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Knowledge and Perceptions about Reproductive Health Issues, and Media Reach among Mothers-in-Law

UTTAR PRADESH

This publication was produced for review by the United States Agency for International Development
It was prepared by Constella Futures, New Delhi, July 2007

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**The authors' views expressed in this publication do not necessarily reflect the views of the
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FOREWORD

Mothers-in-law in India are an integral part of their daughters-in-law's decision making process when it comes to reproductive and child health care utilization and choice. The Behavior Change Communication (BCC) Baseline Survey conducted in Uttar Pradesh collected information from mothers-in-law about knowledge, perceptions and practice related to reproductive and child health issues. This survey was commissioned under the second phase of the Innovations in Family Planning Services Project (IFPS-II), implemented in Uttar Pradesh by the State Innovations in Family Planning Services Agency (SIFPSA), for which Constella Futures is providing technical assistance. Through this survey, information was collected from nearly 7,500 households in Uttar Pradesh, providing separate estimates for rural and urban areas, as well as, project and non-project districts of the state.

Information related to media habits, preferred media channels and media viewing times were collected from currently married women, mothers-in-law, husbands and grassroots-level service providers (ANMs, AWWs and TBAs). This information will provide integral input into the development of an evidence-based communication strategy for Uttar Pradesh. Further, the survey will be used to measure the impact of SIFPSA's communication efforts through the IFPS-II project, with data provided for both project and non-project districts of the state.

This report contains findings from the mothers-in-law portion of the study, one of the four reports based on this large sample survey. I hope that this report will enhance what is already known about health behavior in UP, providing new insights for health planners and policy makers about household behavioral dynamics, for the design and implementation of informed health programs and policy.

I wish to thank the ITAP team for their laudable effort in producing this relevant and pertinent report. I am confident that these findings will enhance health program planning and development in Uttar Pradesh.

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EXECUTIVE SUMMARY

The Behavior Change Communication (BCC) Baseline Survey (2006) was conducted to obtain baseline information for the BCC Campaign in the state of Uttar Pradesh. The survey collected information from both the general population as well as the service providers from all the districts of Uttar Pradesh, regardless of whether they were categorized as project or non-project districts on the basis of SIFPSA activities. The survey was designed to provide state level information on knowledge, awareness, and acceptance of modern contraceptive methods, knowledge about maternal and child health care and exposure to different kinds of media on health and health related information for mothers-in-law.

Information was collected from 7,400 households, 4,000 from rural and 3,700 from urban areas, and a total of 2,160 mothers-in-law were interviewed (8,56 from urban and 1,304 from rural areas), of whom 1,084 were from project districts and 1,076 from non-project districts.

More than nine out of ten households selected were headed by a male, with a mean household size of 6 persons across both urban and rural areas. Overall, 42 percent of the households have electricity as the main source of energy for lighting. Sixty-eight percent of the households do not have any toilet facilities and only 14 percent have access to piped water supply in their residence/yard/plot as their main source of drinking water.

The majority of the mothers-in-law are above 50 years of age and mostly illiterate and non-working. Seventy-nine percent of the mothers-in-law reported to have had four or more children ever born to them during their reproductive span. A high proportion belong to the Hindu religion and majority belong to other backward caste groups.

AGE AT MARRIAGE AND FERTILITY PREFERENCE

A positive attitude and perception towards healthy and safe motherhood was observed among the mothers-in-law. Awareness regarding the legal age at marriage for girls, but not that for boys, was quite high. Most of the mothers-in-law consider 18 to 21 years as the best age to get married for both girls and boys.

Spacing between children is universally accepted by almost 80 percent of all mothers-in-law interviewed during the survey. Better nutritional status of both mother and child is the important benefit reaped if couples space births between two children. The ideal family size and sex composition were reported more or less as per their own family size. Three children with a combination of two sons and one daughter are what they would like for their son/daughter-in-law.

Her own contraceptive use pattern is replicated by the mothers-in-law in contraceptive use suggested to her son/daughter-in-law. However, they feel that few sons/daughters-in-law will consider their opinions regarding family

size. Only a third (33 percent) claimed to give advice and have discussions regarding family size and contraceptive methods with their daughters-in-law. Overall, the family planning communication between mothers-in-law and their sons/daughters-in-law is not very encouraging in the state.

ANTENATAL AND PREGNANCY CARE AND BREASTFEEDING PRACTICES

Mothers-in-law were found to be well aware of the importance of antenatal check-ups (ANC) and they prefer to have ANC done by trained medical practitioners. The majority reported that their daughters-in-law have had antenatal check-ups for deliveries during the two years preceding the survey. The levels of antenatal check-ups among daughters-in-law were higher in urban areas compared with rural areas. The majority of the mothers-in-law reported that ANC is important, but on the other hand they do not support institutional deliveries for their daughters-in-law. The majority feel that the delivery should be conducted by a *Dai* or friend/relative at home. The reason for not preferring institutional deliveries was basically related to its costs. Certain cultural constraints towards institutional deliveries were also reported, especially from rural areas. The poor quality of institutional service was reported by about one in four mothers-in-law.

Seven out of ten mothers-in-law are aware of the importance of first breast milk, but when reporting on the timing of putting the baby to breast for the first time, only one-fourth of them said it should be within an hour after birth.

MASS MEDIA EXPOSURE

The exposure level was found to be less than 30 percent among mothers-in-law across all the districts. Regular exposure to radio and television is much lower among this group, where only two out of ten mothers-in-law in urban areas reported exposure to television and only three percent were exposed to the radio everyday.

Around eight out of ten mothers-in-law reported watching the national channel (Doordarshan), mainly the serials that are broadcast during the afternoon and evening time periods. Other forms of media exposure such as skits, street plays or drama have a very negligible role in the whole media exposure level among them, the reason being lack of interest on their part and, from their viewpoint, the inconvenient timing of those programs. Nearly one-fourth of the mothers-in-law reported having heard/seen the Family Planning and Reproductive Health messages, mostly in the project districts and in urban areas.

Satisfaction with the quality of care by a health worker at home was reported by one third of the respondents and in most cases there were two to three visits. Most of the health workers are from the public or government sectors, and visited mainly for Polio immunization. The satisfaction level was found to be quite high among the mothers-in-law regarding the total time these health workers spent with them.

Fact Sheet: BCC Baseline Survey Mothers-in-law, Uttar Pradesh, 2006	Districts		Residence		
	Project	Non-Project	Urban	Rural	Total
Sample Size (Un-weighted)					
Number of Household selected	3,700	3,700	3,400	4,000	7,400
Number of Mothers-in-law selected	1,084	1,076	856	1,304	2,160
Household Characteristics					
Mean household size	6.0	6.0	5.8	6.1	6.0
Percent HHs having Radio/transistor	35.0	34.5	45.2	32.0	34.8
Percent HHs having Television ¹	36.1	30.9	68.1	24.4	33.5
Characteristics of Mothers-in-law					
Percent Illiterate	89.5	84.2	70.9	90.1	86.8
Percent not working/housewife	91.4	86.4	92.8	88.1	88.9
Marriage and Fertility Issues					
Percent considers ideal age at marriage below 18 years (girls)	20.2	16.6	5.8	21.0	18.4
Percent considers ideal age at marriage below 21 years (boys)	57.8	61.8	41.8	63.5	59.8
Percent reported ideal gap between two children (less than 2 years)	8.1	6.1	6.1	7.3	7.1
Percent reported importance of spacing for health of mother & child	83.0	83.5	89.2	82.0	83.2
Percent reported ideal age at first birth (below 18 years)	5.8	5.0	1.1	6.3	5.4
Percent considers ideal family size as 1 son and 1 daughter	19.9	21.4	32.2	18.3	20.6
Family Planning					
Percent ever use of any modern method	14.5	15.8	17.6	14.7	15.2
Percent discussed about family size with daughter-in-law/son	30.6	34.7	38.6	31.5	32.7
Percent given advice on any modern method of contraceptives	31.9	34.2	36.6	32.4	33.1
Percent having knowledge about current use by daughter-in-law/son	15.4	13.7	17.7	13.9	14.6
Maternal Health Care					
Percent reported importance of ANC visits	75.6	80.9	85.9	76.7	78.2
Percent considers doctors as ideal person to provide ANC	55.7	62.9	75.5	55.7	59.4
Percent reported Government Hospitals as a source for ANC	63.9	65.2	82.8	60.4	64.6
Percent of daughter-in-law received ANC	48.3	58.1	77.4	49.1	53.2
Percent MIL accompanied daughter-in-law for ANC	46.0	34.4	56.7	35.0	39.6
Percent of MIL supports home delivery	58.5	56.0	29.8	62.9	57.3
Percent considers institutional delivery as very expensive ²	62.0	57.2	65.1	59.1	59.6
Breastfeeding					
Percent recommends Immediately breastfeeding within one hour	25.3	27.3	30.1	25.5	26.3
Percent considers exclusive breastfeeding (4 to 6 months)	41.4	38.9	40.5	40.1	40.1
Media Exposure					
Percent listen to radio at least once a week	4.7	4.8	5.2	4.6	4.7
Percent watch television at least once a week	10.9	9.4	27.0	6.7	10.2
Percent exposure to any media	14.1	13.5	29.5	10.6	13.8
Percent exposed to street plays/drama/skits	6.7	4.3	4.9	5.6	5.5
Percent heard/seen RH/FP messages during past 3 months	28.6	20.4	37.9	21.7	24.5
Percent considers TV as an ideal media for RH/FP messages	39.2	44.6	62.4	37.7	41.9
Percent considers radio an ideal media for RH/FP messages	17.5	21.7	12.2	21.1	19.6
Quality of Care					
Percent reported health worker visited at home in last 3 months	30.8	34.8	26.7	34.0	32.8
Percent reported health worker spend enough time	70.8	68.7	74.8	68.9	69.7
Percent satisfied with the services	56.7	67.2	71.5	60.6	62.1

¹ Having black and white TV or color TV.

² Based on those who do not prefer institutional delivery.

RH: Reproductive Health; FP: Family Planning; MIL: Mothers-in-law

INTRODUCTION

1.1 BACKGROUND OF THE SURVEY

The Behavior Change Communication (BCC) Baseline Survey (2006) was conducted to gather baseline information for the BCC Campaign which is planned in the state of Uttar Pradesh. The three major components of BCC are:

- State wide radio programs of two types
 - the distance learning program, for service providers i.e. auxiliary nurse midwives (ANMs), anganwadi workers (AWWs) and traditional birth attendants (TBAs).
 - the radio drama series for the general public
- Mass-media campaign (TV and Radio) on IUCD and sterilization
- Outdoor (hoardings, wall paintings, etc.) and the local media (folk performances, street drama, local innovations)

The BCC Baseline Survey had two components, the general population survey and the service provider survey, and was designed to provide separate estimates for the project and non-project districts of Uttar Pradesh (Appendix A).

1.2 SOCIO-ECONOMIC AND DEMOGRAPHIC FEATURES

Uttar Pradesh covers a large part of the highly fertile and densely populated upper Gangetic plain. It shares an international border with Nepal and is bounded by the Indian states of Uttarakhand, Himachal Pradesh, Haryana, Delhi, Rajasthan, Madhya Pradesh, Chhattisgarh, Jharkhand and Bihar. With a land area of 240,928 sq. km, Uttar Pradesh has seven percent of the land area of the whole of India, with a population of about 166 million (Census of India, 2001), which constitutes 16 percent of the total population of the country.

The sex ratio of the state favours males at 898 females per 1,000 males. There is a huge gender gap in the literacy level, as 70 percent of males are literate compared to only 43 percent of the females (Census of India, 2001). Of the total female population, a little less than half (46 percent) are in the reproductive age group of 15-49 years.

1.3 OBJECTIVE OF THE STUDY

The main objective of the survey is to provide baseline information for the BCC campaign to be carried out by SIFPSA. The survey was designed to provide state

level information on knowledge, awareness, and acceptance of different women and child health indicators. The information from the study is divided into two segments:

- A. General population
 - a. Knowledge, perceptions and practice of modern contraceptive methods
 - b. Knowledge about age at marriage
 - c. Knowledge about maternal and child health care
 - d. Exposure to mass media and message on healthy practices
- B. Service provider
 - a. Estimate the level of knowledge and perceptions about modern contraceptive methods
 - b. Knowledge of maternal and child health and RTI/STI issues
 - c. Interpersonal communication skills
 - d. Media habits

1.4 QUESTIONNAIRE

The survey collected information on a variety of indicators as mentioned above. The questionnaire for the mothers-in-law survey includes:

Section 1

Background characteristics: including demographic and socio-economic characteristics of the mothers-in-law, and household information.

Family Planning: fertility preference and family size, ever use by mothers-in-law, advice and opinion about contraception.

Section 2

Antenatal and Natal Care: includes opinion on importance of ANC, delivery care and perception regarding care, services, and family planning issues.

Breastfeeding: includes opinion regarding initiation of breastfeeding, introduction of supplementary food, and danger signs to baby during the first month.

Section 3

Media Exposure and Interpersonal Communication: exposure to radio, television and other media, and quality of care.

1.5 SURVEY AND SAMPLE DESIGN

The BCC Baseline Survey in Uttar Pradesh was designed to provide estimates for key parameters at the state level and also disaggregated by rural and urban, and project and non-project districts (Appendix A). In order to attain these estimates, a sample size of 7,400 households was fixed. To achieve reliable estimates the number of households to be sampled from rural areas was fixed at 4,000 (2,000 each from project and non-project districts) and the number of households to be sampled from the urban areas was fixed at 3,400, (1,700 each from project and non-project districts.)

1.5.1 Rural Areas

A two stage sampling procedure was adopted. In the first stage, 100 villages (Primary Sampling Units - PSUs) each were selected using the probability proportional to size (PPS) methodology from project and non-project districts. In the case of small villages having less than 50 households link villages were provided, and villages having more than 300 households were segmented, and two of the segments were selected for household listing and interviews.

All the households in the selected village were listed and 20 households were selected for interviewing using the circular systematic sampling methodology with a random start.

1.5.2 Urban Areas

As in the case of rural areas, a two stage sampling procedure was adopted. In the first stage, 85 Census Enumeration Blocks (CEBs) each were selected using the simple random sampling technique from both project and non-project districts. All the households in the selected CEBs were listed and 20 households were selected for interviewing using circular systematic sampling methodology with a random start.

1.6 IDENTIFICATION OF MOTHERS-IN-LAW

While listing the details of household members for the purpose of identifying respondents, each currently married woman aged 15-49 was asked to report whether her mother-in-law lives in the same household or not. If so, the mothers-in-law living in the same

household were interviewed using a structured questionnaire.

1.7 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 (IIHMR), Jaipur was selected to conduct the field survey.

The household listing teams and field survey teams were recruited by IIHMR and trained separately in four sessions, conducted at Jaipur during **May-June 2006**. The training sessions were facilitated by Senior Professionals from the IIHMR 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.

1.8 DATA PROCESSING

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

Sample weights have been calculated for adjusting the non-response and urban-rural proportions. SPSS software has been used in generating

TABLE I.1: SAMPLE COVERAGE

Category	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Households (HH)									
Completed [C]	93.6	95.7	94.8	93.8	95.9	94.9	93.7	95.8	94.8
Not at home/locked [NH]	4.6	3.5	4.0	5.1	3.3	4.1	4.9	3.4	4.1
Postponed [P]	0.3	0.2	0.2	0.0	0.1	0.0	0.1	0.1	0.1
Refused [R]	1.0	0.1	0.5	0.5	0.1	0.3	0.8	0.1	0.4
Partially completed [PL]	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0
Other [O]	0.4	0.6	0.5	0.6	0.7	0.6	0.5	0.6	0.6
HH response rate¹	94.0	96.0	95.2	94.3	96.5	95.5	94.2	96.4	95.4
Number of HHs selected	1,700	2,000	3,700	1,700	2,000	3,700	3,400	4,000	7,400
Mothers-in-law (MIL)									
Completed [MILC]	79.1	86.4	83.6	78.8	84.6	82.2	79.0	85.5	82.9
Not at home [MILNH]	17.3	11.5	13.7	18.9	13.9	15.9	18.1	12.7	14.8
Postponed [MILP]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Refused [MILR]	0.7	0.8	0.7	0.9	0.6	0.7	0.8	0.7	0.7
Unwell [MILUW]	2.4	1.2	1.7	0.9	0.8	0.8	1.6	1.0	1.3
Partially completed [MILPL]	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Other [MILO]	0.5	0.2	0.3	0.5	0.2	0.3	0.5	0.2	0.3
MIL response rate²	79.1	86.4	83.6	78.8	84.7	82.3	79.0	85.6	83.0
Number of MIL selected	422	662	1,084	434	642	1,076	856	1,304	2,160
Overall MIL response rate³	74.4	82.9	79.6	74.3	81.8	78.6	74.4	82.5	79.1

¹ HH response rate (HHRR) = {C / [C + NH + P + R + PL]} x 100

² MIL response rate (MILRR) = {MILC / [MILC + MILNH + MILP + MILR + MILUW + MILPL + MILO]} x 100

³ Overall EW response rate (OEWR) = {HHRR x MILRR} / 100

the tables presented in this report. All the tables generated from the primary data set except Table I.1 shown in this report are based on weighted cases. The values based on fewer than 25 un-weighted cases are 'not shown' (NS) in the report.

1.9 STRUCTURE OF THE REPORT

Though the entire BCC Baseline Survey collected information from currently married women, their husbands, mothers-in-law and grassroots level service providers

like ANMs, AWWs and TBAs, this report provides findings from the mothers-in-law only. The results are presented in five chapters, which include description on Fertility, Family Planning, Antenatal and Natal Care, Child Care and breastfeeding, Media Exposure, and Quality of Care and communication.

1.10 SAMPLE COVERAGE AND RESPONSE RATE

Table I.1 shows the number of households and mothers-in-law interviewed and the response

rate for each. A total of 7,400 households were included in the sample from both urban and rural areas from project and non-project districts in Uttar Pradesh and the household response rate was 95.4 percent.

In the case of mothers-in-law, the total sample was 2,160 from urban and rural areas with 1,084 from project districts and 1,076 from non-project districts. The overall mothers-in-law response rate is 79 percent.

Chapter 2

HOUSEHOLD AND RESPONDENT CHARACTERISTICS

This chapter presents a profile of the household characteristics of Uttar Pradesh and also describes the facilities and services available in the households. The characteristics of the mothers-in-law are also presented in this chapter.

2.1 HOUSEHOLD CHARACTERISTICS

Table 2.1 provides information on housing characteristics by residence in project and non-project districts. More than 9 out of 10 households in Uttar Pradesh are headed by a male

which is constant in rural as well as urban areas.

Regarding type of house, 30 percent of the households in all the districts live in kachha houses (made with mud, thatch, or other low-quality

TABLE 2.1: HOUSEHOLD CHARACTERISTICS

Percent distribution of households by selected household characteristics, according to area and place of residence, Uttar Pradesh, 2006

Characteristics	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Sex of the head of the household									
Male	90.0	91.3	91.0	90.5	92.6	92.2	90.2	92.0	91.6
Female	10.0	8.7	9.0	9.5	7.4	7.8	9.8	8.0	8.4
Type of house									
Pucca	77.8	23.5	36.4	68.8	22.3	30.6	73.9	22.9	33.5
Semi-pucca	16.1	39.5	33.9	22.8	42.8	39.3	19.0	41.2	36.6
Kutchha	6.2	37.0	29.7	8.3	34.8	30.1	7.1	35.9	29.9
Type of toilet									
Own flush toilet	73.2	11.3	26.0	71.0	11.5	22.1	72.3	11.4	24.0
Public/shared flush toilet	2.8	0.7	1.2	2.2	0.8	1.0	2.5	0.8	1.1
Own pit toilet	6.8	4.9	5.3	6.4	4.4	4.8	6.6	4.6	5.1
Public/shared pit toilet	1.4	1.7	1.6	1.4	1.1	1.2	1.4	1.4	1.4
No facility/bush/field	15.2	81.1	65.5	18.6	82.0	70.7	16.6	81.6	68.1
Other	0.6	0.3	0.4	0.4	0.3	0.3	0.5	0.3	0.3
Separate room for kitchen									
Yes	69.6	35.7	43.7	63.1	32.8	38.2	66.8	34.1	40.9
No	30.4	64.3	56.3	36.9	67.2	61.8	33.2	65.9	59.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Mean household size	5.8	6.1	6.0	5.7	6.1	6.0	5.8	6.1	6.0
Number of households	834	2,674	3,507	624	2,884	3,508	1,458	5,559	7,017

materials) – more in rural (35 to 37 percent) than in urban (6 to 8 percent) areas. Around 34 percent of households in project districts and 39 percent in non-project districts live in semi-pucca (low quality to partly high quality materials) houses.

The proportions of semi-pucca households are also higher in the rural areas than in urban areas. Seventy percent or more households in the urban areas live in pucca houses compared with only 23 percent in the rural areas. A greater proportion of households in project versus non-project districts live in pucca houses.

Regarding sanitation facilities, around 24 percent of the households in all the districts have flush toilets, five percent have a pit toilet or latrine, and another one percent either has access to public/shared flush toilet or pit toilet. Sixty-eight percent of households have no toilet facilities. This is higher in non-project districts (71 percent) than project districts (66 percent). More than 80 percent of the rural households in Uttar Pradesh do not have their own, or access to a public/shared toilet of any type. The proportion of households with a flush toilet ranges from 11 percent in the rural areas to 72 percent in the urban areas, in both project and non-project districts.

