

**MCH and FP Services under Target Free  
Approach : Rapid Assessment in Nagpur  
District, Maharashtra, 1998**

**Usha Ram**

**Population Research Centre  
Gokhale Institute of Politics & Economics  
Pune-4**

# CONTENT

<b>Chapter 1. Introduction</b>	<b>1</b>
<i>Sample Design</i>	
<i>Questionnaire</i>	
<i>Field Work</i>	
<i>Brief Profile of the District</i>	
<i>Socio-economic and Demographic Profile of the Eligible Women</i>	
<i>Fertility</i>	
<b>Chapter 2. Maternal and Child Health</b>	<b>17</b>
<i>Place of Delivery</i>	
<i>Type of Assistance Received in Case of Home Delivery</i>	
<i>Use of Disposable Delivery Kit</i>	
<i>Health Problems Faced by the Women During and After Delivery</i>	
<i>Monitoring Birth Weight Among New Born and Breast-feeding and</i>	
<i>Interveining Practices Among Children</i>	
<b>Chapter 3. Family Planning</b>	<b>30</b>
<i>Current Use of Family Planning</i>	
<i>Past Use of Family Planning</i>	
<i>Need for Family Planning</i>	
<b>Chapter 4. Quality of Services and Client Satisfaction</b>	<b>46</b>
<i>Visit by the ANM</i>	
<i>Advised by the ANM on Various Issues</i>	
<i>Advised by the ANM on Various Components of Brese-feeding and Inter-</i>	
<i>veining Practices</i>	
<i>Visit to the Government Health Cnters by the Women</i>	
<i>Client's Opinion on Various Components of the Govt. Health Facility</i>	
<b>Summary and Conclusions</b>	<b>65</b>
<b>APPENDIX-I. List of selected PHC/Sub-Center/Village</b>	<b>77</b>
<b>APPENDIX-II. Questionnaire used in the survey</b>	<b>79</b>
<b>List of Tables</b>	

## **List of Tables**

**Table 1.1: Comparison of selected Indicators for Nagpur and Maharashtra.**

**Table 1.2: Background characteristics of Eligible Woman (EW).**

**Table 1.3: Mean number of living children by sex of the child and selected socio-economic and development characteristics of the Eligible Woman.**

**Table 2.1: Distribution of the women by place of delivery and selected background characteristics of the women.**

**Table 2.2: Distribution of the home deliveries by the type of assistance at the time of delivery by selected background characteristics of the women.**

**Table 2.3: Distribution of home deliveries by the use of Disposable Delivery Kit (DDK).**

**Table 2.4: Type of health problem faced by the women during pregnancy (Total no. of women = 169)**

**Table 2.5: Troubles faced by the women after delivery and treatment sought for the trouble.**

**Table 2.6: Distribution of the women by whether child was weighed immediately after birth.**

**Table 2.7: Breast-feeding practices among the women.**

**Table 2.8: Distribution of the women by the initiation of supplementary food to the child.**

**Table 3.1: Distribution of the women by Current use of Family Planning.**

**Table 3.2 Current use of Family Planning by Method and Various Background Characteristics of the Women.**

**Table 3.3: Past users versus current users of family planning by method.**

**Table 3.4: Per cent women by type of need of family planning and selected background characteristics of the women**

**Table 3.5: Total demand for family planning and per cent share of unmet need as that of the total demand for family planning.**

**Table 4.1: Per cent women visited by the ANM's and per cent of those women satisfied by amount of time spent by the ANM during her Visit by selected background characteristics of the women.**

**Table 4.2: Per cent women advised by the ANM on various issues by age of the child and type of villages.**

**Table 4.3: Per cent women advised by the ANM on breast-feeding and intervening practices among children by age of the child and type of villages.**

**Table 4.4: Per cent women advised by the ANM on what to do when child gets diarrhea by age of the child and type of villages.**

**Table 4.5: Distribution of women by visit to the government health center and among those who did not visit the center, reasons for doing so.**

**Table 4.6: Per cent of the women who visited the govt. health facility and among those who did not visit, reasons for the same by selected background characteristics of the women.**

**Table 4.7: Distribution of the women visiting govt. health facility by their opinion on various components of the facility by village type.**

## **Chapter- 1**

### **Introduction**

April 1<sup>st</sup>, 1996 witnessed historical changes in India's family planning program as for the first time the family planning targets were removed. The new programme was implemented on the basis of Target Free Approach (TFA). Initially, during 1995-96, though the Govt. of India removed targets for all the districts in Kerala and Tamil Nadu and one or two districts in the rest of the states. However, on April 1<sup>st</sup>, 1996 the TFA was extended to all the states and union territories. Under the new approach, greater emphasis is laid on quality of care and client satisfaction. The new approach intend to take into account community needs and therefore enhancing the quality of services instead of mere fulfillment of numeric targets. It is also expected that the new approach will help in preventing inflation of the official performance satisfaction and also control wastage of supplies. The new approach also intends to attain greater involvement of males into the family planning programme.

The role of grass root level workers like ANM become even more important under the new approach as they are expected to assess the needs of the community in consultation with the community. Based on the need assessments, they are required to formulate their own goals for various health and family welfare activities to be undertaken by them. Another important feature of this new approach is to bring about a shift in the focus of the National Family Welfare Programme from a segregated approach of family planning and Maternal and child services to a more integrated approach under Reproductive and Child Health (RCH) services. The integrated RCH includes family planning, child survival and safe motherhood, prevention of RTI/STD and AIDS and a client approach in providing Family Welfare and Health Care Services.

Continuous monitoring and evaluation of the programme particularly for the viewpoint of the client, has become more important under the new approach. As a result of this client surveys in the form of rapid assessment surveys to assess the coverage, quality and client satisfaction with the family welfare services are to be carried out by the Population Research Center (PRCs) and other independent institutions in the State. The PRCs are required to undertake 4 such rapid surveys in a year (1 rapid survey in one district per quarter). The present rapid survey is the district of Nagpur in Maharashtra is the third in the series of rapid surveys conducted by the PRC, Gokhale Institute of Politics and Economics, Pune. The financial assistance for the survey is provided by the Ministry of Health and Family Welfare, Govt. of India, New Delhi. Though the overall objectives of the survey were framed in view of the guidelines provided by the Ministry of Health and family Welfare, Govt. of India, new Delhi (GOI, not dated)<sup>1</sup>, the specific objections of the present survey were as follows:

1. To assess the performance of ANM with respect to the coverage and quality of services provided by her.
2. To assess the performance of the programme in term of levels and utilization of maternal and child health and family planning services and various practices pertaining to Maternal and Child Health.
3. To assess the client's satisfaction with the various health services.
4. To examine the completion and accuracy of the Eligible Couple Records of the ANM.

### **Sample design**

The sample design adopted for the present survey is multi-stage design. During their pre-survey visit, the project coordinator obtained the necessary information for all the

---

<sup>1</sup> GOI, not dated, Annual or Target Free Approach in Family Welfare Programme, Ministry of Health and Family Welfare, New Delhi.

PHCs in the district from the office of the District Health and Family welfare officer, Nagpur. Thereafter from all the Primary Health Centers (PHCs) in the district, a total of 25 PHCs were selected randomly with probability proportion to population size. After this from each of the selected PHC, 2 ANM's were selected randomly with probability proportion to population size. At the 3<sup>rd</sup> stage one village was selected from the villages served by the selected ANM. At the end, from each of the selected village, 20 eligible women (currently married women in the age group 15-44 years) were selected using cluster sampling design. Thus giving a total of 1000 eligible women as a total sample size to be covered under the present survey. In all there were 45 PHCs in Nagpur district in 1997. Of these, 25 PHC were selected for the present survey.

The list of the selected Primary Health Centre/ Sub Centre/ Villages along with the name of the Taluka is provides in Appendix-1.

## **Questionnaire**

The questionnaire used for the present survey was largely based on the Form-B of that Manual on Target Free Approach recommended by the Ministry of Health & Family Welfare, GOI, New Delhi and is given in Appendix-II. The contents of the questionnaire used for the survey can be divided into six broad sections.

### **1. Identification details:**

Information pertaining to the name of the district, tehsil, PHC, SC, village name, ANM's name, Household No., name of the respondent, serial number of the woman in ECR, address etc. were collected in this section.

## **2. Background Characteristics of the EW:**

In this section details regarding religion, caste, education, occupation, age, total number of children born to the women by sex and age of the youngest child of the women etc were collected.

## **3. Services provided by the ANM:**

The information with respect to the visits of the ANM to the woman in the past 3 months and adequacy of the time spent by the ANM during her visit, advice by the ANM on institutional delivery, breast feeding, danger signs of ARI, home management of diarrhea, spacing methods of family planning etc. have been gathered in this section.

## **4. Utilization of MCH services:**

In this section all the relevant information regarding, prevalence of common sickness during pregnancy and during post natal period and treatment taken, place of delivery, assistance at the time of delivery in case of home deliveries, use of safe disposable kit, practices related to cholstrum feeding, breast-feeding, intervening practices, weighing of the infant after birth etc. were collected.

## **5. Family planning practices & future fertility preferences:**

Desire to have additional child, waiting time for the next child, use and non-use of family planning (both current and past), health problem faced by the women due to the use of family planning and treatment sought etc are collected in this section.

## **6. Quality of government health services & client satisfaction:**

Utilization of government health services by these women and their opinion on the quality of the government health services in the context of availability of various facilities at the centers, convenience of center timings, availability of doctor medicine, waiting time at the center, behaviour of the staff, etc. have been collected in this section.



## **Field Work and Training of the Field Staff**

The actual field work for the present survey was carried out by the trained field investigators of the Institute and was completed in about 45 days (between Jan-Feb, 1998). Prior to the launch of the fieldwork, the field staff was given a one-day training in which they were briefed about the objectives of the survey. During the same training they were provided with explanations in details of various items included in the questionnaire.

It may be mentioned that in majority of the instances, Eligible Couple Registers (ECR's) were not made available to the field staff and as a result of which the field staff was unable to verify information provided by the Eligible Women with that in ECR. In most of the cases it was told to the field staff by the District Health Officer (DHO) that due to the lack of printing of the ECR, the ANM's could not be provided with registers.

## **Brief Profile of the District**

Nagpur district, located in Vidarbha region, is the second administrative capital of the State of Maharashtra. The district is also an important commercial and industrial center of the State and is well connected by railway, road and air. According to the 1991 census, the district has 14 tahsils comprising of 1658 inhabited villages and 216 uninhabited village. There are 23 towns in the district according to the 1991 census. In Table 1.1, we have given selected demographic and socio-economic development indicators for the period circa 1991 for the district. In the same table we have also given corresponding figures for the state of Maharashtra as a whole for comparison. However, it should be emphasised here that since the state indicators are influenced by those of the Greater Mumbai, comparison should be made with caution. At the outset it may be mentioned that the variables in the Table 1.1 are presented into three broad sub sections. Section -A give data pertaining to the population and related indicators whereas Section -B has data on

indicators of availability of housing and household amenities. Section -C contains data on indicators reflecting economic development in the district.

### **Population Characteristics:**

It may be observed from Table 1.1 that according to the 1991 census, the total population of Nagpur district was enumerated at 3.29 million, consisting of a little over 4 per cent of the State's total population. With respect to the level of urbanization, the district seem to be on better footing than the State average since nearly two-third of the population in the district live in urban area as against of less than 40 per cent the state. Further, as reflected in the decadal growth rate of the population for the period 1981-91, the district seem to have grown at a relatively faster pace as compared to the State average.

The number of persons living in the district per square kilometer of area is also much higher than that for the State average (332 against 257 persons per sq. km.). The overall sex ratio of the population is typically in favor of males. However, the extent of shortage of females is much greater in the district as compared to what is noticed for the state as a whole (only 922 females for 1000 males in the district). This to some extent is the result of sex-selective in-migration in the district in view of the fact that the district is third highly urbanized district in the state after Greater Mumbai and Thane.

With regard to composition of the SC/ST population in the district, it may be noticed from the Table 1.1 that they together they constitute nearly one-third of the district's total population (much higher than the state average). Of these nearly 18 per cent belong to SC and 14 per cent to ST. It may be mentioned here that the Mahar, Bhambi, Mang, Bhangi and Khatik are the major Schedule Casts and Gond, Halba (Halbi), Thakur, Oraon and Koli Mahadev are the major Schedule Tribes in the district. Together they constitute over 90 per cent of the total SC and ST population in the district (District Census Handbook – Nagpur: 1991).

According to 1991 census the district ranks third in the level of literacy among districts in the state (after Greater Mumbai and Sindhudurg). Although relatively larger proportion of the district population is literate as against the State average (this is also found true when the literacy rates are compared separately by sex and place of residence), a lot needs to be done in order to improve the literacy status of the female population in the district, particularly of those living in the rural areas. Nearly one-third of the population in the district is economically active which is lower than the state average. Further, much lower proportion of female population in the district was engaged in economic activity as compared to the state average. With respect to the sectoral distribution of female workers it may be noticed that their share in secondary and tertiary sector, though is low, it is higher than the state average.

Coming to the vital rates in the district it may be observed from the same table that the estimates of fertility levels based on the age data of the 1991 census reveal a relatively lower levels of fertility (both in forms of CBR and TFR) for the district as compared to the state average. However, the estimated level of infant mortality in the district is slightly higher than the state average (59 infant deaths per 1000 live births as against 53 for the State). In accordance with the relatively lower level of fertility, the level of CPR in the district is higher than the State average (63.8 per cent as against 56.2 per cent). In other words a relatively larger proportion of the couples in the district use family planning to regulate their fertility.

#### **Availability of Household Amenities:**

Provision of basic household amenities such as adequate and good quality housing, electricity, safe drinking water, etc. are important in order to ensure good health of the people in general and that of the women and children in particular. As it ensure clean and hygienic living conditions. With this view, we have given percentage of households having these facilities for the district of Nagpur and the State as revealed in the 1991 census in

section – B of the Table 1.1. For better understanding, the results are given separately for rural and urban areas. It may be observed that the district seem to be lagging behind considerably when it comes to the provision of basic amenities to its people, more so in rural areas. For example, less than one-fifth of the rural household in the district, in 1991, lived in Pucca houses whereas in urban area, they constitute nearly 60 per cent of the total households.

