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Brief abstract (description of project)	The ESD project is of 2 years duration (January 1, 2007 to December 31, 2009) and received grant from USAID. The Project is being implemented by CARE India in Chhattisgarh with the support from Department of WCD and Health. The overall objective of the ESD project are : - Integration of key family practices for prevention and timely management of neo natal and childhood illnesses as well as healthy timing and spacing of pregnancies into existing national programmes. - Appropriate and accessible care and information about prevention and management of neonatal and childhood illnesses and HTSP from community based providers - Better partnership between health facilities and the communities they serve
Comment	

Endline survey of ESD Project in Chattisgarh

1.1.1.1.1.1 **Final Report**

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7 INTRODUCTION

8 1.1 Background

The project titled Scaling up Community – IMNCI (Community Integrated Management of Neonatal and Childhood Illnesses) was implemented through Government's child health programmes in Chhattisgarh state of India with a focus on: Integrating elements of prevention and management of neonatal and childhood illnesses in on going child health programme to scale up CIMNCI and enhancing focus of family planning interventions on healthy timing and spacing of pregnancies (HTSP).

The ESD project is of 2 years duration (January 1, 2007 to December 31, 2009) and received grant from USAID. The Project is being implemented by CARE India in Chhattisgarh with the support from Department of WCD and Health.

The overall objective of the ESD project are :

- Integration of key family practices for prevention and timely management of neo natal and childhood illnesses as well as healthy timing and spacing of pregnancies into existing national programmes.

- Appropriate and accessible care and information about prevention and management of neonatal and childhood illnesses and HTSP from community based providers

- Better partnership between health facilities and the communities they serve

Need for the end line survey

As part of the project design, the project planned to asses the progress on key interventions and compare the status against the baseline. The project emphasises on a coordinated intervention to improve services that cater to illnesses in children, improve identification and referral of sick children by village level health professionals, improve household practices related to illness prevention and care and improve understanding of healthy timing and spacing practices.

A need was felt to understand the impact of the intervention in terms of change in the programme indicators at the end of project period. Sigma Research and Consulting Private Limited was contracted to conduct the end line survey.

Objectives of the end line survey

The objectives of the end line survey are to assess the effect of intervention of project, towards achieving the project objectives. The specific objectives of the end line survey are to understand the :

- Current levels of knowledge regarding neonatal warning signs and illness causes
- Current knowledge and practice regarding childhood sickness and treatment seeking behaviour
- Preferred health care providers
- Current beliefs regarding key preventive practices
- Current immunisation status
- Current level of knowledge on family planning and use
- Establish end line rates of new born, infant and child health behaviours, service coverage and barriers

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10 1.2 Methodology - Study Details

Study area

The present survey has been conducted 10 districts of Chattisgarh. The list of districts were provided by client as given below :

S.No.	District
1	Sarguja
2	Bilaspur
3	Kawardha
4	Rajnandgaon
5	Durg
6	Raipur
7	Dhamtari
8	Kanker
9	Bastar
10	Dantewada

Across the 10 districts, the end line survey covered 180 villages. The process of sample selection is discussed subsequently.

Research methodology

The survey adopted quantitative research technique for the end line survey as has been done for the base line survey. The survey has two components viz., competence test among the service providers and main survey among the eligible women. The research instruments were provided by client and the same were used for data collection.

The survey covered 10 districts and in each district, 2 blocks were selected. In all 180 villages were covered in 20 blocks.

Target group

The target group for the end line survey is given in the grid below:

There are two target groups as per the TOR viz., i) service providers and ii) eligible mothers. Service providers include ANM, AWW and ICDS supervisors. The eligible mother is defined as woman who had delivery within 36 months before the date of interview.

Level	Target group
Competence test	• ANM • AWW • ICDS Supervisor
Main survey	• Women who had delivery within 36 months before the date of interview

Sample size

The sample size allocated and achieved by target group is given below:

Target group	Allocated	Achieved
• ANM	60	63
• AWW	180	176
• ICDS Supervisor	60	60
• Women who had delivery within 36 months before the date of interview	700	711

Sampling Plan

For the ESD Programme End Line survey the sample size is decided to be around 700 households As the ESD program focuses on early childhood, defined as children and 0-36 months. Thus the principal inclusion criterion was to be a mother of at least one child aged 0-36 months. There was no age restriction of the mothers interviewed.

In order to explore variables of interest among the entire target population, all of the ICDS program areas in which CARE is active, a multistage cluster sampling approach was used. Due to practical restraints including personnel availability, finances, and human security, a probability sample was not produced. A total of 10 districts, including Raipur, Durg, Rajnandgaon, Kavardha, Bastar, Dantewada, Sarguja, Dhamtari, Kanker, and Bilaspur were included in the study population frame. In these districts CARE has had a longtime program commitment. Of these 10 districts two blocks from each district total of 20 blocks were selected for the study. To make it representative to the characteristics of the state, half of the blocks sampled were representative scheduled areas (Tribal) and half were not and four urban blocks were selected. That means there are eight tribal blocks, eight non-tribal blocks and four urban blocks were considered for the selections of blocks.

<u>Stage I: Selection of Districts</u>

As mentioned above there is not selection of districts they were given.

<u>Stage II: Selections of Blocks</u>

For the selection of blocks from the districts a multistage cluster sampling approach is used. For the selection of urban blocks the districts with good (above 2%) number of urban population are identified. These districts are Raipur, Bilaspur, Sarjuja and Bastar which have above 2% of the urban population. In each of these districts all the urban blocks are listed and in each of these four districts one urban block is randomly selected.

Table: Blocks selection from the Districts

Sno	Districts	Urban	Rural	Tribal	All
1	Sarguja	1		1	2
2	Bilaspur	1		1	2
3	Kawardha		2		2
4	Rajnandgaon		1	1	2
5	Durg		2		2
6	Raipur	1	1		2
7	Dhamtari		1	1	2
8	Kanker		1	1	2
9	Bastar	1		1	2
10	Dantewada			2	2
Total		**8**	**4**	**8**	**20**

While selecting tribal blocks districts predominated with tribal population are identified and in these districts again the blocks with predominated tribal population are listed out. From this list one tribal block is randomly selected. In Dantewada two tribal blocks are selected because most of the blocks in the district are predominated with tribal population. It is to be noted that when selecting tribal blocks from the tribal population dominated districts Naxal affected blocks were excluded from the sampling frame at the block level.

The rural blocks selection is done after completing the selection of urban and tribal blocks. The selection of rural block is made in those districts where already two blocks are not selected because there is a self-imposed restriction about only two blocks from each district. For instance in Sarguja already one urban block and one tribal block are selected so that there is not chance to get selected a rural block. In these remaining districts all the blocks are listed out and from the list one or two blocks are randomly selected depending on the space or chance. In other words if one block is already selected in a district that district is having space for the selection one more block then one rural block is selected. Similarly if a district is having two block selection space then two rural blocks are selected from that district. While selecting rural blocks already selected blocks especially tribal blocks are excluded from the sampling frame.

Stage III: Selections of Urban Wards and Villages

The urban wards for the first stage sampling frame are selected randomly from the each selected sampled urban blocks. From each block 8 wards are selected randomly.

For the selection of villages from the tribal blocks all the villages in the sampled block are listed out while excluding very small population villages having population below 200. From the list 8 villages are randomly selected in each block.

A similar procedure is observed for the selection of village from the rural blocks. In the selected blocks all the villages are listed out and 8 villages are randomly selected from the list in each block.

Stage IV: Selections of Sample Households

The selected village was divided into 4 segments. From the centre point of the village, one segment was randomly selected. All the households in that segment were counted and divided by 4 (the sample size at village level) to arrive at sampling interval. Following the sampling interval, the households will be selected and if the eligible respondent is available in the selected household, the interview would be conducted and thus continued till 4 interviews are completed.

11 1.3 Field Operations and Data Processing

Field teams

Overall, 4 field teams were involved in the data collection exercise. Each team comprised 3-4 interviewers and a supervisor. The field teams after the training were given a detailed field plan with dates to be visited.

Training

A four day training workshop was conducted in Raipur. A training schedule was prepared and shared with client. The officials from CARE Chattisgarh, were requested to attend the training and explain the activities at the village level. The training was conducted by senior field personnel of Sigma.

The training was conducted during July 12 – July 15, 2010.

Data collection

The data collection commenced immediately after the training on July 16 and was completed on August 3, 2010.

During the data collection, the field coordinators and field executives were regularly visited field to monitor quality of data. To ensure quality of data collected, supervisors were scrutinizing the questionnaires regularly. The interviews conducted during the initial days of the field work were scrutinised by the respective field executives and the research team.

Data processing

All the filled in questionnaires were scrutinised and coded in office by internal data processing team. The coded questionnaires were data entered using CS Pro.

The raw data was randomly checked for data entry errors. The data sets were physically verified with filled in questionnaire to ensure data quality. The raw data sets were then cleaned using a data cleaning programme. The logical checks for all the relevant questions were verified. All the necessary cross tabulations were also generated. The tables for survey among women were generated by location (rural, urban and tribal) and for the service providers; the target group wise tables were generated. The soft copy of the data for entire questionnaire was submitted to client separately.

12 1.4 This Report

This report has 5 chapters including the introduction chapter. The findings from the survey with women are presented in chapters 2, 3 and 4 while the competence test with service providers is presented in chapter 5.

13 CHAPTER 2
14
15 PROFILE

The analysis of the respondents (mothers of 0-36 months old children) who participated in the ESD End line survey is presented in this chapter. The profile of the respondents include the social characteristics of the respondents, housing facilities, household assets, size of the household and number of children in the household, age and educational levels and employment status of the respondents.

16 2.1 Demographic Profile

Age

The analysis of the age of the respondents who participated in the end line survey is presented in table 2.1a.

The mean age of the women is 24.4 years while median age is 24 years, which is more or less the same across urban, rural and tribal areas covered. While about half each of the women in rural and tribal areas are in the age group of 20-24 years respectively, slightly above two fifth (44%) reported so in the urban areas.

16.1. Table 2.1a Distribution of women by age

(%)

Sno	Age group	Urban	Rural	Tribal	All
1	Below 19	2.8	5.9	4.0	4.9
2	20 - 24	44.3	51.0	50.3	49.8
3	25 - 29	32.1	29.2	25.9	28.7
4	30 - 34	18.9	10.9	18.4	14.2
5	35 - 39	1.9	2.7	0.5	2.0
6	40 - 44	0	0	1.0	0.3
7	DK/NR	0	0.3	0	0.1
Mean		**25.4**	**24.1**	**24.4**	**24.4**
Median		**25.0**	**24.0**	**24.0**	**24.0**
SD		**4.1**	**5.9**	**5.6**	**5.6**
Total N		**106**	**404**	**201**	**711**

DK= Do not know NR=No response

Education and occupation

The women who participated in the end line survey were asked about their educational qualifications. The analysis is presented in 2.1b.

The education levels of the women, analysis presented in the table indicate that about three fifth (57%) reported to have gone to school. Of those women who have gone to schools about two fifth (38%) of them have completed primary education and another one-third have completed middle level schooling.

16.2. Table 2.1b Distribution of women by level of Education

(%)

Sno	Education levels	Urban	Rural	Tribal	All
Gone to School					
1	Yes	76.4	58.9	43.3	57.1
2	No	23.6	41.1	56.7	42.9
3	DK/NR	0	0	0	0
Total N		**106**	**404**	**201**	**711**
Grade Completed					
1	Primary (I-V)	12.4	47.5	34.5	37.7
2	Middle (I-VIII)	25.9	35.7	27.6	32.0
3	Secondary (I-X)	29.6	10.1	17.2	15.5
4	Post-Secondary (XI +)	32.1	6.7	20.7	14.8
Total N		**81**	**238**	**87**	**406**

The women were asked about their occupation and also their spouse's occupation. The analysis of the data is presented in table 2.1c. Dependence on agriculture either on own farm or other is higher. More than one fourth (28%) of the women reported they work in their own farm and similarly more than one third (35%) reported that their husband does the same work.

16.3. Table 2.1c: Distribution of respondents by the employment status

(%)

Sno	Employment Status	Respondent herself				Respondent husband			
		Urban	Rural	Tribal	All	Urban	Rural	Tribal	All
1	Farm own field	8.5	29.0	37.3	28.3	9.4	38.4	43.3	35.4
2	Non-agricultural labour	1.9	9.4	12.9	9.3	5.7	27.5	19.4	21.9
3	Agricultural labour	0	10.2	5.0	7.2	1.9	17.8	15.4	14.8
4	Service job	14.2	2.7	7.0	5.6	43.4	8.2	10.5	14.1
5	Shop/business	19.8	1.7	10.5	6.9	30.2	4.7	10.5	10.1
6	Skilled labour/artisan	5.7	0.3	1.5	1.4	6.6	3.7	4.5	4.4
7	Armed leased field	1.9	1.5	1.5	1.6	0.9	3.0	1.5	2.3
8	Forest produce collection	0.9	0	0.5	0.3	0.9	0	0	0.1
9	No work/unemployed	47.2	48.0	27.4	42.1	0.9	1.2	1.5	1.3
10	Others	0.9	0	0.0	0.1	0	0	0.5	0.1
11	DK/NR	0	0	0.5	0.1	0.9	0	0	0.1
Total N		**106**	**404**	**201**	**711**	**106**	**404**	**201**	**711**

Household size

Table 2.1d presents the household size of the families the women belong to. On an average, the household size is 6. Average household size in rural areas is 6.6 while it is 5.7 in tribal areas.

More than half of the respondents reported to have their household size 5 and above. Very few of the respondents have limited size of household with a couple and a child (3 members only).

16.4. Table 2.1d: Distribution of women by size of their household

(%)

Sno	Size of the Household	Urban	Rural	Tribal	All
1	Three	22.6	12.4	16.4	15.1
2	Four	28.3	19.8	20.4	21.2
3	5 to 6	30.2	34.2	35.8	34.0
4	7 to 10	15.1	24.5	23.4	22.8
5	Above 10	3.8	9.2	4.0	6.9
Mean		5.1	6.6	5.7	6.1
Median		4.0	5.0	5.0	5.0
SD		2.2	5.6	2.6	4.6
Total N		**106**	**404**	**201**	**711**

Religion and caste

Table 2.1e presents the religion and caste the women belong to. Almost all (98%) the respondents reported to follow Hindu religion. The proportion of respondents reporting to follow Islam is higher in urban areas compared to the rural and tribal areas. Majority (87%) reported to belong to other backward caste (39%) and scheduled tribe (38%). Proportion reporting to belong to ST caste is higher in tribal areas followed by rural areas as expected.

16.5. Table 2.1e Distribution of respondents by their socio-religious identity

(%)

Sno	Socio-religious Identity	Urban	Rural	Tribal	All
Religion					
1	Hindu	89.6	99.8	97.0	97.5
2	Muslim	6.6	0.0	2.5	1.7
3	Christian	0.9	0.3	0.0	0.3
4	Sikh	0.9	0.0	0.5	0.3
5	Others	1.9	0.0	0.0	0.3
6	DK/NR	0	0	0	0
Caste					
1	OBC	43.4	45.8	23.9	39.2
2	ST	18.9	33.9	55.2	37.7
3	SC	15.1	17.3	10.0	14.9
4	Others	20.8	2.7	10.5	7.6
5	DK/NR	1.9	0.3	0.5	0.6
Total N		**106**	**404**	**201**	**711**

17 2.2 Household Facilities

In this section, the analysis pertaining to type of house and asset ownership as reported by the women who participated in the ESD end line survey.

Type of house

The type of house in which the household members live in was observed and recorded. The analysis is presented in the table 2.2a. More than half (55%) live in kuchcha house, with at least half reporting so in rural and tribal areas. As expected, proportion reporting to be living in pucca houses is higher in urban areas (64%).

17.1. **Table 2.2a: Distribution of women by the type of house**

(%)

S.no	Type of the House	Urban	Rural	Tribal	All
1	Kuchcha	18.9	62.4	59.7	55.1
2	Semi-Pucca	17.0	28.5	22.4	25.0
3	Pucca	64.2	9.2	17.9	19.8
4	DK/NR	0	0	0	0
Total N		**106**	**404**	**201**	**711**

Water and sanitation facility available

The women were asked about the water sources the household has. Further they were also asked about the sanitation facilities available for the household. The analysis is presented in table 2.2b.

Majority of the households depend on the water sources out side home. About two fifth (42%) of women reported main source of drinking water for the household is hand pump out side home and about one third (35%) reported tap located outside the home as the main source. In urban area/location for a majority of the respondents the main source of drinking water is tap inside the house.

About three fourth (72%) of the households do not have any constructed sanitation facility for defecation. The households from urban areas seem to have better facility as about three fifth (63%) reported to have own toilet with water seal.

17.2. **Table 2.2b: Distribution of women by the source of drinking water and type of sanitation facility in the house**

(%)

Sno	Facility	Urban	Rural	Tribal	All
Source of drinking water					
1	Hand pump outside home	8.5	52.5	39.3	42.2
2	Tap outside home	32.1	35.4	34.8	34.7
3	Tap inside home	53.8	4.2	17.9	15.5
4	Hand pump in home	5.7	2.0	2.0	2.5
5	Well inside home	0.0	2.5	1.0	1.7
6	Spring	0.0	3.2	4.5	3.1
7	River	0	0	0	0
8	Lake/pond	0	0	0	0
9	Others	0	0	0.5	0.1
10	DK/NR	0	0	0	0
Type of sanitation facility					
1	No constructed facility	19.8	86.4	71.1	72.2
2	Own toilet with water seal	63.2	7.7	19.9	19.4
3	Own toilet w/o water seal	7.6	4.5	6.0	5.3
4	Shared facility of any kind	9.4	1.5	3.0	3.1
5	DK/NR	0	0	0	0
Total N		**106**	**404**	**201**	**711**

When the women were asked whether they usually treat the drinking water, about one fourth (26% of 711) of them reported in affirmative.

The women, who reported in affirmative about the treatment of the drinking water, were asked about the type of treatment they use. The analysis presented in the table 2.2c shows that of the selected types of treatment, half of them strain through a cloth and about one-third do treatment by boiling the water.

Electricity and cooking fuel

The table 2.2c presents the analysis of the type of fuel used for electricity and cooking. Availability of electricity is reported by majority of women (88%), however availability of electricity in tribal areas can be stated to be moderate as only 77% reported so. Kerosene is found to be a source of lighting for a significant percentage (22%) of households in tribal areas.

Whereas the distribution of respondents by the type of fuel used for cooking, analysis presented in the table 2.2c, shows that while wood is the main source of fuel for cooking for a majority of households in rural and tribal areas, gas is the main source of fuel for cooking in urban areas.

17.3. **Table 2.2c: Distribution of women by fuel used for lighting and cooking**

(%)

Sno	Fuel type	Urban	Rural	Tribal	All
Fuel used for Lighting					
1	Electricity	93.4	91.8	76.6	87.8
2	Kerosene	6.6	8.2	22.9	12.1
3	Gas	0.0	0.0	0.5	0.1
Fuel used for Cooking					
1	Gas	66.0	2.7	14.9	15.6
2	Kerosene	4.7	0.0	1.0	1.0
3	Coal	0.9	0.5	0.5	0.6
4	Dung	3.8	31.4	13.9	22.4
5	Wood	24.5	65.1	69.2	60.2
6	Dried stock/field waste	0.0	0.3	0.5	0.3
Total N		**106**	**404**	**201**	**711**

Asset ownership

Table 2.2d presents the assets owned by the households as reported by the women interviewed. Majority of the households own a cot/bed and watch. About three fourth of the women reported that the household owns a bicycle (76%) and agricultural land (75%).

As regards the communication related household items about one-tenth of respondents reported to have radio/transistor and B&W television but one-fourth them reported to have color television. Little less than half (45%) of women have mobile phones.

In case of household transport related assets about three-fourths of respondents own bicycle and less than one fifth of them own motorcycle/scooter (17%). Very negligible percentage of respondents reported to have the other transportation items like animal drawn cart, car, jeep and tractor.

17.4. Table 2.2d : Distribution of women by asset ownership

(%)

Sno	Assets	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Cot/bed	89.6	10.4	95.1	5	89.1	11	92.6	7.5
2	Watch/clock	89.6	10.4	86.9	13.1	71.6	28.4	83	17
3	Bicycle	72.6	27.4	81.7	18.3	67.2	32.8	76.2	23.8
4	Agricultural Land	42.5	57.6	83.7	16.3	74.1	25.9	74.8	25.2
5	Chair	86.8	13.2	54.5	45.5	46.8	53.2	57.1	42.9
6	Electric Fan	73.6	26.4	61.1	38.9	35.3	64.7	55.7	44.3
7	Mattress	77.4	22.6	42.8	57.2	34.8	65.2	45.7	54.3
8	Mobile phone	59.4	40.6	53.2	46.8	21.4	78.6	45.2	54.9
9	Pressure Cooker	81.1	18.9	29.2	70.8	29.4	70.7	37	63
10	Table	53.8	46.2	31.2	68.8	19.4	80.6	31.2	68.8
11	Colour Television	59.4	40.6	21.8	78.2	17.4	82.6	26.2	73.8
12	Motorcycle/scooter	34.9	65.1	14.1	85.9	12.4	87.6	16.7	83.3
13	B&W Television	8.5	91.5	16.8	83.2	7.5	92.5	12.9	87.1
14	Refrigerator	34	66	5.9	94.1	12.9	87.1	12.1	87.9
15	Radio/transistor	12.3	87.7	11.9	88.1	10	90.1	11.4	88.6
16	Sewing Machine	18.9	81.1	5.5	94.6	6	94	7.6	92.4
17	Animal-drawn Cart	0.9	99.1	7.4	92.6	4	96	5.5	94.5
18	Any Other Telephone	1.9	98.1	3	97	1	99	2.3	97.8
19	Computer	7.6	92.5	1.2	98.8	1	99	2.1	97.9
20	Car	2.8	97.2	1.2	98.8	1	99	1.4	98.6
21	Water Pump	0.9	99.1	0.7	99.3	1	99	0.8	99.2
22	Jeep	0.9	99.1	0.3	99.8	0	100	0.3	99.7
23	Tractor	0	100	0.3	99.8	0.5	99.5	0.3	99.7
24	Thresher	0.9	99.1	0	100	0	100	0.1	99.9
Total N		**106**		**404**		**201**		**711**	

18 2.3 Access To Primary Health Care

This section presents the analysis on the access to the child care centre particularly Angan Wadi Centres (AWC) and the primary health centre (PHC), the women reported to have.

Majority of respondents reported that AWC is available in their vicinity. However, in urban locations for a majority of the respondents AWC is not available. Whereas the access to PHC indicates that for a majority of the respondents PHCs are available in their vicinity and a majority of them have to walk at least 5 to 10 kms to get access to PHC health services.

