

**BASELINE REPORT**

**For the project**

**"Development of a Self-Sustaining Management System for Primary Health Care in Rural Uttarakhand Phase II"**

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**Abbreviations**

**ANC:** Ante-natal Care  
**ANM:** Auxiliary Nurse Midwife  
**AWW:** Anganwadi Worker  
**ASHA:** Accredited Social Health Activist  
**BCG:** Bacillus Calamett-Guerin  
**BP:** Blood Pressure  
**CHC:** Community Health Center  
**DTP:** Diphtheria Tetanus toxoids and Pertussis  
**FGD:** Focus Group Discussion  
**GP:** Gram Panchayat  
**IFA:** Iron and Folic Acid  
**IPHS :** Indian Public Health Standards  
**KII:** Key Informant Interview  
**MMR:** Measles Mumps and Rubella vaccine  
**NGO:** Non-government Organisation  
**NRHM:** National Rural Health Mission  
**OPV:** Oral Polio Vaccine  
**PHC:** Primary Health Center  
**PNC:** Pre-natal Care  
**TT:** Tetanus Toxoide  
**SK:** Swasthya Karmi  
**TBA:** Traditional Birth Attendant  
**VHSC:** Village Health and Sanitation Committee

## INTRODUCTION

**AAROHI (implementing organisation):** AAROHI is a 17 year old civil society organization working towards creation of opportunities for rural communities in the mountains of Uttarakhand to lead a self-dependent existence, reduce poverty and live in harmony with their environment. It has been addressing various issues of poverty through activities related to Health Care, Education, Livelihoods, Forest Management, Drinking Water and Sanitation, Watershed Management and Women's Development.

The focus of the organization has been to enhance the capabilities and management skills of the local communities and to stimulate rural development by coupling regional needs with available resources.

In the field of healthcare, AAROHI has concentrated on:

- Health education (includes women, adolescents and children)
- Strengthening of community institutions such as Dais (Traditional Birth Attendants, or TBAs)
- Curative services to the community through its rural hospital as well as through referral services
- Skill enhancement of its clinical and community health staff
- Support to NGO partners working in community health.

### The Project

This project, known as "Strengthening Self-sustaining Management Systems for Primary health Care in Rural Uttarakhand, Phase II" has been designed to create a model and reproducible community-based health care delivery system in order to reduce maternal and child morbidity and mortality, and improve the general state of well being of the population within the project area. The approach adopted in the programme was to create and strengthen institutions and processes at the community level, train community level personnel to address simple health needs of the people on a day to day basis and to face health emergencies when they arise.

**Target area-** The project is being run in 30 villages spread over two blocks (Ramgarh and Okhalkanda) of Nainital district in Uttarakhand. The six villages in Ramgarh block are those where the first phase of the project were undertaken. In addition, 24 more villages from Okhalkanda block have been added in this phase II of the project.

The villages in Ramgarh block comprise 496 households. They are on average 40 kilometres from the nearest Government-run Primary Health Centre (PHC), 2 km of which has to be made on foot. In case of emergencies, patients must either go to Almora (average 27 km) or Haldwani (average 100 km) to access public healthcare services, or depend on the villages' unqualified service providers. These villages do have access to the government-supported institution of Auxiliary Nurse Midwife (ANM). However, they are on average 3.3 Km from the ANM centre, of which 2.3 Km must be traversed on foot. The ANM frequently focuses more on immunisation services, and rarely enters the field of midwifery.

The 24 new villages in Okhalkanda block are situated in a more remote region as compared to those covered in Phase I. The PHC for this block is situated in Okhalkanda. In case of emergency, the nearest facility is at the city of Haldwani.

## THE BASELINE STUDY

### *Objective*

Objectives of the baseline were –

1. To understand the key health problems of women and children and health care seeking around these issues
2. To understand community level beliefs and practices affecting health of women and children
3. To understand the community level institutions and their functioning in the context of health care (especially with respect to NRHM mandated roles)
4. Baseline data for monitoring impact of intervention?

