

Reproductive and Child Health Status in Slum, Non-slum and Rural Areas of Agra

Baseline Survey 2006

**Constella Futures, New Delhi
October 2007**

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FOREWORD

The first phase of the Innovations in Family Planning Services Project (IFPS I), implemented in Uttar Pradesh, by the State Innovations in Family Planning Services Agency (SIFPSA) from 1992 to 2004, introduced many innovative approaches for improving the demand and the quality of reproductive health services in the state. In April 2005, the second phase of the project, IFPS II, was launched, with emphasis on implementing various public-private partnership models in health to enhance quality and access to reproductive and child health services. Recognizing the importance of documenting the implementation process and impact of innovative public-private partnership models, like voucher schemes, the following baseline survey has been conducted in the district of Agra in Uttar Pradesh.

The Agra Baseline Survey 2006 collected information from 5,000 households (1,500 from urban slums, 1,500 from urban non-slums and 2,000 from rural areas) on selected reproductive and child health indicators. Information was segregated by the urban slum, urban non-slum and rural areas. It is one of the first surveys of its kind in the district to use such a large sample and to provide separate estimates for slum and non-slum areas. It is hoped that this report will provide new and actionable data for health planners and policy makers, especially those looking to bridge the gap in health status between slum and non-slum areas, and urban and rural areas. Information from this study can help the development of new health programs and shaping of policy in urban areas, especially in the urban slums, for improving the health of the urban poor.

I take this opportunity to thank the ITAP team for their commendable job in the design and implementation of this study and the dissemination of this relevant and important report.

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ABBREVIATIONS

AIDS	:	Acquired Immunodeficiency Syndrome
ANC	:	Antenatal Care
ANM	:	Auxiliary Nurse Midwife
AWW	:	Anganwadi worker
BCC	:	Behavior Change Communication
DD	:	Doordarshan (India's national TV network)
FP	:	Family Planning
HIV	:	Human Immunodeficiency Virus
IFPS	:	Innovations in Family Planning Services
ITAP	:	IFPS II Technical Assistance Project
IUCD	:	Intra Uterine Contraceptive Device
OCP	:	Oral Contraceptive Pills
PHC	:	Primary Health Centre
PID	:	Pelvic Inflammatory Diseases
RCH	:	Reproductive and Child Health
RH	:	Reproductive Health
RTI	:	Reproductive Tract Infection
SIFPSA	:	State Innovations in Family Planning Services Agency
STI	:	Sexually Transmitted Infection
TA	:	Technical Assistance
TAB	:	Traditional Birth Attendant
WHO	:	World Health Organization

EXECUTIVE SUMMARY

The Agra baseline survey aimed to obtain information on the availability and utilization of reproductive and child health care services in the district separately for rural, urban slum and urban non-slum areas. The survey covered 4,777 households, 4,742 eligible women (15-49 years), and 4,545 children (below 5 years), with a household response rate of more than 95 percent.

For illness treatment of children as well as adults, people in Agra prefer to utilize private sector facilities (92 percent) rather than public sector facilities (7.6 percent), both in rural and urban areas. On an average people have to travel 3 Kms to reach the health facility, taking about 15 minutes. The distance traveled is higher in rural Agra (4.4 Kms) as compared to urban areas (about 1 Km). Similar to the general availability of health facilities, the nearest facility for delivery care is also private (70 percent). The mean distance to be travelled to reach the nearest delivery care facility is very high in rural (24 Kms) compared to urban Agra (3 Km). In a majority of cases (93 percent) a doctor is available 24 hours or is available on call; the availability of a doctor is greater in private facilities and in urban areas. Health insurance coverage is very low in Agra; the most important reasons for not joining health insurance schemes are lack of money and lack of awareness.

The mean number of children ever born is 3.5; two-thirds of rural women and a little over a quarter of urban women have more than six children ever born. Knowledge of contraceptive methods is nearly universal; yet, only 43 percent of women had ever used any modern method of contraception, with acceptance being much lower in rural areas (36 percent) in comparison with urban areas (52 percent). While the majority of female sterilizations were conducted in public sector facilities, for IUCD/Copper T insertions, private facilities are mostly used. Unmet need is high among rural women (30 percent); total demand and total demand satisfied is high among urban women (71 and 70 percent respectively). The most important reasons mentioned for discontinuation of spacing methods are health problems, and want to have another child. The most preferred method for those intending to use contraception is female sterilization followed by oral pills.

About 80 percent of women had received some antenatal care, the extent being higher in urban Agra. Over all, 45 percent of women had received IFA tablets/syrup in some quantity while 27 percent received the designated quantity of IFA tablets/syrup. Both education and SLI have a substantial influence on the availability and adequate use of IFA tablets or syrup. The most important reason for not consuming all IFA tablets or syrup is that their consumption made the women feel sick. About 73 percent of mothers who had given birth during the two years preceding the survey said that they had received TT injection. Urban women, women with higher educational attainment, and women from richer households have a greater likelihood to have received any or the full dose of TT injections.

The percentage of women receiving full antenatal care (3 ANC visits IFA tablets/syrup for 100 days and 2TT injections) is very low in Agra (10 percent). While 23 percent of women made two or more antenatal visits, only 21 percent received adequate IFA tablets/syrup and 67 percent received adequate TT injections. Overall, 53 percent of mothers who gave birth during the two years preceding the survey did not receive any antenatal care. Educational attainment and improvement in standard of living influence the possibility of women receiving information on pregnancy complications.

Only 40 percent of women accessed any health facility for delivery. Overall, only seven percent of women used a government health facility for delivery while 30 percent used a private facility and 3 percent utilized NGO run health facilities. About 45 percent of women had a health professional attending the delivery, with the extent of professional attendance being much lower in rural areas (35 percent) as compared to urban Agra (66 percent). The post-natal care scenario is pathetic; only 7.5 percent of women who had delivered at home received post-natal care.

While seven percent of the eligible women were visited by a health worker at home, 26 percent had visited a health facility/camp during the three months preceding this baseline survey. Most women who were visited by a health worker or who visited a health facility/camp received immunization or ante/post-natal care services. During such visits, only seven percent of women had discussed about any modern family planning method with the health worker. The most frequently discussed method is female sterilization, followed by oral pills, condoms, and IUD, in that order.

About 67 percent of the women had seen/read a family planning or reproductive health message through any medium; 38 percent had received a message from at least two sources. The most popular source of FP and RCH message is TV (60 percent), followed by poster/banner (25 percent) and wall picture/hoarding (25 percent). Exposure to mass media is strongly associated with educational status and standard of living. The most frequently received messages are related to family planning and polio immunization.

Over 72 percent of children were not weighed at birth; of those who were weighted, 37 percent were underweight. Although breastfeeding is nearly universal, only 5.3 percent of the children were breastfed within one hour after birth. Close to 40 percent of the children were first breastfed three days after birth indicating the lack of awareness about the importance of breastfeeding among a considerable proportion of women. Practically all children are given some liquid other than breast milk. The most common reasons for never breastfeeding or having stopped breastfeeding are 'mother became pregnant', 'insufficient milk', 'child refused' and 'mother ill/weak'.

Only 16 percent of children in the district are fully vaccinated; a vaccination card was shown only in 42 percent cases. Muslim children, children from backward castes, children of illiterate women, and children from poor households are less likely to be fully vaccinated as compared to others. Public sector health facilities are the major providers of child immunization services both in rural and in urban Agra. In Agra, only two percent of children received Vitamin A supplementation.

Overall, about 30 percent of children below five years suffered from diarrhoea during the two weeks preceding the survey. Among those who suffered from diarrhoea, more than three quarters sought advice or treatment. About 38 percent of the cases sought treatment on the same day while 27 percent sought advice/treatment on the second day. About half the children were given somewhat less liquid than usual when suffering from diarrhoea. More than three-fourths of children, however, were not given ORS. Prevalence of fever was about 28 percent; 21 percent suffered from ARI during the two weeks preceding the survey. For ARI, in about 80 percent of cases advice/treatment was sought. The most utilized source of ARI treatment was a private health facility. Only in 11 percent of cases was a toilet used for stool disposal; the most common method of stool disposal was throwing it in the garbage.

Overall, 29 percent of children ever attended a pre-school or learning center and a majority attended some government facility. Utilization of a government facility for pre-school learning is high in rural areas (73 percent) as compared to urban areas (11 percent). Utilisation of a government facility for pre-school education decreases substantially with improvement in standard of living.

This baseline survey clearly shows that the utilization of reproductive and child services in Agra district is dismally low. The utilization pattern differs between rural and urban areas whereas intra-urban differences are not so marked except for some components. Utilization of public sector facilities is generally low in the district; people prefer private health facilities for many RCH services. Among the social and economic variables, education and standard of living tend to have a decisive influence on the extent of service utilization and the type of facilities utilized.

FACT SHEET: AGRA BASELINE SURVEY, 2006

	Urban Slum	Urban non Slum	Urban Total	Rural	Total
Sample size (Un-weighted)					
Households	1423	1435	2858	1919	4777
Currently married women age 15-49	1371	1388	2759	1983	4742
Children below 5 years	1366	1275	2793	2025	4818
Characteristics of currently married women (CMW)					
Percent married by age 18	41.4	38.6	39.4	64.5	54.4
Percent of illiterate mothers	45.5	36.7	39.8	62.9	55.5
Percent CMW visited by any health worker at home during 3 months preceding the survey	2.4	1.9	2.1	10.7	7.2
Source of treatment for children, adult females and adult males (% of households)					
Children					
Public medical sector	7.6	9.6	9.0	6.6	7.6
NGO Hospital/Clinic	0.1	0.9	0.6	0.2	0.4
Private medical sector	91.8	89.0	89.9	92.8	91.6
Adult Females					
Public medical sector	9.0	10.0	9.7	7.8	8.7
NGO Hospital/Clinic	0.3	0.9	0.7	0.2	0.5
Private medical sector	88.8	87.8	88.1	91.3	89.9
Adult Males					
Public medical sector	7.2	9.0	8.5	7.1	7.7
NGO Hospital/Clinic	0.5	0.9	0.8	0.3	0.5
Private medical sector	91.2	87.6	88.7	91.8	90.4
Health Insurance					
Percent of HHs reporting at least one member covered under any health insurance	2.0	1.5	1.7	1.0	1.3
Percent of HHs willingness to join the health insurance schemes	27.3	28.7	28.3	36.3	32.8
Ever use of contraceptives					
Percent of currently married women (CMW) ever used any contraceptive method	30.9	33.6	32.8	16.8	23.2
Percent of CMW used contraceptives for the first time after first child birth	24.3	24.0	24.1	15.2	19.6
Current use of contraceptives					
Percent of CMW not using any method	54.7	48.5	50.3	67.0	60.2
Percent of CMW using any modern contraceptives	35.4	39.3	38.1	26.7	31.3
Percent of CMW currently using any modern spacing methods	14.7	14.1	14.2	5.7	9.1
Percent of CMW wanting to use any contraceptives in future, among those not using any method	86.9	85.8	84.9	89.4	83.7
Percent of CMW who need consent of family members for use of contraception	43.8	43.1	43.3	47.7	46.2

FACT SHEET: AGRA BASELINE SURVEY, 2006

	Urban Slum	Urban non Slum	Urban Total	Rural	Total
Percent of CMW who encourage others to use oral pills	56.0	55.8	55.9	48.2	51.5
Percent of CMW who encourage others to use condoms	52.6	51.9	52.1	45.2	48.2
Percent of CMW reported that condom reduces sexual pleasure	5.7	8.1	7.4	5.5	6.3
Antenatal Care (% of mothers)					
Received any antenatal care	83.3	89.5	87.3	76.6	79.8
Received antenatal care by first trimester	47.5	50.7	49.6	27.4	34.8
Received IFA tablets/syrup	52.4	54.5	53.8	40.6	44.6
Had adequate IFA tablet/syrup	24.6	27.5	26.5	18.5	20.9
Received TT injections	76.2	85.0	81.9	68.8	72.8
Received full antenatal care ²	14.6	19.5	17.8	6.2	9.8
Delivered her child at any health facility	56.8	64.4	61.7	30.4	40.0
Deliveries assisted by health professional	63.8	69.5	67.5	34.8	44.8
Received post-natal care	3.3	3.8	3.6	8.5	7.5
Who has knowledge about importance of IFA tablets	80.9	85.1	83.8	73.3	77.5
Who has knowledge about importance of TT injections	94.1	97.0	96.2	89.3	92.1
Family Planning or Reproductive Health Messages					
Percent of CMW who have heard about messages from any source	84.8	87.9	87.0	53.3	66.9
Percent of CMW who have heard about messages from two or more sources	46.8	54.4	52.2	28.2	37.9
Percent of CMW who think that media messages can promote family planning	94.8	94.4	94.5	90.1	92.6
Exposure to Media					
Percent of CMW having exposure to media	73.0	76.9	75.7	37.7	53.0
Percent of CMW listened to the radio every day	1.7	1.3	1.4	3.1	2.4
Percent of CMW watching television every day	47.8	54.7	52.6	17.9	31.9
Delivery characteristics (age 0-35 months)					
Percent of children underweight at birth	30.7	34.3	33.2	41.8	37.1
Percent of children ever breastfed	96.3	96.4	96.4	97.2	97.0
Percent of children who are breastfed for 4 or more months	26.2	33.4	30.9	29.6	30.0
Food received other than breast milk yesterday					
Percent of children who received any liquid	98.9	99.3	99.2	98.4	98.6
Percent of children who received any solid food	74.8	74.5	74.6	73.4	73.8
Childhood Immunization					
Percent of children age 12-23 months fully immunized ³	14.1	23.6	20.1	14.5	16.1

¹ Received enough tablet/syrup and consumed all.

² Has 3 or more ANC visits, adequate IFA tablet/syrup and received 2 or more TT injections

³ BCG, 3 doses each of DPT and Polio vaccines, and Measles.

FACT SHEET: AGRA BASELINE SURVEY, 2006

	Urban Slum	Urban non Slum	Urban Total	Rural	Total
Percent of children age 12-35 months fully immunized	15.1	26.2	22.2	13.6	16.2
Percent of children age 9-35 months not received Vitamin-A	91.9	89.7	90.5	90.4	90.4
Childhood Illnesses (children below 5 years)					
Percent of children who suffered from diarrhea during 2 weeks preceding the survey	30.5	29.4	29.8	29.1	29.4
Percent of children who suffered from ARI during 2 weeks preceding the survey	18.1	22.4	20.9	20.6	20.7
Percent of children who suffered from fever during 2 weeks preceding the survey	25.8	27.4	26.8	28.9	28.2
Disposal of child's stool (children below 5 years)					
Percent of children using toilet	22.5	29.3	26.9	3.2	10.8
Percent of child's stool thrown outside	3.3	4.1	3.8	13.5	10.4
Pre-schooling and Early Childhood Learning (children age 24-59 months)					
Percent of children ever attended any pre-school or early childhood learning centre	26.5	32.3	30.2	28.8	29.3
Percent of children currently attending any pre-school or early childhood learning centre	25.6	31.3	29.3	25.9	27.1

INTRODUCTION

1.1 BACKGROUND OF THE SURVEY

The Agra Baseline Survey 2006 was conducted to provide information on the availability and utilization of various family planning and reproductive health care services in the district, separately for rural, urban slum and urban non-slum areas. The survey results will serve as a baseline for the second phase of the Innovations in Family Planning Services Project (IFPS II) activities that are implemented in the Agra district, such as the voucher scheme and clinic based NGO projects. Three questionnaires were used in the survey, a Household Questionnaire, Women's Questionnaire, and Children's Questionnaire. The survey was designed and supervised by the IFPS II Technical Assistance Project, implemented by the prime contractor Constella Futures, the field work being sub-contracted to TNS India Pvt. Ltd.

1.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF AGRA

Agra achieved fame as the capital of the Mughal emperors from 1526 to 1658 and remains a major tourist destination because of its many splendid Mughal-era buildings, most notably the Taj Mahal, Agra Fort and

Fatehpur Sikri, all three of which are UNESCO World Heritage Sites.

Agra is situated on the banks of Yamuna river. The total land area of the district is 4,027 sq. kms, and it has an average elevation of 171 metres (561 feet). On the north it is bounded by Mathura, on the south by Dhaulpur, on the east by Firozabad, on the south-east by Fatehabad and on the west by Bharatpur. Agra is the third biggest city in Uttar Pradesh.

As shown in Table 1.1, the population of Agra district is 3.6 million as per 2001 census, which is about 2.2 percent of the population of the state. The district has a population density of 897 persons per sq. km., which is high compared to 689 of the state. The annual exponential growth rate of population in the district during 1991-2001 is 2.72 percent, which is higher than the state average of 2.29 percent. More than 43 percent of the population of the district live in urban areas in contrast to 21 percent for the state of Uttar Pradesh as a whole. Sex ratio in Agra is 852 females per 1,000 males, which is lower than that of the state average of 898.

The Scheduled caste population of Agra, at 23 percent is a little higher

than for the state, 21 percent. Less than one percent of the district population belongs to the Scheduled Tribes. The literacy rate (population aged 7+ years) of the district is 62.6 percent (74.6 percent males and 48.3 percent females), which is higher than the state average.

Administratively the district is divided into 6 Tehsils and 15 development blocks. The rural area of the district consists of 904 revenue villages (637 Gram Sabhas and 115 Nyaya Panchayats). The district has 5 municipalities and 7 towns.

1.3 OBJECTIVES OF THE SURVEY

The major objective of the Agra Baseline Survey was to provide baseline information for the reproductive health status of women, contraceptive use rate, source of contraception and immunization coverage among children, separately for rural, urban slum and urban non-slum areas of the district.

1.4 QUESTIONNAIRES

Information on the above mentioned indicators was collected using three different questionnaires - Household, Women and Children.

The Household Questionnaire collected background information

TABLE 1.1 DEMOGRAPHIC AND ADMINISTRATIVE PROFILE OF AGRA DISTRICT

Indicators	Value	Unit/Year	Source
Land area	4,027	Sq.km/2001	Census of India 2001
Population	36,20,436	Number/2001	Census of India 2001
Population density	897	Persons/ sq.km./2001	Census of India 2001
Decadal growth rate	31.6	Percent/1991-2001	Census of India 2001
% Urban	43.3	Percent/2001	Census of India 2001
% Schedule caste	22.2	Percent/2001	Census of India 2001
Sex ratio	852	Female per 1000 males/2001	Census of India 2001
Child sex ratio (0-6 years)	866	Female per 1000 males (0-6 years)/2001	Census of India 2001
Literacy			
Total	62.6	Percent/2001	Census of India 2001
Male	74.6	Percent/2001	
Female	48.3	Percent/2001	
Administrative units			
Tehsils	6	Number/2001	
Development blocks	15	Number/2001	
Nyaya Panchayat	115	Number/2001	
Gram Sabhas	637	Number/2001	
Revenue villages	904	Number/2001	
Municipalities	5	Number/2001	
Towns	7	Number/2001	

about the household and the members living in the selected households. This included resident or visitor household status, particulars of each member of the household including age, marital status and relationship to the head of the household. This questionnaire also helped identify eligible women and husbands for their respective questionnaires.

The Women's Questionnaire addressed details of the respondent's background, and knowledge and use of family planning and reproductive health services from all currently married women in the age group 15-49 years living in the selected households, including the visitors.

The Children's Questionnaire gathered information about children below five years, such as immunization status, prevalence of child hood illnesses, treatment seeking etc. The respondent for this questionnaire was primarily the mother, however in the case of the mother being unavailable, information was gathered from the child's caretaker.

1.5 SURVEY AND SAMPLE DESIGN

The Agra Baseline survey was designed to provide estimates for key parameters at the district level and also disaggregated by rural, urban slum and urban non-slum areas. In order to attain

reliable estimates, a sample size of 5,000 households was fixed for the district comprised of 2,000 households from rural areas and 1,500 households each from urban slum and urban non-slum areas.

1.5.1 Rural areas

A two stage sampling procedure was adopted. In the first stage, 80 villages (Primary Sampling Units - PSUs) were selected using the probability proportional to size (PPS) methodology. In case of small villages having less than 50 households link villages were provided and villages having more than 300 households were segmented, and two segments were selected for household listing and interviews.

All the households in the selected village were listed and grouped into households having a child below 5 years (stratum 1) and those not having a child below 5 years (stratum 2). In the second stage 25 households were selected (15 from stratum 1 and 10 households from stratum 2) using circular systematic sampling with a random start. These households were then administered the questionnaire.

1.5.2 Urban areas

A three stage sampling procedure was adopted. In the first stage, 250 Census Enumeration Blocks (CEBs) were selected using a simple random sampling technique. In the second stage, all 250 CEBs were classified as slum and non-slum after spot verification, and 75 CEBs each from the slum and non-slum strata were selected as in the case of the first stage. All the households in the CEBs selected in the second stage were listed, and grouped into households having a child below 5 years (stratum 1) and not having a child below 5 years (stratum 2). In the final stage 20 households (12 households from stratum 1 and 8 households from stratum 2) were selected using circular systematic sampling with a random start. These households were then administered the questionnaire.

1.5.3 Sample and response rates

Table 1.2 provides information on the total number of households identified for the survey and the number of households in which all necessary information was gathered. Overall, 5,000 households were

identified from both rural and urban areas of Agra district, of which all the interview formalities were completed in 4,777 households, i.e., a household response rate of 95.5 percent. The household response rate from rural areas is 96.0, urban non-slum is 95.7 and that of urban slums is 94.9 percent. Completed household interviews from these areas are 1,919, 1,435 and 1,423 respectively.

From the 4,777 households covered, 5,177 currently married women age 15-49 years (eligible women) were identified, of and interviews were successfully conducted with 4,742 eligible women, i.e., a response rate of 91.6. The eligible women response rate was higher in urban slums (92.8 percent) and lower in rural areas (90.6 percent).

4,818 children below 5 years were identified from the 4,777 households. However, interviews were successfully completed for only 4,545 children, i.e., a response rate of 94.3 for the child questionnaire. There is not much variation in the response rates for the children's questionnaire between the rural, urban slum and urban non-slum areas.

1.6 RECRUITING, TRAINING AND FIELDWORK

To maintain uniformity in the data collection process, all the survey tools including questionnaires and manuals were prepared by Constella Futures and translated into Hindi, the local language of the state. A field organization was selected through competitive bidding to conduct the field survey.

The spot verification teams (verification of CEBs as slum and non-slum), household listing teams and field survey teams were recruited by the field organization and trained separately in three sessions, conducted during May-June 2006 in Agra. The training sessions were facilitated by senior professionals from the field organization and Constella Futures.

Data collection was carried out during June-July 2006 and was monitored by Constella Futures Staff from the Lucknow and Delhi Offices.

1.7 DATA PROCESSING

The completed questionnaires were sent to the office of the field organization in Delhi for editing and data entry. Data entry was carried out using the customized data entry package developed by Constella Futures, using the CSPro. These data sets were compiled at the Constella Futures Office in Delhi and necessary consistency checks were carried out before generating the final set of tables.

Sample weights have been calculated for adjusting the non-response, the urban-rural, slum-non-slum and economic strata proportions. SPSS software has been used in generating the tables presented in this report. All the tables generated from the primary data set except Table 1.2 shown in this report are weighted. The values based on fewer than 25 un-weighted cases are 'not shown' (NS) in the report.

TABLE I.2: SAMPLE COVERAGE

The number and response rates for households, women and children, Agra, 2006

Category	Urban							
	Non-slum		Slum		Rural		All areas	
	N	%	N	%	N	%	N	%
Households (HH)								
Completed [C]	1435	95.7	1423	94.9	1919	96.0	4777	95.5
Not at home/locked [NH]	37	2.5	40	2.7	50	2.5	127	2.5
Postponed [P]	2	0.1	2	0.1	3	0.2	7	0.1
Refused [R]	25	1.7	28	1.9	27	1.4	80	1.6
Partially completed [PL]	0	0.0	0	0.0	0	0.0	0	0.0
Other [O]	1	0.1	7	0.5	1	0.1	9	0.2
HH response rate¹	NA	95.7	NA	95.3	NA	96.0	NA	95.7
Eligible women (EW)								
Completed [EWC]	1388	91.9	1371	92.8	1983	90.6	4742	91.6
Not at home [EWNH]	85	5.6	79	5.3	160	7.3	324	6.3
Postponed [EWP]	7	0.5	2	0.1	4	0.2	13	0.3
Refused [EWR]	28	1.9	22	1.5	33	1.5	83	1.6
Partially completed [EWPL]	1	0.1	2	0.1	3	0.1	6	0.1
Other [EWO]	1	0.1	2	0.1	6	0.3	9	0.2
EW response rate²	NA	91.9	NA	92.8	NA	90.6	NA	91.6
Overall EW response rate³	NA	88.0	NA	88.4	NA	87.0	NA	87.7
Children (CH)								
Completed [CHC]	1275	94.3	1366	94.8	1904	94.0	4545	94.3
Not at home [CHNH]	47	3.5	39	2.7	78	3.9	164	3.4
Postponed [CHP]	8	0.6	16	1.1	24	1.2	48	1.0
Refused [CHR]	22	1.6	20	1.4	18	0.9	60	1.2
Partially completed [CHPL]	0	0.0	0	0.0	0	0.0	0	0.0
Other [CHO]	0	0.0	0	0.0	1	0.0	1	0.0
CH response rate⁴	NA	94.3	NA	94.8	NA	94.0	NA	94.3
Overall CH response rate⁵	NA	90.3	NA	90.4	NA	90.3	NA	90.3
¹ HH response rate (HHRR) = {C / [C + NH + P + R + PL]} × 100								
² EW response rate (EWRR) = {EWC / [EWC + EWNH + EWP + EWR + EWPL + EWO]} × 100								
³ Overall EW response rate (OEWR) = {HHRR × EWRR} / 100								
⁴ CH response rate (CHRR) = {CHC / [CHC + CHNH + CHP + CHR + CHPL + CHO]} × 100								
⁵ Overall CH response rate (OCHRR) = {HHRR × CHRR} / 100								

HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This chapter presents some salient features of the selected households and household population. Of special interest are the age-sex distribution, marital status and household background characteristics including assets and amenities.

2.1 AGE-SEX COMPOSITION

The age pyramid for the study population is presented in Figure 2.1 and the age distributions for slum, non-slum and rural populations are given in Table 2.1. The age pyramid shows that 39 percent of the population covered are children under 15 years while 6.7 percent are old persons (60 years and above) and 54.3 percent are in the working age group. There are slight variations between males and females in the age distribution; while close to 40 percent of the male population are children below 15 years, the comparable percent among females is 38 percent. Also the percentage of old persons is slightly higher among males (7 percent) compared to females (5.5 percent).

However, there are variations in age composition between rural and urban areas covered in this study. For example, while in rural areas children below 15 years account for 42.1 percent of the total population, in urban areas this is significantly

lower (34.5 percent). Yet, the proportion of old people is also higher in rural areas as compared to urban areas. This indicates a higher proportion of working age population in the urban areas covered in this study. Within urban

areas, there are marginal differences between slum and non-slum areas. The proportion of children is lower and proportion of old people is higher in urban non-slum areas as compared to slum areas.

FIGURE 2.1 POPULATION PYRAMID

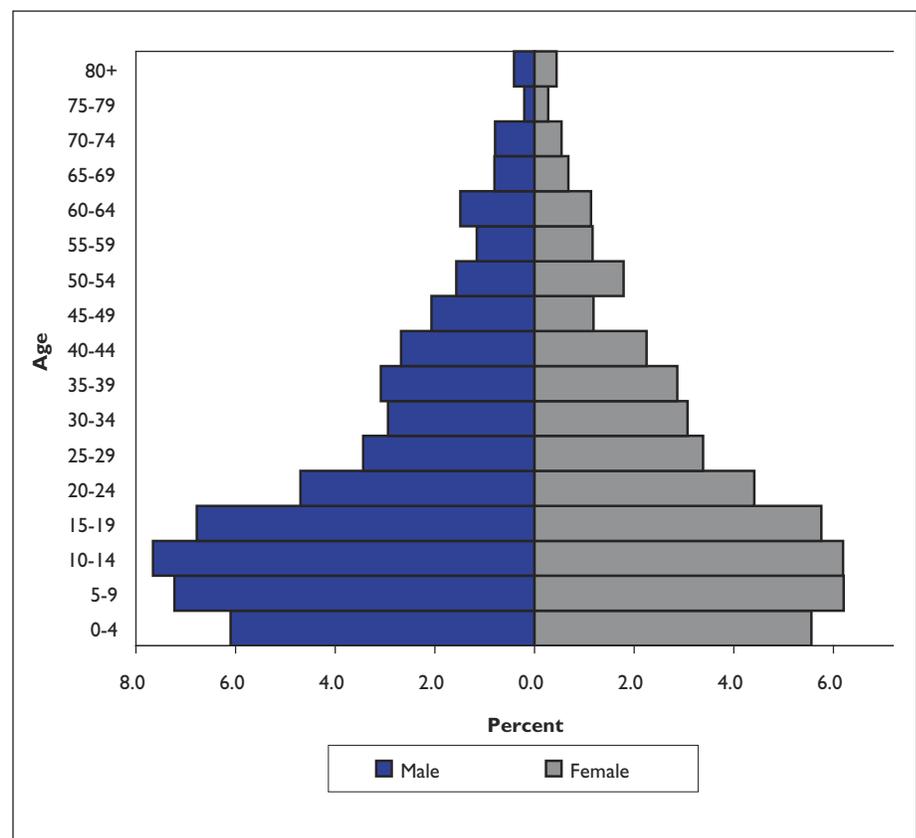


TABLE 2.1: HOUSEHOLD POPULATION BY AGE, SEX AND RESIDENCE

Percent distribution of household population by age, sex and place of residence, Agra, 2006

Age (in years)	Urban: Non-slum			Urban: Slum			Rural			All areas					
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total			
<1	1.6	2.2	1.9	2.2	2.2	2.2	1.8	2.2	2.0	2.7	3.0	2.8	2.3	2.7	2.5
1-4	6.3	7.1	6.7	8.8	7.9	8.4	7.1	7.3	7.2	10.6	10.5	10.6	9.2	9.2	9.2
5-9	11.7	11.1	11.4	12.5	12.7	12.6	11.9	11.6	11.8	14.8	14.4	14.6	13.6	13.2	13.4
10-14	14.0	13.1	13.6	14.6	12.3	13.5	14.2	12.9	13.5	14.6	13.4	14.1	14.4	13.2	13.9
15-19	15.3	13.1	14.2	13.5	14.1	13.8	14.7	13.4	14.1	11.4	11.5	11.4	12.8	12.3	12.5
20-24	10.8	9.9	10.4	9.8	10.6	10.2	10.5	10.1	10.3	7.7	8.9	8.3	8.8	9.4	9.1
25-29	5.6	6.9	6.2	7.0	8.0	7.4	6.0	7.2	6.6	6.8	7.2	7.0	6.5	7.2	6.8
30-34	5.6	6.8	6.2	5.7	6.8	6.2	5.6	6.8	6.2	5.5	6.4	5.9	5.5	6.5	6.0
35-39	5.9	7.6	6.7	6.3	6.1	6.2	6.0	7.2	6.6	5.7	5.4	5.5	5.8	6.1	6.0
40-44	6.2	6.3	6.2	4.9	5.2	5.1	5.8	6.0	5.9	4.5	4.0	4.3	5.0	4.8	4.9
45-49	5.1	3.4	4.3	4.2	3.0	3.7	4.9	3.3	4.1	3.2	2.0	2.7	3.9	2.5	3.3
50-54	3.8	3.8	3.8	2.9	3.7	3.3	3.5	3.8	3.6	2.6	3.8	3.2	3.0	3.8	3.4
55-59	2.2	2.3	2.2	2.2	2.2	2.2	2.2	2.3	2.2	2.2	2.7	2.4	2.2	2.5	2.3
60-64	2.5	2.6	2.5	2.2	2.5	2.3	2.4	2.6	2.5	3.1	2.3	2.7	2.8	2.4	2.6
65-69	1.6	1.0	1.3	1.4	1.0	1.2	1.5	1.0	1.3	1.5	1.8	1.6	1.5	1.4	1.5
70-74	1.1	1.3	1.2	1.0	1.2	1.1	1.1	1.2	1.2	1.8	1.1	1.5	1.5	1.2	1.3
75-79	0.3	0.8	0.5	0.4	0.2	0.3	0.4	0.6	0.5	0.4	0.6	0.5	0.4	0.6	0.5
80+	0.5	0.7	0.6	0.4	0.5	0.5	0.5	0.7	0.6	1.0	1.1	1.1	0.8	0.9	0.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	4464	4004	8467	1976	1731	3706	6439	5734	12174	9332	8198	17530	15772	13932	29704

The sex ratio in the household population is very low at 883 females per 1000 males. It is lower in rural areas (878) in comparison with urban areas. Within urban areas a substantial 21 point difference exists between non-slum and slum areas with non-slum areas registering the higher sex ratio.

Table 2.2 presents the age distribution of currently married women in the age group 15-49 years. Over half the eligible women belong to the prime reproductive age group of 20-34 years (56.5 percent), While 8.4 percent of the eligible women are in the teenage group (15-19 years), older women (aged 35 and above) account for 35.1 percent.

The age distribution of eligible women differ significantly between the urban and rural areas covered in the study. While 10.7 percent of the eligible women in the rural areas are aged 15-19 years, in the urban areas it is only 4.9 percent. Similarly, the prime fertility group (aged 20-34 years) accounts for 59 percent

in rural areas while it accounts for 52.8 percent in urban areas. The percentage of older women in the rural sample is much lower (30.4 percent) than in the urban sample (42.2 percent).

2.2 BACKGROUND CHARACTERISTICS OF CHILDREN

Background characteristics including age-sex composition of children below 5 years who were covered in the baseline study are given in Table 2.3. Infants form 23 percent of the children covered; a similar proportion is covered in the age groups 1-2 years, 2-3 years and 3-4 years whereas the proportion of children in 4-5 years age group is only 13 percent. Though the age distribution of children exhibits some variations across rural, urban, urban slum and urban non-slum areas, the differences are only marginal. Sex composition of children shows that 53 percent of children below 5 years covered in the study are boys indicating that the sex ratio of covered children is 901 girls per 1000 boys which is higher

than the sex ratio in the household population (883). Even then, such a low sex ratio in the district is the first indication of gender differences in infant and child mortality as child sex ratio is little affected by migration. Though the sample size is small when sub-divided into various types of geographical locations, the data show that a far more balanced sex ratio of children can be observed in the urban sample (956) as compared to the rural sample (873).

Religious composition of selected children shows that a majority are Hindus (88 percent) followed by Muslims (10 percent). The extent of cultural mix in urban areas can be seen from the greater presence of Muslims (21 percent) and other religions (4 percent). Castes-wise distribution of children indicates a more or less even distribution of selected children into the three caste categories considered: SC/ST, Other Backward Caste and Others. There are no significant rural-urban or intra-urban differences in caste distribution of children.

TABLE 2.2: AGE DISTRIBUTION OF CURRENTLY MARRIED/ELIGIBLE WOMEN (15-49 YEARS)

Percent distribution of currently married women age 15-49 years, according to place of residence, Agra, 2006

Age	Urban			Rural	All areas
	Non-slum	Slum	Total		
15-19	4.8	5.2	4.9	10.7	8.4
20-24	14.5	18.4	15.7	22.2	19.6
25-29	17.5	20.0	18.2	19.5	19.0
30-34	18.7	19.5	18.9	17.3	17.9
35-39	20.1	16.6	19.0	15.8	17.1
40-44	16.6	13.6	15.7	10.4	12.5
45-49	7.8	6.8	7.5	4.2	5.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1345	570	1915	2827	4742

TABLE 2.3: BACKGROUND CHARACTERISTICS OF CHILDREN

Percent distribution of children below 5 years by selected characteristics, according to place of residence, Agra, 2006

Characteristic	Urban			Rural	All areas
	Non-slum	Slum	Total		
Age of child in months					
0-11	22.3	20.6	21.7	23.0	22.6
12-23	19.0	21.0	19.7	22.2	21.4
24-35	21.6	21.6	21.6	21.6	21.6
36-47	23.2	24.2	23.6	20.5	21.5
48-59	13.8	12.6	13.4	12.7	12.9
Sex of child					
Male	48.3	56.2	51.1	53.4	52.6
Female	51.7	43.8	48.9	46.6	47.4
Religion					
Hindu	79.6	69.2	75.9	93.8	88.1
Muslim	17.0	27.0	20.5	4.5	9.6
Other	3.4	3.9	3.6	1.7	2.3
Caste/tribe					
Scheduled caste/tribe	30.5	36.6	32.6	27.6	29.2
Other backward caste	28.5	37.6	31.7	33.3	32.8
Other	41.0	25.8	35.6	39.1	38.0
Mother's education					
Illiterate	36.7	45.5	39.8	62.9	55.5
Literate <8 th grade	15.4	14.2	15.0	11.2	12.4
8-11 th grade	19.2	17.5	18.6	14.8	16.0
12+grade	16.2	10.4	14.2	2.1	6.0
Literate (Non formal)	6.5	6.7	6.6	4.4	5.1
Other*	6.1	5.6	5.9	4.6	5.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	942	513	1455	3091	4546

*Mothers not at home/not alive

Mother's educational status is considered as having an important bearing on children's health and development. In the district sample, in 55.5 percent cases, the child's mother is illiterate and there are significant rural-urban differences. Whereas the proportion of children with an illiterate mother is 62.9 percent in the rural areas, it is 39.8 percent in urban areas. Interestingly, the intra - urban difference is not so

marked: the proportion of children with an illiterate mother is 36.7 percent in urban non-slum area is compared to 45.5 percent in urban slum areas.

2.3 MARITAL STATUS

Table 2.4 presents the distribution of household population (males and females separately) by marital status. The information is presented is for all areas as the differences across

geographical locations are marginal. Among males 45.6 percent of those aged 10 years and above are never married or are married but gauna not performed. While 50.9 percent are currently married males 2.9 percent are widowers. Expectedly, the proportion of "never married" decreases with successively higher age groups, from 90 percent in the 10-14 year age group to 19.6 percent in the 25-29 year age group.

TABLE 2.4: MARITAL STATUS OF THE HOUSEHOLD POPULATION

Percent distribution of household population (10+ years) by marital status, according to age and sex, Agra, 2006

Age	Marital status					Total percent	Number
	Never married ¹	Currently married	Widowed	Divorced/separated/deserted	Missing		
ALL AREAS							
Male							
10-14	99.7	0.2	0.1	0.0	0.0	100.0	2274
15-19	95.7	4.2	0.0	0.1	0.0	100.0	2013
20-24	61.6	37.2	0.7	0.4	0.0	100.0	1395
25-29	19.6	79.1	0.5	0.7	0.0	100.0	1022
30-34	8.1	90.1	1.6	0.2	0.0	100.0	873
35-39	3.2	94.5	1.6	0.7	0.0	100.0	917
40-44	2.2	94.4	3.1	0.3	0.0	100.0	795
45-49	1.7	96.2	2.1	0.0	0.0	100.0	615
50+	2.0	83.8	13.7	0.4	0.0	100.0	1909
15-49	40.8	57.8	1.1	0.3	0.0	100.0	7629
10+	45.9	50.9	2.9	0.3	0.0	100.0	11812
Female							
10-14	99.1	0.6	0.1	0.1	0.0	100.0	1840
15-19	74.8	25.2	0.0	0.0	0.0	100.0	1710
20-24	23.1	76.0	0.5	0.4	0.0	100.0	1310
25-29	4.8	92.8	1.1	1.3	0.0	100.0	1004
30-34	0.7	96.8	1.9	0.6	0.0	100.0	912
35-39	0.2	92.8	5.4	1.6	0.0	100.0	851
40-44	0.1	91.8	7.0	1.0	0.0	100.0	668
45-49	0.1	82.5	15.0	2.3	0.0	100.0	352
50+	0.6	64.2	34.7	0.5	0.0	100.0	1791
15-49	24.1	72.5	2.7	0.8	0.0	100.0	6806
10+	33.3	58.4	7.7	0.6	0.0	100.0	10437

¹Includes persons who are married, but gauna not performed.

Among females, 33.3 percent of those aged 10 and above in the household population are unmarried (or married but gauna not performed). While 58.4 percent of females are currently married, the proportion of widows is 7.7 percent. That the marriage age among females is considerably lower than of males in Agra can be seen from the fact that the proportion remaining single among females aged 15-19 years is 74.8 as compared to 95.7 percent among males and that in the subsequent group (20-24

years), only 23.1 percent of females remained unmarried as against 61.6 percent among males.

Percentage distribution of eligible married women in the age group 15-49 years by age of their first marriage is presented in Table 2.5. The district total figures show that 54.4 percent of the eligible women were married before they completed 18 years of age and 11.8 percent were married before completing 15 years, showing the preponderance of underage marriage in the district.

By the age of 19 years, over 80 percent of the women are married; by the age of 24 years, 98 percent of women are married.

The incidence of child marriages is greater in rural areas where 64.5 percent of the eligible women reported their age at first marriage as below 18 years and 14.3 percent below 15 years. Marriage is more universal in rural areas; by the age of 24 years 99.2 percent of women get married whereas in urban areas this is slightly lower (93.5 percent).

TABLE 2.5: AGE AT MARRIAGE

Percent distribution of currently married women age 15-49 years by age at first marriage, according to place of residence, Agra, 2006

Current age	Percent married below exact age (in years)					Number of women
	15	18	20	22	25	
Non-slum						
15-19	6.6	60.3	NA	NA	NA	65
20-24	6.3	31.1	68.2	88.8	NA	196
25-29	7.2	32.1	59.9	79.5	93.1	235
30-34	9.0	39.0	65.9	83.7	95.8	252
35-39	10.7	50.1	76.3	90.5	96.1	271
40-44	4.5	36.5	69.2	88.6	96.7	222
45-49	5.5	27.3	58.5	83.6	93.5	107
15-49	7.5	38.6	68.9	86.7	96.2	1346
Slum						
15-19	8.0	63.9	NA	NA	NA	29
20-24	5.7	30.8	67.7	90.3	NA	105
25-29	8.6	35.9	65.8	86.7	96.5	114
30-34	9.6	44.2	66.2	85.5	95.4	111
35-39	10.4	43.4	70.8	82.7	94.8	95
40-44	13.7	51.1	79.9	91.6	96.2	78
45-49	6.0	36.5	62.7	80.8	93.6	38
15-49	9.1	41.4	70.5	87.4	96.6	569
Urban Total						
15-19	7.0	61.4	NA	NA	NA	95
20-24	6.1	31.0	68.1	89.4	NA	300
25-29	7.6	33.3	61.8	81.8	94.2	349
30-34	9.2	40.6	66.0	84.3	95.7	363
35-39	10.6	48.4	74.8	88.4	95.7	365
40-44	6.9	40.2	72.0	89.4	96.6	300
45-49	5.6	29.8	59.6	82.8	93.5	143
15-49	8.0	39.4	69.4	86.9	96.3	1915
Rural						
15-19	16.7	72.9	NA	NA	NA	302
20-24	10.2	55.1	85.2	97.8	NA	627
25-29	14.7	62.3	86.5	96.9	99.8	551
30-34	14.5	64.1	86.5	95.2	98.0	489
35-39	16.9	72.2	91.4	98.3	98.6	448
40-44	15.4	68.5	88.6	97.2	99.1	293
45-49	15.3	65.9	86.8	96.9	96.9	118
15-49	14.3	64.5	88.7	97.4	99.2	2827
District Total						
15-19	14.4	70.2	NA	NA	NA	396
20-24	8.8	47.3	79.7	95.1	NA	927
25-29	12.0	51.1	76.9	91.1	97.6	1000
30-34	12.3	54.1	77.7	90.5	97.0	851
35-39	14.1	61.5	84.0	93.9	97.3	813
40-44	11.1	54.2	80.1	93.2	97.8	593
45-49	10.0	46.1	71.9	89.1	95.0	261
15-49	11.8	54.4	80.9	93.2	98.0	4742

Though to a lesser extent, child marriages are prevalent in urban areas also, where 39 percent of the currently married women reported their age at marriage as below 18 years and eight percent as below 15 years.

There are marginal differences across slum and non-slum areas in age at first marriage. While 41.4 percent women in urban slums married before completing 18 years, the proportion is 38.6 percent in non-slum areas. Similarly, marriage before completing 15 years is reported at 7.5 percent in non-slum as against 9.1 percent in urban slum areas. In short, the information on age at first marriage presented in Table 2.5 clearly reveals the high prevalence of marriages before attaining legal marriageable age in both rural and urban in the district.

Distribution of households by some important background characteristics is presented in Table 2.6. In a vast majority of cases, the household head is a male (93.6 percent) with some variation between rural (96.0 percent) and urban (90.6 percent) areas. Figure 2.2 shows the distribution of female headed households in the district.

Overall, only 51.4 percent of the selected households live in pucca houses, while 40.7 reside in semi-pucca houses and the remaining 7.9 percent stay in kutchha houses. There are significant differences between rural and urban areas in terms of type of house. While in rural area, a majority (61.1 percent) live in semi-pucca constructions, in urban areas

a vast majority (83.8 percent) live in pucca houses. The percentage of households living in kutchha house is much higher in rural areas (13.4 percent) as compared to urban areas (1.1 percent). Within urban areas the percentage of households staying in pucca houses is high in non-slum as compared to slum areas.

Availability of toilet facility is an indication of environmental hygiene. Overall, only 36.2 percent of the households have own flush toilet while 57.7 percent have no facility. The share of households with no facility is very high in rural Agra (87.7 percent). In urban areas of Agra, overall 70.1 percent households reported their own flush toilet while absence of any facility was reported by 20.2 percent. Urban non-slum areas have a better provision of toilet facilities with 87.8 percent of households reporting some kind of protected facility.

Of the selected households in the district, 31.4 percent had a separate room for use as a kitchen, with significant rural-urban differences. In rural Agra, only 16.2 percent of the households reported a separate room for kitchen while 50.4 percent reported this in urban areas. Within urban areas, 38.3 percent of urban slum households said as having separate room for kitchen whereas in non-slum areas the proportion was 55.5 percent.

On an average 6.2 persons stay in a household with household size in rural areas being higher (6.6) as compared to urban areas (5.7). Also, the percentage of households reporting more than five members is very high in rural areas (62.1 percent) as against urban areas (48.1 percent). The intra-urban differences in household composition are significant, with a larger proportion of slum households reporting more number of persons.

FIGURE 2.2: FEMALE HEADED HOUSEHOLDS ACCORDING TO PLACE OF RESIDENCE

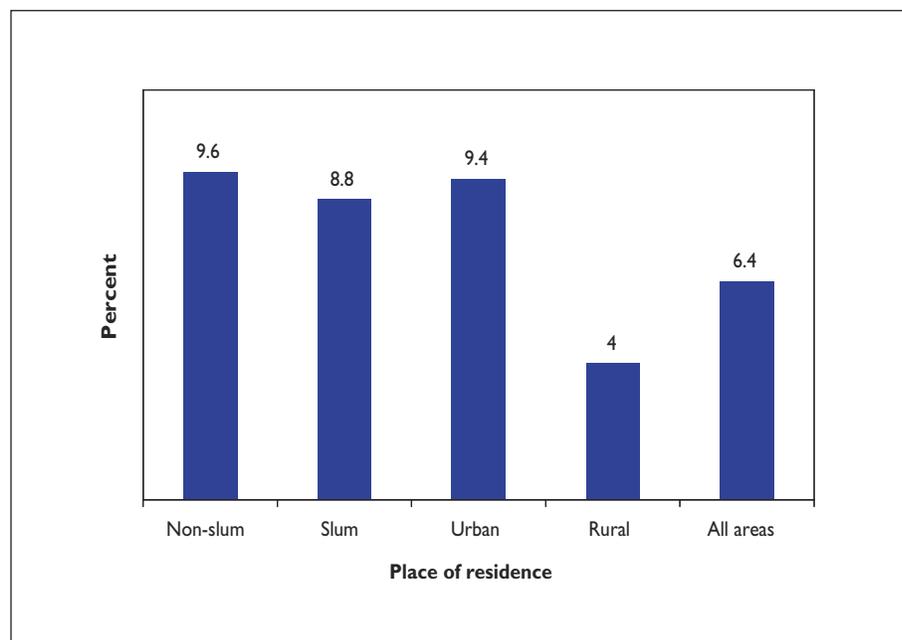


Table 2.7 provides information on some more household level characteristics. It shows that 88.3 percent of the selected households in Agra district have access to tap or hand pump water whereas the remaining depend on other sources. There are no significant rural-urban differences in access to safe water though the proportion of households having access to piped

water in residential areas is high in urban areas (38.7 percent) as compared to rural areas (5 percent).

Electricity is the main source of energy for lighting in 72.2 percent of the selected households with marked rural-urban difference. Whereas in rural areas 53.4 percent of the households use electricity for lighting, 45.8 percent use kerosene. The

corresponding percentages in urban area are 95.7 and 4.0, respectively.

Wood is the main source of energy for cooking for 57.7 percent of the selected households with the share varying from 27.5 percent in urban to 82.0 percent in rural areas. While the total sample shows that 31.4 percent of all households use LPG for cooking, in rural areas LPG is

TABLE 2.6: HOUSEHOLD CHARACTERISTICS

Percent distribution of households by selected household characteristics, Agra, 2006

	Urban		Total	Rural	All areas
	Non-slum	Slum			
Sex of the head of the household					
Male	90.4	91.2	90.6	96.0	93.6
Female	9.6	8.8	9.4	4.0	6.4
Type of house					
Pucca	86.2	78.1	83.8	25.5	51.4
Semi-pucca	12.9	20.5	15.2	61.1	40.7
Kutchra	0.9	1.4	1.1	13.4	7.9
Type of toilet					
Own flush toilet	73.3	62.6	70.1	9.1	36.2
Public/shared flush toilet	5.5	6.8	5.9	0.4	2.8
Own pit toilet	1.4	2.2	1.7	1.1	1.4
Public/shared pit toilet	1.6	2.6	1.9	1.1	1.4
No facility/bush/field	18.0	25.3	20.2	87.7	57.7
Other	0.2	0.6	0.3	0.6	0.5
Separate room for kitchen					
Yes	55.5	38.3	50.4	16.2	31.4
No	44.5	61.7	49.6	83.8	68.6
Number of members in the HH					
1	1.1	1.2	1.1	1.3	1.2
2	5.3	4.3	5.0	4.3	4.6
3	9.7	9.0	9.5	6.2	7.7
4	15.8	14.6	15.4	10.2	12.5
5	21.8	18.6	20.8	15.9	18.1
6	17.3	19.3	17.9	15.3	16.5
7+	29.1	33.0	30.2	46.8	39.4
Mean household size	5.7	5.9	5.7	6.6	6.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777

TABLE 2.7: HOUSEHOLD AMENITIES

Percent distribution of households by selected characteristics, Agra, 2006

Characteristics	Urban			Rural	All areas
	Non-slum	Slum	Total		
Main source of drinking water					
Piped water in residence/yard/plot	40.5	34.5	38.7	4.5	19.7
Public tap	11.1	11.1	11.1	6.2	8.4
Hand pump in residence/yard/plot	11.2	16.9	12.9	22.0	17.9
Public hand pump	24.7	30.4	26.4	55.1	42.3
Covered well in residence/yard/plot	0.2	0.4	0.2	0.4	0.3
Open well in residence/yard/plot	0.3	0.1	0.3	1.3	0.9
Public well	1.9	0.4	1.5	7.1	4.6
Other sources	10.2	6.3	9.0	3.4	5.9
Main source of energy for lighting					
Electricity	96.0	95.1	95.7	53.4	72.2
Kerosene	3.8	4.5	4.0	45.8	27.2
Gas	0.0	0.0	0.0	0.1	0.1
Oil	0.2	0.1	0.1	0.3	0.2
Other	0.0	0.3	0.1	0.4	0.3
Main source of energy for cooking					
Wood	24.3	34.7	27.4	82.0	57.7
Crop residues	0.6	0.7	0.7	1.0	0.8
Dung cakes	3.1	6.5	4.1	10.9	7.9
Coal/charcoal	1.5	3.4	2.1	0.4	1.2
Kerosene	1.2	1.5	1.3	0.1	0.6
Electricity	0.2	0.3	0.3	0.1	0.2
Liquid petroleum gas (LPG)	68.8	52.3	63.9	5.4	31.4
Bio-gas	0.3	0.2	0.3	0.0	0.1
Other	0.0	0.4	0.1	0.0	0.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777

used only in 5.4 percent households as compared to 63.9 percent in urban areas. Within urban areas also differences are marked; in urban slum areas 52.3 percent of households use LPG compared to 68.8 percent in the non-slum areas. Slum areas depend more than non-slum areas on wood and dung cakes as cooking fuel (34.7 per and 6.5 percent respectively).

2.4 HOUSEHOLD ASSETS

Possession of household assets is presented in Table 2.8. In the district

sample, 94.0 percent of households own a house with a higher percentage reporting ownership of house in rural areas (98.1 percent) as compared to urban areas (88.9 percent). Overall 39.1 percent of the households own some agricultural land, with significant rural-urban difference. In rural areas 62.7 percent of households own agricultural land while only 9.6 percent of urban households own agricultural land.

Ownership of livestock also differs between rural and urban areas;

while 71.2 percent of rural households own livestock, only 7.9 percent in urban areas have this asset. Overall the BPL card was available with 3.1 percent of households, 4.9 percent in rural areas as against 0.9 percent in urban areas. Assets most reported as owned are chair and clock/watch. Overall, the distribution of households by ownership of household items shows that a majority of the selected households fall in the lower economic strata or lower- middle economic category.

TABLE 2.8: HOUSEHOLD ASSETS

Percent distribution of households by possession of selected household assets characteristics, Agra, 2006

Characteristics	Urban		Total	Rural	All areas
	Non-slum	Slum			
Own a house					
Yes	88.0	91.1	88.9	98.1	94.0
No	12.0	8.9	11.1	1.9	6.0
Own agricultural land					
Yes	10.6	7.4	9.6	62.7	39.1
No	89.4	92.6	90.4	37.3	60.9
Own livestock					
Yes	8.0	7.5	7.9	71.2	43.1
No	92.0	92.5	92.1	28.8	56.9
BPL card					
Yes	0.6	1.7	0.9	4.9	3.1
No	98.9	97.4	98.5	94.1	96.1
Don't know	0.5	0.9	0.6	1.0	0.8
Household assets¹					
Mattress	67.7	56.5	64.4	30.6	45.6
Pressure cooker	82.4	76.2	80.6	20.8	47.4
Chair	69.8	58.5	66.5	35.0	49.0
Cot or bed	97.0	96.6	96.9	97.6	97.2
Table	65.0	53.9	61.7	27.1	42.5
Clock or watch	95.6	92.3	94.6	70.9	81.4
Electric fan	94.2	91.6	93.4	53.8	71.4
Bicycle	48.9	47.5	48.5	62.7	56.4
Radio or transistor	15.0	11.6	14.0	14.6	14.3
Sewing machine	41.9	35.9	40.1	25.0	31.7
Land phone	22.9	12.8	19.9	5.9	12.1
Mobile phone	39.7	26.3	35.7	13.3	23.3
Refrigerator	45.0	29.5	40.4	7.0	21.8
Black and white television	21.2	28.5	23.4	27.8	25.8
Colour television	60.5	47.0	56.5	14.4	33.1
Moped, scooter, or motor cycle	29.3	20.8	26.8	15.4	20.5
Car/Jeep	4.9	2.5	4.2	1.0	2.4
Water pump	11.2	8.2	10.4	6.0	7.9
Bullock cart	0.5	0.3	0.4	0.7	0.6
Thresher	0.0	0.4	0.1	1.9	1.1
Tractor	0.2	0.2	0.2	4.5	2.6
Number of households	1495	629	2124	2653	4777

¹ The total percent may not add to 100.0 because of multiple responses. Items that are in working condition only are included.

ACCESS TO AND UTILIZATION OF HEALTH FACILITIES

This chapter presents information on the utilization pattern and accessibility to health services used by household members. The sources of the illness treatment are studied first and physical access to these services is then analyzed. Subsequently, the reasons for non-utilization of government health facilities are examined. As the health status of women and children are of specific focus, information was collected and analyzed separately for children, females above 15 years and males above 15 years. Availability of delivery services including those for caesarian sections is then examined. Knowledge and utilization of health insurance schemes are examined as well. The last section looks at awareness of SIFPSA and its activities.

3.1 SOURCES OF TREATMENT

Overall 57 percent of the households have a child aged below 5 years, with variation from 46 percent in urban non-slum areas to 63 percent in rural areas. Percentage of households with children below 15 years varies from 75 percent in urban non-slum areas to 87.4 percent in rural areas. Table 3.1 presents information on source of treatment for family members: children, adult females and males separately.

Sources of treatment are divided primarily into three types which are then sub-divided. The major three types are public sector, non-governmental (NGO) hospitals/clinics and private sector. For the treatment of children, only 7.6 percent of the households utilized public sector facilities whereas 92 percent used private health facilities. NGO-run facilities were used by less than one percent. Differences across slum, non-slum and rural areas, are marginal. Interestingly, the utilization of public sector health facilities is the highest (9.6 percent) in urban non-slum areas, followed by slum areas (7.6 percent). Within urban areas the most utilized public sector health facility is government/municipal hospitals whereas in rural areas it is the Community Health Center (CHC)/Primary Health Center (PHC)/Family Planning (FP) center. Utilization of health facilities run by NGOs varies from 0.1 percent in urban slums to 0.9 percent in urban non-slum areas while it is 0.2 percent in rural areas.

Within the private medical facilities, the highest utilized services are those of a private doctor (45.5 percent) followed by private paramedic (21.1 percent) and private hospitals/clinics (20.8 percent).

There are insignificant differences across the three types of localities in the pattern of the utilization of private medical facilities.

The pattern of accessing various sources for treatment is similar for adult males and females as for children. For adult females, while 8.7 percent of the households used public sector services, 89.9 percent used private sector facilities and 0.5 percent went to hospitals/clinics run by NGOs. For the treatment of adult males, the corresponding percentages are 7.7, 90.4 and 0.5 respectively. This shows a very high utilization of private health facilities in rural, urban slum as well as urban non-slum areas.

In Table 3.2 and Figure 3.1 the differences in treatment sources according to standard of living are presented. Treatment sources for children do not vary much across SLI quintiles. The percentage of households utilizing public sector facilities for the treatment of a child's illness varies only from 9.6 percent in the third SLI quintile to 5.8 in the fifth quintile. Similarly, the share of households using private health facilities varies from 89.2 percent in the third quintile to 93.3 percent in the fifth. Thus, there are no significant variations in the

TABLE 3.1: SOURCE OF TREATMENT FOR CHILDREN, ADULT FEMALES AND ADULT MALES

Percent distribution of households by source of treatment, Agra, 2006

Source of treatment	Urban		Total	Rural	All areas
	Non-slum	Slum			
CHILDREN					
Public medical sector	9.6	7.6	9.0	6.6	7.6
NGO Hospital/Clinic	0.9	0.1	0.6	0.2	0.4
Private medical sector	89.0	91.8	89.9	92.8	91.6
Other (DK/CS, no treatment etc)	0.5	0.5	0.5	0.4	0.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of HHs with children below 15 years	1124	500	1624	2318	3942
FEMALES					
Public medical sector	10.0	9.0	9.7	7.8	8.7
NGO Hospital/Clinic	0.9	0.3	0.7	0.2	0.5
Private medical sector	87.8	88.8	88.1	91.3	89.9
Other (DK/CS, no treatment etc.)	1.2	1.8	1.4	0.6	1.0
Total percent	100.0	100.0	100.0	100.0	100.0
Total number of households	1495	629	2124	2653	4777
MALES					
Public medical sector	9.0	7.2	8.5	7.1	7.7
NGO Hospital/Clinic	0.9	0.5	0.8	0.3	0.5
Private medical sector	87.6	91.2	88.7	91.8	90.4
Other (DK/CS, no treatment etc.)	2.4	1.1	2.0	0.9	1.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777

utilization of different types of health facilities according to standard of living. This is a little surprising as it is the generally held belief that people

from the higher economic strata tend to use private health facilities while public facilities are used mostly by those from the lower strata.

Across the SLI quintiles, the treatment sources used for adults are similar to those used for children.

TABLE 3.2: SOURCE OF TREATMENT ACCORDING TO SLI QUINTILES

Percent distribution of households by source of treatment, according to SLI quintiles, Agra, 2006

Source of treatment	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
CHILDREN					
Public medical sector	7.0	7.8	9.6	7.7	5.8
NGO Hospital/Clinic	0.0	0.5	0.6	0.2	0.4
Private medical sector	92.8	91.5	89.2	91.5	93.3
Other (DK/CS, no treatment etc)	0.3	0.2	0.6	0.6	0.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of HHs with children below 15 years	753	831	806	814	738

TABLE 3.2: SOURCE OF TREATMENT ACCORDING TO SLI QUINTILES

Percent distribution of households by source of treatment, according to SLI quintiles, Agra, 2006

Source of treatment	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
FEMALES					
Public medical sector	8.0	9.4	10.4	9.1	6.5
NGO Hospital/Clinic	0.3	0.4	0.7	0.3	0.5
Private medical sector	90.1	89.0	87.5	90.2	92.6
Other (DK/CS, no treatment etc.)	1.7	1.2	1.4	0.4	0.3
Total percent	100.0	100.0	100.0	100.0	100.0
Total number of households	936	943	942	980	975
MALES					
Public medical sector	7.3	8.6	8.9	7.8	5.8
NGO Hospital/Clinic	0.3	0.4	0.8	0.3	0.8
Private medical sector	89.6	90.3	89.0	90.8	92.2
Other (DK/CS, no treatment etc.)	2.8	0.7	1.3	1.1	1.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	936	943	942	980	975

3.2 ACCESSIBILITY TO HEALTH SERVICES UTILIZED

Tables 3.3 and 3.4 provide information on physical accessibility to the health facilities utilized, in terms of distance traveled and time taken to reach the facility. In the case of children’s treatment the average distance traveled is 3.0 kms, with considerable differences between residential locations. While in rural areas the mean distance traveled to the utilized health facility is 4.4 kms, it is only 0.8 kms in urban slum areas and 1.0 km in urban non-slum areas. To utilize the services of a public health facility, the household had to cover a distance of 3.2 kms. and NGO facilities are on average 3.0 km away, with the difference ranging from 1.6 km in urban areas to 6.8 kms in rural areas.

Within the public health facilities, the most distant facility reported is the government dispensary (3.8 kms.), followed by government/

municipal hospitals (3.3 kms) and CHC/PHC/ FP Center (3.1 km). In all types of government and private health facilities utilized, rural people have to travel a significantly longer distance compared to their urban counterparts. Table 3.3 also gives the mean distance traveled for treatment by adult females

and males. While for females the average distance traveled to any health facility (public, private or NGO) is 3.2 kms, it is a little less for treatment of adult males (3.0 kms). As in the case of children, for adults also the distance traveled is considerably higher in rural areas for all types of facilities.

FIGURE 3.1: SOURCE OF TREATMENT OF CHILDREN UNDER 15 YEARS OF AGE ACCORDING TO SLI QUINTILES

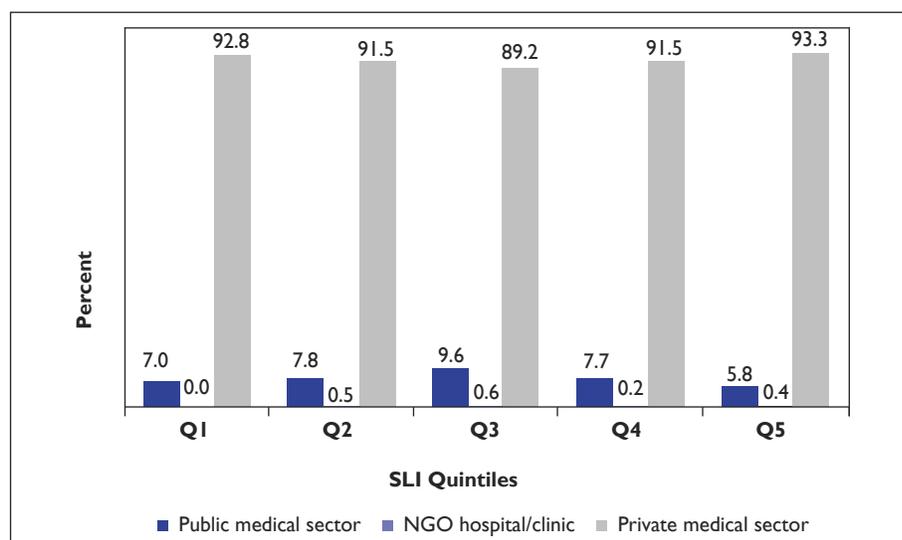


TABLE 3.3: MEAN DISTANCE TO THE HEALTH FACILITY USED FOR CHILDREN, ADULT FEMALES AND ADULT MALES

Mean distance (in km) to the health facility used for children, females and males, Agra, 2006

	Urban			Rural	All areas
	Non-slum	Slum	Total		
CHILDREN					
Any Govt. facility	1.93	1.83	1.91	4.36	3.17
NGO Hospital/Clinic	1.58	1.61	1.58	6.83	3.01
Any Pvt. facility	0.94	0.76	0.89	4.43	2.99
Any facility	1.04	0.84	0.98	4.42	3.01
FEMALES					
Any Govt. facility	2.31	2.29	2.30	4.77	3.54
NGO Hospital/Clinic	1.46	1.12	1.42	4.31	2.22
Any Pvt. facility	0.97	0.73	0.90	4.92	3.16
Any facility	1.11	0.87	1.04	4.91	3.20
MALES					
Any Govt. facility	2.33	1.92	2.23	4.73	3.51
NGO Hospital/Clinic	1.46	2.33	1.63	5.22	2.69
Any Pvt. facility	0.93	0.72	0.86	4.63	2.98
Any facility	1.06	0.81	0.98	4.64	3.02

TABLE 3.4: MEAN TIME TO REACH THE HEALTH FACILITY USED FOR CHILDREN, ADULT FEMALES AND ADULT MALES

Mean time (in minutes) to reach the health facility used for children, females and males, Agra, 2006

	Urban			Rural	All areas
	Non-slum	Slum	Total		
CHILDREN					
Any Govt. facility	6	11	7	26	17
NGO Hospital/Clinic	12	0	11	17	13
Any Pvt. facility	2	4	3	22	14
Any facility	3	4	3	23	15
FEMALES					
Any Govt. facility	5	11	7	32	20
NGO Hospital/Clinic	19	7	17	11	15
Any Pvt. facility	2	4	3	24	14
Any facility	2	5	3	24	15
MALES					
Any Govt. facility	7	9	7	28	18
NGO Hospital/Clinic	19	4	16	18	17
Any Pvt. facility	2	3	3	25	15
Any facility	3	4	3	25	15

On an average, to access a private doctor, travel distance is 1.7 kms, varying from 0.3 km in urban areas to 2.7 km in rural areas. On average it takes 15 minutes to reach any health facility and this varies from 3 minutes in urban areas to about 25 minutes for rural areas. Both in urban and rural areas less time is required to reach a private facility as compared to a government one.

3.3 REASONS FOR NON-UTILIZATION OF GOVERNMENT HEALTH FACILITIES

As the study found a very low level of utilization of government health

facilities, it becomes essential to examine the reasons for their non-utilization. Table 3.5 presents the distribution of households by the reasons reported for not utilizing government health facilities. For the treatment of children, the most important reasons for non-utilization are: non-availability of a nearby facility (46.1 percent) and the poor quality of care provided by government health facilities (42.3 percent) (See Figure 3.2 also). Everywhere these are the two most important reasons mentioned, with distance being reported more frequently by rural households. A third important reason especially

mentioned by more than 16 percent of urban households is the longer waiting time at government facilities.

Regarding the treatment for adults also, the most important reasons reported are non-availability of government facilities and poor quality of care provided. Here as well, in urban Agra the longer waiting time at government facilities as an impediment, is being reported by 17 percent. Overall, the mean distance traveled is about 0.5 km more when the source of treatment is a public facility, and in urban areas, the mean distance traveled to access a government facility is significantly higher.

TABLE 3.5: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITIES FOR CHILDREN, FEMALES AND MALES

Percent distribution of households not utilizing government health facilities by reasons for not utilizing them, Agra, 2006

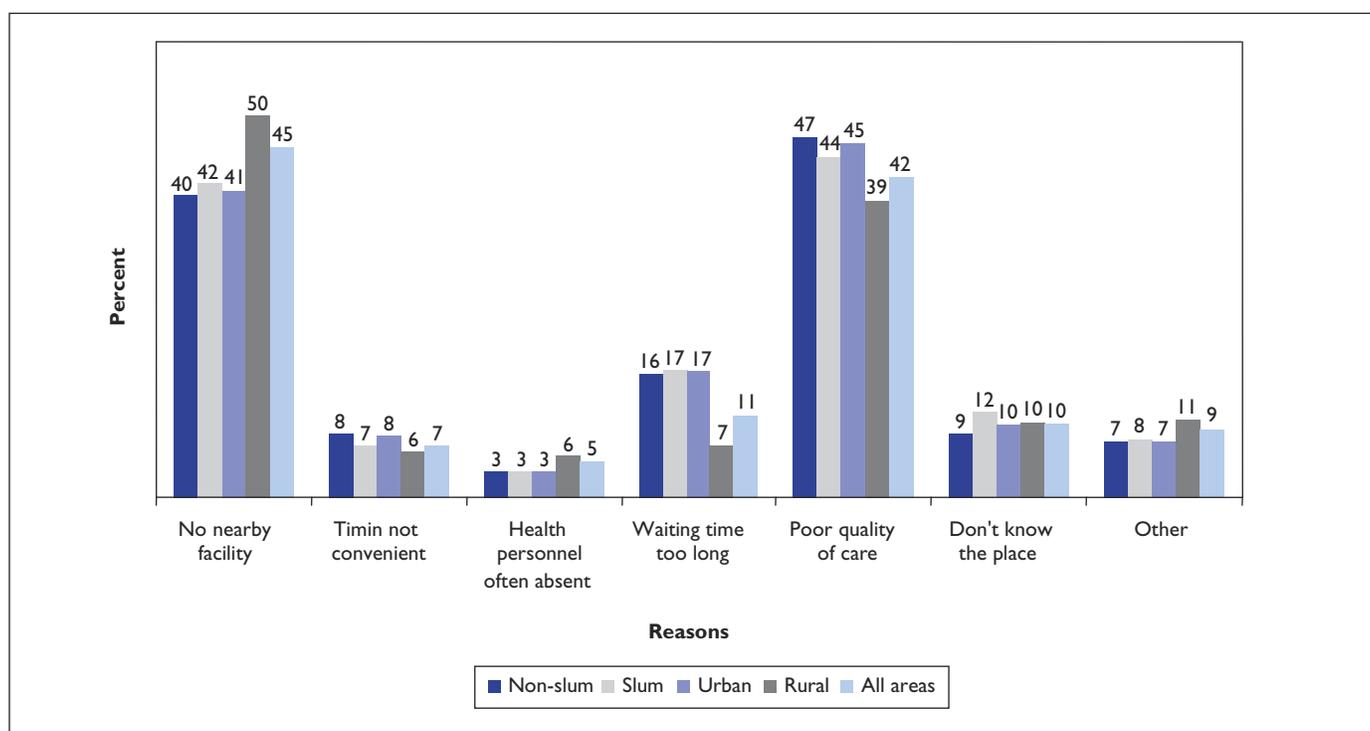
Reasons	Urban			Rural	All areas
	Non-slum	Slum	Total		
CHILDREN					
No nearby facility	40.2	42.0	40.7	50.3	46.4
Timing not convenient	7.7	7.1	7.5	5.8	6.5
Health personal often absent	3.3	3.1	3.3	5.5	4.6
Waiting time too long	16.3	16.9	16.5	6.8	10.7
Poor quality of care	47.2	43.6	46.1	39.1	41.9
Don't know the place	9.0	11.7	9.8	10.4	10.1
Other	7.0	7.7	7.2	10.6	9.2
Number of households	1011	460	1471	2156	3626
FEMALES					
No nearby facility	39.2	40.4	39.6	50.2	45.5
Timing not convenient	8.5	7.6	8.2	5.9	6.9
Health personal often absent	3.6	3.3	3.5	5.5	4.6
Waiting time too long	17.1	16.9	17.1	6.6	11.1
Poor quality of care	47.3	44.3	46.4	38.9	42.2
Don't know the place	8.1	11.5	9.1	10.4	9.9
Other	7.1	7.9	7.3	10.4	9.1
Number of households	1325	561	1886	2430	4316

TABLE 3.5: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITIES FOR CHILDREN, FEMALES AND MALES

Percent distribution of households not utilizing government health facilities by reasons for not utilizing them, Agra, 2006

Reasons	Urban			Rural	All areas
	Non-slum	Slum	Total		
			MALES		
No nearby facility	39.1	39.7	39.2	49.8	45.2
Timing not convenient	8.6	8.0	8.4	5.8	7.0
Health personal often absent	4.1	3.3	3.9	5.4	4.8
Waiting time too long	16.9	16.8	16.9	6.7	11.2
Poor quality of care	47.4	44.3	46.4	39.0	42.3
Don't know the place	8.2	11.4	9.2	10.2	9.8
Other	6.8	8.4	7.3	10.6	9.1
Number of households	1324	577	1901	2442	4343

FIGURE 3.2 REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITIES FOR THE TREATMENT OF CHILDREN



3.4 ACCESSIBILITY TO DELIVERY CARE SERVICES

Tables 3.6 to 3.12 present information on perceptions regarding the availability and accessibility to various health facilities providing delivery care

service. Overall, 70.3 percent of the households reported that the nearest facility for this purpose is a private sector one, compared to 28.1 percent reporting a nearby government health facility and only 1.3 percent mentioning an NGO

run hospital/clinic. The proportion of households reporting the nearest health facility for delivery care services as government run is higher in rural areas (31.1 percent) compared to urban areas (24.1 percent).

The mean distance to the nearest health facility providing delivery care service is high (14.6 kms) with a considerable rural–urban difference (Table 3.8). While the mean distance to be traveled to the nearest health facility is 23.8 kms in rural areas, it is only 3.1 km in urban areas; urban slum areas reporting an even shorter distance (2.2 km).