18.1. Table 2.3a: Distribution of women by access to primary health care

(%)

Sno	Education levels	Urban	Rural	Tribal	All
AWC in the hamlet					
1	Yes	91.5	99.0	88.6	94.9
2	No	8.5	1.0	11.4	5.1
3	DK/NR				
PHC in the Village/hamlet					
1	Yes	0.9	1.2	5.0	2.3
2	No	99.1	98.8	95.0	97.8
3	DK/NR				
Total N		**106**	**404**	**201**	**711**
Distance to PHC					
1	Below 1 Km	9.5	0.5	2.1	2.3
2	1 to 2 Kms	67.6	10.3	30.9	24.6
3	3 to 5 Kms	10.5	13.8	21.5	15.4
4	5 to 10 Kms	9.5	30.8	37.7	29.5
	Above 10 Kms	2.9	44.6	7.9	28.2
Mean		2.7	11.8	5.7	8.7
Median		2.0	10.0	5.0	7.0
SD		3.4	8.6	5.3	8.1
Total N		106	404	201	711

19 CHAPTER 3
20
21 MORBIDITY AMONG CHILDREN AND TREATMENT SEEKING BEHAVIOUR

The third chapter presents the details of the morbidity among the children of the women who participated in the end line survey. The analysis regarding sickness during the neo-natal and early childhood stages and the treatment seeking behaviour of women during the sickness of their children is presented in this chapter. Also this chapter presents the analysis of service provider's visit and the child immunization status. It is to be noted that only the mothers of 0 to 36 months old children are covered in the survey.

22 3.1 Morbidity

Age

The distribution of women by the age of their children, the analysis presented in the table 3.1a, shows a majority of the women are having children aged one to two years. The average age of children is 13 months. Across locations the distribution of women by the age of their children is varying but the average age of the child remain same. The average age the child across locations is 13 months.

22.1. Table 3.1a: Distribution of women by the age of children

(%)

S.no	Age group	Urban	Rural	Tribal	All
1	Below 1 Month	0.0	3.5	3.0	2.8
2	1 to 3 Months	11.3	14.9	11.9	13.5
3	4 to 6 Months	10.4	10.4	10.0	10.3
4	7 to 9 Months	6.6	10.9	11.0	10.3
5	10 to 12 Months	4.7	5.7	5.0	5.4
6	1 to 2 Years	67.0	54.1	55.7	56.5
7	2 to 3 Years	0.0	0.3	3.0	1.0
8	DK/NR	0.0	0.3	0.5	0.3
Mean (months)		**13.4**	**13.3**	**13.4**	**13.4**
Median (months)		**13**	**13**	**13**	**13**
SD		**0.5**	**0.5**	**1.3**	**0.8**
Total N		**106**	**404**	**201**	**711**

Recent illness

To understand the family level treatment seeking behaviour with respect to the childhood illnesses, the women were asked about whether their child is ill in the recent past.

The analysis presented in the table 3.1b indicates that only about one-fourth of the women had to experience their children falling sick in the recent past. The rest of the mothers reported that their child did not fall sick. Across locations same pattern is observed.

Of those children who have fallen sick the average number of days the children have suffered with the illness is about five days. The maximum number of days these children who are sick and suffered with illness is below two to three week days.

22.2. **Table 3.1b: Distribution of women reporting about child being sick and number of days suffered with illness**

(%)

Sno	Particulars	Urban	Rural	Tribal	All
Whether child was sick					
1	Yes	23.6	23.3	22.4	23.1
2	No	76.4	76.7	77.6	76.9
Total N		**106**	**404**	**201**	**711**
Suffered for number of days					
1	One Day	4.0	11.7	4.4	8.5
2	2 to 3 Days	28.0	29.8	26.7	28.7
3	4 to 7 Days	36.0	43.6	51.1	44.5
4	1 to 2 Weeks	28.0	12.8	13.3	15.2
5	2 to 3 Weeks	4.0	2.1	4.4	3.1
Mean (days)		**6.0**	**4.7**	**5.5**	**5.1**
Median (days)		**7.0**	**4.0**	**5.0**	**4.0**
SD		**3.5**	**3.2**	**3.5**	**3.4**
Total N		**25**	**94**	**45**	**164**

When asked the women the type of illness their children have fallen sick with, more than half (55%) reported about cold and cough followed by fever (43%) and diarrhea (21%). Across locations the same pattern is followed. Majority of the women stated that their child's condition during recent sickness was not dangerous. The analysis is presented in table 3.1c.

22.3. **Table 3.1c: Distribution of women by type of illness and condition during the illness**

(%)

Sno	Illness of the child	Urban	Rural	Tribal	All
Type of Illness					
1	Cold and cough	51.5	60.2	48.7	55.0
2	Fever	27.3	44.9	47.4	43.2
3	Diarrhea	24.2	18.6	23.1	21.0
4	Difficulty in breathing	0.0	3.4	0.0	1.8
5	Jaundice	0.0	0.9	0.0	0.4
6	Others	12.1	7.6	18.0	11.8
7	DK/NR	0	11.1	7.1	7.4
Total N		**33**	**118**	**78**	**229**
Condition of child during illness					
1	Not dangerous	97.0	92.4	89.7	92.1
2	Worrisome	0.0	6.8	9.0	6.6
3	Serious	3.0	0.9	1.3	1.3
Total N		**33**	**118**	**78**	**229**

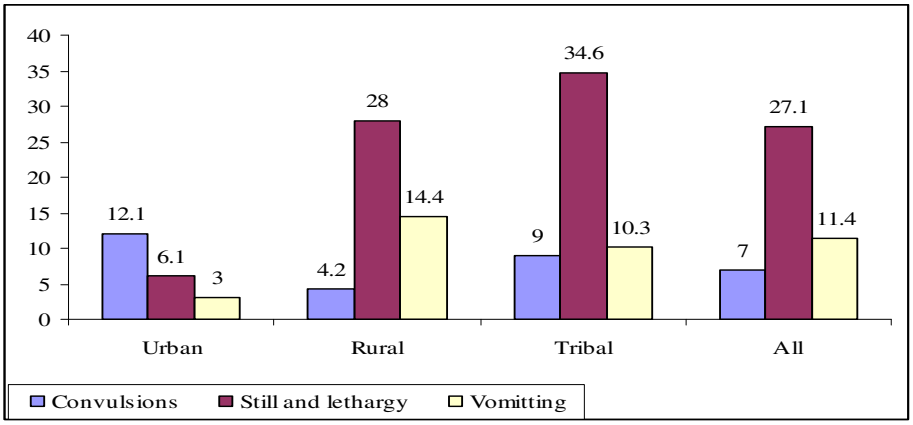
Note: Total % for type of illness exceeds 100 due to multiple responses.

The women were asked whether the children experienced convulsions, vomiting and lethargy during their sickness. The corresponding analysis presented in the figure 3.1a shows that majority of the women reported that their sick child have not had convulsion during the illness. About one-fourth (27%) of them reported that the child

is very still and lethargic during the illness. Across locations the percentage of women reporting that child was still and lethargic is relatively higher in tribal and rural areas compared to urban areas. About one tenth (11%) of women reported to have their child vomited during the illness.

22.3.1 Fig 3.1a : Distribution of women by the symptom during the illness

(%)



23 3.2 Feeding Pattern During The Sickness

The women were asked details of changes in eating pattern of children and feeding practices the women adopted when child was sick. The women were asked changes they observed in the eating pattern of their child and also about changes they adopted for breast feeding, liquid food and solid food given to children. This section analyses the feeding pattern and eating pattern of the child during the illness when compared with usual pattern.

While eating practice of the children with regard to breast feed and liquid food at least three fourth of the women reported that the practice was as usual. Similar pattern is observed in case of feeding practice adopted by women.

23.1. Table 3.2a: Distribution of women by changes in eating and feeding pattern during illness

(%)

Sno	Eating/feeding pattern during illness	Urban			Rural			Tribal			All		
		BF	LF	SF	BF	LF	SF	BF	LF	SF	BF	LF	SF
Eating pattern during illness													
1	Completely stopped	33.3	15.2	39.4	3.4	19.5	33.1	17.9	21.8	28.2	12.7	19.7	32.3
2	Usual	66.7	81.8	45.5	81.4	61	49.2	67.9	62.8	41	74.7	64.6	45.9
3	Less than usual	0	3	15.2	14.4	18.6	16.9	14.1	15.4	30.8	12.2	15.3	21.4
4	More than usual	0	0	0	0.8	0.8	0.8	0	0	0	0.4	0.4	0.4
Feeding during the illness													
1	Completely stopped	27.3	18.2	36.4	4.2	20.3	33.1	17.9	17.9	32.1	12.2	19.2	33.2
2	Usual	72.7	81.8	48.5	81.4	61	51.7	73.1	71.8	39.7	77.3	67.7	47.2
3	Less than usual	0	0	15.2	12.7	15.3	14.4	9	10.3	28.2	9.6	11.4	19.2

4	More than usual	0	0	0	1.7	3.4	0.8	0	0	0	0.9	1.7	0.4
Total N		**33**			**118**			**78**			**229**		

Note: BF – Breast Feeding; LF – Liquid Food; SL – Solid food

Also the women were asked about the number of time the child is fed during the illness and the duration of gap between feeds. The corresponding analysis presented in the Table 3.2b shows that the average number of times the child is fed during the illness is 6.5 times, it is higher in tribal areas and lower in urban areas. The average time gap between feeds is about two hours only; though it is slightly higher in rural areas and lower in urban and tribal areas.

23.2. **Table 3.2b: Distribution of women by number of times and gap between feeds during the illness**

(%)

Sno	Feeding in a day	Urban	Rural	Tribal	All
No of times child is fed during illness					
1	Once	0	0	0	0
2	Twice	9.1	10.2	6.4	8.7
3	Thrice	0.0	13.6	14.1	11.8
4	4 to 6 times	57.6	43.2	32.1	41.5
5	7 to 10 times	30.3	22.9	33.3	27.5
6	More than 10 times	3.0	10.2	14.1	10.5
Mean		**5.4**	**6.3**	**7.3**	**6.5**
Median		**5.0**	**5.0**	**6.0**	**5.0**
SD		**2.1**	**3.9**	**5.0**	**4.2**
Total N		**33**	**118**	**78**	**229**
Duration of Gap during the feeding					
1	Below one hour	3.0	0.9	3.9	2.2
2	1 to 2 hours	93.9	81.4	85.9	84.7
3	3 to 4 hours	3.0	14.4	10.3	11.4
4	5 to 6 hours	0.0	2.5	0.0	1.3
5	7 to 10 hours	0.0	0.9	0.0	0.4
Mean (hours)		**1.5**	**2.0**	**1.5**	**1.7**
Median (hours)		**1.0**	**2.0**	**1.0**	**2.0**
SD		**0.6**	**1.1**	**0.7**	**1.0**
Total N		**33**	**118**	**78**	**229**

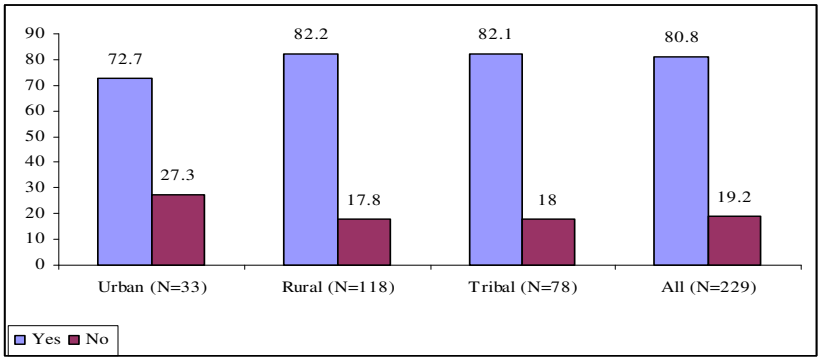
24 3.3 Treatment for the Illness of Child

In this section analyses pertaining to the treatment details during the recent illness of the child as reported by the women is presented. Having observed the status of the child in terms of sickness/illness, it is the turn of care taken by the women. In this respect the women whose children are found to be sick (in the period less than 15 days) were asked about whether children who had fallen sick has been taken for a treatment.

The corresponding analysis presented in figure 3.3a indicates that about four-fifth (81%) of the mothers reported to have taken treatment for the children who are sick/ill. Across locations it is interesting to note that percentage of women who sought treatment for the illness of the child is higher in rural and tribal areas when compared with that of urban areas.

24.1.1 Fig 3.3a Distribution of women reporting to have sought treatment

(%)



The women were further asked about the time gap and source of treatment they have taken the child and who has given the treatment for the child. The analysis is presented in the Table 3.3a.

When asked about the time (in terms of days) gap between onset of symptoms of illness and treatment sought for the sick child, about two fifth (41%) of the women reported to have taken child for a treatment on the same day when the child found to be sick as shown in figure 3.3a. About one third of them reported to have sought treatment on the subsequent day (32%).

About half (48%) the women reported to have taken their sick child to private doctor for the treatment. About one-fifth of the women sought treatment from *Jhola chap* or the village doctor. Little below one-fifth of the women sought treatment from PHC/CHCs. Very few women reported to have approached the ANM/MPW or AWW for the treatment. Across locations the treatment sought from the private doctor is even higher in urban areas.

24.2. Table 3.3a: Distribution of women by gap between symptoms and treatment

(%)

Sno	Time and sources of treatment	Urban	Rural	Tribal	All
After how many days of illness					
1	Same day	33.3	46.4	35.9	41.1
2	Next day	54.2	27.8	29.7	31.9
3	On the second day	12.5	15.5	26.6	18.9
4	On the third day	0.0	8.3	6.3	6.5
5	On the fourth day	0.0	1.0	1.6	1.1
6	On the fifth day or later	0.0	1.0	0.0	0.5
Total N		**24***	**97**	**64**	**185**
Source of treatment					
1	Private doctor	66.7	42.3	50	48.1
2	Jhola chap or village doctor	8.3	27.8	18.8	22.2
3	PHC/CHC	12.5	17.5	17.2	16.8
4	District hospital	12.5	3.1	6.3	5.4
5	ANM or MPW	0	4.1	3.1	3.2
6	Religious healer	0	4.1	0	2.2
7	AWW	0	0	3.1	1.1
8	Others	0	1	1.6	1
Total N		**24***	**97**	**64**	**185**

**** Results to be interpreted with caution due to small base***

For those women who sought the treatment for the illness of their children in the government hospital they were asked about the reasons for visiting government hospital for the treatment. The corresponding analysis presented in the Table 3.3b shows that about half (51%) of the women reported good quality of treatment in the Government hospital as the reason for their visit. Another one-fourth of the women approached government hospital for the treatment because the service is free.

Also the women who have not gone to Government hospital for the treatment of their child were asked about the reasons and the analysis is presented in table 3.3b. About two fifth (39%) of them who have not approached government hospital did so because the illness was not serious. One fourth and about one fifth (22%) of reported that they have not approached government facility as the facility is not good and is not functioning respectively.

24.3. Table 3.3b: Distribution of women by the reason for approaching / not approaching Government hospital

(%)

Sno	Reasons	Urban	Rural	Tribal	All
Reason for going to Govt hospital					
1	Good quality	66.7	45	53.3	51.2
2	Free	0	45	13.3	26.8
3	Nearest option	16.7	10	13.3	12.2
4	Only option	16.7	0	13.3	7.3
5	Illness was not serious	0	0	6.7	2.4
6	Others	0	0	0	0
Total N*		**6**	**20**	**15**	**41**
Reason for not going to Govt hospital					
1	Illness was not serious	31.3	46.3	34.4	39.3
2	Govt facility is not good	37.5	19.5	25	24.7
3	Govt facility not functioning	31.3	24.4	12.5	21.4
4	Govt workers don't behave properly	0	4.9	25	11.2
5	Others	0	4.9	3.1	3.4
Total N*		**16**	**41**	**32**	**89**

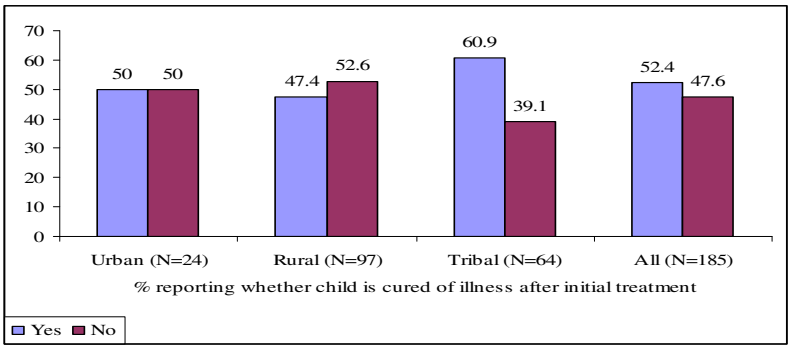
**** Results to be interpreted with caution due to small base***

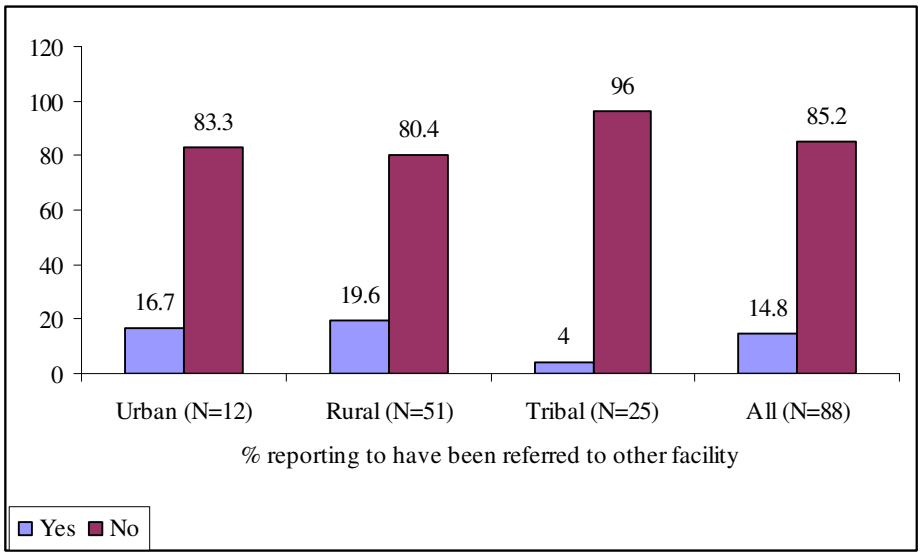
The women who sought treatment were asked whether the child's illness was cured with treatment. The analysis presented in the figure 3.3b. The figure presented below indicates that little above half (52%) of the women reported the child was cured of the sickness. Across locations, the proportion of the women reporting so are higher in tribal areas and lower in rural areas compared to urban areas.

When the child was not cured of the illness after initial treatment, the mothers were asked whether the child was referred to any other facility. The second figure in 3.3b child indicates that only about one fifth (18%) of them reported to have been referred to the other health facility for the treatment of their child.

24.3.1 Figure 3.3b: Distribution of women reporting about outcome of treatment

(%)





Follow up treatment

When the illness of child has not been cured completely with the initial treatment the women were asked about whether the child was referred to the other health facility. The analysis is presented in the table 3.3c. Overall, about three fourth (77%) reported to have not gone for the second treatment for the illness of their child. Of those who sought second treatment a majority of them approached PHC/CHCs.

Of those who have not gone for the second treatment, most of them did so because the illness was not so serious and the second treatment was not felt necessary.

24.4. Table 3.3c: Distribution of women by the source and the time of second treatment and reason for the second treatment

(%)

Sno	Source and time of second treatment	Urban	Rural	Tribal	All
Source of second treatment					
1	No second treatment	91.7	74.5	76	77.3
2	PHC/CHC	0	11.8	8	9.1
3	Jhola chap or village doctor	0	5.9	0	3.4
4	Religious healer	0	2	4	2.3
5	District hospital	0	2	4	2.3
6	Private doctor	8.3	0	4	2.3
7	ANM or MPW	0	2	0	1.1
8	AWW	0	2	0	1.1
9	Mitanin	0	0	4	1.1
10	Others	0	0	0	0
Total N		**12**	**51**	**25**	**88**
After how many days of first treatment*					
1	Same day	0	23.1	0	15.0
2	Next day	0	23.1	16.7	20.0
3	On the second day	100	15.4	16.7	20.0
4	On the third day	0	0	16.7	5.0
5	On the fourth day	0	15.4	33.3	20.0
6	On the fifth day or later	0	23.1	16.7	20.0
Total N		**1**	**13**	**6**	**20**
Reason for seeking second treatment*					
1	Other treatment was not working	100	61.5	100	75
2	Only option	0	23.1	0	15
3	No money for treatment	0	7.7	0	5
4	Illness became more serious	0	7.7	0	5
5	Others	0	0	0	0
Total N		**1**	**13**	**6**	**20**
Reason for not seeking treatment					
1	Illness was not serious	100	100	85.7	95.5
2	No health workers in village	0	0	0	0
3	No religious healers	0	0	7.1	2.3
4	No money	0	0	7.1	2.3
5	No one could take child to hospital	0	0	0	0
6	Others	0	0	0	0
Total N		**9**	**21**	**14**	**44**

**** Results to be interpreted with caution due to small base***

The women who reported to have gone for the treatment of their child and approached public health facility were asked treatment details and analysis is presented in table 3.3d. The analysis presented indicates that a majority (81%) of women reported to have got all the prescribed medicine free of cost and they were explained about the use of medicine (84%). Of those who have gone for the second treatment for their child three fourth of them reported that the child is better after the second treatment.

24.5. Table 3.3d: Distribution of women by details of second treatment

(%)

Sno	Feeding in a day	Urban*	Rural*	Tribal*	All
Got all prescribed medicine free of cost					
1	Yes	75	82.4	80	80.7
2	No	25	17.7	20	19.4
Total N		**4**	**17**	**10**	**31**
Whether explained on use of medicine					
1	Yes	75	82.4	90	83.9
2	No	25	17.7	10	16.1
Total N		**4**	**17**	**10**	**31**
Child is better after second treatment*					
1	Yes	0	76.9	83.3	75
2	No	100	23.1	16.7	25
Total N		**1**	**13**	**6**	**20**

** Results to be interpreted with caution due to small base*

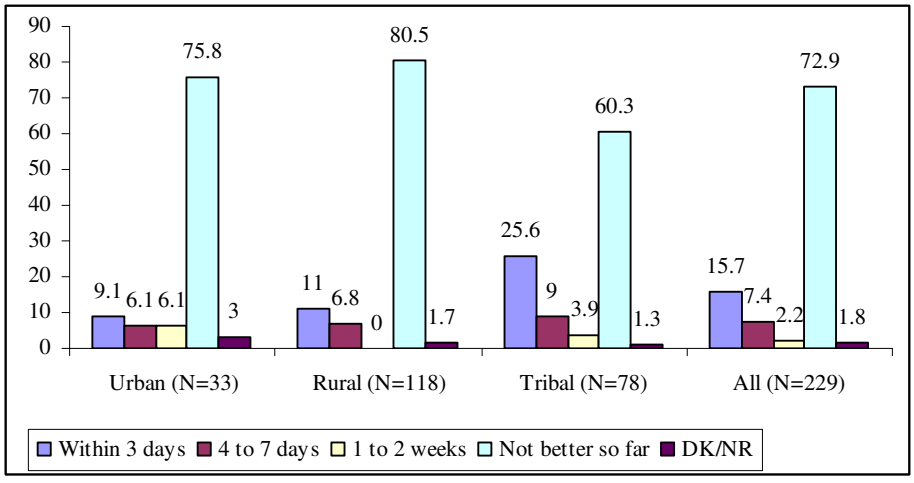
Current health status

All the women who reported about recent sickness (which occurred less than 15 yeas ago) of their children, were asked about the complete duration of onset of illness and cure. The analysis is present in table 3.3f

The corresponding analysis presented in the figure 3.3c indicates that about three-fourths of mothers reported as the child is not better so far (it means illness of their child is not cured so far). About one-fourth of them reported that it is cured but time taken to get cured is ranges from within three days to two week days time.

