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

Baseline Survey, 2006

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**The authors' views expressed in this publication do not necessarily reflect the views of the
United States Agency for International Development or the United States Government.**



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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 demand and quality of reproductive health services in the state. In October 2004, IFPS II, the second phase of the project, 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 impact of innovative public private partnership models for eventual adoption and scale-up, the following baseline survey has been conducted.

The Kanpur Nagar Baseline Survey 2006 collected information from 5,000 households (1,500 from urban slum, 1,500 from urban non-slum 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 cover such a large sample size and to provide separate estimates for slum and non-slum areas. It is hoped that this report will provide new and actionable data to 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 emerging from this study will help inform the development of new health programs and shaping of policy in urban areas toward 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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CONTENTS

<i>Foreword</i>	<i>iii</i>
<i>Executive Summary</i>	<i>xi</i>
<i>Fact Sheet</i>	<i>xv</i>
CHAPTER 1: INTRODUCTION	I
1.1 Background of the Survey	1
1.2 Socio-demographic Characteristics of Kanpur Nagar	1
1.3 Objectives of the Survey	2
1.4 Questionnaires	2
1.5 Survey and Sample Design	2
1.5.1 Rural Areas	2
1.5.2 Urban Areas	3
1.5.3 Sample and Response Rates	3
1.6 Recruitment, Training and Fieldwork	4
1.7 Data Processing	4
CHAPTER 2: HOUSEHOLD AND RESPONDENT CHARACTERISTICS	5
2.1 Age and Sex Distribution of Household Population	5
2.2 Marital Status	5
2.3 Age Distribution of Eligible Women	10
2.4 Household Characteristics	11
2.5 Household Amenities and Assets	15
CHAPTER 3: ACCESS TO AND UTILIZATION OF HEALTH FACILITIES	18
3.1 Sources of Treatment for Family Members	18
3.2 Accessibility to Health Facilities for Family Members	22
3.3 Reason for Non-utilization of Health Services	26
3.4 Accessibility to Delivery Care Services	26
3.5 Knowledge and Utilization of Health Insurance	32
3.6 Knowledge about SIFPSA	34
3.7 Summary	35

CHAPTER 4: FERTILITY AND FAMILY PLANNING	37
4.1 Children Ever Born and Living	37
4.2 Importance of Birth Spacing	39
4.2.1 Importance of Birth Spacing by Background Characteristics	40
4.3 Knowledge and Use of Family Planning Methods	41
4.3.1 Knowledge of Contraceptives	41
4.3.2 Ever Use of Contraception	41
4.3.3 Timing of First use of Contraception	42
4.3.4 Current Use of Contraception	43
4.3.5 Current Use of Contraceptives by Background Characteristics	44
4.3.6 Source of Modern Contraceptives	47
4.3.7 Duration of Use of Modern Spacing Methods and Source of IUCD	50
4.3.8 Who inserted the IUCD	50
4.4 Reason for Discontinuation and Non-use of Contraceptives	51
4.4.1 Reason for Discontinuation of Contraceptive by Standard of Living	54
4.4.2 Reason for Never Use of Contraception	54
4.4.3 Reason for Never Wanting to Use Contraceptives	55
4.5 Need for and Intention to Use Family Planning	56
4.5.1 Intention to Use Family Planning	56
4.5.2 Preferred Method for Future Use	60
4.6 Consent for Using Family Planning Methods	60
4.7 Knowledge about Safe Period	62
4.8 Knowledge about Correct Use of Contraceptive Methods	64
4.8.1 Correct Use of Oral Pills	64
4.8.2 Safety and Effectiveness of Oral Pills and Condoms	66
4.8.3 Use of Pills/Condoms to Space Children and Discussion with Husband	67
4.9 Knowledge about Availability of Pills/Condoms	68
4.10 Encouraging Friends/relatives to Use Pills/Condoms	69
4.11 Perception about Condom Use	70
4.12 Summary	70
CHAPTER 5: ANTENATAL AND DELIVERY CARE	72
5.1 Antenatal Care	72
5.2 Number and Timing of Antenatal Care Check-ups	72
5.3 Iron and Folic Acid (IFA) Supplementation	76
5.4 Source of IFA	76
5.5 Reason for Non-consumption of IFA	76
5.6 Knowledge about Importance of IFA	80
5.7 Tetanus Toxoid (TT) Injection	81
5.8 Source of TT Injection	81
5.9 Knowledge about Importance of TT Injections	81
5.10 Full Antenatal Check-Ups	83
5.11 Components of Antenatal Check-ups	86
5.12 Information on Pregnancy Complications	86
5.13 Place of Delivery	86
5.14 Attendance during Delivery	90
5.15 Postnatal Care	90
5.16 Summary	90

CHAPTER 6: QUALITY OF CARE	94
6.1 Health Worker Visits/Visits to Health Facility/Camps	94
6.2 Affiliation of Health Workers and Services Received/Sought	94
6.3 Discussion on Family Planning with Health Worker	96
6.4 Issues Discussed about Modern Spacing Methods	97
6.5 Summary	98
CHAPTER 7: EXPOSURE TO MASS MEDIA ON FAMILY PLANNING/ REPRODUCTIVE HEALTH	101
7.1 Exposure to Mass Media	101
7.2 Type of Media Coverage	103
7.2.1 Listening to Radio by the Number of Days and Hours Listened	103
7.2.2 Watching Television by the Number of Days and Hours Watched	104
7.3 Exposure to Family Planning/Reproductive Health Messages	104
7.4 Type of Family Planning/Reproductive Health Messages	105
7.5 Acceptance of Family Planning/Reproductive Health Messages on Mass Media	107
7.6 Opinion about Family Planning Messages	107
7.7 Summary	111
CHAPTER 8: CHILD HEALTH CARE PRACTICES	112
8.1 Background Characteristics of Children	112
8.2 Delivery Characteristics by Place of Residence and SLI Quintiles	112
8.3 Initiation of Breastfeeding	113
8.4 Breastfeeding Status	117
8.5 Duration of Breastfeeding	117
8.6 Supplementary Feeding	120
8.7 Reasons for not Breastfeeding	121
8.8 Childhood Vaccination	121
8.9 Childhood Vaccination by 12 Months of Age	125
8.10 Sources of Vaccines Received	128
8.11 Vitamin-A Supplementation	130
8.12 New Born Care	131
8.13 Prevalence of Diarrhea	131
8.14 Prevalence of ARI and Fever	138
8.15 Mode of Disposal of Child's Stool	144
8.16 Pre-schooling and Childhood Learning	146
8.17 Summary	146
ANNEXURE - QUESTIONNAIRES'	149

LIST OF TABLES

Table 1.1:	Demographic and administrative profile of Kanpur Nagar	1
Table 1.2:	Sample coverage	3
Table 2.1:	Household population by age, sex and residence	6
Table 2.2:	Marital status of the household population	7
Table 2.3:	Age distribution of currently married/eligible women (15-49 years)	11
Table 2.4:	Age at marriage	12
Table 2.5:	Household characteristics	13
Table 2.6:	Household amenities	14
Table 2.7:	Household assets	16
Table 3.1:	Source of treatment	18
Table 3.1:	Source of treatment	19
Table 3.1.A:	Source of treatment according to SLI quintiles	20
Table 3.2:	Mean distance to the health facility used	22
Table 3.3:	Mean time to reach the health facility	24
Table 3.4:	Reasons for not utilizing government health facilities	26
Table 3.5:	Nearest health facility providing delivery care services	27
Table 3.5.A:	Nearest health facility providing delivery care services by SLI quintiles	27
Table 3.6:	Mean distance to the nearest health facility providing delivery care services	28
Table 3.7:	Mean time to reach the nearest health facility providing delivery care services	29
Table 3.8:	Nearest health facility providing caesarian section services	29
Table 3.8.A:	Nearest health facility providing caesarian section services by SLI quintiles	30
Table 3.9:	Mean distance to the nearest health facility providing caesarian section services	30
Table 3.10:	Mean time to reach the nearest health facility providing caesarian section services	31
Table 3.11:	Health facility providing delivery/caesarian section services by availability of doctor	32
Table 3.12:	Health Insurance	33
Table 3.12:	Health Insurance by SLI quintiles	33
Table 3.13:	Willingness to join health insurance schemes	34
Table 3.14:	Knowledge about SIFPSA	35
Table 3.15:	Knowledge about SIFPSA by SLI quintiles	36
Table 4.1:	Children ever born and living	37
Table 4.2:	Knowledge about importance of spacing of children	39
Table 4.3:	Knowledge about importance of spacing of children by SLI quintiles	40
Table 4.4:	Knowledge of contraceptives	41
Table 4.5:	Ever use of contraception	42
Table 4.6:	Timing of first use of contraceptives	43
Table 4.7:	Current use of contraceptives	44
Table 4.8:	Current use of contraceptives by background characteristics	45
Table 4.9:	Source of modern contraceptives	48
Table 4.10:	Duration of modern spacing method use	49
Table 4.11:	Who inserted the IUCD/Copper-T	51
Table 4.12:	Reasons for discontinuation	52
Table 4.13:	Reasons for discontinuation by SLI quintiles	53
Table 4.14:	Reasons for never use of contraceptives	54
Table 4.15:	Reasons for never wanting to use contraceptives	55
Table 4.16:	Reasons for never wanting to use contraceptives by SLI quintiles	56
Table 4.17:	Need for family planning by selected characteristics	57
Table 4.18:	Intention to use contraceptives	59
Table 4.19:	Preferred method for future use by place of residence and SLI quintiles	61

Table 4.20:	Consent of family members for using contraceptives	62
Table 4.21:	Consent of family members for using oral pills/condoms	63
Table 4.22:	Knowledge about safe period	64
Table 4.23:	Knowledge about correct use of oral pills	65
Table 4.24:	Safety and effectiveness of oral pills/condoms	66
Table 4.25:	Use of oral pills/condoms to space children and discussion with spouse	67
Table 4.26:	Knowledge about availability of oral pills/condoms	68
Table 4.27:	Encourage friends/relatives to use oral pills/condoms	69
Table 4.28:	Perceived pleasure of using condoms and its use as sign of infidelity	70
Table 5.1:	Antenatal care by selected characteristics	73
Table 5.2:	Number of antenatal care visits by selected characteristics	74
Table 5.3:	Timing of first antenatal care visit by selected characteristics	75
Table 5.4:	Use IFA tablet/syrup by selected characteristics	77
Table 5.5:	Source of IFA tablet/syrup by selected characteristics	78
Table 5.6:	Reasons for not consuming all IFA tablet/syrup received, by selected characteristics	79
Table 5.7:	Knowledge about importance of IFA tablets	80
Table 5.8:	TT injection by selected characteristics	82
Table 5.9:	Source of TT injection by selected characteristics	83
Table 5.10:	Knowledge about importance of TT injections	84
Table 5.11:	Full antenatal care by selected characteristics	85
Table 5.12:	Components of antenatal care by selected characteristics	87
Table 5.13:	Information on pregnancy complications during ANC visits according to characteristics	88
Table 5.14:	Place of delivery according to selected characteristics	89
Table 5.15:	Attendance during delivery according to selected characteristics	91
Table 5.16:	Post-natal care percent distribution of mothers who delivered at home and received postnatal care by number of visits, according to selected characteristics, Kanpur Nagar, 2006	92
Table 6.1:	Health worker visit and visit to any health facility or camp	95
Table 6.2:	Affiliation of the health worker visited and type of services received	96
Table 6.3:	Type of health facility visited and type of services sought	97
Table 6.4:	Discussion on family planning methods during contacts with health worker	98
Table 6.5:	Issues discussed about modern spacing methods	99
Table 7.1:	Exposure to media by characteristics	102
Table 7.2:	Listening to radio according to number of days and hours listened	103
Table 7.3:	Watching television according to number of days and hours watched	105
Table 7.4:	Family planning or reproductive health messages	106
Table 7.5:	Type of FP and/or reproductive health messages heard, read or seen	108
Table 7.6:	Acceptability of family planning and reproductive health messages on mass media	109
Table 7.7:	Whether family planning messages can promote usage	110
Table 8.1:	Background characteristics of children	113
Table 8.2:	Delivery characteristics	114
Table 8.3:	Initiation of breastfeeding	115
Table 8.4:	Initiation of breastfeeding by SLI quintiles	116
Table 8.5:	Breastfeeding status by selected characteristics	118
Table 8.6:	Duration of breastfeeding by selected characteristics	119
Table 8.7:	Type of food received other than breastmilk	120
Table 8.8:	Type of food received other than breastmilk	122
Table 8.9:	Reasons for not breastfeeding	123
Table 8.10:	Childhood vaccination by source of information	124

Table 8.11:	Childhood vaccination by background characteristics	126
Table 8.12:	Childhood vaccinations received by 12 months of age	127
Table 8.13:	Childhood vaccinations received by 12 months of age by SLI quintiles	130
Table 8.14:	Source of most vaccines received	131
Table 8.15:	Source of most vaccines received by SLI quintiles	132
Table 8.16:	Vitamin-A by selected characteristics	133
Table 8.17:	Newborn care	134
Table 8.18:	Prevalence of diarrhea	135
Table 8.19:	Treatment/advice sought for diarrhea, source of treatment/advice and time of treatment/advice	136
Table 8.20:	Solid and liquid food given during diarrhea	137
Table 8.21:	Advised of ORS use and practice	139
Table 8.22:	Prevalence of ARI	140
Table 8.23:	Prevalence of fever	141
Table 8.24:	Treatment/advice sought for ARI/fever and source of treatment/advice	142
Table 8.25:	Treatment/advice sought for ARI/fever and source of treatment/advice by SLI quintiles	143
Table 8.26:	Solid and liquid food given during ARI/fever	144
Table 8.27:	Mode of disposal of child's stool	145
Table 8.28:	Pre-schooling and childhood learning	146
Table 8.29:	Pre-schooling and childhood learning by SLI quintiles	147

LIST OF FIGURES

Figure 2.1:	Age pyramid of Kanpur Nagar	5
Figure 2.2:	Household covered by type of house	11
Figure 3.1:	Source of treatment for children by place of residence	20
Figure 3.2:	Type of insurance	32
Figure 4.1:	Timing of first use of contraceptives	42
Figure 4.2:	Current use of contraception by place of residence	44
Figure 4.3:	Intention to use contraceptives in future	60
Figure 5.1:	Full antenatal care by place of residence	86
Figure 5.2:	Place of delivery by place of residence	90
Figure 8.1:	Full immunization by place of residence	125

EXECUTIVE SUMMARY

The Kanpur Nagar baseline survey 2006 was conducted in May-June 2006 to obtain baseline estimates of various Reproductive and Child Health Care service indicators for Kanpur Nagar district, separately for urban slum, urban non-slum and rural areas. Information was gathered using three types of questionnaires, Household Questionnaire, Women's Questionnaire and Child questionnaire.

SAMPLE SIZE AND CHARACTERISTICS

The survey collected information from 4,781 households and 4,806 currently married women aged 15-49 years living in those households. Interviews were also completed for 4,246 children below five years from the same 4,781 households.

The average household size in Kanpur Nagar district is 5.5 persons (5.8 in rural and 5.4 in urban areas). Household size in urban non-slum areas (5.3 persons) is less than urban slums (5.6 persons). About 31 percent of the household population is below 15 years reflecting the young age structure of the population. About five percent of the population is aged 65 and above.

Among females aged 10 and above, 56 percent are currently married and 36 percent have never been married. By age 25-29 years, the majority of females (85 percent), but only 59 percent of the males, are married. Eleven percent of the currently married women in Kanpur Nagar were married by age 15 and 43 percent by age 18, the legal minimum age for marriage, reflecting underage marriages. Seventy one percent were married by age 20 and by age 25 almost all the respondents (96 percent) were married, reflecting the universality of marriages in the district.

ACCESS TO AND UTILIZATION OF HEALTH FACILITIES

In Kanpur Nagar, the majority of the households depend on private sector facilities, including hospitals/clinics run by NGOs (85 percent), for the treatment of illnesses of all the household members, while only 13 percent of the households use public sector facilities.

In the case of treatment of children, it is necessary to travel on an average 1.7 km to reach any health facility. While in rural areas the mean distance traveled is 3.03 km it is 0.85 km in urban slum areas, and 1.12 km in urban non-slum areas.

Private health facilities are usually located closer to habitation, as the travel distance is 1.5 km, compared to 3.3 km in the case of a public health facility. Again, for all types of facilities utilized, public or private, rural people have to travel significantly longer distances as compared to their urban counterparts. For example, people in rural areas have to travel as much as 9 km to access the government/municipal hospital for the treatment.

Among the reasons for non-utilization of public health facilities for treatment of illnesses is the poor quality of care, followed by non-availability of a nearby facility, and waiting time being too long at the facility.

For delivery care services 49 percent of the households reported that the nearest facility is a public sector facility; as compared to 44 percent reporting a nearby private health facility and another seven percent mentioning NGO run hospital/clinic. Overall, the pattern shows a declining trend for the utilization of public sector delivery care facilities by increase in SLI quintiles while for private delivery care facilities the utilization increases with improvement in household standard of living. The mean distance to the nearest health facility providing delivery care service is 8 km ranging from 19 km in rural areas, to 3 km in urban areas.

The proportion of people covered under any type of health insurance scheme is very low in Kanpur Nagar. Only 3.5 percent of the sample households reported to have at least one member covered under a health insurance scheme. The most important reasons for unwillingness to join insurance schemes are lack of money as well as lack of knowledge (39 percent each), followed by 15 percent saying they do not need insurance.

FERTILITY AND FAMILY PLANNING

According to the survey, for currently married women in Kanpur Nagar aged 15-49 years, the mean number of children ever born is 2.94. In the rural areas the mean number is higher (3.45) than in the urban areas (2.69). Within the urban areas, urban slums have higher fertility compared to urban non-slum areas.

Knowledge about any family planning method, any modern method and any modern spacing method is almost universal. Sixty four percent of the couples in the district have used some method to avoid or delay pregnancy. Fifty one percent are current users of any method, 38 percent are current users of any modern method and 22 percent are users of modern spacing methods.

It is important to notice that the majority of permanent methods users receive their services from a public sector facility (74 percent), while those using modern spacing methods (condoms and pills) depend heavily on market/private sector (86 percent). Sixty percent of the IUCD users obtained services from the private sector.

Currently married women in the reproductive age group who are not currently using any contraceptive methods were asked about their or their husband's intention to use a method to delay or avoid pregnancy within the next 12 months. The total unmet demand for family planning methods in Kanpur Nagar is high at 20 percent, with 12 percent having unmet demand for limiting methods and 8 percent for spacing methods.

ANTENATAL AND DELIVERY CARE

Eighty six percent of the mothers received some form of antenatal care (ANC) in Kanpur Nagar district. Thirty eight percent have had three or more antenatal checkups, while another 12 percent had two checkups and 14 percent had one ANC checkup. Full ANC coverage is very low in the district as only nineteen percent of the mothers received full antenatal care.

Nine out of ten women reported that it is important/ necessary to have IFA supplementation reflecting the near universal knowledge levels about IFA supplementation during pregnancy.

Almost all (98 percent), the respondents agreed that it is necessary to have a TT injection and 79 percent of the mothers said they had received adequate TT injections. The number of those receiving adequate TT injection increases with the increase in the women's educational levels and standard of living. Despite the improving coverage of TT, the low coverage levels among those socially and economically disadvantaged, calls for focused programmatic attention/ interventions.

In Kanpur Nagar 64 percent of the deliveries are home deliveries and the remaining 36 percent are performed at some health facility (public/private/NGO). The majority of deliveries at a health facility (76 percent) took place at a private facility including NGOs. Only 24 percent of the deliveries took place at government facilities.

This emphasizes the need for better communication campaigns educating mothers on the benefits/importance of institutional delivery, and of professional medical care during pregnancy and delivery for the better health of mother and child.

QUALITY OF CARE

While 46 percent of the eligible women in Kanpur Nagar were visited by a health worker at home, 37 percent reported that they visited a health facility/camp during the three months prior to this survey. House visits by health workers are made mainly to women in the prime reproductive age groups.

Ninety seven percent of the currently married women who reported that health workers had visited them said that most of these workers were from the government sector. The majority (94 percent) of the women said that the health workers provided polio immunization services during the visits. While most of the home visits by health workers are made by government sector workers, the most visited health facilities are private sector health facilities (77 percent), followed by government sector facilities/camps (19 percent).

During contact with the health workers, less than a third (30 percent) of the currently married women in Kanpur Nagar discussed any modern methods of contraception. Twenty four percent of the women discussed spacing contraception while 17 percent discussed permanent methods. The majority (70 percent) of women had no discussions with the health workers on any family planning methods. Among those who had discussions, mostly the advantages of particular spacing methods were discussed.

EXPOSURE TO MASS MEDIA

Only 55 percent of the eligible women are exposed to some kind of media such as listening to radio/watching television/reading newspaper once a week, or going to cinema at least once a year, and the remaining 45 percent have no exposure at all to any such media. It is interesting to note that more than eight out of ten women (83 percent) have been exposed to messages on family planning or reproductive health from at least one source, and six out of ten (65 percent) received messages from more than one source, with noticeable differences by women's age, residence, education, and living standards.

Among those exposed to FP & RCH messages, close to all (93 percent) have heard, seen or read messages on family planning, followed by 68 percent on polio immunization, and 47 percent on child immunization. About 13 percent received messages on child feeding practices and eight percent on antenatal or postnatal care. Another 12 percent have reported seen/heard/read messages related to issues specifically regarding water and sanitation.

It is encouraging to notice that all the women are exposed to these types of messages, accept them and with very minor exceptions, feel that the messages can promote usage of family planning methods.

CHILD HEALTH CARE PRACTICES

Seventy percent of the children below age 3 in Kanpur Nagar were not weighed at the time of birth. This ranges from almost all the children (91 percent) in rural areas to just over half (55 percent) in urban areas. Within the urban areas, it ranges from 44 percent in non-slum areas to 71 percent in the slums.

Although the recommendation under the RCH program is that breastfeeding should begin immediately after childbirth, merely 15 percent of the children in the district were breastfed immediately, and only another

20 percent within the day. Half the children (52%) were breastfed between 1 and 3 days after birth, and another 11 percent were initiated to breast milk beyond the third day.

Fifty one percent of children ages 12-23 months in Kanpur Nagar are fully vaccinated and 22 percent have not received any vaccination at all.

Information was collected in the survey on the prevalence and treatment of three health problems that cause considerable mortality in young children - fever, acute respiratory infection (ARI) and diarrhea. In Kanpur Nagar, during the two weeks prior to the survey, 17 percent of the children below five years of age suffered from fever, 12 percent were ill with ARI and 4 percent suffered from diarrhea.

Eighty five percent of the children who suffered from ARI/fever two weeks prior to the survey got treatment from the private sector. A large majority of women (87 percent) also sought treatment/advice for diarrhea, 94 percent of them from the private medical sector. Treatment for diarrhea was sought from the private medical sector by higher percentages in the urban than in the rural areas.

FACT SHEET: KANPUR NAGAR BASELINE SURVEY 2006

Indicators	Urban Areas			Rural Areas	All Areas
	Slums	Non-slums	Total		
Sample size					
Households	1,422	1,428	2,850	1,931	4,781
Currently married women	1,428	1,388	2,816	1,990	4,806
Children under 5 years	1,294	1,140	2,434	1,812	4,246
Household (HH) characteristics					
Percent HHs having electricity	88.1	94.7	92.6	20.2	69.2
Percent HHs having own flush toilet	44.7	72.9	64.1	7.9	45.9
Percent HHs having separate room for kitchen	46.5	72.8	64.6	23.6	51.3
Mean HH population size	5.6	5.3	5.4	5.8	5.5
Percent HHs having BPL card	7.5	3.5	4.8	17.4	8.9
Percent HHs live in pucca house	69.9	87.5	82.0	11.2	59.0
Percent HHs in the first SLI quintile (Q1)	11.8	4.1	6.5	38.9	17.0
Percent HHs in the fifth SLI quintile (Q5)	13.3	36.2	29.0	3.9	20.9
Percent HHs having television	69.7	84.0	79.6	24.1	61.6
Percent HHs having telephone	34.3	62.3	53.6	8.6	39.0
Percent HH using govt. health facility for treatment of:					
Children (below 15 years) ¹	6.7	12.5	10.5	17.0	12.8
Males	7.2	12.2	10.6	17.0	12.7
Females	7.6	12.6	11.0	16.7	12.9
Mean distance (in kms.) to govt. health facility	2.7	2.7	2.7	4.0	3.3
Reason for not utilizing govt. health facilities for child(n) ²					
No near by facility	55.4	45.9	49.0	51.4	49.8
Waiting time too long	30.3	32.6	31.8	19.5	28.0
Poor quality of care	52.2	61.8	58.6	51.6	56.5
Percent HHs having at least one member insured					
Willing to join health insurance scheme	1.6	6.2	4.8	0.9	3.5
Reasons for not willing to join health insurance ³					
Lack of money	40.3	42.7	41.9	30.9	38.2
Lack of knowledge	38.0	27.7	31.1	52.3	39.0
Lack of knowledge	42.2	38.9	40.0	36.4	38.6
Women characteristics (Currently married age 15-49)					
Percent below 25 years	21.8	19.0	19.8	28.1	22.6
Percent illiterate	39.5	18.5	25.2	48.3	32.9
Percent completed 12+ grade	17.5	41.5	33.8	8.6	25.4
Current Contraceptive use (% of currently married women)					
Any method	48.7	55.0	53.0	46.2	50.7
Any modern method	38.5	44.0	42.2	28.7	37.7
Pill	4.3	4.7	4.6	2.7	3.9
IUD	2.6	3.3	3.1	1.4	2.5
Condom	16.2	17.8	17.3	10.9	15.2
Female sterilization	14.7	17.8	16.8	13.4	15.7
Male sterilization	0.1	0.1	0.1	0.3	0.2

Base: ¹ HH with child age below 15 years.

² HH with child age below 15 years & not used govt. health facilities.

³ HH with no interest in joining the health insurance scheme

FACT SHEET: KANPUR NAGAR BASELINE SURVEY 2006 (Contd...)

Indicators	Urban Areas			Rural Areas	All Areas
	Slums	Non-slums	Total		
Unmet need for family planning					
Percent unmet need	21.3	17.7	18.9	21.1	19.6
Percent with unmet need for spacing ⁴	8.7	6.6	7.3	9.1	7.9
Percent demand	70.0	72.7	71.9	67.4	70.4
Percent demand satisfied	69.5	75.7	73.7	68.6	72.1
Antenatal care*					
Any ANC care ⁵ (%)	87.0	90.3	88.9	80.9	85.7
ANC in first trimester (%)	50.0	61.7	57.1	18.6	42.5
Had adequate IFA tablet/syrup ⁶ (%)	31.7	52.1	43.9	21.0	34.7
Source of IFA tablets: Government (%)	46.7	26.8	33.8	83.5	51.1
Received adequate TT injection ⁷ (%)	81.9	86.0	84.3	72.1	79.4
Source of TT injection: Government (%)	40.0	28.5	33.0	80.1	50.9
Full antenatal care ⁸ (%)	18.0	36.3	28.9	4.0	18.9
Pregnancy complications: any (%)	21.9	26.9	24.9	11.5	19.5
Delivery care*					
Place of delivery					
Government health facility (%)	10.1	13.6	12.2	3.3	8.6
Private health facility (%)	21.7	37.4	31.1	8.7	22.1
NGO health facility (%)	4.2	10.4	7.9	0.5	4.9
Home (%)	64.0	38.6	48.9	87.5	64.4
Assistance during delivery by any health professionals (%)	44.2	68.4	58.6	16.8	41.8
Postnatal care⁹					
Received postnatal care (within 6 weeks after birth) (%)	13.2	9.8	11.7	17.5	14.9
Child health care practices					
Children underweight (%)	25.9	21.3	22.4	33.5	23.6
Children under 3 years breastfed within one hour of birth (%)	14.8	18.0	16.7	12.8	15.1
Children under 6 months exclusively breastfed ¹⁰ (%)	6.6	7.5	6.7	5.7	6.4
Children age 12-23 months fully immunized ¹¹ (%)	43.6	64.9	55.5	42.0	50.6
Children age 12-23 months received 3 doses of DPT (%)	53.2	74.0	64.8	53.5	60.7
Children age 12-23 months received 3 doses of polio (%)	54.3	74.5	65.5	53.0	61.0
Children age 12-23 months received measles (%)	49.8	70.2	61.1	56.6	59.5
Children age 9-35 months received vitamin-A (%)	46.0	61.3	54.8	41.7	49.5
Children under age 5 years suffered from diarrhea (%)	2.5	3.1	2.8	6.2	4.1
Children suffered from diarrhea with blood (%)	0.3	0.2	0.3	0.7	0.4
Sought treatment/advice for diarrhea (%)	96.4	96.9	96.6	81.3	87.4

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

⁴ Includes women who are neither pregnant nor currently using any method of family planning method but say they want to wait two or more years for their next birth. Women who are unsure whether they want another child or unsure when to have the birth, also included in unmet need for spacing.

⁵ Includes those have received only IFA tablets or TT injection.

⁶ Received IFA tablets/syrup to last 100 days and consumed all of them.

⁷ Received two TT injections in last pregnancy or one during last pregnancy and also received before the last pregnancy.

⁸ Has 3 or more antenatal care visits, adequate IFA tablets/syrup, and adequate TT injection. ⁹Based on mothers who gave birth to a child at home during last 2 years preceding the survey

¹⁰ Currently breastfeeding and not received anything other than breast milk during first 3 days of birth and also not received anything other than breast milk the day preceding the survey.

¹¹ BCG, measles, and three doses of DPT and polio vaccines (excluding Polio 0)

FACT SHEET: KANPUR NAGAR BASELINE SURVEY 2006 (Contd...)

Indicators	Urban Areas			Rural Areas	All Areas
	Slums	Non-slums	Total		
Children under age 5 years suffered from ARI (%)	13.5	11.0	12.1	11.6	11.9
Children suffered from ARI with fast breathing (%)	6.1	4.3	5.1	6.0	5.4
Children under age 5 years suffered from fever (%)	17.9	15.8	16.7	17.0	16.8
Sought treatment/advice for ARI/fever (%)	91.4	86.9	89.0	75.2	83.3
Children under age 5 years received advise on ORS (%)	50.7	54.9	53.1	33.9	45.4
Children age 24-59 months ever attended an organized learning centre (%)	19.3	32.6	27.0	34.9	30.2
Quality of care					
Health worker's visit at home (%)	51.2	37.2	41.7	55.0	46.1
Visit to any health facility (%)	43.4	39.2	40.5	29.3	36.8
Type of services provided/received at home					
Family planning (%)	1.9	0.2	0.9	2.0	1.3
ANC/PNC (%)	0.0	0.0	0.0	0.8	0.3
Child immunization (%)	0.6	0.1	0.3	2.0	0.9
Polio immunization (%)	95.1	93.6	94.2	93.6	94.0
Discussion on family planning methods during contacts with health workers					
Any modern spacing method (%)	22.2	26.3	25.0	21.9	24.0
Sterilization (%)	16.8	16.3	16.5	17.2	16.7
Exposure to media on FP/RH					
Percent listen to radio at least once a week	7.0	11.9	10.3	13.8	11.4
Percent watch television at least once a week	52.1	72.4	65.8	14.0	48.6
Percent seen/heard FP/RH messages on:					
Radio	42.4	52.7	49.4	54.6	51.1
Television	80.0	89.0	86.1	44.6	72.3
Percent seen/heard/read following messages on media ¹²					
Family planning	94.9	92.5	93.2	93.8	93.4
ANC/PNC	7.0	8.6	8.1	7.1	7.9
Child immunization	50.2	50.4	50.4	39.3	47.4
Polio immunization	67.7	70.5	69.7	64.4	68.3
Feeding the child	12.3	14.1	13.5	11.3	12.9

¹² Based on those who have seen/heard or read any messages on family planning or reproductive health.

INTRODUCTION

I.1 BACKGROUND OF THE SURVEY

The Kanpur Nagar 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 Kanpur Nagar 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 fieldwork being sub-contracted to a field service organization.

I.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF KANPUR NAGAR

Kanpur Nagar is one of the most populous districts of Uttar Pradesh. It is located on the banks of the Ganges and is an important industrial center for leather and textile industries. It has an area of about 3,155 square km and is 126 meters above sea level. Languages spoken in and around Kanpur Nagar include Hindi, English, Urdu and some Bengali and Punjabi. All

TABLE I.1: DEMOGRAPHIC AND ADMINISTRATIVE PROFILE OF KANPUR NAGAR

Indicators	Value	Unit/Year
Land area	3155	Sq.km./2001
Population	4,167,999	Number/2001
Population density	1321	Per sq.km./2001
Decadal growth rate	28.1	Percent/1991-2001
% Urban	67.6	Percent/2001
% Schedule caste	16.5	Percent/2001
Sex ratio	865	Female per 1000 males/2001
Child sex ratio (0-6 years)	869	Female per 1000 males (0-6 years) /2001
Literacy rate		
Total	74.4	Percent/2001
Male	80.3	Percent/2001
Female	67.5	Percent/2001
Administrative units		
Tehsils	3	Number/2001
Development blocks	10	Number/2001
Nyay Panchayats	90	Number/2001
Gram Sabhas	557	Number/2001
Revenue villages	901	Number/2001
Municipalities	2	Number/2001
Towns	1	Number/2001

Source: Census of India 2001 and DAP division SIFPSA.

major religions are practiced in the district. Kanpur Nagar is home to several educational institutions, including CSJM University, one of the Indian Institutes of Technology, University Institute of Engineering and Technology, HBTI, and GSVM Medical College.

Kanpur Nagar is 80 km from Lucknow, the capital city of Uttar Pradesh. It is bordered by two main rivers of India, the Ganges in the north-east and the Yamuna in the south. The districts surrounding Kanpur Nagar are Hamirpur in the south, Unnao in the north-east, Farrukhabad in the north and Etawah in the west.

The total population of Kanpur Nagar district is 4.2 million. 2.8 million (68 percent) live in urban areas compared to 21 percent for the state of Uttar Pradesh as a whole (Census, 2001). The population density of the district is 1,321 persons per square km. The proportion of the scheduled caste population is 16.5 percent and that of the scheduled tribes is less than one percent. The annual exponential growth rate of the population in the district during 1991-2001 was 2.47 percent, which was slightly higher than that of the state average of 2.29 percent. The sex ratios, 865 females per 1,000 males, and child sex ratio (0-6 years) of 869, are lower compared to those for the state as a whole (sex ratio - 898 and child sex ratio - 916). Overall literacy rate in Kanpur Nagar is 74 percent, which is higher than the national and state average. Kanpur Nagar district is administratively divided into 3 tehsils and has 10 development blocks. There are

901 revenue villages, 557 *Gram Sabhas* and 90 *Nyaya Panchayats*.

1.3 OBJECTIVES OF THE SURVEY

The major objective of the Kanpur Nagar Baseline Survey is to provide baseline information for reproductive health status and health seeking behavior 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 about the household and the members living in the selected households. This included resident or visitor household status and 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 Childrens' questionnaire gathered information about

children below five years, such as immunization status, prevalence of childhood 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 Kanpur Nagar Baseline survey was designed to provide estimates for key parameters at the district level in total, 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 3 years (stratum 1) and those not having a child below 3 years (stratum 2). In the second stage 25 households (15 from stratum 1 and 10 households from stratum

2) were selected 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. All the households in the CEBs selected in the second stage were listed, and grouped into households having a child below 3 years (stratum 1) and those not having a child below 3 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 Kanpur Nagar district, from

TABLE 1.2: **SAMPLE COVERAGE**

The number and response rates for households, women and children, Kanpur Nagar, 2006

Category	Urban							
	Non-slum		Slum		Rural		All Areas	
	Number	Percent	Number	Percent	Percent	Number	Number	Percent
Households (HH)								
Completed [C]	1,428	95.2	1,422	94.8	1,931	96.6	4,781	95.6
Not at home/locked [NH]	48	3.2	60	4.0	45	2.3	153	3.1
Postponed [P]	0	0.0	1	0.1	0	0.0	1	0.0
Refused [R]	8	0.5	4	0.3	3	0.2	15	0.3
Partially completed [PL]	0	0.0	0	0.0	1	0.1	1	0.0
Other [O]	16	1.1	13	0.9	20	1.0	49	1.0
HH response rate¹	NA	96.2	NA	95.6	NA	97.5	NA	96.6
Eligible women (EW)								
Completed [EWC]	1,388	86.8	1,428	89.2	1,990	93.5	4,806	90.2
Not at home [EWNH]	195	12.2	164	10.2	134	6.3	493	9.3
Postponed [EWP]	10	0.6	5	0.3	1	0.0	16	0.3
Refused [EWR]	0	0.0	0	0.0	0	0.0	0	0.0
Partially completed [EWPL]	1	0.1	0	0.0	0	0.0	1	0.0
Other [EWO]	6	0.4	4	0.2	3	0.1	13	0.2
EW response rate²	NA	86.8	NA	89.2	NA	93.5	NA	90.2
Overall EW response rate³	NA	83.5	NA	85.3	NA	91.2	NA	87.1
Children (CH)								
Completed [CHC]	1,140	89.2	1,294	90.7	1,812	94.6	4,246	91.9
Not at home [CHNH]	127	9.9	129	9.0	92	4.8	348	7.5
Postponed [CHP]	0	0.0	0	0.0	1	0.1	1	0.0
Refused [CHR]	7	0.5	3	0.2	1	0.1	11	0.2
Partially completed [CHPL]	0	0.0	0	0.0	1	0.1	1	0.0
Other [CHO]	4	0.3	1	0.1	8	0.4	13	0.3
CH response rate⁴	NA	89.2	NA	90.7	NA	94.6	NA	91.9
Overall CH response rate⁵	NA	85.8	NA	86.7	NA	92.3	NA	88.8

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

which interviews were completed in 4,781 households, with an overall completed household response rate of 95.6 percent. The completed household response rate from rural areas is 96.6, urban non-slum is 95.2 and that of urban slums is 94.8 percent. Completed household interviews from rural, non-slum and urban slums are 1,931, 1,428 and 1,422 respectively.

From the 4,781 households covered, 5,329 currently married women age 15-49 years (eligible women) were identified. Interviews were successfully conducted for 4,806 eligible women, with overall completed eligible women (EW) response rate of 90.2. The completed eligible women (EW) response rate was highest in rural areas (93.5 percent) and lowest in urban non-slum areas (86.8 percent).

A total of 4,620 children below 5 years were identified from the 4,781 households. However, interviews were successfully completed for only 4,246 children,

with an overall completed response rate of 91.9 for the children's questionnaire. The highest children's response rate was in the rural areas (94.6 percent) and lowest in urban non-slum areas (89.2 percent).

1.6 RECRUITMENT, 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 Kanpur Nagar. 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 field organization's office in Delhi for editing and data entry. Data entry was carried out using the customized data entry package developed by Constella Futures, using the CPro. The data 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, the slum-non-slum and stratum proportions. SPSS software has been used in generating the tables presented in this report. All the tables generated from the primary data 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.

HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This chapter provides information about household characteristics and about currently married women aged 15-49 years (eligible women respondents) and the children.

2.1 AGE AND SEX DISTRIBUTION OF HOUSEHOLD POPULATION

Table 2.1 shows the age and sex distribution of the household population for urban and rural areas of Kanpur Nagar district. The total population is 26,412 of which 52 percent is male and 48 percent female. The slight decrease in the proportion of the population under age five, compared with the population aged five to nine, is consistent with the recent decline in fertility. About 31 percent of the household population in Kanpur Nagar is below age 15 reflecting the young age structure of the population (Figure 2.1). About five percent of the population is aged 65 and above. Looking at the age distribution of the household population in urban areas it is clear that the age structure of slum household population is younger compared to non-slum households, as 33 percent of the household population in slum areas is below age 15 compared

to 26 percent in non-slum areas. Similarly, comparing rural-urban age distribution it is evident that rural household age structure is younger (37 percent < age 15) compared to urban household structure (28 percent under age 15).

The falling fertility trend is evident in Kanpur Nagar district, as the population under age five is smaller than the population aged five to nine in all the segments surveyed. However, the greatest decline in the proportion of the population under age five is noticed in urban

non-slum areas, leading to a faster decline in fertility in the urban population overall.

2.2 MARITAL STATUS

Table 2.2 gives information on the marital status of all household members age 10 and above, classified by age, sex and place of residence. Among females aged 10 and above, 56 percent are currently married and 36 percent have never been married. The proportion of never married is higher for males (46 percent) than for females (36 percent), with variations by place of residence.

FIGURE 2.1: AGE PYRAMID OF KANPUR NAGAR

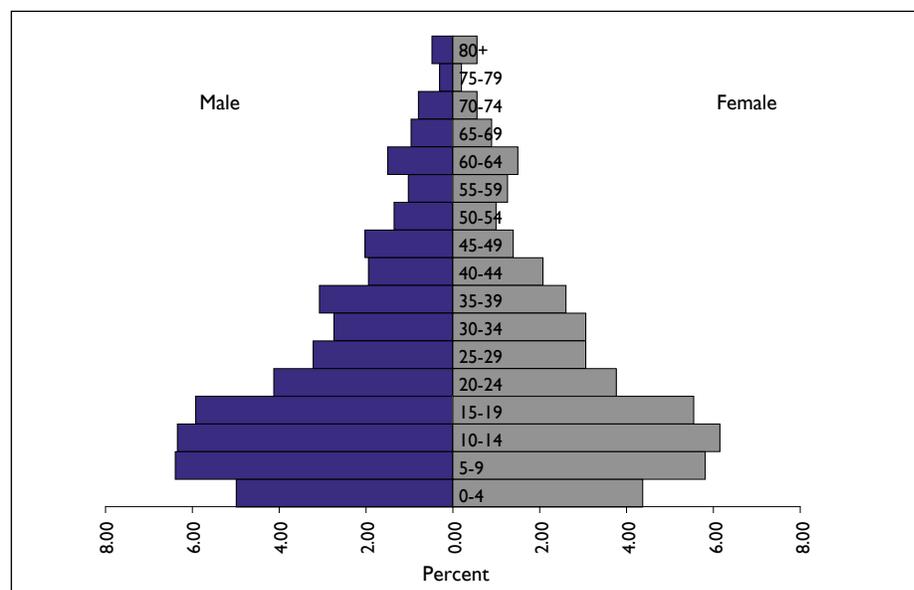


TABLE 2.1: HOUSEHOLD POPULATION BY AGE, SEX AND RESIDENCE

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

Age (in years)	Urban: Non-slum			Urban: Slum			Urban: Total			Rural			All Areas		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
	<1	1.3	1.2	1.2	1.9	1.6	1.7	1.5	1.3	1.4	2.3	2.0	2.1	1.7	1.6
1-4	6.0	5.1	5.6	8.4	8.7	8.6	6.8	6.3	6.5	8.2	7.9	8.0	7.3	6.8	7.1
5-9	9.2	8.6	8.9	10.3	10.5	10.4	9.6	9.2	9.4	13.5	13.2	13.3	10.9	10.5	10.7
10-14	10.7	9.9	10.3	12.2	12.2	12.2	11.1	10.7	10.9	13.4	13.9	13.7	11.9	11.8	11.9
15-19	11.4	11.9	11.6	12.6	14.1	13.3	11.8	12.6	12.2	12.5	12.6	12.6	12.0	12.6	12.3
20-24	10.8	12.4	11.6	11.2	10.2	10.7	11.0	11.7	11.3	8.7	8.6	8.7	10.2	10.6	10.4
25-29	8.1	8.7	8.4	8.0	8.9	8.4	8.1	8.7	8.4	6.9	7.0	7.0	7.7	8.2	7.9
30-34	7.0	7.5	7.3	6.8	6.4	6.6	6.9	7.1	7.0	5.8	7.0	6.4	6.6	7.1	6.8
35-39	6.6	7.3	6.9	6.6	6.1	6.4	6.6	6.9	6.7	6.5	5.9	6.2	6.6	6.6	6.6
40-44	5.2	6.1	5.6	5.0	5.7	5.3	5.1	5.9	5.5	4.1	4.7	4.4	4.8	5.5	5.1
45-49	5.9	4.9	5.4	5.4	4.7	5.1	5.7	4.8	5.3	4.3	3.2	3.8	5.2	4.3	4.8
50-54	3.9	3.7	3.8	3.0	3.0	3.0	3.6	3.5	3.6	2.9	2.3	2.6	3.4	3.1	3.2
55-59	3.8	4.7	4.3	2.4	2.0	2.2	3.4	3.8	3.6	2.2	2.9	2.6	3.0	3.5	3.2
60-64	4.2	3.0	3.6	2.3	2.5	2.4	3.6	2.8	3.2	3.2	3.5	3.3	3.5	3.0	3.3
65-69	2.3	1.8	2.1	1.8	1.3	1.6	2.1	1.6	1.9	2.1	2.1	2.1	2.1	1.8	2.0
70-74	2.0	1.8	1.9	1.1	1.0	1.0	1.7	1.5	1.6	1.7	1.3	1.5	1.7	1.4	1.6
75-79	1.0	0.4	0.7	0.6	0.4	0.5	0.8	0.4	0.6	0.6	0.5	0.5	0.8	0.4	0.6
80+	0.7	1.1	0.9	0.5	0.7	0.6	0.6	1.0	0.8	1.0	1.3	1.1	0.8	1.1	0.9
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	6,095	5,685	11,780	2,895	2,752	5,647	8,990	8,437	17,427	4,649	4,336	8,986	13,639	12,773	26,412

TABLE 2.2: MARITAL STATUS OF THE HOUSEHOLD POPULATION

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

Age	Marital Status				Total Percent	Number
	Never Married ¹	Currently Married	Widowed	Divorced/Separated/Deserted		
<i>Urban Non-slum</i>						
MALE						
10-14	99.9	0.1	0.0	0.0	100.0	650
15-19	99.5	0.5	0.0	0.0	100.0	694
20-24	88.0	11.6	0.0	0.4	100.0	660
25-29	47.8	50.8	0.0	1.4	100.0	495
30-34	17.8	80.3	0.9	1.0	100.0	428
35-39	5.3	91.5	1.6	1.6	100.0	402
40-44	0.8	96.8	2.0	0.4	100.0	317
45-49	0.3	95.1	4.7	0.0	100.0	358
50+	2.5	84.1	12.7	0.6	100.0	1,089
15-49	48.0	50.4	1.0	0.6	100.0	3,353
10+	44.9	51.2	3.4	0.6	100.0	5,092
FEMALE						
10-14	100.0	0.0	0.0	0.0	100.0	565
15-19	93.4	6.0	0.0	0.5	100.0	677
20-24	54.3	44.5	0.0	1.1	100.0	703
25-29	20.8	78.3	0.7	0.2	100.0	493
30-34	0.9	96.5	0.2	2.5	100.0	427
35-39	0.1	94.5	4.5	0.8	100.0	412
40-44	0.1	88.7	9.2	1.9	100.0	344
45-49	1.7	81.0	13.3	4.0	100.0	276
50+	1.1	69.8	29.0	0.1	100.0	938
15-49	33.8	62.1	2.8	1.3	100.0	3,333
10+	35.2	56.4	7.5	0.9	100.0	4,836
<i>Urban Slum</i>						
MALE						
10-14	99.8	0.0	0.2	0.0	100.0	352
15-19	98.7	1.3	0.0	0.0	100.0	364
20-24	83.4	15.5	0.4	0.7	100.0	325
25-29	31.9	66.2	0.7	1.2	100.0	232
30-34	10.4	88.0	0.8	0.8	100.0	196
35-39	6.1	92.4	0.7	0.8	100.0	192
40-44	2.0	92.9	4.9	0.2	100.0	145
45-49	0.7	93.9	4.3	1.1	100.0	157
50+	1.0	81.4	17.5	0.1	100.0	338
15-49	46.0	52.2	1.2	0.6	100.0	1,608
10+	47.6	48.5	3.5	0.5	100.0	2,299

TABLE 2.2: **MARITAL STATUS OF THE HOUSEHOLD POPULATION** (Contd...)

Age	Marital Status				Total Percent	Number
	Never Married ¹	Currently Married	Widowed	Divorced/Separated/ Deserted		
<i>Urban Slum</i>						
FEMALE						
10-14	99.9	0.0	0.0	0.1	100.0	336
15-19	92.2	7.5	0.3	0.0	100.0	389
20-24	36.3	62.2	0.0	1.6	100.0	281
25-29	10.1	87.2	0.5	2.2	100.0	244
30-34	3.6	93.7	0.9	1.9	100.0	176
35-39	1.1	94.8	1.3	2.8	100.0	167
40-44	0.4	85.2	11.4	3.0	100.0	156
45-49	1.5	83.5	14.8	0.2	100.0	130
50+	0.2	56.6	42.8	0.4	100.0	301
15-49	32.1	63.6	2.8	1.5	100.0	1,543
10+	38.2	52.8	7.9	1.1	100.0	2,180
<i>Urban Total</i>						
MALE						
10-14	99.8	0.1	0.1	0.0	100.0	1,002
15-19	99.2	0.8	0.0	0.0	100.0	1,058
20-24	86.5	12.9	0.1	0.5	100.0	985
25-29	42.8	55.7	0.2	1.3	100.0	726
30-34	15.5	82.7	0.8	0.9	100.0	623
35-39	5.5	91.8	1.3	1.3	100.0	593
40-44	1.2	95.6	2.9	0.3	100.0	462
45-49	0.4	94.7	4.6	0.3	100.0	515
50+	2.2	83.5	13.8	0.5	100.0	1,427
15-49	47.3	51.0	1.1	0.6	100.0	4,962
10+	45.7	50.3	3.4	0.5	100.0	7,391
FEMALE						
10-14	100.0	0.0	0.0	0.0	100.0	901
15-19	93.0	6.6	0.1	0.3	100.0	1,066
20-24	49.2	49.6	0.0	1.2	100.0	984
25-29	17.2	81.2	0.7	0.9	100.0	738
30-34	1.7	95.7	0.4	2.3	100.0	603
35-39	0.4	94.6	3.6	1.4	100.0	580
40-44	0.2	87.6	9.9	2.3	100.0	501
45-49	1.6	81.8	13.8	2.8	100.0	405
50+	0.9	66.6	32.4	0.2	100.0	1,239
15-49	33.3	62.6	2.8	1.4	100.0	4,876
10+	36.1	55.3	7.6	1.0	100.0	7,017

TABLE 2.2: **MARITAL STATUS OF THE HOUSEHOLD POPULATION** (Contd...)