The differences in the perceived availability of the type of health facility for delivery care according to SLI categories are presented in Table 3.7. The perceived availability differs across the SLI quintiles in the following manner: the government or municipal hospital is mentioned as a source by 9.2 percent of the households belonging to first quintile while it increases to 16.9 in the

FIGURE 3.3: NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

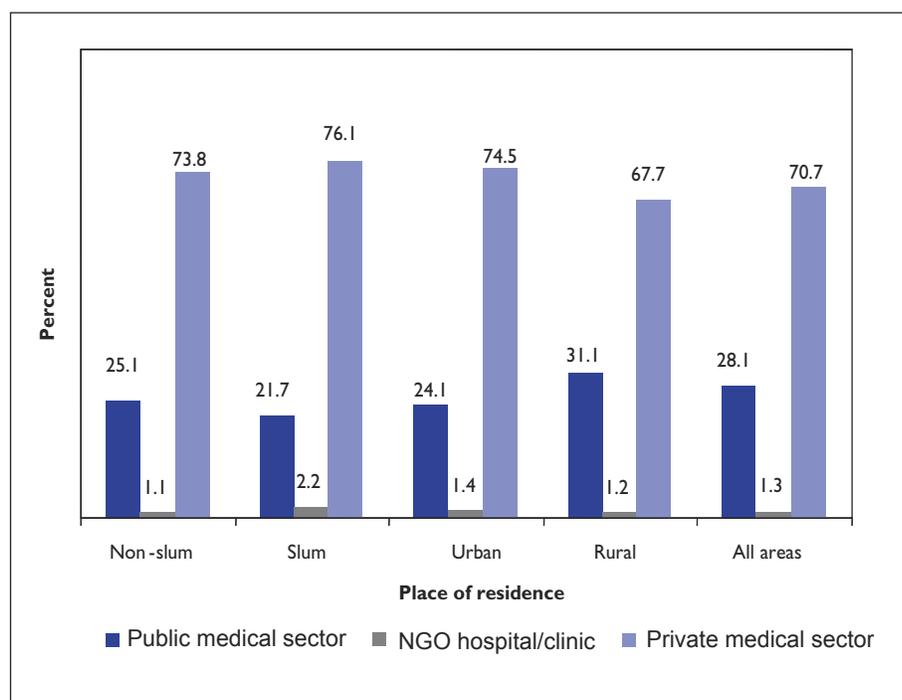


TABLE 3.6: NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

Percent distribution of households by type of nearest health facility providing delivery care services, Agra, 2006

Health facility	Urban			Rural	All areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. / Municipal hospital	19.7	20.6	20.0	8.1	13.4
Govt. dispensary	0.0	0.0	0.0	0.7	0.4
UHC / UHP / UFWC	1.5	0.1	1.1	1.8	1.5
CHC / PHC / FP Centre	3.6	0.9	2.8	20.2	12.5
Other govt. health facility	0.3	0.1	0.2	0.3	0.3
NGO sector	1.1	2.2	1.4	1.2	1.3
Private medical sector					
Pvt. Hospital	73.1	75.2	73.7	66.0	69.4
Other pvt. health facility	0.7	0.9	0.8	1.7	1.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777

TABLE 3.7: NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES BY SLI QUINTILES

Percent distribution of households by type of nearest health facility providing delivery care services, according to standard of living index quintiles, Agra, 2006

Health facility	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Public medical sector					
Govt. / Municipal hospital	9.2	11.8	16.9	15.8	13.2
Govt. dispensary	0.8	0.2	0.1	0.7	0.1
UHC / UHP / UFWC	2.6	0.9	1.9	1.0	1.2
CHC / PHC / FP Centre	20.9	19.8	11.3	7.3	3.6
Other govt. health facility	0.0	0.1	0.3	0.3	0.5
NGO sector	1.2	1.0	2.3	0.5	1.4
Private medical sector					
Pvt. Hospital	63.7	64.9	65.6	73.6	78.9
Other pvt. health facility	1.7	1.3	1.6	0.9	1.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	936	943	942	980	975

TABLE 3.8: MEAN DISTANCE TO THE NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

Mean distance(in km) to the nearest health facility providing delivery care services by type of facility, Agra, 2006

Health facility	Urban			Rural	All areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. / Municipal hospital	4.73	3.38	4.31	24.12	10.99
Other govt. health facility	15.15	23.75	15.81	35.52	33.06
NGO sector	2.07	1.45	1.78	13.30	7.67
Private medical sector					
Pvt. Hospital	2.25	1.64	2.06	20.02	11.54
Other pvt. health facility	8.14	0.88	5.61	18.42	14.97
Total	3.47	2.22	3.10	23.81	14.60

third quintile and then shows a slight reduction to 13.2 percent in the fifth quintile.

The proportion of households reporting that they utilized a private hospital shows a rising trend with

each successively higher quintile, rising from 63.7 percent in the first SLI quintile to 78.9 percent in the fifth quintile. Conversely, utilization of government facilities show a falling trend with successively better standard of living categories,

declining from 33.5 percent in first SLI quintile to 18.6 percent in the fifth SLI quintile.

Over all, 17.8 percent of the households reported that the nearest health facility providing

TABLE 3.9: MEAN TIME (IN MINUTES) TO REACH THE NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

Mean time (in minutes) to reach the nearest health facility providing delivery care services by type of facility, Agra, 2006

Health facility	Urban		Total	Rural	All areas
	Non-slum	Slum			
Public medical sector					
Govt. / Municipal hospital	25	22	24	79	43
Other govt. health facility	38	55	39	111	102
NGO sector	4	5	5	30	17
Private medical sector					
Pvt. Hospital	6	7	6	77	44
Other pvt. health facility	21	0	14	59	47
Total	11	11	11	84	52

TABLE 3.10: NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES

Percent distribution of households by type of nearest health facility providing caesarian section services, Agra, 2006

Health facility	Urban		Total	Rural	All areas
	Non-slum	Slum			
Public medical sector					
Govt. / Municipal hospital	20.1	20.2	20.1	10.2	14.6
Govt. dispensary	0.0	0.1	0.0	0.3	0.2
UHC/UHP/UFWC	0.5	0.0	0.3	0.4	0.4
CHC/PHC/FP Centre	1.0	0.0	0.7	3.5	2.3
Other govt. health facility	0.3	0.2	0.3	0.3	0.3
NGO sector	1.2	2.2	1.5	1.8	1.7
Private medical sector					
Pvt. Hospital	76.2	76.9	76.4	81.3	79.1
Other pvt. health facility	0.7	0.5	0.6	2.1	1.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777

caesarian section services in Agra is a government facility whereas 80.6 percent reported the nearest facility to be a private sector one. NGO facilities were again barely mentioned (1.7 percent) (Table 3.10). The percentage of households

reporting a government sector facility as the nearest was low in rural areas (14.7 percent) compared to urban areas (21.4 percent).

The average distance to be traveled to avail of caesarian section services

from the nearest facility is the same as reported for availing of normal delivery services. This means that the nearest perceived facility for delivery services is perceived as being able to provide caesarian section services as well (Table 3.11).

TABLE 3.11: MEAN DISTANCE TO THE NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES

Mean distance (in KM) to the nearest health facility providing caesarian section services by type of facility, Agra, 2006

Health facility	Urban		Total	Rural	All areas
	Non-slum	Slum			
Public medical sector					
Govt./Municipal hospital	4.87	3.40	4.43	28.15	13.66
Other govt. health facility	4.18	13.89	4.78	13.88	12.10
NGO sector	4.95	1.46	3.46	27.33	17.76
Private medical sector					
Pvt. Hospital	3.00	1.90	2.67	23.85	14.76
Other pvt. health facility	10.52	0.35	8.26	19.55	17.38
Total	3.47	2.22	3.10	23.81	14.60

TABLE 3.12: MEAN TIME (IN MINUTES) TO REACH THE NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES

Mean time (in minutes) to reach the nearest health facility providing caesarian section services by type of facility, Agra, 2006

Health facility	Urban		Total	Rural	All areas
	Non-slum	Slum			
Public medical sector					
Govt. / Municipal hospital	24	22	24	85	48
Other govt. health facility	14	16	14	64	54
NGO sector	11	5	9	72	47
Private medical sector					
Pvt. Hospital	7	8	8	86	52
Other pvt. health facility	31	0	24	53	47
Total	11	11	11	84	52

Overall 93.1 percent reported that in the nearest health facility a doctor is available round the clock while in another 2.4 percent cases a doctor is available on call.(Table 3.14) Availability of a doctor is higher in private health facilities as compared to public health facilities. Within

the public sector, there is wide variation in the availability of doctor according to the type of facility. While a doctor is always available in 90.5 percent of government/ municipal hospitals, round the clock availability in UHC/UHP/UFWC (Figure 3.4) is reported by 64.5

percent with another 16.9 percent reporting that a doctor is available on call. Availability of doctors either 24 hours or on call is a little higher in urban areas (97.9 percent) than in the rural areas (93.5 percent).

TABLE 3.13: HEALTH FACILITY PROVIDING DELIVERY/CAESARIAN SECTION SERVICES BY AVAILABILITY OF DOCTOR

Percent distribution of households by type of health facility providing delivery/caesarian section services, according to availability of doctor, Agra, 2006

Health facility	Available 24 hours	Available on call	Other	Total percent	No. of households
Urban Non-slum					
Public medical sector					
Govt. / Municipal hospital	93.4	2.9	3.6	100.0	300
Other govt. health facility	93.2	1.2	5.6	100.0	28
NGO sector	98.2	1.8	0.0	100.0	18
Private medical sector					
Pvt. Hospital	95.8	3.4	0.8	100.0	1138
Other pvt. health facility	92.2	0.0	7.8	100.0	10
Total	95.3	3.2	1.5	100.0	1495
Urban Slum					
Public medical sector					
Govt. / Municipal hospital	90.1	2.7	7.2	100.0	127
Other govt. health facility	100.0	0.0	0.0	100.0	2
NGO sector	94.3	0.0	5.7	100.0	14
Private medical sector					
Pvt. Hospital	95.2	2.5	2.2	100.0	484
Other pvt. health facility	74.3	0.0	25.7	100.0	3
Total	94.1	2.5	3.4	100.0	629
Total Urban					
Public medical sector					
Govt. / Municipal hospital	92.5	2.9	4.7	100.0	427
Other govt. health facility	93.6	1.1	5.3	100.0	29
NGO sector	96.5	1.0	2.4	100.0	32
Private medical sector					
Pvt. Hospital	95.6	3.1	1.2	100.0	1622
Other pvt. health facility	88.2	0.0	11.8	100.0	13
Total	94.9	3.0	2.1	100.0	2124

TABLE 3.13: HEALTH FACILITY PROVIDING DELIVERY/CAESARIAN SECTION SERVICES BY AVAILABILITY OF DOCTOR

Percent distribution of households by type of health facility providing delivery/caesarian section services, according to availability of doctor, Agra, 2006

Health facility	Available 24 hours	Available on call	Other	Total percent	No. of households
Urban Non-slum					
Public medical sector					
Govt. / Municipal hospital	87.5	1.5	11.0	100.0	272
Other govt. health facility	75.2	6.8	18.1	100.0	120
NGO sector	92.5	3.9	3.6	100.0	48
Private medical sector					
Pvt. Hospital	94.0	1.6	4.5	100.0	2157
Other pvt. health facility	57.2	4.7	38.1	100.0	56
Total	91.6	1.9	6.5	100.0	2653
Urban Slum					
Public medical sector					
Govt. / Municipal hospital	90.5	2.3	7.2	100.0	699
Other govt. health facility	78.8	5.7	15.5	100.0	150
NGO sector	94.1	2.7	3.2	100.0	80
Private medical sector					
Pvt. Hospital	94.7	2.2	3.1	100.0	3779
Other pvt. health facility	63.2	3.8	33.0	100.0	69
Total	93.1	2.4	4.5	100.0	4777

3.5 KNOWLEDGE AND UTILIZATION OF HEALTH INSURANCE

Utilization of health insurance schemes is very low in Agra as can be seen from Table 3.14 and

Figure 3.5. Only 1.3 percent of all the households have at least one member covered under a health insurance scheme. While in rural areas the coverage is 1.0 percent, it is marginally higher in urban areas

(1.7 percent). Interestingly, a higher proportion of households in urban slum areas (2.0 percent) are covered under health insurance as compared to urban non-slum areas.

TABLE 3.14: HEALTH INSURANCE

Percent distribution of households by health insurance status and type of insurance, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
At least one member of the household is covered under health insurance					
Yes	1.5	2.0	1.7	1.0	1.3
No	96.6	96.1	96.5	97.3	96.9
Don't know	1.9	1.9	1.9	1.7	1.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1495	629	2124	2653	4777
Type of health insurance, among those households with at least one member insured					
Type of insurance					
ESI Scheme	4.2	8.3	5.7	35.4	18.1
CGHS	10.3	1.4	7.1	7.2	7.1
Community health insurance	1.3	2.7	1.8	6.4	3.7
Other health insurance through employer	1.7	17.8	7.5	4.1	6.1
Other private health insurance	23.4	61.7	37.2	31.8	35.0
Any other	46.7	8.2	32.8	10.7	23.6
Number of households	22	13	35	25	60

Of the 60 households reporting that at least one member is covered by health insurance, 35 percent are covered by private health insurance while 18.1 percent are covered by the ESI scheme, 7.1 percent by CGHS and 3.7 by community health insurance. However, the small sample size requires extreme caution in the interpretation of this data.

About one-third (32.8 percent) of the households where no member is covered by health insurance expressed their willingness to join a health insurance scheme while 50 percent said they are not

FIGURE 3.4: AT LEAST ONE MEMBER OF THE HOUSEHOLD IS COVERED UNDER HEALTH INSURANCE

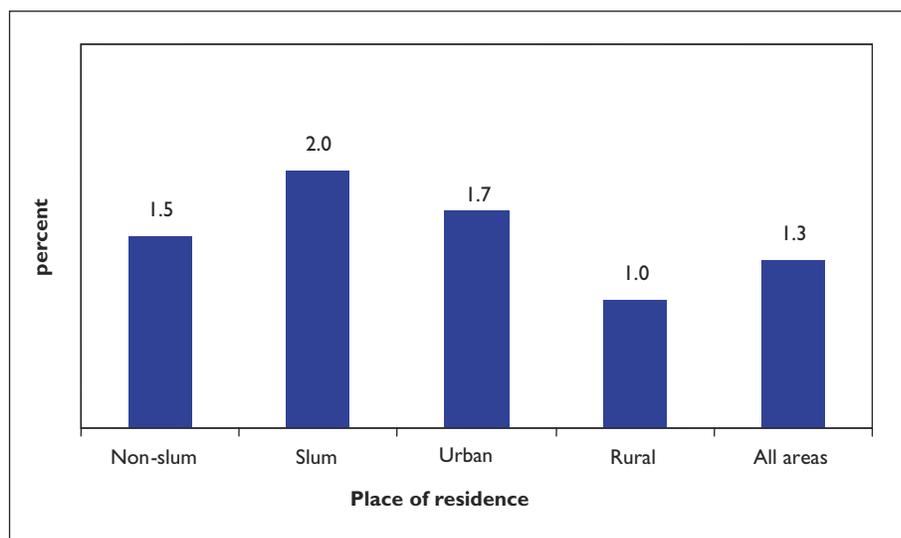


TABLE 3.15: WILLINGNESS TO JOIN HEALTH INSURANCE SCHEMES

Percent distribution of households by willingness to join health insurance schemes and reasons for unwillingness to join the scheme, Agra, 2006

Items	Urban		Total	Rural	All areas
	Non-slum	Slum			
Willingness to join the health insurance scheme					
Yes	28.7	27.3	28.3	36.3	32.8
No	55.6	55.2	55.5	45.7	50.0
Can't say	15.7	17.5	16.2	18.0	17.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1472	616	2089	2628	4717
Reasons for not-willing to join any health insurance schemes, among those households with no interest in joining the insurance scheme					
Lack of money	34.7	44.5	37.6	50.7	44.6
Lack of knowledge	33.4	31.5	32.8	27.7	30.1
Don't need them	18.6	10.1	16.0	7.2	11.4
Other	13.3	13.9	13.5	14.4	14.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	1050	448	1498	1674	3171

Households not interested in any health insurance schemes

willing and 17.2 percent remained undecided (Table 3.15 and Figure 3.6). Willingness to join the scheme is higher in rural areas (36.3 percent) as compared to urban areas (28.3 percent). Within urban slum and non-slum areas there is no difference in the extent of willingness to join insurance schemes. This lack of willingness and the higher proportion of unsure households indicate a low level of awareness about insurance schemes.

The most important reason for unwillingness to join insurance

schemes is lack of money (44.6 percent), followed by lack of knowledge (30.1 percent) (see Figure 3.7 also). In rural areas more than half of the uncovered households (50.7 percent) mentioned lack of money as the reason while in urban areas only 37.6 percent reported this reason. Interestingly, 16.0 percent of the urban households said that they are unwilling to join any insurance scheme as they think they do not need health insurance, which is much higher than the rural response of 7.2 percent. The percentage of

those feeling that they did not need insurance is higher in the urban non-slum areas (18.6) than in the slum areas (10.1 percent).

Table 3.16 presents information on the household coverage of health insurance according to standard of living quintiles. Higher percentage of households belonging to fifth quintile (3.4 percent have at least one member covered under a health insurance scheme, while those from the lowest quintile have negligible insurance coverage.

FIGURE 3.5 WILLINGNESS TO JOIN THE HEALTH INSURANCE SCHEME

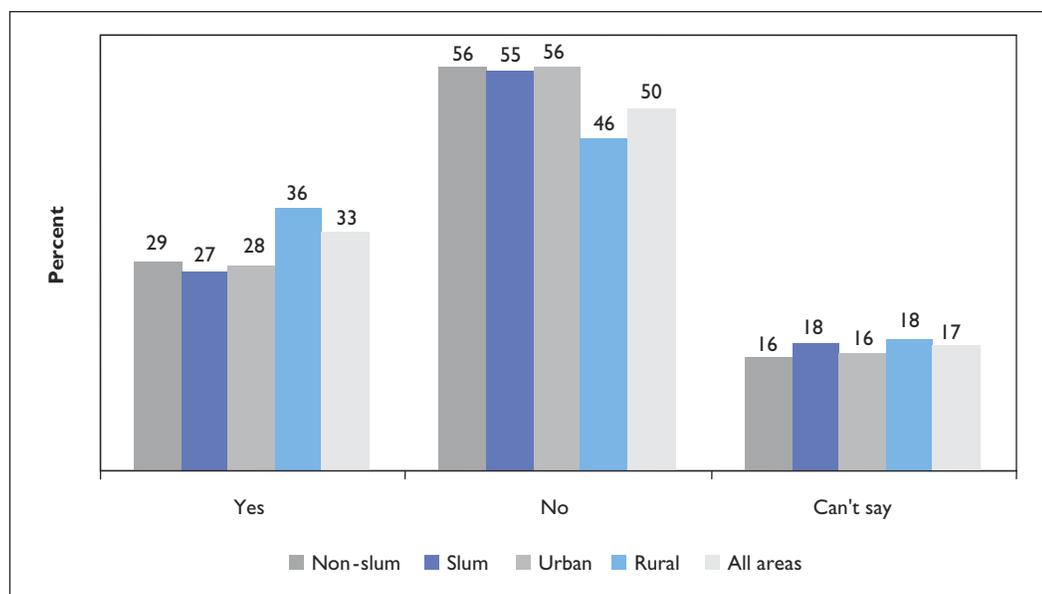


TABLE 3.16: HEALTH INSURANCE BY SLI QUINTILES

Percent distribution of households by health insurance status and type of insurance, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
At least one member of the HH is covered under health insurance					
Yes	0.0	0.5	0.9	1.4	3.4
No	99.0	98.4	97.5	97.1	92.8
Don't know	1.0	1.2	1.6	1.4	3.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	936	943	942	980	975

In Table 3.17 the willingness to join any health insurance scheme and reasons for unwillingness are provided according to standard of living of the household. Unwillingness to join is much higher in the two lowest quintiles than in the upper three, where it is similar across the quintiles. The percentage of unsure households consistently increases according to the improvement in standard of living; this percentage rises from

14.6 percent in the first SLI quintile to 20.1 in the fifth quintile.

Expectedly, those reporting financial reasons for unwillingness to join any health insurance scheme decreases substantially according to SLI quintiles, from 65.2 percent in the first quintile to 13.6 percent in the fifth quintile. Two important observations can be made on the reasons for unwillingness to join health insurance schemes.

Surprisingly, the percentage of households stating lack of knowledge as a reason increases considerably with improvement in standard of living. While in the first SLI quintile 20.1 percent households stated this as the reason, in the fifth quintile it was 42 percent. Secondly the percentage of households which feel that they do not need insurance increases considerably with improvements in standard of living. Whereas only 3.3 percent of poor

TABLE 3.17: WILLINGNESS TO JOIN HEALTH INSURANCE SCHEMES BY SLI QUINTILES

Percent distribution of households by willingness to join health insurance schemes and reasons for unwillingness to join the scheme, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Willingness to join the health insurance scheme					
Yes	28.6	32.6	36.7	33.6	32.3
No	56.8	51.3	46.8	47.6	47.7
Can't say	14.6	16.1	16.5	18.7	20.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	936	939	934	967	941
Reasons	Reasons for not-willing to join any health insurance schemes, among those households with no interest in joining the insurance scheme				
Lack of money	65.2	61.7	47.4	34.1	13.6
Lack of knowledge	20.1	22.7	29.6	36.4	42.0
Don't need them	3.3	4.1	6.5	13.8	29.0
Other	11.3	11.5	16.4	15.6	15.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	668	633	591	641	638

Households not interested in any health insurance schemes

TABLE 3.18: KNOWLEDGE ABOUT SIFPSA

Percent of eligible women who have heard of SIFPSA and have knowledge about SIFPSA activities, according to place of residence, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
Heard/Aware of SIFPSA					
Yes	2.8	2.1	2.6	1.3	1.8
No	97.2	97.9	97.4	98.7	98.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1345	570	1915	2827	4742

households think that they do not need health insurance, in the fifth SLI quintile 29.0 percent of households felt that way.

3.6 KNOWLEDGE ABOUT SIFPSA

Table 3.18 presents awareness and knowledge of SIFPSA activities by the eligible women. Awareness or knowledge about SIFPSA is very low. Overall, only 1.8 percent of the eligible women have heard about

or are aware of SIFPSA. Awareness is 1.3 percent in rural areas and 2.6 percent in urban Agra.

Among those who are aware about SIFPSA, 56.9 percent are aware about at least one of the activities while 15.7 percent are aware about two or more activities. The remaining (43.1 percent) are not aware of any SIFPSA activity even though they have heard about the organization.

Table 3.19 presents information on knowledge about SIFPSA according to standard of living. It can be seen that there is a consistent increase in the percentage of households who have heard about SIFPSA according to improvement in standard of living. While in the poorest households the percentage aware about SIFPSA is only 0.1 percent, among the richest group 3.7 percent of households are aware about the organization.

FIGURE 3.6 KNOWLEDGE ABOUT SIFPSA

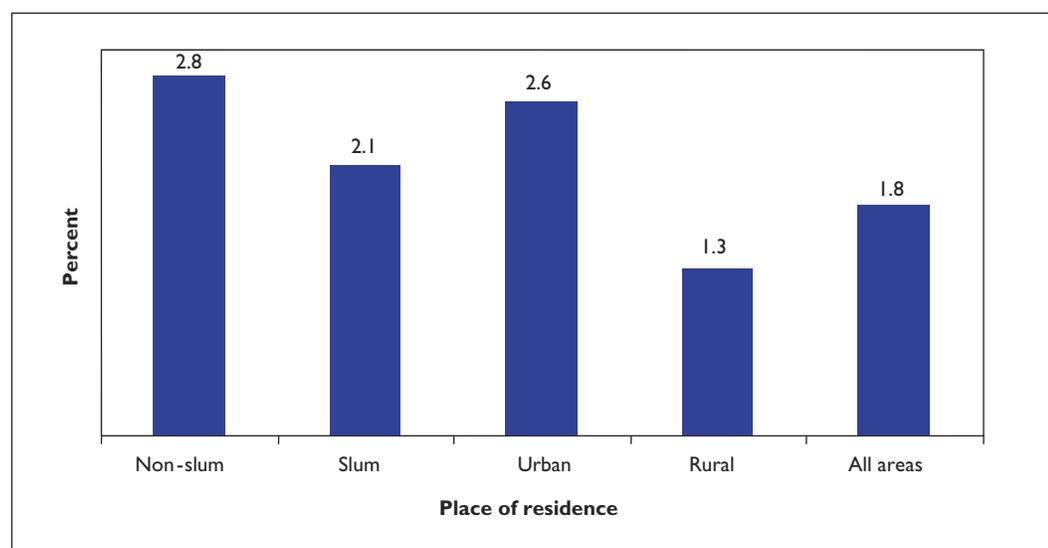


TABLE 3.19: KNOWLEDGE ABOUT SIFPSA BY SLI QUINTILES

Percent of eligible women who have heard of SIFPSA, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Heard/Aware of SIFPSA					
Yes	0.1	0.5	1.2	2.8	3.7
No	99.9	99.5	98.8	97.2	96.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	821	906	911	1007	1097

FERTILITY AND FAMILY PLANNING

This chapter focuses primarily on various aspects of family planning. The chapter begins by describing the distribution of women by children ever born which gives indications on fertility levels. Subsequently knowledge about contraception is examined. The third and fourth sections of the chapter deal with ever use and current use of contraception, and the last two sections focus on the need for family planning services and never use/discontinuation of contraceptives.

4.1 CHILDREN EVER BORN AND CHILDREN SURVIVING

Table 4.1 provides information on children ever born (CEB), according to place of residence. Among women in the age group 15-49, the mean number of children ever born is 3.5. For urban women the mean number is 3.3 and for rural women 3.6.

Table 4.1 also shows that about 44 percent of women in the age group 45-49 in all areas have more than

six children. There is substantial difference among women in rural and urban areas regarding number of children ever born. In rural areas, two thirds (66 percent) of women in this age group have more than six children whereas in urban areas it is only about a quarter (27 percent). Many more women in the urban slum areas aged between 45-49 years have more than 6 children (38 percent) than in the non-slum areas (22 percent).

TABLE 4.1: CHILDREN EVER BORN AND LIVING

Percent distribution of currently married women by children ever born (CEB), according to place of residence, Agra, 2006

Age	Children ever born							Total percent	Number of women	Mean number of CEB	Mean number of children surviving
	0	1	2	3	4	5	6+				
URBAN NON-SLUM											
15-19	74.2	21.4	4.4	0.0	0.0	0.0	0.0	100.0	65	0.30	0.25
20-24	22.5	38.2	26.1	9.9	2.3	07	03	100.0	196	1.36	1.27
25-29	4.8	18.3	28.4	25.7	16.0	5.2	1.7	100.0	235	2.53	2.39
30-34	3.4	8.5	26.2	18.7	20.7	10.8	11.7	100.0	251	3.36	2.96
35-39	1.8	1.0	15.7	16.7	23.5	14.1	27.4	100.0	270	4.37	3.90
40-44	1.4	02	15.8	16.6	24.0	11.1	30.9	100.0	223	4.61	4.02
45-49	0.0	0.0	17.8	13.6	25.9	20.2	22.4	100.0	105	4.41	3.81
15-49	8.9	11.6	21.0	16.6	17.7	9.3	14.9	100.0	1345	3.27	2.91

(Contd. on next page)

TABLE 4.1: CHILDREN EVER BORN AND LIVING

Percent distribution of currently married women by children ever born (CEB), according to place of residence, Agra, 2006

Age	Children ever born							Total percent	Number of women	Mean number of CEB	Mean number of children surviving
	0	1	2	3	4	5	6+				
URBAN SLUM											
15-19	66.8	25.7	6.6	08	0.0	0.0	0.0	100.0	29	0.41	0.39
20-24	26.4	25.7	30.4	11.8	3.7	09	1.1	100.0	105	1.48	1.35
25-29	5.6	14.1	23.1	27.4	17.3	8.8	3.9	100.0	114	2.80	2.53
30-34	1.1	3.3	16.6	19.7	21.0	17.8	20.5	100.0	111	4.02	3.62
35-39	2.9	3.6	14.4	14.5	15.2	17.6	31.8	100.0	94	4.51	3.99
40-44	0.0	1.2	11.0	21.8	18.5	10.3	37.1	100.0	78	4.90	4.21
45-49	1.9	4.6	9.2	12.1	15.2	19.2	37.8	100.0	39	5.00	4.53
15-49	10.2	10.6	18.3	17.7	14.3	11.0	17.9	100.0	570	3.39	3.02
URBAN TOTAL											
15-19	71.9	22.7	5.1	03	0.0	0.0	0.0	100.0	95	0.34	0.29
20-24	23.9	33.8	27.6	10.6	2.8	08	06	100.0	300	1.40	1.30
25-29	5.0	16.9	26.6	26.2	16.4	6.4	2.4	100.0	349	2.62	2.44
30-34	2.7	6.9	23.3	19.0	20.8	13.0	14.4	100.0	362	3.56	3.16
35-39	2.1	1.6	15.3	16.1	21.3	15.0	28.5	100.0	365	4.41	3.93
40-44	1.1	04	14.6	17.9	22.6	10.9	32.5	100.0	300	4.68	4.07
45-49	05	1.2	15.5	13.2	23.0	19.9	26.6	100.0	143	4.57	4.00
15-49	9.3	11.3	20.2	16.9	16.7	9.8	15.8	100.0	1915	3.30	2.95
RURAL											
15-19	59.7	28.0	9.4	3.0	0.0	0.0	0.0	100.0	302	0.56	0.48
20-24	17.0	23.6	30.0	19.0	8.2	1.2	1.0	100.0	627	1.86	1.66
25-29	1.6	6.4	18.0	25.5	23.5	15.5	9.5	100.0	551	3.51	3.16
30-34	2.6	2.1	7.1	17.7	21.0	19.1	30.5	100.0	489	4.58	3.97
35-39	06	1.4	3.8	12.7	20.2	20.5	40.9	100.0	448	5.16	4.40
40-44	1.8	0.0	3.5	12.4	12.4	14.1	55.9	100.0	293	5.89	4.95
45-49	0.0	1.5	2.2	10.3	9.1	11.1	65.8	100.0	117	5.96	5.06
15-49	11.2	10.1	13.4	16.3	14.9	11.8	22.3	100.0	2827	3.62	3.14
ALL AREAS											
15-19	62.6	26.7	8.3	2.3	0.0	0.0	0.0	100.0	396	0.50	0.44
20-24	19.2	26.9	29.2	16.3	6.4	1.0	09	100.0	927	1.71	1.54
25-29	2.9	10.5	21.4	25.8	20.7	12.0	6.7	100.0	901	3.17	2.88
30-34	2.6	4.1	14.0	18.2	20.9	16.5	23.6	100.0	851	4.15	3.63
35-39	1.3	1.5	9.0	14.2	20.7	18.0	35.3	100.0	813	4.83	4.19
40-44	1.4	02	9.1	15.2	17.5	12.5	44.1	100.0	593	5.28	4.50
45-49	03	1.3	9.5	11.9	16.8	16.0	44.3	100.0	261	5.19	4.48
15-49	10.4	10.6	16.2	16.5	15.6	11.0	19.7	100.0	4742	3.49	3.06

4.2 KNOWLEDGE ABOUT CONTRACEPTIVE USE

The percentage distribution of currently married women having heard of contraceptives by method, according to place of residence is presented in Table 4.2. Knowledge of contraceptive methods is nearly universal in Agra, with 99.5 percent of currently married women recognizing at least one modern method of contraception.

The most widely known method of contraception is female sterilization (98 percent) followed by oral pills (89 percent). More than three-fourths of the women reported that they have heard about male sterilization (85 percent), condoms (85 percent), injection (80 percent), and IUD/Copper-T (79 percent). There is no substantial variation in the knowledge of contraceptive methods by place of residence.

Table 4.3 provides information on percentage of currently married women aware of safe periods and identification of unsafe period, according to place of residence. About 62 percent of women in all areas are aware of the safe period. The percentage of women having awareness about the safe period varies from 71 among urban women to 56 percent among rural women. However, majority lack correct knowledge about the safe period.

Knowledge about the importance of spacing births and the consequent advantages according to place of residence are shown in Table 4.4. About 87 percent of the eligible women know that spacing is

TABLE 4.2: KNOWLEDGE OF CONTRACEPTIVES

Percent of currently married women having heard of contraceptives by method, according to place of residence, Agra, 2006

Method	Urban			Rural	All areas
	Non-slum	Slum	Total		
Oral Pills	96.4	96.6	96.4	83.1	88.5
Condoms	93.7	92.3	93.3	78.7	84.6
IUCD/Copper-T	89.5	87.3	88.9	72.4	79.1
Injection	85.5	84.2	85.1	75.8	79.5
Female sterilization	99.7	99.4	99.6	97.5	98.3
Male sterilization	93.6	88.5	92.1	79.9	84.8
Rhythm/periodic abstinence	72.7	67.9	71.3	53.1	60.4
Withdrawal	37.3	35.3	36.7	20.0	26.7
Other	2.3	2.6	2.4	2.7	2.6
Any modern method	100.0	99.9	100.0	99.2	99.5
Any modern spacing method	98.6	98.4	98.5	93.3	95.4
Any method	100.0	100.0	100.0	99.2	99.5
Number of women	1345	570	1915	2827	4742

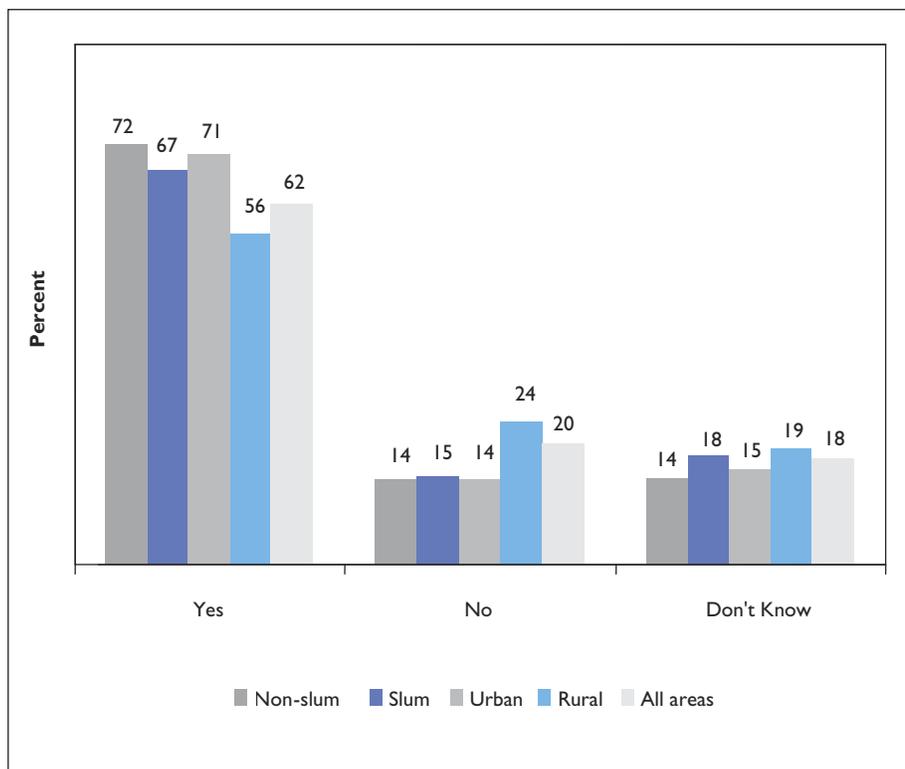
TABLE 4.3: KNOWLEDGE ABOUT SAFE PERIOD

Percent of currently married women aware of safe periods and identification of unsafe period, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
From one menstrual period to the other, are there certain days when a woman is more likely to become pregnant					
Yes	71.9	67.1	70.5	56.2	61.9
No	13.7	14.8	14.1	24.4	20.3
Don't know	14.3	18.1	15.4	19.4	17.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1259	534	1793	2701	4494
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	3.6	4.3	3.8	3.3	3.5
During her period	3.3	3.9	3.5	2.7	3.0
Right after her period has ended	68.4	73.5	69.9	72.8	71.4
Halfway between two periods	23.3	16.5	21.4	18.3	19.7
Others	0.0	0.0	0.0	0.0	0.0
Don't know	1.4	1.7	1.5	3.0	2.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	906	359	1265	1518	2783

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

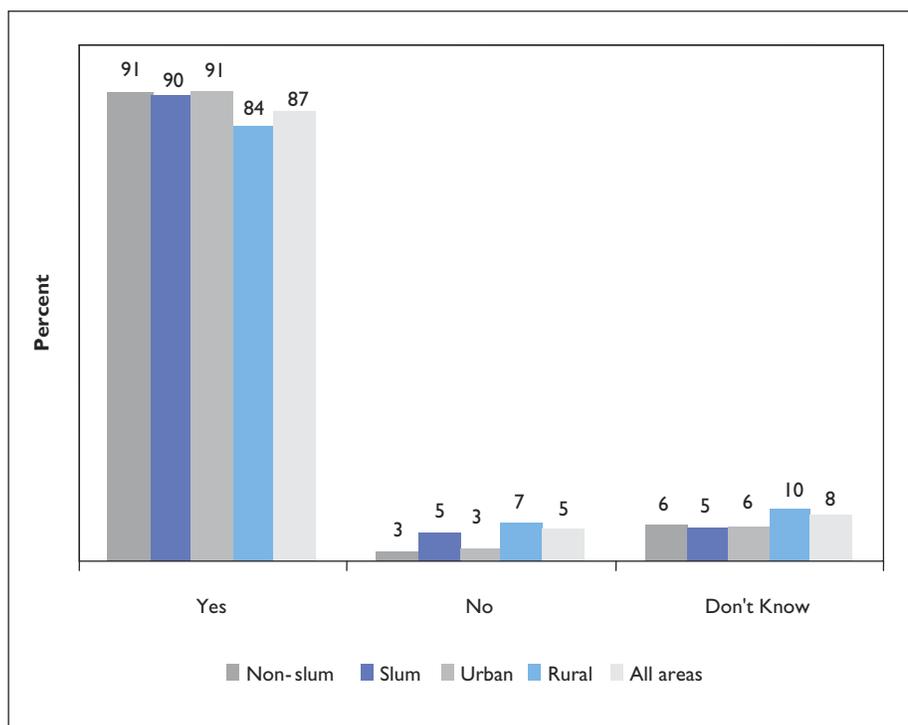
FIGURE 4.1: KNOWLEDGE ABOUT SAFE PERIOD



important for the health of the mother and the child. There are slight differences in knowledge about importance of spacing of children by place of residence. Eighty four percent of rural women know that spacing is important for the health of the mother and the child compared with 91 percent of urban women whereas there is no substantial variation within urban areas. About 10 percent of the rural women have reported that they do not know whether spacing is important for the health of the mother and the child as compared to six percent in urban areas.

The type of advantages mentioned, among those who felt spacing method is important, can be classified into two categories: 'advantages to mother', and advantages to child'. About three-fourths of the respondents reported that spacing of children is important for better nutritional status of the mother. The other advantages to mother reported are better mental health (39 percent), lower incidence of anaemia (33 percent) and less pregnancy complications (11 percent). With regard to the advantages to the child, more than 70 percent in both urban and rural areas reported that spacing is important for getting better attention from the mother. The other advantages reported are better nutritional status (44 percent), better growth (38 percent) and lower incidence of diseases (13 percent).

FIGURE 4.2: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN



Knowledge about importance of spacing of children and its advantages according to SLI quintiles is shown in Table 4.5.

TABLE 4.4: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN

Percent of eligible persons who think spacing of children is important for the health of the mother and the child, and mentioned advantages, according to place of residence, Agra, 2006

Items	Urban		Total	Rural	All areas
	Non-slum	Slum			
Spacing is important for the health of the mother and the child					
Yes	91.3	90.3	91.0	83.7	86.6
No	2.5	4.5	3.1	6.7	5.3
Don't know	6.2	5.1	5.9	9.6	8.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1345	570	1915	2827	4742
Type of advantages mentioned, among those who felt spacing is important					
Advantages to mother¹					
Better nutritional status	76.8	79.0	77.5	72.5	74.6
Lower incidence of anaemia	31.6	32.4	31.8	34.0	33.0
Less pregnancy complications	9.1	11.6	9.8	12.2	11.2
Better mental health	43.9	40.0	42.7	36.9	39.4
Other	2.0	2.4	2.1	4.0	3.2
Advantages to child¹					
Better growth	43.1	38.2	41.6	36.1	38.4
Better nutritional status	48.7	48.9	48.8	41.1	44.4
Lower incidence of diseases	8.1	11.7	9.2	15.5	12.8
Better survival chance	4.3	5.4	4.6	3.6	4.0
Better attention by mother	69.5	72.3	70.3	72.3	71.5
Other	05	1.0	07	1.5	1.1
Number of women	1228	515	1740	2365	4106

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

The percentage of women who think spacing of children is important for the health of the mother and the child varies from 84 percent in first SLI quintile to 91 percent in the fifth quintile. The percentage of women who reported that they do not know whether spacing is important for the health of the mother and the child varies from 10 percent in first quintile to five percent in fifth quintile. There is no substantial variation according to standard of living in the case of type of advantages mentioned among those who felt spacing is important.

Table 4.6 provides information on the percentage distribution of currently married women who are aware of oral pills by knowledge about correct use of oral pills, according to place of residence. More than half of the currently married women reported that they are unaware of the correct use of oral pills. About sixty percent of women in rural areas do not have awareness about correct use of oral pill whereas in urban areas it is 52 percent. With regard to the frequency of oral pill use, 55 percent of women in all areas have

reported that oral pills should be used everyday and 40 percent do not know how frequently one should consume the pills. There is considerable rural-urban variation in the knowledge of frequency of oral pill use. About 47 percent of rural women and 65 percent of urban women reported that oral pills should be used every day. More than half of all women do not know what should be done if the pill is missed for a day. The proportion varies from 56 percent in urban areas to 67 percent in rural areas. About 31

TABLE 4.5: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN BY SLI QUINTILES

Percent of eligible persons who think spacing of children is important for the health of the mother and the child, and mentioned advantages, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Spacing is important for the health of the mother and the child					
Yes	83.6	80.4	87.2	88.8	90.5
No	6.4	7.0	4.7	4.1	4.8
Don't know	10.0	12.6	8.1	7.1	4.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	750	802	1032	962	1195
Type of advantages mentioned, among those who felt spacing is important					
Advantages to mother¹					
Better nutritional status	70.0	74.8	70.9	78.1	77.2
Lower incidence of anaemia	34.7	32.1	37.5	30.4	31.4
Less pregnancy complications	13.9	13.4	10.4	9.5	10.0
Better mental health	34.7	32.1	38.7	42.4	45.7
Other	3.1	3.6	2.9	3.5	2.8
Advantages to child¹					
Better growth	36.0	36.1	34.6	39.2	44.1
Better nutritional status	39.6	44.0	47.8	46.0	43.5
Lower incidence of diseases	13.9	14.2	11.9	11.9	12.5
Better survival chance	3.3	3.7	3.2	4.7	4.8
Better attention by mother	73.1	69.9	73.0	67.3	74.0
Other	1.0	1.2	1.1	1.2	1.1
Number of women	642	762	809	882	1010

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

percent of women in urban areas and 25 percent of women in rural areas reported that if an oral pill user misses a pill for a day she should take two pills next day, the percentage being 27 for women in all areas. More than three-fourths of the respondents do not know what should be done if the oral pill user misses the pill for two days.

The percentage distribution of currently married women who

have heard of oral pills/condoms by perceived safety and effectiveness of oral pills/condoms according to place of residence is shown in Table 4.7. More than 40 percent of women are unaware of the safety and effectiveness of oral pills and about 39 percent are unaware of the safety and effectiveness of condoms. About 33 percent of women think that use of oral pills is very safe and 46 percent of women think that use of condoms is very safe.

There are some rural-urban differences in the perceived safety of pills and condoms. Whereas 38 percent urban women have reported that oral pills are very safe, among rural women the percentage is 30. Similarly, while 51 percent of urban women have reported condoms are very safe, the corresponding percentage for rural women is 41. The percentage of women who have reported oral pills and condoms are not safe are

TABLE 4.6: KNOWLEDGE ABOUT CORRECT USE OF ORAL PILLS

Percent distribution of currently married women who are aware of oral pills by knowledge about correct use of oral pills, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
If a woman is interested in using oral pills, when should she start using the pill?					
Within 5 days of menstruation	39.1	37.3	38.6	30.7	34.1
Any time	4.1	5.2	4.4	5.1	4.8
Other	4.7	6.2	5.2	4.5	4.8
Don't know	52.1	51.3	51.8	59.6	56.3
How frequently should an oral pill user take the pills?					
Every day	65.4	64.3	65.1	46.6	54.6
Once a week	1.4	2.1	1.6	2.5	2.1
Every day or once a week	0.8	1.0	0.8	1.5	1.2
Whenever desired	0.2	0.0	0.2	0.7	0.5
Any other	0.9	1.6	1.1	2.1	1.6
Don't know	31.3	31.0	31.2	46.6	40.0
If the oral pill user misses the pill for a day, what should she do?					
Take two pills next day	30.8	31.5	31.0	24.5	27.3
Continue with the pills as usual	7.6	9.2	8.1	6.6	7.3
Any other	5.5	2.9	4.7	2.4	3.4
Don't know	56.1	56.3	56.2	66.5	62.0
If the oral pill user misses the pill for two days, what should she do?					
Take two pills next day and abstain from sex or use condom for a week	9.3	9.8	9.4	7.6	8.4
Continue with the pills as usual	11.8	10.5	11.4	8.8	9.9
Any other	7.9	5.4	7.1	4.7	5.7
Don't know	71.1	74.3	72.1	78.9	75.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1215	520	1735	2263	3997

TABLE 4.7: SAFETY AND EFFECTIVENESS OF ORAL PILLS/CONDOMS

Percent distribution of currently married women who have heard of oral pills/condoms by perceived safety and effectiveness of oral pills/condoms, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
ORAL PILLS					
Safety of oral pills					
Very safe	37.6	39.6	38.2	29.6	33.3
Somewhat safe	16.9	14.5	16.2	13.0	14.4
Not safe	6.9	7.9	7.2	8.7	8.1
Don't know	38.6	37.9	38.4	48.6	44.2
Effectiveness of oral pills					
Very effective	41.3	43.1	41.8	32.9	36.7
Somewhat effective	17.7	15.2	16.9	12.9	14.7
Not effective	4.3	4.9	4.5	6.5	5.6
Don't know	36.8	36.7	36.8	47.7	43.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of persons	1215	520	1735	2263	3997
CONDOMS					
Safety of condoms					
Very safe	50.9	51.4	51.1	41.4	45.6
Somewhat safe	11.0	10.7	10.9	13.1	12.2
Not safe	3.1	2.4	2.9	4.0	3.5
Don't know	35.0	35.5	35.2	41.4	38.7
Effectiveness of condoms					
Very effective	51.6	50.9	51.4	42.0	46.1
Somewhat effective	10.7	11.8	11.0	12.7	12.0
Not effective	2.8	2.4	2.7	3.6	3.2
Don't know	34.9	34.9	34.9	41.7	38.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of persons	1175	499	1674	2146	3820

eight percent and four percent respectively. With regard to effectiveness of oral pills/condoms, 37 percent of women think that oral pills are very effective and 46 percent of women think that condoms are very effective. There are slight rural-urban differences in the perceived effectiveness of pills and condoms.

Table 4.8 presents the percent of currently married women who have heard about oral pills/condoms by knowledge about its availability. About 65 percent of women know the place from where one can get oral pills and condoms. More than three-fourths of the urban women and 55 percent of the rural women know the places from

where one can get oral pills and condoms. More than 40 percent of the women know that oral pills can be obtained from a shop or health unit whereas only 21 percent of women know that condoms can be obtained from a shop or health unit. There is substantial rural-urban variation in the case of knowledge about availability of

TABLE 4.8: KNOWLEDGE ABOUT AVAILABILITY OF ORAL PILLS/CONDOMS

Percent of currently married women who have heard about oral pills/condoms by knowledge about its availability, according to place of residence, Agra, 2006

Item	Urban		Total	Rural	All areas
	Non-slum	Slum			
ORAL PILLS					
Know the place from where one can get oral pills					
Yes	80.1	76.6	79.0	55.5	65.7
No	19.9	23.4	21.0	44.5	34.3
Can obtain oral pills from a shop or health unit herself/himself					
Yes	48.3	44.5	47.2	35.1	40.4
No	51.7	55.5	52.8	64.9	59.6
Easy to get oral pills in their area					
Yes	85.6	81.8	84.4	54.0	67.2
No	14.4	18.2	15.6	46.0	32.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number	1215	520	1735	2263	3997
CONDOMS					
Know the place from where one can get condoms					
Yes	80.1	73.9	78.2	54.6	64.9
No	19.9	26.1	21.8	45.4	35.1
Can obtain condoms from a shop or health unit herself/himself					
Yes	20.1	18.5	19.6	22.1	21.0
No	79.9	81.5	80.4	77.9	79.0
Easy to get condoms in their area					
Yes	85.7	80.8	84.2	54.5	67.5
No	14.3	19.2	15.8	45.5	32.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number	1175	499	1674	2146	3820

oral pills from a shop or health unit. But, in the case of knowledge about availability of condoms from a shop or health unit, there is no substantial rural-urban difference.

More than 67 percent of the women have reported that oral

pills and condoms are easy to obtain in their area. There are considerable rural-urban differences in the availability of oral pills and condoms. While more than 84 percent of urban women have reported that it is easy to get pills and condoms in their area, the

corresponding number for rural areas is only 54 percent.

4.3 EVER USE OF CONTRACEPTION

Information on percent of currently married women who have ever used contraception

TABLE 4.9: EVER USE OF CONTRACEPTION

Percent of currently married women ever used contraception by method, according to place of residence, Agra, 2006

Method ever used	Urban			Rural	All areas
	Non-slum	Slum	Total		
Oral Pills	11.7	12.9	12.0	5.8	8.3
Condom	19.7	18.1	19.2	11.0	14.3
IUCD/Copper-T	6.4	5.6	6.2	1.3	3.3
Injection	1.3	0.4	1.0	0.6	0.7
Female sterilization	24.1	21.0	23.2	20.8	21.8
Male sterilization	1.3	0.2	1.0	0.2	0.5
Rhythm/periodic abstinence	17.4	13.1	16.1	9.1	11.9
Withdrawal	0.7	1.8	1.0	1.1	1.1
Other	0.7	1.0	0.8	0.6	0.7
Any modern method	53.8	48.8	52.3	36.3	42.8
Any modern spacing method	33.6	30.9	32.8	16.8	23.2
Any method	66.8	60.3	64.9	45.1	53.1
Never used a method	33.2	39.7	35.1	54.9	46.9
Number of women	1345	570	1915	2827	4742

TABLE 4.10: TIMING OF FIRST USE OF CONTRACEPTIVES

Percent distribution of ever users by timing of first use, according to place of residence, Agra, 2006

Timing	Urban			Rural	All areas
	Non-slum	Slum	Total		
Immediately after marriage	8.7	7.2	8.3	8.6	8.5
After first child birth	24.0	24.3	24.1	15.2	19.6
After second child birth	19.6	19.2	19.5	13.0	16.2
After third child birth	15.6	17.4	16.1	17.9	17.0
After four or more child births	32.1	31.4	32.0	45.1	38.6
Other	0.0	0.4	0.1	0.2	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	899	343	1242	1274	2516

by method, according to place of residence is shown in Table 4.9. Although nearly all currently married women know about at least one contraceptive method, only 53 percent have ever used any method. Forty-three percent of women have ever used any modern method and 23 percent of women have ever used any

modern spacing method. Ever use of any method and ever use of any modern spacing methods are higher in urban than in rural areas.

The most commonly used method is female sterilization, which has been undergone by 22 percent of currently married women. Male sterilization as a method used by couples for family

planning is negligible (less than one percent). About 14 percent have ever used condoms as a modern contraceptive method and the corresponding percentages for oral pills and IUCD/Copper-T are 8 and 3 respectively. Ever use of each method of family planning is higher in urban areas than in rural areas. Ever use of oral pills is almost double among urban women compared to rural women.

Table 4.10 shows the percent distribution of ever users by timing of first use (see figure 4.3 also). More than 55 percent of women in Agra started using contraceptives only after the third child. There are rural-urban differences in the timing of first use of contraception. About one-fourth of the urban women started using contraceptive methods after the birth of the first child whereas 15 percent of rural women followed a similar route.

4.4 CURRENT USE OF CONTRACEPTION

Current use of family planning methods for currently married women is presented in Table 4.11. Only 40 percent of the women are currently using any method, 31 percent are using any modern method and only nine percent are using any modern spacing methods. It can be seen from the Table that current use of any method is considerably higher in urban areas than in rural areas. Within urban areas there is slight variation in current use of any method from 45 percent in slum areas to 52 percent in non-slum areas. More than 20 percent of the women are sterilized in both rural and urban areas. Less than one

FIGURE 4.3: TIMING OF FIRST USE OF CONTRACEPTIVES

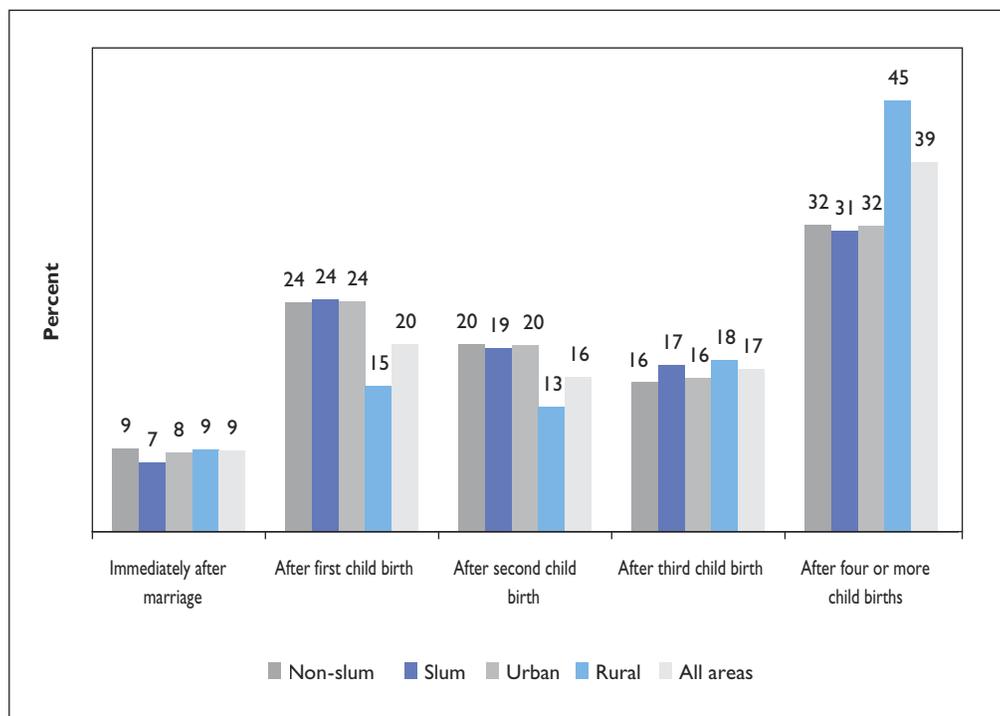
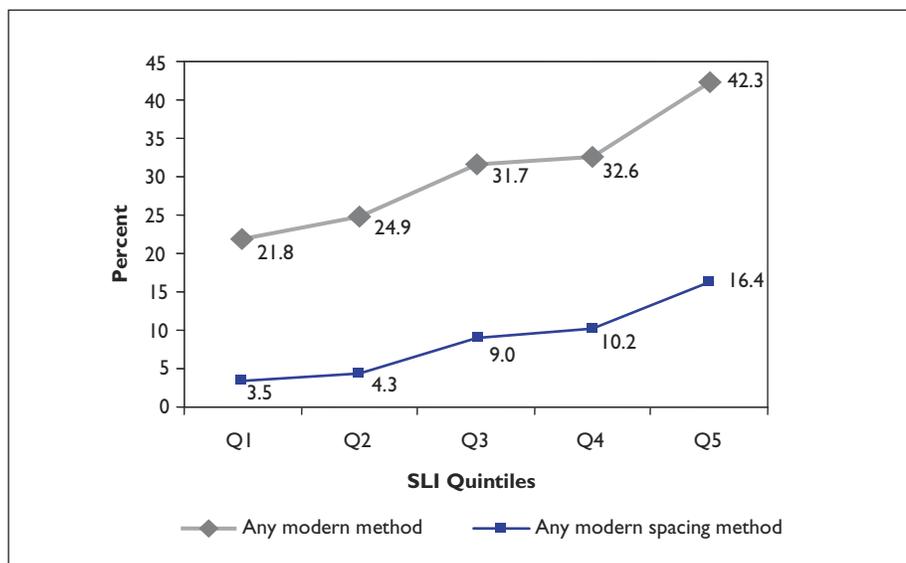


TABLE 4.11: CURRENT USE OF CONTRACEPTIVES

Percentage distribution of currently married women by current use of contraceptives by method, according to place of residence, Agra, 2006

Method	Urban			Rural	All areas
	Non-slum	Slum	Total		
Oral Pills	3.5	3.1	3.4	0.9	1.9
Condom	8.5	9.8	8.9	4.3	6.2
IUCD/Copper-T	1.3	1.6	1.4	0.2	0.7
Injection	0.8	0.1	0.6	0.2	0.4
Female sterilization	24.1	20.6	23.0	20.8	21.7
Male sterilization	1.2	0.1	0.9	0.2	0.5
Rhythm/periodic abstinence	11.5	7.7	10.4	5.4	7.4
Withdrawal	0.5	1.4	0.8	0.6	0.6
Other	0.2	0.8	0.4	0.4	0.4
Not using any method	48.5	54.7	50.3	67.0	60.2
Total percent	100.0	100.0	100.0	100.0	100.0
Any modern method	39.3	35.4	38.1	26.7	31.3
Any modern spacing method	14.1	14.7	14.2	5.7	9.1
Any method	51.5	45.3	49.7	33.0	39.8
Number of women	1345	570	1915	2827	4742

FIGURE 4.4: CURRENT USE OF CONTRACEPTIVES BY SLI QUINTILES



percent women have reported that their husbands are sterilized. No other individual method of family planning is used by more than 10 percent of currently married women.

Table 4.12 shows the percentage distribution of currently married women by current use of contraceptives by method according to selected background characteristics. It is evident from the Table that socio-economic differences exist in the current use of contraceptives. Current use of any contraceptive increases from nine percent for women aged 15-19 to a peak of 52 percent for women aged 35-49. In the case of current use of any modern method, the percent increases from four in 15-19 age group to 42 in 35-49 age group. But, for any modern spacing method, the percent increases from four in 15-19 age group to 13 in 25-34 age group and then decreases

for older women. Current use of any modern contraceptive increases steadily from three percent for women with no children to 42 percent for women with three children ever born and then falls to 40 for women with more than three children ever born. A similar pattern is evident for current use of any method. Contraceptive use among Hindus is higher than Muslims but lower than women belonging to other religions. Contraceptive prevalence is the highest among women who do not belong to a scheduled caste, scheduled tribe or other backward class (45 percent). Current use of contraceptives among women increases with education from 36 percent among illiterate women to 55 percent among who have completed 12+ grade. A similar pattern is observed in the use of any modern method including any modern spacing method. The percent of women currently using

contraception is higher among women whose husbands are better educated than those women whose husbands have informal education. Thirty-nine percent of women whose husbands are educated 12+ grade are using any modern method, and 16 percent are using any modern spacing method. There is not much variation in contraceptive use of women who are not working and women working as unskilled workers. But, there are considerable differences in contraceptive use among unskilled workers and skilled workers. For instance, among women those who are skilled workers, about 40 percent are using any modern contraceptive method whereas the percent for unskilled workers is 29. By standard of living index (SLI), contraceptive prevalence ranges from 29 percent among women living in households with a low SLI to 51 percent among women living in households with a high SLI. The use of modern methods including modern spacing methods is also much higher among women with a high SLI than women with a low SLI.

The percent distribution of current users of modern contraceptives by source, according to place of residence is shown in Table 4.13. Sixty seven percent of the sterilizations are performed in public facilities and 32 percent are performed in private facilities. Nearly 62 percent of the IUCD /Copper T insertions are performed in the private sector. Non-governmental organizations are the main source for oral pills (80 percent) and markets are the

TABLE 4.12: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS

Percentage distribution of currently married women by current use of contraceptives by method, according to selected characteristics, Agra, 2006

Characteristic	Oral Pills	Condom	IUCD/ Copper-T	Injec- tion	Steril- isation	Trad. method	Other	Not using	Total percent	Any modern method	Any modern spacing method	Number
Age												
15-19	0.0	3.3	0.2	0.0	0.3	4.7	0.0	91.3	100.0	3.9	3.6	396
20-24	2.7	6.5	0.4	0.7	3.3	5.5	0.0	80.9	100.0	13.5	10.3	927
25-34	2.5	8.9	0.8	0.4	24.0	8.9	0.4	54.0	100.0	36.6	12.7	1752
35-49	1.3	3.8	0.7	0.2	36.1	9.3	0.7	47.9	100.0	42.2	6.1	1667
Children ever born												
0	0.0	2.9	0.0	0.0	0.0	1.5	0.0	95.6	100.0	2.9	2.9	495
1	1.6	8.7	0.4	0.4	0.3	6.4	0.0	82.2	100.0	11.4	11.2	502
2	4.7	7.8	2.4	1.2	12.4	9.3	0.5	61.7	100.0	28.5	16.1	767
3	2.3	8.3	0.8	0.1	30.2	8.2	0.2	49.8	100.0	41.8	11.5	784
4+	1.3	5.0	0.2	0.3	32.8	9.4	0.6	50.5	100.0	39.5	6.8	2194
Religion												
Hindu	1.8	5.7	0.7	0.3	23.1	8.2	0.4	59.8	100.0	31.6	8.5	4215
Muslim	2.9	9.4	0.3	1.0	13.6	6.7	0.0	66.1	100.0	27.3	13.7	471
Other	2.1	17.8	0.0	0.0	27.8	5.9	0.0	46.4	100.0	47.7	19.9	56
Caste/Tribe												
Scheduled caste/tribe	2.0	3.9	0.4	0.5	20.2	7.6	0.5	64.9	100.0	26.9	6.8	1321
OBC	2.1	6.3	0.3	0.4	19.1	7.8	0.6	63.4	100.0	28.1	9.0	1454
Other	1.8	7.6	1.2	0.3	25.8	8.4	0.1	54.8	100.0	36.7	10.8	1967

(Contd. on next page)

TABLE 4.12: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS

Percentage distribution of currently married women by current use of contraceptives by method, according to selected characteristics, Agra, 2006

Characteristic	Oral Pills	Condom	IUCD/ Copper-T	Injec- tion	Steril- isation	Trad. method	Other	Not using	Total percent	Any modern method	Any modern spacing method	Number
Education												
Illiterate	0.9	3.7	0.2	0.2	22.9	7.7	0.5	64.1	100.0	27.8	4.9	2609
Literate, < 8 th grade	2.3	5.8	0.2	0.6	23.2	7.6	0.3	60.0	100.0	32.1	8.9	589
8-11 th grade	3.1	9.9	0.9	0.3	20.0	8.5	0.4	56.9	100.0	34.2	14.2	820
12+ grade	4.9	14.7	3.7	1.2	20.5	9.2	0.1	45.5	100.0	45.2	24.7	486
Other (informal)	1.5	4.1	0.4	0.6	23.1	9.3	0.8	60.1	100.0	29.8	6.6	238
Work status												
Not working	2.0	6.4	0.6	0.4	21.6	7.7	0.4	60.8	100.0	31.1	9.5	4267
Agricultural labour	0.0	3.3	0.0	0.0	31.3	10.0	0.0	55.3	100.0	34.6	3.3	125
Unskilled workers*	0.4	1.8	0.6	0.6	25.7	9.8	1.0	60.0	100.0	29.1	3.4	224
Skilled workers**	3.6	8.7	2.0	0.0	26.2	13.9	0.0	45.6	100.0	40.5	14.3	125
SLI quintiles												
Q1	0.5	2.9	0.1	0.0	18.4	7.2	0.1	70.9	100.0	21.8	3.5	821
Q2	0.5	3.8	0.0	0.0	20.6	7.1	0.3	67.7	100.0	24.9	4.3	906
Q3	2.2	6.3	0.2	0.3	22.6	9.2	0.7	58.3	100.0	31.7	9.0	911
Q4	2.2	7.0	0.6	0.4	22.4	8.2	0.6	58.6	100.0	32.6	10.2	1007
Q5	3.6	9.8	2.1	1.0	25.8	8.3	0.3	49.2	100.0	42.3	16.4	1097
Total	1.9	6.2	0.7	0.4	22.2	8.0	0.4	60.2	100.0	31.3	9.1	4742

*Includes farmer, petty trader/shop owner, other;

**Includes artisan, business/industrialist, self employed, clerical/supervisory/sales person, officer/executive.

TABLE 4.13: SOURCE OF MODERN CONTRACEPTIVES

Percent distribution of current users of modern contraceptives by source, according to place of residence, Agra, 2006

Source	Oral pills	Condoms	IUCD/ Copper-T	Sterilization
Urban Non-Slum				
Public	10.3	5.6	7.7	42.8
Private	0.7	8.0	72.7	1.8
NGO	89.0	0.0	6.7	-
Market	0.0	83.8	0.0	-
DK/other	0.0	2.5	12.9	-
Total percent	100.0	100.0	100.0	100.0
Number of women	47	114	17	340
Urban Slum				
Public	7.4	2.9	42.9	62.5
Private	1.9	0.8	55.5	37.2
NGO	90.7	0.0	1.6	0.3
Market	0.0	91.1	0.0	-
DK/other	0.0	5.3	0.0	-
Total percent	100.0	100.0	100.0	100.0
Number of women	17	56	9	118
Urban Total				
Public	9.5	4.7	20.2	57.2
Private	1.0	5.7	66.6	41.4
NGO	89.4	0.0	4.9	1.4
Market	0.0	86.2	0.0	-
DK/other	0.0	3.4	8.3	-
Total percent	100.0	100.0	100.0	100.0
Number of women	64	170	26	458
Rural				
Public	16.6	22.3	18.4	74.5
Private	14.9	6.0	37.3	24.8
NGO	56.1	2.0	44.4	0.7
Market	12.5	58.3	0.0	-
DK/other	0.0	11.4	0.0	-
Total percent	100.0	100.0	100.0	100.0
Number of women	26	122	5	595

TABLE 4.13: SOURCE OF MODERN CONTRACEPTIVES

Percent distribution of current users of modern contraceptives by source, according to place of residence, Agra, 2006

Source	Oral pills	Condoms	IUCD/ Copper-T	Sterilization
All areas				
Public	11.6	12.1	19.9	67.0
Private	5.1	5.8	61.9	32.0
NGO	79.7	.8	11.3	1.0
Market	3.6	74.5	0.0	-
DK/other	0.0	6.8	7.0	-
Total percent	100.0	100.0	100.0	100.0
Number of women	91	293	31	1052

TABLE 4.14: WHO INSERTED THE IUCD/COPPER-T

Percent distribution of current and past users of IUCD/Copper-T by professional who inserted it, according to place of residence, Agra, 2006

Professional	Urban			Rural	All areas
	Non-Slum	Slum	Total		
CURRENT USERS					
Government doctor	6.1	14.8	9.2	18.4	10.7
Government Nurse/Paramedic	14.5	28.0	19.3	0.0	16.2
NGO Doctor	0.0	1.6	0.6	0.0	0.5
NGO Nurse	6.7	0.0	4.3	0.0	3.6
Private Doctor	68.7	30.5	55.2	63.0	56.4
Private Nurse/Paramedic	4.0	11.2	6.6	18.6	8.5
Other	0.0	13.8	4.9	0.0	4.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	17	9	26	5	31
CURRENTLY NOT USING					
Government doctor	23.4	29.6	25.1	16.2	22.8
Government Nurse/Paramedic	12.7	17.5	14.0	33.4	18.9
NGO Doctor	0.0	4.9	1.3	0.0	1.0
NGO Nurse	0.0	0.0	0.0	6.3	1.6
Private Doctor	51.2	29.4	45.4	14.1	37.4
Private Nurse/Paramedic	12.7	17.5	14.0	30.0	18.1
Other	0.0	1.1	0.3	0.0	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	44	16	61	21	81

main source for condoms (75 percent). There are rural-urban differences in the sources of modern contraceptives. Seventy five percent of sterilizations in rural areas, but only 57 percent in urban areas, are performed in public facilities. NGOs have a vital role in providing IUCD/Copper-T insertion services in rural areas and providing oral pills in both rural and urban areas. There are considerable differences in the sources of IUCD/Copper-T insertion within urban areas. About three-fourths of the IUCD insertions in urban non-slum are performed in private sector and only eight percent are performed in

public sector. But, in urban slums, 56 percent of the IUCD insertions are performed in the private sector and 43 percent in the public sector.

Table 4.14 shows the percent distribution of current and past users of IUCD/Copper-T by the professional who inserted it, according to place of residence. For the current users however, because of the extremely small number of respondents, the findings should be viewed with great caution.

Among women who are currently not using IUCD/Copper-T, 39 percent in rural areas and

50 percent in urban areas had the IUCD/Copper-T inserted by a government nurse or paramedical staff. Here too, because of the small number of rural respondents, the finding must be viewed with caution.

Table 4.15 provides information on the percent distribution of current users of modern contraceptives by duration of use, according to place of residence. Forty percent of IUCD users have used the device for more than 36 months, Similarly, 32 percent of the pill users have used them for over 36 months and 28 percent of condom users have used the method for over 36 months.

TABLE 4.15: DURATION OF MODERN SPACING METHOD USE

Percent distribution of current users of modern contraceptives by duration of use, according to place of residence, Agra, 2006

Duration of use	Oral pills	Condoms	IUCD//Copper-T
URBAN NON-SLUM			
< 6 months	43.0	28.4	10.1
6-11 months	10.2	12.4	5.0
12-23 months	6.6	16.1	33.2
24-35 months	1.4	10.2	4.4
36 + months	38.8	32.9	47.2
Total percent	100.0	100.0	100.0
Number of women	47	114	17
URBAN SLUM			
< 6 months	20.4	23.1	10.8
6-11 months	15.3	11.5	15.2
12-23 months	37.4	17.8	19.3
24-35 months	6.3	13.8	40.9
36 + months	20.7	33.8	13.8
Total percent	100.0	100.0	100.0
Number of women	17	56	9

TABLE 4.15: DURATION OF MODERN SPACING METHOD USE

Percent distribution of current users of modern contraceptives by duration of use, according to place of residence, Agra, 2006

Duration of use	Oral pills	Condoms	IUCD//Copper-T
URBAN TOTAL			
< 6 months	36.9	26.7	10.4
6-11 months	11.5	12.1	8.6
12-23 months	14.9	16.7	28.3
24-35 months	2.7	11.4	17.3
36 + months	33.9	33.2	35.4
Total percent	100.0	100.0	100.0
Number of women	64	170	26
RURAL			
< 6 months	44.8	39.5	NS
6-11 months	0.0	11.4	NS
12-23 months	29.7	16.3	NS
24-35 months	0.0	11.4	NS
36 + months	25.5	21.4	NS
Total percent	100.0	100.0	100.0
Number of women	26	122	5
ALL AREAS			
< 6 months	39.2	32.0	8.7
6-11 months	8.2	11.8	10.2
12-23 months	19.2	16.5	26.7
24-35 months	1.9	11.4	14.5
36 + months	31.5	28.3	39.9
Total percent	100.0	100.0	100.0
Number of women	91	293	31

Less than six months' duration of use is nine percent for IUCD, 39 percent for oral pills and 32 percent for condoms. There are slight rural-urban differences in the duration of use of oral pills and condoms.

4.5 NEED FOR FAMILY PLANNING SERVICES

The percent distribution of currently married women who

have unmet need, met need and total demand for family planning according to selected background characteristics are given in Table 4.16 and figure 4.5 and 4.6. The Table indicates that unmet need is highest among rural women (30.2 percent), but total demand and total demand satisfied are highest among urban women (71.4 percent and 69.6 percent respectively).

Unmet need, met need and total demand are more for limiting rather than spacing. By age, unmet need, total demand and demand satisfied are highest for the older age group. Unmet need is higher for women with one child (30.1 percent) followed by women with four or more than four children (29.0 percent). Among women with no children or one child, unmet

need is for spacing. Hindu women (26.8 percent) have relatively lower unmet need than Muslim women (28.4 percent) but much higher unmet need than women belonging to other religious groups

(10.7 percent). The percent of unmet need is somewhat lower for women who do not belong to scheduled caste, scheduled tribe or other backward classes. The extent of total demand and demand

satisfied is relatively higher among women in the other caste group. There is no substantial variation in unmet need according to women's education and husband's education (22 to 31 percent) except for women who are educated more than 12 grade, where the unmet need is 12.7. There is not much variation in unmet need of women who are working versus women who are not working, but the total demand and percent demand satisfied are more among women who are engaged in higher level work. Unmet need declines steadily from 32.6 percent in lower SLI quintile to 18.9 percent in higher SLI quintiles (figure 4.7).

