

**ASSESSMENT OF THE CLIENT  
SATISFACTION WITH RESPECT TO  
THE FAMILY WELFARE AND  
MOTHER AND CHILD HEALTH  
SERVICES IN NANDED DISTRICT OF  
MAHARASHTRA, 1997**

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# CONTENTS

| Chapter   | Page No. |
|---|----------|
| 1. Introduction   | 1-12     |
| 2. Demographic and Socio Economic Characteristics<br>of the Eligible Women                      | 13-16    |
| 3. Utilization of Mother & Child Health Services  | 17-25    |
| 4. Family Planing Practices   | 26-32    |
| 5. Role of ANM in Enhancing Knowledge & Use of<br>Various Health and Family Welfare Services    | 33-38    |
| 6. General Health Problems of the Women & Their<br>Opinion About Existing Govt. Health Services | 39-44    |
| 7. Summary & Policy Implication   | 45-55    |
| REFERENCES:   | 56       |
| TABLES:   | 57-75    |
| APPENDIXES:   | 76-86    |

I : Comparison of Selected Parameters of Nanded with Maharashtra

II : List of the Selected PHC's & Villages for the Present Study

III: Questionnaire Used in the Present Survey

IV : ANM's visit by PHC Village

# LIST OF THE TABLES:

- Table 1. Selected Socio-Economic Characteristics of the Eligible Women.**
- Table 2. Selected Demographic Characteristics of the Eligible Women.**
- Table 3. Distribution of the Women by No. Of living Children and Living Sons by various Socio-Demographic Characteristics.**
- Table 4. Distribution of Women who had Birth and/or are Pregnant at the Time of Survey by Problem During Pregnancy and Place of Delivery.**
- Table 5. Distribution of Women by Type of Assistance Received at the Time Home Delivery and Whether Disposable Kit was Used.**
- Table 6. Distribution of Women by Type of Assistance Received at the Time Home Delivery by Age of the Women and No. of Living Children.**
- Table 7. Results of the Cross Classification Between Education of the Women and Use of Trained Health Personnel (In case of home Deliveries Only).**
- Table 8. Results of the Cross Classification Between Place of Delivery and Whether Child was Weighed (for only those women who had a birth during the reference period and were currently not pregnant).**
- Table 9. Distribution of the Women by the Problems Faced After Delivery and Place of Treatment.**
- Table 10. Distribution of Women by the Time They First Breast- Fed Their Child and Age at Which Child Was First Given Supplementary Food.**
- Table 11. Distribution of the Eligible Women by Current Status of Family Planning Use by Method.**
- Table 12. Trouble Faced by Current Family Planning Method Use and Medical Help Sought.**
- Table 13. Distribution of Women by Discontinuation of Family Planning Method in the Past.**
- Table 14. Demographic Characteristics of Users and Non-Users of FP Methods.**
- Table 15. Socio-Economic Characteristics of Users and Non- Users of FP Method.**
- Table 16. Distribution of the EW by Wether They Would Go For Next Child.**
- Table 17. Distribution of those Women who Desire For Next Child by No. Of Living Children and Living Sons They Already Have.**
- Table 18. Distribution of E W by ANM's Visit in the Past 3 Months Prior to the Survey and Whether ANM spent Enough Time With Them.**
- Table 19. Distribution of E W by the Source of Knowledge of Danger Sign of ARI.**

**Table 20. Distribution of E W by the Advice Given By ANM on Home Management of Diarrhoea.**

**Table 21. Percentage of Women Advised by the ANM on Spacing Method by Various Characteristics.**

**Table 22. Percentage of the Women (with birth during the reference period and not Currently pregnant) advised by the ANM on breast-feeding and Diarrhoea by various Characteristics.**

**Table 23. Distribution of the EW by General Health Problems Faced By them and the Treatment Taken.**

**Table 24. Distribution of the EW by whether Visited PHC anytime and Reasons for Not Availing the Govt. Health facilities.**

**Table 25. Opinion of the EW Regarding Various Aspects of the Govt. Health Facilities.**

### **List of Statements:**

**Statement-1: Distribution of the Women who had Trouble During Her Most Recent Delivery By Age.**

**Statement-2: Results of the Cross Tabulation Between trouble During Pregnancy and Place of Delivery.**

**Statement-3: Distribution of the Institutional Deliveries By No. of Living Children and Age of the Youngest Child.**

**Statement-4: Distribution of the Women Visiting Govt. Health Centre By Various Characteristics.**

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# INTRODUCTION

Since its inception reduction in the fertility (i.e the Birth rate) through a strategy based on family planning targets and cash incentives, to both acceptors and providers, has been the single most important objective of India's Family Planning programme. However, it has been the experience in the past that the increase in family planning acceptance has not brought into the corresponding fall in the birth rates. The recently conducted NFHS, revealed that the level of contraceptive prevalence in the country is much lower than what is indicated by the government statistics. It is understood that fixing targets and cash incentives have led to the inflation of statistics and the neglect of services. As a result of this the incentive for IUD insertion were withdrawn. It was further visualized that the removal of targets will improve the quality of services in the future; though initially it may reduce the performance levels.

For the first time in 1995-96, the Government of India did not fix any targets for Kerala and Tamil Nadu and for one or two districts each of the remaining states. Later in 1996, the targets were withdrawn from all the districts in all the states and the programme was made Target Free for the first time. Under the Target Free Approach (TFA) it was decided that the grass root level workers (ANM/MPW male and female) in consultation with the community members are asked to come up with the estimates of the various family welfare requirements in the area/population covered by them. To achieve this objective a PHC based

Family Welfare Health Care Plan with the help of local Non Governmental Organizations (NGO's) activists, primary school teachers, Pradhans and Panchayat members, private practitioners of indigenous system of medicine etc. is to be formulated. Under the new approach much focus is laid on the community participation, supervision aspects, client centred and quality oriented services. Further, in future greater emphasis is to be laid on the integrated approach under the Reproductive and Child Health Services (RCH) which will include: Family Planning, child survival and safe motherhood (CSSM), Prevention of Reproductive Tract Infection/ Sexually Transmitted Diseases (RTI/STD) and AIDS, and adoption of client centred approach in providing family welfare and health care services. In order to make Target Free Approach (TFA) real, it is necessary to ensure in each state that the:

1. **contraceptive targets for the health and non-health staff be abolished.**
2. **male health workers are made responsible for motivation for vasectomy and condom.**
3. **motivation certificate and motivator fee, if still in use, should be withdrawn.**
4. **family Planning performance in the district should not be used to rank the collectors or to assess them for their the annual confidential report.**
5. **PHC plan shall be proposed on the basis of assessment of need of population for Family Welfare services by ANM and others; the performance of medical officer in charge of PHC and ANM shall be judged on the basis of their quantitative and qualitative achievement with respect the need assessed.**

To absorb the changes in the approach from the Target Based Activity to Client Centred Demand Driven Quality Service program following operational changes in the programme have been made at different levels by the Government of India(GOI, MOHFW year not mentioned).

**Health services to be provided to the general public:**

## **Mother Care Services**

### **1. Ante Natal Care**

- \* Registration of Ante-natal Care Cases preferably before 16 the. week of pregnancy.
- \* Providing ante natal care to pregnant mothers by at least three visits.
- \* Detection and treatment of anaemic pregnant mothers.
- \* Timely detection and referral of high risk pregnant mothers.

### **2. Natal Care**

- \* As far as possible delivery should take place in Hospitals, PHCs or sub-centres under the supervision of qualified personnel.
- \* As far as possible, the domiciliary deliveries should be assisted by LHV, ANM or trained birth attendants.
- \* Detection and referral of high risk labour cases.
- \* Identification of existing Dais and organising Dai training.
- \* Provision of Dai Kits.

### **3. Post Natal Care**

- \* Growth Monitoring of new born.



- \* Detection and referral of high risk new born babies.
- \* Neo-natal resuscitation wherever facilities are available and by education of dais and community in other areas.

## **Immunization to the Children Against Following Communicable Diseases**

- \* Tuberculosis
- \* Polio
- \* Diphtheria
- \* Whooping cough
- \* Tetanus
- \* Measles

## **Prophylactic Services Against Anaemia and Vitamin-A Deficiency**

- \* Pregnant Mothers
- \* Nursing Mothers and IUD Acceptors
- \* Children below 5 years of age.

## **Curative Services for**

- \* Diarrhoea cases with ORS
- \* Respiratory infection cases with cotrimoxazole.

## **Contraceptive Services for**

- \* Male Sterilisation Operation
- \* Female Sterilisation Operation
- \* Copper T. insertions
- \* Oral Pill-distribution
- \* Nirodh distribution
- \* Indigenous/traditional methods
- \* Natural methods

## **Medical Termination of Pregnancy**

- \* Assessing abortion needs and providing the same by early detection.
- \* Assessing need for expanding services by increasing trained staff and registered centres.

## **Emergency Obstetric Care**

- \* Assessing expected high risk cases.
- \* Provide for referral in existing Post Partum Centres.
- \* Provide for referral at identified First Referral Units.

## **Counselling On Nutrition and Supplementary Food**

- \* Linkages with ICDS and Anganwadi for provision of supplementary nutrition for pregnant mothers and for infants.

- \* Nutritional Counselling through linkages with ICDS/AWW/ANM for anaemic children, adolescents, mothers.

For the provision better quality of care to the general public following specific activities at the SC and PHC should be carried out:

## **Activities at the Sub-Centre**

The sub-centres are required to provide immunization, MCH Information, Education and Communication services during the immunization and MCH session

### **Immunization of Children**

- \* administration of Vitamin A concentrated solution for prophylaxis therapy
- \* Diagnosis of anaemia in children and distribution of Iron Folic Acid (small) tablets

### **Immunization for Pregnant Women**

- \* ante-natal check up of pregnant women
- \* TT immunization
- \* administration of prophylaxis and therapy
- \* deworming of pregnant women who show clinical signs of anaemia(in 2nd/3rd trimester) in areas with high prevalence of Hook Worm infestation.

### **Communication and Counselling On**

- \* infant feeding(exclusive breast-feeding and weaning practices)
- \* home management of diarrhoea and ARI
- \* birth spacing as a health promotion measure
- \* recognition of danger signs for seeking immediate medical help.

In addition to this, they are also require to provide

- \* prepared ORS solution to a child with diarrhoea and give ORS packets for use at home
- \* tablet Cotrimoxazole to a child with Pneumonia
- \* oral pills and condoms

The ANM at Sub-centres is also expected to gather information on following by talking to mothers:

- \* on newborn or pregnancies in the village
- \* cases of measles, diarrhoea and pneumonia
- \* counselling on polio and neonatal death
- \* counselling on reproductive health

For holding the sessions successfully it is necessary to ensure that the health worker does the following:

- \* Reach the **FIXED PLACE** on the **FIXED DAY** at the **FIXED TIME** as per the sub-centre work plan
- \* Carries vaccines in cold chain and has enough syringes and needles so that she can use syringe and one needle for every beneficiary after ensuring proper sterilisation.
- \* Has sufficient quantities of Vitamin A, IFA tablets (both large and small), ORS packets and Cotrimoxazole tablets for giving to children who may need them.
- \* Has the mother and child cards and register with her and updates these during the session
- \* Carries educational aids for interpersonal/group communication.

To make her task more effective and fruitful, the health worker should contact local influential persons such as Anganwadi worker, Traditional Birth Attendants, Village Pradhan, Panchayat members, other social workers active in the areas and seek their help in motivating the beneficiaries. Special efforts need to be made to identify and motivate drop outs and those who do not avail services from outreach area.

## **Activities at the PHC's**

In addition to immunization and MCH activities at SC level, the PHC is also responsible for preventive and Curative in the area. This involves

scheduling immunization, MCH session and antenatal clinics in addition to routine in and out patient session. PHC is expected to perform following:

- \* correct case management of children with diarrhoea, ARI, and sickness of new born.
- \* services for safe delivery of all uncomplicated pregnancies
- \* management of complicated cases of pregnancy such as hypertension disorders, severe anaemia and sepsis.
- \* referral of severe cases of various child and maternal emergencies to the First Referral Units (FRU's).
- \* ensuring the sufficiency of relevant supplies like medicine, intravenous fluids, vaccines, syringes, needles etc. and should have a roster providing for round the clock attendance in case of emergencies.
- \* carrying out all the surveillance activities such as case/death analysis/interpretation and reporting. The decisions on the containment of outbreaks, investigation of acute flaccid paralysis, neonatal and maternal deaths etc. is to be taken at the PHC level.
- \* monitoring of the implementation of SC Plan, its performance and coverage levels of individual SC's and identify the problem areas, establishment and functioning of village depots for ORS packets, condom and oral pill by the M.O. at PHC.
- \* regular reporting of the activities and problems to the district/state health department and providing feedbacks to the health functionaries is to be done at the PHC level.
- \* holding important meetings with the Panchayat Raj leaders.

**Monitoring and evaluation** of the work of the grass root level workers (ANM and AWW-male and female) at the SC level and supervision of Medical Officer at PHC level is very important as they play very important and significant role in the Primary Health Care Delivery System. This becomes even more important under the TFA as the main objective here is to improve the quality of care of family welfare services to the general population.

Under the TFA monitoring of the quality of care provided by the health functionaries at SC and PHC level is proposed in the following two ways:

Firstly by assessing the programme of the health staff (both at SC/PHC level) in view of the prescribed norms related to their activities. This may be done with the help of Monthly Activity Report, Technical Assessment Reports of respective supervisors, Client Based Records, Eligible Couple Registers etc.; and  
Secondly by undertaking Client Surveys for assessing the coverage, quality and client satisfaction with the Family Welfare services.

The latter gives the opportunity to evaluate the ANM/MPW's performance with respect to the IEC component which is otherwise not quantifiable.

## **STUDY AREA**

As per the 1991 census Nanded has a total population of about 2.3 million accounting for 3 per cent of the state population spread over 20976.32 sq. km. area (approximately 6.8 per cent of the state's geographical area). Scheduled Castes and Tribes together constitute about 30 per cent of the district's total population. During the decade 1981-91, Nanded experienced a rather rapid population growth of 32.32 per cent and occupied 4th place in the state in this regard after Thane, Aurangabad and Jalna. As a result of this, the population density of the district increased from 166 persons per sq. km. in 1981 to 221 in 1991 (though it is still lower by 36 units against the state average). Though the sex ratio of the population in the district (female per 1000 male population) has changed in favour of males during 1981-91 (from 960 to 945) it is still better than the state average.

The district lags behind the state considerably in all fronts; be it social, economic, demographic or for that matter the provision of minimum basic amenities to its population. For example, less than half of Nanded's population in 1991 was literate; this goes further down to 64.38 and 30.96 per cent respectively when divided into male and female separately. A little less than 40 per cent of the female population in the district is economically active of whom majority is engaged in agricultural and allied activities.

It may further be stressed that on the demographic front too the district has performed poorly as against the state average as the Total Fertility Rate (TFR) during 1984-90 for Nanded was about 5.4 children per woman compared to 2.86 for the state as a whole; indicating that on an average a woman in Nanded has an additional of 2.5 children more than the state average. The fertility in the district is also significantly high in terms of Crude Birth Rate (CBR) as well; being higher by about 10 point over the state average. On the other hand, it has done extremely poor in terms of family planing as the Contraceptive Prevalence Rate (CPR) for Nanded is just 44.6 in 1992; lower by about 10 points than that for the state.

A very larger proportion of the households in the district are deprived of minimum basic need of electricity, safe drinking water and sanitation facility. As per the 1991 census, about 13 per cent of the households did not have any of the these facility. The situation worsens when we take into account the individual amenity: particularly sanitation facility and use of modern means of cooking, that is, gas and electricity and availability of electricity. For example, a mere of only 13.71 per cent of the households in Nanded had toilet facility in 1991; the situation may stated to be even more miserable in case of rural areas. About 40 per cent of the households did not have electricity and safe drinking was not available to nearly a quarter of the households. Further, use of modern means of cooking is virtually non-existent and more than half of the households in the district live in kuchcha houses. It may thus be concluded from the above that the district is lagging behind considerably as compared to rest of the Maharashtra in all sphere of lives. Appendix-I gives a comparative data on all these aspects discussed above for the period circa 1991.

