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Reproductive Health Indicator Survey, 2010 Jharkhand

MAY 2010

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FOREWORD

The Innovations in Family Planning Services (IFPS) project was launched by USAID and the Government of India (GoI) in 1992, with the aim of increasing contraceptive use and promoting family planning; these objectives were later broadened to include other innovations. In Jharkhand, the IFPS project has introduced approaches to improve demand for, access to, and quality of reproductive health services in the state.

The Reproductive Health Indicator Survey (RHIS) during 2010, conducted by the IFPS Technical Assistance Project (ITAP) in Jharkhand, serves as a baseline for the second phase of the IFPS project. The survey provides evidence on the methods of family planning used, the reasons why one method was chosen over another, on maternal healthcare services accessed, on routes that led women to service delivery points, on women's awareness, where it existed, around birth spacing methods, and on women's exercise of their own choices and preferences.

Accessibility and availability of healthcare is often regarded as a reflection of a community's general health status. The survey's findings suggest that there is a long way to go to achieve improved family planning indicators, despite the progress made by the government programs and initiatives.

The survey highlights the need for an in-depth gap analysis, before focused and strategic interventions can be designed. The evidence base provided by this survey is essential for informing policy decisions, and helps in the planning and design of Jharkhand's Family Planning Strategy and other programs.

The survey findings reflect the fertility preferences of women, with the desire to stop childbearing being lowest among women who have no sons. Knowledge about family planning methods is universal in the state, including modern family planning methods, and there is a large unmet need for contraceptives among currently married women.

The coverage for full antenatal care is tragically low in the state, especially in rural areas. The quality of service delivery, in terms of the proportion of women visited by health workers, was also found to be low across the state. It was observed that trust in private sector health facilities was higher than government facilities, although the difference was not great.

Findings related to these sub-themes within the larger domain of reproductive health should contribute immensely in helping the government refine and redefine reproductive health service delivery systems. I would like to take this opportunity to congratulate the ITAP team for having done a commendable job with this survey, as in its other support for family planning in India.

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ABBREVIATIONS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
BPL	Below Poverty Line
CBR	Crude Birth Rate
CEB	Children Ever Born
CPR	Contraceptive Prevalence Rate
CS	Children Surviving
ECP	Emergency Contraceptive Pill
IEC	Information, Education and Communication
IFA	Iron and Folic Acid
IFPS	Innovations in Family Planning Services
IMR	Infant Mortality Rate
ITAP	IFPS Technical Assistance Project
IUD	Intrauterine Device
LHV	Lady Health Visitor
NRHM	National Rural Health Mission
OBC	Other Backward Class
PNC	Postnatal Care
PPP	Public-Private Partnership
PPS	Probability Proportional to Population Size
PSU	Primary Sampling Unit
RCH	Reproductive and Child Health
RHIS	Reproductive Health Indicator Survey
SC	Scheduled Caste
SDM	Standard Days Method
SRS	Sample Registration System
ST	Scheduled Tribe
TFR	Total Fertility Rate
TT	Tetanus Toxoid
USAID	United States Agency for International Development

FACT SHEET

Indicators	RHIS 2010		
	Place of Residence		
	All	Urban	Rural
Sample size			
Households	2,874	963	1,911
Currently married women	2,692	876	1,816
Household (HH) characteristics			
Percent HH with electricity	51.9	92.3	35.5
Percent HH with own flush toilet	20.7	62.6	3.7
Mean HH population size	6	5	6
Percent HH with *pucca* house	28.4	69.9	11.5
Percent HH with television	31.6	75.4	13.8
Percent HH with telephone	44.4	76.2	31.4
Percent HH with BPL card	30.1	12.1	37.3
Percent HH using government health facility	26.4	32.9	23.8
Mean distance (km) to any health facility	5	2	6
Reason for not utilizing government health facilities			
No nearby facility	46.6	46.8	46.6
Drug/Medicine not available	32.7	30.3	33.6
Doctor not available	13.9	16.3	13.0
Poor quality of care	28.2	32.9	26.6
Waiting time too long	12.7	12.7	12.7
Percent HH cover health insurance	2.2	3.8	1.5
Women characteristics *(Currently married aged 15-49)*			
Percent below 25 years	30.5	23.3	33.4
Percent illiterate	55.6	26.4	67.1
Percent completed 10+ grade	16.3	39.1	7.3
Fertility indicators			
Mean children ever born (CEB)	2.94	2.64	3.05
Mean children surviving (CS)	2.61	2.45	2.68

Indicators	RHIS 2010		
	Place of Residence		
	All	Urban	Rural
Current contraceptive use			
Any method (%)	50.7	63.5	45.7
Any modern method (%)	39.3	48.7	35.7
Pill (%)	2.6	5.2	1.6
IUD (%)	1.0	1.7	0.7
Condom (%)	3.4	6.0	2.3
Female sterilization (%)	31.6	34.0	30.7
Male sterilization (%)	0.6	1.4	0.3
Unmet need for family planning			
Percent unmet need	15.3	11.5	16.7
Percent unmet need for spacing[1]	8.0	5.2	9.0
Percent demand	65.8	75.1	62.1
Percent demand satisfied	76.7	84.7	73.1
Antenatal care*			
Any ANC care[2] (%)	94.5	98.3	93.4
ANC in first trimester (%)	44.6	77.1	34.3
Had adequate IFA tablets/syrup[3] (%)	36.5	52.9	31.6
Source of IFA tablets: Government (%)	52.0	31.4	60.0
Received adequate TT injection[4] (%)	91.3	97.7	89.4
Source of TT injection: Government (%)	66.5	37.4	75.8
All recommended type of antenatal care[5] (%)	21.2	44.9	14.0
Delivery care*			
Place of delivery			
Institutional delivery (%)	36.7	71.8	26.0
Government health facility (%)	17.8	25.4	15.5
Private health facility (%)	18.4	45.3	10.2
NGO health facility (%)	0.5	1.1	0.4
Home (%)	63.3	28.2	74.0
Assistance in delivery by health professionals (%)	44.3	79.2	33.7
Postnatal care			
Received postnatal care (within 6 weeks after birth) (%)	19.3	9.7	22.2
Quality of care			
Health worker's visit at home in last three months (%)	14.3	3.6	18.4
Visit to any health facility in last three months (%)	40.3	35.9	42.1
Discussion on family planning methods during contacts with health workers			
Any modern spacing method (%)	4.9	4.0	5.2
Sterilization (%)	6.1	4.0	6.9
Any modern method (%)	9.0	6.5	10.0

Indicators	RHIS 2010		
	Place of Residence		
	All	Urban	Rural
Exposure to mass media on FP/RH			
Percent listen to radio at least once a week	14.5	13.3	15.0
Percent watch television at least once a week	33.6	82.0	14.6
Percent read newspaper/magazines at least once a week	13.8	34.6	5.6
Percent seen/heard FP/RH messages on:			
Radio	13.2	9.9	14.5
Television	30.5	76.4	12.6
Newspaper	10.6	27.0	4.2
Poster/Banner	21.9	37.5	15.8
Bus/Van	5.5	6.4	5.2
Wall painting/wall writing	18.5	33.0	12.9

* Based on mothers who gave birth to a child during last two years preceding the survey. If more than one birth to a woman, information pertaining to the last child is considered.

[1] Includes women who are neither pregnant nor currently using any method of family planning but say they want to wait two or more years for their next birth. Women who are unsure whether they want another child or unsure when to have the birth, also included in unmet need for spacing.

[2] Includes those who have received only IFA tablets or TT injections.

[3] Received IFA tablets/syrup to last 100 days and consumed all of them.

[4] Received two TT injections during last pregnancy or one during last pregnancy and also received one before the last pregnancy of less than three years.

[5] Has three or more antenatal care visits, adequate IFA tablets/syrup and adequate TT injections.

EXECUTIVE SUMMARY

The Reproductive Health Indicator Survey (RHIS) 2010 was conducted in Jharkhand to provide information on the knowledge, availability and utilization of various family planning and reproductive healthcare services.

SAMPLE SIZE AND CHARACTERISTICS

The survey collected information from a state representative sample of 2,874 households and 2,692 respondents (currently married women aged 15-49 years) living in these households. The survey was designed and supervised by the IFPS Technical Assistance Project (ITAP) (2009-12). Data collection was carried out during the months of January and February 2010 by a sub-contracted organization.

A total of 15,827 individuals who stayed in the household the night before the interview were enumerated in the 2,874 RHIS 2010 sampled households. The average household size in the state is 5.5 persons. Ten percent of the households are headed by women. About 37 percent of the household population in the state is below 15 years of age, reducing the young age structure of the population. Almost one-fifth (21 percent) of the married women aged 20-49 years in the state were married below the age of 15 and 57 percent were married below the age of 18 years.

Regarding the type of dwelling, only 28 percent of households live in *pucca* houses. More than half (52 percent) of the households have electricity. Nearly one-fourth of the households have flush toilet facility. One-fifth of the households have tap water facility as the main source of drinking water, which varies from 12 percent in rural areas to 70 percent in urban areas. Forty-two percent of the households cook with wood and 13 percent cook with LPG/natural gas. Almost one-third of the respondents were of parity four or above in the state. The proportion of respondents with parity two is higher in urban areas (28 percent) compared with rural areas (18 percent). Literacy has increased substantially over time, as 43 percent of the currently married women are literate.

FERTILITY PREFERENCES

Half of the currently married women aged 15-19 years have already had a child and the mean number of children ever born is 3.1. Of the total pregnancies reported by the respondents, seven percent resulted in abortions and two percent resulted in stillbirths.

Nearly half (47 percent) of the women felt that there should be a gap of at least 36 to 47 months between two births. About two-fifths (38 percent) each of the women from urban areas, who have completed 12th grade education and above, and who belong to a higher economic strata reported the ideal gap of minimum of four years between two children.

Twenty-eight percent of the women said they would like to have another child. Twenty-nine percent reported that they do not want more children, an additional 36 percent cannot have another child because either the wife or the husband has been sterilized, and two percent stated that they cannot get pregnant. The desire to stop childbearing is observed more among women with four or more living children (91 percent) compared with women with two living children (72 percent). There is a marked preference for sons among women in the state, and the desire to stop childbearing, for every number of living children, is lowest among women who have no sons.

FAMILY PLANNING

Knowledge about any family planning method, including any modern family planning method, is universal in the state. Sixty percent of the respondents have ever used any method of contraception (74 percent in urban and 54 percent

in rural areas). Among those who have ever used any contraceptive, one-third (33 percent) have used it after having four or more children. Nearly one-fourth of the women have used contraceptives after the birth of their first child. Forty-six percent of the respondents were currently using a family planning method at the time of survey. Among those currently using family planning methods, 68 percent were sterilized and only 10 percent were using a modern spacing method. The proportion using modern spacing methods is higher (28 percent) in urban areas compared with rural areas (15 percent).

The major source of modern spacing methods, i.e. oral pills and condoms, is the private sector. However, 70 percent of sterilizations were performed in the public sector. The intention to use contraceptives is high; 22 percent of the non-users want to use them within one year and another 66 percent want to use them after one year. Of those intending to use contraceptives in future, 62 percent mentioned female sterilization, 17 percent oral pills and 4 percent condoms as their preferred choice. Only 77 percent of the demand for contraceptives among currently married women in the state has been met.

MATERNAL HEALTH

Forty-five percent of the respondents had registered for antenatal check-ups in the first trimester of their pregnancy. Quantum of full antenatal care is abysmally low in the state, especially in rural areas. Three-fourths of the mothers received iron and folic acid (IFA) supplements for their most recent birth. Only 37 percent of the women consumed the IFA supplements for at least 100 days. This percentage was universally low among all groups of women, except women who have been educated up to 12th grade and above, as well as women from households in the highest wealth quintile. Nine out of every 10 mothers received two or more tetanus toxoid (TT) injections during pregnancy for their most recent birth. Thirty-seven percent of the deliveries were institutional. Forty-four percent of the mothers sought assistance at delivery from a health professional, including 26 percent by a doctor and 17 percent by an auxiliary nurse midwife (ANM)/nurse or other health professional. Nearly one-fifth (19 percent) of the mothers who had delivered a child during the past two years were visited by a health worker/anganwadi worker (AWW). The proportion of women visited by a health worker three or more times was very low in the state.

MESSAGES ON HEALTHY PRACTICES

Exposure to mass media is far from universal in the state. In the urban areas, 73 percent of the women are exposed to any form of mass media, which dwindles to 18 percent in the case of rural women. Fifteen percent listen to radio, 34 percent watch television and 14 percent read newspaper at least once a week. Only 13 percent of the women have heard family planning or maternal and child health messages on radio during the three months preceding the survey. Thirty-one percent of the women have seen messages on television, but the urban-rural differential is much higher in this case (76 percent of the urban women and 13 percent of the rural). Other important sources of information are banners (22 percent)/wall paintings/ hoardings (19 percent), posters and messages on buses or van panels (6 percent). Among those who have heard/seen/read such messages, 74 percent observed messages on family planning, 66 percent on polio immunization, 32 percent on routine child immunization, 11 percent on child feeding and a meager 17 percent on antenatal/ postnatal care.

QUALITY OF HEALTHCARE

Only 14 percent of the currently married women aged 15-49 years were visited by a health worker at home within three months prior to the survey. Ninety-four percent of the health workers were affiliated to a government facility, and 79 percent of the service provided was related to immunization. In the three months preceding the survey, 40 percent of the women visited a health facility for themselves or their children. Of these, 60 percent visited a private health facility and only 32 percent visited a government facility. Almost all women had discussions with the health worker about family planning. Of those who discussed oral pills, in 61 percent of the cases, only the advantages were discussed, and in 25 percent of the cases, both merits and demerits were discussed. Regarding discussions on condoms, 78 percent discussed only the advantages and 13 percent discussed both the advantages and disadvantages. When discussing IUDs, 66 percent discussed only the advantages and 19 percent discussed both the advantages and disadvantages of the method.

Chapter 1

INTRODUCTION

1.1 BACKGROUND OF THE SURVEY

The United States Agency for International Development (USAID) is committed to improve the health and well-being of children and families in the developing world. A mother's health profoundly affects the health and well-being of her children. USAID's approach to improve maternal as well as newborn health includes community involvement, evidence-based innovative interventions, scaling up best practices and compassionate high quality services. Key interventions such as iron supplementation, malaria treatment, safe and clean delivery, and treatment of obstetric and newborn complications are improving health outcomes for mothers and infants around the world.

The Innovations in Family Planning Services (IFPS) project was implemented in Jharkhand to introduce innovative approaches to improve demand, access and quality of reproductive health services in the state. In October 2004, the second phase of the project was launched to reorient the project focus towards developing, demonstrating and documenting working models of public-private partnerships (PPPs) for improving reproductive and child health (RCH) services. A crucial aspect of this phase of IFPS is robustly documenting the process of implementing PPPs in the state, including their impact on RCH indicators. The use of evidence-based interventions is important in this approach. The IFPS Technical Assistance Project (ITAP) (2009-12) provides technical assistance in the areas of program planning, as well as monitoring and evaluation.

The RHIS Jharkhand was conducted to provide information on the availability and utilization of various family planning and reproductive healthcare services.

1.2 SOCIO-ECONOMIC AND DEMOGRAPHIC FEATURES

Jharkhand is the 28th state of the Indian Union. It was constituted on November 15, 2000, through the Bihar Reorganization Act. Jharkhand is spread across 79,714 square kilometers, of which about 29 percent is covered by forests. According to Census 2001, the state has 22 districts comprising 32,615 villages and 152 towns.

The population of Jharkhand is 26.9 million (Registrar General of India, 2001), which is three percent of the total population of the country. Seventy-eight percent of the population lives in rural areas. The population density per square kilometer in Jharkhand is 360. The proportion of scheduled caste (SC) population (12 percent) is lower and the scheduled tribe (ST) population (26 percent) is higher as against the corresponding figures at the country level. The sex ratio in the state is 941 (females per 1000 males). The state's overall literacy rate is 54 percent, higher in urban areas (79 percent) and lower in rural areas (46 percent). Female literacy is particularly low in the state, as only 39 percent of females are literate, which is again lower in rural areas (30 percent).

The Sample Registration System (SRS, 2009) estimates the infant mortality rate (IMR) in Jharkhand at 46 per 1,000 live births, compared with 53 per 1,000 live births at the country level. The crude birth rate (CBR) in Jharkhand is 26 percent and the SRS estimates the total fertility rate (TFR) as 3.5 births (SRS statistical report 2005).

1.3 OBJECTIVES OF THE SURVEY

The survey was designed to provide state level and urban-rural estimates. The major objective of

this survey is to provide information on contraceptive prevalence rate (CPR), perceptions regarding use of modern spacing methods, utilization of maternal healthcare services, use of IFA supplements, use of TT injections, quality of healthcare and exposure to mass media, especially to family planning and reproductive health messages.

1.4 QUESTIONNAIRES

Information on the indicators mentioned in Section 1.3 was collected using two types of questionnaires: Household and Women's. The questionnaires were bilingual, with questions in Hindi and English.

The **household questionnaire** was used to collect background information about the selected households and the members living in them. The questionnaire lists the usual residents in each sample household along with any visitors who stayed in the sample household the night before the interview. For each listed person, the survey collected basic information on age, sex, education, marital status, and relationship to the head of the household. Information was also collected on the health-seeking behavior of the household members, the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion of the household head, caste/tribe of the household head, ownership of house, ownership of agricultural land, ownership of livestock, and ownership of other selected household assets. The information on age, sex, and marital status of household members was used to identify the eligible women, for administering the women's questionnaire.

The **women's questionnaire** collected information from currently married women aged 15-49 years, who were usual residents of the sample household or visitors who had stayed in the sample household the night before the interview. The questionnaire addressed the details of the women's background characteristics (viz. age, marital status, education, occupation, spouse's education, spouse's occupation, and fertility history of the woman), knowledge and use of family planning methods, awareness and use of antenatal, natal and postnatal care services, quality of healthcare, and exposure to media.

1.5 SURVEY AND SAMPLE DESIGN

The determination of the overall sample size for RHIS was governed by factors including magnitude of the key indicators, the sub-groups for which the indicators are required, the desired level of precision of the estimates, the availability of resources, and logistical considerations. In order to attain these estimates, a sample size of 3,000 households is fixed for the state. To achieve reliable estimates for urban and rural areas, 2,000 households have been fixed for rural areas and 1,000 households have been fixed for urban areas. All eligible women (i.e. currently married women aged 15-49 years) from the selected households were interviewed to get the required information against the set objectives. Information regarding awareness and utilization of various maternal healthcare services such as antenatal, delivery and postnatal care was restricted to those eligible women who had delivered a child since July 1, 2007.

Village level information and population statistics from Census of India 2001 have been used as a sampling frame for the survey. A two-stage sample design was adopted in the baseline survey. The first stage involved systematic selection of primary sampling units (PSUs), which are villages or group of villages, with probability proportional to population size (PPS). Villages with less than 30 households were linked to adjoining villages, while the villages with more than 300 households were segmented for the study purpose. In case of segmentation, two segments were selected using systematic random sampling and were treated as a single PSU for household listing. The second stage involved the selection of households using systematic circular random sampling within each selected PSU. A total of 150 PSUs were selected: 100 PSUs (villages) from rural areas and 50 PSUs (census enumeration blocks) from urban areas. Twenty households per PSU were selected for detailed enquiry in both rural and urban areas.

ITAP sought Institutional Ethical Committee (Futures Group) approval before beginning the survey. The Committee approved the study with clearance to the questionnaires and study design.

Table 1 provides information on the total number of households

identified for the survey and the number of households from which necessary information was collected. In urban areas, out of 1,000 identified households, information could be collected from 963 households. Similarly, in the rural areas, out of 2,000 identified households, complete information could be collected from 1,911 households. Thus, in this survey, information has been gathered from 2,874 households. The household response rate, which is the percentage of households completed out of those identified, is slightly higher in urban areas (96.3) than in rural areas (95.6), for an overall response rate of 95.8.

From the 2,874 completed household interviews, 2,936 currently married women aged 15-49 years were identified for the interviews and 2,692 women were successfully interviewed. The eligible women's absence during the survey period was the major reason for non-response in the state. Hence, the overall eligible women's response rate in the state was 88 percent.

1.6 RECRUITING, TRAINING AND FIELDWORK

Several quality control measures were undertaken to ensure that the data quality is maintained as per expectation. To maintain uniformity in the data collection tools, all the survey tools including questionnaires and manuals were prepared by ITAP and translated into Hindi, the local language of the state. The field organization* was selected through competitive bidding to conduct the survey in the state.

* Refer Appendix 1

The field officers, household listing teams, and field survey teams were recruited by the field organizations and trained separately in three sessions, conducted during the month of January 2010 in the state. Household mapping and listing was carried out by teams, each team consisting of two members (one lister and one mapper), who were briefed in a two-day session. A week's training was organized for investigators for interviewing eligible women in selected households. The purpose of the training was to ensure uniformity in data collection procedures. All the investigators, who were at least graduate or equivalent in qualification, received intensive training on family planning and reproductive healthcare services with reference to the questionnaires.

The training sessions were facilitated by senior professionals from the field organizations and ITAP. The training included classroom sessions, which was followed by field practice to get the investigators acquainted with the practical aspect of the training received. The last day of training was utilized to recapitulate and summarize the learning of the preceding five days of training, and discuss the way ahead. Each field team comprised five members - three female investigators, one female field editor and one supervisor.

Data collection was carried out during the months of January and February 2010. The field coordinators appointed by field organizations were responsible for ensuring data quality by way of reviewing each filled-in schedule. In addition, the coordinators made frequent field visits to monitor the survey on the spot. A few

TABLE 1: RESULTS OF THE HOUSEHOLD AND INDIVIDUAL INTERVIEWS

Number of households, number of interviews with currently married women aged 15-49, and response rates, according to residence, RHIS, Jharkhand, 2010

Result	Urban	Rural	Total
Household interviews			
Households selected	1,000	2,000	3,000
Households interviewed	963	1911	2874
Household response rate[1]	96.3	95.6	95.8
Interviews with eligible women			
Number of eligible women	951	1985	2936
Number of eligible women interviewed	876	1816	2692
Eligible women response rate[2]	92.1	91.5	91.7
Overall eligible women response rate[3]	88.7	87.4	87.8

Note: Eligible women are currently women aged 15-49, who stayed in the household the night before the interview (including both usual residents and visitors). This table is based on the un-weighted sample.
[1] Households interviewed/households selected.
[2] Respondents interviewed/eligible respondents.
[3] (Household response rate X eligible women response rate)/100.

cases were also backtracked to check data quality. Supervision and monitoring visits were also conducted by ITAP Country and State Office personnel, and appropriate feedback was provided to the field teams.

1.7 DATA PROCESSING

The completed questionnaires were sent to the office of the field organization for editing and data entry. Data entry was carried out using the customized data entry package developed by ITAP, using Census and Survey Processing System (CSPro). These data sets were compiled at the ITAP Country Office and necessary consistency checks were carried out before generating the final set of tables. Sample weights were developed for adjusting the non-response and urban-rural proportions. Statistical Package for the Social Sciences (SPSS) software was used for generating the tables. Table 1 is based on the un-weighted sample, while all other tables are based on the weighted sample, unless otherwise specified.

Chapter II

HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This chapter provides a profile of the demographic and socio-economic characteristics of the sample households and the characteristics of eligible women (currently married women aged 15-49 years) in the state.

2.1 HOUSEHOLD POPULATION BY AGE AND SEX

Age and sex are basic demographic characteristics which play an important role in the study of family health, mortality, fertility, and nuptiality. Table 2 shows the distribution of the de facto household population in five-year age groups by residence and sex. A total of 15,827 individuals, usual residents and visitors, were enumerated in the 2,874 RHIS sample households. The sex ratio of the population is 930 females per 1,000 males. The sex ratio is higher in rural areas (931 females per 1,000 males), than in urban areas (926 females per 1,000 males), which is in keeping with the greater share of males in the rural-urban migration flow.

The age structure of the population is typical of a developing country which has experienced declining mortality and fertility, with faster decline in fertility in its more recent history (Figure 1). More than one-third of the population (37 percent) is below 15 years of age and eight percent is above 59 years, with the remaining 56 percent in the 15-59 age group. Children below the age of 15 comprise a larger proportion of the population in rural areas (40 percent) than in urban areas (30 percent), indicative of higher rural fertility.

2.2 EDUCATIONAL ATTAINMENT

Education is not just a key socio-economic factor that can significantly influence individual behavior and attitudes, but is also a fundamental indicator of human capital development. According to Table 2, almost one-third (34 percent) of the population in Jharkhand is illiterate, 53 percent in rural areas and 16 percent in urban areas.

A large proportion of the population continues to have little or no education, and this proportion is much higher for females than males. Among the population aged six and above, 44 percent of females and 23 percent of males have never attended school, and 19 percent of females and 20 percent of males have less than five years of completed education.

Seven percent of females and 14 percent of males have completed 12 or more years of schooling; six percent of females and 12 percent of males have completed 10-11 years of schooling. Thus, only 13 percent of females and 26 percent of males aged six and above have completed 10 or more years of education. Although educational attainment in rural areas is lower than in urban areas for both females and males, the urban-rural differential is greater for females than males. For females, the urban-rural differential in the median years of schooling is seven years, whereas for males, it is five years.

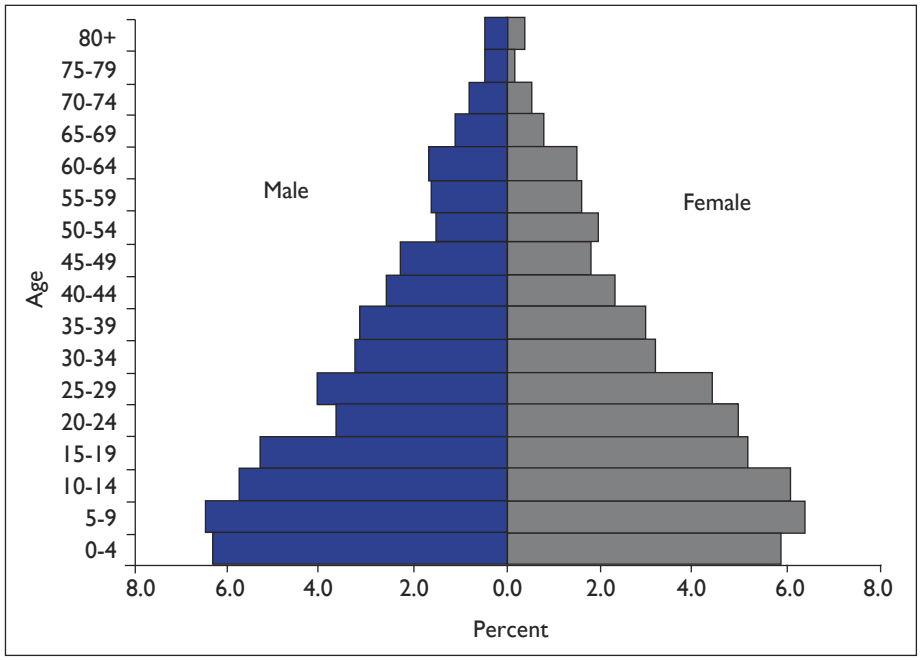
TABLE 2: HOUSEHOLD POPULATION BY AGE, EDUCATION, SEX AND RESIDENCE

Percent distribution of the de facto household population by age and education, according to residence and sex, RHIS, Jharkhand, 2010

Background Characteristics	Urban			Rural			Total		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
Age									
0-4	9.8	9.4	9.6	14.2	12.8	13.5	12.5	11.8	12.4
5-9	10.1	9.3	9.7	13.5	14.1	13.8	12.9	12.8	12.6
10-14	10.0	11.2	10.6	12.0	12.6	12.3	11.4	12.2	11.8
15-19	10.8	11.5	11.1	10.3	9.8	10.0	10.5	10.3	10.4
20-24	8.6	11.9	10.2	6.8	9.1	7.9	7.3	9.9	8.6
25-29	8.9	9.5	9.2	7.7	8.6	8.1	8.1	8.8	8.4
30-34	7.4	6.9	7.2	6.1	6.0	6.1	6.5	6.3	6.4
35-39	6.9	6.2	6.6	6.1	5.8	5.9	6.3	5.9	6.1
40-44	6.0	5.2	5.6	4.8	4.3	4.6	5.1	4.6	4.9
45-49	5.5	4.6	5.1	4.2	3.1	3.7	4.5	3.6	4.1
50-54	3.7	4.1	3.9	2.8	3.9	3.3	3.0	3.9	3.5
55-59	3.9	3.6	3.7	2.9	3.0	3.0	3.2	3.2	3.2
60-64	3.4	2.8	3.1	3.2	3.0	3.1	3.3	3.0	3.1
65-69	2.1	1.5	1.8	2.2	1.7	1.9	2.2	1.6	1.9
70-74	1.6	1.0	1.3	1.6	1.1	1.3	1.6	1.1	1.3
75-79	0.5	0.5	0.5	0.8	0.4	0.6	0.7	0.4	0.6
80+	0.8	0.7	0.7	0.9	0.7	0.8	0.9	0.7	0.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	2,294	2,209	4,503	5,643	5,681	11,324	7,937	7,890	15,827
Sex ratio, all ages[1]	NA	NA	926	NA	NA	931	NA	NA	930
Sex ratio, age 0-6 years[1]	NA	NA	963	NA	NA	1007	NA	NA	994
Education[2]									
No education	9.0	24.1	16.4	29.5	52.7	41.2	23.3	44.4	33.9
<5 years complete	16.0	15.8	15.9	22.4	20.5	21.4	20.4	19.1	19.8
5-9 years complete	28.3	28.3	28.3	31.6	21.2	26.4	30.6	23.3	27.0
10-11 years complete	17.9	13.4	15.7	9.3	3.3	6.3	11.9	6.3	9.1
12 or more years complete	28.8	18.3	23.6	7.2	2.2	4.7	13.7	6.9	10.3
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	2,019	1,953	3,972	4,665	4,765	9,429	6,684	6,718	13,401

NA = Not applicable
[1] Females per 1,000 males
[2] Population aged 6 and above

FIGURE 1: POPULATION PYRAMID



RHIS, Jharkhand, 2010

2.3 MARITAL STATUS OF HOUSEHOLD POPULATION

The RHIS collected information on the marital status of all household members aged 10 and above (Table 3). Among females aged 10 and above, 62 percent are currently married and 29 percent have never been married. The proportion never married is higher for males (41 percent) than for females (29 percent). The proportion of divorced/separated is negligible and the widowed are limited to the older age groups. Thirty-two percent of the females aged 50 or above, but only nine percent of the males in that age group, are widowed.

To arrive at the percentage of persons who marry young, it is important to study the proportion of ever married in the 15-19 age group. At ages 15-19, the proportions currently married are 29 percent for females and two percent for males. By the age of 25-29 years, almost all females (92 percent), but only 69 percent of the males, are married, which indicates that women in Jharkhand marry at a younger age than men.

2.4 HOUSEHOLD CHARACTERISTICS

Access to basic amenities, such as proper housing, safe drinking water and sanitation, and clean cooking fuel, is not only an important measure of the socio-economic status of the household, but is also fundamental to the health of its members. Table 4 shows that the average size of these households in the state is about 5.5 persons, slightly larger in rural areas (5.5 persons) than in urban areas (5.4 persons).

TABLE 3: MARITAL STATUS OF THE HOUSEHOLD POPULATION

Percent distribution of household population (10+ years) by marital status, according to age and sex, RHIS, Jharkhand, 2010

Age	Marital Status				Total Percent	Number
	Never Married	Currently Married	Widowed/ Widower	Divorced/ Separated		
			Male			
10-14	99.3	0.1	0.1	0.6	100.0	908
15-19	97.1	1.9	0.8	0.9	100.0	829
20-24	71.1	27.2	0.6	0.9	100.0	580
25-29	30.1	68.7	0.5	0.6	100.0	639
30-34	9.8	88.6	1.1	1.2	100.0	517
35-39	3.1	95.5	1.3	0.2	100.0	501
40-44	1.0	97.0	2.4	0.6	100.0	409
45-49	1.7	94.5	3.3	0.6	100.0	361
50+	0.9	89.1	9.4	0.6	100.0	1,174
All ages	40.5	56.3	5.3	0.7	100.0	5,918
			Female			
10-14	97.2	1.8	0.1	0.9	100.0	962
15-19	70.7	27.4	0.1	1.9	100.0	809
20-24	20.8	77.3	0.8	1.2	100.0	778
25-29	4.9	92.3	1.3	1.6	100.0	695
30-34	1.6	93.5	3.8	1.0	100.0	495
35-39	1.4	93.4	4.2	1.0	100.0	467
40-44	1.9	92.1	3.9	2.2	100.0	360
45-49	1.7	83.4	13.7	1.2	100.0	281
50+	0.8	66.4	31.6	1.2	100.0	1,103
All ages	29.2	61.9	7.6	1.3	100.0	5,950
15-49	20.4	75.4	2.7	1.4	100.0	3,885

In terms of household composition, 10 percent of households are headed by women, a phenomenon observed more in rural areas (10 percent) compared with urban areas (8 percent). Nearly three-fourths of the household heads are Hindus, 15 percent are Muslims and remaining household heads belong to 'other' religions.

Thirty-six percent of the households belong to SCs/STs (as determined by the caste status of the household head) and 47 percent belong to other backward classes (OBCs). More households in rural than in urban areas belong to SCs/STs and OBCs. Thirty-four percent of the urban households belong to the 'other' caste/tribe category, compared with 11 percent of rural households.

Information on housing characteristics such as availability of electricity, type of house, and type of fuel used for cooking is provided in Table 4. Almost half (52 percent) of the households in the state have electricity and 48 percent use kerosene as the source of lighting. However, the proportion of households with electricity varies widely by place of residence. Ninety-two percent of households in urban areas have access to electricity, compared with only 32 percent of rural households. Fifty-four percent of households live in *kutcha* houses (houses made from mud, thatch, or other low quality materials), 18 percent live in semi-*pucca* houses (houses that use partly low-quality and partly high-quality materials), and the remaining 28 percent live in *pucca* houses (houses made with high quality materials, including the floor, roof and exterior walls) in the

TABLE 4: HOUSEHOLD CHARACTERISTICS

Percent distribution of urban, rural and total households according to housing characteristics, RHIS, Jharkhand, 2010

Household and Housing Characteristics	Urban	Rural	Total
Household headship			
Male	92.0	89.7	90.4
Female	8.0	10.3	9.6
Mean household size	5.4	5.5	5.5
Religion of household head			
Hindu	74.3	72.1	72.8
Muslim	18.0	13.4	14.7
Other	7.8	14.4	12.5
Caste/Tribe of household head			
SC/ST	21.9	41.2	35.7
OBC	43.8	48.0	46.8
Other	34.3	10.8	17.6
Main source of energy for lighting			
Electricity	92.3	35.5	51.9
Kerosene	7.4	63.9	47.6
Other	0.3	0.6	0.5
Type of house[1]			
Pucca	69.9	11.5	28.4
Semi-*pucca*	17.5	18.0	17.8
Kutcha	12.6	70.5	53.8
Sanitation facility			
Flush toilet	70.8	4.3	23.5
Pit toilet/latrine	2.2	2.2	2.2
No facility/Open space/Field	26.8	93.3	74.1
Other	0.2	0.1	0.1
Main source of drinking water			
Tap water	61.5	4.2	20.7
Hand pump	22.8	49.2	41.6
Well/Tubewell/Borehole	15.4	42.3	34.5
Other source	0.3	4.4	3.2
Main source of energy for cooking			
Liquefied Petroleum Gas (LPG)	40.5	1.1	12.5
Wood	9.2	55.9	42.4
Dung cakes	1.4	15.5	11.4
Other	48.9	27.5	33.7
Total percent	**100**	**100**	**100**
Number of households			
Weighted	830	2,044	2,874
Un-weighted	963	1,911	2,874

[1] Houses made from mud, thatch, or other low quality materials are called *kutcha* houses, houses that use partly low quality and partly high quality materials are called semi-*pucca* houses, and houses made with high quality materials throughout, including the floor, roof, and exterior walls are called pucca houses.

state. A majority of the urban families live in *pucca* houses (70 percent), whereas more rural families live in *kutcha* houses (71 percent).

About three-fourths of the households in the state have no toilet facilities, from 27 percent of the urban households to 93 percent of the rural households. Nearly one-fourth of the households have flush toilet facility, more so in urban areas (71 percent) than rural areas (4 percent). Almost one-fifth of the households have tap water facility as a main source of drinking water, varying from four percent in rural areas to 62 percent in urban areas. Forty-three percent of the households source their drinking water from hand pumps followed by 35 percent from wells/tubewells. Forty-two percent of the households cook with wood and 13 percent cook with LPG/natural gas. Use of wood for cooking is more prevalent in rural areas (56 percent), while use of LPG/natural gas is more common in urban areas (41 percent).

2.5 HOUSEHOLD POSSESSIONS

In order to further assess the living standard of the population, the RHIS collected information on household ownership of 19 different types of durable goods, four different means of transportation and coverage by a health scheme. Households were also asked if they had a below poverty line (BPL) card which is issued by the government and identifies households below the official poverty line.

According to Table 5, of the household items listed in the questionnaire, only a few are owned by a majority of the households:

TABLE 5: HOUSEHOLD POSSESSIONS, OWNERSHIP OF AGRICULTURAL LAND, AND WEALTH QUINTILE

Percentage of urban, rural, and total households possessing various household goods, means of transport, agricultural land, a house and farm animals and health insurance, a BPL card, and percent distribution by the wealth quintile, RHIS, Jharkhand, 2010

Household Possessions	Urban	Rural	Total
Household goods			
Mattress	63.6	10.9	26.1
Pressure cooker	65.3	6.5	23.5
Mixer/Grinder	35.0	1.6	11.3
Chair	78.8	36.6	48.8
Cot or bed	97.5	88.7	91.3
Table	68.9	18.7	33.2
Clock/Watch	91.0	54.7	65.2
Electric fan	82.7	17.5	36.3
Radio or transistor	13.4	12.3	12.6
Sewing machine	28.1	3.8	10.8
Landline telephone	14.0	1.9	5.4
Mobile telephone	74.5	29.9	42.8
Refrigerator	33.7	1.4	10.7
Television (black and white)	16.7	7.5	10.2
Television (color)	61.2	7.1	22.7
Water pump	9.8	6.8	7.7
Thresher	0.5	1.2	1.0
Means of transport			
Bicycle	55.4	55.5	55.4
Motorcycle or scooter	37.6	6.0	15.1
Animal-drawn cart	1.1	4.5	3.5
Car	8.3	1.3	3.3
Tractor	0.3	0.4	0.4
Own a house			
Same house	65.4	99.4	89.5
Another house	32.2	0.6	9.8
Percentage owning agriculture land	28.7	70.5	58.4
Percentage owning farm animals[1]	17.4	72.2	56.4
Percentage covered by a health scheme/health insurance[2]	3.8	1.5	2.2
Percentage owning a BPL card	12.1	37.3	30.1
Wealth quintile			
Lowest	0.2	28.1	20.0
Low	2.0	27.3	20.0
Medium	7.2	25.2	20.0
High	28.3	16.6	20.0
Highest	62.3	2.8	20.0
Total	**100.0**	**100.0**	**100.0**
Number	830	2,044	2,874

BPL = Below poverty line

[1] Cows, bulls, buffaloes, camels, horses, donkeys, mules, goats, sheep, chicken, or ducks

[2] Any usual household member

cot/bed (91 percent), watch/clock (65 percent), chair (49 percent), electric fan (36 percent) and mattress (26 percent). One-third of the households have a television, 13 percent have a radio or a transistor, and 48 percent have a telephone. In general, households in rural India are much less likely to possess televisions, telephones or refrigerators. A small proportion of both rural and urban households possess a water pump (8 percent).

Bicycles continue to be the most commonly owned means of transport, owned by 55 percent of households in the state. More than one-third (38 percent) of urban households own a motorcycle or a scooter, and eight percent own a car. By contrast, six percent of rural households own a motorcycle or a scooter, five percent own an animal-driven cart, and only one percent owns a car. Nearly three out of five households (58 percent) own agricultural land and a similar proportion (56 percent) own farm animals. The trend of owning agricultural land and livestock is observed more in rural households as compared with urban households.

Only a small proportion of households (2 percent) are covered under any health scheme or insurance. The proportion of urban households covered under a health scheme or insurance is four percent, compared with only two percent of rural households. Thirty percent of the households possess a BPL card. In rural areas, the proportion of households possessing a BPL card (37 percent) is three times more than that in urban areas (12 percent).

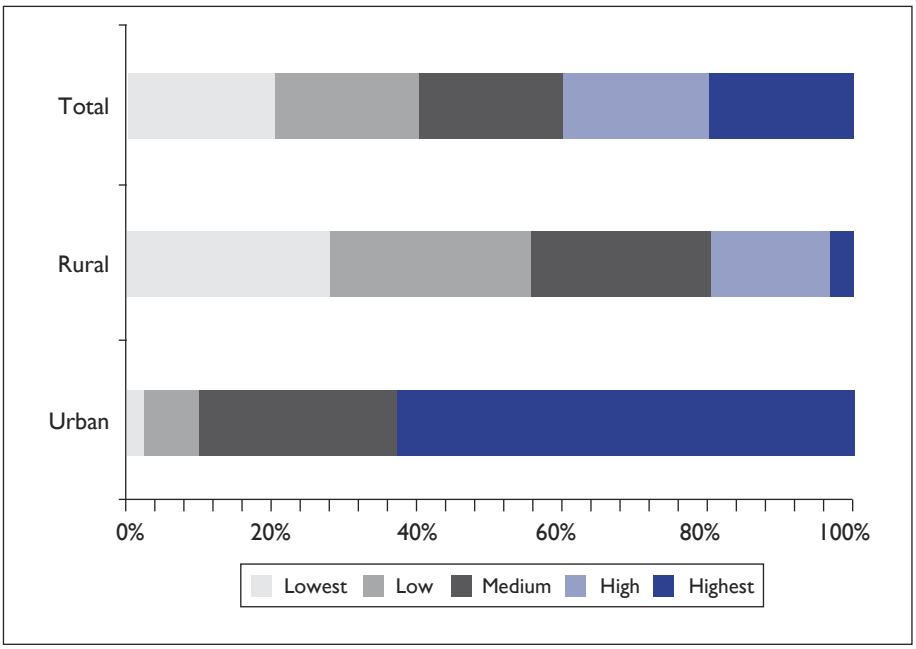
2.6 WEALTH QUINTILE

One of the background characteristics used throughout this report is an index of the economic status of households called the wealth quintile, which is an indicator of the level of wealth that is consistent with expenditure and income measures (Rutstein, 1999). The economic index was constructed using household asset data and housing characteristics.[1]

Each household asset is assigned a weight (factor score) generated through principal components analysis, and the resulting asset scores are standardized in relation to a normal distribution with a mean of zero and standard deviation of one (Gwatkin et al., 2000). Each household is, then, assigned a score for each asset, and the scores are summed for each household; individuals are ranked according to the score of the household in which they reside. The sample is then divided into quintiles, i.e. five groups with an equal number of individuals in each.

Table 5 and Figure 2 present the population distribution in wealth quintiles by urban-rural residence. Sixty-two percent of the urban population lies in the highest wealth quintile, while only three percent of the rural populace falls in the highest wealth quintile.

FIGURE 2: HOUSEHOLD WEALTH QUINTILES



RHIS, Jharkhand, 2010

[1] The RHIS wealth quintile is based on the following assets and housing characteristics: household electrification; type of house; drinking water source; type of toilet facility; cooking fuel; house ownership; owning health insurance; owning agriculture land, owning livestock; and ownership of a mattress, a pressure cooker, a chair, a cot/bed, a table, an electric fan, a radio/transistor, a black and white television, a color television, a sewing machine, a mobile telephone, any other telephone, a refrigerator, a watch or clock, a bicycle, a motorcycle or scooter, an animal-drawn cart, a car, a water pump, a thresher, and a tractor.

2.7 CHARACTERISTICS OF CURRENTLY MARRIED WOMEN

Almost half (51 percent) of the women aged 15-29 years and nearly one-fifth (19 percent) aged 40-49 years were interviewed in the state (Table 6). The age distribution of the respondents was similar, except that the proportion of rural respondents in the 15-19 age group (10 percent) was more than twice as high as the proportion of urban respondents in that age group (5 percent). The proportion of rural respondents aged 20-29 years was also somewhat higher (44 percent) than the proportion of urban respondents in that age group (40 percent). This trend of higher proportion of younger respondents, especially aged 15-24 years, in the rural segment as compared with the urban is largely a consequence of underage marriages in rural areas.

Almost one-third (34 percent) of the respondents were of parity four or above. The proportion of respondents with parity two was higher in urban areas (28 percent) compared with rural areas (18 percent). There was not much of a rural-urban difference among the respondents with regard to parity. However, the proportion of zero parity women was 10 percent. Interestingly, there was no significant difference in parity of women over the time.

The education level of the respondents and their husbands has an impact on demographic and health-seeking behavior. Fifty-six percent of the currently married women aged 15-49 years are not educated. The proportion of

TABLE 6: BACKGROUND CHARACTERISTICS OF RESPONDENTS

Percent distribution of currently married women aged 15-49 years by selected background characteristics, according to place of residence, RHIS, Jharkhand, 2010

Background Characteristics	Residence[1]			Number of Women	
	Urban	Rural	Total	Weighted	Un-weighted
Age					
15-19	4.6	9.8	8.3	224	228
20-24	18.7	23.6	22.2	598	589
25-29	20.8	20.6	20.7	557	556
30-34	17.2	15.5	16.0	431	431
35-39	15.3	13.1	13.7	370	376
40-44	12.7	10.9	11.4	307	305
45-49	10.6	6.4	7.6	205	207
Parity					
0	8.9	10.9	10.4	279	290
1	17.5	14.6	15.4	415	428
2	28.0	18.4	21.1	569	580
3	19.9	18.2	18.7	504	508
4+	25.6	37.8	34.4	925	886
Education					
Illiterate	26.4	67.1	55.6	1,498	1,464
Lit (<8th grade)	18.6	16.0	16.7	450	453
Lit (8-11th grade)	29.9	13.3	17.9	483	494
Lit (12+ grade)	24.4	3.2	9.2	247	266
Other (Non-Formal)	0.7	0.5	0.5	14	15
Religion					
Hindu	73.6	74.7	74.4	2,003	2,035
Muslim	19.1	13.1	14.8	399	359
Other	7.3	12.1	10.8	290	298
Caste/Tribe					
SC/ST	20.0	38.7	33.4	899	894
OBC	46.4	50.9	49.6	1,336	1,333
Other	33.6	10.5	17.0	457	465
Work status					
Home-maker/ Not working	90.4	73.5	78.3	2,108	2,155
In agricultural sector	0.8	14.4	10.6	284	263
In non-agricultural sector	8.8	12.1	11.1	300	274
Total percent	**100.0**	**100.0**	**100.0**	**NA**	**NA**
Number of women					
Weighted	758	1,934	2,692	2,692	NA
Un-weighted	876	1,816	2,692	NA	2,692

[1] Weighted percent
NA: Not applicable

illiterates in the rural area (67 percent) is much higher than in urban areas (26 percent). Seventeen percent of the eligible women have less than middle school (less than 8th grade) education, 18 percent have completed middle and high school (up to, but not including, higher secondary i.e. 12th grade) and only nine percent of the respondents have higher secondary education and above (12th grade and above). There are small urban-rural differences in the proportion of women who are educated up to, but not including, middle school (less than 8th grade). However, at higher educational levels, differences are much more pronounced by residence and the percentage is much higher in urban areas. Thirty percent of the urban respondents are educated up to middle school and above (8th grade and above), while in rural areas, only 13 percent of the respondents have the same qualifications.

The majority of respondents are Hindu (74 percent). More Muslim respondents were interviewed from urban areas (19 percent) than rural areas (13 percent), while more rural respondents belong to 'other' religions, than urban. One-third of the respondents belong to SCs/STs, while half of the respondents belong to OBCs.

The RHIS also questioned women regarding their employment status. More than three-fourths (78 percent) were not working or were home-makers at the time of survey in the state. Eleven percent of the respondents were working in agricultural and non-agricultural sector.

Chapter III

MARRIAGE AND FERTILITY

Fertility levels in most populations can be explained by key proximate determinants that define the risk of becoming pregnant. This chapter addresses some factors other than contraception that influence fertility. Marriage is a principal indicator of women's exposure to the risk of pregnancy. Early age at marriage in a population is usually associated with a longer period of exposure to the risk of pregnancy and higher fertility levels.

3.1 AGE AT FIRST MARRIAGE

Table 7 shows the percentage of eligible women who were married by specific ages, the median age at first marriage and first cohabitation with spouse, according to current age.

Marriage occurs relatively early in the state. More than one-fifth (21 percent) of women aged 20-49 years married before the age of 15, 57 percent married before the legal minimum marriage age of 18, and four out of five (80 percent) married before the age of 20.

There has been a steady rise in age at first marriage, which is reflected in the gradual decline in the proportion of women married by ages 15, 18 and 20 years from the oldest to the youngest age groups. A particularly notable decline is seen in the proportions married by age 15 in the three youngest age groups, from 19 percent of women aged 25-29 years to 17 percent of women aged 15-19 years.

However, the median age at first marriage in the state has not increased significantly, and a considerable proportion of women still marry below the legal minimum age at marriage. The median age at first marriage among women aged

TABLE 7: AGE AT FIRST MARRIAGE

Percentage of currently married women aged 15-49 years who were first married below specific ages, and median age at first marriage, first cohabitation with spouse, according to current age, RHIS, Jharkhand, 2010

Current Age	Percentage Married before Age					Number of Respondents	Median Age at First Marriage	Median Age at First Cohabitation
	15	18	20	22	25			
15-19	16.5	NA	NA	NA	NA	224	O	O
20-24	17.4	52.7	75.0	NA	NA	598	17.0	17.0
25-29	19.1	55.1	78.7	87.3	94.3	557	17.0	17.0
30-34	23.3	55.5	79.4	89.1	94.6	431	16.0	17.0
35-39	23.8	59.3	83.0	90.4	95.1	370	17.0	17.0
40-44	25.2	61.0	85.0	91.2	95.6	307	16.0	17.0
45-49	29.8	62.3	85.6	95.3	97.6	205	16.0	17.0
20-49	20.5	56.8	79.5	NA	NA	2,468	17.0	17.0
25-49	21.5	57.3	81.0	90.1	95.4	1,870	17.0	17.0

NA = Not applicable due to censoring.
O = Omitted because less than 50 percent of the women were married, began living with their spouse, or had sex for the first time before reaching the beginning of the age group.

20-49 years is 17 and the median age at first cohabitation is also 17.

The *gauna* system prevails primarily in communities where the age at marriage is very young. Per the belief system, women either do not start living with their husbands immediately after marriage, or return to their parental home after only a couple days of living with the husband (actual cohabitation with their husband starts after a gap of a few months or even one or more years). Over time, however, there has been a considerable increase in the median age at first marriage. The median age at first marriage in India is almost one year higher for women aged 20-24 years than for women aged 45-49 years. The increase in the median age at first cohabitation is just over one year. The difference between the median age at first marriage and the median age at first cohabitation is not more than one year among women in any age group.