FIGURE 4.5 NEED FOR FAMILY PLANNING BY PLACE OF RESIDENCE

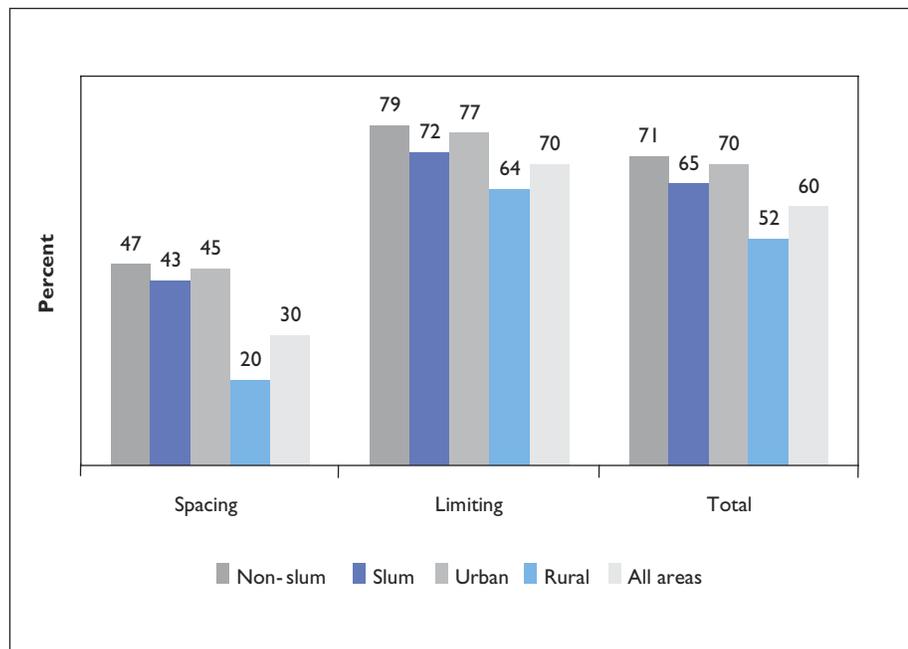
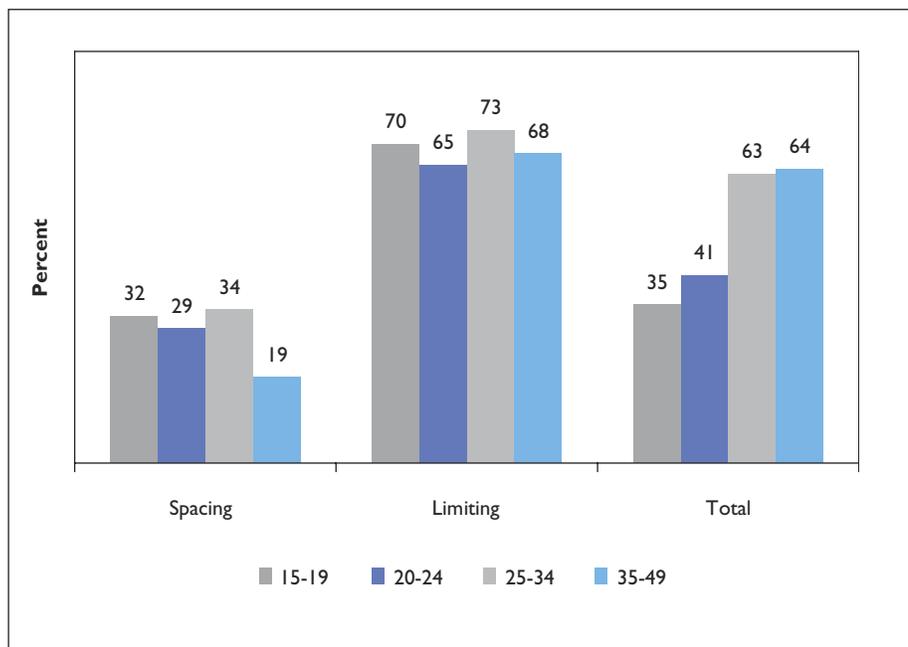


FIGURE 4.6: NEED FOR FAMILY PLANNING BY AGE



4.6 NEVER USE AND DISCONTINUATION OF CONTRACEPTION

Table 4.17 provides information on percentage distribution of discontinued users of modern spacing methods by reasons, according to place of residence. Among oral pill users who discontinued use, the most commonly mentioned reasons are that it created a health problem (47.4 percent), wanted to have a child (15.7 percent), created menstrual problems (10.8 percent), and method failed/got pregnant (10.7 percent). With regard to condom users who discontinued use, the most commonly mentioned reasons are that the couple wanted to have a child (37.8 percent), method failed/got pregnant (12 percent), and did not like the method (11.9 percent). The reasons mentioned for discontinuation of IUCD/Copper-T are that the method created health problems (58.9 percent), created menstrual problems (14.7 percent), and did

TABLE 4.16: NEED FOR FAMILY PLANNING BY SELECTED CHARACTERISTICS

Percent of currently married women who have unmet need, met need and total demand for family planning, according to selected characteristics, Agra, 2006

Characteristic	Unmet need			Met need			Total demand			Percent demand satisfied		
	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total
Place of residence												
Urban non-slum	8.7	11.9	20.7	7.6	43.9	27.8	16.3	55.9	72.2	46.5	78.6	71.4
Urban slum	9.7	14.5	24.2	7.3	38.0	30.6	17.0	52.5	69.4	42.7	72.3	65.1
Urban	9.0	12.7	21.7	7.5	42.2	28.6	16.5	54.9	71.4	45.4	76.8	69.6
Rural	13.3	16.9	30.2	3.2	29.8	36.8	16.5	46.7	63.2	19.7	63.8	52.3
Age												
15-19	15.8	0.5	16.4	7.5	1.2	75.0	23.3	1.7	25.0	32.1	69.7	34.6
20-24	22.0	5.3	27.3	9.2	9.9	53.6	31.2	15.2	46.4	29.4	65.2	41.1
25-34	11.6	15.1	26.7	5.9	40.1	27.3	17.5	55.2	72.7	33.5	72.7	63.2
35-49	4.6	24.4	29.0	1.1	51.0	18.9	5.7	75.4	81.1	18.7	67.7	64.3
Children ever born												
0	10.4	0.2	10.6	4.4	0.0	85.0	14.8	0.2	10.6	29.5	0.0	0.0
1	26.0	4.1	30.1	14.7	3.1	52.1	40.7	7.3	47.9	36.1	43.1	37.2
2	18.4	10.2	28.6	9.5	28.8	33.1	28.0	38.9	66.9	34.1	73.9	57.3
3	11.1	15.6	26.7	4.4	45.7	23.2	15.5	61.3	76.8	28.6	74.6	65.3
4+	6.3	22.8	29.0	1.4	48.1	21.4	7.7	70.8	78.6	18.7	67.9	63.0
Religion												
Hindu	11.6	15.2	26.8	4.8	35.4	33.0	16.4	50.6	67.0	29.4	70.0	60.0
Muslim	12.3	16.1	28.4	5.8	28.1	37.7	18.1	44.3	62.3	32.0	63.6	54.4
Other	1.7	9.0	10.7	8.0	45.6	35.7	9.7	54.6	64.3	82.4	83.6	83.4
Caste/tribe												
Scheduled caste/tribe	14.0	15.3	29.3	3.9	31.2	35.6	17.9	46.5	64.4	21.8	67.1	54.5
OBC	12.9	15.5	28.4	4.5	32.0	35.1	17.4	47.5	64.9	26.1	67.4	56.3
Other	8.9	14.9	23.9	6.0	39.2	30.9	14.9	54.2	69.1	40.1	72.4	65.4

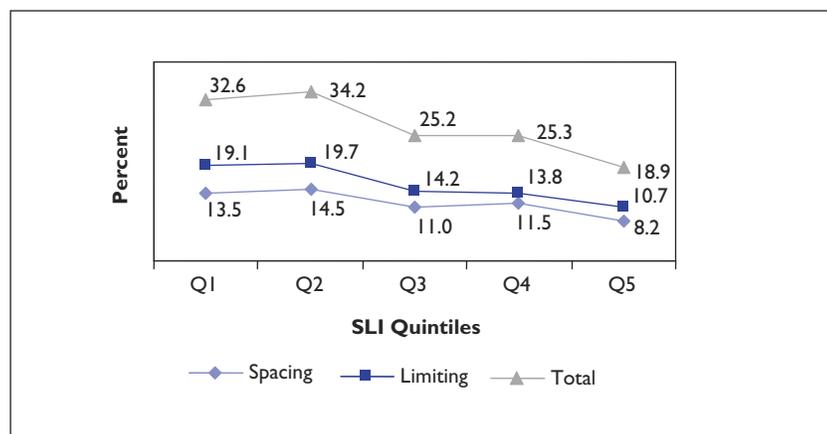
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TABLE 4.16: NEED FOR FAMILY PLANNING BY SELECTED CHARACTERISTICS

Percent of currently married women who have unmet need, met need and total demand for family planning, according to selected characteristics, Agra, 2006

Characteristic	Unmet need			Met need			Total demand			Percent demand satisfied		
	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total	Spacing	Limiting	Total
Education												
Illiterate	12.0	19.0	31.0	2.7	33.2	35.9	14.7	52.2	66.9	18.2	63.7	53.7
Literate, < 8th grade	14.2	11.5	25.6	5.5	34.4	39.9	19.7	45.9	65.6	28.1	75.0	60.9
8-11th grade	11.4	10.7	22.1	7.8	35.3	43.1	19.2	46.0	65.2	40.4	76.8	66.1
12+ grade	5.3	7.4	12.7	12.7	41.7	54.5	18.0	49.2	67.2	70.5	84.9	81.0
Other (non-formal)	13.0	14.8	27.8	3.1	36.8	39.9	16.0	51.6	67.6	19.1	71.3	58.9
Work status												
Not working	11.9	14.8	26.7	5.2	33.9	39.2	17.1	48.8	65.9	30.6	69.6	59.5
Low level	6.2	21.8	28.1	0.9	43.8	44.7	7.1	65.6	72.7	12.7	66.7	61.4
Middle level	11.7	16.4	28.1	1.6	38.3	40.0	13.3	54.8	68.1	12.3	70.0	58.7
Higher level	6.2	18.7	24.9	5.9	48.5	54.4	12.1	67.2	79.3	48.8	72.1	68.6
SLI quintile												
Q1	13.5	19.1	32.6	2.4	26.8	29.1	15.8	45.9	61.7	15.0	58.3	47.2
Q2	14.5	19.7	34.2	2.2	30.0	32.3	16.7	49.7	66.4	13.4	60.4	48.6
Q3	11.0	14.2	25.2	5.3	36.4	41.7	16.3	50.6	66.9	32.5	71.9	62.3
Q4	11.5	13.8	25.3	5.3	36.0	41.4	16.9	49.9	66.7	31.7	72.3	62.0
Q5	8.2	10.7	18.9	8.5	42.3	50.8	16.7	53.0	69.7	50.9	79.8	72.9
Total	11.6	15.2	26.8	5.0	34.8	39.7	16.5	50.0	66.5	30.0	69.6	59.8

FIGURE 4.7: UNMET NEED FOR FAMILY PLANNING BY SLI QUINTILES



not like the method (11.5 percent). There are considerable rural-urban differences in the reasons for discontinuation of use of all modern spacing methods. Within urban, there are only slight differences in the reason for discontinuation of contraception.

TABLE 4.17: REASONS FOR DISCONTINUATION

Percent distribution of lapsed users of modern spacing methods by reasons for discontinuation, according to method and place of residence, Agra, 2006

Reasons	Urban		Total	Rural	All areas
	Non-Slum	Slum			
ORAL PILLS					
Method failed/Got pregnant	9.1	9.0	9.1	12.5	10.7
Lack of sexual satisfaction	0.0	0.9	0.3	0.0	0.2
Created menstrual problem	11.8	13.2	12.3	9.3	10.8
Created health problem	50.4	52.1	51.0	43.4	47.4
Inconvenient to use method	0.3	1.1	0.6	2.0	1.3
Hard to get method	0.4	4.5	1.8	1.6	1.7
Put on weight	1.4	0.3	1.0	0.0	0.5
Did not like the method	9.6	4.1	7.7	4.0	5.9
Wanted to have a child	12.5	10.5	11.8	20.1	15.7
Wanted to replace dead child	0.0	2.4	0.8	0.8	0.8
Lack of privacy	0.0	0.4	0.2	0.0	0.1
Husband away	0.0	0.0	0.0	3.1	1.5
Costs too much	1.0	0.0	0.7	1.4	1.0
Other	3.7	6.2	4.6	8.5	6.5
Number of women	88	47	136	123	259

TABLE 4.17: REASONS FOR DISCONTINUATION

Percent distribution of lapsed users of modern spacing methods by reasons for discontinuation, according to method and place of residence, Agra, 2006

Reasons	Urban		Total	Rural	All areas
	Non-Slum	Slum			
CONDOM					
Method failed/Got pregnant	14.2	19.1	15.5	8.8	12.0
Lack of sexual satisfaction	8.1	3.0	6.8	3.6	5.1
Created menstrual problem	3.0	4.1	3.3	.9	2.1
Created health problem	18.1	9.2	15.8	3.3	9.3
Inconvenient to use method	4.1	4.5	4.2	1.3	2.7
Hard to get method	3.6	2.4	3.3	6.6	5.0
Did not like the method	13.4	13.9	13.6	10.3	11.9
Wanted to have a child	30.6	26.1	29.4	45.6	37.8
Wanted to replace dead child	0.0	0.0	0.0	1.1	0.6
Lack of privacy	0.3	1.2	0.5	0.0	0.2
Husband away	2.1	.5	1.7	7.2	4.5
Costs too much	1.1	5.4	2.2	6.0	4.2
Other	4.2	13.0	6.4	10.7	8.6
Number of women	116	41	157	168	325
IUCD/COPPER-T					
Method failed/Got pregnant	0.0	5.5	1.5	0.0	1.1
Created menstrual problem	20.5	5.6	0.0	9.1	14.7
Created health problem	58.1	49.7	55.9	67.6	58.9
Inconvenient to use method	0.0	1.7	0.5	8.9	2.6
Hard to get method	0.0	4.9	1.3	0.0	1.0
Put on weight	5.2	0.0	3.8	0.0	2.8
Did not like the method	0.0	10.9	2.9	0.0	2.2
Wanted to have a child	10.9	12.6	11.4	11.8	11.5
Other	5.2	11.6	6.9	11.5	8.1
Number of women	44	16	61	21	81

Note: Total may not add to 100.0 percent because of multiple responses.

Information on percent distribution of discontinued users of modern spacing methods by reasons for discontinuation, according to standard of living index quintiles is presented in Table 4.18. About half of the oral pill users in all SLI quintiles have reported the reason for discontinuation as the method 'created health problem'. For users

in the first SLI quintile, the other most commonly mentioned reasons for discontinuing are method failed/got pregnant (15.7 percent), did not like the method (13.2 percent) and for fifth SLI quintile the other major reason is that the couple wanted to have a child (20.2 percent). More than 20 percent of the condom users in first SLI quintile reported

the main reasons for discontinuing condoms as; they wanted to have a child (26.4 percent) and did not like the method (21.4 percent) whereas thirty to forty percent of women in higher SLI quintiles have reported the reason as 'wanted to have a child'. About one-fifth of the women in third and fourth SLI quintiles have reported the reason

TABLE 4.18: REASONS FOR DISCONTINUATION BY SLI QUINTILES

Percent distribution of lapsed users of modern spacing methods by reasons for discontinuation, according to method and standard of living index quintiles, Agra, 2006

Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
ORAL PILLS					
Method failed/Got pregnant	15.7	13.0	8.1	12.3	5.7
Lack of sexual satisfaction	0.0	0.0	0.0	0.2	0.4
Created menstrual problem	8.2	7.0	16.7	14.9	5.9
Created health problem	46.5	49.5	48.5	44.3	49.5
Inconvenient to use method	5.5	0.5	0.0	1.3	0.5
Hard to get method	1.8	1.4	0.0	3.7	0.4
Put on weight	0.0	0.0	0.0	0.6	1.4
Did not like the method	13.2	3.7	0.0	7.6	5.4
Wanted to have a child	3.1	21.1	24.8	9.9	20.2
Wanted to replace dead child	1.3	0.0	0.0	2.1	0.0
Lack of privacy	0.0	0.0	0.5	0.0	0.0
Husband away	5.3	0.0	0.0	1.4	1.6
Costs too much	2.2	0.0	4.9	0.0	0.0
Other	6.0	6.6	8.4	3.2	9.7
Number of women	32	47	39	82	60
CONDOM					
Method failed/Got pregnant	12.9	4.1	17.5	18.8	7.8
Lack of sexual satisfaction	5.3	5.4	0.0	5.6	7.5
Created menstrual problem	0.0	1.4	4.2	0.0	3.5
Created health problem	2.9	6.6	9.9	8.9	12.9
Inconvenient to use method	4.4	2.8	2.5	1.1	3.8
Hard to get method	11.2	.4	8.2	2.7	6.6
Did not like the method	21.4	3.7	15.1	14.3	10.8
Wanted to have a child	26.4	44.5	35.4	34.1	41.0
Wanted to replace dead child	0.0	2.9	0.0	0.0	0.0
Lack of privacy	0.0	0.0	0.3	0.3	0.3
Husband away	0.0	14.3	0.8	2.3	3.3
Costs too much	14.2	8.1	2.9	1.7	2.0
Other	1.3	13.7	5.8	12.1	5.8
Number of women	24	63	58	84	95
IUCD/COPPER-T					
Method failed/Got pregnant	0.0	0.0	0.0	4.3	0.0
Created menstrual problem	0.0	25.2	28.0	20.3	6.8
Created health problem	86.7	49.4	49.1	49.0	67.1
Inconvenient to use method	0.0	0.0	17.8	1.3	0.0
Hard to get method	0.0	0.0	0.0	0.0	2.0
Put on weight	0.0	0.0	0.0	0.0	5.8
Did not like the method	0.0	8.6	0.0	5.0	0.0
Wanted to have a child	13.3	19.4	10.2	10.7	10.5
Other	0.0	0.0	12.8	10.4	7.8
Number of women	2	8	10	21	40

Note: Total may not add to 100.0 percent because of multiple responses.

as ‘the method failed/got pregnant’. With regard to the reasons for discontinuation of IUCD/Copper-T use, 87 percent of IUCD/Copper-T users in first quintile and about half of the users in second to fourth quintile have reported the reason for discontinuation as the method ‘created health problem’. Among women in fifth SLI quintile, the most commonly mentioned reason for discontinuation is the method ‘created health problem’. More

than 20 percent of users in second to fourth quintiles have reported the reason as the method created menstrual problem.

Table 4.19 shows the percent distribution of never users of contraceptives by reasons for non-use, according to place of residence. Among never users, thirty one percent reported the reason for never use as ‘want more children’ and 15 percent reported the reason

as ‘postpartum/breast feeding’. Thirty six percent of the urban never users and 29 percent of the rural never users have reported the reason for never use as ‘want more children’. The other most commonly mentioned reasons among both urban and rural non-users are ‘postpartum/breast feeding’, ‘infrequent sex’, and ‘menopausal/hysterectomy’.

TABLE 4.19: REASONS FOR NEVER USING CONTRACEPTIVES

Percent distribution of never users of contraceptives by reasons for non-use, according to place of residence, Agra, 2006

Reasons	Urban		Total	Rural	All areas
	Non-Slum	Slum			
Husband away	0.7	0.9	0.7	2.3	1.8
Not having sex	1.4	1.0	1.3	1.3	1.3
Infrequent sex	7.1	7.8	7.3	9.5	8.9
Menopausal/hysterectomy	10.7	7.6	9.7	6.4	7.4
Sub-fecund/ In-fecund	7.4	4.2	6.4	4.6	5.1
Postpartum/Breastfeeding	11.3	13.9	12.2	16.1	14.9
Wants more children	36.0	35.8	35.9	29.1	31.2
Opposed to family planning	0.0	0.7	0.2	0.3	0.3
Husband opposed	2.3	2.3	2.3	4.6	3.9
Other people opposed	0.1	0.5	0.2	0.3	0.2
Against religion	1.7	3.6	2.3	0.4	1.0
Knows no method	0.0	0.8	0.3	0.8	0.6
Knows no source	1.2	1.9	1.4	2.1	1.9
Health concerns	4.9	4.6	4.8	2.9	3.5
Worry about side-effects	1.7	1.3	1.5	1.6	1.6
Hard to get method	0.3	0.4	0.4	1.7	1.3
Costs too much	1.1	0.9	1.1	1.0	1.0
Inconvenient	0.0	0.0	0.0	0.1	0.0
Afraid of sterilization	0.1	0.3	0.2	0.5	0.4
Don't like existing methods	4.1	3.8	4.0	4.7	4.5
Other	7.9	7.6	7.8	9.0	8.6
DK	0.0	0.2	0.1	0.9	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	446	226	673	1553	2226

Note: Total may not add to 100.0 percent because of multiple responses.

TABLE 4.20: REASONS FOR NEVER USING CONTRACEPTIVES BY SLI QUINTILES

Percent distribution of never users of contraceptives by reasons for non use, according to standard of living index quintiles, Agra, 2006

Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Husband away	2.3	3.1	1.0	1.1	1.1
Not having sex	1.0	1.2	1.5	0.4	2.4
Infrequent sex	8.8	10.8	7.7	6.6	10.2
Menopausal/hysterectomy	5.2	6.4	6.7	12.3	6.9
Sub-fecund/ In-fecund	5.1	3.9	5.3	3.2	8.6
Postpartum/Breastfeeding	16.8	15.3	15.5	14.3	11.8
Wants more children	31.1	28.5	31.1	32.2	33.5
Opposed to family planning	0.0	0.8	0.0	0.3	0.3
Husband opposed	3.6	5.0	4.1	4.0	2.7
Other people opposed	0.3	0.3	0.5	0.1	0.0
Against religion	0.9	0.3	0.4	2.0	1.3
Knows no method	1.5	0.7	0.0	0.3	0.3
Knows no source	3.7	2.0	1.6	1.3	0.5
Health concerns	2.7	3.9	3.4	4.3	3.0
Worry about side-effects	1.1	0.9	3.6	1.6	0.9
Hard to get method	2.3	1.1	2.1	0.3	0.4
Costs too much	1.7	0.8	0.6	0.2	1.8
Inconvenient	0.0	0.0	0.2	0.0	0.0
Afraid of sterilization	1.1	0.2	0.1	0.3	0.2
Don't like existing methods	3.0	5.6	4.4	5.8	3.6
Other	7.2	8.6	9.1	9.0	9.7
DK	0.6	0.5	1.1	0.4	0.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	514	478	419	429	386

Note: Total may not add to 100.0 percent because of multiple responses.

Distribution of never users of contraceptives by reasons for non-use, according to standard of living index is presented in Table 4.20. There are no notable differences in the reasons for never use of contraception according to standard of living. Among non users in all SLI quintiles, the most commonly mentioned reason is 'want more children' which varies from 29 percent in the second SLI quintile to 34 percent in the fifth SLI quintile. Another major reason is 'postpartum/breastfeeding', which declines from 17 percent in the first

SLI quintile to 12 percent in the fifth SLI quintile. Overall the variation with changes in standard of living is inconsistent.

Table 4.21 shows the percent distribution of non-users of contraceptives by intention to use according to place of residence and standard of living index quintiles. About one fifth of the non-users think that they will use a method to delay or avoid pregnancy within one year. More than half of the non-users think that they will use a method to delay or avoid pregnancy

some time in the future. About 12 percent of the non-users do not know whether they will use a method to delay or avoid pregnancy in the future and the corresponding percent for urban and rural non-users are 10 and 13.2 respectively. There are no considerable rural-urban differentials in intention to use contraceptives within one year or in the future. There are no significant variations in the intention to future use of contraception according to standard of living index.

TABLE 4.21: INTENTION TO USE CONTRACEPTIVES BY PLACE OF RESIDENCE AND SLI QUINTILES

Percent of non-users of contraceptives by intention to use, according to place of residence and standard of living index quintiles, Agra, 2006

Reasons	Urban			Rural	Total
	Non-Slum	Slum	Total		
Think that they/couple will use a method to delay or avoid pregnancy within one year					
Yes	19.8	18.0	19.2	23.6	22.2
No	75.0	76.1	75.3	70.8	72.3
Don't know	5.2	5.8	5.4	5.6	5.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	604	293	897	1793	2690
Think that they/couple will use a method to delay or avoid pregnancy a any time in the future					
Yes	52.7	50.6	52.0	50.0	50.7
No	37.3	39.4	38.0	36.9	37.3
Don't know	10.0	10.0	10.0	13.2	12.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number²	484	240	724	1370	2094
Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Think that they/couple will use a method to delay or avoid pregnancy within one year					
Yes	24.4	21.4	20.0	22.7	22.2
No	71.0	73.5	72.1	72.4	72.5
Don't know	4.6	5.1	7.9	4.9	5.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	555	583	504	536	513
Think that they/couple will use a method to delay or avoid pregnancy a any time in the future					
Yes	50.1	46.6	50.7	55.2	51.2
No	37.6	39.4	36.9	35.0	37.2
Don't know	12.3	14.0	12.5	9.8	11.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number²	420	458	403	415	399

¹Currently not using any contraceptive method

²Currently not using any contraceptive method and don't want to use them with in a year

Table 4.22 provides information on the distribution of currently married women who need the consent of family members to use contraception and persons from whom the consent is needed. Forty six percent of all currently

married women in Agra need the consent of family members for using contraception; 43.3 percent of the women in urban areas and 47.7 percent of the women in rural areas. About half of the women need consent from their mothers and 34

percent need consent from their mother-in-law. There are slight rural –urban differences in the percent of persons from whom consent is to be obtained.

TABLE 4.22: CONSENT OF FAMILY MEMBERS FOR USING CONTRACEPTIVES

Percent of currently married women who need consent of family members for use of contraception and persons from whom the consent is needed, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-Slum	Slum	Total		
Think that the couple need to take consent of family members					
Yes	43.1	43.8	43.3	47.7	46.2
No	56.9	56.2	56.7	52.3	53.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	375	174	549	1108	1657
Percent of those who need consent from family members by persons from whom consent is to be obtained before using contraceptives					
Mother	53.0	60.0	55.3	47.0	49.6
Mother-in-law	32.2	25.7	30.1	35.1	33.6
Father	4.3	10.6	6.4	12.2	10.4
Father-in-law	2.3	2.6	2.4	7.3	5.8
Others	27.6	20.3	25.3	23.2	23.9
Number²	162	76	238	528	766

¹Persons who intend to use contraceptive method in future

²Persons who intend to use contraceptive method in future and needs consent from family members

Table 4.23 shows the percent distribution of currently married women who need the consent of family members for using oral pills/condoms and persons from whom the consent is needed. Eighty three percent of currently married women reported that they need consent from family members for using oral pills. Among them, 98 percent need consent from their husbands. There are no notable rural-urban

differences in the percentages of currently married women who need consent of family members for using oral pills/condoms and persons from whom the consent is needed. With regard to the use of condoms, three-fourths of the currently married women think that consent from family members is needed and almost all need consent from the husband.

Table 4.24 gives information on the percent distribution of currently married women who intend to use contraceptives in future by method, according to place of residence and standard of living index quintiles. Eighty three percent of the women prefer to use any modern method and one-fourth of the women prefer to use any modern spacing method in the future.

TABLE 4.23: CONSENT OF FAMILY MEMBERS FOR USING ORAL PILLS/CONDOMS

Percent of currently married women who need consent of family members for using oral pills/condoms, persons from whom the consent is needed, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
ORAL PILLS					
Think that consent from family members is needed to use oral pills					
Yes	80.1	82.5	80.8	84.9	83.1
No	19.9	17.5	19.2	15.1	16.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number ¹	1215	520	1735	2263	3997
Percent among those who need consent before using oral pills by persons from whom the consent is needed#					
Husband	98.3	98.1	98.2	97.6	97.9
Mother	0.6	0.4	0.6	1.0	0.8
Mother-in-law	5.6	5.9	5.7	9.6	8.0
Father	0.0	0.1	0.0	0.0	0.0
Father-in-law	0.4	0.2	0.3	0.7	0.5
Others	0.5	1.0	0.6	1.3	1.0
Number²	973	429	1402	1920	3322
CONDOMS					
Think that consent from family members is needed to use condoms					
Yes	71.7	73.5	72.2	76.4	74.6
No	28.3	26.5	27.8	23.6	25.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number ¹	1175	499	1674	2146	3820
Percent among those who need consent before using condoms by persons from whom the consent is needed#					
Husband	99.9	99.4	99.7	98.9	99.3
Mother	0.0	0.0	0.0	0.2	0.1
Mother-in-law	1.0	1.7	1.3	3.1	2.3
Father	0.0	0.0	0.0	0.1	0.0
Father-in-law	0.1	0.0	0.0	0.4	0.3
Others	0.0	0.5	0.2	0.4	0.3
Number ²	843	367	1210	1640	2849

¹Persons who have heard of oral pill/condom.

²Persons who have heard of oral pills/condom and need consent to use oral pills/condoms

#Multiple response, total may add to more than 100.0

TABLE 4.24: PREFERRED METHOD FOR FUTURE USE BY PLACE OF RESIDENCE AND SLI QUINTILES

Percent distribution of currently married women who intend to use contraceptives in future by method, according to place of residence and standard of living index quintiles, Agra, 2006

Method	Urban			Rural	All areas
	Non Slum	Slum	Total		
Pills	13.4	12.2	13.0	10.3	11.2
Condom/Nirodh	8.5	5.5	7.5	9.1	8.6
IUCD/Copper-T	1.6	2.5	1.9	0.9	1.2
Injections	3.9	4.9	4.2	4.5	4.4
Female sterilization	56.5	55.1	56.1	58.0	57.3
Male sterilization	0.9	0.1	0.6	0.1	0.3
Rhythm /safe period	2.3	4.8	3.1	1.7	2.2
Withdrawal	0.0	0.3	0.1	0.4	0.3
Others	0.3	0.8	0.5	0.9	0.8
DK/Unsure	12.6	13.8	13.0	14.2	13.8
Total percent	100.0	100.0	100.0	100.0	100.0
Sterilization	57.4	55.3	56.7	58.1	57.6
Any modern method	84.8	80.3	83.3	82.8	83.0
Any modern spacing method	27.4	25.1	26.6	24.7	25.4
Any method	87.4	86.2	87.0	85.8	86.2
Number¹	375	176	550	1108	1658
Method	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Pills	9.9	12.6	11.2	10.8	11.5
Condom/Nirodh	5.6	7.3	7.2	10.9	11.8
IUCD/Copper-T	0.3	2.1	0.5	0.8	2.4
Injections	4.6	4.8	2.9	4.4	5.3
Female sterilization	61.7	56.7	58.9	58.7	50.2
Male sterilization	0.0	0.1	0.4	0.3	0.7
Rhythm /safe period	0.9	3.0	2.9	3.1	0.9
Withdrawal	0.1	0.3	0.8	0.0	0.3
Others	2.7	0.1	0.1	0.2	0.5
DK/Unsure	14.2	13.1	15.1	10.6	16.3
Total percent	100.0	100.0	100.0	100.0	100.0
Sterilization	61.7	56.7	59.3	59.0	51.0
Any modern method	82.1	83.5	81.1	86.0	82.0
Any modern spacing method	20.4	26.7	21.8	26.9	31.0
Any method	85.8	86.9	84.9	89.4	83.7
Number¹	345	338	305	351	320

¹Persons who intend to use contraceptive method in future

A majority (57 percent) of the currently married women who intend to use contraception say they intend to use female sterilization. The next most preferred method is pill (11.2 percent) followed by condom/Nirodh (8.6 percent), and injections (4.4 percent). Results are almost similar for urban and rural areas. Only 0.6 percent of the urban women and 0.1 percent of the rural women mention male sterilization as the preferred method. Thirteen percent of the urban women and 14.2 percent of the rural women do not know or are unsure about the preferred method for future use.

There are considerable differences in the intention to use sterilization and modern spacing methods in

the future according to standard of living index. Whereas 62 percent of women in the first SLI quintile reported sterilization as the most preferred method this was 51 percent for women in the fifth SLI quintile. About 20 percent of the women in first SLI quintile intend to use any modern spacing method in the future whereas 31 percent of women in fifth SLI quintile do so.

The distribution of currently married women never wanting to use contraceptives by reasons, according to place of residence is shown in Table 4.25. Eighteen percent of women in all areas reported the reason for never wanting to use contraception as 'want more children' and 17 percent reported

the reason as 'infrequent sex'. The other most commonly mentioned reasons are 'health concerns' (8.8 percent), 'menopausal/hysterectomy' (8.1 percent), and 'don't like existing methods' (6.6 percent). There are substantial rural-urban differences in the reasons for never wanting to use contraceptives. Among urban women, the most commonly mentioned reasons are 'menopausal/hysterectomy' (16.2 percent), 'infrequent sex' (15.5 percent), and 'want more children' (14.5 percent), and among women in rural areas, the most commonly reported reasons are 'want more children' (20.2 percent) and 'infrequent sex' (17.6 percent). There are no particular differences between the slum and non-slum urban areas.

TABLE 4.25: REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES

Percent distribution of currently married women never wanting to use contraceptives by reasons, according to place of residence, Agra, 2006

Reasons	Urban			Rural	All areas
	Non-slum	Slum	Total		
Not having sex	3.3	2.1	2.9	2.0	2.3
Infrequent sex	18.0	10.6	15.5	17.6	16.9
Menopausal/hysterectomy	16.8	15.2	16.2	3.9	8.1
Sub-fecund/In-fecund	3.8	6.0	4.5	4.6	4.6
Wants more children	14.1	15.4	14.5	20.2	18.3
Opposed to family planning	0.0	0.5	0.2	0.7	0.5
Husband opposed	0.8	0.5	0.7	4.1	3.0
Other people opposed	0.2	0.8	0.4	0.4	0.4
Against religion	6.6	9.1	7.5	1.1	3.3
Knows no source	1.9	2.6	2.1	2.4	2.3
Health concerns	12.0	9.7	11.2	7.6	8.8
Worry about side-effects	2.9	3.5	3.1	2.1	2.5
Hard to get method	0.0	0.2	0.1	0.8	0.6
Costs too much	1.0	1.8	1.3	1.8	1.6
Inconvenient	0.0	0.5	0.2	0.5	0.4
Afraid of sterilization	0.6	1.8	1.0	2.6	2.0
Don't like existing methods	5.6	6.7	6.0	6.8	6.6
Other	12.3	11.0	11.9	15.3	14.1
DK	0.2	2.0	0.8	5.5	3.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	229	119	348	687	1034

¹Never wanting to use contraceptives.

Table 4.26 provides information on the percent distribution of currently married women never wanting to use contraceptives by reasons, according to standard of living index. In this regard there are no particular differences. About one-fifth of the women in all the SLI quintiles except the fourth quintile reported the reason for never wanting to use contraceptives as they 'want more children'. The most commonly reported reason among women in fourth SLI quintile is infrequent sex (18.6 percent). For women in the first SLI quintile, the other most

commonly mentioned reasons for never wanting to use contraceptives are 'infrequent sex' (16.3 percent) and 'health concerns' (7.3 percent). For the fifth quintile other major reasons are 'infrequent sex' (18.5 percent), and 'menopausal/hysterectomy' (17.0 percent).

Table 4.27 shows the percent of currently married women who have heard about oral pills/condoms by its use to space children, according to place of residence. Among women who have heard about oral pills, eighty one percent reported that

they use oral pills to space children and 85 percent discuss the use of oral pills with their spouse. Close to 90 percent of urban women and 75 percent of rural women use oral pills to space children. Regarding condom use, eighty one percent women use condoms to space children and eighty eight percent of them discuss the use of condoms with their spouse. Eighty seven percent of women in urban areas and 77 percent of women in rural areas use condoms to space children.

TABLE 4.26: REASONS FOR NEVER WANTING TO USE CONTRACEPTIVES BY SLI QUINTILES

Percent distribution of currently married women never wanting to use contraceptives by reasons, according to standard of living index quintiles, Agra, 2006

Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Not having sex	1.0	3.7	0.7	1.0	5.0
Infrequent sex	16.3	17.3	13.8	18.6	18.5
Menopausal/hysterectomy	2.7	4.4	6.8	10.9	17.0
Sub-fecund/In-fecund	9.0	2.1	2.2	3.4	6.6
Wants more children	17.2	21.5	18.2	14.4	19.2
Opposed to family planning	0.0	1.5	0.2	0.0	0.6
Husband opposed	5.0	4.4	0.7	3.2	1.0
Other people opposed	0.8	0.0	0.9	0.0	0.4
Against religion	2.7	1.5	1.7	7.9	3.3
Knows no source	5.6	2.7	1.2	1.6	0.0
Health concerns	7.3	14.2	9.3	8.0	4.1
Worry about side-effects	0.0	2.1	4.2	1.9	4.2
Hard to get method	0.0	1.2	0.6	0.4	0.6
Costs too much	3.6	1.1	2.6	0.0	0.6
Inconvenient	0.3	0.3	0.0	0.0	1.3
Afraid of sterilization	6.1	1.1	2.0	0.2	0.5
Don't like existing methods	4.7	5.3	10.2	6.8	6.2
Other	13.0	13.6	17.7	18.8	7.9
DK	4.8	2.0	7.1	2.9	3.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	209	245	199	186	196

¹Never wanting to use contraceptives.

TABLE 4.27: USE OF ORAL PILLS/CONDOMS TO SPACE CHILDREN AND DISCUSSION WITH SPOUSE

Percent of currently married women who have heard about oral pills/condoms by its use to space children, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
ORAL PILLS					
Use oral pills to space children					
Yes	88.7	85.4	87.7	75.2	80.6
No	2.5	2.5	2.5	3.7	3.2
Don't know	8.9	12.1	9.8	21.2	16.2
Discuss use of oral pills with spouse					
Yes	86.3	86.5	86.4	83.8	84.9
No	3.4	3.3	3.4	3.7	3.6
Can't say	10.2	10.2	10.2	12.5	11.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number	1215	520	1735	2263	3997
CONDOMS					
Use condoms to space children					
Yes	86.8	86.0	86.6	77.2	81.3
No	2.4	1.8	2.2	3.4	2.9
Don't know	10.8	12.2	11.2	19.4	15.8
Discuss use of condoms with spouse					
Yes	90.8	91.3	91.0	85.2	87.7
No	2.5	2.6	2.5	3.6	3.1
Can't say	6.7	6.1	6.5	11.2	9.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number	1175	499	1674	2146	3820

The distribution of currently married women who will encourage friends/relatives to use oral pills/condoms according to place of residence is presented in Table 4.28. About half of the women reported that they will encourage others to use pills and condoms. The percentage of women who will encourage others to use pills and condoms are more in urban areas than in rural areas. Within urban

areas there is no notable variation among the women from slum and non-slum areas.

Table 4.29 provides information on the percent of currently married women who report that the use of condoms reduces sexual pleasure and its use is sign of infidelity. Only 6.3 percent of women reported that condom usage reduces sexual pleasure and 72 percent said that

they could not say. Seven percent of urban women and 5.5 percent of rural women reported that condom use reduces sexual pleasure. Only 3.9 percent reported that use of condom is sign of infidelity and 56 percent had no opinion. There are no significant rural-urban differences in the percent of women who reported that use of condoms reduces sexual pleasure and its use is a sign of infidelity.

TABLE 4.28: ENCOURAGE FRIENDS/RELATIVES TO USE ORAL PILLS/CONDOMS

Percent of currently married women who will encourage friends/relatives to use oral pills/condoms, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
Encourage others to use oral pills					
Yes	55.8	56.0	55.9	48.2	51.5
No	22.1	18.3	21.0	17.2	18.8
Can't say	22.1	25.7	23.2	34.6	29.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1215	520	1735	2263	3997
Encourage others to use condoms					
Yes	51.9	52.6	52.1	45.2	48.2
No	22.2	18.5	21.1	17.5	19.1
Can't say	25.9	28.9	26.8	37.3	32.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1175	499	1674	2146	3820

TABLE 4.29: PERCEIVED PLEASURE OF USING CONDOMS AND ITS USE AS A SIGN OF INFIDELITY

Percent of currently married women who report that use of condoms reduces sexual pleasure and its use is sign of infidelity, according to place of residence, Agra, 2006

Item	Urban			Rural	All areas
	Non-slum	Slum	Total		
Condom reduces sexual pleasure					
Yes	8.1	5.7	7.4	5.5	6.3
No	22.3	25.7	23.3	19.9	21.4
Can't say	69.6	68.6	69.3	74.6	72.3
Use of condoms is sign of infidelity					
Yes	3.2	4.3	3.5	4.2	3.9
No	37.9	43.6	39.6	40.9	40.3
Can't say	59.0	52.1	56.9	54.8	55.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1175	499	1674	2146	3820

ANTENATAL, NATAL AND POSTNATAL CARE

This chapter discusses the situation regarding various attributes related to antenatal and delivery care of women in Agra district. The aspects covered include antenatal care visits, care provider, types of care received, use of IFA tablets/syrup, TT injection and delivery care.

5.1 ANTENATAL CARE RECEIVED

Of the 1401 mothers covered in the survey, 79.8 percent had received some antenatal care. The greatest extent of care was received by those in the 20-34 year age group (81 to 83 percent) while lesser numbers in the youngest (73 percent) and oldest (71 percent) age groups reported that they had received at least some antenatal care. As regards the number of children born, those with three births reported that they have received care (85 percent) than those with one or two births (80 percent) and those with four or more births (77 percent). The percentage receiving any antenatal care is low among rural women (77 percent) as compared to urban women (87 percent). Within urban areas, the percentage is lower in slum areas (83 percent) in comparison

FIGURE 5.1: ANY ANTENATAL CARE BY PLACE OF RESIDENCE

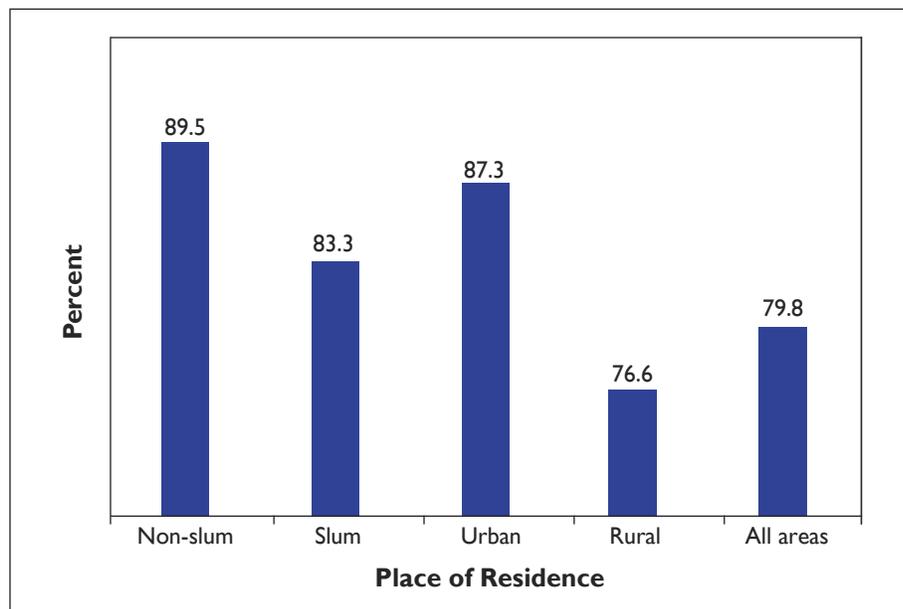


FIGURE 5.2: ANY ANTENATAL CARE BY SLI QUINTILES

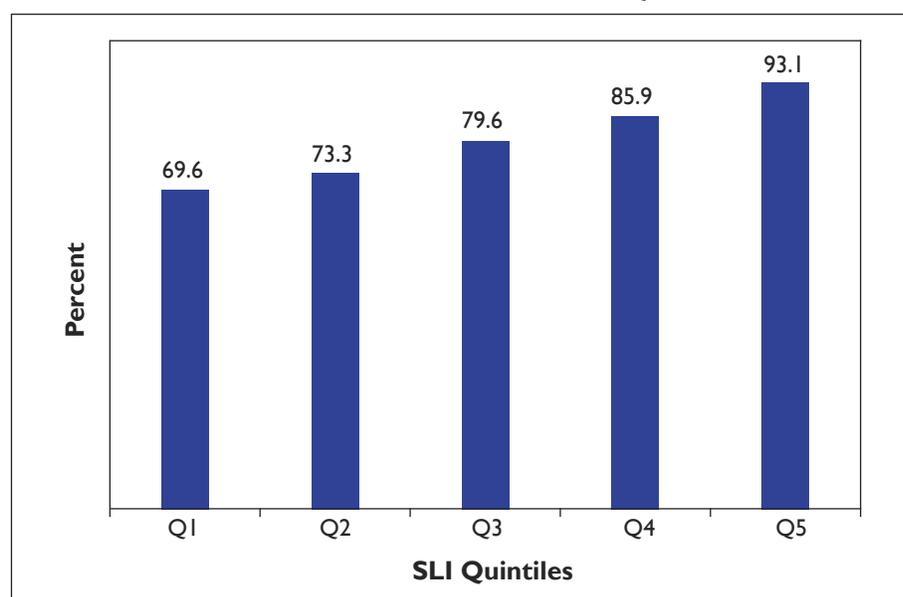


TABLE 5.1: ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percentage of mothers who received antenatal care, according to selected characteristics, Agra, 2006

Characteristics	Any antenatal care*	Number of mothers ¹	Antenatal care provider					Missing	Number of mothers ²
			Doctor	ANM/ Nurse/ LHV	ISM Practitioner	Dai	Other		
Age of the mother									
15-19	73.3	141	25.5	27.3	0.0	0.0	0.0	54.2	104
20-24	82.5	536	33.9	38.3	0.0	0.5	1.0	36.0	442
25-34	80.5	629	30.8	34.2	0.3	0.3	0.7	41.7	506
35-49	70.5	95	17.8	30.3	0.0	3.3	0.0	55.9	67
Children ever born									
1	80.4	325	42.4	36.9	0.0	0.0	0.0	32.3	261
2	80.3	317	36.3	37.3	0.1	0.9	0.8	36.0	254
3	85.2	259	27.5	30.4	0.1	0.1	1.8	47.7	220
4+	76.6	499	21.1	34.7	0.3	0.9	0.4	47.7	382
Place of residence									
Urban non-slum	89.5	277	51.0	45.0	0.0	0.8	0.0	18.1	248
Urban slum	83.3	150	47.0	42.4	0.2	0.5	0.0	21.5	125
Urban	87.3	427	49.7	44.2	0.1	0.7	0.0	19.2	373
Rural	76.6	973	21.3	30.4	0.1	0.4	1.1	52.6	745
Religion									
Hindu	79.6	1259	29.9	34.6	0.1	0.4	0.8	42.7	1002
Muslim	81.4	138	36.8	38.0	0.0	1.9	0.0	30.9	112
Caste/Tribe									
Scheduled caste/tribe	77.7	424	27.1	36.5	0.0	0.4	1.2	42.8	329
Other backward caste	77.8	461	29.3	33.1	0.0	1.0	0.3	43.5	358
Other	83.5	516	34.8	35.3	0.3	0.2	0.6	38.7	431
Education									
Illiterate	72.7	792	20.3	31.2	0.0	0.9	0.6	52.5	576
Literate, < 8 th grade	86.9	180	36.0	41.5	0.0	0.2	2.0	30.3	157
8-11 th grade	89.5	257	41.8	36.5	0.5	0.1	0.5	32.3	230
12+ grade	95.7	97	68.2	37.6	0.2	0.0	0.0	14.0	92
Literate (non-formal)	84.4	76	18.9	43.4	0.0	0.0	0.0	42.3	64
SLI Quintiles									
Q1	69.6	305	12.1	28.3	0.0	2.2	0.5	60.7	213
Q2	73.3	295	22.1	27.4	0.0	0.0	0.4	53.7	216
Q3	79.6	269	26.1	41.1	0.0	0.2	2.0	41.3	214
Q4	85.9	272	32.6	42.9	0.1	0.2	0.0	32.6	234
Q5	93.1	259	57.2	34.6	0.5	0.1	0.7	22.2	241
Total	79.8	1401	30.8	35.0	0.1	0.5	0.7	41.4	1118

Note: Based on mothers who gave birth during last 2 years preceding the survey. If more than one birth to a woman, information pertaining to the last child is considered.

¹Mothers who gave birth during last 2 years preceding the survey.

²Mothers who gave birth during last 2 years preceding the survey and received antenatal care

*Received only IFA tablets or TT injection or both.

with non-slum areas (90 percent). Religion-wise differences are only minimal whereas caste differences show a lesser degree of antenatal coverage among backward classes. Both education and SLI tend to have a positive effect on antenatal coverage of women. While only 73 percent of illiterate mothers have received any antenatal care, among those who have completed 12th grade, the coverage is 96 percent. Likewise, in the first SLI quintile the extent of antenatal coverage is only 70 percent as compared to 93 percent in the fifth quintile.

5.1.1 Number and Timing of Antenatal Care

Number and timing of antenatal care visits by mothers who have given birth during the last two years preceding the survey are shown in Tables 5.2 and 5.3. The information missing (about 42 percent) in these two tables are those cases in which the women received either IFA or TT injections or both but did not receive any checkup. Of those who received any ANC, 14 percent had one checkup, 16 percent had 2 checkups and 28 percent had 3 or more checkups. The proportion who receiving 3 or more ANC increases with standard of living and also by their educational level. For instance, 12 percent of women from first SLI quintile received 3 or more ANC compared with 48 percent among fifth SLI quintile. Similarly, the women from rural areas and urban slums are less likely to receive 3 or more ANC compared with their urban non-slum counterparts.

The timing of first ANC is very important and it is advised that all

pregnant mothers should receive their first ANC during the first trimester of pregnancy. In Agra, 35 percent among those who received any ANC; received the same during first trimester, 17 percent in second trimester and seven percent in the third trimester. Urban-rural differentials are substantial with 50 percent of those who received any ANC in urban areas receive care during first trimester compared with 27 percent in case of rural women. The level of education and standard of living are positively associated with the proportion receiving ANC in the first trimester. Of those who

who received any ANC, 27 percent of the illiterate mothers received the same during first trimester of pregnancy compared with 73 percent of mothers educated upto 12th grade or above.

5.2 USE OF IFA SUPPLEMENTATION

In Table 5.4 the use of IFA tablets/syrup is presented according to background characteristics. Overall, 45 percent of women reported that they have received IFA tablets/syrup in some quantities. While 27 percent of mothers reported that they had received enough IFA tablets/ syrup,

FIGURE 5.3: RECEIVED ANTENATAL CARE DURING FIRST TRIMESTER BY PLACE OF RESIDENCE

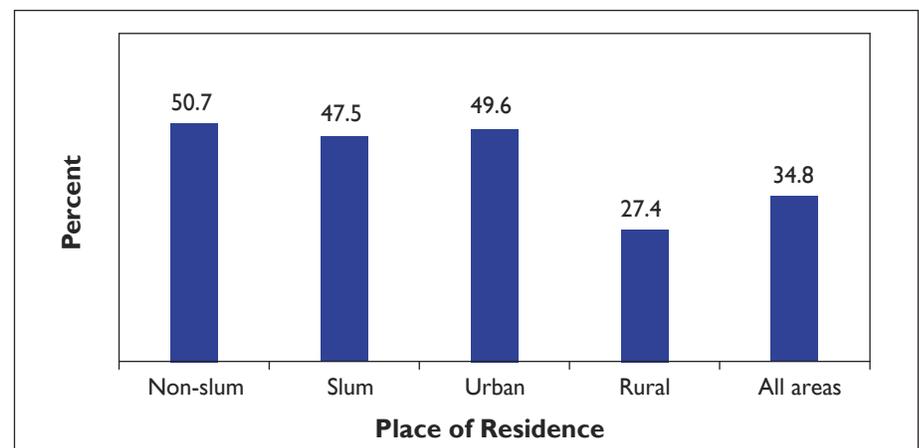


FIGURE 5.4: RECEIVED ANTENATAL CARE DURING FIRST TRIMESTER BY SLI QUINTILES

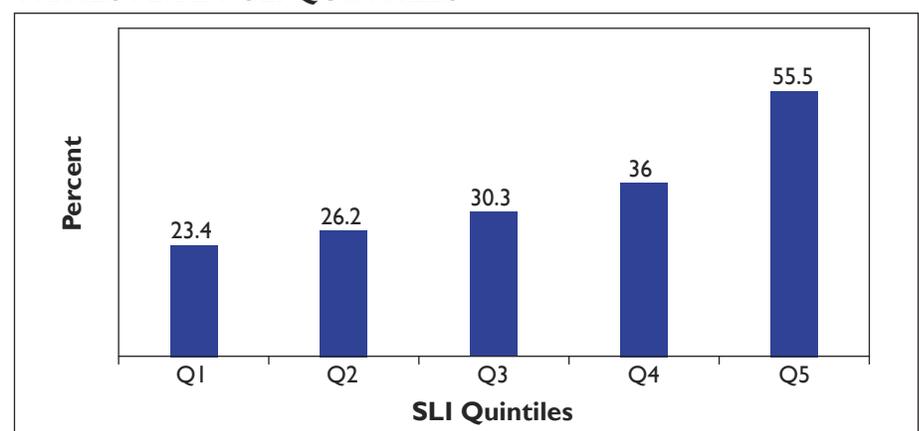


TABLE 5.2: NUMBER OF ANTENATAL CARE VISITS BY SELECTED CHARACTERISTICS

Percent distribution of mothers who received antenatal care by number of visits, according to selected characteristics, Agra, 2006

Characteristics	Number of antenatal care visits					Total percent	Number of mothers
	1	2	3	4+	Missing		
Age of the mother							
15-19	11.5	19.9	9.2	5.2	54.2	100.0	104
20-24	14.4	16.7	15.8	17.2	36.0	100.0	442
25-34	15.0	14.5	13.4	14.9	42.2	100.0	506
35-49	13.9	12.5	10.2	7.5	55.9	100.0	67
Children ever born							
1	12.3	16.1	16.0	23.3	32.3	100.0	261
2	14.5	18.2	14.5	15.6	37.2	100.0	254
3	11.8	15.5	13.4	11.4	47.7	100.0	220
4+	17.1	14.0	12.0	9.3	47.6	100.0	382
Place of residence							
Urban non-slum	12.9	15.9	23.6	29.7	17.9	100.0	248
Urban slum	15.7	20.2	21.6	20.9	21.5	100.0	125
Urban	13.9	17.4	22.9	26.7	19.1	100.0	373
Rural	14.6	14.9	9.2	8.3	53.0	100.0	745
Religion							
Hindu	14.6	15.7	12.9	13.8	43.0	100.0	1002
Muslim	12.2	16.8	21.0	19.1	30.9	100.0	112
Caste/Tribe							
Scheduled caste/tribe	16.1	15.7	14.9	10.5	42.8	100.0	329
Other backward caste	12.8	17.3	14.1	12.2	43.5	100.0	358
Other	14.3	14.5	12.6	19.2	39.3	100.0	431
Education							
Illiterate	15.8	12.7	10.5	8.1	52.9	100.0	576
Literate, < 8 th grade	15.3	25.8	16.8	12.1	30.0	100.0	157
8-11 th grade	12.9	18.0	17.8	19.0	32.3	100.0	230
12+ grade	8.9	10.6	16.5	49.9	14.0	100.0	92
Other (informal)	11.8	18.0	17.7	9.3	43.1	100.0	64
SLI Quintiles							
Q1	16.1	11.1	6.5	5.6	60.7	100.0	213
Q2	14.2	13.0	8.8	9.0	55.0	100.0	216
Q3	17.7	15.7	18.5	6.7	41.5	100.0	214
Q4	10.5	21.9	18.2	16.8	32.6	100.0	234
Q5	13.7	16.4	16.1	31.7	22.0	100.0	241
All areas	14.4	15.8	13.8	14.4	41.7	100.0	1118

Note: Based on mothers who gave birth during last 2 years preceding the survey and received antenatal care.

TABLE 5.3: TIMING OF FIRST ANTENATAL CARE VISIT BY SELECTED CHARACTERISTICS

Percent distribution of mothers who received antenatal care by timing of first visit, according to selected characteristics, Agra, 2006

Characteristics	Timing of first antenatal care visit				Total percent	Number of mothers
	First trimester	Second trimester	Third trimester	Missing		
Age of the mother						
15-19	26.2	11.5	8.2	54.2	100.0	104
20-24	39.7	18.3	6.0	36.0	100.0	442
25-34	34.1	17.5	6.8	41.7	100.0	506
35-49	22.0	14.2	7.8	55.9	100.0	67
Children ever born						
1	45.2	16.5	6.0	32.3	100.0	261
2	37.0	17.8	9.2	36.0	100.0	254
3	31.8	16.1	4.4	47.7	100.0	220
4+	28.1	17.4	6.8	47.7	100.0	382
Place of residence						
Urban non-slum	50.7	23.3	7.9	18.1	100.0	248
Urban slum	47.5	21.5	9.5	21.5	100.0	125
Urban	49.6	22.7	8.4	19.2	100.0	373
Rural	27.4	14.2	5.8	52.6	100.0	745
Religion						
Hindu	34.6	16.3	6.3	42.7	100.0	1002
Muslim	35.6	23.4	10.1	30.9	100.0	112
Caste/Tribe						
Scheduled caste/tribe	31.2	18.0	8.1	42.8	100.0	329
Other backward caste	33.1	18.2	5.1	43.5	100.0	358
Other	39.1	15.3	6.9	38.7	100.0	431
Education						
Illiterate	26.6	14.7	6.3	52.5	100.0	576
Literate, < 8 th grade	41.9	21.1	6.7	30.3	100.0	157
8-11 th grade	38.3	20.9	8.5	32.3	100.0	230
12+ grade	73.3	10.6	2.1	14.0	100.0	92
Other (informal)	24.1	23.3	10.2	42.3	100.0	64
SLI Quintiles						
Q1	23.4	9.5	6.4	60.7	100.0	213
Q2	26.2	16.3	3.8	53.7	100.0	216
Q3	30.3	18.9	9.5	41.3	100.0	214
Q4	36.0	24.8	6.6	32.6	100.0	234
Q5	55.5	15.3	7.0	22.2	100.0	241
All areas	34.8	17.0	6.7	41.4	100.0	1118

Note: Based on mothers who gave birth during last 2 years preceding the survey and received antenatal care.

TABLE 5.4: USE IFA TABLET/SYRUP BY SELECTED CHARACTERISTICS

Percent of mothers who received IFA tablet/syrup, according to selected characteristics, Agra, 2006

Characteristics	Percent of mothers who				Number of mothers ²
	Received IFA tablet/ syrup	Received enough tablets/ syrup	Consumed all the tablets/ syrup	Had adequate IFA tablet/ syrup ¹	
Age of the mother					
15-19	33.4	21.3	22.2	14.6	141
20-24	51.7	29.2	38.5	24.2	536
25-34	43.3	27.5	31.5	21.2	629
35-49	30.1	12.4	21.7	10.1	95
Children ever born					
1	47.4	27.5	36.4	22.7	325
2	49.6	29.9	36.9	24.4	317
3	45.3	27.3	31.9	20.9	259
4+	39.3	23.3	27.8	17.6	499
Place of residence					
Urban non-slum	54.5	31.6	47.6	27.5	277
Urban slum	52.4	27.4	44.4	24.6	150
Urban	53.8	30.1	46.5	26.5	427
Rural	40.6	24.9	26.5	18.5	973
Religion					
Hindu	44.3	26.6	32.0	20.9	1259
Muslim	46.2	25.1	36.5	21.2	138
Caste/Tribe					
Scheduled caste/tribe	39.0	22.6	28.2	17.4	424
Other backward caste	41.6	23.8	30.0	18.6	461
Other	51.9	32.0	38.4	25.9	516
Education					
Illiterate	35.3	20.5	23.6	14.8	792
Literate, < 8 th grade	55.8	33.5	42.2	28.3	180
8-11 th grade	57.5	32.3	43.9	26.9	257
12+ grade	65.9	50.2	59.1	44.6	97
Other (informal)	44.3	22.8	30.8	17.2	76
SLI Quintiles					
Q1	31.8	17.2	17.9	9.3	305
Q2	36.0	21.6	24.4	15.8	295
Q3	48.6	22.7	37.2	19.7	269
Q4	50.2	30.4	38.4	25.9	272
Q5	59.5	42.7	48.2	36.4	259
All areas	44.6	26.5	32.6	20.9	1401

¹Received IFA tablets/syrup to last 100 days and consumed all of them.

²Mothers who gave birth to a child during last 2 years preceding the survey.

33 of them had consumed all the tablets/syrup they received. The percentage of mothers who had received enough IFA tablets/syrup to last 100 days and consumed the whole quantity is only 21 percent.

The percentage of mothers who have received some quantity of IFA tablets/syrup varies according to age of the mother, with the highest percentage among those in the 20-24 age group. The lowest percentage is in the oldest age group of 35-49 years (30 percent) followed by the youngest age group of 15-19 years (33 percent). A higher percentage of women with one or two children ever born have received some quantity of IFA tablets/syrup as compared to those having a greater number of live births. Receipt of IFA is much lower among rural women (41 percent) compared to urban women (54 percent); within urban areas the variation is not much.

The close association of mother's education on antenatal care is evident. While only 35 percent of illiterate women had received IFA, in the highest educational category, it is 66 percent. Similarly, the chance of a woman receiving IFA increases with improvement in standard of living. In the first SLI quintile the percentage is 32 as compared to 60 percent in the fifth quintile.

From the information presented in the Table, a comparison can be made between those who received some quantity of IFA tablets/syrup and those who had received a sufficient quantity and consumed it all. While only 21 percent of women who had given birth during the two years preceding the survey

have received an adequate quantity of IFA and consumed all of it, there are variations according to background variables. The highest percentage is registered among those in the 20-24 and 25-34 age groups; the percentages in the youngest and the oldest age groups being substantially lower. Those with a lesser number of live births (possibly the younger cohorts) registered a higher percentage of complete usage of IFA. As observed earlier in the case of receipt of IFA in any quantity, religion-wise differences are marginal while caste variations show a lower level of receipt and consumption among the backward groups. Increased levels of education and SLI substantially facilitate availing of IFA tables or syrups and their complete usage.

Table 5.5 presents the source of IFA tablets or syrup according to background characteristics. Among those who received at least some quantity of IFA tablets/syrup, a majority (55 percent) received it from government sources, 41.5 percent reported receiving it from private sources and 0.9 percent reported an NGO facility as the source. More women from the youngest and oldest age groups tend to receive IFA from government sources as compared to the middle age groups. The greater the number of children ever born, the higher is the percentage of women receiving IFA from government sources and lesser dependence on private sources. While a majority of Hindu women reported a government facility as the source (57.2 percent), among Muslim women the government facility share was only 38.0 percent; 59.0 percent of Muslim

women reported a private facility as the source. Caste differences though not very much, show that a higher percentage of "other" caste women tend to access IFA from private sources.

With an increase in educational levels, the percentage of women using government sources for IFA decreases. Among the illiterate women 68.7 percent reported dependence upon government sources for IFA while the corresponding percentage in the highest educational category is only 21.2 percent. This means that among the better educated the source for IFA is mainly private. Similar to the observation on education, as standard of living improves the likelihood of using a government facility to obtain IFA decreases. While only 15.6 percent in the first SLI quintile reported the source of IFA as private facility, in the fifth SLI quintile this was reported by 62.5 percent.

The reasons given by mothers for not consuming all IFA tablets/syrup received by them are presented in Table 5.6. The most important reason reported was that women felt sick upon the consumption of IFA (32.9 percent) while 21.0 percent did not use it because they did not feel the tablets/syrup were required. Whereas 11.5 percent reported pain in the abdomen as the cause for non-use, 7.7 percent reported stomach upset or diarrhea and another 5.4 percent said that they suffered from constipation, which led them to stop consuming IFA. Reasons other than those mentioned above were reported by 29.5 percent of women.

TABLE 5.5: SOURCE OF IFA TABLET/SYRUP BY SELECTED CHARACTERISTICS

Percent distribution of mothers who received IFA tablet/syrup by source, according to selected characteristics, Agra, 2006

Characteristics	Source of IFA tablet/syrup				Total percent	Number of mothers ¹
	Government	Private	NGO	Other		
Age of the mother						
15-19	56.1	42.4	0.5	0.9	100.0	47
20-24	53.2	43.9	0.3	2.6	100.0	277
25-34	55.6	39.9	1.6	2.9	100.0	272
35-49	65.0	32.5	0.0	2.5	100.0	28
Children ever born						
1	41.3	56.0	0.7	2.1	100.0	154
2	56.0	40.9	0.5	2.6	100.0	157
3	57.6	38.8	0.3	3.3	100.0	117
4+	63.4	32.3	1.7	2.6	100.0	196
Place of residence						
Urban non-slum	32.6	62.0	1.1	4.2	100.0	151
Urban slum	28.8	61.5	1.2	8.5	100.0	79
Urban	31.3	61.9	1.1	5.6	100.0	230
Rural	68.7	29.7	0.7	0.8	100.0	395
Religion						
Hindu	57.2	39.2	0.9	2.6	100.0	558
Muslim	38.0	59.0	0.5	2.5	100.0	64
Caste/Tribe						
Scheduled caste/tribe	58.7	36.9	2.2	2.2	100.0	165
Other backward caste	58.3	38.4	0.1	3.1	100.0	192
Other	50.3	46.6	0.6	2.5	100.0	268
Education						
Illiterate	68.7	29.1	1.2	1.1	100.0	279
Literate, < 8 th grade	52.0	42.4	0.4	5.2	100.0	101
8-11 th grade	47.9	48.0	0.5	3.6	100.0	148
12+ grade	21.2	73.3	1.6	3.9	100.0	64
Other (informal)	45.5	53.7	0.0	0.8	100.0	34
SLI Quintiles						
Q1	80.8	15.6	2.9	0.7	100.0	97
Q2	72.6	26.0	0.0	1.4	100.0	106
Q3	59.9	38.1	0.4	1.7	100.0	131
Q4	45.5	51.6	0.6	2.3	100.0	137
Q5	31.0	62.5	0.8	5.7	100.0	154
All areas	55.0	41.5	0.9	2.6	100.0	625

¹Mothers who gave birth during last 2 years preceding the survey and received IFA tablet/syrup.

TABLE 5.6: REASONS FOR NOT CONSUMING ALL IFA TABLET/SYRUP RECEIVED BY SELECTED CHARACTERISTICS

Percent of mothers who received IFA tablet/syrup and did not consume all of it by reasons for not consuming, according to selected characteristics, Agra, 2006

Characteristics	Reasons for not consuming all IFA tablet/syrup received ¹						Number of mothers ²	
	Don't need them all	Constipation	Pain in abdomen	Stomach upset or diarrhoea	Feeling sick	Black stools		Others
Children ever born								
1	21.2	6.1	30.1	3.0	16.7	0.0	37.2	36
2	18.1	3.9	0.4	8.6	40.7	0.0	28.8	40
3	29.4	0.0	9.9	0.0	34.5	1.6	27.7	35
4+	17.7	9.4	8.5	14.8	36.5	5.2	26.2	58
Place of residence								
Urban	23.3	7.9	11.8	11.8	33.9	8.0	28.6	31
Rural	20.4	4.9	11.4	6.8	32.6	0.8	29.7	137
Caste/tribe								
Scheduled caste/tribe	12.5	5.4	11.5	14.6	39.0	5.5	33.0	46
Other backward caste	21.6	5.9	9.0	2.9	37.1	0.0	28.0	53
Other	26.0	5.1	13.3	7.0	25.6	1.5	28.3	70
Education								
Illiterate	15.4	5.2	11.9	7.5	34.9	1.1	29.3	92
Literate, < 8 th grade	28.1	0.0	4.2	10.7	26.7	0.0	32.8	24
8-11 th grade	33.4	12.4	17.6	9.2	25.7	5.6	26.2	35
12+ grade	0.0	0.0	3.2	0.0	73.6	0.0	23.3	7
Other (informal)	25.2	0.0	8.6	3.2	27.9	5.4	38.3	10
SLI Quintiles								
Q1	10.1	2.6	12.0	3.3	38.0	0.0	36.6	42
Q2	17.1	6.9	7.7	3.6	45.4	3.1	20.8	34
Q3	17.0	4.4	12.2	15.8	33.4	0.0	29.3	31
Q4	30.1	3.9	7.5	6.3	21.5	1.7	35.0	32
Q5	35.3	10.6	18.6	12.1	22.7	6.7	23.3	29
All areas	21.0	5.4	11.5	7.7	32.9	2.1	29.5	168

¹Total percent may not add to 100.0 because of multiple responses.

²Mothers who gave birth during last 2 years preceding the survey and received IFA tablet/syrup.

Age differences show an inconsistent pattern in the reason for not consuming the IFA tablets/syrup received. More women among 15-19 and 20-24 age groups said that they did not feel the need to consume IFA, as compared to the other two age groups. Also, more women in the youngest age group reported pain in the abdomen as the reason for non-use as compared to others. A higher percentage of older women reported feeling sick as one of the reasons for non-use.

The variation according to children ever born also shows an inconsistent pattern. While those who did not feel the need for IFA use is the highest among those with one or three live births, pain in the abdomen was given as the reason by more lower parity women and feeling sick/stomach upset/ diarrhea by women with four or more children ever born. There were only slight rural-urban differences in the percentage of women who did not feel the need to consume IFA. The number of those who reported feeling sick is very high in the urban non-slum areas (41.0 percent).

For both Scheduled tribe and Scheduled caste women the major reasons for non-consumption are feeling sick, followed by stomach upset/diarrhea/did not feel the need. In comparison, among women from the "other" caste groups, the most reported reasons are feeling sick and did not feel the need to consume IFA.

The effect of the mother's education on consumption of IFA tablets or syrup is clear from the Table. While among illiterate women 15.4 percent

reported that they did not consume IFA as they did not feel the need, not a single woman in the highest educational category reported this. Among illiterates, the most frequently mentioned reasons are feeling sick (39.0 percent), followed by did not feel the need (15.4 percent) and pain in the abdomen (11.9 percent). In comparison, among women who have completed 12th grade, the major reason is feeling sick (73.6 percent). However, variations according to SLI show a different pattern. In the first SLI quintile 38.0 percent of women reported feeling sick and 12.0 percent women reported pain in the abdomen as the major reason for non-use. In the fifth SLI quintile, only 22.7 percent of women reported feeling sick as the reason while 35.3 percent reported that they did not consume IFA as they did not feel the need. Therefore, the data show that the percentage of women who reported they did not feel the need to use IFA increases as the standard of living improves.

5.3 TETANUS TOXOID INJECTION

Percentages of mothers who received TT injection according to the selected background characteristics are shown in Table 5.7. Overall 72.8 percent of mothers who had given birth during the two years preceding the survey said that they had received TT injection. While 60.8 percent of mothers said that they received 2 or more TT injections, 45.5 percent said that they had received a TT injection before this pregnancy. Adequate TT injections (two TT injections during the last pregnancy or one during last pregnancy and one during

the pregnancy previous to it) was received by 67.3 percent of mothers.

The percentage of women receiving any TT injection is the lowest among mothers aged 35 and above and highest among women aged 20-24 years. The youngest and oldest mothers are less likely to have received adequate TT injections than those in the 20-34 year age group. The proportion of mothers receiving any TT injection is higher among those with 3 or less live births compared to those with 4 or more children ever born. Adequate TT injections were given to more mothers having 2 or 3 births than those with one birth or more than 3 births.

Urban women are more likely to have received a TT injection (81.9 percent) compared to rural women (68.8 percent). Similarly, the urban women are also more likely to have received an adequate number of TT injections. Urban slum women are less likely to have received a TT injection compared to non-slum women. Religion-wise, Muslim women are more likely to have had a TT injection and many more of them than Hindu women (71 percent versus 60 percent) are likely to have had an adequate number of the injections. Caste differences also are not much; a slightly higher percentage of women from the "other" caste groups claiming to have received any TT and adequate TT injections.

Both the receipt of any TT and of adequate TT injections increases substantially with improvement in education. While only 63.8 percent of illiterate mothers had

TABLE 5.7: TT INJECTION BY SELECTED CHARACTERISTICS

Percent of mothers who received TT injections, according to selected characteristics, Agra, 2006

Characteristics	Percent of mothers who				Number of mothers ²
	Received TT injection	Received 2 or more TT injections	Received TT injection before this pregnancy	Adequate TT injection ¹	
Age (in years)					
15-19	66.6	54.0	13.3	54.1	141
20-24	78.1	65.7	42.8	72.0	536
25-34	71.4	59.6	54.4	67.7	629
35-49	61.4	50.7	50.4	57.7	95
Children ever born					
1	75.7	64.4	NA	64.4	325
2	73.8	63.4	61.4	70.8	316
3	80.9	66.7	65.7	76.7	259
4+	66.2	53.9	54.7	62.3	499
Place of residence					
Urban non-slum	85.0	76.7	50.5	81.1	276
Urban slum	76.2	68.4	53.1	73.0	150
Urban	81.9	73.8	51.4	78.2	427
Rural	68.8	55.1	43.0	62.5	973
Religion					
Hindu	72.4	59.6	44.5	66.4	1258
Muslim	76.3	71.0	54.7	75.0	138
Caste/Tribe					
Scheduled caste/tribe	71.0	60.3	52.2	66.7	424
Other backward caste	70.5	57.9	45.6	64.8	461
Other	76.3	63.8	45.3	70.1	516
Education					
Illiterate	63.8	49.3	45.6	57.5	791
Literate, < 8 th grade	79.6	71.2	42.2	76.5	180
8-11 th grade	85.7	76.4	49.3	81.0	257
12+ grade	94.5	89.6	46.7	91.1	97
Other (informal)	79.0	66.8	50.7	71.6	76
SLI Quintiles					
Q1	59.2	42.4	35.4	50.1	305
Q2	64.5	53.4	45.4	60.6	295
Q3	73.2	62.3	48.2	69.7	269
Q4	80.8	67.8	50.5	74.2	272
Q5	89.5	82.0	49.6	85.5	259
All areas	72.8	60.8	45.5	67.3	1400

¹Received 2 TT injections in last pregnancy or 1 during last pregnancy and received TT injection before the last pregnancy.

