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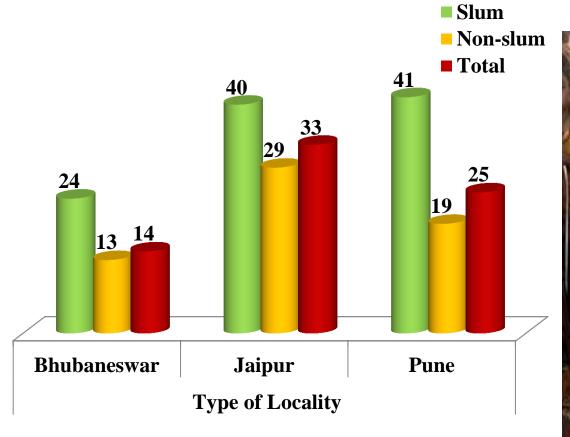


Contents of Presentation

- ≻ Age at marriage
- > Fertility
- ➢ Family planning
- Unmet need for family planning
- > Abortion and sonography
- Adverse social effects on women living in Urban area



Ever married woman age 20-29 married before age 18 (%)



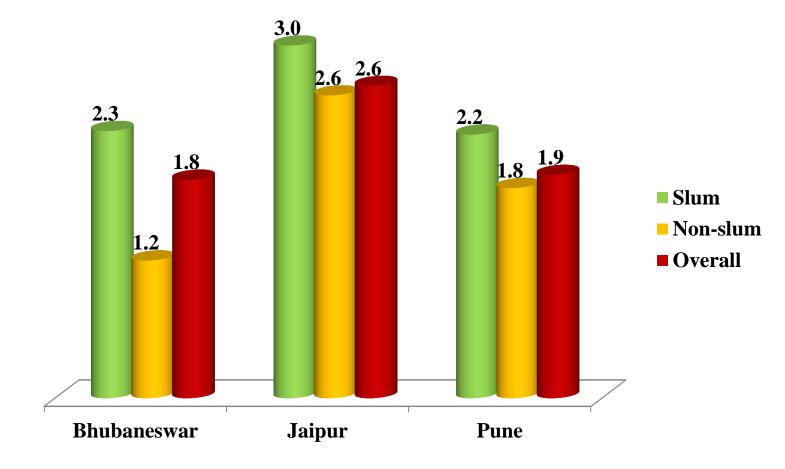








Mean number of children ever Born

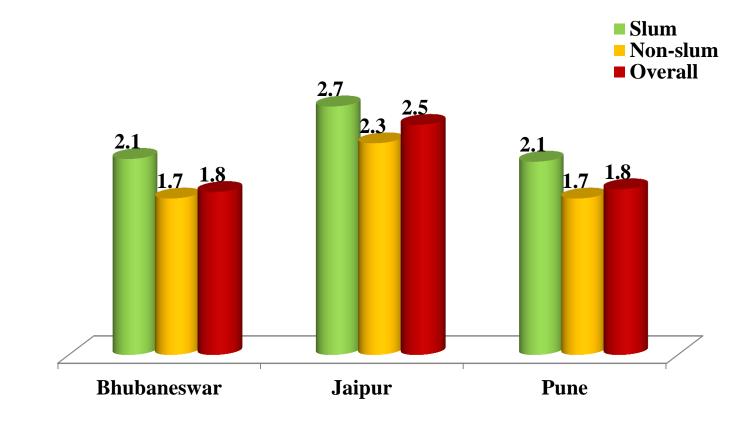








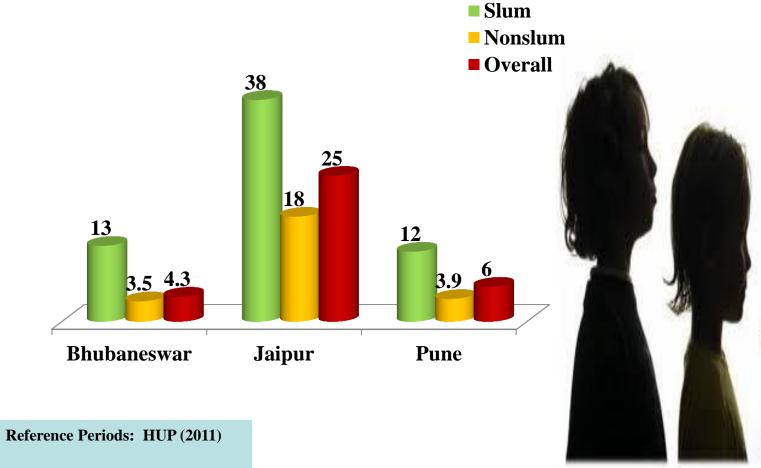
Mean number of children surviving







Ever married women having birth order more than three (%)