24.5.1 Fig 3.3c: Distribution of women by duration of sickness to cure

(%)



25 3.4 Service Providers' Visit And Advice

This section analyses the service provider visits to provide health care or treatment or advice to the pregnant woman and mothers of new born or children aged below 36 months in the households. The analysis includes whether the any service provider visited when a child is ill or during different phases of child birth and the advice given during the visit.

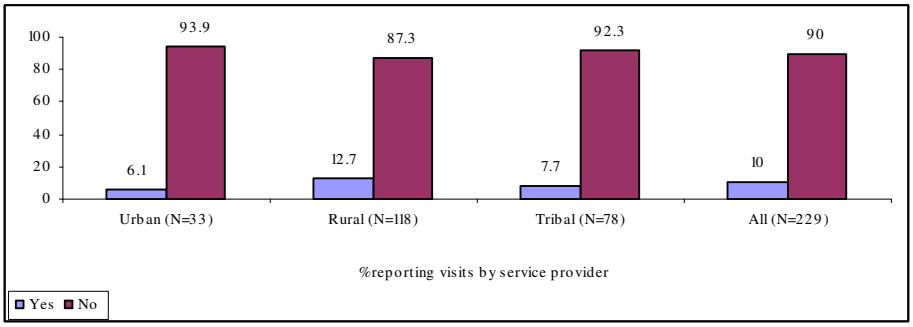
Service providers' visit during child's sickness

The women were asked whether any service provider visited the child during sickness and the advice provided and the analysis of the relevant data is presented in figure 3.4a and table 3.4a.

Majority of the women (90%) reported that service providers did not visit during the illness of their child. It shows poor performance of public health care service providers. Implying of the 229 women who reported recent illness of their child, only 23 women reported about visit by service providers. The table 4.3a provides the distribution of type of service provider who has visited and the advice provided.

25.1.1 Fig 3.4a: Distribution of women reporting visit by service provider

(%)



25.2. Table 3.4a: Distribution of women by type of service provider and advice given during visit *

Sno		Urban	Rural	Tribal	All
Who is the person visited					
1	ANM or MPW	100	40	50	47.8
2	AWW	0	46.7	50	43.5
3	Mitanin	0	13.3	0	8.7
Total N		**2**	**15**	**6**	**23**
What was the advice given					
1	Timely Medication	0	20	0	13.0
2	Should give Medicine after breastfeeding	0	6.7	0	4.4
3	Should breastfeed of the child	0	6.7	0	4.4
4	Gave advise to go hospital	0	20.0	0	13.0
5	Child Care	50	13.3	33.3	21.7
6	Keep good health	0	6.7	16.7	8.7
7	About illness	0	6.7	16.7	8.7
8	About health	0	6.7	0	4.4
9	About child immunization	50	0	0	4.4
10	DK/NR	0	26.7	33.3	26.1
Total N		**2**	**15**	**6**	**23**

**** Results to be interpreted with caution due to small base***

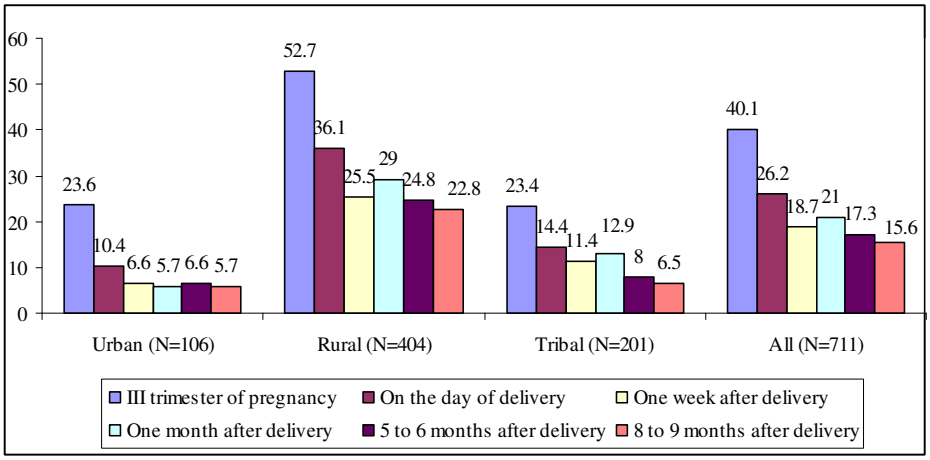
Service providers visit during pre natal and neo natal stages

The women were asked about the visits of service providers during their pregnancy, day of delivery, within week of delivery, one month after delivery, 6 and 8 months after delivery. The figure 3.4b presents the analysis of the data.

About two fifth reported visits by service providers during the three trimesters of pregnancy with about half (53%) reporting so from rural areas. Visits of service providers on the day of delivery is reported by about one fourth (26%) of the women, while less than one fifth of the women reported their visits after delivery.

25.2.1 Fig 3.4b Distribution of women reporting visits by service providers at pre and post natal stages

(%)



The women who had reported about visits of service provider during pregnancy, on delivery and post delivery, the women were asked about the advice given by the service providers. Table 3.4b provides the analysis of the data.

The analysis indicates that advice on IFA was given to almost all the women whom the service providers visited during their pregnancy. Minimal handling and continuing cord care were the two prominent advices received on the day of delivery by at least about two fifth each of the women. Breast feeding tops the list of advice received by the women who have been visited post delivery.

25.3. Table 3.4b: Distribution of women by the advice details of service provider visit in different phases of child birth

(%)

Sno	Responses	Urban	Rural	Tribal	All
III trimester of pregnancy					
1	IFA	96	93.4	93.6	93.7
2	Rest	64	43.7	48.9	46.3
3	TT	80	37.1	48.9	42.8
4	Additional meal saving	36	17.8	34	22.1
5	ANC	8	8.9	17	10.2
6	Institutional delivery	12	7	19.2	9.5
7	Dying and wrapping	12	7	17	9.1
8	Nothing applied to cord	16	2.8	4.3	4.2
9	Receive food from AWC	8	3.3	2.1	3.5
Total N		**25**	**213**	**47**	**285**
On the day of delivery					
1	Minimal handling	27.3	50.7	31	46.2
2	Continuing cord care	27.3	49.3	34.5	45.7
3	Personal hygiene and cleanliness	45.5	22.6	20.7	23.7
4	Hand washing	9.1	21.9	31	22.6
5	Early detection of sickness in newborn and Immediate referral to hospital	27.3	18.5	41.4	22.6
6	BCG	18.2	16.4	27.6	18.3
7	No pre-lacteal	54.6	7.5	6.9	10.2
8	OPV-0	9.1	8.9	17.2	10.2
9	Receive food from AWC	9.1	6.9	27.6	10.2
10	DK/NR	0	0.7	0	0.5
Total N		**11**	**146**	**29**	**186**
One week after delivery					
1	Continued feeding	66.7	87.2	76	84.5
2	Early detection of sickness	16.7	57.3	44	53.4
3	Warmth cleanliness	16.7	12.8	36	16.9
4	Home management of illness and referral to hospital if needed	0	15.4	16	14.9
5	Monthly weighting at AWC	16.7	15.4	12	14.9
6	Receive food from AWC	0	6.8	16	8.1
Total N		**6**	**117**	**25**	**148**
One month after delivery					
1	Continued feeding	66.7	87.2	76	84.5
2	Early detection of sickness	16.7	57.3	44	53.4
3	Warmth cleanliness	16.7	12.8	36	16.9
4	Home management of illness and referral to hospital if needed	0	15.4	16	14.9
5	Monthly weighting at AWC	16.7	15.4	12	14.9
6	Receive food from AWC	0	6.8	16	8.1
Total N		**6**	**117**	**25**	**148**
5 to 6 months after delivery					
1	Continue breast feeding	71.4	77	43.8	72.4
2	Appropriate complementary feeding	42.9	63	56.3	61
3	Early detection of sickness in newborn	0	20	18.8	18.7
4	Monthly weighting at AWC	14.3	15	25	16.3
5	Add ghee or oil	42.9	8	18.8	11.4
6	Cleanliness	28.6	9	6.3	9.8
7	Home management of illness and referral to hospital if needed	0	11	0	8.9
8	Receive food from AWC	0	9	12.5	8.9
Total N		**7**	**100**	**16**	**123**
8 to 9 months after delivery					
1	Measles vaccine and Vitamin A at 9 months	16.7	80.4	61.5	74.8
2	Receive food from AWC	83.3	20.7	53.9	27.9
3	Monthly weighting at AWC	50	13	38.5	18

Total N	**6**	**92**	**13**	**111**

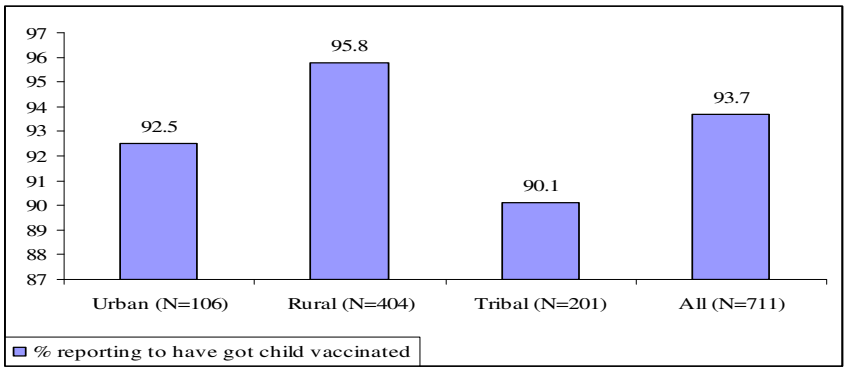
Note: % of Response may exceed 100 due to multiple responses.

26 3.5 Child Immunisation Status

This section presents the analyses related to the immunization status of children aged between 0 to 36 months. Majority (94%) reported to have got their child vaccinated, which is more or less the same across the locations.

Figure 3.5a presents the women reported to have got their children vaccinated. The figure below indicates that majority of the women reported to have got their children vaccinated. Figure 3.5b presents the details of the individual vaccines administered to the child.

26.1.1 Fig 3.5a Distribution of women reporting to have got children vaccinated

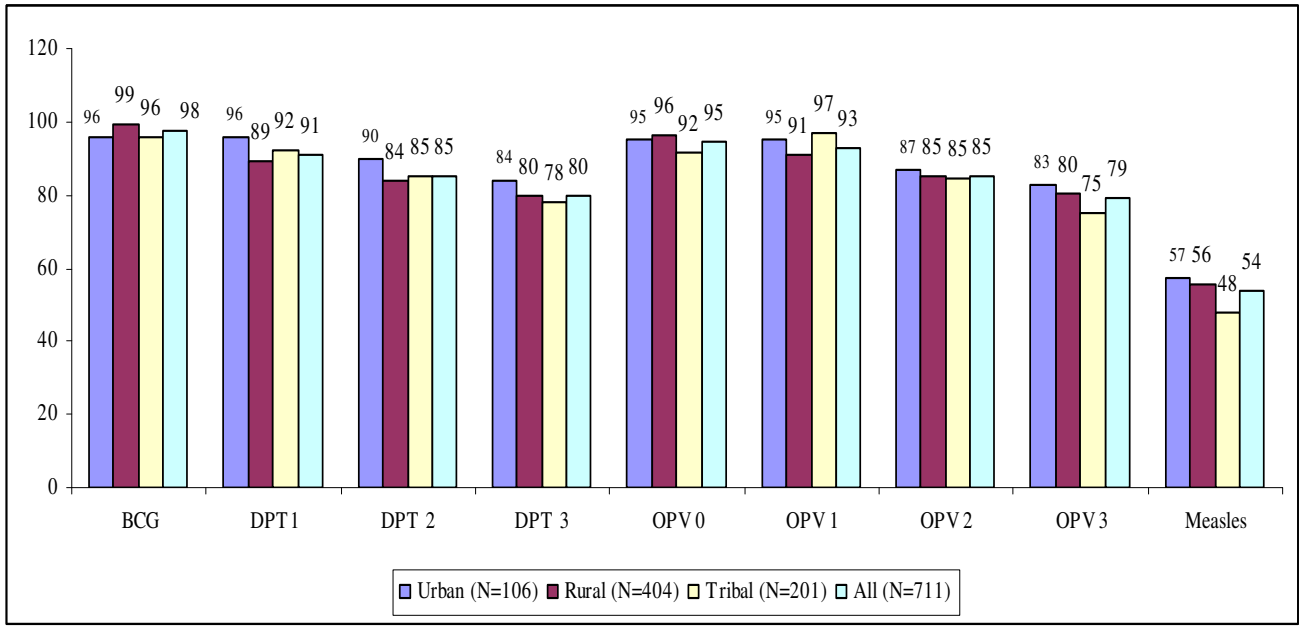


As seen in the figure 3.5b, majority (i.e. more than 90%) of women reported to have got their child administered with BCG, DPT1, OPV 0 and OPV 1. However, the subsequent dosages seem to decline, with measles vaccination reported the by only about half (54%) of the women. This indicates that efforts to ensure full immunisation are to be focused on priority. This is the same irrespective of locations.

Vaccination

26.1.2 Fig 3.5b Distribution of women by individual vaccination administered to children

(%)



BCG

The analysis presented in the Table 3.5a about the BCG vaccination where almost all the women reported that their children had the BCG vaccination. When the women were asked about the age of the child at the time the child had the BCG vaccination about one-third of the women reported that they don't know or remember the exact age of the child. About one-third of them reported as the age of the child was less than one month and another one-fourth of them reported to be the child was one month old at the time of BCG vaccination. The average age of the child at the time BCG vaccination was around 8 months. Across locations it was 7 month in rural and urban areas but it was one month only.

26.2. Table 3.5a: Distribution of women by BCG vaccination details

Sno	Vaccination	Urban	Rural	Tribal	All
Child has received BCG					
1	Yes	95.9	99.2	95.6	97.8
2	No	4.1	0.5	3.9	2.0
3	DK/NR	0.0	0.3	0.6	0.3
Total N		**106**	**404**	**201**	**711**
Age of child when received BCG					
1	Less than one month	18.1	44.5	15.0	32.9
2	One Month	30.9	22.7	31.8	26.3
3	Two Months	1.1	2.9	5.2	3.2
4	3 to 9 Months	0.0	4.4	2.3	3.2
5	DK/NR	50.0	25.5	45.7	34.4
Mean (months)		**0.7**	**0.7**	**1.1**	**0.8**
Median (months)		**1.0**	**0.0**	**1.0**	**0.0**
SD		**0.5**	**1.3**	**1.6**	**1.3**
Total N		**94**	**384**	**173**	**651**

DPT 1, 2 and 3

The analysis presented in the Table 3.5b indicates majority (91%) of the women reported to have got DPT vaccination administered. The percentage of women reporting is declining from DPT1, 2 and 3. In other words although most of children had DPT1 the percentage of children having DPT2 is lesser than that of DPT1 and having DPT3 is lesser than DPT2. The average age at the time of the child received the DPT3 vaccination is about 4 months.

26.3. Table 3.5b: Distribution of women by details of DPT vaccination

(%)

Sno	Vaccination	Urban	Rural	Tribal	All
Child has received DPT 1					
1	Yes	95.9	89.4	92.3	91.1
2	No	4.1	10.3	7.7	8.7
3	DK/NR	0.0	0.3	0.0	0.2
Total N		**106**	**404**	**201**	**711**
Child has received DPT 2					
1	Yes	89.8	84.2	85.1	85.3
2	No	10.2	15.5	14.9	14.6
3	DK/NR	0.0	0.3	0.0	0.2
Total N		**106**	**404**	**201**	**711**
Child has received DPT 3					
1	Yes	83.7	79.6	77.9	79.7
2	No	16.3	19.4	22.1	19.7
3	DK/NR	0.0	1.0	0.0	0.6
Total N		**106**	**404**	**201**	**711**
Age of child when received DPT 3					
1	One month or below	3.7	2.0	2.8	2.5
2	Two Months	23.2	5.5	18.4	11.7
3	Three Months	11.0	33.1	12.1	24.1
4	4 to 5 Months	17.1	14.9	19.2	16.4
5	6 to 7 Months	7.3	7.5	8.5	7.7
6	8 to 12 Months	0.0	4.2	4.3	3.6
7	DK/NR	37.8	32.8	34.8	34.1
Mean (months)		3.3	3.9	4.0	3.9
Median (months)		3.0	3.0	3.0	3.0
SD		1.6	1.9	2.3	2.0
Total N		82	308	141	531

OPV

Further women were asked about the polio vaccination. The query is about all the four doses of polio vaccination: at the time birth and dose 1, 2 and 3. The corresponding analysis presented in the Table 3.5c shows that almost all the women reported to have got their child polio vaccination (OPV-0) at the time of birth. A majority of them reported to have got their child polio vaccination all three doses (OPV-1, OPV-2, OPV-3). The average age at the time of the child received the third polio vaccine (OPV-3) is 4.5 months. Across locations it is (the average age of the child when received OPV-3) higher in the tribal areas and lower is rural areas.

26.4. Table 3.5c: Distribution of women by details of Polio vaccination

(%)

Sno	Vaccination	Urban	Rural	Tribal	All
Child has received OPV-0					
1	Yes	94.9	96.1	91.7	94.7
2	No	5.1	3.6	8.3	5.1
3	DK/NR	0.0	0.3	0.0	0.2
Total N		**106**	**404**	**201**	**711**
Child has received OPV-1					
1	Yes	94.9	91.0	96.7	93.1
2	No	5.1	8.8	3.3	6.8
3	DK/NR	0.0	0.3	0.0	0.2
Total N		**106**	**404**	**201**	**711**
Child has received OPV-2					
1	Yes	86.7	85.0	84.5	85.1
2	No	12.2	14.7	15.5	14.6
3	DK/NR	1.0	0.3	0.0	0.3
Total N		**106**	**404**	**201**	**711**
Child has received OPV-3					
1	Yes	82.7	80.1	75.1	79.1
2	No	16.3	18.6	24.9	20.0
3	DK/NR	1.0	1.3	0.0	0.9
Total N		**106**	**404**	**201**	**711**
Age of child when received OPV-3					
1	One month	1.2	0.7	0.0	0.6
2	Two months	3.7	1.6	0.0	1.5
3	Three months	8.6	32.3	2.9	21.1
4	Four months	8.6	6.5	5.9	6.6
5	Five months	9.9	12.3	17.7	13.3
6	Six months	2.5	4.2	2.9	3.6
7	Seven months and above	2.5	2.9	7.4	4.0
8	DK/NR	63.0	38.7	61.0	48.2
Mean (months)		4.2	4.0	6.5	4.5
Median (months)		4.0	3.0	5.0	4.0
SD		1.9	1.6	4.4	2.6
Total N		**81**	**310**	**136**	**527**

Measles

When asked about whether the child has received the Measles vaccination, as analysis presented in the Table 3.5d shows only half of the women are affirmative and the rest half of the reported have not received the vaccination. Across locations the percentage received Measles vaccination is relatively higher in urban areas and lower in tribal areas. The average age of the child at the time of when received the Measles vaccination is 8 months.

26.5. Table 3.5d: Distribution of women by details about Measles vaccination

(%)

Sno	Vaccination	Urban	Rural	Tribal	All
Child has received Measles					
1	Yes	57.1	55.8	48.1	53.9
2	No	42.9	43.2	50.8	45.2
3	DK/NR	0.0	1.0	1.1	0.9
Total N		**106**	**404**	**201**	**711**
Age of child when received Measles					
1	1 to 2 months	10.7	0.9	2.3	2.8
2	3 to 4 months	8.9	7.0	2.3	6.1
3	5 to 6 months	7.1	2.3	3.5	3.3
4	6 months above	17.9	67.1	25.3	49.3
5	DK/NR	55.4	22.7	66.7	38.4
Mean		**5.7**	**8.4**	**8.2**	**8.1**
Median		**5.0**	**9.0**	**9.0**	**9.0**
SD		**3.1**	**1.8**	**2.7**	**2.3**
Total N		**56**	**216**	**87**	**359**

Vitamin A

With respect to Vitamin A supplementation, as the analysis presented in the Table 3.5e shows less than half of the women reported have received Vitamin A supplementation for their children. The percentage of them reported to have received dose I is higher and the other two doses is lower. The average age at which the children received the Vitamin A supplementation is 8.4 months for the dose I, 8.6 months for dose II and 10.2 months for dose III.

26.6. Table 3.5e: Distribution of women by whether the child has received Vitamin A supplementation and age of the child when it is received

(%)

Sno		Urban			Rural			Tribal			All		
		I	**II**	**III**	**I**	**II**	**III**	**I**	**II**	**III**	**I**	**II**	**III**
Whether received Vitamin A													
1	Yes	41.8	16.3	6.1	46.3	26.1	15.3	39.2	12.2	7.7	43.7	20.9	11.9
2	No	58.2	83.7	93.9	52.7	72.9	84.0	60.2	87.3	91.7	55.6	78.4	87.5
3	DK/NR	0.0	0.0	0.0	1.0	1.0	0.8	0.6	0.6	0.6	0.8	0.8	0.6
Total N		**106**			**404**			**201**			**711**		
Age of the child when received													
1	1 to 8 months	7.3	0.0	0.0	8.4	7.9	5.1	11.3	18.2	14.3	8.9	8.6	6.3
2	9th month	19.5	12.5	0.0	52.5	41.6	11.9	8.5	4.6	0.0	37.1	32.4	8.9
3	10th month	2.4	18.8	0.0	7.3	6.9	1.7	0.0	0.0	7.1	4.8	7.2	2.5
4	11 to 12 months	0.0	0.0	50.0	0.6	7.9	25.4	9.9	9.1	28.6	2.8	7.2	27.9
5	DK/NR	70.7	68.8	50.0	31.3	35.6	55.9	70.4	68.2	50.0	46.4	44.6	54.4
Mean		**7.8**	**9.6**	**11.0**	**8.5**	**8.7**	**9.9**	**8.4**	**7.1**	**10.9**	**8.4**	**8.6**	**10.2**
Median		**9.0**	**10.0**	**11.0**	**9.0**	**9.0**	**11.0**	**9.0**	**6.0**	**11.0**	**9.0**	**9.0**	**11.0**
SD		**2.5**	**0.6**	**0.0**	**1.9**	**2.2**	**2.4**	**3.3**	**3.9**	**3.9**	**2.2**	**2.4**	**2.7**
Total N		**41**	**16**	**6**	**179**	**101**	**59**	**71**	**22**	**14**	**291**	**139**	**79**

Note: I, II, III represents number of doses – Dose I, Dose II and Dose III.

Availability of vaccination card

The table 3.5f presents the analysis of the data pertaining to availability of vaccination card. The women were asked whether they possess the vaccination card of the eligible child (aged 0-36 months). Further they were asked to produce the same during the interview time.