3.2 AGE AT FIRST BIRTH

The age at which women start childbearing is an important demographic determinant of fertility. A higher median age at first birth is an indicator of lower fertility.

Table 8 shows the median age at first birth, according to selected background characteristics. Among all women aged 25-49 years, the median age at first birth is one year higher in urban areas than in rural areas. The median is about the same (19 years) for Hindus and Muslims, but it is considerably higher for 'other' religions (20 years).

Women from SCs or STs and OBCs have the same median age at first birth (19 years) and women who do not belong to any of these categories have the highest median age (20 years).

The median age at first birth is four years higher among women who have completed 12th grade and more years of schooling than for illiterate women (Figure 3). The median age at first birth increases steadily with wealth quintiles. The median is more than two years higher for women in households in the highest wealth quintile than for women belonging to the lowest wealth quintile.

3.3 CHILDREN EVER BORN AND LIVING

The number of children a woman has ever borne is a measure of fertility. Since it reflects fertility in the past, it provides a somewhat different picture of fertility levels, trends, and differentials than period measures of fertility such as CBR and TFR. Table 9 shows the percent distribution of currently married women by the number of children ever born (CEB).

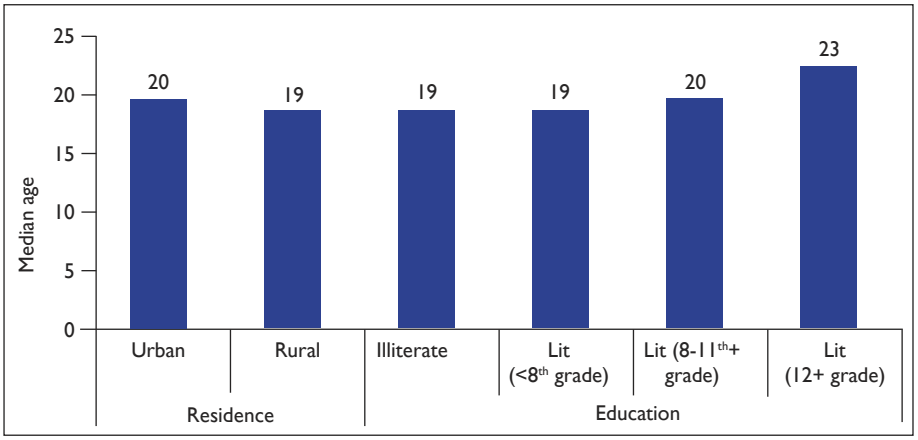
Among women aged 15-49 years, the mean number of CEB is 2.9

TABLE 8: MEDIAN AGE AT FIRST BIRTH

Median age at first birth among currently married women aged 20-49 years by current age, according to selected background characteristics, RHIS, Jharkhand, 2010

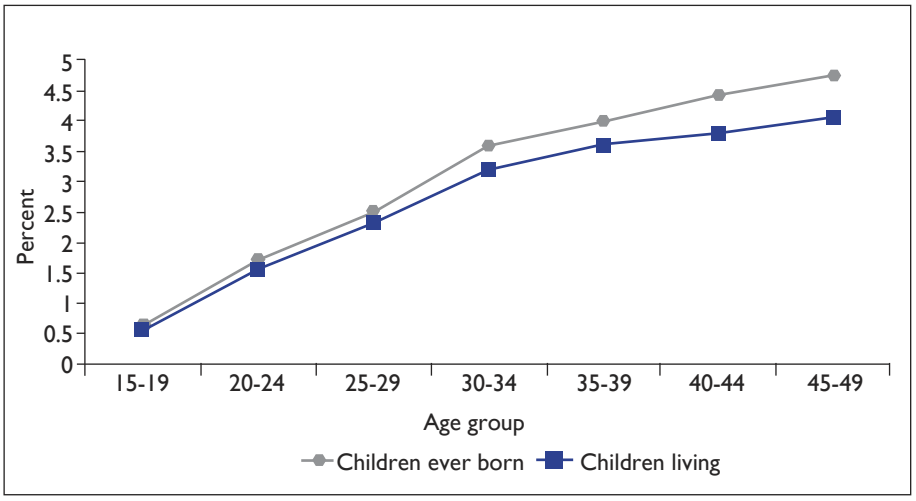
Background Characteristics	Current Age					Number of Women
	20-24	25-29	30-34	35+	20-49	
Place of residence						
Urban	19	21	20	20	20	690
Rural	19	19	19	20	19	1,723
Religion						
Hindu	19	19	19	20	19	1,786
Muslim	19	20	19	20	19	365
Other	19	21	20	20	20	262
Caste/Tribe						
SC/ST	19	19	19	20	19	803
OBC	19	19	19	19	19	1,200
Other	19	20	20	21	20	410
Education						
Illiterate	18	19	19	19	19	1,376
Lit (<8th grade)	19	19	18	19	19	400
Lit (8-11th grade)	20	20	20	20	20	414
Lit (12+ grade)	21	23	23	23	23	208
Wealth quintile						
Lowest	18	19	19	20	19	432
Low	19	19	19	19	19	462
Medium	19	19	19	19	19	505
High	19	19	19	20	19	512
Highest	20	22	21	20	21	503
Total	**19**	**19**	**19**	**20**	**19**	**2,413**

FIGURE 3: MEDIAN AGE AT FIRST BIRTH AMONG WOMEN AGED 20-49 YEARS



RHIS, Jharkhand, 2010

FIGURE 4: CHILDREN EVER BORN AND LIVING



RHIS, Jharkhand, 2010

for currently married women. The mean number of CEB increases steadily with age, reaching a high of 4.7 children for currently married women aged 45-49 years (Figure 4). As per the data collected, early childbearing is fairly common in Jharkhand. Nearly half of the currently married women aged 15-19 years have already had a child.

For women aged 45-49 years, the number of CEB is of particular interest because these women have virtually completed their childbearing days. Among currently married women in this age group, 14 percent have reached the end of childbearing with three CEB, and 72 percent have four or more live births. Only two percent of the currently married women aged 45-49 years have never given birth, which suggests that primary infertility (i.e. the proportion of couples who are unable to have any children) is low in the state.

For all women aged 15-49 years, the average number of dead children per woman is 0.33, implying that 11 percent of CEB to currently

TABLE 9: CHILDREN EVER BORN AND SURVIVING

Percent distribution of currently married women aged 15-49 years by CEB, mean number of children ever born and surviving, according to age, RHIS, Jharkhand, 2010

Age	Children Ever Born					Total Percent	Number of Women	Mean Number of CEB	Mean Number of Children Surviving
	0	1	2	3	4+				
15-19	50.3	40.4	8.2	0.4	0.7	100.0	224	0.61	0.56
20-24	16.9	29.7	29.8	16.7	6.9	100.0	598	1.70	1.56
25-29	6.7	14.1	31.4	26.4	21.3	100.0	557	2.50	2.31
30-34	2.4	9.1	17.5	19.3	51.6	100.0	431	3.59	3.18
35-39	2.1	4.1	17.3	22.1	54.3	100.0	370	4.00	3.60
40-44	1.7	2.8	12.7	20.0	62.8	100.0	307	4.42	3.79
45-49	2.1	2.4	9.2	14.1	72.1	100.0	205	4.73	4.05
15-49	10.4	15.4	21.1	18.7	34.4	100.0	2,692	2.94	2.61

married women have died. The proportion of CEB who have died increases with the increase in the mother's age. For currently married women, the proportion of CEB who have died increases from eight percent at age 20-24 to 14 percent at age 45-49.

3.4 PREGNANCY WASTAGE

In any survey, it is more difficult to collect retrospective information on pregnancies than on live births, particularly on pregnancies spontaneously aborted within the first few months after conception. The total number of pregnancies and the percentage of all pregnancies that end in spontaneous abortions are almost certainly underestimated, and should not be subject to very intensive interpretation. Stillbirths are probably much more accurately reported than abortions. Reports of induced abortions may be suppressed by respondents, or induced abortions may be reported as spontaneous abortions, so that the actual incidence of induced abortions may be much higher than what was reported.

Of the total pregnancies reported by sample respondents, seven percent resulted in abortions and two percent resulted in stillbirths (Table 10). The pregnancies resulted in abortions reported more by respondents living in urban areas (9 percent) compared with respondents living in rural areas (6 percent). Respondents who experienced both abortion and stillbirth were in negligible proportion (less than one percent).

TABLE 10: STILLBIRTH AND ABORTION

Percentage of currently married women aged 15-49 years who reported stillbirth and abortion during their lifespan by place of residence according to age, RHIS, Jharkhand, 2010

Age	Only Stillbirth	Only Abortion	Both Stillbirth and Abortion	Number of Women
		Urban		
15-19	1.0	7.9	0.0	177
20-34	0.0	9.1	0.6	288
35-49	0.9	9.8	1.1	293
Total	**0.6**	**9.1**	**0.6**	**758**
		Rural		
15-19	1.6	4.4	0.4	645
20-34	1.8	6.6	0.6	700
35-49	2.7	8.4	1.3	589
Total	**2.0**	**6.4**	**0.7**	**1,934**
		Total		
15-19	1.5	5.1	0.3	822
20-34	1.3	7.3	0.6	988
35-49	2.1	8.8	1.2	882
Total	**1.6**	**7.1**	**0.7**	**2,692**

3.5 IMPORTANCE OF BIRTH SPACING

The eligible women were asked whether they felt spacing of children is important for health of the mother and child. Nine out of 10 women feel that spacing is necessary; more in the urban areas (99 percent) than the rural areas (89 percent) (Table 11).

With regard to the specific advantages of spacing to the mother, 67 percent of the women feel that the nutritional condition of the mother would be better, 39 percent feel that it will reduce the incidence of anemia, about 37 percent feel that the mother will have better mental health, and about eight percent opine that there would be less pregnancy complications. Interestingly, not much of a rural-urban differential is observed in the advantages reported, except for the mental health factor.

Per the respondents, the key advantage of spacing reported with regard to the child is more attention from the mother (61 percent), followed by better nutritional status of the child (51 percent). Better growth was reported by 44 percent and nine percent reported lower incidence of diseases. More urban women recognize the benefits mother and child can derive from birth spacing than their rural counterparts. Better nutritional status of the child is more of a perceived benefit among women in the urban areas, while better nutritional status of the mother is perceived as more of an advantage among women in rural areas.

3.6 IDEAL GAP BETWEEN TWO CHILDREN

Nearly half (47 percent) of the women perceive that at least 36 to 47 months is the ideal gap between

TABLE 11: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN

Percent of currently married women aged 15-49 years who think spacing of children is important for the health of the mother and the child, and mentioned advantages, according to place of residence, RHIS, Jharkhand, 2010

Items	Urban	Rural	Total
Spacing of children is important for the health of the mother and the child			
Yes	98.7	89.4	92.0
No	0.9	5.3	4.1
Don't know	0.3	5.4	3.9
Total percent	100.0	100.0	100.0
Number of currently married women	**758**	**1,934**	**2,692**
Percent of currently married women by type of advantage among those who have mentioned spacing of children is important			
Advantages to mother[1]			
Better nutritional status	64.7	67.8	66.9
Lower incidence of anemia	42.8	37.1	38.8
Less pregnancy complications	7.9	7.5	7.6
Better mental health	50.7	31.6	37.4
Other	0.1	0.0	0.0
Advantages to child[1]		0.6	0.4
Better growth	46.8	43.2	44.3
Better nutritional status	66.1	44.6	51.1
Lower incidence of diseases	7.4	10.0	9.2
Better survival chance	4.1	5.1	4.8
Better attention by mother	69.9	56.5	60.5
Other	0.1	0.3	0.2
Number of currently married women	**748**	**1,728**	**2,477**

[1]Total percent may add to more than 100.0 because of multiple responses.

two births, one-fourth of the women report 24 to 35 months and one-fifth feel there should be at least a gap of four years between two births (Table 12 and Figure 5). There is not much difference in reporting of ideal gap by women's parity and age at birth. However, more urban women report four years as the ideal gap (38 percent) compared with women from rural areas (15 percent), which indicates that urban women understand the significance of delaying the next birth better compared with their rural counterparts.

The women's level of education is positively associated with their perception of the ideal gap between two children. Of those who have completed at least higher secondary education (12th grade and above), 38 percent reported at least 48 months as an ideal gap between two children compared with only 15 percent of the illiterate respondents.

The ideal gap of 36 to 47 months between two children is reported more among women belonging to 'other' religions (56 percent), followed by Hindu women (47 percent) and Muslim women (40 percent). Women who belong to SCs/STs are less likely to keep a gap between two births compared with others.

More women from the highest wealth quintile (38 percent) report the ideal gap of minimum four years between two children compared with women belonging to the lowest quintile (11 percent). Around five percent of the women did not have any knowledge/ opinion on the ideal gap between two children (more rural respondents than urban). Only two percent of the respondents reported less than two years as an ideal gap between two children.

3.7 DESIRE FOR MORE CHILDREN

Table 13 shows the future fertility preferences of currently married women aged 15-49. Twenty-nine percent reportedly do not want more children, an additional 36 percent cannot have another child because either the wife or the husband has been sterilized, and two percent say that they cannot get pregnant (in-fecund). Twenty-nine percent of women would like to have another child, nine percent within two years, 17 percent after waiting for at least two years, and three percent are undecided as to when they would like to have another child. The desire to stop childbearing is observed more among women with two living children (37 percent) compared with women with three living children (32 percent) (Figure 6).

Overall, the desire to stop childbearing is directly proportional

TABLE 12: IDEAL GAP BETWEEN TWO CHILDREN

Percent distribution of currently married women aged 15-49 years who responded to ideal gap between two children, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Below 24 Months	24-35 Months	36-47 Months	48 Months & Above	Don't Know/ Can't Say	Total	Number of Women
Age at birth							
<20	2.6	24.6	45.5	20.3	7.0	100.0	822
20-34	2.2	24.8	47.5	22.0	3.5	100.0	988
35-49	2.1	23.7	48.7	20.9	4.7	100.0	882
Parity							
0	1.8	20.4	47.7	19.5	10.6	100.0	279
1	1.3	20.6	45.2	28.1	4.9	100.0	415
2	1.8	18.8	51.3	26.6	1.4	100.0	569
3	4.1	23.1	48.5	20.7	3.7	100.0	504
4+	2.2	31.5	44.9	15.4	6.1	100.0	925
Residence							
Urban	0.8	14.9	46.1	37.5	0.8	100.0	758
Rural	2.9	28.1	47.7	14.7	6.6	100.0	1,934
Education							
Illiterate	3.4	30.3	43.3	15.1	7.9	100.0	1,498
Lit (<8th grade)	0.8	25.1	50.0	21.9	2.2	100.0	450
Lit (8-11th grade)	1.1	14.3	53.9	29.8	0.8	100.0	483
Lit (12+ grade)	0.3	7.1	54.4	38.2	0.0	100.0	247
Religion							
Hindu	2.3	24.1	47.4	21.1	5.1	100.0	2,003
Muslim	2.6	30.0	39.9	24.6	2.9	100.0	399
Other	2.0	18.7	56.2	16.7	6.4	100.0	290
Caste/Tribe							
SC/ST	3.0	27.3	46.9	16.2	6.6	100.0	899
OBC	2.1	24.1	48.2	20.8	4.8	100.0	1,336
Other	1.5	19.5	45.2	31.7	2.1	100.0	457
Wealth quintile							
Lowest	1.8	31.3	46.5	11.3	9.0	100.0	482
Low	4.4	30.0	44.7	13.3	7.6	100.0	525
Medium	2.8	25.8	49.1	16.9	5.5	100.0	565
High	1.8	24.5	46.5	24.2	2.9	100.0	570
Highest	0.7	11.5	49.2	38.3	0.3	100.0	550
Total	**2.3**	**24.4**	**47.3**	**21.1**	**4.9**	**100.0**	**2,692**

to the number of living children. Nearly one-fourth of the women with one living child say they do not want any children (the woman or her husband is sterilized or the woman says she wants no more children), compared with 72 percent of women with two living children, 85 percent of women with three living children and 91 percent of women with four or more living children.

Table 14 provides information about differentials in women's desire to limit family size by background characteristics. Women who are sterilized (or whose husbands are sterilized) are included among those who say they do not want more children. As expected, older women are much more likely than younger women to not want more children. Only 28 percent of the women aged 15-24 years do not want more children. This percentage rises rapidly to 70 percent among women aged 25-34 years and to 93 percent among those aged 35-49 years. The proportion of women who do not want more children is higher in urban areas (72 percent) than in rural areas (62 percent). The urban-rural differential is particularly large for women with two living children.

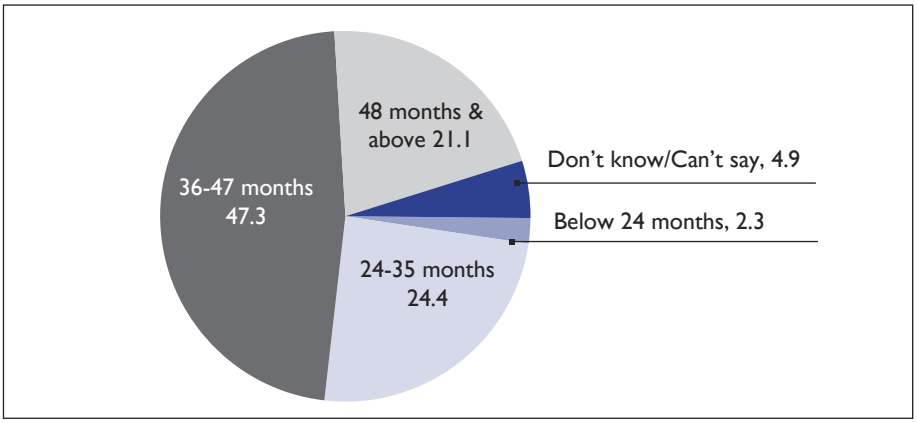
There is no strong pattern by educational attainment overall, but the desire to stop childbearing increases steadily with the level of education for women with 1-3 children, with the exception of women with less than five years of education.

The proportion of women with two living children who do not want to have more children is lower among Muslim women (43 percent) than among women from other religions.

The percentage of women who do not want any more children is lower among women belonging to SCs/STs than women belonging to other ethnic groups.

The percentage of women with two living children who want to stop childbearing, increases from 57 percent among women belonging to the lowest wealth quintile to 86 percent among women belonging to the highest wealth quintile.

FIGURE 5: PERCEPTION OF IDEAL GAP BETWEEN TWO CHILDREN



RHIS, Jharkhand, 2010

TABLE 13: FERTILITY PREFERENCES BY NUMBER OF LIVING CHILDREN

Percent distribution of currently married women aged 15-49 years by desire for children, according to number of living children, RHIS, Jharkhand, 2010

	Number of Living Children[1]					
Desire for Children	**0**	**1**	**2**	**3**	**4+**	**Total**
Want another soon[2]	34.1	16.5	4.7	2.7	1.7	8.8
Want another later[3]	29.7	44.3	16.1	7.6	3.0	16.8
Want another, undecided when	10.5	7.6	1.6	1.3	0.6	3.3
Undecided	0.7	5.9	2.9	1.5	2.0	2.6
Up to God	3.8	1.7	2.4	1.3	1.2	1.9
Want no more	6.2	18.6	37.4	31.5	35.7	29.0
Sterilized[4]	2.2	5.2	34.5	53.8	55.6	35.9
Declared in-fecund	12.8	0.2	0.5	0.3	0.2	1.8
Total	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	**315**	**432**	**631**	**581**	**734**	**2,692**

[1] Includes current pregnancy of woman.
[2] Wants next birth within 2 years.
[3] Wants to delay next birth for 2 or more years.
[4] Includes both female and male sterilization.

TABLE 14: DESIRE TO LIMIT CHILDBEARING

Percentage of currently married women aged 15-49 years who do not want more children by number of living children, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Number of Living Children[1]				
	1	2	3	4+	Total[2]
Age					
15-24	13.7	49.4	70.6	72.4	28.2
25-34	32.8	75.8	79.1	86.3	70.3
35-49	66.9	95.8	97.1	95.6	93.2
Residence					
Urban	30.0	85.6	93.8	96.6	72.1
Rural	21.0	63.6	82.1	89.9	62.1
Education					
Illiterate	22.3	66.0	81.1	90.4	67.3
Lit (<8th grade)	20.5	63.5	94.5	90.3	62.4
Lit (8-11th grade)	19.5	81.0	92.8	100.0	62.6
Lit (12+ grade)	38.1	86.0	79.1	100.0	59.9
Religion					
Hindu	26.1	76.2	89.5	93.8	67.4
Muslim	17.2	43.2	60.6	84.7	54.3
Other	17.0	69.9	80.3	89.5	62.4
Caste/Tribe					
SC/ST	16.0	66.6	81.1	90.5	61.1
OBC	27.3	72.2	87.9	93.6	68.1
Other	29.4	77.4	85.1	85.1	63.1
Wealth quintile					
Lowest	18.5	57.4	74.0	83.4	56.6
Low	19.8	58.5	75.3	92.0	57.7
Medium	22.9	64.8	89.0	92.0	66.1
High	17.5	78.1	90.2	92.9	68.7
Highest	37.7	85.6	95.2	99.1	74.0
Number of living sons[3]					
0	15.6	35.9	43.2	51.8	19.0
1	30.3	74.4	81.3	84.3	66.1
2	NA	84.0	93.8	97.6	92.3
3	NA	NA	92.2	96.4	94.9
4+	NA	NA	NA	92.6	92.6
Total	**23.8**	**71.8**	**85.3**	**91.3**	**64.9**

Note: Women who have been sterilized or whose husband has been sterilized are considered to want no more children.
NA = Not applicable
[1] Includes current pregnancy of women.
[2] Includes women with no children, who are not shown separately.
[3] Excludes pregnant women.

A strong preference for sons is evident from the responses. For any number of living children, the percentage of women who want to stop childbearing is lowest among those who do not have any sons. For example, among women with two living children, 84 percent want to stop childbearing, if both their living children are sons. The proportion of women who do not want any more children decreases to 36 percent for women with two daughters and no sons.

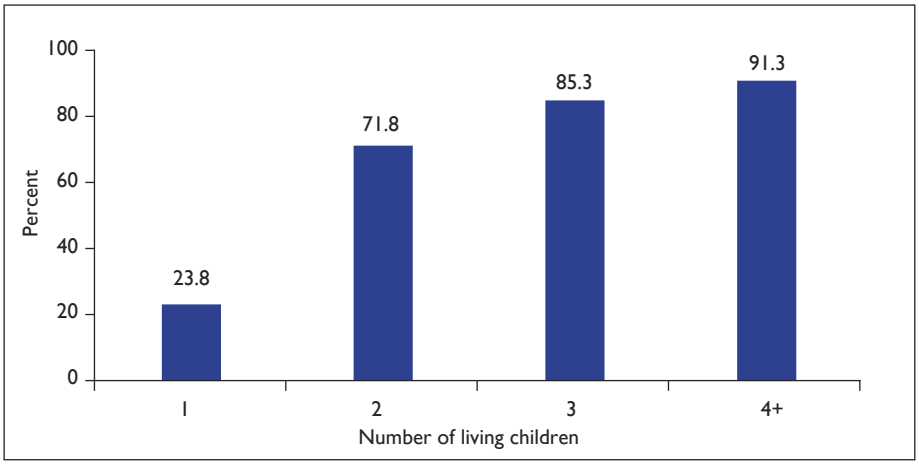
Overall, in every population group, more than 72 percent of women with two or more living children want no more children. The findings also reveal that within each group, the proportion of women who do not want more children rises sharply with the number of living children.

3.8 CONCLUSIONS

More than half of the women aged 20-49 years are married before the minimum legal age of 18. Among women aged 20-49 years, the median age at first marriage is 17 years. There is a significant decline in the percentage of women married before the age of 15, especially among women aged 15-29 years.

Among currently married women aged 15-49 years, the mean number of children ever born is 2.94. The mean number of children ever born increases steadily with age, reaching a high of 4.73 children for currently married women aged 45-49 years. Half of currently married women aged 15-19 years have already had a child. Of the total pregnancies reported by the respondents, seven percent resulted in abortions and two percent resulted in stillbirths.

FIGURE 6: PERCENT DESIRING NO MORE CHILDREN



RHIS, Jharkhand, 2010

The pregnancies resulting in abortions were reported more by urban respondents (9 percent) compared with rural respondents (6 percent).

Forty-seven percent of the women felt that there should be a gap of at least 36-47 months between two births and nearly one-fourth of the women reported their perceived ideal gap 24-35 months, while almost one-fifth of the respondents felt there should be a gap of four years between two births. A greater proportion of women from urban areas, who have completed 12th grade education and above, who belong to a higher wealth quintile reported the ideal gap of minimum of four years between two children.

Twenty-nine percent of the women said they would like to have another child: nine percent within two years, 15 percent after waiting for at least two years, and three percent were undecided on when to have another child. Twenty-nine percent stated that they do not want any more children, an additional 36 percent cannot have another child because either the wife or the husband has been sterilized, and one percent stated that they cannot get pregnant (that is, they are declared 'in-fecund'). The desire to stop childbearing is observed more among women with four or more living children (91 percent) compared with women with two living children (72 percent). There is a marked preference for sons among the women in the state and the desire to stop childbearing, for every number of living children, is lowest among women who have no sons.

Chapter IV

FAMILY PLANNING

India initiated its family planning program in 1952. However, program performance, even after five decades of implementation, is less than satisfactory. In general, however, northern states, including Jharkhand, perform below expectations than their southern counterparts. To achieve the national development goals, poorly performing northern states require sustained special attention. The survey provides information on knowledge about contraceptives, their use, reasons for non-use, and intention to use. The results are presented in the subsequent sections of this chapter.

4.1 KNOWLEDGE OF CONTRACEPTIVES

Knowledge about any family planning method and any modern method is almost universal among the currently married women, in the reproductive age group of 15-49, i.e. eligible women (EW) in the state (Table 15).

Knowledge about spacing methods is much lower compared with limiting methods in the state. More than one-fourth of the women do not know about pills, condoms, intrauterine devices (IUDs) and injectables. Only 38 percent of the women have heard about injectables. A low knowledge level of injectables is not unexpected, since they are not part of the regular government program efforts. There are major differentials in the knowledge levels between urban and rural areas, except in the case of limiting methods. Almost all (94 percent) have heard about the pill in urban areas, while only 65 percent have heard about it in the rural areas. Similarly, the awareness of condom also varies from 52 percent in rural areas to 89 percent in urban areas. The awareness of IUD also varies from 39 percent in rural areas to 85 percent in urban areas.

4.2 CONTRACEPTIVE USE

4.2.1 Ever Use of Contraceptives

To understand the prevalent contraceptive behavior in the state, currently married women

TABLE 15: KNOWLEDGE OF CONTRACEPTIVE METHODS

Percentage of currently married women aged 15-49 years who know any contraceptive method by specific method according to residence, RHIS, Jharkhand, 2010

Method	Urban	Rural	Total
Any method	100.0	99.8	99.9
Any modern method	99.9	99.4	99.6
Female sterilization	99.4	98.7	98.9
Male sterilization	93.8	79.3	83.4
Pill	93.6	65.0	73.1
IUD	85.1	39.1	52.0
Injectables	58.7	30.1	38.2
Condom/Nirodh	89.1	52.2	62.6
Emergency contraception	50.1	9.4	20.8
Pill, IUD, and condom[1]	79.4	31.5	45.0
Any traditional method	83.9	70.2	74.1
Rhythm	78.7	63.2	67.5
Withdrawal	65.5	54.4	57.5
Other	4.4	9.9	8.3
Mean number of methods known by respondents aged 15-49	7.2	5.0	5.7
Number of respondents aged 15-49	758	1,934	2,692

[1] All three methods.

TABLE 16: EVER USE OF CONTRACEPTIVE METHODS

Percentage of currently married women aged 15-49 by ever use of any contraceptive methods by specific method according to residence, RHIS, Jharkhand, 2010

Method	Urban	Rural	Total
Any method	74.4	54.0	59.7
Any modern method	58.4	39.8	45.0
Any modern spacing method	27.4	11.6	16.0
Female sterilization	33.9	30.1	31.2
Male sterilization	1.4	0.3	0.6
Pill	14.6	5.9	8.3
IUD	5.1	1.1	2.2
Injectables	0.9	0.5	0.6
Condom/Nirodh	13.0	4.9	7.2
Emergency contraception	0.1	0.1	0.1
Any traditional method	21.5	16.5	17.9
Rhythm	16.8	13.3	14.3
Withdrawal	6.5	6.0	6.1
Other	1.3	2.5	2.2
Number of women	758	1,934	2,692

were asked whether they or their husbands had ever used anything, or tried in any way to delay or avoid pregnancy. Six out of 10 couples had used some method to avoid or delay pregnancy (Table 16). Urban-rural differentials in this regard are significant as nearly 74 percent in urban areas compared with only 54 percent in rural areas are ever users of any method of contraception.

Less than half (45 percent) of the respondents opted for any modern method in the state. Ever users of any modern method are higher in urban areas (58 percent) compared with rural areas (40 percent). Only 16 percent are modern spacing method users. Ever users of modern spacing methods are significantly higher in urban areas (27 percent) compared with rural areas (12 percent). Ever users in both urban and rural areas have largely opted for condoms, female sterilization, oral pills and rhythm or safe period. Thirteen percent are ever users of condoms in urban areas, while five percent belong to this category in rural areas. Similarly, 15 percent are ever users of oral pills in urban areas, while six percent belong to this category in rural areas. The proportion of couples who ever used a traditional method like safe period/rhythm is 18 percent.

4.2.2 Timing of First Use of Contraceptives

All ever users were asked about the first time they used contraceptives. An insignificant proportion of ever users (4 percent) used contraceptives immediately after marriage to delay the first pregnancy (Table 17). Forty-four percent used contraceptives for the first time after the first or second child, but the majority, 51 percent, waited to use contraceptives till they had three or more children. Seven percent of couples from urban areas and three percent from rural areas used contraceptives immediately after marriage. More couples in rural areas started using contraceptives for the first time after the fourth child's birth (38 percent) than couples residing in urban areas (23 percent). More couples in urban areas (25 percent) used

TABLE 17: TIMING OF FIRST USE OF CONTRACEPTIVES

Percent distribution of currently married women aged 15-49 years ever used contraceptives by timing of first use, according to place of residence, RHIS, Jharkhand, 2010

Timing	Urban	Rural	Total
Immediately after marriage	7.0	3.0	4.4
After first child birth	26.5	22.2	23.7
After second child birth	25.4	17.3	20.2
After third child birth	17.4	18.7	18.2
After four or more births	23.0	38.2	32.9
Other	0.6	0.6	0.6
Total percent	**100.0**	**100.0**	**100.0**
Number	564	1,044	1,608

contraceptives for the first time after the second child compared with couples residing in rural areas (17 percent).

4.2.3 Current Use of Contraceptives

All currently married women in the reproductive age group (15-49 years) were asked whether they or their husbands are currently doing something or using any method to delay or avoid pregnancy. The contraceptive method users were asked to specify the method they were currently using. Of all currently married women of reproductive age, only 51 percent are current users of any method, 39 percent are current users of any modern method and seven percent are users of modern spacing methods (Table 18 and Figure 7). Of the total users, 78 percent are modern method users, 19 percent are traditional method users and the remaining three percent are other method users. There is more use of traditional methods in urban (14 percent) areas compared with rural areas (8 percent). Of the total cases of modern method use, eight out of 10 (80 percent) are female sterilization cases. Cases of male sterilization are merely two percent.

Among the modern method users, only 18 percent are current users of modern spacing methods. Of the total modern spacing method users, around 47 percent are condom users, 37 percent are oral pill users and 13 percent are IUD users. Female sterilization and condom users account for nearly 89 percent of total modern method users in the state. Among urban women, 64 percent are currently using any method, 49 percent any modern method and 14 percent are users of traditional methods.

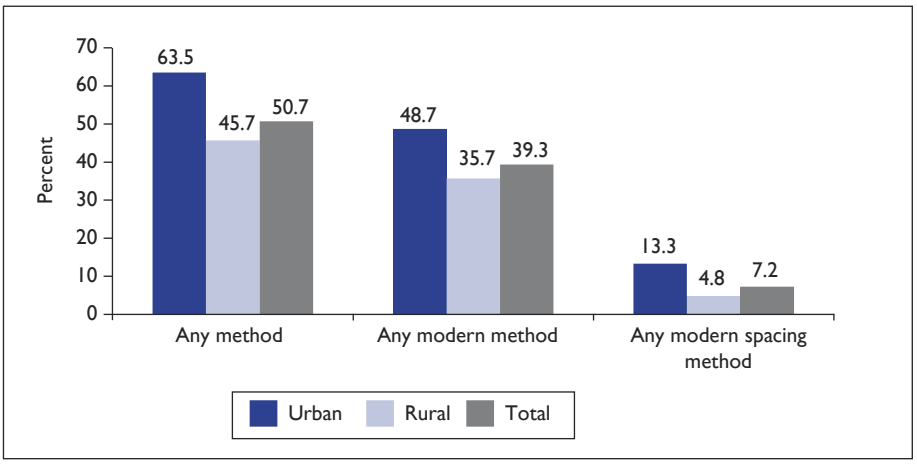
Among users of modern methods from urban areas, 27 percent are modern spacing method users. Percentage of condom users is very high in urban areas (45 percent) followed by oral pill users (39 percent) and IUD users (13 percent). Of the limiting method users in urban areas, most cases are female sterilizations. In contrast, 46 percent in rural areas are users of any method and 36 percent are users of any modern method. Of these modern method users from rural areas, nearly

TABLE 18: CURRENT USE OF CONTRACEPTIVE METHODS

Percent distribution of currently married women aged 15-49 years by current use of any contraceptive methods according to residence, RHIS, Jharkhand, 2010

Method	Urban	Rural	Total
Female sterilization	34.0	30.7	31.6
Male sterilization	1.4	0.3	0.6
Pill	5.2	1.6	2.6
IUD	1.7	0.7	1.0
Injectables	0.3	0.2	0.2
Condom/Nirodh	6.0	2.3	3.4
Rhythm	9.4	5.4	6.5
Withdrawal	4.4	2.7	3.2
Other	1.1	1.9	1.7
Any method	63.5	45.7	50.7
Any modern method	48.7	35.7	39.3
Any modern spacing method	13.3	4.8	7.2
Any traditional method	13.8	8.1	9.7
Not using any method	36.5	54.3	49.3
Number of women	758	1,934	2,692

FIGURE 7: CURRENT USE OF CONTRACEPTIVES



RHIS, Jharkhand, 2010

TABLE 19: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS

Percentage distribution of currently married women by current use of contraceptives by method, according to selected characteristics, RHIS, 2010, Jharkhand

Characteristics	Oral Pills	Condom	IUD/ Copper-T	Injection	Sterilization	Traditional Method	Other	Not Using	Total Percent	Any Modern Method	Any Modern Spacing Method	Any Method	Number
Age													
15-19	0.8	4.3	0.0	0.0	1.1	6.8	0.0	86.9	100.0	6.2	5.1	13.1	224
20-24	2.3	4.3	1.0	0.4	10.3	12.5	0.5	68.7	100.0	18.3	8.0	31.3	598
25-34	4.1	4.1	1.7	0.3	37.6	10.3	1.3	40.5	100.0	47.8	10.2	59.5	988
35-49	1.6	1.7	0.3	0.0	48.8	7.8	3.3	36.4	100.0	52.5	3.7	63.6	882
Parity													
0	0.3	2.2	0.0	0.0	0.0	2.0	0.0	95.5	100.0	2.5	2.5	4.5	279
1	3.5	6.9	0.8	0.2	2.2	15.2	0.2	71.0	100.0	13.6	11.4	29.0	415
2	4.0	4.6	2.1	0.5	30.9	11.0	0.6	46.3	100.0	42.1	11.2	53.7	569
3	2.7	3.3	1.2	0.3	47.3	11.4	1.7	31.9	100.0	54.9	7.6	68.1	504
4+	2.0	1.4	0.5	0.0	47.9	7.8	3.5	36.9	100.0	51.8	3.9	63.1	925
Religion													
Hindu	1.8	3.3	0.7	0.2	38.8	8.8	1.8	44.6	100.0	44.7	6.0	55.4	2,003
Muslim	6.2	3.9	1.9	0.4	13.4	10.2	1.0	63.0	100.0	25.8	12.4	37.0	399
Other	3.0	3.5	1.3	0.3	12.6	15.0	1.8	62.5	100.0	20.7	8.1	37.5	290
Caste/Tribe													
SC/ST	1.2	2.9	0.6	0.3	25.1	11.1	2.8	56.1	100.0	30.1	5.0	43.9	899
OBC	2.3	2.8	0.5	0.1	38.0	9.1	1.2	46.0	100.0	43.7	5.7	54.0	1,336
Other	6.3	6.1	2.9	0.5	29.0	8.8	0.9	45.5	100.0	44.8	15.8	54.5	457
Education													
Illiterate	1.9	1.3	0.3	0.2	34.5	7.4	2.4	52.0	100.0	38.2	3.7	48.0	1,498
Lit (<8th grade)	2.1	2.7	0.8	0.0	34.8	10.0	1.2	48.4	100.0	40.4	5.5	51.6	450
Lit (8-11th grade)	3.4	5.8	0.7	0.2	29.9	12.0	1.0	47.1	100.0	39.9	10.0	52.9	483
Lit (12+ grade)	6.3	12.9	5.3	1.0	17.2	18.2	0.0	39.2	100.0	42.6	25.5	60.8	247
Wealth quintile													
Lowest	1.4	2.5	0.8	0.0	20.4	8.5	1.5	64.9	100.0	25.1	4.6	35.1	482
Low	2.2	1.2	0.3	0.0	27.6	6.5	3.7	58.6	100.0	31.3	3.6	41.4	525
Medium	1.6	1.6	0.8	0.3	33.2	8.2	1.5	52.9	100.0	37.4	4.2	47.1	565
High	3.0	4.0	0.6	0.3	40.4	10.1	0.9	40.8	100.0	48.2	7.8	59.2	570
Highest	4.9	7.5	2.3	0.4	37.3	14.9	1.0	31.8	100.0	52.3	15.1	68.2	550
Total	**2.6**	**3.4**	**1.0**	**0.2**	**32.2**	**9.7**	**1.7**	**49.3**	**100.0**	**39.3**	**7.2**	**50.7**	**2,692**

three-fourths (86 percent) are limiting, and 13 percent are spacing method users.

4.2.4 Current Use of Contraceptives by Background Characteristics

The background characteristics of current users (their age, parity, religion, caste, literacy and wealth quintile) have been analyzed to further understand contraceptive behavior. Increase in age leads to increased use of any method of contraception (Table 19). Only 13 percent are users of any contraceptive method in the age group of 15-19 years, which goes up to 64 percent in the age group of 35-49 years. Most of the spacing method users are aged 25-34. Spacing method usage is lower in the 35-49 age group compared with the age group of 25-34. In contrast, sterilization method use increases substantially with increase in age. Only 10 percent of women aged 20-24 years had accepted sterilization compared with 49 percent of women aged 35-49 years.

The proportion of any method usage increases in high parity couples. Five percent of couples with no children are current users of any method. This increases to 29 percent among couples with one child, 54 percent among couples with two children, and 68 percent for couples with three children. However, the proportion of users declines slightly among women with four or more children (63 percent).

A higher proportion of Hindus (55 percent) are current users of any method compared with Muslims (37 percent) and other religions (38 percent). Only 13 percent of Muslims are limiting method users as compared with 39 percent among Hindus. Use of spacing methods among Muslims is higher (12 percent) compared with Hindus (6 percent) and other religions (8 percent).

The higher the caste status, higher is the use of family planning methods. The proportion using any method is 44 percent among the SCs/STs, 54 percent among OBCs and 55 percent among other castes. The SCs/STs are more dependent on traditional methods (11 percent) compared with the modern spacing methods (5 percent). Among 'other' category caste, the use of modern spacing methods (16 percent) is higher than the use of traditional methods (9 percent). Limiting method use is higher among OBCs (38 percent) compared with SCs/STs (25 percent).

Contraceptive use is directly proportional to the level of education. Nearly 61 percent of the women who have been educated up to 12th grade and above are current users of any method compared with 48 percent of the illiterate women. The higher the level of education, the higher is the use of modern spacing methods and lower the use of limiting methods. Almost one-fourth (26 percent) of the women who are educated up to 12th grade and above are using any spacing method compared with merely four percent of women with no education. Similarly, an increase in the wealth quintile is accompanied by an increase in contraceptive use. While only 35 percent are users of any method in the lowest wealth quintile, 68 percent use any contraceptive method in the highest wealth quintile. A greater proportion of women in the highest wealth quintile use modern spacing methods and limiting methods. Women in the higher wealth quintiles are also more dependent on traditional methods compared with women in the lower income groups.

4.2.5 Source of Modern Contraceptives

The women who were using modern family planning methods were asked to mention the last source they had used for the services/products. The data reveals that on the whole, the public medical sector is the key source of limiting methods, while the private medical sector is a significant source of spacing methods (Table 20). Seven out of 10 respondents who opted for sterilization underwent the procedure at a public health facility, while the remaining 30 percent received services from the private sector. Fifty-five percent of the IUD users obtained services from the private sector, 36 percent from the public sector and three percent got the device inserted at home. Nearly two-thirds of condom (63 percent) and pill (60 percent) users buy fully priced or subsidized products from the market. Overall, the private health sector serves 69 percent of condom users and 80 percent of pill users. Nearly one-fifth of oral pill and one-fourth of condom users use public health sources for the services/products.

Even in rural areas, the private sector has a dominant presence in modern spacing method products

TABLE 20: SOURCE OF MODERN CONTRACEPTIVE METHODS

Percent distribution of current users of modern contraceptive methods by most recent source of the method, according to residence, RHIS, Jharkhand, 2010

Most Recent Source of Method	Female Sterilization	IUD	Pill	Condom/ Nirodh	All Modern Methods[1]
		Urban			
Public medical sector	67.5	28.7	6.6	5.9	52.4
Private medical sector	31.6	64.8	29.5	2.0	28.4
NGO or trust hospital/clinic	0.9	6.5	0.0	0.0	0.9
Market	0.0	0.0	64.0	86.7	17.7
Don't know	0.0	0.0	0.0	5.3	0.7
Other	0.0	0.0	0.0	0.0	0.0
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	258	13	39	46	366
		Rural			
Public medical sector	70.5	43.8	34.0	43.2	66.7
Private medical sector	28.0	45.3	8.6	7.9	26.0
NGO or trust hospital/clinic	1.5	0.0	0.0	3.1	1.5
Market	0.0	0.0	53.8	38.6	5.0
Don't know	0.0	0.0	3.7	7.1	0.6
Other	0.0	10.9	0.0	0.0	0.2
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	593	13	31	45	687
		Total			
Public medical sector	69.6	36.3	18.6	24.5	61.7
Private medical sector	29.1	55.0	20.3	5.0	26.8
NGO or trust hospital/clinic	1.3	3.2	0.0	1.5	1.3
Market	0.0	0.0	59.5	62.8	9.4
Don't know	0.0	0.0	1.6	6.2	0.6
Other	0.0	5.5	0.0	0.0	0.1
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	851	26	70	91	1,053

Note: All information in this table is based on women's reports. Table includes all users of modern contraceptive methods regardless of their marital status.
[1] Includes users of male sterilization and injectables, who are not shown separately.

and services (Figure 8). Nearly two-thirds of oral pill users, half of the condom users and the majority of IUD users (45 percent) depend on private sources. However, urban users depend even more on private sector sources compared with rural users. Of the total current users, 94 percent of oral pill users, 89 percent of condom users and 71 percent of IUD users in urban areas depend on private sector sources for services.

The sources for obtaining condoms and sterilization, by wealth quintiles, are shown in Table 21. As expected, the proportion of users who obtain pills, condoms and sterilization from the public sector decreases with an increase in the standard of living – 44 percent of the users from the lowest wealth quintile received condoms from public sector compared with only five percent of users from the highest wealth quintile. More than half (57 percent) of the users from the lowest wealth quintile obtained pills from public sector compared with only four percent of users from the highest wealth quintile. Similarly, the proportion sterilized in a public health facility decreased from 84 percent in the lowest wealth quintile to 55 percent in the higher income group.

4.2.6 Use of Social Marketing Brands

The National Family Welfare Programme provides condoms and pills through free distribution and social marketing schemes. Condoms (under the Nirodh brand name) and pills (under the Mala N brand name) are distributed free of cost. Since

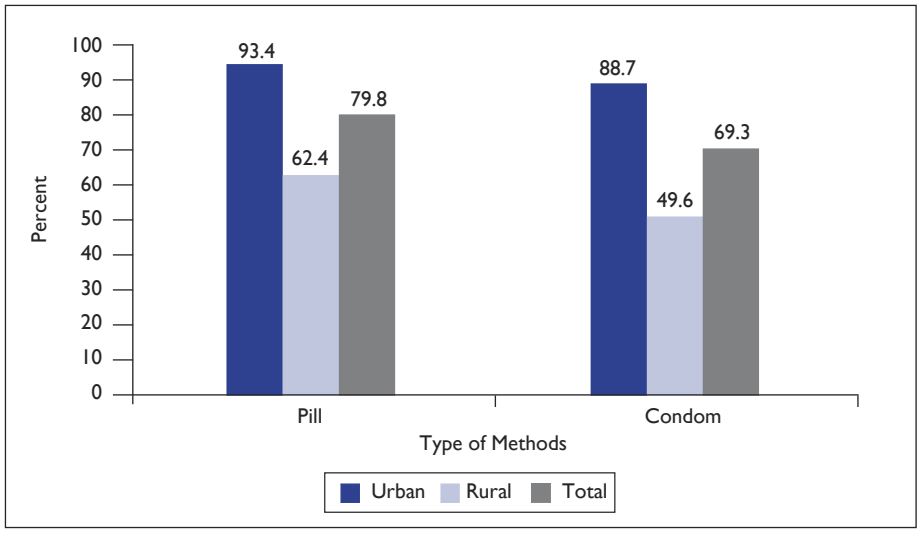
TABLE 21: SOURCE OF MODERN CONTRACEPTIVE METHODS BY WEALTH QUINTILES

Percent distribution of current users of modern contraceptive methods by most recent source of the method, according to wealth quintile, RHIS, Jharkhand, 2010

Most Recent Source of Method	Lowest	Low	Medium	High	Highest
Oral Pill					
Public medical sector	57.4	39.9	22.6	9.8	3.5
Private medical sector	4.6	14.1	10.5	26.6	26.6
Market	38.0	46.1	55.2	63.5	70.0
Other/Don't know	0.0	0.0	11.7	0.0	0.0
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	7	11	10	17	26
Condom					
Public medical sector	44.2	30.8	49.2	31.5	5.0
Private medical sector	11.7	4.3	12.0	8.1	2.5
Market	39.3	50.1	25.1	60.4	86.1
Other/Don't know	4.8	14.8	49.2	0.0	6.4
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	12	6	13	22	38
Sterilization[1]					
Public medical sector	84.2	77.8	68.9	71.4	55.2
Private medical sector	14.0	21.2	29.8	27.7	43.0
NGO or trust hospital/clinic	1.8	1.0	1.3	0.9	1.7
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of users	94	153	205	232	183

[1]Includes both female and male sterilization.

FIGURE 8: CONTRACEPTIVES OBTAINED FROM PRIVATE SECTOR



RHIS, Jharkhand, 2010

1968, Deluxe and Super Deluxe varieties of condoms have been sold under the social marketing scheme. A social marketing scheme for pills was launched in 1987. Through this scheme, the Government of India procures Mala D and supplies these pills to marketing companies. Information on the use of different brands of contraceptives is useful in monitoring the success of social marketing and free distribution programmes. To this end, the current users of pills and condoms in Jharkhand were asked for the brand name of the pills and condoms they use. The percent distribution of eligible women who use pills and condoms by the type of brand they use is given in Table 22 and Table 23, respectively.

Among the 70 pill users, 57 percent reported the use of a fully priced brand, 18 percent reported the use of a socially marketed brand, 15 percent reported use of a free brand and the remaining 10 percent did not know the brand name of the pills (Table 22). Women in urban areas are more likely to use a socially marketed brand and women in rural areas are more likely to use a free brand. With higher education and a higher standard of living, women are more likely to use fully priced brands. Muslim women are more likely than women from other religions to use a free brand. Among the caste/tribe groups, SC and ST women are least likely to use a fully priced brand.

Among the women who reported condom use, 36 percent could not recall the brand name of the condom their husbands used (Table 23). Twenty-nine percent

TABLE 22: USE OF ORAL CONTRACEPTIVE PILLS BY BRANDS

Percent distribution of currently married women aged 15-49 years who are pill users by the type of brand being used, according to selected background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Free Brand	Socially Marketed Brand	Fully Priced Brand	Unknown Brand	Total	Number of Pill Users
Age						
15-24	7.9	31.8	60.3	0.0	100.0	16
25-34	14.9	15.5	56.0	13.5	100.0	40
35-49	23.1	7.3	57.6	12.0	100.0	14
Place of residence						
Urban	0.0	20.1	71.4	8.5	100.0	39
Rural	34.2	14.1	39.2	12.5	100.0	31
Religion						
Hindu	7.1	20.6	61.8	10.5	100.0	37
Muslim	26.5	13.5	49.9	10.2	100.0	24
Other	15.8	15.6	59.2	9.4	100.0	9
Caste/Tribe						
SC/ST	16.7	24.4	36.3	22.6	100.0	11
OBC	12.4	16.7	63.6	7.3	100.0	30
Other	17.2	15.6	58.5	8.7	100.0	29
Education						
Illiterate	27.3	20.9	40.1	11.6	100.0	29
Lit (<8th grade)	19.3	8.8	40.1	31.8	100.0	9
Lit (8-11th grade)	4.9	14.8	80.3	0.0	100.0	16
Lit (12+ grade)	0.0	19.0	75.6	5.3	100.0	16
Wealth quintile						
Lowest	32.0	23.0	33.7	11.3	100.0	7
Low	55.1	32.2	8.2	4.5	100.0	11
Medium	14.4	8.8	50.1	26.7	100.0	10
High	4.7	11.0	74.3	10.0	100.0	16
Highest	0.0	17.1	76.4	6.5	100.0	26
Total	**15.0**	**17.5**	**57.3**	**10.2**	**100.0**	**70**

of the women reported use of a fully priced brand, 26 percent reported use of a free brand and the remaining 10 percent reported use of a socially marketed condom. Urban women are more likely to report the use of a fully priced brand, while rural women are more likely to report the use of a free or socially marketed brand. The use of fully priced condoms increases with an increase in the level of education and the standard of living. Only two percent of the women in the lowest wealth quintile used fully priced condoms compared with 55 percent of women in the highest wealth quintile.

