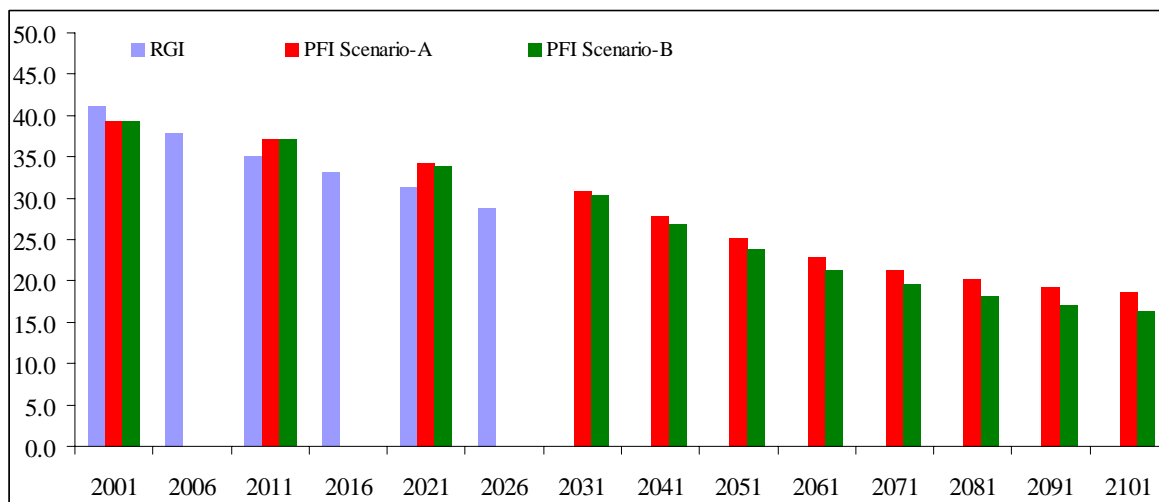
The state population accounts for a little over 16% of India's total population which is likely to go up to close to 18% in 2026 as per the RGI projections (this is quite close to the estimates of PFI under two alternate sets of projections; see Figure 15 above). By the turn of the next century, share of state population in the national population is expected to go about 22% under high fertility assumption and over 22% in the low fertility assumption of the PFI.

Figure 15: Projected Percentage Share of the Population of Uttar Pradesh in the India's Total Population by the RGI and PFI



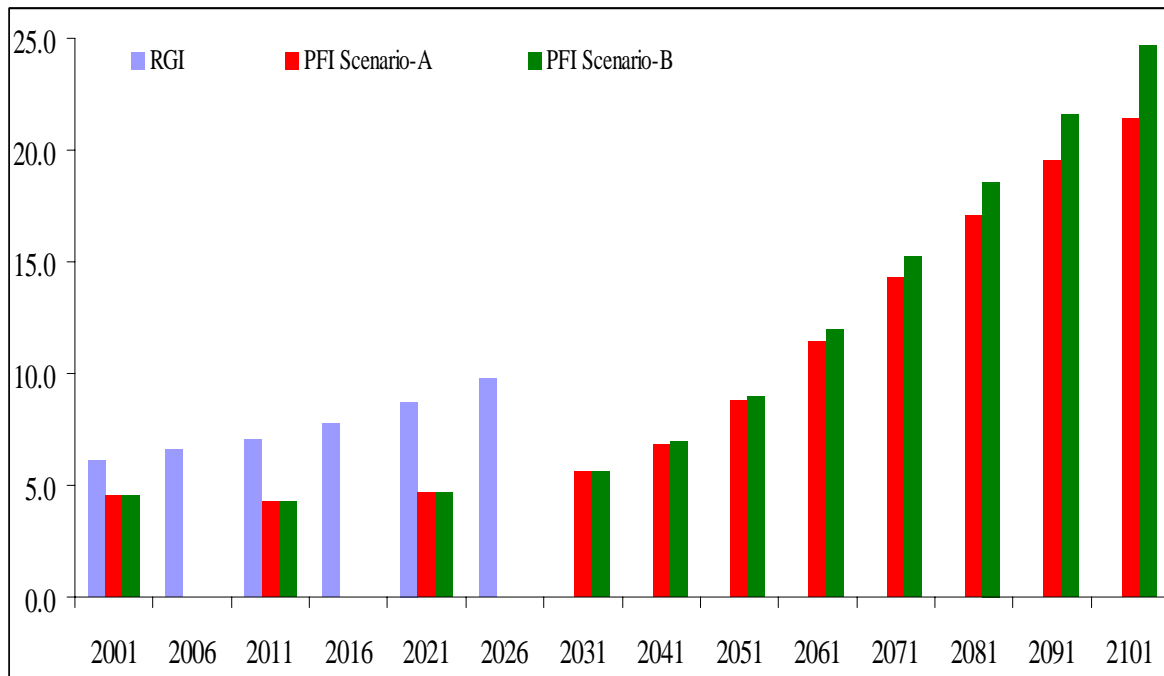
The RGI estimates reveal that the proportion of child population aged below 15 years in the state's total population is expected to go down from present level of over 41% to 35% in 2011 and further to a little over 31% in 2021 and less than 29% in 2016 (see Figure 16). The PFI estimates on the other hand indicate that it will remain over 25% until 2051 and start declining thereafter rapidly reaching to below 19% and about 16% in 2101 under scenario A and B respectively.

Figure 16: Projected Percentage Share of the Population aged 0-14 years of Uttar Pradesh by the RGI and PFI



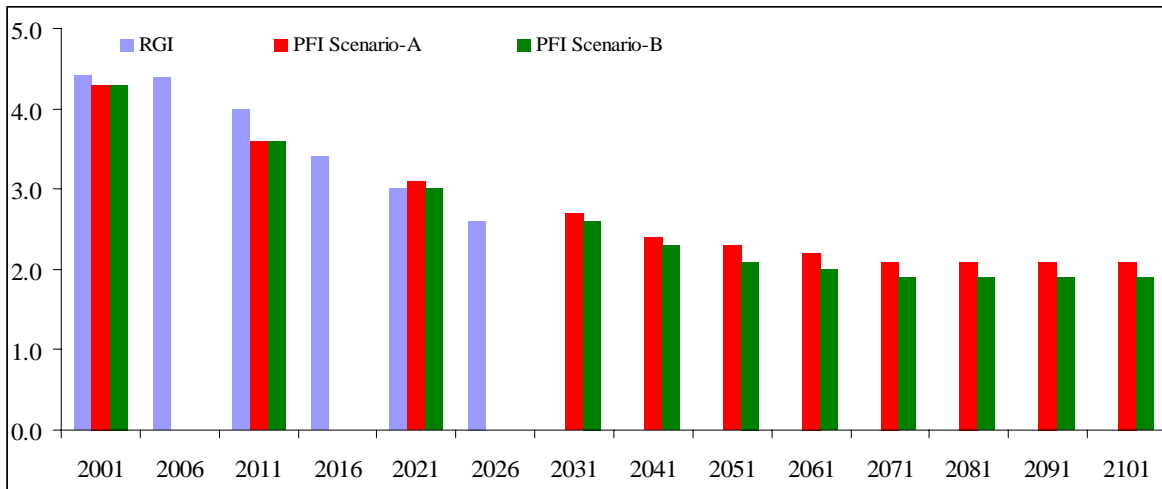
The proportion of elderly population (60+) is expected to undergo only small change until 2016 as per the RGI projection and rise to nearly 10% by 2026 (See Figure 17). In case of PFI projections, the elderly are expected to comprise of about 4-7% of the state population until 2041 and would rise to over 11% after 2061 before reaching to slightly over 21% in scenario A and close to 25% in scenario B by the turn of the next century. The median age of the population is likely to rise from 19.37 in 2001 to 21.86 in 2011 and 26.85 in 2026 as per the RGI projections.

Figure 17: Projected Percentage Share of the Population aged 60 years and above of Uttar Pradesh by the RGI and PFI



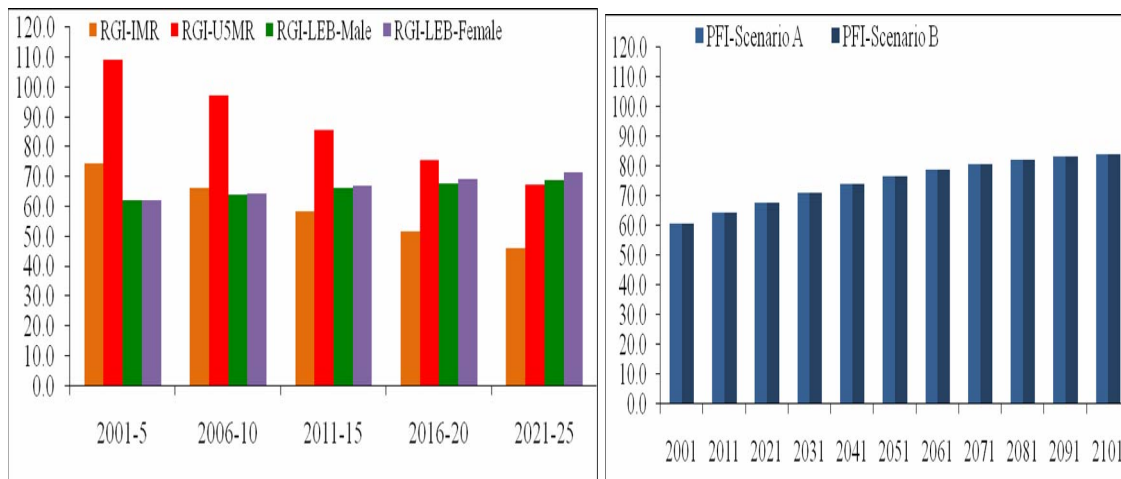
The state total fertility is expected to reach to 4.0 children per woman in 2011, 3.0 in 2021 and 2.6 by the year 2026 as per the RGI estimates. This is far above the expected levels of TFR by PFI of 3.6 in 2011 for both sets of projection. The PFI estimates indicate that it is not possible for the state to achieve replacement fertility level before the mid of the present century under any fertility assumption (see Figure 18).

Figure 18: Projected Total Fertility Rate of Uttar Pradesh by the RGI and PFI



The RGI projections assume that the IMR in the state would decline from over 74 in the beginning of this century to about 46 by 2026 and the Under Five Mortality Rate (U5MR) would reduce to nearly 67.4 from 109 during the same time period (See Figure 19).

Figure 19: Projected Mortality Indicators of Uttar Pradesh by the RGI and PFI



The male and female life expectancy at birth is likely to rise from the present levels of about 62 years to approximately 69 and 71 years, respectively by the end of the projection period. The female Life expectancy becomes higher than the male life expectancy by 2015 or so. On the other hand, the PFI assume that the life expectancy is likely to remain below 68 years until 2021 and would cross 71 years mark around 2031 or so. By the end of the present century, a person in Uttar Pradesh is expected to live about 84 years.

Tables

Table 1: Population size, Percent change in the population, Annual Exponential Population Growth Rate (AEPGR) and Population Density for India and Uttar Pradesh - 1951-2026

Year	Population size		Population change		AEPGR		Population Density	
	India	Uttar P.	India#	Uttar P.	India#	Uttar P. \$	India	Uttar P.\$
1901	238396	48628	-	-			77	165
1911	252093	48155	5.75	-0.97	0.56	-0.10	82	164
1921	251321	46672	-0.31	-3.08	0.03	-0.31	81	159
1931	278977	49780	11.00	6.66	1.04	0.64	90	169
1941	318661	56536	14.22	13.57	1.33	1.27	103	192
1951	361088	63220	13.31	11.82	1.25	1.12	117	215
1961	439235	73755	21.64	16.66	1.96	1.54	142	251
1971	548160	88342	24.80	19.78	2.22	1.80	177*	300
1981	683329	110863	24.66	25.49	2.20	2.27	216 [#]	377
1991	846303	139112	23.85	25.48	2.14	2.27	267 [#]	473
2001	1028737	166053	21.35	19.37	1.93	1.77	324 [#]	689
RGI Projections								
2006	1112186	183282	8.11	10.38	1.56	1.96		
2011	1192506	200764	15.93	20.90	1.39	1.82		
2016	1268961	218088	14.10	18.99	1.24	1.66		
2021	1339741	234631	12.35	16.87	1.09	1.46		
2026	1399838	248763	10.31	14.07	0.88	1.17		

Source:

1. Census of India: (<http://cyberjournalist.org.in/census/cenpop.html>)
2. \$Government of Uttar Pradesh, July 2000. Uttar Pradesh Population Policy. Page 2
3. Ministry of Health and Family Welfare, Government of India, Population Projections for India and States 2001-2026, Report of the Technical group on population projections constituted by the national commission on population, May 2006. Census of India.
4. # Ministry of Health and Family Welfare, Government of India. May 2007. Family Welfare Statistics in India – 2006. P. A-5

Note:

1. The total population for the year 2001 include estimated population of 127,108 for Mao Maram, Paomata and Purul sub-divisions of Senapati district of Manipur. India's population without the estimated population of these areas is 1,028,610,328 (532,156,772 males and 496,453,556 females)
2. * Excluding Jammu & Kashmir.

Table 2: Percentage share of male and female population in 5 year age groups out of the total population of Uttar Pradesh - 1991-2026

Ages	1991		2001		2011		2021		2026	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
0-4	6.53	6.27	7.31	6.79	6.63	5.73	5.69	4.94	4.97	4.32
5-9	6.85	6.39	7.41	6.62	6.19	5.31	5.62	4.85	5.25	4.55
10-14	6.20	5.52	6.97	5.96	5.80	5.35	5.47	4.71	5.23	4.53
15-19	5.14	4.57	5.58	4.65	5.93	5.29	5.12	4.39	5.05	4.35
20-24	4.46	4.32	4.37	3.86	5.49	4.65	4.71	4.32	4.68	3.98
25-29	4.05	4.07	3.67	3.54	4.35	3.59	4.81	4.27	4.33	3.99
30-34	3.61	3.46	3.29	3.25	3.40	3.04	4.47	3.82	4.43	3.97
35-39	3.21	2.89	2.99	2.82	2.85	2.81	3.53	2.97	4.13	3.55
40-44	2.73	2.39	2.59	2.32	2.55	2.58	2.76	2.52	3.26	2.76
45-49	2.30	2.02	2.15	1.88	2.31	2.23	2.30	2.32	2.53	2.33
50-54	1.88	1.65	1.73	1.50	1.97	1.82	2.03	2.11	2.09	2.14
55-59	1.48	1.35	1.40	1.30	1.58	1.43	1.80	1.79	1.82	1.93
60-64	1.24	1.16	1.21	1.15	1.21	1.10	1.47	1.42	1.57	1.61
65-69	0.91	0.85	0.98	0.89	0.91	0.89	1.11	1.06	1.25	1.24
70-74	0.66	0.60	0.78	0.67	0.70	0.71	0.78	0.75	0.90	0.90
75-79	0.25	0.24	0.18	0.07	0.49	0.49	0.51	0.55	0.58	0.61
80+	0.40	0.36	0.10	0.05	0.32	0.29	0.47	0.56	0.52	0.66
Total	51.90	48.10	52.69	47.31	52.70	47.30	52.65	47.35	52.58	47.42

Source:

1. Census of Uttar Pradesh for 1991 and 2001.
2. For the period 2011-2026 from the Ministry of Health and Family Welfare, Government of India, Population Projections for India and States 2001-2026, Report of the Technical group on population projections constituted by the national commission on population, May 2006. Census of India

Table 3A: Overall Sex Ratio and Sex Ratio in the age group 0-6, India and Uttar Pradesh (1901-2001)

Year	Overall Sex Ratio		Sex Ratio: 0-6	
	India#	Uttar Pradesh	India	Uttar Pradesh
1901	972	938	NA	NA
1911	964	916	NA	NA
1921	955	908	NA	NA
1931	950	903	NA	NA
1941	945	907	NA	NA
1951	946	908	NA	NA
1961	941	907	976	NA
1971	930	876	964	NA
1981	934	882	962	NA
1991	927	876	945	927
2001	933	898	927	916

Source: Various publications of the Census of India

Table 3B: Sex Ratio at Birth for India and Uttar Pradesh by place of residence, 1999-2006

Year	India			Uttar Pradesh		
	Total	Rural	Urban	Total	Rural	Urban
1999	898	901	886	868	864	893
2000	894	899	871	870	869	881
2001	892	898	868	864	862	875
2002	883	888	866	853	853	856
2003	882	884	872	859	858	862
2004	880	882	872	862	863	856
2005	892	895	881	874	876	866
2006	901	904	891	881	883	871

Source: Registrar General of India. 2009. Compendium of India's Fertility and Mortality Indicators 1971-2007. Office of the Registrar General of India, New Delhi., pp: 20

Table 4A: Estimated Crude Birth Rate and Total Fertility Rate for India and Uttar Pradesh, 1971-2007

Year	India			Uttar Pradesh		
	Crude Birth Rate					
	Total	Rural	Urban	Total	Rural	Urban
1971	36.9	38.9	30.1	44.9	46.3	34.7
1976	34.4	35.8	28.4	40.0	41.2	32.5
1981	33.9	35.6	27.0	39.6	40.8	31.5
1986	32.6	34.2	27.1	37.5	39.1	30.7
1991	29.5	30.9	24.3	35.7	37.2	29.6
1996	27.5	29.3	21.6	34.0	35.2	28.0
2001#	25.9	27.1	20.3	32.1	33.2	27.0
2006#	23.5	25.2	18.8	30.1	31.0	26.0
2007#	23.1	24.7	18.6	29.5	30.5	25.5
	Total Fertility Rate					
1971	5.2	5.4	4.1	6.6	6.9	4.9
1976	4.7	5.0	3.6	5.9	6.1	4.5
1981	4.5	4.8	3.3	5.8	6.1	4.1
1986	4.2	4.5	3.1	5.4	5.8	4.0
1991	3.6	3.9	2.7	5.1	5.4	3.7
1996	3.4	3.7	2.4	4.9	5.1	3.7
2001#	3.1	3.4	2.3	4.5	4.8	3.9
2006#	2.8	3.1	2.0	4.2	4.4	3.2
2007#	2.7	3.0	2.0	3.9	4.2	3.1

Sources:

1. Registrar General of India. 2009. Compendium of India's Fertility and Mortality Indicators 1971-2007. Office of the Registrar General of India, New Delhi. (pages 3 and 211)
2. Registrar General of India. SRS Statistical Report 2002. Office of the Registrar General of India, New Delhi.

Notes:

1. Estimates of vital rates at the national level up to 1995 do not include Mizoram as the SRS was not operational in Mizoram till 1995.
2. Excludes Nagaland (Rural) due to part-receipt from 1995 to 2003
3. * excludes Jammu & Kashmir due to non-receipt of returns
4. # Rats for Uttar Pradesh are excluding newly created state of Uttarakhand

Table 4B: Age Specific Fertility Rates for India and Uttar Pradesh, 1971-2007

Age group	1971	1981	1991	2001	2007
India – Total					
15-19	100.8	90.4	76.1	48.9	41.1
20-24	250.8	246.9	234.0	215.9	213.9
25-29	254.8	232.1	191.3	177.3	158.3
30-34	202.2	167.7	117.0	98.5	75.2
35-39	137.9	102.5	66.8	49.9	31.7
40-44	62.2	44.0	30.6	21.1	12.3
45-49	24.4	19.6	12.1	7.3	4.1
Uttar Pradesh – Total					
15-19	98.8	91.5	72.2	37.1	33.4
20-24	280.1	277.6	270.9	243.0	269.7
25-29	289.6	281.9	255.0	244.8	234.1
30-34	246.6	230.7	196.9	188.9	137.3
35-39	187.9	159.7	126.9	117.1	72.2
40-44	93.9	74.4	66.9	54.7	32.4
45-49	43.4	40.5	25.0	21.7	10.1
Uttar Pradesh – Rural					
15-19	126.7	97.8	80.6	40.8	37.1
20-24	299.8	294.2	287.0	260.5	290.0
25-29	315.4	291.7	269.5	253.1	240.3
30-34	268.9	239.5	209.0	199.1	143.2
35-39	212.6	168.0	140.0	122.7	79.2
40-44	112.9	78.3	71.3	59.8	35.6
45-49	47.5	43.5	27.0	23.2	12.0
Uttar Pradesh – Urban					
15-19	61.8	53.2	38.4	20.4	18.4
20-24	247.4	193.2	212.2	177.5	197.7
25-29	245.7	231.2	201.4	209.5	211.2
30-34	204.3	175.0	149.8	141.2	114.5
35-39	143.5	104.1	74.6	89.8	45.2
40-44	55.5	47.4	48.6	32.8	20.8
45-49	34.7	21.4	16.0	14.6	4.1

Source

Registrar General of India. 2009. Compendium of India's Fertility and Mortality Indicators 1971-2007. Office of the Registrar General of India, New Delhi.

Table 5A: Estimated Infant Mortality Rate its component for India and Uttar Pradesh, 1972-2007.

Year	India			Uttar Pradesh			Uttar Pradesh	
	Total	Rural	Urban	Total	Rural	Urban	Male	Female
1972	139	150	85	202	213	120	NA	NA
1976	129	139	80	178	189	121	NA	NA
1981	110	110	62	150	157	97	142\$	152\$
1986	96	105	62	132	140	88	131	133
1991	80	87	53	97	102	74	95	100
1996	72	77	46	85	88	67	80	90
2001#	66	72	42	83	86	62	82	84
2006#	57	62	39	71	75	53	70	73
2007#	55	61	37	69	72	51	67	70
Year	Uttar Pradesh - NMR			Uttar Pradesh - PNMR				
	Total	Rural	Urban	Total	Rural	Urban		
1972	94.5	100.4	54.6	100.7	112.6	65.4		
1981	96.2	101.2	55.5	54.2	55.7	41.3		
1991	64.3	67.1	48.5	33.0	34.4	25.2		
2001#	47.4	49.5	34.8	35.4	36.8	27.6		
2007#	47.5	50.8	31.1	21.3	21.6	19.8		
Year	Uttar Pradesh – Peri-natal MR			Uttar Pradesh – Still Birth Rate				
	Total	Rural	Urban	Total	Rural	Urban		
1972	70.8	73.9	49.5	14.2	14.2	13.7		
1981	69.9	73.6	38.6	12.6	13.5	4.4		
1991	50.0	52.0	38.6	8.5	8.9	5.9		
2001#	36.8	39.2	22.3	6.5	7.1	3.4		
2007#	45.3	49.5	23.9	9.3	10.3	4.2		

Source:

1. Registrar General of India. 2009. Compendium of India's Fertility and Mortality Indicators 1971-2007. Office of the Registrar General of India, New Delhi. (pages 3 and 211)
2. Registrar General of India. SRS Statistical Report 2002. Office of the Registrar General of India, New Delhi.

Notes:

In case of Uttar Pradesh, rates are excluding newly created state of Uttarakhand
 \$ refers to 1982; IMR by sex s taken from Compendium page 221

Table 5B: Estimates of Life Expectancy at Birth, 1970-75 to 2002-06

Year	India			Uttar Pradesh		
	Person	Male	Female	Person	Male	Female
1970-75	49.7	50.5	49.0	43.0	45.4	40.5
1976-80	52.3	52.5	52.1	46.2	48.5	43.8
1981-85	55.5	55.4	55.7	50.0	51.4	48.5
1986-90	57.7	57.7	58.1	53.4	54.2	52.5
1991-95	60.3	59.7	60.9	56.8	57.3	56.0
1996-00	61.9	61	62.7	58.6	59.1	57.9
2001-05*	63.2	62.3	63.9	59.8	60.1	59.3
2002-06*	63.5	62.6	64.2	60.0	60.3	59.5
Year	Uttar Pradesh - Rural			Uttar Pradesh - Urban		
	Person	Male	Female	Person	Male	Female
1970-75	42.0	44.6	39.2	51.5	52.6	50.4
1976-80	45.2	47.6	42.6	54.9	55.7	54.3
1981-85	48.7	50.2	46.9	57.8	58.3	57.6
1986-90	52.4	53.5	51.1	58.6	57.6	60.3
1991-95	56.0	56.7	55.1	61.2	60.5	62.1
1996-00	57.7	58.6	57.1	62.7	62.0	63.3
2001-05*	59.0	59.5	58.3	63.8	63.0	64.4
2002-06*	59.2	59.7	58.5	64.0	63.2	64.6

Source and Notes: Same as Table 5A

Table 6: Fertility and Mortality by selected characteristics – Uttar Pradesh, 2005-6

	TFR	IMR	NMR	PNMR
Education				
No education	4.61	88.0	58.5	29.5
Less than 5 years complete	3.34	78.8	49.7	29.1
5-9 years complete	3.33			
10 or more years complete	2.36	54.8	38.3	16.5
Religion				
Hindu	3.73	85.2	57.2	28.0
Muslim	4.33	76.5	46.9	29.7
Caste				
Scheduled Caste	4.46	90.7	60.2	30.5
Scheduled Tribe	(5.34)	-	-	-
Other backward castes	3.83	84.1	58.9	25.2
Other caste	3.23	71.4	38.1	33.3
Wealth Quintile				
Lowest	4.94	94.2	65.3	28.9
Second	4.27	84.8	54.7	30.1
Middle	3.88	89.7	57.0	32.7
Fourth	3.10	67.7	43.0	24.7
Highest	2.32	51.3	35.2	16.2

Source: International Institute for Population Sciences (IIPS) and Macro International. 2008.
National Family Health Survey (NFHS 3), India, 2005-06: Uttar Pradesh; IIPS.