The corresponding analysis is presented in the Table 3.5f. It indicates about three-fourth of women reported to have received the vaccination card. But only about three fifth (58%) of the women could show the vaccination card. Of the women who have received the vaccination card, about three-fourth of them received the card during the pregnancy time itself. And the rest one-fourth of them received it when the child was one month old or below age.

26.7. **Table 3.5f: Distribution of women by whether received vaccination card and when it is received**

(%)

Sno	Responses	Urban	Rural	Tribal	All
Received Vaccination Card					
1	Yes	82.7	74.9	68.5	74.3
2	No	17.4	24.6	31.5	25.4
3	DK/NR	0	0.5	0	0.3
Total N		**98**	**387**	**181**	**666**
Can you show the Vaccination Card					
1	Yes	60.5	62.8	48.4	58.8
2	No	39.5	37.2	51.6	41.2
3	DK/NR	0	0	0	0
When was it received					
1	During Pregnancy	64.2	79.7	73.4	75.6
2	When child is one month old	35.8	19.7	26.6	24.0
3	Months old	0.0	0.7	0.0	0.4
SD		1.3	1.5	1.4	1.4
Total N		**29**	**59**	**33**	**121**

Source of vaccination

The women were asked about the source of the vaccination i.e where they got their child vaccinated. As the analysis presented in the Table 3.5g indicates for most of the women the source of vaccination is Angan Wadi Centre (AWC). Across location the percentage of women reporting AWC is the main source is higher in rural areas followed by tribal areas. In urban areas although AWC is main source the other important sources are the other public service units and private doctor/clinic/hospital.

26.8. **Table 3.5g: Distribution of women by whether the source of vaccination**

(%)

Sno	Source Vaccination	Urban	Rural	Tribal	All
1	Did not vaccinate	2.0	1.0	0.6	1.1
2	AWC	41.8	93.8	73.5	80.6
3	Sub-centre	4.1	1.3	7.2	3.3
4	Camps	2.0	0.8	1.1	1.1
5	Other Public service units	26.5	1.3	14.4	8.6
6	NGO facilities	0.0	0.5	0.0	0.3

7	Private doctor/clinic/hospital	23.5	1.3	3.3	5.1
8	DK/NR	0	0	0	0
Total N		98	387	181	666

27 CHAPTER 4

28 AWARENESS OF CHILDHOOD ILLNESSES AND FAMILY PLANNING

The fourth chapter delineates awareness of women about the symptoms of neonatal and childhood illnesses, causes of illnesses and the sources of treatment for these illnesses. Also the chapter discusses the awareness and use of family planning methods.

29 4.1 Awareness of Childhood Illnesses

The first section of this presents the analysis of the data pertaining to women's awareness about the symptoms and causes of neonatal and childhood illnesses usually one can observe. The section also presents the awareness about the source of treatment for the neonatal and childhood illnesses usually one has to have an idea.

To understand their awareness of symptoms of childhood illnesses the women were asked about whether they are aware of specific symptoms of childhood illnesses in different phases including on the day of delivery, during the 1st week after the delivery, during the 1st month of the delivery, during 1 to 5 months after the delivery and during 6 to 36 months after the delivery. The corresponding analysis is presented in the Table 4.1a.

The analysis presented in the Table 4.1a shows that affirmatively the majority responded symptom that child does not breastfeed followed by incessant crying, fever and convulsions. This pattern of affirmative responses to the symptoms is observed for the all the phases of childhood from on the day of delivery to the 6 to 36 months after the delivery.

29.1. Table 4.1a: Distribution of women by the symptoms of the illness of the child that they are aware

(%)

Sno	Symptoms	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
On the day of delivery									
1	Does not breastfeed	67	33	69.3	30.7	66.7	33.3	68.2	31.8
2	Incessant crying	56.6	43.4	50.3	49.8	66.7	33.3	55.8	44.2
3	Fever	42.5	57.6	36.4	63.6	41.3	58.7	38.7	61.3
4	Convulsions	28.3	71.7	11.4	88.6	28.4	71.6	18.7	81.3
5	Fast breathing	5.7	94.3	15.6	84.4	18.4	81.6	14.9	85.1
6	Eyes rolling	14.2	85.9	10.6	89.4	16.4	83.6	12.8	87.2
7	Jaundice	2.8	97.2	13.9	86.1	15.4	84.6	12.7	87.3
8	Still/quiet	7.6	92.5	12.6	87.4	12.9	87.1	12	88.1
9	Makes fists	13.2	86.8	9.7	90.4	9	91	10	90
10	Underweight	7.6	92.5	9.7	90.4	10.5	89.6	9.6	90.4
11	Premature delivery	3.8	96.2	5.9	94.1	9	91	6.5	93.5
12	Others	0	100	0	100	0	100	0	100

13	DK/NR	0	100	0	100	0	100	0	100
Total N		**106**		**404**		**201**		**711**	

Sno	Symptoms	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
During 1st Week									
1	Incessant crying	51.9	48.1	51.2	48.8	61.7	38.3	54.3	45.7
2	Does not breastfeed	58.5	41.5	41.6	58.4	61.2	38.8	49.7	50.4
3	Fever	35.9	64.2	41.1	58.9	36.3	63.7	39	61
4	Convulsions	27.4	72.6	12.6	87.4	25.4	74.6	18.4	81.6
5	Jaundice	9.4	90.6	20.1	80	14.9	85.1	17	83
6	Fast breathing	7.6	92.5	17.8	82.2	17.4	82.6	16.2	83.8
7	Still/quiet	11.3	88.7	16.3	83.7	12.9	87.1	14.6	85.4
8	Eyes rolling	14.2	85.9	11.9	88.1	15.9	84.1	13.4	86.6
9	Underweight	7.6	92.5	9.9	90.1	11.4	88.6	10	90
10	Makes fists	11.3	88.7	7.7	92.3	13.4	86.6	9.9	90.2
11	Premature delivery	5.7	94.3	6.2	93.8	9	91	6.9	93.1
12	Others	0	100	0	100	0	100	0	100
13	DK/NR	0	100	0	100	0	100	0	100
Total N		**106**		**404**		**201**		**711**	
During 1st month									
1	Does not breastfeed	66	34	36.6	63.4	73.1	26.9	51.3	48.7
2	Incessant crying	39.6	60.4	41.3	58.7	52.7	47.3	44.3	55.7
3	Fever	34.9	65.1	37.4	62.6	34.3	65.7	36.2	63.9
4	Fast breathing	13.2	86.8	23.8	76.2	25.4	74.6	22.6	77.4
5	Still/quiet	17	83	25	75	17.9	82.1	21.8	78.2
6	Jaundice	11.3	88.7	21.5	78.5	18.4	81.6	19.1	80.9
7	Convulsions	29.3	70.8	10.9	89.1	25.4	74.6	17.7	82.3
8	Eyes rolling	14.2	85.9	11.6	88.4	13.4	86.6	12.5	87.5
9	Underweight	11.3	88.7	10.6	89.4	11	89.1	10.8	89.2
10	Makes fists	11.3	88.7	7.9	92.1	11.4	88.6	9.4	90.6
11	Premature delivery	5.7	94.3	9.7	90.4	6	94	8	92
12	Others	0	100	0	100	0	100	0	100
13	DK/NR	0	100	0	100	0	100	0	100
Total N		**106**		**404**		**201**		**711**	
During 1 to 5 months									
1	Does not breastfeed	66	34	36.4	63.6	68.2	31.8	49.8	50.2
2	Incessant crying	39.6	60.4	38.4	61.6	53.2	46.8	42.8	57.2
3	Fever	35.9	64.2	31.4	68.6	38.8	61.2	34.2	65.8
4	Still/quiet	17.9	82.1	27	73	19.4	80.6	23.5	76.5
5	Fast breathing	14.2	85.9	23.8	76.2	20.9	79.1	21.5	78.5
6	Jaundice	11.3	88.7	22	78	17.9	82.1	19.3	80.7
7	Convulsions	24.5	75.5	11.9	88.1	23.9	76.1	17.2	82.8
8	Premature delivery	7.6	92.5	16.8	83.2	7	93	12.7	87.3
9	Eyes rolling	14.2	85.9	11.1	88.9	13.4	86.6	12.2	87.8
10	Underweight	8.5	91.5	9.9	90.1	11.9	88.1	10.3	89.7
11	Makes fists	11.3	88.7	8.4	91.6	10	90.1	9.3	90.7
12	Others	0	100	0	100	0	100	0	100
13	DK/NR	0	100	0	100	0	100	0	100
Total N		**106**		**404**		**201**		**711**	
During 6 to 36 months									
1	Does not breastfeed	69.8	30.2	33.7	66.3	71.1	28.9	49.7	50.4
2	Incessant crying	42.5	57.6	41.1	58.9	52.2	47.8	44.4	55.6
3	Fever	33	67	35.2	64.9	37.8	62.2	35.6	64.4
4	Still/quiet	22.6	77.4	23.5	76.5	21.4	78.6	22.8	77.2
5	Fast breathing	13.2	86.8	20.5	79.5	21.9	78.1	19.8	80.2
6	Jaundice	5.7	94.3	20.3	79.7	17.9	82.1	17.4	82.6
7	Convulsions	25.5	74.5	11.4	88.6	22.9	77.1	16.7	83.3
8	Underweight	15.1	84.9	19.8	80.2	10.5	89.6	16.5	83.5
9	Premature delivery	4.7	95.3	14.4	85.6	11.4	88.6	12.1	87.9
10	Eyes rolling	13.2	86.8	11.1	88.9	11.9	88.1	11.7	88.3
11	Makes fists	11.3	88.7	11.9	88.1	11	89.1	11.5	88.5
12	Others	0	100	0	100	0	100	0	100
13	DK/NR	0	100	0	100	0	100	0	100

Total N	106	404	201	711

Causes for childhood illness

Further the women were asked about the reasons or causes of illness for each of the generally observed symptoms of illnesses during all the five selected phases of the childhood (on the day of delivery, during the 1st week after the delivery, during the 1st month of the delivery, during 1 to 5 months after the delivery and during 6 to 36 months after the delivery). The corresponding analysis is presented in the Table 4.1b. The analysis presented is for all the areas combined.

The analysis on the likely causes of different childhood illnesses reflected through the selected symptoms that the women aware of presented in the Table 4.1b shows that the most responded cause for the most of the symptoms is the evil/nazar followed by the unknown illness itself.

29.2. **Table 4.1b: Distribution of women by the known reasons/causes of the illness**

(%)

Symptoms	Causes	On the day of Delivery	1st Week	1st Month	1 to 5 months	6 to 36 months
Does not Breastfeed	Evil/Nazar	39.4	45.6	43.8	36.4	35.7
	Weather Change	13.2	18.4	12.6	14.1	12.2
	Child is weak	7.4	13.9	13.7	8.2	6.5
	Unsafe water	2.5	3.4	3.6	3.7	5.7
	Diet	0.4	1.1	1.6	3.1	3.4
	(Unknown) Illness	36.5	15.9	22.7	32.8	35.4
	DK/NR	0.6	1.7	1.9	1.7	1.1
	Total	**100**	**100**	**100**	**100**	**100**
Convulsions	Evil/Nazar	48.1	43.5	41.3	41.0	35.3
	Weather Change	15.8	18.3	18.3	13.9	19.3
	Child is weak	4.5	10.7	10.3	14.8	10.9
	Unsafe water	6.0	5.3	10.3	10.7	11.8
	Diet	0.8	0.0	2.4	0.0	0.8
	(Unknown) Illness	23.3	17.6	13.5	15.6	17.7
	DK/NR	1.5	4.6	4.0	4.1	4.2
	Total	100	100	100	100	100
Eyes rolling	Evil/Nazar	45.1	26.3	28.1	34.5	33.7
	Weather Change	9.9	15.8	12.4	12.6	8.4
	Child is weak	14.3	20.0	16.9	16.1	19.3
	Unsafe water	16.5	14.7	20.2	11.5	16.9
	Diet	0.0	0.0	0.0	1.2	1.2
	(Unknown) Illness	12.1	17.9	16.9	20.7	16.9
	DK/NR	2.2	5.3	5.6	3.5	3.6
	Total	100	100	100	100	100
Makes fists	Evil/Nazar	40.9	31.4	29.9	37.9	22.0
	Weather Change	11.3	12.9	9.0	6.1	7.3
	Child is weak	12.7	12.9	22.4	18.2	34.2
	Unsafe water	19.7	21.4	16.4	18.2	19.5
	Diet	1.4	1.4	4.5	1.5	3.7
	(Unknown) Illness	12.7	15.7	14.9	13.6	8.5
	DK/NR	1.4	4.3	3.0	4.6	4.9
	Total	100	100	100	100	100

Symptoms	Causes	On the day of Delivery	1st Week	1st Month	1 to 5 months	6 to 36 months
Underweight	Evil/Nazar	19.1	14.1	10.4	9.6	9.4
	Weather Change	14.7	18.3	18.2	11.0	12.8
	Child is weak	32.4	29.6	27.3	32.9	48.7
	Unsafe water	8.8	9.9	11.7	11.0	4.3
	Diet	7.4	8.5	10.4	6.9	6.0
	(Unknown) Illness	14.7	16.9	19.5	23.3	17.1
	DK/NR	2.9	2.8	2.6	5.5	1.7
	Total	100	100	100	100	100
Premature delivery	Evil/Nazar	23.9	20.4	19.3	10.0	10.5
	Weather Change	21.7	32.7	19.3	22.2	18.6
	Child is weak	23.9	26.5	22.8	30.0	26.7
	Unsafe water	4.4	4.1	14.0	10.0	5.8
	Diet	4.4	2.0	5.3	7.8	7.0
	(Unknown) Illness	17.4	10.2	17.5	18.9	30.2
	DK/NR	4.4	4.1	1.8	1.1	1.2
	Total	100	100	100	100	100
Still/quiet	Evil/Nazar	29.4	14.4	11.6	10.8	10.5
	Weather Change	25.9	25.0	16.1	18.0	19.8
	Child is weak	15.3	25.0	31.6	19.8	11.1
	Unsafe water	9.4	9.6	7.1	6.6	8.0
	Diet	3.5	1.9	3.2	7.2	6.8
	(Unknown) Illness	15.3	21.2	27.7	34.7	40.7
	DK/NR	1.2	2.9	2.6	3.0	3.1
	Total	100	100	100	100	100
Fast breathing	Evil/Nazar	26.4	17.4	16.2	17.7	14.2
	Weather Change	29.3	31.3	24.2	22.2	20.6
	Child is weak	14.2	21.7	16.8	17.0	13.5
	Unsafe water	10.4	8.7	13.7	13.1	11.4
	Diet	3.8	2.6	5.6	7.8	5.7
	(Unknown) Illness	15.1	14.8	21.1	21.6	33.3
	DK/NR	0.9	3.5	2.5	0.7	1.4
	Total	100	100	100	100	100
Jaundice	Evil/Nazar	38.9	28.1	30.9	23.4	23.4
	Weather Change	28.9	39.7	25.0	24.8	18.6
	Child is weak	7.8	7.4	10.3	6.6	9.7
	Unsafe water	10.0	7.4	9.6	13.1	12.1
	Diet	2.2	1.7	5.9	9.5	12.9
	(Unknown) Illness	8.9	13.2	15.4	19.7	19.4
	DK/NR	3.3	2.5	3.0	2.9	4.0
	Total	100	100	100	100	100
Fever	Evil/Nazar	28.7	26.4	25.3	23.5	19.8
	Weather Change	32.7	37.2	33.1	30.5	27.3
	Child is weak	10.6	9.8	9.3	6.2	7.9
	Unsafe water	4.4	4.0	3.1	2.9	3.2
	Diet	0.4	0.4	2.0	1.7	4.0
	(Unknown) Illness	20.0	19.5	24.1	31.7	34.0
	DK/NR	3.3	2.9	1.2	3.7	4.0
	Total	100	100	98	100	100
Incessant crying	Evil/Nazar	39.8	38.9	31.8	26.9	26.0
	Weather Change	21.2	20.0	18.7	15.3	15.5
	Child is weak	13.4	16.3	11.4	8.6	7.6
	Unsafe water	5.3	3.4	3.8	4.7	3.8
	Diet	1.8	1.6	2.5	4.3	3.2
	(Unknown) Illness	15.9	16.3	27.0	34.9	38.9
	DK/NR	2.8	3.6	4.8	5.3	5.1

	Total	100	100	100	100	100
Total N		**711**	**711**	**711**	**711**	**711**

Having observed the awareness and the causes know to the women, they were asked about the usual sources of treatment for the childhood illnesses of their children. The corresponding analysis is presented in the Table 4.1c.

The analysis related to the known source of women for the treatment of the childhood illnesses reflected through the selected symptoms presented in the Table 4.1c shows that the most responded source is the jhola chap or the village doctor followed by PHC or CHC, private hospital and district hospital. This pattern is followed for illness all through the different phases of childhood from on the day of delivery to the phases of 6 to 36 months after the delivery.

29.3. Table 4.1c: Distribution of women by the source of treatment for childhood illnesses that they are aware

(%)

Symptoms	Sources	On the day of delivery	1st week	1st month	1 to 5 months	6 to 36 months
Does not Breastfeed	Jhola chap/village doctor	42.1	31.9	30.8	30.7	28.6
	PHC/CHC	12.9	16	21.8	21.1	20
	Private hospital	18.1	18.3	19.4	18.1	18.9
	District hospital	7.9	12.5	11.5	12.7	14.8
	ANM/MPV	3.7	5.5	5.3	5.9	5.2
	Religious healer	3.1	3.8	4.1	4.1	3.8
	AWW	4.6	5.5	3	2.7	3.7
	Mitanin	3.2	4.2	2.7	3.5	3.7
Convulsions	Jhola chap/village doctor	37.3	33.5	30.7	29.3	27
	PHC/CHC	14.8	17	23.1	22.1	21.9
	Private hospital	17.6	16.9	17.4	18.3	20
	District hospital	11	11.5	11.7	12.9	14.6
	ANM/MPV	2.4	3.9	4.2	4.5	5.3
	AWW	6.8	8.4	5.8	6.6	4.4
	Mitanin	4.4	3.7	3.2	3	3.2
	Religious healer	2.1	2.5	2.4	2.3	2.5
Eyes rolling	Private hospital	22.4	19.6	20.4	20.1	23.9
	Jhola chap/village doctor	31.2	29.5	27.3	25.7	23.5
	PHC/CHC	18	19.6	23.1	23.1	21.5
	District hospital	9.3	11.8	12.2	15.1	14.8
	ANM/MPV	1.4	2.7	4.5	4.2	4.5
	AWW	7.5	6.1	4.9	3.8	4.2
	Religious healer	2.5	3.2	3.1	3.7	3.5
	Mitanin	4.6	5.6	3.5	3.2	3
Makes fists	Private hospital	25.9	21.4	25	24.1	26.6
	Jhola chap/village doctor	29.4	27.7	25.2	24.6	23.6
	PHC/CHC	15.1	18	20.1	20.4	18.7
	District hospital	9.3	10.8	11.3	12.2	12.8
	ANM/MPV	2.7	3.9	4.4	5.2	5.6
	Religious healer	3.5	4.5	4.4	3.9	4.5
	AWW	6.9	7.6	5.1	5.1	4.2
	Mitanin	3.7	3.4	3	3	2.5
Underweight	Private hospital	25.5	22.5	25.5	25	26.6
	Jhola chap/village doctor	25.6	23.2	23.6	22.2	21.5
	PHC/CHC	19.3	20.3	21.1	20	19.8
	District hospital	7.9	11.3	9.9	12.5	11.8
	ANM/MPV	3.1	4.6	6.5	7.2	7.2
	AWW	8.6	7.5	6.5	5.5	5.8

	Religious healer	2.4	3.5	3.7	3.9	4.1
	Mitanin	4.4	4.9	2	2.1	2

Symptoms	Sources	On the day of delivery	1st week	1st month	1 to 5 months	6 to 36 months
Premature delivery	Private hospital	24.5	22.4	24.5	24.3	26.7
	PHC/CHC	20.1	20.7	22.2	23.4	22.4
	Jhola chap/village doctor	25.2	24.1	22.9	21.8	20.7
	District hospital	8	10	9.7	9.7	10.8
	AWW	8.3	8	5.8	7.6	6.9
	ANM/MPV	3.4	3.7	5.6	5.3	4.6
	Mitanin	3.8	4.4	3.7	3.1	3.2
	Religious healer	3	4.6	4.4	3.8	3.1
Still/quiet	PHC/CHC	20.5	22.8	21.5	25	23.4
	Private hospital	20	17.6	21	21.2	23.1
	Jhola chap/village doctor	26.9	26.6	24.3	22.8	22.9
	District hospital	7.7	10.1	9.4	11	11.1
	AWW	8.7	7.6	7.9	4.9	5.9
	ANM/MPV	3.8	4.1	6.1	5.2	5.6
	Religious healer	3.5	3.5	4.4	4.1	4.2
	Mitanin	4.9	5.1	3.8	4.2	2.4
Fast breathing	Jhola chap/village doctor	27.4	29.1	26.4	24.9	24.6
	Private hospital	19	17.6	20.8	20.7	22.9
	PHC/CHC	19.7	19	20.7	20.8	20.4
	District hospital	10.6	11.3	11.8	13.2	11.8
	Religious healer	1.8	3.4	3.7	4.8	5.8
	AWW	7.6	7.6	5.3	5.8	4.9
	ANM/MPV	4.4	3.8	4.5	4.6	4.5
	Mitanin	5.8	5.8	5.1	3.9	3.2
Jaundice	Jhola chap/village doctor	30.2	30.1	25	25.7	24.3
	Private hospital	18.6	18.7	19.6	19.4	22.6
	PHC/CHC	16.6	16.5	18.7	19.6	19
	District hospital	11.5	11.7	12.8	13.1	12.2
	Religious healer	2	3.4	10	9.7	8.9
	AWW	8.9	8.2	3.8	3.1	4.4
	ANM/MPV	4.9	4.8	5.1	4.6	3.8
	Mitanin	3.1	3.5	3	2.5	2.4
	Private doctor	0.8	1	0.8	0.8	0.7
	DK/NR	1.1	1.1	1.1	1.3	1.6
Fever	Jhola chap/village doctor	35	35.4	31.7	30.4	29.5
	Private hospital	17	18.4	18.3	19	21.4
	PHC/CHC	14.4	14.5	17.6	18.1	17.3
	District hospital	10.8	10.6	11.8	11.5	11.1
	AWW	6.9	6.8	6.8	6.2	5.9
	ANM/MPV	5.6	4.6	4.4	4.4	4.9
	Religious healer	2.5	3.5	4.4	4.4	4.5
	Mitanin	3.7	3.5	2.8	3.8	2.7
	DK/NR	1.6	1.3	1.7	1.6	2.1
Incessant crying	Jhola chap/village doctor	29.1	27.7	25.5	23.9	23.5
	Private hospital	15.8	17.6	16.9	18	20.8
	PHC/CHC	13.1	12.7	14.6	16.5	15.6
	District hospital	9.4	10.3	12	11.4	11.1
	ANM/MPV	6.8	6.2	7.9	5.8	7.5
	Religious healer	6.2	7.2	7.7	7.3	6.3
	AWW	8.3	7.2	5.9	7	6.1
	DK/NR	4.1	4.4	4.2	5.2	4.9
	Mitanin	4.4	4.9	4.4	4.1	3.7
Total N		**711**	**711**	**711**	**711**	**711**

It is observed from the analysis on the women's awareness about the symptoms of neonatal and childhood illnesses presented in this section that most of the women

are not aware of the different symptoms of the illness during early childhood stages of their children. Also it is observed that most of the women attributing the causes of illness to the unknown factor such as evil/nazar. It is a traditional way of thinking when the actual factor of the illness is not known. About the source of treatment for the neonatal and childhood illnesses most of the women fall back on the village level sources.