TABLE 23: USE OF CONDOMS BY BRANDS

Percent distribution of currently married women aged 15-49 years whose husbands are condom users by the type of brand being used, according to selected background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Using a Free Brand	Using a Socially Marketed Brand	Using a Fully Priced Brand	Using an Unknown Brand	Total	Number of Condom Users
Age						
15-24	29.8	2.9	24.3	43.0	100.0	35
25-34	22.5	11.2	33.3	33.0	100.0	41
35-49	26.6	21.2	27.4	24.8	100.0	15
Place of residence						
Urban	15.7	7.9	54.8	21.6	100.0	46
Rural	36.4	11.4	2.6	49.5	100.0	45
Religion						
Hindu	26.7	10.9	28.3	34.0	100.0	65
Muslim	22.5	10.4	39.2	28.0	100.0	16
Other	27.3	0.0	16.5	56.2	100.0	10
Caste/Tribe						
SC/ST	40.7	12.3	12.6	34.5	100.0	26
OBC	21.3	12.1	25.7	40.9	100.0	37
Other	18.6	3.8	48.4	29.3	100.0	28
Education						
Illiterate	46.1	11.3	0.0	42.5	100.0	19
Lit (<8th grade)	32.5	0.0	9.2	58.4	100.0	12
Lit (8-11th grade)	17.9	16.3	31.1	34.7	100.0	28
Lit (12+ grade)	18.6	6.4	51.7	23.4	100.0	32
Wealth quintile						
Lowest	27.8	13.4	2.3	56.5	100.0	12
Low	31.6	4.3	0.0	64.1	100.0	6
Medium	60.7	13.5	0.0	25.8	100.0	13
High	31.7	0.0	22.8	45.5	100.0	22
Highest	9.8	13.7	55.0	21.5	100.0	38
Total	**26.1**	**9.6**	**28.8**	**35.5**	**100.0**	**91**

4.2.7 Cost of Contraceptive Methods

The women who reported current use of a modern method were asked about the cost incurred the last time they obtained the method, including the cost for services, supplies, and the consultation. Table 24 provides information on the percentage of women who procured the contraceptives free of charge, the percentage who do not know the cost, the median cost by method and the source of the method.

Six out of 10 sterilized women underwent the sterilization procedure free of cost, while nine percent did not know the cost. For the remaining women who reported the cost, the median cost was INR 1000. Only one in 10 sterilized

TABLE 24: COST OF MODERN CONTRACEPTIVE METHODS

Percentage of current users of contraception who did not pay for the method, percent who do not know the cost of the method and the median cost of the method by current method, according to source of current method, RHIS, Jharkhand, 2010

Source of Method	Sterilization	Pill	Condom	IUD
Public medical sector				
Percentage free	83.4	100.0	100.0	76.1
Percentage who do not know cost	5.1	0.0	0.0	0.0
Median cost (in Rupees)	500	0	0	13
Number of women	592	9	12	9
Private medical sector/NGO				
Percentage free	5.3	24.1	37.3	12.5
Percentage who do not know cost	18.9	13.3	37.2	16.7
Median cost (in Rupees)	1,200	11	18	84
Number of women	259	18	14	15
Other source				
Percentage free	NA	6.8	11.0	100.0
Percentage who do not know cost	NA	39.8	63.8	0.0
Median cost (in Rupees)	NA	10	11	0
Number of women	NA	43	65	1
Total				
Percentage free	59.6	23.7	26.6	40.4
Percentage who do not know cost	9.3	27.6	51.4	9.7
Median cost (in Rupees)	1,000	10	15	68
Number of women	851	70	91	26

Note: Costs are based on the last time current users obtained method. Costs include consultation costs, if any. For condom, costs are per package; for pills, per cycle. For sterilization, data are based on women who received the operation in the five years before the survey.

women who used the public medical sector for their sterilization had to pay for the operation, and even if they did pay, the median cost was only INR 500. Ninety-five percent of the women who used a private medical facility (including an NGO or trust hospital/clinic) had to pay for the sterilization, and the median cost was INR 1200. The median cost of pills and condoms was INR 10 and INR 15, respectively. The median cost of an IUD insertion was INR 40. In the public medical sector, the median cost of an IUD was INR 13, while in the private medical sector, an IUD insertion costs INR 84.

4.2.8 Duration of Use of Modern Spacing Methods and Source of IUD

All current users of modern spacing methods were asked to specify the length of time they had been using these methods for. In Jharkhand, 58 percent of the current users of IUD have been using the method for more than two years and 15 percent have been using it for 12-23 months (Table 25). The remaining 27 percent adopted the method in the past one year.

In rural areas, 62 percent have been using IUDs for more than two years and 21 percent adopted the method in the past one year. Almost half (53 percent) of the urban users have been using IUDs for more than two years and 34 percent adopted the method in the past one year. In rural areas, IUD is used for longer periods compared with urban areas.

In case of condoms, 32 percent reported condom use for more than two years and 54 percent adopted the method in the past one year. The proportion of users that have been using condoms for more than two years is significantly higher in urban areas (43 percent) compared with rural areas (21 percent). The percentage of those who have been using condoms for less than one year is higher in rural areas (63 percent) compared with urban areas (45 percent).

Thirty-eight percent of oral pill users adopted the method in the past one year and only 42 percent were using the method for more than two years. The proportion of women who adopted oral pills in the past one year is higher in urban areas (39 percent) compared with rural areas (36 percent). The percentage of women who have been using oral pills for two or more years is higher in urban areas (47 percent) than in rural areas (35 percent). The

TABLE 25: DURATION OF USE OF MODERN SPACING METHODS

Percent distribution of currently married women aged 15-49 years, currently using modern contraceptives by method and duration of use, according to place of residence, RHIS, Jharkhand, 2010

Duration of Use	IUD/Copper-T	Oral Pills	Condoms
	Urban		
<6 months	20.3	32.8	15.0
6-11 months	13.5	6.3	29.5
12-23 months	13.1	13.5	12.3
24-35 months	29.7	4.2	12.9
36+ months	23.4	43.2	30.2
Total percent	**100.0**	**100.0**	**100.0**
Number	13	39	46
	Rural		
<6 months	11.7	17.7	42.2
6-11 months	8.8	18.6	20.6
12-23 months	17.6	28.6	16.4
24-35 months	36.5	14.2	7.8
36+ months	25.4	20.8	13.1
Total percent	**100.0**	**100.0**	**100.0**
Number	13	31	45
	Total		
<6 months	16.0	26.2	28.6
6-11 months	11.1	11.7	25.1
12-23 months	15.4	20.2	14.3
24-35 months	33.1	8.6	10.4
36+ months	24.4	33.4	21.7
Total percent	**100.0**	**100.0**	**100.0**
Number	26	70	91

dropout rate in rural areas appears to be higher than in urban areas.

The IUD insertions among those currently using the method are equally done in the public sector (51 percent) and in the private sector (49 percent) (Table 26). In the private sector, doctors are the main service providers (43 percent), while in the public sector, government nurses/ paramedics play a significant role (29 percent). In rural areas, IUD insertion is facilitated more by public health sources (66 percent), while in urban areas, 65 percent of IUD users get services from the private sector.

Of the IUD users who subsequently discontinued use of the method, 61 percent had obtained services from the public sector, while 34 percent had utilized private health facilities for the same. The dropout rate among those who obtained services from a government nurse or paramedic is higher than among those who were serviced by other providers. The proportion of IUD users who dropped out after obtaining services from public doctors is more or less the same. Interestingly, in rural areas, the dropout rate is higher among those who had received services from a government nurse/ paramedic (52 percent) while in urban areas, it is higher among those who had received services from a private doctor (65 percent).

4.3 REASONS FOR DISCONTINUATION OF CONTRACEPTIVES

The respondents who had earlier used contraceptive methods but discontinued use after some time were asked their reasons for discontinuation (Table 27).

The major reasons for discontinuation of oral pills were health problems (29 percent) and desire to have a child (28 percent) followed by menstrual problem (14 percent) and failure of method (11 percent). Forty-three percent of oral pill users in urban areas discontinued usage of this method due to health problems, while 34 percent of oral pill users in rural areas discontinued the method as they wanted to have a child.

The key reason for dropouts among condom users is the desire to have a child (41 percent), followed by dislike for the method (18 percent) and failure

TABLE 26: IUD/COPPER-T INSERTION

Percent distribution of current users and ever users of IUD/Copper-T by health professional who inserted it, according to place of residence, RHIS, Jharkhand, 2010

	Currently Using			Dropped Out		
Health Professional	**Urban**	**Rural**	**Total**	**Urban**	**Rural**	**Total**
Government doctor	35.2	8.8	21.9	39.1	7.7	26.8
Government Nurse/ Paramedic	0.0	57.6	28.9	22.7	51.8	34.1
NGO Doctor	0.0	0.0	0.0	2.9	0.0	1.8
NGO Nurse	0.0	0.0	0.0	0.0	0.9	0.3
Private Doctor	64.8	20.8	42.7	32.1	22.2	28.2
Private Nurse/Paramedic	0.0	12.8	6.4	0.0	9.0	3.5
Other	0.0	0.0	0.0	3.2	8.4	5.2
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of currently married women	13	13	26	38	22	60

of the method (10 percent). Absence of husband from home (10 percent) and lack of sexual satisfaction (8 percent) are the other reasons for discontinuation of condom use.

Among IUD acceptors, 46 percent discontinued use due to health problems. The other reasons cited were the desire to have a child (18 percent), dislike of the method (12 percent) and menstrual problems (6 percent). In rural areas, 48 percent discontinued IUD use due to health problems. The other reasons given in rural areas were menstrual problem (25 percent) and dislike of the method (29 percent). Urban women cited similar reasons for discontinuation

TABLE 27: REASONS FOR DISCONTINUATION OF CONTRACEPTIVE METHOD

Percent distribution of lapsed users of modern spacing methods by reasons for discontinuation, according to method and place of residence, RHIS, Jharkhand, 2010

	Urban			Rural			Total		
Reasons	**Pill**	**Condom**	**IUD**	**Pill**	**Condom**	**IUD**	**Pill**	**Condom**	**IUD**
Method failed/Got pregnant	7.0	2.0	0.0	13.6	18.1	0.0	10.5	9.5	0.0
Lack of sexual satisfaction	3.4	11.2	0.0	0.0	2.0	0.0	1.6	7.5	0.0
Created menstrual problem	14.5	0.0	0.0	14.0	0.0	24.8	14.2	0.0	6.4
Created health problem	42.5	0.0	45.7	17.6	3.3	47.5	29.3	0.9	46.2
Inconvenient to use method	1.6	4.2	10.0	0.0	0.8	8.0	0.8	2.6	0.0
Hard to get method	0.0	1.7	0.0	4.4	7.9	0.0	2.3	3.7	0.0
Put on weight	3.6	0.0	5.0	4.1	0.0	0.0	3.8	0.9	0.0
Did not like the method	7.1	20.9	10.9	12.1	14.5	20.9	9.7	17.9	11.8
Wanted to have a child	22.1	38.6	24.2	33.7	42.9	14.8	28.3	40.6	18.0
Wanted to replace dead child	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Lack of privacy	0.0	0.0	0.0	2.5	0.0	0.0	1.3	0.0	0.0
Husband away	1.9	10.3	0.0	5.7	10.4	0.0	4.0	10.3	0.0
Costs too much	5.2	6.0	5.0	0.0	0.0	7.0	2.4	3.2	3.0
Other	3.0	14.8	5.1	15.2	4.2	6.0	9.5	9.8	29.5
Number	**51**	**42**	**16**	**57**	**37**	**5**	**108**	**78**	**21**

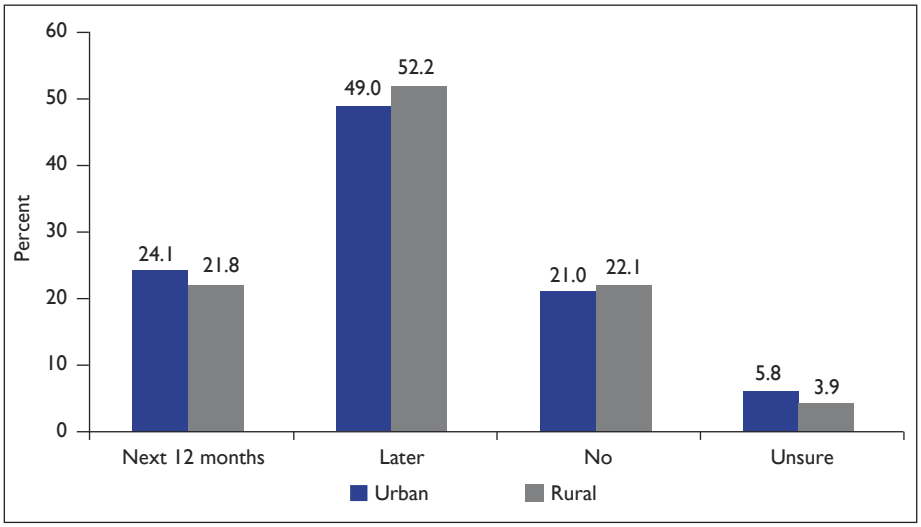
TABLE 28: INTENTION TO USE CONTRACEPTIVES

Percent of non-users of contraceptives by intention to use them, according to place of residence, RHIS, Jharkhand, 2010

Reasons	Urban	Rural	Total
Think that they/couple will use a method to delay or avoid pregnancy within one year			
Yes	24.1	21.8	22.3
No	71.4	73.7	73.2
Don't know	4.5	4.5	4.5
Total percent	**100.0**	**100.0**	**100.0**
Number[1]	255	973	1,229
Think that they/couple will use method to delay or avoid pregnancy at any time in the future			
Yes	64.6	66.8	66.4
No	27.7	28.2	28.1
Don't know	7.7	5.0	5.5
Total percent	**100.0**	**100.0**	**100.0**
Number[2]	194	761	955

[1]Currently not using any contraceptive method
[2]Currently not using any contraceptive method and don't want to use any within a year

FIGURE 9: INTENTION TO USE FAMILY PLANNING METHODS IN FUTURE



RHIS, Jharkhand, 2010

of IUD. The majority of women who discontinued oral pills and IUD use did so due to health problems or menstrual problems, while condom use was discontinued due to the desire to have a child.

4.4 INTENTION TO USE FAMILY PLANNING PRODUCTS AND PREFERRED METHOD

Currently married women in the reproductive age group, currently not using any contraceptive methods, were asked about their or their husbands' intention to use a method to delay or avoid pregnancy within the next 12 months. Those who intended to use a method were asked to mention the method they would prefer to use in the next 12 months.

Of those not using any contraceptive method, only 22 percent intend to use any method of contraception within one year (Table 28). Women in urban areas were more open to using contraceptives in future (24 percent) than women in rural areas (22 percent) (Figure 9). Similarly, those not using any method of contraception and not anticipating usage during next year were asked about their intention to use it any time in the future. Two-thirds of these women intend to use a contraceptive method in future, more so in the rural areas (67 percent) than in the urban areas (65 percent). A significant proportion of non-users in both rural and urban areas expressed their willingness to use a contraceptive method within the next one year or in the near future, displaying a positive attitude towards family planning.

All those who intended to use contraceptives in the future were asked to report their preferred method for future use. Eighty-seven percent want to use any modern method, three percent would opt for traditional methods and eight percent are unsure about the method they would use in the future (Table 29).

Among those who want to use any modern method, 62 percent prefer

TABLE 29: PREFERRED METHOD FOR FUTURE USE

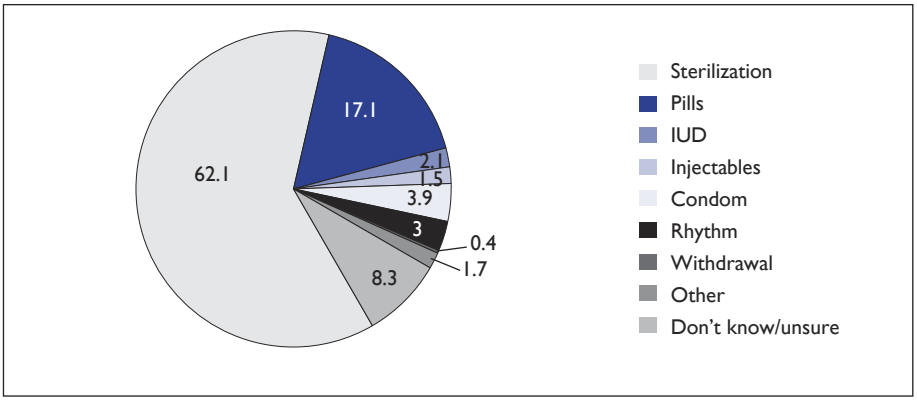
Percent distribution of currently married women aged 15-49 years who intend to use contraceptives in future by method, according to place of residence and wealth quintile, RHIS, Jharkhand, 2010

	Place of Residence		Wealth Quintile					
Method	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Pills	14.6	17.7	20.3	18.5	21.2	8.5	12.4	17.1
Condom/Nirodh	8.1	2.8	0.0	3.4	2.1	6.5	12.2	3.9
IUD/Loop/Copper-T	4.1	1.5	1.8	0.6	0.4	4.6	5.1	2.1
Injections	2.0	1.3	1.6	0.5	1.2	2.7	1.8	1.5
Female sterilization	57.9	63.2	58.9	60.1	65.2	68.4	55.9	62.1
Male sterilization	0.0	0.1	0.0	0.3	0.0	0.0	0.0	0.1
Rhythm/Safe period	3.3	2.9	5.0	3.2	0.7	3.6	2.5	3.0
Withdrawal	0.5	0.4	0.0	1.0	0.0	0.3	0.9	0.4
Others	1.2	1.8	2.9	2.8	0.3	0.5	1.4	1.7
Don't know/Unsure	8.2	8.3	9.5	9.4	8.8	4.7	7.7	8.3
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Sterilization	57.9	63.3	58.9	60.4	65.2	68.4	55.9	62.2
Any modern method	86.7	86.7	82.6	83.5	90.2	90.8	87.4	86.7
Any modern spacing method	28.9	23.4	23.7	23.1	24.9	22.4	31.5	24.5
Number[1]	187	721	200	219	221	165	103	908

[1]Currently married women who intend to use contraceptive method in future.

the limiting method (sterilization), and the rest, oral pills (17 percent), condoms (4 percent), and injectables and IUD (2 percent each) (Figure 10). Female sterilization and oral pills are the more preferred options for future use by non-users in rural areas (63 percent and 18 percent, respectively) compared with urban areas (58 percent and 15 percent, respectively). The intention to use condoms in future is more among couples residing in urban areas (8 percent) compared with couples from rural areas (3 percent). The proportion of those who want to use any spacing method in future increases in the highest quintile, while the proportion of future limiting method users, decreases in the highest quintile.

FIGURE 10: PREFERRED METHOD FOR FUTURE USE



RHIS, Jharkhand, 2010

4.5 REASONS FOR NEVER USE OF CONTRACEPTIVES

Women who had never used any contraceptive method were asked the reasons for not adopting family planning methods. The desire to have more children emerged as the predominant reason for not using contraceptives (35 percent), followed by postpartum periods or breastfeeding (12 percent) (Table 30).

Other major reasons were absence of husband from home (7 percent), menopause and hysterectomy

TABLE 30: REASONS FOR NEVER USE OF CONTRACEPTIVES

Percent distribution of never use of contraceptives by reasons for non-use, according to residence, RHIS, Jharkhand, 2010

Reasons	Urban	Rural	Total
Husband away	6.7	6.9	6.8
Not having sex	1.3	0.7	0.8
Infrequent sex	6.4	3.7	4.2
Menopausal/Hysterectomy	10.8	8.6	9.0
Sub-fecund/In-fecund	6.8	6.2	6.3
Postpartum/Breastfeeding	17.1	10.4	11.6
Wants more children	32.0	35.2	34.6
Husband opposed	0.5	1.5	1.4
Other people opposed	0.0	0.2	0.2
Against religion	1.0	3.7	3.2
Knows no method	0.4	1.1	1.0
Knows no source	0.0	0.3	0.2
Health concerns	2.1	2.2	2.2
Worry about side-effects	1.7	2.5	2.3
Hard to get method	0.0	0.9	0.7
Costs too much	0.0	0.3	0.2
Inconvenient	0.0	0.6	0.5
Afraid of sterilization	0.9	1.5	1.4
Don't like existing methods	0.4	0.7	0.7
Other	11.9	12.6	12.5
Don't know	0.0	0.1	0.1
Total	**100.0**	**100.0**	**100.0**
Number	194	890	1,084

(9 percent), sub-fecund/in-fecund (6 percent), infrequent sex (4 percent) and perception of family planning to be against religion (3 percent). Access to information or products/services is apparently not a factor in the non-use of contraceptives. There are no differentials between urban and rural areas in this regard, except for the fact that a large proportion of urban women (17 percent) reported postpartum period or breastfeeding, and rural women (4 percent) reported contraceptives being perceived as against religion as their main reasons for not using contraceptive methods.

4.6 REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES

The respondents who did not ever intend to use any method were asked their reasons. Twenty-five percent expressed the desire to have more children as their reason for not wanting to use contraceptives (Table 31). Infrequent sex (12 percent), and menopause/hysterectomy (11 percent) are the other significant reasons. Thirteen percent consider the use of family planning methods as being against religion and another eight percent have concerns about health. A few (4 percent) worry about possible side-effects.

Among couples in rural areas, the desire to have a child is the key reason behind lack of intent to use contraceptives (27 percent) compared with urban couples (15 percent). Another major difference is found in the reporting of menopause/hysterectomy and health concerns as reasons for never wanting to use contraceptives by urban and rural respondents.

4.7 NEED FOR FAMILY PLANNING

Unmet need for family planning is an important indicator for assessing the potential demand for family planning services. Currently married women who are not using any method of contraception but do not want any more children are defined as having an unmet need for limiting. Those women who are not using contraceptives but want to wait two or more years before having another child are defined as having an unmet need for spacing. The sum of the unmet need for limiting and the unmet need for spacing is the unmet need for family planning. Current contraceptive users are said to have a met need for contraception. The total demand for family planning is the sum of unmet need and met need.

According to these definitions, 15 percent of currently married women in the state had an unmet need for family planning. The unmet need for spacing is somewhat more

TABLE 32: NEED FOR FAMILY PLANNING AMONG CURRENTLY MARRIED WOMEN

Percentage of currently married women aged 15-49 years with unmet need for family planning, percentage with met need for family planning, and total demand for family planning, by background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Unmet Need for Family Planning			Met Need for Family Planning (currently using)			Total Demand for Family Planning			Percentage of Demand Satisfied	Number of Women
	For Spacing	For Limiting	Total	For Spacing	For Limiting	Total	For Spacing	For Limiting	Total		
Age											
15-19	10.6	0.4	11.0	10.2	2.9	13.1	20.8	3.3	24.1	54.2	224
20-24	15.7	2.8	18.5	11.8	18.7	30.5	27.5	21.5	49.0	62.3	598
25-34	7.4	6.3	13.7	7.2	52.3	59.5	14.6	58.6	73.2	81.3	988
35-49	2.7	13.4	16.1	1.0	62.4	63.5	3.7	75.8	79.5	79.8	882
Parity											
0	7.5	0.1	7.6	4.2	0.3	4.5	11.6	0.4	12.0	37.2	279
1	12.6	4.0	16.6	20.6	8.4	29.0	33.1	12.4	45.6	63.6	415
2	11.6	8.0	19.6	5.1	48.1	53.2	16.7	56.1	72.8	73.1	569
3	5.4	5.5	10.9	5.2	62.9	68.1	10.6	68.4	79.0	86.2	504
4+	5.2	11.6	16.8	2.4	60.4	62.8	7.5	72.0	79.6	78.9	925
Residence											
Urban	5.2	6.3	11.6	8.8	54.8	63.5	14.0	61.1	75.1	84.6	758
Rural	9.0	7.7	16.8	5.6	39.8	45.4	14.6	47.6	62.2	73.0	1,934
Education											
Illiterate	8.3	8.0	16.3	4.2	43.5	47.7	12.5	51.5	64.0	74.5	1,498
Lit (<8th grade)	8.2	7.4	15.6	7.0	44.2	51.2	15.2	51.6	66.8	76.7	450
Lit (8-11th grade)	8.1	6.3	14.4	8.3	44.6	52.9	16.4	50.9	67.3	78.5	483
Lit (12+ grade)	5.7	4.8	10.5	15.2	45.7	60.8	20.9	50.5	71.3	85.3	247
Other (Non-formal)	0.0	11.0	11.0	10.9	51.3	62.2	10.9	62.3	73.2	84.9	14
Religion											
Hindu	6.4	6.3	12.8	5.9	49.1	55.1	12.3	55.5	67.8	81.2	2,003
Muslim	15.0	10.2	25.2	7.5	29.5	37.0	22.5	39.7	62.2	59.5	399
Other	9.1	10.3	19.5	8.7	28.8	37.5	17.8	39.1	56.9	65.8	290
Caste/Tribe											
SC/ST	7.3	8.4	15.7	7.7	35.8	43.6	15.0	44.3	59.3	73.5	899
OBC	7.8	7.4	15.2	5.0	48.8	53.8	12.9	56.2	69.0	78.0	1,336
Other	9.8	5.1	14.8	8.1	46.4	54.5	17.9	51.4	69.3	78.6	457
Wealth quintile											
Lowest	9.3	10.3	19.6	5.6	29.1	34.7	14.9	39.4	54.3	63.9	473
Low	10.4	7.6	18.0	5.5	36.1	41.6	15.9	43.7	59.6	69.7	545
Medium	8.1	9.0	17.1	4.5	43.3	47.8	12.7	52.3	64.9	73.7	612
High	7.1	5.0	12.1	8.6	51.8	60.3	15.6	56.8	72.4	83.3	574
Highest	3.9	4.9	8.8	8.6	60.2	68.8	12.5	65.1	77.6	88.7	488
Total	**7.8**	**7.3**	**15.1**	**6.5**	**44.2**	**50.7**	**14.3**	**51.5**	**65.9**	**77.0**	**2,692**

TABLE 31: REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES

Percent distribution of currently married women aged 15-49 years never wanting to use contraceptives by reasons, according to place of residence, RHIS, Jharkhand, 2010

Reasons	Urban	Rural	Total
Not having sex	5.4	3.1	3.6
Infrequent sex	14.4	11.2	11.9
Menopausal/Had hysterectomy	19.5	8.1	10.5
Sub-fecund/In-fecund	5.3	1.9	2.6
Wants more children	15.0	27.0	24.5
Opposed to family planning	0.0	1.5	1.2
Husband opposed	1.3	0.6	0.8
Against religion	3.9	15.7	13.2
Knows no source	0.0	2.5	2.0
Health concerns	13.3	6.2	7.7
Worry about side-effects	2.6	3.9	3.6
Hard to get method	0.0	0.2	0.2
Costs too much	1.3	1.0	1.1
Inconvenient	0.0	0.8	0.6
Afraid of sterilization	1.2	2.3	2.1
Don't like existing methods	2.5	1.1	1.4
Other	11.8	10.5	10.8
Don't know	2.6	2.3	2.4
Total percent	**100.0**	**100.0**	**100.0**
Number[1]	69	253	321

[1]Currently married women never wanting to use contraceptives.

(8 percent) than limiting methods (7 percent) in the state (Table 32). Fifty-one percent of women have a met need for family planning. Combining the unmet and met need, 66 percent of the currently married women in the state have a demand for family planning, 77 percent of which has been catered to.

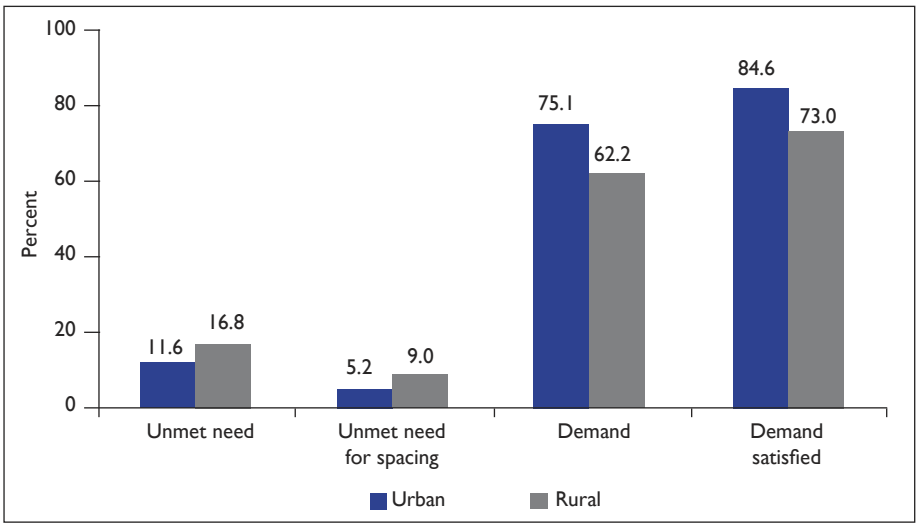
Unmet need increases with age, from 11 percent for women aged 15-19 years to 19 percent for women aged 20-24 years. Younger women (aged 15-24) have a greater unmet need for spacing than for limiting. For older women, the reverse pattern is evident. Rural women have a higher unmet need (17 percent) than urban women (12 percent) (Figure 11). The unmet need decreases with increasing education. As a result, total unmet need is practically the same for women with different levels of completed secondary education. Unmet need for family planning is particularly high among Muslim women (25 percent). Unmet need for both spacing and limiting decreases with an increase in the standard of living.

The total demand for family planning (sum of unmet and met need) is higher among older women as well as women with a higher parity. Unmet need is higher in urban areas (75 percent) compared with rural areas (62 percent). While the demand for spacing is more or less the same (14 percent) in both rural and urban areas, the demand for limiting is much higher in urban areas (61 percent) compared with rural areas (48 percent). The percent of demand satisfied is positively associated with the age, parity, educational level and economic status of the household; only 64 percent of the demand is satisfied among those who belong to the lowest wealth quintile compared with 89 percent in the highest wealth quintile.

4.8 CONSENT OF FAMILY MEMBERS FOR USING CONTRACEPTIVES

All current non-users, who intend to use a method in future, were asked whether they needed consent from other family members before adopting family planning methods. Those who require consent were asked to mention their relationship with the decision makers in the family. Twenty-eight percent require consent from one of their family members (Table 33). A slightly higher percentage of women/their spouses in the rural areas require consent from family members (34 percent) compared with urban areas (26 percent). Mothers-in-law (82 percent) followed by mothers of the women (21 percent) are the key influencers of decisions on family planning. Male members in the family such as father and father-in law play a less important

FIGURE 11: UNMET NEED FOR FAMILY PLANNING



RHIS, Jharkhand, 2010

role. This finding has implications for communication campaigns that aim at creation of demand for family planning services.

4.9 PERCEPTIONS ABOUT CONDOM USAGE

Eighteen percent of the women perceive that using condoms reduces sexual pleasure and 14 percent feel condom usage is a sign of infidelity (Table 34). More urban women (22 percent) reported that the use of condoms reduces sexual pleasure. A similar pattern exists for women from urban and rural areas who consider condom use as a sign of infidelity.

4.10 KNOWLEDGE ABOUT SAFE PERIOD

All the women (who were aware of oral contraceptive pills) were asked whether they were aware of certain days between menstrual periods when a woman is more likely to become pregnant, i.e. the unsafe period.

Two-thirds (66 percent) of the women claimed to be aware of what the unsafe period is, 21 percent were unaware of the exact timing and the remaining 13 percent did not know anything which days are unsafe for intercourse (Table 35). Women in urban areas are more aware of the unsafe period (75 percent) compared with their rural counterparts (62 percent). Women who were aware of the safe period were asked to mention the days during which a woman is more likely to become pregnant and only 12 percent gave the correct answer.

Interestingly, 84 percent of the women consider the unsafe period to fall right after their menstrual period, three percent opined that the unsafe period occurs during the menstrual period, and one percent feels that it is the timespan before the menstrual period begins. There are no major differentials between urban and rural

TABLE 33: CONSENT OF FAMILY MEMBERS FOR USING CONTRACEPTIVES

Percent of currently married women aged 15-49 years who need consent of family members for use of contraception, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
Think that the couple need to take consent of family members			
Yes	26.2	33.5	27.7
No	73.8	66.5	72.3
Total percent	**100.0**	**100.0**	**100.0**
Number[1]	187	721	908
Percent of those who need consent of family members by currently married women from whom consent is to be obtained before using contraceptives			
Mother	27.0	18.3	20.5
Mother-in-law	73.7	84.9	82.1
Father	8.3	3.2	4.5
Father-in-law	14.0	15.4	15.1
Others	4.1	5.4	5.1
Number[2]	49	242	252

[1] Currently married women who intend to use contraceptive method in future.
[2] Currently married women who intend to use contraceptive method in future and need consent from family members.

TABLE 34: PERCEIVED PLEASURE OF USING CONDOMS AND ITS USE AS SIGN OF INFIDELITY

Percent distribution of currently married women aged 15-49 years who report that use of condoms reduces sexual pleasure and its use is sign of infidelity, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
Use of condom reduces sexual pleasure			
Yes	22.2	15.8	18.3
No	34.6	22.3	27.2
Can't say	43.2	61.9	54.5
Using condoms is a sign of infidelity			
Yes	16.5	12.5	14.1
No	54.2	41.9	46.8
Can't say	29.3	45.6	39.1
Total percent	**100.0**	**100.0**	**100.0**
Number	646	981	1,627

TABLE 35: KNOWLEDGE ABOUT SAFE PERIOD

Percent of currently married women aged 15-49 years aware of safe period and identification of unsafe period, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
From one menstrual period to the other, are there certain days when a woman is more likely to become pregnant			
Yes	75.0	62.1	65.8
No	10.3	14.6	13.4
Don't know	14.8	23.3	20.9
Total percent	**100.0**	**100.0**	**100.0**
Number	724	1,837	2,561
Percent among those who reported that there are days during which a woman is more likely to become pregnant			
Time in which a woman is more likely to become pregnant			
Just before her period begins	0.7	1.5	1.3
During her period	0.5	3.5	2.5
Right after her period has ended	86.6	83.3	84.4
Halfway between two periods	12.1	11.2	11.5
Others	0.0	0.2	0.1
Don't know	0.2	0.2	0.2
Total percent	**100.0**	**100.0**	**100.0**
Number[1]	542	1,141	1,684

[1]Reported that there are certain days in which a woman is more likely to become pregnant.

areas. Overall, most of the women do not have correct knowledge about the safe period.

4.11 KNOWLEDGE ABOUT CORRECT USE OF ORAL PILLS

The eligible women were asked a series of questions to determine correct knowledge of oral pill usage. These questions were related to the start of oral pill usage, frequency with which the pills should be taken, and what should be done if a user misses the pill for a day or two.

Only 44 percent of the women knew that oral pills can be started any time within five days of menstruation, which is the right time to start the use of oral pills (Table 36). There is no major rural-urban differential in terms of knowledge about when to start taking oral pills. With regard to the frequency of pill consumption, 67 percent knew it to be daily or once a week (depending on the type of pill) and 26 percent had no idea about the frequency. More women in urban areas (70 percent) have correct knowledge about the frequency with which the pill should be taken compared with women in rural areas (65 percent).

Knowledge about what should be done if a pill user misses a pill for a day is extremely low. Only 36 percent mentioned that two pills should be taken the next day, while 48 percent of the women were not aware of what should be done in such a situation. More urban women

TABLE 36: KNOWLEDGE ABOUT CORRECT USE OF ORAL PILLS

Percent distribution of eligible women who are aware of oral pills by knowledge about correct use of oral pills, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
If a woman is interested in using oral pills, when should she start using the pills?			
Any time within 5 days of menstruation	45.2	43.4	44.1
Any time	6.9	18.3	14.2
Any other	4.6	3.3	3.8
Don't know	43.3	35.0	38.0
How frequently should an oral pill user take the pills?			
Every day	69.5	65.0	66.6
Once a week	1.5	3.4	2.7
Every day or once a week	1.3	1.7	1.6
Whenever desired	0.4	0.8	0.7
Any other	2.6	2.9	2.8
Don't know	24.7	26.1	25.6
If oral pill user misses pill for a day, what should she do?			
Take two pills next day	38.7	34.2	35.8
Continue with the pills as usual	9.2	18.0	14.9
Any other	1.7	1.0	1.3
Don't know	50.4	46.7	48.0
If oral pill user misses pill for two days, what should she do?			
Take two pills next two days and abstain from sex or use condom	16.8	14.6	15.4
Continue with the pills as usual	13.2	22.4	19.1
Any others	4.3	4.4	4.4
Don't know	65.7	58.6	61.2
Total	**100.0**	**100.0**	**100.0**
Number	678	1,208	1,886

(39 percent) are knowledgeable about what should be done if they miss a pill for a day than rural women (34 percent).

Very few women (15 percent) had correct knowledge about what should be done if a user misses the pill for two days (15 percent of rural women and 17 percent of urban women).

4.12 SAFETY AND EFFECTIVENESS OF ORAL PILLS AND CONDOMS

All eligible women were asked about their perceptions of safety and effectiveness of oral pills and condoms. Sixty-one percent of the women consider oral pills as very safe and 11 percent perceive them to be somewhat safe (Table 37). Only an insignificant four percent stated that oral pills are not safe. Nearly one-fifth (19 percent) of the women do not have any opinion on the safety aspect of oral pills. Responses regarding the effectiveness of oral pills are relatively more in urban areas compared with rural areas (Figure 12).

A higher proportion of women consider condoms safe (70 percent) compared with oral pills. Only three percent perceive condoms as unsafe. The percentage of women perceiving condoms as safe is significantly higher in urban areas (74 percent) compared with rural areas (68 percent). The responses about effectiveness are similar to those given for safety.

4.13 KNOWLEDGE ABOUT AVAILABILITY OF ORAL PILLS AND CONDOMS

Eighty-one percent of the women were aware of where to source oral pills from. The awareness level in urban areas (95 percent) is significantly higher compared with rural areas (73 percent) (Table 38).

Sixty-eight percent think that they can get oral pills from a shop or health unit on their own. The proportion of women who can obtain oral pills on their own is higher in urban areas (72 percent) compared with rural areas (66 percent). Overall, 70 percent of the women feel it is easy to get oral pills in their area. A significantly higher proportion of women have easy access to oral pills in urban areas (93 percent) compared with rural areas (57 percent).

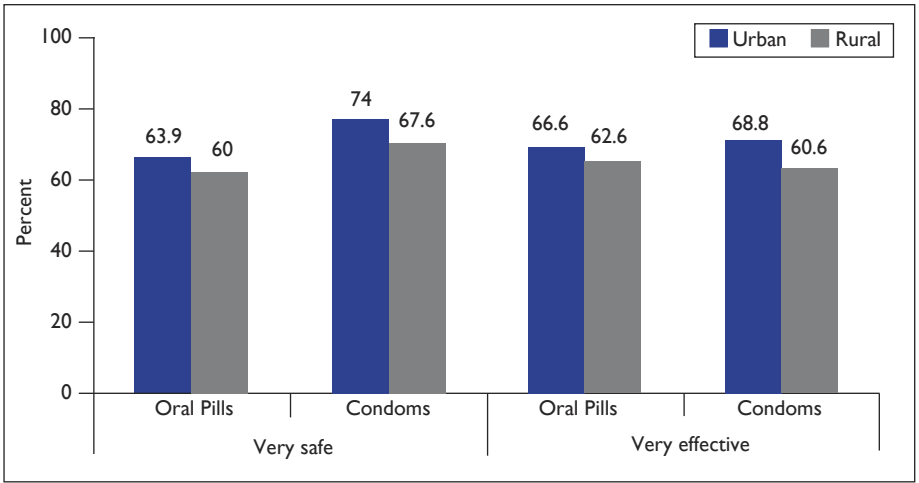
The majority of women (79 percent) are aware of places to obtain condoms from, but only 51 percent consider that they can

TABLE 37: SAFETY AND EFFECTIVENESS OF ORAL PILLS/CONDOMS

Percent distribution of currently married women aged 15-49 years who have heard of oral pills/condoms by perceived safety and effectiveness of oral pills/condoms, according to place of residence, RHIS, Jharkhand, 2010

	Oral Pill			Condom		
Item	Urban	Rural	Total	Urban	Rural	Total
Safety						
Very safe	63.9	60.0	61.4	74.0	67.6	70.2
Somewhat safe	12.9	10.5	11.3	12.5	12.9	12.8
Not safe	4.3	3.8	4.0	3.0	2.6	2.7
Don't know	18.9	25.6	23.2	10.5	16.9	14.3
Effectiveness						
Very effective	66.6	62.6	64.0	68.8	60.6	63.8
Somewhat effective	12.4	13.4	13.1	13.7	16.2	15.2
Not effective	4.0	3.6	3.8	4.5	2.5	3.3
Don't know	17.0	20.3	19.1	13.0	20.8	17.7
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number	678	1,208	1,886	646	981	1,627

FIGURE 12: PERCEPTIONS ABOUT SAFETY AND EFFECTIVENESS OF ORAL PILLS AND CONDOMS



RHIS, Jharkhand, 2010

obtain condoms on their own from a shop or a health unit. Awareness about places to obtain condoms is relatively higher in urban areas (93 percent) compared with rural areas (70 percent). Urban women (54 percent) are a little less shy than rural women (50 percent) about obtaining condoms on their own. Access to condoms is also easier in urban (93 percent) compared with rural areas (55 percent).

4.14 ENCOURAGING FRIENDS/RELATIVES TO USE ORAL PILLS AND CONDOMS

Three-fourths (75 percent) of the women are prepared to encourage relatives and friends to use oral pills, while another 17 percent are not (Table 39). A similar proportion of women would encourage relatives and friends to use condoms (71 percent).

Seventy-eight percent of the women in urban areas would encourage relatives and friends to use oral pills compared with 73 percent in rural areas. More urban women (75 percent) would recommend condoms than women in rural areas would (68 percent).

4.15 CONCLUSIONS

Knowledge about any family planning method, including any modern family planning method, is universal in the state of Jharkhand. Sixty percent of the currently married women aged 15-49 years have ever used some method of contraception (74 percent in urban and 54 percent in rural areas). Ever use of any modern spacing method was 16 percent, which is dominated by condoms (7 percent) and oral pills (8 percent).

Of those who have ever used contraceptives, 33 percent started using them after having four or more children. Only four percent used contraceptives immediately after marriage and another 24 percent used them after the first child was born. Fifty-one percent of the women currently use a method of contraception, of which 62 percent are sterilized and 14 percent use a modern spacing method. The proportion of women using modern spacing methods is higher (21 percent) in urban areas compared with those living in rural areas (11 percent).

TABLE 38: KNOWLEDGE ABOUT AVAILABILITY OF ORAL PILLS/CONDOMS

Percent distribution of currently married women aged 15-49 years who have heard about oral pills/condoms by knowledge about its availability, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
Oral Pill			
Know the place from where one can get oral pills			
Yes	94.7	72.7	80.6
No	5.3	27.3	19.4
Can obtain oral pills from a shop or health unit herself/ himself			
Yes	71.5	65.6	67.7
No	28.5	34.4	32.3
Easy to get oral pills in their area			
Yes	93.4	57.2	70.2
No	6.6	42.8	29.8
Total percent	**100.0**	**100.0**	**100.0**
Number	678	1,208	1,886
Condom			
Know the place from where one can get condoms			
Yes	93.0	70.2	79.2
No	7.0	29.8	20.8
Can obtain condoms from a shop or health unit herself/himself			
Yes	53.5	50.0	51.4
No	46.5	50.0	48.6
Easy to get condoms in their area			
Yes	92.6	55.1	70.0
No	7.4	44.9	30.0
Total percent	**100.0**	**100.0**	**100.0**
Number	646	981	1,627

TABLE 39: ENCOURAGING FRIENDS/RELATIVES TO USE ORAL PILLS/CONDOMS

Percent distribution of currently married women aged 15-49 years who will encourage friends/relatives to use oral pills/ condoms, according to place of residence, RHIS, Jharkhand, 2010

Item	Urban	Rural	Total
Encourage others to use oral pills			
Yes	77.5	73.2	75.0
No	15.7	18.2	17.2
Can't say	6.8	8.6	7.8
Encourage others to use condoms			
Yes	74.9	67.9	70.8
No	18.1	19.9	19.2
Can't say	6.9	12.1	10.0
Total percent	**100.0**	**100.0**	**100.0**
Number	631	891	1,521

Note: Table based on women who have heard about oral pills and condom.

The major source of modern spacing methods (oral pills and condoms) is the private sector. However, in the case of sterilizations, seven out of 10 are performed in the public sector. The intention to use contraceptives is high, with 22 percent of the non-users intending to use them within a year, and 66 percent intending to use them in the future, though not within the next year. Of those wanting to use contraceptives in the future, 62 percent mentioned sterilization, 17 percent oral pills and four percent condoms as their preferred choice. Overall, 77 percent of the demand for contraceptives among currently married women in the state is met, less in rural areas (73 percent) than in urban areas (85 percent). Of the women who have heard of oral pills, 61 percent felt these contraceptives were very safe to use and 64 percent felt that they were very effective. In the case of condoms, the responses to safety and effectiveness were 70 percent and 64 percent, respectively.

Chapter V

EXPOSURE TO MESSAGES ON HEALTHY PRACTICES

Exposure to messages is linked to the literacy level of the population being addressed. According to Census of India 2001, 54 percent of Jharkhand's population aged seven and above is literate, including only 39 percent of females. This chapter examines the exposure of eligible women (currently married women aged 15- 49 years) to health-related messages.

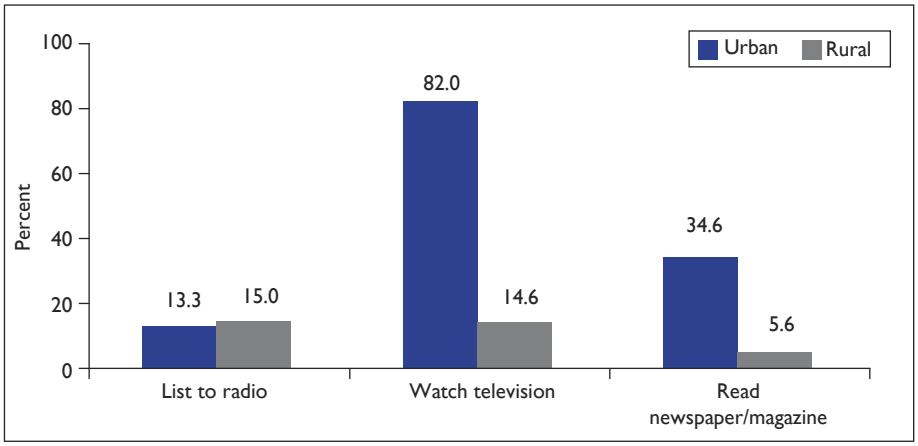
5.1 EXPOSURE TO MASS MEDIA

Table 40 provides information on the exposure of eligible women to mass media such as radio, television, newspaper and cinema.

Only 15 percent of the eligible women listen to the radio at least once a week, which increases to 34 percent in case of watching television once a week. More than five times as many women from urban areas watch television (82 percent) compared with their rural counterparts (15 percent) (Figure 13). Only 10 percent of the women from the lowest wealth quintile listen to the radio at least once a week compared with 15 percent from the highest wealth quintile. There is a similar proportional difference between illiterate women and those with 12th grade education and above, in terms of listening to the radio. With regard to watching television at least once a week, the differences in the proportion of viewership are much greater between the wealth quintiles. The proportion of women who read newspaper at least once a week is 14 percent, from a low six percent in rural areas to 35 percent in urban areas. Only three percent go to the cinema hall to watch a movie at least once a year, which dwindles to two percent in rural areas.

Overall, 43 percent of the women are exposed to some form of media, from 85 percent in urban areas to 26 percent in rural areas. There are substantial differentials in the educational levels, the wealth quintiles and also among different caste/tribe groups in this context.

FIGURE 13: EXPOSURE TO MASS MEDIA



RHIS, Jharkhand, 2010

5.1.1 Average Number of Days and Hours of Exposure to Radio/Television

Women who are exposed to either radio or television were asked about the average number of days in a week and average number of hours they listen/watch (Tables 41 and 42).

Of those who listen to the radio at least once a week, nearly half of the respondents are irregular listeners, while about one-fourth are daily listeners. Rural women listen to the radio more frequently than their urban counterparts. Younger women listen to radio

TABLE 40: EXPOSURE TO MEDIA BY CHARACTERISTICS

Percent of currently married women aged 15-49 years who are exposed to media by type of media, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Percent of Currently Married Women Who:						Number of Currently Married Women
	Listen to Radio at Least Once a Week	Watch Television at Least Once a Week	Read Newspaper at Least Once a Week	Go to Cinema Hall to Watch a Movie at Least Once a Year	Exposed to Any of These	Irregular or No Exposure	
Age							
15-24	15.2	29.5	10.3	2.5	38.7	61.3	822
25-34	16.2	36.1	16.8	3.9	45.7	54.3	988
35-49	12.0	34.5	13.6	2.8	43.1	56.9	882
Place of residence							
Urban	13.3	82.0	34.6	5.7	85.2	14.8	758
Rural	15.0	14.6	5.6	2.1	26.1	73.9	1,934
Religion							
Hindu	13.9	35.1	14.5	3.5	43.0	57.0	2,003
Muslim	16.6	34.3	10.8	3.1	47.3	52.7	399
Other	16.5	21.7	12.4	0.6	34.2	65.8	290
Caste/Tribe							
SC/ST	15.5	22.0	7.8	2.0	32.4	67.6	899
OBC	12.1	32.2	11.2	2.9	40.3	59.7	1,336
Other	19.7	60.4	32.9	5.8	70.0	30.0	457
Education							
Illiterate	9.9	14.5	0.0	1.1	22.6	77.4	1,498
Lit (<8th grade)	20.1	40.2	11.1	2.0	52.5	47.5	450
Lit (8-11th grade)	18.8	58.9	31.2	5.5	70.1	29.9	483
Lit (12+ grade)	24.2	86.5	68.8	12.9	92.6	7.4	247
Lit (Non- Formal)	20.3	49.9	0.0	0.0	51.6	48.4	14
Wealth quintile							
Lowest	10.0	2.1	2.5	0.0	10.9	89.1	389
Low	12.9	4.4	1.7	0.9	15.6	84.4	532
Medium	18.1	15.7	5.4	2.1	30.6	69.4	620
High	15.8	54.7	12.3	4.3	62.1	37.9	578
Highest	14.8	94.3	50.3	8.3	96.2	3.8	573
Total	**14.5**	**33.6**	**13.8**	**3.1**	**42.7**	**57.3**	**2,692**

TABLE 41: LISTENING TO RADIO ACCORDING TO NUMBER OF DAYS AND HOURS LISTENED

Percent distribution of currently married women aged 15-49 years by number of days listened during a week and number of hours listened in a day, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Number of Days Listened to Radio during a Week					Number of Hours Listened to Radio during a Day			Total Percent	Number of Currently Married Women
	Irregular	1-2	3-4	5-6	All Days	Less than 1 Hour	1-2 Hours	More than 2 Hours		
Age										
15-24	40.4	27.8	3.1	4.0	24.8	48.6	44.5	6.9	100.0	125
25-34	50.7	20.9	4.3	1.1	22.9	49.9	47.8	2.3	100.0	161
35-49	50.4	18.3	5.8	0.0	25.5	54.3	37.5	8.2	100.0	106
Place of residence										
Urban	57.6	13.0	2.5	2.6	24.3	50.0	44.0	6.0	100.0	101
Rural	43.8	25.7	5.0	1.4	24.1	50.9	44.0	5.1	100.0	291
Religion										
Hindu	47.3	22.4	5.2	0.9	24.3	52.5	42.2	5.3	100.0	278
Muslim	42.1	29.4	0.0	3.6	24.9	37.0	57.2	5.8	100.0	66
Other	54.8	13.1	5.5	3.8	22.8	59.0	36.0	5.0	100.0	48
Caste/Tribe										
SC/ST	47.6	21.3	6.4	1.3	23.4	53.7	44.4	1.9	100.0	139
OBC	42.3	29.2	4.4	2.2	22.0	55.4	36.2	8.4	100.0	162
Other	56.0	12.1	0.9	1.7	29.4	37.4	57.4	5.2	100.0	90
Education										
Illiterate	45.3	28.9	4.3	0.5	21.1	57.2	38.6	4.2	100.0	148
Lit (<8th grade)	53.4	17.6	2.5	1.7	24.9	45.8	49.1	5.1	100.0	90
Lit (8-11th grade)	43.3	22.0	8.4	3.3	23.2	47.4	46.7	5.8	100.0	91
Lit (12+ grade)	46.8	15.4	1.4	2.8	33.6	47.7	44.1	8.3	100.0	60
Wealth quintile										
Lowest	42.0	38.4	7.3	1.8	10.5	58.6	39.7	1.7	100.0	47
Low	46.2	18.0	3.3	0.0	32.5	40.5	56.0	3.6	100.0	70
Medium	50.5	24.2	5.2	1.4	18.8	53.8	40.2	6.0	100.0	111
High	39.5	24.4	4.1	3.0	29.0	46.0	44.5	9.5	100.0	91
Highest	56.8	11.0	2.4	2.5	27.4	56.4	40.2	3.4	100.0	72
Total	**47.3**	**22.4**	**4.3**	**1.7**	**24.2**	**50.7**	**44.0**	**5.4**	**100.0**	**392**

more on a daily basis compared with older women. As the standard of living improves, the chances of listening to the radio daily also increase. Among those who listen to the radio, 44 percent on an average listen to it for one to two hours a day. Women belonging to lowest wealth quintile listen to the radio for fewer hours compared with women in the highest wealth quintile. About two percent from the low wealth quintile listen to the radio for more than two hours a day compared with 10 percent in the high wealth quintile.