Table 7A: Percentage share of Urban Population in the Total Population and Literacy Rate

Year	% of Urban Pop in the total population		Literacy Rate	
	India	Uttar Pradesh	India	Uttar Pradesh
1901	10.85	11.20	0.69	NA
1911	10.29	10.26	1.05	NA
1921	11.18	10.61	1.85	NA
1931	11.99	11.28	1.87	NA
1941	13.86	12.52	2.93	NA
1951	17.29	13.65	8.86	12.0
1961	17.97	12.81	15.35	20.9
1971	19.91	13.90	21.98	24.0
1981	23.33	17.83	29.76	32.6
1991	25.70	19.68	39.29	40.7
2001	27.82	20.78	54.16	57.4

Source: <http://www.mapsofindia.com/india-demographics>

Note: Literacy rates for 1951, 1961 and 1971 relate to population aged 5 years and above and for the years 1981 to 2001 relate to the population aged 7 years and above.

Table 7B: Literacy Rate by Sex for Uttar Pradesh, 1951-2001

Year	Male	Female
1951	19.2	4.1
1961	32.1	8.4
1971	35.0	11.2
1981	46.7	16.7
1991	54.8	24.4
2001	70.2	43.0

Sources:

Sex ratio and population density for India (<http://cbhidghs.nic.in/hia2005/>)

UP sex ratio data: <http://www.authorstream.com/Presentation/beerdahiya-460304-sex-ratio-in-india-trends>

Literacy rate for India (female) <http://www.mapsofindia.com/india-demographics>

Female literacy rate (UP): <http://upgov.nic.in/upinfo/census01/cen01-4.htm>

Notes:

* While working out the density of India, Jammu & Kashmir has been excluded as comparable figures of area and population are not available for that State.

The density has been worked out on comparable data.

Literacy rates for 1951, 1961 and 1971 relate to population aged five years and above.

The rates for the years 1981 to 2001 relate to the population aged seven years and above.

Table 7C: Female Work Participation Rate, India and Uttar Pradesh, 1951-2001

Year	India			Uttar Pradesh		
	Total	Rural	Urban	Total	Rural	Urban
1951	23.4	25.0	14.7	NA	NA	NA
1961	28.0	31.4	11.1	18.1	19.9	5.3
1971	14.2	15.9	7.2	NA	NA	NA
1981	19.7	23.1	8.3	8.1	9.0	3.5
1991	22.7	27.2	9.7	12.4	14.2	4.8
2001	25.6	30.9	11.5	16.3	18.9	6.2

Source:

<http://www.education.nic.in/cd50years/s/3N/EP/3NEP0301.htm>

<http://www.roiw.org/1996/107.pd>

Table 8: Singulate Mean Age at Marriage, Uttar Pradesh

Indicator	Male	Female	Difference
SMAM			
1961	19.4	14.5	4.9
1971	19.8	15.5	4.3
1981	21.3	16.7	4.6
1991a	21.4	17.5	3.9
1992-3	23.0	18.6	4.4
1998-9	21.7	17.7	4.0
2001	21.6	18.4	3.2
2007-8	23.2	19.4	3.8
Proportion Married below Ages 18 (for female) and 21 (for male)			
1992-3	NA	67.0	-
1998-9	53.3	49.8	3.5
2007-8	43.2	32.9	10.3

Source:

For SMAM: 1961, 1971, 1981, 1991 and 2001 from census, 1992-3 from NFHS and 1998-9 and 2007-8 from respective DLHS

For % married before legal minimum age at marriage: for 1992-3 from NFHS and 1998-9 and 2007-8 from respective DLHS

Table 9: Contraceptive Prevalence Rate for India and Uttar Pradesh by place of residence, 1992-3 to 2007-8

Year	India				Uttar Pradesh			
	All methods	Sterilization	Modern Spacing methods	Traditional methods	All methods	Sterilization	Modern Spacing methods	Traditional methods
Combined								
1992-93	40.7	30.9	5.6	4.3	19.8	13.1	5.4	1.3
1998-99	48.2	36.1	6.7	5.4	28.1	15.6	6.4	6.1
2005-06	56.3	38.3	10.2	7.8	43.6	17.5	11.8	14.3
2007-08	54.8	36.9	11.3	6.4	38.4	17.7	9.5	11.1
Urban								
1992-93	51.1	33.6	11.7	5.8	32.0	15.8	13.7	2.4
1998-99	58.2	37.8	13.4	6.7	44.8	17.5	19.0	7.3
2005-06	64.0	38.9	17.0	8.1	56.3	19.2	23.2	13.9
2007-08	60.8	37.1	16.5	6.8	46.3	16.2	16.8	10.7
Rural								
1992-93	37.1	29.8	3.4	3.8	16.7	12.4	3.4	1.0
1998-99	44.7	35.4	4.5	4.4	23.9	14.7	3.7	5.3
2005-06	53.0	38.1	7.2	7.6	39.7	16.9	8.5	14.4
2007-08	52.0	36.8	8.6	6.8	36.7	17.9	7.4	11.1

Source:

1. International Institute for Population Sciences (IIPS) and ORC Macro. 1995, National Family Health Survey (NFHS-1), 1992-93: India. Mumbai: IIPS.
2. International Institute for Population Sciences (IIPS) and ORC Macro. 2000, National Family Health Survey (NFHS-2), 1998-99: India. Mumbai: IIPS.
3. International Institute for Population Sciences (IIPS) and ORC Macro. 2007, National Family Health Survey (NFHS-3), 2005-06: India. Mumbai: IIPS.
4. International Institute for Population Sciences (IIPS). 2010, District Level Household and Facility Survey (DLHS-3), 2007-08: India. Mumbai: IIPS.

Table 10: Unmet need for family planning for India and Uttar Pradesh by place of residence, 1992-3 to 2007-8

Year	India			Uttar Pradesh		
	Total	Limiting	Spacing	Total	Limiting	Spacing
Combined						
1992-3	19.5	8.5	11.0	30.1	13.4	16.7
1998-9	15.8	7.5	8.3	25.1	13.4	11.8
2005-6	12.8	6.6	6.2	21.2	12.1	9.1
2007-8	20.5	13.3	7.2	32.4	21.8	10.6
Rural						
1992-3	20.3	8.5	11.9	31.0	17.7	13.3
1998-9	16.7	7.8	8.9	26.5	13.8	12.7
2005-6	14.1	7.2	6.9	23.1	13.0	10.1
2007-8	21.8	13.8	8.0	33.6	22.2	11.4
Urban						
1992-3	17.1	8.9	8.6	26.5	12.5	14.0
1998-9	13.4	6.7	6.7	19.6	11.7	7.9
2005-6	9.7	5.2	4.5	15.1	9.3	5.8
2007-8	17.5	12.0	5.5	27.2	20.0	7.2

Sources: 1. Same as table 9

- a. From D Radha Devi, S R Rastogi and Robert D Retherford, May 1996. Unmet need for family planning in Uttar Pradesh, National Family Health Survey Subject Report No. 1, IIPS, Mumbai and Ease-West Centre Program on Population, Honolulu.

Table 11: Maternal Health Care Indicators by selected characteristics – Uttar Pradesh, 2005-6

Pregnancy care	% who had 3 or more ANC visits	% who had ANC visit in 1st trimester	% who had 2 or more TT Injections	% who took IFA for at least 90 days
Residence				
Urban	42.1	41.7	77.6	16.4
Rural	22.5	21.4	61.1	6.8
Education				
No education	17.2	17.8	53.7	4.0
Less than 5 years complete	25.7	17.4	72.7	4.2
5-9 years complete	33.1	32.6	79.0	13.6
10 or more years complete	64.0	56.2	94.1	26.8
Religion				
Hindu	27.0	25.9	65.8	9.3
Muslim	23.7	23.5	58.8	6.8
Caste				
Scheduled Caste	19.2	19.4	58.0	4.9
Scheduled Tribe	(6.7)	(11.4)	(22.7)	(4.6)
Other backward castes	25.7	25.2	65.5	7.9
Other caste	37.5	34.1	71.5	15.3
Wealth Quintile				
Lowest	13.8	15.0	48.2	4.5
Second	18.8	18.1	59.2	4.6
Middle	25.0	25.9	67.0	6.5
Fourth	39.7	34.8	80.4	12.3
Highest	62.3	57.7	92.8	28.8
All	26.6	25.7	64.5	8.8
Natal and Post natal care	% delivered in health institution	% deliveries assisted by health pers.	% who had postnatal check up after deliv.	% with post natal check up within 2days of deliv.
Residence				
Urban	39.5	49.8	36.0	33.9
Rural	15.8	21.5	9.3	7.9
Education				
No education	12.7	17.6	8.1	6.8
Less than 5 years complete	16.7	22.2	11.8	11.0
5-9 years complete	25.8	37.0	17.0	15.1
10 or more years complete	57.6	67.0	46.5	43.5
Religion				
Hindu	20.8	27.7	14.1	12.5
Muslim	18.8	24.3	17.0	15.5
Caste				
Scheduled Caste	15.0	20.4	10.8	9.3
Scheduled Tribe	1.5	4.4	(2.3)	(2.3)
Other backward castes	19.1	25.4	11.5	9.9
Other caste	31.4	40.3	27.3	25.5
Wealth Quintile				
Lowest	8.5	12.0	4.0	3.2
Second	13.2	17.7	9.0	7.0
Middle	18.4	26.0	11.8	10.3
Fourth	31.8	44.0	20.5	18.8
Highest	62.5	73.4	53.9	51.1
All	20.6	27.2	14.9	13.3

Source: International Institute for Population Sciences (IIPS) and Macro International. 2008. National Family Health Survey (NFHS 3), India, 2005-06: Uttar Pradesh; IIPS. () based on 25-49 cases

Table 12: Child Health Care Indicators by selected characteristics – Uttar Pradesh, 2005-6

Indicator	% who had got BCG	% children fully immunized	% children with diarrhea taken to health provider	% with diarrhea who were any ORT or increased fluid
Sex				
Male	63.3	24.9	60.9	28.2
Female	58.2	20.7	54.9	23.5
Residence				
Urban	66.6	33.0	63.2	29.4
Rural	59.6	20.5	57.1	25.4
Education				
No education	50.7	13.7	58.6	24.9
Less than 5 years complete	(74.8)	(30.8)	*	*
5-9 years complete	75.8	34.0	57.8	20.7
10 or more years complete	88.2	52.6	51.1	41.7
Religion				
Hindu	63.6	24.9	55.4	25.7
Muslim	50.5	14.8	65.5	26.9
Caste				
Scheduled Caste	55.4	15.9	56.2	19.8
Scheduled Tribe	-	-	*	*
Other backward castes	62.1	23.6	58.3	26.7
Other caste	66.2	30.0	59.7	31.0
Wealth Quintile				
Lowest	50.8	13.3	55.8	21.6
Second	56.6	16.9	57.1	29.5
Middle	60.2	25.3	62.0	22.9
Fourth	72.6	29.4	52.9	30.5
Highest	86.5	52.0	71.3	33.3
All	61.0	23.0	58.3	26.2

Table 12: Child Health Care Indicators by selected characteristics – Uttar Pradesh, 2005-6 contd.....

	% breastfed within one hour after birth	% given pre-lacteal feeding	% children moderate anemic	% children severely anemic
Sex				
Male	7.2	85.3	44.9	3.4
Female	7.5	86.7	45.1	3.8
Residence				
Urban	9.0	82.2	40.9	6.1
Rural	6.9	87.0	45.9	3.0
Education				
No education	5.3	89.6	47.4	3.5
Less than 5 years complete	7.9	81.7	50.0	4.3
5-9 years complete	8.7	83.2	42.1	4.2
10 or more years complete	15.1	73.3	37.2	2.9
Religion				
Hindu	7.4	86.2	44.3	3.4
Muslim	6.9	86.0	48.3	4.4
Caste				
Scheduled Caste	6.0	87.6	44.9	4.1
Scheduled Tribe	(2.4)	(90.6)	(46.8)	(4.3)
Other backward castes	6.7	87.8	45.0	3.3
Other caste	10.3	80.1	45.1	3.5
Wealth Quintile				
Lowest	6.1	88.9	47.9	2.5
Second	5.1	89.3	45.1	3.7
Middle	6.5	86.0	46.9	4.6
Fourth	9.8	82.0	42.2	3.1
Highest	13.8	76.2	36.6	4.9
All	7.3	86.0	55.5	5.0

Source: International Institute for Population Sciences (IIPS) and Macro International. 2008. National Family Health Survey (NFHS 3), India, 2005-06: Uttar Pradesh; IIPS.

() based on 25-49 cases;

* Number of unweighted observations in the cell less than 25

Table 13A: Number of health facilities functioning at the end of the Five Years Plans

Facility	6 th Plan (1981-85)	7 th Plan (1985-90)	8 th Plan (1992-97)	9 th Plan (1997-02)	10 th Plan (2002-07)	11 th Plan (2007-12)
Sub Center	15653	20153	20153	20153	20521	20521
PHC	1169	3000	3761	3808	3660	3690
CHC	74	177	262	310	386	515

Source: Rural Health Statistics in India 2009, Statistics Division, Ministry of Health and Family Welfare, Government of India, July 2010

Table 13B: Health Facilities Required, in Position and Shortfall in Uttar Pradesh, 2009

Health Infrastructure	Required	In Position (functioning)	Shortfall	
			Number	Percentage
Sub-centre	26344	20521	5823	22.1
Primary Health Centre	4390	3690	700	15.9
Community Health Centre	1097	515	582	53.1
Health Worker (Female)/ANM at Sub-centre and PHCs	23570	21024	2546	10.8
Health Worker (Male)/MPW(M) at Sub-centre and PHCs	20521	2097	18424	89.8
Health Assistants(Female)/LHV	3690	3509	181	4.9
Health Assistants(Male)	3690	4294	-	-
Doctor at PHCs	3690	2001	1689	45.8
Surgeons at CHCs	515	166	349	67.8
Obstetricians & Gynecologists at CHCs	515	131	384	74.6
Physicians at CHCs	515	186	329	63.9
Pediatricians at CHCs	515	135	380	73.8
Total Specialists (Surgeons, Obstetricians & Gynecologists, Physicians & Pediatricians) at CHCs	2060	618	1442	70.0
Radiographers at CHCs	515	133	382	74.2
Pharmacist at PHCs and CHCs	4205	1954	2251	53.5
Laboratory Technicians at PHCs & CHCs	4205	1085	3120	74.2
Nurse Midwife at PHCs and CHCs	7295	3340	3955	54.2

Source: Same as 13A

Table 14A: Selected Indicators for the projected population of Uttar Pradesh as projected by the RGI

Population Indicators	2001	2006	2011	2016	2021	2026
Total Population ('000)	166,198	183,282	200,764	218,088	234,631	248,763
% of India's total population	16.16	16.48	16.84	17.19	17.51	17.77
% share of urban population	20.8	21.4	22.0	22.6	23.2	23.8
Overall Sex Ratio	898	898	898	898	899	902
Population Density (Sq. Km.)	690	761	833	905	974	1033
Sex Ratio at Birth	115	115	115	115	115	115
Net migration rate - Male	-0.25	-0.25	-0.25	-0.25	-0.25	-0.25
Net migration rate - Female	-0.16	-0.16	-0.16	-0.16	-0.16	-0.16
% 0-14 population	41.1	37.9	35.0	33.1	31.3	28.8
% 15-59 population	52.9	55.5	57.9	57.9	59.2	60.0
61.3% 60 and above population	6.1	6.6	7.1	7.8	8.7	9.8
Median age of the population	19.37	20.35	21.86	23.44	25.10	26.85
Over all dependency ratio	891	803	727	690	665	630
Young dependency ratio (0-14)	776	683	605	559	521	470
Old dependency ratio (60+)	115	120	122	131	144	160
Demographic Indicators		2001-5	2006-10	2011-15	2016-20	2021-25
POPULATION GROWTH RATE		2.0	1.8	1.7	1.5	1.2
Crude Birth rate (CBR)		30.2	28.4	26.1	23.8	20.5
Crude death rate (CDR)		8.6	8.2	7.6	7.1	6.8
Infant mortality rate (IMR)		74.3	66.2	58.2	51.5	46.0
Under 5 mortality rate (q ₅)		109.0	97.2	85.4	75.6	67.4
Total fertility rate (TFR)		4.4	4.0	3.4	3.0	2.6
Life expectancy – Male		62.0	64.0	66.0	67.5	68.7
Life expectancy - Female		61.9	64.4	66.9	69.2	71.2

Source: Ministry of Health and Family Welfare, Government of India, Population Projections for India and States 2001-2026, Report of the Technical group on population projections constituted by the national commission on population, May 2006. Census of India

Table 14B: Selected Indicators for the projected population of Uttar Pradesh as projected by the Population Foundation of India

Year	Total Population in '000	Indices of growth (2001=100)	% in India's total population	TFR	LEB (P)	% share in total state population	
						%0-14	%65+
Scenario – A							
2001	166197	100	16.16	4.3	60.5	39.3	4.5
2011	203990	123	16.95	3.6	64.2	37.1	4.3
2021	245039	147	17.75	3.1	67.7	34.2	4.7
2031	286875	173	18.55	2.7	71.0	30.9	5.6
2041	326952	197	19.29	2.4	74.0	27.8	6.8
2051	363862	219	19.95	2.3	76.6	25.1	8.8
2061	397156	239	20.57	2.2	78.8	23.0	11.4
2071	425969	256	21.10	2.1	80.7	21.4	14.3
2081	449257	270	21.52	2.1	82.2	20.2	17.1
2091	466994	281	21.81	2.1	83.4	19.3	19.5
2101	479532	289	21.99	2.1	83.9	18.7	21.4
Scenario – B							
2001	166197	100	16.16	4.3	60.5	39.3	4.5
2011	203852	123	16.97	3.6	64.2	37.1	4.3
2021	244227	147	17.83	3.0	67.7	33.9	4.7
2031	284240	171	18.67	2.6	71.0	30.4	5.6
2041	320940	193	19.44	2.3	74.0	26.9	7.0
2051	352913	212	20.15	2.1	76.6	23.9	9.0
2061	379052	228	20.81	2.0	78.8	21.4	12.0
2071	398764	240	21.39	1.9	80.7	19.6	15.2
2081	411122	247	21.85	1.9	82.2	18.2	18.6
2091	415939	250	22.17	1.9	83.4	17.1	21.6
2101	414371	249	22.36	1.9	83.9	16.4	24.7

Source: Population Foundation of India and Population Reference Bureau, August 2007, The Future Population of India A Long-range Demographic View.

Appendices

Appendix - 1

Details of the Districts under different Administrative Divisions

Agra division Agra Firozabad Mainpuri Mathura	Aligarh division Aligarh Etah Mahamayanagar Kanshiram Nagar	Allahabad division Etawah Farrukhabad Kanpur Fatehpur Allahabad	Azamgarh division Azamgarh Ballia Mau
Bareilly division Bareilly Badaun Pilibhit Shahjahanpur	Basti Division Basti, Sidhartha Nagar Sant Kabir Nagar	Chitrakoot Division Banda, Chitrakoot, Hamirpur Mahoba	Devipatan division: Gonda, Bahraich Shrivasti Balarampur
Faizabad division: Faizabad Ambedkar Nagar Barabanki Sultanpur	Gorakhpur division Gorakhpur Kushinagar Deorria Maharajganj	Jhansi Division Jhansi Jalaun Lalitpur	Kanpur division Kanpur Akbarpur(Kanpur Dehat), Etawah Farukhabad Kannauj Auraiya
Lucknow division Lucknow Hardoi Lakhimpur Kheri Raebareli Sitapur Unnao	Meerut division Meerut Bulandshahar Gutam Buddha Nagar Ghaziabad Bagpat	Mirzapur division Mirzapur Sant Ravidas Nagar Sonbhadra	Moradabad division Moradabad Bijnor Rampur Jyotiba Rao Phule Nagar
Saharanpur division Saharanpur Muzaffarnagar	Varanasi division Varanasi Chandauli Ghazipur Jaunpur		

Source: http://en.wikipedia.org/wiki/Uttar_Pradesh#cite_note-26 accessed on September 14, 2010

Appendix – 2

Recommended Manpower Under Indian Public Health Standard (IPHS)

Personnel	Existing	Recommended
Sub Centre		
Health Worker (female)	1	1
Health Worker (Male)	1	1 (appointed & funded by state govt.)
Voluntary worker to keep the Sub Centre clean and assist ANM. The workers is paid INR 100 per month	1 (Optional)	1 (Optional)
Primary Health Centre (PHC)		
Medical Officer	1	3 – at least one female
AYUSH Practitioner	Nil	1 (Local AYUSH or ISM System)
Account Manager	Nil	1
Pharmacist	1	2
Nurse Midwife (Staff Nurse)	1	5
Health Worker (Female)	1	1
Health Educator	1	1
Health Assistant (Male and Female)	2	2
Clerks	2	2
Laboratory Technician	1	2
Driver	1	Optional-vehicle may be outsourced
Class IV	4	4
Community Health Centre (CHC)		
A: Clinical Manpower		
Block Health Officer		-
General Surgeon		1
Physician		1
Obstetrician / Gynecologist		1
Pediatrics		1
Anesthetist		1
Public Health Manager		1
Eye Surgeon		1
Dental Surgeon		1
General Duty Medical Officer		6
Specialist of AYUSH		1
General Duty Medical Officer of AYUSH		1

Appendix – 2

Recommended Manpower Under Indian Public Health Standard (IPHS) contd...

Personnel	Existing	Recommended
B: Support Manpower		
Staff Nurse		19
Public Health Nurse		1
Auxiliary Nurse Midwife (ANM)		1
Pharmacist / Compounder		3
Pharmacist – AYUSH		1
Laboratory Technician		3
Radiographer		2
Ophthalmic Assistant		1
Dresser		2
Ward boys / Nursing orderly		5
Sweeper		5
<i>Chowkidar</i> (Watchman)		5
<i>Dhobi</i> (Washer man)		1
<i>Mali</i> (Gardner)		1
<i>Aya</i> (Lady Cleaner)		5
Peon		2
OPD Attendant		1
Registration Clerk		2
Statistical Assistant / Data entry operator		2
Accountant / Admin. Assistant		1
Operation Theatre Technician		1

Appendix – 3

Future Visualized / Projected Scenario: Objective of Uttar Pradesh Population Policy

A: Fertility, Mortality and FP

Year	TFR	CBR	CDR	IMR	MMR	CPR
2001	4.00	28.2	11.2	79.7	611	26.2
2002	3.95	27.9	11.0	78.4	587	26.9
2003	3.90	27.6	10.9	77.1	563	27.5
2004	3.80	27.1	10.7	75.9	539	29.1
2005	3.66	26.4	10.5	74.6	515	31.2
2006	3.50	25.8	10.3	73.3	491	33.5
2007	3.32	24.9	10.2	72.1	466	36.2
2008	3.14	24.1	10.0	70.8	442	38.8
2009	2.94	23.2	9.8	69.7	418	41.7
2010	2.76	22.4	9.7	68.3	394	44.2
2011	2.60	21.6	9.5	67.0	370	46.3
2012	2.46	20.9	9.4	65.8	346	48.1
2013	2.34	20.3	9.3	64.5	322	49.6
2014	2.24	19.7	9.2	63.3	298	50.7
2015	2.16	19.2	9.1	62.1	274	51.6
2016	2.10	18.8	9.0	60.8	250	52.1

B: RCH Indicators (page 12)

Year	Any ANC coverage	Institutional Deliveries	Deliveries by trained personnel	Immunization of children	Uses of ORS	Mild & moderate anemia	
						Children	Mothers
2001	55.3	25.0	34.2	54.0	47.4	56	40
2002	57.6	27.0	37.3	57.0	50.2	53	39
2003	59.9	29.0	40.3	60.1	53.1	51	37
2004	62.2	31.0	43.4	63.2	55.9	48	35
2005	64.5	33.0	46.4	66.2	58.7	46	34
2006	66.9	35.0	49.5	69.3	61.6	44	32
2007	69.2	37.0	52.5	72.4	64.4	41	30
2008	71.5	39.0	55.6	75.5	67.3	39	29
2009	73.8	41.0	58.6	78.5	70.1	37	27
2010	76.1	43.0	61.7	81.6	72.9	34	25
2011	78.4	45.0	64.7	84.7	75.8	32	23
2012	80.8	47.0	67.8	87.7	78.6	29	22
2013	83.1	49.0	70.8	90.8	81.5	25	20
2014	85.4	51.0	73.9	93.9	84.3	22	18
2015	87.7	53.0	76.1	96.9	87.2	21	17
2016	90.0	55.0	80.0	100.0	90.0	20	15

Appendix – 3 contd...