## **SAMPLE DESIGN**

As a part of the series of Rapid Surveys to be conducted one in every quarter the present survey was undertaken in the district of Nanded in Maharashtra. It was suggested to take 1000 eligible couples for the present study from the district. The following four tier

procedure has been adopted.

**Step 1.** 25 PHCs from the district were selected randomly.

**Step 2.** From each selected PHCs, 2 ANM's were selected randomly.

**Step 3.** One village was selected from the ones by each selected ANM in Step II.

**Step 4.** From the each selected village 20 eligible couples (wife aged 15-44 years) were selected using cluster sampling method.

**Appendix-II** gives the list of the selected PHC's and Villages.

As per the guidelines issued by the Ministry of Health and Family Welfare the information was first to be obtained from the Eligible Couple Registers (ECR's) available with the ANM and then by confirming it from the information given by women herself. However, in almost all the cases in Nanded the ECR's were not available to the interviewing team and as a result of this it was decided to collect the information from woman alone.

## **SPECIFIC OBJECTIVES OF THE SURVEY**

The primary objective of the present survey is to examine the role of ANM related to the Information Education and Communication (IEC) component in the context of various health and family welfare services such as advise by her on family planning particularly spacing methods, breast-feeding and intervening practices, danger signs of ARI and diarrhoea and its home management etc. Further, to seek client's views on the availability of various government health services.

The secondary objective of the study is to gather information related to client's family planning performance, different practices pertaining to maternal and child health (including breast-feeding and nutritional practices among children) in the context of her most recent pregnancy.



## **QUESTIONNAIRE USED IN THE SURVEY**

**In order to fulfil the above objectives the questionnaires canvassed in the present survey contained information on the following aspects.**

- 1. Quality and coverage of various Family Welfare and other health services in the area.**
- 2. Eligible Couples knowledge, attitude and satisfaction with regard to these services.**
- 3. Details on the births occurred in past 5 years prior to the survey date.**

**The survey was conducted during the months of March and April in 1997 by the trained female investigators.**

**Appendix-III gives the detailed questionnaire used in the present survey**

# **DEMOGRAPHIC AND SOCIO-ECONOMIC CHARACTERISTICS OF THE ELIGIBLE WOMEN**

In the present section we attempt to describe various socio-economic and demographic characteristics of the eligible women covered in the present study. This would include composition of these women by caste, religion, education, occupation on socio-economic front and age composition, number of living children and sons, age of the youngest child etc. on the demographic front. The data pertaining to these variables are presented in Tables 1 and 2-respectively.

## **Religion and Caste Composition**

It may be noticed from the Table-1, Section-A that the sample for the present study consisted predominantly of the Hindu respondents as out of total 1000 eligible women interviewed, 91.5 per cent belonged to Hindu religion. The remaining women belonged to Buddha and Muslim religion (5.5 and 2.9 per cent respectively).

With respect to the caste to which the women belong it may be observed from the Section-B of the same Table that nearly 31 per cent of them come from the forward castes (Brahmin and Maratha). Another about 22 per cent of these eligible women belonged to various castes such as artisans, carpenters, Teli, Lohar etc. The share of SC and ST respondents were about 11 and 29 per cent respectively.

## **Education**

With respect to the educational status of the woman it may be observed from the Section-C of the Table 1 that almost three out of every four women covered in the present survey were illiterate as about 72 per cent of the women had no schooling at all. Further only about 10 per cent of them had less than four years of schooling only. Another about 10 per cent of them between 5-7 years of schooling. The per cent of women having 8 or more years of schooling is around 8 per cent only.

## **Occupation**

Section-D of the Table-1 reveals that 4 out of every 10 women covered in the survey (40 per cent) were housewives and were economically not active at the time of survey. Further, among those who were working, a very large proportion were engaged in agriculture and allied activities. Thus on the whole it may be said that the exposure to the outside world among these women was virtually not there as most of them were illiterate or had very few years of schooling and their participation in the economic activity outside the home was limited.

## **Age Composition**

The age composition of the women in conventional five years age groups is given in Table 2. Section-A. It may be seen from the table that present sample consisted of fairly young women as about 77 per cent of them were below 30 years of age. On the other hand just about 1 per cent of them were aged between 40-44 years of age. The mean age of the respondent was 26.1 years.

## **Number of Living Children and Living Sons**

Section-B and C, Table-2 give results of the distribution of the eligible women by number of living children and living sons respectively at the time of survey. Out of the total 1000 eligible women, well over 56 per cent had 3 or more living children (exceeding two child family norm). Further, about 42 per cent of had one or two children. It may be mentioned that 19 women did not have any living children. The mean number of living children is 2.8 children per woman. The classification of women by number of living sons reveal that about 20 per cent of them (including those 19 women who do not have any living child at the time survey was conducted) did not have any living son. Among the remaining 39.6 and 30.8 per cent had one and two living sons respectively whereas rest of them had three or more living sons (comprising of a little over 9 per cent of the total eligible women). It may be noted from the Section-D of Table-2 that about 17 per cent of these women had a infant at the time of survey whereas about 28 per cent of them had their youngest child aged 3 or more years.

Table-3 gives result of the cross classification of the women by number of living children and sons by various social and demographic characteristics. It may clearly be seen from the table 3 that except for about 12 per cent of the women aged 15-19 years less than one per cent of them in the age-group 20-24 years all of them had at least one living child at the time of survey. As a matter of fact well over 20 per cent of the women aged 15-19 years had already had 2 or 3 living children. About 8 per cent of the women aged 20-24 years had 4 or more children. This suggests that the prevalence of early child bearing is quite common in the population covered here.

The results of the cross classification of age of the youngest child and age of the women suggests that the prevalence of the child bearing at later ages as well (about 11 per cent of the women whose youngest child was below 2 years of age belonged to age-group 30 years or more). It may further be noted from the Section-B of Table-3 that more than half of the

women whose youngest child was less than a year old at the time of survey (147 out of 272 women) had 3 or more living children. The percentage of these women goes down substantially to just 6.6 per cent (18 out of 272) when we confine to those women who had 3 or more living sons at the time of survey.

A substantially large proportion of the women having 4 or more living children are either illiterate or have very few years of schooling whereas only few of those women with 8 or more years of schooling have 4 or more living children. It is interesting to note that the percentage of women among illiterate women goes down drastically by number of living sons, especially after having 2 living sons. There is no clear pattern emerging with respect to the differentials by occupation of the women and number of living children/sons the women has. This may be due to the fact that most of the women are either housewives or are working in agriculture and allied activity which does not give them much opportunity to move beyond their house. The proportion of women having 4 or more children is higher among SC (32.7 per cent), and ST (31.9 per cent) and other caste groups (29.0 per cent) as against those belonging to Maratha's (20.7 per cent). Further the per cent of women having 3 or more living sons is again higher among SC and ST categories. With respect to the religion - it may be observed that the per cent of women with 4 or more living children is highest among Muslims (44.7 per cent) followed by Buddha (32.7) and is least among Hindu (27.6 per cent).

# UTILIZATION OF MOTHER AND CHILD HEALTH (MCH) SERVICES

In order to find out whether the existing government MCH services in rural areas were being utilized by these women or not, in the present survey women were asked various questions regarding ANM's visit, advice given to them by the ANM on Ante Natal Care (ANC), breast-feeding and weaning practices, knowledge of the danger signs of ARI and diarrhoea among children, home management of diarrhoea etc. In addition to this, they were also asked to give details about the place of delivery, assistance available to them at the time of delivery and use of disposable kit in case of home deliveries, health problems faced by them during and immediately after delivery, treatment sought in case of trouble etc. It may be mentioned here that to minimize the recall lapse error, the questions in this section were asked to only those women who had a live birth in the past five years period preceding the survey date. In the cases where women had more than one birth during the reference period the information was obtained for most recent birth. Further those women who had a birth in the past 5 years and were also pregnant at the time of survey, these questions were asked to her in the context of current pregnancy. Those women who were pregnant for the first time were asked questions in relation to their current pregnancy in the section.

At the outset it may be mentioned that out of the total 1000 eligible women covered in the present survey, a total of 865 women were found to be qualified to answer questions in this section. Remaining 135 women neither had a birth during the reference period nor were they pregnant at the time of survey. Of these 865 women who were eligible for the questions in this section, 103 were currently pregnant.

## Complications During Pregnancy

The responses to the questions on whether the woman had any complications such as of swelling of feet, bleeding, excessive tiredness, convulsions etc. during her most recent pregnancy are presented in Table-4. It may be seen from the section-A of table-4 that of all the 865 women to whom the question applies a majority did not have any complications during their most recent pregnancy (83.4 per cent). Nevertheless, about 6 per cent of these women did say that they suffered from

vomiting and nausea when they were pregnant. Rest of the women reported having suffered from swelling of feet (2.9 per cent), convulsions (2.8 per cent), bleeding (2.1 per cent) and excessive tiredness (1.3 per cent) etc.

As may be seen from the statement given below that there is clear relationship emerging from the data about the women having problems during pregnancy by age it may be mentioned that the proportion of women having trouble during pregnancy is slightly lower in the age-group 20-24 and 25-29 (13.8 per cent and 16.4 per cent respectively) as compared to those in the remaining age-groups (well over 19 per cent).

**Statement-1: Distribution of the Women Who Had Trouble During Her Most Recent Delivery By Age.**

| Age of the Woman (in Years) | No. of Women | No. of Women Suffered During Pregnancy | Percent Suffered ( $\frac{3}{2} \times 100$ ) |
|-----------------------------|--------------|--|---|
| 15-19                       | 134          | 26                                     | 19.4  |
| 20-24                       | 318          | 44                                     | 13.8  |
| 25-29                       | 292          | 48                                     | 16.4  |
| 30 & Above                  | 121          | 24                                     | 19.8  |
| <b>TOTAL</b>                | <b>865</b>   | <b>142</b>                             | <b>16.4</b>                                   |

## Place of Delivery

Table-4, Section-A gives the distribution of women by place of delivery separately for those who had already delivered the child and those who would deliver in the future (expected place of delivery in this case). It may be noticed from the Table that the pattern of place of delivery emerging from both type of respondents is quite similar to one another. As is the case always, majority of the birth in the sample continued to take place in homes. The share of institutional deliveries (Hospital, both Government and Private and PHC put together) in the total deliveries is only about 17 per cent. In other words 5 in every 6 deliveries in rural Nanded take place at home. It is surprising to note that none of the expectant mothers intend to deliver the child at PHC. It may be with to mention here that out of the 865 women, only 33 were (less than 4 per cent) advised to go to hospital for delivery by the ANM. The rest of them were not advised to do so by the ANM. Further of those 33 women who were advised to go in for institutional delivery by the ANM only 14 actually had their child delivered in an institution and 2 of them propose to deliver at the hospital. The remaining 17 had either gone for home delivery or were planning to go for it as they are yet to deliver.

A cross classification of the data by trouble during pregnancy and place of delivery for those 762 women who had a birth during the reference period reveals that of those having suffered from trouble during pregnancy, relatively higher percent go for institutional delivery as against to those with no trouble (28.6 against 15.9 per cent; see statement-2 below).



**Statement 2: Results of the Cross Tabulation Between Trouble During Pregnancy and Place of Delivery.**

| Place of Delivery | Women who had Trouble |       | Women who did not have trouble |       | No Response |       |
|-------------------|-----------------------|-------|--------------------------------|-------|-------------|-------|
|                   | Freq.                 | %     | Freq.                          | %     | Freq.       | %     |
| Institution*      | 30                    | 28.6  | 104                            | 15.9  | 1           | 50.0  |
| Home              | 75                    | 71.4  | 551                            | 84.1  | 1           | 50.0  |
| Total             | 105                   | 100.0 | 655                            | 100.0 | 2           | 100.0 |

\* includes births taking place in hospitals (both private and governments) and at PHC.

It is further observed that a relatively larger proportion of the young women (aged below 24 years) go for hospital delivery as compared to the elderly women. For example, out of the total 452 women aged 15-24 years, 94 of them (20.8 per cent) had gone for hospital delivery whereas only 55 out of 412 aged 25 years or more (13.3 per cent) their last child delivered in an institution.

There are quite important observations with respect to the per cent of women going for institutional delivery by number of living children and age of the youngest child. The results of these cross classification are presented in Statement-3 below. The results are given separately for those women who were currently pregnant and not pregnant at the time of survey. It may be observed from statement-3 that the per cent share of institutional deliveries declines considerably as the number of living children increases (from 31.6 and 29.5 per

cent among those women with none and one living child respectively to just 10.8 among those with four or more living children). Though there is no clear pattern emerging from the cross classification between age of the youngest child and share of institutional deliveries, some observations may be made. For example, per cent of institutional delivery is more for those whose youngest child is aged 1-3 years than those whose youngest child is below 1 year or more than 3 years of age.

**Statement 3: Distribution of the Institutional Deliveries By Number of Living Children and Age of the Youngest Child.**

| Variable                         | Currently Not Pregnant |      | Currently Pregnant |      | Total     |      |
|----------------------------------|------------------------|------|--------------------|------|-----------|------|
|                                  | Fre.                   | %    | Fre.               | %    | Fre.      | %    |
| <b>A: No. of Living children</b> |                        |      |                    |      |           |      |
| 0                                | 1 (1)                  | --   | 5(18)              | 27.8 | 6(19)     | 31.6 |
| 1                                | 50(164)                | 30.5 | 7(29)              | 24.1 | 57(193)   | 29.5 |
| 2                                | 31(172)                | 18.0 | 2(31)              | 6.4  | 33(203)   | 16.6 |
| 3                                | 28(210)                | 13.3 | 0(9)               | --   | 28(219)   | 12.8 |
| 4+                               | 25(215)                | 11.6 | 0(16)              | --   | 25(231)   | 10.8 |
| <b>B: Age of youngest child</b>  |                        |      |                    |      |           |      |
| No Living Child.                 | 1(1)                   | --   | 5(18)              | 27.8 | 6(19)     | 31.6 |
| Below 1 Yr.                      | 42(269)                | 15.6 | 0(3)               | --   | 42(272)   | 15.4 |
| 1-2 years                        | 42(193)                | 21.8 | 3(20)              | 15.0 | 45(213)   | 21.1 |
| 2-3 years                        | 22(114)                | 19.3 | 3(37)              | 8.1  | 25(151)   | 16.5 |
| 3 years & above                  | 28(185)                | 15.1 | 3(24)              | 12.5 | 31(209)   | 14.8 |
| <b>TOTAL</b>                     | 135(762)               | 17.7 | 14(103)*           | 13.6 | 149(865)* | 17.2 |

Note: 1. Figures in parenthesis represent the total number of women in the particular group.

2. Section-A and B represent No. of living children and age of youngest child respectively.

\*. Will not add to total due to one case of 'no response'.

It is interesting to note here that of all the women with some years of schooling, about 31 per cent had institutional delivery (this figure goes further high to 40 per cent when we confine to the women with five or more years of schooling). On the other hand, in case of illiterate women only 11.9 per cent of them had either gone for hospital delivery or are planning to go for it. The relationship between wife's occupation and place of delivery does not show any specific pattern here. This could be due to the fact that most of these women are housewife and a large proportion of working women are engaged in agricultural and allied activities only.

## **Assistance Received at the Time of Delivery**

Since a very large proportion of the deliveries in the sample population have taken place in homes it would be useful to analyze and see the type of attendance received in such situation at the time of delivery and whether the disposable kit was used or not. The data related to these issues for those women who had had a birth in the past 5 years is presented in Table-5. It may be noted from the section-A of table-5, that out of the total of 627 home deliveries during the reference period, a little over half of them were assisted by a trained personnel; in most cases by a trained dai (42.1 per cent) followed by nurse (8.6) per cent cases and by a Private doctor (in about 1 per cent of the cases), remaining half of them were conducted by a relative (46.6 per cent), which in most instances happen to be either mother or mother-in-law. Untrained dais assisted about 1.4 per cent of the total home deliveries. Further, the

disposable kit was used in majority of the cases (well over 90 per cent), see section-B of table-5. In cases where disposable kit was not used the deliveries were either conducted by a relative or a untrained dai. Further, 40 out of 75 women (53.3 per cent) who had had a health problem during pregnancy and had a home delivery received help of trained personnel at the time of delivery whereas the remaining did not.

