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Knowledge about RCH, Services Provided and Media Exposure: A Study of Grassroot Level Health Workers

Uttar Pradesh

August 2007

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FOREWORD

Communication for the purpose of supporting positive health behavior is an integral part of any health activity. 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 communication strategies for improving the demand for and quality of reproductive health services in the state. In October 2004, IFPS-II, the second phase of the project was launched, in whish adoption and scale-up of innovative interventions was featured as a critical component. Programs and interventions proven successful based upon systematic monitoring and demonstration of results would be scaled-up for state - wide implementation. The data contained in this survey report will assist in further strengthening evidence-based programming in the state.

The Behavior Change Communication (BCC) Baseline Survey in Uttar Pradesh, conducted in 2006, is designed to provide information on health knowledge, behavior and practices among the general population (women, mother-in-low and husbands) and service providers in the state. Respondent's behavior related to media, including information on preferred media channels and media viewing time is an additional feature of this report. This information has been used to assist in the development of an evidence-based communication strategy for Uttar Pradesh. Separate estimates are provided for IFPS project and non-project district and will be used to measure the impact of SIFPSA's communication efforts under the IFPS-II project.

This report contains findings from service providers' interviews, covering 600 Auxiliary Nurse Midwives, 600 Anganwadi workers and 600 Traditional Birth Attendants. It is one of the first of its kind in the state that covers a sample size of this magnitude, inclusive of three grassroots-level service provider categories. It is hoped that report will provide many new and useful findings to health planners and policy makers in the sates and will be effectively used in designing communication strategies and training programs.

The ITAP team has done a commendable job in the design and implementation of this study and in the production of this high quality report. I take this opportunity to congratulate and thank ITAP for the completion of this study on health behavior Uttar Pradesh.

Robert Clay
Director
Office of Population Health and Nutrition
U.S. Agency for International Development

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ABBREVIATIONS

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

EXECUTIVE SUMMARY

The BCC Baseline Survey (2006) was conducted to provide baseline information for the Behavior Change Communication (BCC) campaigns being planned and implemented by SIFPSA in Uttar Pradesh. The full survey collected information from grass roots level health service providers such as Auxiliary Nurse Midwives (ANMs), Anganwadi Workers (AWWs) and Traditional Birth Attendants (TBAs), and also from currently married women aged 15-49 years, their husbands and mothers-in-law. This particular report covers the data gathered from the service providers including information on the health providers' knowledge and practices with regard to various reproductive and child health services, attitudes towards work, and exposure to various types of media.

The survey collected information from 600 ANMs, AWWs and TBAs spread across the state representing project and non-project districts. Three separate questionnaires were used in the survey, one for each category of service provider. The survey was designed and guided by Constella Futures, which provides technical assistance in program planning, monitoring and evaluation to the IFPS-II project, in consultation with USAID. Field work was carried out by Institute of Health Management Research (IHMR), Jaipur and the data analysis was carried out at the Constella Futures Office in Delhi.

SOCIOECONOMIC PROFILE OF HEALTH PROVIDERS

Among all three types of service providers, TBAs were more likely to be older women belonging to the Scheduled Caste/Scheduled Tribe and largely illiterate. AWWs were the most literate service providers, with literacy levels higher than ANMs. They were also the youngest service providers with a quarter being less than 30 years old, and a mere three percent aged 50 years or more. ANMs were more likely to belong to the general population, compared to other providers. More than one-third of the ANMs resided outside their sub-center area. Almost all the ANMs and AWWs and a majority of TBAs had received a training of some sort. However, training in interpersonal communication and counseling was far from universal.

FAMILY PLANNING

Providing family planning services was universal among ANMs, particularly distribution of oral contraceptive pills and condoms, followed by IUCD insertions and referrals. Promotion of family planning services and products was also found to be an important aspect of the AWWs' responsibilities. Compared to ANMs and AWWs, TBAs were somewhat less involved in family planning services, though they too were quite actively engaged. All types of health providers were more likely to recommend female sterilization to clients than male sterilization. In spite of significant involvement in family planning services, AWWs and TBAs did not appear to be adequately equipped with knowledge or skills to provide complete and accurate information to their clients, and were unlikely to discuss the potential side-effects of various contraceptives being advised by them.

During their interaction with clients, ANMs focused more on facts and benefits of using various contraceptives, and much less on potential side-effects of contraceptives. Further, many ANMs did not provide detailed instructions

about correct use of OCPs or stress the importance of consistent use of OCPs and condoms, though they showed impressive awareness about the medical eligibility criteria for OCPs. A majority of the ANMs failed to provide detailed information regarding the female and male sterilization procedures and post-operative care.

Health providers' skills in providing complete and accurate information about various contraceptives to their clients, particularly on who is a good candidate for which type of contraceptive, the potential side-effects of various contraceptives and how to deal with side-effects once they occur, is an area that requires strengthening to ensure compliance and to minimize the possibility of method failure as a result of inadequate knowledge among clients.

Involvement of significant family members such as husbands and mothers-in-law during discussions on family planning matters with health workers was quite high. Health workers held discussions more often in the presence of mothers-in-law than husbands. Communication material for family planning counseling was not widely available to health workers, limiting their ability to provide visual information to clients on family planning options. Educational posters were the most commonly available material mentioned by 57 percent ANMs and 43 percent AWWs. Examples or models of contraceptives, while available to 57 percent ANMs, were hardly seen by AWWs.

MATERNAL, NEO-NATAL AND CHILD HEALTH

Health workers' knowledge and practices with regard to maternal, neo-natal and child health services were varied. Expectedly, ANMs were the most knowledgeable among all health workers about the components of the basic antenatal package such as number of ANC check-ups (98%), tetanus immunization (90%), IFA supplementation (84%), and abdominal check-ups (71%). However, a few other components of ANC that are supposed to be provided at the peripheral level such as measurement of blood pressure and weight, blood test, urine test, screening for anemia and check-up for oedema were not mentioned by a significant proportion of ANMs. Though awareness among ANMs about the prophylactic dosage of iron supplementation during pregnancy is universal, more than half (52%) of the ANMs were not aware of the guidelines for treatment of anemic pregnant women. In effect, every second pregnant woman in Uttar Pradesh is anemic and probably does not receive the required dosage of iron supplements. AWWs also displayed high awareness of certain antenatal services, though this too was limited to the number of antenatal checkups, tetanus vaccination, IFA supplementation and abdominal check-ups.

This survey revealed that health workers' awareness of the danger signs of pregnancy was unsatisfactory. Except for hemorrhage, most of the danger signs of pregnancy were not recognized by a majority of the health workers, with AWWs and TBAs showing lower awareness levels than ANMs. On the other hand, ANMs' awareness about safe delivery practices was very high, though they were less adept at identifying the danger signs of labor. Severe vaginal hemorrhage and mal-presentation of fetus was the most easily identified danger sign during labor. Other danger signs were identified by less than 50 percent ANMs. TBAs, who conduct a significant number of deliveries in rural Uttar Pradesh, showed alarmingly low levels of awareness of danger signs of labor.

Birth preparedness advice provided by health workers to clients and their families emphasized the identification of a skilled birth attendant and clean place for delivery, whereas complication readiness advice focused on arrangement of transport and finances in case of emergency. An important component of birth preparedness and complication readiness advice, viz., to seek prompt medical care in case of any danger signs during pregnancy, delivery or post-delivery was not specifically mentioned by the health workers.

Although health workers were aware of the importance of the post-partum period for the health of the mother and the child, they were not very aware of the recommended number of health checkups during this period. Health workers were not fully aware of all the essential components of newborn care or the danger signs during the neo-natal period, though ANMs were more aware than other health providers.

Recommended infant feeding practices such as early initiation and exclusive breastfeeding up to the age of six months were well known by ANMs and AWWs, though there were differences in knowledge of norms for introduction of complementary food, and complete weaning off breastmilk. ANMs and AWWs showed impressive knowledge about vaccines provided in the routine immunization program; TBAs were not well versed in this regard. The vast majority of health workers were not aware of the Hepatitis B vaccine.

RTI/STI AND HIV/AIDS

Health workers showed far from satisfactory awareness about RTI/STI and their symptoms. Nearly half the ANMs (48%) and a majority of the AWWs (82%) were not aware of the difference between RTI and STI, whereas nine in ten TBAs (91%) had never heard of RTI/STI. Because of the culture of embarrassment associated with RTI/STI, a majority of the health workers did not advise clients with RTI/STI to seek treatment from a health provider; rather, advice was largely focused around actions related to hygiene and cleanliness. ANMs showed greater awareness of HIV/AIDS and modes of transmission as compared to AWWs, while TBAs were largely ignorant about the problem. Transmission of the HIV/AIDS virus through the sexual route and through contaminated blood and equipment were more commonly understood modes of transmission as compared to mother-to-child transmission. The majority of health workers advised clients to use condoms for preventing HIV/AIDS.

ATTITUDES

ANMs perceived a greater sense of appreciation and acknowledgement from the communities served by them compared to AWWs and TBAs. ANMs also felt that they gained more from their work in terms of knowledge and technology compared to other health workers. A majority of the health workers (70 percent AWWs and ANMs, and 64 percent TBAs) felt strongly about the need for knowledge to supplement existing information levels to be able to counsel clients more effectively.

EXPOSURE TO MEDIA

Differences were seen in the exposure of health workers to mass media with ANMs (73%) and AWWs (63%) showing much greater exposure to any type of mass media compared to TBAs (27%). Television was the preferred medium for information and entertainment for ANMs (57%) and AWWs (41%). TBAs showed very low exposure to television, radio or cinema. Free-to-air Doordarshan channels (DD 1 and DD News) were extremely popular in comparison to cable television channels such as Star TV. Drama programs were most commonly watched by most of the health workers. Regular radio listening was similarly reported by ANMs (26%) and AWWs (27%) and a lower proportion of TBAs (11%). Programs on film songs were popular among the health workers. A majority of the radio listeners showed a preference for the two AIR channels (national and regional). With varied educational levels, differences were observed in newspaper reading among the health workers. Only 44 percent ANMs, 27 percent AWWs, and six percent TBAs read the newspaper regularly, with Dainik Jagran being the most popular newspaper read by a majority of the newspaper reading respondents.

The biggest source of health messages for ANMs (85%) and AWWs (64%) was television, while TBAs (29%) were more likely to cite radio as the main source of information on family planning or reproductive health. Newspapers were also important contributors of health information for 63 percent ANMs and 39 percent AWWs. Family planning messages were the most visible types of health messages in various forms of mass media, followed by messages on polio immunization and routine immunization. Exposure to messages on antenatal care, post-partum care, neo-natal care and infant feeding were not as easily recalled by a majority of health workers. Television and radio were recommended by health workers as ideal media for communication on reproductive and child health. Despite moderate readership levels among ANMs and AWWs, newspapers did not find significant mention as a channel for health communication.

FACT SHEET

Fact Sheet	Type of service provider		
	Auxiliary Nurse Midwife (ANM)	Anganwadi Worker (AWW)	Traditional Birth Attendant (TBA)
Sample Size			
Selected	600	600	600
Completed	582	591	581
Characteristics of Service Provider			
Percent of scheduled caste/tribe	12.5	22.3	75.4
Percent below 40 years old	17.5	71.9	25.1
Percent having 12 or more years of education	72.7	67.8	0.8
Percent having 5 or less years of service/experience	8.8	48.8	4.7
Percent of ANMs live outside sub-center area	35.4	NA	NA
Percent received any type of health service provider training	99.7	98.1	85.4
Characteristics of the Sub-Center/Anganwadi Center			
Percent operating in government building	55.5	85.6	NA
Percent having no electricity connection	54.3	86.6	NA
Percent having inadequate storage space	22.7	34.2	NA
Type of Service/Counseling Provided (% of providers)			
Spacing methods of family planning	90.7	72.8	43.2
Permanent methods of family planning	68.6	48.9	22.4
Antenatal care	82.8	65.1	51.1
Delivery care	63.7	41.8	76.1
Childhood vaccination	93.0	59.6	39.8
RTI/STI	16.7	12.4	2.6
Percent unable to provide family planning services during last 6 months	16.7	29.8	NA
Percent heard about 10 year IUCD	83.0	32.0	NA
Enhancing Effective Interpersonal Communication (% of providers)			
Respecting clients	72.0	68.5	58.0
Listening to problems of clients	62.2	54.1	45.6
Understanding the needs of clients	49.1	40.6	31.5
Encouraging clients to take decision	14.4	16.2	7.4

Fact Sheet	Type of service provider		
	Auxiliary Nurse Midwife (ANM)	Anganwadi Worker (AWW)	Traditional Birth Attendant (TBA)
Communication Materials Available for Counseling (% of providers)			
Educational posters	57.4	42.6	NA
Brochures/Leaflets	26.5	13.0	NA
Flip chart	23.0	20.8	NA
Examples/Models of contraceptives	56.7	13.3	NA
Knowledge about Components of Antenatal Care (% of providers)			
Three or more ANC visits	98.0	93.0	67.7
TT injection	89.7	82.9	61.6
IFA tablets	83.8	74.5	54.2
Abdominal checkup	70.6	59.6	42.5
Blood pressure	49.1	22.5	12.4
Weight	51.9	31.6	12.4
Height	26.6	13.5	6.6
Blood test	52.1	26.4	9.5
Urine test	42.3	25.7	8.8
Anemia	37.1	21.0	3.4
Percent reporting first TT injection as soon as the pregnancy is known	80.9	66.2	47.5
Knowledge about Danger Signs of Pregnancy (% of providers)			
Severe vaginal bleeding	70.6	58.4	57.0
Severe pain in the abdomen	49.0	46.7	45.6
Swelling	57.0	44.5	42.2
Abnormal discharge from vagina	22.3	14.9	19.1
Convulsions	25.3	14.9	8.8
Water bag burst	9.5	4.6	8.8
Knowledge about Danger Signs of Labor (% of providers)			
Severe vaginal bleeding	83.3	73.1	58.4
Loss of consciousness	38.7	28.8	30.1
Prolonged labor	40.5	42.3	41.3
Abnormal position of the child	64.1	52.8	59.4
Placenta not coming out	27.0	16.8	20.2
Knowledge about Danger Signs to Babies during Neo-natal Period (% of providers)			
Breathing difficulty	64.3	57.2	48.4
Difficulty in sucking	32.8	29.4	23.2
Rapid breathing	45.4	40.1	36.7
Bleeding from cord/navel	24.4	19.6	16.4
Does not pass urine within 24 hours	15.8	10.0	9.0
Percent of service providers having knowledge about 'Kangaroo Method'	59.3	40.4	34.6

Fact Sheet	Type of service provider		
	Auxiliary Nurse Midwife (ANM)	Anganwadi Worker (AWW)	Traditional Birth Attendant (TBA)
Knowledge about Feeding Practices (% of providers)			
New born should received breastmilk within one hour of birth	89.0	89.1	53.7
Child should be exclusively breastfed for 6 months	82.3	88.2	55.6
Child should receive supplementary feed at 6th month	37.8	35.2	34.3
Childhood Vaccination			
Percent know of BCG	98.5	94.4	53.9
Percent know of Polio	95.9	93.2	58.3
Percent know of DPT	99.0	96.3	53.0
Percent know of Measles	97.4	91.2	45.6
Percent know of Vitamin-A	92.4	83.1	37.0
RTI/STI and HIV/AIDS			
Percent know the difference between RTI and STI	61.9	18.3	3.8
Percent inform clients to use of condom to prevent HIV/AIDS	76.1	68.0	19.8
RCH/Health Camps			
Percent heard about RCH/Health camps	85.4	41.1	17.4
Percent participated in RCH/Health camps	75.9	18.9	8.3
Media Exposure			
Percent listen to radio at least once a week	26.1	26.9	11.0
Percent watch television at least once a week	56.7	41.3	8.4
Percent exposure to any media#	73.2	63.5	27.0
Percent listen to radio every day	17.2	19.3	6.5
Percent watch TV every day	43.6	29.1	5.2
Percent aware of street plays/drama/skit during past 6 months in the area	27.1	19.8	10.5

Listen to radio once a week or watch television once a week or read newspaper once a week or go to cinema once a year.

Chapter 1

INTRODUCTION

1.1 BACKGROUND OF THE SURVEY

The Innovations in Family Planning Services II (IFPS-II) project is a large-scale reproductive and child health project focused upon increasing access, improving quality and promoting demand for family planning and reproductive health services in three states of northern India, namely, Jharkhand, Uttar Pradesh and Uttaranchal. Constella Futures is providing technical assistance (TA) to the IFPS-II project; particularly in program planning, monitoring and evaluation.

The BCC Campaign Baseline Survey (2006) for Uttar Pradesh has been conducted to provide baseline information for the Behavior Change Communication (BCC) campaigns planned by SIFPSA, the implementing agency in Uttar Pradesh. The Baseline Survey (2006) has two parts – the general population survey, and the service provider survey. The present report contains the findings from the second part of the study resulting from interviews with 600 Auxiliary Nurse Midwives (ANMs), Anganwadi Workers (AWWs) and Traditional Birth Attendants (TBAs) respectively, from both project and non-project districts of Uttar Pradesh (see Appendix A). The results of the general population survey are presented in a separate document. This covered 7,400 households, i.e., 3,700 households each from the project and non-project districts and interviewed married women aged 15-49 years, their mothers-in-law and husbands.

Three separate questionnaires were used in the survey, one for each provider. The completed sample comprised 582 ANMs (295 from project districts and 287 from non-project districts), 591 AWWs (294 from project districts and 297 from non-project districts), and 581 TBAs (291 from project districts and 290 from non-project districts). The survey was planned and supervised by the IFPS-II Technical Assistance Project, implemented by the prime contractor Constella Futures, in consultation with USAID. Fieldwork was conducted by the Institute of Health Management Research (IHMR), Jaipur.

1.2 SOCIOECONOMIC AND DEMOGRAPHIC FEATURES

Uttar Pradesh is the most populous state in the country, home to 16.2 percent of India's population, or 166 million people (Census, 2001). Only five countries, namely, China, India, USA, Indonesia, and Brazil have a larger population than Uttar Pradesh. It is also the fourth largest state in the country in terms of geographical area covering nine percent of the country's land area across a 241,000 square kilometer area. The density of population in the state is 690 persons per square kilometer as against 313 for the country as a whole. The state is divided into 17 administrative divisions comprising 70 districts, over 800 development blocks and 97,928 inhabited villages. UP is largely rural, with 79 percent of the population residing in rural areas and two-thirds of the population engaged in agricultural activity.

The Human Development Index (HDI) is a composite measure of the overall level of a region in terms of life expectancy at birth, adult literacy and per capita GDP. On this measure UP, which was fifteenth out of the major states in India in 1990-1991, has improved to twelfth in 2000-2001. The literacy level in the state is far from satisfactory, and the gender gap in literacy levels is pronounced, at 42 percent for women compared to 69 percent for men (Census, 2001). The sex ratio in Uttar Pradesh is 898 females per 1,000 males, which is lower than the national average sex ratio of 933 to 1,000.

Uttar Pradesh has the highest fertility rate among all the major Indian states, though there has been a gradual decline in fertility levels in the state in the recent decades. Total fertility rate (TFR) declined from 4.82 children per woman in 1990-1992 (NFHS-1) to 3.99 in 1996–98 (NFHS-2), and further to 3.8 in 2005-2006 (NFHS-3). However, it is still far from reaching a TFR of 2.1 which is considered a good cut-off point as it puts the state on the road to population stabilization. According to Sample Registration System, 2005, there are 73 infant deaths per 1,000 live births in the state, which is very high compared to the national average of 58.

Use of modern spacing methods has increased from 21 percent in 1998-1999 to 29 percent in 2005-2006. Institutional deliveries are uncommon, though they have increased from 15 percent to 22 percent over the seven year period. However, merely 17 percent rural women in Uttar Pradesh opt for institutional deliveries even now.

1.3 OBJECTIVES OF THE SURVEY

The major objective of the study is to establish a baseline for the Behavior Change Communication Programs planned to enhance knowledge, interpersonal skills and media habits among grassroot level health service providers in Uttar Pradesh. The specific objectives are to estimate their levels of

a) Knowledge and perceptions about modern contraceptive methods
b) Knowledge of maternal, child health and RTI/STI issues
c) Interpersonal communication skills; and their
d) Media habits.

1.4 SURVEY AND SAMPLE DESIGN

The BCC Baseline Survey in Uttar Pradesh was designed to provide estimates for key parameters at the state level disaggregated by rural and urban, and project and non-project districts, for the general population (married women, husband's and mother-in-laws) and service providers. In order to obtain reliable estimates a sample size of 7,400 households was fixed, 4,000 households from rural areas (2,000 each from project and non-project districts) and 3,400 households from urban areas (1,700 each from project and non-project districts). The information from grassroot level service providers was collected from only rural areas of both project and non-project districts.

In the first stage, 100 villages (Primary Sampling Units - PSUs) were selected using the probability proportional to size (PPS) methodology for each, project and non-project districts. In the second stage the Primary Health Centre areas belonging to the selected PSUs were identified, all the sub-centers in the respective PHC areas were listed and two sub-centers were randomly selected after excluding the sub-center located directly in the selected PSU village. For each selected PSU, three ANMs, AWWs and TBAs respectively were identified and interviewed using the structured questionnaires developed for this purpose.

1.5 RECRUITING, TRAINING AND FIELDWORK

To maintain uniformity in the data collection process, all the survey tools including questionnaires and manuals were prepared by Constella Futures and translated into Hindi, the local language of the state. Through a competitive bidding process, the Institute of Health Management and Research (IHMR), Jaipur was selected to conduct the field survey.

The field survey teams were recruited by IHMR and trained separately in two sessions,

TABLE 1.1: **SAMPLE SIZE COVERED BY TYPE OF DISTRICT**

Type of service provider	Project districts	Non-project districts	State total
Number of Auxiliary Nurse Midwives (ANMs)	295	287	582
Number of Anganwadi Workers (AWWs)	294	297	591
Number of Traditional Birth Attendants (TBAs)	291	290	581
Total Number	**880**	**874**	**1754**

conducted at Jaipur during **May-June 2006**. The training sessions were facilitated by Senior Professionals from the IHMR and Constella Futures.

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

1.6 DATA PROCESSING

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

Since the project and non-project districts share almost the same population proportions no weights have been applied to the data. SPSS software has been used in generating the tables presented in this report. The sample size details by type of service providers are given in Table 1.1. Data based on fewer than 25 respondents are 'not shown' (NS) in the report.

1.7 STRUCTURE OF THE REPORT

This report consists of eight chapters. Chapter 1 is the introduction, Chapter 2 deals with the background of the service providers, and Chapters 3 to 8 deal with knowledge of RCH issues, experience in providing different types of services and media exposure.

Chapter II

BACKGROUND CHARACTERISTICS

This chapter provides information on the characteristics of ANMs, AWWs and TBAs; and infrastructure facilities available at sub-centers and Anganwadi centers in Uttar Pradesh.

2.1 SOCIOECONOMIC CHARACTERISTICS OF HEALTH PROVIDERS

Almost all (99%) the ANMs interviewed were above 30 years of age. Four fifths (82%) were above the age of 40, with the majority (61%) being in the 40-49 year age group. Seven in ten (71%) of the TBAs were older than 40 years.

TABLE 2.1: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY SELECTED CHARACTERISTICS**

Characteristics	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwife (ANM)	
Age in completed years			
Less than 30	0.7	1.4	1.0
30-39	14.2	18.8	16.5
40-49	62.7	59.2	61.0
50 and above	22.0	20.2	21.1
Don't know	0.3	0.3	0.3
Marital status			
Never married	2.4	2.1	2.2
Currently married	90.8	89.2	90.0
Other	6.8	8.7	7.7
Religion			
Hindu	91.8	93.7	92.8
Muslim	4.1	3.1	3.6
Other	4.1	3.1	3.6
Caste/tribe			
Scheduled caste/tribe	12.9	12.2	12.5
OBC	27.5	22.3	24.9
General	59.7	65.5	62.5
Educational status			
Literate, less than 10th grade	2.7	1.7	2.2
Literate, 10-11 grade	26.1	24.0	25.1
Literate, 12-14 grade	58.3	54.7	56.5
Literate, 15+ grade	12.9	19.5	16.2
Total percent	100.0	100.0	100.0
Number of ANMs	**295**	**287**	**582**

Contd...

TABLE 2.1: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY SELECTED CHARACTERISTICS (CONTD...)**

Characteristics	Project districts	Non-project districts	State total
		Anganwadi Workers (AWWs)	
Age in completed years			
Less than 30	24.1	25.9	25.0
30-39	48.0	45.8	46.9
40-49	24.5	24.9	24.7
50 and above	3.1	2.4	2.7
Don't know	0.3	1.0	0.7
Marital status			
Never married	3.4	4.0	3.7
Currently married	90.1	87.9	89.0
Other	6.5	8.1	7.3
Religion			
Hindu	95.2	96.3	95.8
Muslim	3.7	3.4	3.6
Other	1.0	0.3	0.7
Caste/tribe			
Scheduled caste/tribe	24.5	20.2	22.3
OBC	32.7	35.0	33.8
General	42.9	44.8	43.8
Educational status			
Literate, less than 10th grade	6.5	4.4	5.4
Literate, 10-11 grade	31.3	21.5	26.4
Literate, 12-14 grade	35.7	42.1	38.9
Literate, 15+ grade	25.9	32.0	28.9
Illiterate	0.7	0.0	0.3
Total percent	100.0	100.0	100.0
Number of AWWs	**294**	**297**	**591**

Contd…

AWWs skewed youngest, with seven in ten (70%) below the age of 40 years (Table 2.1).

An overwhelming majority of the ANMs (93%), AWWs (96%) and TBAs (91%) were Hindus. The proportion of Hindu TBAs was slightly lower in project areas (88%) than in the non-project areas (94%). In comparison to other health providers, TBAs were much more likely to belong to the Scheduled Caste/Tribe (74%). The proportion of health providers belonging to the general population was the highest among ANMs (62%) followed by AWWs (44%), and lowest among the TBAs (8%). The proportion of Other Backward Classes (OBC) was highest among AWWs at 34 percent compared to 25 percent among ANMs and 16 percent among TBAs.

A quarter of the AWWs were less than 30 years of age and close to half (47%) were between 30-39 years. A high percentage of TBAs (45%) were above the age of 50 years and only a small proportion (4%) was below the age of 30. The age profile of health workers was consistent across all districts in project and non-project areas.

Ninety percent of ANMs and AWWs each were currently married at the time of interview. In the case of TBAs, close to 70 percent were currently married. However, a significant proportion of TBAs (30%)

TABLE 2.1: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY SELECTED CHARACTERISTICS (CONTD…)**

Characteristics	Project districts	Non-project districts	State total
		Traditional Birth Attendants (TBAs)	
Age in completed years			
Less than 30	5.2	3.4	4.3
30-39	20.3	21.4	20.8
40-49	26.8	23.8	25.3
50 and above	44.7	46.2	45.4
Don't know	3.1	5.2	4.1
Marital status			
Never married	2.4	2.1	2.2
Currently married	69.8	65.9	67.8
Other	27.8	32.1	29.9
Religion			
Hindu	88.3	94.1	91.2
Muslim	8.6	5.5	7.1
Other	3.1	0.3	1.7
Caste/tribe			
Scheduled caste/tribe	76.6	74.1	75.4
OBC	13.4	19.7	16.5
General	10.0	6.2	8.1
Educational status			
Literate, less than 10th grade	14.4	19.7	17.0
Literate, 10-11 grade	0.3	1.0	0.7
Literate, 12-14 grade	0.7	0.0	0.3
Literate, 15+ grade	0.3	0.7	0.5
Literate (informal)	5.5	2.8	4.1
Illiterate	78.7	75.9	77.3
Total percent	100.0	100.0	100.0
Number of TBAs	**291**	**290**	**581**

were either widows or was divorcee/ separated from their husbands – a category which was much lower among the ANMs and AWWs at about seven percent.

In terms of their educational status, approximately three quarters of the ANMs (73%) had completed at least grade 12. The rest did not meet this minimum stipulation for ANM recruitment, AWWs showed higher literacy levels than ANMs. Most of the AWWs (95%) had attained literacy above the 9th grade, and two-thirds (67%) were educated beyond the 11th class. Interestingly, a much higher proportion of AWWs (nearly 30%) had completed a college degree as compared to ANMs (16%). Expectedly TBAs were markedly less literate. More than 75 percent TBAs were illiterate and approximately 15 percent were educated below the tenth grade. Less than two percent had studied beyond the 10th grade.

2.2 DURATION OF SERVICE AND PLACE OF RESIDENCE

The profile of ANMs in terms of duration of service and length of stay in current location was similar across the state. Most of the ANMs were quite experienced in their current position with

83 percent having worked for more than 10 years. Only two percent of the ANMs had been in the post for less than a year. Approximately three-fifths of the ANMs (57%) had worked in the current sub-center for more than 10 years (Table 2.2).

As regards AWWs, just under a third (30%) had been performing the function for more than 10 years, and one-third (31%) had less than three years' experience. AWWs in non-project areas were likely to have fewer years of service (38%) than those in project areas (24%), i.e. less than 3 years service.

With approximately 95 percent of the TBAs being above the age of 30 and 45 percent above the age of 50, a majority of the TBAs (92%) had worked in this capacity for more

TABLE 2.2: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY DURATION OF SERVICE AND PLACE OF RESIDENCE**

Characteristics	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwives (ANMs)	
Number of years in the post			
Less than 3 years	5.4	3.8	4.7
3-5 years	4.7	3.5	4.1
6-10 years	8.1	8.0	8.1
10 + years	81.7	84.7	83.2
Duration of service in the current sub-center			
Less than 1 year	5.4	6.6	6.0
1-3 years	15.6	10.1	12.9
4-5 years	14.2	7.7	11.0
6-10 years	12.2	13.2	12.7
10 + years	52.5	62.4	57.4
Place of residence			
In sub-center village	49.5	51.6	50.5
In sub-center area	13.9	14.3	14.1
Outside sub-center area	36.6	34.1	35.4
Total percent	100.0	100.0	100.0
Number of ANMs	**295**	**287**	**582**
Percentage distribution of ANMs staying outside the sub-center village by distance and time to reach the sub-center			
Distance of place of residence from sub-center			
1-2 km	18.1	12.9	15.6
3-4 km	15.4	15.8	15.6
5-10 km	26.2	30.2	28.1
10+ km	40.3	41.0	40.6
Time taken to reach the sub-center			
< 1 hour	33.6	38.8	36.1
1- 2 hours	51.0	47.5	49.3
2 + hours	15.4	13.7	14.6
Total percent	100.0	100.0	100.0
No. of ANMs staying outside sub-center village	**149**	**139**	**288**

Contd...

TABLE 2.2: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY DURATION OF SERVICE AND PLACE OF RESIDENCE (CONTD…)**

Characteristics	Project districts	Non-project districts	State total
		Anganwadi Workers (AWWs)	
Number of years in the post			
Less than 3 years	24.5	38.4	31.4
3-5 years	20.4	14.5	17.4
6-10 years	21.8	20.9	21.3
10 + years	33.3	26.3	29.8
Duration of service in the current sub-center			
Less than 1 years	1.7	5.4	3.6
1-3 years	25.2	34.3	29.8
4-5 years	20.4	14.5	17.4
6-10 years	21.8	20.5	21.2
10 + years	31.0	25.3	28.1
Place of residence			
Anganwadi village area	92.5	89.2	90.9
Outside area	7.5	10.8	9.1
Total percent	100.0	100.0	100.0
Number of AWWs	**294**	**297**	**591**
Percentage distribution of AWWs staying outside the Anganwadi Center village by distance and time to reach the Anganwadi Center			
Distance of place of residence from sub-center			
1-2 km	59.1	53.1	55.6
3-4 km	18.2	28.1	24.1
5-10 km	18.2	9.4	13.0
10+ km	4.5	9.4	7.4
Time taken to reach the anganwadi center			
< 1 hour	45.5	62.5	55.6
1- 2 hours	45.5	34.4	38.9
2 + hours	9.1	3.1	5.6
Total percent	100.0	100.0	100.0
Number of AWWs staying outside village	**22**	**32**	**54**

Contd...

than 10 years. Most of them (71%) had lived in the current village for more than 10 years.

To be effective, health providers must be able to establish a strong, credible presence in the community. For this to happen, they should live in proximity to their clients. In this survey, while half the ANMs lived in the sub-center village and 14 percent lived in the sub-center area, more than one-third (35%) lived outside the sub-center areas, raising concerns about the extent of their availability to clients. A majority of ANMs (69%) living outside the sub-center village (within or outside the sub-center area) lived at a distance of more than five kilometers, while two-fifths (41%) lived more than 10 kilometers away from their sub-center. It took two-thirds of them more than one hour to reach their sub-center and 15 percent longer than two hours to reach the sub-center.

AWWs were physically more accessible to their clients. Only

TABLE 2.2: **PERCENTAGE DISTRIBUTION OF ANMs, AWWs AND TBAs BY DURATION OF SERVICE AND PLACE OF RESIDENCE (CONTD…)**

Characteristics	Project districts	Non-project districts	State total
		Traditional Birth Attendants (TBAs)	
Number of years experience as TBA			
Less than 3 years	3.0	2.1	2.6
3-5 years	2.1	2.1	2.1
6-10 years	3.4	2.8	3.1
10 + years	91.4	93.1	92.3
Duration of stay in the current village			
Since birth	0.7	1.0	0.9
Less than 1 year	9.3	7.2	8.3
1-3 years	7.2	11.7	9.5
4-10 years	12.0	9.3	10.7
10 + years	70.8	70.7	70.7
Services provided in villages			
Own village	22.0	30.3	26.2
Other neighboring village			
One village	4.1	8.3	6.2
Two villages	18.6	15.9	17.2
Three villages	16.8	16.9	16.9
Four villages	16.5	9.7	13.1
More than five villages	22.0	19.0	20.5
Total percent	100.0	100.0	100.0
Number of TBAs	**291**	**290**	**581**

nine percent of the AWWs lived outside the Anganwadi village area, and half of these lived only 1-2 km away, presumably in an adjoining village.

A quarter of the TBAs provided their services only in their own village. More than half (53%) provided their services to up to four villages and one-fifth to more than five villages. With three-fourths of the TBAs having a reach of more than one village and with nearly half (47%) of deliveries in rural areas being conducted by untrained dais, their role in impacting reproductive and child health indicators becomes critical.

2.3 TRAINING RECEIVED

2.3.1 Auxiliary nurse midwives (ANMs)

All the ANMs had received some sort of training (see Table 2.3 and Figure 2.1). There were no differences in the place of training for ANMs in the project and non-project districts with the maximum number having been trained in District Training Centers (71%) and State Training Centers (14%) that fall under the purview of the Department of Medical, Health and Family Welfare, Government of Uttar Pradesh. The presence of SIFPSA interventions in the project districts does not seem to have engendered additional training on particular topics, as equal numbers of ANMs in non-project districts claimed to have received similar training. The maximum number of ANMs mentioned family planning (97%), followed by neo-natal care/immunization (95%), safe motherhood (92%), nutrition (84%) and HIV/AIDS (83%). One-third had not received any training on interpersonal communication and counseling and 38 percent had not received training on RTI/STI. ANMs in non-project districts were more likely to have received training on emergency obstetric care (79%) and RTI/STI (67%) as compared to those in project areas (68 percent and 57 percent respectively).

TABLE 2.3: **TRAINING RECEIVED AND ITS DETAILS**

Training details	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwives (ANMs)	
Percent received health service provider training	99.7	99.7	99.7
Number of ANMs	**295**	**287**	**582**
Percent of ANMs who received training by place of training and topics covered			
Place of training			
SIFSA	13.3	10.1	11.7
NGOs	4.1	1.7	2.9
PHC	18.0	16.4	17.2
District training center	71.8	69.6	70.7
State training institute	7.5	20.3	13.8
Others	4.1	3.5	3.8
Topics of training received			
Interpersonal communication and counseling (IPC)	66.7	67.8	67.2
Family planning	98.6	95.8	97.2
Safe motherhood	90.1	94.4	92.2
HIV/AIDS	80.6	85.7	83.1
Emergency obstetrics training	67.7	79.4	73.4
Nutrition	83.3	85.7	84.5
Neo-natal care/immunization	95.6	94.4	95.0
STI/RTI	57.5	66.8	62.1
TBA training	47.6	48.3	47.9
Other	8.8	10.8	9.8
Number of ANMs received training	**294**	**286**	**580**
		Anganwadi Workers (AWWs)	
Percent received health service provider training	98.3	98.0	98.1
Number of AWWs	**294**	**297**	**591**
Percent of AWWs who received training by place of training and topics covered			
Place of training			
SIFSA	5.9	3.1	4.5
NGOs	4.2	3.1	3.6
PHC	20.1	11.3	15.7
District training center	66.4	70.8	68.6
State training institute	8.0	15.5	11.7
Others	8.7	4.8	6.7
Topics of training received			
Interpersonal communication and counseling (IPC)	52.6	49.8	51.2
Family planning	74.7	77.0	75.9
Safe motherhood	70.6	73.9	72.2
HIV/AIDS	50.5	56.4	53.4
Emergency obstetrics training	35.3	36.4	35.9
Nutrition	85.8	90.4	88.1
Neo-natal care/immunization	87.5	86.9	87.2
STI/RTI	26.0	24.7	25.3
TBA training	12.5	12.0	12.2
Other	3.8	8.2	6.0
Number of AWWs received training	**289**	**291**	**580**

Contd...

TABLE 2.3: **TRAINING RECEIVED AND ITS DETAILS (CONTD...)**

Training details	Project districts	Non-project districts	State total
	Traditional Birth Attendants (TBAs)		
Percent received health service provider training	88.3	82.4	85.4
Number of TBAs	**291**	**290**	**581**
	Percent of TBAs who received training by place of training		
Place of training			
SIFSA	11.3	12.6	11.9
NGOs	1.9	3.3	2.6
PHC	60.3	49.0	54.8
District training center	25.7	33.5	29.4
State training institute	0.8	1.7	1.2
Others	5.4	4.6	5.0
Number of TBAs received training	**257**	**239**	**496**

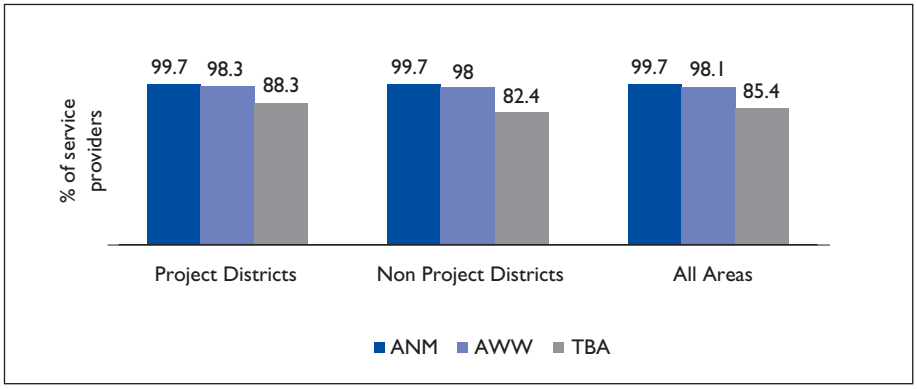
2.3.2 Anganwadi workers (AWWs)

Nearly all the AWWs (98%) had been provided a training of some kind. This was comparable between project and non-project areas. Seven out of ten AWWs (69%) had received training at District Training Center. The topics on which the AWWs received training were comparable in both project and non-project districts. Expectedly, the maximum number of AWWs had received training on nutrition (87%) and neo-natal care/immunization (88%) followed by family planning (76%) safe motherhood (72%) and HIV/AIDS (53%). Barring nutrition, fewer AWWs had received training on various topics in comparison to ANMs. Nearly half the AWWs had not received any training on interpersonal communication and counseling.

2.3.3 Traditional birth attendants (TBAs)

The majority of the TBAs (85%) mentioned that they had received TBA training. In the project areas, the number of TBAs who had received TBA training (88%) was slightly higher than those in the non-project areas (82%). Place of training was similar in both intervention and non-intervention areas. More than half of the TBAs (55%) had received training at Primary Health Centers (PHCs) followed by District Training Centers (29%). One-tenth of the TBAs mentioned SIFPSA as place of training.

FIGURE 2.1: **RECEIVED ANY TRAINING**



2.4 INFRASTRUCTURE FOR SERVICE DELIVERY

2.4.1 Sub-centers

Adequate infrastructure is critical for the effective functioning of any service. Inadequacy in facilities is bound to impact the ability of the ANMs in successfully carrying out their work in the community. Ideally, ANMs are expected to be provided secure living quarters along with a well-constructed building with adequate lighting and space - for equipment and supplies and for examination of clients in privacy. The survey revealed that the physical facilities were far from ideal.

In Uttar Pradesh, more than half (56%) of the sub-centers were located in government buildings and two in five (41%) were in rented buildings (Table 2.4). A marginal percentage (2%) of ANMs did not have any infrastructure out of which to function. In the project districts, the proportion of ANMs who operated out of government-owned sub-centers (51%) was lower

than non-project areas (60%). Thus ANMs from project areas were more likely to work from rented sub-centers (47%) than ANMs from non-project districts (35%).

Overall, more than half of the sub-centers (54%) had no electricity connection, one-fifth (21%) had electricity supply for less than six hours and only a quarter had electricity supply for more than six hours a day.

In terms of the availability of space for storage of supplies and

TABLE 2.4: **PERCENT DISTRIBUTION OF SUB-CENTERS AND ANGANWADI CENTERS BY SELECTED CHARACTERISTICS**

Infrastructures	Project districts	Non-project districts	State total
		Sub-Center	
Ownership of building			
Government	50.8	60.3	55.5
Rented	46.8	35.2	41.1
Donated land/building	0.3	1.7	1.0
No building	1.4	2.1	1.7
Others	0.7	0.7	0.7
Electricity supply during day time			
Yes, more than six hours supply	29.5	20.2	24.9
Yes, less than six hours supply	20.7	20.9	20.8
No electricity connection	49.8	58.9	54.3
Enough storage space			
Yes	78.3	76.3	77.3
No	21.7	23.7	22.7
Road connectivity			
Yes	80.3	79.4	79.9
No	19.7	20.6	20.1
Number of sub-centers	**295**	**287**	**582**
		Anganwadi Center	
Ownership of building			
Government	83.7	87.5	85.6
Rented	10.2	5.1	7.6
Donated land/building	1.4	1.3	1.4
No building	2.0	2.4	2.2
Others	2.7	3.7	3.2
Electricity supply during day time			
Yes, more than six hours supply	11.2	7.4	9.3
Yes, less than six hours supply	3.7	4.4	4.1
No electricity connection	85.0	88.2	86.6
Enough storage space			
Yes	65.3	66.3	65.8
No	34.7	33.7	34.2
Number of anganwadi center	**294**	**297**	**591**

materials, project and non-project areas were alike. More than three-fourths of the sub-centers (77%) have adequate storage space and the remaining 23 percent have none or have inadequate space, which could affect the proper storage and use of medicines and BCC materials. Twenty percent of the sub-centers were not approachable by road.

2.4.2 Anganwadi centers

Infrastructure related aspects of anganwadi centers in project as well as non-project districts were similar. In terms of ownership of facilities, AWCs fared much better than sub-centers. The majority of the AWCs (87 percent in project districts) were being run from government owned buildings. Less than one-tenth of the AWCs (7.6%) were run in rented accommodation.

However, the electricity situation was more dismal in the case of AWCs with 87 percent not having any electricity connection. Only 10 percent of the AWCs had electricity supply for more than six hours daily. Although, compared to sub-centers more AWCs were run from government buildings, there was greater dissatisfaction among the AWWs with regard to availability of space. Sixty-six percent AWWs reported the presence of adequate storage space in their AWCs, while a substantial 34 percent did not have adequate storage space.

Chapter III

SERVICES PROVIDED AND INTERPERSONAL SKILLS

3.1 SERVICES/COUNSELING PROVIDED BY HEALTH PROVIDERS

Table 3.1 provides information on the type of services/counseling provided by ANMs, AWWs and TBAs to clients in their area.

3.1.1 Auxiliary nurse midwives

The predominant service mentioned by ANMs was childhood vaccination (93%), followed by promotion of family planning, particularly spacing methods (91%), and antenatal care (83%). The percentage of ANMs who mentioned providing services or advice on spacing methods and permanent methods of family planning was marginally higher in the project districts (93% and 70% respectively) in comparison to non-project districts (88% and 67% respectively). Overall nine in ten ANMs (91%) reported providing services or advice on spacing methods and over two-thirds (69%) provided services or counseling on permanent methods for limiting family size. Services and counseling provided to clients

TABLE 3.1: **PERCENT OF SERVICE PROVIDERS PROVIDING SERVICES/COUNSELING BY TYPE OF SERVICE/COUNSELING**

Type of services/counseling provided	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwife (ANM)	
Family planning			
Speak about spacing methods	93.2	88.2	90.7
Speak about permanent methods	70.5	66.6	68.6
Maternal health			
Antenatal care	83.4	82.2	82.8
Delivery care	61.7	65.9	63.7
Post-partum care	49.2	53.7	51.4
Neo-natal health	51.2	48.4	49.8
Nutrition of mother	54.6	53.3	54.0
Child health			
Vaccination	94.2	91.6	93.0
Nutrition of child	58.0	51.6	54.8
Common childhood diseases	29.5	32.1	30.8
Other health issues			
Discuss STI/RTI	14.9	18.5	16.7
Discuss HIV/AIDS	23.7	23.3	23.5
Adolescent health	3.1	4.2	3.6
Other	1.0	1.4	1.2
Number of ANMs	**295**	**287**	**582**

Contd...

TABLE 3.1: **PERCENT OF SERVICE PROVIDERS PROVIDING SERVICES/COUNSELING BY TYPE OF SERVICE/COUNSELING (CONTD…)**

Type of services/counseling provided	Project districts	Non-project districts	State total
		Anganwadi Worker (AWW)	
Family planning			
Speak about spacing methods	72.4	73.1	72.8
Speak about permanent methods	52.0	45.8	48.9
Maternal health			
Antenatal care	66.0	64.3	65.1
Delivery care	39.1	44.4	41.8
Post-partum care	28.2	34.0	31.1
Neo-natal health	20.4	28.6	24.5
Nutrition of mother	36.4	29.3	32.8
Child health			
Vaccination	60.9	58.2	59.6
Nutrition of child	85.0	82.5	83.8
Common childhood diseases	58.2	65.0	61.6
Other health issues			
Discuss STI/RTI	11.9	12.8	12.4
Others	5.1	3.7	4.4
Number of AWWs	**294**	**297**	**591**
		Traditional Birth Attendant (TBA)	
Family planning			
Speak about spacing methods	46.0	40.3	43.2
Speak about permanent methods	28.2	16.6	22.4
Maternal health			
Antenatal care	54.3	47.9	51.1
Delivery care	77.0	75.2	76.1
Post-partum care	36.8	40.3	38.6
Neo-natal health	30.2	31.0	30.6
Nutrition of mother	26.1	18.3	22.2
Child health			
Vaccination	42.3	37.2	39.8
Nutrition of child	21.6	15.9	18.8
Common childhood diseases	13.1	7.6	10.3
Other health issues			
Discuss STI/RTI	1.7	3.4	2.6
Discuss HIV/AIDS	1.0	2.8	1.9
Adolescent health	1.0	0.7	0.9
Other	0.7	2.1	1.4
Number of TBAs	**291**	**290**	**581**

reported by ANMs, was similar in both project and non-project districts. Antenatal care services or counseling were provided by 83 percent ANMs followed by delivery care (64%) maternal nutrition (54%), post-partum care (51%) and neo-natal health (50%). It can also be inferred that although eight in ten mothers received antenatal care services by ANMs (as reported by ANMs), the window of opportunity to address other maternal and child health issues was affected with half the mothers not being offered services or counseling on other critical areas, such as post-partum care, maternal nutrition and neo-natal health.

A vast majority of ANMs (93%) provided services and counseling for immunization promotion. Only three out of ten ANMs (31%) provided services or counseling for common childhood diseases. A greater number of ANMs (58%) in project areas mentioned nutrition of child as an area of service provisioning or counseling as compared to non-project areas (52%).

Across project and non-project districts, other health issues received much less importance. For instance, services or counseling on RTI/STI and HIV/AIDS were provided by only 17 and 23 percent of the ANMs respectively. Adolescent health received mere lip service as only four percent ANMs reported providing services/ counseling on this issue.

3.1.2 Anganwadi workers

For service delivery and counseling, maximum emphasis was provided by AWWs on nutrition of child (84%), followed by promotion of spacing methods for family planning (73%), antenatal care (65%) and common childhood diseases (62%).

Nearly three-fourths of the AWWs (73%) reported providing services or counseling on spacing methods. Despite being depot holders of condoms and contraceptive pills, a quarter of the AWWs do not provide either services or counseling on these. A slightly higher proportion of AWWs in the project areas (52%) counseled on permanent methods in comparison to non-project districts (46%).

In both project and non-project districts, antenatal care services and counseling were provided by two-thirds of the AWWs (65%). Other issues such as delivery care, post-partum care, neo-natal health, and maternal nutrition were accorded much less importance. Despite the ongoing supplementary nutrition program for pregnant and lactating mothers under the ICDS umbrella, only 36 percent AWWs in the project districts and 29 percent in the non-project districts mentioned providing services or counseling on maternal nutrition. Services or counseling on neo-natal health were higher in non-project areas at 29 percent as compared to project areas at only 20 percent. Services/ Advice by AWWs on delivery care and post-partum care were also higher in non-project areas at 44 percent and 34 percent respectively compared to 39 percent and 28 percent respectively in project areas.

Barring a greater emphasis on childhood diseases by AWWs in the non-project areas (65%) as compared to project districts (58%), the services or counseling provided by AWWs in other child health areas were similar across project and non-project areas. With supplementary nutrition of children below six years being one of the focal areas of the ICDS program, childhood nutrition was cited by the majority of AWWs (84%) as an area on which they provide services or counseling. However, it is also noteworthy that approximately 16 percent AWWs did not report providing services on this. More than 60 percent of the AWWs provided services or advice on common childhood diseases, which is twice as high as mentioned by ANMs (31%). Six in ten AWWs (60%) also provided services/counseling on vaccination.

Discussions on RTI/STI and HIV/AIDS were held by approximately one in ten AWWs.

3.1.3 Traditional birth attendants

Delivery care was the most frequently cited area (76%) for service delivery and counseling by TBAs in both project and non-project districts, followed by antenatal care (51%).

A greater number of TBAs in the project areas were involved in promoting spacing methods (46%) and permanent methods of family planning (28%) as compared to TBAs in non-project areas (40 percent and 17 percent respectively). Overall, more than four in ten TBAs (43%) promoted spacing methods and two in ten (22%) promoted permanent methods for limiting family size.

As expected, three-fourths (76%) of the TBAs were involved in issues around delivery care, but a much smaller proportion (51%) were involved in antenatal care of the pregnant woman. A greater number of TBAs in the project districts (54%) were involved in antenatal care as compared to non-project districts (48%). Two in ten TBAs (22%) mentioned their role in services or counseling for nutrition of mother; this was reportedly higher in project areas (26%) as compared to other districts (18%). Services and counseling for post-partum and neo-natal health were mentioned by 39 percent and 31 percent respectively.

Involvement of TBAs in various issues pertaining to child health was reported to be slightly higher in project districts in comparison to non-project districts. Overall, 40 percent of the TBAs were involved in promotion of childhood immunization, 19 percent in nutrition of child, and about 10 percent in other childhood diseases. In project areas, 22 percent of the TBAs mentioned nutrition of child and 13 percent mentioned common childhood diseases as areas on which they provide services or counseling as compared to 16 percent and 8 percent respectively in non-project districts.

TBAs reported close to negligible involvement in other health issues such as RTI/STI, HIV/AIDS, and adolescent health.

3.1.4 Frequently provided services

ANMs and AWWs were asked to list the health area on which they provided services most often from among the range of services they are expected to provide. Half of the ANMs reported vaccination (49%), followed by antenatal care (18%) and promotion of spacing methods for family planning (15%). This response was comparable among ANMs in both project and non-project districts (Table 3.2).

Agreement among the AWWs on the most frequently provided service was much lower than ANMs. Also, there was a difference in the project and non-project areas in which AWWs reported frequently providing services. In the project districts, three out of ten AWWs (28%) mentioned nutrition of child as the area on which they frequently provide services or counseling followed by common childhood diseases (21%). In non-project districts, four in ten (37%) mentioned common childhood diseases and two in ten mentioned nutrition of child as the area on which they most often provided services or counseling. Only 15 percent mentioned vaccination as the most frequently provided service area.

3.2 FREQUENCY OF HOUSEHOLD VISITS & TIME SPENT

The ANMs and AWWs were asked to report on the number of households they visited on average per week, and the amount of time spent in each household. The results are presented in Table 3.2. Since the most frequently provided service by TBAs is deliveries, they were asked a separate set of questions pertaining to the subject (Table 3.3).

3.2.1 Auxiliary nurse midwives

Two-thirds of the ANMs (63%) visit less than 50 households in a week. One in ten ANMs (11%) made an average of between 50 to 75 household visits per week, and only 3 percent made between 75 to 100 weekly household visits. Surprisingly, a significant percentage of ANMs (22%) reported making more than 100 household visits in a week. This trend was similar in program and non-program areas.

Thirty six percent ANMs spent an average of 10-15 minutes per household during their visit, 21 percent spent 16-20 minutes, 28 percent spent 21-30 minutes and another 11 percent spent more than 30 minutes. ANMs in project areas were more likely to spend a longer time during household visits in comparison to their counterparts in the non-project areas.

3.2.2 Anganwadi workers

Anganwadi workers in project and non-project districts were quite consistent about the average number of household visits made by them every week. About 90 percent of AWWs made an average of less than 50 household visits per week. Overall, 37 percent AWWs spent between 10-15 minutes, 30 percent spent between 21-30 minutes, and 21 percent spent 16-20 minutes per household during the visits. Little less than one in ten (9%) spent more than 30 minutes interacting with their clients. A higher proportion (46%) of AWWs from project districts spent more than 20 minutes per household as compared to non-project districts (33%).

TABLE 3.2: **PERCENT OF SERVICE PROVIDERS BY FREQUENTLY PROVIDING SERVICES, NUMBER OF HOUSEHOLDS VISITED AND TIME SPENT PER HOUSEHOLD**

Items	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwife (ANM)	
Frequently providing services/counseling			
Speak about spacing method	16.6	12.9	14.8
Permanent method	7.5	6.3	6.9
Antenatal care	17.6	18.5	18.0
Delivery care	2.7	4.9	3.8
Post-partum care	0.7	1.7	1.2
Neo-natal health	1.4	0.7	1.0
Nutrition of mother	1.4	3.1	2.2
Vaccination	48.8	50.2	49.5
Nutrition of child	1.7	1.4	1.5
Common childhood diseases	0.0	0.3	0.2
Discuss about HIV/AIDS	1.4	0.0	0.7
Other	0.3	0.0	0.2
Average number of HHs visited in a week			
Less than 50	61.5	65.0	63.2
50-75	13.0	9.9	11.4
75-100	3.7	2.6	3.1
100+	21.9	22.6	22.2
Time spent per household			
Less than 10 minutes	4.1	2.8	3.4
10-15 minutes	31.5	40.8	36.1
16-20 minutes	21.7	21.3	21.5
21-30 minutes	30.5	25.1	27.8
31 + minutes	12.2	10.1	11.2
Number of ANMs	**295**	**287**	**582**

3.2.3 Number of deliveries, time spent and remuneration to TBAs

TBAs were asked to mention the degree of ease which they felt while working as a birth attendant in the village. Their responses were consistent across the state with three-quarters of the TBAs feeling that it was easy or very easy (56 percent and 20 percent respectively) to work in the village. Two in ten did not feel either any ease or difficulty in performing their job in the village, and only a small number (4%) found it difficult or very difficult to work.

There was wide variation in the average number of deliveries being conducted by TBAs every year. Three out of ten TBAs (29%) conducted an average of 10 to 19 deliveries per year, another three out of ten (28%) conducted more than 30 deliveries every year, and more than a quarter (26%) attended between 20 to 29 deliveries annually. Approximately 17 percent TBAs conducted fewer than 10 deliveries a year (Table 3.3).

Surprisingly, 22 percent of the TBAs spent less than one hour for conducting deliveries, both in project and non-project districts. A little more than two in five (43%) spent two hours and another 21 percent spent 3-4 hours during delivery. Thirteen percent of the TBAs spent more than 4 hours during delivery. Most of the TBAs (42%) reported receiving up to Rupees 50 for conducting the delivery. Another quarter (27%) received between 51 to 100 Rupees. Only six percent received more than 200 Rupees, while 11 percent did not receive any remuneration for conducting deliveries.

TABLE 3.2: **PERCENT OF SERVICE PROVIDERS BY FREQUENTLY PROVIDING SERVICES, NUMBER OF HOUSEHOLDS VISITED AND TIME SPENT PER HOUSEHOLD (CONTD...)**

Items	Project districts	Non-project districts	State total
		Anganwadi Worker (AWW)	
Frequently providing services/counseling			
Speak about spacing method	9.5	5.4	7.4
Permanent method	2.4	5.4	3.9
Antenatal care	15.0	11.1	13.0
Delivery care	2.0	1.0	1.5
Post-partum care	0.0	0.3	0.2
Neo-natal health	0.0	0.7	0.3
Nutrition of mother	2.4	3.0	2.7
Vaccination	17.7	13.1	15.4
Nutrition of child	28.2	20.9	24.5
Common childhood diseases	21.1	37.0	29.1
Discuss on STI/RTI	1.0	1.3	1.2
Other	0.7	0.7	0.7
Average number of HHs visited in a week			
Less than 50	89.3	87.9	88.6
50-75	3.9	3.9	3.9
75-100	4.6	3.9	4.3
100+	2.1	4.3	3.2
Time spent per household			
Less than 10 minutes	2.4	2.0	2.2
10-15 minutes	31.6	42.8	37.2
16-20 minutes	20.1	22.6	21.3
21-30 minutes	33.3	26.3	29.8
31 + minutes	12.6	6.4	9.5
Number of AWWs	**294**	**297**	**591**

3.3 INTERPERSONAL SKILLS OF SERVICE PROVIDERS

Health workers were asked to indicate "always", "most of the time", "half of the time", "some of the time" or "never" to questions pertaining to their interactions with their clients. Various aspects of interaction, such as manner of greeting, rapport-building time, providing correct information and ensuring confidentiality, etc, which are critical for effective interpersonal communication were included. Since this is a self-reporting of "desirable actions", the responses need to be considered with a bit of caution because of the greater likelihood of biased answers and cannot be interpreted in terms of actual skills.

3.3.1 Interaction of ANMs with clients

Greeting the clients in friendly manner: In both project and non-project districts, little more than half of the ANMs stated that they always greeted their clients in a friendly manner before starting a discussion. About 40 percent mentioned that they greet their clients in a friendly manner most of the time, i.e., about 75 percent of the client interactions. However, about 8 percent stated that they greeted their clients in a friendly manner only half of the time (Table 3.4).

Spending time making clients feel at ease: Forty percent of the ANMs always spent time trying to make their clients feel at ease while providing services or counseling and another 50 percent did so most of the time. One in ten (9%) mentioned that they tried to make their clients comfortable during at least half of their interactions.

Asking clients about their concerns/ problems: A vast majority of the

TABLE 3.3: **TBAs' OPINION ABOUT WORK IN THE VILLAGES, AVERAGE NUMBER OF DELIVERIES CONDUCTED, TIME SPENT AND REMUNERATION RECEIVED**

Items	Percentage distribution of TBAs		
	Project districts	Non-project districts	State total
Opinion of TBAs on whether it is easy to work in the village			
Very easy	19.9	20.0	20.0
Easy	53.6	59.3	56.5
Neither easy nor difficult	22.0	17.2	19.6
Difficult	3.8	2.1	2.9
Very difficult	0.7	1.4	1.0
Average number of deliveries conducted in a year			
Less than 10	13.4	20.0	16.7
10-19	28.2	30.7	29.4
20-29	27.5	24.1	25.8
30+	30.9	25.2	28.1
Average time spent during delivery			
One hour	22.0	22.4	22.2
Two hours	45.4	41.0	43.2
3-4 hours	21.3	21.0	21.2
More than 4 hours	11.3	15.5	13.4
Average amount received for conducting a delivery			
Nothing	12.4	10.7	11.5
Up to 50 rupees	38.5	45.9	42.2
51-100 rupees	28.9	25.5	27.2
101-200 rupees	14.4	11.7	13.1
More than 200 rupees	5.8	6.2	6.0
Number of TBAs	**291**	**290**	**581**

ANMs (87%) affirmed that they always (38%) or almost always (49%) asked their clients about their concerns or problems. Once again, one in ten ANMs (11%) enquired about their clients' concerns only half of the time.

Providing various family planning options: Once again, a majority (82%) of the ANMs mentioned that they always or most of the time provided clients with various family planning options available to them.

Clients asking questions to you: This element is an indicator of the degree of trust that the client has in the provider's ability to respond to her concerns about her wellbeing. Six out of ten ANMs mentioned that their clients always (22%) or almost always (42%) asked them questions. Another two in ten (22%) stated that their clients asked them questions only half the time. One in ten (12%) acknowledged that their clients asked them questions only some of the time, i.e., less than 25 percent of the time.

Clients asking for clarification: Overall, 21 percent ANMs mentioned that their clients always sought clarifications from them, 41 percent mentioned "most of the time", 20 percent mentioned "half of the time", and 16 percent mentioned "some of the time." A miniscule one percent mentioned that their clients never asked them for clarifications if they did not understand something.

TABLE 3.4: **ANMs' INTERACTION WITH THE CLIENTS, PERCEIVED RATING**

Activities	Percentage distribution of ANMs by perceived agreement					
	Always	Most of the time	Half of the time	Some of the time	Never	Total percent
	Project districts [N=295]					
Greeting the clients in friendly manner	53.2	39.0	7.8	0.0	0.0	100.0
Spending time, putting clients at ease	38.0	53.6	8.1	0.3	0.0	100.0
Asking clients about their concerns/problems	39.0	50.2	8.8	2.0	0.0	100.0
Providing various family planning options*	38.0	46.1	14.6	1.4	0.0	100.0
Clients asking questions to you	20.3	44.4	23.7	9.8	1.7	100.0
Clients asking for clarification	18.0	48.5	17.6	13.9	2.0	100.0
Assuring the clients about confidentiality of their information	38.0	41.7	15.9	4.1	0.3	100.0
Giving clients the information that they need	34.2	47.5	14.6	3.7	0.0	100.0
	Non-project districts [N=287]					
Greeting the clients in friendly manner	50.2	40.8	9.1	0.0	0.0	100.0
Spending time putting clients at ease	42.5	47.0	9.1	1.0	0.3	100.0
Asking clients about their concerns/problems	36.2	47.0	12.9	3.8	0.0	100.0
Providing various family planning options*	36.9	44.3	17.1	1.7	0.0	100.0
Clients asking questions to you	24.7	39.4	21.3	14.3	0.3	100.0
Clients asking for clarification	24.7	33.8	21.6	19.2	0.7	100.0
Assuring the clients about confidentiality of their information	42.9	32.1	18.5	6.6	0.0	100.0
Giving clients the information that they need	38.3	43.9	15.3	2.4	0.0	100.0
	State total [N=582]					
Greeting the clients in friendly manner	51.7	39.9	8.4	0.0	0.0	100.0
Spending time putting clients at ease	40.2	50.3	8.6	0.7	0.2	100.0
Asking clients about their concerns/problems	37.6	48.6	10.8	2.9	0.0	100.0
Providing various family planning options*	37.5	45.2	15.8	1.5	0.0	100.0
Clients asking questions to you	22.5	41.9	22.5	12.0	1.0	100.0
Clients asking for clarification	21.3	41.2	19.6	16.5	1.4	100.0
Assuring the clients about confidentiality of their information	40.4	36.9	17.2	5.3	0.2	100.0
Giving clients the information that they need	36.3	45.7	14.9	3.1	0.0	100.0

* Based on those who provide advice on family planning

A higher proportion (67%) of ANMs in the project districts mentioned that their clients always or most of the time asked for clarification as compared to their counterparts in non-project districts (59%).

Assuring the clients confidentiality: Three-fourths of the ANMs (77%) stated that they always or most of the time assured their clients about the confidentiality of their discussions with them, an aspect critical for decisions related to reproductive health. However, 17 percent assured their clients only half of the time and five percent provided this assurance only some of the time.

Giving clients the information they need: Eight out of ten ANMs (82%) believe that they were able to provide their clients with the information they needed all the time or most of the time. Yet, two in ten ANMs (18%) admitted that they could provide information as per their clients' needs only half of the time or only some of the time.

Ease of influencing behavior changes in men and women: When asked to state the degree of ease which they felt while trying to convince men and women about matters related to their health and family welfare, nearly eight out of ten ANMs (78%) felt that it was very easy or easy. Sixteen

percent felt that it was neither easy nor difficult trying to bring about positive behavior changes in their communities, while five percent admitted that it was difficult to do. In project districts, one in ten ANM felt that they had difficulty in convincing men and women on health and family welfare matters, whereas, in the non-project districts, less than one percent felt the same.

3.3.2 Interaction of AWWs with clients

Greeting the clients in a friendly manner: Eighty eight percent of the AWWs reported that they greet clients' in a friendly manner during all or most of the interactions. Nearly one in ten stated that they greeted their clients in a friendly manner only half of the time or some of the time (Table 3.5).

Making client feels at ease: Eighty percent of the AWWs either always (33%) or most of the time (48%) spent time trying to make their client feel comfortable. Two in ten AWWs, however, spent time in making their client feel at ease only half of the time or some of the time.

Asking clients about their problems: Similarly, 34 percent of the AWWs always, and 48 percent most of the time, enquired about their clients' concerns or problems. The remaining asked their clients about their concerns half the time (15%) or only sometimes (4%).

Providing family planning options: Overall, two-thirds of the AWWs (66%) provided family planning options either always or most of the time. Two in ten AWWs (22%) provided family planning options only half the time or sometimes, and one in ten (11%) never provided their clients with any family planning options. It is important to note that, 17 percent of the AWWs in non-project areas never provided various family planning options to their clients, compared to six percent in the project areas.

Clients asking questions: AWWs in the project areas reported a higher proportion of clients asking them questions. In project areas, nearly 65 percent of the AWWs mentioned that their clients always or most of the time asked questions compared to 58 percent in non-project areas.

Clients asking them for clarifications: Sixty-three percent of the AWWs in the project areas mentioned that their clients always or most of the time asked for clarifications if they did not understand something, 12 percent reported that clients asked sometimes and another 3 percent reported never. In non-project areas the corresponding answers were 55 percent, 20 percent and 5 percent respectively.

Assuring confidentiality: Seven out of ten AWWs (72%) in the state affirmed that they always or most of the time assured their clients about the confidentiality of their information. Less than one in ten (7%) offered assurance of confidentiality only sometimes or never.

Giving clients the information that they need: Eight out of ten AWWs felt that they were able to provide information to the clients as per their needs 'always' or 'most of the time'. However, a small percentage of AWWs (7%) indicated that they were able to satisfy the information needs of their clients either only sometimes or never.

Ease of influencing behavior changes in men and women: Half of the AWWs (51%) felt that it was easy for them to convince men and women about their health and family welfare related matters. Two out of ten (22%) felt this was very easy. Another two in ten AWWs felt that it was neither difficult nor easy for them to influence health behaviors among men and women.

3.3.3 Interaction of TBAs with clients

Knowing pregnancy in early stages: Nearly three-fourths of the TBAs (73%) claimed that they were always or most of the time able to know of a pregnancy in their area in the early stages. Seventeen percent of the TBAs said that they came to know of a pregnancy in its early stages in half the cases (Table 3.6).

Spending time for making the client feel at ease: While half the TBAs (51%) stated that they always (16%) or almost always (35%) spent time making their clients feel comfortable during their interaction, four in ten did so only half the time (39%), and one in ten only made their clients feel comfortable sometimes.

Contacted by families well in advance of delivery: Two-thirds of the TBAs (66%) said that they were always (20%) or almost always (45%) contacted well in advance for the delivery by the families. In a quarter of the cases (24%), only fifty percent of their clients' families contacted the TBAs in advance. While, about

TABLE 3.5: **AWWs' INTERACTION WITH THE CLIENTS, PERCEIVED RATING**

Activities	Percentage distribution of AWWs by perceived agreement					
	Always	Most of the time	Half of the time	Some of the time	Never	Total percent
	Project districts [N=294]					
Greeting the clients in friendly manner	44.6	44.9	8.5	1.7	0.3	100.0
Spending time putting clients at ease	28.6	52.0	17.3	1.7	0.3	100.0
Asking clients about their concerns/problems	28.6	53.7	14.3	3.4	0.0	100.0
Providing various family planning options*	25.5	45.6	18.7	4.4	5.8	100.0
Clients asking questions to you	23.8	42.2	21.4	11.6	1.0	100.0
Clients asking for clarification	12.6	49.3	22.8	11.9	3.4	100.0
Assuring the clients about confidentiality of their information	28.9	43.9	18.4	7.1	1.7	100.0
Giving clients the information that they need	28.6	48.6	16.7	5.8	0.3	100.0
	Non-project districts [N=297]					
Greeting the clients in friendly manner	48.5	38.4	10.1	2.0	1.0	100.0
Spending time putting clients at ease	37.7	43.8	14.5	3.4	0.7	100.0
Asking clients about their concerns/problems	39.7	40.1	15.2	4.4	0.7	100.0
Providing various family planning options*	23.2	38.4	15.8	6.1	16.5	100.0
Clients asking questions to you	18.5	40.4	21.9	16.5	2.7	100.0
Clients asking for clarification	17.5	38.0	19.9	19.9	4.7	100.0
Assuring the clients about confidentiality of their information	39.1	32.0	18.2	7.7	3.0	100.0
Giving clients the information that they need	30.0	46.5	16.5	5.7	1.3	100.0
	State total [N=591]					
Greeting the clients in friendly manner	46.5	41.6	9.3	1.9	0.7	100.0
Spending time putting clients at ease	33.2	47.9	15.9	2.5	0.5	100.0
Asking clients about their concerns/problems	34.2	46.9	14.7	3.9	0.3	100.0
Providing various family planning options*	24.4	42.0	17.3	5.2	11.2	100.0
Clients asking questions to you	21.2	41.3	21.7	14.0	1.9	100.0
Clients asking for clarification	15.1	43.7	21.3	15.9	4.1	100.0
Assuring the clients about confidentiality of their information	34.0	37.9	18.3	7.4	2.4	100.0
Giving clients the information that they need	29.3	47.5	16.6	5.8	0.8	100.0

* Based on those who provide advice on family planning

10 percent of the TBAs admitted that either they are contacted in advance only sometimes.

Advise clients on family planning options: About 70 percent of the TBAs advised their clients on family planning options and the remaining never did so.

Clients asking question/clarification: Fifty percent of the TBAs stated that their clients always or most of the times asked questions/for clarifications.

Providing assurance of confidentiality: Sixty percent of the TBAs assured their clients of confidentiality regarding the information always or most of the time. Fifteen percent assured their clients of confidentiality sometimes or never.

Giving clients the needed information: Two thirds of the TBAs felt that they were able to provide information to their clients as per their needs, most of the time (43%), and all of the time (24%). However, nearly a quarter (23%) admitted that half the time they could not provide the information that their clients needed. About one in ten (9%) TBAs acknowledged that they provide information as per client needs sometimes or never (1%).

3.4 OPINIONS ON EFFECTIVE INTERPERSONAL COMMUNICATION

Health service providers were asked to suggest specific actions which would facilitate the

TABLE 3.6: **TBAs INTERACTION WITH THE CLIENTS, PERCEIVED RATING**

Activities	Percentage distribution of TBAs by perceived agreement					
	Always	Most of the time	Half of the time	Some of the time	Never	Total percent
	Project districts [N=291]					
Knowing about pregnancy in early stages	25.8	43.6	18.6	10.7	1.4	100.0
Spending time putting clients at ease	14.1	37.1	39.2	9.6	0.0	100.0
Families contacting you well in advance for the delivery	18.9	47.8	26.1	6.5	0.7	100.0
Advise clients on family planning#	69.1	-	-	-	30.9	100.0
Providing various family planning options*	18.4	39.3	24.4	10.9	7.0	100.0
Clients asking questions to you	12.0	41.2	25.1	18.6	3.1	100.0
Clients asking for clarification	11.7	39.2	27.5	15.8	5.8	100.0
Assuring the clients about confidentiality of their information	25.8	36.4	24.7	10.7	2.4	100.0
Giving clients the information that they need	21.6	48.1	21.3	8.2	0.7	100.0
	Non-project districts [N=290]					
Knowing about pregnancy in early stages	30.7	43.1	16.2	9.3	0.7	100.0
Spending time putting clients at ease	18.6	32.4	38.6	10.0	0.3	100.0
Families contacting you well in advance for the delivery	22.1	42.4	22.8	10.3	2.4	100.0
Advise clients on family planning#	69.3	-	-	-	30.7	100.0
Providing various family planning options*	17.8	32.7	21.3	14.4	13.9	100.0
Clients asking questions to you	11.4	35.9	24.1	23.4	5.2	100.0
Clients asking for clarification	15.9	32.1	21.7	24.5	5.9	100.0
Assuring the clients about confidentiality of their information	32.4	25.5	25.9	12.4	3.8	100.0
Giving clients the information that they need	25.9	37.2	24.5	10.7	1.7	100.0
	State total [N=581]					
Knowing about pregnancy in early stages	28.2	43.4	17.4	10.0	1.0	100.0
Spending time putting clients at ease	16.4	34.8	38.9	9.8	0.2	100.0
Families contacting you well in advance for the delivery	20.5	45.1	24.4	8.4	1.5	100.0
Advise clients on family planning#	69.2	-	-	-	30.8	100.0
Providing various family planning options*	18.1	36.0	22.8	12.7	10.4	100.0
Clients asking questions to you	11.7	38.6	24.6	21.0	4.1	100.0
Clients asking for clarification	13.8	35.6	24.6	20.1	5.9	100.0
Assuring the clients about confidentiality of their information	29.1	31.0	25.3	11.5	3.1	100.0
Giving clients the information that they need	23.8	42.7	22.9	9.5	1.2	100.0

Based on only 'yes' and 'No' response options.

* Based on those who provide advice on family planning

effectiveness of interpersonal communication. First, spontaneous responses were noted, followed by probing. In general, spontaneous responses are more likely to determine actual practice, whereas probed responses are more likely to be affirmations of expected behaviors and the findings are given in Table 3.7.