C: RCH Indicators (page 12)

Year	Contraceptive Prevalence Rate (%)			Couples to be provided with contraception (millions)		
	Limiting	Spacing	Total	Limiting	Spacing	Total
2001	18.5	7.7	26.2	0.58	2.20	2.78
2002	19.0	7.9	26.9	0.64	2.37	3.00
2003	19.4	8.1	27.5	0.80	2.54	3.33
2004	20.5	8.6	29.1	0.98	2.79	3.77
2005	22.0	9.2	31.2	1.07	3.08	4.15
2006	23.6	9.9	33.5	1.22	3.39	4.61
2007	25.5	10.7	36.2	1.30	3.77	5.07
2008	27.3	11.5	38.8	1.30	4.14	5.44
2009	29.3	12.4	41.7	1.33	4.51	5.83
2010	31.0	13.1	44.2	1.21	4.84	6.05
2011	32.5	13.8	46.3	1.14	5.14	6.28
2012	33.8	14.3	48.1	1.08	5.41	6.49
2013	34.8	14.8	49.6	1.10	5.64	6.75
2014	35.6	15.1	50.7	0.96	5.86	6.82
2015	36.2	15.4	51.6	0.87	6.04	6.92
2016	36.5	15.6	52.1	0.89	6.17	7.06

Appendix - 4
Selected Indicators at the District Level, Uttar Pradesh (2001)

District	Population	% decadal change	Sex Ratio	Sex Ratio (0-6)	Literacy Rates	% Urban	WPR	TFR	IMR
Saharanpur	2848152	23.35	868	894	62.61	26.15	28.17	3.4	60.9
Muzaffarnagar	3541952	24.61	872	857	61.68	25.52	33.24	3.7	48.6
Bijnor	3130586	27.16	896	902	59.37	24.33	28.31	3.8	85.5
Moradabad	3749630	26.45	885	911	45.74	31.03	31.36	3.6	91.3
Rampur	1922450	27.98	882	922	38.95	24.97	28.35	3.9	69.2
Jyotiba Phulenagar	1499193	29.72	885	914	50.21	24.64	31.89	3.6	60.7
Meerut	3001636	24.16	871	854	65.96	48.54	29.93	3.5	68.1
Baghpat	1164388	13.00	848	847	65.65	19.72	33.03	3.0	59.3
Ghaziabad	3289540	47.47	860	851	70.89	55.20	28.59	2.6	71.8
Gautam Buddha Nagar	1191263	35.70	842	855	69.78	36.79	32.78	3.1	47.2
Bulandsahar	2923290	22.22	881	868	60.19	23.05	40.37	3.0	68.5
Aligarh	2990388	22.08	861	886	59.70	28.87	30.66	3.9	73.5
Hathras	1333372	18.32	856	881	63.38	19.88	29.30	3.5	85.2
Mathura	2069578	26.95	841	872	62.21	28.14	37.28	3.9	82.3
Agra	3611301	31.27	852	849	64.97	43.12	27.14	3.9	56.2
Firozabad	2045737	33.44	851	923	66.53	30.36	28.06	4.5	52.0
Etah	2788270	24.20	847	891	56.15	17.34	28.79	4.4	133.5
Mainpuri	1592875	21.50	855	883	66.51	14.45	27.61	3.4	73.1
Budaun	3069245	25.36	841	887	38.83	18.16	30.04	4.6	100.0
Bareilly	3598701	26.96	872	889	47.99	32.59	30.21	4.8	93.0
Pilibhit	1643788	28.11	876	939	50.87	17.89	28.09	4.0	66.7
Shahjahanpur	2549458	28.28	838	866	48.79	20.66	28.61	4.3	93.3
Kheri	3200137	32.28	875	933	49.39	10.78	31.41	4.0	102.8
Sitapur	3616510	26.58	862	926	49.12	11.94	31.35	4.3	94.9

Appendix - 4 contd....

District	Population	% decadal change	Sex Ratio	Sex Ratio (0-6)	Literacy Rates	% Urban	WPR	TFR	IMR
Hardoi	3397414	23.67	843	908	52.64	11.98	32.33	4.6	83.8
Unnao	2700426	22.72	898	915	55.72	15.25	34.43	3.3	95.4
Lucknow	3681416	33.25	891	919	69.39	63.62	29.85	2.7	89.0
Rae Bareili	2872204	23.66	949	936	55.09	9.53	35.68	3.8	70.3
Farrukhabad	1577237	22.80	860	904	62.27	21.61	29.58	3.6	96.3
Kannauj	1385227	19.58	868	909	62.57	16.74	33.44	4.0	76.2
Etawah	1340031	21.59	856	895	70.75	23.06	27.38	3.0	66.8
Auraiya	1179496	14.70	856	898	71.50	14.31	32.89	3.2	59.8
Kanpur Dehat	1584037	21.55	856	899	66.59	6.78	32.85	3.1	84.3
Kanpur Nagar	4137489	27.17	869	865	77.63	67.00	29.85	2.5	64.9
Jalaun	1455859	19.39	847	885	66.14	23.39	36.03	2.7	83.5
Jhansi	1746715	23.23	870	886	66.69	41.08	37.09	3.2	99.5
Lalitpur	977447	29.98	884	936	49.93	14.51	43.30	4.0	83.5
Hamirpur	1042374	17.85	852	906	58.10	16.64	39.23	3.3	67.6
Mahoba	708831	21.80	866	896	54.23	21.84	42.44	3.6	60.8
Banda	1500253	18.49	860	912	54.84	16.27	40.09	3.9	81.2
Chitrakoot	800592	34.33	872	926	66.06	9.55	42.72	4.0	94.1
Fatehpur	2305847	21.40	892	942	59.74	10.29	38.37	3.4	64.8
Pratapgarh	2727156	23.36	983	934	58.67	5.29	34.17	3.6	52.2
Kaushambi	1294937	26.73	894	951	48.18	7.09	39.14	4.2	90.1
Allahabad	4941510	26.72	882	920	62.89	24.56	34.10	3.5	79.6
Bara Banki	2673394	26.40	886	945	48.71	9.27	36.94	3.9	82.2
Faizabad	2087914	23.87	940	952	57.48	13.47	39.77	3.6	95.4
Ambedkar Nagar	2025373	24.31	977	943	59.06	8.92	33.58	3.2	54.5
Sultanpur	3190926	24.20	980	934	56.90	4.77	32.53	3.8	48.9
Bahraich	2384239	29.55	865	968	35.79	9.98	35.55	3.8	85.5

Appendix - 4 contd....

District	Population	% decadal change	Sex Ratio	Sex Ratio (0-6)	Literacy Rates	% Urban	WPR	TFR	IMR
Shrawasti	1175428	27.30	859	941	34.25	2.84	39.28	3.9	71.9
Balrampur	1684567	23.08	896	961	34.71	8.03	42.54	4.0	99.8
Gonda	2765754	25.46	899	949	42.99	7.09	33.84	4.1	110.4
Sidharthnagar	2038598	26.78	946	963	43.97	3.81	38.12	4.0	74.9
Basti	2068922	22.69	916	949	54.28	5.57	35.71	3.1	64.0
Sant Kabir Nagar	1424500	23.64	978	923	51.71	7.10	34.47	3.9	66.3
Maharajganj	2167041	29.27	933	960	47.72	5.09	39.27	4.0	71.2
Gorakhpur	3784720	23.44	959	977	60.96	19.57	30.24	3.2	64.3
Kushinagar	2891933	28.17	961	953	48.43	4.58	34.43	3.2	44.3
Deoria	2730376	25.03	1003	964	59.84	9.89	28.50	3.0	45.4
Azamgarh	3950808	26.28	1026	946	56.15	7.63	30.46	3.5	62.9
Mau	1849294	27.91	984	897	64.86	19.36	32.52	3.1	58.7
Ballia	2752412	21.67	952	947	58.88	9.84	28.99	3.5	57.8
Jaunpur	3911305	21.67	994	927	59.98	7.39	31.22	3.7	71.0
Ghazipur	3049337	26.18	974	946	60.06	7.64	31.53	3.2	66.7
Chandauli	1639777	28.63	922	924	61.11	10.58	32.15	3.4	64.5
Varanasi	3147927	25.51	908	962	67.09	40.30	31.28	2.7	88.1
Sant R. Nagar Bhadohi	1352056	25.47	918	900	59.14	12.77	28.89	3.5	93.9
Mirzapur	2114852	27.62	897	930	56.10	13.58	33.84	3.2	75.3
Sonbhadra	1463468	36.13	862	958	49.96	18.91	36.98	3.8	56.3

Appendix – 5

District Scenario for selected indicators

from

District Level Household Survey 3

**FIGURE 1
MEAN CHILDREN EVER BORN BY DISTRICTS**

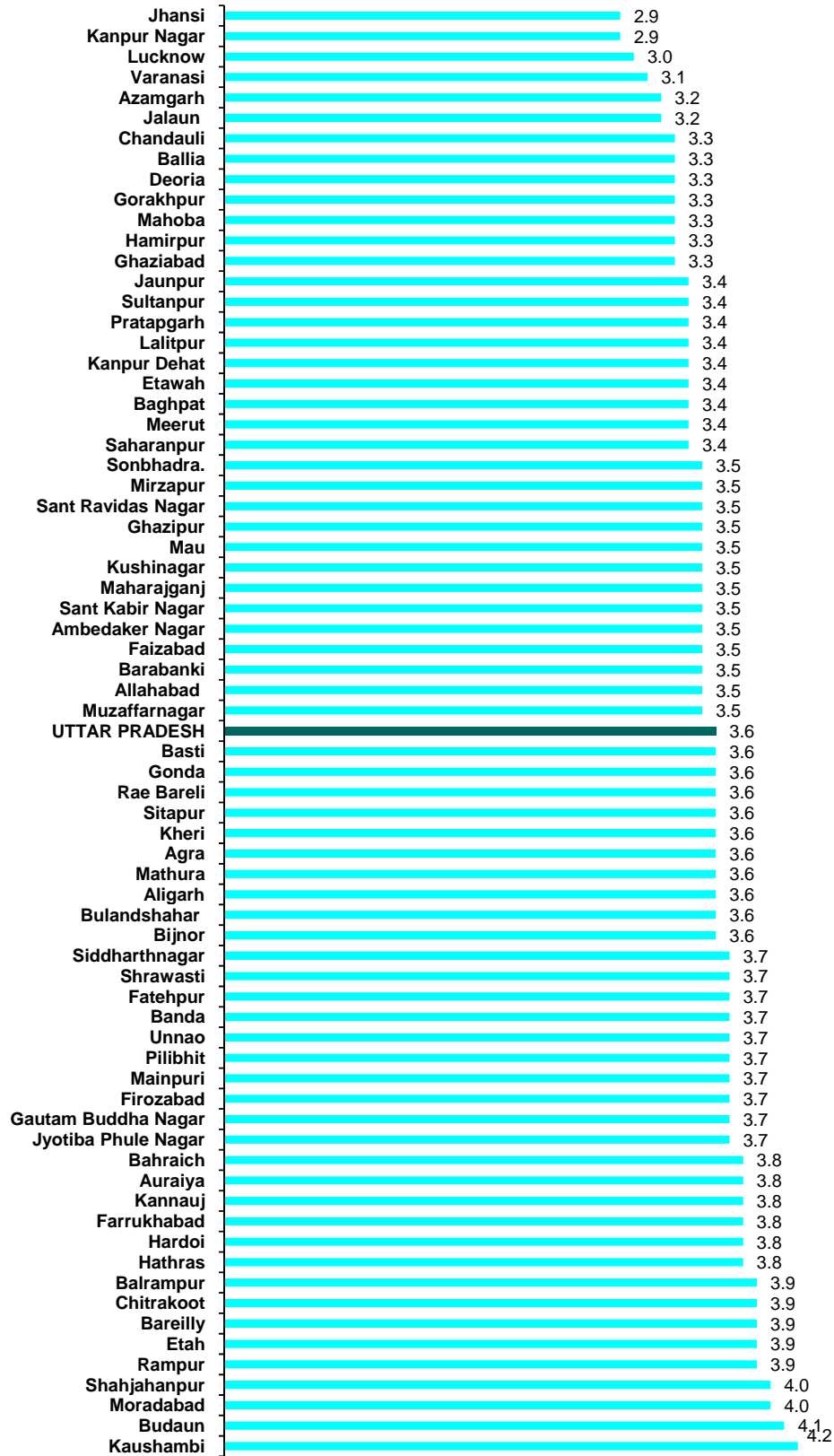
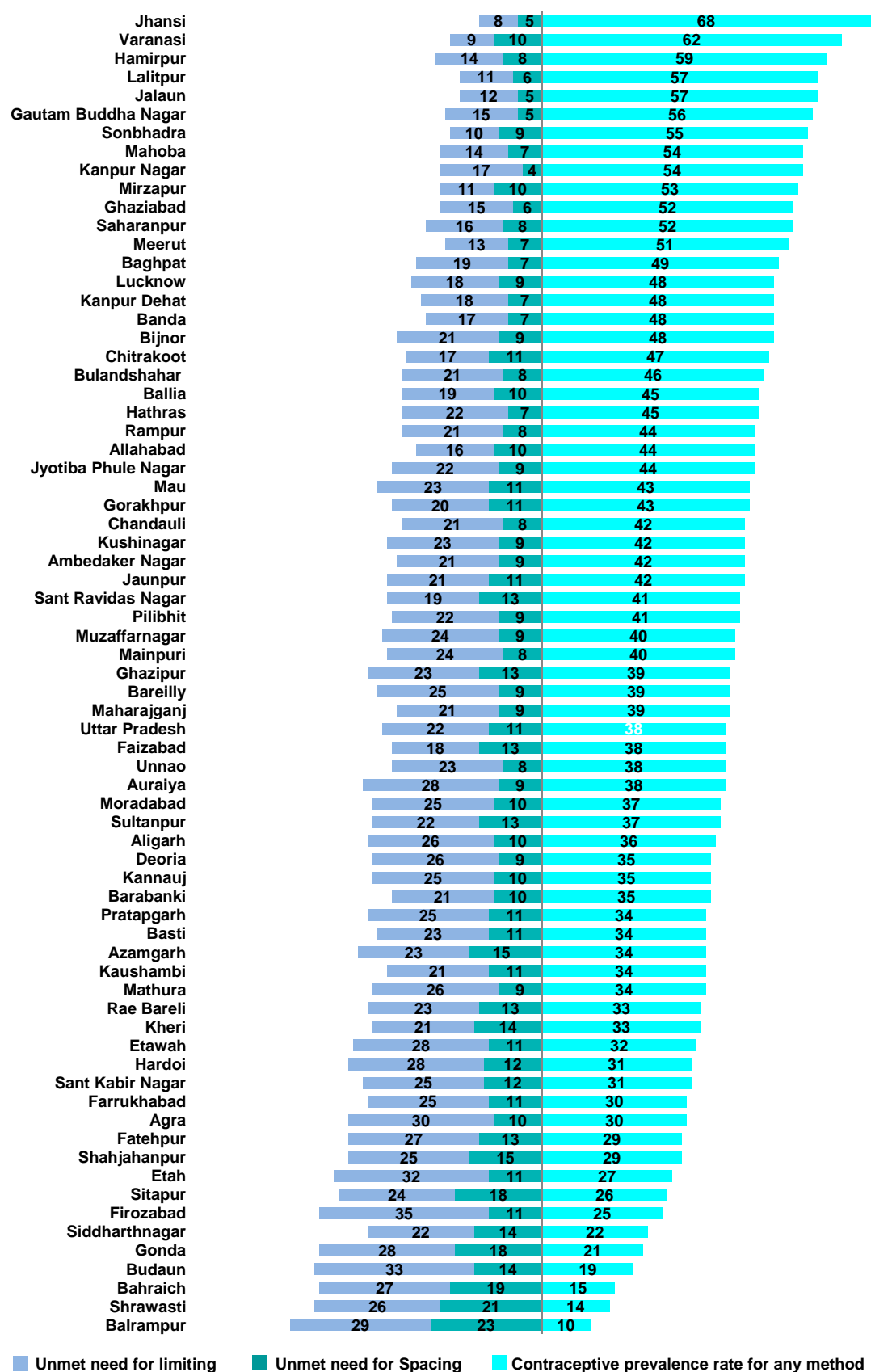
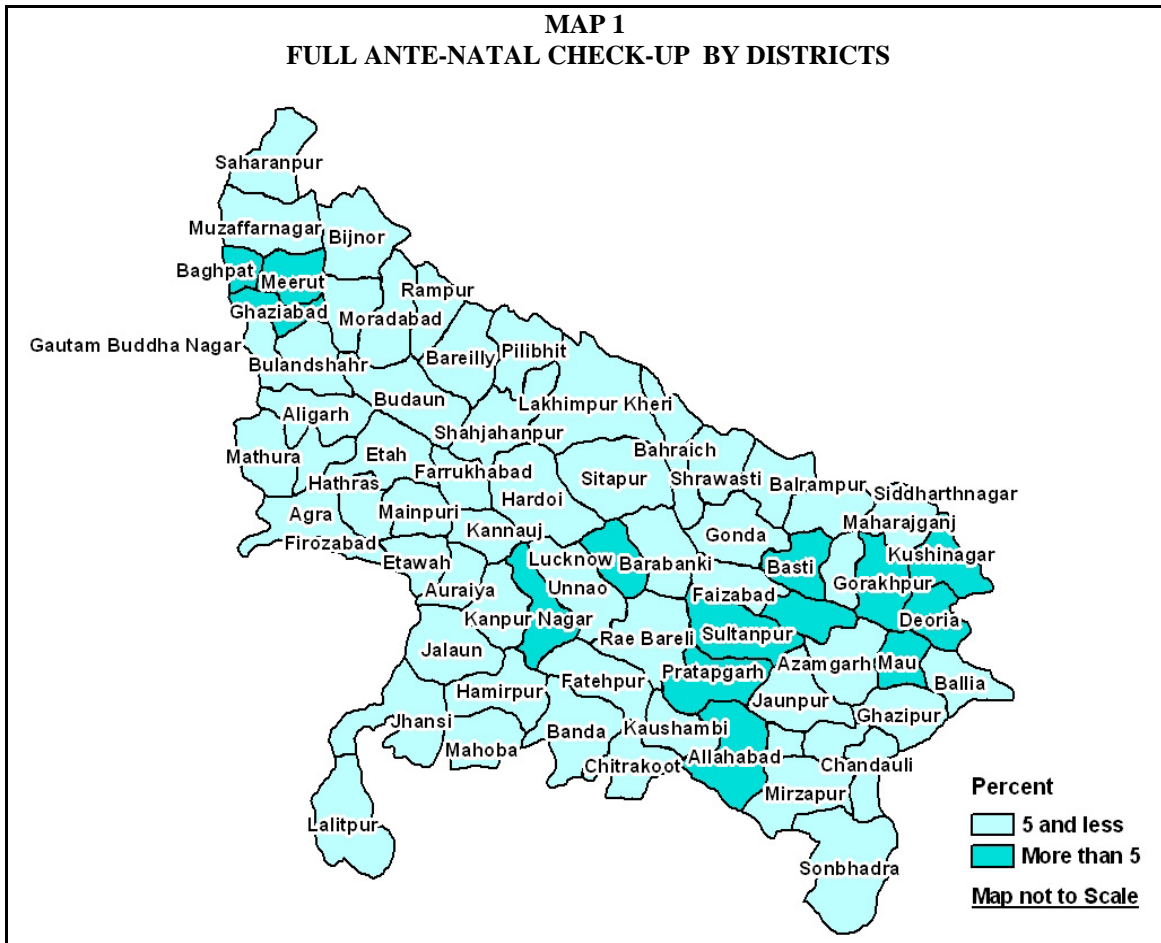


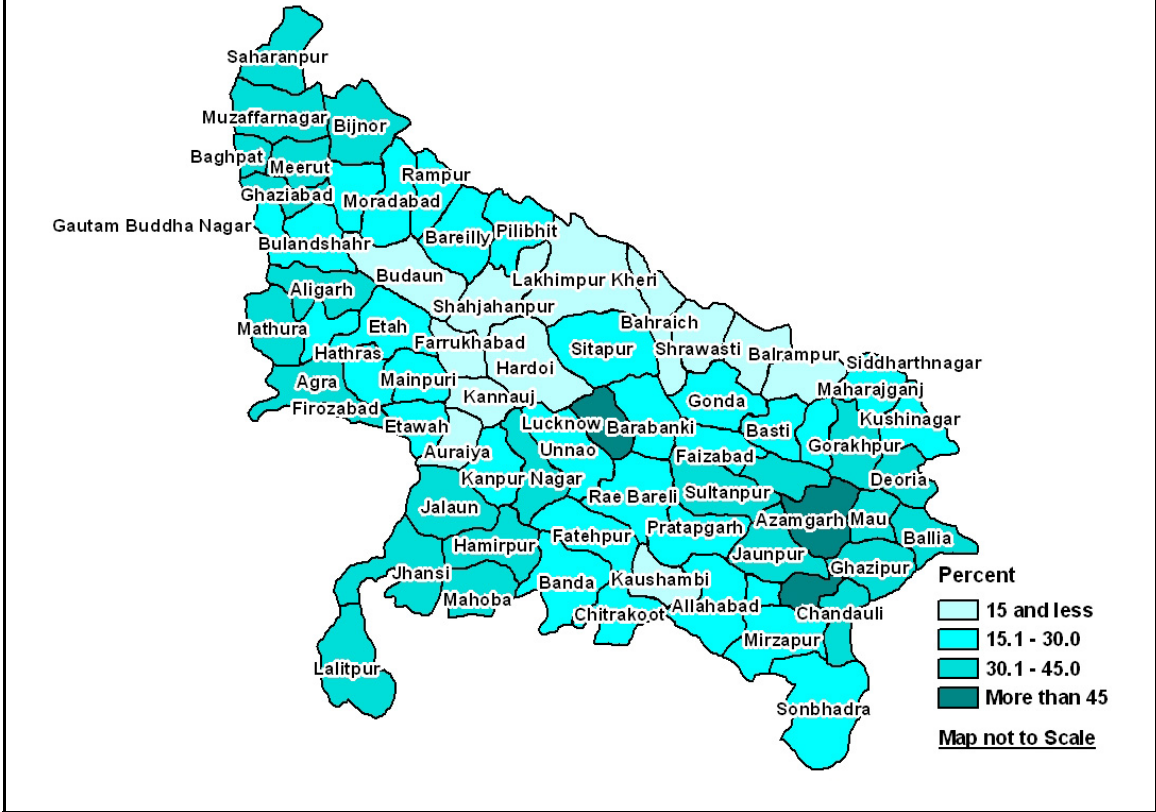
FIGURE 2
CONTRACEPTIVE PREVALENCE RATE AND UNMET NEED BY DISTRICTS



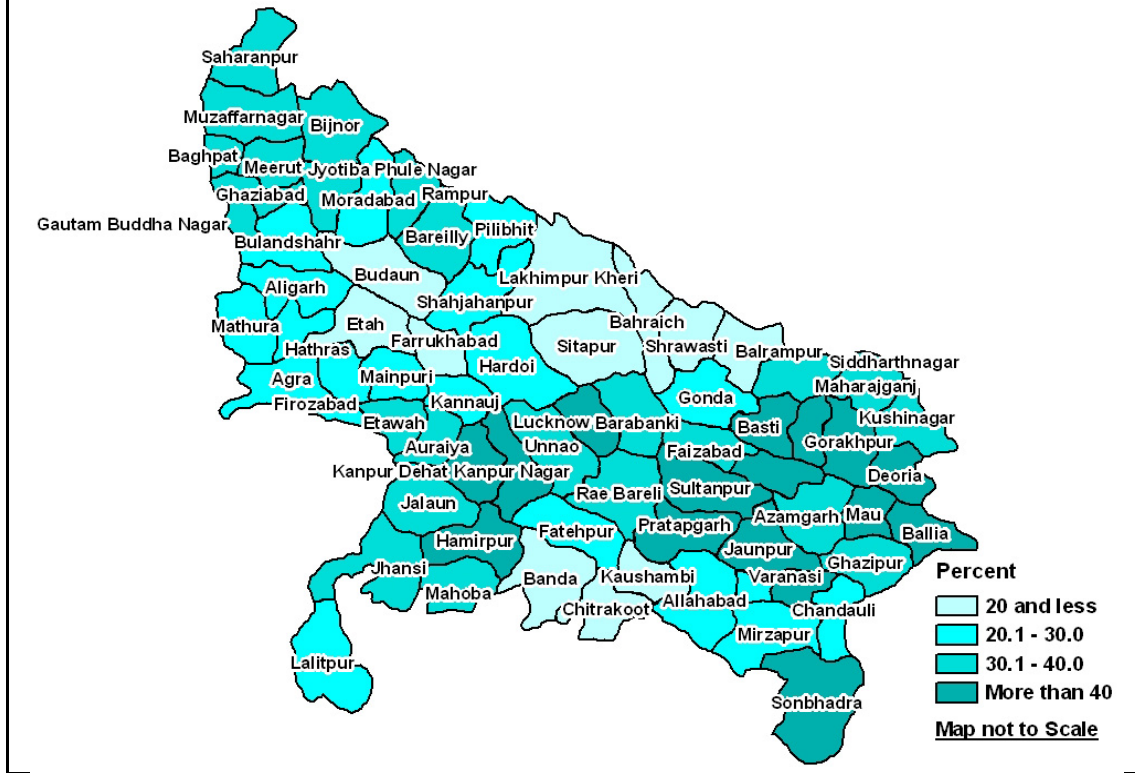
Selected RCH indicators for dsitiects from DLHS 3