²Mothers who gave birth during last 2 years preceding the survey.

received any TT the corresponding percentage was 94.5 percent among those who had completed 12th grade. Similarly, while only 57.5 percent of illiterate mothers had received adequate doses of TT, among those who had completed 12th grade it was 91.1 percent. Receipt of TT goes up with improvement in SLI. Among the poorest, only 59.2 percent mothers had received any TT while among the richest 89.5 percent reported this. Also, in the first SLI quintile, the percentage of women receiving adequate doses of TT is much lower (50.1 percent) compared to those in the fifth SLI quintile (85.5 percent).

Table 5.8 presents information on the source of TT injections. Overall, 57.5 percent of mothers who have received a TT injection said that the source was a government facility and 41.4 percent said they received the injection from a private facility. Age-wise analysis shows that government facilities are accessed more by women aged 35 and above. The chance of using a government facility for a TT injection increases with the number of children ever born. While only 46.1 percent of mothers with one child ever born reported a government facility as the source, 63.7 percent of those with 4 or more children ever born reported the same.

While a majority of rural mothers (68.8 percent) reported a government facility as the source of TT injection, in urban areas it is only 35.8 percent. A majority of urban mothers (62.9 percent) had used a private facility, with only a marginal difference between slum and non-slum areas. More Hindu women (58.9 percent) tend to access government facilities to receive TT injection

compared to Muslim women (46.5 percent). There are no particular differences by caste categories.

The extent of utilization changes considerably with an increase in the mother's educational status. While 63.7 percent of illiterate mothers said that they have utilized a government source for TT injection, only 27.4 of the best educated mothers said so and 71.6 percent had accessed a private health facility. Standard of living variations show that the poorest use government facilities considerably more than the rich (74.7 percent and 37.4 percent respectively).

5.4 FULL ANTENATAL CARE

Table 5.9 shows the percentage of women receiving various levels of antenatal care according to background characteristics (see figure 5.5 also). The percentage of women who received full antenatal care is pathetically low in Agra (only 9.8 percent). While 22.5 percent of women made 3 or more antenatal care visits, only 20.9 percent

received adequate IFA tablets/syrup and 67.3 percent received adequate TT injections. Full antenatal care is received by a very few women aged 35 years and above (2.7 percent) and younger mothers aged 15-19 years (5.6 percent). Similarly, the percentage of mothers with 3 or more antenatal care visits is lower among the youngest and oldest women. Mothers with 3 or more children ever born have a much smaller likelihood of receiving full antenatal care compared to others.

More urban mothers (17.8 percent) compared to rural mothers (6.2 percent) have received full antenatal care. Urban non-slum women fare only slightly better in receiving full antenatal care than women from slum areas. Even in the matter of three or more antenatal care visits, urban mothers fare better (43.3 percent) than rural mothers (13.4 percent). Muslim women are more likely to have received full antenatal care (14.5 percent) as compared to Hindu women (9.2 percent). Caste

FIGURE 5.5: FULL ANTENATAL CARE BY PLACE OF RESIDENCE

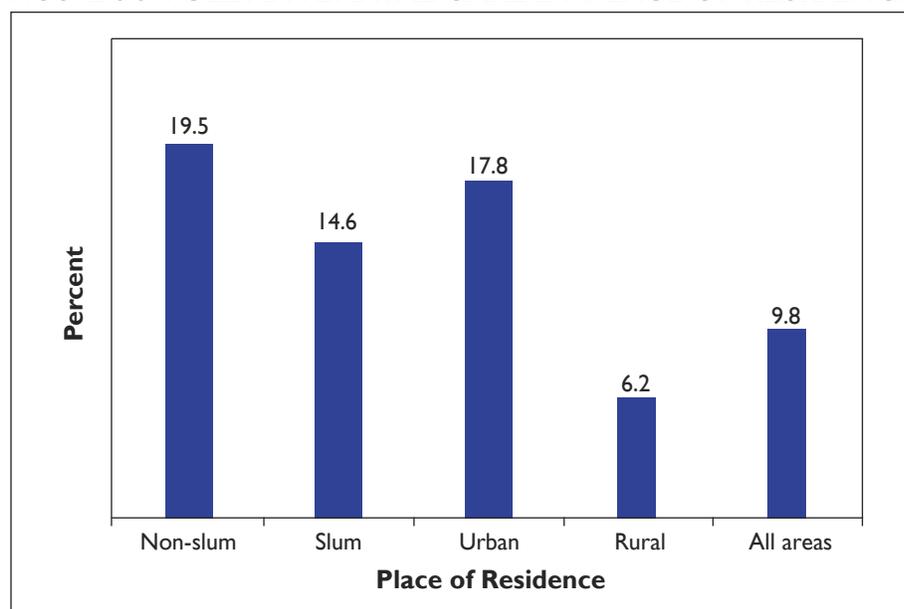


TABLE 5.8: SOURCE OF TT INJECTION BY SELECTED CHARACTERISTICS

Percent distribution of mothers who received TT injections by source, according to selected characteristics, Agra, 2006

Characteristics	Source of TT injection			Total percent	Number of mothers ¹
	Government	Private	NGO		
Age of the mother					
15-19	60.9	38.7	0.5	100.0	94
20-24	58.5	40.6	0.9	100.0	419
25-34	53.6	45.0	1.5	100.0	449
35-49	75.1	24.6	0.4	100.0	58
Children ever born					
1	46.1	52.0	1.8	100.0	247
2	58.6	39.4	2.0	100.0	233
3	60.0	39.4	0.6	100.0	209
4+	63.7	36.1	0.2	100.0	331
Place of residence					
Urban non-slum	36.8	62.0	1.2	100.0	235
Urban slum	33.7	64.9	1.4	100.0	115
Urban	35.8	62.9	1.3	100.0	349
Rural	68.8	30.2	1.0	100.0	671
Religion					
Hindu	58.9	40.1	1.0	100.0	911
Muslim	46.5	51.7	1.7	100.0	105
Caste/Tribe					
Scheduled caste/tribe	57.6	40.6	1.8	100.0	301
Other backward caste	59.1	40.4	0.5	100.0	326
Other	56.1	42.8	1.1	100.0	393
Education					
Illiterate	63.7	34.9	1.4	100.0	506
Literate, < 8 th grade	62.0	37.6	0.4	100.0	143
8-11 th grade	51.8	47.1	1.1	100.0	220
12+ grade	27.4	71.6	0.9	100.0	91
Other (informal)	61.6	38.4	0.0	100.0	60
SLI Quintiles					
Q1	74.7	24.6	0.7	100.0	180
Q2	71.0	28.7	0.2	100.0	191
Q3	60.3	38.0	1.6	100.0	197
Q4	50.4	49.0	0.7	100.0	220
Q5	37.4	60.6	2.0	100.0	232
All areas	57.5	41.4	1.1	100.0	1020

¹Mothers who gave birth during last 2 years preceding the survey and received TT injection.

TABLE 5.9: FULL ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percent of mothers who received full antenatal care and its components, according to selected characteristics, Agra, 2006

Characteristics	Percent of mothers who received				Number of mothers ⁴
	Full antenatal care ¹	3 or more antenatal care visits	Adequate IFA tablet/syrup ²	Adequate TT injection ³	
Age of the mother					
15-19	5.6	10.6	14.6	54.1	141
20-24	10.4	27.1	24.2	72.0	536
25-34	11.2	22.8	21.2	67.7	629
35-49	2.7	12.5	10.1	57.7	95
Children ever born					
1	11.3	31.6	22.7	64.4	325
2	12.0	24.1	24.4	70.8	317
3	8.9	21.2	20.9	76.7	259
4+	7.9	16.3	17.6	62.3	499
Place of residence					
Urban non-slum	19.5	47.6	27.5	81.1	277
Urban slum	14.6	35.4	24.6	73.0	150
Urban	17.8	43.3	26.5	78.2	427
Rural	6.2	13.4	18.5	62.5	973
Religion					
Hindu	9.2	21.3	20.9	66.4	1259
Muslim	14.5	32.6	21.2	75.0	138
Caste/tribe					
Scheduled caste/tribe	6.6	19.8	17.4	66.7	424
Other backward caste	9.7	20.5	18.6	64.8	461
Other	12.4	26.6	25.9	70.1	516
Education					
Illiterate	5.9	13.5	14.8	57.5	792
Literate, < 8 th grade	10.6	25.1	28.3	76.5	180
8-11 th grade	13.7	32.9	26.9	81.0	257
12+ grade	32.3	63.6	44.6	91.1	97
Other (informal)	6.3	22.8	17.2	71.6	76
SLI Quintiles					
Q1	2.4	8.4	9.3	50.1	305
Q2	5.1	13.1	15.8	60.6	295
Q3	7.8	20.0	19.7	69.7	269
Q4	13.7	30.1	25.9	74.2	272
Q5	21.7	44.5	36.4	85.5	259
All areas	9.8	22.5	20.9	67.3	1400

¹Has 3 or more antenatal care visits, adequate IFA tablets/syrup, and adequate TT injections.

²Received IFA tablets/syrup to last 100 days and consumed all of it.

³Received 2 TT injections in last pregnancy or 1 during last pregnancy and received TT injection before the last pregnancy.

⁴Mothers who gave birth during last 2 years preceding the survey.

differences show that mothers from “other” castes are more likely to have received full antenatal care or have made three or more antenatal care visits compared to women from backward caste groups.

As one would expect, the percentage of mothers receiving full antenatal care among illiterate mothers is very low (5.9 percent) as compared to those with education of 12th grade and above (32.3 percent). The percentage of mothers who made 3 or more antenatal care visits is also much higher among women with education of 12th grade and above (63.6 percent) when compared to illiterate women (13.5 percent). The chances of having received full antenatal care increases with improvement in SLI. In the first SLI quintile the percentage of mothers receiving full antenatal care is only 2.4 as compared to 21.7 in the fifth quintile. Also, the share of mothers who made three or more antenatal care visits is much lower

among poorest women (8.4 percent) in comparison with the richest (44.5 percent).

5.5 COMPONENTS OF ANTENATAL CARE

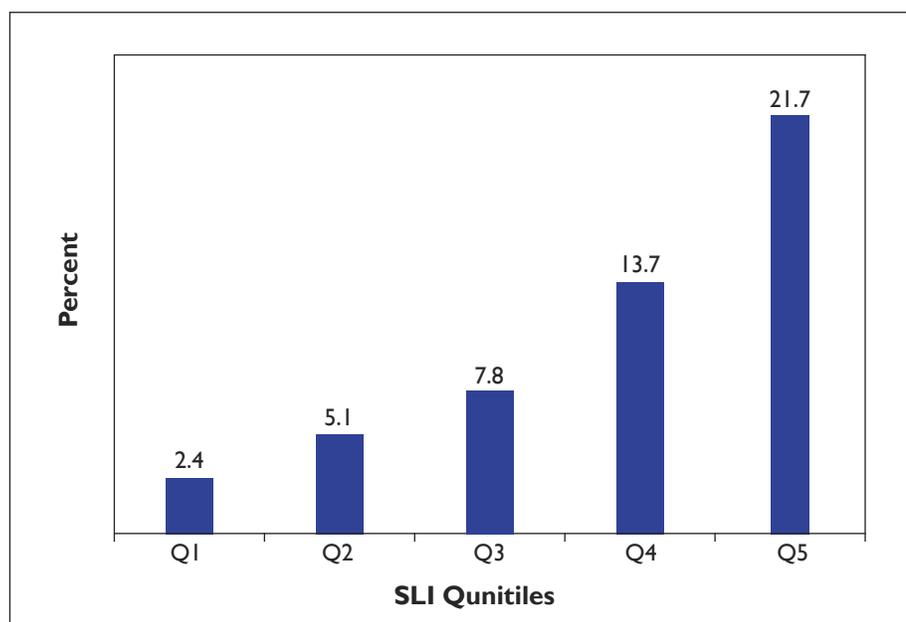
In Table 5.10, percent of mothers who received antenatal care by type of care received is presented. Overall 52.7 percent of mothers who gave birth during the two years preceding the survey did not receive any antenatal care. Twenty two percent reported that they were weighed and 27.3 percent said that their blood pressure was checked. Abdomen checks were carried out for 43 percent, urine was tested in 28.5 percent of cases and blood was tested in 25 percent of cases. From the Table, it can be seen that the extent of various types of care received is the lowest among the youngest and oldest age groups and among women with a higher number of children ever born (4 and above).

Provision of all components of antenatal care is substantially higher

in the urban areas. In urban Agra 42.5 percent reported that their weight was taken, but the corresponding percentage in rural areas is only 13.5. Similar observations can be made in the case of other types of care such as blood pressure checked, abdomen checked, urine tested and blood tested. The extent of care received is higher among Muslim women compared to Hindu women and higher among upper caste women as compared to mothers belonging to backward classes.

There is a substantial increase in the extent of care received according to increased educational status. While only 11.3 percent of illiterate mothers reported that they were weighed during the antenatal period, 66.7 percent of those who had completed 12th or above were weighed. Similarly, for all components of antenatal care the extent of coverage increases with improvement in standard of living. The percentage of mothers whose weight was checked is only 7.4 in the first SLI quintile whereas it is more than 6 times higher in the fifth SLI quintile (46.2 percent).

FIGURE 5.6: FULL ANTENATAL CARE BY SLI QUINTILES



5.6 INFORMATION ON PREGNANCY COMPLICATIONS

Information received on pregnancy complications during antenatal visits is presented in Table 5.11. Only 8.8 percent of mothers who gave birth during the two years prior to the survey received information on any of the possible pregnancy complications. While 4.4 percent reported that they were told about the possibility of bleeding, 2.0 percent received information on convulsions, and 6.2 percent about prolonged labour.

TABLE 5.10: COMPONENTS OF ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percent of mothers who received antenatal care by type of care, according to selected characteristics, Agra, 2006

Characteristics	Percent of mother for whom						Number of mothers ¹
	Weight measured	Blood pressure checked	Abdomen checked	Urine tested	Blood tested	None	
Age of the mother							
15-19	12.3	17.3	35.6	15.9	17.9	64.1	141
20-24	25.6	32.2	48.4	33.9	30.9	46.5	536
25-34	23.2	27.3	42.6	28.7	22.6	53.4	629
35-49	13.2	14.5	31.7	15.7	12.0	66.0	95
Children ever born							
1	32.2	37.6	53.3	39.9	38.7	44.3	325
2	23.7	28.6	47.5	29.3	26.2	48.4	317
3	21.4	26.0	40.9	28.2	19.8	53.2	259
4+	15.7	20.4	35.7	20.9	17.0	60.5	499
Place of residence							
Urban non-slum	47.7	54.5	69.6	48.8	48.7	26.5	277
Urban slum	33.0	42.2	62.0	41.4	36.8	34.2	150
Urban	42.5	50.2	66.9	46.2	44.5	29.2	427
Rural	13.5	17.2	33.0	20.8	15.8	63.0	973
Religion							
Hindu	21.3	26.0	42.4	27.6	23.7	53.9	1259
Muslim	30.4	37.9	51.7	35.5	32.0	42.9	138
Caste/Tribe							
Scheduled caste/tribe	19.8	23.7	40.3	25.2	21.6	56.7	424
Other backward caste	18.9	24.1	41.2	27.3	22.4	54.7	461
Other	27.6	33.1	47.8	32.3	29.0	47.7	516
Education							
Illiterate	11.3	15.1	31.1	17.4	13.3	65.4	792
Literate, < 8 th grade	30.1	35.1	56.4	39.5	33.7	38.0	180
8-11 th grade	35.3	41.0	58.3	39.1	36.1	38.0	257
12+ grade	66.7	74.7	81.0	70.2	70.2	15.9	97
Other (informal)	19.8	29.4	42.1	30.1	23.5	51.7	76
SLI Quintiles							
Q1	7.4	10.4	25.0	14.8	12.5	72.1	305
Q2	10.4	12.2	29.0	13.1	12.3	68.8	295
Q3	21.3	25.1	40.9	26.5	20.4	51.3	269
Q4	30.5	39.7	55.7	37.4	33.0	40.0	272
Q5	46.2	53.5	71.0	55.0	48.4	26.3	259
All areas	22.4	27.3	43.4	28.5	24.6	52.7	1400

¹Mothers who gave birth during last 2 years preceding the survey.

TABLE 5.11: INFORMATION ON PREGNANCY COMPLICATIONS DURING ANTENATAL CARE VISITS ACCORDING TO SELECTED CHARACTERISTICS

Percent of mothers who received information on pregnancy complications by type of information, according to selected characteristics, Agra, 2006

Characteristics	Percent of mother were informed about				Number of mothers ¹
	Bleeding	Convulsion	Prolonged labour	Any one of these	
Age of the mother					
15-19	4.2	3.0	5.1	6.9	141
20-24	5.8	1.6	6.6	10.5	536
25-34	3.6	2.1	6.5	8.5	629
35-49	1.9	1.7	3.3	4.5	95
Children ever born					
1	6.1	2.8	6.3	10.7	325
2	5.3	2.4	7.2	10.3	317
3	4.6	1.3	5.2	8.4	259
4+	2.5	1.5	5.9	6.9	499
Place of residence					
Urban non-slum	7.4	4.2	8.9	13.5	277
Urban slum	4.6	2.4	7.7	10.0	150
Urban	6.4	3.5	8.5	12.3	427
Rural	3.5	1.3	5.2	7.3	973
Religion					
Hindu	4.4	1.8	6.3	8.7	1259
Muslim	3.2	3.0	4.3	9.5	138
Caste/tribe					
Scheduled caste/tribe	4.8	2.2	6.4	9.2	424
Other backward caste	3.3	1.3	3.0	5.7	461
Other	4.9	2.4	8.8	11.3	516
Education					
Illiterate	2.3	1.2	4.1	5.6	792
Literate, < 8 th grade	3.1	1.8	8.4	9.4	180
8-11 th grade	4.1	1.7	7.5	10.0	257
12+ grade	16.0	8.5	13.6	24.7	97
Other (informal)	15.2	3.2	8.9	17.0	76
SLI Quintiles					
Q1	1.6	0.5	3.5	4.1	305
Q2	1.8	0.8	3.7	5.2	295
Q3	5.4	2.6	6.9	10.0	269
Q4	5.4	1.8	6.2	10.0	272
Q5	8.2	4.6	11.4	16.0	259
All areas	4.4	2.0	6.2	8.8	1401

¹Mothers who gave birth during last 2 years preceding the survey.

The receipt of information on pregnancy complications is the highest in the 20-24 age group (11 percent), while it is very low in the oldest age group (only 4.5 percent). The amount of information imparted is high for mothers having one or two children ever born as compared to those with three or more children. In general, the chance of information being received decreases with increase in the number of children ever born.

The percentage of women receiving information on pregnancy complications is considerably higher in urban areas (12.3 percent) compared to rural areas (7.3 percent). The proportion of women receiving information on possible complications is lower among backward classes compared to the others.

Educational attainment is positively associated with the possibility of having received information on pregnancy complications. While only 5.6 percent of illiterate women received information, the corresponding percentage for those who have completed 12th grade or more is 24.7 percent. Similarly, the possibility of having received information increases considerably with improvement in standard of living. Whereas in the first SLI quintile the percentage of women receiving information is only 4.1, it is 16.0 percent in the fifth SLI quintile.

5.7 CARE DURING DELIVERY

Overall, only 40.0 percent of mothers accessed any health facility for delivery (Table 5.12). A majority of women (60.0 percent) delivered at home indicating the extent of

non-utilization of health facilities in Agra. While 6.8 percent of the women delivered at government health facilities, a significantly higher proportion (30.3 percent) used a private health facility and 2.8 percent of used a NGO run health facility.

The percentage of women using any health facility for delivery is the highest among mothers aged 20-24 years and the lowest among those who are aged 35-49 years. More women tend to use a health facility for the first delivery, the percentage accessing health facilities declines with every successive child, with only 28.9 percent of

women with 4 or more children using a health facility for delivery.

Urban women are much more likely to use a health facility for delivery care (62 percent) compared to rural women (30 percent). Within urban areas, utilization of health facilities for delivery care is higher among non-slum women (64 percent) compared to women living in slums (57 percent).

A higher percentage of Muslim women (51 percent) use a health facility for delivery in comparison with Hindu women (39 percent). Use of a health care facility is much

FIGURE 5.7: INSTITUTIONAL DELIVERY BY PLACE OF RESIDENCE

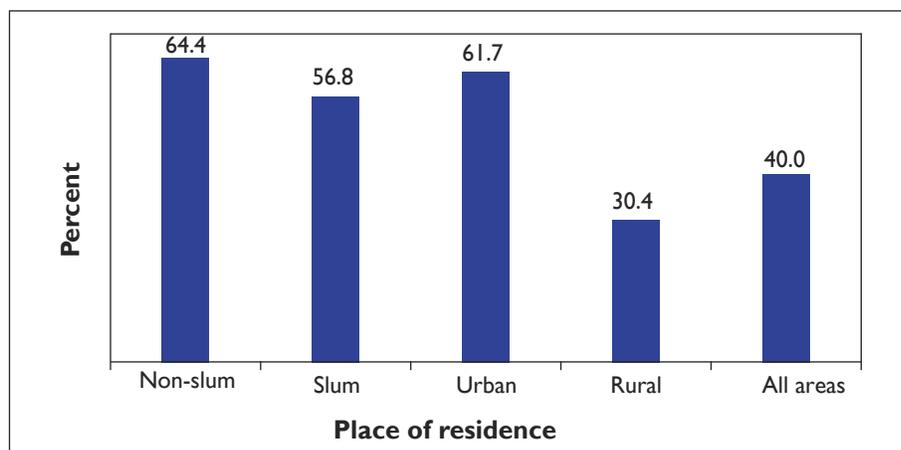


FIGURE 5.8: INSTITUTIONAL DELIVERY BY SLI QUINTILES

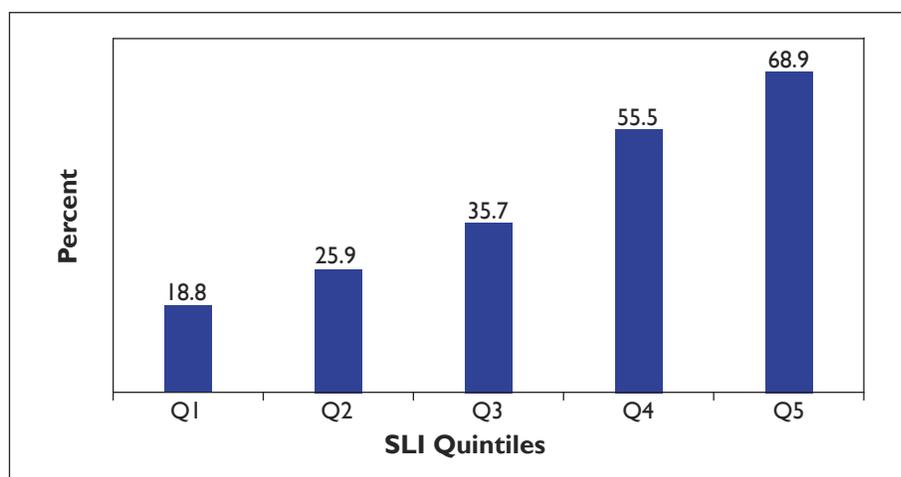


TABLE 5.12: PLACE OF DELIVERY ACCORDING TO SELECTED CHARACTERISTICS

Percent distribution of mothers by place of delivery, according to selected characteristics, Agra, 2006

Characteristics	Percent of mothers who delivered her child in					Number of mothers ¹
	Govt. health facility	Pvt. health facility	NGO health facility	Home	Any health facility	
Age of the mother						
15-19	7.5	26.4	1.7	64.4	35.6	141
20-24	7.8	33.2	2.7	56.4	43.6	536
25-34	6.0	30.2	3.2	60.6	39.4	629
35-49	5.7	21.1	2.6	70.5	29.5	95
Children ever born						
1	8.3	43.1	4.3	44.3	55.7	325
2	8.0	31.4	2.6	58.0	42.0	317
3	6.2	30.2	2.4	61.2	38.8	259
4+	5.5	21.2	2.2	71.1	28.9	499
Place of residence						
Urban non-slum	9.8	48.6	6.0	35.6	64.4	277
Urban slum	7.5	44.7	4.6	43.2	56.8	150
Urban	9.0	47.2	5.5	38.3	61.7	427
Rural	5.9	22.9	1.7	69.6	30.4	973
Religion						
Hindu	6.5	29.6	2.5	61.5	38.5	1259
Muslim	10.2	35.5	5.5	48.8	51.2	138
Caste/Tribe						
Scheduled caste/tribe	3.8	24.2	3.0	69.0	31.0	424
Other backward caste	6.5	27.9	2.1	63.5	36.5	461
Other	9.6	37.5	3.3	49.6	50.4	516
Education						
Illiterate	5.1	20.5	1.5	72.9	27.1	792
Literate, < 8 th grade	11.7	34.9	4.4	49.0	51.0	180
8-11 th grade	6.1	42.7	4.1	47.1	52.9	257
12+ grade	11.1	70.9	6.4	11.6	88.4	97
Other (informal)	10.6	27.9	4.3	57.2	42.8	76
SLI Quintiles						
Q1	3.4	14.9	0.5	81.2	18.8	305
Q2	7.0	17.1	1.9	74.1	25.9	295
Q3	9.6	22.9	3.3	64.3	35.7	269
Q4	9.7	43.1	2.8	44.5	55.5	272
Q5	4.9	57.9	6.2	31.1	68.9	259
All areas	6.8	30.3	2.8	60.0	40.0	1401

¹Mothers who gave birth during last 2 years preceding the survey.

higher among women from the “other” caste groups (50 percent) compared to SC/ST women (31 percent) and those from other backward castes (37 percent).

Education and standard of living have considerable influence on health facility utilization for delivery. While only 27 percent of illiterate women said that they have used any health facility for delivery, 88 percent of women who have completed 12th grade and above claimed this. Similarly, whereas in the first SLI quintile only 19 percent of the women used a health facility, in the fifth SLI quintile this is 69 percent.

The percentage distribution of mothers according to the type of attendant at delivery is presented in Table 5.13. Forty-five percent of mothers had a health professional attending. In some cases, though the delivery was at home, it was attended by a health professional. Similar to their greater use of a health facility, more mothers between 20-24 years were attended by a health professional. The age group reporting the lowest attendance by a health professional was 35 years and above. The percentage of mothers having a health professional in attendance declines with increases in the number of children ever born. For mothers having one child ever born, the percentage attended by a health professional is 59.7 percent, which declines to 33.6 percent among those with 4 or more children ever born.

There is substantial difference between rural and urban areas in the matter of health professional attendance at delivery. While in

rural areas only 34.8 percent of mothers were attended by any health professional, in urban areas it is almost double (67.5 percent). Attendance by health professionals is higher for Muslim women (57.4 percent) as compared to Hindu women (43.3 percent). Among women from the “other” caste groups, 53.5 percent were attended at delivery by a health professional, but only 37.7 percent of women from the scheduled castes and scheduled tribes were attended at delivery by a health professional.

Education tends to have a decisive influence on delivery care. While only 30.9 percent of illiterate women were attended by a health professional during delivery, among those women who had completed 12th grade or above the share attendance was 92 percent. As education, standard of living also has significant impact on delivery care. In the first SLI quintile only 23 percent of women are attended by any health professional during delivery while in the fifth quintile the percentage of women attended is 73.

5.8 POSTNATAL CARE FOR HOME DELIVERIES

The distribution of women having home deliveries and who received postnatal care is presented in Table 5.14. As observed elsewhere in India, in Agra too the situation regarding postnatal care is pathetic. Only 7.5 percent of women who had delivered at home received any postnatal care. While 91.9 percent of these women were never visited during the first six weeks of delivery, 7.3 percent were visited at least once.

The percentage of mothers who delivered at home and received some postnatal care from health workers is the highest among those aged 15-19 years (8.2 percent), followed by those aged 25-34 years (8.1 percent) and is the lowest among older women aged 35 and above (only 3.3 percent). The extent of postnatal care received is the lowest among those having only one child ever born (5.6 percent) and those with four or more children (6.5 percent).

The extent of postnatal care in the case of home deliveries is considerably lower in urban areas (3.6 percent) as compared to rural areas (8.5 percent). Postnatal care is slightly higher among Hindu mothers in comparison with Muslim mothers. There are no substantial caste differences in the extent of postnatal care for home deliveries. The percentage of women receiving postnatal care increases with improvement in educational status. For illiterate mothers, the percentage of home deliveries receiving postnatal care is only 6.3 percent as compared to 12.0 percent for those who completed 12th grade. Inconsistent variations in postnatal care may be seen according to standard of living.

5.9 KNOWLEDGE ABOUT IMPORTANCE OF IFA TABLETS AND TT INJECTIONS

Extent of knowledge about TT injections and the importance of IFA tablets, according to background characteristics are presented in Table 5.15. Overall, 77.5 percent of the currently married women reported that IFA tablets/syrup are necessary

TABLE 5.13: ATTENDANCE DURING DELIVERY ACCORDING TO SELECTED CHARACTERISTICS

Percent distribution of mothers by attendance during delivery, according to selected characteristics, Agra, 2006

Characteristics	Percent of mothers whose delivery was assisted by							Number of mothers ¹	
	Any health professional	Doctor	ANM/ Nurse	Other health professional	Trained dai	Un-trained dai	Friend/ relative		None
Age of the mother									
15-19	41.3	22.1	37.8	1.7	7.7	11.2	54.8	1.1	141
20-24	48.6	27.9	42.9	1.6	9.3	12.8	49.3	0.8	536
25-34	44.2	28.0	39.0	0.9	9.3	14.5	48.2	1.3	629
35-49	32.5	19.2	29.1	1.2	16.3	15.5	55.4	0.3	95
Children ever born									
1	59.7	39.1	52.8	1.6	6.8	10.2	38.9	0.9	325
2	47.2	27.7	41.5	1.0	7.6	11.3	51.4	0.1	317
3	45.0	24.4	38.7	2.6	10.5	13.1	50.3	0.4	259
4+	33.6	19.4	30.6	0.6	12.3	17.5	55.6	1.7	499
Place of residence									
Urban non-slum	69.5	45.2	60.7	1.6	6.0	10.6	27.4	0.3	277
Urban slum	63.8	37.9	56.6	0.8	14.3	8.1	33.9	0.9	150
Urban	67.5	42.6	59.2	1.3	8.9	9.7	29.7	0.5	427
Rural	34.8	19.7	31.1	1.3	9.9	15.3	58.6	1.2	973
Religion									
Hindu	43.3	26.1	38.5	1.4	9.2	14.2	51.1	0.9	1259
Muslim	57.4	31.0	50.0	0.3	13.5	8.6	39.0	1.6	138
Caste/Tribe									
SC/ST	37.7	20.8	32.3	2.4	9.1	17.0	53.5	1.2	424
OBC	41.5	24.1	37.3	1.0	11.9	13.9	53.7	0.8	461
Other	53.5	33.9	47.9	0.6	7.9	10.5	43.2	1.1	516
Education									
Illiterate	30.9	16.9	26.5	1.6	11.7	15.0	59.2	1.7	792
Literate, < 8 th grade	58.6	33.8	52.3	0.4	8.4	14.9	41.2	0.0	180
8-11 th grade	58.7	36.4	54.1	0.8	7.4	13.4	37.8	0.0	257
12+ grade	91.7	69.8	80.7	2.5	2.0	0.8	15.5	0.5	97
Other (informal)	49.5	24.5	47.0	0.3	7.8	12.7	55.1	0.0	76
SLI Quintiles									
Q1	23.3	11.5	19.6	2.0	11.8	17.7	66.0	1.6	305
Q2	31.4	16.4	26.8	2.0	13.7	17.1	57.1	1.5	295
Q3	39.6	19.9	36.5	0.4	9.6	15.1	51.8	1.3	269
Q4	62.0	32.8	58.1	0.3	6.6	10.7	39.1	0.4	272
Q5	72.5	57.2	62.1	1.6	5.6	6.2	31.4	0.2	259
All areas	44.8	26.7	39.7	1.3	9.6	13.6	49.8	1.0	1401

¹Mothers who gave birth during last 2 years preceding the survey.

TABLE 5.14: POSTNATAL CARE FOR HOME DELIVERIES

Percent of mothers who received postnatal care among those delivered at home by number of visits, according to selected characteristics, Agra, 2006

Characteristics	Percent received postnatal care	Percent distribution of mothers by number of visits during first 6 weeks					Total percent	Number of mothers delivered at home
		None	1	2	3+	DK/ Missing		
Age of the mother								
15-19	8.2	91.8	3.5	1.7	2.2	0.8	100.0	91
20-24	7.6	91.0	3.1	2.6	1.5	1.7	100.0	302
25-34	8.1	91.8	2.6	2.8	2.6	0.2	100.0	381
35-49	3.3	96.7	0.0	1.5	1.8	0.0	100.0	67
Children Ever Born								
1	5.6	93.0	1.3	2.4	2.0	1.2	100.0	144
2	9.7	89.0	2.5	4.8	2.6	1.2	100.0	184
3	9.2	90.8	5.7	1.6	0.0	1.8	100.0	158
4+	6.5	93.5	1.9	1.8	2.8	0.0	100.0	355
Place of residence								
Urban non-slum	3.8	95.7	1.0	3.3	0.0	0.0	100.0	99
Urban slum	3.3	96.0	1.1	2.1	0.8	0.0	100.0	65
Urban	3.6	95.8	1.0	2.8	0.3	0.0	100.0	164
Rural	8.5	91.0	3.0	2.4	2.5	1.0	100.0	677
Religion								
Hindu	7.7	91.9	2.9	2.2	2.1	0.9	100.0	774
Muslim	5.9	91.7	0.0	5.9	2.3	0.0	100.0	67
Caste/Tribe								
Scheduled caste/tribe	7.8	92.1	4.2	1.4	2.1	0.2	100.0	292
Other backward caste	6.9	92.4	1.7	3.0	2.5	0.4	100.0	293
Other	8.0	91.1	1.9	3.3	1.7	2.0	100.0	256
Mother's education								
Illiterate	6.3	93.3	2.2	2.0	1.4	1.0	100.0	577
Lit (<8th grade)	11.2	88.8	1.5	2.7	6.1	0.9	100.0	88
Lit (8-11th grade)	11.8	87.3	6.3	2.9	3.5	0.0	100.0	121
Lit (12 + grade)	12.0	76.3	0.0	23.7	0.0	0.0	100.0	11
Literate (Non-Formal)	3.4	96.6	1.0	2.4	0.0	0.0	100.0	43
SLI Quintile								
Q1	8.4	91.4	3.0	2.4	2.9	0.3	100.0	248
Q2	6.6	93.4	0.9	3.0	1.8	0.9	100.0	219
Q3	7.0	92.1	3.3	1.9	1.5	1.3	100.0	173
Q4	4.8	94.3	2.6	2.4	0.0	0.7	100.0	121
Q5	12.7	85.6	5.0	2.9	5.2	1.3	100.0	80
All areas	7.5	91.9	2.7	2.5	2.1	0.8	100.0	841

TABLE 5.15: KNOWLEDGE ABOUT IMPORTANCE OF IFA TABLETS

Percent of currently married women by knowledge about importance of IFA tablets and number of tablets needed during one pregnancy, according to selected characteristics, Agra, 2006

Characteristics	Percent reporting IFA tablets/syrup necessary	Number of persons	Distribution of eligible persons by number of tablets					Number of persons who report IFA necessary
			<50	50-74	75-99	100+	DK	
Age (in years)								
15-19	70.4	396	15.5	5.4	3.2	9.1	66.9	279
20-24	78.8	927	17.8	6.2	6.6	20.8	48.7	731
25-34	80.2	1752	15.1	5.6	6.6	19.0	53.7	1406
35-49	75.8	1667	12.5	3.3	7.2	20.5	56.5	1263
Children ever born								
0	76.0	495	10.4	3.0	5.4	15.2	66.1	376
1	81.5	502	14.5	6.3	9.2	20.5	49.6	409
2	81.6	767	16.1	7.0	7.1	19.9	50.0	626
3	79.7	784	15.3	5.4	5.9	21.4	52.0	625
4+	74.8	2194	15.1	4.1	6.2	18.5	56.1	1643
Place of residence								
Urban non-slum	85.1	1345	11.3	3.2	7.7	21.8	55.9	1144
Urban slum	80.9	570	12.8	4.0	7.2	19.4	56.6	461
Urban	83.8	1915	11.7	3.4	7.6	21.1	56.1	1605
Rural	73.3	2827	17.1	6.1	5.8	17.6	53.5	2073
Religion								
Hindu	77.0	4215	15.2	4.7	6.3	19.1	54.6	3246
Muslim	80.8	471	12.3	6.6	7.9	17.9	55.4	381
Other	93.2	56	3.2	7.3	10.3	25.6	53.6	52
Caste/Tribe								
Scheduled caste/tribe	77.6	1321	17.5	5.1	7.6	17.5	52.4	1025
Other backward caste	76.4	1454	14.0	5.2	6.4	15.9	58.5	1111
Other	78.3	1967	13.5	4.6	6.0	22.5	53.4	1542
Education								
Illiterate	71.0	2609	16.1	5.2	6.4	15.4	57.0	1853
Literate, < 8 th grade	79.9	589	16.4	5.7	5.1	19.7	53.1	470
8-11 th grade	86.4	820	13.7	5.1	7.5	21.8	51.9	710
12+ grade	92.1	486	7.9	4.0	8.4	31.6	48.1	448
Other (informal)	83.0	238	17.7	2.6	4.3	14.1	61.3	198
SLI Quintiles								
Q1	69.4	821	17.5	5.8	5.4	13.4	57.8	571
Q2	71.7	906	16.8	5.1	5.0	17.4	55.6	650
Q3	78.9	911	14.2	5.4	6.8	16.0	57.6	719
Q4	80.3	1007	15.1	4.5	6.0	20.2	54.2	809
Q5	84.7	1097	11.7	4.2	8.7	25.2	50.2	930
All areas	77.5	4742	14.7	4.9	6.6	19.1	54.7	3678

during pregnancy. However, most of the women did not have correct knowledge about the number of tablets to be consumed. The majority of women (54.7 percent) said that they do not know how many tablets are required, and only 19.1 percent said that a woman needs to consume 100 or more IFA tablets.

The percentage of women reporting that IFA tablets/syrup are important during the antenatal period, is the lowest in the 15-19 age group, followed by the 35-49 age group. The percentage of women recognizing the importance of IFA is lower among those having no children or having had 4 or more children. Importance of IFA tablets/syrup is reported more in urban Agra (83.8 percent) as compared to rural areas of the district (73.3 percent). Religion and caste differences in the perception of the importance of IFA tablets are only marginal.

The level of education contributes to a woman's perception of the importance of IFA during pregnancy.

Among illiterate women the percentage reporting the importance of IFA tablets/syrup is 71.0 percent whereas the corresponding figure among women who have completed 12th grade is 92 percent. Standard of living also tends to have an effect on the perceived importance of IFA. While in the first SLI quintile the percentage reporting the importance of IFA is 69.4 percent, in the fifth SLI quintile it is 84.7 percent.

Knowledge about the importance of TT injections is shown in Table 5.16. Overall, 92 percent of the currently married women covered in the survey reported that a TT injection is necessary. While four percent of those reporting that a TT injection is required said that one dose of TT injection is enough, 27 percent reported that two doses are required and 55 reported that three or more doses of TT are needed.

Perception of the importance of TT is lowest in youngest age group (86 percent) while it is highest in 25-34 year age group (93 percent). There

are marginal variations in perceived importance of TT injection according to the number of children ever born, the lowest (88 percent) being among women with no children ever born. Whereas 96 percent of the currently married women for urban Agra reported that TT injection is important during pregnancy, the corresponding percentage for rural Agra is 89. These are no particular differences in the perceived importance of TT injections according to religion and caste.

There is an increase in the perceived importance of TT with increase in educational level. While 88 percent of illiterate women reported that TT injection is important, 99 percent of those who had completed 12th grade reported so. Similarly, improvements in standard of living lead to increase in the perceived importance of TT injections. Whereas 85 percent of women in the first SLI quintile reported that a TT injection during pregnancy is required, 97 percent reported this in the fifth SLI quintile.

TABLE 5.16: KNOWLEDGE ABOUT IMPORTANCE OF TT INJECTIONS

Percent of currently married women by knowledge about importance of TT injections and number of injections needed during one pregnancy, according to selected characteristics, Agra, 2006

Characteristics	Percent reporting TT injection necessary	Number of persons	Distribution of eligible persons by number of injections				Number of persons reporting TT injection necessary
			One	Two	Three or more	DK	
Age (in years)							
15-19	86.4	396	3.9	23.6	50.0	22.6	342
20-24	92.2	927	2.8	32.6	52.2	12.4	855
25-34	93.0	1752	4.2	30.8	52.4	12.5	1628
35-49	92.3	1667	3.3	19.7	61.6	15.4	1539
Children ever born							
0	87.8	495	2.2	19.4	49.6	28.8	434
1	94.6	502	4.0	36.4	50.0	9.7	475
2	93.5	767	2.5	34.9	53.0	9.6	718
3	93.3	784	3.3	27.5	60.1	9.1	732
4+	91.5	2194	4.3	22.7	57.2	15.8	2007
Place of residence							
Urban non-slum	97.0	1345	2.5	27.3	61.1	9.2	1305
Urban slum	94.1	570	3.1	26.2	60.1	10.6	536
Urban	96.2	1915	2.7	26.9	60.8	9.6	1841
Rural	89.3	2827	4.3	26.5	51.5	17.7	2524
Religion							
Hindu	91.7	4215	3.9	26.5	54.9	14.7	3865
Muslim	95.0	471	1.6	27.8	59.0	11.6	448
Other	94.6	56	0.3	31.0	60.9	7.9	53
Caste/Tribe							
Scheduled caste/tribe	92.1	1321	4.8	26.2	56.3	12.7	1216
Other backward caste	90.2	1454	3.0	27.8	53.5	15.7	1311
Other	93.4	1967	3.2	26.2	56.2	14.4	1838
Education							
Illiterate	88.1	2609	4.6	23.7	54.4	17.3	2298
Literate, < 8 th grade	95.6	589	2.7	28.4	55.2	13.7	563
8-11 th grade	96.7	820	2.0	29.6	59.0	9.5	792
12+ grade	99.2	486	2.1	33.6	54.8	9.5	482
Other (informal)	96.4	238	4.1	27.7	55.7	12.5	230
SLI Quintiles							
Q1	85.1	821	5.3	24.1	47.1	23.5	698
Q2	90.0	906	3.7	27.0	53.6	15.7	815
Q3	92.9	911	3.9	25.6	57.1	13.4	847
Q4	93.8	1007	3.0	27.4	58.1	11.5	945
Q5	96.6	1097	2.7	28.3	58.6	10.4	1059
All areas	92.1	4742	3.6	26.7	55.4	14.3	4365

QUALITY OF CARE

This chapter examines some aspects of the quality of care provided to currently married women. Specifically, it focuses on home visits by health workers, visits by eligible women to health facilities, the type of services sought at different types of health facilities and discussion on family planning methods with health workers.

6.1 HEALTH WORKER VISITS TO HEALTH FACILITY OR CAMP

The percentage distribution of currently married women who were visited by a health worker and those

who visited a health facility or a health camp during the three months preceding the survey according to background characteristics is presented in Table 6.1. While seven percent of the eligible women were visited by a health worker at home, 26 percent reported that they visited a health facility/camp during the three months prior to this survey. Age differences indicate that house visits by health workers are concentrated in the prime reproductive age groups. While only eight percent of the currently married women aged 15-19 years (who require more attention) were visited by health workers the

corresponding figures are 10 percent in the 20-24 and eight percent in the 25-34 age groups. Home visits for reproductive and child health care and advice being a central activity, the information from this survey reveals a dismal scenario in Agra.

A lesser number of women from the youngest (15-19 years) and oldest (35+) age groups visited a health facility compared to women between the ages of 20-34 years. This is not surprising as 20-34 years constitute the prime reproductive years.

Home visits by health workers are very low in urban areas (2.1 percent) as compared to rural areas (10.7 percent) (Figure 6.1). Visit to health facility/camp, on the other hand, is higher in urban areas (30.5 percent) than in rural areas (22.1 percent). Both home visits by health worker and eligible women's visit to health facility are higher in urban slum areas in comparison with non-slum areas. The differences in health worker visits and visits to health facility/camp by religion and caste are marginal. Health worker visit to the first SLI quintile (9.5 percent) is higher than that to households in the fifth quintile (5.7 percent); the in-between categories show an inconsistent pattern. Similarly,

FIGURE 6.1: VIST OF HEALTH WORKER AT HOME OR VISIT TO ANY HEALTH FACILITY/CAMP BY PLACE OF RESIDENCE

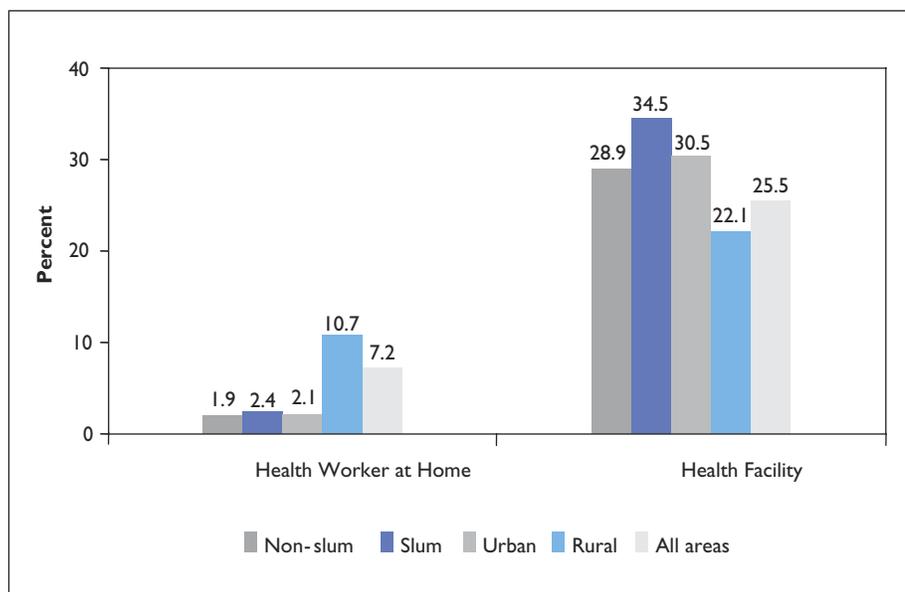


TABLE 6.1 : HEALTH WORKER'S VISIT TO ANY HEALTH FACILITY OR CAMP

Percent of currently married women who were visited at home by a health worker or visited any health facility or camp during 3 months preceding the survey, according to selected characteristics, Agra, 2006

Characteristics	Percent of currently married women visited		Number of women
	By any health worker at home	Any health facility or camp	
Age (in years)			
15-19	7.5	23.7	396
20-24	10.0	28.3	927
25-34	8.3	29.3	1752
35-49	4.4	20.3	1667
Place of residence			
Urban non-slum	1.9	28.9	1345
Urban slum	2.4	34.5	570
Urban	2.1	30.5	1915
Rural	10.7	22.1	2827
Religion			
Hindu	7.6	24.8	4215
Muslim	4.8	32.0	471
Other	0.0	18.7	56
Caste/Tribe			
Scheduled caste/tribe	8.2	24.6	1321
Other backward caste	6.7	26.8	1454
Other	7.0	25.1	1967
SLI quintiles			
Q1	9.5	22.8	821
Q2	8.3	23.4	906
Q3	8.4	28.5	911
Q4	5.0	25.0	1007
Q5	5.7	27.2	1097
Birth during past two years			
Yes	10.9	33.8	1401
No	5.7	22.0	3341
Total	7.2	25.5	4742

Note: Based on all eligible women.

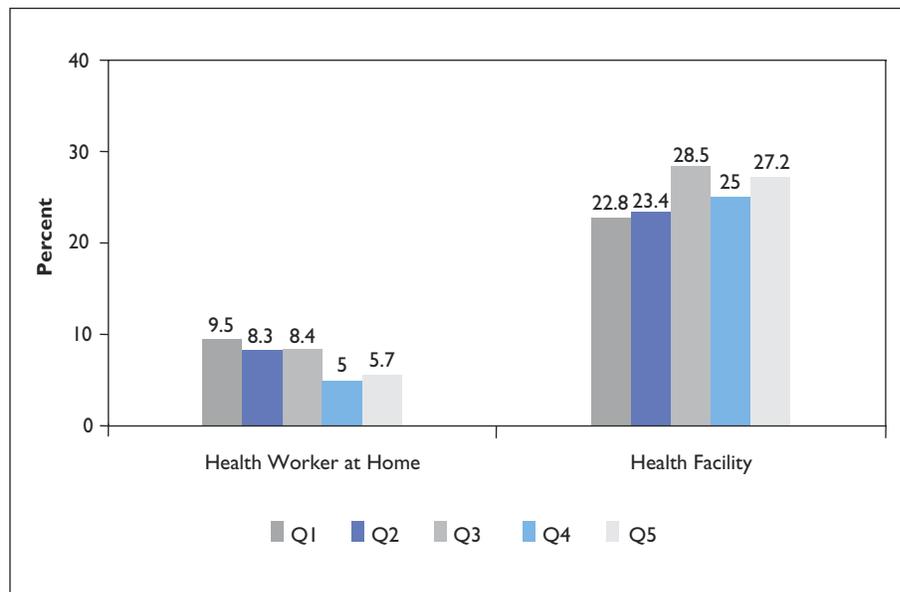
the percentage of currently married women who have visited a health facility or camp increases steadily but only marginally from first SLI quintile to third SLI quintile, thereafter the variation is inconsistent (Figure 6.2).

6.2 AFFILIATION OF HEALTH WORKERS AND SERVICES SOUGHT / PROVIDED

Most of the currently married women who were visited at home were by a health worker from the government sector (95.7 percent) while a small proportion (2.8 percent) were visited by private sector health workers and a still lower proportion (1.5 percent) by NGO functionaries (Table 6.2). In all age groups, most of the women were visited by government sector health workers; in the case of those aged 25-34 years the visits by private sector health workers is slightly higher (5 percent) than the average and for younger women the presence of the NGO sector is higher than the overall average (4 percent).

The differences by government sector health workers by type of residential location are marginal. However, it may be observed that their presence is relatively a little lower in urban slum areas (92.9 percent) as compared to urban non-slum (95.5 percent) and rural (95.9 percent) areas. Also there are no variations in house visits to currently married women by religion and caste. Home visits to women who gave birth during the last two years are also mostly made by government sector health workers. The situation is similar when seen from the viewpoint of standard of living

FIGURE 6.2: HEALTH WORKER'S VISIT AT HOME OR VISIT TO ANY HEALTH FACILITY/CAMP BY SLI QUINTILES



quintiles. The presence of the private sector is a little more evident in the first and third quintiles while the presence of the NGO sector is seen in third and fifth quintiles.

This Table also presents information on the types of services received during the home visits. The most frequently received service is polio immunization (51 percent) followed by other immunization (25 percent) and antenatal/post-natal care (20 percent), while 12 percent received family planning services. Women over the age of 25 were more likely to receive family planning services. Fewer Muslim women have received any of the services.

Table 6.3 has the distribution of currently married women who had visited a health facility/camp by the type of health facilities visited and the type of services sought is presented. While, it was found earlier that most of the home visits by health workers are made by

government sector workers, the most visited health facility is private sector health facility (82 percent), followed by government sector facilities/camps (6 percent). Age-wise difference in the types of health facility visited shows that, more younger women, on an average, tend to visit a government facility (22 percent) compared to older women (11 percent). The percentage of women visiting a government health facility is higher in rural areas (18 percent) than in urban areas (14 percent). Within urban areas more of those from slum locations visit a government facility (15 percent). Religion and caste differences in visiting various types of health facilities are only marginal. A slightly greater use of private health facilities can be observed among women who did not give birth during the past two years. The differences in health facility visited according to standard of living show that while government facility utilization is higher among the poorer women (SLI quintile one to

TABLE 6.2: AFFILIATION OF THE HEALTH WORKER WHO VISITED AND TYPE OF SERVICES RECEIVED

Percent distribution of currently married women who were visited at home by a health worker during three months preceding the survey by affiliation of person visited and type of services received, according to selected characteristics, Agra, 2006

Characteristics	Percent distribution of currently married women by type of affiliation of the person who visited her at home			Percent distribution of currently married women by type of services received during the visit ¹					Number of women who were visited by a health worker at home	
	Government sector	Private sector	NGO sector	Family planning	ANC/PNC		Child immunization	Polio immunization		Other
					PNC	ANC				
Age (in years)										
15-19	95.8	0.0	4.2	6.0	28.4	30.7	38.1	3.5	30	
20-24	98.0	2.0	0.0	9.2	26.7	27.4	43.7	20.7	93	
25-34	94.3	4.7	1.0	14.2	14.3	21.0	59.9	16.1	146	
35-49	95.6	1.2	3.2	12.9	17.4	25.3	45.5	22.9	74	
Place of residence										
Urban non-slum	95.5	4.5	0.0	1.2	5.2	26.7	34.8	17.2	26	
Urban slum	92.9	5.3	1.8	8.8	7.5	22.2	38.3	25.2	14	
Urban	94.5	4.8	0.7	3.9	6.0	25.1	36.0	20.0	40	
Rural	95.9	2.6	1.5	12.9	21.4	24.4	52.4	17.4	303	
Religion										
Hindu	95.7	2.7	1.6	12.0	20.9	25.5	50.7	17.0	320	
Muslim	95.9	4.1	0.0	9.4	0.8	10.6	47.9	28.8	23	
Caste/Tribe										
Scheduled caste/tribe	94.3	2.4	3.3	11.0	24.5	24.6	59.9	18.7	108	
Other backward caste	94.7	3.9	1.4	8.7	18	22.7	40.4	20.3	97	
Other	97.7	2.3	0.0	14.7	16.9	25.8	50.2	15.2	137	
Birth during past 2 years										
Yes	95.2	3.8	0.9	11.9	18.4	27.8	49.6	13.4	153	
No	96.2	2.0	1.9	11.8	20.6	21.9	51.3	21.3	189	
SLI Quintiles										
Q1	96.4	3.6	0.0	19.9	19.2	23.9	46.6	22.2	78	
Q2	98.9	0.8	0.3	6.7	18.5	24.2	59.2	11.7	75	
Q3	90.2	6.8	3.1	15.3	17.0	27.2	42.4	21.5	77	
Q4	93.6	1.4	5.0	1.9	21.2	19.4	47.6	16.4	50	
Q5	99.4	0.6	0.0	11.7	23.2	26.4	57.3	15.8	63	
Total	95.7	2.8	1.5	11.8	19.6	24.5	50.5	17.7	342	

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

TABLE 6.3: TYPE OF HEALTH FACILITY VISITED AND TYPE OF SERVICES SOUGHT

Percent distribution of currently married women who visited any health facility or camp during three months preceding the survey by type of facility and type of services sought, according to selected characteristics, Agra, 2006

Characteristics	Percent distribution of currently married women by type of facility visited				Percent distribution of currently married women by type of services sought during the visit ¹					Number of women who visited any health facility or camp				
	Govt. sector		Private sector		NGO sector		Other		Family planning		ANC/PNC	Child immunization	Polio immunization	Other
Age (in years)														
15-19	22.3	76.6	0.0	1.1	2.2	30.3	1.1	1.1	1.1	1.1	1.1	1.1	73.2	94
20-24	17.4	78.6	1.8	2.1	1.5	22.1	1.4	1.4	1.4	1.4	1.4	1.4	76.6	262
25-34	17.3	80.0	0.9	1.8	1.5	9.3	1.9	1.9	1.9	1.9	1.9	1.9	85.6	513
35-49	11.3	87.5	0.1	1.0	1.4	2.4	0.0	0.0	0.0	0.0	1.3	1.3	97.2	339
Place of residence														
Urban non-slum	12.6	84.8	1.0	1.5	0.5	12.9	0.4	0.4	0.4	0.4	5.0	5.0	85.8	388
Urban slum	15.1	83.2	1.0	0.7	1.5	10.5	1.2	1.2	1.2	1.2	4.7	4.7	86.5	196
Urban	13.5	84.3	1.0	1.3	0.8	12.1	0.7	0.7	0.7	0.7	4.9	4.9	86.0	585
Rural	18.4	79.0	0.6	1.9	2.2	11.4	1.7	1.7	1.7	1.7	5.3	5.3	85.8	624
Religion														
Hindu	15.8	82.2	0.8	1.2	1.7	11.8	1.2	1.2	1.2	1.2	5.3	5.3	85.7	1047
Muslim	16.2	78.1	1.1	4.6	0.8	11.9	1.3	1.3	1.3	1.3	4.2	4.2	86.8	151
Caste/Tribe														
Scheduled caste/tribe	15.4	83.3	0.8	0.5	2.5	13.5	0.7	0.7	0.7	0.7	6.2	6.2	82.5	325
Other backward caste	14.6	83.1	0.8	1.5	0.9	14.2	1.4	1.4	1.4	1.4	4.9	4.9	86.4	389
Other	17.6	79.2	0.9	2.4	1.4	8.7	1.3	1.3	1.3	1.3	4.5	4.5	87.8	495
Birth during past 2 years														
Yes	17.9	79.5	1.1	1.4	1.2	13.1	2.0	2.0	2.0	2.0	9.3	9.3	80.8	473
No	14.8	82.9	0.6	1.7	1.8	10.9	0.6	0.6	0.6	0.6	2.4	2.4	89.2	735
SLI Quintiles														
Q1	17.1	78.9	1.2	2.8	2.6	9.2	0.9	0.9	0.9	0.9	7.6	7.6	85.8	187
Q2	19.6	78.3	1.1	1.0	2.6	11.3	1.8	1.8	1.8	1.8	3.8	3.8	85.5	212
Q3	19.5	78.0	1.4	1.1	1.6	11.4	0.7	0.7	0.7	0.7	2.9	2.9	88.3	260
Q4	14.5	83.0	0.4	2.0	1.0	14.4	1.2	1.2	1.2	1.2	5.0	5.0	82.9	251
Q5	11.1	87.4	0.2	1.4	0.6	11.8	1.3	1.3	1.3	1.3	6.4	6.4	86.9	298
Total	16.0	81.6	0.8	1.6	1.5	11.8	1.2	1.2	1.2	1.2	5.1	5.1	85.9	1209

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

three), it is slightly lower in the next two SLI categories. Consequently one can see a higher extent of private health care utilization among the more economically advantaged.

While only a small proportion of women who visited a health facility during the three months preceding the survey (20 percent) sought family planning, ANC, PNC or immunization services, a majority of the women sought other services (86 percent). It is seen that with age increases there is a decline in seeking family planning and ANC/ PNC services.

6.3 DISCUSSION ON FAMILY PLANNING WITH HEALTH WORKER

Tables 6.4 and 6.5 present information on the distribution of women discussing family planning methods during their contact with the health worker and specific discussion about spacing methods. Overall 6.8 percent of the women discussed about any modern method of family planning while a majority (92.6 percent) have not discussed any family planning method. Whereas 4.8 percent of the women discussed sterilization, 3.2 percent discussed spacing methods. The percentage of those discussing sterilization increases with age. Those discussing any modern method increases till 35 years of age and marginally decreases subsequently. Similarly, the proportion of those discussing modern spacing methods also increases initially with age from 0.5 percent in the 15-19 age group to 3.9 percent in the 25-34 age group and declines subsequently.

Discussion on family planning methods, including spacing methods, during contact with health workers is low and does not vary substantially across the types of geographical locations. Religious differences in family planning discussion exist, with

a greater proportion of Muslim women compared to Hindu, discussing spacing methods and any modern contraception methods, while a smaller proportion of them discussed sterilization. Caste differences show that those belonging to scheduled caste/

FIGURE 6.3: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACT WITH HEALTH WORKERS BY PLACE OF RESIDENCE

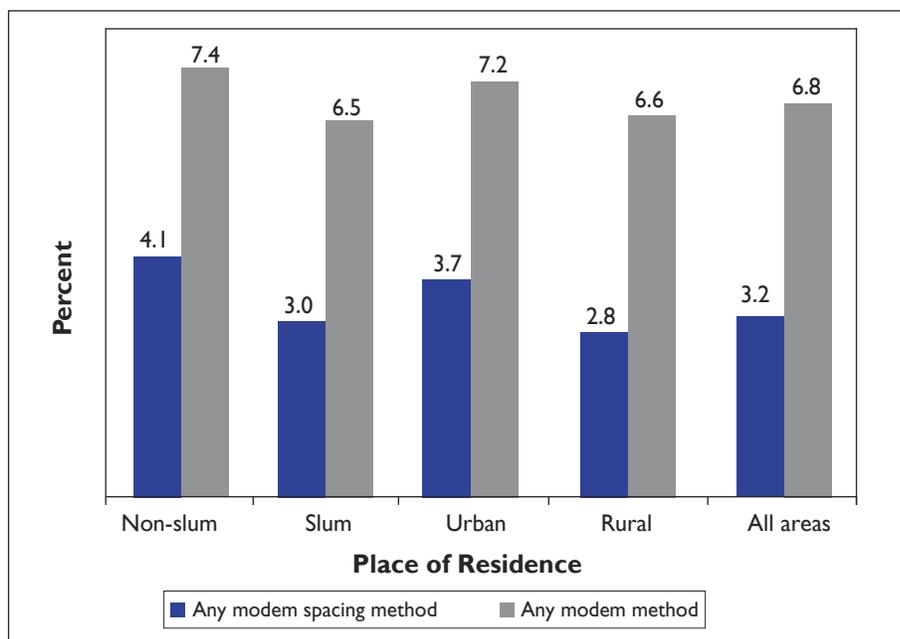


FIGURE 6.4: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACTS WITH HEALTH WORKERS BY SLI QUINTILES

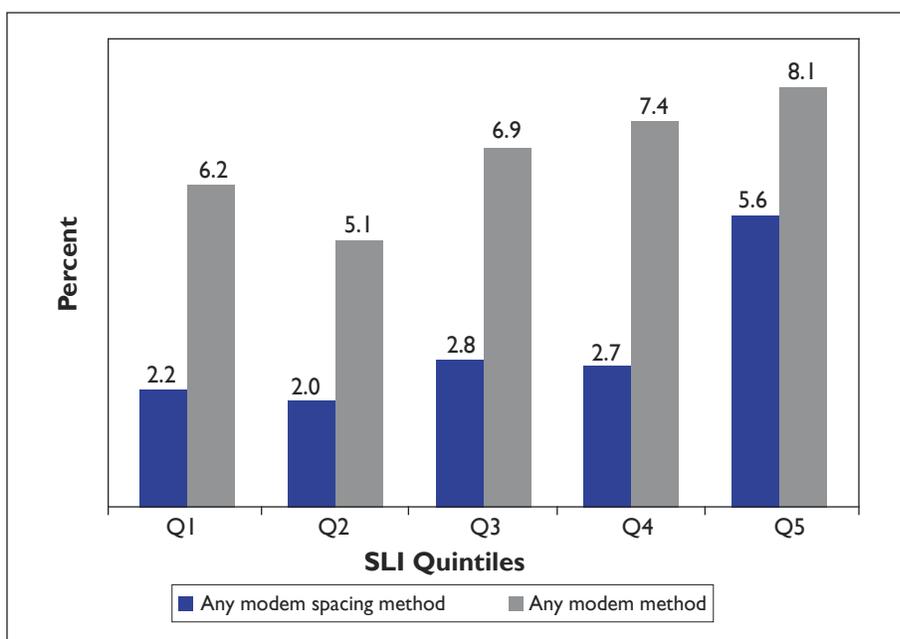


TABLE 6.4: DISCUSSION ON FAMILY PLANNING METHODS DURING CONTACTS WITH HEALTH WORKER

Percent of currently married women who discussed family planning methods with health worker by type of methods discussed, according to selected characteristics, Agra, 2006

	Pills	Condom	IUD/ Loop	Male sterili- zation	Female sterili- zation	Tradi- tional	Other	Any modern spacing method	Any modern method	Sterili- zation	None	Number of eligible women
Age (in years)												
15-19	0.5	0.4	0.0	0.0	0.4	0.0	0.5	0.5	0.5	0.4	99.0	396
20-24	1.6	1.7	0.4	0.5	2.6	0.3	0.7	2.7	4.5	3.1	94.6	927
25-34	2.1	2.2	1.4	0.3	5.6	0.1	0.4	3.9	8.5	5.9	91.2	1752
35-49	1.8	1.2	1.8	0.0	5.7	0.0	0.5	3.3	7.9	5.7	91.6	1667
Place of residence												
Urban non-slum	1.6	1.5	2.3	0.0	4.2	0.0	0.7	4.1	7.4	4.2	91.9	1345
Urban slum	1.7	0.9	1.3	0.3	4.1	0.3	0.1	3.0	6.5	4.3	93.4	570
Urban	1.6	1.3	2.0	0.1	4.1	0.1	0.5	3.7	7.2	4.2	92.4	1915
Rural	1.9	1.8	0.7	0.3	4.9	0.1	0.5	2.8	6.6	5.2	92.8	2827
Religion												
Hindu	1.6	1.5	1.2	0.2	4.7	0.1	0.5	3.0	6.7	4.9	92.8	4215
Muslim	3.2	2.1	1.9	0.0	3.8	0.0	0.5	4.4	8.0	3.8	91.6	471
Other	2.6	0.3	0.4	0.0	7.4	0.0	0.0	2.9	8.6	7.4	91.4	56
Caste/Tribe												
Scheduled caste/tribe	1.8	1.7	0.7	0.3	4.0	0.1	0.9	3.0	5.9	4.3	93.1	1321
Other backward caste	1.9	0.8	1.0	0.2	4.8	0.0	0.2	2.6	6.9	5.0	92.9	1454
Other	1.7	2.0	1.8	0.2	4.9	0.2	0.5	3.7	7.4	5.0	92.2	1967
Birth during past 2 years												
Yes	2.2	2.2	0.9	0.3	3.7	0.1	0.5	3.4	6.1	4.0	93.4	1401
No	1.6	1.3	1.4	0.2	5.0	0.1	0.5	3.1	7.1	5.2	92.3	3341
SLI Quintiles												
Q1	1.7	1.7	0.5	5.3	0.4	0.0	0.0	2.2	6.2	5.7	93.8	821
Q1	0.9	1.5	0.5	4.1	0.3	0.0	0.0	2.0	5.1	4.4	94.9	906
Q3	2.1	1.4	0.7	5.2	0.2	0.2	0.6	2.8	6.9	5.4	92.6	911
Q4	1.6	1.1	1.1	5.3	0.2	0.2	0.9	2.7	7.4	5.5	91.7	1007
Q5	2.5	2.2	3.0	3.4	0.0	0.1	0.9	5.6	8.1	3.4	90.9	1097
Total	1.8	1.6	1.3	0.2	4.6	0.1	0.5	3.2	6.8	4.8	92.6	4742

TABLE 6.5: ISSUES DISCUSSED ABOUT MODERN SPACING METHODS

Percent distribution of currently married women who discussed family planning methods according to selected characteristics, Agra, 2006

	Oral pills			Condoms			IUCD/Loop/Copper-T					
	Advan- tages	Disad- vantages	Both	None	Advan- tages	Disad- vantages	Both	None	Advan- tages	Disad- vantages	Both	None
Age (in years)												
15-19	54.7	0.0	45.3	0.0	50.0	0.0	50.0	0.0	0.0	0.0	0.0	0.0
20-24	75.7	11.2	1.6	11.5	88.5	3.1	6.9	1.6	52.1	41.5	0.0	6.5
25-34	55.1	24.2	12.7	7.9	81.7	7.1	6.4	4.8	62.2	10.0	27.8	0.0
35-49	37.8	35.1	27.2	0.0	62.9	0.0	26.0	11.0	54.7	14.3	18.8	12.2
Place of residence												
Urban non-slum	63.2	15.5	12.7	8.5	88.8	3.1	8.1	0.0	67.0	8.0	25.0	0.0
Urban slum	69.2	9.7	18.6	2.4	73.9	3.4	13.8	8.9	50.6	23.1	22.9	3.4
Urban	65.2	13.6	14.6	6.6	85.6	3.2	9.3	1.9	63.9	10.8	24.6	0.6
Rural	45.3	32.0	17.9	4.9	73.4	4.8	14.2	7.6	46.2	20.4	15.5	17.8
Religion												
Hindu	52.0	23.7	19.7	4.5	80.1	4.6	14.5	0.7	57.3	14.6	20.2	7.9
Muslim	52.4	34.9	2.2	10.5	59.8	1.8	0.0	38.4	58.9	12.0	29.0	0.0
Other	76.8	0.0	23.2	0.0	100.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0
Caste/Tribe												
Scheduled caste/tribe	58.7	17.6	23.7	0.0	94.2	0.0	4.7	1.0	40.3	2.2	57.6	0.0
Other backward caste	60.3	26.6	3.8	9.3	42.7	21.6	3.8	31.9	63.3	12.9	23.7	0.0
Other	41.3	29.7	22.8	6.2	78.2	1.5	19.7	0.6	59.6	17.6	11.9	11.0
Birth during past 2 years												
Yes	60.4	24.1	10.3	5.2	83.9	5.4	9.9	0.8	62.3	20.6	15.2	1.9
No	48.0	26.0	20.3	5.7	73.1	3.4	14.4	9.1	56.4	12.4	23.1	8.0
SLI Quintiles												
Q1	49.0	23.4	17.0	10.7	73.7	8.5	0.0	17.8	34.4	0.0	65.6	0.0
Q2	19.0	52.7	8.9	19.4	74.2	8.9	5.3	11.5	46.4	53.6	0.0	0.0
Q3	39.5	20.1	34.8	5.7	51.9	0.0	48.1	0.0	56.1	0.0	11.7	32.2
Q4	67.3	27.1	5.6	0.0	90.3	0.0	9.7	0.0	60.5	21.3	3.1	15.1
Q5	64.3	20.7	13.0	2.0	89.0	3.3	6.7	1.0	61.5	10.1	27.7	0.7
Total	52.5	25.3	16.7	5.5	77.5	4.2	12.6	5.7	57.7	14.2	21.4	6.7

scheduled tribe are less likely to discuss family planning methods as compared to other caste groups.

Those who had given birth during the past two years are more likely to have discussed any modern method or spacing method with the health worker, but less likely to have discussed sterilization. There is a progressive increase in the extent of discussion on modern spacing methods as the standard of living improves.

When one compares the distribution of women who discussed family planning methods according to the type of method, it can be seen that the most discussed method is female sterilization (4.6 percent of all women who had a contact with a health worker) followed by oral pills (1.8 percent), condoms (1.6 percent) and IUD (1.3 percent). The issues discussed about specific spacing methods

are presented in Table 6.5. In the case of oral pills, a majority of the women discussed the advantages of the method (52.5 percent) while a quarter (25.3 percent) enquired about the disadvantages. Only 16.7 percent mentioned that they discussed both advantages and disadvantages. Since a person becomes properly informed only when both the advantages and possible complications of using a specific method are known, the observation that a majority of those discussing oral pills (and also other spacing methods) focus only on one of these aspects is quite discouraging and points to the lower quality of family planning services.

Age differentials show that younger women tend to discuss both advantages and disadvantages of using oral pills. Women from urban non-slum areas are likely to discuss both pros and cons of using oral pills while urban slum dwellers are

more likely to discuss only one dimension. More rural women are concerned about the disadvantage of using oral pills (32.0 percent) as compared to urban women (13.6 percent). While more Hindu women seek information on both advantages and disadvantages, more Muslim women discuss the disadvantages of oral pills (34.9 percent) as compared to Hindu women (23.7 percent). Those who have given birth during the past two years are more likely to discuss both advantages and disadvantages of oral pills.

When condoms are discussed, 77.5 percent focus the discussion on its advantages, 4.2 percent focus only on disadvantages while 12.6 percent discuss both. In the case of intra-uterine contraception 57.7 percent of women discussed advantages, 14.2 percent discussed disadvantages while 21.4 percent focused on both advantages and disadvantages.

EXPOSURE TO MASS MEDIA FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH

This chapter discusses eligible women’s exposure to mass media with respect to family planning and reproductive health. The types of message, extent of exposure and acceptability of messages received through different media, and opinion about family planning messages are the major aspects considered.

7.1 EXPOSURE TO FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES

The distribution of currently married women who have seen or read any family planning or reproductive health messages during the three months period prior to the survey is presented in Table 7.1. Of the 4,742 currently married women covered in the survey, 67 percent had seen/read a message through any medium and 38 percent of the women had received message from at least two sources. This shows that a sizeable portion (33 percent) of currently married women had not seen or read any messages on family planning or reproductive health.

The most popular source from where eligible women received family planning or reproductive health messages is TV (60 percent) followed by poster/banner (25 percent) and

wall picture / hoarding (25 percent). Less useful for message dissemination are the following media types - only 16 percent of the women get their messages from bus/van panels, 16 percent from newspaper/magazine and 10 percent from radio.

The highest exposure to family planning or reproductive health messages is observed in the younger age groups 15-24 years. After the age of 24, exposure to mass media reduces with successive increases in age. There are considerable geographical

variations in exposure to family planning and reproductive health messages. In rural areas the percentage of women exposed to such messages is only 53 percent, in comparison, the percentage of women who are exposed to any mass media is as high as 87 percent in urban areas, with marginal variation between slum and non-slum areas. Similarly, the percentage of women who are exposed to at least two sources is very low in rural areas (28.2 percent) as compared to urban areas (52 percent).