Approximately half of the rural and two-third of the urban households in 1991 were living in inadequate houses (households having more than two persons per living room). Though the electricity was available to the majority of the households, nearly one-third of them in rural areas and one-fifth in urban areas were deprived of it. Safe drinking water (those getting water from either tap or hand pump) was available to only half of the rural household and nearly three-fourth of them in urban areas. Sanitation facility in the rural parts of the district is virtually non-existent. Nevertheless it is no better in urban areas as about two-third of them had sanitation facility. Only a handful of the rural households seems to enjoy all three facilities. On the other hand, nearly one in every five rural households in the district was deprived of all the three basic household amenities. Majority of the rural households in the district continues to depend on traditional means of fuel for domestic cooking whereas about 42 per cent of the urban households reported using gas and electricity for cooking.

#### **Economic Characteristics:**

As has been mentioned previously, the over all work participation rate for Nagpur district lower than the state average. However, the share of workers in the secondary and tertiary sectors is relatively larger in the district. With respect to the indicators reflecting on agriculture development it may be said that they are more or less similar to the state average. For example, the levels of per cent of the net sown area, gross irrigated area, fertilizer consumption etc. are somewhat close to the state average. However, the average

size of operational landholding is slightly higher in Nagpur (3.15 hectare) than the state average (2.65 hectare). At the same time, the levels of value output of major crop (both in terms of per hectare of land and per capita) and per capita food grain production is lower in Nagpur.

Coming to the expansion of various infrastructural facilities (it may be seen from the same table that the district is far ahead of the state in term of availability of road and rail length. However, on the remaining fronts such as expansions of communication in the terms of Post and Telegraph, Telephone etc, the district lags behind considerably. Further the banking services in the district also seem to be inadequate (both in terms of deposit and credit).

### **Socio-Economic and Demographic Profile of the Eligible Woman (EW):**

The distribution of Eligible Woman by various background characteristics is given in Table 1.2. As has been mentioned earlier, a total of 1000 Eligible Women (Currently Married Woman aged 15-44 years) were interviewed in the present survey. At the outset it may be mentioned that of the 1000 eligible women interviewed in the present survey, 12.0 and 26.0 per cent were living in villages having a PHC and Sub-Centre located within the villages respectively. The remaining 62.0 per cent were living in villages which did not have either a PHC or a sub-center within the village (now on we would refer to them as women living in 'other villages'). However, they are covered by the respective ANM working in their areas. Over 86 per cent of the selected women were Hindu whereas another 13 per cent were Bouddha. Less than a quarter of the selected women in the sample belong to Schedule Caste (4.5 per cent) and Schedule Tribes (19.4 per cent). Non-SC/ST women consisted of nearly three fourth of the sample.

With respect to the educational status of the Eligible Woman, it may be noticed from the same table that about three in every four women in the sample had some level of

schooling (only about 27 per cent of them reported to be illiterate). In fact, about 40 per cent women had completed 8 or more years of schooling. Nearly one-third of the women interviewed were housewives while the rest of them were engaged in some economic activity or the other. With very few exceptions, most of these women were working as either cultivator or farm laborer (34.5 per cent).

On the demographic front, the sample for the present survey constituted of fairly young women (Mean age of the eligible women being 25.72 years). About 78 per cent of the women were below 30 years of age. The mean number of the living children was 2.31 children per Eligible Woman. Nearly 40 per cent of the Eligible Woman had 3 or more living children at the time of survey (4.4 per cent of them had 5 or more living children). About half of the women had a child below 2 years of age at the time of survey.

### **Fertility**

Table 1.3 gives the mean number of living children by sex and by various background characteristics of the women. In order to avoid the confounding influence of different age distribution of women in different groups we computed the age standardised mean number of living children taking age distribution of the total population as standard. However, the results of computation reveal that they are not very different from the non-standardized values and hence we discuss the results derived from the simple mean number of living children.

It may be observed from the table 1.3 that the mean number of living children is higher for the women in Non PHC/SC villages (2.36 children per woman) whereas it is lowest for the PHC villages (2.14 children per woman). Further, Non-SC/ST women and those who are either housewives or in service seem to have slightly lower mean number of living children than their counterparts.

The educational level of the women emerges as an important factor in determining the mean number of the children. As may be seen from the table, the mean number of living children declines sharply with the increase in the level of women's education. For example, the mean number of living children is lower by more than one child for the women with 11 or more years of schooling (1.69 children per woman) than those with no schooling (2.79 children per woman). In fact, the mean number of children is well below 2 children per woman for those with 8 or more years of schooling whereas it is over 2.5 for those who are either illiterate or have only less than 4 years of schooling. With respect to the age of the women, it is noted that on an average woman in the sample has one child by the time she is 19 years of age. The data further reveals that before adopting sterilization, they have around 3 children.

**Table 1.1: Comparison of selected Indicators for Nagpur and Maharashtra.**

<u>Indicators</u>	<u>Nagpur</u>	<u>Maharashtra</u>
<b>Section A: Population and Related Indicators</b>		
Population (1991)	3.29	78.94
Decadal Growth Rate of Population (1981-91)	26.50	25.36
Population Density (1991)	332	257
Sex Ratio ( Female per 1000 Male population)	922	934
Per cent Urban population	61.8	38.7
Per cent of Schedule Cast population (1991)	18.80	11.10
Per cent of Schedule Tribe population (1991)	13.90	9.30
Crude Birth Rate (1984-90)	27.1	28.8
Total Fertility Rate (1984-90)	3.3	3.7
Infant Mortality Rate (1991)	59	53
Contraception Prevalence Rate (1991)	63.8	56.2
Per cent Male literate	81.79	76.56
Per cent Female literate	64.74	52.32
Work Participation Rate :		
Total	37.50	42.98
Male	49.84	52.18
Female	24.12	33.11
Percentage of women workers in :		
Primary Sector	70.89	83.60
Secondary Sector	11.43	6.09
Tertiary	17.68	10.45
<b>Section B. Availability of Basic Household amenities (1991)</b>		
Percentage of Household living in Pucca houses :		
Rural	17.98	39.37
Urban	59.41	77.81
Percentage of HH. Living in Over crowded houses :		
Rural	50.05	68.86
Urban	66.03	60.11
Percentage of Household having Electricity :		
Rural	64.16	58.45
Urban	81.63	86.07
Percentage of HH. having safe drinking water :		
Rural	50.27	54.02
Urban	75.37	90.50
Percentage of Household with toilet :		
Rural	7.68	6.64
Urban	66.20	64.45
Percentage of HH. with all three facilities :		
Rural	5.09	4.17
Urban	50.89	58.77
Percentage of HH. with none of three facilities :		
Rural	19.18	20.64
Urban	6.07	2.43
Percentage HH. Using elect. & gas for cooking :		
Rural	3.61	2.99
Urban	41.51	37.08



Table 1.1 contd.....

Indicators	Nagpur	Maharashtra
<b>Section C: Economic Development Indicators (CMIE 1991)</b>		
Percentage of Forest area (sq. km)	17.73	17.36
Percentage of Net sown area (sq. km)	56.03	58.62
Percentage of gross irrigated area (sq. km)	11.91	11.85
Avg. size of operational landholding (hectare)	3.15	2.65
Fertilizer consumption per hectare (Kgs.)	58	61
Value of output of major crops (Rs.):		
Per hectare	2081	2202
Per capita	388	580
Per capita food grain production (Kgs.)	86	115
Road length per 100 sq. Km	72.15	67.33
Railway root length per 100 sq. Kms.	4.59	1.77
Number of Post office per lakh population	10.19	15.25
Number of Telegraph office per lakh population	2.95	3.26
Number of Telephone per lakh population	969	1851
Number of Bank branches per lakh population	7.70	7.18
Per capita bank deposits (Rs.)	4082	8267
Per capita bank credit (Rs.)	2254	5059
Per capita bank credit to agriculture (Rs.)	168	204
Per capita bank credit to SSI (Rs.)	259	319
Per capita bank credit to industries (Rs.)	43	1784
<b>Relative index of Development (Index)</b>	<b>109</b>	<b>164</b>

**Table 1.2: Background characteristics of Eligible Woman (EW).**

Characteristics	Per Cent	No. of EW	Characteristics	Per Cent	No. of EW
<b>A. Village type</b>			<b>E. Occupation</b>		
PHC Village	12.0	120	Housewife	36.6	366
SC Village	26.0	260	Cult & F. labourer	35.3	353
Other Village	62.0	20	Manual labourer	24.5	245
Total	100.0	1000	Others <sup>1</sup>	3.6	36
<b>B. Religion</b>			<b>F. Wife's age</b>		
Hindu	86.1	861	15-19	8.7	87
Muslim	0.7	7	20-24	39.2	392
Buddha	13.2	132	25-29	29.9	299
Total	100.0	1000	30-34	15.2	152
<b>C. Caste</b>			<b>G. No. of living children</b>		
SC	4.5	45	No living child	2.6	26
ST	9.4	194	1 child	23.6	236
Non-SC/ST	76.1	761	2 children	33.7	337
Total	100.0	1000	3 children	26.3	263
<b>D. Years of schooling completed</b>			<b>H. Age of the youngest child (in months)</b>		
No schooling	26.8	268	No living child	2.6	26
1-4	16.7	167	00-11	30.3	303
5-7	17.0	170	12-23	17.9	179
8-10	30.4	314	24-35	12.3	123
11 & Above	9.1	91	36 & above	36.7	367
Total	100.0	1000	No response	0.2	2
			<b>Total</b>		
			100.0 1000		

1. Others include those having own business, teachers, retired, social workers, Anganwadi assistance and ANM.

**Table 1.3: Mean number of living children by sex of the child and selected socio-economic and development characteristics of the Eligible Woman.**

Background Characteristics of the EW	No. of EW	Mean no. of living children		
		Total	sons	daughters
<b>A. Village type</b>				
PHC	120	2.28	1.28	1.00
SC	260	2.22	1.17	1.06
Other	620	2.36	1.18	1.18
<b>B. Religion</b>				
Hindu	861	2.30	1.17	1.13
Muslim	7	3.86	2.29	1.57
Bouddha	132	2.35	1.26	1.09
<b>C. Caste</b>				
SC	45	2.24	1.09	1.16
ST	194	2.44	1.19	1.26
Non SC/ST	761	2.28	1.19	1.09
<b>D. Years of schooling completed</b>				
No schooling	268	2.79	1.46	1.33
1-4	167	2.50	1.31	1.19
5-7	170	2.32	1.13	1.19
8-10	304	1.97	0.97	1.00
11 & above	91	1.69	1.00	0.69
<b>E. Occupation</b>				
Housewife	366	2.17	1.14	1.04
Cult & F. laborer	353	2.31	1.17	1.14
Manual labourer	245	2.54	1.27	1.27
Others <sup>1</sup>	36	2.14	1.31	0.83

1. Same as table 1.2.

Table 1.3 Contd....

Background Characteristics of the EW	No. of EW	Mean no. of living children		
		Total	Sons	Daughters
<b>F. Wife's age</b>				
15-19	87	1.03	0.48	0.55
20-24	392	1.79	0.95	0.83
25-29	299	2.68	1.33	1.34
30-34	152	3.09	1.61	1.48
35-39	52	3.65	1.79	1.87
40-44	18	3.48	1.94	1.56
<b>G. Whether wants more children</b>				
Yes	377	1.43	0.58	0.85
No	127	2.13	1.11	1.02
Undecided	3	-	-	-
Sterilized	493	3.05	1.68	1.37
<b>H. Current Use of Family Planning</b>				
Non user	294	1.78	0.74	1.03
Tubectomy	478	3.06	1.68	1.37
Vasectomy	15	2.73	1.60	1.13
Cu-T	55	1.40	0.76	0.64
OP	40	1.60	0.77	0.82
Condom	30	1.60	0.93	0.67
Pregnant	88	1.12	0.44	0.68
<b>Total</b>	<b>1000</b>	<b>2.31</b>	<b>1.19</b>	<b>1.13</b>

1. Others include those having own business, teachers, retired, social workers, Anganwadi assistance and ANM.

## Chapter 2

### Maternal and Child Health

One of the most important objectives of the India's Family Welfare Programme has been to promote health of the mothers and children. This is very important as the levels of infant and child mortality and maternal mortality in the country continue to be unacceptably high. In the rural areas, govt. health facilities continue to play vital role in meeting the health needs of the people. Beside PHC and SC, Auxiliary Nurse Midwife (ANM) in the villages is a critical link between people and health care.

The ANM is responsible for rendering maternal and child health services alongwith the family welfare services. She is expected to register all the pregnant women in the area under her and assess their health status throughout pregnancy. She is further expected to monitor regular weight check up, blood pressure, urine test and provide Iron and Folic Acid tablets and tetanus injection to all expectant mother. In addition to this, she is also expected to refer all the high risk cases to the PHC (pregnant women who have symptoms of abnormal pregnancy and/or labour or who have gynecological problem that are beyond her competency).

In the present survey, information on the place of delivery, type of assistance received at the time of delivery in case of home deliveries, use of the disposable delivery kit in case of home deliveries, health problem faced by the women during their pregnancy as well as those faced immediately after delivery (within 40 days) and the treatment sought in case of the sickness etc. have been collected from all those eligible women who had a pregnancy termination during the five years prior to the survey date.

## **Place of Delivery:**

Table 2.1 gives the distribution of most recent delivery to the Eligible Woman in past five years prior to the survey date by place of delivery and various socio-economic and demographic characteristics of the women. It may be observed from Table 2.1 that out of the total 698 Eligible Woman who had a birth during the reference period, close to two-third delivered their babies at home. Whereas the remaining delivered at either a public health facility (27.5 per cent) or private health facility (8.6 per cent). The percentage share of home deliveries declines to nearly 52 and 54 per cent in PHC and SC village as against 71 per cent in other villages which did not have a PHC/SC within the village. There is no variation in percentage of home deliveries by religion. However, the per cent deliveries taking place in private hospitals are slightly higher among Hindu women. The differences with respect to the place of delivery by caste are rather wider as the per cent share of home deliveries is about 73 and 80 per cent for SC and ST women as against 59 per cent for non-SC/ST. Further a relatively larger proportion of non-SC/ST women had their last delivery to the private health facility (10 per cent as against 3-4 per cent for SC and ST).