**MAP 2
INSTITUTIONAL DELIVERY BY DISTRICTS**



**MAP 3
FULL IMMUNIZATION COVERAGE OF CHILDREN AGED 12-23 MONTHS BY
DISTRICTS**



**MAP 4
CONTRACEPTIVE PREVALENCE RATE FOR ANY METHOD BY DISTRICTS**

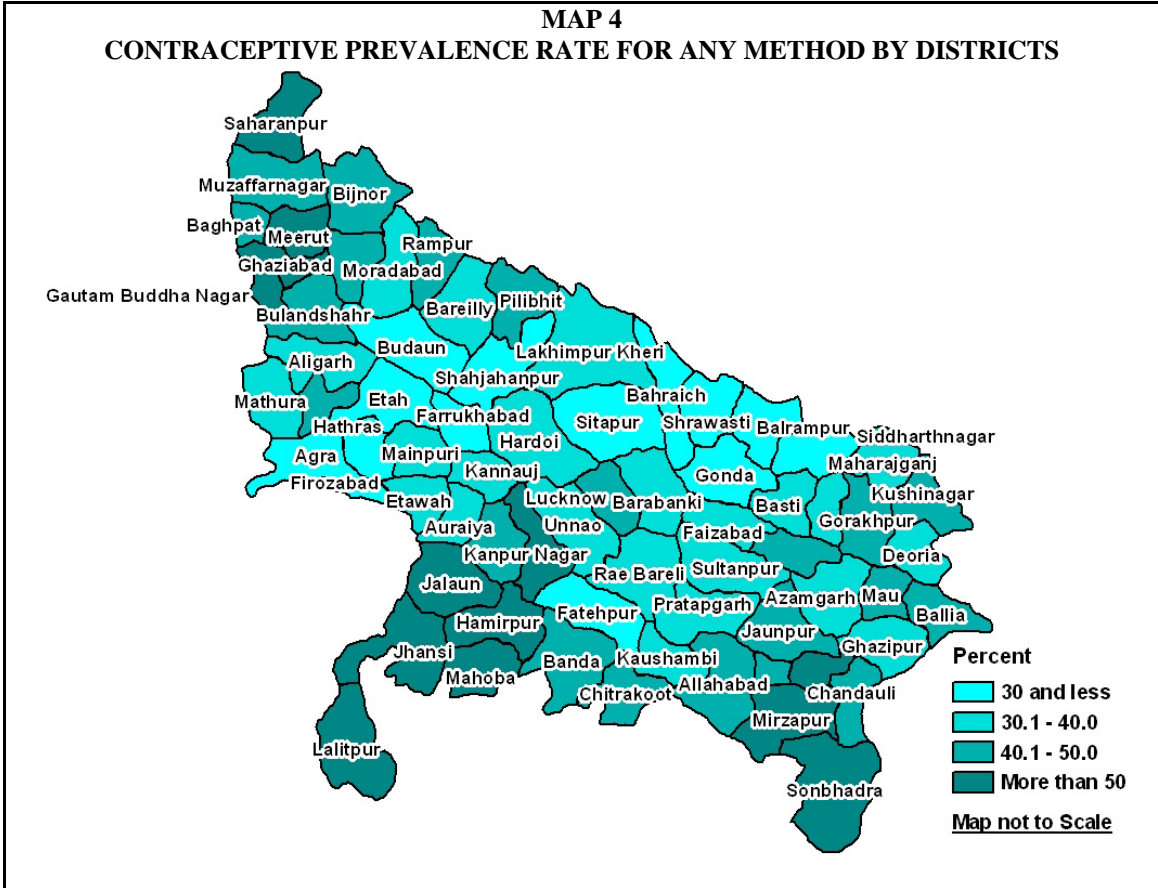


TABLE 1.2 BASIC DEMOGRAPHIC INDICATORSBasic demographic indicators of Uttar Pradesh and its districts¹ Census 2001, India

state/district	Population (in thousand)	Percentage urban	Percentage decadal growth rate ¹	Sex ratio ²	Percentage literate 7+		
					Male	Female	Total
Uttar Pradesh	1,66,197	20.8	25.9	898	68.8	42.2	56.3
Saharanpur	2,848	25.8	23.4	868	72.3	51.4	62.6
Muzaffarnagar	3,542	25.5	24.6	872	73.1	48.6	61.7
Bijnor	3,131	24.3	27.2	896	70.2	47.3	59.4
Moradabad	3,750	30.5	26.5	885	56.7	33.3	45.7
Rampur	1,922	24.9	28.0	882	48.6	27.9	39.0
Jyotiba Phule Nagar	1,499	24.5	29.7	885	63.5	35.1	50.2
Meerut	3,002	48.4	24.2	871	76.1	54.1	66.0
Baghpat	1,164	19.7	13.0	848	78.6	50.4	65.7
Ghaziabad	3,290	55.2	47.5	860	81.0	59.1	70.9
Gautam Buddha Nagar	1,191	37.3	35.7	842	82.6	54.6	69.8
Bulandshahar	2,923	23.1	22.2	881	75.6	42.8	60.2
Aligarh	2,990	28.8	22.1	861	73.2	43.9	59.7
Hathras	1,333	19.7	18.3	856	77.2	47.2	63.4
Mathura	2,070	28.2	27.0	841	77.6	43.8	62.2
Agra	3,611	43.3	31.3	852	79.3	48.2	65.0
Firozabad	2,046	30.3	33.4	851	77.8	53.0	66.5
Etah	2,788	17.3	24.2	847	69.1	40.7	56.2
Mainpuri	1,593	14.5	21.5	855	78.3	52.7	66.5
Budaun	3,069	18.1	25.4	841	49.9	25.5	38.8
Bareilly	3,599	32.9	27.0	872	59.1	35.1	48.0
Pilibhit	1,644	17.8	28.1	876	63.8	35.8	50.9
Shahjahanpur	2,549	20.6	28.3	838	60.5	34.7	48.8
Kheri	3,200	10.7	32.3	875	61.0	35.9	49.4
Sitapur	3,617	11.9	26.6	862	61.0	35.1	49.1
Hardoi	3,397	11.9	23.7	843	65.1	37.6	52.6
Unnao	2,700	15.2	22.7	898	67.6	42.4	55.7
Lucknow	3,681	63.6	33.3	891	76.6	61.2	69.4
Rae Bareli	2,872	9.5	23.7	949	69.0	40.4	55.1
Farrukhabad	1,577	21.7	22.8	860	72.4	50.4	62.3
Kannauj	1,385	16.7	19.6	868	73.4	50.0	62.6
Etawah	1,340	23.0	21.6	856	81.2	58.5	70.8
Auraiya	1,179	14.3	14.7	856	81.9	60.1	71.5
Kanpur Dehat	1,584	6.8	21.6	856	76.8	54.5	66.6
Kanpur Nagar	4,137	67.1	27.2	869	82.1	72.5	77.6
Jalaun	1,456	23.4	19.4	847	79.1	50.7	66.1

Contd....

TABLE 1.2 BASIC DEMOGRAPHIC INDICATORS—ContinuedBasic demographic indicators of Uttar Pradesh and its districts¹ Census 2001, India

state/district	Population (in thousand)	Percentage urban	Percentage decadal growth rate ²	Sex ratio ³	Percentage literate 7+		
					Male	Female	Total
Jhansi	1,747	40.7	23.2	870	80.1	51.2	66.7
Lalitpur	977	14.5	30.0	884	64.5	33.3	49.9
Hamirpur	1,042	16.6	17.9	852	72.8	40.7	58.1
Mahoba	709	5.0	21.8	866	66.8	39.6	54.2
Banda	1,500	15.8	18.5	860	69.9	37.1	54.8
Chitrakoot	801	9.9	34.3	872	78.8	51.3	66.1
Fatehpur	2,306	10.2	21.4	892	73.1	44.6	59.7
Pratapgarh	2,727	5.2	23.4	983	74.6	42.6	58.7
Kaushambi	1,295	7.0	26.7	894	63.5	30.8	48.2
Allahabad	4,942	24.4	26.7	882	77.1	46.6	62.9
Barabank	2,673	9.3	26.4	886	60.1	35.6	48.7
Faizabad	2,088	13.4	23.9	940	70.7	43.4	57.5
Ambedaker Nagar	2,025	8.9	24.3	977	71.9	46.0	59.1
Sultanpur	3,191	4.7	24.2	980	71.9	41.8	56.9
Bahraich	2,384	9.9	29.6	865	46.3	23.3	35.8
Shrawasti	1,175	2.8	27.3	859	47.3	18.8	34.3
Balrampur	1,685	8.0	23.1	896	46.3	21.6	34.7
Gonda	2,766	7.0	25.5	899	56.9	27.3	43.0
Siddharthnagar	2,039	3.8	26.8	946	58.7	28.4	44.0
Basti	2,069	5.5	22.7	916	68.2	39.0	54.3
Sant Kabir Nagar	1,425	7.0	23.6	978	67.9	35.5	51.7
Maharajganj	2,167	21.8	29.3	933	65.4	28.6	47.7
Gorakhpur	3,785	19.5	23.4	959	76.7	44.5	61.0
Kushinagar	2,892	4.5	28.2	961	65.4	30.9	48.4
Deoria	2,730	9.8	25.1	1,003	76.3	43.6	59.8
Azamgarh	3,951	7.5	26.3	1,026	70.5	42.4	56.2
Mau	1,849	19.4	27.9	984	79.0	50.9	64.9
Ballia	2,752	9.7	21.7	952	73.6	43.9	58.9
Jaunpur	3,911	7.3	21.7	1,021	77.2	43.5	60.0
Ghazipur	3,049	7.6	26.2	974	75.5	44.4	60.1
Chandauli	1,640	10.5	28.6	922	75.6	45.5	61.1
Varanasi	3,148	40.1	25.5	908	83.7	48.6	67.1
Sant Ravidas Nagar	1,352	12.8	25.5	918	78.0	38.7	59.1
Mirzapur	2,115	13.5	27.6	897	70.5	39.9	56.1
Sonbhadra	1,463	18.8	36.1	896	63.8	34.3	50.0

Source: Primary Census Abstract, Series 20, Census of India, 2001.

¹ 1991-2001² Females per 1,000 Males.

TABLE 2.3 AGE AT MARRIAGE

Mean age at marriage and percentage of marriages below legally prescribed minimum age at marriage by sex, residence and districts, Uttar Pradesh, 2007-08

Place of residence/district	Mean age at marriage		Percentage of marriages below legal age at marriage		Currently married women aged 20-24 who were married before age 18
	Boys	Girls	Boys (<21 years)	Girls (<18 years)	
Districts					
Saharanpur	22.6	19.9	26.0	11.7	29.2
Muzaffarnagar	22.5	20.0	24.8	14.3	27.2
Bijnor	23.1	20.5	21.8	8.4	15.7
Moradabad	22.3	19.2	41.1	19.2	48.1
Rampur	22.7	19.2	28.8	18.0	35.9
Jyotiba Phule Nagar	21.7	19.7	40.8	18.6	32.2
Meerut	23.4	20.8	23.6	9.7	20.6
Baghpat	22.5	20.1	27.5	10.5	32.1
Ghaziabad	23.4	20.1	20.3	12.1	33.6
Gautam Buddha Nagar	22.0	19.2	36.4	21.8	34.8
Bulandshahar	22.4	19.4	31.4	14.3	35.5
Aligarh	21.9	18.8	43.7	26.7	39.7
Hathras	21.8	18.4	42.5	30.3	51.9
Mathura	21.9	18.5	41.8	29.4	50.5
Agra	21.5	18.7	44.7	32.4	41.6
Firozabad	22.6	18.9	41.4	28.0	43.7
Etah	21.5	18.5	48.5	29.9	51.2
Mainpuri	22.0	18.7	41.4	27.1	53.6
Budaun	19.9	17.2	65.9	54.5	79.5
Bareilly	21.5	18.6	44.8	27.8	52.3
Pilibhit	21.6	18.5	40.0	25.7	54.2
Shahjahanpur	20.9	17.6	55.6	46.7	72.4
Kheri	20.7	17.6	54.4	47.8	66.3
Sitapur	21.1	17.8	54.0	45.8	71.8
Hardoi	20.9	17.6	54.3	39.6	59.3
Unnao	22.3	19.0	31.8	20.6	30.3
Lucknow	24.7	20.6	19.6	18.2	37.9
Rae Bareli	21.8	18.6	44.2	24.8	48.0
Farrukhabad	21.6	18.5	48.4	28.4	60.9
Kannauj	22.1	18.7	37.6	23.1	42.3
Etawah	22.2	18.7	40.8	25.1	49.3
Auraiya	21.7	18.5	39.6	30.1	50.5
Kanpur Dehat	23.2	19.3	24.0	18.7	35.3
Kanpur Nagar	24.0	20.4	19.0	12.5	24.1
Jalaun	21.9	18.4	38.9	28.2	53.1

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TABLE 2.3 AGE AT MARRIAGE—Continued

Mean age at marriage and percentage of marriages below legally prescribed minimum age at marriage by sex, residence and districts, Uttar Pradesh, 2007-08

Place of residence/district	Mean age at marriage		Percentage of marriages below legal age at marriage		Currently married women aged 20-24 who were married before age 18
	Boys	Girls	Boys (<21 years)	Girls (<18 years)	
Jhansi	21.9	19.4	46.1	16.6	45.6
Lalitpur	20.0	17.1	66.1	56.5	73.1
Hamirpur	22.3	18.8	33.2	18.5	42.3
Mahoba	21.5	18.5	47.6	28.1	52.8
Banda	22.7	18.2	32.7	27.8	57.8
Chitrakoot	21.0	18.4	49.5	28.2	63.2
Fatehpur	22.7	18.7	25.7	19.3	46.2
Pratapgarh	21.7	18.7	37.5	22.4	42.5
Kaushambi	22.5	18.5	36.0	25.5	52.3
Allahabad	22.3	18.9	38.0	26.4	53.7
Barabanki	21.5	17.6	53.0	41.2	64.7
Faizabad	21.2	18.2	47.1	40.3	60.5
Ambedaker Nagar	21.6	18.3	48.0	36.6	57.7
Sultanpur	20.7	18.2	53.8	31.6	58.0
Bahraich	20.5	16.1	60.8	70.2	79.0
Shrawasti	19.0	15.1	72.6	82.5	82.6
Balrampur	19.3	15.7	60.0	64.3	69.0
Gonda	19.4	16.2	62.4	62.1	75.5
Siddharthnagar	18.6	16.0	74.1	62.6	75.6
Basti	20.9	18.1	47.2	41.5	59.9
Sant Kabir Nagar	21.5	17.6	44.1	48.7	56.1
Maharajganj	19.3	16.6	68.1	63.2	82.4
Gorakhpur	22.2	18.7	41.4	38.0	63.0
Kushinagar	21.4	17.5	46.7	51.7	70.6
Deoria	21.0	18.3	44.4	34.8	63.1
Azamgarh	22.5	19.0	36.3	26.5	51.2
Mau	22.0	19.1	37.7	26.1	47.2
Ballia	21.8	18.9	40.0	30.9	50.9
Jaunpur	21.3	18.6	47.7	28.6	56.2
Ghazipur	21.8	18.3	38.8	42.5	68.6
Chandauli	20.9	17.7	47.4	48.0	72.5
Varanasi	23.0	18.7	30.1	38.3	64.2
Sant Ravidas Nagar	20.6	17.8	58.6	42.0	67.4
Mirzapur	21.5	17.9	37.9	43.4	63.6
Sonbhadra	21.6	17.4	48.2	45.1	74.2
Rural	21.2	18.0	47.8	36.8	59.0
Urban	23.9	20.4	22.3	15.1	30.8
Uttar Pradesh	21.6	18.4	43.2	32.9	54.8

Reference period: January 1st, 2004 to survey date.

TABLE 2.12 AVAILABILITY OF FACILITY AND HEALTH PERSONNEL BY DISTRICT

Percentage of availabilities of facility and health personnel of villages by district, Uttar Pradesh, 2007-08

District	Percentage of villages with										Number of villages
	Primary or middle school	Sub-centre	PHCs	Any government health facility ¹	Doctor	ASHA	Anganwadi workers	JSY beneficiary	VHSC	Aware of Untied fund ²	
Saharanpur	97.3	43.2	5.4	54.1	35.1	86.5	100.0	67.6	37.8	24.3	37
Muzaffarnagar	100.0	62.2	10.8	62.2	43.2	89.2	94.6	62.2	16.2	29.7	37
Bijnor	100.0	31.6	5.3	31.6	28.9	84.2	97.4	47.4	28.9	21.1	38
Moradabad	100.0	31.4	8.6	31.4	45.7	94.3	100.0	62.9	20.0	20.0	35
Rampur	94.7	36.8	7.9	39.5	21.1	84.2	89.5	42.1	13.2	2.6	38
Jyotiba Phule Nagar	97.4	26.3	10.5	26.3	39.5	89.5	94.7	63.2	34.2	26.3	38
Meerut	92.3	65.4	19.2	65.4	61.5	88.5	96.2	73.1	19.2	15.4	26
Baghpat	100.0	67.5	5.0	70.0	40.0	100.0	100.0	92.5	12.5	15.0	40
Ghaziabad	100.0	54.5	9.1	54.5	31.8	86.4	100.0	63.6	18.2	27.3	22
Gautam Buddha Nagar	100.0	29.0	0.0	32.3	45.2	87.1	93.5	58.1	3.2	6.5	31
Bulandshahar	97.4	34.2	7.9	34.2	36.8	92.1	100.0	52.6	23.7	34.2	38
Aligarh	97.2	30.6	11.1	30.6	44.4	94.4	91.7	50.0	2.8	27.8	36
Hathras	100.0	35.0	0.0	35.0	35.0	92.5	95.0	50.0	17.5	15.0	40
Mathura	100.0	25.0	11.1	25.0	11.1	72.2	97.2	63.9	8.3	11.1	36
Agra	100.0	39.3	14.3	39.3	14.3	92.9	92.9	64.3	3.6	14.3	28
Firozabad	100.0	40.0	8.6	40.0	37.1	91.4	94.3	48.6	20.0	20.0	35
Etah	100.0	19.5	0.0	19.5	36.6	90.2	90.2	31.7	7.3	0.0	41
Mainpuri	95.3	30.2	4.7	30.2	20.9	88.4	97.7	46.5	4.7	2.3	43
Budaun	100.0	14.6	0.0	14.6	36.6	90.2	75.6	43.9	17.1	2.4	41
Bareilly	97.1	23.5	2.9	23.5	14.7	70.6	97.1	55.9	41.2	20.6	34
Pilibhit	92.7	19.5	2.4	22.0	17.1	78.0	87.8	24.4	14.6	14.6	41
Shahjahanpur	97.5	20.0	2.5	22.5	15.0	75.0	77.5	47.5	22.5	30.0	40
Kheri	97.8	40.0	11.1	44.4	6.7	86.7	91.1	48.9	20.0	13.3	45
Sitapur	81.8	27.3	2.3	29.5	9.1	84.1	88.6	84.1	20.5	22.7	44
Hardoi	97.7	38.6	2.3	40.9	18.2	90.9	90.9	40.9	27.3	20.5	44
Unnao	92.9	31.0	4.8	31.0	2.4	88.1	97.6	90.5	19.0	7.1	42
Lucknow	100.0	44.4	11.1	55.6	16.7	72.2	83.3	55.6	16.7	16.7	18
Rae Bareli	88.9	26.7	8.9	33.3	8.9	93.3	86.7	100.0	44.4	26.7	45
Farrukhabad	94.9	23.1	2.6	28.2	23.1	82.1	87.2	59.0	23.1	23.1	39
Kannauj	83.3	33.3	2.4	33.3	45.2	85.7	85.7	38.1	23.8	16.7	42
Etawah	100.0	31.6	5.3	34.2	7.9	71.1	94.7	34.2	18.4	15.8	38
Auraiya	97.7	27.9	9.3	30.2	27.9	79.1	95.3	34.9	4.7	14.0	43
Kanpur Dehat	95.7	34.0	6.4	34.0	6.4	85.1	95.7	83.0	4.3	12.8	47
Kanpur Nagar	100.0	43.8	6.3	50.0	12.5	87.5	87.5	93.8	37.5	25.0	16
Jalaun	100.0	39.5	0.0	39.5	10.5	84.2	86.8	81.6	28.9	18.4	38

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TABLE 2.12 AVAILABILITY OF FACILITY AND HEALTH PERSONNEL BY DISTRICT—Continued

Percentage of availabilities of facility and health personnel of villages by district, Uttar Pradesh, 2007-08

District	Percentage of villages with**										Number of villages
	Primary or middle school	Sub-centre	PHCs	Any government health facility ¹	Doctor	ASHA	Anganwadi workers	JSY beneficiary	VHSC	Aware of Untied fund ²	
Jhansi	100.0	43.3	3.3	46.7	20.0	100.0	100.0	93.3	10.0	13.3	30
Lalitpur	93.0	27.9	7.0	30.2	14.0	79.1	79.1	88.4	14.0	14.0	43
Hamirpur	100.0	47.6	4.8	50.0	14.3	92.9	97.6	97.6	19.0	11.9	42
Mahoba	100.0	33.3	2.6	35.9	12.8	87.2	92.3	94.9	2.6	15.4	39
Banda	100.0	35.7	4.8	35.7	26.2	95.2	100.0	95.2	19.0	7.1	42
Chitrakoot	97.8	24.4	4.4	97.8	24.4	95.6	88.9	88.9	28.9	6.7	45
Fatehpur	88.9	28.9	2.2	97.8	11.1	80.0	91.1	68.9	37.8	6.7	45
Pratapgarh	91.5	25.5	12.8	42.6	4.3	80.9	87.2	70.2	29.8	17.0	47
Kaushambi	95.7	28.3	8.7	32.6	21.7	82.6	89.1	47.8	34.8	6.5	46
Allahabad	84.2	26.3	2.6	26.3	21.1	84.2	84.2	57.9	50.0	10.5	38
Barabanki	88.9	31.1	8.9	35.6	4.4	73.3	91.1	46.7	62.2	35.6	45
Faizabad	97.7	41.9	9.3	41.9	2.3	95.3	100.0	83.7	62.8	39.5	43
Ambedaker Nagar	84.8	30.4	2.2	30.4	2.2	97.8	97.8	82.6	41.3	19.6	46
Sultanpur	93.6	27.7	19.1	57.4	8.5	91.5	93.6	63.8	23.4	19.1	47
Bahraich	93.3	33.3	8.9	33.3	11.1	80.0	93.3	73.3	8.9	33.3	45
Shrawasti	91.8	32.7	4.1	32.7	6.1	85.7	87.8	57.1	8.2	42.9	49
Balrampur	95.7	26.1	6.5	30.4	0.0	91.3	91.3	67.4	15.2	39.1	46
Gonda	87.0	28.3	2.2	37.0	2.2	97.8	95.7	56.5	8.7	30.4	46
Siddharthnagar	89.6	22.9	2.1	27.1	0.0	79.2	91.7	43.8	45.8	14.6	48
Basti	70.2	14.9	4.3	14.9	4.3	80.9	80.9	70.2	29.8	27.7	47
Sant Kabir Nagar	84.8	19.6	2.2	19.6	0.0	95.7	95.7	65.2	52.2	28.3	46
Maharajganj	89.4	34.0	6.4	95.7	31.9	91.5	89.4	76.6	34.0	61.7	47
Gorakhpur	80.0	27.5	7.5	92.5	17.5	75.0	87.5	62.5	35.0	30.0	40
Kushinagar	89.6	39.6	10.4	43.8	35.4	91.7	95.8	68.8	29.2	64.6	48
Deoria	86.7	33.3	4.4	100.0	31.1	86.7	91.1	91.1	28.9	28.9	45
Azamgarh	78.3	8.7	4.3	10.9	21.7	82.6	89.1	37.0	13.0	2.2	46
Mau	77.5	27.5	7.5	27.5	15.0	85.0	90.0	80.0	15.0	22.5	40
Ballia	86.7	15.6	6.7	20.0	8.9	82.2	88.9	55.6	31.1	6.7	45
Jaunpur	91.3	30.4	19.6	54.3	4.3	91.3	93.5	67.4	28.3	26.1	46
Ghazipur	78.3	21.7	8.7	34.8	19.6	91.3	93.5	45.7	21.7	8.7	46
Chandauli	91.1	40.0	4.4	40.0	31.1	73.3	91.1	60.0	37.8	6.7	45
Varanasi	93.3	23.3	3.3	23.3	43.3	93.3	100.0	73.3	46.7	20.0	30
Sant Ravidas Nagar	77.3	34.1	6.8	50.0	25.0	84.1	88.6	54.5	50.0	9.1	44
Mirzapur	86.0	18.6	7.0	23.3	7.0	74.4	81.4	67.4	51.2	37.2	43
Sonbhadra	82.9	29.3	4.9	29.3	9.8	85.4	75.6	56.1	41.5	26.8	41
Uttar Pradesh	92.4	31.1	6.3	39.7	19.3	86.3	91.5	63.6	25.3	20.3	2,827

** Facilities as reported by village pradhan/*up-pradhan*/any other panchayat member/teacher/gram sevak/anganwadi worker.¹ Includes Sub-Centre, Primary Health Centre (including Block PHC), Community Health Centre or referral hospital, government hospital, and government dispensary within the village.² This information was collected from Sarpanch/Pradhan, PRI member, Gram Sevak, Village Secretary/officer or any other official at village level.