The results of the cross classification of data on the current age of the women and the assistance received at the time of delivery presented in Table-6 do not show any clear relation as their percent vary marginally across ages. Nonetheless, a young women is more likely to seek help of trained personnel for delivery (which in most instances, will be a trained dai) as compared to the older women.

Further the per cent of women seeking assistance of a health personnel at the time of delivery declines as the number of living children increases. For example, 58.8 and 62.4 per cent of the women with one and two living child respectively sought help of trained health personnel as compared to about 42.6 per cent of the women with 4 or more living children.

It may be clearly seen from the Table-7 that percent of women receiving assistance from trained health personnel goes up with an increase in years of schooling (i.e. more educated the women is chances are more that she will take the help of a trained health personnel in case of home deliveries).

## **Weighing of the Children**

With respect to the practice related to the weighing of child after birth it may be seen from Table-8 that only 17.6 per cent of the women (134) reported that their child was weighed after birth, the rest reported that their child was not weighed after birth. Further, it may be mentioned that among the institutional deliveries child was weighed in 86 per cent of the cases whereas in case of home deliveries it was done only in 3 per cent of the cases. It is rather surprising to note that in case of the home deliveries conducted by a trained health staff it was done in only 5 per cent of the cases. In the remaining 95 per cent of the home deliveries conducted by the trained health staff the child was not weighed.

## **Complications Following Delivery**

All those women who had had birth in past 5 years were asked whether they had any health problem following birth of their child and the treatment sought by them in cases where they faced problem. The responses to these questions are presented in Section-A and B of Table-9 respectively. It may be observed from the Table-9, section-A that about 93 per cent of the women did not have any problem immediately after delivery. The common problems reported by the remaining are fever, bleeding etc. Out of those 50 women who had problems immediately after delivery 35 had sought treatment at the private hospital, visiting doctor and 8 from government hospital (Table-9, section-B). Three of the women sought help of PHC an ANM. Four of them did not go for any treatment.

## **Breast-feeding and Weaning practices**

The women in the survey were also asked about the time when they first breast-fed their child and the age at which their child was first given supplementary food. Answers obtained to these questions are given in Sections-A and B of Table-10. It may be seen from the Section-A of Table-10 that only about one-quarter of the women breast-fed their child on the first day. On the other hand about 47 per cent of them did so only on third day or later. Further, about 80 per cent of those women to whom ANM has given advise on breast-feeding any time, breast-fed their child on the same day. A majority of those women with 8 or more years of schooling breast-fed their child on the same day as well.

It may be observed from Section-B of Table-10 that more than half of the women gave supplementary food to the child when he/she was aged 6 to 11 months whereas as many as about 20 per cent of them did so only after child completed one year.

# **FAMILY PLANING PRACTICES**

**In the present survey, the information was collected on the various issues, related to the family planning practice such as knowledge and use of family planning (from both current user as well as past user), discontinuation of any method in the past, general problems faced by the women as a result of the use of any family planning method and the treatment taken in case of problems etc. In addition to these, the women were also asked if they desired to have more child and the time when they would like to have the next child in case they desire for it. The response to the question in Tables-11 through 17.**

## **Current Use and Non-use of Family Planning**

**At the outset it may be mentioned that out of the total 1000 eligible women covered in the present survey 103 were pregnant at the time survey was conducted and as a result they were not asked any questions on the current use of family planning. It may be observed from Table-11 that excluding these 103 women, among the remaining 897, 49.5 per cent (444 women) were not using any Family Planning method at the time of survey. Among the current users sterilization was the most commonly used method of family planning (46.6 per cent, 418 women; this includes 2 cases of vasectomy) whereas spacing methods were used**

by only about 3.9 per cent (35 women) of the women (Oral Pill by 2.1 per cent, Cu-T by 1.2 per cent and Condom by 0.6 per cent).

Those women who said they were currently using some Family Planning method were further asked if it caused them any trouble due to the use of any Family Planning method, and whether they sought any medical help in case they feared any trouble. The responses to these questions are given in Table-12. It may be seen from the table that of the 453 current users of Family Planning method only 43 women (9.3 per cent) have reported having trouble with the method. It may be worth to mention here that of these 43 women who had faced trouble due to Family Planning use, 42 were sterilization users and one was using Oral Pill. Further, out of these 43 women only 19 approached either a government dispensary or ANM for help and 30 went to the private doctor. The remaining 9 of them did not seek any medical help.

## **Ever Users of Family Planning**

All the 1000 eligible women were also asked questions in the present survey pertaining the Family Planning use in the past and the results are presented in Table-13. It was found that 537 of these women had never used any Family Planning method to date. Among the remaining, 442 women said that they have been using single method ever since they began using Family Planning. In all, there were 19 women who had used and discontinued any



Family Planning method (Cu-T by 3 women, Oral Pill by 14 women and Condom by 2 women). One women reported that she discontinued more than one method of Family Planing in the past.

## **Characteristics of Current Users and Non-users of Family Planning**

It may be recalled here that in essence the objective of India's family Planning programme has always been two-folds. Firstly, to control its growing population through reduction in fertility by motivating couples to use family planning methods, more desirably by bringing in the young couples and those with fewer number of children into the programme, and secondly to enhance the overall health of the women in general and reproductive health in particular by encouraging them to go in for fewer children, avoid unwanted pregnancies and promoting spacing between two pregnancies by using spacing methods of family planning. It would thus be necessary that the success of the programme be judged along these lines. With this in mind in the text to follow we discuss various socio-demographic characteristics of both current acceptors and non-acceptors in the surveyed areas. It may be mentioned here that results in this section are presented separately for current non-users, currently pregnant women and users of sterilization and spacing methods (Cu-T, OP and Condom).

## Demographic Characteristics

At the outset it may be mentioned that the mean age of the sterilised woman is 28.4 years whereas it is 23.6 years for the currently non users of the family planning. It may be observed from the Table-14 that a rather large proportion of the women aged 30 years or more (about 27 per cent) were not using any family planning method at the time of survey. Further, the per cent using sterilization goes up drastically from 27.3 per cent among those aged 20-24 years to well over 54 among 25-29 years of age and further to 75 per cent in the age-group 40-44 years. Most of the users of spacing method were in the ages below 24 years of age. Among those women with 4 or more living children as many as 34 per cent were not using any family planning method at the time of survey.

It may further be noted that 5.6 per cent of the women (16) with 4 or more living children were pregnant at the time survey was conducted. With respect to the family planning use and number of living sons it is noticed that the per cent of women using sterilization goes up substantially from those with one living sons to those with 2 living sons (from 27.5 to 76.3 per cent) confirming the existing norm that the sterilization acceptance in couples becomes very strong once they achieve the goal of 2 living sons. However, out of 20 women with 4 or more living sons, 12 were not using any family planning and infact 1 was pregnant at the time of survey. It may further be emphasised that about 20 per cent of the women whose youngest child was aged 3 years or more were not using any method of family planning.

## **Socio-Economic Characteristics**

**Table-15** gives the data on various social characters of the eligible women by use and non-use of family planning. It may be noted from the table that the percent of currently non-users is much higher among Muslims (55.2 per cent) followed by Buddhist (52.7 per cent) and is least, though relatively high among Hindu couples (43.5 per cent). Further, among the users of spacing methods, not a single belonged to either Muslim or Buddha religion. It therefore seemed to be necessary to make special efforts to motivate the couples belonging to Muslim and Buddha religions to come forward and accept family planning. Though there are no striking variations across different caste groups with respect to family planning use, it may be observed that the family planning use seem to be relatively low among couples belonging to the SC and ST groups.

Though there is no clear pattern emerging from the results of non-use and use of family planning by level of schooling and women's occupation, it may be worth to note that the relationship with education among the users of spacing method is quite clear as their percent increases with the increase in level of schooling from 1.7 per cent among illiterates to 4.5 per cent among those with less than 7 years of schooling and further to close to 19 per cent among those with 8 or more years of schooling.

## **Desired For Next Child**

**Table-16, Section-A** gives the data on the distribution of the women by desired future fertility. It may be noted from the table-16 that of all the 1000 eligible women, half of them (48.8 per cent, 488 women) replied positively meaning that they intend to have another child(ren) in future. The remaining 511 women (51.1 per cent) reported that they did not want any more child in future. One of the women did not respond to this question. Excluding 103 currently pregnant women all the remaining women who were positive about having their next child were further asked about the timing of the next child and the results are presented in Section-B of Table-17. It may be noted from the section-B of the same table that a little less than a quarter of these women (23.6 per cent) said that they would have their next child anytime. Further, about 20 per cent and 25 per cent of these women respectively said that they will have their next child in a year and between 1 to 2 years. As many as 28.3 per cent of these women reported that they will have their next child only after 2 years or so.

**The analysis of the data of woman wanting to have more children by use of Family Planning** reveals that out of the 357 non-users of family planning who want more children, 93 want after 2 years of time (26.1 per cent). Further, there were 86 women who neither want any more child nor were they using any method of family planning at the time of survey. Thus, these women can be brought into the programme by motivating them.

**Table-17** gives the results of cross classification between number of living children and living sons and the desire to have or not have any more child separately. It may be noted from the **Table-17** that though the per cent of women wanting more child decline as the number of living children increases, there are as many as 23.6 per cent and 17.2 per cent of the women who already have 3 and 4 or more living children respectively but want to have another child. However, the percentage of women wanting to have more child drops down drastically when we confine it to number of living sons. For example, 94 per cent of the women with no living sons want to have another child which drops down to 59 per cent in case of women with one living son and further to in just single digit in case of women with more than one living son. It may thus be said that once the couple reaches two living sons their desired future fertility declines substantially.

It may be useful to mention that out of those 488 women wanting to have more children, 93 want their next child only after 2 years but were not using any family planing method at the time of survey. Further, there were another 54 women whose youngest child was less than a year old and were not using any family planning method at survey time as they were planning to have their next child within a year.

# **ROLE OF ANM IN ENHANCING THE KNOWLEDGE AND USE OF VARIOUS HEALTH AND FAMILY WELFARE SERVICES**

With the view of assessing the accessibility and reach of the ANM to the eligible women, in the present survey these women were asked various questions such as whether the ANM visited them in the past 3 months, whether the amount of time spent by the ANM during her visit was sufficient and whether did the ANM advice them on various issues such as hospital delivery, breast-feeding, spacing method, information on the danger signs of ARI, home management of diarrhoea etc. anytime in the past. The results to these questions are summarised in Tables-18 though 23.

## **ANM's Visit in the Past 3 Months Prior to the Survey**

In response to the question on whether did ANM visit the women or not in the past 3 months prior to the survey it was found that about three-fourth of these women (742 out of

1000) replied yes to the question. Of the remaining, 256 women said that the ANM did not visit them during the specified time whereas two of them did not respond to it (Table-18).

The responses obtained on whether they were satisfied with the amount of time spent by the ANM during her visit are presented in section-B of Table-18. It may be noted from the same table that a majority of the women (598 out of 742 women, 80.6 per cent) responded positively to this question meaning that they were satisfied by the amount of time spent by the ANM. On the other hand, about 19 per cent of the women however complained that the amount of time spent by the ANM during her visit to them was not sufficient and were of the view that the ANM should have spent more time with them.

There are significant variations across PIIC with respect to the responses given to the question on whether these women were visited by the ANM during the reference period and the results on this are given in Appendix-IV.

## **Knowledge of Danger Signs of the ARI and Home Management of Diarrhoea**

The women in the survey were also asked about whether they were aware of the danger signs of Acute Respiratory Infection (ARI) and the source from where they receive the information on this aspect about 66.7 per cent of them replied negatively (see Table-19). In

other words, over two-third of women in the sample area were unaware of the danger signs of ARI. Of those who did say yes to the question, almost all of them learnt about them from sources other than the ANM as only 14 women said that they learn about it from ANM.

With respect to the home management of diarrhoea, it may be seen from the same table-20 that only a mere of about 9 per cent of the women in the sample were not advised by ANM on this aspect. The remaining 90 per cent of them said that the ANM did advise them to start giving ORS to the child in case of diarrhoea. It is surprising to note from the table that not a single women was advised by the ANM to continue breast-feeding in case child has diarrhoea. Further, it may be mentioned that of those women who were visited by the ANM in past 3 months, only 13 women (out of 865) were given information about the danger signs of ARI.

## **Advise on Hospital Delivery**

On the issue of encouraging the women to go for institutional delivery it is surprising to note that, excluding 135 women who did not have a birth in the past 5 years prior to the survey, only 33 (3.8 per cent) were advised to go to hospital for delivery by the ANM. It may thus be said that not enough efforts are being made on the part of the ANM to motivate the women to deliver their child in a hospital or the PHC.



## **Advise on Various Issues in Relation to Different Characteristics of the Women**

At the outset it may be recalled that out of 1000 eligible women 67.1 per cent of the women were not advised on spacing method even though they already had at least one living child at the time survey was conducted. Further, only 19.7 per cent were advised about more than one spacing method (Cu-T, Oral Pill and Condom). About 7.4 per cent and 4.6 per cent of the women were advised on OP and Cu-T respectively. The result suggest that the emphasis on Condom was not there.

Table-21 and 22 respectively give the per cent of women who were advised by the ANM on spacing method, breast-feeding and home management of diarrhoea by various demographic characteristics of woman such as number of living children, living sons, age of the youngest child and desire for next child. The information is given separately for three groups of women; namely women who had a birth during the reference period and were currently not pregnant and were currently pregnant at the time of survey and those women who were neither pregnant nor had they had any birth during the reference period.

At the outset it may be mentioned that only about one-third of the eligible women were advised on spacing method by the ANM. In Pune the proportion of such women was per cent which is much better. It may be observed from the Table-21 that, in general, the per cent

of women advised on spacing method does not vary much with the number of either living children or sons. However, one does get the feeling that quite substantial number of women with one or two living children have not been advised on the issue. Similarly, in case of number of living sons a large number of the women with one or two living sons have not been advised to go for spacing method.

Further, near about one-third of the women whose youngest child is less than a year old or is in age of 12-23 months have been advised on spacing method, the remaining two-third have not been advised on the issue. It is rather surprising to note that of those women who want their next child only after two years, only half of them have been advised on spacing method by the ANM. It may be useful to mention here that 84 out of 134 women age 15-19 years (62.7 per cent) and 197 out of 319 women aged 20-24 years (61.8 per cent) were not advised to go for any spacing method by the ANM.

With regard to the advise on breast-feeding and home management of diarrhoea, it may be seen from table-22 that there only slight variation by number of living children and sons in this respect (here the analysis is restricted to only those women who were currently not pregnant but had a birth during the reference period). However, the variations are notable in case of the age of the youngest child, particularly with respect to the advise on breast-feeding. For example, only 30 per cent of the women whose youngest child was less than a year old were advised on this issue. This figure goes down to 22.3 per cent in case of the women whose youngest child was in the age group 12-23 months and the further 17.5 and

11.9 per cent respectively in case of those with youngest child being in the ages 24-35 months and 36 or more months. The variations on this issue are again very negligible in case of the desire for having next child.

It may be mentioned here that we have not done this analysis with respect to the knowledge on the danger sign of ARI in view of the fact that the percent of women having knowledge of the danger signs of ARI is very limited and hence their analysis by various characteristics of the women will not fetch us any meaningful results.