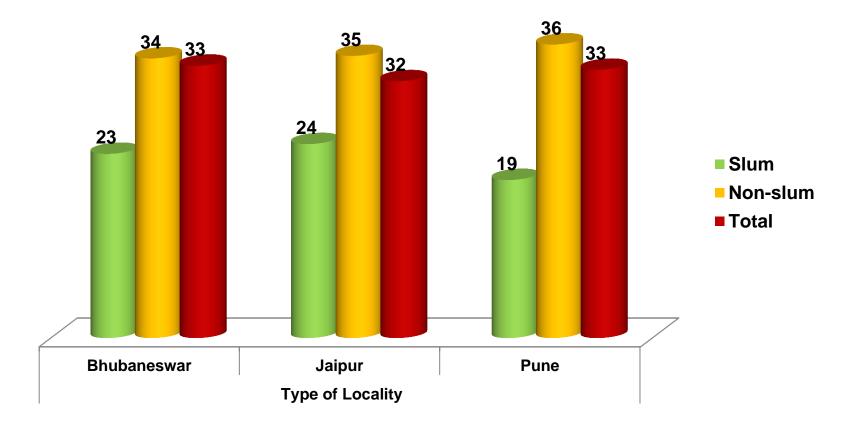




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First use of any contraception after having the first child (%)







Currently married women using any method of contraception by number of surviving children in Bhubaneswar (%)

Type of Locality						
Overall 65	Slum 61		Non-Slum 66			
NUMBER OF CHILDREN	TYPE OF LOCALITY					
	Overall	Slum	Non-Slum			
0	32	12	35			
1	58	53	59			
2	72	64	72			
3+	80	72	82			







Currently married women using any method of contraception by number of surviving children in Jaipur (%)

Type of locality						
Overall	Slum		Non-Slum			
77		67	82			
NUMBER OF CHILDREN	TYPE OF LOCALITY					
	Overall	Slum	Non-Slum			
0	16	9	23			
1	63	46	71			
2	88	81	90			
3+	89	79	92			







Currently married women using any method of contraception by number of surviving children in Pune (%)

Type of locality						
Overall	Slum		Non-Slum			
79		75	80			
NUMBER OF CHILDREN	TYPE OF LOCALITY					
	Overall	Slum	Non-Slum			
0	26	10	30			
1	72	54	74			
2	90	85	91			
3+	91	92	91			





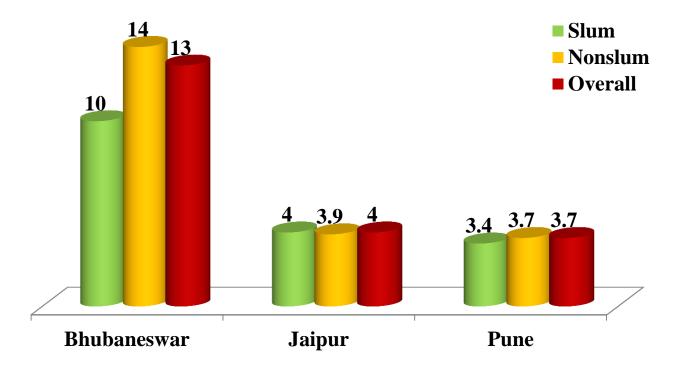
- The effects of the predictor variables are quite similar for sterilization
- Age of the women and education have strong adjusted effects in the expected direction
- Younger women and more educated women are much more likely to use other modern spacing method and any traditional method
- Neither media exposure and standard of living index nor type of locality has a significant adjusted effect on use of the other modern spacing method and any traditional method.