The education level of the woman seems to be an important force in determining the place of delivery. It has been noted that the proportion of home deliveries consistently goes down from 85 per cent in case of woman with no schooling to about 52 per cent for those who have completed 8 to 10 years of schooling to further about only 33 per cent for those with 11 or more years of schooling. At the same time, the per cent share of deliveries taking place in private health facility increases from just 2 per cent for those with no schooling to 28 per cent for those who have completed 11 or more years of schooling.

With respect to the occupation of the woman, it has been noticed that the relatively larger proportion of women working as cultivators/farm and manual labourers had gone for home deliveries (72-74 per cent) as against of those who are either housewife (53 per cent) or are working in other area such as government jobs, social workers, private business, etc.

The results of the cross tabulation of the place of last delivery and age of the woman reveal that there are not much variation in the per cent share of home deliveries by age of the women. However, slightly larger proportion of women aged 20 to 29 years have had their last delivery in a private health facility (9 per cent) as compared to the younger women.

All the 88 women who were pregnant at the time of survey were also asked about the place they intend to deliver their child. In response to this, 63 per cent of the women (55 women) told that they would be delivering their baby at home. The remaining 33 intend to deliver at the medical institutions, 30 at the govt. health facility and 3 at a private hospital.

### **Type of assistance received in case of home delivery**

Those women who had their last delivery at home were further asked about the type of assistance they received at the time of delivery. Table 2.2 gives results of the cross tabulation between type of assistance received at the time of home delivery and various background characteristics of the women. Out of the total 446 home deliveries, only 8 per cent were attended by either a doctor or ANM. A substantially larger proportion of them were assisted by the trained dai (about 75 per cent). The remaining 17 per cent of the home deliveries were conducted by either an untrained dai or a relative or friends. Further, the disaggregation of the home deliveries by type of assistance received by village type reveal that in villages with a PHC or SC slightly higher proportion of the home deliveries are attended by either a doctor or a nurse (15-17 per cent) as compared to other villages (5 per cent only).

There are no significant variations in type of assistance received at the time of delivery by religion and caste. Nevertheless, they seem to be important when cross-tabulated with years of schooling and occupation. For example, the proportion of home deliveries assisted by either a untrained dai or relatives or friends declined from about 26

per cent among with no schooling to 12 per cent among those with 8-10 years of schooling and further to just 8 per cent among those with 11 or more years of schooling. On the other hand, proportion of home deliveries assisted by a doctor or ANM is highest for those with 11 or more years of schooling (20 per cent). In case of occupation of women relatively a fewer home deliveries among those working as government jobs, business etc. were assisted by untrained dais or relatives (10 per cent only). Even though the differences are minimal, it appears that the younger women are more likely to seek assistance from Doctor or ANM at the time of delivery as compared to their counterparts at older ages.

### **Use of disposable delivery kit**

With respect to the use of disposable delivery kit, all those women who had delivered their babies at home were asked whether the disposable kit was used at the time of delivery to ensure safe delivery. As may be seen from the Table 2.3 that nearly two-third of the home deliveries, disposable delivery kit was used. Among the rest, it was not used. It may be highlighted here that of 76 home deliveries that were assisted by either an untrained Dai or a relative, in 38 cases disposable deliver kit was used.

### **Health problem faced during and after delivery**

In addition to this, the women in the sample were also asked about the trouble faced by them during their most recent pregnancy (including those who were currently pregnant at the time of survey). The result of the same is present in the Table 2.4. It may be mentioned that out of the 786 women to whom question on whether did they faced any health trouble during their most recent pregnancy was asked, 617 women replied negatively. However, remaining 169 women replied positively to the question. In other words, one in every four women in the sample has faced some kind of health problem or other during their most recent pregnancy.



At the outset it may be mentioned that 12 out of 169 women suffered with more than one health problem during pregnancy. Prolonged vomiting and nausea was the common health problem faced by the women (45.6 per cent) during their pregnancy followed by excessive tiredness/weakness (31.4 per cent). Another 23 per cent of women reported having suffered from the swelling of the feet. Few of the women reported to have suffered from pain in the lower abdominal and backache, night blindness, bleeding, and blood pressure.

All those women who had had a birth in the reference period were further asked if they suffered any health problem during post-natal period and whether they sought any medical help. This question was asked in the context of their most recent delivery. The responses to this question are given in table 2.5. Of the 698 women who were asked this question, over 90 per cent of these (654) replied negatively indicating that majority of the women did not have any health problem as such during the post-natal period following childbirth. However, of the remaining 44 women who faced the health problem, 13 reported that their delivery was caesarian. There were 8 women who had had excessive bleeding following childbirth. Another 4 women suffered from fever during the post-natal period. All those 44 women who had reported some kind of trouble following a childbirth was further asked if they sought any medical help. There were only three women who did not seek any medical help for the trouble. All the remaining had sought some medical help from private hospital (20 women), government hospital (18 women). The remaining of the women took treatment from the ANM.

### **Monitoring birth weight among new born and breast-feeding and Intervening practices among children**

The results on whether the newly born in the sample are being weighed or not are presented in table 2.6. It may be observed from the same table that out of the total 698

women to whom this question was asked, a little less than half of them (311 women) reported that their child was weighed immediately after birth. However, most of the children whose weight was monitored after birth were born in an institution. As may be seen from the same table that in cases of institutional births, a well over 97 per cent were weighed. On the other hand, in case of the home deliveries, only about 15 per cent of the children were weighed.

Table 2.7 gives the data related to the onset of breast-feeding and removal of colostrum by the women before initiating the breast-feeding. It may be seen from the panel-A of the same table that a little less than one-third of the women breast-fed their child within one hour of the delivery. Another about 19 per cent of them initiated breast-feeding on the same day but after one hour of the delivery. On the other hand, there were nearly half of the women who reportedly started breast-feeding their child only from next day (that is from second day onwards). Approximately half of the women have reported of extracting colostrum before initiating breast-feeding (Panel-B of the same table).

In the present survey, the women were also asked a question on the initiation of supplementary food among children and the results are given in Table 2.8. The data reveals the practice of late inter-veining practices among women in the sample. As may be noted from table 2.8 that about 9.3 per cent of the women started giving supplementary food to their child only after completion of 6-11 months of age. There were about 5 per cent of the women whose child was over 6 month of the age at the time of survey and they have not been given any supplementary food as yet. Nearly half of the women in the sample started giving supplementary food to their child only after child has completed 6 to 11 months of age. Only about 17 per cent of the women gave supplementary food to the child before child completed 6 months.

**Table 2.1: Distribution of the women by place of delivery and selected background characteristics of the women.**

Characteristics of EW	Place of Delivery			Total	No. of EW
	Public health facility	Private health facility	Home		
<b>A. Village type</b>					
PIIC	32.1	16.0	51.9	100.0	81
SC	32.8	12.8	54.4	100.0	195
Other	24.1	5.2	70.6	100.0	422
<b>B. Religion</b>					
Hindu	36.7	9.4	64.0	100.0	608
Muslim	20.0	-	80.0	100.0	5
Buddha	34.1	3.5	62.4	100.0	85
<b>C. Caste</b>					
SC	24.2	3.0	72.7	100.0	338
ST	15.6	4.3	80.1	100.0	141
Non-SC/ST	30.9	10.1	59.0	100.0	524
<b>D. years of schooling completed</b>					
No schooling	12.8	2.2	85.0	100.0	180
1-4 years	22.6	4.9	72.5	100.0	102
5-7 years	28.6	2.9	68.5	100.0	105
8-10 years	36.9	11.4	51.7	100.0	236
11-above	38.6	28.1	33.3	100.0	75
<b>E. Occupation</b>					
Housewife	34.5	12.6	52.9	100.0	266
Cultivator & Farm labourer	21.2	6.9	71.8	100.0	245
Manual labourer	23.5	3.0	73.5	100.0	166
Others <sup>1</sup>	42.3	19.2	38.5	100.0	26
<b>Total</b>	<b>27.5</b>	<b>8.6</b>	<b>63.9</b>	<b>100.0</b>	<b>698</b>

Table 2.1 contd...

Characteristics of EW	Place of Delivery				No. of EW
	Public health facility	Private health facility	Home	Total	
<b>F. Wife's age</b>					
15-19	29.2	4.6	66.2	100.0	65
20-24	27.0	9.3	63.7	100.0	333
25-29	25.9	9.1	65.1	100.0	232
30-34	36.7	8.3	55.0	100.0	60
35-39	12.5	-	87.5	100.0	8
40-44	-	-	-	-	-
<b>G. No. of living children</b>					
1	39.4	13.3	47.2	100.0	195
2	27.5	9.7	62.8	100.0	258
3	18.2	4.8	77.0	100.0	165
4	14.5	-	85.5	100.0	55
5 and more	24.0	4.0	72.0	100.0	25
<b>H. Age of the youngest child (in months)</b>					
00-11	26.9	7.3	65.9	100.0	302
12-23	27.7	8.8	63.5	100.0	159
23-35	29.0	12.0	59.0	100.0	100
36 & above	27.4	8.1	64.5	100.0	135
No response	50.0	50.0	-	100.0	2
<b>Total</b>	<b>27.5</b>	<b>8.6</b>	<b>63.9</b>	<b>100.0</b>	<b>698</b>

1. Others include those having own business, teachers, retired, social workers, Anganwadi assistance and ANM.

**Table 2.2: Distribution of the home deliveries by the type of assistance at the time of delivery by selected background characteristics of the women.**

Characteristics	Assistance at the time of delivery			Total	No. of EW
	Doctor/ANM	Trained dai	Untrained dai/Relatives/Friends		
<b>A. Village type</b>					
PHC	16.7	76.2	7.2	100.0	42
SC	15.1	69.8	15.1	100.0	106
Other	4.7	76.2	19.1	100.0	198
<b>B. Religion</b>					
Hindu	18.0	74.8	17.2	100.0	389
Muslim	25.0	75.0	-	100.0	4
Bouddha	9.4	73.6	17.0	100.0	53
<b>C. Caste</b>					
SC	8.4	87.5	4.1	100.0	24
ST	7.1	67.3	25.7	100.0	113
Non SC/ST	8.8	76.4	14.8	100.0	309
<b>D. Years of schooling completed</b>					
No schooling	3.3	70.6	26.1	100.0	153
1-4	9.5	75.7	14.8	100.0	74
5-7	7.0	81.9	11.1	100.0	72
8-11	12.3	75.4	12.3	100.0	122
11-above	20.0	72.0	8.0	100.0	25
<b>E. Occupation</b>					
Housewife	13.0	71.0	16.0	100.0	138
Cult. & Farm labourer	6.8	79.5	13.7	100.0	176
Manual labourer	4.9	71.3	23.8	100.0	122
Others <sup>1</sup>	10.0	80.0	10.0	100.0	10
<b>F. Wife's age</b>					
15-19	7.0	74.4	18.6	100.0	43
20-24	9.0	75.5	15.6	100.0	212
25-29	9.3	72.2	18.5	100.0	151
30-34	3.0	75.8	21.2	100.0	33
35-39	-	100.0	-	100.0	7
40-44	-	-	-	-	-

Table 2.2 contd.....

Characteristics	Assistance at the time of delivery				No. of EW
	Doctor/ANM	Trained dai	Untrained dai/Relatives/Friends	Total	
<b>G. No. of living children</b>					
1	10.9	73.9	15.2	100.0	92
2	8.0	76.5	15.5	100.0	162
3	8.7	74.8	16.5	100.0	127
4	4.3	66.0	29.7	100.0	47
5 and more	5.6	83.3	11.1	100.0	18
<b>H. Age of the youngest child (in months)</b>					
00-11	8.0	75.4	16.6	100.0	199
12-23	8.9	71.3	19.8	100.0	101
24-35	11.9	71.2	16.9	100.0	59
36 & above	5.7	79.3	14.9	100.0	87
<b>Total</b>	<b>8.3</b>	<b>74.7</b>	<b>17.0</b>	<b>100.0</b>	<b>446</b>

Table 2.3: Distribution of home deliveries by the use of Disposable Delivery Kit (DDK).

Use of DDK	No. of women	Per cent
Yes, by ANM	37	8.3
Yes, by Trained Dai	220	49.3
Yes, by Private doctor	3	0.7
Yes, by Untrained-Dai/ Relatives/Friends	38	8.5
No, not used	148	33.2
<b>Total</b>	<b>446</b>	<b>100.0</b>

**Table 2.4: Type of health problem faced by the women during pregnancy (Total no. of women = 169)**

Type of the problem	Percentage of women	Number of women
Swelling of feet	23.1	39
Prolonged Vomiting/Nausea	45.6	77
Excessive tiredness /weakness	31.4	53
Back ache/Pain in the lower abdominal	4.1	7
Others (Bleeding, BP, Night blindness, etc.)	3.0	5

**Table 2.5: Troubles faced by the women after delivery and treatment sought for the trouble.**

	No. of Women	Per cent
<b>A: Whether had any trouble?</b>		
Yes	44	6.3
No	654	93.7
<b>Total</b>	<b>698</b>	<b>100.0</b>
<b>B: Type of Trouble faced?</b>		
Fever	4	9.1
Bleeding	8	18.2
Weakness/Tiredness	19	43.2
Caesarian delivery	13	29.5
<b>Total</b>	<b>44</b>	<b>100.0</b>
<b>C: Whether treatment taken?</b>		
Yes, at private hospital	20	45.5
Yes, at the Govt. Hospital	18	40.9
Yes, from ANM	3	6.8
No treatment	3	6.8
<b>Total</b>	<b>44</b>	<b>100.0</b>

**Table 2.6: Distribution of the women by whether child was weighed immediately after birth.**

Whether child was weighed	No. of women	Per cent
<b>A: Hospital Deliveries</b>		
Yes	245	97.2
No	4	1.6
No Response	2	0.8
<b>Total</b>	<b>252</b>	<b>100.0</b>
<b>B: Home Deliveries</b>		
Yes	66	14.8
No	376	84.3
No Response	4	0.9
<b>Total</b>	<b>446</b>	<b>100.0</b>

**Table 2.7: Breast-feeding practices among the women.**

	No. of Women	Per cent
<b>A: Onset of breast-feeding</b>		
Within one hour	220	31.6
After one hour but on the same day	130	18.7
Second and/or third day	304	43.5
Fourth day or later	20	2.8
Did not breast-feed as child died	5	0.7
No response	19	2.7
<b>Total</b>	<b>698</b>	<b>100.0</b>
<b>B: If colostrum was removed before feeding child</b>		
Yes	366	52.4
No	325	46.6
No Response	7	1.0
<b>Total</b>	<b>698</b>	<b>100.0</b>



**Table 2.8: Distribution of the women by the initiation of supplementary food to the child.**

<b>Whether giving supp. food to the child</b>	<b>No. of women</b>	<b>Per cent</b>
<b>Yes, started before child completed 5 months</b>	121	17.3
<b>Yes, started when child was between 6 to 11 months old</b>	337	48.3
<b>Yes Started only after child completed one year</b>	65	9.3
<b>Not yet started, child is less than 6 months of age</b>	133	19.1
<b>Not yet started, child has completed 6 months</b>	36	5.2
<b>No Response</b>	6	0.8
<b>Total</b>	<b>698</b>	<b>100.0</b>

## **Chapter- 3**

### **Family Planning**

Two of the very important inherent features of the Target Free Approach of the Indian Family planning programme are firstly, to promote use of modern spacing methods and secondly to enhance participation of the males into the programme. Beside ANM, the male health workers are made responsible for motivation of vasectomy and condoms.