# **GENERAL HEALTH PROBLEMS OF THE WOMEN AND THEIR OPINION ABOUT THE EXISTING GOVERNMENT HEALTH SERVICES**

**In the present survey an attempt is also made to study the various general health problems of these eligible women and the practices related to the treatment of these problems. Further, an attempt is also made to find out whether these women visit the PHC or not and the reasons for not availing the existing government health facilities. Also we have tried to seek the opinion of these women on different aspects of the functioning of the PHC's including operational and logistic aspects of it. The results on these areas are presented in Tables-23 though 25.**

**Section-A and B of the Table-23 respectively give the distribution of women by the common health problems such as white discharge, back ache, abdominal pain etc.and the treatment taken in case of problems. It may be mentioned that out of the total 865 women, about 22.7 per cent (196 women) reported suffering from some health problem or the other. The remaining did not have any health problem in general. Bach-ache (about 12 per cent) followed by abdominal pain and white discharge (about 2 per cent each) was reported as a common health problem by majority of those who had some health problem. Further when**

asked about the treatment taken in case of illness, about one-third of them reported that they did not take any treatment. Another 41 per cent had gone to private hospital for treatment (section-B, Table-23). The remaining have gone to either ANM, PHC or government hospital for treatment.

## **Visit to the PHC**

At the outset it may be mentioned that out of the total 1000 eligible women covered in the present survey only 342 (34.2 per cent) have reportedly visited the PHC sometime (Section-A of Table-24) whereas the remaining 658 of them did not visit the PHC any time.

It would be useful to know about the women who visited govt. health centre anytime. The relevant data on this is given in statement-4. It may be noticed from the statement-4 that there are no significant variations in the per cent of women visiting govt. health centre by various characteristics of the women. Nevertheless, it may be said that slightly higher proportion of women belonging to Hindu and Buddhist religions than those from Muslim visit the centre. Also larger per cent of SC and ST women visit the centre than the rest of the other castes.

**Statement 4: Distribution of the women visiting govt. health Centre by various characteristics.**

| Characteristics of Woman                              | Number | Percent* | Characteristics of Woman             | Number | Percent* |
|---|--------|----------|--------------------------------------|--------|----------|
| <b>A: Religion</b>                                    |        |          | <b>F: No. of Living Sons</b>         |        |          |
| Hindu   | 316    | 34.5     | No Son                               | 67     | 32.8     |
| Muslim  | 7      | 24.1     | 1                                    | 136    | 34.3     |
| Buddhist  | 19     | 34.5     | 2                                    | 105    | 34.1     |
|   |        |          | 3                                    | 27     | 37.5     |
|   |        |          | 4+                                   | 7      | 35.0     |
| <b>B: Caste</b>                                       |        |          | <b>G: Age of the Youngest Child</b>  |        |          |
| Maratha   | 93     | 30.5     | No Child                             | 6      | 31.6     |
| Others  | 70     | 32.3     | Below 12 months                      | 94     | 34.5     |
| SC  | 38     | 35.5     | 12-23 months                         | 69     | 32.4     |
| ST  | 115    | 40.4     | 24-35 months                         | 55     | 36.0     |
| No Caste  | 26     | 30.5     | 36 months & more                     | 117    | 38.0     |
|   |        |          | No res.                              | 1      | 100.0    |
| <b>C: Age of the Woman</b>                            |        |          | <b>H: Want More Child</b>            |        |          |
| 15-24   |        |          | Yes                                  |        |          |
| 25-34   | 148    | 32.7     | No                                   | 157    | 32.2     |
| 35-44   | 167    | 35.2     | No Resp.                             | 184    | 36.0     |
|   | 27     | 38.0     |                                      | 1      | 100.0    |
| <b>D: Education of the Woman (Years of Schooling)</b> |        |          | <b>I: Visited by ANM in 3 Months</b> |        |          |
| Illiterate  | 252    | 35.2     | Yes                                  | 275    |          |
| 1-4   | 35     | 37.6     | No                                   | 66     |          |
| 5-8   | 29     | 27.6     | No Resp.                             | 1      |          |
| 8+  | 25     | 29.8     |                                      |        |          |
| No. Response  | 1      | 33.3     |                                      |        |          |
| <b>E: No. of Living Children</b>                      |        |          | <b>J: Current Users of FP</b>        |        |          |
| No Child  | 6      | 31.6     | Non- User                            |        |          |
| 1   | 66     | 33.5     | Sterilized                           | 170    | 38.3     |
| 2   | 74     | 33.6     | Spacing Method                       | 162    | 38.8     |
| 3   | 101    | 35.9     |                                      | 10     | 28.6     |
| 4+  | 95     | 36.1     |                                      |        |          |
| <b>K: ANM Advised Spacing Method</b>                  |        |          |                                      |        |          |
| Yes   | 125    | 38.2     |                                      |        |          |
| No  | 216    | 32.1     |                                      |        |          |
| No Response   | 1      | --       |                                      |        |          |

**Note: Per cent is taken from the total number of women in each cell.**

## Reasons Given for Not Availing the Government Health Facility

The results obtained on reasons for not availing the government health services are given in Table-24, section-B. It may clearly be seen from the table that the distance to the PHC from the place of residence was reported to abstain from going to the govt. health facility as it was reported by about 19 per cent of the women who did not visit any time. In addition to this non-availability of the transportation facility is reported by another one per cent of them.

Above this quality of services (this include lack of sufficient attention from the health staff, lack of proper examinations, cleanliness in the PHC etc.) coupled with non-availability of medicines and non-effective of the treatment emerge as major factors obstructing the women from using the existing health services as they were reported by about 37 per cent of the women. Further, 'Mind Set' of the women against the government health facility seems to have played very important role in allowing them to not use the govt. health services as nearly 26 per cent of these women said that they do not go to PHC because they simply do not like it there or that their elders would not allow them to go there or that the private services are better than the govt. services.

## **Perception of the Women on the Various Aspects of the Functioning of the PHC's**

**in the present survey all the eligible women covered in the survey were asked various questions related to the PHC and its functioning. Their opinion was sought on the areas such as timings of the PHC, availability of doctor and medicines, time spent by them in waiting, privacy for examination, if the examinations were done properly, behaviour of the PHC staff if they were asked to pay money for the treatment etc. The answer to these questions are presented in Table 25.**

**It may be noted from table-25 that out of these 342 who had visited the PHC, 69.0 per cent were of the view that the PHC was well equipped. The remaining 31 per cent felt that the PHC was not sufficiently equipped. A majority of these women (98.2 per cent) were comfortable with the PHC timings. However, over two-third of these women felt that the waiting time at PHC was too long quite often. About three-fourth of the women reported that the doctors were available whenever they had visited the PHC whereas remaining one-fourth complained that the doctor was not available at the time they visited the PHC. With regard to the availability of the medicines, close to 60 per cent of them said that they were always available to them. Nevertheless, remaining 40 per cent of them were of the view that there will be times when medicines will not be available at the PHC. On the friendliness of the PHC's staff majority of the common (81.3 per cent) felt that the staff was quite friendly with**



them during their visit to the PHC and that they would always explain to them how to take medicines (reported by 80.7 per cent of the women). There were about 18 per cent of the women who said that sometimes they would not be explained on how to take medicines.

**Availability of examination of facilities in terms of both privacy and sufficiency at the PHC** was found to be very good by majority of the women (69.0 per cent and 86.3 per cent respectively) on the whole. However, about 29 per cent of the women did feel that there was not enough privacy available at the PHC for examination. The treatment given to the women at PHC was found to be effective always in 70.2 per cent cases and sometimes in 28.7 per cent cases. Almost all of the women had reported that the doctors at the PHC did not ask them to pay money anytime.

## **SUMMARY AND POLICY IMPLICATIONS**

**The present survey was undertaken with the primary objective of examining the role of the ANM in enhancing the knowledge and use of various issues related to the reproductive and child health and also to seek the opinion of the eligible women with respect to the existing government health services. Further, an attempt is also made to obtain the information on various practices related to Mother and Child Health (MCH) care and the extent of use/non-use of available medical health facilities and the family planning services by these women etc. The study also attempt to find out existing norms and practices pertaining to the onset of breast-feeding and introduction of supplementary foods among the children and the level of awareness about the danger signs of ARI and home management of diarrhoea among these women.**

**The present survey was undertaken by the trained field investigators in the months of March and April of 1997. A total of 1000 Eligible Women (currently married women in the age-group of 15-44 years, from the 50 villages having an ANM in 25 PHC's) in Nanded district of Maharashtra state were interviewed with the help of a structured questionnaire. Financial assistance for the survey was given by the Ministry of Health and Family Welfare, Government of India, New Delhi.**

**The comparison of data on various socio-economic and demographic indicators between the state and Nanded clearly reveal that the district can easily be designated as one of the most**

backward district in the state of Maharashtra in all the sphere whether it is level of demographic development or socio-economic development or the availability of minimum basic household amenities to its population. According to the 1991 census, Nanded has a total population of about 2.3 million (SC and ST accounting for nearly 30 per cent of the district's total population) with a density of about 221 persons per sq. km. The district grew rapidly during the decade 1981-91 registering a decadal growth of its population by well over 32 per cent. The change in the sex ratio of the total population during 1981-91 affected women adversely as it deteriorated from a already low of 960 females per 1000 males in 1981 to just 945 in 1991.

As mentioned earlier the district has a CBR of over 37 births per 1000 population (1984-90) which is higher by almost 10 points than the state average. On an average, woman in Nanded has 2.5 children more than the woman the state average. On the other hand, family planning performance in the district is very poor; CPR of just 44.6 per cent in 1992. Further, only less than half of the district population and less than one-third of its female population in 1991 was literate. A very large proportion of the female workers in the district are engaged in agricultural and allied activities which does not give them any opportunity to interact with the outside world.

With this background we now put forward the main findings of the present survey and their policy implications.

**The sample for the present survey comprised mainly of Hindu women as they formed a majority of the respondents (about 92 per cent). Maratha's constitute about 30 per cent of the total respondents followed by ST (28.5 per cent) and SC (10.7 per cent). A majority of these women are either illiterate or have very little schooling. Further, though the proportion of women economically active is well over 60 per cent, their share in sectors other than agricultural and allied activities is almost negligible.**

**The mean age of the respondent is 26.1 years indicating that the sample comprise of fairly young women. On an average, the sample woman has 2.8 living children at the time of survey. Further, 19 of the women covered in the survey did not have any living child at the time of survey. About 88 per cent of the women aged 15-19 years and all but 3 of them aged 20-24 years (99.1 per cent) already have at least one living child. Infact, 28 women aged 15-19 years already have 2 or more living children. Further, almost one-third of the women aged 20-24 years already had 3 or more living children. This, on the whole, suggest that early and frequent child-bearing is quite common in the district. The evidence of continuation of child-bearing until the later ages in the district is also noticed in the survey as about 11 per cent of those women whose youngest child was less than 2 years of age belonged to age group 30 years or more.**

**The results of cross classification of the data on number of living children by various socio-economic characteristics clearly bring out that the illiterate women and those with less than 8 years of schooling tend to have more children (4 or more). There is no clear pattern**

emerging with regard to the variations by occupation of the women. This may be due to the very fact that almost all the working women in the sample are engaged in agriculture and allied activities only which does not give them any exposure to interact with the outside world and thus has virtually no impact on their existing norms and attitudes determining their reproductive behaviour.

With respect to the variations across various religious groups it may be noted that 44.8 per cent (13 out of the 29) Muslim women covered in the survey had 4 or more living children. The share of such women goes down to 32.7 per cent (18 out of 55) in case of Buddhist and further to 27.5 only among Hindu women suggesting relatively much higher fertility among the Muslim women. On an average, women belonging to SC and ST castes have higher number of living children than those belonging to Marathas.

Utilization of MCH services by these women seem to be rather poor. For example, home continues to be the place of delivery in majority of the cases (accounting for nearly 82 per cent of them). Only about 18 per cent of the deliveries took place in an institution; half of which taking place in a private hospital, 31.8 per cent in govt. hospital and only 18.5 per cent in a PHC. It may be mentioned here that according to the SRS (GOI, 1993), the proportion of institutional deliveries in rural Maharashtra in 1993 was about 22 per cent and that in rural Pune is 42 Per cent (Mulay, 1996).

**Though a sizeable number of home deliveries are assisted by the trained personnel (mostly a trained dai), almost half of them are conducted by untrained persons (primarily by either mother or mother-in-law). Nevertheless, the use of disposable delivery kit is reported in most of the cases where delivery takes place in homes (well over 90 per cent) which to some extent, ensuring safe delivery conditions. It is further noticed that a younger women (below 24 years of age), those with fewer number of living children and having some years of schooling tend to seek assistance of trained health personnel at the time of delivery.**

**It is rather surprising to note that none of the expectant mother intend to deliver their child at the PHC though 14 of the 103 currently pregnant women were planning to deliver their child at the hospital either govt. hospital (6) or private (8). Further, it appears that the fact whether the women had any trouble during pregnancy seem to play an important role in deciding the place of delivery as it is more likely that relatively larger proportion of those women who have trouble during pregnancy tend to go for institutional delivery as compared to those who do not have ant trouble during the pregnancy.**

**It is also observed from the data that a majority of the women did not suffer with any of the problem during and/or after delivery. However, there were some women who said that they suffered from problems such as bleeding, excessive tiredness, convulsions, swelling of feet etc. while they were pregnant with their youngest child. It is a matter of great concern that only few women have taken treatment from the govt. health services for the trouble following delivery. Many of them infact sought help of the private health services.**

Nanded has CPR of 43.6 during 1992 as reported by the MOHFW (GOI, 1995). In a survey conducted by this PRC in 1994 in Urban Nanded it was found that about 36.5 per cent of the couples were using some methods of family planning, of which a large proportion was using female sterilization (Mulay and Balsubramanian, 1994).

In the present survey it is found that out of the total 1000 eligible women covered in the present survey, about 50.5 per cent of them were using any family planning (sterilization by 46.6 per cent) which is higher than what is observed by MOHFW in 1992 and in Urban Nanded in 1994. This suggest that over time use of family planning method in the district has gone up. However, spacing methods are virtually missing as only about 4 per cent of them have reported using them at the time of survey.

It may also mentioned here that of 1000 Eligible Women, 537 have never used any method of family planning. Among the currently non-user of family planning, about 40 per cent have already have 3 or more living children and about 20 per cent have 2 or more living sons. Further, nearly 43 per cent of the non-users have their youngest child a infant. With respect to the educational status of the non-users, it may be seen that most of them are illiterate (about 71 per cent).

It is important to note here that about 80.4 per cent (357 women) of the current non-users want to have another child. However, about 28.6 per cent (102 women) of those who want to have their next child only after two years or more but were not using family planning at

the time survey was conducted.

With regard to the current users of family planning methods it may be noted that most of the users of spacing methods were in ages below 24 years which is in the desired direction. The per cent share of women using sterilization goes substantially up from 27.3 per cent among those with one living son to 76.3 per cent among those with 2 living sons confirming the existence norm of the strong son preference and that as soon as couples achieve two living sons they try to limit reproduction.

The findings of the present survey reveals that the role of the ANM in enhancing the knowledge and use of various MCH services including family planning have been very limited. It was reported by as many as 25.6 per cent of the women that the ANM has not visited them even once in the past 3 months prior to the survey. Further, those whom ANM did visit during the reference period, one in every five said that they were not satisfied with the amount of time spent by the ANM during her visit to them. Only 33 of these women were advised by the ANM to go for an institutional delivery whereas the remaining 967 were not advised on the topic. Only about 21.8 per cent of those 762 women who had a birth in the past 5 years prior to the survey date but were not pregnant, were advised on breast-feeding practices by the ANM whereas the rest of them were not.

It is rather surprising to note that as many as two-third of the eligible women were not advised on spacing method by the ANM though they already had atleast one living child. Of



the remaining, majority were advised to go for Cu-T and Oral Pills whereas only 3 of them were advised for Condom. More than one method of spacing method was advised to only 19.7 per cent of the eligible women. This clearly is indicative of the fact that the emphasis on spacing method of family planning is not there and hence it is important to specify to the ANM's that the spacing methods of family planning need to be emphasised to the couples and that they should give women the choice for more than one method. Further, the emphasis on condom use has to be stressed; for this purpose services of the male MPW may be used more effectively.