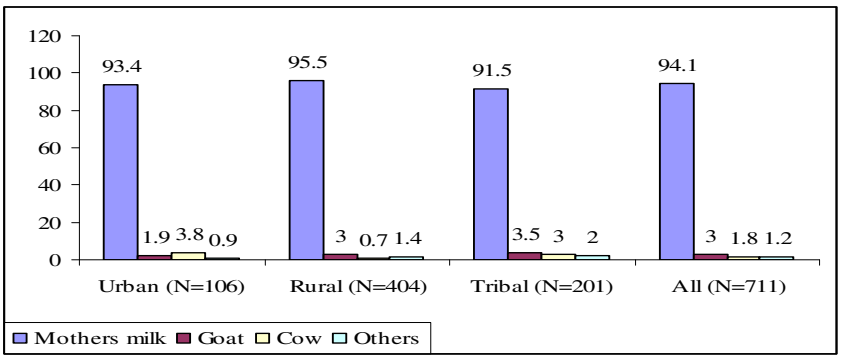
30 4.2 Early Childhood Care

This section presents the analysis of awareness about the neonatal and childhood care usually one has to aware of and practice. To understand the practices related early childhood care the women were asked about the feeding patterns and course of action during different situations related to childhood care.

Figure 4.2a presents the awareness as reported by the women on the milk that they are aware is better for a child up to 6 months of age. Majority (94%) of the women are aware that mothers milk (breast feed) is the better choice for a child below 6 months of age.

Fig 4.2a: Distribution of women by the type/source of milk better for a child up to 6 months of age

(%)



When the women about the course of action to be followed when a mother cannot breast feed her child, as the analysis presented in the Table 4.2a shows a majority of the women are not affirmative on any of the options given. About one-third of the women are affirmative about giving packaged milk to the child, another one-third of them are affirmative to give milk of some animal. Most of the mothers are not affirmative about approaching hospital/doctor or any service provider in this regard. The same pattern is followed across location.

30.1. **Table 4.2a: Distribution of women by the course of action to be followed when a mother can not breast feed her child**

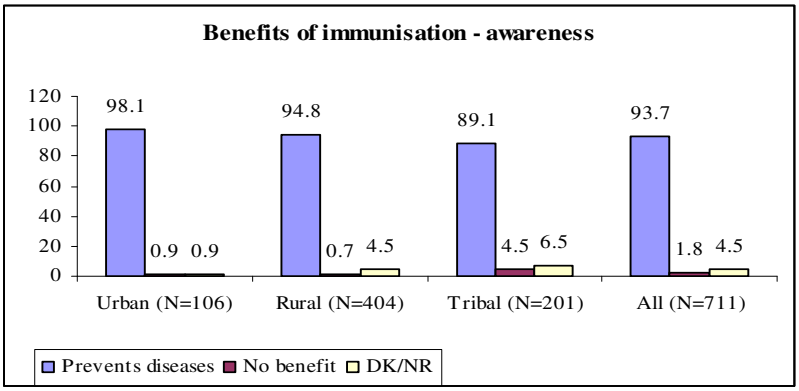
(%)

Sno	Course of action	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Give packaged milk	21.7	78.3	52.2	47.8	17.4	82.6	37.8	62.2
2	Give milk of some animal	13.2	86.8	40.8	59.2	18.9	81.1	30.5	69.5
3	Go to Private Doctor	42.5	57.6	13.6	86.4	30.9	69.2	22.8	77.2
4	Increase her own diet	25.5	74.5	9.9	90.1	22.4	77.6	15.8	84.3
5	Go to District Hospital	11.3	88.7	5.9	94.1	17.4	82.6	10	90
6	Go to PHC/CHC	3.8	96.2	8.2	91.8	10.5	89.6	8.2	91.8
7	Contact AWW	1.9	98.1	6.2	93.8	9.5	90.6	6.5	93.5
8	Contact ANM/MPW	0.9	99.1	6.7	93.3	8.5	91.5	6.3	93.7
9	Contact Mitanin	0	100	3	97	6.5	93.5	3.5	96.5
Total N		**106**		**404**		**201**		**711**	

Further the women were asked about the known benefits of immunization to the child. In this regard as the analysis presented in the figures 4.2b and 4.2c indicates most the women reported that it (immunization) prevents diseases.

Fig 4.2b: Distribution of women reporting benefits of immunization

(%)



When asked about the diseases likely to be prevented by the immunization, as the presented in the Table 4.2b shows about half of the women reported that polio can be prevented by the immunisation. The other most reported diseases which can be prevented by the immunization are whopping cough and measles. However, awareness on benefits of immunisation has scope for improvement.

30.2. **Table 4.2b: Distribution of women reporting the diseases that immunisation prevent**

(%)

Diseases prevented by immunization		Urban	Rural	Tribal	All
1	Polio	51.9	57.4	42.8	52.5
2	Whopping cough	41.5	25.5	28.4	28.7
3	Measles	14.2	32.9	15.4	25.2
4	TB	29.3	10.9	27.4	18.3
5	DK	7.6	12.9	15.4	12.8
6	All Diseases	22.6	6.7	15.9	11.7
7	Blindness	0.9	2.5	4.5	2.8
8	Others	0	1.2	1.5	1.1
Total N		**106**	**404**	**201**	**711**

Awareness about umbilical cord care

To understand the awareness about post delivery care, women were asked about the umbilical cord care after it is cut. The analysis is presented in table 4.2c. About one fifth (20%) of them reported that nothing is to be applied, about half (48%) of the women are of the opinion that power is to be applied for another one fourth (26%) of the women ghee or turmeric or ash should be applied to umbilical cord.

30.3. **Table 4.2c: Distribution of women by type of material to be applied on umbilical cord**

(%)

Sno	Particulars	Urban	Rural	Tribal	All
1	Powder	48.1	51.7	38.8	47.5
2	Ghee/turmeric/ash	34.9	21	32.3	26.3
3	Nothing	14.2	19.8	24.9	20.4
4	Others	0.9	3.2	3	2.8
5	GV lotion	1.9	2.5	0	1.7
6	DK/NR	0	1.7	1	1.3
Total N		**106**	**404**	**201**	**711**

Breast feeding

To gauge the awareness about breast feeding to new born child, the women were questioned relevantly on how soon the child has to be breast fed and duration that a child has to be breast fed. Further the mothers were asked about the complementary food to be given to the child. The analysis is presented in table 4.2d.

The analysis indicates that about half (54%) of the women opine that the newborn must be breastfed within one hour after the birth, while about two fifth (36%) reported that the newborn has to be breastfed immediately after the birth. When asked about the duration that a child has to be breast fed, about two third (65%) of the women opined that the child must be breastfed up to 6 months after the birth, which is encouraging. Similarly about three fifth (59%) of the women are aware that complementary feed must be given after 6 months.

30.4. Table 4.2d: Distribution of women by their opinion on breastfeeding and complementary food

(%)

Sno	Opinion	Urban	Rural	Tribal	All
When a newborn has to be breastfed					
1	Immediately after birth	30.2	34.4	40.8	35.6
2	Within one hour of birth	56.6	60.2	41.3	54.3
3	After 3 days	8.5	1.7	4.5	3.5
4	DK/NR	0.0	0.0	0.5	0.1
5	Others	4.7	3.7	12.9	6.5
Total N		**106**	**404**	**201**	**711**
How long a child be breastfed					
1	Up to 2 months	2.8	0.7	2.5	1.6
2	Up to 3 months	0.9	1.5	3.0	1.8
3	Up to 4 months	0.9	1.2	2.5	1.6
4	Up to 5 months	10.4	19.8	9.5	15.5
5	Up to 6 months	67.9	67.3	58.7	65.0
6	DK/NR	0.0	1.2	0.5	0.8
7	Others	17.0	8.2	23.4	13.8
Total N		**106**	**404**	**201**	**711**
When a child has to begin having complementary food					
1	After 2 months	0.9	0.5	1.0	0.7
2	After 3 months	0.0	0.0	1.5	0.4
3	After 4 months	0.0	0.5	2.0	0.8
4	After 5 months	8.5	8.2	7.5	8.0
5	After 6 months	51.9	68.6	44.3	59.2
6	After 8 months	34.9	19.6	38.3	27.1
7	DK/NR	0.0	0.7	1.5	0.8
8	Others	3.8	2.0	4.0	2.8
Total N		**106**	**404**	**201**	**711**

Food intake after delivery

The women were asked about the food in take by the newly delivered mother. Specifically, the women were asked about their opinion on how many days after the delivery should a women/mother begin eating meals. The corresponding analysis presented in the Table 4.2e shows that about three fourth (71%) of the women opine that the mother/women can begin eating meals on the same day of delivery. The same pattern is followed across locations.

30.5. Table 4.2e: Distribution of women by their opinion on how many days after delivery should a woman begin eating meals

(%)

Sno	Days time to women begin meals	Urban	Rural	Tribal	All
1	Same day	74.5	66.1	78.6	70.9
2	Second day	4.7	5.9	11.0	7.2
3	Third days	9.4	10.9	6.5	9.4
4	Fourth day	3.8	8.9	1.5	6.1
5	Fifth days	3.8	5.0	0.5	3.5
6	Sixth days	2.8	1.5	1.5	1.7
7	After a week / two weeks	0.0	1.0	0.0	0.5
8	DK/NR	0.9	0.7	0.5	0.7

Mean (days)	1.1	1.3	0.8	1.1
Median (days)	0	0	0	0
SD	1.6	2	1.2	1.8
Total N	**106**	**404**	**201**	**711**

Decision making on child care

The women were asked about the decision making process regarding child care within household. The women in particular were asked about the family members who take decision regarding child care.

Regarding the decision making in the household with respect care of the child, when the respondent women are probed on this issue as the analysis presented in the Table 4.2f shows about half of women reported that it is the husband who makes the decision regarding the care of the child, another one-third of the respondent reported that they (the mother) themselves make the decision.

30.6. **Table 4.2f: Distribution of women by family member who decides about child care**

(%)

Sno		Urban	Rural	Tribal	All
1	Self	29.3	32.4	25.4	30.0
2	Husband	55.7	54.7	55.2	55.0
3	Mother-in-law	3.8	9.4	6.0	7.6
4	Father-in-law	3.8	9.4	3.5	6.9
5	Entire family collectively	12.3	6.2	17.9	10.4
6	Other community members	0	0	0	0
7	Others	0	0	0	0
8	DK/NR	0.9	0.0	0.0	0.1
Total N		**106**	**404**	**201**	**711**

31 4.3 Opinion on Marriage and Birth Spacing

In this section analysis women's opinion on marriage and birth spacing is discussed.

Age at marriage

The women were asked about their opinion on what is the appropriate age for the marriage of the females. In this regard it may be observed from the analysis presented in the Table 4.3a that about four fifth (82%) of them are having the opinion that the appropriate age for the marriage for female is 18 to 19 years. Across location, more than three fourth of the women are having this opinion. Thus the average appropriate for the marriage of females reported by the women is around 18 years.

Further the women were asked about their reason for stating the age reported as appropriate. About two third (65%) of them have reported that the age reported by them is the eligibility for girls to get married. Ability to conceive (9%) and ability to manage a family (7%) are the subsequent perceptions reported.

31.1. **Table 4.3a: Distribution of women by their opinion on what is the appropriate age for marriage for females**

(%)

Sno	Age appropriate for marriage	Urban	Rural	Tribal	All
1	Below 16	0.9	0	2	0.7
2	16-17	1.9	2	7	3.4
3	18-19	78.3	86.1	75.1	81.9
4	20-24	17	11.6	13.9	13.1
5	25-29	1.9	0	0	0.3
8	DK/NR	0	0.2	2	0.7
Mean		18.5	18.2	18.2	18.3
Median		18	18	18	18
SD		1.7	0.8	1.3	1.1
Total N					
Why it is appropriate					
1	Girl is eligible for marriage	69.8	68.3	55.7	65
2	This age is suitable for pregnancy	21.7	3.7	12.9	9
3	They are able to manage the family	6.6	7.7	9	7.9
4	Girls will not be weak	1.9	5.2	10	6
5	Education gets completed	5.7	2	8	4.2
6	Mother & child health is good	0	6.7	0.5	3.9
7	DK/NR	0	3.4	5.5	3.5
8	Women body get grow/change in this age	1.9	2.5	4	2.8
9	At young age they are not able for pregnancy	0	1.5	0.5	1
Total N		**106**	**404**	**201**	**711**

Age at first conception

Further the women were asked about the appropriate age for conceiving the first child. As the analysis presented in the Table 4.3b shows about four-fifth (82%) of them reported that age between 20 and 24 years is the appropriate age for a woman for conceiving first child. The average age appropriate for having first child is 21 years. Across location there has not been much significant difference with respect to the average age appropriate for having first child. It is in fact encouraging to note that the women are well aware of the age a girl can get married and conceive children.

31.2. **Table 4.3b: Distribution of women by their opinion on what is the appropriate age for having first child**

(%)

Sno	Age appropriate for first child	Urban	Rural	Tribal	All
1	Below 16	0	0	0.5	0.1
2	16-17	1	0	3	1
3	18-19	11.4	10.7	23.9	14.5
4	20-24	82.9	87.8	70.6	82.2
5	25-29	4.8	1.5	2	2.1
Mean		21.6	21	20.5	20.9
Median		21	20	20	20
SD		1.9	1.6	1.7	1.7
Total N		**106**	**404**	**201**	**711**
Why it is appropriate					
1	This age is right for the birth of a child	65.1	29.2	52.2	41.1
2	Mother and child will be healthy	11.3	32.9	10.4	23.3
3	In this age body fitness is good	15.1	17.8	21.4	18.4
4	Others	3.7	13.5	3.5	9

5	DK/NR	0.9	4.4	6.5	4.5
6	Physically/body is able for pregnancy in required	0.9	0	10	3
7	Mother didn't face any problem	5.7	3	0	2.5
Total N		**106**	**404**	**201**	**711**

Ideal family size

To know women's awareness about ideal family size, they were asked about the appropriate size of the family in their opinion. The corresponding analyses presented in the Table 4.3c indicates that about three fifth (60%) of the women are having an opinion that four member in the family is appropriate size. About one –fourth (26%) of them opine that 5 to 6 is the appropriate size of the family. The average size of the family reported as appropriate one is 4 members. Across locations the same pattern is observed.

31.3. Table 4.3c: Distribution of women reporting perception on approximate family size

(%)

Sno	Appropriate size of the family	Urban	Rural	Tribal	All
1	Two	7.5	3	7.5	4.9
2	Three	0.9	8.4	4.5	6.2
3	Four	73.6	60.9	50.7	59.9
4	5 to 6	15.1	25.2	33.8	26.2
5	7 to 10	2.8	1.7	2	2
6	Above 10	0	0.2	0	0.1
7	DK/NR	0	0.5	1.5	0.7
Mean		4.1	4.2	4.3	4.2
Median		4	4	4	4
SD		1.1	0.9	1	1
Total N		**106**	**404**	**201**	**711**

Birth spacing

The women were asked about the appropriate birth spacing between a child birth and the next pregnancy. It may be observed from the analysis presented in the Table 4.3d that about three fifth (60%) of them reported it as 3 years gap or space is the appropriate between pregnancies. For about slightly more than one fourth (27%) two years is the appropriate birth space. The average years of birth spacing is around 3 years across locations.

31.4. Table 4.3d: Distribution of women by opinion on birth spacing

(%)

Sno	Appropriate birth space	Urban	Rural	Tribal	All
1	Two years	18.9	26	34.3	27.3
2	Three years	62.3	60.9	58.2	60.3
3	Four years	8.5	6.2	2.5	5.5
4	5 to 6 years	10.4	5.7	3	5.6
5	DK/NR	0	1.2	2	1.3
Mean (years)		3.1	2.9	2.7	2.9
Median (years)		3	3	3	3
SD		0.9	0.8	0.7	0.8
Total N		**106**	**404**	**201**	**711**

32 4.4 Awareness about Family Planning

This section presents the respondent awareness about family planning methods usually one has to be aware of and practice.
While investigating on the awareness of women about the family planning methods they were asked about the methods of family planning known to them and they have ever used. The table 4.4a presents the analysis. Almost all (97%) reported about awareness on female sterilization, while four fifth (82%) reported to be aware of male sterilisation. Temporary methods such as pill and condom is reported to be aware by three fourth (74%) and three fourth (69%) of the women. The analysis indicates the women are aware of most of the family planning methods.

32.1. Table 4.4a: Distribution of women by the awareness on the FP method

(%)

Sno	Method	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
Known method									
1	Female sterilisation	100	0	96	4	97.5	2.5	97.1	3
2	Male sterilisation	95.3	4.7	76.2	23.8	87.6	12.4	82.3	17.7
3	Pill	84	16	71.8	28.2	73.6	26.4	74.1	25.9
4	Condom	84.9	15.1	69.1	30.9	61.7	38.3	69.3	30.7
5	Withdrawal or Rhythm	83	17	60.4	39.6	60.2	39.8	63.7	36.3
6	IUD or Loop	48.1	51.9	35.2	64.9	21.4	78.6	33.2	66.8
7	Injectable	52.8	47.2	21.8	78.2	18.4	81.6	25.5	74.5
8	Emergency Contraception	40.6	59.4	12.6	87.4	13.9	86.1	17.2	82.8
9	Others	0	100	0	100	0	100	0	100

Ever and current use of FP methods

Table 4.4b presents the analysis of the FP methods the women reported to have ever used and currently using.

Although the women are aware of most of the family method when it comes usage it seems they have not used or they are not using many of these methods. When they were asked about family planning methods ever used only about one fourth (24%) of them responded about withdrawal or rhythm which is traditional way of practice when advanced methods are not available. When they were asked about the currently using family planning method only 15% of the women were affirmative about the method withdrawal or rhythm. Ever and current use of modern FP methods seem to be low.

32.2. Table 4.4b: Distribution of women by the awareness on the method of family planning and the method used/using

Sno	Method	Urban		Rural		Tribal		All	
		Yes	No	Yes	No	Yes	No	Yes	No
Ever used method									
1	Withdrawal or Rhythm	18.9	81.1	29	71	14.9	85.1	23.5	76.5
2	Condom	25.5	74.5	10.6	89.4	12.4	87.6	13.4	86.6
3	Pill	12.3	87.7	8.7	91.3	5	95	8.2	91.8
4	Female sterilisation	5.7	94.3	9.2	90.8	6	94	7.7	92.3
5	Male sterilisation	0	100	1	99	1.5	98.5	1	99
6	IUD or Loop	1.9	98.1	0.7	99.3	1	99	1	99
7	Injectable	2.8	97.2	0.7	99.3	0	100	0.8	99.2
8	Emergency Contraception	0	100	0.7	99.3	0	100	0.4	99.6
9	Others	0	100	0	100	1	100	0	100
Method using currently									
1	Withdrawal or Rhythm	14.2	85.9	16.1	83.9	12.9	87.1	14.9	85.1
2	Female sterilisation	4.7	95.3	7.7	92.3	5.5	94.5	6.6	93.4
3	Condom	15.1	84.9	4	96	6.5	93.5	6.3	93.7
4	Pill	4.7	95.3	2.2	97.8	1.5	98.5	2.4	97.6
5	Male sterilisation	0	100	0.5	99.5	0.5	99.5	0.4	99.6
6	Emergency Contraception	0	100	0.7	99.3	0	100	0.4	99.6
7	IUD or Loop	0	100	0.3	99.8	0.5	99.5	0.3	99.7
8	Injectable	0	100	0.5	99.5	0	100	0.3	99.7
9	Withdrawal or Rythem	14.2	85.9	16.1	83.9	12.9	87.1	14.9	85.1
Total N		**106**		**404**		**201**		**711**	

Reasons for not using any FP method

When asked about the reasons for not using any family planning method, analysis presented in the Table 4.4c shows that about two fifth (43%) of the women reported about want of child as the reason.

32.3. Table 4.4c: Distribution of women by the reasons for not using any family planning method

(%)

Sno	Reasons	Urban	Rural	Tribal	All
1	Wanted a Child	72.3	31.1	54.1	43.3
2	Don't need	0	2.1	4.8	2.6
3	Child is young	10.8	22.3	13.7	18.2
4	Period not started	0	3.5	0.7	2.2
5	Child take breastfeed	0	11.3	2.7	7.3
6	Information have no more	0	1.1	3.4	1.6
7	Don't like my husband	0	1.4	4.8	2.2
8	Others	4.6	4.9	2.7	4.2
9	DK/NR	12.3	23.7	15.1	19.6
Total N		**65**	**283**	**146**	**494**

Source of FP aware of

At this juncture it is important to know whether the women are aware of the sources of family planning method. Therefore when they were asked about the sources they are aware of to obtain a method of family planning it may be observed from the analysis presented in the Table 4.4d that not more than one fifth of the women know any single family planning method.

32.4. Table 4.4d: Distribution of women reporting awareness about source of FP method

(%)

Sno	Reasons	Urban	Rural	Tribal	All
1	Govt/Municipal Hospital	42.5	5.9	20.9	15.6
2	Govt Dispensary	11.3	5.7	19.4	10.4
3	CHC/Rural Hospital/PHC	8.5	19.3	7.0	14.2
4	Sub-centre/ANM	5.7	7.7	8.0	7.5
5	Camp	0.9	2.7	1.5	2.1
6	AWC/ICDS Centre	6.6	16.1	23.9	16.9
7	ASHA	4.7	25.7	13.4	19.1
8	Private Hospital	10.4	4.0	4.0	4.9
9	Private Doctor/Clinic	0.9	1.7	0.0	1.1
10	Traditional Healer	7.6	4.2	0.5	3.7
11	DAI	0.9	5.2	2.5	3.8
12	Shop	7.6	4.0	7.0	5.3
13	Husband	0.9	12.1	1.5	7.5
14	Friend/Relative	0.0	0.7	0.5	0.6
15	Others	42.5	5.9	20.9	15.6
16	DK/NR	11.3	5.7	19.4	10.4
Total N		**106**	**404**	**201**	**711**

Information sources on FP aware of

When the women were asked about the source of information they get from related to family planning it is observed from the Table 4.4e that home visit of a health care service provider is the most reported source. The same pattern is observed across location.

When they were asked about whether they are interested in using any family planning method, almost all the women were affirmative on this using a method.