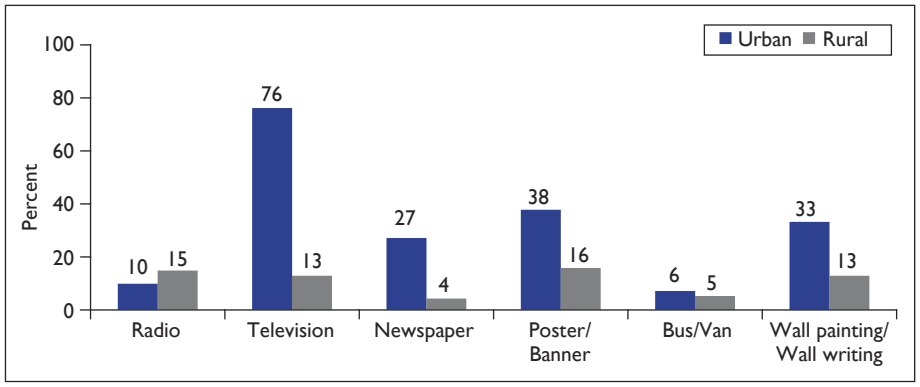
Among the women who watch television at least once a week, one-fifth are irregular viewers while two-thirds watch television every day. Compared with rural areas, women belonging to urban areas watch television more frequently. Forty-three percent of the rural

TABLE 42: WATCHING TELEVISION ACCORDING TO NUMBER OF DAYS AND HOURS WATCHED

Percent distribution of currently married women aged 15-49 years by number of days watched during a week and number of hours watched in a day, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Number of Days TV Watched in a Week					Number of Hours TV Watched in a Day			Total Percent	Number of Currently Married Women
	Irregular	1-2	3-4	5-6	All Days	Less than 1 hour	1-2 hours	More than 2 Hours		
Age										
15-24	22.9	9.1	8.2	2.7	57.1	18.7	66.3	15.1	100.0	243
25-34	17.9	3.6	4.7	2.2	71.5	19.7	58.9	21.4	100.0	357
35-49	19.1	5.3	4.4	3.5	67.7	22.9	62.2	14.8	100.0	304
Place of residence										
Urban	14.0	3.1	3.2	2.6	77.1	16.4	63.6	20.0	100.0	621
Rural	32.0	11.3	10.7	3.1	42.9	29.5	58.4	12.0	100.0	283
Religion										
Hindu	19.2	5.8	5.3	2.2	67.5	20.4	60.8	18.9	100.0	704
Muslim	20.1	3.9	7.2	6.3	62.4	24.6	64.6	10.8	100.0	137
Other	23.6	7.5	4.3	2.1	62.4	13.1	70.2	16.7	100.0	63
Caste/Tribe										
SC/ST	29.9	6.6	7.3	2.1	54.1	25.7	60.1	14.2	100.0	198
OBC	19.0	7.7	6.4	3.9	63.0	24.1	61.9	14.1	100.0	430
Other	13.2	1.8	2.9	1.5	80.5	11.2	63.5	25.3	100.0	276
Education										
Illiterate	30.3	6.7	9.2	5.7	48.1	36.9	52.8	10.3	100.0	218
Lit (<8th grade)	26.3	7.2	6.0	1.0	59.6	28.3	59.0	12.7	100.0	181
Lit (8-11th grade)	15.3	5.5	4.8	3.0	71.4	12.6	67.2	20.2	100.0	285
Lit (12+ grade)	7.9	3.7	2.7	1.2	84.6	7.6	66.9	25.5	100.0	213
Wealth quintile										
Lowest	74.1	11.2	0.0	0.0	14.7	26.2	73.8	0.0	100.0	10
Low	48.5	7.9	29.0	0.0	14.6	23.1	72.1	4.8	100.0	24
Medium	41.9	14.4	11.2	3.2	29.4	30.8	56.5	12.8	100.0	96
High	27.3	8.1	8.3	4.2	52.0	32.3	56.7	11.0	100.0	314
Highest	7.1	1.9	1.4	1.9	87.7	10.1	66.0	24.0	100.0	460
Total	**19.6**	**5.7**	**5.5**	**2.8**	**66.4**	**20.5**	**62.0**	**17.5**	**100.0**	**904**

FIGURE 14: EXPOSURE TO FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES



RHIS, Jharkhand, 2010

women watch television regularly compared with 77 percent of the urban women. Similarly, more educated women and those with a better wealth quintile watch television daily compared with those who are illiterate and those who have a lower wealth quintile (Table 42). Among those who watch television once a week, nearly two-thirds watch for one to two hours a day. The number of hours spent watching television also increases with an increase in the literacy levels and household economic status.

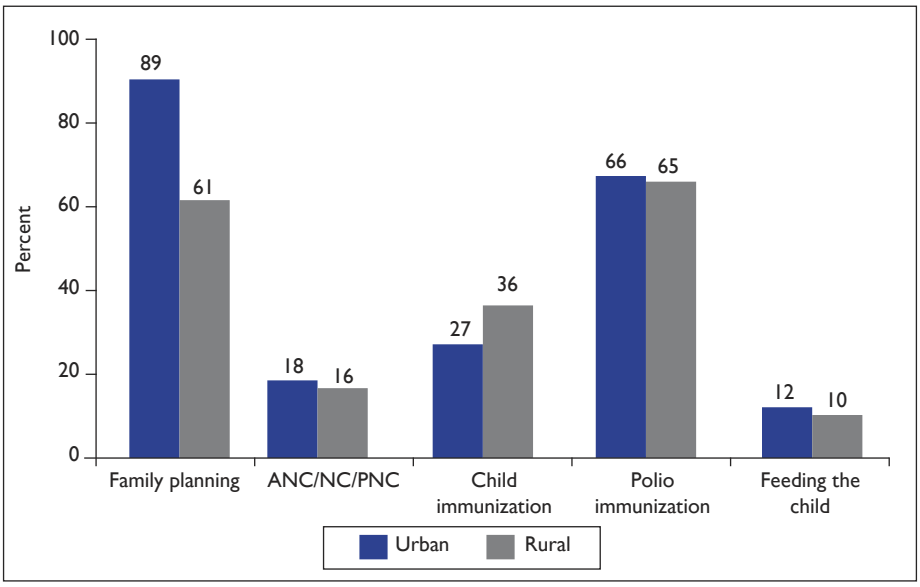
5.2 EXPOSURE TO FAMILY PLANNING/ REPRODUCTIVE HEALTH MESSAGES

Data on exposure of currently married women aged 15-49 years to family planning or reproductive health messages through different media during the three months preceding the survey is provided in Table 43 and Figure 14.

Only 13 percent of the women have heard messages on the radio and 31 percent have seen visuals on television related to family planning or reproductive health. Other common sources/places are posters or banners (22 percent), wall paintings or hoardings (19 percent), newspapers (11 percent) and on buses or vans (6 percent). For all these modes of communication, the proportion of women exposed to the messages differs substantially between rural and urban areas. Similarly, the differentials in the level of exposure among different wealth quintile groups are also substantial. For example, only nine percent of the women from the lowest wealth quintile are exposed to radio messages compared with more than 18 percent for the higher wealth quintile. The differential in the case of exposure to television messages is higher, ranging from three percent in the lowest wealth quintile to 84 percent in the highest wealth quintile.

It is interesting to note that half of the women are exposed to messages on family planning or reproductive health from at least one source, while 27 percent received messages from more than one source. As in the case of messages from a single source, rural-urban and wealth quintiles differentials are also noticed with respect to exposure to multiple sources of information.

FIGURE 15: EXPOSURE TO HEALTH MESSAGES BY TYPE OF MESSAGE



RHIS, Jharkhand, 2010

TABLE 43: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES

Percent of currently married women aged 15-49 years who have heard, seen or read any family planning or reproductive health messages during three months preceding the survey by source of information, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Percent of Currently Married Women Who have Heard, Seen or Read any Family Planning or Reproductive Health Messages														Number of Currently Married Women
	On Radio	On TV	In a Cinema Hall or Theatre	In an Outdoor Video or Film Show	In a News-Paper or Magazine	On a Poster or Banner	On a Bus or Van Panel	In a Leaflet or Handbill	On Wall Painting or Hoarding	In a Drama or Street Play	In a Folk Dance, *Nautanki*, etc.	Any Source	Two or More Sources	None	
Place of residence															
Urban	9.9	76.4	2.2	1.8	27.0	37.5	6.4	7.8	33.0	1.1	0.1	83.4	53.5	16.6	758
Rural	14.5	12.6	0.5	0.6	4.2	15.8	5.2	2.9	12.9	1.2	0.5	37.2	17.0	62.8	1,934
Religion															
Hindu	12.5	31.9	1.1	1.2	11.4	20.7	5.9	4.2	19.2	1.2	0.5	49.7	27.8	50.3	2,003
Muslim	16.7	32.5	0.4	0.2	6.8	24.9	3.2	3.2	18.2	1.4	0.0	57.2	29.7	42.8	399
Other	12.8	18.8	0.7	0.7	10.0	25.8	6.1	5.7	14.5	1.2	0.0	43.5	20.6	56.5	290
Caste/Tribe															
SC/ST	12.7	19.0	0.7	0.7	6.0	17.5	5.2	3.3	13.0	0.7	0.2	42.3	17.9	57.7	899
OBC	12.0	29.0	0.8	1.1	8.5	20.4	5.4	3.8	16.8	1.5	0.6	46.6	25.7	53.4	1,336
Other	17.7	57.7	2.0	1.4	25.7	34.7	6.5	7.2	34.4	1.4	0.1	76.2	50.4	23.8	457
Education															
Illiterate	8.5	11.8	0.2	0.5	0.3	11.1	2.2	0.4	6.9	0.6	0.2	30.3	8.9	69.7	1,498
Lit (<8th grade)	19.6	36.3	1.3	1.1	6.5	21.8	4.6	5.9	20.0	1.4	0.7	60.7	32.5	39.3	450
Lit (8-11th grade)	18.4	55.5	1.1	1.5	23.1	37.2	11.5	8.1	35.3	2.3	0.4	78.1	51.1	21.9	483
Lit (12+ grade)	19.5	83.7	4.5	3.0	56.7	56.8	16.0	16.9	53.8	2.6	0.9	95.9	82.1	4.1	247
Lit (Non-Formal)	20.3	49.9	0.0	0.0	0.0	38.6	0.0	0.0	17.4	0.0	0.0	69.4	38.3	30.6	14
Wealth quintile															
Lowest	8.6	3.4	0.0	0.0	1.5	16.1	3.8	1.4	9.4	0.0	0.1	29.9	8.8	70.1	389
Low	11.5	6.0	0.0	0.2	1.0	13.9	4.4	3.3	9.3	0.9	0.5	31.9	12.0	68.1	532
Medium	14.4	12.1	0.5	0.6	2.9	15.3	4.1	2.1	11.1	1.4	0.5	36.5	15.9	63.5	620
High	18.1	38.4	1.3	1.7	8.0	19.1	5.2	4.0	19.5	2.3	0.3	57.2	29.5	42.8	578
Highest	11.6	83.8	2.5	2.0	36.6	43.1	9.5	9.6	40.4	1.0	0.4	88.8	64.2	11.2	573
Total	**13.2**	**30.5**	**0.9**	**1.0**	**10.6**	**21.9**	**5.5**	**4.2**	**18.5**	**1.2**	**0.4**	**50.2**	**27.3**	**49.8**	**2,692**

TABLE 44: TYPE OF FAMILY PLANNING AND/OR REPRODUCTIVE HEALTH MESSAGES HEARD, READ OR SEEN

Percent distribution of currently married women aged 15-49 years who have heard, read or seen any family planning or reproductive health messages by type of message, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Family Planning	ANC/ PNC	Child Immunization	Polio Immunization	Feeding the Child	Other	Number of Currently Married Women
Place of residence							
Urban	89.3	18.3	26.9	66.1	12.0	4.1	632
Rural	60.9	16.1	36.0	65.1	10.0	5.0	719
Religion							
Hindu	77.3	17.4	30.4	63.1	10.5	5.3	996
Muslim	65.0	13.2	40.1	73.3	12.9	2.7	228
Other	66.2	22.3	27.9	70.7	10.6	2.4	126
Caste/Tribe							
SC/ST	67.4	15.1	27.9	65.7	9.5	2.8	380
OBC	72.5	17.1	32.3	64.7	11.3	5.8	623
Other	84.6	19.3	35.2	66.8	11.8	4.2	348
Education							
Illiterate	49.8	11.3	29.6	73.3	7.4	4.4	454
Lit (<8th grade)	76.0	15.2	29.4	61.1	12.0	4.2	273
Lit (8-11th grade)	87.6	18.9	33.7	62.3	11.4	5.6	377
Lit (12+ grade)	96.6	28.4	36.9	60.9	15.3	3.6	236
Lit (Non-Formal)	90.1	0.0	2.4	66.4	19.0	9.9	10
Wealth quintile							
Lowest	35.4	7.8	34.0	85.5	1.4	2.3	116
Low	46.0	13.7	40.6	75.8	8.5	4.3	170
Medium	63.0	17.8	30.9	61.7	10.6	6.9	226
High	80.3	13.5	29.4	57.1	12.1	6.7	330
Highest	93.4	22.4	30.3	64.7	13.2	2.8	508
Birth during past two years							
Yes	72.8	17.5	37.9	66.2	10.2	4.4	315
No	74.6	17.0	29.9	65.3	11.1	4.6	1,035
Total	**74.2**	**17.1**	**31.8**	**65.5**	**10.9**	**4.6**	**1,351**

Note: Based on those who have seen, heard or read any messages on family planning or reproductive health from any source.

5.2.1 Type of Messages

The women who have been exposed to messages on family planning or reproductive health were asked about the specific types of messages they had heard/seen/read. Nearly three-fourths have heard/seen/read messages on family planning, two-thirds on polio immunization and nearly one-third on child immunization (Table 44).

Eleven percent were exposed to messages on breastfeeding and supplementary feeding of the child, and another 17 percent on antenatal/postnatal care. Women belonging to urban areas are more likely to receive multiple types of messages compared with their rural counterparts, the only exception being child immunization (Figure 15). Exposure to different type of reproductive messages also increases with literacy levels.

TABLE 45: ACCEPTABILITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES ON MASS MEDIA

Percent of currently married women aged 15-49 years for whom the message on family planning and reproductive health messages are acceptable and distribution among those who do not accept them by place of residence, according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Urban	Rural	Total	Number of Currently Married Women
Age				
15-24	100.0	99.9	99.9	402
25-34	100.0	98.9	99.4	528
35-49	98.9	100.0	99.4	421
Religion				
Hindu	99.4	99.7	99.6	996
Muslim	100.0	98.6	99.3	228
Other	100.0	100.0	100.0	126
Caste/Tribe				
SC/ST	100.0	99.7	99.8	380
OBC	100.0	99.8	99.9	623
Other	98.9	98.7	98.8	348
Education				
Illiterate	100.0	99.2	99.4	454
Lit (<8th grade)	100.0	100.0	100.0	273
Lit (8-11th grade)	99.2	99.7	99.4	377
Lit (12+ grade)	99.4	100.0	99.6	236
Lit (Non-Formal)	100.0	100.0	100.0	10
Wealth quintile				
Lowest	100.0	97.6	97.7	116
Low	100.0	99.6	99.6	170
Medium	100.0	100.0	100.0	226
High	100.0	100.0	100.0	330
Highest	99.4	100.0	99.5	508
Total	**99.6**	**99.5**	**99.6**	**1,351**

5.2.2 Acceptability of Family Planning or Reproductive Health Messages

Communication initiatives need to be accepted by the audience/community to really work, and in this context, the respondents were questioned on the acceptability of family planning and reproductive health messages. Almost all the respondents who were exposed to the messages find them acceptable (Table 45). There are no differentials in the proportion of women accepting these messages across different sub-groups, which indicates that all sections of the society are satisfied with the messages being conveyed.

5.2.3 Efficacy of Family Planning/Reproductive Health Messages in Promoting Use of Contraceptive Methods

Those exposed to family planning or reproductive health messages were asked whether these messages promote the use of contraceptive methods. Almost 98 percent of the respondents felt that the messages do promote use of family planning methods (Table 46).

As in the case of acceptability, the perceived efficacy of these messages in promoting the use of contraceptive methods is more or less the same among different sub-

TABLE 46: WHETHER FAMILY PLANNING MESSAGES CAN PROMOTE THE USAGE

Percent of currently married women aged 15-49 years among those who have heard/seen/read any message on family planning by agreement of the message in promoting the use, according to selected characteristics, RHIS, Jharkhand, 2010

Characteristics	Percent of Currently Married Women Who Agree that the Messages Promote Use of Family Planning Methods				
	Yes	No	Can't Say	Total Percent	Number
Age					
15-24	98.7	0.8	0.5	100.0	287
25-34	97.8	2.0	0.2	100.0	409
35-49	96.2	2.3	1.5	100.0	305
Place of residence					
Urban	98.6	1.3	0.1	100.0	564
Rural	96.3	2.3	1.4	100.0	438
Religion					
Hindu	97.7	1.6	0.7	100.0	770
Muslim	97.2	2.8	0.0	100.0	148
Other	96.8	1.0	2.2	100.0	84
Caste/Tribe					
SC/ST	96.5	2.2	1.3	100.0	256
OBC	97.6	2.0	0.3	100.0	451
Other	98.5	0.8	0.7	100.0	294
Education					
Illiterate	96.0	3.1	0.9	100.0	226
Lit (<8th grade)	95.6	2.7	1.7	100.0	208
Lit (8-11th grade)	99.3	0.3	0.4	100.0	331
Lit (12+ grade)	98.7	1.3	0.0	100.0	228
Lit (Non-Formal)	89.7	10.3	0.0	100.0	9
Wealth quintile					
Lowest	96.4	0.0	3.6	100.0	41
Low	91.5	6.1	2.3	100.0	78
Medium	97.8	2.2	0.0	100.0	143
High	97.1	1.8	1.1	100.0	265
Highest	98.9	1.0	0.2	100.0	475
Total	**97.6**	**1.7**	**0.7**	**100.0**	**1,002**

Note: Based on those who have seen, heard or read any messages on family planning.

groups. However, urban women tend to agree more that the family planning messages promote use of contraceptive methods. The perception that the messages promote family planning methods increases with the level of literacy and the standard of living.

5.3 CONCLUSIONS

Exposure to mass media is still far from universal in the state. Eighty-five percent and 26 percent of the urban and rural women, respectively, are exposed to any form of mass media. Only 15 percent listen to the radio at least once a week, 34 percent watch television at least once a week, 14 percent read newspapers at least once a week and three percent go to a cinema hall to watch a movie at least once a year. However, there are large differentials by place of residence and wealth quintiles.

Only 13 percent of the women have heard any family planning/ reproductive health messages on radio during the three months preceding the survey. Thirty-one percent have seen messages on television, but the urban-rural divide is much greater in this case: 76 percent (urban) and 13 percent (rural). Key sources of information on family planning/reproductive health were posters/banners (22 percent), wall paintings/ hoardings (19 percent) and on buses/van panels (6 percent). Seventy-four percent of the messages were on family planning, 66 percent on polio immunization, 32 percent on routine child immunization, 17 percent on antenatal/postnatal care and

11 percent on breastfeeding and supplementary feeding of the child.

Lower proportion of women receiving messages on antenatal care/postnatal care, breastfeeding and supplementary feeding practices could be attributed to the limited dissemination of related messages through media. Therefore, these components of the information, education and communication (IEC) campaign need to be strengthened to achieve the National Rural Health Mission (NRHM) goals.

Chapter VI

MATERNAL HEALTH AND CHILD CARE PRACTICES

Utilization of maternal health services is vital as it is not only beneficial for the mother's own health status, but also for improving the survival chances and health status of her children. Important elements of the maternal and child health program include provision of antenatal care (ANC) comprising at least three visits by a health worker, provision of IFA tablets, at least two doses of TT injection, encouraging institutional deliveries, assistance at delivery by trained personnel and provision of postnatal care (PNC).

Information on maternal health and child care practices has been collected from women who gave birth in the two years preceding the survey.

6.1 ANTENATAL CARE

6.1.1 Antenatal Care Check-ups

Almost all (95 percent) of the mothers received some form of ANC (Table 47). The health workers, mainly doctors, were the key sources for providing antenatal services (about 44 percent) followed by ANMs/nurses/lady health visitors (LHVs) (22 percent).

Utilization of ANC was highest among mothers aged below 20 years at birth and showed a decreasing trend with increase in maternal age at birth. Utilization of ANC services was highest among women of low parity and decreased with an increase in parity. The rural-urban differential also exists in this context, as utilization of ANC services was a little higher in urban areas (98 percent) as compared with the rural areas (93 percent). Education of the mother has a positive impact on the uptake of ANC services. Religious and caste differentials in use of ANC services were also not very pronounced. Among the economic indicators, it is evident that utilization of antenatal services increases with an increase in standard of living. Only 88 percent of the women from lowest wealth quintile utilized any ANC as compared with 100 percent of the women from the highest quintile.

The proportion seeking antenatal check-ups from doctors decreases as the parity of women increases; 55 percent of women with parity one received ANC from a doctor compared with only 27 percent of women with parity four or more. Antenatal check-ups from doctors were more than double among urban women (76 percent) than women in rural areas (34 percent). Similarly, the proportion of respondents receiving antenatal services from doctors is directly proportional to the level of education as well as economic status of the household.

6.1.2 Number of Antenatal Check-ups and Timing of First Antenatal Check-up

Of those who received ANC, 38 percent have had three or more antenatal check-ups, 13 percent received two check-ups, while 15 percent had just one visit (Table 48). More urban mothers received three or more antenatal check-ups (72 percent) compared with only 27 percent of rural mothers (Figure 16). The wealth quintile also determines the number of antenatal check-ups. Of the women who belong to the lowest wealth quintile, only 19 percent received three or more antenatal check-ups compared with 85 percent of women from the highest quintile.

The majority of women (45 percent) availed their first antenatal check-up during the first trimester of pregnancy, while about 18 percent did so during the second trimester. Seventy-seven percent of the urban women received their first antenatal check-up during the first trimester as compared with just 34 percent of the rural women.

TABLE 47: ANTENATAL CARE

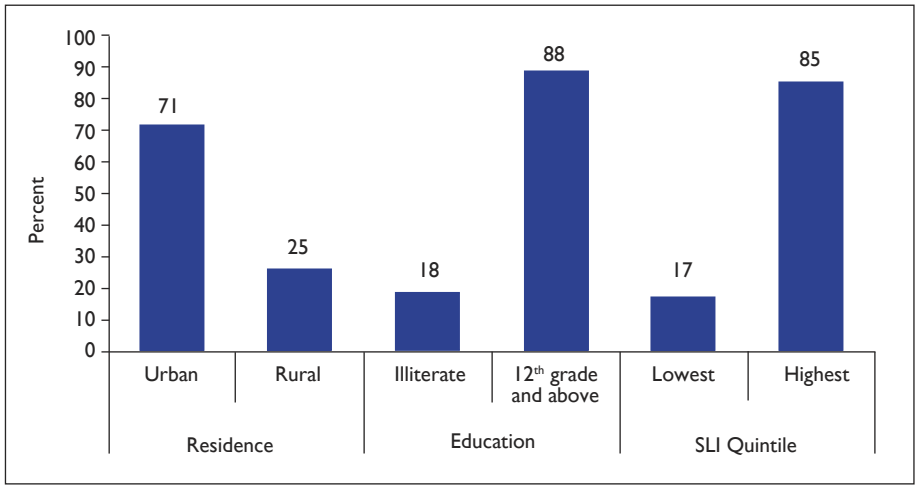
Percent distribution of currently married women aged 15-49 years who had a live birth in the two years preceding the survey by ANC provider during pregnancy for the most recent birth, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Any ANC	Number of Women	Antenatal Care Provider			Number of Women
			Doctor	ANM/Nurse	No Check-up*	
Age at birth						
<20	95.9	130	38.9	25.1	36.0	125
20-34	94.7	501	47.9	20.2	31.9	475
35-49	86.7	33	10.5	31.2	58.3	28
Parity						
1	98.3	206	54.9	19.9	25.2	203
2	94.0	178	50.4	24.4	25.3	167
3	93.3	125	39.4	17.6	43.1	117
4+	91.1	155	26.5	24.4	49.1	141
Residence						
Urban	98.3	154	76.3	14.2	9.5	152
Rural	93.4	510	34.2	24.1	41.7	476
Education						
Illiterate	91.2	357	25.9	23.4	50.7	325
Lit (<8th grade)	97.0	114	50.2	20.7	29.1	110
Lit (8-11th grade)	100.0	125	64.8	23.3	11.9	125
Lit (12+ grade)	100.0	65	88.8	9.7	1.4	65
Religion						
Hindu	96.2	445	46.3	21.1	32.6	428
Muslim	88.5	146	41.8	15.4	42.8	129
Other	96.6	73	37.8	36.5	25.7	70
Caste/Tribe						
SC/ST	95.5	223	35.1	26.8	38.1	213
OBC	94.5	320	48.2	19.8	31.9	302
Other	92.9	121	51.8	16.9	31.3	113
Wealth quintile						
Lowest	88.1	135	27.5	22.5	50.0	119
Low	89.8	164	25.4	23.0	51.6	149
Medium	99.3	151	40.7	25.6	33.7	150
High	98.0	129	56.4	24.0	19.6	126
Highest	100.0	85	89.5	7.6	2.9	85
Total	**94.5**	**664**	**44.4**	**21.7**	**33.9**	**628**

Note: If more than one source of ANC was mentioned, only the provider with the highest qualification is considered in this tabulation.
ANM = Auxiliary nurse midwife; LHV = Lady health visitor; TBA = Traditional birth attendant; ISM = Indian system of medicine
*Received only IFA tablets/syrup or/and TT injections.

The likelihood of getting the first antenatal check-up done during the first trimester also increases with an increase in standard of living. Twenty-two percent of the mothers belonging to the lowest wealth quintile had their first antenatal check-up during the first trimester of pregnancy compared with 89 percent of the mothers belonging to the highest wealth quintile (Figure 17).

FIGURE 16: PERCENT OF RESPONDENTS WHO RECEIVED THREE OR MORE ANTENATAL CHECK-UPS



RHIS, Jharkhand, 2010

6.2 IRON AND FOLIC ACID SUPPLEMENTATION

Table 49 shows that 74 percent of mothers received IFA supplements for their most recent birth in last two years preceding the survey.

IFA coverage is well below average for older women, women with fourth or higher order births, women with no education, Muslim women, and women in households in the lowest wealth quintile. IFA coverage is also much lower in rural areas (70 percent) than in urban areas (89 percent).

The government sector is, by far, the most important source of supply of IFA tablets/syrup, accounting for slightly more than half of the supply (Table 49). Forty-seven percent of the mothers obtained their supply of IFA

TABLE 48: NUMBER OF ANTENATAL CARE VISITS AND STAGE OF PREGNANCY

Percent distribution of currently married women aged 15-49 years who had a live birth in the two years preceding the survey by number of antenatal care visits and by the stage of pregnancy for the most recent birth, according to residence and wealth quintile, RHIS, Jharkhand, 2010

Number of Antenatal Care Visits	Residence		Wealth Quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
1 visit	8.0	17.5	16.2	14.6	18.6	16.9	6.4	15.2
2 visits	10.4	13.6	14.8	18.0	12.5	9.9	5.9	12.8
3 visits	18.6	15.1	12.1	9.9	21.3	20.1	16.2	16.0
4 or more visits	53.5	12.1	7.0	6.2	13.9	33.5	68.6	22.1
No visit*	9.5	41.7	50.0	51.3	33.7	19.6	2.9	33.9
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Months pregnant at the time of first ANC visit								
First trimester	77.1	34.3	22.4	25.9	46.9	54.8	89.1	44.6
Second trimester	12.7	20.1	22.8	17.3	16.4	24.4	8.0	18.3
Third trimester	0.7	4.0	4.9	5.5	2.9	1.2	0.0	3.2
No visit*	9.5	41.7	50.0	51.3	33.7	19.6	2.9	33.9
Total percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
Number of women	152	476	119	148	150	126	85	628

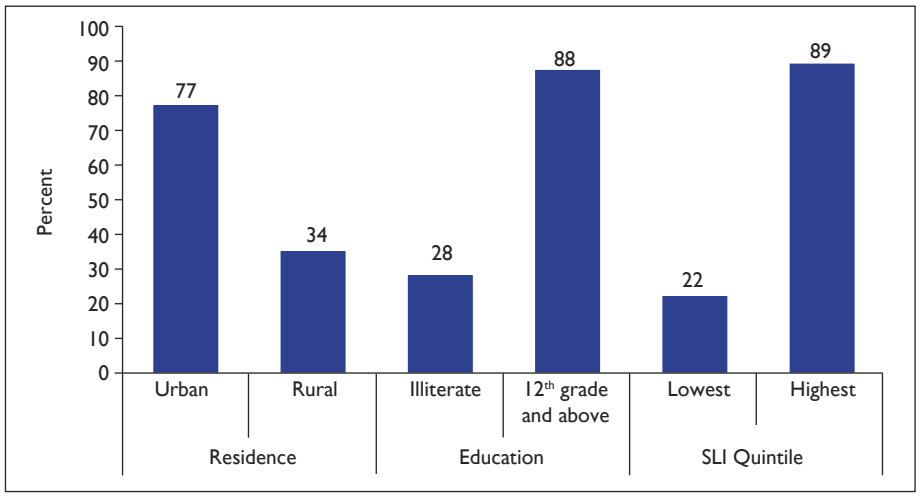
*Received only IFA tablets/syrup or/and TT injections.

tablets/syrup from private sources. Private sources gain on, and surpass government sources in the urban areas and in the upper two wealth quintiles. In the urban areas, the private sector caters to 67 percent of the needs, but only to 39 percent in rural areas. More Hindu mothers (50 percent) received IFA tablets/syrup from private sources compared with Muslim mothers (41 percent). Eighty-one percent of the mothers from the highest wealth quintile obtained IFA supplements from private sources compared with 25 percent in the lowest wealth quintile.

6.2.1 Reasons for Non-Consumption of IFA Supplements

The mothers who had received IFA tablets/syrup and not consumed the entire supply were asked their reasons for doing so. About 12 percent felt that they did not require all the IFA tablets they had received, another 19 percent complained of feeling sick, eight percent felt that the baby would not be fair in complexion/there will be problems during delivery, and six percent complained of constipation (Table 50). The reasons for women not consuming IFA supplements vary with place of residence and standard of living.

FIGURE 17: ANTENATAL CHECK-UP IN FIRST TRIMESTER



RHIS, Jharkhand, 2010

TABLE 49: CONSUMPTION AND SOURCE OF IFA TABLETS/SYRUP

Among currently married women aged 15-49 years with a live birth in the two years preceding the survey, percent who received IFA tablets/syrup by source during the pregnancy for their most recent birth by background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Percentage Received IFA Tablets/ Syrup	Number of Women	Source of IFA Tablets/Syrup					Number of Women
			Govern-ment	Private	NGO/ Trust	Other/ Missing	Total Percent	
Mother's age at birth								
<20	69.7	130	50.1	46.4	1.7	1.9	100.0	91
20-34	76.1	501	52.2	47.4	0.2	0.3	100.0	381
35-49	58.7	33	58.6	41.4	0.0	0.0	100.0	19
Parity								
1	76.4	206	46.2	51.8	1.0	1.1	100.0	158
2	76.6	178	43.3	56.1	0.6	0.0	100.0	136
3	75.9	125	60.7	39.3	0.0	0.0	100.0	95
4+	66.3	155	64.6	34.5	0.0	1.0	100.0	103
Residence								
Urban	88.7	154	31.4	67.3	0.6	0.7	100.0	137
Rural	69.5	510	60.0	39.1	0.4	0.5	100.0	354

Contd...

Background Characteristics	Percentage Received IFA Tablets/ Syrup	Number of Women	Source of IFA Tablets/Syrup					Number of Women
			Govern-ment	Private	NGO/ Trust	Other/ Missing	Total Percent	
Education								
Illiterate	64.3	357	65.3	34.7	0.0	0.0	100.0	229
Lit (<8th grade)	76.7	114	48.6	49.7	1.7	0.0	100.0	87
Lit (8-11th grade)	88.4	125	44.4	54.7	0.0	0.9	100.0	111
Lit (12+ grade)	96.1	65	22.9	73.0	1.3	2.7	100.0	62
Other (Non-formal)	54.8	4	11.2	88.8	0.0	0.0	100.0	2
Religion								
Hindu	77.5	445	48.6	50.4	0.2	0.8	100.0	345
Muslim	57.3	146	57.4	40.8	1.8	0.0	100.0	84
Other	85.8	73	63.8	36.2	0.0	0.0	100.0	62
Caste/Tribe								
SC/ST	77.3	223	63.4	36.6	0.0	0.0	100.0	172
OBC	71.6	320	46.6	53.4	0.0	0.0	100.0	229
Other	74.3	121	44.2	50.3	2.6	3.0	100.0	90
Wealth quintile								
Lowest	65.0	135	75.3	24.7	0.0	0.0	100.0	88
Low	67.5	164	63.3	36.7	1.4	0.0	100.0	111
Medium	72.3	151	59.4	39.2	0.0	0.0	100.0	109
High	81.0	129	38.8	58.6	0.0	2.6	100.0	104
Highest	93.3	85	17.7	81.2	1.0	0.0	100.0	79
Total	**74.0**	**664**	**52.0**	**46.9**	**0.5**	**0.5**	**100.0**	**491**

TABLE 50: REASONS FOR NOT CONSUMING IFA SUPPLEMENTS

Percentage of currently married women aged 15-49 years who had birth in the two years preceding the survey by reasons for not consuming all IFA tablets/syrup, according to residence and wealth quintile, RHIS, Jharkhand, 2010

Reason	Residence		Wealth Quintile					Total
	Urban	Rural	Lowest	Low	Medium	High	Highest	
Constipation	0.0	7.6	14.4	3.6	8.7	3.5	0.0	6.1
Pain in abdomen	0.0	3.0	6.0	2.6	3.4	0.0	0.0	2.4
Stomach upset/Diarrhea	3.8	2.5	6.4	0.0	0.0	5.2	6.9	2.8
Feeling sick	18.8	19.3	22.3	21.6	22.4	10.2	20.1	19.2
Black stools	4.1	0.1	0.0	0.0	0.4	0.0	7.6	0.9
Baby will not be fair	0.0	1.6	0.0	0.0	4.4	0.0	0.0	1.3
Baby will be big/problem in delivery	14.7	6.9	21.8	3.6	7.9	10.2	0.0	8.4
I don't need them all	15.0	10.8	9.8	10.3	19.4	0.0	20.4	11.6
Other	51.4	56.4	31.7	58.3	46.8	76.1	59.5	55.5
Number of women	24	100	17	31	35	28	13	124

6.2.2 Importance of IFA Supplements

All currently married women aged 15-49 years were asked about the importance of IFA supplementation during pregnancy. Eighty-three percent reported that it is necessary to have IFA supplementation (Table 51). Women below 20 years of age and women aged 35-49 years perceive the importance of IFA supplementation to be lesser compared with older women (aged 20-34 years). The perceived importance of IFA supplementation increases as the parity of women increases.

A significant variation in terms of importance of IFA supplementation was found among women living in rural and urban areas. Ninety-two percent of women from urban areas report that IFA tablets/syrup is necessary compared with 80 percent of women from rural areas. Among the illiterate women, 76 percent were aware of the importance of IFA supplementation. Among the women in lowest wealth quintile, knowledge about the necessity of IFA is low (74 percent) compared with women from the highest wealth quintile (96 percent).

The women who felt that IFA supplementation is necessary were asked about the number of tablets a pregnant woman should

TABLE 51: IMPORTANCE OF IFA TABLETS/SYRUP

Among currently married women aged 15-49 years by knowledge about importance of IFA tablets/syrup according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Percent Reporting IFA Tablets/ Syrup Necessary	Number of Women	Distribution of Eligible Women by Number of Tablets						Number of Women Who Report IFA is Necessary
			<30	30-49	50-74	75-99	100+	Don't Know	
Age of women									
15-19	74.0	224	10.3	3.9	3.3	5.9	34.0	42.6	166
20-24	86.2	598	5.6	8.6	7.7	7.2	37.5	33.3	515
25-34	86.0	988	6.7	8.6	7.4	9.0	33.1	35.3	850
35-49	80.5	882	5.6	6.0	5.6	8.2	28.4	46.3	709
Parity									
0	77.7	279	6.4	6.8	6.0	6.2	31.1	43.6	217
1	86.1	415	6.4	7.8	6.4	8.6	41.1	29.6	358
2	86.6	569	6.6	4.8	6.4	9.7	38.6	33.8	493
3	86.2	504	5.2	8.5	6.2	8.6	31.0	40.4	434
4+	79.9	925	6.8	8.5	7.2	7.1	26.1	44.3	740
Residence									
Urban	91.8	758	4.6	3.6	3.6	11.0	40.8	36.4	696
Rural	79.9	1,934	7.2	9.2	7.9	6.8	29.0	40.0	1,545
Religion									
Hindu	83.5	2,003	6.1	7.4	6.9	7.6	30.9	41.0	1,672
Muslim	80.4	399	9.5	10.0	6.6	7.7	37.1	29.1	321
Other	85.5	290	3.9	4.5	4.4	12.0	38.7	36.6	248
Caste/Tribe									
SC/ST	81.2	899	5.5	8.5	7.7	8.7	32.5	37.1	731
OBC	81.7	1,336	6.3	6.7	6.1	7.1	28.5	45.2	1,092
Other	91.5	457	8.0	7.4	5.7	9.6	43.9	25.4	418

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Background Characteristics	Percent Reporting IFA Tablets/Syrup Necessary	Number of Women	Distribution of Eligible Women by Number of Tablets						Number of Women Who Report IFA is Necessary
			<30	30-49	50-74	75-99	100+	Don't know	
Education									
Illiterate	76.0	1,498	7.3	9.8	7.6	6.7	24.3	44.2	1,138
Lit (<8th grade)	85.5	450	7.7	6.6	6.7	8.4	33.6	37.1	385
Lit (8-11th grade)	94.9	483	4.8	4.4	5.5	9.9	42.2	33.3	458
Lit (12+ grade)	99.6	247	2.9	2.2	4.0	11.1	52.0	27.8	246
Other (Non-formal)	100.0	14	4.3	23.1	0.0	7.4	36.4	28.6	14
Wealth quintile									
Lowest	73.6	473	9.5	12.1	6.5	9.7	29.3	32.8	348
Low	79.6	545	8.1	9.1	11.0	4.4	28.0	39.5	434
Medium	80.6	612	6.8	7.0	7.4	6.4	31.0	41.4	493
High	86.8	574	3.9	6.5	4.4	8.8	31.6	44.9	498
Highest	95.7	488	4.6	3.7	4.1	11.4	42.5	33.7	467
Total	**83.2**	**2,692**	**6.4**	**7.4**	**6.6**	**8.1**	**32.7**	**38.8**	**2,241**

have during pregnancy. Thirty-nine percent did not know the required number of tablets to be consumed during pregnancy; no rural-urban differentials were noticed in this regard. The ideal quantity of 100 or more IFA tablets was reported by only one-third of the women (41 percent in urban and 29 percent in rural areas). This highlights the need for more focused communication initiatives to promote the consumption of adequate IFA supplements.

6.3 TETANUS TOXOID INJECTION

Ninety-four percent of mothers received at least one TT injection during pregnancy for their most recent birth (Table 52). The proportion of mothers receiving TT injections during pregnancy for the most recent birth is substantially lower among older mothers, mothers of higher parity (four or more), mothers with no education, Muslim mothers, and mothers from households belonging to the lowest wealth quintile. TT coverage increases with the education level of women and is considerably higher in urban areas (98 percent) than in rural areas (93 percent).

The government sector is the largest source of TT injections, accounting for more than two-thirds of the supply, while the private sector caters to the needs of one-third. Private sector in the urban areas and public sector in rural areas are the major sources of TT injections, responsible for providing 62 percent and 76 percent of the TT injections, respectively.

With increases in the levels of education and standard of living, there is a shift in availing TT services from the public to the private sector. About 22 percent of the illiterate mothers sought TT services from the private sector, while more than 70 percent of the mothers with at least 12th grade education also turned to private sector sources. Only 12 percent of the mothers from the lowest wealth quintile obtained TT services from private facilities, whereas 78 percent from the highest wealth quintile availed TT services at private facilities.

6.3.1 Importance of TT Injection

All eligible women were asked about the importance of TT injections as well as the number of injections needed during pregnancy. Almost all (93 percent) the respondents agreed that it was necessary to get TT injection, both in rural and urban areas (Table 53). This perception was also similar across all the wealth quintiles, as over 88 percent of women in each quintile subscribed to this view.

Unlike the relative lack of knowledge regarding IFA supplementation,

TABLE 52: TT INJECTIONS

Among currently married women aged 15-49 years with a birth in the two years preceding the survey, percentage who received TT injection and by source of TT injection during the pregnancy for their most recent birth by background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Received TT Injection	Number of Women	Source of IFA TT Injection				Number of Women
			Govern-ment	Privet	NGO/ Trust	Total Percent	
Mother's age at birth							
<20	95.3	130	66.9	33.1	0.0	100.0	124
20-34	94.5	501	65.4	34.3	0.3	100.0	473
35-49	78.4	33	83.4	16.6	0.0	100.0	26
Parity							
1	98.2	206	60.0	39.7	0.3	100.0	202
2	93.1	178	61.5	38.0	0.5	100.0	165
3	93.3	125	72.9	27.1	0.0	100.0	117
4+	89.3	155	76.5	23.5	0.0	100.0	138
Residence							
Urban	98.3	154	37.4	61.7	0.9	100.0	152
Rural	92.5	510	75.8	24.2	0.0	100.0	471
Education							
Illiterate	90.4	357	77.8	22.2	0.0	100.0	322
Lit (<8th grade)	95.8	114	67.7	32.3	0.0	100.0	109
Lit (8-11th grade)	100.0	125	56.0	44.0	0.0	100.0	125
Lit (12+ grade)	100.0	65	27.5	70.4	2.1	100.0	65
Religion							
Hindu	95.9	445	67.2	32.5	0.3	100.0	427
Muslim	87.6	146	54.9	45.1	0.0	100.0	128
Other	93.8	73	83.6	16.4	0.0	100.0	68
Caste/Tribe							
SC/ST	94.1	223	80.1	19.9	0.0	100.0	210
OBC	94.1	320	62.9	37.1	0.0	100.0	301
Other	92.9	121	50.7	48.1	1.2	100.0	113
Wealth quintile							
Lowest	87.1	135	87.9	12.1	0.0	100.0	117
Low	88.9	164	87.9	21.0	0.0	100.0	146
Medium	98.3	151	87.9	26.0	0.0	100.0	149
High	98.0	129	54.3	45.7	0.0	100.0	126
Highest	100.0	85	20.3	78.1	1.6	100.0	85
Total	**93.8**	**664**	**66.5**	**33.3**	**0.2**	**100.0**	**623**

TABLE 53: IMPORTANCE OF TT INJECTIONS

Among currently married women aged 15-49 years by knowledge about importance of TT injections according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Percent Reporting TT Injections Necessary	Number of Women	Distribution of Eligible Women by Number of Injections				Number of Women Who Report TT is Necessary
			One	Two	Three or More	Don't Know	
Age of women							
15-19	91.0	224	0.7	41.6	41.0	16.8	204
20-24	93.1	598	1.5	51.2	41.2	6.1	557
25-34	95.3	988	2.3	43.6	47.1	7.0	942
35-49	91.3	882	2.1	32.0	53.5	12.4	805
Parity							
0	91.5	279	0.9	33.0	42.9	23.2	255
1	95.1	415	1.5	50.4	41.9	6.1	395
2	96.7	569	2.0	47.2	45.9	4.9	550
3	93.7	504	1.9	41.1	50.5	6.5	472
4+	90.3	925	2.4	36.0	50.4	11.2	836
Residence							
Urban	98.4	758	1.4	41.0	50.2	7.4	746
Rural	91.1	1,934	2.2	41.5	46.1	10.2	1,761
Religion							
Hindu	93.1	2,003	1.7	39.6	48.7	10.0	1,865
Muslim	95.4	399	2.3	46.0	47.5	4.2	380
Other	90.1	290	2.6	47.7	37.3	12.4	262
Caste/Tribe							
SC/ST	90.2	899	2.2	43.8	42.9	11.1	811
OBC	94.1	1,336	1.9	37.8	50.7	9.6	1,256
Other	96.3	457	1.5	47.1	45.9	5.4	440
Education							
Illiterate	89.9	1,498	2.4	36.6	50.0	11.0	1,347
Lit (<8th grade)	95.1	450	1.5	43.0	47.4	8.1	428
Lit (8-11th grade)	98.4	483	1.5	47.7	43.5	7.3	475
Lit (12+ grade)	98.2	247	0.9	52.1	40.4	6.6	242
Other (Non-formal)	100.0	14	0.0	57.8	42.2		14
Wealth quintile							
Lowest	88.4	473	3.6	42.7	43.4	10.3	418
Low	88.5	545	2.0	42.8	45.4	9.8	482
Medium	92.2	612	2.2	38.6	48.3	10.9	564
High	97.5	574	0.8	40.3	49.2	9.7	560
Highest	98.9	488	1.4	43.4	49.5	5.8	483
Total	**93.1**	**2,692**	**1.9**	**41.4**	**47.3**	**9.3**	**2,507**

TABLE 54: ANTENATAL CARE INDICATORS

Among currently married women aged 15-49 years with a live birth in the two years preceding the survey, percentage who received different types of ANC during the pregnancy for their most recent live birth by background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Had Three or More ANC Visits	ANC Visit in the First Trimester of Pregnancy	Received Two or more TT Injections during the Pregnancy	Took IFA/ Syrup for At Least 100 Days	Full Antenatal Care*	Number of Women
Mother's age at birth						
<20	32.8	42.3	91.0	29.1	19.6	130
20-34	38.4	46.5	92.8	39.1	22.4	501
35-49	11.4	23.2	69.5	27.3	8.9	33
Parity						
1	44.7	53.7	93.5	39.2	27.9	206
2	44.9	52.2	91.9	43.0	26.8	178
3	29.5	36.8	92.0	28.3	14.0	125
4+	19.5	28.9	87.0	32.1	11.5	155
Residence						
Urban	71.0	77.1	97.7	52.9	44.9	154
Rural	25.4	34.3	89.4	31.6	14.0	510
Education						
Illiterate	18.0	28.2	87.9	28.3	8.9	357
Lit (<8th grade)	36.8	45.0	90.9	36.9	22.5	114
Lit (8-11th grade)	59.5	65.2	98.8	47.7	36.6	125
Lit (12+ grade)	87.8	87.8	98.4	60.9	57.0	65
Religion						
Hindu	37.3	47.3	92.3	33.8	20.2	445
Muslim	31.9	40.2	87.6	32.3	21.2	146
Other	36.6	36.4	92.3	61.8	27.1	73
Caste/Tribe						
SC/ST	28.8	35.2	88.4	41.2	17.1	223
OBC	34.7	46.6	93.1	30.2	19.2	320
Other	52.7	57.1	91.9	44.8	33.9	121
Wealth quintile						
Lowest	16.8	22.4	82.3	32.1	7.9	135
Low	14.5	25.9	87.2	30.8	8.2	164
Medium	35.0	46.9	94.1	30.1	18.1	151
High	52.6	54.8	96.8	39.5	31.8	129
Highest	84.8	89.1	100.0	61.6	56.4	85
Total	**36.0**	**44.6**	**91.3**	**36.5**	**21.2**	**664**

*Have 3 or more antenatal care visits, adequate IFA tablets/syrup, and adequate TT injection.

41 percent reported that two injections are needed during one pregnancy and three or more injections were reported as the stipulated dosage by another 47 percent. Presumably, awareness on the need for TT injections during pregnancy is quite high. However, more initiatives are needed to educate the women regarding the number of injections needed during a pregnancy.

6.4 ANTENATAL CARE INDICATORS

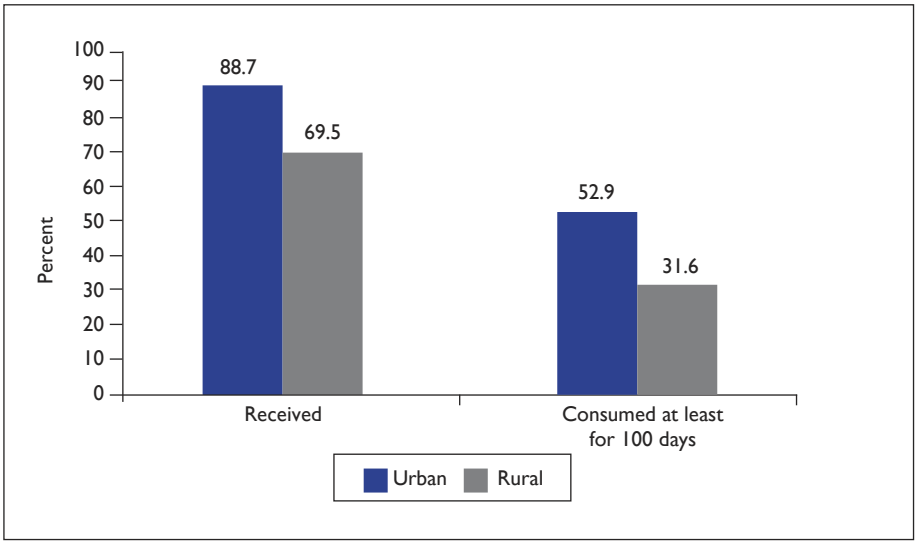
Table 54 shows differentials in the percentage of mothers who received different types of ANC for their most recent birth in last two years preceding the survey.