It is rather said to know that the knowledge of danger signs of ARI is almost nil among these women as only less than one-third of them were aware of it. On the top of it, a negligible number of them only got it from the ANM. It thus seems to be necessary to specify to the ANM the importance of the danger signs of ARI and make them known to these women. Though the knowledge on home management of diarrhoea was quite wide spread it was surprising to note that not a single women was advised to continue breast-feeding exclusively by the ANM in case if child has diarrhoea. Nevertheless, a sizeable number of the women were advised to continue to give ORS preparation and other fluids when child has diarrhoea.

As is mentioned earlier, more than half of the women who would like to have their next child only after 2 years or so have not been advised by the ANM to go for spacing method.

Only few of those women whose youngest child is less than a year old have been advised on breast-feeding.

The proportion of women who complained of suffering from common health problems such as white discharge, bleeding, back-ache, abdominal pain etc is very less. However, those who did suffer from some health problems or other, about one-third did not seek any medical help whereas the rest did not seek any aid. Again, of those who sought medical help, about 40 per cent went to private doctor. Nearly two-third of the eligible women have never visited either PHC or the govt. health centre any time in the past.

Poor quality of the services (which includes inadequate attention of the health staff, lack of proper examinations, cleanliness at the PHC) coupled with non-availability of the medicines at the centre ineffective treatment etc were reported as important reasons for not visiting the govt. health centre by these women. In addition to this, 'Mind Set' of the people against the govt. services in general appears to be another important reason reported by these women as a well over quarter of them said that they simply do not like it there or that their elders would not allow them to go the centre and that they think private treatment is better for them even if poses greater economic burden on them.

On the whole it is found that the women do hold quite positive views on the available govt. health facilities in their area. Nevertheless, a substantial number of them were of the view

that the PHIC in their area is not sufficiently equipped and that either the medicines are not available to them or many a times they are not explained on how to take the medicines. Many of them felt that the timing of the PHC was not convenient, the waiting time is too long and that it was too far for them, particularly in the absence of any transport facility. Some of them also complained that the privacy for examinations is not there and that often doctors are not available. Some of the women also felt that the health staff is not friendly.

## **POLICY IMPLICATIONS**

The first and foremost task appearing from the above analysis is that the ANM has to be made to realise that the primary and very important and crucial area of her work task is to create awareness among the people in general, women in particular, with respect to the various issues related to the reproductive health including knowledge and use of family planing with emphasis on spacing method, educating them with appropriate and healthy practices pertaining to issues such as breast-feeding and weaning among infants, creating awareness of the danger signs of ARI and home management of diarrhoea and to motivate them to make use of existing govt. health services, particularly MCH and Family Welfare services. It is important to make her realize that her role in these areas is very crucial for the success of Reproductive and Child Health Care programme and that much of the success of the programme will depend on how successfully and effectively she is in carrying out her task.

**Another very important finding emerging from this study is that, in general, people are drifting away from the government health services and are invariably opting for private health care even if it poses great economic burden of them. Similar observations have also been made in another survey recently conducted by our centre in the district of Pune. This change will have far more serious implication in future. Firstly, as we know that the private services are more need based. In other words, people can avail of them only when they are in need of them. Whereas in case of govt. health services, in addition to the curative aspects of health care it also serves as an important platform to provide a wide range of preventive and informative services on different aspects of social and family health; this component is totally missing in the private health care. In other words, the objective of govt. health care services are far more broader. In this, the clients are served at their door step and the ANM reaches them at times even when they actually might not need her services. Thus, the shift from govt. to private health care services in long run poses far more serious implications than what one can foresee.**

**Thus it is very important that the policy makers give it a serious thought and take up some concrete steps immediately in these areas. We need to show greater commitment in order to make the govt. health care programme in more effective and acceptable especially to the rural masses. We have to put greater efforts to rebuilt the lost faith of the common people in the govt. health care in future. Here again role of the grassroot level workers become utmost important.**

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Table 1: Selected Socio-Economic Characteristics of the Eligible Women.

| Socio-Economic Characteristics    | Frequency   | Percent      |
|-----------------------------------|-------------|--------------|
| <b>A: Religion</b>                |             |              |
| Hindu                             | 915         | 91.5         |
| Muslim                            | 29          | 2.9          |
| Boudha                            | 55          | 5.5          |
| Others                            | 1           | 0.1          |
| <b>B: Caste</b>                   |             |              |
| No Caste                          | 85          | 8.5          |
| Maratha                           | 305         | 30.5         |
| Brahmin                           | 1           | 0.1          |
| S.C.                              | 107         | 10.7         |
| S.T.                              | 285         | 28.5         |
| Other Castes*                     | 217         | 21.7         |
| <b>C: Years of Schooling</b>      |             |              |
| Illiterate                        | 715         | 71.5         |
| 1-4                               | 93          | 9.3          |
| 5-7                               | 105         | 10.5         |
| 8-10                              | 62          | 6.2          |
| 10+                               | 22          | 2.2          |
| No Response                       | 3           | 0.3          |
| <b>D: Occupation of the Women</b> |             |              |
| Housewife                         | 399         | 39.9         |
| Cultivation                       | 467         | 46.7         |
| Farm Labour                       | 53          | 5.3          |
| Manual Labour                     | 57          | 5.7          |
| Teacher                           | 9           | 0.9          |
| Others***                         | 7           | 0.7          |
| No Response                       | 8           | 0.8          |
| <b>Total</b>                      | <b>1000</b> | <b>100.0</b> |

**NOTE:**

\* Those belonging to Lingaayat, Gosavi, Shindi, Bholi Mannerwar, Kulekdewar, Lohar, Kumthi, Chennewar, Teli Koli, Wani, Sutar, Yllam, Khatik, Kulhakad, Jangam

\*\* Include two cases of literate without formal education

\*\*\* Includes those working in Tailoring shop, Dhobi, at Hotel etc.

Table 2: Selected Demographic Characteristics of the Eligible Women.

| Variable  | Frequency   | Percent      |
|---|-------------|--------------|
| <b>A: Woman's Current Age</b>                   |             |              |
| 15-19   | 134         | 13.4         |
| 20-24   | 319         | 31.9         |
| 25-29   | 321         | 32.1         |
| 30-34   | 154         | 15.4         |
| 35-39   | 59          | 5.9          |
| 40-44   | 12          | 1.2          |
| No Response                                     | 1           | 0.1          |
| <b>B: No. of Living Children</b>                |             |              |
| 0   | 19          | 1.9          |
| 1   | 197         | 19.7         |
| 2   | 220         | 22.0         |
| 3   | 281         | 28.1         |
| 4   | 167         | 16.7         |
| 5   | 69          | 6.9          |
| 6   | 33          | 3.6          |
| 7   | 6           | 0.6          |
| 8+  | 8           | 0.8          |
| <b>C: No. of Living Sons</b>                    |             |              |
| 0   | 204         | 20.4         |
| 1   | 396         | 39.6         |
| 2   | 308         | 30.8         |
| 3   | 72          | 7.2          |
| 4   | 13          | 1.3          |
| 5   | 6           | 0.6          |
| 6   | 1           | 0.1          |
| <b>D: Age of the Youngest Child (in months)</b> |             |              |
| No Living Child                                 | 19          | 1.9          |
| 0-5   | 118         | 11.8         |
| 6-11  | 154         | 15.4         |
| 12-17   | 99          | 9.9          |
| 18-23   | 114         | 11.4         |
| 24-29   | 100         | 10.0         |
| 30-35   | 51          | 5.1          |
| 36  | 64          | 6.4          |
| 37 & above                                      | 280         | 28.0         |
| No Response                                     | 1           | 0.1          |
| <b>Total</b>                                    | <b>1000</b> | <b>100.0</b> |

**NOTE:**

\* Include those 19 women who did not have any Child at the time of Survey

'0' means no living child/sons

Table 3: Distribution of the Women by No. of Living Children and Living Sons by Various Socio-Demographic Characteristics

| Variable Name                       | Total       | No. of living children |            |            |            |            | No. of living sons |            |            |           |           |
|-------------------------------------|-------------|------------------------|------------|------------|------------|------------|--------------------|------------|------------|-----------|-----------|
|                                     |             | 0                      | 1          | 2          | 3          | 4+         | 0                  | 1          | 2          | 3         | 4+        |
| <b>A: Age of the Woman</b>          |             |                        |            |            |            |            |                    |            |            |           |           |
| 15-19                               | 134         | 16                     | 90         | 26         | 2          | -          | 70                 | 56         | 8          | -         | -         |
| 20-24                               | 319         | 3                      | 89         | 112        | 89         | 26         | 87                 | 143        | 77         | 12        | -         |
| 25-29                               | 321         | -                      | 14         | 62         | 122        | 123        | 34                 | 132        | 124        | 25        | 6         |
| 30+                                 | 226         | -                      | 4          | 20         | 68         | 134        | 13                 | 65         | 99         | 35        | 14        |
| <b>B: Age of the Youngest Child</b> |             |                        |            |            |            |            |                    |            |            |           |           |
| No living child                     | 19          | 19                     | -          | -          | -          | -          | 19                 | -          | -          | -         | -         |
| < 12 Months                         | 272         | -                      | 69         | 56         | 70         | 77         | 50                 | 132        | 72         | 14        | 4         |
| 12-23 months                        | 213         | -                      | 60         | 63         | 46         | 44         | 61                 | 95         | 47         | 8         | 2         |
| 24-35 months                        | 151         | -                      | 28         | 43         | 37         | 43         | 34                 | 69         | 41         | 5         | 2         |
| 36 months +                         | 345         | -                      | 40         | 58         | 128        | 119        | 40                 | 100        | 148        | 45        | 12        |
| <b>C: Education of the Women</b>    |             |                        |            |            |            |            |                    |            |            |           |           |
| Illiterate                          | 715         | 11                     | 118        | 156        | 203        | 227        | 117                | 278        | 230        | 61        | 18        |
| 1-4                                 | 93          | 3                      | 15         | 18         | 29         | 28         | 15                 | 34         | 32         | 7         | 2         |
| 5-7                                 | 105         | 2                      | 31         | 18         | 34         | 20         | 30                 | 42         | 28         | 3         | -         |
| 8+                                  | 84          | 3                      | 33         | 25         | 15         | 8          | 23                 | 41         | 16         | 1         | -         |
| No response                         | 3           | -                      | -          | 3          | -          | -          | -                  | 1          | 2          | -         | -         |
| <b>D: Occupation of the Women</b>   |             |                        |            |            |            |            |                    |            |            |           |           |
| Housewife                           | 399         | 16                     | 100        | 94         | 101        | 88         | 83                 | 179        | 97         | 19        | 5         |
| Cultivation                         | 467         | 3                      | 76         | 103        | 142        | 143        | 82                 | 165        | 163        | 47        | 7         |
| Farm labour                         | 53          | -                      | 7          | 5          | 17         | 24         | 5                  | 17         | 23         | 6         | 2         |
| Manual labour                       | 57          | -                      | 12         | 7          | 16         | 22         | 8                  | 25         | 20         | -         | 4         |
| Others                              | 16          | -                      | 2          | 6          | 4          | 4          | 4                  | 8          | 3          | -         | 1         |
| No response                         | 8           | -                      | -          | 5          | 1          | 2          | 3                  | 2          | 2          | -         | 1         |
| <b>E: Caste</b>                     |             |                        |            |            |            |            |                    |            |            |           |           |
| Brahmin                             | 1           | -                      | -          | 1          | -          | -          | -                  | 1          | -          | -         | -         |
| Maratha                             | 305         | 10                     | 69         | 72         | 91         | 63         | 64                 | 122        | 89         | 18        | 2         |
| S.C.                                | 107         | 2                      | 18         | 21         | 31         | 35         | 23                 | 32         | 38         | 7         | 5         |
| S.T.                                | 285         | 5                      | 56         | 65         | 68         | 91         | 49                 | 113        | 89         | 19        | 10        |
| Others                              | 217         | 2                      | 37         | 50         | 65         | 63         | 35                 | 95         | 64         | 19        | 2         |
| No caste                            | 85          | -                      | 17         | 11         | 26         | 31         | 14                 | 33         | 28         | 9         | 1         |
| <b>F: Religion</b>                  |             |                        |            |            |            |            |                    |            |            |           |           |
| Hindu                               | 915         | 19                     | 180        | 209        | 255        | 252        | 171                | 363        | 280        | 63        | 19        |
| Muslim                              | 29          | -                      | 9          | 1          | 6          | 13         | 5                  | 15         | 6          | 2         | 1         |
| Bouddha                             | 55          | -                      | 7          | 10         | 20         | 18         | 8                  | 18         | 22         | 7         | -         |
| Others                              | 1           | -                      | 1          | -          | -          | -          | 1                  | -          | -          | -         | -         |
| <b>TOTAL</b>                        | <b>1000</b> | <b>19</b>              | <b>197</b> | <b>220</b> | <b>281</b> | <b>283</b> | <b>174</b>         | <b>396</b> | <b>308</b> | <b>72</b> | <b>20</b> |



**Table 4: Distribution of Women who had Birth and/or were Currently Pregnant at the Time of Survey by the Problem During Pregnancy and Place of Delivery**

| Variable Name                            | Women Currently Not Pregnant |       | Women Currently Pregnant |       | Total Women |       |
|--|------------------------------|-------|--------------------------|-------|-------------|-------|
|  | FREQ.                        | PCT   | FREQ.                    | PCT   | FREQ.       | PCT   |
| <b>A: Trouble Faced During Pregnancy</b> |                              |       |                          |       |             |       |
| No trouble                               | 655                          | 86.0  | 66                       | 64.1  | 721         | 83.4  |
| Swelling of feet                         | 21                           | 2.8   | 13                       | 12.6  | 34          | 3.9   |
| Bleeding                                 | 16                           | 2.1   | 2                        | 1.9   | 18          | 2.1   |
| Excessive tiredness                      | 6                            | 0.8   | 5                        | 4.9   | 11          | 1.3   |
| Convulsions                              | 17                           | 2.2   | 7                        | 6.8   | 24          | 2.8   |
| Night Blindness                          | 2                            | 0.3   | -                        | -     | 2           | 0.2   |
| Vomiting/Nausea                          | 43                           | 5.6   | 10                       | 9.7   | 53          | 6.1   |
| No response                              | 2                            | 0.3   | -                        | -     | 2           | 0.2   |
| <b>B: Place of Delivery</b>              |                              |       |                          |       |             |       |
| PHC                                      | 25                           | 3.3   | -                        | -     | 25          | 2.9   |
| Hospital:-                               |                              |       |                          |       |             |       |
| Government                               | 43                           | 5.6   | 6                        | 5.8   | 49          | 5.7   |
| Private                                  | 67                           | 8.8   | 8                        | 7.8   | 75          | 8.7   |
| Home                                     | 627                          | 82.3  | 89                       | 86.4  | 716         | 82.8  |
| Total                                    | 762                          | 100.0 | 103                      | 100.0 | 865         | 100.0 |

**Table 5: Distribution of Women by the Type of Assistance Received at the Time of Home Delivery and Use of Disposable Kit**

| Attendant  | Number | Percent |
|--|--------|---------|
| <b>Section A: Type of Assistance received</b>    |        |         |
| Nurse  | 54     | 8.6     |
| Trained dai                                      | 264    | 42.1    |
| Private doctor                                   | 7      | 1.1     |
| Relatives  | 292    | 46.6    |
| Untrained dai                                    | 9      | 1.4     |
| No response                                      | 1      | 0.2     |
| <b>Section B: Use of disposable delivery kit</b> |        |         |
| Yes  | 566    | 90.3    |
| No   | 58     | 9.3     |
| No response                                      | 3      | 0.5     |
| Total  | 627    | 100.0   |

Table 6: Distribution of the Women by Type of Assistance Received at the Time of Delivery  
By Age of the Woman and Number of Living Children.