Only 41 percent of the households in Uttar Pradesh have a separate room which is used as a kitchen, 44 percent in project districts and 38 percent in the non-project districts. The urban households

have greater availability of separate room to be used as a kitchen than in the rural areas. Crowding in the household affects the health and quality of life of people. In Uttar Pradesh, the mean household size was found to be 6 with no rural-urban variation.

2.2 HOUSEHOLD AMENITIES

The sources of drinking water have an important bearing on the health of household members. Table 2.2 presents the different sources of drinking water in Uttar Pradesh according to place of residence.

The survey found that only 14 percent of the households use piped drinking water, 45 percent of the households use hand pumps located in their own residence/yard/plot and another 28 percent of households use public hand pumps as a source. There are large urban-rural differences in the sources of drinking water, as almost 50 percent of the urban households have piped water facilities and another 27 percent have hand pumps in their own residence/yard/plot, compared with 5 and 49 percent respectively in rural areas.

More than half (57 percent) of the households use kerosene as the main source of energy for lighting (Table 2.2) and another 42 percent have electricity as the source of lighting. There are huge rural/urban differences in source of lighting as 87 percent of the urban households have electricity as the main source of lighting whereas in the rural areas kerosene predominates, with close to 70 percent depending on this as a source of lighting. Similar

proportions hold good in the project and non-project districts.

Mainly three types of fuel are used for cooking in Uttar Pradesh, with wood as the most common type (69 percent). Nearly 80 percent of the rural households rely mainly on wood in almost all the districts. Around 16 percent of the households use liquid petroleum gas (LPG) as the main source of fuel for cooking and 10 percent cook with crop residues as fuel.

2.3 HOUSEHOLD ASSETS

The presence of durable goods and assets are the indicators of the socio-economic level of the household. Table 2.3 shows a number of household assets in the households by area and place of residence.

Almost 93 percent of the households own their dwellings in both project and non-project districts. A little over half of the households own some agricultural land as well as livestock. The proportion owning agricultural land and livestock is higher among the households in the non-project districts than in the project districts.

Access to and availability of television and radio for every person in each household is very important from the view point of a behavior change communication (BCC) program, as it increases the chances of exposure for household members to innovative ideas and new and important information regarding health and family welfare. Table 2.3 shows that about one-third of the households (34 percent) have television (either color or black and

TABLE 2.2: HOUSEHOLD AMENITIES

Percent distribution of households by selected household amenities, according to area and place of residence, Uttar Pradesh, 2006

Characteristics	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Main source of drinking water									
Piped water in residence/yard/plot	53.5	6.2	17.4	46.3	3.8	11.3	50.4	5.0	14.4
Public tap	8.4	6.1	6.6	11.0	4.5	5.7	9.6	5.3	6.1
Hand pump in residence/yard/plot	24.7	47.0	41.7	29.4	51.3	47.4	26.7	49.2	44.5
Public hand pump	11.0	31.8	26.8	10.3	33.3	29.2	10.7	32.6	28.0
Well in residence/yard/plot	0.9	2.9	2.4	1.0	2.5	2.2	0.9	2.7	2.3
Public well	0.8	5.8	4.6	0.5	3.8	3.2	0.7	4.8	3.9
Other sources	0.8	0.3	0.4	1.4	0.8	0.9	1.0	0.5	0.6
Main source of energy for lighting									
Electricity	88.7	33.0	46.2	83.6	27.4	37.4	86.5	30.1	41.8
Kerosene	10.0	65.7	52.5	15.2	71.1	61.2	12.2	68.5	56.8
Gas	1.1	0.3	0.5	0.6	0.7	0.7	0.9	0.5	0.6
Oil	0.1	1.0	0.8	0.4	0.7	0.6	0.2	0.8	0.7
Other	0.0	0.0	0.0	0.3	0.1	0.1	0.1	0.1	0.1
Main source of energy for cooking									
Wood	24.8	79.9	66.8	35.4	79.8	71.9	29.3	79.9	69.4
Crop residues	1.6	1.4	1.5	1.2	0.9	0.9	1.4	1.1	1.2
Dung cakes	3.2	13.3	10.9	2.7	11.5	9.9	3.0	12.4	10.4
Coal/charcoal	1.4	0.1	0.4	1.0	1.0	1.0	1.2	0.5	0.7
Kerosene	2.5	0.5	1.0	2.0	0.1	0.4	2.3	0.3	0.7
Electricity	0.3	0.0	0.1	0.3	0.0	0.1	0.3	0.0	0.1
Liquid petroleum gas (LPG)	63.0	4.3	18.3	54.5	5.8	14.4	59.4	5.1	16.4
Bio-gas	2.7	0.4	0.9	2.6	0.8	1.1	2.7	0.6	1.0
Other	0.5	0.1	0.2	0.3	0.1	0.1	0.4	0.1	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of households	833	2,674	3,507	624	2,884	3,508	1,458	5,559	7,017

while) and a little over one-third (35 percent) have a radio or transistor at home. The availability of television and radio is very low in both rural as well as urban areas.

The table shows that the majority of the households in Uttar Pradesh have a cot or bed (97 percent), clock or watch (77 percent), bicycle (68 percent) and mattress (57 percent). The availability of a phone (both land line and mobile) is

very low. More households have access to a mobile phone (16 percent) than a land line (10 percent).

2.4 BACKGROUND CHARACTERISTICS OF MOTHERS-IN-LAW

The mother-in-law's perception and knowledge about health utilization are associated with several factors including her demographic and socio-economic characteristics which

includes her age, children ever born, religion, caste, educational status and her work status. The following is a profile of the demographic and socio-economic characteristics of mothers-in-law in all the project and non-project districts of Uttar Pradesh.

Table 2.4 presents the percentage distribution of mothers-in-law by age, children ever born, religion, caste/tribe, educational level and working status according

TABLE 2.3: HOUSEHOLD ASSETS

Percentage of households by selected characteristics, according to area and place of residence, UP, 2006

Characteristics	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Own a house									
Yes	90.3	93.1	92.4	88.1	94.3	93.2	89.4	93.7	92.8
No	9.7	6.9	7.6	11.9	5.7	6.8	10.6	6.3	7.2
Own agricultural land									
Yes	13.9	63.0	51.3	16.4	69.2	59.8	15.0	66.2	55.6
No	86.1	37.0	48.7	83.6	30.8	40.2	85.0	33.8	44.4
Own livestock									
Yes	12.2	66.9	53.9	15.1	70.6	60.7	13.4	68.8	57.3
No	87.8	33.1	46.1	84.9	29.4	39.3	86.6	31.2	42.7
Household assets¹									
Mattress	84.2	49.2	57.5	81.5	51.5	56.9	83.1	50.4	57.2
Pressure cooker	81.3	24.5	38.0	74.9	20.5	30.2	78.6	22.4	34.1
Chair	77.6	31.4	42.4	75.0	30.0	38.0	76.5	30.7	40.2
Cot or bed	91.8	98.0	96.5	95.2	97.8	97.3	93.3	97.9	96.9
Table	70.7	24.7	35.7	68.7	23.2	31.3	69.9	23.9	33.5
Clock or watch	94.9	72.4	77.8	93.2	72.4	76.1	94.2	72.4	76.9
Electric fan	87.3	31.8	45.0	82.2	27.7	37.4	85.1	29.6	41.2
Bicycle	67.2	69.6	69.0	65.5	68.4	67.9	66.5	68.9	68.4
Radio or transistor	44.8	32.0	35.0	45.7	32.1	34.5	45.2	32.0	34.8
Sewing machine	49.1	16.4	24.2	43.6	15.1	20.2	46.8	15.7	22.2
Telephone	49.1	11.2	20.2	43.3	12.8	18.2	46.6	12.0	19.2
Land phone	30.1	4.9	10.9	23.5	5.4	8.6	27.3	5.2	9.8
Mobile phone	41.5	8.5	16.4	38.0	10.2	15.1	40.0	9.4	15.7
Refrigerator	41.7	3.7	12.7	34.8	3.8	9.4	38.8	3.8	11.0
Television	72.9	24.6	36.1	61.6	24.3	30.9	68.1	24.4	33.5
Black and white television	29.6	18.9	21.5	27.0	19.1	20.5	28.5	19.0	21.0
Color television	50.0	7.2	17.4	39.2	6.7	12.5	45.4	7.0	15.0
Moped, scooter, or motor cycle	35.6	9.4	15.6	29.4	9.4	12.9	32.9	9.4	14.3
Car/Jeep	6.3	1.2	2.4	4.4	1.3	1.9	5.5	1.3	2.2
Water pump	5.5	4.5	4.7	4.6	4.2	4.3	5.1	4.4	4.5
Bullock cart	0.3	2.2	1.8	0.4	2.9	2.4	0.4	2.6	2.1
Thresher	0.5	2.1	1.8	0.1	1.8	1.5	0.4	2.0	1.7
Tractor	0.6	2.9	2.4	0.8	3.1	2.7	0.7	3.0	2.5
Number of households	834	2,675	3,509	624	2,884	3,508	1,458	5,559	7,017

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

TABLE 2.4: BACKGROUND CHARACTERISTICS OF MOTHERS-IN-LAW

Percent distribution of mothers-in-law (MIL) by background characteristics, according to area and place of residence, Uttar Pradesh, 2006

Characteristics	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Age									
Less than 40	0.9	4.1	3.5	1.6	3.1	2.8	1.2	3.6	3.2
40-49	21.0	20.8	20.8	21.2	25.4	24.7	21.1	23.1	22.8
50-59	39.4	38.4	38.6	37.7	41.0	40.5	38.6	39.8	39.6
60+	38.8	36.7	37.1	39.5	30.3	31.7	39.1	33.5	34.4
Children ever born									
1	4.7	2.6	3.0	2.6	3.8	3.6	3.8	3.2	3.3
2	6.1	4.7	5.0	8.5	4.6	5.2	7.2	4.7	5.1
3	12.8	12.9	12.9	15.8	12.0	12.6	14.1	12.5	12.7
4+	76.3	79.7	79.0	73.0	79.2	78.3	74.9	79.4	78.7
Religion									
Hindu	70.0	87.9	84.4	67.1	87.2	84.2	68.8	87.5	84.3
Muslim	28.6	12.1	15.3	30.4	12.8	15.4	29.4	12.5	15.4
Other	1.4	0.0	0.3	2.5	0.0	0.4	1.9	0.0	0.3
Caste/tribe									
SC/ST	15.3	26.1	24.1	15.4	23.8	22.6	15.4	25.0	23.3
OBC	36.2	55.6	51.9	43.6	44.4	44.3	39.4	49.9	48.1
Other	48.5	18.3	24.0	41.0	31.8	33.1	45.2	25.2	28.6
Educational status									
Illiterate	70.9	93.9	89.5	70.9	86.5	84.2	70.9	90.1	86.8
Literate up to 4th grade	11.7	3.9	5.4	11.5	7.4	8.0	11.6	5.7	6.7
5-7 grade	10.0	1.4	3.0	10.4	5.1	5.9	10.2	3.3	4.5
8-11 grade	4.8	0.0	0.9	5.1	0.2	0.9	4.9	0.1	0.9
12+ grade	2.7	0.8	1.2	2.0	0.7	0.9	2.4	0.7	1.0
Work status									
Not working/HW	92.7	91.1	91.4	93.1	85.2	86.4	92.8	88.1	88.9
Agricultural labor	2.3	2.7	2.6	1.9	5.0	4.5	2.1	3.8	3.6
Unskilled worker	1.3	5.5	4.7	3.0	8.8	7.9	2.1	7.2	6.3
Skilled worker	3.7	0.7	1.2	2.0	1.0	1.2	2.9	0.9	1.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of MIL	172	727	899	133	758	892	305	1,485	1,790

to area and place of residence. The proportion of respondents increases from three percent among women who are less than 40 years to 23 percent in the age group 40-49 years, three-fourth being over the age of 50 years. The highest proportions of mothers-in-law are found in the age group 50-59 years across all areas and places of residence.

Around 80 percent of the mothers-in-law have more than four children born during their reproductive span. This is found across all the districts and in rural as well as in urban areas. Another 13 percent of the women have three children.

Eighty-four percent of the respondents in Uttar Pradesh are Hindu, 15 percent are Muslim and less than 1 percent belong to other religions. The proportion of Muslims

is much higher in urban areas (around 29 percent) than in rural areas (12 percent).

Forty-eight percent of the respondents belong to other backward classes and 23 percent belong either to the scheduled caste or schedule tribe category. Almost 3 out of 10 respondents do not belong to any of these groups. Large proportions of respondents from scheduled castes or schedule tribes or other backward categories are found in the rural areas.

Table 2.4 also presents the percent distribution of mothers-in-law by the highest level of education attained according to area and place of residence. As expected, about 87 percent of these women were illiterate, higher in the rural areas (90 percent) than in urban areas (71 percent). There were more

illiterate women residing in the project districts (90 percent) than in the non-project districts (84 percent). Only seven percent of the mothers-in-law had completed up to 4th grade of schooling mostly in the urban areas in Uttar Pradesh. The level of educational attainment among the mothers-in-law shows a low level of educational opportunities for women in the past decades.

More than four-fifth of respondents in Uttar Pradesh (89 percent) who are mothers-in-law did not participate in work other than their regular housework, and the proportion is particularly high in the urban areas (93 percent) and in the project districts (91 percent). Six percent of mothers-in-law work as unskilled workers and another four percent as agricultural laborers.

AGE AT MARRIAGE AND FERTILITY PREFERENCE

Traditionally, fertility and family planning research and programs have focused mainly on women. Throughout, women were most often chosen as respondents, and their intentions and perceptions were assumed to represent the couple. Gradually, with the expansion of the field, most of the reproductive health components started focusing on the sexually active couple and thus the husband's opinions, intentions and perceptions became a part of the entire research activity. While working with couples in India many programs and studies recognized the importance of including the mothers-in-laws' ideas on the subject. The mother-in-law's ideas on fertility and family planning initiation, expectation and perception have a big role in a society where women gain greater say and position in the family with increasing age.

This chapter is divided into two broad components related to fertility and family planning. Information related to fertility issues as perceived and reported by the mothers-in-law focuses on perception about the ideal family size and age at marriage, age at

first child birth, and her knowledge about the importance of spacing between two children.

3.1 AGE AT MARRIAGE AND BIRTH SPACING

3.1.1 Ideal Age at Marriage and First Birth

The age at which a woman starts childbearing is an important demographic determinant of fertility as well as the health status of mother and child. In this survey all mothers-in-law were asked about the ideal age at marriage for both girls and boys and the ideal age for women to have the first child. Three-fourths of the respondents reported 18-21 years as the ideal age at marriage for girls and only two-fifths (40 percent) of them said that a boy should marry after 21 years of age (Table 3.1). A higher proportion of respondents reported the ideal age at marriage for boys to be 18-21 years, which is below the legal age at marriage (21 years for boys), whereas 18 percent of the respondents reported an age below the legal age of marriage (18 years for girls) to be the ideal age at marriage for girls. Ignorance about the legal age at marriage of girls and boys was greater among

the rural respondents and among those belonging to non-project districts.

While responding to the question of the ideal age for a woman to have her first child, 57 percent of the respondents reported 18–21 years as an ideal age and another 38 percent said it should be more than 21 years of age. Five percent of women also reported less than 18 years to be an ideal age for child bearing. Low age at first child birth (below 18 years) was reported mostly by the rural women.

3.1.2 Knowledge about the Importance of Spacing of Children

All mothers-in-law were asked 'whether spacing of children is important for the health of the mother and child?' Eighty-three percent of the mothers-in-law in Uttar Pradesh reported that spacing between children is important for the health of mother and child (Table 3.2). Another four percent reported, spacing is not important with 13 percent unsure about this. The importance of spacing is reported more by urban women than their rural counterparts.

TABLE 3.1: IDEAL AGE FOR MARRIAGE AND FIRST BIRTH

Percentage distribution of mothers-in-law reporting the ideal age at marriage for boy and girl, and for a woman to have her first child, according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Ideal age at marriage for girls									
Below 18 years	5.4	23.7	20.2	6.4	18.4	16.6	5.8	21.0	18.4
18-21 years	83.1	72.2	74.3	81.2	78.0	78.5	82.3	75.2	76.4
More than 21 years	11.5	4.1	5.5	12.4	3.6	4.9	11.9	3.8	5.2
Ideal age at marriage for boys									
Below 18 years	0.9	9.8	8.1	1.2	7.1	6.2	1.0	8.4	7.2
18-21 years	37.1	52.7	49.7	45.4	57.3	55.6	40.8	55.1	52.6
22-25 years	52.8	35.6	38.9	47.1	32.4	34.6	50.3	34.0	36.8
More than 25 years	9.2	1.9	3.3	6.2	3.2	3.6	7.9	2.5	3.4
Ideal age for a woman to have first child									
Below 18 years	0.8	7.0	5.8	1.5	5.7	5.0	1.1	6.3	5.4
18-21 years	40.7	59.3	55.7	48.8	60.3	58.6	44.2	59.8	57.1
More than 21 years	58.5	33.7	38.5	49.7	34.1	36.4	54.7	33.9	37.5
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

Mothers-in-law were also asked about ‘whether they will give advice to others regarding spacing between children?’ A little less than three-fourths of the respondents said they will give such advice, higher in the urban areas of the project districts. Ten percent of the mothers-in-law reported that they will not give any advice and another 18 percent were not sure about this issue. On the other hand, in the non-project districts a large proportion of respondents said spacing is

important (84 percent) and also that they will give advice to others for birth spacing (73 percent).

3.1.3 Advantage of Spacing for Mother and Child

Mothers-in-law who agreed that spacing between children is important were then asked to mention the specific advantages that mother and child will have due to spacing. Table 3.3 summarizes the distribution of mothers-in-law who reported spacing as an advantage for

mother and child by area and place of residence.

Eighty-eight percent of the mothers-in-law reported better nutritional status of mother as the main advantage of spacing births followed by 30 percent who reported lower incidence of anaemia among mothers, better mental health (27 percent), and less pregnancy complications (21 percent) as the main advantages (Table 3.3). There are no rural-urban differences regarding these issues.

TABLE 3.2: KNOWLEDGE ABOUT IMPORTANCE OF SPACING OF CHILDREN

Percent of mothers-in-law who reported various aspects of spacing of children and its importance, according to area and place of residence, Uttar Pradesh, 2006			
Items	Urban	Rural	Total
Project Districts			
Spacing is important for the health of the mother and the child			
Yes	89.4	81.5	83.0
No	1.4	4.4	3.8
Don't know	9.3	14.1	13.2
Will advise others to space between children			
Yes	80.3	70.5	72.4
No	6.6	11.0	10.1
Can't say	13.1	18.5	17.5
Total percent	100.0	100.0	100.0
Number of mothers-in-law	172	727	899
Non-Project Districts			
Spacing is important for the health of the mother and the child			
Yes	88.9	82.6	83.5
No	2.7	3.6	3.5
Don't know	8.4	13.9	13.0
Will advise others to space between children			
Yes	75.6	72.4	72.9
No	10.9	12.5	12.2
Can't say	13.5	15.1	14.9
Total percent	100.0	100.0	100.0
Number of mothers-in-law	133	758	892
All Areas			
Spacing is important for the health of the mother and the child			
Yes	89.2	82.0	83.2
No	2.0	4.0	3.6
Don't know	8.9	14.0	13.1
Will advise others to space between children			
Yes	78.3	71.5	72.6
No	8.5	11.7	11.2
Can't say	13.3	16.8	16.2
Total percent	100.0	100.0	100.0
Number of mothers-in-law	305	1,485	1,790

TABLE 3.3: ADVANTAGE OF SPACING FOR MOTHER AND CHILD

Percentage of mothers-in-law who reported spacing as an advantage for mother and child by type of advantage, according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Advantages to mother¹									
Better nutritional status	87.7	86.4	86.7	85.0	89.8	89.0	86.5	88.1	87.8
Lower incidence of anaemia	34.9	30.5	31.4	28.3	28.4	28.4	32.0	29.5	29.9
Less pregnancy complications	22.5	22.9	22.8	22.6	19.0	19.6	22.6	20.9	21.2
Better mental health	26.0	27.3	27.0	28.5	26.2	26.6	27.1	26.7	26.8
Other	0.8	1.2	1.1	1.5	0.7	0.8	1.1	0.9	0.9
Advantages to child¹									
Better growth	56.5	48.0	49.8	55.0	46.0	47.5	55.8	47.0	48.6
Better nutritional status	55.3	51.5	52.3	48.2	53.7	52.8	52.2	52.6	52.5
Lower incidence of diseases	19.1	19.5	19.4	18.0	16.8	17.0	18.6	18.1	18.2
Better survival chance	11.6	13.2	12.9	17.0	9.4	10.6	14.0	11.3	11.8
Better attention by mother	45.8	45.7	45.7	48.0	50.1	49.8	46.7	48.0	47.7
Other	0.0	0.4	0.3	0.3	0.2	0.2	0.1	0.3	0.3
Number of mothers-in-law	154	592	746	118	626	744	272	1,218	1,490

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

With respect to the advantage to the child, a little over half (53 percent) of the respondents said that spacing between two births can lead to better nutritional status among children. Better growth of the child was reported by 49 percent of the mothers-in-law and 48 percent said the child will get better attention from the mother. Less than one-fifth of the respondents reported lower incidence of diseases and better survival chances among children as an outcome of spacing between births.