3.4.1 Auxiliary nurse midwives

In both project (75%) and non-project districts (69%), the majority of the ANMs spontaneously mentioned "respecting clients" as an action for improving interpersonal communication. "Listening to clients' problems" appeared next with three in five (62%) ANMs mentioning it. Overall, less than half the ANMs spontaneously mentioned understanding client needs (43%) or using simple language (43%) as actions for effective interpersonal communication. Close to a quarter or less felt that discussions held in confidence (27%), confidentiality of information (22%), probing (20%) and encouraging clients to take decisions (14%) were possible

TABLE 3.7: **RESPONSES OF SERVICE PROVIDERS ON TYPE OF ACTIONS THAT WOULD HELP IN EFFECTIVE INTERPERSONAL COMMUNICATION**

Actions	Percentage distribution of service providers									
	Project districts			Non-project districts			State total			
	Spont-aneous	Probing	Don't know	Spont-aneous	Probing	Don't know	Spont-aneous	Probing	Don't know	Total percent
Auxiliary Nurse Midwife (ANM)										
Respecting clients	74.6	25.1	0.3	69.3	30.7	0.0	72.0	27.8	0.2	100.0
Listening to their problems	63.1	36.6	0.3	61.3	38.7	0.0	62.2	37.6	0.2	100.0
Understanding their needs	45.8	53.9	0.3	52.6	47.4	0.0	49.1	50.7	0.2	100.0
Use of simple/easy language	40.3	58.0	1.7	46.0	53.0	1.0	43.1	55.5	1.4	100.0
Privacy/Discussion in isolation	22.7	72.5	4.7	31.4	63.4	5.2	27.0	68.0	5.0	100.0
Confidentiality of information	19.7	75.3	5.1	24.7	70.7	4.5	22.2	73.0	4.8	100.0
Probing	16.9	74.9	8.1	23.7	66.9	9.4	20.3	71.0	8.8	100.0
Encouraging to take decision	11.9	70.2	18.0	17.1	62.7	20.2	14.4	66.5	19.1	100.0
Anganwadi Worker (AWW)										
Respecting clients	68.7	30.6	0.7	68.4	30.0	1.7	68.5	30.3	1.2	100.0
Listening to their problems	51.0	48.3	0.7	57.2	40.7	2.0	54.1	44.5	1.4	100.0
Understanding their needs	41.5	57.5	1.0	39.7	56.9	3.4	40.6	57.2	2.2	100.0
Providing complete/correct information	28.9	67.7	3.4	32.3	61.6	6.1	30.6	64.6	4.7	100.0
Help them arrive at a decision	19.7	72.1	8.2	26.6	62.3	11.1	23.2	67.2	9.6	100.0
Encouraging to take decision	14.6	69.7	15.6	17.8	63.6	18.5	16.2	66.7	17.1	100.0
Traditional Birth Attendant (TBA)										
Respecting clients	56.7	39.5	3.8	59.3	36.6	4.1	58.0	38.0	4.0	100.0
Listening to their problems	39.9	58.1	2.1	51.4	45.9	2.8	45.6	52.0	2.4	100.0
Understanding their needs	27.8	68.0	4.1	35.2	59.0	5.9	31.5	63.5	5.0	100.0
Use of simple/easy language	25.4	69.1	5.5	30.0	65.2	4.8	27.7	67.1	5.2	100.0
Privacy/Discussion in isolation	15.5	71.1	13.4	16.9	66.9	16.2	16.2	69.0	14.8	100.0
Confidentiality of information	13.1	68.7	18.2	17.2	62.8	20.0	15.1	65.7	19.1	100.0
Probing	7.6	59.5	33.0	6.2	49.0	44.8	6.9	54.2	38.9	100.0
Encouraging to take decision	5.8	58.4	35.7	9.0	47.2	43.8	7.4	52.8	39.8	100.0

ways to improve the effectiveness of communication with clients. On probing, almost all the ANMs agreed that the aforementioned actions would be helpful. However, a small number did not know if it was important to hold discussions in isolation (5%), assure and maintain confidentiality of information (5%), or probe client for further information (9%). One in five ANMs (19%) were not aware that encouraging clients to take decisions would be a useful tool in effective interpersonal communication.

3.4.2 Anganwadi workers

Seven out of ten AWWs (68%) in all areas spontaneously mentioned respecting clients as a useful action for effective interaction with client. More than half (54%) felt that listening to clients' problems was important. Four out of ten (41%) felt that understanding client needs was helpful in effective communication. Only three out of ten (31%) believed that providing complete and correct information was necessary. Three-fourths of the AWWs did not spontaneously mention the importance of helping clients to arrive at a decision (23%). Only 16 percent recognized spontaneously the need to encourage clients to take decisions. On probing, the first three options (respecting clients, listening to problems, understanding their needs) were recalled as helpful by almost all the AWWs. However, despite probing, five percent were not sure that provision of correct and complete information was important; 10 percent were not aware about the need to help clients reach a decision; and a significant 17 percent did not know whether encouraging clients to take a decision was a useful action for effective interpersonal communication.

3.4.3 Traditional birth attendants

Fifty eight percent of the TBAs spontaneously mentioned that "respect for clients" is useful in effective interpersonal communication, followed by "listening to clients" (46%), "understanding client needs" (31%), "use of simple and easy language" (28%), "privacy during discussion" (16%), "confidentiality" (15%), "probing" (7%) and "encouraging decision making" (7%). In comparison to other service providers, TBAs were less aware of various actions for effective interpersonal communication with a significantly lesser number of spontaneous or probed responses. Four in ten TBAs were unaware of the need to probe for information from their clients (39%), or to encourage them to take decisions (40%). Two in ten (19%) were not sure if ensuring confidentiality of information would make their interaction with clients more effective and 15 percent were not aware of the need for privacy while engaging in discussions with their clients. Clearly, in comparison to other health providers, TBAs were in greater need for receiving training on effective interpersonal communication. Also, since spontaneous responses are generally more indicative of actual practices, ANMs and AWWs alike need to be exposed to training in communication skill building.

Chapter IV

FAMILY PLANNING

This chapter presents knowledge about family planning methods, types of family planning services offered and difficulties faced in delivering family planning services.

4.1 INFORMATION ABOUT FAMILY PLANNING SERVICES OFFERED

4.1.1 Auxiliary nurse midwives

4.1.1a Duration and type of family planning services

Providing family planning services was universal among ANMs, being a critical component of the public health service delivery package (Figure 4.1). As noted earlier, 83 percent of ANMs have worked for longer than 10 years, and almost all (80%) had provided family planning services for this whole length of time. Among the types of family planning services provided, 99 percent mentioned distribution of oral contraceptive pills, followed by supply of condoms (93%), counseling (85%), insertion of intra-uterine contraceptive devices (75%), referral for sterilization (66%) and referral for IUCD (42%) (Table 4.1).

4.1.1b Presence of other persons during family planning discussions

Family size in India, particularly among rural communities, is not entirely under the control of the woman and her husband; elders, particularly mothers-in-law, play an important role in influencing the number and timing of pregnancies. Enlisting the support of important family members, such as husbands and mothers-in-law, has been found to be associated with increased contraceptive adoption where reproductive autonomy is poor. On the flip side, privacy may be important in a setting where the woman needs to conceal her contraceptive usage. In this study, health workers were asked to mention the persons usually present during discussions with her client on family planning issues. Six out of ten ANMs (61%) mentioned that the clients' mother-in-law was usually present during discussions on family planning issues. One in three ANMs (33%) reported the presence of the client's husband, two in five (43%) mentioned the presence of other adult family members. One in five ANMs discussed family planning issues with their clients in the presence of neighbors and one in ten (13%) in front of children younger than 10 years. Discussions were conducted in 13 percent of the cases in total privacy without the presence of any third person.

4.1.1c Difficulties faced in delivery of family planning services

Seventeen percent of the ANMs reported that they had faced situations in the past six months as a result of which they were unable to provide contraceptives to their clients. Of these, the foremost reason was related to lack of supplies (75%). A quarter (27%) mentioned preoccupation with polio campaigns as the reason for their inability to distribute contraceptives. Two in ten (19%) cited lack of availability of transport to visit villages, one in ten felt that it was due to the target free approach, one in ten (9%) mentioned refusal from client family, and seven percent reported their inability to go to the villages because of safety issues. Significant differences were noticed between the project and non-project districts with respect to reasons for not being able to provide family planning services (Table 4.2).

TABLE 4.1: **FAMILY PLANNING SERVICES OFFERED BY ANMs**

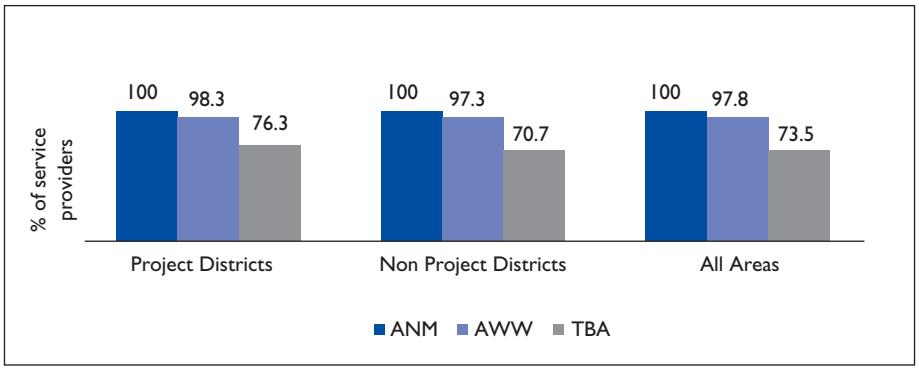
Information about FP services	Percent of ANMs		
	Project districts	Non-project districts	State total
No. of years providing FP services			
< 5 years	7.5	6.3	6.9
5-9 years	13.6	12.2	12.9
10-19 years	36.6	41.8	39.2
20+ years	42.4	39.7	41.1
Types of family planning services provided			
Counseling	86.8	82.6	84.7
Oral pills	98.3	98.6	98.5
Supply of condoms	93.9	92.7	93.3
IUCD/Copper-T	78.0	72.8	75.4
Referral for IUCD/Copper-T	38.0	45.3	41.6
Referral for sterilization	65.8	66.2	66.0
Other	0.3	1.0	0.7
Presence of others while discussing FP issues			
Husband	34.6	31.7	33.2
Mother-in-law	58.3	64.1	61.2
Other adult family members	42.7	43.6	43.1
Neighbors	18.6	24.0	21.3
Children below 10 years	7.5	18.1	12.7
Other	2.7	2.1	2.4
None	14.2	11.8	13.1
Number of ANMs	**295**	**287**	**582**

4.1.2 Anganwadi workers

4.1.2a Knowledge about family planning methods and services

A higher proportion of AWWs spontaneously mentioned most of the modern contraceptive methods, oral pills by 98 percent, condoms by 96 percent, IUCD by 83 percent, female sterilization by 86 percent and male sterilization by a little less 57 percent. Twenty percent of the AWWs had heard about injectables. Knowledge of emergency contraception was negligible at three percent. Among the natural methods, awareness about rhythm/safe period was six percent and withdrawal was one percent (Table 4.3).

Figure 4.1: **PERCENT OF SERVICE PROVIDERS ADVISED VILLAGERS/COMMUNITY ON FAMILY PLANNING**



4.1.2b Type of family planning services/counseling provided

Nearly all the AWWs (98%) reported ever advising villagers or community members on family planning. Those who ever advised were asked to name the methods that they recommended to their clients. Oral contraceptive pills (94%) and condoms (91%) were recommended by a huge majority. Two-thirds of the AWWs advised

TABLE 4.2: **DIFFICULTIES FACED BY ANMs IN PROVIDING FAMILY PLANNING SERVICES**

Information about FP services	Percent of ANMs		
	Project districts	Non-project districts	State total
Unable to provide FP services during last 6 months			
Yes	15.3	18.1	16.7
No	84.7	81.9	83.3
Total percent	100.0	100.0	100.0
Number of ANMs	**295**	**287**	**582**
Among those who faced difficulties during the six month period preceding the survey by reasons			
Reasons			
Ran out of supplies	80.0	71.2	75.3
Because of target free approach	6.7	13.5	10.3
Busy with polio campaigns	17.8	34.6	26.8
Unable to go to the village due to transport	8.9	26.9	18.6
Unable to go to village due to safety	2.2	11.5	7.2
Refusal from client family	6.7	11.5	9.3
Other	6.7	0.0	3.1
Number of ANMs reporting difficulties	**45**	**52**	**97**

their clients on IUCD insertions, a method more frequently recommended in project districts (71%) than in other areas (61%). Only one in ten AWWs (9%) advised their clients to adopt injectables. Three-fourths (76%) recommended female sterilization and only one-third (34%) recommended male sterilization. A greater number AWWs in project districts advised clients on female sterilization (79%) and male sterilization (38%) compared to non-project district AWWs (73 percent and 29 percent respectively).

Among the AWWs who offered family planning services to their communities, just over a third (35%) provided counseling, 50 percent supplied oral contraceptives and 16 percent supplied condoms. Over four out of ten AWWs provided family planning advice but did not supply any method to their clients. A higher proportion of AWWs in the project districts distributed oral pills and condoms in comparison with their counterparts in non-project districts.

4.1.2c Information on side-effects

Anganwadi workers were asked to report how often (most of the time, some of the time, rarely, never) they mentioned the potential side-effects of the contraceptive methods during discussions with their clients. Three out of ten AWWs (31%) discussed side-effects most of the time. Seven in ten AWWs discussed the potential side-effects of various contraceptives either sometimes (31%) or rarely (24%) or never (14%).

4.1.2d Presence of other persons during family planning discussions

Sixty two percent of the AWWs reported that, mothers-in-law were present during family planning discussions with the client. Nearly a quarter of the AWWs (24%) discussed family planning issues with their client in the presence of her husband. However, more often than the husband, it was the neighbor who was present (35%) during these discussions. Sixteen percent AWWs reported holding such discussions without the presence of any other person.

4.1.2e Difficulties faced in delivery of family planning services

Fifty six percent of the AWWs reported that they provided family planning products to their clients. Among these, 70 percent did not face any situation in the six months preceding the survey wherein they were unable to provide family planning products in their communities. However, 30 percent reported facing some difficulties which affected the distribution of family planning products by

TABLE 4.3: **AWWs KNOWLEDGE ABOUT FAMILY PLANNING METHODS AND SERVICES OFFERED**

Information about FP services	Percent of AWWs		
	Project districts	Non-project districts	State total
Knowledge about contraceptive methods			
Pill	98.3	97.3	97.8
Condom/Nirodh	96.9	95.3	96.1
IUD/Copper-T	86.4	80.1	83.2
Injectables	18.7	20.2	19.5
Female sterilization	87.4	84.5	86.0
Male sterilization	61.2	53.9	57.5
Emergency contraception	3.7	2.7	3.2
Standard days method	0.3	0.3	0.3
Rhythm/safe period	4.1	7.7	5.9
Withdrawal	0.7	1.7	1.2
Other	0.3	0.7	0.5
Ever advised villagers/community members on FP			
Yes	98.3	97.3	97.8
No	1.7	2.7	2.2
Number of AWWs	**294**	**297**	**591**
Among those who advise family planning methods to community			
Type of methods advised			
Pill	93.1	94.8	93.9
Condom/Nirodh	92.4	90.0	91.2
IUCD/Copper-T	71.3	61.2	66.3
Injectables	8.0	10.4	9.2
Female sterilization	79.2	72.7	76.0
Male sterilization	38.4	28.7	33.6
Emergency contraception	0.7	0.3	0.5
Standard days method	0.0	0.7	0.3
Rhythm/safe period	2.4	3.1	2.8
Withdrawal	0.0	0.7	0.3
Other	0.3	0.3	0.3
Whether supplied any FP method?			
Counseling	33.2	36.7	34.9
Oral pills	52.6	47.1	49.8
Supply of condoms	19.4	13.1	16.3
Other	0.3	1.0	0.7
No	42.9	44.6	43.8
Discussed/Inform about side-effects of FP method			
Most of the time	30.4	31.8	31.1
Some of the time	31.5	30.1	30.8
Rarely	24.6	24.2	24.4
Never	13.5	13.8	13.7
Presence of others while discussing FP issues			
Husband	27.0	20.8	23.9
Mother in law	57.8	65.7	61.8
Other adult members	6.9	7.3	7.1
Neighbors	33.9	36.7	35.3
Children below 10 years	9.3	15.9	12.6
Other	2.1	0.3	1.2
None	17.6	14.5	16.1
Number of AWWs who advise on FP	**289**	**289**	**578**

them. Of those AWWs not being able to provide family planning services, lack of supplies (90%), involvements in polio campaigns (20%) and lack of availability of transportation (15%) were cited as major reasons for not being able to provide the service (Table 4.4).

4.1.3 Traditional birth attendants

4.1.3a Knowledge about family planning methods and services

Eighty three percent of the TBAs spontaneously mentioned oral pills, followed by female sterilization (78%) and condoms (78%). More than a half were aware of IUCD and 38 percent were aware of male sterilization. Only 12 percent TBAs had heard about injectable contraceptives for family planning. Awareness of TBAs in project districts was comparatively higher for all the modern methods of family planning compared with non-project districts (Table 4.5).

4.1.3b Type of family planning services/counseling provided

Nearly three-fourths of the TBAs (74%) reported ever advising their community members on family planning issues. Percentage of TBAs who had ever provided family planning counseling was higher in project areas (76%) than in the non-project areas (71%). Among the TBAs who stated that they had ever provided family planning guidance in their communities, more than three-fourths (77 percent each) recommended pills and female sterilization. Seven in ten (72%) advised the use of condoms among their clients and close to half (49%) promoted IUCDs. Only a quarter advised community members on male sterilization. The differences between project and non-project areas were quite evident in the case of pills (80 percent in project areas vs 74 percent in other areas), IUCD (57 percent against 41%), female sterilization (85 percent against 69%) and male sterilization (31% against 20%) (Table 4.6).

Among those ever advised family planning, only 74 percent are currently providing this. Of those currently providing services, less than half of the TBAs (48%) mentioned counseling as the type of service being provided by them. A greater number of TBAs provided oral contraceptive pills to their clients (58%). Distribution of condoms in their villages was done by a little more than half the TBAs (52%).

4.1.3c Information on side-effects

Only two in ten (21%) TBAs among those currently providing family planning services stated that they inform their clients about the potential side-effects of the methods most of the time and more than four in ten (43%) inform some of the time. Close to four in ten either informed their

TABLE 4.4: **DIFFICULTIES FACED BY AWWs DURING LAST SIX MONTHS IN PROVIDING FAMILY PLANNING SERVICES**

Information about FP services	Percent of AWWs		
	Project districts	Non-project districts	State total
Unable to provide FP services during last six months			
Yes	29.7	30.0	29.8
No	70.3	70.0	70.2
Total percent	100.0	100.0	100.0
Number of AWWs providing FP services	**165**	**160**	**325**
Among those who faced difficulties during the six month period preceding the survey by reasons			
Reasons			
Ran out of supplies	91.8	87.5	89.7
Because of target free approach	8.2	8.3	8.2
Busy with polio campaigns	18.4	20.8	19.6
Unable to go to the village due to transport	14.3	16.7	15.5
Unable to go to village due to safety	2.0	2.1	2.1
Other	0.0	4.2	2.1
Number of AWWs reporting difficulties	**49**	**48**	**97**

TABLE 4.5: **TBAs' KNOWLEDGE ABOUT FAMILY PLANNING METHODS AND SERVICES OFFERED**

Information about FP services	Percent of TBAs		
	Project districts	Non-project districts	State total
Knowledge about contraceptive methods			
Pill	85.2	80.0	82.6
Condom/Nirodh	78.7	76.6	77.6
IUD/Copper-T	58.8	50.3	54.6
Injectables	13.4	10.3	11.9
Female sterilization	80.4	75.5	78.0
Male sterilization	39.5	35.9	37.7
Emergency contraception	2.4	4.1	3.3
Standard days method	1.0	0.7	0.9
Rhythm/safe period	3.8	4.8	4.3
Withdrawal	0.3	1.7	1.0
Other	3.4	3.1	3.3
Ever advised villagers/community members on FP			
Yes	76.3	70.7	73.5
No	23.7	29.3	26.5
Number of TBAs	**291**	**290**	**581**
Among those who advise family planning methods to community			
Type of methods advised			
Pill	80.2	74.1	77.3
Condom/Nirodh	73.4	70.7	72.1
IUD/Copper-T	57.2	41.0	49.4
Injectables	6.8	7.3	7.0
Female sterilization	85.1	68.8	77.3
Male sterilization	31.5	20.0	26.0
Emergency contraception	0.0	1.0	0.5
Standard days method	0.0	0.0	0.0
Rhythm/safe period	0.0	1.0	0.5
Withdrawal	0.0	0.0	0.0
Other	0.5	0.0	0.2
Providing family planning services			
Yes	73.9	74.6	74.2
No	26.1	25.4	25.8
Number of TBAs who advise on FP	**222**	**205**	**427**

clients only rarely (18%) or never (18%). It is evident that while a substantial number of TBAs were involved in distributing family planning methods, their ability to provide complete and accurate information about the potential side-effects of these methods was far from satisfactory.

4.1.3d Presence of other persons during family planning discussions

Presence of mother-in-law was reported by 60 percent of the TBAs while discussing family planning issues with their clients. Husbands were present in approximately a quarter of the cases (26%). Other adult members of the family were present during discussions on family planning related matters in 38 percent cases. Close to two in ten TBAs (19%) mentioned the presence of neighbors. Thirteen percent held discussions with their clients without the presence of any other person.

4.2 COMMUNICATION MATERIALS FOR FAMILY PLANNING COUNSELING

The ANMs and AWWs were asked to report on the type of communication materials available to them for family planning counseling and the results are presented in Table 4.7. Educational posters and examples/models of contraceptives were available to 57 percent of the ANMs. Brochures/leaflets (27%) and flip charts (23%) were available to close to a quarter of the ANMs. Human body models for demonstration and counseling were available to merely eight percent ANMs. The availability of communication materials was lower among AWWs, with much less than half of the AWWs in possession of a particular type of material (see Figure 4.2). Overall, education posters were available to 43 percent of the AWWs, followed by flipcharts (21%), examples/models of contraceptives (13%) and brochures/ leaflets (13%).

4.3 INFORMATION ABOUT SPECIFIC FAMILY PLANNING METHODS

4.3.1 Oral contraceptive pills

4.3.1a Issues discussed and instructions given to the client about use of oral pills by ANMs

ANMs were asked to recall the issues which they discussed with their clients about oral contraceptive pills. A majority of the ANMs (86%) discussed the safety and effectiveness of oral pills for delaying and spacing child birth. However, less than a half (46%) discussed the importance of consistent use of contraceptive pills. Approximately a quarter each asked the client if she had any questions (26%), enquired about the clients' fears and concerns regarding the pill (24%) and asked the client to repeat the important instructions to confirm adequate understanding on the issue (24%). Misconceptions about the method raised by the client were answered by 17 percent ANMs (Table 4.8).

TABLE 4.6: **FAMILY PLANNING SERVICES PROVIDED BY TBAs AND PRESENCE OF OTHERS DURING DISCUSSION**

Item	Percent of TBAs		
	Project districts	Non-project districts	State total
Type of services			
Counseling	48.8	47.1	47.9
Oral pills	61.6	54.2	58.0
Supply of Condoms	61.0	42.5	52.1
IUCD/Copper-T	14.0	5.9	10.1
Referral for IUCD/Copper-T	30.5	19.6	25.2
Referral for sterilization	45.1	39.2	42.3
Others	0.0	0.7	0.3
Inform about side-effects of FP method			
Most of the time	25.0	16.3	20.8
Some of the time	46.3	38.6	42.6
Rarely	15.9	20.9	18.3
Never	12.8	24.2	18.3
Presence of others while discussing FP issues			
Husband	26.8	25.5	26.2
Mother-in-law	55.5	64.1	59.6
Other adult members	33.5	41.8	37.5
Neighbors	15.2	23.5	19.2
Children below 10 years.	1.2	7.2	4.1
Other	3.7	2.6	3.2
None	17.1	9.2	13.2
Number of TBAs providing FP services	**164**	**153**	**317**

Figure 4.2: **MATERIAL AVAILABLE FOR FP COUNSELING**

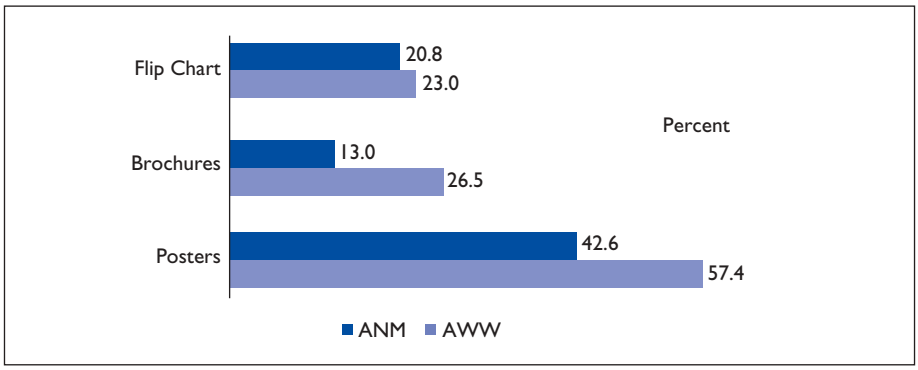


TABLE 4.7: **COMMUNICATION MATERIALS AVAILABLE FOR FP COUNSELING**

Communication materials	Percent of service providers		
	Project districts	Non-project districts	State total
	Auxiliary Nurse Midwife (ANM)		
Educational posters	55.9	58.9	57.4
Brochures/Leaflets	27.8	25.1	26.5
Flip chart	24.4	21.6	23.0
Examples/Models of contraceptives	57.3	56.1	56.7
Human body model for demonstration	9.2	7.7	8.4
Other	7.5	11.1	9.3
Number of ANMs	**295**	**287**	**582**
	Anganwadi Worker (AWW)		
Educational posters	45.3	39.8	42.6
Brochures/Leaflets	15.2	10.7	13.0
Flip chart	22.1	19.4	20.8
Examples/Models of contraceptives	14.9	11.8	13.3
Human body model for demonstration	2.1	2.1	2.1
Other	30.8	38.1	34.4
Number of AWWs	**289**	**289**	**578**

Note: Based on those who provide FP services/counseling.

Research has found that clients counseled on side-effects before starting a method are more likely to continue using it when side-effects occur than clients who are not counseled about side-effects. Health providers must be able to present accurate information on which side-effects usually occur, how long they persist and that they are not signs of danger, in a way that is not alarming to the client. However, only 14 percent ANMs explain the potential side-effects of the pill to their clients.

While imparting instructions on the correct use of contraceptive pills, 83 percent of the ANMs instruct their clients to start taking the pills within five days of menstruation. But only just over half inform their clients to take pill at the same time everyday (54%). Specific information on what to do in case client missed taking the pill for one day was imparted by 50 percent of the ANMs (57% in the project districts and 44% in the non-project districts). Complete and accurate information about what the client should do if she forgot to take her pill for two consecutive days was given by only 26 percent of the ANMs. Only 16 percent ANMs advised their clients to continue taking pills on a daily basis even on days when there is no sexual contact, and a similar proportion (15%) stressed the need to consult a health service provider immediately if the client was worried after forgetting to take a pill. Only a fraction of the health providers (5%) instructed their clients to check the expiry date on the packet before using it.

4.3.1b Advantages and side-effects of oral pills discussed by ANMs

The ANMs were asked to mention the advantages or benefits of oral contraceptive pills which they discuss with their clients. The majority of the ANMs (72%) discussed the reversibility of the method (if woman decides to have a child, she can simply stop taking the pill) as its biggest advantage. More than two-thirds of the ANMs (68%) emphasized a merit of the pill as being that correct and consistent usage could confer spacing benefits for several years. More than one-third of the ANMs (36%) discussed that the use of oral pills could likely result in lighter or shorter menstrual periods. Close to thirty percent ANMs mentioned regularity of periods (30%) or protection against anemia (28%) as other advantages of using oral contraceptive pills (Table 4.9). One in ten ANMs also discussed the role of oral contraceptive pills in guarding against several types of cancers.

The most important potential side-effects of oral pills discussed by ANMs with their clients were nausea (73%) and mild headache (55%). Spotting or bleeding between periods (31%), vomiting and diarrhea (29%), missed periods (26%), weight gain (19%) and breast tenderness (11%) were the other side-effects reported by the ANMs as discussed with their clients. Only 13 percent ANMs advised their clients to contact a health worker if the problem persisted beyond three months. The proportion of ANMs who discussed nausea (76%) and mild headaches (63%) as possible side-effects was

TABLE 4.8: **ISSUES DISCUSSED AND INSTRUCTIONS GIVEN TO THE CLIENTS ABOUT ORAL PILL BY ANMs**

Items	Percent of ANMs		
	Project districts	Non-project districts	State total
Points discussed with clients			
Oral pill is safe and effective for delaying child birth	89.2	81.9	85.6
Steps of using OP correctly	71.9	67.9	69.9
Importance of consistent use	48.5	44.3	46.4
Ask client if she has any question	26.1	26.5	26.3
Fears and concerns	22.0	25.1	23.5
Asking the client to repeat the important instructions	25.4	21.6	23.5
Answer any misconception for the client	18.0	16.4	17.2
Explain possible side-effects	14.9	12.9	13.9
Other	0.3	0.0	0.2
Instructions given on correct use of pills			
Start taking pills within five days of menstruation	87.5	79.1	83.3
Taking one pill everyday at the same time	54.6	53.7	54.1
Once the packet is completed continue taking the first pill of next strip from next day	51.9	54.4	53.1
If she misses the pill for a day she should take two pills next day	56.6	43.6	50.2
If she misses the pill for two consecutive days she should take two pills daily for the next two days and continue taking 1 pill after that and avoid sex or use condoms for one week	28.1	23.7	25.9
Continue taking pill on daily basis even when there is no sexual contact	14.6	18.1	16.3
Consult health service provider if worried after forgetting to take pills	13.9	16.4	15.1
Checking the expiry date on the packet before using	4.4	5.6	5.0
Others	0.0	0.3	0.2
Number of ANMs	**295**	**287**	**582**

higher in project districts than in non-project districts (70% and 47% respectively).

The ANMs were asked to report the specific actions they would take for oral pill users. Sixty five percent of the ANMs reported that they will check to ensure that the client is continuing with the usage, 49 percent will check with the client about any problems she might have as a result of the usage and 44 percent will check for persistent side-effects at three month intervals. However, only 26 percent of the ANMs mentioned that they will ensure proper supply of oral pills to their client (Table 4.9).

4.3.1c Health workers' knowledge of medical eligibility criteria for oral contraceptive pills

From a list of situations, ANMs were asked to affirm under which situation would they recommend or not recommend an oral contraceptive pill to a client as the exclusive contraceptive method. Knowledge levels of ANMs on guidelines for recommending oral contraceptive pills were very high (Table 4.10). Less than 10 percent of the ANMs in the state recommended oral pills as the exclusive method for limiting or spacing pregnancies if the client is older than 35 years and smokes regularly (5%), if the client wants to protect against RTI/STI and HIV/AIDS in addition to preventing pregnancy (7%), if the client is breastfeeding (10%), if the client has high blood pressure or a heart problem (4%).

Anganwadi workers were comparatively less aware about the guidelines for recommending oral contraceptive pills as the exclusive method. More than 10 percent of the AWWs incorrectly recommended OCPs an as exclusive contraception method in clients older than 35 years, those who smoke regularly (12%), for protection against RTI/STI and HIV/

TABLE 4.9: **ADVANTAGES AND SIDE-EFFECTS OF ORAL PILLS DISCUSSED WITH THE CLIENTS BY ANMs**

Items	Percent of ANMs		
	Project districts	Non-project districts	State total
Advantages/Benefits discussed			
If a woman takes the OP correctly she can take for many years	71.9	63.1	67.5
If she decides to have child she can simply stop taking	72.9	70.0	71.5
The woman is likely to experience lighter/shorter menstruation	36.6	35.9	36.3
Fewer cramps	9.5	13.2	11.3
Period will become regular	29.5	30.3	29.9
Oral pills can reduce anemia	24.4	30.7	27.5
Guards against several kinds of cancers	13.9	6.3	10.1
Other	1.4	0.3	0.9
Possible side-effects discussed			
Nausea	76.3	69.7	73.0
Mild headache	62.7	46.7	54.8
Missed menstruation	27.1	24.4	25.8
Spotting or bleeding between menstruation	30.5	32.1	31.3
Vomiting and diarrhea	27.8	30.3	29.0
Weight gain	18.3	21.6	19.9
Breast tenderness	8.5	13.2	10.8
If problem persists beyond 3 months contact HW	13.9	12.9	13.4
Other	10.2	7.7	8.9
Actions taken for oral pill users by the health service provider			
Check the client at intervals of 3 months to ensure that she continues to take the pills as recommended	71.2	57.8	64.6
Check the client at intervals of 3 months to see if she has any problem	47.5	51.2	49.3
If any of the side-effects or problems persist beyond 3 months, refer the client to a doctor	44.1	42.9	43.5
Ensure proper supply of pills	25.4	26.1	25.8
Other	1.4	1.7	1.5
Number of ANMs	**295**	**287**	**582**

AIDS in addition to contraception (11%), for breastfeeding mothers (14%) and five percent AWWs recommended OCPs as exclusive method in women with high BP or with heart problems.

4.3.2 Condoms

4.3.2a Issues about condoms discussed by ANMs with clients

ANMs were asked to mention the issues concerning condoms which they discussed with their clients. The majority of the ANMs (82%) reported that they detailed the steps of using a condom correctly. Less than a half asked the client to demonstrate the correct way of putting on and removing a condom (48%). Fifty percent ANMs explained the importance of its consistent use during every sexual contact. Three in ten (31%) asked the client if she had any questions, fears, or concerns regarding the use of condoms. Only a quarter (26%) asked the client to repeat important instructions to confirm correct understanding. Only one in ten answered client misconceptions related to condoms (Table 4.11).

When asked to list the basic facts about condoms being provided by them to their clients, three-fourths of the ANMs (76%) mentioned the fact that condoms are used by couples who want to space the births

TABLE 4.10: **RECOMMENDING ORAL PILLS UNDER CERTAIN SITUATIONS**

Conditions/Situations	Percent recommend oral pill use		
	Project districts	Non-project districts	State total
	Auxiliary Nurse Midwife (ANM)		
The client is more than 35 years and smokes regularly	5.8	4.5	5.2
The client wants to prevent pregnancy and protect against RTI/STI and HIV/AIDS	5.8	8.4	7.0
The client is breastfeeding	8.8	10.5	9.6
The client has high BP or heart problem	2.7	4.9	3.8
Number of ANMs	**295**	**287**	**582**
	Anganwadi Worker (AWW)		
The client is more than 35 years and smokes regularly	11.4	11.8	11.6
The client wants to prevent pregnancy and protect against RTI/STI and HIV/AIDS	10.7	11.1	10.9
The client is breastfeeding	12.5	15.9	14.2
The client has high BP or heart problem	5.5	4.5	5.0
Number of AWWs	**289**	**289**	**578**

of their children. The second most frequent mention (66%) was that condoms are used by couples who want to delay the birth of their first child. Forty percent of the ANMs instructed their clients to keep the condoms out of their children's reach, 35 percent laid stress on the proper storage of condoms and 39 percent on the disposal of condoms in the garbage after each use. Only a quarter (26%) asked their clients to check the expiry date on the cover lest the condom bursts. Only a small proportion of ANMs asked their clients to use a new condom each time during intercourse (15%); while a similar percentage (16%) mentioned to their clients that condom usage is the only method for preventing sexually transmitted diseases, in addition to preventing pregnancy.

4.3.2b Action taken by ANMs for those who are using condoms

ANMs were asked to list the actions taken by them for those clients who are already using condoms as a contraceptive method. Three-fourths of the ANMs (77%) stated that they ensured that the client already using condoms is aware of its correct use. Two-thirds of the ANMs said that their role was to ensure adequate supply of condoms among those currently using this contraceptive method. Two out of ten (21%) tried to dispel myths, fears and misconceptions about the method among the users (Table 4.11).

On being informed about condoms bursting, nearly nine out of ten ANMs (89%) advised their clients on the correct use of condoms, and only a quarter (27%) advised their clients to use emergency contraception. A few (four%) did not give any advice even after being informed about condoms bursting.

4.3.2c Action taken by AWWs for those who are using condoms

Anganwadi workers were asked to report on their actions as a health provider for clients who use condoms as their contraceptive method. More than two-thirds (68%) stated that they ensured the clients' awareness about correct use of condoms (Table 4.12). Less than six out of ten (58%) ensured adequate supply of condoms among current users and 32 percent address myths, fears and misconceptions about the method among users.

Among the small proportion of clients who reported condoms bursting (13%), almost all (92%) of the AWWs gave advice on proper usage of condoms, and 28 percent advised the clients to use emergency contraception. Four percent AWWs did not give any advice to their clients in this situation.

4.3.3 IUCD/Copper-T

4.3.3a Issues about IUCD discussed by ANMs with clients

ANMs were asked to list the issues that they discussed with clients about

TABLE 4.11: **DISCUSSION WITH CLIENTS ABOUT CONDOMS AND ADVICE GIVEN BY ANMs**

Aspects	Percent of ANMs		
	Project districts	Non-project districts	State total
Points discussed with clients about condoms			
Walk them through steps of using condoms	87.8	75.3	81.6
Ask the client to demonstrate the correct way of putting on and removing a condom	53.2	41.8	47.6
Explain the importance of consistent use	54.2	45.3	49.8
Ask client to repeat most important instructions	24.7	27.2	25.9
Ask the client if she has any questions/fears/concerns	30.2	32.1	31.1
Answer any misconception for the client	9.5	11.1	10.3
Other	0.3	0.7	0.5
Basic facts provided to clients about condoms			
Condoms are selected by the couples who want to delay the birth of the first child	68.1	64.1	66.2
Condom use is selected by couples who want spacing between two children	80.0	71.1	75.6
Condoms should be stored properly in cool and dry place	34.6	34.5	34.5
Condoms should be kept out of reach of children	40.3	39.0	39.7
Checking the expiry date on the packet before using	29.5	32.4	30.9
Do not use expired condoms as they are weak and may break	26.1	25.4	25.8
After removing condom throwing it in the garbage	43.4	33.8	38.7
Using a new condom each time during intercourse	13.2	17.1	15.1
Condom is only method that helps in preventing pregnancy and other sexually transmitted diseases	15.3	16.4	15.8
Others	0.0	0.3	0.2
Action taken for those who use condoms			
Ensure that the client is aware of correct use	82.7	70.0	76.5
Ensure adequate supply of condoms	67.1	63.4	65.3
Address any myths fears or misconceptions about method	19.3	22.6	21.0
Other	0.7	0.3	0.5
Whether any client told about condom burst during last 3 months			
Yes	23.1	26.1	24.6
No	76.9	73.9	75.4
Type of advice given to them*			
Correct usage of condom	91.2	86.7	88.8
Use of emergency contraception	23.5	29.3	26.6
Other	4.4	0.0	2.1
None	2.9	5.3	4.2
Number of ANMs	**295**	**287**	**582**

*Based on those who have heard about condom burst. Total may add to more than 100.0 due to multiple response

TABLE 4.12: **DISCUSSION WITH CLIENTS ABOUT CONDOMS BY AWWs**

Aspects	Percent of AWWs		
	Project districts	Non-project districts	State total
Action taken for those using condoms			
Ensure that the client is aware of correct use	76.5	58.8	67.6
Ensure adequate supply of condom	57.8	58.5	58.1
Address any myths, fears or misconception about method	31.1	33.2	32.2
Other	6.2	9.0	7.6
Whether any client told about condom burst during last 3 months			
Yes	10.7	14.2	12.5
No	89.3	85.8	87.5
Type of advice given to them*			
Correct usage of condom	93.5	90.2	91.7
Use of emergency contraception	41.9	17.1	27.8
Other	9.7	0.0	4.2
None	0.0	7.3	4.2
Number of AWWs	**289**	**289**	**578**

*Based on those who have heard about condom burst. Total may add to more than 100.0 due to multiple response

IUCDs. Eighty two percent of the ANMs discussed the benefits of using IUCDs and less than a half (46%) discussed potential side-effects. Only 43 percent ANMs asked the clients if they had any fears, questions or concerns related to IUCDs. Two in ten ANMs (21%) discussed the misconceptions and a meager 13 percent the follow-up actions that they would undertake (Table 4.13).

4.3.3b Facts and benefits of IUCDs

Among the basic facts and benefits explained to the clients by ANMs, 74 percent mentioned the safety and effectiveness of IUCD for delaying and spacing child births. Slightly more than a half (53%) explained that the IUCD is a small T-shaped object made up of plastic and copper which prevents a woman from becoming pregnant. Four in ten ANMs used a picture to explain where IUCD is inserted in the body. A similar proportion explained that IUCDs can only be inserted by a trained ANM or a doctor (41%) and that it can confer long term benefits of preventing pregnancy for up to 10 years (38%). Only one-third (33%) showed the client a sample of IUCD while advising her to adopt IUCD as a contraception method. Only one in ten (12%) informed their clients that IUCD does not interfere with sexual intercourse. ANMs from the project districts fared better in terms of their discussions with clients on IUCD compared to non-project districts (Table 4.13).

4.3.3c Information about side-effects given to clients

Close to half mentioned to their clients about abdominal cramps/ persistent backache (52%) and spotting between periods (55%) as possibly the side-effects occurring on IUCD insertion (Table 4.13). Four in ten (41%) mentioned that the periods may become heavier than usual. Only 36 percent ANMs reassured the clients that these changes are usually temporary, and only a quarter advised their clients to contact a health service provider immediately if she had any concerns about the side-effects.

4.3.3d Steps explained to clients to ensure that IUCD is in place

Six out of ten ANMs explained to the client about inserting one or two fingers inside the vagina to feel for the IUCD threads; however, only 54 percent mentioned that the client should wash her hands first, and only 40 percent mentioned that the client should squat before inserting her fingers to check the presence of threads (Table 4.13). Similarly, only four out of ten ANMs advised the clients to consult a health provider if she could not detect the presence of threads, and only 12 percent clients were reassured by the ANMs that the device cannot possibly move about in the body. ANMs from the project districts were somewhat more likely

TABLE 4.13: **DISCUSSION WITH CLIENTS ABOUT IUCD/COPPER-T BY ANMs**

Aspects	Percent of ANMs		
	Project districts	Non-project districts	State total
Points discussed with clients about IUCD/Copper-T			
Benefits of using Copper-T	84.7	78.7	81.8
Possible side-effects of Copper-T	49.2	43.6	46.4
Client's responsibility in ensuring that everything is alright	42.4	37.6	40.0
Ask client if she has any questions, fears/concerns	38.3	47.0	42.6
Answer any misconception of the client	19.0	22.3	20.6
Explain what we will do to follow up with the client	13.2	12.9	13.1
Other	0.0	0.3	0.2
Basic facts and benefits of Copper-T explained to the client			
Copper-T is a safe and effective method for delaying and spacing child birth	77.6	69.7	73.7
Show the client a sample of Copper-T	36.3	29.6	33.0
Use a picture to demonstrate to explain where the Copper-T is inserted in the body	43.7	37.3	40.5
It is a small T shaped object made up of plastic and copper and which prevents a woman from becoming pregnant	54.6	51.2	52.9
Copper-T is a long term method and can prevent pregnancy up to ten years	41.4	35.2	38.3
It can only be inserted by a trained ANM or doctor	41.7	40.1	40.9
Copper-T does not interfere with sexual intercourse	10.5	13.2	11.9
Others	0.3	0.7	0.5
Information given about the side-effects of Copper-T			
Abdominal cramps/persistent backache	53.6	49.5	51.5
Spotting of blood between periods	56.6	52.6	54.6
Periods that are heavier than usual	43.7	37.6	40.7
These changes are usually temporary	39.7	31.7	35.7
If the woman has any concern about the side-effects then she should immediately contact health service provider	22.7	26.5	24.6
Other	8.1	3.8	6.0
Steps that are explained to the client in order to ensure that Copper-T is in place			
First the client should wash her hands	56.9	51.9	54.5
Second, the client should squat	42.7	37.3	40.0
Third, the client should insert one or two fingers inside the vagina to feel for the Copper-T threads	63.1	60.6	61.9
If she can not find the thread then she should consult the health provider	37.3	36.6	36.9
Remind the woman that the device cannot possibly move about in the body	9.2	15.3	12.2
Other	2.0	1.0	1.5
Number of ANMs	**295**	**287**	**582**

to explain to clients about the steps of checking the position of IUCD compared with non-project districts.

4.3.3e ANMs' knowledge about actions/advice to IUCD acceptors

ANMs were asked to list the actions they take as health service providers for a client who has chosen IUCDs. Only six out of ten (61%) ANMs were aware that a client should be screened for sexually transmitted diseases by the ANM or doctor before inserting IUCD (Table 4.14). A similar proportion (56%) explained to their clients how to check that the IUCD is in place. The majority of the ANMs (60%) did not explain the side-effects. Less than a half (46%) stated that the ANM should make two follow-up visits to the client within a month of IUCD insertion. Less than one in ten (9%) were aware that the client should come for follow-up checkup after her next period to find out whether the device has been rejected.

4.3.3f Health service providers' knowledge about 10-year IUCD and source of information

A large percentage of ANMs (83%) had heard of an IUCD that offers 10 years' protection from pregnancy (Table 4.15). Among the AWWs, awareness about the 10-year IUCD was significantly lower at 32 percent. The main source of information regarding 10-year IUCD among both ANMs (62%) and AWWs (36%) was the medical officer. A quarter of the health service providers had gained this knowledge after attending a training capsule. Nearly two in ten AWWs (18%) also reported having heard of this device from their supervisors compared to five percent of ANMs. Mass media and other BCC materials such as television, radio, hoardings/wall paintings, posters, and magazines /newspapers collectively were cited as the main source of information by only four percent ANMs and 11 percent AWWs.

4.3.3g Health service providers' knowledge about medical eligibility criteria for IUCD

Some IUCDs can be inserted immediately after child birth (but after 48 hours of delivery) by specially trained health workers, while most IUCDs can only be inserted after 4-6 weeks of delivery. This is because there is an increased risk of perforating the uterus when IUCDs are inserted after 48 hours and up to four weeks post-partum. Unexplained vaginal bleeding may be a sign of an underlying pathological condition, cancer or a pregnancy-related problem. To rule out these possibilities, IUCDs are usually not recommended unless these conditions have been evaluated. IUCDs increase the risk of pelvic inflammatory disease (PID) in clients with RTI/STI or vaginal infections. Therefore, IUCDs are not recommended in clients with existing RTI/STI or in clients who have not been screened for these infections. IUCDs are not contra-indicated in patients with hypertension or heart disease, as per WHO stipulations.

Knowledge levels of health service providers about conditions under which IUCDs cannot be recommended for clients were high. Only a very small proportion of ANMs and AWWs recommended that the IUCD can be inserted in women with a less than one week old baby (7 percent ANMs and 8 percent AWWs), among women with existing RTI/STI or vaginal infections (4 percent ANMs and 4 percent AWWs), among clients with unexplained vaginal bleeding (4 percent ANMs and 4 percent AWWs), and among women who had not been screened for RTI/STI (4 percent ANMs and 3 percent AWWs). Differences among project areas and non-project areas were not very significant (Table 4.16).

TABLE 4.14: **KNOWLEDGE ABOUT ACTIONS/ADVICE TO BE GIVEN TO CLIENTS CHOOSING TO USE IUCD/COPPER-T BY ANMs**

	Percent of ANMs		
Actions to be taken	**Project districts**	**Non-project districts**	**State total**
Screen the client for any sexually transmitted disease before inserting Copper-T	63.4	59.2	61.3
Explain the side-effects	42.4	37.6	40.0
Explain how to check that the Copper-T is in place	60.0	52.3	56.2
Make 2 follow up visits within a month	45.1	47.4	46.2
The woman should come for follow up after next period	10.8	7.7	9.3
Other	0.3	1.0	0.7
Number of ANMs	**295**	**287**	**582**

TABLE 4.15: **KNOWLEDGE ABOUT TEN YEAR IUCD/COPPER-T**

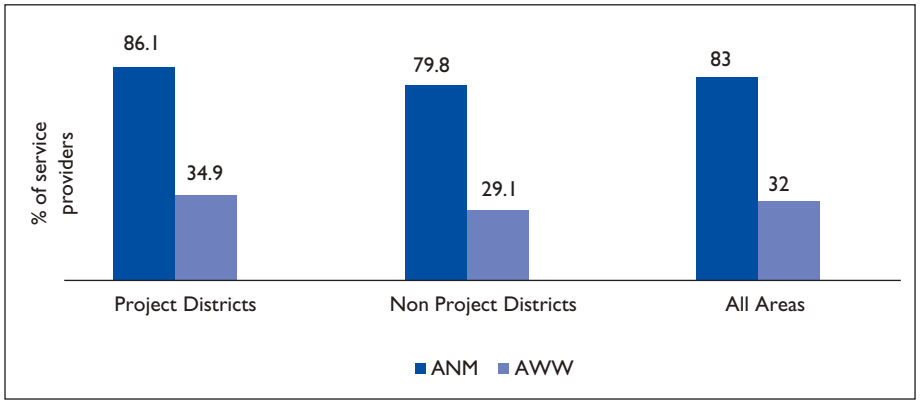
Aspects	Percent of service providers		
	Project districts	Non-project districts	State total
Auxiliary Nurse Midwife (ANM)			
Heard about 10 years IUCD/Copper-T			
Yes	86.1	79.8	83.0
No	13.9	20.2	17.0
Number of ANMs	**295**	**287**	**582**
Among those heard about 10 year IUCD/Copper-T			
Source of knowledge			
Training	30.1	21.3	25.9
Supervisor	5.9	3.0	4.5
Medical officer	55.1	69.1	61.7
Television	2.7	2.6	2.7
Radio	0.4	0.0	0.2
Hoarding/Wall painting	1.2	0.4	0.8
Posters	0.4	0.0	0.2
Magazine/Newspaper	0.0	0.9	0.4
Other	4.3	2.6	3.5
Number of ANMs heard about 10 year IUCD/Copper-T	**254**	**229**	**483**
Anganwadi Worker (AWW)			
Heard about 10 years IUCD/Copper-T			
Yes	34.9	29.1	32.0
No	65.1	70.9	68.0
Number of AWWs	**289**	**289**	**578**
Among those heard about 10 year IUCD/Copper-T			
Source of knowledge			
Training	19.8	32.1	25.4
Supervisor	25.7	9.5	18.4
Medical officer	31.7	40.5	35.7
Television	5.0	2.4	3.8
Radio	2.0	0.0	1.1
Hoarding/Wall painting	0.0	3.6	1.6
Posters	0.0	2.4	1.1
Magazine/Newspaper	5.0	1.2	3.2
Other	10.9	8.3	9.7
Number of AWWs heard about 10 year IUCD/ Copper-T	**101**	**84**	**85**

4.3.4 Female sterilization

4.3.4a ANMs' discussion about female sterilization with clients

A majority of the ANMs discussed the benefits of female sterilization (70%) and 42 percent discussed the eligibility criteria for female sterilization (Table 4.17). Three in ten explained to their clients how the procedure is conducted (29%). Post-procedure steps were explained by only 22 percent of the ANMs. Information regarding locations where services are available (30%), the timings of service provision (24%) and schedule of visits (27%) were provided by the ANMs. Only 21 percent mention that follow-up is required after undergoing sterilization. Less

FIGURE 4.3: **HEARD ABOUT 10 YEAR IUCD**



than four in ten (37%) asked their clients if they had any questions. Misconceptions on the part of client on the method were reportedly answered by 17 percent of the ANMs. A meager five percent discussed their follow-up actions. ANMs from project districts reported more detailed discussions with their clients on most counts compared to their non-project counterparts.

4.3.4b Basic facts and benefits of female sterilization explained by ANMs

The most frequently discussed basic fact and benefit of female sterilization was that female sterilization is a safe, effective and permanent surgical method in which the fallopian tubes are tied (58%) and that the procedure takes only 5-10 minutes (58%). The ease of the method was clearly uppermost on the minds of the ANMs as they informed their clients that the procedure requires only a small abdominal incision (38%) and that women can return home the same day (45%). Only 23 percent of the ANMs used a picture of women's reproductive organs to describe the procedure to the client. While close to three in ten ANMs explained the exact procedure of laproscopy (32%) and abdominal tubectomy (29%), only 18 percent ANMs informed their clients that sterilization can be done in women through laproscopy as well as through tubectomy (18%), and 24 percent mentioned that both procedures are equally successful. A majority of the ANMs (80%) failed to mention that the procedures are done under local anesthesia. Information regarding post-operative care was also far from satisfactory with only 32 percent ANMs mentioning to their clients the need to rest after the procedure and that they should perform less hard work for a few days after the procedure (25%). Three in ten ANMs (29%) informed their clients about the immediate effectiveness of the procedure. Locations where female sterilization services were available were not mentioned by a majority of the ANMs, with only 21 percent mentioning the availability of these services at block level during RCH camps, and 23 percent mentioning its availability the district hospital. On most points of discussion, ANMs from project villages reported slightly greater discussions than their counterparts from non-project villages.

4.3.4c Knowledge among ANMs about actions for female sterilization acceptors

ANMs were asked to list the actions or steps they would take for a client who has undergone female sterilization. While the majority of

TABLE 4.16: **KNOWLEDGE ABOUT FITNESS LEVELS OF CLIENTS FOR RECOMMENDING IUCD/ COPPER-T**

	Percent of service providers who will not recommend usage of IUCD/ Copper-T under the given condition/situation					
	Project districts		Non-project districts		State total	
Situation of the client	**ANM**	**AWW**	**ANM**	**AWW**	**ANM**	**AWW**
The client has one week old baby	94.6	93.4	90.9	90.0	92.8	91.7
History of heart disease	93.9	94.1	89.5	91.3	91.8	92.7
RTI/STI or vaginal infection	97.3	96.2	95.5	96.2	96.4	96.2
Unexplained continuous vaginal bleeding	96.9	97.2	95.8	94.5	96.4	95.8
Not been screened for RTI/STI	97.3	97.9	94.4	96.9	95.9	97.4
Number of ANMs	**287**	**283**	**271**	**280**	**558**	**563**

TABLE 4.17: **DISCUSSION ABOUT STERILIZATION WITH CLIENTS BY ANMs**

Aspects	Percent of ANMs		
	Project districts	Non-project districts	State total
Points discussed with clients about female sterilization			
Facts about female sterilization	66.1	56.4	61.3
The benefits of female sterilization	72.9	67.9	70.4
Who can undergo F-sterilization	45.8	38.0	41.9
How the procedure is conducted	31.5	26.5	29.0
Post procedure steps	26.4	16.7	21.6
Where services are available	29.5	30.7	30.1
The timings when the services are available	26.1	20.9	23.5
The schedule of visits	26.8	26.5	26.6
Follow up required with this method	17.3	24.4	20.8
Ask client if she has any questions	38.6	34.5	36.6
Answer any misconception for the client	16.6	18.1	17.4
What we will do to follow up with the client	3.4	7.0	5.2
Other	0.3	0.0	0.2
Basic facts and benefits of female sterilization explained to the client			
F-sterilization is safe, effective and permanent surgical method in which the fallopian tubes are tied	60.0	56.8	58.4
Show a picture of woman's reproductive organs and describe the procedure	23.4	21.6	22.5
F-sterilization is done in two ways – Laparoscopy and Tubectomy	18.0	17.4	17.7
In Laparoscopy the fallopian tubes are by slipping rings over them (show pictures)	34.9	28.2	31.6
In Tubectomy the fallopian tubes are cut and tied	29.8	27.9	28.9
Both are equally successful	25.1	22.6	23.9
Both are done under local anesthesia	21.0	18.5	19.8
They take 5-10 minutes only	56.9	58.2	57.6
They require only a small abdominal incision	41.0	34.1	37.6
Woman can return home the same day	47.1	43.6	45.4
They should be allowed for rest after the procedure	36.9	27.2	32.1
Woman should have less hard work than usual	29.5	20.2	24.9
Female sterilization becomes effective immediately after the operation	29.2	27.9	28.5
Female sterilization services are available at block level in RCH camps	18.3	23.0	20.6
Female sterilization is also available in the district hospital	23.7	23.0	23.4
Other	0.3	1.0	0.7
Number of ANMs	**295**	**287**	**582**

ANMs (66%) mentioned scheduling a follow-up visit to check the client's condition, it was far from satisfactory with one-third of the ANMs not reporting this action (Table 4.18). Only four out of ten ANMs (42%) stated that they make the first follow-up visit within 24 hours of surgery. Even fewer (31%) ANMs made a second follow-up visit to their client on the third day following surgery. While overall the proportion of ANMs who prescribed appropriate medication for women with pain or slight infection was 42 percent, in project areas, close to half the ANMs prescribed medications (48%) in comparison to 36 percent in non-project areas. Only 3 out of ten ANMs (29%) checked the stitches for infection during a follow-up visit, a figure which was slightly higher in project districts at 32 percent compared to 26 percent in other districts. Removal of stitches on the seventh day was reported by 55 percent of the ANMs (59 percent

in the project and 51 percent in non-project districts). Efforts to address misconceptions on female sterilization among accepters were reported by nine percent of the ANMs in project and non-project districts alike.

4.3.4d Facts and benefits of female sterilization discussed by AWWs

Anganwadi workers were asked to list the basic facts that they provided to women about female sterilization. Initially, spontaneous answers were noted, followed by probing on specific actions. It may be assumed that spontaneous responses present a more realistic picture of actual practice levels than probed responses.

Less than half (43%) AWWs mentioned spontaneously that they explained to clients about sterilization being a permanent surgical method. A further 38 percent responded in the affirmative on being probed, while a significant two in ten AWWs were not even aware of this fact. Only 12 percent AWWs showed pictures of female reproductive organs while discussing the procedure with their clients. On probing, an additional 26 percent AWWs reported use of pictures during discussion (31 percent in project areas and 22 percent in non-project areas); yet, a vast majority (62%) did not mention using pictorial material to explain basic facts about sterilization (Table 4.19).

Both spontaneous and probed responses for explaining that sterilization could be done through laparoscopy or abdominal tubectomy were low at 15 percent and 28 percent respectively. Nearly six out of ten AWWs did not mention this fact to their clients. Probed response to this issue was greater in the project areas (32%) than in other areas (23%). Nearly two-thirds of the AWWs (63%) across the state were unaware that laparoscopy entails blocking of fallopian tubes by slipping rings over them, with only one in ten (9%) spontaneously mentioning discussing this fact with their clients, and less than three in ten (27%) recalling the discussion on being probed. Knowledge that abdominal tubectomy is a procedure in which fallopian tubes are cut and tied was low among the AWWs. Only eight percent AWWs listed this fact spontaneously as a point of discussion with clients, and another 28 percent listed this upon probing. Less than half the AWWs mentioned to their clients that both types of procedures are equally successful, 12 percent listed this fact spontaneously, and 32 percent recalled it after being probed. Only 30 percent AWWs admitted either spontaneously (4%) or upon probing (26%) to discussing with their clients that the procedures are done under local anesthesia. The fact that the procedure takes only 5-10 minutes was discussed by a relatively higher proportion of AWWs with 32 percent spontaneously mentioning it and 46 percent on being probed. Only 22 percent AWWs did not mention it at all. Nearly a quarter of the AWWs (24%) did not mention that the procedure requires only a small abdominal incision; two out of ten (22%) listed this fact

TABLE 4.18: **KNOWLEDGE AMONG ANMs ABOUT ACTIONS TO BE TAKEN FOR FEMALE STERILIZATION CLIENTS**

Actions to be taken as a health service provider	Percent of ANMs		
	Project districts	Non-project districts	State total
Schedule follow up visit to find out client's condition	66.1	66.2	66.2
The first follow up should happen within 24 hours after surgery	41.7	42.2	41.9
The second follow up on 3rd day following surgery	30.2	32.1	31.1
Prescribe appropriate medicine if woman has pain or slight infection	48.1	36.2	42.3
Check the stitches during follow up visit for infection	31.9	26.1	29.0
Remove stitches on 7th day	58.6	50.9	54.8
Watch for danger signs and complications	23.4	22.0	22.7
Where necessary refer to doctor/hosp. for treatment	29.8	29.3	29.6
Dispel any misconceptions on F-sterilization	9.8	9.1	9.5
Others	1.0	0.0	0.5
Number of ANMs	**295**	**287**	**582**

TABLE 4.19: **FACTS AND BENEFITS OF FEMALE STERILIZATION DISCUSSED WITH CLIENTS BY AWWs**

Aspects	Percent of AWWs								
	Project districts			Non-project districts			State total		
	Sponta-neous	Probed	Do not know	Sponta-neous	Probed	Do not know	Sponta-neous	Probed	Do not know
Basic facts and benefits of F-sterilization explained to the client									
It is a permanent surgical method	43.3	40.5	16.3	41.9	34.6	23.5	42.6	37.5	19.9
Show pictures of female reproductive organs	11.1	30.8	58.1	12.1	21.5	66.4	11.6	26.1	62.3
It is done in two ways, laparoscopy and tubectomy	14.9	32.5	52.6	14.5	23.5	61.9	14.7	28.0	57.3
Laparoscopy									
The fallopian tubes are blocked by slipping rings over them	8.3	32.2	59.5	11.1	22.5	66.4	9.7	27.3	63.0
Abdominal Tubectomy									
Fallopian tubes are cut and tied	8.0	30.8	61.2	8.0	26.3	65.7	8.0	28.5	63.5
Both are equally successful	12.1	34.6	53.3	12.5	29.4	58.1	12.3	32.0	55.7
Both are done under local anesthesia	5.2	29.1	65.7	3.8	22.8	73.4	4.5	26.0	69.6
It takes only 5-10 minutes	29.4	51.2	19.4	34.6	41.5	23.9	32.0	46.4	21.6
It requires only a small abdominal incision	19.7	55.0	25.3	23.9	52.6	23.5	21.8	53.8	24.4
Woman can return home on the same day	30.8	57.4	11.8	41.2	42.6	16.3	36.0	50.0	14.0
Availability of services									
PHC/CHC									
Block level RCH camps	31.1	52.6	16.3	31.5	46.0	22.5	31.3	49.3	19.4
District hospital	14.2	49.8	36.0	13.1	42.2	44.6	13.7	46.0	40.3
Other health camps	20.8	57.1	22.1	28.0	52.2	19.7	24.4	54.7	20.9
NGOs/Pvt. hospital	6.6	49.5	43.9	7.3	43.3	49.5	6.9	46.4	46.7
Other important information									
Possible side-effects	7.3	43.6	49.1	9.3	36.3	54.3	8.3	40.0	51.7
Clarify fears/ misconceptions	7.6	50.2	42.2	15.6	45.0	39.4	11.6	47.6	40.8
Explain for whom it is suitable	9.7	50.5	39.8	8.0	43.3	48.8	8.8	46.9	44.3
Woman should take rest after operation	11.8	47.4	40.8	15.2	37.7	47.1	13.5	42.6	43.9
Other	1.4	5.9	92.7	1.0	4.5	94.5	1.2	5.2	93.6
Number of AWWs	**125**	**117**	**47**	**121**	**100**	**68**	**246**	**217**	**115**

spontaneously and 54 percent mentioned it after probing. A majority of the AWWs (86%) mentioned to their clients that women can return home the same day. This was stated spontaneously by 36 percent and upon being probed by 50 percent. Spontaneous response was much higher in non-project districts at 41 percent vis-à-vis 31 percent in project districts.

Regarding availability of services, 80 percent of the AWWs mentioned to their clients that female sterilization procedures are offered at PHC or CHC. Three in ten (31%) reported it spontaneously and five in ten (50%) on being probed. Block-level RCH camps as sites for female sterilization services were mentioned by fewer AWWs with 40 percent not mentioning this at all. Only 14 percent reported on this issue spontaneously and 46 percent more on being probed.

More than half the AWWs (52%) did not mention possible side-effects while discussing female sterilization with their clients. Only a meager eight percent listed this fact spontaneously as a point of discussion and 40 percent mentioned this only after probing. A significant four out of ten (41%) did not address client fears and misconceptions regarding the procedure. Spontaneous response in this regard was found to be very low at 12 percent while the probed response was a further 48 percent. Nearly six out of ten (56%) AWWs explained to their clients the eligibility criteria for female sterilization, of which only 9 percent listed this spontaneously. A similar proportion (56%) mentioned to their clients that women should rest after undergoing the operation; spontaneous responses were only 13 percent compared to 43 percent probed responses.

4.3.5 Male sterilization

4.3.5a Facts and benefits of male sterilization discussed with clients by ANMs

ANMs were asked to list the points that they discussed with clients about male sterilization. Facts about male sterilization (57%) and benefits of male sterilization (59%) emerged as the topmost points of discussion (Table 4.20). One in three ANMs (34%) discussed eligibility criteria for male sterilization. Even though 32 percent ANMs mentioned the location of services, only 21 percent mentioned the timing when services are available. Only one-fourth of the ANMs explained to their clients how the procedure is performed, 27 percent discussed the schedule of visits, and 22 percent discussed the post-procedure steps. A small proportion explained follow-up actions on part of the client (10%) and on the part of the health worker (5%). A majority of the health workers did not actively enquire about clients' fears or concerns regarding the procedure (14 percent enquired) or rectify any misconceptions of the client (11%).

The most often explained fact that male sterilization is one of the easiest, safest and effective permanent surgical methods was provided by 56 percent ANMs to their clients. Freedom from fear of making his wife pregnant as the main benefit of male sterilization was mentioned by 44 percent of the clients. Other facts and benefits about male sterilization were discussed by less than 40 percent of the ANMs. Information that no-scalpel vasectomy entails a tiny puncture instead of an incision was made by 36 percent ANMs as against 31 percent who discussed the conventional vasectomy procedure requiring one or two incisions in the scrotum. While 34 percent ANMs mentioned that vasectomy can be done in two ways, 29 percent assured their clients about the safety and effectiveness of both procedures. One in four explained to their clients that the tubes carrying sperms from the testes to the urethra are taken out of the small puncture one by one and a small portion of each is cut and tied. Three-fourth of the ANMs failed to mention that it takes three months after the procedure for the semen to become free of sperm and that the couple should use condom or other contraceptives for the next three months (26 percent mentioned). Only 19 percent ANMs discussed that the procedure is not effective immediately after surgery. A much greater proportion of ANMs from project districts reported discussions with their clients on facts and benefits of male sterilization.

4.3.5b Knowledge among ANMs about actions for male sterilization acceptors

Among the actions required to be taken by the ANMs for accepters of male sterilization, the foremost is to remind the client to use a condom or other contraceptive for three months after the surgery. However, only 60 percent ANMs mentioned this to their clients, increasing

TABLE 4.20: **FACTS AND BENEFITS OF MALE STERILIZATION DISCUSSED WITH CLIENTS BY ANMs**

Aspects	Percent of ANMs		
	Project districts	Non-project districts	State total
Points discussed with clients about M-Sterilization			
Facts about male sterilization	62.0	51.2	56.7
The benefits of male sterilization	65.8	51.9	58.9
For whom it is suitable	41.4	27.5	34.5
How the procedure is done	26.1	23.0	24.6
Post procedure steps	21.0	23.0	22.0
Where services are available	35.6	28.6	32.1
The timings when the services are available	23.4	18.5	21.0
The schedule of visits	29.8	23.7	26.8
Follow up required with this method	8.1	12.5	10.3
Ask client if he has any questions/fears/concerns	13.2	14.6	13.9
Answer any misconception for the client	10.8	11.1	11.0
Explain what health service provider will do to follow up with the client	4.4	6.3	5.3
Other	1.7	3.8	2.7
Basic facts and benefits of M-sterilization explained to the client			
M-sterilization is one of the easiest and safest, effective permanent surgical methods	56.6	55.1	55.8
M-sterilization can be done in two ways	36.9	32.1	34.5
In a conventional vasectomy procedure the provider makes either 1 or 2 incisions in the scrotum	34.6	26.8	30.8
The new no-scalpel vasectomy technique involves a tiny puncture instead of any incisions	36.9	35.2	36.1
Both procedures are equally safe and effective	32.2	25.1	28.7
The two tubes that carry sperm from testes to urethra are taken out of this small puncture one by one and a small portion of each is cut and tied	28.8	21.3	25.1
The semen becomes free of sperm in three months time	26.8	22.6	24.7
The main benefit of male sterilization is that the man does not have to fear making his wife pregnant	45.8	41.1	43.5
This procedure is not effective immediately after surgery	21.4	16.4	18.9
The couple should use condoms or some birth control for the next three months	28.5	24.0	26.3
Other	1.0	4.5	2.7
Actions that are to be taken by ANMs as a health provider			
Remind the client to use condoms or some other birth control for first three months	65.8	54.4	60.1
Remind the client to go to a health facility for check up after three months to ensure that no sperm is left in the semen	44.4	40.8	42.6
Once this test is complete, it is safe to have sexual relations without using any other FP method	38.0	42.2	40.0
Dispel any misconception about vasectomy	7.8	9.1	8.4
Number of ANMs	**295**	**287**	**582**

TABLE 4.21: **PERCEPTION ABOUT THE BENEFITS OF FAMILY PLANNING AMONG ANMs**

Item	Percent of ANMs		
	Project districts	Non-project districts	State total
Family planning is beneficial for community			
Yes	99.0	98.3	98.6
No	1.0	1.7	1.4
Opinions on type of benefits			
Better health for mother and child	87.3	86.9	87.1
Better education for children	69.2	62.4	65.9
Less financial burden on family	56.8	53.5	55.2
Other	1.0	3.2	2.1
Number of ANMs	295	287	582

pregnancy risks before the method is effective. ANMs from project districts were more likely (66%) to remind clients to take precautions for three months post-surgery in comparison to their non-project counterparts (54%). Only 43 percent ANMs reminded their clients to visit a health facility three months after undergoing vasectomy to check for sperm in the semen. This was found to be not significantly different across project and other areas. Similarly, only four in ten (40%) advised their clients to have sexual relations without using any other contraceptive after a check-up of the semen has revealed the absence of semen. Misconceptions about vasectomy were dispelled by only eight percent ANMs.

4.4 PERCEPTIONS OF FAMILY PLANNING BENEFITS AMONG ANMS

Nearly all (99%) ANMs believed that family planning is beneficial to the community. Better health for mother and child was perceived to be the greatest benefit of family planning cited by 87 percent of the ANMs (Table 4.21). Two-thirds of the ANMs (66%) were of the opinion that family planning led to better education for children. Economic considerations appeared to be important, with 55 percent ANMs mentioning less financial burden on the family as a benefit of family planning. Perceptions of family planning benefits among ANMs were more or less similar across both project and non-project districts.

4.5 CONCLUSIONS

Delivery of family planning services was universal among ANMs, of which the biggest part was related to distribution of OCPs and condoms. Promotion of IUCD, through actual insertions by ANMs (75%) and referrals (42%) was also very high. Among AWWs, advice on family planning was dominated by promotion of OCPs and condoms by almost all the AWWs, followed by recommendations for female sterilization (76%) and IUCD insertions (66%). Male sterilization was recommended by far less health workers than female sterilization. TBAs were less involved than other health workers in family planning services, though they too were actively involved, particularly in project areas. Though counseling on family planning was provided by almost all the AWWs and a significant proportion of TBAs, information of the potential side-effects of various contraceptives was provided on a consistent basis by only 31 percent AWWs and 21 percent TBAs. Providing complete and accurate information about various contraceptive options, particularly their potential side-effects, by health workers is an area that requires strengthening to ensure compliance and to prevent method failure. TBAs and AWWs in project areas showed greater knowledge and awareness about family planning services than in other areas. They were also more involved in promotion and distribution of family planning products such as OCPs and condoms and in referrals for IUCD and sterilization.

Involvement of family members such as husbands and mothers-in-law during discussions on family planning matters with health workers was quite high. Involvement by mothers-in-law was higher and husbands' involvement was sought by only one-third of the ANMs and a quarter of the AWWs. AWWs faced greater difficulties (30 percent of those who provide family planning products) than ANMs (18%) in delivering family planning services in the six months preceding the survey. Lack of supplies was cited as the major reason by 90 percent AWWs and 75 percent ANMs. Therefore, addressing the problem of irregular

supplies will be critical for the continuity of family planning services in rural areas of Uttar Pradesh.

Availability of communication materials to health workers for family planning counseling was far from satisfactory. Educational posters appeared to be the most commonly available material mentioned by 57 percent ANMs and 43 percent AWWs. Examples or models of contraceptives, while available to 57 percent ANMs, were hardly seen by AWWs (13%).

ANMs were more likely to inform clients about the facts and benefits of various contraceptives, and less likely to inform clients about their potential side-effects and how to deal with side-effects. Awareness of the medical conditions for recommending various contraceptives varied. ANMs displayed impressive awareness of the medical conditions for which OCPs should or should not be recommended to clients. However, knowledge of medical eligibility criteria for IUCDs was alarmingly low among both ANMs and AWWs.

Project districts fared better with regard to health workers' knowledge about all the family planning products and services and their skills in promoting condom use among clients. Ability to provide accurate and complete information regarding correct and consistent use of methods such as OCPs and condoms was also not very satisfactory among ANMs. Detailed information regarding the female and male sterilization procedures and post-operative care were not provided by a majority of the ANMs. Going by evidence that prior information on side-effects increases the likelihood of the adoption and continuation of a method, efforts are warranted towards increasing the health workers' abilities to provide more detailed information about various family planning methods in a way that is understood by clients. To this end, technical information needs to be augmented, along with interpersonal communication skills. The adoption of contraceptives by clients is often prevented by myths and misinformation. Interpersonal communication processes are important to counter myths and correct misinformation regarding contraceptive use, which was found to be weak in this survey.

Chapter V

MATERNAL, NEO-NATAL AND CHILD HEALTH

The availability and access to quality maternal and neo-natal health services is one of the key components of the national Reproductive and Child Health Programme (RCH-II). Effective antenatal care improves the health of the mother and reduces the chances of the mother or baby dying from preventable reasons through timely intervention. Intra-partum care by skilled attendants ensures that safe deliveries take place without the risk of infection or death to the mother or her baby. The post-partum period (up to 42 days after delivery) is important because 60 percent of all maternal deaths take place during this period, more so during the first 48 hours and in the first week after delivery. Neo-natal mortality accounts for 40 percent of all deaths of children below the age of five years. However, post-partum care and early newborn care are two of the most neglected areas of health service delivery. In rural Uttar Pradesh, only 23 percent women had at least 3 ANC visits in their last pregnancy (NFHS-3). The proportion of rural women who were assisted by a skilled birth attendant in their last delivery was only 24 percent. Post-partum visit by any health personnel within two days of birth was reported by merely 10 percent women. This survey collected information on the knowledge and awareness of health workers on various aspects of maternal and child health as well as the services delivered by them to this end.

5.1 ANTENATAL AND INTRA-PARTUM CARE

5.1.1 Perceptions about ideal age for marriage and consequences of early marriage

In an attempt to understand health providers' views about early marriage and its consequences, they were asked to give their opinion on the ideal age for marriage for girls and boys.

Ideal age of marriage: Seventy percent of the ANMs and 76 percent of the AWWs reported 18 years as the ideal age of marriage for girls. However, 19-20 years as the ideal age of marriage for girls was reported by about 20 percent of ANMs and 13 percent of AWWs, and another 10 percent of ANMs and 8 percent of AWWs reported more than 20 years as ideal age. Surprisingly, only 50 percent of the TBAs reported 18 years as ideal age of marriage for girls and about 12 percent even reported less than 18 years (Table 5.1).

A similar pattern is observed in opinion about a boy's ideal age of marriage among ANMs and AWWs. However, in the case of ideal age of marriage for boys, less than 21 years was mentioned by about 33 percent of the TBAs, and 28 percent considered 21 years as the ideal age of marriage.

Consequences of early marriage: It is generally accepted that childbearing among women aged 15–19 doubles the risk of death due to pregnancy-related causes compared to women in their twenties (Population Reference Bureau, 2000). Health workers' views were solicited on the consequences of early marriage. Physical inadequacy for child bearing was cited as the most important consequence of early child marriage among girls by 71 percent ANMs, 68 percent AWWs and 63 percent TBAs.