Age	Marital Status				Total Percent	Number
	Never Married ¹	Currently Married	Widowed	Divorced/Separated/Deserted		
<i>Rural</i>						
MALE						
10-14	99.3	0.7	0.0	0.0	100.0	625
15-19	97.4	2.1	0.2	0.2	100.0	583
20-24	71.0	29.0	0.0	0.0	100.0	407
25-29	32.4	66.8	0.2	0.6	100.0	321
30-34	12.5	83.2	2.4	1.9	100.0	272
35-39	5.4	92.2	2.2	0.3	100.0	302
40-44	5.0	89.0	5.4	0.7	100.0	191
45-49	1.9	89.3	8.8	0.0	100.0	201
50+	3.1	80.1	15.9	1.0	100.0	637
15-49	45.0	52.7	1.9	0.4	100.0	2,275
10+	47.0	48.4	4.1	0.5	100.0	3,537
FEMALE						
10-14	99.9	0.1	0.0	0.0	100.0	603
15-19	80.6	18.9	0.1	0.3	100.0	547
20-24	22.3	75.8	1.3	0.6	100.0	374
25-29	2.0	95.3	0.9	1.8	100.0	305
30-34	0.5	97.1	1.7	0.6	100.0	304
35-39	0.5	90.8	8.0	0.7	100.0	257
40-44	0.0	95.4	3.2	1.4	100.0	204
45-49	0.0	86.8	12.2	0.9	100.0	140
50+	0.6	59.7	38.6	1.1	100.0	601
15-49	25.0	71.4	2.7	0.8	100.0	2,131
10+	34.2	56.4	8.7	0.7	100.0	3,336
<i>All Areas</i>						
MALE						
10-14	99.6	0.3	0.0	0.0	100.0	1,628
15-19	98.6	1.3	0.1	0.1	100.0	1,640
20-24	82.0	17.6	0.1	0.4	100.0	1,391
25-29	39.6	59.1	0.2	1.1	100.0	1,047
30-34	14.6	82.9	1.3	1.2	100.0	895
35-39	5.5	91.9	1.6	1.0	100.0	895
40-44	2.3	93.6	3.7	0.4	100.0	653
45-49	0.8	93.2	5.7	0.2	100.0	716
50+	2.5	82.4	14.5	0.6	100.0	2,064
15-49	46.6	51.5	1.3	0.6	100.0	7,237
10+	46.2	49.7	3.6	0.5	100.0	10,929

TABLE 2.2: **MARITAL STATUS OF THE HOUSEHOLD POPULATION** (Contd...)

Age	Marital Status				Total Percent	Number
	Never Married ¹	Currently Married	Widowed	Divorced/Separated/Deserted		
<i>All Areas</i>						
FEMALE						
10-14	99.9	0.0	0.0	0.0	100.0	1,505
15-19	88.8	10.8	0.1	0.3	100.0	1,614
20-24	41.8	56.8	0.4	1.1	100.0	1,358
25-29	12.8	85.3	0.7	1.2	100.0	1,043
30-34	1.3	96.2	0.8	1.7	100.0	907
35-39	0.4	93.4	5.0	1.1	100.0	837
40-44	0.1	89.9	8.0	2.0	100.0	704
45-49	1.2	83.1	13.4	2.3	100.0	545
50+	0.8	64.3	34.4	0.5	100.0	1,840
15-49	30.8	65.3	2.7	1.2	100.0	7,008
10+	35.5	55.6	8.0	0.9	100.0	10,353

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

The proportion of divorced/separated is negligible and the widowed are confined to the older age groups. Higher proportions of females than males in the older age groups are widowed, reflecting the greater survival probabilities for older females. Thirty four percent of the females compared to only 15 percent of the males aged 50 and above are widowed. To find out the incidence of early marriage, it is important to study the proportion of ever married in the age group 15-19. At ages 15-19 the proportions ever married are 11 percent for females and one percent for males. There is not much difference in the proportion marrying young within the urban areas; however rural females tend to marry at younger age compared to their urban counterparts. By age 25-29 years, close to all females (85 percent), but fewer males (59 percent) are married. This

indicates that women in Kanpur Nagar marry at younger ages than men.

2.3 AGE DISTRIBUTION OF ELIGIBLE WOMEN

Table 2.3 presents the percentage distribution of currently married women aged 15-49 by age and place of residence. Of these women, a mere 4 percent are in the age group of 15-19 years, almost three-quarters (72 percent) are between the ages of 20-39, and the remaining quarter (24 percent) are between the ages of 40-49.

About 41 percent of the respondents are in the early reproductive age group of 15-29. The concentration is particularly high in the high fertility age group of 20-29, which contains almost 37 percent of respondents. The age at marriage is higher for women in the urban non-slum areas

which are socio-economically and demographically more advanced than the other areas. Only 19 percent of women in the urban non-slum areas are in the 15-24 age group compared with 22 percent in the slums and 28 percent in the rural areas.

Table 2.4 presents information on age at marriage of the currently married women by place of residence. Eleven percent of the respondents in Kanpur Nagar district were married by age 15 and 43 percent were married by age 18, which reflects that a large proportion of women married before they reached the legal minimum age of 18 years. Seventy one percent were married by age 20 and by age 25 almost all the respondents (96 percent) were married. This shows the universality of marriage in the district.

TABLE 2.3: 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, Kanpur Nagar, 2006

Age	Urban			Rural	All Areas
	Non-slum	Slum	Total		
15-19	2.1	3.1	2.4	8.4	4.4
20-24	16.9	18.7	17.4	19.7	18.2
25-29	17.5	22.1	19.0	16.9	18.3
30-34	18.7	15.6	17.7	18.7	18.0
35-39	19.9	15.8	18.6	15.6	17.6
40-44	14.3	14.7	14.4	11.9	13.6
45-49	10.7	10.0	10.5	8.7	9.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,178	1,031	3,209	1,597	4,806

The environment plays an important role in shaping one's attitude towards decision making, especially in matters relating to age at marriage. A higher proportion of currently married women from rural areas married at younger ages than their urban counterparts. Among the currently married women, 9 percent of urban and 16 percent of rural women were married by the age of 15 years. Thirty five percent of the urban and 60 percent of the rural respondents got married by age 20. Within urban areas a higher proportion of currently married women in slum areas had been married at younger ages compared to their non-slum counterparts.

2.4 HOUSEHOLD CHARACTERISTICS

Table 2.5 shows the percent distribution of households - urban (slum and non-slum) or rural - by various household characteristics such as size of the household, sex of the head of the household, type of dwelling, toilet facilities, and the

availability of a separate room to be used as a kitchen. The average household size in Kanpur Nagar district is 5.5 persons. There is not much variation in the household size between rural (5.8 persons) and urban areas (5.4 persons), as well as between urban slum (5.6) and non-slum (5.3) areas. Ninety one percent of the households are headed by a male member, the proportion ranging from 92 percent in rural areas to 89 percent in urban non-slum areas.

Regarding the type of dwelling, the majority (59 percent) of households live in houses that are *pucca* (made with high quality materials throughout, including the roof, walls and floor), 27 percent in semi-*pucca* (using partly low quality and partly high quality materials) and 14 percent in *kutchha* houses (made with mud, thatch, or other low quality materials).

There are great differences in the type of dwelling by place of

FIGURE 2.2: HOUSEHOLD COVERED BY TYPE OF HOUSE

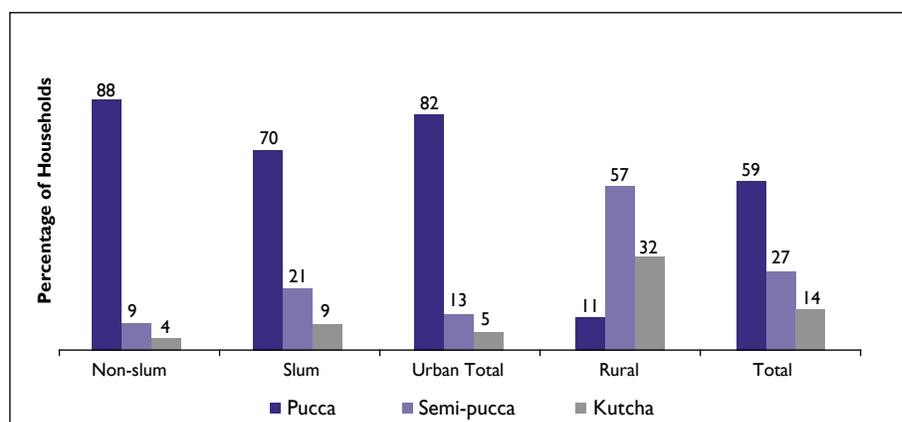


TABLE 2.4: AGE AT MARRIAGE

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

Current Age	Percent Married below Exact Age (in years)					Number of Women
	15	18	20	22	25	
NON-SLUM						
15-19	2.6	39.6	100.0	100.0	100.0	46
20-24	3.1	18.0	52.2	87.5	100.0	367
25-29	3.2	18.0	43.9	64.4	85.4	381
30-34	10.5	32.5	58.4	72.5	89.6	406
35-39	9.2	31.1	64.9	81.2	94.4	433
40-44	8.5	45.8	67.4	85.9	96.1	312
45-49	11.2	53.2	64.1	77.7	91.2	233
15-49	7.3	31.5	58.9	78.4	92.9	2,178
SLUM						
15-19	9.2	69.3	100.0	100.0	100.0	32
20-24	5.2	23.8	68.9	92.7	100.0	193
25-29	9.8	36.4	64.4	80.6	94.1	228
30-34	8.9	38.3	69.6	87.0	96.2	161
35-39	7.5	46.8	79.7	90.0	98.1	163
40-44	23.1	57.5	78.5	91.6	97.0	151
45-49	20.5	60.2	75.9	91.1	95.7	103
15-49	11.4	42.5	72.8	88.6	96.9	1,031
URBAN TOTAL						
15-19	5.3	51.7	100.0	100.0	100.0	78
20-24	3.8	20.0	58.0	89.3	100.0	560
25-29	5.6	24.9	51.6	70.5	88.6	609
30-34	10.1	34.2	61.6	76.6	91.5	567
35-39	8.7	35.4	68.9	83.6	95.4	596
40-44	13.2	49.6	71.0	87.8	96.4	463
45-49	14.1	55.4	67.8	81.8	92.6	336
15-49	8.6	35.0	63.4	81.7	94.2	3,209
RURAL						
15-19	7.1	61.4	100.0	100.0	100.0	134
20-24	5.3	39.7	77.2	96.5	100.0	315
25-29	14.1	53.4	80.4	91.2	98.7	270
30-34	14.9	59.6	84.5	95.4	98.2	299
35-39	24.9	71.7	90.1	96.6	98.4	249
40-44	25.4	70.6	88.6	95.1	99.0	191
45-49	29.9	81.5	96.2	98.9	98.9	139
15-49	16.3	59.9	86.1	95.8	99.0	1,597
DISTRICT TOTAL						
15-19	6.4	57.8	100.0	100.0	100.0	212
20-24	4.3	27.1	64.9	91.9	100.0	874
25-29	8.2	33.7	60.4	76.9	91.7	879
30-34	11.7	43.0	69.5	83.1	93.8	867
35-39	13.5	46.1	75.2	87.4	96.3	845
40-44	16.8	55.7	76.2	89.9	97.1	653
45-49	18.7	63.0	76.1	86.8	94.4	476
15-49	11.2	43.3	70.9	86.4	95.8	4,806

TABLE 2.5: HOUSEHOLD CHARACTERISTICS

Percent distribution of households by selected household characteristics, Kanpur Nagar, 2006

Household Characteristic	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Sex of the head of the household					
Male	90.7	89.4	90.3	91.5	90.7
Female	9.3	10.6	9.7	8.5	9.3
Type of house					
Pucca	87.5	69.9	82.0	11.2	59.0
Semi-pucca	8.8	21.3	12.7	57.2	27.1
Kutcha	3.7	8.9	5.3	31.6	13.8
Type of toilet					
Own flush toilet	72.9	44.7	64.1	7.9	45.9
Public/shared flush toilet	7.7	10.3	8.5	0.1	5.8
Own pit toilet	11.0	17.7	13.1	9.1	11.8
Public/shared pit toilet	1.9	4.1	2.6	0.9	2.0
No facility/bush/field	5.5	18.2	9.5	81.0	32.7
Other	1.0	5.0	2.2	0.9	1.8
Separate room for kitchen					
Yes	72.8	46.5	64.6	23.6	51.3
No	27.2	53.5	35.4	76.4	48.7
Number of members in the HH					
1	3.0	3.3	3.1	3.0	3.0
2	6.5	6.1	6.4	6.9	6.6
3	11.8	9.4	11.0	8.0	10.1
4	22.7	16.3	20.7	14.4	18.7
5	18.6	19.0	18.8	16.8	18.1
6	12.8	15.0	13.5	16.4	14.4
7+	24.6	30.8	26.6	34.5	29.1
Mean household size	5.3	5.6	5.4	5.8	5.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

TABLE 2.6: HOUSEHOLD AMENITIES

Percent distribution of households by selected amenities, Kanpur Nagar, 2006

Amenities	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Main source of drinking water					
Piped water in residence/yard/plot	45.3	25.2	39.0	4.5	27.8
Public tap	7.1	9.3	7.8	7.5	7.7
Hand pump in residence/yard/plot	5.9	15.4	8.9	16.3	11.3
Public hand pump	30.5	41.2	33.9	64.2	43.7
Covered well in residence/yard/plot	0.0	0.1	0.0	0.6	0.2
Open well in residence/yard/plot	0.0	0.1	0.0	2.9	1.0
Public well	0.0	0.2	0.1	3.3	1.1
Other sources	11.1	8.6	10.3	0.8	7.2
Main source of energy for lighting					
Electricity	94.7	88.1	92.6	20.2	69.2
Kerosene	5.0	11.8	7.1	79.1	30.5
Gas	0.2	0.1	0.1	0.2	0.2
Oil	0.0	0.0	0.0	0.0	0.0
Other	0.1	0.0	0.1	0.4	0.2
Main source of energy for cooking					
Wood	9.1	19.2	12.2	51.9	25.1
Crop residues	0.5	0.4	0.5	3.0	1.3
Dung cakes	1.4	6.7	3.1	37.6	14.3
Coal/charcoal	1.9	5.1	2.9	0.7	2.2
Kerosene	3.6	6.1	4.4	0.1	3.0
Electricity	0.4	0.1	0.3	0.0	0.2
Liquid petroleum gas (LPG)	82.1	59.6	75.1	6.7	52.9
Bio-gas	0.4	0.6	0.4	0.0	0.3
Other	0.6	2.1	1.1	0.1	0.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

residence. Only eleven percent of the houses in rural areas are *pucca*, 57 percent are *semi-pucca*, and 32 percent live in *kutcha* houses, whereas about 82 percent of the houses in the urban areas are *pucca*. Within urban areas, 88 percent of the houses in non-slum areas are *pucca* households compared to 70 percent in the slums.

Sanitation facilities have an important bearing on the health

of the household members. Thirty three percent of the households do not have access to any kind of toilet facilities, 46 percent have own flush toilets, 12 percent have their own pit toilets, while 8 percent have either public/shared flush or pit toilets. Again there are huge rural-urban differences: 81 per cent of the rural households do not have access to any kind of toilet facilities compared to only 10 per cent in the urban areas. Within the urban areas

the proportion of households having no toilet facility is higher in slums (18 percent), than in non-slum areas (6 percent). Only forty five percent of the slum households have their own flush toilet facilities, compared to 73 percent of the households in non-slums areas.

Forty nine percent of the households do not have a separate room as a kitchen. This proportion ranges from high of 76 percent

in rural areas to a low of 27 percent in urban non-slum areas. The proportion for urban slum households is fifty four percent.

2.5 HOUSEHOLD AMENITIES AND ASSETS

Table 2.6 provides information on household amenities by place of residence. Sources of drinking water have an important bearing on the health of the household members, especially the children. In Kanpur Nagar district the main source of drinking water is from hand pumps - used by 44 percent of the households, while 28 percent of the households have access to piped drinking water. Eleven percent drink from their own hand pumps and about eight percent use public taps. There are large urban-rural differences in sources of drinking water and also within urban slum and non-slum areas. Around two-thirds (64 percent) of households in rural areas depend on public hand pumps compared to 34 percent in urban areas - with higher percentages in slum areas (41 percent) than non-slum areas (31 percent). The proportion of households with piped drinking water is 39 percent in urban areas but only five percent in rural areas. In urban areas higher percentages of households in non-slum areas (45 percent) use piped drinking water compared to slum households (25 percent).

The majority of households (69 percent) in Kanpur Nagar district have electricity as their main source for light and 31 percent use kerosene lamps. As in the case of drinking water facilities, there are large urban-rural differences with regard to the households' source of

energy for lighting. The proportion of households with electricity as the main source for lighting is 93 percent in urban areas (95 percent in non-slum areas compared to 88 percent in slum areas) and only 20 percent in rural areas. Only seven percent of the urban households (5 percent in non-slum areas and 12 percent in slum areas) use kerosene as their main source for lightning, while 79 percent in rural areas do so.

For cooking purposes different types of fuel are used. The most common type is liquid petroleum gas (LPG) used by the majority of the households (53 percent). One fourth use wood as their main source of energy for cooking purposes, while another 14 percent depend on dung cakes. Small percentages of households also use kerosene (3 percent); coal/charcoal (2 percent); and crop residue (1 percent) as their main source of energy for cooking.

Again there are large urban-rural differences in the types of fuel used. Seventy five percent of the urban households depend on LPG with higher percentages in urban non-slum (82 percent) households than slum households (60 percent), while in rural areas the use of LPG is only seven percent. Nine out of 10 (93 percent) households in rural areas use wood, dung cakes and crop residues as energy for cooking compared to only 16 percent of the households in urban areas with higher percentages in slums (26 percent) compared to non-slum households (11 percent).

Table 2.7 provides information on household assets (ownership of house, land, livestock and household

durable goods) reflecting the socio-economic status of the households, by place of residence. Eighty six percent (96 percent in rural and 82 percent in urban) of the households live in their own houses. Within the urban areas 80 percent of the non-slum households and 85 percent of the slum households live in their own houses.

Seventy percent of the households do not own any agricultural land. The proportion without agricultural land ranges from 87 percent in urban non-slum areas to 35 percent in rural areas. Twenty nine percent of the households own livestock. The proportion of households owning livestock is 6 percent in urban areas, and 71 percent in rural areas. Within the urban areas 10 percent of the slum households own the livestock compared to just 4 percent in urban non-slum households. Ninety one percent of the households do not own a BPL card. The proportion ranges from high of 96 percent in urban non-slum areas to 82 percent in rural areas.

The possession of household durable goods gives an indication of the households' socio-economic level. For instance, having access to radio or television may expose household members to the latest information relating to health and family welfare; having a telephone or mobile phone and a means of transportation makes it easier to summon help in an emergency and also in seeking access to services outside the local area; and having a refrigerator can preserve medicines and the wholesomeness of food.

TABLE 2.7: HOUSEHOLD ASSETS

Percent distribution of households by possession of selected household assets, Kanpur Nagar, 2006

Assets	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Own a house					
Yes	79.9	85.3	81.6	95.9	86.2
No	20.1	14.7	18.4	4.1	13.8
Own agricultural land					
Yes	12.6	14.4	13.2	65.2	30.1
No	87.4	85.6	86.8	34.8	69.9
Own livestock					
Yes	4.4	10.4	6.3	75.1	28.6
No	95.6	89.6	93.7	24.9	71.4
BPL card					
Yes	3.5	7.5	4.8	17.4	8.9
No	95.9	91.9	94.6	82.3	90.6
Don't know	0.6	0.6	0.6	0.3	0.5
Household assets¹					
Mattress	88.4	70.0	82.6	39.0	68.5
Pressure cooker	93.7	81.0	89.7	21.4	67.6
Chair	81.0	59.3	74.2	22.8	57.6
Cot or bed	94.8	93.7	94.5	95.8	94.9
Table	80.6	59.2	73.9	22.6	57.3
Clock or watch	96.8	91.2	95.1	69.3	86.7
Electric fan	92.5	84.6	90.1	23.6	68.5
Bicycle	74.5	69.8	73.0	65.7	70.7
Radio or transistor	49.6	37.0	45.7	28.9	40.2
Sewing machine	52.7	38.0	48.1	11.8	36.3
Telephone	62.3	34.3	53.6	8.6	39.0
<i>Land phone</i>	35.8	13.7	28.9	4.3	20.9
<i>Mobile phone</i>	56.6	29.8	48.2	5.8	34.5
Refrigerator	56.4	33.4	49.3	4.7	34.8
Television	84.0	69.7	79.6	24.1	61.6
<i>Black and white television</i>	29.8	30.7	30.1	19.6	26.7
<i>Colour television</i>	63.5	42.7	57.0	5.3	40.2
Moped, scooter, or motor cycle	45.7	23.3	38.8	6.9	28.4
Car/Jeep	11.1	4.4	9.0	1.8	6.7
Water pump	4.2	2.7	3.7	4.2	3.9
Bullock cart	0.4	0.0	0.3	3.2	1.2
Thresher	0.6	0.1	0.5	1.8	0.9
Tractor	0.5	0.1	0.4	1.9	0.9
Number of households	2,224	1,006	3,230	1,551	4,781

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

The majority of households had a cot or bed (95 percent), a clock or watch (87 percent), a bicycle (71 percent), and a mattress (69 percent). Other durable goods often found in households are electric fans (69 percent), pressure cookers (68 percent), chairs (58 percent), tables (57 percent), radios/transistors (40 percent), color televisions (40 percent), sewing machines (36 percent),

mobiles (35 percent), refrigerators (35 percent), mopeds, scooters or motorcycles (28 percent), black & white televisions (27 percent), land line telephones (21 percent), cars/jeeps (7 percent), water pumps (4 percent), bullock carts or tractors (1 percent each), and threshers (1 percent). Urban households are much more likely than rural households to own most of these articles. Within

urban areas higher percentages of non-slum households own most of the assets compared to slum households. Using the household assets, some of the household characteristics and amenities, a standard of living index (SLI) has been developed, and is used to indicate the differing economic levels of the households (IIPS and ORC Macro, 2000).

ACCESS TO AND UTILIZATION OF HEALTH FACILITIES

This chapter presents information on the accessibility to health and utilization of services by household members. The sources of the treatment are studied first and then physical access to those services examined. Subsequently, the reasons for non-utilization of government health facilities are examined. As the health status of children is also a

focus of this study, information is analyzed separately for children, males and females. Availability of delivery care and caesarian section services for pregnant women are also examined. Knowledge and utilization of health insurance schemes are subsequently analyzed. The last section of this chapter ascertains respondent knowledge of SIFPSA and its activities.

3.1 SOURCES OF TREATMENT FOR FAMILY MEMBERS

In Kanpur Nagar district, 71 percent of the households have children below 15 years of age, ranging from 64 percent in urban non-slum areas to 77 percent in rural areas. Table 3.1 presents information on sources of treatment for family members: children, females and males separately.

TABLE 3.1: SOURCE OF TREATMENT

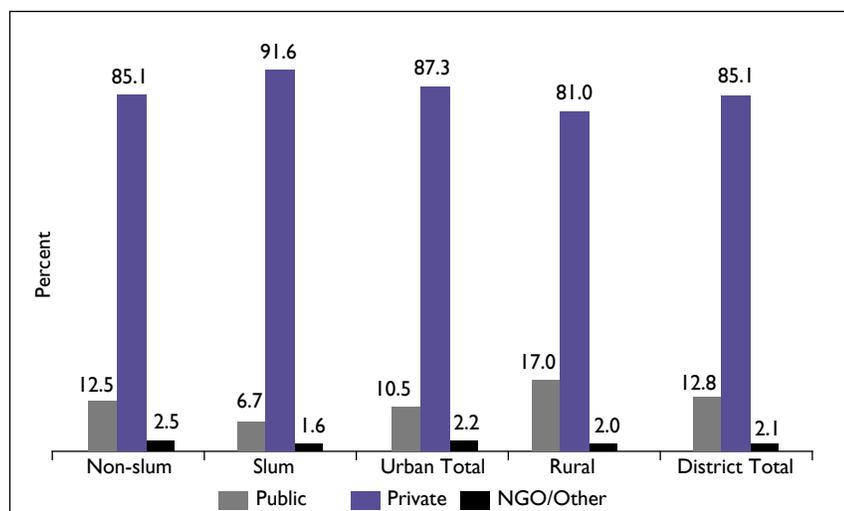
Percent distribution of households by source of treatment for children, females and males, Kanpur Nagar, 2006

Source of Treatment	Urban			Rural	All Areas
	Non-slum	Slum	Total		
CHILDREN					
Public medical sector	12.5	6.7	10.5	17.0	12.8
Govt./Municipal hospital	6.6	4.1	5.8	0.4	3.9
Govt. Dispensary	0.5	0.0	0.3	0.0	0.2
UHC/UHP/UFWC	0.5	1.8	0.9	0.4	0.8
CHC/PHC/FP Centre	0.3	0.1	0.2	15.7	5.7
Other govt. health facility	4.6	0.6	3.2	0.5	2.3
NGO Hospital/Clinic	1.2	0.6	1.0	0.1	0.7
Private medical sector	85.1	91.6	87.3	81.0	85.1
Pvt. Hospital/clinic	49.4	49.3	49.4	28.1	41.8
Pvt. Doctor	31.4	32.5	31.8	31.4	31.6
Pvt. Paramedic	1.9	6.2	3.4	20.0	9.3
Vaidya/hakim/homeopath	1.1	1.1	1.1	0.3	0.8
Pharmacy/drug house	1.2	2.3	1.6	0.7	1.3
Other private health facility	0.0	0.2	0.1	0.4	0.2
Other (DK/CS, no treatment etc)	1.3	1.0	1.2	1.9	1.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households with children below 15 years	1,427	750	2,176	1,196	3,372

TABLE 3.1: SOURCE OF TREATMENT (Contd...)

Source of Treatment	Urban		Total	Rural	All Areas
	Non-slum	Slum			
FEMALES					
Public medical sector	12.2	7.2	10.6	17.0	12.7
Govt. /Municipal hospital	6.5	4.7	5.9	0.4	4.1
Govt. Dispensary	0.3	0.1	0.3	0.0	0.2
UHC/UHP/UFWC	0.7	1.7	1.0	0.5	0.9
CHC/PHC/FP Centre	0.2	0.0	0.1	15.6	5.2
Other govt. health facility	4.5	0.6	3.3	0.4	2.3
NGO Hospital/Clinic	1.3	0.8	1.2	0.1	0.8
Private medical sector	83.9	88.0	85.2	80.1	83.5
Pvt. Hospital/clinic	47.7	47.4	47.6	28.3	41.3
Pvt. Doctor	30.6	31.3	30.8	31.6	31.1
Pvt. Paramedic	1.7	5.5	2.9	18.5	7.9
Vaidya/hakim/homeopath	1.3	1.1	1.2	0.4	1.0
Pharmacy/drug house	2.6	2.4	2.5	0.9	2.0
Other private health facility	0.0	0.1	0.1	0.5	0.2
Other (DK/CS, no treatment etc.)	2.6	4.0	3.0	2.8	3.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781
MALES					
Public medical sector	12.6	7.6	11.0	16.7	12.9
Govt. /Municipal hospital	6.9	4.7	6.2	0.3	4.3
Govt. Dispensary	0.3	0.1	0.3	0.0	0.2
UHC/UHP/UFWC	0.6	2.0	1.0	0.5	0.9
CHC/PHC/FP Centre	0.0	0.0	0.0	15.4	5.0
Other govt. health facility	4.7	0.8	3.5	0.4	2.5
NGO Hospital/Clinic	1.0	0.9	1.0	0.1	0.7
Private medical sector	84.3	89.0	85.8	80.6	84.1
Pvt. Hospital/clinic	47.5	48.1	47.7	28.4	41.4
Pvt. Doctor	31.0	31.9	31.3	31.8	31.5
Pvt. Paramedic	1.7	5.6	2.9	18.6	8.0
Vaidya/hakim/homeopath	1.3	0.7	1.1	0.4	0.9
Pharmacy/drug house	2.8	2.3	2.6	0.9	2.1
Other private health facility	0.0	0.3	0.1	0.5	0.2
Other (DK/CS, no treatment etc.)	2.2	2.5	2.3	2.6	2.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

FIGURE 3.1: SOURCE OF TREATMENT FOR CHILDREN BY PLACE OF RESIDENCE



Sources of treatment are divided primarily into three broad categories which are then sub-divided under each of these headings. The three major types are public medical

sector, NGO hospitals/clinics and private medical sector. For the treatment of children 85 percent used private health facilities, whereas merely 13

percent of the households utilized public sector facilities. NGO facilities were used by less than one percent. While there are some differences across slum, non-slum and rural areas, these are only marginal. The utilization of public sector health facilities is the highest in rural areas (17 percent) followed by urban non-slum areas (13 percent), and slum areas (7 percent). Within urban areas the most utilized public sector health facility is government/municipal hospital whereas in rural areas it is CHC/PHC/FP centre. Utilization of health facilities run by NGOs varies from 0.6 percent in urban slums to 1.2 percent in urban non-slum areas while it is 0.1 percent in rural areas.

Within the private medical facilities, the highest utilization of services is

TABLE 3.1.A: SOURCE OF TREATMENT ACCORDING TO SLI QUINTILES

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

Source of Treatment	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
CHILDREN					
Public medical sector	15.1	14.3	13.7	13.6	6.9
Govt. /Municipal hospital	1.1	2.7	8.5	4.8	2.2
Govt. Dispensary	0.0	0.0	0.4	0.8	0.0
UHC/UHP/UFWC	0.7	1.4	1.0	0.4	0.0
CHC/PHC/FP Centre	12.8	9.7	3.3	1.0	0.8
Other govt. health facility	0.4	0.4	0.5	6.6	3.9
NGO Hospital/Clinic	0.0	0.3	1.3	0.3	1.6
Private medical sector	83.7	84.7	83.3	84.6	89.3
Pvt. Hospital/clinic	30.9	37.6	41.8	45.2	54.6
Pvt. Doctor	30.0	30.1	32.6	34.8	31.1
Pvt. Paramedic	19.7	15.2	7.4	1.9	1.1
Vaidya/hakim/homeopath	0.6	0.6	0.7	1.1	1.2
Pharmacy/drug house	2.0	1.0	0.8	1.6	1.3
Other private health facility	0.4	0.4	0.1	0.1	0.0
Other (DK/CS, no treatment etc.)	1.3	0.7	1.7	1.5	2.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households with children below 15 years	603	833	665	643	628

(Contd...)

TABLE 3.1.A: SOURCE OF TREATMENT ACCORDING TO SLI QUINTILES (Contd...)

Source of Treatment	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
FEMALES					
Public medical sector	15.2	14.1	12.3	13.6	8.7
Govt. /Municipal hospital	1.2	3.2	7.2	5.1	3.8
Govt. Dispensary	0.0	0.0	0.3	0.6	0.0
UHC/UHP/UFWC	1.1	1.5	0.8	0.6	0.4
CHC/PHC/FP Centre	12.7	9.1	3.4	0.9	0.6
Other govt. health facility	0.3	0.3	0.6	6.3	3.8
NGO Hospital/Clinic	0.0	0.5	1.2	1.0	1.3
Private medical sector	79.4	82.5	81.7	83.3	89.9
Pvt. Hospital/clinic	28.2	35.8	40.6	46.6	53.6
Pvt. Doctor	30.6	29.9	31.0	31.3	32.6
Pvt. Paramedic	16.8	14.1	6.8	1.7	1.2
Vaidya/hakim/homeopath	0.6	0.5	1.3	0.8	1.6
Pharmacy/drug house	2.8	1.7	1.8	3.0	0.9
Other private health facility	0.3	0.5	0.2	0.0	0.0
Other (DK/CS, no treatment etc.)	5.4	2.8	4.8	2.2	0.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	812	1,067	937	966	999
MALES					
Public medical sector	14.8	15.1	12.4	13.6	8.6
Govt. /Municipal hospital	1.2	4.2	7.0	5.2	3.6
Govt. Dispensary	0.0	0.0	0.3	0.6	0.0
UHC/UHP/UFWC	1.0	1.8	0.9	0.3	0.4
CHC/PHC/FP Centre	12.3	8.9	3.2	0.9	0.6
Other govt. health facility	0.3	0.3	1.1	6.5	4.0
NGO Hospital/Clinic	0.0	0.2	1.0	1.0	1.2
Private medical sector	79.6	82.6	84.7	84.2	88.6
Pvt. Hospital/clinic	28.1	35.8	41.8	46.3	53.2
Pvt. Doctor	30.7	30.1	32.6	31.9	32.0
Pvt. Paramedic	17.2	14.1	6.8	1.7	1.2
Vaidya/hakim/homeopath	0.6	0.4	1.6	0.6	1.2
Pharmacy/drug house	2.7	1.7	1.6	3.6	0.8
Other private health facility	0.4	0.5	0.2	0.0	0.0
Other (DK/CS, no treatment etc.)	5.6	2.0	1.9	1.2	1.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	812	1,067	937	966	999

from private hospital/clinic (42 percent), followed by private doctors (32 percent), private paramedic (9 percent), the remaining one percent being from AYUSH or some other private health facility.

Similar to this treatment pattern for children are the treatment sources for males and females. Eighty four percent of males and females used private sector facilities, about 13 percent used public sector services

and less than one percent went to hospitals/clinics run by NGOs.

Table 3.1.A presents the source of treatment for children, females and males by standard of living.

For the treatment of children, the differences across SLI quintiles are relatively small. The percentage of households utilizing public sector facilities for the treatment of child illness varies from 15 percent in the first SLI quintile to 7 percent in the fifth quintile. The difference among households using a private health facility varies from 83 percent in the first quintile to 89 percent in the fifth. In short, there are no significant variations in the utilization pattern of various types of health facilities according to standard of living. This is surprising, as the generally held belief is that people from higher economic strata tend to use private health facilities, while those from lower strata are more prone to use public facilities. A

similar treatment seeking pattern is seen for males and females as well, across the different SLI quintiles.

3.2 ACCESSIBILITY TO HEALTH FACILITIES FOR FAMILY MEMBERS

Table 3.2 provides information on physical accessibility to the health facilities utilized, in terms of distance traveled. In case of treatment of children, the average distance traveled is 1.7 kilometers (km) with considerable variation by place of residence. While in rural areas the mean distance traveled to the utilized health facility is 3.03 km, it is 0.85 km in urban slum areas, and 1.12 km in urban non-slum areas. For the utilization of any public health facility, the household

had to cover a distance of 3.3 km compared to 1.5 km for a private medical facility. NGO facilities are on average 2.5 km away, with the difference ranging from 3.1 km in urban non slum areas to 0.97 km in rural areas.

Amongst the public health facilities, the most distant facility reported is CHC/PHC/FP centre (4.0 km), followed by government/municipal hospitals (3.2 km), UHC/UHP/UFWC (2.1 km), other government health facilities (2.2 km) and government dispensary (0.5 km). Rural people have to travel a significantly greater distance than their urban counterparts, as much as 9 kms to access a government/municipal hospital.

TABLE 3.2: MEAN DISTANCE TO THE HEALTH FACILITY USED

Mean distance in kilometers to the health facility used for children, females and males, Kanpur Nagar, 2006

Health Facility	Urban		Total	Rural	All Areas
	Non-slum	Slum			
CHILDREN					
Public medical sector					
Govt. /Municipal hospital	3.07	2.64	2.96	9.28	3.19
Govt. Dispensary	0.52	0.00	0.52	0.00	0.50
UHC/UHP/UFWC	2.68	1.43	1.85	3.05	2.09
CHC/PHC/FP Centre	0.68	1.00	0.71	4.05	3.98
Other govt. health facility	2.37	1.90	2.34	0.90	2.23
NGO Hospital/Clinic	3.05	1.18	2.63	0.97	2.51
Private medical sector					
Pvt. Hospital/clinic	0.88	0.81	0.86	4.08	1.62
Pvt. Doctor	0.93	0.73	0.86	2.70	1.51
Pvt. Paramedic	0.35	0.46	0.42	1.36	1.14
Vaidya/hakim/homeopath	0.39	1.32	0.72	0.77	0.73
Pharmacy/drug house	0.53	0.10	0.32	0.66	0.38
Other private health facility	0.00	0.00	0.00	1.17	0.91
Any Govt. facility	2.64	2.22	2.55	4.05	3.26
Any Pvt. facility	0.90	0.75	0.85	2.81	1.51
Any facility	1.12	0.85	1.03	3.03	1.73

(Contd...)

TABLE 3.2: MEAN DISTANCE TO THE HEALTH FACILITY USED (Contd...)

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
FEMALES					
Public medical sector					
Govt. /Municipal hospital	2.85	3.34	2.97	7.15	3.11
Govt. Dispensary	0.52	0.50	0.52	0.00	0.50
UHC/UHP/UFWC	2.43	1.41	1.90	3.03	2.13
CHC/PHC/FP Centre	0.68	1.00	0.71	3.96	3.90
Other govt. health facility	3.03	2.55	3.00	0.90	2.89
NGO Hospital/Clinic	2.65	0.78	2.25	0.97	2.20
Private medical sector					
Pvt. Hospital/clinic	0.83	0.87	0.84	4.16	1.58
Pvt. Doctor	0.87	0.82	0.85	2.75	1.48
Pvt. Paramedic	0.20	0.39	0.31	1.38	1.11
Vaidya/hakim/homeopath	0.46	1.76	0.81	0.57	0.78
Pharmacy/drug house	1.65	0.07	1.18	0.35	1.06
Other private health facility	0.00	0.00	0.00	0.85	0.61
Any Govt. facility	2.80	2.75	2.78	3.93	3.28
Any Pvt. facility	0.88	0.81	0.86	2.88	1.48
Any facility	1.12	0.96	1.07	3.07	1.72
MALES					
Public medical sector					
Govt. /Municipal hospital	2.76	3.46	2.92	8.97	3.08
Govt. Dispensary	0.52	0.50	0.52	0.00	0.50
UHC/UHP/UFWC	2.31	1.51	1.83	3.03	2.07
CHC/PHC/FP Centre	3.12	1.00	2.46	3.88	3.88
Other govt. health facility	2.98	5.58	3.16	0.90	3.05
NGO Hospital/Clinic	2.85	1.05	2.35	0.97	2.28
Private medical sector					
Pvt. Hospital/clinic	0.85	0.91	0.87	4.03	1.57
Pvt. Doctor	0.87	0.81	0.85	2.77	1.48
Pvt. Paramedic	0.20	0.38	0.31	1.31	1.06
Vaidya/hakim/homeopath	0.42	1.97	0.71	1.15	0.78
Pharmacy/drug house	0.28	0.08	0.22	0.64	0.28
Other private health facility	0.00	0.00	0.00	0.85	0.59
Any Govt. facility	2.76	3.12	2.84	3.89	3.28
Any Pvt. facility	0.84	0.82	0.84	2.83	1.45
Any facility	1.09	1.00	1.06	3.01	1.69

TABLE 3.3: MEAN TIME TO REACH THE HEALTH FACILITY

Mean time in minutes to reach the health facility used for children, females and males, Kanpur Nagar, 2006

Health Facility	Urban		Total	Rural	All Areas
	Non-slum	Slum			
CHILDREN					
Public medical sector					
Govt./Municipal hospital	17	12	16	67	17
Govt. Dispensary	0	0	0	0	0
UHC/UHP/UFWC	0	0	0	38	8
CHC/PHC/FP Centre	6	60	11	26	26
Other govt. health facility	0	0	0	17	1
NGO Hospital/Clinic	1	0	1	0	1
Private medical sector					
Pvt. Hospital/clinic	3	2	3	23	8
Pvt. Doctor	2	3	2	18	8
Pvt. Paramedic	1	2	2	11	9
Vaidya/hakim/homeopath	0	8	3	6	3
Pharmacy/drug house	0	0	0	14	3
Other private health facility	0	0	0	0	0
Any Govt. facility	9	8	9	27	17
Any Pvt. facility	3	2	3	18	8
Any facility	4	3	3	19	9
FEMALES					
Public medical sector					
Govt. /Municipal hospital	14	11	13	49	14
Govt. Dispensary	0	0	0	0	0
UHC/UHP/UFWC	14	0	7	37	13
CHC/PHC/FP Centre	6	60	11	25	25
Other govt. health facility	8	2	8	17	8
NGO Hospital/Clinic	6	0	5	0	5
Private medical sector					
Pvt. Hospital/clinic	3	2	3	25	8
Pvt. Doctor	6	2	5	17	9
Pvt. Paramedic	0	2	1	9	7
Vaidya/hakim/homeopath	0	6	2	4	2
Pharmacy/drug house	0	0	0	7	1
Other private health facility	0	0	0	0	0
Any Govt. facility	11	8	11	26	17
Any Pvt. facility	4	2	3	18	8
Any facility	5	3	4	19	9

(Contd...)

TABLE 3.3: MEAN TIME TO REACH THE HEALTH (Contd...)

Health Facility	Urban		Total	Rural	All Areas
	Non-slum	Slum			
MALES					
Public medical sector					
Govt./Municipal hospital	20	17	19	72	21
Govt. Dispensary	0	0	0	0	0
UHC/UHP/UFWC	26	0	10	37	16
CHC/PHC/FP Centre	29	60	39	27	27
Other govt. health facility	16	10	16	17	16
NGO Hospital/Clinic	8	10	9	0	8
Private medical sector					
Pvt. Hospital/clinic	3	2	3	24	7
Pvt. Doctor	4	2	3	17	8
Pvt. Paramedic	0	2	1	9	7
Vaidya/hakim/homeopath	0	9	2	14	4
Pharmacy/drug house	0	0	0	7	1
Other private health facility	0	0	0	0	0
Any Govt. facility	18	12	17	28	21
Any Pvt. facility	3	2	3	17	7
Any facility	5	3	4	19	9

Similar patterns can be observed for females and males for the mean distances traveled for treatment. For both females and male, the average distance traveled to any health facility (public, private or NGO) is again 1.7 km. The distances to all facilities are considerably higher in rural areas.

Table 3.3 provides information about the time taken to reach a facility. In the case of treatment of children, the average time to reach any health facility is 9 minutes with considerable variation by place of residence. While in rural areas the mean time taken to reach any health facility is 19 minutes, it is much less in urban areas (3 minutes).

All types of rural health facilities take a longer time to reach compared to urban facilities. In rural areas it takes

an average of 27 minutes to reach a government health facility and an average of 18 minutes to reach a private health facility. In contrast, in urban areas it takes 9 minutes to reach a government health facility and merely 3 minutes to reach a private health facility.

Public health facilities are further away from the population than private health facilities. The average time required to take a child to any public health facility is 17 minutes compared to 8 minutes in the case of any private medical facility. NGO facilities appear to exist in close proximity to the population as it takes just one minute to reach an NGO hospital/clinic.

Within the public health facilities, the most time consuming is to reach a CHC/PHC/FP centre

(26 minutes), followed by government/municipal hospitals (17 minutes) and UHC/UHP/UFWC (8 minutes).

People in rural areas accessing public health care facility take a little more than an hour to reach the government/municipal hospital. Similar patterns can be observed for females and males for the mean time taken to reach any health facility for treatment. The average time taken by both females and males to reach any health facility (public, private or NGO) is 9 minutes respectively. As in the case of treatment for children, the average time taken to reach the health facility for females and males is also considerably higher in rural areas for all types of facilities.

3.3 REASON FOR NON-UTILIZATION OF HEALTH SERVICES

The very low levels of utilization of government health facilities, makes it essential to examine the reasons for their non-utilization. Table 3.4 presents the reasons reported for non-utilization. For the treatment of children, the most important reasons for non-utilization of public sector health facilities are the poor quality of care (57 percent), followed by non-availability of a nearby facility

(50 percent), and long waiting time at the facility. Urban households, being more quality conscious, reported poor quality of care as being the main reason for not accessing a government health facility.

The same reasons for non-utilization are cited by females and males.

- poor quality of care provided in the government health facilities (56 percent) followed by non-availability of a nearby facility (50 percent), and extended waiting time (28 percent).

3.4 ACCESSIBILITY TO DELIVERY CARE SERVICES

Table 3.5 provides the distribution of households by the type of nearest perceived health facility for providing delivery care. Forty-nine percent of the households reported that the nearest facility is a public sector facility; as compared to 44 percent citing a private health facility and only seven percent mentioning a NGO run hospital/clinic. The proportion of households reporting a government run facility as the nearest health provider of delivery

TABLE 3.4: REASONS FOR NOT UTILIZING GOVERNMENT HEALTH FACILITIES

Percent distribution of households not utilizing government health facilities by reasons, Kanpur Nagar, 2006

Reasons	Urban		Total	Rural	All Areas
	Non-slum	Slum			
CHILDREN					
No nearby facility	45.9	55.4	49.0	51.4	49.8
Timing not convenient	9.8	8.1	9.2	7.7	8.8
Health personnel often absent	11.2	8.9	10.5	15.1	11.9
Waiting time too long	32.6	30.3	31.8	19.5	28.0
Poor quality of care	61.8	52.2	58.6	51.6	56.5
Don't know the place	3.5	6.2	4.4	3.7	4.2
Other	12.1	10.1	11.5	16.2	12.9
Number of households	1,667	827	2,494	1,133	3,627
FEMALES					
No nearby facility	45.7	55.6	48.9	52.4	50.0
Timing not convenient	9.4	7.8	8.9	7.6	8.5
Health personnel often absent	11.3	8.8	10.5	15.0	11.9
Waiting time too long	33.5	29.4	32.2	18.6	28.0
Poor quality of care	60.8	51.7	57.9	51.6	55.9
Don't know the place	3.1	6.5	4.2	3.6	4.0
Other	12.3	10.1	11.6	15.6	12.8
Number of households	1,894	892	2,787	1,244	4,030
MALES					
No nearby facility	45.7	54.5	48.6	52.1	49.7
Timing not convenient	9.4	8.4	9.1	7.6	8.6
Health personnel often absent	11.0	8.6	10.3	15.1	11.7
Waiting time too long	32.6	29.6	31.6	18.7	27.6
Poor quality of care	61.1	52.1	58.2	51.2	56.0
Don't know the place	2.9	6.0	3.9	3.7	3.8
Other	12.8	10.4	12.0	15.9	13.2
Number of households	1,897	904	2,801	1,252	4,053

TABLE 3.5: NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

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

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. / Municipal hospital	32.4	31.6	32.2	10.2	25.0
Govt. dispensary	0.3	0.0	0.2	0.2	0.2
UHC / UHP / UFWC	1.9	4.3	2.6	1.9	2.4
CHC / PHC / FP Centre	0.8	0.9	0.8	60.2	20.1
Other govt. health facility	2.0	1.2	1.7	0.2	1.2
NGO sector	10.3	8.2	9.6	0.6	6.7
Private medical sector					
Pvt. Hospital	50.3	52.9	51.1	25.7	42.8
Other private health facility	2.0	0.9	1.6	1.1	1.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

care services is higher in rural areas (73 percent) as compared to urban areas (38 percent).

The differences in the perceived availability of the type of health facility available for delivery care according

to SLI categories are presented in Table 3.5.A. The perceived availability pattern differs across the SLI quintiles. A government or municipal hospital is mentioned by 16 percent of the households belonging to first quintile, increasing to 36 percent

in the third quintile, and declining, thereafter to 28 percent in the fourth quintile and 22 percent in the fifth quintile.

Important to note is that almost half (48 percent) of the households

TABLE 3.5.A: NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES BY SLI

Percent distribution of households by type of nearest health facility providing delivery care services, according to SLI quintiles, Kanpur Nagar, 2006

Health Facility	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Public medical sector					
Govt./Municipal hospital	16.0	23.2	35.8	27.9	21.5
Govt. dispensary	0.1	0.1	0.2	0.3	0.4
UHC/UHP/UFWC	3.5	2.2	2.7	2.6	1.3
CHC/PHC/FP Centre	48.4	34.5	13.9	3.7	3.3
Other govt. health facility	0.1	0.3	0.7	3.3	1.5
NGO sector	2.2	3.4	8.0	8.5	10.9
Private medical sector					
Pvt. Hospital	28.9	34.0	36.9	52.2	60.2
Other private health facility	0.7	2.3	1.8	1.5	0.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	812	1,067	937	966	999

from the low income strata mention the nearest public health facility as being a CHC/PHC/FP centre, which declines sharply with the increase in standard of living to three percent in the top two quintiles. With a rise in the standard of living, the progressive decline in the usage of public health facilities is compensated by a corresponding increase in usage of private health facilities. While the reportage of all public health facilities declined from a high of 68 percent in the first quintile to 28 percent in the fifth quintile, private hospital usage rose from 30 percent in the first quintile to 60 percent in the fifth quintile.

Those households visiting NGO sector facilities for delivery care services varies from a low of two percent in the first quintile to a maximum of 11 percent in the fifth quintile.

The mean distance to the nearest health facility providing delivery care service is 8 km (Table 3.6). A wide rural-urban difference is observed in this case, as the mean distance to a

nearby delivery care facility is 19 km in rural areas, and only 3 km in urban areas. Those accessing a government/municipal hospital in rural areas have to travel as far as 23 km compared to only 3 km for their urban counterparts accessing the same type of facility. The distance traveled to get delivery care from NGO run hospitals show that such hospitals are concentrated in urban areas, as urban households need to travel on average 2 km compared to 19 km for their rural counterparts. In the case of those accessing a private medical facility the same pattern emerges as for NGO hospitals. Those living in urban areas travel 2-3 km to reach the private facility for delivery care services, whereas in rural areas the distance is as much as 17-25 km.

Surprisingly, people living in urban slum have to travel less than their non-slum counterparts to access delivery care services from private hospitals. It needs further investigation to identify who provides the delivery care services in slums. Are they registered medical practitioners or untrained

medical practitioners who set-up a facility within the slum locality?

Table 3.7 shows the mean time required to reach the nearest health facility providing delivery care service. While the mean time to reach the nearest health facility is 91 minutes in rural areas, it is only 14 minutes in urban areas. Those accessing government/municipal hospitals in rural areas take a longer time (103 minutes) to reach the facility than their urban counterparts (20 minutes) accessing the same type of facility. As seen earlier, NGO run hospitals are concentrated in urban areas, as urban households seeking their services take only 14 minutes to reach the facility compared to almost one and half hours (84 minutes) for their rural counterparts. The pattern for accessing private medical facilities is similar to that for NGO hospitals - those living in urban areas take only 6 minutes to reach a private hospital whereas, in rural areas it takes as long as 84 minutes.

Table 3.8 provides the distribution of households by the type of nearest

TABLE 3.6: MEAN DISTANCE TO THE NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

Mean distance in kilometers to the nearest health facility providing delivery care services, Kanpur Nagar, 2006

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. / Municipal hospital	2.91	3.33	3.04	22.88	5.66
Other govt. health facility	5.54	4.65	5.22	18.31	16.30
NGO sector	2.31	2.17	2.28	18.63	2.74
Private medical sector					
Pvt. Hospital	2.28	1.98	2.19	17.26	5.12
Other private health facility	3.25	3.67	3.32	25.22	8.41
Total	2.67	2.61	2.65	18.58	7.82

TABLE 3.7: MEAN TIME TO REACH THE NEAREST HEALTH FACILITY PROVIDING DELIVERY CARE SERVICES

Mean time in minutes to reach the nearest health facility providing delivery care services, Kanpur Nagar, 2006

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Public medical sector					
Govt. / Municipal hospital	16	29	20	103	31
Other govt. health facility	75	25	57	93	87
NGO sector	11	13	12	84	14
Private medical sector					
Pvt. Hospital	6	8	6	84	22
Other private health facility	21	11	19	69	31
Total	13	16	14	91	39

health facility providing caesarian delivery care services. Forty-eight percent of the households reported that the nearest facility is a public sector facility, as compared to forty-four percent reporting a nearby private health facility and only seven percent mentioning NGO run hospital/clinic. The

proportion of households reporting the nearest health facility for caesarian delivery care services as government run is higher in rural areas (67 percent) compared to urban areas (38 percent).