VHSC = Village Health and Sanitation Committee.

Note: Table is based on unweighted cases.

TABLE 3.4 BIRTH ORDER DISTRIBUTION BY DISTRICT

Percent distribution of births to ever-married women aged 15-49 years during three years preceding the survey by birth order and district, Uttar Pradesh, 2007-08

District	Birth order				Number of Births**
	1	2	3	4+	
Saharanpur	28.8	22.0	15.1	34.1	401
Muzaffarnagar	25.6	24.3	15.7	34.4	609
Bijnor	22.3	17.9	15.9	43.9	452
Moradabad	20.3	21.0	15.4	43.3	689
Rampur	21.6	16.7	16.1	45.6	722
Jyotiba Phule Nagar	23.6	22.2	16.6	37.6	642
Meerut	29.3	19.3	14.9	36.5	403
Baghpat	27.0	22.2	17.2	33.6	580
Ghaziabad	27.9	22.1	17.3	32.4	548
Gautam Buddha Nagar	25.0	22.0	18.4	33.6	448
Bulandshahar	26.6	22.9	16.3	34.1	564
Aligarh	25.8	21.8	17.8	34.6	557
Hathras	24.6	20.7	16.5	38.1	444
Mathura	24.8	23.7	15.6	35.9	486
Agra	25.5	20.9	19.7	33.9	440
Firozabad	27.0	24.6	16.4	32.1	687
Etah	21.4	21.4	16.4	40.8	630
Mainpuri	23.9	21.8	17.1	37.2	740
Budaun	18.4	19.3	16.6	45.5	869
Bareilly	20.3	20.1	15.7	43.7	817
Pilibhit	20.5	25.6	19.8	34.2	598
Shahjahanpur	16.5	17.1	15.9	50.3	757
Kheri	22.7	20.8	17.4	39.2	719
Sitapur	17.7	19.9	17.6	44.8	732
Hardoi	19.7	19.7	14.0	46.6	753
Unnao	24.9	20.8	14.4	39.8	376
Lucknow	30.9	24.0	18.6	26.5	300
Rae Bareli	21.1	20.5	19.6	38.9	555
Farrukhabad	19.9	18.6	12.5	49.1	783
Kannauj	23.3	19.5	15.3	41.9	673
Etawah	27.6	23.0	18.0	31.4	511
Auraiya	23.8	22.1	16.3	37.7	454
Kanpur Dehat	24.6	24.6	19.8	31.0	462
Kanpur Nagar	29.0	28.0	16.0	27.0	262
Jalaun	29.1	27.9	17.2	25.8	448

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TABLE 3.4 BIRTH ORDER DISTRIBUTION BY DISTRICT—Continued

Percent distribution of births to ever-married women aged 15-49 years during three years preceding the survey by birth order and district, Uttar Pradesh, 2007-08

District	Birth order				Number of Births**
	1	2	3	4+	
Jhansi	29.2	33.8	18.5	18.5	278
Lalitpur	23.0	25.4	19.5	32.2	557
Hamirpur	30.5	25.8	18.4	25.3	289
Mahoba	32.1	18.5	17.8	31.6	391
Banda	22.9	20.3	17.2	39.6	557
Chitrakoot	20.2	18.5	18.8	42.5	689
Fatehpur	23.2	20.2	15.6	41.0	537
Pratapgarh	26.1	22.6	18.5	32.9	476
Kaushambi	19.1	21.1	16.0	43.8	756
Allahabad	27.7	22.4	17.2	32.7	750
Barabanki	24.0	16.8	17.4	41.8	552
Faizabad	25.2	23.1	13.8	37.8	413
Ambedaker Nagar	24.7	22.8	15.7	36.8	390
Sultanpur	26.4	23.9	17.7	32.0	600
Bahraich	18.5	17.5	16.0	48.0	782
Shrawasti	22.9	17.3	14.3	45.5	778
Balrampur	19.4	17.4	14.4	48.8	802
Gonda	20.8	19.7	16.9	42.6	497
Siddharth Nagar	19.8	18.3	16.3	45.6	685
Basti	26.6	19.3	16.5	37.5	694
Sant Kabir Nagar	26.4	20.3	18.2	35.2	543
Maharajganj	25.7	26.1	20.0	28.3	570
Gorakhpur	31.6	29.6	17.3	21.6	530
Kushinagar	25.8	22.8	21.7	29.4	445
Deoria	25.5	25.6	21.3	27.3	403
Azamgarh	27.4	26.2	20.3	26.1	593
Mau	22.0	23.6	20.0	34.4	486
Ballia	24.2	26.3	20.1	29.4	456
Jaunpur	23.5	24.0	20.0	32.5	484
Ghazipur	24.4	21.8	21.0	32.7	568
Chandauli	25.1	24.6	22.8	27.6	419
Varanasi	34.9	22.3	19.6	23.2	416
Sant Ravidas Nagar	25.7	22.9	16.8	34.5	686
Mirzapur	24.5	26.2	17.3	32.0	498
Sonbhadra	27.1	20.0	20.2	32.7	475
Uttar Pradesh	23.7	21.5	17.3	37.5	39,156

** Unweighted cases.

TABLE 3.8 OUTCOME OF PREGNANCY BY DISTRICTS

Percent distribution of outcomes of all pregnancies of currently married women aged 15-49 years during three years preceding the survey preceding three years of the survey by districts, Uttar Pradesh, 2007-08

District	Live birth	Still birth	Induced abortion	Spontaneous abortion	Total percent	Number of pregnancies**
Saharanpur	87.6	1.9	4.6	5.9	100.0	455
Muzaffarnagar	85.2	2.5	3.0	9.3	100.0	717
Bijnor	87.4	2.7	1.9	8.0	100.0	512
Moradabad	89.0	2.0	3.7	5.4	100.0	774
Rampur	90.1	1.6	1.1	7.2	100.0	794
Jyotiba Phule Nagar	88.6	2.2	3.1	6.1	100.0	724
Meerut	82.9	1.4	6.5	9.3	100.0	480
Baghpat	84.0	2.7	5.7	7.6	100.0	686
Ghaziabad	83.5	1.6	2.8	12.1	100.0	642
Gautam Buddha Nagar	82.7	1.2	4.8	11.2	100.0	538
Bulandshahar	82.7	0.8	5.7	10.8	100.0	669
Aligarh	83.0	1.9	6.8	8.3	100.0	666
Hathras	87.4	0.4	4.7	7.5	100.0	506
Mathura	88.9	0.7	2.2	8.1	100.0	542
Agra	85.9	0.3	4.0	9.8	100.0	501
Firozabad	88.4	1.2	3.1	7.3	100.0	769
Etah	85.0	2.0	3.9	9.1	100.0	731
Mainpuri	92.7	1.2	1.3	4.8	100.0	788
Budaun	92.5	1.5	1.1	4.9	100.0	932
Bareilly	92.5	1.1	1.5	4.8	100.0	876
Pilibhit	87.1	2.3	4.9	5.7	100.0	683
Shahjahanpur	91.4	1.7	1.7	5.2	100.0	819
Kheri	88.9	3.0	3.0	5.1	100.0	793
Sitapur	87.7	3.0	2.1	7.2	100.0	829
Hardoi	94.2	1.2	0.8	3.9	100.0	797
Unnao	93.6	1.4	0.5	4.5	100.0	400
Lucknow	91.5	2.2	1.4	4.9	100.0	317
Rae Bareli	89.8	2.4	4.1	3.6	100.0	611
Farrukhabad	89.5	1.8	2.9	5.8	100.0	873
Kannauj	88.3	2.4	3.4	5.9	100.0	759
Etawah	92.8	1.7	1.0	4.5	100.0	546
Auraiya	88.0	2.6	2.8	6.6	100.0	511
Kanpur Dehat	94.9	0.4	1.0	3.7	100.0	484
Kanpur Nagar	85.5	0.3	1.9	12.3	100.0	300
Jalaun	95.9	0.6	0.5	2.9	100.0	468

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TABLE 3.8 OUTCOME OF PREGNANCY BY DISTRICTS — Continued

Percent distribution of all pregnancies of currently married women aged 15-49 years during three years preceding the survey preceding three years of the survey by districts, Uttar Pradesh, 2007-08

District	Live birth	Still birth	Induced abortion	Spontaneous abortion	Total percent	Number of pregnancies**
Jhansi	96.5	0.0	1.0	2.6	100.0	286
Lalitpur	93.6	1.1	1.0	4.3	100.0	590
Hamirpur	92.3	1.5	0.7	5.5	100.0	307
Mahoba	95.0	1.3	0.5	3.2	100.0	408
Banda	91.6	1.3	1.1	6.0	100.0	585
Chitrakoot	95.5	0.6	0.6	3.3	100.0	717
Fatehpur	93.1	1.6	0.8	4.4	100.0	573
Pratapgarh	90.7	0.6	3.1	5.6	100.0	520
Kaushambi	87.7	2.1	2.5	7.7	100.0	848
Allahabad	93.7	1.5	0.6	4.2	100.0	797
Barabanki	92.1	1.8	2.7	3.3	100.0	597
Faizabad	90.5	3.2	1.7	4.7	100.0	457
Ambedaker Nagar	89.8	2.7	2.9	4.6	100.0	431
Sultanpur	88.0	1.6	1.3	9.1	100.0	675
Bahraich	90.0	3.0	2.9	4.2	100.0	861
Shrawasti	90.2	3.7	1.5	4.6	100.0	853
Balrampur	89.2	3.3	2.0	5.4	100.0	893
Gonda	89.4	1.8	1.2	7.6	100.0	550
Siddharth Nagar	89.6	3.0	0.9	6.5	100.0	760
Basti	87.3	1.7	3.2	7.8	100.0	794
Sant Kabir Nagar	87.7	2.2	2.2	7.9	100.0	611
Maharajganj	86.7	1.7	2.9	8.7	100.0	655
Gorakhpur	89.9	1.3	1.6	7.2	100.0	586
Kushinagar	85.8	1.6	4.3	8.3	100.0	516
Deoria	88.2	0.9	4.0	6.9	100.0	457
Azamgarh	91.0	0.9	1.6	6.5	100.0	651
Mau	94.6	1.0	0.3	4.1	100.0	506
Ballia	94.9	0.3	0.4	4.4	100.0	477
Jaunpur	87.6	2.7	4.8	4.9	100.0	551
Ghazipur	95.2	1.2	0.6	3.0	100.0	598
Chandauli	96.6	0.9	0.3	2.2	100.0	429
Varanasi	88.7	0.9	5.3	5.1	100.0	471
Sant Ravidas Nagar	93.7	1.2	1.5	3.6	100.0	727
Mirzapur	91.1	3.0	1.2	4.7	100.0	543
Sonbhadra	91.4	1.1	1.5	6.1	100.0	520
Uttar Pradesh	89.8	1.8	2.4	6.0	100.0	43,292

** Unweighted cases.

TABLE 4.2 ANTENATAL CARE BY DISTRICT

Percentage of women (aged 15-49)[#] who received any antenatal check-up (ANC) during pregnancy by source and place of antenatal check-ups by districts, Uttar Pradesh, 2007-08

District	Place of antenatal check-up ^a			Any ANC	Number of Women**
	Government ¹ health facility	Private ² health facility	Community ³ based services		
Saharanpur	34.5	38.7	32.0	72.1	386
Muzaffarnagar	42.2	34.9	20.5	73.6	557
Bijnor	45.2	28.6	10.4	73.9	422
Moradabad	31.7	29.2	42.0	59.3	654
Rampur	54.4	17.9	11.8	56.5	673
Jyotiba Phule Nagar	40.7	30.8	37.9	58.7	616
Meerut	45.4	48.8	7.7	73.6	387
Baghpat	53.0	38.6	19.7	79.0	508
Ghaziabad	46.6	43.0	16.0	72.0	498
Gautam Buddha Nagar	52.8	40.4	5.7	67.8	417
Bulandshahar	35.3	34.2	32.6	74.9	475
Aligarh	47.0	24.8	25.0	71.6	515
Hathras	40.8	34.3	18.5	49.8	394
Mathura	43.5	38.1	16.6	60.2	445
Agra	38.2	41.2	16.1	56.0	385
Firozabad	42.5	28.7	32.5	67.6	654
Etah	36.7	27.6	37.0	50.0	577
Mainpuri	50.9	29.2	16.9	34.9	684
Budaun	27.2	24.2	47.5	35.4	787
Bareilly	48.0	22.4	23.9	50.8	728
Pilibhit	37.9	24.2	42.3	58.6	593
Shahjahanpur	44.2	20.5	33.0	46.5	725
Kheri	52.2	18.9	32.2	53.3	717
Sitapur	41.9	12.2	39.8	60.2	738
Hardoi	44.2	27.1	16.9	36.3	729
Unnao	70.3	10.6	30.4	60.6	371
Lucknow	49.9	38.9	3.9	84.8	323
Rae Bareli	54.7	15.8	22.7	72.0	564
Farrukhabad	32.2	36.8	29.5	36.0	742
Kannauj	31.7	26.1	45.5	47.0	665
Etawah	38.1	32.7	19.2	48.8	496
Auraiya	48.6	24.6	26.8	51.1	457
Kanpur Dehat	39.8	25.2	26.9	34.5	427
Kanpur Nagar	50.3	34.7	7.4	80.0	260
Jalaun	52.1	32.3	17.2	39.9	421

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TABLE 4.2 ANTENATAL CARE BY DISTRICT—Continued

Percentage of women (aged 15-49)[#] who received any antenatal check-up (ANC) during pregnancy by source and place of antenatal check-ups by districts, Uttar Pradesh, 2007-08

District	Place of antenatal check-up ^a			Any ANC	Number of Women**
	Government ¹ health facility	Private ² health facility	Community ³ based services		
Jhansi	56.0	14.1	29.8	76.4	270
Lalitpur	49.0	13.7	47.3	70.8	527
Hamirpur	62.5	8.6	34.3	64.9	284
Mahoba	47.8	9.7	23.8	70.6	386
Banda	31.7	15.0	55.1	58.7	530
Chitrakoot	36.4	9.7	50.1	59.3	648
Fatehpur	35.3	17.5	41.3	46.8	500
Pratapgarh	65.5	16.8	12.3	84.9	473
Kaushambi	51.3	19.4	31.1	50.7	705
Allahabad	47.0	43.1	20.2	55.6	687
Barabanki	56.4	20.7	18.8	65.6	539
Faizabad	54.8	22.0	30.8	78.1	435
Ambedaker Nagar	45.2	33.9	29.4	80.1	422
Sultanpur	60.8	18.6	22.6	83.5	607
Bahraich	36.6	14.0	57.6	59.3	791
Shrawasti	42.8	15.8	49.7	59.1	807
Balrampur	54.6	21.9	32.0	67.7	806
Gonda	59.6	21.4	30.2	72.0	520
Siddharthnagar	47.9	20.5	42.5	76.4	689
Basti	53.1	23.3	32.8	85.1	677
Sant Kabir Nagar	54.1	21.9	32.0	83.9	534
Maharajanj	49.0	31.2	30.7	83.2	565
Gorakhpur	53.0	34.6	14.1	86.9	517
Kushinagar	49.8	24.5	38.5	81.8	431
Deoria	54.7	26.9	32.2	93.6	399
Azamgarh	52.4	41.9	8.2	85.1	576
Mau	56.4	39.7	7.2	91.0	483
Ballia	61.4	32.7	7.3	83.7	478
Jaunpur	62.1	20.5	23.5	86.5	471
Ghazipur	57.2	28.5	14.4	80.6	567
Chandauli	52.5	39.4	7.7	55.1	420
Varanasi	52.6	45.0	4.8	86.4	428
Sant Ravidas Nagar	48.7	39.7	11.2	65.6	661
Mirzapur	72.4	23.3	6.5	64.1	532
Sonbhadra	72.4	19.3	6.5	68.6	492
Uttar Pradesh (15-49)	48.9	26.6	26.3	64.3	37,847
Uttar Pradesh (15-44)[†]	49.0	26.2	26.7	64.4	37,563

[#] Women who had their last live/still birth since 01-01-2004.

** Unweighted cases.

¹ Includes sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary.

² Includes Private hospital/clinic,

³ Includes non-governmental hospital/ trust hospital or clinic, own home, parents home, other home and other.

^a Total figure may not add to 100 percent due to 'do not know' and 'missing cases'.

[†] Represents figure for currently married women aged 15-44 years.

TABLE 4.6 ANTENATAL CARE INDICATORS AND COMPLICATIONS BY DISTRICT

Percentage of women (aged 15-49) # who received different types of antenatal care (ANC) by districts, Uttar Pradesh, 2007-08

District	antenatal check-up in the first trimester of pregnancy	three or more antenatal check-up	at least one tetanus toxoid injection	100+ IFA tablets/ syrup ¹	full ² antenatal check-up	Any complication	Number of Women**
Saharanpur	34.0	25.4	71.5	34.2	3.3	67.8	386
Muzaffarnagar	45.4	32.5	72.5	30.6	2.8	74.0	557
Bijnor	20.4	27.5	73.4	30.6	3.0	66.1	422
Moradabad	23.6	20.8	56.6	46.8	2.3	71.6	654
Rampur	16.2	15.6	55.6	47.4	1.0	67.7	673
Jyotiba Phule Nagar	19.6	18.5	57.8	45.1	1.4	66.1	616
Meerut	48.8	28.2	72.8	37.7	5.9	56.2	387
Baghpat	53.5	34.4	78.2	29.1	6.0	66.3	508
Ghaziabad	46.8	38.6	69.8	40.6	8.8	72.9	498
Gautam Buddha Nagar	40.5	23.7	66.8	37.2	1.7	50.3	417
Bulandshahar	44.5	25.3	72.7	28.5	2.5	67.2	475
Aligarh	36.3	20.2	69.3	31.9	2.9	70.3	515
Hathras	27.3	16.5	46.7	55.9	2.4	53.6	394
Mathura	31.9	20.9	58.6	47.2	4.0	51.5	445
Agra	33.0	19.5	54.0	50.4	3.7	50.4	385
Firozabad	36.2	21.4	65.5	37.5	3.0	68.4	654
Etah	19.3	8.3	46.2	52.6	0.8	73.4	577
Mainpuri	18.6	8.2	31.9	68.9	1.7	57.2	684
Budaun	14.4	8.1	32.0	67.2	1.2	76.7	787
Bareilly	18.0	16.2	48.9	54.6	3.3	66.9	728
Pilibhit	18.7	17.9	57.9	46.0	2.5	73.0	593
Shahjahanpur	15.2	10.9	43.6	57.0	1.2	73.3	725
Kheri	16.8	14.6	50.5	52.3	1.7	71.0	717
Sitapur	19.8	15.6	58.6	47.4	2.5	70.5	738
Hardoi	17.6	8.8	32.8	67.5	0.9	56.9	729
Unnao	20.7	15.4	59.8	43.7	1.6	57.4	371
Lucknow	43.9	41.2	84.0	28.4	8.3	44.5	323
Rae Bareli	27.8	27.3	70.4	37.2	4.8	61.8	564
Farrukhabad	17.6	9.6	33.5	66.7	1.4	67.4	742
Kannauj	23.7	11.6	44.7	56.5	2.3	80.1	665
Etawah	27.3	17.5	47.3	57.5	3.9	60.4	496
Auraiya	20.9	13.3	46.6	53.2	2.5	69.3	457
Kanpur Dehat	18.6	21.8	32.2	68.8	3.0	66.3	427
Kanpur Nagar	31.9	28.1	80.0	33.5	8.8	62.1	260
Jalaun	18.3	19.0	37.0	66.1	4.5	54.8	421

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TABLE 4.6 ANTENATAL CARE INDICATORS AND COMPLICATIONS BY DISTRICT—ContinuedPercentage of women (aged 15-49) [#] who received different types of antenatal care (ANC) by districts, Uttar Pradesh, 2007-08

District	antenatal check-up in the first trimester of pregnancy	three or more antenatal check-up	at least one tetanus toxoid injection	100+ IFA tablets/ syrup ¹	full ² antenatal check-up	Any complication	Number of Women**
Jhansi	27.1	24.8	73.6	32.4	3.9	45.4	270
Lalitpur	23.9	18.8	70.1	36.2	4.2	67.9	527
Hamirpur	31.9	32.7	63.3	38.6	1.3	57.1	284
Mahoba	20.3	16.3	69.5	35.2	1.8	48.7	386
Banda	23.5	21.7	57.2	48.0	3.8	56.4	530
Chitrakoot	18.6	25.2	57.7	43.3	1.9	57.5	648
Fatehpur	23.5	16.0	46.5	58.2	2.8	66.7	500
Pratapgarh	40.6	29.8	84.7	26.5	7.5	54.5	473
Kaushambi	26.0	20.0	48.1	53.8	3.5	62.9	705
Allahabad	30.2	27.1	53.1	51.8	6.0	71.4	687
Barabanki	21.2	24.3	60.4	41.1	3.9	66.5	539
Faizabad	28.0	28.7	77.2	28.7	3.1	59.9	435
Ambedaker Nagar	22.0	24.2	79.3	31.2	5.7	56.5	422
Sultanpur	38.5	28.2	82.4	26.4	5.2	54.3	607
Bahraich	11.4	14.5	58.4	48.1	2.6	63.8	791
Shrawasti	11.4	18.8	58.6	44.6	1.4	55.0	807
Balrampur	11.4	23.9	66.3	35.4	2.0	54.4	806
Gonda	16.7	17.3	71.3	31.0	1.4	49.2	520
Siddharthnagar	13.6	21.2	75.5	28.0	2.3	58.3	689
Basti	24.4	27.9	84.8	25.6	6.0	57.1	677
Sant Kabir Nagar	16.8	24.7	83.7	21.0	4.2	56.8	534
Maharajanj	30.2	29.2	81.4	24.8	3.7	68.3	565
Gorakhpur	42.2	43.1	85.8	29.2	10.1	72.8	517
Kushinagar	30.9	33.9	80.4	24.7	5.3	73.6	431
Deoria	39.2	46.1	93.1	15.3	6.2	70.4	399
Azamgarh	30.1	35.1	84.4	22.5	4.3	66.7	576
Mau	27.7	34.8	90.0	18.8	6.0	58.3	483
Ballia	29.1	42.3	82.7	21.9	3.7	39.8	478
Jaunpur	27.9	26.5	85.5	23.4	4.8	61.3	471
Ghazipur	29.9	28.7	80.1	24.7	3.8	67.4	567
Chandauli	19.7	17.1	52.6	51.1	3.9	74.6	420
Varanasi	32.0	22.7	86.3	25.6	3.4	71.9	428
Sant Ravidas Nagar	21.7	16.6	64.4	40.9	3.1	74.4	661
Mirzapur	19.1	18.4	62.8	42.1	4.7	77.3	532
Sonbhadra	13.8	15.0	68.1	36.9	1.6	72.8	492
Uttar Pradesh (15-49)	25.0	21.8	62.5	41.8	3.3	64.0	37,847
Uttar Pradesh (15-44)[†]	25.1	21.9	62.9	41.6	3.3	63.8	37,563

[#] Women who had their last live/still birth since 01-01-2004.

** Unweighted cases.

¹100 or more iron folic acid tablets including syrup.² At least three visits for antenatal check-up, at least one TT injection received and 100+ IFA tablets/ syrup consumed.[†] Represents figure for currently married women aged 15-44 years.

TABLE 4.9 PLACE OF DELIVERY AND ASSISTANCE CHARACTERISTICS BY DISTRICT

Percent distribution of women (aged 15-49) # according to place of delivery, assistance during home deliveries, and safe deliveries by districts, Uttar Pradesh, 2007-08

District	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled persons ¹	Percentage of safe delivery ²	Number of Women**
Saharanpur	32.1	67.7	2.1	34.2	386
Muzaffarnagar	31.3	67.6	4.5	35.8	557
Bijnor	36.9	63.0	4.2	41.1	422
Moradabad	24.0	74.4	2.6	26.6	654
Rampur	23.3	75.1	3.3	26.6	673
Jyotiba Phule Nagar	27.2	71.3	4.0	31.2	616
Meerut	38.8	61.3	6.3	45.1	387
Baghpat	32.2	66.4	3.9	36.1	508
Ghaziabad	39.3	60.4	6.4	45.7	498
Gautam Buddha Nagar	27.5	72.4	13.4	40.9	417
Bulandshahar	29.5	69.5	12.1	41.6	475
Aligarh	31.9	65.4	6.0	37.9	515
Hathras	29.1	69.7	6.0	35.1	394
Mathura	39.9	59.0	7.1	47.0	445
Agra	36.3	63.4	5.5	41.8	385
Firozabad	25.6	72.7	4.2	29.8	654
Etah	20.0	79.6	6.5	26.5	577
Mainpuri	20.7	77.6	2.5	23.2	684
Budaun	10.9	88.2	2.9	13.8	787
Bareilly	15.3	84.4	4.9	20.2	728
Pilibhit	18.8	80.1	2.3	21.1	593
Shahjahanpur	8.8	89.8	2.3	11.1	725
Kheri	14.6	84.2	3.6	18.2	717
Sitapur	21.4	77.4	2.9	24.3	738
Hardoi	13.3	86.0	1.6	14.9	729
Unnao	17.6	81.9	6.9	24.5	371
Lucknow	47.4	51.1	3.4	50.8	323
Rae Bareli	24.3	74.7	8.0	32.3	564
Farrukhabad	13.4	85.4	2.5	15.9	742
Kannauj	14.0	84.4	4.9	18.9	665
Etawah	26.5	72.1	2.5	29.0	496
Auraiya	14.3	83.9	4.5	18.8	457
Kanpur Dehat	21.7	78.1	3.2	24.9	427
Kanpur Nagar	41.1	59.3	3.2	44.3	260
Jalaun	33.8	65.5	6.2	40.0	421

Contd.....