#### **Current Use of Family Planning**

In the present survey, information has been collected from the eligible women on the past and current use of family planning along with the health problems faced by them as a result of the family planning use. The information in this section is obtained from 912 eligible women (excluding 88 currently pregnant women).

At the outset it may be noted from the table 3.1 that in Nagpur, though the contraceptive prevalence rate is relatively higher, the use of modern spacing methods has typically been very much limited. Out of the 912 women, to whom the question was asked, nearly two-third were using some modern method of family planning at the time of survey. The remaining 294 women were non-user at that time. Further, out of the 618 women who were using any modern method, about 80 per cent have adopted sterilization (77.3 per cent tubectomy and 2.4 per cent vasectomy). The remaining 20 per cent were using modern spacing methods (Oral Pills by 6.5 per cent, IUD by 8.8 per cent and Condom by 4.9 per cent).

Table 3.2 gives the results of the cross-tabulation between current users of family planning by methods and various background characteristics of the women. It may be noted that the current use of family planning is much higher among women living in PHC and SC villages as compared to those living in villages not having any of the above health facility (the difference is more than by 10 percentages points). Likewise, the use of spacing methods is highest among women in the SC villages (26.2 per cent) followed by the women in PHC villages (14.2 per cent) whereas it is lowest in the remaining villages (just 8.1 per cent). This indicates the fact that having a government health facility within the village help enhance family planning use, particularly that of the spacing methods. There are no significant variations in the family planning use by religion. However, in case of caste, it is noticed that the per cent women using any modern method is highest among those belonging to Non-SC/ST women followed by ST women and is lowest among SC women. Further, very few of the SC and ST women reported use of modern spacing methods. In case of Non-SC/ST women spacing methods were being used by nearly 16 per cent of them.

As has been observed elsewhere, in rural Nagpur too level of woman's education appears to influence current use of family planning; particularly that of the spacing methods. For example, only 3 per cent of the illiterate women in the sample were using any modern spacing method at the time of survey which rises to 22.4 per cent among women who have completed 8-10 years of schooling and further to 44.0 per cent among those 11 or more years of schooling. Further, condom use is higher among women who have completed 8 or more years of schooling. With respect to the occupation of the women, it may be said that there are no notable variations in family planning use across different types of occupations such as housewives, cultivators, farm labourers and manual labourers. Nonetheless, the current use of family planning (particularly that of the spacing methods) was higher among women who were either in service or running their own small business.

With regard to the demographic characteristics of the family planning users, it may be noticed that the family planning use was well over 90 per cent among women aged 35 years or more. In case of younger women, only a quarter of them in the age group 15-19 years and approximately half of them aged 20-24 years were using any modern methods at the time of survey. In confirmation to the general trend, most of the current users of the spacing methods belong to younger ages.

The cross tabulation of data on current use of family planning by the number and sex of the living children clearly brings out the age old phenomenon of the strong prevalence of the son preference in the study population. It may be observed that of all the women having one living child at the time of survey, family planning use is much higher among those whose child is son as compared to those whose child is daughter. Likewise, in case of women with two living children, family planning use is highest among those with both children being sons as compared to those with one son and one daughter. On the other hand, family planning use is lowest among those whose both children happens to be daughters. When the women with three living children are considered, it is found that the per cent women using family planning is highest among those two or more living sons (96.8 per cent) than those with only one son (78.6 per cent) and is lowest for those with no son (50.0 per cent).

### **Past Use of Family Planning**

All the 1000 eligible women in the survey were asked whether they have used any family planning method(s) in the past and subsequently discontinued its use. This will give us some idea about the method switching among the family planning users. The data pertaining to this aspect is presented in Table 3.3. At the outset, it may be noted that a large number of women (589) are using same method of family planning since the inception of family planning. It may be observed from the table 3.3 that out of the 478 current users of tubectomy, a overwhelming majority of the women (462 women, 96.7 per

cent) did not use any other method of family planning prior to sterilization. Further, among 15 users of vasectomy, none used any other method in the past. The data also reveal that among the past users, majority retained to the same method. However, few of the women did report switching from one method to another. For example, out of the total 462 users of tubectomy, 4 each have used oral pills and condom in the past whereas 6 of them used Cu-T prior to adopting tubectomy. Likewise, out of 30 current users of condom 4 have used IUD in the past.

### **Need for Family Planning:**

In order to ensure success of the family planning programme it is very important to assess the existing demand for the family planning services in the area. This would help enable the grass root level workers to identify the areas or groups of the people who need their services most. In the present survey, an attempt is made to find out the extent of total demand of family planning services in rural Nagpur. The total demand for family planning services consists of both met need of family planning (which is equal to the current prevalence of contraceptive users) and unmet need of family planning. Here both the met and unmet need of family planning have been discussed separately for spacing between the births as well as for limiting the family.

Unmet need for spacing methods consists of two types of women: Firstly those women who reported that they want to wait for two or more before having another child and are currently not using any modern method of family planning. Secondly, those women who were undecided about the timing for the next child are also considered as those having unmet need for spacing method. Those women who did not want any more child and were either not using any family planning or were using spacing methods are considered as having unmet need for limiting the family planning. All the current users of family planning are considered to have met needs for family planning. The total demand for family planning services is the sum of unmet need of family planning. It may also be

pointed out here that we have presented the total demand for family planning and unmet need as per cent of the total demand for family planning separately for spacing and limiting in the Table 3.5. This has been done in order to make the presentation more clear.

Besides this, those women who have said that they want to another child within next two years and are not using any family planning are considered as those with no need for family planning. Table 3.4 gives relevant data on the distribution of eligible women by the type of need for family planning services by selected socio-economic and demographic characteristics of the women. It may be repeated here that the per cent distribution of women by met and unmet need for family planning separately that for spacing and limiting. In addition to this, we have also given the per cent of women with 'no need' for family planning services and currently pregnant women for both spacing and limiting as those with the met need of family planning.

It may be observed from the table 3.4 that little more than the one-fourth of the women in rural Nagpur (26.0 per cent) have an unmet need for family planning. The unmet need for family planning is as much as double that of the unmet need for limiting (17.2 percent as against of 8.8 per cent). Further, the analysis of the data by various background characteristics of the women reveals that though the total unmet need is more or less same in all the three types of villages, the unmet need for spacing is on the higher side in Other villages as compared to either PHC or SC villages. The met need for spacing is much among women in SC villages and is least in Other villages.

The variations on per cent women with met and unmet need for family by religion, caste, occupation etc. are, on the whole, not very prominent. Nonetheless, the extent of unmet need for spacing seems to be relatively higher for SC and ST women as against that for Non-SC/ST women. On the other hand, the met need for limiting is slightly higher for SC and ST women as compared to that for Non-SC/ST women. The total demand for family planning is however more or less same for women with different levels of

schooling, it varies significantly when considered separately for met and unmet need and also that for spacing and limiting.

With respect to the demographic characteristics of the women in this context it may be seen from the same table that a substantially large proportions of the younger women have unmet need for the family planning as compared to the older women. For example, more than half of the women aged 15-19 years have unmet need for family planning (mostly that of spacing). Likewise, nearly one-third of the women aged 20-24 years and one-fifth of them aged 25-29 years have unmet need for family planning (both for spacing and limiting). Further, among younger women unmet need for spacing is much larger than that for limiting whereas in case elder women it is larger for limiting than the spacing.

With regards to the number of living children of the women and type of family planning needs, it may be seen that the per cent of women with unmet need for spacing declines substantially from about 42 per cent for those women with one child to just about 4 per cent for those with 3 children. Coming to the unmet need for limiting, it may said to be more or less similar women with one and three children (approximately 4-5 per cent) whereas it is as much as nearly 18 per cent among those with 2 living children.

In order to see the relationship between met/unmet need for family planning and number of living sons a woman has we have presented the results here separately for the women by number of sons. At the outset, it may be said that the analysis here does confirm the prevalence of age old practice of strong son preference among women in rural Nagpur. It has been found that the the per cent of women with one child and unmet need for spacing is more or less similar for those women with one child irrespective of sex of the child (42 per cent among those whose child is a daughter and about 39 per cent among those with the son). However, in case of women with 2 living children, it is noted that the percent of women with unmet need for spacing declines substantially from nearly 34 per cent among

those with both daughters to only 16 per cent among those with one son and one daughter to further 12 per cent with both sons.

Among those women with 3 living children, not a single woman with 2 or more living son has unmet need for spacing whereas it is as much as over 26 per cent among those with all 3 daughters. Similarly, the per cent of women with met need of family planning increases substantially as soon as they have a son. For example, among women with 2 children, only 32 per cent of the women with no son has met need for limiting. This rises to about 47 per cent among those with one son to further 64 per cent with both sons. Likewise, only less than a half of the women with 3 children had met need for family planning which increases to nearly 75 per cent for those with one son and to as high as 96 per cent for those with 2 and/or 3 sons.



**Table 3.1: Distribution of the women by Current use of Family Planning.**

	<b>Per Cent</b>	<b>Number</b>
<b>A: Whether Using Family Planning?</b>		
Yes	67.8	618
No	32.2	294
<b>Total</b>	<b>100.0</b>	<b>912</b>
<b>B: Type of Method Used?</b>		
<b>Sterilisation</b>	<b>79.8</b>	<b>493</b>
Tubectomy	77.4	478
Vasectomy	2.4	15
<b>Spacing Methods</b>	<b>20.2</b>	<b>125</b>
Oral Pills	6.5	40
IUD	8.8	55
Condom	4.9	30
<b>Total</b>	<b>100.0</b>	<b>618</b>

**Table 3.2 Current use of Family Planning by Method and Various Background Characteristics of the Women.**

Background Characteristic	Any Method	Sterilization		Any Spacing method	Oral Pills	IUD	Condom	Total No. of women*
		Tubectomy	Vasectomy					
<b>A. Village type</b>								
PHC	73.2	57.1	1.8	14.2	2.6	10.7	0.9	112
SC	76.2	49.2	0.8	26.2	4.9	12.7	8.6	244
Other	62.9	52.8	1.9	8.1	4.5	2.1	1.4	556
<b>B. Religion</b>								
Hindu	66.6	51.3	1.5	13.7	4.4	6.0	3.3	787
Muslim	85.7	85.7	-	-	-	-	-	7
Buddha	74.6	57.6	2.5	14.4	4.2	6.7	3.3	118
<b>C. Caste</b>								
SC	47.6	47.6	4.7	9.5	-	7.1	2.4	42
ST	58.3	48.6	2.9	6.9	5.8	1.1	-	173
Non- SC/ST	70.4	53.6	1.1	15.6	4.3	7.1	4.2	697

Table 3.2 Contd....

Background Characteristic	Any Method	Sterilization		Any spacing method	Oral Pills	IUD	Condom	Total no. of women
		Tubectomy	Vasectomy					
<b>D. Years of Schooling completed</b>								
No schooling	70.9	64.1	3.6	3.2	1.6	1.6	-	248
1 - 4 years	70.4	63.1	0.6	6.6	2.6	1.3	2.6	152
5 - 7 years	66.2	59.6	1.3	5.3	3.9	0.6	0.6	151
8 - 10 years	61.7	38.2	1.0	22.4	7.6	8.6	6.1	277
11 yrs. & Above	76.2	32.1	-	44.0	5.9	28.5	9.5	84
<b>E. Occupation</b>								
Housewife	70.9	48.4	1.1	21.3	4.1	11.2	5.9	337
Cult. & F. labor	62.4	53.3	0.6	8.5	4.4	2.2	1.9	317
Manual Labour	66.2	56.7	3.6	5.8	3.6	1.8	0.4	222
Others	94.4	55.5	2.7	36.1	11.1	16.6	8.3	36
<b>F. Wife's age</b>								
15 - 19	24.2	9.1	-	15.1	6.1	7.5	1.5	66
20 - 24	52.3	31.5	0.3	20.6	7.4	8.8	4.4	340
25 - 29	78.7	66.7	0.7	11.1	2.1	6.2	2.8	286
30 - 34	89.3	78.6	2.6	8.0	3.3	1.3	3.3	150
35 - 39	90.4	76.9	11.5	1.9	-	-	1.9	52
40 - 44	100.0	88.8	11.1	-	-	-	-	18

Table 3.2 Contd...