More than half (54%) ANMs were aware of pregnancy complications associated with younger mothers. Other social factors such as inability to handle family matters and missed opportunity for education were quoted by 39 percent and

TABLE 5.1: **OPINION ABOUT LEGAL AGE AT MARRIAGE AND KNOWLEDGE ABOUT CONSEQUENCES OF EARLY MARRIAGE**

Aspects	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Opinion on ideal age for marriage									
Girls									
<=17 years	0.0	1.7	12.7	0.7	3.0	11.7	0.3	2.4	12.2
18 years	70.2	76.9	52.9	69.7	75.4	46.9	69.9	76.1	49.9
19-20 years	18.6	16.0	29.6	20.2	10.4	34.8	19.4	13.2	32.2
21+ years	11.2	5. 4	4.8	9.4	11.1	6.6	10.3	8.3	5.7
Boys									
<=20 years	5.1	8.5	36.8	6.3	7.4	28.3	5.7	8.0	32.5
21 years	61.7	67.7	28.2	63.1	67.7	27.9	62.4	67.7	28.1
22-24 years	22.4	17.3	22.7	22.3	16.2	29.3	22.3	16.8	26.0
25+ years	10.8	6.5	12.4	8.4	8.8	14.5	9.6	7.6	13.4
Consequences of early marriage									
Female									
Immature to handle family matters	41.7	35.4	33.0	36.9	33.3	28.3	39.3	34.3	30.6
Physically weak for child bearing	69.5	62.2	56.0	73.2	73.4	69.3	71.3	67.9	62.7
Pregnancy complications	52.2	41.8	32.3	55.7	48.8	40.0	54.0	45.3	36.1
Miss opportunity for education	25.1	21.8	15.5	21.6	16.8	11.0	23.4	19.3	13.3
Male									
Unemployed/Financial burden on the family	34.6	32.0	32.6	42.9	32.0	30.0	38.7	32.0	31.3
Unaware about contraception	24.1	22.1	13.4	24.0	21.2	11.4	24.1	21.7	12.4
Miss opportunity for education	21.7	17.3	10.0	20.9	15.2	8.3	21.3	16.2	9.1
Baby									
Malnourishment	45.1	43.5	26.5	57.1	56.2	33.8	51.0	49.9	30.1
Prone to diseases	37.6	35.0	34.0	46.3	39.1	38.3	41.9	37.1	36.1
Poor growth	27.1	18.4	14.4	33.1	31.0	19.7	30.1	24.7	17.0
Less survival chances	20.7	9.5	10.0	19.5	15.2	15.9	20.1	12.4	12.9
Other	0.7	2.4	3.1	0.3	2.7	3.1	0.5	2.5	3.1
Number	**295**	**294**	**291**	**287**	**297**	290	**582**	**591**	**581**

23 percent ANMs respectively. For boys, financial burden and unemployment was stated by the maximum number of ANMs (39%) to be consequences of early marriage. Lack of awareness about contraception among younger boys was mentioned by nearly a quarter ANMs (24%). As regards the disadvantages to the babies, a higher proportion of ANMs from the non-project areas mentioned malnourishment (57% against 45%), proneness to disease (46% against 38%) and impaired growth (33% against 27%) compared to ANMs in project areas. Responses by AWWs on consequences of early marriage followed the same pattern as ANM responses.

Sixty three percent of the TBAs mentioned the relative physical weakness of a young girl to undergo child bearing to be a disadvantage of early marriage. Pregnancy related complications (36%) and immaturity to handle family matters (31%) were mentioned by close to one-third of the TBAs. Impact of early marriage on the male was seen in terms of financial burden on the family or unemployment by 31 percent of the TBAs. Lack of awareness about contraception was not seen as an important consequence by nearly nine out of ten TBAs (only 12% cited this). Increased susceptibility to infections and malnourishment were mentioned by 36 percent and 30 percent TBAs respectively. Poor

growth (17%) and fewer survival chances (13%) for the baby were recognized by only a minority of respondents. Awareness about the consequences of early marriage on the health and nutritional status of the baby was higher among TBAs from non-project areas. For example, compared to 26 percent TBAs from project areas, 34 percent TBAs from other areas mentioned that babies born to younger mothers are likely to have poorer nutritional status (Table 5.1).

Ideal age for first pregnancy: Sixty percent of the ANMs reported 21-24 years as the best age for a woman to become pregnant for the first time and another 31 percent reported 19-20 years. A similar pattern is observed in the case of AWWs as well (57% reporting 21-24 years and 35% reporting 19-20 years) Once again, compared to other health providers, a greater number of TBAs tended to lean towards a younger age group. Though a majority of the TBAs stated 21-24 years to be the ideal age for first pregnancy (48%), surprisingly, about 9 percent reported 18 or below as the best age (Table 5.2).

5.1.2 Knowledge and awareness about antenatal and intra-partum care

5.1.2a Auxiliary nurse midwife

Special care during pregnancy: A majority of the ANMs (84%) said that pregnant women should take adequate rest, nearly three-fourths (74%) felt that they should seek regular checkups and two-thirds (67%) felt that pregnant women should consume more food than normal (Table 5.3). More than half (54%) mentioned that pregnant women should not lift heavy objects. Unexpectedly, nearly a quarter of the ANMs (24%) felt that pregnant women should consume less food than normal as a special care feature during pregnancy.

Danger signs of pregnancy: Awareness about the danger signs of pregnancy was far from satisfactory with less than 50 percent of ANMs being aware of most danger signs barring hemorrhage. Seven out of ten (71%) ANMs recognized severe vaginal bleeding as a danger sign of pregnancy. Swelling was mentioned by 57 percent ANMs. Severe weakness and severe pain in abdomen were mentioned by only half the ANMs (50% and 49% respectively). Lack of baby's movements in the womb was not recognized to be a danger sign by a majority of the ANMs, with only 38 percent mentioning it. Severe headache (31%), loss of consciousness (28%), convulsions (25%) and abnormal discharge from vagina (22%) were mentioned by less than three out of ten ANMs. Blurring of vision, a danger sign requiring immediate medical help, was only cited by 17 percent ANMs. Bursting of water bag (10%) found mention by less than ten percent ANMs (Table 5.4).

Basic antenatal services: It is recommended that every pregnant woman makes at least 3 visits for ANC, including the first visit for registration (MOHFW, 2005). Nearly all (98%) ANMs were aware that more than three antenatal checkups are essential during pregnancy. Awareness regarding basic services covered under ANC such as tetanus a injection (90%) and IFA supplementation (84%) was quite high. Abdominal checkups were mentioned by seven out of ten ANMs (71%) as a basic ANC service. Measurement of blood pressure (49%) and weight (52%) was mentioned by only half the ANMs. Height measurement was stated as

TABLE 5.2: **OPINION ON BEST AGE FOR FIRST PREGNANCY**

Best age to get pregnant for the first time	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
<=18 years	1.0	1.0	8.9	1.4	1.3	8.3	1.2	1.2	8.6
19-20 years	31.9	37.8	35.7	31.0	32.0	34.1	31.4	34.9	34.9
21-24 years	61.7	55.1	47.4	57.1	58.2	48.6	59.5	56.7	48.0
25+ years	5.4	6.1	7.9	10.5	8.4	9.0	7.9	7.3	8.4
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

TABLE 5.3: **KNOWLEDGE OF CARE DURING PREGNANCY**

Special care needed during pregnancy	Percent of service providers		
	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwife (ANM)	
Adequate rest	84.7	82.2	83.5
More food than normal	73.9	59.6	66.8
Less food than normal	23.1	24.4	23.7
Regular checkup	75.6	72.8	74.2
Should not lift heavy objects	55.6	51.9	53.8
Other	3.1	3.5	3.3
Number of ANMs	**295**	**287**	**582**
		Anganwadi Worker (AWW)	
Adequate rest	86.4	87.5	87.0
More food than normal	68.4	62.0	65.1
Less food than normal	19.0	16.5	17.8
Regular checkup	61.9	63.0	62.4
Should not lift heavy objects	53.1	51.5	52.3
Other	3.7	4.0	3.9
Number of AWWs	**294**	**297**	**591**
		Traditional Birth Attendant (TBA)	
Adequate rest	78.7	77.2	78.0
More food than normal	54.6	46.9	50.8
Less food than normal	15.5	19.3	17.4
Regular checkup	44.3	38.6	41.5
Should not lift heavy objects	55.7	58.6	57.1
Other	4.8	3.1	4.0
Number of TBAs	**291**	**290**	**581**

a basic component of ANC package by only a quarter of the ANMs (27%). Blood test was mentioned by 52 percent of the ANMs and urine test by 42 percent. Checkups for presence of anemia were included in the basic ANM service package by 37 percent ANMs, whereas checkup for oedema during pregnancy was only mentioned by 14 percent of the ANMs.

Understanding of the general recommendation for IFA consumption among pregnant women was high among ANMs with nearly all (98%) mentioning the dosage of one tablet to be consumed daily for 100 days. However, only 48 percent ANMs correctly suggested a dosage of two tablets per day for treatment of anemia during pregnancy (Table 5.5).

Administration of two doses of tetanus injection during antenatal period is vital for preventing tetanus in the neonate and in the mother at delivery. Almost all the ANMs (96%) were aware that two tetanus injections are required to be given during a pregnancy.

Care during delivery: Awareness of the all the five vital cleans during delivery (i.e. clean surface, clean hands, clean cord cut, clean cord tie and clean umbilical stump) was not consistently high among the ANMs. While an impressive 97 percent ANMs were aware of clean blade (for ensuring clean cord cut), 96 percent about clean hands, 94 percent were aware of clean thread (for ensuring clean cord cut), and 93 percent were aware of clean surface, only seven out of ten (69%) were aware of clean perineum/ clean cord (Table 5.6).

Danger signs of labor: Severe vaginal bleeding (or hemorrhage) was recognized by the majority of ANMs (83%), followed by abnormal position of baby (64%), prolonged

TABLE 5.4: **KNOWLEDGE ABOUT DANGER SIGNS OF PREGNANCY**

Danger signs of pregnancy	Percent of service providers		
	Project districts	Non-project districts	State total
		Auxiliary Nurse Midwife (ANM)	
Severe vaginal bleeding (Hemorrhage)	70.8	70.4	70.6
Severe pain in the abdomen	51.2	46.7	49.0
Severe headache	27.8	34.1	30.9
Loss of consciousness	30.5	25.4	28.0
Swelling	59.3	54.7	57.0
Severe weakness	50.5	49.8	50.2
Abnormal discharge from vagina	20.0	24.7	22.3
Convulsions	18.6	32.1	25.3
Baby stops moving in mother body	42.0	33.4	37.8
Blurring of vision	15.6	18.8	17.2
Water bag burst	9.5	9.4	9.5
Severe diarrhea	2.4	5.6	4.0
Other	11.9	7.0	9.5
Number of ANMs	**295**	**287**	**582**
		Anganwadi Worker (AWW)	
Severe vaginal bleeding (Hemorrhage)	56.8	59.9	58.4
Severe pain the abdomen	47.3	46.1	46.7
Severe headache	17.0	16.2	16.6
Loss of consciousness	17.0	24.6	20.8
Swelling	45.9	43.1	44.5
Severe weakness	44.9	41.1	43.0
Abnormal discharge from vagina	16.3	13.5	14.9
Convulsions	15.6	14.1	14.9
Baby stops moving in mother body	21.8	22.2	22.0
Blurring of vision	13.6	12.8	13.2
Water bag burst	4.4	4.7	4.6
Severe diarrhea	4.4	2.4	3.4
Other	9.9	6.1	8.0
Number of AWWs	**294**	**297**	**591**
		Traditional Birth Attendant (TBA)	
Severe vaginal bleeding (Hemorrhage)	61.2	52.8	57.0
Severe pain the abdomen	39.5	51.7	45.6
Severe headache	17.5	16.6	17.0
Loss of consciousness	17.5	15.9	16.7
Swelling	43.3	41.0	42.2
Severe weakness	29.2	35.5	32.4
Abnormal discharge from vagina	21.0	17.2	19.1
Convulsions	9.3	8.3	8.8
Baby stops moving in mother body	28.5	23.4	26.0
Blurring of vision	9.6	5.9	7.7
Water bag burst	6.2	11.4	8.8
Severe diarrhea	2.7	1.4	2.1
Other	3.8	3.1	3.4
Number of TBAs	**291**	**290**	**581**

TABLE 5.5: **KNOWLEDGE AND AWARENESS ABOUT COMPONENTS OF ANTENATAL CARE**

Components of antenatal care	Percent of service providers		
	Project districts	Non-project districts	State total
	Auxiliary Nurse Midwife (ANM)		
Number of ANC visits needed			
< 3	1.0	2.4	1.7
3	89.2	89.9	89.5
4+	9.8	7.7	8.8
Basic services under ANC			
Tetanus injection	90.2	89.2	89.7
IFA tablets	86.4	81.2	83.8
Abdominal check up	77.6	63.4	70.6
Blood pressure	47.5	50.9	49.1
Weight	54.9	48.8	51.9
Height	24.7	28.6	26.6
Blood test	52.2	51.9	52.1
Urine test	40.3	44.3	42.3
Anemia	31.5	42.9	37.1
Oedema	12.5	15.0	13.7
Other	2.4	3.1	2.7
General rule on consumption of IFA tablets			
1 tablet per day for 100 days	98.0	97.9	97.9
Other/Do not Know	2.0	2.0	2.1
Treatment recommended for an anemic pregnant woman			
1 IFA tablet per day	54.2	47.7	51.0
2 IFA tablets per day	44.7	50.9	47.8
Other/Do not Know	1.0	1.3	1.2
Number of TT injections need			
1	1.7	2.8	2.2
2	96.9	95.1	96.0
3+	1.4	2.1	1.7
Time of first TT injection			
As soon as the pregnancy is known	81.0	80.8	80.9
Other times	18.6	18.8	18.7
Do not Know	0.3	0.3	0.3
TT requirement of a women who was pregnant before (within 2 years) and received TT during last pregnancy			
Yes, one	75.3	65.2	70.3
Yes, two	20.3	33.1	26.6
Yes, more than two	1.4	0.3	0.9
No	2.4	0.7	1.5
Don't know	0.7	0.7	0.7
Number of ANMs	**295**	**287**	**582**

Contd...

TABLE 5.5: **KNOWLEDGE AND AWARENESS ABOUT COMPONENTS OF ANTENATAL CARE (CONTD...)**

Components of antenatal care	Percent of service providers		
	Project districts	Non-project districts	State total
	Anganwadi Worker (AWW)		
Number of ANC visits needed			
1	0.0	1.0	0.5
2	6.1	6.7	6.4
3	82.7	76.4	79.5
4+	11.2	15.8	13.5
Basic services under ANC			
Tetanus injection	84.7	81.1	82.9
IFA tablets	77.2	71.7	74.5
Abdominal check up	59.9	59.3	59.6
Blood pressure	19.7	25.3	22.5
Weight	32.0	31.3	31.6
Height	12.2	14.8	13.5
Blood test	27.2	25.6	26.4
Urine test	23.8	27.6	25.7
Anemia	16.0	25.9	21.0
Oedema	7.1	6.7	6.9
Other	3.4	1.0	2.2
General rule on consumption of IFA tablets			
1 tablet per day for 100 days	94.2	93.3	93.7
Other	2.0	2.0	2.0
Do not Know	3.7	4.7	4.2
Treatment recommended for an anemic pregnant woman			
1 IFA tablet per day	66.0	46.1	56.0
2 IFA tablets per day	29.3	44.4	36.9
Others	2.7	7.4	5.1
Do not Know	2.0	2.0	2.0
Number of TT injections need			
1	3.1	1.3	2.2
2	92.2	91.6	91.9
3+	4.8	7.1	5.9
Time of first TT injection			
As soon as the pregnancy is known	67.7	64.6	66.2
Other times	30.3	32.7	31.5
Do not Know	2.0	2.7	2.4
TT requirement of a women who was pregnant before (within 2 years) and received TT during that time			
Yes, one	36.4	31.3	33.8
Yes, two	46.6	47.8	47.2
Yes, more than two	3.4	5.7	4.6
No	4.8	2.4	3.6
Don't know	8.8	12.8	10.8
Number of AWWs	**294**	**297**	**591**

Contd...

TABLE 5.5: **KNOWLEDGE AND AWARENESS ABOUT COMPONENTS OF ANTENATAL CARE (CONTD...)**

Components of antenatal care	Percent of service providers		
	Project districts	Non-project districts	State total
	Traditional Birth Attendant (TBA)		
Number of ANC visits needed			
1	0.7	1.4	1.0
2	6.2	9.3	7.7
3	59.8	55.5	57.7
4+	11.3	8.6	10.0
Don't know	22.0	25.2	23.6
Number of TBAs	**291**	**290**	**581**
Among those who have knowledge about antenatal care			
Basic services under ANC			
Tetanus injection	85.0	76.0	80.6
IFA tablets	74.4	67.3	70.9
Abdominal check up	55.5	55.8	55.6
Blood pressure	15.9	16.6	16.2
Weight	20.3	12.0	16.2
Height	9.3	7.8	8.6
Blood test	12.3	12.4	12.4
Urine test	12.3	10.6	11.5
Anemia	5.7	3.2	4.5
Oedema	1.8	0.0	0.9
Other	1.3	2.3	1.8
General rule on consumption of IFA tablets			
1 tablet per day for 100 days	73.0	63.4	68.2
Other	6.6	5.9	6.2
Do not Know	20.4	30.7	25.6
Number of TT injections need			
1	4.5	2.8	3.6
2	62.6	56.2	59.4
3+	13.1	9.7	11.4
Don't know	19.7	31.4	25.6
Time of first TT injection			
As soon as the pregnancy is known	59.1	65.8	62.2
Other times	39.2	29.6	34.8
Do not Know	1.7	4.5	3.0
TT requirement of a women who was pregnant before (within 2 years) and received TT during that time			
Yes, one	16.8	10.3	13.6
Yes, two	30.9	32.1	31.5
Yes, more than two	6.9	1.4	4.1
No	45.4	56.2	50.8
Don't know			
Number of TBAs	**227**	**217**	**444**

labor (41%), loss of consciousness (39%) as signs necessitating urgent medical attention (Table 5.7). High fever with foul discharge was mentioned by only one-third of the ANMs (35%), severe headache (25%) and convulsions (19%).

5.1.2b Anganwadi workers

Special care during pregnancy: The majority of AWWs believed that pregnant women should take adequate rest (87%). Two-thirds (65%) advised women to consume more food than usual. More than six out of ten (62%) AWWs believed that pregnant women should get regular checkups done, and more than half felt that women should not lift heavy objects during pregnancy. However, 18 percent AWWs were also of the opinion that pregnant women should consume less food than usual.

Danger signs of pregnancy: Awareness of AWWs about danger signs of pregnancy was significantly lower than ANMs. Only six out of ten AWWs (58%) could recognize severe vaginal bleeding (hemorrhage) during pregnancy as a danger sign. All other symptoms were mentioned by less than 50 percent of the AWWs. Severe pain in the abdomen (47%), swelling (45%) and severe weakness (43%) were not considered by more than half the AWWs to be a danger sign. Close to eight out of ten failed to mention severe headache (17%), loss of consciousness (21%), and cessation of foetal movements (22%). Similarly, only 15 percent of the AWWs listed abnormal discharge from vagina, 15 percent convulsions and 13 percent blurring of vision to be symptoms requiring immediate medical attention. Bursting of water bag was recognized by a meager five percent and severe diarrhea (indicative of pre-term labor) was mentioned by only three percent AWWs.

Basic antenatal services: A majority of the AWWs were aware of the GOI recommendations regarding ANC visits with 93 percent mentioning three or more visits. Only six percent stated that two ANC visits are adequate during pregnancy. Barring high awareness about tetanus vaccination (83%), IFA supplementation (74%), and abdominal checkups (60%), knowledge about the basic components of ANC services was quite low among AWWs.

Ninety four percent of the AWWs are aware about correct dosage of IFA tablets required during pregnancy, one tablet each for 100 days for non-anemic pregnant women. As was seen with ANMs, only 37 percent correctly mentioned the recommended dosage of 2 tablets for 100 days to an anaemic woman.

Awareness about number of TT injections to be given to pregnant women was quite high (92%). However, timing of receipt of first TT vaccination was correctly known by only two-thirds of the AWWs (66%).

Care during delivery: Knowledge about four of the five essential cleans during delivery was high among AWWs in the state. More than nine out of ten AWWs were aware of the practices of clean hands and clean blade (93% each) and close to nine out of ten were aware of clean surface (89%) and clean thread (87%).

TABLE 5.6: **KNOWLEDGE ABOUT FIVE CLEANS OF DELIVERY**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Five cleans	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Clean hands	94.9	92.5	88.2	97.6	92.9	85.9	96.2	92.7	87.0
Blade	97.3	94.9	88.6	96.5	91.2	85.9	96.9	93.1	87.2
Surface/Place	92.5	91.2	80.6	93.4	87.5	81.4	93.0	89.3	81.0
Thread	95.3	88.1	83.7	92.3	85.9	80.3	93.8	87.0	82.0
Perineum/Cord	66.8	58.5	50.2	72.1	55.9	47.9	69.4	57.2	49.1
Other	7.8	13.6	11.1	2.4	7.4	7.2	5.2	10.5	9.2
None	0.0	0.3	2.4	0.0	2.0	3.4	0.0	1.2	2.9
Number	**295**	294	**291**	**287**	**297**	**290**	**582**	**591**	**581**

TABLE 5.7: **KNOWLEDGE ABOUT DANGER SINGS OF PREGNANCY AND LABOR**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Danger signs	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Danger signs during pregnancy									
Severe vaginal bleeding	70.8	56.8	61.2	70.4	59.9	52.8	70.6	58.4	57.0
Severe pain the abdomen	51.2	47.3	39.5	46.7	46.1	51.7	49.0	46.7	45.6
Severe headache	27.8	17.0	17.5	34.1	16.2	16.6	30.9	16.6	17.0
Loss of consciousness	30.5	17.0	17.5	25.4	24.6	15.9	28.0	20.8	16.7
Swelling	59.3	45.9	43.3	54.7	43.1	41.0	57.0	44.5	42.2
Severe weakness	50.5	44.9	29.2	49.8	41.1	35.5	50.2	43.0	32.4
Abnormal discharge from vagina	20.0	16.3	21.0	24.7	13.5	17.2	22.3	14.9	19.1
Convulsions	18.6	15.6	9.3	32.1	14.1	8.3	25.3	14.9	8.8
Baby stops moving in mother body	42.0	21.8	28.5	33.4	22.2	23.4	37.8	22.0	26.0
Blurring of vision	15.6	13.6	9.6	18.8	12.8	5.9	17.2	13.2	7.7
Water bag burst	9.5	4.4	6.2	9.4	4.7	11.4	9.5	4.6	8.8
Severe diarrhea	2.4	4.4	2.7	5.6	2.4	1.4	4.0	3.4	2.1
Other	11.9	9.9	3.8	7.0	6.1	3.1	9.5	8.0	3.4
Danger signs of labor									
Severe vaginal bleeding	83.4	74.1	61.6	83.3	72.1	55.2	83.3	73.1	58.4
Loss of consciousness	34.9	25.5	30.1	42.5	32.0	30.0	38.7	28.8	30.1
Prolonged labor	42.4	42.5	44.6	38.7	42.1	37.9	40.5	42.3	41.3
Abnormal position of child	63.7	54.4	54.7	64.5	51.2	64.1	64.1	52.8	59.4
High fever with foul discharge	33.6	27.2	19.0	35.5	26.9	17.9	34.5	27.1	18.5
Severe headache	22.4	17.3	10.0	27.5	16.5	14.8	24.9	16.9	12.4
Convulsions	17.3	9.5	9.7	21.3	10.4	9.7	19.2	10.0	9.7
Placenta does not come out	30.8	17.0	20.1	23.0	16.5	20.3	27.0	16.8	20.2
Other	9.5	3.7	3.1	2.8	4.4	4.8	6.2	4.1	4.0
None	1.0	3.1	3.8	0.7	1.0	3.1	0.9	2.0	3.5
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

Danger signs of labor: Degree of awareness regarding the danger signs of labor among AWWs was much lower than ANMs. As was seen with ANMs, severe vaginal bleeding or hemorrhage (73%) and abnormal position of baby (53%) were recognized as danger signs of delivery by the maximum number of AWWs. Prolonged labor was mentioned by more than four in ten AWWs (42%). Less than thirty percent AWWs identified loss of consciousness (29%) and high fever with foul discharge (27%) as danger signs.

5.1.2c Traditional birth attendants

Special care during pregnancy: In response to the question regarding the type of special care required during pregnancy, a vast majority of the TBAs mentioned adequate rest (78%). Approximately half the TBAs (51%) supported an increased intake of food while 17 percent believed that women should consume less food than usual. Fewer TBAs advocated less food than AWWs (18%) and ANMs (24%). Regular ANC check-ups were not mentioned by nearly six out of ten TBAs (42%).

Danger signs during pregnancy: Severe vaginal bleeding or hemorrhage was identified as a danger sign of pregnancy by 57 percent of the TBAs. Rest of the danger signs were mentioned by less than half the TBAs. The danger signs of pregnancy mentioned by TBAs included severe pain in the abdomen (46%), swelling (42%), severe weakness (32%), and baby stops moving in mother's body (26%). Only, one out of five (19%) TBAs were able to report abnormal discharge from vagina, severe headache (17%), loss of

consciousness (17%), convulsions (9%), water bag burst (9%) and blurring of vision (9%) as danger signs of pregnancy.

Basic antenatal services: The majority (91%) of the TBAs correctly recommended more than three ANC visits during pregnancy. Barring knowledge about TT vaccination (81%), IFA supplementation (71%) and abdominal check-ups (56%), TBAs showed very limited understanding about the basic ANC package. Awareness among TBAs about the basic services covered under ANC was lower than AWWs and much lower than ANMs. A majority of the TBAs were unaware that the ANC services package includes measurement of blood pressure (16%), weight measurement (16%), height measurement (9%), blood test (12%), urine test (12%), screening for anemia (5%) and check-up for oedema (1%).

In comparison to other health providers, TBAs were less knowledgeable about the prophylactic dose of IFA tablets during pregnancy. While 68 percent of the TBAs correctly stated the recommended dosage, more than a quarter were not aware of the correct dosage (26%) or mentioned the wrong dosage (6%).

Surprisingly, four out of ten TBAs were not aware of the number of TT injections to be given during pregnancy, with only 59 percent giving the correct response of 2 doses. The correct timing for first TT vaccination (at the time of pregnancy detection) was mentioned by 62 percent of the TBAs.

Care during delivery: Awareness among TBAs about five cleans necessary during delivery was high with more than eight out of ten correctly recalling four of the five cleans, viz., clean hands (87%), clean blade (87%), clean surface (81%) and clean thread (82%). However, only half the TBAs (49%) were aware of clean perineum/cord.

Danger signs of labor: Awareness regarding danger signs of labor was alarmingly low among the TBAs with three out of ten TBAs (31%) stating that there were no danger signs of labor. Only severe vaginal bleeding (37%), abnormal position of baby (39%) and prolonged labor (27%) were mentioned in significant numbers by the TBAs. Loss of consciousness and failure of placenta to come out merited mention by only 19 percent and 14 percent respondents respectively. High fever with foul-smelling discharge (9%), severe headache (7%) and convulsions (4%) warranted mention as danger signs during labor by a meager proportion of TBAs. Evidently, TBAs did not appear to be able to identify danger signs of labor and, thereby, to deal with difficult deliveries.

5.1.3 ANC services provided

5.1.3a ANC services provided by auxiliary nurse midwife

Danger signs of pregnancy handled: To better understand the practices of ANMs with regard to ANC services, ANMs were asked about the various danger signs of pregnancy handled by them. About 45 percent of the ANMs had dealt with severe vaginal bleeding or hemorrhages, 37 percent swelling, 33 percent severe pain in the abdomen, and 29 percent severe weakness (Table 5.8). Two or less out of ten mentioned having handled severe headache (19%), loss of consciousness (17%), cessation of foetal movements (20%), convulsions (15%), and abnormal discharge from vagina (11%). Other danger signs of pregnancy encountered by ANMs that found mention by a small percentage of respondents include blurring of vision (8%), bursting of water bag (5%) and severe diarrhea (2%).

Further, ANMs were asked to report the place where they generally refer women with danger signs of pregnancy. About 70 percent of the ANMs refer the client to the District Hospital or PHC/CHC. Nearly one out of ten ANMs (9%) referred the client to a private doctor, and a similar percent referred the client to the sub-center.

Ensuring ANC for all pregnant women: ANMs were asked about the role they play in ensuring that a pregnant woman seeks antenatal care. Approximately eight out of ten ANMs stated that they advised women to seek antenatal care (Table 5.9). Nearly six out of ten (59%) made an effort to visit the pregnant woman from time to time, and less than half (45%) encouraged the husband to seek antenatal care for his wife. Discussions with other family members to promote seeking of health care by pregnant woman were mentioned by only 15 percent of the ANMs. In response to the question about what specifically they checked for during ANC visits, two-

TABLE 5.8: **DANGER SINGS OF PREGNANCY HANDLED BY ANMs AND ACTION TO BE TAKEN IN SUCH SITUATIONS**

Items	Percent of ANMs		
	Project districts	Non-project districts	State total
Danger signs handled by ANM			
Severe vaginal bleeding (Hemorrhage)	46.1	42.9	44.5
Severe pain the abdomen	30.8	36.2	33.5
Severe headache	15.3	22.3	18.7
Loss of consciousness	16.6	16.7	16.7
Swelling	35.9	37.6	36.8
Severe weakness	29.5	28.9	29.2
Abnormal discharge from vagina	10.5	11.8	11.2
Convulsions	10.5	19.5	14.9
Baby stops moving in mother body	22.4	17.8	20.1
Blurring of vision	7.5	8.0	7.7
Water bag burst	6.8	4.2	5.5
Severe diarrhea	1.7	2.8	2.2
Other	5.1	3.8	4.5
None	29.1	30.9	30.0
Number of ANMs	**295**	**287**	**582**
Among those who handled danger signs of pregnancy			
Steps to be taken to counter danger signs of pregnancy			
Refer to sub-center	10.2	8.7	9.5
Refer to PHC/CHC	61.4	72.8	67.0
Refer to district hospital	70.8	68.3	69.6
Refer to pvt. doctor	9.5	9.4	9.5
Revive patient	5.4	3.5	4.5
Medical intervention	1.7	1.4	1.5
Provide nutritious diet	3.7	4.2	4.0
Provide medical advice	3.7	4.9	4.3
Other	0.7	0.3	0.5
Number of ANMs	**207**	**197**	**404**

TABLE 5.9: **ACTIONS TAKEN TO ENSURE ANTENATAL CARE**

Actions taken	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Advise her to seek ANC	80.7	65.0	92.1	82.2	71.4	92.6	81.4	68.2	92.3
Visit pregnant woman from time to time	61.4	53.7	NA	56.1	47.8	NA	58.8	50.8	NA
Talk to her husband about receiving ANC	46.8	38.8	NA	42.5	32.0	NA	44.7	35.4	NA
Talk to her family members about receiving ANC	15.3	12.9	NA	13.9	11.8	NA	14.6	12.4	NA
Other	0.0	0.7	NA	0.3	0.7	NA	0.2	0.7	NA
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

TABLE 5.10: **ANMs PROVIDING ANTENATAL CARE BY ITS COMPONENTS**

Components	Percent of ANMs		
	Project districts	Non-project districts	State total
Blood pressure	61.4	71.1	66.2
Weight	58.3	58.9	58.6
Height	33.2	31.4	32.3
Abdomen	58.0	60.6	59.3
Anemia by looking at eye and tongue	56.6	57.1	56.9
Swelling in the body	39.0	33.1	36.1
Other	3.1	1.0	2.1
Number of ANMs	**295**	**287**	**582**

thirds mentioned measurement of blood pressure (66%) and close to six out of ten mentioned abdominal checkup (59%), weight measurement (59%), and screening for anemia by looking at pallor of eye and at the tongue (57%). Only 36 percent checked for swelling which is indicative of pregnancy induced hypertension (Table 5.10).

Birth preparedness and complication readiness: Nearly all the ANMs (99%) reported advising pregnant women and their families for birth preparedness (Table 5.11). The two kinds of advice provided by a majority of the ANMs to pregnant women and their families were to arrange for a skilled birth attendant (65%) and to identify a clean place for delivery (78%). Nearly half the ANMs advised their clients and their families to arrange for transport in case of an emergency (42%) and to save money for an emergency (40%). Two in ten ANMs (13%) counseled their clients to identify the nearest hospital or clinic and 16 percent ANMs asked their clients to identify persons who can donate blood in case of any requirement.

Actions taken for management of danger signs during delivery: ANMs were asked to recall the danger signs of labor encountered by them, and the steps taken by them to manage the specific danger signs. Three out of ten ANMs claimed that they had never encountered any danger signs. Of the ANMs (70%) who had encountered danger signs of labor, the maximum numbers mentioned severe vaginal bleeding or hemorrhage (41%). The other danger sign which was cited in significant numbers was abnormal foetal position (32%). Less than two in ten ANMs had encountered clients with loss of consciousness (19%), prolonged labor (18%), high fever with foul discharge (16%), failure of placenta to come out (14%), and severe headache (13%). Convulsions were mentioned by only 8 percent ANMs. As was the response of ANMs with regard to danger signs of pregnancy, referral to District Hospital was the most frequently mentioned action, stated by nearly seven out of ten ANMs (68%). This was followed by referral to PHC/CHC mentioned by 59 percent of the respondents (Table 5.12).

5.1.3b ANC services provided by anganwadi worker

Role played by AWWs in ensuring ANC for all pregnant women: As part of efforts to increase utilization of ANC services by pregnant women, nearly seven in ten AWWs (68%) reported advising pregnant women to seek ANC (Table 5.9). Home visits to encourage clients to seek ANC care were made by only half the AWWs (51%). More than one-third sought the involvement of the client's husband (35%) in this regard. Involvement of other family members such as mothers-in-law, sisters-in-law, etc was attempted by only 12 percent of the AWWs. In comparison to ANMs, the AWWs reported a lesser degree of involvement in ensuring that a pregnant woman seeks antenatal care.

Birth preparedness and complication readiness: Almost all the AWWs (95%) acknowledged advising pregnant women and their families for birth preparedness. On the types of advice given for birth preparedness, nearly seven in ten (70%) mentioned advising women to arrange for a skilled birth attendant. This was followed by advice on identification of clean space for delivery (66%). Arrangement for transport in case of an emergency and saving

TABLE 5.11: **ADVICE GIVEN ON BIRTH PREPAREDNESS**

Item	Percent of service providers		
	Project districts	Non-project districts	State total
	Auxiliary Nurse Midwife (ANM)		
Advised woman/her family about birth preparedness	**99.3**	**99.3**	**99.3**
Type of advice given#			
Arrange for skilled birth attendant	72.0	71.0	64.8
Identify clean space for delivery	76.5	73.8	78.1
Arrange for transport in case of emergency	47.4	42.3	42.1
Save money for emergency	53.6	46.6	39.7
Identify persons who can donate blood	16.7	13.3	7.3
Identify nearest hospital/clinic	18.8	15.8	13.4
Other	1.0	0.7	0.0
Number of ANMs	**295**	**287**	**582**
	Anganwadi Worker (AWW)		
Advised woman/her family about birth preparedness	**94.9**	**94.6**	**94.8**
Type of advice given#			
Arrange for skilled birth attendant	62.5	65.1	69.7
Identify clean space for delivery	61.4	54.8	65.5
Arrange for transport in case of emergency	50.9	43.1	34.9
Save money for emergency	41.1	37.4	30.7
Identify persons who can donate blood	15.8	10.7	4.6
Identify nearest hospital/clinic	23.9	23.5	17.2
Other	1.1	0.7	1.3
Number of AWWs	**294**	**297**	**591**
	Traditional Birth Attendant (TBA)		
Advised woman/her family about birth preparedness	**85.5**	**82.1**	**83.8**
Type of advice given#			
Arrange for skilled birth attendant	67.3	68.0	67.2
Identify clean space for delivery	69.0	64.3	72.0
Arrange for transport in case of emergency	49.1	42.7	38.6
Save money for emergency	47.4	42.0	35.3
Identify persons who can donate blood	16.3	12.0	6.0
Identify nearest hospital/clinic	21.3	19.6	15.3
Other	1.0	0.7	0.6
Number of TBAs	**291**	**290**	**581**

Based on those who advised the pregnant woman or her family

money for an emergency were mentioned by 35 percent and 31 percent AWWs respectively. Suggestions to identify nearest hospital/clinic (17%) and to identify persons who can donate blood (5%) were also made by some AWWs (Table 5.10).

5.1.3c ANC services provided by traditional birth attendants

Birth preparedness and complication readiness: A very high proportion of TBAs (92%) felt that they played a role in ensuring that ANC services were sought by pregnant women (Table 5.9). A slightly lower proportion (84%) advised pregnant women and their families for birth preparedness. Of the high percentage of TBAs who counseled pregnant women and their families on birth preparedness, approximately seven out of ten TBAs advised them to identify a

TABLE 5.12: **DANGER SIGNS OF LABOR HANDLED BY ANMs AND STEPS TAKEN**

Services	Percent of ANMs		
	Project districts	Non-project districts	State total
Danger signs handled by ANMs			
Severe vaginal bleeding	42.0	39.0	40.5
Loss of consciousness	16.9	21.3	19.1
Prolonged labor	17.6	17.8	17.7
Abdominal position of child	33.9	30.3	32.1
High fever with foul discharge	15.6	16.4	16.0
Severe headache	11.9	13.6	12.7
Convulsions	7.8	7.3	7.6
Placenta does not come out	15.9	12.2	14.1
Other	5.1	1.7	3.4
None	29.8	31.4	30.6
Number of ANMs	**295**	**287**	**582**
Based on those who handled danger signs of labor			
Steps taken on encountering danger signs of labor			
Refer to sub center	16.9	21.8	19.3
Refer to PHC/CHC	54.1	63.5	58.7
Refer to district hospital	67.6	68.5	68.1
Refer to a pvt. hospital	7.7	13.2	10.4
Refer to a pvt. doctor	5.8	5.1	5.4
Revive patient	4.3	2.0	3.2
Medical intervention	0.5	0.0	0.2
Other	0.0	0.5	0.2
Number of ANMs	**207**	**197**	**404**

clean space for delivery (72%) and to arrange for a skilled birth attendant (67%). Contingency plans for transport (39%) and money (35%) were recommended by a significant number of TBAs. Identification of nearest hospital or clinic was advised by only 15 percent. Only six percent counseled their clients to identify persons who can donate blood in case of emergency (Table 5.11).

Danger signs of labor: Malpresentation of baby was the most commonly encountered danger sign as reported by nearly four out of ten TBAs (39%), followed by severe vaginal bleeding (or hemorrhage) mentioned by 37 percent TBAs. Prolonged labor was reportedly handled by 27 percent TBAs. Failure of placenta to detach was experienced by 14 percent TBAs. A significant three out of ten TBAs (31%) stated that they had never encountered any danger signs of labor. Referral to PHC/CHC (60%) and District Hospital (53%) were the most commonly observed steps taken by TBAs on encountering any danger signs during labor. Referral to other facilities such as sub-center (20%) and private hospital (10%) were also mentioned (Table 5.13).

5.2 POST-PARTUM CARE

5.2.1 Knowledge and awareness among ANMs

About 60 percent of maternal deaths occur in the post-partum period with hemorrhage, pregnancy-induced hypertension complications, and obstetric infection being the most common causes of post-partum death. Nearly half of the post-partum deaths have been found to occur within one day of delivery, and 80 percent within two weeks (Li XF, et.al. 1996). As per GOI norms regarding post-partum care by ANMs and LHVs, the first post-partum visit should be within the first 48 hours and the second post-partum visit should be planned within 7 days of the delivery. The need to provide immediate post-partum care was appreciated by a large majority of ANMs (82%) who stated that a woman should received post-partum care immediately after delivery (71%) or within six hours of delivery (11%). However, there was uncertainty among the ANMs regarding the

TABLE 5.13: **DANGER SIGNS OF LABOR HANDLED BY TBAs AND STEPS TAKEN**

Services	Percent of TBAs		
	Project districts	Non-project districts	State total
Danger signs handled by TBAs			
Severe vaginal bleeding	36.7	33.8	35.2
Loss of consciousness	17.0	19.3	18.1
Prolonged labor	28.7	23.1	25.9
Abdominal position of child	35.3	39.3	37.3
High fever with foul discharge	7.6	9.3	8.5
Severe headache	5.9	7.6	6.7
Convulsions	3.8	4.5	4.1
Placenta does not come out	13.1	13.8	13.5
Other	2.4	2.4	2.4
None	33.2	34.1	33.7
Number of TBAs	**289**	**290**	**579**
Based on those who handled danger signs of labor			
Steps taken on encountering danger signs of labor			
Refer to sub-center	17.1	22.4	19.7
Refer to PHC/CHC	58.5	60.4	59.5
Refer to district hospital	54.4	50.5	52.5
Refer to a pvt. hospital	8.8	11.5	10.1
Refer to a pvt. doctor	4.7	4.7	4.7
Revive patient	1.0	0.5	0.8
Medical intervention	0.0	0.5	0.3
Other	1.0	0.5	0.8
Number of TBAs	**193**	**191**	**384**

number of checkups required during the post-partum period of 42 days. Nearly half the ANMs (49%) mentioned three post-partum checks, a quarter mentioned two visits (26%), and 22 percent mentioned more than four visits (Table 5.14).

Among the reasons for a post-partum checkup immediately after delivery cited by ANMs were: to check signs of infection in the mother (70%), for child immunization (62%), to take care of the umbilical cord stump
(50%), to measure child weight (43%), and to protect child from any type of illness/infection (37%). ANMs were assessed on their knowledge about the type of checkups to be provided immediately after delivery. Nearly seven in ten ANMs (67%) mentioned cutting and tying of cord as the immediate action after delivery. Only approximately half the ANMs mentioned removal of placenta (52%) and checking the baby's vital signs (46%) as post-partum checkups to be performed immediately after delivery. Checkup of uterus to see of it is well-contracted was not seen to be of great importance by a majority of the ANMs with only 27 percent mentioning uterine massage as an immediate post-partum care intervention. Advice on correct breastfeeding techniques was mentioned by only four in ten ANMs (39%). Cautioning against infection was listed as a component of immediate post-partum checkup by merely 23 percent ANMs. ANMs from project and non-project districts showed great similarity in their responses. The role of ANMs in ensuring that post-partum care is received by all mothers was essentially seen by ANMs in terms of counseling women about receiving post-partum care (89%). Approximately four out of ten ANMs mentioned visiting a hospital to check on a woman (42%) and advising the husband (38%) to ensure that women seek post-partum care. Involvement of other family members as a means of promoting post-partum care was mentioned by less than two in ten ANMs (19%).

TABLE 5.14: **KNOWLEDGE ABOUT POSTNATAL CARE (PNC) AMONG ANMs**

Items	Percent of ANMs		
	Project districts	Non-project districts	State total
How soon after delivery should a woman receive PNC?			
Immediately after birth	68.8	73.5	71.1
Within 6 hours after birth	10.5	11.1	10.8
Between 6-24 hours after birth	7.1	7.7	7.4
More than 24 hours after birth	11.9	5.2	8.6
Only in case of complications	1.7	1.7	1.7
Do not Know	0.0	0.7	0.3
Number of PNC checks needed within 42 days of delivery			
1	3.4	3.1	3.3
2	26.1	26.1	26.1
3	51.2	46.0	48.6
4+	19.3	24.7	22.0
Why PNC needed immediately after delivery?			
To check signs of infection to mother	72.5	68.3	70.4
To take care of navel/cord	49.2	50.2	49.7
To measure child weight	42.0	44.3	43.1
For child immunization	61.4	62.0	61.7
To protect child from any type of illness/infection	40.3	33.8	37.1
Other	1.4	1.7	1.5
Opinion about type of checkups needed immediately after delivery			
Removal of placenta	52.2	51.6	51.9
Cutting of navel cord	64.4	69.7	67.0
Checking the baby's vital signs	46.8	44.9	45.9
Massaging the uterus	27.1	26.1	26.6
Breastfeeding techniques	39.3	38.0	38.7
Cautioning against infection	23.4	21.6	22.5
Other	3.1	0.0	1.5
What ANMs do to ensure PNC for all mothers?			
Talk to woman about receiving post-partum care	90.2	87.1	88.7
Visit hospital to check on woman	44.4	39.7	42.1
Advise husband on post-partum care	36.6	39.4	38.0
Advise other family members on PPC	18.3	20.2	19.2
Other	1.7	0.7	1.2
Number of ANMs	**295**	**287**	**582**

5.2.2 Knowledge and awareness among AWWs

Seventy seven percent of AWWs recommended post-partum care, immediately after delivery (66%) and within six hours of birth (11%). This was quite high, though slightly lower than ANMs. One in ten AWWs were either unaware of the period when a woman should receive post-partum care (7%) or believed that post-partum care is required only in case of complications. As was seen with ANMs, the number of post-partum checkups appeared to be an issue of debate with 14 percent AWWs recommending one post-partum checkup, 42 percent recommending two, a quarter (25%) mentioning three, and 15 percent recommending greater than four post-partum checkups to be made within 42 days of delivery. The need to receive immediate post-partum

care was seen slightly differently by AWWs with the maximum number (59%) mentioning child immunization as the reason for which a woman should receive immediate care after delivery. Post-partum care for checking signs of infection to mother was mentioned by 56 percent of the AWWs. Post-partum review to provide early newborn care such as care of umbilical cord (35%), measurement of child weight (37%) and protection of child from illness or infection (28%) were also mentioned, though to a much lesser degree than by the ANMs. Barring advice on correct breastfeeding techniques, awareness about the essential check-ups to be provided immediately after delivery was lower among AWWs in comparison to ANMs. There was only one action, namely, cutting of umbilical cord, which was mentioned by more than half the AWWs (56%). No marked differences were seen in the awareness levels of AWWs across the state about the components of immediate post-partum care (Table 5.15).

5.2.3 Knowledge and awareness among TBAs

Awareness levels of TBAs on how soon after delivery women should receive post-partum care were lower than other health workers. Providing post-partum care immediately after birth was recommended by 55 percent of the TBAs, while 15 percent recommended the same within six

TABLE 5.15: **KNOWLEDGE ABOUT POSTNATAL CARE (PNC) AMONG AWWs**

Items	Percent of AWWs		
	Project districts	Non-project districts	State total
How soon after delivery should a woman receive PNC?			
Immediately after birth	63.6	67.3	65.5
Within 6 hours after birth	9.5	12.8	11.2
Between 6-24 hours after birth	6.8	6.4	6.6
More than 24 hours after birth	9.5	4.0	6.8
Only in case of complications	3.1	3.0	3.0
Do not Know	7.5	6.4	6.9
Number of PNC checks needed within 42 days of delivery			
0	5.8	2.4	4.1
1	13.3	13.8	13.5
2	38.1	45.1	41.6
3	28.2	22.6	25.4
4+	14.6	16.2	15.4
Why PNC needed immediately after delivery?			
To check signs of infection to mother	55.8	55.9	55.8
To take care of navel/cord	35.7	34.3	35.0
To measure child weight	35.0	38.0	36.5
For child immunization	59.2	58.9	59.1
To protect child from any type of illness/infection	27.9	28.3	28.1
Other	5.8	1.7	3.7
Opinion about type of checkups needed immediately after delivery			
Removal of placenta	40.8	37.0	38.9
Cutting of navel cord	56.1	56.2	56.2
Checking the baby's vital signs	32.0	25.9	28.9
Massaging the uterus	31.0	23.2	27.1
Breastfeeding techniques	44.2	46.8	45.5
Cautioning against infection	13.3	16.2	14.7
Other	5.1	3.0	4.1
Number of AWWs	**294**	**297**	**591**

hours of birth (Table 5.15). Two post-natal care checkups were mentioned by only 19 percent of the TBAs. Close to four in ten TBAs recognized it as an opportunity to check for signs of infection in the mother (43%), to take care of the baby's umbilical cord (40%) and to immunize the child (38%). Approximately one-fourth of the TBAs mentioned measurement of child's weight (27%) and opportunity to protect the child from any illness or infection (25%). TBAs mentioned a lesser role for themselves than ANMs in ensuring the post-partum care to all mothers. Six in ten TBAs counseled women to receive post-partum care (61%). Close to four out of ten (38%) visited the hospital to check on the mother and nearly a quarter (23%) advised the husband on the need for post-partum care. Other family members were involved in counseling by only 12 percent TBAs. Counseling of women (65%) and husbands (29%) was higher in project areas as compared to the rest of the state (with figures of 58% and 18% respectively).

5.3 MATERNAL AND INFANT DEATHS

India has one of the highest maternal mortality ratios (MMR) in the world (301 maternal deaths per 100,000 live births in 2002-03) and Uttar Pradesh has an MMR of 517, which is highest among the states of the country (SRS, 2006). Similarly, the infant mortality rate in Uttar Pradesh (73 per 1,000 live births) is also higher than the all India average of 58 per 1,000 live births. To obtain some estimate of maternal deaths and infant

TABLE 5.16: **KNOWLEDGE ABOUT POSTNATAL CARE (PNC) AMONG TBAs**

Items	Percent of TBAs		
	Project districts	Non-project districts	State total
How soon after delivery should a woman receive PNC?			
Immediately after birth	54.6	56.2	55.4
Within 6 hours after birth	15.8	14.8	15.3
Between 6-24 hours after birth	6.9	5.9	6.4
More than 24 hours after birth	5.8	4.5	5.2
Only in case of complications	2.1	4.5	3.3
Do not Know	14.8	14.1	14.5
Number of PNC checks needed within 42 days of delivery			
0	0.3	0.0	0.2
1	8.9	13.1	11.0
2	22.7	15.9	19.3
3	16.8	13.1	15.0
4+	51.2	57.9	54.6
Why PNC needed immediately after delivery?			
To check signs of infection to mother	44.7	41.7	43.2
To take care of navel/cord	39.2	41.0	40.1
To measure child weight	29.6	24.5	27.0
For child immunization	39.2	37.2	38.2
To protect child from any type of illness/infection	28.5	21.0	24.8
Other	6.9	6.2	6.5
What TBAs do to ensure PNC for all mothers?			
Talk to woman about receiving post-partum care	65.3	57.6	61.4
Visit hospital to check on woman	36.4	39.0	37.7
Advise husband on post-partum care	28.9	17.9	23.4
Advise other family members on PPC	11.0	12.1	11.5
Other	7.6	5.9	6.7
Number of TBAs	**291**	**290**	**581**

mortality, the ANMs, AWWs and TBAs were asked to report the number of maternal and infant deaths if any occurred in their functional area during three years preceding the survey. The results are presented in Table 5.17.

Auxiliary Nurse Midwife (ANMs): Almost two thirds of the ANMs (64%) did not know if there had been maternal deaths in the area in the three years preceding the survey. Twenty percent said categorically that there had been no deaths and only 16 percent ANMs reported knowledge of one or more maternal deaths in the sub-center area during three years preceding the survey. The fact that 64 percent reported no knowledge about maternal deaths in their area is a cause for concern.

Thirty six percent of the ANMs reported one or more infant death during three years preceding the survey in their area (with 16% mentioning 1-2 deaths, 10% mentioning 3-4 deaths, and 10% mentioning five or more infant deaths). Only 16 percent of the ANMs reported no deaths in their area during last three years. As in the case of maternal deaths, awareness about infant deaths years was low with 48 percent being unaware.

Anganwadi Workers (AWWs): Thirty seven percent of the AWWs reported that there were no maternal deaths in their area during the three years preceding the survey. Fourteen percent reported one or more deaths but close to half (48%) were simply unaware.

Forty percent of AWWs claimed to have knowledge of one or more infant death in their areas in the three years preceding the survey. As many (41%) admitted that they were simply unaware of any infant deaths, and 19 percent stated there had been no infant deaths in their area during last three years.

Traditional Birth Attendants (TBAs): Lack of awareness about maternal deaths among TBAs was the highest among all the three types of health workers. Seventy two percent of the TBAs reported having no information about maternal deaths in their area in the past three years. Seventeen percent of the TBAs reported no maternal deaths and only 12 percent TBAs reported one or more maternal deaths.

As in the case of maternal deaths, knowledge about infant deaths in their areas was also less among the TBAs, with 67 percent citing ignorance about any infant deaths in their area. Around 20 percent of the TBAs reported at least one infant

TABLE 5.17: **MATERNAL AND INFANT DEATHS REPORTED**

	Percent distribution of service providers by reported number of maternal and infant deaths during 3 years preceding the survey in their area								
	Project districts			Non-project districts			State total		
MMR/IMR	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Number of maternal deaths									
None	19.0	37.1	16.6	20.9	37.7	16.6	19.9	37.4	16.6
1	8.8	6.8	4.2	8.0	10.4	6.2	8.4	8.6	5.2
2	4.1	4.4	4.5	4.2	4.7	2.1	4.1	4.6	3.3
3+	3.1	0.3	3.8	3.5	1.7	2.4	3.3	1.0	3.1
Don't know	65.1	51.4	70.9	63.4	45.5	72.8	64.3	48.4	71.8
Number of infant deaths									
None	14.2	18.4	12.8	17.4	19.5	12.8	15.8	19.0	12.8
1-2	12.9	23.1	7.6	19.5	26.3	6.2	16.2	24.7	6.9
3-4	10.2	7.1	6.9	9.8	10.4	6.6	10.0	8.8	6.7
5+	11.2	6.5	8.3	8.7	6.4	5.9	10.0	6.4	7.1
Don't know	51.5	44.9	64.4	44.6	37.4	68.6	48.1	41.1	66.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

TABLE 5.18: **KNOWLEDGE ABOUT DANGER SIGNS TO BABIES DURING NEO-NATAL PERIOD**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Danger signs	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Breathing difficulty	66.8	56.8	49.5	61.7	57.6	47.2	64.3	57.2	48.4
Pale yellow/blue complexion	35.9	33.7	33.7	43.2	36.7	37.2	39.5	35.2	35.5
Difficulty in sucking	31.5	32.3	24.7	34.1	26.6	21.7	32.8	29.4	23.2
High fever	44.7	35.4	46.4	40.4	38.0	41.7	42.6	36.7	44.1
Rapid breathing	43.1	43.2	33.7	47.7	37.0	39.7	45.4	40.1	36.7
Bleeding from cord/navel	26.1	22.8	21.3	22.6	16.5	11.4	24.4	19.6	16.4
Does not pass urine within 24 hrs	14.9	8.5	7.9	16.7	11.4	10.0	15.8	10.0	9.0
Septic infection	14.9	10.2	7.2	7.7	8.4	2.8	11.3	9.3	5.0
Other	11.9	16.3	14.8	10.8	18.5	14.5	11.3	17.4	14.6
None	0.3	2.4	2.4	0.3	2.0	1.7	0.3	2.2	2.1
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

death in their area and another 13 percent reported none.

5.4 NEO-NATAL AND CHILD HEALTH

5.4.1 Knowledge and awareness of ANMs on various aspects of child care

Danger signs during neo-natal period: Identification and management of danger signs during the neo-natal period of four weeks can make the period safe for the neonate. An attempt was made to assess the awareness levels of health workers to recognize the common danger signs to a neonate. Knowledge levels of ANMs were not particularly high. Only two-thirds of the ANMs (64%) mentioned difficulty in breathing, 45 percent mentioned fast breathing, and 43 percent mentioned high fever (Table 5.18). Pale yellow/blue complexion (40%) and difficulty in sucking (33%) were listed by less than 40 percent of ANMs. Three-fourths of the ANMs did not identify bleeding from cord/navel and an overwhelming majority did not list absence of urination within 24 hours (16% mentioned) as danger signs prompting immediate attention by a health worker.

Special care of newborns: Certain actions can make the period soon after birth safe for neonates. ANMs were asked to list the special care steps that should be taken with newborns to improve their survival chances. Nine in ten ANMs (90%) mentioned keeping the baby clean as a special care feature during the neo-natal period, nearly two-thirds of the ANMs (65%) mentioned keeping the baby warm, and more than half (55%) listed breastfeeding on demand. Other special behaviors were mentioned by less than 50 percent of the ANMs. For example, cord care was emphasized by only 38 percent, and bathing the baby only after three days was disregarded as a special care feature by one out of ten ANMs (Table 5.19).

Infant feeding: Immediate breastfeeding, i.e., within one hour of birth, was recommended by the majority of ANMs (89%). One in ten ANMs recommended putting the baby to breast within one day of birth. Exclusive breastfeeding up to the age of six months is recommended for meeting the dietary requirements of the baby, for providing immunity and preventing infections, and for quenching thirst. A very high proportion of the ANMs were aware of the current recommended guidelines (82%). Surprisingly even among ANMs, some (5%) reported less than one month as the duration of exclusive breastfeeding (Table 5.20).

Introduction of supplementary food after the age of six months is essential for meeting the nutritional requirements of a baby. Early introduction of supplementary feeding is not recommended because the baby's digestive system is too immature to digest other foods and there is an increased risk of diarrhea and other infections. On the other hand, delayed introduction of supplementary food is likely to result in inadequate intake of energy and protein leading to poor growth

TABLE 5.19: **OPINION ABOUT SPECIAL CARE NEEDED FOR NEWBORN**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Special care	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Keep the baby clean	91.8	80.6	83.5	88.5	72.4	78.6	90.2	76.5	81.1
Keep the baby warm	69.0	55.1	48.5	59.8	51.9	50.0	64.5	53.5	49.2
Nothing to be applied on the cord	35.7	36.7	33.0	40.6	36.7	28.6	38.1	36.7	30.8
Breast feed on demand	57.1	52.4	44.7	51.7	51.5	42.1	54.5	51.9	43.4
Breastfed exclusively	NA	NA	19.6	NA	NA	14.5	NA	NA	17.0
Watch out for danger signs	31.0	23.1	17.5	31.1	23.6	18.3	31.0	23.4	17.9
Contact HSP immediately on seeing any danger sign	24.8	21.4	18.6	35.7	24.9	21.4	30.2	23.2	20.0
Baby should take bath after 3 days	7.8	8.5	6.2	10.8	7.1	5.5	9.3	7.8	5.9
Other	1.7	1.7	2.4	0.7	1.7	1.4	1.2	1.7	1.9
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

TABLE 5.20: **KNOWLEDGE ABOUT TIMING OF FIRST FEED AND DURATION OF EXCLUSIVE BREASTFEEDING**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Item	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
When should a newborn to be put to breast for the first time?									
Within 1 hour	87.5	88.0	52.4	90.6	90.1	55.1	89.0	89.1	53.7
Within 1 day	11.5	10.3	36.6	8.4	8.9	36.8	10.0	9.6	36.7
1-3 days	1.0	1.4	11.0	0.7	1.0	7.7	0.9	1.2	9.4
After 3 days	0.0	0.3	0.0	0.3	0.0	0.4	0.2	0.2	0.2
How long should a child be breast fed exclusively?									
Less than 1 months	5.4	3.7	16.5	5.2	4.0	13.8	5.3	3.9	15.1
1-2 months	0.7	0.3	7.6	3.5	0.7	3.4	2.1	0.5	5.5
3-5 months	9.8	4.4	15.5	8.7	6.4	21.7	9.3	5.4	18.6
6 months	82.7	89.1	55.0	81.9	87.2	56.2	82.3	88.2	55.6
7+ months	1.4	2.4	5.5	0.7	1.7	4.8	1.0	2.0	5.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

and iron and other nutritional deficiencies in the baby, since breast milk alone cannot meet all the nutritional requirements after six months of age. Though about 80 percent mentioned introduction of other foods at sixth or seventh month of age, about 17 percent reported after seventh month of age – which is a cause for concern (Table 5.21).

It is recommended that breastfeeding be continued up to the age of two years, when the baby is ready to be completely weaned off the breast. Nearly two in ten ANMs (18%) advised that breastfeeding be continued for less than 12 months, 50 percent advised between 12-23 months and 32 percent ANMs advised continued breastfeeding in addition to supplementary feeding beyond two years of age.

Immunization: The awareness levels regarding the important immunizations required for a child is very high among ANMs. More than 90 percent of the ANMs mentioned BCG, Polio, DPT, Measles, and Vitamin A. However, Hepatitis was mentioned by only 21 percent. Knowledge about number of Vitamin A doses and timing of first dose was also remarkably high at 97 percent (Table 5.22).

5.4.2 Knowledge and awareness of AWWs on various aspects of child care

Danger signs during neo-natal period: Anganwadi workers' awareness about the danger signs in a neonate was slightly lower than ANMs. Breathing difficulty was mentioned by 57 percent of the AWWs, followed by rapid breathing (40%), high fever (37%), pale yellow/blue complexion (35%) and difficulty in sucking (29%). Bleeding from cord/navel was mentioned by two in ten AWWs (20%); no urination in 24 hours (10%) and septic infection (9%) were recognized by a small proportion of AWWs (Table 5.18).

Special care of newborns: Awareness among the AWWs about some of the critical special care features for neonates viz. keeping them clean (76%), keeping them warm (53%), observing for danger signs (23%) and contacting health provider on seeing danger signs (23%) was lower than among ANMs. On other special care features such as cord care (37%), breastfeeding on demand (52%), bathing after three days (8%), AWWs displayed awareness levels comparable to ANMs (Table 5.19).

TABLE 5.21: **KNOWLEDGE ABOUT THE TIME TO START SUPPLEMENTARY FEEDING AND DURATION OF BREASTFEEDING**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Item	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
When to start supplementary feeding?									
Less than 4 months	1.0	0.0	4.1	2.1	1.0	1.7	1.5	0.5	2.9
4-5 months	5.1	2.0	8.2	2.4	2.4	7.9	3.8	2.2	8.1
6 months	32.5	26.9	32.0	43.2	43.4	36.6	37.8	35.2	34.3
7 months	47.1	55.1	28.5	34.8	38.4	23.1	41.1	46.7	25.8
8+ months	14.2	16.0	27.1	17.4	14.8	30.7	15.8	15.4	28.9
Till what age should a child receive breastmilk along with supplements									
Less than 6 months	2.4	2.4	4.8	2.4	1.3	2.1	2.4	1.9	3.4
6-11 months	15.6	11.6	13.4	15.3	11.4	12.1	15.5	11.5	12.7
12-23 months	50.2	49.0	46.0	50.9	45.5	46.9	50.5	47.2	46.5
24+ months	31.9	37.1	35.7	31.4	41.8	39.0	31.6	39.4	37.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

Infant feeding: Views on initiation of breastfeeding were alike among the AWWs and ANMs with nine in ten AWWs (89%) correctly recommending the initiation of breastfeeding within one hour of birth and ten percent mentioning within one day of birth. Exclusive breastfeeding till six months of age was recommended by a large majority of AWWs (88%). As with ANMs, there was some ambiguity regarding the recommended age at which a child should be given complementary food along with breast milk, with 82 percent correctly advising the introduction of complementary foods at sixth or seventh month of age and 15 percent recommending after the seventh month of age. Continuation of breastfeeding beyond the age of two years was recommended by 39 percent of AWWs, between 12-23 months of age by 47 percent of AWWs and up to 12 months by 13 percent (Tables 5.20 & 5.21).

Immunization: AWWs' awareness about important child immunizations was very high, with more than 90 percent of them mentioning BCG, Polio, DPT, and measles. Knowledge of Vitamin A immunization was comparatively lower at 83 percent and only 12 percent named Hepatitis B immunization. Close to eight out of ten AWWs (78%) correctly mentioned the number of doses of Vitamin A, and the timing of the first dose. Four percent were able to correctly state the number of doses but did not know the timing of first dose, and fourteen percent did not know the correct number of doses or the timing of the first (Table 5.22).

5.4.3 Knowledge and awareness of TBAs on various aspects of child care

Danger signs of neo-natal period: Awareness levels of TBAs about danger signs in a neonate were not very high, as only about half could mention danger signs to a baby during the neo-natal period. There was only one danger sign viz. high fever, which was mentioned by a greater number of TBAs (44%) than any other health worker. Breathing difficulty (48%) and high fever (44%) were identified as danger signs by the maximum number of TBAs. Less than four in ten TBAs mentioned rapid breathing (37%) and pale yellow/ blue complexion (36%). Bleeding from cord/navel was recognized as a danger sign in a neonate by 24 percent of the ANMs, 20 percent of the AWWs and 16 percent of the TBAs. ANMs, AWWs and TBAs fared disappointingly alike with regard to the identification of no urination in the past 24 hours and sepsis as danger signs necessitating prompt medical intervention (Table 5.18).

Special care of newborns: Knowledge of TBAs about the special care features to be used for newborns was much lower than ANMs and AWWs. TBAs showed high awareness levels (81%) for only one component of important behaviors, i.e, keeping the baby clean. Only half of them mentioned that the baby should be kept warm (49%) and 31 percent mentioned cord care. Breastfeeding on demand was advocated by 43 percent of the TBAs, yet exclusive breastfeeding was mentioned by only 17 percent. Two out of ten were aware of the need to look out for danger signs (18%) and to contact a health provider in the event of such an occurrence (20%). As was seen with other health workers, the recommendation of not bathing a baby for 3 days after birth was mentioned by a mere six percent of the TBAs (Table 5.19).

Infant feeding: Awareness of TBAs about the recommendations for initiation of breastfeeding was not very high. Close to half the TBAs (54%) correctly mentioned the initiation of breastfeeding within one hour of birth. Nearly four in ten (37%) considered the appropriate period for initiation of breastfeeding to be within one day after the birth of the baby, while one in ten (9%) advised delaying the initiation of breastfeeding until one to three days after the birth. Awareness about exclusive breastfeeding was the lowest in TBAs among all the health workers, 56 percent mentioned exclusive breastfeeding till six months of age. It is pertinent to note that 15 percent of the TBAs mentioned less than one month as the duration of exclusive breastfeeding. Introduction of complementary foods at sixth or seventh month was reported by 60 percent TBAs and another 29 percent reported the eighth month or later (Tables 5.19 & 5.21).

Immunization: Understanding of important immunizations needed for children was far from satisfactory among the TBAs. About 60 percent of the TBAs reported Polio immunization, followed by BCG (54%), DPT (53%), measles (46%) and Vitamin A (37%). Hepatitis immunization was mentioned by

TABLE 5.22: **KNOWLEDGE ABOUT CHILDHOOD IMMUNIZATION AND VITAMIN-A SUPPLEMENTATION**

Item	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Child immunization									
BCG	98.0	94.9	53.3	99.0	93.9	54.5	98.5	94.4	53.9
Polio	95.6	92.5	56.7	96.2	93.9	60.0	95.9	93.2	58.3
DPT	99.3	97.3	52.6	98.6	95.3	53.4	99.0	96.3	53.0
Measles	97.6	93.2	41.2	97.2	89.2	50.0	97.4	91.2	45.6
Vitamin-A	93.2	83.3	33.7	91.6	82.8	40.3	92.4	83.1	37.0
Hepatitis	18.0	10.5	2.7	23.7	12.5	4.5	20.8	11.5	3.6
Other	1.0	1.4	0.7	4.2	8.4	1.7	2.6	4.9	1.2
Don't know	0.0	0.0	35.1	0.0	0.0	32.1	0.0	0.0	33.6
Vitamin-A doses required and timing of 1st dose@									
5 doses, 1st at 9th month	99.0	79.9	48.1	95.8	77.8	53.5	97.4	78.8	50.9
5 doses 1st at other times	0.7	4.8	5.3	1.7	3.0	6.1	1.2	3.9	5.7
Other	0.0	13.3	41.8	2.1	14.5	35.9	1.0	13.9	38.8
Do not know	0.3	2.0	4.8	0.3	4.7	4.5	0.3	3.4	4.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**278**	**287**	**297**	**281**	**582**	**597**	**559**

@Based on those who know about Vitamin A

a mere four percent of TBAs. Those TBAs who were aware of the important immunizations were assessed on their knowledge about the number of Vitamin A doses and the timing of first dose. Only half the TBAs (51%) correctly mentioned the number of Vitamin A doses and when the first dose should be given to the child. Nearly, four out of ten (39%) TBAs were not aware of the number of doses or the correct timing of the first one (Table 5.22).

5.4.4 Services provided by ANMs with regard to child health care

Kangaroo care: ANMs were asked if they were aware of the kangaroo method of keeping the baby warm by holding the baby directly against the chest of the mother. Further, they were asked about the frequency with which they explained this method to the mothers. An equal number of ANMs (four in ten) were on the either side of the spectrum, i.e., 41 percent mentioned being aware of the method and always explaining it to the mothers, and another 41 percent admitted to no knowledge about the method. Approximately 15 percent of the ANMs who were aware of the method explained the same to the mothers only sometimes, while three percent ANMs did not explain the method to the mothers despite knowing about it (Table 5.23).

Infant feeding: In response to a query on the information they provide to the mothers and their families about the importance of breastfeeding, eight in ten ANMs mentioned that breastfeeding is essential for every newborn baby (81%). Importance of exclusive breastfeeding up to six months for the immunity of the baby against diseases was highlighted by 56 percent ANMs (Table 5.23). Nearly half the ANMs mentioned the correct timing for breastfeeding initiation (48%) and that early breastfeeding stimulates production of milk (49%). The importance of colostrum in protecting the child from disease was not mentioned by nearly two-thirds of the ANMs (only 35% mentioned). Almost all the ANMs reported explaining correct breastfeeding techniques to the mother (99%). The majority of

the ANMs advise mothers on the baby-mother positioning aspects, viz. that the baby's body and head must be straight (65%), that the baby's bottom should be supported by the mother's hand (69%), and that the baby's body and head must be close to the mother and facing the breast (57%).

According to ANMs, the most common misconception about colostrums prevailing among villagers was that the baby cannot digest colostrum due to its thick consistency (68%) and that it is not good for the baby's growth and health (33%) (Table 5.24). A majority of the ANMs (86%) provided correct advice to mothers on complementary feeding, i.e., to feed the baby with soft mushy food along with breast milk after 6 months of age. Examples of soft mushy foods like dal, khichdi, boiled and mashed vegetables, etc were given by nearly eight in ten ANMs (79%). Introduction of more solid foods after nine months was emphasized by only one-third of the ANMs (32%). Merely 10 percent ANMs cautioned the mothers that inadequate quantity and quality of food can make the child malnourished (Table 5.25).

Immunization and child diseases: Among the basic facts discussed with mothers while counseling on immunization, three-fourths of the ANMs (75%) mentioned that vaccine is a medicine used for preventing diseases. Six in ten stated that vaccine works by improving the body's ability to fight against diseases. Slightly more than half (54%) informed the mothers that many childhood diseases can be prevented though vaccination, and that a child should receive all immunizations. At the time of immunization, eight in ten (81%) ANMs informed the parent or care provider that the child may develop mild fever. Two-thirds of the ANMs advised that the child may be immunized even if suffering from a common cold or cough. However, only four in ten (41%) urged the mothers to maintain an immunization card to check immunization dates (Table 5.27).

ANMs were asked about the important childhood illnesses and vitamin deficiencies discussed by them with mothers in their area. The majority of ANMs reported discussing ARI/pneumonia (74%), followed by childhood diarrhea (64%), and fever (56%). Vitamin A deficiency was discussed by only one-third of the ANMs (34%) and the presence of worms was discussed by even less (19%).

5.4.5 Services provided by AWWs with respect to child health care

Kangaroo care: As expected compared to ANMs, AWWs were less aware of the kangaroo method of providing warmth to the baby. Six out of ten AWWs cited lack of awareness about the method compared to 41 percent ANMs. A quarter of them reported awareness about the method and about always explaining the method to mothers in their community. Sixteen percent were aware of the method, but only sometimes explained the method to mothers (Table 5.23).

Infant feeding: Information about the importance of breastfeeding every newborn (80%) and about the

TABLE 5.23: **KNOWLEDGE ABOUT 'KANGAROO METHOD' AND HOW OFTEN THE SERVICE PROVIDER EXPLAINED TO MOTHERS**

Know the 'Kangaroo Method' and explained to mothers	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Yes, always explained	42.2	24.8	18.2	40.2	23.2	16.9	41.2	24.0	17.6
Yes, sometime explained	13.3	17.0	14.4	16.1	14.5	14.5	14.7	15.7	14.5
Yes, never explained	4.1	0.7	2.7	2.8	0.7	2.4	3.4	0.7	2.6
No	40.5	57.5	64.6	40.9	61.6	66.2	40.7	59.6	65.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**

importance of colostrum (34%) was similarly emphasized by the AWWs and ANMs (Table 5.23). The timing of initiation of breastfeeding was mentioned by fewer AWWs (40% compared to 48% ANMs). Similarly, fewer AWWs mentioned to the mothers about the role of early breastfeeding in stimulating milk production (44% compared to 49% ANMs) and the importance of exclusive breastfeeding for 6 months (50% compared to 56% ANMs).

Proper breastfeeding techniques were explained to the mothers by a vast majority of AWWs (92%), though the proportion was lower than ANMs (99%). Those AWWs who explained correct breastfeeding techniques were asked to specify the guidance provided to the mothers. As was seen with ANMs, a greater proportion of AWWs provided advice on the baby-mother positioning, viz. the baby's head and body should be straight (58%), baby's body and head should be close to the mother and facing the baby (57%), and baby's bottom should be supported by the mother's hand (65%). Information regarding proper latching was mentioned less with only one-third AWWs advising mothers to ensure that the baby is sucking the areola and not only the nipple (33%), that the baby's cheeks are rounded and not sucked in (11%) and that the baby is sucking slowly and deeply which can be seen or heard.

As in the case of ANMs, the AWWs also reported that, the most common myths regarding colostrum prevailing among villages were that it is thick so baby is unable to digest it (60%) and that it is not good for the baby's growth and health (30%) (Table 5.25).

Introduction of soft mushy foods in addition to breast milk after 6 months of age was the most commonly provided advice as reported by 84 percent of the AWWs. Three-fourths of the AWWs reportedly gave specific examples of soft mushy foods (dal, khichdi, boiled and mashed vegetables) that can be provided to the baby after 6 months. Only a quarter (26%) stressed the need to introduce other solid foods after 9 months to meet the growing nutritional demands as well as the improving chewing capacity of the baby. Merely six percent of the AWWs laid emphasis on the fact that inadequate quantity and quality of food can make the child malnourished (Table 5.26).

Immunization and child diseases: Over half the AWWs (57%) reported mentioning to mothers during discussions on vaccination the facts that vaccine is a medicine used for preventing diseases, vaccines work by improving the body's ability to fight diseases, and many childhood diseases can be prevented through vaccination. At the time of immunization, nearly three-fourths of the AWWs informed that mothers that the baby may develop mild fever. Six in ten (59%) informed the mothers that common cold and cough are not contra indicative for receiving immunization. Only a third (32%) of the AWWs requested the mothers to maintain the immunization card and check the dates for timely immunization of the child (Table 5.27).

Childhood diarrhea (60%) and ARI/pneumonia (58%) were the most commonly discussed important childhood illnesses that AWWs reported discussing with mothers. Fevers were discussed by approximately half the number of AWWs (51%). Vitamin A deficiency merited discussion by only three in ten AWWs (29%) and the presence of worms was discussed by only 14 percent AWWs.

5.4.6 Services provided by TBAs with respect to child health care

Kangaroo Care: Awareness of TBAs about the kangaroo method was lowest among all the health providers with nearly two-thirds of the TBAs claiming lack of awareness on the subject. Of the 35 percent who were aware of the kangaroo method, 18 percent reported always explaining the method to mothers, and 14 percent reported explaining the method sometimes to the mothers (Table 5.23).