Among the mothers who gave birth in last two years preceding the survey, 36 percent of them had three or more ANC visits. The proportion of three or more ANC visits was low among mothers aged 35-49 years (11 percent), mothers with parity four or more (20 percent), mothers living in rural areas (25 percent), Muslim mothers (32 percent), mothers from SCs/STs (29 percent), and mothers in the lowest wealth quintile (17 percent). Nearly half (45 percent) of the mothers visited health facilities for ANC in the first trimester of their pregnancy. More than double (77 percent) the mothers visited health facilities for ANC in the first trimester in urban areas compared with rural areas (34 percent). ANC in first trimester is positively associated with mothers' education and wealth quintile.

Nine out of 10 mothers received two or more TT injections during pregnancy for their most recent birth, from 89 percent among mothers in rural areas to 98 percent of mothers in urban areas. Complete dose of TT injections was positively associated with mother's education and standard of living. Only 37 percent of women consumed IFA supplements for at least 100 days. This percentage is universally low among all groups of women except women who have completed 12 years of education or more (61 percent) and women in households in the highest wealth quintile (62 percent). A majority of mothers in urban areas consumed the complete dose of IFA supplements (53 percent) compared with mothers in rural areas (32 percent) (Figure 18).

Full ANC is defined as three or more ANC visits, adequate IFA tablets/syrup (to last for 100 or more days) and adequate TT injections (two injections during last pregnancy or one during the last pregnancy and one received during previous pregnancy of less than three years). A little more than one-fifth of the mothers (21 percent) received full ANC, which varied from 14 percent in rural areas to 45 percent in urban areas (Table 54). Full ANC coverage was found to be low among older mothers (35-49 years), mothers with parity four or more and mothers from SCs/STs as compared with their respective categories. Among the illiterate mothers, only nine percent received full ANC. On the other hand, among mothers with education levels of 12th grade and above, 57 percent received full ANC. Only eight percent of the mothers from the lowest wealth quintile received full ANC as compared with 56 percent of mothers from the highest wealth quintile (Figure 19).

FIGURE 18: IFA TABLETS/SYRUP RECEIVED AND CONSUMED DURING ANTENATAL PERIOD



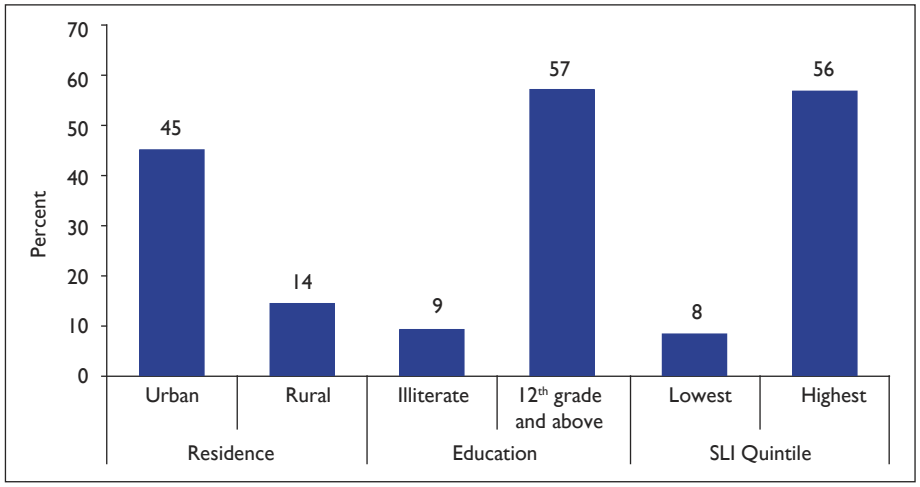
RHIS, Jharkhand, 2010

6.5 COMPONENTS OF ANTENATAL CARE AND INFORMATION RECEIVED ON PREGNANCY COMPLICATIONS

The women who had a live birth in the last two years prior to the survey were asked about the type of check-up they had during ANC visits. Of those who had any antenatal check-ups, 88 percent of women had abdominal check-ups along with routine check-ups such as urine test (73 percent), blood test (69 percent), blood pressure check-up (72 percent) or measuring of weight (75 percent) (Table 55).

Substantial rural-urban differentials were noticed in this context. In the urban areas, around 85 percent received abdominal check-ups, over two-thirds had their weight and blood pressure measured, and about three-fourths of mothers gave urine and blood samples. The proportion of mothers receiving the check-ups/tests was comparatively lower in rural areas (Figure 20). ANC services also vary with the wealth quintiles. Mothers from households with a higher wealth quintile received better ANC services compared with those from lower quintile.

FIGURE 19: FULL ANTENATAL CARE



RHIS, Jharkhand, 2010

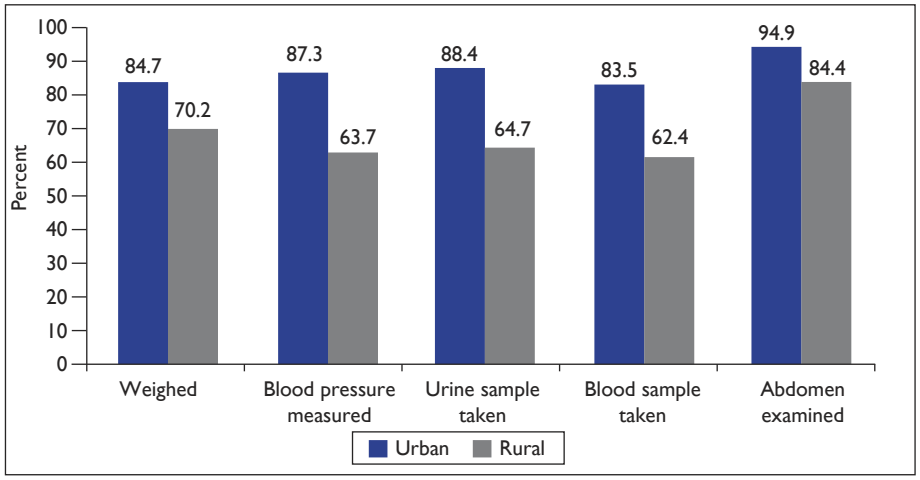
The women who had a birth in the last two years prior to the survey were asked about the information they received during ANC visits on pregnancy complications. Twenty-two percent of the mothers had received information on prolonged labor, while 14 percent of the mothers were informed about vaginal bleeding and convulsions (Table 55). The mothers from urban areas were slightly better informed about pregnancy complications compared with their rural counterparts (Figure 21). Mothers

TABLE 55: ANTENATAL CARE SERVICES AND INFORMATION RECEIVED

Percentage of currently married women aged 15-49 years who had a live birth in the two years preceding the survey and received ANC for the most recent birth by services and information received, according to residence and wealth quintile, RHIS, Jharkhand, 2010

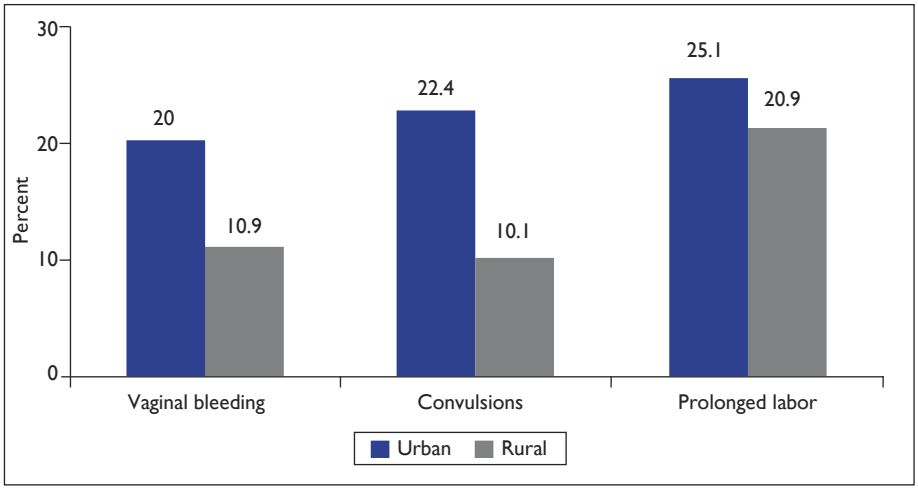
	Residence		Wealth Quintile					
	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Percentage receiving selected services during antenatal care								
Weighed	84.7	70.2	76.9	63.9	64.9	79.8	89.5	75.0
Blood pressure measured	87.3	63.7	51.9	47.8	68.7	84.5	93.5	71.5
Urine sample taken	88.4	64.7	44.2	52.2	73.8	85.9	92.8	72.6
Blood sample taken	83.5	62.4	47.3	47.8	65.5	83.5	91.4	69.4
Abdomen examined	94.9	84.4	80.8	80.1	84.6	92.6	97.9	87.9
Percentage receiving information on specific pregnancy complications								
Vaginal bleeding	20.0	10.9	10.9	6.9	8.6	21.0	20.0	13.9
Convulsions	22.4	10.1	12.9	9.0	4.6	20.3	23.8	14.2
Prolonged labor	25.1	20.9	18.9	10.4	19.6	32.9	25.3	22.3
Number of women	137	277	59	6726	100	102	82	415

FIGURE 20: SERVICES RECEIVED DURING ANTENATAL CARE



RHIS, Jharkhand, 2010

FIGURE 21: RECEIVED INFORMATION ON SPECIFIC PREGNANCY COMPLICATIONS DURING ANTENATAL CARE



RHIS, Jharkhand, 2010

with a better wealth quintile were better informed on pregnancy complications and received more antenatal check-ups.

6.6 REASONS FOR NOT SEEKING ANTENATAL CARE

Table 56 provides information on the women who had not sought ANC during their most recent birth in last two years preceding the survey and their reasons for doing so.

Almost half of the mothers reported that antenatal check-ups are not necessary (51 percent), while one-fifth could not avail ANC due to the attached costs. Lack of knowledge (20 percent) was another major reason for the women not seeking ANC during pregnancy. Distance/lack of transport, family's disapproval and lack of time were also cited by the women as reasons for not seeking ANC.

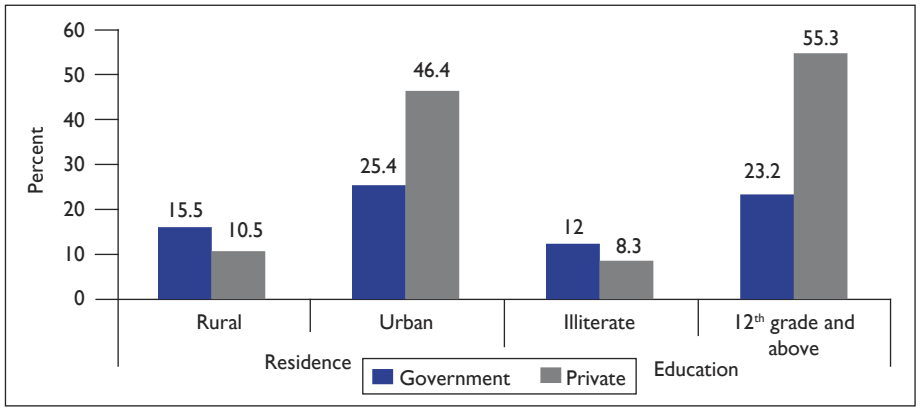
Interestingly, more mothers from urban areas reported reasons such as ANC is not necessary or that it costs too much compared with mothers in rural areas. More

TABLE 56: REASONS FOR NOT SEEKING ANTENATAL CARE

Percentage of currently married women aged 15-49 years who had birth in the two years preceding the survey by reasons for not seeking antenatal care, according to residence and wealth quintile, RHIS, Jharkhand, 2010

	Residence		Wealth Quintile					
Reason	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Not necessary	50.9	57.1	51.8	50.7	52.2	45.9	*	51.3
Cost too much	43.7	19.8	13.6	25.7	24.1	25.7	*	21.5
Too far/No transport	8.1	16.3	7.6	7.6	10.0	10.0	*	8.7
Poor quality service	0.0	0.3	0.8	0.0	0.0	0.0	*	0.3
No time to go	9.8	6.0	9.5	2.7	8.1	3.0	*	6.2
Family did not allow	7.9	10.2	5.6	6.3	4.3	28.7	*	8.1
Lack of knowledge	16.0	20.0	22.3	22.1	17.5	10.9	*	19.8
Other	5.3	1.8	3.2	2.0	0.0	3.3	*	2.1
Number of women	17	232	75	92	52	27	2	249

FIGURE 22: INSTITUTIONAL DELIVERY



RHIS, Jharkhand, 2010

reasons for not seeking ANC were found among mothers from rural areas and mothers in households with lower wealth quintiles.

6.7 DELIVERY CARE

6.7.1 Place of Delivery

Almost three out of five (63 percent) deliveries took place at home, varying from 28 percent in the urban areas to about 73 percent in the rural areas (Table 57). More than one-third (37 percent) of the deliveries were institutional, where more or less a similar proportion of the deliveries took place in government (18 percent) and private health facilities (19 percent). In the urban areas, 46 percent of the deliveries took place in private institutions as compared with 11 percent in the rural areas (Figure 22).

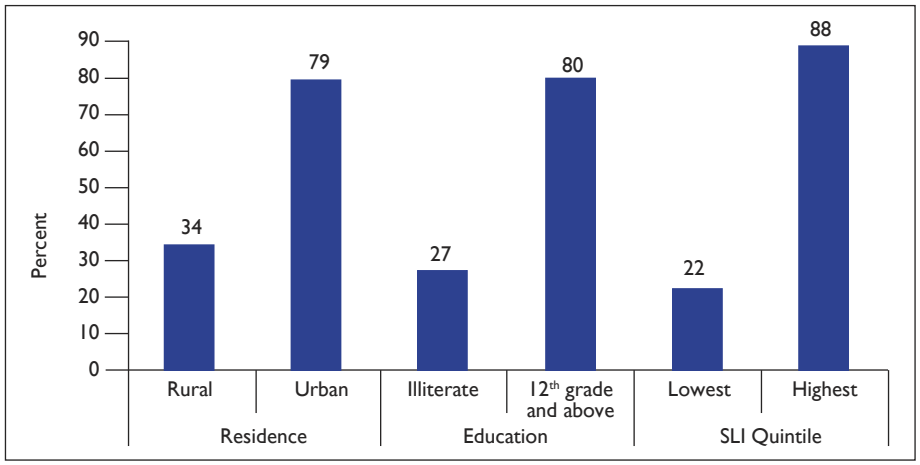
With an increase in the mothers' education level, a decline in deliveries at home is observed, from 79 percent among illiterate mothers to only 21 percent among mothers with 12th grade education or above. Among mothers from households in the lowest wealth quintile, 20 percent had institutional deliveries compared with 81 percent among mothers from the highest wealth quintile.

Nearly half of the deliveries (47 percent) are attended by untrained *dais* in the state (Table 58), varying from 16 percent in urban areas to 56 percent in rural areas. Forty-four percent of the mothers sought assistance at delivery from a health professional, i.e. doctor, ANM/nurse or other health professional, more so in the urban areas (79 percent) compared with the rural areas (34 percent).

6.7.2 Assistance during Delivery

Assistance at delivery by a health professional was higher among younger and low parity mothers (Table 58). More than one-third (62 percent) of the illiterate mothers sought assistance from untrained *dais* during delivery as compared with 32 percent among mothers with 12th grade education and above. Using the services of an untrained *dai* at delivery was very high among the poor sections of the society, with more than two-thirds of the mothers seeking such assistance. On the other hand, 88 percent of the deliveries among women belonging to the highest wealth quintile were assisted by a health professional and a little less than 72 percent of the women sought assistance from a doctor (Figure 23). Deliveries in private health facilities were assisted more by doctors (77 percent) compared with deliveries in government health facility (47 percent). On the other hand, most of the deliveries in public health facilities were assisted by nurses. Thirteen percent of the home deliveries were attended to by health professionals in the state.

FIGURE 23: ASSISTANCE OF HEALTH PROFESSIONALS DURING DELIVERY



RHIS, Jharkhand, 2010

TABLE 57: PLACE OF DELIVERY

Percent distribution of currently married women aged 15-49 years in the two years preceding the survey by place of delivery, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Govt. Health Facility	Private Health Facility	Home	Any Health Facility	Number of Women
Mother's age at birth					
<20	22.1	15.0	61.7	37.1	130
20-34	17.0	20.5	62.1	37.5	501
35-49	11.9	9.4	78.7	21.3	33
Parity					
1	22.2	25.9	50.7	48.0	206
2	15.9	22.5	61.6	38.4	178
3	19.5	14.4	65.6	34.0	125
4+	12.7	9.0	78.1	21.7	155
Residence					
Urban	25.4	46.4	28.2	71.8	154
Rural	15.5	10.5	73.3	26.0	510
Education					
Illiterate	12.0	8.3	79.3	20.3	357
Lit (<8th grade)	25.9	19.2	53.5	45.1	114
Lit (8-11th grade)	24.5	30.4	45.0	55.0	125
Lit (12+ grade)	23.2	55.3	20.6	78.5	65
Religion					
Hindu	18.3	20.4	60.5	38.7	445
Muslim	13.5	18.0	68.4	31.6	146
Other	23.0	11.4	65.7	34.3	73
Caste/Tribe					
SC/ST	14.0	11.6	73.4	25.6	223
OBC	19.5	18.0	62.1	37.4	320
Other	20.2	34.8	45.0	55.0	121
Wealth quintile					
Lowest	14.4	5.3	80.3	19.7	134
Low	12.4	8.9	76.6	21.3	137
Medium	17.9	13.4	68.7	31.3	157
High	21.8	21.1	56.8	42.8	138
Highest	24.2	57.2	18.6	81.4	98
Total	17.8	18.9	62.8	36.7	664

6.7.3 Deliveries at Home

A majority of women who did not deliver their last child in a health facility preferred to give birth at home because they felt they would get better care at home (31 percent) and because they did not have the time to visit a health facility (27 percent) (Table 59). In addition, 26 percent said that the health facility is located too far away or that transport was not available to reach the facility. Another 25 percent reported that delivering in a health facility is unnecessary. Fifteen percent reported that it costs too much to deliver in a health facility.

The proportion of women reporting reasons like the health facility is too far, there is no transport facility and that they have no time to go was higher in rural than in urban areas. However, reasons like better care at home and perceived insignificance of delivering in a health facility were reported more by women living in urban areas compared with women living in rural areas. There is not much difference in the reasons given among women by wealth quintile.

6.7.4 Protocol Followed for Home Delivery

The Government of India has established protocols to be followed for safe delivery at home. Table 60 provides information on the adherence to these guidelines for the last live birth delivered at home in the last two years.

A clean blade was used to cut the cord in 97 percent of the deliveries, but the other protocols were not followed in most cases. The baby was immediately wiped dry and then wrapped without being bathed

TABLE 58: ASSISTANCE DURING DELIVERY

Percent distribution of currently married women aged 15-49 years in the two years preceding the survey by providing assistance during delivery and percentage delivered by caesarian section, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Doctor	ANM/ Nurse	Other Health Professional	Trained *Dai*	Untrained *Dai*	Friends/ Relatives	None	Percentage Delivered by Skilled Provider	Percentage Delivered by Caesarean Section	Number of Women
Mother's age at birth										
<20	18.7	24.9	1.3	1.3	45.0	8.8	0.0	44.9	5.8	130
20-34	28.5	15.2	1.7	1.6	46.4	6.5	0.2	45.4	11.1	501
35-49	19.4	4.8	0.0	0.9	66.3	8.6	0.0	24.1	6.0	33
Parity										
1	35.5	17.2	1.1	0.5	39.2	6.5	0.0	53.8	11.7	206
2	28.1	18.0	2.5	2.2	41.6	7.0	0.5	48.6	11.0	178
3	20.3	19.6	2.8	1.7	48.4	7.2	0.0	42.7	8.4	125
4+	16.1	11.7	0.0	1.8	62.8	7.6	0.0	27.8	7.0	155
Residence										
Urban	64.2	13.9	1.1	1.2	16.3	2.7	0.6	79.2	17.5	154
Rural	14.6	17.4	1.7	1.6	56.4	8.4	0.0	33.7	7.5	510
Education										
Illiterate	12.3	13.3	1.6	1.3	61.7	9.6	0.2	27.2	8.0	357
Lit (<8th grade)	31.7	24.1	1.2	2.4	35.8	4.8	0.0	57.1	6.2	114
Lit (8-11th grade)	40.4	21.8	1.8	0.7	32.0	3.2	0.0	64.0	11.9	125
Lit (12+ grade)	65.8	12.7	1.3	2.4	13.0	4.8	0.0	79.8	22.7	65
Religion										
Hindu	26.8	18.3	2.1	1.3	47.6	3.8	0.0	47.3	9.0	445
Muslim	24.2	11.5	0.0	2.1	48.6	13.0	0.6	35.7	10.0	146
Other	25.4	16.3	1.1	1.3	40.9	15.0	0.0	42.9	14.3	73
Caste/Tribe										
SC/ST	18.2	12.3	0.8	1.4	58.3	9.0	0.0	31.3	10.6	223
OBC	25.6	19.9	2.7	1.1	44.5	5.9	0.3	48.2	8.2	320
Other	42.0	15.7	0.0	2.6	33.3	6.5	0.0	57.6	12.7	121
Wealth quintile										
Lowest	7.3	15.1	0.0	0.5	67.6	9.5	0.0	22.4	6.8	134
Low	13.1	14.3	2.4	3.2	55.8	11.2	0.0	29.8	10.1	137
Medium	22.0	14.1	2.3	0.4	54.3	6.3	0.5	38.4	4.0	157
High	29.4	24.5	1.7	1.2	37.4	5.8	0.0	55.5	11.7	138
Highest	72.1	14.8	1.1	2.5	8.8	0.7	0.0	88.0	20.1	98
Place of delivery										
Public sector health facility	47.3	49.4	0.0	0.0	2.7	0.6	0.0	96.7	2.4	118
NGO/Trust hospital/Clinic	*	*	*	*	*	*	*	*	*	4
Private health sector facility	77.2	22.8	0.0	0.0	0.0	0.0	0.0	100.0	28.5	122
Home	4.8	5.7	2.5	2.4	73.6	10.9	0.2	13.0	6.4	417
Total	**26.1**	**16.6**	**1.6**	**1.5**	**47.1**	**7.0**	**0.1**	**44.3**	**9.8**	**664**

TABLE 59: REASONS FOR NOT GOING TO HEALTH FACILITY FOR DELIVERY

Percentage of currently married women aged 15-49 years in the two years preceding the survey by reasons for not going to health facility for delivery according to residence and wealth quintile, RHIS, Jharkhand, 2010

	Residence		Wealth Quintile					
Reasons	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Cost too much	18.7	14.2	12.0	15.3	14.7	20.2	*	14.7
Poor quality service	0.0	1.5	1.6	3.2	0.0	0.0	*	1.4
Too far/No transport	18.5	26.6	33.3	21.9	21.0	30.2	*	25.8
No time to go	16.0	28.4	31.7	26.5	30.5	16.6	*	27.1
Not necessary	34.9	24.1	18.9	30.7	27.1	16.8	*	25.2
Not customary	0.0	0.8	1.5	1.2	0.0	0.0	*	0.7
Better care at home	48.0	28.8	27.7	26.3	28.5	43.7	*	30.8
Family did not allow	9.7	3.1	0.5	6.8	4.0	3.8	*	3.8
Lack of knowledge	4.0	5.1	4.1	4.0	9.1	2.6	*	5.0
Other	6.0	4.0	2.8	4.1	4.6	7.0	*	4.2
Number of home deliveries	44	377	112	124	108	67	9	420

TABLE 60: ADHERENCE TO DELIVERY PROTOCOL FOR HOME DELIVERY

Percentage of currently married women aged 15-49 years in the two years preceding the survey by whether the required protocol was followed at the time of delivery for the most recent live birth at home according to residence and wealth quintile, RHIS, Jharkhand, 2010

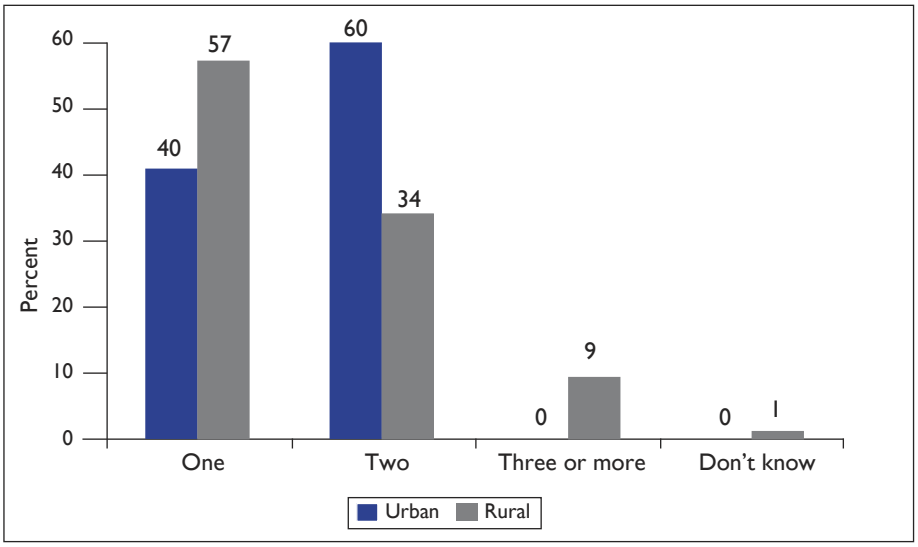
Protocol at Delivery	Residence		Wealth Quintile					
	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Disposable delivery kit used	2.1	5.3	1.5	3.7	6.9	10.9	*	5.0
Clean blade used to cut the cord	97.9	96.8	98.3	97.8	94.5	96.4	*	96.9
Either of the above	97.9	97.2	98.8	98.6	99.0	100.0	*	97.3
Baby was immediately wiped dry and then wrapped without being bathed	44.8	37.0	37.6	32.0	33.9	57.6	*	38.3
Number of deliveries	44	377	112	124	108	67	9	664

(as recommended) in 38 percent of deliveries. A disposable delivery kit was used for only five percent of deliveries. The situation was slightly better in urban areas than in rural areas, with respect to the use of clean blades, wiping the baby dry immediately and wrapping it without bathing it.

6.8 POSTNATAL CARE

Nearly one-fifth (19 percent) of the women who had delivered a child during the past two years were visited by a health worker/AWW (Table 61). The proportion of mothers who received PNC was

FIGURE 24: NUMBER OF POSTNATAL CARE VISITS



RHIS, Jharkhand, 2010

TABLE 61: POSTNATAL CARE

Percentage of currently married women aged 15-49 years who delivered a child during the two years preceding the survey who received a postnatal check-up and who received a postnatal check-up within two days of birth for their most recent birth, RHIS, Jharkhand, 2010

Background Characteristics	Percent of Mothers Visited by any Health/ Anganwadi *Worker*	Number of Mothers	Number of Postnatal Visits within Six Weeks of Delivery					Number of Women
			1	2	3+	Don't Know	Total	
Mother's age at birth								
<20	17.8	130	56.3	29.6	14.1	0.0	100.0	23
20-34	19.6	501	54.4	39.3	5.5	0.8	100.0	98
35-49	20.3	33	51.4	25.1	23.4	0.0	100.0	7
Parity								
1	17.8	206	59.5	32.6	7.9	0.0	100.0	37
2	16.9	178	52.7	30.9	16.4	0.0	100.0	30
3	24.0	125	47.7	52.3	0.0	0.0	100.0	30
4+	20.1	155	57.3	32.6	7.5	2.5	100.0	31
Residence								
Urban	9.7	154	40.4	59.6	0.0	0.0	100.0	15
Rural	22.2	510	56.5	33.8	9.0	0.7	100.0	113
Education								
Illiterate	19.6	357	56.1	37.1	5.6	1.1	100.0	70
Lit (<8th grade)	17.6	114	65.2	28.2	6.6	0.0	100.0	20
Lit (8-11th grade)	18.2	125	44.7	40.9	14.4	0.0	100.0	23
Lit (12+ grade)	23.7	65	48.5	40.7	10.8	0.0	100.0	15
Religion								
Hindu	20.4	445	59.0	33.4	6.8	0.9	100.0	91
Muslim	14.8	146	41.8	50.9	7.4	0.0	100.0	22
Other	21.5	73	46.9	37.4	15.7	0.0	100.0	16
Caste/Tribe								
SC/ST	17.8	223	55.5	36.3	6.2	2.0	100.0	40
OBC	21.5	320	57.0	34.0	8.9	0.0	100.0	69
Other	16.0	121	44.1	47.7	8.2	0.0	100.0	19
Wealth quintile								
Lowest	24.4	135	56.8	38.1	5.1	0.0	100.0	33
Low	17.5	164	66.4	25.3	5.6	2.7	100.0	29
Medium	18.2	151	52.9	33.6	13.5	0.0	100.0	28
High	26.3	129	45.7	44.9	9.4	0.0	100.0	34
Highest	*	*	*	*	*	*	100.0	5
Place of delivery								
Public health facility	29.3	118	63.9	32.3	3.8	0.0	100.0	35
Private health facility	16.9	125	36.6	47.9	15.5	0.0	100.0	21
Home	17.1	417	55.0	36.0	7.8	1.1	100.0	71
Total	**19.3**	**664**	**54.6**	**36.8**	**8.0**	**0.6**	**100.0**	**128**

more in the rural areas (22 percent) than in urban areas (10 percent) (Figure 24). Of those who received PNC, 55 percent received at least one PNC visit by a health worker/ AWW within six weeks of delivery, 37 percent were visited twice and eight percent of the mothers were visited three or more times.

A marginal differential exists by level of education and wealth quintiles. Coverage of PNC was observed to be less among Muslim women and women belonging to SCs/STs (15 and 18 percent, respectively). However, no substantial difference was found in terms of the economic status of the households.

A minimum of two postnatal visits were reported more among women from urban areas, women with 12th grade education, Muslim women, and women from households in the highest quintile. Interestingly, the first postnatal visit was higher (64 percent) among women who delivered in a government health facility, compared with those who delivered in a private health facility (37 percent) or at home (55 percent). However, the proportion of second postnatal visits was found to be higher among those who delivered in a private health facility (48 percent) as compared with those who delivered in a public health facility (32 percent) and at home (36 percent).

6.9 POSTPARTUM COMPLICATIONS

The women who gave birth in the two years preceding the survey were asked if they had experienced any postpartum complications within six weeks after their last delivery (Table 62).

Lower abdominal pain (28 percent), high fever (22 percent) and severe headache (20 percent) were reported by most of the women. Eight percent of the women reported massive vaginal bleeding (11 percent of urban women and 7 percent of rural women). Symptoms of postpartum complications were reported more or less in similar proportion across the quintiles. Convulsions and lower abdominal pain were more commonly reported by women in households belonging to the highest quintile.

6.10 ADVICE ON CHILD CARE PRACTICES

The women were asked about the counseling they received from health workers on child care practices. More than one-third (38 percent) of the mothers did not receive any advice on child care practices (Table 63). Forty percent of the mothers received messages about child immunization from health workers, 37 percent said that the health worker had discussed exclusive breastfeeding with them, 32 percent said that they were advised about keeping the baby warm during the first week of birth, and 22 percent discussed supplementary feeding. More such discussions were reported from the urban women and women from higher wealth quintiles (Figure 25).

TABLE 62: SYMPTOMS OF POSTPARTUM COMPLICATIONS

Percentage of currently married women aged 15-49 years in the two years preceding the survey by symptoms of postpartum complications, according to residence and wealth quintile, RHIS, Jharkhand, 2010

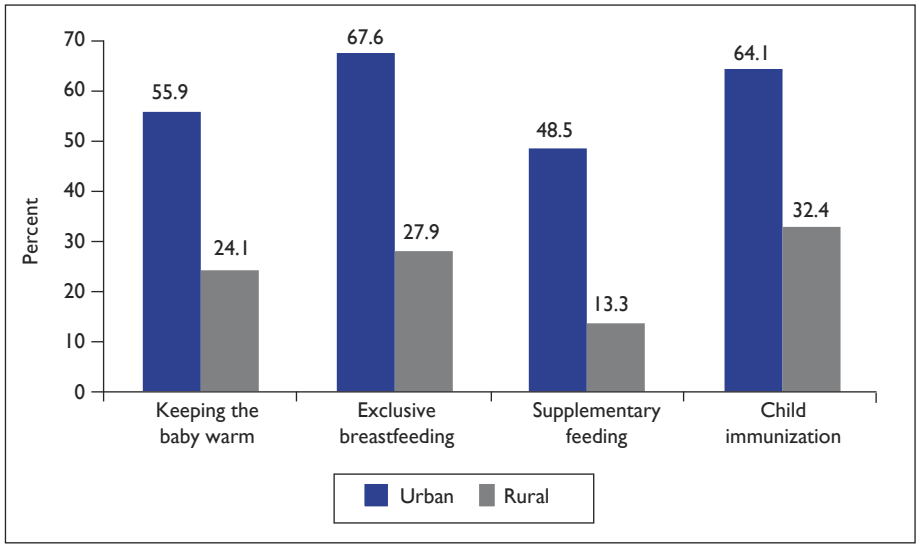
	Residence		Wealth Quintile					
Complications	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
High fever	24.0	21.0	22.2	19.4	23.8	21.8	21.3	21.7
Lower abdominal pain	34.4	25.4	28.0	23.2	20.8	35.6	34.7	27.5
Foul smelling vaginal discharge	9.7	9.0	13.3	9.1	5.7	9.8	7.4	9.1
Excessive bleeding	11.3	7.3	7.5	8.4	7.4	9.2	9.1	8.2
Convulsions	9.9	8.3	8.0	7.0	6.6	11.8	11.6	8.6
Severe headache	19.8	19.9	18.3	23.3	18.4	18.5	20.1	19.8
Other	2.3	3.6	6.1	1.8	2.9	3.5	2.0	3.3
None	47.8	55.0	47.6	61.4	52.0	53.8	51.5	53.3
Number of mothers	154	510	135	164	151	129	85	664

TABLE 63: CHILD CARE COUNSELING

Percent of currently married women aged 15-49 years in the two years preceding the survey by child care practices, according to residence and wealth quintile, RHIS, Jharkhand, 2010

	Residence		Wealth Quintile					
Child Care Practices	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Keeping the baby warm	55.9	24.1	14.5	21.3	30.8	45.2	58.7	31.5
Exclusive breastfeeding	67.6	27.9	17.9	29.2	34.9	45.9	73.4	37.1
Supplementary feeding	48.5	13.3	13.6	8.7	17.0	27.7	57.3	21.5
Child immunization	64.1	32.4	31.1	28.5	39.4	43.6	70.3	39.8
Family planning	23.1	12.2	11.1	13.4	7.7	20.8	26.6	14.8
All	13.5	4.0	2.0	1.7	4.4	9.0	17.7	6.2
Any two	70.8	33.2	30.8	32.7	37.5	44.8	73.6	42.0
None	25.6	56.4	60.8	53.0	53.1	50.1	20.9	49.3
Number of mothers	154	510	135	164	151	129	85	664

FIGURE 25: RECEIVED ADVICE ON CHILD CARE PRACTICES



RHIS, Jharkhand, 2010

6.11 CONCLUSIONS

As per the survey findings, almost all (95 percent) women in Jharkhand received antenatal care. Forty-five percent of the mothers registered for antenatal check-ups in the first trimester of their pregnancy. Full antenatal coverage is low in the state (21 percent). The coverage needs to be extended to younger women, women of higher parities as well as socio-economically disadvantaged women.

Even though three-fourths of mothers receive IFA supplements, only one-third consumed the entire supply. There is, thus, a strong need for educating the women about the benefits of IFA supplements. The TT coverage is low among socio-economically disadvantaged women and hence, there is a need for programs to focus on these groups. As a part of essential obstetric care as well as for monitoring high risk pregnancies, antenatal check-ups should also include routine tests and measurements. Currently, the percentage of women who undergo such tests is very low. Little more than one-third (37 percent) of the deliveries in Jharkhand are institutional deliveries and 44 percent of the deliveries are assisted by health workers. Educating women on the benefits of professional medical care during pregnancy and delivery is, thus, of utmost importance. The health of the mother and the newborn depends not just on the services received during pregnancy and delivery, but also on the quantum of care received during the first few weeks after delivery, i.e. PNC. Nearly one-fifth of the mothers in the state were visited by a health worker during the postnatal period. Although, the RCH program recommends three postnatal check-ups, the percentage of women visited by a health worker three or more times is very low.

Chapter VII

QUALITY OF HEALTHCARE

One of the objectives of this study is to understand the attitudes and practices of eligible women with regard to family planning and reproductive health. It also aims to assess the level of care that they receive from family planning caregivers and the issues which cause them concern. One way of gauging the quality of care that is available to these women is the frequency of exposure to caregiving persons and facilities, and whether this interaction satisfies their family planning questions and needs.

7.1 SOURCE OF HEALTHCARE

Accessibility and availability of healthcare is a reflection of a community's general health status, as well as the reach and coverage of health facilities. Respondents to the household interview were asked to identify the place they or their family members go to for treatment during illness. Nearly three-fourths of the households (74 percent) seek healthcare from private health facilities, while the rest seek the services of the public medical sector (Table 64 and Figure 26).

The private medical sector remains the primary source of healthcare for the majority of households in both urban areas (67 percent) and rural areas (76 percent). The key providers in the private medical sector are doctors or clinics. Fifty-three percent of urban households and 39 percent of rural households go to a private doctor/clinic for healthcare.

The data collected on physical accessibility to the health facilities in terms of distance travelled and time taken to reach reveal that the average distance travelled is five kilometers, with considerable variation by place of residence (two kilometers in urban areas and six kilometers in rural areas). The average time taken to reach a health facility is 34 minutes (19 minutes in urban areas and 40 minutes in rural areas) (Figure 27).

7.2 REASONS FOR NOT USING GOVERNMENT HEALTH FACILITIES

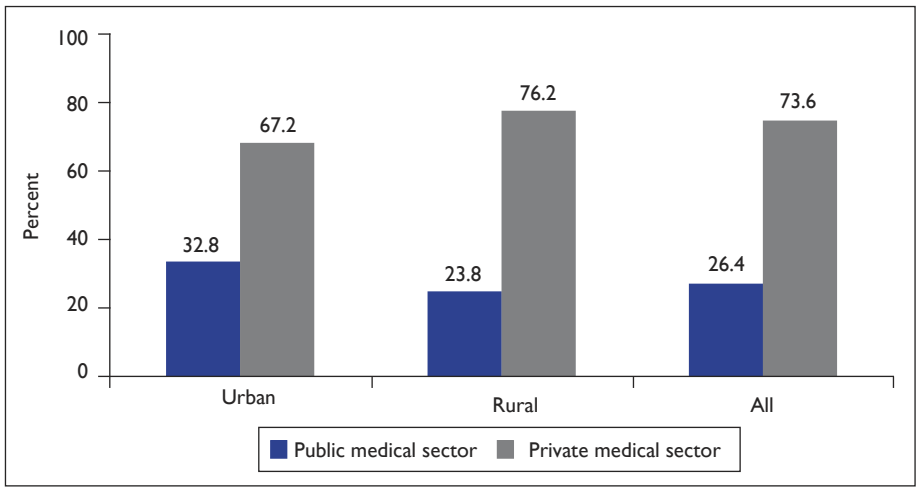
The alarmingly low level of utilization of government health facilities (only one-fourth of households) makes it essential to examine the reasons for their non-utilization (Table 65 and Figure 28).

TABLE 64: SOURCE OF TREATMENT FOR HOUSEHOLD MEMBERS

Percent distribution of households by source of treatment for any sickness according to place of residence, RHIS, Jharkhand, 2010

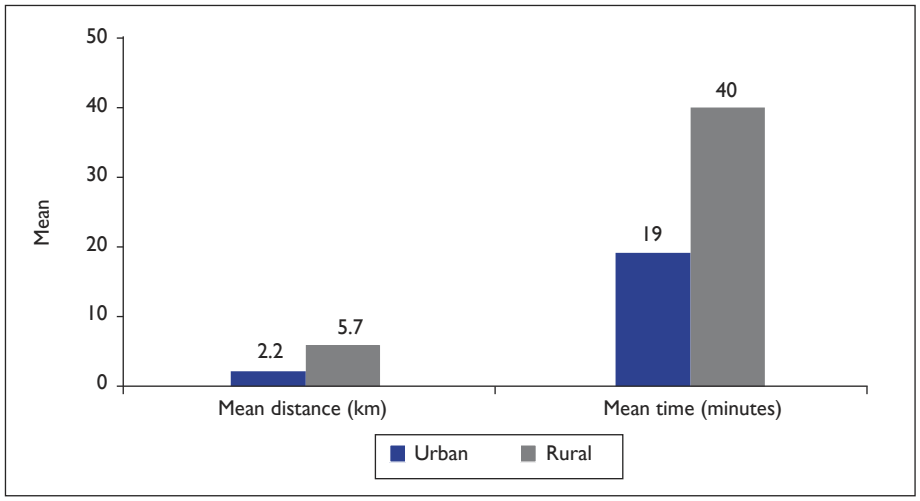
Health Facility	Urban	Rural	Total
Government Hospital	22.9	9.9	13.7
Community health center/Primary health center	5.0	11.0	9.3
AYUSH hospital	0.1	0.0	0.0
Other government health facilities	4.8	2.9	3.4
NGOs/Trust hospitals	0.4	0.3	0.3
Private hospital	8.4	6.7	7.2
Private doctor/clinic	52.7	38.8	42.8
Other private health facilities	5.7	30.3	23.2
Total percent	**100.0**	**100.0**	**100.0**
Number of households	830	2,044	2,874
Mean distance (in kilometer)	2.2	5.7	4.7
Mean time taken to reach health facility (in minutes)	19	40	34

FIGURE 26: SOURCE OF HEALTHCARE



RHIS, Jharkhand, 2010

FIGURE 27: ACCESSIBILITY OF HEALTH FACILITIES



RHIS, Jharkhand, 2010

The key reasons for the respondents not utilizing the government health facilities were 'no nearby facility' (47 percent), 'drugs/medicine not available' (33 percent) and 'poor quality of care' (28 percent). Non-availability of doctors and inadequate infrastructure were the other reasons cited by the households for not utilizing government health facilities.

There was no major variation in reporting these reasons between urban and rural households in the state. Poor quality of care and non-availability of drugs/medicine were the major reasons for households across the wealth quintiles for not utilizing the government health facilities in the state.

7.3 HEALTH INSURANCE COVERAGE

Health insurance coverage in India is far from satisfactory, despite the fact that a large chunk of the population lives below the poverty line and survives with great health risks. Only two percent of the households were found to be covered by health insurance in the state. Health insurance coverage was found more in households in urban areas (4 percent) and households in higher wealth quintiles (6 percent) than their respective counterparts (Table 66).

7.4 HEALTH WORKER VISITS/ VISITS TO HEALTH CAMPS/ FACILITIES

Only 14 percent of the eligible women were visited by a health worker in the past three months prior to the survey date, while 40 percent had reportedly visited health camps or facilities in the last three months prior to the survey (Table 67).

Younger women (below 35 years) were more likely to be visited by a health worker at home or to visit health camps and facilities on their own initiative, compared with their older counterparts. Forty-five percent of the women under 35 years of age took the initiative to visit health camps and facilities on their own in the past three months, which suggests that they themselves feel the need to avail the services offered.

The percentage of visits by a health worker at home is higher among women in the rural areas, Muslim women, those belonging to SCs/STs, illiterate women and those in the bottom two wealth quintiles.

More younger women, women with parity one or two, and rural women visited health facilities. Muslim women were more

TABLE 65: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITY

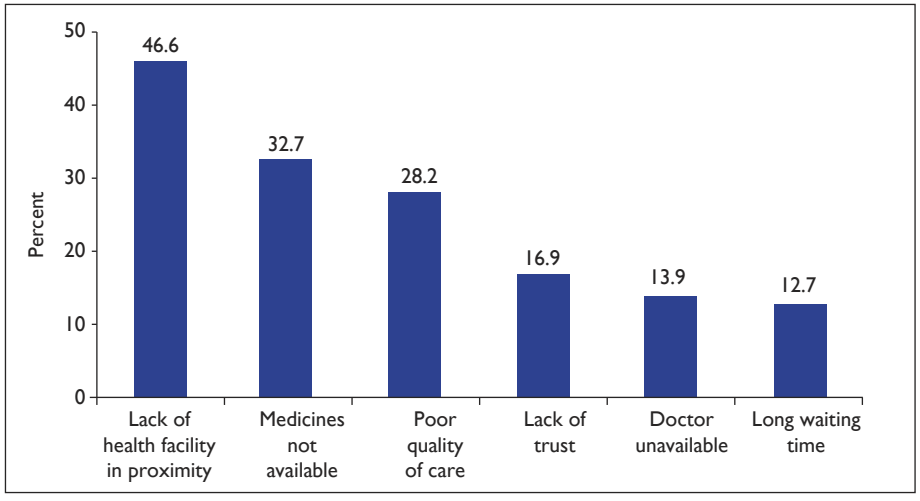
Percentage of households not utilizing government health facilities by reasons for not utilizing them according to place of residence and wealth quintile, RHIS, Jharkhand, 2010

	Place of Residence		Wealth Quintile					
Reasons	Urban	Rural	Lowest	Low	Medium	High	Highest	Total
Inadequate infrastructure	9.3	16.5	17.0	17.5	15.3	13.1	8.6	14.6
No nearby health facility	46.8	46.6	52.3	48.2	47.2	45.4	38.3	46.6
Unaware about any facility	13.9	7.8	10.2	8.3	9.2	12.1	6.7	9.4
Doctor unavailable	16.3	13.0	11.2	13.0	13.1	12.3	21.6	13.9
Inconvenient facility timing	6.8	6.5	6.7	4.8	7.6	6.6	7.3	6.6
Absent health personnel	4.3	4.9	4.1	2.7	5.8	4.5	7.2	4.7
Waiting time too long	12.7	12.7	10.0	13.8	13.5	10.1	16.9	12.7
Poor quality of care	32.9	26.6	23.5	24.7	25.3	29.5	41.2	28.2
Medicines not available	30.3	33.6	33.2	36.1	33.1	26.3	35.2	32.7
Lack of trust	18.0	16.5	13.7	12.9	15.6	21.4	22.3	16.9
Other	3.1	2.2	2.9	2.9	1.4	1.9	3.4	2.5
Number of households	557	1,557	431	455	449	438	342	2,114

Note: Total percent may add to more than 100.0 because of multiple responses.

likely to have visited camps and facilities (52 percent) than Hindu women (40 percent). Level of education plays a significant role in health-seeking as more women with 12th grade or higher education visited health facilities (49 percent) compared with illiterate women (39 percent). It is notable that a higher proportion of women who belong to lower wealth quintiles visited health facilities than women from the higher wealth quintiles.

FIGURE 28: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITIES



RHIS, Jharkhand, 2010

7.5 AFFILIATION OF HEALTH WORKER AND SERVICES PROVIDED

The respondents were asked about the affiliation of the health workers who visited them and the type of services they received.

In 94 percent of the instances, across the board, the women reported being visited by health workers from the government sector. The private, NGO and other sectors account for a lesser proportion of health visits and related services (Table 68). In 79 percent of the instances, the services provided by the visiting health worker were related to child immunization or polio vaccination. Family planning, ANC or PNC related services were rarely provided during these visits, with merely one out of 10 women having received such services.

TABLE 66: HEALTH INSURANCE COVERAGE

Percent distribution of households covered with health insurance, according to residence and wealth quintile, RHIS, Jharkhand, 2010

Basic Characteristics	Yes	No	Don't Know	Total	Number of Households
Place of residence					
Urban	3.8	94.2	2.0	100.0	830
Rural	1.5	91.2	7.3	100.0	2,044
Wealth quintile					
Lowest	1.3	86.9	11.8	100.0	563
Low	.8	92.0	7.1	100.0	599
Medium	1.7	94.0	4.3	100.0	619
High	1.4	96.2	2.4	100.0	584
Highest	6.2	90.9	2.9	100.0	509
Number	**2.2**	**92.1**	**5.7**	**100.0**	**2,874**

7.6 TYPE OF HEALTH FACILITY VISITED AND SERVICES SOUGHT

To ascertain the favored sources from which women sought healthcare and the types of services they looked for during such visits, the respondents were asked to identify the health facilities or camps that they had visited in the previous three months and the services they had sought during those visits.

Although the healthcare space consists of four sectors (the government, private, NGOs and others), it is found that the private sector has a definite edge over the rest (Table 69). While nearly one-third of the women (32 percent) reported having visited government facilities, three-fifths claimed to have visited private sector/NGO facilities. There were no significant variations in the pattern across the different characteristics.

Of the women who visited a health facility, most reportedly sought services other than family planning, ANC/PNC or child immunization/polio.

7.7 DISCUSSION ON MODERN METHODS OF FAMILY PLANNING WITH HEALTH WORKER

During their contacts with health or family planning workers in the last three months prior to survey, almost all the women (97 percent) claimed to have discussed a modern method for delaying or avoiding pregnancy (Table 70).

More than half (52 percent) of the women had discussed modern spacing methods such as pills, condoms or IUDs, while nearly one-third (63 percent) included sterilization in their conversations with health workers. Almost all the women aged 25-34 years reported discussions with the health worker on a modern method. Among the women in the 15-24 age group, however, there appear to have been more discussions on modern spacing methods (56 percent) compared with women in the other age brackets.

Expectedly, the permanent method (sterilization) was discussed most often in the age group of 25-30 years (66 percent), compared with the other age groups. Spacing methods are more popular in urban areas than in the rural areas. More urban women discussed modern spacing methods (64 percent) than rural women (50 percent) (Figure 29). Muslim women were more likely to have had discussions on modern family planning methods (65 percent) than Hindu women (45 percent).

No substantial difference is observed with respect to wealth quintiles. In every instance, more discussions were reported about spacing methods than limiting methods. Women who had not given birth in the past two years were more likely to have held discussions on modern methods of family planning (99 percent) than recent mothers (95 percent). A similar pattern can be observed among women who had discussed family planning during visits with health or family planning workers three months prior to survey.

7.8 DISCUSSION ON MODERN SPACING METHODS

Condoms (78 percent) dominated the discussions on advantages of spacing methods, followed by IUDs (66 percent) and oral pills (61 percent) (Table 71).