Background Characteristic	Any Method	Sterilization		Any temporary method	Oral Pills	IUD	Condom	Total
		Tubectomy	Vasectomy					
<b>G. Age of the youngest Child (Months)</b>								
0 - 11	62.5	26.5	-	36.1	23.1	10.2	2.6	302
12 - 23	61.6	41.5	-	20.1	7.5	6.3	6.3	159
24 - 35	72.0	50.0	-	22.0	6.0	9.0	7.0	100
36 & Above	88.8	80.2	4.3	4.3	1.4	1.4	1.4	349
<b>H. No. &amp; sex of the living child</b>								
<b>1 child</b>	35.7	2.9	0.5	32.3	8.3	16.6	7.3	204
No son	33.0	5.3	1.0	26.5	6.4	15.9	4.2	94
1 son	28.1	0.9	-	37.3	10.0	17.3	10.0	110
<b>2 children</b>	61.9	43.1	1.6	17.3	7.0	6.4	3.8	313
no son	40	16.9	1.5	21.5	10.7	7.6	3.0	65
1 son	61.4	42.9	1.58	17.0	8.8	5.1	2.9	135
2 sons	75.2	58.4	1.7	15.0	2.6	7.0	5.3	113
<b>2 children</b>	87.6	82.9	2.7	1.9	0.3	0.3	1.2	258
No son	50.0	27.7	5.5	16.6	-	5.5	11.1	18
1 son	78.6	76.2	1.2	1.2	-	-	1.2	84
2 or more sons	96.8	92.6	3.2	0.6	0.6	-	-	156
<b>Total</b>	<b>67.7</b>	<b>52.4</b>	<b>1.6</b>	<b>13.7</b>	<b>4.4</b>	<b>6.0</b>	<b>3.2</b>	<b>912</b>

\* Excluding 88 currently pregnant women.

**Table 3.3: Past users versus current users of family planning by method.**

Current Users	Past Users					Never user	Total
	Oral Pills	IUD	Condoms	Other method	Using present method since beginning		
<b>Pregnant</b>	3	3	2	1	-	79	88
<b>Non-users</b>	10	3	4	1	-	276	294
<b>Oral pills</b>		1	1	-	38	-	40
<b>IUD</b>	5		1	1	48	-	55
<b>Condom</b>	-	4		-	26	-	30
<b>Others</b>	-	-	-	-	-	-	-
<b>Tubectomy</b>	4	6	4	2	462	-	478
<b>Vasectomy</b>	-	-	-	-	15	-	15
<b>Total</b>	22	17	12	5	589	355	1000

**Table 3.4: Per cent women by type of need of family planning and selected background characteristics of the women**

Selected Background characteristics	Unmet need			Met Need			No need for FP	Currently Pregnant	Total	No. of EW
	Spacing	Limiting	Total	Spacing	Limiting	Total				
<b>A. Village type</b>										
PHC	10.8	10.8	21.7	7.5	55.0	62.5	9.2	6.7	100.0	120
SC	15.0	10.0	25.0	17.3	46.9	64.2	4.6	6.2	100.0	260
Other	19.4	7.9	27.3	5.6	49.2	54.8	7.6	10.3	100.0	620
<b>B. Occupation</b>										
Housewife	15.3	12.3	27.6	13.9	45.6	59.6	4.9	7.9	100.0	366
Cult. & F. labor	21.5	5.9	27.5	6.2	48.4	54.7	7.6	10.2	100.0	353
Manual labor	16.3	5.7	22.0	4.5	54.7	59.2	9.4	9.4	100.0	245
Others	0.0	22.2	22.2	13.9	58.3	72.2	5.6	0.0	100.0	36
<b>C. Religion</b>										
Hindu	17.7	8.9	26.6	8.8	48.3	57.1	7.7	8.6	100.0	861
Muslim	0.0	14.3	14.3	0.0	85.7	85.7	0.0	0.0	100.0	7
Buddha	15.2	7.6	22.7	9.8	53.8	63.6	3.0	10.6	100.0	132
<b>D. Caste</b>										
SC	22.2	6.7	28.9	6.7	48.9	55.6	8.9	6.7	100.0	45
ST	22.2	8.8	30.9	5.2	45.9	51.0	7.2	10.8	100.0	194
Non- SC/ST	15.6	8.9	24.6	10.0	50.2	60.2	6.8	8.4	100.0	761

Table 3.4 Contd....

Selected background characteristics	Unmet need			Met Need			No need for FP	Currently Pregnant	Total	Total No. of EW
	Spacing	Limiting	Total	Spacing	Limiting	Total				
<b>E. Age of the women (in years)</b>										
15-19	49.4	2.3	51.7	11.5	6.9	18.4	5.7	24.1	100.0	87
20-24	24.2	8.7	32.9	15.3	27.6	42.9	11.0	13.3	100.0	392
25-29	9.7	10.0	19.7	5.4	64.5	69.9	6.0	4.3	100.0	299
30 & Above	2.3	9.9	12.2	1.4	83.8	85.1	1.8	0.9	100.0	222
<b>F. Number of living children</b>										
No child	0	0	0	0	0	0	0	100.0	100.0	26
1 child	40.3	4.4	44.5	25.0	3.0	28.0	14.0	13.6	100.0	236
No Son	41.8	2.7	44.5	20.0	5.5	25.5	15.5	14.5	100.0	110
1 son	38.9	5.6	44.4	29.4	0.8	30.2	12.7	12.7	100.0	126
2 children	18.7	17.5	36.2	8.0	41.5	49.6	7.1	7.1	100.0	337
No Son	33.8	6.8	40.5	16.3	16.2	32.4	14.9	12.2	100.0	74
1 son	16.2	23.0	39.9	6.8	40.5	47.3	4.7	8.8	100.0	148
2 sons	12.2	17.4	29.7	4.4	59.1	63.5	5.2	1.7	100.0	115
3 children	3.8	4.6	8.4	1.1	84.0	85.2	4.6	1.9	100.0	263
No Son	26.3	0	26.4	15.8	31.6	47.4	21.1	5.3	100.0	19
1 son	5.7	6.9	12.6	0	74.7	74.7	9.2	3.4	100.0	87
2 or more sons	0	3.8	3.8	0	95.5	95.5	0	0.6	100.0	157
<b>Total</b>	<b>17.2</b>	<b>8.8</b>	<b>26.0</b>	<b>8.9</b>	<b>49.3</b>	<b>58.2</b>	<b>7.0</b>	<b>8.8</b>	<b>100.0</b>	<b>1000</b>

**Table 3.5: Total demand for family planning and per cent share of unmet need as that of the total demand for family planning.**

Selected background characteristics .	Total Demand for FP			Unmet need as % of total demand		
	Spacing	Limiting	Total	Spacing	limiting	Total
<b>A. Village type</b>						
PHC	18.3	65.8	84.2	59.0	16.4	25.8
SC	32.3	56.9	89.2	46.4	17.6	28.0
Others	25.0	57.1	82.1	77.6	13.8	33.3
<b>B. Occupation</b>						
Housewife	29.2	57.9	87.2	52.4	21.2	31.7
Cult. & F. Labor	27.8	54.4	82.2	77.3	10.8	33.5
M. Labor	20.8	60.4	81.2	78.4	9.4	27.1
Others	13.9	80.6	94.4	0.0	27.5	23.5
<b>C. Religion</b>						
Hindu	26.5	57.3	83.7	66.8	15.5	31.8
Muslim	0.0	100.0	100.0	0.0	14.3	14.3
Buddha	25.0	61.4	86.4	60.8	12.4	26.3
<b>D. Caste</b>						
SC	28.9	55.6	84.4	76.8	12.1	34.2
ST	27.3	54.6	82.0	81.3	16.1	10.7
Non-SC/ST	25.6	59.1	84.8	60.9	15.6	29.0



Table 3.5 contd.....

Selected background characteristics	Total Demand for FP			Unmet need as % of total demand		
	Spacing	Limiting	Total	Spacing	limiting	Total
<b>E. Age of the women</b>						
15-19	60.4	9.2	70.1	81.1	25.0	73.8
20-24	39.5	36.2	75.8	61.3	24.0	43.4
25-29	15.1	74.6	89.6	64.2	13.4	22.0
30 & Above	3.6	93.7	97.3	63.9	10.6	12.5
<b>F. Number of living children</b>						
No child	65.3	7.2	72.5	61.7	58.3	61.4
One child	65.3	7.4	72.5	61.7	59.5	61.4
No son	61.8	8.2	70.0	67.6	32.9	63.6
One son	68.0	6.3	74.6	57.0	88.9	59.5
Two children	26.7	59.1	85.8	70.0	29.6	42.3
No son	50.0	23.0	73.0	67.6	29.6	55.5
One son	23.0	63.5	86.5	70.4	36.2	45.3
Two sons	16.5	76.5	93.0	73.9	22.7	31.8
Three children	4.9	88.6	93.5	77.6	5.2	9.0
No son	42.1	31.6	73.7	62.4	0.0	35.7
One son	5.7	81.6	87.4	100.0	8.5	14.4
2+ sons	0.0	99.4	99.4	0.0	3.8	3.8
<b>Total</b>	<b>26.1</b>	<b>58.1</b>	<b>84.2</b>	<b>65.9</b>	<b>15.1</b>	<b>30.9</b>

## **Chapter-4**

### **Quality of Services and Client Satisfaction**

In order to assess the quality of government services with the point of view of the women and their satisfaction, all the eligible women were asked few questions seeking their opinion on the issue. Some of the aspects that were covered in the present survey are: visit by the ANM, satisfaction of the women about the time spent by the ANM during her visit, visit by the women to any of the govt. health facility and her opinion on various dimensions of the health services etc. Those women who did not visit any of the government health facility during the reference period were further asked about the reason for doing so. In addition to this, they were also asked about various services rendered to them by the ANM. For example, advice on hospital delivery or taking assistance from the trained dais for home deliveries, use of spacing methods of family planning, home management of diarrhea among children, knowledge on danger signs of Acute Respiratory Infections (ARI) among children etc.).

#### **Visit by the ANM**

Table 4.1 gives the relevant data on the visit by the ANM during past three months period prior to the survey and satisfaction of the women on the amount of time spent by the ANM during her visit to them. It was found that over 81 per cent of the women were visited at least once by the ANM during the reference period. Further, all the women reported that they were satisfied by the amount of time ANM has spent with them during the visit. The break-up of the data by the type of villages reveals that slightly lower proportion of the women living in Other villages were visited by the ANM during the reference period as compared to those living in either PHC villages or SC villages. There

are no apparent variation in the per cent women visited by the ANM by religion, caste, education and occupation. Nonetheless, a slightly larger proportion of the SC women were visited by the ANM as against ST women or Non-SC/ST women. Further, women with higher education and those in service etc. have been visited more by the ANM. With regards to the demographic characteristics of the women it may be noticed there are hardly any variations by the age of the woman and age of the youngest child. It appears that relatively higher proportions of the younger woman and those with a younger child were visited by the ANM.

The results cross-tabulation between ANM's visit and the number of living children reveals that the percent women visited by the ANM declines as the number of living children increases. Those with one or two living children were more likely to be visited by the ANM as compared to those having 4 or more living children. Further, slightly higher proportion of the users of modern spacing method of family planning were visited by the ANM than those who were either sterilized or were not using any family planning at the time of survey. Out of 88 currently pregnant women 78 were visited by the ANM during the reference period.

#### **Advised by the ANM on Various issues:**

All the women in the present survey were asked about whether they were given any information by the ANM on various issues. For example, advise on hospital delivery or seeking for trained medical assistance at the time of delivery in cases of home deliveries, breast-feeding and intervening practices, home management of diarrhea among children, danger signs of ARI and use of spacing methods of family planning. The results of this are presented in Table 4.2 and are given separately for PHC, SC and other village. In addition to this, we have also presented the information separately for the women with a child below 2 years of age and those with a child aged 2 to 4 years. In case of advice on spacing methods, the results are presented by type of need of family planning and current pregnancy status of the women. It may also be mentioned here that the women who have

not responded to the question on age of their youngest child are included in total. As a result of which number of women advised by the ANM on various issues and total number of women in denominator may not match with the sum of the women by age of the youngest child.

### **Institutional Delivery**

It may be noted from the table 4.2 that only approximately one-half of the women in the sample were advised by the women to either go for hospital delivery or to seek for trained medical assistance at the time of delivery in case she decides to opt for home delivery. The per cent of the women who were given information on breast-feeding practices and home management of diarrhea among children was also more or less similar. It is also found that a relatively larger proportion of the women in the SC villages have been advised by the ANM on these issues as against to the women in PHC villages. The per cent of such women is always lower in other villages. With regards to the age of the youngest child it has been noticed that the women with a younger child are more likely to receive advise on these issues from the ANM, irrespective of the type of village, as compared to those with older children.

### **Acute Respiratory Infection (ARI)**

With respect to the dissemination of information on danger signs of ARI among children the data reveals that the performance of the ANM has been rather poor. Only about 15 per cent of the women in other villages were informed by the ANM about the danger signs of ARI. However, the percentages of women who were told about the danger signs of ARI by the ANM is slightly higher among those with a younger child (approximately 41 per cent in SC villages, 25 per cent in PHC villages and 19 per cent in other villages).

## **Spacing methods of family planning**

On the use of spacing methods, in all only a little more than one-third of the women were advised by the ANM. Further, the analysis by type of need of family planning on this issue reveals that only one-half of all women with unmet need for spacing were advised by the ANM for spacing method. On the other hand, almost 90 per cent of the women with met need for spacing were advised by the ANM on the use of the spacing method. This indicates the fact that the ANM could play vital role in motivating people to adopt spacing methods. Among those women with 'no need' of family planning at the time of survey, only 39 per cent were advised by the ANM on this issue. The situation was even poorer in case of currently pregnant women as only a quarter of them were advised on the issue. The break-up of the data on this by type family planning needs and village type reveals that on the whole women in other villages were least likely to be advised by the ANM on the use of spacing method.

### **Breast-feeding and intervening practices:**

Table 4.3 gives the percentages of women who were advised by the ANM on various aspects of breast-feeding and intervening practices. The information here again is presented village type and age of the youngest child. It may be observed from the table that out of the total women, only about 41 per cent were told by the ANM to initiate breast-feeding child immediately after birth. Only a handful of the women in the sample (20 per cent) were told about the importance of cholostrum feeding. A mere of 4 per cent of the women was advised to exclusively breast-feed their child for the first four months. With regards to the initiation of liquid food after 4 months and supplementary food after 6 months, it is found that only about 8-11 per cent of the total women was advised on these issues. It is also evident from the data that in general the women in SC villages and those with a younger child are relatively more likely to be advised on these issues. On the other hand, it was least likely to happen for women in other villages.