FIGURE 7.1: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES BY PLACE OF RESIDENCE

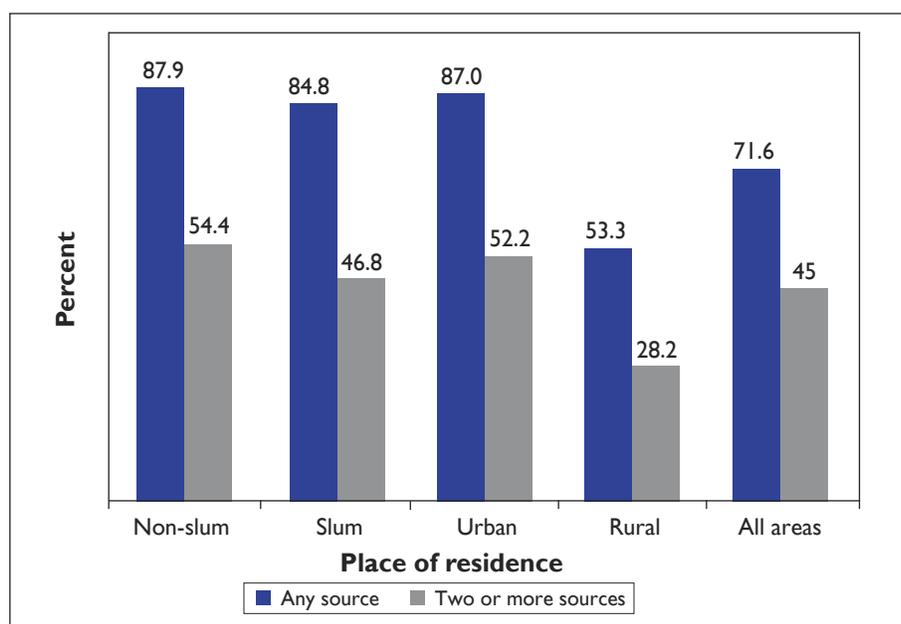


TABLE 7.1: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES

Percent of currently married women 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, Agra, 2006

Characteristics	Percent of currently married women who have heard, seen or read any family planning or reproductive health messages:														
	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, nutanki, etc	Any source	Two or more sources	None	Number
Age (in years)															
15-19	14.5	62.8	2.5	0.6	13.2	20.4	12.4	3.0	22.0	4.1	1.2	70.2	33.0	29.8	396
20-24	11.4	64.3	1.5	1.3	18.4	27.9	18.3	3.5	26.4	2.5	0.7	71.0	41.4	29.0	927
25-34	9.7	59.1	2.0	1.1	15.5	25.8	16.8	6.5	26.6	2.5	0.6	67.1	38.3	32.9	1752
35-49	9.2	57.0	1.9	1.1	15.5	24.3	15.9	3.9	23.2	2.3	0.5	63.6	36.7	36.4	1667
Place of residence															
Urban non-slum	7.1	84.6	4.1	1.6	28.5	36.2	24.3	8.6	37.5	3.3	0.3	87.9	54.4	12.1	1345
Urban slum	7.3	82.2	3.1	2.0	21.7	29.6	20.8	6.3	33.7	2.8	0.3	84.8	46.8	15.2	570
Urban	7.2	83.9	3.8	1.7	26.5	34.3	23.3	7.9	36.3	3.2	0.3	87.0	52.2	13.0	1915
Rural	12.4	43.3	0.6	0.7	8.7	19.1	11.8	2.5	17.3	2.1	0.8	53.3	28.2	46.7	2827
Religion															
Hindu	10.6	57.5	1.8	1.1	15.1	24.3	16.0	4.4	23.9	2.4	0.7	65.1	36.6	34.9	4215
Muslim	7.5	74.3	2.1	1.1	16.7	29.6	17.3	5.7	31.1	3.2	0.3	79.4	43.4	20.6	471
Other	12.4	98.2	6.7	0.2	68.9	57.0	39.9	14.1	53.2	3.3	0.0	99.4	87.2	0.6	56
Caste/Tribe															
SC/ST	8.3	58.4	1.3	0.7	11.0	19.9	13.3	4.5	20.4	2.0	0.7	63.3	31.9	36.7	1321
OBC	8.5	55.8	1.5	1.3	12.3	23.7	13.3	3.3	22.5	2.3	0.5	63.8	33.7	36.2	1454
Other	12.9	63.4	2.6	1.2	21.8	30.0	20.7	5.8	29.9	3.1	0.6	71.6	45.0	28.4	1967

TABLE 7.1: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES

Percent of currently married women 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, Agra, 2006

Percent of currently married women who have heard, seen or read any family planning or reproductive health messages:													
Characteristics	On radio	On TV	In a cinema hall or theatre	In an outdoor video or film show	In a newspaper 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, nutanki, etc	None	
												Number	
Education													
Illiterate	8.1	44.0	0.3	0.3	2.0	13.3	7.0	1.3	11.9	1.1	0.5	47.8	2609
Literate <8 th grade	12.4	67.7	0.7	0.4	13.5	25.8	15.8	4.0	24.9	3.1	0.4	25.1	589
8-11 th grade	11.8	81.6	1.8	0.8	32.8	40.7	29.0	6.4	42.5	4.1	0.8	11.8	820
12 + grade	16.5	93.5	12.0	7.0	67.7	62.0	44.2	21.1	66.0	7.7	1.3	3.0	486
Other (non formal)	11.4	67.6	1.9	0.3	9.9	26.9	20.5	4.0	24.7	1.0	0.5	27.2	238
SLI Quintiles													
Q1	8.1	23.7	0.6	0.0	2.9	12.9	7.5	1.4	10.7	1.1	0.8	64.8	821
Q2	7.1	39.8	0.4	0.4	3.7	15.4	8.2	2.3	13.0	1.1	0.4	50.3	906
Q3	10.9	65.4	1.0	1.0	9.4	22.9	14.0	3.5	21.1	1.7	0.6	26.2	911
Q4	12.0	72.5	1.9	0.7	15.1	26.5	16.3	4.6	27.6	2.7	0.5	22.4	1007
Q5	12.4	86.5	4.9	3.0	41.8	43.5	32.0	10.2	46.4	5.3	0.8	10.8	1097
Total	10.3	59.7	1.9	1.1	15.9	25.2	16.4	4.7	25.0	2.5	0.6	33.1	4742

Religion-wise differences show that Hindu women are less exposed to mass media compared to others. While only 65 percent of Hindu women are exposed to messages, the corresponding percentages among Muslim and other women are 79 percent and 99 percent respectively. The highest exposure among caste groups is among those belonging to “other” castes (72 percent) while those for SC/ST and OBC are 63 percent and 64 percent respectively.

There is an apparent increase in exposure to media with increase in educational attainment. While only 52 percent of the uneducated are exposed to family planning and reproductive health messages, 97 percent of those who have completed 12th grade or more have seen or read such messages. As with educational attainments, significant differences in media exposure can be seen with improvements in standard of living. While in the first SLI quintile the percentage of women exposed to any media is only 35 percent, it steadily increases with improvement in standard of living and reaches 89 percent in the fifth SLI quintile.

7.2 TYPE OF MESSAGES

Table 7.2 presents information on the types of family planning and reproductive health messages received by currently married women. The most frequently received message relates to family planning (85 percent) followed by Polio immunization (81 percent) and general child immunization (61 percent). The extent of messages received on antenatal and postnatal care and child feeding is very low. The extent of family planning messages received by currently married women

TABLE 7.2: TYPE OF FP AND/OR REPRODUCTIVE HEALTH MESSAGES HEARD, READ OR SEEN

Percent distribution of currently married women who have heard, read or have seen any family planning or reproductive health messages by type of message, according to selected characteristics, Agra, 2006

Characteristic	Percent of currently married women seen/heard/read messages on:						Number of women ¹
	Family planning	ANC/PNC	Child immunization	Polio immunization	Feeding the child	Other	
Place of residence							
Urban non-slum	91.0	16.9	60.2	80.9	21.0	11.8	1182
Urban slum	87.5	15.9	62.2	80.9	18.8	10.0	483
Urban	90.0	16.6	60.8	80.9	20.3	11.3	1665
Rural	79.2	17.0	61.2	80.0	20.1	14.1	1506
Religion							
Hindu	84.4	17.0	61.2	80.9	20.3	12.7	2742
Muslim	86.4	14.6	58.3	78.1	19.7	13.5	374
Other	98.5	21.9	67.1	75.5	17.4	3.4	55
Caste/Tribe							
Scheduled caste/tribe	85.6	15.6	58.5	78.7	21.1	12.7	837
Other backward caste	82.4	17.4	59.2	77.6	18.9	12.0	927
Other	86.0	17.1	63.6	83.4	20.5	12.9	1408
Education							
Illiterate	77.2	12.7	60.6	81.3	15.2	12.6	1363
Literate <8 th grade	86.8	13.0	60.1	77.3	21.6	11.2	441
8-11 th grade	90.8	19.9	60.7	79.6	24.7	12.4	723
12 + grade	95.3	26.7	67.6	84.3	26.7	15.9	471
Other (non formal)	86.7	19.0	49.0	74.9	19.3	8.5	173
Birth during past 2 years							
Yes	86.1	16.7	62.5	80.3	19.8	12.0	882
No	84.4	16.8	60.4	80.5	20.4	12.8	2290
SLI Quintiles							
Q1	76.0	15.4	59.0	81.1	13.9	12.3	289
Q2	77.9	17.1	56.9	79.7	15.4	13.2	450
Q3	82.4	12.9	56.9	76.5	16.6	11.7	673
Q4	87.0	16.0	60.7	78.3	23.1	11.4	781
Q5	90.7	20.4	66.4	85.1	24.5	14.0	979
Total	84.9	16.8	60.9	80.5	20.2	12.6	3172

¹Who have seen, heard or read any messages on family planning or reproductive health.

varies significantly from 79 percent in rural areas to 90 percent in urban areas. Differences according to religion or caste are only marginal.

Both education and SLI are important variables in determining the exposure to family planning messages. While among illiterate women only 77 percent had received a family planning message, among women with educational status of higher secondary and above it is 95 percent. Similarly among the poorest only 76 percent are exposed to family planning messages while exposure is 91 percent among those belonging to the fifth SLI quintile.

In non-family planning messages too the importance of education and standard of living is evident. Regarding messages on child feeding, education and SLI have a significant bearing on whether or not the women receive the media messages. This is also true to some extent in the case of polio immunization messages.

7.3 ACCEPTABILITY OF MESSAGES

Overall 99 percent of currently married women reported that the family planning and reproductive health messages they received are acceptable to them (Table 7.3). Irrespective of demographic and socio-economic background, practically all of the women who have received family planning and reproductive health messages tend to accept them.

7.4 OPINION ABOUT FAMILY PLANNING MESSAGES

As can be seen from Table 7.4, a vast majority of women who have heard or seen family planning messages agree that these messages can promote

the use of family planning methods. There are no particular differences by background characteristics. In rural areas, a smaller proportion of women agree that the messages can contribute to increased family planning

use (90 percent) as compared to women from urban areas (95 percent). Religion-wise differences show that agreement among Hindu women is a little higher (93 percent) as compared to Muslim women (89 percent).

FIGURE 7.2: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES BY EDUCATION

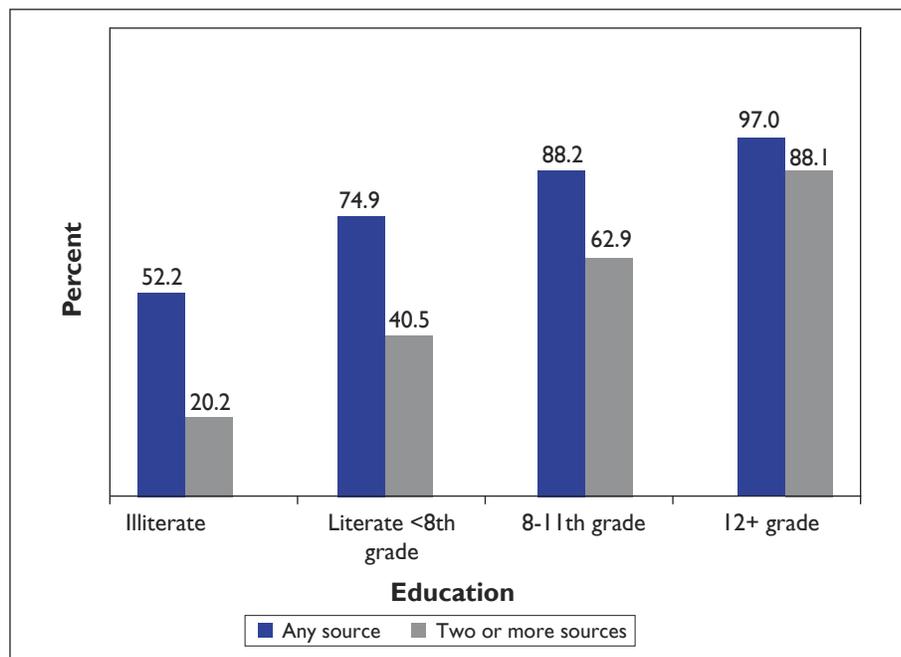


FIGURE 7.3: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES BY SLI QUINTILES

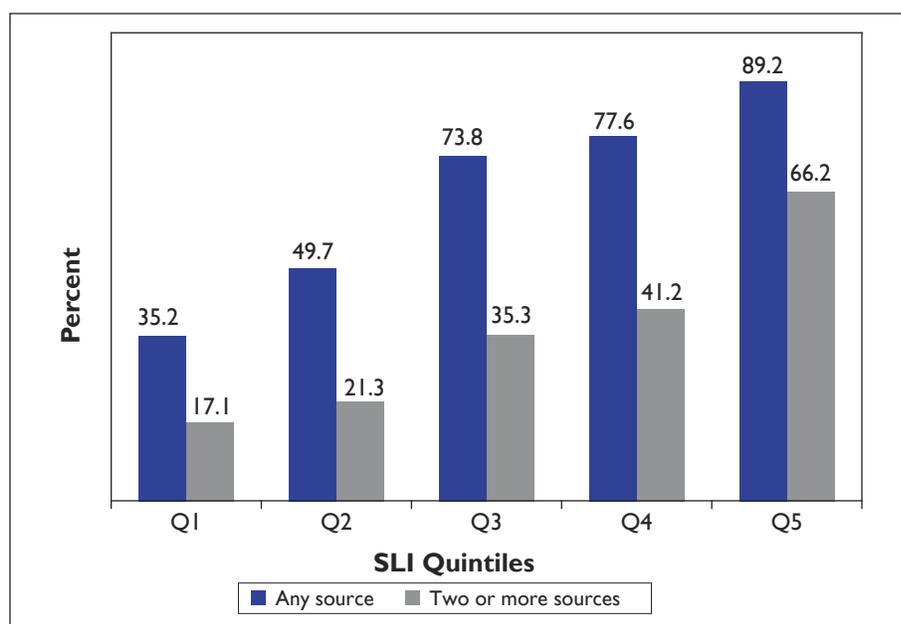


TABLE 7.3: ACCEPTABILITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES ON MASS MEDIA

Percent of eligible women for whom the message on family planning and reproductive health messages are acceptable, according to selected characteristics, Agra, 2006

Characteristics	Percent who accept FP and RH messages	Number of women
Age (in years)		
15-19	96.7	278
20-24	98.9	658
25-34	98.8	1175
35-49	98.6	1060
Place of residence		
Urban non-slum	98.5	1182
Urban slum	99.0	483
Urban	98.7	1665
Rural	98.4	1506
Religion		
Hindu	98.7	2742
Muslim	97.7	374
Other	95.3	55
Caste/Tribe		
Scheduled caste/tribe	97.5	837
Other backward caste	98.6	927
Other	99.1	1408
Education		
Illiterate	97.6	1363
Literate <8 th grade	99.2	441
8-11 th grade	99.3	723
12 + grade	99.3	471
Other (non formal)	99.1	173
SLI Quintile		
Q1	97.2	289
Q2	98.2	450
Q3	98.7	673
Q4	98.7	781
Q5	98.9	979
Total	98.6	3172

TABLE 7.4: WHETHER FAMILY PLANNING MESSAGES CAN PROMOTE USAGE

Percent of eligible women among those who have heard/seen/read any message on family planning by agreement that the message will promote the use, according to selected characteristics, Agra, 2006

Characteristics	Yes	No	Can't say	Total percent	Number of women
Age (in years)					
15-19	92.6	0.9	6.4	100.0	231
20-24	91.5	1.6	7.0	100.0	567
25-34	93.1	1.4	5.5	100.0	1000
35-49	92.6	0.8	6.5	100.0	894
Place of residence					
Urban non-slum	94.4	0.9	4.7	100.0	1076
Urban slum	94.8	1.0	4.2	100.0	422
Urban	94.5	0.9	4.5	100.0	1498
Rural	90.1	1.6	8.3	100.0	1194
Religion					
Hindu	93.2	0.8	6.0	100.0	2315
Muslim	89.4	1.9	8.7	100.0	323
Other	84.6	13.7	1.7	100.0	55
Caste/Tribe					
Scheduled caste/tribe	92.1	1.1	6.9	100.0	716
Other backward caste	91.6	1.0	7.4	100.0	765
Other	93.5	1.5	5.1	100.0	1211
Education					
Illiterate	89.6	1.2	9.2	100.0	1052
Literate <8 th grade	92.5	1.1	6.5	100.0	384
8-11 th grade	94.7	1.1	4.2	100.0	657
12 + grade	97.2	1.6	1.3	100.0	449
Other (non formal)	89.8	1.6	8.6	100.0	150
Birth during past 2 years					
Yes	91.0	2.1	6.9	100.0	759
No	93.2	0.9	6.0	100.0	1933
SLI Quintiles					
Q1	90.3	1.9	7.8	100.0	219
Q2	88.8	1.6	9.6	100.0	350
Q3	93.1	0.9	5.9	100.0	555
Q4	93.0	0.7	6.4	100.0	680
Q5	93.9	1.5	4.6	100.0	888
Total	92.6	1.2	6.2	100.0	2692

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

7.5 EXPOSURE TO MASS MEDIA

Table 7.5 provides information on the percent of eligible women who are exposed to mass media by type of media, media being defined as radio, TV, newspaper and cinema for the purposes of the survey. It is seen that more than half of the women are exposed to at least one of these branches of the media (53 percent). TV is the most popular medium among eligible women, with 50 percent reporting that they have watched TV at least once a week. Newspaper (10 percent), radio (5 percent) and cinema viewing (5 percent) are much less popular among eligible women in the state.

Media exposure by background characteristics of women shows that the younger and the older women are less exposed to media as compared to women in the 20-24 age group. Media exposure of rural women (38 percent) is considerably less than that of urban women (76 percent) whereas within urban areas the variation is not substantial (See Figure 7.4 also). Exposure to mass media is considerably lower among Hindu women (51 percent) in comparison with Muslim women (67 percent) and others (99 percent). Caste-wise differences show relatively lower media exposure of women from backward classes.

Education has a decisive influence on exposure to media. Whereas only 37 percent of illiterate women are exposed to any medium, the corresponding percentage for women with 12th grade or higher educational attainment is as high as 95 percent. Improvement in standard of living also positively affects the

FIGURE 7.4: EXPOSURE TO ANY MEDIA BY PLACE OF RESIDENCE

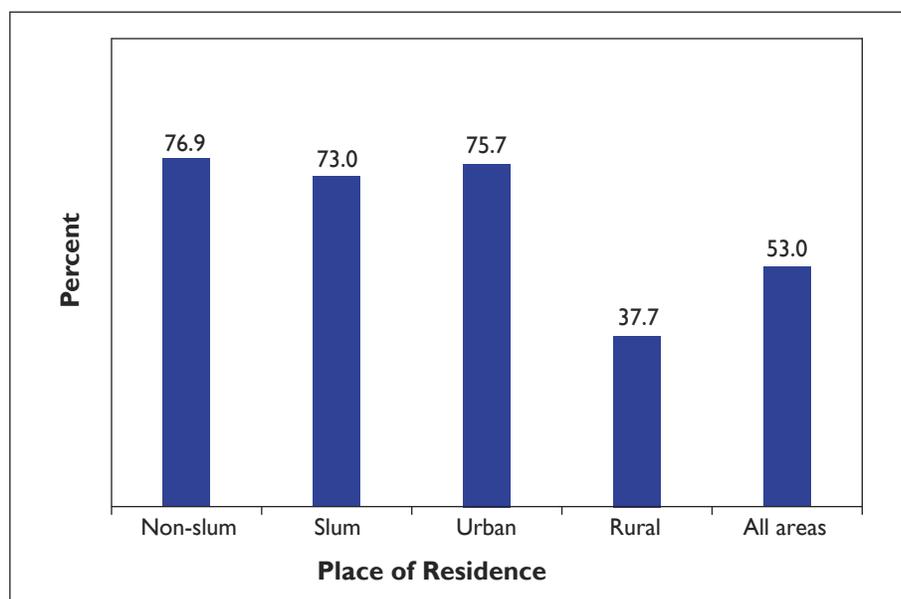
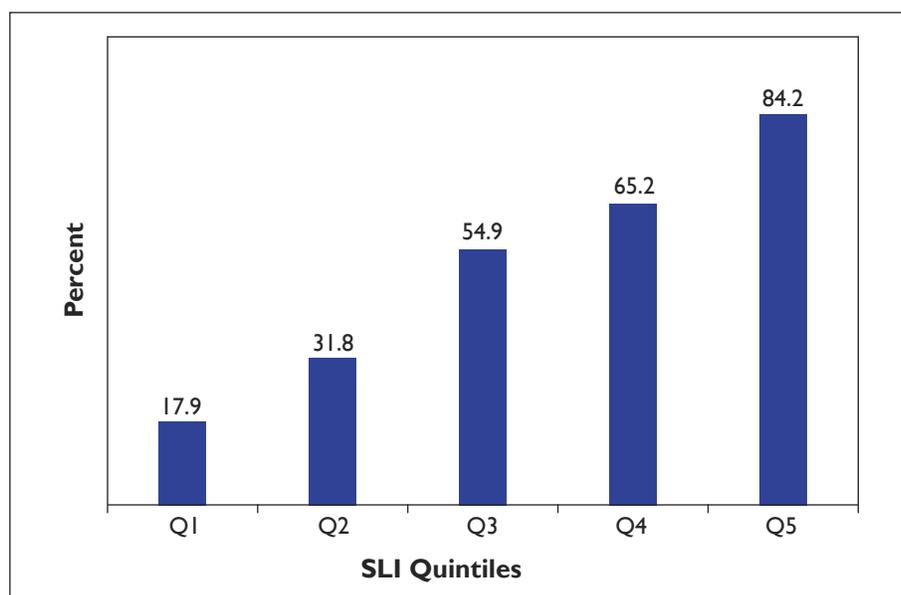


FIGURE 7.5: EXPOSURE TO ANY MEDIA BY SLI QUINTILES



exposure to mass media. While in the first SLI quintile, only 18 percent of women are exposed to any medium, the percentage consistently and significantly increases to reach 84 percent in the fifth SLI quintile.

Tables 7.6 and 7.7 present detailed information on radio listening and

TV watching respectively. From Table 7.6 it may be observed that 93.4 percent of women had not listened to radio during the week preceding the survey. Only two percent said that they listened to radio on all days while another two percent listened irregularly, one percent listened for 1-2 days and

TABLE 7.5: EXPOSURE TO MEDIA BY CHARACTERISTICS

Percent of eligible women who are exposed to media by type of media, according to selected characteristics, Agra, 2006

Characteristics	Percent of eligible women who:						Number of 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 theatre to watch cinema at least one a year	Exposed to any of these	No exposure	
Age (in years)							
15-19	8.4	49.8	3.4	4.6	52.8	47.2	396
20-24	6.0	54.9	7.3	4.8	57.8	42.2	927
25-34	4.0	49.9	10.1	5.4	52.4	47.6	1752
35-49	4.9	47.9	12.9	3.8	51.1	48.9	1667
Place of residence							
Urban non-slum	3.3	74.0	21.8	10.1	76.9	23.1	1345
Urban slum	3.7	70.6	15.6	7.2	73.0	27.0	570
Urban	3.4	72.9	19.9	9.2	75.7	24.3	1915
Rural	6.2	34.7	3.2	1.6	37.7	62.3	2827
Religion							
Hindu	5.2	48.0	9.5	4.4	50.9	49.1	4215
Muslim	2.9	64.1	8.5	4.8	66.5	33.5	471
Other	16.4	97.7	61.0	22.6	98.6	1.4	56
Caste/Tribe							
Scheduled caste/tribe	3.2	48.0	4.4	3.1	49.5	50.5	1321
Other backward caste	4.1	46.1	7.1	3.6	48.5	51.5	1454
Other	7.0	54.6	15.8	6.5	58.8	41.2	1967
Education							
Illiterate	3.0	35.2	0.0	0.9	36.7	63.3	2609
Literate <8 th grade	8.1	56.0	4.5	1.2	60.6	39.4	589
8-11 th grade	6.4	70.2	19.2	5.0	73.2	26.8	820
12 + grade	9.2	87.7	57.5	29.8	94.6	5.4	486
Other (non formal)	7.4	54.1	3.3	2.0	59.3	40.7	238
SLI Quintiles							
Q1	3.6	15.2	0.2	0.8	17.9	82.1	821
Q2	3.0	29.5	0.4	1.2	31.8	68.2	906
Q3	4.9	51.2	5.2	1.4	54.9	45.1	911
Q4	5.0	62.4	7.7	3.9	65.2	34.8	1007
Q5	8.2	81.3	31.2	13.8	84.2	15.8	1097
Total	5.1	50.2	10.0	4.7	53.0	47.0	4742

Note: Based on all persons.

TABLE 7.6: LISTENING TO RADIO ACCORDING TO NUMBER OF DAYS AND HOURS LISTENED

Percent distribution of eligible persons by number of days listened during a week and number of hours listened in a day, according to selected characteristics, Agra, 2006

Characteristics	Number of days listened to radio during a week					Number of hours listened to radio during a day				Total percent	Number of persons
	None	Irregular	1-2	3-6	All days	None	Less than 1 hour	1-2 hours	More than 2 hours		
Age (in years)											
15-19	88.9	2.7	2.3	3.0	3.1	88.9	3.4	5.8	2.0	100.0	396
20-24	92.5	1.6	1.3	1.5	3.2	92.5	2.4	5.0	0.2	100.0	927
25-34	94.7	1.3	1.2	1.0	1.8	94.6	1.7	3.2	0.4	100.0	1752
35-49	93.8	1.3	1.2	1.3	2.5	93.8	1.9	3.9	0.5	100.0	1667
Place of residence											
Urban non-slum	96.0	0.7	0.5	1.5	1.3	96.0	1.3	2.4	0.4	100.0	1345
Urban slum	95.9	0.4	1.0	1.0	1.7	95.9	1.2	2.8	0.0	100.0	570
Urban	96.0	0.6	0.7	1.4	1.4	96.0	1.3	2.5	0.3	100.0	1915
Rural	91.7	2.1	1.7	1.4	3.1	91.7	2.5	5.0	0.7	100.0	2827
Caste/Tribe											
Scheduled caste/tribe	95.6	1.2	1.1	1.0	1.0	95.6	1.4	2.7	0.3	100.0	1321
Other backward caste	95.0	0.9	1.4	1.1	1.7	94.8	1.6	3.3	0.4	100.0	1454
Other	90.9	2.1	1.3	1.8	3.9	91.0	2.8	5.4	0.8	100.0	1967
Education											
Illiterate	95.9	1.1	0.7	0.7	1.6	95.9	1.4	2.3	0.4	100.0	2609
Literate <8 th grade	91.1	0.8	2.5	2.1	3.5	91.1	2.4	5.5	1.0	100.0	589
8-11 th grade	91.2	2.4	1.3	2.5	2.6	90.8	2.0	6.4	0.9	100.0	820
12 + grade	87.9	2.9	1.7	2.5	5.0	88.4	3.8	7.7	0.1	100.0	486
Other (non formal)	91.9	0.7	4.1	0.9	2.4	91.9	4.0	3.3	0.9	100.0	238
SLI quintiles											
Q1	95.7	0.7	1.0	0.8	1.8	95.7	1.5	2.2	0.5	100.0	821
Q2	95.3	1.7	1.4	0.3	1.3	95.3	1.5	2.9	0.2	100.0	906
Q3	94.2	0.9	0.8	1.2	2.9	94.1	2.3	3.1	0.5	100.0	911
Q4	93.4	1.7	1.2	1.8	1.9	93.4	1.8	3.8	1.0	100.0	1007
Q5	89.6	2.2	1.8	2.6	3.8	89.6	2.8	7.3	0.4	100.0	1097
Total	93.4	1.5	1.3	1.4	2.4	93.4	2.0	4.0	0.5	100.0	4742

TABLE 7.7: WATCHING TELEVISION ACCORDING TO NUMBER OF DAYS AND HOURS WATCHED

Percent distribution of eligible persons by number of days watched during a week and number of hours watched in a day, according to selected characteristics, Agra 2006

Characteristics	Number of days TV watched in a week					Number of hours TV watched in a day				Total percent	Number of persons	
	None	Irregular	1-2	3-6	All days	None	Less than 1 hour	1-2 hours	More than 2 hours			
Age (in years)												
15-19	46.6	3.6	6.4	13.6	29.8	46.6	7.0	32.7	13.7	100.0	396	
20-24	37.7	7.3	4.1	13.6	37.3	37.6	10.0	40.1	12.3	100.0	927	
25-34	44.3	5.8	5.5	13.1	31.2	44.3	10.8	35.1	9.8	100.0	1752	
35-49	44.8	7.3	5.9	11.8	30.2	44.8	13.7	34.7	6.8	100.0	1667	
Place of residence												
Urban non-slum	17.3	8.7	3.6	15.7	54.7	17.2	14.2	54.1	14.6	100.0	1345	
Urban slum	20.5	8.9	5.8	17.0	47.8	20.5	16.7	50.5	12.3	100.0	570	
Urban	18.2	8.8	4.3	16.1	52.6	18.2	14.9	53.0	13.9	100.0	1915	
Rural	60.4	4.9	6.2	10.6	17.9	60.4	9.0	24.0	6.6	100.0	2827	
Caste/Tribe												
Scheduled caste/tribe	44.8	7.2	6.2	13.3	28.5	44.8	12.5	35.4	7.3	100.0	1321	
Other backward caste	48.0	5.8	5.3	14.8	26.1	48.0	10.3	33.2	8.4	100.0	1454	
Other	39.0	6.4	5.0	11.1	38.5	39.0	11.4	37.8	11.8	100.0	1967	
Education												
Illiterate	59.1	5.7	5.0	12.0	18.2	59.1	10.3	25.7	4.9	100.0	2609	
Literate <8 th grade	35.8	8.1	8.1	15.2	32.7	35.8	14.3	39.1	10.8	100.0	589	
8-11 th grade	21.5	8.3	5.9	15.6	48.8	21.5	13.2	47.6	17.7	100.0	820	
12 + grade	8.2	4.1	4.0	7.7	76.0	8.2	8.4	63.7	19.7	100.0	486	
Other (non formal)	36.7	9.2	5.0	17.0	32.1	36.7	15.2	40.1	7.9	100.0	238	
SLI quintiles												
Q1	83.1	1.7	3.5	5.3	6.3	83.1	2.1	12.5	2.3	100.0	821	
Q2	66.2	4.3	6.0	9.3	14.1	66.2	8.9	21.5	3.5	100.0	906	
Q3	40.2	8.5	6.4	14.7	30.2	40.2	15.8	34.9	9.2	100.0	911	
Q4	27.8	9.9	5.5	18.1	38.8	27.8	15.0	45.5	11.7	100.0	1007	
Q5	11.7	7.0	5.6	14.8	60.9	11.7	13.4	56.7	18.2	100.0	1097	
Total	43.4	6.5	5.4	12.8	31.9	43.4	11.4	35.7	9.5	100.0	4742	

another 1.4 percent reported to have listened for 3-6 days during the week. Among those who have listened to radio during the week, the extent of exposure varied widely. Less than one percent of women reported that they listened to radio for more than 2 hours in a day while four percent listened to the radio for 1-2 hours and another two percent listened for less than one hour a day.

The extent of listening to radio and time spent in listening varies marginally according to the selected background characteristics. Radio listening decreases with age but it shows a slight increase in the oldest age group. The percent of rural women exposed to radio (8 percent) is double that of urban areas (4 percent). Increases in education show a corresponding increase in exposure to radio. Standard of living is also positively associated with exposure to radio. Whereas 96 percent of illiterate women have never listened to the radio during a week, among the highest educational category the

percentage is only 88. Similarly, while in the first SLI quintile non-exposure to radio is 96 percent, in the fifth quintile it is 90 percent.

Details of women watching television are presented in Table 7.7. Overall, 57 percent of women reported as having watched TV at least once during a week. While 32 percent of eligible women said that they watched TV on all days in a week, 13 percent reported that they watched TV 3-6 days a week, five percent watched TV 1-2 days and seven percent said that they watch TV irregularly.

Variation in exposure to TV according to age shows the lowest exposure among the youngest age group and the highest in the 20-24 age groups. Exposure to TV is very low in rural areas (40 percent) compared to urban areas (82 percent), with slight intra-urban difference. Caste differences are only marginal, with lower exposure for those belonging to backward groups. Exposure to TV increases with improved education and living

standards. Among illiterate women, the exposure to TV is only 40 percent while among those having completed 12th or higher, it is 92 percent. Similarly, the percentage of women who watched TV in the first quintile is only 17 percent whereas it is 88 percent in the fifth SLI quintile.

Duration of TV watching also varies according to changes in background characteristics. The time spent in TV watching decreases with increase in age. The share of women watching TV for more than two hours per day is 14 percent among those aged 15-19 years while it is only seven percent in 35-49 age group. Duration of TV watching is much lower among rural women (7 percent watching for more than 2 hours a day) as compared to urban areas (14 percent). Backward caste women tend to spend less time on TV watching as compared to others. The percentage of women spending more than two hours per day watching TV increases consistently with educational improvement and improvement in standard of living.

CHILD HEALTH CARE PRACTICES

This chapter examines the pattern of child health in Agra by focusing on various aspects of child care including initiation, duration and frequency of breastfeeding, initiation of supplementary feed, reasons for not breastfeeding or stopping breastfeeding, immunization status, prenatal care, childhood morbidity and treatment, receipt of advice, use of ORS and early childhood education.

8.1 BACKGROUND CHARACTERISTICS OF CHILDREN

Table 8.1 presents the percent distribution of children below 5 years by selected characteristics, according to place of residence. The proportion of children decreases from 22.6 percent in the age group 0-11 months to 12.9 percent in the age group 48-59 months. The age distribution of children in the rural areas shows a similar pattern. But in urban areas, the proportion of children decreases from the age group 0-11 months (22 percent) to the age group 12-23 months (20 percent) and then increases up to the age group 36-47 months (24 percent) and again decreases in the age group 48-59 months (13 percent). Within urban areas, the proportion of children in slum areas increases from 21 percent

in the age group 0-11 months to 24 percent in the age group 36-47 months and then decreases to 13 percent in 48-59 age group. More than half of the children in both rural and urban areas are males. But within urban, there is a slight difference in the pattern. In slum areas, well over half (56 percent) of the children are males whereas in non-slum areas just under half (48 percent) are males.

Eighty eight percent of the children are Hindu and 10 percent are Muslim. The proportion of children who are Hindus is higher in rural areas (94 percent) than in urban areas (76 percent). There are considerable differences in the religion of children in slum and non-slum areas. The proportion of Hindu children is higher in non-slum areas (80 percent) than in slum areas (69 percent). Within urban areas, there is substantial variation in the caste-wise distribution of children. In slum areas, the largest proportion is other backward classes (38 percent) whereas in non-slum areas, the largest proportion are children who belong to 'other' category (41 percent).

In the case of mother's education, about 56 percent of the mothers are illiterate, the percent being much

higher in rural areas (63 percent) than in urban areas (40 percent). There is considerable variation in the percentage of illiterates between urban slum and non-slum areas (46 percent in slum, 37 percent in non-slum). Only 15 to 19 percent of mothers have completed at least 8-11th grade in the district.

8.2 DELIVERY CHARACTERISTICS

The distribution of children aged 0-35 months by delivery characteristics, according to place of residence and standard of living index quintiles is presented in Table 8.2. Sixty five percent of the children in the age group 0-35 months were of average size at the time of birth and about one fifth of the children were of smaller than average size. A similar pattern is observed in both rural and urban areas. About 72 percent of the children were not weighed at the time of birth, the percent being much higher in rural areas (81 percent) than in urban areas (52 percent). Within urban areas, the percentage of children not weighed at the time of birth is higher in slum areas than in non-slum areas. Overall, 37 percent of the children were underweight at the time of birth; the corresponding share of underweight children is 42

TABLE 8.1: BACKGROUND CHARACTERISTICS OF CHILDREN

Percent distribution of children below 5 years by selected characteristics, according to place of residence, Agra, 2006

Characteristic	Place of residence				
	Urban			Rural	All areas
	Non-slum	Slum	Total		
Age of child in months					
0-11	22.3	20.6	21.7	23.0	22.6
12-23	19.0	21.0	19.7	22.2	21.4
24-35	21.6	21.6	21.6	21.6	21.6
36-47	23.2	24.2	23.6	20.5	21.5
48-59	13.8	12.6	13.4	12.7	12.9
Sex of child					
Male	48.3	56.2	51.1	53.4	52.6
Female	51.7	43.8	48.9	46.6	47.4
Religion					
Hindu	79.6	69.2	75.9	93.8	88.1
Muslim	17.0	27.0	20.5	4.5	9.6
Other	3.4	3.9	3.6	1.7	2.3
Caste/tribe					
Scheduled caste/tribe	30.5	36.6	32.6	27.6	29.2
Other backward caste	28.5	37.6	31.7	33.3	32.8
Other	41.0	25.8	35.6	39.1	38.0
Mother's education					
Illiterate	36.7	45.5	39.8	62.9	55.5
Literate <8 th grade	15.4	14.2	15.0	11.2	12.4
8-11 th grade	19.2	17.5	18.6	14.8	16.0
12+grade	16.2	10.4	14.2	2.1	6.0
Literate (Non formal)	6.5	6.7	6.6	4.4	5.1
Other*	6.1	5.6	5.9	4.6	5.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	942	513	1455	3091	4546

*Mother not at home/not alive

percent in the rural areas and 33 percent in the urban areas.

There are no particular variations in the size of child at birth according to standard of living index quintiles. More than 60 percent of children in

all the quintiles were of average size and around 20 percent of them were of smaller than average size at the time of their birth. But in the matter of taking the child's weight at the time of birth, there are substantial differences according to standard

of living index quintiles. More than ninety percent of children in the first standard of living index quintile were not weighed at the time of their birth but the percentage decreases with improvements in standard of living. In the fifth quintile, only

TABLE 8.2: DELIVERY CHARACTERISTICS BY PLACE OF RESIDENCE AND SLI QUINTILES

Percent distribution of children age 0-35 months by delivery characteristics, according to place of residence and standard of living index quintiles, Agra, 2006

Delivery characteristics	Urban			Rural	All areas
	Non-slum	Slum	Total		
Size of child at birth					
Very large	0.3	0.3	0.3	1.0	0.8
Larger than average	6.4	5.2	6.0	6.0	6.0
Average	65.8	64.7	65.4	65.4	65.4
Smaller than average	21.2	23.9	22.1	20.0	20.7
Very small	6.3	5.8	6.1	7.4	7.0
Don't know	0.2	0.0	0.1	0.2	0.2
Child's weight at birth					
<2.5 kg	10.8	7.5	9.6	4.5	6.1
2.5 kg or more	20.6	16.9	19.3	6.3	10.3
Not weighed	49.9	56.7	52.3	81.4	72.4
Don't know	18.8	18.9	18.8	7.9	11.2
Total percent	100.0	100.0	100.0	100.0	100.0
Percent underweight*	34.3	30.7	33.2	41.8	37.1
Number of children	593	324	917	2063	2980
Delivery characteristics	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Size of child at birth					
Very large	0.9	0.4	0.5	1.4	0.8
Larger than average	5.3	5.3	5.7	7.0	6.9
Average	63.6	65.5	69.1	63.0	66.2
Smaller than average	21.3	21.7	18.6	22.2	19.1
Very small	8.8	6.9	6.0	6.4	6.6
Don't know	0.0	0.2	0.0	0.1	0.6
Child's weight at birth					
<2.5 kg	2.6	3.6	5.2	7.7	12.2
2.5 kg or more	4.0	4.6	5.3	12.6	27.2
Not weighed	90.3	83.2	79.5	61.1	43.6
Don't know	3.2	8.7	10.0	18.5	17.0
Total percent	100.0	100.0	100.0	100.0	100.0
Percent underweight*	39.4	43.9	49.4	38.0	31.0
Number of children	647	629	562	609	533

*Note: Based on children with birth weight information available

44 percent of children were not weighed at the time of birth.

8.3 BREASTFEEDING PRACTICES

The percent distribution of children age 0-35 months by initiation of breastfeeding, supplementary feeding and duration of breast feeding according to place of residence are presented in Table 8.3. Although breastfeeding is nearly universal, only 5.3 percent children were breastfed immediately, within one hour after birth (See Figure 8.1 also). More than half of the children were breastfed within 1 to 3 days, the percentage being higher in rural areas (58 percent) than in urban areas (47 percent). More than 40 percent of children in both rural and urban areas were given plain water other than milk within the first three days. Only three percent of the children were not given anything other than milk within three days after birth. With regard to the duration of breastfeeding, 59 percent of the urban children and 64 percent

of the rural children are currently receiving breast milk and 30 percent of children in both rural and urban areas are breastfed for more than three months. Within urban areas, there are no substantial differences in initiation of breastfeeding, supplementary feeding, and duration of breastfeeding.

Table 8.4 presents the distribution of children below 3 years by initiation of breastfeeding, supplementary feeding and duration of breastfeeding according to standard of living index quintiles. There is not much variation in the percent distribution of children by duration of breastfeeding and supplementary feeding. However, there are substantial differences in the initiation of breastfeeding according to standard of living index quintiles. The percentage of children who were breastfed within one day after birth increases with standard of living index quintile from 20.3 percent in first quintile to a peak of 39.8 percent in the fifth quintile. Sixty four percent of the children

in the first quintile and 44 percent in the fifth quintile were breastfed within one to three days after birth.

The percent distribution of children age 0-35 months by initiation of breastfeeding and percent ever breastfed according to socio-economic characteristics are shown in Table 8.5. There are no significant differences in the percent ever breastfed according to socio-economic characteristics except in the case of religion. Compared to children in 'other' religious groups (88.4 percent), the percent of children who are ever breastfed is higher among Hindus (97.1 percent) and Muslims (97.4 percent). There are no particular age and sex wise differences in the initiation of breastfeeding among children. About 60 percent of the children in almost all the age groups were breastfed one day after the birth. According to place of residence, 52.2 percent of the urban children and 64.6 percent of the rural children were given breast milk one day

FIGURE 8.1: INITIATION OF BREASTFEEDING BY PLACE OF RESIDENCE

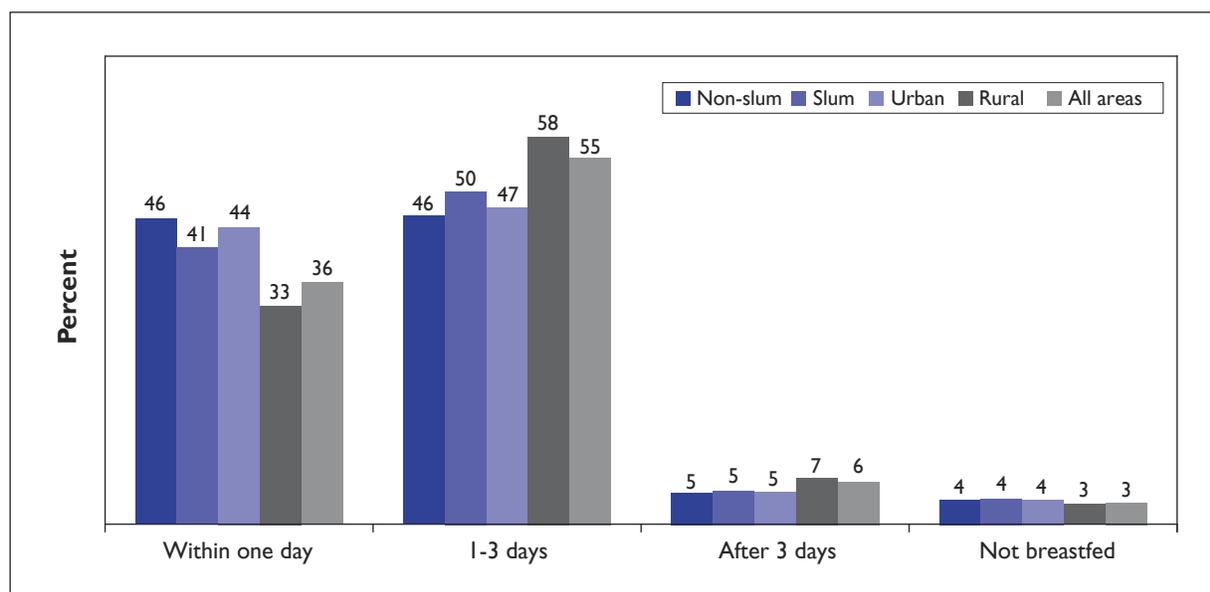


TABLE 8.3: INITIATION OF BREASTFEEDING

Percent distribution of children age 0-35 months by initiation of breastfeeding, supplementary feeding and duration of breastfeeding, according to place of residence, Agra, 2006

	Urban			Rural	All areas
	Non-slum	Slum	Total		
Ever breastfed					
Yes	96.4	96.3	96.4	97.2	97.0
No	3.6	3.7	3.6	2.8	3.0
Initiation of breastfeeding					
Immediately, within one hour	6.5	7.4	6.8	4.7	5.3
Within one day	39.3	33.9	37.4	27.9	30.8
1-3 days	46.1	49.7	47.4	57.9	54.7
3+ days	4.6	5.2	4.8	6.7	6.1
Not breastfed	3.6	3.7	3.6	2.8	3.0
Given anything other than milk within first 3 days					
Milk	33.7	29.8	32.3	34.0	33.5
Plain water	40.8	42.0	41.2	45.0	43.9
Sugar or glucose water	1.2	0.9	1.1	1.5	1.4
Gripe water	0.0	0.6	0.2	0.2	0.2
Sugar salt water solution	0.3	0.5	0.4	0.9	0.8
Fruit juice	0.1	0.3	0.2	0.3	0.2
Infant formula	0.4	0.3	0.4	0.1	0.2
Tea	31.6	36.0	33.1	36.0	35.1
Honey	29.1	30.1	29.5	11.0	16.6
Janam ghutti	6.5	4.6	5.9	4.9	5.2
Other	26.8	31.2	28.3	38.3	35.3
Not given anything	3.6	3.7	3.6	2.8	3.0
Duration of breastfeeding					
Currently breastfeeding	55.7	64.4	58.8	64.1	62.5
Breastfed up to 1 month	2.2	1.4	1.9	0.8	1.2
Breastfed up to 2 months	2.7	1.6	2.3	1.0	1.4
Breastfed up to 3 months	1.4	1.7	1.5	0.9	1.1
Breastfed up to 4+ months	33.4	26.2	30.9	29.6	30.0
Don't know	1.0	1.0	1.0	0.9	0.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	593	324	917	2063	2980

TABLE 8.4: INITIATION OF BREASTFEEDING BY SLI QUINTILES

Percent distribution of children age 0-35 months by initiation of breastfeeding, supplementary feeding and duration of breastfeeding, according standard of living index quintiles, Agra, 2006

	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Ever breastfed					
Yes	96.9	96.6	98.0	97.0	96.4
No	3.1	3.4	2.0	3.0	3.6
Initiation of breastfeeding					
Immediately, within one hour	3.0	3.5	4.1	7.1	9.6
Within one day (1-23 hours)	20.3	25.4	36.0	35.0	39.8
1-3 days	64.2	60.1	52.9	50.1	44.0
4 or more days	9.4	7.6	5.0	4.8	3.0
Not breastfed	3.1	3.4	2.0	3.0	3.6
Given anything other than milk within first 3 days					
Milk	36.9	33.3	36.8	28.1	31.3
Plain water	37.7	50.3	42.5	43.9	45.1
Sugar or glucose water	1.9	1.1	1.1	0.7	2.0
Gripe water	0.0	0.0	0.5	0.0	0.7
Sugar salt water solution	1.5	0.0	1.1	0.9	0.2
Fruit juice	0.0	0.6	0.0	0.2	0.5
Infant formula	0.5	0.0	0.0	0.2	0.3
Tea	33.8	38.8	37.3	36.0	27.8
Honey	8.5	10.2	12.7	25.5	31.9
Janam ghutti	3.5	5.5	2.4	10.8	3.5
Other	46.3	38.9	38.2	27.3	19.5
Not given anything	3.1	3.4	2.0	3.0	3.6
Duration of breastfeeding					
Currently breastfeeding	64.5	65.8	61.2	59.5	60.9
Breastfed up to 1 month	0.6	0.8	1.1	1.9	1.4
Breastfed up to 2 months	0.9	0.7	1.2	2.9	1.3
Breastfed up to 3 months	0.7	1.2	.7	1.4	1.3
Breastfed up to 4+ months	29.8	27.0	32.6	30.0	30.9
Don't know	0.3	1.1	1.0	1.4	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	647	629	562	609	533

TABLE 8.5: BREASTFEEDING STATUS BY SELECTED CHARACTERISTICS

Percent distribution of children age 0-35 months by initiation of breastfeeding and percent ever breastfed according to selected characteristics, Agra, 2006

Characteristics	Percent of children ever breastfed	Initiation of breastfeeding				Total percent	Number of children
		Immediately within one hour	Within one day	After one day	Never breast-fed		
Sex of child							
Male	96.4	4.8	30.6	60.9	3.6	100.0	1573
Female	97.6	5.9	31.1	60.7	2.4	100.0	1401
Age of child in months							
0-3	97.8	4.4	30.2	63.1	2.2	100.0	284
4-11	98.6	6.6	32.7	59.3	1.4	100.0	742
12-23	96.3	4.2	30.5	61.6	3.7	100.0	968
24-35	96.1	5.7	29.9	60.5	3.9	100.0	981
Place of residence							
Urban	96.4	6.8	37.4	52.2	3.6	100.0	915
Non-slum	96.4	6.5	39.3	50.7	3.6	100.0	591
Slum	96.3	7.4	33.9	54.9	3.7	100.0	324
Rural	97.2	4.7	27.9	64.6	2.8	100.0	2059
Religion							
Hindu	97.1	5.1	29.5	62.5	2.9	100.0	2614
Muslim	97.4	5.8	43.4	48.2	2.6	100.0	296
Other	88.4	11.5	25.4	51.4	11.6	100.0	64
Caste/tribe							
Scheduled caste/tribe	98.2	4.7	32.4	61.1	1.8	100.0	876
Other backward caste	95.9	3.8	28.0	64.1	4.1	100.0	989
Other	96.9	7.2	32.1	57.6	3.1	100.0	1109
Mother's education							
Illiterate	97.4	4.9	26.4	66.2	2.6	100.0	1646
Literate <8 th grade	96.5	2.5	33.3	60.7	3.5	100.0	366
8-11 th grade	96.5	7.0	34.8	54.6	3.5	100.0	496
12+grade	97.6	8.6	47.8	41.2	2.4	100.0	177
Literate (Non formal)	98.5	4.8	39.9	53.8	1.5	100.0	150
Other*	91.7	7.9	31.5	52.3	8.3	100.0	139
SLI Quintiles							
Q1	96.9	3.0	20.3	73.6	3.1	100.0	647
Q2	96.6	3.5	25.4	67.7	3.4	100.0	627
Q3	98.0	4.1	36.0	57.9	2.0	100.0	562
Q4	97.0	7.1	35.0	54.9	3.0	100.0	605
Q5	96.4	9.6	39.8	47.0	3.6	100.0	533
Total	97.0	5.3	30.8	60.8	3.0	100.0	2974

*Mothers not at home/not alive

TABLE 8.6: DURATION OF BREASTFEEDING BY SELECTED CHARACTERISTICS

Percent distribution of children age 0-35 months by duration of breastfeeding, according to selected characteristics, Agra, 2006

Characteristics	Duration of breastfeeding					Total percent	Number of children
	Never breastfed	Currently breast-feeding	Breastfed less than 4 months	Breastfed 4 + months	Don't know		
Sex of child							
Male	3.6	63.4	3.2	28.9	0.9	100.0	1578
Female	2.4	61.4	4.1	31.2	1.0	100.0	1402
Place of residence							
Urban	3.6	58.8	5.7	30.9	1.0	100.0	917
Non-slum	3.6	55.7	6.3	33.4	1.0	100.0	593
Slum	3.7	64.4	4.7	26.2	1.0	100.0	324
Rural	2.8	64.1	2.7	29.6	0.9	100.0	2063
Religion							
Hindu	2.9	63.4	3.4	29.7	0.7	100.0	2620
Muslim	2.6	56.6	5.6	32.6	2.6	100.0	296
Other	11.6	53.1	4.2	31.1	0.0	100.0	64
Caste/tribe							
Scheduled caste/tribe	1.8	65.4	4.2	27.5	1.1	100.0	876
Other backward caste	4.1	59.8	1.6	33.6	0.9	100.0	992
Other	3.1	62.6	4.9	28.7	0.8	100.0	1112
Mother's education							
Illiterate	2.6	63.8	3.1	29.8	0.8	100.0	1646
Literate <8 th grade	3.5	62.3	3.9	29.3	1.0	100.0	366
8-11 th grade	3.5	61.3	4.5	29.5	1.2	100.0	499
12+grade	2.4	57.0	5.5	35.0	0.1	100.0	179
Literate (Non formal)	1.5	66.7	2.7	29.1	0.0	100.0	150
Other*	8.3	53.9	4.3	30.0	3.5	100.0	139
SLI Quintiles							
Q1	3.1	64.5	2.2	29.8	0.3	100.0	647
Q2	3.4	65.8	2.8	27.0	1.1	100.0	629
Q3	2.0	61.2	3.1	32.6	1.0	100.0	562
Q4	3.0	59.5	6.1	30.0	1.4	100.0	609
sQ5	3.6	60.9	4.0	30.9	0.7	100.0	533
Total	3.0	62.5	3.6	30.0	0.9	100.0	2980

*Mothers not at home/not alive

after the birth. The percentage of children who were given breast milk within the first day is 37.4 in urban areas and 27.9 in rural areas. The percentage of children never breastfed is higher among 'other' religious groups (11.6%) as compared to Hindus (2.9%) and Muslims (2.6%). There was considerable variation in the initiation of breastfeeding according to mother's education. Among children whose mothers are illiterate, only 26 percent were breastfed within a day of birth while this was the case with 48 percent of the children whose mothers have completed 12th grade or more. About three fourths of the children in first standard of living index quintile were given breast milk one day after birth compared to 47 percent in the fifth quintile. This indicates an early

initiation of breastfeeding in the higher socio-economic groups.

Table 8.6 provides information on the percent distribution of children aged 0-35 months by duration of breastfeeding, according to selected characteristics. The percentage of children who were given breast milk for more than four months is slightly higher among female children (31 percent) than among male children (29 percent). Fifty nine percent of the urban children and 64 percent of the rural children are currently breastfeeding whereas within urban areas, the corresponding percentages for slum and non-slum are 64.4 percent and 55.7 percent respectively. Currently a higher proportion of Hindu children are being breastfed (63 percent) than Muslim children (57

percent) and those from other religious groups (53 percent). But, the percent of children who were breastfed for more than four months is less among Hindus as compared to Muslims and other religious groups. Sixty four percent of the children whose mothers are illiterate, are currently being breastfed and 30 percent of them were breastfed for more than four months whereas the corresponding percent for children whose mothers have completed 12th grade or more are 57 percent and 35 percent respectively. There are no particular differences in the duration of breastfeeding according to standard of living index quintiles. More than 60 percent of children in all the standard of living index quintiles are currently being breastfed and about 30 percent of them were given breast milk for more than four months.

TABLE 8.7: BREASTFEEDING STATUS BY AGE OF THE CHILD

Percent distribution of children age 0-35 months by breastfeeding status, according to age of the child, Agra, 2006

Age in months	Breastfeeding status					Total percent	Number of children
	Not breast feeding	Exclusively breastfed [#]	Plain water	Other supplements and breastmilk	Don't know		
0-1	0.2	6.8	87.6	0.3	5.0	100.0	172
2-3	0.0	1.1	95.5	0.2	3.1	100.0	113
4-5	0.0	2.1	92.2	4.2	1.5	100.0	123
6-8	0.0	0.1	96.8	0.5	2.7	100.0	290
9-11	0.0	0.0	95.6	0.4	4.0	100.0	329
12-15	0.3	0.5	95.8	0.1	3.4	100.0	293
16-17	0.6	0.0	92.3	1.0	6.1	100.0	115
18-23	0.4	0.0	97.5	0.1	2.0	100.0	564
24-29	1.9	0.0	94.8	0.3	3.0	100.0	433
30-35	1.4	0.0	96.2	0.0	2.5	100.0	550
< 4 months	0.1	4.5	90.7	0.3	4.3	100.0	284
< 6 months	0.1	3.8	91.2	1.5	3.5	100.0	408

[#]Currently breastfed and not received anything other than breastmilk during first 3 days of birth and also not received anything other than breastmilk the day preceding the survey.

TABLE 8.8: TYPE OF FOOD RECEIVED OTHER THAN BREASTMILK

Percentage of children age 0-35 months who have received anything other than breast milk yesterday by place of residence, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
Liquid given yesterday					
Plain water	97.8	98.1	97.9	97.7	97.7
Commercial formula	3.8	3.1	3.6	1.8	2.3
Milk	73.6	68.5	71.8	69.8	70.4
Juice	7.3	4.8	6.4	3.7	4.5
Tea/coffee	50.1	58.8	53.2	46.9	48.9
Other liquids	2.6	1.7	2.3	2.0	2.1
Any liquid	99.3	98.9	99.2	98.4	98.6
Solid given yesterday					
Any porridge or gruel	22.9	19.6	21.7	19.6	20.3
Any commercial certified baby food	6.7	4.2	5.8	2.2	3.3
Any food made from grains	68.3	70.6	69.1	68.0	68.3
Any pumpkin, carrots, sweet potatoes that are yellow or orange inside	10.8	10.9	10.8	13.6	12.8
Any white potatoes, white yams, cassava, any other foods made from roots	7.4	7.2	7.4	9.1	8.6
Any dark green leafy vegetables	10.7	12.0	11.2	13.1	12.5
Any ripe mangoes, papayas, cantaloupes, or jackfruits	13.3	12.2	12.9	15.0	14.3
Any other fruits or vegetables	9.6	10.0	9.7	12.4	11.6
Any liver, heart or other organ meats	0.9	0.8	0.8	0.5	0.6
Any beef, pork, lamb, goat, or rabbit	2.3	1.6	2.0	0.7	1.1
Any chicken, duck or other birds	0.2	0.3	0.2	0.3	0.3
Any eggs	0.5	0.4	0.5	0.4	0.4
Any fresh or dried fish or shellfish	0.0	0.1	0.0	0.1	0.1
Any foods made from beans, peas or lentils	3.0	1.2	2.4	1.1	1.5
Any nuts	1.9	0.7	1.5	1.7	1.6
Any cheese or yogurt	0.9	0.2	0.7	0.8	0.7
Any food made with oil, fat or butter	4.0	4.6	4.2	6.7	5.9
Any other solid or semi-solid food	8.8	10.3	9.3	10.2	10.0
Any solid	74.5	74.8	74.6	73.4	73.8
Number of children	593	324	917	2063	2980

TABLE 8.9: TYPE OF FOOD RECEIVED OTHER THAN BREASTMILK BY SLI QUINTILE

Percentage of children age 0-35 months who have received anything other than breast milk yesterday, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Liquid given yesterday					
Plain water	98.5	97.5	98.6	96.2	97.9
Commercial formula	0.5	2.7	0.6	3.2	5.1
Milk	64.7	67.6	69.7	71.7	80.0
Juice	2.1	2.4	2.4	5.4	11.0
Tea/coffee	48.2	42.5	53.3	52.9	47.9
Other liquids	0.8	1.8	1.5	2.6	3.9
Any liquid	98.8	98.5	99.4	97.5	99.0
Solid given yesterday					
Any porridge or gruel	19.8	17.6	20.5	20.8	23.1
Any commercial certified baby food	1.4	1.5	1.6	3.6	9.2
Any food made from grains	66.2	67.9	69.2	70.6	68.0
Any pumpkin, carrots, sweet potatoes that are yellow or orange inside	14.2	11.3	13.7	10.3	14.6
Any white potatoes, white yams, cassava, any other foods made from roots	7.2	10.2	8.4	6.9	10.4
Any dark green leafy vegetables					
Any ripe mangoes, papayas, cantaloupes, or jackfruits	10.3	11.5	13.0	11.7	16.8
Any other fruits or vegetables	11.1	13.1	13.1	14.0	21.3
Any liver, heart or other organ meats	10.7	10.6	10.3	11.5	15.4
Any beef, pork, lamb, goat, or rabbit	0.5	0.2	0.7	0.7	1.1
Any chicken, duck or other birds	0.0	0.5	1.2	1.9	2.1
Any eggs	0.3	0.0	0.0	0.1	1.0
Any fresh or dried fish or shellfish	0.6	0.1	0.5	0.1	0.8
Any foods made from beans, peas or lentils	0.0	0.0	0.3	0.0	0.3
Any nuts	0.6	1.4	1.0	1.2	3.6
Any cheese or yogurt	2.2	0.9	0.4	2.2	2.5
Any food made with oil, fat or butter	0.2	0.8	0.3	0.7	1.8
Any other solid or semi-solid food	7.0	5.3	4.1	5.5	7.8
Any solid	11.5	10.3	10.0	9.1	8.6
Any solid	71.8	72.4	75.0	75.7	74.5
Number of children	647	629	562	609	533

The percent distribution of children aged 0-35 months by breastfeeding status, according to age of the child are presented in Table 8.7. It can be seen from the Table that about seven percent of children aged zero to one month are exclusively breastfed and the percentage decreases with increase in age. More than ninety percent of children in all the age groups except 0 to 1 month are given plain water other than breast milk.

Table 8.8 shows the percent distribution of children below 3 years who have received anything other than breast milk on the day prior to the survey by place of residence. It can be seen from the Table that practically all the children were given some liquid other than breast milk. Ninety eight percent of children in both rural and urban areas were given plain water other than breast milk on the day prior to the survey. About seventy percent were given milk and half of them were given tea/coffee other than breast milk on the day prior to the survey. In the case of solid food, more than three fourths of the children were given some solid food besides breast milk on the day prior to the survey. A high proportion of the children were given food made from grains and the percent was slightly higher among urban children. Within urban, there are no particular variations in the supplementary foods or liquids given.

The percent distribution of children aged 0-35 months who have received anything other than breast milk on the day prior to the survey according to standard of living index

quintiles are presented in Table 8.9. The percent of children who were given any commercial formula, milk, juice and other liquids is higher among children in the fifth standard of living index quintile than children in the first quintile. In the case of solid food, the percentage of children who were given any solid food rises slightly from 71.8 percent in first standard of living index quintile to 74.5 percent in fifth quintile.

Table 8.10 provides information of the percent distribution of children age 0-35 months by reasons for never breastfeeding or stopped breastfeeding, according to place of residence and standard of living index quintiles. The most commonly mentioned reasons for never breast feeding or stopped breastfeeding are 'mother became pregnant' (43 percent), 'insufficient milk' (18 percent), 'child refused' (14 percent) and 'mother ill/weak' (9 percent). There are significant rural-urban differences in the distribution of children by reasons for never breastfeeding or stopped breastfeeding. Within urban areas also there are considerable variations in the percentage of children according to the reasons reported.

There are also variations in the percent distribution of children by reasons for never breastfeeding or stopped breast feeding according to standard of living index quintiles. Fifty two percent of the children in the first standard of living index quintile were not given breast milk or stopped giving breast milk because 'mother became pregnant' and the corresponding percent for

children in the fifth standard of living index quintile is 34.3 percent. The other major reasons for not given milk among children in the first quintile are insufficient milk (13 percent), child refused (13 percent), and mother ill/weak (12 percent) whereas among children in the fifth standard of living index quintile, the other major reasons reported are child refused (20 percent), insufficient milk (18 percent) and weaning age (14 percent).

8.4 IMMUNIZATION

Table 8.11 presents the percent of children aged 12-23 months who received specific vaccinations at any time before the interview by source of information on vaccination and place of residence. Only sixteen percent of the children in Agra district are fully vaccinated; 14.5 percent in the rural areas and 20.1 percent in the urban areas. Within urban areas, there are substantial differences in the percent of children fully vaccinated in the urban slum (14.1%) and non-slum areas (23.6%). A vaccination card was shown for only 42 percent of children in Agra district and the percent is 57 percent for children in urban areas and 33 percent for children in rural areas. Within urban areas, the percentage of children whose vaccination cards were shown is comparatively higher in the urban non-slum areas than in urban slum areas. With regard to individual vaccinations, urban children are more likely to receive individual vaccinations compared to rural children. Similarly, children in urban non-slums are more likely to receive individual vaccinations than children in the urban slums.

TABLE 8.10: REASONS FOR NOT BREASTFEEDING BY PLACE OF RESIDENCE AND SLI QUINTILES

Percent distribution of children age 0-35 months by reasons for never breastfeeding or stopped breastfeeding, according to place of residence and standard of living index quintiles, Agra, 2006

Reasons	Urban			Rural	All areas
	Non-slum	Slum	Total		
Mother ill/weak	10.9	9.1	10.4	8.9	9.4
Nipple/feeding problem	3.1	1.6	2.7	1.5	1.9
Mother not at home	0.8	0.9	0.8	0.4	0.5
Mother working	0.2	0.6	0.3	0.5	0.4
Became pregnant	29.4	34.9	31.1	49.5	43.3
Starting using contraception	0.9	0.0	0.7	0.2	0.3
Child ill/weak	2.2	2.3	2.2	0.9	1.3
Insufficient milk	23.3	22.1	23.0	15.1	17.8
Child refused	16.7	10.3	14.8	13.6	14.0
Weaning age	10.9	15.1	12.2	6.2	8.2
Other	1.4	3.0	1.9	3.3	2.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	263	116	378	741	1119
Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Mother ill/weak	12.1	8.8	7.9	10.6	7.1
Nipple/feeding problem	2.7	0.7	2.3	1.7	2.2
Mother not at home	0.1	0.8	0.5	0.8	0.5
Mother working	0.6	0.8	0.7	0.0	0.2
Became pregnant	52.0	40.5	47.2	41.7	34.3
Starting using contraception	0.5	0.0	0.0	0.0	1.2
Child ill/weak	0.1	1.4	1.1	2.0	1.9
Insufficient milk	13.3	15.8	19.6	22.2	17.5
Child refused	12.6	15.5	13.0	10.1	19.7
Weaning age	4.9	11.2	4.7	7.0	13.7
Other	1.0	4.6	3.1	3.8	1.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	230	215	218	246	209

TABLE 8.11: CHILDHOOD VACCINATION BY SOURCE OF INFORMATION

Percentage of children age 12-23 months who received specific vaccinations at any time before the interview by source of information on vaccination history and place of residence, Agra, 2006

Vaccinated at any time before the interview	BCG	Polio 0	DPT			Polio			All ¹	Measles	None	Number of children
			1	2	3	1	2	3				
Urban non-slum												
Vaccination card	100.0	76.2	97.6	96.1	86.5	93.6	91.2	82.4	69.4	65.4	0.0	37
Mother's report	53.3	NA	44.5	37.3	25.1	54.3	42.6	33.1	32.3	12.6	42.9	142
Either source	63.1	NA	55.6	49.6	37.9	62.5	52.8	43.4	39.8	23.6	33.9	179
Urban slum												
Vaccination card	98.3	69.7	96.6	87.0	66.7	93.4	82.2	67.0	54.0	35.2	0.0	15
Mother's report	50.5	NA	37.9	32.0	19.7	47.7	39.2	29.2	29.2	10.7	46.3	93
Either source	57.2	NA	46.1	39.7	26.3	54.1	45.3	34.5	32.7	14.1	39.8	108
Urban total												
Vaccination card	99.5	74.4	97.3	93.5	80.8	93.6	88.6	78.0	64.9	56.7	0.0	53
Mother's report	52.2	NA	41.9	35.2	23.0	51.7	41.3	31.6	31.1	11.8	44.2	235
Either source	60.9	NA	52.1	45.9	33.6	59.4	50.0	40.1	37.2	20.1	36.1	287
Rural												
Vaccination card	89.6	43.1	90.6	69.5	56.5	90.3	64.1	49.0	55.1	32.5	0.0	80
Mother's report	51.6	NA	35.3	27.5	17.5	51.1	42.0	35.1	32.3	12.1	43.4	605
Either source	56.0	NA	41.8	32.4	22.0	55.6	44.5	36.7	34.9	14.5	38.3	684
District Total												
Vaccination card	93.5	55.5	93.3	79.0	66.2	91.6	73.8	60.5	59.0	42.1	0.0	132
Mother's report	51.8	NA	37.2	29.7	19.0	51.2	41.8	34.1	32.0	12.0	43.6	839
Either source	57.5	NA	44.8	36.4	25.4	56.7	46.1	37.7	35.6	16.1	37.7	971

¹BCG, measles, and three doses of DPT and polio vaccines (excluding Polio 0); NA: Not applicable

Table 8.12 provides information on the percentage of children aged 12-35 months who received specific vaccinations by selected background characteristics. The percentage of children who are fully vaccinated is almost equal among all age groups. Children in the age group 12-23 months are somewhat more likely than children in the 24-35 months age group to have received each of the individual vaccinations. The percentage of children who are fully vaccinated is equal among boys and girls (16.2%). With regard to place of residence, the percentage of children who have received individual vaccinations and full vaccination are more among urban children than rural children. Within urban areas, non-slum children are more likely to have received any vaccination as compared to children in slum areas.

Muslim (11%) children are less likely to be fully vaccinated compared to Hindu (16.8%) or 'other' (18.4%) children. Children in 'other backward class' (13.6%) are less likely to be fully vaccinated compared to scheduled caste/tribe (15%) and 'other' (19.6%) children. With regard to mother's education, only 10.9 percent of children of illiterate mothers are fully vaccinated as compared to 51.6 percent of children of mothers who have completed 12+ grade. The Table shows that the percentage of children who have received each of the individual vaccinations increases with increase in mother's education. Only 9.2 percent of the children from first standard of living index quintile are fully vaccinated as compared to 34.3 percent of

children from the fifth quintile (see Figure 8.2).

Distribution of children aged 12-35 months who received specific vaccinations by 12 months of age and whose vaccination cards were shown to the interviewers are presented in Table 8.13. It is evident from the Table that the percent of children who have received full vaccination as well as individual vaccinations are more among urban than rural areas. Within urban areas, non-slum children are more likely to have received full vaccination as well as individual vaccinations. There are considerable variations in the percentage showing vaccination cards, according to place of residence. Vaccination cards were shown for 9.1 percent of children in the rural areas and 14.6 percent in the urban areas. Eleven percent of children between 12-23 months are fully vaccinated as compared to nine percent in the 24-35 month age group. Vaccination cards were shown for 38 percent of the children

in the age group 12-23 months in urban areas and for 11.6 percent in the rural areas. For children in the 24-35 month age group, the percentages are 11.2 percent for urban areas and 6.6 percent for the rural areas. The percent of children who have received full vaccination and each individual vaccination is comparatively higher among children in the age 12-23 months than children in the age group of 24-35 months, in both rural and urban areas.