Infant feeding: Three-quarters of the TBAs (76%) told the mothers that breastfeeding is essential for every new born. Information on importance of early breastfeeding, timing for breastfeeding initiation (30%), importance of early breastfeeding for stimulating milk production (38%), importance of exclusive breastfeeding for providing immunity to the child (38%) were not discussed with the mothers by a majority of the TBAs. Information

TABLE 5.24: **IMPORTANCE OF BREASTFEEDING AND CORRECT PRACTICES DISCUSSED**

Items	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Importance of breastfeeding discussed with client/family members									
Breastfeeding is essential for every new born baby	83.1	81.3	78.4	78.0	77.8	73.4	80.6	79.5	75.9
Timing: within one hour of birth	49.2	40.8	30.9	46.0	39.7	29.3	47.6	40.3	30.1
Early breastfeeding stimulates more production of milk	49.8	40.8	39.9	48.8	46.8	35.5	49.3	43.8	37.7
Exclusive breastfeeding of baby for 6 months makes the baby more immune to diseases	53.2	49.7	35.7	57.8	50.2	41.0	55.5	49.9	38.4
Colostrums, the first milk protect the child from disease	35.6	34.4	21.3	34.1	34.0	17.2	34.9	34.2	19.3
Other	0.0	0.7	0.7	0.0	0.3	1.0	0.0	0.5	0.9
Never explained	NA	NA	2.1	NA	NA	2.8	NA	NA	2.4
Explain correct breastfeeding practices to mother									
Yes	99.7	93.2	NA	99.0	91.6	NA	99.3	92.4	NA
No	0.3	6.8	NA	1.0	8.4	NA	0.7	7.6	NA
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**597**	**581**
Among those who have explained correct breastfeeding practices to mother									
Correct breastfeeding practices explained									
The baby's body and head must be straight	67.0	59.5	58.8	63.7	57.0	54.5	65.4	58.2	56.6
The body and head must be close to the mother and facing breast	58.5	55.8	47.1	54.6	58.1	49.0	56.6	57.0	48.0
The baby's nose should be opposite the mother's nipple	38.1	28.1	24.4	34.5	27.6	20.3	36.3	27.8	22.4
Baby's bottom should be supported by mother's hand	68.4	66.1	57.0	69.4	62.9	54.5	68.9	64.5	55.8
Make sure that the baby is sucking the areola	28.2	31.8	26.1	30.6	34.6	18.6	29.4	33.2	22.4
Cheeks of the baby are rounded and not sucked in	12.2	13.1	8.6	17.6	9.6	7.6	14.9	11.4	8.1
Slow deep sucks, can see or hear swallowing	6.8	6.2	3.8	12.7	7.7	3.1	9.7	7.0	3.4
Other	5.4	5.8	3.4	4.9	5.1	3.1	5.2	5.5	3.3
Never explained	NA	NA	6.2	NA	NA	6.9	NA	NA	6.5
Number	**294**	**274**	**291**	**284**	**272**	**290**	**578**	**546**	**581**

NA: Not applicable

TABLE 5.25: **OPINION ABOUT MISCONCEPTIONS OF COLOSTRUMS PREVAILING IN THE COMMUNITY**

Misconceptions about colostrums	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Colostrum is thick so baby can't digest it	70.8	67.3	71.5	65.9	53.2	62.1	68.4	60.2	66.8
Not good for baby's growth and health	33.6	31.6	28.2	31.7	28.3	30.0	32.6	29.9	29.1
Other	18.0	16.3	16.2	22.3	30.0	22.4	20.1	23.2	19.3
Number	**295**	**294**	**278**	**287**	**297**	**281**	**582**	**597**	**559**

Note: Multiple response, total percent may add to more than 100.0

TABLE 5.26: **ADVICE GIVEN ON COMPLEMENTARY FEEDING**

Advice given on complementary feeding	Percent of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
After 6 months start feeding the baby with soft mushy food along with breast milk	89.8	85.4	65.3	82.6	82.2	61.4	86.3	83.8	63.3
Food like dal, khichdi, boiled and mashed vegetables etc. can be given	77.6	76.5	72.9	80.5	73.4	75.2	79.0	75.0	74.0
From 9 months more solid food should be introduced	30.2	28.6	25.4	33.1	23.6	21.4	31.6	26.1	23.4
Inadequate quantity and quality of food make the child malnourished	11.5	6.1	7.9	9.1	5.1	9.7	10.3	5.6	8.8
Other	1.0	0.6	2.4	2.0	1.3	5.1	1.6	1.0	3.8
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

Note: Multiple response, total percent may add to more than 100.0

related to the importance of colostrums was not mentioned by eight out of ten TBAs. Explanation of correct breastfeeding techniques was discussed to a lesser extent than ANMs and AWWs and focused more on baby-mother positioning and less on correct latching position (Table 5.24).

As indicated by ANMs and AWWs, TBAs too mentioned that the most common myths regarding colostrum prevailing among villages are that it is thick so baby is unable to digest it (67%) and that it is not good for the baby's growth and health (29%) (Table 5.25).

Practical advice on feeding food like dal, khichdi, boiled and mashed vegetables, etc to infants after six months was provided by nearly three-fourths (74%) of the TBAs. The need to introduce other solid foods after 9 months was mentioned by 23 percent TBAs. Malnourishment of the baby as a result of inadequate quantity and quality of food was mentioned to the mothers by only 9 percent of the TBAs (Table 5.26).

5.5 CONCLUSION

All the health providers held similar views regarding the ideal age for marriage among girls and boys. The ideal age for marriage of girls was said to be between 18-20 years by

TABLE 5.27: **BASIC FACTS ABOUT VACCINATION AND CHILDHOOD ILLNESSES DISCUSSED**

Aspects of service delivery	Percent of service providers					
	Auxiliary Nurse Midwife (ANM)			Anganwadi Worker (AWW)		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Facts about vaccination discussed						
Vaccine is a medicine used for preventing diseases	74.6	74.9	74.7	58.5	54.5	56.5
It works by improving body's ability to fight against the diseases	68.8	55.1	62.0	60.9	51.9	56.3
Many childhood diseases can be pre vented through vaccination	54.2	53.3	53.8	54.4	56.6	55.5
Other	0.3	0.7	0.5	0.0	1.0	0.5
None	0.0	0.0	0.0	2.7	3.7	3.2
Advice given during immunization						
If the child has common cold/cough he/she may be immunized	68.1	62.0	65.1	62.9	54.5	58.7
After immunization the child may develop mild fever	82.4	79.8	81.1	72.8	72.4	72.6
Maintain a card to check immunization date	42.4	39.0	40.7	33.3	30.0	31.6
Other	1.7	0.3	1.0	1.0	4.1	2.5
Childhood illnesses and vitamin deficiencies discussed						
Childhood diarrhea	63.7	64.1	63.9	60.9	59.9	60.4
Fever	56.9	55.1	56.0	52.4	50.5	51.4
ARI	15.6	16.4	16.0	12.6	7.4	10.0
Pneumonia	58.0	58.2	58.1	45.6	50.5	48.1
Worms infection	15.9	21.3	18.6	13.3	14.1	13.7
Vit-A deficiency	33.2	34.8	34.0	27.6	29.6	28.6
Other	15.3	7.7	11.5	12.2	9.4	10.8
Number of ANMs	**295**	**287**	**582**	**294**	**297**	**591**

the vast majority of health providers. For boys, an older age group of 21-24 years was considered to be more appropriate for marriage by health workers, though three in ten TBAs leaned towards a younger age group. Though the vast majority of health workers believed that young mothers were physically not sufficiently mature for child bearing, other pitfalls of early pregnancy such as increased risk of maternal death due to pregnancy-related causes, increased susceptibility to infections and poorer growth in babies born to young mothers, were not fully comprehended by a significant proportion of health workers. This lack of awareness translated into a recommendation by about one-third of the ANMs, AWWs and TBAs of 19-20 years being the ideal age for the first pregnancy.

The ANMs' awareness of the danger signs of pregnancy was not satisfactory. Barring hemorrhage, most of the danger signs of pregnancy were not recognized by a majority of the ANMs. AWWs and TBAs were even less aware of the danger signs of pregnancy and severe vaginal bleeding was the only danger sign recognized by more than 50 percent of them.

ANMs exhibited a high awareness of most of the components of the basic antenatal package such

as number of ANC check-ups (98%), tetanus immunization (90%), IFA supplementation (84%), and abdominal checkups (71%). A few other critical elements of ANC such as measurement of BP and weight, blood test, urine test, screening for anemia and checkup for oedema were disregarded by a significant proportion of ANMs. Surprisingly, 52 percent of the ANMs were not aware of the guidelines for treatment of anemic pregnant women. High awareness of antenatal services among AWWs too was restricted to the number of antenatal checkups, tetanus vaccination, IFA supplementation and abdominal check-ups.

ANMs' awareness about safe delivery practices was very high. However, they were less proficient with regard to identification of danger signs of labor. Severe vaginal hemorrhage and malpresentation of fetus was the most easily identified danger sign during labor. Other danger signs were identified by less than one in two ANMs. AWWs were less aware of the danger signs of labor than ANMs. TBAs showed alarmingly low levels of awareness of danger signs of labor, raising concerns about their ability to prevent maternal deaths due to pregnancy related complications.

Birth preparedness advice provided by health workers to their clients and families focused on the identification of a skilled birth attendant, identification of a clean place of delivery and arrangement for transport and finances for an emergency. Specific advice to opt for an institutional delivery or to seek prompt medical care in case of any danger signs during pregnancy, delivery or post-partum/post-abortion was not mentioned by the health workers. These two elements of birth preparedness advice need to be emphasized to ensure that potentially life-threatening risks are taken care of through appropriate medical facilities.

Awareness about maternal deaths among the health workers was low with only 16 percent ANMs, 14 percent AWWs and 12 percent TBAs aware of any maternal deaths in the last three years. Awareness of infant deaths was higher with 40 percent ANMs, 36 percent AWWs and 21 percent TBAs mentioning the occurrence of infant deaths in their areas over the past three years.

The post-partum period is one of the most neglected aspects of maternal and neo-natal care which is often eclipsed by attention given to pregnancy and birth. There is increasing recognition that a majority of maternal deaths occur during this period and that early neo-natal mortality is very high. Health workers displayed high awareness of the criticality of the post-partum period, though they were not very aware of the recommended number of health checkups during this period. There were inconsistencies in the awareness levels of the health workers with regard to the components of post-partum care.

Knowledge regarding the danger signs during the neo-natal period was not very high among the health workers, with ANMs showing the highest awareness levels and TBAs the least. Difficulty in breathing, fast breathing and high fever were the most commonly recognized danger signs by all health workers. Other danger signs such as difficulty in sucking, no urination in 24 hours, pale yellow, blue complexion were not identified by a majority of health workers as signs warranting immediate medical attention to the baby. Skills in identification of danger signs during the neo-natal period by the health workers and mothers/care providers should be imparted so that danger signs can be dealt with by appropriate health providers.

The essential components of early newborn care include clean birth and care of the umbilical cord, ensuring warmth to the baby (maintaining the body temperature), initiation of breathing and resuscitation, early initiation of breastfeeding, eye care, immunization, identification and management of sick newborn, and special care of low-birth weight infants. The present survey revealed that all health workers were not too aware of all the special care needs of neonates, though ANMs were more aware than AWWs and TBAs. Cleanliness and warmth were the most frequently cited actions for newborns by all health workers.

ANMs and AWWs were highly aware of the recommended infant feeding practices such as early initiation and exclusive breastfeeding up till the age of six months; however, there was

some ambiguity with regard to the norms for introduction of complementary foods and age up to which breastfeeding should be continued. Awareness among TBAs about recommendations for initiation of breastfeeding, exclusive breastfeeding, introduction of complementary foods and weaning of breast milk was not very high. Knowledge about the vaccines given in the routine immunization program was very high among ANMs and AWWs, and far from satisfactory among TBAs. Hepatitis B immunization was not familiar to the vast majority of health workers.

Chapter VI

RTI/STI, HIV/AIDS AND RCH CAMPS

The prevention and management of reproductive tract infections has been mandated as an important objective of the national RCH II Programme because of their widespread prevalence, serious consequences on the reproductive health of men and women and increased risk of HIV transmission. The consequences of RTI/STI on the health of women are particularly serious causing infertility, chronic pelvic pain, miscarriage, ectopic pregnancy, etc. Early detection and subsequent treatment of infections can prevent some of the potential consequences from occurring. The role of health workers in screening RTI/STI at the community level is critical for reducing the burden of reproductive morbidities.

6.1 KNOWLEDGE AND DELIVERY OF RTI/STI SERVICES

6.1.1 Auxiliary nurse midwife

This section looks at the knowledge levels of ANMs and the services delivered by them for RTI/STI. Only 62 percent ANMs were aware of the difference between RTI and STI. Among the ANMs who understood the differences between RTI and STI, a large proportion (83%) knew that RTIs are infections that occur in the reproductive organs of men and women. Close to seven in ten stated that most RTIs are caused by not keeping reproductive organs clean. Only 44 percent respondents could correctly state that STIs are infections passed between people through sexual contact (Table 6.1).

Existing practices with regard to RTI/STI services provided by ANMs were examined. In terms of advice to a client already suffering from RTI/STI, close to half the ANMs mentioned advising them to keep genitals clean at all times (49%), to wear clean undergarments (49%), women to use clean cloth during menstruation (51%) and to use a new condom at every sexual contact (47%). Only one-third of the ANMs advised their clients to avoid sexual contact till RTIs/STIs are completely cured. Over four fifths (83%) of the ANMs did not advise the screening of both partners in case of RTI/STI Advice to clients suffering from RTI/STI to seek health care was provided by only four out of ten ANMs. Only 28 percent ANMs referred clients with RTI/STI to a service provider or hospital and nine percent advised clients to visit RCH or other camps to seek treatment for RTI/STI (Table 6.2).

Syndromic management of RTI/STI by health workers is recommended by WHO. This includes symptoms reported by the clients and signs observed by the health worker. ANMs were asked to list the symptoms which clients should look for in order to seek medical attention for RTI/STI. The proportion of ANMs who could identify symptoms necessitating medical treatment for possible RTI/STI was not very high. Itching (65%) and soreness (62%) were the most commonly listed symptoms for which ANMs ask clients to seek medical treatment for RTI/STI. Bleeding (18%), swelling in the groin (15%), bleeding after intercourse (14%), swelling/lump in the breast (5%) were mentioned by a few ANMs as symptoms meriting medical attention (Table 6.3).

6.1.2 Anganwadi workers

Awareness among AWWs across the state about the differences between RTIs and STIs was dismal, with eight out of ten AWWs (82%) reporting lack of information on the subject. Among those who claimed awareness, 82 percent were aware that RTIs occur in the reproductive health organs of a person, and 63 percent mentioned that most RTIs are caused due to lack of hygiene in the reproductive parts. However, only 34 percent knew that STIs are passed between persons during sexual contact (Table 6.1).

TABLE 6.1: **KNOWLEDGE ABOUT DIFFERENCE BETWEEN RTI AND STI**

Items	Percent of service providers								
	Auxiliary Nurse Midwife			Anganwadi Worker			Traditional Birth Attendant		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Aware about the difference between RTI and STI									
Yes	58.6	65.2	61.9	18.4	18.2	18.3	4.5	3.1	3.8
No	41.4	34.8	38.1	81.6	81.8	81.7	95.5	96.	96.2
Number	**295**	**287**	**582**	**294**	**297**	**591**	**291**	**290**	**581**
Knowledge about difference between RTI and STI among those who reported awareness about the difference									
RTIs are infections that occur in the reproductive organs of men and women	87.9	78.6	83.1	90.7	74.1	82.4	NS	NS	NS
Most RTIs are caused by not keeping reproductive organs clean	66.5	69.0	67.8	66.7	59.3	63.0	NS	NS	NS
STIs are infections that are passed from one person to another during sexual intercourse	46.2	41.2	43.6	27.8	40.7	34.3	NS	NS	NS
Other	0.0	0.5	0.3	0.0	1.9	0.9	NS	NS	NS
Number	**173**	**187**	**360**	**54**	**54**	**108**	**13**	**9**	**22**

Among AWWs, knowledge of the correct advice to be offered to clients with RTIs/STIs was much lower than for ANMs. Keeping the genitalia clean (36%), using clean cloth during menstruation (34%), wearing clean undergarments (28%) and using a fresh condom for every sexual contact (24%) were the most oft-provided advice to clients with RTI/STI. Advice on preventing further transmission by avoiding sexual contact till completely cured (19%) and screening both partners for RTI/STI was least likely to be provided. Referral to a health service provider or hospital was made by a quarter of the AWWs (24%), and another four percent advised clients to visit RCH or other health camps (Table 6.2).

Awareness about symptoms of RTI/STI which they would ask clients to look for before seeking medical attention was low. Only itching (48%), soreness (39%), and pain during urination (27%) were mentioned in a significant manner by the AWWs. All other symptoms were mentioned by less than two in ten AWWs (Table 6.3).

6.1.3 Traditional birth attendants

Knowledge of RTI/STI among TBAs was practically non-existent, with only nine percent reporting knowledge. Even among those TBAs who have heard of RTI/STI, awareness about the differences was low (41%). Among those TBAs who were aware of the difference between RTI and STI almost all (95%) knew that RTIs occur in the reproductive organs of persons, and half associated it with a lack of hygiene. Awareness of transmission of STIs through sexual contact was only 41 percent (Tables 6.1 to 6.3).

6.2 KNOWLEDGE OF AND DELIVERY OF HIV/AIDS SERVICES

A series of questions related to HIV/AIDS were asked to gauge the knowledge of ANMs, AWWs and TBAs. Specifically, they were asked if they had heard of HIV/AIDS and what are the modes of transmission

TABLE 6.2: **KNOWLEDGE ABOUT ADVICE TO BE GIVEN TO RTI/STI PATIENTS**

Items	Percent of service providers								
	Auxiliary Nurse Midwife			Anganwadi Worker			Traditional Birth Attendant		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Safe practices									
Keep genitals clean all times	51.2	47.0	49.1	32.7	39.4	36.0	86.2	79.2	83.0
Wear clean undergarments	49.5	48.8	49.1	25.5	31.0	28.3	37.9	33.3	35.8
Women should use clean cloth during menstruation	47.8	54.0	50.9	33.0	34.7	33.8	65.5	54.2	60.4
Avoid sexual contact till RTIs/STIs are cured	30.5	34.8	32.6	22.4	16.2	19.3	48.3	25.0	37.7
Use new condom at every sexual contact	47.5	47.4	47.4	23.8	23.9	23.9	20.7	20.8	20.8
Screening of both the partners in case of RTI/STI	17.6	16.0	16.8	11.6	8.8	10.2	10.3	16.7	13.2
Availability of services									
Refer to a service provider/hospital	24.1	31.0	27.5	18.4	30.3	24.4	24.1	45.8	34.0
Visit RCH camps	4.7	9.4	7.0	1.4	3.0	2.2	0.0	12.5	5.7
Visit health camps	2.7	2.1	2.4	1.4	1.3	1.4	0.0	4.2	1.9
Other	5.1	4.5	4.8	28.2	25.9	27.1	3.4	12.5	7.5
Number	**295**	**287**	**582**	**294**	**297**	**591**	**29**	**24**	**53**

Note: Based on those who have heard about RTI/STI

TABLE 6.3: **KNOWLEDGE ABOUT SYMPTOMS ONE SHOULD LOOK FOR TO IDENTIFY AND TO SEEK TREATMENT FOR RTI/STI**

Symptoms of RTI/STI	Percent of service providers								
	Auxiliary Nurse Midwife			Anganwadi Worker			Traditional Birth Attendant		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Soreness	60.0	64.1	62.0	39.1	39.7	39.4	65.5	70.8	67.9
Itching	64.7	65.5	65.1	43.9	51.2	47.5	48.3	66.7	56.6
Pain on urination	45.4	41.5	43.5	28.9	24.6	26.7	55.2	29.2	43.4
Ulcers (big sores)	26.8	28.9	27.8	15.3	19.5	17.4	24.1	29.2	26.4
Foul smelling discharge	36.3	36.2	36.3	18.7	18.5	18.6	44.8	41.7	43.4
Bleeding	15.6	19.9	17.7	12.9	11.8	12.4	20.7	8.3	15.1
Pain during intercourse	27.8	23.3	25.6	13.9	12.8	13.4	20.7	33.3	26.4
Bleeding after intercourse	13.2	13.9	13.6	5.8	7.1	6.4	13.8	12.5	13.2
Swelling in the groin	13.6	16.0	14.8	7.5	6.1	6.8	6.9	8.3	7.5
Swelling/lump in the breast	4.7	5.6	5.2	1.7	2.0	1.9	0.0	0.0	0.0
Other	8.5	5.6	7.0	29.3	27.6	28.4	6.9	4.2	5.7
Number	**295**	**287**	**582**	**294**	**297**	**591**	**29**	**24**	**53**

Note: Based on those who have heard about RTI/STI

of the disease, the advice provided by them to clients for protection and the precautions followed by them to prevent contracting or passing on the virus.

6.2.1 Auxiliary nurse midwife

Between 50-60 percent of the ANMs reportedly told their clients that HIV is a virus which causes AIDS (56%), there is no cure for AIDS (60%), the mode of transmission of HIV/AIDS (54%), and condom use can prevent HIV/AIDS (53%). Less than four out of ten ANMs informed their clients about maintaining a monogamous relationship. Clarification of some common myths associated with spread of HIV/AIDS was also offered in varied degrees by the ANMs. Information that HIV/AIDS does not spread by kissing and handshaking (54%) or through utensils (50%) was given by approximately half the ANMs compared to less than three in ten (29%) who clarified that mosquitoes do not cause HIV/AIDS (Table 6.4).

ANMs' knowledge regarding some of the modes of transmission of HIV was quite high. Nearly nine out of ten (88%) ANMs were aware of transmission through unprotected sex with an infected partner, eight in ten (79%) could cite transmission through use of infected needles, and close to two-thirds (64%) could mention transfusion of infected blood as a mode of transmission. Use of infected blades/razors/tools (other than needles) was mentioned as potential mode of HIV transmission by 55 percent ANMs. Awareness about mother-to-child transmission was low, 29 percent.

Health workers were asked to list the advice they give to clients for prevention of HIV/AIDS. Use of condoms was propagated by three-fourths of the ANMs (76%), while advice on using disposable / sterilized syringes and needles (66%) and being faithful to partner (65%) was mentioned by two-thirds of the respondents. Use of new and clean blades/razors (55%) and testing of blood for HIV before transfusion (44%) were also promoted by the ANMs. Four in ten ANMs advised clients to abstain from sex in order to be protected from HIV/AIDS. A mere nine percent of the ANMs advised their clients to be screened for RTI/STI which increase the risk of HIV/AIDS transmission. Barring a greater proportion of ANMs in project areas promoting the use of condoms as a means of protection from HIV/AIDS (80 percent compared to 72 percent in non-project areas), both areas were similar regarding the advice offered by ANMs to clients for protection from HIV/AIDS.

ANMs were asked to mention the precautions undertaken by them to prevent contracting HIV. A large majority of the ANMs (84%) reported sterilizing syringes and needles as a precaution. Knowledge about appropriate storage of sterilized syringes and needles was lower at 62 percent. Awareness of standard infection control and prevention practices to be followed for preventing transmission of HIV was very low at 15 percent. More ANMs from project districts reportedly practiced precautions to ensure their own safety at the workplace.

6.2.2 Anganwadi workers

Knowledge levels of AWWs on HIV/AIDS were assessed in terms of the information provided by them to clients on the subject. Based on the responses of the AWWs, it emerged that AWWs were significantly less knowledgeable on HIV/AIDS and reportedly provided comparatively less information to their clients than ANMs. The most important fact about HIV/AIDS mentioned by maximum number of AWWs (51%) was that there is no cure for AIDS. The importance of condoms for prevention of infection was emphasized less than half the AWWs (47%). This was higher in project areas (52%) compared to non-project areas (42%). Modes of transmission were discussed with clients by only four in ten AWWs (41%). Explanation that HIV is a virus that causes AIDS was offered by a similar proportion (40%). Nearly one-third of the AWWs (32%) advised their clients to stay faithful to their partners. Myths on transmission of HIV/AIDS were clarified by less than four in ten AWWs (Table 6.4).

Awareness of AWWs regarding the modes of transmission of HIV was significantly lower than ANMs. Maximum number of AWWs mentioned unprotected sex with an infected partner as a mode of transmission (77%) followed by use of infected needles (72%). Infected blood transfusion as a means of transmitting the virus was known to only 51 percent of the AWWs. Knowledge about the use of infected blades/razors/tools (44%) was less common than about the use of needles and syringes (72%). Mother-

TABLE 6.4: **KNOWLEDGE OF AND SERVICE DELIVERY ASPECTS RELATED TO HIV/AIDS AMONG ANMs AND AWWs**

Information on HIV/AIDS	Percent of service providers					
	Auxiliary Nurse Midwife			Anganwadi Worker		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Basic facts about HIV/AIDS given to the clients						
HIV is a virus which causes AIDS	60.0	52.3	56.2	43.9	37.0	40.4
There is no cure for AIDS	60.3	59.6	60.0	49.0	52.9	50.9
How it is spread	59.3	49.1	54.3	42.9	39.7	41.3
Use of condom for prevention	51.2	55.7	53.4	51.7	42.4	47.0
To stay faithful to partner	40.3	34.5	37.5	32.0	31.6	31.8
Clarifying fears/myths about HIV/AIDS						
HIV/AIDS will not spread by kissing or handshaking	56.3	50.9	53.6	39.5	38.4	38.9
HIV/AIDS will not spread through utensils	53.2	45.6	49.5	36.1	32.3	34.2
HIV/AIDS will not spread through mosquito bites	31.2	25.8	28.5	19.0	13.1	16.1
Other	1.4	1.0	1.2	5.1	6.1	5.6
Knowledge about modes of HIV transmission						
Unprotected sex with an infected partner	88.5	86.8	87.6	76.9	77.8	77.3
Infected blood transfusion	66.8	61.7	64.3	54.1	48.1	51.1
Use of infected needles	83.1	75.6	79.4	72.4	70.7	71.6
Use of infected blades/razors/tools	53.9	55.1	54.5	45.9	42.1	44.0
From an infected mother to baby	29.2	29.3	29.2	18.4	18.2	18.3
Other	0.7	0.3	0.5	4.4	4.4	4.4
Information given to clients to protect from getting HIV/AIDS infection						
Abstinence from sex	40.7	41.1	40.9	30.6	29.6	30.1
Being faithful to your partner	64.1	65.5	64.8	58.2	52.9	55.5
Use of condoms	80.3	71.8	76.1	69.7	66.3	68.0
Use of disposable/sterilized syringes and needles	64.7	67.2	66.0	57.8	54.5	56.2
Use of new and clean blades/razors	53.9	55.4	54.6	45.2	43.1	44.2
Testing blood for HIV/AIDS before transfusion	43.4	44.9	44.2	22.4	26.3	24.4
Screening for RTI/STI	8.5	8.7	8.6	1.7	1.0	1.4
Other	0.3	0.7	0.5	5.1	4.4	4.7
Knowledge about precautions to be taken at work place to protect the service provider						
Ensure that the syringes and needles are sterilized	84.1	83.3	83.7	67.3	52.2	59.7
Sterilized syringes/needles are to be kept in clean and protected place	65.1	59.2	62.2	45.9	38.0	42.0
Follow standard infection control and prevention practices	16.6	12.9	14.8	30.3	38.7	34.5
Other	0.0	0.3	0.2	0.7	0.0	0.3
Number	**295**	**287**	**582**	**294**	**297**	**591**

to-child transmission as a means of HIV transmission was recognized by less than two in ten AWWs (18%).

The kinds of advice given by AWWs to clients for protection from HIV/AIDS were similar to ANMs, but the degree varied. For example, as was seen with ANM responses, the maximum number of AWWs advised clients to use condoms (68%), followed by using disposable syringes and needles (56%), maintaining a monogamous relationship (56%), and using new and clean blades/razors (44%). Abstinence from sex (30%) was mentioned by more AWWs than testing of blood for HIV/AIDS before transfusion (24%). Screening for RTI/STI was mentioned by a negligible one percent AWWs.

Awareness of AWWs on precautions to be followed in order to protect themselves from contracting HIV was lower than among ANMs. Since AWWs are not involved in any invasive medical procedures, the low awareness may be attributed to its comparative lack of relevance to the work of AWWs. Four out of ten did not mention that they ensured sterilization of needles and syringes. Nearly six in ten were not aware that sterilized syringes and needles should be kept in a clean and protected place. Only one-third stated that they follow standard infection control and prevention practices.

6.2.3 Traditional birth attendants

More than two-thirds of the TBAs (68%) have never heard about HIV/AIDS (Table 6.5). Amongst TBAs who were aware of HIV/AIDS, there was 78 percent awareness about unprotected sex with an infected partner as a mode of transmission. Close to six in ten were aware of the risks associated with use of infected needles (57%). Transmission through transfusion of infected blood was recognized by 38 percent. Use of infected blades/razors/tools was mentioned by 28 percent TBAs as possible modes of HIV transmission. Knowledge about transmission from an infected mother to her child was reported by six percent only.

Use of condoms (61%) and maintaining a monogamous relationship (54%) were the types of advice most frequently provided by TBAs to clients. Use of disposable/sterilized syringes and needles was advised by approximately four in ten TBAs (42%). Abstinence from sex as a means of protecting oneself from HIV/AIDS was recommended by nearly the same proportion of TBAs (29%) as AWWs (30%). Advice on use of new and clean blades/razors/tools was provided by only 21 percent TBAs, though 28 percent were aware of this mode of transmission. In spite of having knowledge about the spread of HIV through infected blood transfusion (38%), only 12 percent advised their clients to check blood for HIV/AIDS before transfusion. Screening for RTI/STI was negligible (1%) as advice to clients for protection against HIV/AIDS.

From among the TBAs who were aware of HIV/AIDS, the proportion who ensured that syringes and needles are sterilized as a precautionary measure against HIV/AIDS was quite high (70%). Practices related to storage of sterilized syringes and needles were less common (38%) and awareness about standard infection control and prevention practices was low (23%).

6.3 KNOWLEDGE ABOUT HEALTH/RCH CAMPS

6.3.1 Auxiliary nurse midwife

Knowledge about RCH camps was not very high even among ANMs with only 60 percent reporting it. Awareness about health camps was also very low at six percent. Only 19 percent had heard of both RCH camps and health camps. Fifteen percent had not heard of either RCH or other health camps.

Among those who have heard about Health/RCH camps, 89 percent had participated in at least one or more such camps (Table 6.6).

6.3.1a Knowledge about services offered in Health/RCH camps

The most commonly provided service related to MCH at health/RCH camps recalled by ANMs was child immunization (79%), followed by distribution of IFA tablets (65%) and antenatal checkups (63%). A quarter of the ANMs (26%) had attended health camps where health checkups of infants were done (Table 6.7).

Services related to family planning: 76 percent of the ANMs reported that sterilization operations were carried out and there was family planning counseling and distribution of condoms (64% each). Distribution of oral contraceptive pills during health camps was also mentioned by 48 percent.

A much lower proportion of ANMs mentioned the various

services for prevention and treatment of RTI/STI and HIV/AIDS offered during health camps. The most mentioned services at RCH health camps were counseling on RTI/STI (31%) and HIV/AIDS (33%). Other services such as screening for RTI/STI (21%) and medication for RTI/STI (18%) offered at the camps were mentioned by close to two in ten ANMs only.

6.3.2 Anganwadi worker

A startling six in ten AWWs (59%) had not heard of any health/RCH camps. Awareness about RCH camps was exceedingly low with only 23 percent AWWs having heard of them. Awareness of other health camps was cited by only 10 percent AWWs. The proportion of AWWs who professed to having heard of both RCH and health camps was very low (8%). Among the AWWs who had heard of health camps (41%), more than half (54%) said that they had never participated in one (Table 6.6).

6.3.2a Knowledge about services offered in Health/RCH camps

From amongst the MCH services, child immunization was mentioned by nearly six out of ten AWWs (65%) as against 78 percent ANMs mentioning

TABLE 6.5: **KNOWLEDGE OF AND SERVICE DELIVERY ASPECTS RELATED TO HIV/AIDS AMONG TBAs**

Information on HIV/AIDS	Percent of TBAs		
	Project districts	Non-project districts	State total
Whether heard about HIV/AIDS?			
Yes	32.6	31.7	32.2
No	67.4	68.3	67.8
Number of TBAs	**291**	**290**	**581**
Based on those who have heard about HIV/AIDS			
Knowledge about modes of HIV transmission			
Unprotected sex with an infected partner	85.3	70.7	78.1
Infected blood transfusion	43.2	32.6	38.0
Use of infected needles	56.8	57.6	57.2
Use of infected blades/razors/tools	31.6	25.0	28.3
From an infected mother to baby	4.2	7.6	5.9
Other	4.2	6.5	5.3
Information given to clients to protect from getting HIV/AIDS infection			
Abstinence from sex	27.4	30.4	28.9
Being faithful to your partner	55.8	53.3	54.5
Use of condoms	58.9	64.1	61.5
Use of disposable/sterilized syringes and needles	38.9	45.7	42.2
Use of new and clean blades/razors	27.4	15.2	21.4
Testing blood for HIV/AIDS before transfusion	10.5	13.0	11.8
Screening for RTI/STI	2.1	0.0	1.1
Other	5.3	5.4	5.3
Knowledge about precautions to be taken at work place to protect the service provider			
Ensure that the syringes and needles are sterilized	67.4	71.7	69.5
Sterilized syringes/needles are to be kept in clean and protected place	42.1	33.7	38.0
Follow standard infection control and prevention practices	25.3	20.7	23.0
Number of TBAs heard about HIV/AIDS	**95**	**92**	**187**

TABLE 6.6: **KNOWLEDGE ABOUT RCH/OTHER HEALTH CAMPS AND PARTICIPATION**

Items	Percent of service providers								
	Auxiliary Nurse Midwife			Anganwadi Worker			Traditional Birth Attendant		
	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
Heard about RCH/ other camps									
Yes, RCH camp	64.7	56.1	60.5	25.2	20.2	22.7	11.7	7.6	9.6
Yes, other health camp	5.8	5.9	5.8	7.8	13.1	10.5	3.8	3.4	3.6
Yes, both	15.3	23.0	19.1	6.1	9.8	8.0	2.4	5.9	4.1
No	14.2	15.0	14.6	60.9	56.9	58.9	82.1	83.1	82.6
Number	**295**	**287**	**582**	**294**	**297**	**591**	**291**	**290**	**581**
	Among those who have heard about RCH/Other health camps								
Participated in any camp									
Yes	88.9	88.9	88.9	53.0	39.8	46.1	51.9	42.9	47.5
No	11.1	11.1	11.1	47.0	60.2	53.9	48.1	57.1	52.5
Number	**253**	**244**	**497**	**115**	**128**	**243**	**52**	**49**	**101**

it. Similarly, ANC check-ups (63%) and distribution of IFA (45%) were mentioned by almost similar or fewer AWWs in comparison to ANMs. Examination of infants during health camps was mentioned by 26 percent, comparatively closer to the proportion of ANMs mentioning it (26%).

Sterilization procedures provided at health camps were mentioned by a majority of AWWs (71%). Only half the AWWs mentioned that family planning counseling was provided at these camps. Distribution of condoms (33%) and oral contraceptive pills (23%) were mentioned to a lesser degree by the AWWs (Table 6.7).

Knowledge of services for RTI/STI and HIV/AIDS was significantly lower among AWWs compared to ANMs. Counseling on HIV/AIDS (26%) and RTI/STI (17%) were the higher mentions and screening for RTI/ STI was mentioned by only seven percent of the AWWs. Medication for RTI/STI was close to negligible at three percent.

6.3.3 Traditional birth attendants

Awareness about health camps was very low with 83 percent TBAs not having heard of any health/RCH camps. Ten percent have heard about RCH camps, and four percent had heard of health camps by other agencies. Awareness about RCH camps was slightly higher in project areas (12 percent compared to 8 percent in non-project areas). From among the 17 percent TBAs who have heard of health camps, less than half (47%) reported participation in any camp (Table 6.6).

6.3.3a Knowledge about services offered in Health/RCH camps

Consistent with the responses of other health providers, sterilization procedures (79%) and child immunization (73%) were mentioned as services provided at health camps by the majority of the TBAs. ANC check-ups (65%) and distribution of IFA tablets (50%) were the next in order among the MCH services offered at health camps. Examination of infants was mentioned by a low percentage of TBAs (21%).

Apart from sterilization operations, counseling on family planning was mentioned by close to half the number of TBAs (65%) as part of

TABLE 6.7: **KNOWLEDGE ABOUT SERVICES PROVIDED AT RCH/OTHER HEALTH CAMPS**

	Percent of service providers having knowledge about services provided at camps								
	Auxiliary Nurse Midwife			Anganwadi Worker			Traditional Birth Attendant		
Services provided	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total	Project districts	Non-project districts	State total
MCH services									
ANC checkups	64.9	61.3	63.1	63.9	60.8	62.5	81.5	42.9	64.6
Distribution of IFA	63.1	66.4	64.7	41.0	49.0	44.6	59.3	38.1	50.0
Child immunization	79.6	77.4	78.5	67.2	62.7	65.2	77.8	66.7	72.9
Examination of infants	28.4	23.0	25.8	24.6	27.5	25.9	29.6	9.5	20.8
FP services									
Counseling on FP	67.1	60.8	64.0	59.0	54.9	57.1	74.1	52.4	64.6
Perform sterilization	77.8	74.7	76.2	65.6	78.4	71.4	70.4	90.5	79.2
Distribution of condoms	68.4	59.4	64.0	36.1	29.4	33.0	55.6	38.1	47.9
Distribution of OP	55.1	40.6	48.0	24.6	21.6	23.2	44.4	38.1	41.7
RTI/STI HIV/AIDS									
Counseling on RTI/STI	26.2	35.0	30.5	18.0	15.7	17.0	0.0	0.0	0.0
Screening for RTI/STI	20.4	21.7	21.0	4.9	9.8	7.1	7.4	4.8	6.3
Medication for RTI/STI	17.8	18.9	18.3	3.3	2.0	2.7	0.0	0.0	0.0
Counseling on HIV/AIDS	30.2	35.5	32.8	21.3	31.4	25.9	3.7	28.6	14.6
Other	0.4	2.3	1.4	0.0	0.0	0.0	0.0	0.0	0.0
Do not know	0.4	0.0	0.2	0.0	2.0	0.9	0.0	0.0	0.0
Number	**225**	**217**	**442**	**61**	**51**	**112**	**27**	**21**	**48**

Note: Based on those who have heard about RCH/other health camps.

services provided at health camps. Health camps were not seen as an opportunity for distribution of contraceptives such as condoms (48%) and oral pills (42%) by most of the TBAs (Table 6.7).

As reported by TBAs, RTI/STI and HIV/AIDS services available at health camps in which they had participated were not extensive. They mainly reported screening for RTI/STI (6%) and counseling on HIV/AIDS (15%).

6.4 CONCLUSION

Awareness of the differences between RTI and STI was quite low among the health workers with 48 percent ANMs and 82 percent AWWs mentioning a lack of awareness on this topic. Similarly, their awareness of the symptoms of RTI/STI which require medical treatment was not very high. Advice for clients with RTI/STI was largely limited to hygiene and cleanliness related actions; a majority of the clients suffering from symptoms of RTI/STI did **not** receive advice from health workers to seek treatment from a health service provider or hospital. Health workers need training in understanding the magnitude of the problem, in the identification and management of RTI/STI and in interpersonal communication skills to be able to remove the barriers of shyness and embarrassment associated with RTI/STI.

ANMs reported the maximum information on HIV/AIDS to clients in comparison to AWWs, while TBAs were largely ignorant about the subject. Knowledge about the modes of transmission of HIV/AIDS was quite high among ANMs and comparatively lower among AWWs. Awareness of mother-to-child transmission of the virus was reportedly low among all health workers, while awareness of transmission through the sexual route and through contaminated blood and equipment was reasonably

high. Condom use was advised by the maximum number of health workers for prevention of HIV/AIDS. The link between RTI/STI and HIV/AIDS was not seen by an overwhelming majority of the health workers. ANMs were highly aware of the importance of using sterilized needles and syringes, but were not as aware about the appropriate storage of sterilized syringes and needles to prevent transmission of the virus.

Health camps are an important strategy of any health program for increasing the availability of integrated reproductive and child health services. The Department of Medical, Health and Family Welfare organizes regular RCH camps to provide integrated maternal, child health and family planning services to the community. Despite extensive efforts, only 60 percent ANMs, 23 percent AWWs and 10 percent TBAs were aware of RCH camps. Fifteen percent ANMs, 59 percent AWWs and 83 percent TBAs were not aware of any health camps. Given these data, it is evident that though substantial investments are made to organize health camps by various agencies, the three most important health service providers at the peripheral level are not engaged meaningfully in the health camps.

Chapter VII

ATTITUDE TOWARDS WORK

An enquiry was made into the health workers' perceptions and attitudes towards work. Twelve statements were read out, and health workers were asked to comment whether the statements are true always, often, sometimes, rarely or never. The responses to these questions are expected to provide insights into the perceived satisfaction and motivation levels of the health workers with respect to their work, and provide directions for improving the delivery of health services at the peripheral level.

7.1 PERCEIVED ATTITUDES OF ANMs TOWARDS WORK

I get a sense of satisfaction from the work I do: An overwhelming majority of ANMs (97%) stated that they always (71%) or often (25%) got satisfaction from their work. Three percent ANMs felt satisfied only sometimes (Table 7.1).

I have all the resources required to do a good job: Less than four in ten ANMs (37%) were always satisfied with the availability of resources for them to do a good job. Close to half (48%) often felt satisfied with the resources available to them. Nearly 15 percent of ANMs felt that the inadequacy of resources affected their job performance.

My work allows me to help other people: A sense of responsibility for positively impacting other peoples' lives among ANMs was very high, with more than half (54%) always being aware and 35 percent often aware of this responsibility. One in ten ANMs only sometimes felt this way.

I have sufficient knowledge about my subject to be able to counsel clients: A little under half the ANMs (45%) always felt satisfied with their knowledge levels to be able to counsel clients effectively, while 44 percent were often satisfied. This leaves much room for improvement in increasing knowledge levels.

I am always ready to listen to clients' suggestions to improve services: Their openness to receiving feedback and suggestions from clients always was reported by close to half the ANMs (48%). Four in ten ANMs (39%) said that they were often (but not always) open to receiving feedback and suggestions from clients on their performance. Twelve percent were ready to receive suggestions from clients to improve services either sometimes (11%) or rarely or never (1%).

I am aware of my clients' needs and wants: A vast majority of the ANMs (90%) claimed to be aware of their clients' needs and wants. Only one in ten ANMs admitted to not being completely aware of clients' needs and wants.

I am happy with my job as an ANM: ANMs' perceived happiness quotient was quite high with six in ten ANMs (61%) reported always and three in ten (29%) often getting a sense of happiness from their work. Yet, about one in ten sometimes (8%) or rarely (1.2%) or never (0.5%) derived any pleasure from their job.

I need more knowledge about certain subjects to be able to convince clients: A significant majority of ANMs (70%) reported a desire for more knowledge on certain subjects for effective counseling. One-third of the ANMs (34%) always felt the need and another third often felt the need for additional information to be able to counsel clients effectively. Only 12 percent ANMs never or rarely felt the need for additional knowledge. This was contradictory to an earlier question on knowledge levels in which 88 percent of ANMs stated that they had adequate knowledge to counsel their clients.

TABLE 7.1: **OPINION OF ANMs ON STATEMENTS RELATING TO ATTITUDE TOWARDS WORK**

Statements	Percent distribution of ANMs					
	Never	Rarely	Some times	Often	Always	Total percent
	Project districts (Number of ANMs =295)					
I get a sense of satisfaction from the work I do	0.3	0.0	2.4	23.7	73.6	100.0
I have all the resources required to do a good job	0.7	1.0	9.8	49.5	39.0	100.0
My work allows me to help other people	0.3	0.7	10.5	37.6	50.8	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.3	0.7	10.2	44.4	44.4	100.0
I am always ready to listen to clients' suggestion to improve services	0.3	1.0	11.9	38.0	48.8	100.0
I am aware of my clients' needs and wants	0.0	0.7	9.8	43.7	45.8	100.0
I feel happy with my job as an ANM	0.0	1.0	6.4	27.5	65.1	100.0
I need more knowledge about certain subjects to be able to convince clients	8.5	7.1	15.3	34.2	34.9	100.0
I am aware of the needs of the community	0.0	0.3	8.8	43.1	47.8	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	0.3	2.4	11.9	37.6	47.8	100.0
My success depends on how much effort I put into it	0.3	1.7	7.5	36.6	53.9	100.0
People in my community appreciate the services I provide	0.3	1.7	5.8	28.1	64.1	100.0
	Non-project districts (Number of ANMs =287)					
I get a sense of satisfaction from the work I do	0.0	0.3	4.9	26.8	67.9	100.0
I have all the resources required to do a good job	0.7	4.5	12.9	46.0	35.9	100.0
My work allows me to help other people	0.0	0.3	10.5	32.1	57.1	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.3	1.0	10.1	42.9	45.6	100.0
I am always ready to listen to clients' suggestion to improve services	0.7	0.3	10.5	40.8	47.7	100.0
I am aware of my clients' needs and wants	0.0	0.7	8.0	35.2	56.1	100.0
I feel happy with my job as an ANM	1.0	1.4	9.1	30.7	57.8	100.0
I need more knowledge about certain subjects to be able to convince clients	1.0	8.0	19.9	37.3	33.8	100.0
I am aware of the needs of the community	0.7	1.0	11.1	36.2	50.9	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	1.0	2.1	16.4	38.0	42.5	100.0
My success depends on how much effort I put into it	0.3	0.7	8.0	38.7	52.3	100.0
People in my community appreciate the services I provide	0.3	3.5	4.9	31.4	59.9	100.0
	State total (Number of ANMs = 582)					
I get a sense of satisfaction from the work I do	0.2	0.2	3.6	25.3	70.8	100.0
I have all the resources required to do a good job	0.7	2.7	11.3	47.8	37.5	100.0
My work allows me to help other people	0.2	0.5	10.5	34.9	54.0	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.3	0.9	10.1	43.6	45.0	100.0
I am always ready to listen to clients' suggestion to improve services	0.5	0.7	11.2	39.3	48.3	100.0
I am aware of my clients' needs and wants	0.0	0.7	8.9	39.5	50.9	100.0
I feel happy with my job as an ANM	0.5	1.2	7.7	29.0	61.5	100.0
I need more knowledge about certain subjects to be able to convince clients	4.8	7.6	17.5	35.7	34.4	100.0
I am aware of the needs of the community	0.3	0.7	10.0	39.7	49.3	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	0.7	2.2	14.1	37.8	45.2	100.0
My success depends on how much effort I put into it	0.3	1.2	7.7	37.6	53.1	100.0
People in my community appreciate the services I provide	0.3	2.6	5.3	29.7	62.0	100.0

I am aware of the needs of the community: ANMs' perceived awareness of community needs was very similar to their awareness of their clients' needs and wants. Nearly half the ANMs (49%) were always aware and 40 percent were often aware of their community needs.

My work as a health provider allows me to learn new ideas, procedures or technology: A sense of personal growth and learning arising out of their job as an ANM was derived through this statement. While a majority of the ANMs (83%) felt that work always or often allowed them to learn new things, it is worth noting that nearly two in ten ANMs (17%) did not always or often feel that their job gave them opportunities to learn new ideas, procedures, or technology.

My success depends on how much effort I put in: An overwhelming majority of ANMs appeared to have an internal locus of control and did not attribute their success (or failure) to external factors. More than half ANMs (53%) always perceived their success to be contingent upon their efforts, and another 38 percent often believed that their own efforts would result in success for them. Less than one in ten ANMs (9%) believed that their success was dependent on external factors.

People in my community appreciate the services I provide: A sense of appreciation and acknowledgement has been widely recognized as a motivating factor for increased effectiveness at work. Six in ten ANMs (62%) always felt appreciated by the community for their services, and three in ten (30%) often felt the same. Eight percent ANMs reported not being adequately acknowledged for their efforts by their communities.

7.2 PERCEIVED ATTITUDES OF AWWs TOWARDS WORK

I get a sense of satisfaction from the work I do: Although a vast majority of AWWs (90%) always or often perceived a sense of satisfaction from their work, the proportion was lower than for ANMs (97%). Two percent AWWs reportedly never felt satisfied with their work (Table 7.2).

I have all the resources required to do a good job: About three quarters of the AWWs felt that they always or often had the resources on hand to do their job well. Twenty eight percent always had these resources and 45 percent had them often. For the rest there was considerable dissatisfaction. Eighteen percent said that they only sometimes had these resources, seven percent said that they rarely had them and one percent never had any resources for effective functioning.

My work allows me to help other people: Compared to 90 percent of the ANMs who always or often felt a sense of altruism from their work, a slightly lower proportion of AWWs (85%) shared this sentiment on such a consistent basis. Fourteen percent AWWs sometimes felt that their work allowed them to help others.

I have sufficient knowledge about my subject to be able to counsel clients: Complete satisfaction with their existing knowledge levels was lower among AWWs (36%) than ANMs (45%). A significant 17 percent of the AWWs sometimes, rarely or never felt equipped with adequate knowledge about their subject to be able to counsel clients.

I am always ready to listen to clients' suggestions to improve services: Perceived responsiveness to receiving feedback and suggestions from clients was lower among AWWs than ANMs with 16 percent of the AWWs acknowledging that they only sometimes, rarely or never listen to suggestions provided for their clients for improving services.

I am aware of my clients' needs and wants: Though the majority of AWWs (85%) perceived themselves to be aware of their clients' needs and wants, in comparison to ANMs (10%), a greater number of AWWs (15%) admitted to not being always or often aware of clients' needs and wants.

I am happy with my job as an AWW: There was not too much difference in the perceived sense of happiness with regard to their job between AWWs and ANMs. ANMs were only marginally happier with their jobs. Compared to 90 percent of ANMs who said they were always or often happy with their jobs, 88 percent AWWs cited a similar degree of happiness. On the other hand, 12 percent AWWs did not always or often harbor pleasant feelings about their jobs.

I need more knowledge about certain subjects to be able to convince clients: Exactly the same proportion

TABLE 7.2: **OPINION OF AWWs ON STATEMENTS RELATING TO ATTITUDE TOWARDS WORK**

Statements	Percent distribution of AWWs					
	Never	Rarely	Some times	Often	Always	Total percent
	Project Districts (Number of AWWs =294)					
I get a sense of satisfaction from the work I do	2.0	1.7	4.8	23.5	68.0	100.0
I have all the resources required to do a good job	2.0	3.7	17.0	47.6	29.6	100.0
My work allows me to help other people	1.0	1.4	13.6	45.6	38.4	100.0
I have sufficient knowledge about my subject to be able to counsel clients	1.4	0.7	13.3	46.9	37.8	100.0
I am always ready to listen to clients' suggestion to improve services	0.7	1.0	13.6	36.1	48.6	100.0
I am aware of my client's needs and wants	0.3	1.7	15.0	43.9	39.1	100.0
I feel happy with my job as an AWW	1.0	1.7	9.5	31.0	56.8	100.0
I need more knowledge about certain subjects to be able to convince clients	6.1	6.5	17.3	38.8	31.3	100.0
I am aware of the needs of the community	0.7	1.0	11.6	43.9	42.9	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	1.7	3.7	12.9	42.9	38.8	100.0
My success depends on how much effort I put into it	1.0	0.7	7.1	40.1	51.0	100.0
People in my community appreciate the services I provide	1.0	3.1	7.5	35.7	52.7	100.0
	Non-project districts (Number of AWWs =297)					
I get a sense of satisfaction from the work I do	1.7	1.0	8.1	26.9	62.3	100.0
I have all the resources required to do a good job	0.7	11.1	19.2	42.1	26.9	100.0
My work allows me to help other people	0.0	1.3	13.1	42.4	43.1	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.3	3.0	15.8	45.8	35.0	100.0
I am always ready to listen to clients' suggestion to improve services	0.7	2.0	13.5	37.4	46.5	100.0
I am aware of my client's needs and wants	0.7	2.0	10.8	42.1	44.4	100.0
I feel happy with my job as an AWW	1.0	2.4	8.8	31.3	56.6	100.0
I need more knowledge about certain subjects to be able to convince clients	2.0	8.4	19.2	43.1	27.3	100.0
I am aware of the needs of the community	0.3	3.0	12.1	41.4	43.1	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	2.4	5.7	18.5	31.3	42.1	100.0
My success depends on how much effort I put into it	0.0	1.0	9.1	41.1	48.8	100.0
People in my community appreciate the services I provide	1.7	3.7	7.1	32.3	55.2	100.0
	State total (Number of AWWs = 591)					
I get a sense of satisfaction from the work I do	1.9	1.4	6.4	25.2	65.1	100.0
I have all the resources required to do a good job	1.4	7.4	18.1	44.8	28.3	100.0
My work allows me to help other people	0.5	1.4	13.4	44.0	40.8	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.8	1.9	14.6	46.4	36.4	100.0
I am always ready to listen to clients' suggestion to improve services	0.7	1.5	13.5	36.7	47.5	100.0
I am aware of my client's needs and wants	0.5	1.9	12.9	43.0	41.8	100.0
I feel happy with my job as an AWW	1.0	2.0	9.1	31.1	56.7	100.0
I need more knowledge about certain subjects to be able to convince clients	4.1	7.4	18.3	40.9	29.3	100.0
I am aware of the needs of the community	0.5	2.0	11.8	42.6	43.0	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	2.0	4.7	15.7	37.1	40.4	100.0
My success depends on how much effort I put into it	0.5	0.8	8.1	40.6	49.9	100.0
People in my community appreciate the services I provide	1.4	3.4	7.3	34.0	54.0	100.0

of AWWs and ANMs (70%) felt strongly about the need for knowledge to supplement existing information levels to be able to counsel clients more effectively. Only 12 percent did not feel the need for more knowledge to aid their work. As was seen with ANMs' responses, this response was contradictory to their previously stated sense of satisfaction with their current knowledge levels.

I am aware of the needs of the community: AWWs reported awareness of community needs was very similar to their awareness of their clients' needs and wants. Perceived awareness of community needs was very high; with 86 percent AWWs stating that they were always or often aware of communities' needs

My work as a health provider allows me to learn new ideas, procedures or technology: AWWs derived a lesser degree of personal growth and learning arising out of their job in comparison to ANMs. More than two out of ten AWWs (22%) largely perceived her job to be mundane without opportunities for learning about new things.

My success depends on how much effort I put in: Nine out of ten AWWs (91%) attributed their success to their own efforts. Only nine percent AWWs displayed an external locus of control and perceived their success to be contingent upon factors beyond their efforts.

People in my community appreciate the services I provide: Compared to the ANMs, the AWWs perceived sense of appreciation and acknowledgement from their communities for their work was slightly less. While 62 percent of the ANMs had always felt appreciated by the communities for their services, in the case of AWWs, the figure was at 54 percent. Twelve percent AWWs only sometimes, rarely or never felt appreciated or acknowledged by their community, which is bound to affect their motivation and work performance.

7.3 PERCEIVED ATTITUDES OF TBAs TOWARDS WORK

I get a sense of satisfaction from the work I do: Though a vast majority of TBAs stated that they always (52%) or often (31%) got a sense of satisfaction from their work, the proportion of TBAs was lowest among all the health workers. Approximately 17 percent TBAs only sometimes, rarely or never felt any satisfaction from their work (Table 7.3).

I have all the resources required to do a good job: TBAs displayed an enormous amount of dissatisfaction with regard to the resources available to them for effective functioning. Only two out of ten (19%) always felt they had adequate resources, and four in ten often felt the same. A significantly high proportion of TBAs (41%) did not perceive a great deal of satisfaction with their resource availability. On the extreme end of the range were 14 percent TBAs who rarely or never felt that they had adequate resources to enable them to perform their jobs well.

My work allows me to help other people: Nearly a quarter of the TBAs (23%) did not view their jobs as giving them an opportunity to help others. Although the majority of the TBAs (77%) felt a sense of altruism as a result of their job, this proportion was the lowest among all the health workers.

I have sufficient knowledge about my subject to be able to counsel clients: Seven in ten TBAs (71%) always or often believed that were equipped with adequate knowledge for counseling clients. Amongst all the health providers, TBAs reported highest levels of discontentment with existing information levels. For example, 29 percent TBAs said that they only sometimes or rarely or never feel satisfied that they have sufficient knowledge about their subject.

I am always ready to listen to clients' suggestions to improve services: Openness to receiving feedback and suggestions from clients for improving services was the lowest among TBAs. While half the ANMs and AWWs claimed to be always willing to listen to client suggestions for improvements, only three in ten TBAs affirmed the same. More than a quarter of the TBAs (26%) mentioned very limited or no readiness to receiving feedback and suggestions from clients.

I am aware of my clients' needs and wants: Of all the health workers, TBAs claimed the least awareness of client needs. While 34 percent of TBAs were always aware of clients' needs and wants, the corresponding figures for ANMs and AWWs were much higher at 51 percent and 42 percent. Nearly a quarter (24%)

TABLE 7.3: **OPINION OF TBAs ON STATEMENTS RELATING TO ATTITUDE TOWARDS WORK**

Statements	Percent distribution of TBAs					
	Never	Rarely	Some times	Often	Always	Total percent
	Project districts (Number of TBAs =291)					
I get a sense of satisfaction from the work I do	1.7	3.1	10.7	32.0	52.6	100.0
I have all the resources required to do a good job	4.1	6.5	24.4	41.6	23.4	100.0
My work allows me to help other people	0.3	3.4	20.6	39.9	35.7	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.3	5.5	22.3	45.4	26.5	100.0
I am always ready to listen to clients' suggestion to improve services	1.0	7.2	17.9	44.3	29.6	100.0
I am aware of my clients' needs and wants	0.7	3.8	22.0	41.2	32.3	100.0
I feel happy with my job as an TBA	0.7	2.4	14.4	38.8	43.6	100.0
I need more knowledge about certain subjects to be able to convince clients	7.6	5.2	21.0	41.9	24.4	100.0
I am aware of the needs of the community	0.3	3.4	19.6	47.8	28.9	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	2.7	10.7	17.5	36.4	32.6	100.0
My success depends on how much effort I put into it	0.3	2.7	12.4	42.3	42.3	100.0
People in my community appreciate the services I provide	0.0	3.1	10.3	39.5	47.1	100.0
	Non-project districts (Number of TBAs =290)					
I get a sense of satisfaction from the work I do	1.7	1.0	15.9	31.0	50.3	100.0
I have all the resources required to do a good job	3.4	13.1	30.0	37.9	15.5	100.0
My work allows me to help other people	0.3	2.4	19.3	40.7	37.2	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.7	5.2	24.5	43.4	26.2	100.0
I am always ready to listen to clients' suggestion to improve services	0.7	4.1	21.0	43.4	30.7	100.0
I am aware of my clients' needs and wants	0.7	4.1	16.9	42.1	36.2	100.0
I feel happy with my job as TBA	0.3	1.4	18.6	36.2	43.4	100.0
I need more knowledge about certain subjects to be able to convince clients	1.4	6.6	28.6	39.0	24.5	100.0
I am aware of the needs of the community	2.1	5.2	21.0	37.6	34.1	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	4.5	9.3	22.1	39.7	24.5	100.0
My success depends on how much effort I put into it	0.0	1.7	15.9	42.1	40.3	100.0
People in my community appreciate the services I provide	1.0	1.7	11.0	33.8	52.4	100.0
	State total (Number of TBAs = 581)					
I get a sense of satisfaction from the work I do	1.7	2.1	13.3	31.5	51.5	100.0
I have all the resources required to do a good job	3.8	9.8	27.2	39.8	19.4	100.0
My work allows me to help other people	0.3	2.9	20.0	40.3	36.5	100.0
I have sufficient knowledge about my subject to be able to counsel clients	0.5	5.3	23.4	44.4	26.3	100.0
I am always ready to listen to clients' suggestion to improve services	0.9	5.7	19.4	43.9	30.1	100.0
I am aware of my clients' needs and wants	0.7	4.0	19.4	41.7	34.3	100.0
I feel happy with my job as TBA	0.5	1.9	16.5	37.5	43.5	100.0
I need more knowledge about certain subjects to be able to convince clients	4.5	5.9	24.8	40.4	24.4	100.0
I am aware of the needs of the community	1.2	4.3	20.3	42.7	31.5	100.0
My work as a health provider allows me to learn new ideas, procedures or technology	3.6	10.0	19.8	38.0	28.6	100.0
My success depends on how much effort I put into it	0.2	2.2	14.1	42.2	41.3	100.0
People in my community appreciate the services I provide	0.5	2.4	10.7	36.7	49.7	100.0

TBAs admitted to being aware of clients' needs only sometimes, rarely or never.

I am happy with my job as TBA: Perceived sense of happiness arising out of their job was comparatively higher among TBAs with eight in ten (81%) TBAs being always or often happy with their jobs. Only two percent TBAs reported to be never or rarely happy with their jobs.

I need more knowledge about certain subjects to be able to convince clients: Two-thirds of the TBAs always (24%) or often (40%) felt the need to improve their knowledge levels on certain subjects to be able to counsel clients. A quarter felt a desire for more information sometimes, and 10 percent were completely or almost completely satisfied with their information levels.

I am aware of the needs of the community: Awareness of community needs by TBAs was similar to their awareness of clients' needs and much lower than other health workers. In comparison to 11 percent ANMs and 14 percent AWWs, 25 percent of the TBAs admitted to having low or no awareness about community needs.

My work as a health provider allows me to learn new ideas, procedures or technology: Though a majority of the TBAs always (29%) or often (38%) felt that their job allowed them to learn new things, this sense of learning new things was the lowest in comparison with other health providers. One-third of the TBAs (33%) did not perceive any significant new learning as a result of the nature of their work.

My success depends on how much effort I put in: More than eight out of ten TBAs always (41%) and another four in ten often (42%) considered their success to be an outcome of the efforts put in by them. This perceived sense of ownership and responsibility for their own' actions were slightly lower than other health workers.

People in my community appreciate the services I provide: One-half of the TBAs always felt that they received recognition for their efforts from the communities they served. A mere three percent perceived a rare or complete lack of appreciation from communities for the services rendered by them. TBAs (14%) and AWWs (12%) shared a comparable lower sense of appreciation for their work.

Chapter VIII

EXPOSURE TO MASS MEDIA

This chapter deals with information relating to exposure of service providers to various types of mass media such as radio, television, newspapers, cinema, etc. and also their opinion on preferred media and the timing for such messages.

8.1 EXPOSURE TO VARIOUS TYPES OF MASS MEDIA

This section looks at the exposure and preferences of health workers to various types of media. Vast differences were seen in the exposure levels of various health workers to different types of media. ANMs reported a greater exposure to radio, television, newspaper and cinema (Table 8.1). Nearly three-fourths (73%) of the ANMs were exposed to at least one type of the mass media on a regular basis. Regular basis denoted those exposed to radio, television or newspaper at least once a week or exposed to cinema theater at least once a year. On the other hand, fewer AWWs (63%) reported similar exposure to the mass media, whereas TBAs reported significantly low levels of exposure (27%).

Among the four types of mass media, television was the most preferred medium for information or entertainment for ANMs (57%) and AWWs (41%). After television, ANMs showed a preference for newspapers with 44 percent reading it at least once a week. Nearly three-fourths of the ANMs did

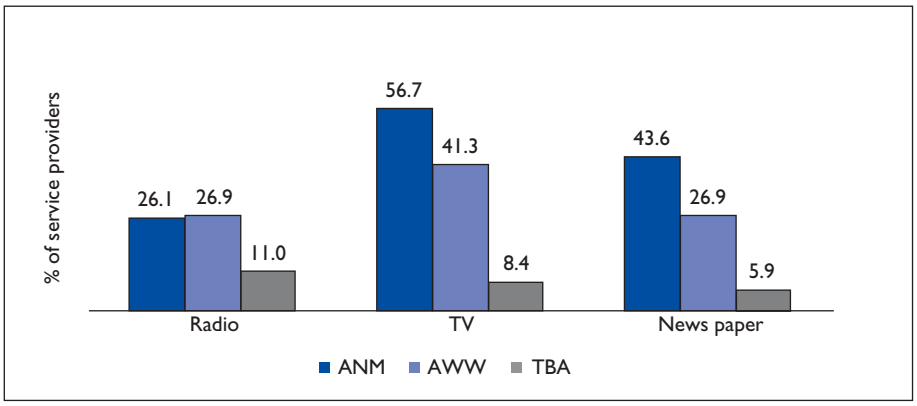
TABLE 8.1: **EXPOSURE TO MEDIA BY TYPE OF MEDIA**

Type of providers and district	Percent of service providers						Number of service providers
	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 once a year	Exposed to any of these	No exposure	
ANM							
Project districts	26.1	55.3	44.4	6.8	72.5	27.5	**295**
Non-project districts	26.1	58.2	42.9	6.3	73.9	26.1	**287**
State total	26.1	56.7	43.6	6.5	73.2	26.8	**582**
AWW							
Project districts	20.4	40.8	27.2	13.6	63.6	36.4	**294**
Non-project districts	33.3	41.8	26.6	12.1	63.3	36.7	**297**
State total	26.9	41.3	26.9	12.9	63.5	36.5	**591**
TBA							
Project districts	10.7	8.6	8.2	9.6	27.5	72.5	**291**
Non-project districts	11.4	8.3	3.4	12.1	26.6	73.4	**290**
State total	11.0	8.4	5.9	10.8	27.0	73.0	**581**

not listen to radio on a consistent basis (i.e., at least once a week). About 27 percent of AWWs each listen to radio or read news papers. Watching movies in a cinema theatre was not common among both ANMs (7%) and AWWs (13%).

Exposure to any form of mass media was very limited among TBAs at 27 percent. Radio listening and cinema viewing was the most frequently cited form of media at only 11 percent each. Television viewing at least once a week was reported by only eight percent TBAs. Expectedly, at six percent, newspaper reading was the least favored form of exposure to mass media among TBAs.

FIGURE 8.1: **EXPOSED TO MEDIA AT LEAST ONCE A WEEK**



8.1.1 Radio listening regularity, timing and channels heard

All those who listen to radio were asked specific questions on the timings during which they listen to the radio, the radio channels and the type of programs heard. The findings are presented in this section.

Frequency of radio listening: Among those health providers who listened to radio at least once a week, there was a strong likelihood of them listening to the radio every day of the week. Twenty five percent of all ANMs heard the radio three or more days in a week. Only one percent listened to the radio for 1-2 days. A similar trend was seen with AWWs and TBAs (Table 8.2).

Health workers who had cited any exposure to the radio were asked if they had listened to the radio the previous day. A little more than one in four ANMs and AWWs had listened to the radio on the day preceding the interview, but in case of TBAs it was only one in ten.

Timings for radio listening: If radio is deemed to be an appropriate mode for reaching out to the health

TABLE 8.2: **NUMBER OF DAYS LISTENED TO RADIO DURING A WEEK AND YESTERDAY**

Type of providers and district	Number of days listened to radio during a week (% distribution)				Total percent	Percent listened to radio yesterday*	Number of service providers
	None/ irregular	1-2 days	3-6 days	All days			
ANM							
Project districts	73.9	2.0	10.5	13.6	100.0	24.4	**295**
Non-project districts	73.9	0.3	4.9	20.9	100.0	31.4	**287**
State total	73.9	1.2	7.7	17.2	100.0	27.8	**582**
AWW							
Project districts	79.6	0.7	6.5	13.3	100.0	22.1	**294**
Non-project districts	66.7	1.7	6.4	25.3	100.0	32.7	**297**
State total	73.1	1.2	6.4	19.3	100.0	27.4	**591**
TBA							
Project districts	89.3	1.0	3.8	5.8	100.0	9.3	**291**
Non-project districts	88.6	0.0	4.1	7.2	100.0	11.7	**290**
State total	89.0	0.5	4.0	6.5	100.0	10.5	**581**

*Also includes those who listen to radio irregularly

workers, it is imperative to study the timings when the medium is most often accessed by them. Health workers who claimed to have ever listened to the radio in the previous week (even on an irregular basis) were asked to mention the timings when they usually listened to the radio. Multiple responses were encouraged.

In the case of all three types of health workers, among those who listen to radio, the majority listen between 7:00 - 8:00, both in the morning and evening hours. Next was the time slot between 8:00 pm to 9:00 pm, followed by 6:00 am to 7:00 am. By far, late morning until midday was the least preferred time for listening to radio (Table 8.3).

Radio channels and programs heard: Among those who listen to radio at least once a week, a majority of the health workers showed maximum preference for the two All India Radio channels. FM radio was heard by 36 percent of the ANMs, 44 percent of the AWWs and 23 percent of TBAs (Table 8.4).

Among the channels heard, ANMs cited a significantly greater inclination to listen to the news on radio (82%), followed by film songs (60%). In case of AWWs and TBAs, the majority listened to film songs (69 percent and 56 percent respectively). Women's programs evoked interest among all the three types of workers (ANMs – 34 percent, AWWs – 43 percent and TBAs – 48%). Drama and folk songs programs were also heard by the health workers but to a much lesser extent than film songs, news and women's programs. Farmers' programs and cricket were not mentioned in any significant manner by any of the health workers across the state.

TABLE 8.3: **RADIO LISTENING TIMINGS**

	Percent of service providers who listen to radio								
	Project districts			Non-project districts			State total		
Timings	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Morning									
05-06 am	10.4	3.3	12.9	10.7	0.0	0.0	10.5	1.3	6.3
06-07 am	23.4	20.0	16.1	22.7	12.1	12.1	23.0	15.1	14.1
07-08 am	16.9	26.7	29.0	42.7	27.3	18.2	29.6	27.0	23.4
08-09 am	14.3	11.7	9.7	6.7	10.1	9.1	10.5	10.7	9.4
09-10 am	9.1	8.3	0.0	2.7	8.1	6.1	5.9	8.2	3.1
10-11 am	1.3	6.7	9.7	1.3	2.0	9.1	1.3	3.8	9.4
11-12 am	5.2	10.0	6.5	5.3	8.1	6.1	5.3	8.8	6.3
Afternoon									
12-01 pm	5.2	10.0	16.1	8.0	14.1	15.2	6.6	12.6	15.6
01-02 pm	3.9	13.3	6.5	8.0	21.2	12.1	5.9	18.2	9.4
02-03 pm	1.3	18.3	12.9	6.7	15.2	12.1	3.9	16.4	12.5
03-04 pm	5.2	10.0	6.5	4.0	9.1	15.2	4.6	9.4	10.9
04-05 pm	11.7	5.0	6.5	8.0	9.1	6.1	9.9	7.5	6.3
05-06 pm	14.3	11.7	12.9	13.3	17.2	15.2	13.8	15.1	14.1
06-07 pm	20.8	25.0	19.4	17.3	18.2	15.2	19.1	20.8	17.2
07-08 pm	36.4	36.7	22.6	44.0	30.3	51.5	40.1	32.7	37.5
08-09 pm	29.9	40.0	29.0	28.0	28.3	27.3	28.9	32.7	28.1
09-10 pm	13.0	16.7	6.5	16.0	4.0	3.0	14.5	8.8	4.7
Other times	0.0	0.0	3.2	0.0	0.0	0.0	0.0	0.0	1.6
Number	**77**	**60**	**31**	**75**	**99**	**33**	**152**	**159**	**64**

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

TABLE 8.4: **CHANNELS AND PROGRAMS LISTENED ON RADIO BY TYPE OF CHANNELS AND PROGRAMS HEARD**

	Percent of service providers who listen to radio								
	Project districts			Non-project districts			State total		
Item	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Radio channels heard[1]									
All India radio (regional)	54.5	43.3	41.9	45.3	49.5	30.3	50.0	47.2	35.9
All India radio (national)	51.9	43.3	45.2	49.3	46.5	33.3	50.7	45.3	39.1
FM radio	31.2	58.3	22.6	41.3	35.4	24.2	36.2	44.0	23.4
Other	1.3	0.0	0.0	4.0	1.0	6.1	2.6	0.6	3.1
Don't know	2.6	1.7	29.0	1.3	6.1	30.3	2.0	4.4	29.7
Type of programs heard[1]									
News	79.2	55.0	29.0	85.3	65.7	48.5	82.2	61.6	39.1
Drama	23.4	21.7	25.8	25.3	17.2	18.2	24.3	18.9	21.9
Film songs	62.3	81.7	51.6	57.3	60.6	60.6	59.9	68.6	56.3
Folk songs	16.9	23.3	25.8	20.0	28.3	54.5	18.4	26.4	40.6
Women's programs	24.7	40.0	48.4	44.0	45.5	48.5	34.2	43.4	48.4
Farmer's programs	0.0	0.0	9.7	4.0	5.1	3.0	2.0	3.1	6.3
Cricket	0.0	0.0	0.0	1.3	0.0	0.0	0.7	0.0	0.0
Other	2.6	1.7	3.2	4.0	2.0	0.0	3.3	1.9	1.6
Number	**77**	**60**	**31**	**75**	**99**	**33**	**152**	**159**	**64**

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

8.1.2 Television viewing regularity, timing, channels and place

Television viewership habits among the health workers was assessed in terms of the frequency of TV viewing, preferred timings, place of viewing, and channel and program preferences.

Frequency of television viewing: All the health workers were asked to report on the average number of days they usually watched television in a week. A significant proportion of ANMs watch television daily (44%) and another 11 percent watch 3-6 days in a week and two percent watch only 1-2 days in a week (Table 8.5). However, in answer to the question of whether they watched television yesterday, 62 percent of the ANMs reported watched television the day previous to the interview. The proportion of AWWs watching television is less when compared with ANMs. Four in ten AWWs (41%) watched television on a regular basis, i.e., at least once a week. Among the three types of services providers studied, only a handful of TBAs reported watching television on a regular basis and only five percent watch television daily.

Timings for watching television: Television viewing was far higher in the evening than the morning hours (Table 8.6). Among all the health workers who view television at least once a week, viewing was highest between 8:00 pm-9:00 pm, 63 percent ANMs, 59 percent AWWs and 61 percent TBAs. Apart from this slot, there was a marked preference for watching television between 7:00 pm to 8:00 pm. Television viewing during late morning and afternoon was least preferred by all the health workers.

Channels and programs watched on television: Of the 25 million households that bought television sets over the three fiscal years ended March 31, 2004, 19 million, or 77 percent were rural households (CII-KPMG Report). Doordarshan has maintained more than 85 percent of the total viewership in the country. The terrestrial signals of Doordarshan can reach 88 percent of the country's 1 billion people. Respondents who had earlier affirmed watching television

TABLE 8.5: **TELEVISION WATCHED BY NUMBER OF DAYS AND HOURS YESTERDAY**

Characteristics	Percent distribution of service providers by number of days TV watched in a week				Total percent	Percent watched TV yesterday*	Number
	None/ Irregular	1-2 days	3-6 days	All days			
ANM							
Project districts	44.7	1.4	13.6	40.3	100.0	60.7	**295**
Non-project districts	41.8	2.4	8.7	47.0	100.0	63.1	**287**
State total	43.3	1.9	11.2	43.6	100.0	61.9	**582**
AWW							
Project districts	59.2	1.7	11.9	27.2	100.0	40.1	**294**
Non-project districts	58.2	1.0	9.8	31.0	100.0	42.4	**297**
State total	58.7	1.4	10.8	29.1	100.0	41.3	**591**
TBA							
Project districts	91.4	0.7	1.7	6.2	100.0	8.2	**291**
Non-project districts	91.7	0.7	3.4	4.1	100.0	11.4	**290**
State total	91.6	0.7	2.6	5.2	100.0	9.8	**581**

*Also includes those who watch TV irregularly

TABLE 8.6: **TV WATCHING TIMINGS**

Timings	Percent of service providers who watch TV								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Morning									
05-06 am	7.4	4.2	0.0	6.6	0.0	0.0	7.0	2.0	0.0
06-07 am	10.4	6.7	8.0	14.4	1.6	12.5	12.4	4.1	10.2
07-08 am	12.9	9.2	0.0	16.8	7.3	16.7	14.8	8.2	8.2
08-09 am	7.4	5.0	0.0	7.2	12.1	0.0	7.3	8.6	0.0
09-10 am	7.4	5.0	0.0	3.6	4.0	8.3	5.5	4.5	4.1
10-11 am	1.2	5.8	4.0	3.6	2.4	4.2	2.4	4.1	4.1
11-12 am	4.9	10.8	8.0	5.4	12.1	8.3	5.2	11.5	8.2
Afternoon									
12-01 pm	3.7	13.3	20.0	4.8	12.1	20.8	4.2	12.7	20.4
01-02 pm	4.9	10.8	12.0	1.8	11.3	12.5	3.3	11.1	12.2
02-03 pm	1.8	7.5	8.0	2.4	11.3	16.7	2.1	9.4	12.2
03-04 pm	4.9	7.5	4.0	1.8	8.1	12.5	3.3	7.8	8.2
04-05 pm	4.9	8.3	8.0	1.2	4.8	8.3	3.0	6.6	8.2
05-06 pm	11.0	6.7	0.0	7.8	6.5	12.5	9.4	6.6	6.1
06-07 pm	19.0	20.8	4.0	10.8	14.5	25.0	14.8	17.6	14.3
07-08 pm	47.2	38.3	24.0	53.3	44.4	41.7	50.3	41.4	32.7
08-09 pm	62.0	50.8	64.0	64.7	67.7	58.3	63.3	59.4	61.2
09-10 pm	27.6	10.8	20.0	46.7	24.2	25.0	37.3	17.6	22.4
Other times	0.6	0.0	0.0	0.6	1.6	0.0	0.6	0.8	0.0
Number	**163**	**120**	**25**	**167**	**124**	**24**	**330**	**244**	**49**

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

TABLE 8.7: **PLACE OF WATCHING TV**

	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
Place	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Own home	96.9	97.5	96.0	99.4	99.2	95.8	98.2	98.4	95.9
Neighbor's home	2.5	2.5	4.0	0.6	0.0	4.2	1.5	1.2	4.1
Friend/Relative's home	0.6	0.0	0.0	0.0	0.8	0.0	0.3	0.4	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**163**	**120**	**25**	**167**	**124**	**24**	**330**	**244**	**49**

TABLE 8.8: **CHANNELS AND PROGRAMS WATCHED ON TV**

	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
Item	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
TV channels[1]									
DD1, DD News	91.4	99.2	88.0	88.6	97.6	91.7	90.0	98.4	89.8
Star TV	14.7	4.2	16.0	28.1	7.3	8.3	21.5	5.7	12.2
Discovery	3.7	2.5	0.0	1.2	0.8	4.2	2.4	1.6	2.0
Ten Sports	2.5	0.8	12.0	0.0	0.0	0.0	1.2	0.4	6.1
Sahara Channel	1.8	2.5	4.0	1.2	2.4	0.0	1.5	2.5	2.0
Sat Max	1.2	1.7	4.0	0.6	0.8	4.2	0.9	1.2	4.1
Sony	4.3	0.0	0.0	5.4	0.8	0.0	4.8	0.4	0.0
Zee Cinema	6.7	2.5	0.0	10.8	0.8	0.0	8.8	1.6	0.0
Regional Channel	1.8	0.8	0.0	0.6	0.0	0.0	1.2	0.4	0.0
Other	1.2	0.0	0.0	0.0	0.0	0.0	0.6	0.0	0.0
Type of programs watched[1]									
News	84.0	68.3	44.0	85.0	76.6	58.3	84.5	72.5	51.0
Drama serial	73.0	78.3	52.0	71.3	69.4	50.0	72.1	73.8	51.0
Comedy serials	15.3	12.5	20.0	16.2	10.5	20.8	15.8	11.5	20.4
Detective serials	12.3	12.5	4.0	13.8	10.5	20.8	13.0	11.5	12.2
Religious serials	26.4	24.2	40.0	36.5	20.2	41.7	31.5	22.1	40.8
Cinema	41.1	35.0	40.0	34.7	36.3	16.7	37.9	35.7	28.6
Film songs	27.6	30.0	32.0	37.1	30.6	37.5	32.4	30.3	34.7
Women's programs	24.5	20.8	28.0	33.5	33.1	29.2	29.1	27.0	28.6
Farmer's programs	2.5	0.8	0.0	3.0	2.4	4.2	2.7	1.6	2.0
Game programs	1.8	0.0	4.0	2.4	3.2	4.2	2.1	1.6	4.1
Cricket	1.2	1.7	0.0	0.0	0.8	0.0	.6	1.2	0.0
Other sports	0.6	0.0	0.0	0.0	0.0	0.0	.3	0.0	0.0
Other	1.2	0.8	0.0	1.2	0.0	0.0	1.2	0.4	0.0
Number	**163**	**120**	**25**	**167**	**124**	**24**	**330**	**244**	**49**

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

were asked to list the three main channels that they watched and the types of programs they generally watched on television.