The differences in the perceived availability of the type of health

facility available for caesarian delivery care according to SLI categories are presented in Table 3.8.A. The pattern differs across the SLI quintiles. For households belonging to low income group the nearest facility providing caesarian delivery is public run hospitals and centres, while for those belonging

TABLE 3.8: NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES

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

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Public medical sector					
Govt./Municipal hospital	34.2	34.4	34.2	24.8	31.2
Govt. dispensary	0.2	0.1	0.2	0.2	0.2
UHC/UHP/UFWC	1.2	3.1	1.8	2.0	1.8
CHC/PHC/FP Centre	0.4	0.9	0.6	39.5	13.2
Other govt. health facility	1.8	1.2	1.6	0.1	1.1
NGO sector	10.2	7.9	9.5	1.1	6.8
Private medical sector					
Pvt. Hospital	49.6	51.0	50.0	30.1	43.6
Other private health facility	2.5	1.4	2.1	2.2	2.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

to high income group the nearest facility belongs to the private sector, mainly the private hospitals. The overall utilization pattern shows a declining trend for government delivery care facilities with every increase in the standard of living accompanied by a rise in private delivery care facilities.

As shown in table 3.9, the mean distance to the nearest health facility providing caesarian section services is 8 km with a glaring rural–urban difference, as it is 19 km in rural areas and only 3 km in urban areas. Those accessing government/municipal hospitals in rural areas have to travel as

much as 32 km compared to their urban counterparts who need to travel only 4 km for accessing the same facility, with no slum/non-slum differentials. In the NGO run hospitals, which are mostly found in the urban areas, the average travel distance for urban dwellers is about 2 km compared to 30 km

TABLE 3.8.A: NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES BY SLI QUINTILES

Percent distribution of households by type of nearest health facility providing caesarian section services, according to SLI quintiles, Kanpur Nagar, 2006

Health Facility	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Public medical sector					
Govt. / Municipal hospital	28.6	34.2	39.9	31.4	21.7
Govt. dispensary	0.1	0.1	0.2	0.1	0.4
UHC/UHP/UFWC	3.5	1.3	1.8	2.0	0.9
CHC/PHC/FP Centre	33.6	22.5	8.9	2.3	1.4
Other govt. health facility	0.0	0.3	0.7	3.0	1.5
NGO sector	2.2	3.7	7.6	8.3	11.5
Private medical sector					
Pvt. Hospital	29.9	34.9	38.7	50.8	61.4
Other private health facility	2.1	3.0	2.2	2.2	1.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	812	1,067	937	966	999

TABLE 3.9: MEAN DISTANCE TO THE NEAREST HEALTH FACILITY PROVIDING CAESARIAN SECTION SERVICES

Mean distance in kilometers to the nearest health facility providing caesarian section services, Kanpur Nagar, 2006

Health Facility	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Public medical sector					
Govt./Municipal hospital	3.66	3.66	3.66	32.18	11.02
Other govt. health facility	3.73	5.47	4.42	10.43	9.40
NGO sector	2.21	2.22	2.21	30.07	3.74
Private medical sector					
Pvt. Hospital	1.99	1.65	1.88	17.94	5.48
Other private health facility	3.07	3.12	3.08	22.75	9.61
Total	2.67	2.61	2.65	18.58	7.82

in rural areas. In the case of those accessing a private medical facility it is again the same pattern as for NGO hospitals. While those living in urban areas travel 2-3 km to reach the private facility in rural areas the travel distance is as much as 18-23 km.

The mean time to reach the nearest health facility providing caesarian delivery care service is 39 minutes with a wide rural-urban difference (Table 3.10). While the mean time is 91 minutes (more than one and a half hours) in rural areas, and only 15 minutes in urban areas. Those accessing government/municipal hospitals in rural areas take a longer time (118 minutes) to reach the facility compared to their urban counterparts (22 minutes) accessing the same type of facility. Those living in urban slum areas (29 minutes) take longer to reach the facility compared to their non-slum (19 minutes) counterparts. Urban households seeking caesarian delivery care services from NGO

hospitals take less time (9 minutes) to reach the facility compared to two and a half hours (152 minutes) for their rural counterparts. The NGO pattern also prevails in the case of those accessing a private medical facility. While those living in urban areas take 5 minutes to reach the private hospital for caesarian delivery care services, in rural areas it takes as long as 84 minutes to reach such facility. The time taken to reach some other private health facility, other than a private hospital, takes 69 minutes in rural areas and 27 minutes in urban areas.

Table 3.11 presents the information on the availability of a doctor in the reported nearest health facility for providing delivery/caesarian section services. Eighty five percent of the households reported that a doctor is available round the clock while another 7 percent said that a doctor is available on call. Availability of doctor is always higher in the NGO/private health facilities as compared to public

health facilities. Within the public sector, there are wide variations in the availability of doctor according to the type of facility. While a doctor is always available in 84 percent of all government/municipal hospitals, round the clock availability in other government health facilities is only 68 percent, with another 13 percent reporting that a doctor is available on call.

Availability of a doctor at health facilities providing delivery/caesarian section services varies between rural and urban areas. In rural areas a doctor is available 24 hours or is available on call in 84 percent of the cases, while the corresponding percentage is 94 percent in urban areas. Important to note, that the availability of doctors round the clock in urban public health facilities is better compared to the rural facilities. Within urban areas, the availability of doctors for both public and private/NGO facilities is better in case of urban non-slum areas compared to slum areas.

TABLE 3.10: MEAN TIME 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, Kanpur Nagar, 2006

Health Facility	Urban		Total	Rural	All Areas
	Non-slum	Slum			
Public medical sector					
Govt. / Municipal hospital	19	29	22	118	47
Other govt. health facility	80	36	62	79	76
NGO sector	9	12	10	152	18
Private medical sector					
Pvt. Hospital	5	6	5	84	23
Other pvt. health facility	26	34	27	69	41
Any Govt. facility	25	30	27	94	56
Any Pvt. facility	6	7	6	83	24
Any facility	13	16	14	91	39

TABLE 3.11: 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, Kanpur Nagar, 2006

Health Facility	Available 24 Hours	Available on Call	Other	Total Percent	No. of Households
URBAN NON-SLUM					
Any Govt. facility	86.2	5.6	8.2	100.0	841
NGO sector	99.3	0.4	0.3	100.0	226
Any Pvt. facility	93.1	3.5	3.4	100.0	1,157
Any facility	91.1	4.0	4.9	100.0	2,224
URBAN SLUM					
Any Govt. facility	82.9	7.0	10.0	100.0	400
NGO sector	80.7	7.3	12.1	100.0	80
Any Pvt. facility	89.5	6.2	4.3	100.0	527
Any facility	86.2	6.6	7.2	100.0	1,006
URBAN					
Any Govt. facility	85.2	6.0	8.8	100.0	1,240
NGO sector	94.4	2.2	3.4	100.0	305
Any Pvt. facility	92.0	4.4	3.7	100.0	1,684
Any facility	89.6	4.8	5.6	100.0	3,230
RURAL					
Any Govt. facility	70.0	11.3	18.7	100.0	1,033
NGO sector	92.8	2.2	4.9	100.0	18
Any Pvt. facility	80.8	7.4	11.8	100.0	500
Any facility	73.8	9.9	16.3	100.0	1,551
ALL AREAS					
Any Govt. facility	78.3	8.4	13.3	100.0	2,273
NGO sector	94.3	2.2	3.5	100.0	323
Any Pvt. facility	89.4	5.1	5.5	100.0	2,185
Any facility	84.5	6.5	9.1	100.0	4,781

3.5 KNOWLEDGE AND UTILIZATION OF HEALTH INSURANCE

The current utilization of health insurance schemes is very low in Kanpur Nagar as can be seen from Table 3.12. At least one member is covered under a health insurance scheme in 3.5 percent of the sample households. While in rural areas the coverage is only one percent, it is only slightly higher in urban areas (4.8 percent). A higher proportion of households in urban non-slum areas (6.2 percent) are covered by

health insurance as compared to urban slum areas (1.6 percent).

Of the households reporting that at least one member is covered by health insurance, 25 percent are covered by health insurance from the employer, while 20 percent are covered under CGHS, another 16 under the ESI scheme, 10 percent under private health insurance, 2 percent under community health insurance and about 23 percent are covered by any other type of health insurance

which do not fall under the above categories (Figure 3.2).

FIGURE 3.2: TYPE OF INSURANCE

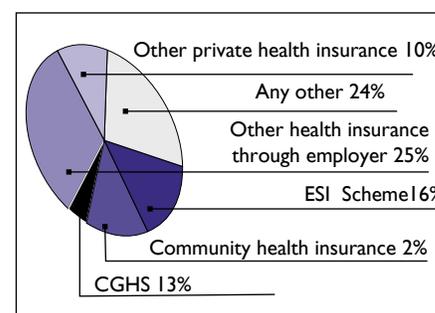


TABLE 3.12: HEALTH INSURANCE

Percent distribution of households by health insurance status, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
At least one member of the household is covered under health insurance					
Yes	6.2	1.6	4.8	0.9	3.5
No	91.7	97.1	93.4	98.5	95.1
Don't know	2.0	1.3	1.8	0.6	1.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2,224	1,006	3,230	1,551	4,781

TABLE 3.12 A: HEALTH INSURANCE BY SLI QUINTILES

Percent distribution of households by health insurance status according to SLI quintile, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
At least one member of the household is covered under health insurance					
Yes	0.1	0.9	2.5	5.2	8.3
No	99.3	98.7	97.0	92.6	88.3
Don't know	0.6	0.4	0.5	2.2	3.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	812	1,067	937	966	999

Table 3.12A shows the percent distribution of the households where at least one member is covered under health insurance, by SLI quintiles. As expected, higher percentages of households belonging to highest quintile (8 percent) have at least one member covered under a health insurance scheme, while those from the lowest quintile have negligible insurance coverage.

Thirty eight percent of the households where not even a single member is covered by health insurance expressed their willingness to join a health insurance scheme while 44 percent said they were unwilling and

18 percent were undecided (Table 3.13). Willingness to join the scheme is higher in urban areas (42 percent) as compared to rural areas (31 percent). The unwillingness to take health insurance coverage and the higher proportion of households who were unsure, indicate low levels of awareness about insurance schemes in Kanpur Nagar.

The most important reason for being unwilling to join insurance schemes is lack of money and lack of knowledge (39 percent each), followed by 15 percent who said that they did not need insurance. In rural areas most of the households

(52 percent) were unwilling to take insurance due to lack of money, while in the urban areas the foremost reason was lack of knowledge (40 percent).

Interestingly, a higher percentage of the urban (19 percent) than rural (6 percent) households said that they are unwilling to join an insurance scheme as they do not think they need health insurance. A similar difference was seen between urban non-slum (23 percent), and slum (11 percent) households.

In Table 3.13.A willingness to join any health insurance scheme

TABLE 3.13: 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, Kanpur Nagar, 2006

Items	Urban		Total	Rural	All Areas
	Non-slum	Slum			
Willingness to join the health insurance scheme					
Yes	42.7	40.3	41.9	30.9	38.2
No	40.4	37.9	39.6	52.0	43.7
Can't say	17.0	21.9	18.5	17.1	18.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of households	2086	991	3077	1537	4614
Reasons	<i>Reasons for not willing to join any health insurance scheme</i>				
Lack of money	27.7	38.0	31.1	52.3	39.0
Lack of knowledge	38.9	42.2	40.0	36.4	38.6
Don't need them	23.4	10.9	19.3	6.3	14.5
Other	10.0	8.9	9.6	5.0	7.9
Number of households#	1196	592	1787	1062	2850

#Households not interested in any health insurance schemes

and reasons for unwillingness are analyzed according to standard of living of the household. The proportion of households not willing to join health insurance schemes declines with an increase in SLI quintiles. From a high of 61 percent in the first quintile, it declines to 27 percent in the fifth quintile. This reflects standard of living of the households is directly proportional to the decision of whether or not to obtain health insurance.

Those not willing to join a health insurance scheme were asked for the reasons by standard of living. As expected the lack of money is the main reason for unwillingness to obtain health insurance for households with a low standard of living. This declines with the increase in SLI quintiles as 62 percent of the households belonging to first quintile gave lack of money as the main reason compared to just 7 percent in the fifth quintile.

The other major reason for unwillingness is the lack of knowledge about health insurance across the standard of living quintiles. This lack is surprisingly high in the higher standard of living quintiles and particularly high in the third quintile at 47 percent.

Overall, while lack of money and lack of knowledge prevent poor households from being covered by health insurance schemes, for those financially more viable, lack of knowledge and the perception that they do not require health insurance are the major factors determining whether a household would obtain health insurance.

3.6 KNOWLEDGE ABOUT SIFPSA

Table 3.14 gives information on the respondents' knowledge about SIFPSA. Overall, knowledge about SIFPSA is low in the district, just about 5 percent of the respondents

having heard of it, with hardly any significant differences by place of residence. The proportion who had heard of SIFPSA ranged from 6 percent in urban non-slum areas and 5 percent in urban slum areas to 4 percent in the rural areas.

Those who had heard of SIFPSA were questioned about their knowledge of its activities. About half of the women are not aware of any SIFPSA activities. Half are aware of at least one of the activities while only 16 percent are aware of two or more SIFPSA activities.

Forty three percent of those aware of SIFPSA's activities knew about SIFPSA's publicity campaigns on family planning and reproductive health, 11 percent knew about SIFPSA for its activity relating to up-gradation and strengthening of health facilities, 6 percent for RCH camps, and 3 percent each for outreach camps, social marketing, and organizing

TABLE 3.14: KNOWLEDGE ABOUT SIFPSA

Percent of eligible persons who have heard of SIFPSA and have knowledge about SIFPSA activities, Kanpur Nagar, 2006

Items	Urban				
	Non-slum	Slum	Total	Rural	All Areas
Heard/aware of SIFPSA					
Yes	5.7	4.7	5.4	3.6	4.8
No	94.3	95.3	94.6	96.4	95.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,178	1,031	3,209	1,597	4,806
Activity	<i>Percent having knowledge about SIFPSA activities</i>				
RCH camps	8.6	3.7	7.2	0.8	5.6
Outreach camps	5.0	2.5	4.3	1.5	3.6
Up gradation and strengthening of health facilities	12.0	8.1	10.9	11.0	10.9
Partnership with milk cooperatives/ NGOs/employers and private sector	1.2	0.4	1.0	0.0	0.7
Organizing folk performances	5.5	0.0	3.9	0.8	3.1
Video-van campaigns	1.7	0.0	1.2	0.8	1.1
Publicity campaigns on family planning and reproductive health	51.3	28.8	45.0	36.4	42.8
Social marketing	5.1	0.0	3.7	1.7	3.2
Any other	3.4	5.0	3.8	3.0	3.6
Not aware of any activity	40.8	62.5	46.9	58.3	49.7
Aware of at least one activity	59.2	37.5	53.1	41.7	50.3
Aware of two or more activities	22.2	7.7	18.1	11.0	16.3
Number of women who have heard of SIFPSA	124	49	173	58	231

folk performances. About one percent knew SIFPSA for its activity relating to partnership with the milk cooperatives/NGOs/employers and the private sector, and for video van campaigns. Variations by place of residence are noticed in case of SIFPSA's publicity campaign on family planning and reproductive health, wherein higher percentages in urban areas (45 percent) have heard of SIFPSA's publicity campaign compared to rural areas (36 percent). Within the urban areas 51 percent of women residing in non-slum areas have heard of SIFPSA's publicity campaign, compared to 29 percent in the slum areas.

Table 3.15 presents information on knowledge of SIFPSA according to standard of living. While the numbers

are very small, a relationship can be discerned between knowledge about SIFPSA and SLI. Those who know about SIFPSA range from 2 percent in the lowest quintile to 8 percent in the highest quintile.

3.7 SUMMARY

Encouraging utilization of maternal and child health care services has been one of the most important components of the RCH program in India. Utilization of these services gets affected by the physical distance and time taken to reach the health facility, as well as access to trained personnel at these facilities. In Kanpur Nagar, the majority (85 percent) of the households depend for the treatment of all members on private sector facilities, including hospitals/clinics run by NGOs, while

only 13 percent of the households use public sector facilities. There is only a marginal variation by place of residence i.e. rural, urban slums and urban non-slum areas.

In case of treatment of children, one has to travel on an average 1.7 km to reach any health facility. While in rural areas the mean distance traveled is 3.03 km it is 0.85 km in urban slum areas, and 1.12 km in urban non-slum areas.

Private health facilities are usually strategically located, close to the habitation. This fact is reflected in the survey data, as for utilization of any private medical facility one has to travel 1.5 km, compared to 3.3 km in case of a public health facility. Again, for all types of facilities

TABLE 3.15: KNOWLEDGE ABOUT SIFPSA BY SLI QUINTILES

Percent of eligible persons who have heard of SIFPSA and have knowledge about SIFPSA activities, according to standard of living index quintiles, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Heard/aware of SIFPSA					
Yes	1.6	2.4	2.9	6.4	7.7
No	98.4	97.6	97.1	93.6	92.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	569	805	997	1,077	1,358

utilized, public or private, rural people have to travel significantly longer distances as compared to their urban counterparts. For instance, people in rural areas have to travel as much as 9 km to access the government/municipal hospital for the treatment.

Among the reasons for non-utilization of public health facilities for treatment of illnesses is poor quality of care, followed by non-availability of a nearby facility, and waiting time being too long at the facility.

As perceived availability and accessibility to various health facilities providing delivery care service would greatly influence the extent of their utilization, given the difficulties pregnant women would face in traveling to clinics, information was gathered on the nearest health facility providing delivery care. Forty-nine percent of the households reported that the nearest facility is a public sector facility; as compared to forty-four percent reporting a nearby private health facility with another 7 percent mentioning 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 (73 percent) compared to urban areas (38 percent). The overall utilization pattern shows a declining trend for the usage of government delivery care facilities by increase in SLI quintiles while for private delivery care facilities the utilization increases with improvement in household standard of living.

The mean distance to the nearest health facility providing delivery care service is 8 km ranging from 19 km in rural areas, to 3 km in urban areas. Those accessing a government/municipal hospital in rural areas to obtain delivery care services have to travel as much as 23 km compared to only 3 km for their urban counterparts accessing the same type of facility. Even in the case of a private facility, those living in rural areas have to travel as much as 17-25 km while it is very much shorter for those living in the urban areas – 2-3 km.

Utilization of health insurance schemes is very low in Kanpur Nagar. Only 3.5 percent of the sample households recorded at least one member covered under a health insurance scheme. While in rural areas the coverage is only

one percent, it is a little higher in urban areas (4.8 percent). In the urban areas a higher proportion of households in the urban non-slum areas (6.2 percent) are covered under health insurance compared to the slum areas (1.6 percent).

The most important reasons for unwillingness to join insurance schemes are lack of money as well as lack of knowledge (39 percent each), followed by 15 percent saying they do not need insurance and another 8 percent mentioning other reasons. While in rural areas most of the households were unwilling to take health insurance coverage because of lack of money (52 percent) the major reason in urban areas was lack of knowledge (40 percent).

Overall, while lack of money and lack of knowledge prevent poor households (low standard of living) from taking coverage of health insurance schemes, for those more financially viable, (high standard of living quintiles), lack of knowledge, including the perception that they do not require health insurance, are the major factors determining whether a household would join a health insurance scheme.

FERTILITY AND FAMILY PLANNING

This Chapter presents a description of current and past fertility and the importance of birth spacing for mother and child along with other family planning issues.

The fertility measures are presented

in this chapter mainly based on the complete birth histories of currently married women age 15 – 49 years.

According to the National Family Health Survey, the total fertility rate (TFR) has declined from 4.06 (NFHS-2, 1998-99) to 3.82 (NFHS-3,

2005-06) births per woman.

4.1 CHILDREN EVER BORN AND LIVING

Table 4.1 shows the percent distribution of currently married women by number of children ever

TABLE 4.1: CHILDREN EVER BORN AND LIVING

Percent distribution of currently married women by children ever born (CEB), according to place of residence, Kanpur Nagar, 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	67.8	27.9	4.3	0.0	0.0	0.0	0.0	100.0	46	0.37	0.37
20-24	42.2	35.7	15.3	4.0	2.2	0.2	0.4	100.0	367	0.91	0.86
25-29	17.0	24.9	33.4	18.1	2.9	2.2	1.6	100.0	381	1.78	1.68
30-34	5.8	15.7	32.3	22.5	10.4	6.7	6.6	100.0	406	2.69	2.48
35-39	2.3	6.2	39.5	25.7	9.2	7.6	9.5	100.0	433	2.99	2.78
40-44	3.4	2.5	25.5	26.1	18.1	14.9	9.6	100.0	312	3.39	3.15
45-49	0.0	10.2	13.9	29.8	19.0	8.8	18.3	100.0	233	3.77	3.18
15-49	13.5	16.6	27.5	20.1	9.3	6.2	6.8	100.0	2,178	2.46	2.25
URBAN SLUM											
15-19	44.3	38.1	16.5	0.0	1.1	0.0	0.0	100.0	32	0.75	0.73
20-24	29.3	36.0	25.2	6.6	2.6	0.2	0.2	100.0	193	1.19	1.07
25-29	6.9	18.1	29.2	22.1	13.5	6.4	3.9	100.0	228	2.53	2.34
30-34	3.5	4.4	27.4	21.4	19.7	12.4	11.3	100.0	161	3.44	3.00
35-39	1.3	2.8	18.9	19.9	19.1	18.3	19.7	100.0	163	3.98	3.71
40-44	4.4	2.0	10.5	14.8	10.8	20.8	36.8	100.0	151	4.86	3.90
45-49	3.3	1.4	14.8	13.3	12.0	15.1	40.1	100.0	103	4.89	4.01
15-49	10.1	13.5	22.0	16.1	12.4	10.8	15.2	100.0	1,031	3.18	2.77

Contd...

TABLE 4.1: CHILDREN EVER BORN AND LIVING (Cont...)

Percent distribution of currently married women by children ever born (CEB), according to place of residence, Kanpur Nagar, 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 TOTAL											
15-19	58.2	32.0	9.3	0.0	0.5	0.0	0.0	100.0	78	0.52	0.51
20-24	37.8	35.8	18.7	4.9	2.3	0.2	0.3	100.0	560	1.00	0.93
25-29	13.2	22.3	31.8	19.6	6.8	3.7	2.4	100.0	609	2.06	1.93
30-34	5.1	12.5	30.9	22.2	13.1	8.3	7.9	100.0	567	2.90	2.63
35-39	2.0	5.3	33.9	24.1	11.9	10.5	12.3	100.0	596	3.26	3.03
40-44	3.7	2.3	20.6	22.4	15.7	16.8	18.5	100.0	463	3.87	3.39
45-49	1.0	7.5	14.2	24.7	16.9	10.7	25.0	100.0	336	4.11	3.44
15-49	12.4	15.6	25.7	18.8	10.3	7.7	9.5	100.0	3,209	2.69	2.42
RURAL											
15-19	68.9	22.1	8.6	0.3	0.0	0.0	0.0	100.0	134	0.40	0.36
20-24	24.7	30.5	26.5	13.9	3.4	1.0	0.0	100.0	315	1.44	1.31
25-29	4.0	8.5	24.3	25.9	20.0	11.4	5.8	100.0	270	3.12	2.76
30-34	1.5	4.1	15.9	24.4	21.6	14.5	18.0	100.0	299	3.90	3.43
35-39	1.4	1.2	11.1	14.4	18.9	16.9	36.1	100.0	249	4.82	3.97
40-44	0.9	0.7	8.0	14.9	16.6	21.8	37.0	100.0	191	5.24	4.42
45-49	0.0	1.5	2.4	15.2	19.2	15.6	46.0	100.0	139	5.71	4.54
15-49	11.9	10.5	15.9	17.1	14.7	11.5	18.4	100.0	1,597	3.45	2.94
ALL AREAS											
15-19	65.0	25.8	8.9	0.2	0.2	0.0	0.0	100.0	212	0.45	0.42
20-24	33.1	33.9	21.5	8.1	2.7	0.5	0.2	100.0	874	1.16	1.07
25-29	10.4	18.1	29.5	21.6	10.9	6.1	3.5	100.0	879	2.39	2.18
30-34	3.9	9.6	25.7	23.0	16.0	10.5	11.4	100.0	867	3.25	2.90
35-39	1.8	4.1	27.1	21.2	14.0	12.4	19.3	100.0	845	3.72	3.31
40-44	2.9	1.8	16.9	20.2	16.0	18.3	23.9	100.0	653	4.27	3.69
45-49	0.7	5.7	10.7	21.9	17.6	12.1	31.2	100.0	476	4.58	3.76
15-49	12.3	13.9	22.5	18.2	11.7	9.0	12.5	100.0	4,806	2.94	2.59

born (CEB) by the age of women at the time of the survey. The mean number of children ever born and the number of those surviving are also presented in the table.

In Kanpur Nagar, for currently married women aged 15-49, the mean number of children ever born is 2.94. The mean number

of children ever born increases steadily with the woman's age, reaching a high of 4.6 children among currently married women aged 45-49. Thirty five percent of the currently married women in Kanpur Nagar district aged 15-19 have already had at least one child, reflecting the early childbearing practices in the district.

Thirty one percent of the currently married women in the age group 45-49 have had six or more live births. For currently married women age 15-49 the average number of children who died is 0.35 children per woman, translating to a death rate of 12 percent of children ever born. This ranges from 15 percent in rural areas to 10 percent in urban

areas (within the urban areas for non-slum areas the percentage is 9 percent while for slum areas it is 13 percent). For currently married women, the proportion of children ever-born who have died increases from 7 percent for women age 15-19 to 18 percent for women age 45-49. The pattern is relatively similar for rural, urban, urban slums and urban non-slum areas.

In rural areas of Kanpur Nagar the mean number of children ever born to currently married women aged 15-49 is 3.45 compared to 2.69

children for urban areas, reflecting higher fertility in the rural areas. Within the urban areas, urban slums have higher fertility (mean of 3.18 children) compared to urban non-slum areas (mean of 2.46 children).

4.2 IMPORTANCE OF BIRTH SPACING

All eligible women were asked 'whether spacing of children is important for the health of the mother and the child?' Ninety seven percent feel that spacing is important for the health of both mother and child. This proportion is

slightly higher in the urban (98 percent) compared to the rural areas (94 percent).

Those who agreed that spacing is important for the health of the mother and the child, were asked to mention the specific advantages of spacing for both the mother and child. Most (86 percent) report that the mother would be in better nutritional condition if there is spacing between children. Two-fifths of the women report that the mother will have better mental health, one-third of women report

TABLE 4.2: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN

Percent of currently married women who think spacing of children is important for the health of the mother and the child, and mentioned advantages, according to place of residence, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Spacing is important for the health of the mother and the child					
Yes	98.1	97.2	97.8	94.4	96.7
No	0.4	0.8	0.5	1.5	0.8
Don't know	1.5	2.0	1.7	4.1	2.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,178	1,031	3,209	1,597	4,806
<i>Type of advantages mentioned, among those who felt spacing is important</i>					
Advantages to mother¹					
Better nutritional status	87.7	88.8	88.1	82.6	86.3
Lower incidence of anaemia	39.0	28.7	35.7	26.3	32.6
Less pregnancy complications	8.9	10.7	9.5	7.0	8.7
Better mental health	42.5	40.8	42.0	35.9	40.0
Other	0.7	1.1	0.9	1.1	0.9
Advantages to child¹					
Better growth	57.6	55.9	57.1	45.4	53.3
Better nutritional status	67.1	67.2	67.1	63.1	65.8
Lower incidence of diseases	12.1	8.2	10.8	11.1	10.9
Better survival chance	7.1	3.0	5.8	3.0	4.9
Better attention by mother	63.7	67.5	64.9	60.5	63.5
Other	0.2	0.1	0.2	0.7	0.3
Number of women	2,136	1,002	3,138	1,507	4,645

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

that it will reduce the incidence of anemia and about a tenth report that there would be less pregnancy complications. The responses are similar across the rural and urban non-slum and slum areas (Table 4.2).

Of the women who felt spacing is important for the child, about two thirds reported that it would benefit the nutritional status of the child (66 percent) and, allow for better attention by the mother (64 percent). Better growth of the child is reported by 53 percent, 11 percent reported lower

incidence of diseases, and a few (5 percent) felt that there was a better chance of child survival. As in the case of advantages for the mother, there are no differences by place of residence except that more urban women (57 percent) mention better growth of the child compared to 45 percent from rural areas.

4.2.1 Importance of Birth Spacing by Background Characteristics

Table 4.3 presents the percent distribution of eligible women, who

think spacing is important for the health of the mother and the child, by standard of living category.

Economic considerations barely made a difference in this respect as at least 94 percent of the women in each SLI quintile felt that spacing is important for the health of both the mother and child.

Across the SLI quintiles, the advantages were recognized by progressively more women up the socio-economic ladder. Regarding the nutritional advantage of spacing,

TABLE 4.3: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN BY SLI QUINTILES

Percent of currently married women 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, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Spacing is important for the health of the mother and the child					
Yes	93.6	96.4	97.6	99.0	98.2
No	2.1	0.8	0.2	0.0	0.2
Don't know	4.4	2.8	2.2	1.0	1.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1,191	832	676	633	898
<i>Type of advantages mentioned, among those who felt spacing is important</i>					
Advantages to mother¹					
Better nutritional status	81.0	82.8	85.7	87.5	89.8
Lower incidence of anaemia	27.3	27.9	32.6	37.3	33.8
Less pregnancy complications	6.1	7.9	8.4	7.6	11.3
Better mental health	34.4	32.0	34.1	39.6	51.2
Other	1.2	1.7	1.3	0.9	0.2
Advantages to child¹					
Better growth	38.0	45.3	51.4	52.9	65.5
Better nutritional status	61.7	62.9	64.6	68.4	67.9
Lower incidence of diseases	11.6	9.5	13.1	10.2	10.4
Better survival chance	3.2	3.4	4.0	5.8	6.4
Better attention by mother	57.0	61.0	62.2	62.9	68.9
Other	1.0	0.3	0.3	0.3	0.2
Number of women	530	754	963	1,057	1,341

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

the proportions of women in agreement ranged from 81 percent in Q1 to 90 percent in Q5. In the case of mental health, the percentages rose from 34 percent in Q1 to 51 percent in Q5, and lower incidence of anemia was cited by 27 percent in Q1 compared to 34 percent in Q5.

With regard to the advantages of spacing for the child, the proportion of responses across the quintiles are similar, which indicates that although women in the lower quintiles do not have the same awareness of the advantages of spacing for the mother, when it comes to the children, they are on par with those who are socio-economically better placed. The only exception is in the case of better growth of the child. This advantage is cited by only 38 percent of the mothers in Q1, but rises steadily up the quintiles to almost double, at 66 percent, in Q5.

4.3 KNOWLEDGE AND USE OF FAMILY PLANNING METHODS

The National Family Welfare Program which was renamed in 1996 as Reproductive and Child Health Programme adopted a new approach with regard to family planning by emphasizing the target free promotion of contraceptive use.

In the state of Uttar Pradesh, contraceptive use among currently married women has increased over time from merely 27 percent (NFHS-2, 1998-99) to 44 percent (NFHS-3, 2005-06) with a 9 point increase in the use of any modern methods (IIPS & ORC Macro, 2005-06).

4.3.1 Knowledge of Contraceptives

Currently married women were asked whether they had heard about any family planning methods, Knowledge about any family planning method, any modern

method and any modern spacing method is almost universal among the currently married women in Kanpur Nagar, but somewhat less for rhythm/periodic abstinence and withdrawals (Table 4.4). About 83 percent of the currently married women have heard of rhythm/periodic abstinence, while about 72 percent are aware of withdrawal methods. There are no major differences in the knowledge of contraception by place of residence.

4.3.2 Ever Use of Contraception

Currently married women were asked whether they or their husbands had ever used any contraceptives, or tried in any way to delay or avoid pregnancy. Sixty four percent of the couples had ever used some method to avoid or delay pregnancy (Table 4.5). In urban areas a slightly higher percentage of couples (66 percent) had used some method to avoid or delay pregnancy, compared to rural areas (60 percent). Within urban

TABLE 4.4: KNOWLEDGE OF CONTRACEPTIVES

Percentage of currently married women having heard of contraceptives by method, according to place of residence, Kanpur Nagar, 2006

Method	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Oral Pills	99.8	99.6	99.8	97.1	98.9
Condom	100.0	99.6	99.8	97.6	99.1
IUCD/Copper-T	98.9	98.2	98.7	92.9	96.8
Injection	94.6	93.2	94.1	86.1	91.5
Female sterilization	99.9	99.8	99.9	99.8	99.9
Male sterilization	98.9	97.7	98.5	96.2	97.7
Rhythm/periodic abstinence	82.9	85.7	83.8	82.6	83.4
Withdrawal	73.0	76.0	74.0	69.4	72.4
Other	0.7	0.5	0.6	1.0	0.8
Any modern method	100.0	100.0	100.0	99.8	99.9
Any modern spacing method	100.0	99.9	100.0	99.1	99.7
Any method	100.0	100.0	100.0	99.8	99.9
Number of women	2,178	1,031	3,209	1,597	4,806

TABLE 4.5: EVER USE OF CONTRACEPTION

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

Method Ever Used	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Oral Pills	13.4	15.6	14.1	9.5	12.6
Condom	28.8	26.4	28.0	20.7	25.6
IUCD/Copper-T	9.8	6.9	8.9	4.7	7.5
Injection	1.0	0.9	1.0	0.2	0.7
Female sterilization	17.8	14.7	16.8	13.6	15.8
Male sterilization	0.3	0.2	0.3	0.5	0.3
Rhythm/periodic abstinence	10.5	11.3	10.8	17.6	13.0
Withdrawal	4.3	2.9	3.8	6.6	4.8
Other	0.6	0.5	0.6	0.4	0.5
Any modern method	59.0	52.4	56.9	42.7	52.2
Any modern spacing method	44.9	40.6	43.5	30.3	39.1
Any method	67.7	62.9	66.2	60.0	64.1
Never used a method	32.3	37.1	33.8	40.0	35.9
Number of women	2,178	1,031	3,209	1,597	4,806

areas somewhat higher percentages of couples living in non-slum areas (68 percent) have used any method of contraception compared to those living in slum areas (63 percent).

Over half the couples have ever used any modern contraceptive methods (52 percent) with a higher percentage in urban areas (57 percent) than in rural areas (43 percent). Within urban areas the percentage is higher for couples living in non-slum areas (59 percent) compared to slum areas (52 percent).

Of the users of any modern method, 75 percent have used modern spacing methods. About four out of ten couples have ever used any modern spacing method with higher percentages (44 percent) in urban areas compared to rural areas (30 percent). Within

the urban areas, slightly higher percentages of couples in non-slum areas (45 percent) opt for spacing methods as compared to their slum counterparts (41 percent).

Ever users in both urban and rural areas have largely opted for condoms (26 percent), followed by female sterilization (16 percent), oral pills (13 percent), and rhythm/periodic abstinence (13 percent) as the main methods of contraception. The difference between urban and rural areas is found to be in condom usage with 29 per cent of the urban couples having ever used condoms compared to 21 per cent of rural couples. Rhythm/periodic abstinence as a method of contraception is higher in rural areas (18 percent) compared to urban areas (11 percent). There is not much method specific variation in ever use of contraception by non-slum/slum areas.

4.3.3 Timing of First Use of Contraception

All the ever users were asked to mention their first time use of contraceptives. An insignificant proportion of ever users (7 percent) used contraceptives immediately after marriage to delay the first pregnancy (Table 4.6). The majority (50 percent) used contraceptives for the first time after the first or second child, another 42 percent, waited to use contraceptives till they had had three or more children (Figure 4.1). While there are no

FIGURE 4.1: TIMING OF FIRST USE OF CONTRACEPTIVES

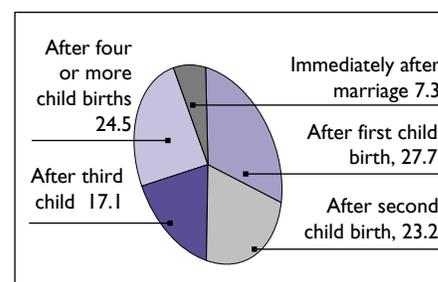


TABLE 4.6: TIMING OF FIRST USE OF CONTRACEPTIVES

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

Timing	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Immediately after marriage	7.7	5.7	7.1	7.9	7.3
After first child birth	32.8	28.4	31.5	19.5	27.7
After second child birth	25.3	23.6	24.8	19.5	23.2
After third child birth	18.0	14.4	16.9	17.6	17.1
After four or more child births	16.1	27.6	19.6	35.3	24.5
Other	0.0	0.2	0.1	0.3	0.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1,475	648	2,123	959	3,082

differences among rural and urban couples in the use of contraceptives immediately after marriage, the majority of urban couples (56 percent) first used contraceptive methods after the first or the second child's birth, in contrast to the rural couples, the majority of whom (53 percent) started using contraceptives for the first time after the birth of third or fourth child. Within the urban areas more of the couples, 58 percent, belonging to non-slum areas first used contraceptive methods after the first or the second child's birth compared to 52 percent for urban slum areas.

4.3.4 Current Use of Contraception

All the eligible women were asked whether they or their husbands are currently doing something or using any method to delay or avoid pregnancy, and if so, the method being used.

Of all the currently married women of reproductive age, 51 percent are current users of any method; 38 percent are current users of any

modern method and 22 percent are users of modern spacing methods (Table 4.7). Approximately half of currently married women in Kanpur Nagar do not use any contraceptive methods and about 62 percent do not use any modern contraceptive method.

Of the total users, 74 percent are modern method users and the remaining 26 percent are traditional method users. Use of traditional method is higher in rural areas (18 percent) compared to urban areas (11 percent). Of the total modern method users, 42 percent are users of female sterilization. Male sterilization is used by an insignificant proportion (less than one percent). Among the modern method users majority (57 percent) in Kanpur Nagar are current users of modern spacing methods. Of the total modern spacing method users, 70 percent are condom users and 18 percent are oral pills and 12 percent are IUCD users. Female sterilization and condom users account for nearly 88 percent of total modern method users in Kanpur Nagar. In rural areas, of the total modern

method users, 47 percent are users of female sterilization. Majority (53 percent) of modern method users, are users of modern spacing methods in rural areas as well, with condoms and oral pills accounting for 90 percent of the total spacing method use in rural areas.

Among urban women, 53 percent are currently using any method and 42 percent any modern method. Among users of modern methods from urban areas, 60 percent are modern spacing method users and the remaining 40 percent are limiting method users. Among those who use modern methods, condom users is highest (68 percent) followed by oral pill users (18 percent) and IUCD users (12 percent). Female sterilization dominates among the users of limiting method in urban areas. Within the urban areas, 55 percent from non slum areas compared to 49 percent from slum areas are currently using any method. Forty four percent of couples in non slum areas and 39 percent of slums areas are using any modern method.

TABLE 4.7: CURRENT USE OF CONTRACEPTIVES

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

Method	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Oral Pills	4.7	4.3	4.6	2.7	3.9
Condom	17.8	16.2	17.3	10.9	15.2
IUCD/Copper-T	3.3	2.6	3.1	1.4	2.5
Injection	0.3	0.5	0.3	0.1	0.2
Female sterilization	17.8	14.7	16.8	13.4	15.7
Male sterilization	0.1	0.1	0.1	0.3	0.2
Rhythm/periodic abstinence	7.9	7.7	7.8	12.1	9.3
Withdrawal	3.2	2.2	2.9	5.0	3.6
Other	0.0	0.3	0.1	0.4	0.2
Not using any method	45.0	51.3	47.0	53.8	49.3
Total percent	100.0	100.0	100.0	100.0	100.0
Any modern method	44.0	38.5	42.2	28.7	37.7
Any modern spacing method	26.1	23.6	25.3	15.0	21.8
Any method	55.0	48.7	53.0	46.2	50.7
Number of women	2178	1031	3209	1597	4806

Within the modern methods users limiting and spacing have no differentials by place of residence i.e., by non slum/slum areas. While in non slum areas 60 percent uses modern spacing method and the remaining are the users of limiting method (40%). In case of couples in the slums the users of spacing method accounts for 61 percent of the total modern method use and the remaining are limiting method users, reflecting in hardly any method-wise differentials within the urban areas.

4.3.5 Current Use of Contraceptives by Background Characteristics

Table 4.8 shows current users by their age, parity, religion, caste, literacy, husband’s education, work status and standard of living index (SLI).

Increase in age leads to increasing use of any method of contraception. Only 10 percent are users of any contraceptive method in age group 15-19 and this goes up to 43 percent in age group 35-49.

Most of the spacing method users are in age group 20-34 and only an insignificant proportion in the age group 15-19 use any spacing methods. Spacing method usage is lower again in the 35-49 age

FIGURE 4.2: CURRENT USE OF CONTRACEPTION BY PLACE OF RESIDENCE

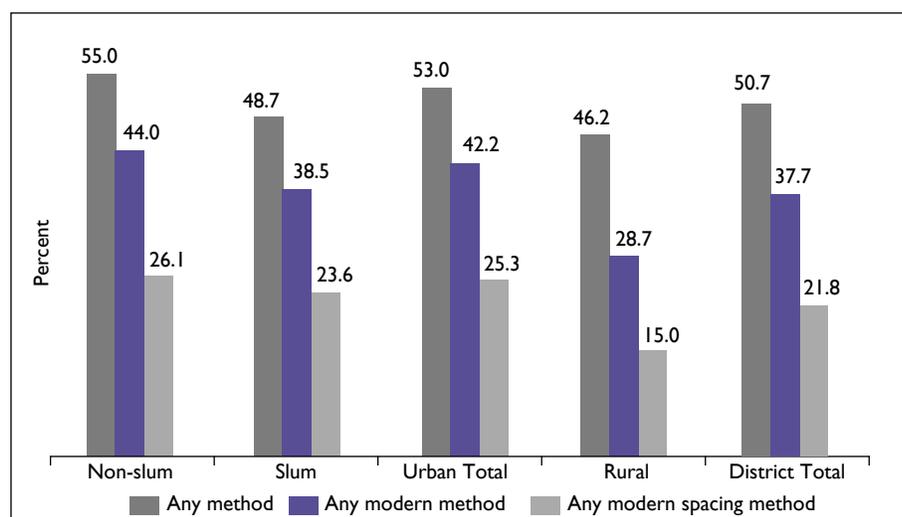


TABLE 4.8: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS

Percent distribution of currently married women by current use of contraceptives by method, according to selected characteristics, Kanpur Nagar, 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	1.5	7.4	1.0	0.2	0.2	5.6	0.0	84.1	100.0	10.3	10.1	212	
20-24	3.5	13.0	1.6	0.7	1.1	8.9	0.2	71.0	100.0	19.9	18.8	874	
25-34	5.8	20.4	2.9	0.3	15.1	13.9	0.2	41.5	100.0	44.4	29.3	1,746	
35-49	2.8	12.3	2.8	0.0	24.8	14.4	0.2	42.7	100.0	42.7	17.9	1,974	
Parity													
0	0.5	6.3	0.0	0.1	0.0	1.3	0.0	91.8	100.0	6.9	6.9	588	
1	3.0	17.5	2.1	0.6	0.7	11.2	0.2	64.7	100.0	23.8	23.2	668	
2	5.6	24.4	6.4	0.4	11.5	13.8	0.2	37.7	100.0	48.3	36.8	1,080	
3	5.3	15.7	2.4	0.2	25.3	16.4	0.2	34.6	100.0	48.8	23.6	876	
4+	3.7	10.9	1.0	0.1	25.9	15.2	0.3	42.9	100.0	41.6	15.7	1,594	
Religion													
Hindu	3.8	14.5	2.8	0.3	16.9	13.3	0.2	48.1	100.0	38.3	21.4	3,917	
Muslim	4.5	17.2	0.7	0.0	10.8	10.5	0.0	56.4	100.0	33.1	22.3	796	
Other	5.0	25.5	6.5	0.0	14.2	13.1	0.0	35.7	100.0	51.2	37.0	93	
Caste/Tribe													
Scheduled caste/tribe	3.4	12.8	1.1	0.2	17.7	14.1	0.4	50.2	100.0	35.3	17.6	1,008	
OBC	3.6	13.1	1.9	0.1	15.3	13.4	0.2	52.5	100.0	34.0	18.7	2,085	
Other	4.7	19.1	4.1	0.3	15.5	11.5	0.1	44.7	100.0	43.7	28.2	1,713	

Contd...

TABLE 4.8: CURRENT USE OF CONTRACEPTIVES BY BACKGROUND CHARACTERISTICS (Contd...)

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	3.3	8.5	0.7	0.2	0.2	17.6	13.2	0.4	56.2	100.0	30.3	12.6	1,581
Literate, < 8th grade	3.9	12.2	2.4	0.1	0.1	24.0	13.8	0.0	43.5	100.0	42.6	18.6	676
8-11th grade	4.8	16.5	1.9	0.2	0.2	14.1	15.1	0.0	47.5	100.0	37.4	23.3	1,256
12+ grade	4.0	24.2	5.7	0.5	0.5	10.3	9.8	0.3	45.2	100.0	44.7	34.4	1,221
Other (informal)	3.3	12.8	0.9	0.0	0.0	25.6	8.2	0.0	49.3	100.0	42.5	16.9	73
Husband's Education													
Illiterate	4.2	9.4	0.7	0.1	0.1	15.5	11.4	0.3	58.4	100.0	29.9	14.5	725
Literate, < 8th grade	3.0	8.3	1.8	0.1	0.1	20.1	11.6	0.3	54.7	100.0	33.4	13.3	580
8-11th grade	4.4	14.2	2.3	0.4	0.4	16.6	14.9	0.1	47.2	100.0	37.9	21.3	1,682
12+ grade	3.6	20.9	3.8	0.2	0.2	13.7	12.2	0.2	45.5	100.0	42.2	28.5	1,765
Other (informal)	7.6	6.7	0.0	0.0	0.0	24.8	3.6	0.0	57.2	100.0	39.2	14.4	54
Work status													
Not working	4.0	15.3	2.5	0.3	0.3	15.2	12.7	0.2	49.8	100.0	37.3	22.1	4,410
Agricultural labour	1.1	10.6	0.0	0.0	0.0	21.0	19.5	0.5	47.5	100.0	32.6	11.6	100
Unskilled workers*	1.9	14.7	4.5	0.0	0.0	23.3	10.7	0.0	45.0	100.0	44.4	21.0	161
Skilled workers**	8.0	13.6	1.1	0.0	0.0	24.3	15.2	0.2	37.7	100.0	46.9	22.6	134
SLI quintiles													
Q1	1.1	8.2	0.8	0.2	0.2	13.4	14.1	0.7	61.5	100.0	23.7	10.3	569
Q2	2.2	11.3	1.0	0.0	0.0	16.5	16.9	0.2	51.9	100.0	31.1	14.6	805
Q3	3.6	12.6	1.7	0.2	0.2	17.0	13.2	0.2	51.5	100.0	35.1	18.1	997
Q4	6.0	13.8	2.0	0.5	0.5	18.0	12.3	0.1	47.3	100.0	40.3	22.3	1,077
Q5	4.7	23.3	5.2	0.2	0.2	14.0	10.1	0.0	42.4	100.0	47.5	33.4	1,358
Total	3.9	15.2	2.5	0.2	0.2	15.9	12.8	0.2	49.3	100.0	37.7	21.8	4,806

*Includes Farmer, Petty trader/shop owner, other;

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

group compared to those 25-34 years. In contrast, the sterilization method use increases substantially with increase in age. Only one percent of women aged 20-24 had undergone sterilization compared to 25 percent aged 35-49.

The proportion of any method use increases among the couples with high parity. Less than seven percent of couples with no child are current users of any method. This increases to 24 percent among couples with one child, 48 percent among couples with two children, and 49 percent for couples with 3 children. However, the proportion of users declines slightly among women with 4 or more children (42 percent). High parity couples prefer to opt for limiting methods or traditional methods.

A higher proportion of Hindus (38 percent) are current users of any method compared to Muslims (33 percent). Contraceptive prevalence rate among other religious groups such as Christians and Sikhs is the highest (51 percent). Only 11 percent of Muslims accepted limiting methods as compared to 18 percent Hindus. Usage of contraceptives among Muslims leans towards modern spacing methods (21.4 percent) compared to sterilization methods (11 percent). Around half the couples in Kanpur Nagar belonging to scheduled caste/tribe or other backward castes are currently not using any family planning methods, whereas more than half (55 percent) of the other castes are using them.

The proportion using any modern method is lower among the

scheduled castes/tribes and other backward castes (34-35 percent) than for the other castes (44 percent). Conversely, the use of traditional methods, at 14 percent, is highest among scheduled castes/tribes compared to the other caste categories. Limiting method usage is more or less the same in all three caste categories.

More literate than illiterate women use family planning methods. Current contraceptive use among currently married women generally increases with education, from 44 percent among illiterate women to 55 percent among women with at least education of 12th grade and above. Among illiterates, less than one third (30 percent) are current users of any modern method compared to 45 percent among women who have completed 12th grade and above. The higher the education level, the higher is the use of modern spacing methods and less is the use of limiting methods. The level of the husband's education also shows a positive impact on the use of contraception. Use of any method of contraception is higher among the women who are skilled workers (62 percent) compared to those who are not working (51 percent). Similarly, with increases in the standard of living index, contraceptive use increases. While only 38 percent of currently married women in the first quintile are using any method of family planning, the figure rises to 58 percent in the fifth quintile. A higher proportion of women in the high standard of living bracket use not only modern spacing methods but also limiting methods. Women in the higher quintiles are less dependent on traditional

methods compared to women in the lower quintiles.

4.3.6 Source of Modern Contraceptives

Women, currently using any modern family planning methods were asked to mention the source they used the last time to obtain the services/products.

While the public sector provides the bulk of the limiting services, modern spacing methods are the preserve of the private sector which includes the open market (Table 4.9).

Seventy four percent of the sterilization users are dependent on the public sector as a source for the service and the private sector caters to only 23 percent. The remaining small percentage (3 percent) of sterilization users depend on NGOs. Eighty nine percent of the rural women use the public sector as a source for sterilizations while somewhat fewer, but still the majority of the urban users (68 percent), are dependent on public sector sources.