| Variables                           | Total          | Nurse        | Private Doctor | Trained Dai   | Trained Personel | Relatives.    | Untrained Dai | Untrained Persn. |
|-------------------------------------|----------------|--------------|----------------|---------------|------------------|---------------|---------------|------------------|
|                                     |                | (1)          | (2)            | (3)           | (1+2+3)          | (4)           | (5)           | (4+5)            |
| <b>A: Age of the Woman</b>          |                |              |                |               |                  |               |               |                  |
| 15-19                               | 82<br>(100.0)  | 10<br>(12.2) | 1<br>(1.2)     | 33<br>(40.2)  | 44<br>(53.7)     | 36<br>(43.9)  | 2<br>(2.4)    | 38<br>(46.3)     |
| 20-24                               | 220<br>(100.0) | 22<br>(10.0) | 3<br>(1.4)     | 102<br>(46.4) | 127<br>(57.7)    | 93<br>(42.3)  | -             | 93<br>(42.3)     |
| 25-29                               | 228<br>(100.0) | 18<br>(7.9)  | 2<br>(0.9)     | 93<br>(40.8)  | 113<br>(49.6)    | 109<br>(47.8) | 6<br>(2.6)    | 115<br>(50.4)    |
| 30-34                               | 69<br>(100.0)  | 3<br>(4.3)   | 1<br>(1.4)     | 25<br>(36.2)  | 29<br>(42.0)     | 39<br>(56.5)  | -             | 39<br>(56.5)     |
| 35-39                               | 23<br>(100.0)  | 1<br>(4.3)   | -              | 10<br>(43.5)  | 11<br>(47.8)     | 11<br>(47.8)  | 1<br>(4.3)    | 12<br>(52.2)     |
| 40-44                               | 4<br>(100.0)   | -            | -              | 1<br>(25.0)   | 1<br>(25.0)      | 3<br>(75.0)   | -             | 3<br>(75.0)      |
| No Resp.                            | 1              | -            | -              | -             | -                | 1<br>(100.0)  | -             | 1<br>(100.0)     |
| <b>B: Number of Living Children</b> |                |              |                |               |                  |               |               |                  |
| 0                                   | -              | -            | -              | -             | -                | -             | -             | -                |
| 1                                   | 114<br>(100.0) | 15<br>(13.2) | 3<br>(2.6)     | 49<br>(42.9)  | 67<br>(58.8)     | 45<br>(39.5)  | 2<br>(1.8)    | 47<br>(41.2)     |
| 2                                   | 141<br>(100.0) | 19<br>(13.5) | 2<br>(1.4)     | 67<br>(47.5)  | 88<br>(62.4)     | 53<br>(37.6)  | 4<br>(2.2)    | 53<br>(37.5)     |
| 3                                   | 182<br>(100.0) | 12<br>(6.6)  | 2<br>(1.4)     | 75<br>(41.2)  | 89<br>(48.9)     | 89<br>(48.9)  | 3<br>(1.6)    | 93<br>(51.1)     |
| 4+                                  | 190<br>(100.0) | 8<br>(4.2)   | -              | 73<br>(38.4)  | 81<br>(42.6)     | 105<br>(55.3) | -             | 108<br>(56.8)    |
| Total                               | 627<br>(100.0) | 54<br>(8.6)  | 7<br>(1.1)     | 264<br>(42.1) | 325<br>(51.8)    | 292<br>(46.6) | 9<br>(1.4)    | 301<br>(48.0)    |

**NOTE:**

Sum of the row may not add to 627 due to non inclusion of one case where response to question 'Who Conducted Delivery' was not given.

Table 7: Results of the Cross Classification Between Education Of Women and the Use of Trained Health Personnel (for Only Home Delivery Cases)

| Education of women | Percent Received Assistance From Trained Personnel* | Total      |
|--------------------|---|------------|
| Illiterate**       | 47.1  | 477        |
| 1-4                | 57.1  | 56         |
| 5-7                | 67.9  | 56         |
| 8-10               | 70.0  | 25         |
| 11+                | -   | 10         |
| No response        | 33.3  | 3          |
| <b>Total</b>       | <b>325</b>  | <b>627</b> |

\* Nurse, Private Doctor And Trained Dai

\*\* Includes 2 Cases of Literate Without Formal Education

Table 8: Results of the Cross Classification Between the Place of Delivery and Whether Child Was Weighed (for only those women who had a birth in the Reference period and were currently not pregnant)

| Place of delivery                    | Whether child was weighed |                       |                        |
|--------------------------------------|---------------------------|-----------------------|------------------------|
|                                      | Yes                       | No                    | Total                  |
| 1. Hospital:-                        |                           |                       |                        |
| a- Government                        | 37<br>(86.0)              | 6<br>(13.9)           | 43<br>(100.0)          |
| b- Private                           | 58<br>(86.6)              | 9<br>(13.4)           | 67<br>(100.0)          |
| 2. PHC                               | 21<br>(84.0)              | 4<br>(16.0)           | 25<br>(100.0)          |
| 3. Institutional<br>(SUM OF 1 AND 2) | 116<br>(85.9)             | 19<br>(14.1)          | 135<br>(100.0)         |
| 4. Home                              | 18<br>(2.9)               | 609<br>(97.1)         | 627<br>(100.0)         |
| <b>TOTAL</b>                         | <b>134<br/>(17.6)</b>     | <b>628<br/>(82.4)</b> | <b>762<br/>(100.0)</b> |

**Table 9 : Distribution of Women By Problems Faced After Delivery and Place Of Treatment.**

|                                  | Number     | Percent      |
|----------------------------------|------------|--------------|
| <b>A: Problem After Delivery</b> |            |              |
| Fever                            | 4          | 0.5          |
| Bleeding                         | 12         | 1.6          |
| Others*                          | 34         | 4.5          |
| No trouble                       | 710        | 93.2         |
| No response                      | 2          | 0.3          |
| <b>Total</b>                     | <b>762</b> | <b>100.0</b> |
| <b>B: Place of Treatment</b>     |            |              |
| ANM                              | 1          | 2.0          |
| PHC                              | 2          | 4.0          |
| Govt. hospital                   | 8          | 16.0         |
| Private hospital                 | 31         | 62.0         |
| No treatment                     | 4          | 8.0          |
| Private visiting doctor          | 4          | 8.0          |
| <b>Total</b>                     | <b>50</b>  | <b>100.0</b> |

**Note:**

**\* Includes Ceasaerian, Convulsions,  
Abdominal Pain and Unconsciousness**

**Table 10: Distribution of Women By the Day of They First Breast-feed Given to the Child and Age at Which Child was First Given Supplementary Food.**

|   | Number     | Percent      |
|---|------------|--------------|
| <b>A: Day on Which First Breast-fed the Child</b>                             |            |              |
| Same day  | 189        | 24.8         |
| Secon Day   | 215        | 28.2         |
| Third day   | 297        | 39.0         |
| Fourth day  | 47         | 6.2          |
| Fifth Day or Later  | 11         | 1.4          |
| No Response   | 3          | 0.4          |
| <b>B: Age At Which Supplementary Food Was First Given<br/>(age in months)</b> |            |              |
| 0-5 months  | 71         | 9.3          |
| 6-11 months   | 415        | 54.5         |
| 12-23 months  | 141        | 18.5         |
| After 2 yrs.  | 6          | 0.8          |
| Child still small   | 105        | 13.8         |
| Not started yet   | 22         | 2.9          |
| Baby died   | 1          | 0.1          |
| No response   | 1          | 0.1          |
| <b>Total</b>  | <b>762</b> | <b>100.0</b> |

**Table 11: Distribution of the EW by Current status of Family Planning Use by Method**

| Name of the method    | Frequency  | Percent      |
|-----------------------|------------|--------------|
| 1. Currently Non-user | 444        | 49.5         |
| 2. Sterilization      | 418        | 46.6         |
| 3. Spacing method:-   | 35         | 3.5          |
| a) Cu-T               | 11         | 1.2          |
| b) Oral Pill          | 19         | 2.1          |
| c) Condom             | 5          | 0.6          |
| <b>Total</b>          | <b>897</b> | <b>100.0</b> |

Table 12: Trouble Faced by Current Family Planning User and Whether Medical Help Sought.

|   | Frequency | Percent |
|---|-----------|---------|
| <b>A: Whether Faced any Trouble</b>       |           |         |
| Yes                                       | 43        | 9.5     |
| No  | 410       | 90.5    |
| Total                                     | 453       | 100.0   |
| <b>B: Whether sought any medical help</b> |           |         |
| Yes, Private doctor                       | 20        | 46.5    |
| Yes, Govt. dispensary                     | 9         | 20.9    |
| Yes, PHC                                  | 5         | 11.6    |
| No treatment taken                        | 9         | 20.9    |
| Total                                     | 43        | 100.0   |

Table 13: Distribution of Women By Discontinuation of Family Planning Method in the Past.

|  | Frequency   | Percent      |
|--|-------------|--------------|
| Never used any F.P.                      | 537         | 53.7         |
| Using Only one method from the beginning | 442         | 44.2         |
| <b>Used and Dropped</b>                  |             |              |
| --Cu-T                                   | 3           | 0.3          |
| --Oral Pill                              | 14          | 1.4          |
| --Condom                                 | 2           | 0.2          |
| --any method                             | 1           | 0.1          |
| No response                              | 1           | 0.1          |
| <b>TOTAL</b>                             | <b>1000</b> | <b>100.0</b> |

Table 14: Demographic Characteristics of the Users and Non-users of FP by Method

| Variable  | Non user   |             | STERL.     |             | SPCNG. METH. |            | PREGN.     |             | Total       |
|---|------------|-------------|------------|-------------|--------------|------------|------------|-------------|-------------|
|   | NO.        | PCT.        | NO.        | PCT.        | NO.          | PCT.       | NO.        | PCT.        |             |
| <b>A: Age of the woman</b>                      |            |             |            |             |              |            |            |             |             |
| 15-19   | 91         | 67.9        | 3          | 02.2        | 8            | 6.0        | 32         | 23.9        | 134         |
| 20-24   | 178        | 55.8        | 87         | 27.3        | 17           | 5.3        | 37         | 11.6        | 319         |
| 25-29   | 113        | 35.2        | 174        | 54.2        | 7            | 2.2        | 27         | 08.4        | 321         |
| 30-34   | 40         | 26.0        | 109        | 70.8        | 1            | 0.6        | 4          | 02.6        | 154         |
| 35-39   | 18         | 30.5        | 36         | 61.0        | 2            | 3.4        | 3          | 05.1        | 59          |
| 40-44   | 3          | 25.0        | 9          | 75.0        | -            | -          | -          | -           | 12          |
| No Resp.  | 1          | 100.0       | -          | -           | -            | -          | -          | -           | 1           |
| <b>B: No. of Living Children</b>                |            |             |            |             |              |            |            |             |             |
| 0   | 2          | 10.5        | -          | -           | -            | -          | 17         | 89.5        | 19          |
| 1   | 148        | 75.1        | 3          | 01.5        | 17           | 8.6        | 29         | 14.7        | 197         |
| 2   | 117        | 53.2        | 60         | 27.3        | 11           | 5.0        | 32         | 14.5        | 220         |
| 3   | 81         | 28.8        | 186        | 66.2        | 5            | 1.8        | 9          | 03.2        | 281         |
| 4+  | 96         | 33.9        | 169        | 59.7        | 2            | 0.7        | 16         | 05.6        | 283         |
| <b>C: No. Of Living Sons</b>                    |            |             |            |             |              |            |            |             |             |
| 0   | 135        | 66.2        | 7          | 03.4        | 9            | 4.4        | 53         | 26.0        | 204         |
| 1   | 223        | 56.3        | 109        | 27.5        | 24           | 6.1        | 40         | 10.1        | 396         |
| 2   | 63         | 20.4        | 235        | 76.3        | 2            | 0.6        | 8          | 02.6        | 308         |
| 3   | 11         | 15.3        | 60         | 83.3        | -            | -          | 1          | 01.4        | 72          |
| 4+  | 12         | 60.0        | 7          | 35.0        | -            | -          | 1          | 05.0        | 20          |
| <b>D: Age of the Youngest Child (in Months)</b> |            |             |            |             |              |            |            |             |             |
| No Living child                                 | 2          | 10.5        | -          | -           | -            | -          | 17         | 90.5        | 19          |
| < 12 Mths                                       | 191        | 60.6        | 67         | 25.8        | 11           | 4.2        | 3          | 9.4         | 213         |
| 12-23 mth                                       | 129        | 36.4        | 55         | 32.4        | 9            | 5.9        | 20         | 25.2        | 151         |
| 24-35 mth                                       | 55         | 19.5        | 49         | 71.8        | 9            | 1.7        | 38         | 6.9         | 344         |
| 36 mth +  | 67         | -           | 247        | -           | 6            | -          | 24         | 100.0       | 1           |
| No Resp.  | -          | -           | -          | -           | -            | -          | 1          | -           | -           |
| <b>TOTAL</b>                                    | <b>444</b> | <b>44.4</b> | <b>418</b> | <b>41.8</b> | <b>35</b>    | <b>3.5</b> | <b>103</b> | <b>10.3</b> | <b>1000</b> |

243180

Table 15: Social Characteristics of the current Users and Non- Users by FP Method

| Variable Name                     | NON USER   |             | STERL.     |             | SPCNg.METH |            | PREGN.     |             | TOTAL       |
|-----------------------------------|------------|-------------|------------|-------------|------------|------------|------------|-------------|-------------|
|                                   | NO.        | PCT.        | NO.        | PCT.        | NO.        | PCT.       | NO.        | PCT.        |             |
| <b>A: Religion</b>                |            |             |            |             |            |            |            |             |             |
| Hindu                             | 398        | 43.5        | 387        | 42.2        | 35         | 3.8        | 95         | 10.4        | 915         |
| Muslim                            | 16         | 55.2        | 8          | 27.6        | -          | -          | 5          | 17.2        | 29          |
| Bouddha                           | 29         | 52.7        | 23         | 41.8        | -          | -          | 3          | 5.4         | 55          |
| Others                            | 1          | 100.0       | -          | -           | -          | -          | -          | -           | 1           |
| <b>B: Caste</b>                   |            |             |            |             |            |            |            |             |             |
| Brahmin                           | -          | -           | 1          | 100.0       | -          | -          | -          | -           | 1           |
| Maratha                           | 127        | 41.6        | 127        | 41.6        | 17         | 5.6        | 34         | 11.1        | 305         |
| Other caste                       | 90         | 41.5        | 100        | 46.1        | 10         | 4.6        | 17         | 7.8         | 217         |
| S.C.                              | 54         | 50.5        | 43         | 40.2        | -          | 2.5        | 10         | 9.3         | 107         |
| S.T.                              | 127        | 44.6        | 117        | 41.1        | 7          | -          | 34         | 11.9        | 285         |
| No caste                          | 46         | 54.1        | 31         | 36.5        | -          | -          | 8          | 9.4         | 85          |
| <b>C: Education of the woman</b>  |            |             |            |             |            |            |            |             |             |
| Illiterate                        | 314        | 43.9        | 310        | 43.4        | 12         | 1.7        | 79         | 11.0        | 715         |
| 1-7                               | 88         | 44.4        | 87         | 43.9        | 9          | 4.5        | 14         | 7.1         | 198         |
| 8+                                | 30         | 40.0        | 21         | 38.1        | 14         | 18.7       | 10         | 13.3        | 75          |
| No Resp.                          | 12         | 100.0       | -          | 28.0        | -          | -          | -          | -           | 12          |
| <b>D: Occupation of the Woman</b> |            |             |            |             |            |            |            |             |             |
| Housewife                         | 183        | 45.9        | 139        | 34.8        | 24         | 6.0        | 53         | 13.3        | 399         |
| Cultivation                       | 207        | 43.5        | 221        | 47.3        | 8          | 1.7        | 35         | 7.5         | 467         |
| Farm labour                       | 13         | 24.5        | 33         | 62.3        | -          | -          | 7          | 13.2        | 53          |
| Manual Labor                      | 31         | 54.4        | 20         | 35.1        | -          | -          | 6          | 10.5        | 57          |
| Others                            | 7          | 43.8        | 4          | 25.0        | 3          | 18.8       | 2          | 12.5        | 16          |
| No Resp.                          | 7          | 87.5        | 1          | 12.5        | -          | -          | -          | -           | 8           |
| <b>TOTAL</b>                      | <b>444</b> | <b>44.4</b> | <b>418</b> | <b>41.8</b> | <b>35</b>  | <b>3.5</b> | <b>103</b> | <b>10.3</b> | <b>1000</b> |