Among those who watch television at least once a week, around 90 percent of ANMs, AWWs, and TBAs watch Doordarshan-1 or the Doordarshan news channel. Second but far distant was Star TV channel, available through paid cable or satellite television (22 percent of ANMs, 6 percent of AWWs and 12 percent of TBAs). Other satellite/ cable television channels such as Zee, Sony, etc or terrestrial regional channels did not contribute in any significant way to the viewership among the health workers.

Among the ANMs, AWWs and TBAs who watch television at least once a week, news and drama serials were popular, with 85 percent ANMs, 73 percent AWWs and 51 percent TBAs watching the news and 72, 74 and 51 percent respectively watching drama serials. Other programs that were watched with interest but to a much lower degree than drama serials and news programs were religious serials, film songs, women's programs, and movies. Watching movies on television was quite popular among the health workers, 38 percent of the ANMs, 36 percent of the AWWs, and 29 percent TBAs watched movies, though religious serials (41%) upstaged movies for TBAs. Programs on film songs evoked interest among close to three out of ten health workers. Comedy serials, detective serials, farmers programs, game programs, and sports did not attract health workers in any significant way.

Place of watching television: Health workers who watched television reported a very high percentage of television ownership. Of the health workers who watched television for any amount of time, viewing in own home was cited by an overwhelming proportion of ANMs (98%) and AWWs (98%) and a very high proportion of TBAs (96%). Television viewing at neighbors' home was mentioned by four percent of TBAs (Table 8.7).

8.1.3 Newspapers

Frequency of newspaper reading: Newspaper readership was not very high among the health workers. In spite of fairly high literacy levels among ANMs and AWWs, nearly a quarter of the ANMs (24%) and almost half the AWWs (49%) admitted to not reading the newspaper at all or to reading it irregularly (32 percent ANMs and 24 percent AWWs). Only 44 percent ANMs and 27 percent AWWs read the newspaper on a regular basis (i.e. read a newspapers at least once a week). TBAs, with 77 percent illiteracy, expectedly, read the newspaper a great deal less. An overwhelming majority (91%) did not read newspapers at all or read them irregularly (3%). Among the ANMs and AWWs who read newspapers regularly, a high proportion read the newspapers daily. There were no obvious differences in the frequency of newspaper reading among the type of health workers across the state (Table 8.9).

Newspaper preferences: Health workers were asked the names of newspapers they read regularly or irregularly. Hindi newspapers, Dainik Jagran, Amar Ujala, Jan Morcha, and Sahara Samaya were the most popular newspapers among ANMs and AWWs. TBAs have not been included in discussion of newspaper preferences since the proportion of newspaper readers is too small (6 percent regular, 3 percent irregular) for any meaningful analysis. The most read newspaper among ANMs (74%) and AWWs (73%) was Dainik Jagran. Incidentally, this is the most widely read newspaper in the country, and has captured more than 20 million readers in the country. Greater readership of this newspaper was reported among ANMs and AWWs from project areas (78 percent and 76 percent respectively) than other areas (70 percent and 69 percent respectively). After Dainik Jagran, ANMs showed a preference for Jan Morcha (26%); however, this newspaper was read by only three percent AWWs. This newspaper was more widely read in non-project areas (35%) than in project areas (17%). Three in ten newspaper reading AWWs (31%) read Amar Ujala; though this was read by only seven percent ANMs. Variation in preference for this newspaper was seen across the state with a greater proportion of AWWs from non-project areas reading it (39%) compared to those living in project areas (23%). The newspaper- Sahara Samaya was mentioned by 11 percent AWWs; yet, its readership was close to negligible among ANMs (2%). Other newspapers received only scant mention by the health workers.

TABLE 8.9: **NEWSPAPER READING HABITS**

Item	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Days read in a week									
1 day	0.7	0.3	1.0	0.7	0.3	0.3	0.7	0.3	0.7
2 days	4.1	2.7	4.1	1.4	2.0	1.7	2.7	2.4	2.9
3 days	3.7	2.0	1.0	1.0	2.7	0.3	2.4	2.4	0.7
4 days	0.3	2.0	0.3	0.7	1.7	0.0	0.5	1.9	0.2
5 days	1.0	2.7	0.7	1.7	1.7	0.3	1.4	2.2	0.5
6 days	0.3	0.3	0.3	0.7	0.3	0.0	0.5	0.3	0.2
7 days	34.2	17.0	0.7	36.6	17.8	0.7	35.4	17.4	0.7
Irregular	31.5	24.8	2.7	32.8	23.9	3.8	32.1	24.4	3.3
None	24.1	48.0	89.0	24.4	49.5	92.8	24.2	48.7	90.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Names of newspapers[1]									
Dainik Jagran	78.1	75.8	21.9	69.6	69.3	33.3	73.9	72.6	26.4
Aaj	5.4	5.2	6.3	6.0	2.7	23.8	5.7	4.0	13.2
Sahara Samaya	1.8	10.5	21.9	1.4	10.7	23.8	1.6	10.6	22.6
Hindustan	8.0	5.2	3.1	5.1	5.3	4.8	6.6	5.3	3.8
Amar Ujala	7.1	22.9	3.1	6.5	39.3	0.0	6.8	31.0	1.9
Jan Morcha	17.0	2.0	0.0	35.0	3.3	4.8	25.9	2.6	1.9
Dainik Bhaskar	0.9	0.7	0.0	0.5	0.7	0.0	0.7	0.7	0.0
Swatantra Bharat	0.0	2.0	43.8	0.9	2.7	9.5	0.5	2.3	30.2
Nav Bharat Times	0.4	0.0	0.0	0.5	0.7	0.0	0.5	0.3	0.0
Other	0.4	0.0	0.0	0.9	0.0	0.0	0.7	0.0	0.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

[1]Total percent may add to more than 100.0 because of multiple responses and excludes those never read.

8.1.4 Magazines

In case of reading magazines, no reference period was used unlike in case of radio, television and news papers. Health workers were asked if they read magazines, and, if so, whether they read them regularly or irregularly. The results are presented in this section.

Frequency of magazine reading: A majority of the service providers reported not reading any magazine on a regular or irregular basis, with 79 percent each of ANMs and AWWs and 96 percent of TBAs reporting not reading any magazine at all (Table 8.10). Magazine reading was reported by only 21 percent ANMs and AWWs, of which less than half of them read regularly (8 percent ANMs and 9 percent AWWs). Regular magazine reading was negligible among TBAs (1%).

Magazine preferences: Those who reported reading any magazine were asked to mention the type of magazine(s) they read. Saras Salil was found to be the most favored magazine among ANMs (30 percent among those who read) and AWWs (44 percent among those who read), followed by Saheli and Grah Shobha. TBAs' first choice was Saheli (35%) followed by Saras Salil and Grah Shobha.

8.1.5 Exposure to street plays/ dramas/skits

Health workers were asked if they were aware of any street plays/dramas/skits held in their

area during the last six months. Further, they were asked if had seen any street plays/dramas/skits in the last six months. Those who responded in the negative were asked about the reasons for not watching them.

Awareness of street plays/dramas/skits held during the last six months was quite low and reported by 27 percent ANMs, 20 percent AWWs and only 10 percent TBAs (Table 8.11). Even fewer had watched, 22 percent ANMs, 16 percent AWWs and 10 percent TBAs. Lack of time and disinterest were the two main reasons cited for not watching these programs. Additional reasons were unsuitable timings and simply lack of awareness of the event taking place.

8.2 EXPOSURE TO FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES

Health programs are increasingly relying on mass media campaigns to inform people about family planning or reproductive health, and to influence norms and behaviors. Television, radio, and other mass media have a powerful influence on people's attitudes and behavior concerning family planning and fertility. Studies show that most women find family planning or reproductive health messages acceptable, and levels of approval are rising. In this section, health workers' exposure to family planning or reproductive health messages in the recent past is detailed. Various media forms were listed and health workers were asked to state whether they had heard, seen, or read any family planning or reproductive health messages through that particular media in the past three months. Nearly all the ANMs (98%) and nine out of ten AWWs (91%) were exposed to family planning or reproductive health messages via at least one of the media forms. TBAs reported lesser exposure to health messages (57%) (Table 8.12).

Television was the top source for health messages among ANMs and AWWs at 85 percent and 64 percent respectively. For TBAs, radio was the prime source with 29 percent having heard family planning or reproductive health

TABLE 8.10: **MAGAZINE READING BY NAMES OF MAGAZINES**

	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
Item	ANM	AWW	TBA	ANM	AWW	TBA	ANM	AWW	TBA
Read magazine(s)									
Regularly	9.8	9.9	1.0	7.0	8.4	1.7	8.4	9.1	1.4
Irregularly	11.5	8.5	3.1	13.2	15.2	3.1	12.4	11.8	3.1
No	78.6	81.6	95.9	79.8	76.4	95.2	79.2	79.0	95.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Names of magazines[1]									
Saras Salil	34.9	46.3	25.0	24.1	42.9	28.6	29.8	44.4	26.9
Saheli	28.6	20.4	41.7	22.4	28.6	28.6	25.6	25.0	34.6
Grah Shobha	20.6	25.9	25.0	20.7	17.1	28.6	20.7	21.0	26.9
Manorama/Manohar Kahania	9.5	9.3	8.3	15.5	5.7	14.3	12.4	7.3	11.5
Sachchi Kahania	12.7	3.7	0.0	12.1	4.3	0.0	12.4	4.0	0.0
Sarita	3.2	9.3	0.0	1.7	14.3	0.0	2.5	12.1	0.0
Roopayan	3.2	1.9	0.0	5.2	1.4	0.0	4.1	1.6	0.0
Uphar	0.0	3.7	0.0	8.6	2.9	0.0	4.1	3.2	0.0
Other	9.5	5.6	0.0	3.4	8.6	0.0	6.6	7.3	0.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

[1]Total percent may add to more than 100.0 because of multiple responses and excludes those never read.

TABLE 8.11: **EXPOSURE TO STREET PLAYS/DRAMAS/SKITS AND REASONS FOR NOT WATCHING**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Item	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Aware of any street plays/ drama/skits during past 6 months in their area									
Yes	26.1	20.7	10.7	28.2	18.9	10.3	27.1	19.8	10.5
No	73.9	79.3	89.3	71.8	81.1	89.7	72.9	80.2	89.5
Seen street plays/dramas/ skits									
Yes	21.4	17.7	11.7	22.3	14.5	7.6	21.8	16.1	9.6
No	78.6	82.3	88.3	77.7	85.5	92.4	78.2	83.9	90.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**
Among those not seen street plays/dramas/skits by reasons									
Reasons for not seeing									
Not interested	24.6	25.2	28.8	30.9	25.6	27.2	27.7	25.4	28.0
No time	38.8	28.1	29.6	29.1	20.9	21.6	34.1	24.4	25.5
Timings not suitable	8.6	9.1	4.7	9.0	4.7	3.7	8.8	6.9	4.2
Family did not allow	1.3	3.7	0.8	1.8	5.9	3.7	1.5	4.8	2.3
Other	38.4	49.2	49.4	40.4	57.1	58.6	39.3	53.2	54.1
Number	**232**	**242**	**257**	**223**	**254**	**268**	**455**	**496**	**525**

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

TABLE 8.12: **EXPOSURE TO FAMILY PLANNING OR REPRODUCTIVE HEALTH MESSAGES**

	Percent of service providers who have heard/seen FP/RH messages in past 3 months								
	Project districts			Non-project districts			State total		
Source of message	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Radio	59.7	51.7	27.1	61.7	60.9	30.0	60.7	56.3	28.6
TV	84.4	64.3	21.0	86.4	64.3	23.8	85.4	64.3	22.4
Cinema	5.4	3.4	0.7	5.2	1.0	0.0	5.3	2.2	0.3
Outdoor	3.7	2.0	0.3	4.9	3.7	1.0	4.3	2.9	0.7
Newspaper	65.1	41.2	3.8	60.3	37.7	6.9	62.7	39.4	5.3
Poster	62.4	55.1	18.6	62.4	47.1	16.6	62.4	51.1	17.6
Bus/Van	51.5	41.2	10.3	53.7	38.7	11.4	52.6	39.9	10.8
Leaflet	32.2	22.8	6.5	44.6	34.3	9.7	38.3	28.6	8.1
Wall painting	58.6	50.0	14.4	61.0	51.5	18.3	59.8	50.8	16.4
Drama	12.9	10.9	0.0	16.7	13.5	0.0	14.8	12.2	0.0
Folk dance	4.4	3.7	1.7	7.3	5.4	3.1	5.8	4.6	2.4
Any source	98.0	93.9	54.3	98.6	88.9	60.3	98.3	91.4	57.3
Two or more sources	89.2	81.0	26.1	91.6	79.8	32.4	90.4	80.4	29.3
No sources	2.0	6.1	45.7	1.4	11.1	39.7	1.7	8.6	42.7
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

messages on the radio. Apart from television, newspapers were significant sources of information for ANMs (63%). However, many fewer AWWs' reported reading any family planning or reproductive health messages in the newspapers (39%) and among TBAs only an insignificant proportion of five percent read such messages in the newspapers. Overall, posters/ banners were more highly visible media than newspapers for reproductive health communication among health workers, reaching 63 percent ANMs, 51 percent AWWs and 18 percent TBAs. Other conspicuous media forms such as wall paintings, wall writing or hoardings were also recalled as sources of reproductive health information by 60 percent AWWs, 51 percent AWWs and 16 percent TBAs. Information printed on a bus or van panel was noticed by 53 percent ANMs, 40 percent and 11 percent TBAs. Information leaflets were not as popular as radio, TV, posters, newspapers, wall paintings/ writings /hoardings and bus/van panels. Leaflets were read by 38 percent ANMs, 29 percent AWWs and eight percent TBAs, and they were significantly more popular among the health workers living in non-project areas. Other vehicles of mass communication such as cinema, outdoor video or film show, drama, and folk dance were negligible sources of reproductive health information.

Type of messages: Among the types of messages, the highest exposure in the three months preceding the survey was to family planning messages. Of those exposed to any type of message, 92 percent of ANMs, 94 percent of AWWs and 90 percent of TBAs reported exposure to family planning messages during the three months preceding the survey. Second were messages on polio immunization, heard, seen or watched by 61 percent ANMs, 63 percent AWWs, and 54 percent TBAs. Exposure to messages on routine child immunization was similar for ANMs (60%) as polio immunization messages, but much lower for AWWs (51%) and TBAs (43%). Messages on antenatal care, newborn care, and postnatal care were not as readily visible as 46 percent ANMs, 28 percent AWWs, and 23 percent TBAs reported having seen them. Information on infant feeding was even less visible as it was mentioned by 35 percent ANMs, 25 percent AWWs and only 12 percent TBAs (Table 8.13).

TABLE 8.13: **TYPE OF FP AND/OR RH MESSAGES HEARD, READ OR SEEN AND ITS ACCEPTABILITY**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Item	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Types of RCH messages heard or seen during past three months									
Family planning	91.3	93.5	84.2	93.3	95.5	94.9	92.3	94.4	89.8
ANC/NC/PNC	43.3	29.3	24.1	48.8	27.3	22.3	46.0	28.3	23.1
Child immunization	62.3	51.1	50.6	58.0	51.9	35.4	60.1	51.5	42.6
Polio immunization	60.6	62.3	58.2	60.8	64.0	50.9	60.7	63.1	54.4
Feeding the child	29.4	26.4	13.9	40.6	23.9	10.3	35.0	25.2	12.0
Other	7.6	6.9	5.7	9.2	5.7	2.3	8.4	6.3	3.9
RCH messages acceptable									
Yes	98.6	97.5	97.5	98.9	99.2	93.1	98.8	98.3	95.2
No	1.4	2.5	2.5	1.1	0.8	6.9	1.2	1.7	4.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**289**	**276**	**158**	**283**	**264**	**175**	**572**	**540**	**333**

8.3 ACCEPTABILITY OF FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES

Exposure to mass media messages on family planning has been known to exert a strong impact on current practice and intention to use contraception. Women who had heard or seen messages on family planning, and women who favor broadcast of family planning messages in the media, are significantly more likely to adopt birth control behavior than women who had not heard or seen, and women who do not favor broadcast of such media messages.

This section examines the attitudes of health workers towards media promotion of family planning and reproductive health. Health workers were asked if the messages that they had seen/heard/read were acceptable to them. Nearly all the ANMs (99%) and AWWs (98%), and an overwhelming proportion of TBAs (95%) held positive views about messages on family planning and reproductive health (Table 8.13).

8.4 WILLINGNESS TO WATCH/LISTEN TO FAMILY PLANNING AND REPRODUCTIVE HEALTH PROGRAMS

To assess the levels of approval, beyond acceptability, health workers were asked if they would watch a television or radio program or drama or street play, providing information about health and family planning. A large proportion of health workers stated that if they were aware that dramas or street plays contained information on reproductive and child health, they would watch them. Six in ten ANMs (62%) and AWWs (63%) mentioned that they would always like to watch them. One third of the ANMs (33%) and AWWs (32%) acknowledged that they would watch these programs sometimes. Nine in ten TBAs (88%) would watch dramas and skits in their villages with health messages; however, they were divided as to whether they would always watch (45%) or only sometimes watch (43%). Compared to five percent ANMs and AWWs who would not like to watch these programs at all, 12 percent TBAs reported the same. Differences in the approval levels were evident among the health workers across the state. Health workers from project areas showed less inclination to watch these programs than those from non-project areas (Table 8.14).

8.5 IDEAL MEDIA FOR FAMILY PLANNING AND REPRODUCTIVE HEALTH MESSAGES

All the health workers were asked to give their opinion on the ideal media for reproductive health and family planning messages. As was evident from their own exposure to media, television appeared to be, by far, the most highly recommended medium for telecasting messages on reproductive health and family planning messages. This was supported by 77 percent ANMs, 72 percent AWWs, and 52 percent TBAs (Table 8.14). Radio emerged as the second most popular choice supported by 14 percent ANMs, 18 percent AWWs, and 24 percent TBAs. Despite high newspaper readership among the ANMs and AWWs, it appeared highly unpopular as a medium for health communication with only two percent ANMs and AWWs mentioning it. Other media for imparting health messages were equally unpopular among the health workers. TBAs indicated a greater preference for interpersonal communication (7%) for health promotion than ANMs (3%) and AWWs (2%).

8.6 IDEAL TIMES FOR REPRODUCTIVE AND CHILD HEALTH MESSAGES

All the health workers who reported that they will listen to or watch reproductive and child health programs were asked to mention the ideal time for listening to or watching these messages/programs on radio or television. The results are shown in Tables 8.15. Health workers' opinion on ideal time for family planning messages was spread throughout the day.

Radio: There were two time slots, during the morning and evening, on which there was consensus. In the morning, the time between 8:00 am to 10:00 am was identified by 22 percent ANMs, 20 percent AWWs and 23 percent TBAs. In the evening the best timing was between 8:00 pm to 10:00 pm with 36 percent ANMs, 25 percent AWWs and 23 percent TBAs advocating it. The time slot between 8:00 pm to 9:00 pm was the period with comparatively high radio listenership and mentioned as the ideal time for listening to reproductive and child health messages or programs.

Television: The preferred time for viewing programs or messages pertaining to reproductive and child health on television was in the evening between 8:00 pm to 10:00 pm.

TABLE 8.14: **ACCEPTABILITY OF FP AND RH MESSAGES ON MASS MEDIA**

	Percent distribution of service providers								
	Project districts			Non-project districts			State total		
Items	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Always watch drama/street play if get opportunity									
Yes, always	56.3	55.8	39.5	67.2	70.0	45.9	61.7	62.9	42.7
Yes, some times	39.3	39.1	50.5	27.5	25.6	39.3	33.5	32.3	44.9
No	4.4	5.1	10.0	5.2	4.4	14.8	4.8	4.7	12.4
Opinion about ideal media for RH/FP messages									
Radio	12.9	16.0	24.1	15.0	19.9	23.8	13.9	17.9	23.9
Television	79.0	74.1	50.9	74.6	70.0	52.1	76.8	72.1	51.5
Newspaper/Magazine	1.7	2.0	0.7	2.1	2.0	0.7	1.9	2.0	0.7
Leaflet handouts	0.0	0.0	0.0	0.0	0.0	0.3	0.0	0.0	0.2
Hoardings	0.0	1.0	0.0	0.0	0.3	0.0	0.0	0.7	0.0
Wall painting	0.3	0.7	0.7	0.3	0.7	0.3	0.3	0.7	0.5
Posters	0.7	1.0	3.1	0.3	0.3	1.4	0.5	0.7	2.2
Folk media	1.7	2.4	3.4	2.8	0.0	2.8	2.2	1.2	3.1
IPC	2.4	1.7	6.5	2.8	3.0	7.6	2.6	2.4	7.1
Other	1.0	0.7	2.7	1.7	2.4	1.0	1.4	1.5	1.9
DK	0.3	0.3	7.9	0.3	1.3	10.0	0.3	0.8	9.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

8.7 CONCLUSION

There were differences in the exposure of health workers to mass media with higher exposure to any form of mass media (radio, television, newspaper and cinema) among ANMs (73%) and AWWs (63%) compared to TBAs (27%).

Television was the most preferred medium for information and entertainment for ANMs (57%) and AWWs (41%). Viewing in the evening was greater than in the morning. Viewing was highest between 8:00 pm - 9:00 pm among all the health workers. Free-to-air Doordarshan channels (DD 1 and DD News) were extremely popular by a huge margin compared to cable television channels such as Star TV. Drama programs were most commonly watched by most of the health workers. Overall, it appears that, among the various types of mass media available, television is the most appropriate channel for information dissemination for all the health workers because it is the most preferred medium for ANMs and AWW; and though TBAs reported greater exposure to radio and cinema, the differences are not great (radio – 11 percent, cinema – 11 percent, television – 8%).

Radio and newspaper were equally preferred by AWWs (27%) after television. On the other hand, ANMs were more exposed to newspapers (44%) than radio (26%). TBAs were least exposed to mass media with one in ten TBAs exposed to radio or cinema or television. Among radio listeners, 6:00 am to 8:00 am was the most preferred time for listening to the radio in the morning and between 7:00 pm to 9:00 pm in the evening. The two AIR channels (national and regional) were popular and programs on film songs appeared to be the most common ground in terms of program preferences, and can be explored for piggybacking information and messages to health workers and communities.

Only 44 percent ANMs, 27 percent AWWs, and six percent TBAs read the newspaper regularly.

TABLE 8.15: **IDEAL TIME TO LISTEN/WATCH FP MESSAGES/PROGRAMS ON RADIO/TV**

	Percent of service providers								
	Project districts			Non-project districts			State total		
Ideal time	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**	**ANM**	**AWW**	**TBA**
Radio programs									
Before 6 AM	2.7	5.1	4.1	1.7	3.0	2.1	2.2	4.1	3.1
06-09 AM	20.7	19.7	17.2	30.0	21.5	22.1	25.3	20.6	19.6
09-12 AM	4.1	3.4	8.2	3.8	4.4	10.0	4.0	3.9	9.1
12-04 PM	8.8	23.8	16.5	8.7	26.3	13.4	8.8	25.0	15.0
04-06 PM	7.1	8.5	7.6	10.5	9.8	7.6	8.8	9.1	7.6
06-08 PM	26.1	17.7	13.4	17.4	16.2	19.3	21.8	16.9	16.4
08-10 PM	28.8	18.7	13.1	24.4	14.8	8.6	26.6	16.8	10.8
10-12 PM	1.0	1.0	1.4	0.7	1.0	0.0	0.9	1.0	0.7
Don't know	0.7	2.0	18.6	2.8	3.0	16.9	1.7	2.5	17.7
TV programs									
Before 6 AM	1.4	1.4	2.1	1.7	0.3	0.3	1.5	0.8	1.2
06-09 AM	4.7	4.8	3.4	3.8	3.7	2.8	4.3	4.2	3.1
09-12 AM	0.3	1.4	2.1	1.4	1.7	2.4	0.9	1.5	2.2
12-04 PM	5.1	12.9	9.6	7.7	8.4	8.6	6.4	10.7	9.1
04-06 PM	3.4	7.8	6.9	1.7	6.1	5.5	2.6	6.9	6.2
06-08 PM	16.9	21.4	25.8	24.4	22.9	21.7	20.6	22.2	23.8
08-10 PM	63.4	45.6	30.6	55.7	52.5	40.3	59.6	49.1	35.5
10-12 PM	4.4	2.7	1.0	3.5	1.3	1.4	4.0	2.0	1.2
Don't know	0.3	2.0	18.6	0.0	3.0	16.9	0.2	2.5	17.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**295**	**294**	**291**	**287**	**297**	**290**	**582**	**591**	**581**

Dainik Jagran was the most popular newspaper read by three-fourths of the newspaper reading ANMs and AWWs. Magazine reading was reported by only two in ten AWWs and ANMs. Awareness of street plays/dramas/skits was quite low and reported by only 27 percent ANMs, 20 percent AWWs, and only 10 percent TBAs. Lack of time and interest were the two main reasons cited by the health workers for not watching these programs.

Television emerged as the biggest source of health messages for ANMs (85%) and AWWs (64%). Radio was mentioned as the main source of information on reproductive and child health by 29 percent of the TBAs. Newspapers were important sources of health information for ANMs (63%) and to a lesser extent to AWWs (39%). Other visible sources of health information were posters/banners, wall paintings/wall writings, bus/van panels. Family planning messages were the most visible types of health messages in various forms of mass media, followed by messages on polio immunization and routine immunization. Exposure to messages on antenatal care, post-partum care, neo-natal care and infant feeding were not as easily available to a majority of health workers.

Health workers' demonstrated outstanding acceptance of reproductive and child health messages available through various media. Television was voted as the most ideal media for reproductive and child health messages by the majority of health workers. Radio was also recommended as an ideal media for communication on reproductive and child health.

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APPENDICES

APPENDIX A: List of Project and Non-project Districts
APPENDIX B: Questionnaire ANM Schedule
APPENDIX C: Questionnaire AWW Schedule
APPENDIX D: Questionnaire TBA Schedule

APPENDIX A

LIST OF PROJECT AND NON-PROJECT DISTRICTS

Project Districts		Non-Project Districts	
1	Agra	1	Ambedkar Nagar
2	Aligarh	2	Bahraich
3	Allahabad	3	Barabanki
4	Auriya	4	Basti
5	Azamgarh	5	Bhadohi
6	Baghpat	6	Bijnor
7	Ballia	7	Budaun
8	Balrampur	8	Bulandshahar
9	Banda	9	Deoria
10	Bareilly	10	Etah
11	Chandauli	11	Faizabad
12	Chitrakoot	12	Farrukhabad
13	Etawah	13	Gautam Buddha Nagar
14	Fatehpur	14	Ghaziabad
15	Firozabad	15	Ghazipur
16	Gonda	16	Hamirpur
17	Gorakhpur	17	Hardoi
18	Hathras	18	Jalaun
19	J P Nagar	19	Jaunpur
20	Jhansi	20	Kannauj
21	Kanpur Nagar	21	Kanpur Dehat
22	Kausambi	22	Kheri
23	Maharajganj	23	Kushinagar
24	Meerut	24	Lalitpur
25	Mirzapur	25	Lucknow
26	Moradabad	26	Mainpuri
27	Rampur	27	Mathura
28	Shahjahanpur	28	Mau
29	Saharanpur	29	Muzaffarnagar
30	Sitapur	30	Pilibhit
31	Sultanpur	31	Pratapgarh
32	Unnao	32	Rae Bareli
33	Varanasi	33	Sant Kabir Nagar
		34	Sant Ravidas Nagar Bhadohi
		35	Shrawasti
		36	Siddharthnagar
		37	Sonbhadra

APPENDIX B
BCC BASELINE SURVEY (UP) - 2006
ANM SCHEDULE

IDENTIFICATION पहचान

District (जिला)_____

Tehsil / Taluk (तहसील/तालुका)_____

PSU Number (सी ई बी की संख्या).....

Village name and code गांव का नाम एवं कोड .....

Sampled village नमूना गांव– 1, Selected village चयनित गांव/ Sub-centre उपकेन्द्र– 2, Substitute village /Sub-centre स्थानापन्न गांव/ उपकेन्द– 3 _____

Reason for substituting village/sub-centre# गांव के स्थानापन्न के कारण /उपकेन्द #.....

ANM एएनएम – 1.....

Name of the ANM
एएनएम का नाम _____

Residential address:
घर का पता _____

_____

_____

Tel/Mob:
टेलीफोन/मोबाईल

INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकारी

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

Date of interview साक्षात्कार की तिथि

Day दिन ___ Month महीना ___ Year वर्ष 2006

Result परिणाम

Completed (पूर्ण) 1
Not at home (घर पर नही).....2
Postponed (स्थगित) 3
Refused (मनाकर दिया).....4
Partly completed (आंशिक रुप से पूर्ण).....5
Other (अन्यं).....6

1 – ANM is not posted / vacant 2 – Other (Specify_____)

	NAME	DATE	SIGNATURE
Field edited by:			
Office edited by:			
Keyed by:			

First I would like to ask some questions about your age, education, etc.
सबसे पहले हम आपकी उम्र, शिक्षा आदि के बारे में कुछ सवाल पूछना चाहेंगे

पृष्ठभूमि की जानकारियां **SECTION 1: BACKGROUND INFORMATION**			
Q.	**QUESTION**	**CODES**	**SKIP**
101.	How old are you? आपकी उम्र क्या हैं?	AGE IN COMPLETED YEARS उम्र पूर्ण वर्षो में ..... [ ][ ] DK पता नहीं..... 98	
102.	Have you ever attended school? क्या आप कभी विद्यालय गयी हैं?	YES हाँ... ..... 1 NO नहीं..... **2** →	**104**
103.	What is the highest class you have completed? सबसे ऊँची कक्षा कहां तक आपने शिक्षा प्राप्त की हैं?	GRADE वर्ग ..... [ ][ ] INFORMAL SCHOOLING अनौपचारिक शिक्षा 98	
104.	Can you read a letter or newspaper easily, with difficulty, or not at all? क्या आप एक पत्र या समाचार पत्र आसानी से, कठिनाई से, या बिल्कुल नहीं पढ़ सकतें?	EASILY आसानी से ..... 1 WITH DIFFICULTY कठिनाई से ..... 2 NOT AT ALL बिल्कुल भी नहीं 3	
105.	What is your religion? आपका धर्म क्या हैं?	HINDU हिन्दँ ..... 1 MUSLIM मुसलमान..... 2 CHRISTIAN ईसाई ..... 3 SIKH सिख ..... 4 BUDDHIST/NEO BUDDHIST बौद्ध/नवबौद्ध..... 5 JAIN जैन ..... 6 NO RELIGION कोई धर्म नहीं..... 7 OTHER अन्य (_____).....99	
106.	What is your caste/tribe? Is it a scheduled caste, a scheduled tribe, other backward caste, or general? आपकी जाति/जनजाति क्या हैं, क्या यह अनुसूचित जाति/अनुसूचित जनजाति या अन्य पिछड़ा वर्ग या सामान्य वर्ग की हैं?	SCHEDULED CASTE अनुसूचित जाति..... 1 SCHEDULED TRIBE अनुसूचित जनजाति..... 2 OTHER BACKWARD CASTE (OBC) अन्य पिछड़ा वर्ग.. 3 GENERAL सामान्य वर्ग 4	
107.	What is your marital status? आपकी वैवाहिक स्थिति क्या हैं?	NEVER MARRIED कभी विवाह नहीं हुआ ..... 1 MARRIED विवाहित ..... 2 WIDOW/WIDOWER विधवा/विधुर ..... 3 DIVORCED/SEPARATED तलाकशुदा/अलग हो गए हैं..... 4 CUR. MAR BUT NEVER LIVED WITH HUSBAND वर्तमान में विवाहित किन्तु कभी भी अपने पति के साथ नहीं रही 5	
108.	How long have you been at this position/post? (IN YEARS) कितने समय से आप इस पद पर सेवारत हैं ?(वर्षों में)	IN YEARS वर्षों में..... [ ][ ]	
109.	How long have you been at the current sub-center/village? (IN YEARS) कितने वर्षो से आप इस उपकेन्द्र में हैं?(वर्षों में)	IN YEARS वर्षों में..... [ ][ ]	
110.	Are you staying in the sub-centre village area or outside? क्या आप उपकेन्द्र गॉव/क्षेत्र में रह रही है या (गांव/क्षेत्र के) बाहर रह रही हैं?	SUB-CENTRE VILLAGE उप केन्द्र का गॉव ..... 1 → SUBCENTRE AREA उप केन्द्र का क्षेत्र ..... 2 OUT SIDE SUB-CENTRE / VILLAGE AREA उप केन्द्र/गॉव के बाहर का क्षेत्र 3	**113**
111.	How far is your residence from the Sub-centre? आपके घर से उपकेन्द्र कितना दूर हैं?	IN KILOMETERS कि.मी. में..... [ ][ ]	
112.	On an average, how much time it will take you to reach the Sub-centre from your place of stay? अपने घर स उपकेन्द्र पहुँचने में आपको औसतन कितना समय लगता हैं?	IN HOURS घन्टों में..... [ ][ ]	

113.	Have you received any health service provider training? क्या आपने कोई स्वास्थ्य सेवा प्रदान करने का प्रशिक्षण प्राप्त किया हैं?	YES हॉ ..... 1 NO नहीं..... **2** →	**116**
114.	Where did you obtain health service provider training? आपने स्वास्थ्य सेवा प्रदान करने का प्रशिक्षण कहॉ से प्राप्त किया हैं?	SIFPSA सिफ्सा ..... A NGOs गैर सरकारी संस्थान ..... B PHC प्राथमिक स्वास्थ्य केन्द्र ..... C DISTRICT TRAINING CENTRE जिला प्रशिक्षण केन्द्र ..... D STATE TRAINING INSTITUTE राज्य प्रशिक्षण संस्थान . E OTHER अन्य (_____)……X	

			YES हॉ	NO नही	In Months ago कितने माह पहले
115.	Have you participated in the following trainings after you started working in the current position? If yes, when did you participated in the training? क्या वर्तमान पद पर कार्य करते हुए आपने निम्नलिखित प्रशिक्षण में भाग लिया हैं? यदि हॉ तो कब भाग लिया था? (12×6=72 महीने) **(READ ONE BY ONE)** (एक–एक करके पढ़े) CODE '**98**' FOR '**MORE THAN 72 MONTHS'**, यदि 72 महीने से अधिक है तो '**98**' कोड करें CODE **'95'** FOR '**NEVER ATTENDED'** कभी नहीं तो '**95**' कोड करें CODE '**99**' FOR '**DO NOT KNOW/CAN'T REMEMBER'**, याद नहीं/मालूम नहीं के लिए '**99**' कोड करें	INTERPERSONAL COMMUNICATION AND COUNSELING (IPCC) अर्न्तवैयक्तिक संप्रेषण एवं परामर्श.....	1	2	
		FAMILY PLANNING परिवार नियोजन	1	2	
		SAFE MOTHERHOOD सुरक्षित मातृत्व	1	2	
		HIV/AIDS एचआईवी/एड्स	1	2	
		EMERGENCY OBSTETRIC TRAINING आपतकालीन प्रसूतिजनित प्रशिक्षण...	1	2	
		NUTRITION पोषण	1	2	
		NEONATAL CARE, IMMUNIZATION नवजात की देखभाल, टीकाकरण	1	2	
		STI/RTI एसटीआई/आरटीआई.....	1	2	
		TBA TRAINING टीबीए प्रशिक्षण	1	2	
		OTHER अन्य (_____)...	1	2	

	INFRASTRUCTURE अर्न्तसंरचना		
116.	Is your sub-centre functioning from a government building or rented building? आपका उपकेन्द्र सरकारी भवन में चल रहा है या किराये के भवन में?	GOVT. BUILDING सरकारी इमारत ....1 RENTED BUILDING किराये की इमारत..... 2 DONATED LAND/BUILDING दान की गई इमारत……...3 BUILDING कोई इमारत नहीं……..…4 OTHER (अन्य _____)……..9	
117.	Is the sub-centre building has electricity connection? If 'YES', during day time on an average how many hours electricity is available? क्या उपकेन्द्र में बिजली है? यदि हाँ तो औसतन दिन में कितने धण्टे बिजली उपलब्ध रहती है।	IF YES, 6 OR MORE HOURS यदि हां (छः या उससे ज्यादा) …..... 1 YES, LESS THAN 6 HOURS हां (छः धण्टे से कम)……..... 2 NO नहीं 3	
118.	Do you have enough storage space in the sub-centre to keep materials required for your day to day activity? क्या आपके उपकेन्द्र में आपकी दैनिक क्रियाओं हेतु आवश्यक सामग्री रखने के लिए पर्याप्त स्थान है?	YES हां..... 1 NO नहीं..... 2	
119.	Is your sub-centre connected with road? क्या आपका उपकेन्द्र सड़क से जुड़ा है?	YES हां..... 1 NO नहीं..... 2	

SECTION 2: IPC/C / BCC आई पी सी/सी/बी सी सी			
Q.	**QUESTION**	**CODES**	**SKIP**
201.	In what health areas do you provide services/ counselling to your clients? आप स्वास्थ्य के किस क्षेत्र में अपने सेवार्थी को सेवा/सलाह देती है? **Any other?**	**FAMILY PLANNING** परिवार नियोजन TELL ABOUT SPACING METHODS बच्चों में अन्तर रखने वाली विभिन्न विधियां..... A PERMANENT METHODS गर्भधारण बन्द करने की विधियां ..... B **MATERNAL HEALTH** मातृत्व स्वास्थ्य ANTE NATAL CARE प्रसव पूर्व देखभाल.....C DELIVERY CARE प्रसव के दौरान देखभाल.....D POST PARTUM CARE प्रसव के पश्चात देखभाल..... E NEONATAL HEALTH नवजात की देखभाल..... F NUTRITION OF MOTHER मॉ का पोषण .....G **CHILD HEALTH** बाल शिशु स्वास्थ्य VACCINATION टीकाकरण..... H NUTRITION OF CHILD बच्चे का पोषण .... I COMMON CHILDHOOD DISEASES बच्चों की सामान्य बीमारियां.....J **OTHER HEALTH ISSUES** अन्य स्वास्थ्य मुद्दे DISCUSS ON STI/RTIएसटीआई/आरटीआई पर चर्चा .. K DISCUSS ABOUT HIV/AIDS एचआईवी/एड्स पर चर्चा..... ..L ADOLESCENT HEALTH किशोरावस्था स्वास्थ्य..... M OTHER (अन्य _____)..... X	
202.	In what health area do you provide services/ counselling most often? स्वास्थ्य के किस क्षेत्र में आप सबसे ज्यादा सेवा प्रदान करती है?	**USE ALPHA CODE FROM Q201.....** ☐	
203.	On an average, how many households do you visit during a week? औसतन एक सप्ताह में आप कितने परिवारों का दौरा करती हैं? [CODE 950, IF MORE THAN 750] कोड 950, यदि 750 से अधिक हैं	NO. OF HOUSEHOLDS .....☐☐☐ परिवारों की संख्या	
204.	On an average, how much time do you spend in a households during a visit? औसतन आप एक घर में दौरा करने में कितना समय देती हैं? [CODE 95, IF MORE THAN 90 MINUTES] कोड 95, यदि 90 मिनट से अधिक हैं	IN MINUTES मिनटों में..... ☐☐	
	Now I will ask some questions relating to your interactions with your clients relating to the services you are providing. You may answer as 'always', 'most of the time', 'half of the time', 'some of the time or never' to these questions. [Q205 to Q212] अब हम आपसे कुछ प्रश्न आपके और सेवार्थी के बीच हुई बातचीत के बारे में पूछेंगे जो कि आपकी सेवाओं से संबंधित हैं आप जवाब हमेशा, अधिकतर समय, आधे समय, कभी–कभी या कभी नहीं में दे सकती हैं (प्रश्न संख्या 205 से 212 तक)		
205.	How often do you greet clients in a friendly manner before starting a discussion? आप चर्चा आरम्भ करने से पहले कितनी बार मित्रतापूर्वक सेवार्थी को अभिवादन करती है ?	ALWAYS हमेशा (100%)..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%)..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
206.	How often do you spend time making clients feel at ease? आप कितनी बार अपने सेवार्थी के साथ समय बिताती है ताकि वह आरामदायक महसूस करें?	ALWAYS हमेशा (100%)..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%)..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	

207.	How often do you ask clients about their concerns/ problems? कितनी बार आप अपनी सेवार्थी की समस्या के बारे में पूछती हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
208.	How often are you able to provide clients with various family planning options available to them? कितनी बार आप अपनी सेवार्थी को विभिन्न परिवार नियोजन के विकल्प दे पाती है जो उनके लिए उपलब्ध होते हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
209.	How often does the client ask questions? कितनी बार सेवार्थी आपसे सवाल पूछता हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
210.	How often clients ask you for clarification, if they do not understand something? कितनी बार सेवार्थी आपसे स्पष्टीकरण मांगता है जब वह कुछ समझ नहीं पाता हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
211.	How often you assure the clients that their information would be kept confidential? आप कितनी बार अपने सेवार्थी को आश्वस्त करती हैं कि उनकी सूचना गुप्त रखी जायेगी?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
212.	How often do you feel you can give clients the information that they need? कितनी बार आपको महसूस होता है कि आप सेवार्थी को उतनी जानकारी दे सकती हैं जाये जितनी कि उनको जरूरत हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
213.	As a health worker, is it very easy, easy, difficult, very difficult or neither easy nor difficult for you to convince men and women about matters relating to their health and family welfare? एक स्वास्थ्यकर्ता होने के नाते क्या आपके के लिये पुरूष एवं महिलाओं को उनके स्वास्थ्य और परिवार कल्याण से संबंधित मामले को समझाना बहुत आसान,कठिन, बहुत कठिन या ना आसान, ना कठिन हैं?	VERY EASY बहुत आसान ..... 1 EASY आसान ..... 2 NEITHER EASY NOR DIFFICULT न आसान न कठिन 3 DIFFICULT कठिन ..... 4 VERY DIFFICULT बहुत कठिन 5	
214.	In your opinion, what specific actions would help in effective interpersonal communication? आपकी राय में कौनसी विशेष क्रियाऐं प्रभावी अर्न्तवैयिक्तक संप्रेषन (आपसी बातचीत) में मदद कर सकती हैं? **[READ THE OPTIONS IF NECESSARY]** (जरुरत होने पर विकल्पों को पढें)	SPON स्वतः / PROB पूछने पर / DK पता नहीं Respecting clients सेवार्थी को इज्जत देकर ..... 1 2 3 Listening to their problems उनकी समस्या सुनकर ..... 1 2 3 Understanding their needs उनकी जरूरत समझकर ..... 1 2 3 Simple/Easy Language सरल/आसान भाषा ..... 1 2 3 Privacy/Discuss in isolation निजता/अकेले में चर्चा ..... 1 2 3 Confidentiality of information सूचना की गोपनीयता ..... 1 2 3 Probing गहराई से पूछने पर ..... 1 2 3 Encouraging to take decision निर्णय लेने में प्रोत्साहन देना ..... 1 2 3 Other अन्य (_____)1 2 3	

SECTION 3: FAMILY PLANNING SERVICES परिवार नियोजन सेवाऐं

Q.	QUESTION	CODES	SKIP
301.	Do you offer family planning services now? क्या आप परिवार नियोजन सेवायें प्रदान करती हैं	YES हॉ.....1 NO नहीं.....2	→ 304
302.	Have you ever offered family planning services? आपने कभी परिवार नियोजन सेवायें प्रदान की हैं?	YES हॉ.....1 NO नहीं.....2	
303.	What is the main reason for not providing/ stopping family planning services? वह मुख्य कारण क्या हैं जिसकी वजह से आपने परिवार नियोजन सेवा प्रदान नहीं कर रही हैं/बंद कर दिया है?	_____	SKIP TO 401
304.	How many years have you been providing family planning service? कितने वर्षो से आप परिवार नियोजन सेवायें प्रदान कर रही हैं? [LESS THAN A YEAR '00'] एक वर्ष से कम है तो कोड 00 करें	IN YEARS वर्षो में..... [ ][ ]	
305.	What type of family planning services do you provide? आप किस प्रकार की परिवार नियोजन सेवायें प्रदान करती हैं? **Any other?** कोई अन्य	COUNSELINGपरामर्श.....A ORAL PILLSगोलियां बांटना.....B SUPPLY OF CONDOMSकंडोम बांटना.....C IUCD /COP-T आईयूसीडी/कॉपर टी.....D REFERRAL FOR IUCD/COP-T आईयूसीडी/कॉपर टी के लिए कहीं भेजते हैं..... E REFERRAL FOR STERILIZATION नसबंदी के लिए कहीं भेजते हैं.....F OTHER अन्य (_____).....X	
306.	In the last six months were you ever in situations in which you were unable to provide contraceptives to your clients? पिछले छः महिनों में कभी ऐसा हुआ है जब आप सेवार्थी को गर्भनिरोधक प्रदान करने में अक्षम हुई हैं?	YES हॉ.....1 NO नहीं.....2 →	308
307.	What are the reasons? क्या कारण हैं? **Any other?** कोई अन्य	RAN OUT OF SUPPLIES पूर्ति की कमी.....A BECAUSE OF TARGET FREE APPROACH.....B लक्ष्यविहीन तरीका BUSY WITH POLIO CAMPAIGNS.....C पोलियो के प्रचार में व्यस्तता WAS UN-ABLE TO GO TO THE VILLAGE DUE TO TRANSPORT PROBLEMS.....D वाहनों की कमी के कारण गांव में नहीं जा पाई WAS UN-ABLE TO GO TO THE VILLAGE DUE TO SAFETY ISSUES.....E सुरक्षा कारणों से गांव में न जा पाई REFUSAL FROM CLIENTS FAMILY .....F सेवार्थी के परिवार ने मना कर दिया OTHER अन्य (_____).....X	
308.	When you discuss family planning issues with the client, who are the other persons generally present? जब आप सेवार्थी के साथ परिवार नियोजन के बारे बात करती हैं, तो अन्य कौन से लोग प्रायः उपस्थित रहते हैं? **Any other?**	HUSBAND पति.....A MOTHER-IN-LAW सास.....B OTHER ADULT FAMILY MEMBERS परिवार के अन्य व्यस्क सदस्य.....C NEIGHBOURS पड़ोसी.....D CHILDREN BELOW 10 YEARS 10 साल से छोटे बच्चे.....E OTHER अन्य (_____).....X NONE कोई नहीं..... ..... Y	

Q.	QUESTION	CODES	SKIP
309.	What are the materials available to you while conducting FP Counseling? परिवार नियोजन परामर्श के समय आप के पास क्या–क्या सामग्री उपलब्ध रहती हैं? **Any other?** अन्य कोई	EDUCATIONAL POSTERS शिक्षित करने वाले पोस्टर ..... A BROCHURES OR LEAFLETS ब्रोशर या लिफलेट ..... B FLIPCHARTSफ्लिप चार्ट ..... C EXAMPLES/ MODELS OF CONTRACEPTIVES गर्भ निरोधक साधन/उनके नमूने ..... D HUMAN BODY MODELS FOR DEMONSTRATION समझाने के लिए मानव शरीर का नमूना ..... E OTHER अन्य (_____).....X	
	ORAL CONTRACEPTIVE PILLS गर्भ निरोधक गोलियां		
310.	What do you discuss with your clients about oral pill? आप गोलियों के बारे में अपने सेवार्थियों से क्या बात करते हैं? **Any other?** अन्य कोई	ORAL PILL IS A SAFE AND EFFECTIVE METHOD FOR DELAYING AND SPACING CHILD BIRTH ..... A बच्चो के जन्म को टालने व अन्तर रखने के लिए गोली एक सुरक्षित व प्रभावी साधन है। THE STEPS OF USING ORAL PILLS CORRECTLY गोली लेने के सही तरीके के बारे में ..... B THE IMPORTANCE OF CONSISTENT USE ..... C लगातार गोली लेने के महत्व को समझाती है ASK CLIENT IF SHE HAS ANY QUESTIONS ..... D सेवार्थी से पूछती है कि क्या उन्हें कुछ पूछंना तो नही FEARS, AND CONCERNS ..... E डर और चिन्ता ASK THE CLIENT TO REPEAT IMPORTANT INSTRUCTIONS .....F सेवार्थी को महत्वपूर्ण निर्देशो को दौहराने के लिए कहते है। ANSWER ANY MISCONCEPTIONS FOR THE CLIENT .....G सेवार्थी की कोई भ्रांतियों का जवाब देना EXPLAIN POSSIBLE SIDE EFFECTS OF THE PILL .....H गोली के संभावित दुष्प्रभाव के बारे में जानकारी OTHER अन्य (_____) X	
311.	What instructions do you give the client on correct use of oral pills? आप अपने सेवार्थी को सही ढंग से गोली लेने के लिए क्या निर्देश देती हैं? **Any other?** अन्य कोई	START TAKING PILLS WITHIN 5 DAYS OF MENSTRUATION ..... A माहवारी के 5 दिन के भीतर गोली लेनी शुरू करनी चाहिए TAKE ONE ORAL PILL EVERY DAY AT APPROXIMATELY THE SAME TIME UNTIL SHE COMPLETES THE PACKET .....B एक गोली रोज उसी समय (जिस समय पहले पहले दिन शुरु की थी) ले, जब तक कि पैकेट खत्म नहीं हो जाये ONCE SHE FINISHES THE PACKET, TAKE THE FIRST PILL OF THE NEW PACKET ON THE VERY NEXT DAY ..... C जब पहले वाला पैकेट खत्म हो जाये, तो नए पैकेट से अगले रोज ही गोली लेना शुरु कर दे IF SHE MISSES 1 PILL, SHE SHOULD TAKE 2 PILLS THE NEXT DAY ..... D अगर किसी दिन गोली खाना भूल जाये तो अगले दिन 2 गोली खा ले	

Q.	QUESTION	CODES	SKIP
		IF SHE MISSES THE PILL FOR 2 CONSECUTIVE DAYS, SHE SHOULD TAKE TWO PILLS DAILY FOR THE NEXT 2 DAYS AND THEN CONTINUE TAKING 1 PILL DAILY THEREAFTER AND USE CONDOMS FOR NEXT 7 DAYS ..... E अगर 2 दिन लगातार गोली खाना भूल जाये तो अगले 2 दिन 2 गोली लें ओर फिर उसके बाद रोज 1 गोली लना जारी रखे और अगले 7 दिन कंडोम का प्रयोग भी करें CONTINUE TAKING A PILL ON DAILY BASIS EVEN ON DAYS WHEN THERE ISNO SEXUAL CONTACT .....F रोज गोली लेना जारी रखें उन दिनों भी जारी रखें जब कोई यौन संबंध न बनायें हों। CONSULT A HEALTH SERVICE PROVIDER IMMEDIATELY IF SHE IS WORRIED AFTER FORGETTING TO TAKE A PILL..... G अगर गोली लेना भूल जाये और चिंताग्रस्त हो तो किसी स्वास्थ्य सेवा प्रदान करने वाले से तुरंत मिले BEFORE USING PILLS, CHECK THE DATE ON THE PACKAGE TO BE SURE IT IS NOT OF EXPIRED DATE गोली लेने से पहले पैकेट देखकर यह जांच कर लें कि कहीं गोली खाने का सुरक्षित समय निकल तो नहीं गया .... H OTHER अन्य (_____)..... X	
312.	What do you discuss with the client about benefits/advantages of taking the oral contraceptive pill? आप गर्भनिरोधक गोली के फायदे के बारे में सेवार्थी से क्या चर्चा करती हैं? **Any other?** अन्य कोई	IF A WOMAN TAKES THE ORAL PILL CORRECTLY, SHE CAN TAKE THEM FOR MANY YEARS.....A अगर कोई महिला सही ढंग से गोली ले तो वह वर्षो तक ले सकती हैं IF SHE DECIDES TO HAVE A CHILD, SHE CAN SIMPLY STOP TAKING THE PILL AND WILL BE ABLE TO GET PREGNANT..... B अगर उसे बच्चा चाहिए तो वो गोली लेना बन्द कर दे जिससे वो गर्भवती हों सकती है THE WOMAN IS LIKELY TO EXPERIENCE LIGHTER/SHORTER MENSTRUATION ..... C महिलाओ को कम समय के लिए माहवारी हो सकती है FEWER CRAMPS कम मरोडे..... D PERIODS WILL BECOME REGULAR..... E माहवारी का नियमित होना ORAL PILLS CAN REDUCE ANEMIA .....F गोली खून की कमी को दूर कर सकती है GUARDS AGAINST SEVERAL KINDSOF CANCERS ..... G विभिन्न प्रकार के कैंसर से सुरक्षा प्रदान करती है OTHER अन्य (_____)..... X	

Q.	QUESTION	CODES	SKIP
313.	What do you discuss about possible side effects of the oral pill? आप गोलियों के संभावित दुष्प्रभाव के बारे में क्या बात करते है? **Any other?** अन्य कोई	NAUSEA जी मचलाना/उल्टी महसूस करना.....A MILD HEADACHE हल्का सिर दर्द ..... B MISSED MENSTRUATION मासिक धर्म का छूट जाना..... C SPOTTING OR BLEEDING BETWEEN MENSTRUATION मासिक धर्म के बीच में रक्त ..... D VOMITING AND DIARHOEA उल्टी या अतिसार (दस्त)..... E WEIGHT GAIN वजन बढ़ना .....F BREAST TENDERNESS स्तनो का नर्म हो जाना ..... G IF ANY PROBLEM PERSIST BEYOND 3 MONTHS, SHE SHOULD CONTACT THE HEALTH SERVICE PROVIDER IMMEDIATELY .....H अगर कोई समस्या 3 महीने से ज्यादा रहे तो उसे, किसी स्वास्थ्य सेवा प्रदान करने वाले से मिलने के लिए कहना। OTHER अन्य (_____).....X	
314.	What actions do you take as a health service provider with a client who has already started taking pill? कोई सेवार्थी अगर पहले से ही गोली लेती हो तो एक स्वास्थ्य कार्यकर्ता होने के नातें आप क्या करेगी? **Any other?** अन्य कोई	CHECK THE CLIENT AT INTERVALS OF 3 MONTHS TO ENSURE THAT SHE CONTINUES TO TAKE THE PILLS AS RECOMMENDED.....A प्रत्येक तीन महीने में देखेंगीं कि सेवार्थी निर्देशानुसार गोली ले रही हैं CHECK THE CLIENT AT INTERVALS OF 3 MONTHS TO SEE IF SHE HAS ANY PROBLEMS..... B प्रत्येक तीन महीने के अन्तराल पर देखेंगे कि सेवार्थी को कोई समस्या तो नहीं हैं IF ANY OF THE SIDE EFFECTS OR PROBLEMS PERSIST BEYOND 3 MONTHS, REFER THE CLIENT TO A DOCTOR ..... C अगर कोई दुष्प्रभाव या समस्या 3 महीने से ज्यादा रहे तो उसे डाक्टर के पास भेजेंगीं। ENSURE PROPER SUPPLY OF PILLS गोलियों की सही आपूर्ति सुनिश्चित करना ..... D OTHER अन्य (_____).....X	
315.	Please tell me if under the following situations you would or would not recommend an oral contraceptive pill to a client as the exclusive contraceptive method? कृपया बताये कि निम्नलिखित परिस्थितियों में आप सेवार्थी को गर्भनिरोध की एक मात्र विधि के तौर पर गोली लेने की सलाह देगी या नही। **[READ ALL]** (सभी पढ़े)	YES हां / NO नहीं The client is more than 35 years old and smokes regularly सेवार्थी 35 वर्ष से ऊपर हो और नियमित रूप से धुम्रपान करती हो .....1 2 The client wants to prevent pregnancy and protect against RTI/STI and HIV/AIDS सेवार्थी गर्भ रोकने के साथ–साथ आरटीआई/एसटीटाई और एचआईवी/एड्स से भी सुरक्षा चाहती है.....1 2 The client is breastfeeding सेवार्थी स्तनपान करा रही है ..... 1 2 The client has high BP or heart problem सेवार्थी को उच्च रक्तचाप और हद्य की बीमारी है.....1 2	

	CONDOMS कंडोम		
316.	What do you discuss with your client about condoms? कंडोम के बारे में आप सेवार्थी से क्या बात करती हैं? **Any other?** अन्य कोई	WALK THEM THROUGH THE STEPS OF USING THE CONDOM CORRECTLY कंडोम के सही प्रयोग के बारे में बताती हैं .....A ASK THE CLIENT TO DEMONSTRATE THE CORRECT METHOD OF PUTTING AND REMOVING A CONDOM सेवार्थी को कंडोम पहनने और हटाने का सही तरीका दिखाते हुए बताते हैं .....B EXPLAIN THE IMPORTANCE OF CONSISTENT USE लगातार इस्तेमाल करने के फायदे के बारे में बताती है ..... C ASK THE CLIENT TO REPEAT THE MOST IMPORTANT INSTRUCTIONS ABOUT USING CONDOM महत्त्वपूर्ण निर्देशों को दोहराने के लिए कहती है .....D ASK CLIENT IF SHE HAS ANY, QUESTIONS, FEARS, CONCERNS सेवार्थी से उसके किसी भी प्रकार के डर, उलझन सवाल के बारें में पूंछना .....E ANSWER ANY MISCONCEPTIONS FOR THE CLIENT सेवार्थी की किसी भी तरह की गलतफहमियो का जवाब देना..... F OTHER अन्य (_____).....X	
317.	What basic facts do you provide your client about condoms? सेवार्थी को कंडोम के मौलिक तथ्यों के बारे में आप क्या बताती हैं? **Any other?** अन्य कोई	CONDOM IS SELECTED BY COUPLES WHO WANT TO DELAY BIRTH OF THE FIRST CHILD .....A कंडोम का चुनाव वे दंपति करते हैं जो पहला बच्चा देर से चाहते हैं CONDOM IS SELECTED BY COUPLES WHO WANT TO SPACE BIRTHS OF THEIR CHILDREN..... B कंडोम का चुनाव वें दंपति करते हैं जो बच्चों के जन्म में अन्तर रखना चाहते हैं CONDOMS SHOULD BE STORED IN A COOL DRY PLACE AS HUMIDITY, LIGHT AND HEAT CAN DAMAGE THEM .....C कंडोम को ठंडी और सुखी जगह में रखना चाहिए क्योंकि नमी, रोशनी और ताप उसे नुकसान पहुँचा सकते हैं CONDOMS MUST BE KEPT OUT OF REACH OF CHILDREN FOR SAFETY ..... D सुरक्षा के तौर पर कंडोम बच्चों की पहुँच से दूर रखना चाहिए BEFORE USING A CONDOM, CHECK THE DATE ON THE PACKAGE TO BE SURE IT IS NOT OF EXPIRED DATE…… .....E कंडोम के प्रयोग के पहले यह जांच ले कि इसके प्रयोग की तिथि तो बीत नही गई है DO NOT USE CONDOMS OF EXPIRED DATE, AS THEY CAN BE WEAK AND BREAK EASILY…….. ..F प्रयोग तिथि समाप्त होने के बाद कंडोम का प्रयोग न करें क्योंकि ये कमजोर हो जाते हैं और फट जाते हैं AFTER REMOVING THE CONDOM, TIE A KNOT, WRAP IT IN A PAPER AND THROW IT AWAY WITH THE GARBAGE..... G कंडोम हटाने के बाद एक गॉठ बांधकर और पेपर में लपेट कर कचरे के साथ फेंक दें A NEW CONDOM MUST BE USED EACH TIME DURING INTERCOURSE TO BE EFFECTIVE IN PREVENTING PREGNANCIES ..... H असरदार गर्भ निरोध के लिए संभोग करते समय हमेशा नये कंडोम का प्रयोग करें	

		CONDOM IS THE ONLY METHOD THAT PREVENTS PREGNANCY AND REDUCES THE RISK OF RTIS, STIS, AND HIV, WHEN USED CORRECTLY WITH EVERY ACT OF SEXUAL INTERCOURSE (SEX) ..... I कंडोम ही एक ऐसा तरीका है जो कि गर्भवती होने को रोकता है एवं आरटीआई, एसटीआई और एचआईवी/एड्स के खतरे को कम करता है, यदि सही प्रकार से उपयोग किया जाए तो, OTHER अन्य (_____).....X	
318.	What actions do you take as a health service provider for a client who is using condoms as their contraceptive method? जो सेवार्थी गर्भ निरोधक के लिए कंडोम का प्रयोग कर रहा है, उसके लिए सेवा प्रदार्ता के तौर पर आप क्या कदमे उठाएगीं ? Any other? अन्य कोई	ENSURE THAT THE CLIENT IS AWARE OF CORRECT USE OF CONDOM.....A सुनिश्चित करना चाहिए कि सेवार्थी को सही तरीके से कंडोम इस्तेमाल करना आता हो TO ENSURE THAT SHE HAS ADEQUATE SUPPLIES OF CONDOMS AVAILABLE FOR CLIENTS AT ALL TIMES ..... B सुनिश्चित करूगीं कि मेरे पास सेवार्थी के प्रयोग के लिए हर समय पर्याप्त मात्रा में कन्डोम उपलब्ध हो ADDRESS ANY MYTHS, FEARS OR MISCONCEPTIONS OF THE CLIENT ABOUT THE METHOD ..... C तरीकों से जुड़े किसी भी अवधारणा, डर को दूर करूगीं OTHER अन्य (_____).....X	
319.	Did any client till you about condom burst during last 3 months? क्या पिछले तीन महीनों के दौरान किसी सेवार्थी ने आपको कंडोम फटने के बारें में बताया?	YES हां ..... 1 NO नहीं ..... **2** →	**321**
320.	What type of advice you have given? आपने किस प्रकार की सलाह दी? (कंडोम फटने के सन्दर्भ में पूछ रहे हैं)	CORRECT USAGE OF CONDOM कंडोम का सही प्रयोग .....A USE OF EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोध का प्रयोग.....B OTHER अन्य (_____).....X NONE कुछ नहीं.....Y	
	IUCD/COPPER-T आईयूसीडी/कॉपर–टी		
321.	What do you discuss with your client about IUCD/Copper-T? आप अपने सेवार्थी से आईयूसीडी/कॉपर–टी के बारे में क्या चर्चा करती हैं? **Any other?** अन्य कोई	BENEFITS OF USING COPPER-T.....A कॉपर टी के प्रयोग के लाभ POSSIBLE SIDE EFFECTS OF COPPER T..... B कॉपर टी के प्रयोग संभावित दुष्प्रभाव CLIENTS' RESPONSIBILITIES IN ENSURING THAT EVERYTHING IS OKAY .....C सब कुछ ठीकप्रकार से हो, इसमें सेवार्थी की भूमिका के बारे सुनिश्चित करते हैं ASK CLIENT IF SHE HAS ANY QUESTIONS, FEARS, CONCERNS.....D सेवार्थी से उनके सवालों, डर, चिताओं के बारे में पूछती हूँ। ANSWER ANY MISCONCEPTIONSFOR THE CLIENT ..... E सेवार्थी के किसी भी अवधारणा का जवाब देती हैं EXPLAIN WHAT WE WILL DO TO FOLLOW-UP WITH THE CLIENT .....F बताते हैं कि सेवार्थी जो भी करेंगे उस पर फॉलो अप किया जाएगा। OTHER अन्य (_____).....X	

322.	What are the basic facts and benefits of the IUCD/Copper-T you provide to the clients? आईयूसीडी/कॉपर–टी के क्या आधारभूत तथ्य और फायदे है, जो आप सेवार्थी को बताती है? **Any other?** अन्य कोई	COPPER-T IS A SAFE AND EFFECTIVE METHOD FOR DELAYING AND SPACING CHILD BIRTH गर्भ रोकने और बच्चों में अन्तर रखने के लिए कॉपर टी एक सुरक्षित तरीका है ....A SHOW THE CLIENT A SAMPLE OF COPPER T सेवार्थी को कॉपर टी का एक नमूना दिखाना .... B USE A PICTURE (FROM THE FLIP CHART OR BOOK) TO DEMONSTRATE WHERE THE COPPER-T IS PLACED IN THE BODY एक तस्वीर, (जो कि चार्ट में उपलब्ध है,) दिखाकर ये बताना कि कॉपर टी शरीर में कहां लगायी जाती है .... C IT IS A SMALL T-SHAPED OBJECT MADE OF PLASTIC ANDCOPPER WHICH PREVENTS WOMAN FROM GETTING PREGNANCY यह एक प्लास्टिक और तांबे की बनी टी आकार की छोटी सी वस्तु है, जो महिलाओं को गर्भ धारण होने से बचाती है .... D COPPER T: IT CAN BE USED AS A LONG TERM METHODBECAUSE PREVENT PREGNANCYUP TO 10 YEARS कॉपर–टीः– यह एक लम्बी अवधि के तरीके के रूप में इस्तेमाल की जा सकती है, क्योकि इसे एक बार लगाने के बाद दस साल तक गर्भ धारण से बचा जा सकता है ....E IT CAN ONLY BE INSERTED BY A TRAINED ANM OR DOCTOR यह केवल एक प्रशिक्षित एएनएम या डॉक्टर दारा लगवाई जा सकती है ....F COPPER-T DOES NOT INTERFERE WITH SEXUAL INTERCOURSE AS IT IS PLACED IN THE UTERUS कॉपर टी से संभोग में व्यवधान नहीं होता, क्योकि यह गर्भाशय में स्थापित की जाती है ....G OTHER अन्य (_____)....X	
323.	What do you tell clients about side effects of IUCD/Copper-T? आप कॉपर टी के साइड इफेक्ट के बारे में सेवार्थी को क्या बताती हैं? **Any other?** अन्य कोई	ABDOMINAL CRAMPS/PERSISTENT BACKACHE पेट में मरोड़ या लगातार पीठ दर्द ....A SPOTTING OF BLOOD BETWEEN PERIODS.... B दो मासिक चक्रों के बीच में खून आना PERIODS THAT ARE HEAVIER THAN USUAL.... C माहवारी में पहले से ज्यादा रक्तस्त्राव होना THESE CHANGES ARE USUALLY TEMPORARY .... D ये बदलाव प्रायः अस्थायी होते है IF THE WOMAN HAS ANY CONCERNS ABOUT THESE CHANGES, SHE SHOULD IMMEDIATELY COME AND DISCUSS THEM WITHTHE HEALTH SERVICE PROVIDER .... E अगर औरत को इन बदलाव के बारे में कोई चिन्ता हो तो वह तुरंत स्वास्थ्य सेवी से मिले OTHER अन्य (_____)....X	
324.	What are the steps you explain to the client on to ensure that the IUCD/Copper-T is in place? IUCD/C-T अपने स्थान पर है ,यह सुनिश्चित करने के लिए आप सेवार्थी को क्या–क्या समझाती हैं? **Any other?** अन्य कोई	FIRST, THE CLIENT SHOULD WASH HER HANDS पहला, सेवार्थी को अपने हाथ धोने चाहिए .... A SECOND, THE CLIENT SHOULD SQUAT दूसरा, सेवार्थी को पैरो के बल बैठ जाना चाहिए .... B THIRD, THE CLIENT SHOULD INSERT 1 OR 2 FINGERS INSIDE THE VAGINA TO FEEL FOR THE COP-T THREADS तीसरा, सेवार्थी को एक या दो उंगली योनि के अन्दर डालकर कॉपर टी के धागे को महसूस करना चाहिए C	

		IF SHE CANNOT FIND THE THREAD, THEN SHE SHOULD CONSULT THE HEALTH SERVICE PROVIDER अगर वह धागे को नहीं पाती है तो स्वास्थ्यकर्मी से सम्पर्क करना चाहिए ..... D REMIND THE WOMAN THAT THE DEVICE CANNOT POSSIBLY MOVE ABOUT IN THE BODY महिला को यह याद दिलाना कि आईयूसीडी/कॉपर टी शरीर में इधर–उधर होने की संभावना नही होती..... E OTHER अन्य (_____)....X	
325.	What actions do you take as a health service provider for a client who has chosen IUCD/Copper T? जिस सेवार्थी ने IUCD/C-T का चुनाव किया है, उसके लिए सेवा प्रदाता के तौर पर आप क्या करती हैं? **Any other?** अन्य कोई	THE ANM OR DOCTOR NEEDS TO SCREEN A CLIENT FOR STI/RTI, BEFORE SHE CAN CHOOSE COPPER-T AS HER CONTRACEPTIVE METHOD गर्भ निरोधक के रुप में कॉपर टी का चुनाव करने के पहले ए एन एम या डॉक्टर को सेवार्थी की एस टी आई/आर टी आई के लिए जांच करने की आवश्यकता होती है ..... A EXPLAIN THE SIDE EFFECTS दुष्प्रभाव के बारें में बताती है ..... B EXPLAIN HOW TO CHECK THAT THE COPPER-T IS IN PLACE कॉपर टी अपनी जगह पर है कि नहीं, इसकी कैसे जांच करे इसके बारें में बताती है ..... C ANM SHOULD MAKE 2 FOLLOWUP VISITS TO THE THE BENEFICIARY WITHIN A MONTH ए एन एम को एक महीने में दो बार सेवार्थी की जांच करने जाना चाहिए ..... D THE WOMAN SHOULD COME FOR A FOLLOWUP VISIT AFTER HER NEXT PERIOD महिला को अगली माहवारी के बाद जांच कराने आना चाहिए.....E OTHER अन्य (_____)..... ..X	
326.	Please tell me, if under the following situations you would or would not recommend Copper-T to a client? कृपया बताये कि निम्न स्थिति में आप सेवार्थी को कॉपर टी लगाने की सलाह देगीं या नहीं? ***[READ ONE BY ONE]*** एक–एक कर के पढ़े	YES NO The client has One week old baby सेवार्थी को एक सप्ताह का बच्चा है..... 1 2 History of heart disease पहले हदय की बीमारियां रह चुकी है..... 1 2 RTI/STI or vaginal infection आर टी आई/एस टी आई/योनि संक्रमण ..... 1 2 Unexplained continuous vaginal bleeding बेवजह लगातार रक्तस्राव..... 1 2 Not been screened for RTI/STI आर टी आई/एस टी आई के लिए जांच नही हुई हो..... 1 2	
327.	Have you ever heard of an IUCD/Copper-T that offers 10 years protection from pregnancy? आपने कभी दस साल तक की आईयूसीडी/कॉपर टी के बारे में सुना है जो गर्भ से बचाती है?	YES हां..... 1 NO नहीं ..... **2** →	**329**

328.	Which is the main source/person from which you first heard about the 10 years Copper-T? कौन से व्यक्ति/स्त्रोत से आपने 10 साल वाली कॉपर टी के बारे में सुना है?	TRAINING प्रशिक्षण ..... 1 SUPERVISOR पर्यवेक्षक ..... 2 MEDICAL OFFICER चिकित्सा अधिकारी ..... 3 TELEVISION टी वी ..... 4 RADIO रेडियो ..... 5 HOARDING/WALL PAINTING होर्डिंग/वॉल पेंटिग ..... 6 POSTERS पोस्टर ..... 7 MAGAZINE/NEWSPAPERS समाचार पत्र/पत्रिकाएं ..... 8 OTHER अन्य (_____).....9	
	FEMALE STERILIZATION महिला नसबंदी		
329.	What do you discuss with your client about female sterilization? आप अपने सेवार्थी के साथ महिला नसबंदी के बारे में क्या बात करती हैं? Any other? कोई अन्य	FACTS ABOUT F. STERILIZATION महिला नसबंदी के तथ्यों के बारें में ..... A THE BENEFITS OF F. STERILIZATION महिला नसबंदी के फायदे ..... B WHO CAN UNDERGO F. STERILIZATION महिला नसबंदी कौन अपना सकता है, ... C HOW THE PROCEDURE IS CONDUCTED प्रक्रिया कैसे की जाती है ..... D THE POST PROCEDURE STEPS प्रक्रिया के बाद के चरणों के बारें में बताती है ..... E WHERE SERVICES ARE AVAILABLE ये सेवा कहां उपलब्ध है, यह बताती है ..... F THE TIMINGS WHEN SERVICES ARE AVAILABLE सेवा प्राप्त करने का समय बताती है ..... G THE SCHEDULE OF VISITS सेवा कब–कब लेनी है, ... H FOLLOW UP REQUIRED WITH THIS METHOD प्रक्रिया के पश्चात् आवश्यक फॉलो–अप के बारे में बताती हैं ..... I ASK CLIENT IF SHE HAS ANY QUESTIONS, FEARS, CONCERNS सेवार्थी से उसके सवालों/डर/शंकाओं के बारें में पूछना ..... J ANSWER ANY MISCONCEPTIONS FOR THE CLIENT सेवार्थी की किसी मिथ्याधारणा का जवाब देना ..... K WHAT YOU WILL DO TO FOLLOW UP WITH THE CLIENT सेवार्थी को फॉलो–अप के लिए स्वास्थ्यकर्ता क्या करेंगी यह बताती हैं ..... L OTHER अन्य (_____).....X	
330.	What are the basic facts and benefits of female sterilization you will be providing to the client? महिला नसबंदी के क्या आधारभूत तथ्य और फायदे है, जो आप सेवार्थी को बताती है? **Any other?** कोई अन्य	FEMALE STERILIZATION IS A SAFE, EFFECTIVE PERMANENT SURGICAL METHOD IN WHICH THE FALLOPIAN TUBES OF THE WOMAN ARE TIED महिला नसबंदी एक सुरक्षित असरदार एवं स्थायी तरीका है जिसमें औरत की फैलोपियन नली को बंद करते है ..... A SHOW A PICTURE OF WOMEN'S REPRODUCTIVE ORGANS AND DESCRIBE THE PROCEDURE TO HER स्त्री के जननांगो की तस्वीर दिखाकर प्रक्रिया का विवरण देना ..... B	