On the other hand, the private sector has a dominant presence in the modern spacing method products/services, - oral pills, condoms and IUCD. A little less than two thirds of the IUCD users (62 percent) have obtained services from the private sector as against 34 percent from the public sector. As regards oral pills and condoms, eighty five percent of the condom and pill users buy from the market. The private sector in total caters to 86 percent of condom users and 91 percent of pill users in Kanpur Nagar. Only 7 percent of oral pill

TABLE 4.9: SOURCE OF MODERN CONTRACEPTIVES

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

Source	Oral Pills	Condoms	IUCD/Copper-T	Sterilization
URBAN NON-SLUM				
Public	1.0	3.1	23.2	67.4
Private	5.2	0.3	76.0	28.4
NGO	0.7	0.0	0.0	4.2
Market	92.1	90.5	NA	NA
DK/other	1.0	6.0	0.8	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	103	387	72	390
URBAN SLUM				
Public	4.8	3.5	50.8	70.8
Private	10.3	1.4	40.8	27.5
NGO	0.0	0.2	5.5	1.8
Market	83.8	85.3	NA	NA
DK/other	1.1	9.5	3.0	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	44	167	27	153
URBAN TOTAL				
Public	2.1	3.3	30.8	68.4
Private	6.7	0.6	66.4	28.2
NGO	0.5	0.1	1.5	3.5
Market	89.6	89.0	NA	NA
DK/other	1.0	7.1	1.4	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	147	554	99	543
RURAL				
Public	25.5	16.5	50.2	88.8
Private	4.3	3.2	43.7	9.9
NGO	0.0	1.3	0.0	1.4
Market	66.5	70.1	NA	NA
DK/other	3.7	8.9	6.0	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	43	174	22	219
ALL AREAS				
Public	7.4	6.4	34.2	74.2
Private	6.2	1.3	62.3	22.9
NGO	0.4	0.4	1.2	2.9
Market	84.4	84.5	NA	NA
DK/other	1.6	7.5	2.2	0.0
Total percent	100.0	100.0	100.0	100.0
Number of women	189	728	121	763

NA: Not applicable

TABLE 4.10: DURATION OF MODERN SPACING METHOD USE

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

Duration of Use	Oral Pills	Condoms	IUCD//Copper-T
URBAN NON-SLUM			
< 6 months	12.6	19.7	12.7
6-11 months	15.4	10.7	11.6
12-23 months	10.4	17.3	11.9
24-35 months	18.4	10.4	10.7
36 + months	43.1	41.9	53.1
Total percent	100.0	100.0	100.0
Number of women	103	387	72
URBAN SLUM			
< 6 months	21.3	30.0	36.2
6-11 months	11.8	14.5	10.6
12-23 months	14.0	15.8	16.4
24-35 months	23.6	17.0	20.1
36 + months	29.3	22.6	16.7
Total percent	100.0	100.0	100.0
Number of women	44	167	27
URBAN TOTAL			
< 6 months	15.2	22.8	19.1
6-11 months	14.3	11.9	11.3
12-23 months	11.5	16.9	13.2
24-35 months	20.0	12.4	13.3
36 + months	39.0	36.0	43.1
Total percent	100.0	100.0	100.0
Number of women	147	554	99
RURAL			
< 6 months	22.3	35.1	29.3
6-11 months	10.9	10.3	11.3
12-23 months	27.6	15.8	18.4
24-35 months	11.8	10.2	30.2
36 + months	27.5	28.6	10.8
Total percent	100.0	100.0	100.0
Number of women	43	174	22
ALL AREAS			
< 6 months	16.8	25.8	20.9
6-11 months	13.6	11.5	11.3
12-23 months	15.1	16.6	14.1
24-35 months	18.1	11.9	16.3
36 + months	36.4	34.3	37.4
Total percent	100.0	100.0	100.0
Number of women	189	728	121

and 6 percent of condom users depend on the public sector as a source.

About ninety seven of oral pill and 90 percent of the condom users in urban areas depend on the private sector sources as compared to 2-3 percent on public sector sources, Even in the rural areas a much higher percentage of oral pill (71 percent) and condom users (75 percent) depend on private sector sources.

In the case of IUCD, however, while the majority in the urban areas (66 percent) go to the private sector, fewer users in the rural areas do so (44 percent). Even in the urban areas, the poorer slum population is more prone to use a public sector source (51 percent) for IUCD than the non-slum population (23 percent).

4.3.7 Duration of Use of Modern Spacing Methods and Source of IUCD

All current users of modern spacing methods were asked to specify for how long they had been using these methods continuously.

In Kanpur Nagar, 21 percent of current users of IUCD have been using the methods for less than six months and about 11 percent are users for 6-11 months. About 54 percent of the method users have been using it for the past 2 years or more and about 14 percent have been using it for 12-23 months (Table 4.10). In rural areas about 41 percent are recent users (past one year) of IUCD compared to 30 percent in urban areas. Within the urban areas, recent users (past one year) are more in the slum

areas (47 percent) as compared to non-slum areas (24 percent). The number of those using IUCD for more than two years is much higher at 64 percent in urban non-slum areas compared to slum areas (37 percent). The continuation rates for IUCD in urban areas are also high compared to rural areas.

In case of condom use, 46 percent have been using condoms for more than 2 years and 37 percent adopted this method in the past one year. The proportion of users that have been using condoms for more than two years is higher in urban areas (48 percent), compared to rural areas (39 percent). Within the urban areas, those using condoms for the past two years in non-slum areas is much higher (55 percent) compared to slum areas (40 percent). Among women who are residing in slum areas, the number of recent users (46 percent) - those who have started using condoms in the last one year - is higher than the recent users in non-slum areas (30 percent). In rural areas as well, there are more recent condom users (45 percent) compared to those who have used condoms for more than 2 years (39 percent).

In case of oral pills, the majority of the users (55 percent) have been using the pills for more than 2 years, as against 30 percent who are recent users i.e., using for the past one year. The proportion of oral pill users who adopted pills in the past one year in rural and urban areas is almost same (in the range of 33-30 percent). In the urban areas the majority (59 percent) have been taking oral pills for more than two years compared to many fewer (39

percent) in the rural areas. Within the urban areas there is not much variation with regard to oral pill users for those using for more than 2 years. However, recent users of oral pill in slums is slightly more (33 percent) as compared to non-slum areas (28 percent).

4.3.8 Who inserted the IUCD

The majority of IUCD insertions among those currently using the method are done in the private sector (63 percent) rather than in the public sector (37 percent). Within the private sector, private doctors are the main service providers while in the public sector, government nurses and paramedics play a significant role (Table 4.11).

For those currently using the IUCD, variations in the source of the service by place of residence are significant. While in rural areas majority (64 percent) depend on a public sector professional for IUCD insertions, in urban areas it is mainly in the private sector (69 percent). Even within the urban areas there are sharp variations with regard to IUCD insertion. In non-slum areas as many as 80 percent of the IUCD users preferred private sector professionals compared to 40 percent for those living in slum areas.

Among those who are not currently using IUCD, 59 percent obtained services from the public sector and 41 percent from the private sector. The data indicate that there is a higher dropout rate for those who obtained services from the public sector, reflecting the poor quality of service from this sector. In rural areas the drop out rates among those who have obtained services

TABLE 4.11: 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, Kanpur Nagar, 2006

Professional	Urban			Rural	All Areas
	Non-slum	Slum	Total		
CURRENT USERS					
Government doctor	12.5	21.8	15.1	8.4	13.7
Government Nurse/Paramedic	7.3	38.7	15.9	55.5	23.7
NGO Doctor	5.4	5.5	5.5	0.0	4.4
NGO Nurse	0.0	0.0	0.0	0.0	0.0
Private Doctor	71.9	34.0	61.5	9.7	51.3
Private Nurse/Paramedic	1.3	0.0	1.0	22.9	5.3
Other	1.5	0.0	1.1	3.5	1.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	72	27	99	25	124
CURRENTLY NOT USING (DISCONTINUED)					
Government doctor	32.6	21.9	30.1	25.4	29.0
Government Nurse/Paramedic	23.1	22.3	22.9	51.6	29.7
NGO Doctor	0.0	0.0	0.0	0.0	0.0
NGO Nurse	0.0	0.0	0.0	0.0	0.0
Private Doctor	32.6	26.7	31.2	9.6	26.1
Private Nurse/Paramedic	1.0	7.5	2.5	4.5	3.0
Other	10.7	21.6	13.3	9.0	12.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	114	35	149	46	195

from a government nurse or paramedic is particularly high (52 percent) compared to any other type of service provider.

4.4 REASON FOR DISCONTINUATION AND NON-USE OF CONTRACEPTIVES

Those who had earlier used modern spacing methods but discontinued, were asked to provide reasons for discontinuation. Among IUCD acceptors, the main reason for discontinuation, across all areas, cited by 40 percent, was health problems (Table 4.12). Other major reasons include wanting to have a

child (23 percent) and menstrual problems (20 percent). A similar hierarchy of reasons exists for all the areas - non-slum, slum and rural.

In rural areas, higher percentages (29 percent) discontinued the IUCD use due to menstrual problems as compared to urban non-slum (22 percent) and slum areas (20 percent). Small percentages in the urban slum areas said that it led to weight gain (6 percent).

The main reason for discontinuation of condom use is that of wanting to have a child (41 percent) followed by dislike for the method

(13 percent). Method failure, lack of sexual satisfaction and health problems are other main reasons for the discontinuation.

Half the oral pill users discontinued usage of this method due to health problems and about 21 percent said they wanted to have another child. Other reasons for discontinuation are menstrual problems (11 percent) and method failed/got pregnant (8 percent).

Overall, the majority of women across place of residence who discontinued oral pill and IUCD usage did so due to health problems,

TABLE 4.12: REASONS FOR DISCONTINUATION

Percentage of lapsed users of modern spacing methods by reasons for discontinuation, according to method and place of residence, Kanpur Nagar, 2006

Reasons	Urban			Rural	All Areas
	Non-slum	Slum	Total		
ORAL PILLS					
Method failed/Got pregnant	7.3	6.6	7.0	10.4	8.0
Lack of sexual satisfaction	0.0	0.4	0.2	0.0	0.1
Created menstrual problem	8.5	7.9	8.3	16.6	10.6
Created health problem	41.3	61.6	49.4	50.8	49.8
Inconvenient to use method	2.5	1.7	2.2	0.0	1.6
Hard to get method	2.7	0.3	1.7	1.1	1.5
Put on weight	2.6	3.7	3.1	0.0	2.2
Did not like the method	4.4	1.4	3.2	2.6	3.0
Wanted to have a child	25.0	14.6	20.9	19.7	20.5
Wanted to replace dead child	0.0	0.0	0.0	0.3	0.1
Lack of privacy	0.0	0.0	0.0	0.0	0.0
Husband away	1.1	3.3	1.9	0.0	1.4
Costs too much	6.0	0.0	3.6	0.0	2.6
Other	8.6	5.5	7.4	6.2	7.0
Number of women	150	99	248	97	346
CONDOM					
Method failed/Got pregnant	10.0	15.7	11.7	11.6	11.7
Lack of sexual satisfaction	14.3	18.0	15.4	5.9	12.3
Created menstrual problem	0.0	1.4	0.4	3.2	1.3
Created health problem	9.7	10.6	10.0	8.9	9.6
Inconvenient to use method	4.3	3.0	3.9	5.4	4.4
Hard to get method	0.8	2.4	1.3	5.2	2.6
Did not like the method	14.1	6.9	12.0	14.5	12.8
Wanted to have a child	44.0	35.6	41.5	38.5	40.5
Wanted to replace dead child	0.0	0.4	0.1	0.3	0.2
Lack of privacy	0.3	0.3	0.3	3.2	1.2
Husband away	1.7	0.5	1.3	3.0	1.9
Costs too much	1.9	0.4	1.5	1.3	1.4
Other	6.9	6.1	6.7	4.3	5.9
Number of women	207	87	294	144	439
IUCD/COPPER-T					
Method failed/Got pregnant	0.5	0.0	0.4	1.7	0.7
Created menstrual problem	19.1	17.8	18.8	23.1	19.8
Created health problem	44.2	31.8	41.2	34.0	39.5
Inconvenient to use method	0.0	1.8	0.4	0.9	0.5
Put on weight	2.6	6.2	3.4	0.0	2.6
Did not like the method	0.0	1.2	0.3	3.6	1.1
Wanted to have a child	21.9	20.2	21.5	28.6	23.1
Lack of privacy	0.0	0.0	0.0	1.0	0.2
Husband away	0.5	0.0	0.4	0.0	0.3
Costs too much	2.3	1.2	2.0	0.0	1.5
Other	16.6	25.4	18.7	9.1	16.4
Number of women	114	35	149	46	195

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

TABLE 4.13: REASONS FOR DISCONTINUATION BY SLI QUINTILES

Percentage of lapsed users of modern spacing methods by reasons for discontinuation, according to method and standard of living index quintiles, Kanpur Nagar, 2006

Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
ORAL PILLS					
Method failed/Got pregnant	2.8	13.1	4.8	11.2	6.7
Lack of sexual satisfaction	0.0	0.0	0.0	0.5	0.0
Created menstrual problem	12.0	11.8	9.2	7.4	13.0
Created health problem	68.3	49.7	62.3	40.8	42.6
Inconvenient to use method	0.0	0.0	0.0	4.3	2.0
Hard to get method	0.0	0.9	0.4	1.7	3.0
Put on weight	0.0	0.0	0.0	2.7	5.1
Did not like the method	0.0	0.8	2.6	4.9	3.8
Wanted to have a child	11.4	20.4	12.3	25.3	25.5
Wanted to replace dead child	0.0	0.0	0.4	0.0	0.0
Husband away	0.0	0.0	2.6	2.7	0.7
Costs too much	0.0	6.2	0.0	6.6	0.4
Other	11.1	8.1	8.2	1.1	8.9
Number of women	28	53	78	79	107
CONDOM					
Method failed/Got pregnant	18.7	9.0	15.1	14.2	7.0
Lack of sexual satisfaction	6.0	7.5	10.4	23.6	11.5
Created menstrual problem	2.4	2.2	1.8	1.5	0.0
Created health problem	6.1	12.2	16.6	8.9	3.8
Inconvenient to use method	3.2	6.0	3.2	6.4	3.5
Hard to get method	3.7	8.2	2.5	0.9	0.0
Did not like the method	5.7	19.3	12.7	16.3	8.9
Wanted to have a child	47.6	29.4	29.6	40.1	54.4
Wanted to replace dead child	0.0	0.6	0.3	0.0	0.0
Lack of privacy	1.0	1.7	2.9	0.8	0.0
Husband away	4.2	1.2	2.1	3.7	0.3
Costs too much	0.0	7.1	0.0	0.9	0.0
Other	2.6	3.5	4.6	1.4	12.0
Number of women	37	79	109	81	133
IUCD/COPPER-T					
Method failed/Got pregnant	NS	3.4	0.0	0.0	0.9
Created menstrual problem	NS	14.0	28.7	26.1	9.6
Created health problem	NS	32.5	48.9	29.1	49.3
Inconvenient to use method	NS	0.0	1.3	0.6	0.3
Put on weight	NS	0.0	0.0	6.9	0.7
Did not like the method	NS	0.0	1.3	0.0	2.5
Wanted to have a child	NS	28.3	19.4	18.3	26.0
Husband away	NS	0.0	0.0	0.0	0.8
Costs too much	NS	0.0	1.3	0.0	4.0
Other	NS	23.6	19.8	19.0	11.6
Number of women	6	23	34	68	65

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

while discontinuation of condom use is due to the desire to have another child.

4.4.1 Reason for Discontinuation of Contraceptive by SLI

Table 4.13 presents the reasons for discontinuation of modern spacing methods by standard of living quintiles. Though the patterns are not consistent, the main reason for discontinuing the IUCD among women belonging to low income category is desire to have an additional child, followed by menstrual or health problems. While for those who belongs to high standard of living quintiles the main reason for discontinuing the IUCD

is that, it created health problems, followed by wanting to have child and menstrual problems.

The major reason for the discontinuation of oral pills, across the SLI quintiles, was health related problems. This was a bigger factor in the lowest income group. The other main reason for discontinuing oral pill use, which generally increases with the increase in SLI quintiles, is the desire for a child. For those who discontinued condom use, the main reason is desire for a child. Other reasons are lack of sexual satisfaction, method failed so got pregnant and created health problems.

4.4.2 Reason for Never Use of Contraception

Women who had never used any contraceptive method were asked to provide reasons for not adopting family planning methods. Desire to have more children is the predominant reason for not using contraceptives (26 percent), followed by menopause/hysterectomy (17 percent), sub-fecund/in-fecund (7 percent), post partum/breastfeeding and infrequent sex (5 percent each), husband opposed or health concerns (4 percent each), husbands away and do not like the existing methods (2 percent each) (Table 4.14).

TABLE 4.14: REASONS FOR NEVER USE OF CONTRACEPTIVES

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

Reason	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Husband away	0.7	2.5	1.3	2.6	1.8
Not having sex	0.4	0.0	0.2	0.2	0.2
Infrequent sex	5.1	5.4	5.2	4.5	4.9
Menopausal/hysterectomy	14.9	21.2	17.1	15.8	16.6
Sub-fecund/ In-fecund	9.4	6.6	8.4	4.1	6.8
Postpartum/Breastfeeding	4.2	4.1	4.2	5.3	4.6
Wants more children	26.0	26.5	26.2	26.3	26.2
Opposed to family planning	0.8	0.1	0.6	0.2	0.4
Husband opposed	4.2	3.7	4.0	4.1	4.0
Other people opposed	0.1	0.3	0.2	1.3	0.6
Against religion	1.2	1.6	1.3	1.1	1.2
Knows no method	0.0	0.3	0.1	0.2	0.2
Knows no source	0.0	0.0	0.0	0.4	0.1
Health concerns	4.0	4.4	4.2	3.0	3.7
Worry about side-effects	0.1	1.9	0.7	1.5	1.0
Hard to get method	0.0	0.4	0.1	0.6	0.3
Costs too much	0.0	0.1	0.0	0.0	0.0
Inconvenient	0.0	0.1	0.0	0.2	0.1
Afraid of sterilization	0.0	0.1	0.0	0.9	0.3
Don't like existing methods	1.5	2.6	1.9	2.7	2.2
Other	27.0	17.1	23.5	24.6	23.9
Don't know	0.6	0.9	0.7	0.6	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	703	382	1,085	638	1,724

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

Access to products/services and their sources are not considered major problems. Only a negligible proportion opposes family planning practices and religion is not considered a barrier.

No pronounced differences by place of residence (urban, non-slum, slum and rural areas) and SLI categories are found to exist.

4.4.3 Reason for Never Wanting to Use Contraceptives

Those who were not intending to use any method even in the future were asked to specify reasons for this. Sixteen percent say they have reached menopause or have had a hysterectomy. Infrequent sex is cited by 15 percent overall, with

a slightly higher proportion (18 percent) of urban slum women giving this as a reason. Eleven percent said they wanted more children or had health concerns relating to use of contraceptives. Those wanting more children is higher in rural areas (14 percent), compared to urban areas (8 percent). Currently married women who said 'husband opposed' is marginally higher in urban areas (7 percent), compared to rural areas (5 percent). Surprisingly, double of those in the urban non-slum areas (9 percent) say "husband opposed" compared to 4 percent of those living in slum areas. Four percent of the currently married women gave reasons such as contraception is against religion or they do not like the existing methods (Table 4.15).

When examining the reasons for never wanting to use contraceptives by SLI categories it emerged that the major reasons varied somewhat across categories although the top four quintiles displayed some similarities in their responses. In the top four quintiles, reaching menopause or had hysterectomy were among the topmost reasons, while this was a minor factor in the lowest quintile (Table 4.16).

The desire for more children was relatively unimportant in the highest quintile (5 percent) compared to the frequency of mention in the lower four quintiles (9-14 percent), reinforcing the belief that economic prosperity encourages smaller families.

TABLE 4.15: 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, Kanpur Nagar, 2006

Reason	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Not having sex	0.1	1.5	0.6	1.6	0.9
Infrequent sex	14.1	17.6	15.3	14.5	15.1
Menopausal/hysterectomy	17.1	14.9	16.4	15.3	16.0
Sub-fecund/In-fecund	7.2	10.0	8.2	6.7	7.7
Wants more children	8.3	9.6	8.8	14.2	10.6
Opposed to family planning	1.2	0.5	1.0	0.4	0.8
Husband opposed	8.8	3.9	7.2	4.5	6.3
Other people opposed	0.0	0.0	0.0	0.1	0.0
Against religion	4.1	5.1	4.4	2.7	3.8
Knows no source	0.0	0.3	0.1	0.0	0.1
Health concerns	11.4	8.8	10.5	10.4	10.5
Worry about side-effects	0.2	0.2	0.2	0.8	0.4
Hard to get method	0.0	0.0	0.0	0.1	0.0
Costs too much	0.0	0.4	0.1	0.0	0.1
Inconvenient	0.0	0.0	0.0	1.0	0.3
Afraid of sterilization	1.1	0.2	0.8	3.8	1.8
Don't like existing methods	3.0	3.4	3.1	4.2	3.5
Other	20.4	19.6	20.1	16.3	18.8
Don't know	2.9	4.0	3.3	3.3	3.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	303	157	459	235	695

¹Never wanting to use contraceptives.

In Q5 the major reason was reached menopause or had a hysterectomy (27 percent) followed by infrequent sex (16 percent) and sub-fecund/in-fecund (11 percent). In Q4 health concerns emerged as the main reason (16 percent) followed by infrequent sex (15 percent) and reaching menopause/having had a hysterectomy and the desire for more children at 13 percent each. In Q3 again reaching menopause/having had a hysterectomy (15 percent) was the main reason for eschewing contraceptives, followed by the desire for more children and health concerns, at 14 percent each. The women in Q2 did not envisage using contraceptives because of infrequent sex (20 percent), having reached menopause (15 percent) and health

concerns and the desire for more children at 10 percent and 9 percent respectively.

In Q1 the major reasons for never wanting to use contraceptives were infrequent sex (19 percent) followed by the desire for more children (14 percent). Much less important were fear of sterilization and health concerns at 6-7 percent each. Very few cited being menopausal or having had a hysterectomy (3 percent).

4.5 NEED FOR AND INTENTION TO USE FAMILY PLANNING

Among the currently married women in Kanpur Nagar, 72 percent of the total demand for family planning is met. This ranges

from 34 percent among women with no living children to as high as 83 percent among women who follow “other” religion. Around 48 percent of the total demand for spacing methods has been satisfied compared to 79 percent in case of the limiting methods (Table 4.17).

4.5.1 Intention to Use Family Planning

Currently married women in the reproductive age group, currently not using any contraceptive methods, were asked about their or their husbands’ intention to use a method to delay or avoid pregnancy within the next 12 months, or any time in the future. The intention to use contraceptives in next one year or any time in future is cross

TABLE 4.16: 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, Kanpur Nagar, 2006

Reason	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Not having sex	0.6	2.2	0.5	1.1	0.5
Infrequent sex	18.7	20.2	8.1	14.8	15.6
Menopausal/hysterectomy	3.2	14.8	14.5	12.8	27.1
Sub-fecund/In-fecund	6.4	6.3	5.9	7.0	11.3
Wants more children	13.9	9.2	14.2	12.9	5.0
Opposed to family planning	2.3	0.4	1.8	0.2	0.0
Husband opposed	4.2	4.9	6.9	7.9	6.3
Other people opposed	0.0	0.0	0.0	0.2	0.0
Against religion	2.9	5.5	5.4	1.7	3.7
Knows no source	0.0	0.0	0.3	0.0	0.0
Health concerns	5.1	10.1	14.4	15.7	5.4
Worry about side-effects	2.2	0.3	0.5	0.0	0.0
Hard to get method	0.3	0.0	0.0	0.0	0.0
Costs too much	0.7	0.0	0.0	0.0	0.0
Inconvenient	0.8	1.3	0.0	0.0	0.0
Afraid of sterilization	6.5	2.2	0.4	0.0	1.8
Don't like existing methods	5.7	3.4	1.3	7.4	0.8
Other	20.2	15.5	19.5	16.7	21.8
Don't know	6.2	3.8	6.1	1.5	0.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	87	125	146	157	179

¹Never wanting to use contraceptives.

TABLE 4.17: 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, Kanpur Nagar, 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	6.6	11.1	17.7	8.1	47.0	55.0	14.7	58.1	72.7	54.9	80.9	75.7
Urban slum	8.7	12.6	21.3	6.9	41.8	48.7	15.6	54.4	70.0	44.2	76.8	69.5
Urban total	7.3	11.6	18.9	7.7	45.3	53.0	15.0	56.9	71.9	51.3	79.6	73.7
Rural	9.1	12.0	21.1	6.7	39.6	46.2	15.8	51.6	67.4	42.2	76.7	68.6
Age												
15-19	14.9	0.3	15.2	13.8	2.1	15.9	28.6	2.4	31.1	48.0	88.0	51.1
20-24	16.8	2.9	19.7	17.8	11.2	29.0	34.6	14.1	48.7	51.4	79.4	59.5
25-34	9.1	11.0	20.1	8.8	49.7	58.5	17.9	60.7	78.6	49.0	81.9	74.4
35-49	2.1	17.5	19.6	0.8	56.5	57.3	2.9	74.1	76.9	26.9	76.3	74.5
Parity												
0	15.6	0.0	15.6	7.7	0.5	8.2	23.4	0.5	23.9	33.0	100.0	34.4
1	16.3	7.7	23.9	28.0	7.3	35.3	44.2	14.9	59.1	63.2	48.7	59.6
2	8.2	12.5	20.7	8.0	54.3	62.3	16.1	66.9	83.0	49.5	81.2	75.1
3	5.2	11.9	17.2	1.9	63.5	65.4	7.1	75.4	82.5	26.4	84.2	79.2
4+	2.8	17.1	19.9	1.1	55.9	57.1	3.9	73.0	77.0	28.6	76.6	74.1
Religion												
Hindu	7.2	11.6	18.8	7.2	44.6	51.9	14.4	56.2	70.6	50.1	79.4	73.4
Muslim	11.8	12.9	24.6	8.2	35.4	43.6	20.0	48.3	68.3	41.1	73.3	63.9
Other	4.5	9.0	13.5	4.9	59.4	64.3	9.4	68.3	77.8	51.9	86.9	82.6
Caste/tribe												
Scheduled caste/tribe	8.8	10.5	19.3	6.8	43.0	49.8	15.6	53.5	69.0	43.6	80.4	72.1
OBC	8.0	13.1	21.2	7.5	40.0	47.5	15.5	53.1	68.6	48.2	75.3	69.2
Other	7.2	10.8	17.9	7.5	47.8	55.3	14.7	58.6	73.3	51.0	81.6	75.5

(Contd...)

TABLE 4.17: NEED FOR FAMILY PLANNING BY SELECTED CHARACTERISTICS (Contd...)

Percent of currently married women who have unmet need, met need and total demand for family planning, according to selected characteristics, Kanpur Nagar, 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	8.5	15.7	24.2	3.8	40.0	43.8	12.3	55.7	68.0	30.6	71.9	64.4
Literate, < 8th grade	7.7	9.1	16.8	5.3	51.2	56.5	13.0	60.3	73.2	40.9	84.9	77.1
8-11th grade	8.6	10.1	18.7	8.4	44.1	52.5	17.0	54.3	71.2	49.5	81.3	73.7
12+ grade	6.2	9.7	15.9	12.4	42.4	54.8	18.6	52.1	70.7	66.6	81.3	77.5
Other (non-formal)	12.9	11.3	24.3	1.4	49.3	50.7	14.4	60.6	74.9	9.9	81.3	67.6
Husband's education												
Illiterate	10.1	15.4	25.5	4.0	37.7	41.6	14.1	53.0	67.1	28.1	71.0	62.0
Literate, < 8th grade	7.7	11.1	18.8	5.6	39.7	45.3	13.3	50.8	64.1	42.1	78.2	70.7
8-11th grade	9.1	9.9	19.1	7.3	45.5	52.8	16.5	55.4	71.9	44.6	82.1	73.5
12+ grade	6.0	11.9	17.9	9.4	45.1	54.5	15.4	57.0	72.4	61.2	79.1	75.3
Other (non-formal)	4.1	20.3	24.4	2.7	40.1	42.8	6.8	60.4	67.2	39.3	66.4	63.7
Work status												
Not working	8.3	11.4	19.7	7.6	42.6	50.2	15.9	54.0	69.9	47.9	78.9	71.8
Low level	5.1	14.9	20.1	3.3	49.2	52.5	8.5	64.2	72.6	39.3	76.7	72.3
Middle level	4.2	16.9	21.2	4.3	50.7	55.0	8.6	67.7	76.2	50.5	75.0	72.2
Higher level	1.8	13.3	15.0	5.0	57.3	62.3	6.7	70.6	77.4	74.0	81.2	80.6
SLI quintile												
Q1	12.4	15.1	27.5	5.3	33.2	38.5	17.7	48.3	65.9	30.1	68.7	58.4
Q2	9.3	12.7	22.0	5.9	42.3	48.1	15.2	54.9	70.1	38.8	76.9	68.7
Q3	7.5	11.7	19.2	6.6	41.9	48.5	14.1	53.7	67.7	46.6	78.1	71.6
Q4	8.0	12.0	20.0	7.9	44.7	52.7	15.9	56.8	72.7	49.8	78.8	72.4
Q5	5.4	9.5	14.9	9.2	48.4	57.6	14.6	57.9	72.5	62.9	83.6	79.4
Total	7.9	11.7	19.6	7.3	43.4	50.7	15.2	55.1	70.4	48.2	78.7	72.1

TABLE 4.18: INTENTION TO USE CONTRACEPTIVES

Percent distribution of non-users of contraceptives by intention to use, according to place of residence and SLI quintiles, Kanpur Nagar, 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	23.7	30.1	25.8	30.8	27.7
No	68.2	63.2	66.5	60.8	64.5
Don't know	8.1	6.7	7.6	8.3	7.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	874	448	1322	755	2077
Think that they/couple will use a method to delay or avoid pregnancy at any time in the future					
Yes	54.7	50.3	53.3	55.3	54.0
No	35.6	41.8	37.6	35.2	36.7
Don't know	9.8	8.0	9.2	9.5	9.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number²	667	313	980	522	1,503
SLI Quintiles					
Reasons	Q1	Q2	Q3	Q4	Q5
Think that they/couple will use a method to delay or avoid pregnancy within one year					
Yes	33.3	30.7	28.4	26.9	21.9
No	57.8	63.9	65.0	62.8	70.1
Don't know	8.9	5.4	6.6	10.4	7.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	321	363	432	448	512
Think that they/couple will use a method to delay or avoid pregnancy at any time in the future					
Yes	59.7	50.1	52.9	52.6	55.3
No	29.7	41.6	37.6	36.1	37.3
Don't know	10.6	8.4	9.5	11.3	7.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number²	214	251	309	328	400

¹Currently not using any contraceptive method

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

classified by place of residence and SLI quintiles.

Of those not using any contraceptive methods, 28 percent want to use any method of contraception within one year and about 8 percent are not sure about their willingness to use any method during next year (Table 4.18). Higher percentages of couples living in rural areas and urban slums (30-31 percent) have shown their intention of using contraceptive methods in next one year compared to those living in urban non-slum areas (24 percent).

As the standard of living increases there is decline in the percentages of couples intending to use contraceptives within a year. This reflects an inverse relationship between SLI and intention to use contraceptives within a year. Couples belonging to low income category (Q1 quintile) have the highest intention (33 percent) to use contraceptives within a year, compared to those from the highest quintile (22 percent).

Similarly, those not using any method of contraception and not intending to use contraceptives within one year were asked about their intention to use it any time in the future. Overall, 54 percent want to use any contraceptive method in the future, with hardly any pronounced differences by place of residence. The proportion of those who want to use any contraceptives in the future has some what inconsistent pattern by SLI. Couples from Q1 have the highest intention (60 percent) reflecting the latent demand for family planning services among the underprivileged/poor sections of the population.

These data indicate that the demand for contraceptives in Uttar Pradesh is high and, therefore, quality service delivery systems need to be developed to address this huge demand.

4.5.2 Preferred Method for Future Use

All those who wanted to use contraceptives in the future were asked to report their preferred method for future use. While 68 percent said they are willing to use any method, 64 percent are intending to use modern methods, with 37 percent preferring spacing and 28 percent showing preference for limiting methods. The overall intention to use contraceptives does not vary significantly by place of residence (Table 4.19).

Around one-third (32%) of currently married women are not sure or do not know which method of contraceptive to use in future. Of those intending to use spacing methods, the majority prefer condoms (44 percent) with hardly any urban-rural differences. However, in the urban areas

condoms are preferred more by those living in non-slum areas. Another 31 percent preferred oral pills, followed by injectables (15 percent) and IUCD (10 percent). Again as in case of condoms, there is hardly any variation with regard to oral pill use by place of residence. However, in rural areas and urban slums, injection and IUCD are preferred methods compared to urban non-slum areas. Preference for any method of contraception declines with the increase in SLI thereby reflecting in inverse relationship; it ranges from 71 percent in Q1 to 64 percent in Q5. Preference for modern methods of contraception for future use declines from 68 percent in Q1 to 63 percent in Q5. The percentage of those saying not sure/don't know increases with the increase in SLI quintiles.

4.6 CONSENT FOR USING FAMILY PLANNING METHODS

All non-users, but intending to use a method in future, were asked whether they needed consent from other family members before adopting

FIGURE 4.3: INTENTION TO USE CONTRACEPTIVES IN FUTURE

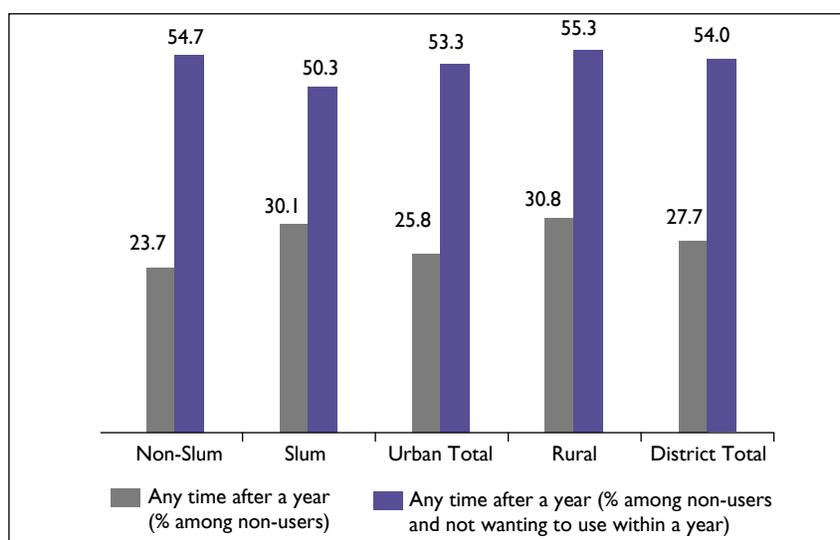


TABLE 4.19: PREFERRED METHOD FOR FUTURE USE

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, Kanpur Nagar, 2006

Method	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Pills	11.9	11.4	11.7	11.3	11.5
Condom/Nirodh	17.2	14.2	16.2	16.2	16.2
IUCD/Copper-T	2.8	6.0	3.9	2.9	3.5
Injections	4.6	5.5	4.9	6.5	5.5
Female sterilization	26.2	28.0	26.8	28.7	27.5
Male sterilization	0.0	0.0	0.0	0.1	0.0
Rhythm /safe period	1.3	1.7	1.5	3.8	2.4
Withdrawal	1.0	0.0	0.7	1.2	0.9
Others	0.0	0.5	0.2	.2	0.2
DK/Unsure	35.0	32.6	34.2	29.1	32.3
Total percent	100.0	100.0	100.0	100.0	100.0
Sterilization	26.2	28.0	26.8	28.8	27.6
Any modern method	62.7	65.2	63.5	65.7	64.3
Any modern spacing method	36.5	37.1	36.7	36.9	36.8
Any method	65.0	67.4	65.8	70.9	67.7
Number¹	571	292	864	522	1,385
Method	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Pills	11.0	12.8	11.6	13.4	9.4
Condom/Nirodh	12.4	16.6	13.0	18.4	19.2
IUCD/Copper-T	2.2	2.8	2.6	4.5	5.0
Injections	8.6	5.1	5.9	5.0	3.7
Female sterilization	33.5	29.5	30.3	21.0	25.2
Male sterilization	0.0	0.2	0.0	0.0	0.0
Rhythm /safe period	3.0	3.2	1.8	2.8	1.4
Withdrawal	0.5	0.6	1.3	2.0	0.0
Others	0.0	0.5	0.3	0.2	0.0
DK/Unsure	28.9	28.6	33.2	32.8	36.0
Total percent	100.0	100.0	100.0	100.0	100.0
Sterilization	33.5	29.7	30.3	21.0	25.2
Any modern method	67.7	67.1	63.4	62.2	62.7
Any modern spacing method	34.2	37.4	33.1	41.3	37.4
Any method	71.1	71.4	66.8	67.2	64.0
Number¹	236	237	286	293	334

¹Persons who intend to use contraceptive method in future

TABLE 4.20: 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, Kanpur Nagar, 2006

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Think that the couple need to take consent of family members					
Yes	12.6	16.0	13.8	19.4	15.9
No	87.4	84.0	86.2	80.6	84.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	571	292	864	522	1,385
Percent of those who need consent from family members by persons from whom consent is to be obtained before using contraceptives					
Mother	37.9	32.8	35.9	37.2	36.5
Mother-in-law	36.8	43.8	39.6	56.5	47.4
Father	1.5	7.5	3.9	1.2	2.6
Father-in-law	0.0	6.1	2.4	5.2	3.7
Others	28.7	18.5	24.7	12.8	19.2
Number²	72	47	119	101	220

¹ Persons who intend to use contraceptive method in future

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

family planning methods. Those who required consent were asked to mention their relationship with the decision makers in the family.

Only 16 percent in Kanpur Nagar require consent from one of their family members (Table 4.20). A slightly higher percentage of women in the rural areas require consent from family members (19 percent) compared to urban areas (14 percent). Within the urban areas it ranges from 16 percent for those living in slums to 13 percent for non-slum areas.

Of those who require consent, mother-in-law (47 percent) followed by mother (37 percent) are the major influencers of decisions on family planning, and this holds true for all the places rural, urban slums

and non-slum areas. Male members in the family such as father and father-in-law play a less important role. This has implications for communication campaigns that aim at creation of demand for family planning services.

Regarding the specific spacing methods of oral pills and condoms: in the case of oral pills, eighty two percent of the eligible women require consent from one of their family members and in the case of condoms, sixty nine percent require such consent. A higher percentage of women in the urban areas (71 percent) require consent for condom usage than those in rural areas (65 percent). Within the urban areas, there are no significant variations by slum/non-slum areas. The family member whose consent

is required is, in most cases, the husband (Table 4.21).

4.7 KNOWLEDGE ABOUT SAFE PERIOD

To find out the awareness level of women about the safe period, the currently married women were asked whether they were aware of certain days between menstrual periods when a woman is more likely to become pregnant. As many as 81 percent are aware that there are certain days in a month when a woman is more likely to become pregnant, 12 percent do not think so and the remaining 7 percent do not know about the fertile period (Table 4.22). There is not much variation in the knowledge about the fertile period, hovering around 80 percent in all the areas.

TABLE 4.21: 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, Kanpur Nagar, 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	82.4	84.1	82.9	81.3	82.4
No	17.6	15.9	17.1	18.7	17.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	2,017	923	2,940	1,425	4,365
Percent among those who need consent before using oral pills by persons from whom the consent is needed					
Husband	98.2	98.3	98.2	97.8	98.1
Mother	0.9	0.7	0.8	0.5	0.7
Mother-in-law	4.5	3.1	4.0	6.0	4.7
Father	0.0	0.0	0.0	0.0	0.0
Father-in-law	0.2	0.0	0.2	0.3	0.2
Others	0.4	0.8	0.5	1.3	0.8
Number²	1,662	776	2,439	1,159	3,598
CONDOMS					
Think that consent from family members is needed to use condoms					
Yes	70.3	71.0	70.6	65.4	68.9
No	29.7	29.0	29.4	34.6	31.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number¹	2,020	924	2,944	1,429	4,373
Percent among those who need consent before using condoms by persons from whom the consent is needed					
Husband	99.8	99.3	99.6	99.5	99.6
Mother	0.3	0.5	0.4	0.0	0.3
Mother-in-law	0.9	0.6	0.8	1.2	0.9
Father	0.0	0.2	0.1	0.0	0.0
Father-in-law	0.0	0.0	0.0	0.0	0.0
Others	0.1	0.4	0.2	0.1	0.2
Number²	1,421	656	2,077	934	3,011

¹Currently married women who have heard of oral pill/condom.

²Currently married women who have heard of oral pills/condom and need consent to use oral pills/condoms

TABLE 4.22: KNOWLEDGE ABOUT SAFE PERIOD

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

Item	Place of Residence				
	Non-slum	Slum	Total	Rural	All Areas
From one menstrual period to the other, are there certain days when a woman is more likely to become pregnant					
Yes	81.3	83.1	81.9	80.2	81.3
No	12.6	9.5	11.6	11.3	11.5
Don't know	6.1	7.4	6.5	8.5	7.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,021	926	2,948	1,460	4,408
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	2.5	3.3	2.8	4.1	3.2
During her period	10.8	10.5	10.7	8.5	10.0
Right after her period has ended	69.3	74.1	70.8	72.8	71.5
Halfway between two periods	11.6	6.3	9.9	10.0	10.0
Others	0.2	0.2	0.2	0.7	0.4
Don't know	5.5	5.6	5.6	3.9	5.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women¹	1,643	769	2,413	1,171	3,584

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

Women who were aware of the fertile period were asked to mention the days during which a woman is more likely to become pregnant. Only 10 percent of the currently married women and even fewer of those living in the slums (6 percent) could mention the correct days during which women are likely to become pregnant. The majority (72 percent), consider that right after menstrual period is the most fertile period to get pregnant, Another 10 percent of the currently married women in the district said that 'it is during the period' and 3 percent said 'it is before the period begins'.

No major differences between urban and rural areas are noticed with regard to these responses. About 5 percent have not heard about the fertile period. The above shows that accurate knowledge of the days constituting the fertile period was very low in the district.

4.8 KNOWLEDGE ABOUT CORRECT USE OF CONTRACEPTIVE METHODS

4.8.1 Correct Use of Oral Pills

A series of questions were asked to determine correct knowledge of pill usage. These questions were

related to the start of oral pill usage, frequency with which the pills should be taken, and what should be done if a user misses the pill for a day or two.

Forty five percent think that pills can be started any time within 5 days of menstruation, which is the right time to start the use of oral pills; 45 percent don't know about the time to start oral pills and another 10 percent reported anytime/other (Table 4.23). Urban women are more knowledgeable about the starting time for pill use (51 percent) compared to rural women (34

TABLE 4.23: 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, Kanpur Nagar, 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	52.7	45.9	50.6	34.1	45.2
Any time	6.2	5.7	6.0	9.5	7.2
Other	1.4	3.2	2.0	4.4	2.8
Don't know	39.7	45.1	41.4	52.0	44.8
How frequently should an oral pill user take the pills?					
Every day	83.3	79.0	82.0	66.9	77.1
Once a week	0.4	0.4	0.4	2.1	1.0
Every day or once a week	0.8	0.3	0.6	0.9	0.7
Whenever desired	0.5	0.1	0.4	0.5	0.4
Any other	0.3	1.4	0.6	1.8	1.0
Don't know	14.8	18.8	16.0	27.6	19.8
If the oral pill user misses the pill for a day, what should she do?					
Take two pills next day	56.0	53.3	55.1	41.6	50.7
Continue with the pills as usual	7.6	6.6	7.3	9.2	7.9
Any other	1.7	1.2	1.5	1.8	1.6
Don't know	34.7	38.9	36.0	47.5	39.8
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	17.5	15.7	16.9	11.1	15.0
Continue with the pills as usual	14.5	10.1	13.1	13.6	13.3
Any other	5.4	6.8	5.8	7.9	6.5
Don't know	62.6	67.4	64.1	67.4	65.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,017	923	2,940	1425	4,365

percent). Within the urban areas women from non-slum areas are more knowledgeable about the starting time for pill use (53 percent) compared to those from slum areas (46 percent).

Regarding how frequently one should take the pills, the majority (78 percent) stated every day or

once a week (depending on the type of pill) and 20 percent did not know about the frequency. More women in urban areas (82 percent) have correct knowledge about the frequency with which the pill should be taken compared to women in rural areas (69 percent). Within the urban areas women from non-slum areas are more knowledgeable

about frequency with which the pill should be taken (84 percent), compared to those from slum areas (79 percent).

About 51 percent of the currently married women in the district have correct knowledge about what should be done if a pill user misses the pill for a day - two

TABLE 4.24: 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, Kanpur Nagar, 2006

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
ORAL PILLS					
Safety of oral pills					
Very safe	64.0	58.3	62.2	52.5	59.1
Some what safe	22.1	24.3	22.8	21.9	22.5
Not safe	4.0	4.3	4.1	4.0	4.1
Don't know	9.9	13.1	10.9	21.5	14.3
Effectiveness of oral pills					
Very effective	64.8	61.3	63.7	54.0	60.5
Some what effective	22.6	22.9	22.7	21.5	22.3
Not effective	2.7	2.9	2.7	2.9	2.8
Don't know	9.9	12.8	10.8	21.6	14.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of persons	2,017	923	2,940	1,425	4,365
CONDOMS					
Safety of condoms					
Very safe	71.8	71.5	71.7	65.0	69.5
Some what safe	18.4	15.9	17.6	17.6	17.6
Not safe	1.8	2.4	2.0	2.8	2.3
Don't know	8.0	10.2	8.7	14.5	10.6
Effectiveness of condoms					
Very effective	70.8	72.0	71.2	63.8	68.8
Some what effective	19.0	15.2	17.8	18.0	17.9
Not effective	1.2	1.9	1.5	2.4	1.8
Don't know	8.9	10.9	9.5	15.8	11.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of persons	2,020	924	2,944	1,429	4,373

pills should be taken the next day. Another 40 percent of the women are not aware of what should be done in such a situation. More urban women (55 percent) are knowledgeable about what should be done if they miss a pill for a day than rural women (42 percent). Within the urban areas women from non-slum areas are a little more knowledgeable about what

should be done if they miss a pill for a day (56 percent), compared to those from slum areas (53 percent).

Only 15 percent of the currently married women have correct knowledge about what should be done if a user misses the pill for two days. This knowledge is only 11 percent in the rural areas compared to 17 percent in urban areas.

4.8.2 Safety and Effectiveness of Oral Pills and Condoms

All eligible women were asked about their perceptions of safety and effectiveness of oral pills and condoms. Fifty nine percent of the total women consider oral pills as very safe and 23 percent perceive them to be somewhat safe. Only an insignificant four percent consider them to be unsafe. Higher

percentages in urban areas (62 percent) compared to rural areas (53 percent) consider oral pills to be a safe method of contraception. Within the urban areas more women from non-slum areas (64 percent), compared to slum areas (58 percent) consider oral pills to be a safe method of contraception (Table 4.24).

Responses regarding the effectiveness of oral pills are more or less the same as in case of safety. Sixty one percent of the eligible

women consider oral pills as a very effective method of contraception with higher percentages in urban areas (64 percent), compared to rural areas (54 percent). Within the urban areas 65 percent of the women from non-slum areas, compared to 61 percent from the slum areas consider the pill as an effective method of contraception.

A higher proportion of women consider condoms safe (70 percent) compared to oral pills and about an

equal number (69 percent) consider them to be an effective method of contraception. Only two percent perceived condoms as unsafe and ineffective. The percentage of women saying condoms are safe and effective is higher in urban areas, compared to rural areas.

4.8.3 Use of Pills/Condoms to Space Children and Discussion with Husband

All the currently married women were asked whether they have

TABLE 4.25: USE OF ORAL PILLS/CONDOMS TO SPACE CHILDREN AND DISCUSSION WITH SPOUSE

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

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
ORAL PILLS					
Use oral pills to space children					
Yes	96.9	96.1	96.6	93.4	95.6
No	1.4	1.0	1.3	1.7	1.4
Don't know	1.7	2.9	2.1	4.9	3.0
Discuss use of oral pills with spouse					
Yes	92.6	90.5	91.9	85.8	89.9
No	6.1	6.5	6.2	9.4	7.3
Can't say	1.3	3.0	1.9	4.8	2.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number	2,017	923	2,940	1,425	4,365
CONDOMS					
Use condoms to space children					
Yes	98.8	96.3	98.0	95.2	97.1
No	0.4	0.7	0.5	1.4	0.8
Don't know	0.8	3.0	1.5	3.4	2.1
Discuss use of condoms with spouse					
Yes	97.4	96.9	97.3	93.0	95.9
No	1.8	1.9	1.8	4.7	2.7
Can't say	0.8	1.2	0.9	2.3	1.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number	2,020	924	2,944	1,429	4,373

heard about the use of oral pills and condoms to space births and whether they discuss the use of these spacing methods with their husbands. Ninety seven percent of the oral pill and condom users say that they have heard of these methods to space the births. Variations by place of residence are not pronounced,

however, higher percentages of women in urban areas compared to rural areas have heard of oral pills and condoms to space births. Within the urban areas again no significant variations were observed. Practically all the women said they discussed the methods (oral pills and condoms) with their husbands. Thus, the overall

inter-spousal communication seems to be very high in the Kanpur Nagar (Table 4.25).

4.9 KNOWLEDGE ABOUT AVAILABILITY OF PILLS/ CONDOMS

All the currently married women were asked whether they were

TABLE 4.26: KNOWLEDGE ABOUT AVAILABILITY OF ORAL PILLS/CONDOMS

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

Item	Urban		Total	Rural	All Areas
	Non-slum	Slum			
ORAL PILLS					
Know the place from where one can get oral pills					
Yes	96.8	92.9	95.5	83.0	91.4
No	3.2	7.1	4.5	17.0	8.6
Can obtain oral pills from a shop or health unit herself/himself					
Yes	74.6	68.9	72.8	57.6	67.8
No	25.4	31.1	27.2	42.4	32.2
Easy to get oral pills in their area					
Yes	95.8	93.3	95.0	75.6	88.7
No	4.2	6.7	5.0	24.4	11.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number	2,017	923	2,940	1,425	4,365
CONDOMS					
Know the place from where one can get condoms					
Yes	94.4	92.0	93.6	78.8	88.8
No	5.6	8.0	6.4	21.2	11.2
Can obtain condoms from a shop or health unit herself/himself					
Yes	37.8	28.5	34.9	31.4	33.8
No	62.2	71.5	65.1	68.6	66.2
Easy to get condoms in their area					
Yes	95.2	93.2	94.6	76.2	88.6
No	4.8	6.8	5.4	23.8	11.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number	2,020	924	2,944	1,429	4,373

aware of a place from where oral pills can be obtained. Ninety two percent of the women are aware of such places with higher percentages in urban (96 percent), compared to rural areas (83 percent). Within the urban areas those living in urban non-slum areas have a little higher knowledge (97 percent) of where to obtain oral pills, compared to slum areas (93 percent).