The percentage of children age 12-35 months who received specific vaccinations by 12 months of age, and whose vaccination cards were shown to interviewers, are presented in Table 8.14. It is evident from the Table that the percent of children who are fully vaccinated and the percent showing a vaccination card increases with improvement in standard of living. Children in the high standard of living index quintile are much more likely to receive specific vaccinations than

FIGURE 8.2: FULL IMMUNIZATION OF CHILDREN AGED 12-23 MONTHS BY SLI QUINTILES

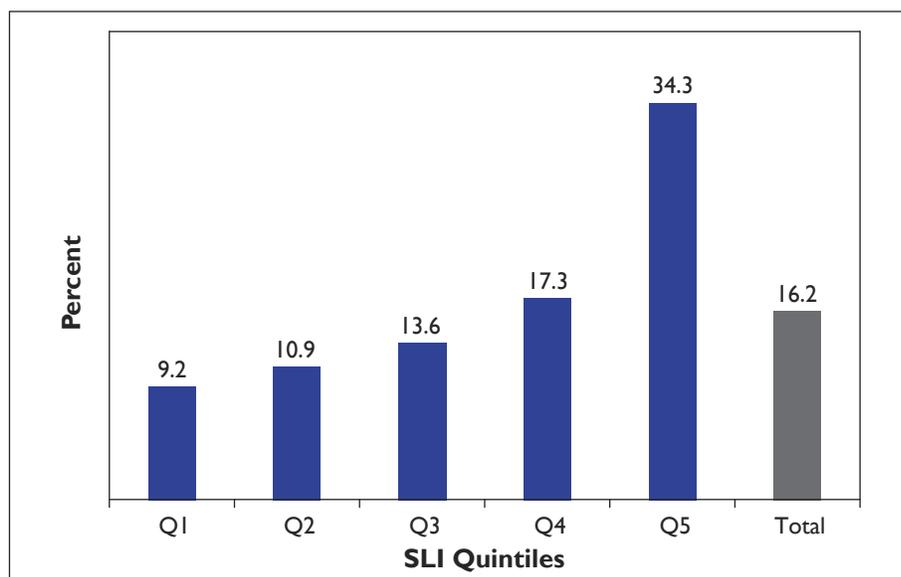


TABLE 8.12: CHILDHOOD VACCINATION BY BACKGROUND CHARACTERISTICS

Percentage of children age 12-35 months who received specific vaccinations by selected characteristics, Agra, 2006

Characteristics	BCG			Polio 0			DPT			Polio			Measles	All ¹	None	Number of children
	1	2	3	1	2	3	1	2	3	1	2	3				
Age (in months)																
12-23	57.5	55.5	44.8	36.4	25.4	25.4	56.7	46.1	37.7	35.6	16.1	37.7	971			
24-35	51.5	55.8	39.3	33.2	24.6	24.6	48.5	39.4	34.3	31.6	16.3	44.2	983			
Sex of child																
Male	55.9	56.0	43.9	36.2	25.9	25.9	53.8	44.6	37.8	35.5	16.2	39.6	1038			
Female	52.9	55.2	39.9	33.2	24.0	24.0	51.3	40.6	33.9	31.4	16.2	42.5	916			
Place of residence																
Urban	58.6	68.8	49.5	44.4	33.7	33.7	56.2	46.4	38.4	38.7	22.2	37.5	601			
Non-slum	61.7	70.0	52.6	48.2	38.1	38.1	60.0	49.2	41.6	42.5	26.2	34.9	383			
Slum	53.1	66.0	43.9	37.7	26.2	26.2	49.7	41.4	32.9	32.2	15.1	42.2	218			
Rural	52.6	46.3	38.7	30.5	21.2	21.2	51.0	41.1	34.9	31.3	13.6	42.5	1353			
Religion																
Hindu	53.9	53.0	42.2	35.0	25.7	25.7	52.0	42.6	35.9	34.2	16.8	41.5	1705			
Muslim	58.4	85.2	41.2	31.9	19.5	19.5	55.9	41.4	34.7	28.5	11.0	36.5	198			
Other	58.4	81.4	40.7	38.1	24.8	24.8	57.8	53.8	43.4	33.3	18.4	39.2	52			
Caste/tribe																
Scheduled caste/tribe	56.0	40.8	40.7	32.9	22.1	22.1	53.1	43.2	37.1	31.9	15.0	39.4	539			
Other backward caste	51.7	63.4	38.3	30.4	21.5	21.5	48.8	37.2	30.3	31.4	13.6	44.2	683			
Other	55.9	61.8	46.5	40.3	30.5	30.5	55.7	47.6	40.5	36.8	19.6	39.1	732			
Mother's education																
Illiterate	46.7	45.9	34.5	26.6	17.9	17.9	45.2	35.6	29.6	26.1	10.9	48.1	1127			
Literate <8 th grade	61.1	43.9	47.9	41.3	23.7	23.7	60.0	50.0	39.8	37.9	15.2	35.6	238			
8-11 th grade	67.9	62.9	55.3	48.9	41.7	41.7	64.2	53.1	46.6	51.4	28.1	27.6	290			
12+grade	88.7	69.1	84.4	80.0	69.5	69.5	89.7	80.0	72.2	74.7	51.6	5.1	112			
Literate (Non formal)	54.7	79.1	46.1	36.1	24.5	24.5	51.3	37.3	32.8	25.0	13.2	44.0	97			
Other**	47.2	63.8	21.3	16.8	8.6	8.6	42.9	38.4	29.2	15.5	6.1	50.1	89			
SLI Quintiles																
Q1	45.6	42.1	32.2	23.5	16.4	16.4	43.7	35.1	29.4	23.5	9.2	48.7	435			
Q2	46.6	49.2	31.4	25.3	15.9	15.9	43.8	37.1	29.5	25.7	10.9	50.2	425			
Q3	51.6	60.1	42.5	34.9	23.4	23.4	53.8	40.0	32.4	31.5	13.6	42.6	376			
Q4	59.7	61.8	46.1	39.5	29.3	29.3	54.1	43.0	37.7	37.8	17.3	36.9	395			
Q5	73.7	56.4	63.9	56.5	45.4	45.4	73.0	63.4	55.4	54.8	34.3	21.5	322			
Total	54.5	55.6	42.0	34.8	25.0	25.0	52.6	42.7	36.0	33.6	16.2	41.0	1954			

¹BCG, measles, and three doses each of DPT and polio vaccines (excluding 0)

TABLE 8.13: CHILDHOOD VACCINATIONS RECEIVED BY 12 MONTHS OF AGE

Percentage of children age 12-35 months who received specific vaccinations by 12 months of age¹ and vaccination card shown to interviewers, according to place of residence and current age of the child, Agra, 2006

Items	Urban		Total	Rural	All areas
	Non-slum	Slum			
			12-23 Months		
BCG	61.8	56.2	59.8	52.4	55.0
DPT					
1	53.5	42.0	49.4	35.2	39.9
2	48.0	36.5	43.9	26.5	32.3
3	35.8	23.0	31.3	21.6	24.4
Polio					
1	60.0	47.8	56.0	47.3	50.4
2	50.9	40.2	47.3	35.0	40.0
3	40.2	30.8	36.9	35.2	35.3
Measles	31.6	25.7	29.4	29.2	29.0
All vaccinations ²	17.2	9.3	14.4	8.6	10.6
Percentage showing vaccination card	20.9	14.1	38.0	11.6	13.6
Number of children	179	108	287	685	971
			24-35 months		
BCG	55.7	47.8	52.8	47.8	49.2
DPT					
1	39.9	40.7	39.8	34.8	35.7
2	43.9	33.5	40.2	25.9	30.6
3	34.4	22.0	30.1	18.4	22.1
Polio					
1	45.7	44.2	44.8	44.8	44.0
2	39.4	34.0	37.4	32.7	34.2
3	34.4	30.7	32.9	28.4	30.0
Measles	28.9	21.8	26.4	19.0	21.2
All vaccinations ²	16.8	7.2	13.4	6.9	9.0
Percentage showing vaccination card	12.7	8.6	11.2	6.6	8.1
Number of children	204	111	315	668	983

(Contd. on next page)

TABLE 8.13: CHILDHOOD VACCINATIONS RECEIVED BY 12 MONTHS OF AGE

Percentage of children age 12-35 months who received specific vaccinations by 12 months of age¹ and shown vaccination card to interviewers, according to place of residence and current age of the child, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
	12-35 Months				
BCG	59.0	52.0	56.4	50.0	52.1
DPT					
1	47.2	41.1	44.9	34.2	37.7
2	46.0	34.9	42.0	25.8	31.3
3	35.4	22.6	30.8	20.1	23.4
Polio					
1	53.6	45.7	50.6	45.4	47.1
2	45.4	37.0	42.5	33.6	37.1
3	37.5	30.6	34.9	31.8	32.8
Measles	31.2	24.0	28.5	24.4	25.5
All vaccinations ²	17.6	8.3	14.4	7.8	9.9
Percentage showing vaccination card	16.5	11.3	14.6	9.1	10.8
Number of children	383	218	601	1353	1954

¹The proportion receiving immunization by 12 months of age is assumed same for both children having immunization card and not having immunization card.

²BCG, measles, and three doses each of DPT and polio vaccines (excluding 0)

children in the low standard of living quintiles. For children in the 12-23 months age group, 24 percent of the children in fifth quintile are fully vaccinated while only two percent of the children in the first quintile are fully vaccinated. Vaccination cards were shown for only seven percent of children in the first quintile and 24 percent of children in the fifth quintile. The percent of children who have received individual vaccinations increases with improvement in the standard of living. For children in the 24-35 months, 24 percent of the children in fifth quintile are fully vaccinated; but only three percent of

the children in the first quintile are fully vaccinated.

Table 8.15 shows the distribution of children aged 0-35 months who received vaccinations, by source of most vaccines. The public sector is the primary provider of childhood vaccinations in both rural and urban areas. Eighty percent of the children who have received vaccinations, received most of them from a public sector medical source and only 18 percent received them from a private sector medical source. In urban areas, Government or Municipal hospitals (28%) are the

primary providers of childhood vaccinations whereas Anganwadi/ ICDS centres (35.3%) are the primary providers of childhood vaccine in rural areas. The percent of children receiving vaccinations from the private sector is considerably lower in rural areas (11.2%) than in urban areas (33%). Within urban areas there are slight variations in the sources of vaccinations between slum and non-slum children.

Table 8.16 provides information on the percent distribution of children aged 0-35 months who received vaccinations by source

TABLE 8.14: CHILDHOOD VACCINATIONS RECEIVED BY 12 MONTHS OF AGE BY SLI QUINTILES

Percentage of children age 12-35 months who received specific vaccinations by 12 months of age¹ and vaccination card shown to interviewers, according to standard of living index quintiles and current age of the child, Agra, 2006

Items	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
	12-23 Months				
BCG	49.3	51.5	45.6	64.3	68.7
DPT					
1	28.1	31.2	36.0	49.0	56.3
2	16.7	26.4	27.0	39.3	52.0
3	16.8	21.8	22.7	26.9	37.9
Polio					
1	39.1	47.5	40.8	60.2	63.3
2	25.2	39.7	29.4	44.0	57.1
3	32.6	38.8	25.5	36.7	46.9
Measles	5.8	31.0	18.8	27.1	48.0
All vaccinations ²	1.9	9.4	9.5	7.8	23.5
Percentage showing vaccination card	7.1	11.2	12.8	15.6	23.7
Number of children	213	212	190	193	164
	24-35 months				
BCG	42.7	29.9	56.4	55.2	69.8
DPT					
1	28.9	20.9	39.9	40.9	54.7
2	21.5	19.5	34.9	37.3	46.6
3	14.4	2.1	24.5	29.5	39.7
Polio					
1	37.4	28.0	58.0	43.8	64.0
2	30.8	16.6	34.0	37.3	51.1
3	26.3	7.6	37.9	31.7	47.2
Measles	6.1	7.0	31.8	22.5	40.7
All vaccinations ²	3.2	0.4	13.0	10.2	23.5
Percentage showing vaccination card	3.2	6.3	5.0	12.3	15.4
Number of children	222	213	186	203	159

(Contd. on next page)

TABLE 8.14: CHILDHOOD VACCINATIONS RECEIVED BY 12 MONTHS OF AGE BY SLI QUINTILES

Percentage of children age 12-35 months who received specific vaccinations by 12 months of age¹ and vaccination card shown to interviewers, according to standard of living index quintiles and current age of the child, Agra, 2006

Items	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
	12-35 Months				
BCG	45.9	41.0	50.2	59.7	69.0
DPT					
1	27.5	25.7	37.1	44.9	56.0
2	18.9	21.9	30.3	38.2	50.4
3	15.7	15.3	23.6	28.2	39.5
Polio					
1	37.6	37.7	46.8	51.9	64.1
2	28.7	29.6	31.8	40.6	55.3
3	29.5	27.4	31.4	34.3	47.7
Measles	6.8	25.1	22.5	24.7	45.3
All vaccinations ²	2.7	5.0	11.0	9.0	24.4
Percentage showing vaccination card	5.1	8.7	9.0	13.9	19.6
Number of children	435	425	376	395	322

¹The proportion receiving immunization by 12 months of age is assumed same for both children having immunization card and not having immunization card.

²BCG, measles, and three doses each of DPT and polio vaccines (excluding 0)

of most vaccines, according to standard of living index quintiles. A high proportion of the children in the first SLI quintile received vaccinations from Anganwadi/ ICDS centres (27.9%) while the corresponding proportion for children in the fifth SLI quintile is only 19.3 percent. But, for children in the fifth SLI quintile, a high proportion received their vaccination from private hospitals (22.4%). The percent of children who have received vaccination from a public medical sector decreases

with an increase in SLI quintile while the percent of children who have received vaccination from a private medical sector increases with increases in SLI quintile.

Table 8.17 presents the percent distribution of children aged 0-35 months who received vaccinations by source of most vaccines, according to selected background characteristics. The percentage of children receiving vaccinations from the private sector is slightly more in the 24-35 months age group

compared to the younger age group. Male children (19.6%) are more likely to receive vaccinations from private sector than female children (16.4%). Children from 'other' religious groups (47.7%) are more likely to receive vaccination from the private sector as compared to Muslim (25.3%) or Hindu (16.5%) children. Compared to children from scheduled caste/ scheduled tribe and other backward classes, children in the 'other' castes are more likely to receive vaccinations from the private sector. Children of more educated

TABLE 8.15: SOURCE OF MOST VACCINES RECEIVED

Percent distribution of children aged 0-35 months who received vaccinations by source of most vaccines, according to place of residence, Agra, 2006

Source of vaccination	Urban			Rural	All areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. /Municipal hospital	29.4	25.2	28.0	5.7	12.7
Govt. Dispensary	1.3	1.9	1.5	0.4	0.7
UHC/UHP/UFWC	10.1	8.0	9.4	2.2	4.5
CHC/PHC/FP center	3.9	5.1	4.3	14.6	11.3
Sub-center	13.3	4.8	10.5	26.4	21.4
Mobile clinic	0.1	0.6	0.3	1.3	1.0
Camp	0.4	2.4	1.1	1.1	1.1
Anganwadi/ICDS center	5.3	12.8	7.8	35.3	26.6
Other government health facility	0.7	3.0	1.4	0.5	0.8
NGO Hospital/Clinic	2.2	1.9	2.1	0.5	1.0
Private medical sector					
Pvt. Hospital	22.3	22.3	22.3	7.6	12.3
Pvt. Doctor/clinic	7.8	9.9	8.5	2.6	4.5
Pvt. Paramedic	1.5	0.5	1.2	1.0	1.1
Other private health facility	0.8	1.4	1.0	0.0	0.3
Other	0.8	0.0	0.5	0.7	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	350	174	525	1140	1664

mothers and those belonging to households with a high standard of living are more likely than other children to receive vaccinations from the private sector.

8.5 VITAMIN A SUPPLEMENTATION

The percent distribution of children aged 9-35 months by receipt of vitamin-A, according to selected background characteristics are presented in Table 8.18. In Agra, only 2.1 percent of the children received vitamin-A anytime before six months and only 2.5 percent

FIGURE 8.3: CHILDREN AGED 0-35 MONTHS IMMUNIZED FROM GOVERNMENT SOURCE BY SLI QUINTILES

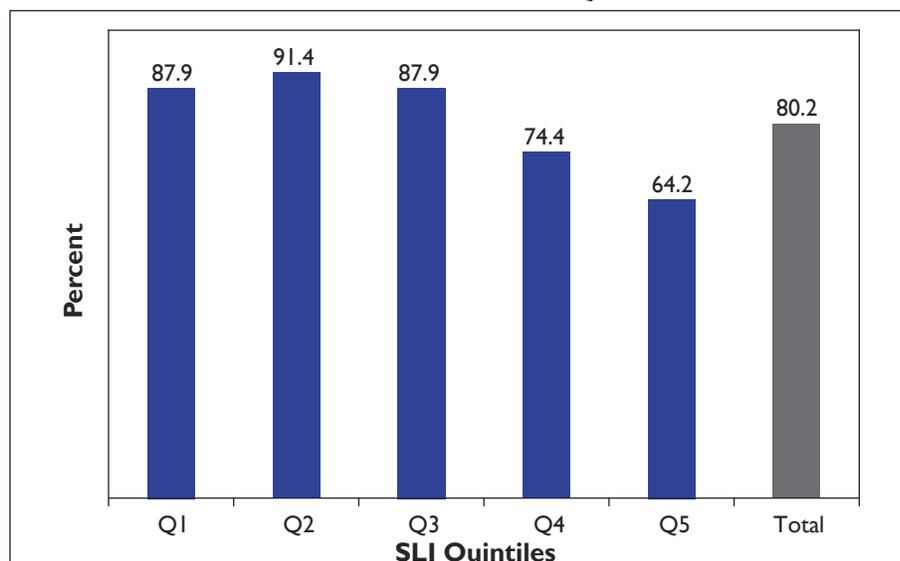


TABLE 8.16: SOURCE OF MOST VACCINES RECEIVED BY SLI QUINTILES

Percent distribution of children age 0-35 months who received vaccinations by source of most vaccines, according to standard of living index quintiles, Agra, 2006

Source of vaccination	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Public medical sector					
Govt. /Municipal hospital	5.7	10.6	11.9	19.5	14.1
Govt. Dispensary	0.1	0.5	1.4	1.1	0.5
UHC/UHP/UFWC	5.1	3.2	6.0	5.1	3.1
CHC/PHC/FP center	17.3	13.2	12.1	6.2	9.4
Sub-center	27.4	21.4	22.9	20.5	16.0
Mobile clinic	0.4	2.7	1.2	1.0	0.0
Camp	3.4	0.9	0.6	0.1	0.9
Anganwadi/ICDS center	27.9	38.2	30.5	20.2	19.3
Other government health facility	0.6	0.6	1.3	0.7	0.9
NGO Hospital/Clinic	0.0	0.1	1.6	0.9	2.0
Private medical sector					
Pvt. Hospital	7.3	4.9	7.0	16.6	22.4
Pvt. Doctor/clinic	3.4	1.9	2.4	3.8	9.7
Pvt. Paramedic	0.7	0.8	0.3	3.2	0.4
Other private health facility	0.3	0.1	0.3	0.9	0.0
Other	0.5	0.7	0.5	0.2	1.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	300	300	325	363	376

of the children received vitamin-A during the past six months. In the age group of 9-23 months, three percent of the children received vitamin-A, with a slight decrease for children in the 24-35 month age group (2.2 percent). The percent of children who have received vitamin-A any time before six months increases with age. Male children are considerably more likely than female children to receive vitamin-A supplementation. Compared to children in rural areas, children in the urban areas are slightly more likely to receive vitamin-A

FIGURE 8.4: CHILDREN AGED 9-35 MONTHS NOT RECEIVED VITAMIN-A BY SLI QUINTILES

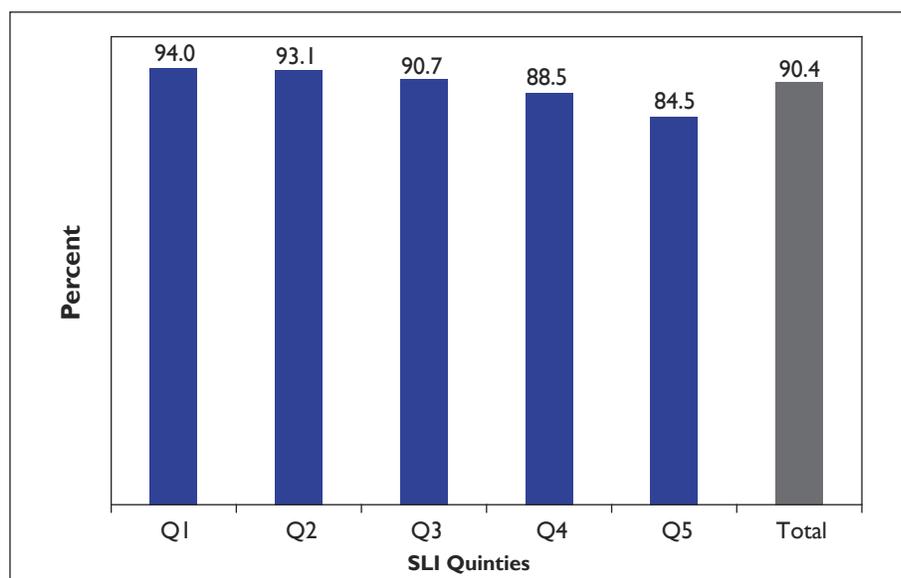


TABLE 8.17: SOURCE OF MOST VACCINES RECEIVED BY SELECTED CHARACTERISTICS

Percent distribution of children age 0-35 months received vaccinations by source of most vaccines, according to selected characteristics, Agra, 2006

Characteristics	Source of vaccination				Total percent	Number of children
	Public	NGO	Private	Other		
Age (in months)						
0-11	80.3	0.9	18.3	0.5	100.0	568
12-23	82.4	1.1	16.1	0.4	100.0	573
24-35	77.9	1.0	20.1	1.1	100.0	524
Sex of child						
Male	79.6	0.3	19.6	0.5	100.0	904
Female	81.0	1.8	16.4	0.8	100.0	761
Religion						
Hindu	82.3	0.8	16.5	0.5	100.0	1454
Muslim	69.4	2.7	25.3	2.6	100.0	171
Other	51.3	1.0	47.7	0.0	100.0	40
Caste/tribe						
Scheduled caste/tribe	82.1	1.0	16.6	0.3	100.0	487
Other backward caste	82.0	1.1	15.9	1.0	100.0	528
Other	77.3	0.9	21.1	0.7	100.0	649
Mother's education						
Illiterate	86.5	0.5	12.0	0.9	100.0	821
Literate <8 th grade	83.6	0.5	15.6	0.3	100.0	223
8-11 th grade	74.8	2.6	22.5	0.0	100.0	325
12+grade	49.6	1.3	47.3	1.8	100.0	144
Literate (Non formal)	87.8	0.5	11.7	0.0	100.0	82
Other*	74.5	0.6	24.9	0.0	100.0	70
SLI Quintiles						
Q1	87.9	0.0	11.6	0.5	100.0	300
Q2	91.4	0.1	7.8	0.7	100.0	300
Q3	87.9	1.6	10.0	0.5	100.0	325
Q4	74.4	0.9	24.5	0.2	100.0	363
Q5	64.2	2.0	32.5	1.4	100.0	376
Total	80.2	1.0	18.1	0.7	100.0	1664

*Mothers not at home/not alive

TABLE 8.18: VITAMIN-A BY SELECTED CHARACTERISTICS

Percent distribution of children age 9-35 months by receipt of Vitamin-A, according to selected characteristics, Agra, 2006

Characteristics	Vitamin-A				Total percent	Number of children
	Not received	Yes, received during past 6 months	Yes, received any time before 6 months	Don't know/missing		
Age (in months)						
9-11	93.7	2.8	1.9	1.6	100.0	329
12-23	90.1	2.8	1.8	5.4	100.0	971
24-35	89.7	2.2	2.6	5.5	100.0	983
Sex of child						
Male	89.8	3.0	2.2	5.0	100.0	1218
Female	91.2	2.0	2.1	4.7	100.0	1065
Place of residence						
Urban	90.5	2.7	2.5	4.7	100.0	708
Urban non-slum	89.7	2.8	2.7	3.4	100.0	452
Urban slum	91.9	2.6	2.1	4.2	100.0	256
Rural	90.4	2.5	2.0	5.2	100.0	1575
Religion						
Hindu	90.3	2.6	2.2	5.0	100.0	2003
Muslim	93.3	1.6	1.8	3.2	100.0	227
Other	84.8	6.0	0.9	8.3	100.0	53
Caste/tribe						
Scheduled caste/tribe	92.6	2.4	2.0	3.0	100.0	651
Other backward caste	92.3	2.0	1.6	4.1	100.0	779
Other	87.1	3.1	2.7	7.1	100.0	854
Mother's education						
Illiterate	93.0	1.5	1.4	4.2	100.0	1293
Literate <8 th grade	90.3	2.9	1.8	5.1	100.0	284
8-11 th grade	86.4	3.6	4.5	5.4	100.0	353
12+grade	76.6	9.0	5.6	8.8	100.0	136
Literate (Non formal)	92.2	3.5	1.3	3.1	100.0	111
Other*	89.5	1.8	0.0	8.6	100.0	105
SLI Quintiles						
Q1	94.0	1.4	1.1	3.5	100.0	496
Q2	93.1	0.7	1.5	4.6	100.0	494
Q3	90.7	3.0	2.1	4.2	100.0	434
Q4	88.5	3.3	3.4	4.8	100.0	469
Q5	84.5	4.9	2.7	7.9	100.0	390
Total	90.4	2.5	2.1	4.9	100.0	2283

*Mothers not at home/not alive

supplementation. Within urban, children in the non-slum areas are more likely to receive vitamin-A supplementation than children in the slum areas. Children from the Scheduled castes/tribes and other backward classes are less likely to receive vitamin-A supplementation. Children of more educated mothers and those belonging to households with a high standard of living are more likely than other children to receive vitamin-A supplementation.

8.6 DIARRHEA

In Table 8.19, the distribution of children who suffered from diarrhoea during the two weeks preceding the survey is presented. Overall, about 30 percent of children below 5 years suffered from diarrhoea during this period. Age-wise differences show a high incidence of diarrhea among the younger age groups, the percentage decreases with increase in age of the child. Both gender and geographical differences are only marginal. Also, religious and caste differences are not significant. Muslim children and children belonging to scheduled castes are a little more likely to have suffered from diarrhoea.

Table 8.20 shows treatment and source of treatment of diarrhoea among children below 5 years. Among those who suffered from diarrhea, more than three quarters sought advice or treatment. The percentage seeking advice or treatment is a little higher in urban areas (82 percent) as compared to rural Agra (75 percent). The great majority of people in Agra chose private sources for treatment of diarrhoea. Utilization of government sources for advice or treatment for

diarrhea is as low as 5.5 percent. About 38 percent of cases sought treatment on the same day while 27 percent sought advice or treatment on the second day. The percentage of those seeking advice on the same day is much higher in urban areas (50 percent) as compared to rural areas (31 percent).

Information given in Table 8.21 suggests that standard of living has little influence on whether parents seek advice or treatment for diarrhoea among children, or the source from which they seek the advice. This also holds true regarding the timing for seeking advice or treatment.

Table 8.22 presents the differences in the way children having diarrhoea during the two weeks preceding the survey were treated. More than 30 percent still had diarrhoea at the time of the interview, with not much rural-urban variation. People follow different feeding practices especially during illness. About half of the children (48.1 percent) were given

somewhat less liquid to drink than usual when suffering from diarrhoea. In the rural areas 13.2 percent of the children were given much less than usual to drink. Regarding solid food given to children during diarrhoea, 37.5 percent were given about the same food and almost of fifth (18.7 percent) were not given any solid food at all. Gruel made from rice or other local grain was avoided in the case of 80.9 percent of the children.

More than three-fourths of all children, with a little more in the rural areas (80 percent), were not given ORS (see Figure 8.5). There are no major differences between rural and urban areas regarding 'treatment given during diarrhoea'. Regarding liquid food given to children, this seems to be a little less in urban than in rural areas. With regard to solids given to children during diarrhoea 'about the same quantity of food given' is reported by a total of 33.6 percent in the urban areas and 29 percent in the rural areas. A little more than one-fifth of children

FIGURE 8.5: ORS DURING DIARRHEA

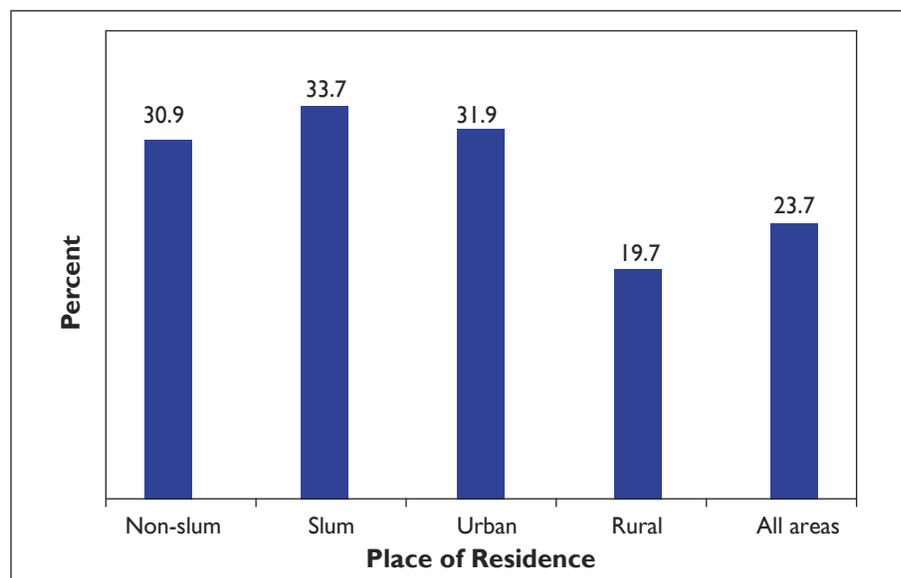


TABLE 8.19: PREVALENCE OF DIARRHEA

Percentage of children below five years who suffered from diarrhea during the two weeks preceding the survey, according to selected characteristics, Agra, 2006

Characteristics	Suffered from diarrhea			Total percent	Percent had diarrhea with blood	Total number of children
	Yes	No	DK / Missing			
Age (in months)						
0-5	30.1	69.6	0.3	100.0	1.0	408
6-11	44.2	55.2	0.6	100.0	4.4	618
12-23	39.3	59.7	1.0	100.0	5.9	971
24-35	28.6	70.6	0.8	100.0	3.1	983
36-59	17.6	82.2	0.2	100.0	3.6	1566
Sex of child						
Male	29.8	69.7	0.5	100.0	3.7	2393
Female	28.9	70.5	0.7	100.0	4.0	2153
Place of residence						
Urban	29.8	70.0	0.2	100.0	2.7	1455
Urban non-slum	29.4	70.3	0.3	100.0	2.2	942
Urban slum	30.5	69.4	0.2	100.0	3.6	513
Rural	29.1	70.1	0.7	100.0	4.4	3091
Religion						
Hindu	29.1	70.4	0.5	100.0	3.9	4004
Muslim	33.6	66.2	0.3	100.0	3.3	438
Other	22.1	72.1	5.9	100.0	3.2	104
Caste/tribe						
Scheduled caste/tribe	32.2	67.5	0.2	100.0	3.9	1327
Other backward caste	29.2	70.5	0.3	100.0	3.8	1491
Other	27.3	71.6	1.1	100.0	3.9	1728
Mother's education						
Illiterate	28.2	71.5	0.3	100.0	4.5	2523
Literate <8 th grade	30.4	69.2	0.4	100.0	2.7	563
8-11 th grade	31.9	67.6	0.6	100.0	3.4	727
12+grade	24.1	75.4	0.5	100.0	2.3	272
Literate (Non formal)	43.5	56.5	0.0	100.0	5.4	232
Other*	23.5	71.7	4.8	100.0	1.9	230
SLI Quintiles						
Q1	33.5	66.1	0.4	100.0	6.5	771
Q2	30.3	69.0	0.7	100.0	3.9	973
Q3	27.9	71.5	0.6	100.0	3.8	968
Q4	30.1	69.1	0.8	100.0	2.8	877
Q5	24.1	75.6	0.3	100.0	2.0	957
Total	29.4	70.1	0.6	100.0	3.9	4546

*Mothers not at home/not alive

TABLE 8.20: TREATMENT/ADVICE SOUGHT FOR DIARRHEA, SOURCE OF TREATMENT/ADVICE AND TIME OF TREATMENT/ADVICE

Percent distribution of children age 0-59 months who had diarrhea during two weeks preceding the survey by treatment/advice sought and source of treatment/advice, according to place of residence, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
Sought treatment/advice for diarrhea					
Yes	81.7	83.8	82.5	75.3	77.6
No	18.3	16.2	17.5	24.7	22.4
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children who had diarrhea	277	156	434	901	1335
Source of treatment/advice among those who sought treatment/advice[#]					
Public medical sector					
Govt./municipal hospital	3.8	2.1	3.2	1.1	1.8
UHC/UHP/UFWC	0.2	0.0	0.1	0.4	0.3
CHC/Rural hospital/PHC	0.0	0.0	0.0	2.5	1.6
Sub centre	0.0	0.0	0.0	1.8	1.2
Govt. mobile clinic	0.0	0.0	0.0	0.2	0.1
Anganwadi/ICDS centre	0.0	0.3	0.1	0.4	0.3
Other pub. sect. health facility	0.0	0.0	0.0	0.2	0.1
NGO/Trust hosp/clinic	0.0	0.5	0.2	0.6	0.4
Private medical sector					
Pvt. hospital	10.7	6.3	9.0	9.8	9.5
Pvt. Doctor/clinic	58.9	61.5	59.9	56.9	57.9
Pvt. paramedic	14.1	14.3	14.2	9.3	11.0
Vaidya/hakim/homeopath	1.1	1.6	1.3	1.0	1.1
Pharmacy/drugs store	7.0	9.7	8.0	6.0	6.7
Other pvt. health facility	0.5	1.4	0.8	2.3	1.8
Other sources					
Shop	4.2	6.0	4.8	8.8	7.4
Friend/relative	0.0	0.1	0.0	0.7	0.5
Other	1.3	0.0	0.8	0.8	0.8
Treatment treatment/advice					
Same day of diarrhea onset	50.4	49.9	50.2	31.2	37.7
Second day of diarrhea onset	25.1	22.1	24.0	29.1	27.3
Third day of diarrhea onset	17.0	19.7	18.0	25.5	22.9
Forth day or after the diarrhea onset	7.5	8.3	7.8	14.2	12.0
Number of children	227	131	358	679	1036

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

TABLE 8.21: TREATMENT/ADVICE SOUGHT FOR DIARRHEA, SOURCE OF TREATMENT/ADVICE AND TIME OF TREATMENT/ADVICE BY SLI QUINTILES

Percent distribution of children age 0-59 months who had diarrhea during two weeks preceding the survey by treatment/advice sought and source of treatment/advice, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Sought treatment/advice for diarrhea					
Yes	74.5	77.5	75.6	78.1	85.1
No	25.5	22.5	24.4	21.9	14.9
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children who had diarrhea	326	291	246	276	196
Source of treatment/advice among those who sought treatment/advice[#]					
Public medical sector					
Govt./municipal hospital	1.7	0.3	0.6	1.9	5.2
UHC/UHP/UFWC	0.6	0.6	0.0	0.0	0.3
CHC/Rural hospital/PHC	1.2	2.9	3.0	0.0	1.0
Sub center	2.9	0.6	1.3	0.7	0.0
Govt. mobile clinic	0.0	0.0	0.8	0.0	0.0
Anganwadi/ICDS center	0.0	0.6	0.2	0.0	0.8
Other pub. sect. health facility	0.0	0.0	0.0	0.7	0.0
NGO/Trust hosp/clinic	0.0	0.2	0.0	0.7	1.7
Private medical sector					
Pvt. hospital	6.8	8.4	5.3	12.5	15.8
Pvt. doctor/clinic	56.6	56.8	56.7	58.8	61.5
Pvt. paramedic	10.4	8.6	17.5	13.4	4.8
Vaidya/hakim/homeopath	2.1	0.1	1.2	1.2	0.6
Pharmacy/drugs store	9.9	11.8	5.9	1.8	2.4
Other pvt. health facility	3.3	1.2	1.7	2.0	0.4
Other sources					
Shop	6.1	8.7	8.0	7.7	6.5
Friend/relative	0.0	1.2	0.0	0.0	1.4
Other	1.1	1.4	1.4	0.0	0.0
Treatment treatment/advice					
Same day of diarrhea onset	31.9	33.9	37.8	42.3	45.4
Second day of diarrhea onset	26.5	27.2	34.8	21.7	27.7
Third day of diarrhea onset	26.7	23.8	16.6	26.5	18.6
Fourth day or after the diarrhea onset	14.9	15.1	10.8	9.5	8.3
Number of children	243	225	186	215	167

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

TABLE 8.22: SOLID AND LIQUID FOOD GIVEN DURING DIARRHEA

Percent distribution of children below five years who had diarrhea during two weeks preceding the survey by liquid and solid food offered during diarrhea by place of residence, Agra, 2006

Feeding practice during diarrhea	Place of residence				
	Urban			Rural	All areas
	Non-slum	Slum	Total		
Given to drink during diarrhea					
Much less than usual	9.4	12.5	10.5	13.2	12.3
Somewhat less than usual	57.7	57.3	57.5	43.5	48.1
About the same	15.0	13.6	14.5	16.1	15.6
More than usual	17.0	15.8	16.6	26.2	23.0
Nothing to drink	0.9	0.8	0.9	0.5	0.6
Don't know	0.0	0.0	0.0	0.5	0.3
Given to eat during diarrhea					
Much less than usual	10.0	7.7	9.2	8.5	8.7
Somewhat less than usual	23.8	17.3	21.5	29.7	27.0
About the same	33.9	33.0	33.6	29.0	30.5
More than usual	3.1	0.8	2.3	1.6	1.8
Stopped food	11.1	22.0	15.0	11.6	12.7
Never given food	18.0	19.2	18.5	18.7	18.6
Don't know	0.0	0.0	0.0	0.9	0.6
Still have diarrhea					
Yes	28.6	31.5	29.7	32.1	31.3
No	71.4	68.5	70.3	67.9	68.7
Don't know	0.0	0.0	0.0	0.0	0.0
Given ORS					
Yes	30.9	33.7	31.9	19.7	23.7
No	69.1	66.3	68.1	80.0	76.1
Don't know	0.0	0.0	0.0	0.3	0.2
Gruel made from rice or other local grain					
Yes	25.7	27.5	26.4	15.5	19.0
No	74.3	72.5	73.6	84.4	80.9
Don't know	0.0	0.0	0.0	0.2	0.1
Anything given to treat diarrhea[#]					
Yes	83.8	88.0	85.3	74.7	78.2
No	16.2	12.0	14.7	25.1	21.7
Don't know	0.0	0.0	0.0	0.2	0.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	277	156	434	901	1335

[#]Other than ORS or gruel made from rice or other local grain

TABLE 8.23: PREVALENCE OF ARI AND FEVER

Percentage of children below five years who suffered from ARI or fever during the two weeks preceding the survey, according to selected characteristics, Agra, 2006

Characteristics	Percent of children who had:			Total number of children
	ARI	ARI with fast breathing	Fever	
Age (in months)				
0-5	17.5	8.8	25.8	408
6-11	26.3	11.0	35.5	618
12-23	24.2	10.5	33.7	971
24-35	19.6	9.2	26.5	983
36-59	17.8	7.3	23.7	1566
Sex of child				
Male	22.2	10.1	30.3	2393
Female	19.0	7.8	25.9	2153
Place of residence				
Urban	20.9	8.3	26.8	1455
Urban non-slum	22.4	8.6	27.4	942
Urban slum	18.1	7.8	25.8	513
Rural	20.6	9.4	28.9	3091
Religion				
Hindu	20.6	9.0	28.2	4004
Muslim	23.0	8.9	28.9	438
Other	15.5	10.2	27.6	104
Caste/tribe				
Scheduled caste/tribe	22.1	9.8	29.8	1327
Other backward caste	19.2	7.9	26.5	1491
Other	20.9	9.4	28.5	1728
Mother's education				
Illiterate	19.9	9.0	27.6	2523
Literate <8 th grade	22.7	11.4	28.1	563
8-11 th grade	22.8	7.1	30.8	727
12+grade	14.7	4.4	22.6	272
Literate (Non formal)	23.1	12.1	30.3	232
Other*	22.6	12.0	32.2	230
SLI Quintiles				
Q1	20.5	11.2	28.6	973
Q2	24.4	11.3	33.3	959
Q3	19.5	7.6	23.4	882
Q4	19.9	8.2	28.5	917
Q5	18.7	6.2	26.7	815
Total	20.7	9.0	28.2	4546

*Mothers not at home/not alive

(22.0 percent) in urban slums were not given food during diarrhoea.

8.7 ACUTE RESPIRATORY INFECTIONS AND FEVER

Prevalence and the differentials in acute respiratory infection are presented in Table 8.23. It was found that among children below 5 years, 21 percent suffered from ARI during the two weeks preceding the survey. While age differences show no consistent pattern, gender differences show that the prevalence of ARI is marginally higher among boys. Rural-urban differences are virtually non-existent, and religion and caste-wise differences are marginal. Variations in the prevalence of ARI according to education and standard of living show no consistent pattern.

Prevalence of fever among children below 5 years is shown in Table 8.24. In the district, overall the prevalence of fever among children was about 28 percent during the two weeks preceding the survey. While prevalence of fever in the youngest age group of 0-5 months was 26 percent, it was much higher in the next age group of 6-11 months (36 percent) and thereafter declined with increases in the age of the child. Prevalence of fever is higher among boys (30 percent) as compared to girls (26 percent). Geographical differences, religion and caste-wise variations are minimal. Neither education nor SLI show a consistent relationship with prevalence of fever among children.

Treatment or advice sought for dealing with ARI and their source are given in Tables 8.24 and 8.25. In majority of cases (80 percent),

there were only marginal urban-rural differences in the advice or treatment sought for dealing with ARI among children. In the case of ARI, the most utilised source is private; more than 90 percent of cases used private sources of various kinds. It can be seen that the relationship of standard of living with seeking advice or treatment for ARI or their sources is weak.

Table 8.26 provides information on the type of food given to children during ARI and the differences according to place of residence. More than half the children were given the same food during ARI, but more than a fifth said that they had given the children somewhat less than the usual quantity of liquid. While the percentage of children given somewhat less than usual liquid food is similar in urban and rural areas, the percentage given about the same quantity is higher in urban areas (63 percent) as compared to rural areas (54 percent) in Agra.

While 49 percent of children were given about the same quantity of food to eat, 15 percent were given somewhat less than usual and 12 percent had not been given solid food. Rural-urban differences are minimal. A great majority of children (82 percent) were given a drug to treat ARI; the percentage is higher in urban areas.

Table 8.27 presents the distribution of children below five years by advice on ORS use and actually used ORS. This study shows that in only 30 percent of the cases the

mother or caretaker of children received advice on ORS use, with substantial variations according to age, place of residence, education and SLI. The possibility of mothers/caretakers receiving advice on ORS use is the least when the child is younger (up to 5 months) as compared to older age groups of children. While about 46 percent of the mothers/caretakers of urban children received advice, with only minimal variations across slum and non-slum areas, in rural areas this is very low (23 percent). Educational improvement significantly increases the chances of having received advice on ORS use. Similarly, though to a lesser extent as compared to education, improvement in SLI considerably increases the probability of mother/caretaker receiving advice on ORS use.

Only about a quarter of mothers or caretakers have given ORS to children. As noted in the case of advice, here also the percentage of children given ORS is low when the child is very young and is about 26-27 percent among older children. Among urban women 38 percent gave ORS to their children, and in rural areas it is much lower at 19.4 percent. Education significantly improves the chances of a child being given ORS. Among illiterate mothers/caretakers it is only 18 percent, but among those educated at least up to 12th grade, the percentage of children given ORS is as high as 66 percent. While in the first SLI quintile only 19 percent of children are given ORS, in the fifth quintile it is 48 percent.

TABLE 8.24: TREATMENT/ADVICE SOUGHT FOR ARI/FEVER AND SOURCE OF TREATMENT/ADVICE

Percent distribution of children age 0-59 months who had ARI/fever during two weeks preceding the survey by treatment/advice sought and source of treatment/advice, according to place of residence, Agra, 2006

Items	Urban			Rural	All areas
	Non-slum	Slum	Total		
Sought treatment/advice for ARI/fever					
Yes	82.9	81.7	82.6	78.3	79.7
No	17.1	18.3	17.4	21.7	20.3
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children who had ARI/fever	317	147	464	1001	1465
Source of treatment/advice among those who sought treatment/advice[#]					
Public medical sector					
Govt. /Municipal hospital	2.6	2.4	2.5	0.8	1.4
Govt. Dispensary	1.1	0.0	0.7	0.4	0.5
UHC/UHP/UFWC	0.0	0.2	0.1	0.3	0.2
CHC/PHC/FP center	0.3	0.0	0.2	3.3	2.2
Sub-center	0.2	0.0	0.2	1.1	0.8
Govt. Mobile clinic	0.0	0.0	0.0	0.6	0.4
Anganwadi/ICDS center	0.5	0.0	0.3	0.0	0.1
Other government health facility	0.4	0.0	0.2	0.0	0.1
NGO Hospital/Clinic	0.4	0.4	0.4	0.5	0.5
Private medical sector					
Pvt. Hospital	8.8	6.4	8.0	10.0	9.4
Pvt. Doctor/clinic	53.6	60.5	55.8	56.4	56.2
Pvt. Paramedic	21.4	19.7	20.9	11.6	14.7
Vaidya/hakim/homeopath	0.6	2.0	1.0	1.4	1.3
Pharmacy/drug house	7.2	4.6	6.4	3.7	4.6
Other private health facility	3.1	1.2	2.5	3.6	3.2
Other sources					
Shop	2.7	4.0	3.1	7.3	5.9
Other	0.0	0.0	0.0	0.4	0.3
Number of children	263	120	383	784	1167

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

TABLE 8.25: TREATMENT/ADVICE SOUGHT FOR ARI/FEVER AND SOURCE OF TREATMENT/ADVICE BY SLI QUINTILES

Percent distribution of children age 0-59 months who had ARI/fever during two weeks preceding the survey by treatment/advice sought and source of treatment/advice, according to standard of living index quintiles, Agra, 2006

Items	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
Sought treatment/advice for ARI/fever					
Yes	75.8	80.4	79.6	83.7	78.7
No	24.2	19.6	20.4	16.3	21.3
Don't know/missing	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children who had ARI/fever	308	354	256	297	250
Source of treatment/advice among those who sought treatment/advice[#]					
Public medical sector					
Govt. /Municipal hospital	0.6	0.3	1.6	1.8	3.0
Govt. Dispensary	0.6	0.6	1.4	0.0	0.0
UHC/UHP/UFWC	0.0	0.5	0.0	0.1	0.5
CHC/PHC/FP Center	1.2	4.0	2.7	0.4	3.0
Sub-center	2.2	0.0	0.0	0.0	2.2
Govt. Mobile clinic	0.0	1.0	0.9	0.0	0.0
Anganwadi/ICDS center	0.0	0.0	0.0	0.5	0.0
Other government health facility	0.2	0.0	0.0	0.0	0.2
NGO Hospital/Clinic	0.0	0.2	0.2	0.6	1.5
Private medical sector					
Pvt. Hospital	9.0	9.3	7.0	9.0	12.9
Pvt. Doctor/clinic	51.1	54.4	60.9	55.2	61.4
Pvt. Paramedic	17.5	15.8	14.1	15.9	8.7
Vaidya/hakim/homeopath	2.1	0.9	0.4	1.7	1.2
Pharmacy/drug house	5.4	5.0	3.9	6.3	1.4
Other private health facility	5.1	3.3	2.8	3.5	1.3
Other sources					
Shop	4.3	7.7	6.2	7.3	3.3
Other	1.3	0.0	0.0	0.0	0.0
Number of children	233	285	203	249	197

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

TABLE 8.26: SOLID AND LIQUID FOOD GIVEN DURING ARI/FEVER

Percent distribution of children below five years who had ARI/fever during two weeks preceding the survey by liquid and solid food offered during the illness by place of residence, Agra, 2006

Feeding practice during diarrhea	Place of residence				
	Urban		Total	Rural	All areas
	Non-slum	Slum			
Given to drink during diarrhea					
Much less than usual	4.2	7.3	5.2	4.4	4.7
Somewhat less than usual	23.2	23.7	23.3	22.5	22.7
About the same	63.8	60.7	62.8	53.6	56.5
More than usual	6.6	7.7	6.9	17.6	14.2
Nothing to drink	2.4	0.6	1.8	1.5	1.6
Don't know	0.0	0.0	0.0	0.4	0.3
Given to eat during diarrhea					
Much less than usual	7.0	5.5	6.5	3.7	4.6
Somewhat less than usual	14.3	13.3	13.9	15.3	14.9
About the same	52.4	43.4	49.6	48.2	48.6
More than usual	1.0	1.4	1.1	1.1	1.1
Stopped food	7.4	14.8	9.8	12.3	11.5
Never given food	17.7	21.3	18.9	19.1	19.0
Don't know	0.2	0.3	0.2	0.3	0.3
Any drug given to treat the illness					
Yes	86.9	87.1	86.9	80.2	82.3
No	13.1	12.7	13.0	19.6	17.5
Don't know	0.0	0.1	0.0	0.3	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	317	147	464	1001	1465

8.8 METHOD OF CHILD'S STOOL DISPOSAL

Information on various modes of the disposal of child's stool are given in Table 8.28. Only in 11 percent of the cases the child used a toilet. The most common method of disposal was throwing the stool in garbage (32 percent). While in 14 percent of cases the stool was put/rinsed into drain or ditch, in 10 percent of cases the stool was thrown outside. The percentage of children using a toilet is much high in urban areas

(27 percent) as compared to rural areas (3 percent) and the intra-urban difference is about 7 percentage points. Standard of living has an impact on the hygienic ways of stool disposal; whereas only 1.5 percent of the first quintile reported child using the toilet, in the fifth quintile the corresponding percentage is 28.

8.9 PRE-SCHOOLING AND CHILDHOOD LEARNING

Details on pre-schooling and childhood learning by place of

residence and type of learning centre are presented in Table 8.29. Overall, 29 percent of children aged 2-5 years have ever attended an organized learning center, with not much rural-urban variations. In the total sample, 27 percent of children are currently attending any organized learning center for children again with minor rural-urban differences; the intra-urban difference is about six percentage points with children from slum areas having less chance to have ever

TABLE 8.27: ADVICE ON ORS USE AND PRACTICE

Percent distribution of children below five years by advice on ORS use and used ORS, according to selected characteristics, Agra, 2006

Characteristics	Percent received advice on ORS	Given ORS			Total percent	Number of children
		Yes	No	Don't know		
Age (in months)						
0-5	16.0	10.1	89.0	0.9	100.0	408
6-11	32.9	27.2	71.7	1.2	100.0	618
12-23	30.9	25.9	73.8	0.3	100.0	971
24-35	31.0	27.0	72.2	0.8	100.0	983
36-59	32.5	27.2	72.3	0.5	100.0	1566
Sex of child						
Male	30.4	25.4	74.0	0.6	100.0	2393
Female	30.4	25.3	74.0	0.7	100.0	2153
Place of residence						
Urban	45.6	38.0	61.5	0.5	100.0	1455
Urban non-slum	45.4	37.8	61.8	0.4	100.0	942
Urban slum	46.1	38.2	61.0	0.7	100.0	513
Rural	23.2	19.4	79.9	0.7	100.0	3091
Religion						
Hindu	29.2	24.6	74.8	0.6	100.0	4004
Muslim	39.0	30.5	68.1	1.4	100.0	438
Other	39.1	32.8	67.2	0.0	100.0	104
Caste/tribe						
Scheduled caste/tribe	30.8	25.3	74.0	0.7	100.0	1327
Other backward caste	27.8	23.2	75.9	0.9	100.0	1491
Other	32.4	27.3	72.4	0.4	100.0	1728
Mother's education						
Illiterate	21.3	18.0	81.4	0.6	100.0	2523
Literate <8 th grade	37.9	31.6	67.9	0.5	100.0	563
8-11 th grade	41.9	33.4	65.8	0.8	100.0	727
12+grade	65.7	58.0	41.5	0.5	100.0	272
Literate (Non formal)	31.7	26.5	72.7	0.8	100.0	232
Other*	32.4	25.9	72.9	1.2	100.0	230
SLI Quintiles						
Q1	19.2	15.7	83.2	1.1	100.0	973
Q2	20.1	17.1	82.6	0.3	100.0	959
Q3	30.1	23.8	75.4	0.8	100.0	882
Q4	37.5	30.3	69.0	0.7	100.0	917
Q5	48.2	42.7	57.0	0.3	100.0	815
Total	30.4	25.3	74.0	0.7	100.0	4546

*Mothers not at home/not alive

TABLE 8.28: MODE OF DISPOSAL OF CHILD'S STOOL

Percent distribution of children below five years by method of child's stool disposal, according to selected characteristics, Agra, 2006

Characteristics	Method of disposal of child's stool							Total percent	Number of children	
	Child used toilet	Put/rinsed into toilet/latrine	Put/rinsed into drain/ditch	Threw in garbage	Threw outside	Buried	Child defecated in the drain			Other
Age (in months)										
0-6	0.4	4.5	33.6	46.3	12.6	0.1	1.7	0.9	100.0	408
6-11	0.6	4.2	20.0	57.7	13.8	0.0	3.0	0.6	100.0	618
12-23	5.0	3.1	14.3	44.4	12.1	0.0	13.5	7.7	100.0	971
24-35	12.8	1.8	10.8	27.3	10.1	0.0	19.0	18.2	100.0	983
36-59	19.8	2.4	8.7	12.4	7.7	0.0	18.3	30.6	100.0	1566
Place of residence										
Urban	26.9	4.2	18.4	20.0	3.8	0.1	22.9	3.7	100.0	1455
Urban non-slum	29.3	4.4	18.7	19.2	4.1	0.0	21.4	2.8	100.0	942
Urban slum	22.5	3.9	17.9	21.4	3.3	0.2	25.6	5.3	100.0	513
Rural	3.2	2.2	12.1	37.2	13.5	0.0	9.6	22.2	100.0	3091
SLI Quintiles										
Q1	1.5	1.0	13.5	37.3	12.3	0.0	11.8	22.5	100.0	973
Q2	2.6	1.6	12.0	34.7	16.2	0.0	12.3	20.6	100.0	959
Q3	6.9	2.1	13.0	32.6	11.0	0.0	18.4	16.1	100.0	882
Q4	17.5	3.6	17.1	27.5	4.9	0.0	17.2	12.2	100.0	917
Q5	28.1	6.5	15.1	25.0	7.0	0.0	9.5	8.8	100.0	815
Total	10.8	2.9	14.1	31.7	10.4	0.0	13.9	16.3	100.0	4546

TABLE 8.29: PRE-SCHOOLING AND CHILDHOOD LEARNING

Percentage of children age 24-59 months attended/attending any pre-school or childhood learning center, according to place of residence, Agra, 2006

Attended/attending any organized learning center	Urban			Rural	All areas
	Non-slum	Slum	Total		
Ever attended					
Yes	32.3	26.5	30.2	28.8	29.3
No	67.5	73.4	69.6	70.4	70.1
Don't know	0.2	0.1	0.2	0.8	0.6
Currently attending					
Yes	31.3	25.6	29.3	25.9	27.1
No	68.7	74.4	70.7	74.1	72.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	552	300	852	1696	2548
Among those who attended any pre-school or learning center					
Type of learning centre					
Anganwadi center	2.3	3.5	2.7	43.4	29.4
Balwadi/ECD center	0.8	1.4	1.0	1.0	1.0
Other govt. pre-school	9.5	6.6	8.6	30.0	22.6
Pvt. Nursery/pre-school	84.3	85.8	84.8	25.1	45.7
Other	3.1	2.7	3.0	0.4	1.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	178	79	258	489	746

attended or currently attend any organized learning center.

Among those who have ever attended any pre-school or learning center, a majority (52 percent) attended some government facility (Anganwadi or other government pre-school facilities) while 46 percent attended a private nursery or pre-school. Utilization of government facilities is much higher in rural areas (73 percent) as compared to urban areas (11 percent). Most of the children in urban areas tend to attend private

pre-school facilities (85 percent) with not much variation between slum and non-slum areas.

Extent of pre-schooling and childhood learning according to SLI quintiles is provided in Table 8.30. The percentage of children ever attended as well as currently attending pre-school or child-learning centers increases with improvement in standard of living. For instance, while 26 percent from the first SLI quintile have ever attended any facility, in the fifth quintile the corresponding percent is 42.

While the utilization of government facilities decreases considerably as SLI improves, correspondingly the utilization of private facilities increases considerably. Utilisation of a government facilities (Anganwadi or any other government facilities) is 84 percent in the first SLI quintile, but only 27 percent in the fifth quintile. Conversely, while in the first SLI quintile, the extent of utilisation of a private facility is only 14 percent; in the fifth quintile it is as high as 69 percent.

TABLE 8.30: PRE-SCHOOLING AND CHILDHOOD LEARNING BY SLI QUINTILES

Percentage of children age 24-59 months attended/attending any pre-school or childhood learning center, according to SLI quintiles, Agra, 2006

Attended/attending any organized learning centre	SLI quintiles				
	Q1	Q2	Q3	Q4	Q5
Ever attended					
Yes	25.8	25.7	24.8	27.9	42.2
No	72.7	74.0	75.1	71.3	57.4
Don't know	1.5	0.3	0.1	0.8	0.5
Currently attending					
Yes	22.6	24.0	22.8	25.2	40.4
No	77.4	76.0	77.2	74.8	59.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	446	546	550	490	516
Among those who attended any pre-school or learning center					
Type of learning centre					
Anganwadi center	54.1	44.1	32.7	13.0	15.0
Balwadi/ECD center	0.0	1.5	2.3	0.2	0.9
Other govt. pre-school	32.2	33.0	28.8	14.6	12.0
Pvt. Nursery/pre-school	13.7	20.7	36.1	70.5	69.3
Other	0.0	0.7	0.0	1.7	2.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	115	141	136	137	218

SUMMARY OF FINDINGS

The Agra Baseline Survey 2006 was conducted to obtain information on the availability and utilization of various family planning and reproductive health care services in the district, separately for rural, urban slum and urban non-slum areas. The results are expected to serve as a baseline for the second phase of the Innovations in Family Planning Services Project (IFPS) activities that will be implemented in the district.

Overall, 5,000 households were identified from rural and urban areas of Agra district, and interviews were completed in 4,777 households, i.e., a household response rate of 95.5 percent. From the 4,777 households covered, 5,177 currently married women aged 15-49 years (eligible women) were identified, and interviews were successfully conducted with 4,742 of them; a response rate of 91.6 percent. In addition, 4,818 children below the age of five years were identified from the 4,777 households and interviews successfully completed for 4,545 of them.

HOUSEHOLD CHARACTERISTICS

The age pyramid shows that 39 percent of the population covered are children under 15 years while

6.7 percent are old persons (60 years and above) and 54.3 percent are in the working age group. The sex ratio in the household population is very low at 883 females per 1000 males. It is lower in rural areas (878) in comparison with urban areas. Within urban areas a substantial 21 point difference exists between non-slum and slum areas with non-slum areas registering the higher sex ratio. Over half the eligible women belong to the prime reproductive age group of 20-34 years (57 percent). Infants account for 22.6 percent of the children covered; and the proportions are similar in the age groups of 1-2 years, 2-3 years and 3-4 years. The proportion of children in the 4-5 years age group is less at only 12.9 percent. The sex ratio of covered children is 901 girls per 1000 boys which is higher than the sex ratio in the household population (883). Such a low sex ratio in the district is the first indication of gender differences in infant and child mortality.

Among females, one-third of those aged 10 and above in the household population are unmarried (or married but gauna not performed). While 58 percent of females are currently married, the proportion of widows is 8 percent. The marriage

age among females is considerably lower than of males in Agra as can be seen from the fact that the proportion of single females aged 15-19 years is 75 percent compared to 96 percent among males and that in the subsequent group (20-24 years), only 23 percent of females remained unmarried as against 62 percent among males. The incidence of child marriages is greater in rural areas where 65 percent of the eligible women reported their age at first marriage as below 18 years, and 14 percent below 15 years. Even though to a lesser extent, child marriages are also prevalent in urban areas.

Overall, only 51 percent of the selected households live in pucca houses, 36 percent of the households have own flush toilet while 58 percent have no toilet facility. Of the selected households in the district, 31 percent had a separate room to use as a kitchen, with a significant rural-urban difference. On an average 6.2 people stay in a household with household size in rural areas being higher (6.6) as compared to urban areas (5.7). Electricity is the main source of energy for lighting in 72 percent of the selected households with a marked rural-urban difference.

In the district, 94 percent of households own a house, with a higher percentage reporting ownership of house in rural areas (98 percent) as compared to urban areas (89 percent). Overall 39 percent of the households own some agricultural land. The distribution of household by ownership of household items shows that a majority of the selected households fall in the lower economic strata or lower-middle economic category.

ACCESS TO AND UTILIZATION OF HEALTH FACILITIES

Sources of treatment for children and adults are divided into three types which are then sub-divided. The three major types are public sector, non-governmental (NGO) hospitals/clinics and private sector. For the treatment of children, only 7.6 percent of the households utilized public sector facilities whereas 92 percent used private health facilities, and NGO run facilities were used by less than one percent. Differences across slum, non-slum and rural areas are marginal. The pattern of accessing different sources for treatment is similar for adult males and females as for children, revealing a very high utilization of private health facilities in rural, urban slum as well as urban-non slum areas. Treatment sources for children do not vary much across SLI quintiles.

In the case of children's treatment, the average distance traveled is 3.0 kms. While in rural areas the mean distance traveled to the health facility is 4.4 kms, it is only 0.8 kms in urban slum areas and 1.0 km in urban non-slum areas. To utilize the services of a public health facility, the

household had to cover a distance of 3.2 kms. and NGO facilities are on average 3.0 km away, with the difference ranging from 1.6 km in urban areas to 6.8 kms in rural areas. On an average it takes 15 minutes to reach any health facility; this varies from 3 minutes in urban areas to about 25 minutes for rural areas. Both in urban and rural areas less time is required to reach a private facility compared with a government facility. For the treatment of children, the most important reasons for non-utilization are: non-availability of a nearby facility (46 percent), the poor quality of care provided by government health facilities (42 percent), and longer waiting time (16 percent in urban areas).

About 70 percent of the households reported that the nearest facility for delivery care services is a private sector one, compared to 28 percent reporting a nearby government health facility. The mean distance to the nearest health facility providing delivery care service is high (14.6 kms) with a considerable rural-urban difference. While the mean distance to be traveled to the nearest health facility is 24 kms in rural areas, it is only 3 km in urban areas; urban slum areas reporting an even shorter distance (2.2 km).

Overall, 18 percent of the households reported that the nearest health facility providing caesarian section services in Agra is a government facility whereas 80 percent reported the nearest facility to be a private sector one. Overall 93 percent reported that in the nearest health facility a doctor is available round the clock while in another 2.4 percent cases a doctor

is available on call. Availability of a doctor is higher in private health facilities as compared to public health facilities. Availability of doctors, either 24 hours or on call, is a little higher in urban areas (98 percent) than in the rural areas (94 percent).

Only 1.3 percent of households have at least one member covered under a health insurance scheme. The overall picture shows an increase in the percentage of households covered by any health insurance scheme from 1.0 percent in the first SLI quintile to 3.8 percent in the fifth quintile. The most important reason for unwillingness to join insurance schemes is lack of money (45 percent), followed by lack of knowledge. In rural areas more than half of the uncovered households (51 percent) mentioned lack of money as the reason while in urban areas only 38 percent reported this reason. Only about two percent of the eligible women have heard about, or are aware of SIFPSA; awareness is less in rural areas (1.3 percent).

FERTILITY AND FAMILY PLANNING

Among women in the age group 15-49, the mean number of children ever born is 3.5; in urban areas the mean number is 3.3 and in rural areas it is 3.6. In rural Agra, two thirds (66 percent) of women in the 45-49 age group have more than six children whereas in urban areas it is 27 percent.

Knowledge of contraceptive methods is nearly universal in Agra, with 99.5 percent of currently married women recognizing at least one method of contraception and

at least one modern method of contraception. The most widely known method of contraception is female sterilization (98 percent) followed by oral pills (89 percent). More than three fourths of the women reported that they have heard about male sterilization (85 percent), condoms (85 percent), injection (80 percent), and IUCD/Copper-T (79 percent). There is not much variation in the knowledge of contraceptive methods by place of residence. About 62 percent of women in all areas have awareness about the safe period. However, only 20 percent among them could report the correct period in which a woman can get pregnant, this shows lack of awareness about the safe period among Agra women. About 87 percent of the eligible women know that spacing is important for the health of mother and child.

The types of advantages mentioned, among those who felt spacing method is important, can be classified into two categories: 'advantages to mother', and advantages to child'. About three-fourths of the respondents have reported that spacing of children is important for better nutritional status of the mother. The other reported advantages for the mother are better mental health (39 percent), lower incidence of anaemia (33 percent) and less pregnancy complications (11 percent). With regard to the advantages for the child, more than 70 percent in both urban and rural areas reported that spacing is important for getting better attention from the mother. The other advantages reported are better nutritional status (44 percent), better growth (38 percent)

and lower incidence of diseases (13 percent).

More than half of the currently married women reported that they are unaware of the correct use of oral pills. About sixty percent of women in rural areas do not have awareness about correct use of oral pill whereas in urban areas it is 52 percent. About 65 percent of women know the place from where one can obtain oral pills and condoms.

Although nearly all currently married women know about at least one contraceptive method, only 23 percent have ever used any method. Forty-seven percent of women have ever used any modern method and 43 percent of women have ever used any modern spacing method. The most commonly used method is female sterilization, which has been undergone by 22 percent of currently married women. Fourteen percent have ever used condoms as a modern contraceptive method and the corresponding percentages for oral pills and IUCD/Copper-T are eight and three respectively. Ever use of each method of family planning is higher in urban areas than in rural areas. Ever use of oral pills is almost double among urban women compared to rural women.

More than 55 percent of women in Agra started using contraceptives only after the third child. About one-fourth of the urban women had started using contraceptive methods after the birth of the first child whereas 15 percent of rural women followed a similar route. Only 40 percent of the women are currently using any method, 31 percent are using any modern method and only

nine percent are using any modern spacing methods. It is evident that socio-economic differences are important in determining the current use of contraceptives. Contraceptive prevalence is the highest among women who do not belong to a backward caste (45 percent). Current use of contraceptives among women increases with education and SLI.

Sixty seven percent of the sterilizations are performed in public facilities and 32 percent in private facilities. Nearly 62 percent of the IUCD /Copper T insertions are performed in the private sector. Non-governmental organizations are the main source for oral pills (80 percent) and markets are the main source for condoms (75 percent). Forty percent of IUCD users have used the device for more than 36 months. Similarly, 32 percent of the pill users have used them for over 36 months and 28 percent of condom users have used the method for over 36 months.

Unmet need is the highest among rural women (30 percent), but total demand and total demand satisfied are higher among urban women (71 percent and 70 percent respectively). Unmet need is higher for women with one child (30 percent) followed by women with four or more children (29 percent). Unmet need declines steadily from 33 percent in lower SLI quintile to 19 percent in higher SLI quintiles.

Among oral pill users who discontinued use, the most commonly mentioned reasons are that it created a health problem (47.4 percent), wanted to have

a child (15.7 percent), created menstrual problems (10.8 percent), and method failed/got pregnant (10.7 percent). With regard to condom users who discontinued use, the most commonly mentioned reasons are that the couple wanted to have a child (37.8 percent), method failed/got pregnant (12 percent), and did not like the method (11.9 percent). The mentioned reasons for discontinuation of IUCD/Copper-T are that the method created health problems (58.9 percent), created menstrual problems (14.7 percent), and did not like the method (11.5 percent). More than half of the non-users think that they will use a method to delay or avoid pregnancy some time in the future with no significant rural-urban differentials.

A large majority (57 percent) of the currently married women who intend to use contraception say they would undergo female sterilization. The next most preferred method is oral pill (11.2 percent) followed by condom/Nirodh (8.6 percent) and injections (4.4 percent). Whereas 62 percent of women in the first SLI quintile reported sterilization as the most preferred method this was 51 percent for women in the fifth SLI quintile. About 20 percent of the women in first SLI quintile intend to use any modern spacing method in the future whereas 31 percent of women in fifth SLI quintile intend to do so. Eighteen percent of women in all areas reported the reason for never wanting to use contraception as 'want more children' and 17 percent reported the reason as 'infrequent sex'. The other most commonly mentioned reasons are 'health concerns' (8.8 percent), 'menopausal/hysterectomy' (8.1

percent), and 'don't like existing methods' (6.6 percent). About half of the women reported that they will encourage others to use pills and condoms.

ANTENATAL, NATAL AND POSTNATAL CARE

Of the mothers covered in the survey, 80 percent had received some antenatal care. The greatest extent of care was received by those in the 20-34 year age group (81 to 83 percent) while lesser numbers in the youngest (73 percent) and oldest (71 percent) age groups received at least some antenatal care. The percentage receiving any antenatal care is low among rural women (77 percent) as compared to urban areas (87 percent). Both education and SLI tend to have a positive effect on antenatal coverage of women.

Overall, 45 percent of women reported that they have received IFA tablets/syrup in some quantity, and 33 percent of them had consumed all the tablets/syrup they received. While 27 percent of mothers reported that they have received enough IFA tablets/ syrup, the percentage who had received enough IFA tablets/syrup to last for a 100 days and consumed the whole quantity is only 21 percent. Receipt of IFA is much lower among rural women (41 percent) compared to urban women (54 percent). The close association of mother's education with antenatal care is evident; while only 35 percent of illiterate women had received IFA, in the highest educational category, it is 66 percent. Similarly, the chance of a woman receiving IFA increases with improvement in standard of living.

Among those who received at least some quantity of IFA tablets/syrup, a majority (55 percent) received it from government sources and 41.5 percent reported receiving it from private sources. With an increase in educational levels, the percentage of women using government sources for IFA decreases. Also, as standard of living improves, the likelihood of using a government facility to obtain IFA decreases. The most important reason for not consuming all IFA tablets/syrups reported was that women felt sick upon the consumption of IFA (33 percent) while 21 percent did not consume it because they did not feel the tablets/syrup were required. Among illiterates, the most frequently mentioned reasons are feeling sick (39 percent), followed by did not feel the need (15 percent) and pain in the abdomen (12 percent). In comparison, among women who have completed 12th grade, the major reason is feeling sick (74 percent).

Overall 73 percent of mothers who had given birth during the two years preceding the survey said that they have received TT injection. While 61 percent of mothers said that they received 2 or more TT injections, 46 percent had received a TT injection before this pregnancy. Adequate TT injections were received by 67 percent of mothers. Urban women are more likely to have received a TT injection (82 percent) compared to rural women (69 percent). Similarly, urban women are more likely to have received an adequate number of TT injections. Religion-wise, Muslim women are more likely to have had TT injections than Hindu women (71 percent vs 60 percent). Both the receipt of any TT, and of

adequate TT injections, increases substantially with improvement in education. Receipt of TT goes up with improvement in SLI; among the poorest only 59 percent mothers had received any TT while among the richest 90 percent received TT. While a majority of rural mothers (69 percent) reported a government facility as the source of TT injection, in urban areas it is only 36 percent. The extent of such utilization changes considerably with an increase in the mother's educational status. Standard of living variations show that the poorest use government facilities considerably more than the rich (75 percent and 37 percent respectively).

The percentage of women who received full antenatal care is pathetically low in Agra (only 10 percent). While 23 percent of women made 3 or more antenatal care visits, only 21 percent received adequate IFA tablets/syrup and 67 percent received adequate TT injections. More urban mothers (17.8 percent) compared to rural mothers (6.2 percent) have received full antenatal care. As one would expect, the percentage of mothers receiving full antenatal care among illiterate mothers is very low (6 percent) as compared to those with education of 12th grade and above (32 percent). In the first SLI quintile the percentage of mothers receiving full antenatal care is only 2.4 as compared to 22 in the fifth quintile. Overall 53 percent of mothers who gave birth during the two years preceding the survey did not receive any antenatal care.

Educational attainment is positively associated with the possibility of having received information

on pregnancy complications. While only 6 percent of illiterate women received information, the corresponding percentage among women who have completed 12th grade or more is 25 percent. Similarly, the possibility of having received information increases considerably with improvement in standard of living.

Only 40 percent of mothers accessed any health facility for delivery. A majority of women (60 percent) delivered at home indicating the extent of non-utilization of health facilities in Agra. While 7 percent of the women delivered at government health facilities, a significantly higher proportion (30 percent) used a private health facility and 3 percent used NGO run health facility. Urban women are much more likely to use a health facility for delivery care (62 percent) compared to rural women (30 percent). Education and standard of living have considerable influence on health facility utilization for delivery. While only 27 percent of illiterate women said that they have used any health facility for delivery, 88 percent of women who have completed 12th grade and above claimed this. Similarly whereas in the first SLI quintile only 19 percent of the women used a health facility, in the fifth SLI quintile this was 69 percent.

Forty five percent of mothers had a health professional attending the delivery. In some cases, even though the delivery was at home, a health professional was in attendance. There is a substantial difference between rural and urban areas in professional attendance at delivery. While in rural areas only 35

percent of mothers were attended by any health professional, in urban areas it is almost double (68 percent). Education and SLI tends to have a decisive influence on delivery care. As observed elsewhere in India, in Agra too the situation regarding postnatal care is pathetic. Only 7.5 percent of women who had delivered at home received any postnatal care. While 92 percent of these women were never visited during the first six weeks of delivery, seven percent were visited at least once.

Overall, 78 percent of the currently married women reported that IFA tablets/syrup is necessary during pregnancy. However, most of women did not have correct knowledge about the number of tablets to be consumed. While a majority of women (55 percent) said that they do not know how many tablets are required, only 19 percent said that a woman needs to consume 100 or more IFA tablets. The level of education contributes to a woman's knowledge of the importance of IFA during pregnancy. Standard of living also tends to have an effect on the perceived importance of IFA. Overall, 92 percent of the currently married women covered in the survey reported that a TT injection is necessary.

QUALITY OF CARE

While seven percent of the eligible women were visited by a health worker at home, 26 percent reported that they visited a health facility/camp during the three months prior to this survey. Home visits for reproductive and child health care and advice being a central activity, the information from this survey

reveals a dismal scenario in Agra. Home visits by health workers are very low in urban areas (2 percent) as compared to rural areas (11 percent). Visits to health facility/camp, on the other hand, are higher in urban areas (31 percent) than in rural areas (22 percent). Most of the currently married women who were visited at home were visited by a health worker from the government sector (96 percent). The most frequently received service is polio immunization (51 percent) followed by other immunizations (25 percent) and antenatal/postnatal care (20 percent), while 12 percent received family planning services. The differences in health facility visited according to standard of living show that government facility utilization is higher among the poorer women. Overall, seven percent of the women discussed any modern method of family planning with health workers while the majority (93 percent) did not discuss any family planning method. Discussion on family planning methods, including spacing methods, during contact with health workers is low and does not vary substantially across the types of geographical locations.

There is a progressive increase in the extent of discussion on modern spacing methods as the standard of living improves. When one compares the distribution of women who discussed family planning methods according to the type of method, it can be seen that the most discussed method is female sterilization (4.6 percent of all women who had a contact with a health worker) followed by oral pills (1.8 percent), condoms (1.6 percent) and IUCD (1.3 percent).

EXPOSURE TO MASS MEDIA FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH

Of the 4,742 currently married women covered in the survey, 67 percent had seen/read a message through any medium and 38 percent of the women had received the message from at least two sources. This shows that a sizeable portion of about one-third (33 percent) of currently married women had not seen or read any messages on family planning or reproductive health.

The most popular source from where eligible women received family planning or reproductive health messages is TV (60 percent) followed by poster/banner (25 percent) and wall picture/hoarding (25 percent). The highest exposure to family planning or reproductive health messages is observed in the younger age group of 15-24 years. There are considerable geographical variations in exposure to family planning and reproductive health messages.

While only 52 percent of the uneducated are exposed to family planning and reproductive health messages, 97 percent of those who have completed 12th grade or more have seen or read such messages. As with educational attainments, significant differences in media exposure can be seen with improvements in standard of living. The most frequently received message relates to family planning (85 percent) followed by Polio immunization (81 percent) and general child immunization (61 percent). Both education and SLI are important variables in determining the exposure to family planning messages. Irrespective of

demographic and socio-economic background practically all women who have received family planning and reproductive health messages tend to accept them. A vast majority of women who have heard or seen family planning messages agree that these messages can promote the use of family planning methods.

CHILD HEALTH CARE PRACTICES

Sixty five percent of the children in the age group 0-35 months were of average size at the time of birth and about one fifth of the children were of smaller than average size. About 72 percent of the children were not weighed at the time of birth, the percent being much higher in rural areas (81 percent) than in urban areas (52 percent). Overall, out of those children who have weighed, 37 percent of the children were underweight at the time of birth, 42 percent in the rural areas and 33 percent in the urban areas. More than ninety percent of children in the first standard of living index quintile were not weighed at the time of their birth; the percentage decreases with improvements in standard of living.