32.5. Table 4.4e: Distribution of women by the source of information related to family planning and intention to use any method

(%)

Sno	Reasons	Urban	Rural	Tribal	All
Source of Information on family planning					
1	NHD	15.1	23.5	12.4	19.1
2	Home visit	84.9	75.3	87.1	80.0
3	Others	0	0	0	0
4	DK/NR	0	1.2	0.5	0.8
Total N		**106**	**404**	**201**	**711**
Intend to use any method in future					
1	Yes	97.2	95.1	98.5	96.3
2	No	2.8	4.5	0.5	3.1
3	DK/NR	0	0.5	1	0.6
Total N		**106**	**404**	**201**	**711**

33 CHAPTER 5
34
35 COMPETENCE OF SERVICE PROVIDERS/SERVICE PROVIDERS

The fifth chapter presents the analysis of competence test of the service providers or service providers especially the Angan Wadi Workers (AWW), Auxiliary Nurse Midwives (ANMs) and ICDS supervisors with respect to their awareness and knowledge about the neonatal and childhood illnesses and the treatment for these illnesses.

36 5.1 Knowledge about Anemia and Infant Mortality

Anemia

In this section, the awareness of the service providers about the anemia and infant mortality is discussed. Particularly some facts, myths and misconception related anemia and infant mortality were given to them (service providers/service providers) and they were asked to reflect on these issues.

A set of statements on anemia were read out to the service providers and were asked whether they know the statement to be true or false. The first statement is that anemia in pregnancy can be prevented by eating green leafy vegetables during the pregnancy, because of the women don't listen to this advice they have to be given iron tablets. The analysis presented in the Table 5.1a shows that for most of the service providers this statement is true.

The second statement read out was that if a woman consumes 90-100 tablets during pregnancy and her pregnancy lasts until the expected date of delivery, the child will not have iron deficiency anemia for at least few months after birth is true or false. The analysis presented in the table 5.1a indicates about four fifth (79%) of them said the statement is true and for the rest one-fifth of them the statement is false.

36.1. Table 5.1a: Distribution of service providers by responses to statements on anemia

(%)

Sno	Statement/responses	AWW	ANM	ICDS Sup	All
Anemia in pregnancy can be prevented by eating green leafy vegetables during pregnancy. Because women don't listen to this advice, they have to be given iron tablets					
1	True	94	90	93	93
2	False	5	10	5	6
3	DK/NR	1	0	2	1
If a woman consumes 90-100 tablets during pregnancy and her pregnancy lasts until the expected date of delivery, the child will not have iron deficiency anemia for at least few months after birth.					
1	True	76	86	83	79
2	False	24	14	15	20
3	DK/NR	0	0	2	0
Total N		**176**	**63**	**60**	**299**

Infant mortality

To understand their competence related infant mortality the service providers were asked about what is infant mortality. The corresponding analysis presented in the Table 5.1b indicates that about two third (63%) of them said infant mortality is death of a child before completing his/her 1st birthday, another one third of them reported it as the death of a child soon after the birth.

Further, in order to understand their competence related to their knowledge about infant mortality rate they were asked about what is the infant mortality rate when there are 75 deaths out of 750 live births in year. As the analysis presented in the Table 5.1b shows most of the service providers could not identify the actual infant mortality rate which is 100. It indicates their poor knowledge about deriving the infant mortality rate.

36.2. Table 5.1b: Distribution of service providers by their response related to queries on infant mortality

(%)

Sno	Details	AWW	ANM	ICDS Sup	All
What is infant mortality					
1	Death of child before completing 1st birthday	50	75	88	63
2	Death of a child soon after birth	43	16	10	31
3	Death of a child before completing 5 years	6	8	0	5
4	DK/NR	1	2	2	1
Total N					
IMR for 75 deaths out of 750 live births in a year is…					
1	IMR is 25	48	41	28	43
2	IMR is 50	20	24	20	21
3	IMR is 75	17	27	18	19
4	IMR is 100	7	8	22	10
5	DK/NR	7	0	12	7
Total N		**176**	**63**	**60**	**299**

When the service providers were asked about the state level IMR, about half of the respondent reported that they don't know. Only about one third (30%) of them guessed it the IMR between 51 and 100, for another one fifth (18%) of them the IMR is below 50. The situation indicates that the service providers are not aware of the state level IMR.

36.3. Table 5.1c: Distribution of service providers by the knowledge about current state level infant mortality rate (IMR)

(%)

Sno	IMR	AWW	ANM	ICDS Sup	All
1	Below 50	22	14	13	18
2	51 to 100	11	52	63	30
3	401 to 500	0	2	0	0
9	DK/NR	67	32	23	51
Mean		41.8	71.0	57.0	55.2
Median		30.0	70.0	61.0	60.0
SD		24.0	70.0	20.9	43.8
Total N		**176**	**63**	**60**	**299**

Note: IMR = number of deaths per 1000 live births.

The service providers were asked about the age of the child when infant mortality is usually higher and the common cause for mortality of child at that age. About three fourth (71%) of the service providers opined that mortality is witnessed usually in the first month after birth. And the reasons stated include infection (30%), failure to cry or breathe at birth (26%) and jaundice of the new born (25%).

A statement "First month deaths takes place first few days after birth" was read out read out to the service providers and asked whether they know the statement to be true or false and about two third (66%) stated that the statement is true.

36.4. Table 5.1d: Distribution of service providers by responses on infant mortality

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
Majority of children die in a month after the birth					
1	First	63	81	82	71
2	Second	18	11	15	16
3	Sixth	6	5	2	5
4	Ninth	10	2	0	6
5	DK/NR	3	2	2	3
What is not a common cause of neonatal death					
1	Failure to cry or breath at birth	34	13	20	26
2	Severe infection	32	37	18	30
3	Jaundice of the newborn	16	38	35	25
4	Premature death	15	13	22	16
5	DK/NR	3	0	5	3
First month deaths takes place first few days after birth					
1	True	57	73	88	67
2	False	31	24	8	25
3	DK/NR	11	3	3	8
Leading causes of death of children aged above one month					
1	Tuberculosis	10	2	7	8
2	Pneumonia/ARI	71	78	73	73
3	Diarrhea	43	75	65	54
4	Diphtheria	9	16	3	9
5	DK/NR	1	0	5	1
Total N		**176**	**63**	**60**	**299**

For a query on the leading causes of death of children aged above one month, the analysis presented in the Table 5.1d shows that about three fourth (73%) of service providers reported it as pneumonia or ARI and slightly more than half (54%) of the service providers reported it as diarrhea.

Preventive care after birth

To analyse the awareness about preventive care, the service providers were asked about the ways which are not good to prevent hypothermia immediately after birth and the reasons which they know that hypothermia is dangerous.

The analysis presented in the Table 5.1e. About half of them (54%) reported it as drying and wrapping immediately after birth, for about one-fourth of them it is a

warm water bath immediately after birth are not good way to prevent hypothermia immediately after birth.

Again the service providers were asked about the reasons they consider for stating hypothermia to be dangerous. The responses to the said query are analysed in the Table 5.1e. It is observed that 47% of the service providers said that cold makes the baby blue and another 41% of them said cold makes the baby likely to suffer with infections.

36.5. Table 5.1e: Distribution of service providers by their responses related to hypothermia

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
Which one is not a good way to prevent hypothermia immediately after birth					
1	Drying and wrapping immediately after birth	56	56	45	54
2	A warm water bath immediately after birth	19	30	48	27
3	Skin-to-skin care immediately after birth	19	14	5	15
4	Keeping the room warm during delivery	3	0	2	2
5	DK/NR	2	0	0	1
Why hypothermia is dangerous					
1	Cold makes the child cry	15	2	3	10
2	Cold makes the baby blue	43	49	57	47
3	Cold makes the baby likely to suffer with infections	39	49	40	41
4	Cold makes the baby more hungry	3	0	0	2
5	DK/NR	1	0	0	0
Total N		**176**	**63**	**60**	**299**

Steps to reduce infant mortality

The service providers were asked to rank five important activities that helps in reducing infant/child mortality out of selected 10 activities according their priority. The corresponding analysis is presented in the Table 5.1f.

About two fifth (44%) of the service providers given top rank to preparing families of pregnant women for the child birth which seems to help in reducing infant mortality. About 36% of the service providers gave the top rank to the activity referring sick children to the PHC/doctor. Except these two activities none of the other activities were ranked top by significant percentage of respondent service providers.

From the analysis presented in this section it is observed that there are gaps in the knowledge of the service providers at each level

36.6. Table 5.1f: Distribution of service providers by their ranking of the five important activities of the AWW in helping to reduce infant/child mortality

(%)

Sno	Activities	Ranking				
		R1	R2	R3	R4	R5
All Service Providers						
1	Preparing families of pregnant women for childbirth	44	9	27	12	7
2	Referring sick children to the PHC/Doctor	36	6	7	25	26
3	Vitamin A supplementation	26	34	19	14	6
4	Immunisation	21	32	25	13	9
5	Weighting children and charting	19	21	15	31	15
6	Advising mothers not to bottle-feed	14	10	17	17	43
7	Referring grade III/IV children to doctor	12	18	18	21	31
8	Visiting a newborn baby on the day of birth	11	25	32	19	13
9	Treating diarrhea with ORS	8	4	20	43	25
10	Treating ARI with antibiotics	3	8	15	28	45
Angan Wadi Workers						
1	Referring sick children to the PHC/Doctor	45	7	6	25	17
2	Preparing families of pregnant women for childbirth	32	13	34	13	9
3	Immunisation	25	31	18	15	10
4	Vitamin A supplementation	23	35	22	17	3
5	Weighting children and charting	19	23	13	24	21
6	Advising mothers not to bottle-feed	19	13	11	19	39
7	Referring grade III/IV children to doctor	17	21	17	23	22
8	Visiting a newborn baby on the day of birth	12	16	35	21	16
9	Treating diarrhea with ORS	9	5	26	42	17
10	Treating ARI with antibiotics	5	9	18	30	38
Auxiliary Nurse Midwives						
1	Preparing families of pregnant women for childbirth	57	3	20	11	9
2	Referring sick children to the PHC/Doctor	47	0	0	27	27
3	Vitamin A supplementation	30	35	11	14	11
4	Weighting children and charting	19	19	19	31	11
5	Immunisation	15	33	37	9	6
6	Visiting a newborn baby on the day of birth	12	30	26	23	9
7	Referring grade III/IV children to doctor	9	19	19	13	41
8	Treating diarrhea with ORS	5	5	10	45	35
9	Treating ARI with antibiotics	0	4	9	35	52
10	Advising mothers not to bottle-feed	0	14	21	14	50
ICDS Supervisors						
1	Preparing families of pregnant women for childbirth	66	7	15	10	2
2	Vitamin A supplementation	34	31	17	6	11
3	Weighting children and charting	19	14	16	49	2
4	Immunisation	14	32	30	12	12
5	Visiting a newborn baby on the day of birth	8	46	31	10	5
6	Treating diarrhea with ORS	8	0	12	42	38
7	Advising mothers not to bottle-feed	6	0	33	11	50
8	Referring sick children to the PHC/Doctor	4	4	17	25	50
9	Referring grade III/IV children to doctor	3	9	20	20	49
10	Treating ARI with antibiotics	0	10	15	15	60

Note: 1. R - Rank

2. The sample size is AWW- 64; ANM – 14; ICDS Supervisors –18; Total – 96.

37 5.2 Neonatal Care – Breastfeeding

This section presents the analysis of competence test related to the awareness and knowledge about the neonatal and childhood health care especially about the breastfeeding.
The service providers were given a list of statements and were asked to identify the wrong reason for immediate breast feeding after birth. It may be observed from the analysis presented in the Table 5.2a that all the four reasons are identified as wrong ones by majority of the service providers.

Further, when they were asked about what is the good breastfeeding practice in case of normal delivery in a hospital, three fifth (60%) of the service providers said that as soon as shifted to ward, the infant can be breastfed and about one-fourth of the service providers reported that the mother can start breastfeeding her baby before leaving the labour room.

37.1. Table 5.2a: Distribution of service providers by their responses on queries related to breast feeding

(%)

Sno	Details	AWW	ANM	ICDS Sup	All
Wrong reason for immediate breastfeeding after birth					
1	Prevents infections in the baby	52	60	60	55
2	Ensure early breast milk flow	51	56	48	51
3	Birth spacing	47	62	47	50
4	Prevents excessive bleeding of mother	43	51	63	48
5	DK/NR	1	0	2	1
What is good breastfeeding practice in case of normal delivery in a hospital					
1	As soon as shifted to the ward	56	70	58	60
2	Start breastfeeding before leaving the labour room	28	21	27	26
3	As soon as doctor has seen the baby	8	8	12	9
4	After taking the bath	7	2	0	4
5	DK/NR	1	0	3	1
Total N		**176**	**63**	**60**	**299**

The service providers were read two statements on breast milk of mother to understand their knowledge on breast feeding and breast milk. When asked to state whether the statement "Since the first milk is sticky and yellow, it is best to remove the first milk before breastfeeding the baby" is true or false, about three fourth (74%) reported it to be true. However, there are gaps in the correct knowledge among ANMs as only 68% reported the statement to be false.

For the second statement which read "Since very little milk is produced on the first day, it is best to give a little boiled water to the child on the first day after birth" about three fourth (74%) agreed the statement as false.

37.2. **Table 5.2b: Distribution of service providers by their responses to the statement related to breast milk of the mother**

(%)

Sno	Statement/responses	AWW	ANM	ICDS Sup	All
Since the first milk is sticky and yellow, it is best to remove the first milk before breastfeeding the baby					
1	True	26.1	31.8	18.3	25.8
2	False	73.3	68.3	81.7	73.9
3	DK/NR	0.6	0.0	0.0	0.3
Since very little milk is produced on the first day, it is best to give a little boiled water to the child on the first day after birth					
1	True	23.9	33.3	18.3	24.8
2	False	75.0	66.7	80.0	74.3
3	DK/NR	1.1	0.0	1.7	1.0
Total N		**176**	**63**	**60**	**299**

When the service providers probed on the likely cause of when a 6 days old baby suddenly loses interest in breastfeeding and becomes difficult to wake up, as the analysis presented in the Table 5.2c indicates that three factors which got each one-third responses are serious infections/sepsis, premature birth/LBW baby and insufficient milk in the mother.

For a query on what could be the reason when a baby is put to the breast immediately after birth but the baby is unable to feed strongly and keeps falling asleep, about half of the service providers reported that it is because of premature birth and about one-fourth of said it is because of serious infections/sepsis (Table 5.2c).

When service providers were asked about the best course of action when a prematurely born baby is able to breastfeed quite well, 54% of them said the baby can be taken care of at home and 45% of them said the baby has to be referred to hospital (Table 5.2c).

37.3. **Table 5.2c: Distribution of service providers by their responses related to queries on when a child loses interest in breastfeeding**

(%)

Sno	Cause/reason/course of action	AWW	ANM	ICDS Sup	All
What likely cause when a 6 days old baby suddenly loses interest in breastfeeding and becomes difficult to wake up					
1	Insufficient milk in the mother	30.7	42.9	33.3	33.8
2	Premature birth/Low birth weight baby	40.9	25.4	13.3	32.1
3	Serious infection/sepsis	25.6	30.2	51.7	31.8
4	Something that the mother ate	1.1	1.6	1.7	1.3
5	DK/NR	1.7	0.0	0.0	1.0
What could be the reason when a baby is put to the breast immediately after birth but is unable to feed strongly and keeps falling asleep					
1	Premature birth	44.9	68.3	51.7	51.2
2	Serious infection/sepsis	21.6	12.7	43.3	24.1
3	Insufficient breast milk	20.5	15.9	5	16.4
4	Mouth sores in the baby	10.2	3.2	0	6.7
What is the best course of action when a prematurely born baby is able to breastfeed quite well					
1	Take care at home	53.4	39.7	70.0	53.9
2	Refer to hospital	46.0	60.3	28.3	45.5

3	DK/NR	0.6	0.0	1.7	0.7
Total N		**176**	**63**	**60**	**299**

Exclusive breast feeding

The analysis related the query about correct age until which a child should be given exclusive breastfeeding presented in the Table 5.2d shows that about two third (66%) of the service providers opine that infants should be exclusively breast fed up to six months. There are gaps in the correct knowledge of ANM compared to AWW and ICDS supervisors.

When the service providers were asked "is it right to give little boiled water in addition to breast milk to a 4 months old child during hot summer", only one-fourth of them have said it can be given and the rest three-fourths are against giving boiled water. Again proportion negating the statement is comparatively lower.

The service providers were asked to react to statement "is it correct advice when a mother of a 4 months old child, lives in a slum of a town and she no longer get enough breast milk and wants to start bottle feed so the doctor has advised her to clean the bottle carefully and use it". On this advice as the analysis presented in the Table 5.2d shows, 44% of the said it is a correct advice and another 43% of them said mother should breast her child most frequently and not use the bottled milk.

37.4. **Table 5.2d: Distribution of service providers by responses on breast feeding practices**

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
What is the correct age until which a child should be given exclusive breastfeeding					
1	Four months	2.3	6.4	1.7	3.0
2	4 to 6 months	19.9	36.5	28.3	25.1
3	Six months	71.0	54.0	66.7	66.6
4	6 to 9 months	5.7	3.2	0.0	4.0
5	DK/NR	1.1	0.0	3.3	1.3
Is it right to give little boiled water in addition to breast milk to a 4 month old child during hot summer					
1	Yes	23.9	36.5	20.0	25.8
2	No	75.0	63.5	80.0	73.6
3	DK/NR	1.1	0.0	0.0	0.7
Is it correct advice when a mother of a 4 month old child lives in a slum of a town and she no longer get enough breast milk and wants to start bottle feed so the doctor has advised her to clean the bottle carefully and use it.					
1	It is correct	49.4	42.9	31.7	44.5
2	Mother should breastfeed more frequently and not use the bottle	39.8	41.3	56.7	43.5
3	Mother should stop breastfeeding and start semisolids	6.3	4.8	8.3	6.4
4	Mother should continue breastfeeding and start semisolids	4.6	7.9	3.3	5.0
5	DK/NR	0.0	3.2	0.0	0.7
Total N		**176**	**63**	**60**	**299**

Neonatal care

The service providers were asked about the best way to prevent infection entering the cord after it is cut at birth. The corresponding analysis presented in the Table 5.2e shows that for about half of them it is to leave the cord stump open and dry

and for another 40% of them antiseptic medicine has to be applied to the cord stump.

For a query on what time do they consider is the appropriate one to advise the family about immediate home based newborn care, 39% of the respondent said they do advise during the last stages of pregnancy, about one-third of them consider it during the early stage of pregnancy and for about one-fourth of them the best time to advise is on the day of delivery.

When the service providers were asked about their opinion on is it right advice when a 3 months old baby has diarrhea then the health workers advises the mother to make ORS properly and give as much as the child wants to drink and also advised the mother to breastfeed a little less until the child recovers. In this respect as the analysis presented in the Table 5.2e shows 42% of the service providers said that both the ORS and breastfeeding advises are correct ones, for 22% of them ORS advice is correct and breastfeeding advice is wrong one, 18% of them said both the ORS and breastfeeding are wrong one and another 18% of them said ORS advice is wrong and breastfeeding advice is correct one.

37.5. **Table 5.2e: Distribution of service providers by responses on neonatal care**

(%)

Sno	Course of action	AWW	ANM	ICDS Sup	All
The best way to prevent infection entering the cord after it is cut at birth is					
1	Tie the cord to the neck of the baby	6.8	3.2	1.7	5.0
2	Apply antiseptic medicine to the cord stump	36.9	49.2	40.0	40.1
3	Leave the cord stump open and dry	51.1	44.4	58.3	51.2
4	Give antibiotics	3.4	1.6	0.0	2.3
5	DK/NR	1.7	1.6	0.0	1.3
What time do you consider is the appropriate one to advise the family about immediate home based new born care					
1	During early pregnancy	35.2	23.8	31.7	32.1
2	During late pregnancy	33.5	44.4	50.0	39.1
3	On the day of delivery/birth	24.4	30.2	18.3	24.4
4	Later in the first week after birth	3.4	0.0	0.0	2.0
5	DK/NR	3.4	1.6	0.0	2.3
Is it a right advice when a 3 month old baby has diarrhea the health worker advises the mother to make ORS properly and give as much as the child wants to drink. Also advised the mother to breastfeed a little less until the child recovers.					
1	Both the ORS and feeding advice are correct	40.9	36.5	50.0	41.8
2	Both the ORS and feeding advice are wrong	17.1	22.2	16.7	18.1
3	ORS advice is wrong and feeding advice is correct	18.2	15.9	21.7	18.4
4	ORS advice is correct and feeding advice is wrong	23.9	25.4	11.7	21.7
Total N		**176**	**63**	**60**	**299**

38 5.3 Early Childhood Care – Nutrition

This section presents the analysis of competence test of service providers/service providers related to the knowledge on the early childhood care especially the nutrition aspect.

The service providers when asked about the four food item given – Dal, Dal-water, Rice and Kichidi – what is not an appropriate one for a seven months old child, 41% of the service providers said dal-water is not appropriate one while about one fourth each of them said rice and kichidi are not appropriate ones (Table 5.3a).

When they were asked to react to statement that an average child can eat about 200 gms of cooked rice in a day by the age of eight months in addition to breast milk is it true or false, about two-third of them said it is a false statement and 29% of them said it is true statement (Table 5.3a).

For a query on what do they feel when a child is being fed rice/roti/kichidi four times in a day by the age of 15 months in addition to breastfeeding, is the child getting enough complementary food. About half of the service providers said the child is certainly getting enough food, 38% of them said the child still not getting enough food (Table 5.3a).

38.1. Table 5.3a: Distribution of service providers by their responses related to the queries on feeding or dietary practices

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
What is not an appropriate one of the following food items for a 7 month old child					
1	Dal	9.7	1.6	0.0	6.0
2	Dal-water	27.8	54.0	70.0	41.8
3	Rice	27.8	20.6	18.3	24.4
4	Kichidi	34.1	20.6	11.7	26.8
5	DK/NR	0.6	3.2	0.0	1.0
An average child can eat about 200 gms of cooked rice a day by the age of 8 months in addition to breast milk					
1	True	27.3	30.2	33.3	29.1
2	False	69.9	66.7	66.7	68.6
3	DK/NR	2.8	3.2	0.0	2.3
What do you feel when a child is being fed rice/roti/kichidi 4 times a day by the age of 15 months in addition to breastfeeding, is the child getting enough complementary food.					
1	Certainly getting enough	58.5	47.6	36.7	51.8
2	Still not getting enough	34.7	41.3	46.7	38.5
3	Certainly not getting enough	6.3	11.1	16.7	9.4
4	DK/NR	0.6	0.0	0.0	0.3
Total N		**176**	**63**	**60**	**299**

The service providers were probed on how is it beneficial to the child when a mother is advised by an ANM to add a little bit of oil to the rice or kichidi before feeding her 12 month old child. The corresponding analysis presented in the Table 5.3b indicates that 31% of them said it is harmful practice as the uncooked oil is bad for the child's health, 38% of them are having a opinion that instead of oil the child should be given ghee and another 21% of them said it is a good practice as the child will get more energy from the oil than from any other food.

Is it a good practice when a family eats meat regularly and a 12 month old child in the family is also given the meat regularly, when the service providers were asked about it about two-third of them said it is not a good practice and for the rest one-third of them it is a good practice (Table 5.3b).