		FEMALE STERILIZATION IS DONE IN TWO WAYS, CALLED LAPAROSCOPY AND TUBECTOMY महिला नसबंदी दो तरीके से किया जाता है, जो कि लेप्रोस्कोपी और ट्यूबक्टोमी कहलाता है.....C IN LAPAROSCOPY THE FALLOPIAN TUBES ARE BLOCKED BY SLIPPING RINGS OVER THEM (SHOW PICTURES) लेप्रोस्कोपी में फैलोपियन नली के उपर छल्ला लगाकर रोका जाता है, तस्वीर दिखाकर बताते है..... D IN ABDOMINAL TUBECTOMY, THE FALLOPIAN TUBES ARE CUT AND TIED ट्यूबक्टोमी में फैलोपियन नली को काट कर बांध दिया जाता है.....E BOTH ARE EQUALLY SUCCESSFUL दोनो ही बराबर सफल है.....F BOTH ARE DONE UNDER LOCAL ANESTHESIA दोनो ही विधियॉ सुन्न करके की जाती है.....G THEY TAKE 5-10 MINUTES ONLY इसमें सिर्फ 5–10 मिनट का समय ही लगता है.....H THEY REQUIRE ONLY A VERY SMALL ABDOMINAL INCISION इसमें पेट में थोडा सा चीरा लगाने की जरुरत होती है..... I WOMEN CAN RETURN HOME THE SAME DAY महिला उसी दिन अपने घर लौट सकती है.....J THEY SHOULD BE ALLOWED TO REST AFTER THE PROCEDURE उन्हे इस प्रक्रिया के बाद आराम करने देना चाहिए.....K WOMEN SHOULD HAVE LESS HARD WORK THAN USUAL FOR A FEW DAYS AFTER THE PROCEDURE इस प्रक्रिया के बाद महिलाओं को कुछ दिनों के लिए कम शारीरिक परिश्रम करना चाहिए ..... L FEMALE STERILIZATION BECOMES EFFECTIVE AS SOON AS THE OPERATION IS FINISHED महिला नसबंदी ऑपरेशन के तुरन्त बाद असरदार हो जाता है ..... M FEMALE STERILIZATION SERVICES ARE AVAILABLE AT THE BLOCK LEVEL IN RCH CAMPS महिला नसबंदी सेवा खण्ड स्तर पर आर सी एच शिविर में उपलब्ध होती है.....N FEMALE STERILIZATION IS ALSO AVAILABLE IN THE DISTRICT HOSPITAL महिला नसबंदी जिला अस्पताल में भी होती है.....O OTHER अन्य (_____).....X	
331.	What actions/steps do you take as a health service provider for a client who has undergone female sterilization? जिस महिला सेवार्थी ने महिला नसबन्दी करवाई है, उसके लिए आप क्या सेवाऐं देती है।	SCHEDULE THE FOLLOW UP VISITS TO FIND OUT HOW THE CLIENT IS DOING सेवार्थी का हाल जानने हेतु फॉलो–अप के लिए दौरा तय करना.....A THE FIRST FOLLOW-UP VISIT SHOULD HAPPEN WITHIN 24 HOURS AFTER THE SURGERY पहला फॉलो–अप दौरा शल्य क्रिया (ऑपरेशन) के पश्चात् 24 घंटों के दौरान हो जाना चाहिए.....B	

	Any other? कोई अन्य	THE SECOND FOLLOW-UP VISIT ON THE THIRD DAY FOLLOWING THE SURGERY दूसरा फॉलो–अप दौरा शल्य क्रिया (ऑपरेशन) के पश्चात् 3 दिनों के दौरान हो जाना चाहिए.....C PRESCRIBE APPROPRIATE MEDICATION IF WOMAN HAS PAIN OR SLIGHT INFECTION यदि महिला को थोडा भी दर्द या संक्रमण हो तो उचित दवाई बताना.....D CHECK STITCHES DURING FOLLOW UP VISIT FOR ANY SIGNS OF INFECTION फॉलो–अप दौरे पर टांकों में संक्रमण के लक्षणों के लिए जांच करना.....E REMOVE STITCHES ON 7TH DAY सातवें दिन टांको को हटवाना .....F WATCH FOR DANGER SIGNS AND COMPLICATIONS खतरे के लक्षण एवं जटिलता पर ध्यान देना .....G WHERE NECESSARY, REFER TO A DOCTOR OR HOSPITAL FOR FURTHER TREATMENT जहां आवश्यक हो वहां सेवार्थी को आगे की चिकित्सा हेतु डॉक्टर के पास या अस्पताल भेजना .....H DISPEL ANY MISCONCEPTIONS THAT THE WOMAN OR FAMILY MEMBERS HAVE महिला या उसके परिवार की अवधारणाओं को दूर करना.....I OTHER अन्य (_____).....X	
	MALE STERILIZATION पुरूष नसबंदी		
332.	What do you discuss with your client about male sterilization? आप अपने सेवार्थी से पुरूष नसबंदी के बारे में क्या बात करती हैं? **Any other?** कोई अन्य	FACTS ABOUT M. STERILIZATION पुरूष नसबंदी के तथ्यों के बारें में बताती है.....A THE BENEFITS OF M.STERILIZATION पुरूष नसबंदी के फायदे बताती है.....B WHOM IT IS SUITABLE पुरूष नसबंदी कौन अपना सकता है, बताती है.....C HOW THE PROCEDURE IS DONE प्रक्रिया कैसे की जाती है.....D THE POST PROCEDURE STEPS प्रक्रिया के बाद के चरणों के बारें में बताती है.....E WHERE SERVICES ARE AVAILABLE ये सेवाऐ कहां उपलब्ध है, यह बताती है.....F THE TIMINGS WHEN SERVICES ARE AVAILABLE सेवाऐ प्राप्त करने का समय बताती है.....G THE SCHEDULE OF VISITS सेवाऐ कब–कब लेनी है, यह बताती है.....H FOLLOW-UP REQUIRED WITH THIS METHOD प्रक्रिया के पश्चात् आवश्यक फॉलो–अप के बारे में ताती हैं .....I ASK CLIENT IF HE HAS ANY QUESTIONS, FEARS, CONCERNS सेवार्थी से उसके सवालों/डर/शंकाओं के बारें में पूछंना.....J	

		ANSWER ANY MISCONCEPTIONS FOR THE CLIENT सेवार्थी की किसी मिथ्याधारणा का जवाब देना.....K EXPLAIN WHAT HEALTH SERVICE PROVIFER WILL DO TO FOLLOW-UP WITH THE CLIENT सेवार्थी के फॉलो–अप के लिए स्वास्थ्यकर्मी क्या–कया करें कि यही बताती हैं ..... L OTHER अन्य (_____)……..X	
333.	What are the basic facts and benefits of male sterilization you will be providing to the client? पुरूष नसबंदी के वे कौन से क्या आधारभूत तथ्य और फायदे है, जो आप सेवार्थी को बताती हैं? **Any other?** कोई अन्य	MALE STERILIZATION IS ONE OF THE EASIEST AND SAFEST, EFFECTIVE PERMANENT SURGICAL METHODS पुरूष नसबंदी एक आसान और सुंरक्षित, प्रभावशाली स्थायी शल्य क्रिया चिकित्सा है .....A MALE STERILIZATION CAN BE DONE IN 2 WAYS पुरूष नसबंदी दो तरीके से किया जा सकता है.....B IN A CONVENTIONAL VASECTOMY PROCEDURE THE PROVIDER MAKES EITHER 1 OR 2 SMALL INCISIONS IN THE SCROTUM पुरानी वेसक्टोमी प्रक्रिया में अंडकोष में 1 या 2 चीरे लगाया जाता है.....C THE NEW NO-SCALPEL VASECTOMY TECHNIQUE INVOLVES A TINY PUNCTURE INSTEAD OF ANY INCISIONS नये नो स्केलपाल वेसक्टोमी में चीरा लगाने की जगह सिर्फ एक छोटा सा छेद किया जाता है .....D BOTH PROCEDURES ARE QUICK, SAFE, AND EFFECTIVE दोनो ही प्रक्रिया तुरंत, सुरक्षित एवं असरदार है.....E THE TWO THIN TUBES THAT CARRY SPERM FROM TESTES TO URETHRA ARE TAKEN OUT OF THIS SMALL PUNCTURE ONE BY ONE AND A SMALL PORTION OF EACH TUBE IS CUT AND TIED दोनो पतली नलियों जो शुक्राणु को अंडकोष से मूत्र नलिका में ले जाती है, को काटकर बांध दिया जाता है ..... F THE SEMEN BECOMES FREE OF SPERMS IN THREE MONTHS TIME तीन महीने में वीर्य शुक्राणु रहित हो जाता है .....G MAIN BENEFIT OF MALE STERILIZATION IS THAT THE MAN DOES NOT HAVE TO FEAR MAKING HIS WIFE PREGNANT पुरूष नसबंदी का मुख्य लाभ यह है कि पति को पत्नी के गर्भवती होने का डर नहीं रहता.....H THIS PROCEDURE, HOWEVER, IS NOT EFFECTIVE IMMEDIATELY AFTER SURGERY हालांकि यह प्रक्रिया सर्जरी के तुरंत बाद असरदार नही होती..... I THE COUPLE SHOULD USE A CONDOM OR SOME OTHER BIRTH CONTROL METHOD FOR THE NEXT 3 MONTHS तीन महीने तक दम्पत्ति को कंडोम या किसी और गर्भ निरोधक को काम में लेना चाहिए .....J OTHER अन्य (_____)……X	

334.	What actions do you take as a health service provider for a client who has undergone vasectomy? एक स्वास्थ्य सेवा प्रदाता होने के नाते वह सेवार्थी जिसकी पुरूष नसबंदी हुई हो, क्या कदम उठाती हैं? **Any other?** कोई अन्य	REMIND THE CLIENT TO USE A CONDOM OR SOME OTHER BIRTH CONTROL METHOD FOR FIRST 3 MONTHS ..... A सेवार्थी को यह याद दिलाना कि पहले तीन महिनों तक कंडोम या कोई अन्य गर्भ निरोधक तरीका अपनाऐं REMIND THE CLIENT TO GO TO A HEALTH FACILITY FORA CHECK-UP AFTER 3 MONTHS TO ENSURE THAT THERE IS NO SPERM LEFT IN THE SEMEN ..... B सेवार्थी को याद दिलाना कि तीन महिनें बाद स्वास्थ्य केन्द्र पर जाकर जांच कराकर सुनिश्चित करायें कि वीर्य में कोई शुक्राणु तो नहीं रह गया है ONCE THIS TEST HAS BEEN COMPLETED, IT IS SAFE FOR THE MAN TO HAVE SEXUAL RELATIONS WITHOUT USING ANY FP METHOD..... C एक बार यह जांच होने के बाद पुरूष का बिना किसी परिवार नियोजन तरीका अपनायें सभोग करना सुरक्षित रहता है DISPEL ANY MISCONCEPTIONS ABOUT VASECTOMY .... D वेसेकोटोमी के बारे में मिथ्या अवधारणा को दूर करना	
335.	Do you think that family planning is beneficial to the people in the community? क्या आप सोचती है कि परिवार नियोजन समुदाय के लिए लाभदायक हैं?	YES हॉ..... 1 NO नहीं..... **2** →	**401**
336	What are the benefits? क्या लाभ हैं? **Any other?** कोई अन्य	BETTER HEALTH FOR MOTHER AND CHILD.....A माँ व बच्चे का बेहतर स्वास्थ्य BETTER EDUCATION TO CHILDREN.....B बच्चों की बेहतर शिक्षा LESS FINANCIAL BURDEN TO FAMILY .....C परिवार पर कम आर्थिक बोझ OTHER अन्य (_____).....X	

SECTION 4: MATERNAL AND NEONATAL HEALTH मातृ एवं नवजात शिशु स्वास्थ्य

READ: Now, I would like to talk about marriage, pregnancy, delivery, and post-partum care.
पढ़ोः अब मैं आपसे विवाह, गर्भाधान, प्रसूति तथा प्रसूति के पश्चात् देखभाल के संबंध में चर्चा करना चाहूँगा/चाहूँगीं।

Q.	QUESTION	CODES	SKIP
401.	In your opinion, what is the ideal age for … आपकी राय में शादी करने की उचित उम्र क्या हैं? A. Girl to get marry? लड़की की शादी की उम्र B. Boy to get marry? लड़के की शादी की उम्र	FOR GIRLS (IN YEARS) लड़कियॉं (वर्षो में) ... [ ][ ] FOR BOYS (IN YEARS) लड़कें (वर्षो में) ..... [ ][ ]	
402.	What are the consequences of early marriage? कम उम्र में शादी के क्या परिणाम होते हैं? READ SUB-HEADINGS **Any other?** अन्य कोई	**FEMALE** महिला IMMATURE TO HANDLE FAMILY MATTERS ..... A पारिवारिक मामलों को सुलझाने में असमर्थ PHYSICALLY WEAK FOR CHILDBEARING ..... B बच्चा पैदा करने के लिए शारीरिक रूप से कमजोर PREGNANCY COMPLICATIONS..... C गर्भावस्था के दौरान जटिलतायें MISS OPPORTUNITY FOR EDUCATION ..... D शिक्षित होने का अवसर खोना **MALE** पुरूष UNEMPLOYED/FINANCIAL BURDEN ON THE FAMILY..... E बेरोजगारी/परिवार पर आर्थिक बोझ UNAWARE ABOUT CONTRACEPTION..... F गर्भनिरोध की अज्ञानता MISS OPPORTUNITY FOR EDUCATION ..... G शिक्षित होने का अवसर खोना **BABY** बच्चे MALNOURISHMENT..... H कुपोषण PRONE TO DISEASES..... I बीमार होने की ज्यादा संभावना POOR GROWTH..... J विकास ठीक से न होना LESS SURVIVAL CHANCES..... K जीवित रहने के कम अवसर OTHER अन्य (1_____)..... X OTHER अन्य (2_____)..... X	
403.	In your opinion, what is the best age for a woman to get pregnant for the first time? आप की राय में महिला की गर्भधारण करने के लिए उचित आयु क्या होनी चाहिए?	IN COMPLETED YEARS आयु पूर्ण वर्षो में..... [ ][ ]	

Q.	QUESTION	CODES	SKIP
404.	What types of special care should be provided to women during pregnancy? गर्भावस्था के दौरान महिला को किस प्रकार की विशेष देखभाल देनी चाहिए? **Any other?** अन्य कोई	ADEQUATE REST पर्याप्त आराम ..... A MORE FOOD THEN NORMALसामान्य से अधिक भोजन B LESS FOOD THEN NORMALसामान्य से कम भोजन ....C REGULAR CHECK-UP नियमित जांच .....D SHOULD NOT LIFT HEAVY OBJECTS ..... E भारी सामान को न उठाना PSYCHOLOGICAL SUPPORT ..... F मनोवैज्ञानिक सहयोग OTHER अन्य (_____)……X	
405.	What are the danger signs of pregnancy? गर्भावस्था के खतरे के क्या लक्षण हैं? **Any other?** अन्य कोई	SEVERE VAGINAL BLEEDING (HEMORRHAGE) ..... A अधिक रक्त स्त्राव SEVERE PAIN IN THE ABDOMEN ..... B पेट में तेज दर्द SEVERE HEADACHE तेज सिरदर्द .....C LOSS OF CONSCIOUSNESS अचेत/बेहोश होना.....D SWELLING सूजन..... E SEVERE WEAKNESS अधिक कमजोरी ..... F ABNORMAL DISCHARGE FROM VAGINA .....G योनि से असमान्य स्त्राव CONVULSIONS दौरे आना .....H BABY STOPS MOVING IN MOTHER'S BODY ..... I शिशु का माता के शरीर में घुमना रूक जाना BLURRING OF VISION देखने में धुंधलापन .....J WATER BAG BURSTS पानी की थेली का फटना .....K SEVERE DIARRHEA भयंकर अतिसार (दस्त)..... L OTHER अन्य (_____)……X	
406.	What are the danger signs of pregnancy you have handled? आपने कौन से गर्भावस्था के खतरनाक खतरों को संभालना हैं? **Any other?** अन्य कोई	**USE ALPHA CODES FROM Q405** प्र. 405 से अल्फा कोड का प्रयोग करें ☐ ☐ ☐ ☐ ☐	
407.	What do you do when you encounter a specific danger sign? आप जब कोई खतरे के लक्षण देखती हैं तो आप क्या करती हैं? **Any other?** अन्य कोई	REFER TO SUBCENTER उपकेन्द्र पर रैफर किया..... A REFER TO PHC/CHC पी एच सी/सी एच सी पर रैफर किया..... B REFER TO DISTRICT HOSPITAL जिला अस्पताल पर रैफर किया .....C REFER TO A PVT. DOCTOR प्राइवेट डॉक्टर को रैफर किया.....D REVIVE PATIENT मरीज को ठीक करते हैं ..... E MEDICAL INTERVENTION चिकित्सकीय हस्तक्षेप ..... F PROVIDE SESSIONS ON NUTRITIOUS DIET .....G पौष्टिक भोजन देते हैं PROVIDE MEDICAL ADVICE .....H चिकित्सकीय सलाह देते हैं OTHER अन्य (_____)…….X	

408.	How many ANC visits one should have during a pregnancy? गर्भावस्था के दौरान महिला को कितनी बार प्रसव पूर्व जांच के लिए जाना चाहिए?	NUMBER OF VISITS भ्रमण की संख्या..... ☐	
409.	When should each ANC visit occur during pregnancy? गर्भावस्था के दौरान महिला को प्रसव पूर्व जांच के लिए कब जाना चाहिए? A. 1st visit पहला दौरा B. 2nd visit दूसरा दौरा C. 3rd visit तीसरा दौरा	A. MONTHS OF PREGNANCY गर्भ का महीना ..... ☐ B. MONTHS OF PREGNANCY गर्भ का महीना ..... ☐ C. MONTHS OF PREGNANCY गर्भ का महीना ..... ☐	
410.	What are the basic services and check-ups covered in antenatal care? कौनसी सेवायें और जांच मूलतः प्रसव पूर्व देखभाल के अन्तर्गत आती हैं? **Any other?** अन्य कोई	TETANUS INJECTI टीटेनस के टीके .....A IRON AND FOLIC ACID TABLETS .....B आयरन और फोलिक एसिड की गोलियां ABDOMINAL CHECKUP पेट की जांच .....C BLOOD PRESSURE रक्त चाप .....D WEIGHT वजन.....E HEIGHT ऊंचाई .....F BLOOD TEST खून की जांच.....G URINE TEST पेशाब की जांच .....H ANAEMIA खून की कमी.....I OEDEMA सूजन.....J OTHER अन्य (_____).....X	
411.	As a health worker, what do you do to ensure that a pregnant woman seek antenatal care? एक स्वास्थ्यकर्ता के तौर पर आप कैसे सुनिश्चित करती हैं कि गर्भवती महिला प्रसव पूर्व जांच कराने आयें? **Any other?** अन्य कोई	ADVISE HER TO SEEK ANTENATAL CARE.....A प्रसव पूर्व देखभाल की सलाह देते हैं VISIT PREGNANT WOMAN TIME TO TIME .....B गर्भावस्था महिला की देखभाल समय–समय पर करना TALK TO HER HUSBAND ABOUT RECEIVING ANTENATAL CARE .....C उसके पति से प्रसव पूर्व देखभाल की बात करना TALK TO HER OTHER FAMILY MEMBERS ABOUT RECEIVING ANTENATAL CARE.....D उसके परिवार के अन्य सदस्यों से प्रसवपूर्व देखभाल की बात करना OTHER अन्य (_____).....X	
412.	What do you specifically check for during the ANC visits? एएनसी दौरे के दौरान आप विशेष रूप से क्या जांच करती हैं? **Any other?** कोई अन्य	BLOOD PRESSURE उच्च रक्तचाप.....A WEIGHT वजन.....B HEIGHT ऊंचाई .....C ABDOMENपेट .....D ANEMIA BY LOOKING AT EYES AND TONGUE .....E आंख व जीभ देखकर रक्त की कमी जानना SWELLING IN THE BODY शरीर में सूजन .....F OTHER अन्य (_____).....X	
413.	What is the general rule about consuming iron and folic acid tablets? आयरन फोलिक ऐसिड की गोलियां लेने का क्या नियम है?	1 TABLET PER DAY FOR A TOTAL OF 100 DAYS DURING THE PREGNANCY ..... 1 गर्भावस्था के दौरान 100 दिनों तक एक गोली रोज OTHER अन्य..... 2 D K पता नहीं..... 3	
414.	If you find a pregnant woman anaemic, what treatment would you recommend? अगर आप को खून की कमी से पीडित गर्भवती महिला मिलती है, तो आप क्या उपचार देंगी?	1 IFA TABLET A DAY रोज एक आईएफए गोली..... 1 2 IFA TABLETS PER DAY ..... 2 रोज दो आईएफए गोली OTHER अन्य..... 3 D K पता नहीं..... 4	

415.	How many TT injections are to be given to a pregnant woman? गर्भवती महिला को टीटनेस के कितने टीके देने चाहिये?	NUMBER OF TT INJECTIONS टी टी इंजेक्शन की संख्या..... ☐	
416.	When should a pregnant woman receive her first TT injection? गर्भवती महिला को टीटनेस का पहला टीका कब मिलना चाहिये?	AS SOON AS THE PREGNANCY IS KNOWN..... 1 जैसे ही गर्भवती होने का पता चले OTHER TIMES ..... 2 अन्य समय D K पता नहीं..... 3	
417.	If the pregnant woman was previously pregnant in less than two years and received 2 TT injections during that pregnancy. Does she need TT injections for her current pregnancy? यदि महिला पहले दो साल से कम अवधि में गर्भवती हुई थी, और उस दौरान दो टीटनेस के टीके लगे थे, तो क्या उसे वर्तमान गर्भावस्था के लिए भी टीटनेस के टीके लगने चाहिए? If YES, how many? अगर हां तो कितने ?	YES हां .....1 ☐ NO नहीं.....2 DON"T KNOW पता नहीं 3	
418.	Do you advice pregnant woman and her family members about birth preparedness? क्या आप गर्भवती महिला और उसके परिवार जनो को जन्म की तैयारी हेतु सलाह देती है ?	YES हां ..... 1 NO नहीं..... **2** DON"T KNOW पता नहीं **3**	→ **420**
419.	What are the advices given to them? उन्हे क्या सलाह दी जाती हैं?	ARRANGE FOR SKILLED BIRTH ATTENDANT.....A कुशल दाई का प्रबंध करना IDENTIFY CLEAN PLACE FOR DELIVERY IF AT HOME .....B यदि घर में प्रसव कराना है तो साफ जगह की पहचान करें ARRANGE FOR TRANSPORT, IN CASE OF EMERGENCY.....C आपात स्थिति हेतु परिवहन/वाहन का प्रबंध करना SAVE MONEY FOR EMERGENCY.....D आपातस्थिति के लिए पैसा बचाना IDENTIFY PERSON WHO CAN DONATE BLOOD.....E उन लोगों की पहचान करना जो खून दे सकें IDENTIFY NEAREST HOSPITAL/ CLINIC ..... F सबसे नजदीकी अस्पताल/क्लिनीक की पहचान करना OTHER अन्य (_____).....X	
420.	What are the five cleans during delivery? प्रसव के दौरान क्या पांच स्वच्छताऐं होनी चाहिए? **Any other?** अन्य कोई	CLEAN HANDS साफ हाथ.....A BLADE ब्लेड .....B SURFACE/PLACE जगह/स्थान .....C THREAD धागा.....D PERENIUM/ CORD साफ नाल .....E OTHER अन्य (_____).....X NONE कुछ नहीं.....Y	
421.	As a health worker, what do you do to ensure that a woman's delivery is assisted by a skilled health worker? एक स्वास्थ्य सेविका होने के नाते आप यह सुनिश्चित करने के लिए कि प्रसव किसी कुशल स्वास्थ्य कर्मी की सहायता से हो, आप क्या करती हैं ?	1..... 2..... 3.....	

422.	What are the danger signs of labour? प्रसव कै दौरान खतरें के क्या लक्षण होते है? **Any other?** अन्य कोई	SEVERE VAGINAL BLEEDING अधिक रक्त स्त्राव .....A LOSS OF CONSCIOUSNESSबेहोशी होना.....B PROLONGED LABORदीर्घकालिन प्रसूति .....C ABNORMAL POSITION OF CHILD.....D बच्चे की असमान्य स्थिति HIGH FEVER WITH FOUL DISCHARGE.....E दुर्गन्ध युक्त स्त्राव के साथ बुखार SEVERE HEADACHE तेज सिरदर्द .....F CONVULSIONS ऐंठन .....G PLACENTA DOES NOT COME OUT.....H आंवल का बाहर न आना OTHER अन्य (_____).....X NONE कोई नहीं .....Y →	**425**
423.	What are the danger signs of labour you have handled? प्रसव के दौरान कौन से खतरों के लक्षण आपने सभालें है? **Any other?** अन्य कोई ?	**USE ALPHA CODES FROM Q422** प्र. 422 से अल्फा कोड का प्रयोग करें ☐ ☐ ☐ ☐ NONE कोई नहीं .....Y →	**425**
424.	What do you do when you encounter a specific danger sign of labour? प्रसव के दौरान जब आप किसी विशेष खतरें के लक्षण का सामना करती है तो तब क्या करती है? **Any other?** अन्य कोई ?	REFER TO SUB-CENTER .....A उपकेन्द्र भेजते हैं REFER TO PHC/CHC प्राथमिक/सामुदायिक स्वास्थ्य केन्द भेजती हूँ.....B REFER TO DISTRICT HOSPITAL.....C जिला अस्पताल भेजते हैं REFER TO A PVT. HOSPITAL निजी अस्पताल भेजते है.....D REFER TO A PVT. DOCTOR.....E निजी चिकित्सय के पास भेजते हैं REVIVE PATIENT.....F मरीज को पुनः ठीक करते हैं MEDICAL INTERVENTION .....G चिकित्सकीय हस्तक्षेप OTHER अन्य (_____).....X	
425.	How many women in your area might have died of complications related to pregnancy/delivery during past 3 years? पिछले तीन साल में आप के क्षेत्र में गर्भावस्था/प्रसव के दौरान हुई जटिलताओं के कारण अनुमानतः कितनी महिलाओं की मृत्यु हुई है?	NUMBER OF WOMEN महिला की संख्या.....☐☐ NONE कोई नहीं 9	

426.	How many children in your area migjt have died before completing one year of age during past 3 years पिछले तीन वर्ष में आप के क्षेत्र में अनुमानतः कितने बच्चों की 1 वर्ष की आयु पूर्ण होने से पूर्व मृत्यु हुई है?	NUMBER OF CHILDREN [ ][ ] DK नहीं मालूम.....9	
	POST-NATAL प्रसव के पश्चात्		
427.	How soon after delivery should a woman receive postpartum care? प्रसव के कितने समय बाद प्रसव–पश्चात् देखभाल प्राप्त होनी चाहिए?	IMMEDIATELY AFTER BIRTH ..... 1 जन्म के तुरन्त बाद WITHIN 6 HOURS AFTER BIRTH..... 2 जन्म के 6 घंटे के अन्दर BETWEEN 6-24 HOURS AFTER BIRTH..... 3 जन्म के 6–24 घंटे के बीच MORE THAN 24 HOURS AFTER BIRTH ..... 4 जन्म के 24 घंटे के बाद ONLY IN CASE OF COMPLICATIONS.....5 केवल जटिलाताओं की स्थिति में DK नहीं मालूम..... 9	
428.	How many post-partum checkups are needed? (Within 42 days of delivery) कितनी बार प्रसव पश्चात् जाँच की आवश्यकता होती है?	NUMBER OF CHECKUPS जांच की संख्या .... [ ]	
429.	Why should a woman need to receive checkup immediately after delivery in the postpartum phase? प्रसव के तुरन्त बाद महिला को प्रसव–पश्चात् देखभाल मिलना क्यों आवश्यक हैं? **Any other?** कोई अन्य	TO CHECK SIGNS OF INFECTION TO MOTHER..... A माता में संक्रमण के लक्षण जांचने के लिए TO TAKE CARE OF NAVAL/CORD ..... B बच्चे की नाभी की देखभाल हेतु TO MEASURE CHILD WEIGHT .....C बच्चे का वजन नापने हेतु FOR CHILD IMMUNIZATION .....D बच्चे का टीकाकरण हेतु TO PROTECT CHILD FROM ANY KIND OF ILLNESS OR INFECTION..... E बच्चे को किसी भी बीमारी या संक्रमण से बचाने हेतु OTHER अन्य (_____).....X	
430.	In your opinion, what types of check-up should be provided immediately after delivery at the health facility and/or by health providers? आप की राय, में प्रसव के तुरन्त बाद पश्चात किस तरह की जाँच स्वास्थ्य सुविधा स्वास्थ्य कार्यकर्ता द्वारा देनी चाहिए? **Any other?** कोई अन्य	REMOVAL OF THE PLACENTA ..... A आंवल को हटाना CUTTING THE NAVAL CORD..... B नाल को काटना CHECKING THE BABY'S VITAL SIGNS ..... C बच्चे के जीवन के लक्षणों को पहचानना MASSAGING THE UTERUS ..... D गर्भाशय का मालिश करना BREAST-FEEDING TECHNIQUES ..... E स्तनपान कराने की विधियॉ CAUTIONING AGAINST INFECTION ..... F संक्रमण के खिलाफ चेतावनी OTHER अन्य (_____).....X	

431.	As a health worker, what do you do to ensure that all mothers receive post-partum care? एक स्वास्थ्य कर्मी के तौर पर आप यह कैसे सुनिश्चित करेंगी कि सभी माताओं को प्रसव–पश्चात् देखभाल प्राप्त हों? **Any other?** कोई अन्य	TALK TO WOMAN ABOUT RECEIVING POSTPARTUM CARE प्रसव पश्चात् देखभाल की सेवा लेने के बारे में महिला से बातचीत .....A VISIT HOSPITAL TO CHECK ON WOMAN महिला की जांच हेतु अस्पताल जाना .....B ADVISE HUSBAND ON POSTPARTUM CARE प्रसव पश्चात् देखभाल हेतु पति को सलाह देना.....C ADVISE OTHER FAMILY MEMBERS ON POSTPARTUM CARE प्रसव पश्चात् देखभाल हेतु परिवार के अन्य सदस्यों को सलाह देना.....D OTHER अन्य (_____).....X	
	CHILD HEALTH शिशु स्वास्थ्य		
432.	What are the common danger signs to baby during his/her neonatal period (within 4 weeks)? नवजात बच्चे के लिए कौनसे समान्यतया खतरे के लक्षण होते है (4 हफ्ते के अन्दर) **Any others?** कोई अन्य	BREATHING DIFFICULTY सांस लेने में कठिनाई.....A PALE YELLOW/ BLUE COMPLEXION पीला–नीला रंग .....B DIFFICULTY IN SUCKING चूसने में दिक्कत .....C HIGH FEVER तेज बुखार .....D RAPID BREATHING तेज–तेज सांस लेना .....E BLEEDING FROM CORD/NAVAL नाभि से खून रिसना .....F DOESN'T PASS URINE WITHIN 24 HRS 24 घंटे तक मूत्र नहीं होना. ..... G SEPTIC / INFECTION सेप्टिक / संक्रमण..... H OTHER अन्य (_____).....X NONE .....Y →	435
433.	In your opinion, what types of special cares should be taken with newborns? आपकी राय में नवजात बच्चे के लिए किस प्रकार की विशेष देखभाल चाहिए?	KEEP THE BABY CLEAN शिशु को साफ रखना .....A KEEP THE BABY WARM शिशु को गर्म रखना.....B NOTHING TO BE APPLIED ON THE CORD नाल पर कुछ भी न लगाना.....C BREASTFEED ON DEMAND भूख लगने पर स्तनपान राना.....D WATCH OUT FOR DANGER SIGNS खतरे के चिन्हो को पहचानना .....E CONTACT HSP IMMEDIATELY ON SEEING ANY DANGER SIGN किसी भी खतरे के चिन्ह को देखते ही तुरंत अस्पताल में सम्पर्क करना .....F BABY SHOULD TAKE BATH AFTER 3 DAYS बच्चे को तीन दिन बाद स्नान कराना चाहिए.....G OTHER अन्य (_____).....X	
434.	Do you know 'kangaroo method' of keeping the baby warm? If 'YES', how often you explain this procedure to mothers? क्या आप बच्चों को गर्म रखने की कंगारु विधि के बारे में जानती है? यदि हां तो कितनी बार आप इस विधि के बारे में समझाती है?	YES, ALWAYS हां, हमेशा ..... 1 YES, SOMETIME हां, कभी–कभी..... 2 YES, NEVER हां, कभी नहीं ..... 3 NO नहीं..... 4	

435.	In your opinion, how long after birth child be put to the breast for first time? आपकी राय में बच्चे को जन्म के कितनी देर बाद पहली बार दूध पिलाना चाहिए?	IMMEDIATELY WITH IN AN HOUR तुरंत एक घंटे के अन्दर..... 000 HOURS घंटे.....1 [ ][ ] DAYS दिन .....2 [ ][ ]	
436.	How long should a child be breastfed exclusively (nothing else, not even water)? कितनी उम्र तक बच्चे को केवल मां का दूध देना चाहिए (और कुछ भी नहीं यहां तक कि पानी भी नहीं)? [RECORD IN MONTHS]	IN MONTHS महीनों में ..... [ ]	
437.	At what age a child should start receiving supplementary/mushy food? [RECORD AGE IN MONTHS] किस उम्र से बच्चे को पूरक/मसला हुआ भोजन देना चाहिए?	AGE IN MONTHS महीनों में आयु..... [ ][ ]	
438.	Till what age a child should be given breast milk along with supplements? [RECORD IN MONTHS] किस उम्र तक बच्चे को पूरक भोजन के साथ स्तनपान कराना चाहिए?	AGE IN MONTHS महीनों में आयु..... [ ][ ]	
439.	What do you tell women and their family members about the importance of breastfeeding? आप महिलाओं को और उनके परिवार के सदस्यों को स्तनपान की महत्ता के लिए क्या बताती है? **Any other?** कोई अन्य	BREAST MILK IS AN ESSENTIAL FOOD FOR EVERY NEW BORN BABY स्तनपान नवजात शिशु के लिए आवश्यक भोजन है .....A TIMING: WITHIN ONE HOUR OF BIRTH समयः– जन्म के एक घंटे के अन्दर.....B EARLY BREAST FEEDING STIMULATES MORE PRODUCTION OF MILK जल्दी स्तनपान कराने से दूध अधिक बनता है.....C EXCLUSIVE BREASTFEEDING FOR 6 MONTHS MAKES BABY MORE IMMUNE TO DISEASES 6 महीने तक बच्चे को केवल स्तनपान कराने से कई बीमारियों से बचाया जा सकता है.....D COLOSTRUM, THE FIRST MILK PROTECT THE CHILD FROM DISEASE कोलोस्ट्राम मां का पहला दूध बच्चे को कई बीमारियों से बचाता है.....E OTHER अन्य (_____).....X	
440.	Do you explain to a woman the correct breast-feeding practices? एक महिला को आप स्तनपान कराने की सही स्थिति के बारें में कैसे बताती है?	YES हां .....1 NO नहीं ....2 →	442

441.	How do you explain to a woman about correct positioning for breastfeeding? आप एक महिला को स्तनपान के लिए सही स्थिती के लिए कैसे बताती है?	THE BABY'S BODY AND HEAD MUST BE STRAIGHT.....A बच्चे का सिर व शरीर सीधा होना चाहिए THE BODY AND HEAD MUST BE CLOSE TO THEMOTHER AND FACING BREAST.....B सिर व शरीर माँ से सटा और स्तन की ओर होना चाहिए THE BABY'S NOSE SHOULD BE OPPOSITE THE MOTHER'S NIPPLE ..... C बच्चे का नाक माँ के निप्पल कें विपरीत होना चाहिए BABY'S BOTTOM SHOULD BE SUPPORTED BY MOTHER'S HAND ..... D बच्चे को नीचे से माता के हाथ का सहारा होना चाहिए MAKE SURE THAT THE BABY IS SUCKLING THE AREOLA AND NOT JUST THE NIPPLE, WITH MOREAREOLA VISIBLE ABOVE THE BABY'S MOUTH THAN LOWER.....E ये सुनिश्चित करें कि बच्चा निप्पल के आगे भाग को ही नहीं बल्कि आगे तक चूस रहा हो CHEEKS OF THE BABY ARE ROUNDED AND NOT SUCKED ..... F बच्चे के गाल गोल हो ना की धसा हुआ SLOW DEEP SUCKS, CAN SEE OR HEAR SWALLOWING ..... G धीरे और गहरा चूषण हो, जिसे देखा जा सके और सुना जा सके OTHER अन्य (_____).....X	
442.	On colostrum, what common myths and misconceptions are prevailing in your village? कोलोस्ट्राम के बारे में आपके गॉव में क्या मिथ्या तथा अवधारणाएं फैलती है?	COLOSTRUM IS THICK SO BABY CAN'T DIGEST IT.....A कोलोस्ट्राम गाढ़ा होना जो बच्चा पचा नहीं सकता NOT GOOD FOR BABY'S GROWTH AND HEALTH.....B यह बच्चे के स्वास्थ्य और वृद्धि के लिए अच्छा नहीं OTHER अन्य (_____).....X	
443.	What advice do you generally give to mothers/caregivers about complementary feeding? माता या बचचे की देखभाल करने वाले को आप पूरक भोजन के बारे में क्या सलाह देती हैं?	AFTER 6 MONTHS, START FEEDING THE BABY WITH SOFT MUSHY FOODS ALONG WITH BREAST MILK .....A 6 महीने के बाद बच्चे को मां के दूध के साथ मसला हुआ भोजन देना चाहिए FOOD LIKE DAL, KICHDI, BOILED AND MASHED VEGETABLES/ FRUITS CAN BE GIVEN भोजन जैसे दाल, खिचडी, उबली हुई और मसली हुई सब्जी/फल भी दे सकते है.....B FROM 9 MONTHS ONWARDS MORE SOLID FOODSHOULD BE INTRODUCED GRADUALLY INCLUDINGOIL AND GHEE 9 महीने के बाद से कुछ ठोस भोजन तेल देना शुरू करना चाहिए जिसमे तेल घी भी शामिल हो.....C INADEQUATE QUANTITY AND QUALITY OF FOODCOULD MAKE A CHILD MALNOURISHED कम मात्रा एवं कम पोषण वाला भोजन बच्चे को कुपोषित बना सकता है..... D OTHER अन्य (1_____).....X OTHER अन्य (2_____).....Y	

444.	What are the important immunizations needed for a child? कौन से टीके शिशु के लिए आवश्यक होते हैं? **Any other?** कोई अन्य	BCG बी सी जी.....A POLIO पोलियो.....B DPT डी पी टी.....C MEASLES खसरा.....D VITAMIN-A विटामिन –ए .....E HEPATITISहैपेटाईटिस.....F OTHER अन्य (_____).....X	**No. of Doses** डोज की संख्या ☐☐ ☐☐ ☐☐
445.	How many doses of Vitamin-A are required for a child, and when should they receive the first dose? विटामिन–ए की कितनी मात्रा बच्चे के लिए आवश्यक होती है? उसे पहली बार खुराक कब दी जाती है ? **Any other?** कोई अन्य	5 DOSES, 1ST DOSE AT 9TH MONTH..... 1 5 खुराक, पहली खुराक, 9वें महीने में 5 DOSES, 1ST DOSE AT OTHER TIMES ..... 2 5 खुराक, पहली खुराक, किसी भी समय OTHER अन्य..... 3 DON'T KNOW नहीं मालूम..... 4	
446.	When you provide counseling on vaccination / immunization, what basic facts do you discuss? जब आप टीकाकरण के बारे में परामर्श करती है तो आप कौनसे आधारभूत तथ्यों के बारे में बात करती हैं? **Any other?** कोई अन्य	VACCINE IS A MEDICINE USED TO PREVENT THE DEVELOPMENT OF DISEASE .....A टीका एक दवाई हैं जो बीमारी को रोकता हैं IT WORKS BY IMPROVING BODY'S ABILITY TO FIGHT OFF DISEASE .....B यह शरीर को बिमारी से लड़ने की क्षमता प्रदान करता हैं MANY CHILDHOOD DISEASES CAN BE PREVENTEDBY IMMUNIZATION THEREFORE, CHILD IS TOBE GIVEN ALL IMMUNIZATION .....C बहुत सारी बीमारी टीकाकरण द्वारा रोकी जा सकती है, इसलिए बच्चे को प्रत्येक टीका देना चाहिए OTHER अन्य (_____) ....X NONE कुछ नहीं.....Y	
447.	What are the advices you give to parent/caregiver of a child at the time of immunization? टीकाकरण के समय आप माता–पिता एवं शिशु की देखभाल करने वाले को क्या सलाह देंती हैं ?	IF THE CHILD HAS A COMMON COLD OR COUGH, HE/SHE MAY STILL BE IMMUNIZED.....A अगर बच्चे को सर्दी जुकाम है तो भी उसका टीकाकरण होना चाहिए AFTER IMMUNIZATION THE CHILD MAY DEVELOP LIGHT FEVER WHICH CAN BE MANAGED.....B टीकाकरण के बाद बच्चे को हल्का बुखार आ सकता है जो कि संभाला जा सकता हैं MAINTAIN A CARD FOR YOUR CHILD TO CHECK IMMUNIZATION DATE.....C एक कार्ड करें जिससे कि यह सुनिश्चित हो कि टीकाकरण समय पर हो सके OTHER अन्य (1_____) ..X OTHER अन्य (2_____) ..Y	

448.	What are the things you should remember with respect to storage of vaccines? वैक्सीन को सुरक्षित रखने के लिए कौनसी बातों को ध्यान रखना चाहिए?	SPON PROB DK MAINTAIN THEIR SUITABLE TEMPERATURE.....1 2 3 उनको सही तापमान पर रखना BCG, POLIO AND MEASLES VACCINES MUST BE KEPT BELOW 0 DEGREE CELSIUS.....1 2 3 बीसीजी, पोलियो और खसरा के टीके 0 डिग्री सैल्सियस से कम तापमान पर रखना चाहिए DPT AND TT MUST BE KEPT AT 2-8 DEGREES CELSIUS.....1 2 3 डीपीटी और टी टी के टीके 2–8 डिग्री सैल्सियस में रखना चाहिए ONCE A BCG AND MEASLES VIAL IS OPENED, IT MUST BE USED IN THE SAME SESSION.....1 2 3 यदि बीसीजी/मिजल्स के टीकों का आवरण खुल जाये तो उसी सत्र में उनका प्रयोग करना चाहिए OTHER अन्य (_____).....1 2 3	
449.	What are the important childhood illnesses and vitamin deficiencies, you generally discuss with mothers in your area? आप अपने क्षेत्र में सामान्यतः माताओं से बच्चों की किन महत्वपूर्ण बीमारियों और विटामिन की कमियों के बारे में चर्चा करती हैं?	CHILDHOOD DIARRHOEA अतिसार.....A FEVER बुखार.....B ARI , ए. आर. आई.....C PNEUMONIAनिमोनिया.....D WORMS INFECTIONकीड़ों से संक्रमण .....E VITAMIN A DEFICIENCYविटामिन ए की कमी.....F OTHER अन्य (1_____) ..X OTHER अन्य (2_____) ..Y	
450.	What type of information you give to mothers/other family members on childhood illnesses and vitamin deficiencies? आप माँ व अन्य परिवार के सदस्यों को बच्चों की बीमारियों व विटामिन की कमियों के बारे में किस प्रकार की जानकारी देती हैं?	1..... 2..... 3.....	

Section 5: RTI, STI, HIV/AIDS आरटीआई,एसटीआई, एचआईवी/एड्स			
Q.	**QUESTION**	**CODES**	**SKIP**
501.	Are you aware of the difference between RTI and STI? क्या आपको आरटीआई एवं एसटीआई में अन्तर पता हैं?	YES हॉ ..... 1 NO नहीं ..... 2 →	503
502.	What are the differences between an RTI and a STI? आप कैसे आरटीआई एवं एसटीआई में भेद कर सकती हैं	RTIs ARE INFECTIONS THAT OCCUR IN THE REPRODUCTIVE ORGANS OF MEN AND WOMEN ..... A आरटीआई एक संक्रमण है जो औरतों और पुरूषों के जननांगों में होता है MOST RTIS ARE CAUSED BY NOT KEEPING THEPRIVATE PARTS SUFFICIENTLY CLEAN ..... B ज्यादातर आरटीआई गुप्तागों को साफ न रखने से होता हैं STIs ARE INFECTIONS THAT ARE PASSED FROM ONEPERSON TO ANOTHER DURING SEXUALINTERCOURSE..... C एसटीआई संक्रमण एक व्यक्ति से दूसरे व्यक्ति से संभोग द्वारा फैलता है OTHER अन्य (_____) X	
503.	What would you advise to your client who is suffering from RTI/STI? आरटीआई/एसटीआई से पीड़ित सेवार्थी को आप क्या परामर्श देंगी?	**SAFE PRACTICES** सुरक्षित अभ्यास KEEP GENITALS OF THE BODY CLEAN ALL TIMES ... A हर समय शरीर के जननांगों को साफ रखना WEARING CLEAN UNDERGARMENTS.....B साफ अर्न्तवस्त्रों को पहनना WOMEN SHOULD USE CLEAN CLOTH DURING MENSTRUATION ..... C महिला को मासिक धर्म के दौरान स्वच्छ कपड़े का प्रयोग करना TO AVOID SEXUAL CONTACT TILL RTIs /STIs ARE CURED.....D जब तक आरटीआई/एसटीआई का ईलाज चल रहा है तब तक शारीरिक संबंधों से बचना चाहिए TO USE NEW CONDOM AT EVERY SEXUAL CONTACT.....E प्रत्येक शारीरिक संबंध के समय एक नये कंडोम का प्रयोग करना FOR RTI/STI SCREENING OF BOTH PARTNERS .....F दोनों साथिओं की आरटीआई/एसटीआई की जांच होना चाहिए **AVAILABLITLY OF SERVICES** सेवाओं की उपलब्धता REFER TO A SERVICE PROVIDER/ HOSPITAL ..... G एक स्वास्थ्य कर्मी के पास/अस्पताल भेजना TO VISIT RCH CAMPS ..... H आरसीएच शीविर जाना TO VISIT HEALTH CAMPS (NGOS /PVT).....I स्वास्थ्य शिवीर जाना OTHER अन्य (_____) X	
504.	What symptoms should clients look out for, to seek medical attention for RTI/STI? सेवार्थी को आरटीआइ/एसटीआई के लिए चिकित्सकीय जांच हेतु कौनसे लक्षणों को देखना चाहिए?	SORENESSघाव होना ..... A ITCHING खुजलाहट होना ..... B PAIN ON URINATION पेशाब करने में दर्द..... C ULCERS (BIG SORES) छाला (बड़ा घाव) ..... D FOUL-SMELLING DISCHARGE दुर्गन्धयुक्त स्रत्राव ..... E BLEEDING रक्तस्राव .....F PAIN DURING INTERCOURSE संभोग के दौरान दर्द ... G BLEEDING AFTER INTERCOURSE संभोग के बाद रक्त स्रत्राव..... H SWELLING IN THE GROIN जांच के पास सूजन.....I SWELLING/LUMP IN BREAST स्तन में सूजन/दर्द.....J OTHER अन्य (_____) X	

	HIV/AIDS एचआईवी / एड्स		
505.	What information, do you give to your clients on HIV/AIDS? आप अपने सेवार्थियों को एच.आई.वी. / एडस के बारे में क्या जानकारी देती है?	**BASIC FACTS** आधारभूत तथ्य HIV IS A VIRUS WHICH CAUSES AIDS ..... A एचआईवी एक विषाणु हैं जिससे एड्स होता है THERE IS NO CURE FOR AIDS ..... B एड्स का कोई ईलाज नहीं HOW IT IS SPREAD ..... C यह कैसे फैलता है USE OF CONDOM FOR PREVENTION.....D बचाव हेतु कंडोम का प्रयोग TO STAY FAITHFUL TO PARTNER.....E जीवन साथी के प्रति वफादारी **CLARIFY FEARS/ MYTHS** भय और मिथ्य को स्पष्ट करना HIV/AIDS WILL NOT SPREAD BY KISSING OR HANDSHAKING.....F एचआईवी / एड्स चुम्बन या हाथ मिलाने से नहीं फैलता HIV/AIDS WILL NOT SPREAD BY SHARING UTENSILS.....G एचआईवी / एड्स बर्तन साथ में प्रयोग करने से नहीं फैलता HIV/AIDS WILL NOT SPREAD THOUGH MOSQUITO BITES.....H एचआईवी / एड्स मच्छर काटने से नहीं फैलता OTHER अन्य (_____) X	
506.	What are the modes of HIV transmission? एच.आई.वी. / एडस किस प्रकार फैलता है?	UNPROTECTED SEX WITH AN INFECTED PERSON..... A संक्रमित व्यक्ति के साथ असुरक्षित यौन संबंध INFECTED BLOOD TRANSFUSION..... B संक्रमित रक्त के चढने से USE OF INFECTED NEEDLES ..... C संक्रमित सूई के प्रयोग से USE OF INFECTED BLADES, RAZORS/ TOOLS.....D संक्रमित ब्लेडस, रेजर और यंत्र के प्रयोग से FROM AN INFECTED MOTHER TO THE BABY ..... E एक संक्रमित माँ से उसके बच्चे को OTHER अन्य (_____) X	
507.	What do you tell clients to be protected from HIV/AIDS infection? आप अपने सेवार्थी को संक्रमण से बचनें के लिए क्या बताती हैं?	ABSTINENCE FROM SEX संभोग से बचना..... A BEING FAITHFUL TO YOUR PARTNER ..... B जीवन साथी के प्रति वफादारी USE OF CONDOMS कंडोम का प्रयोग..... C USE OF DISPOSABLE OR STERILIZED SYRINGES AND NEEDLES ..... D विषाणु रहित और एक बार प्रयोग होने वाली सिंरिज एवं सूई का प्रयोग USE OF NEW AND CLEAN BLADES/RAZORS..... E नये और साफ ब्लेड तथा रेजर का प्रयोग TESTING BLOOD FOR HIV/AIDS BEFORE TRANSFUSION .....F रक्त ट्रांसफ्यूजन से पहले एच.आई.वी. / एडस हेतु रक्त की जांच SCREENING FOR RTI/STI..... G आरटीआई / एसटीआई की जांच OTHER अन्य (_____) X	

508.	What precautions do you take in your work to prevent contracting HIV virus or passing it? आाप अपने काम में एच.आई.वी.. विषाणु से संक्रमण या गमन के लिए क्या सावधानी बरतती हैं?	ENSURE THAT SYRINGES AND NEEDLES ARE STERILIZED ..... A यह सुनिश्चित करती है कि सिरिंज और सूई विषाणु रहित हैं STERILIZED SYRINGES/NEEDLES ARE TO BE KEPT IN A CLEAN AND PROTECTED PLACE ..... B विषाणु रहित सिरिंज और सूई को साफ और सुरक्षित जगहों पर रखती हैं। FOLLOW STANDARD INFECTION CONTROL AND PREVENTION PRACTICES..... C उचित संक्रमण पर नियंत्रण एवं सावधानी के मानक का पालन करें।	
509.	Have you heard of RCH or any other health camps? If 'YES', what type of camp? क्या आपने आरसीएच एवं अन्य किसी स्वास्थ्य शिविर के बारे में सुना हैं? यदि हॉ तो किस प्रकार का शिविर?	YES, RCH CAMP हॉ आरसीएच शिविर..... 1 YES, OTHER HEALTH CAMP (PVT/NGO) ..... 2 हॉ, अन्य किसी स्वास्थ्य शिविर(निजी/गैर सरकारी संस्था) YES, BOTH हॉ, दोनों..... 3 NO नहीं..... 9 →	**601**
510.	Have you ever participated in any of camps (RCH/ OTHER HEALTH CAMPS BY PVT/NGO)? क्या आपने किसी भी शिविर में भाग लिया हैं? (आरसीएच/अन्य स्वास्थ्य शिविर निजी/एनजीओ द्वारा	YES हॉ ..... 1 NO नहीं..... 2 →	**512**
511.	What type of roles/responsibilities you have shared in such camps? आपने उन शिविरों में किस प्रकार की भूमिका और जिम्मेदारी निभाई?	1..... 2..... 3.....	
512.	What types of services are provided from such camps? किस प्रकार की सेवायें उन में दी जाती हैं?	**MOTHER AND CHILD SERVICES** माँ और शिशु सेवाऐं ANTENATAL CHECK-UPS .....A प्रसवपूर्व जांच DISTRIBUTION OF IFA ..... B आयरन गोलियों का वितरण CHILD IMMUNIZATION.....C बच्चों का टीकाकरण EXAMINATION OF INFANTS AGAINST COMMON ILLNESSES /INFECTION.....D बीमारी/संक्रमण के लिए बच्चे की जांच **FAMILY PLANNING SERVICES** परिवार नियोजन सेवाऐं COUNSELING ON FAMILY PLANNING METHODS.....E परिवार नियोजन विधियों पर परामर्श PERFORM STERILIZATION ..... F नसबंदी करना DISTRIBUTION OF CONDOMS.....G कंडोम का वितरण DISTRIBUTION OF ORAL PILLS .....H गोलियों का वितरण **RTI/ STI HIV-AIDS** आरटीआइ/एसटीआई एचआईवी–एड्स COUNSELING ON RTI/STI .....I आरटीआई/एसटीआई पर परामर्श SCREENING OF RTI/STI.....J आरटीआई/एसटीआई की जांच MEDICATION FOR RTI/STI.....K आरटीआई/एसटीआई के लिए दवाई COUNSELING ON HIV/ AIDS .....L एचआईवी/एड्स पर परामर्श OTHER अन्य (_____)...X DON'T KNOW नहीं मालूम ..... Y	

Section 6: MEDIA EXPOSURE संचार माध्यमों द्वारा जागरूकता

Now let us talk about listening to radio, watching television, reading newspapers, and other mass media

अब हम रेडियो सुनने, टेलीविजन देखने, समाचार पत्र पढ़ने और अन्य संचार के माध्यमों पर बात करेंगे

Q.	QUESTION	CODES	SKIP
601.	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?	NUMBER OF DAYS दिनों की संख्या ..... [ ] IRREGULAR अनियमितता .....8 **If '0' go to Q606**	
602.	When do you usually listen to the radio? Any other? आप रेडियों कब सुनते है?	05 AM – 06 AM ..... A 06 AM – 07 AM ..... B 07 AM – 08 AM ..... C 08 AM – 09 AM ..... D 09 AM – 10 AM ..... E 10 AM – 11 AM ..... F 11 AM – 12 PM ..... G 12 PM – 01 PM ..... H 01 PM – 02 PM ..... I 02 PM – 03 PM ..... J 03 PM – 04 PM ..... K 04 PM – 05PM ..... L 05 PM – 06 PM ..... M 06 PM – 07 PM ..... N 07 PM – 08 PM ..... O 08 PM – 09 PM ..... P 09 PM – 10 PM ..... Q OTHER X	
603.	What channels on the radio do you listen to? आप रेडियों पर कौन से चैनल सुनते है?	ALL INDIA RADIO, PRIMARY/LOCAL CHANNEL ऑल इंडिया रेडियो, लोकल चैनल ..... A ALL INDIA RADIO, VIVIDH BHARTI ऑल इंडिया रेडियो, विविध भारती ..... B FM RADIO एफ एम रेडियो, ... C OTHER अन्य (_____) ..... X DON'T KNOW पता नहीं ..... Y	
604.	What type of programs you generally listen to? समान्यतः आप किस तरह के कार्यक्रम सुनते है?	NEWS समाचार ..... A DRAMA नाटक ..... B FILM SONGS फिल्मी गाने ..... C FOLK SONGS लोक गीत ..... D WOMEN'S PROGRAMS महिलाओं के कार्यक्रम ..... E FARMER'S PROGRAMS किसानों के कार्यक्रम ..... F CRICKET क्रिकेट ..... G OTHER SPORTS अन्य खेल ..... H OTHER अन्य (_____) X	
605.	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	YES हां ..... 1 NO नहीं 2	
606.	On an average, in a week, how many days do you watch television? औसतन एक सप्ताह में, आप कितने दिन टेलिविजन देखते हैं?	NUMBER OF DAYS दिनों की संख्या ..... [ ] IRREGULAR अनियमितता .....8 **If '0' go to Q612**	
607.	When do you usually watch TV? आप टी वी कब देखते है? **Any other?** कोई अन्य?	05 AM – 06 AM ..... A 06 AM – 07 AM ..... B 07 AM – 08 AM ..... C 08 AM – 09 AM ..... D 09 AM – 10 AM ..... E 10 AM – 11 AM ..... F 11 AM – 12 PM ..... G 12 PM – 01 PM ..... H 01 PM – 02 PM ..... I 02 PM – 03 PM ..... J 03 PM – 04 PM ..... K 04 PM – 05PM ..... L 05 PM – 06 PM ..... M 06 PM – 07 PM ..... N 07 PM – 08 PM ..... O 08 PM – 09 PM ..... P 09 PM – 10 PM ..... Q OTHER X	
608.	What are the three main TV channels you watch regularly? आप कौन से 3 टी वी चैनल ज्यादातर देखते है?	1..... 2..... 3.....	

Q.	QUESTION	CODES	SKIP
609.	Where do you watch TV, generally? आप समान्यतया टी वी कहां देखते है?	OWN HOME अपने घर..... 1 NEIGHBOUR'S HOME पडोसी के घर..... 2 FRIEND'S/RELATVIES HOUSE मित्र/रिश्तेदार के घर..... 3 WORK PLACE कार्यस्थल..... 4 COMMUNITY TV सामुदायिक टी वी..... 5 OTHER अन्य (_____)..... 9	
610.	What type of programs you generally watch in TV? किस प्रकार के कार्यक्रम आप सामान्यता टी वी पर देखते है?	NEWS समाचार.....A DRAMA SERIAL धारावाहिक.....B COMEDY SERIALS हास्य धारावाहिक.....C DETECTIVE SERIALS जासूसी धारावाहिक.....D RELIGIOUS SERIALS धार्मिक धारावाहिक .....E CINEMA सिनेमा.....F FILM SONGS फिल्मी गाने.....G WOMEN'S PROGRAMS महिलाओं के कार्यक्रम.....H FARMERS PROGRAMS खेती–बाडी के कार्यक्रम..... I GAME PROGRAMS खेलकूद के कार्यक्रम.....J CRICKET क्रिकेट .....K OTHER SPORTS अन्य खेल..... .L OTHER अन्य (_____)..... X	
611.	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	YES हां .....1 NO नहीं.....2	
612.	On an average, in a week, how many days do you read newspapers? औसतन एक सप्ताह में, आप कितने दिन अखबार पढ़ते हैं?	NUMBER OF DAYS दिनों की संख्या..... [ ] IRREGULAR अनियमित 8	**If '0' go to Q614**
613.	Can you tell me the names of newspapers you read regularly? क्या आप मुझे समाचार पत्र के नाम बता सकती है जो आप नियमित रूप से पढ़ते है?	1. ..... 2	
614.	Do you read magazines? IF YES, regularly or irregularly? क्या आप पत्रिका पढ़ती है? यदि हां, नियमित अथवा अनियमित?	YES, REGULARLY हां, नियमित..... 1 YES, IRREGULARLY हां, अनियमित..... 2 NO नहीं..... **3** →	**616**
615.	Can you tell me the names of magazines you have read? क्या आप मुझे दो पत्रिका के नाम बता सकती है जो आपने पढ़ी हैं ?	1..... 2.....	
616.	On an average, in a year, how many times do you go to a cinema theater to watch a cinema? औसतन एक वर्ष में आप कितनी बार सिनेमाघर में सिनेमा देखने जाते हैं?	TIMES कितनी बार..... [ ][ ] IRREGULAR अनियमितता.....88	
617.	Are you aware of any street plays/drama/skits held in your area during past 6 month? क्या आपको पिछले 6 महीनों में कोईनुक्कड़/नाटक/नौटकीं जो कि आपके क्षेत्र मे हुआ हो क्या उसके बारे मे मालुम हैं?	YES हां.....1 NO नहीं 2	

Q.	QUESTION	CODES	SKIP
618.	Have you seen any street plays/drama/skits during past 6 months? IF, 'NO'what are the reasons for not watching them? any other? क्या आपने पिछले 6 महीनों में कोई नुक्कड़/परिहास देखा है? यदि नहीं तो उसको नहीं देखने का कारण क्या है ? **Any other?** कोई अन्य ?	YES हां.....1 NO नहीं .....2 **REASON FOR NOT WATCHING** न देखने के कारण NOT INTERESTED रूचि नहीं.....A NO TIME समय नहीं.....B TIMINGS NOT SUITABLE. नाटक का समय उपयुक्त नही.....C FAMILY DID NOT ALLOW परिवार की अनुमति नहीं.....D OTHER अन्य (_____).X	
619.	In the last three months, have you heard or seen any family planning or reproductive health messages: पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना/देखा है?	YES NO On radio रेडियो पर..... 1 2 On television टेलीविजन पर..... 1 2 In a cinema hall or theatre सिनेमा हाल या थियेटर में..... 1 2 In an outdoor video or film show खुले में वीडियो या फिल्म शो में..... 1 2 In a newspaper or magazine अखबार या पत्रिका में..... 1 2 On a poster or banner पेस्टर या बैनर पर.. 1 2 On a bus or van panel बस या वैन पर..... 1 2 In a leaflet or handbill लीफ लेट या कागज पर बने हुए इश्तेहार पर..... 1 2 On a wall painting, wall writing or hoarding दीवारों पर पैन्टिग, दीवारों पर लिखाई या होर्डिंग में..... 1 2 In a drama or street play नाटक या नुक्कड नाटक में..... 1 2 In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show लोक नृत्य, नौटन्की, कव्वाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में..... 1 2	
620.	**CHECK Q619**	AT LEAST ONE 'YES'कम से कम एक में हॉ ..... 1 — CONTINUE जारी रखें 'NO' IN ALLसभी में नहीं ..... 2 — **GO TO Q624**	

Q.	QUESTION	CODES	SKIP
621.	What type of messages did you listen/watch/read/see? आप किस प्रकार के संदेश सुनती/देखती/पढ़ती है? **Any other message?** कोई अन्य संदेशा?	STERILISATION नसबंदी .....A PILLS गोलियां.....B CONDOMS कंडोम.....C LIMITING OF BIRTHS बच्चों के जन्म को सीमित रखने के बारे में.....D SPACING OF BIRTHS बच्चों के जन्म में अन्तर रखना.....E ANTENATAL CARE प्रसवपूर्व देखभाल .....F TT INJECTIONS टी टी इंजेक्शन.....G IFA TABLETS/SYRUP .....H DELIVERY CARE प्रसव देखभाल..... I POSTPARTUM CARE प्रसव पश्चात् देखभाल.....J BREASTFEEDING स्तनपान ..... K NUTRITION OF MOTHER AND CHILD मां बच्चे का पोषण ..... L SUPPLEMENTARY FEEDING अतिरिक्त खुराक ..... M ORS ओ आर एस.....N CHILD IMMUNISATION शिशु टीकाकरण .....O POLIO IMMUNISATION पोलियो टीकाकरण .....P WATER AND SANITATION जल एवं शुद्धिकरण .....Q OTHER अन्य (_____).....X	
622.	Is the message you have heard or seen acceptable to you? जो संदेश आपने सुने व देखें हैं, क्या आप उनसे सहमत हैं?	YES हां .....1 → **624** NO नहीं.....2	
623.	Why do you think the messages are not acceptable to you? आप ऐसा क्यों सोचती हैं कि संदेश स्वीकार करने योग्य नहीं हैं?	AGAINST RELIGION धर्म के विरूद्ध .....A AGAINST CULTUREसंस्कृति के विरूद्ध.....B NO ADEQUATE SUPPLY/SERVICE .....C पर्याप्त सेवायें नहीं NOT GOOD FOR CHILDREN .....D बच्चों के लिए अच्छा नहीं MESSAGE NOT CLEAR.....E संदेश स्पष्ट नहीं OTHER अन्य(_____)..X	
624.	If you know of a radio/TV program that gives information on reproductive and child health, will you find time to listen/watch them? यदि आप रेडियो/टीवी कार्यक्रम जो कि प्रजनन और बच्चे के स्वास्थ्य के बारे में जानकारी दे तो आप उसे सुनेंगी/देखेंगी?	YES, ALWAYS हां, हमेशा ..... 1 YES, SOME TIMES हां, कभी कभी ..... 2 NO नहीं..... 3 → **627**	
625.	In your opinion, what should be the ideal time for such radio programs? आपके विचार में इस तरह के रेडियो कार्यक्रम के लिए कौनसा समय उपयुक्त हें?	AM (सुबह)..... 1 PM (साय) ..... 2 HRS [ ][ ] MIN [ ][ ]	
626.	In your opinion, what should be the ideal time for such TV programm? आपकी राय में इन टी. वी. कार्यक्रमों का सही समय क्या होना चाहिए?	AM (सुबह).....1 PM (साय).....2 HRS [ ][ ] MIN [ ][ ]	

Q.	QUESTION	CODES	SKIP
627.	If you know of a program such as drama/street, play in your village giving information about health and family planning, will you watch them? यदि आपकी जानकारी में कोई कार्यक्रम जैसे नाटक/नुक्कड आपके गांव में हो जो कि स्वास्थ्य और परिवार नियोजन के बारे में जानकारी दे तो आप उसे देखेंगी? If 'YES', always or sometimes? यदि हां तो हमेशा या कभी कभी ?	YES, ALWAYS हां, हमेशा ..... 1 YES, SOME TIMES हां, कभी कभी ..... 2 NO नहीं..... 3	
628.	In your opinion, what is the ideal media to which health or family planning messages/programs can be given? आपके विचार से स्वास्थ्य व परिवार नियोजन के संदेश/कार्यक्रम प्रसारित करने हेतु आपको मीडिया का सबसे अच्छा व आदर्श साधन कौनसा है?	RADIO रेडियो..... 01 TELEVISION टी वी ..... 02 NEWS PAPER/MAGAZINE समाचार ..... 03 LEAFLET/HANDOUTS ..... 04 HOARDING होर्डिंग ..... 05 WALL PAINTINGS वॉल पेन्टिंग..... 06 POSTERS पोस्टर ..... 07 FOLK MEDIA लोक संचार..... 08 INTERPERSONAL COMMUNICATION आपसी वार्तालाप .....09 OTHERS अन्य (_____). 10 CAN'T SAY कह नहीं सकते..... 95	

Section 7: ATTITUDE अभिवृति

QUESTIONS 701 TO Q712:

Now I would like to read some statements and you have to tell me if in your case these the statements I read are, true always, often, sometimes, rarely or never. Keep in mind that there are no correct or incorrect ways to respond to these statements, as their purpose is only to find out what you opinions are.

अब मैं आपके सामने कुछ वकतव्य पढूंगी और हमें आपको बताना है यदि ये आपके केस में हमेशा सही है, बहुधा, कभी कभी, मुश्किल से या कभी नहीं। ये अपने दिमाग में रखें कि कोई भी गलत या सही जवाब नहीं है इन कथनों में क्योंकि केवल इनका उद्वेश्य आपकी राय को जानना है।

Q.	STATEMENTS कथन	CODES कोड					SKIP
		NEVER 0% कभी नहीं	RARELY 25% मुश्किल से	SOMETIMES 50% कभी कभी	OFTEN 75% प्रायः	ALWAYS 100% हमेशा	
701.	I get a sense of satisfaction from the work that I do मैं जो काम करती हूँ उसे संतुष्टि होती है	1	2	3	4	5	
702.	I have all the resources required to do a good job मेरे पास एक अच्छा काम करने हेतु सभी स्रोत हैं	1	2	3	4	5	
703.	My work allows me to help other people मेरे काम से दूसरों की मदद होती है	1	2	3	4	5	
704.	I have sufficient knowledge about my subject to be able to counsel clients मुझे सेवार्थी को परामर्श करने हेतु अपने विषयों का अच्छा ज्ञान हैं	1	2	3	4	5	
705.	I am always ready to listen to clients' suggestions to improve services मैं हमेशा सेवार्थी के सुझावों को सुनने को तैयार रहती हूँ ताकि अपनी सेवाओं को सुधार सकूं	1	2	3	4	5	
706.	I am aware of my clients' needs and want मैं अपनी सेवार्थी की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
707.	I feel happy with my job as a (insert provider's position) मैं वर्तमान में इस पद पर कार्य करते हुए खुश हूँ	1	2	3	4	5	
708.	I need more knowledge about certain subjects to be able to convince clients मुझे सेवार्थी को समझाने हेतु अपने कुछ विषयों की ओर अधिक जानकारी की आवश्यकता हैं	1	2	3	4	5	
709.	I am aware of the needs of the community मैं समुदाय की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
710.	My work as a health provider allows me to learn new ideas, procedures or technology स्वास्थ्य कर्मी के रूप में मेरे कार्य में मुझे नये विचार, विधियॉ और तकनीकी सीखने का मौका मिलता हैं	1	2	3	4	5	
711.	My success depends on how much effort I put into it मेरी सफलता इस पर निर्भर है कि मैं कितना प्रयास करती हूँ	1	2	3	4	5	
712.	People in my community appreciate the services I provide समुदाय के लोग मेरे द्वारा दी गई सेवाओं की तारीफ करते है	1	2	3	4	5	

SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियां	
Name of the supervisor पर्यवेक्षक का नाम	_____
Remarks टिप्पणियाँ	
Any other observation/comments कोई अन्य अवलोकन/टिप्पणी	

APPENDIX C

BCC BASELINE SURVEY (UP) - 2006
AWW SCHEDULE

बी.सी.सी. बेसलाईन सर्वे (उत्तरप्रदेश)–2006

आंगनबाड़ी कार्यकर्त्ता की प्रश्नावली

IDENTIFICATION पहचान

District / जिला_____

Tehsil / Taluka / तहसील / तालुका_____

PSU Number / पी. एस. यू. नम्बर. .....

Village name and code गांव का नाम एवं कोड.....

Sampled village नमूना गांव– 1, Selected village चयनित गांव/Sub-centre उपकेन्द्र– 2,
Substitute village /Sub-centre स्थानापन्न गांव / उपकेन्द– 3 .....

Reason for substituting village/sub-centre#
गांव या उपकेन्द्र के स्थानापन्न के कारण # .....

Anganwadi worker (AWW) – 2
आंगनबाडी कार्यकर्त्ता .....