More than two thirds (68 percent) of the currently married women reported that they can obtain oral pills from a shop or health unit on their own (Table 4.26). The proportion of women who can obtain oral pills by themselves is higher in urban areas (73 percent) compared to rural areas (58 percent). Within the urban areas, the percentage of women able to do so is higher in the

non-slum areas (75 percent) than in the slum areas (69 percent).

In total, 89 percent consider it easy to get oral pills in their area. A significantly higher proportion of women have easy access to oral pills in urban areas (95 percent) compared to rural areas (76 percent). Within the urban areas the range is less – from 96 percent in non-slum areas to 93 percent in slum areas.

About nine out of ten women (89 percent) are aware of places to obtain condoms, but only a small proportion (34 percent) considers that they can obtain condoms on their own from a shop or a health unit. Awareness about places to obtain condoms is higher in urban areas (94 percent) compared to rural areas (79 percent).

Urban women (35 percent) are a little less shy than rural women (31 percent) of obtaining condoms on their own. Within the urban areas this ranges from 38 percent for non-slum areas to 29 percent in slum areas. Access to condoms is also easier in urban (95 percent) compared to rural areas (76 percent). Variations in access to condoms within the urban areas are not very pronounced, and ranges from 95 percent in non-slum areas to 93 percent in slum areas.

4.10 ENCOURAGING FRIENDS/RELATIVES TO USE PILLS/CONDOMS

Seventy one percent of the currently married women are prepared to encourage relatives and friends to use oral pills, while another 18 percent will not. A higher

TABLE 4.27: ENCOURAGE FRIENDS/RELATIVES TO USE ORAL PILLS/CONDOMS

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

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Encourage others to use oral pills					
Yes	76.3	71.6	74.8	64.0	71.3
No	16.6	17.6	16.9	21.4	18.4
Can't say	7.1	10.8	8.2	14.6	10.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2017	923	2940	1425	4365
Encourage others to use condoms					
Yes	74.3	68.2	72.4	62.3	69.1
No	16.4	17.7	16.8	22.9	18.8
Can't say	9.3	14.1	10.8	14.8	12.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,020	924	2,944	1,429	4,373

TABLE 4.28: PERCEIVED PLEASURE OF USING CONDOMS AND ITS USE AS SIGN OF INFIDELITY

Percent distribution 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, Kanpur Nagar, 2006

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Condom reduces sexual pleasure					
Yes	21.5	20.4	21.1	19.7	20.6
No	29.7	25.8	28.5	21.9	26.3
Can't say	48.8	53.8	50.4	58.4	53.0
Use of condoms is sign of infidelity					
Yes	4.9	5.4	5.1	7.3	5.8
No	75.4	71.0	74.0	56.9	68.4
Can't say	19.7	23.6	20.9	35.8	25.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,020	924	2,944	1,429	4,373

proportion of women in urban areas (75 percent), than rural areas (64 percent) are prepared to encourage friends to use oral pills. The proportion willing to encourage friends for use of oral pills ranges from 76 percent in urban non-slum areas to 72 percent in urban slums (Table 4.27).

Almost a similar proportion (69 percent) of women would encourage relatives and friends to use condoms. Again, as in the case of oral pills, a higher proportion of women in urban areas (72 percent) would encourage others to use condoms, compared to their rural counterparts (62 percent). The proportion willing to encourage friends to use condoms ranges from 74 percent among those living in urban non-slum areas to 68 percent among those in urban slums.

4.11 PERCEPTION ABOUT CONDOM USE

All the currently married women were asked for their perception on whether the use of condoms reduces sexual pleasure or its use is a sign of infidelity. The majority of the eligible women (53 percent) gave the response 'can't say' on the question relating to reduction of sexual pleasure. The response ranges from 58 percent in rural areas to 50 percent in urban areas. Within the urban areas higher percentages of women from slum areas (54 percent) compared to non-slum areas (49 percent) said they are unable to say whether the use of condoms reduces sexual pleasure. About 21 percent of the women said yes condoms do reduce sexual pleasure, and there were no variations in this response across places of residence (Table 4.28).

The majority of the women (68 percent) did not consider condom usage to be a sign of infidelity. This positive image of condom usage was more so in the urban (74 percent) than the rural (57 percent) areas. Most of the others had no clear idea on whether condom usage denoted infidelity, and only around 6 percent had a negative image of condom usage, considering it to be a sign of infidelity.

4.12 SUMMARY

The mean number of children ever born to currently married women aged 15-49 years is 2.94. In the rural areas the mean number is higher (3.45) than in the urban areas (2.69). Within the urban areas, urban slums have higher fertility compared to urban non-slum areas.

Knowledge about any family planning method, any modern method and

any modern spacing method is almost universal. Sixty four percent of the couples in the district have used some method to avoid or delay pregnancy with higher percentages in urban areas (66 percent) than rural areas (60 percent). Within the urban areas 68 percent from non-slum and 63 percent from slums have ever used any method to avoid or delay pregnancy.

Of all the currently married women of reproductive age, 51 percent are current users of any method, 38 percent are current users of any modern method and 22 percent are users of modern spacing methods. There are substantial variations in contraceptive prevalence among the different socio-economic groups. Women with high parity, belonging to the “other” caste and religious groups, educated 12+ grades and from high standard of living have higher contraceptive use rates. The use of modern spacing methods is higher among urban women and those who are better educated.

It is important to note that the majority of permanent methods users receive their services from a public sector source (74 percent), while those using modern spacing methods (condoms and pills) depend heavily on market/private sector sources (86 percent). Sixty percent of the IUCD users got services from

the private sector. In case of IUCD only 44 percent of the users in rural areas depend on the private sector while in urban areas the majority (66 percent) do so. Within the private sector, private doctors are the main service providers while in the public sector, government nurses and paramedics play a significant role.

Among former, but not current IUCD users, 59 percent obtained services from the public sector and 41 percent from the private sector. This indicates better service quality in the private sector, resulting in a lower number of dropouts, than for those who obtained services from the public sector. The dropout rates among those who obtained services from a government nurse or paramedic is particularly high (52 percent) in rural areas, compared to any other type of service provider.

Among IUCD acceptors, 40 percent discontinued use due to health problems and this is the main reason for discontinuation across the places of residence. The other main reasons for discontinuation include desire to have a child (23 percent) and menstrual problems (20 percent). In rural areas, higher percentages (29 percent) discontinued the IUCD use due to menstrual problems, as compared to urban non-slum (22 percent) and slum areas (20 percent).

In both the rural as well as urban areas, the private sector caters to the need for oral pills and condoms. This has implications from the program point of view. Seeing the large presence of the private sector and people’s marked preference towards it for modern contraception, it is important, from the government point of view, to have tie ups with the private sector and also to put proper mechanisms/regulations in place so that people get the best quality services and realize their reproductive goals.

Currently married women in the reproductive age group who are not using any contraceptive methods were asked about their or their husband’s intention to use a method to delay or avoid pregnancy within the next 12 months. The total demand for family planning methods in Kanpur Nagar is high at 20 percent, with 12 percent having unmet demand for limiting methods and 8 percent for spacing methods. The demand for contraception is high in urban slums and rural areas of the district. Among those intending to use contraceptives in the future, 64 percent preferred modern methods, with 37 percent preferring spacing and 28 percent showing preference for limiting methods.

ANTENATAL AND DELIVERY CARE

The Family Welfare program in India, in place since the inception of the first five year plan (1951-56), has laid emphasis on strengthening and promoting the utilization of maternal and child health care programs. The Kanpur Nagar baseline survey has collected information on important elements of the maternal and child health program by place of residence. This information includes the provision of antenatal care visits, iron and folic acid tablets and at least two doses of Tetanus Toxoid (TT) injections; encouragement of institutional deliveries; assistance at delivery by trained personal and provision of postnatal care services.

5.1 ANTENATAL CARE

Eighty six percent of the mothers received some form of antenatal care (ANC) in Kanpur Nagar district. Health workers, namely doctors (48 percent), followed by auxiliary nurse midwives (ANM)/nurses/lady health volunteers (LHV) (30 percent) were the most important sources for providing antenatal services (Table 5.1).

Utilization of ANC was highest among mothers aged 20-24 years (88 percent) and showed a

decreasing trend with increase in maternal age. Utilization of ANC services was highest among women of low parity (94 percent) and decreased with increase in parity i.e. as the number of children increased, there was a decrease in utilization of antenatal services. As expected, utilization of ANC services was higher in urban areas (89 percent) than in the rural areas (81 percent). Within the urban areas, a little higher percentage of those living in the non-slum areas (90 percent) seek services than those in the slum areas (87 percent). Religion and caste wise differences in the use of ANC services were not very pronounced. Education of the mother had a positive impact on the utilization of antenatal care services. Across the all the residential types, the majority sought ANC services either from a doctor or ANM/Nurse/LHV.

Among the economic indicators, it is evident that utilization of antenatal services increases with increase in standard of living. About two thirds of the women (68%) from lowest standard of living quintile utilized antenatal care as compared to 96 percent of the women from the highest quintile (Table 5.1). The

women from high standard of living preferred visiting doctors rather than ANM/nurse/LHV.

5.2 NUMBER AND TIMING OF ANTENATAL CARE CHECK-UPS

Of those who received antenatal care, 38 percent have had three or more antenatal check ups, 12 percent received four or more check ups, another 12 percent received two visits and 14 percent received one visit (Table 5.2). There is no significant variation across categories in the number of antenatal care visits. Around 36 percent of women reported to have received only the IFA tablets or TT injections and therefore details like number of visits and timing of first visit were not gathered. This percentage is higher among those women with high parity, belongings to rural areas, illiterate and from low socio-economic strata. Table 5.3 gives details of timing of visits.

The largest number of women (43 percent) received their first antenatal check up during the first trimester of pregnancy while about 18 percent had received it during the second and a small number of 3 percent during the third trimester.

TABLE 5.1: ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percentage of mothers who received antenatal care and type of provider, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Any Antenatal Care*	Number of Mothers ¹	Antenatal Care Provider					Number of Mothers ²
			Doctor	ANM/ Nurse/ LHV	ISM Practitioner	Dai	Other	
Age of the mother								
15-19	86.5	63	24.3	23.9	0.0	0.0	1.3	54
20-24	87.8	388	45.6	26.4	0.1	0.2	0.5	341
25-34	84.2	459	52.9	26.6	0.0	0.3	1.7	387
35-49	82.4	59	45.7	20.1	0.0	0.8	0.0	49
Parity								
1	94.3	308	60.1	27.9	0.2	0.0	1.0	291
2	88.1	282	49.9	25.6	0.0	0.2	2.3	249
3	81.2	144	39.8	30.7	0.0	0.4	0.0	117
4+	74.3	234	28.5	19.7	0.0	0.7	0.2	174
Place of residence								
Urban non-slum	90.3	345	76.6	28.8	0.0	0.0	2.2	312
Urban slum	87.0	234	55.8	27.3	0.2	0.5	0.5	204
Urban total	88.9	580	68.4	28.2	0.1	0.2	1.5	515
Rural	80.9	390	13.6	22.2	0.0	0.4	0.3	316
Religion								
Hindu	85.5	771	42.8	25.0	0.0	0.3	1.2	659
Muslim	86.0	183	64.5	28.6	0.3	0.3	0.6	158
Other	92.8	15	84.4	42.0	0.0	0.0	0.0	14
Caste/Tribe								
Scheduled caste/tribe	80.7	247	35.2	23.5	0.0	0.7	1.0	199
Other backward caste	83.3	438	42.9	25.1	0.1	0.2	1.5	364
Other	93.7	285	63.3	28.9	0.0	0.0	0.7	267
Education								
Illiterate	73.1	353	26.1	23.1	0.0	0.7	0.0	259
Literate, < 8th grade	88.7	118	43.1	23.5	0.0	0.0	0.0	104
8-11th grade	93.6	261	44.5	31.7	0.0	0.2	1.2	244
12+ grade	96.4	223	79.6	24.0	0.2	0.0	2.8	215
SLI Quintiles								
Q1	67.6	194	15.7	15.9	0.0	0.7	0.0	131
Q2	79.8	201	19.3	28.4	0.0	0.5	0.7	160
Q3	89.7	187	43.6	22.7	0.0	0.3	0.4	168
Q4	95.8	188	65.9	32.6	0.0	0.0	0.4	180
Q5	96.0	199	79.4	27.3	0.2	0.0	3.4	191
Total	85.7	969	47.6	25.9	0.1	0.3	1.1	831

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

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

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

* Includes those who have received only IFA tablets or TT injection

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, Kanpur Nagar, 2006

Characteristics	Number of Antenatal Care Visits					Total Percent	Number of Mothers
	1	2	3	4+	Missing*		
Age of the mother							
15-19	14.9	5.6	7.7	14.7	57.1	100.0	54
20-24	15.3	12.8	14.7	20.0	37.2	100.0	341
25-34	11.1	12.4	14.2	30.3	32.0	100.0	387
35-49	21.2	7.6	8.9	20.6	41.6	100.0	49
Parity							
1	13.9	11.6	16.2	34.1	24.3	100.0	291
2	12.0	13.1	13.0	28.0	34.0	100.0	249
3	14.6	14.5	16.2	15.3	39.4	100.0	117
4+	15.2	8.9	8.7	9.6	57.6	100.0	174
Place of residence							
Urban non-slum	11.8	13.1	20.5	42.6	11.9	100.0	312
Urban slum	16.5	13.4	15.2	26.8	28.0	100.0	204
Urban total	13.7	13.2	18.4	36.4	18.3	100.0	515
Rural	13.7	9.7	5.9	5.0	65.8	100.0	316
Religion							
Hindu	12.5	11.6	12.3	23.1	40.5	100.0	659
Muslim	19.1	13.2	19.9	26.3	21.4	100.0	158
Caste/Tribe							
Scheduled caste/tribe	16.1	7.8	11.7	16.0	48.4	100.0	199
Other backward caste	13.4	12.3	13.0	20.7	40.5	100.0	364
Other	12.2	14.3	16.0	35.9	21.6	100.0	267
Education							
Illiterate	13.4	10.1	7.1	12.1	57.3	100.0	259
Literate, < 8th grade	11.5	11.3	19.3	12.7	45.2	100.0	104
8-11th grade	16.1	14.3	13.5	20.9	35.1	100.0	244
12+ grade	12.2	11.9	18.7	49.1	8.1	100.0	215
SLI Quintiles							
Q1	10.1	6.4	5.0	5.5	72.9	100.0	131
Q2	17.4	9.3	6.3	7.8	59.1	100.0	160
Q3	11.8	14.5	17.5	15.9	40.3	100.0	168
Q4	15.0	16.4	19.8	32.8	16.1	100.0	180
Q5	13.4	11.2	16.6	51.1	7.7	100.0	191
Total	13.7	11.9	13.7	24.5	36.3	100.0	831

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

*Those have received only IFA tablets or TT injection

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, Kanpur Nagar, 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	20.2	21.5	1.1	57.1	100.0	54
20-24	42.4	16.2	4.3	37.2	100.0	341
25-34	47.1	18.3	2.6	32.0	100.0	387
35-49	30.7	23.9	3.7	41.6	100.0	49
Parity						
1	53.7	19.6	2.4	24.3	100.0	291
2	45.3	17.1	3.6	34.0	100.0	249
3	37.6	17.6	5.3	39.4	100.0	117
4+	23.0	16.7	2.7	57.6	100.0	174
Place of residence						
Urban non-slum	61.7	24.6	1.7	11.9	100.0	312
Urban slum	50.0	16.1	5.9	28.0	100.0	204
Urban total	57.1	21.3	3.4	18.3	100.0	515
Rural	18.6	12.6	3.0	65.8	100.0	316
Religion						
Hindu	40.3	16.8	2.4	40.5	100.0	659
Muslim	50.2	21.7	6.6	21.4	100.0	158
Caste/Tribe						
Scheduled caste/tribe	32.6	16.1	3.0	48.4	100.0	199
Other backward caste	39.3	17.8	2.4	40.5	100.0	364
Other	54.2	19.6	4.6	21.6	100.0	267
Education						
Illiterate	20.6	18.4	3.7	57.3	100.0	259
Literate, < 8th grade	35.8	16.4	2.6	45.2	100.0	104
8-11th grade	40.3	21.8	2.7	35.1	100.0	244
SLI Quintiles						
Q1	12.5	12.7	1.9	72.9	100.0	131
Q2	18.9	18.0	4.0	59.1	100.0	160
Q3	40.7	16.3	2.7	40.3	100.0	168
Q4	52.9	26.3	4.7	16.1	100.0	180
Q5	74.5	15.2	2.6	7.7	100.0	191
Total	42.5	18.0	3.2	36.3	100.0	831

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

*Those have received only IFA tablets or TT injection

The pattern was similar across all the sub-categories.

A little over one-third (36%) of the women received IFA tablets or TT injections or both, but no antenatal examinations. The proportions were highest in the youngest age group of 15-19, (57 percent), women with higher parity of 4+ (58 percent), rural residents (66 percent), those belonging to the Hindu religion (41 percent), scheduled caste/tribe women (48 percent), those having no education/illiterate (57 percent) and those in the low standard of living quintile (73 percent).

Fifty seven percent of the urban women received their first antenatal care check ups during the first trimester of pregnancy as compared to just 19 percent of the rural women. Within the urban areas higher percentages of women from non-slum areas (62 percent) received their first antenatal care check up during the first trimester of pregnancy as compared to women from slums (50 percent).

Of the women belonging to the "other" religious group, a higher percentage (56 percent) received ANC checkups during the first trimester, followed by Muslim (50%) and then Hindu women (40%). Similarly, a higher percentage belonging to the "other" caste category (54 percent) received ANC checkups during the first trimester compared to other backward caste (39 percent) and SC/ST (33 percent) categories.

Less than 21 percent of the mothers who are illiterate had their first antenatal check up during the first

trimester of pregnancy compared to 74 percent of the mothers with 12+ grade education. The likelihood of getting the first antenatal checkup during the first trimester also increased with increasing standard of living. Less than 13 percent of the mothers from the first quintile had their first antenatal check up during the first trimester of pregnancy compared to 75 percent of the mothers from the fifth quintile.

5.3 IRON AND FOLIC ACID (IFA) SUPPLEMENTATION

Sixty four percent of the mothers received IFA tablet/syrup during pregnancy, 47 percent received a sufficient quantity and 44 percent consumed all of it. Thirty five percent of the mothers had adequate IFA supplementation, i.e., received IFA supplementation to last for 100 days and consumed all of it (Table 5.4). Higher percentages of mothers belonging to 25-34 age groups (39 percent), parity one (45 percent), urban non-slum areas (52 percent), belonging to "other" religion (56 percent) and "other" caste category (47 percent), with education of 12+ grade (63 percent) and belonging to the highest standard of living quintile (59 percent) had adequate IFA tablets/syrups. Interventions should particularly focus on pregnant mothers from urban slum and rural areas, those with little or no education and belonging to the low socio-economic strata to ensure that they receive IFA tablets/syrup to last 100 days and consume all of it. This would address problems of anemia among pregnant women and their offspring.

5.4 SOURCE OF IFA

Overall, in Kanpur Nagar, the public and private sectors are of equal

importance as sources for IFA tablets and syrups. Fifty one percent of the mothers received IFA tablets/syrups from a public sector source, compared to 49 percent from the private sector sources (includes NGO and other categories). However, there were variations in the sub-categories (Table 5.5).

Eighty four percent of those living in rural areas depend on the public sector for IFA tablets, compared to 34 percent in urban areas. Within the urban areas, the private sector is the source of supply of IFA tablets to 73 percent of non-slum mothers and 53 percent of the slum mothers.

Mothers who are illiterate (68 percent) and from low socio-economic strata (82 percent) received IFA tablets/syrups from the public sector. The private sector is the major source for those in the highest quintile (80 percent) and educated 12+ grade (76 percent). Muslims have greater preference for private sector sources (60 percent) compared to Hindus. The majority of Hindu mothers (55 percent) received IFA tablets from public sector sources

5.5 REASON FOR NON-CONSUMPTION OF IFA

Mothers who had received IFA tablets/syrup but had not consumed the whole quantity were asked the reasons for non-consumption. Over 40 percent gave reasons which are not the standard reasons listed in the questionnaire (Table 5.6). However, overall, 39 percent of the women reported that they felt sick after consuming the IFA tablets/syrups, followed by 15 percent saying they

TABLE 5.4: USE IFA TABLET/SYRUP BY SELECTED CHARACTERISTICS

Percentage of mothers who received IFA tablet/syrup, according to selected characteristics, Kanpur Nagar, 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	58.6	41.8	31.2	25.1	63
20-24	66.0	46.4	43.3	32.0	388
25-34	63.3	48.1	48.3	38.8	459
35-49	54.0	43.2	33.8	30.0	59
Parity					
1	75.7	57.2	56.7	44.8	308
2	66.0	49.3	47.7	37.5	282
3	57.8	41.5	38.4	29.8	144
4+	47.9	33.1	27.5	20.9	234
Place of residence					
Urban non-slum	75.2	59.6	62.8	52.1	345
Urban slum	60.3	44.2	42.2	31.7	234
Urban total	69.2	53.4	54.4	43.9	580
Rural	55.0	36.8	29.2	21.0	390
Religion					
Hindu	63.0	47.7	43.3	35.4	771
Muslim	64.1	41.7	45.9	29.9	183
Caste/Tribe					
Scheduled caste/tribe	59.1	39.4	35.5	24.6	247
Other backward caste	59.2	43.4	41.1	32.3	438
Other	73.8	58.2	56.8	47.1	285
Education					
Illiterate	47.9	31.3	28.3	20.8	353
Literate, < 8th grade	64.2	46.9	34.8	26.8	118
8-11th grade	67.0	48.9	44.4	33.3	261
12+ grade	85.3	69.7	75.6	62.9	223
SLI Quintiles					
Q1	40.9	25.1	21.7	14.1	194
Q2	54.3	36.9	29.6	21.9	201
Q3	61.7	44.3	39.0	29.5	187
Q4	79.8	61.6	60.0	49.0	188
Q5	81.1	66.0	71.3	58.9	199
Total	63.5	46.7	44.3	34.7	969

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

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

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, Kanpur Nagar, 2006

Characteristics	Source of IFA Tablet/Syrup				Total Percent	Number of Mothers ¹
	Government	Private	NGO	Other		
Age of the mother						
15-19	66.7	32.6	0.0	0.7	100.0	37
20-24	54.5	42.3	1.7	1.5	100.0	256
25-34	45.6	47.3	3.4	3.7	100.0	291
35-49	56.7	37.8	2.2	3.3	100.0	32
Parity						
1	41.8	52.3	3.2	2.7	100.0	233
2	47.8	44.3	3.6	4.3	100.0	186
3	59.6	38.7	0.8	0.8	100.0	83
4+	69.9	29.3	0.0	0.8	100.0	112
Place of residence						
Urban non-slum	26.8	64.7	4.2	4.4	100.0	259
Urban slum	46.7	49.7	2.7	0.9	100.0	141
Urban total	33.8	59.4	3.6	3.1	100.0	401
Rural	83.5	14.9	0.1	1.5	100.0	215
Religion						
Hindu	54.9	40.0	2.1	3.0	100.0	486
Muslim	40.2	55.6	3.1	1.2	100.0	118
Caste/Tribe						
Scheduled caste/tribe	61.2	36.3	1.2	1.4	100.0	146
Other backward caste	54.0	42.0	1.7	2.3	100.0	259
Other	40.7	51.4	4.1	3.8	100.0	211
Education						
Illiterate	67.7	29.4	1.2	1.7	100.0	169
Literate, < 8th grade	66.1	31.1	1.0	1.8	100.0	76
8-11th grade	59.1	37.8	1.0	2.0	100.0	175
12+ grade	23.4	66.9	5.4	4.3	100.0	190
SLI Quintiles						
Q1	82.1	16.3	0.0	1.6	100.0	79
Q2	76.4	20.6	1.2	1.8	100.0	109
Q3	61.9	35.8	0.8	1.5	100.0	115
Q4	42.4	52.3	3.3	1.9	100.0	150
Q5	19.3	71.1	4.7	5.0	100.0	162
Total	51.1	43.9	2.4	2.6	100.0	615

¹Mothers who gave birth during the 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

Percentage of mothers who received IFA tablet/syrup and did not consume all, by reasons for not consuming, according to selected characteristics, Kanpur Nagar, 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		
Age (in years)								
15-19	10.8	18.1	8.2	2.6	27.0	2.1	53.9	17
20-24	14.9	2.6	4.8	5.6	40.1	0.0	45.8	88
25-34	16.6	10.4	6.7	6.2	39.9	0.7	38.1	69
35-49	14.4	10.5	11.0	7.7	40.7	0.0	38.7	12
Parity								
1	16.2	5.8	5.2	6.3	34.2	0.0	48.9	59
2	16.5	5.0	5.9	4.6	46.9	0.7	38.8	52
3	8.1	5.9	8.6	6.8	41.4	0.0	46.9	28
4+	16.5	13.0	6.4	5.4	34.3	1.0	38.9	48
Place of residence								
Urban non-slum	15.4	7.0	2.8	7.6	40.8	0.0	41.3	43
Urban slum	12.6	6.0	7.9	1.7	37.2	0.8	48.5	43
Urban total	14.0	6.5	5.4	4.6	39.0	0.4	44.9	86
Rural	16.1	8.2	6.9	6.6	38.7	0.5	41.8	101
Religion								
Hindu	15.7	7.9	6.2	6.6	40.4	0.3	40.8	153
Muslim	12.6	5.4	6.5	1.3	32.4	1.1	53.7	33
Caste/tribe								
Scheduled caste/tribe	17.3	10.8	8.8	6.8	34.0	0.6	41.4	58
Other backward caste								
Other	12.8	7.3	7.1	5.7	43.5	0.6	41.6	79
	16.4	3.6	1.6	4.3	37.1	0.0	48.2	49
Education								
Illiterate	16.6	6.9	6.3	3.5	32.5	0.5	45.5	69
Literate, < 8th grade	15.0	3.5	9.2	4.0	40.8	0.0	45.9	35
8-11th grade	12.6	8.5	5.5	7.7	43.0	0.8	41.7	59
12+ grade	18.9	12.2	2.7	8.9	42.2	0.0	39.7	22
SLI Quintiles								
Q1	13.3	9.6	9.6	5.2	33.5	0.0	38.3	37
Q2	17.0	4.5	4.5	5.9	40.9	0.0	44.1	49
Q3	11.5	6.9	6.9	3.5	40.4	2.0	42.0	42
Q4	15.2	5.0	5.0	4.1	36.0	0.0	53.9	38
Q5	21.8	4.8	4.8	13.4	45.7	0.0	33.1	20
Total	15.1	7.4	6.2	5.7	38.8	0.4	43.3	187

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

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

TABLE 5.7: 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, Kanpur Nagar, 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	88.0	212	8.1	7.1	7.0	22.4	55.4	186
20-24	92.1	874	3.2	4.7	6.0	40.0	46.1	806
25-34	91.9	1746	3.2	5.0	7.0	41.1	43.6	1607
35-49	91.9	1974	3.4	3.7	8.7	35.6	48.7	1813
Place of residence								
Urban non-slum	95.3	2178	1.8	2.8	8.9	43.7	42.9	2075
Urban slum	90.8	1031	2.3	3.4	4.8	36.8	52.6	938
Urban total	93.8	3209	1.9	3.0	7.6	41.5	45.9	3013
Rural	87.6	1597	6.9	7.7	7.4	29.9	48.2	1399
Caste/Tribe								
Scheduled caste/tribe	89.7	1008	5.4	6.4	7.6	32.4	48.2	904
Other backward caste	90.6	2085	4.2	4.1	5.9	33.4	52.5	1890
Other	94.4	1713	1.6	3.9	9.4	46.1	39.0	1619
Education								
Illiterate	85.6	1581	5.1	5.5	6.1	26.3	57.0	1355
Literate, < 8 th grade	91.3	676	3.7	5.9	9.5	31.6	49.3	617
8-11 th grade	95.2	1256	3.6	4.9	9.0	36.5	45.9	1196
12+ grade	96.9	1221	1.5	2.2	7.0	55.9	33.3	1183
Other (informal)	85.7	73	0.6	3.9	1.0	31.3	63.2	62
SLI Quintiles								
Q1	83.0	569	6.4	7.2	6.4	23.1	57.0	472
Q2	88.7	805	5.7	5.0	6.3	30.1	53.0	714
Q3	90.1	997	4.1	4.4	8.3	29.7	53.5	900
Q4	93.7	1077	3.1	4.6	7.4	41.0	43.9	1010
Q5	96.9	1358	1.2	3.2	8.2	50.5	36.9	1316
Total	91.8	4806	3.5	4.5	7.5	37.8	46.6	4412

did not need to take them all. Seven percent got constipation and six percent got either pain in abdomen or stomach upset/diarrhea. Sub-category-wise variations are not pronounced.

5.6 KNOWLEDGE ABOUT IMPORTANCE OF IFA

All the currently married women aged 15-49 years were asked

about the importance of IFA supplementation during pregnancy. Nine out of ten reported that it is important/ necessary to have IFA supplementation, reflecting the near universal knowledge about IFA supplementation during pregnancy. Slightly higher response rates were observed for women above the age of 20 (around 92 percent), those with parity two (96 percent), those

belonging to urban non-slum areas (95 percent), “other religion” (99 percent) and “other” caste (94 percent) groups, with education of 12th grade and above (97 percent), and belonging to the fifth quintile (97 percent) (Table 5.7).

Those who reported that IFA supplementation is necessary were asked about the number of tablets

a pregnant woman should have during one pregnancy. Forty seven percent of the currently married women have no idea of this number. This highlights the need for more focused communication initiatives to promote the use of IFA tablets in adequate quantities.

The ideal quantity of 100 or more IFA tablets was reported by 38 percent of the women. The proportion of those having correct knowledge about the number of tablets to be consumed increases with the increase in standard of living quintiles, from 23 percent in the first quintile to 51 percent in the fifth quintile. Among those who are illiterate, only 26 percent have correct knowledge about number of IFA tablets to be consumed, which increases to 56 percent among the educated (12+ grades) group. Forty two percent of the urban women have correct knowledge compared to 30 percent in rural areas. Within the urban areas it ranges from 44 percent in non-slum areas to 37 percent in the slums.

5.7 TETANUS TOXOID (TT) INJECTION

Mothers who gave birth during the two years preceding the survey i.e. after January 1, 2004 were asked questions whether or not they received TT injections. Eighty three percent of the mothers received at least one TT injection and 75 percent reported receiving two or more TT injections during the last pregnancy (Table 5.8).

Seventy nine percent of the mothers said they received adequate TT injections, i.e. received 2 or

more TT injections during last pregnancy or received one during the last pregnancy and one during the previous pregnancy. Those receiving adequate TT injections increases with the increase in the women's educational levels and the standard of living quintiles. Sixty four percent of the women who are illiterate have received adequate TT injections, which increases to 93 percent for those educated above 12th grade. Similarly, those who received adequate TT injections increases from 59 percent in Q1 to 93 percent for those in Q5. Urban women have received adequate TT injections in higher proportion (84 percent) compared to those living in rural areas (72 percent). Within the urban areas the proportion ranges from 86 percent in non-slum areas to 82 percent in the slums. Higher percentages of women belonging to parity one (85 percent) had received adequate TT injections compared to higher parity women.

5.8 SOURCE OF TT INJECTION

As in case of IFA tablets, both the public and private sectors (including NGOs) were of equal importance as a source of TT injections (Table 5.9).

Mothers living in rural areas (80 percent) depend heavily on the public sector for TT injections, compared to those in urban areas (33 percent). As with the IFA tablets/syrup, while the majority (67 percent) of mothers in urban areas depend on private sector sources, within the urban areas a higher percentage of mothers living in urban non-slum areas (71 percent) areas (60 percent) go

to the private sector for the TT injections. Mothers who are illiterate (65 percent) and belong to the low socio-economic strata (78 percent) received their TT injection from public sector sources. The private sector is an important source for TT injections among mothers who belong to the high standard of living quintile (78 percent) and those with education of 12+ grade (82 percent). Muslims have marked preference for private sector sources for TT injections. As many as 63 percent received TT injections from private sources, compared to Hindus (45 percent).

5.9 KNOWLEDGE ABOUT IMPORTANCE OF TT INJECTIONS

All eligible women were asked about the importance of TT injections as well as the number of injections needed during one pregnancy. Almost all (98 percent), of the respondents agreed that it is necessary to have a TT injection, with hardly any noticeable variation in the knowledge levels across all the sub-categories (Table 5.10).

Those who reported that TT injection is necessary were asked about the number of TT injections a pregnant woman should have during one pregnancy. Forty five percent of the currently married women reported that two injections are needed during one pregnancy and 3 or more injections were reported by another 42 percent. Those women who are from urban areas, educated (12+ grades or above) and are from high standards of living have higher knowledge levels with regard to number of injections

TABLE 5.8: TT INJECTION BY SELECTED CHARACTERISTICS

Percentage of mothers who received TT injections, according to selected characteristics, Kanpur Nagar, 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	83.6	67.1	20.6	73.1	63
20-24	84.4	76.3	37.0	80.1	388
25-34	81.5	74.7	61.6	80.3	459
35-49	77.1	72.4	69.6	74.8	59
Parity					
1	92.0	85.0	0.0	85.0	308
2	85.7	77.5	78.9	84.1	282
3	78.3	69.9	75.3	78.0	144
4+	68.9	60.7	63.7	67.2	234
Place of residence					
Urban non-slum	86.9	84.4	44.9	86.0	345
Urban slum	84.0	76.2	52.5	81.9	234
Urban total	85.8	81.1	48.0	84.3	580
Rural	77.7	65.3	52.0	72.1	390
Caste/Tribe					
Scheduled caste/tribe	77.3	67.5	49.0	74.0	247
Other backward caste	80.1	71.3	49.2	76.1	438
Other	90.8	86.2	50.6	89.1	285
Education					
Illiterate	67.5	56.8	47.9	64.0	353
Literate, < 8th grade	86.6	77.6	58.5	81.6	118
8-11th grade	91.8	84.1	53.6	88.4	261
12+ grade	95.0	92.2	43.3	93.4	223
SLI Quintiles					
Q1	62.8	53.1	42.8	59.1	194
Q2	76.2	62.8	50.0	69.6	201
Q3	87.1	78.4	53.4	83.6	187
Q4	93.0	88.5	55.3	92.1	188
Q5	94.1	91.4	46.8	93.2	199
Total	82.5	74.7	49.6	79.4	969

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

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

needed during one pregnancy compared to their counterparts.

Knowledge regarding TT injections during pregnancy appears to be quite high, particularly among the economically and educationally better placed women. However, more initiatives to educate women regarding the number of injections needed during one pregnancy will help in spreading this knowledge across all sections of the society.

5.10 FULL ANTENATAL CHECK-UPS

Only nineteen percent of the mothers in Kanpur Nagar received full antenatal care i.e., three or more antenatal care visits, adequate IFA tablets/syrup (IFA tablet/syrup to last for 100 or more days and consumed it all) and 2 TT injections during last pregnancy or one during the last pregnancy and one during the previous one.

The full quota of antenatal care visits increases with the increase in age of the mother, from seven percent among mothers 15-19 years to 23 percent in the 25-34 age group, and drops to 17 percent as the age increases to 35-49. Higher percentages of mothers with parity one (28 percent) received full antenatal care services compared to those with parity two (21 percent), parity three (15 percent) and those with parity 4+ (7 percent) Table 5.11).

TABLE 5.9: SOURCE OF TT INJECTION BY SELECTED CHARACTERISTICS

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

Characteristics	Source of TT Injection			Total Percent	Number of Mothers ¹
	Government	Private	NGO		
Age of the mother					
15-19	59.2	39.3	1.6	100.0	53
20-24	53.2	43.7	3.1	100.0	328
25-34	47.3	47.9	4.9	100.0	374
35-49	53.7	41.2	5.1	100.0	45
Place of residence					
Urban non-slum	28.5	64.2	7.3	100.0	300
Urban slum	40.0	56.0	4.0	100.0	197
Urban total	33.0	61.0	6.0	100.0	497
Rural	80.1	19.3	0.6	100.0	303
Caste/Tribe					
Scheduled caste/tribe	54.1	43.3	2.6	100.0	191
Other backward caste	55.4	42.0	2.5	100.0	351
Other	42.2	50.9	6.9	100.0	259
Education					
Illiterate	65.4	32.6	2.0	100.0	238
Literate, < 8th grade	51.6	45.7	2.7	100.0	102
8-11th grade	56.7	41.0	2.4	100.0	239
12+ grade	27.6	63.7	8.7	100.0	212
SLI Quintiles					
Q1	77.6	21.5	0.8	100.0	122
Q2	72.6	27.1	0.2	100.0	153
Q3	57.7	40.5	1.7	100.0	163
Q4	38.0	55.3	6.7	100.0	175
Q5	21.6	70.0	8.4	100.0	187
Total	50.9	45.2	4.0	100.0	800

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

TABLE 5.10: 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, Kanpur Nagar, 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	96.8	212	2.3	40.9	38.3	18.6	205
20-24	97.8	874	3.1	50.2	33.3	13.4	855
25-34	98.1	1746	2.2	49.2	40.2	8.4	1712
35-49	98.6	1974	2.7	39.1	47.8	10.5	1946
Parity							
0	97.9	588	2.2	39.0	32.7	26.1	576
1	98.8	668	2.9	60.1	30.1	6.9	660
2	98.9	1080	3.0	51.8	40.9	4.3	1068
3	98.3	876	2.0	42.3	47.1	8.6	860
4+	97.5	1594	2.6	37.2	48.4	11.8	1554
Place of residence							
Urban non-slum	99.4	2178	1.9	48.0	40.7	9.4	2165
Urban slum	97.9	1031	2.0	41.2	45.9	11.0	1009
Urban total	98.9	3209	1.9	45.9	42.3	9.9	3174
Rural	96.7	1597	3.9	42.8	41.3	12.0	1545
Religion							
Hindu	98.1	3917	2.7	46.3	40.5	10.5	3844
Muslim	98.3	796	2.0	38.3	49.3	10.4	782
Other	99.5	93	0.9	40.2	43.7	15.2	92
Caste/Tribe							
Scheduled caste/tribe	96.6	1008	3.5	43.9	41.0	11.6	973
Other backward caste	97.9	2085	2.1	41.5	44.7	11.7	2042
Other	99.5	1713	2.6	49.4	39.3	8.7	1703
Education							
Illiterate	96.4	1581	3.1	34.0	46.4	16.5	1524
Literate, < 8th grade	98.8	676	2.9	38.4	48.9	9.8	668
8-11th grade	98.8	1256	3.0	46.0	42.8	8.2	1241
12+ grade	99.5	1221	1.4	61.2	31.3	6.1	1215
Other (informal)	97.6	73	1.6	38.5	51.0	8.9	71
SLI Quintiles							
Q1	95.0	569	5.0	36.6	40.9	17.4	540
Q2	96.8	805	3.2	38.9	45.5	12.4	779
Q3	98.5	997	2.5	41.9	45.0	10.7	982
Q4	98.7	1077	2.2	42.9	45.6	9.2	1063
Q5	99.7	1358	1.6	55.3	35.3	7.9	1354
Total	98.2	4,806	2.6	44.9	42.0	10.6	4,718

TABLE 5.11: FULL ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percentage of mothers who received full antenatal care and its components, according to selected characteristics, Kanpur Nagar, 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	6.7	19.4	25.1	73.1	63
20-24	16.7	30.5	32.0	80.1	388
25-34	22.8	37.4	38.8	80.3	459
35-49	16.5	24.3	30.0	74.8	59
Parity					
1	27.9	47.3	44.8	85.0	308
2	20.5	36.1	37.5	84.1	282
3	15.2	25.6	29.8	78.0	144
4+	7.4	13.6	20.9	67.2	234
Place of residence					
Urban non-slum	36.3	57.0	52.1	86.0	345
Urban slum	18.0	36.5	31.7	81.9	234
Urban total	28.9	48.7	43.9	84.3	580
Rural	4.0	8.8	21.0	72.1	390
Religion					
Hindu	18.5	30.3	35.4	79.4	771
Muslim	19.3	39.8	29.9	79.1	183
Caste/tribe					
Scheduled caste/tribe	11.8	22.4	24.6	74.0	247
Other backward caste	15.7	28.1	32.3	76.1	438
Other	29.9	48.6	47.1	89.1	285
Education					
Illiterate	6.3	14.1	20.8	64.0	353
Literate, < 8th grade	11.1	28.4	26.8	81.6	118
8-11th grade	16.0	32.2	33.3	88.4	261
12+ grade	46.0	65.4	62.9	93.4	223
SLI Quintiles					
Q1	1.6	7.1	14.1	59.1	194
Q2	6.1	11.3	21.9	69.6	201
Q3	12.6	30.0	29.5	83.6	187
Q4	29.2	50.3	49.0	92.1	188
Q5	44.8	65.0	58.9	93.2	199
Total	18.9	32.7	34.7	79.4	969

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

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

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

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

Among the rural mothers, full antenatal care services is very low (4 percent) compared to those living in urban areas (29 percent). Within the urban areas it ranges from 36 percent in non-slum areas to 18 percent in slums. Mothers from the “other” religious category received higher percentages of full antenatal care services (36%) than Muslim and Hindu mothers (10 percent each). Similarly those belonging to the “other” caste category received higher percentages (30 percent) of full antenatal care services compared to other backward castes (16 percent) and SC/STs (12 percent). Education and standard of living has direct positive relationship with the utilization of full antenatal care services. With respect to education, utilization ranges from a low of 6 percent among illiterate mothers to 46 percent among those with 12+ grade education, and with respect to standard of living, utilization increased from a low of 2 percent among mothers in the first quintile to 45 percent in the fifth quintile.

5.11 COMPONENTS OF ANTENATAL CHECKUPS

Mothers who had delivered after January 1, 2004 were asked about the type of checkup they had undergone during antenatal care visits. More than half (52 percent) had abdominal checkups and about 40 percent had obtained some of the routine checkups such as urine tests, blood tests, blood pressure checkups. One-third of the mothers reported that their weight was taken during such visits. Forty five percent of the mothers said they got no such services during their visits for ANC checkups (Table 5.12).

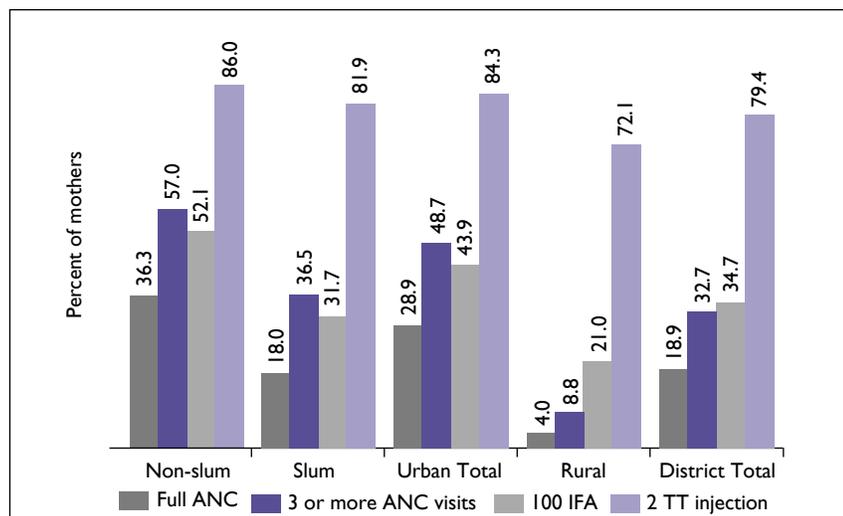
Substantial differences by place of residence were observed. Those living in rural areas received comparatively fewer services during their antenatal visits compared to their urban counterparts. Even those in urban slums, received much better services during their ANC visits compared to rural mothers. The education level and standard of living of the mother also showed a strong positive relationship with the type of antenatal care

services received. As the level of education goes up, the utilization of type of services during ANC goes up. Similarly as the standard of living increases, there is a marked increase in the type of ANC services received during one of those visits.

5.12 INFORMATION ON PREGNANCY COMPLICATIONS

Mothers who had a birth since January 1, 2004 were also asked about the information received during antenatal care visits on pregnancy complications. Only small numbers had received any information - 17 percent about prolonged labor, 12 percent on bleeding and seven percent on convulsions. Mothers from urban areas have been slightly better informed about pregnancy complications compared with their rural counterparts, 25 percent of them received information compared to 12 percent in rural areas. Within the urban areas 27 percent from non-slum areas were informed about any type of pregnancy complications compared to 22 percent from slums. Mothers with better education and standard of living are more likely to be better informed on pregnancy complications, ranging from 10 percent for illiterates to 36 percent for 12+ grade educated mothers, and six percent for mothers in the first quintile to 36 percent in the fifth quintile (Table 5.13).

FIGURE 5.1: FULL ANTENATAL CARE BY PLACE OF RESIDENCE



5.13 PLACE OF DELIVERY

Table 5.14 presents the percentage distribution of mothers by place of delivery according to background characteristics. In Kanpur Nagar 64 percent of the deliveries are

TABLE 5.12: COMPONENTS OF ANTENATAL CARE BY SELECTED CHARACTERISTICS

Percentage of mothers who received antenatal care by type of care, according to selected characteristics, Kanpur Nagar, 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	10.4	15.6	39.8	21.2	16.1	56.5	63
20-24	32.0	40.1	52.3	40.6	39.9	45.3	388
25-34	38.6	42.6	54.3	43.7	43.9	43.2	459
35-49	26.3	32.3	46.8	26.5	25.4	49.8	59
Parity							
1	46.8	55.0	69.0	58.9	57.9	28.1	308
2	38.6	45.0	55.7	43.4	43.8	41.5	282
3	27.0	31.4	45.7	32.2	30.4	51.6	144
4+	13.3	16.4	29.4	15.7	15.3	68.6	234
Place of residence							
Urban non-slum	57.8	67.4	78.5	68.3	68.5	18.7	345
Urban slum	34.8	42.6	57.7	41.3	40.9	37.7	234
Urban total	48.5	57.4	70.1	57.4	57.4	26.4	580
Rural	10.9	12.3	25.4	14.0	12.7	73.4	390
Religion							
Hindu	32.1	36.4	48.9	37.7	36.5	48.7	771
Muslim	36.6	47.8	62.8	46.4	48.7	33.4	183
Caste/Tribe							
Scheduled caste/tribe	20.7	28.4	39.2	28.5	27.2	57.6	247
Other backward caste	28.3	33.8	46.9	35.5	34.0	50.8	438
Other	52.0	56.9	71.3	56.7	58.2	26.3	285
Education							
Illiterate	10.4	15.2	29.4	15.5	16.1	69.0	353
Literate, < 8th grade	22.2	31.5	44.3	32.2	31.0	50.3	118
8-11th grade	35.2	42.0	56.9	42.9	40.7	39.4	261
12+ grade	73.8	79.1	87.7	80.0	80.1	11.0	223
SLI Quintiles							
Q1	3.8	7.3	16.1	9.4	8.6	82.9	194
Q2	13.0	16.7	31.1	14.8	14.9	67.0	201
Q3	23.3	34.2	48.8	35.4	36.0	45.7	187
Q4	52.7	59.9	77.2	61.7	60.2	19.6	188
Q5	74.1	78.3	87.8	79.0	77.7	10.5	199
Total	33.4	39.2	52.1	40.0	39.4	45.3	969

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

TABLE 5.13: INFORMATION ON PREGNANCY COMPLICATIONS DURING ANC VISITS ACCORDING TO CHARACTERISTICS

Percentage of mothers who received information on pregnancy complications by type of information, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Percent of Mother were Informed about				Number of Mothers ¹
	Bleeding	Convulsion	Prolonged Labor	Any One of these	
Age of the mother					
15-19	5.8	1.7	12.1	14.6	63
20-24	10.1	5.9	14.3	17.2	388
25-34	14.6	9.1	19.5	21.9	459
35-49	11.3	5.5	17.4	21.3	59
Place of residence					
Urban non-slum	16.0	10.5	24.9	26.9	345
Urban slum	14.8	8.0	19.0	21.9	234
Urban total	15.5	9.5	22.5	24.9	580
Rural	6.8	3.6	8.4	11.5	390
Caste/tribe					
Scheduled caste/tribe	7.1	5.5	11.2	14.3	247
Other backward caste	10.6	6.2	14.9	16.4	438
Other	18.4	10.0	24.6	28.8	285
Education					
Illiterate	6.0	2.6	7.4	9.5	353
Literate, < 8th grade	9.4	4.9	14.6	16.1	118
8-11th grade	12.8	8.1	20.4	24.5	261
12+ grade	22.2	14.8	29.4	32.0	223
SLI Quintiles					
Q1	3.6	1.4	5.3	6.1	194
Q2	3.8	2.8	7.8	11.0	201
Q3	11.7	8.2	15.6	18.2	187
Q4	17.6	8.9	23.4	26.7	188
Q5	23.5	14.3	32.0	35.6	199
Total	12.0	7.1	16.8	19.5	969

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

TABLE 5.14: PLACE OF DELIVERY ACCORDING TO SELECTED CHARACTERISTICS

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

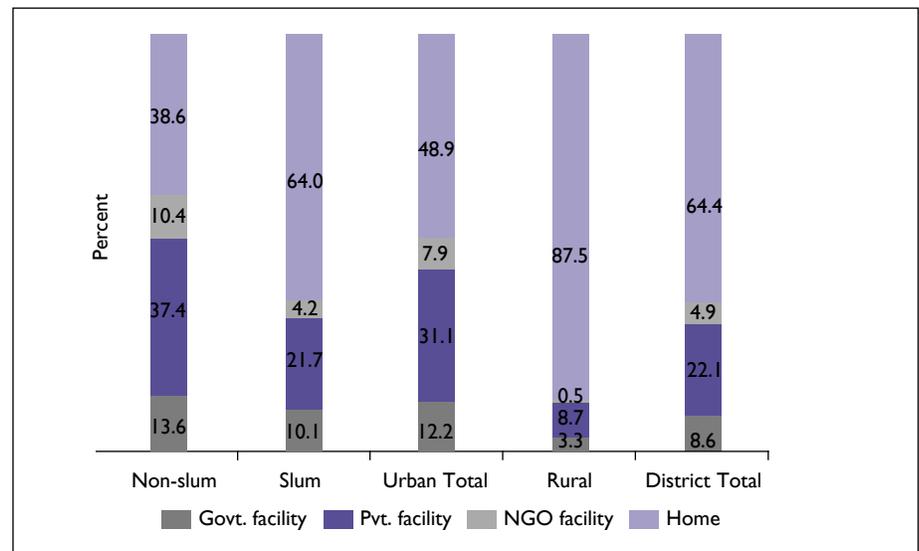
Characteristics	Percent of Mothers who Delivered Her Child					Number of Mothers ¹
	Govt. Health Facility	Pvt. Health Facility	NGO Health Facility	Home	Any Health Facility	
Age of the mother						
15-19	3.2	5.2	2.6	89.0	11.0	63
20-24	8.4	20.1	3.0	68.4	31.6	388
25-34	9.6	26.4	6.9	57.1	42.9	459
35-49	7.2	19.3	4.5	69.0	31.0	59
Parity						
1	14.5	28.7	7.4	49.4	50.6	308
2	8.3	26.8	6.9	58.0	42.0	282
3	5.4	18.5	1.9	74.2	25.8	144
4+	3.2	9.8	1.2	85.9	14.1	234
Place of residence						
Urban non-slum	13.6	37.4	10.4	38.6	61.4	345
Urban slum	10.1	21.7	4.2	64.0	36.0	234
Urban total	12.2	31.1	7.9	48.9	51.1	580
Rural	3.3	8.7	0.5	87.5	12.5	390
Religion						
Hindu	7.7	20.4	5.4	66.5	33.5	771
Muslim	13.2	27.4	2.5	56.9	43.1	183
Caste/Tribe						
Scheduled caste/tribe	3.6	12.7	2.4	81.3	18.7	247
Other backward caste	8.0	20.8	2.3	68.9	31.1	438
Other	13.8	32.1	11.1	43.0	57.0	285
Education						
Illiterate	4.6	6.3	1.3	87.8	12.2	353
Literate, < 8th grade	7.6	13.1	0.3	79.0	21.0	118
8-11th grade	11.0	23.1	3.1	62.8	37.2	261
12+ grade	13.2	50.8	15.3	20.7	79.3	223
SLI Quintiles						
Q1	1.3	3.4	0.2	95.1	4.9	194
Q2	6.4	6.5	0.0	87.2	12.8	201
Q3	10.8	13.7	1.7	73.8	26.2	187
Q4	15.8	30.8	5.9	47.5	52.5	188
Q5	9.0	55.7	16.6	18.7	81.3	199
Total	8.6	22.1	4.9	64.4	35.6	969

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

home deliveries and the remaining 36 percent are performed at any health facility (public/private/NGO). Among the deliveries taking place at the health facility, the majority (76 percent) take place at a private facility including NGOs. Only 24 percent of the deliveries in Kanpur Nagar took place at government facilities.