Currently married women age 15-49 years by unmet need for family planning services (%)

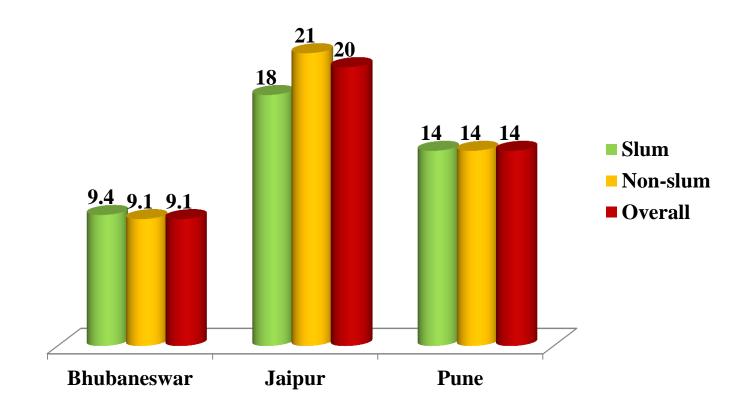








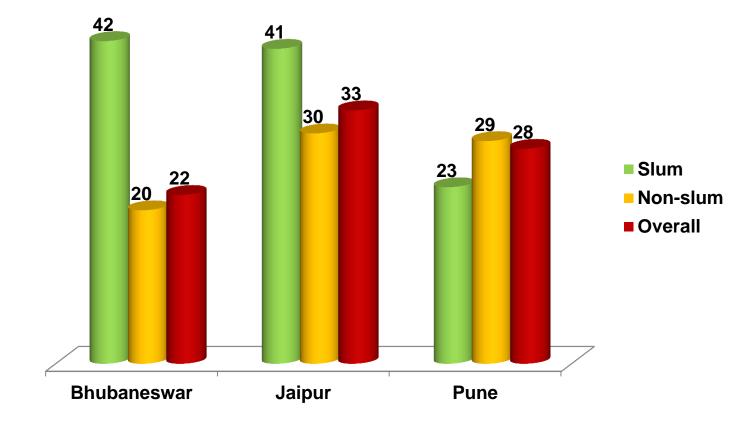
Women who ever experience abortion (%)







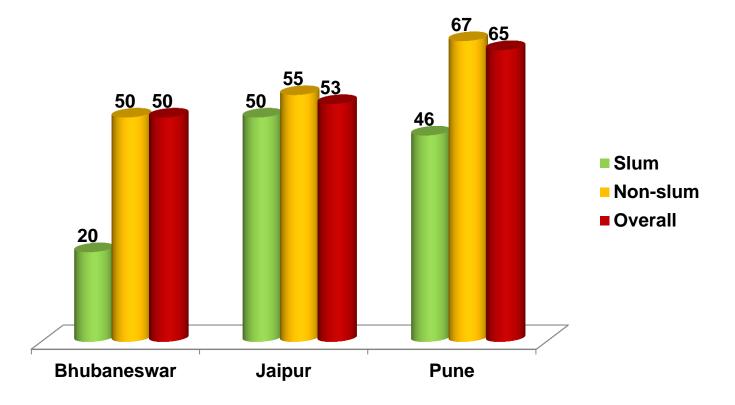
Women who ever experience abortion in last three years (%)







Women who reported sonography in the last abortion any time during three years prior to survey (%)









Key Messages

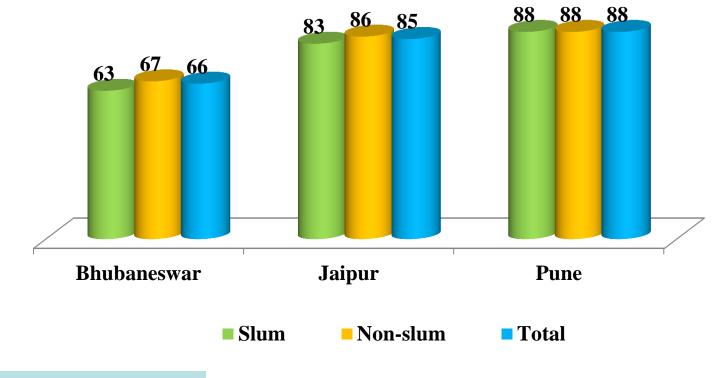
- Need to highlight importance of marrying after attaining the legal age at marriage especially in the context of health and well being of women and their children, focusing on slum areas
- Women's awareness relating to healthy behavior and practices regarding bearing and rearing of children should be reinforced
- Need to promote modern contraceptive methods to avoid unwanted pregnancies, specially focusing at availability of commodities and quality of services and care.
- Availability and accessibility of contraception should be ensured within the Rights & empowerment framework, especially among socially marginalized and economically deprived group of people, especially women.