3.1.4 Ideal Gap between Two Children

Table 3.4 presents the percent distribution of mothers-in-law who reported the ideal gap between two

children according to area and place of residence. More than one-third (38 percent) of the respondents agreed that there should be a gap of 36 to 47 months between the two births and another 31 percent said 24 to 35 months is the ideal gap. There is not much difference in the reporting of the ideal gap between rural and urban areas and among the two sets of districts. Around 13 percent of mothers-in-law could not report an ideal gap between two children. This is little higher among rural respondents.

Around eight percent of the respondents reported less than two years as an ideal gap in the project districts compared to six percent in the non-project areas. This was more in rural than in urban areas.

3.1.5 Ideal Number of Children

There is a positive correlation between the number of children born to women and the reporting of the ideal number of children by the mothers-in-law. The survey asked each respondent the number of children and the sex composition of children she considers ideal for her son/daughter-in-law. Table 3.5 presents the percent distribution of mothers-in-law who reported the ideal number of children for her son/daughter-in-law according to areas and place of residence.

One-third of the respondents reported that ideally her son/daughter-in-law should have three children, higher in the non-project districts (37 percent) than

TABLE 3.4: IDEAL GAP BETWEEN TWO CHILDREN

Percent distribution of mothers-in-law (MIL) by reported ideal gap between two children, according to area and place of residence, Uttar Pradesh, 2006

Place of Residence	Ideal Gap between Two Children					Total Percent	Number of MILs
	Below 24 Months	24-35 Months	36-47 Months	48 Months & Above	Don't know/ can't say		
Project district							
Urban	6.6	34.4	39.5	12.1	7.5	100.0	172
Rural	8.5	33.2	35.7	11.0	11.6	100.0	727
Total	8.1	33.5	36.4	11.2	10.8	100.0	899
Non project district							
Urban	5.4	29.3	39.1	15.6	10.7	100.0	133
Rural	6.2	27.5	39.8	11.6	14.9	100.0	758
Total	6.1	27.8	39.7	12.2	14.2	100.0	892
All areas							
Urban	6.1	32.2	39.3	13.6	8.9	100.0	305
Rural	7.3	30.3	37.8	11.3	13.3	100.0	1,485
Total	7.1	30.6	38.0	11.7	12.5	100.0	1,790

in project districts (28 percent). Around 28 percent of the mothers-in-law desire to have at least four grandchildren. This is higher in project districts (31 percent) than in non-project districts (24 percent). The proportion of respondents reporting three or more children as an ideal number is higher in rural than in urban areas in both the categories of districts.

A little over one-fifth of the respondents reported 1 to 2 children as the ideal family size, much higher in urban (33 percent) than in rural areas (20 percent). Around nine percent of the mothers-in-law feel five or more children is the ideal family size.

3.1.6 Sex Preference of Children

A strong preference for sons has been found to be a part of Indian society for ages, affecting both attitudes and behavior with respect to children.

Table 3.5 shows the proportion of mothers-in-law reporting on the sex composition of children by area and place of residence.

Around one-third (31 percent) reported that two sons and a daughter is the ideal sex composition of a family followed by a son and a daughter (21 percent). More rural respondents from non-project districts (35 percent) want two sons and a daughter. Thirty-four percent of the urban respondents from project districts favor a son and a daughter as the ideal sex composition of children. An interesting outcome of this analysis is that not even a single respondent reported that only a daughter can be ideal for a family.

3.2 FAMILY PLANNING

India's Family Welfare Programme started way back in 1952 with a component of voluntary and

free choice of family planning methods best suited to individual acceptors (Ministry of Health and Family Welfare, 1998) which was renamed as Reproductive and Child Health Programme in 1996, with a much broader focus on the health needs of women and children.

Despite their long duration, there is still a wide gap between understanding and acceptance of family planning programs by many couples, especially in those states which have a high fertility rate. To address this issue the Behavior Change Communication Programme was initiated in many parts of the country by the Government of India.

Mothers-in-law, who are an integral part of this program, were asked about their own contraceptive use pattern and the advice given and

TABLE 3.5: IDEAL NUMBER OF CHILDREN

Percent distribution of mothers-in-law by reported ideal number of children for their son/daughter-in-law, according to area and place of residence, Uttar Pradesh, 2006

Ideal Number of Children for Son/Daughter-in-law	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Ideal family size									
1	0.3	0.0	0.1	1.2	0.3	0.4	0.7	0.2	0.2
2	34.7	19.1	22.1	31.4	21.7	23.1	33.2	20.4	22.6
3	29.5	27.5	27.9	32.0	38.0	37.1	30.6	32.9	32.5
4	22.6	33.2	31.1	23.1	24.1	23.9	22.9	28.5	27.5
5+	4.4	10.4	9.2	3.4	7.0	6.4	4.0	8.6	7.8
Don't know/Can't say	8.5	9.8	9.5	8.7	9.0	8.9	8.6	9.4	9.2
Ideal sex composition									
One child									
1 Son	0.3	0.0	0.1	0.9	0.3	0.4	0.5	0.2	0.2
1 Daughter	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Either son or daughter	0.0	0.0	0.0	0.4	0.0	0.1	0.2	0.0	0.0
Two children									
2 Sons	1.0	1.9	1.7	0.6	1.3	1.2	0.8	1.6	1.4
1 Son 1 Daughter	33.7	16.6	19.9	30.3	19.8	21.4	32.2	18.3	20.6
2 Daughters	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Either son or daughter	0.0	0.6	0.5	0.6	0.5	0.5	0.2	0.6	0.5
Three children									
3 Sons	0.0	0.4	0.3	0.0	0.7	0.6	0.0	0.6	0.5
2 Sons 1 Daughter	28.5	26.6	27.0	30.6	35.9	35.1	29.4	31.3	31.0
1 Son 2 Daughters	0.6	0.5	0.6	1.2	1.3	1.2	0.9	0.9	0.9
3 Daughters	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Either son or daughter	0.4	0.0	0.1	0.2	0.2	0.2	0.3	0.1	0.1
Other*	35.6	53.3	49.9	35.3	40.0	39.3	35.5	46.5	44.6
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

*Other includes more than 4 children sex combination and non-numeric responses

discussions held on the preferred methods with their daughters-in-law.

3.2.1 Ever Use of Contraceptives

The survey asked each mother-in-law if they or their husband ever used any of the family planning methods. Respondents who said they had used contraception were asked about the particular method that couple used to avoid or

delay pregnancy. Table 3.6 presents the pattern of ever use of family planning methods for mothers-in-law by area and place of residence.

Eighty-four percent of the mothers-in-law never used any methods during their reproductive span. Of those who had ever used any family planning methods, 15 percent of them had used

modern methods with no major rural-urban difference. The most commonly used methods are female sterilization (11 percent), followed by pill (2 percent) and condom (1 percent). Ever use of any modern spacing method is higher in urban areas. A higher proportion of respondents from the project districts who reside in urban areas use contraception (21 percent) than their

TABLE 3.6: EVER USE OF CONTRACEPTIVES

Percentage of mothers-in-law by ever use of contraceptives by method, according to area and place of residence, Uttar Pradesh, 2006

Method	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Pill	3.7	2.1	2.4	1.3	1.8	1.7	2.7	1.9	2.1
Condom	2.3	1.1	1.4	0.3	1.3	1.1	1.4	1.2	1.3
IUCD	2.9	0.3	0.8	1.6	1.2	1.3	2.3	0.8	1.0
Injectables	0.3	0.2	0.2	0.0	0.2	0.2	0.1	0.2	0.2
Female Sterilization	12.0	9.9	10.3	10.7	11.6	11.5	11.4	10.8	10.9
Male Sterilization	1.4	1.1	1.1	1.0	2.4	2.2	1.2	1.7	1.7
Rhythm/safe period	0.6	0.2	0.3	0.7	0.4	0.4	0.6	0.3	0.3
Withdrawal	0.0	0.1	0.1	0.0	0.2	0.2	0.0	0.2	0.1
Other	0.0	0.3	0.3	0.2	0.2	0.2	0.1	0.3	0.2
Never used any method	79.3	86.4	85.0	85.1	83.5	83.8	81.8	84.9	84.4
Any modern method	20.5	13.1	14.5	14.0	16.1	15.8	17.6	14.7	15.2
Any modern spacing method	7.9	2.7	3.7	2.7	3.7	3.5	5.6	3.2	3.6
Any modern limiting method	20.7	13.6	15.0	14.9	16.5	16.2	18.2	15.1	15.6
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

counterparts in rural areas (13 percent). On the other hand, mothers-in-law from rural areas of non-project districts used modern family planning methods (16 percent) slightly more than the urban respondents from same group of districts (14 percent).

3.2.2 Discussion and Advice on Family Size

According to the Reproductive Health Indicator Survey, Uttar Pradesh (2005), 47 percent of women, who were not using a method at that time but intending to use one in the future, reported that they require consent from family members before using a method, mostly from mothers-in-law (54 percent). Thus, a fair proportion of the mothers-in-law are involved

in the decision making process regarding family size and family planning methods usage in the state.

Table 3.7 presents the proportion of mothers-in-law who reported that her son/daughter-in-law discussed family size with her and whether they considered her opinion on family size. While reporting about the level of discussion between themselves and their sons/daughters-in-law only one-third of the mothers-in-law reported actually having such a discussion, more in urban areas (39 percent) than in rural areas (32 percent). The level of discussion is slightly higher in the non-project districts than in project districts.

The table also shows the mother-in-law’s perception of whether her son/daughter-in-law would take

her opinion regarding family size, irrespective of whether they had discussed it with her or not. About 43 percent of the mothers-in-law feel that their sons/daughters-in-law would consider their opinions regarding family size which is higher than the proportion of actual discussions on the subject. Perhaps indicative of a growing independence of the younger generation, is that 38 percent of the mothers-in-law were not sure whether their sons/daughters-in-law would consider their opinions regarding family size.

3.2.3 Knowledge about Current Use by Son/Daughter-in-law

Four out of five mothers-in-law (79 percent) reported that they don’t know about the current contraceptive use status of their

TABLE 3.7: DISCUSSION AND ADVICE ON FAMILY SIZE

Percent distribution of mothers-in-law by discussion about family size with son/daughter-in-law and whether her opinion was considered, according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Discussed about the family size with son/daughter-in-law									
Yes	36.7	29.2	30.6	40.9	33.7	34.7	38.6	31.5	32.7
No	63.3	70.8	69.4	59.1	66.3	65.3	61.4	68.5	67.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Son/daughter-in-law consider your opinion about the family size									
Yes	47.5	36.9	38.9	49.4	47.0	47.4	48.3	42.1	43.1
No	18.6	22.0	21.3	21.3	15.9	16.7	19.8	18.9	19.0
Don't know	33.9	41.2	39.8	29.3	37.0	35.9	31.9	39.1	37.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

son/daughter-in-law. This is contradictory to the finding of a survey in the state where nearly half the couples claimed that they need consent from the mother-in-law before using a method (Reproductive Health Indicators Survey, 2005).

Only 15 percent of the mothers-in-law reported they have knowledge about current use of contraceptives by son/daughter-in-law and another six percent reported that her daughter-in-law is pregnant or wants to have a child immediately. The level of involvement of mothers-in-law is higher in the urban areas than in rural areas across all the districts.

Table 3.8 also shows that about one-fourth (26 percent) of the mothers-in-law have heard of side

effects of contraceptive methods, which is almost similar in rural and urban areas.

3.2.4 Advice on Contraceptive Use and Methods

Thirty-six percent of the mothers-in-law reported that they have given advice on contraceptive use to their son/daughter-in-law. Advice was given more by the urban mothers-in-law than their rural counterparts. Advice on contraceptive use is slightly higher in the non-project districts than in the project districts.

Table 3.9 also shows the method of contraception suggested by the-mothers-in-law. Around two-thirds of the mothers-in-law have not suggested any method of contraception. The method most frequently suggested by them is

female sterilization (24 percent) followed by pills (12 percent) which is almost similar to the ever use of contraceptive methods by the mothers-in-law themselves. Only one-third of the mothers-in-law suggested using a modern method of contraception.

There is not much variation regarding suggestions on contraceptive use in rural and urban areas. The rural-urban variation is found in case of suggestions on pills, condoms, IUCD, and female sterilization by the mothers-in-law in project as well as non-project districts.

3.3 CONCLUSION

Overall, mothers-in-law have a positive attitude and perception towards healthy and safe motherhood. It is seen that most were aware of the legal age at

TABLE 3.8: KNOWLEDGE ABOUT CURRENT USE BY SON/DAUGHTER-IN-LAW

Percent of mothers-in-law by reported knowledge about the use of contraception by son/daughter-in-law and heard about side effects of contraceptive methods, according to area and place of residence, Uttar Pradesh, 2006

Items	Project District			Non-Project District			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Knowledge about the current use of contraceptives by son/daughter-in-law									
Yes	18.2	14.7	15.4	17.1	13.2	13.7	17.7	13.9	14.6
No	29.4	36.1	34.8	37.0	37.1	37.1	32.7	36.6	36.0
Pregnant/want a child	7.7	6.0	6.3	2.9	6.9	6.3	5.6	6.4	6.3
Don't know	44.7	43.2	43.5	42.9	42.8	42.8	43.9	43.0	43.2
Heard of side effects of contraceptive methods									
Yes	33.9	22.5	24.7	24.5	26.6	26.3	29.8	24.6	25.5
No	45.4	50.0	49.1	45.0	42.7	43.1	45.2	46.3	46.1
Don't know	20.7	27.6	26.2	30.5	30.7	30.7	25.0	29.2	28.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

TABLE 3.9: ADVICE ON CONTRACEPTIVE USE AND METHODS

Percent of mothers-in-law by advice on contraceptive use to son/daughter-in-law and the methods suggested, according to area and place of residence, Uttar Pradesh, 2006

Method	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Advice to son/daughter-in-law on contraceptive use									
Yes	41.7	32.4	34.2	34.8	37.3	36.9	38.7	34.9	35.5
No	42.0	50.8	49.1	44.0	43.7	43.7	42.9	47.1	46.4
Don't know	16.3	16.8	16.7	21.1	19.1	19.4	18.4	18.0	18.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Suggested method of contraception*									
Pills	18.5	11.3	12.6	14.4	10.9	11.5	16.7	11.1	12.1
Condoms	9.5	5.1	5.9	8.2	5.3	5.7	9.0	5.2	5.8
IUCD/Copper-T	7.3	2.6	3.5	6.4	2.7	3.3	6.9	2.7	3.4
Injectables	1.1	0.6	0.7	0.3	1.0	.9	0.8	0.8	0.8
Female sterilization	27.2	22.8	23.6	16.9	25.6	24.3	22.7	24.2	24.0
Male sterilization	1.4	2.8	2.5	2.0	1.7	1.7	1.7	2.2	2.1
Emergency contraception	0.0	0.2	0.1	0.0	0.0	0.0	0.0	0.1	0.1
Standard days method (SDM)	0.3	0.0	0.1	0.0	0.0	0.0	0.2	0.0	0.0
Rhythm/safe period	0.4	0.5	0.5	0.2	0.5	0.5	0.3	0.5	0.5
Withdrawal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Don't know	0.7	2.2	1.9	3.5	1.9	2.2	1.9	2.1	2.0
Other	0.0	0.3	0.2	0.0	0.3	0.3	0.0	0.3	0.3
Not advised	58.3	67.6	65.8	65.2	62.7	63.1	61.3	65.1	64.5
Any modern method	41.0	29.8	31.9	30.8	34.8	34.2	36.6	32.4	33.1
Any modern spacing method	25.4	13.7	15.9	18.7	14.5	15.2	22.5	14.1	15.5
Any method	41.0	30.2	32.3	31.3	35.3	34.7	36.8	32.8	33.5
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

*Total percent may add to more than 100.0 due to multiple responses

marriage, especially among girls, and considered that the ideal age at marriage for girls should be well above 18 years. The information regarding the legal age at marriage for boys is not commonly known to them. Most of the mothers-in-law consider 18 to 21 years as the best age to get married for both girls and boys.

The value of spacing between children is universally accepted by almost 80 percent of all mothers-in-law interviewed during the survey.

Better nutritional status of both mother and child is the important benefit reaped if couples space births between two children.

While reporting on the ideal family size and the sex composition, they reported more or less as per their own family size. Three children with a combination of two sons and one daughter are what they would like for their son/daughter-in-law.

The ever used pattern for the mother-in-law herself is replicated

in the suggested method of contraception to her son/daughter-in-law. More than 40 percent feel that their sons/daughters-in-law will consider their opinions regarding family size. Only a third (33 percent) claimed to give advice and have discussions regarding family size and contraceptive methods with their daughters-in law. Overall, the family planning communication between mother-in-law and son/daughter-in-law is not very encouraging in the state of Uttar Pradesh.

ANTENATAL AND NATAL CARE, AND BREASTFEEDING PRACTICES

In some countries communication has shown its usefulness and impact in changing the health scenario of mother and child. Especially interpersonal communication, mainly at the family and societal level, played an important role in the transition to lower birth rates and also to changes in attitudes and acceptance of family planning and maternal and child care. Issues such as population and family planning, primary health care, maternal and child health, and recently HIV/AIDS and other infectious diseases, popularized the role of communication in public health programs to such extent that in many countries the Governments, stakeholders and the donor community started integrating the BCC programs by mainstreaming communication strategies in their development programs.

In this chapter, the issues related to perception and attitude of mothers-in-law towards antenatal and natal care services have been examined. Along with this, the chapter also provides insight into the involvement of the mother-in-law in the maternal care of her daughter-in-law and breastfeeding practices.

4.1 ANTENATAL CARE

4.1.1 Antenatal Check-ups

Antenatal care refers to pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. According to the RCH program of India, a pregnant woman must receive at least three antenatal check-ups which include blood pressure checks and other procedures to detect pregnancy complications, two doses of tetanus toxoid injections and 100 or more iron and folic acid tablets or syrup during the pregnancy (Ministry of Health and Family welfare, 1998).

In this survey, all mothers-in-law were asked about the antenatal check-ups of their daughters-in-law if she had delivered a baby in the last two year period prior to survey. She was also asked about the different components of the antenatal check-ups of her daughter-in-law. Table 4.1 shows the percent of mothers-in-law who have reported the status of their daughter-in-law's antenatal check-ups, according to area and place of residence.

Fifty-three percent of the mothers-in-law reported that their daughters-in-law have received antenatal check-ups, higher in case of urban areas (77 percent) than the rural areas (49 percent). A greater number of mothers-in-law reported antenatal check-ups received by their daughter-in-laws in the non-project districts (58 percent) than in the project districts (48 percent).

4.1.2 Number and Timing of Antenatal Check-ups

The number of antenatal check-ups and the proper timing of the check-ups are very important for the health of mother and child. The RCH program includes at least three check ups, one per trimester. This survey asked the mothers-in-law about the details of their daughters-in-laws' births in the last two years, such as the total number of antenatal check ups, which month of the pregnancy the first check-up was received and who accompanied her for the check-up.

Table 4.1 shows the percent distribution of births in the last two years preceding the survey by the number and timing of check-ups

TABLE 4.1: KNOWLEDGE ABOUT DAUGHTER-IN-LAW'S ANTENATAL CHECK-UP STATUS

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Antenatal check-ups for daughter-in-law									
Yes	78.1	42.2	48.3	76.5	55.6	58.1	77.4	49.1	53.2
No	11.6	48.1	41.9	16.1	37.8	35.1	13.5	42.8	38.5
Don't Know	10.3	9.7	9.8	7.4	6.6	6.7	9.1	8.1	8.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	51	246	297	36	260	296	87	506	593
Number of antenatal check-ups									
	<i>Based on those who reported knowledge about their daughter-in-law's antenatal care status</i>								
1	4.6	8.0	7.1	4.3	6.2	5.9	4.5	6.9	6.4
2	20.5	20.8	20.7	14.5	26.4	24.5	18.0	24.1	22.8
3	25.2	33.4	31.2	40.0	21.3	24.3	31.3	26.4	27.4
4+	33.4	25.4	27.6	28.6	23.7	24.5	31.4	24.4	25.9
Don't know/missing	16.3	12.4	13.5	12.7	22.5	20.9	14.8	18.2	17.5
Time of first antenatal check-up									
First trimester	56.8	56.1	56.3	59.8	54.7	55.5	58.0	55.3	55.9
Second trimester	25.0	30.3	28.8	30.1	21.2	22.6	27.1	25.0	25.4
Third trimester	18.3	13.6	14.9	10.1	24.1	21.9	14.9	19.7	18.7
Who accompanied your daughter-in-law for check-ups									
Myself (MIL)	55.2	42.4	46.0	58.8	29.7	34.4	56.7	35.0	39.6
Other member	44.8	45.1	45.0	29.8	53.1	49.4	38.6	49.8	47.4
No one	0.0	10.2	7.4	7.9	14.4	13.3	3.2	12.6	10.6
Don't know/missing	0.0	2.3	1.7	3.5	2.8	2.9	1.4	2.6	2.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	40	104	144	28	144	172	67	248	316

Note: Based on two years preceding the survey. If more than one birth to a woman, information pertaining to the last child is considered
Based on daughters-in-law who gave birth within two years prior to the survey.