38.2. **Table 5.3b: Distribution of service providers by their responses to the queries on feeding dietary advises**

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
How is it beneficial to the child when a mother is advised by an ANM to add a little bit of oil to the rice or kichidi before feeding her 12 month old child					
1	It is harmful practice – uncooked oil is bad for the child's health	33.5	36.5	20.0	31.4
2	Instead of oil, ghee should be given	38.6	36.5	38.3	38.1
3	It is a good practice – the child will get more energy from oil than from any other food	17.6	12.7	40.0	21.1
4	It is good for an older child but not for 12 months old	9.1	14.3	1.7	8.7
Is it a good practice when a family eats meat regularly and a 12 month old child in the family is also given the meat regularly					
1	Yes	27.8	28.6	46.7	31.8
2	No	71.0	71.4	53.3	67.6
What is the good practice with regard to variety of food given to young children					
1	Give limited variety when the child is young and give full variety only after 2 years age	34.7	30.2	20.0	30.8
2	Offer the child as much variety as it is available at home by the age one year	58.0	65.1	78.3	63.6
3	Giving a variety of food spoils the child s give only 1 or 2 types of food	4.6	4.8	1.7	4.0
4	Give only rice or roti – but don't give both	2.3	0.0	0.0	1.3
What dietary advice would be given to mother when an 18 month old child has fever for 3 days and is not willing to eat					
1	Try to force the child to eat more	46.6	47.6	25.0	42.5
2	Give more breastfeeding now and offer a lot of complementary food as the child recovers	48.3	44.4	65.0	50.8
3	Wait for at least a week after the fever has gone before trying to give the child anything to eat	3.4	6.4	6.7	4.7
4	Start bottle feeding	1.1	0.0	1.7	1.0
Total N		**176**	**63**	**60**	**299**

When probed about dietary advice given to mother when an 18 month old child has fever for 3 days and is not willing to eat, 51% of the service providers suggested to give more breastfeed now and offer a lot of complementary food as the child recovers, 42% of them said try to force the child to eat more (Table 5.3b).

Malnutrition

The respondent service providers were also probed on the aspect of mal-nutrition. They were asked about what is proportion of 0-3 year old children who are malnourished when the MPR consolidation based on the weight of the 0-3 year age children in the block is: normal grade - 25%; grade I – 38%; grade II – 32%; grade III – 4% and grade IV – 1%. The corresponding analysis presented in the Table 5.3c shows that for 29% of them the proportion of malnourished is 75% and for 28% of it is 37% and for about one-third of them it is only 5% (Table 5.3c). When asked

whether the response to query is 75%, about one fourth reported that it could be correct.

When asked about the actions of an AWW must be to prevent malnutrition in children, slightly more than three fifth (63%) reported that AWW must encourage appropriate feeding practices and to a query for possible reason for a 8 month old child losing 300 gms compared to previous record, about three fifth ((57%) agreed it could be due to diarrhea or fever.

38.3. **Table 5.3c: Distribution of service providers by their responses related to the queries on malnutrition of 0-3 year old children**

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
What is proportion of 0-3 year old children who are malnourished when the MPR consolidation based on the weight of the 0-3 year age children in the block is: normal grade - 25%; grade I – 38%; grade II – 32%; grade III – 4% and grade IV – 1%					
1	5 %	39.8	28.6	18.3	33.1
2	37%	27.8	27.0	30.0	28.1
3	75 %	23.9	25.4	46.7	28.8
4	100 %	5.1	17.5	5.0	7.7
5	DK/NR	3.4	1.6	0.0	2.3
If it is 75% for above query, is it true figure					
1	Yes, it can be true figure	32.4	20.6	10.0	25.4
2	No, malnutrition cannot be that high	44.3	57.1	55.0	49.2
3	No, there must be an error in consolidation	13.1	14.3	20.0	14.7
4	No, we need to train AWW in charting	11.4	9.5	21.7	13.0
5	DK/NR	3.4	0.0	1.7	2.3
What are the actions of an AWW is most likely to prevent malnutrition in children					
1	Encourage appropriate feeding practices	61.4	54	76.7	62.9
2	Weigh all the children regularly	21.6	15.9	8.3	17.7
3	Identify grade III/IV and give them double ration	9.7	15.9	13.3	11.7
4	Ensure that all families get SNP	6.3	14.3	1.7	7
5	DK/NR	1.1	0.0	0.0	0.7
What is the most likely reason when a 8 month old child lost 300 gms weight when compared to that of previous one when the child weighed last time					
1	This could be normal	6.3	1.6	0.0	4.0
2	Child had diarrhea or fever	50.6	65.1	66.7	56.9
3	Child was not given enough complementary food	38.1	25.4	30.0	33.8
4	Child was born low birth weight (LBW)	4.6	7.9	3.3	5.0
5	DK/NR	0.6	0.0	0.0	0.3
Total N		**176**	**63**	**60**	**299**

39 5.4 Vaccination of the Child

This section presents the analysis of competence test of service providers/service providers related to the knowledge on vaccination of the children.

To understand the service providers' competence related to the vaccination of the children, they were probed on how many vaccines can be given to a child at time without causing harm. The corresponding analysis presented in the Table 5.4a shows

that 23% of them said not more than one injection can be given, 43% of them said not more than two injections, for 21% of them not more than three injections and for 13% of the service providers as many as are due can be given.

The service providers were read a situation which reads – "What is the vaccine to be given to 10 month old child comes the immunization day, given the fact that the child has so far received DPT1 and OPV1 which were given when the child was two months old and thereafter the child has not received any other vaccines" and in response 41% of them said the child must be given BCG, DPT2, OPV2 and Measles. For 20% of them the child may be given DPT1 and OPV1. For another 19% of the child may be given DPT2 and OPV2 (Table 5.4a).

39.1. **Table 5.4a: Distribution of service providers by their responses related to the queries on vaccination**

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
How many vaccines can be given to a child at time without causing harm					
1	Not more than one injection	18.8	27.0	31.7	23.1
2	Not more than two injections	49.4	38.1	30.0	43.1
3	Not more than three injections	19.3	22.2	25.0	21.1
4	As many as are due	12.5	12.7	13.3	12.7
What is the vaccine to be given to 10 month old child comes the immunization day, given the fact that the child has so far received DPT1 and OPV1 which were given when the child was 2 months old and thereafter the child has not received any other vaccines.					
1	BCG, DPT2, OPV2 and Measles	47.7	33.3	31.7	41.5
2	DPT1 and OP1	19.3	23.8	20	20.4
3	DPT2 and OPV2	18.8	17.5	21.7	19.1
4	BCG, DPT1, OPV1 and Measles	13.6	25.4	21.7	17.7
5	DK/NR	0.6	0.0	5.0	1.3
What are likely reasons for child not receiving any other vaccines after DPT1/OPV1 in the above case					
1	The child was away from the village in between	47.2	42.9	65.0	49.8
2	No one told the parents when to come back for the next dose	43.8	49.2	36.7	43.5
3	The family was not reminded on immunization day	12.5	12.7	30.0	16.1
4	The family refused to bring the child for immunisation	5.7	4.8	3.3	5.0
5	DK/NR	47.2	42.9	65.0	49.8
Total N		**176**	**63**	**60**	**299**

For a query on likely reasons for child not receiving any other vaccines after DPT1/OPV1, about half of the service providers said the child could have been away from the village in between, while 43% of them said it is because no one told the parents when to come back for the next dose. Interestingly about half of the service providers mentioned that they don't know the reason (Table 5.4a).

Steps to ensure high immunisation coverage

The service providers were asked about what are actions of AWW on an immunization day is most likely to ensure high coverage, about two fifth (36%) of the service providers said they suggest to have health education in groups on

immunization day, for 33% of them it is to inform everyone in the village, 19% of them said inform children who are due for immunization that day (Table 5.4b).

Further they were asked about the best way to rectify the reason for some children in villages being left out of immunisation services, about one third (30%) of them reported that ensuring that every new birth is immediately added to the immunization register would have good result.

According about two fifth (36%) of the service providers measles would be the cause of death among 0-3 year old children "If we were to stop giving vaccines today which of the following vaccine preventable disease is likely to cause most deaths among children in the next few years". A relatively higher proportion of ANM reported so.

39.2. Table 5.4b: Distribution of service providers by their responses related to the queries on malnutrition of 0-3 year old children

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
What are following actions of AWW on an immunization day is most likely to ensure high coverage					
1	Health education in groups on immunisation day	35.2	41.3	33.3	36.1
2	Informing everyone in the village	36.9	23.8	31.7	33.1
3	Informing children who are due for immunization that day	19.3	14.3	21.7	18.7
4	Weighing of children	8.0	20.6	13.3	11.7
5	DK/NR	0.6	0.0	0.0	0.3
The best way rectify the reason for some children in villages being left out of immunization services is that their names are missing from the register.					
1	Ensuring that every new birth is immediately added to the immunization register	25	34.9	45	31.1
2	Making announcements about immunization day	30.1	31.8	26.7	29.8
3	Checking with the ANMs registers	26.7	14.3	13.3	21.4
4	Giving THR on the same days of immunization	17.1	19.1	13.3	16.7
5	DK/NR	1.1	0.0	1.7	1.0
If we were to stop giving vaccines today which of the following vaccine preventable disease is likely to cause most deaths among children in the next few years					
1	Measles	29.6	61.9	26.7	35.8
2	TB	21	14.3	41.7	23.8
3	Polio	26.7	6.4	11.7	19.4
4	Diphtheria	21	17.5	11.7	18.4
5	DK/NR	1.7	0.0	8.3	2.7
What is reason for coverage of second and late doses of Vitamin A is not satisfactory in many places					
1	Not enough supply of Vitamin A	31.8	23.8	18.3	27.4
2	Individual children are not followed up to ensure they get Vitamin A	54.6	65.1	90.0	63.9
3	Parents refuse Vitamin A	14.8	9.5	3.3	11.4
4	Children do not like to take Vitamin A	2.8	3.2	0.0	2.3
5	DK/NR	0.6	0.0	1.7	0.7
Total N		**176**	**63**	**60**	**299**

40 5.5 Activities and Knowledge on Family Planning

This section presents the analysis of service providers/service provider's priority of activities on visiting the AWC. Also it presents analysis of their knowledge on family planning related aspects.

Priority of activities

The analysis presented in the Table 5.5a is about the distribution of service providers by their ranking of activities prioritised when the functionary visits the AWC. It is observed from the analysis that of the total number of service providers 28% of them would first prioritise checking the cleanliness of the centre. The priorities of the service providers seem to vary based on their level of operations. While about one fourth of AWW reported about checking of SNP register, about one third and two fifth of ANM and ICDS Supervisors reported about cleanliness.

40.1. **Table 5.5a: Distribution of service providers by the ranking of activities prioritized when the functionary visits AWC**

(%)

Sno	Activities	Ranking				
		R1	R2	R3	R4	R5
All Service Providers						
1	Checking cleanliness	27.8	20.5	7.1	4.4	1.7
2	Checking SNP register	18.7	7.4	7.4	2.7	2.7
3	Checking attendance	15.7	31.5	6.4	6.4	3.7
4	Checking food stock	11	2.7	3.7	5.4	4.7
5	Checking the growth charts	7	6	14.8	6	2.4
6	Checking with AWW about preschool performance of children	5.7	11.4	24.2	8.4	8.4
7	Checking with AWW about weighing and charting accuracy	4.4	1.7	3	3	3.4
8	Checking with AWW about preparation for next immunization day	3	2.4	6.7	20.5	14.8
9	Checking immunization/pregnancy registers	2.7	7.1	11.1	14.1	8.4
10	Checking with AWW about recent births	1.7	3	3.7	6	15.1
11	Checking with AWW about grade III/IV children	1	5	8.7	15.4	14.4
12	Checking with AWW about feeding practices of children	0.7	0.7	1.3	3	5.4
13	Checking with AWW about deliveries due soon	0.3	0.7	2	4.4	12.1
14	DK/NR	0.3	0	0	0.3	3
AWW						
1	Checking SNP register	24.4	10.2	8.5	3.4	3.4
2	Checking cleanliness	21	21	9.7	5.1	1.1
3	Checking attendance	16.5	27.3	8	8.5	5.1
4	Checking food stock	10.8	2.8	5.1	6.8	3.4
5	Checking with AWW about preschool performance of children	6.3	13.1	19.9	7.4	9.1
6	Checking the growth charts	6.3	5.7	16.5	7.4	2.8
7	Checking with AWW about preparation for next immunization day	4.6	2.3	6.8	18.2	17.1
8	Checking with AWW about weighing and	2.8	1.1	3.4	2.3	5.1

	charting accuracy					
9	Checking immunization/pregnancy registers	2.3	5.1	11.4	17.6	8
10	Checking with AWW about recent births	2.3	3.4	2.8	4	15.3
11	Checking with AWW about grade III/IV children	1.1	6.8	5.7	15.3	13.6
12	Checking with AWW about feeding practices of children	1.1	0.6	1.1	1.1	3.4
13	Checking with AWW about deliveries due soon	0.6	0.6	1.1	2.8	10.2
14	Checking whether the month's report is ready	0	0	0	0	0
15	DK/NR	0	0	0	0	2.3

Sno	Activities	Ranking				
		R1	R2	R3	R4	R5
ANM						
1	Checking cleanliness	33.3	21	0	1.6	3.2
2	Checking food stock	14.3	1.6	1.6	1.6	0
3	Checking attendance	14.3	27.4	3.2	0	1.6
4	Checking with AWW about weighing and charting accuracy	11.1	3.2	4.8	1.6	0
5	Checking SNP register	9.5	0	0	1.6	0
6	Checking with AWW about preschool performance of children	9.5	12.9	22.6	3.2	1.6
7	Checking immunization/pregnancy registers	3.2	17.7	16.1	9.7	8.1
8	Checking with AWW about preparation for next immunization day	1.6	3.2	11.3	30.7	12.9
9	Checking with AWW about recent births	1.6	1.6	8.1	11.3	24.2
10	Checking the growth charts	0	6.5	9.7	1.6	0
11	Checking with AWW about grade III/IV children	0	4.8	14.5	17.7	14.5
12	Checking with AWW about deliveries due soon	0	0	4.8	12.9	19.4
13	Checking with AWW about feeding practices of children	0	0	3.2	4.8	8.1
14	Checking whether the month's report is ready	0	0	0	0	0
15	DK/NR	1.6	0	0	1.6	6.5
ICDS Supervisors						
1	Checking cleanliness	41.7	18.3	6.7	5	1.7
2	Checking the growth charts	16.7	6.7	15	6.7	3.3
3	Checking attendance	15	48.3	5	6.7	1.7
4	Checking SNP register	11.7	6.7	11.7	1.7	3.3
5	Checking food stock	8.3	3.3	1.7	5	13.3
6	Checking immunization/pregnancy registers	3.3	1.7	5	8.3	10
7	Checking with AWW about weighing and charting accuracy	1.7	1.7	0	6.7	1.7
8	Checking with AWW about grade III/IV children	1.7	0	11.7	13.3	16.7
9	Checking with AWW about preschool performance of children	0	5	38.3	16.7	13.3
10	Checking with AWW about preparation for next immunization day	0	1.7	1.7	16.7	10
11	Checking with AWW about recent births	0	3.3	1.7	6.7	5
12	Checking with AWW about deliveries due soon	0	1.7	1.7	0	10
13	Checking with AWW about feeding practices of children	0	1.7	0	6.7	8.3
14	Checking whether the month's report is ready	0	0	0	0	0
15	DK/NR	0	0	0	0	1.7

Note: The sample size is AWW- 176; ANM – 66; ICDS Supervisors – 60; Total – 299.

Family planning

When the service providers were asked about the appropriate age for pregnancy, majority (93%) of them said it must be between 15 to 45 years (Table 5.5b). When they were probed on the appropriate birth space between two children majority (92%) reported three years gap between two child births as appropriate. When the service providers were asked about the family planning method they know all the available methods are identified by majority of the service providers. They were also asked about what is advice related family planning they would give when they go for visits. It is observed from the analysis presented in the Table 5.5b that 34% of them provide information related to different types of family planning methods, 30% of them explain the benefits of the methods and about one-fourth of service providers said they would suggest right time and procedure to get the method.

40.2. Table 5.5b: Distribution of service providers by their responses related to the queries on family planning

(%)

Sno	Responses	AWW	ANM	ICDS Sup	All
What is appropriate age for pregnancy					
1	Below 15 years	2.3	7.9	1.7	3.3
2	15 to 45 years	96.0	92.1	85.0	93.0
3	Don't know	1.1	0.0	0.0	0.7
4	Can't say/Don't' remember	0.6	0.0	13.3	3.0
What is appropriate birth space between two children					
1	One year	0.0	0.0	1.7	0.3
2	Two years	7.4	3.2	1.7	5.4
3	Three years	90.9	93.7	95.0	92.3
4	Four years	0.6	0.0	0.0	0.3
5	Others	0.6	3.2	0.0	1.0
6	DK/NR	0.6	0.0	1.7	0.7
What are the family planning methods					
1	Swallowing Tablets	93.2	96.8	98.3	95.0
2	Condom	94.9	98.4	100.0	96.7
3	IDU/Loop	84.1	98.4	98.3	90.0
4	Female Sterilisation	94.9	100.0	100.0	97.0
5	Male Sterilisation	89.8	90.5	96.7	91.3
6	Continuous breastfeeding	52.3	50.8	71.7	55.9
7	Natural method	27.8	9.5	8.3	20.1
10	DK/NR	2.8	0	0	1.7
Type of advice to be given					
1	Information about different types of method	29.6	42.9	38.3	34.1
2	Benefits of methods	26.1	31.8	41.7	30.4
3	Right time and procedure to get the method	33	20.6	11.7	26.1
4	Effects of methods	5.7	3.2	0	4
5	Scene to get method	1.1	0	0	0.7
6	DK/NR	4.6	1.6	8.3	4.7
Total N		**176**	**63**	**60**	**299**

The analysis presented in this section with respect to the competence of service providers on their prioritization of activities when they visit AWC indicates their priorities are more administrative related only.

41 5.6 Knowledge on Childhood Illnesses

This section presents the analysis of service providers' competence related to the symptoms and causes of neonatal and childhood illnesses usually and the source of treatment for the neonatal and childhood illnesses usually one has to have an idea.

To understand their competence of symptoms of childhood illnesses the service providers were asked about selected symptoms of childhood illnesses they are aware of - in different phases - neonatal to the childhood – of childhood especially on the day of delivery, during the 1st week after the delivery, during the 1st month of the delivery, during 1 to 5 months after the delivery and during 6 to 36 months after the delivery. The corresponding analysis is presented in the Table 5.6a.

The analysis presented in the Table 5.6a shows that affirmatively the most responded symptom of the childhood illnesses is child does not breastfeed followed by incessant crying, fever and convulsions. This pattern of affirmative responses to the symptoms is observed for the all the phases of childhood from on the day of delivery to the 6 to 36 months after the delivery.

41.1. Table 5.6a: Distribution of service providers by the symptoms of the illness of the child that they are aware

(%)

Sno	Symptoms	AWW		ANM		ICDS Sup		All	
		Yes	No	Yes	No	Yes	No	Yes	No
On the day of delivery									
1	Does not breastfeed	61.4	38.6	57.1	42.9	63.3	36.7	60.9	39.1
2	Convulsions	19.3	80.7	14.3	85.7	10.0	90.0	16.4	83.6
3	Eyes rolling	13.6	86.4	4.8	95.2	10.0	90.0	11.0	89.0
4	Makes fists	15.3	84.7	4.8	95.2	6.7	91.7	11.4	88.3
5	Underweight	14.2	85.8	15.9	84.1	6.7	93.3	13.0	87.0
6	Premature delivery	10.2	89.8	12.7	87.3	5.0	95.0	9.7	90.3
7	Still/quiet	27.3	72.7	20.6	79.4	16.7	83.3	23.8	76.3
8	Fast breathing	18.8	81.3	15.9	84.1	10.0	90.0	16.4	83.6
9	Jaundice	15.9	84.1	7.9	92.1	10.0	90.0	13.0	87.0
10	Fever	32.4	67.6	28.6	71.4	40.0	60.0	33.1	66.9
11	Incessant crying	44.9	55.1	49.2	50.8	38.3	61.7	44.5	55.5
During 1st Week									
1	Does not breastfeed	56.3	43.8	52.4	47.6	58.3	41.7	55.9	44.2
2	Convulsions	18.8	81.3	14.3	85.7	8.3	91.7	15.7	84.3
3	Eyes rolling	17.1	83.0	4.8	95.2	10.0	90.0	13.0	87.0
4	Makes fists	14.2	85.8	3.2	96.8	10.0	90.0	11.0	89.0
5	Underweight	11.4	88.6	11.1	88.9	8.3	91.7	10.7	89.3
6	Premature delivery	9.1	90.9	7.9	92.1	5.0	95.0	8.0	92.0
7	Still/quiet	28.4	71.6	22.2	77.8	16.7	83.3	24.8	75.3
8	Fast breathing	11.9	88.1	15.9	84.1	13.3	86.7	13.0	87.0
9	Jaundice	13.1	86.9	15.9	84.1	15.0	85.0	14.1	86.0
10	Fever	29.6	70.5	28.6	71.4	41.7	58.3	31.8	68.2
11	Incessant crying	41.5	58.5	49.2	50.8	35.0	65.0	41.8	58.2

Sno	Symptoms	AWW		ANM		ICDS Sup		All	
		Yes	No	Yes	No	Yes	No	Yes	No
During 1st month									
1	Does not breastfeed	54.6	45.5	50.8	49.2	56.7	43.3	54.2	45.8
2	Convulsions	19.3	80.7	12.7	87.3	10.0	90.0	16.1	84.0
3	Eyes rolling	17.6	82.4	6.4	93.7	6.7	93.3	13.0	87.0
4	Makes fists	14.8	85.2	4.8	95.2	6.7	93.3	11.0	89.0
5	Underweight	15.3	84.7	3.2	96.8	8.3	91.7	11.4	88.6
6	Premature delivery	7.4	92.6	9.5	90.5	6.7	93.3	7.7	92.3
7	Still/quiet	29.0	71.0	19.1	81.0	25.0	75.0	26.1	73.9
8	Fast breathing	13.1	86.9	15.9	84.1	11.7	88.3	13.4	86.6
9	Jaundice	14.2	85.8	17.5	82.5	11.7	88.3	14.4	85.6
10	Fever	29.0	71.0	30.2	69.8	41.7	58.3	31.8	68.2
11	Incessant crying	38.6	61.4	52.4	47.6	31.7	68.3	40.1	59.9
During 1 to 5 months									
1	Does not breastfeed	62.5	37.5	44.4	55.6	56.7	43.3	57.5	42.5
2	Convulsions	18.8	81.3	14.3	85.7	10.0	90.0	16.1	84.0
3	Eyes rolling	14.8	85.2	3.2	96.8	6.7	93.3	10.7	89.3
4	Makes fists	15.9	84.1	4.8	95.2	5.0	95.0	11.4	88.6
5	Underweight	13.1	86.9	9.5	90.5	8.3	91.7	11.4	88.6
6	Premature delivery	10.8	89.2	9.5	90.5	8.3	91.7	10.0	90.0
7	Still/quiet	26.7	73.3	20.6	79.4	21.7	78.3	24.4	75.6
8	Fast breathing	14.2	85.8	11.1	88.9	6.7	93.3	12.0	88.0
9	Jaundice	13.6	86.4	17.5	82.5	13.3	86.7	14.4	85.6
10	Fever	30.1	69.9	36.5	63.5	46.7	53.3	34.8	65.2
11	Incessant crying	37.5	62.5	46.0	54.0	35.0	65.0	38.8	61.2
During 6 to 36 months									
1	Does not breastfeed	55.7	44.3	39.7	60.3	55.0	45.0	52.2	47.8
2	Convulsions	16.5	83.5	12.7	87.3	11.7	88.3	14.7	85.3
3	Eyes rolling	14.2	85.8	4.8	95.2	5.0	95.0	10.4	89.6
4	Makes fists	12.5	87.5	6.4	93.7	6.7	93.3	10.0	90.0
5	Underweight	17.6	82.4	7.9	92.1	6.7	93.3	13.4	86.6
6	Premature delivery	11.4	88.6	6.4	93.7	8.3	91.7	9.7	90.3
7	Still/quiet	29.6	70.5	19.1	81.0	23.3	76.7	26.1	73.9
8	Fast breathing	15.3	84.7	17.5	82.5	5.0	95.0	13.7	86.3
9	Jaundice	15.9	84.1	17.5	82.5	6.7	93.3	14.4	85.6
10	Fever	27.3	72.7	36.5	63.5	41.7	58.3	32.1	67.9
11	Incessant crying	37.5	62.5	50.8	49.2	41.7	58.3	41.1	58.9
Total N		**176**		**63**		**60**		**299**	

42 CHAPTER 6
43
44 COMPARISON OF BASE LINE AND END LINE

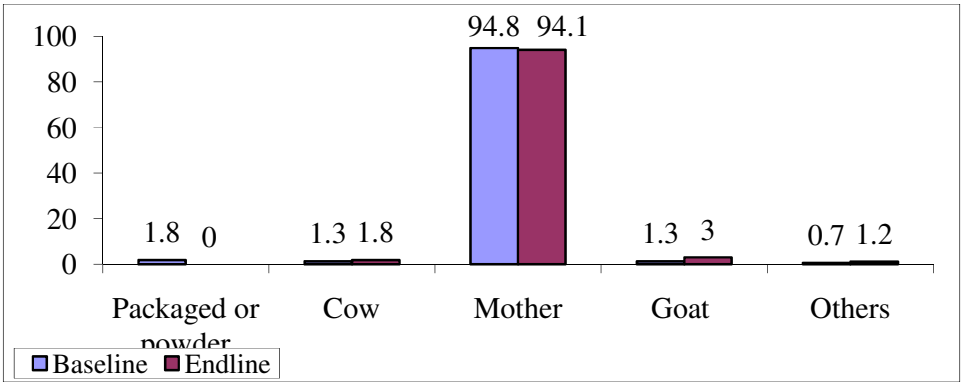
In this chapter, the prime indicators of end line have been compared with base line.