Across all the age groups, the respondents' greatest comfort level was with condoms. Over two-thirds of the women aged below 25 years discussed only the advantages of the spacing method. Women below 25 years were almost as accepting (87 percent), although they were likely to debate the pros and cons of condoms to a somewhat greater

TABLE 67: HEALTH WORKER'S VISIT AND VISIT TO HEALTH FACILITY

Percent of currently married women aged 15-49 years who were visited at home by a health worker or visited any health facility or camp during three months preceding the survey, according to background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	By Any Health Worker at Home		Any Health Facility or Camp		Number of Women
	Within 3 Months	Before 3 Months	Within 3 Months	Before 3 Months	
Age					
15-24	18.6	0.9	45.0	27.6	822
25-34	15.8	2.2	43.8	26.3	988
35-49	8.5	2.5	32.1	26.7	882
Parity					
0	4.7	0.0	35.6	27.8	279
1	20.0	0.9	48.0	25.4	415
2	15.8	1.4	43.4	25.7	569
3	14.4	3.4	40.1	29.6	504
4+	13.5	2.4	36.6	26.3	925
Residence					
Urban	3.6	0.5	35.9	24.5	758
Rural	18.4	2.4	42.1	27.7	1,934
Education					
Illiterate	16.6	2.2	38.8	28.8	1,498
Lit (<8th grade)	11.0	1.2	39.3	24.8	450
Lit (8-11th grade)	13.9	2.4	41.5	24.6	483
Lit (12+ grade)	7.5	0.4	48.7	22.0	247
Other (Non-Formal)	1.6	2.0	48.5	38.1	14
Religion					
Hindu	12.8	1.4	39.6	29.5	2,003
Muslim	22.5	3.9	52.1	23.3	399
Other	13.1	2.6	29.5	13.2	290
Caste/Tribe					
SC/ST	16.9	1.8	34.1	23.3	899
OBC	12.5	1.8	41.7	30.6	1,336
Other	14.4	2.2	48.5	22.6	457
Wealth quintile					
Lowest	21.9	2.7	40.8	21.7	473
Low	21.2	2.2	42.3	21.9	545
Medium	14.5	2.5	38.9	30.1	612
High	9.5	1.1	41.1	34.4	574
Highest	4.3	1.0	38.6	24.2	488
Total	**14.3**	**1.9**	**40.3**	**26.8**	**2,692**

extent. Overall, only 13 percent of women who discussed condoms with the health worker spoke about both advantages and disadvantages of condom use.

Familiarity with and inclination towards pills is placed between condoms and IUDs. While nearly two-thirds (61 percent) spoke only about the advantages of pills, one in 10 (seven percent) discussed only the disadvantages, and one-fourth discussed both the merits and demerits of the method. Women in the younger age groups, women living in urban areas, Hindu women and women in households belonging to the highest wealth quintile had more such discussions.

Muslim women appear to be somewhat more accepting of spacing methods, while Hindu women are more likely to seek a fuller picture by discussing the disadvantages as well as advantages. Nearly one-fifth (19 percent) of the women who discussed IUDs with the health workers discussed the advantages and disadvantages of the method. Women living in rural areas had more discussions about the advantages of IUD (77 percent) compared with women living in urban areas (54 percent). Women in households belonging to higher wealth quintiles are more likely to seek a fuller picture by discussing the disadvantages as well as advantages of IUD.

7.9 CONCLUSIONS

Accessibility and availability of healthcare is a reflection of a community's general health status, as well as the reach and coverage of its health facilities. Nearly three-

TABLE 68: AFFILIATION OF THE HEALTH WORKER AND TYPE OF SERVICES RECEIVED

Percentage of currently married women aged 15-49 years who were visited at home by a health worker by affiliation of health worker and type of services received, according to selected background characteristics, RHIS, Jharkhand, 2010

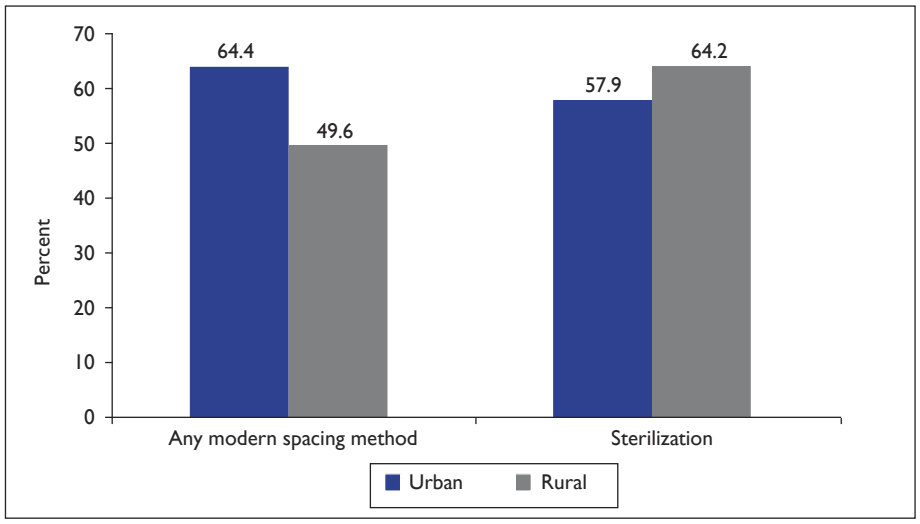
Background Characteristics	Type of Affiliation of the Person Who Visited Her at Home			Type of Services Received during the Visit				Number of Women
	Govt. Sector	Pvt./ NGO Sector	Other/Don't Remember	Family Planning	ANC/ PNC	Child Immunization/ Polio	Other	
Age								
15-24	95.4	3.3	1.3	3.6	7.2	87.3	10.2	153
25-34	94.1	3.0	2.9	5.6	5.7	79.8	15.9	156
35-49	91.2	5.0	3.8	6.2	6.6	57.7	35.0	75
Parity								
0	86.2	13.8	0.0	10.0	34.3	35.1	54.2	13
1	94.4	5.0	0.6	2.0	8.6	83.9	12.7	83
2	95.4	1.6	3.0	5.6	7.7	82.9	9.6	90
3	93.8	2.5	3.7	5.0	3.0	80.3	20.0	73
4+	93.7	3.4	2.9	5.7	3.3	75.3	20.7	125
Residence								
Urban	83.8	16.2	0.0	0.0	9.7	71.2	25.2	27
Rural	94.8	2.5	2.7	5.3	6.2	79.0	16.8	356
Education								
Illiterate	95.3	2.6	2.1	5.6	3.4	81.1	18.7	249
Lit (<8th grade)	89.4	3.2	7.4	4.0	11.2	63.0	20.7	49
Lit (8-11th grade)	93.6	5.4	0.9	4.3	14.3	78.7	12.5	67
Lit (12+ grade)	91.1	8.9	0.0	0.0	7.6	83.6	8.8	19
Religion								
Hindu	92.8	4.2	3.1	6.1	7.1	77.4	16.9	256
Muslim	98.1	1.9	0.0	3.6	5.1	83.1	17.1	90
Other	92.7	2.9	4.3	0.0	5.7	74.9	21.6	38
Caste/Tribe								
SC/ST	92.3	4.7	3.0	5.2	6.3	78.6	18.4	152
OBC	93.2	3.8	3.0	4.6	8.3	76.9	15.3	166
Other	100.0	0.0	0.0	4.9	2.3	82.3	20.4	66
Wealth quintile								
Lowest	94.8	3.5	1.7	3.7	8.0	82.9	15.9	103
Low	94.7	2.2	3.0	7.2	4.4	82.8	13.9	116
Medium	92.3	3.1	4.7	3.3	6.6	77.4	19.0	89
High	96.7	3.3	0.0	6.8	4.1	62.6	28.0	55
Highest	87.1	12.9	0.0	0.0	16.0	79.1	8.9	21
Birth during past two years								
Yes	94.5	2.9	2.6	5.5	4.5	87.4	8.2	190
No	93.6	4.1	2.4	4.3	8.4	69.7	26.4	194
Total	**94.0**	**3.5**	**2.5**	**4.9**	**6.5**	**78.5**	**17.4**	**384**

TABLE 69: TYPE OF HEALTH FACILITY VISITED AND TYPE OF SERVICES SOUGHT

Percentage of currently married women aged 15-49 years who visited any health facility or camp by type of facility and type of services sought, according to selected background characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Type of Health Facility Visited			Type of Services Sought during the Visit				Number of Women
	Govt. Sector	Pvt./ NGO Sector	Other	Family Planning	ANC/ PNC	Child Immunization/ Polio	Other	
Age								
15-24	32.9	54.8	12.3	4.0	20.1	28.4	55.4	370
25-34	32.8	60.3	6.9	4.3	11.2	21.9	68.6	433
35-49	29.7	66.5	3.8	1.9	2.8	13.6	85.4	283
Parity								
0	25.2	72.7	2.1	1.5	39.9	2.2	64.2	99
1	30.9	56.4	12.8	1.0	20.2	31.3	54.1	199
2	27.7	65.0	7.3	2.8	9.2	19.7	74.5	247
3	31.6	58.8	9.6	6.1	4.5	22.8	72.7	202
4+	38.1	55.6	6.3	4.7	5.7	23.3	71.2	339
Residence								
Urban	31.8	63.1	5.1	3.2	14.5	16.2	75.2	272
Rural	32.1	59.0	8.9	3.7	11.2	23.9	66.2	814
Education								
Illiterate	32.3	59.5	8.2	3.0	8.9	21.2	70.5	582
Lit (<8th grade)	35.7	54.1	10.3	7.3	13.0	26.4	62.8	177
Lit (8-11th grade)	29.2	64.4	6.4	2.8	16.3	22.3	65.6	200
Lit (12+ grade)	28.7	65.2	6.1	2.3	19.4	18.2	70.0	120
Other (Non-Formal)	31.4	61.9	6.7	3.3	12.5	19.1	71.5	792
Religion								
Hindu	29.1	67.5	3.4	3.1	9.2	20.0	70.9	208
Muslim	45.0	24.9	30.1	7.2	15.2	52.8	34.1	86
Caste/Tribe								
SC/ST	39.7	45.0	15.3	2.7	11.6	34.4	57.9	307
OBC	28.5	65.6	5.8	4.1	13.3	15.8	72.8	557
Other	30.1	66.9	3.1	3.5	9.4	20.3	72.2	222
Wealth quintile								
Lowest	38.4	49.3	12.3	4.6	11.1	29.7	59.0	193
Low	35.1	55.6	9.3	2.1	11.1	26.0	64.7	230
Medium	32.9	57.9	9.2	3.8	9.6	25.8	67.8	238
High	25.3	68.9	5.8	4.2	14.6	15.2	72.3	236
Highest	29.1	68.0	2.9	3.3	14.1	12.6	78.7	189
Birth during past two years								
Yes	36.6	51.6	11.7	4.5	14.0	38.5	52.0	382
No	29.5	64.6	5.9	3.1	11.0	13.0	77.4	704
Total	**32.0**	**60.0**	**7.9**	**3.6**	**12.0**	**22.0**	**68.5**	**1,086**

FIGURE 29: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACT WITH HEALTH WORKERS



RHIS, Jharkhand, 2010

fourths of the households (74 percent) in the state seek healthcare from the private medical sector, while the rest avail public medical facilities. Only two percent of households were covered with health insurance, more so in urban areas and in households with highest wealth quintile.

Only 14 percent of the eligible women were visited by a health worker in the three months prior to the survey date and 40 percent reported having themselves visited health camps or facilities in the same period. While there is evident interaction between caregivers and eligible women with regard to family planning services and concerns, these efforts need to be stepped up. This gap is more apparent in urban areas.

In almost all the instances, across the board, the women reported being visited at home by health workers from the government sector. In 79 percent of the instances, the services provided by the visiting health worker were related to child immunization or polio vaccination. Family planning, ANC or PNC related services were rarely provided during these visits, with merely one in 10 women having received such services. The health workers who make home visits primarily belong to the public sector, indicating that they are falling short of one of their basic functions per the government program, which is to promote family planning.

Although the healthcare space comprises four sectors (government, private, NGOs and others), the private sector has a definite edge over the rest, followed by the government sector. Of the women who visited a health facility, most reportedly sought services other than FP, ANC/PNC or child immunization/polio.

The level of discussion on modern family planning methods is average, with almost all the women claiming to have discussed a modern method for delaying or avoiding pregnancy. More than half of the women had discussed modern spacing methods such as pills, condoms or IUDs, while nearly one-third included sterilization in their conversations with health workers. Furthermore, even among those who discussed modern spacing methods, the discussion focused on the advantages, and it appears that knowingly or unknowingly, the health workers avoided mentioning the disadvantages.

The private sector is responsible for the major quantum of health assistance sought out by the women. However, this service remains confined to the seekers, and since it does not reach out to the rest, a large proportion is left lacking the necessary benefits.

TABLE 70: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACT WITH HEALTH WORKER

Percentage of currently married women aged 15-49 years who discussed family planning methods to avoid or delay pregnancy with health worker by type of method discussed according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Discussed in Last 3 Months[1]				Discussed before 3 Months[1]				Never Discussed	Number of Women
	Any Modern Method	Any Modern Spacing	Sterili-zation	Any Traditional Method	Any Modern Method	Any Modern Spacing	Sterili-zation	Any Traditional Method		
Age										
15-24	95.0	55.6	60.4	0.3	88.2	67.0	57.0	5.8	88.7	822
25-34	98.9	52.0	66.3	2.2	95.5	49.7	62.8	4.5	88.6	988
35-49	94.1	45.3	60.8	0.0	89.7	22.1	82.3	10.3	94.2	882
Residence										
Urban	96.9	64.4	57.9	0.0	89.9	52.0	56.9	10.1	93.1	758
Rural	96.6	49.6	64.2	1.4	92.2	48.5	68.3	4.9	89.5	1,934
Religion										
Hindu	96.8	45.0	72.9	0.4	92.2	43.0	72.5	5.1	91.8	2,003
Muslim	95.9	65.4	42.6	0.0	91.3	70.3	46.4	8.7	85.8	399
Other	96.8	60.4	55.3	5.3	87.6	51.8	53.7	9.2	87.8	290
Caste/Tribe										
SC/ST	100.0	57.7	62.0	2.9	95.4	47.5	74.4	3.7	90.2	899
OBC	93.2	41.7	74.5	0.2	86.0	44.1	65.8	10.2	91.4	1,336
Other	97.8	62.7	44.0	0.0	100.0	68.8	45.3	0.0	88.4	457
Wealth quintile										
Lowest	96.6	48.9	58.7	3.3	100.0	79.4	31.3	0.0	89.2	473
Low	95.5	60.7	56.1	0.4	87.2	32.4	83.9	11.2	89.8	545
Medium	95.3	43.0	66.8	0.8	89.5	48.8	66.6	4.8	89.8	612
High	100.0	49.8	77.9	0.0	94.1	47.1	69.3	5.9	90.4	574
Highest	96.4	59.2	60.8	0.0	90.8	61.9	45.9	9.2	93.4	488
Birth during past two years										
Yes	98.8	55.1	61.5	0.0	91.1	63.2	58.4	8.0	84.6	664
No	94.9	49.9	64.5	2.0	91.8	42.7	68.7	5.4	92.4	2,028
Total	**96.6**	**52.1**	**63.1**	**1.1**	**91.6**	**49.5**	**65.3**	**6.3**	**90.5**	**2,692**

[1] Percent may not add to 100 due to multiple responses.

TABLE 71: DISCUSSION ON MERITS AND DEMERITS OF MODERN SPACING METHODS

Percent of currently married women aged 15-49 years who discussed advantage/disadvantage of specific family planning methods with health worker according to selected characteristics, RHIS, Jharkhand, 2010

Background Characteristics	Pill				Condom				IUD			
	Advantage	Disad-vantage	Both	None	Advan-tage	Disad-vantage	Both	None	Advan-tage	Disad-vantage	Both	None
Age												
15-24	68.5	15.1	11.1	5.3	86.6	0.0	1.1	12.3	70.0	15.1	14.9	0.0
25-34	52.3	4.8	39.5	3.3	78.0	0.0	22.0	0.0	69.5	11.4	19.1	0.0
35-49	62.3	17.5	20.1	0.0	47.9	14.8	22.5	14.8	29.0	40.7	30.4	0.0
Residence												
Urban	83.2	0.0	13.2	3.6	94.1	0.0	0.0	5.9	54.0	21.1	24.8	0.0
Rural	54.1	14.0	28.3	3.7	72.4	2.7	16.9	8.1	76.7	10.8	12.5	0.0
Religion												
Hindu	73.2	6.8	14.7	5.2	86.3	0.0	7.2	6.6	66.7	18.9	14.4	0.0
Muslim	41.6	9.0	46.7	2.7	59.9	0.0	31.9	8.3	69.1	14.6	16.3	0.0
Other	51.0	30.4	18.6	0.0	67.8	9.9	12.4	9.9	53.8	0.0	46.2	0.0
Caste/Tribe												
SC/ST	69.3	11.2	19.5	0.0	81.4	4.8	9.1	4.8	79.8	0.0	20.2	0.0
OBC	62.3	11.4	15.9	10.3	78.1	0.0	7.9	14.0	64.6	27.5	7.9	0.0
Other	44.2	9.5	46.3	0.0	69.3	0.0	30.7	0.0	54.1	11.5	34.5	0.0
Wealth quintile												
Lowest	59.1	10.6	30.3	0.0	54.5	0.0	45.5	0.0	81.2	0.0	0.0	0.0
Low	54.2	13.1	32.7	0.0	79.8	0.0	3.9	16.3	100.0	0.0	15.2	0.0
Medium	48.1	17.8	27.6	6.5	73.3	73	9.7	9.7	56.7	28.1	0.0	0.0
High	69.9	7.1	11.6	11.3	81.5	0.0	8.9	9.6	84.0	16.0	33.1	0.0
Highest	83.3	0.0	16.7	0.0	100.0	0.0	0.0	0.0	47.2	19.7	23.3	0.0
Birth during past two years												
Yes	51.9	13.4	33.0	1.7	91.2	0.0	4.1	4.7	58.6	18.1	23.3	0.0
No	68.0	8.7	17.9	5.4	71.7	2.9	16.6	8.9	73.7	13.3	13.0	0.0
Total	**60.5**	**10.9**	**24.9**	**3.7**	**77.9**	**2.0**	**12.6**	**7.5**	**65.7**	**15.8**	**18.5**	**0.0**

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APPENDICES

Appendix I

ORGANIZATIONS INVOLVED IN DATA COLLECTION

ORG Center for Social Research, AC Nielsen, ORG MARG Pvt. Ltd., New Delhi

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Appendix II

ESTIMATES OF SAMPLING ERRORS

LIST OF VARIABLES FOR SAMPLING ERRORS, RHIS, JHARKHAND, 2010

Variable	Estimate	Base population
Children ever born	Mean	Currently married women aged 15-49
Children surviving	Mean	Currently married women aged 15-49
Currently using any method	Proportion	Currently married women aged 15-49
Currently using a modern method	Proportion	Currently married women aged 15-49
Currently using a traditional method	Proportion	Currently married women aged 15-49
Currently using spacing method	Proportion	Currently married women aged 15-49
Using public medical sector source of contraception	Proportion	Women aged 15-49 currently using modern methods of contraception
Want no more children	Proportion	Currently married women aged 15-49
Want to delay next birth at least by 2 years	Proportion	Currently married women aged 15-49
Mother received any antenatal care	Proportion	Women with at least one birth in last two years (last birth)
Mother received ANC in first trimester	Proportion	Women with at least one birth in last two years (last birth)
Took IFA for 90 days or more	Proportion	Women with at least one birth in last two years (last birth)
Received two TT injections	Proportion	Women with at least one birth in last two years (last birth)
Births delivered by a skilled provider	Proportion	Births in last 2 years
Institutional delivery	Proportion	Births in last 2 years
Postnatal care for mother within 6 weeks of birth	Proportion	Women with at least one birth in last two years (last birth)
Health worker's visit at home in last 3 months	Proportion	Currently married women aged 15-49
Visit to health facility in last 3 months	Proportion	Currently married women aged 15-49
Listen to radio in a week	Proportion	Currently married women aged 15-49
Watch television in a week	Proportion	Currently married women aged 15-49
Read newspaper/magazine in a week	Proportion	Currently married women aged 15-49

SAMPLING ERRORS, RHIS, JHARKHAND, 2010

Value (R)	Standard Error (SE)	Number of Cases		Design Effect (DEFT)	Relative Standard Error (SE/R)	Confidence Limits	
		Unweighted (N)	Weighted (WN)			R-2SE	R+2SE
Children ever born (currently married women aged 15-49)							
2.936	0.043	2,692	4,293	1.087	0.015	2.851	3.020
Children surviving (currently married women aged 15-49)							
2.614	0.037	2,692	2,692	1.090	0.014	2.541	2.687
Currently using any method (currently married women aged 15-49)							
0.507	0.010	2,692	2,692	1.056	0.020	0.487	0.527
Currently using a modern method (currently married women aged 15-49)							
0.393	0.010	2,692	2,692	1.062	0.025	0.374	0.413
Currently using a traditional method (currently married women aged 15-49)							
0.072	0.005	2,692	2,692	1.042	0.072	0.061	0.082
Currently using any spacing method (currently married women aged 15-49)							
0.097	0.006	2,692	2,692	1.061	0.062	0.085	0.109
Using public medical sector source of contraception (women aged 15-49 currently using modern methods of contraception)							
0.614	0.016	2,692	2,692	1.058	0.026	0.583	0.645
Want no more children (currently married women aged 15-49)							
0.649	0.010	2,692	2,692	1.077	0.015	0.630	0.669
Want to delay next birth at least 2 years (currently married women aged 15-49)							
0.168	0.008	2,692	2,692	1.091	0.047	0.153	0.183
Mother received any antenatal care (women with most recent birth in last two years)							
0.945	0.010	2,692	2,692	1.129	0.011	0.926	0.965
Mother received ANC in first trimester (women with most recent birth in last two years)							
0.446	0.020	2,692	2,692	0.983	0.044	0.408	0.485
Took IFA for 100 days or more (women with most recent birth in last two years)							
0.365	0.020	2,692	2,692	1.062	0.055	0.326	0.404
Received at least two TT injections (currently married women aged 15-49)							
0.913	0.012	2,692	2,692	1.108	0.013	0.889	0.937
Births delivered by a skilled provider (women with most recent birth in last two years)							
0.443	0.019	2,692	2,692	0.986	0.043	0.405	0.480
Institutional delivery (women with most recent birth in last two years)							
0.367	0.018	2,692	2,692	0.975	0.050	0.331	0.403
Postnatal care (women with most recent birth in last two years)							
0.193	0.017	2,692	2,692	1.106	0.089	0.159	0.226
Health worker's visit at home in last 3 months (currently married women aged 15-49)							
0.143	0.007	2,692	2,692	1.072	0.051	0.128	0.157
Visit to health facility in last 3 months (currently married women aged 15-49)							
0.403	0.010	2,692	2,692	1.080	0.025	0.383	0.423
Listen to radio in a week (currently married women aged 15-49)							
0.145	0.007	2,692	2,692	1.092	0.051	0.131	0.160
Watch television in week (currently married women aged 15-49)							
0.336	0.007	2,692	2,692	0.759	0.021	0.322	0.349
Read newspaper/magazine in a week (currently married women aged 15-49)							
0.138	0.006	2,692	2,692	0.891	0.043	0.126	0.149

Appendix III

RHIS 2010 QUESTIONNAIRES

CONFIDENTIAL
Only for research purposes

REPRODUCTIVE HEALTH INDICATOR SURVEY-2010
HOUSEHOLD QUESTIONNAIRE

सभी निरीक्षणकर्त्ताओं के लिए–कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे प्रसव एवं शिशु स्वास्थ्य योजनाओं का वर्तमान स्तर जानने के लिए कर रहे हैं और इस जानकारी को इन सेवाओं के वर्तमान स्तर के सुधार के लिए उपयोग किया जाएगा। यह जानकारी पूर्णतया गोपनीय रखी जाएगी और किसी को भी नहीं बताई जाएगी। [PLEASE READ THE CONSENT FORM]

IDENTIFICATION पहचान	
State _____	
District/ जिला _____	
Block ब्लॉक _____	
Village/CEB गाँव / सीईबी _____	
Urban (नगरीय)-1/ Rural (ग्रामीण)-2/	
PSU Number/ पी.एस.यू. नम्बर.....	
Household Number/ घर का नम्बर..... Name of head of household घर के मुखिया का नाम	
Total number of persons in the HH/ घर में कुल व्यक्तियों की संख्या	
No. of eligible women in HH/ घर में कुल योग्य महिलाएं	

INTERVIEWER'S DETAILS साक्षात्कर्ता की जानकारियां	
Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	_____
Date of interview साक्षात्कार की तिथि	Day दिन Month महीना Year वर्ष 2 0
Number of visit FIRST VISIT.....1 SECOND VISIT..... 2 THREE OR MORE VISIT.....3	**Result परिणाम** Completed पूर्ण.....1 Not at home घर पर नही.....2 Postponed स्थगित .....3 Refused नकार दिया / मनाकर दिया.....4 Partly completed आंशिक रुप से पूर्ण.....5 Other (Specify) अन्य (स्पष्ट करें).....6
REMARKS टिप्पणियाँ Name of the Editor एडिटर का नाम	
Editor's Remarks एडिटर की टिप्पणियाँ	
Name of the Supervisor पर्यवेक्षक का नाम	
Supervisor's Remarks पर्यवेक्षक की टिप्पणियाँ	

CONSENT FORM

Purpose of Study

Namaste! My name is _____. I am a part of a research team working with (NAME OF THE ORGANIZATION). We are conducting a survey in your state about the health of women. We would very much appreciate your participation in this survey. We will discuss on household membership, living conditions, and use of health facilities. Information on family planning and maternal health related topics will discuss from currently married women aged 15-49 years. If you decide to be interviewed, you will be one of about 3,000 households from Jharkhand who will be interviewed.

Explanation of Procedures

The interview will take place in your home, somewhere private. The interview will not take more than 15 minutes for the household information. You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

Confidentiality

Your answers will not be shared with anyone outside this project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. Once the study is finished, the list of names with your contact information, and the completed surveys will be destroyed.

Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure women can access the health care they need.

Risks and Discomforts

There are no risks to you in this study. If you feel uncomfortable about any of the questions, you do not have to answer them. The interviewer can skip those questions and go on to the next section. You can end the interview at any time.

Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.

Questions/Your rights as Participant

This study has been reviewed by the ethics committee of the Futures Group International, India, Pvt. Ltd. that works to protect your rights and welfare. If you have any questions about the research or your participation, you can ask me or (contact person of field organization) or contact Mr. Nizamuddin Khan, Operations Research Manager, Futures Group International, India, Pvt. Ltd., Phone: 0124-4702024. You should report any problems, and ask any questions you like. Do you have any questions now?

Consent

Now, can you tell me if you agree to participate in this survey? If you say yes, it means that you have agreed to be part of the study.

☐ Yes ☐ No

Signature of interviewer: _____

Date: _____

सहमति पत्र

सर्वेक्षण के उद्देश्य

नमस्ते! मेरा नाम_____है मैं (Organization name) की ओर से रिसर्च टीम के साथ कार्य कर रही हूँ। हम आपके प्रदेश में औरतों के स्वास्थ्य के बारे में सर्वेक्षण का कार्य कर रहे हैं । हम आपके इस सर्वेक्षण में भाग लेने के बहुत आभारी होंगें। हम परिवार के सदस्यों, रहन–सहन का स्तर तथा स्वास्थ्य सुविधाओं के बारे में बात करेगें। 15–49 वर्ष की महिलाओं से परिवार नियोजन, मातृ स्वास्थ्य से सम्बन्धित विषयों पर बात करेगें। यदि आप साक्षात्कार के लिये तैयार होते है तो आप 3,000 परिवारों में से एक होंगें जिनका झारखंड में साक्षात्कार किया जाना है।

तरीकों की समीक्षा

यह साक्षात्कार आपके घर पर किया जायेगा। साक्षात्कार के दौरान परिवार के बारे में जानकारी लेने में 15 मिनट से ज्यादा का समय नहीं लगेगा। आप किसी कारणवश साक्षात्कार न देने या किसी प्रश्न का उत्तर न देने का अधिकार रखते/रखती हैं। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं यह कह कर कि आप साक्षात्कार रोकना चाहती हैं। यदि आप साक्षात्कार नहीं देना चाहती है या किसी प्रश्न का उत्तर नहीं देना चाहती हैं तो आपका किसी भी प्रकार का नुकसान नही होगा, और भविष्य मे मिलने वाली स्वास्थ्य सुविधाओं पर कोई असर नहीं पड़ेगा।

आपके द्वारा दिये गये प्रश्नों के उत्तरों को इस प्रोजेक्ट से बाहर किसी को बताया नहीं जायेगा। आपका नाम इस सर्वेक्षण में नहीं आयेगा। हम आपके उत्तरों को समुदाय के सदस्यों, स्वास्थ्य सुविधा देने वाले, परिवार या अन्य किसी से नहीं बतायेगें। सर्वेक्षण के अन्त में हम आपके उत्तरों से एक रिर्पोट तैयार करेगें जब सर्वेक्षण खत्म हो जायेगा तो नामों की लिस्ट और समस्त सूचनाओं को नष्ट कर दिया जायेगा।

लाभ

अनुसन्धान की सहायता से समाज को नई जानकारियां मिलती है, हो सकता है कि इस सर्वेक्षण से आपको व्यक्तिगत तौर पर कोई लाभ प्राप्त न हो लेकिन आपके उत्तर योजनाओं और कार्यक्रमों को बेहतर बनाने में महत्वपूर्ण होगें। जिससे यह सुनिश्चित हो सके कि महिलाओं को जिन स्वास्थ्य सेवाओं की आवश्यकता हैं उन तक उनकी पहुंच हो।

खतरें और परेशानियां

इस सर्वेक्षण में आपको कोई परेशानी नहीं हैं यदि आपको किसी प्रश्न का उत्तर देने में परेशानी होती है तो आप उसका उत्तर न दें। साक्षात्कारकर्ता इन प्रश्नों को छोड़कर अगले सेक्शन में चला जाये। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं।

प्रश्न/उत्तरदाता के रूप में आपके अधिकार

इस सर्वेक्षण की समीक्षा फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0, लिमिटेड की नीति सम्बन्धी समिति द्वारा किया जा रहा है जो कि आपके अधिकारों और कल्याण की सुरक्षा के लिए कार्य करती है। यदि आपके इस सर्वेक्षण में और भाग लेने के बारे में कोई प्रश्न हो तो आप मुझसे या मेरे अधिकारी (Name & Contact No.) या मिस्टर निज़ामुद्दीन खान, आपरेशन्स रिसर्च मैनेंजर, फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0 लिमिटेड, फोन नं0 0124–4702024 पर पूछ सकते हैं। आप किसी भी समस्या की शिकायत और कोई भी प्रश्न पूछ सकते हैं। क्या आपको कोई प्रश्न पूछना है?

सहमति

आप मुझे बतायें कि आप इस सर्वेक्षण में भाग लेने के लिए तैयार हैं यदि हां कहती हैं तो इसका मतलब आप सर्वेक्षण में भाग लेने के लिए तैयार हैं।

☐ हाँ ☐ नहीं

साक्षात्कारकर्ता के हस्ताक्षर :

दिनांक :

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	EDUCATION IF AGE 5 YEARS OR OLDER		MARITAL STATUS IF AGE 10 YEARS OR OLDER
	Please give me names of persons who usually live in your HH and guests of the HH who stayed here last night, starting with the head of HH कृपया मुझे उन व्यक्तियों के नाम बताये जो सामान्यतः आपके घर में रहते हैं और वे मेहमान जो पिछली रात इस घर में ठहरे थे। शुरूआत घर के मुखिया से करें।	What is the relationship of (NAME) to the head of HH? घर के मुखिया से (नाम) का रिश्ता क्या हैं?	Does (NAME) usually live here? क्या (नाम) सामान्यतः यहीं रहते/रहती हैं?	Did (NAME) stay here last night? क्या (नाम) पिछली रात यही ठहरे थे/ठहरी थी?	Is (NAME) male or female? क्या (नाम) पुरूष हैं या स्त्री?	How old is (NAME)? (नाम) की उम्र क्या हैं? (YEARS)	Can (NAME) read and write? क्या (नाम) पढ़ और लिख सकते हैं?	**IF YES in column (8)** What is the highest standard (NAME) has completed? (नाम) ने अधिकतम शिक्षा किस स्तर तक प्राप्त की हैं?	What is the marital status of (NAME)? (नाम) की वैवाहिक स्थिति क्या हैं?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
01		0 1	Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
02			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
03			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
04			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
05			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
06			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
07			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
08			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	EDUCATION IF AGE 5 YEARS OR OLDER		MARITAL STATUS IF AGE 10 YEARS OR OLDER
	Please give me names of persons who usually live in your HH and guests of the HH who stayed here last night, starting with the head of HH कृपया मुझे उन व्यक्तियों के नाम बताये जो सामान्यतः आपके घर में रहते हैं और वे मेहमान जो पिछली रात इस घर में ठहरे थे। शुरूआत घर के मुखिया से करें।	What is the relationship of (NAME) to the head of HH? घर के मुखिया से (नाम) का रिश्ता क्या हैं?	Does (NAME) usually live here? क्या (नाम) सामान्यतः यहीं रहते/रहती हैं?	Did (NAME) stay here last night? क्या (नाम) पिछली रात यही ठहरे थे/ठहरी थी?	Is (NAME) male or female? क्या (नाम) पुरूष हैं या स्त्री?	How old is (NAME)? (नाम) की उम्र क्या हैं? (YEARS)	Can (NAME) read and write? क्या (नाम) पढ़ और लिख सकते हैं?	**IF YES in column (8)** What is the highest standard (NAME) has completed? (नाम) ने अधिकतम शिक्षा किस स्तर तक प्राप्त की हैं?	What is the marital status of (NAME)? (नाम) की वैवाहिक स्थिति क्या हैं?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
09			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
10			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
11			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
12			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
13			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
14			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
15			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8
16			Yes 1 No 2	Yes 1 No 2	M 1 F 2		Yes 1 No 2		CM 1 NG 2 D 3 W 4 NM 5 OT 8

Codes for col.3 कॉलम नम्बर 3 के लिए कोड

01	***Head*** मुखिया	***08***	***Brother or Sister*** भाई या बहन
02	***Wife or Husband*** पति या पत्नी	***09***	***Brother-in-law or Sister-in-law*** साली, साला, देवर, भाभी, ननद, देवरानी, जेठ, जेठानी, नन्दोई
03	***Son or Daughter*** बेटा या बेटी		
04	***Son-in-law or Daughter-in-law*** दामाद या बहु	***10***	***Niece or Nephew*** भांजा, भांजी, भतीजा, भतीजी
05	***Grand child*** पोता या पोती, नाती या नातिन	***11***	***Other Relative*** अन्य रिश्तेदार
06	***Parent*** मां या बाप	***12***	***Adopted / Foster Child*** गोद लिया हुआ या पाला हुआ बच्चा
07	***Parent-in-law*** सास या ससुर	***13***	***Not related*** कोई रिश्ता नहीं हैं

Line number of the respondent
उत्तर देने वाले का लाइन नम्बर

Codes for col. 10 कॉलम नम्बर 10 के लिए कोड

1	***CM***	***Currently Married***	वर्तमान में विवाहित
2	***NG***	***Married but no Gauna***	विवाहित हैं पर गौना नही हुआ हैं
3	***D***	***Divorced***	तलाकशुदा
4	***W***	***Widowed***	विधवा
5	***NM***	***Never Married***	विवाह नही हुआ
8	***OT***	***Other***	अन्य

SECTION 1: HOUSEHOLD ASSETS

भाग 1: घर की सम्पत्ति

No.	QUESTIONS	CODING CATEGORIES	SKIP
101	Does your household own this house or any other house? क्या यह परिवार इस घर का या किसी दूसरे घर का मालिक है?	Yes, this house हाँ यही घर ..... 1 Yes, another house हाँ दूसरा घर ..... 2 No नहीं 3	
102	What is the religion of the head of the household? आपके परिवार के मुखिया का धर्म क्या हैं ?	Hindu हिन्दू ..... 1 Muslim मुस्लिम ..... 2 Christian ईसाई ..... 3 Sikh सिख ..... 4 Buddhist/Neo Buddhist बौद्ध ..... 5 Jain जैन ..... 6 Jewish/Zoroastrian/Parsi यहूदी/पारसी ..... 7 No Religion कोई धर्म नही ..... 8 Other (Specify अन्य (स्पष्ट करे) _____ 9	
103	What is the caste of the head of the household? आपके परिवार के मुखिया की जाति क्या है ? Is it a scheduled caste, a scheduled tribe, other backward caste, or gener1al? क्या यह अनुसूचित जाति या अनुसूचित जनजाति या अन्य पिछड़ा वर्ग के अंतर्गत आते हैं ?	Scheduled Caste अनुसूचित जाति ..... 1 Scheduled Tribe अनुसूचित जनजाति ..... 2 Other Backward caste (OBC) अन्य पिछड़ा वर्ग ..... 3 General सामान्य 4	
104	TYPE OF HOUSE. घर के प्रकार Observe roof, wall and floor, and record छत, दीवार और फर्श का अवलोकन करें और दर्ज करें	*Pucca* पक्का ..... 1 Semi-*Pucca* अर्ध पक्का ..... 2 Kutcha कच्चा 3	
105	What is the main source of drinking water for members of your household? आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है?	Piped water in residence/yard/plot ..... 1 पाइप का पानी घर में/आंगन में/भूखंड में Public tap सार्वजनिक नल ..... 2 Hand pump in residence/yard/plot ..... 3 हैंडपंप घर में/ आंगन में/ भूखंड में Public Hand pump सार्वजनिक हैंड पंप ..... 4 Covered well in residence/yard/plot ..... 5 रहने के स्थान/यार्ड/प्लॉट में ढका हुआ कुँआ Open well in residence/yard/plot ..... 6 रहने के स्थान/यार्ड/प्लॉट में खुला कुँआ Public well सार्वजनिक कुँआ ..... 7 Spring झरना ..... 8 Other (specify_) अन्य (स्पष्ट करें) _____ 9	
106	What kind of toilet facility does your household have? आपके घर में किस प्रकार की शौच सुविधा उपलब्ध है?	Own flush toilet ..... 1 निजी फ्लश शौचालय Public/Shared flush toilet ..... 2 सार्वजनिक/सम्मिलित फ्लश शौचालय Own pit toilet ..... 3 निजी गढ्ढे वाला शौचालय Public/Shared pit toilet ..... 4 सार्वजनिक/गढ्ढे वाला सम्मिलित शौचालय No facility/Bush/Field ..... 5 कोई सुविधा नहीं/जंगल/मैदान Other (specify_) अन्य (स्पष्ट करें) _____ 9	
107	What is the main source of lighting for your household? आपके घर में प्रकाश का मुख्य स्रोत क्या है?	Electricity बिजली ..... 1 Kerosene मिट्टी का तेल ..... 2 Gas गैस ..... 3 Oil तेल ..... 4 Other (specify_) अन्य (स्पष्ट करें) _____ 9	

No.	QUESTIONS	CODING CATEGORIES	SKIP
108	Do you have a separate room which is used as a kitchen? भोजन पकाने के लिए क्या आपके घर में रसोई का अलग कमरा है?	Yes हाँ ..... 1 No नहीं 2	
109	What type of fuel does your household commonly use for cooking? भोजन पकाने के लिए आपके परिवार में मुख्यतः किस प्रकार के ईंधन का उपयोग किया जाता है?	Wood लकड़ी ..... 1 Crop Residues ..... 2 फसल का बचा हुआ हिस्सा Dung Cakes उपले ..... 3 Coal/Charcoal ..... 4 कोयला / लकड़ी का कोयला Kerosene मिट्टी का तेल ..... 5 Electricity बिजली ..... 6 Liquid Petroleum Gas ..... 7 तरल पेट्रोलियम द्रव्य Bio-gas जैविक द्रव्य ..... 8 Other (specify_) अन्य (स्पष्ट करें) _____ 9	
110	Does your household own any agricultural land? क्या यह परिवार किसी कृषि भूमि का मालिक है?	Yes हाँ ..... 1 No नहीं ..... 2 → **112**	
111	How much agricultural land does your household own? यह परिवार कितनी कृषि भूमि का मालिक है?	Total (in Acres) कुल (एकड़ में) ☐☐☐ . ☐	
112	Does your household own any live stock? क्या आपके परिवार के पास कोई पशुधन है?	Yes हाँ ..... 1 No नहीं 2	
113	Does your household own any of the following: क्या यह परिवार इनमें से किन्हीं चीजों का मालिक है:		

(Items are to be in working condition)
(वस्तुएं चालू हालत में होनी चाहिए)

	YES हाँ	NO नहीं
Mattress? गद्दा? — Mattresses	1	2
Pressure cooker प्रैशर कुकर? — Pressure cooker	1	2
Mixer-Grinder — Mixture-grinder	1	2
Chair? कुर्सी? — Chair	1	2
Cot or bed? खाट या चारपाई ? — Cot/bed	1	2
Table? मेज? — Table	1	2
Clock or watch? घड़ी? — Clock/Watch	1	2
Electric fan? बिजली का पंखा? — Electric fan	1	2
Bicycle? साईकिल? — Bicycle	1	2
Radio or transistor? रेडियो या ट्रांजिस्टर? — Radio/Transistor	1	2
Sewing machine? सिलाई मशीन? — Sewing machine	1	2
Land phone? टेलीफ़ोन — Telephone	1	2
Mobile phone? मोबाइल — Mobile	1	2
Refrigerator? रेफ्रिजरेटर? — Refrigerator	1	2
Black and white television? ब्लैक एंड व्हाइट टेलीविज़न ? — Television (B&W)	1	2
Colour television? रंगीन टेलीविज़न? — Colour television	1	2
Moped, scooter, or motor cycle? मोपेड, स्कूटर, या मोटर साईकिल? — Moped/Scooter/M.Cycle	1	2
Car/Jeep? कार / जीप? — Car/Jeep	1	2
Water pump? पानी का पम्प? — Water pump	1	2
Bullock cart? बैलगाड़ी? — Bullock cart	1	2
Thresher? थ्रैशर? — Thresher	1	2
Tractor? ट्रैक्टर? — Tractor	1	2

No.	QUESTIONS	CODING CATEGORIES	SKIP
114	Does the household have a BPL card? क्या आपके घर में बीपीएल कार्ड है ?	Yes हाँ ..... 1 No नहीं ..... 2 Don't Know नहीं जानते 3	
115	Does the household have health card? क्या आपके घर में स्वास्थ्य कार्ड है ?	Yes हाँ ..... 1 No नहीं ..... 2 Don't Know नहीं जानते 3	
116	Is any usual member of this household covered by a health scheme or health insurance? क्या इस परिवार का कोई सदस्य किसी स्वास्थ्य योजना या स्वास्थ्य बीमा के अन्तर्गत आता है?	Yes हाँ ..... 1 No नहीं ..... 2 Don't Know नहीं जानते 3	
117	When members of your household get sick, mostly - where do they go for treatment? जब आपके घर के सदस्य बीमार पड़ जाते हैं तो आप उन्हें इलाज के लिये ज्यादातर कहाँ लेकर जाते हैं		**Coding category**
	GOVERNMENT 11. Hospital अस्पताल…… 12. Dispensary दवाखाना……..…….. 13. UHC/UHP/UFWC यूएचसी / यूएचपी / यूएफडब्ल्यूसी…… 14. CHC/Rural Hospital/PHC सीएचसी / ग्रामीण अस्पताल / पीएचसी …. 15. Sub Center उपकेन्द्र …… 16. AYUSH HOSPITAL/CLINIC आयुश अस्पताल / क्लीनिक….. 17. ANGANWADI/ICDS CENTRE आंगनवाड़ी केन्द्र / आईसीडीएस केन्द्र……. 18. MOBILE CLINIC मोबाइल क्लीनिक…….. 19. OTHER PUBLIC SECTOR HEALTH FACILITY…….. अन्य सरकारी क्षेत्र की स्वास्थ्य सुविधाएं 20. NGO OR TRUST HOSPITAL/CLINIC गैर सरकारी संस्था या ट्रस्ट अस्पताल / क्लीनिक……. **PRIVATE** 31. HOSPITAL. अस्पताल….. 32. DOCTOR/CLINIC डॉक्टर / क्लिनिक….. 33. PARAMEDIC अर्ध चिकित्सक…..……..…..……..…… 34. AYUSH HOSPITAL/CLINIC आयुश अस्पताल / क्लिनिक….. …… 35. TRADITIONAL HEALER परम्परागत चिकित्सक……..…… 36. PHARMACY/DRUG STORE फार्मेसी / दवाखाना…..……..….. 37. OTHER PRIVATE SECTOR HEALTH FACILITY……. अन्य निजी क्षेत्र की स्वास्थ्य सुविधाएं **OTHER** 41. NON MEDICAL SHOP दवा के अतिरिक्त अन्य दुकान…… 42. HOME TREATMENT घरेलू उपचार……..…….. 98. OTHER **(SPECIFY)** अन्य (स्पष्ट करें) _____		11 12 13 14 15 16 17 18 19 20 31 32 33 34 35 36 37 41 42 → 121 98
118	How far is ……...? **If less than 1 Km code 00** ..... कितनी दूरी पर है ? यदि 1 किमी से कम है तो 00 कोड करें	In kms. किमी. में	
119	What transportation method was mainly used to reach health facility/ health personnel? जब आप स्वास्थ्य सुविधा पर जाते हैं तो कौन सा साधन ज्यादातर इस्तेमाल करते हैं ?	Walk पैदल ..... 1 Rickshaw/cart रिक्शा/बैलगाड़ी ..... 2 Bus बस ..... 3 Taxi/auto/tractor टैक्सी/ऑटो/टैक्टर ..... 4 Ambulance एम्बुलेन्स ..... 5 Motor cycle/Bicycle मोटरसाईकिल/साईकिल ..... 6 Other (Specify) अन्य (स्पश्ट करें) ..... 7 Don't know नहीं जानते 8	

120	How much time it will take to reach there? वहाँ पहुँचने में कितना समय लगता है ?	IN MINUTES मिनट में ☐☐

121	**CHECK Q117** IF Q117 > 19 [NOT USING GOVT. FACILITY]	
	B. Why don't ***members*** of your household generally go to government facility? आपके परिवार के सदस्य आमतौर पर सरकारी सुविधा केन्द्र पर क्यों नहीं जाते हैं?	**Coding category**
	A. No adequate infrastructure/ पर्याप्त संसाधन नहीं है	A
	B. No nearby hospital facility/ पास में कोई अस्पताल सुविधा नहीं	B
	C. Not aware about any facility/ जगह के बारे में नहीं जानते	C
	D. Doctor not available/ डॉक्टर उपलब्ध नहीं रहते है	D
	E. Facility timing not convenient/ समय सुविधाजनक नहीं है	E
	F. Health personnel often absent/ स्वास्थ्य अधिकारी अक्सर नहीं मिलता	F
	G. Waiting time too long/ बहुत ज्यादा समय इंतजार करना पड़ता है	G
	H. Poor quality of care/ देखभाल का स्तर/क्वालिटी खराब है	H
	I. Drug/Medicine not available दवाएं उपलब्ध नहीं रहती है	I
	J. No trust on govt. facility सरकारी सुविधाओं पर विश्वास नहीं है	J
	X. OTHER अन्य **(SPECIFY)**	X

-: THANK YOU: -

-: धन्यवाद :-

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REPRODUCTIVE HEALTH INDICATOR SURVEY, 2009-10

WOMAN'S QUESTIONNAIRE

सभी निरीक्षणकर्त्ताओं के लिए– कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे प्रसव एवं शिशु स्वास्थ्य योजनाओं का वर्तमान स्तर जानने के लिए कर रहे हैं और इस जानकारी को इन सेवाओं के वर्तमान स्तर के सुधार के लिए उपयोग किया जाएगा। यह जानकारी पूर्णतया गोपनीय रखी जाएगी और किसी को भी नहीं बताई जाएगी। [PLEASE READ THE CONSENT FORM]

IDENTIFICATION पहचान

State _____
District / जिला _____ ☐☐

Block ब्लॉक _____ ☐☐

Village/CEB गाँव / सीईबी _____ ☐☐☐☐☐☐

Urban (नगरीय)-1/ Rural (ग्रामीण)-2/ ☐

PSU Number / पी.एस.यू. नम्बर..... ☐☐☐

Household Number / घर का नम्बर..... ☐☐☐

Name of eligible woman योग्य महिला का नाम _____

Eligible woman line number in household schedule
परिवार प्रश्नावली में योग्य महिला का लाइन नम्बर ..... ☐☐

INTERVIEWER'S DETAILS साक्षात्कर्ता की जानकारियां

Name and code of the interviewer
साक्षात्कारकर्ता का नाम व कोड _____ ☐☐☐

Date of interview साक्षात्कार की तिथि ☐☐ ☐☐ 2 0 ☐☐
Day दिन Month महीना Year वर्ष

Number of visits

First visit……..1
Second visit…….2
Three or more visit…….3

Result परिणाम

Completed पूर्ण 1
Not at home घर पर नही 2
Postponed स्थगित 3
Refused नकार दिया / मनाकर दिया 4
Partly completed आंशिक रुप से पूर्ण 5
Other (Specify) अन्य (स्पष्ट करें) 6

REMARKS टिप्पणियाँ

Name of the editor एडिटर का नाम _____

Editor's Remarks एडिटर की टिप्पणियाँ

Name of the Supervisor पर्यवेक्षक का नाम _____

Supervisor's Remarks पर्यवेक्षक की टिप्पणियाँ

CONSENT FORM

Purpose of Study

Namaste! My name is _____. I am a part of a research team working with (NAME OF THE ORGANIZATION). We are conducting a survey in your state about the health of women. We would very much appreciate your participation in this survey. In this survey, we will discuss on family planning and maternal health related topics from currently married women aged 15-49 years. If you decide to be interviewed, you will be one of about 3,000 households from Jharkhand who will be interviewed.

Explanation of Procedures

The interview will take place in your home, somewhere private. The interview will take about 30 minutes. I will ask you questions about your home, family planning, maternal health-care seeking, and family size decisions. You may choose not to give the interview, or not to answer a question for any reason. You can stop the interview at any time by telling me that you want to stop it. If you decide not to give the interview or not to answer a question, no harm will come to you, and there will be no effect on your access to health services in the future.

Confidentiality

Your answers will not be shared with anyone outside this project. Your name will not appear on the survey. We will not share answers with community members, health providers, family or anyone else. At the end of the study, we will put all the answers together and make a report. Once the study is finished, the list of names with your contact information, and the completed surveys will be destroyed.

Benefits

Research helps society by providing new knowledge. You may not benefit directly from this survey. However, your answers will be important for planning better programs to make sure women can access the health care they need.

Risks and Discomforts

There are no risks to you in this study. If you feel uncomfortable about any of the questions, you do not have to answer them. The interviewer can skip those questions and go on to the next section. You can end the interview at any time.

Costs and Payment for Participation

There are no costs for being in this study. You will not receive any compensation for taking part in this study.