## **Home management of diarrhoea**

The ANM is expected to play an important role in educating the mothers on what is to be done immediately in case child gets diarrhea. She is expected to educate them to continue to feed child as usual and start giving more liquid food to the child as soon as he/she gets diarrhea. In addition to this, she is also to advise mothers to give Jal-sanjivani (home made solution of salt, sugar and water) and/or ORS to the child suffering from diarrhea. With the view of assessing the role of ANM on this, all the women in the sample were also asked on if the ANM advised them on any of the above issue and the results obtained on this are presented in Table 4.4. As was done previously, here again the information is presented separately by village type and age of the youngest child.

It may be observed from the table 4.4 that on this front too the ANM has performed very poorly as very few women reported that they were given information by the ANM on these issues. With the exception of one woman, no woman in the sample was advised by the ANM on continuation of breast-feeding and other feeding as usual to the children when they suffer from diarrhea. Further, only 8 per cent of the women were advised on giving more liquid to the children when they have diarrhea (the per cent of such women was just 5 per cent in other villages). Likewise, less than 2 per cent of all women were advised to give ORS to the children during diarrhea. However, the per cent of the women advised to give Jal-sanjivani was nearly 27 per cent.

## **Visit to the government health centers by the women**

All the eligible women in the survey were also asked on whether they had visited the government health facilities in the past three months period prior to the survey. The responses to such questions are given in the table 4.5. It may be observed from the table that only less than half of the women covered in the present survey had visited any government health facility during the reference period. A total of 528 women did not visit any of the government health facility during the reference period.

Those women who did not visit government health center were further asked about the reasons for not visiting any government health facility and the responses are given in the panel B of the same table. A large proportion of the women reported inconvenient location of the facility as reason for not visiting the center (23.9 per cent). The poor quality of services was reported by about 38 per cent of the women as the reason for the same. These two reasons together account for almost 72 per cent of the total women who did not visit the center. A little over one-third of the women said that since there is a private health facility available in their area they prefer to go there instead of going to the government health facility. Another 4 per cent of the women told that they have to wait too long for their turn they do not go there. Few other reasons given by some of the women were like, high cost of the treatment at the center and treatment to be often ineffective, lack of availability of the medicines at the center.

The analysis of the data by various background characteristics of the women is presented in table 4.6. It may be observed from table 4.6 that fewer women in other villages visited govt. health center. On the other hand, over one-third of the women in PHC villages and half of them in SC villages visited the govt. health center. There are no significant variation in per cent women visiting govt. health center by religion, caste occupation and education. However, Non-SC/ST women and those who had either no schooling or had very few years of schooling were least likely to visit the govt. health facility. Further, slightly higher proportion of the younger women and those with a younger child have visited the govt. health center. With regards to the current family planning status of the women it is noted that nearly two-third of the users of spacing methods have visited govt. health facility. The proportion of women who visited the center was about 45 per cent among non-users and users of terminal methods. Out of the total 88 currently pregnant women, only about 38 per cent visited the center.

Coming to the per cent distribution of the women by reasons for not visiting govt. health facility by selected background characteristics of the women it may be seen from the

table 4.6 that a relatively larger proportion of them with 8 or more years of schooling and those who are either currently pregnant or were users of spacing methods have reported 'availability of the private facility in the area as the reason for not visiting the govt. health facility.

### **Clients opinion on various components of the government health facility**

All the 472 women who visited the govt. health facility during the reference period were further questioned about their opinion on various components of govt. health facility in terms of its quality and availability. The results obtained on this aspect are presented in Table 4.7 separately for women by type of villages. It may be noticed from the table that irrespective of the type of village, an overall majority of the women were of the view that the govt. health facility in their areas is well equipped. Nevertheless, about over one-fifth of the women (a slightly higher proportion of them in other villages) did found the govt. health facility less equipped. Almost all the women found the timings of the center very convenient to them.

Though well over 60 per cent of the women reported that they did not have to wait long for their turn at the center there were a little over quarter of the women who reported that they sometimes have to wait very long. Another 10 per cent of the women reported that the waiting time at the center was always too long. Surprisingly, this was reported by about 21 per cent of the women living in the sub-center villages. Infact, the per cent of women reporting long waiting time always and sometimes in the sub-center villages together accounts for nearly 53 per cent of the women. When asked about the availability of the doctor at the center, most of the women replied that the doctor was always available at the center whenever they visited. However there were nearly 17 per cent of the women who complained that on some occasion the doctor was absent from the center. Almost all the women found the staff at the center friendly.



Approximately a little less than 10 per cent of the women felt there was no privacy at the center at the time of examination (the proportion of such women was 13 per cent in PHC villages). Only a handful of the women (nearly 6-7 per cent) were of the view that the examination at the center is either not done properly or is not up to the mark. About 22 per cent of the women in all reported that the medicines were made available to them only sometimes (this figure goes to 31.3 per cent in case SC villages). In general, women told that the staff at the center always explained to them about how to take medicines etc. Though a larger proportion of the respondents found the treatment always effective, there were as many as 28 per cent of the women who reported the treatment taken from the center was effective only sometimes. The per cent of women reporting them was highest in SC villages with the exception of one or two cases. Almost all the women said that the doctors at center never asked them to pay money.

**Table 4.1: Per cent women visited by the ANM's and per cent of those women satisfied by amount of time spent by the ANM during her Visit by selected background characteristics of the women.**

<b>Background Characteristic of the women</b>	<b>Per cent Visited by ANM</b>	<b>Number of women</b>	<b>Percent satisfied with time</b>	<b>Number of women</b>
<b>A. Village type</b>				
PHC	76.7	120	100.0	92
SC	87.7	260	100.0	228
Other	79.2	620	99.6	491
<b>B. Religion</b>				
Hindu	81.2	861	99.7	699
Muslim	100.0	7	100.0	7
Buddha	79.5	132	100.0	105
<b>C. Caste</b>				
SC	71.1	45	100.0	32
ST	80.9	194	100.0	157
Non SC/ST	81.7	761	99.7	622
<b>D. Wife's age</b>				
15 - 19	87.4	87	100.0	76
20 - 24	89.3	392	99.7	350
25 - 30	77.9	299	100.0	233
30 - 34	73.0	152	100.0	111
35 - 39	61.5	52	96.9	32
40 - 44	50.0	18	100.0	9
<b>E. Years of Schooling completed</b>				
No Schooling	72.4	268	99.5	194
1 - 4	82.0	167	99.3	137
5 - 7	77.1	170	100.0	131
8 - 10	86.2	304	100.0	262
11 and above	95.6	91	100.0	87

Table 4.1 contd.....

Background Characteristic	Per cent Visited by ANM	Number of women	Percent satisfied with time	Number of women
<b>F. Occupation</b>				
Housewife	86.1	366	99.7	315
Cult. And Farm Labor	78.5	353	100.0	277
Manual Labor	75.1	245	99.5	184
Others	97.2	36	100.0	35
<b>G. No. of living children</b>				
No child	92.3	26	100.0	24
1 child	90.2	236	100.0	213
2 children	84.5	337	99.6	289
3 children	73.3	263	100.0	193
4 children	68.1	94	100.0	64
5 & more children	72.7	44	96.9	32
<b>II. Age of the youngest (in months)</b>				
No child	92.3	26	100.0	24
0 - 11	91.1	303	99.6	273
12 - 23	85.5	179	100.0	153
24 - 35	81.3	123	100.0	100
36 & above	70.6	367	99.6	259
<b>I. Current use of Family Planning</b>				
Non user	85.4	294	99.6	251
<b>Sterilization</b>				
Tubectomy	73.4	478	99.7	351
Vasectomy	66.6	15	100.0	10
Oral pills	95	40	100.0	38
IUD	98.2	55	100.0	54
Condom	96.6	30	100.0	29
Currently pregnant	88.6	88	100.0	78
<b>Total</b>	<b>81.1</b>	<b>1000</b>	<b>99.8</b>	<b>811</b>

\*: Includes 2 cases of non-response

**Table 4.2: Per cent women advised by the ANM on various issues by age of the child and type of villages.**

Per cent advised/age of the youngest child (in months)	Village type			
	PHC	SC	Other	Total
<b>A: Per cent advised on hospital delivery and trained assistance for home deliveries</b>				
No loving child	33.3	28.6	50.0	42.3
0-23 months	66.0	70.8	52.3	58.9
24-59 months	40.6	38.3	28.8	32.6
<b>Total</b>	<b>50.8</b>	<b>55.4</b>	<b>40.6</b>	<b>44.7</b>
<b>B: Per cent advised on breast-feeding</b>				
No loving child	0.0	0.0	0.0	0.0
0-23 months	74.5	78.8	58.4	65.7
24-59 months	40.6	39.1	27.1	31.8
<b>Total</b>	<b>52.5</b>	<b>58.8</b>	<b>41.5</b>	<b>47.3</b>
<b>C: Per cent advised on home management of diarrhoea</b>				
No loving child	66.7	28.6	56.3	50.0
0-23 months	61.7	79.6	65.1	68.8
24-59 months	39.1	45.2	39.2	40.6
<b>Total</b>	<b>49.2</b>	<b>63.1</b>	<b>52.1</b>	<b>54.6</b>
<b>D: Per cent advised on danger signs of ARI</b>				
No loving child	0.0	0.0	6.3	3.8
0-23 months	25.5	40.9	18.8	25.7
24-59 months	14.5	21.7	12.1	14.7
<b>Total</b>	<b>19.2</b>	<b>31.2</b>	<b>15.2</b>	<b>19.8</b>
<b>E: Per cent advised on spacing methods</b>				
With unmet need for spacing	69.2	61.5	43.3	49.4
With unmet need for limiting	84.6	69.2	42.8	56.8
With met need for spacing	77.8	94.8	87.8	90.1
With met need for limiting	21.2	28.6	25.9	25.9
With no need for family planning	45.5	33.3	38.3	38.6
Currently pregnant women	12.5	12.5	29.7	25.0
<b>Total</b>	<b>39.2</b>	<b>46.2</b>	<b>35.2</b>	<b>38.5</b>

**Table 4.3: Per cent women advised by the ANM on breast-feeding and intervening practices among children by age of the child and type of villages.**

Per cent advised/age of the youngest child (in months)	Village type			
	PIIC	SC	Other	Total
<b>A: Per cent advised on starting breast-feeding immediately after birth</b>				
0-23 months	61.7	72.98	14.4	56.4
24-59 months	36.2	36.5	22.5	27.7
<b>Total</b>	<b>45.0</b>	<b>55.0</b>	<b>34.2</b>	<b>40.9</b>
<b>B: Per cent advised on cholostrum feeding</b>				
0-23 months	25.5	25.5	25.8	25.7
24-59 months	13.0	17.3	15.4	15.5
<b>Total</b>	<b>17.5</b>	<b>21.5</b>	<b>20.0</b>	<b>20.1</b>
<b>C: Per cent advised on exclusive breast-feeding until 4 months</b>				
0-23 months	6.4	8.0	6.3	6.8
24-59 months	0.0	2.6	2.9	2.4
<b>Total</b>	<b>2.5</b>	<b>5.7</b>	<b>4.5</b>	<b>4.6</b>
<b>D: Per cent advised on giving liquid food after 4 months</b>				
0-23 months	17.0	24.8	13.0	16.8
24-59 months	15.9	4.3	4.6	6.1
<b>Total</b>	<b>15.8</b>	<b>15.0</b>	<b>6.9</b>	<b>11.1</b>
<b>D: Per cent advised on starting supplementary food after 6 months</b>				
0-23 months	12.7	18.2	6.7	10.5
24-59 months	10.1	7.8	5.2	6.5
<b>Total</b>	<b>10.8</b>	<b>13.0</b>	<b>5.8</b>	<b>8.3</b>

**Note:** total includes No response cases for age of the youngest child and those with no living child.

**Table 4.4: Per cent women advised by the ANM on what to do when child gets diarrhea by age of the child and type of villages.**

No. of women advised/ age of the youngest child	Village type			
	PHC	SC	Other	Total
<b>A: to give only liquid to the child</b>				
No living child	0 (3)	0 (7)	0 (16)	0 (26)
0-23 months	8 (47)	20 (137)	18 (298)	46 (482)
24-59 months	12 (69)	12 (115)	12 (306)	36 (490)
<b>Total</b>	<b>17.5 (120)</b>	<b>12.3 (260)</b>	<b>4.8 (620)</b>	<b>8.3 (1000)</b>
<b>B: to start giving jal-sanjivani to the child</b>				
No living child	2 (3)	2 (7)	6 (16)	10 (26)
0-23 months	8 (47)	52 (137)	99 (298)	159 (482)
24-59 months	8 (69)	24 (115)	68 (306)	100 (490)
<b>Total</b>	<b>15.0 (120)</b>	<b>30.3 (260)</b>	<b>27.9 (620)</b>	<b>27.0 (1000)</b>
<b>C: to start giving ORS to the child</b>				
No living child	0 (3)	0 (7)	0 (16)	0 (26)
0-23 months	1 (47)	3 (137)	4 (298)	8 (482)
24-59 months	1 (69)	2 (115)	5 (306)	10 (490)
<b>Total</b>	<b>3.3 (120)</b>	<b>6.3 (260)</b>	<b>1.4 (620)</b>	<b>1.8 (1000)</b>

**Note:**

1. total includes No response cases for age of the youngest child and those with no living child.
2. Figures in paranthesis give total number of the women in each cell.

**Table 4.5: Distribution of women by visit to the government health center and among those who did not visit the center, reasons for doing so.**

	Per cent	Number
<b>A: Whether visited any Govt. Health Facility?</b>		
Yes	47.2	472
No	52.8	528
<b>Total</b>	<b>100.0</b>	<b>1000</b>
<b>B: Reasons for not visiting</b>		
1. Inconvenient location	23.9	126
2. Poor quality of services	37.9	200
3. Availability of the private facility in the area	33.7	178
4. Long waiting time	4.0	21
5. Others	0.6	3
<b>Total</b>	<b>100.0</b>	<b>528</b>

**Others include: High cost, ineffective treatment, no time to go etc.**

**Table 4.6: Per cent of the women who visited the govt. health facility and among those who did not visit, reasons for the same by selected background characteristics of the women.**

Background Characteristic	per cent Visited Govt. Health Facility	No. of EW	Reasons for not visiting govt. health facility					Total	No. of EW
			Inconvenient location	Available of the private facilities	Poor quality services	Long waiting time	Others		
<b>A. Village type</b>									
PHC	64.2	120	25.6	25.6	48.8	-	-	100.0	43
SC	51.5	260	25.4	40.5	31.0	3.2	-	100.0	126
Other	42.1	620	23.1	32.3	39.0	4.7	0.8	100.0	359
<b>B. Religion</b>									
Hindu	46.7	861	23.1	33.8	39.0	3.5	0.7	100.0	459
Muslim	28.6	7	100.0	-	-	-	-	100.0	5
Bouddha	51.5	132	23.4	35.9	32.8	7.8	-	100.0	64
<b>C. Caste</b>									
SC	53.3	45	23.8	28.6	38.1	4.8	-	100.0	21
ST	49.0	194	11.1	38.4	44.4	6.1	-	100.0	99
Non SC/ST	46.4	761	26.7	32.8	36.3	3.4	0.7	100.0	408



Table 4.6 contd.....