Table 16: Distribution of the EW by Desire to Have Period for a Next Child.

|   | Frequency   | Percent      |
|---|-------------|--------------|
| <b>A: Whether want to have more child</b> |             |              |
| Yes, currently not pregnant               | 385         | 38.5         |
| Yes, currently pregnant                   | 103         | 10.3         |
| No, do not want more child                | 511         | 51.1         |
| No response                               | 1           | 0.1          |
| <b>Total</b>                              | <b>1000</b> | <b>100.0</b> |
| <b>B: Time period for the next child</b>  |             |              |
| Anytime                                   | 91          | 23.6         |
| Before 1 year                             | 77          | 20.0         |
| 1 - 2 years                               | 97          | 25.2         |
| After 2 or more years                     | 109         | 28.3         |
| No response                               | 11          | 2.9          |
| <b>Total</b>                              | <b>385</b>  | <b>100.0</b> |

Table 17: Distribution of those Women Who Desire and Not Desire for More Child by Number of Living Children and Sons They Already Have.

|                                     | Want More Child |             | Want No More Child |             |
|-------------------------------------|-----------------|-------------|--------------------|-------------|
|                                     | Number          | Percent     | Number             | Percent     |
| <b>A: Number of Living Children</b> |                 |             |                    |             |
| No Living Child                     | 1               | 100.0       | 0                  | 00.0        |
| 1                                   | 165             | 98.2        | 3                  | 01.8        |
| 2                                   | 109             | 57.7        | 80                 | 42.3        |
| 3                                   | 64              | 23.6        | 207                | 76.4        |
| 4+                                  | 46              | 17.2        | 221                | 82.8        |
| <b>B: Number of Living Sons</b>     |                 |             |                    |             |
| No Living Sons                      | 141             | 94.0        | 9                  | 06.0        |
| 1                                   | 210             | 59.0        | 146                | 41.0        |
| 2                                   | 27              | 09.0        | 273                | 91.0        |
| 3                                   | 4               | 05.6        | 67                 | 94.4        |
| 4+                                  | 3               | 15.8        | 16                 | 84.2        |
| <b>Total</b>                        | <b>385</b>      | <b>43.0</b> | <b>511</b>         | <b>57.0</b> |

**Table 18: Distribution of EW by the ANM's Visit in the past three Months Prior to Survey and Whether ANM Spent enough Time.**

|   | Frequency   | Percent      |
|---|-------------|--------------|
| <b>A: Whether Visited by the ANM</b>                    |             |              |
| Yes   | 742         | 74.2         |
| No  | 256         | 25.6         |
| No Response   | 2           | 0.2          |
| <b>Total</b>  | <b>1000</b> | <b>100.0</b> |
| <b>B: Whether Satisfied by the Amount of Time Spent</b> |             |              |
| Yes   | 598         | 80.6         |
| No  | 141         | 19.0         |
| No Response   | 3           | 0.4          |
| <b>Total</b>  | <b>742</b>  | <b>100.0</b> |

**Table 19: Distribution of EW By the Source of Knowledge of Danger Signs of ARI.**

| Knowledge and Source                | Number     | Percent      |
|-------------------------------------|------------|--------------|
| Do Not Know                         | 577        | 66.7         |
| Knows, information was given by ANM | 14         | 1.6          |
| Knows, but source other than ANM    | 274        | 31.7         |
| <b>TOTAL</b>                        | <b>865</b> | <b>100.0</b> |

**Table 20: Distribution of EW by the Advice Given By ANM on Home Management of Dairrhoea**

| Advice                        | Number     | Percent      |
|-------------------------------|------------|--------------|
| No advice                     | 81         | 9.4          |
| Yes, give fluids              | 2          | 0.2          |
| Yes, give ORS                 | 774        | 89.5         |
| Yes, give both ORS and Fluids | 6          | 0.6          |
| No response                   | 2          | 0.2          |
| <b>Total</b>                  | <b>865</b> | <b>100.0</b> |

Table 21: Percentage of Women Advised by the ANM on Spacing Method by Various Characteristics

| Characteristics of the women                    | women who had birth in past 5 years |                    | Women with no birth in past 5 years |
|---|-------------------------------------|--------------------|-------------------------------------|
|   | Currently Not Pregnant              | Currently Pregnant |                                     |
| <b>A: Number of living children</b>             |                                     |                    |                                     |
| No Living Child                                 | 0.0(1)                              | 0.0(18)            | -                                   |
| 1   | 40.2(164)                           | 41.4(29)           | 0.0(4)                              |
| 2   | 38.4(172)                           | 41.9(31)           | 29.4(17)                            |
| 3   | 32.9(210)                           | 33.3(9)            | 17.7(62)                            |
| 4+  | 30.2(215)                           | 18.8(16)           | 19.2(52)                            |
| <b>B: Number of living sons</b>                 |                                     |                    |                                     |
| No Living Sons                                  | 39.2(148)                           | 22.2(52)           | 50.0(2)                             |
| 1   | 41.1(316)                           | 41.0(39)           | 31.7(41)                            |
| 2   | 26.4(235)                           | 37.5(8)            | 12.3(65)                            |
| 3   | 31.3(48)                            | 0.0(1)             | 17.4(23)                            |
| 4+  | 6.7(15)                             | 0.0(1)             | 0.0(40)                             |
| <b>C: Age of the youngest child (in Months)</b> |                                     |                    |                                     |
| No living child                                 | 0.0(1)                              | 0.0(18)            | -                                   |
| Below 12 Months                                 | 34.9(269)                           | 33.3(3)            | -                                   |
| 12 - 23 Months                                  | 37.3(193)                           | 50.0(20)           | -                                   |
| 24 - 35 Months                                  | 37.7(114)                           | 29.7(37)           | -                                   |
| 36 or More months                               | 30.8(185)                           | 37.5(24)           | 19.3(135)                           |
| No Response                                     | -                                   | 0.0(1)             | -                                   |
| <b>D: Desire for next child</b>                 |                                     |                    |                                     |
| Yes, anytime                                    | 37.1(89)                            | -                  | 50.0(2)                             |
| Yes, before 2 years                             | 35.1(171)                           | -                  | 0.0(3)                              |
| Yes, after 2 years                              | 50.9(110)                           | -                  | -                                   |
| No more child                                   | 29.9(381)                           | -                  | 19.2(130)                           |
| No Response                                     | 27.3(11)                            | -                  | -                                   |
| <b>TOTAL</b>                                    | <b>34.9(762)</b>                    | <b>34.0(103)</b>   | <b>19.3(135)</b>                    |

Table 22: Percentage of Women (with birth in past 5 Years and are Currently Not Pregnant) Advised by the ANM on Breast-feeding and Diarrhoea by Various Characteristics

| Characteristics of the women                    | Percentage advised on |             | Total No. of Women |
|---|-----------------------|-------------|--------------------|
|   | Breast-feeding        | Diarrhoea   |                    |
| <b>A: Number of living children</b>             |                       |             |                    |
| No Living Child                                 | 100.0                 | 100.0       | 1                  |
| 1   | 23.8                  | 92.1        | 164                |
| 2   | 24.4                  | 86.6        | 172                |
| 3   | 21.9                  | 94.3        | 210                |
| 4+  | 17.7                  | 92.6        | 215                |
| <b>B: Number of living sons</b>                 |                       |             |                    |
| No Living Sons                                  | 20.9                  | 89.9        | 148                |
| 1   | 26.9                  | 92.1        | 316                |
| 2   | 17.0                  | 91.5        | 235                |
| 3   | 20.8                  | 93.8        | 48                 |
| 4+  | 0.0                   | 93.3        | 15                 |
| <b>C: Age of the youngest child (in Months)</b> |                       |             |                    |
| No living child                                 | 0.0                   | 100.0       | 1                  |
| Below 12 Months                                 | 30.1                  | 91.1        | 269                |
| 12 - 23 Months                                  | 22.3                  | 89.1        | 193                |
| 24 - 35 Months                                  | 17.5                  | 93.9        | 114                |
| 36 Months & Above                               | 11.9                  | 93.5        | 185                |
| No Response                                     | -                     | -           |                    |
| <b>D: Desire for next child</b>                 |                       |             |                    |
| Yes, anytime                                    | 23.6                  | 85.4        | 89                 |
| Yes, before 2 years                             | 21.1                  | 88.3        | 171                |
| Yes, after 2 years                              | 27.3                  | 93.6        | 110                |
| No more child.                                  | 20.2                  | 94.0        | 381                |
| No Response                                     | 18.2                  | 90.9        | 11                 |
| <b>TOTAL</b>                                    | <b>21.8</b>           | <b>91.6</b> | <b>762</b>         |

Table 23: Distribution of the Eligible Women by General Health Problems Faced by them and the Treatment Taken.

|   | FREQUENCY   | PERCENT      |
|---|-------------|--------------|
| <b>A: General Health Problems Faced</b> |             |              |
| No Problem                              | 804         | 80.4         |
| White Discharge                         | 18          | 1.8          |
| Backache                                | 121         | 12.1         |
| Abdominal Pain                          | 20          | 2.0          |
| White Discharge/Backache/Abdominal Pain | 12          | 1.2          |
| Other Problems                          | 25          | 2.5          |
| <b>Total</b>                            | <b>1000</b> | <b>100.0</b> |
| <b>B: Whether Treatment Taken</b>       |             |              |
| No Treatment                            | 67          | 34.2         |
| From ANM                                | 14          | 7.1          |
| From PHC                                | 16          | 8.2          |
| Govt. Hospital                          | 17          | 8.7          |
| Private Hospital                        | 81          | 41.3         |
| No Response                             | 1           | 0.5          |
| <b>Total</b>                            | <b>196</b>  | <b>100.0</b> |

Table 24: Distribution of the EW by Whether Visited PHC Anytime and Reasons for Not Availing the Govt. Health Facilities.

|   | Frequency   | Percent      |
|---|-------------|--------------|
| <b>A: Whether Visited PHC</b>                                     |             |              |
| Yes   | 342         | 34.2         |
| No  | 658         | 65.8         |
| <b>Total</b>  | <b>1000</b> | <b>100.0</b> |
| <b>B: Reasons for Not Availing Govt. Health Facilities</b>        |             |              |
| 1. PHC too far  | 127         | 19.3         |
| 2. Not enough attention is given                                  | 93          | 14.1         |
| 3. Examination is not done well                                   | 3           | 0.5          |
| 4. PHC is not clean   | 1           | 0.1          |
| 5. Medicines not provided   | 43          | 6.5          |
| 6. Treatment not effective  | 104         | 15.8         |
| 7. Do not like it   | 100         | 15.2         |
| 8. Elders do not allow  | 28          | 4.3          |
| 9. Prefer to go to private hospital or doctotr as they are better | 44          | 6.7          |
| 10. ANM's visit at home   | 6           | 0.9          |
| 11. Lack of transportation facility                               | 7           | 1.1          |
| 12. Long waiting time   | 3           | 0.5          |
| 13. No response   | 99          | 15.0         |
| <b>Total</b>  | <b>658</b>  | <b>100.0</b> |

Table 25: Opinion of the Women Regarding Various Aspects of the Government Health Services

| Frequency Percent                                    |     |      |
|--|-----|------|
| <b>A: Whether The Centre Well Equiped</b>            |     |      |
| Very well  | 236 | 69.0 |
| Somewhat   | 105 | 30.7 |
| Not well equipped                                    | 1   | 0.3  |
| <b>B: Whether Centre has Convinient Timings</b>      |     |      |
| Yes  | 336 | 98.2 |
| No   | 5   | 1.5  |
| No Response  | 1   | 0.3  |
| <b>C: Whether Doctors Are Available</b>              |     |      |
| Always   | 252 | 73.7 |
| Sometimes  | 87  | 25.4 |
| Never  | 2   | 0.6  |
| No Response  | 1   | 0.3  |
| <b>D: Whether Centre has Long Waiting Time</b>       |     |      |
| Always   | 66  | 19.3 |
| Sometimes  | 158 | 46.2 |
| Never  | 118 | 34.5 |
| <b>E: Whether Centre has Privacy for Examination</b> |     |      |
| Very much  | 236 | 69.0 |
| Somewhat   | 102 | 29.8 |
| Not much   | 2   | 0.6  |
| No Response  | 2   | 0.6  |
| <b>F: whether Examinations Are Done Properly</b>     |     |      |
| Very well  | 295 | 86.3 |
| Somewhat   | 24  | 7.0  |
| Not much   | 22  | 6.4  |
| No Response  | 1   | 0.3  |
| <b>G: Whether PHC Staff is Friendly or Not</b>       |     |      |
| Very much  | 278 | 81.3 |
| Somewhat   | 40  | 11.7 |
| Not much   | 20  | 5.8  |
| No Response  | 4   | 1.2  |
| <b>H: Whether Medicines are Provided</b>             |     |      |
| Always   | 199 | 58.2 |
| Sometimes  | 135 | 39.5 |
| Never  | 5   | 1.5  |
| No Response  | 3   | 0.9  |

Table 25 contd...

| <b>I: Whether Proper Explanation is Given on</b> |            |              |
|--|------------|--------------|
| <b>How to Take Medicines</b>                     |            |              |
| Always   | 276        | 80.7         |
| Sometimes  | 62         | 18.1         |
| Never  | 2          | 0.6          |
| No Response                                      | 2          | 0.6          |
| <b>J: Whether the Treatment is Efficient</b>     |            |              |
| Always   | 240        | 70.2         |
| Sometimes  | 98         | 28.7         |
| Never  | 2          | 0.6          |
| No Response                                      | 2          | 0.6          |
| <b>K: Whether Doctors ask for Money</b>          |            |              |
| Always   | 4          | 1.2          |
| Sometimes  | 2          | 0.6          |
| Never  | 332        | 97.1         |
| No Response                                      | 4          | 1.2          |
| <b>Total</b>                                     | <b>342</b> | <b>100.0</b> |

# APPENDIX-I

## Comparison of Selected Parameters of Nanded With Maharashtra

| Variables  | Nanded | Maharashtra |
|--|--------|-------------|
| Population (in millions)   | 2.3    | 78.9        |
| Percent urban population   | 21.7   | 38.69       |
| Population density<br>(Per Sq. Km.)                                | 221    | 25.7        |
| Sex Ratio  | 945    | 93.4        |
| Literacy Rate(7+) Person:  | 48.17  | 64.87       |
| Male :   | 64.38  | 76.56       |
| Female:  | 30.96  | 52.32       |
| Percent share of   |        |             |
| SC Population:   | 18.15  | 11.09       |
| ST Population:   | 11.84  | 9.27        |
| Female Work Participation Rate                                     | 39.07  | 33.11       |
| Percent Share of Female workers<br>in Agricul. & Allied Activities | 27.95  | 22.09       |
| Total Fertility Rate   | 5.4    | 2.86        |
| Crude Birth Rate   | 37.1   | 26.7        |
| Contraceptive Prevalence Rate                                      | 44.6   | 54.0        |
| Percent living in Pucca houses                                     | 46.55  | 52.20       |



**APPENDIX-I CONTD.**

**Percent households having:**

|                                  |              |              |
|----------------------------------|--------------|--------------|
| <b>Electricity</b>               | <b>59.13</b> | <b>69.40</b> |
| <b>Toilet Facility</b>           | <b>13.71</b> | <b>29.56</b> |
| <b>Safe Drinking Water</b>       | <b>73.48</b> | <b>68.49</b> |
| <b>Not having any Facility</b>   | <b>12.95</b> | <b>13.42</b> |
| <b>Using Electricity and Gas</b> | <b>4.28</b>  | <b>16.50</b> |