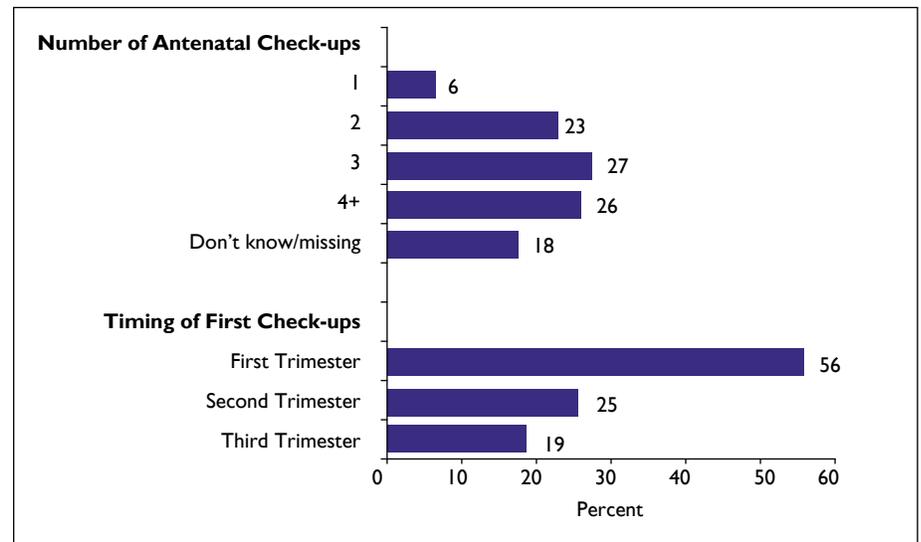
of daughters-in-law as reported by mothers-in-law. Twenty seven percent of pregnant women received at least three antenatal check-ups and another 26 percent at least four check-ups (Figure 4.1). The number of total antenatal check-ups was higher among the daughters-in-law residing in the urban areas (31 percent) than rural areas (26 percent). A higher proportion of daughters-in-law from the project districts received three or more antenatal check-ups than those from the non-project areas.

Fifty six percent of the births that took place in the last two years preceding the survey received their first antenatal check-ups in the first trimester of the pregnancy and another one-fourth (25 percent) received their first check-ups in the second trimester (Figure 3.1). Equal proportions of check-ups in the first trimester were recorded from urban and rural areas in project and non-project districts.

4.1.3 Person Who Accompanied Woman for Check-ups

The mothers-in-law were asked 'whether she or any household member accompany her daughter-in-law during any of the antenatal care visit?' Table 4.1 shows that other members of the household, including the husband (47 percent) accompanied the pregnant woman more often than did the mother-in-law (40 percent). Eleven percent of the visits for antenatal care by the daughter-in-law were not accompanied by anyone from the family. The proportions of unaccompanied visits were much

FIGURE 4.1: NUMBER AND TIMING OF ANTENATAL CHECK-UPS



higher in the rural areas and in the non-project districts.

4.1.4 Importance of ANC and Who Should Provide the Check-ups

All mothers-in-law were asked whether antenatal check-ups are important for pregnant women. The majority (78 percent) reported that ANC is important; 86 percent from the urban areas and 77 percent from rural residences (Table 4.2). Awareness of the importance of antenatal check-ups was slightly higher among the mothers-in-law residing in the non-project districts (81 percent) than in the project districts (76 percent).

The survey also asked all the mothers-in-law about their opinion on the person who should provide the antenatal care to a woman. Table 4.2 presents their responses to this question. Fifty-nine percent of the mothers-in-law (76 percent in urban and 56 percent in rural) reported that the doctor should

provide the ANC services and another 41 percent (31 percent in urban and 43 percent in rural) mentioned auxiliary nurse midwives (ANM) as the ideal person to provide ANC services.

4.1.5 Sources of Antenatal Check-ups

Table 4.3 shows that 65 percent of the mothers-in-law indicated that the main source of antenatal check-ups is government hospitals, followed by Primary Health Centers (PHC)/ Community Health Centers (CHC)/ Family Planning Centers (39 percent) and private hospitals and clinics (19 percent). Sources like government hospitals and private hospital/clinics were mostly reported by mothers-in-law residing in the urban areas (83 percent and 37 percent respectively) compared to those who reside in rural areas (60 percent and 14 percent). Around one percent of the mothers-in-law reported health camps as the source of antenatal check-ups.

TABLE 4.2: IDEAL PERSON FOR PROVIDING ANTENATAL CARE

Items	Project District			Non-Project District			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
ANC visits are important for the health of the mother and the unborn child									
Yes	86.1	73.1	75.6	85.6	80.1	80.9	85.9	76.7	78.2
No	7.6	14.2	12.9	7.9	9.6	9.4	7.7	11.8	11.1
Don't know	6.3	12.8	11.5	6.5	10.3	9.7	6.4	11.5	10.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790
Opinion on the persons who should provide ANC¹									
Doctor	77.5	49.6	55.7	73.0	61.0	62.9	75.5	55.7	59.4
ANM	30.7	47.0	43.5	32.0	39.7	38.5	31.3	43.1	40.9
Nurse	20.3	18.6	19.0	16.9	17.9	17.7	18.8	18.2	18.3
ASHA	0.3	0.5	0.4	0.0	0.3	0.2	0.2	0.4	0.3
Dai	2.4	11.0	9.1	4.6	12.2	11.0	3.3	11.6	10.1
AWW	0.3	0.2	0.3	0.3	1.5	1.3	0.3	0.9	0.8
Other	0.0	0.3	0.2	0.0	0.4	0.3	0.0	0.3	0.3
Number of mothers-in-law who felt ANC is important	148	531	679	114	609	723	262	1,140	1,402

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

ANM: Auxiliary Nurse Midwife; ASHA: Accredited Social Health Activist; Dai: Traditional birth attendee; AWW: Anganwadi Worker.

4.1.6 Components of Antenatal Check-ups

The survey collected information on the various components of antenatal check-ups from the mothers-in-law. Table 4.3 contains this information according to area and place of residence.

Among the main components of the antenatal check-ups, most of the mothers-in-law mentioned the abdomen test (51 percent) followed by blood test (32 percent). Another 26 percent reported the urine test and 21 percent reported weight measurement as a part of antenatal check-ups. Information on the main

components of antenatal check-ups was reported more by the urban than rural mothers-in-law. Around 42 percent of the mothers-in-law from the non-project districts do not know about the components of antenatal check-ups, which is higher in rural areas (45 percent) than urban areas (24 percent).

4.2. DELIVERY CARE

Another important component of the RCH Program is to encourage women to go for institutional deliveries. *Janani Suraksha Yojana* (JSY), a safe motherhood intervention program, under the National Rural Health Mission

(NRHM), is an integral package of services and cash benefit launched all over India on April 12, 2005. The main objectives are to reduce maternal and infant mortality by promoting institutional delivery and making available quality care in the pregnancy, delivery and post delivery periods.

4.2.1 Opinion on Place of Delivery

Mothers-in-law were asked their opinion regarding the place of delivery and reasons for not suggesting institutional delivery to a pregnant woman. Table 4.4 presents this data.

TABLE 4.3: SOURCES AND COMPONENTS OF ANTENATAL CHECK-UPS

Percent of mothers-in-law knowing about various sources of antenatal care and who mentioned the type of tests conducted as part of antenatal check-ups, according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Sources of ANC									
Govt. hospital	82.8	58.6	63.9	82.8	61.9	65.2	82.8	60.4	64.6
PHC/CHC/FP center	17.4	43.7	38.0	23.1	42.6	39.5	19.9	43.1	38.8
Rural hospital/Sub center	2.1	10.4	8.6	3.4	6.5	6.1	2.7	8.3	7.3
Other public health facility	3.4	2.3	2.6	3.9	2.9	3.0	3.6	2.6	2.8
Pvt. hospital/Clinic	40.9	12.3	18.5	31.6	16.3	18.7	36.8	14.4	18.6
Maternity home	2.0	1.0	1.2	2.5	0.7	1.0	2.2	0.8	1.1
Other pvt. facility	4.3	2.4	2.8	4.5	0.9	1.4	4.4	1.6	2.1
NGO hospital/Clinic	1.8	0.6	0.8	1.4	0.4	0.6	1.6	0.5	0.7
Health camps	0.0	1.1	0.8	0.8	1.7	1.5	0.3	1.4	1.2
Don't know	1.0	3.9	3.3	2.1	4.8	4.4	1.5	4.4	3.9
Type of check-up conducted									
Weight measurement	29.4	17.9	20.4	30.0	19.0	20.8	29.7	18.5	20.6
Blood pressure	24.7	11.1	14.1	21.5	12.0	13.5	23.3	11.6	13.8
Abdomen test	62.7	52.8	54.9	52.3	46.6	47.5	58.2	49.5	51.1
Urine test	44.8	25.3	29.6	47.4	16.8	21.7	45.9	20.8	25.5
Blood test	49.2	26.8	31.7	54.4	28.4	32.5	51.5	27.7	32.1
Other	6.1	3.3	3.9	2.1	2.7	2.6	4.4	3.0	3.2
Don't know	27.5	38.1	35.8	23.7	44.8	41.5	25.8	41.7	38.7
Number of mothers-in-law who felt ANC is important									
	148	531	679	114	608	722	262	1,138	1,401

Forty-two percent of the mothers-in-law reported that a woman should deliver her child in a hospital or institution, higher in urban (69 percent) than rural (36 percent) areas. However, more than half (57 percent) of mothers-in-law mentioned that deliveries should take place at home. More mothers-in-law in the rural areas preferred home delivery to those living in the urban areas. Opinions on place of delivery were almost identical in the project and non-project districts.

4.2.2 Reason for not Suggesting an Institutional Delivery

A question was asked to all the mothers-in-laws about the reason why they do not prefer institutional deliveries. Among the reasons for not preferring institutional deliveries were the following: 60 percent of the mothers-in-law reported that institutional deliveries are very expensive, both in urban (65 percent) as well as rural (59 percent) areas. Around 35 percent reported that they would opt for an institutional delivery only in the case of complications and 24 percent said

that it was the common practice in the village to have the deliveries at home. Thirteen percent reported poor service at the institution as the reason for not opting for institutional delivery.

Institutional delivery as too expensive was reported more by those from the project district (62 percent) compared to non-project districts (57 percent). The cultural barrier against institutional delivery was reported by more mothers-in-law in the rural areas (26 percent) than in the urban areas (eight percent).

TABLE 4.4: OPINION ON PLACE OF DELIVERY AND REASONS FOR NOT SUGGESTING AN INSTITUTIONAL DELIVERY

Percentage of mothers-in-law by opinion about ideal places for delivery, and reasons for not suggesting institutional delivery according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Opinion on place of delivery									
Hospital/institutions	68.9	34.0	40.7	69.5	37.5	42.3	69.2	35.8	41.5
Home	30.1	65.3	58.5	29.3	60.7	56.0	29.8	62.9	57.3
Don't know	1.0	0.8	0.8	1.1	1.2	1.2	1.1	1.0	1.0
Other	0.0	0.0	0.0	0.0	0.5	0.5	0.0	0.3	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	172	727	899	133	757	890	305	1,485	1,790
Reasons for not suggesting institutional delivery									
Distance	6.7	13.9	13.1	3.0	13.4	12.6	5.1	13.6	12.9
No transportation facility	4.4	13.2	12.3	5.0	12.2	11.7	4.7	12.7	12.0
Poor services	24.1	12.6	13.7	22.3	11.9	12.7	23.3	12.2	13.2
Very expensive	63.8	61.8	62.0	66.8	56.4	57.2	65.1	59.1	59.6
Doctor/Nurse/ANM can conduct delivery at home	10.2	6.3	6.7	8.2	5.7	5.9	9.4	6.0	6.3
Go to health facility in case of complications	45.7	31.5	32.9	40.5	36.7	37.0	43.4	34.1	34.9
Common practice in village	7.1	20.9	19.5	9.4	30.5	28.8	8.1	25.7	24.1
Fear of sterilization	0.8	0.3	0.3	2.1	0.3	0.4	1.4	0.3	0.4
Others	3.0	2.4	2.5	1.7	2.3	2.3	2.4	2.4	2.4
Number of mothers-in-law not suggesting institutional delivery	54	480	533	41	474	515	94	954	1,048

4.2.3 Opinion on Assistance at Delivery

All mothers-in-law were asked their opinion on who should conduct the delivery. The results are in Table 4.5. Well over half reported that this should be done by a medical person (26 percent doctor and 28 percent nurse/ANM). Another 30 percent said a *Dai* is adequate to carry out the delivery and 15 percent said their friends/relatives could take care of the delivery.

The requirement of doctors to carry out the delivery was reported mostly by the urban women.

Deliveries carried out by non medical staff, such as *Dai* and friends/relatives, were reported mostly by the rural mothers-in-law.

4.2.4 Opinion on Care for Mother during Pregnancy and Child Care

The mothers-in-law were read several statements regarding care, services, family planning and other issues related to pregnancy and child care, and asked whether they agreed or disagreed with them.

Regarding care, mothers-in-law were asked whether pregnant women

need special care and attention, need to eat more, take more rest, should not be allowed to do strenuous jobs and should be given extra nutrition. More than eight out of ten mothers-in-law agreed to all these special care features for a pregnant woman (Table 4.6) in the urban areas of both groups of districts in Uttar Pradesh. A similar pattern of agreement was found among the mothers-in-law in the rural areas (Table 4.6).

More than 80 percent of the mothers-in-law agreed that all pregnant women should be given advice on delivery preparation, new

TABLE 4.5: OPINION ON ASSISTANCE AT DELIVERY

Percentage of mothers-in-law who stated their opinion on who should conduct the delivery, according to area and place of residence, Uttar Pradesh, 2006

Type of Professional to Assist at Delivery	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Doctor	48.3	19.1	24.7	48.4	23.9	27.6	48.4	21.6	26.1
Nurse/ANM	31.6	26.2	27.2	32.8	28.8	29.4	32.1	27.5	28.3
Dai	14.9	31.3	28.2	16.5	34.8	32.0	15.6	33.1	30.1
Friends/relatives	4.9	22.5	19.1	2.3	12.4	10.9	3.8	17.3	15.0
Other	0.3	0.9	0.8	0.0	0.1	0.1	0.2	0.5	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

born care, breastfeeding practices, and child immunization. Around 73 percent of the mothers-in-law agreed that all pregnant women should be informed about signs of complication. Three-fourths said families of a pregnant woman should identify a skilled person to conduct the delivery, and another 78 percent agreed that all pregnant women need to attend postnatal care services in hospitals or other institutions. (Table 4.6)

The agreement on these statements on care was a little less among mothers-in-law from the rural areas. There was less agreement on services for the pregnant woman (60 percent) than those related to the child's health.

Regarding family planning issues a low level of agreement was recorded from the mothers-in-law in urban areas. Around one-fourth (27 percent) agreed that restricting family size by using contraceptives can improve the standard of living of the household. Two-thirds agreed with the statement that there is a cost factor to using contraceptive

methods and thus they are only for rich people. Religion as a barrier to contraceptive use was reported by 47 percent of the mothers-in-law. Side effects were not given much importance as less than one-fourth agreed that side effects discourage contraceptive use or that contraceptives have dangerous side effects.

In rural areas, about two-fifths of the mothers-in-law agreed that using family planning methods, which restricts family size and improves the health of the family members can improve the standard of living of the family, which is more than the proportion who felt the same in the urban areas. Agreements with other statements were almost at par in the urban and rural areas.

It is surprising to find that a little over one-fourth (27 percent) of the mothers-in-law from urban areas still believe that couples who have only girls should keep on having children until they have at least one boy. This is actually found to be lower in the rural areas (22 percent).

4.3 KNOWLEDGE AND AWARENESS REGARDING BREASTFEEDING

A series of questions were asked to all the mothers-in-law regarding breastfeeding practices in Uttar Pradesh. Initiating breastfeeding immediately after childbirth is important as it is beneficial for both mother and the child. The first breast milk which contains colostrum, improves the immunity of the child, and is thus recommended.

Table 4.7 shows that only 26 percent of the mothers-in-law reported that a child should be put immediately to the breast within an hour of birth. Another 25 percent reported on the first day of the birth. Overall, 98 percent of the mothers-in-law reported that all children should be breastfed within 3 days of the birth. Although, breastfeeding practices are universal in Uttar Pradesh, not many mothers-in-law are aware of the importance of colostrum in the first breast milk that a mother passes to her child within the first few hours of birth.

TABLE 4.6: OPINION ON VARIOUS ASPECTS OF CARE DURING PREGNANCY AND CHILD CARE

Percent distribution of mothers-in-law by their agreement and disagreement with various aspects of mother and child care, according to area and place of residence, Uttar Pradesh, 2006

Aspects	Project Districts			Non-Project Districts			All Areas		
	Agree	Disagree	Can't say	Agree	Disagree	Can't say	Agree	Disagree	Can't say
URBAN									
CARE									
Pregnant woman need special care and attention	98.4	1.3	0.2	97.0	2.0	1.0	97.8	1.6	0.6
During pregnancy the women should eat more	91.9	5.5	2.6	88.5	9.3	2.3	90.4	7.1	2.5
Pregnant woman should be allowed to take more rest	88.4	10.7	0.9	85.8	10.8	3.4	87.3	10.8	2.0
Pregnant woman should not be allowed to do tough jobs	87.9	10.9	1.2	81.4	15.4	3.2	85.1	12.8	2.1
Pregnant woman should be provided with additional nutrition	90.7	6.5	2.8	86.5	9.3	4.2	88.9	7.7	3.4
SERVICES									
Pregnant women should be told about signs of complications	76.0	11.1	12.9	69.0	16.6	14.4	72.9	13.5	13.6
Pregnant women should be told about delivery preparations	84.2	6.5	9.3	81.3	12.9	5.8	82.9	9.3	7.8
Pregnant women's family should identify a skilled person to be called for conducting delivery	77.4	9.7	12.9	70.6	13.8	15.6	74.5	11.5	14.1
A woman need to have PNC at a health facility after she delivers baby	82.0	7.4	10.5	73.1	12.8	14.1	78.1	9.8	12.1
Pregnant woman should be advised on new born care	89.6	5.4	5.0	81.9	8.6	9.5	86.2	6.8	7.0
Pregnant woman should be advised on breastfeeding	89.5	6.2	4.2	81.8	8.8	9.4	86.1	7.4	6.5
Pregnant women should be informed about child immunization	82.7	7.2	10.1	79.1	7.8	13.1	81.1	7.5	11.4
FAMILY PLANNING									
Family planning improves the standard of living of family	29.7	52.3	18.0	23.6	53.6	22.8	27.0	52.9	20.1
The majority of people who use family planning methods are rich	69.6	11.0	19.4	62.7	16.2	21.1	66.6	13.3	20.1
Religion is against a woman using family planning methods	49.8	25.1	25.1	44.3	29.3	26.3	47.4	26.9	25.7
I discourage any use of contraception to prevent/delay pregnancy	23.7	46.4	29.9	23.8	40.9	35.3	23.7	44.0	32.2
Contraceptives have dangerous side effects	23.0	43.2	33.9	23.0	38.0	39.0	23.0	40.9	36.1
OTHERS									
The family that has all girls should keep having children until they have at least one boy	28.9	32.6	38.5	24.4	33.6	42.0	27.0	33.0	40.0

Although many did not report immediate breastfeeding within an hour of birth as a necessary step, when asked about the importance of first breast milk to control and protect the child from diseases, 69 percent reported that it is important, higher in urban areas (78 percent) than in rural areas (67 percent).

Almost half the mothers-in-law do not have adequate knowledge about the exclusive breastfeeding span for a child. A little over one-third reported that a child should be exclusively breastfed for less than two months and 13 percent reported it should be between two to three months. Two-fifths of them reported exclusive breastfeeding should continue for four to six months. Six months of exclusive breastfeeding for the child was reported slightly more by the urban women and those from the project districts. The median duration of breastfeeding is four months.

Mothers-in-law were asked when a child should start taking supplementary food which includes solid, semi-solid and liquid food. Table 4.7 shows that 68 percent of the mothers-in-law reported that a child should be given a top feed from seven months after

birth. Higher percentages of urban mothers-in-law endorsed this than rural mothers-in-law.

Adequate nutritional food for a lactating mother is essential not only for the child to get adequate breast milk but also for her own health. Mothers-in-law were asked whether a lactating mother needs more nutritious food than other women. A majority of them reported that healthy food is essential for those mothers who are breastfeeding.

The survey also asked the mothers-in-law to identify some of the danger signs to a baby during the first month after birth. Fifty-seven percent of the mothers-in-law reported high fever as one of the major ailments that occurs during the first month of a new born, followed by pneumonia reported by 46 percent. Other danger signs reported as possible in new born infants are breathing difficulties (37 percent), pale blue/yellow complexion (28 percent), and rapid breathing (24 percent).

4.4 CONCLUSION

Mothers-in-law in Uttar Pradesh are found to be well aware of the importance of antenatal check-ups

(ANC) and they prefer to have ANC done by trained medical practitioners. The majority reported that their daughters-in-law have had antenatal check-ups for deliveries during the last two years preceding the survey. The levels of antenatal check-ups among daughters-in-law were higher in urban areas compared with rural areas.

Though the majority of the mothers-in-law reported that ANC is important, they do not support deliveries in institutional setups. The majority feel that the delivery should be conducted by a *Dai* or friend/relatives at home. The reason for not preferring institutional deliveries was basically related to its costs. Certain cultural constraints towards the institutional deliveries were also reported, especially from rural areas. The poor quality of institutional service was reported by about one in four mothers-in-law.

Seven out of ten mothers-in-law are aware of the importance of first breast milk but when reporting on the timing of putting the baby to breast for the first time, only one-fourth of them said it should be within an hour after birth.