Background Characteristic	Per cent visited Govt. Health Facility	No. of EW	Reasons for not visiting govt. health facility						Total	No. of EW
			Inconvenient location	Available of the private facilities	Poor quality services	Long waiting time	Others			
<b>D. Wife's age group</b>										
15 - 19	54.0	87	7.5	57.1	30.0	5.0	-	100.0	40	
20 - 24	48.2	392	24.6	31.5	37.4	5.4	0.5	100.0	203	
25 - 29	47.8	299	21.8	33.3	41.0	3.8	-	100.0	156	
30 - 34	44.1	152	25.9	28.2	42.4	2.4	1.2	100.0	85	
35 - 39	38.5	52	31.3	31.3	34.4	-	3.1	100.0	32	
40 - 44	33.3	18	50.0	41.7	8.3	-	-	100.0	12	
<b>E. Years of schooling</b>										
No schooling	44.8	268	20.9	32.4	41.9	4.7	-	100.0	148	
1 - 4	42.5	167	25.0	31.3	37.5	4.2	2.1	100.0	96	
5 - 7	50.6	170	29.8	29.8	36.9	3.6	-	100.0	84	
8 - 10	46.4	304	22.7	36.8	35.6	3.7	0.6	100.0	163	
11 & above	59.3	91	21.6	40.5	35.1	2.7	-	100.0	37	
<b>F. Occupation</b>										
Housewife	50.0	366	21.3	39.3	35.0	3.3	1.1	100.0	183	
Cult.&Farm labor	41.6	353	23.3	29.1	41.3	5.3	0.5	100.0	206	
Manual Labour	47.3	245	24.8	34.1	38.0	3.1	-	100.0	129	
Others	72.2	36	60.0	20.0	20.0	-	-	100.0	10	

Table 4.6 contd....

Background Characteristic	per cent Visited Govt. Health Facility	No. of EW	Reasons for not visiting govt. health facility					Total	No. of EW
			Inconvenient location	Available of the private facilities	Poor quality services	Long waiting time	Others		
<b>G. Age of the youngest child (in months)</b>									
No child	42.3	26	6.7	60.0	33.3	-	-	100.0	15
0 - 11	51.8	303	23.3	33.6	38.4	4.1	0.7	100.0	146
12 - 23	48.6	179	19.6	31.5	42.4	6.5	-	100.0	92
24 - 59	44.3	490	26.7	33.0	36.3	3.3	-	100.0	273
No response	0.0	2	-	50.0	50.0	-	0.7	100.0	2
<b>H. Current use of Family Planning methods</b>									
Non user	45.2	294	21.0	34.0	35.2	9.3	0.6	100.0	161
Sterilization	45.4	493	27.1	29.7	40.9	1.4	0.7	100.0	269
Spacing Method	64.8	125	29.5	38.6	31.8	-	-	100.0	44
Currently Pregnant	38.6	88	11.3	49.1	35.8	3.8	-	100.0	54
<b>Total</b>	<b>47.2</b>	<b>1000</b>	<b>23.7</b>	<b>33.7</b>	<b>37.9</b>	<b>4.0</b>	<b>0.6</b>	<b>100.0</b>	<b>528</b>

**Table 4.7: Distribution of the women visiting govt. health facility by their opinion on various components of the facility by village type.**

No. of women who visited the center	Type of village			Total
	PIIC	SC	Other	
<b>A. Whether well equipped?</b>				
Yes, very well	87.0	82.8	77.0	80.3
Yes, somewhat	13.0	14.2	22.2	18.4
No	-	0.7	0.8	0.2
No response	-	2.2	-	1.1
<b>B. Whether timing convenient?</b>				
Yes	96.1	97.0	95.4	96.0
No	3.9	0.7	1.9	1.3
No response	-	2.2	2.7	2.8
<b>C. Long waiting time?</b>				
Always	6.5	20.9	6.1	10.4
Sometimes	18.2	32.8	27.6	27.5
Never	75.3	46.3	64.8	61.2
No response	-	-	1.5	0.8
<b>D. Whether doctor is available?</b>				
Always	84.4	71.6	79.7	78.2
Sometimes	11.7	23.3	15.3	17.2
Never	1.3	2.2	1.5	1.7
No response	2.6	2.2	3.4	3.0
<b>E. Whether staff is friendly?</b>				
Very much	93.5	92.5	93.5	93.2
Somewhat	6.5	6.7	5.4	5.9
Not much	-	0.7	0.8	0.6
No response	-	-	0.4	0.2
<b>F. Privacy for examination?</b>				
Very much	72.7	85.1	65.5	72.2
Somewhat	11.7	9.7	20.3	15.9
No	30.0	3.0	10.3	8.7
No response	2.6	2.2	3.8	3.2

Table 4.7 Contd...

No. of women who visited the center	Type of village			Total
	PIIC	SC	Other	
<b>G. Proper examination</b>				
Very well	93.5	88.1	92.3	91.3
Some what	3.9	3.0	5.7	4.7
Not	2.6	2.2	1.1	1.7
No response	-	6.7	0.8	2.3
<b>H. Whether medicines are available?</b>				
Always	85.7	67.2	79.7	77.1
Sometimes	13.3	31.3	19.5	22.0
No response	-	1.5	0.8	0.8
<b>I. Explanation for medicine intake?</b>				
Always	94.8	97.0	95.0	95.6
Sometimes	5.2	3.0	4.2	4.0
No response	-	-	0.8	0.4
<b>J. Whether treatment is effective?1'</b>				
Always	71.4	61.9	75.1	70.8
Sometimes	27.3	36.6	23.4	27.8
Never	1.3	1.5	1.1	1.3
No response	-	-	0.4	0.2
<b>K. Whether doctors ask for money?</b>				
Always	-	0.7	1.5	1.1
Sometimes	-	0.7	2.7	1.7
Never	98.7	98.5	95.8	97.0
No response	1.3	-	-	0.2
Total	100.0	100.0	100.0	100.0
No. EW	77	134	261	472

## Chapter-5

### Summary and Conclusions

The present rapid survey in the district of Nagpur in Maharashtra is the third in the series of rapid surveys conducted by the Population Research Center, Gokhale Institute of Politics and Economics, Pune. The survey aims to assess performance of the ANM with respect to the coverage and quality of services and the performance of the programme in terms of levels and utilization of maternal and child health and family planning services. Information on various components of Maternal and Child Health have also been collected in the survey.

The sample design adopted for the present survey is multi-stage design. During the pre-survey visit, the project coordinator collected all the relevant information for all the PHCs in the district from the office of the District Health and Family welfare officer, Nagpur. Thereafter, a total of 25 PHCs were selected randomly with probability proportion to population size. After this from each of the selected PHC, 2 ANM's were selected randomly with probability proportion to population size. At the 3<sup>rd</sup> stage one village was selected from the villages served by the selected ANM. At the end, from each of the selected village, 20 eligible women (currently married women in the age group 15-44 years) were selected using cluster sampling design. The total sample size for the present survey is 1000 eligible women.

The questionnaire used for the present survey is largely based on the Form-13 of the Manual on Target Free Approach of the Ministry of Health & Family Welfare, New Delhi. The actual field-work was carried out by the trained field investigators. The field

staff was given a one-day training in which they were briefed about the objectives of the survey and were explained in details in various parts of the questionnaire.

Of the 1000 eligible women interviewed in the present survey, 12.0 and 26.0 per cent respectively were living in villages having a PHC and Sub-Centre located within the villages. The remaining 62.0 per cent were living in villages which did not have either a PHC or a sub-center within the village (now on we would refer to them as women living in 'other villages'). However, they are covered by the respective ANM working in their area. The sample consisted predominantly of Hindu women (86 per cent). Less than a quarter of the selected women in the sample belonged to Schedule Caste (4.5 per cent) and Schedule Tribes (19.4 per cent).

Three in every four women in the sample had some level of schooling (about 40 per cent women had completed 8 or more years of schooling). Nearly one-third of the women interviewed were housewives while the rest of them were engaged in some economic activity or the other (mostly as either cultivator or farm laborer).

The sample for the present survey constituted of fairly young women (Mean age of the women being 25.72 years). About 78 per cent of the women were below 30 years of age. The mean number of living children was 2.31 children per woman. Nearly 40 per cent of the women had 3 or more living children at the time of survey. About half of the women had a child below 2 years of age at the time of survey.

### **Place of Delivery:**

Close to two-third delivered their babies at home. The education of woman emerges as an important force in determining the place of delivery as the proportion of home deliveries declines consistently from 85 per cent for women with no schooling to 52 per cent for those with 8 to 10 years of schooling to further 33 per cent for those with 11 or more years of schooling. Of the 88 currently pregnant women 63 per cent (55 women) told

that they would deliver their baby at home. The remaining 33 intend to deliver at the medical institutions (30 at the govt. health facility and 3 at a private hospital).

### **Assistance received in case of home delivery.**

Out of the total 446 home deliveries, only 8 per cent were attended by either a doctor or ANM whereas majority of them were assisted by the Trained Dai (about 75 per cent). About 17 per cent of the home deliveries were conducted by either an untrained Dai or a relative/friends. The tabulation of home deliveries by type of assistance received by village type reveal that in villages with a PHC or SC slightly higher proportion of the home deliveries are attended by either a doctor or a nurse (15-17 per cent) as compared to other villages (5 per cent only). Disposable delivery kit was used in nearly two-third of the home deliveries. It may be highlighted here that of 76 home deliveries that were assisted by either an untrained Dai or a relative, in 38 cases disposable deliver kit was used.

### **Health problem faced during and after delivery**

One in every 4 women has faced some kind of health problem or other during their most recent pregnancy. Prolonged vomiting and nausea was the common health problem faced by the women (45.6 per cent) during their pregnancy followed by excessive tiredness/weakness (31.4 per cent). Another 23 per cent of women reported having suffered from the swelling of the feet. Few of the women reported that they suffered from pain in the lower abdominal and backache, night blindness, bleeding, and blood pressure.

44 women reported to have suffered from some health problem during post-natal period. Of these 44 women, 13 reported their delivery was caesarian. There were 8 women who had excessive bleeding following childbirth. Another 4 women suffered from fever during the post-natal period. There were only three women who did not seek any medical help for the trouble.

## **Monitoring of birth weight among new born and breast-feeding and inter-veining practices among children**

A little less than half of them reported that their child was weighed immediately after birth. However, most of the children whose weight was monitored after birth were born in an institution. On the other hand, in case of the home deliveries, only about 15 per cent of children were weighed.

It has been noted that around one-third of the women breast-fed their child within one hour of the delivery. Another about 19 per cent of them initiated breast-feeding on the same day but after one hour of the delivery. On the other hand, there were nearly half of the women who reportedly started breast-feeding their child only from the next day (that is from second day onwards). Approximately half of the women have reported of extracting cholostrum before initiating breast-feeding.

About 9.3 per cent of the women started giving supplementary food to their child only after completion of 6-11 months of age. There were about 5 per cent of the women whose child was over 6 month of the age at the time of survey and they have not been given any supplementary food as yet. Nearly half of the women in the sample gave supplementary food to the child only after between 6 to 11 months of age. Just 17 per cent of the women gave supplementary food to the child before child completed 6 months.

## **Current Use of Family Planning**

It is noted that in Nagpur, though the contraceptive prevalence rate is relatively higher, the use of modern spacing methods has typically been very much limited. Out of the 912 women, nearly two-third of them were using some modern method of family planning at the time of survey. Out of the 618 current users of FP, about 80 per cent were



sterilization users (77.3 per cent tubectomy and 2.4 per cent vasectomy). The remaining 20 per cent were using modern spacing methods (Oral Pills- 6.5 per cent, IUD- 8.8 per cent and Condom- 4.9 per cent).

The current use of family planning is much higher among women living in PHC and SC villages as compared to those living in other villages. Likewise, the use of spacing methods is highest among women in the SC villages (26.2 per cent) followed by the women in PHC villages (14.2 per cent) whereas it is lowest in other villages (just 8.1 per cent). This indicates the fact that having a government health facility within the village help enhance family planning use, particularly that of the spacing methods. Further, per cent women using any modern method is highest among those belonging to Non-SC/ST. Very few of the SC-ST women reported use of modern spacing methods.

As has been observed elsewhere, in rural Nagpur too level of woman's education appears to influence current use of family planning; particularly that of the spacing methods. It has been noticed that only 3 per cent of the illiterate women in the sample were using any modern spacing method. This figure rises to 22.4 per cent among women who have completed 8-10 years of schooling to further 44.0 per cent among those with 11 or more years of schooling. Further, condom use is higher among women with 8 or more years of schooling.

Well over 90 per cent women aged 35 years or more were using modern methods of family planning. In case of younger women, only a quarter of them in the age 15-19 years and half of them aged 20-24 years were using any modern methods. In confirmation to the general trend, most of the current users of the spacing methods belong to younger ages.

The data on current use of family planning by the number and sex of the living children clearly brings out the prevalence of age-old practice of son preference in the study

population. It is observed that of all the women who have one living child at the time of survey, family planning use is much higher among those whose child is a son as against those whose child is daughter. Likewise, in case of women with two living children, family planning use is highest among those with both children being sons as compared to those with one son and one daughter. On the other hand, family planning use is lowest among those whose both children happens to be daughters. Among the women with three children are considered, the per cent family planning users is highest among those two or more living sons (96.8 per cent) than those with only one son (78.6 per cent) and is lowest for those with no son (50.0 per cent).