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# APPENDIX-II

## List of the PHC's and Villages Covered in the Present Survey

| Name of the Taluka | Name of the PHC    | Name of the Village              |
|--------------------|--------------------|----------------------------------|
| 1. Nanded          | 1. Vishnupuri      | 1. Dhangarwadi<br>2. Nava-Kawtha |
|                    | 2. Malegaon        | 1. Kudha<br>2. Ganpura           |
|                    | 3. Rahati          | 1. Sugaon<br>2. Pimpalgaon       |
|                    | 4. Rohi Pimpalgaon | 1. Wasanthwadi<br>2. Brahmanwadi |
| 2. Mukhed          | 1. Barbali         | 1. Bapaşhetwadi<br>2. Dornali    |
|                    | 2. Rajura          | 1. Pimpalkunth<br>2. Palaswadi   |
| 3. Deglur          | 1. Hanegaon        | 1. Dhawangiri<br>2. Kamajiwadi   |
| 4. Biloli          | 1. Lohgaon         | 1. Kerur<br>2. Kumbhargaon       |
|                    | 2. Sangroli        | 1. Chichala<br>2. Higani         |
|                    | 3. Barbada         | 1. Patoda<br>2. Kahala           |
|                    | 4. Kondhalwadi     | 1. Chirli<br>2. Kondhalpur       |

**APPENDIX-II CONTD.**

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| <b>Name of the Taluka</b> | <b>Name of the PHC</b> | <b>Name of the Village</b>          |
|---------------------------|------------------------|-------------------------------------|
| 5. Kandhar                | 1. Usmannagar          | 1. Bhutachiwadi<br>2. Dhakani       |
|                           | 2. Sonkhed             | 1. Khadakmanjri<br>2. Ambe Sanghvi  |
|                           | 3. Kapshi              | 1. Kapshi (Kh.)<br>2. Dhanaji Tanda |
| 6. Hadgaon                | 1. Vaiphana            | 1. Wanwadi<br>2. Talechiwadi        |
|                           | 2. Sarsam              | 1. Pota (Kh.)<br>2. Wadegaon (Kh.)  |
|                           | 3. Nimgaon             | 1. Baradshewal<br>2. Malzara        |
| 7. Bhokar                 | 1. Umbri               | 1. Nagthana<br>2. Shelgaon          |
|                           | 2. Kini                | 1. Palas<br>2. Diwshi               |
| 8. Kinwat                 | 1. Bodhadi             | 1. Tinganwaditanda<br>2. Dehigaon   |
|                           | 2. Mandvi              | 1. Lalnaiketanda<br>2. Bhilgaon     |
|                           | 3. Ashta               | 1. Mahur<br>2. Limbayat             |
|                           | 4. Ivedeshwar          | 1. Shekapur<br>2. Hadsani           |
|                           | 5. Sindkhed            | 1. Sindkhetanda<br>2. Vaiphani      |
|                           | 6. Apparaopeth         | 1. Andbori<br>2. Malakjawbtanda     |

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## APPENDIX-III

Population Research Centre  
Gokhale Institute of Politics and  
Economics, Pune-4  
(Deemed to be a University)

### Survey of the beneficiaries of the family welfare services

#### Background Characteristics of the Eligible Women

Name of the District:

Name of the Tehsil:

Name of the Primary Health Centre:

Name of the Village:

Name of the ANM:

Serial No. of the Family:

Name of the respondent:

Serial No. of the Eligible Couple in ECR:

Address:

Religion:

Caste:

|             |   |                |   |
|-------------|---|----------------|---|
| Hindu       | 1 | Brahmin        | 1 |
| Muslim      | 2 | Saraswat/CKP   | 2 |
| Buddha      | 3 | Maratha        | 3 |
| Christian   | 4 | Other caste    | 4 |
| Others      | 5 | S.C.           | 5 |
| No response | 9 | S.T.           | 6 |
|             |   | Not Applicable | 7 |
|             |   | No response    | 9 |

Age (in completed yrs.)

Education

Occupation

No. of living children

No. of living sons

No of living daughters

Age of the youngest child (in months)

**Opinion of the Eligible Women Regarding the Availability of  
the Family Welfare Services**

1. Were you visited by the ANM in past 3 months?

Yes - 1      No - 2      No response - 9

2. If visited, are you satisfied with the amount of time spent by her?

Yes - 1      No - 2      No response - 9

3. Did you give birth to a child in the past 5 years? Are you currently pregnant?

Yes - 1      No - 2      No response - 9

Question No. 4 through 16 should be asked to only those women who have replied 'YES' to Question No. 3

Skip to Question 17 if the woman neither had a birth in the past 5 years prior to the survey date nor is she currently pregnant

4. Did you have any of the following problems while you were pregnant with your last child or if you are currently pregnant?

|                     |   |                                     |   |
|---------------------|---|-------------------------------------|---|
| Swelling of feet    | 1 | Vomiting, Nausea, don't feel hungry | 6 |
| Bleeding            | 2 | No problem                          | 7 |
| Excessive tiredness | 3 | Not Applicable                      | 8 |
| Convulsions         | 4 | No response                         | 9 |
| Night blindness     | 5 |                                     |   |

5. Were you advised to go to hospital for delivery?

Yes - 1      No - 2      N.A. - 8      No response - 9

6. where did you deliver your child?

|                     |   |                         |   |
|---------------------|---|-------------------------|---|
| Government hospital | 1 | To be delivered-Govt.   | 5 |
| Private hospital    | 2 | To be delivered-Private | 6 |
| PHC                 | 3 | To be delivered- home   | 7 |
| At home             | 4 | N.A.                    | 8 |
|                     |   | No response             | 9 |

7. If delivered at home, who conducted the delivery?

|             |   |                       |   |
|-------------|---|-----------------------|---|
| Nurse       | 1 | Yet to be delivered   | 4 |
| Trained dai | 2 | Delivered in hospital | 5 |
| Relatives   | 3 | N.A.                  | 8 |
|             |   | No response           | 9 |

8. If delivered at home, was the disposable delivery kit used?

|     |   |    |   |      |   |             |   |
|-----|---|----|---|------|---|-------------|---|
| Yes | 1 | No | 2 | N.A. | 8 | No response | 9 |
|-----|---|----|---|------|---|-------------|---|

9. Did the ANM advise you on breast-feeding?

|     |   |    |   |      |   |             |   |
|-----|---|----|---|------|---|-------------|---|
| Yes | 1 | No | 2 | N.A. | 8 | No response | 9 |
|-----|---|----|---|------|---|-------------|---|

10. When did you start breast-feeding the child? (How many days after delivery)

|                |   |                     |   |
|----------------|---|---------------------|---|
| Same day       | 1 | Yet to be delivered | 7 |
| After 1-2 days | 2 | N.A.                | 8 |
| After 2-3 days | 3 | No response         | 9 |
| After 4-5 days | 4 |                     |   |
| After 5-6 days | 5 |                     |   |

11. When did you start giving supplementary food to the child?

|             |                     |    |      |    |
|-------------|---------------------|----|------|----|
| Months----- | Yet to be delivered | 77 | N.A. | 88 |
| No response | 99                  |    |      |    |

12. Are you aware of the danger signs of ARI? Did the ANM advise you on this?

|     |   |    |   |      |   |             |   |
|-----|---|----|---|------|---|-------------|---|
| Yes | 1 | No | 2 | N.A. | 8 | No response | 9 |
|-----|---|----|---|------|---|-------------|---|

13. Did the ANM tell you about the treatment to be taken in case child has diarrhoea?

|  |   |
|--|---|
| Yes, continue giving food and fluids, as usual | 1 |
| Yes, give only fluid items to the child        | 2 |
| Yes, asked to use ORS                          | 3 |
| Yes, others (clarify)                          | 4 |
| Nurse did not tell anything                    | 5 |
| N.A.   | 8 |
| No response                                    | 9 |

14. Was your baby weighed after birth?

|     |   |    |   |      |   |             |   |
|-----|---|----|---|------|---|-------------|---|
| Yes | 1 | No | 2 | N.A. | 8 | No response | 9 |
|-----|---|----|---|------|---|-------------|---|

15. Did you have any trouble immediately after delivery?

|                 |   |            |   |                 |   |
|-----------------|---|------------|---|-----------------|---|
| Fever           | 1 | Bleeding   | 2 | White discharge | 3 |
| Other (clarify) | 4 | No trouble | 5 | N.A.            | 8 |
| No response     | 9 |            |   |                 |   |

16. If had any trouble, did you take any treatment for it?

|               |   |                       |   |
|---------------|---|-----------------------|---|
| Yes, from ANM | 1 | Yes, Govt. dispensary | 3 |
|---------------|---|-----------------------|---|

|               |   |                         |   |
|---------------|---|-------------------------|---|
| Yes, from PHC | 2 | Yes, Private dispensary | 4 |
| No treatment  | 5 | N.A.                    | 8 |
| No trouble    | 6 | No response             | 9 |

17. Do you want any more child(ren)?

|     |   |    |   |             |   |
|-----|---|----|---|-------------|---|
| Yes | 1 | No | 2 | No response | 9 |
|-----|---|----|---|-------------|---|

18. If yes, when do you want your next child?

|                     |   |                    |   |             |   |
|---------------------|---|--------------------|---|-------------|---|
| After years (1 - 7) | 8 | Already sterilized | 8 | No response | 9 |
|---------------------|---|--------------------|---|-------------|---|

19. Did the ANM advise you about any Family Planning method for delaying the pregnancy?

|                     |   |                           |   |
|---------------------|---|---------------------------|---|
| Yes, Cu-T           | 1 | Yes, Cu-T, OP, and Condom | 5 |
| Yes, Oral pill      | 2 | Has children, no advice   | 6 |
| Yes, Condom         | 3 | No advice                 | 7 |
| Yes, Cu-T/OP/Nirodh | 4 | No children, no advice    | 8 |
|                     |   | No response               | 9 |

20. Are you currently using any method of Family Planning?

|                    |   |             |   |
|--------------------|---|-------------|---|
| No                 | 1 | Yes, Condom | 5 |
| Yes, sterilization | 2 | Yes, Others | 6 |
| Yes, Cu-T          | 3 | No Response | 9 |
| Yes, Oral Pill     | 4 |             |   |

21. Do you have any problems due to the use of this method?

|     |   |    |   |             |   |
|-----|---|----|---|-------------|---|
| Yes | 1 | No | 2 | No response | 9 |
|-----|---|----|---|-------------|---|

22. Did you take any treatment in case of problems?

If Yes, then from Where?

|                                 |   |
|---------------------------------|---|
| Yes, from PHC                   | 1 |
| Yes, from Private doctor        | 2 |
| Yes, from government dispensary | 3 |
| Yes, from Vaid                  | 4 |
| Yes, home remedies              | 5 |
| No treatment taken              | 6 |
| No treatment. no trouble        | 7 |
| Non user                        | 8 |
| No response                     | 9 |

23. Have you used and discontinued any method in the past?

|                           |   |
|---------------------------|---|
| Yes, Cu-T                 | 1 |
| Yes, Oral Pill            | 2 |
| Yes, Condom               | 3 |
| Yes, Others               | 4 |
| No, using only one method | 5 |
| No, never used any method | 6 |

N.A. 8  
No response 9

24. Do you have any of the following health problems?

|                 |   |               |   |
|-----------------|---|---------------|---|
| White discharge | 1 | Other problem | 4 |
| Back Ache       | 2 | No response   | 9 |
| Abdominal Pain  | 3 |               |   |

25. If yes, did you go for any treatment?

|                            |   |                   |   |
|----------------------------|---|-------------------|---|
| Trouble but no treatment   | 1 | Yes, from private | 5 |
| Yes, from ANM              | 2 | No trouble        | 8 |
| Yes, from PHC              | 3 | No response       | 9 |
| Yes, from Govt. dispensary | 4 |                   |   |

26. Do you ever go to the Govt. dispensary?

|     |   |    |   |             |   |
|-----|---|----|---|-------------|---|
| Yes | 1 | No | 2 | No response | 9 |
|-----|---|----|---|-------------|---|

If yes, which PHC or a nearby government dispensary?

If the answer is 'No' then go to Question No. 38

**Please give your opinion on the following aspects of the  
Government Health Facilities**

27. Do you find the centre well equipped?

|           |   |          |   |                   |   |
|-----------|---|----------|---|-------------------|---|
| Very well | 1 | Somewhat | 2 | Not well equipped | 3 |
|-----------|---|----------|---|-------------------|---|

28. Are the centre timings convenient?

|     |   |    |   |              |   |
|-----|---|----|---|--------------|---|
| Yes | 1 | No | 2 | Not recorded | 3 |
|-----|---|----|---|--------------|---|

29. Is the doctor available when you visit?

|        |   |           |   |       |   |
|--------|---|-----------|---|-------|---|
| Always | 1 | Sometimes | 2 | Never | 3 |
|--------|---|-----------|---|-------|---|

30. Do you have to wait long for service?

|        |   |           |   |       |   |
|--------|---|-----------|---|-------|---|
| Always | 1 | Sometimes | 2 | Never | 3 |
|--------|---|-----------|---|-------|---|

31. Is there privacy where you are examined?

|           |   |          |   |          |   |
|-----------|---|----------|---|----------|---|
| Very much | 1 | Somewhat | 2 | Not much | 3 |
|-----------|---|----------|---|----------|---|

32. Are you examined properly?

|           |   |          |   |          |   |
|-----------|---|----------|---|----------|---|
| Very well | 1 | Somewhat | 2 | Not much | 3 |
|-----------|---|----------|---|----------|---|



33. Is the staff friendly?

Very much 1 Somewhat 2 Not much 3

34. Are medicines available at the centre?

Always 1 Sometimes 2 Never 3

35. Do they explain how to take medicine?

Always 1 Sometimes 2 Never 3

36. Is the treatment effective?

Always 1 Sometimes 2 Never 3

37. Does the doctor ask for money?

Always 1 Sometimes 2 Never 3

38. Give reasons for not going to the government dispensary?

## APPENDIX-IV

### Percentage of the Women Visited by the ANM during Past 3 Months Prior to the Survey by PHC Villages

| Sr. No. | Name of the PHC Village | No. of Women Visited | Per cent visited |
|---------|-------------------------|----------------------|------------------|
| 1.      | Vishnupuri              | 30                   | 75.0             |
| 2.      | Malegaon                | 22                   | 55.0             |
| 3.      | Rahati                  | 31                   | 77.5             |
| 4.      | Rohi Pimpalgaon         | 37                   | 92.5             |
| 5.      | Rajura                  | 34                   | 85.0             |
| 6.      | Barbali                 | 30                   | 75.0             |
| 7.      | Hanegaon                | 16                   | 40.0             |
| 8.      | Lohgaon                 | 28                   | 70.0             |
| 9.      | Sangroli                | 29                   | 72.5             |
| 10.     | Barbada                 | 25                   | 62.5             |
| 11.     | Kandalwadi              | 30                   | 75.0             |
| 12.     | Sonkhed                 | 35                   | 87.5             |
| 13.     | Kapshi                  | 37                   | 92.5             |
| 14.     | Usmannagar              | 29                   | 72.5             |
| 15.     | Sarsam                  | 20                   | 50.0             |
| 16.     | Vaiphana                | 22                   | 55.0             |
| 17.     | Nimgaon                 | 33                   | 82.5             |

Appendix-IV contd.

| Sr. No. | Name of the PHC Village | No. of Women Visited | Per cent visited |
|---------|-------------------------|----------------------|------------------|
| 18.     | Umbri                   | 27                   | 67.5             |
| 19.     | Kani                    | 22                   | 55.0             |
| 20.     | Bodhadi                 | 35                   | 87.5             |
| 21.     | Mandvi                  | 35                   | 87.5             |
| 22.     | Ashta                   | 34                   | 85.0             |
| 23.     | Ivadeshwar              | 33                   | 82.5             |
| 24.     | Sindkhed                | 31                   | 77.5             |
| 25.     | Apparaopeth             | 37                   | 92.5             |
| Total   |                         | 742                  | 74.2             |

NOTE: Total number of eligible women in each PHC is 40.