Name of the AWW
आंगनबाडी कार्यकर्त्ता का नाम _____

Residential address:
घर का पता _____

_____

_____

Tel/Mob: टेलीफोन / मोबाईल

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 2 0 0 6

Result परिणाम

Completed पूर्ण.....1
Not available उपलब्ध नहीं 2
Postponed स्थगित.....3
Refused मना कर दिया 4
Partly completed आंशिक रुप से पूर्ण.....5
OTHER अन्य (_____) ...6

1 – is not posted / vacant 2 – OTHER (Specify_____)

	NAME	DATE	SIGNATURE
Field edited by:			
Office edited by:			
Keyed by:			

First I would like to ask some questions about your age, education, etc.
सबसे पहले हम आपकी उम्र, शिक्षा आदि के बारे में कुछ सवाल पूछना चाहेंगे।

SECTION 1: BACKGROUND INFORMATION
पृष्ठभूमि की जानकारी

Q.	QUESTION	CODES	SKIP
101.	How old are you? आपकी उम्र क्या है ?	AGE IN COMPLETED YEARS उम्र पूर्ण वर्षो में..... [ ][ ][ ] DK पता नहीं 98	
102.	Have you ever attended school? आप कभी विद्यालय गयीं है ?	YES हॉ..... ..... 1 NO नहीं..... **2**	→ **104**
103.	What is the highest class you have completed? सबसे ऊँची कक्षा जहां तक आपने शिक्षा प्राप्त की है?	GRADE वर्ग..... [ ][ ][ ] INFORMAL SCHOOLING अनौपचारिक शिक्षा..... 98	
104.	Can you read a letter or newspaper easily, with difficulty, or not at all? क्या आप एक पत्र या समाचार पत्र आसानी से, कठिनाई से या बिल्कुल नहीं पढ़ सकती हैं ?	EASILY आसानी से, ... 1 WITH DIFFICULTY कठिनाई से.....2 NOT AT ALL बिल्कुल नहीं 3	
105.	What is your religion? आपका धर्म क्या है ?	HINDU हिन्दू .....1 MUSLIM मुसलमान.....2 CHRISTIAN ईसाई.....3 SIKH सिख.....4 BUDDHIST/NEO BUDDHIST बौद्ध / नवबौद्ध .....5 JAIN जैन .....6 NO RELIGION कोई धर्म नहीं .....7 OTHER अन्य (_____)..... 9	
106.	What is your caste/tribe? Is it a scheduled caste, a scheduled tribe, OTHER backward caste, or general? आपकी जाति / जनजाति क्या है? क्या यह अनुसूचित जाति / अनुसूचित जनजाति या अन्य पिछड़ा वर्ग या सामान्य वर्ग की है?	SCHEDULED CASTE अनुसूचित जाति.....1 SCHEDULED TRIBE अनुसूचित जनजाति.....2 OTHER BACKWARD CASTE (OBC) अन्य पिछड़ा वर्ग ...3 GENERAL सामान्य.....4	
107.	What is your marital status? आपकी वैवाहिक स्थिति क्या है?	NEVER MARRIED कभी शादी नहीं हुई ..... 1 MARRIED शादीशुदा ..... 2 WIDOW/WIDOWER विधवा / विधुर ..... 3 DIVORCED/SEPARATED तलाकशुदा / पृथककरण..... 4 CURRENTLY MARRIED BUT NEVER LIVED WITH HUSBAND वर्तमान में विवाहित किन्तु अपने पति के साथ कभी नहीं रही (गौना) 5	
108.	How long have you been working as an Anganwadi worker? (IN YEARS) आप कितने समय से आंगनबाड़ी कार्यकर्त्ता का कार्य कर रहीं हैं ?(वर्षों में)	IN YEARS वर्षों में ..... [ ][ ][ ]	
109.	How long have you been at the current Anganwadi centre?(IN YEARS) आप कितने वर्षो से इस आंगनबाडी केन्द्र पर कार्यरत है?(वर्षों में)	IN YEARS वर्षों में ..... [ ][ ][ ]	
110.	Are you staying in the village where the Anganwadi centre is situated or outside? क्या आप उसी गांव में रहती हैं जिसमें आंगनबाड़ी केन्द्र है या बाहर रहती है?	ANGANWADI VILLAGE AREA आंगनबाड़ी गांव का क्षेत्र .....1 OUT SIDE ANGANWADI AREA आंगनबाड़ी गांव के क्षेत्र के बाहर.....2	→**113**
111.	How far is your residence from the Anganwadi centre? आंगनबाड़ी केन्द्र से आपका घर कितनी दूरी पर है ?	IN KILOMETERS कि.मी.. में..... [ ][ ][ ]	
112.	On an average, how much time it will take you to reach the anganwadi from your place of stay? औसतन आपको आंगनबाडी केन्द्र तक पहुँचने में कितना समय लगता है?	IN HOURS घंटो में..... [ ][ ][ ]	
113.	Have you received any training? क्या आपने कोई प्रशिक्षण प्राप्त किया है?	YES हॉ..... ..... 1 NO नहीं..... **2**	→ **116**

Q.	QUESTION	CODES	SKIP
114.	Where did you obtain the(se) trainings? आपने यह प्रशिक्षण कहॉ से प्राप्त किया है?	SIFPSA सिफ्सा ..... A NGOs स्वयं सेवी संगठन ..... B PHC प्राथमिक स्वास्थ्य केन्द्र ..... C DISTRICT TRAINING CENTRE जिला प्रशिक्षण केन्द्र ... D STATE TRAINING INSTITUTE राज्य प्रशिक्षण संस्थान . E OTHER अन्य(_____)..... X	
115.	Have you participated in the following trainings after you started working in the current position? If yes, when did you participated in the training? (READ ONE BY ONE) (एक एक करके पढ़ें) वर्तमान पद पर कार्य करते हुए आपने निम्नलिखित प्रशिक्षण में भाग लिया है ? यदि हॉ तो आपने प्रशिक्षण में कब भाग लिया था ? CODE '**72**' FOR '**MORE THAN 72 MONTHS'**, कोड '72' यदि 72 महीनों से अधिक CODE **'95'** FOR '**NEVER ATTENDED'** कोड़ '95' यदि कभी भाग नहीं लिया CODE '**98**' FOR '**DO NOT KNOW/CAN'T REMEMBER'**, कोड '98' यदि नहीं जानती/याद नहीं	YES हॉ / NO नहीं INTERPERSONAL COMMUNICATION AND COUNSELING (IPCC) ..... 1 2 अर्न्तवैयक्तिक संप्रेषण (आपसी बातचीत) एवं परामर्श FAMILY PLANNING परिवार नियोजन ..... 1 2 SAFE MOTHERHOOD सुरक्षित मातृत्व ..... 1 2 HIV/AIDS एचआईवी/एड्स ..... 1 2 EMERGENCY OBSTETRIC TRAINING ..... 1 2 आपतकालिन प्रसूतिजनित प्रशिक्षण NUTRITION पोषण ..... 1 2 NEONATAL CARE, IMMUNIZATION ..... 1 2 नवजात की देखभाल, टीकाकरण STI/RTI प्रजनन/यौन संक्रमण ..... 1 2 TBA TRAINING टीबीए प्रशिक्षण ..... 1 2 OTHER अन्य(_____)..... 1 2	Mths. Ago (कितने महिने पहलें)
	INFRASTRUCTURE अर्न्तसंरचना		
116.	Is your anganwadi functioning from a government building or rented building? क्या आपका आंगनबाड़ी केन्द्र सरकारी इमारत अथवा किराये की इमारत में कार्यरत है ?	GOVT. BUILDING सरकारी इमारत ..... 1 RENTED BUILDING किराये की इमारत ..... 2 DONATED BUILDING दान की गयी इमारत ..... 3 NO BUILDING कोई इमारत नहीं ..... 5 OTHER अन्य 9	
117.	Is the Anganwadi centre building has electricity connection? IF, 'YES', during daytime, on an average how many hours electricity is available? क्या आंगनबाडी केन्द्र की इमारत में बिजली का कनेक्शन है ? यदि हां तो दिन के समय औसतन कितने घण्टे बिजली उपलब्ध रहती है ?	IF YES, यदि हॉ 6 OR MORE HOURS 6 या 6 से अधिक घण्टे.....1 LESS THAN 6 HOURS 6 घण्टे से कम ..... .2 NO नहीं 3	
118.	Do you have enough storage space in the anganwadi to keep materials required for your day-to-day activity? क्या आपके केन्द्र में प्रतिदिन की क्रियाओं के लिए जरूरी सामान रखने के लिए पर्याप्त जगह है ?	YES हॉ ..... 1 NO नही..... **2**	

SECTION 2: IPC/C / BCC खण्डः आई पी सी/सी/बी सी सी

Q.	QUESTION	CODES		SKIP
201.	In what health areas do you provide advice/ counseling to your clients? स्वास्थ्य के किस क्षेत्र में आप सेवार्थी को सलाह प्रदान करती है? **Any other?** कोई अन्य?	**FAMILY PLANNING** परिवार नियोजन MENTION VARIOUS SPACING METHODS अन्तर रखने वाली विभिन्न विधियों को बताना PERMANENT METHODS स्थाई विधियॉ ..... **MATERNAL HEALTH** मातृत्व स्वास्थ्य ANTE NATAL CARE प्रसव पूर्व देखभाल ..... DELIVERY CARE प्रसव के दौरान देखभाल ..... POST PARTUM CARE प्रसव पश्चात देखभाल..... NEONATAL HEALTH नवजात की देखभाल ..... NUTRITION OF MOTHER माँ को पोषण ..... **CHILD HEALTH** बच्चे का स्वास्थ्य VACCINATION टीकाकरण..... NUTRITION OF CHILD बच्चे का पोषण ..... COMMON CHILDHOOD DISEASES बच्चों की सामान्य बीमारियां..... **OTHER HEALTH ISSUES अन्य** स्वास्थ्य मुद्दे DISCUSS ON STI/RTI प्रजनन /यौन संक्रमण पर चर्चा OTHERS अन्य (_____)	A B C D E F G H I J K X	
202.	In what health area do you provide services most often? स्वास्थ्य के किस क्षेत्र में आप सबसे ज्यादा सेवायें प्रदान करती है?	**USE ALPHA CODE FROM Q201** प्र.स. 201 से अल्फा कोड प्रयोग करें		
203.	On an average, how many households do you visit during a week? औसतन आप एक सप्ताह में कितने घरों का दौरा करती हैं ? [CODE 950, IF MORE THAN 250] कोड 950, यदि 250 से अधिक है	NO. OF HOUSEHOLDS घरों की संख्या		
204.	On an average, how much time do you spend in a households during a visit? औसतन आप एक घर में दौरे के दौरान कितना समय बिताती है? [CODE 95, IF MORE THAN 90 MINUTES] कोड 95, यदि 90 मिनट से अधिक हैं	IN MINUTES मिनटों में.....		
	Now I will ask some questions relating to your interactions with your clients relating to the services you are providing. You may answer as 'always', 'most of the time', 'half of the time', 'some of the time or never' to these questions. [Q205 to Q212] अब हम आपसे कुछ प्रश्न आपके और सेवार्थी के बीच हुई बातचीत के बारे में पूछेंगे जो कि आपकी सेवाओं से संबंधित हैं आप जवाब हमेशा, अधिकतर समय, आधे समय, कभी–कभी या कभी नहीं में दे सकती हैं (प्रश्न संख्या 205 से 212 तक)			
205.	How often you greet clients in a friendly manner before a starting a discussion? आप कितनी बार अपने सेवार्थी से उनके दोस्ताना रूप में उसकी कुशलता पूछती है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5		
206.	How often do you spend time making clients feel at ease? आप कितनी बार अपने सेवार्थी के साथ समय बिताती हैं जिससे वह आरामदायक महसूस करें ?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5		
207.	How often you ask clients about their concerns/ problems? आप कितनी बार अपनी सेवार्थी से उनकी समस्याओं के बारे में पूछती हैं ?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5		

208.	How often are you able to advice clients with various family planning options available to them? कितनी बार आप अपनी सेवार्थी को परिवार नियोजन के विभिन्न विकल्प जो उनके लिए उपलब्ध हैं उन्हें दे पाती है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5	
209.	How often does the client ask questions? कितनी बार सेवार्थी आपसे सवाल पूछती है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5	
210.	How often clients ask you for clarification, if they do not understand something? कितनी बार सेवार्थी आपसे स्पष्टीकरण मांगते है जब वह कुछ समझ नहीं पाते है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5	
211.	How often you assure the clients that their information would be kept confidential? आप कितनी बार अपने सेवार्थी को यह आशवस्त करने में सफल होती है कि उनकी जानकारी को गुप्त रखा जायेगा।	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5	
212.	How often do you feel you can give the clients the right amount of information that they need? आपको कितनी बार महसूस होता है कि आप सेवार्थी को सही मात्रा में जानकारी दे सकती हैं, जितनी कि उसको जरूरत है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
213.	As a health worker, is it very easy, easy, difficult, very difficult or neither easy nor difficult for you to convince men and women about matters relating to their health and family welfare? एक स्वास्थ्य कर्मी होने के नाते क्या आपके लिए पुरुष एवं महिलाओं को उनके स्वास्थ्य और परिवार कल्याण से सम्बन्धित मामलों को समझाना बहुत आसान, आसान, कठिन, बहुत कठिन या ना आसान या ना ही कठिन है।	VERY EASY बहुत आसान..... 1 EASY आसान ..... 2 NEITHER EASY NOR DIFFICULT न आसान न कठिन. 3 DIFFICULT कठिन..... 4 VERY DIFFICULT बहुत कठिन 5	
214.	In your opinion, what specific actions would help in effective interpersonal communication? आपकी राय में कौन सी विशेष क्रियाऐं आपसी बातचीत (सम्प्रेषण)को प्रभावी बनाने में मदद कर सकती है? **[READ THE OPTIONS IF NECESSARY]** विकल्प पढ़ें यदि जरूरत हो	SPON / PROB / DK Respecting Clients सेवार्थी को सम्मान दे कर: 1 / 2 / 3 Listening to their problems उनकी समस्या सुनकर: 1 / 2 / 3 Understanding their needs उनकी जरूरत समझकर: 1 / 2 / 3 Providing complete and Correct information पूरी और सही जानकारी प्रदान करके: 1 / 2 / 3 Help them arrive at a decision उन लोगों को सही निर्णय लेने में मदद करके: 1 / 2 / 3 Encouraging and congratulating them on their decision उन लोगों के निर्णय को प्रोत्साहित करके और बधाई देकर: 1 / 2 / 3 OTHER अन्य ..... 1 / 2 / 3	

SECTION 3: FAMILY PLANNING SERVICES
परिवार नियोजन सेवायें

Q.	QUESTION	CODES	SKIP
301.	There are various methods a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about? ऐसे कई साधन हैं जिनसे एक दम्पत्ति गर्भधारण को टाल सकता है या उससे बच सकता है ऐसे कौनसे साधनों के बारे में आपने सूना है ?	PILL गर्भनिरोधक गोलियां..... A CONDOM / NIRODH निरोध/कंडोम..... B IUCD / COPPER T ..... C आई यू सी डी/कापर टी INJECTABLES इंजेक्टेबल्स..... D FEMALE STERILISATION स्त्री नसबंदी..... **E** MALE STERILISATION पुरुष नसबंदी.....**F** EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोधक..... G STANDARD DAYS METHOD मानक दिन विधि..... H RHYTHM / SAFE PERIOD ..... I रिदम/सुरक्षित काल पद्धति WITHDRAWAL विच्छेदन..... J OTHER अन्य (_____) X	
302.	Have you ever advised villagers/ community members on family planning ? क्या आपने कभी–भी अपने समुदाय में किसी को परिवार नियोजन के साधन प्रयोग करने की सलाह दी है ?	YES हॉ..... **1** NO नहीं..... 2	→ **304**
303.	What is the **main** reason for not advising villagers/community on family planning? गांव/समुदाय में परिवार नियोजन की सलाह न देने के मुख्य कारण क्या हैं ?	_____ _____	**SKIP TO Q.401**
304	What are the methods you have advised? आपने किस प्रकार के साधनों की सलाह दी ?	PILL गर्भनिरोधक गोलियां..... A CONDOM / NIRODH कंडोम/निरोध..... B IUCD / COPPER T ..... C आई यू सी डी/कापर टी INJECTABLES इंजेक्टेबल्स..... D FEMALE STERILISATION स्त्री नसबंदी..... **E** MALE STERILISATION पुरुष नसबंदी.....**F** EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोधक..... G STANDARD DAYS METHOD मानक दिन विधि..... H RHYTHM / SAFE PERIOD ..... I रिदम/सुरक्षित काल पद्धति WITHDRAWAL विच्छेदन..... J OTHER अन्य (_____) X	
305	Do you supply family planning methods/products to villagers/community? IF, 'YES', what methods/products? क्या आप गांव वालों या समुदाय में परिवार नियोजन के साधनों/उत्पादों को देती हैं ? यदि हां तो कौन से साधन/उत्पाद	YES, COUNSELINGपरामर्श.....A YES, ORAL PILLS हां, गर्भ निरोधक गोली.....B YES, CONDOMS हां, कंडोम..... C YES, OTHER हां, अन्य (_____) D NO नहीं.....Y	→ **308**
306	In the last six months, has there been any situation, where you were unable to provide contraceptives to your clients? पिछले 6 माह में क्या कोई ऐसी स्थिति आई जब आप अपने सेवार्थी को गर्भ निरोधक देने में असमर्थ हुई हों ?	YES हां..... 1 NO नहीं..... **2**	→ **308**
307	What were the reasons? क्या कारण हैं ? **Any other?** कोई अन्य	RAN OUT OF SUPPLIES पूर्ति की कमी.....A BECAUSE OF TARGET FREE APPROACH.....B लक्ष्यविहीन तरीका BUSY WITH POLIO CAMPAIGNS..... C पोलियो के प्रचार में व्यस्तता WAS UNABLE TO GO TO THE VILLAGE DUE TO TRANSPORT PROBLEMS..... D आवागमन साधनों की कमी के कारण गांव में नहीं जा पाई थीं WAS UN-ABLE TO GO TO THE VILLAGE DUE TO SAFETY ISSUES.....E सुरक्षा कारणों से गांव में नहीं जा पाई OTHER अन्य _____).....X	

308	When you talk to people in the community about contraceptive methods, do you tell the potential side-effects of the methods most of the time, some of the time, rarely or never? जब आप समुदाय में लोगों से गर्भनिरोधक साधनों के बारे में बात करती हैं तो क्या उन्हें इन साधनों के दुष्प्रभावों के बारे में सभी समय, कुछ समय, मुश्किल से या कभी नहीं बताती हैं	MOST OF THE TIME सभी समय ..... 1 SOME OF THE TIME कुछ समय ..... 2 RARELY कभी–कभी..... 3 NEVER कभी नहीं..... 4	
309	When you discuss family planning issues with the client, who are the OTHER persons generally present? जब आप सेवार्थी से परिवार नियोजन के बारे में चर्चा करती हैं तो उस समय सामान्य रूप से कौन उपस्थित रहते है ? **Any other?** कोई अन्य	HUSBAND पति .....A MOTHER-IN-LAW सास .....B OTHER ADULT FAMILY MEMBERS परिवार के अन्य व्यस्क सदस्य NEIGHBOURS पड़ोसी ..... D CHILDREN BELOW 10 YEARS 10 साल से छोटे बच्चे .....E OTHER अन्य _____).....X NONE कोई नहीं.....Y	
310	What are the materials available to you for advising villagers/community on family planning? आपके पास गांव वालों/समुदाय को परिवार नियोजन की सलाह देने के लिए कौन सी सामग्री उपलब्ध रहती है? **Any other?** कोई अन्य	EDUCATIONAL POSTERS शिक्षित करने वाले पोस्टर.....A BROCHURES OR LEAFLETS ब्रोशर या लिफलेट .....B FLIPCHARTS फ्लिप चार्ट..... C EXAMPLES/ MODELS OF CONTRACEPTIVES प्रदर्शित करने हेतु उदाहरण/नमूना गर्भ निरोधक.....D HUMAN BODY MODELS FOR DEMONSTRATION प्रदर्शित करने हेतु मानव शरीर के मॉडल..... E OTHER अन्य _____)..... X	
	ORAL CONTRACEPTIVE PILLS गर्भ निरोधक गोलियाँ		
311	Please tell me if under the following situations you would or would not recommend an oral contraceptive pill to a client as the exclusive contraceptive method? **[READ ONE BY ONE]** कृपया बताये कि निम्नलिखत परिस्थितियों में आप सेवार्थी को गर्भनिरोध के लिए गोली खाने को या नहीं खाने को कहेगी। (एक–एक करके पढ़े)	YES हाँ / NO नहीं The client is more than 35 years old and smokes regularly.....1 2 सेवार्थी 35 वर्ष से ऊपर हो और नियमित रूप से धुम्रपान करती हो The client wants to prevent pregnancy and protect against RTI/STI and HIV/AIDS .....1 2 सेवार्थी गर्भ रोकने के साथ–साथ आरटीआई/एसटीटाई और एचआईवी/एड्स से भी सुरक्षा चाहती हो The client is breastfeeding.....1 2 सेवार्थी स्तनपान कराती हो The client has high BP or heart problem.....1 2 सेवार्थी को उच्च रक्तचात और हृदय की बीमारी हो	

	CONDOMS कंडोम्स		
312	What actions do you take as a health service provider for a client who is using condoms as their contraceptive method? जो सेवार्थी गर्भ निरोधक के लिए कंडोम का प्रयोग कर रही हो उसके लिए सेवा प्रदाता के तौर पर आप क्या कदम उठाएगीं ? **Any other?** कोई अन्य	ENSURE THAT THE CLIENT IS AWARE OF CORRECT USE OF CONDOM ..... A सुनिश्चित करती हैं कि सेवार्थी को सही तरीके से कंडोम इस्तेमाल करना आता हो TO ENSURE THAT SHE HAS ADEQUATE SUPPLIES OF CONDOMS AVAILABLE FOR CLIENTS AT ALL TIMES..... B सुनिश्चित करती हैं कि सेवार्थी के प्रयोग के लिए हर समय पर्याप्त मात्रा में कन्डोम उपलब्ध हो ADDRESS ANY MYTHS, FEARS OR MISCONCEPTIONS OF THE CLIENT ABOUT THE METHOD..... C तरीकों से जुड़े किसी भी अवधारणा, डर को दूर करती हैं OTHER अन्य _____)..... X	
313	Did any client tell you about condom burst during last 3 months? क्या पिछले तीन महीनों के दौरान किसी सेवार्थी ने आपको कंडोम फटने के बारें में बताया?	YES हाँ ..... 1 NO नहीं..... **2** → **315**	
314	What type of advice you have given? आपने किस प्रकार की सलाह दी?	CORRECT USAGE OF CONDOM कंडोम का सही प्रयोग ..... A USE OF EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोध का प्रयोग..... B OTHER अन्य (_____)..... X NONE कुछ नहीं..... Y	
	IUCD/COPPER-T आई.यू.सी.डी. / कॉपर टी		
315	Please tell me if under the following situations you would or would not recommend IUCD/ Copper T to a client as the exclusive method? कृपया बताये कि निम्नलिखित परिस्थितियों में आप सेवार्थी को गर्भनिरोध की एक मात्र विधि के तौर पर आई.यू.सी.डी. / कॉपर टी लेने की सलाह देगीं या नही ? **[READ ALL]** सभी पढ़ें	YES NO The client has One week old baby अगर सेवार्थी को एक सप्ताह का बच्चा है .....1 2 History of heart disease पहले हृदय की बीमारी रह चुकी है .....1 2 RTI/STI or vaginal infection आर.टी.आई / एस.टी.आई. / योनी संक्रमण.....1 2 Unexplained continuous vaginal bleeding बेवजह लगातार रक्तस्त्राव.....1 2 Not been screened for RTI/STI आर.टी.आई / एस.टी.आई. के लिए जांच नहीं हुई हो 1 2	
316	Have you ever heard of an IUCD/Copper-T that offers 10 years protection from pregnancy? क्या आपने कभी आईयूसीडी / कॉपर टी के बारे में सुना है जो गर्भधारण से 10 वर्षों तक सुरक्षा प्रदान करता हो?	YES हॉ ..... 1 NO नही..... **2** → **318**	
317	Which is the main source/person from which you first heard about the (10 years protection) Copper-T? कौन से व्यक्ति / स्रोत से अपने 10 साल वाली कॉपर टी के बारे में सुना है (जो 10 वर्षों तक सुरक्षा प्रदान करती हो)?	TRAINING प्रशिक्षण ..... 1 SUPERVISOR पर्यवेक्षक..... 2 MEDICAL OFFICER चिकित्सा अधिकारी..... 3 TELEVISION टेलीविजन ..... 4 RADIO रेडियो ..... 5 HOARDING/WALL PAINTING होर्डिंग / वॉल पेंटिग ..... 6 POSTERS पोस्टर ..... 7 MAGAZINE/NEWSPAPERS पत्रिकाएं / समाचार पत्र ..... 8 OTHER अन्य (_____)..... 9	

	FEMALE STERILIZATION स्त्री नसबंदी					
318	What basic facts do you provide to women about female sterilization? सेवार्थी को महिला नसबंदी के मौलिक तथ्यों के बारे में आप क्या बताती हैं? **Any other?** कोई अन्य ?		SPON	PROB	DK	
		FEMALE STERILIZATION IT IS A PERMANENT SURGICAL METHOD…… महिला नसबंदी एक स्थायी सर्जीकल तरीका	1	2	3	
		SHOW A PICTURE OF WOMEN'S REPRODUCTIVE ORGANS…… स्त्री के जननांगों की तस्वीर दिखाती हैं	1	2	3	
		IT IS DONE IN TWO WAYS, LAPAROSCOPY AND TUBECTOMY महिला नसबंदी दो तरीके से किया जाता है, लेप्रोस्कोपी और ट्यूबक्टोमी……..	1	2	3	
		LAPAROSCOPY- THE FALLOPIAN TUBES ARE BLOCKED BY SLIPPING RINGS OVER THEM…….. लेप्रोस्कोपी में फेलोपियन नली के ऊपर छल्ला लगाकर बंद किया जाता है	1	2	3	
		ABDOMINAL TUBECTOMY -THE FALLOPIAN TUBES ARE CUT AND TIED..... उदर ट्यूबक्टोमी में फेलोपियन नली को काट कर बांध दिया जाता है	1	2	3	
		BOTH ARE EQUALLY SUCCESSFUL. दोनों ही बराबर सफल हैं	1	2	3	
		BOTH ARE DONE UNDER LOCAL ANESTHESIA…… दोनों ही विधियां लोकल एनेस्थीसीया द्वारा की जाती है	1	2	3	
		IT TAKE 5-10 MINUTES ONLY… इसमें सिर्फ 5–10 मिनट का समय ही लगता है	1	2	3	
		IT REQUIRE ONLY A VERY SMALL ABDOMINAL INCISION…… इसमें उदर में सिर्फ एक छोटा सा छेद किया जाता है	1	2	3	
		WOMEN CAN RETURN HOME THE SAME DAY…… महिला उसी दिन घर लौट सकती है	1	2	3	
		AVAILABILITY OF SERVICES PHC / CHC ……..…… पी.एच.सी. / सी.एच.सी.	1	2	3	
		BLOCK LEVEL RCH CAMPS…….. प्रखण्ड स्तर पर आर.सी.एच. शिविर	1	2	3	
		DISTRICT HOSPITAL……..… जिला अस्पताल	1	2	3	
		OTHER HEALTH CAMPS (NGOS /PVT)…… अन्य स्वास्थ्य शिविर (एन.जी.ओ. / प्राईवेट)	1	2	3	
		OTHER IMPORTANT INFORMATION POSSIBLE SIDE EFFECTS…….. संभावित दुष्प्रभाव	1	2	3	
		CLARITY FEARS /MISCONCEPTIONS.. डर / अवधारणा को दूर करना	1	2	3	
		EXPLAIN FOR WHOM IT IS SUITABLE किसके लिए उपयुक्त है ये बताती है	1	2	3	
		WOMEN SHOULD TAKE REST AFTER THE OPERATION … महिला को ऑपरेशन के बाद आराम करना चाहिए	1	2	3	
		OTHER अन्य (_____)	1	2	3	

319	What advice do you give to women who had undergone female sterilization? आप एक महिला को जिसकी की नसबन्दी हुई है उसे क्या सलाह देती हैं ? **Any other?** कोई अन्य	The first FOLLOW-UP VISIT WITHIN 24 HOURS AFTER THE SURGERY ..... A ऑपरेशन के 24 घंटे के अंदर पहला जाँच भ्रमण The second FOLLOW-UP VISIT ON THE 3rd DAY FOLLOWING THE SURGERY ..... B सर्जरी के तीसरे दिन दूसरा जाँच भ्रमण CONTACT HEALTH SERVICE PROVIDER IF SHE HAS PAIN OR SLIGHT INFECTION ..... C अगर उसे दर्द या थोड़ा संक्रमण हो तो स्वास्थ्य सेवा प्रदानकर्त्ता से मिले CHECK STITCHES DURING FOLLOW UP VISIT FOR ANY SIGNS OF INFECTION ..... D संक्रमण के लक्षणों को देखने के लिए भ्रमण के दौरान टांकों की जाँच REMOVE STITCHES ON 7th DAY ..... E सातवें दिन टांकों को हटाना WATCH FOR DANGER SIGNS AND COMPLICATIONS ..... F खतरे के लक्षण एवं जटिलता पर ध्यान देना WHERE NECESSARY, REFER TO A DOCTOR OR HOSPITAL FOR FURTHER TREATMENT .....G जहां जरूरी हो वहां सेवार्थी को आगे की चिकित्सा हेतु डॉक्टर के पास या अस्पताल भेजना DISPEL ANY MISCONCEPTIONS THAT THE WOMAN OR FAMILY MEMBERS HAVE .....H महिला या उसके परिवार के सदस्यों की अवधारणाओं को दूर करना। OTHER अन्य(_____)..... X	

	MALE STERILIZATION पुरुष नसबंदी					
320	What basic facts do you provide to your client about male sterilization? सेवार्थी को पुरुष नसबंदी के मौलिक तथ्यों के बारे में आप क्या बताती हैं ? **Any other?** **कोई अन्य**	**MALE STERILIZATION** पुरुष नसबंदी	SPON	PROB	DK	
		IT IS A PERMANENT SURGICAL METHOD पुरुष नसबंदी एक स्थायी सर्जीकल तरीका है	1	2	3	
		SHOW A PICTURE OF MEN'S REPRODUCTIVE ORGANS पुरुष के जननांगों की तस्वीर दिखाती है	1	2	3	
		IT IS DONE IN TWO WAYS, VASECTOMY AND NO-SCALPEL VASECTOMY पुरुष नसबंदी दो तरीकों से किया जाता है, वेस्कोटोमी और नो–स्केलेपल वेस्कोटोमी	1	2	3	
		VASECTOMY THE PROCEDURE MAKES EITHER 1 OR 2 SMALL INCISIONS IN THE SCROTUM वेस्कोटोमी प्रक्रिया में स्क्रोटम में एक या दो छेद किया जाता है।	1	2	3	
		NON-SCALPEL VASECTOMY IN NSV A TINY PUNCTURE INSTEAD OF ANY INCISIONS नये नो–स्केलेपल वेस्कोटोमी तकनीक में सिर्फ एक छोटा सा छेद किया जाता है	1	2	3	
		IN BOTH METHODS ,SEMEN BECOMES FREE OF SPERMS IN 3 MONTH दोनों विधियों में वीर्य शुक्राणु रहित हो जाता है	1	2	3	
		COUPLE SHOULD USE A CONDOM OR SOME OTHER BIRTH CONTROL METHOD FOR THE NEXT 3 MONTH दम्पत्ति को अगले तीन महीनों तक कंडोम या कोई अन्य गर्भनिरोधक प्रयोग करना चाहिए	1	2	3	
		MEN CAN RETURN HOME THE SAME DAY पुरुष उसी दिन घर लौट सकते हैं	1	2	3	
		AVAILABILITY OF SERVICES PHC / CHC पी.एच.सी. / सी.एच.सी.	1	2	3	
		BLOCK LEVEL RCH CAMPS प्रखण्ड स्तर पर आर.सी.एच. शिविर	1	2	3	
		DISTRICT HOSPITALजिला अस्पताल	1	2	3	
		OTHER HEALTH CAMPS (NGOS / PVT) अन्य स्वास्थ्य शिविर (एन.जी.ओ. / प्राईवेट)	1	2	3	
		OTHER IMPORTANT INFORMATION अन्य महत्वपूर्ण जानकारियाँ POSSIBLE SIDE EFFECTS संभावित दुष्प्रभाव	1	2	3	
		CLARITY FEARS MISCONCEPTIONS डर / अवधारणा को दूर करना	1	2	3	
		EXPLAIN FOR WHOM IT IS SUITABLE किसके लिए उपयुक्त है ये बताती है	1	2	3	
		OTHER अन्य(_____ NEVER DISCUSSED कभी चर्चा नहीं हुई				

321	What advice do you give to a client who has undergone vasectomy? एक सेवार्थी को जिसकी पुरुष नसबंदी (वेस्कटोमी) हुई हो उसे आप क्या सलाह देंगी? **Any other?** कोई अन्य	**POST-OPERATIVE FOLLOW UP** ऑपरेशन के बाद की जांच REMINDER TO USE A CONDOM OR OTHER FP METHOD FOR FIRST 3 MONTHS .....A सेवार्थी को यह बताना कि तीन महिनों तक कंडोम या कोई अन्य गर्भ निरोधक तरीका अपनाऐं REMINDER TO VISIT A HEALTH FACILITY FOR A CHECK-UP AFTER 3 MONTHS.....B सेवार्थी को यह बताना कि तीन महिनों तक कंडोम या कोई अन्य गर्भ निरोधक तरीका अपनाऐं ANY OTHER कोई अन्य (_____)..C	
322	Do you think that family planning is beneficial to the people in the community? क्या आप सोचती है कि परिवार नियोजन लोगों के लिए समुदाय में लाभदायक है?	YES हॉ ..... 1 NO नहीं..... **2** →	**401**
323	What are the benefits? क्या लाभ है? **Any other?** कोई अन्य	BETTER HEALTH FOR MOTHER AND CHILD ..... A माँ व बच्चे का बेहतर स्वास्थ्य BETTER EDUCATION TO CHILDREN ..... B बच्चों की बेहतर शिक्षा LESS FINANCIAL BURDEN TO FAMILY ..... C परिवार पर आर्थिक बोझ का कम होना OTHER अन्य (_____)..... X	

SECTION 4: MATERNAL AND NEONATAL HEALTH मातृ एवं नवजात शिशु का स्वास्थ्य

READ: Now, I would like to talk about marriage, pregnancy, delivery, and post-partum care.
पढ़ें : अब हम शादी, गर्भ, प्रसव एवं प्रसव पश्चात देखरेख की बात करेंगे।

Q.	QUESTION	CODES	SKIP
401.	In your opinion, what is the ideal age for … आपकी राय में लड़का और लड़की की शादी करने की उचित उम्र क्या होनी चाहिए ? A. Girl to get marry? लडकी की शादी की उम्र B. Boy to get marry? लड़के की शादी की उम्र	FOR GIRLS (IN YEARS) लड़कियां (वर्षों में) ....[ ][ ] FOR BOYS (IN YEARS) लड़कें (वर्षों में).....[ ][ ]	
402.	What are the consequences of early marriage? कम उम्र में शादी के क्या परिणाम होती हैं? READ SUB-HEADINGS **Any other?** कोई अन्य?	**FEMALE** महिला IMMATURE TO HANDLE FAMILY MATTERS .....A पारिवारिक मामलों को सुलझाने में असमर्थ PHYSICALLY WEAK FOR CHILDBEARING.....B बच्चा पैदा करने के लिए शारीरिक रूप से कमजोर हो PREGNANCY COMPLICATIONS.....C गर्भावस्था के दौरान जटिलतायें MISS OPPORTUNITY FOR EDUCATION ……..D शिक्षित होने का अवसर खोना **MALE** पुरुष UNEMPLOYED/FINANCIAL BURDEN ON THE FAMILY……E बेरोजगारी/परिवार पर आर्थिक बोझ UNAWARE ABOUT CONTRACEPTION……..F गर्भनिरोध की अज्ञानता MISS OPPORTUNITY FOR EDUCATION ……..…..G शिक्षित होने का अवसर खोना **BABY** बच्चे MALNOURISHMENT कुपोषण ……..……..H PRONE TO DISEASES……I बीमार होने की ज्यादा संभावना POOR GROWTH अवरूद्ध विकास ……..J LESS SURVIVAL CHANCES जीवित रहने के कम अवसर..K OTHER1 अन्य _____)…….....……..X OTHER2 अन्य _____)…….....……...Y	
403.	In your opinion, what is the ideal age for a woman to get pregnant for the first time? आप की राय में महिला की गर्भधारण करने के लिए उचित आयु क्या होनी चाहिए?	IN COMPLETED YEARS आयु पूर्ण वर्षों में.....[ ][ ]	
404.	What types of special care should be provided to women during pregnancy? गर्भावस्था के दौरान महिला को किस प्रकार की विशेष देखभाल देनी चाहिए? **Any other?** कोई अन्य?	ADEQUATE REST पर्याप्त आराम..... A MORE FOOD THEN NORMALसामान्य से अधिक भोजन..B LESS FOOD THEN NORMALसामान्य से कम भोजन.. .C REGULAR CHECK-UP नियमित जांच .....D SHOULD NOT LIFT HEAVY OBJECTS.....E भारी सामान को न उठाना PSYCHOLOGICAL SUPPORT मनोवैज्ञानिक सहयोग…..F OTHER अन्य (_____).....X	

Q.	QUESTION	CODES	SKIP
405.	What are the danger signs of pregnancy? गर्भावस्था के खतरे के क्या लक्षण होते हैं? **Any other?** कोई अन्य?	SEVERE VAGINAL BLEEDING (HEMORRHAGE) ..... A अधिक रक्त स्राव SEVERE PAIN IN THE ABDOMEN पेट में तेज दर्द ..... B SEVERE HEADACHE तेज सिर दर्द ..... C LOSS OF CONSCIOUSNESS अचेत/बेहोश होना ..... D SWELLING सूजन ..... E SEVERE WEAKNESSअधिक कमजोरी ..... F ABNORMAL DISCHARGE FROM VAGINA ..... G योजन से असमान्य स्राव CONVULSIONSऐंठन होना ..... H BABY STOPS MOVING IN MOTHER'S BODY ..... I शिशु का माता के शरीर में घूमना रुक जाना BLURRING OF VISIONदेखने में धुंधलापन ..... J WATER BAG BURSTSपानी की थैली का फटना..... K SEVERE DIARRHEAभयंकर अतिसार (दस्त) ..... L OTHER अन्य (_____)..... X	
406.	How many ANC visits one should have during a pregnancy? गर्भावस्था के दौरान महिला को कितनी बार प्रसव पूर्व जांच के लिए जाना चाहिए?	NUMBER OF VISITS भ्रमण की संख्या..... ☐	
407.	When should each ANC visit occur during pregnancy? गर्भावास्था के दौरान महिला को प्रसव पूर्व जांच के लिए कब जाना चाहिए? A. 1st visit B. 2nd visit C. 3rd visit	A. MONTHS OF PREGNANCY गर्भ का महीना..... ☐ B. MONTHS OF PREGNANCY गर्भ का महीना..... ☐ C. MONTHS OF PREGNANCY गर्भ का महीना ..... ☐	
408.	What are the basic services and check-ups covered in antenatal care? कौनसी सेवायें और जांच मूलतः प्रसव पूर्व देखभाल के अन्तर्गत आती है? **Any other?** कोई अन्य?	TETANUS INJECTIONSटीटेनस के टीके ..... A IRON AND FOLIC ACID TABLETS ..... B आयरन और फोलिक एसिड की गोलियां ABDOMINAL CHECKUPपेट की जांच..... C BLOOD PRESSUREरक्त चाप..... D WEIGHT वजन..... E HEIGHT ऊंचाई ..... F BLOOD TEST खून की जांच..... G URINE TEST पेशाब की जांच..... H ANAEMIA खून की कमी..... I OEDEMA सूजन..... J OTHER अन्य _____..... X	
409.	As a anganwadi worker, what do you do to ensure that a pregnant woman seek antenatal care? एक आंगनबाड़ी के तौर पर आप कैसे सुनिश्चित करती हैं कि गर्भवती महिला प्रसव पूर्व जांच कराने आयें? **Any other?** कोई अन्य?	ADVISE HER TO SEEK ANTENATAL CARE..... A प्रसव पूर्व देखभाल की सलाह देते हैं VISIT PREGNANT WOMAN TIME TO TIME ..... B गर्भावस्था महिला की देखभाल समय–समय पर करना TALK TO HER HUSBAND ABOUT RECEIVING ANTENATAL CARE ..... C उसके पति से प्रसव पूर्व देखभाल की बात करना TALK TO HER OTHER FAMILY MEMBERS ABOUT RECEIVING ANTENATAL CARE..... D उसके परिवार के अन्य सदस्यों से प्रसवपूर्व देखभाल की बात करना OTHER अन्य (_____)X	
410.	What is the general rule about consuming iron and folic acid tablets? आयरन फोलिक ऐसिड की गोलियां प्रयोग करने का क्या नियम है?	1 TABLET PER DAY FOR A TOTAL OF 100 DAYS DURING THE PREGNANCY ..... 1 गर्भावस्था के दौरान 100 दिनों तक एक गोली रोज OTHER अन्य..... 9 D K पता नहीं..... 8	
411.	If you find a pregnant woman anaemic, what treatment would you recommend? अगर आप को खून की कमी से पीड़ित गर्भवती महिला मिलती है, तो आप उसे क्या उपचार देगी?	1 IFA TABLET A DAY रोज एक आईएफए गोली..... 1 2 IFA TABLETS PER DAY ……..... 2 रोज दो आईएफए गोली OTHER अन्य (_____) 9 D K पता नहीं..... 8	

412.	How many TT injections are to be given to a pregnant woman? गर्भवती महिला को टीटनस के कितने टीके देने चाहिए?ঃ	NUMBER OF TT INJECTIONS टी टी इंजेक्शन की संख्या..... ☐ DON'T KNOW पता नहीं..... **8** ***IF, '0' 0R '8' SKIP TO Q415***	
413.	When should a pregnant woman receive her first TT injection? गर्भवती महिला को टीटनस का पहला टीका कब मिलना चाहिये?	AS SOON AS THE PREGNANCY IS KNOWN..... 1 जैसे ही गर्भवती होने का पता चले OTHER TIMESअन्य समय ..... 2 DK पता नहीं..... 8	
414.	If the pregnant woman was previously pregnant in less than two years and received 2 TT injections during that pregnancy. Does she need TT injections for her current pregnancy? यदि महिला पहले से कम अवधि में गर्भवती हुई थी, और उस दौरान दो टीटनस के टीके लगे थे, तो क्या उसे वर्तमान गर्भावस्था के लिए भी टीटनस के टीके लगने चाहिए? If YES, how many? अगर हां तो कितने?ঃ	YES हां .....1 ☐ NO नहीं.....2 D K पता नहीं.....8	
415.	Do you advice pregnant woman and her family members about birth preparedness? क्या आप गर्भवती महिला और उसके परिवार जनों को जन्म की तैयारी हेतु सलाह देती है?	YES हां ..... 1 NO नहीं..... **2** → DK पता नहीं..... **8** →	**417**
416.	What are the advices given to them? उन्हे क्या सलाह दी जाती हैं?	ARRANGE FOR SKILLED BIRTH ATTENDANT..... A कुशल दाई का प्रबंध करना IDENTIFY CLEAN PLACE FOR DELIVERY IF AT HOME ..... B यदि घर में प्रसव कराना है तो साफ जगह की पहचान करें ARRANGE FOR TRANSPORT, IN CASE OF EMERGENCY..... C आपात स्थिति हेतु परिवहन/वाहन का प्रबंध करना SAVE MONEY FOR EMERGENCY..... D आपात स्थिति के लिए पैसा बचाना IDENTIFY PERSON WHO CAN DONATE BLOOD..... E उन लोगों की पहचान करना जो खून दे सकें IDENTIFY NEAREST HOSPITAL/ CLINIC ..... F सबसे नजदीकी अस्पताल/क्लिनीक की पहचान करना OTHER अन्य (_____)..... X	
417.	What are the five cleans during delivery? प्रसव के दौरान क्या पांच स्वच्छताऐं होनी चाहिए? **Any other?** अन्य कोई?	CLEAN HANDS साफ हाथ..... A BLADE ब्लेड ..... B SURFACE/PLACE जगह/स्थान ..... C THREAD धागा..... D PERENIUM/ CORD ..... E साफ नाल OTHER अन्य (_____)..... X NONE कुछ नहीं..... Y	
418.	As a anganwadi worker, what do you do to ensure that a woman's delivery is assisted by a skilled health worker? एक आंगनबाडी सेविका होने के नाते आप यह सुनिश्चित करने के लिए कि प्रसव किसी कुशल स्वास्थ्य कर्मी की सहायता से हो आप क्या करती हैं?	1..... 2..... 3.....	

419.	What are the danger signs of labour? प्रसव कै दौरान खतरें के क्या लक्षण होते है? **Any other?** कोई अन्य?	SEVERE VAGINAL BLEEDINGअधिक रक्त स्राव ..... A LOSS OF CONSCIOUSNESSबेहोशी होना ..... B PROLONGED LABORदीर्घकालीन प्रसव दर्द ..... C ABNORMAL POSITION OF CHILD ..... D बच्चे की असमान्य स्थिति HIGH FEVER WITH FOUL DISCHARGE ..... E दुर्गन्ध युक्त स्राव के साथ तेज बुखार SEVERE HEADACHEतेज सिरदर्द ..... F CONVULSIONSऐंठन..... G PLACENTA DOES NOT COME OUT ..... H आंवल का बाहर न आना OTHER अन्य _____)..... X NONE कोई नहीं..... Y	
420.	How many women in your area might have died of complications related to pregnancy/delivery during past 3 years? पिछले तीन साल में आप के क्षेत्र में कितनी महिलाओं की प्रसव के दौरान हुई जटिलताओं के कारण मृत्यु हुई है?	NUMBER OF WOMEN महिला की संख्या..... [ ][ ] Dk 98	
421.	How many children in your area might have died before completing one year of age during past 3 years? आपके क्षेत्र में पिछले तीन सालों में एक साल पूरा करने से पहले ही कितने बच्चों की मृत्यु हुई?	NUMBER OF CHILDREN बच्चों की संख्या..... [ ][ ] DK मालूम नहीं 98	
	POST-NATAL		
422.	How soon after delivery should a woman receive postpartum care? प्रसव के कितने समय बाद प्रसव–पश्चात् देखभाल प्राप्त होनी चाहिए?	IMMEDIATELY AFTER BIRTHजन्म के तुरन्त बाद ..... 1 WITHIN 6 HOURS AFTER BIRTH..... 2 जन्म के 6 घंटे के अन्दर BETWEEN 6-24 HOURS AFTER BIRTH..... 3 जन्म के 6–24 घंटे के बीच MORE THAN 24 HOURS AFTER BIRTH ..... 4 जन्म के 24 घंटे के बाद ONLY IN CASE OF COMPLICATIONS.....5 केवल जटिलाताओं की स्थिति में D K नहीं मालूम..... 8	
423.	How many post-partum checkups are needed? (Within 42 days of delivery) कितनी बार प्रसव पश्चात् जाँच की आवश्यकता होती है? (प्रसव के 42 दिनों के अंदर)	NUMBER OF CHECKUPS जांच की संख्या .... [ ]	
424.	Why should a woman need to receive checkup immediately after delivery in the postpartum phase? प्रसव के तुरन्त बाद महिला को प्रसव–पश्चात् देखभाल मिलना क्यों आवश्यक है? **Any other?** कोई अन्य	TO CHECK SIGNS OF INFECTION TO MOTHER..... A माता में संक्रमण के लक्षण जांचने के लिए TO TAKE CARE OF NAVAL/CORD ..... B बच्चे की नाभि की देखभाल हेतु TO MEASURE CHILD WEIGHT ..... C बच्चे का वजन नापने हेतु FOR CHILD IMMUNIZATION ..... D बच्चे का टीकाकरण हेतु TO PROTECT CHILD FROM ANY KIND OF ILLNESS OR INFECTION..... ..E बच्चे को किसी भी बीमारी या संक्रमण से बचाने हेतु OTHER अन्य (_____)X	
425.	In your opinion, what types of check-up should be provided immediately after delivery at the health facility and/or by health providers? आप की राय में, प्रसव के तुरन्त बाद किस तरह की जाँच स्वास्थ्य सुविधा या स्वास्थ्य कार्यकर्ता द्वारा देनी चाहिए? **Any other?** कोई अन्य	REMOVAL OF THE PLACENTA आंवल को हटाना ..... A CUTTING THE NAVAL CORD नाल को काटना ..... B CHECKING THE BABY'S VITAL SIGNS ..... C बच्चे के जीवन के लक्षणों को पहचानना MASSAGING THE UTERUS ..... D गर्भाशय की मालिश करना BREAST-FEEDING TECHNIQUES ..... E स्तनपान कराने की विधियॉ CAUTIONING AGAINST INFECTION ..... F संक्रमण के खिलाफ चेतावनी OTHER अन्य (_____) X	

	CHILD HEALTH बाल स्वास्थ्य		
426.	What are the common danger signs to baby during his/her neonatal period (within 4 weeks)? नवजात बच्चे के लिए कौनसे समान्यतया खतरे के लक्षण होते है (4 हफ्ते के अन्दर) **Any others?** कोई अन्य	BREATHING DIFFICULTY सांस लेने में कठिनाई.....A PALE YELLOW/ BLUE COMPLEXION पीला–नीला रंग.....B DIFFICULTY IN SUCKING चूसने में दिक्कत.....C HIGH FEVER तेज बुखार.....D RAPID BREATHING तेज–तेज सांस लेना.....E BLEEDING FROM CORD/NAVAL नाभि से खून रिसना.....F DOESN'T PASS URINE WITHIN 24 HRS 24 घंटे तक मूत्र नहीं होना. ..... G SEPTIC / INFECTION सेप्टिक/संक्रमण .....H OTHER अन्य (_____) X NONE कोई नहीं.....**Y**	
427.	In your opinion, what types of special cares should be taken with newborns? आपकी राय में नवजात बच्चे के लिए किस प्रकार की विशेष देखभाल चाहिए?	KEEP THE BABY CLEAN शिशु को साफ रखना.....A KEEP THE BABY WARM शिशु को गर्म रखना.....B NOTHING TO BE APPLIED ON THE CORD नाल पर कुछ भी न लगाना.....C BREASTFEED ON DEMAND भूख लगने पर स्तनपान कराना.....D WATCH OUT FOR DANGER SIGNS खतरे के चिन्हो को पहचानना.....E CONTACT HSP IMMEDIATELY ON SEEING ANY DANGER SIGN किसी भी खतरे के चिन्ह को देखते ही तुरंत अस्पताल में सम्पर्क करना .....F BABY SHOULD TAKE BATH AFTER 3 DAYS बच्चे को तीन दिन बाद स्नान कराना चाहिए.....G OTHER अन्य (_____)..X	
428.	Do you know 'kangaroo method' of keeping the baby warm? If 'YES', how often you explain this procedure to mOTHERs? क्या आप बच्चों को गर्म रखने की "कंगारु विधि" जानती है? यदि हां तो मां को आप कितनी बार इस विधि को समझाती है?	YES, ALWAYS हां, हमेशा ..... 1 YES, SOMETIME हां, कभी–कभी..... 2 YES, NEVER हां, कभी नहीं ..... 3 NO नहीं..... 4	
429.	How long after birth a child can be given breast milk? आपकी राय में बच्चे को जन्म के कितनी देर बाद पहली बार दूध पिलाना चाहिए?	IMMEDIATELY WITH IN AN HOUR तुरन्त एक घंटे के अंदर..... 000 HOURS घंटे.....1 [ ][ ] DAYS दिन .....2 [ ][ ]	
430.	How long should a child be breastfed exclusively (nothing else, not even water)? कितनी उम्र तक बच्चे को केवल मां का दूध देना चाहिए (और कुछ भी नहीं, यहां तक कि पानी भी नहीं? [RECORD IN MONTHS]	IN MONTHS महीनों में ..... [ ]	
431.	At what age a child should start receiving supplementary/mushy food? [RECORD AGE IN MONTHS] किस उम्र के बच्चे को पूरक/मसला हुआ भोजन देना चाहिए?	AGE IN MONTHS आयु महीनों में..... [ ][ ]	
432.	Till what age a child should be given breast milk along with supplements? [RECORD IN MONTHS] किस उम्र तक बच्चे को पूरक भोजन के साथ स्तनपान कराना चाहिए?	AGE IN MONTHS आयु महीनों में..... [ ][ ]	

433.	What do you tell women and their family members about the importance of breastfeeding? आप महिलाओं को और उनके परिवार के सदस्यों को स्तनपान की महत्ता के लिए क्या बताती है? **Any other?** कोई अन्य	BREAST MILK IS AN ESSENTIAL FOOD FOR EVERY NEW BORN BABY स्तनपान नवजात शिशु के लिए आवश्यक भोजन है .....A TIMING: WITHIN ONE HOUR OF BIRTH समयः– जन्म के एक घंटे के अन्दर.....B EARLY BREAST FEEDING STIMULATES MORE PRODUCTION OF MILK जल्दी स्तनपान कराने से दूध अधिक बनता है .....C EXCLUSIVE BREASTFEEDING FOR 6 MONTHS MAKES BABY MORE IMMUNE TO DISEASES 6 महीने तक बच्चे को स्तनपान कराने से कई बीमारियों से बचाया जा सकता है.....D COLOSTRUM, THE FIRST MILK PROTECT THE CHILD FROM DISEASE कोलोस्ट्राम, मां का पहला दूध बच्चे को कई बीमारियों से बचाता है.....E OTHER अन्य (_____)X	
434.	Do you explain to a woman the correct breast-feeding practices? क्या आप महिला को सही तरीके से स्तनपान कराना बताती है?	YES हां .....1 NO नहीं ....2 →	**436**
435.	How do you explain to a woman about correct positioning for breastfeeding? आप एक महिला को स्तनपान कराने सही स्थिति के लिए कैसे बताती है?	THE BABY'S BODY AND HEAD MUST BE STRAIGHT .. A बच्चे का सिर व शरीर सीधा होना चाहिए THE BODY AND HEAD MUST BE CLOSE TO THE MOTHER AND FACING BREAST ..... B सिर व शरीर माँ से सटा और स्तन की ओर होना चाहिए THE BABY'S NOSE SHOULD BE OPPOSITE THE MOTHER'S NIPPLE .....C बच्चे का नाक माँ के निप्पल कें विपरीत होना चाहिए BABY'S BOTTOM SHOULD BE SUPPORTED BY MOTHER'S HAND .....D बच्चे को नीचे से माता के हाथ का सहारा होना चाहिए MAKE SURE THAT THE BABY IS SUCKLING THE AREOLA AND NOT JUST THE NIPPLE, WITH MORE AREOLA VISIBLE ABOVE THE BABY'S MOUTH THAN LOWER.....E ये सुनिश्चित करें कि बच्चा निप्पल के आगे भाग को ही नहीं बल्कि आगे तक चूस रहा हो CHEEKS OF THE BABY ARE ROUNDED AND NOT SUCKED ..... F बच्चे के गाल गोल हो ना की धसा हुआ SLOW DEEP SUCKS, CAN SEE OR HEAR SWALLOWING .....G धीरे और गहरा चूषण हो, जिसे देखा जा सके और सुना जा सके OTHER अन्य(_____)...x	
436.	On colostrum, what common myths and misconceptions are prevailing in your village? कोलोस्ट्राम के बारे में आपके गॉव में क्या मिथ्या तथा अवधारणाएं फैलती है?	COLOSTRUM IS THICK SO BABY CAN'T DIGEST IT.....A कोलोस्ट्राम गाढ़ा होना जो बच्चा पचा नहीं सकता NOT GOOD FOR BABY'S GROWTH AND HEALTH.....B ये बच्चे के स्वास्थ्य और वृद्धि के लिए अच्छा नहीं OTHER अन्य (_____).. X	

437.	What advice do you generally give to Mothers/caregivers about complementary feeding? माता या देखभाल करने वाले को आप पूरक भोजन के बारे में क्या सलाह देती है?	AFTER 6 MONTHS, START FEEDING THE BABY WITH SOFT MUSHY FOODS ALONG WITH BREAST MILK ..... A 6 महीने के बाद बच्चे को मां के दूध के साथ मसला हुआ भोजन देना चाहिए FOOD LIKE DAL, KICHDI, BOILED AND MASHED VEGETABLES/ FRUITS CAN BE GIVEN भोजन जैसे दाल, खिचडी, उबली हुई और मसली हुई सब्जी/फल भी दे सकते है ..... B FROM 9 MONTHS ONWARDS MORE SOLID FOOD SHOULD BE INTRODUCED GRADUALLY INCLUDING OIL AND GHEE 9 महीने के बाद से कुछ ठोस भोजन तेल और घी के साथ दिया जा सकता है ..... C INADEQUATE QUANTITY AND QUALITY OF FOOD COULD MAKE A CHILD MALNOURISHED कम मात्रा एवं पोषण वाला भोजन बच्चे को कुपोषित बना सकता है..... D OTHER अन्य (_____).. X OTHER अन्य (_____).. Y	
438.	What are the important immunizations needed for a child? कौन से टीके शिशु के लिए आवश्यक होते है? **Any other?** कोई अन्य	BCG बी सी जी ..... A POLIO पोलियो ..... B DPT डी पी टी..... C MEASLES खसरा..... D VITAMIN-A विटामिन –ए ..... E HEPATITISहैपेटाईटिस..... F OTHER अन्य (_____) X	**No. of Doses** डोज की संख्या [ ][ ] [ ][ ] [ ][ ]
439.	How many doses of Vitamin-A are required for a child, and when should they receive the first dose? विटामिन–ए की कितनी मात्रा बच्चे के लिए आवश्यक होता है? उसे पहली बार खुराक कब दी जाती है ? **Any other?** कोई अन्य	5 DOSES, 1ST DOSE AT 9TH MONTH..... 1 5 खुराक, 1 खुराक, 9वें महीने में 5 DOSES, 1ST DOSE AT OTHER TIMES ..... 2 5 खुराक, 1 खुराक, किसी भी समय OTHER अन्य (_____).. 9 DK नहीं मालूम..... 8	
440.	When you provide counseling on vaccination / immunization, what basic facts do you discuss? जब आप टीकाकरण के बारे में परामर्श करती है तो आप कौनसे आधारभूत तथ्यों के बारे में बात करती है? **Any other?** कोई अन्य	VACCINE IS A MEDICINE USED TO PREVENT THE DEVELOPMENT OF DISEASE ..... A वैक्सीन एक दवाई हैं जो बीमारी को रोकता हैं IT WORKS BY IMPROVING BODY'S ABILITY TO FIGHT OFF DISEASE ..... B यह शरीर को बीमारी से लड़ने की क्षमता प्रदान करता हैं MANY CHILDHOOD DISEASES CAN BE PREVENTEDBY IMMUNIZATION THEREFORE, CHILD IS TOBE GIVEN ALL IMMUNIZATION ..... C बहुत सारी बीमारी टीकाकरण द्वारा रोकी जा सकती है, इसलिए बच्चे को प्रत्येक टीका देना चाहिए OTHER अन्य (_____)..... X NONE कुछ नहीं..... Y	

441.	What are the advices you give to parent/caregiver of a child at the time of immunization? टीकाकरण के समय आप माता–पिता एवं शिशु की देखभाल करने वाले को क्या सलाह देंगी?	IF THE CHILD HAS A COMMON COLD OR COUGH, HE/SHE MAY STILL BE IMMUNIZED .....A अगर बच्चे को सर्दी जुकाम है तो भी उसका टीकाकरण होना चाहिए AFTER IMMUNIZATION THE CHILD MAY DEVELOP LIGHT FEVER WHICH CAN BE MANAGED.....B टीकाकरण के बाद बच्चे को हल्का बुखार आ सकता है जो कि सम्भाला जा सकता हैं MAINTAIN A CARD FOR YOUR CHILD TO CHECK IMMUNIZATION DATE .....C एक कार्ड रखें जिससे कि यह सुनिश्चित हो कि बच्चे का टीकाकरण समय पर हो सके OTHER अन्य (_____)X OTHER अन्य (_____)Y	
442.	What are the important childhood illnesses and vitamin deficiencies, you generally discuss with mOTHERs in your area? आप अपने क्षेत्र में सामान्यतः माताओं से बच्चों की किन महत्वपूर्ण बीमारियों और विटामिन की कमियों के बारे में चर्चा करती है?	CHILDHOOD DIARRHOEA अतिसार .....A FEVER बुखार .....B ARI , एआरई.....C PNEUMONIAनिमोनिया .....D WORMS INFECTIONकीड़े होना.....E VITAMIN A DEFICIENCYविटामिन ए की कमी .....F OTHER अन्य (_____)X OTHER अन्य (_____)Y	
443.	What type of information you give to mOTHERs/OTHER family members on childhood illnesses and vitamin deficiencies? आप माँ व अन्य परिवार के सदस्यों को बचपन की बीमारियों व विटामिन की कमियों के बारे में किस प्रकार की जानकारी देती है?	1..... 2..... 3.....	

Section 5: RTI, STI, HIV/AIDS आरटीआई, एसटीआई, एवं एच.आई.वी./एडस

Q.	QUESTION	CODES	SKIP
501.	Are you aware of the difference between RTI and STI? क्या आपको आरटीआई एवं एसटीआई में अन्तर पता है?	YES हॉ ..... 1 NO नहीं..... 2 →	503
502.	What are the differences between an RTI and a STI? आप कैसे आरटीआई एवं एसटीआई में भेद कर सकती है?	RTIs ARE INFECTIONS THAT OCCUR IN THE REPRODUCTIVE ORGANS OF MEN AND WOMEN ..... A आरटीआई एक संक्रमण है जो महिलाओं और पुरुषों के जननांगों में होता है MOST RTIS ARE CAUSED BY NOT KEEPING THE PRIVATE PARTS SUFFICIENTLY CLEAN ..... B ज्यादातर आरटीआई गुप्तागों को साफ न रखने से होता हैं STIs ARE INFECTIONS THAT ARE PASSED FROM ONEPERSON TO ANOTHER DURING SEXUAL INTERCOURSE..... C एसटीआई संक्रमण एक व्यक्ति से दूसरे व्यक्ति में संभोग द्वारा फैलता है OTHER अन्य (_____) X	
503.	What would you advise to your client who is suffering from RTI/STI? आरटीआई/एसटीआई से पीड़ित सेवार्थी को आप क्या परामर्श देंगी?	**SAFE PRACTICES** सुरक्षित अभ्यास KEEP GENITALS OF THE BODY CLEAN ALL TIMES ..... A हर समय शरीर के जननांगों को साफ रखना WEARING CLEAN UNDERGARMENTS.....B साफ अर्न्तवस्त्रों को पहनना WOMEN SHOULD USE CLEAN CLOTH DURING MENSTRUATION ..... C महिला को मासिक धर्म के दौरान स्वच्छ कपड़े का प्रयोग करना TO AVOID SEXUAL CONTACT TILL RTIs /STIs ARE CURED.....D जब तक आरटीआई/एसटीआई का ईलाज चल रहा है तब तक शारीरिक संबंधों से बचना चाहिए TO USE NEW CONDOM AT EVERY SEXUAL CONTACT.....E प्रत्येक शारीरिक संबंध के समय एक नये कंडोम का प्रयोग करना FOR RTI/STI SCREENING OF BOTH PARTNERS .....F दोनों साथिओं की आरटीआई/एसटीआई की जांच होना चाहिए **AVAILABLITLY OF SERVICES** सेवाओं की उपलब्धता REFER TO A SERVICE PROVIDER/ HOSPITAL ..... G एक स्वास्थ्य कर्मी के पास या/अस्पताल भेजना TO VISIT RCH CAMPS ..... H आरसीएच शिविर जाना TO VISIT HEALTH CAMPS (NGOS /PVT).....I स्वास्थ्य शिविर जाना OTHER अन्य (_____) . X	
504.	What symptoms should clients look out for, to seek medical attention for RTI/STI? सेवार्थी को आरटीआइ/एसटीआई के लिए चिकित्सकीय जांच हेतु कौनसे लक्षणों को देखना चाहिए?	SORENESSघाव होना ..... A ITCHING खुजलाहट होना ..... B PAIN ON URINATION पेशाब करने में दर्द ..... C ULCERS (BIG SORES) अलसर (बड़ा घाव)..... D FOUL-SMELLING DISCHARGE दुर्गन्धयुक्त स्राव ..... E BLEEDING रक्तस्राव .....F PAIN DURING INTERCOURSE संभोग के दौरान दर्द..... G BLEEDING AFTER INTERCOURSE संभोग के बाद रक्त स्राव ..... H SWELLING IN THE GROIN जांघ के पास सूजन.....I SWELLING/LUMP IN BREAST स्तन में सूजन/दर्द.....J OTHER अन्य (_____) . X	

Q.	QUESTION	CODES	SKIP
	HIV/AIDS एच.आई.वी./एडस		
505.	What information, do you give to your clients on HIV/AIDS? आप अपने सेवार्थियों को एच.आई.वी./एडस के बारे में क्या जानकारी देती है?	**BASIC FACTS** आधारभूत तथ्य HIV IS A VIRUS WHICH CAUSES AIDS ..... A एचआईवी एक विषाणु हैं जिससे एड्स होता है THERE IS NO CURE FOR AIDS ..... B एड्स का कोई ईलाज नहीं HOW IT IS SPREAD..... C यह कैसे फैलता है USE OF CONDOM FOR PREVENTION.....D बचाव हेतु कंडोम का प्रयोग TO STAY FAITHFUL TO PARTNER.....E जीवन साथी के प्रति वफादारी **CLARIFY FEARS/ MYTHS** भय और अवधारणा को स्पष्ट करना HIV/AIDS WILL NOT SPREAD BY KISSING OR HANDSHAKING.....F एचआईवी/एड्स चुम्बन या हाथ मिलाने से नहीं फैलता HIV/AIDS WILL NOT SPREAD BY SHARING UTENSILS.....G एचआईवी/एड्स बर्तन साथ में प्रयोग करने से नहीं फैलता HIV/AIDS WILL NOT SPREAD THOUGH MOSQUITO BITES.....H एचआईवी/एड्स मच्छर काटने से नहीं फैलता OTHER अन्य (_____)X	
506.	What are the modes of HIV transmission? एच.आई.वी./एडस किस प्रकार फैलता है?	UNPROTECTED SEX WITH AN INFECTED PERSON..... A संक्रमित व्यक्ति के साथ असुरक्षित यौन संबंध INFECTED BLOOD TRANSFUSION..... B संक्रमित रक्त के हस्तांतरण से USE OF INFECTED NEEDLES..... C संक्रमित सूई के प्रयोग से USE OF INFECTED BLADES, RAZORS/ TOOLS.....D संक्रमित ब्लेडस, रेजर और यंत्र के प्रयोग से FROM AN INFECTED MOTHER TO THE BABY ..... E एक संक्रमित माँ से उसके बच्चे को OTHER अन्य (_____). X	
507	What do you tell clients to be protected from HIV/AIDS infection? आप अपने सेवार्थी को संक्रमण से बचनें के लिए क्या बताती है?	ABSTINENCE FROM SEX संभोग से बचना ..... A BEING FAITHFUL TO YOUR PARTNER ..... B जीवन साथी के प्रति वफादारी USE OF CONDOMS कंडोम का प्रयोग ..... C USE OF DISPOSABLE OR STERILIZED SYRINGES AND NEEDLES ..... D विषाणु रहित और एक बार प्रयोग होने वाली सिंरिज एवं सूई का प्रयोग USE OF NEW AND CLEAN BLADES/RAZORS..... E नये और साफ ब्लेड तथा रेजर का प्रयोग TESTING BLOOD FOR HIV/AIDS BEFORE TRANSFUSION .....F रक्त ट्रांसफ्यूजन से पहले एच.आई.वी./एडस हेतु रक्त की जांच SCREENING FOR RTI/STI.....G आरटीआई/एसटीआई की जांच OTHER अन्य (_____). X	

Q.	QUESTION	CODES	SKIP
508.	What precautions do you take in your work to prevent contracting HIV virus or passing it? एच.आई.वी. संक्रमण से बचने के लिए आप अपने कार्यों में किस प्रकार की सावधानियाँ रखती हैं ?	ENSURE THAT SYRINGES AND NEEDLES ARE STERILIZED सुनिश्चित करती हैं कि सुई विषाणु रहित है ..... A STERILIZED SYRINGES/NEEDLES ARE TO BE KEPT IN A CLEAN AND PROTECTED PLACE विषाणु रहित सुई सुरक्षित एवं साफ स्थान पर रखी है ..... B FOLLOW STANDARD INFECTION CONTROL AND PREVENTION PRACTICES संक्रमण नियंत्रित एवं बचाव की रीतियों को मापदण्डों के अनुरूप पालना C	
509	Have you heard of RCH or any OTHER health camps? If 'YES', what type of camp? क्या आपने आरसीएच एवं अन्य किसी स्वास्थ्य शिविर के बारे में सुना है? यदि हॉ तो किस प्रकार का शिविर?	YES, RCH CAMP हॉ आरसीएच शिविर ..... 1 YES, OTHER HEALTH CAMP (PVT/NGO) ..... 2 हॉ, अन्य किसी स्वास्थ्य शिविर YES, BOTH हॉ, दोनों..... 3 NO नहीं..... 9 →	601
510	Have you ever participated in any of camps (RCH/ OTHER HEALTH CAMPS BY PVT/NGO)? क्या आपने किसी भी शिविर में भाग लिया है? (आरसीएच/अन्य स्वास्थ्य शिविर निजी/एनजीओ द्वारा)	YES हॉ ..... 1 NO नहीं..... 2 →	512
511	What type of roles/responsibilities you have shared in such camps? आपने उन शिविरों में किस प्रकार की भूमिका और जिम्मेदारी निभाई?	1..... 2..... 3.....	
512	What types of services are provided from such camps? किस प्रकार की सेवायें उन शिविरों में दी जाती है?	**MOTHER AND CHILD SERVICES** माँ और शिशु सेवाऐं ANTENATAL CHECK-UPS प्रसवपूर्व जांच.....A DISTRIBUTION OF IFA ..... B आयरन गोलियों का वितरण CHILD IMMUNIZATION बच्चों का टीकाकरण .....C EXAMINATION OF INFANTS AGAINST COMMON ILLNESSES /INFECTION.....D बीमारी/संक्रमण के विरूद्व बच्चे की जांच **FAMILY PLANNING SERVICES** परिवार नियोजन सेवाऐं COUNSELING ON FAMILY PLANNING METHODS.....E परिवार नियोजन विधियों पर परामर्श PERFORM STERILIZATION नसबंदी करना ..... F DISTRIBUTION OF CONDOMS कंडोम का वितरण.....G DISTRIBUTION OF ORAL PILLS .....H गोलियों का वितरण **RTI/ STI HIV-AIDS** आरटीआइ/एसटीआई एचआईवी–एड्स COUNSELING ON RTI/STI .....I आरटीआई/एसटीआई पर परामर्श SCREENING OF RTI/STI.....J आरटीआई/एसटीआई की जांच MEDICATION FOR RTI/STI.....K आरटीआई/एसटीआई की चिकित्सा COUNSELING ON HIV/ AIDS .....L एचआईवी/एड्स पर परामर्श OTHER अन्य (_____)X DK नहीं मालूम..... Y	

Section 6: MEDIA EXPOSURE संचार माध्यमों द्वारा जागरूकता

Now let us talk about listening to radio, watching television, reading newspapers, and other mass media

अब हम रेडियो सुनने, टेलीविजन देखने, समाचार पत्र पढ़ने और अन्य संचार के माध्यमों पर बात करेंगे

Q.	QUESTION	CODES	SKIP
601.	On an average, in a week, how many days do you listen to the radio? औसतन, एक सप्ताह में, आप कितने दिन रेडियो सुनती है?	NUMBER OF DAYS दिनों की संख्या ..... [ ] IRREGULAR अनियमित .....8 **If '0' go to Q606**	
602.	When do you usually listen to the radio? Any OTHER? आप रेडियों किस समय सुनती है?	05 AM – 06 AM .....A 06 AM – 07 AM .....B 07 AM – 08 AM .....C 08 AM – 09 AM .....D 09 AM – 10 AM .....E 10 AM – 11 AM .....F 11 AM – 12 PM .....G 12 PM – 01 PM .....H 01 PM – 02 PM .....I 02 PM – 03 PM .....J 03 PM – 04 PM .....K 04 PM – 05PM .....L 05 PM – 06 PM .....M 06 PM – 07 PM .....N 07 PM – 08 PM .....O 08 PM – 09 PM .....P 09 PM – 10 PM .....Q OTHER X	
603.	What channels on the radio do you listen to? आप रेडियों पर कौन से चैनल सुनती है?	ALL INDIA RADIO, PRIMARY/LOCAL CHANNEL ऑल इंडिया रेडियो, लोकल चैनल.....A ALL INDIA RADIO, VIVIDH BHARTI ऑल इंडिया रेडियो,विविध भारती .....B FM RADIO एफ एम रेडियो, ...C OTHER अन्य (_____) X DON'T KNOW पता नहीं .....Y	
604.	What type of programs you generally listen to? समान्यतः आप किस तरह के कार्यक्रम सुनती है?	NEWS समाचार .....A DRAMA नाटक.....B FILM SONGS फिल्मी गाने .....C FOLK SONGS लोक गीत .....D WOMEN'S PROGRAMS महिलाओं के कार्यक्रम .....E FARMER'S PROGRAMS किसानों के कार्यक्रम.....F CRICKET क्रिकेट .....G OTHER SPORTS अन्य खेल.....H OTHER अन्य (_____) X	
605.	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	YES हां ....1 NO नहीं..... 2	
606.	On an average, in a week, how many days do you watch television? औसतन एक सप्ताह में, आप कितने दिन टेलीविजन देखते है?	NUMBER OF DAYS दिनों की संख्या ..... [ ] IRREGULAR अनियमितता.....8 **If '0' go to Q612**	
607.	When do you usually watch TV? आप टी वी कब देखती है? **Any other?** कोई अन्य?	05 AM – 06 AM .....A 06 AM – 07 AM .....B 07 AM – 08 AM .....C 08 AM – 09 AM .....D 09 AM – 10 AM .....E 10 AM – 11 AM .....F 11 AM – 12 PM .....G 12 PM – 01 PM .....H 01 PM – 02 PM .....I 02 PM – 03 PM .....J 03 PM – 04 PM .....K 04 PM – 05PM .....L 05 PM – 06 PM .....M 06 PM – 07 PM .....N 07 PM – 08 PM .....O 08 PM – 09 PM .....P 09 PM – 10 PM .....Q OTHER X	
608.	What are the three main TV channels you watch regularly? आप कौन से 3 टी वी चैनल ज्यादातर देखती है?	1..... 2..... 3.....	
609.	Where do you watch TV, generally? आप समान्यतया टी वी कहां देखती है?	OWN HOME अपने घर..... 1 NEIGHBOUR'S HOME पडोसी के घर ..... 2 FRIEND'S/RELATVIES HOUSE मित्र/रिश्तेदार के घर ..... 3 WORK PLACE कार्यस्थल..... 4 COMMUNITY TV सामुदायिक टी वी ..... 5 OTHER अन्य (_____) 6	

Q.	QUESTION	CODES	SKIP
610.	What type of programs you generally watch in TV? किस प्रकार के कार्यक्रम आप सामान्यता टी वी पर देखती है?	NEWS समाचार ..... A DRAMA SERIAL धारावाहिक ..... B COMEDY SERIALS हास्य धारावाहिक..... C DETECTIVE SERIALS जासूसी धारावाहिक..... D RELIGIOUS SERIALS धार्मिक धारावाहिक ..... E CINEMA सिनेमा ..... F FILM SONGS फिल्मी गाने ..... G WOMEN'S PROGRAMS महिलाओं के कार्यक्रम..... H FARMERS PROGRAMS खेती–बाडी के कार्यक्रम..... I GAME PROGRAMS खेलकूद के कार्यक्रम ..... J CRICKET क्रिकेट ..... K OTHER SPORTS अन्य खेल..... L OTHER अन्य (_____) X	
611.	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	YES हां ..... 1 NO नहीं..... 2	
612.	On an average, in a week, how many days do you read newspapers? औसतन एक सप्ताह में, आप कितने दिन अखबार पढ़ती है?	NUMBER OF DAYS दिनों की संख्या..... [ ] IRREGULAR अनियमित ..... 8 **If '0' go to Q614**	
613.	Can you tell me the names of newspapers you read regularly? क्या आप मुझे समाचार पत्र के नाम बता सकती है जो आप नियमित रूप से पढ़ती है?	1..... 2.....	
614.	Do you read magazines? IF YES, regularly or irregularly? क्या आप पत्रिका पढ़ती है? यदि हां, तो नियमित रूप से या अनियमित?	YES, REGULARLY हां नियमित..... 1 YES, IRREGULARLY हां अनियमित..... 2 NO नहीं..... **3** →	**616**
615.	Can you tell me the names of magazines you have read? क्या आप मुझे दो पत्रिका के नाम बता सकती है जो आपने पढ़ी हैं?	1..... 2.....	
616.	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 है?	TIMES समय ..... [ ][ ] IRREGULAR अनियमित 8	
617.	Are you aware of any street play/drama/skits held in your area during past 6 months? क्या आपको अपने क्षेत्र में पिछले 6 महीनों के दौरान हुए कोई नुक्कड़ नाटक/परिहास के बारे में जानकारी है ?	YES हां ..... 1 NO नहीं..... 2	
618.	Have you seen any street plays/drama/skits during past 6 months? IF, 'NO'what are the reasons for not watching them? any other? क्या आपने पिछले 6 महीनों में कोई नुक्कड़/नाटक/परिहास देखा है? यदि नहीं तोय उसको नहीं देखने का कारण क्या है? **Any other?** कोई अन्य?	YES हां..... 1 NO नहीं ..... 2 **REASON FOR NOT WATCHING** न देखने के कारण NOT INTERESTED रुचि नहीं.....A NO TIME समय नहीं.....B TIMINGS NOT SUITABLE. नटक का समय उपयुक्त नहीं.....C FAMILY DID NOT ALLOW परिवार की अनुमति नहीं.....D OTHER अन्य (_____).....X	

619.	In the last three months, have you heard or seen any family planning or reproductive health messages: पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना/देखा है?		YES / NO	
		On radio रेडियो पर.....	1 / 2	
		On television टेलीविजन पर.....	1 / 2	
		In a cinema hall or theatre सिनेमा हाल या थियेटर में.....	1 / 2	
		In an outdoor video or film show खुले में वीडियो या फिल्म शो में.....	1 / 2	
		In a newspaper or magazine अखबार या पत्रिका में.....	1 / 2	
		On a poster or banner पेस्टर या बैनर पर.	1 / 2	
		On a bus or van panel बस या वैन पर.....	1 / 2	
		In a leaflet or handbill लीफ लेट या कागज पर बने हुए इश्तेहार पर..... .	1 / 2	
		On a wall painting, wall writing or hoarding दीवारों पर पैंन्टिग, दीवारों पर लिखाई या होर्डिंग में.....	1 / 2	
		In a drama or street play नाटक या नुक्कड नाटक में.....	1 / 2	
		In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show लोक नृत्य, नौटन्की, कव्वाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में.....	1 / 2	
620.	**CHECK Q619**	AT LEAST ONE 'YES'कम से कम एक में हॉ..... ☐ 'NO' IN ALLसभी में नहीं..... ☐	CONTINUE जारी रखें **GO TO Q624**	
621.	What type of messages did you listen/watch/read/see? आप किस प्रकार के संदेश सुनती/देखती/पढ़ती है? **Any Other message?** कोई अन्य संदेश?	STERILISATION नसबंदी .....A PILLS गोलियां .....B CONDOMS कंडोम..... C LIMITING OF BIRTHS बच्चों के जन्म को टालने के लिए ..... D SPACING OF BIRTHS बच्चों के जन्म में अंतर.....E ANTENATAL CARE प्रसवपूर्व देखभाल ..... F TT INJECTIONS टी टी इंजेक्शन ..... G IFA TABLETS/SYRUP ..... H DELIVERY CARE प्रसव देखभाल .....I POSTPARTUM CARE प्रसव पश्चात् देखभाल ..... J BREASTFEEDING स्तनपान.....K NUTRITION OF MOTHER AND CHILD मां बच्चे का पोषण .....L SUPPLEMENTARY FEEDING अतिरिक्त खुराक.....M ORS ओ आर एस..... N CHILD IMMUNISATION शिशु टीकाकरण ..... O POLIO IMMUNISATION पोलियो टीकाकरण .....P WATER AND SANITATION जल एवं शुद्धिकरण ..... Q OTHER अन्य.....X		
622.	Is the message you have heard or seen acceptable to you? जो संदेश आपने सुने व देखें हैं, क्या आपको मान्य है?	YES हां ....1 NO नहीं.....2		→ **624**

623.	Why do you think the messages are not acceptable to you? आप क्यों सोचते हैं कि आपको संदेश स्वीकार करने योग्य नहीं है?	AGAINST RELIGION धर्म के विरूद्ध .....A AGAINST CULTURE संस्कृति के विरूद्ध .....B NO ADEQUATE SUPPLY/SERVICE ..... C पर्याप्त सेवायें नहीं NOT GOOD FOR CHILDREN ..... D बच्चों के लिए अच्छा नहीं MESSAGE NOT CLEAR .....E संदेश स्पष्ट नहीं OTHER अन्य(_____) ..X	
624.	If you know of a radio/TV program that gives information on reproductive and child health, will you find time to listen/watch them? यदि आप रेडियो/टीवी कार्यक्रम जो कि प्रजनन और बच्चे के स्वास्थ्य के बारे में जानकारी दे तो आप उसे सुनेंगी/देखेंगी?	YES, ALWAYS हां, हमेशा.....1 YES, SOME TIMES हां, कभी कभी.....2 NO नहीं .....3 →	627
625.	In your opinion, what should be the ideal time for such radio programs? आपकी राय में ऐसे रेडियो कार्यक्रमों के लिए उचित समय क्या होना चाहिए ?	AM.....1 PM.....2 HRS [ ][ ] MIN [ ][ ]	
626.	In your opinion, what should be the ideal time for such TV programs? आपकी राय में ऐसे टी.वी. कार्यक्रमों के लिए उचित समय क्या होना चाहिए ?	AM.....1 PM.....2 HRS [ ][ ] MIN [ ][ ]	
627.	If you know of a program such as drama/street, play in your village giving information about health and family planning, will you watch them? If 'YES', always or sometimes? यदि आपकी जानकारी में कोई कार्यक्रम जैसे नाटक/नुक्कड आपके गांव में हो जो कि स्वास्थ्य और परिवार नियोजन के बारे में जानकारी दे तो क्या आप उसे देखेंगी? यदि हॉ तो हमेशा या कभी–कभी?	YES, ALWAYS हां हमेशा .....1 YES, SOME TIMES हां, कुछ समय.....2 NO नहीं 3	
628..	In your opinion, what is the ideal media to which health or family planning messages/programs can be given? आपके विचार से स्वास्थ्य व परिवार नियोजन के संदेश/कार्यक्रम प्रसारित करने हेतु आपको मीडिया का सबसे अच्छा व आदर्श साधन कौनसा है?	RADIO रेडियो.....01 TELEVISION टी वी.....02 NEWS PAPER/MAGAZINE समाचार .....03 LEAFLET/HANDOUTS लीफलेट/हैण्ड आउट.....04 HOARDING होर्डिंग .....05 WALL PAINTINGS वॉल पेन्टिंग.....06 POSTERS पोस्टर.....07 FOLK MEDIA लोक संचार.....08 INTERPERSONAL COMMUNICATION .....09 OTHERS अन्य (_____)99 CAN'T SAY कह नहीं सकते 98	

Section 7: ATTITUDE अभिवृत्ति

QUESTIONS 701 TO Q712:

Now I would like to read some statements and you have to tell me if in your case these the statements I read are, true always, often, sometimes, rarely or never.. Keep in mind that there are no correct or incorrect ways to respond to these statements, as their purpose is only to find out what you opinions are.