Questions / Your rights as Participant

This study has been reviewed by the ethics committee of the Futures Group International, India, Pvt. Ltd. that works to protect your rights and welfare. If you have any questions about the research or your participation, you can ask me or (contact person of field organization) or contact Mr. Nizamuddin Khan, Operations Research Manager, Futures Group International, India, Pvt. Ltd., Phone: 0124-4702024. You should report any problems, and ask any questions you like. Do you have any questions now?

Consent

Now, can you tell me if you agree to participate in this survey? If you say yes, it means that you have agreed to be part of the study.

☐ Yes ☐ No

Signature of interviewer: _____

Date: _____

सहमति पत्र

सर्वेक्षण के उद्देश्य

नमस्ते! मेरा_____है मैं **(Organization name)** की ओर से रिसर्च टीम के साथ कार्य कर रही हूँ। हम आपके प्रदेश में औरतों के स्वास्थ्य के बारे में सर्वेक्षण का कार्य कर रहे हैं हम आपके इस सर्वेक्षण में भाग लेने के बहुत आभारी होगें। हम परिवार के सदस्यों, रहन–सहन का स्तर तथा स्वास्थ्य सुविधाओं के बारे में बात करेगें। 15-49 वर्ष की महिलाओं से परिवार नियोजन, मातृ स्वास्थ्य से सम्बन्धित विषयों पर बात करेगें। यदि आप साक्षात्कार के लिये तैयार होती है तो आप 3,000 परिवारों मे से एक होगीं जिनका कि झारखंड में साक्षात्कार किया जाना है।

तरीकों की समीक्षा

यह साक्षात्कार आपके घर पर किया जायेगा। इस साक्षात्कार की जानकारी लेने में 30 मिनट का समय लगेगा। मैं आपसे आपके परिवार, परिवार नियोजन, मातृ स्वास्थ्य सेवा और परिवार के आकार का निर्णय के बारे में पूछूंगी। आप किसी कारणवश साक्षात्कार न देने या किसी प्रश्न का उत्तर न देने का अधिकार रखती हैं। आप किसी भी समय सक्षात्कार समाप्त कर सकती हैं यह कह कर कि आप साक्षात्कार रोकना चाहती हैं। यदि आप साक्षात्कार नहीं देना चाहती है या किसी प्रश्न का उत्तर नहीं देना चाहती हैं तो आपका किसी भी प्रकार का नुकसान नहीं होगा, और भविष्य मे मिलने वाली स्वास्थ्य सुविधाओं पर कोई असर नहीं पड़ेगा।

गोपनीयता

आपके द्वारा दिये गये प्रश्नों के उत्तरों को इस प्रोजेक्ट से बाहर किसी को बताया नहीं जायेगा। आपका नाम इस सर्वेक्षण में नहीं आयेगा। हम आपके उत्तरों को समुदाय के सदस्यों, स्वास्थ्य सुविधा देने वाले, परिवार या अन्य किसी से नहीं बतायेगें। सर्वेक्षण के अन्त में हम आपके उत्तरों से एक रिर्पोट तैयार करेंगे जब सर्वेक्षण खत्म हो जायेगा तो नामों की लिस्ट और समस्त सूचनाओं को नष्ट कर दिया जायेगा।

लाभ

अनुसन्धान की सहायता से समाज को नई जानकारियां मिलती है, हो सकता है कि इस सर्वेक्षण से आपको व्यक्तिगत तौर पर कोई लाभ प्राप्त न हो लेकिन आपके उत्तर योजनाओं और कार्यक्रमों को बेहतर बनाने में महत्वपूर्ण होगें। जिससे यह सुनिश्चित हो सके कि महिलाओं को जिन स्वास्थ्य सेवाओं की आवश्यकता हैं उन तक उनकी पहुंच हो।

खतरें और परेशानियां

इस सर्वेक्षण में आपको कोई परेशानी नहीं हैं यदि आपको किसी प्रश्न का उत्तर देने में परेशानी होती है तो आप उसका उत्तर न दें। साक्षात्कारकर्ता इन प्रश्नों को छोड़कर अगले सेक्शन में चला जाये। आप किसी भी समय साक्षात्कार समाप्त कर सकती हैं।

प्रश्न/उत्तरदाता के रूप में आपके अधिकार

इस सर्वेक्षण की समीक्षा फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0, लिमिटेड की नीति सम्बन्धी समिति द्वारा किया जा रहा है जो कि आपके अधिकारों और कल्याण की सुरक्षा के लिए कार्य करती है। यदि आपके इस सर्वेक्षण में और भाग लेने के बारे में कोई प्रश्न हो तो आप मुझसे या मेरे अधिकारी (Name and contact number) या मिस्टर निज़ामुद्दीन खान, आपरेशन्स रिसर्च मैनेंजर, फ्यूचर्स ग्रुप इन्टरनेशनल, इंडिया, प्रा0 लिमिटेड, फोन नं0 0 124–4702024 पर पूछ सकते हैं। आप किसी भी समस्या की शिकायत और कोई भी प्रश्न पूछ सकते हैं। क्या आपको कोई प्रश्न पूछना है?

सहमति

आप मुझे बतायें कि आप इस सर्वेक्षण में भाग लेने के लिए तैयार हैं यदि हाँ कहती हैं तो इसका मतलब आप सर्वेक्षण में भाग लेने के लिए तैयार हैं।

☐ हाँ ☐ नहीं

साक्षात्कारकर्ता के हस्ताक्षर :

दिनांक :

SECTION 1: BACKGROUND CHARACTERISTICS AND FAMILY PLANNING

भाग 1: पृष्ठभूमि एवं परिवार नियोजन

101	In what month and year were you born? आपका जन्म किस महीने और साल में हुआ था?	Month माह ..... ☐☐ DK Month माह का पता नहीं ..... 98 Year साल ..... ☐☐☐☐ DK Year साल का पता नहीं.....998
102	How old were you on your last birthday? पिछले जन्मदिन पर आपकी आयु कितनी थी?	Age in completed years ☐☐ उम्र पूरे वर्षों में
103	Compare and correct 101 or 102 if inconsistent जवाब को प्रश्न 101 से मिलाएं और यदि मेल न खाए तो प्रश्न 101 या 102 को ठीक करें। How old were you at the time of your (first) marriage? (पहले) विवाह के समय आप की उम्र क्या थी?	Age in completed years ..... ☐☐ उम्र पूरे वर्षों में लिखें .....
103a	How old were you when you start living with your husband? जब आपने पति के साथ रहना शुरू किया उस समय आपकी उम्र क्या थी?	Age in completed years ..... ☐☐ उम्र पूरे वर्षों में लिखें
104	What is your educational level? आप कितना पढ़ी है? Record completed grade	Illiterate अनपढ़ ..... 1 Literate, non-formal ..... 2 पढ़े–लिखे, कोई औपचारिक शिक्षा नहीं Literate, formal ..... 3 ☐☐ पढ़े–लिखे औपचारिक शिक्षा प्राप्त की है
105	What is your husband's educational level? आपके पति कितना पढ़े हैं? Record completed grade	Illiterate अनपढ़ .....1 Literate, non formal .....2 पढ़े–लिखे, कोई औपचारिक शिक्षा नही Literate, formal.....3 ☐☐ पढ़े–लिखे, औपचारिक शिक्षा प्राप्त की है
106	What is your occupation? आपका व्यवसाय (काम) क्या है?	Housewife गृहणी.....01 Agricultural laborer खेतीहर मजदूर .....02 Farmer किसान.....03 Artisan दस्तकार .....04 Petty trader/shop owner .....05 छोटा व्यापारी / दुकान का मालिक Business/industrialist बिजनेस / उद्योगपति.....06 Unskilled worker अकुशल कार्यकर्ता.....07 Skilled worker कुशल कार्यकर्ता.....08 Self employed स्वरोजगार .....09 Clerical/supervisory/sales person .....10 क्लर्क / सुपरवाइज़र / सेल्स पर्सन Officer/executive ऑफ़िसर / एगज़ीक्यूटिव .....11 Others अन्य.....99
107	What is your husband's occupation? आपके पति का व्यवसाय (काम) क्या है?	Agricultural laborer खेतीहर मजदूर .....01 Farmer किसान.....02 Artisan दस्तकार.....03 Petty trader/shop owner .....04 छोटा व्यापारी / दुकान का मालिक Business/industrialist बिजनस / उद्योगपति.....05 Unskilled worker अकुशल कार्यकर्ता .....06 Skilled worker कुशल कार्यकर्ता.....07 Self employed स्वरोजगार.....08 Clerical/supervisory/sales person .....09 क्लर्क / सुपरवाइज़र / सेल्स पर्सन Officer/executive ऑफ़िसर / एगज़ीक्यूटिव .....10 Not working कार्य नही करते..... 11 Others अन्य.....99

108	How many live births have you had? आपके कितने जीवित शिशु (जन्म) हुए? a. How many males? कितने लड़के हैं? b. How many females? कितनी लड़कियां हैं? [If none, code "00"] (अगर कोई, नहीं कोड '00')	Live births जीवित जन्म Males लड़के..... ☐☐ Females लड़कियां..... ☐☐ No live births ('00' in both) → **112** कोई जीवित शिशु नहीं (00 कोड दोनों में)
109	How many are now surviving? अब उनमें से कितने जीवित हैं? a. How many males? कितने लड़के हैं? b. How many females? कितनी लड़कियां हैं? [If none, code "00"] (अगर कोई, नहीं कोड '00')	SURVIVING जीवित MALES लड़के..... ☐☐ FEMALES लड़कियां..... ☐☐
110	How many are now not surviving? अब उनमें से कितने जीवित नहीं (मर गए) हैं? a. How many males? कितने लड़के हैं? b. How many females? कितनी लड़कियां हैं? [If none, code "00"] (अगर कोई नहीं कोड '00')	Not surviving जीवित Males लड़के ..... ☐☐ Females लड़कियां ..... ☐☐
111	How old were you at the time of <u>first</u> birth? पहले बच्चे के जन्म समय आप की उम्र क्या थी?	Age in completed years..... ☐☐ उम्र पूरे वर्षों में लिखें
112	In your opinion, what should be the ideal (age) gap between the birth of two children? आपकी राय में, दो बच्चों के जन्म के बीच कितना अन्तर होना चाहियें?	In months महिनों में..... ☐☐ Don't know मालूम नहीं 99
113	Do you think spacing of children is important for the health of mother and children? क्या आप सोचते हैं कि मां व बच्चों के स्वास्थ्य के लिए बच्चों में अंतर रखना महत्वपूर्ण है।	Yes हाँ,..... 1 No नहीं,..... 2 → **115** Don't know पता नहीं..... 3 → **115**
114	A. What are the advanatages the mother will have? माँ को क्या लाभ मिलेंगे? Any other? कोई अन्य ? B. What are the advanatages the child will have? बच्चों को क्या लाभ मिलेंगे? Any other? कोई अन्य ?	Better nutritional status ..... A बेहतर पोषण की स्थिति Lower incidence of anaemia..... B खून की कमी की कम घटनाएँ Less pregnancy complications..... C गर्भावस्था में कम उलझनें Better mental health..... D बेहतर मानसिक स्वास्थ Other (_____) ..... X कोई अन्य (स्पष्ट करें)
115	There are various methods a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about? ऐसे कई साधन हैं जिनसे एक दम्पत्ति गर्भधारण को टाल सकता है या उससे बच सकता है। ऐसे कौन से साधनों के बारे में आपने सुना है?	Better growth बेहतर संवृद्धि..... A Better nutritional status बेहतर पोषण स्थिति..... B Lower incidence of diseases..... C रोगों की कम घटनाएँ Better survival chance..... D जीवित रहने की अधिक संभावना Better attention by mother..... E माँ द्वारा बेहतर ध्यान Other (_____) ..... X कोई अन्य (स्पष्ट करें)

		Yes, spontaneous	Yes, probed	No
	A. Pill. Women can take a pill every day or weekly. **गर्भनिरोधक गोली** – महिलाएं प्रतिदिन या सप्ताह में एक गर्भनिरोधक गोली खा सकती हैं।	1	2	3
	B. Condom/Nirodh. Men can use a rubber sheath during sexual intercourse. **कंडोम/निरोध** – यौन सम्बन्ध के दौरान पुरूष रबड़ वाले आवरण का प्रयोग कर सकते हैं।	1	2	3
	C. IUCD/Copper T. Women can have a loop or coil placed inside them by a doctor or a nurse. **आईयूसीडी/कॉपर–टी** – महिलाएं डॉक्टर या नर्स द्वारा स्वयं के अन्दर कॉपर–टी लगा सकती हैं।	1	2	3
	D. Injectables. Women can have an injection given by a doctor or nurse which stops them from becoming pregnant for several months. **इंजेक्शन का प्रयोग** – महिलाएं डॉक्टर या नर्स द्वारा इंजेक्शन ले सकती हैं जो उन्हें कुछ महीनों के लिए गर्भवती होने से रोकता है।	1	2	3
	E. Female sterilization. Women can have an operation to avoid having any more children. **स्त्री नसबन्दी** – महिलाएं एक ऑपरेशन करवा सकती हैं जिससे और बच्चे पैदा नहीं होते।	1	2	3
	F. Male sterilization. Men can have an operation to avoid having any more children. पुरूष नसबन्दी – पुरूष एक ऑपरेशन करवा सकते हैं जिससे और बच्चे पैदा नहीं होते।	1	2	3
	G. Standard Days Method (SDM) ekud fnol@मालाचक्र विधि Couple can abstain from sex during certain days of month with the help of a 'BEADS CHAIN' महिने के कुछ विशेष दिनों के दौरान दम्पत्ति माला चक्र (दानों की माला) की सहायता से यौन सम्बन्ध से बचाव कर सकते हैं	1	2	3
	H. Emegency Contraceptive Pill (ECP) आकस्मिक गर्भनिरोधक गोली Women can take pills up to three days/72 hours after sexual intercourse to avoid becoming pregnant. यौन सम्बन्ध स्थापित करने के तीन दिन/72 घण्टें के अन्दर महिलायें आकस्मिक गर्भनिरोधक गोली का इस्तेमाल करके गर्भवती होने से बच सकती हैं?	1	2	3
	I. Rhythm or Periodic abstinence. Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. **सुरक्षित काल** – महीनें के उन दिनों में दम्पत्ति को यौन सम्बन्ध करने से बचना चाहिए जब महिला गर्भवती हो सकती है।	1	2	3
	J. Withdrawal. Men can be careful and pull out before climax. विच्छेदन – पुरूष सावधानी बरत सकते हैं व चरमोत्कर्ष से पूर्व बाहर निकाल सकते हैं।	1	2	3
	K. Have you heard of any other ways or methods that a man or woman can use to delay or avoid pregnancy क्या आपने कोई अन्य तरीका सुना है जिसका पुरूष या महिला गर्भवस्था को टालने या इससे बचने के लिए इस्तेमाल कर सकते हैं (specity_____) वर्णन कीजिए	1	2	3
116	Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant? क्या आपने या आपके पति ने कभी कुछ इस्तेमाल करने की कोशिश की है जिससे गर्भवती होने को टाला जा सके या उससे बचा जा सके?	Yes हां .....1 No नहीं .....2 → 156		

117	When did you/your husband use the contraceptives for the first time? पहली बार गर्भनिरोधक आपने कब इस्तेमाल किया?	Immediately after marriage ..... 1 विवाह के तुरंत बाद After first child birth ..... 2 पहले बच्चे के जन्म के बाद After second child birth ..... 3 दूसरे बच्चे के जन्म के बाद After third child birth ..... 4 तीसरे बच्चे के जन्म के बाद After four or more births ..... 5 चौथे या अधिक बच्चे के जन्म के बाद Other अन्य (_____)..... 9	
118	What method(s) have you/your husband used? आप या आपके पति ने कौन से तरीकों का उपयोग किया था? Any other method? कोई अन्य तरीके ?	Pill गर्भनिरोधक गोलियां Condom/Nirodh निरोध (कंडोम) ..... IUCD/Copper T आई यू डी/कापर टी Injectables इंजेक्टेबल्स..... Female sterilization स्त्री नसबंदी Male sterilization पुरूष नसबंदी Standard Days Method (SDM) मनका विधि ..... Emergency contraceptive pills (ECP) आकस्मिक गर्भनिरोधक गोली ..... Rhythm/Safe period रिदम/सुरक्षित काल पद्धति..... Withdrawal विच्छेदन Other अन्य (_____)…..	A B C D E F G H I J X
	IF STERILISATION IS MENTIONED IN Q118, [I.E., 'E OR F'] THEN CODE '1' IN Q119 AND CODE(S) '5 OR 6' IN Q120 यदि प्र.118 में नसबन्दी का उल्लेख किया गया है (E या F) फिर प्र. 119 में कोड 1 और प्र. 120 में कोड 5 या 6 पर गोला लगायें		
119	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? क्या आप या आपके पति आजकल गर्भधारण टालने या रोकने के लिए कुछ कर रहे हैं या किसी तरीके का उपयोग कर रहें है?	Yes हाँ ..... 1 No नहीं 2	→151
120	What method are you or your husband currently using? आप या आपके पति कौन से तरीके का उपयोग कर रहें है?	Pill गर्भनिरोधक गोलियां Condom/Nirodh निरोध (कंडोम) IUCD/Copper T आईयूडी/कापर–टी Injectables इंजेक्टेबल्स Female sterilization स्त्री नसबंदी Male sterilization पुरूष नसबंदी Standard Days Method (SDM) मनका विधी Emergency contraceptive pills (ECPs)… आकस्मिक गर्भनिरोधक गोली Rhythm/Safe period रिदम/सुरक्षित काल पद्धति Withdrawal विच्छेदन Others अन्य (_____)	1 2→124 3→134 4→140 5→145 6 7→149 8→150 9 10→151 99
121	Is the pill you are currently using, a daily/bi-weekly/weekly one? गर्भनिरोधक गोली आप कैसे लेते हैं – हर रोज/सप्ताह में दो बार/सप्ताह में एक बार लेते हैं?	Daily हर रोज..... 1 Bi-weekly सप्ताह में दो बार..... 2 Weekly सप्ताह में एक बार..... 3	
122	May I see the package of pills you are using? जो आप गर्भनिरोधक गोली इस्तेमाल कर रही है क्या मैं उस पैकेट को देख सकती हूं?	1 [ ][ ] → 126 2	
123	May I know the brand name of pills you are using? जो आप गर्भनिरोधक गोली इस्तेमाल कर रही है क्या मैं उस ब्राण्ड के नाम को जान सकती हूँ?	Brandname ब्राण्ड का नाम Don't know पता नहीं [ ][ ] Skip to 126 98	

124	May I see the package of condoms your husband/you are using? जो आपके पति या आप कण्डोम इस्तेमाल करती है क्या मैं उस पैकेट को देख सकती हूँ?	Package seen पैकेट देखा Brandname ब्राण्ड का नाम _____ Package not seen पैकेट नहीं देखा	1 ☐☐ → 126 2
125	May I know the brand name of condoms your husband/you are using? जो आपके पति या आप कण्डोम इस्तेमाल करती है क्या मैं उस ब्राण्ड के नाम को जान सकती हूँ?	Brandname ब्राण्ड का नाम _____ Don't know पता नहीं	☐☐ 198
126	For how many months have you been using pills/condoms (nirodh) continuously? आप कितने महीने से गर्भनिरोधक गोलियां/निरोध (कंडोम) का नियमित उपयोग कर रही हैं? IF LESS THAN ONE MONTH RECORD "00" यदि 1 महीने से कम हो तो 00 लिखें।	Months महीने ..... 8 years or longer 8 वर्ष या अधिक	☐☐ 96
127	How many (pill cycles/condoms) did you get the last time? पिछली बार आपने कितनी (गर्भनिरोधक गोलियों के पत्ते/निरोध) प्राप्त किये थे	Number of pill cycles/condoms गर्भनिरोधक गोलियां के पत्ते/निरोध की संख्या Don't know पता नहीं	☐☐ 98
128	The last time you obtained (CURRENT METHOD IN Q120) how much did you pay in total, including the cost of the method and any consultation you may have had? पिछली बार (वर्तमान साधन/विधि प्रश्न 120) प्राप्त किये गये साधन पर आपने कुल कितने रूपये खर्च किये। यदि कोई परामर्श शुल्क दिया हो तो उसको भी शामिल करके बतायें?	Cost in Rupee मूल्य रूपए में Free मुफ्त Don't know पता नहीं	☐☐☐ 995 998
129	Who purchases/brings oral contraceptive pills/condoms? गर्भनिरोधक गोलियां/कंडोम (निरोध) कौन खरीदता/लाता है?	Self स्वयं ..... 1 Husband पति ..... 2 Health workers give स्वास्थ्य कार्यकर्ता द्वारा.. 3 Other (Specify) अन्य (स्पष्ट करें) 4	→ 131
130	Do you feel embarrassed while purchasing/obtaining pills/condoms? क्या आपको गर्भनिरोधक गोलियां/कंडोम (निरोध) खरीदते/लेते समय शर्म महसूस होती है?	Very embarrassing अधिक शर्म ..... 1 Somewhat embarrassing थोड़ी बहुत शर्म ..... 2 Not at all बिल्कुल नहीं 3	
131	Where did you obtain the pills/condoms the last time? आपने पिछली बार गर्भनिरोधक गोलियां/निरोध (कंडोम) कहां से प्राप्त किये? If source is hospital or clinic, write the name of the place. Probe to Identify the type of place and circle the appropriate code. यदि स्त्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखे। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं। _____ **NAME OF PLACE IF HOSPITAL OR CLINIC** स्थान का नाम (यदि अस्पताल या क्लीनिक है तो स्थान का नाम लिखे)।	**PUBLIC MEDICAL SECTOR** **सार्वजनिक चिकित्सा क्षेत्र** Govt./Municipal hospital..... सरकारी/नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय ..... UHC/UHP/UFWC ..... यूएचसी/यूएचपी/यूएफडब्ल्यूसी CHC/PHC/FP Center ..... सीएचसी/पीएचसी/एफपी केन्द्र Sub-Center/ANM उपकेन्द्र ..... Govt. Mobile Clinic ..... सरकारी चलता–फिरता दवाखाना Govt. Paramedic सरकारी अर्ध–चिकित्सक.... RCH Camp कैम्प ..... Other public sector health facility ..... अन्य लोकक्षेत्र स्वास्थ्य सुविधा **NGO SECTOR** एनजीओ क्षेत्र..... NGO Hospital/Clinic ..... एनजीओ अस्पताल/दवाखाना NGO Worker एनजीओ कार्यकर्ता ..... **PRIVATE MEDICAL SECTOR** निजी चिकित्सा क्षेत्र Pvt. Hospital/Clinic ..... निजी अस्पताल/दवाखाना Pvt. Doctor निजी डॉक्टर ..... Pvt. Mobile Clinic ..... निजी चलता फिरता दवाखाना Pvt. Paramedic निजी अर्ध–चिकित्सक Vaidya/Hakim/Homeopath वैद्य/हकीम/होम्योपैथ Traditional Healer पारम्परिक हकीम Pharmacy/Drug store औषधालय/दवा की दुकान	11 12 13 14 15 16 17 18 19 21 22 31 32 33 34 35 36 37 → 133

		AWW आंगनवाड़ी कार्यकर्ता ASHA आशा Dai दाई Other private sector health facility अन्य निजी क्षेत्र स्वास्थ्य सुविधा OTHER SOURCE अन्य स्रोत Shop दुकान Husband पति Friend/Other relative मित्र / अन्य रिश्तेदार Other अन्य (_____)	38 39 40 41 51 52 53 96
132	Do you know from where this person obtained the pills/condoms the last time? क्या आपको पता हैं कि इस व्यक्ति ने पिछली बार गर्भनिरोधक गोलियां / निरोध (कंडोम) कहां से प्राप्त किये? If source is hospital or clinic, write the name of the place, probe to identify the type of place and circle the appropriate code. यदि स्त्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं _____ **NAME OF PLACE IF HOSPITAL OR CLINIC** स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।	**PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र** Govt./Municipal hospital ..... 11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय ..... 12 UHC/UHP/UFWC ..... 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC/PHC/FP Center ..... 14 सीएचसी / पीएचसी / एफपी केन्द्र Sub-Center/ANM उपकेन्द्र ..... 15 Govt. Mobile Clinic ..... 16 सरकारी चलता–फिरता दवाखाना Govt. Paramedic सरकारी अर्ध–चिकित्सा ..... 17 Camp कैम्प ..... 18 Other public sector health facility ..... 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO SECTOR एनजीओ क्षेत्र NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना NGO Worker एनजीओ कार्यकर्ता ..... 22 PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital/Clinic ..... 31 निजी अस्पताल / दवाखाना Pvt. Doctor futh MkWDVj ..... 32 Pvt. Mobile Clinic ..... 33 निजी चलता फिरता दवाखाना Pvt. Paramedic futh अर्ध–चिकित्सक ..... 34 Vaidya/Hakim/Homeopath ..... 35 वैद्य / हकीम / होम्योपैथ Traditional Healer पारम्परिक हकीम ..... 36 Pharmacy/Drug House ..... 37 औषधालय / दवा की दुकान AWW आंगनवाड़ी कार्यकर्ता.....38 ASHA आशा ..... 39 Dai दाई ..... 40 Other private sector health facility ..... 41 अन्य निजी क्षेत्र स्वास्थ सुविधा OTHER SOURCE अन्य स्रोत Shop दुकान ..... 51 DK पता नहीं 98	
133	Have you been able to get the supply of pills/ condoms whenever you need them? जब कभी आपको गर्भनिरोधक गोलिया / निरोध (कंडोम) की जरूरत होती हैं तब क्या आपको उनकी आपूर्ति मिल जाती हैं?	Yes हां ..... 1 No नहीं 2	1 2 — 151
134	For how many months have you been using the IUCD/Copper T continuously? आप कितने महीनों से आईयूडी / कापर टी का लगातार उपयोग कर रही हैं?	Months महीने ..... 8 years or longer 8 वर्ष या अधिक 96	
135	Who inserted the IUCD/Copper T? आपको आईयूडी / कॉपर टी किसने लगाया था?	Government doctor सरकारी डॉक्टर ..... 1 Govt. Nurse/Paramedic सरकारी नर्स / स्वास्थ्य कार्यकर्ता ..... 2 NGO Doctor स्वयंसेवी संस्थान का डॉक्टर ..... 3 NGO Nurse/Paramedic ..... 4 स्वयंसेवी संस्थान की नर्स / स्वास्थ्य कार्यकर्ता Private Doctor प्राईवेट डॉक्टर ..... 5 Private Nurse/Paramedic प्राईवेट नर्स / स्वास्थ्य कार्यकर्ता ..... 6 Other अन्य_(_____). 9	

136	Where did you get the IUCD/Loop/Copper T inserted? आपने आईयूसीडी/लूप/कापर टी कहाँ लगवाया था? If source is hospital or clinic, write the name of the place, probe to identify the type of place and circle the appropriate code. यदि स्त्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं। _____ Name of place if hospital or clinic स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखे)।	**HOME घर** Your Home आपके घर पर ..... 11 Parent's Home माता–पिता के घर पर ..... 12 Other Home अन्य घर पर ..... 13 **PUBLIC MEDICAL SECTOR** सार्वजनिक चिकित्सा क्षेत्र Govt./Municipal hospital ..... 21 सरकारी/नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय ..... 22 UHC/UHP/UFWC ..... 23 यूएचसी/यूएचपी/यूएफडब्ल्यूसी CHC/PHC/PP Center ..... 24 सीएचसी/पीएचसी/एफपी केन्द्र Sub-Center उपकेन्द्र ..... 25 Govt. Mobile Clinic ..... 26 सरकारी चलता–फिरता दवाखाना Govt. Paramedic सरकारी अर्ध–चिकित्सक ..... 27 Camp कैम्प ..... 28 Other public sector health facility ..... 29 अन्य लोकक्षेत्र स्वास्थ्य सुविधा **NGO SECTOR एनजीओ क्षेत्र** NGO Hospital/Clinic ..... 31 एनजीओ अस्पताल/दवाखाना **PRIVATE MEDICAL SECTOR** निजी चिकित्सा क्षेत्र Pvt. Hospital/Clinic ..... 41 निजी अस्पताल/दवाखाना Pvt. Mobile Clinic ..... 42 निजी चलता फिरता दवाखाना Other private sector health facility ..... 43 अन्य निजी क्षेत्र स्वास्थ सुविधा
137	Were you satisfied with the services received at the place of IUCD/Copper T insertion? आपने आईयूसीडी/कापर टी लगवाने की सेवाएं जहां से प्राप्त की थीं, क्या आप उनसे संतुष्ट हैं?	Yes हां ..... 1 No नहीं 2
138	Have you ever faced any physical problem after the insertion of IUCD/Copper T? क्या आईयूसीडी/कापर टी लगवाने के बाद कोई शारीरिक समस्या आई थीं?	Yes हां ..... 1 No नहीं 2
139	How much did you pay in total for IUCD/Copper T, including any consultation you may have had? आपने आईयूसीडी/कापर टी में कितने खर्च किये, इसमें परामर्श को भी सम्मिलित करके बताएं ?	Cost in Rupee रूपए में ☐☐☐☐ Free मुफ्त ..... 9995 Don't know पता नहीं ..... 9998 Skip to 151
140	For how many months have you been using the injectable continuously? आप कितने महीनों से इंजेक्टेबल्स का लगातार उपयोग कर रही हैं?	Months महीने ..... ☐☐ 8 years or longer 8 वर्ष या अधिक 96
141	Who inserted the injectable? आपको इंजेक्टेबल्स किसने लगाया था?	Government doctor सरकारी डॉक्टर ..... 1 Govt. Nurse/Paramedic सरकारी नर्स/स्वास्थ्य कार्यकर्ता ..... 2 NGO Doctor स्वयंसेवी संस्थान का डॉक्टर ..... 3 NGO Nurse/Paramedic ..... 4 स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता Private Doctor प्राईवेट डॉक्टर ..... 5 Private Nurse/Paramedic प्राईवेट नर्स/स्वास्थ्य कार्यकर्ता ..... 6 Other अन्य_(____). 9

142	Where did you get the injectable? आपने इंजेक्टेबल्स कहाँ लगवाया था? If source is hospital or clinic, write the name of the place, probe to identify the type of place and circle the appropriate code. यदि स्त्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं _____ **NAME OF PLACE IF HOSPITAL OR CLINIC** स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखे)।	**HOME** घर Your Home आपके घर पर ..... 11 Parent's Home माता–पिता के घर पर ..... 12 Other Home अन्य घर पर ..... 13 **PUBLIC MEDICAL SECTOR** सार्वजनिक चिकित्सा क्षेत्र Govt./Municipal hospital ..... 21 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय ..... 22 UHC/UHP/UFWC ..... 23 यूएचसी / यूएचपीयूएफडब्ल्यू सी CHC/PHC/PP Center ..... 24 सीएचसी / पीएचसी / एफपी केन्द्र Sub-Center उपकेन्द्र ..... 25 Govt. Mobile Clinic ..... 26 सरकारी चलता–फिरता दवाखाना Govt. Paramedic सरकारी अर्ध–चिकित्सक ..... 27 Camp कैम्प ..... 28 Other public sector health facility ..... 29 अन्य लोकक्षेत्र स्वास्थ्य सुविधा **NGO SECTOR** एनजीओ क्षेत्र NGO Hospital/Clinic ..... 31 एनजीओ अस्पताल / दवाखाना **PRIVATE MEDICAL SECTOR** निजी चिकित्सा क्षेत्र Pvt. Hospital/Clinic ..... 41 निजी अस्पताल / दवाखाना Pvt. Mobile Clinic ..... 42 निजी चलता फिरता दवाखाना Other private sector health facility ..... 43 अन्य निजी क्षेत्र स्वास्थ सुविधा	
143	Were you satisfied with the services received? आपने इंजेक्टेबल्स लगवाने की सेवाएं जहां से प्राप्त की थीं, क्या आप उनसे संतुष्ट हैं?	Yes हां ..... 1 No नहीं 2	
144	Have you ever faced any physical problem after the injectable? क्या इंजेक्टेबल्स लगवाने के बाद कोई शारीरिक समस्या आई थीं?	Yes हां ..... 1 No नहीं 2	Skip to 151
145	In what month and year were you/your husband's sterilization operation performed? आपका / आपके पति का नसबंदी ऑपरेशन किस महीने और साल में हुआ था?	Month महिना ..... ☐☐ Year वर्ष ..... ☐☐☐☐	
146	Where did you/your husband get sterilized? आपका / आपके पति का नसबंदी आपरेशन कहां हुआ था? स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखे)। _____ **NAME OF PLACE IF HOSPITAL OR CLINIC** स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।	**PUBLIC MEDICAL SECTOR** सार्वजनिक चिकित्सा क्षेत्र RCH Camp आरसीएच कैम्प ..... 11 Any Other Camp कोई अन्य कैम्प ..... 12 → 148 Govt. / Municipal hospital ..... 13 सरकारी / नगरपालिका अस्पताल UHC / UHP / UFWC ..... 14 यूएचसी / यूएचपी / यूएफडब्ल्यूसी CHC / PHC / PP Center ..... 15 सीएचसी / पीएचसी / एफपी केन्द्र Govt. Mobile Clinic ..... 16 सरकारी चलता–फिरता दवाखाना Other public sector health facility ..... 17 अन्य सार्वजनिक क्षेत्र की स्वास्थ्य सुविधा **NGO SECTOR एनजीओ क्षेत्र** NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना	

		PRIVATE MEDICAL SECTOR **निजी चिकित्सा क्षेत्र** Pvt. Hospital/Clinic ..... 31 निजी अस्पताल / दवाखाना Pvt. Doctor ..... 32 निजी डॉक्टर Pvt. Mobile Clinic ..... 33 निजी चलता फिरता दवाखाना Other private sector health facility ..... 34 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा			
147	You just mentioned that you/your husband received sterilization services from ----- (Read out response from Q146). आपने अभी बताया कि आप / आपके पति ने..... (प्र० 146 से उत्तर पढ़े) से नसबन्दी सेवाएं प्राप्त की थी। Was there an RCH/Sterilization Camp being held at the place, the day you/your husband got sterilized? क्या जिस दिन आप / आपके पति ने नसबन्दी कराई थी, वहॉ पर RCH / नसबन्दी शिविर लगाया गया था?	Yes ..... 1 हॉ No ..... 2 नहीं DK/Can't Say ..... 3 मालूम नहीं / कह नहीं सकते			
148	How much did you pay in total for the sterilization, including any consultation you may have had? आपने नसबन्दी में कितने खर्च किये, इसमें परामर्श को भी सम्मिलित करके बताएं ?	Cost in Rupee रूपए में ☐☐☐☐ Free मुफ्त ..... 9995 Don't know पता नहीं 9998			Skip to 151
149	For how many months have you been using the Standard Days Method (SDM) continuously? आप कितने महीनों से SDM/मनका विधि का लगातार उपयोग कर रही हैं?	Months महीने ..... ☐☐ 8 years or longer 8 वर्ष या अधिक 96			
150	For how many months have you been using the emergency contraceptive pills (ECPs) continuously? आप कितने महीनों से ECP/आकस्मिक गर्भनिरोधक गोली का लगातार उपयोग कर रही हैं?	Months eghus ☐☐ 8 years or longer 8 वर्ष या अधिक 96			
151	Do you know condoms and pills are available in shops in your village/town? क्या आप जानते हैं कि आपके गांव / शहर में निरोध और गर्भनिरोधक गोली दुकानों में उपलब्ध है ?	Yes हां ..... 1 No नहीं 2			
152	CHECK Q118 IF Q118 = 'E' or 'F' यदि प्र. 118 त्र 'E' या 'F'	Sterilized 1	⟶ 162		
	IF Q118 = 'A or B or C' यदि प्र. 118 = 'A या ठ या C'	Pill or condom or IUCD 2	Continue		
	ELSE और कोई	Other 3	⟶ 155		
	CHECK Q118 and Q120 प्रश्न 118 और प्रश्न 120 जांचें				
153	Why have you stopped using …….. method? आपने यह तरीका इस्तेमाल करना बंद क्यों कर दिया?		Q118 = A & Q120 ≠ 1	Q118 = B & Q120 ≠ 2	Q118 = C & Q120 ≠ 3
	Reasons		Oral Pill गर्भनिरोधक गोलियां	Condom कंडोम	IUCD/C-T आईयूसीडी / कापर–टी
	Any other? कोई अन्य?	a. Method failed/Got pregnant तरीका विफल / गर्भवती हो गई	A	A	A
		b. Lack of sexual satisfaction संभोग में संतुष्टि की कमी	B	B	B
		c. Created menstrual problem मासिक धर्म की समस्या उत्पन्न हो गई	C	C	C
		d. Created health problem स्वास्थ्य की समस्या उत्पन्न हो गई	D	D	D
		e. Inconvenient to use method असुविधाजनक तरीका	E	E	E
		f. Hard to get method साधन को प्राप्त करना कठिन है	F	F	F
		g. Put on weight वजन बढ़ाता है	G	G	G
		h. Did not like the method तरीका पसंद नहीं आया	H	H	H
		i. Wanted to have a child बच्चा चाहते थे	I	I	I
		j. Wanted to replace dead child मरे हुए बच्चे के बदले दूसरा बच्चा चाहते थे	J	J	J
		k. Lack of privacy गुप्तता की कमी	K	K	K
		l. Husband away पति दूर है	L	L	L
		m. Costs too much बहुत खर्चीला है	M	M	M
		x. Other अन्य (_____)	X	X	X

	IF Q118 = C & Q120 ≠ 3 (Ever used IUCD/Copper T) यदि प्र.118 = C और प्र. 120 ≠ 3 (कभी भी इस्तेमाल किया आईयूसीडी/कॉपर–टी)	
154	Who inserted the IUCD/ Copper T? आपको आईयूडी/कापर टी किसने लगाया था?	Government doctor सरकारी डॉक्टर ..... 1 Govt. Nurse/Paramedic सरकारी नर्स/स्वास्थ्य कार्यकर्ता..... 2 NGO Doctor स्वयंसेवी संस्थान का डॉक्टर..... 3 NGO Nurse/Paramedic स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता..... 4 Private Doctor प्राईवेट डॉक्टर..... 5 Private Nurse/Paramedic प्राईवेट नर्स/स्वास्थ्य कार्यकर्ता..... 6 Other अन्य (_____)..... 9
155	CHECK Q116 & Q119 IF Q116 = 1 & Q119 ≠ 1 यदि प्र. 116 = 1 और प्र. 119 ≠ 1 (Ever user, currently not using) कभी इस्तेमाल किया, अभी नहीं कर रहे हैं IF Q116 = 1 & Q119 = 1 यदि प्र. 116 = 1 और प्रश्न 119 = 1 (Current user) वर्तमान इस्तेमाल कर रहे हैं	[1] Go to Q157 [2] Go to Q162
156	What is the main reason you are not using a method of contraception to delay or avoid pregnancy? ऐसा कौन सा मुख्य कारण है जिसकी वजह से आप गर्भ धारण टालने या रोकने के लिए किसी भी परिवार नियोजन विधि का इस्तेमाल नहीं कर रहीं है?	Husband away पति बाहर रहते हैं..... 11 Fertility-related reasons Not having sex संभोग न करना..... 21 Infrequent sex..... 22 कभी–कभी संभोग करते हैं Menopausal/Had hysterectomy..... 23 → 206 रजोनिवृत्ति/गर्भाशयोच्छेदन Sub-fecund/In-fecund बच्चे नहीं होते..... 24 Postpartum/Breastfeeding..... 25 बच्चा दूध पी रहा है Wants more children और बच्चे चाहते हैं..... 26 Opposition to use Opposed to family planning..... 31 परिवार नियोजन के विरुद्ध Husband opposed पति मना करते हैं..... 32 Other people opposed..... 33 अन्य लोग मना करते हैं Against religion धर्म के विरुद्ध..... 34 Lack of knowledge Knows no method कोई भी साधन नहीं पता..... 41 Knows no source कोई भी स्रोत नहीं पता..... 42 Method-related reasons Health concerns स्वास्थ्य संबंधी..... 51 Worry about side-effects..... 52 दुष्प्रभाव की चिंता Hard to get method..... 53 साधन प्राप्त करने में मुश्किल Costs too much बहुत खर्चीला है..... 54 Inconvenient असुविधाजनक..... 55 Afraid of sterilization नसबंदी का डर..... 56 Don't like existing methods..... 57 वर्तमान तरीके पसंद नहीं Other अन्य (_____)..... 96 DK मालूम नहीं..... 98
157	Do you think you or your husband will use a method to delay or avoid pregnancy within the next 12 months? क्या आप सोचती हैं कि आप या आपके पति अगले 12 महीने में गर्भधारण टालने या रोकने के लिए किसी तरीके का उपयोग करना चाहेंगे?	Yes हां..... 1 No नहीं..... 2 → 159 DK मालूम नहीं..... 8

158	Do you think you or your husband will use a method to delay or avoid pregnancy at any time in the future? क्या आप सोचती हैं कि आप या आपके पति भविष्य में कभी भी गर्भधारण टालने या रोकने के लिए आप किसी भी तरीके का उपयोग करना चाहेंगे?	Yes हां ..... 1 No नहीं ..... 2 DK मालूम नहीं 8	→161
159	Do you/your husband need to take the consent of family members before accepting the method of your choice? क्या आप या आपके पति को नियोजन विधि अपनाने के लिए अपने परिवार जनों की सहमति लेनी पड़ती है। If yes; whom all? यदि हां, तो किस–किस से	Yes हां ..... 1 No नहीं ..... 2 Mother मां ..... A Mother-in-law सास ..... B Father पिता ..... C Father-in-law ससुर ..... D Other अन्य (_____) X	
160	What method would you or your husband prefer to use? आप या आपके पति कौन से तरीके का उपयोग करना चाहेंगे ?	Pills गर्भनिरोधक गोलियां ..... 01 Condom/Nirodh निरोध (कंडोम) ..... 02 IUCD/Loop/Copper T ..... 03 आईयूसीडी / लूप / कापर टी Injectables इंजेक्शन ..... 04 Female sterilization स्त्री नसबंदी ..... 05 Male sterilization पुरूष नसबंदी ..... 06 Rhythm/Safe period ..... 07 रिदम / सुरक्षित काल पद्धति Withdrawal अधपतन / विदड्रावल ..... 08 Standard Days Method (SDM) मनका विधी ..... 09 Others अन्य (_____) ..... 10 DK/Unsure मालूम नहीं / पक्का नहीं 98	→162
161	What is the main reason that you think you will not use a method of contraception at any time in future? ऐसा कौन सा मुख्य कारण है जिसकी वजह से आप सोचती हैं कि आप भविष्य में परिवार नियोजन विधि का कभी भी इस्तेमाल नहीं करेंगी?	Fertility-related reasons Not having sex संभोग नहीं करते ..... 11 Infrequent sex अक्सर संभोग नहीं करते ..... 12 Menopausal/Had hysterectomy ..... 13 मासिक धर्म खत्म हो जाना Sub-fecund/In-fecund बाँझ ..... 14 Wants more children ..... 15 और ज्यादा बच्चे चाहते हैं Opposition to use Opposed to family planning ..... 21 परिवार नियोजन का विरोध करते है' Husband opposed पति का विरोध ..... 22 Other people opposed ..... 23 अन्य लोगों का विरोध Against religion/धर्म के खिलाफ़ ..... 24 Lack of knowledge Knows no source कोई साधन नहीं जानते ..... 31 Method-related reasons Health concerns स्वास्थ्य की चिंताएं ..... 41 Worry about side-effects ..... 42 साइड इफ़ेक्ट के बारे में चिंता Hard to get method ..... 43 उपाय मुश्किल से मिलते हैं Costs too much ..... 44 बहुत ज्यादा महँगे होते हैं Inconvenient असुविधाजनक ..... 45 Afraid of sterilization नसबंदी का डर ..... 46 Don't like existing methods ..... 47 वर्तमान उपाय पसन्द नहीं करते Other अन्य (_____) ..... 96 DK पता नहीं 98	→206

162	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant? एक मासिक धर्म से दूसरे में, क्या कोई निश्चित दिन होते हैं। जिनमें एक महिला गर्भवती हो सकती है?	Yes हाँ.....1 No नहीं.....2 → 164 DK पता नही.....8
163	Is this time just before her period begins, during her period, just after her period has ended, or half way between two periods? यह समय कब होता है – मासिक धर्म शुरू होने के तुंरत पहले, मासिक धर्म के दौरान, जब मासिक धर्म खत्म हो या अगले मासिक धर्म के बीच में?	Just before her period begins..... 1 उसके पीरियड शुरू होने से ठीक पहले During her period..... 2 उसके पीरियड के दौरान Right after her period has ended ..... 3 उसके पीरियड खत्म होने के ठीक बाद Halfway between two periods..... 4 दो पीरियडों के बीच में Others अन्य (_____)..... 6 DK पता नहीं 8
164	CHECK Q115 प्रश्न संख्या 115 जांचिए IF Q115A = 1 or 2 (Heard of pills) यदि प्र. 115, = 1 या 2 (गोलियों के बारे में सुना है) IF Q115A = 3 (Not heard of pills) यदि प्र. 115A = 3 (गोलियों के बारे में नहीं सुना है)	[1] Continue [2] Go to Q179
165	If a woman is interested in using oral pills, when should she start using the pill? यदि एक महिला गर्भनिरोधक गोलियां इस्तेमाल करने में रुचि रखती है तो उसे गोलियों का इस्तेमाल कब करना चाहिए?	Any time within 5 days of menstruation .....1 मासिक धर्म शुरू होने के 5 दिनों के अन्दर Any time किसी भी समय.....2 Any other कोई अन्य (_____) .....3 Don't know पता नहीं.....8
166	How frequently should an oral pill user take the pills? गर्भनिरोधक गोलियां इस्तेमाल करने वाले को गोलियां अक्सर कैसे इस्तेमाल करनी चाहिए?	Every day प्रति दिन..... 1 Once a week सप्ताह में एक बार.....2 Every day or once a week.....3 प्रति दिन /सप्ताह में एक बार Whenever desired.....4 जब कभी भी इच्छा हो Any other कोई अन्य (_____) .....8 Don't know पता नहीं.....9
167	If the oral pill user misses the pill for a day, what should she do? यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली एक दिन छूट जाए तो उसे क्या करना चाहिए?	Take two pills next day .....1 अगले दिन दो गोलियां ले। Continue with the pills as usual.....2 गोलियां सामान्य दिनों की तरह जारी रखें Any other कोई अन्य (_____) .....3 Don't know पता नहीं.....8
168	If the oral pill user misses the pill for two days, what should she do? यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली दो दिन छूट जाए तो उसे क्या करना चाहिए?	Take two pills next two days and abstain from sex or use condom for a week .....1 अगले दो दिन दो गोलियां ले व यौन संबंध से दूर रहें या एक सप्ताह के लिए कंडोम का इस्तेमाल करे Continue with the pills as usual.....2 गोलियां सामान्य दिनों की तरह जारी रखें Any other कोई अन्य (_____) .....3 Don't know पता नहीं.....8
169	In your opinion, oral pills are very safe, somewhat safe, or not a safe method to use? आपकी राय में गर्भनिरोधक गोलियां बहुत सुरक्षित हैं, थोड़ी बहुत सुरक्षित हैं या यह सुरक्षित तरीका नहीं है?	Very safe बहुत सुरक्षित.....1 Somewhat safe थोड़ी बहुत सुरक्षित.....2 Not safe सुरक्षित नहीं.....3 DK पता नहीं 8
170	In your opinion, oral pills are very effective, somewhat effective, or not effective in preventing pregnancy? आपकी राय में गर्भनिरोधक गोलियां गर्भावस्था से बचने के लिए बहुत असरदार हैं, थोड़ी बहुत असरदार हैं या असरदार नहीं हैं?	Very effective बहुत असरदार.....1 Somewhat effective थोड़ी बहुत असरदार .....2 Not effective असरदार नहीं .....3 DK पता नहीं 8

171	If you intend to use oral pills, do you need to take the consent of any family members before using them? यदि आप गर्भनिरोधक गोलियां खाना चाहें तो क्या आपको उन्हें खाने से पहले अपने घर के सदस्यों की इजाजत लेनी पड़ेगी? If yes; whom? यदि हां तो किससे? Anybody else? कोई अन्य?	Yes हां ..... 1 No नहीं ..... 2 Sterilized ऑपरेशन हो गया ..... 3 Husband पति ..... a Mother मां ..... b Mother-in-law सास ..... c Father पिता ..... d Father-in-law ससुर ..... e Other अन्य (_____) x
172	Do you think one can use oral pills to space children? क्या आप सोचती हैं कि कोई बच्चों में अंतर बनाए रखने के लिए गर्भनिरोधक गोलियों का इस्तेमाल कर सकता है?	Yes हां ..... 1 No नही ..... 2 Don't know पता नहीं 3
173	Do you know the place from where one can get oral pills? क्या आप ऐसी कोई जगह जानती हैं जहां पर किसी को गर्भनिरोधक गोलियां मिल सकती हैं?	Yes हां ..... 1 No नही 2
174	Can you obtain oral pills from a shop or health unit on your own? क्या आप स्वयं किसी दुकान या स्वास्थ्य इकाई से गर्भनिरोधक गोलियां ले सकती हैं?	Yes हां ..... 1 No नही 2
175	Is it easy to get oral pills in your area? क्या आपके क्षेत्र में गर्भनिरोधक गोलियां मिलना आसान है?	Yes हां ..... 1 No नही 2
176	Will you encourage friends/relatives to use oral pills? क्या आप दोस्तों/रिश्तेदारों को गर्भनिरोधक गोलियों के इस्तेमाल के लिए प्रोत्साहित करेंगे?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
177	Do you think using pills leads to health problems? क्या आप सोचते हैं कि गर्भनिरोधक गोलियों का इस्तेमाल स्वास्थ्य समस्याएं पैदा करता है?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते ..... 3\
178	Do you think one can discuss the use of oral pills with spouse? क्या आप सोचते हैं कि कोई गर्भनिरोधक के इस्तेमाल के बारे में अपने जीवनसाथी से बात कर सकती हैं?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
179	CHECK Q115 प्रश्न 115 जांचिए IF Q115B = 1 or 2 (Heard of condom) यदि प्र. 115ठ त्र 1 या 2 (कंडोम के बारे में सुना है) IF Q115B = 3 (Not heard of condom) यदि प्र. 115ठ त्र 3 (कंडोम के बारे में नहीं सुना है)	1 Continue जारी रखें 2 Go to Q192 प्रश्न 192 पर जाएं
180	In your opinion, condoms are very safe, somewhat safe, or not safe to use? आपकी राय में, कंडोम बहुत सुरक्षित है, थोड़ा बहुत सुरक्षित है या सुरक्षित नहीं है?	Very safe बहुत सुरक्षित ..... 1 Somewhat safe थोड़ा सुरक्षित ..... 2 Not safe सुरक्षित नहीं ..... 3 DK पता नहीं 8
181	In your opinion, condoms are very effective, somewhat effective, or not effective in preventing pregnancy? आपकी राय में, कंडोम गर्भावस्था से बचने के लिए बहुत असरदार है, थोड़ा बहुत असरदार या असरदार नहीं है?	Very effective बहुत असरदार ..... 1 Somewhat effective थोड़ी बहुत असरदार ..... 2 Not effective असरदार नहीं ..... 3 DK पता नहीं 8
182	In your opinion, buying condoms is very embarrassing, somewhat embarrassing, or not at all embarrassing? आपकी राय में, क्या कण्डोम (निरोध) खरीदना बहुत शर्म की बात है थोड़ी शर्म की बात या बिल्कुल शर्म की बात नहीं है?	Very embarrassing बहुत शर्म ..... 1 Somewhat embarrassing थोड़ी बहुत शर्म ..... 2 Not at all embarrassing बिल्कुल शर्म नहीं ..... 3 DK पता नहीं 8