TABLE 4.9 PLACE OF DELIVERY AND ASSISTANCE CHARACTERISTICS BY DISTRICT—Continued

Percent distribution of women (aged 15-49) # according to place of delivery, assistance during home deliveries, and safe deliveries by districts, Uttar Pradesh, 2007-08

District	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled persons ¹	Percentage of safe delivery ²	Number of Women**
Jhansi	40.3	57.0	6.4	46.7	270
Lalitpur	32.8	65.0	2.4	35.2	527
Hamirpur	32.4	66.1	7.1	39.5	284
Mahoba	44.1	55.0	4.2	48.3	386
Banda	17.6	81.7	7.3	24.9	530
Chitrakoot	17.9	81.2	6.0	23.9	648
Fatehpur	15.6	84.1	5.3	20.9	500
Pratapgarh	29.5	69.9	13.8	43.3	473
Kaushambi	14.3	85.0	6.6	20.9	705
Allahabad	24.9	75.0	12.9	37.8	687
Barabanki	21.1	78.6	7.0	28.1	539
Faizabad	29.4	70.3	6.2	35.6	435
Ambedaker Nagar	30.8	68.9	4.6	35.4	422
Sultanpur	36.6	61.8	11.4	48.0	607
Bahraich	7.0	91.9	4.0	11.0	791
Shrawasti	11.2	87.3	3.0	14.2	807
Balrampur	8.6	91.1	2.0	10.6	806
Gonda	19.4	79.6	5.2	24.6	520
Siddharthnagar	9.7	89.3	3.6	13.3	689
Basti	28.0	70.8	8.5	36.5	677
Sant Kabir Nagar	26.0	72.8	2.0	28.0	534
Maharajganj	15.0	81.6	4.2	19.2	565
Gorakhpur	31.0	68.3	8.8	39.8	517
Kushinagar	26.4	71.7	4.1	30.5	431
Deoria	41.2	58.1	5.5	46.7	399
Azamgarh	48.6	49.4	3.3	51.9	576
Mau	39.8	60.3	8.6	48.4	483
Ballia	34.5	63.4	8.3	42.8	478
Jaunpur	32.6	67.1	12.6	45.2	471
Ghazipur	30.1	69.3	6.9	37.0	567
Chandauli	33.6	64.4	6.4	40.0	420
Varanasi	54.5	45.5	3.1	57.6	428
Sant Ravidas Nagar	26.1	73.8	8.7	34.8	661
Mirzapur	25.3	74.2	14.8	40.1	532
Sonbhadra	21.4	77.6	9.9	31.3	492
Uttar Pradesh (15-49)	24.5	74.6	5.5	30.0	37,847
Uttar Pradesh (15-44)[†]	24.5	74.5	5.8	30.3	37,563

Note: Percentage of women who had institutional and home delivery may not add to 100.0, as some deliveries took place on the way to the institute, working place, other place etc.

Women who had their last live/still birth since 01-01-2004.

** Unweighted cases.

¹ Includes Doctor/ANM/Nurse.

² Either institutional delivery or home delivery assisted by skilled person.

† Represents figure for currently married women aged 15-44 years.

TABLE 4.15 COMPLICATIONS DURING PREGNANCY, DELIVERY AND POST DELIVERY PERIOD BY DISTRICTSPercentage of women (aged 15-49)[#] who had extent of pregnancy, delivery, post delivery complications and treatment seeking behaviour by districts, Uttar Pradesh, 2007-08

District	Percentage of women ¹					Number of women**
	Who had complication during pregnancy	Sought treatment for pregnancy complication ²	Who had delivery complication	Who had post delivery complication	Sought treatment for post-delivery complication ³	
Saharanpur	67.8	46.0	76.2	11.9	61.0	386
Muzaffarnagar	74.0	39.5	75.7	13.2	63.5	557
Bijnor	66.1	49.2	65.6	14.7	67.0	422
Moradabad	71.6	44.1	70.0	22.8	59.1	654
Rampur	67.7	44.7	69.9	22.2	52.1	673
Jyotiba Phule Nagar	66.1	44.4	67.4	16.6	54.3	616
Meerut	56.2	54.9	51.2	8.3	68.8	387
Baghpat	66.3	50.9	64.8	12.7	77.2	508
Ghaziabad	72.9	49.8	67.4	17.5	61.0	498
Gautam Buddha Nagar	50.3	50.2	53.8	11.4	69.1	417
Bulandshahar	67.2	42.9	72.6	14.7	68.5	475
Aligarh	70.3	41.8	80.2	16.5	57.8	515
Hathras	53.6	53.1	57.8	16.6	64.9	394
Mathura	51.5	57.6	43.9	12.5	64.3	445
Agra	50.4	58.1	39.8	12.9	73.2	385
Firozabad	68.4	40.1	73.5	17.4	52.5	654
Etah	73.4	42.0	83.8	22.7	62.8	577
Mainpuri	57.2	50.4	60.0	18.7	69.0	684
Budaun	76.7	32.2	69.0	28.0	60.7	787
Bareilly	66.9	45.3	65.6	24.0	63.6	728
Pilibhit	73.0	55.7	73.2	25.6	68.8	593
Shahjahanpur	73.3	44.9	75.9	32.2	62.5	725
Kheri	71.0	47.1	70.3	27.5	70.2	717
Sitapur	70.5	52.1	64.0	27.6	86.9	738
Hardoi	56.9	41.5	52.8	24.4	62.0	729
Unnao	57.4	28.0	63.2	13.7	45.4	371
Lucknow	44.5	45.9	33.1	8.9	77.4	323
Rae Bareli	61.8	51.8	69.3	21.6	66.6	564
Farrukhabad	67.4	43.6	61.5	25.9	62.2	742
Kannauj	80.1	44.7	84.3	23.1	63.3	665
Etawah	60.4	51.7	58.7	17.3	67.3	496
Auraiya	69.3	38.3	75.9	17.8	56.2	457
Kanpur Dehat	66.3	25.0	86.5	13.4	36.4	427
Kanpur Nagar	62.1	48.0	63.7	7.9	67.1	260
Jalaun	54.8	42.6	68.3	11.5	42.5	421

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TABLE 4.15 COMPLICATIONS DURING PREGNANCY, DELIVERY AND POST DELIVERY PERIOD BY DISTRICTS—Continued

Percentage of women (aged 15-49)[#] who had extent of pregnancy, delivery, post delivery complications and treatment seeking behaviour by districts, Uttar Pradesh, 2007-08

District	Percentage of women ¹					Number of women**
	Who had complication during pregnancy	Sought treatment for pregnancy complication ²	Who had delivery complication	Who had post delivery complication	Sought treatment for post-delivery complication ³	
Jhansi	45.4	25.2	56.2	5.2	30.7	270
Lalitpur	67.9	52.4	65.5	17.0	52.3	527
Hamirpur	57.1	33.2	70.3	9.0	41.6	284
Mahoba	48.7	35.1	53.1	6.9	38.6	386
Banda	56.4	35.1	82.4	13.7	46.2	530
Chitrakoot	57.5	31.1	85.6	24.8	34.3	648
Fatehpur	66.7	31.0	88.5	20.7	46.8	500
Pratapgarh	54.5	50.9	66.6	15.8	68.8	473
Kaushambi	62.9	38.6	83.0	21.8	57.5	705
Allahabad	71.4	48.2	70.7	25.2	52.3	687
Barabanki	66.5	51.1	57.6	27.2	62.2	539
Faizabad	59.9	47.1	50.9	18.6	57.5	435
Ambedaker Nagar	56.5	44.8	53.1	12.7	49.4	422
Sultanpur	54.3	45.3	62.0	11.8	63.2	607
Bahraich	63.8	56.4	50.8	28.9	82.3	791
Shrawasti	55.0	54.1	33.2	24.0	78.6	807
Balrampur	54.4	55.4	29.0	18.2	79.7	806
Gonda	49.2	59.6	52.8	16.9	74.5	520
Siddharthnagar	58.3	34.6	39.6	19.8	58.0	689
Basti	57.1	48.9	73.2	12.9	69.6	677
Sant Kabir Nagar	56.8	36.1	55.6	18.5	55.1	534
Maharajganj	68.3	46.6	60.9	19.4	62.9	565
Gorakhpur	72.8	49.9	72.3	16.1	52.7	517
Kushinagar	73.6	54.6	66.6	26.3	67.3	431
Deoria	70.4	48.3	55.8	14.2	60.3	399
Azamgarh	66.7	52.9	72.3	19.0	61.6	576
Mau	58.3	62.2	72.3	14.1	58.2	483
Ballia	39.8	59.0	75.3	17.9	61.7	478
Jaunpur	61.3	39.3	68.1	11.1	63.9	471
Ghazipur	67.4	52.8	79.9	16.1	57.6	567
Chandauli	74.6	46.8	79.2	15.5	42.2	420
Varanasi	71.9	54.5	80.3	11.7	67.8	428
Sant Ravidas Nagar	74.4	46.8	86.6	20.4	52.6	661
Mirzapur	77.3	39.2	83.4	17.5	42.2	532
Sonbhadra	72.8	33.0	86.2	14.2	40.8	492
Uttar Pradesh	64.0	45.7	66.2	18.8	61.1	37,847

[#] Women who had their last live/still birth since 01-01-2004.

** Unweighted cases.

¹ Women who had last live/still birth during three years preceding the survey.

² Women who reported at least one complication of pregnancy.

³ Women who reported at least one post delivery complication.

TABLE 5.5 BREASTFEEDING BY DISTRICTS

Percentage of children aged under 3 years whose mother started breastfeeding within one hour of birth, within 24 hours of birth, and after 24 hours of birth by districts, Uttar Pradesh, 2007-08

Districts	Children received Colostrum/ <i>Khees</i> ^a	Percentage started breastfeeding			Number of children**
		Within one hour of birth	Within 24 hours of birth ¹	After 24 hours of birth	
Saharanpur	51.0	9.5	32.2	67.8	373
Muzaffarnagar	46.2	4.6	28.2	71.8	559
Bijnor	52.5	11.1	31.8	68.2	433
Moradabad	28.7	14.2	35.5	64.5	646
Rampur	51.8	13.1	33.0	67.0	656
Jyotiba Phule Nagar	56.2	4.1	20.2	79.8	591
Meerut	47.9	15.2	46.0	54.0	379
Baghpat	56.1	13.3	43.6	56.4	538
Ghaziabad	39.7	21.6	44.1	55.9	501
Gautam Buddha Nagar	47.8	19.5	54.8	45.2	417
Bulandshahar	35.1	9.6	28.1	71.9	506
Aligarh	34.7	9.6	26.4	73.6	494
Hathras	20.5	9.8	27.2	72.8	410
Mathura	52.4	19.4	63.8	36.2	443
Agra	34.8	8.6	30.2	69.8	403
Firozabad	32.9	7.2	16.3	83.7	623
Etah	20.2	6.4	13.1	86.9	565
Mainpuri	41.0	19.8	29.4	70.6	656
Budaun	15.4	4.2	9.8	90.2	783
Bareilly	48.6	8.4	16.8	83.2	752
Pilibhit	50.0	8.0	17.2	82.8	555
Shahjahanpur	43.6	4.9	15.3	84.7	697
Kheri	64.1	11.9	29.8	70.2	634
Sitapur	61.9	13.1	34.4	65.6	658
Hardoi	54.0	18.8	32.6	67.4	698
Unnao	44.3	15.3	31.5	68.5	359
Lucknow	73.6	24.8	46.9	53.1	276
Rae Bareli	89.5	20.0	50.1	49.9	516
Farrukhabad	18.3	8.1	15.6	84.4	711
Kannauj	25.4	6.4	17.4	82.6	619
Etawah	52.7	11.4	48.9	51.1	455
Auraiya	52.8	10.1	31.1	68.9	419
Kanpur Dehat	52.2	31.9	49.1	50.9	423
Kanpur Nagar	55.6	32.5	60.0	40.0	242
Jalaun	60.9	29.3	57.7	42.3	409

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TABLE 5.5 BREASTFEEDING BY DISTRICTS—Continued					
Percentage of children aged under 3 years whose mother started breastfeeding within one hour of birth, within 24 hours of birth, and after 24 hours of birth by districts, Uttar Pradesh, 2007-08					
District	Children received Colostrum/ <i>Khees</i> ^a	Percentage started breastfeeding			Number of children**
		Within one hour of birth	Within 24 hours of birth ¹	After 24 hours of birth	
Jhansi	60.1	40.9	65.7	34.3	262
Lalitpur	74.9	33.5	70.1	29.9	505
Hamirpur	62.5	38.1	62.2	37.8	277
Mahoba	55.8	41.1	57.6	42.4	369
Banda	42.5	20.1	35.1	64.9	528
Chitrakoot	56.3	28.3	45.7	54.3	640
Fatehpur	69.5	15.2	21.6	78.4	484
Pratapgarh	72.8	20.2	48.3	51.7	431
Kaushambi	65.3	10.4	16.9	83.1	692
Allahabad	76.5	29.4	48.3	51.7	675
Barabanki	83.1	18.9	43.4	56.6	513
Faizabad	72.0	14.5	29.9	70.1	369
Ambedaker Nagar	77.3	16.5	36.7	63.3	362
Sultanpur	69.7	15.1	32.1	67.9	554
Bahraich	85.7	6.0	15.8	84.2	699
Shrawasti	92.9	4.6	12.5	87.5	701
Balrampur	93.0	6.3	14.1	85.9	737
Gonda	86.6	4.8	16.3	83.7	462
Siddharthnagar	75.7	10.0	31.0	69.0	625
Basti	77.2	13.3	34.6	65.4	647
Sant Kabir Nagar	82.3	6.7	37.2	62.8	508
Maharajganj	65.8	25.3	57.0	43.0	513
Gorakhpur	76.3	29.6	64.4	35.6	506
Kushinagar	60.3	19.2	67.2	32.8	416
Deoria	67.3	24.7	66.8	33.2	383
Azamgarh	85.9	15.7	32.0	68.0	555
Mau	87.3	16.2	28.5	71.5	452
Ballia	84.8	14.4	28.6	71.4	430
Jaunpur	69.2	15.2	34.5	65.5	452
Ghazipur	82.8	27.1	52.0	48.0	520
Chandauli	84.3	21.7	38.7	61.3	395
Varanasi	66.2	12.6	24.1	75.9	383
Sant Ravidas Nagar	76.2	13.8	30.2	69.8	636
Mirzapur	47.1	13.4	19.1	80.9	456
Sonbhadra	46.5	18.4	29.7	70.3	442
Uttar Pradesh (15-49)	58.9	15.1	33.6	66.4	35,978
Uttar Pradesh (15-44)[†]	58.7	15.4	33.8	66.2	35,549

Note: Table based on youngest living child born since 01.01.2004.
** Unweighted cases.
¹ Includes children whose mother started breastfeeding within one hour of birth.
^a Yellowish thick milk secretion during the first few days after child birth.
[†] Represents figures for children of currently married women aged 15-44 years.

TABLE 5.7 CHILDHOOD VACCINATION BY DISTRICTS

Percentage of children aged 12-23 months received specific vaccination and Vitamin A supplementation by districts, Uttar Pradesh, 2007-08

Districts	Percentage immunized								Percentage received at least one dose of vitamin A ²	Number of children**
	Vaccination card seen	BCG	DPT3	Polio 0	Polio 3	Measles	Full ¹	None		
Saharanpur	32.2	79.1	46.5	27.6	49.7	58.6	38.0	3.2	39.5	122
Muzaffarnagar	34.7	79.8	39.7	17.4	44.1	49.3	30.5	0.0	34.3	202
Bijnor	20.8	78.9	41.4	15.7	43.1	54.0	37.7	0.5	40.1	132
Moradabad	28.2	75.8	36.8	12.7	34.0	45.0	26.6	0.4	33.5	200
Rampur	28.8	69.6	35.4	13.7	35.0	50.9	33.3	1.4	37.2	212
Jyotiba Phule Nagar	30.5	70.3	36.4	28.0	38.8	49.1	30.2	3.0	28.2	205
Meerut	33.5	78.0	39.8	33.2	45.0	59.8	35.6	1.0	51.8	129
Baghpat	36.5	72.2	37.6	19.0	38.2	47.5	32.6	0.9	39.8	170
Ghaziabad	26.0	72.2	39.5	28.6	34.4	47.0	31.5	0.9	42.2	183
Gautam Buddha Nagar	28.2	80.0	40.7	34.0	40.6	52.2	31.5	4.1	44.6	146
Bulandshahar	34.4	78.2	40.2	26.0	34.2	46.6	27.5	1.2	35.6	165
Aligarh	29.8	77.4	32.2	27.6	38.6	49.3	29.2	1.2	31.2	187
Hathras	20.6	73.5	38.8	21.9	36.3	50.2	24.8	11.2	33.6	130
Mathura	21.4	73.1	29.2	44.4	30.4	30.8	20.4	1.9	19.0	145
Agra	25.1	78.3	29.7	37.7	34.7	40.0	24.8	7.0	27.5	120
Firozabad	32.0	75.0	35.9	26.7	45.4	41.2	27.5	0.0	32.7	204
Etah	15.0	50.0	16.5	51.4	26.3	24.5	11.7	0.9	18.1	193
Mainpuri	33.1	74.3	44.6	28.2	42.3	44.6	28.0	12.6	31.5	240
Budaun	19.0	62.6	17.7	14.5	23.8	33.4	13.5	1.8	21.8	258
Bareilly	35.0	65.9	38.1	23.5	38.2	43.7	32.0	7.6	30.5	256
Pilibhit	37.9	71.9	33.1	24.0	34.6	44.1	23.1	5.0	25.7	202
Shahjahanpur	22.1	64.6	27.0	29.0	27.7	39.9	21.7	7.8	19.2	230
Kheri	20.1	57.1	20.8	45.0	20.8	30.1	15.9	2.5	21.5	231
Sitapur	22.1	60.8	24.2	38.6	24.6	31.2	18.5	0.0	20.4	209
Hardoi	20.2	63.9	30.3	24.3	33.3	41.6	26.5	19.4	28.0	231
Unnao	30.5	81.4	47.2	46.5	44.4	50.0	36.1	2.4	37.2	119
Lucknow	30.0	83.4	67.4	34.5	69.7	66.3	52.4	1.1	42.5	99
Rae Bareli	37.3	85.4	48.1	29.2	45.5	53.6	31.5	0.6	43.8	164
Farrukhabad	17.6	63.0	21.9	22.7	44.2	34.4	16.5	3.5	22.7	258
Kannauj	32.9	71.2	38.6	33.3	35.9	44.3	29.1	2.1	31.0	234
Etawah	32.8	82.8	45.6	20.7	44.4	49.1	31.9	7.4	36.4	162
Auraiya	32.9	78.2	43.5	30.5	47.7	54.8	34.7	4.0	34.2	148
Kanpur Dehat	28.0	80.7	46.8	33.5	48.9	64.1	42.7	3.9	54.2	147
Kanpur Nagar	43.0	87.6	52.2	28.9	61.1	75.8	46.1	3.5	58.4	84
Jalaun	24.7	79.2	39.7	19.4	39.4	50.2	30.9	7.5	30.4	150

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TABLE 5.7 CHILDHOOD VACCINATION BY DISTRICTS—Continued

Percentage of children aged 12-23 months received specific vaccination and Vitamin A supplementation by districts, Uttar Pradesh, 2007-08

Districts	Percentage immunized			Percentage	Number
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	Vaccination card seen	BCG	DPT3	Polio 0	Polio 3	Measles	Full ¹	None	received at least one dose of vitamin A ²	of children**
Jhansi	22.0	95.0	42.4	51.9	46.7	63.6	31.9	2.5	43.7	73
Lalitpur	29.1	82.8	30.5	30.8	31.0	51.8	26.2	7.2	46.7	165
Hamirpur	29.9	97.6	51.9	27.2	50.8	60.4	44.0	0.6	32.9	79
Mahoba	28.9	90.0	42.3	40.1	44.3	59.0	32.7	3.2	47.1	110
Banda	21.4	61.2	27.4	50.3	34.5	36.1	18.4	5.4	27.7	185
Chitrakoot	23.7	71.0	31.4	35.2	32.5	43.4	19.3	7.2	28.4	221
Fatehpur	23.1	80.2	31.6	44.9	28.6	47.8	21.6	0.5	32.6	151
Pratapgarh	39.9	86.4	63.2	26.5	61.8	63.1	50.3	0.0	48.6	147
Kaushambi	21.6	62.9	24.1	50.5	24.9	34.9	19.5	4.0	25.3	226
Allahabad	21.2	57.7	32.8	31.5	39.7	42.2	24.9	12.1	37.2	262
Barabanki	25.2	69.3	41.5	33.8	39.2	38.9	30.9	0.1	30.3	164
Faizabad	23.0	75.1	51.1	37.6	50.9	54.0	39.4	0.7	45.9	133
Ambedaker Nagar	33.6	84.3	55.0	26.8	59.7	63.8	46.8	1.2	47.4	127
Sultanpur	34.5	86.4	55.1	29.5	55.2	59.0	43.4	0.0	44.4	197
Bahraich	19.5	67.4	22.0	48.6	21.9	29.3	16.5	0.0	17.6	254
Shrawasti	15.9	61.2	19.2	60.3	20.1	30.1	14.9	0.0	19.0	222
Balrampur	20.6	54.6	24.9	51.8	24.1	24.3	19.2	0.8	16.1	218
Gonda	20.2	64.4	28.9	47.2	28.9	31.9	20.1	0.0	23.8	148
Siddharthnagar	32.0	71.9	47.2	30.8	46.8	49.2	38.9	0.0	34.9	208
Basti	35.8	86.0	59.1	39.7	59.5	65.8	51.6	0.0	44.8	216
Sant Kabir Nagar	24.3	78.5	54.4	33.5	53.9	56.9	46.0	0.0	40.8	162
Maharajganj	42.3	85.7	47.7	24.4	49.9	49.6	35.7	2.6	36.7	155
Gorakhpur	52.9	92.7	62.5	11.6	68.4	64.2	46.9	6.4	46.2	175
Kushinagar	42.8	80.4	48.9	23.2	47.3	46.1	33.1	0.8	34.1	130
Deoria	53.7	95.0	73.7	17.1	77.7	64.2	56.8	0.0	48.4	122
Azamgarh	33.1	79.3	48.7	41.7	46.4	55.5	35.4	1.7	31.6	204
Mau	41.9	84.3	51.8	39.5	52.7	64.7	41.4	0.7	27.4	156
Ballia	36.5	79.3	56.3	48.4	54.8	64.4	48.5	6.7	24.9	134
Jaunpur	36.6	74.6	53.1	39.6	53.8	48.1	44.4	0.0	40.4	158
Ghazipur	27.0	75.1	46.8	30.4	46.6	57.3	36.2	7.4	36.8	184
Chandauli	33.0	74.3	37.7	28.9	35.5	45.8	24.6	9.1	38.2	136
Varanasi	51.1	88.0	65.4	19.3	65.2	64.3	50.7	3.1	50.5	138
Sant Ravidas Nagar	31.4	66.6	36.7	36.5	32.1	38.1	21.9	6.8	29.7	211
Mirzapur	28.4	56.2	31.8	46.9	33.0	33.3	23.1	3.0	30.4	145
Sonbhadra	36.4	70.8	51.0	48.9	49.5	47.8	42.6	1.0	30.6	158
Uttar Pradesh (15-49)	29.0	73.3	38.8	32.5	40.2	46.9	30.2	3.4	33.3	12,141
Uttar Pradesh (15-44)[†]	29.1	73.4	38.9	32.3	40.4	47.0	30.3	3.4	32.2 [#]	11,990

Note. Table based on youngest living child born since 01.01.2004.

** Unweighted cases.

¹ BCG, three injections of DPT, three doses of Polio (excluding Polio 0) and measles.

² Children aged 12-35 months.

[#] Children aged 9-35 months

[†] Represents figures for children of currently married women aged 15-44 years.