Deliveries at a health facility has an inverse relationship with the woman's parity. As parity increases the proportion delivering at a health facility declines. There are also differences by place of residence. Mothers from rural areas mostly delivered at home (88 percent), whereas half the mothers in urban areas (51 percent) preferred a health facility. The low rate of institutional deliveries in urban areas is mainly because most of the mothers in urban slums (64 percent) delivered their child at home compared to those living in non-slum areas (36 percent). Higher percentages of Hindu mothers (67 percent) and those belong to SC/ST category (81 percent) delivered their babies at home. As the level of education increases the percentage of mothers delivering at home declines. It declines from a high of 88 percent of home deliveries for illiterate mothers to 21 percent for those who are educated above 12th grade. Similarly, for mothers with the lowest standard of living (first quintile) home deliveries are as high as 95 percent compared to just 19 percent among mothers from the richest quintile. Across all the sub-categories, percentages of deliveries at private facilities are much higher than percentages delivering at government facilities.

FIGURE 5.2: PLACE OF DELIVERY BY PLACE OF RESIDENCE



5.14 ATTENDANCE DURING DELIVERY

Forty two percent of the deliveries are attended by a health professional. This varies from 59 percent in urban areas to 17 percent in the rural areas (Table 5.15). Within the urban areas the proportion ranges from 68 percent for those living in non-slum areas to 44 percent in the slums. Levels of education and standard of living quintiles of mothers are positively associated with the deliveries assisted by health professionals (doctors/ANMs/Nurse).

Utilization of delivery assistance from an untrained Dai is also very high (25%), and especially high among the poorer sections of the society - 36 percent of the mothers from the first quintile use dais. Utilization of delivery assisted by friends/relatives is high at 32 percent, mostly among those in the rural areas and those from the low income and illiterate groups.

5.15 POSTNATAL CARE

Postnatal care visits are low in Kanpur Nagar, with only 15 percent

of the mothers who delivered a child during the past two years being visited by any health worker. The proportion receiving such care is slightly higher for the younger women (aged 15-19), those with one or two children, belonging to rural areas and urban slum areas, Hindus, the "other" caste group, those educated above 12th grade, and those belonging to the highest socio-economic strata (Table 5.16).

5.16 SUMMARY

The RCH program lays emphasis on each pregnant woman receiving at least three antenatal checkups plus two tetanus toxoid injections and a 100 day supply of iron and folic acid supplementation. Eighty six percent of the mothers received some form of antenatal care (ANC) in Kanpur Nagar district. Of them, thirty eight percent had received at least the required number of checkups - 25 percent with four or more checkups and 13 percent with the minimum required three checkups. Another quarter reported less than the required number of visits, 12 percent with two checkups

TABLE 5.15: ATTENDANCE DURING DELIVERY ACCORDING TO SELECTED CHARACTERISTICS

Percentage of mothers by attendance during delivery, according to selected characteristics, Kanpur Nagar, 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	Untrained Dai	Friend/ Relative	None	
Age of the mother									
15-19	19.0	6.5	17.5	1.5	8.1	29.0	56.0	1.6	63
20-24	39.2	28.1	28.2	2.2	13.3	25.2	32.0	0.7	388
25-34	47.7	38.1	35.3	4.1	7.3	22.5	29.9	1.1	459
35-49	37.5	28.8	28.8	5.6	12.9	30.5	24.5	3.8	59
Parity									
1	57.2	45.7	41.2	4.0	9.0	16.7	23.4	0.4	308
2	49.4	37.5	35.9	3.8	9.7	22.7	27.6	0.6	282
3	32.1	22.6	24.5	2.3	11.9	26.4	40.4	1.3	144
4+	18.5	11.3	15.2	2.2	10.9	35.5	43.9	2.6	234
Place of residence									
Urban non-slum	68.4	57.2	50.5	5.5	8.3	14.9	13.0	0.6	345
Urban slum	44.2	31.2	33.5	3.7	9.4	27.4	28.8	1.1	234
Urban total	58.6	46.7	43.6	4.8	8.8	19.9	19.4	0.8	580
Rural	16.8	9.0	11.9	0.9	12.1	31.2	51.0	1.6	390
Religion									
Hindu	39.9	29.7	29.3	2.8	9.2	24.0	36.2	1.1	771
Muslim	48.9	37.3	37.1	4.1	12.2	27.4	17.1	1.5	183
Caste/Tribe									
Scheduled caste/tribe	24.5	15.7	17.5	2.1	13.9	26.0	44.4	1.9	247
Other backward caste	38.7	27.6	28.5	2.8	8.9	27.7	35.1	0.8	438
Other	61.7	51.3	46.2	4.9	8.7	18.0	16.8	1.0	285
Education									
Illiterate	16.4	9.3	13.8	1.3	11.9	34.9	47.5	1.8	353
Literate, < 8th grade	26.6	19.6	22.2	2.3	14.2	31.3	36.7	2.8	118
8-11th grade	44.9	30.8	35.2	3.6	11.7	21.5	32.3	0.5	261
12+ grade	87.4	74.8	58.3	6.6	3.3	5.6	5.9	0.0	223
SLI Quintiles									
Q1	9.0	3.8	7.2	0.0	13.9	36.0	52.4	2.3	194
Q2	18.4	9.5	16.1	1.9	10.5	33.0	50.2	0.8	201
Q3	32.6	20.6	23.7	1.8	13.7	29.4	35.0	1.4	187
Q4	61.1	46.4	49.4	4.7	9.2	19.7	16.5	0.5	188
Q5	87.9	77.0	58.1	7.7	3.6	4.4	6.0	0.7	199
Total	41.8	31.5	30.9	3.2	10.1	24.5	32.1	1.1	969

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

TABLE 5.16: POST-NATAL CARE

Percent distribution of mothers who delivered at home and received postnatal care by number of visits, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Percent Received Postnatal Care	Percent Distribution of Mothers by Number Visits during First 6 Weeks					Total Percent	Number of Mothers Delivered at Home
		None	1	2	3+	DK/ Missing		
Current age of the mother								
15-19	17.8	82.2	10.2	4.0	2.7	0.9	100.0	56
20-24	16.6	83.4	8.3	5.7	1.8	0.8	100.0	266
25-34	13.5	86.5	8.0	3.1	1.5	1.0	100.0	262
35-49	8.0	92.0	4.8	1.7	1.5	0.0	100.0	41
Children Ever Born								
1	18.8	81.2	9.5	5.7	2.7	0.8	100.0	152
2	17.8	82.2	8.4	5.9	2.2	1.3	100.0	164
3	11.0	89.0	7.5	2.5	1.1	0.0	100.0	107
4+	11.6	88.4	7.2	2.6	0.9	0.9	100.0	201
Place of residence								
Urban non-slum	9.8	90.2	4.6	2.7	0.8	1.7	100.0	133
Urban slum	13.4	86.6	9.3	2.6	1.4	0.0	100.0	150
Urban total	11.7	88.3	7.1	2.7	1.1	0.8	100.0	283
Rural	17.5	82.5	9.0	5.5	2.2	0.8	100.0	341
Religion								
Hindu	15.9	84.1	8.3	4.7	2.0	0.9	100.0	513
Muslim	10.6	89.4	7.4	2.1	0.6	0.4	100.0	104
Caste/Tribe								
Scheduled caste/tribe	13.9	86.1	10.1	1.9	1.6	0.3	100.0	201
Other backward caste	14.3	85.7	7.0	5.3	1.1	0.9	100.0	301
Other	17.8	82.2	7.8	5.3	3.3	1.3	100.0	123
Mother's education								
Illiterate	13.1	86.9	7.5	3.1	1.7	0.8	100.0	310
Lit (<8th grade)	13.9	86.1	7.0	4.3	1.9	0.6	100.0	93
Lit (8-11th grade)	16.9	83.1	8.9	5.8	1.7	0.6	100.0	164
Lit (12 + grade)	21.7	78.3	11.3	6.1	1.8	2.5	100.0	46
SLI Quintile								
Q1	15.0	85.0	8.5	4.1	1.7	0.7	100.0	185
Q2	14.8	85.2	9.1	4.6	1.0	0.0	100.0	175
Q3	11.2	88.8	6.3	1.8	2.4	.8	100.0	138
Q4	18.5	81.5	6.5	7.2	2.4	2.4	100.0	89
Q5	19.2	80.8	12.0	4.8	.8	1.6	100.0	37
Total	14.9	85.1	8.1	4.2	1.7	0.8	100.0	625

and 14 percent with one checkup respectively. The rest had no visits, only IFA tablets and TT injections.

Full ANC coverage is very low in the district. Only nineteen percent of the mothers in Kanpur Nagar received full antenatal care i.e., three or more antenatal care visits, adequate IFA tablets/syrup (IFA tablet/syrup to last for 100 or more days and consumed it all) and two TT injections during last pregnancy or one during the last pregnancy and another one during the pregnancy previous to that.

Around 36 percent of women reported having received IFA tablets and TT injections but could not give information about the number of ANC visits. Across the place of residence, nine out of ten women reported that it is important/ necessary to have IFA supplementation, reflecting near universal knowledge levels about IFA supplementation during pregnancy. Among the rural mothers, full antenatal care services is very low (4 percent) compared to those living in urban areas (29 percent). Within the urban areas it ranges from 36 percent in non-slum areas to 18 percent in slums.

In Kanpur Nagar the public and private sectors are almost evenly balanced as a source for providing IFA tablets and syrups. Fifty one percent of the mothers received IFA tablets/syrups from public sector sources, compared to 49 percent from private sector sources (includes NGOs). Those living in rural areas (84 percent) depend heavily on the public sector for

IFA tablets, while of those in urban areas, only 34 percent depend on public sector sources. Within the urban areas, a higher percentage of mothers living in urban non-slum areas (73 percent) than slum areas (53 percent) received IFA tablets/syrups from private sources. Mothers who are illiterate (68 percent) and from the low socio-economic strata (82 percent) received IFA tablets/syrups from the public sector. The private sector as a source for IFA tablets/syrups is high for those in the highest quintile (80 percent) and with education of 12+ grade (76 percent).

Almost all (98 percent) the respondents agreed that it is necessary to have a TT injection, with hardly any variation in knowledge levels across the sub-categories. Eighty three percent of the mothers received at least one TT injection and 75 percent reported receiving two or more TT injections during the last pregnancy. Seventy nine percent of the mothers said they received adequate TT injections, i.e. received 2 or more TT injections during last pregnancy or one during the last pregnancy and another during the pregnancy previous to that. Those receiving adequate TT injections increases with the increase in the women's educational levels and the standard of living quintiles. Despite the improving coverage of TT, the low coverage levels among those socially disadvantaged calls for focused programmatic attention/ interventions.

In Kanpur Nagar 64 percent of the deliveries are home deliveries

and the remaining 36 percent are performed at any health facility (public/private/NGO). Among the deliveries taking place at a health facility, the majority (76 percent) take place at a private facility including NGOs. Only 24 percent of the deliveries in Kanpur Nagar took place at government facilities.

Mothers from rural areas mostly delivered at home (88 percent). In the urban areas, however, health facilities were more prominent, as half the mothers (51 percent) delivered at such a facility. In the urban areas institutional deliveries were much more common in the non-slum areas. While the majority of mothers in the urban slums (64 percent) delivered their child at home, only 36 percent of the non-slum mothers did so.

Forty two percent of deliveries in Kanpur Nagar are attended by a health professional, ranging from 59 percent in urban areas to 17 percent in the rural areas. Within the urban areas the proportion ranges from 68 percent for those living in non-slum areas to 44 percent in slums. Postnatal care visits are low in the district, with only 15 percent of the mothers who delivered a child during the past two years visited by a health worker.

This emphasizes the need for better communication campaigns educating mothers on the benefits/ importance of institutional delivery and of professional medical care during pregnancy and delivery for the better health of mother and child.

QUALITY OF CARE

The Kanpur Nagar Baseline survey included several questions on the quality of care of health and family welfare services provided by the public and private sectors to currently married women. This chapter examines different aspects of home visits by health workers, visits by eligible women to health facilities, the type of services sought by source of health facilities and discussion on family planning methods with the health worker.

6.1 HEALTH WORKER VISITS/VISITS TO HEALTH FACILITY/CAMPS

The percentage distribution of currently married women who were visited by a health worker and who have visited a health facility or a health camp during the three months preceding the survey is presented in Table 6.1. While 46 percent of the eligible women were visited by a health worker at home, 37 percent reported that they visited a health facility/camp during the three months prior to this survey (Table 6.1).

Home visits by health workers are less in urban areas (42 percent) compared to rural areas (55 percent). Visits to health facilities/camps, on the other hand, are

higher in urban areas (41 percent) than in rural areas (29 percent). Within the urban areas, both home visits by health worker and facility visit by women are higher in urban slum areas in comparison with non-slum areas. Health worker visits are concentrated in the lower socio-economic strata, falling from 62 percent in Q1 to 37 percent in Q5. The percentage of currently married women who have visited a health facility or camp increases steadily from the low in Q1 to a high in Q4, and thereafter drops off a little. Close to all (94 percent) of the currently married women who gave birth during the two years preceding the survey reported a health worker visit in the three months preceding the survey and about half said they have visited a health facility or camps for the checkups.

6.2 AFFILIATION OF HEALTH WORKERS AND SERVICES RECEIVED/ SOUGHT

Ninety seven percent of the women reporting a health worker visit said that the workers were from the government sector, and the remaining 3 percent were visited by private sector health workers. There are hardly any

visits by NGO sector providers in Kanpur Nagar. There are almost no differences across age, residence, religion, caste/tribe, and by standard of living as regards government health worker home visits (Table 6.2).

Table 6.2 also presents information on the types of services received during the home visits cross-classified by age, place of residence, religion, caste, and SLI quintile. Practically all the women (94 percent) said that the visit by a health worker at home mainly related to received polio immunization services.

Table 6.3, presents 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. While it was seen earlier that most of the home visits are made by government sector health workers, the most visited health facilities are in the private sector health – visited by 77 percent, followed a long way behind by government sector facilities/camps (19 percent). Younger women, below the age of 20 are a little more likely to visit government facilities, 30 percent, as against around 20 percent of women over

TABLE 6.1: HEALTH WORKER VISIT AND VISIT TO ANY HEALTH FACILITY OR CAMP

Percentage 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, Kanpur Nagar, 2006

Characteristics	Percent of Currently Married women		Number of Women
	By any Health Worker at Home	Any Health Facility or Camp	
Age (in years)			
15-19	42.0	28.5	212
20-24	65.2	42.8	874
25-34	63.0	42.3	1746
35-49	23.1	30.2	1974
Place of residence			
Urban non-slum	37.2	39.2	2178
Urban slum	51.2	43.4	1031
Urban Total	41.7	40.5	3209
Rural	55.0	29.3	1597
Religion			
Hindu	45.4	34.7	3917
Muslim	49.2	45.6	796
Other	50.0	49.3	93
Caste/Tribe			
Scheduled caste/tribe	50.9	37.6	1008
Other backward caste	48.8	35.9	2085
Other	40.1	37.4	1713
SLI quintiles			
Q1	62.1	29.0	816
Q2	49.6	36.1	1035
Q3	45.1	39.7	934
Q4	40.2	41.4	915
Q5	36.8	37.0	1106
Birth during past two years			
Yes	94.2	49.3	969
No	34.0	33.6	3836
Total	46.1	36.8	4806

Note: Based on all eligible women.

20. Over one in four of the rural women (28 percent) are likely to use government facilities compared to one in seven urban women. In the urban areas the slum women are a slightly more prone to visiting government facilities than non-slum women (17 percent vs. 15 percent). Expectedly, government facility

utilization is higher among the poorer women (SLI quintiles one and two).

Only a very small proportion of women visiting a health facility during the three months preceding the survey sought ANC/PNC (9 percent), immunization (5 percent) or family planning (1 percent)

services. The large majority of the women sought other services including disease prevention and medical treatment for self, child and other persons. Of those who sought ANC/PNC services, there was an inverse relationship between age and services sought. As expected, older people are less likely to seek these services.

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

Percentage 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, Kanpur Nagar, 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
	Govt. Sector	Private Sector	NGO Sector	Other	Family Planning	ANC/PNC	Child Immunization	Polio Immunization	Other ^{2*}	
Age (in years)										
15-19	96.5	3.5	0.0	0.0	0.7	0.0	1.6	94.1	2.6	89
20-24	96.7	2.9	0.1	0.3	0.2	0.6	1.0	94.2	3.7	570
25-34	97.4	2.5	0.1	0.0	1.7	0.3	0.9	96.7	3.2	1101
35-49	95.9	4.1	0.0	0.0	1.7	0.0	0.7	87.0	10.1	457
Place of residence										
Urban non-slum	97.0	3.0	0.0	0.0	0.2	0.0	0.1	93.6	5.7	809
Urban slum	94.1	5.6	0.2	0.1	1.9	0.0	0.6	95.1	3.3	528
Urban total	95.9	4.0	0.1	0.0	0.9	0.0	0.3	94.2	4.7	1337
Rural	98.4	1.3	0.1	0.2	2.0	0.8	2.0	93.6	4.6	879
Religion										
Hindu	97.1	2.7	0.1	0.1	1.6	0.4	1.1	93.8	4.3	1778
Muslim	95.6	4.3	0.1	0.0	0.1	0.1	0.2	94.2	5.7	392
Other	98.9	1.1	0.0	0.0	0.8	0.0	0.0	98.3	9.3	46
Caste/Tribe										
Scheduled caste/tribe	98.4	1.5	0.1	0.1	1.2	0.5	1.0	96.1	2.8	513
Other backward caste	96.8	3.0	0.0	0.1	1.3	0.4	1.2	93.5	4.8	1017
Other	95.8	4.1	0.1	0.0	1.3	0.1	0.6	93.1	5.9	686
Birth during past two years										
Yes	96.9	2.7	0.2	0.2	0.7	0.3	1.4	97.2	1.9	913
No	96.8	3.2	0.0	0.0	1.7	0.3	0.7	91.7	6.6	1303
SLI Quintiles										
Q1	98.4	1.2	0.0	0.4	2.2	0.5	1.0	94.7	3.4	375
Q2	97.3	2.5	0.2	0.0	0.4	0.3	1.3	95.4	4.2	413
Q3	96.3	3.5	0.2	0.0	1.8	0.7	1.4	92.1	5.9	465
Q4	97.0	2.9	0.0	0.1	1.6	0.0	0.2	91.6	5.7	469
Q5	95.7	4.3	0.0	0.0	0.6	0.2	0.9	96.2	4.0	494
Total	96.9	3.0	0.1	0.1	1.3	0.3	0.9	94.0	4.7	2216

¹ Total percent may add to more than 100.0 because of multiple responses. ^{2*}Other includes disease prevention, medical treatment for self, sick child and other person

6.3 DISCUSSION ON FAMILY PLANNING WITH HEALTH WORKER

Table 6.4 presents percent distribution of currently married women discussing family planning methods during their contact with health workers.

Only thirty percent of the currently married women in Kanpur Nagar discussed any modern methods of contraception. Twenty four percent of the women discussed about spacing methods while 17 percent discussed permanent methods of contraception. The majority (70 percent) of women held no

discussions with the health workers on any family planning methods.

The percentage of those women not discussing family planning methods is even higher for those belonging to younger age groups, those residing in rural areas or urban slums, who are Muslim, belong to the “other”

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

Percentage 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, Kanpur Nagar, 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	29.6	67.9	1.8	0.7	1.1	23.4	5.9	0.0	72.9	60
20-24	19.8	77.3	2.7	0.2	0.9	19.3	10.5	2.5	76.6	375
25-34	16.8	77.3	4.5	1.4	1.4	9.9	5.9	1.0	87.4	738
35-49	19.0	76.6	4.2	0.2	0.8	0.9	0.8	0.1	98.4	595
Place of residence										
Urban non-slum	14.5	78.6	6.8	0.0	0.6	11.0	5.5	1.1	87.2	854
Urban slum	17.1	79.4	2.1	1.3	1.6	7.6	5.1	1.0	89.1	447
Urban total	15.4	78.9	5.2	0.5	1.0	9.8	5.4	1.1	87.8	1301
Rural	27.5	70.8	0.3	1.4	1.2	8.0	4.5	0.8	89.7	467
Religion										
Hindu	19.5	75.9	3.8	0.9	1.1	9.8	4.8	0.7	88.5	1360
Muslim	16.8	80.0	2.8	0.4	0.9	8.6	6.7	2.1	86.9	363
Other	8.0	74.9	17.1	0.0	0.0	1.4	2.7	0.0	95.9	46
Caste/Tribe										
Scheduled caste/tribe	21.8	76.9	0.3	1.0	0.5	9.5	5.5	2.4	87.1	379
Other backward caste	20.3	76.0	3.0	0.7	1.3	9.7	4.5	0.6	89.3	749
Other	14.8	77.4	7.1	0.6	1.0	8.8	5.7	0.7	87.9	640
Birth during past two years										
Yes	18.8	79.1	1.5	0.7	1.4	9.4	17.6	3.2	79.3	478
No	18.6	75.9	4.8	0.7	0.9	9.3	0.6	0.2	91.7	1291
SLI Quintiles										
Q1	21.6	76.7	0.0	1.7	1.1	5.6	3.2	0.8	92.2	174
Q2	25.0	73.5	0.4	1.1	0.2	7.8	3.6	0.7	91.9	249
Q3	22.5	74.4	2.5	0.5	1.8	8.5	3.4	0.6	89.3	390
Q4	20.0	72.5	6.7	0.8	1.2	8.8	6.2	0.8	88.4	457
Q5	10.0	84.0	5.6	0.4	0.7	12.5	7.1	1.8	84.4	498
Total	18.6	76.7	3.9	0.7	1.0	9.3	5.2	1.0	88.3	17689

¹ Total percent may add to more than 100.0 because of multiple responses. *Other includes disease prevention, medical treatment for self, sick child and other person

backward caste or SC/ST category, have given birth in the last two years preceding the survey and belong to the low standard of living strata.

6.4 ISSUES DISCUSSED ABOUT MODERN SPACING METHODS

Table 6.5 presents percent distribution of currently married women, who discussed advantages

and disadvantages of three modern spacing contraceptive methods, during their contact with health workers.

In the case of oral pills, a majority of the women discussed the advantages of the method (72 percent) compared to small percentage (7 percent) who enquired about the disadvantages. Only 21 percent

mentioned that they discussed both advantages and disadvantages of using oral pills.

Discussion of condoms again largely focused on the advantages of the method. Seventy nine percent focused their discussion on its advantages, 4 percent focused only on disadvantages while 16 percent discussed both. In the case of IUCD,

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

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

Characteristics	Percent of Currently Married Women Discussed Family Planning Method to Avoid or Delay Pregnancy											Number of Eligible Women
	Pills	Con-dom	IUD/ Loop	Male Sterili-zation	Female Sterili-zation	Tradi-tional	Other	Any Modern Spacing Method	Any Modern Method	Sterili-zation	None	
Age (in years)												
15-19	4.3	4.6	2.0	0.2	2.5	0.2	0.0	6.5	6.5	2.5	93.3	212
20-24	12.7	12.7	6.5	0.8	6.2	0.6	0.4	17.6	18.7	6.2	80.9	874
25-34	17.9	17.4	11.4	1.7	16.0	0.9	0.8	26.8	32.4	16.2	67.2	1746
35-49	18.6	19.0	13.1	1.3	23.3	0.7	0.1	26.2	35.7	23.4	64.3	1974
Place of residence												
Urban non-slum	17.1	17.3	12.2	1.0	16.3	0.5	0.6	26.3	31.9	16.3	67.8	2178
Urban slum	15.8	14.7	9.4	1.0	16.6	1.3	0.2	22.2	30.2	16.8	69.4	1031
Urban total	16.7	16.5	11.3	1.0	16.4	0.8	0.5	25.0	31.4	16.5	68.3	3209
Rural	16.5	17.0	9.8	1.9	17.0	0.7	0.2	21.9	27.7	17.2	72.2	1597
Religion												
Hindu	17.5	17.7	11.5	1.4	17.8	0.8	0.4	25.0	31.4	17.9	68.3	3917
Muslim	11.8	10.7	5.7	0.3	10.3	0.4	0.2	17.4	22.0	10.3	77.9	796
Other	19.7	23.6	22.3	4.2	20.2	0.0	0.0	35.9	46.1	20.2	53.9	93
Caste/Tribe												
Scheduled caste/tribe	16.2	16.3	8.6	1.1	18.6	0.4	0.3	22.6	29.8	18.6	70.1	1008
Other backward caste	16.6	15.6	10.4	1.6	16.0	0.7	0.4	23.3	28.6	16.3	70.9	2085
Other	16.9	18.1	12.6	1.2	16.1	0.9	0.4	25.5	32.2	16.2	67.7	1713
Birth during past two years												
Yes	17.2	16.7	8.8	0.8	10.8	0.5	0.8	23.6	26.3	10.9	73.4	969
No	16.5	16.6	11.3	1.4	18.1	0.8	0.3	24.0	31.1	18.2	68.6	3836
SLI Quintiles												
Q1	14.3	14.9	6.9	2.0	15.6	0.5	0.2	18.4	24.2	16.2	75.7	816
Q2	13.3	14.2	8.1	1.6	16.8	0.3	0.2	18.4	26.1	16.9	73.9	1035
Q3	16.5	15.3	10.5	1.1	16.8	1.3	0.2	22.6	29.6	16.9	70.2	934
Q4	15.9	15.1	10.8	0.6	15.2	0.9	0.3	24.0	29.5	15.2	70.4	915
Q5	20.1	21.0	14.2	1.6	17.9	0.9	0.8	30.5	35.9	18.0	63.5	1106
Total	16.6	16.6	10.8	1.3	16.6	0.7	0.4	24.0	30.1	16.7	69.6	4806

61 percent of women discussed advantages, 9 percent discussed disadvantages while 30 percent focused on both advantages and disadvantages.

From the viewpoint of the family planning program, it is unfortunate that only the advantages of different spacing methods seem to be discussed. In order to gain

a proper understanding of the methods, both the advantages and disadvantages need to be known. The fact that this is not happening points to a deficiency in the family planning services being offered.

6.5 SUMMARY

While 46 percent of the eligible women in Kanpur Nagar were visited by a health worker at

home, 37 percent reported that they visited a health facility/camp during the three months prior to this survey. House visits by health workers are made mainly to the women in the prime reproductive age groups.

Home visits by health workers are less in urban areas (42 percent) compared to rural areas (55

TABLE 6.5: ISSUES DISCUSSED ABOUT MODERN SPACING METHODS

Percent distribution of currently married women who discussed family planning methods related to method use, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Percent Distribution of Currently Married Women who Discussed Specific Family Planning Methods during Contacts with the Health Worker by Advantage, Disadvantage											
	Oral pills				Condoms				IUCD/Loop/Copper-T			
	Advan- tages	Dis- advan- tages	Both	None	Advan- tages	Dis- advan- tages	Both	None	Advan- tages	Dis- advan- tages	Both	None
Age (in years)												
15-19	74.4	3.9	21.7	0.0	89.0	0.0	11.0	0.0	30.3	0.0	61.1	8.5
20-24	75.2	7.0	17.6	0.3	83.1	7.6	8.8	0.5	62.9	22.1	13.5	1.5
25-34	76.3	5.6	17.6	0.5	82.0	3.4	14.2	0.4	57.4	9.0	32.7	0.9
35-49	66.7	8.9	24.3	0.0	75.9	2.7	20.1	1.4	63.1	6.7	30.1	0.2
Place of residence												
Urban non-slum	68.9	6.2	24.8	0.2	79.3	1.9	17.4	1.5	60.6	10.1	29.4	0.0
Urban slum	66.4	11.0	22.6	0.0	71.9	7.0	20.9	0.2	55.5	12.1	32.0	0.4
Urban total	68.1	7.6	24.1	0.1	77.2	3.4	18.4	1.1	59.2	10.6	30.1	0.1
Rural	79.2	6.5	13.9	0.4	83.7	4.1	11.9	0.4	63.7	6.1	28.2	2.0
Religion												
Hindu	72.7	8.3	18.9	0.1	80.4	3.6	15.0	0.9	61.7	10.0	27.6	0.7
Muslim	61.4	1.4	36.4	0.8	71.6	4.3	23.7	0.4	55.6	5.3	38.3	0.8
Other	88.9	0.0	11.1	0.0	76.3	0.0	23.7	0.0	47.0	0.0	53.0	0.0
Caste/Tribe												
Scheduled caste/tribe	79.2	5.3	15.4	0.2	82.5	4.6	12.5	0.5	59.3	4.0	35.7	0.9
Other backward caste	71.0	5.6	23.0	0.3	76.1	4.7	19.0	0.2	58.3	11.2	29.5	1.0
Other	68.4	10.4	21.1	0.1	81.2	2.0	15.1	1.7	63.4	9.3	27.1	0.3
Birth during past two years												
Yes	73.7	5.6	20.1	0.6	81.1	2.4	15.6	0.8	62.4	8.4	28.1	1.1
No	71.2	7.7	20.9	0.1	78.9	3.9	16.3	0.9	60.2	9.4	29.8	0.6
SLI Quintiles												
Q1	79.0	10.6	10.0	0.3	84.9	6.2	8.0	0.9	68.7	8.8	16.8	5.7
Q2	83.4	5.4	10.9	0.3	84.6	5.5	9.7	0.3	64.7	4.2	29.7	1.3
Q3	66.0	6.2	27.0	0.7	81.5	1.9	16.6	0.0	61.0	8.7	29.9	0.3
Q4	71.8	7.8	20.4	0.0	73.5	5.6	20.9	0.0	63.4	8.8	27.9	0.0
Q5	68.5	7.3	24.3	0.0	77.8	1.9	18.3	2.0	55.6	11.6	32.8	0.0
Total	71.7	7.3	20.8	0.2	79.4	3.6	16.2	0.9	60.6	9.2	29.5	0.7

percent). Visits to health facility/ camp, on the other hand, are higher in urban areas (41 percent) than in rural areas (29 percent). Within the urban areas, both home visits by health workers and facility visits by women are higher in urban slum areas in comparison with non-slum areas.

Ninety seven percent of the currently married women who

reported health worker visits said that most of these workers were from the government sector.

The majority (94 percent) of the women said that they received polio immunization services during the visits by the health worker. While most of the home visits by health workers are made by government sector workers, the most visited health facilities are those in the private sector (77 percent), followed

far behind by government sector facilities/camps (19 percent).

During contact with the health workers, less than a third (30 percent) of the currently married women in Kanpur Nagar discussed any modern methods of contraception. Twenty four percent of the women discussed spacing methods of contraception while 17 percent discussed permanent

methods of contraception. The majority (70 percent) of women had no discussions with the health workers on any family planning methods.

During their contact with the health workers the majority of women concentrated on the advantages of particular spacing methods. In the

case of oral pills, the majority of the women discussed the advantages of the method (72 percent) as compared to the small number (7 percent) who discussed the disadvantages. Only 21 percent mentioned that they discussed both advantages and disadvantages of using oral pills. Discussion of condoms were again largely about

the advantages of the method (79 percent) while only 4 percent focused on the disadvantages and 16 percent discussed both the advantages and disadvantages. In the case of IUCD, 61 percent of women discussed advantages, 9 percent discussed disadvantages while 30 percent focused on both advantages and disadvantages.

EXPOSURE TO MASS MEDIA ON FAMILY PLANNING/REPRODUCTIVE HEALTH

Exposure to any type of messages is linked to the literacy level of the population being addressed. According to Census of India 2001, 74 percent of the population aged seven and above in Kanpur Nagar is literate, but in the case of females this is 68 percent. In this chapter we will examine the exposure of eligible women (currently married women aged 15-49 years) to messages on healthy practices. The media, represented by types of communication such as electronic media, print media, street plays/dramas and interpersonal communication, has a role to play in changing behavior of people by providing information on different aspects of life which includes better health.

7.1 EXPOSURE TO MASS MEDIA

Table 7.1 provides information on the exposure of eligible women to various types of mass media such as radio, television, newspaper and cinema. Fifty five percent of the eligible women are exposed to some kind of media, either listening to radio/watching television/reading newspaper once a week, or going to cinema at least once a year. The remaining 45 percent have no exposure at all to any such media.

Only 11 percent of the eligible women listen to the radio at least once a week, but the number increases significantly to 49 percent in case of those watching television once a week. Eighteen percent of the women read a newspaper at least once a week and about 11 percent of the women go to the cinema at least once in a year. Exposure to any of the media listed above is low in rural areas (25 percent) compared to urban areas (70 percent). Within the urban areas the exposure is higher in non-slum areas (76 percent), compared to slum areas (58 percent). There is little variation by place of residence among those who listen to radio at least once a week. However, striking differences are observed among those who watch TV at least once a week. Of those living in rural areas only 14 percent watch TV at least once a week, while in urban areas 66 percent watch TV once a week. Higher percentages in non-slum areas (72 percent) compared to slum areas (52 percent) watch TV at least once a week. Rural-urban differences are also noticed with regard to the other branches of the media such as newspapers and cinema.

Those belonging to the “other” religion and caste categories have the highest exposure to any kind of media. The level of exposure to media increases with the increase in educational levels, with 30 percent of illiterate women claiming exposure to any type of media as against 88 percent of those with an education of 12+ grade. Even in the case of TV, which does not have literacy as a pre-requisite, the percentage of watchers ranges from 22 percent for those who are illiterate to 82 percent for those who have 12+ grade.

Similarly, the level of exposure to any media ranges from a low of 10 percent for those in Q1 to 88 percent for those in Q5. In the case of at least once weekly TV viewing the differences are substantial. Only 4 percent of those in the lowest economic strata (Q 1) watch TV at least once a week compared to 84 percent of the women in the fifth quintile. Not surprisingly, those belonging to the highest economic strata are considerably more likely to read a newspaper at least once a week or go to the cinema at least once a year. However, listening to the radio at least once a week does not vary much by the different standard of living strata.

TABLE 7.1: EXPOSURE TO MEDIA BY SELECTED CHARACTERISTICS

Percentage of eligible women who are exposed to media by type of media, according to selected characteristics, Kanpur Nagar, 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	14.4	27.0	3.4	5.5	37.2	62.8	212
20-24	12.7	46.1	14.8	12.4	53.9	46.1	874
25-34	10.5	52.2	17.9	13.5	58.3	41.7	1,746
35-49	11.4	48.9	21.2	7.5	55.0	45.0	1,974
Place of residence							
Urban non-slum	11.9	72.4	31.1	18.7	75.9	24.1	2,178
Urban slum	7.0	52.1	12.0	6.7	57.9	42.1	1,031
Urban total	10.3	65.8	25.0	14.8	70.1	29.9	3,209
Rural	13.8	14.0	4.2	1.8	25.2	74.8	1,597
Religion							
Hindu	12.3	47.5	18.8	10.7	54.7	45.3	3,917
Muslim	7.2	52.1	10.1	6.3	56.0	44.0	796
Other	10.4	66.3	52.7	39.3	69.8	30.2	93
Caste/Tribe							
Scheduled caste/tribe	9.3	36.4	8.4	3.3	41.8	58.2	1,008
Other backward caste	10.1	41.6	12.3	6.7	48.3	51.7	2,085
Other	14.3	64.4	30.8	19.4	71.5	28.5	1,713
Education							
Illiterate	5.8	22.3	0.9	0.7	26.9	73.1	1,581
Literate <8th grade	8.6	38.0	5.5	1.9	43.3	56.7	676
8-11th grade	16.0	55.8	15.6	8.5	65.3	34.7	1,256
12 + grade	15.2	81.6	50.5	30.6	88.0	12.0	1,221
Other (non formal)	17.1	44.4	6.7	0.9	57.3	42.7	73
SLI Quintiles							
Q1	5.6	3.8	0.7	0.5	9.8	90.2	569
Q2	10.0	13.0	1.6	0.8	21.5	78.5	805
Q3	11.8	36.7	5.7	3.3	46.6	53.4	997
Q4	11.1	65.1	14.7	8.9	70.6	29.4	1,077
Q5	14.7	84.2	46.8	27.1	88.3	11.7	1,358
Total	11.4	48.6	18.1	10.5	55.2	44.8	4,806

Note: Based on all persons.

TABLE 7.2: LISTENING TO RADIO ACCORDING TO NUMBER OF DAYS AND HOURS LISTENED

Percent distribution of eligible women by number of days listened during a week and number of hours listened in a day, according to selected characteristics, Kanpur Nagar, 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	< 1 Hour	1-2 Hours	2+ Hours		
Age (in years)											
15-19	56.1	29.5	0.4	1.2	12.8	56.1	11.2	28.9	3.8	100.0	212
20-24	53.8	33.5	1.6	1.6	9.6	53.7	16.5	25.3	4.4	100.0	874
25-34	55.2	34.3	1.7	0.7	8.1	55.2	17.8	24.2	2.8	100.0	1,746
35-49	56.6	32.0	0.9	0.6	9.8	56.6	17.9	23.3	2.1	100.0	1,974
Place of residence											
Urban non-slum	53.7	34.4	1.2	0.9	9.7	53.7	18.2	25.3	2.8	100.0	2,178
Urban slum	63.1	29.9	0.9	0.2	5.9	63.1	15.7	19.6	1.5	100.0	1,031
Urban total	56.7	33.0	1.1	0.7	8.5	56.7	17.4	23.5	2.4	100.0	3,209
Rural	53.2	33.0	1.7	1.2	10.9	53.3	17.3	25.8	3.7	100.0	1,597
Caste/Tribe											
Scheduled caste/tribe	60.7	29.9	1.6	0.4	7.3	60.7	16.3	20.6	2.4	100.0	1,008
Other backward caste	58.9	31.0	1.1	0.9	8.1	58.8	15.5	23.4	2.2	100.0	2,085
Other	48.5	37.1	1.4	1.0	11.9	48.5	20.1	27.5	3.8	100.0	1,713
Education											
Illiterate	64.3	30.0	0.9	0.3	4.5	64.3	16.6	17.5	1.7	100.0	1,581
Literate <8th grade	61.3	30.1	1.5	1.1	6.0	61.1	15.9	20.8	2.1	100.0	676
8-11th grade	50.8	33.2	2.1	1.4	12.6	50.8	18.9	26.4	3.9	100.0	1,256
12 + grade	46.6	38.2	0.7	0.9	13.6	46.6	17.7	32.3	3.5	100.0	1,221
Other (non formal)	47.8	35.1	4.9	0.0	12.2	47.8	14.7	31.5	6.0	100.0	73
SLI quintiles											
Q1	68.3	26.1	1.2	0.2	4.2	68.2	15.5	14.2	2.1	100.0	569
Q2	60.0	30.1	2.8	0.7	6.4	59.9	16.6	20.8	2.8	100.0	805
Q3	57.7	30.4	1.1	1.1	9.7	57.7	17.7	21.4	3.1	100.0	997
Q4	56.7	32.2	0.8	0.8	9.5	56.7	15.4	25.6	2.2	100.0	1,077
Q5	45.2	40.1	1.0	1.0	12.6	45.2	19.8	31.6	3.4	100.0	1,358
Total	55.6	33.0	1.3	0.8	9.3	55.6	17.3	24.3	2.8	100.0	4,806

7.2 TYPE OF MEDIA COVERAGE

7.2.1 Listening to radio by the number of days and hours listened

Women were asked about the average number of days in a week and the average number of hours in a day that they listen to radio.

More than half (56 percent) do not listen to radio at all. Of those who listen to radio at least once a week, the largest number (33 percent) are irregular listeners and only 9 percent listen every day (Table 7.2). There is not much variation by place of residence and other background characteristics in the patterns of radio listening. However, as the

levels of literacy and the standard of living improve the chances of listening to the radio increase marginally.

Among those who listen to radio, 24 percent said that they listen on an average for 1-2 hours a day, followed by 17 percent who say they listen for less than an hour a

day. Just 3 percent listen for more than 2 hours a day. Among those listening to radio for 1-2 hours a day, the proportion increases from 14 percent in the first quintile to 32 percent in the fifth quintile. Similarly, 18 percent of illiterate women listen to radio on an average 1-2 hours a day; compared to 32 percent of those with 12+ grade education.

7.2.2 Watching television by the number of days and hours watched

Women who are exposed to television were asked about the average number of days in a week they watch TV and also the average number of hours in a day and the results are presented in Table 7.3.

About three-quarters of the women watch at least once a week. Forty four percent claimed to watch every day, while a quarter (24 percent) said that they watched irregularly. Women in the urban areas watch television much more frequently, with 60 percent claiming to watch every day compared to only 11 percent of the rural women. Educated and economically advantaged women are much more frequent television viewers than their illiterate and economically deprived counterparts. Almost four times as many women educated beyond 12th grade (77 percent) watch television compared to illiterate women (20 percent). The contrast is even greater in economic terms as 80 percent of women in the fifth quintile watch every day, whereas barely any (3 percent) in the first quintile do so (Table 7.3).

Close to half of all women (47 percent) watch television for 1-2 hours a day. This number, as would be expected, is higher in the urban areas, and goes up with increasing levels of education and economic well being. This shows that it is easier to access a relatively better educated and economically advantaged audience by means of the media.

7.3 EXPOSURE TO FAMILY PLANNING/REPRODUCTIVE HEALTH MESSAGES

Information on exposure to family planning or reproductive health messages on different media during the three months preceding the survey is shown in Table 7.4. The overall exposure level of women in Kanpur Nagar is quite high as about 8 out of 10 women reported having heard, seen, or read some family planning or reproductive health messages in the last three month period.

Fifty one percent of the women have heard messages on the radio and 72 percent have seen visuals on TV related to family planning or reproductive health. Other important sources/places are wall paintings or hoardings (40 percent), posters or banners (39 percent), newspapers/magazines (32 percent) and on bus or van (28 percent). Another 14 percent have seen it in a leaflet or handbill, 7 percent in cinema halls, 6 percent in a drama or street play, 4 percent via an outdoor video or film show and just one percent got exposure from folk dances, nutanki etc. For all these modes of communication, the proportion of women exposed

differs by place of residence, radio being relatively more important in rural areas versus TV in the urban areas. The majority in rural areas (55 percent) were exposed to messages on radio, while in urban areas radio exposure is somewhat less at 49 percent. Exposure to FP and RH messages is higher on TV in urban areas (86 percent), compared to rural areas (45 percent). In urban slums 80 percent of the currently married women were exposed to FP messages on TV compared to 89 percent from non-slum areas.

Exposure to FP and RH messages increases with increasing education. While two thirds (66 percent) of the illiterate women were exposed to such messages from any source, practically all (98 percent) of women educated beyond 12th grade were exposed to them. Thirty eight percent of the illiterate women were exposed to two or more sources compared to 91 percent of educated women (12+ grades). Again exposure to FP or RH messages on TV increases with the increases in educational levels and ranges from 53 percent for those who are illiterate to 93 percent for those educated above 12th grade.

Similarly, the differences in the level of exposure among different standard of living index groups are also substantial. For example, only 41 percent of the women from the first quintile are exposed to radio messages compared with 60 percent from the fifth quintile. The difference in the case of exposure to television messages is even higher, ranging from 32 percent in the first quintile to 95 percent in the fifth quintile.

TABLE 7.3: WATCHING TELEVISION ACCORDING TO NUMBER OF DAYS AND HOURS WATCHED

Percent distribution of eligible women by number of days watched during a week and number of hours watched in a day, according to selected characteristics, Kanpur Nagar, 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	<1 Hour	1-2 Hours	2+ hours		
Age (in years)											
15-19	44.3	28.7	0.4	1.6	25.0	44.3	6.8	37.5	11.4	100.0	212
20-24	26.9	26.9	1.8	3.7	40.6	26.9	7.7	44.1	21.3	100.0	874
25-34	23.6	24.2	2.0	3.4	46.8	23.6	8.0	50.8	17.6	100.0	1,746
35-49	28.3	22.8	1.3	3.1	44.5	28.2	10.5	46.2	15.1	100.0	1,974
Place of residence											
Urban non-slum	8.5	19.1	1.9	3.7	66.8	8.5	6.6	58.6	26.3	100.0	2,178
Urban slum	16.1	31.8	0.8	5.0	46.3	16.1	11.3	55.6	17.0	100.0	1,031
Urban total	10.9	23.2	1.5	4.1	60.2	10.9	8.1	57.6	23.3	100.0	3,209
Rural	59.5	26.5	1.8	1.5	10.7	59.4	10.5	25.9	4.2	100.0	1,597
Caste/Tribe											
Scheduled caste/tribe	39.5	24.0	2.2	2.3	32.0	39.4	9.8	39.0	11.8	100.0	1,008
Other backward caste	31.9	26.5	0.9	3.7	37.0	31.9	9.9	43.7	14.5	100.0	2,085
Other	13.7	21.8	2.2	3.4	58.9	13.8	7.2	56.0	23.1	100.0	1,713
Education											
Illiterate	49.5	28.2	0.9	1.8	19.6	49.4	10.4	33.2	7.0	100.0	1,581
Literate <8th grade	31.0	31.1	2.5	4.2	31.3	31.0	13.1	44.3	11.6	100.0	676
8-11th grade	18.6	25.6	2.0	5.1	48.7	18.7	8.4	54.6	18.3	100.0	1,256
12 + grade	4.9	13.5	1.8	2.7	77.1	4.9	4.5	59.0	31.6	100.0	1,221
Other (non formal)	19.2	36.4	1.6	4.0	38.8	19.2	20.7	45.3	14.7	100.0	73
SLI quintiles											
Q1	75.7	20.5	0.5	0.5	2.9	75.7	9.4	13.2	1.6	100.0	569
Q2	60.6	26.5	0.6	2.1	10.2	60.4	11.1	23.8	4.7	100.0	805
Q3	25.8	37.5	2.0	3.5	31.2	25.8	13.8	46.6	13.8	100.0	997
Q4	7.5	27.4	3.2	5.4	56.4	7.5	7.9	62.5	22.1	100.0	1,077
Q5	3.2	12.6	1.2	3.2	79.8	3.2	4.6	63.2	29.0	100.0	1,358
Total	27.0	24.3	1.6	3.3	43.7	27.0	8.9	47.1	17.0	100.0	4,806

About eight out of ten women (83 percent) are exposed to messages on family planning or reproductive health from at least one source, and six out of ten (65 percent) received messages from more than one source. There are noticeable differences found among women by their age, residence, education, and living standard on the exposure level

from any source on family planning and reproductive health messages.

7.4 TYPE OF FAMILY PLANNING/REPRODUCTIVE HEALTH MESSAGES

Those having heard, seen, or read messages on family planning or reproductive health were asked about the specific types of messages

they had heard, seen or read. Close to all (93 percent) have heard, seen or read messages on family planning, followed by 68 percent on polio immunization, and 47 percent on child immunization. About 13 percent received messages on child feeding practices and eight percent on antenatal or postnatal care. Another 12 percent reported

TABLE 7.4: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES

Percentage 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, Kanpur Nagar, 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	Two or More Sources	None	Number	
Age (in years)															
15-19	54.6	57.6	4.7	3.2	18.8	25.0	18.5	6.7	28.0	2.3	0.4	77.5	54.8	22.5	2,12
20-24	53.0	73.6	7.9	3.5	31.5	41.8	29.9	12.2	43.4	5.4	1.6	85.0	66.8	15.0	874
25-34	52.4	76.6	8.3	3.6	35.5	41.5	28.3	14.8	40.8	5.2	1.1	85.2	67.8	14.8	1,746
35-49	48.8	69.6	6.5	4.2	31.2	36.2	26.9	15.9	38.7	6.2	1.1	79.7	62.2	20.3	1,974
Place of residence															
Urban non-slum	52.7	89.0	13.1	6.0	47.2	52.3	39.0	21.1	53.7	7.5	1.4	93.5	77.8	6.5	2,178
Urban slum	42.4	80.0	4.2	2.6	29.2	36.3	23.9	11.6	37.2	4.8	0.8	86.2	64.4	13.8	1,031
Urban total	49.4	86.1	10.3	4.9	41.4	47.2	34.2	18.1	48.4	6.6	1.2	91.1	73.5	8.9	3,209
Rural	54.6	44.6	1.4	1.6	14.0	21.5	14.3	7.0	22.6	3.3	1.0	65.4	47.1	34.6	1,597
Religion															
Hindu	52.8	70.5	7.7	3.7	33.4	38.8	28.6	15.1	40.6	6.1	1.2	81.9	64.8	18.1	3,917
Muslim	42.5	79.7	4.8	4.0	23.4	34.1	21.1	10.0	32.5	3.1	0.9	85.5	62.4	14.5	796
Other	53.1	86.4	14.1	4.9	61.5	69.4	38.9	21.0	71.7	2.7	0.0	88.1	81.7	11.9	93
Caste/Tribe															
Scheduled caste/tribe	46.9	59.9	4.1	1.9	18.7	24.5	16.7	8.4	26.4	2.7	0.6	72.9	52.3	27.1	1,008
Other backward caste	48.7	67.6	5.0	3.8	25.0	31.9	21.9	10.5	32.8	4.5	1.0	79.3	57.8	20.7	2,085
Other	56.6	85.5	12.1	5.0	49.1	55.1	41.0	22.6	56.2	8.4	1.7	92.2	80.5	7.8	1,713

(Contd...)