Although breastfeeding is nearly universal, only 5.3 percent children were breastfed within one hour after birth. More than half of the children were breastfed within 1 to 3 days, the percentage being higher in rural areas (58 percent) than in urban areas (47 percent). More than 40 percent of children in both rural and urban areas were given plain water other than milk within first three days. There are substantial differences in the initiation of breastfeeding according to standard of living index quintiles. Among

children whose mothers are illiterate, only 26 percent were breastfed within a day of birth whereas this was the case with 48 percent of the children whose mothers have completed 12th grade or more. Data indicates an earlier initiation of breastfeeding in the higher socio-economic groups. The percentage of children who were given breast milk for more than four months is slightly higher among female children (31 percent) than among male children (29 percent). Practically all the children were given some liquid other than breast milk. The most commonly mentioned reasons for never breast feeding or stopped breastfeeding are 'mother became pregnant' (43 percent), 'insufficient milk' (18 percent), 'child refused' (14 percent) and 'mother ill/weak' (9 percent). There are significant rural-urban and intra-urban differences in the percent distribution of children by reasons for never breastfeeding or stopped breastfeeding.

Only sixteen percent of the children in Agra district are fully vaccinated, age 12-35 months 15 percent in the rural areas and 20 percent in the urban areas. Within urban areas, there are substantial differences in the percentage of children fully vaccinated in the urban slum (14 percent) and non-slum areas (24 percent). A vaccination card was shown for only 11 percent of children in Agra district; and the extent is 15 percent for children in urban areas and 9 percent in rural areas.

Muslim (11 percent) children are less likely to be fully vaccinated compared to Hindu (17 percent) or 'other' (18 percent) children. Children in 'other backward class'

(14 percent) are less likely to be fully vaccinated compared to scheduled caste/tribe (15 percent) and 'other' (20 percent) children. With regard to mother's education, only 11 percent of children of illiterate mothers are fully vaccinated as compared to 52 percent of children of mothers who have completed 12+ grade. Only 9 percent of the children from first standard of living index quintile are fully vaccinated as compared to 34 percent in the fifth quintile.

The public sector is the primary provider of childhood vaccinations in both rural and urban areas. Eighty percent of the children, who have received vaccinations, received most of them from a public medical sector. In urban areas, Government or Municipal hospitals (28 percent) are the primary providers of childhood vaccinations, whereas Anganwadi/ ICDS centres (35 percent) are the primary providers of childhood vaccine in rural areas. The percent of children receiving vaccinations from the private sector is considerably lower in rural areas (11 percent) than in urban areas (33 percent). A high proportion of the children in the first SLI quintile received vaccinations from Anganwadi/ICDS centres (28 percent) while the corresponding proportion for children in the fifth SLI quintile is only 19 percent. For children in the fifth SLI quintile, a high proportion received their vaccination from private hospitals (22 percent). The percent of children who have received vaccination from the public medical sector decreases with an increase in SLI, and the percent of children who have received vaccination from the private medical sector increases with an increase

in SLI. Children of more educated mothers and those belonging to households with a high standard of living are more likely than other children to receive vaccinations from the private sector.

In Agra, only two percent of the children received vitamin-A anytime before six months and only 2.5 percent of the children received vitamin-A during the past six months. Male children are considerably more likely than female children to receive vitamin-A supplementation. Compared to children in rural areas, those in the urban areas are slightly more likely to receive vitamin-A. Children of more educated mothers and those belonging to households with a high standard of living are more likely to receive vitamin-A.

Overall, about 30 percent of children below 5 suffered from diarrhoea during the two weeks preceding the survey. Among those who suffered from diarrhoea, more than three quarters sought advice or treatment. The percentage seeking advice or treatment is a little higher in urban (82 percent) as compared to rural Agra (75 percent). A great majority of people in Agra chose private sources for treatment of diarrhoea. Utilisation of government sources for advice or treatment for diarrhoea is as low as 6 percent. About 38 percent of cases sought treatment on the same day while 27 percent sought advice or treatment on the second day. The percentage of those seeking advice on the same day is much higher in urban areas (50 percent) as compared to rural areas (31 percent).

People follow different child feeding practices especially during illness. About half of the children (48 percent) were given somewhat less liquid to drink than usual when suffering from diarrhoea. In the rural areas, 13 percent of the children were given much less than usual to drink. Regarding the solid food given to children during diarrhoea, 38 percent were given about the same food and almost one fifth (19 percent) were not given any solid food at all. More than three-fourths of all children, with a little more in the rural areas, (80 percent), were not given ORS.

It was found that among children below 5 years, 21 percent suffered from ARI during the two weeks preceding the survey. In the district, overall, the prevalence of fever among children was about 28 percent during the two weeks preceding the survey. Prevalence of fever is higher among male children (30 percent) as compared to girls (26 percent). Neither education nor SLI show a consistent relationship with prevalence of fever among children. In majority of cases (80 percent), there were only marginal urban-rural differences in the advice or treatment sought for dealing with ARI among children. In the case of ARI, the most utilised source is private (90 percent). More than half the children were given the same food during ARI, but more than a fifth said that they had given the children somewhat less than the usual quantity of liquid.

This study shows that in only 30 percent of the cases did the mother or caretaker of the child receive advice on ORS use, with substantial variations according to age, place of residence, education and SLI. The possibility of mothers/caretakers

receiving advice on ORS use is the least when the child is younger (up to 5 months) as compared to older age groups of children. While about 46 percent of the mothers/caretakers of urban children received advice, with only minimal variations across slum and non-slum areas, in rural areas this is very low (23 percent). Educational and SLI significantly influence the chances of having received advice on ORS use. Only about a quarter of the mothers or caretakers have actually given ORS to the children. Among illiterate mothers/caretakers it is only 18 percent, but among those educated at least up to 12th grade, the percentage of children given ORS is as high as 66 percent. While in the first SLI quintile, only 19 percent of children are given ORS, in the fifth quintile it is 48 percent.

Only in 11 percent of the cases the child used a toilet. The most common method of stool disposal was throwing it in garbage (32 percent). While in 14 percent of cases the stool was put/rinsed into drain or ditch, in 10 percent of cases the stool was thrown outside. The percentage of children using a toilet is much higher in urban areas (27 percent) as compared to rural areas (3 percent) and the intra-urban difference is about 7 percentage points. Standard of living has an impact on the hygienic ways of stool disposal.

Overall, 29 percent of children aged 2-5 years have ever attended an organized learning centre, with not much rural-urban variations. In the total sample, 27 percent of children are currently attending any organized learning centre for children. Among those who have ever attended any pre-school or learning centre, a majority (52 percent) attended some

government facility (Anganwadi or other government pre-school facilities) while 46 percent attended a private nursery or pre-school. Utilization of government facilities is much higher in rural areas (73 percent) as compared to urban areas (11 percent). The percentage of children ever attended as well as currently attending pre-school or child-learning centres increases with improvement in standard of living. For instance, while 26 percent from the first SLI quintile have ever attended any facility, in the fifth quintile the corresponding percent is 42. Utilization of government facilities decreases considerably as SLI improves; correspondingly the utilization of private facilities increases considerably. Utilisation of a government facility (Anganwadi or any other government facility) is 84 percent in the first SLI quintile, but only 27 percent in the fifth quintile.

This baseline survey clearly shows that the utilization of reproductive and child health services in Agra district is dismally low. The utilization pattern differs between rural and urban areas whereas intra-urban differences are not so marked except for some components. Utilization of public sector facilities is generally low in the district; people tend to prefer private health facilities for many RCH services. Among the social and economic variables, education and standard of living tend to have decisive influence on the extent of service utilization and the type of facilities utilized. While those with lower educational status and those who are poor tend to use public sector facilities, better educated and richer households rely more on private facilities for RCH services, more so in urban Agra.

Annexures

AGRA BASELINE SURVEY - 2006 HOUSEHOLD QUESTIONNAIRE

सभी निरीक्षणकर्ताओं के लिए— कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे में 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।

IDENTIFICATION पहचान	
District / जिला	AGRA 1 5
Tehsil / Taluk / तहसील / तालुका	□ □
Village/CEB गाँव / सी ई बी	□ □ □ □ □ □ □ □
Urban - 1/Rural - 2/Notified Slum – 3/Un-notified Slum - 4	□
PSU Number / पी. एस. यू. नम्बर.....	□ □ □
Household Number / घर का नम्बर.....	□ □ □
Stratum code (HH with child < 3 years – 1, Other – 2)	□
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	□ □
No of children (under 5 years) in HH..... घर में बच्चों की संख्या(5 साल से कम)	□ □
INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकारीयाँ	
Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	
Date of interview साक्षात्कार की तिथि	□ □ □ □ □ □ □ □ Day दिन Month महीना Year वर्ष
Result परिणाम	Completed पूर्ण..... 1 Not at home घर पर नहीं..... 2 Postponed स्थगित..... 3 Refused नकार दिया / मनाकर दिया..... 4 Partly completed आंशिक रूप से पूर्ण..... 5 Other (Specify) अन्य (स्पष्ट करें) 6
SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियाँ	
Name of the supervisor पर्यवेक्षक का नाम	
Supervisor's Remarks पर्यवेक्षक की टिप्पणियाँ	

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले 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 इसी घर में ठहरे थे। आरम्भतः घर के मुखिया से करें।	Relationship to head of HH घर के मुखिया से		Residence घर		Sex लिंग	Age आयु	Marital Status What is (NAME) current marital status? (नाम) की वर्तमान वैवाहिक स्थिति क्या है?	Eligibility योग्यता	Child (0-4 years)					
		Does (NAME) usually live here? क्या (नाम) सामान्यतः यहीं रहते/रहती हैं?	Did (NAME) stay here last night? क्या (नाम) पिछली रात यहीं ठहरे थे/ ठहरी थी?	(4)	(5)						(6)	(7)	(8)	(9)	(10)
01		0	1	Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	01
02				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	02
03				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	03
04				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	04
05				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	05
06				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	06
07				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	07
08				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	08
09				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	09
10				Yes 1	No 2	M 1	F 2	CM 1	NG 2	DS 3	DS 4	D 5	W 6	NM 7	10

(1)	(2)	(3)	(4)		(5)		(6)	(7)	(8)							(9)	
			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	
11			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	11
12			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	12
13			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	13
14			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	14
15			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	15
16			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	16
17			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	17
18			Yes 1	No 2	Yes 1	No 2	M 1	F 2		CM 1	NG 2	S 3	DS 4	D 5	W 6	NM 7	18

Codes for col.3 *dlm* *ulj* 3 *dsfy*, *dlm*

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

Line number of the respondent

उत्तर देने वाले का लाइन नम्बर

Codes for col.8
dlm *ulj* 8 *dsfy*, *dlm*

1	Currently Married	वर्तमान विवाहित
2	Married but no Gauna	विवाहित हैं पर गौना नहीं हुआ है
3	Separated	अलग हो गए हैं
4	Deserted	पति ने छोड़ दिया है
5	Divorced	तलाक़शुदा
6	Widowed	विधवा
7	Never Married	कभी विवाह नहीं हुआ हो

SECTION 1: HOUSEHOLD ASSETS

भाग 1: घर की सम्पत्ति

101	<p>Does your household own this house or any other house?</p> <p>क्या यह परिवार इस घर का या किसी दूसरे घर का मालिक है?</p>	<p>Yes 1 हाँ</p> <p>No 2 नहीं</p>
102	<p>TYPE OF HOUSE. घर के प्रकार</p> <p>OBSERVE ROOF, WALL AND FLOOR, AND RECORD छत, दीवार और फर्ष का अवलोकन करें और दर्ज करें</p>	<p>Pucca..... 1 पक्का</p> <p>Semi-Pucca 2 अर्ध पक्का</p> <p>Kachha 3 कच्चा</p>
103	<p>What is the main source of drinking water for members of your household?</p> <p>आपके घर के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है?</p>	<p>Piped water in residence/yard/plot..... 1 पाइप का पानी घर में/आंगन में/भूखंड में</p> <p>Public tap 2 सार्वजनिक नल</p> <p>Hand pump in residence/yard/plot..... 3 हैंडपंप घर में/ आंगन में/ भूखंड में</p> <p>Public Hand pump 4 सार्वजनिक हैंड पंप</p> <p>Covered well in residence/yard/plot 5 रहने के स्थान/यार्ड/प्लॉट में ढका हुआ कुँआ</p> <p>Open well in residence/yard/plot 6 रहने के स्थान/यार्ड/प्लॉट में खुला कुँआ</p> <p>Public well 7 सार्वजनिक कुँआ</p> <p>Other अन्य (specify _____) 8</p>
104	<p>What kind of toilet facility does your household have?</p> <p>आपके घर में किस प्रकार की शौच सुविधा उपलब्ध है?</p>	<p>Own flush toilet 1 निजी शौचालय</p> <p>Public/Shared flush toilet..... 2 सार्वजनिक/ बंटा हुआ शौचालय</p> <p>Own pit toilet 3 निजी गर्त शौचालय</p> <p>Public/Shared pit toilet 4 सार्वजनिक/ गदबे वाला सम्मिलित शौचालय</p> <p>No facility/Bush/Field 5 कोई सुविधा नहीं/ जंगल/ मैदान</p> <p>Other (specify _____) .. 7 अन्य</p>
105	<p>What is the main source of lighting for your household?</p> <p>आपके घर में प्रकाश का मुख्य स्रोत क्या है?</p>	<p>Electricity बिजली..... 1</p> <p>Kerosene मिट्टी का तेल 2</p> <p>Gas गैस 3</p> <p>Oil तेल 4</p> <p>Other अन्य (specify _____) .. 7</p>
106	<p>Do you have a separate room which is used as a kitchen?</p> <p>भोजन पकाने के लिए क्या आपके घर में रसोई का अलग कमरा है?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p>

107	<p>What type of fuel does your household commonly use for cooking?</p> <p>भोजन पकाने के लिए आपके परिवार में मुख्यतः किस प्रकार के ईंधन का उपयोग किया जाता है?</p>	<p>Wood लकड़ी 1 Crop Residues फसल का बचा हुआ हिस्सा 2 Dung Cakes उपले 3 Coal/Charcoal कोयला / लकड़ी का कोयला 4 Kerosene मिट्टी का तेल 5 Electricity बिजली 6 Liquid Petroleum Gas तरल पेट्रोलियम द्रव्य 7 Bio-gas जैविक द्रव्य 8 Other अन्य (specify _____) .. 9</p>
108	<p>Does your household own any agricultural land?</p> <p>क्या यह परिवार किसी कृषि भूमि का मालिक है?</p>	<p>Yes हाँ 1 No नहीं 2 → 110</p>
109	<p>A. How much agricultural land does your household own?</p> <p>यह परिवार कितनी कृषि भूमि का मालिक है?</p> <p>B. Out of this land, how much is irrigated?</p> <p>इस भूमि में से कितनी भूमि सिंचित है?</p>	<p>Total (in Acres) कुल (एकड़ में) <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>Irrigated (in Acres) सिंचित (एकड़ में) <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/></p> <p>None कोई नहीं 9995</p>
110	<p>Does your household own any live stock?</p> <p>क्या आपके परिवार के पास कोई पशुधन है?</p>	<p>Yes हाँ 1 No नहीं 2 → 112</p>
111	<p>What type of livestock do you own? How many? आपके पास कौन-कौन से पशुधन हैं और कितने हैं ?</p> <p>Any other? कोई अन्य ?</p>	<p>BULLOCK A <input type="text"/> <input type="text"/></p> <p>बैल</p> <p>COW B <input type="text"/> <input type="text"/></p> <p>गाय</p> <p>BUFFALO C <input type="text"/> <input type="text"/></p> <p>भैंस</p> <p>GOAT D <input type="text"/> <input type="text"/></p> <p>बकरी</p> <p>SHEEP E <input type="text"/> <input type="text"/></p> <p>भेड़</p> <p>OTHER1 (specify _____) X <input type="text"/> <input type="text"/></p> <p>अन्य</p> <p>OTHER2 (specify _____) Y <input type="text"/> <input type="text"/></p> <p>अन्य</p>

112	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 प्रेशर कुकर?	PRESSURE COOKER..... 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? साइकिल?	BICYCLE..... 1	2
	Radio or transistor? रेडियो या ट्रांजिस्टर?	RADIO/TRANSISTOR..... 1	2
	Sewing machine? सिलाई मशीन?	SEWING MACHINE..... 1	2
	Land phone? टेलीफोन	TELEPHONE..... 1	2
	Mobile phone? मोबाइल	MOBILE..... 1	2
	Refrigerator? रेफ्रिजरेटर?	REFRIGERATOR..... 1	2
	Black and white television? ब्लैक एंड व्हाइट टेलीविजन ?	TELEVISION (B&W)..... 1	2
	Colour television? रंगीन टेलीविजन?	COLOUR TELEVISION..... 1	2
	Moped, scooter, or motor cycle? मोपेड, स्कूटर, या मोटर साइकिल?	MOPEDED/SCOOTER/M.CYCLE..... 1	2
	Car/Jeep? कार /जी प?	CAR/JEEP..... 1	2
	Water pump? पानी का पम्प?	WATER PUMP..... 1	2
Bullock cart? बैलगाड़ी?	BULLOCK CART..... 1	2	
Thresher? थ्रेशर?	THRESHER..... 1	2	
Tractor? ट्रैक्टर?	TRACTOR..... 1	2	

113		A. When <i>children</i> of your household get sick, mostly - where do you take them for treatment? जब आपके घर के बच्चे बीमार पड़ जाते हैं तो आप उन्हें इलाज के लिये ज्यादातर कहाँ लेकर जाते हैं ?	B. When <i>female</i> members of your household get sick, mostly - where do they go for treatment? जब आपके घर की महिला सदस्याएं बीमार पड़ जाती हैं तो आप उन्हें इलाज के लिये ज्यादातर कहाँ लेकर जाते हैं ?	C. When <i>male</i> members of your household get sick, mostly - where do they go for treatment? जब आपके घर के पुरुष बीमार पड़ जाते हैं तो आप उन्हें इलाज के लिये ज्यादातर कहाँ लेकर जाते हैं ?
	PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र Govt. / Municipal hospital11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय 12 UHC / UHP / UFWC13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC / PHC / FP Centre14 सामुदायिक चिकित्सा केन्द्र / प्राथमिक चिकित्सा केन्द्र / परिवार नियोजन केन्द्र Subcentre उपकेन्द्र 15 Govt. Mobile Clinic16 सरकारी चलता-फिरता दवाखाना Govt. Paramedic17 सरकारी अर्ध-चिकित्सा Other public sector health facility18 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO SECTOR एनजीओ क्षेत्र NGO Hospital / Clinic21 एनजीओ अस्पताल/ दवाखाना PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital / clinic31 निजी अस्पताल/ दवाखाना Pvt. Doctor निजी डॉक्टर 32 Pvt. Paramedic निजी अर्ध-चिकित्सक 33 Vaidya / Hakim / Homeopath 34 वैद्य / हकीम / होमोपैथ Traditional Healer पारम्परिक हकीम 35 Pharmacy / Drug House 36 औषधालय/ दवा की दुकान Dai दार्ई..... 37 Other private sector health facility38 अन्य निजी क्षेत्र स्वास्थ्य सुविधा	11 12 13 14 15 16 17 18 21 31 32 33 34 35 36 37 38	11 12 13 14 15 16 17 18 21 31 32 33 34 35 36 37 38	11 12 13 14 15 16 17 18 21 31 32 33 34 35 36 37 38
113 D	How far is? कितनी दूरी पर है ?	IN KMS. <input type="text"/> <input type="text"/> . <input type="text"/>	IN KMS. <input type="text"/> <input type="text"/> . <input type="text"/>	IN KMS. <input type="text"/> <input type="text"/> . <input type="text"/>
113 E	How much time it will take to reach there? वहाँ पहुँचने में कितना समय लगता है ?	IN HOURS <input type="text"/> <input type="text"/>	IN HOURS <input type="text"/> <input type="text"/>	IN HOURS <input type="text"/> <input type="text"/>

114	CHECK Q113	IF Q113A > 20 [NOT USING GOVT. FACILITY]	IF Q113B > 20 [NOT USING GOVT. FACILITY]	IF Q113C > 20 [NOT USING GOVT. FACILITY]
		A. Why don't children of your household generally go to government facility? आपके घर के बच्चे आमतौर पर सरकारी सुविधा पर क्यों नहीं जाते ?	B. Why don't female members of your household generally go to government facility? आपके घर की महिला सदस्याएं आमतौर पर सरकारी सुविधा पर क्यों नहीं जाती	C. Why don't male members of your household generally go to government facility? आपके घर के पुरुष आमतौर पर सरकारी सुविधा पर क्यों नहीं जाते ?
	NO NEARBY FACILITY.....A पास में कोई सुविधा नहीं है	A	A	A
	TIMING NOT CONVENIENT.....B समय सुविधाजनक नहीं है	B	B	B
	HEALTH PERSONAL OFTEN ABSENT.....C स्वास्थ्य अधिकारी अक्सर नहीं मिलता	C	C	C
	WAITING TIME TOO LONG.....D बहुत ज्यादा समय इंतजार करना पड़ता है	D	D	D
	POOR QUALITY OF CARE.....E देखभाल का स्तर/क्यालिटी खराब है	E	E	E
	DON'T KNOW THE PLACE.....F जगह के बारे में नहीं जानते	F	F	F
	OTHER (.....).....X अन्य	X	X	X
115	Which is the nearest health facility to which a woman can deliver her child? सबसे नजदीक की स्वास्थ्य सुविधा कौन सी है जहाँ एक महिला अपना बच्चा पैदा कर सकती है ?	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 Centre 14 सीएचसी / पीएचसी / एफपी केन्द्र Other public sector health facility 15 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO SECTOR एनजीओ क्षेत्र NGO Hospital 21 एनजीओ अस्पताल PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital 31 निजी अस्पताल Other private sector health facility 32 अन्य निजी क्षेत्र स्वास्थ्य सुविधा Other (specify.....) ...41		
116	Whether caesarian sections are carried out in that facility? क्या इस सुविधा में सीजेरियन ऑपरेशन होते हैं ?	YES हाँ..... 1 → 118 NO नहीं 2 CAN'T SAY नहीं जानते..... 3		

117	<p>Which is the nearest health facility in which caesarian sections are conducted? कौन सी स्वास्थ्य सुविधा सबसे पास में है जिसमें सीज़ेरियन ऑपरेशन किये जाते हैं ?</p> <hr/> <p>RECORD THE PLACE IF HOSPITAL OR CLINIC</p>	<p>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 Centre 14 सामुदायिक चिकित्सा केन्द्र / प्राथमिक चिकित्सा केन्द्र / परिवार नियोजन केन्द्र Other public sector health facility 15 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO SECTOR एनजीओ क्षेत्र NGO Hospital 21 एनजीओ अस्पताल PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital 31 निजी अस्पताल Other private sector health facility 32 अन्य निजी क्षेत्र स्वास्थ्य सुविधा Other (specify _____) ...41</p>
118	<p>How far is? कितनी दूरी पर है</p>	<p>IN KILOMETRS..... <input type="text"/> <input type="text"/> . <input type="text"/></p>
119	<p>How much time it will take to reach there? वहाँ पहुँचने में कितना समय लगेगा ?</p>	<p>IN HOURS..... <input type="text"/> <input type="text"/></p>
120	<p>Is there a doctor present at this facility all the times? (24 X 7) क्या इस सुविधा पर हर समय डॉक्टर मौजूद होता है ?(सात दिन में चौबिसों घंटे)</p>	<p>YES हाँ..... 1 → 122 NO नहीं..... 2 DON'T KNOW नहीं जानते 3</p>
121	<p>Is there a doctor available to attend emergencies on call at all times? (on call 24 X 7) क्या वहाँ हर समय आपातकालीन कॉल अटैंड करने के लिये डॉक्टर मौजूद होता है ?(सात दिन में 24 घंटे कॉल पर)</p>	<p>YES हाँ..... 1 NO नहीं..... 2 DON'T KNOW नहीं जानते 3</p>
122	<p>Does the household have a BPL card? क्या आपके घर में बी पी एल कार्ड है ?</p>	<p>YES 1 हाँ NO 2 नहीं DON'T KNOW 3 नहीं जानते</p>
123	<p>Is any member of this household covered by any health or medical insurance scheme? क्या इस घर के कोई भी सदस्य ने स्वास्थ्य बीमा करवाया है ?</p>	<p>YES हाँ..... 1 NO नहीं 2 → 125 DON'T KNOW नहीं जानते 3</p>

124	<p>What type of health or medical insurance? किस प्रकार का स्वास्थ्य या मैडीकल बीमा है ? (READ AND RECORD)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ESI Scheme ई एस आई स्कीम.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CGHS सी जी एच एस.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Community Health Insurance.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>कम्युनिटी हेल्थ बीमा</td> <td></td> <td></td> </tr> <tr> <td>Other Health Insurance अन्य स्वास्थ्य बीमा</td> <td></td> <td></td> </tr> <tr> <td> Through Employer मालिक के द्वारा</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other Private Health Insurance</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>अन्य प्राइवेट हेल्थ बीमा</td> <td></td> <td></td> </tr> <tr> <td>Other अन्य (.....)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ESI Scheme ई एस आई स्कीम.....	1	2	CGHS सी जी एच एस.....	1	2	Community Health Insurance.....	1	2	कम्युनिटी हेल्थ बीमा			Other Health Insurance अन्य स्वास्थ्य बीमा			Through Employer मालिक के द्वारा	1	2	Other Private Health Insurance	1	2	अन्य प्राइवेट हेल्थ बीमा			Other अन्य (.....)	1	2	END
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Other अन्य (.....)	1	2																															
125	<p>If someone approaches you for enrolling your household members under health insurance scheme for a small annual premium, will you accept that offer? अगर कोई आपके घर के सदस्यों का थोड़े से सालाना प्रीमियम पर स्वास्थ्य बीमा स्कीम के लिये नाम दर्ज करने के लिये सम्पर्क करे तो क्या आप उस प्रस्ताव को स्वीकार करेंगे ?</p>	<p>YES 1 →</p> <p>हाँ</p> <p>NO 2</p> <p>नहीं</p> <p>CAN'T SAY 3</p> <p>कह नहीं सकते</p>	END																														
126	<p>What is the main reason for not accepting that offer? उस प्रस्ताव को स्वीकार न करने का मुख्य कारण क्या है ?</p>	<p>LACK OF MONEY..... 1</p> <p>पैसे की कमी</p> <p>LACK OF KNOWLEDGE..... 2</p> <p>जानकारी का अभाव</p> <p>DON'T NEED THEM..... 3</p> <p>जरूरत नहीं</p> <p>OTHER (.....) .. 4</p> <p>अन्य</p>																															

-: THANK YOU: -

-: धन्यवाद :-

AGRA BASELINE SURVEY - 2006

WOMAN'S QUESTIONNAIRE

सभी निरीक्षणकर्ताओं 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।

IDENTIFICATION पहचान	
District / जिला _____	AGRA 3 4
Tehsil / Taluk / तहसील / तालुका _____	
City / Town / Village / शहर / कस्बा / गाँव _____	
Urban(नगरीय)-1/ Rural (ग्रामीण)-2/ Notified Slum-3/Un-notified Slum-4.....	
PSU Number / पी. एस. यू. नम्बर.....	
Household number/ घर का नम्बर.....	
Stratum code (HH with child <3 years – 1, Other – 2)	
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 साक्षात्कारकर्ता की जानकरियाँ	
Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	
Date of interview साक्षात्कार की तिथि	 Day दिन, Month महीना Year वर्ष
Result परिणाम	Completed पूर्ण 1 Not at home घर पर नहीं 2 Postponed स्थगित 3 Refused नकार दिया / मना कर दिया 4 Partly completed आंशिक रूप से पूर्ण 5 Other (Specify) अन्य (स्पष्ट करें) 6
SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियाँ	
Name of the supervisor पर्यवेक्षक का नाम	
Remarks टिप्पणियाँ	

SECTION 1: BACKGROUND CHARACTERISTICS AND FAMILY PLANNING

भाग 1: पृष्ठभूमि एवं परिवार नियोजन

101	<p>Are you aware of an agency named State Innovations in Family Planning Services Project Agency (SIFPSA)? क्या आपने स्टेट इन्नोवेशन इन फैमिली प्लेनिंग सर्विसेज प्रोजेक्ट एजेंसी (सिफसा) नामक संस्था के बारे में सुना है।</p>	<p>Yes 1 हां No 2 → 103 नहीं</p>
102	<p>What are the activities of SIFPSA? सिफसा की क्रियाकलाप क्या हैं?</p> <p align="center">Any other? कोई अन्य?</p>	<p>RCH Camps A आर सी एच शिविर Outreach camps B आऊटरीच कैम्प (शिविर) Upgradation and strengthening of health facilities C स्वास्थ्य सुविधाओं को बेहतर एवं सुदृढ़ बनाना Partnership with milk cooperatives/NGOs/Employer and private sectors.... D दूध कोआपरेटिव/गै.स.सं./रोजगार दाता (इम्प्लायर)/निजी क्षेत्रों के साथ भागीदारी. Organizing folk performances E लोक कार्यक्रमों का आयोजन Video-van campaigns F वीडियो वैन अभियान Publicity campaigns on family planning and reproductive health G परिवार नियोजन व प्रजनन स्वास्थ्य पर प्रचार अभियान Social Marketing H सामाजिक विपणन Any other (specify) X कोई अन्य (स्पष्ट करें). Not aware of SIFPSA activities Y सिफसा के कार्य के बारे में जानकारी नहीं है.</p>
103	<p>In what month and year were you born? आपका जन्म किस महीनें और साल में हुआ था?</p>	<p>Month माह <input type="text"/> <input type="text"/> DK Month माह का पता नहीं 98 Year साल <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK Year साल का पता नहीं 9998</p>
104	<p>How old were you on your last birthday? पिछले जन्मदिन पर आपकी आयु कितनी थी? COMPARE AND CORRECT 103 IF INCONSISTENT जवाब को प्रश्न 103 से मिलाएं और यदि मेल न खाए तो प्रश्न 103 को ठीक करें।</p>	<p>Age in completed years <input type="text"/> <input type="text"/></p>
105	<p>What is your current marital status? आपकी वर्तमान वैवाहिक स्थिति क्या है?</p>	<p>Currently married 1 वर्तमान में विवाहित Married without gauna 2 विवाहित हैं पर गौना नहीं हुआ Separated 3 अलग रहती हैं Deserted 4 → END पति ने छोड़ दिया है Divorced 5 तलाक शुदा Widowed 6 विधवा Never married 7 कभी विवाह नहीं हुआ हो</p>

106	How old were you at the time of your <u>first</u> marriage? (पहले) विवाह के समय आप की उम्र क्या थी?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> उम्र पूरे वर्षों में लिखें
107	What is your religion? आपका धर्म क्या है?	Hindu हिन्दू..... 01 Muslim मुस्लिम 02 Christian क्रिश्चियन 03 Sikh सिख 04 Buddhist/Neo Buddhist 05 बुद्धिस्ट / नियो बुद्धिस्ट Jain जैन 06 Jewish ज्यूइश 07 Zoroastrian/Parsi जोरोस्ट्रेलिसल / पारसी 08 No religion कोई धर्म नहीं 09 Other अन्य (.....) .. 99
108	What is your caste? Is it a scheduled caste, a scheduled tribe, other backward caste, or none of them? आपकी जाति क्या है? क्या यह अनुसूचित जाति, अनुसूचित जनजाति, या कोई अन्य पिछड़ी जाति है या इनमें से कोई नहीं है?	Scheduled caste अनुसूचित जाति..... 1 Scheduled tribe अनुसूचित जनजाति..... 2 Other backward caste अन्य पिछड़ी जातियाँ..... 3 None of them उनमें से कोई नहीं..... 4
109	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 <input type="text"/> <input type="text"/>
110	What is your husband's educational level? आपके पति कितना पढ़े हैं? RECORD COMPLETED GRADE	Illiterate पढ़े-लिखे 1 Literate, non formal 2 पढ़े-लिखे, कोई औपचारिक शिक्षा नहीं Literate, formal 3 पढ़े-लिखे, औपचारिक शिक्षा प्राप्त की है <input type="text"/> <input type="text"/>
111	What is your occupation? आपका व्यवसाय (काम) क्या है?	Housewife गृहिणी 01 Agricultural labourer खेतीहर मजदूर 02 Farmer किसान 03 Artisan दस्तकार 04 Petty trader/shop owner 05 छोटा व्यापारी / दुकान का मालिक Business/industrialist बिजनस / उद्योगपति 06 Unskilled worker अकुशल कार्यकर्ता 07 Skilled worker कुशल कार्यकर्ता 08 Self employed स्वरोजगार 09 Clerical/supervisory/sales person 10 क्लर्क / सुपरवइजर / सेल्स पर्सन Officer/executive ऑफिसर / एगजीक्यूटिव 11 Others अन्य 99

112	<p>What is your husband's occupation? आपके पति का व्यवसाय (काम) क्या है?</p>	<p>Agricultural labourer खेतीहर मजदूर01 Farmer किसान.....02 Artisan दस्तकार.....03 Petty trader/shop owner04 छोटा व्यापारी/दुकान का मालिक Business/industrialist बिजनस/उद्योगपति05 Unskilled worker अकुशल कार्यकर्ता.....06 Skilled worker कुशल कार्यकर्ता.....07 Self employed स्वरोजगार.....08 Clerical/supervisory/sales person09 क्लर्क/सुपरवइजर/सेल्स पर्सन Officer/executive ऑफिसर/एगजीक्यूटिव10 Others अन्य.....99</p>
113	<p>How many live births have you had? आपके कितने जीवित िाु (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)</p>	<p>LIVE BIRTHS जीवित जन्म</p> <p>MALES लड़के <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां..... <input type="text"/> <input type="text"/></p> <p>No live births ('00' in both)..... —→ 116 कोई जीवित शिशु नहीं (00 कोड दोनों में)</p>
114	<p>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)</p>	<p>SURVIVING जीवित</p> <p>MALES लड़के..... <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां <input type="text"/> <input type="text"/></p>
115	<p>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)</p>	<p>NOT SURVIVING जीवित नहीं</p> <p>MALES लड़के..... <input type="text"/> <input type="text"/></p> <p>FEMALES लड़कियां..... <input type="text"/> <input type="text"/></p>
116	<p>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।</p>	<p>Yes हाँ,1 No नहीं,.....2 —→ 118 Don't know पता नहीं.....3 —→ 118</p>
117	<p>A. What are the advanatages the mother will have? माँ को क्या लाभ मिलेंगे? Any other? कोई अन्य ?</p>	<p>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 स्वास्थ्य Other (.....) .X कोई अन्य (स्पष्ट करें)</p>

	<p>B. What are the advantages the child will have? बच्चों को क्या लाभ मिलेंगे? Any other? कोई अन्य ?</p>	<p>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)</p>																																				
118	<p>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 दम्पति गर्भधारण को टाल सकता है या उससे बच सकता है। ऐसे कौन से साधनों के बारे में आपने सुना है?</p>																																					
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	I. 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 पुरुष या महिला गर्भवस्था को टालने या इससे बचने के लिए इस्तेमाल कर सकते हैं (specity _____) वर्णन कीजिए	1 3
119	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 हाँ 1 No नहीं 2 → 141
120	When did you 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
121	What method(s) have you used? आप या आपके पति ने कौन से तरीकों का उपयोग किया था? Any other method? कोई अन्य तरीके ?	Pill गर्भनिरोधक गोलियां..... A Condom / Nirodh निरोध (कंडोम) B IUCD / Loop / Copper T C आई यू डी/लूप/कापर टी Injectables इंजेक्टेबल्स D Female sterilisation स्त्री नसबंदी E Male sterilisation पुरुष नसबंदी F Rhythm / safe period G रिदम/सुरक्षित काल पद्धति Withdrawal विच्छेदन H Other अन्य (.....).....X
IF STERILISATION IS MENTIONED IN Q121, [I.E., 'E OR F'] THEN CODE '1' IN Q122 AND CODE(S) '5 OR 6' IN Q123 AND SKIP TO Q134 यदि नसबन्दी का उल्लेख किया गया है (तो वह केवल – E या F) फिर प्र. 122 में कोड 1 और प्र. 123 में कोड 5 या 6 पर गोला लगायें व प्र. 134 पर जायें।		
122	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant? क्या आप या आपके पति आजकल गर्भाधारण टालने या रोकने के लिए कुछ कर रहे हैं या किसी तरीके का उपयोग कर रहे हैं?	Yes हाँ 1 No नहीं 2 → 137
123	What method are you or your husband currently using? आप या आपके पति कौन से तरीके का उपयोग कर रहे हैं?	Pill गर्भनिरोधक गोलियां..... 1 Condom / Nirodh निरोध (कंडोम) 2 → 125 IUCD / Loop / Copper T 3 → 129 आई यू डी/लूप/कापर टी Injectables इंजेक्टेबल्स 4 → 137 Female sterilisation स्त्री नसबंदी 5 → 134 Male sterilisation पुरुष नसबंदी 6 Rhythm / safe period 7 रिदम/सुरक्षित काल पद्धति Withdrawal विच्छेदन 8 → 137 Others अन्य (.....) 9

124	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
125	For how many months have you been using pills / condoms (nirodh) continuously? आप कितने महीने से गर्भनिरोधक गोलियां/निरोध (कंडोम) का नियमित उपयोग कर रहे हैं? IF LESS THAN ONE MONTH RECORD “00” यदि 1 महीने से कम हो तो 00 लिखें।	Months महीने..... <input type="text"/> <input type="text"/> 8 years or longer 8 वर्ष या अधिक 96
126	Where did you obtain the pills / condoms the last time? आपने पिछली बार गर्भनिरोधक गोलियां/निरोध (कंडोम) कहाँ 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 स्रोत अस्पताल या दवाखाना हैं तो जगह का नाम लिखें। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड़ पर गोला लगाएं। NAME OF PLACE IF HOSPITAL OR CLINIC स्थान का नाम (यदि अस्पताल या क्लीनिक 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 Centre 14 सीएचसी / पीएचसी / एफपी केन्द्र Subcentre उपकेन्द्र 15 Govt. Mobile Clinic 16 सरकारी चलता-फिरता दवाखाना Govt. Paramedic सरकारी अर्ध-चिकित्सक 17 RCH 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 निजी डॉक्टर 32 Pvt. Mobile Clinic 33 निजी चलता फिरता दवाखाना Pvt. Paramedic निजी अर्ध-चिकित्सक 34 Vaidya / Hakim / Homeopath 35 वैद्य/हकीम/होमोपैथ Traditional Healer पारम्परिक हकीम 36 Pharmacy / Drug store 37 औषधालय/दवा की दुकान Dai दाई 38 Other private sector health facility 39 अन्य निजी क्षेत्र स्वास्थ्य सुविधा OTHER SOURCE अन्य स्रोत Shop दुकान 41 Husband पति 42 Friend / Other relative 43 मित्र/अन्य रिश्तेदार Other () 96 अन्य

→ 128

<p>127</p> <p>Do you know from where <u>this person</u> obtained the pills / condoms the last time?</p> <p>क्या आपको पता है कि इस व्यक्ति ने पिछली बार गर्भनिरोधक गोलियां/निरोध (कंडोम) कहां से प्राप्त किये?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>यदि स्रोत अस्पताल या दवाखाना है तो जगह का नाम लिखे। अच्छी तरह से पूछताछ कर के जगह का पता लगाएं और सही कोड पर गोला लगाएं</p> <p><u>NAME OF PLACE IF HOSPITAL OR CLINIC</u></p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p>PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र</p> <p>Govt. / Municipal hospital 11 सरकारी / नगरपालिका अस्पताल</p> <p>Govt. Dispensary सरकारी औषधालय 12</p> <p>UHC / UHP / UFWC 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC / PHC / FP Centre 14 सीएचसी / पीएचसी / एफपी केन्द्र</p> <p>Subcentre उपकेन्द्र 15</p> <p>Govt. Mobile Clinic 16 सरकारी चलता-फिरता दवाखाना</p> <p>Govt. Paramedic 17 सरकारी अर्ध-चिकित्सा</p> <p>Camp कैम्प 18</p> <p>Other public sector health facility 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र</p> <p>NGO Hospital / Clinic 21 एनजीओ अस्पताल/दवाखाना</p> <p>NGO Worker एनजीओ कार्यकर्ता 22</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</p> <p>Pvt. Hospital / clinic 31 निजी अस्पताल/दवाखाना</p> <p>Pvt. Doctor निजी डॉक्टर 32</p> <p>Pvt. Mobile Clinic 33 निजी चलता फिरता दवाखाना</p> <p>Pvt. Paramedic निजी अर्ध-चिकित्सक 34</p> <p>Vaidya / Hakim / Homeopath 35 वैद्य / हकीम / होमोपैथ</p> <p>Traditional Healer पारम्परिक हकीम 36</p> <p>Pharmacy / Drug House 37 औषधालय/दवा की दुकान</p> <p>Dai दाई 38</p> <p>Other private sector health facility 39 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p> <p>OTHER SOURCE अन्य स्रोत</p> <p>Shop दुकान 41</p> <p>DK पता नहीं 98</p>	
<p>128</p> <p>Have you been able to get the supply of pills / condoms whenever you need them?</p> <p>जब कभी आपको गर्भनिरोधक गोलियां/निरोध (कंडोम) की जरूरत होती है तब क्या आपको उनकी आपूर्ति मिल जाती है?</p>		<p>Yes हां..... 1</p> <p>No नहीं..... 2</p> <p style="text-align: right;">137</p>
<p>129</p> <p>For how many months have you been using the IUCD / Loop / Copper T continuously?</p> <p>आप कितने महीनों से आई यू डी/लूप/कापर टी का लगातार उपयोग कर रही हैं?</p>		<p>Months महीने..... <input type="text"/> <input type="text"/></p> <p>8 years or longer 8 वर्ष या अधिक 96</p>
<p>130</p> <p>Who inserted the IUCD / Copper T?</p> <p>आपको आई यू डी/लूप/कापर टी किसने लगाया था?</p>		<p>Government doctor सरकारी डाक्टर..... 1</p> <p>Govt. Nurse / Paramedic 2 सरकारी नर्स/स्वास्थ्य कार्यकर्ता</p> <p>NGO Doctor..... 3 स्वयंसेवी संस्थान का डाक्टर</p> <p>NGO Nurse / Paramedic 4 स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता</p> <p>Private Doctor प्राइवेट डाक्टर..... 5</p> <p>Private Nurse / Paramedic..... 6 प्राइवेट नर्स/ स्वास्थ्य कार्यकर्ता</p> <p>Other अन्य (.....) 9</p>

<p>131</p>	<p>Where did you get the IUCD / Loop / Cooper T inserted? आपने आई यू डी/लूप/कापर टी कहां लगवाया था?</p> <p>IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF PLACE AND CIRCLE THE APPROPRIATE CODE.</p> <p>यदि स्रोत 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</p> <p>NAME OF PLACE IF HOSPITAL OR CLINIC</p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p>HOME घर Your Home आपके घर पर11 Parent's Home माता-पिता के घर पर.....12 Other Home अन्य घर पर13</p> <p>PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र Govt. / Municipal hospital21 सरकारी / नगरपालिका अस्पताल Govt. Dispensary सरकारी औषधालय22 UHC / UHP / UFWC23 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC / PHC / PP Centre24 सीएचसी / पीएचसी / एफपी केन्द्र Subcentre उपकेन्द्र25 Govt. Mobile Clinic26 सरकारी चलता-फिरता दवाखाना Govt. Paramedic सरकारी अर्ध-चिकित्सक27 Camp कैम्प.....28 Other public sector health facility29 अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र NGO Hospital / Clinic31 एनजीओ अस्पताल / दवाखाना</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital / clinic41 निजी अस्पताल / दवाखाना Pvt. Mobile Clinic42 निजी चलता फिरता दवाखाना Other private sector health facility43 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p>
<p>132</p>	<p>Were you satisfied with the services received at the place of IUCD/Loop/Copper T insertion? आपने आई यू सी डी / लूप/ कापर टी लगवाने की सेवाएं जहां से प्राप्त की थीं, क्या आप उनसे संतुष्ट हैं?</p>	<p>Yes हां1 No नहीं2</p>
<p>133</p>	<p>Have you ever faced any physical problem after the insertion of IUCD/Loop/Copper T? क्या आई यू सी डी / लूप/ कापर टी लगवाने के बाद कोई शारीरिक समस्या आई थी?</p>	<p>Yes हां..... 1 No नहीं 2</p> <p style="text-align: right;">137</p>
<p>134</p>	<p>In what month and year were you / your husband's sterilization operation performed? आपका/आपके पति का नसबंदी आपरेषन किस महीने और साल में हुआ था?</p>	<p>Month <input type="text"/> <input type="text"/></p> <p>Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>

<p>135</p>	<p>Where did you / your husband get sterilized?</p> <p>आपका / आपके पति का नसबंदी आपरेशन कहां हुआ था? स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p> <hr/> <p>NAME OF PLACE IF HOSPITAL OR CLINIC</p> <p>स्थान का नाम (यदि अस्पताल या दवाखाना है तो स्थान का नाम लिखें)।</p>	<p>PUBLIC MEDICAL SECTOR सार्वजनिक चिकित्सा क्षेत्र</p> <p>RCH Camp आर सी एच कैम्प 11</p> <p>Any Other Camp कोई अन्य कैम्प 12</p> <p>Govt. / Municipal hospital 13 सरकारी / नगरपालिका अस्पताल</p> <p>UHC / UHP / UFWC 14 यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC / PHC / PP Centre 15 सीएचसी / पीएचसी / एफपी केन्द्र</p> <p>Govt. Mobile Clinic 16 सरकारी चलता-फिरता दवाखाना</p> <p>Other public sector health facility 17 अन्य सार्वजनिक क्षेत्र की स्वास्थ्य सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र</p> <p>NGO Hospital / Clinic 21 एनजीओ अस्पताल / दवाखाना</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</p> <p>Pvt. Hospital / clinic 31 निजी अस्पताल / दवाखाना</p> <p>Pvt. Doctor 32 निजी डॉक्टर</p> <p>Pvt. Mobile Clinic 33 निजी चलता फिरता दवाखाना</p> <p>Other private sector health facility 34 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा</p>
<p>136</p>	<p>You just mentioned that you/your husband received sterilization services from ---- (Read out response from Q135).</p> <p>आपने अभी बताया कि आप / आपके पति ने..... (प्र० 135 से उत्तर पढ़ें) से नसबन्दी सेवाएँ प्राप्त की थी।</p> <p>Was there an RCH/Sterilization Camp being held at the place, the day you/your husband got sterilized?</p> <p>क्या जिस दिन आप / आपके पति ने नसबन्दी कराई थी, वहाँ पर RCH / नसबन्दी शिविर लगाया गया था?</p>	<p>Yes 1 हाँ</p> <p>No 2 नहीं</p> <p>DK/Can't Say 3 मालूम नहीं / कह नहीं सकते</p>

137	CHECK Q121 & Q123				
	IF Q121 = 'E' or 'F' यदि प्र. 121 = 'E' या 'F'	Sterilised..... 1	→ 147		
	IF Q121 = 'A or B or C' यदि प्र. 121 = 'A या B या C'	Pill or condom or IUCD 2	Continue		
ELSE और कोई	Other..... 3	→ 140			
Check Q121 and Q123 प्रश्न 121 और प्रश्न 123 जांचें					
138	Why have you stopped using method? आपने यह तरीका इस्तेमाल करना बंद क्यों कर दिया? Any other? कोई अन्य?		Q121 = A & Q123 ≠ 1	Q121 = B & Q123 ≠ 2	Q121 = C & Q123 ≠ 3
		Reasons	Oral Pill गर्भनिरोधक गोलियां	Condom कंडोम	IUCD/C-T आईयूसीडी/सी-टी
		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 Q121 = C & Q123 ≠ 3 (Ever used IUCD/Copper T) यदि प्र.121 = C और प्र. 123 ≠ 3 (कभी भी इस्तेमाल किया आईयूसीडी/कॉपर-टी)					
139	Who inserted the IUCD/ Copper T? आपको आई यू डी/लूप/कापर टी किसने लगाया था?	Government doctor..... 1 सरकारी डाक्टर			
		Govt. Nurse / Paramedic 2 सरकारी नर्स/स्वास्थ्य कार्यकर्ता			
		NGO Doctor..... 3 स्वयंसेवी संस्थान का डाक्टर			
		NGO Nurse / Paramedic..... 4 स्वयंसेवी संस्थान की नर्स/स्वास्थ्य कार्यकर्ता			
		Private Doctor 5 प्राइवेट डाक्टर			
		Private Nurse / Paramedic 6 प्राइवेट नर्स/ स्वास्थ्य कार्यकर्ता			
		Other अन्य (.....).... 9			

140	<p>CHECK Q119 & Q122 IF Q119 = 1 & Q122 ≠ 1 यदि प्र. 119 = 1 और प्र. 122 ≠ 1 (Ever user, currently not using) कभी इस्तेमाल किया, अभी नहीं कर रहे हैं</p> <p>IF Q119 = 1 & Q122 = 1 यदि प्र. 119 = 1 और प्रश्न 122 = 1 (Current user) वर्तमान इस्तेमाल कर रहे हैं</p>	<p>1 Go to Q142</p> <p>2 Go to Q147</p>
141	<p>What is the main reason you are not using a method of contraception to delay or avoid pregnancy?</p> <p>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 रही हैं?</p>	<p>Husband away पति बाहर रहते हैं..... 11</p> <p>Fertility-related reasons</p> <p>Not having sex संभोग न करना21</p> <p>Infrequent sex22 कभी-कभी संभोग करते हैं</p> <p>Menopausal/Had hysterectomy23 → 206 रजोनिवृत्ति/ गर्भाशयोच्छेदन</p> <p>Subfecund/Infecund बच्चे नहीं होते.....24</p> <p>Postpartum/Breastfeeding.....25 बच्चा दूध पी रहा है</p> <p>Wants more children और बच्चे चाहते हैं26</p> <p>Opposition to use</p> <p>Opposed to family planning31 परिवार नियोजन के विरुद्ध</p> <p>Husband opposed पति मना करते हैं32</p> <p>Other people opposed.....33 अन्य लोग मना करते हैं</p> <p>Against religionधर्म के विरुद्ध34</p> <p>Lack of knowledge</p> <p>Knows no method कोई भी साधन नहीं पता.....41</p> <p>Knows no source कोई भी स्रोत नहीं पता42</p> <p>Method-related reasons</p> <p>Health concerns स्वास्थ्य संबंधी51</p> <p>Worry about side-effects52 दुष्प्रभाव की चिंता</p> <p>Hard to get method.....53 साधन प्राप्त करने में मुश्किल</p> <p>Costs too much बहुत खर्चीला है54</p> <p>Inconvenient असुविधाजनक55</p> <p>Afraid of sterilization नसबंदी का डर.....56</p> <p>Don't like existing methods.....57 वर्तमान तरीके पसंद नहीं</p> <p>Other अन्य (.....).....96</p> <p>DK मालूम नहीं98</p>
142	<p>Do you think you or your husband will use a method to delay or avoid pregnancy within the next 12 months?</p> <p>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?</p>	<p>Yes हां 1 → 144</p> <p>No नहीं..... 2</p> <p>DK मालूम नहीं 8</p>

143	<p>Do you think you or your husband will use a method to delay or avoid pregnancy at any time in the future?</p> <p>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?</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>DK मालूम नहीं 8</p> <p style="text-align: right;">} → 146</p>
144	<p>Do you/your husband need to take the consent of family members before accepting the method of your choice?</p> <p>क्या आपके पति को नियोजन विधि अपनाने के लिए अपने परिवार जनों की सहमति लेनी पड़ती है।</p> <p>If yes; whom all? यदि हाँ, तो किस-किस से</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>Mother माँ a</p> <p>Mother-in-law सास b</p> <p>Father पिता c</p> <p>Father-in-law ससुर d</p> <p>Other अन्य (.....) x</p>
145	<p>What method would you or your husband prefer to use?</p> <p>आप या आपके पति कौन से तरीके का उपयोग करना चाहेंगे ?</p>	<p>Pills गर्भनिरोधक गोलियाँ 01</p> <p>Condom / Nirodh निरोध (कंडोम) 02</p> <p>IUCD / Loop / Copper T 03</p> <p>आई यू डी / लूप / कापर टी</p> <p>Injections इंजेक्शन 04</p> <p>Female sterilization स्त्री नसबंदी 05</p> <p>Male sterilization पुरुष नसबंदी 06</p> <p>Rhythm / safe period 07</p> <p>रिदम / सुरक्षित काल पद्धति</p> <p>Withdrawal अघपतन / विदग्धावल 08</p> <p>Others अन्य (.....) 09</p> <p>DK/UNSURE मालूम नहीं / पक्का नहीं 98</p> <p style="text-align: right;">} → 147</p>

146	<p>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 करेगी?</p>	<p>Fertility-related reasons Not having sex संभोग नहीं करते.....11 Infrequent sex अक्सर संभोग नहीं करते12 Menopausal/Had hysterectomy13 → 206 मासिक धर्म खत्म हो जाना Subfecund/Infecund बाँझ14 Wants more children15 और ज्यादा बच्चे चाहते हैं</p> <p>Opposition to use Opposed to family planning21 परिवार नियोजन का विरोध करते हैं Husband opposed पति का विरोध22 Other people opposed.....23 अन्य लोगों का विरोध Against religion धर्म के खिलाफ24</p> <p>Lack of knowledge Knows no source कोई साधन नहीं जानते.....31</p> <p>Method-related reasons Health concerns स्वास्थ्य की चिंताएं.....41 Worry about side-effects42 साइड इफेक्ट के बारे में चिंता Hard to get method43 उपाय मुश्किल से मिलते हैं Costs too much44 बहुत ज्यादा महँगे होते हैं Inconvenient असुविधाजनक.....45 Afraid of sterilization नसबंदी का डर46 Don't like existing methods.....47 वर्तमान उपाय पसन्द नहीं करते Other अन्य (.....).....96 DK पता नहीं.....98</p>
147	<p>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?</p>	<p>Yes हाँ 1 No नहीं.....2 DK पता नहीं.....8</p> <p style="text-align: right;">149</p>
148	<p>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 तुरंत पहले, मासिक धर्म के दौरान, जब मासिक धर्म खत्म हो या अगले मासिक धर्म के बीच में?</p>	<p>Just before her period begins 1 उसके पीरियड शुरू होने से ठीक पहले During her period2 उसके पीरियड के दौरान Right after her period has ended.....3 उसके पीरियड खत्म होने के ठीक बाद Halfway between two periods4 दो पीरियडों के बीच में Others अन्य (.....).....6 DK पता नहीं.....8</p>
149	<p>CHECK Q118 प्रश्न संख्या 118 जाँचिए IF Q118A = 1 or 2 (Heard of pills) यदि प्र. 118ए = 1 या 2 (गोलियों के बारे में सुना है) IF Q118A = 3 (Not heard of pills) यदि प्र. 118A = 3 (गोलियों के बारे में नहीं सुना है)</p>	<p style="text-align: center;">1 Continue</p> <p style="text-align: center;">2 Go to Q164</p>

150	<p>If a woman is interested in using oral pills, when should she start using the pill?</p> <p>यदि एक महिला गर्भनिरोधक गोलियां इस्तेमाल करने में रुचि रखती है तो उसे गोलियों का इस्तेमाल कब करना चाहिए?</p>	<p>Any time within 5 days of menstruation..... 1 मासिक धर्म शुरू होने के 5 दिनों के अन्दर</p> <p>Any time किसी भी समय.....2</p> <p>Any other कोई अन्य (.....) ..3</p> <p>Don't know पता नहीं.....8</p>
151	<p>How frequently should an oral pill user take the pills?</p> <p>गर्भनिरोधक गोलियां इस्तेमाल करने वाले को गोलियां अक्सर कैसे इस्तेमाल करनी चाहिए?</p>	<p>Every day प्रति दिन 1</p> <p>Once a week सप्ताह में एक बार2</p> <p>Every day or once a week.....3 प्रति दिन /सप्ताह में एक बार</p> <p>Whenever desired4 जब कभी भी इच्छा हो</p> <p>Any other कोई अन्य (.....) ..8</p> <p>Don't know पता नहीं.....9</p>
152	<p>If the oral pill user misses the pill for a day, what should she do?</p> <p>यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली एक दिन छूट जाए तो उसे क्या करना चाहिए?</p>	<p>Take two pills next day..... 1 अगले दिन दो गोलियां ले।</p> <p>Continue with the pills as usual.....2 गोलियां सामान्य दिनों की तरह जारी रखें</p> <p>Any other कोई अन्य (.....) ..3</p> <p>Don't know पता नहीं.....8</p>
153	<p>If the oral pill user misses the pill for two days, what should she do?</p> <p>यदि गर्भनिरोधक गोलियां इस्तेमाल करने वाले की गोली दो दिन छूट जाए तो उसे क्या करना चाहिए?</p>	<p>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 करें</p> <p>Continue with the pills as usual.....2 गोलियां सामान्य दिनों की तरह जारी रखें</p> <p>Any other कोई अन्य (.....) ..3</p> <p>Don't know पता नहीं.....8</p>
154	<p>In your opinion, oral pills are very safe, somewhat safe, or not a safe method to use?</p> <p>आपकी राय में गर्भनिरोधक गोलियां बहुत सुरक्षित हैं, थोड़ी बहुत सुरक्षित हैं या यह सुरक्षित तरीका नहीं है?</p>	<p>Very safe बहुत सुरक्षित 1</p> <p>Somewhat safe थोड़ी बहुत सुरक्षित.....2</p> <p>Not safe सुरक्षित नहीं.....3</p> <p>DK पता नहीं.....8</p>
155	<p>In your opinion, oral pills are very effective, somewhat effective, or not effective in preventing pregnancy?</p> <p>आपकी राय में गर्भनिरोधक गोलियां गर्भावस्था से बचने के लिए बहुत असरदार हैं, थोड़ी बहुत असरदार हैं या असरदार नहीं हैं?</p>	<p>Very effective बहुत असरदार..... 1</p> <p>Somewhat effective थोड़ी बहुत असरदार.....2</p> <p>Not effective असरदार नहीं.....3</p> <p>DK पता नहीं.....8</p>
156	<p>If you intend to use oral pills, do you need to take the consent of any family members before using them?</p> <p>यदि आप गर्भनिरोधक गोलियां खाना चाहें तो क्या आपको उन्हें खाने से पहले अपने घर के सदस्यों की इजाजत लेनी पड़ेगी?</p> <p>If yes; whom? यदि हां तो किससे?</p> <p>Anybody else? कोई अन्य?</p>	<p>Yes हां 1</p> <p>No नहीं..... 2</p> <p>Husband पति..... a</p> <p>Mother मां..... b</p> <p>Mother-in-law सास..... c</p> <p>Father पिता..... d</p> <p>Father-in-law ससुर e</p> <p>Other अन्य (.....) ..x</p>
157	<p>Do you think one can use oral pills to space children?</p> <p>क्या आप सोचती हैं कि कोई बच्चों में अंतर बनाए रखने के लिए गर्भनिरोधक गोलियों का इस्तेमाल कर सकता है?</p>	<p>Yes हां 1</p> <p>No नहीं2</p> <p>Don't know पता नहीं.....3</p>
158	<p>Do you know the place from where one can get oral pills?</p> <p>क्या आप ऐसी कोई जगह जानती हैं जहां पर किसी को गर्भनिरोधक गोलियां मिल सकती हैं?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p>

159	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 नहीं.....2
160	Is it easy to get oral pills in your area? क्या आपके क्षेत्र में गर्भनिरोधक गोलियां मिलना आसान है?	Yes हां 1 No नहीं.....2
161	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 नहीं.....2 Can't say कह नहीं सकते3
162	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 नहीं.....2 Can't say कह नहीं सकते3
163	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 है?	Yes हां 1 No नहीं.....2 Can't say कह नहीं सकते3
164	CHECK Q118 प्रश्न 118 जांचिए IF Q118B = 1 or 2 (Heard of condom) यदि प्र. 118B = 1 या 2 (कंडोम के बारे में सुना है) IF Q118B = 3 (Not heard of condom) यदि प्र. 118B = 3 (कंडोम के बारे में नहीं सुना है)	<input type="checkbox"/> 1 Continue जारी रखें <input type="checkbox"/> 2 Go to Q176 प्रश्न 176 पर जाएं
165	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 सुरक्षित1 Somewhat safe थोड़ा सुरक्षित2 Not safe सुरक्षित नहीं3 DK पता नहीं.....8
166	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 असरदार1 Somewhat effective थोड़ी बहुत असरदार.....2 Not effective असरदार नहीं3 DK पता नहीं.....8
167	If you intend to use condoms, do you need to take the consent of any family members 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 Husband पति..... a Mother मां..... b Mother-in-law सास..... c Father पिता..... d Father-in-law ससुर e Other अन्य (.....)....x
168	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 नहीं.....2 Can't say कह नहीं सकते3
169	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 नहीं.....2 Can't say कह नहीं सकते3

170	<p>Do you know the place from where one can get condoms?</p> <p>क्या आप ऐसी कोई जगह जानते हैं जहां पर आपको कंडोम मिल सकते हैं?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p>
171	<p>Can you obtain condoms from a shop or health unit on your own?</p> <p>क्या आप स्वयं किसी दुकान या स्वास्थ्य इकाई से कंडोम ले सकते हैं?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p>
172	<p>Is it easy to get condoms in your area?</p> <p>क्या आपके क्षेत्र में कंडोम मिलना आसान है?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p>
173	<p>Will you encourage friends/relatives to use condoms?</p> <p>क्या आप दोस्तों/रिश्तेदारों को कंडोम के इस्तेमाल के लिए प्रोत्साहित करेंगे?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p> <p>Can't say कह नहीं सकते3</p>
174	<p>Do you think using condoms reduces sexual pleasure?</p> <p>क्या आप सोचते हैं कि कंडोम का इस्तेमाल सम्भोग के समय आनन्द को कम करता है?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p> <p>Can't say कह नहीं सकते3</p>
175	<p>Do you think using condoms is a sign of infidelity?</p> <p>क्या आप सोचते हैं कि कंडोम का इस्तेमाल अपने जीवनसाथी के साथ अविश्वास का संकेत है?</p>	<p>Yes हां 1</p> <p>No नहीं.....2</p> <p>Can't say कह नहीं सकते3</p>

SECTION 2: ANTENATAL AND NATAL CARE

खंड : 2 प्रसव पूर्व एवं प्रसव के दौरान देखभाल

200	<p>CHECK Q.123</p> <p>IF Q123 ≤ 6 (Using any modern method)</p> <p>EISE (Not using any modern method)</p>	<p>Using modern method <input type="checkbox"/> 1 Skip to Q206</p> <p>Not using any modern method <input type="checkbox"/> 2 Continue</p>
201	<p>Are you pregnant now? क्या आप इस समय गर्भवती हैं?</p>	<p>Yes हां..... 1</p> <p>No नहीं..... <input type="checkbox"/> 2</p> <p>Unsure पक्का नहीं <input type="checkbox"/> 3</p> <p style="text-align: right;">206</p>
202	<p>How many months pregnant are you? आप कितने महीने से गर्भवती हैं?</p>	<p>Months महीने..... <input type="text"/></p>
203	<p>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?</p>	<p>Then उस समय 1</p> <p>Later बाद में 2</p> <p>No more/Not at all और नहीं/बिल्कुल नहीं..... 3</p>
204	<p>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?</p>	<p>Have a (another) child 1 एक (एक और) बच्चा</p> <p>No more/None और नहीं /कोई भी नहीं <input type="checkbox"/> 2</p> <p>Up to God भगवान पर..... 3</p> <p>Undecided/DK तय नहीं किया/पता नहीं <input type="checkbox"/> 8</p> <p style="text-align: right;">206</p>
205	<p>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?</p> <p>(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।</p>	<p>Months महीने..... 1 <input type="text"/></p> <p>Years वर्ष..... 2 <input type="text"/></p> <p>Others _____ 3 अन्य (स्पष्ट करें)</p> <p>DK पता नहीं 8</p>
206	<p>When did you give birth to your last child? आपने आखिरी बच्चे को जन्म कब दिया?</p> <p>INCLUDES “STILL BIRTHS “ ALSO</p>	<p>MONTH महीना..... <input type="text"/></p> <p>YEAR वर्ष..... <input type="text"/></p> <p>NO LIVE/STILL BIRTHS 99 → 231</p>
207	<p>CHECK Q206 प्र. 206 जांचिए</p> <p>BIRTHS SINCE “1 JANUARY 2004” 1 जनवरी 2004 से जन्मे</p> <p>NO BIRTHS SINCE “1 JANUARY 2004” 1 जनवरी 2004 से कोई जन्म नहीं</p>	<p><input type="checkbox"/> 1 CONTINUE जारी रखें</p> <p><input type="checkbox"/> 2 GO TO Q231 प्रश्न 231 पर जाएं</p>

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 महीने 1 <input type="text"/> <input type="text"/> YEARS वर्ष 2 <input type="text"/> <input type="text"/> DK पता नहीं 8
Now we 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 ante-natal checkup? क्या आपकी प्रसव पूर्व जांच हुई थी?	Yes हां 1 No नहीं 2 → 214
211	How many ante-natal checkups you had? प्रसव पूर्व कितनी बार जांच हुई?	NUMBER OF ANC <input type="text"/>
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 डाक्टर Dai दाई D Other () X अन्य कोई
213	How many months pregnant were you with the last child, when you first received ante natal check-up? जब आपकी पहली बार प्रसव पूर्व जांच हुई, तब आप कितने महीने से गर्भवती थी?	MONTHS <input type="text"/>
214	Were you given any iron folic acid (IFA) tablets or liquid? क्या आपको आयरन फौलिक एसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई दी गई थी?	Yes, Tablets 1 हाँ, गोलियां Yes, Liquid 2 हाँ, पीने वाली दवाई No नहीं 3 → 219
215	Did you receive enough iron folic acid 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

216	<p>Where did you get iron folic acid (IFA) tablets or liquid?</p> <p>आपको आइरन फोलिक एसिड (खून बढ़ाने की) गोलियां या पीने की दवाई कहाँ से मिली थीं?</p>	<p>Govt. / Municipal hospital 11 सरकारी / नगरपालिका अस्पताल</p> <p>Govt. Dispensary (सरकारी औषधालय) 12</p> <p>UHC / UHP / UFWC 13 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी)</p> <p>CHC / PHC / FP Centre 14 (सीएचसी / पीएचसी / एफपी केन्द्र)</p> <p>Subcentre (उपकेन्द्र)..... 15</p> <p>Govt. Mobile Clinic 16 (सरकारी चलता-फिरता दवाखाना)</p> <p>Govt. Paramedic (सरकारी दवाचिकित्सा) 17</p> <p>Camp (कैम्प) 18</p> <p>Other public sector health facility 19 अन्य सार्वजनिक क्षेत्र स्वास्थ्य सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र</p> <p>NGO Hospital / Clinic 21 एनजीओ अस्पताल / दवाखाना</p> <p>NGO Worker निजी डॉक्टर 22</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</p> <p>Pvt. Hospital/clinic निजी अस्पताल / दवाखाना .. 31</p> <p>Pvt. Doctor निजी डॉक्टर 32</p> <p>Pvt. Mobile Clinic..... 33 निजी चलता-फिरता दवाखाना</p> <p>Pvt. Paramedic निजी पराचिकित्सा 34</p> <p>Vaidya / Hakim / Homeopath 35 वैद्य / हकीम / आयुर्वेदक</p> <p>Traditional Healer पारम्परिक औषध 36</p> <p>Pharmacy / Drug House 37 शेष जालय / दवा की दुकान</p> <p>Dai दाई 38</p> <p>Other private sector health facility 39 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p> <p>OTHER SOURCE अन्य स्रोत</p> <p>Shop दुकान..... 41</p> <p>DK पता नहीं..... 98</p>
217	<p>Did you consume all iron folic acid (IFA) tablets or liquid you were given?</p> <p>आइरन फोलिक एसिड की जितनी (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थी, क्या आपने वह सभी गोलियां या पीने वाली दवाई खाई थीं?</p>	<p>Yes हाँ 1 → 219</p> <p>No नहीं 2</p>
218	<p>What are the reasons for not consuming all iron folic acid (IFA) tablets or liquid you were given?</p> <p>जितनी आइरन फोलिक एसिड (खून बढ़ाने की) गोलियां या पीने वाली दवाई आपको दी गई थीं उन्हें न खाने के क्या कारण हैं?</p> <p>Any other? कोई अन्य?</p>	<p>I don't need them all मुझे उनकी जरूरत नहीं.. A</p> <p>Constipation कब्ज..... B</p> <p>Pain in abdomen पेट में दर्द..... C</p> <p>Stomach upset or diarrhoea D पेट खराब या डायरिया</p> <p>Feeling sick बीमार महसूस करना E</p> <p>Black stools काला मल F</p> <p>Other अन्य (specify _____) ... X</p>
219	<p>Were you given an injection to prevent you and the baby from getting tetanus?</p> <p>क्या आपको और आपके होने वाले बच्चे को टेटनस से बचाने के लिए टीका (इंजेक्शन) लगाया गया था?</p>	<p>Yes हाँ 1</p> <p>No नहीं 2 → 223</p>

220	<p>During this pregnancy, how many times did you get this injection?</p> <p>इस गर्भावस्था के दौरान आपको कितनी बार टीका (इंजेक्शन) लगाया गया था?</p>	<p>TIMES कितनी बार <input type="text"/></p> <p>Don't know पता नहीं 8</p>																					
221	<p>Did you receive any TT injection during the pregnancy prior to the one we are referring?</p> <p>जिस गर्भ की हम बात कर रहे हैं क्या आपको उसके दौरान कोई टी टी का टीका लगा था ?</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 8</p>																					
222	<p>Where did you get this injection?</p> <p>आपने यह टीका (इंजेक्शन) कहाँ से लगाया था?</p> <p>RECORD ONLY ONE SOURCE</p> <p>केवल किसी एक पर गोला लगाएं</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>Govt. / Municipal hospital 11 सरकारी / नगर पालिका अस्पताल</p> <p>Govt. Dispensary (सरकारी औषधालय) 12</p> <p>UHC / UHP / UFWC 13 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी)</p> <p>CHC / PHC / PP Centre 14 (सीएचसी / पीएचसी / पीपी केन्द्र)</p> <p>Subcentre (उपकेन्द्र) 15</p> <p>Govt. Mobile Clinic 16 सरकारी चलता-फिरता दवाखाना</p> <p>Camp (कैम्प) 17</p> <p>NGO SECTOR एनजीओ क्षेत्र</p> <p>NGO Hospital / Clinic 21 एनजीओ अस्पताल / दवाखाना</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र</p> <p>Pvt. Hospital / clinic 31 निजी अस्पताल / दवाखाना</p> <p>Pvt. Doctor 32 निजी डाक्टर</p> <p>Pvt. Mobile clinic 33 निजी चलता फिरता दवाखाना</p> <p>Other private sector health facility 43 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p>																					
223	<p>As a part of antenatal checkups during last pregnancy, were any of the following done at least once?</p> <p>पिछली गर्भावस्था के दौरान प्रसव पूर्व जांच के संबंध में निम्नलिखित में से कोई जांच एक बार भी की गई थी?</p> <p>a. Weight measurement वजन मापना</p> <p>b. Blood pressure रक्त चाप</p> <p>c. Abdomen check पेट की जांच</p> <p>d. Urine test पेशाब की जांच</p> <p>e. Blood test खून की जांच</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT वजन 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. BLOOD PRESSURE रक्त चाप 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. ABDOMEN पेट की जांच 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. URINE TEST पेशाब की जांच 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. BLOOD TEST खून की जांच 1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. WEIGHT वजन 1	1	2	B. BLOOD PRESSURE रक्त चाप 1	1	2	C. ABDOMEN पेट की जांच 1	1	2	D. URINE TEST पेशाब की जांच 1	1	2	E. BLOOD TEST खून की जांच 1	1	2			
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224	<p>During any of the antenatal care visits, were you told about the signs of pregnancy complications?</p> <p>क्या आपको किसी भी प्रसव पूर्व भ्रमण के दौरान गर्भावस्था में होने वाली जटिलताओं के बारे में बताया था?</p> <p>a. Bleeding खून बहना</p> <p>b. Convulsions दौरा पड़ना</p> <p>c. Prolonged labour दीर्घ प्रसव वेदना</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. BLEEDING 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>खून बहना</td> <td></td> <td></td> </tr> <tr> <td>B. CONVULSIONS 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>दौरा पड़ना</td> <td></td> <td></td> </tr> <tr> <td>C. PROLONGED LABOUR 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>प्रसव पीड़ा</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	A. BLEEDING 1	1	2	खून बहना			B. CONVULSIONS 1	1	2	दौरा पड़ना			C. PROLONGED LABOUR 1	1	2	प्रसव पीड़ा		
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प्रसव पीड़ा																							