### **Past Use of Family Planning**

All the 1000 eligible women in the survey were asked whether they have used any family planning method(s) in the past and subsequently discontinued its use. This will give us some idea about the method switching among the family planning users. The data reveals that a large number of women (589) are using same method of family planning since the inception of family planning. For example, out of the 478 current users of tubectomy, a overwhelming majority of the women (462 women, 96.7 per cent) did not try any other method of family planning prior to sterilization. Further, among 15 users of vasectomy, none used any other method in the past.

A few women in the sample did report switching from one method to another: out of the total 462 users of tubectomy, 4 each have used oral pills and condom in the past whereas 6 of them used Cu-T prior to adopting tubectomy. Likewise, out of 30 current users of condom 4 have used IUD in the past.

## **Need for Family Planning:**

The data reveals that about 26 per cent of the women in rural Nagpur have an unmet need for family planning. The unmet need for family planning for spacing is as much as double that of the unmet need for limiting (17.2 percent as against of 8.8 per cent). Though the total unmet need is more or less same in all the three types of villages, the unmet need for spacing is on the higher side in other villages as compared to either PHC or SC villages. The met need for spacing is much higher among women in SC villages and is least in Other villages.

The variations on per cent women with met and unmet need for family by religion, caste, occupation etc. are, on the whole, not very prominent. Nonetheless, the extent of unmet need for spacing seems to be relatively higher for SC and ST women as against to that for Non-SC/ST women. On the other hand, the met need for limiting is slightly higher for SC and ST women as compared to that for Non-SC/ST women.

A substantially large proportions of the younger women have unmet need for the family planning as compared to the older ones. Further, among younger women unmet need for spacing is much larger than that for limiting whereas in case of elder women it is larger for limiting than the spacing.

With respect to the extent of unmet need and sex composition of the living children at the time of survey it has been found that among the with one child, unmet need for spacing is more or less similar irrespective of sex of the child (42 per cent among those with a daughter and about 39 per cent among those whose child is son). However, in case of women with 2 living children, it is noted that the percent of women with unmet need for spacing declines substantially from nearly 34 per cent among those with both daughters to only 16 per cent among those with one son and one daughter to further 12 per cent with both sons.

Among those women with 3 living children, not a single woman with 2 or more living son has unmet need for spacing whereas it is as much as over 26 per cent among those with all 3 daughters. Similarly, the per cent of women with met need of family planning increases substantially as soon as they have a son. For example, among women with 2 children, only 32 per cent of the women with no son has met need for limiting. This rises to about 47 per cent among those with one son to further 64 per cent with both sons. Likewise, only less than a half of the women with 3 children had met need for family planning which increases to nearly 75 per cent for those with one son and to as high as 96 per cent for those with 2 and/or 3 sons.

### Visit by the ANM

Over 81 per cent of the women were visited at least once by the ANM during the reference period and almost all of them were satisfied by the amount of time ANM has spent with them during the visit. Slightly lower proportion of the women living in Other villages were visited by the ANM as compared to those living in either PHC villages or SC villages. There are no apparent variation in the per cent women visited by the ANM by religion, caste, education and occupation, age of the woman and age of the youngest child.

It however appears that relatively higher proportions of younger woman and those with a younger child were visited by the ANM as the percent women visited by the ANM declines with the increase in number of living children. Those with one or two living children were more likely to be visited by the ANM as compared to those having 4 or more living children.

Users of modern spacing method of family planning were visited more by the ANM than those who were either sterilized or were not using any family planning at the time of survey. Out of 88 currently pregnant women 78 were visited by the ANM during the reference period.

### **Advised by the ANM on Various issues:**

About one-half of the women in the sample were advised by the women to either go for hospital delivery or to seek for trained medical assistance at the time of delivery in case she decides to go for home delivery. The per cent of women who were given information on breast-feeding practices and home management of diarrhea among children was more or less similar. It is also found that a relatively larger proportion of the women in the SC villages have been advised by the ANM on these issues as against to the women in PHC villages. The per cent of such women is always lower in other villages. Women with a younger child are more likely to receive advise on these issues from the ANM, irrespective of the type of village, as compared to those with older children.

Only about 15 per cent of the women in other villages were informed by the ANM about the danger signs of ARI. However, the percentages of women who were told about the danger signs of ARI by the ANM is slightly higher among those with a younger child (approximately 41 per cent in SC villages, 25 per cent in PHC villages and 19 per cent in other villages).

In all, only a little more than one-third of the women were advised by the ANM. Further, only one-half of all women with unmet need for spacing were advised by the ANM for spacing method. On the other hand, almost 90 per cent of the women with met need for spacing were advised by the ANM on the use of the spacing method. This indicates the fact that the ANM could play vital role in motivating people to adopt spacing methods. On the whole women in other villages were least likely to be advised by the ANM on the use of spacing method.

## **Advise on Various Components of Breast-feeding and intervening practices:**

Only about 41 per cent of the women were told by the ANM to initiate breast-feeding child immediately after birth and a handful of the women in the sample (20 per cent) were told about the importance of colostrum feeding. A mere of 4 per cent of the women was advised to exclusively breast-feed their child for the first four months. With regards to the initiation of liquid food after 4 months and supplementary food after 6 months, it is found that only about 8-11 per cent of the total women was advised on these issues. It is also evident from the data that in general the women in SC villages and those with a younger child are relatively more likely to be advised on these issues. On the other hand, it was least likely to happen for women in other villages.

With the exception of one woman, no woman in the sample was advised by the ANM on continuation of breast-feeding and other feeding as usual to the children when they suffer from diarrhea. Only 8 per cent of the women were advised on giving more liquid to the children when they have diarrhea (the per cent of such women was just 5 per cent in other villages). Likewise, less than 2 per cent of all women were advised to give ORS to the children during diarrhea. However, the per cent of the women advised to give Jal-sanjivani was nearly 27 per cent.

## **Visit to the government health centers by the women**

It may be observed that only less than half of the women in the present survey had visited any government health facility during the reference period as 528 women did not visit any of the government health facility.

Those women who did not visit government health center were further asked about the reasons for not visiting any government health facility and the responses are given in

the panel B of the same table. A large proportion of the women reported inconvenient location of the facility as reason for not visiting the center (23.9 per cent). The poor quality of services was reported by about 38 per cent of the women as the reason for the same. These two reasons together account for almost 72 per cent of the total women who did not visit the center. A little over one-third of the women said that since there is a private health facility available in their area they prefer to go there instead of going to the government health facility.

Over one-third of the women in PHC villages and half of them in SC villages visited the govt. health center. This figure was much lower in other villages. There are no significant variation in per cent women visiting govt. health center by religion, caste, occupation and education. Slightly higher proportion of the younger women and those with a younger child have visited the govt. health center. Nearly two-third of the users of spacing methods have visited govt. health facility. The proportion of women who visited the center was about 45 per cent among non-users and users of terminal methods. Out of the total 88 currently pregnant women, only about 38 per cent visited the center.

### **Clients opinion on various components of the government health facility**

It may be noticed from the table that irrespective of the type of village, an overall majority of the women were of the view that the govt. health facility in their areas is well equipped. Almost all the women found the timings of the center very convenient to them.

Well over 60 per cent of the women reported that they did not have to wait long for their turn at the center whereas 10 per cent of them felt that the waiting time at the center was always too long. When asked about the availability of the doctor at the center, most of the women replied that the doctor was always available at the center whenever they visited. However there were nearly 17 per cent of the women who complained that on some

occasion the doctor was absent from the center. Almost all the women found the staff at the center friendly.

A little less than 10 per cent of the women felt there was no privacy at the center at the time of examination (the proportion of such women was 13 per cent in PHC villages). Only a handful of the women (nearly 6-7 per cent) were of the view that the examination at the center is either not done properly or is not up to the mark. About 22 per cent of the women in all reported that the medicines were made available to them only sometimes (this figure goes to 31.3 per cent in case SC villages). In general, women told that the staff at the center always explained to them about how to take medicines etc. There were as many as 28 per cent of the women who reported the treatment taken from the center was effective only sometimes. Almost all the women said that the doctors at center never asked them to pay money.



## APPENDIX – I

### List of the PHCs and Villages covered for the present Survey

Tehsil	PHC	Sub-centre	Village
1. Nagpur	1. Vyahad	1. Lava 2. Dhamni	1. Khadgaon 2. Shirpur
2. Hingana	1. Takalghat	1. Asola 2. Kotewada	1. Savangi 2. Kotewada
	2. Adegaon	1. Kavadas 2. Umariwagh	1. Sheshnagar 2. Sunaki
3. Kuhi	1. Kuhi	1. Malani 2. Dongargaon	1. Mangali 2. Lanjala
	2. Veltur	1. Veltur 2. Ambora (Kh)	1. Veltur 2. Maloda
4. Umred	1. Pachgaon	1. Pachgaon 2. Champa	1. Surgaon 2. Mangali
	2. Bela	1. Nishanghat 2. Bela	1. Kursapur 2. Bela
5. Bhivapur	1. Jawali	1. Kargaon 2. Shivapur	1. Manora 2. Mandwa
	2. Nand	1. Bisur 2. Mangrud	1. Shivanphad 2. Kavandasi
6. Kathmathi	1. Gumathi	1. Bina 2. Yerkheda	1. Bina 2. Yerkheda
7. Ramtek	1. Hiwara Bajar	1. Musewadi 2. Umari	1. Gudegaon 2. Navegaon
	2. Nagardhan	1. Guguldoh 2. Shivani	1. Panchala 2. Shivani No. 1

Appendix-I contd.....

Tehsil	PHC	Subcentre	Village
8. Mauda	1. Kadamendhi	1. Areli 2. Kheral	1. Bhandewadi 2. Kharda
	2. Tarasa	1. Tarasa 2. Babdeo	1. Tarasa 2. Babdeo
9. Parshivani	1. Navegaon Khairi	1. Palasavali 2. Saleghat	1. Kondasavli 2. Saleghat
	2. Kannhan	1. Kannhan 2. Pimpri	1. Kannhan 2. Pimpri
10. Kalameshwar	1. Kalameshwar	1. Sonegaon 2. Kolambi	1. Sonegaon 2. Shelu
	2. Tishti	1. Talegaon 2. Dhapewada	1. Nandikheda 2. Dhapewada
11. Savaner	1. Badegaon	1. Nagalwadi 2. Kothurna	1. Sara 2. Gadani
	2. Patansangvi	1. Waki 2. Isapur	1. Waki 2. Isapur
	3. Chincholi	1. Pota 2. Shilewada	1. Pota 2. Shilewada
12. Katol	1. Kondhavi	1. Murti 2. Kondhali	1. Chandan Pardi 2. Kondhali
13. Narkhed	1. Narkhed	1. Shingarkheda 2. Yenikuni	1. Khandala 2. Mogara
	2. Mowad	1. Bailona 2. Khairgaon	1. Pilapur 2. Devali
	3. Mendhala	1. Khapa 2. Mendhala	1. Ghooghara 2. Watona

## APPENDIX-II

### Survey of Coverage, Quality and Client satisfaction with respect to Family Welfare and Maternal and Child Health Services

By

Population Research Centre  
Gokhale Institute of Politics and Economics  
(Deemed to be a University)  
Pune 411 004

#### Background Characteristics of the Eligible Women

Name of the District:

Name of the Tehsil:

Name of the Primary Health Centre:

Name of the Sub-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

Others, specify 4

Others 5

S.C & S.T. 5

Age of the woman (in completed yrs.):

Education of the woman (years of schooling completed):

Occupation of the woman:

No. of living children:

No. of living sons:

No of living daughters:

Age of the youngest child (in months):

## Opinion of the Eligible Women on the Availability of 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

**INSTRUCTION 1: Question No. 4 through 16 should be asked to only those women who have replied 'YES' to Question No. 3.**

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, Nausca, Don't feel hungry	6
Bleeding	2	No problem	7
Excessive tiredness	3	Not Applicable	8
Faint -	4	No response	9
Night blindness	5		

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

Yes - 1                      No - 2                      No response - 9

6. Where did you deliver your child?

Government hospital	1	At home	4
Private hospital	2	N.A.	8
PHC	3	No response	9

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

Nurse	1	N.A.	8
Trained Dai	2	No response	9
Relatives	3		

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. How many days after delivery, did you start breast-feeding the child?

Same day	1	After 4 days	4
After 1-2 days	2	N.A.	8
After 2-3 days	3	No response	9

11. When did you start giving supplementary food to the child?(In months)

No. of Months -----	N.A.	8	No response	9
---------------------	------	---	-------------	---

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, give food & fluid items as usual	1
Yes, give only fluid items to the child	2
Yes, give home made remedy	3
Other, specify	4
Nurse did not tell anything	5
N.A.	8
No response	9

14. Was your baby weighed immediately after birth?

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

15. Did you have any trouble immediately after delivery?

Fever	1	Other, specify	4	N.A.	8
Bleeding	2	No trouble	5	No response	9
White discharge	3				

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

Yes, from ANM	1	No treatment	5
Yes, from PHC	2	No trouble	6
Yes, Govt. dispensary	3	N.A.	8
Yes, Private dispensary	4	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?

No. of years-----                      Already sterilised - 8                      No response - 9

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

Yes, Cu-T	1	Has children but not advised	7
Yes, Oral pill	2	Do not have child and not advised	8
Yes, Condom	3	No response	9
Yes, more than one spacing method	4		

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

No	1	Yes, Condom	5
Yes, sterilisation	2	Yes, Others	6
Yes, Cu-T	3	No Response	9
Yes, Oral Pills	4		

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

Yes - 1      No - 2      Non-user - 3      No response - 9

22. Did you take any treatment in case of problems? If Yes, then from Where?

Yes, from PHC	1	No treatment taken	6
Yes, from Private doctor	2	Not Applicable	7
Yes, from government dispensary	3	Non user	8
Yes, from Vaid, home remedies	4	No response	9

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

Yes, Cu-T	1	No, using only one method	5
Yes, Oral Pill	2	No, never used any method	6
Yes, Condom	3	N.A.	8
Yes, Others	4	No response	9

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

White discharge	1	Other, specify	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

**INSTRUCTION 2: If the answer is 'No' then go to Question No. 38**

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 well equipped-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. Kindly give reasons for not going to the government dispensary?