Percentage of currently married women perceiving their control over own sexuality by type of locality







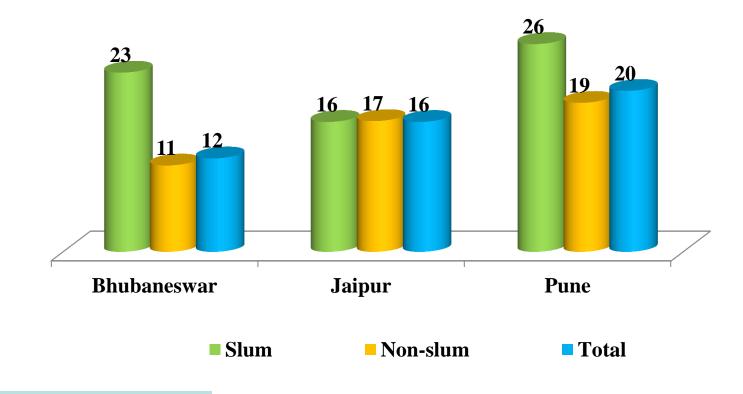
- Educational attainment of women has emerged as the most significant factor enhancing perceived sexual rights in each of the three cities ($OR=1.6^{**}, 2.3^{***}$ and 2.4^{***})
- Effects of slum/non slum residence is not emerging a significant predictor except in Jaipur (OR=0.57*)
- Women coming from household in medium and high SLI are more likely to report their control over own sexuality than those coming from low SLI households







Percentage of currently married women who reported often to have sex with husband against their desire by type of locality







Adjusted effects of social and contextual factors on experience of coercive sex reveals

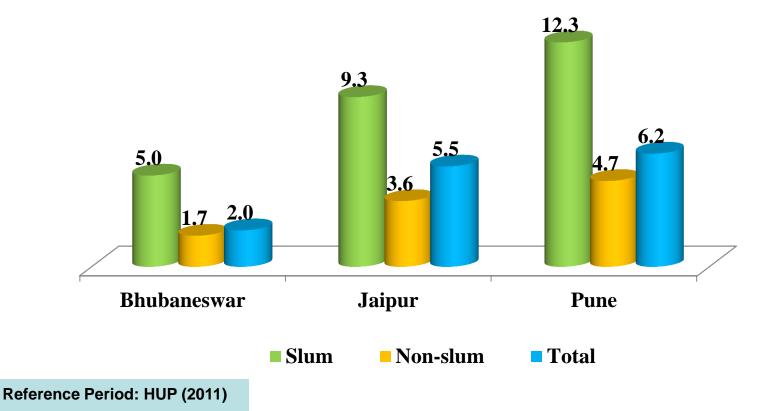
- A declining proportion of women experiencing coercive sex within marriage with increasing SLI in each of three cities -Bhubaneswar OR=0.51**); Jaipur OR=0.63**) and Pune OR=0.56**
- ➢ Woman's educational attainment has significant association with declining experience of coercive sex in Pune (OR=0.63**) but the same is not true in relatively more traditional and patriarchal societies of Jaipur and Bhubaneswar
- Husband's alcoholism has strong positive association with women's experience of coercive in each of the three cities (OR=1.7**; 2.5*** and 2.4** in BJP respectively)







Percentage of currently married women who reported that alcohol was used during the last intercourse by type of locality









Key Messages

- Higher prevalence of alcohol use in slums demands for targeted interventions. This may also have influence on the domestic violence.
- Need to empower women living in slums by way of empowering them with information, income generation activities & collective action for effective collective and individual bargaining power.
- > Need to focus at minimizing gap in perception and behavior
- Efforts should be made to minimize violence against women in any form





Key Messages

- Health facilities should be organized and expanded irrespective of notified or non notified slums with a humanitarian approach so that those living at outskirts of cities may have access to basic health facilities
- All urban health posts should have a provision of mobile clinics to enhance the reach and coverage of services among urban poor and ensuring equitable access to services
- To effectively maneuver the factors affecting the interface of alcohol, sex and violence, interventions should be tailored at multiple levels.
- A multilevel approach that includes media, social network, individual and couples approaches should go a long way to improve health and wellbeing of women, especially in low income urban slums