TABLE 5.13 KNOWLEDGE OF ORS AND ACUTE RESPIRATORY INFECTION (ARI) BY DISTRICTS

Percentage of women by awareness of ORS, danger signs of acute respiratory infection and whose children suffered from diarrhoea and ARI by districts, Uttar Pradesh, 2007-08

Districts	Women aware of ORS	Children suffered from diarrhoea ¹	Children sought advice/treatment	Children suffered from ARI ¹	Children sought advice/treatment ²	Number of children**
Saharanpur	33.3	7.9	89.7	10.5	93.0	509
Muzaffarnagar	34.6	18.8	71.7	15.7	89.4	751
Bijnor	40.4	10.8	63.1	15.1	80.2	565
Moradabad	24.8	18.6	75.6	23.9	81.3	888
Rampur	30.8	15.0	75.5	19.2	82.9	896
Jyotiba Phule Nagar	23.8	12.1	81.3	12.8	87.1	808
Meerut	46.1	12.7	84.3	13.4	87.2	527
Baghpat	40.6	20.7	80.4	21.0	89.8	698
Ghaziabad	42.4	21.2	70.7	17.7	83.6	682
Gautam Buddha Nagar	40.4	10.0	77.4	15.4	88.6	567
Bulandshahar	30.0	19.4	79.7	22.2	86.0	642
Aligarh	25.4	24.2	87.9	22.4	85.2	696
Hathras	32.6	19.6	70.5	22.1	81.3	544
Mathura	32.4	10.7	74.0	7.8	84.6	600
Agra	29.4	20.8	67.4	17.1	78.4	530
Firozabad	23.4	27.0	75.4	23.9	79.7	869
Etah	26.7	20.7	76.1	30.2	79.3	768
Mainpuri	31.0	22.4	76.1	23.4	85.7	867
Budaun	10.9	26.4	79.6	26.1	79.7	1070
Bareilly	28.1	21.4	73.4	22.2	77.1	983
Pilibhit	26.2	16.6	71.9	24.5	75.7	748
Shahjahanpur	33.3	21.8	64.7	30.1	78.7	928
Kheri	26.2	33.8	80.9	37.1	75.7	840
Sitapur	24.6	27.7	81.9	25.7	73.9	903
Hardoi	18.8	21.1	73.7	22.8	77.2	910
Unnao	37.4	7.6	62.3	3.5	69.6	456
Lucknow	59.5	8.8	91.2	7.3	100.0	385
Rae Bareli	24.9	10.3	77.2	21.2	80.9	678
Farrukhabad	12.7	27.9	83.1	32.0	79.9	962
Kannauj	26.2	23.1	76.4	28.9	76.1	830
Etawah	32.0	28.3	70.6	19.0	74.0	594
Auraiya	21.2	25.6	76.1	29.2	71.5	587
Kanpur Dehat	40.2	12.0	53.4	15.2	60.4	552
Kanpur Nagar	65.8	3.3	49.7	8.2	75.0	320
Jalaun	57.0	18.1	68.6	25.7	67.7	541

Contd....

TABLE 5.13 KNOWLEDGE OF ORS AND ACUTE RESPIRATORY INFECTION (ARI) BY DISTRICTS —Continued

Percentage of women by awareness of ORS, danger signs of acute respiratory infection and whose children suffered from diarrhoea and pneumonia by district, Uttar Pradesh, 2007-08

District	Women aware of ORS	Children suffered from diarrhoea ¹	Children sought advice/treatment	Children suffered from ARI ¹	Children sought advice/treatment ²	Number of children**
Jhansi	49.8	5.9	80.0	2.0	71.4	342
Lalitpur	55.3	18.2	75.0	22.5	57.4	660
Hamirpur	32.8	10.3	44.9	5.7	71.4	365
Mahoba	49.6	7.6	51.8	5.8	65.5	464
Banda	35.3	9.6	70.1	6.7	67.3	664
Chitrakoot	50.7	8.5	56.3	16.4	52.8	829
Fatehpur	41.3	6.7	74.3	5.8	77.8	623
Pratapgarh	18.7	7.4	75.6	8.5	75.3	584
Kaushambi	43.3	8.4	68.5	11.5	69.5	937
Allahabad	52.1	14.4	61.9	17.0	66.8	893
Barabanki	50.8	15.4	74.1	23.1	74.3	673
Faizabad	58.6	13.5	73.8	18.2	71.5	525
Ambedaker Nagar	46.9	12.6	81.1	11.9	76.7	513
Sultanpur	26.1	5.1	64.6	4.3	63.0	740
Bahraich	22.6	23.6	69.7	24.7	62.9	979
Shrawasti	15.3	25.5	69.8	19.2	66.2	970
Balrampur	21.8	21.6	72.1	11.2	72.8	1028
Gonda	28.5	9.7	81.4	5.4	77.4	644
Siddharthnagar	44.8	11.3	69.7	8.7	70.1	884
Basti	36.5	7.4	82.5	3.7	78.0	874
Sant Kabir Nagar	46.4	7.2	70.1	7.8	84.2	699
Maharajganj	49.2	14.4	66.1	16.4	80.5	746
Gorakhpur	57.4	19.4	70.4	22.8	81.7	677
Kushinagar	52.3	18.9	76.2	16.3	84.2	571
Deoria	53.5	14.8	83.6	6.5	88.3	518
Azamgarh	28.7	8.7	70.9	7.5	67.4	735
Mau	23.8	10.1	79.5	2.7	67.3	630
Ballia	16.0	5.8	72.1	2.3	88.0	595
Jaunpur	29.5	4.6	78.8	4.7	71.4	619
Ghazipur	32.6	13.1	63.2	9.1	80.2	723
Chandauli	49.8	17.2	65.4	23.6	72.2	536
Varanasi	71.4	11.1	79.4	12.6	75.0	536
Sant Ravidas Nagar	52.6	19.9	68.4	19.6	76.0	824
Mirzapur	41.6	10.4	56.3	14.7	58.5	664
Sonbhadra	41.2	5.4	63.7	5.3	50.0	593
Uttar Pradesh (15-49)	35.1	16.2	73.8	16.9	76.6	48,551
Uttar Pradesh (15-44)[†]	35.9	16.2	73.7	16.9	76.7	47,879

Note: Table based on women with youngest living children born since 01.01.2004.

** Unweighted cases.

¹ Last two weeks prior to survey.

² Among children with ARI or fever in last two weeks sought advice /treatment.

[†] Represents figures for children of currently married women aged 15-44 years.

TABLE 6.2 AWARENESS OF CONTRACEPTIVE METHODS

Percentage of currently married women aged 15-49 years who are aware of specific contraceptive method according to selected background characteristics, Uttar Pradesh, 2007-08

Background characteristics	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	ECP	Injectables	Condom/ <i>Nirodh</i>	Female condom	Rhythm method	Withdrawal	Other	Number of Women**
Age group														
15-24	99.0	98.8	81.8	97.6	77.8	90.0	18.1	71.1	87.5	6.2	65.1	42.6	0.4	22,838
25-29	99.4	99.3	87.2	98.7	85.2	92.9	20.6	76.2	91.3	6.7	71.9	50.0	0.9	16,245
30-34	99.6	99.5	87.8	99.1	85.8	92.9	20.2	76.9	90.9	6.1	73.3	50.3	1.1	14,785
35-39	99.5	99.4	88.5	99.0	84.8	91.7	18.6	74.8	88.9	5.5	73.0	49.3	1.2	12,583
40-49	99.6	99.4	88.9	99.0	83.2	90.5	16.9	73.0	86.0	4.7	72.2	48.1	0.9	16,359
No. of living children														
0	98.4	98.2	81.1	96.9	75.5	88.7	18.5	68.9	85.8	6.8	59.0	37.2	0.4	9,354
1	99.2	99.0	85.1	98.0	81.7	91.8	22.1	73.1	89.6	7.8	69.6	47.6	0.6	10,964
2	99.5	99.4	88.1	98.8	85.5	93.0	23.8	76.9	91.2	7.9	72.7	51.7	0.9	14,530
3	99.6	99.5	87.8	98.9	84.9	92.2	20.1	75.4	90.1	5.9	73.5	50.9	1.0	15,821
4+	99.6	99.4	86.9	99.0	83.0	91.0	14.8	73.9	87.6	4.1	71.7	47.0	1.1	32,141
Residence														
Rural	99.3	99.1	85.3	98.4	80.7	90.4	16.1	72.8	87.4	5.0	69.4	46.3	0.8	68,350
Urban	99.8	99.8	91.4	99.3	92.4	96.2	31.6	80.1	95.0	9.9	75.7	53.4	1.1	14,460
Education														
Non-literate ^a	99.2	99.0	83.4	98.3	77.6	88.4	12.2	70.3	84.9	3.3	68.4	43.1	0.8	50,536
Less than five years	99.3	99.1	84.9	98.5	84.4	92.1	15.8	74.4	89.7	4.9	67.8	46.8	1.0	3,405
5-9 years	99.6	99.5	89.6	98.9	88.9	95.5	23.5	77.7	93.9	7.1	72.7	51.8	1.0	18,352
10 or more years	99.9	99.9	95.6	99.5	96.5	98.7	43.2	85.5	98.1	16.7	77.9	61.9	1.2	10,517
Religion														
Hindu	99.4	99.2	86.5	98.6	81.8	90.9	18.9	73.3	88.1	6.0	70.9	48.3	0.9	68,882
Muslim	99.5	99.4	85.8	98.6	87.4	94.3	17.5	77.8	92.1	4.8	68.8	43.6	0.9	13,383
Christian	100.0	100.0	90.0	100.0	90.6	99.2	31.7	80.9	97.5	6.9	78.6	57.8	0.0	48
Sikh	99.5	99.2	85.7	97.4	85.0	90.1	38.1	73.9	91.8	12.3	64.0	43.8	2.4	386
Jain	100.0	100.0	98.6	100.0	100.0	97.8	54.4	81.8	98.9	16.8	80.3	71.2	5.7	88
Others	(100.0)	(100.0)	(87.0)	(100.0)	(91.3)	(100.0)	(13.0)	(78.3)	(95.7)	(4.3)	(73.9)	(39.1)	(0.0)	23
Castes/tribes														
Scheduled castes	99.2	98.9	83.9	98.3	77.0	88.6	15.4	68.8	85.8	4.4	68.5	44.8	1.0	15,995
Scheduled tribes	99.2	98.9	80.9	97.7	65.0	81.2	14.0	60.6	76.3	3.8	72.9	52.6	1.4	1,177
Other backward classes	99.4	99.2	85.8	98.5	81.8	91.0	16.6	73.9	88.1	5.1	69.8	46.4	0.8	46,598
Others	99.6	99.6	90.3	98.9	91.3	95.6	27.4	79.8	93.7	9.2	73.9	52.4	1.0	19,040
Wealth index														
Lowest	99.0	98.8	81.2	97.9	72.1	85.7	10.0	67.4	81.6	2.9	64.9	39.6	0.8	22,286
Second	99.2	99.0	84.5	98.3	79.5	89.6	14.0	70.8	86.8	4.1	69.3	45.0	0.8	21,350
Middle	99.5	99.4	87.2	98.7	86.1	93.4	17.8	75.9	91.1	5.1	71.8	49.1	0.9	15,534
Fourth	99.7	99.6	90.6	99.2	91.4	96.2	23.9	79.8	94.1	7.7	74.5	53.6	0.8	13,597
Highest	99.9	99.9	95.1	99.7	96.9	98.7	43.3	85.2	97.9	15.3	78.3	60.2	1.2	10,042
Uttar Pradesh	99.4	99.2	86.4	98.6	82.8	91.4	18.8	74.1	88.8	5.9	70.5	47.5	0.9	82,810

IUD = Intra Uterine Device; ECP = Emergency contraceptive pill.

() Based on 10-24 unweighted cases.

** Unweighted cases.

^a Literates but did not attend school, are also included.

TABLE 6.3 AWARENESS OF CONTRACEPTIVE METHODS BY DISTRICT

Percentage of currently married women aged 15-49 years who are aware of specific contraceptive method by district, Uttar Pradesh, 2007-08

District	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	ECP	Injectables	Condom/ Nirodh	Female condom	Rhythm method	Withdrawal	Other	Number of Women**
Saharanpur	99.7	99.7	89.4	99.3	91.3	95.4	28.2	75.5	96.9	6.6	73.4	31.1	0.5	973
Muzaffarnagar	100.0	100.0	92.8	99.9	93.9	96.9	26.0	79.1	95.8	5.9	50.5	49.4	0.7	1,230
Bijnor	99.7	99.7	94.8	99.4	92.2	96.8	22.4	80.6	97.1	7.5	94.8	58.3	0.1	924
Moradabad	99.5	98.6	73.9	98.1	86.1	89.3	25.2	79.2	86.8	5.4	77.6	25.4	1.9	1,377
Rampur	99.8	99.8	93.6	99.8	93.1	96.0	24.5	83.3	94.6	9.1	90.5	57.1	0.4	1,335
Jyotiba Phule Nagar	99.7	99.4	85.0	97.6	86.8	89.2	19.7	71.2	94.9	3.1	66.5	25.5	1.0	1,352
Meerut	100.0	100.0	96.8	100.0	97.9	99.3	28.1	86.4	98.3	6.6	97.3	71.5	0.2	941
Baghpat	99.9	99.9	91.1	99.7	95.2	97.0	13.7	84.1	93.9	5.3	73.4	66.0	0.5	1,239
Ghaziabad	100.0	100.0	85.2	99.8	95.1	98.1	30.8	84.1	96.0	6.8	86.1	45.2	1.0	1,189
Gautam Buddha Nagar	100.0	100.0	96.2	99.9	97.3	99.3	22.9	83.4	95.2	4.9	97.2	66.6	0.9	998
Bulandshahar	100.0	99.9	90.5	98.8	87.7	91.9	10.5	83.6	91.8	3.9	76.2	68.7	1.3	1,125
Aligarh	99.9	99.9	89.9	99.6	89.5	93.7	24.7	78.2	93.7	4.5	34.6	43.9	1.5	1,140
Hathras	99.1	98.9	89.4	97.8	90.6	96.1	22.2	80.3	88.2	6.5	90.5	50.6	2.7	872
Mathura	99.8	99.3	89.9	98.6	83.9	92.1	20.8	77.4	87.6	7.7	85.5	60.9	0.5	1,020
Agra	99.2	99.2	90.7	98.5	85.5	92.9	18.2	81.3	90.2	3.5	69.4	55.2	0.4	944
Firozabad	99.6	99.6	93.5	99.1	88.6	93.7	29.5	75.1	92.5	5.2	41.9	48.0	0.8	1,417
Etah	99.7	99.7	82.4	99.2	83.3	90.6	6.1	75.2	84.3	1.7	55.6	48.0	0.8	1,142
Mainpuri	97.4	97.0	81.1	94.0	85.7	91.2	25.4	73.4	87.3	7.2	80.8	52.4	1.5	1,489
Budaun	97.8	97.6	61.1	96.1	73.0	82.7	19.1	74.5	71.8	2.9	69.8	18.6	1.7	1,454
Bareilly	99.5	99.3	85.9	98.7	83.9	92.7	25.3	76.7	88.4	11.3	90.7	55.2	0.8	1,405
Pilibhit	99.2	99.0	80.4	96.4	77.3	87.5	18.9	64.2	87.5	5.2	54.0	19.7	1.9	1,341
Shahjahanpur	96.7	96.5	77.5	94.1	75.3	85.7	16.9	65.3	79.4	6.3	51.1	26.2	0.6	1,384
Kheri	99.3	99.2	80.7	98.6	85.6	92.8	14.2	82.7	90.0	5.7	65.2	40.6	2.6	1,444
Sitapur	100.0	100.0	89.0	99.8	89.8	96.0	7.1	87.4	94.8	1.8	58.0	38.1	1.7	1,402
Hardoi	98.7	97.5	79.5	95.2	80.8	85.6	22.3	68.6	82.6	8.7	84.9	40.2	0.7	1,399
Unnao	100.0	99.8	92.3	99.8	85.5	95.7	26.0	64.5	94.1	4.3	75.4	51.9	1.2	893
Lucknow	100.0	100.0	98.2	100.0	93.4	98.9	29.6	72.9	98.9	15.8	82.8	68.8	0.5	752
Rae Bareli	99.4	99.4	85.8	98.5	78.8	90.1	12.7	66.4	88.0	7.7	64.2	35.1	0.9	1,166
Farrukhabad	97.7	96.8	62.3	94.7	75.5	84.4	23.4	71.4	79.8	6.8	71.6	29.1	0.8	1,467
Kannauj	99.5	99.1	83.1	97.7	83.4	91.9	16.4	71.4	88.2	9.5	68.6	55.2	0.8	1,361
Etawah	98.5	98.5	85.2	97.0	84.5	91.2	43.2	74.6	88.2	6.5	66.6	52.1	0.5	1,132
Auraiya	99.1	99.0	84.4	98.2	81.9	89.6	28.0	65.6	89.6	10.5	46.6	39.9	0.3	1106
Kanpur Dehat	97.9	97.5	85.4	96.6	80.5	89.0	35.5	68.6	88.1	4.9	79.7	61.7	5.7	992
Kanpur Nagar	100.0	99.8	97.5	99.8	94.2	98.7	37.3	69.0	98.3	9.3	83.9	64.0	1.1	797
Jalaun	98.5	98.4	68.6	97.0	62.9	77.0	26.1	43.8	77.8	4.1	51.8	26.8	1.1	1,037

Contd....

TABLE 6.3 AWARENESS OF CONTRACEPTIVE METHODS BY DISTRICT — Continued

District	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	ECP	Injectables	Condom/ <i>Nirodh</i>	Female condom	Rhythm method	Withdrawal	Other	Number of Women**
Jhansi	100.0	100.0	94.9	100.0	86.2	97.0	32.2	72.0	94.1	3.1	81.7	62.6	0.4	964
Lalitpur	99.5	99.5	83.5	98.9	56.4	79.9	15.6	48.0	89.2	5.0	67.0	53.9	1.8	1,143
Hamirpur	100.0	100.0	95.3	100.0	72.7	93.9	35.6	54.7	94.6	2.0	88.5	59.9	1.7	739
Mahoba	99.9	99.9	92.7	99.9	81.5	93.8	14.3	64.4	98.2	3.1	73.3	52.2	0.5	991
Banda	100.0	99.9	88.2	99.8	65.5	88.7	20.1	69.9	88.2	1.7	90.2	56.8	0.8	1,182
Chitrakoot	99.5	99.2	72.2	99.0	62.7	78.3	24.0	50.0	72.8	5.1	77.5	45.3	0.8	1,235
Fatehpur	99.9	99.9	87.0	99.8	83.9	94.6	22.2	54.8	85.8	7.5	67.1	44.3	0.2	1,047
Pratapgarh	100.0	100.0	90.0	99.8	86.3	94.0	13.5	72.6	91.2	6.5	78.1	50.5	0.5	1,056
Kaushambi	99.6	99.5	86.7	99.4	72.6	88.3	24.8	60.4	81.5	8.4	63.4	42.2	0.9	1,362
Allahabad	97.1	96.0	74.8	94.1	67.3	81.0	33.3	54.5	73.1	12.2	55.1	33.8	1.4	1,462
Barabanki	99.7	99.0	85.1	98.3	80.3	89.1	13.4	78.8	91.6	7.0	76.2	40.7	0.5	1,110
Faizabad	99.6	99.6	94.0	99.6	86.5	93.6	9.3	79.1	94.8	5.0	72.1	54.5	0.4	963
Ambedaker Nagar	100.0	100.0	96.9	99.8	90.0	94.2	4.8	87.1	96.3	4.3	79.8	66.0	0.5	1,076
Sultanpur	99.9	99.9	93.4	99.9	89.2	96.6	19.0	80.1	95.4	3.9	91.0	62.2	0.2	1,314
Bahraich	99.9	99.9	81.9	99.6	79.4	92.4	4.7	85.2	88.6	1.5	46.6	26.7	0.9	1,375
Shrawasti	99.9	99.9	84.7	99.9	81.9	94.1	1.9	88.4	85.5	1.0	42.7	26.5	0.2	1,415
Balrampur	99.9	99.9	91.1	99.7	87.5	97.9	2.5	94.6	91.5	0.7	41.1	20.1	0.8	1,436
Gonda	100.0	100.0	95.0	100.0	91.8	98.8	9.7	91.9	95.5	2.9	60.8	32.0	0.1	1,036
Siddharthnagar	100.0	100.0	98.0	100.0	88.0	97.1	2.4	86.6	97.3	1.7	80.3	58.8	1.3	1,322
Basti	100.0	100.0	97.1	100.0	94.3	98.9	18.0	85.9	98.1	5.8	91.2	63.1	0.3	1,522
Sant Kabir Nagar	100.0	100.0	99.6	100.0	95.0	98.2	4.7	90.7	99.1	4.8	78.9	64.4	0.5	1,208
Maharajganj	99.8	99.8	84.3	99.4	79.8	91.1	9.6	75.7	87.3	5.0	45.0	42.5	1.9	1,326
Gorakhpur	98.7	98.1	77.0	95.0	72.4	87.4	19.6	64.8	83.8	15.4	47.3	36.1	0.9	1,258
Kushinagar	99.9	99.8	83.6	99.7	79.7	92.3	13.4	78.5	87.6	5.1	44.0	40.0	0.4	1,046
Deoria	99.8	99.8	78.0	99.6	79.2	92.8	8.7	75.8	87.8	6.5	43.9	43.5	0.6	1,017
Azamgarh	100.0	100.0	92.9	99.9	85.8	93.6	18.0	76.2	91.3	4.6	91.9	72.0	0.2	1,267
Mau	100.0	100.0	92.7	99.9	86.8	94.6	12.4	81.5	91.2	3.9	94.7	71.2	0.3	1,114
Ballia	100.0	100.0	94.4	99.9	82.3	91.5	7.1	80.3	88.1	2.1	95.9	63.2	0.1	1,096
Jaunpur	100.0	100.0	95.0	100.0	93.2	98.1	21.3	83.8	97.2	5.7	91.5	64.5	0.2	1,156
Ghazipur	99.8	99.7	91.7	99.6	80.1	89.9	23.3	72.2	80.6	6.5	77.1	51.2	0.0	1,241
Chandauli	93.5	93.5	64.9	89.4	58.5	67.8	16.7	43.5	64.1	12.5	35.9	23.5	0.2	1,063
Varanasi	100.0	99.8	87.2	99.2	86.8	94.8	32.5	88.6	90.8	13.9	89.6	63.9	0.0	1,165
Sant Ravidas Nagar	98.5	98.3	68.5	97.2	69.2	83.8	26.1	67.3	71.9	12.5	59.1	40.5	0.3	1,517
Mirzapur	99.8	99.8	86.6	99.7	77.8	86.5	19.1	67.3	85.5	9.6	87.4	62.8	0.1	1,263
Sonbhadra	99.9	99.9	96.1	99.9	71.1	80.4	10.8	56.8	82.9	3.5	95.7	80.8	0.6	1,084
Uttar Prades	99.4	99.2	86.4	98.6	82.8	91.4	18.8	74.1	88.8	5.9	70.5	47.5	0.9	82,810

IUD = Intra Uterine Device; ECP = Emergency contraceptive pill. ** Unweighted cases.