<p>225</p>	<p>Where did you give this birth? आपने इस बच्चे को जन्म कहाँ दिया?</p>	<p>HOME घर Your Home (आपके घर पर)..... 11 Parent's Home (माता-पिता के घर पर) 12 Other Home (अन्य घर पर)..... 13</p> <p>PUBLIC SECTOR सार्वजनिक चिकित्सा क्षेत्र Govt. / Municipal/Hospital 21 सरकारी / नगर पालिका अस्पताल UHC / UHP / UFWC 22 (यूएचसी / यूएचपी / यूएफडब्ल्यूसी) CHC / PHC / PP Centre 23 (सीएचसी / पीएचसी / पीपी केन्द्र) Rural hospital ग्रामीण अस्पताल 24 Subcentre (उपकेन्द्र)..... 25 Other public facility..... 26 अन्य सार्वजनिक सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र NGO Hospital / Clinic 31 एनजीओ अस्पताल / दवाखाना</p> <p>PRIVATE SECTOR निजी क्षेत्र Pvt. Hospital / clinic 41 निजी अस्पताल / दवाखाना Maternity home मातृत्व घर में 42 Other private sector health facility..... 43 अन्य निजी क्षेत्र स्वास्थ्य सुविधाएं</p>																											
<p>226</p>	<p>Who assisted you with the delivery? प्रसव के समय किसने सहायता की थी?</p> <p>Any other? कोई अन्य?</p>	<p>HEALTH PROFESSIONAL स्वास्थ्य पेशेवर Doctor डाक्टर..... A ANM / Nurse नर्स..... B Other health professional..... C अन्य स्वास्थ्य कार्यकर्ता</p> <p>OTHER PERSON अन्य व्यक्ति Dai दाई Trained प्रशिक्षित..... D Un trained अप्रशिक्षित..... E Friend / Relative दोस्त / रिश्तेदार..... F NO ONE कोई नहीं..... Y</p>																											
<p>227</p>	<p>Was the delivery normal? क्या प्रसव सामान्य था?</p>	<p>Yes, normal हाँ, सामान्य 1 No, caesarean नहीं, ऑपरेशन द्वारा 2</p>																											
<p>228</p>	<p>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?</p> <p>a. Keeping the baby warm during first week पहले सप्ताह में बच्चे को गर्म रखने के बारे में</p> <p>b. Exclusive breastfeeding केवल स्तनपान के बारे में</p> <p>c. Supplementary feeding पूरक आहार के बारे में</p> <p>d. Child immunization बच्चों का टीकाकरण</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. BABY WARM..... 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>बच्चे को गर्म रखना</td> <td></td> <td></td> </tr> <tr> <td>B. EXCLUSIVE BREASTFEEDING.. 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>केवल स्तनपान</td> <td></td> <td></td> </tr> <tr> <td>C. SUPPLEMENTARY FEEDING..... 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>पूरक आहार</td> <td></td> <td></td> </tr> <tr> <td>D. IMMUNISATION 1</td> <td>1</td> <td>2</td> </tr> <tr> <td>बच्चों का टीकाकरण</td> <td></td> <td></td> </tr> </tbody> </table>		YES	NO	A. BABY WARM..... 1	1	2	बच्चे को गर्म रखना			B. EXCLUSIVE BREASTFEEDING.. 1	1	2	केवल स्तनपान			C. SUPPLEMENTARY FEEDING..... 1	1	2	पूरक आहार			D. IMMUNISATION 1	1	2	बच्चों का टीकाकरण		
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<p>229</p>	<p>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?</p>	<p>Yes हाँ 1 No नहीं..... 2 → 231</p>																											

230	How many times did they visit you during the first 6 weeks after delivery? बच्चे के जन्म के 6 सप्ताह के दौरान वे आपसे कितनी बार मिलने आए?	NUMBER OF VISITS कितनी बार आए <input type="text"/> Don't know पता नहीं 8
231	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
232	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 रुकना 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 <input type="text"/> <input type="text"/> YEAR वर्ष 2 <input type="text"/> <input type="text"/> Can't get pregnant गर्भवती नहीं हुई 3 Others अन्य 4 DK पता नहीं 8
233	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 → 236
234	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 → 236 Two दो बार 2 Three तीन बार 3 Four or more चार बार 4 DK पता नहीं 8
235	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
236	Is it necessary for pregnant women to take IFA tablets? क्या गर्भावस्था के दौरान महिला को आयरन या फोलिक एसिड गोलियाँ (खून बढ़ाने के लिए गोली) लेना आवश्यक है?	Yes हां 1 No नहीं 2 → 238
237	During pregnancy, how many IFA tablets should a woman consume? गर्भावस्था के दौरान महिला को कितनी आयरन या फोलिक एसिड गोलियाँ (खून बढ़ाने के लिए गोली) खानी चाहिए?	<30 tablets 30 से कम गोलियाँ 1 30-49 tablets 30-49 गोलियाँ 2 50-74 tablets 50-74 गोलियाँ 3 75-99 tablets 75-99 गोलियाँ 4 100 or more tablets 100 या अधिक 5 DK पता नहीं 8

238	<p>Which is the nearest health facility/place in which a woman can get IUCD insertion services?</p> <p>कौन सी स्वास्थ्य सुविधा सबसे पास में है जिसमें महिला को आई यू सी डी लगवाने की सेवाएं मिल सकती हैं ?</p>	<p>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 Centre 14 सीएचसी / पीएचसी / एफपी केन्द्र ANM/Nurse 15 Other public sector health facility 16 अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO SECTOR एनजीओ क्षेत्र NGO Hospital एनजीओ अस्पताल 21</p> <p>PRIVATE MEDICAL SECTOR निजी चिकित्सा क्षेत्र Pvt. Hospital निजी अस्पताल 31 Other private sector health facility 32 अन्य निजी क्षेत्र स्वास्थ्य सुविधा</p> <p>Other (_____) ...41</p>
239	<p>How far is?</p> <p>..... कितनी दूरी पर है</p>	<p>IN KILOMETERS <input type="text"/> . <input type="text"/></p>
240	<p>How much time it will take to reach there?</p> <p>वहाँ पहुँचने में कितना समय लगता है ?</p>	<p>IN HOURS <input type="text"/> <input type="text"/></p>

SECTION 3: QUALITY OF CARE AND MEDIA EXPOSURE

भाग 3: सेवाओं की गुणवत्ता व संचार के माध्यमों से सम्पर्क

301	<p>During the last three months, has a health worker visited you at home?</p> <p>क्या पिछले 3 महीनों के दौरान कोई स्वास्थ्य या परिवार नियोजन कार्यकर्ता आपसे मिलने के लिए आपके घर आया?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं..... 2 → 303</p>
302	<p>How many times did the health worker visit you in the last 3 months?</p> <p>पिछले 3 महीनों में कार्यकर्ता आपसे मिलने के लिए कितनी बार आया?</p>	<p>NUMBER संख्या..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>
303	<p>When was the last time a health worker visited you at home?</p> <p>आखिरी बार स्वास्थ्य कार्यकर्ता आपके घर आपसे मिलने के लिए कब आया था?</p> <p style="text-align: center;">If less than 1 month record "00" अगर 1 माह से कम है तो "00" रिकार्ड करें</p>	<p>MONTHS महीने..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>Not visited नहीं आये 97 → 306</p> <p>Don't remember याद नहीं..... 98 → 306</p>
304	<p>Who visited you at that time?</p> <p>उस समय आपसे मिलने के लिए कौन आया था?</p>	<p>Public sector worker सामाजिक क्षेत्र कार्यकर्ता</p> <p>Govt. doctor सरकारी डाक्टर 11</p> <p>Public health nurse..... 12 सामाजिक स्वास्थ्य नर्स</p> <p>ANM/LHVएएनएम/एलएचवी..... 13</p> <p>Male MPW/ Supervisor 14 पुरुष कार्यकर्ता/सुपरवाइज़र</p> <p>Anganwadi worker आंगनवाड़ी कार्यकर्ता 15</p> <p>Village health guide 16 गांव के स्वास्थ्य गाइड</p> <p>Other public sector health workers 17 अन्य सरकारी स्वास्थ्य क्षेत्र के कार्यकर्ता</p> <p>NGO Sector एनजीओ क्षेत्र</p> <p>NGO doctor एनजीओ डाक्टर..... 21</p> <p>NGO workerएनजीओ कार्यकर्ता..... 22</p> <p>Private sector worker निजी क्षेत्र कार्यकर्ता</p> <p>Private doctor निजी डाक्टर 31</p> <p>Private nurse निजी नर्स..... 32</p> <p>Compounder कंपाउंडर 33</p> <p>Traditional healer पारंपरिक वैद्य 34</p> <p>Dai [TBA] दाई 35</p> <p>Other private sector health worker 36 अन्य निजी क्षेत्र के कार्यकर्ता</p> <p>Other अन्य (.....).....96</p>

<p>305</p>	<p>What type of services did you receive during this visit?</p> <p>इस मुलाकात के दौरान आपको क्या-क्या सेवायें मिलीं?</p> <p>Any other service? और कोई सेवा?</p>	<p>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 Other family planning services F अन्य परिवार नियोजन सुविधाएं Child Immunisation 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..... M रोगों का निवारण 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 Immunisation..... Q पोलियो टीकाकरण Other अन्य (.....)..... X</p>
<p>306</p>	<p>Have you visited a health facility or camp for any reasons for yourself or your children in last 3 months?</p> <p>क्या पिछले 3 महीनों में आप अपने लिए (या अपने बच्चों के लिए) किसी कारण से स्वास्थ्य सुविधा या शिविर में गई थीं?</p>	<p>Yes हां 1 No नहीं..... 2 → 311</p>
<p>307</p>	<p>During these visits in last 3 months, what were the different matters talked about?</p> <p>पिछले 3 महीनों में इन मुलाकातों के दौरान कौन-कौन से विषयों पर बातचीत की गई?</p> <p>Anything else? किसी अन्य विषय पर?</p>	<p>Family planning परिवार नियोजन A Breastfeeding स्तनपान B Supplementary Feeding पूरक आहार..... C Child Immunisation 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 देखरेख..... I Postpartum care प्रसवोत्तर देखरेख..... J Child care बच्चे की देखरेख K Sanitation / Cleanliness स्वच्छता..... L Oral rehydration जलीकरण M Polio Immunisation पोलियो टीकाकरण..... N Other अन्य (.....)..... X</p>

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

<p>311</p>	<p>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 3 months or ever before.</p> <p>अब मैं आपसे उन सभी मुलाकातों के बारे में पूछना चाहूंगी जो आपने अपने घर में या कहीं और स्वास्थ्य अथवा परिवार नियोजन कार्यकर्ताओं के साथ पिछले 3 महीनों में या पहले कभी की हैं?</p> <p>During any of these contacts, which methods of delaying or avoiding pregnancy were discussed, if any</p> <p>इनमें से किसी भी मुलाकात के दौरान, गर्भधारण टालने या रोकने के किन-किन तरीकों के विषय में बातचीत हुई, यदि किन्हीं?</p> <p>PROBE: Any other methods discussed? क्या किन्हीं अन्य तरीकों पर बातचीत हुई?</p>	<p>Pill गर्भनिरोधक गोलियां..... A</p> <p>Condom/Nirodh कंडोम/निरोध..... B</p> <p>IUD/Loop आईयूडी/लूप..... C</p> <p>Female sterilization महिला नसबंदी..... D</p> <p>Male sterilization पुरुष नसबंदी E</p> <p>Rhythm / safe period रिदम/सुरक्षित काल पद्धति..... F</p> <p>Withdrawal विच्छेदन G</p> <p>Other अन्य (.....)... X</p> <p>None / never discussed..... Y → 313</p> <p>कोई नहीं/ कभी बातचीत नहीं हुई</p>																																																			
<p>312</p>	<p>Were the advantages/disadvantages of each of the method discussed?</p> <p>क्या इनमें से प्रत्येक उपाय के फायदों/नुकसानों की बात की गई थी ?</p> <p>1. Advantages फायदे 2. Disadvantages नुकसान 3. Both दोनों 4. None कोई नहीं</p> <p>क्या परिवार नियोजन के प्रत्येक उपाय की लाभ/हानि के बारे में चर्चा की?</p> <p>1. लाभ 2. हानि 3. दोनों लाभ व हानि 4. कोई भी नहीं</p>	<p>Pill गर्भनिरोधक गोलियां <input type="checkbox"/></p> <p>Condom/Nirodh कंडोम/निरोध..... <input type="checkbox"/></p> <p>IUD/Loop आईयूडी/लूप <input type="checkbox"/></p> <p>Female Sterilisation महिला नसबंदी <input type="checkbox"/></p> <p>Male Sterilisation पुरुष नसबंदी..... <input type="checkbox"/></p> <p>Rhythm / safe period रिदम/सुरक्षित काल पद्धति.. <input type="checkbox"/></p> <p>Withdrawal विच्छेदन <input type="checkbox"/></p>																																																			
<p>313</p>	<p>In the last three months, have you heard or seen any family planning or reproductive health messages:</p> <p>पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना/देखा है?</p> <p>On radio? रेडियो पर</p> <p>On television? टेलीविजन पर?</p> <p>In a cinema hall or theatre? सिनेमा हाल या थियेटर में?</p> <p>In an outdoor video or film show? खुले में वीडियो या फिल्म शो में?</p> <p>In a newspaper or magazine? अखबार या पत्रिका में?</p> <p>On a poster or banner? पोस्टर या बैनर पर?</p> <p>On a bus or van panel? बस या वैन पर?</p> <p>In a leaflet or handbill? लीफ लेट या कागज पर बने हुए इश्तेहार पर?</p> <p>On a wall painting, wall writing or hoarding दीवारों पर पेंटिंग दीवारों पर लिखाई या होर्डिंग में?</p> <p>In a drama or street play नाटक या नुक्कड़ नाटक में?</p> <p>In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show? लोक नृत्य, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES हां</th> <th>NO नहीं</th> </tr> </thead> <tbody> <tr> <td>RADIO रेडियो.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION टेलीविजन</td> <td>1</td> <td>2</td> </tr> <tr> <td>CINEMA HALL / THEATRE सिनेमा हाल/ थियेटर.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OUTDOOR VIDEO / FILM SHOW</td> <td>1</td> <td>2</td> </tr> <tr> <td>खुले में वीडियो या फिल्म शो</td> <td></td> <td></td> </tr> <tr> <td>NEWSPAPER / MAGAZINE अखबार या पत्रिका.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER/BANNER पोस्टर या बैनर</td> <td>1</td> <td>2</td> </tr> <tr> <td>BUS/ VAN बस/वैन.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLET / HANDBILL</td> <td>1</td> <td>2</td> </tr> <tr> <td>लीफ लेट या कागज पर बने इश्तेहार</td> <td></td> <td></td> </tr> <tr> <td>WALL PAINTING/WALL WRITING HOARDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>दीवारों पर पेंटिंग, दीवारों पर लिखाई या होर्डिंग</td> <td></td> <td></td> </tr> <tr> <td>DRAMA / STREET PLAY</td> <td>1</td> <td>2</td> </tr> <tr> <td>नाटक या नुक्कड़ नाटक</td> <td></td> <td></td> </tr> <tr> <td>FOLK DANCE /NAUTANKI /QAWALI /BIRAHA / ALAHA / PUPPET SHOW / MAGIC SHOW.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>लोक नृत्य, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन</td> <td></td> <td></td> </tr> </tbody> </table>		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 इश्तेहार			WALL PAINTING/WALL WRITING HOARDING.....	1	2	दीवारों पर पेंटिंग, 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, नौटन्की, कवाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन		
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314	CHECK Q313 प्रश्न 313 देखिए AT LEAST ONE 'YES' कम से कम एक 'हां' 'NO' IN ALL 'नहीं' सब में	<table border="1" style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td>Continue जारी रखें</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Go to Q320 प्रश्न 320 देखें</td> </tr> </table>	1	Continue जारी रखें	2	Go to Q320 प्रश्न 320 देखें
1	Continue जारी रखें					
2	Go to Q320 प्रश्न 320 देखें					
315	What messages did you hear? आपने क्या संदेश सुना? Any other message? कोई अन्य संदेश?	Sterilisation 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 देखरेख I Postpartum care प्रसवोत्तर देखरेख J Breastfeeding स्तनपान K Nutrition of mother and child मां और बच्चे का पोषण L Supplementary feeding पूरक आहार M ORS ओआरएस N Child immunisation बच्चों का टीकाकरण O Polio immunisation पोलियो टीकाकरण P Water and sanitation पानी और स्वच्छता Q Others अन्य (.....) X				
316	Is the message you have heard or seen acceptable to you? जो संदेश आपने सुने व देखे हैं, क्या आपको मान्य हैं?	Yes हाँ 1 → 318 No नहीं 2				
317	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 खिलाफ A Against culture सरकार के खिलाफ B No adequate supply/service कोई पर्याप्त सप्लाई/सर्विस नहीं C Not good for children बच्चों के लिये अच्छा नहीं D Other अन्य (.....) .. X				
318	CHECK Q315 जांचिए 315 ANY CODE 'A to E' कोई कोड 'A से E' है ELSE अन्यथा	<table border="1" style="width: 100%;"> <tr> <td style="width: 30px; text-align: center;">1</td> <td>Continue जारी रखें</td> </tr> <tr> <td style="text-align: center;">2</td> <td>Go to Q320 प्रश्न 320 पर जायें</td> </tr> </table>	1	Continue जारी रखें	2	Go to Q320 प्रश्न 320 पर जायें
1	Continue जारी रखें					
2	Go to Q320 प्रश्न 320 पर जायें					
319	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 हाँ 1 No नहीं 2 Can't say कह नहीं सकते 3				
320	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 <input style="width: 40px; height: 20px;" type="text"/> Irregular अनियमितता 8 If '0' go to Q323				
321	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	Yes हाँ 1 No नहीं 2				

322	On an average, in a day, how many hours do you listen to the radio? औसतन एक दिन में, आप कितने दिन घंटे रेडियो सुनते हैं?	NO. OF HOURS घंटों की संख्या <input type="text"/> <input type="text"/>
323	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..... <input type="text"/> Irregular अनियमितता..... 8 If '0' go to Q326
324	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	Yes हां 1 No नहीं..... 2
325	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 <input type="text"/> <input type="text"/>
326	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..... <input type="text"/> Irregular अनियमितता..... 8
327	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 <input type="text"/> <input type="text"/> Irregular अनियमितता..... 88

-: THANK YOU :-
धन्यवाद

AGRA BASELINE SURVEY - 2006
CHILDREN AGE 0-59 MONTHS (0-4 YEARS)

IDENTIFICATION पहचान			
District / जिला _____	AGRA	3	4
Tehsil / Taluk / तहसील / तालुका _____		□	□
City / Town / Village / शहर / कस्बा / गाँव _____		□	□
Urban(नगरीय)-1/ Rural (ग्रामीण)-2/ Notified Slum-3/Un-notified Slum-4.....		□	□
PSU Number / पी. एस. यू. नम्बर.....		□	□
Household number/ घर का नम्बर.....		□	□
Stratum code (HH with child < 3 years -1, Other – 2)		□	□
Number of children 0-59 months (0-4 years) in HH घर में 0-59 महीने(0-4 साल)के बच्चों की संख्या		□	□
INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकारीयें			
Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	_____	□	□
Date of interview साक्षात्कार की तिथि	□ □	□ □	□ □ □ □
	Day दिन,	Month महीना	Year वर्ष
RESULT	परिणाम	CH-1	CH-2
Completed	पूर्ण	1	1
No competent respondent	कोई योग्य उत्तरदाता नहीं	2	2
Postponed	स्थगित.....	3	3
Refused	नकार दिया/मना कर दिया.....	4	4
Partly completed	आंशिक रूप से पूर्ण.....	5	5
Other (specify _____)	टन्य (स्पष्ट करे).....	6	6
SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियाँ			
Name of the supervisor पर्यवेक्षक का नाम	_____		
Remarks टिप्पणियाँ	_____		

CHILDREN AGE 0-59 MONTHS (0-4 YEARS)

NO	QUESTIONS	CODES	CODES
	Name of the child (from HH Schedule)		
501	Child line number (from HH Schedule) बच्चे का लाइन नम्बर (हाउसहोल्ड शैडयूल से)	□ □	□ □
502	Respondent's line number (from HH Schedule) उत्तरदाता का लाइन नम्बर (हाउसहोल्ड के शैडयूल से)	□ □	□ □
503	A. Mother's line number (from HH Schedule) माता का लाइन नम्बर (हाउसहोल्ड के शैडयूल से)	□ □ Living elsewhere..... 88 कहीं और रहती हैं Not alive जीवित नहीं है 99	□ □ Living elsewhere 88 कहीं और रहती हैं Not alive जीवित नहीं है 99
	B. Father's line number (from HH Schedule) पिता का लाइन नम्बर (हाउसहोल्ड के शैडयूल से)	□ □ Living elsewhere..... 88 कहीं और रहता है Not alive जीवित नहीं है 99	□ □ Living elsewhere 88 कहीं और रहता है Not alive जीवित नहीं है 99
504	Sex of the child? बच्चे का लिंग	Male पुरुष..... 1 Female महिला 2	Male पुरुष..... 1 Female महिला 2
505	What is the date of birth of [name]? (नाम) के जन्म की तारीख क्या है ?	DAY □ □ दिन MONTH □ □ महीना YEAR 2 0 0 □ साल	DAY □ □ दिन MONTH □ □ महीना YEAR 2 0 0 □ साल
506	How old is [name]? (नाम) की उम्र क्या है ?	IN MONTHS □ □ [IF > 35 GOTO Q.543]	IN MONTHS □ □ [IF > 35 GOTO Q.543]
507	When [name] was born, was he/she: very large, larger than average, average, smaller than average, or very small? जब (नाम) का जन्म हुआ था तो क्या वह बहुत बड़ा था/बड़ी थी, औसत से बहुत बड़ा था/बड़ी थी, औसतन था/थी, औसत से कम, या बहुत छोटा था /छोटी थी, ?	Very large 1 बहुत बड़ा/बड़ी Larger than average 2 औसत से बड़ा/बड़ी Average 3 औसतन Smaller than average 4 औसतन से छोटा Very small 5 बहुत छोटा/छोटी Don't know नहीं पता 9	Very large 1 बहुत बड़ा/बड़ी Larger than average 2 औसत से बड़ा/बड़ी Average 3 औसतन Smaller than average 4 औसतन से छोटा Very small 5 बहुत छोटा/छोटी Don't know नहीं पता 9
508	Was [name] weighed at birth? क्या जन्म के समय (नाम) का वजन किया गया था	Yes हाँ 1 No नहीं 2 Don't know पता नहीं 9 [IF '2 OR 9' GOTO Q.510]	Yes हाँ 1 No नहीं 2 Don't know पता नहीं 9 [IF '2 OR 9' GOTO Q.510]
509	How much did [name] weigh? (नाम) का वजन कितना था ?	From card कार्ड से 1 From re-call याद से 2 Don't know पता नहीं 9 GRAMS □ □ □ □	From card कार्ड से 1 From re-call याद से 2 Don't know पता नहीं 9 GRAMS □ □ □ □

NO	QUESTIONS	CODES	CODES
	Name of the child (from HH Schedule)		
510	Has [NAME] ever been breastfed? क्या (नाम) ने कभी भी माँ का दूध पिया है ?	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.518]	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.518]
511	How long after birth [NAME] was first put to the breast? जन्म के कितने समय बाद (नाम) को माँ का दूध पिलाया गया था ?	Immediately, Within one hour 000 तुरन्त एक घंटे के अन्दर Hours.....1 <input type="text"/> <input type="text"/> Days.....2 <input type="text"/> <input type="text"/>	Immediately, Within one hour 000 तुरन्त एक घंटे के अन्दर Hours.....1 <input type="text"/> <input type="text"/> Days.....2 <input type="text"/> <input type="text"/>
512	In the first three days after delivery, was [NAME] given anything to drink other than breast milk? (नाम) के जन्म के बाद पहले तीन दिनों में क्या उसे माँ के दूध के अलावा कोई और चीज पीने को दी गई थी ?	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.514]	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.514]
513	What was [NAME] given to drink? (नाम) को क्या पीने के लिये दिया गया था ?	Milk (other than breast milk) ...A दूध (माँ के दूध के अलावा) Plain water सादा पानीB Sugar or glucose water C चीनी या गलूकोज़ Gripe water ग्राइप वाटर D Sugar-salt-water solution.....E चीनी-नमक-पानी का घोल Fruit juice फलों का जूसF Infant formula इन्फैंट फार्मूला..... G Tea चाय H Honey शहद..... I Janam Gutti जन्म घुट्टी J Other (.....).X	Milk (other than breast milk) ...A दूध (माँ के दूध के अलावा) Plain water सादा पानीB Sugar or glucose water C चीनी या गलूकोज़ Gripe water ग्राइप वाटर D Sugar-salt-water solution.....E चीनी-नमक-पानी का घोल Fruit juice फलों का जूसF Infant formula इन्फैंट फार्मूला G Tea चाय H Honey शहद..... I Janam Gutti जन्म घुट्टी J Other (.....).X
514	Is [NAME] still given breast milk? क्या (नाम) अभी भी माँ का दूध पी रहा है ?	Yes हाँ 1 [IF '1' GOTO Q.516] No नहीं 2	Yes हाँ 1 [IF '1' GOTO Q.516] No नहीं 2
515	How many months did [NAME] given breast milk? (नाम) को कितने महीने तक माँ का दूध पिलाया गया ?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98 [GO TO Q.518]	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW..... 98 [GO TO Q.518]
516	How many times did [NAME] breastfed last night between sunset and sunrise? पिछली रात (सूर्य अस्त और सूर्योदय के बीच) (नाम) को कितनी बार माँ का दूध पिलाया गया था ?	Number of night time feedings <input type="text"/> <input type="text"/>	Number of night time feedings <input type="text"/> <input type="text"/>
517	How many times did [NAME] breastfed yesterday during the daylight hours? कल दिन के समय (नाम) को कितनी बार माँ का दूध पिलाया गया ?	Number of day time feedings <input type="text"/> <input type="text"/>	Number of day time feedings <input type="text"/> <input type="text"/>
518	Did [NAME] drink anything from a bottle with a nipple yesterday or last night? क्या (नाम) ने कल या पिछली रात निप्पल वाली बोतल के साथ कुछ भी पिया था ?	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9

NO	QUESTIONS	CODES			CODES				
	<i>Name of the child (from HH Schedule)</i>								
519	<p>Now I would like to ask you about liquids [NAME] drank yesterday during the day or night. अब मैं आपसे तरल पदार्थों के बारे में पूछना चाहूंगा जिन्हें कल दिन या रात के दौरान (नाम) ने पिया था।</p> <p>Did [NAME] drink क्या (नाम) ने यह पिया था:</p> <p>A. Plain water सादा पानी?</p> <p>B. Commercially produced infant formula? कमर्शियली बनाया गया इफैंट फार्मूला</p> <p>C. Any other milk such as tinned, powdered, or fresh animal milk? कोई अन्य दूध जैसे टिन वाला, पाउडर वाला, या जानवर का ताजा दूध ?</p> <p>D. Fruit juice फलों का जूस?</p> <p>E. Tea or coffee चाय या कॉफी?</p> <p>F. Any other liquid कोई और लिक्विड</p>		Y	N	DK		Y	N	DK
	A. Plain water सादा पानी?	A. Plain water1	2	9	A. Plain water1	2	9		
	B. Commercially produced infant formula? कमर्शियली बनाया गया इफैंट फार्मूला	B. Com. Form1	2	9	B. Com. Form1	2	9		
	C. Any other milk such as tinned, powdered, or fresh animal milk? कोई अन्य दूध जैसे टिन वाला, पाउडर वाला, या जानवर का ताजा दूध ?	C. Milk1	2	9	C. Milk1	2	9		
	D. Fruit juice फलों का जूस?	D. Juice1	2	9	D. Juice1	2	9		
	E. Tea or coffee चाय या कॉफी?	E. Tea/Coffee1	2	9	E. Tea/Coffee1	2	9		
	F. Any other liquid कोई और लिक्विड	F. Other liquids ..1	2	9	F. Other liquids ..1	2	9		
520	<p>Now I would like to ask you about the food [NAME] ate yesterday during the day or night, either separately or combined with other foods. अब मैं आपसे खाने के बारे में पूछना चाहूंगी जो (नाम) ने कल . दिन या रात के समय अलग से या अन्य भोजनों के साथ खाया था।</p> <p>Did [NAME] ate:</p> <p>A. Any porridge or gruel? कोई खिचड़ी या दलिया ?</p> <p>B. Any commercially fortified baby food such as Cerelac or Farex? कोई कमर्शियल फोर्टीफाइड बेबी फूड जैसे सेरेलेक या फेरेक्स ?</p> <p>C. Any bread, rotli, chapatti, rice, noodles, biscuits, idli, or any other foods made from grains? कोई ब्रेड, रोटी, चपाती, चावल, नूडल्स, बिस्किट, इडली या दानों से बनाया गया कोई अन्य फूड</p> <p>D. Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside? कोई कद्दू, गाजरें, या मीठे आलू जो अन्दर से पीले या नारंगी हों ?</p> <p>E. Any white potatoes, white yams, cassava, or any other foods made from roots? कोई सफेद आलू, सफेद जिमिकंद, केसेवा या जड़ों से बना हुआ कोई भोजन ?</p> <p>F. Any dark, green, leafy vegetables? कोई गाढी, हरी, पत्तों वाली सब्जियाँ ?</p> <p>G. Any ripe mangoes, papayas, cantaloupes, or jackfruit? कोई पके आम, पपीते, खरबूजा या कटहल ?</p> <p>H. Any other fruits or vegetables? कोई अन्य फल या सब्जियाँ ?</p> <p>I. Any liver, kidney, heart or other organ meats? कोई जिगर, गुर्दा, दिल या अन्य अंग का गोस्त?</p> <p>J. Any beef, pork, lamb, goat, or rabbit? कोई गाय, सुअर, ममने, बकरी या खरगोश का माँस/ गोस्त?</p> <p>K. Any chicken, duck or other birds? कोई मुर्गा, बतख या अन्य पक्षियों का माँस/ गोस्त?</p> <p>L. Any eggs?कोई अंडे ?</p> <p>M. Any fresh or dried fish or shellfish?</p>		Y	N	DK		Y	N	DK
	A. Any porridge or gruel? कोई खिचड़ी या दलिया ?	A.....1	2	9	A.....1	2	9		
	B. Any commercially fortified baby food such as Cerelac or Farex? कोई कमर्शियल फोर्टीफाइड बेबी फूड जैसे सेरेलेक या फेरेक्स ?	B.....1	2	9	B.....1	2	9		
	C. Any bread, rotli, chapatti, rice, noodles, biscuits, idli, or any other foods made from grains? कोई ब्रेड, रोटी, चपाती, चावल, नूडल्स, बिस्किट, इडली या दानों से बनाया गया कोई अन्य फूड	C.....1	2	9	C.1	2	9		
	D. Any pumpkin, carrots, or sweet potatoes that are yellow or orange inside? कोई कद्दू, गाजरें, या मीठे आलू जो अन्दर से पीले या नारंगी हों ?	D.....1	2	9	D.1	2	9		
	E. Any white potatoes, white yams, cassava, or any other foods made from roots? कोई सफेद आलू, सफेद जिमिकंद, केसेवा या जड़ों से बना हुआ कोई भोजन ?	E.....1	2	9	E.....1	2	9		
	F. Any dark, green, leafy vegetables? कोई गाढी, हरी, पत्तों वाली सब्जियाँ ?	F.....1	2	9	F.....1	2	9		
	G. Any ripe mangoes, papayas, cantaloupes, or jackfruit? कोई पके आम, पपीते, खरबूजा या कटहल ?	G.1	2	9	G.1	2	9		
	H. Any other fruits or vegetables? कोई अन्य फल या सब्जियाँ ?	H.....1	2	9	H1	2	9		
	I. Any liver, kidney, heart or other organ meats? कोई जिगर, गुर्दा, दिल या अन्य अंग का गोस्त?	I.....1	2	9	I.....1	2	9		
	J. Any beef, pork, lamb, goat, or rabbit? कोई गाय, सुअर, ममने, बकरी या खरगोश का माँस/ गोस्त?	J1	2	9	J1	2	9		
	K. Any chicken, duck or other birds? कोई मुर्गा, बतख या अन्य पक्षियों का माँस/ गोस्त?	K.....1	2	9	K.....1	2	9		
	L. Any eggs?कोई अंडे ?	L1	2	9	L1	2	9		
	M. Any fresh or dried fish or shellfish?	M1	2	9	M1	2	9		

NO	QUESTIONS	CODES	CODES
	Name of the child (from HH Schedule)		
	कोई मछली या सूखी मछली या शैलफिश ? N. Any foods made from beans, peas or lentils? कोई फलियों, मटर या मसूर से बना भोजन O. Any nuts? कोई नट्स P. Any cheese or yogurt? कोई पनीर या योगर्ट Q. Any food made with oil, fat or butter? तेल, फैट या मक्खन से बना कोई भोजन R. Any other solid or semi-solid food? कोई अन्य ठोस या आधा ठोस खाना ?	N.....1 2 9 O1 2 9 P.....1 2 9 Q1 2 9 R.....1 2 9	N1 2 9 O1 2 9 P.....1 2 9 Q1 2 9 R1 2 9
521	CHECK Q.520	AT LEAST ONE `YES` <input type="checkbox"/> CONTINUE NOT A SINGLE `YES` <input type="checkbox"/> GO TO Q.523	AT LEAST ONE `YES` <input type="checkbox"/> CONTINUE NOT A SINGLE `YES` <input type="checkbox"/> GO TO Q.523
522	How many times did [NAME] eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? कल (नाम) ने दिन में या रात के दौरान तरल पदार्थों के अलावा कितनी बार ठोस या आधा ठोस या नर्म खाना खाया ? IF 7 OR MORE TIMES, RECORD `7`.	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW9	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW9
523	CHECK Q.510 & Q.514	`YES` IN BOTH <input type="checkbox"/> GO TO Q.525 AT LEAST ONE `NO` <input type="checkbox"/> CONTINUE	`YES` IN BOTH <input type="checkbox"/> GO TO Q.525 AT LEAST ONE `NO` <input type="checkbox"/> CONTINUE
524	Why did [NAME] was not given/stopped giving breast milk? (नाम) को माँ का दूध क्यों नहीं दिया गया था/देना बन्द कर दिया था ?	Mother ill/weak 01 माँ बीमार/कमजोर Nipple/feeding problem 02 निप्पल/पिलाने की समस्या Mother not at home 03 माँ घर पर नहीं रहती Mother working..... 04 माँ काम करती है Became pregnant..... 05 गर्भवती हो गई Started using contraception.. 06 गर्भनिरोधक इस्तेमाल करना शुरू कर दिया Child ill/weak 07 बच्चा बीमार/कमजोर Insufficient milk..... 08 अपर्याप्त दूध Child refused 09 बच्चे ने मना कर दिया Weaning age 10 बच्चे की दूध छोड़ने की उम्र हो गई Other (.....) . 97	Mother ill/weak 01 माँ बीमार/कमजोर Nipple/feeding problem 02 निप्पल/पिलाने की समस्या Mother not at home 03 माँ घर पर नहीं रहती Mother working..... 04 माँ काम करती है Became pregnant..... 05 गर्भवती हो गई Started using contraception.. 06 गर्भनिरोधक इस्तेमाल करना शुरू कर दिया Child ill/weak 07 बच्चा बीमार/कमजोर Insufficient milk..... 08 अपर्याप्त दूध Child refused 09 बच्चे ने मना कर दिया Weaning age 10 बच्चे की दूध छोड़ने की उम्र हो गई Other (.....) . 97

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525	<p>Do you have a card/chit/prescription where [NAME'S] vaccination details are written down? क्या आपके पास कोई कार्ड/चिट/नुस्खा है जिस पर (नाम) को लगे टीकों का विवरण लिखा हुआ है ?</p> <p>IF YES: May I see it, please? क्या मैं इसे देख सकती हूँ</p>	<p>Yes, card seen 1 हाँ, कार्ड देखा [IF '1' GOTO Q.527]</p> <p>Yes, card not seen..... 2 हाँ, कार्ड नहीं देखा [IF '2' GOTO Q.529]</p> <p>No card कोई कार्ड नहीं है 3</p> <p>Don't know पता नहीं 9</p>	<p>Yes, card seen 1 हाँ, कार्ड देखा [IF '1' GOTO Q.527]</p> <p>Yes, card not seen 2 हाँ, कार्ड नहीं देखा [IF '2' GOTO Q.529]</p> <p>No card कोई कार्ड नहीं है 3</p> <p>Don't know पता नहीं 9</p>																																																																																																																																																																																																
526	<p>Did you ever have a vaccination card / chit / prescription for [NAME]? क्या आपने कभी भी (नाम) का कार्ड/चिट/नुस्खा बनवाया है ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9 [GOTO Q.529]</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9 [GOTO Q.529]</p>																																																																																																																																																																																																
527	<p>a. Copy vaccination date for each vaccine from the card/chit/prescription. कार्ड/चिट/नुस्खे से प्रत्येक टीके की तारीख की नकल करें।</p> <p>b. Write '44' in the day column if card/chit/prescription shows that a vaccination was given but no date is recorded. अगर कार्ड/चिट/नुस्खा दिखाता है कि टीका लगाया गया था लेकिन तारीख दर्ज नहीं है तो दिन के कॉलम में '44' लिखें।</p> <p>If no date is given on card code '98' as necessary. अगर कार्ड पर कोई तारीख नहीं दी गई है तो जरूरत के अनुसार '98' का कोड करें।</p>	<table border="1"> <thead> <tr> <th></th> <th>D</th> <th>M</th> <th>Y</th> <th></th> <th>D</th> <th>M</th> <th>Y</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEASLES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VIT.A - I</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VIT.A - II</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		D	M	Y		D	M	Y	BCG								POLIO-0								POLIO-1								POLIO-2								POLIO-3								DPT-1								DPT-2								DPT-3								MEASLES								VIT.A - I								VIT.A - II								<table border="1"> <thead> <tr> <th></th> <th>D</th> <th>M</th> <th>Y</th> <th></th> <th>D</th> <th>M</th> <th>Y</th> </tr> </thead> <tbody> <tr> <td>BCG</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-0</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>POLIO-3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-2</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>DPT-3</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>MEASLES</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VIT.A - I</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>VIT.A - II</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		D	M	Y		D	M	Y	BCG								POLIO-0								POLIO-1								POLIO-2								POLIO-3								DPT-1								DPT-2								DPT-3								MEASLES								VIT.A - I								VIT.A - II							
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528	<p>Has [NAME] received any vaccinations that are not recorded on this card/chit/prescription? क्या (नाम) को कोई ऐसा टीका लगा है जो इस कार्ड/चिट/नुस्खे पर रिकॉर्ड नहीं किया गया है ?</p> <p>IF YES: PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN Q.527, ELSE GO TO Q.536 अगर हाँ : तो टीकों के लिये प्रोब करें और प्रश्न 527 में दिन के समान कॉल में 66 लिखें</p>	<p>Yes हाँ..... 1 [PROBE]</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.536]</p>	<p>Yes हाँ..... 1 [PROBE]</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.536]</p>																																																																																																																																																																																																
529	<p>Has [NAME] ever received any vaccinations to prevent him/her from getting diseases? क्या (नाम) को कभी भी बीमारियों से बचाने के लिये कोई टीके लगवाये गये हैं ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.538]</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.538]</p>																																																																																																																																																																																																
530	<p>Has [NAME] ever been given a BCG vaccination against tuberculosis – that is, an injection in the left shoulder that caused a scar? क्या (नाम) को कभी भी टीबी (तपेदिक) से बचाने के लिये बी सी जी का टीका लगाया गया है—मतलब बाँयें कंधे में टीका जो निशान बना देता है ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9</p>																																																																																																																																																																																																
531	<p>Has [NAME] ever been given any "vaccination drops in the mouth to protect him/her from getting diseases – that is, polio? क्या (नाम) को कभी भी बीमारियों—मतलब पोलियो से बचाने के लिये मुँह से कोई खुराक पिलाई गई है ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.533]</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.533]</p>																																																																																																																																																																																																

532	How many times he/she been given these drops? उसे ये खुराकें कितनी बार पिलाई गई हैं ?	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>
533	Has [NAME] ever been given "vaccination injections" – that is, an injection in the thigh or buttocks – to prevent him/her from getting tetanus, whooping cough, diphtheria? (Mostly given along with Polio) क्या (नाम) को कभी भी टीका-इन्जेक्शन लगाया गया है- मतलब जोंघों या नितम्बों पर इन्जेक्शन जिसे टिटनस, काली खाँसी, डिफ्थीरिया से बचाने के लिये (ज्यादातर पोलियो के साथ) दिया जाता है ?	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9 [IF '2 OR 9' GOTO Q.535]	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9 [IF '2 OR 9' GOTO Q.535]
534	How many times did he/she receive these injections? उसे ये टीके कितनी बार लगवाये गये थे ?	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>
535	Has [NAME] ever been given an injection to prevent "measles" – that is a shot in the thigh/arm after 9 months of age? क्या (नाम) को कभी भी खसरे से बचाने के लिये टीका लगवाया गया है-मतलब जोंघों/बाँहों में 9 महीने के बाद एक शॉट ?	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9
536	CHECK Q.527 TO Q.535 RECEIVED VACCINATION	ANY VACCINATION <input type="checkbox"/> CONTINUE NO VACCINATION <input type="checkbox"/> GOTO Q.538	ANY VACCINATION <input type="checkbox"/> CONTINUE NO VACCINATION <input type="checkbox"/> GOTO Q.538
537	Where did [NAME] receive most of his/her vaccinations? (नाम) को ज्यादातर टीके कहाँ से लगवाये गये थे ? IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE अगर अस्पताल, हेल्थ सेंटर या पब्लिक क्लिनिक या प्राइवेट मैडीकल सैक्टर बताने में असमर्थ हों तो स्थान का पूरा नाम लिखें _____	PUBLIC SECTOR Govt./Municipal hospital 11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary..... 12 सरकारी औषधालय UHC/UHP/UFWC..... 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC/RUR. HOSP/PHC..... 14 सीएचसी / ग्रामीण अस्पताल / पीएचसी Sub-centre उपकेन्द्र 15 Govt. mobile clinic..... 16 सरकारी चलता-फिरता दवाखाना RCH Camp कैम्प..... 17 Anganwadi /ICDS centre 18 ऑगन बाड़ी/आई सी डी एस सेंटर Other pub. sect. health facility.. 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO/TRUST HOSP./ CLINIC21 एनजीओ / ट्रस्ट अस्पताल / क्लिनिक PVT. MED. SECTOR प्राइवेट मिड सेंटर Pvt. hospital निजी अस्पताल.....31 Pvt. doctor/clinic.....32 निजी डॉक्टर / क्लिनिक Pvt. paramedic.....33 प्राइवेट पैरामेडिक Vaidya/ Hakim/ Homeopath34 वैद्य / हकीम / होम्योपैथ Pharmacy/Drugstore35 फार्मसी / दवाइयों की दुकान Other pvt. health facility.36 अन्य प्राइवेट स्वास्थ्य सुविधा Other (.....) ..96	PUBLIC SECTOR Govt./Municipal hospital 11 सरकारी / नगरपालिका अस्पताल Govt. Dispensary..... 12 सरकारी औषधालय UHC/UHP/UFWC 13 यूएचसी / यूएचपी / यूएफडब्ल्यू सी CHC/RUR. HOSP/PHC 14 सीएचसी / ग्रामीण अस्पताल / पीएचसी Sub-centre उपकेन्द्र 15 Govt. mobile clinic..... 16 सरकारी चलता-फिरता दवाखाना RCH Camp कैम्प 17 Anganwadi /ICDS centre 18 ऑगन बाड़ी/आई सी डी एस सेंटर Other pub. sect. health facility . 19 अन्य लोकक्षेत्र स्वास्थ्य सुविधा NGO/TRUST HOSP./ CLINIC..... 21 एनजीओ / ट्रस्ट अस्पताल / क्लिनिक PVT. MED. SECTOR प्राइवेट मिड सेंटर Pvt. hospital निजी अस्पताल 31 Pvt. doctor/clinic 32 निजी डॉक्टर / क्लिनिक Pvt. paramedic 33 प्राइवेट पैरामेडिक Vaidya/ Hakim/ Homeopath..... 34 वैद्य / हकीम / होम्योपैथ Pharmacy/Drugstore 35 फार्मसी / दवाइयों की दुकान Other pvt. health facility. 36 अन्य प्राइवेट स्वास्थ्य सुविधा Other (.....) . 96

538	How many days old was [NAME] when he/she was given bath for the first time? जब (नाम) को पहली बार नहलाया गया था तो वह कितने दिनों का धा/की थी ?	NO. OF DAYS <input type="text"/> DON'T KNOW9	NO. OF DAYS..... <input type="text"/> DON'T KNOW..... 9
539	How [NAME] was kept warm during his/her first week of life? (नाम) के जन्म के पहले हफ्ते के दौरान उसे कैसे गर्म रखा गया था ? Any other? और कुछ ?	By kangaroo methodA कंगारू की तरह Wrapped in layers of clothB कपड़े की परत में लपेटा था Keep the baby in a warm बच्चे को गर्मी में रखते हैं room C कमरा Other (specify)..... D Don't remember.....E	By kangaroo methodA कंगारू की तरह Wrapped in layers of clothB कपड़े की परत में लपेटा था Keep the baby in a warm बच्चे को गर्मी में रखते हैं room C कमरा Other (specify)..... D Don't rememberE
540	Did AWW monitor and records growth of [NAME] any time during the past 3 months? क्या पिछले 3 महीने के दौरान किसी समय ऑगनबाडी कार्यकर्ता ने (नाम) की बढ़ोतरी की जाँच की थी और उसे रिकॉर्ड किया था ?	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं.....9	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं..... 9
541	In the last three days, did [NAME] consume any of the Vitamin A rich food such as yellow fruits, green leafy vegetables etc? पिछले तीन दिनों में क्या (नाम) ने कोई विटामिन ए से भरपूर खाना खाया है जैसे पीले फल, हरे पत्तों वाली सब्जियाँ आदि ?	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं.....9	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं.....9
542	Was Vitamin A liquid or capsule given to [NAME] to protect him/her from night blindness? क्या (नाम) को रातोंधी से बचाने के लिये कोई तरल पदार्थ या कैपसूल दिया गया था ? IF YES: Is he/she received a dose during past six months? अगर हाँ तो क्या उसने पिछले 6 महीने में खुराक ली है ?	Child below 9 months 1 9 महीने से कम का बच्चा Yes, past six months 2 हाँ, पिछले 6 महीने Yes, before six months..... 3 हाँ 6 महीने पहले Not given 4 नहीं दिया था Don't know 9 पता नहीं	Child below 9 months 1 9 महीने से कम का बच्चा Yes, past six months 2 हाँ, पिछले 6 महीने Yes, before six months..... 3 हाँ 6 महीने पहले Not given 4 नहीं दिया था Don't know 9 पता नहीं
543	Has [NAME] had diarrhea in the last 2 weeks, that is, since ----- day of the week before last? क्या (नाम) को पिछले 2 हफ्तों में दस्त/डायरिया हुआ है, मतलब पिछले से पहले हफ्ते के दिन से ?	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं9 <i>[IF '2 OR 9' GOTO Q.556]</i>	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं9 <i>[IF '2 OR 9' GOTO Q.556]</i>
544	Was there any blood in the stools? क्या मल में खून आया था ?	Yes हाँ 1 No नहीं2 Don't know पता नहीं.....9	Yes हाँ 1 No नहीं2 Don't know पता नहीं.....9
545	Now I would like to know how much [NAME] was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? अब मैं जानना चाहूँगी कि (नाम) को दस्त/डायरिया के दौरान कितना पीने को दिया गया था। क्या उसे आमतौर से कम पीने को दिया गया था, करीब उतनी ही मात्रा पीने को दी गई थी, या आमतौर से ज्यादा मात्रा पीने को दी गई थी ? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? अगर कम तो प्रोब करें : क्या उसे आमतौर से बहुत कम मात्रा पीने को दी गई थी या थोड़ी कम ?	Much less बहुत कम 1 Some what less उतना ही2 About the same लगभग बराबर ...3 More ज्यादा 4 Nothing to drink 5 पीने को कुछ भी नहीं दिया Don't know पता नहीं 9	Much less बहुत कम 1 Some what less उतना ही2 About the same लगभग बराबर ...3 More ज्यादा 4 Nothing to drink 5 पीने को कुछ भी नहीं दिया Don't know पता नहीं 9

546	<p>When [NAME] had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>जब (नाम) को दस्त/डायरिया हुआ था तो क्या उसे आमतौर से कम खाने को दिया गया था, करीब उतना ही खाने को दिया गया था, आमतौर से कम खाने को दिया गया था या कुछ भी खाने को नहीं दिया गया था ?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p>अगर कम तो प्रोब करें : क्या उसे आमतौर से ज्यादा कम खाने को दिया गया था या थोड़ा कम ?</p>	<p>Much less 1 बहुत कम</p> <p>Some what less 2 थोड़ा कम</p> <p>About the same 3 लगभग उतना ही</p> <p>More 4 ज्यादा</p> <p>Sopped food 5 पतला खाना</p> <p>Never give food 6 कभी भी खाना नहीं देते</p> <p>Don't know 9 पता नहीं</p>	<p>Much less 1 बहुत कम</p> <p>Some what less 2 थोड़ा कम</p> <p>About the same 3 लगभग उतना ही</p> <p>More 4 ज्यादा</p> <p>Sopped food 5 पतला खाना</p> <p>Never give food 6 कभी भी खाना नहीं देते</p> <p>Don't know 9 पता नहीं</p>
547	<p>Did you seek advice or treatment for the diarrhea from any source?</p> <p>क्या आपने किसी साधन से दस्त/डायरिया के लिये सलाह ली थी या इलाज करवाया था ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p> <p>[IF '2 OR 9' GOTO Q.552]</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p> <p>[IF '2 OR 9' GOTO Q.552]</p>
548	<p>Where did you seek advice or treatment? आपने सलाह कहाँ से ली या कहाँ से इलाज करवाया ?</p> <p>Anywhere else? और कहाँ से ?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S)</p> <p>अगर अस्पताल, हेल्थ सेंटर या पब्लिक क्लिनिक या प्राइवेट मैडीकल सेंटर, बताने में असमर्थ हों तो उस स्थान(स्थानों)का नाम पूछें।</p> <p>_____</p>	<p>PUBLIC SECTOR</p> <p>Govt./Municipal hospitalA सरकारी/नगरपालिका अस्पताल</p> <p>Govt. Dispensary.....B सरकारी औषधालय</p> <p>UHC/UHP/UFWC..... C यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC/RUR. HOSP/PHC..... D सीएचसी / ग्रामीण अस्पताल / पीएचसी</p> <p>Sub-centre उपकेन्द्र E</p> <p>Govt. mobile clinic..... F सरकारी चलता-फिरता दवाखाना</p> <p>RCH Camp कैम्प.....G</p> <p>Anganwadi /ICDS centre H ऑंगन बाड़ी/आई सी डी एस सेंटर</p> <p>Other pub. sect. health facility.....I अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO/TRUST HOSP./ CLINIC.....J एनजीओ / ट्रस्ट अस्पताल / क्लिनिक</p> <p>PVT. MED. SECTOR</p> <p>Pvt. hospital निजी चिकित्सालय... K</p> <p>Pvt. doctor/clinicL निजी डॉक्टर/क्लिनिक</p> <p>Pvt. paramedic प्राइ पैरामेडिक.....M</p> <p>Vaidya/ Hakim/ Homeopath N वैद्य / हकीम / होम्योपैथ</p> <p>Pharmacy/Drugstore O फार्मसी / दवाइयों की दुकान</p> <p>Traditional healer P पारम्परिक इलाज करने वाला</p> <p>Other pvt. health facility.Q अन्य प्राइवेट स्वास्थ्य सुविधा</p> <p>OTHER SOURCES</p> <p>SHOP दुकान..... R</p> <p>Friend/ Relative दोस्त / रिश्तेदार.. S</p> <p>Other (.....). X</p>	<p>PUBLIC SECTOR</p> <p>Govt./Municipal hospitalA सरकारी/नगरपालिका अस्पताल</p> <p>Govt. Dispensary.....B सरकारी औषधालय</p> <p>UHC/UHP/UFWC..... C यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC/RUR. HOSP/PHC..... D सीएचसी / ग्रामीण अस्पताल / पीएचसी</p> <p>Sub-centre उपकेन्द्र E</p> <p>Govt. mobile clinic F सरकारी चलता-फिरता दवाखाना</p> <p>RCH Camp कैम्प..... G</p> <p>Anganwadi /ICDS centre H ऑंगन बाड़ी/आई सी डी एस सेंटर</p> <p>Other pub. sect. health facility I अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO/TRUST HOSP./ CLINIC..... J एनजीओ / ट्रस्ट अस्पताल / क्लिनिक</p> <p>PVT. MED. SECTOR</p> <p>Pvt. hospital निजी चिकित्सालय ...K</p> <p>Pvt. doctor/clinic..... L निजी डॉक्टर/क्लिनिक</p> <p>Pvt. paramedic प्राइ पैरामेडिक..... M</p> <p>Vaidya/ Hakim/ Homeopath..... N वैद्य / हकीम / होम्योपैथ</p> <p>Pharmacy/Drugstore O फार्मसी / दवाइयों की दुकान</p> <p>Traditional healer..... P पारम्परिक इलाज करने वाला</p> <p>Other pvt. health facility. Q अन्य प्राइवेट स्वास्थ्य सुविधा</p> <p>OTHER SOURCES</p> <p>SHOP दुकान R</p> <p>Friend/ Relative दोस्त / रिश्तेदार.. S</p> <p>Other (.....) .X</p>

549	CHECK Q.548	MORE THAN ONE CODE CIRCLED <input type="checkbox"/> CONTINUE ONLY ONE CODE CIRCLED <input type="checkbox"/> GOTO Q.551	MORE THAN ONE CODE CIRCLED <input type="checkbox"/> CONTINUE ONLY ONE CODE CIRCLED <input type="checkbox"/> GOTO Q.551
550	Where did you first seek advice or treatment? आपने सबसे पहली कहीं से सलाह ली या इलाज करवाया था ? USE LETTER CODE FROM Q.548	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
551	How many days after the diarrhea began did you first seek advice or treatment for [NAME]? दस्त/डायरिया शुरू होने के कितने दिनों बाद आपने सर्वप्रथम सलाह ली या इलाज करवाया ? IF THE SAME DAY, RECORD '00'	DAYS <input type="text"/>	DAYS <input type="text"/>
552	Does [NAME] still have diarrhea? क्या (नाम) को अभी भी दस्त/डायरिया है ?	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9
553	Was he/she given any of the following to drink at any time since he/she started having the diarrhea? जब से उसको दस्त/डायरिया शुरू हुआ उस समय से उसे निम्नलिखित में से किसी को पीने के लिये दिया गया था ? A. A fluid made from a special packet called ORS? एक तरल पदार्थ ओ आर एस नाम के खास पैकेट से बनाते हैं ? B. Gruel made from rice or other local grain? चावल या अन्य स्थानीय अनाज से बना दलिया	Y N DK A. ORS1 2 9 B. GRUEL1 2 9	Y N DK A. ORS1 2 9 B. GRUEL1 2 9
554	Was anything (else) given to treat the diarrhea? क्या दस्त/डायरिया का इलाज करने के लिये कुछ (अतिरिक्त) दिया गया था ?	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.556]	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.556]
555	What (else) was given to treat the diarrhea? दस्त/डायरिया का इलाज करने के लिये क्या (अतिरिक्त) दिया गया था ? Anything else? और कुछ ? RECORD ALL TREATMENTS GIVEN	PILL OR SYRUP Antibioticएंटीबायोटिक A Antimotilityएंटीमोटिलिटी B Zinc जिंक C Other (not anti-biotic, anti-motility, or zinc) D एंटर-मोटिलिटी, या जिंक) Unknown pill or syrup..... E अनजान गोली या सिरप INJECTION Antibioticएंटीबायोटिक F Non-antibiotic नॉन एंटीबायोटिक ..G Unknown injection अनजान टीका...H Intravenous इंद्रावीनसI Home remedy/ Herbal medicine...J घरेलू इलाज/ हर्बल दवाई Other (.....)...X	PILL OR SYRUP Antibioticएंटीबायोटिक A Antimotilityएंटीमोटिलिटी B Zinc जिंक C Other (not anti-biotic, anti-motility, or zinc) D एंटर-मोटिलिटी, या जिंक) Unknown pill or syrup..... E अनजान गोली या सिरप INJECTION Antibioticएंटीबायोटिक F Non-antibiotic नॉन एंटीबायोटिक ..G Unknown injection अनजान टीका.. H Intravenous इंद्रावीनस I Home remedy/ Herbal medicine... J घरेलू इलाज/ हर्बल दवाई Other (.....)...X
556	Has [NAME] been ill with fever at any time in the last 2 weeks, that is, since ----- day of the week before last? क्या (नाम) पिछले 2 हफ्तों में किसी भी समय बुखार के साथ बीमार हुआ है, मतलब पिछली बार से पहले हफ्ते केदिन से ?	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9
557	Has [NAME] been ill with cough at any time in the last 2 weeks, that is, since ----- day of the week before last? क्या (नाम) पिछले 2 हफ्तों में किसी समय खासी के साथ बीमार हुआ था, मतलब पिछली बार से पहले हफ्ते के दिन से ?	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.560]	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.560]

558	<p>When [NAME] had an illness with cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?</p> <p>जब (नाम) खासी के कारण बीमार था/थी तो क्या उसकी साँस आमतौर की तुलना में तेज चल रही थी, तेजी से चल रही थी, या साँस लेने में परेशानी हो रही थी ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p> <p>[IF '2 OR 9' GOTO Q.560]</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p> <p>[IF '2 OR 9' GOTO Q.560]</p>
559	<p>When [NAME] had this illness, did he/she have a problem in the chest or a blocked or runny nose?</p> <p>जब (नाम) को यह बीमारी थी तो क्या उसे छाती में समस्या थी या छाती जाम थी या नाक बह रही थी ?</p>	<p>Chest only सिर्फ छाती..... 1</p> <p>Nose only सिर्फ नाक 2</p> <p>Both chest and nose..... 3</p> <p>छाती और नाम दोनों</p> <p>Other (.....) ... 7</p> <p>Don't know 9</p> <p>पता नहीं</p>	<p>Chest only सिर्फ छाती 1</p> <p>Nose only सिर्फ नाक 2</p> <p>Both chest and nose 3</p> <p>छाती और नाम दोनों</p> <p>Other (.....) ... 7</p> <p>Don't know 9</p> <p>पता नहीं</p>
560	<p>CHECK Q.556 & Q.557</p> <p>HAD FEVER OR COUGH?</p>	<p>AT LEAST ONE 'YES' ... <input type="checkbox"/></p> <p>CONTINUE</p> <p>BOTH 'NO' <input type="checkbox"/></p> <p>GOTO Q.574</p>	<p>AT LEAST ONE 'YES' ... <input type="checkbox"/></p> <p>CONTINUE</p> <p>BOTH 'NO' <input type="checkbox"/></p> <p>GOTO Q.574</p>
561	<p>How long ago did the (fever/cough) start?</p> <p>(बुखार/खासी) कितने समय पहले शुरू हुआ था ?</p> <p>IF LESS THAN ONE WEEK RECORD NUMBER OF DAYS AGO, OTHERWISE RECORD WEEKS AGO</p> <p>अगर एक हफ्ते से कम है तो दिनों की संख्या रिकॉर्ड करें, अन्यथा हफ्ते रिकॉर्ड करें।</p>	<p>NO. OF DAYS AGO 1 <input type="text"/></p> <p>NO. OF WEEKS AGO 2 <input type="text"/></p> <p>DON'T KNOW 998</p>	<p>NO. OF DAYS AGO 1 <input type="text"/></p> <p>NO. OF WEEKS AGO 2 <input type="text"/></p> <p>DON'T KNOW 998</p>
562	<p>Now I would like to know how much [NAME] was given to drink during the illness with a (fever/cough).</p> <p>अब मैं जानना चाहूँगी कि (बुखार/खाँसी)के कारण इस बीमारी के दौरान (नाम) को कितना पीने के लिये दिया गया था।</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>क्या उसे आमतौर से कम पीने के लिये दिया गया था, करीब उतनी ही मात्रा पीने को दी गई थी या आमतौर से ज्यादा पीने को दिया गया था ?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>Much less बहुत कम 1</p> <p>Some what less थोड़ा कम 2</p> <p>About the same उतना ही..... 3</p> <p>More ज्यादा 4</p> <p>Nothing to drink 5</p> <p>कुछ भी पीने को नहीं दिया</p> <p>Don't know पता नहीं 9</p>	<p>Much less बहुत कम 1</p> <p>Some what less थोड़ा कम 2</p> <p>About the same उतना ही 3</p> <p>More ज्यादा 4</p> <p>Nothing to drink 5</p> <p>कुछ भी पीने को नहीं दिया</p> <p>Don't know पता नहीं 9</p>
563	<p>When [NAME] had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual or nothing to eat?</p> <p>जब (नाम) को(बुखार/खासी)हुई थी तो क्या बसे आमतौर से कम खाने को दिया गया था, करीब उतनी ही मात्रा दी गई थी, आमतौर से ज्यादा मात्रा दी गई थी या कुछ भी खाने को नहीं दिया गया था ?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p> <p>क्या उसे आमतौर से बहुत कम खाने को दिया गया था या थोड़ा कम</p>	<p>Much less बहुत ज्यादा 1</p> <p>Some what less थोड़ा ज्यादा..... 2</p> <p>About the same उतना ही..... 3</p> <p>More ज्यादा 4</p> <p>Sopped food पतला खाना..... 5</p> <p>Never give food 6</p> <p>कभी भी खाना नहीं दिया</p> <p>Don't know पता नहीं 9</p>	<p>Much less बहुत ज्यादा 1</p> <p>Some what less थोड़ा ज्यादा..... 2</p> <p>About the same उतना ही 3</p> <p>More ज्यादा 4</p> <p>Sopped food पतला खाना 5</p> <p>Never give food 6</p> <p>कभी भी खाना नहीं दिया</p> <p>Don't know पता नहीं 9</p>
564	<p>Did you seek advice or treatment for the illness from any source?</p> <p>क्या आपने किसी साधन से बुखार के लिये सलाह ली थी या इलाज करवाया था ?</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>[IF '2' GOTO Q.569]</p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>[IF '2' GOTO Q.569]</p>

565	<p>Where did you seek advice or treatment? आपने कहाँ से सलाह ली थी या इलाज करवाया था ?</p> <p>Anywhere else? और कहाँ से ?</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTRE OR CLINIC IS PUBLIC OR PRIVATE MEDICAL SECTOR, WRITE THE NAME OF THE PLACE(S)</p> <p>अगर अस्पताल, हेल्थ सेंटर या पब्लिक क्लिनिक या प्राइवेट मेडीकल सेंटर, बताने में असमर्थ हों तो उस स्थान(स्थानों)का नाम पूछें।</p> <hr/>	<p>PUBLIC SECTOR</p> <p>Govt./Municipal hospitalA सरकारी / नगरपालिका अस्पताल</p> <p>Govt. DispensaryB सरकारी औषधालय</p> <p>UHC/UHP/UFWC C यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC/RUR. HOSP/PHC..... D सीएचसी / ग्रामीण अस्पताल / पी एच सी</p> <p>Sub-centre उपकेन्द्र E</p> <p>Govt. mobile clinic F सरकारी चलता-फिरता दवाखाना</p> <p>RCH Camp कैम्प G</p> <p>Anganwadi /ICDS centre H आँगन बाड़ी / आई सी डी एस सेंटर</p> <p>Other pub. sect. health facility.....I अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO/TRUST HOSP./ CLINICJ एनजीओ / ट्रस्ट अस्पताल / क्लिनिक</p> <p>PVT. MED. SECTOR</p> <p>Pvt. hospital निजी अस्पताल K</p> <p>Pvt. doctor/clinic L निजी डॉक्टर / क्लिनिक</p> <p>Pvt. paramedic प्राइ पैरामेडिक M</p> <p>Vaidya/ Hakim/ Homeopath N वैद्य / हकीम / होम्योपैथ</p> <p>Pharmacy/Drugstore O फार्मसी / दवाइयों की दुकान</p> <p>Traditional healer P पारम्परिक हीलर</p> <p>Other pvt. health facility Q अन्य प्राइवेट स्वास्थ्य सुविधा</p> <p>OTHER SOURCES</p> <p>SHOP दुकान R</p> <p>Friend/ Relative दोस्त / रिश्तेदार . S</p> <p>Other(.....) .. X</p>	<p>PUBLIC SECTOR</p> <p>Govt./Municipal hospitalA सरकारी / नगरपालिका अस्पताल</p> <p>Govt. DispensaryB सरकारी औषधालय</p> <p>UHC/UHP/UFWC C यूएचसी / यूएचपी / यूएफडब्ल्यू सी</p> <p>CHC/RUR. HOSP/PHC D सीएचसी / ग्रामीण अस्पताल / पी एच सी</p> <p>Sub-centre उपकेन्द्र E</p> <p>Govt. mobile clinic F सरकारी चलता-फिरता दवाखाना</p> <p>RCH Camp कैम्प G</p> <p>Anganwadi /ICDS centre H आँगन बाड़ी / आई सी डी एस सेंटर</p> <p>Other pub. sect. health facility I अन्य लोकक्षेत्र स्वास्थ्य सुविधा</p> <p>NGO/TRUST HOSP./ CLINIC J एनजीओ / ट्रस्ट अस्पताल / क्लिनिक</p> <p>PVT. MED. SECTOR</p> <p>Pvt. hospital निजी अस्पताल K</p> <p>Pvt. doctor/clinic L निजी डॉक्टर / क्लिनिक</p> <p>Pvt. paramedic प्राइ पैरामेडिक M</p> <p>Vaidya/ Hakim/ Homeopath N वैद्य / हकीम / होम्योपैथ</p> <p>Pharmacy/Drugstore O फार्मसी / दवाइयों की दुकान</p> <p>Traditional healer P पारम्परिक हीलर</p> <p>Other pvt. health facility Q अन्य प्राइवेट स्वास्थ्य सुविधा</p> <p>OTHER SOURCES</p> <p>SHOP दुकान R</p> <p>Friend/ Relative दोस्त / रिश्तेदार .. S</p> <p>Other (.....) .. X</p>
566	CHECK Q.565	<p>MORE THAN ONE CODE CIRCLED <input type="checkbox"/></p> <p>CONTINUE</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>GOTO Q.568</p>	<p>MORE THAN ONE CODE CIRCLED <input type="checkbox"/></p> <p>CONTINUE</p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p> <p>GOTO Q.568</p>
567	<p>Where did you first seek advice or treatment? आपने सबसे पहली बार कहाँ से सलाह ली या इलाज करवाया ?</p> <p>USE LETTER CODE FROM Q.565</p>	FIRST PLACE <input type="checkbox"/>	FIRST PLACE <input type="checkbox"/>
568	<p>How many days after the illness began did you first seek advice or treatment for [NAME]? बीमारी शुरू होने के कितने दिन बाद आपने पहली बार के लिये सलाह ली या इलाज करवाया ?</p> <p>IF THE SAME DAY, RECORD '00'</p>	DAYS <input type="text"/>	DAYS <input type="text"/>
569	<p>Is [NAME] still sick with a (fever/cough)? क्या (नाम) को अभी भी(बुखार / खासी) है ?</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p>	<p>Yes हाँ 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p>

570	At any time during the illness, did [NAME] take any drugs for the illness? बीमारी के दौरान किसी समय क्या (नाम) ने बीमारी के लिये दवाइयाँ ली थीं ?	Yes हाँ 1 No नहीं 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.574]	Yes हाँ 1 No नहीं 2 Don't know पता नहीं..... 9 [IF '2 OR 9' GOTO Q.574]
571	What drugs did [NAME] take? (नाम) ने कौन-कौन सी दवाइयाँ ली थीं ? Any other drugs? कोई और दवाइयाँ ? RECORD ALL MENTIONED	ANTIMALARIAL DRUGS Chloroquine क्लोरिन A Primaquine प्राइमेक्विन B Sp/Fansidarएसपी / फैनसीडर..... C Combination with artemisinin D आरटीमिसिनिन के साथ मेल Other anti-malarial E अन्य एंटी-मलेरियल Unknown anti-malarial F अनजान एंटी-मलेरियल ANTIBIOTIC DRUGS G एंटीबायोटिक दवाइयाँ OTHER DRUGS Aspirinएसपिरिन H Aceta-minophenएसेटा-मिनोफेन.... I Ibuprofen इब्यूप्रोफेन..... J OTHER अन्य (.....) .X UNKNOWN DRUG..... Y अनजान दवाई	ANTIMALARIAL DRUGS Chloroquine क्लोरिन A Primaquine प्राइमेक्विन B Sp/Fansidarएसपी / फैनसीडर..... C Combination with artemisinin ... D आरटीमिसिनिन के साथ मेल Other anti-malarial E अन्य एंटी-मलेरियल Unknown anti-malarial F अनजान एंटी-मलेरियल ANTIBIOTIC DRUGS G एंटीबायोटिक दवाइयाँ OTHER DRUGS Aspirinएसपिरिन H Aceta-minophenएसेटा-मिनोफेन.... I Ibuprofen इब्यूप्रोफेन..... J OTHER अन्य (.....) .X UNKNOWN DRUG Y अनजान दवाई
572	CHECK Q.571 ANY CODE A-G CIRCLED?	ANY CODE A-G CIRCLED <input type="checkbox"/> CONTINUE <input type="checkbox"/> NO A-G CODES CIRCLED <input type="checkbox"/> GOTO Q.574	ANY CODE A-G CIRCLED <input type="checkbox"/> CONTINUE <input type="checkbox"/> NO A-G CODES CIRCLED <input type="checkbox"/> GOTO Q.574
573	Did you already have [NAME OF DRUG FROM Q.571] at home when the child became ill? क्या आपके घर पर पहले से [दवा का नाम प्रश्न 571 से] थी, जब बच्चा बीमार हुआ था ? IF YES, CIRCLE CODE FOR THAT DRUG ASK SEPARATELY FOR EACH ANTIMALARIAL OR ANIBIOTIC DRUG GIVEN IN Q.571	ANTIMALARIAL DRUGS Chloroquine क्लोरिन A Primaquine प्राइमेक्विन..... B Sp/Fansidarएस पी / फैनसीडर..... C Combination with artemisinin D आरटीमिसिनिन के साथ मेल Other anti-malarial E अन्य एंटी-मलेरियल Unknown anti-malarial F अनजान एंटी-मलेरियल ANTIBIOTIC DRUGS Country specific. G किसी खास देश की	ANTIMALARIAL DRUGS Chloroquine क्लोरिन A Primaquine प्राइमेक्विन B Sp/Fansidarएस पी / फैनसीडर..... C Combination with artemisinin ... D आरटीमिसिनिन के साथ मेल Other anti-malarial E अन्य एंटी-मलेरियल Unknown anti-malarial F अनजान एंटी-मलेरियल ANTIBIOTIC DRUGS Country specific. G किसी खास देश की
574	Were you any time advised to give ORS to the child? क्या आपको किसी समय अपने बच्चे को ओ आर एस देने की सलाह दी गई थी ?	Yes हाँ..... 1 No नहीं 2	Yes हाँ..... 1 No नहीं 2
575	Was [name] given ORS any time? क्या (नाम) को किसी भी समय ओ आर एस दिया गया था ?	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9	Yes हाँ..... 1 No नहीं 2 Don't know पता नहीं 9
576	The last time [NAME] passed stools, what was done to dispose of the stools? जब आखरी बार ने मल किया था तो मल को नष्ट करने के लिये क्या किया गया था ?	Child used toilet/latrine 1 बच्चों ने शौचालय को इस्तेमाल किया Put/rinsed into toilet/latrine 2 शौचालय में डाल दिया/बहा दिया Put/rinsed into drain/ditch 3 नाली/खड्डे में डाल दिया/बहा दिया Thrown in garbage 4 कूड़े में फेक दिया Thrown outside बाहर फेक दिया.. 5 Buried दबा दिया 6 Child defecated in the drain.... 7 बच्चे ने नाली में किया Other अन्य (.....) .9	Child used toilet/latrine 1 बच्चों ने शौचालय को इस्तेमाल किया Put/rinsed into toilet/latrine 2 शौचालय में डाल दिया/बहा दिया Put/rinsed into drain/ditch 3 नाली/खड्डे में डाल दिया/बहा दिया Thrown in garbage 4 कूड़े में फेक दिया Thrown outside बाहर फेक दिया.. 5 Buried दबा दिया 6 Child defecated in the drain.... 7 बच्चे ने नाली में किया Other अन्य (.....) .9

577	CHECK Q.506 AGE OF THE CHILD	< 24 MONTHS	<input type="checkbox"/>	< 24 MONTHS	<input type="checkbox"/>
		≥ 24 MONTHS	<input type="checkbox"/>	≥ 24 MONTHS	<input type="checkbox"/>
		END		END	
		CONTINUE		CONTINUE	
578	Did [NAME] ever attend any organized learning centre such as <i>Anganwadi</i> centre, nursery, pre-school or any other early childhood education program? क्या (नाम) ने कभी भी कोई संगठित सीखने के सेंटर में भाग लिया है जैसे आँगनवाड़ी सेंटर, नर्सरी, प्री-स्कूल या कोई अन्य अग्रिम बाल शिक्षा कार्यक्रम ?	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 3 [IF '2 OR 9' END]	<input type="checkbox"/>	Yes हाँ..... 1 No नहीं..... 2 Don't know पता नहीं..... 3 [IF '2 OR 9' END]	<input type="checkbox"/>
579	Whether [NAME] currently attending? क्या (नाम) वर्तमान में भी भाग ले रहा है ?	Yes हाँ 1 No नहीं 2	<input type="checkbox"/>	Yes हाँ 1 No नहीं 2	<input type="checkbox"/>
580	What kind of learning centre [NAME] attended or attending? (नाम) ने किस प्रकार के सीखने के सेंटर में भाग लिया/ले रहा/ले रही है ?	<i>Anganwadi</i> centre..... 1 आँगनवाड़ी सेंटर <i>Balwadi</i> /ECD centre 2 बालवाड़ी/ई सी डी सेंटर Other govt. pre-school..... 3 अन्य सरकारी प्री-स्कूल Pvt. Nursery/pre-school..... 4 प्राइवेट नर्सरी/प्री-स्कूल Others अन्य (.....) 9	<input type="checkbox"/>	<i>Anganwadi</i> centre 1 आँगनवाड़ी सेंटर <i>Balwadi</i> /ECD centre 2 बालवाड़ी/ई सी डी सेंटर Other govt. pre-school..... 3 अन्य सरकारी प्री-स्कूल Pvt. Nursery/pre-school..... 4 प्राइवेट नर्सरी/प्री-स्कूल Others अन्य (.....) 9	<input type="checkbox"/>

... THANK YOU ...