183	If you intend to use condoms, do you need to take the consent of any family member before using them? यदि आप कंडोम का इस्तेमाल करना चाहें तो क्या आपको इस्तेमाल से पहले अपने परिवार के सदस्यों की इजाजत लेनी पड़ेगी? If yes; whom? यदि हां, तो किससे? Anybody else? किसी और से?	Yes हां ..... 1 No नहीं ..... 2 Sterilized ऑपरेशन हो गया ..... 3 Husband पति ..... a Mother मां ..... b Mother-in-law सास ..... c Father पिता ..... d Father-in-law ससुर ..... e Other अन्य (_____) x
184	Do you think one can use condoms to space children? क्या आप सोचते हैं कि बच्चों में अंतर बनाए रखने के लिए कंडोम का इस्तेमाल किया जा सकता है?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
185	Do you think one can discuss the use of condoms with spouse? क्या आप सोचते हैं कि कोई, कंडोम के इस्तेमाल के बारे में अपने जीवनसाथी से बात कर सकता है?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
186	Do you know the place from where one can get condoms? क्या आप ऐसी कोई जगह जानते हैं जहां पर आपको कंडोम मिल सकते हैं?	Yes हां ..... 1 No नही 2
187	Can you obtain condoms from a shop or health unit on your own? क्या आप स्वयं किसी दुकान या स्वास्थ्य इकाई से कंडोम ले सकते हैं?	Yes हां ..... 1 No नही 2
188	Is it easy to get condoms in your area? क्या आपके क्षेत्र में कंडोम मिलना आसान है?	Yes हां ..... 1 No नही 2
189	Will you encourage friends/relatives to use condoms? क्या आप दोस्तों/रिश्तेदारों को कंडोम के इस्तेमाल के लिए प्रोत्साहित करेंगे?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
190	Do you think using condoms reduces sexual pleasure? क्या आप सोचते हैं कि कंडोम का इस्तेमाल सम्भोग के समय आनन्द को कम करता है?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
191	Do you think using condoms is a sign of infidelity? क्या आप सोचते हैं कि कंडोम का इस्तेमाल अपने जीवनसाथी के साथ अविश्वास का संकेत है?	Yes हां ..... 1 No नही ..... 2 Can't say कह नहीं सकते 3
192	CHECK Q115 प्रश्न 115 जांचिए IF Q115D = 1 or 2 (Heard of injectables) यदि प्र. 115D = 1 या 2 (इंजेक्टेबल्स के बारे में सुना है) IF Q115D = 3 (Not heard of injectables) यदि प्र. 115D = 3 (इंजेक्टेबल्स के बारे में नहीं सुना है)	1 Continue जारी रखें 2 Go to Q200 प्रश्न 200 पर जाएं
193	How many months a woman can prevent pregnancy by use of injectables? इन्जेक्टेबल्स के उपयोग द्वारा एक औरत कितने महीनों तक गर्भ को टाल सकती है	No of months Don't know 99

SECTION 2: ANTENATAL AND NATAL CARE
खंड : 2 प्रसव पूर्व एवं प्रसव के दौरान देखभाल

200	CHECK Q120 प्रश्न 120 जांचियें IF Q120 ≤8 (Using any modern method) यदि प्रश्न 120 में कोड 8 या उससे कम हो (कोई आधुनिक साधन का उपयोग कर रहे हैं) ELSE (Not using any modern method) अन्यथा (कोई आधुनिक साधन का उपयोग नही कर रहे हैं)	Using modern method [1] Skip to Q206 Not using any modern method [2] Continue
201	Are you pregnant now? क्या आप इस समय गर्भवती हैं?	Yes हां ..... 1 No नहीं ..... 2 Unsure पक्का नहीं ..... 3 — 206
202	How many months pregnant are you? आप कितने महीने से गर्भवती हैं?	Months महीने [ ]
203	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later or did you not want to become pregnant at all? आप जब गर्भवती हुई, क्या आप उस समय गर्भवती होना चाहती थी या कुछ समय बाद तक और इंतजार करना चाहती थी या आप गर्भवती ही होना नहीं चाहती थी?	Then उस समय ..... 1 Later बाद में ..... 2 No more/Not at all और नहीं / बिल्कुल नहीं 3
204	After the child you are expecting, would you like to have another child or would you prefer not to have any more children? आपके इस बच्चे के पैदा हो जाने के बाद क्या आप एक और बच्चा पैदा करना चाहेंगी या नहीं पैदा करना चाहेंगी?	Have a (another) child एक (एक और) बच्चा ..... 1 No more/None और नहीं /कोई भी नहीं ..... 2 Up to God भगवान पर ..... 3 Undecided/DK तय नहीं किया / पता नहीं ..... 8 — 206
205	How long would you like to wait after the birth of the child you are expecting before the birth of another child? आपकी इच्छानुसार बच्चा पैदा होने के बाद, आप कितने दिनों बाद दूसरा बच्चा पैदा करना चाहेंगी? (If less than 12 months; circle 1 and write the months or else circle 2 and write in completed years) यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।	Months महीनें ..... 1 Years वर्ष ..... 2 [ ][ ] Others अन्य ..... 3 अन्य (स्पष्ट करें) DK पता नहीं 8
206	When did you give birth to your last child? आपने आखिरी बच्चे को जन्म कब दिया? INCLUDE "STILL BIRTHS " ALSO मृत जन्म को भी शामिल करें	MONTH महीना ..... [ ][ ] YEAR वर्ष ..... [ ][ ][ ][ ] NO BIRTHS ..... 99 → 241
207	CHECK Q206 प्र. 206 जांचिए BIRTHS SINCE "1 JULY 2007" 1 JULY 2007 के बाद जन्मे बच्चे NO BIRTHS SINCE "1 JULY 2007" 1 JULY 2007 से पहले जन्मे बच्चे	[1] CONTINUE जारी रखें [2] GO TO Q241 प्रश्न 241 पर जाएं
208	At the time you became pregnant with the child (you just mentioned), did you want to become pregnant then, did you want to wait until later or did you want no more children at all? (नाम) के समय जब आप गर्भवती हुई, क्या आप उस समय गर्भवती होना चाहती थी या कुछ समय बाद तक और इंतजार करना चाहती थी या आप और (अधिक) बच्चे नहीं चाहती थी?	Then उसी समय ..... 1 → 210 Later बाद में ..... 2 No more और नहीं ..... 3 → 210
209	How much longer would you like to have waited? आप और कितने समय तक इंतजार करना चाहती थी? (If less than 12 months; circle 1 and write the months or else circle 2 and write in completed years) यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।	MONTHS महीनें ..... 1 YEARS वर्ष ..... 2 [ ][ ] DK पता नहीं 8

Now I would like to get some information relating to your last child birth
अब हम आपके पिछले बच्चे के जन्म से संबंधित कुछ जानकारियां लेना चाहेंगे

210	Did you get antenatal check-up? क्या आपकी प्रसव पूर्व जांच हुई थी?	Yes हां ..... 1 No नहीं ..... 2 Don't know पता नहीं ..... 8 → 216
211	How many antenatal check-ups you had? प्रसव पूर्व कितनी बार जांच हुई?	Number of ANC ☐☐ Don't know 9
212	Whom did you see? आप किससे मिलें? Anyone else? किसी और को? RECORD ALL PERSONS SEEN जिन जिन व्यक्तियों से मिले हो उन सब में गोला लगाये।	Doctor डॉक्टर ..... A ANM/Nurse/LHV नर्स ..... B ISM Practitioner ..... C भारतीय चिकित्सा प्रणाली का डॉक्टर Dai दाई ..... D Other (_____) X अन्य कोई
213	As a part of antenatal check-ups during last pregancy, were any of the following done at least once? पिछली गर्भावस्था के दौरान प्रसव पूर्व जांच के संबंध में निम्नलिखित में से कोई जांच एक बार भी की गई थी? a. Weight measurement वजन मापना b. Blood pressure रक्त चाप c. Abdomen check पेट की जांच d. Urine test पेशाब की जांच e. Blood test खून की जांच	YES NO A. Weight वजन ..... 1 2 B. Blood Pressure रक्त चाप ..... 1 2 C. Abdomen पेट की जांच ..... 1 2 D. Urine Test पेशाब की जांच ..... 1 2 E. Blood Test खून की जांच 1 2
214	During any of the antenatal care visits, were you told about the signs of pregnancy complications? क्या आपको किसी भी प्रसव पूर्व भ्रमण के दौरान गर्भावस्था में होने वाली जटिलताओं के बारे में बताया था? a. Bleeding खून बहना b. Convulsions दौरा पड़ना c. Prolonged labor अत्यधिक समय तक प्रसव पीड़ा	YES NO A. Bleeding खून बहना ..... 1 2 B. Convulsions दौरा पड़ना ..... 1 2 C. Prolonged Labor प्रसव पीड़ा 1 2
215	How many months pregnant were you with the last child, when you first received antenatal check-up? जब आपकी पहली बार प्रसव पूर्व जांच हुई, तब आप कितने महीने से गर्भवती थी?	Months महिना..... ☐☐ Don't know मालूम नहीं 9 Skip to 217
216	Why did you not go for an antenatal check-up? आप प्रसव पूर्व जांच के लिए क्यों नहीं गयी ? (DO NOT READ OUT THE OPTIONS) (विकल्पों को न पढ़ें)	Not necessary आवश्यक नहीं था..... A Cost too much कीमत अत्यधिक थी..... B Too Far/No Transport..... C बहुत दूर/यातायात का कोई साधन नहीं Poor quality service बहुत खराब सेवाएं ..... D No time to go जाने के लिए समय नहीं था..... E Family did not allow..... F परिवार के लोग मना करते है Lack of knowledge जानकारी नहीं... ..... G Other (Specify)_____ X अन्य (स्पष्ट करें)
217	Were you given any IFA tablets or liquid? क्या आपको आयरन फौलिक ऐसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई दी गई थी?	Yes, Tablets हाँ, गोलियां ..... 1 Yes, Liquid हाँ, पीने वाली दवाई ..... 2 No नहीं ..... 3 → 222
218	Did you receive enough IFA tablets or syrup (100 tablets or 3 bottles of syrup) to last about three months or longer? क्या उस समय आपको (खून बढ़ाने की) गोलियां या पीने वाली दवाई (100 गोलियां या 3 बॉटल/सीसिया वाली दवाई) तीन महीने या उससे ज्यादा दिनों के लिए दी गई थी?	Yes हां ..... 1 No नहीं 2

219	Where did you get IFA tablets or liquid? आपको आयरन फोलिक एसिड (खून बढ़ाने की) गोलियां या पीने की दवाई कहां से मिली थी?	Govt./Municipal hospital ..... 11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary (सरकारी औषधालय) ..... 12 UHC/UHP/UFWC 13 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी CHC/PHC/FP Center ..... 14 (सीएचसी / पीएचसी / एफपी केन्द्र Sub-Center/ANM (उपकेन्द्र) ..... 15 Govt. Paramedic (सरकारी दवा चिकित्सा) .....16 Camp (कैम्प) ..... 17 Other public sector health facility ..... 18 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना NGO Worker निजी डॉक्टर ..... 22 MOBILE CLINIC ..... 31 चलता–फिरता दावाखाना Pvt. Hospital/Clinic निजी अस्पताल / दवाखाना ..... 41 Pvt. Doctor निजी डॉक्टर ..... 42 Pvt. Paramedic निजी अर्धचिकित्सक ..... 43 Vaidya/Hakim/Homeopath ..... 44 वैध / हकीम / आयुर्वेदिक . Traditional Healer पारम्परिक चिकित्सक ..... 45 Pharmacy/Drug House ..... 46 औषधालय / दवा की दुकान ASHA आशा ..... 47 Dai/AWW दाई ..... 48 Other private sector health facility ..... 49 अन्य निजी क्षेत्र स्वास्थ्य सुविधा OTHER SOURCE अन्य स्रोत Shop दुकान ..... 51 DK पता नहीं 98	
220	Did you consume all IFA tablets or liquid you were given? आइरन फॉलिक ऐसिड की जितनी (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थी, क्या आपने वह सभी गोलियां या पीने वाली दवाई खाई थी?	Yes हां ..... 1 → 222 No नहीं..... 2	
221	What are the reasons for not consuming all IFA tablets or liquid you were given? जितनी आयरन फोलिक ऐसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थीं उन्हें न खाने के क्या कारण हैं? Any other? कोई अन्य?	Constipation कब्ज ..... A Pain in abdomen पेट में दर्द ..... B Stomac upset or diarrhea ..... C पेट खराब या डायरिया Feeling sick बीमार महसूस करना ..... D Black stools काला मल ..... E Baby will not be fair ..... F बच्चा गोरा नही होगा Baby will be big/problem in delivery ..... G बच्चा बड़ा होगा तो प्रसव में परेशानी होगी I don't need them all मुझे उनकी जरूरत नहीं ..... H Other अन्य (specify _____) X	
222	Were you given an injection to prevent you and the baby from getting tetanus? क्या आपको और आपके होने वाले बच्चे को टेटनस से बचाने के लिए टीका (इंजेक्शन) लगाया गया था?	Yes हां ..... 1 No नहीं ..... 2 → 226	

223	During this pregnancy, how many times did you get this injection? इस गर्भावस्था के दौरान आपको कितनी बार टीका (इंजेक्शन) लगाया गया था?	Times कितनी बार ..... ☐ Don't know पता नहीं 8
224	Did you receive any TT injection during the pregnancy prior to the one we are referring? अभी हम जिस बच्चे के बारे में बात कर रहे थे उसके ठीक पहले वाले बच्चे के समय जब आप गर्भवती थी तो क्या आपको उसकी गर्भावस्था के दौरान कोई टी टी का टीका लगा था ?	Yes हां ..... 1 No नहीं ..... 2 Don't know पता नहीं 8
225	Where did you get this injection? आपने यह टीका (इंजेक्शन) कहां से लगाया था? Record only one source केवल किसी एक पर गोला लगाएं	PUBLIC MEDICAL SECTOR Govt./Municipal hospital ..... 11 सरकारी / नगर पालिका अस्पताल Govt. Dispensary (सरकारी औषधालय)..... 12 UHC/UHP/UFWC 13 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी) CHC/PHC/PP Center ..... 14 (सीएचसी / पीएचसी / पीपी केन्द्र) Sub-Center/ANM (उपकेन्द्र) ..... 15 Camp (कैम्प) ..... 16 NGO SECTOR एनजीओ क्षेत्र NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना Mobile clinic ..... 31 चलता–फिरता दवाखाना PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital/Clinic ..... 41 निजी अस्पताल / दवाखाना Pvt. Doctor निजी डाक्टर ..... 42 Other private sector health facility ..... 43 अन्य निजी क्षेत्र स्वास्थ्य सुविधा

226	During your pregnancy, did you suffer from any of the following health problems? आपकी गर्भावस्था के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?	Yes हां	No नही	If 'NO' FOR ALL GO TO 228
	1. Swelling of hands and feet हाथों और पैरों में सूजन	1	2	
	2. Paleness पीलापन	1	2	
	3. Visual disturbances देखने मे तकलीफ	1	2	
	4. Excessive bleeding अत्यधिक रक्तस्त्राव	1	2	
	5. Convulsions ऐंठन	1	2	
	6. Weak or no movement of fetus कमजोर या भ्रूण मे कोई गतिविधि का न होना	1	2	
	7. Abnormal position of fetus भ्रूण की असामान्य स्थिति	1	2	

227	Did you seek treatment for any of these health problems? क्या आपने इनमें से किसी स्वास्थ्य समस्या का उपचार कराया?	Yes हां ..... 1 No नहीं 2
228	Where did you give this birth? आपने इस बच्चे को जन्म कहाँ दिया?	**PUBLIC SECTOR सार्वजनिक चिकित्सा क्षेत्र** Govt./Municipal Hospital ..... 11 सरकारी / नगर पालिका अस्पताल UHC/UHP/UFWC ..... 12 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी) CHC/PHC/PP Center ..... 13 (सीएचसी / पीएचसी / पीपी केन्द्र) Rural hospital ग्रामीण अस्पताल..... 14 Sub-Center (उपकेन्द्र) ..... 15 Other public facility ..... 16 अन्य सार्वजनिक सुविधा 231 NGO sector एनजीओ क्षेत्र NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना

		Private sector निजी क्षेत्र Pvt. Hospital/Clinic ..... 31 निजी अस्पताल/दवाखाना Maternity home मातृत्व घर में ..... 32 Other private sector health facility ..... 33 अन्य निजी क्षेत्र स्वास्थ्य सुविधाएं Home घर Your Home (आपके घर पर) ..... 41 Parent's Home (माता–पिता के घर पर) ..... 42 Other Home (अन्य घर पर) ..... 43 Other अन्य (_____)..... 81

229	At the time of last delivery, were the following done? अन्तिम प्रसव के समय क्या निम्न में से कुछ किया?	Yes	No	DK
	A. Was a Disposable Delivery Kit used? क्या डिसपोजबल डिलिवरी किट प्रयोग की गयी ?	1	2	3
	B. Was the baby immediately wiped dry and then wrapped without being bathed? क्या बच्चे को जन्म के तुरन्त बाद पोंछकर सुखाया गया और उसके बाद बिना स्नान कराये कपडे मे लपेटा गया ?	1	2	3
	C. Was a new/sterilized blade used to cut the cord? क्या नाल को काटने के लिए नयी/विसंक्रमित की गयी ब्लेड का प्रयोग किया गया ?	1	2	3

230	What are the reasons for not going to health facility for delivery? प्रसव के लिए स्वास्थ्य सुविधा केन्द्र पर न जाने के क्या कारण थे ? (RECORD ALL MENTIONED) सभी बताये गये को रिकार्ड करें	Cost too much अत्यधिक कीमत ..... A Poor quality service ..... B सेवा की खराब गुणवत्ता Too far/No transport ..... C बहुत दूर/कोई यातायात का साधन नहीं No time to go जाने के लिए समय नहीं ..... D Not necessary आवश्यक नहीं ..... E Not customary ऐसी प्रथा नहीं ..... F Better care at home ..... G घर पर अच्छी देखभाल हो जाती है Family did not allow ..... H परिवार के लोग इजाजत नहीं देते है Lack of knowledge जानकारी का अभाव ..... I Other (Specify)_____ X अन्य स्पष्ट करें
231	Who assisted you with the delivery? प्रसव के समय किसने सहायता की थी? Any other? कोई अन्य?	Health Professional स्वास्थ्य कार्यकर्ता Doctor डाक्टर ..... A ANM/Nurse नर्स ..... B Other health professional ..... C अन्य स्वास्थ्य कार्यकर्ता **OTHER PERSON अन्य व्यक्ति** Dai दाई Trained प्रशिक्षित ..... D Untrained अप्रशिक्षित ..... E Friend/Relative दोस्त/रिश्तेदार ..... F No one कोई नहीं ..... Y
232	Was the delivery normal? क्या प्रसव सामान्य था?	Yes, normal हां, सामान्य ..... 1 No, caesarean नहीं, ऑपरेशन द्वारा ..... 2 By instrument or assisted ..... 3 उपकरण की सहायता से जन्म
233	Did you receive any Govt. financial assistance for delivery care under the Janani Suraksha Yojana (JSY)/State Specific Scheme? क्या आपने प्रसव सम्बन्धित देखभाल के लिए जननी सुरक्षा योजना /राज्य स्तरीय विशेष योजना के अन्तर्गत कोई सरकारी सहायता प्राप्त की है ?	Yes हां ..... 1 No नहीं 2

234	During delivery, did you experience any of the following problems? प्रसव के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?	Yes हां	Yes हां	**If 'NO' FOR ALL GO TO 236**
	A. Did you experience premature labor?	1	2	
	क्या आपको समय से पूर्व प्रसव पीड़ा हुई ?			
	B. Did you experience excessive bleeding?	1	2	
	क्या आपको प्रसव के दौरान अत्यधिक रक्तस्त्राव हुआ ?			
	C. Did you experience prolonged labor?	1	2	
	क्या आपको अत्यधिक समय तक प्रसव पीड़ा हुई ?			
	D. Did you experience obstructed labor?	1	2	
	क्या आपको रूक–रूक कर प्रसव पीड़ा हुई ?			
	E. Did you experience breech presentation?	1	2	
	क्या आपका बच्चा गर्भ मे उल्टा हो गया था ?			
	F. Did you experience Convulsion/High BP?	1	2	
	क्या आपको ऐठन/उच्च रक्त चाप की शिकायत हुई ?			
	Any other? कोई अन्य ?	1	2	

235	Did you seek treatment for any of these health problems? क्या आपने इनमें से किसी स्वास्थ्य समस्या का उपचार कराया?	Yes हां	1
		No नहीं	2

236	Did any health personal discuss with you the following before or after delivering the last child? क्या आपके बच्चे के जन्म से पहले या बाद में कोई स्वास्थ्य कर्मी ने आपसे निम्नलिखित के बारे में बात की थी? a. Keeping the baby warm during first week पहले सप्ताह में बच्चे को गर्म रखने के बारे में b. Exclusive breastfeeding केवल स्तनपान के बारे में c. Supplementary feeding पूरक आहार के बारे में d. Child immunization बच्चों का टीकाकरण e. Family planning परिवार नियोजन		YES	NO
		A. Baby warm	1	2
		बच्चे को गर्म रखना		
		B. Exclusive breastfeeding	1	2
		केवल स्तनपान		
		C. Supplementary feeding	1	2
		पूरक आहार		
		D. Child immunization	1	2
		बच्चों का टीकाकरण		
		E. Family planning	1	2
		परिवार नियोजन		

237	After the last child was born, did any health worker or anganwadi worker visit you to enquire about your and child's health? पिछले बच्चे के जन्म के बाद क्या कोई स्वास्थ्य कार्यकर्ता या आंगनवाड़ी कार्यकर्ता आपसे आपके व आपके बच्चे के स्वास्थ्य के बारे में पूछने आया था?	Yes हां	1
		No नहीं	2 → 239

238	How many times did they visit you during the first six weeks after delivery? बच्चे के जन्म के 6 सप्ताह के दौरान वे आपसे कितनी बार मिलने आए?	Number of visits कितनी बार आए	☐
		Don't know पता नहीं	8

239	During the first 6 weeks after delivery, did you experience any of the following health problems? प्रसव के 6 सप्ताह के दौरान क्या आपको निम्न में से कोई स्वास्थ्य समस्या हुई थी ?	YES हां	NO नहीं	**If 'NO' FOR ALL GO TO241**
	A. Did you experience high fever? क्या आपको बहुत तेज बुखार हुआ ?.....	1	2	
	B. Did you experience lower abdominal pain?	1	2	
	क्या आपको पेडू मे (पेट के निचले भाग) दर्द हुआ ?			
	C. Did you experience foul smelling vaginal discharge?	1	2	
	क्या आपको योनि से बदबूदार स्त्राव हुआ ?			
	D. Did you experience excessive bleeding?	1	2	
	क्या आपको अत्यधिक रक्त स्त्राव हुआ ?			
	E. Did you experience convulsions? क्या आपको ऐठन हुई ?	1	2	
	F. Did you experience severe headache?	1	2	
	क्या आपको बहुत तेज सिर मे दर्द हुआ ?			
	G. Any other? कोई अन्य ?	1	2	

240	Did you seek treatment for any of these health problems? क्या आपने इनमें से किसी स्वास्थ्य समस्या का उपचार कराया?	Yes हां	1
		No नहीं	2

241	CHECK Q201 IF Q201 = 1 (CURRENTY PREGNANT) ELSE (NOT CURRENTLY PREGNANT)	Pregnant ☐ 1	Skip to Q244
		Not pregnant ☐ 2	Continue

242	Would you like to have a/another child or would you prefer not to have any children? क्या आप एक/एक और बच्चा पैदा करना चाहेंगी या आप एक भी बच्चा नहीं पैदा करना चाहेंगी?	Have a/another child एक या/एक और बच्चा ..... 1 No more/None और नहीं/कोई नहीं ..... 2 Up to God भगवान पर ..... 3 Undecided/DK तय नहीं किया/पता नहीं ..... 8 Not Applicable लागू नहीं ..... 9 → 244
243	How long would you like to wait from now on before the birth of a/another child? आप एक बच्चे/या एक और बच्चे के जन्म के लिए कितने दिनों तक इन्तजार करना चाहेंगी। (If <12 months; circle '1' and write the months, else circle '2' and write in completed years) यदि 12 महीनों से कम तो 1 पर गोला लगाएं व महीने लिखें अन्यथा 2 पर गोला लगाएं व पूरे किए गए वर्षों में लिखें।	Months महीने ..... 1 Year वर्ष ..... 2 ☐☐ Can't get pregnant गर्भवती नहीं हुई ..... 3 Others अन्य ..... 4 DK पता नहीं 8
244	Is it necessary for pregnant woman to take TT injections? क्या आप समझती है कि गर्भवती महिला का टी. टी इंजेक्सन (टीका) लगवाना अनिवार्य है?	Yes हां ..... 1 No नहीं ..... 2 → 247
245	During pregnancy, how many TT injections should a woman take? गर्भावस्था के दौरान एक महिला को कितनी बार टी. टी. का इंजेक्शन (टीका) लगवाना होता है?	One एक बार ..... 1 → 247 Two दो बार ..... 2 Three तीन बार ..... 3 Four or more चार बार ..... 4 DK पता नहीं 8
246	What should be the gap between two injections? दो टीकों (इंजेक्शन) के बीच कितना अंतर होना चाहिए।	One week एक सप्ताह ..... 1 A fortnight पंद्रह दिन में ..... 2 One month एक माह ..... 3 Two or more months दो या दो से अधिक माह ..... 4 DK पता नहीं 8
247	Is it necessary for pregnant women to take IFA tablets? क्या गर्भावस्था के दौरान महिला को आयरन या फोलिक ऐसिड गोलियाँ (खून बढ़ाने के लिए गोली) लेना आवश्यक है?	Yes हां ..... 1 No नहीं ..... 2 → 249
248	During pregnancy, how many IFA tablets should a woman consume? गर्भावस्था के दौरान महिला को कितनी आयरन या फोलिक ऐसिड गोलियाँ (खून बढ़ाने के लिए गोली) खानी चाहिए?	<30 tablets 30 से कम गोलियां ..... 1 30-49 tablets 30–49 गोलियां ..... 2 50-74 tablets 50–74 गोलियां ..... 3 75-99 tablets 75–99 गोलियां ..... 4 100 or more tablets 100 या अधिक गोलियां ..... 5 DK पता नहीं 8
249	Besides the live births, did you have any pregnancy which terminated in to stillbirth? जीवित जन्मों के अलावा, क्या आपके किसी गर्भ का परिणाम मृत बच्चे के रूप में हुआ है? If yes, how many? यदि हाँ तो कितने?	No ..... 9 Number ☐
250	Did any of your pregnancy terminate into induced or spontaneous abortion? If yes, क्या आपने किसी गर्भ का प्रेरित गर्भपात करवाया या स्वतः गर्भपात हुआ है? If yes, how many? यदि हाँ तो कितने?	No ..... 9 Iduced abortion प्रेरित गर्भपात ☐ Spontaneous abortion स्वतः गर्भपात ☐
	CHECK Q249=9 & Q250=9 than जांचियें प्र. 249=9 और प्र. 250=9 तब	Skip to Q301 प्र संख्या 301 पर जायें
251	Had any abortions (induced or spontaneous abortion) occur after January 1, 2007? क्या आपको कोई गर्भपात (प्रेरित गर्भपात या स्वतः गर्भपात) जनवरी 1ए 2007 के बाद हुआ है?	No ..... 1 → 301 Yes, spontanious abortion स्वतः गर्भपात ..... 2 → 257 Yes, induced abortion प्रेरित गर्भपात 3

252	Where was the induced abortion performed? प्रेरित गर्भपात किस स्थान (सुविधा) पर हुआ था?	Govt./Municipal/Hospital ..... 11 सरकारी / नगर पालिका अस्पताल UHC/UHP/UFWC ..... 12 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी) CHC/PHC/PP Center ..... 13 (सीएचसी / पीएचसी / पीपी केन्द्र) Rural hospital ग्रामीण अस्पताल ..... 14 Sub-Center (उपकेन्द्र) ..... 15 Other public facility ..... 16 अन्य सार्वजनिक सुविधा NGO Hospital/Clinic ..... 21 एनजीओ अस्पताल / दवाखाना Pvt. Hospital/Clinic ..... 31 निजी अस्पताल / दवाखाना Maternity home जच्चा–बच्चा केन्द्र ..... 32 Other private sector health facility ..... 33 अन्य निजी क्षेत्र स्वास्थ्य सुविधाएं At home घर पर ..... 41 Other (_____) 81
253	Who performed the abortion? गर्भपात किसने किया था?	Doctor डॉक्टर ..... 1 ANM/Nurse नर्स ..... 2 Other health professional ..... 3 अन्य स्वास्थ्य कार्यकर्ता Trained dai प्रशिक्षित दाई ..... 4 Untrained dai अप्रशिक्षित दाई ..... 5 Friend/Relative दोस्त / रिश्तेदार ..... 6 Took medicin from medical store/ pharmacist दवाई की दुकान से दवा लेकर 8
254	Why did you abort the pregnancy? आपने गर्भपात क्यों करवाया था? MAIN REASON	Unplanned pregnancy बिना सोचा–समझा गर्भ ..... 1 Due to contraceptive failure/Accidental Pregnancy गर्भनिरोधक साधन का फेल होना / आकस्मिक गर्भ ठहरना ..... 2 Complication in pregnancy गर्भ में कठिनाई ..... 3 Health did not permit स्वास्थ्य खराब होना ..... 4 Female fetus कन्या भ्रूण ..... 5 Economic reason आर्थिक स्थिति खराब होना ..... 6 Last child too young आखिरी बच्चा बहुत छोटा ..... 7 Other (Specify) अन्य (स्पष्ट करें) 8
255	At what month of pregnancy did it happen? गर्भ के किस महिने में गर्भपात हुआ था?	Month of pregnancy गर्भ का महिना ☐
256	Did you go for sonography or amniocentesis before this abortion? क्या आपने गर्भपात से पूर्व सोनोग्राफी / अल्ट्रासाउण्ड या एमीनोसेन्टेसिस करवाया था?	Yes, sonography हाँ, सोनोग्राफी ..... 1 Yes, amniocentesis हाँ, एमीनोसेन्टेसिस ..... 2 Yes both हाँ दोनों ..... 3 None नहीं 4
257	Did you have any health problem after abortion (within 6 weeks of abortion)? क्या आपको गर्भपात के पश्चात् (6 सप्ताह के अन्दर) किसी स्वास्थ्य समस्या या कठिनाई का सामना करना पड़ा था?	Yes हाँ ..... 1 No नहीं 2
258	How much did you pay for the abortion services? आपने गर्भपात के लिए कुल कितने पैसे खर्च किए?	Rupees Paid in kind वस्तु में भुगतान ..... 99994 Not paid any thing कोई भुगतान नहीं ..... 99995 Don't know पता नहीं 99998
259	Have you received any advice on use of family planning methods to avoid abortion? क्या आपको गर्भपात से बचने के लिए परिवार नियोजन के तरीकों को इस्तेमाल करने की कोई सलाह मिली है?	Yes हां ..... 1 No नहीं 2

SECTION 3: QUALITY OF CARE AND MEDIA EXPOSURE
भाग 3: सेवाओं की गुणवत्ता व संचार के माध्यमों से सम्पर्क

301	During the last three months, has a health worker visited you at home? क्या पिछले 3 महीनों के दौरान कोई स्वास्थ्य या परिवार नियोजन कार्यकर्त्ता आपसे मिलने के लिए आपके घर आया?	Yes हां ..... 1 No नहीं ..... 2 → 303
302	How many times did the health worker visit you in the last three months? पिछले 3 महीनों में कार्यकर्त्ता आपसे मिलने के लिए कितनी बार आया?	Number संख्या ☐☐
303	When was the last time a health worker visited you at home? आखिरी बार स्वास्थ्य कार्यकर्त्ता आपके घर आपसे मिलने के लिए कब आया था? If less than 1 month, record "00" अगर 1 माह से कम है तो "00" रिकार्ड करें	MONTHS महीने ..... ☐☐ Not visited नहीं आये ..... 97 → 308 Don't remember याद नहीं ..... 98 → 308
304	Generally who visits you? आपसे मिलने के लिए कौन कौन आया?	Govt. doctor सरकारी डॉक्टर ..... A ANM/LHVएएनएम / एलएचवी ..... B Anganwadi worker आंगनवाड़ी कार्यकर्ता ..... C ASHA आशा ..... D NGO worker एनजीओ कार्यकर्ता ..... E Private doctor निजी डॉक्टर ..... F Dai [TBA] दाई ..... G Other health worker ..... X अन्य स्वास्थ्य कार्यकर्ता
305	Who visited you last time? आखिरी बार आपसे मिलने के लिए कौन आया था?	Govt. doctor सरकारी डॉक्टर ..... 11 Public health nurse सामाजिक स्वास्थ्य नर्स ..... 12 ANM/LHV एएनएम / एलएचवी ..... 13 Male MPW/Supervisor ..... 14 पुरुष कार्यकर्ता / सुपरवाईज़र Anganwadi worker आंगनवाड़ी कार्यकर्ता ..... 15 Village health guide गांव के स्वास्थ्य गाइड ..... 16 Other public sector health workers ..... 17 अन्य सरकारी स्वास्थ्य क्षेत्र के कार्यकर्ता ASHA आशा ..... 18 NGO doctor एनजीओ डॉक्टर ..... 21 NGO workerएनजीओ कार्यकर्ता ..... 22 Private doctor निजी डॉक्टर ..... 31 Private nurse निजी नर्स ..... 32 Compounder कंपाउडर ..... 33 Traditional healer पारंपरिक वैद्य ..... 34 Dai [TBA] दाई ..... 35 Other private sector health worker ..... 36 अन्य निजी क्षेत्र के कार्यकर्ता Other अन्य (_____) 96
306	What were the different matters talked about? इन मुलाकातों के दौरान कौन–कौन से विषयों पर बातचीत की गई? Anything else? किसी अन्य विषय पर?	Family planning परिवार नियोजन ..... A Breastfeeding स्तनपान ..... B Supplementary Feeding पूरक आहार ..... C Child Immunization बच्चे का टीकाकरण ..... D Nutrition पोषण आहार ..... E Disease prevention रोग निवारण ..... F Treatment of health problem ..... G स्वास्थ्य संबंधी समस्या का इलाज Antenatal care प्रसवपूर्व देखरेख ..... H Delivery care प्रसव देखदेख ..... I Postpartum care प्रसवोत्तर देखरेख ..... J Child care बच्चे की देखरेख ..... K Sanitation/Cleanliness स्वच्छता ..... L Oral rehydration जलीकरण/ओ.आर.एस. ..... M Polio Immunization पोलियो टीकाकरण ..... N Other अन्य (_____) X

307	What type of services did you receive during this visit? इस मुलाकात के दौरान आपको क्या–क्या सेवायें मिलीं? Any other service? और कोई सेवा?	Pill supply गर्भनिरोधक गोलियों की पूर्ति ..... A Condom supply निरोध आपूर्ति ..... B Follow up for sterilization ..... C नसबन्दी के उपरान्त सेवा Follow up for IUD insertion ..... D आईयूडी लगवाने के उपरान्त सेवा Family planning advice/counseling ..... E परिवार नियोजन की सलाह Child Immunization बच्चों का टीकाकरण ..... G Antenatal care प्रसवपूर्व देखरेख ..... H IFA Tablets आईएफए गोलियां ..... I TT injection टीटी इंजेक्शन ..... J Delivery care प्रसव देखरेख ..... K Postpartum care प्रसवोत्तर देखरेख ..... L Disease prevention रोगों का निवारण ..... M Medical treatment for self ..... N स्वयं के लिए चिकित्सा उपचार Treatment for sick child ..... O बीमार बच्चों का उपचार Treatment for other person ..... P अन्य व्यक्ति का उपचार Polio Immunization ..... Q पोलियो टीकाकरण Other अन्य (_____) X
308	Have you visited a health facility or camp for any reasons for yourself or your children in the last three months or ever before? क्या आप पिछले 3 महीनों में या पहले कभी अपने लिए (या अपने बच्चों के लिए) किसी कारण से स्वास्थ्य सुविधा या शिविर में गई थी?	Yes, in last three months हां पिछले 3 महीनों में ..... 1 Yes, before last three months ..... 2 हां पिछले 3 महीनों से पहले No नहीं ..... 3 ⟶ 313
309	What were the different matters talked about? इन मुलाकातों के दौरान कौन–कौन से विषयों पर बातचीत की गई? Anything else? किसी अन्य विषय पर?	Family planning परिवार नियोजन ..... A Breastfeeding स्तनपान ..... B Supplementary Feeding पूरक आहार ..... C Child Immunization बच्चे का टीकाकरण ..... D Nutrition पोषण आहार ..... E Disease prevention रोग निवारण ..... F Treatment of health problem ..... G स्वास्थ्य संबंधी समस्या का इलाज Antenatal care प्रसवपूर्व देखरेख ..... H Delivery care प्रसव देखदेख ..... I Postpartum care प्रसवोत्तर देखरेख ..... J Child care बच्चे की देखरेख ..... K Sanitation/Cleanliness स्वच्छता ..... L Oral rehydration जलीकरण/ओ आर एस ..... M Polio Immunization पोलियो टीकाकरण ..... N Other अन्य (_____) X

310	What type of health facility did you visit most recently for yourself or your children? सबसे हाल ही में आप अपने लिए (या अपने बच्चो के लिए) किस प्रकार को स्वास्थ्य सुविधा में गई थीं?	Public sector Govt./Muncipal Hospital ..... 11 सरकारी / नगरपालिका अस्पताल Govt.dispensary सरकारी औषधालय ..... 12 UHC/UFC/UFWC ..... 13 यूएचसी / यूएफसी / यूएफडब्ल्यूसी CHC/PHC/Rural Hospital ..... 14 सीएचसी / पीएचसी / ग्रामीण अस्पताल Subcenter उपकेन्द्र ..... 15 Govt. mobile clinic ..... 16 स्रकारी चलता फिरता दवाखाना Camp कैम्प ..... 17 Other public sector health facility ..... 18 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा NGO/Clinic/Trust Hospital ..... 21 एनजीओ / दवाखाना / खैराती दवाखाना **Private medical sector निजी औषधालय क्षेत्र** Pvt. hospital/Clinic ..... 31 निजी अस्पताल / दवाखाना Pvt. mobile clinic ..... 32 निजी चलता फिरता दवाखाना Pharmacy/Drug store ..... 33 औषधालय / दवाखाना Other private sector health facility ..... 34 अन्य निजी क्षेत्र स्वास्थ्य सुविधा Other अन्य (_____) 96
311	What service did you go for? आप किस सेवा के लिए गई थीं? Any other? किसी अन्य सेवा के लिए?	Pill supply गर्भनिरोधक गोलियों की पूर्ति ..... A Condom supply निरोध आपूर्ति ..... B Follow up for sterilization ..... C नसबन्दी के उपरान्त सेवा Follow up for IUD insertion ..... D आईयूडी लगवाने के उपरान्त सेवा Family planning advice/counseling ..... E परिवार नियोजन की सलाह Child Immunization बच्चों का टीकाकरण ..... G Antenatal care प्रसवपूर्व देखरेख ..... H IFA Tablets आईएफए गोलियां ..... I TT injection टीटी इंजेक्शन ..... J Delivery care प्रसव देखरेख ..... K Postpartum care प्रसवोत्तर देखरेख ..... L Disease prevention रोगों का निवारण ..... M Medical treatment for self ..... N स्वयं के लिए चिकित्सा उपचार Treatment for sick child ..... O बीमार बच्चों का उपचार Treatment for other person ..... P अन्य व्यक्ति का उपचार Polio Immunization पोलियो टीकाकरण ..... Q Other अन्य (_____) X
312	Did you receive the service that you went for? आप जिस सेवा के लिए गई थीं, क्या वह आपको मिली?	Yes हां ..... 1 No नहीं 2

313	Now I would like to ask about all the contacts you have had with health or family planning workers at home or anywhere else in the last three months or ever before. अब मैं आपसे उन सभी मुलाकातों के बारे में पूछना चाहूंगी जो आपने अपने घर में या कहीं और स्वास्थ्य अथवा परिवार नियोजन कार्यकर्त्ताओं के साथ पिछले 3 महीनों में या पहले कभी की हैं?	Yes, in last three months हां पिछले 3 महीनों में ..... 1 Yes, before last three months ..... 2 हां पिछले 3 महीनों से पहले None/Never discussed ..... 3 ⟶ 316 कोई नहीं / कभी बातचीत नहीं हुई
314	During any of these contacts, which methods of delaying or avoiding pregnancy were discussed, if any इनमें से किसी भी मुलाकात के दौरान, गर्भधारण टालने या रोकने के किन–किन तरीकों के विषय में बातचीत हुई, यदि किन्हीं? PROBE: Any other methods discussed? क्या किन्हीं अन्य तरीकों पर बातचीत हुई?	Pill गर्भनिरोधक गोलियां ..... A Condom/Nirodh कंडोम / निरोध ..... B IUD/Loop आईयूडी / लूप ..... C Female sterilization महिला नसबंदी ..... D Male sterilization पुरुष नसबंदी ..... E Rhythm/Safe period रिदम / सुरक्षित काल पद्धति ..... F Withdrawal विच्छेदन ..... G Other अन्य (_____) X
315	Were the advantages/disadvantages of each of the method discussed? क्या इनमें से प्रत्येक उपाय के फायदों / नुकसानों की बात की गई थी ? 1.Advantages फायदे 2. Disadvantages नुकसान 3. Both दोनों 4. None कोई नहीं	Pill गर्भनिरोधक गोलियां ☐ Condom/Nirodh कंडोम / निरोध ..... ☐ IUD/Loop आईयूडी / लूप ..... ☐ Female Sterilization महिला नसबंदी ..... ☐ Male Sterilization पुरुष नसबंदी ..... ☐ Rhythm/Safe period रिदम / सुरक्षित काल पद्धति ..... ☐ Withdrawal विच्छेदन ..... ☐
316	In the last three months, have you heard or seen any family planning or reproductive health messages: पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना / देखा है? On radio? रेडियो पर On television? टेलीविजन पर? In a cinema hall or theatre? सिनेमा हाल या थियेटर में? In an outdoor video or film show? खुले में वीडियो या फिल्म शो में? In a newspaper or magazine? अखबार या पत्रिका में? On a poster or banner? पोस्टर या बैनर पर? On a bus or van panel? बस या वैन पर? In a leaflet or handbill? लीफ लेट या कागज पर बने हुए इश्तेहार पर? On a wall painting, wall writing or hoarding दीवारों पर पैन्टिग, दीवारों पर लिखाई या होर्डिंग में? In a drama or street play नाटक या नुक्कड़ नाटक में? In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show? लोक नृत्य, नौटंकी, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में?	YES हां / NO नहीं Radio रेडियो ..... 1 2 Television टेलीविजन ..... 1 2 Cinema hall/Theatre सिनेमा हाल / थियेटर ..... 1 2 Outdoor video/film show ..... 1 2 खुले में वीडियो या फिल्म शो Newspaper/Magazine अखबार या पत्रिका ..... 1 2 Poster/banner पोस्टर या बैनर ..... 1 2 Bus/van बस / वैन ..... 1 2 Leaflet/Handbill ..... 1 2 **लीफ लेट या कागज पर बने इश्तिहार** **Wall painting/wall writing** HOARDING ..... 1 2 दीवारों पर पैन्टिग, दीवारों पर लिखाई या होर्डिंग Drama/Street play ..... 1 2 नाटक या नुक्कड़ नाटक Folk dance /nautanki /qawali /biraha / Alaha/puppet show/magic show ..... 1 2 लोक नृत्य, नौटंकी, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन
317	CHECK Q316 प्रश्न 316 देखिए At least one ' YES' कम से कम एक 'हा' 'NO' in all 'नहीं' सब में	☐ 1 Continue जारी रखें ☐ 2 Go to Q323 प्रश्न 323 देखें

318	What messages did you hear? आपने क्या संदेश सुना? Any other message? कोई अन्य संदेश?	Sterilization नसबंदी ..... A Pills गर्भनिरोधक गोलियां ..... B Condoms कंडोम ..... C Limiting of births बच्चों के जन्म की सीमा ..... D Spacing of births बच्चों के जन्म में अंतर ..... E Antenatal care जन्म से पहले देखरेख ..... F TT injections टीटी इंजेक्शन ..... G IFA tablets/Syrup आईएफए गोलियां/पीने की दवा ..... H Delivery care प्रसव के दौरान देखदेख ..... I Postpartum care प्रसवोत्तर देखरेख ..... J Breastfeeding स्तनपान ..... K Nutrition of mother and child ..... L मां और बच्चे का पोषण Supplementary feeding पूरक आहार ..... M ORS ओ.आर.एस. ..... N Child immunization बच्चों का टीकाकारण ..... O Polio immunization पोलियो टीकाकरण ..... P Water and sanitation पानी और स्वच्छता ..... Q Others अन्य (_____) X
319	Is the message you have heard or seen acceptable to you? जो संदेश आपने सुने व देखें हैं, क्या आपको मान्य हैं?	Yes हाँ ..... 1 → 321 No नहीं 2
320	Why do you think the messages are not acceptable to you? आप क्यों सोचते हैं कि आपको संदेश स्वीकार करने योग्य नहीं हैं?	Against religion धर्म के खिलाफ़ ..... A Against culture सस्कार के खिलाफ़ ..... B No adequate supply/service ..... C कोई पर्याप्त सप्लाई/सर्विस नहीं Not good for children ..... D बच्चों के लिये अच्छा नहीं Other अन्य (_____) X
321	CHECK Q318 जांचिए 318 ANY CODE 'A to E' कोई कोड 'A से E' है ELSE अन्यथा	1 Continue जारी रखें 2 Go to Q323 प्रश्न 323 पर जायें
322	Do you agree that these messages can promote use of family planning methods? क्या आप सहमत हैं कि ये संदेश परिवार नियोजन तरीके के इस्तेमाल को बढ़ावा दे सकते हैं?	Yes हां ..... 1 No नहीं ..... 2 Can't say कह नहीं सकते 3
323	On an average, in a week, how many days do you listen to the radio? औसतन, एक सप्ताह में, आप कितने दिन रेडियो सुनते हैं?	Days दिन ..... ☐ Irregular अनियमितता ..... 8 If '0' go to Q326
324	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	Yes हां ..... 1 No नहीं 2
325	On an average, in a day, how many hours do you listen to the radio? औसतन एक दिन में, आप कितने घंटे रेडियो सुनते हैं?	No. of hours घंटों की संख्या ..... ☐☐
326	On an average, in a week, how many days do you watch TV? औसतन एक सप्ताह में, आप कितने दिन टेलीविजन देखते हैं?	Days दिन ..... ☐ Irregular अनियमितता ..... 8 If '0' go to Q329
327	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	Yes हां ..... 1 No नहीं 2
328	On an average, in a day, how many hours do you watch the television? औसतन एक दिन में आप कितने घण्टे टेलीविजन देखते हैं?	No. of hours घंटों की संख्या ..... ☐☐
329	On an average, in a week, how many days do you read newspapers? औसतन एक सप्ताह में, आप कितने दिन अखबार पढ़ते हैं?	Days दिन ..... ☐ Irregular अनियमितता 8

330	On an average, in a year, how many times do you go to a cinema theater to watch a cinema? औसतन एक वर्ष में आप कितनी बार सिनेमाघर में सिनेमा देखने जाते हैं?	Times कितनी बार ..... ☐☐ Irregular अनियमितता 88
	Now I would like to ask some questions on cooking अब मैं आपसे घर की रसोई के बारे में कुछ प्रश्न पूछना चाहूंगी	
331	Type of kitchen रसोई के कमरे का प्रकार Observe अवलोकन करें और कोड करें	No separate room अलग कमरा नहीं है..... 1 Has separate room अलग कमरा है ..... 2 Open area खुला स्थान..... 3 Other (Specify) अन्य (स्पष्ट करें) 9
332	Does the kitchen have chimney? क्या रसोई में चिमनी है Observe अवलोकन करें और कोड करें	Yes हाँ..... 1 No नहीं..... 2
333	Does the kitchen have proper ventilation facility in terms of open window/ door/skylight? क्या रसोई में खुली हवा एवं रोशनीदार खिड़की/दरवाजे की सुविधा है? OBSERVE अवलोकन करें और कोड करें	Yes हाँ..... 1 No नहीं..... 2
334	The food cooked mainly on a stove, a chulha or an open fire? आपके यहां भोजन बनाने के लिये मुख्यतः किस प्रकार के चूल्हे का उपयोग किया जाता है?	Kerosene Stove मिट्टी के तेल का स्टोव..... 1 LPG Stove गैस स्टोव ..... 2 Electric Stove बिजली स्टोव..... 3 Chulha चूल्हा..... 4 Open fire खुला चूल्हा ..... 5 Other (Specify) अन्य (स्पष्ट करें) 9
335	Does your household have any other cooking device? क्या आपके घर में खाना बनाने का कोई अन्य साधन/चूल्हा उपलब्ध है?	Yes (Specify) हाँ (स्पष्ट करें) ..... 1 No नहीं..... 2 → 337
336	How often do you use the …… device? आप इस साधन/चूल्हे का उपयोग कितने–कितने समय पर करते है?	Once a day दिन में एक बार..... 1 Once a week सप्ताह में एक बार ..... 2 Twice a week सप्ताह में दो बार ..... 3 Rarely कभी कभार..... 4 Other (specify) अन्य (स्पष्ट करें)..... 9
337	On an average, how much do you spend in a month on cooking fuel? औसतन एक महिने में खाना बनाने के लिये ईंधन के इस्तेमाल पर आप कितना खर्च करते हैं?	Specify अन्य (स्पष्ट करें) (In INR रू0 में)_____ Can't say/don't know 9999
338	Usually, how many times do you cook in a day? आमतौर पर आप एक दिन में कितनी बार खाना बनाती हैं	Once एक बार..... 1 Twice दो बार ..... 2 Thrice तीन बार ..... 3 Other (specify) अन्य (स्पष्ट करें)..... 9
339	On an average, how much time do you spend on cooking in a day? औसतन एक दिन में खाना बनाने पर आप कितना समय व्यतीत करती हैं	Specify (स्पष्ट करें) (In Minutes मिनट में)_____

-: THANK YOU :-

धन्यवाद

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