TABLE 4.7: KNOWLEDGE AND AWARENESS REGARDING BREASTFEEDING PRACTICES

Percent of mothers-in-law who were aware about various aspects related to breast feeding of a child according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Time of first breastfeeding									
Immediately within one hour	30.2	24.1	25.3	30.0	26.8	27.3	30.1	25.5	26.3
Within one day	30.6	25.3	26.3	25.8	22.1	22.6	28.5	23.6	24.5
1-3 days	37.9	48.8	46.7	43.6	49.2	48.4	40.4	49.0	47.5
After 3 days	1.3	1.8	1.7	0.6	1.9	1.7	1.0	1.9	1.7
First breast milk protects the child from diseases									
Yes	81.1	68.2	70.7	74.1	65.7	66.9	78.1	66.9	68.8
No	3.5	7.8	7.0	7.1	7.2	7.2	5.1	7.5	7.1
Don't know	15.4	24.0	22.3	18.7	27.2	25.9	16.8	25.6	24.1
Exclusive breastfeeding									
Less than 2 months	37.0	32.8	33.6	33.4	37.4	36.8	35.4	35.1	35.2
2-3 months	15.8	14.3	14.6	12.6	11.9	12.0	14.4	13.1	13.3
4-5 months	9.4	14.6	13.6	14.1	13.0	13.2	11.5	13.8	13.4
6 months	28.9	27.5	27.8	29.1	25.1	25.7	29.0	26.3	26.7
7+ months	8.8	10.8	10.4	10.7	12.6	12.3	9.7	11.7	11.4
Median duration of breastfeeding	3.0	4.0	4.0	4.0	4.0	4.0	3.9	4.0	4.0
Age at which a child can start receiving supplementary food									
Less than 4 months	2.3	3.7	3.4	1.5	3.0	2.8	1.9	3.4	3.1
4-6 months	26.3	30.1	29.3	29.9	29.1	29.2	27.8	29.6	29.3
7+ months	71.4	66.2	67.2	68.7	67.9	68.0	70.2	67.1	67.6
A lactating mother needs more nutritious food.									
Yes	97.5	95.6	96.0	96.6	92.0	92.7	97.1	93.7	94.3
No	2.5	4.4	4.0	3.4	8.0	7.3	2.9	6.3	5.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Danger signs of baby during first one month*									
Breathing difficulty	47.2	37.9	39.7	42.6	33.7	35.0	45.2	35.8	37.4
Pale blue/yellow complexion	33.4	30.0	30.7	32.2	24.1	25.3	32.9	27.0	28.0
Difficulty in sucking	18.5	15.7	16.2	14.1	14.3	14.2	16.6	14.9	15.2
High fever	62.9	54.9	56.4	57.7	57.9	57.8	60.6	56.4	57.1
Pneumonia	50.3	38.6	40.8	49.6	50.8	50.6	50.0	44.8	45.7
Rapid breathing	26.0	26.3	26.2	25.3	20.1	20.9	25.7	23.1	23.6
Bleeding from cord/naval	14.4	20.4	19.2	10.7	12.4	12.2	12.8	16.3	15.7
Does not pass urine	4.8	4.5	4.5	5.1	4.2	4.3	4.9	4.3	4.4
Other	3.2	3.2	3.2	4.1	5.9	5.6	3.6	4.6	4.4
Don't know	9.3	11.8	11.3	8.4	14.6	13.7	8.9	13.2	12.5
Number of Mothers-in-law	172	727	899	133	758	892	305	1,485	1,790

* Total percent may add to more than 100.0 due to multiple responses

APPENDIX C: BCC BASELINE SURVEY (UP) - 2006
MOTHERS-IN-LAW SCHEDULE

सास प्रश्नावली

सभी साक्षात्कारकर्ताओं के लिए – कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे प्रजनन एवं शिशु स्वास्थ्य सेवाओं का वर्तमान स्तर जानने के लिए कर रहे हैं और इस जानकारी को इन सेवाओं के वर्तमान स्तर के सुधार के लिए उपयोग किया जाएगा। यह जानकारी पूर्णतया गोपनीय रखी जाएगी और किसी को भी नहीं बताई जाएगी।

IDENTIFICATION पहचान

District जिला _____	<input type="text"/>	<input type="text"/>
Tehsil / Taluk तहसील / तालुका _____	<input type="text"/>	<input type="text"/>
Urban-1/ Rural-2 (नगरीय = 1/ ग्रामीण = 2)	<input type="text"/>	<input type="text"/>
CEB/Village सी ई बी / गाँव _____	<input type="text"/>	<input type="text"/>
PSU Number / पी. एस. यू नम्बर.....	<input type="text"/>	<input type="text"/>
Household Number/परिवार का नम्बर.....	<input type="text"/>	<input type="text"/>
Name of Mother-in-Law सास का नाम _____		
Mother-in-law's line number in household schedule परिवार प्रश्नावली में सास का लाइन नम्बर.....	<input type="text"/>	<input type="text"/>

INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकारियां

Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	<input type="text"/>	<input type="text"/>																										
Date of interview साक्षात्कार की तिथि	<input type="text"/>	<input type="text"/>																										
Result परिणाम	<table border="0"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Day दिन</td> <td>Month महीना</td> <td colspan="2">Year वर्ष</td> <td>2</td> <td>0</td> </tr> </table>	<input type="text"/>	Day दिन	Month महीना	Year वर्ष		2	0	<table border="0"> <tr> <td>Completed पूर्ण</td> <td>1</td> </tr> <tr> <td>Not at home घर पर नहीं</td> <td>2</td> </tr> <tr> <td>Postponed स्थगित</td> <td>3</td> </tr> <tr> <td>Refused मना कर दिया</td> <td>4</td> </tr> <tr> <td>Unwell अस्वस्थ</td> <td>5</td> </tr> <tr> <td>Partly completed आंशिक रूप से पूर्ण</td> <td>6</td> </tr> <tr> <td>Other (Specify) अन्य</td> <td>7</td> </tr> </table>	Completed पूर्ण	1	Not at home घर पर नहीं	2	Postponed स्थगित	3	Refused मना कर दिया	4	Unwell अस्वस्थ	5	Partly completed आंशिक रूप से पूर्ण	6	Other (Specify) अन्य	7					
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Day दिन	Month महीना	Year वर्ष		2	0																							
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Unwell अस्वस्थ	5																											
Partly completed आंशिक रूप से पूर्ण	6																											
Other (Specify) अन्य	7																											

SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियां

Name of the supervisor पर्यवेक्षक का नाम	
Signature of the supervisor पर्यवेक्षणकर्ता के हस्ताक्षर	
Remarks टिप्पणियाँ	

SECTION I: BACKGROUND CHARACTERISTICS AND FAMILY PLANNING

भाग 1: पृष्ठभूमि की विशेषताएं एवं परिवार नियोजन

101.	How old were you on your last birthday? पिछले जन्मदिन पर आपकी आयु कितनी थी?	AGE IN COMPLETED YEARS □□ उम्र पूरे वर्षों में लिखें
102.	What is your educational level? आप कितनी पढ़ी है?	ILLITERATE अशिक्षित..... 1 LITERATE, NON-FORMAL शिक्षित, अनौपचारिक.....2
	RECORD COMPLETED GRADE	LITERATE, FORMAL शिक्षित, औपचारिक 3 □□
103.	What is your occupation? आपका व्यवसाय (काम) क्या है?	HOUSEWIFE गृहणी 01 AGRICULTURAL LABOURER कृषक मजदूर 02 FARMER किसान 03 ARTISAN शिल्पकार/दस्तकार 04 PETTY TRADER/SHOP छोटा व्यवसायी 05 BUSINESS/INDUSTRIALIST व्यापारी/उद्योगपति ... 06 UNSKILLED WORKER अकुशल कारीगर 07 SKILLED WORKER कुशल कारीगर 08 SELF EMPLOYED स्वरोजगार 09 CLERICAL/SUPERVISORY/SALES PERSON 10 क्लर्क(लिपिक)/पर्यवेक्षक/विक्रेता OFFICER / EXECUTIVE अधिकारी/कार्यकारी 11 OTHERS अन्य 99
104.	How many live births have you had? आपके कितने जीवित शिशु (जन्म) हुए? a. How many males? कितने लड़के हैं? b. How many females? कितनी लड़कियां हैं?	LIVE BIRTHS जीवित जन्म MALES लड़के □□ FEMALES लड़कियां □□
105.	In your opinion, what is the ideal age gap between two children? आपकी राय में दो बच्चों के जन्म के बीच में कितना आदर्श अंतर होना चाहिए?	IN MONTHS महिनों में DK/CAN'T SAY □□ मालूम नहीं/कह नहीं सकते 98
106.	Do you think spacing of children is important for the health of mother and children? क्या आप सोचती हैं कि मां व बच्चों के स्वास्थ्य के लिए बच्चों के जन्म में अंतर रखना महत्वपूर्ण है?	YES हाँ, 1 NO नहीं, 2 → 108 DK मालूम नहीं..... 8 → 108

107.	<p>A. What are the advantages the mother will have? माँ को क्या लाभ मिलेंगे? Any other? कोई अन्य ?</p>	<p>BETTER NUTRITIONAL STATUS बेहतर पोषण की स्थिति A LOWER INCIDENCE OF ANAEMIA खून (रक्तअल्पता) की कमी की कम सम्भावना B LESS PREGNANCY COMPLICATIONS गर्भावस्था में कम जटिलताएँ C BETTER MENTAL HEALTH बेहतर मानसिक स्वास्थ्य D OTHER कोई अन्य (_____) X</p>
	<p>B. What are the advantages the child will have? बच्चों को क्या लाभ मिलेंगे? Any other? कोई अन्य ?</p>	<p>BETTER GROWTH बेहतर संवृद्धि A BETTER NUTRITIONAL STATUS बेहतर पोषण स्थिति B LOWER INCIDENCE OF DISEASES रोगों की कम सम्भावना C BETTER SURVIVAL CHANCE जीवित रहने की अधिक संभावना D BETTER ATTENTION BY MOTHER माँ द्वारा बेहतर ध्यान E OTHER कोई अन्य (_____) X</p>
108.	<p>Will you advise others to space their children? क्या आप दूसरों को बच्चों में अंतर रखने की राय देंगी?</p>	<p>YES हाँ 1 NO नहीं 2 CAN'T SAY कह नहीं सकते 8</p>
109.	<p>There are various methods a couple can use to delay or avoid pregnancy. Which ways or methods have you heard about? ऐसे कई साधन हैं जिनसे एक दम्पति गर्भधारण को टाल सकता है या उससे बच सकता है। ऐसे कौन से साधनों के बारे में आपने सुना है? Any other method? कोई अन्य तरीके ?</p>	<p>PILL गर्भनिरोधक गोलियाँ A CONDOM / NIRODH कंडोम/निरोध B IUCD/COPPER T आई यू सी डी/कापर टी C INJECTABLES इंजेक्टैबल्स D FEMALE STERILIZATION स्त्री नसबंदी E MALE STERILIZATION पुरुष नसबंदी F EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोधक G STANDARD DAYS METHOD मानक दिन विधि H RHYTHM / SAFE PERIOD रिदम/सुरक्षित काल पद्धति I WITHDRAWAL विच्छेदन J OTHER अन्य (_____)..... X DKपता नहीं Y</p>
110.	<p>In your opinion, what would be the ideal age for a to get marry? आपकी राय में लड़कों और लड़कियों की शादी करने की उचित उम्र क्या होनी चाहिए ? A. Boys लड़के B. Girls लड़कियाँ</p>	<p>BOY (IN YEARS) लड़कें (पूर्ण वर्षों में) <input type="text"/> <input type="text"/></p> <p>GIRL (IN YEARS) लड़कियाँ (पूर्ण वर्षों में) <input type="text"/> <input type="text"/></p>

<p>111.</p>	<p>What would be the ideal age for a woman to have her first child birth? एक महिला की अपने पहले बच्चे को जन्म देने की उचित आयु क्या होनी चाहिए?</p>	<p>IN YEARS वर्षों में <input type="text"/> <input type="text"/></p>
<p>112.</p>	<p>What, according to you, would be the ideal number of children for your son / daughter-in-law? आपके अनुसार आपके बहु बेटे के लिये बच्चों की आदर्श संख्या क्या होनी चाहिए ?</p>	<p>SCHOOL स्कूल <input type="text"/> <input type="text"/> BOYS लड़के <input type="text"/> <input type="text"/> GIRLS लड़कियां <input type="text"/> <input type="text"/> EITHER BOY OR GIRL यदि लड़का और लड़की 97 D.K/CAN NOT SAY मालूम नहीं/कह नहीं सकते 98</p>
<p>113.</p>	<p>Did your son/daughter-in-law ever discussed about the family size to you? क्या आपके बेटे/बहु ने कभी अपने परिवार के आकार के बारे में आपसे बातचीत की?</p>	<p>YES हां 1 NO नहीं 2</p>
<p>114.</p>	<p>Do you think they will consider your opinion on family size? क्या आपको लगता है कि आपके बेटे/बहु परिवार के आकार के बारे में आपकी राय पर गौर करेंगे ?</p>	<p>YES हां 1 NO नहीं 2 DK मालूम नहीं 8</p>
<p>115.</p>	<p>Will you advice them to use contraception? क्या आप उन लोगों को गर्भनिरोधक प्रयोग करने की सलाह देंगी।</p>	<p>YES हां 1 NO नहीं 2 → 117 DK मालूम नहीं 8 → 117</p>
<p>116.</p>	<p>Which method you would suggest them to delay the pregnancy? गर्भधारण टालने/रोकने के लिए आप उन्हें किन विधियों की सलाह देंगी? Any other method? कोई अन्य तरीके?</p>	<p>PILL गर्भनिरोधक गोलियां A CONDOM / NIRODH निरोध/कंडोम B IUCD / COPPER- T C आई यू डी/कापर टी INJECTABLES इंजेक्टेबल्स D FEMALE STERILIZATION स्त्री नसबंदी E MALE STERILIZATION पुरुष नसबंदी F EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोधक G STANDARD DAYS METHOD मानक दिन विधि H SAFE PERIOD सुरक्षित काल पद्धति I WITHDRAWAL विच्छेदन J DK मालूम नहीं K OTHER अन्य (.....) X</p>

117.	<p>Have you or your husband ever used anything or tried in any way to delay or avoid getting pregnant? गर्भधारण को टालने/या उससे बचने के लिए क्या आप या आपके पति ने कुछ उपयोग करने की कोशिश की है?</p>	<p>YES हां 1 No नहीं 2 → 119</p>
118.	<p>What method(s) have you used? आप या आपके पति ने कौन से तरीकों का उपयोग किया था? Any other method? कोई अन्य तरीके?</p>	<p>PILL गर्भनिरोधक गोलियां A CONDOM / NIRODH कंडोम/निरोध B IUCD/COPPER T आई यू सी डी/कापर टी C INJECTABLES इंजेक्टेबल्स D FEMALE STERILIZATION स्त्री नसबंदी E MALE STERILIZATION पुरुष नसबंदी F EMERGENCY CONTRACEPTION आपातकालीन गर्भनिरोधक G STANDARD DAYS METHOD मानक दिन विधि H SAFE PERIOD सुरक्षित काल पद्धति I WITHDRAWAL विच्छेदन J OTHER अन्य () X</p>
119.	<p>Do you know whether your son/daughter-in-law are currently using anything or tried in any way to delay or avoid getting pregnant? क्या आपको मालूम है कि इस समय आपके बेटे/बहू गर्भधारण रोकने/टालने के लिए कुछ प्रयोग कर रहे हैं?</p>	<p>YES हां 1 No नहीं 2 SHE IS PREGNANT / WANT A CHILD वह गर्भवती है/बच्चा चाहते हैं 3 DK मालूम नहीं 8</p>
120.	<p>Have you heard of any side-effects that you / other people have experienced with any of the contraceptive methods? क्या आपने अपने व दुसरो के अनुभवों से गर्भ निरोधक विधियों के दुष्प्रभाव के बारे में सुना है ?</p>	<p>YES हां 1 NO नहीं 2 DK मालूम नहीं 8</p>

SECTION 2: ANTENATAL AND NATAL CARE

खंड: 2 प्रसव पूर्व एवं प्रसव के दौरान देखभाल

201.	<p>Do you think antenatal care visits are important for the health of the pregnant mother and the unborn child?</p> <p>क्या आप सोचती हैं कि प्रसव पूर्व देखभाल के लिए जाना गर्भवती मां व अजन्मे बच्चे के स्वास्थ्य के लिए महत्वपूर्ण हैं?</p>	<p>YES हाँ, 1</p> <p>NO नहीं2 → 205</p> <p>DK मालूम नहीं8 → 205</p>
202.	<p>In your opinion who should provide the antenatal care services?</p> <p>आपकी राय में प्रसव पूर्व देखभाल सेवाएं किसे देनी चाहिए?</p>	<p>DOCTOR डाक्टर A</p> <p>ANM ए एन एम B</p> <p>NURSE नर्स C</p> <p>ASHA आशा कार्यकर्ता D</p> <p>DAI दाई E</p> <p>AWW आंगनवाड़ी. कार्यकर्ता F</p> <p>OTHERS अन्य (.....).. Y</p>
203.	<p>Can you tell us from where one can get antenatal care services?</p> <p>क्या आप बता सकती है कि प्रसव पूर्व सेवाएं कहां से प्राप्त की जा सकती है?</p> <p style="text-align: center;">Any other place? कोई अन्य स्थान?</p>	<p>GOVT. HOSPITAL सरकारी अस्पताल A</p> <p>PHC/CHC/PP CENTRE</p> <p>पी एच सी/सी एच सी/पी पी केन्द्र B</p> <p>RURAL HOSPITAL / SUB-CENTRE</p> <p>ग्रामीण अस्पताल/उप केन्द्र C</p> <p>OTHER PUBLIC HEALTH FACILITY</p> <p>अन्य जन स्वास्थ्य सुविधाएं D</p> <p>PVT. HOSPITAL / CLINIC</p> <p>निजी अस्पताल/क्लिनिक E</p> <p>MATERNITY HOME प्रसुति गृह F</p> <p>OTHER PVT. HEALTH FACILITY</p> <p>अन्य निजी स्वास्थ्य सुविधाएं G</p> <p>NGO HOSPITAL/CLINIC</p> <p>गैर सरकारी संस्थान अस्पताल/क्लिनिक H</p> <p>HEALTH CAMPS स्वास्थ्य शिविर I</p> <p>DK मालूम नहीं Y</p>
204.	<p>Can you tell me the type of check-ups/test conducted as part of antenatal care?</p> <p>क्या आप बता सकती है कि प्रसव पूर्व जांच के दौरान कौन से परीक्षण किये जाते हैं?</p> <p style="text-align: center;">Any other? कोई अन्य ?</p>	<p>WEIGHT MEASUREMENT वजन नाप A</p> <p>BLOOD PRESSURE रक्त चाप B</p> <p>ABDOMEN TEST पेट की जांच C</p> <p>URINE TEST मूत्र जांच D</p> <p>BLOOD TEST खून जांच E</p> <p>OTHER अन्य (.....)..... F</p> <p>DK मालूम नहीं Y</p>

205.	<p>In your opinion where should a pregnant woman deliver her child?</p> <p>आपकी राय में एक गर्भवती महिला को अपने बच्चे को कहां जन्म देना चाहिए?</p>	<p>HOSPITAL/INSTITUTION अस्पताल / संस्था... I → 207</p> <p>HOME घर 2</p> <p>DK मालूम नहीं 8</p> <p>OTHERS अन्य (.....)..... 9</p>
206.	<p>What are the reasons for not suggesting a hospital or institution for delivery?</p> <p>प्रसव हेतु एक संस्था या अस्पताल का सुझाव न देने का क्या कारण है?</p> <p style="text-align: center;">Any other? कोई अन्य ?</p>	<p>DISTANCE दूरी A</p> <p>NO TRANSPORTATION FACILITY यातायात साधन की सुविधा नहीं B</p> <p>POOR SERVICES खराब सेवाएं C</p> <p>VERY EXPENSIVE अधिक खर्चीला D</p> <p>DELIVERY COULD BE CONDUCTED WITH THE HELP OF DOCTOR/ NURSE / ANM AT HOME प्रसव डाक्टर / नर्स / एएनएम की सहायता से घर पर किया जा सकता है E</p> <p>WILL GO TO HEALTH FACILITY IN CASE OF COMPLICATIONS खतरे के समय स्वास्थ्य केन्द्र पर जाएंगे F</p> <p>COMMON PRACTICE OF VILLAGERS सामान्यता गांव में ऐसा होता है G</p> <p>FEAR OF STERILIZATION नसबन्दी के डर से H</p> <p>OTHERS अन्य (.....)..... X</p>
207.	<p>In your opinion who should conduct the delivery?</p> <p>आपकी राय में प्रसव किससे कराना चाहिए?</p>	<p>DOCTOR डाक्टर 1</p> <p>NURSE/ANM नर्स / एएनएम 2</p> <p>DAI दाई 3</p> <p>FRIENDS/RELATIVES दोस्त / रिश्तेदार 4</p> <p>OTHERS अन्य (.....)..... 9</p>
208.	<p>Has your daughter-in-law ever given births / currently pregnant?</p> <p>क्या आपकी बहु ने कभी बच्चे को जन्म दिया है या वर्तमान में वो गर्भवती है?</p>	<p>YES हाँ, 1</p> <p>NO नहीं 2 → 218</p>
209.	<p>When was her last delivery?</p> <p>उसका आखिरी प्रसव कब हुआ था?</p>	<p>MONTH महीना <input type="text"/> <input type="text"/></p> <p>YEAR वर्ष <input type="text"/> <input type="text"/></p> <p>FIRST PREGNANCY/पहली गर्भावस्था 99 → 218</p>
210.	<p>CHECK Q209 प्र. 209 जांचिए</p> <p>BIRTHS SINCE "1 JANUARY 2004"</p> <p>जनवरी 2004 के बाद का जन्म</p> <p>NO BIRTHS SINCE "1 JANUARY 2004"</p> <p>1 जनवरी 2004 से कोई जन्म नहीं</p>	<p>1 जनवरी 2004 के बाद का जन्म <input type="checkbox"/> CONTINUE</p> <p>1 जनवरी 2004 से कोई जन्म नहीं <input type="checkbox"/> GO TO 218</p>