अब मैं आपके सामने कुछ वकतव्य पढ़ूंगी और हमें आपको बताना है यदि ये आपके केस में हमेशा सही है, बहुधा, कभी कभी, मुश्किल से या कभी नहीं। ये अपने दिमाग में रखें कि कोई भी गलत या सही जवाब नहीं है इन कथनों में क्योंकि केवल इनका उद्वेश्य आपकी राय को जानना है।

Q.	STATEMENTS कथन	CODES कोड					SKIP
		NEVER 0% कभी नहीं	RARELY 25% मुश्किल से	SOMETIMES 50% कभी कभी	OFTEN 75% प्रायः	ALWAYS 100% हमेशा	
701.	I get a sense of satisfaction from the work that I do मैं जो काम करती हूँ उसे संतुष्टि होती है	1	2	3	4	5	
702.	I have all the resources required to do a good job मेरे पास एक अच्छा काम करने हेतु सभी स्रोत हैं	1	2	3	4	5	
703.	My work allows me to help other people मेरे काम से दूसरों की मदद होती है	1	2	3	4	5	
704.	I have sufficient knowledge about my subject to be able to counsel clients मुझे सेवार्थी को परामर्श करने हेतु अपने विषयों का अच्छा ज्ञान हैं	1	2	3	4	5	
705.	I am always ready to listen to clients' suggestions to improve services मैं हमेशा सेवार्थी के सुझावों को सुनने को तैयार रहती हूँ ताकि अपनी सेवाओं को सुधार सकूं	1	2	3	4	5	
706.	I am aware of my clients' needs and want मैं अपनी सेवार्थी की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
707.	I feel happy with my job as a (insert provider's position) मैं वर्तमान में इस पद पर कार्य करते हुए खुश हूँ	1	2	3	4	5	
708.	I need more knowledge about certain subjects to be able to convince clients मुझे सेवार्थी को समझाने हेतु अपने कुछ विषयों की ओर अधिक जानकारी की आवश्यकता हैं	1	2	3	4	5	
709.	I am aware of the needs of the community मैं समुदाय की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
710.	My work as a health provider allows me to learn new ideas, procedures or technology स्वास्थ्य कर्मी के रूप में मेरे कार्य में मुझे नये विचार, विधियॉ और तकनीकी सीखने का मौका मिलता हैं	1	2	3	4	5	
711.	My success depends on how much effort I put into it मेरी सफलता इस पर निर्भर है कि मैं कितना प्रयास करती हूँ	1	2	3	4	5	
712.	People in my community appreciate the services I provide समुदाय के लोग मेरे द्वारा दी गई सेवाओं की तारीफ करते है	1	2	3	4	5	

SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियां	
Name of the supervisor पर्यवेक्षक का नाम	_____
Remarks टिप्पणियाँ	
Any other observation/comments कोई अन्य अवलोकन/टिप्पणी	

APPENDIX D

BCC BASELINE SURVEY (UP) - 2006

TBA SCHEDULE

बी.सी.सी. बेस लाईन सर्वे (उत्तर प्रदेश) 2006

टी.बी.ए. प्रश्नावली

IDENTIFICATION पहचान

District / जिला_____ [ ][ ]

Tehsil / Taluka / तहसील/तालुका_____ [ ][ ]

PSU Number / पी. एस. यू. नम्बर. ..... [ ][ ][ ]

Village name and code गांव का नाम और कोड..... [ ][ ][ ][ ][ ][ ]

Sampled village – 1. Selected village/sub-centre – 2. Substitute village/sub-centre – 3
सेम्पल गांव – 1. चयनित गांव/उपकेन्द्र– 2. पृथक गांव/उपकेन्द्र-3…….. [ ]

Reason for substituting village/sub-centre#
गांव के स्थानापन्न के कारण /उपकेन्द #…….. [ ]

Name of the TBA
प्रशिक्षित दाई का नाम _____

Residential address:
आवासीय पता _____

_____

_____

Tel/Mob:
फोन/मो.

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
[ ][ ]	[ ][ ]	2 0 0 6

Result परिणाम

Completed पूर्ण 1
Not available मिली नहीं 2
Postponed स्थगित..... 3
Refused मना कर दिया..... 4
Partly completed आंशिक रुप से पूर्ण..... 5
Other (Specify) अन्य (स्पष्ट करे) 6

1 – TBA is not present in the village 2 – Other (Specify_____)

	NAME	DATE	SIGNATURE
Field edited by:			
Office edited by:			
Keyed by:			

SECTION 1: BACKGROUND INFORMATION
पृष्ठभूमि की जानकारी

First I would like to ask some questions about you.
सबसे पहले हम आपके के बारे में कुछ सवाल पूछना चाहेंगे

Q.	QUESTION	CODES	SKIP
101.	How old are you? आपकी आयु कितनी है?	AGE IN COMPLETED YEARS ..... [ ][ ] उम्र पूरे वर्षों में लिखें DK मालूम नहीं 8	
102.	Have you ever attended school? आप कभी भी स्कूल गयी हैं?	YES हां ..... 1 NO नहीं ..... **2** →	**104**
103.	What is the highest class you have completed? आपकी सबसे उच्च शिक्षा क्या है?	GRADE वर्ग ..... [ ][ ] INFORMAL SCHOOLING अनौपचारिक शिक्षा..... 8	
104.	Can you read a letter or newspaper easily, with difficulty, or not at all? क्या आप किसी पत्र या समाचार पत्र को आसानी के साथ या कठिनता से या बिल्कुल भी नहीं पढ़ सकती हैं?	EASILY आसानी से..... 1 WITH DIFFICULTY कठिनाई से..... 2 NO AT ALL बिल्कुल भी नहीं..... 3	
105.	What is your religion? आपका धर्म क्या है?	HINDU हिन्दू ..... 1 MUSLIM मुसलमान ..... 2 CHRISTIAN ईसाई ..... 3 SIKH सिख..... 4 BUDDHIST/NEO BUDDHIST बौद्ध/नवबौद्ध..... 5 JAIN जैन..... 6 NO RELIGION कोई धर्म नहीं..... 7 OTHER अन्य(_____) 9	
106.	What is your caste/tribe? Is it a scheduled caste, a scheduled tribe, other backward caste, or none of them? आपकी जाति जन जाति क्या है? क्या आप अनुसूचित जाति/जनजाति या अन्य पिछड़े वर्ग के हैं या इनमें से कोई नहीं?	SCHEDULED CASTE अनुसूचित जाति ..... 1 SCHEDULED TRIBE अनुसूचित जनजाति ..... 2 OTHER BACKWARD CASTE (OBC) अन्य पिछड़ा वर्ग.... 3 GENERAL सामान्य वर्ग..... 4	
107.	What is your marital status? आपकी वैवाहिक स्थिति क्या है?	NEVER MARRIED कभी शादी नहीं हुई ..... 1 MARRIED शादी शुदा..... 2 WIDOW विधवा..... 3 DIVORCED/SEPARATED तलाकशुदा/पृथककरण..... 4 CUR. MAR BUT NEVER LIVED WITH HUSBAND वर्तमान में विवाहित किन्तु अपने पति के साथ नहीं रही 5	
108.	How long you have been staying in this village? (in years) आप कितने सालों से गांव में रह रही हैं?	IN YEARS वर्षों में..... [ ][ ]	
109.	Are you providing services to nearby villages? क्या आप पड़ोस के गांवों में सेवायें प्रदान कर रही हैं?	YES हां .....1 NO नहीं.....**2** →	**111**
110.	How many villages you provide the services? आप कितने गांव को सेवायें प्रदान करती हैं?	NO OF VILLAGES ..... [ ] गाँवों की संख्या	
111.	Have you undergone / received any TBA training? क्या आप ने यकभी कोई दाई प्रशिक्षण लिया है?	YES हां .....1 NO नहीं.....**2** →	**113**
112.	Where did you obtain TBA training? आपने प्रशिक्षण कहां से लिया है?	SIFPSA सिफ्सा .....A NGOs स्वयं सेवी संस्थान .....B PHC प्राथमिक स्वास्थ्य केन्द्र.....C DISTRICT TRAINING CENTREजिला प्रशिक्षण केन्द्र .....D STATE TRAINING INSTITUTE राज्य प्रशिक्षण संस्थान.....E OTHER अन्य (_____) X	
113.	Since how long you have been providing the birth attendant services? आप कितने वर्षों से दाई की सेवायें दे रही हैं?	IN YEARS वर्षों में..... [ ][ ]	

SECTION 2: IPC/C / BCC अर्न्तसंरचना

Q.	QUESTION	CODES	SKIP
201.	In what health areas do you provide services on to your clients? आप अपने सेवार्थी को स्वास्थ्य के किन क्षेत्रों में सेवायें प्रदान करती हैं? **Any other?** कोई अन्य	**FAMILY PLANNING** परिवार नियोजन SPACING METHODS अन्तर रखने वाली विधियां ..... A PERMANENT METHODS स्थायी विधियों..... B **MATERNAL HEALTH** मातृत्व स्वास्थ्य ANTE NATAL CARE प्रसव पूर्व देखभाल ..... C DELIVERY CARE प्रसव के दौरान देखभाल ..... D POST PARTUM CARE प्रसव के पश्चात देखभाल..... E NEONATAL HEALTH नवजात देखभाल..... F NUTRITION OF MOTHER मां को पोषण ..... G **CHILD HEALTH** बाल स्वास्थ्य VACCINATION टीकाकरण..... H NUTRITION OF CHILD बच्चे का पोषण ..... I COMMON CHILDHOOD DISEASES बच्चों की सामान्य बीमारियां ..... J **OTHER HEALTH ISSUES** अन्य स्वास्थ्य मुद्दे DISCUSS ON STI/RTI प्रजनन/यौन संक्रमण पर चर्चा..... K DISCUSS ABOUT HIV/AIDS एचआईवी/एड्स पर चर्चा..... L ADOLESCENT HEALTH किशोवस्था स्वास्थ्य..... M OTHERS अन्य (_____) X	
202.	As a birth attendant, it is very easy, easy, difficult, very difficult or neither easy nor difficult for you to work in the village? दाई होने के नाते आपको गांव में काम करना बहुत आसान, आसान, कठिन, बहुत कठिन, न कठिन न आसान कैसा लगता है?	VERY EASY बहुत आसान..... 1 EASY आसान ..... 2 NEITHER EASY NOR DIFFICULT न आसान न कठिन..... 3 DIFFICULT कठिन..... 4 VERY DIFFICULT बहुत कठिन..... 5	
203.	On an average, how many deliveries do you conduct in a year? आप औसतन एक साल में कितने प्रसव कराती हैं?	NO. OF DELIVERIES..... [ ][ ] प्रसव की संख्या	
204.	On an average, how much time will you spend in a household during a delivery? आप प्रसव कराने के दौरान घर में औसतन कितना समय बिताती हैं?	IN HOURS घन्टों में..... [ ][ ]	
205.	On an average, how much money you will get for conducting the delivery? प्रसव कराने के लिए आपको औसतन कितने रुपये मिलते हैं?	IN RUPEES..... [ ][ ][ ] रूपये मे	
206.	Are you given any thing in kind for conducting the delivery? IF 'YES', what are the main items you are given? क्या आपको प्रसव कराने के लिए कुछ दिया जाता है? यदि हां तो कौन सी मुख्य चीजें दी जाती हैं?	1. ..... 2. ..... 3.	
	Now I will ask some questions relating to your interactions with your clients relating to the services you are providing. You may answer as 'always', 'most of the time', 'half of the time', 'some of the time or never' to these questions. [Q207 to Q215] अब हम आपसे कुछ प्रश्न आपके और सेवार्थी के बीच हुई बातचीत के बारे में पूछेंगे जो कि आपकी सेवाओं से संबंधित हैं आप जवाब हमेशा, अधिकतर समय, आधे समय, कभी–कभी या कभी नहीं में दे सकती हैं (प्रश्न संख्या 207 से 215 तक)		
207.	How often do you get to know of a pregnancy in early stages? आप कितनी बार गर्भावस्था के बारे मे शुरूआती दिनो मे जान जाती है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%)..... 2 HALF THE TIME आधे समय, (50%)..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं..... 5	

Q.	QUESTION	CODES	SKIP
208.	How often do you spend time making clients feel at ease? आप अपने सेवार्थी के साथ कितनी बार समय बीताती है ताकि वह आरामदायक महसूस करें?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
209.	How often do families contact you well in advance for the delivery? कितनी बार परिवार के लोग प्रसव से पूर्व आप से संम्पर्क करते है?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
210.	Do you advise clients on family planning? क्या आप सेवार्थी को परिवार नियोजन के बारे में सलाह देती हैं?	YES हां ..... 1 NO नहीं 2	▶ 212
211.	How often are you able to provide clients with various family planning options available to them? कितनी बार आप सेवार्थी को परिवार नियोजन के विभिन्न विकल्प जो उनके लिए उपलब्ध हैं उन्हें दे पाती हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
212.	How often does the client ask questions? कितनी बार सेवार्थी आपसे सवाल पूछते हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
213.	How often clients ask you for clarification, if they do not understand something? कितनी बार सेवार्थी आपसे स्पष्टीकरण मांगते है जब वह कुछ समझ नहीं पाते हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
214.	How often you assure the clients that their information would be kept confidential? आप कितनी बार अपने सेवार्थी को यह आश्वस्थ करने में सफल होती है कि उनकी सूचनाओं को गुप्त रखा जायेगा।	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
215.	How often do you feel you can give clients the right amount information that they need? कितनी बार आपको महसूस होता है कि आप सेवार्थी को सही मात्रा में जानकारी दे सकती हैं जितनी कि उनको जरूरत हैं?	ALWAYS हमेशा (100%) ..... 1 MOST OF THE TIME अधिकतर समय, (75%) ..... 2 HALF THE TIME आधे समय, (50%) ..... 3 SOME OF THE TIME कभी–कभी (25%) ..... 4 NEVER कभी नहीं 5	
216.	As a health worker, is it very easy, easy, difficult, very difficult or neither easy nor difficult for you to convince men and women about matters relating to their health and family welfare? एक स्वास्थ्य कर्मी होने के नाते क्या आपके लिए पुरूष एवं महिलाओं को उनके स्वास्थ्य और परिवार कल्याण से सम्बन्धित मामलों को समझाना आसान बहुत आसान, कठिन, बहुत कठिन या ना आसान या ना ही कठिन है।	VERY EASY बहुत आसान ..... 1 EASY आसान ..... 2 NEITHER EASY NOR DIFFICULT न आसान न कठिन ... 3 DIFFICULT कठिन ..... 4 VERY DIFFICULT बहुत कठिन 5	
217.	In your opinion, what specific actions would help in effective interpersonal communication? आप की राय में क्या खास बातें आपके और सेवार्थी के बीच अन्तरव्यवहारिक सम्प्रेषण को प्रभावशाली बनाने में मददगार होती है? **[READ THE OPTIONS IF NECESSARY]** (जरूरत होने पर विकल्प को पढ़ें)	**SPON** स्वतः **PROB** पूछने पर **DK** मालूम नहीं Respecting clients सेवार्थी का आदर करना.....1 2 3 Listening to their problems.....1 2 3 उनकी समस्या सुनना Understanding their needs ..... 1 2 3 उनकी जरूरतें समझना Simple/Easy Language..... 1 2 3 सादी/सरल भाषा का प्रयोग Privacy/Discuss in isolation.....1 2 3 व्यक्तिगत/एकान्त में चर्चा करना Confidentiality of information.....1 2 3 जानकारी को गुप्त रखना Probing.....1 2 3 उकसाना Encouraging to take decision.....1 2 3 उनके निर्णय के लिए प्रोत्साहित करना	

SECTION 3: FAMILY PLANNING SERVICES परिवार नियोजन सेवाऐं

Q.	QUESTION	CODES	SKIP
301.	There are various methods a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about? ऐसे कई साधन हैं जिनसे एक दम्पत्ति गर्भधारण को टाल सकता है या उससे बच सकता है। ऐसे कौन से साधनों के बारे में आपने सुना है?	PILL गर्भनिरोधक गोलियां.....A CONDOM / NIRODH कंडोम/निरोध.....B IUCD / COPPER T आई.यू.सी.डी. / कापर टी ..... C INJECTABLES इंजेक्टेबल्स.....D FEMALE STERILISATION स्त्री नसबंदी.....**E** MALE STERILISATION पुरूष नसबंदी ..... **F** EMERGENCY CONTRACEPTION आपातकालीन गर्भ निरोधक.....G STANDARD DAYS METHOD मानक दिन विधि .....H RHYTHM / SAFE PERIOD रिदम / सुरक्षित काल पद्धति.....I WITHDRAWAL विच्छेदन..... J OTHER अन्य X	
302.	Have you ever advised any body in the community to use family planning methods? क्या आपने कभी भी अपने समुदाय में किसी को परिवार नियोजन के साधन प्रयोग करने कि सलाह दी है?	YES हां.....1 NO नहीं .....2 →	**309**
303.	What are the methods you have advised? आपने किस प्रकार के साधनों की सलाह दी है?	PILL गर्भनिरोधक गोलियां.....A CONDOM / NIRODH कंडोम/निरोध.....B IUCD / COPPER T आई.यू.सी.डी. / कापर टी ..... C INJECTABLES इंजेक्टेबल्स.....D FEMALE STERILISATION स्त्री नसबंदी.....**E** MALE STERILISATION पुरूष नसबंदी ..... **F** EMERGENCY CONTRACEPTION आपातकालीन गर्भ निरोधक.....G STANDARD DAYS METHOD मानक दिन विधि .....H RHYTHM / SAFE PERIOD रिदम / सुरक्षित काल पद्धति.....I WITHDRAWAL विच्छेदन..... J OTHER अन्य X	
304.	Do you provide family planning services? क्या आप परिवार नियोजन की सेवायें देती हैं?	YES हां .....1 NO नहीं.....2 →	**310**
305.	What type of family planning services do you provide? आप किस प्रकार की परिवार नियोजन की सेवायें देती हैं? **Any other?** अन्य कोई	COUNSELING ON VARIOUS METHODS विभिन्न साधानो पर चर्चा .....A SUPPLY OF CONDOMS/ NIRODH कंडोम / निरोध देना .....B SUPPLY OF PILLS गोलियां देना ..... C IUCD/ COPPER-T आयूसीडी / कॉपरटी देना..... D REFERRAL FOR IUCD (COP-T) आयूसीडी / कॉपरटी के लिए भेजना .....E REFERRAL FOR STERILIZATION नसबन्दी के लिए भेजना .....F OTHER अन्य (_____).....Y	
306.	When you talk to people in the community about contraceptive methods, do you tell the potential side-effects of the methods most of the time, some of the time, rarely or never? जब आप समुदाय के लोगों गर्भ निरोधक साधनों के बारे में बात करती हैं तो, क्या आप उन्हें उनके होने वाले दुष्परिणामों के बारे में ज्यादातर, कभी–कभी,, कभी कभार या कभी नही बताती हैं?	MOST OF THE TIME ज्यादातर समय.....1 SOME OF THE TIME कभी–कभी.....2 RARELY कभी कभार.....3 NEVER कभी नहीं.....4	
307.	When you discuss family planning issues with woman, who are the other persons generally present? जब आप महिला से परिवार नियोजन कि चर्चा करती हैं तो सामान्यतः वहां और कौन–कौन मौजूद होता है? **Any other?** अन्य कोई	HUSBANDपति.....A MOTHER-IN-LAW सास.....B OTHER ADULT FAMILY MEMBERS अन्य कोई व्यस्क परिवार का सदस्य ..... C NEIGHBOURS पड़ोसी ..... D CHILDREN BELOW 10 YEARS दस साल से कम आयु के बच्चे .....E OTHER अन्य (_____).X NONE कोई नहीं.....Y	

Q.	QUESTION	CODES	SKIP
308.	Do you know for how long a Copper-T/IUCD can protect a woman from getting pregnant? क्या आप जानती हैं कि कॉपर–टी/आईयूसीडी कितने समय तक एक महिला को गर्भधारण करने से सुरक्षा प्रदान करती है?	IN YEARS वर्षों में..... [ ][ ] DK मालूम नहीं 98	
309.	What is the main reason for not advising family planning/modern family planning methods? परिवार नियोजन या परिवार नियोजन के आधुनिक विधियों की सलाह ना देने के मुख्य कारण क्या हैं?	_____	
310	Do you think that family planning is beneficial to the people in the community? आप समझती हैं परिवार नियोजन समुदाय के लोगों के लिए फायदेमंद हैं?	YES हां .....1 NO नहीं .....2 →	**401**
311	What is the **main** reason for saying family planning as non-beneficial to the community? परिवार नियोजन के साधनों को समुदाय के लिए हितकारी न कहने का क्या मुख्य कारण है?	_____	

SECTION 4: MATERNAL AND NEONATAL HEALTH मातृत्व एवं नवजात शिशु स्वास्थ्य

READ: Now, I would like to talk about marriage, pregnancy, delivery, and post-partum care.
अब मैं आपकी शादी, गर्भवास्था, प्रसव तथा प्रसव पश्चात् देखभाल करने में बात करूंगी।

Q.	QUESTION	CODES	SKIP
401.	In your opinion, what is the ideal age for marriage of girl and boy. आपकी राय में लड़का और लड़की की शादी करने की उचित उम्र क्या होनी चाहिए a. Girl लड़कियां b. Boy लड़के	FOR GIRLS (IN YEARS) लड़कियॉ (वर्षो में)..... [ ][ ] FOR BOYS (IN YEARS) लड़कें (वर्षो में) ..... [ ][ ]	
402.	What are the consequences of early marriage? कम उम्र में शादी के क्या परिणाम होते हैं? READ SUB-HEADINGS उपशीर्षक को पढ़ें **Any other?** कोई अन्य	**FEMALE** महिला IMMATURE TO HANDLE FAMILY MATTERS पारिवारिक मामलों को समझाने में असमर्थ ..... A PHYSICALLY WEAK FOR CHILDBEARING बच्चा पैदा करने के लिए शारीरिक रूप से कमजोर हो .....B PREGNANCY OMPLICATIONS गर्भावस्था के दौरान जटिलतायें .....C MISS OPPORTUNITY FOR EDUCATION शिक्षित होने के अवसर खोना.....D **MALE** पुरूष UNEMPLOYED/FINANCIAL BURDEN ON THE FAMILY बेरोजगारी/परिवार पर आर्थिक बोझ.....E UNAWARE ABOUT CONTRACEPTION गर्भनिरोधक की अनभिज्ञता...,.....F MISS OPPORTUNITY FOR EDUCATION शिक्षित होने का अवसर खोना .....G **BABY**बच्चे MALNOURISHMENTकुपोषण .....H PRONE TO DISEASES बीमार होने की ज्यादा संभावना.....I POOR GROWTH खराबवृद्धि.....J LESS SURVIVAL CHANCES जीवित रहने की कम संभावना.....K OTHER1अन्य 1 (_____).X OTHER2 अन्य 2 (_____)..Y	
403.	In your opinion, what is the ideal age for a woman to get pregnant for the first time? आप की राय में महिला की पहले गर्भधारण करने के लिए उचित आयु क्या होनी चाहिए?	IN COMPLETED YEARS आयु पूर्ण वर्षों में..... [ ][ ]	
404.	What types of special care should be provided to women during pregnancy? गर्भावस्था के दौरान महिला को किस प्रकार की खास देखभाल देनी चाहिए? **Any other?** अन्य कोई	ADEQUATE REST पर्याप्त आराम ..... A MORE FOOD THEN NORMALसामान्य से अधिक भोजन .. B LESS FOOD THEN NORMALसामान्य से कम भोजन .....C REGULAR CHECK-UP नियमित जांच .....D SHOULD NOT LIFT HEAVY OBJECTS ..... E भारी सामान को ना उठाना PSYCHOLOGICAL SUPPORT मनौवैज्ञानिक सहयोग.....F OTHER अन्य (_____)..... X	

Q.	QUESTION	CODES	SKIP
405.	What are the danger signs of pregnancy? गर्भावस्था के खतरे के क्या लक्षण हैं? **Any other?** अन्य कोई	SEVERE VAGINAL BLEEDING (HEMORRHAGE) अधिक रक्त स्त्राव .....A SEVERE PAIN IN THE ABDOMEN पेट में तेज दर्द.....B SEVERE HEADACHE तेज सिरदर्द.....C LOSS OF CONSCIOUSNESS.....D अचेत/बेहोश होना SWELLING सूजन.....E SEVERE WEAKNESS अधिक कमजोरी .....F ABNORMAL DISCHARGE FROM VAGINA योनि से असामान्य स्त्राव .....G CONVULSIONS ऐंठन होना .....H BABY STOPS MOVING IN MOTHER'S BODY शिशु का माता मे पेट में घुमना रूक जाना ..... I BLURRING OF VISION देखने में धुंधलापन.....J WATER BAG BURSTS पानी की थैली का फटना .....K SEVERE DIARRHEA भयंकर अतिसार (दस्त) ..... L OTHER अन्य (_____) ...X	
406.	How many ANC visits should one have during pregnancy? गर्भावस्था के दौरान महिला को कितनी बार प्रसव पूर्व जांच के लिए जाना चाहिए?	NUMBER OF VISITS भ्रमण की संख्या..... [ ] DK मालूम नहीं 8	→ 410
407.	When should each ANC visit occur during pregnancy? गर्भावस्था के दौरान महिला को प्रसवपूर्व जांच के लिए कब जाना चाहिए? A. 1st visit B. 2nd visit C. 3rd visit	A. MONTHS OF PREGNANCY गर्भ का महीना ..... [ ] B. MONTHS OF PREGNANCY गर्भ का महीना ..... [ ] B. MONTHS OF PREGNANCY गर्भ का महीना ..... [ ]	
408.	What are the basic services and check-ups covered in antenatal care? क्या सेवायें और जांच मूलतः प्रसव पूर्व देखभाल के अर्न्तगत आती हैं? **Any other?** अन्य कोई	TETANUS INJECTIONSटीटनेस के टीके .....A IRON AND FOLIC ACID TABLETS आयरन और फालिक एसिड की गोलियां .....B ABDOMINAL CHECKUP पेट की जांच.....C BLOOD PRESSURE रक्त चाप.....D WEIGHT वजन .....E HEIGHTलम्बाई .....F BLOOD TEST (ANAEMIA) रक्त की जांच (एनिमिया के लिए) .....G URINE TESTमूत्र की जांच.....H OEDEMA सूजन.....I OTHER अन्य (_____) X	
409.	As a TBA, do you ensure that a pregnant woman seek antenatal care? दाई होने के नाते क्या आप सुनिश्चित करती हैं कि गर्भवती महिला प्रसव पूर्व जांच कराने आयें?	YES हां .....1 NO नहीं 2	
410.	What is the general rule about consuming iron and folic acid tablets? आयरन फोलिक एसिड की गोलियां लेने का क्या नियम हैं?	1 TABLET PER DAY FOR A TOTAL OF 100 DAYS DURING THE PREGNANCY गर्भावस्था के दौरान 100 दिन तक एक गोली रोज..... 1 OTHER अन्य ..... 2 DK मालूम नही 8	

411.	How many TT injections are to be given to a pregnant woman? गर्भवती महिला को कितने टीटनेस के टीके देने चाहिये?	NUMBER OF TT INJECTIONS..... ☐ टीटनेस के टीकों की संख्या DK मालूम नही.....8	यदि टीकों की संख्या शून्य या कोड 8 होती **प्र. 414**
412.	When should a pregnant woman receive her first TT injection? गर्भवती महिला को पहला टीटनेस का टीका कब देना चाहिये?	AS SOON AS THE PREGNANCY IS KNOWN जैसे ही गर्भवती होने का पता चले.....1 OTHER TIMESअन्य समय .....2 DK मालूम नहीं.....8	
413.	If the pregnant woman was previously pregnant in less than two years and received 2 TT injections during that pregnancy. Does she need TT injections for her current pregnancy? If YES, how many यदि महिला पहले से दो साल से कम अवधि में गर्भवती हुई थी, और उस दौरान दो टीटनेस के दो टीके लगे थे, तो क्या उसे वर्तमान गर्भावस्था के लिए भी टीटनेस के टीके लगने चाहिये? अगर हां तो कितने?	YES हां.....1 ☐ NO नहीं .....2 DK मालूम नही 8	
414.	Do you advice pregnant woman and her family members about birth preparedness? क्या आप गर्भवती महिला और उसके परिवार जनो को जन्म की तैयारी हेतु सलाह देती हैं	YES हां .....1 NO नहीं ..... **2** DK मालूम नही **8**	**416**
415.	What are the advices given to them? उन्हे क्या सलाह देती हैं?	ARRANGE FOR SKILLED BIRTH ATTENDANT कुशल दाई का प्रबंध करना .....A IDENTIFY CLEAN PLACE FOR DELIVERY IF AT HOME यदि घर में प्रसव कराना है तो साफ जगह की पहचान करें ...B ARRANGE FOR TRANSPORT, IN CASE OF EMERGENCY आपात स्थिति हेतु यातायात का प्रबंध करना .....C SAVE MONEY FOR EMERGENCY संकटकाल के लिए पैसा बचाना .....D IDENTIFY PERSON WHO CAN DONATE BLOODउन लोगों की पहचान करना जो खून दे सकें .....E IDENTIFY NEAREST HOSPITAL/ CLINIC सबसे नजदीकी अस्पताल/क्लिनिक की पहचान करना .....F OTHER अन्य(_____) X	
416.	What are the five cleans during delivery? प्रसव के दौरान क्या पांच स्वच्छताऐं होनी चाहिए ? **Any other?** अन्य कोई	CLEAN HANDS साफ हाथ.....A CLEAN BLADE साफ ब्लेड.....B SURFACE/PLACE साफ सतह/स्थान .....C THREAD साफ धागा.....D PERENIUM/ CORD साफ नाल... .....E OTHER अन्य (_____) ....X NONE कुछ नहीं .....Y	
417.	As an TBA, what do you do to ensure that a women's delivery is assisted by a skilled health worker? एक दाई होने के नाते आप यह कैसे सुनिश्चित करती हैं कि महिला का प्रसव एक कुशल स्वास्थ्य कर्मी द्वारा कराया जाये।	1. ..... 2. ..... 3.	
418.	What are the danger signs of labour? प्रसव कै दौरान खतरे के क्या लक्षण होते है? **Any other?** अन्य कोई	SEVERE VAGINAL BLEEDING अधिक रक्त स्त्राव.....A LOSS OF CONSCIOUSNESS बेहोश होना .....B PROLONGED LABOR दीर्घकालीन दर्द .....C ABNORMAL POSITION OF CHILD बच्चे की असमान्य स्थिति.....D HIGH FEVER WITH FOUL DISCHARGE दुर्गन्ध युक्त स्राव के साथ तेज बुखार.....E SEVERE HEADACHE तेज सिरदर्द.....F CONVULSIONS ऐंठन .....G PLACENTA DOES NOT COME OUT आंवल का बाहर न आना .....H OTHER अन्य (_____) X NONE कोई नहीं.....Y	**421**

419.	What danger signs of labour have you handled? प्रसव के दौरान कौनसें खतरों के लक्षण आपने सभालें है? **Any other?** अन्य कोई	**USE ALPHA CODES FROM Q418** NONE कोई नहीं .....Y →**421**	
420.	What do you do when you encounter a specific danger sign of labor? प्रसव के दौरान जब कोई खतरें का लक्षण मिलता है तो आप क्या करती है? **Any other?** **अन्य कोई**	REFER TO SUB-CENTER उपकेन्द्र भेजते हैं ..... A REFER TO PHC/CHC पी.एच.सी./सी.एच.सी. पर भेजते हैं. B REFER TO DISTRICT HOSPITAL जिला अस्पताल भेजते हैं ..... C REFER TO A PVT. HOSPITAL निजी अस्पताल भेजते हैं D REFER TO A PVT. DOCTOR निजी चिकित्सक के पास भेजते हैं ..... E REVIVE PATIENT पुनः होश मे लाना ..... F MEDICAL INTERVENTION चिकित्सय हस्तक्षेप ..... G OTHER अन्य(_____) X	
421.	How many women in your area might have died of complications related to pregnancy/delivery during past 3 years? पिछले तीन साल में आप के क्षेत्र में कितनी औरतें गर्भावस्था/प्रसव के दौरान हुई जटिलताओं के कारण मरी है?	NUMBER OF WOMEN महिलाओं की संख्या..... NONE कोई नहीं 9	
422.	How many children in your area might have died before completing one year of age during past 3 years? पिछले तीन साल में आप के क्षेत्र में कितने बच्चों की एक साल की उम्र से पहले मृत्यु हुई है?	Number of Children बच्चों की संख्या..... DK मालूम नहीं 8	
	POST-NATAL प्रसव के पश्चात्		
423.	How soon after delivery should a woman receive postpartum care? प्रसव के कितने समय बाद महिला को प्रसव पश्चात् देखभाल मिलनी चाहिए?	IMMEDIATELY AFTER BIRTH ..... 1 जन्म के तुरन्त बाद WITHIN 6 HOURS AFTER BIRTH..... 2 जन्म के 6 घंटे के अन्दर BETWEEN 6-24 HOURS AFTER BIRTH..... 3 जन्म के 6–24 घंटे के बीच MORE THAN 24 HOURS AFTER BIRTH ..... 4 जन्म के 24 घंटे के बाद ONLY IN CASE OF COMPLICATIONS.....5 केवल जटिलाताओं की स्थिति में DK मालूम नहीं 8	
424.	How many post-partum checkups are needed? (Within 42 days of delivery) प्रसव पश्चात् कितनी बार जाँच की आवश्यकता होती है? (प्रसव के 42 घंटे के अंदर)	NUMBER OF CHECKUPS जांच की संख्या ..... D K मालूम नहीं.....,....8	
425.	Why should a woman need to receive checkup immediately after delivery in the postpartum phase? प्रसव पश्चात काल में महिला को तुरन्त जाँच क्यो मिलनी चाहिए? **Any other?** अन्य कोई	TO CHECK SIGNS OF INFECTION TO MOTHER..... A माता में संक्रमण के लक्षण जांचने के लिए TO TAKE CARE OF NAVAL/CORD ..... B बच्चे की नाभी की देखभाल हेतु TO MEASURE CHILD WEIGHT ..... C बच्चे का वजन नापने हेतु FOR CHILD IMMUNIZATION ..... D बच्चे का टीकाकरण हेतु TO PROTECT CHILD FROM ANY KIND OF ILLNESS OR INFECTION ..... E बच्चे को किसी भी बीमारी या संक्रमण से बचाने हेतु OTHER अन्य(_____) X	

426.	As a TBA, what do you do to ensure that all mothers receive post-pastum care ? एक दाई होने के नाते आप यह कैसे सुनिश्चित करती हैं कि सभी माताओं को प्रसव पश्चात सेवाएं प्राप्त हों	TALK TO WOMAN ABOUT RECEIVING POSTPARTUM CARE प्रसव पश्चात सेवायें प्राप्त करने के लिए महिलाओं से बात करके.....A VISIT HER AT HOME/HOSPITAL घर या अस्पताल जाकर.....B ADVISE HUSBAND ON PP CARE पति को प्रसव पश्चात देखभाल की सलाह देकर.....C ADVISE OTHER FAMILY MEMBERS ON PP CARE अन्य परिवार के सदस्यों को प्रसव पश्चात देखभाल की सलाह देकर.....D OTHER अन्य (_____) X	
	CHILD HEALTH शिशु स्वास्थ्य		
427.	What are the common danger signs to baby during his/her neonatal period (within 4 weeks)? एक शिशु के जन्म के दौरान (चार हफ्तों तक) सामान्यतः क्या खतरें के लक्षण होते है? **Any other?** अन्य कोई	BREATHING DIFFICULTY सांस लेने में कठिनाई ..... A PALE YELLOW/ BLUE COMPLEXION पीला–नीला रंग ..... B DIFFICULTY IN SUCKING चूसने में दिक्कत ..... C HIGH FEVER तेज बुखार..... D RAPID BREATHING तेज–तेज सांस लेना ..... E BLEEDING FROM CORD/NAVAL नाभि से खून रिसना ..... F DOESN'T PASS URINE WITHIN 24 HRS 24 घंटे तक मूत्र नहीं होना.....G SEPTIC / INFECTION सेप्टिक / संक्रमण.....H OTHER अन्य (_____) ..... X NONE कोई नहीं..... **Y**	
428.	In your opinion, what special care should be taken with newborns? आपकी राय में नवजात बच्चे के लिए किस प्रकार की विशेष देखभाल होनी चाहिए?	KEEP THE BABY CLEAN शिशु को साफ रखना ..... A KEEP THE BABY WARM शिशु को गर्म रखना..... B NOTHING TO BE APPLIED ON THE CORD नाल पर कुछ भी न लगाना .....C BREASTFEED ON DEMAND भूख लगने पर स्तनपान कराना.....D BREASTFED EXCLUSIVELY केवल स्तनपान .....E WATCH OUT FOR DANGER SIGNS खतरे के चिन्हो को पहचानना .....F CONTACT HOSPITAL IMMEDIATELY ON SEEING ANY DANGER SIGN किसी भी खतरे के चिन्ह को देखते ही तुरंत अस्पताल में सम्पर्क करना .....G BABY SHOULD TAKE BATH AFTER 3 DAYS बच्चे को तीन दिन बाद स्नान कराना चाहिए.....H OTHER अन्य (_____).....X	
429.	Do you know 'Kangaroo method' of keeping the baby warm ? If 'Yes', how often you explain this procedure to mothers ? क्या आप बच्चों को गर्म रखने की 'कंगारू विधि' के बारे में जानते हैं यदि हां तो इस विधि को आप कितनी बार माताओं को बताती है ?	YES, ALWAYS हां, सदैव .....1 YES, SOME TIME हां, कभी–कभी ..... 2 NO,NEVER नहीं कभी नहीं .....3 NO नहीं 4	
	BREASTFEEDING स्तनपान		
430.	How long after birth a child can be given breast milk ? जन्म के कितनी देर बाद एक बच्चे को स्तनपान कराया जाना चाहिए ?	IMMEDIATELY WITH IN AN HOUR तुरन्त एक घंटे में 000 HOURS घंटे .....1 [ ][ ] DAYS दिन 2	
431.	How long should a child be breastfed exclusively (nothing else, not even water)? **RECORD IN MONTHS** कितनी उम्र तक बच्चे को केवल मां का दूध देना चाहिए और कुछ भी नहीं यहां तक कि पानी भी नहीं? महिनों में लिखें	IN MONTHS महिनों में..... [ ]	

432.	At what age a child should start receiving supplementary/mushy food? **RECORD IN MONTHS** पूरक आहार देने के लिए आप माताओं और देखभाल करने वालों को सामान्यतः क्या सुझाव देती हैं?	AGE IN MONTHS उम्र महिनों में..... [ ][ ]	
433.	Till what age a child should be given breast milk along with supplements? **RECORD IN MONTHS** बच्चे को किस उम्र तक पूरक आहर के साथ्थ मां का दुध देना चाहिए? महिनों में लिखें	AGE IN MONTHS उम्र महिनों में..... [ ][ ]	
434.	What do you tell women and their family members about the importance of breastfeeding? आप महिला ओर उसके परिवार जनो को मां के दुध की महत्ता के बारे मे क्या बताती है? **Any other?** कोई अन्य	BREAST MILK IS AN ESSENTIAL FOOD FOR EVERY NEW BORN BABY स्तनपान नवजात शिशु के लिए आवश्यक भोजन है..... ....A TIMING: WITHIN ONE HOUR OF BIRTH समयः– जन्म के एक घंटे के अन्दर.....B EARLY BREAST FEEDING STIMULATES MORE PRODUCTION OF MILK जल्दी स्तनपान कराने से दूध अधिक बनता है..... .....C EXCLUSIVE BREASTFEEDING FOR 6 MONTHS MAKES BABY MORE IMMUNE TO DISEASES 6 महीने तक बच्चे को स्तनपान कराने से कई बीमारियों से बचाया जा सकता है..... .....D COLOSTRUM, THE FIRST MILK PROTECT THE CHILD FROM DISEASE खीसएपहला दूध बच्चे को कई बीमारियों से बचाता है.....E OTHER अन्य (_____).X NEVER कभी नहीं .....Y	
435.	How do you explain to a woman about correct positioning for breastfeeding? आप महिला को सही प्रकार से स्तनपान कराने का तरीका कैसे समझाती है?	THE BABY'S BODY AND HEAD MUST BE STRAIGHT बच्चे का सिर व शरीर सीधा होना चाहिए ..... A THE BODY AND HEAD MUST BE CLOSE TO THE MOTHER AND FACING BREAST सिर व शरीर माँ से सटा और स्तन की ओर होना चाहिए ..... B THE BABY'S NOSE SHOULD BE OPPOSITE THE MOTHER'S NIPPLE बच्चे का नाक माँ के निप्पल कें विपरीत होना चाहिए ..... C BABY'S BOTTOM SHOULD BE SUPPORTED BY MOTHER'S HAND बच्चे को नीचे से माता के हाथ का सहारा होना चाहिए ..... D MAKE SURE THAT THE BABY IS SUCKLING THE AREOLA AND NOT JUST THE NIPPLE, WITH MORE AREOLA VISIBLE ABOVE THE BABY'S MOUTH THAN LOWER ये सुनिश्चित करें कि बच्चा निप्पल के आगे भाग को ही नहीं बल्कि आगे तक चूस रहा हो ..... E CHEEKS OF THE BABY ARE ROUNDED AND NOT SUCKED बच्चे के गाल गोल हो ना की धंसा हुआ .....F SLOW DEEP SUCKS, CAN SEE OR HEAR SWALLOWING धीरे और गहरा चूषण हो, जिसे देखा जा सके और सुना जा सके ..... G OTHER अन्य(_____).....X DK/NEVER EXPLAINED मालूम नहीं/कभी नहीं समझाया .....Y	
436.	On colostrums, what common myths and misconceptions are prevailing in your village? आप के गॉव मे खीस के बारे में क्या –क्या मिथ्याऐ और अवधारणायें है?	COLOSTRUM IS THICK SO BABY CAN'T DIGEST IT खीस का गाढा होना जो बच्चा पचा नहीं सकता.....A NOT GOOD FOR BABY'S GROWTH AND HEALTH यह बच्चे के स्वास्थ्य वृद्धि के लिए अच्छा नहीं है।.....B OTHER अन्य(_____)...X	

437.	What advice do you generally give to mothers/caregivers about complementary feeding? पूरक आहार देने के लिए आप माताओं और देखभाल करने वालो को सामान्यतः क्या सुझाव देती है?	AFTER 6 MONTHS, START FEEDING THE BABY WITH SOFT MUSHY FOODS ALONG WITH BREAST MILK ..... A 6 महीने के बाद बच्चे को मां के दूध के साथ मसला हुआ भोजन देना चाहिए FOOD LIKE DAL, KICHDI, BOILED AND MASHED VEGETABLES/ FRUITS CAN BE GIVEN भोजन जैसे दाल, खिचडी, उबली हुई और मसली हुई सब्जी/फल दे सकते है ..... B FROM 9 MONTHS ONWARDS MORE SOLID FOOD SHOULD BE INTRODUCED GRADUALLY INCLUDING OIL AND GHEE 9 महीने के बाद से कुछ ठोस भोजन तेल और घी भी दिया जा सकता है ..... C INADEQUATE QUANTITY AND QUALITY OF FOOD COULD MAKE A CHILD MALNOURISHED कम मात्रा एवं कम पोषण वाला भोजन बच्चे को कुपोषित बना सकता है ..... D OTHER1 अन्य 1 (_____) ..... X OTHER2 अन्य 2 (_____) ..... Y	
	IMMUNIZATION टीकाकरण		
438.	What are the important immunizations needed for a child? कौन–कौन से टीके शिशु के लिए महत्वपूर्ण होते है? **Any other?** कोई अन्य? (ASK NUMBER OF DOSES FOR POLIO, DPT AND VITAMIN A) (पोलियो, डी.पी.टी. और विटामिन ए के लिए खुराक की संख्या पूछें)	BCG बी सी जी ..... A POLIO पोलियो ..... B DPT डी पी टी ..... C MEASLES खसरा ..... D VITAMIN-A विटामिन –ए ..... E HEPATITIS हैपेटाईटिस ..... F OTHER अन्य (_____) ..... X DK मालूम नहीं ..... Y → 440	**No. of Doses** डोज की संख्या [ ][ ] [ ][ ] [ ][ ]
439.	How many doses of Vitamin-A are required for a child, and when should they receive the first dose? विटामिन–ए की कितनी खुराक बच्चे के लिए जरूरी होती है और उन्हें कब पहली खुराक लेनी चाहिए। **Any other?** कोई अन्य	5 DOSES, 1ST DOSE AT 9TH MONTH पॉच खुराक, पहली खुराक, 9वें महीने में ..... 1 5 DOSES, 1ST DOSE AT OTHER TIMES पॉच खुराक, पहली खुराक, किसी भी समय ..... 2 OTHER अन्य ..... 9 DK मालूम नहीं 8	
440.	What type of information you give to mothers/other family members on childhood illnesses and vitamin deficiencies? आप मां को या परिवार के अन्य सदस्यों को बच्चे की बीमारियों और विटामिन की कमी के बारे में क्या जानकारी देती हैं ?	1 ..... 2 ..... 3	

Section 5: RTI, STI, HIV/AIDS आरटीआई,एसटीआई, एचआईवी/एड्स

Q.	QUESTION	CODES	SKIP
501.	Have you heard of RTI/STI? क्या आपने प्रजनन संक्रमित संक्रमण/यौन सक्रमित के बारे में सुना है?	YES हां .....1 NO नहीं..... 2 →	506
502.	Are you aware of the difference between RTI and STI? क्या आपको आर.टी.आई./एस.टी.आई. का अन्तर पता है?	YES हां .....1 NO नहीं..... 2 →	504
503.	What are the differences between an RTI and a STI? प्रजनन संक्रमण ओर यौन संक्रमण में क्या अन्तर होता है?	RTIs ARE INFECTIONS THAT OCCUR IN THE REPRODUCTIVE ORGANS OF MEN AND WOMEN प्रजनन एक संक्रमण है जो औरतों और पुरूषों के जननांगों में होता है.....A MOST RTIS ARE CAUSED BY NOT KEEPING THE PRIVATE PARTS SUFFICIENTLY CLEAN ज्यादातर प्रजनन संक्रमण गुप्तागों को साफ न रखने से होता हैं .....B STIs ARE INFECTIONS THAT ARE PASSED FROM ONE PERSON TO ANOTHER DURING SEXUAL INTERCOURSE यौन संक्रमण एक व्यक्ति से दूसरे व्यक्ति से संभोग द्वारा फैलता है ....C OTHER अन्य (_____).....X	
504.	What would you advise to your client who is suffering from RTI/STI? प्रजनन पर संक्रमण ओर यौन संक्रमण से ग्रसित सेवार्थी को आप क्या सलाह देगी ?	**SAFE PRACTICES** KEEP GENITALS OF THE BODY CLEAN ALL TIMES हर समय शरीर के जननांगों को साफ रखना .....A WEARING CLEAN UNDERGARMENTS साफ अर्न्तवस्त्रों को पहनना.....B WOMEN SHOULD USE CLEAN CLOTH DURING MENSTRUATION महिला को मासिक धर्म के दौरान स्वच्छ कपड़े का प्रयोग करना .....C TO AVOID SEXUAL CONTACT TILL RTIs /STIs ARE CURED जब तक प्रजनन /यौन संक्रमण का ईलाज चल रहा है तब तक शारीरिक संबंधों से बचना चाहिए .....D TO USE NEW CONDOM AT EVERY SEXUAL CONTACT प्रत्येक शारीरिक संबंध के समय एक नये कंडोम का प्रयोग करना.....E FOR RTI/STI SCREENING OF BOTH PARTNERS दोनों साथिओं की प्रजनन /यौन संक्रमण की जांच होनी चाहिए ..... F **AVAILABLITLY OF SERVICES** सेवाओं की उपलब्धता REFER TO A SERVICE PROVIDER/ HOSPITAL स्वास्थ्य कर्मी के पास/अस्पताल भेजना ..... G TO VISIT RCH CAMPS आरसीएच शीविर जाना ..... H TO VISIT HEALTH CAMPS (NGOS /PVT) स्वास्थ्य शिविर जाना(गैर सरकारी/प्राईवेट).....I OTHER अन्य (_____)..... X	

Q.	QUESTION	CODES	SKIP
505.	What symptoms should clients look out for, to seek medical attention for RTI/STI? आप प्रजनन मार्ग पर संक्रमण ओर यौन संक्रमण से ग्रसित सेवार्थी को लक्षणो को देखने के लिए कहेगी ?	SORENESS घाव होना ..... A ITCHING खुजलाहट होना ..... B PAIN ON URINATION पेशाब करने में दर्द ..... C ULCERS (BIG SORES) अलसर (बड़ा घाव)..... D FOUL-SMELLING DISCHARGE दुर्गन्धयुक्त स्त्राव..... E BLEEDING रक्तस्राव ..... F PAIN DURING INTERCOURSE संभोग के दौरान दर्द .....G BLEEDING AFTER INTERCOURSE संभोग के बाद रक्त स्राव .....H SWELLING IN THE GROIN जांध के पास सूजन.....I SWELLING/LUMP IN BREAST स्तन में सूजन/दर्द..... J OTHER अन्य(_____)..... X	
	HIV/AIDS एचआईवी/एड्स		
506.	Have you ever heard about HIV or AIDS? क्या आपने कभी एच.आई.वी./एडस के बारे में सुना है?	YES हां .....1 NO नहीं..... 2 →	**510**
507.	What are the modes of HIV transmission? एच.आई.वी./एडस किस प्रकार फैलता है?	UNPROTECTED SEX WITH AN INFECTED PERSON..... A संक्रमित व्यक्ति के साथ असुरक्षित यौन संबंध INFECTED BLOOD TRANSFUSION..... B संक्रमित रक्त को चढ़ाने से USE OF INFECTED NEEDLES..... C संक्रमित सूई के प्रयोग से USE OF INFECTED BLADES, RAZORS/ TOOLS.....D संक्रमित ब्लेडस, रेजर और यंत्र के प्रयोग से FROM AN INFECTED MOTHER TO THE BABY ..... E एक संक्रमित माँ से उसके बच्चे को OTHER अन्य (_____) ... X	
508.	What do you tell clients to be protected from HIV/AIDS infection? आप अपने सेवार्थी को संक्रमण से बचनें के लिए क्या बताती हैं?	ABSTINENCE FROM SEX संभोग से बचना ..... A BEING FAITHFUL TO YOUR PARTNER जीवन साथी के प्रति वफादारी ..... B USE OF CONDOMS कंडोम का प्रयोग ..... C USE OF DISPOSABLE OR STERILIZED SYRINGES AND NEEDLES विषाणु रहित और एक बार प्रयोग होने वाली सिंरिज एवं सूई का प्रयोग ..... D USE OF NEW AND CLEAN BLADES/RAZORS नये और साफ ब्लेड तथा रेजर का प्रयोग ..... E TESTING BLOOD FOR HIV/AIDS BEFORE TRANSFUSION रक्त ट्रांसफ्यूजन से पहले एच.आई.वी./एडस हेतु रक्त की जांच .....F SCREENING FOR RTI/STI आरटीआई/एसटीआई की जांच ..... G OTHER अन्य (_____).....X	
509.	What precautions do you take in your work to prevent contacting HIV virus or passing it? आप अपने काम में एच.आई.वी.. विषाणु से संक्रमण या गमन से बचने के लिए क्या सावधानी बरतती हैं?	ENSURE THAT SYRINGES AND NEEDLES ARE STERILIZED यह सुनिश्चित करें कि सिरिंज और सूई विषाणु रहित हैं ... A STERILIZED SYRINGES/NEEDLES ARE TO BE KEPT IN A CLEAN AND PROTECTED PLACE विषाणु रहित सिरिंज और सूई को साफ और सुरक्षित जगहों पर रखें ..... B FOLLOW STANDARD INFECTION CONTROL AND PREVENTION PRACTICES संक्रमण पर नियंत्रण एवं सावधानी का अनुसरण रखें C	
510.	Have you heard of RCH or any other health camps? If 'YES', what type of camp? क्या आपने आरसीएच एवं अन्य किसी स्वास्थ्य शिविर के बारे में सुना हैं? यदि हॉ तो किस प्रकार का शिविर?	YES, RCH CAMP हॉ आरसीएच शिविर..... 1 YES, OTHER HEALTH CAMP (PVT/NGO) हॉ, अन्य किसी स्वास्थ्य शिविर(गैर सरकारी/प्राईवेट) ..... 2 YES, BOTH हॉ, दोनों ..... 3 NO नहीं ..... 9 →	**601**

Q.	QUESTION	CODES	SKIP
511.	Have you ever participated in any of camps (RCH/ other health camps by Pvt/Ngo)? क्या आपने किसी भी शिविर में भाग लिया हैं? (आरसीएच/अन्य स्वास्थ्य शिविर निजी/एनजीओ द्वारा	YES हॉ ..... 1 NO नहीं..... 2 →	513
512.	What type of roles/responsibilities you have shared in such camps? आपने उन शिविरों में किस प्रकार की भूमिका और जिम्मेदारी निभाई?	1..... 2..... 3.....	
513.	What types of services are provided from such camps? किस प्रकार की सेवायें इन कैम्पों में दी जाती हैं?	**MOTHER AND CHILD SERVICES** माँ और शिशु सेवाऐं ANTENATAL CHECK-UPS प्रसवपूर्व जांच.....A DISTRIBUTION OF IFA आयरन गोलियों का वितरण .....B CHILD IMMUNIZATION बच्चों का टीकाकरण .....C EXAMINATION OF INFANTS AGAINST COMMON ILLNESSES /INFECTION बीमारी/संक्रमण के विरूद्व बच्चे की जांच .....D **FAMILY PLANNING SERVICES** परिवार नियोजन सेवाऐं COUNSELING ON FAMILY PLANNING METHODS परिवार नियोजन विधियों पर परामर्श.....E PERFORM STERILIZATION नसबंदी करना .....F DISTRIBUTION OF CONDOMS कंडोम का वितरण.....G DISTRIBUTION OF ORAL PILLS गर्भनिरोधक गोलियों का वितरण .....H **RTI/ STI HIV-AIDS** प्रजनन /यौन संक्रमण एचआईवी–एड्स COUNSELING ON RTI/STI प्रजनन /यौन संक्रमण पर परामर्श .....I SCREENING OF RTI/STI प्रजनन /यौन संक्रमण की जांच.....J MEDICATION FOR RTI/STI प्रजनन /यौन संक्रमण की चिकित्सा.....K COUNSELING ON HIV/ AIDS एचआईवी/एड्स पर परामर्श .....L OTHER अन्य (_____).....X DK नहीं मालूम.....Y	

Section 6: MEDIA EXPOSURE संचार माध्यमों द्वारा जागरूकता

Now let us talk about listening to radio, watching television, reading newspapers, and other mass media
अब हम आप से रेडियो सुनने, टेलिविजन देखने, समाचार पत्र पढ़ने और अन्य संचार के माध्यमों पर बात करेंगे।

Q.	QUESTION	CODES	SKIP
601.	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?	NUMBER OF DAYS दिनों की संख्या ..... ☐ IRREGULAR अनियमितता ..... 8 **If '0' go to Q606**	
602.	When do you usually listen to the radio? Any other? आप रेडियों कब सुनते है? **Any other?** कोई अन्य	05 AM – 06 AM ..... A 06 AM – 07 AM ..... B 07 AM – 08 AM ..... C 08 AM – 09 AM ..... D 09 AM – 10 AM ..... E 10 AM – 11 AM ..... F 11 AM – 12 PM ..... G 12 PM – 01 PM ..... H 01 PM – 02 PM ..... I 02 PM – 03 PM ..... J 03 PM – 04 PM ..... K 04 PM – 05PM ..... L 05 PM – 06 PM ..... M 06 PM – 07 PM ..... N 07 PM – 08 PM ..... O 08 PM – 09 PM ..... P 09 PM – 10 PM ..... Q OTHER X	
603.	What channels on the radio do you listen to? आप रेडियों पर कौन से चैनल सुनते है?	ALL INDIA RADIO, PRIMARY/LOCAL CHANNEL ऑल इंडिया रेडियो, लोकल चैनल ..... A ALL INDIA RADIO, VIVIDH BHARTI ऑल इंडिया रेडियो,विविध भारती ..... B FM RADIO एफ एम रेडियो, ... C OTHER अन्य (_____) X D K मालूम नहीं ..... Y	
604.	What type of programs you generally listen to? समान्यतः आप किस तरह के कार्यक्रम सुनते है?	NEWS समाचार ..... A DRAMA नाटक ..... B FILM SONGS फिल्मी गाने ..... C FOLK SONGS लोक गीत ..... D WOMEN'S PROGRAMS महिलाओं के कार्यक्रम ..... E FARMER'S PROGRAMS किसानों के कार्यक्रम ..... F CRICKET क्रिकेट ..... G OTHER SPORTS अन्य खेल ..... H OTHER अन्य (_____) X	
605.	Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?	YES हां..... 1 NO नहीं..... 2	
606.	On an average, in a week, how many days do you watch television? औसतन एक सप्ताह में, आप कितने दिन टेलिविजन देखते हैं?	NUMBER OF DAYS दिनों की संख्या ..... ☐ IRREGULAR अनियमितता ..... 8 **If '0' go to Q612**	
607.	When do you usually watch TV? आप टी वी कब देखते है? **Any other?** कोई अन्य?	05 AM – 06 AM ..... A 06 AM – 07 AM ..... B 07 AM – 08 AM ..... C 08 AM – 09 AM ..... D 09 AM – 10 AM ..... E 10 AM – 11 AM ..... F 11 AM – 12 PM ..... G 12 PM – 01 PM ..... H 01 PM – 02 PM ..... I 02 PM – 03 PM ..... J 03 PM – 04 PM ..... K 04 PM – 05PM ..... L 05 PM – 06 PM ..... M 06 PM – 07 PM ..... N 07 PM – 08 PM ..... O 08 PM – 09 PM ..... P 09 PM – 10 PM ..... Q OTHER X	
608.	What are the three main TV channels you watch regularly? आप कौन से तीन मुख्य टी वी चैनल ज्यादातर देखते है?	1..... 2..... 3.....	
609.	Where do you watch TV, generally? आप सामान्यतया टी वी कहां देखते है?	OWN HOME अपने घर ..... 1 NEIGHBOUR'S HOME पडोसी के घर ..... 2 FRIEND'S/RELATVIES HOUSE मित्र/रिश्तेदार के घर ..... 3 WORK PLACE कार्यस्थल ..... 4 COMMUNITY TV सामुदायिक टी वी ..... 5 OTHER अन्य (_____)..9	

Q.	QUESTION	CODES	SKIP
610.	What type of programs you generally watch in TV? किस प्रकार के कार्यक्रम आप सामान्यता टी वी पर देखते है?	NEWS समाचार ..... A DRAMA SERIAL नाटक ..... B COMEDY SERIALS हास्य नाटक ..... C DETECTIVE SERIALS जासूसी नाटक ..... D RELIGIOUS SERIALS धार्मिक नाटक ..... E CINEMA सिनेमा ..... F FILM SONGS फिल्मी गाने ..... G WOMEN'S PROGRAMS महिलाओं के कार्यक्रम ..... H FARMERS PROGRAMS खेती–बाडी के कार्यक्रम ..... I GAME PROGRAMS खेलकूद के कार्यक्रम ..... J CRICKET क्रिकेट ..... K OTHER SPORTS अन्य खेल ..... L OTHER अन्य (_____). X	
611.	Did you watch the television yesterday? क्या आपने कल टेलीविजन देखा था?	YES हां..... 1 NO नहीं..... 2	
612.	On an average, in a week, how many days do you read newspapers? औसतन एक सप्ताह में, आप कितने दिन अखबार पढ़ते हैं?	NUMBER OF DAYS दिनों की संख्या ..... [ ] IRREGULAR अनियमित 8	**If '0' go to Q614**
613.	Can you tell me the names of newspapers you read regularly/irreguraly? क्या आप मुझे समाचार पत्र के नाम बता सकती है जो आप नियमित/ अनियमित रूप से पढते है?	1..... 2.....	
614.	Do you read magazines? IF YES, regularly or irregularly? क्या आप पत्रिका पढ़ती है? यदि हां, नियमित अथवा अनियमित?	YES, REGULARLY हां, नियमित ..... 1 YES, IRREGULARLY हां, अनियमितता ..... 2 NO नहीं..... 3 →	**616**
615.	Can you tell me the names of magazines you have read? क्या आप मुझे पत्रिकाओं के नाम बता सकती है जो आपने पढी है?	1..... 2.....	
616.	On an average, in a year, how many times do you go to a cinema theater to watch a cinema? औसतन एक वर्ष में आप कितनी बार सिनेमाघर में सिनेमा देखने जाते हैं?	TIMES कितनी बार..... [ ][ ] IRREGULAR अनियमितता 8	
617.	Are you aware of any street plays/drama/skits held in your area during past 6 month? क्या आपने पिछले 6 महीनों में कोई नुक्कड/नाटक/परिहास जो कि आपके क्षेत्र में हुआ हो, के बारें में मालुम है?	YES हां ..... 1 NO नहीं 2	
618.	Have you seen any street plays/drama/skits during past 6 months? IF, 'NO'what are the reasons for not watching them? any other? क्या आपने पिछले 6 महीनों में कोई नुक्कड/नाटक/परिहास देखा है? यदि नही तो उसको नही देखने का कारण क्या है? **Any other?** कोई अन्य	YES हां ..... 1 NO नहीं ..... 2 **REASON FOR NOT WATCHING** न देखने के कारण NOT INTERESTED रूचि नहीं..... A NO TIME समय नहीं..... B TIMINGS NOT SUITABLE. नाटक का समय उपयुक्त नही..... C FAMILY DID NOT ALLOW परिवार की अनुमति नहीं..... D OTHER अन्य (_____). X	

			YES हाँ	NO नही
619.	In the last three months, have you heard or seen any family planning or reproductive health messages: पिछले तीन महीनों में आपने परिवार नियोजन या प्रजनन स्वास्थ्य के बारे में कोई संदेश सुना/देखा है? यदि किसी एक में भी हां है तो जारी रखे **(continue)** अथवा प्रश्न 623 पर जाए।	On radio रेडियो पर.....	1	2
		On television टेलीविजन पर.....	1	2
		In a cinema hall or theatre सिनेमा हाल या थियेटर में.....	1	2
		In an outdoor video or film show खुले में वीडियो या फिल्म शो में.....	1	2
		In a newspaper or magazine अखबार या पत्रिका में.....	1	2
		On a poster or banner पेस्टर या बैनर पर.....	1	2
		On a bus or van panel बस या वैन पर.....	1	2
		In a leaflet or handbill लीफ लेट या कागज पर बने हुए इश्तेहार पर.....	1	2
		On a wall painting, wall writing or hoarding दीवारों पर पैन्टिग, दीवारों पर लिखाई या होर्डिंग में.....	1	2
		In a drama or street play नाटक या नुक्कड नाटक में.....	1	2
		In a folk dance, nautanki, qawali, biraha, alaha puppet show or magic show लोक नृत्य, नौटन्की, कव्वाली, बिरहा, आलहा कठपुतली का नाच या जादू प्रदर्शन में.....	1	2
620.	What type of messages did you listen/watch/read/see? आपने किस प्रकार के संदेश सुने/देखे/पढ़े है? **Any other message?** कोई अन्य संदेश?	STERILISATION नसबंदी .....A PILLS गर्भनिरोधक गोलियां .....B CONDOMS कंडोम ..... C LIMITING OF BIRTHS बच्चों के जन्म को टालने के लिए..... D SPACING OF BIRTHS बच्चों के जन्म में अंतर.....E ANTENATAL CARE प्रसवपूर्व देखभाल.....F TT INJECTIONS टीटी इंजेक्शन..... G IFA TABLETS/SYRUP आईएफए गोलियां/सिरप ..... H DELIVERY CARE प्रसव के दौरान देखभाल .....I POSTPARTUM CARE प्रसवोत्तर देखभाल ..... 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 टीकाकारण..... O POLIO IMMUNISATION पोलियो टीकाकरण.....P WATER AND SANITATION पानी और स्वच्छता..... Q OTHERS अन्य (_____). X		
621.	Is the message(s) you have heard or seen acceptable to you? जो संदेश आपने सुने व देखें हैं, क्या आप उनसे सहमत हैं?	YES हां.....1 → **623** NO नहीं.....2		

622.	Why do you think the messages are not acceptable to you? आप ऐसा क्यों सोचती हैं कि संदेश स्वीकार करने योग्य नहीं हैं?	AGAINST RELIGION धर्म के विरूद्ध .....A AGAINST CULTURE संस्कृति के विरूद्ध .....B NO ADEQUATE SUPPLY/SERVICE पर्याप्त सेवायें नहीं .....C NOT GOOD FOR CHILDREN बच्चों के लिए अच्छा नहीं .....D MESSAGE NOT CLEAR संदेश स्पष्ट नहीं .....E OTHER अन्य (_____).....X
623.	If you know of a radio/TV program that gives information on reproductive and child health, will you find time to listen/watch them? यदि आपको ऐसे रेडियो/टीवी कार्यक्रम के बारे में पता हो जो कि प्रजनन और बच्चे के स्वास्थ्य के बारे में जानकारी प्रदान करता है, तो क्या आप उसे सुनने/देखने का समय निकाल पाएंगी?	YES, ALWAYS हां, हमेशा..... 1 YES, SOME TIMES हां, कभी कभी ..... 2 NO नहीं.....3 → **626**
624.	In your opinion, what should be the ideal time for such radio programs? आपके विचार में इस तरह के रेडियो कार्यक्रम के लिए कौनसा समय उपयुक्त हें?	AM सुबह.....1 PM शाम.....2 HRS ☐☐ MIN ☐☐
625.	In your opinion, what should be the ideal time for such TV programm? आपकी राय में इन टी.वी. कार्यक्रमों का सही समय क्या होना चाहिए	AM सुबह.....1 PM शाम.....2 HRS ☐☐ . MIN ☐☐
626.	If you know of a program such as drama/street, play in your village giving information about health and family planning, will you watch them? If 'YES', always or sometimes? यदि आपकी जानकारी में कोई कार्यक्रम जैसे नाटक/नुक्कड आपके गांव में हो जो कि स्वास्थ्य और परिवार नियोजन के बारे में जानकारी दे तो आप उसे देखेंगी? यदि हां तो हमेशा या कभी–कभी?	YES, ALWAYS हां, हमेशा ..... 1 YES, SOME TIMES हां, कभी कभी ..... 2 NO नहीं 3
627.	In your opinion, what is the ideal media to which health or family planning messages/programs can be given? आपके विचार से स्वास्थ्य व परिवार नियोजन के संदेश / कार्यक्रम प्रसारित करने हेतु आपको मीडिया सबसे अच्छा व आदर्श साधन कौनसा है?	RADIO रेडियो ..... 01 TELEVISION टी वी..... 02 NEWS PAPER/MAGAZINE समाचार पत्र ..... 03 LEAFLET/HANDOUTS प्रपत्र/संदर्भ पत्र ..... 04 HOARDING होर्डिंग ..... 05 WALL PAINTINGS वॉल पेन्टिंग..... 06 POSTERS पोस्टर ..... 07 FOLK MEDIA लोक संचार ..... 08 INTERPERSONAL COMMUNICATION अन्तरव्यवाहारिक संम्प्रेषण.....09 OTHERS अन्य (_____) . 99 CAN'T SAY कह नहीं सकते..... 95

Section 7: ATTITUDE अभिवृत्ति

QUESTIONS 701 TO Q712:

Now I would like to read some statements and you have to tell me if in your case these the statements I read are, true always, often, sometimes, rarely or never.. Keep in mind that there are no correct or incorrect ways to respond to these statements, as their purpose is only to find out what you opinions are.

अब मैं आपके सामने कुछ वकतव्य पढ़ूंगी और हमें आपको बताना है यदि ये आपके केस में हमेशा सही है, बहुधा, कभी कभी, मुश्किल से या कभी नहीं। ये अपने दिमाग में रखें कि कोई भी गलत या सही जवाब नहीं है इन कथनों में क्योंकि केवल इनका उद्देश्य आपकी राय को जानना है।

Q.	STATEMENTS कथन	CODES कोड					SKIP
		NEVER 0% कभी नहीं	RARELY 25% मुश्किल से	SOMETIMES 50% कभी कभी	OFTEN 75% प्रायः	ALWAYS 100% हमेशा	
701.	I get a sense of satisfaction from the work that I do मैं जो काम करती हूँ उसे संतुष्टि होती है	1	2	3	4	5	
702.	I have all the resources required to do a good job मेरे पास एक अच्छा काम करने हेतु सभी स्रोत हैं	1	2	3	4	5	
703.	My work allows me to help other people मेरे काम से दूसरों की मदद होती है	1	2	3	4	5	
704.	I have sufficient knowledge about my subject to be able to counsel clients मुझे सेवार्थी को परामर्श करने हेतु अपने विषयों का अच्छा ज्ञान हैं	1	2	3	4	5	
705.	I am always ready to listen to clients' suggestions to improve services मैं हमेशा सेवार्थी के सुझावों को सुनने को तैयार रहती हूँ ताकि अपनी सेवाओं को सुधार सकूं	1	2	3	4	5	
706.	I am aware of my clients' needs and want मैं अपनी सेवार्थी की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
707.	I feel happy with my job as a (insert provider's position) मैं वर्तमान में इस पद पर कार्य करते हुए खुश हूँ	1	2	3	4	5	
708.	I need more knowledge about certain subjects to be able to convince clients मुझे सेवार्थी को समझाने हेतु अपने कुछ विषयों की ओर अधिक जानकारी की आवश्यकता हैं	1	2	3	4	5	
709.	I am aware of the needs of the community मैं समुदाय की आवश्यकताओं से परिचित हूँ	1	2	3	4	5	
710.	My work as a health provider allows me to learn new ideas, procedures or technology स्वास्थ्य कर्मी के रूप में मेरे कार्य में मुझे नये विचार, विधियाँ और तकनीकी सीखने का मौका मिलता हैं	1	2	3	4	5	
711.	My success depends on how much effort I put into it मेरी सफलता इस पर निर्भर है कि मैं कितना प्रयास करती हूँ	1	2	3	4	5	
712.	People in my community appreciate the services I provide समुदाय के लोग मेरे द्वारा दी गई सेवाओं की तारीफ करते है	1	2	3	4	5	

SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियां	
Name of the supervisor पर्यवेक्षक का नाम	_____
Remarks टिप्पणियाँ	
Any other observation/comments कोई अन्य अवलोकन/टिप्पणी	

BCC BASELINE SURVEY (UP) - 2006
TBA SCHEDULE
बी.सी.सी. बेस लाईन सर्वे (उत्तर प्रदेश) 2006
टी.बी.ए. प्रश्नावली

IDENTIFICATION पहचान

District / जिला_____ [ ][ ]

Tehsil / Taluka / तहसील/तालुका_____ [ ][ ]

PSU Number / पी. एस. यू. नम्बर. ..... [ ][ ][ ]

Village name and code गांव का नाम और कोड..... [ ][ ][ ][ ][ ][ ]

Sampled village – 1. Selected village/sub-centre – 2. Substitute village/sub-centre – 3
सेम्पल गांव – 1. चयनित गांव/उपकेन्द्र– 2. पृथक गांव/उपकेन्द्र-3…….. [ ]

Reason for substituting village/sub-centre#
गांव के स्थानापन्न के कारण /उपकेन्द #…….. [ ]

Name of the TBA
प्रशिक्षित दाई का नाम _____

Residential address:
आवासीय पता _____

_____

_____

Tel/Mob:
फोन/मो.

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
[ ][ ]	[ ][ ]	2 0 0 6

Result परिणाम

Completed पूर्ण.....1
Not available मिली नहीं 2
Postponed स्थगित.....3
Refused मना कर दिया.....4
Partly completed आंशिक रुप से पूर्ण..... 5
Other (Specify) अन्य (स्पष्ट करे) 6

1 – TBA is not present in the village 2 – Other (Specify_____)

	NAME	DATE	SIGNATURE
Field edited by:			
Office edited by:			
Keyed by:			

Section 7: ATTITUDE अभिवृत्ति

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SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियां	
Name of the supervisor पर्यवेक्षक का नाम	_____
Remarks टिप्पणियाँ	
Any other observation/comments कोई अन्य अवलोकन/टिप्पणी	

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