TABLE 6.7 CONTRACEPTIVE PREVALENCE RATE BY DISTRICT

Percentage of currently married women aged 15-49 years who are currently using any contraceptive method, by districts, Uttar Pradesh, 2007-08

District	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	ECP	Condom/ <i>Nirodh</i>	Rhythm method	Withdrawal	Other	Number of Women**
Saharanpur	52.2	42.7	0.2	18.3	2.2	4.6	2.1	15.2	7.5	1.8	0.0	973
Muzaffarnagar	40.1	35.5	0.1	16.9	1.4	3.1	1.1	13.2	2.9	1.1	0.0	1,230
Bijnor	47.5	32.7	0.3	13.7	1.0	2.3	0.5	14.8	14.5	0.2	0.0	924
Moradabad	37.2	26.1	0.1	10.5	0.8	1.2	0.8	12.5	9.7	0.5	0.0	1,377
Rampur	44.2	30.0	0.3	12.3	2.5	1.4	0.5	12.7	13.5	0.5	0.0	1,335
Jyotiba Phule Nagar	43.7	33.1	0.3	15.3	1.6	1.4	0.7	13.8	8.3	2.0	0.0	1,352
Meerut	51.3	38.0	0.2	18.5	2.6	1.9	1.1	13.9	11.9	1.5	0.0	941
Baghpat	49.0	39.1	0.5	20.2	2.6	3.9	0.8	11.1	8.4	1.2	0.0	1,239
Ghaziabad	52.4	41.5	1.0	18.4	1.6	2.5	1.0	17.1	9.3	1.2	0.0	1,189
Gautam Buddha Nagar	56.2	40.4	0.3	26.4	2.7	2.9	0.8	7.7	14.1	1.5	0.0	998
Bulandshahar	45.7	32.0	0.1	18.4	1.8	1.5	0.6	10.1	10.9	1.6	0.0	1,125
Aligarh	36.0	29.6	0.3	15.4	1.1	1.9	0.6	10.0	2.6	2.9	0.0	1,140
Hathras	44.5	24.1	0.0	16.4	0.8	1.1	0.0	5.7	17.7	2.1	0.0	872
Mathura	33.6	29.9	0.6	21.8	0.9	1.2	0.5	5.1	2.3	1.2	0.0	1,020
Agra	29.8	28.2	0.0	22.2	0.2	0.6	0.2	5.2	0.5	0.9	0.0	944
Firozabad	24.6	20.1	0.0	11.6	1.2	1.2	0.0	6.1	2.1	1.9	0.0	1,417
Etah	27.2	17.2	0.2	7.0	1.3	1.9	0.4	6.4	9.2	0.8	0.0	1,142
Mainpuri	39.7	17.0	0.2	9.3	1.3	1.2	0.4	4.8	19.8	2.8	0.0	1,489
Budaun	19.1	12.8	0.1	6.8	1.0	0.5	0.0	4.4	5.0	0.2	0.0	1,454
Bareilly	39.2	24.0	0.3	13.2	1.2	1.3	0.3	7.9	13.6	1.2	0.0	1,405
Pilibhit	40.9	28.8	0.4	16.0	1.0	2.1	0.2	9.5	10.4	0.6	0.0	1,341
Shahjahanpur	28.5	19.7	0.4	8.8	1.3	1.4	0.5	7.3	7.0	1.4	0.0	1,384
Kheri	33.0	23.8	0.0	14.4	0.9	1.9	0.2	6.2	7.5	1.2	0.0	1,444
Sitapur	26.1	19.1	0.2	11.3	0.9	1.0	0.4	5.4	6.3	0.5	0.0	1,402
Hardoi	31.3	15.9	0.1	6.7	2.0	1.5	0.1	5.3	14.3	1.0	0.0	1,399
Unnao	38.3	23.6	0.1	12.1	1.1	1.6	0.0	8.5	11.6	2.7	0.0	893
Lucknow	47.8	38.4	0.5	19.9	2.9	2.2	0.5	11.9	8.7	0.8	0.0	752
Rae Bareli	33.3	22.4	0.2	14.3	0.7	1.0	0.1	6.1	7.9	2.5	0.0	1,166
Farrukhabad	29.8	15.6	0.0	6.5	1.0	1.7	0.4	6.5	12.5	1.1	0.0	1,467
Kannauj	35.1	17.4	0.1	6.6	0.9	1.1	0.2	8.4	14.1	3.1	0.0	1,361
Etawah	31.8	25.8	0.1	16.0	1.5	1.6	0.3	6.6	4.6	1.4	0.0	1,132
Auraiya	37.9	27.5	0.4	17.7	1.0	1.6	0.2	6.5	7.4	2.9	0.0	1106
Kanpur Dehat	47.6	29.2	0.0	14.6	0.7	1.2	0.1	12.3	12.0	6.3	0.0	992
Kanpur Nagar	54.1	41.5	0.3	20.3	2.4	2.5	0.2	14.7	8.4	4.3	0.0	797
Jalaun	56.5	48.2	0.2	35.7	0.8	0.9	0.4	10.2	5.8	2.0	0.0	1,037

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TABLE 6.7 CONTRACEPTIVE PREVALENCE RATE BY DISTRICT — Continued

District	Any method	Any modern method	Male sterilization	Female sterilization	IUD	Pill	ECP	Condom/ Nirodh	Rhythm method	Withdrawal	Other	Number of Women**
Jhansi	67.9	58.6	0.3	50.4	0.7	1.3	0.3	5.6	7.3	1.9	0.0	964
Lalitpur	57.1	43.6	0.5	33.8	0.0	1.1	0.0	8.3	7.4	6.0	0.0	1,143
Hamirpur	58.5	43.5	0.0	30.9	0.3	0.6	0.0	11.6	9.5	5.4	0.0	739
Mahoba	54.1	46.2	0.4	37.8	0.3	0.4	0.1	7.2	4.3	3.5	0.0	991
Banda	47.5	27.2	0.3	19.5	0.5	0.4	0.1	6.4	16.7	3.6	0.0	1,182
Chitrakoot	47.0	33.9	0.4	27.4	0.7	0.8	0.1	4.6	10.5	2.4	0.0	1,235
Fatehpur	28.5	18.3	0.2	11.7	1.5	1.0	0.2	3.6	9.2	0.9	0.0	1,047
Pratapgarh	34.1	24.4	0.1	20.6	0.4	0.4	0.2	2.7	7.9	1.3	0.0	1,056
Kaushambi	33.6	23.5	0.1	17.0	1.1	0.6	0.0	4.6	9.0	1.0	0.0	1,362
Allahabad	43.8	37.8	0.3	29.5	1.1	1.2	0.1	4.8	4.9	0.9	0.0	1,462
Barabanki	35.0	20.6	0.0	12.5	0.4	0.5	0.2	7.0	11.8	2.3	0.0	1,110
Faizabad	38.4	22.3	0.3	11.8	0.6	1.8	0.2	7.5	11.4	4.7	0.0	963
Ambedaker Nagar	42.2	20.3	0.2	13.5	0.1	0.8	0.0	5.7	14.4	7.4	0.0	1,076
Sultanpur	36.5	22.1	0.1	15.2	0.3	1.4	0.4	4.6	12.0	2.4	0.0	1,314
Bahraich	15.2	8.9	0.1	4.4	0.7	1.2	0.1	2.4	5.1	1.0	0.0	1,375
Shrawasti	13.8	8.8	0.1	4.5	0.8	0.7	0.2	2.2	4.2	0.7	0.0	1,415
Balrampur	9.5	6.5	0.0	2.9	0.2	1.0	0.2	2.0	2.0	0.5	0.0	1,436
Gonda	20.7	12.8	0.1	7.6	0.5	0.9	0.3	3.1	6.6	1.2	0.0	1,036
Siddharthnagar	22.0	11.9	0.1	7.6	0.4	1.3	0.2	1.5	8.3	1.4	0.0	1,322
Basti	34.0	18.9	0.3	10.5	0.9	1.0	0.7	5.6	11.9	3.0	0.0	1,522
Sant Kabir Nagar	30.7	18.4	0.1	12.2	0.9	0.3	0.2	4.6	9.9	2.3	0.0	1,208
Maharajganj	38.9	32.4	0.1	25.7	0.3	1.2	0.2	3.4	3.3	3.1	0.0	1,326
Gorakhpur	42.5	35.2	0.3	24.5	0.3	2.0	0.5	7.2	4.1	2.9	0.0	1,258
Kushinagar	42.2	32.2	0.4	25.6	0.1	1.0	0.3	4.4	5.2	4.6	0.0	1,046
Deoria	35.1	26.5	0.1	17.3	0.6	1.1	0.1	7.0	4.3	4.2	0.0	1,017
Azamgarh	33.9	20.6	0.2	15.0	0.3	1.2	0.5	3.3	12.2	1.2	0.0	1,267
Mau	43.3	22.8	0.0	17.2	0.7	0.6	0.1	4.2	18.7	1.6	0.0	1,114
Ballia	45.4	26.6	0.4	22.9	0.3	0.7	0.0	2.3	17.0	1.7	0.0	1,096
Jaunpur	41.9	31.9	0.3	26.5	0.6	0.7	0.2	3.4	8.8	1.2	0.0	1,156
Ghazipur	39.3	25.3	0.0	20.7	0.4	0.4	0.1	3.7	11.5	2.5	0.0	1,241
Chandauli	42.2	36.2	0.6	30.2	0.9	0.5	0.1	3.8	5.4	0.6	0.0	1,063
Varanasi	61.9	47.2	0.3	34.8	2.6	2.5	0.3	6.1	11.2	3.5	0.0	1,165
Sant Ravidas Nagar	41.0	31.7	0.1	25.3	1.0	1.2	0.2	3.7	7.7	1.6	0.0	1,517
Mirzapur	53.3	42.1	0.1	35.6	1.0	1.3	0.5	3.6	9.2	2.0	0.0	1,263
Sonbhadra	54.8	40.1	0.4	33.8	1.1	1.2	0.5	3.1	12.2	2.1	0.0	1,084
Uttar Pradesh (15-49)	38.4	27.2	0.2	17.5	1.0	1.3	0.3	6.7	9.1	2.0	0.0	82,810
Uttar Pradesh (15-44)[†]	38.4	26.7	0.2	16.5	1.0	1.4	0.3	7.1	9.4	2.1	0.0	76,145

IUD = Intra Uterine Device; ECP = Emergency contraceptive pills.

** Unweighted cases. [†] Represents figures for currently married women aged 15-44 years.

TABLE 6.9 CASH BENEFITS RECEIVED AFTER STERILIZATION

Percentage distribution of women and wives of sterilized men who received cash benefits after sterilization, by districts, Uttar Pradesh, 2007-08

District	Received cash benefits	Cash benefits received			Total ¹	Number of Women**
		At the time of discharge	At the time of first follow-up	After several visits		
Saharanpur	65.3	82.6	7.8	9.6	100.0	187
Muzaffarnagar	64.1	94.0	5.2	0.7	100.0	224
Bijnor	47.2	86.4	8.5	5.1	100.0	132
Moradabad	80.7	68.6	22.3	9.1	100.0	149
Rampur	67.3	90.3	5.3	4.4	100.0	150
Jyotiba Phule Nagar	64.6	79.6	7.3	13.1	100.0	203
Meerut	67.2	89.9	2.5	7.6	100.0	190
Baghpat	69.5	69.8	8.4	21.8	100.0	258
Ghaziabad	56.5	70.2	9.9	19.8	100.0	243
Gautam Buddha Nagar	60.3	86.3	6.8	6.8	100.0	264
Bulandshahar	66.3	58.7	21.7	19.6	100.0	205
Aligarh	67.1	87.2	6.0	6.8	100.0	173
Hathras	47.2	91.2	5.9	2.9	100.0	146
Mathura	59.8	92.0	3.6	4.4	100.0	225
Agra	61.7	94.6	1.6	3.9	100.0	210
Firozabad	67.5	84.5	7.3	8.2	100.0	166
Etah	67.9	83.6	7.3	9.1	100.0	82
Mainpuri	63.8	79.1	15.4	5.5	100.0	146
Budaun	63.0	76.2	11.1	12.7	100.0	94
Bareilly	54.8	78.6	6.8	14.6	100.0	186
Pilibhit	53.8	83.2	5.9	10.9	100.0	214
Shahjahanpur	51.2	71.9	18.8	9.4	100.0	122
Kheri	82.1	73.5	15.9	10.6	100.0	210
Sitapur	78.1	82.4	12.0	5.6	100.0	161
Hardoi	61.3	87.7	7.0	5.3	100.0	97
Unnao	66.1	88.7	9.9	1.4	100.0	105
Lucknow	76.8	78.2	21.0	0.8	100.0	136
Rae Bareli	73.4	84.7	10.5	4.8	100.0	162
Farrukhabad	56.8	81.5	13.0	5.6	100.0	93
Kannauj	69.9	82.8	10.9	6.3	100.0	96
Etawah	68.1	86.4	6.4	7.2	100.0	184
Auraiya	78.4	86.5	8.3	5.1	100.0	195
Kanpur Dehat	64.8	95.7	2.1	2.1	100.0	149
Kanpur Nagar	51.2	83.5	8.2	8.2	100.0	154
Jalaun	71.8	79.5	13.1	7.5	100.0	376

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TABLE 6.9 CASH BENEFITS RECEIVED AFTER STERILIZATION — Continued

District	Received cash benefits	Cash benefits received			Total ¹	Number of Women**
		At the time of discharge	At the time of first follow-up	After several visits		
Jhansi	74.2	85.9	11.3	2.8	100.0	505
Lalitpur	71.5	92.1	5.7	2.1	100.0	401
Hamirpur	72.9	95.8	4.2	0.0	100.0	225
Mahoba	75.9	80.9	8.7	10.4	100.0	375
Banda	78.2	88.5	8.7	2.7	100.0	249
Chitrakoot	74.9	74.7	10.9	14.4	100.0	340
Fatehpur	78.2	86.6	10.3	3.1	100.0	124
Pratapgarh	74.9	78.7	17.7	3.7	100.0	217
Kaushambi	70.8	78.2	17.0	4.8	100.0	228
Allahabad	73.7	81.5	13.0	5.6	100.0	432
Barabanki	64.0	62.5	19.3	18.2	100.0	140
Faizabad	66.4	76.3	11.8	11.8	100.0	116
Ambedaker Nagar	72.1	76.4	9.4	14.2	100.0	143
Sultanpur	78.5	81.5	12.7	5.7	100.0	201
Bahraich	79.0	79.6	18.4	2.0	100.0	61
Shrawasti	75.8	81.6	14.3	4.1	100.0	69
Balrampur	61.0	84.0	12.0	4.0	100.0	41
Gonda	83.8	94.0	4.5	1.5	100.0	79
Siddharthnagar	72.3	82.2	13.7	4.1	100.0	95
Basti	72.0	92.4	5.9	1.7	100.0	161
Sant Kabir Nagar	67.6	84.0	11.0	5.0	100.0	146
Maharajganj	85.6	79.8	16.1	4.1	100.0	351
Gorakhpur	65.8	80.1	14.1	5.8	100.0	311
Kushinagar	72.8	79.8	13.6	6.6	100.0	280
Deoria	73.9	82.4	13.0	4.6	100.0	179
Azamgarh	74.5	86.7	4.9	8.4	100.0	189
Mau	69.6	89.5	2.3	8.3	100.0	195
Ballia	76.9	80.5	14.9	4.6	100.0	250
Jaunpur	61.0	86.8	6.9	6.3	100.0	307
Ghazipur	66.9	69.2	7.6	23.3	100.0	260
Chandauli	60.1	75.6	8.1	16.2	100.0	330
Varanasi	69.9	78.4	14.6	7.0	100.0	411
Sant Ravidas Nagar	60.4	83.9	7.8	8.3	100.0	364
Mirzapur	77.3	87.9	8.6	3.5	100.0	440
Sonbhadra	84.9	97.1	2.2	0.6	100.0	363
Uttar Pradesh	70.0	82.9	9.9	7.2	100.0	14,665

** Unweighted cases.

¹ Total figure may not add to 100 percent due to 'don't know' or 'missing cases'.

TABLE 6.16 UNMET NEED FOR FAMILY PLANNING SERVICES

Percentage of currently married women aged 15-49 years by unmet need for family planning services by districts, Uttar Pradesh, 2007-08

District	Unmet need for FP			Number of women**
	Spacing ¹	Limiting ²	Total	
Saharanpur	7.5	16.2	23.8	973
Muzaffarnagar	9.0	23.8	32.8	1,230
Bijnor	8.5	20.5	29.0	924
Moradabad	10.4	25.0	35.4	1,377
Rampur	8.1	21.3	29.4	1,335
Jyotiba Phule Nagar	8.9	21.9	30.8	1,352
Meerut	7.0	12.8	19.8	941
Baghpat	7.3	19.2	26.6	1,239
Ghaziabad	6.3	14.9	21.2	1,189
Gautam Buddha Nagar	4.6	14.9	19.5	998
Bulandshahar	8.1	20.6	28.7	1,125
Aligarh	9.8	25.6	35.4	1,140
Hathras	6.8	22.3	29.1	872
Mathura	9.2	26.4	35.6	1,020
Agra	10.0	29.8	39.8	944
Firozabad	10.9	35.2	46.1	1,417
Etah	10.9	32.0	42.9	1,142
Mainpuri	7.7	24.3	32.0	1,489
Budaun	14.1	33.4	47.5	1,454
Bareilly	8.8	25.1	34.0	1,405
Pilibhit	9.1	21.8	30.8	1,341
Shahjahanpur	14.5	24.8	39.3	1,384
Kheri	14.4	21.1	35.5	1,444
Sitapur	17.9	23.8	41.7	1,402
Hardoi	11.5	27.6	39.1	1,399
Unnao	8.1	23.1	31.1	893
Lucknow	8.8	17.9	26.7	752
Rae Bareli	12.8	22.5	35.3	1,166
Farrukhabad	11.1	25.2	36.3	1,467
Kannauj	9.9	24.6	34.5	1,361
Etawah	11.2	27.9	39.1	1,132
Auraiya	8.5	27.5	36.1	1,106
Kanpur Dehat	7.3	18.1	25.4	992
Kanpur Nagar	3.5	16.6	20.0	797
Jalaun	5.3	12.1	17.4	1,037

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TABLE 6.16 UNMET NEED FOR FAMILY PLANNING SERVICES— Continued

District	Unmet need for FP			Number of women**
	Spacing ¹	Limiting ²	Total	
Jhansi	5.3	7.8	13.1	964
Lalitpur	6.1	10.8	16.9	1,143
Hamirpur	7.7	14.0	21.7	739
Mahoba	7.3	13.9	21.2	991
Banda	6.6	16.8	23.4	1,182
Chitrakoot	10.9	17.4	28.4	1,235
Fatehpur	12.9	27.0	39.9	1,047
Pratapgarh	10.9	24.5	35.3	1,056
Kaushambi	10.8	20.5	31.3	1,362
Allahabad	10.2	16.1	26.4	1,462
Barabanki	10.1	20.7	30.8	1,110
Faizabad	12.9	18.4	31.3	963
Ambedaker Nagar	9.2	20.5	29.7	1,076
Sultanpur	13.4	21.7	35.1	1,314
Bahraich	18.7	27.0	45.7	1,375
Shrawasti	21.0	25.7	46.7	1,415
Balrampur	23.0	29.4	52.5	1,436
Gonda	17.5	27.8	45.3	1,036
Siddharthnagar	14.0	22.3	36.3	1,322
Basti	10.7	22.5	33.1	1,522
Sant Kabir Nagar	11.7	25.4	37.0	1,208
Maharajganj	9.4	20.7	30.1	1,326
Gorakhpur	10.9	19.7	30.6	1,258
Kushinagar	8.8	23.1	31.9	1,046
Deoria	8.6	26.2	34.7	1,017
Azamgarh	15.0	23.0	38.0	1,267
Mau	10.6	22.8	33.4	1,114
Ballia	9.9	18.6	28.6	1,096
Jaunpur	11.1	20.7	31.8	1,156
Ghazipur	12.6	23.0	35.7	1,241
Chandauli	7.6	20.9	28.5	1,063
Varanasi	9.8	8.6	18.4	1,165
Sant Ravidas Nagar	12.8	19.1	31.8	1,517
Mirzapur	9.9	11.4	21.4	1,263
Sonbhadra	8.8	9.9	18.7	1,084
Uttar Pradesh (15-49)	10.6	21.8	32.4	82,810
Uttar Pradesh (15-44)[†]	11.6	22.1	33.7	76,145

Note: Total unmet need refers to unmet for limiting and spacing.

** Unweighted cases.

¹ Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.

² Unmet need for limiting includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.

† Represents figures for currently married women aged 15-44 years.

TABLE 7.13 HIV/AIDS INDICATORS BY DISTRICTS

Percentage of ever-married women age 15-49 years who have heard of HIV/AIDS, know HIV/AIDS prevention, transmission, places where people can go to get tested for HIV/AIDS and who have been tested for HIV/AIDS in the past 12 months, by districts, Uttar Pradesh, 2007-08

District	Who have heard of HIV/AIDS	Who know that HIV/AIDS can be prevented by using condom	Who know that HIV/AIDS can be transmitted from mother to her baby	Who know the places where people can go to get tested for HIV/AIDS	Who ever been tested for HIV/AIDS (%)	Who underwent HIV/AIDS test in the past 12 months among ever tested
Saharanpur	49.6	59.6	13.1	69.0	2.5	7.4
Muzaffarnagar	51.9	29.1	9.3	62.4	2.6	47.0
Bijnor	52.1	48.0	11.3	68.8	1.9	40.6
Moradabad	31.8	33.7	19.9	54.2	2.5	45.0
Rampur	39.8	39.6	12.3	59.5	2.4	60.7
Jyotiba Phule Nagar	31.6	58.0	13.9	56.4	2.6	36.8
Meerut	62.4	49.9	25.9	77.8	2.9	52.9
Baghpat	54.7	44.3	11.7	64.8	3.8	32.1
Ghaziabad	61.4	48.3	20.1	63.6	4.9	30.0
Gautam Buddha Nagar	44.9	50.8	26.7	70.2	1.0	80.4
Bulandshahar	34.6	30.9	9.0	61.9	2.7	59.4
Aligarh	37.6	28.4	8.9	48.9	5.1	60.9
Hathras	36.6	44.6	18.9	70.9	2.5	100.0
Mathura	37.7	44.0	30.7	52.4	1.4	0.0
Agra	44.9	43.7	8.8	51.9	2.6	35.5
Firozabad	36.9	20.8	9.2	51.2	1.4	24.2
Etah	26.7	30.6	9.6	51.9	0.3	100.0
Mainpuri	31.1	40.9	18.5	57.0	1.1	39.4
Budaun	15.2	34.2	19.7	58.1	1.1	35.7
Bareilly	37.9	36.5	11.1	62.9	1.8	61.3
Pilibhit	25.0	47.6	20.9	45.6	1.2	60.8
Shahjahanpur	19.0	48.7	13.5	53.3	1.4	0.0
Kheri	23.1	50.6	17.7	67.6	1.6	41.9
Sitapur	24.7	39.3	24.1	66.6	1.0	19.5
Hardoi	31.2	40.7	9.2	63.6	1.3	33.7
Unnao	30.8	57.0	31.3	50.7	0.6	100.0
Lucknow	71.5	56.6	28.2	49.0	2.7	40.7
Rae Bareli	31.4	33.4	21.4	63.5	3.5	41.2
Farrukhabad	27.8	29.9	17.1	50.7	1.4	0.0
Kannauj	36.6	36.2	14.0	48.9	1.5	12.4
Etawah	38.6	32.3	11.5	52.0	1.9	65.3
Auraiya	40.2	17.5	11.8	50.8	1.8	11.9
Kanpur Dehat	47.5	28.3	31.7	49.6	1.4	36.3
Kanpur Nagar	68.5	60.1	50.4	59.3	2.8	37.6
Jalaun	38.7	33.1	30.8	64.0	0.3	100.0
Jhansi	33.1	65.7	38.0	55.1	0.0	0.0
Lalitpur	36.4	39.6	30.7	57.4	1.3	52.0
Hamirpur	35.7	36.6	31.2	42.8	2.8	52.0
Mahoba	25.0	74.0	30.3	61.2	2.0	62.9
Banda	27.2	26.7	25.4	52.5	1.2	41.6
Chitrakoot	25.4	41.6	39.0	48.0	1.7	20.5
Fatehpur	26.0	63.6	35.9	63.5	2.8	60.2
Pratapgarh	46.0	29.1	18.1	60.7	2.3	29.6
Kaushambi	30.1	53.7	25.4	49.0	2.9	32.2
Allahabad	48.8	45.0	22.3	58.7	2.6	35.7
Barabanki	41.9	43.4	33.4	43.2	2.8	52.0
Faizabad	42.8	42.3	27.6	51.1	2.5	44.0

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TABLE 7.13 HIV/AIDS INDICATORS BY DISTRICTS - *Continued*

District	Who have heard of HIV/AIDS	Who know that HIV/AIDS can be prevented by using condom	Who know that HIV/AIDS can be transmitted from mother to her baby	Who know the places where people can go to get tested for HIV /AIDS	Who ever been tested for HIV/AIDS (%)	Who underwent HIV/AIDS test in the past 12 months among ever tested
Ambedaker Nagar	44.2	40.5	28.4	55.4	2.3	41.2
Sultanpur	39.7	36.4	26.0	58.2	2.8	54.4
Bahraich	19.1	43.9	19.8	55.2	0.7	100.0
Shrawasti	14.1	33.5	21.1	64.1	0.5	100.0
Balrampur	16.7	24.6	14.2	32.2	0.7	45.5
Gonda	25.0	26.9	12.3	49.3	1.8	38.6
Siddharthnagar	41.2	32.1	18.6	39.5	1.6	20.1
Basti	44.4	35.9	18.3	62.8	2.6	44.6
Sant Kabir Nagar	42.6	32.0	39.0	45.8	0.8	49.5
Maharajganj	39.3	19.3	6.5	57.7	1.4	60.4
Gorakhpur	51.4	39.1	13.0	50.9	5.0	29.8
Kushinagar	39.9	22.5	9.3	63.6	2.6	78.1
Deoria	42.4	33.1	13.6	57.7	1.2	52.0
Azamgarh	59.1	33.6	15.0	51.3	0.7	39.3
Mau	47.6	34.8	18.2	47.9	0.9	0.0
Ballia	30.6	38.7	14.2	41.9	0.5	52.3
Jaunpur	54.2	26.9	22.3	63.3	3.1	32.3
Ghazipur	48.7	49.5	28.9	49.3	1.5	52.8
Chandauli	34.4	24.3	23.8	42.0	2.8	36.1
Varanasi	61.4	39.9	21.6	37.0	4.0	43.4
Sant Ravidas Nagar	47.1	41.3	21.2	31.2	1.6	53.3
Mirzapur	39.1	41.7	12.1	57.8	2.5	27.8
Sonbhadra	26.5	44.3	11.9	67.4	2.8	41.5
Uttar Pradesh (15-49)	37.3	39.6	20.5	54.9	2.1	41.2
Uttar Pradesh (15-44)[†]	38.4	40.0	20.4	55.1	2.2	41.4

[†] Represents figures for currently married women aged 15-44 years.