Indicator 1 – Belief regarding most nutritious milk

Perception regarding the most nutritious milk for children is more or less the same as majority of them reported that breast milk of mother is the most nutritious milk

44.1. Fig 6.1a Distribution of women by belief on most nutritious milk for children

(%)

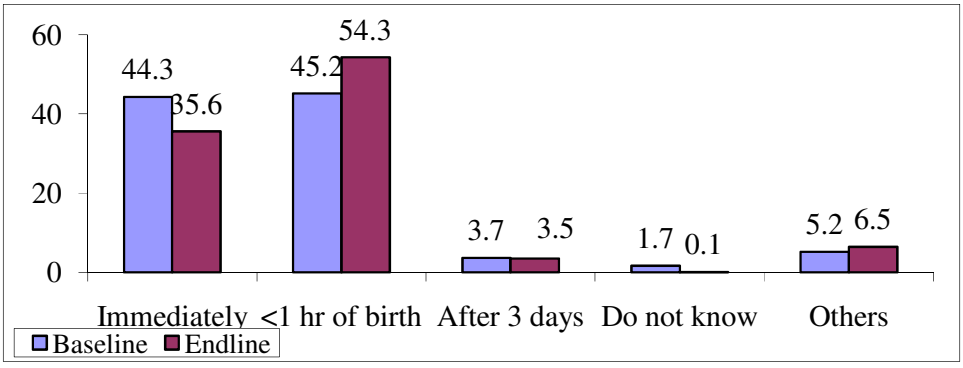


Indicator 2 – Belief regarding maternal and infant nutrition

As indicated in the figure 6.1b, proportion reporting that the infant should be breast fed within one hour of birth increased by nine percentage points, which is encouraging.

44.2. Fig 6.1b Distribution of women by belief on timing of breast feeding after birth

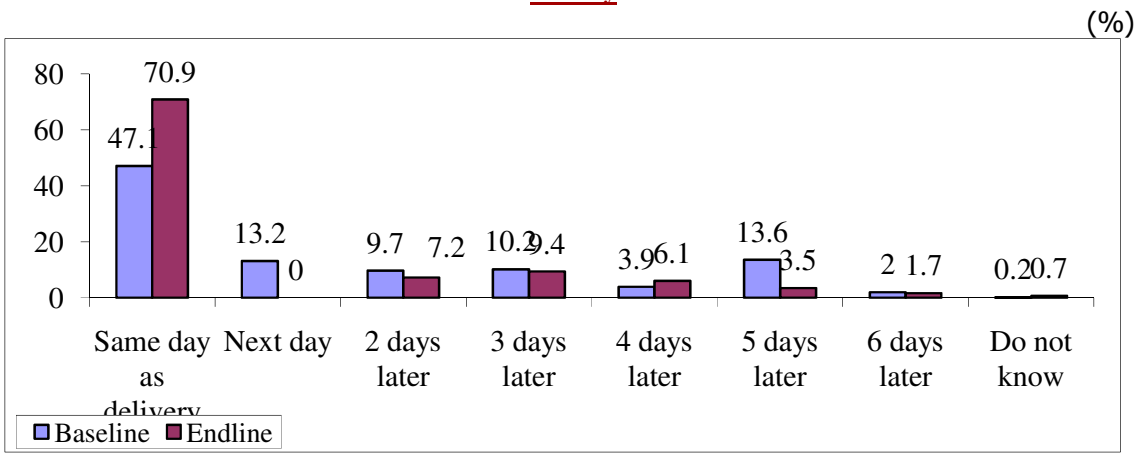
(%)



Indicator 3 – Belief regarding gap between delivery and diet in take by mother

As indicated in the figure 6.1c, there is a drastic increase in the belief that the women should eat on the same day of delivery.

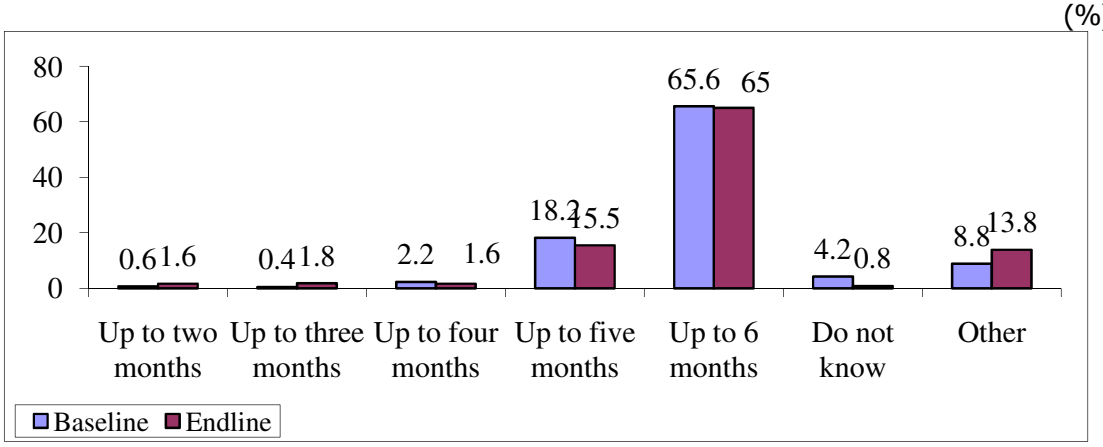
44.3. Fig 6.1c Distribution of women by belief on when mothers should resume eating after delivery



Indicator 4 – Belief regarding exclusive breast feeding

As indicated in the figure 6.1d proportion believing that mothers should exclusively breast feed the infants up to 6 months resume eating after delivery, which is more or less the same in end line and baseline.

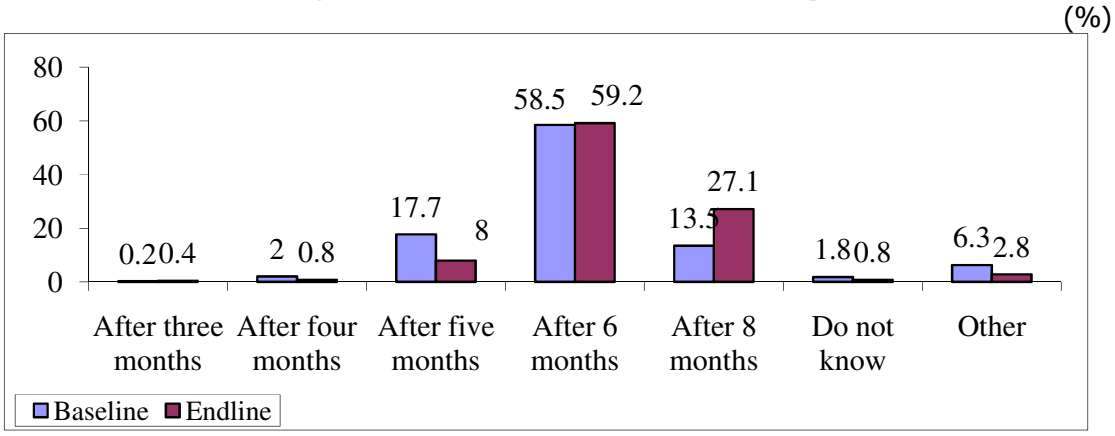
44.4. Fig 6.1d Distribution of women by belief on exclusive breast feeding



Indicator 5 – Belief regarding start of complimentary food

As indicated in the figure 6.1e proportion believing that mothers should complimentary food after 6 months is more or less the same in end line and baseline.

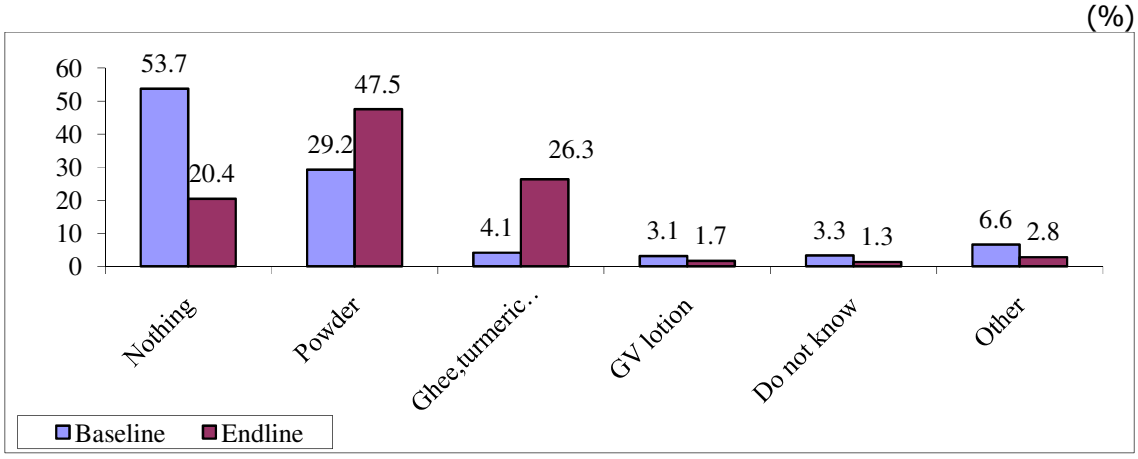
44.5. Fig 6.1e Distribution of women by belief on complimentary food



Indicator 6 – Perception about beneficial umbilical applicants

As indicated in the figure 6.1f indicates increase in the proportion of women perceiving powder as the beneficial umbilical applicant.

44.6. Fig 6.1f Distribution of women by perception on umbilical applicants

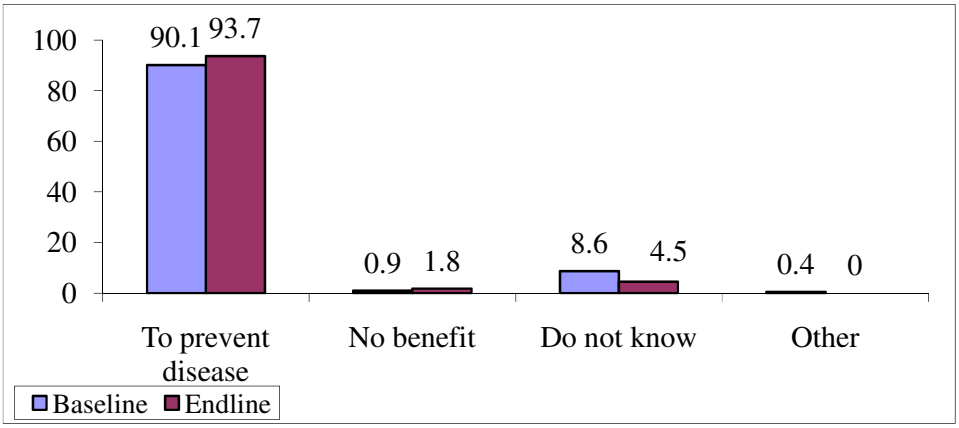


Indicator 7 – Perception about benefits of immunisation

As indicated in the figure 6.1g indicates that women perceiving that immunisation prevent diseases, which is more or less the same in baseline and end line.

44.7. Fig 6.1g Distribution of women by perception on umbilical applicants

(%)

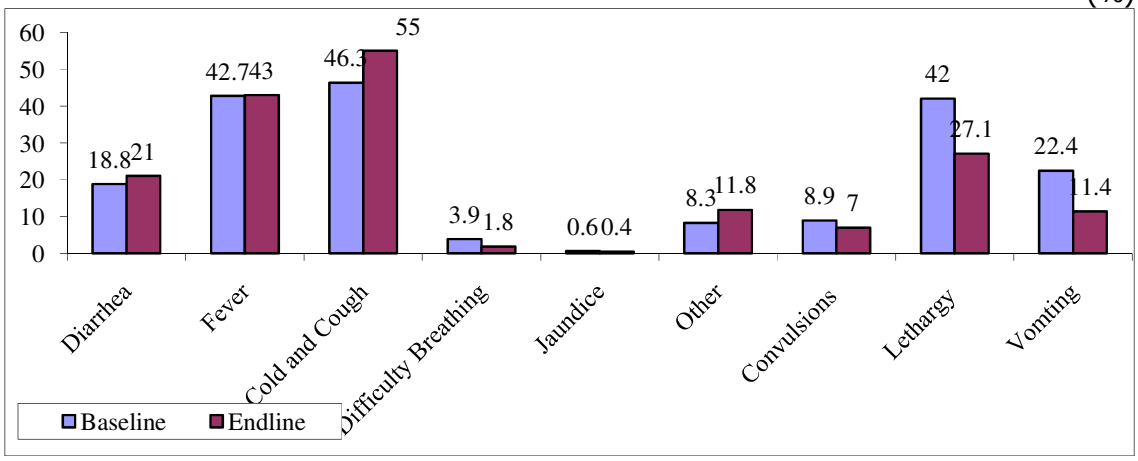


Indicator 8 – Sickness among children

As indicated in the figure 6.1h indicates that women reporting severity decrease considerably.

44.8. Fig 6.1h Distribution of women by illness distribution and perceived severity

(%)



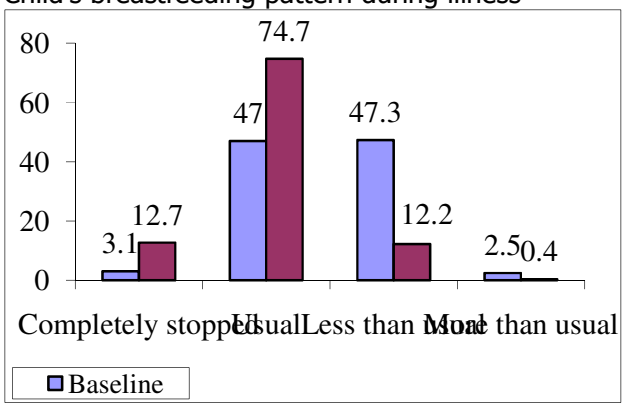
Indicator 9 – Dietary behaviours during illness

As indicated in the figure 6.1i indicates positive change in the behaviour of dietary behaviours.

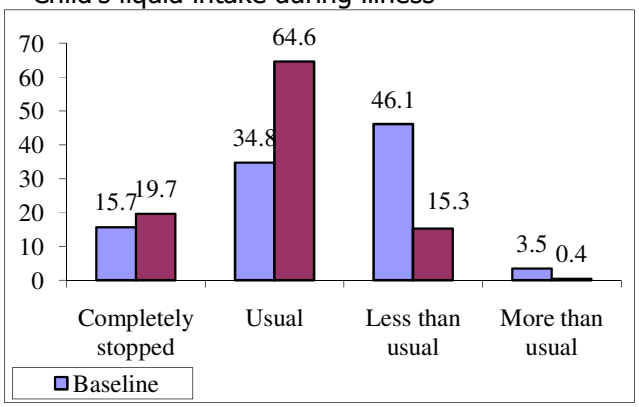
44.9. Fig 6.1i Distribution of women by dietary behaviours during illness

(%)

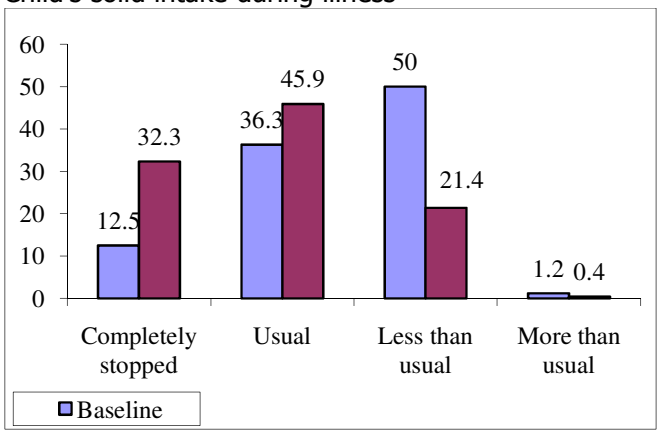
Child's breastfeeding pattern during illness



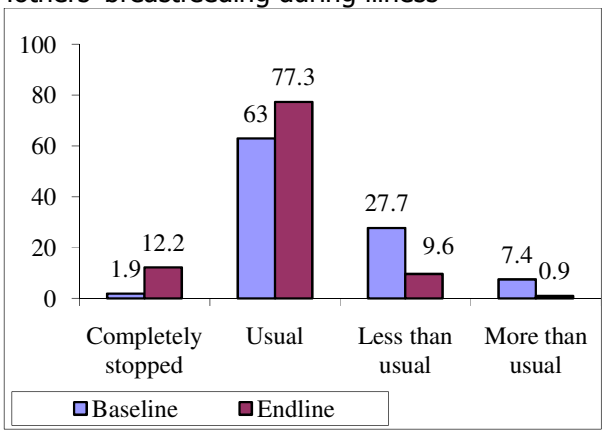
Child's liquid intake during illness



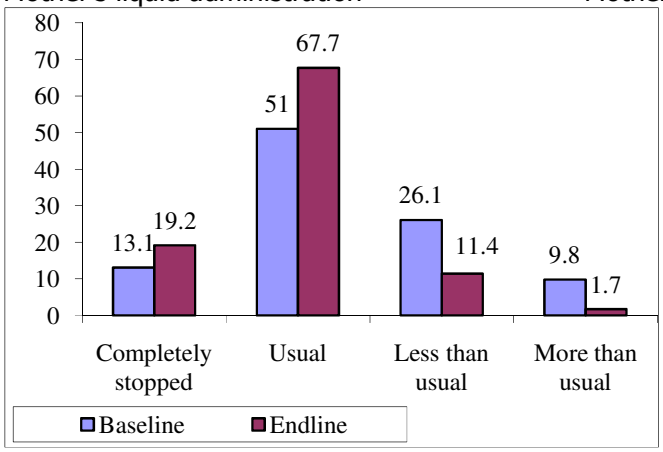
Child's solid intake during illness



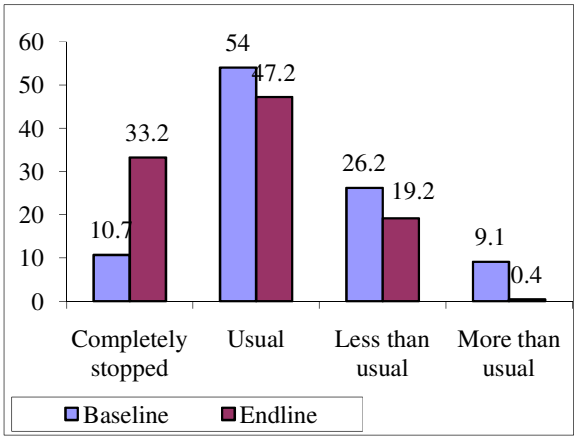
Mothers' breastfeeding during illness



Mother's liquid administration



Mothers' solid food administration



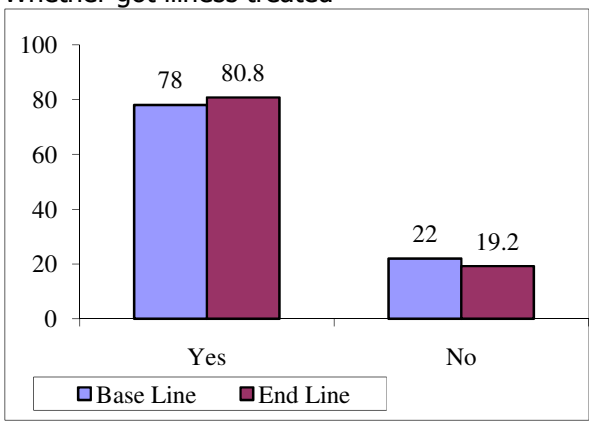
Indicator 10 – Treatment seeking behaviours and outcomes

As indicated in the figure 6.1i indicates positive change in the behaviour of treatment seeking.

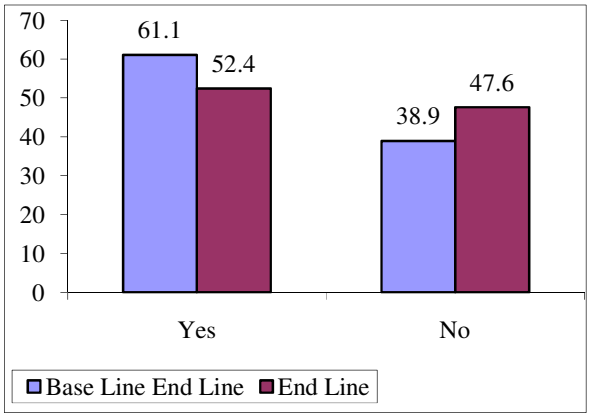
44.10. Fig 6.1i Distribution of women by treatment seeking behaviours and outcomes

(%)

Whether got illness treated



Illness cured after first treatment



Whether child cured after second treatment