211.	<p>Did she get antenatal check-up, when she was pregnant with last child?</p> <p>जब वह आखिरी बार गर्भवती थी ,तब क्या उसकी प्रसव पूर्व जांच हुई थी?</p>	<p>YES हां 1</p> <p>NO नहीं 2 → 215</p> <p>DK मालूम नहीं 8 → 215</p>
212.	<p>In which month of pregnancy she had her first antenatal check-up?</p> <p>गर्भावस्था के किस महीने में उसकी पहली प्रसव पूर्व जांच करवाई थी?</p>	<p>MONTHS OF PREGNANCY</p> <p>गर्भावस्था का महीना <input type="checkbox"/></p> <p>DK मालूम नहीं8</p>
213.	<p>How many antenatal check-ups did she have?</p> <p>उसने कितनी बार प्रसव पूर्व जांच करवाई?</p>	<p>NUMBER OF ANC</p> <p>प्रसवपूर्व जांच की संख्या <input type="checkbox"/></p> <p>DK मालूम नहीं 98</p>
214.	<p>Did you or any other household member accompany her during any of the antenatal care visits?</p> <p>क्या आप या आपके घर का कोई सदस्य प्रसव पूर्व देखभाल के दौरान उसके साथ गया था?</p>	<p>YES, SELF हां स्वयं 1</p> <p>YES, OTHER MEMBER हां . अन्य सदस्य2</p> <p>NO नहीं3</p> <p>DK मालूम नहीं 8</p>
215.	<p>Where did your daughter-in-law deliver her last child?</p> <p>आपकी बहु का आखिरी प्रसव कहां हुआ था?</p>	<p>HOSPITAL/INSTITUTION</p> <p>अस्पताल / संस्था..... 1 → 217</p> <p>HER HOME उसका घर.....2</p> <p>OWN/OUR HOME हमारे घर.....3</p> <p>OTHERS अन्य ()9</p>
216.	<p>Why she did not deliver the child in a health facility?</p> <p>उसने किसी स्वास्थ्य सुविधा में अपने बच्चे को जन्म क्यों नहीं दिया?</p>	<p>1.....</p> <p>2.....</p> <p>3.....</p>
217.	<p>Who attended/conducted the delivery?</p> <p>किसने प्रसव करवाया था?</p>	<p>DOCTOR डाक्टर 1</p> <p>NURSE/ANM नर्स / एएनएम.....2</p> <p>DAI दाई3</p> <p>FRIENDS/RELATIVES दोस्त / रिश्तेदार 4</p> <p>OTHERS अन्य () 9</p>

QUESTIONS 218 TO 236

We were discussing issues related to care during pregnancy and child care with many persons. In this regard, I will read some statements made by them, and you may tell us whether you agree or disagree with them. There are no correct or wrong answers. We are interested in your opinion only.

हम लोग अभी गर्भावस्था के दौरान व शिशु स्वास्थ्य सेवाओं से सम्बंधित चर्चा कर रहे थे, अब मैं इस संबंध में कुछ वक्तव्य पढ़ूंगी और आपको बताना है कि क्या आप उससे सहमत है या नहीं। कोई भी जवाब गलत या सही नहीं है। हमें केवल आपकी राय में रुचि है।

		AGREE सहमत	DIS- AGREE असहमत	DK/ CAN'T SAY मालूम नहीं / कह नहीं सकते	
218.	Preganant women need special care and attention गर्भवती महिला को विशेष ध्यान व देखभाल की आवश्यकता होती है।	1	2	3	
219.	During pregnancy, the women should eat more quantity of food than she used to have otherwise सामान्य दिनों की अपेक्षा गर्भावस्था के दौरान ज्यादा मात्रा में भोजन खाना चाहिए	1	2	3	
220.	Pregnant women should be allowed to take more rest, than usual गर्भवती महिला को सामान्य की अपेक्षा ज्यादा आराम करने देना चाहियें।	1	2	3	
221.	Pregnant women should not be allowed to do tough jobs गर्भवती महिला को भारी काम नहीं करने देना चाहिए।	1	2	3	
222.	Pregnant women should be provided with additional nutrition गर्भवती महिला को अतिरिक्त पौष्टिक आहार देना चाहिए।	1	2	3	
223.	Pregnant women should be told about the signs of pregnancy complications गर्भवती महिला को प्रसव सम्बन्धी जटिलताओं के लक्षण बताने चाहिए।	1	2	3	
224.	Pregnant women should be told about delivery preparations गर्भवती महिला को प्रसव की तैयारी के बारे में बताना चाहिए।	1	2	3	
225.	Pregnant women's family should identify a skilled person to be called for conducting delivery, if it happens at home यदि प्रसव घर पर होना हो तो गर्भवती महिला के परिवार को निपूण व्यक्ति को प्रसव हेतु पहचान करके रखनी चाहिए।	1	2	3	

226.	A woman need to have a postnatal check-up at a health facility after she delivers her baby एक गर्भवती महिला को प्रसव पश्चात स्वास्थ्य केन्द्र पर जांच की आवश्यकता होती है।	1	2	3	
227.	Pregnant women be adviced on newborn care गर्भवती महिला को नवजात शिशु की देखभाल की सलाह देनी चाहिए।	1	2	3	
228.	Pregnant women be adviced on breastfeeding गर्भवती महिला को स्तनपान की सलाह देनी चाहिए।	1	2	3	
229.	Pregnant women be informed about child immunization गर्भवती महिला को बच्चे के टीकाकरण की सूचना दी जानी चाहिए।	1	2	3	
230.	The family that has all girls should keep having children until they have at least one boy ऐसा परिवार जिसमें सभी लडकियां है उसमें तब तक बच्चे होने चाहिए जब तक कम से कम एक लडका न हो जाए।	1	2	3	
231.	Family planning improves the standard of living of the family परिवार नियोजन से परिवार के रहन सहन में सुधार होता है।	1	2	3	
232.	The majority of people who use family planning methods are rich जो लोग परिवार नियोजन साधनो का प्रयोग करते है उनमें से ज्यादातर सम्पन्न हैं।	1	2	3	
233.	Religion is against a woman using family planning methods धर्म उस महिला के विरुद्ध है जो परिवार नियोजन साधनों का उपयोग करती है।	1	2	3	
234.	I discourage any use of contraception to prevent or delay pregnancy गर्भधारण को रोकने या टालने के लिए मैं गर्भनिरोधक के उपयोग हेतु हतोत्साहित करुगी।	1	2	3	
235.	Contraceptives have dangerous side-effects गर्भनिरोधक साधनो के भयानक दुष्प्रभाव हैं	1	2	3	

BREAST FEEDING स्तनपान		
236.	<p>In your opinion, how long after birth child be put to the breast for first time?</p> <p>आपकी राय में बच्चे को जन्म के कितनी देर बाद पहली बार स्तनपान कराना चाहिए?</p>	<p>IMMEDIATELY, WITHIN ONE HOUR OF BIRTH</p> <p>तुरन्त जन्म के एक घंटे के अन्दर..... 000</p> <p>HOURS घंटे 1</p> <p>DAYS दिन 2 <input type="text"/> <input type="text"/></p>
237.	<p>Till what age a child to be given only breastmilk and nothing else – not even water?</p> <p>कितनी उम्र तक बच्चे को केवल मां का दूध देना चाहिए और कुछ भी नहीं, यहां तक की पानी भी नहीं देना चाहिए ?</p>	<p>IN MONTHS महीनों में <input type="text"/> <input type="text"/></p>
238.	<p>At what age a child can start receiving supplements/mushy food?</p> <p>किस उम्र से बच्चे को पूरक/मसला हुआ भोजन देना चाहिए?</p>	<p>IN MONTHS महीनों में..... <input type="text"/> <input type="text"/></p>
239.	<p>Do you think the first breastmilk protects child from getting diseases?</p> <p>क्या आप सोचती हैं कि मां का पहला दूध बच्चे को बीमारियों से बचाता है?</p>	<p>YES हां..... 1</p> <p>NO नहीं 2</p> <p>DK मालूम नहीं 8</p>
240.	<p>Do you think, a lactating mother needs more nutritious food than other women?</p> <p>क्या आप सोचती हैं कि अन्य महिला की तुलना में धात्री (दूध पिलाने वाली) माता को पोषक भोजन की अधिक आवश्यकता होती है?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>
241.	<p>What are the common danger signs to baby during first one month of life?</p> <p>एक बच्चे के जीवन के पहले महीने के दौरान सामान्यता क्या खतरे के लक्षण होते हैं?</p> <p style="text-align: center;">Any other? कोई अन्य?</p>	<p>BREATHING DIFFICULTY</p> <p>सांस लेने में परेशानी A</p> <p>PALE BLUE/YELLOW COMPLEXION</p> <p>शरीर का नीला या पीला पडना B</p> <p>DIFFICULTY IN SUCKING</p> <p>चूसने में परेशानी C</p> <p>HIGH FEVER तेज बुखार D</p> <p>PNEUMONIA निमोनिया E</p> <p>RAPID BREATHING तेज सांस चलना.....F</p> <p>BLEEDING FROM CORD/NAVAL</p> <p>नाल/नाभि से खून आना G</p> <p>DOESN'T PASS URINE पेशाब न होना.....H</p> <p>OTHER अन्य (.....).....X</p> <p>DK मालूम नहीं Y</p>

SECTION 3: MEDIA EXPOSURE AND INTER PERSONAL COMMUNICATION

भाग 3: संचार माध्यम और अन्तर्वैयक्तिक संप्रेषण

301.	<p>On an average, in a week, how many days do you listen the radio? औसतन, एक सप्ताह में, आप कितने दिन रेडियो सुनती हैं?</p>	<p>DAYS दिन <input type="checkbox"/></p> <p>IRREGULAR अनियमितता..... 8</p> <p style="text-align: right;">If '0' go to Q306</p>	
302.	<p>When did you listen to the radio? आप रेडियो किस समय सुनती है?</p> <p>Any other? कोई अन्य ?</p>	<p>05 AM – 06 AM..... A</p> <p>06 AM – 07 AM..... B</p> <p>07 AM – 08 AM..... C</p> <p>08 AM – 09 AM.....D</p> <p>09 AM – 10 AM..... E</p> <p>10 AM – 11 AM..... F</p> <p>11 AM – 12 PM..... G</p> <p>12 PM – 01 PM..... H</p> <p>01 PM – 02 PM..... I</p>	<p>02 PM – 03 PM..... J</p> <p>03 PM – 04 PM..... K</p> <p>04 PM – 05PM..... L</p> <p>05 PM – 06 PM..... M</p> <p>06 PM – 07 PM..... N</p> <p>07 PM – 08 PM..... O</p> <p>08 PM – 09 PM..... P</p> <p>09 PM – 10 PM..... Q</p> <p>OTHER..... X</p>
303.	<p>What chanel on the radio do you listen to? आप रेडियो पर कौन से चैनल सुनती है?</p>	<p>ALL INDIA RADIO, REGIONAL A आल इंडिया रेडियो, क्षेत्रीय</p> <p>ALL INDIA RADIO, NATIONAL..... B आल इंडिया रेडियो, राष्ट्रीय</p> <p>FM RADIO..... C एफ एम रेडियो,</p> <p>OTHER अन्य (.....)..... X</p> <p>DK मालूम नहीं Y</p>	
304.	<p>What type of programs you generally listen to? समान्तया आप किस तरह के कार्यक्रम सुनती है?</p>	<p>NEWS समाचार..... A</p> <p>DRAMA नाटक B</p> <p>SONGS गाने C</p> <p>CRICKET क्रिकेट D</p> <p>OTHER SPORTS अन्य खेल..... E</p> <p>OTHER 1 अन्य 1 X</p> <p>OTHER 2 अन्य 2 Y</p>	
305.	<p>Did you listen to the radio yesterday? क्या आपने कल रेडियो सुना था?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>	

306.	<p>On an average, in a week, how many days do you watch TV?</p> <p>औसतन एक सप्ताह में, आप कितने दिन टेलिविजन देखती हैं?</p>	<p>DAYS दिन <input type="checkbox"/></p> <p>IRREGULAR अनियमितता..... 8</p> <p style="text-align: right;">If '0' go to Q306</p>	
307.	<p>When did you watch TV?</p> <p>आप टी वी किस समय देखती है?</p> <p>Any other? कोई अन्य ?</p>	<p>05 AM – 06 AM..... A</p> <p>06 AM – 07 AM..... B</p> <p>07 AM – 08 AM..... C</p> <p>08 AM – 09 AM.....D</p> <p>09 AM – 10 AM..... E</p> <p>10 AM – 11 AM..... F</p> <p>11 AM – 12 PM..... G</p> <p>12 PM – 01 PM..... H</p> <p>01 PM – 02 PM..... I</p>	<p>02 PM – 03 PM..... J</p> <p>03 PM – 04 PM..... K</p> <p>04 PM – 05PM..... L</p> <p>05 PM – 06 PM..... M</p> <p>06 PM – 07 PM..... N</p> <p>07 PM – 08 PM..... O</p> <p>08 PM – 09 PM..... P</p> <p>09 PM – 10 PM..... Q</p> <p>OTHER..... X</p>
308.	<p>What are the 3 TV chanel you watch mostly?</p> <p>आप कौन से 3 टी वी चैनल ज्यादातर देखती है?</p>	<p>1.</p> <p>2.</p> <p>3.</p>	
309.	<p>Where do you watch TV, generally?</p> <p>आप सामान्यतया टी वी कहां देखती है?</p>	<p>OWN HOME अपने घर में 1</p> <p>NEIGHBOR'S HOME पड़ोसी के घर में..... 2</p> <p>FRIEND'S/RELATIVES house 3 दोस्त/रिश्तेदार के घर में</p> <p>WORK PLACE कार्यस्थल पर 4</p> <p>COMMUNITY TV सामुदायिक टी वी 5</p> <p>OTHER अन्य(.....)..... 9</p>	
310.	<p>What type of programs you generally watch in TV?</p> <p>किस प्रकार के कार्यक्रम आप सामान्यतया टी वी पर देखती है?</p>	<p>NEWS समाचार A</p> <p>SERIAL सिरियल B</p> <p>CINEMA सिनेमा C</p> <p>SONGS गाने D</p> <p>CRICKET क्रिकेट E</p> <p>OTHER SPORTS अन्य खेल F</p> <p>OTHER (अन्य (.....))..... X</p>	
311.	<p>Did you watch the television yesterday?</p> <p>क्या आपने कल टेलीविजन देखा था?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>	

312.	<p>On an average, in a year, how many times do you go to a cinema theater to watch a cinema?</p> <p>औसतन एक वर्ष में आप कितनी बार सिनेमाघर में सिनेमा देखने जाती हैं?</p>	<p>TIMES कितनी बार..... <input type="text"/> <input type="text"/></p> <p>IRREGULAR अनियमितता 88</p>
313.	<p>Have you seen any street plays/drama/skits during past 6 months?</p> <p>If 'NO', what are the reasons for not watching them? any other?</p> <p>क्या आपने पिछले 6 महीनों में कोई नुक्कड़/नाटक/परिहास देखा है? यदि नहीं तो उसको नहीं देखने का कारण क्या है?</p> <p>कोई अन्य?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p> <p>REASON FOR NOT WATCHING नहीं देखने के कारण</p> <p>NOT INTERESTED. रुचि नहीं है..... A</p> <p>NO TIME समय नहीं है B</p> <p>TIMINGS NOT SUITABLE</p> <p>नाटक का समय उचित नहीं है C</p> <p>FAMILY DID NOT ALLOW</p> <p>परिवार ने इजाजत नहीं दी D</p> <p>OTHER अन्य (.....)..... X</p>
314.	<p>Have you heard or seen any reproductive health or family planning messages during past 3 months?</p> <p>क्या आपने पिछले तीन महीनों में कोई परिवार नियोजन/प्रजनन स्वास्थ्य संबंधी संदेश सुना या देखा है?</p>	<p>YES हां 1</p> <p>NO नहीं 2 → 317</p>
315.	<p>Is the message you have heard or seen acceptable to you?</p> <p>जो संदेश आपने सुने व देखे हैं, क्या आप उनसे सहमत हैं?</p>	<p>YES हां 1</p> <p>NO नहीं 2 → 317</p>
316.	<p>Why do you think the messages are not acceptable to you?</p> <p>आप क्यों सोचती हैं कि संदेश स्वीकार करने योग्य नहीं हैं?</p>	<p>AGAINST RELIGION धर्म के विपरीत A</p> <p>AGAINST CULTURE संस्कृति के विपरीत B</p> <p>NO ADEQUATE SUPPLY/SERVICE पर्याप्त उपलब्धता न होना/सुविधाएं C</p> <p>NOT GOOD FOR CHILDREN बच्चे के लिए अच्छा नहीं D</p> <p>OTHER अन्य (.....)..... X</p>
317.	<p>If you know of a radio/TV program that gives information on reproductive and child health, will you find time to listen/watch them?</p> <p>यदि आपको रेडियो/टी.वी. कार्यक्रम जो कि प्रजनन के बारे में पता हो तो क्या आप उसे सुनने/देखने का समय निकाल पाएंगी?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>

318.	<p>If you know about a radio/TV program giving information on reproductive and child health, will you advise others to listen/watch?</p> <p>यदि आपको रेडियो/टीवी कार्यक्रम जो कि प्रजनन और बच्चे के स्वास्थ्य के बारे में जानकारी के बारे में हो तो क्या आप उसे सुनने/देखने के लिए दूसरों को सलाह देंगी?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>
319.	<p>If you know of a program such as drama/ street play giving information about health and family planning in you village, will you watch them? IF YES, always or sometimes?</p> <p>यदि आपकी जानकारी में कोई कार्यक्रम जैसे नाटक/नुक्कड़ 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?</p>	<p>YES, ALWAYS हां, हमेशा 1</p> <p>YES, SOME TIMES हां, कभी-कभी 2</p> <p>NO नहीं 3</p>
320.	<p>In your opinion, what is the ideal medium to which health or family planning messages/ programs can be given?</p> <p>आपकी राय में स्वास्थ्य व परिवार नियोजन के संदेश/कार्यक्रम प्रसारित करने हेतु सबसे अच्छा व आदर्श साधन कौनसा है?</p>	<p>RADIO रेडियो 01</p> <p>TELEVISION टीवी 02</p> <p>NEWSPAPER/MAGAZINE समाचार पत्र/मैगजिन 03</p> <p>LEAFLET/HANDOUTS प्रपत्र/संदर्भ पत्र 04</p> <p>HOARDINGS होर्डिस 05</p> <p>POSTERS पोस्टर्स 06</p> <p>IPC आई. पी. सी (आपसी बातचीत) 07</p> <p>PLAY/DRAMA/NUKKAD NATAK08 नुक्कड़ नाटक/ड्रामा</p> <p>OTHERS अन्य (.....)..... 99</p> <p>DK मालूम नहीं 98</p>

INTERPERSONAL COMMUNICATION अन्तर्व्यक्तिक संप्रेषण		
321.	<p>During the last three months, has a health worker visited your home?</p> <p>क्या पिछले 3 महीनों के दौरान कोई स्वास्थ्य या परिवार नियोजन कार्यकर्ता आपके घर आया?</p>	<p>YES हां 1</p> <p>NO नहीं 2 → 317</p>
322.	<p>How many times did the health worker visit your home in the last 3 months?</p> <p>पिछले 3 महीनों में कार्यकर्ता आपसे मिलने के लिए कितनी बार आया?</p>	<p>NUMBER संख्या <input type="text"/> <input type="text"/></p>

323.	<p>When was the last time a health worker visited your home?</p> <p>आखिरी बार स्वास्थ्य कार्यकर्ता आपके घर कब आया था?</p> <p>If less than 1 month record "00"</p> <p>अगर 1 माह से कम है तो "00" रिकार्ड करें</p>	<p>MONTHS महीने</p> <p>NEVER VISITED नहीं आये 97 → 328</p> <p>DON'T REMEMBER याद नहीं 98 → 328</p>
324.	<p>Who visited your home at that time?</p> <p>उस समय आपसे मिलने के लिए कौन आया था?</p>	<p>PUBLIC SECTOR WORKER सामाजिक क्षेत्र कार्यकर्ता</p> <p>GOVT. DOCTOR सरकारी डाक्टर 11</p> <p>GOVT. NURSE 12 सामाजिक स्वास्थ्य नर्स</p> <p>ANM/LHV एएनएम/एलएचवी 13</p> <p>MALE MPW/ SUPERVISOR 14 पुरुष कार्यकर्ता/सुपरवाइज़र</p> <p>ANGANWADI WORKER आंगनवाड़ी कार्यकर्ता 15</p> <p>VILLAGE HEALTH GUIDE 16 गांव के स्वास्थ्य गाइड</p> <p>ASHA WORKER आशा कार्यकर्ता 17</p> <p>OTHER PUB. SEC. HEALTH WORKERS 18 अन्य सरकारी स्वास्थ्य क्षेत्र के कार्यकर्ता</p> <p>NGO SECTOR गैर सरकारी संस्थान क्षेत्र</p> <p>NGO DOCTOR गैर सरकारी संस्थान डाक्टर 21</p> <p>NGO WORKER गैर सरकारी संस्थान कार्यकर्ता .. 22</p> <p>PRIVATE SECTOR WORKER निजी क्षेत्र कार्यकर्ता</p> <p>PRIVATE DOCTOR निजी डाक्टर 31</p> <p>PRIVATE NURSE निजी नर्स 32</p> <p>COMPOUNDER कंपाउंडर 33</p> <p>TRADITIONAL HEALER पारंपरिक वैद्य 34</p> <p>DAI दाई 35</p> <p>OTHER PRIVATE SECTOR HEALTH WORKER 36 अन्य निजी क्षेत्र के कार्यकर्ता</p> <p>OTHER अन्य (.....) 99</p>