TABLE 7.4: FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES (Contd...)

Characteristics	Percent of Currently Married Women Who Have Heard, Seen or Read any Family Planning or Reproductive Health Messages:											Number			
	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
Education															
Illiterate	42.9	52.5	0.6	0.3	3.4	9.3	4.4	2.2	8.9	1.7	0.6	66.4	38.1	33.6	1,581
Literate <8th grade	47.0	66.4	3.0	1.8	15.9	30.8	16.9	8.6	32.2	3.8	1.2	77.7	57.6	22.3	676
8-11th grade	56.0	80.7	6.6	4.7	40.7	48.9	33.6	15.9	50.8	7.4	1.5	90.6	76.8	9.4	1,256
12 + grade	59.1	92.6	19.7	8.6	70.9	70.9	57.9	32.0	73.6	9.6	1.5	97.7	90.8	2.3	1,221
Other (non formal)	49.2	75.4	0.0	1.0	19.1	30.8	18.8	12.5	25.7	1.5	0.7	86.4	63.2	13.6	73
SLI Quintiles															
Q1	40.9	32.1	0.4	0.7	4.8	10.9	7.8	3.2	11.8	2.5	0.7	51.8	31.1	48.2	569
Q2	47.4	43.8	0.4	0.8	7.6	18.0	11.0	4.3	19.6	2.5	0.8	66.0	43.7	34.0	805
Q3	48.3	71.3	2.2	1.1	18.8	25.8	15.1	7.7	28.8	3.3	0.8	82.9	57.1	17.1	997
Q4	50.8	87.5	8.8	5.7	36.7	43.1	31.3	15.2	41.2	7.4	1.9	91.9	75.1	8.1	1,077
Q5	59.9	94.9	16.9	7.4	64.8	68.3	52.0	29.3	70.6	8.7	1.2	97.7	88.6	2.3	1,358
Total	51.1	72.3	7.3	3.8	32.3	38.6	27.6	14.4	39.8	5.5	1.1	82.6	64.7	17.4	4,806

having seen/heard/read messages related to other issues specifically regarding water and sanitation. No pronounced differences are observed by background characteristics with regard to messages relating to family planning and ANC/PNC. However, for other messages such as immunization and child feeding practices, higher percentages of women belonging to urban areas, those who were better educated, and with the highest standard of living claimed exposure to the messages (Table 7.5).

7.5 ACCEPTANCE OF FAMILY PLANNING/REPRODUCTIVE HEALTH MESSAGES ON MASS MEDIA

Every communication initiative needs to be acceptable to the audience/community, and in this context a question on the acceptance of family planning and reproductive health messages was asked to respondents. All the women exposed to these messages, were accepting of them, indicating that in society, across the board, these messages are acceptable (Table 7.6).

7.6 OPINION ABOUT FAMILY PLANNING MESSAGES

Those exposed to family planning or reproductive health messages were asked a specific question on whether the family planning messages can promote the use of family planning methods. Overall, 97 percent felt that the messages can promote usage of family planning methods. As in the case of acceptance, the perceived effectiveness of these messages in promoting the use of family planning methods is more or

TABLE 7.5: TYPE OF FP AND/OR REPRODUCTIVE HEALTH MESSAGES HEARD, READ OR SEEN

Percentage of currently married women who have heard, read or seen any family planning or reproductive health messages by type of message, according to selected characteristics, Kanpur Nagar, 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	92.5	8.6	50.4	70.5	14.1	13.7	2,035
Urban slum	94.9	7.0	50.2	67.7	12.3	11.3	888
Urban total	93.2	8.1	50.4	69.7	13.5	13.0	2,924
Rural	93.8	7.1	39.3	64.4	11.3	8.6	1,044
Religion							
Hindu	93.7	8.9	46.1	67.8	13.3	12.4	3,206
Muslim	92.0	3.4	52.5	69.8	11.8	9.3	680
Other	91.4	5.1	59.2	75.7	9.1	9.3	82
Caste/Tribe							
Scheduled caste/tribe	93.2	5.1	43.4	65.8	9.6	11.3	735
Other backward caste	94.5	7.8	47.3	67.3	11.9	10.6	1,654
Other	92.3	9.2	49.5	70.4	15.6	13.4	1,579
Education							
Illiterate	93.4	4.7	40.7	64.7	7.6	6.8	1,050
Literate <8th grade	92.8	6.5	42.8	64.5	9.9	9.7	525
8-11th grade	93.2	7.3	45.8	68.7	15.6	12.4	1,137
12 + grade	93.8	11.9	56.5	72.7	16.8	17.2	1,193
Other (non formal)	93.6	4.0	57.1	67.8	6.5	2.6	63
Birth during past 2 years							
Yes	94.1	8.1	47.5	68.3	14.3	11.4	776
No	93.2	7.8	47.4	68.3	12.6	11.9	3,192
SLI Quintiles							
Q1	95.2	5.9	33.3	61.0	9.8	5.5	295
Q2	89.9	6.0	41.3	68.0	8.5	6.8	531
Q3	91.7	5.8	43.0	66.5	10.5	10.2	826
Q4	94.4	7.5	48.9	66.5	11.1	12.0	990
Q5	94.7	10.6	54.7	72.4	18.3	16.2	1,326
Total	93.4	7.9	47.4	68.3	12.9	11.8	3,968

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

*Other includes water and sanitation

TABLE 7.6: ACCEPTABILITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES ON MASS MEDIA

Percentage of eligible women for whom the message on family planning and reproductive health messages acceptable, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Percent Who Accept FP and RH Messages	Number of Women
Age (in years)		
15-19	100.0	164
20-24	99.7	743
25-34	99.5	1,488
35-49	99.3	1573
Place of residence		
Urban non-slum	99.7	2,035
Urban slum	99.0	888
Urban total	99.5	2,924
Rural	99.3	1,044
Religion		
Hindu	99.7	3,206
Muslim	98.5	680
Other	100.0	82
Caste/Tribe		
Scheduled caste/tribe	99.7	735
Other backward caste	99.2	1,654
Other	99.6	1,579
Education		
Illiterate	98.6	1,050
Literate <8th grade	99.1	525
8-11th grade	100.0	1,137
12 + grade	99.9	1,193
Other (non formal)	100.0	63
SLI Quintile		
Q1	98.5	295
Q2	99.6	531
Q3	99.0	826
Q4	99.6	990
Q5	99.8	1,326
Total	99.5	3,968

TABLE 7.7: WHETHER FAMILY PLANNING MESSAGES CAN PROMOTE USAGE

Percent distribution of eligible women who have heard/seen/read any message on family planning by agreement that the message can promote use, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Yes	No	Can't say	Total Percent	Number
Age (in years)					
15-19	96.7	0.2	3.1	100.0	159
20-24	98.4	0.5	1.0	100.0	693
25-34	98.0	0.6	1.4	100.0	1,385
35-49	96.3	1.0	2.7	100.0	1,469
Place of residence					
Urban non-slum	98.8	0.7	0.5	100.0	1,883
Urban slum	95.9	1.1	3.0	100.0	843
Urban total	97.9	0.8	1.3	100.0	2,726
Rural	95.7	0.6	3.7	100.0	980
Religion					
Hindu	97.6	0.6	1.8	100.0	3,005
Muslim	95.8	1.4	2.8	100.0	625
Other	99.4	0.0	0.6	100.0	75
Caste/Tribe					
Scheduled caste/tribe	95.8	0.8	3.4	100.0	686
Other backward caste	97.1	0.7	2.2	100.0	1,563
Other	98.3	0.7	1.0	100.0	1,457
Education					
Illiterate	93.9	1.4	4.6	100.0	981
Literate <8th grade	98.0	0.3	1.7	100.0	487
8-11th grade	98.4	0.6	0.9	100.0	1,060
12 + grade	99.2	0.4	0.4	100.0	1,119
Other (non formal)	93.0	0.0	7.0	100.0	59
Birth during past 2 years					
Yes	96.7	1.1	2.1	100.0	730
No	97.5	0.6	1.9	100.0	2,976
SLI Quintiles					
Q1	94.3	1.1	4.7	100.0	280
Q2	93.7	0.4	5.9	100.0	478
Q3	97.1	1.0	2.0	100.0	757
Q4	97.8	0.8	1.4	100.0	934
Q5	99.2	0.6	0.2	100.0	1,256
Total	97.3	0.7	1.9	100.0	3,706

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

less similar between the different sub-groups (Table 7.7).

7.7 SUMMARY

While only fifty five percent of the eligible women are exposed to some kind of media such as listening to radio/watching television/reading newspaper once a week, or going to the cinema at least once a year, the remaining 45 percent have no exposure at all to any such media. Despite the limited exposure to the above-mentioned standard media sources, it is interesting to note that more than eight out of

ten women (83 percent) have been exposed to messages on family planning or reproductive health from at least one source, and six out of ten (65 percent) received messages from more than one source, with noticeable differences in the exposure level by women's age, residence, education, and living standards.

Among those exposed to FP & RCH messages, close to all (93 percent) have heard, seen or read messages on family planning, followed by 68 percent on polio immunization, and

47 percent on child immunization. About 13 percent received messages on child feeding practices and eight percent on antenatal or postnatal care. Another 12 percent have reported seen/heard/read messages related to issues specifically regarding water and sanitation.

It is encouraging to notice that all the women exposed to these types of messages, accept them, and with very minor exceptions feel that the messages can promote usage of family planning methods.

CHILD HEALTH CARE PRACTICES

This chapter provides information about the background characteristics of children and their health seeking behavior. Information was collected for children below 3 years regarding size and weight at the time of the birth, breastfeeding initiation, newborn care practices and vitamin A supplementation. Among children below 5 years of age, mothers were asked about the child's vaccinations, prevalence of diarrhea and ORS use, and treatment seeking behavior for acute respiratory infections.

8.1 BACKGROUND CHARACTERISTICS OF CHILDREN

Table 8.1 presents the percent distribution of the children below 5 years of age according to selected background characteristics by place of residence.

The majority of children are Hindu (76 percent), 19 percent are Muslim and five percent belong to the "other" religious group. The proportion of Hindus is higher in rural areas (90 percent), compared to urban areas (68 percent). Within the urban areas, non-slum areas have a higher concentration of Hindu children (71 percent), compared to slums (62 percent).

About 70 percent of all children belong to the "other" backward class (45 percent) or the scheduled caste/tribe (24 percent). These children are concentrated in the rural areas (80 percent of the rural child population) and in the urban slums (57 percent of the urban slum child population).

The educational level of the mother is likely to have a profound impact on the health of the child and also on carrying out proper hygiene practices. However, about half the mothers in the survey of children below 5 years are illiterate, or close to it. One-fourth (26%) have 8th to 11th grade education, but only 20 percent have actually completed the 12th grade. There are rural-urban differences with regard to the level of education among mothers. Forty nine percent of the mothers in rural areas are illiterate compared to 29 percent in urban areas. Within the urban areas, higher percentages of mothers living in slums are illiterate (38 percent), compared to non-slum areas (22 percent). Those educated 12+grades are higher in urban non-slum areas (38 percent) compared to slums (15 percent) or rural areas (8 percent).

8.2 DELIVERY CHARACTERISTICS BY PLACE OF RESIDENCE AND SLI QUINTILES

Table 8.2 presents the distribution of children below three years of age by size and weight of the child at the time of the birth. Four out of five (81 percent) of the children were of average size at the time of birth and 13 percent were smaller than average. Around three percent each were either larger than average or very small.

Seventy percent of the children below age 3 were not weighed at the time of birth, ranging from 91 percent in rural areas to 55 percent in urban areas. Within the urban areas, the figures were 44 percent in non-slum areas and 71 percent in the slum areas. Of the 20 percent of the children who were weighed, a quarter were underweight (<2.5 kg). There was a higher percentage of underweight babies in rural areas (34 percent) compared to urban areas (22 percent) and in slum areas (26 percent) compared to non-slum areas (21 percent).

Children born smaller than average are most prevalent in the lowest income category (15 percent) and least prevalent in the highest SLI quintile (10 percent). Again,

TABLE 8.1: BACKGROUND CHARACTERISTICS OF CHILDREN

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

Characteristic	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Age of child in months					
0-11	18.0	16.9	17.5	20.6	18.7
12-23	22.1	24.2	23.0	19.9	21.7
24-35	21.6	19.5	20.7	24.1	22.1
36-47	20.2	20.2	20.2	20.0	20.1
48-59	18.0	19.2	18.5	15.5	17.3
Sex of child					
Male	55.8	51.5	54.0	54.6	54.2
Female	44.2	48.5	46.0	45.4	45.8
Religion					
Hindu	71.2	62.4	67.5	89.9	76.5
Muslim	22.1	33.1	26.8	6.3	18.6
Other	6.7	4.5	5.8	3.8	5.0
Caste/tribe					
Scheduled caste/tribe	16.7	22.1	19.0	30.7	23.7
Other backward caste	39.9	44.8	42.0	48.7	44.7
Other	43.4	33.1	39.0	20.6	31.7
Mother's education					
Illiterate	22.4	37.8	28.9	48.5	36.7
Literate <8th grade	9.7	17.0	12.8	13.1	12.9
8-11th grade	25.9	23.8	25.0	26.7	25.7
12+grade	37.7	15.2	28.2	7.6	20.0
Literate (Non formal)	0.9	2.2	1.5	0.9	1.2
Other*	3.4	4.0	3.6	3.2	3.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	1,473	1,073	2,546	1,700	4,246

although the numbers are very small, the proportion of children born larger than average to mothers in the fifth quintile is double that of babies born to mothers in the first quintile. This indicates a positive association between birth weight and standard of living.

The incidence of recording birth weight increases with increases in the

standard of living. Ninety six percent of the children born to the lowest standard of living (Q1) mothers were not weighed at the time of the birth, declining to 27 percent for children born to fifth quintile mothers. Similarly, among those whose weight was measured, underweight births generally decline with increases in the standard of living, ranging from 36 percent in Q1 to 21 percent in Q5.

8.3 INITIATION OF BREASTFEEDING

Infant feeding practices starting from the time of birth are important for the physical and mental development of the child. Breastfeeding improves the nutritional status of young children and by protecting them from infections, reduces morbidity and mortality. Under the RCH

TABLE 8.2: DELIVERY CHARACTERISTICS

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

Delivery Characteristics	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Size of child at birth					
Very large	0.5	0.3	0.4	0.0	0.3
Larger than average	2.6	2.7	2.6	2.2	2.5
Average	84.9	80.9	83.2	78.8	81.4
Smaller than average	10.3	13.6	11.7	15.3	13.2
Very small	1.7	2.4	2.0	3.7	2.7
Don't know	0.0	0.0	0.0	0.0	0.0
Child's weight at birth					
<2.5 kg	8.6	4.6	6.9	1.8	4.8
2.5 kg or more	31.8	13.0	24.0	3.6	15.6
Not weighed	43.7	70.7	54.9	90.9	69.8
Don't know	15.9	11.7	14.2	3.7	9.8
Total percent	100.0	100.0	100.0	100.0	100.0
Percent underweight	21.3	25.9	22.4	33.5	23.6
Number of children	910	650	1,560	1,096	2,656
Delivery Characteristics	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Size of child at birth					
Very large	0.2	0.2	0.2	0.6	0.1
Larger than average	1.9	2.8	2.1	1.6	4.0
Average	79.0	79.0	81.4	83.7	83.7
Smaller than average	15.2	14.7	13.4	12.5	10.2
Very small	3.7	3.4	2.9	1.6	2.0
Don't know	0.0	0.0	0.0	0.0	0.0
Child's weight at birth					
<2.5 kg	0.9	1.1	2.7	7.8	11.4
2.5 kg or more	1.6	3.7	7.3	21.5	42.8
Not weighed	95.7	90.3	78.5	59.3	26.6
Don't know	1.7	5.0	11.6	11.5	19.1
Total percent	100.0	100.0	100.0	100.0	100.0
Percent underweight	35.6	22.8	26.8	26.6	21.0
Number of children	524	534	530	521	548

program, the Government of India recommends that infants should be exclusively breastfed from birth to age four months (MOHFW). By age seven months, adequate and appropriate complementary food should be added to the infant's

diet in order to provide sufficient nutrients for optimal growth. It is recommended that breastfeeding should continue, along with complimentary foods, through the second year of life or beyond (NFHS-2, UP).

Table 8.3 shows the universality of breastfeeding practices as 99 percent of the children aged 3 years in Kanpur Nagar were breastfed.

Only 15 percent of the children in the district were breastfed

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, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Ever breastfed					
Yes	98.3	98.5	98.4	99.1	98.7
No	1.7	1.5	1.6	0.9	1.3
Initiation of breastfeeding					
Immediately, within one hour	18.0	14.8	16.7	12.8	15.1
Within one day	25.7	19.0	22.9	16.0	20.0
1-3 days	50.6	56.2	53.0	51.1	52.2
3+ days	4.0	8.5	5.9	19.2	11.4
Not breastfed	1.7	1.5	1.6	0.9	1.3
Given anything other than milk within first 3 days					
Milk	76.1	83.8	79.4	90.2	84.2
Plain water	13.4	13.8	13.5	9.7	11.8
Sugar or glucose water	0.7	0.9	0.8	0.6	0.7
Gripe water	0.2	0.1	0.2	0.1	0.1
Sugar salt water solution	0.4	0.6	0.5	0.3	0.4
Fruit juice	0.2	0.0	0.1	0.0	0.1
Infant formula	6.6	3.2	5.1	0.3	3.0
Tea	0.4	0.6	0.5	0.2	0.3
Honey	32.3	45.5	38.0	37.9	38.0
Janam ghutti	2.5	1.0	1.8	0.3	1.1
Other	1.2	0.7	1.0	1.0	1.0
Not given anything	1.7	1.5	1.6	0.9	1.3
Duration of breastfeeding					
Currently breastfeeding	59.0	59.8	59.4	65.0	61.7
Breastfed up to 1 month	2.3	1.2	1.8	1.1	1.5
Breastfed up to 2 months	1.8	1.2	1.6	0.5	1.1
Breastfed up to 3 months	1.2	1.2	1.2	0.5	0.9
Breastfed up to 4+ months	33.3	34.0	33.6	31.5	32.8
Don't know	0.6	1.0	0.8	0.4	0.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	910	650	1,560	1,096	2,656

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, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Ever breastfed					
Yes	99.1	99.0	97.9	98.5	99.1
No	0.9	1.0	2.1	1.5	0.9
Initiation of breastfeeding					
Immediately, within one hour	10.6	13.4	10.0	20.3	21.0
Within one day	12.9	13.2	20.2	22.6	31.0
1-3 days	55.5	54.5	57.6	50.2	43.5
3+ days	20.1	17.9	10.1	5.4	3.6
Not breastfed	0.9	1.0	2.1	1.5	0.9
Given anything other than milk within first 3 days					
Milk	90.3	91.5	82.7	76.8	77.3
Plain water	12.3	9.9	13.5	13.9	9.6
Sugar or glucose water	0.2	0.6	0.8	1.3	0.8
Gripe water	0.0	0.2	0.1	0.0	0.3
Sugar salt water solution	0.4	0.6	0.7	0.2	0.2
Fruit juice	0.0	0.0	0.0	0.0	0.3
Infant formula	0.3	0.4	1.1	5.2	9.5
Tea	0.0	0.4	.6	0.3	0.2
Honey	33.8	35.9	47.6	43.4	28.4
Janam ghutti	1.8	0.2	1.8	1.4	0.5
Other	1.0	1.0	0.9	0.6	1.4
Not given anything	0.9	1.0	2.1	1.5	0.9
Duration of breastfeeding					
Currently breastfeeding	66.3	66.1	61.7	60.6	54.0
Breastfed up to 1 month	1.0	1.4	1.4	1.8	1.9
Breastfed up to 2 months	0.3	0.7	2.2	0.9	1.6
Breastfed up to 3 months	0.6	0.0	1.7	0.6	1.7
Breastfed up to 4+ months	30.5	30.5	29.9	34.0	38.8
Don't know	0.5	0.3	0.9	0.5	1.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	524	534	530	521	548

immediately and another 20 percent within the day of birth. The majority of the children (52%) were breastfed between 1 and 3 days from birth, and another 11 percent were initiated to breast milk after the third day. In urban areas 17 percent of the children were put on breastmilk immediately/within one hour, while in rural areas it was 13 percent. Within the urban areas 18 percent of the children from non-slum areas were put on breastmilk immediately, while this was the case for 15 percent from slums areas.

As regards supplementary feed, besides milk, within the first 3 days of birth, 38 percent of the children were given honey and 12 percent were given plain water. Equal percentages (38 percent) of the children from rural and urban areas are given honey, the percentage being higher in slums (46 percent) than non-slum areas (32 percent).

Sixty two percent of the children under age three in Kanpur Nagar are currently breastfeeding; while 33 percent who are no longer being breastfed were breastfed for more than four months.

All the babies were breastfed irrespective of level of standard of living, but initiation of breast feeding within an hour was almost double in the two highest quintiles (around 20 percent) than in the 3 lower quintiles (10 to 13 percent). Similarly, the percentage of those initiating breastfeeding within one day also increases with the increase in standard of living from 13 percent in Q1 to 31 percent in Q5.

Those currently breastfeeding

declines from 66 percent in the first quintile to 54 percent in the fifth quintile. However, the practice of breastfeeding children beyond four months is higher in the higher quintiles (34 percent in Q4 and 38 percent in Q5 respectively) compared to the lower 3 quintiles where it is around 30 percent (Table 8.4).

Supplementary feeding of honey within the first 3 days of birth peaked in the third quintile to 48 percent and then dropped quite sharply to 28 percent in the fifth quintile. Giving water within the first three days was much more uniform across the quintiles with about 10 to 14 percent giving water to the child in this time period.

8.4 BREASTFEEDING STATUS

Table 8.5 presents children ever breastfed by initiation of breastfeeding time. Sixty four percent of the mothers initiated breastfeeding a day after the child's birth, while 20 percent did so within one day. Only fifteen percent of the mothers started breastfeeding immediately, within an hour of birth.

A quarter of the children currently between 0-3 months of age, were breastfed immediately, within one hour of birth compared to children who were born earlier (14 to 16 percent), indicating that there may have been some recent impact of the message for the desirability of such action. Slightly higher numbers of women in urban areas (17 percent) initiated breastfeeding within an hour of birth compared to rural women (13 percent), and urban non-slum women (18 percent) did so a little more than women in the slum areas (15 percent). The

low percentages for this action show the need for campaigns highlighting the importance of breastfeeding immediately after birth.

Urban women, those from "other" castes, those who are better educated and come from the top two quintiles of standard of living are more likely to start breastfeeding within an hour of the birth, though as noted earlier, even their numbers are unacceptably low and the importance of initiating breastfeeding within an hour of the birth need to be emphasized across all sections of society.

8.5 DURATION OF BREASTFEEDING

Mothers of children born three years prior to the survey were asked about the duration of breastfeeding. Sixty two percent of the mothers are currently breastfeeding, while 33 percent breastfed for 4+ months. These proportions vary little by sex of the child, and place of residence. Children of mothers belonging to other religious and caste groups (47 and 37 percent respectively), who have education above the higher secondary level (12+ grades) and those belonging to the highest (Q5) quintile (39 percent) are more likely to be breastfed for more than 4 months (Table 8.6).

Mothers of children born in the three years preceding the survey were asked if the child had been given plain water, and other supplements. Children who are currently breastfed and had not received anything other than breast milk during the first 3 days after birth and also not received anything other than breast milk the day preceding the survey,

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, Kanpur Nagar, 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 Breastfed		
Sex of child							
Male	99.0	14.9	20.1	64.0	1.0	100.0	1,444
Female	98.4	15.3	20.0	63.1	1.6	100.0	1,213
Place of residence							
Urban total	98.4	16.7	22.9	58.8	1.6	100.0	1,560
Non-slum	98.3	18.0	25.7	54.6	1.7	100.0	910
Slum	98.5	14.8	19.0	64.7	1.5	100.0	650
Rural	99.1	12.8	16.0	70.3	0.9	100.0	1,096
Religion							
Hindu	98.8	15.1	19.6	64.1	1.2	100.0	2,037
Muslim	98.9	14.4	20.2	64.2	1.1	100.0	507
Other	95.3	16.8	27.0	51.6	4.7	100.0	112
Caste/tribe							
Scheduled caste/tribe	98.7	12.4	17.7	68.6	1.3	100.0	636
Other backward caste	98.9	13.2	19.2	66.6	1.1	100.0	1,165
Other	98.4	19.6	23.0	55.8	1.6	100.0	856
Mother's education							
Illiterate	98.3	11.8	13.4	73.1	1.7	100.0	944
Literate <8th grade	99.3	13.0	14.6	71.6	0.7	100.0	327
8-11th grade	99.3	12.4	24.2	62.7	0.7	100.0	695
12+grade	99.0	24.5	27.8	46.7	1.0	100.0	585
Literate (Non formal)	97.5	13.5	22.1	61.9	2.5	100.0	32
Other	93.7	17.4	28.0	48.3	6.3	100.0	74
SLI Quintiles							
Q1	99.1	10.6	12.9	75.6	0.9	100.0	524
Q2	99.0	13.4	13.2	72.4	1.0	100.0	533
Q3	97.9	10.0	20.2	67.7	2.1	100.0	530
Q4	98.5	20.3	22.6	55.6	1.5	100.0	520
Q5	99.1	21.0	31.0	47.1	0.9	100.0	548
Total	98.7	15.1	20.0	63.6	1.3	100.0	2,656

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, Kanpur Nagar, 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	1.0	63.8	3.5	31.1	0.6	100.0	1,444
Female	1.6	59.2	3.7	34.8	0.7	100.0	1,213
Place of residence							
Urban total	1.6	59.4	4.6	33.6	0.8	100.0	1,560
Non-slum	1.7	59.0	5.4	33.3	0.6	100.0	910
Slum	1.5	59.8	3.6	34.0	1.0	100.0	650
Rural	0.9	65.0	2.1	31.5	0.4	100.0	1,096
Religion							
Hindu	1.2	64.7	3.3	30.1	0.6	100.0	2,037
Muslim	1.1	53.9	4.4	40.2	0.4	100.0	507
Other	4.7	41.7	4.8	47.3	1.5	100.0	112
Caste/tribe							
Scheduled caste/tribe	1.3	66.8	2.0	29.6	0.2	100.0	636
Other backward caste	1.1	63.2	3.3	31.7	0.7	100.0	1,165
Other	1.6	55.9	5.1	36.6	0.9	100.0	856
Mother's education							
Illiterate	1.7	65.9	1.7	30.5	0.2	100.0	944
Literate <8th grade	0.7	62.2	4.6	31.6	0.8	100.0	327
8-11th grade	0.7	64.2	3.6	30.6	0.9	100.0	695
12+grade	1.0	55.1	5.9	37.0	1.0	100.0	585
Literate (Non formal)	2.5	60.6	2.9	33.9	0.0	100.0	32
Other	6.3	35.7	4.9	52.0	1.1	100.0	74
SLI Quintiles							
Q1	0.9	66.3	1.9	30.5	0.5	100.0	524
Q2	1.0	66.1	2.1	30.5	0.3	100.0	534
Q3	2.1	61.7	5.4	29.9	0.9	100.0	530
Q4	1.5	60.6	3.4	34.0	0.5	100.0	521
Q5	0.9	54.0	5.2	38.8	1.1	100.0	548
Total	1.3	61.7	3.6	32.8	0.6	100.0	2,656

are defined as *exclusively breastfed*. In Kanpur Nagar, nine percent of the children less than 4 months of age are exclusively breastfed, 86 percent received plain water and 3 percent received other supplements along with breast milk. Six percent of the children, less than 6 months of age,

are exclusively breastfed, while 90 percent receive plain water and 3 percent received other supplements along with breast milk.

8.6 SUPPLEMENTARY FEEDING

Table 8.7 gives detailed information

on the type of food/liquid consumed the day preceding the survey, by the children less than three years of age. Ninety eight percent of the children had been give some liquid the day preceding the survey. Ninety seven percent were given plain water the day before the survey and 63

TABLE 8.7: 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, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Liquid given yesterday					
Plain water	96.5	97.2	96.8	96.5	96.7
Commercial formula	4.1	5.8	4.8	2.8	4.0
Milk	68.3	61.8	65.6	58.4	62.6
Juice	12.0	7.1	10.0	1.8	6.6
Tea/coffee	37.0	48.8	41.9	26.6	35.6
Other liquids	5.8	6.2	6.0	3.3	4.9
Any liquid	98.3	98.7	98.5	97.9	98.2
Solid given yesterday					
Any porridge or gruel	24.9	19.9	22.8	14.4	19.3
Any commercial certified baby food	12.9	9.2	11.4	4.4	8.5
Any food made from grains	73.0	75.4	74.0	72.2	73.3
Any pumpkin, carrots, sweet potatoes that are yellow or orange inside	14.7	15.1	14.8	20.0	17.0
Any white potatoes, white yams, cassava, any other foods made from roots	13.6	15.3	14.3	14.5	14.4
Any dark green leafy vegetables	19.0	16.3	17.9	17.0	17.5
Any ripe mangoes, papayas, cantaloupes, or jackfruits	42.5	39.8	41.4	26.2	35.1
Any other fruits or vegetables	16.5	15.9	16.3	13.2	15.0
Any liver, heart or other organ meats	3.0	2.4	2.7	0.8	1.9
Any beef, pork, lamb, goat, or rabbit	2.4	3.7	3.0	0.8	2.1
Any chicken, duck or other birds	0.4	0.6	0.5	0.3	0.4
Any eggs	0.2	2.3	1.0	0.3	0.7
Any fresh or dried fish or shellfish	0.5	0.1	0.3	0.3	0.3
Any foods made from beans, peas or lentils	2.2	6.4	3.9	1.0	2.7
Any nuts	1.2	1.8	1.4	1.1	1.3
Any cheese or yogurt	2.4	1.7	2.1	1.5	1.9
Any food made with oil, fat or butter	8.6	7.7	8.2	6.1	7.4
Any other solid or semi-solid food	14.1	17.8	15.6	15.7	15.7
Any solid	81.4	83.0	82.0	80.1	81.2
Number of children	910	650	1,560	1,096	2,656

percent were given milk. Thirty six percent of the children were given tea or coffee, seven percent were given juice and another 4-5 percent were given formula feed or other type of liquid. There are hardly any differences by place of residence in the types of liquid given, with the exception of juices, which were given to more children in the urban areas, 10 percent versus 2 percent in the rural areas. Within the urban areas, higher percentages of children from non-slum areas (12 percent) were given juice compared to slum areas (7 percent).

Eighty one percent of the children were given some kind of solid food, the day preceding the survey, with hardly any difference by place of residence. Seventy three percent of the children were given food made from grains, 35 percent were given ripe mangoes, papayas, cantaloupes or jackfruit, 19 percent were given porridge or gruel and 18 percent were given dark green leafy vegetables. Higher percentages of children from urban areas compared to rural areas were given food made of grains, fruits, or porridge or gruel, and leafy vegetables. Seventeen percent of the children were given pumpkin, carrots and sweet potatoes, with higher percentages from rural areas (20 percent) than urban areas (15 percent). Another 14 percent of the children were given white potatoes, white yam, cassava or any other root vegetable. The use of commercially packaged baby food is low. Only nine percent of the children were given such foods the day preceding the survey, with higher percentages in urban areas (11 percent) than rural areas (4 percent). Within the urban areas

the use of commercial packaged food is higher in non-slum areas (13 percent), than slum areas (9 percent).

Table 8.8 presents the distribution of children less than three years of age who received other supplementation (liquid or solid) apart from breast milk, the day preceding the survey by standard of living quintiles.

Practically all the children were given some liquid. While in general there were no differences between the different quintiles, there is some variation by SLI among those children who received milk, as 46 percent of the children in Q1 received milk increasing to 78 percent in Q5. Similarly, children who received any solid supplementation increases from low of 78 percent in Q1 quintile to 83 to 84 percent in the top two quintiles. Children who received food made out of grains was lowest at 68 percent in Q1 rising to a high of 77 percent in Q4. Those children who received ripe mangos, papayas, cantaloupes, or jackfruit increased consistently from 22 percent in Q1 to 47 percent in Q5. Similarly, those who received dark green leafy vegetable increased from 14 percent in Q1 to 23 percent in Q5. Children who received any porridge or gruel increased from 15 percent in Q1 to 28 percent Q5. Children from lower quintiles are noticeably less well nourished, than those belonging to higher quintiles.

8.7 REASONS FOR NOT BREASTFEEDING

Mothers of children below three years of age were asked about the

reasons for never breastfeeding/ stopped breastfeeding. Twenty nine percent of the mothers gave the reason that they became pregnant, another quarter of the mothers said they had insufficient breast milk, followed by 19 percent saying that child was of weaning age Ten percent of the mothers said that their child refused breastmilk, while another nine percent said they were too ill/weak to breastfeed (Table 8.9).

The major reason for stoppage of breastfeeding differed substantially by place of residence. The main reason in the rural areas was that the woman became pregnant (40 percent), while only 23 percent of the urban women said so. On the other hand, 30 percent of the urban women gave insufficient milk as their main reason, compared to 18 percent in the rural areas.

Among mothers belonging to the lowest quintile (Q1) the major reason for stopping breastfeeding was that they became pregnant (42 percent) which declined systematically to 14 percent for those in the highest quintile (Q5). The main reason for never/stopped breastfeeding by mothers in the higher quintiles is insufficient breast milk, which increased from 18 percent in Q1 to 35 percent in Q5 (Table 8.9).

8.8 CHILDHOOD VACCINATION

The expanded program on immunization (EIP) was initiated in 1978 by Government of India with the objective of reducing morbidity, mortality and disabilities from the six diseases (tuberculosis, diphtheria,

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, according to standard of living index quintiles, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Liquid given yesterday					
Plain water	97.2	96.5	97.3	96.5	95.9
Commercial formula	1.8	0.9	5.6	5.7	5.9
Milk	46.1	57.8	62.8	67.4	78.4
Juice	1.2	2.7	6.6	7.7	14.6
Tea/coffee	27.5	29.3	42.2	44.3	34.7
Other liquids	1.6	2.3	5.2	6.7	8.4
Any liquid	98.1	98.1	99.6	98.2	97.2
Solid given yesterday					
Any porridge or gruel	15.0	14.1	15.5	23.7	28.2
Any commercial certified baby food	4.0	2.3	7.7	11.2	17.0
Any food made from grains	68.3	74.9	71.2	76.8	75.3
Any pumpkin, carrots, sweet potatoes that are yellow or orange inside	16.3	18.6	18.0	14.1	17.7
Any white potatoes, white yams, cassava, any other foods made from roots	14.6	12.8	14.8	13.9	15.6
Any dark green leafy vegetables	14.3	14.8	16.1	19.5	22.7
Any ripe mangoes, papayas, cantaloupes, or jackfruits	22.4	27.2	36.8	41.8	47.0
Any other fruits or vegetables	11.6	12.4	13.5	18.7	18.8
Any liver, heart or other organ meats	1.3	0.6	1.7	3.8	2.3
Any beef, pork, lamb, goat, or rabbit	1.5	1.1	1.8	3.3	2.7
Any chicken, duck or other birds	0.1	0.3	0.4	0.2	1.0
Any eggs	0.2	0.4	0.5	2.5	0.1
Any fresh or dried fish or shellfish	0.3	0.1	0.2	0.5	0.4
Any foods made from beans, peas or lentils	1.1	1.4	2.8	3.6	4.6
Any nuts	0.9	1.1	1.8	0.8	1.9
Any cheese or yogurt	0.2	0.6	2.2	3.2	3.1
Any food made with oil, fat or butter	4.4	4.7	7.6	9.0	10.9
Any other solid or semi-solid food	13.0	16.6	15.5	18.1	15.2
Any solid	77.7	81.1	80.7	83.7	82.8
Number of children	524	534	530	521	548

pertussis, tetanus, poliomyelitis, and measles) preventable by making free vaccination services easily available to all the eligible children. Later, in 1985-86, the universal immunization program (UIP) was introduced. The objective of the UIP was to cover at least 85 percent

of all infants against the six vaccine preventable diseases by 1990, and to achieve self-sufficiency in vaccine production and the manufacture of cold chain equipment (MOHFW, 1991). This scheme was introduced in every district of the country, with an objective/target to achieve 100

percent immunization coverage. The pulse polio immunization campaigns began in December 1995, as apart of a major national effort to eliminate polio. The standard immunization schedule developed for the child immunization program specifies the age at which each vaccine is

to be administered, the number of doses to be given, and the route of vaccination (intramuscular, oral, or subcutaneous). Routine vaccinations received by infants and children are usually recorded in a vaccination card that is issued for the child (NFHS-2, Uttar Pradesh).

Mothers of children born three

years preceding the survey (i.e. born since January, 2003) were asked whether they had a vaccination card for each child. If the card was available, the interviewer was required to copy the dates when the child received vaccinations against each disease. For vaccinations not recorded on the card, or if the mother could

not show the vaccination card, she was asked if the child had received any vaccination. If any vaccination had been received, the mother was asked whether the child had received a vaccination against tuberculosis (BCG); diphtheria, whooping cough (pertussis), and tetanus (DPT); poliomyelitis (polio); and measles. For DPT and polio,

TABLE 8.9: REASONS FOR NOT BREASTFEEDING

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, Kanpur Nagar, 2006

Reasons	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Mother ill/weak	11.9	6.9	9.9	8.2	9.2
Nipple/feeding problem	0.5	0.9	0.7	0.4	0.6
Mother not at home	0.7	0.2	0.5	0.4	0.5
Mother working	1.2	0.3	0.8	0.4	0.7
Became pregnant	20.4	26.8	23.0	39.7	29.3
Starting using contraception	0.0	0.2	0.1	0.0	0.1
Child ill/weak	1.0	1.6	1.3	1.7	1.4
Insufficient milk	31.3	26.9	29.5	18.3	25.2
Child refused	12.5	8.3	10.8	7.5	9.5
Weaning age	17.3	20.9	18.8	18.8	18.8
Other	3.2	6.9	4.7	4.7	4.7
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	372	262	634	385	1,019
Reasons	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Mother ill/weak	7.5	4.4	10.2	9.2	13.2
Nipple/feeding problem	0.0	0.5	1.1	0.4	0.8
Mother not at home	0.5	0.0	0.6	0.7	0.5
Mother working	0.6	2.1	0.0	0.3	0.5
Became pregnant	42.0	42.6	27.6	27.0	14.3
Starting using contraception	0.0	0.0	0.3	0.0	0.0
Child ill/weak	1.8	0.6	1.8	1.9	1.1
Insufficient milk	18.2	18.2	24.8	26.6	34.5
Child refused	7.1	10.0	6.2	10.8	12.5
Weaning age	16.7	17.6	21.1	18.6	19.4
Other	5.7	4.1	6.2	4.7	3.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	178	181	202	205	253

TABLE 8.10 : 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, Kanpur Nagar, 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	96.9	49.2	97.3	92.1	87.7	95.3	90.1	88.2	74.3	72.3	0.0	107
Mother's report	77.6	NA	76.6	73.4	67.2	76.3	73.0	67.8	68.1	61.3	22.2	219
Either source	84.0	NA	83.4	79.6	74.0	82.6	78.6	74.5	70.2	64.9	14.9	326
Urban slum												
Vaccination card	97.7	32.3	96.9	93.1	86.1	97.7	93.9	86.8	76.0	72.6	0.0	60
Mother's report	57.6	NA	53.8	50.5	43.4	53.5	51.0	44.5	42.0	34.9	40.5	200
Either source	66.8	NA	63.7	60.3	53.2	63.6	60.8	54.3	49.8	43.6	31.3	259
Urban total												
Vaccination card	97.2	43.1	97.2	92.4	87.1	96.1	91.4	87.7	74.9	72.4	0.0	167
Mother's report	68.0	NA	65.7	62.5	55.8	65.4	62.5	56.7	55.6	48.7	31.0	420
Either source	76.4	NA	74.7	71.0	64.8	74.2	70.7	65.5	61.1	55.5	22.2	585
Rural												
Vaccination card	97.1	33.0	97.4	94.9	91.9	96.6	94.9	92.6	74.1	74.1	0.0	82
Mother's report	67.1	NA	61.0	53.5	41.5	64.2	53.6	40.6	51.2	32.0	28.0	257
Either source	74.3	NA	69.7	63.4	53.5	71.9	63.5	53.0	56.6	42.0	21.3	338
All areas												
Vaccination card	97.2	39.8	97.2	93.2	88.7	96.3	92.6	89.3	74.6	73.0	0.0	249
Mother's report	67.7	NA	63.9	59.0	50.4	64.9	59.1	50.6	54.0	42.3	29.8	677
Either source	75.6	NA	72.9	68.2	60.7	73.4	68.1	61.0	59.5	50.6	21.8	923

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

information was obtained on the number of doses of the vaccine given to child.

Table 8.10 gives the percentages of urban and rural children age 12-23 months who received specific vaccinations at any time before the interview, according to the vaccination card shown to the interviewer or information provided by the mother. The 12-23 month age group was chosen for analysis because Government of India guidelines specify that children should be fully immunized by the time they complete their first year of life. In the survey, children who have received BCG, measles, and three doses each of DPT and polio (excluding polio 0) are considered to be fully vaccinated. Based on information obtained from a card or reported by the mother ('either source'), 51 percent of children aged 12-23 months are fully vaccinated, and 22 percent have not received any vaccination at all. Coverage for each vaccination except polio 0 is much higher than the percentage fully vaccinated. Polio 0 is invariably low across all places of residence.

About three fourths of the children have received BCG, the first dose of DPT and the first dose of polio vaccine. DPT and polio vaccinations are given at the same time, as part of the routine immunization program, which is reflected in survey data as the coverage rates for both vaccinations is nearly equal. Sixty percent of the children 12-23 months have also been vaccinated against measles in Kanpur Nagar. As is evident from the table, not all the children who begin the DPT and polio vaccination series go

on to complete it. The difference between the percentages of children receiving the first and third doses is 12 percent each for both DPT and polio.

There is a considerable rural-urban difference in the number of children having received the recommended vaccinations. Fifty six percent of children age 12-23 months in urban areas had received all the recommended vaccinations by the time of the survey, compared with 42 percent in rural areas. However, within the urban areas there is much higher coverage for each type of vaccine in urban non-slum areas. Sixty five percent of the children aged 12-23 months from urban non-slum areas have received all the recommended vaccinations while only 44 percent from the slums are similarly vaccinated.

Boys (55 percent) are more likely than girls (48 percent) to be fully vaccinated (Table 8.11). Boys are also more likely than girls to have received each of the individual vaccinations. Children belonging to the "other" religious group and caste category are more likely to

have received full vaccination as well as each of the recommended vaccinations. Hindu children are more likely than Muslim children to have received each of the recommended vaccinations. Education of the mother and the economic standard of the household have a strong positive impact on vaccination coverage. Twenty seven percent of the children of illiterate mothers are fully vaccinated, compared to 79 percent of children whose mothers have completed 12+ grades, and only 29 percent of the households with low standard of living are fully vaccinated, compared to 74 percent of children from households with a high standard.

8.9 CHILDHOOD VACCINATION BY 12 MONTHS OF AGE

Table 8.12 shows the percentage of children age 12-35 months having a vaccination card that was shown to the interviewer, and the percentage who received various vaccinations during the first year of life. The proportion vaccinated during the first year of life is estimated separately for children in the age groups of 12 to 23 months and 24 to 35 months.

The proportion of children whose vaccination status was determined from a vaccination card was considerably higher for the younger children (age group of 12 - 23 months), 27 percent than for the older children (age group of 24 - 35 months), 17 percent. This may reflect an upward trend in the use of vaccination cards as well as an upward trend in overall vaccination coverage. On the other hand, for the older children, even those

FIGURE 8.1: FULL IMMUNIZATION BY PLACE OF RESIDENCE

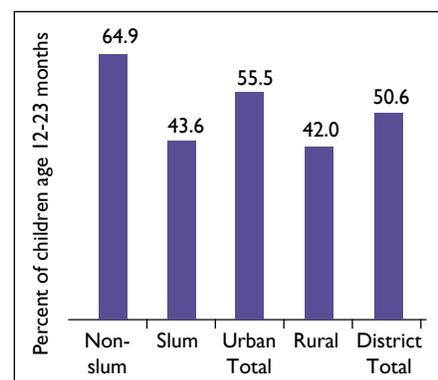


TABLE 8.11: CHILDHOOD VACCINATION BY BACKGROUND CHARACTERISTICS

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

Characteristics	BCG	DPT			Polio			Measles	All ¹	None	Number of Children	
		Polio 0	1	2	3	1	2					3
Age (in months)												
12-23	75.6	39.8	72.9	68.2	60.7	73.4	68.1	61.0	59.5	50.6	21.8	923
24-35	76.4	48.0	72.7	67.3	61.1	74.0	66.1	60.3	63.3	52.7	21.4	937
Sex of child												
Male	77.4	44.7	74.6	69.4	63.7	75.3	68.7	63.3	63.1	54.7	20.4	1,009
Female	74.3	41.1	70.6	65.9	57.6	71.8	65.2	57.6	59.5	48.0	23.0	851
Place of residence												
Urban total	77.3	46.2	75.1	71.2	65.2	75.3	70.4	65.0	64.2	56.5	21.1	1,114
Non-slum	83.6	52.5	82.4	78.9	73.6	82.4	77.0	72.7	72.3	65.1	15.0	645
Slum	68.7	34.4	64.9	60.6	53.6	65.6	61.3	54.4	53.1	44.6	29.5	469
Rural	74.0	37.0	69.4	62.7	54.4	71.2	62.2	54.2	57.3	44.4	22.4	746
Religion												
Hindu	78.4	42.5	74.7	68.9	61.9	75.7	68.3	61.8	63.5	52.1	19.0	1,401
Muslim	67.4	39.8	65.2	62.1	54.4	65.6	60.7	53.8	51.6	46.6	31.1	366
Other	74.2	68.5	74.2	73.3	70.2	74.7	73.8	70.7	68.7	63.6	24.4	94
Caste/tribe												
Scheduled caste/tribe	71.6	30.9	67.5	61.6	54.0	68.2	60.1	53.9	55.1	46.1	25.1	435
Other backward caste	74.9	42.9	71.2	65.2	58.3	72.8	66.2	58.7	59.3	49.1	22.5	809
Other	80.5	51.2	78.6	75.5	69.1	78.8	73.2	67.9	68.7	58.7	18.0	617
Mother's education												
Illiterate	58.0	27.3	52.9	45.9	36.8	54.2	45.9	38.0	37.3	27.2	38.9	649
Literate <8th grade	75.5	48.4	68.7	64.0	59.5	70.6	64.8	60.1	62.4	52.8	22.1	235
8-11th grade	85.5	33.2	83.8	78.3	70.7	84.9	77.3	69.1	69.9	59.2	12.0	476
12+grade	94.3	56.1	93.9	91.6	87.0	93.6	89.3	85.5	88.1	78.8	4.6	415
Other	73.2	53.4	73.2	71.9	67.6	73.9	72.6	68.3	67.4	60.2	24.8	66
SLI Quintiles												
Q1	60.8	39.6	54.2	47.5	39.0	56.4	46.4	39.5	38.6	29.4	36.4	353
Q2	68.3	32.6	65.0	59.0	50.3	66.8	60.3	51.6	53.7	40.3	28.2	370
Q3	72.3	26.2	68.1	62.0	56.0	69.3	62.9	56.1	58.1	46.8	24.4	372
Q4	83.6	52.5	82.2	77.3	71.1	82.3	77.9	72.0	72.3	65.1	15.0	365
Q5	93.0	52.3	92.1	90.4	85.1	91.5	85.6	81.5	82.0	73.8	5.9	401
Total	76.0	43.1	72.8	67.8	60.9	73.7	67.1	60.7	61.4	51.6	21.6	1,860

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

TABLE 8.12: CHILDHOOD VACCINATIONS 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, Kanpur Nagar, 2006

Vaccine	Urban			Rural	All Areas
	Non-slum	Slum	Total		
	12-23 months				
BCG	83.7	66.5	76.1	74.3	75.4
DPT					
1	83.0	61.4	73.5	64.0	70.1
2	77.8	58.3	69.2	60.1	65.9
3	70.5	51.4	62.0	51.4	58.1
Polio					
1	81.6	61.4	72.7	69.5	71.5
2	77.2	58.8	69.1	59.9	65.8
3	72.4	52.4	63.6	48.3	58.0
Measles	65.6	46.4	57.1	46.2	53.5
All vaccinations ²	50.2	31.9	42.0	23.4	34.9
Percentage shown vaccination card	33.0	23.0	28.5	24.2	27.0
Number of children	326	260	586	339	925
	24-35 months				
BCG	78.4	68.6	74.5	71.6	73.2
DPT					
1	77.8	64.3	72.5	65.4	69.5
2	72.5	57.6	66.7	58.8	63.2
3	70.5	50.6	62.7	48.3	56.7
Polio					
1	78.0	65.9	73.3	67.0	70.6
2	69.9	59.9	65.9	58.0	62.4
3	67.3	52.5	61.5	50.5	56.9
Measles	66.2	53.0	60.9	41.2	53.1
All vaccinations ²	43.7	36.1	40.4	23.8	33.6
Percentage shown vaccination card	23.0	16.8	20.6	14.5	17.9
Number of children	321	209	530	409	939

(Contd...)

TABLE 8.12: CHILDHOOD VACCINATIONS BY 12 MONTHS OF AGE (Contd...)

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, Kanpur Nagar, 2006

Vaccine	Urban			Rural	All Areas
	Non-slum	Slum	Total		
	12-35 months				
BCG	81.5	67.5	75.6	73.0	74.6
DPT					
1	80.7	62.7	73.2	64.5	69.9
2	75.5	58.0	68.2	59.4	64.7
3	70.5	51.1	62.4	50.1	57.5
Polio					
1	80.1	63.3	73.1	68.3	71.2
2	73.9	59.3	67.8	58.7	64.2
3	70.0	52.4	62.7	49.4	57.4
Measles	66.1	49.3	59.0	44.0	53.6
All vaccinations ²	47.1	33.6	41.4	23.8	34.5
Percentage shown vaccination card	28.1	20.2	24.8	18.9	22.4
Number of children	647	470	1,116	747	1,864

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)

who have received full vaccination coverage, vaccination cards may have been lost or discarded.

The number of fully vaccinated children in both age groups was about 35 percent. In both age groups urban children had higher rates of vaccination, particularly in the case of measles vaccinations in the higher age group (61 percent versus 41 percent).