<p>325.</p>	<p>What type of services did you or any other member of your household receive during this visit?</p> <p>स्वास्थ्य कार्यकर्ता के आने पर आपने/आपके परिवार के सदस्यों ने किस प्रकार की सेवायें ली थीं?</p> <p>Any other service? और कोई सेवा?</p>	<p>PILL SUPPLY गर्भनिरोधक गोलियों की पूर्ति A</p> <p>CONDOM SUPPLY निरोध आपूर्ति B</p> <p>FOLLOW UP FOR STERILIZATION C नसबन्दी के उपरान्त सेवा</p> <p>FOLLOW UP FOR IUD INSERTION D आईयूडी लगवाने के उपरान्त सेवा</p> <p>FAMILY PLANNING ADVICE/ COUNSELING E परिवार नियोजन की सलाह</p> <p>OTHER FAMILY PLANNING SERVICES F अन्य परिवार नियोजन सुविधाएं</p> <p>CHILD Immunization बच्चों का टीकाकरण.... G</p> <p>ANTENATAL CARE प्रसवपूर्व देखभाल H</p> <p>IFA TABLETS आईएफए गोलियां I</p> <p>TT INJECTION टीटी इंजेक्शन J</p> <p>DELIVERY CARE प्रसव देखभाल K</p> <p>POSTPARTUM CARE प्रसव पश्चात् देखभाल L</p> <p>DISEASE PREVENTION रोगों का निवारण M</p> <p>MEDICAL TREATMENT FOR SELF N स्वयं के लिए चिकित्सा उपचार</p> <p>TREATMENT FOR SICK CHILD..... O बीमार बच्चों का उपचार</p> <p>TREATMENT FOR OTHER PERSON P अन्य व्यक्ति का उपचार</p> <p>POLIO IMMUNIZATION पोलियो टीकाकरणQ</p> <p>OTHER अन्य (_____) X</p>
<p>326.</p>	<p>Did the health worker spend enough time with you?</p> <p>क्या स्वास्थ्य कार्यकर्ता ने आपके साथ पर्याप्त समय बिताया?</p>	<p>YES हां 1</p> <p>NO नहीं 2</p>
<p>327.</p>	<p>Are you satisfied or somewhat satisfied or not satisfied with the service(s) provided by the health worker?</p> <p>क्या आप स्वास्थ्य कार्यकर्ता द्वारा दी जाने वाली सेवाओं से संतुष्ट हैं या कुछ संतुष्ट या बिल्कुल भी संतुष्ट नहीं हैं?</p>	<p>SATISFIED संतुष्ट 1</p> <p>SOMEWHAT SATISFIED कुछ हद तक संतुष्ट ... 2</p> <p>NOT SATISFIED बिल्कुल संतुष्ट नहीं 3</p>

328.	<p>If I come back to you after a few months to ask a set of questions relating to health, would you be willing to spare your time and share information?</p> <p>यदि मैं स्वास्थ्य संबंधित सवालों को पूछने कुछ महीनों बाद आपके पास वापस आती हूँ तो क्या आप अपना थोड़ा सा समय निकालकर जानकारियां देना चाहेंगी ?</p>	<p>YES हाँ 1</p> <p>NO नहीं 2</p>
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THANK YOU
धन्यवाद

MASS MEDIA EXPOSURE

The United Nations Conference on Environment and Development, or the “Earth Summit” in 1992 at Rio de Janeiro, called for “raising awareness”, “promoting public education and participation”, “empowering communities” and “promoting participation in decision-making” ... through existing national mass media, generating discussion at all levels. The International Conference on Population and Development (ICPD) Program of Action two years later also

encouraged a special cooperative relationship with the media and its alliances in shaping public opinion and behavioral patterns. The Fourth World Conference on Women held in 1995 identified the mass media as an important means for promoting the advancement of women and the equality between women and men.

In Uttar Pradesh, more than 80 percent of the women above the age of 40 years are illiterate and many who are literate have very little formal

education. Thus informal channels such as mass media have an important role to play in generating awareness regarding the health of women and children among this group.

5.1 EXPOSURE TO MASS MEDIA

Mothers-in-law were asked whether they listen to radio at least once a week, watch television, and whether they visit the cinema. Table 5.1 provides the responses to the media exposure questions by area and place of residence.

TABLE 5.1: EXPOSURE TO MASS MEDIA

Percentage of mothers-in-law who are exposed to media by type of media, according to area and place of residence, Uttar Pradesh, 2006

Place of Residence	Percent of mothers-in-law who:					Number of Mothers-in-Law
	Listen to Radio at Least Once a Week	Watch Television at Least Once a Week	Go to Cinema Theatre to Watch Cinema at Least Once in a Year	Exposed to any of These	Not Exposed	
Project Districts						
Urban	5.4	28.6	4.6	31.2	68.8	172
Rural	4.5	6.7	1.7	10.1	89.9	727
Total	4.7	10.9	2.3	14.1	85.9	899
Non-Project Districts						
Urban						
Rural	4.9	25.0	2.4	27.3	72.7	133
Total	4.8	6.7	3.1	11.1	88.9	758
All Areas						
Urban	5.2	27.0	3.6	29.5	70.5	305
Rural	4.6	6.7	2.4	10.6	89.4	1,485
Total	4.7	10.2	2.6	13.8	86.2	1,790

In Uttar Pradesh, 86 percent of the mothers-in-law are not regularly exposed to any media. As expected, the percentage not regularly exposed to media is higher in the rural areas but there is not much variation between project and non project districts. Slightly more than a quarter (27 percent) of the mothers-in-law in the urban areas are exposed to television, which is also very low.

5.1.1 Frequency of Listening/Watching Radio/Television

Among those who have been exposed to the media, around 95 percent said they listen to radio on an irregular basis and only three percent listen everyday. One-fifth of the mothers-in-law watch television every day in the urban areas compared to only four percent in rural areas (Table 5.2).

A higher proportion of mothers-in-law reported listening to radio (4 percent) in the urban areas of project districts but on the other hand, the regular exposure to radio is more in rural areas in the non-project districts. Daily exposure to television is higher in project districts in both rural and urban setups compared to non-project districts.

5.2 EXPOSURE TO RADIO

5.2.1 Radio Listening Timings

A very low proportion of mothers-in-law (5 percent) reported listening to the radio. The most popular timing is found to be morning 11 am to 12 noon, and in the evening between 7:00 am to 9:00 pm (Table 5.3). A higher proportion of mothers-in-law from non-project districts prefer to listen to radio during noon (11 am to 12 noon)

as well as in the afternoon/evening (4:00 to 9:00 pm).

On the other hand mothers-in-law from the project areas while preferring almost the same timings also listen more to late hours than those from non-project districts.

5.2.2 Channels and Programs on Radio

The importance of knowing the particular channels which are most commonly listened to, is strategically important from the program point of view. This helps address issues like the particular channel, timing and program for airing the messages so that they will reach the maximum audience.

Table 5.4 presents the percentage of mothers-in-law by type of channel and program they listen on the radio by area and place of residence.

TABLE 5.2: LISTENING/WATCHING RADIO/TELEVISION ACCORDING TO NUMBER OF DAYS

Place of Residence	Number of Days Listened to Radio during a Week				Number of Days Watched TV in a Week				Total Percent	Listened Radio Yesterday	Watched TV Yesterday	Number of MILs
	None/Irregular	1-2	3-6	All Days	None/Irregular	1-2	3-6	All days				
Project Districts												
Urban	94.6	0.3	0.7	4.4	71.3	0.2	6.9	21.6	100.0	6.3	34.3	171
Rural	95.5	0.6	1.4	2.5	93.3	0.5	2.2	4.0	100.0	4.9	7.0	727
Total	95.3	0.5	1.3	2.9	89.1	0.5	3.1	7.3	100.0	5.2	12.2	898
Non-Project Districts												
Urban	95.1	0.7	2.4	1.8	75.0	1.4	4.7	18.9	100.0	6.1	29.4	133
Rural	95.2	0.4	1.1	3.3	93.3	1.1	2.3	3.3	100.0	7.8	10.3	758
Total	95.2	0.4	1.3	3.1	90.6	1.1	2.7	5.7	100.0	7.6	13.2	892
All Areas												
Urban	94.8	0.5	1.5	3.3	72.9	0.7	5.9	20.4	100.0	6.3	32.2	305
Rural	95.4	0.5	1.3	2.9	93.3	0.8	2.3	3.6	100.0	6.4	8.7	1,485
Total	95.3	0.5	1.3	3.0	89.8	0.8	2.9	6.5	100.0	6.4	12.7	1,790

TABLE 5.3: RADIO LISTENING TIMINGS

Percentage of mothers-in-law who use to listen radio by timings, Uttar Pradesh, 2006	
Timings	Total
Morning	
05-06 am	2.0
06-07 am	7.0
07-08 am	12.7
08-09 am	7.7
09-10 am	9.6
10-11 am	15.9
11-12 noon	25.1
Afternoon	
12-01 pm	16.4
01-02 pm	14.9
02-03 pm	14.7
03-04 pm	4.6
04-05 pm	16.0
05-06 pm	11.3
06-07 pm	15.8
07-08 pm	17.7
08-09 pm	18.4
09-10 pm	12.5
Number of mothers-in-law	85

Note: Total percent may add to more than 100.0 because of multiple responses. Insufficient responses to show figures separately for urban and rural areas.

TABLE 5.4: CHANNELS AND PROGRAMS HEARD ON RADIO

Percentage of mothers-in-law by type of channels and programs heard on radio, Uttar Pradesh, 2006	
Item	Total
Radio channels heard	
All India radio (regional)	29.1
All India radio (national)	31.7
FM radio	48.9
Other	6.0
Don't know	7.5
Type of programs heard	
News	53.1
Drama	40.6
Songs	81.3
Cricket	0.4
Other sports	0.0
Other	4.2
Number of mothers-in-law	85

Note: ¹Total percent may add to more than 100.0 because of multiple responses. Insufficient responses to show figures separately for urban and rural areas.

Around 49 percent of the mothers-in-law exposed to radio reported they usually listen to FM radio more than any other channel followed by All India Radio-national (32 percent) and All India Radio regional language programs (29 percent). As expected, more mothers-in-law reported listening to songs, as eight out of ten women reported that they only listen to songs on the radio. There is almost no variation by area and place of residence.

5.3 EXPOSURE TO TELEVISION

5.3.1 Television Watching Timings

Only two out of every ten mothers-in-law are regularly exposed to television in Uttar Pradesh (Table 5.5). Most of those who have exposure are from urban areas. Similar to the timings that emerged in the earlier section on radio exposure, most of these women reported watching television between 11:00 am to 3:00 pm hours and again between 7:00 to 10:00 pm hours in the evening. The timings in rural-urban and project-non-project districts are almost identical.

5.3.2 Place, Channels and Programs on Television

Table 5.6 shows that majority of those who watch television generally do it at home (97 percent). Most of the mothers-in-law reported watching the national channel – Doordarshan (75 percent) followed by Star Plus (26 percent). As expected, the majority of the mothers-in-law from the rural areas watch the national channels, while the channels which come under the cable services are

TABLE 5.5: TV WATCHING TIMINGS

Percentage of mothers-in-law who watch television by timings, according to area and place of residence, Uttar Pradesh, 2006

Timings	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Morning									
05-06 am	3.7	2.4	3.0	3.7	0.0	1.5	3.7	1.2	2.3
06-07 am	6.3	4.3	5.3	5.8	13.0	10.1	6.1	8.7	7.5
07-08 am	2.8	5.6	4.2	7.0	7.0	7.0	4.5	6.3	5.5
08-09 am	4.8	4.9	4.9	6.1	13.3	10.5	5.4	9.2	7.5
09-10 am	7.7	19.2	13.5	6.0	2.7	4.0	7.0	10.8	9.1
10-11 am	5.3	16.2	10.7	8.7	12.0	10.7	6.7	14.0	10.7
11-12 noon	20.1	15.0	17.5	18.5	33.5	27.6	19.5	24.4	22.2
Afternoon									
12-01 pm	35.1	22.5	28.8	33.9	21.6	26.5	34.6	22.0	27.7
01-02 pm	27.7	21.5	24.6	21.5	9.0	13.9	25.2	15.1	19.7
02-03 pm	12.1	17.5	14.8	15.0	28.8	23.3	13.2	23.2	18.7
03-04 pm	10.1	2.4	6.2	7.3	7.5	7.4	9.0	5.0	6.8
04-05 pm	4.3	2.3	3.3	10.6	11.6	11.2	6.9	7.0	6.9
05-06 pm	3.0	7.3	5.1	5.0	4.8	4.9	3.8	6.0	5.0
06-07 pm	7.6	4.5	6.1	13.0	10.8	11.7	9.8	7.7	8.7
07-08 pm	34.7	20.5	27.6	28.1	29.1	28.7	32.0	24.8	28.1
08-09 pm	42.5	37.1	39.8	45.0	25.4	33.2	43.5	31.1	36.7
09-10 pm	38.8	19.5	29.2	36.0	16.0	23.9	37.7	17.7	26.7
Other times	4.4	2.3	3.3	1.9	3.0	2.5	3.4	2.6	3.0
Number of mothers-in-law	49	49	98	33	51	84	82	100	182

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

commonly viewed by the urban respondents.

The most popular programs were the serials shown on most of the channels, with 85 percent watching them in both rural as well as urban areas. The second most popular program is cinema/movies (50 percent) followed by the news (43 percent).

5.4 EXPOSURE TO STREET PLAYS/DRAMAS/SKITS

Exposure to street plays, dramas, and skits is very low among the mothers-in-law (Table 5.7) in both urban and rural areas of all the districts. Merely six percent of all the mothers-in-law reported having

been exposed to this type of media, the main reason for not being exposed is simply lack of interest (43 percent). Around 10 percent of them reported that the timing of those shows did not suit their routine and they did not have time to attend those events.

5.5 REPRODUCTIVE AND FAMILY PLANNING MESSAGE ON MEDIA

Although mass media can be an important means of spreading health and family planning messages to the general population by airing programs and messages on different channels at various time slots, the main issue is to what extent these messages reach the people and

are understood and accepted. The acceptability of these messages is very important from the point of view of impact of the program on the population.

Table 5.8 presents the percent distribution of mothers-in-law who accept the family planning (FP) and reproductive health (RH) messages, would advise others to watch these messages, and consider the medium on which they appear to be ideal one for transmitting such messages.

Only a quarter of mothers-in-law reported to have heard or seen any RH and FP messages during the past three months prior to the survey,

TABLE 5.6: PLACE AND TYPE OF PROGRAM WATCHED ON TV

Percent of mothers-in-law by place of watching TV, number of channels watched and type of program, according to area and place of residence, Uttar Pradesh, 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Place generally watch TV									
Own home	99.2	97.9	98.5	97.7	92.4	94.5	98.6	95.1	96.7
Neighbor's home	0.8	2.1	1.5	2.3	7.6	5.5	1.4	4.9	3.3
TV channels¹									
Doordarshan	35.7	100.0	67.7	60.4	97.7	82.9	45.6	98.8	74.8
Star Plus	57.6	2.1	29.9	42.7	5.5	20.2	51.6	3.9	25.5
Sony Max	6.9	0.0	3.5	5.4	0.0	2.1	6.3	0.0	2.9
Discovery	8.2	2.1	5.2	6.5	0.0	2.6	7.5	1.0	4.0
Aaj Tak	15.0	0.0	7.5	9.0	2.3	5.0	12.6	1.2	6.3
Zee TV	15.3	0.0	7.7	19.2	5.5	10.9	16.8	2.8	9.2
Other	11.4	0.0	5.7	8.2	0.0	3.2	10.1	0.0	4.5
Type of programs watched¹									
News	53.4	28.2	40.8	46.1	46.0	46.1	50.5	37.3	43.2
Serial	90.2	85.9	88.0	85.4	80.2	82.2	88.3	83.0	85.4
Cinema	55.6	42.2	48.9	60.2	44.0	50.4	57.4	43.1	49.6
Songs	29.1	43.0	36.1	38.2	23.7	29.4	32.8	33.2	33.0
Cricket	3.8	2.7	3.3	0.9	0.0	0.4	2.7	1.3	1.9
Other sports	0.0	0.0	0.0	0.0	5.4	0.0	0.0	0.0	0.0
Other	5.5	0.0	2.8	1.0	0.0	3.6	3.7	2.7	3.2
Number of mothers-in-law¹	49	49	98	33	51	84	82	100	182

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

TABLE 5.7: EXPOSURE TO STREET PLAYS/DRAMAS/SKITS ETC.

Percent of mothers-in-law by exposure to street plays/dramas/skits during 6 months preceding the survey; and among those not seen reasons for not watching, according to area and place of residence, Uttar Pradesh, 2006

Item	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Seen street plays/dramas/skits									
Yes	6.1	6.9	6.7	3.4	4.4	4.3	4.9	5.6	5.5
No	93.9	93.1	93.3	96.6	95.6	95.7	95.1	94.4	94.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	171	727	898	133	758	892	305	1,485	1,790
Reasons for not seeing street plays/dramas/skits¹									
Not interested	48.2	43.2	44.2	46.5	41.0	41.8	47.4	42.1	43.0
No time	23.2	20.6	21.1	15.4	17.9	17.5	19.7	19.2	19.3
Timings not suitable	3.3	2.0	2.3	2.3	2.8	2.8	2.8	2.4	2.5
Family did not allow	9.9	8.9	9.1	15.3	10.7	11.4	12.3	9.8	10.3
Other	24.9	33.1	31.5	30.1	35.9	35.0	27.2	34.5	33.3
Number of mothers-in-law	161	677	838	129	728	857	290	1,405	1,695

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

TABLE 5.8: ACCEPTABILITY OF RH/FP MESSAGES ON MASS MEDIA

Percent distribution of mothers-in-law who accept/have opinion/inclined to advise with regard to family planning or reproductive health messages, according to area and place of residence, Uttar Pradesh 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Heard/seen any RH or FP messages during past 3 months									
Yes	40.9	25.7	28.6	34.0	18.0	20.4	37.9	21.7	24.5
No	59.1	74.3	71.4	66.0	82.0	79.6	62.1	78.3	75.5
RH and FP message is acceptable¹									
Yes	97.6	98.6	98.3	97.3	94.0	94.8	97.5	96.6	96.8
No	2.4	1.4	1.7	2.7	6.0	5.2	2.5	3.4	3.2
Will find time to listen/watch RH/FP messages if know about broadcast									
Yes	71.8	61.8	63.7	72.8	70.9	71.2	72.2	66.4	67.4
No	28.2	38.2	36.3	27.2	29.1	28.8	27.8	33.6	32.6
Advise others to listen/watch RH/FP messages									
Yes	77.8	64.0	66.7	75.3	71.4	72.0	76.7	67.8	69.3
No	22.2	36.0	33.3	24.7	28.6	28.0	23.3	32.2	30.7
Watch drama/street play if get opportunity									
Yes, Always	15.8	11.9	12.6	11.3	14.4	13.9	13.8	13.1	13.3
Yes, some times	43.0	53.7	51.7	46.7	49.5	49.1	44.6	51.6	50.4
No	41.2	34.4	35.7	42.1	36.1	37.0	41.6	35.3	36.4
Opinion about ideal media for RH/FP messages									
Radio	10.2	19.3	17.5	14.8	22.9	21.7	12.2	21.1	19.6
Television	62.6	33.7	39.2	62.0	41.5	44.6	62.4	37.7	41.9
Newspaper/magazine	0.9	0.7	0.7	1.2	0.0	0.2	1.0	0.3	0.4
Posters	0.6	0.8	0.8	0.2	0.4	0.3	0.4	0.6	0.6
IPC	8.0	20.2	17.9	7.9	7.2	7.3	8.0	13.6	12.6
Street play/Drama/Nukkad natak	7.0	3.7	4.3	1.9	6.5	5.8	4.8	5.1	5.1
Don't know	10.7	20.8	18.9	11.5	21.1	19.7	11.1	21.0	19.3
Other	0.0	1.0	0.8	0.4	0.3	0.4	0.2	0.7	0.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	171	727	898	133	758	892	305	1,485	1,790

¹Among those who have heard/seen any reproductive health or family planning messages during past 3 months

38 percent in urban areas compared to 22 percent in rural areas. The exposures to these messages are more in project districts than in non-project districts.

Universal acceptability of these messages is seen among the

mothers-in-law from both rural and urban areas. Another 67 percent reported that they will find the time to listen to/watch these messages if they know about the program, and 69 percent of them said they will advise others to listen to/watch these messages.

Regarding their opinion about the ideal medium for RH/FP messages, 42 percent of the mothers-in-law said television is the ideal medium to place these messages, followed by radio (20 percent). Television as an ideal medium of communication is reported more by the mothers-

TABLE 5.9: HEALTH WORKERS' VISIT AT HOME AND THEIR AFFILIATION

Percent of mothers-in-law who were visited at home and type of services received from a health worker during three months preceding the survey by type of services received, according to areas and place of residence, UP 2006									
Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Health worker's visit at home in last 3 months									
Yes	23.5	32.6	30.8	30.8	35.5	34.8	26.7	34.0	32.8
No	76.5	67.4	69.2	69.2	64.5	65.2	73.3	66.0	67.2
Last time visit at home									
In last 3 months	23.5	32.6	30.8	30.8	35.5	34.8	26.7	34.0	32.8
Before 3 month	0.5	1.5	1.3	2.4	0.9	1.2	1.3	1.2	1.2
Never	66.7	52.9	55.6	53.9	54.9	54.8	61.1	54.0	55.2
Do not remember	9.2	13.0	12.3	13.0	8.6	9.3	10.9	10.8	10.8
Number of mothers-in-law	171	727	898	133	758	892	305	1,485	1,790
<i>Based on those reported health worker's visit</i>									
Number of visits at home¹									
1	27.6	21.7	22.6	28.7	22.6	23.4	28.2	22.2	23.0
2	30.0	33.1	32.6	44.0	32.2	33.8	37.1	32.6	33.2
3+	42.5	45.2	44.8	27.2	45.2	42.8	34.8	45.2	43.8
Type of affiliation of the person who visited at home									
Government	79.2	86.2	85.2	66.7	83.8	81.4	72.7	84.9	83.2
Private	8.9	3.4	4.2	15.2	1.4	3.3	12.2	2.3	3.7
NGO	1.1	0.4	0.5	4.2	0.9	1.4	2.7	0.7	1.0
Other	0.0	0.0	0.0	0.0	0.5	0.4	0.0	0.3	0.2
Missing	10.8	10.0	10.1	14.0	13.4	13.5	12.4	11.8	11.9
Type of services received at home*									
Family planning	3.3	9.2	8.3	3.9	2.3	2.5	3.6	5.6	5.3
ANC/NC/PNC	1.0	9.1	8.0	2.2	2.9	2.8	1.6	5.9	5.3
Polio immunization	75.8	69.1	70.1	72.4	68.3	68.9	74.0	68.7	69.5
Child immunization	7.8	15.0	14.0	7.6	17.0	15.7	7.7	16.1	14.9
Other	17.7	15.3	15.7	18.4	14.1	14.7	18.1	14.7	15.2
Number of mothers-in-law	42	248	290	44	276	320	86	524	610

¹Based on visits during past 3 months

*Percent may add to more than 100.0 due to multiple responses

TABLE 5.10: RATING OF HEALTH WORKERS' VISIT AT HOME

Percent of mothers-in-law who have rated the quality of services provided by health workers, according to area and place of residence, Uttar Pradesh 2006

Items	Project Districts			Non-Project Districts			All Areas		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Health workers spend enough time									
Yes	67.4	63.1	63.7	63.8	58.7	59.4	65.5	60.7	61.4
No	21.9	26.9	26.2	22.2	27.9	27.1	22.1	27.4	26.7
Missing	10.8	10.0	10.1	14.0	13.4	13.5	12.4	11.8	11.9
Satisfied with the services received by health workers									
Satisfied	57.9	49.8	51.0	67.1	56.7	58.1	62.6	53.4	54.7
Somewhat satisfied	24.8	33.2	32.0	14.7	25.7	24.2	19.6	29.3	27.9
Not satisfied	6.5	7.0	7.0	4.3	4.2	4.2	5.4	5.5	5.5
Missing	10.8	10.0	10.1	14.0	13.4	13.5	12.4	11.8	11.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of mothers-in-law	42	248	290	44	276	320	86	524	610

Note: Based on those who reported that health workers visited during past 3 months

in-law who reside in urban areas. Interpersonal communication is considered ideal for these types of messages by 13 percent of the respondents, most of whom are rural women from the project districts.

5.6 COMMUNICATION AND CARE BY HEALTH WORKER

One aspect of communication considered to be very effective is the communication at the personal level between two or more persons. In this survey several questions was asked to all mothers-in-law about the level of care that they received from the health worker at home in the last three months prior to the survey.

5.6.1 Visit by Health Worker

One-third of the mothers-in-law reported that a health worker visited her residence in the last

three months prior to the survey; 36 percent in rural areas and 27 percent in urban areas (Table 5.9). Forty-four percent of the respondents reported that the health worker visited them more than three times.

Among all the mothers-in-law, 11 percent said they were visited by the health worker in the current month and another 14 percent were visited in the previous months. Visits by a health worker during the current month are higher in the non-project districts (14 percent) than the project districts (eight percent). Fifty-five percent of the respondents said they were never visited by any health worker which is higher in the urban than rural areas, and mainly in the project districts.

Most of the home visits are by health workers from the public/ government sector (94 percent). A higher percentage of private health worker home visits were recorded from the urban areas.

Polio immunization was reported by the majority to be the purpose of the home visit, both in rural as well as in urban areas, followed by child immunization. A very low level of health worker visits has been recorded in the survey for the family planning services (six percent).

5.6.2 Quality of Home Visit

According to the mothers-in-law, the health workers who visited their house spent adequate time during the visit (70 percent). Three-fourths of the mothers-in-law in the urban areas were happy with the

amount of time spent with them by the health workers. Six out of ten respondents were satisfied with the services rendered to them by the health workers and another 32 percent were somewhat satisfied. The satisfaction level with health worker services was higher in the urban areas than in rural areas (Table 5.10).

5.7 CONCLUSION

The main concern with regard to the mass media campaign in Uttar Pradesh is the low level of exposure among women to any type of media. In this survey, the exposure level was found to be less than 15 percent among mothers-in-law. Regular exposure to radio and television is much lower among this group where only two out of ten mothers-in-law in urban areas reported

watching television everyday and only three percent were exposed to the radio everyday.

Regarding the preferred or mostly viewed channel on television, around eight out of ten mothers-in-law reported watching the national channel (Doordarshan), mainly the serials that are broadcast during the afternoon and evening time periods. Other forms of media exposure such as skits, street plays or drama play a very negligible role in the whole media exposure level, the reason being lack of interest on the part of the mothers-in-law and from their viewpoint, the inconvenient timing of those programs.

Family planning and reproductive health messages on radio or

television or via any other type of media is one way of getting the message across to a large segment of the population. However, merely one-fourth of the mothers-in-law reported having heard/seen the FP and RH messages, mostly in the project districts and in urban areas.

Visits by a health worker at home were reported by one third of the respondents and in most cases there were two to three visits. Most of the health workers are from the public or government sectors, and visited mainly for Polio immunization. The satisfaction level was found to be quite high among the mothers-in-law regarding the total time these health workers spent with them.

APPENDICES

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
HOUSEHOLD SCHEDULE**

परिवार प्रश्नावली

सभी साक्षात्कारकर्ताओं के लिए— कृपया स्वयं का परिचय दें और उत्तरदाता को बताएं कि आप यह सर्वे प्रजनन एवं शिशु स्वास्थ्य सेवाओं का वर्तमान स्तर जानने के लिए कर रहे हैं और इस जानकारी को इन सेवाओं के वर्तमान स्तर के सुधार के लिए उपयोग किया जाएगा। यह जानकारी पूर्णतया गोपनीय रखी जाएगी और किसी को भी नहीं बताई जाएगी।

IDENTIFICATION पहचान

District जिला _____	<input type="text"/>	<input type="text"/>
Tehsil/Taluk तहसील/तालुका _____	<input type="text"/>	<input type="text"/>
Urban-1/Rural-2 (शहर-1/ ग्रामीण-2)	<input type="text"/>	<input type="text"/>
CEB No/Village name (सी ई बी की संख्या/गाँव का नाम _____)	<input type="text"/>	<input type="text"/>
PSU number (पी. एस. यू की संख्या).....	<input type="text"/>	<input type="text"/>
Household number (परिवार की संख्या).....	<input type="text"/>	<input type="text"/>
Name of head of household _____ परिवार के मुखिया का नाम		
Total number of persons in the HH परिवार में कुल व्यक्ति की संख्या	<input type="text"/>	<input type="text"/>
No. of eligible women in HH/ परिवार में कुल योग्य महिलाएँ	<input type="text"/>	<input type="text"/>
No. of eligible male in HH/ परिवार में कुल योग्य पुरुष	<input type="text"/>	<input type="text"/>
No. of mothers-in-law in HH/ परिवार में कुल सास	<input type="text"/>	<input type="text"/>

INTERVIEWER'S DETAILS साक्षात्कारकर्ता की जानकरियाँ

Name and code of the interviewer साक्षात्कारकर्ता का नाम व कोड	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of interview साक्षात्कार की तिथि	<input type="text"/>	<input type="text"/>	<input type="text"/>
Result परिणाम	Day दिन	Month महीना	Year वर्ष
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Completed (पूर्ण).....	1	
	Not at home (घर पर नहीं).....	2	
	Postponed (स्थगित).....	3	
	Refused (मना कर दिया).....	4	
	Partly completed (आंशिक रूप से पूर्ण).....	5	
	Other (अन्य).....	6	

SUPERVISOR'S REMARKS पर्यवेक्षक की टिप्पणियाँ

Name of the supervisor/ पर्यवेक्षक का नाम	_____
Supervisor's Remarks/ पर्यवेक्षक की टिप्पणियाँ	

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व जाने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	Ask if age >= 10 years	ELIGIBILITY योग्यता	IF COL 9 IS CIRCLED	
			Does (NAME) usually live here?	Did (NAME) stay here last night?					HUSBAND LINE NO. [Code '00', if not a HH member]	MOTHERS-IN-LAW LINE NO. [Code '00', if not a HH member]
(1)			(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
01		0 1	Yes No I 2	Yes No I 2	M F I 2			01		
02			Yes No I 2	Yes No I 2	M F I 2			02		
03			Yes No I 2	Yes No I 2	M F I 2			03		
04			Yes No I 2	Yes No I 2	M F I 2			04		
05			Yes No I 2	Yes No I 2	M F I 2			05		
06			Yes No I 2	Yes No I 2	M F I 2			06		
07			Yes No I 2	Yes No I 2	M F I 2			07		
08			Yes No I 2	Yes No I 2	M F I 2			08		
09			Yes No I 2	Yes No I 2	M F I 2			09		
10			Yes No I 2	Yes No I 2	M F I 2			10		
11			Yes No I 2	Yes No I 2	M F I 2			11		
12			Yes No I 2	Yes No I 2	M F I 2			12		
13			Yes No I 2	Yes No I 2	M F I 2			13		

Line No. लाइन संख्या	Usual residents and visitors सामान्यतः घर में रहने वाले व आने जाने वाले	Relationship to head of HH घर के मुखिया से रिश्ता	Residence घर		Sex लिंग	Age आयु	Ask if age >= 10 years	IF COL 9 IS CIRCLED		
			Does (NAME) usually live here?	Did (NAME) stay here last night?				ELIGIBILITY योग्यता	HUSBAND LINE NO. [Code '00', if not a HH member]	MOTHERS-IN-LAW LINE NO. [Code '00', if not a HH member]
14	कृपया मुझे उन व्यक्तियों के नाम बतायें जो सामान्यतः आपके घर में रहते हैं और वे मेहमान जो पिछली रात इसी घर में ठहरे थे। शुरूआत घर के मुखिया से करें।	What is the relationship of (NAME) to the head of HH? घर के मुखिया से (नाम) का रिश्ता क्या है?	Yes No 1 2	Yes No 1 2	Is (NAME) male or female? क्या (नाम) पुरुष या स्त्री?	How old is (NAME)? (नाम) की उम्र क्या है? (YEARS)	Marital Status वैवाहिक स्थिति What is (NAME) current marital status? (नाम) की वर्तमान वैवाहिक स्थिति क्या है? [Code]	Circle line number of currently married females age 15-49 years वर्तमान वैवाहिक महिलाएं जिनकी उम्र 15-49 साल हैं उनके लाइन नम्बर पर गोला लगाएं।	HUSBAND LINE NO. [Code '00', if not a HH member] (कोड 00 यदि घर के सदस्य नहीं है)	MOTHERS-IN-LAW LINE NO. [Code '00', if not a HH member] (कोड 00 यदि घर के सदस्य नहीं है)
15			Yes No 1 2	Yes No 1 2	M F 1 2			14		
16			Yes No 1 2	Yes No 1 2	M F 1 2			15		
17			Yes No 1 2	Yes No 1 2	M F 1 2			16		
18			Yes No 1 2	Yes No 1 2	M F 1 2			17		
			Yes No 1 2	Yes No 1 2	M F 1 2			18		

Codes for col. 3 के लिए कोड

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

Line number of the respondent

उत्तर देने वाले का लाइन नम्बर

Codes for col.8 कॉलम नम्बर 8 के लिए कोड

1	Currently Married	वर्तमान विवाहित
2	Married but no Gauna	विवाहित हैं पर गौना नहीं हुआ है
3	Separated	अलग हो गए हैं
4	Deserted	पति या पत्नी ने छोड़ दिया है
5	Divorced	तलाक़ शुदा
6	Widowed	विधवा या विधुर
7	Never Married	कभी विवाह नहीं हुआ हो

SECTION I: HOUSEHOLD CHARACTERISTICS

भाग 1: घर की विशेषताएं

101	<p>What is the religion of the head of the household?</p> <p>परिवार के मुखिया का धर्म क्या है?</p>	<p>HINDU हिन्दु 01</p> <p>MUSLIM मुस्लिम 02</p> <p>CHRISTIAN इसाई 03</p> <p>SIKH सिख 04</p> <p>BUDDHIST/NEO BUDDHIST 05</p> <p>बौद्ध/नव बौद्ध धर्म</p> <p>JAIN जैन..... 06</p> <p>JEWISH यहूदी 07</p> <p>ZOROASTRIAN/PARSI जोरोस्टोरियन / पारसी..... 08</p> <p>NO RELIGION कोई धर्म नहीं..... 09</p> <p>OTHER अन्य (_____) 99</p>
102	<p>What is the caste of the head of the household?</p> <hr/> <p>Then is it a scheduled caste, a scheduled tribe, other backward caste, or general Caste?</p> <p>परिवार के मुखिया की जाति क्या है? क्या अनुसूचित जाति, अनुसूचित जनजाति, अन्य पिछड़े वर्ग या सामान्य वर्ग के हैं?</p>	<p>SCHEDULED CASTE अनुसूचित जाति 01</p> <p>SCHEDULED TRIBE अनुसूचित जनजाति 02</p> <p>OTHER BACKWARD CASTE (OBC)</p> <p>अन्य पिछड़े वर्ग 03</p> <p>GENERAL CASTE सामान्य वर्ग 04</p>
103	<p>Does your household own this house or any other house?</p> <p>क्या यह परिवार इस घर का या किसी दूसरे घर का मालिक है?</p>	<p>YES 01</p> <p>हाँ</p> <p>NO 02</p> <p>नहीं</p>
104	<p>TYPE OF HOUSE. (OBSERVE)</p> <p>घर के प्रकार</p> <p>Observe Roof, Wall and Floor and Record छत, दीवार व फर्श का अवलोकन कीजिए, और लिखें</p>	<p>PUCCA पक्का 01</p> <p>SEMI-PUCCA अर्ध पक्का 02</p> <p>KACHHA कच्चा 03</p>
105	<p>What is the main source of drinking water for members of your household?</p> <p>आपके परिवार के सदस्यों के लिए पीने के पानी का मुख्य स्रोत क्या है?</p>	<p>PIPED WATER IN RESIDENCE/YARD/PLOT 01</p> <p>पाइप का पानी घर में/आंगन में/भूखंड में</p> <p>PUBLIC TAP 02</p> <p>सार्वजनिक नल</p> <p>HAND PUMP IN RESIDENCE/YARD/ PLOT 03</p> <p>हैंडपंप घर में/ आंगन में/ भूखंड</p> <p>PUBLIC HAND PUMP 04</p> <p>सार्वजनिक हैंड पंप</p> <p>WELL WATER IN RESIDENCE/YARD/PLOT 05</p> <p>कुँआ घर में/ आंगन में/ भूखंड में</p> <p>PUBLIC WELL 06</p> <p>सार्वजनिक कुँआ</p> <p>OTHER अन्य (_____) 09</p>

106	<p>What kind of toilet facility does your household have?</p> <p>आपके परिवार को किस प्रकार की शौच सुविधा उपलब्ध है?</p>	<p>OWN FLUSH TOILET..... 01 निजी फ्लश शौचालय</p> <p>PUBLIC/ SHARED FLUSH TOILET..... 02 सार्वजनिक/ साझा फ्लश शौचालय</p> <p>OWN PIT TOILET 03 निजी गढ़वा शौचालय</p> <p>PUBLIC/SHARED PIT TOILET 04 सार्वजनिक/ साझा गढ़वे शौचालय</p> <p>NO FACILITY/BUSH/FIELD 05 कोई सुविधा नहीं/ जंगल/ मैदान</p> <p>OTHER अन्य (_____) 09</p>
107	<p>What is the main source of lighting for your household?</p> <p>आपके परिवार के लिए रोशनी का मुख्य स्रोत क्या है?</p>	<p>ELECTRICITY 01 बिजली</p> <p>KEROSENE 02 मिट्टी का तेल</p> <p>GAS 03 गैस</p> <p>OIL 04 तेल</p> <p>OTHER अन्य (_____) 09</p>
108	<p>Do you have a separate room which is used as a kitchen?</p> <p>क्या आपके घर में रसोई के लिए एक अलग से कमरा है?</p>	<p>YES हाँ 01</p> <p>NO नहीं 02</p>
109	<p>What type of fuel does your household commonly use for cooking?</p> <p>खाना बनाने के लिए आपके परिवार में मुख्यतः किस प्रकार के ईंधन का उपयोग किया जाता है?</p>	<p>WOOD लकड़ी 01</p> <p>CROP RESIDUES भूसा 02</p> <p>DUNG CAKES उपले 03</p> <p>COAL/CHARCOAL 04 कोयला/ लकड़ी का कोयला</p> <p>KEROSENE मिट्टी का तेल 05</p> <p>ELECTRICITY बिजली 06</p> <p>LIQUID PETROLEUM GAS 07 तरल पेट्रोलियम द्रव्य</p> <p>BIO-GAS बायो गैस 08</p> <p>OTHER अन्य (_____) 09</p>
110	<p>Does your household own any agricultural land?</p> <p>क्या यह परिवार किसी कृषि भूमि का मालिक है?</p>	<p>YES हाँ 01</p> <p>NO नहीं 02 → 112</p>

111	<p>A. How much agricultural land does your household own? यह परिवार कितनी कृषि भूमि का मालिक है?</p>	<p>TOTAL (IN ACRES) <input type="text"/> <input type="text"/> . <input type="text"/> कुल (एकड़ में)</p>
	<p>B. Out of this land, how much is irrigated? इस भूमि में से कितनी भूमि सिंचित है?</p>	<p>IRRIGATED (IN ACRES) <input type="text"/> <input type="text"/> . <input type="text"/> सिंचित (एकड़ में)</p> <p>NONE कोई नहीं 9995</p>
112	<p>Does your household own any live stock? क्या आपके परिवार के पास कोई पशुधन है?</p>	<p>YES हाँ 01 NO नहीं 02 → 114</p>
113	<p>What types of livestock do you own? How many? आपके पास कौन-कौन से पशुधन हैं और कितने हैं ?</p> <p>Any other? कोई अन्य ?</p>	<p>BULLOCK बैल A <input type="text"/> <input type="text"/></p> <p>COW गाय B <input type="text"/> <input type="text"/></p> <p>BUFFALO भैंस C <input type="text"/> <input type="text"/></p> <p>GOAT बकरी D <input type="text"/> <input type="text"/></p> <p>SHEEP भेड़ E <input type="text"/> <input type="text"/></p> <p>OTHER अन्य (_____) ...X <input type="text"/> <input type="text"/></p> <p>OTHER अन्य (_____) ...Y <input type="text"/> <input type="text"/></p>

114	Does your household own any of the following: क्या यह परिवार इनमें से किन्हीं चीजों का मालिक है: (Items are to be in working condition) (सभी वस्तुएँ चालू हालत में होना चाहिए)	Yes हाँ	No नहीं
	Mattresses (गद्दा)		2
	Pressure cooker (प्रेसर कुकर)		2
	Chair (कुर्सी)		2
	Cot or bed (खाट या चारपाई)		2
	Table (मेज)		2
	Clock or watch (हाथ या दीवार की घड़ी)		2
	Electric fan (बिजली का पंखा)		2
	Bicycle (साइकिल)		2
	Radio or transistor (रेडियो या ट्रांजिस्टर)		2
	Sewing machine (सिलाई मशीन)		2
	Telephone (टेलीफोन)		2
	Mobile (मोबाईल)		2
	Refrigerator/Fridge (रेफ्रिजरेटर)		2
	Television (B&W) (काला और सफेद टेलीविजन)		2
	Color television (रंगीन टेलीविजन)		2
	Moped, scooter, or motor cycle (मोपेड, स्कूटर, या मोटर साइकिल)		2
	Car/jeep (कार/जीप)		2
	Water pump (वाटर पंप)		2
	Bullock cart (बैलगाड़ी)		2
	Thresher (थ्रेशर)		2
	Tractor (ट्रेक्टर)		2

- : THANK YOU : -

-: धन्यवाद :-

Designed & Printed

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