The proportion of children fully vaccinated by the age of 12 months in urban non-slum areas was 50 percent for the younger children and 44 percent for the older children, indicating an increase in recent vaccinations. On the other

hand, in the slums the number of fully vaccinated children declined from 36 percent among the older children to 32 percent among the younger ones, indicating the need for specific program interventions in the urban slums.

Table 8.13 shows the vaccination details of the children by standard of living quintiles. The proportion of children fully vaccinated by the age of 12 months increases with the increase in standard of living quintiles. This pattern is the same for those fully vaccinated and also for the separate vaccines. In the first quintile, only 9 to 13 percent in the two age groups respectively are fully vaccinated, whereas in the fifth

quintile between 50 and 60 percent respectively are fully vaccinated.

8.10 SOURCES OF VACCINES RECEIVED

Table 8.14 gives the percentage distribution of children under age three who have received any vaccinations, by the source of the vaccines. Sixty eight percent of the children in Kanpur Nagar received their vaccinations from the public medical sector, while the remaining 32 percent depended on private medical sector or NGO hospitals/clinics and other sources. The public sector was dominant in the rural areas responsible for the 93 percent of the vaccinations, with CHC/PHC/FP centers and sub-

TABLE 8.13: CHILDHOOD VACCINATIONS 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 shown vaccination card to interviewers, according to standard of living index quintiles and current age of the child, Kanpur Nagar, 2006

Vaccine	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
	12-23 Months				
BCG	52.5	71.7	72.0	82.8	93.0
DPT					
1	43.5	65.2	62.4	81.8	90.3
2	38.5	58.4	60.3	78.0	87.0
3	37.8	44.8	52.3	71.5	80.1
Polio					
1	44.5	69.1	68.0	82.2	87.7
2	36.9	59.9	60.2	79.3	85.0
3	34.2	43.6	51.6	73.5	80.8
Measles	30.3	44.7	45.5	63.0	75.1
All vaccinations ²	13.0	22.5	25.1	45.2	61.1
Percentage showing vaccination card	13.8	23.6	21.6	32.7	40.0
Number of children	162	188	177	199	199
	24-35 months				
BCG	67.0	62.4	65.2	83.9	88.5
DPT					
1	57.0	59.1	61.1	81.2	88.2
2	45.2	53.5	56.9	73.3	85.9
3	33.4	44.1	51.7	68.9	83.1
Polio					
1	59.5	60.1	63.5	81.0	88.1
2	46.5	54.4	56.6	75.2	79.6
3	38.2	48.0	52.6	66.4	77.7
Measles	24.0	43.9	53.1	69.5	72.6
All vaccinations ²	9.4	25.4	35.0	45.1	52.6
Percentage showing vaccination card	10.1	15.6	17.3	20.9	25.5
Number of children	190	183	196	166	203

(Contd...)

TABLE 8.13: CHILDHOOD VACCINATIONS BY 12 MONTHS OF AGE BY SLI QUINTILES (Contd...)

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

Vaccine	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
	12-35 Months				
BCG	59.9	67.4	68.6	83.1	91.0
DPT					
1	50.6	62.3	61.9	81.4	89.3
2	42.0	56.0	58.7	76.3	86.5
3	36.0	44.6	52.1	70.4	81.3
Polio					
1	52.2	64.9	66.3	81.5	87.9
2	41.4	57.2	58.6	77.6	82.3
3	36.4	45.4	52.2	70.7	79.0
Measles	27.8	44.4	49.2	65.6	74.7
All vaccinations ²	11.5	23.9	29.8	45.1	57.7
Percentage showing vaccination card	11.8	19.7	19.3	27.3	32.7
Number of children	353	371	373	366	402

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)

centers alone providing 78 percent of the vaccines used. In urban areas the public and private sectors are divided equally as a source of the vaccines used (50 percent each), with the public and private hospitals providing roughly 30 percent each of the vaccines used.

Most of the poor families went to CHC/PHC/FP center or sub-centers for their child's vaccination, but as the standard of living increases the percentages reporting to these places declines. The private sector hospital as vaccine source increases from a low of 3 percent for those in Q1 to 42 percent for those in Q5. In comparison, in the fifth quintile vaccination from

the government hospitals is only 15 percent, indicating that most of the economically advantaged persons have a marked preference towards the private sector hospitals doubtless due to the better quality of services. The best educated mothers, those with at least 12th grade education, also favor the private sector (including NGOs) as a source of the vaccines (60 percent) (Table 8.15).

8.11 VITAMIN-A SUPPLEMENTATION

The National Programme on Prevention of Blindness targets children under age five years and administers oral doses of vitamin A every six months, starting at age

nine months (Uttar Pradesh, NFHS-2). Mothers of children aged 9-35 months were asked certain related questions regarding their children receiving vitamin A supplements.

During the past six months only 14 percent of the children had received vitamin A supplementation, while 32 percent of the children had received it prior to six months. Half (51 percent) the children aged 9-35 months had not received any vitamin A at all. Children living in urban non-slum areas, belonging to the "other" caste category, whose mothers are educated more than 12th grade and those living in households with a high standard of living are considerably more likely to have

TABLE 8.14: SOURCE OF MOST VACCINES RECEIVED

Percent distribution of children age 0-35 months received vaccinations by source of most vaccines, according to place of residence, Kanpur Nagar, 2006

Source of Vaccination	Urban		Total	Rural	All Areas
	Non-slum	Slum			
Public medical sector					
Govt. /Municipal hospital	26.9	26.9	26.9	3.9	17.3
Govt. Dispensary	0.2	0.1	0.2	0.1	0.2
UHC/UHP/UFWC	5.9	14.0	8.9	0.9	5.6
CHC/PHC/FP Centre	5.8	7.9	6.6	49.0	24.2
Sub-centre	1.5	5.6	3.0	27.5	13.2
Mobile clinic	0.0	0.0	0.0	0.2	0.1
Anganwadi/ICDS centre	0.7	2.1	1.2	9.0	4.5
Other government health facility	3.1	4.4	3.6	2.3	3.1
NGO Hospital/Clinic	8.4	5.1	7.2	0.4	4.3
Private medical sector					
Pvt. Hospital	35.0	24.0	30.9	3.2	19.3
Pvt. Doctor/clinic	10.1	7.4	9.1	1.6	6.0
Pvt. Paramedic	0.4	0.0	0.2	0.2	0.2
Vaidya/hakim/homeopath	0.0	0.0	0.0	0.0	0.0
Pharmacy/drug house	0.0	0.0	0.0	0.0	0.0
Other private health facility	0.1	0.0	0.1	0.0	0.0
Other	1.9	2.3	2.1	1.7	1.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	676	404	1,080	772	1,851

received vitamin A supplementation. Boys are more likely than girls to receive vitamin A supplementation, substantiating the son preference attitude in the district (Table 8.16).

8.12 NEW BORN CARE

Table 8.17 presents the percent distribution of children age 0-35 months by time of first bath and the method of keeping the child warm during first week of life. Eighty nine percent of the children were bathed on the first day with a little higher percentage in urban areas (91 percent) than in rural areas (86 percent). Ninety seven percent of the children were wrapped in layers

of cloth to keep them warm. Fifteen percent of the children were kept inside a warm room with higher percentages in urban areas (19 percent) than rural areas (10 percent). Within urban areas 21 percent of children from non-slum areas were kept inside a warm room compared to 15 percent in slum areas.

8.13 PREVALENCE OF DIARRHEA

Deaths from diarrhea are most often caused by dehydration due to loss of water and electrolytes. After acute respiratory infections, this is the second most important cause for child mortality. Nearly

all the deaths from diarrhea can be prevented by prompt administration of rehydration solutions which is the reason that the Government of India launched its program 'Oral Rehydration Therapy' as one of the priority activities to increase child survival. One major goal of this program is to increase awareness among mothers and communities about the causes and treatment of diarrhea. Oral rehydration salt (ORS) packets are made widely available and mothers are taught how to use them.

In the survey, mothers of children less than five years of age were

TABLE 8.15: SOURCE OF MOST VACCINES RECEIVED BY SLI QUINTILES

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

Source of vaccination	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Public medical sector					
Govt. /Municipal hospital	6.8	11.9	24.5	27.3	14.5
Govt. Dispensary	0.3	0.0	0.0	0.5	0.1
UHC/UHP/UFWC	3.7	4.1	6.1	9.7	4.3
CHC/PHC/FP Centre	41.9	37.2	26.3	12.5	10.1
Sub-centre	27.4	26.1	12.4	4.1	1.8
Mobile clinic	0.4	0.0	0.0	0.0	0.0
Anganwadi/ICDS centre	8.6	7.7	5.4	2.0	0.3
Other government health facility	2.7	3.3	3.5	3.6	2.5
NGO Hospital/Clinic	0.4	1.1	3.0	4.7	10.4
Private medical sector					
Pvt. Hospital	3.0	3.2	11.8	27.8	42.4
Pvt. Doctor/clinic	1.7	2.5	4.9	7.3	11.4
Pvt. Paramedic	0.0	0.5	0.4	0.0	0.2
Other private health facility	0.0	0.0	0.0	0.0	0.2
Other	3.3	2.6	1.7	0.6	1.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	311	342	378	372	449

asked series of questions about episodes of diarrhea suffered by their children in the two weeks before the survey, including questions on feeding practices during diarrhea, the treatment of diarrhea, and whether mothers were advised of ORS use and practiced this therapy.

The definition of diarrhea used in the survey is, “whether the child had suffered from diarrhea during the last 15 days prior to the survey date.” If the respondent said yes, they were further asked whether excretion was watery in nature. The answer was marked ‘Yes’ only when the respondent had given a positive response to the second question.

Table 8.18 shows that four percent of the children under age five suffered from diarrhea in the two week period before the survey. The percentage is low compared to other studies done in Uttar Pradesh such as NFHS-2. However, comparisons should keep in mind the definition of diarrhea used in the survey. Furthermore, since there is considerable seasonal variation in the prevalence of diarrhea, the data in Table 8.15 cannot be assumed to reflect the situation throughout the year. Prevalence of diarrhea was the highest among children 6-11 months of age and the least among those over 36 months. It was somewhat lower in urban households and those in the top two standard or living quintiles.

Less than one percent of the children aged below five years had diarrhea with blood, a symptom of dysentery.

Table 8.19 shows that the majority of women sought treatment/advice for diarrhea (87 percent). The percentage ranged from 81 percent in rural areas to 97 percent in urban areas. Regarding the source of treatment for diarrhea, 94 percent sought the services from the private medical sector. Eighty eight percent of those in the urban areas went to a private hospital or doctor, whereas 63 percent in the rural areas used these two sources. Close to half (46 percent) of the children

TABLE 8.16: VITAMIN-A BY SELECTED CHARACTERISTICS

Percent distribution of children age 9-35 months by receipt of Vitamin-A, according to selected characteristics, Kanpur Nagar, 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	67.0	20.1	10.8	2.0	100.0	221
12-23	49.9	16.6	30.6	3.0	100.0	923
24-35	47.3	10.9	37.4	4.4	100.0	937
Sex of child						
Male	49.1	15.4	32.7	2.9	100.0	1,139
Female	52.2	13.3	30.2	4.3	100.0	942
Place of residence						
Urban total						
Urban non-slum	38.7	20.1	38.2	3.0	100.0	715
Urban slum	54.0	12.0	31.8	2.2	100.0	524
Rural	58.3	11.0	25.8	4.8	100.0	842
Religion						
Hindu	50.6	14.2	31.8	3.4	100.0	1,585
Muslim	52.8	16.2	29.0	2.1	100.0	394
Other	40.5	10.8	38.0	10.7	100.0	102
Caste/tribe						
Scheduled caste/tribe	56.8	13.3	26.8	3.2	100.0	490
Other backward caste	53.2	13.8	29.3	3.7	100.0	905
Other	42.5	16.0	37.9	3.6	100.0	685
Mother's education						
Illiterate	69.2	9.0	18.1	3.7	100.0	728
Literate <8th grade	58.5	13.5	25.1	2.9	100.0	267
8-11th grade	44.2	16.3	37.1	2.4	100.0	532
12+grade	25.1	21.4	50.2	3.3	100.0	459
Literate (Non formal)	58.8	23.2	13.8	4.2	100.0	26
Others	36.8	9.8	39.3	14.1	100.0	69
SLI Quintiles						
Q1	67.2	9.9	17.7	5.1	100.0	398
Q2	61.9	9.0	26.8	2.3	100.0	415
Q3	55.7	9.8	31.0	3.4	100.0	424
Q4	38.7	22.6	34.9	3.8	100.0	412
Q5	30.2	20.3	46.3	3.1	100.0	432
Total	50.5	14.4	31.6	3.5	100.0	2,081

TABLE 8.17: NEWBORN CARE

Percent distribution of children age 0-35 months by time of first bath, method of keeping the child warm during first week of life, according to place of residence and standard of living index quintile, Kanpur Nagar, 2006

Item	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Time of first bath					
First day	90.0	91.3	90.5	85.5	88.5
Second day	2.6	2.0	2.3	3.4	2.8
Third day	2.0	1.9	1.9	4.9	3.2
Fourth day or after	2.9	3.9	3.3	4.4	3.8
Don't know/missing	2.6	0.9	1.9	1.7	1.8
Method of keeping the baby warm during first week of life					
By kangaroo method	4.6	3.2	4.0	1.0	2.8
Wrapped in layers of cloth	97.3	96.8	97.1	97.9	97.4
Keep the baby in a warm room	21.2	15.2	18.7	9.5	14.9
Other	1.9	1.6	1.8	0.4	1.2
Don't remember	0.4	0.3	0.3	0.7	0.5
Number of children	910	650	1,560	1,096	2,656
Item	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Time of first bath					
First day	86.2	87.9	89.3	91.3	87.8
Second day	4.4	3.1	2.2	1.2	3.0
Third day	4.4	4.2	2.5	2.5	2.1
Fourth day or after	4.5	2.1	5.1	2.8	4.3
Don't know/missing	0.5	2.7	0.9	2.2	2.7
Method of keeping the baby warm during first week of life					
By kangaroo method	1.8	1.5	3.4	4.2	2.8
Wrapped in layers of cloth	98.7	98.6	97.3	97.0	95.7
Keep the baby in a warm room	6.7	10.2	11.2	19.2	26.8
Other	0.3	0.4	0.9	2.5	1.9
Don't remember	0.4	0.3	0.5	0.6	0.5
Number of children	524	534	530	521	548

TABLE 8.18: PREVALENCE OF DIARRHEA

Percent of children below five years who suffered from diarrhea during the two weeks preceding the survey, according to selected characteristics, Kanpur Nagar, 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	5.9	94.1	0.0	100.0	0.0	335
6-11	8.9	91.1	0.0	100.0	0.6	461
12-23	5.7	94.2	0.1	100.0	0.9	923
24-35	3.8	95.6	0.5	100.0	0.5	937
36-59	1.7	97.9	0.3	100.0	0.1	1,590
Sex of child						
Male	4.6	94.9	0.4	100.0	0.5	2,302
Female	3.6	96.3	0.1	100.0	0.4	1,944
Place of residence						
Urban total	2.8	97.1	0.2	100.0	0.3	2,546
Urban non-slum	2.5	97.2	0.3	100.0	0.2	1,473
Urban slum	3.1	96.8	0.1	100.0	0.3	1,073
Rural	6.2	93.4	0.4	100.0	0.7	1,700
Mother's education						
Illiterate	5.3	94.6	0.1	100.0	0.6	1,560
Literate <8th grade	2.0	97.4	0.6	100.0	0.3	548
8-11th grade	3.7	96.1	0.2	100.0	0.3	1,090
12+grade	3.7	95.9	0.3	100.0	0.2	848
Literate (Non formal)	4.3	95.7	0.0	100.0	0.0	52
Others	5.7	93.1	1.2	100.0	2.3	148
SLI Quintiles						
Q1	5.7	94.3	0.0	100.0	1.0	825
Q2	5.9	93.6	0.5	100.0	0.5	860
Q3	3.7	96.2	0.1	100.0	0.3	825
Q4	3.1	96.5	0.3	100.0	0.3	888
Q5	2.4	97.2	0.3	100.0	0.1	848
Total	4.1	95.6	0.3	100.0	0.4	4,246

TABLE 8.19: 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 for treatment and source of treatment/advice, according to place of residence, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Sought treatment/advice for diarrhea					
Yes	96.9	96.4	96.6	81.3	87.4
No	3.1	1.9	2.5	18.7	12.3
Don't know/missing	0.0	1.7	0.8	0.0	0.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children who had diarrhea	37	33	70	106	176
<i>Source of treatment/advice among those sought treatment/advice#</i>					
Public medical sector					
Govt./municipal hospital	0.0	7.7	3.7	0.0	1.6
CHC/Rural hospital/PHC	4.1	0.0	2.2	12.8	8.1
Anganwadi/ICDS centre	0.0	0.0	0.0	1.0	0.6
Other pub. sect. health facility	2.3	0.0	1.2	1.2	1.2
Private medical sector					
Pvt. hospital	36.9	32.8	34.9	21.8	27.6
Pvt. Doctor/clinic	52.1	54.1	53.1	41.3	46.5
Pvt. paramedic	0.0	4.0	1.9	12.7	7.9
Vaidya/hakim/homeopath	7.6	0.0	4.0	1.0	2.3
Pharmacy/drugs store	4.6	2.4	3.5	7.8	5.9
Other sources					
Shop	0.0	3.0	1.4	4.4	3.1
Other	0.0	0.0	0.0	2.0	1.1
Treatment/advice					
Same day of diarrhea onset	47.3	53.8	50.4	43.2	46.3
Second day of diarrhea onset	18.9	12.9	16.0	21.1	18.8
Third day of diarrhea onset	16.9	12.9	15.0	22.5	19.2
Forth day or after the diarrhea onset	16.9	20.5	18.6	13.3	15.6
Number of children	36	32	68	86	154

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

TABLE 8.20: 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, Kanpur Nagar, 2006

Feeding Practice During Diarrhea	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Given to drink during diarrhea					
Much less than usual	57.7	45.3	51.8	37.6	43.2
Somewhat less than usual	20.5	18.8	19.7	28.3	24.9
About the same	2.3	3.8	3.0	8.3	6.2
More than usual	19.6	32.1	25.5	21.6	23.1
Nothing to drink	0.0	0.0	0.0	4.2	2.5
Don't know	0.0	0.0	0.0	0.0	0.0
Given to eat during diarrhea					
Much less than usual	31.8	32.1	31.9	19.1	24.2
Somewhat less than usual	18.9	26.7	22.6	29.5	26.7
About the same	3.1	6.2	4.6	17.2	12.2
More than usual	0.0	0.0	0.0	1.6	1.0
Stopped food	11.6	9.6	10.7	2.4	5.7
Never given food	34.5	25.3	30.2	30.2	30.2
Don't know	0.0	0.0	0.0	0.0	0.0
Given ORS					
Yes	65.6	55.9	61.0	36.5	46.3
No	34.4	44.1	39.0	61.6	52.6
Don't know	0.0	0.0	0.0	1.9	1.1
Gruel made from rice or other local grain					
Yes	13.8	28.5	20.8	16.6	18.3
No	82.2	71.5	77.1	81.5	79.7
Don't know	4.0	0.0	2.1	1.9	2.0
Anything given to treat diarrhea[#]					
Yes	50.0	69.3	59.1	43.4	49.6
No	50.0	30.7	40.9	56.6	50.4
Don't know	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	37	33	70	106	176

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

were treated on the same day that the diarrhea started, another 19 percent each sought treatment on the second and third day respectively and 16 percent went to seek treatment on the fourth day or beyond.

Table 8.20 presents the percent distribution of children below five years who had diarrhea during two weeks preceding the survey by liquid and solid food given during diarrhea. Close to seven out of ten (68 percent) of the children were given 'much less or somewhat less' to drink during diarrhea. Only 23 percent of the children were given more than usual to drink, surprisingly this being higher in the urban slums (32 percent). Again, regarding 'given to eat during diarrhea', half the children were either given 'much less or somewhat less' than usual to eat during diarrhea, and 30 percent were given no food at all.

Forty six percent of the children who had diarrhea two weeks preceding the survey were given ORS with significant rural-urban differentials. While in rural areas only 37 percent of the children were given ORS, in urban areas it is 61 percent. Within the urban areas it ranges from 56 percent in slums to 66 percent in non-slum areas.

Eighteen percent of the children were given gruel made from rice or some other local grain. Twice as many (29 percent) in urban slum households did so, compared to 14 percent in the non-slum households.

Half the children were given something other than ORS or gruel

made from rice or some other local grain for the treatment of diarrhea, ranging from 43 percent in rural areas to 60 percent in urban areas. Within the urban areas it ranges from 69 percent in slum to 50 percent in non-slum areas.

Table 8.21 presents the percentage distribution of children below five years by advice on ORS use (to mother/caretakers) and those who used ORS. Forty five percent of the mothers of children below five years of age received advice on ORS. It is obvious that urban mothers, those who are better educated and have a higher standard of living as well as those belonging to the "other" religion and caste are more likely to seek advice on their child's condition and put it into practice. In urban areas 53 percent of the mothers, those belonging to other caste (59 percent) or religious group (57 percent), educated 12+ grades (69 percent), and in Q4 and Q5 (60-66 percent respectively) sought advice. The pattern is similar for mothers who have actually administered the ORS to their children.

8.14 PREVALENCE OF ARI AND FEVER

Acute respiratory infection (ARI), primarily pneumonia, is a major cause of illness among infants and children and the leading cause of childhood mortality. Early diagnosis and treatment can prevent a large proportion of ARI/pneumonia deaths. Twelve percent of the children below five years of age suffer from ARI (Table 8.22). A higher percentage of Muslim children (17 percent) suffer from ARI. Prevalence of ARI is lower than the norm among children whose mothers are educated 12+ grades

(9 percent), and those living in the highest standard of living quintile (8 percent).

Table 8.23 presents the percent distribution of children below five years of age who suffered from fever during two weeks preceding the survey. Seventeen percent suffered from fever with no particular differences by background characteristics, except that it was higher than the norm for children between the ages of 6-23 months (22-23 percent).

Table 8.24 and 8.25 presents the 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. Mothers of eighty three percent of the children sought treatment/advice for ARI/fever, with higher percentages from urban (89 percent) than rural areas (75 percent).

The main source for the treatment of ARI/fever is the private medical sector. Eighty five percent of the children who suffered from ARI/fever two weeks before the survey got treatment from the private sector. The percentage ranges from 81 percent in rural areas to 88 percent in urban areas. Within the urban areas it ranges from 92 percent in slums to 85 percent in non-slum areas.

Table 8.26 presents the 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. Most of the children (40 percent) were given somewhat less than

TABLE 8.21: ADVISED OF ORS USE AND PRACTICE

Percent distribution of children below five years (whose mother/care taker) by advise of ORS use and used ORS, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Percent Received Advice on ORS	Given ORS			Total Percent	Number of Children
		Yes	No	Don't Know		
Age (in months)						
0-5	27.8	15.3	84.7	0.0	100.0	335
6-11	39.4	31.6	68.4	0.0	100.0	461
12-23	50.8	45.7	54.1	0.1	100.0	923
24-35	49.2	45.1	54.2	0.7	100.0	937
36-59	45.5	41.7	57.6	0.7	100.0	1,590
Sex of child						
Male	46.5	42.0	57.5	0.5	100.0	2,302
Female	44.1	38.0	61.6	0.4	100.0	1,944
Place of residence						
Urban total	53.1	48.1	51.6	0.4	100.0	2,546
Urban non-slum	54.9	50.3	49.2	0.5	100.0	1,473
Urban slum	50.7	45.0	54.8	0.2	100.0	1,073
Rural	33.9	28.3	71.1	0.6	100.0	1,700
Mother's education						
Illiterate	32.1	27.3	72.2	0.5	100.0	1,560
Literate <8th grade	36.6	32.3	66.4	1.3	100.0	548
8-11th grade	50.0	42.6	57.3	0.1	100.0	1,090
12+grade	68.9	64.9	35.1	0.0	100.0	848
Literate (Non formal)	41.4	28.0	72.0	0.0	100.0	52
Others	52.1	49.8	49.0	1.2	100.0	148
SLI Quintiles						
Q1	25.0	20.7	78.7	0.6	100.0	825
Q2	32.9	28.5	70.8	0.7	100.0	860
Q3	42.9	35.2	64.2	0.7	100.0	825
Q4	58.8	53.8	46.0	0.2	100.0	888
Q5	66.4	61.5	38.4	0.1	100.0	848
Total	45.4	40.2	59.4	0.4	100.0	4,246

TABLE 8.22: PREVALENCE OF ARI

Percent of children below five years who suffered from ARI during the two weeks preceding the survey, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Suffered from ARI			Total Percent	Percent had ARI with Fast Breathing	Total Number of Children
	Yes	No	Missing			
Age (in months)						
0-5	10.4	89.6	0.0	100.0	6.3	335
6-11	15.9	84.1	0.0	100.0	7.2	461
12-23	14.8	85.2	0.0	100.0	7.3	923
24-35	13.0	86.7	0.3	100.0	6.1	937
36-59	8.7	91.1	0.3	100.0	3.2	1,590
Sex of child						
Male	12.1	87.6	0.3	100.0	5.4	2,302
Female	11.6	88.4	0.0	100.0	5.5	1,944
Place of residence						
Urban total	12.1	87.8	0.1	100.0	5.1	2,546
Urban non-slum	11.0	88.8	0.2	100.0	4.3	1,473
Urban slum	13.5	86.5	0.0	100.0	6.1	1,073
Rural	11.6	88.2	0.3	100.0	6.0	1,700
Religion						
Hindu	10.8	89.0	0.2	100.0	5.2	3,247
Muslim	17.2	82.8	0.0	100.0	6.9	789
Other	9.0	90.6	0.4	100.0	3.1	211
Mother's education						
Illiterate	12.5	87.4	0.1	100.0	5.8	1,560
Literate <8th grade	13.4	86.0	0.6	100.0	5.2	548
8-11th grade	12.2	87.8	0.0	100.0	5.9	1,090
12+grade	8.6	91.1	0.2	100.0	4.4	848
Literate (Non formal)	24.3	75.7	0.0	100.0	12.3	52
Other	11.1	88.2	0.6	100.0	3.2	148
SLI Quintiles						
Q1	12.8	87.2	0.0	100.0	6.2	825
Q2	12.4	87.1	0.5	100.0	7.4	860
Q3	11.8	88.2	0.0	100.0	4.6	825
Q4	14.8	85.2	0.0	100.0	4.8	888
Q5	7.5	92.2	0.3	100.0	4.1	848
Total	11.9	88.0	0.2	100.0	5.4	4,246

TABLE 8.23: PREVALENCE OF FEVER

Percent distribution of children below five years who suffered from fever during the two weeks preceding the survey, according to selected characteristics, Kanpur Nagar, 2006

Characteristics	Suffered from Fever			Total Percent	Total Number of Children
	Yes	No	Missing		
Age (in months)					
0-5	15.1	84.9	0.0	100.0	335
6-11	23.2	76.8	0.0	100.0	461
12-23	21.7	78.3	0.0	100.0	923
24-35	16.5	83.2	0.3	100.0	937
36-59	12.7	87.0	0.3	100.0	1,590
Sex of child					
Male	17.7	82.0	0.3	100.0	2,302
Female	15.8	84.2	0.0	100.0	1,944
Place of residence					
Urban total	16.7	83.2	0.1	100.0	2,546
Urban non-slum	15.8	84.0	0.2	100.0	1,473
Urban slum	17.9	82.1	0.0	100.0	1,073
Rural	17.0	82.8	0.3	100.0	1,700
Caste/tribe					
Scheduled caste/tribe	17.2	82.5	0.3	100.0	1,004
Other backward caste	18.1	81.8	0.1	100.0	1,897
Other	14.7	85.2	0.2	100.0	1,344
Mother's education					
Illiterate	17.9	82.0	0.1	100.0	1,560
Literate <8th grade	19.4	79.9	0.6	100.0	548
8-11th grade	17.1	82.9	0.0	100.0	1,090
12+grade	13.0	86.8	0.2	100.0	848
Literate (Non formal)	23.2	76.8	0.0	100.0	52
Others	12.6	86.8	0.6	100.0	148
SLI Quintiles					
Q1	16.2	83.8	0.0	100.0	825
Q2	18.4	81.1	0.5	100.0	860
Q3	18.3	81.7	0.0	100.0	825
Q4	19.9	80.1	0.0	100.0	888
Q5	11.2	88.4	0.3	100.0	848
Total	16.8	83.0	0.2	100.0	4,246

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 for treatment and source of treatment/advice, according to place of residence, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Sought treatment/advice for ARI/fever					
Yes	86.9	91.4	89.0	75.2	83.3
No	13.1	8.6	11.0	24.8	16.7
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	253	221	474	330	805
<i>Source of treatment/advice among those sought treatment/advice[#]</i>					
Public medical sector					
Govt. /Municipal hospital	5.6	3.2	4.5	0.4	3.0
Govt. Dispensary	1.7	0.0	0.9	0.0	0.6
UHC/UHP/UFWC	0.5	0.0	0.3	0.5	0.4
CHC/PHC/FP Centre	0.0	1.4	0.7	10.6	4.4
Sub-centre	0.0	0.0	0.0	0.3	0.1
Govt. Mobile clinic	0.0	0.0	0.0	0.5	0.2
Anganwadi/ICDS centre	0.0	0.0	0.0	0.3	0.1
Other government health facility	2.7	0.7	1.8	0.4	1.3
NGO Hospital/Clinic	1.0	2.0	1.5	0.0	0.9
Private medical sector					
Pvt. Hospital	39.4	32.2	36.0	19.8	30.0
Pvt. Doctor/clinic	33.1	50.8	41.6	35.7	39.4
Pvt. Paramedic	5.2	4.6	4.9	13.1	7.9
Vaidya/hakim/homeopath	3.1	1.7	2.4	0.7	1.8
Pharmacy/drug house	4.2	2.8	3.5	10.7	6.2
Other private health facility	0.0	0.0	0.0	1.2	0.5
Other sources					
Shop	1.6	0.8	1.2	7.2	3.4
Friends/relatives	0.0	0.0	0.0	0.3	0.1
Other	1.8	0.4	1.1	0.8	1.0
Number of children	220	202	422	248	670

[#]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 for treatment and source of treatment/advice, according to standard of living index quintiles, Kanpur Nagar, 2006

Items	SLI Quintile				
	Q1	Q2	Q3	Q4	Q5
Sought treatment/advice for ARI/fever					
Yes	78.2	80.2	85.0	87.4	85.7
No	21.8	19.8	15.0	12.6	14.3
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	155	174	167	198	110
<i>Source of treatment/advice among those sought treatment/advice[#]</i>					
Public medical sector					
Govt. /Municipal hospital	1.3	3.9	1.6	1.2	9.0
Govt. Dispensary	0.0	0.0	0.0	1.5	1.2
UHC/UHP/UFWC	0.9	0.6	0.3	0.0	0.0
CHC/PHC/FP Centre	12.5	2.8	1.0	2.8	4.2
Sub-centre	0.0	0.5	0.0	0.0	0.0
Govt. Mobile clinic	0.0	0.0	0.8	0.0	0.0
Anganwadi/ICDS centre	0.0	0.0	0.6	0.0	0.0
Other government health facility	0.8	0.0	0.6	3.9	0.0
NGO Hospital/Clinic	0.0	1.5	2.2	0.0	1.0
Private medical sector					
Pvt. Hospital	31.0	15.9	30.9	34.1	40.8
Pvt. Doctor/clinic	31.6	41.3	40.9	44.1	35.9
Pvt. Paramedic	6.4	17.0	10.5	3.9	0.0
Vaidya/hakim/homeopath	0.7	2.9	3.2	1.5	0.0
Pharmacy/drug house	7.9	9.0	3.8	6.5	2.9
Other private health facility	0.8	0.4	1.1	0.0	0.0
Other sources					
Shop	7.0	4.0	5.6	0.0	0.7
Friends/relatives	0.0	0.6	0.0	0.0	0.0
Other	0.0	0.6	0.0	1.1	4.2
Number of children	121	140	142	173	95

[#]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, Kanpur Nagar, 2006

Feeding Practice During ARI/Fever	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Given to drink during ARI/fever					
Much less than usual	16.5	13.8	15.2	10.2	13.2
Somewhat less than usual	39.0	40.3	39.6	39.4	39.5
About the same	31.2	30.4	30.8	38.6	34.0
More than usual	13.3	14.6	13.9	9.8	12.2
Nothing to drink	0.0	0.0	0.0	1.2	0.5
Don't know	0.0	0.9	0.4	0.7	0.5
Given to eat during ARI/fever					
Much less than usual	15.8	15.6	15.7	11.6	14.0
Somewhat less than usual	32.6	30.0	31.4	23.7	28.2
About the same	33.1	35.6	34.2	39.6	36.4
More than usual	0.5	0.6	0.5	1.0	0.7
Stopped food	2.9	2.9	2.9	5.1	3.8
Never given food	15.1	15.1	15.1	17.5	16.1
Don't know	0.0	0.3	0.1	1.6	0.7
Any drug given to treat the illness					
Yes	87.8	87.1	87.5	77.7	83.5
No	10.4	11.5	10.9	21.6	15.3
Don't know	1.8	1.4	1.6	0.7	1.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	253	221	474	330	805

usual to drink while another 34 percent were given about the same to drink. Thirteen percent were given much less than usual to drink while another 12 percent were given more than usual.

For children who had ARI/fever two weeks preceding the survey, most were given the same amount as usual to eat (36 percent). This ranges from 40 percent in rural areas to 34 percent in urban areas.

Eighty four percent of the children received drugs for the treatment of

ARI/fever, with higher percentages in urban (88 percent) than rural (78 percent) areas.

8.15 MODE OF DISPOSAL OF CHILD'S STOOL

Table 8.27 presents the percent distribution of children below five years by method of child's stool disposal. Twenty eight percent of disposal was in a toilet, 25 percent was thrown into the garbage, while nine percent used drain/ditch. Another eight percent either used outside space or the child defecated in the drains and six percent used toilets/latrines.

In rural areas, the predominant method of disposal is in the garbage or thrown outside, while in urban areas it is mostly disposed of in the toilet. Sixteen percent used methods that were not listed in the questionnaire.

From one third to half the children above the age of 24 months used toilets for defecation while for those younger, the stool is thrown into the garbage. With an increase in the SLI quintiles there is increase in the use of toilet for defecation/disposal of stool.

TABLE 8.27: 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, Kanpur Nagar, 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	0.0	15.0	25.1	43.4	13.5	0.6	1.1	1.3				100.0	335
6-11	1.5	10.7	15.0	53.7	14.4	0.2	2.8	1.7				100.0	461
12-23	14.1	9.2	12.5	41.0	10.7	0.1	8.1	4.3				100.0	923
24-35	32.9	3.6	7.8	17.4	7.4	0.1	9.1	21.7				100.0	937
36-59	47.9	1.8	3.0	7.3	3.5	0.2	9.6	26.7				100.0	1,590
Place of residence													
Urban total	41.4	8.7	12.1	17.6	4.9	0.0	9.7	5.7				100.0	2,546
Urban non-slum	45.7	10.1	9.2	16.7	5.4	0.0	10.4	2.5				100.0	1,473
Urban slum	35.5	6.8	16.0	18.9	4.1	0.0	8.6	10.2				100.0	1,073
Rural	9.0	1.4	4.9	35.4	12.5	0.4	5.0	31.4				100.0	1,700
SLI Quintiles													
Q1	3.0	1.1	6.9	37.5	10.7	0.8	10.0	30.1				100.0	825
Q2	7.9	1.8	7.3	31.5	13.6	0.0	9.3	28.6				100.0	860
Q3	25.6	4.3	13.6	25.0	6.7	0.1	8.7	16.0				100.0	825
Q4	46.8	7.5	11.1	18.3	5.7	0.0	5.8	4.7				100.0	888
Q5	57.4	14.0	7.0	11.9	2.9	0.0	5.3	1.4				100.0	848
Total	28.4	5.8	9.2	24.7	7.9	0.2	7.8	16.0				100.0	4,246

TABLE 8.28: 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, Kanpur Nagar, 2006

Items	Urban			Rural	All Areas
	Non-slum	Slum	Total		
Ever attended an organized learning centre					
Yes	32.6	19.3	27.0	34.9	30.2
No	65.5	80.2	71.6	64.5	68.8
Don't know	1.9	0.5	1.3	0.6	1.0
Currently attending any organized learning centre					
Yes	31.2	18.7	26.0	33.0	28.8
No	68.8	81.3	74.0	67.0	71.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	882	631	1513	1014	2527
<i>Among those attended any pre-school or learning center</i>					
Type of learning centre					
Anganwadi centre	2.1	16.0	6.2	61.3	31.8
Balwadi/ECD centre	5.3	1.6	4.2	3.7	4.0
Other govt. pre-school	1.9	5.0	2.8	12.9	7.5
Pvt. Nursery/pre-school	86.4	75.9	83.3	18.9	53.4
Other	4.3	1.5	3.5	3.3	3.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	287	122	409	354	763

8.16 PRE-SCHOOLING AND CHILDHOOD LEARNING

Table 8.28 presents the percentage distribution of children aged 24-59 months attended/attending any pre-school or childhood learning center. Thirty percent of the children ever attended any organized learning center in Kanpur Nagar. Surprisingly more children in the rural areas (35 percent) attended such centers compared to children from urban areas (27 percent). Thirty three percent of the children from urban non-slum areas attended any organized learning center compared to 19 percent from the slums.

Twenty nine percent are currently attending any such centers, again more (33 percent) in rural areas compared to urban areas (26 percent). Within the urban areas it ranges from 31 percent in non-slums to 19 percent in slums.

In urban areas most of those attending a learning center go to a private nursery/pre-school (83 percent), while in rural areas it is mostly to the Anganwadi center (61 percent).

Table 8.26 presents the percentage distribution of children age 24-59 months attended/attending any pre-

school or childhood learning center according to standard of living index quintiles. The number of those attending private nursery/pre-school jumps significantly with the increase in SLI quintiles, from 10 percent in Q1 to 80 percent and above in Q4 and Q5.

8.17 SUMMARY

Seventy percent of the children below age 3 in Kanpur Nagar were not weighed at the time of birth. This ranges from almost all the children (91 percent) in rural areas to just over half (55 percent) in urban areas. Within the urban areas,

TABLE 8.29: PRE-SCHOOLING AND CHILDHOOD LEARNING BY SLI QUINTILES

Percent distribution of children age 24-59 months attended/attending any pre-school or childhood learning center, according to SLI quintiles, Kanpur Nagar, 2006

Items	SLI Quintiles				
	Q1	Q2	Q3	Q4	Q5
Ever attended an organized learning centre					
Yes	22.9	31.7	23.7	26.5	44.7
No	77.1	67.6	75.8	69.5	55.3
Don't know	0.0	0.7	0.5	4.0	0.0
Currently attending any organized learning centre					
Yes	21.5	29.5	23.6	25.4	42.6
No	78.5	70.5	76.4	74.6	57.4
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	492	510	490	496	540
<i>Among those attended any pre-school or learning center</i>					
Type of learning centre					
Anganwadi centre	77.4	53.6	38.9	7.8	5.5
Balwadi/ECD centre	3.3	2.1	2.5	3.8	6.3
Other govt. pre-school	8.8	11.2	14.5	0.4	4.9
Pvt. Nursery/pre-school	9.5	24.5	43.1	86.7	80.0
Other	1.0	8.6	1.0	1.4	3.2
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	113	161	116	131	242

it ranges from 44 percent in non-slum areas to 71 percent in the slums.

Though the recommendation under the RCH program is that breastfeeding should begin immediately after childbirth, merely 15 percent of the children in the district were breastfed immediately and only another 20 percent within the day. Half the children (52%) were breastfed between 1 and 3 days after birth, and another 11 percent were initiated to breast milk after the third day.

Children who have received BCG, measles, and three doses each of DPT and polio vaccine (excluding polio 0) are considered to be fully vaccinated. Fifty one percent of children ages 12-23 months in Kanpur Nagar are fully vaccinated and 22 percent have not received any vaccination at all. Fifty six percent of children age 12-23 months in urban areas had received all the recommended vaccinations by the time of the survey, compared with 42 percent in rural areas. However, within the urban areas there is much higher

coverage for each type of vaccine in urban non-slum areas than in the slums. Two thirds (65 percent) of the children from urban non-slum areas have received all the recommended vaccines compared to less than half (44 percent) in the slum areas.

The National Programme on Prevention of Blindness targets children under the age of five years and administers oral doses of vitamin A every six months starting at age nine months. During the six months preceding the survey only

14 percent of the children had received vitamin A supplementation, while 32 percent of the children had received it prior to six months. Fifty one percent of the children aged 9-35 months have not received any Vitamin-A.

Information was collected in the survey on the prevalence and treatment of three health problems that cause considerable mortality in young children i.e. fever, acute respiratory infection (ARI) and diarrhea. In Kanpur Nagar, 17

percent of the children below five years of age suffered from fever during two weeks preceding the survey, 12 percent were ill with ARI and 4 percent of the children suffered from diarrhea.

Eighty five percent of the children who suffered from ARI/fever two weeks prior to the survey got treatment from the private sector. The percentage ranges from 81 percent in rural areas to 88 percent in urban areas. Within the urban areas it ranges from 92

percent in slums to 85 percent in non-slum areas. The majority of women sought treatment/advice for diarrhea (87 percent). The percentage ranged from 81 percent in rural areas to 97 percent in urban areas. Regarding the source of treatment for diarrhea, 94 percent sought the services from the private medical sector with higher percentages of urban households doing so. Overall, for the treatment of children, the private sector is preferred across the places of residence.

Annexures

KANPUR NAGAR 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	KANPUR NAGAR 3 4
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?	MOPED/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 HOURRS <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 ? RECORD THE PLACE IF HOSPITAL OR CLINIC	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>	<p>YES NO</p> <p>ESI Scheme ई एस आई स्कीम.....1 2</p> <p>CGHS सी जी एच एस.....1 2</p> <p>Community Health Insurance.....1 2</p> <p>कम्युनिटी हेल्थ बीमा</p> <p>Other Health Insurance अन्य स्वास्थ्य बीमा</p> <p>Through Employer मालिक के द्वारा1 2</p> <p>Other Private Health Insurance1 2</p> <p>अन्य प्राइवेट हेल्थ बीमा</p> <p>Other अन्य (.....).....1 2</p>	END
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>YES1 →</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 :-

KANPUR NAGAR 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 _____ KANPUR NAGAR	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">3</td> <td style="width: 20px; height: 20px; text-align: center;">4</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	3	4										
3	4												
Tehsil / Taluk / तहसील / तालुका _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
City / Town / Village / शहर / कस्बा / गाँव _____	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Urban(नगरीय)-1/ Rural (ग्रामीण)-2/ Notified Slum-3/Un-notified Slum-4.....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
PSU Number / पी. एस. यू. नम्बर.....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Household number/ घर का नम्बर.....	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Stratum code (HH with child <3 years – 1, Other – 2)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Name of eligible woman योग्य महिला का नाम													
Eligible woman line number in household schedule परिवार प्रश्नावली में योग्य महिला का लाइन नम्बर	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकरियाँ													
Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>												
Date of interview साक्षात्कार की तिथि	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p style="text-align: center;">Day दिन, Month महीना Year वर्ष</p>												
Result परिणाम	<table border="0" style="width: 100%;"> <tr> <td>Completed पूर्ण</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Not at home घर पर नहीं</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Postponed स्थगित</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Refused नकार दिया / मना कर दिया.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Partly completed आंशिक रूप से पूर्ण</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Other (Specify) अन्य (स्पष्ट करें)</td> <td style="text-align: right;">6</td> </tr> </table>	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
Completed पूर्ण	1												
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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 <input type="text"/> <input type="text"/> पढ़े-लिखे औपचारिक शिक्षा प्राप्त की है
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 <input type="text"/> <input type="text"/> पढ़े-लिखे, औपचारिक शिक्षा प्राप्त की है
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। <u>NAME OF PLACE IF HOSPITAL OR CLINIC</u> 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 लिखे)।</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 facility.....29 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 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?</p> <p>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/विद्व्रावल 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 सुरक्षित.....2 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"/> <input type="text"/></p> <p>Years वर्ष..... 2 <input type="text"/> <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"/> <input type="text"/></p> <p>YEAR वर्ष..... <input type="text"/> <input type="text"/> <input type="text"/> <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 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 खून बहना</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. CONVULSIONS 1 दौरा पड़ना</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. PROLONGED LABOUR 1 प्रसव पीड़ा</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. BLEEDING 1 खून बहना	1	2	B. CONVULSIONS 1 दौरा पड़ना	1	2	C. PROLONGED LABOUR 1 प्रसव पीड़ा	1	2						
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<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 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 NGO SECTOR एनजीओ क्षेत्र NGO Hospital / Clinic 31 एनजीओ अस्पताल / दवाखाना 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 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?</p> <p>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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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																																																					

314	CHECK Q313 प्रश्न 313 देखिए AT LEAST ONE 'YES' कम से कम एक 'हां' 'NO' IN ALL 'नहीं' सब में	<table border="1"> <tr> <td>1</td> <td>Continue जारी रखें</td> </tr> <tr> <td>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"> <tr> <td>1</td> <td>Continue जारी रखें</td> </tr> <tr> <td>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 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

KANPUR NAGAR BASELINE SURVEY - 2006
CHILDREN AGE 0-59 MONTHS (0-4 YEARS)

IDENTIFICATION पहचान			
District / जिला _____ KANPUR NAGAR		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 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	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 गलूकोज 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 गलूकोज 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 उपकेन्द्र15 Govt. mobile clinic.....16 सरकारी चलता-फिरता दवाखाना RCH Camp कैम्प.....17 Anganwadi /ICDS centre18 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 room C बच्चे को गर्मी में रखते हैं 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 room C बच्चे को गर्मी में रखते हैं 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 [IF '2 OR 9' GOTO Q.556]	Yes हाँ..... 1 No नहीं2 Don't know पता नहीं9 [IF '2 OR 9' GOTO Q.556]
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><i>[IF '2 OR 9' GOTO Q.552]</i></p>	<p>Yes हाँ..... 1</p> <p>No नहीं 2</p> <p>Don't know पता नहीं 9</p> <p><i>[IF '2 OR 9' GOTO Q.552]</i></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./ CLINICJ 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"/>	MORE THAN ONE CODE CIRCLED <input type="checkbox"/>
		CONTINUE	CONTINUE
		ONLY ONE CODE CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>
		GOTO Q.551	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	When [NAME] had an illness with cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? 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 ?	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]
559	When [NAME] had this illness, did he/she have a problem in the chest or a blocked or runny nose? जब (नाम) को यह बीमारी थी तो क्या उसे छाती में समस्या थी या छाती जाम थी या नाक बह रही थी ?	Chest only सिर्फ छाती..... 1 Nose only सिर्फ नाक 2 Both chest and nose..... 3 छाती और नाक दोनों Other (.....) ... 7 Don't know 9 पता नहीं	Chest only सिर्फ छाती 1 Nose only सिर्फ नाक 2 Both chest and nose 3 छाती और नाक दोनों Other (.....) ... 7 Don't know 9 पता नहीं
560	CHECK Q.556 & Q.557 HAD FEVER OR COUGH?	AT LEAST ONE 'YES' ... <input type="checkbox"/> CONTINUE BOTH 'NO' <input type="checkbox"/> GOTO Q.574	AT LEAST ONE 'YES' ... <input type="checkbox"/> CONTINUE BOTH 'NO' <input type="checkbox"/> GOTO Q.574
561	How long ago did the (fever/cough) start? (बुखार/खासी) कितने समय पहले शुरू हुआ था ? IF LESS THAN ONE WEEK RECORD NUMBER OF DAYS AGO, OTHERWISE RECORD WEEKS AGO अगर एक हफ्ते से कम है तो दिनों की संख्या रिकॉर्ड करें, अन्यथा हफ्ते रिकॉर्ड करें।	NO. OF DAYS AGO 1 <input type="text"/> <input type="text"/> NO. OF WEEKS AGO 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	NO. OF DAYS AGO 1 <input type="text"/> <input type="text"/> NO. OF WEEKS AGO 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
562	Now I would like to know how much [NAME] was given to drink during the illness with a (fever/cough). अब मैं जानना चाहूँगी कि (बुखार/खाँसी)के कारण इस बीमारी के दौरान (नाम) को कितना पीने के लिये दिया गया था। Was he/she given less than usual to drink, about the same amount, or more than usual to drink? 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 ? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	Much less बहुत कम 1 Some what less थोड़ा कम 2 About the same उतना ही..... 3 More ज्यादा 4 Nothing to drink 5 कुछ भी पीने को नहीं दिया Don't know पता नहीं 9	Much less बहुत कम 1 Some what less थोड़ा कम 2 About the same उतना ही 3 More ज्यादा 4 Nothing to drink 5 कुछ भी पीने को नहीं दिया Don't know पता नहीं 9
563	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? 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 ? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? क्या उसे आमतौर से बहुत कम खाने को दिया गया था या थोड़ा कम	Much less बहुत ज्यादा 1 Some what less थोड़ा ज्यादा..... 2 About the same उतना ही..... 3 More ज्यादा 4 Sopped food पतला खाना..... 5 Never give food 6 कभी भी खाना नहीं दिया Don't know पता नहीं 9	Much less बहुत ज्यादा 1 Some what less थोड़ा ज्यादा..... 2 About the same उतना ही 3 More ज्यादा 4 Sopped food पतला खाना 5 Never give food 6 कभी भी खाना नहीं दिया Don't know पता नहीं 9
564	Did you seek advice or treatment for the illness from any source? क्या आपने किसी साधन से बुखार के लिये सलाह ली थी या इलाज करवाया था ?	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.569]	Yes हाँ..... 1 No नहीं 2 [IF '2' GOTO Q.569]

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. Dispensary.....B 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 centreH 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/ HomeopathN वैद्य/हकीम/होम्योपैथ</p> <p>Pharmacy/DrugstoreO फार्मसी/दवाइयों की दुकान</p> <p>Traditional healerP पारम्परिक हीलर</p> <p>Other pvt. health facilityQ 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/पी एच सी</p> <p>Sub-centre उपकेन्द्र.....E</p> <p>Govt. mobile clinicF सरकारी चलता-फिरता दवाखाना</p> <p>RCH Camp कैम्प.....G</p> <p>Anganwadi /ICDS centreH 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/clinicL निजी डॉक्टर/क्लिनिक</p> <p>Pvt. paramedic प्राइ पैरामेडिक.....M</p> <p>Vaidya/ Hakim/ Homeopath.....N वैद्य/हकीम/होम्योपैथ</p> <p>Pharmacy/DrugstoreO फार्मसी/दवाइयों की दुकान</p> <p>Traditional healer.....P पारम्परिक हीलर</p> <p>Other pvt. health facilityQ अन्य प्राइवेट स्वास्थ्य सुविधा</p> <p>OTHER SOURCES</p> <p>SHOP दुकानR</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 ...

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