This study has been conducted in 15 of the 30 intervention villages before starting the programme activities in the project location. The study used a combination of both quantitative and qualitative methods intended to understanding the following conditions in the project area:

- Practices which have impact on health like - breast feeding, delivery, food, menstrual practices and care during pregnancy and after etc.
- Availability of formal and informal health services
- Health problems especially of women and children
- Health service utilization
- Contraceptive behavior
- Decision making process
- Attitude and knowledge of village health workers
- Functioning of village level institutions like GP, VHSC, PHCs

## METHODOLOGY OF DATA COLLECTION

Both qualitative and quantitative data collection methods were used to collect the required information. Issues related to community behaviour were collected through qualitative methods like FGDs, which saves time in administering those questions individually through a survey method, whereas information about individual behaviour like contraception and health care facility utilisation were sought through individual questionnaire. The data was collected in the month of July to September 2010.

### *Quantitative survey*

Sample size estimation: In 30 villages the assumption was there will be 3000 households (100 per village) that is 15000 population. So at 95% confidence interval the sample size calculated using Win episcop was 280 households which were adjusted to **300 households**. The data was collected from 288 households.

Sample selection: It was decided that 50 percent of the villages would be covered from both old and new blocks for the survey. Therefore 3 villages from old block and 12 villages from new block were randomly selected using lottery method.

Once the village selection was done, list of mothers who have delivered/miscarried/aborted in the last 3 years or is currently pregnant were made by taking the help of ANM, AWW, dai or SK. Once the household with an eligible woman was selected, the woman was administered the questionnaire. If in a household there were more than 1 eligible woman, then the question was administered to the woman whom the interviewee felt was more suitable or was ready for interview.

### ***Qualitative data collection***

**Twelve Focus Group Discussion** and 15 **KII** were used to collect qualitative data. The numbers for FGDs and KIIs are decided based on the assumption that these numbers will elicit the required information as well as logically feasible. For qualitative data collection, the sites were decided in such a way that the data provides variety of perception from participants with diverse social and economic background. Therefore, the villages were selected by keeping the following criteria in mind:

- small and large villages
- dalit and non dalit areas
- villages with at least one residential village worker (ASHA/SK/ANM)
- villages with trained dai
- villages which don't have trained dai
- villages which have a functioning VHSC
- villages near to road and far from road

Five FGDs were conducted with young mothers, 4 with young fathers, and 3 with mothers-in-law (MIL). In each FGD there were approximately 12-15 participants.

Key in-depth interviews (KIIs) were conducted with

- 4 dais (2 trained & 2 untrained)
- 3 ASHA
- 1 ANM
- 1 AWW
- 4 VHSC members
- 2 SKs (Swasthya Karmi)

KII samples were selected purposively to include respondents from different communities/groups to get a variety of views.

## KEY FINDINGS FROM THE BASLINE STUDY

### A. PROFILE OF THE STUDY SAMPLE

**Religion & caste:** All the people in the study sample were Hindu. Sixty two percent of the population belonged to scheduled caste (SC), 36 percent were scheduled tribes (ST) and about 1 percent population was from other backward Caste (OBC). (Table 1)

**Age & sex:** table 2 shows percent distribution of the population by age, according to sex.

Caste	OKHALKANDA	RAMGARH	TOTAL
General caste	67.44	17.24	62.36
SC	31.00	82.75	36.23
OBC	1.55	0	1.39
<b>Total</b>	<b>258</b>	<b>29</b>	<b>287</b>

*All data are shown in column percentages. The figures in the bottom row indicate N.*

Age	OKHALKANDA						RAMGARH						TOTAL					
	Male		female		Total		Male		Female		Total		male		female		Total	
0-1	7.1	61	4.7	42	5.9	104	1.8	2	2.3	3	2.1	5	6.5	63	3.5	36	5.0	100
2-5	15.6	134	18.6	168	17.7	312	18.7	21	15.4	20	17	41	15.9	154	17	176	16.5	329
6-14	12.9	111	17.6	159	15.3	269	15.1	17	20.7	27	18.1	44	13.9	135	19.15	198	16.5	331
15-24	13.9	119	20.6	186	16.8	296	5.3	6	18.4	24	12.3	30	12.1	117	19.5	202	15.8	316
25-34	23.4	201	14.5	131	18.8	331	31.2	35	19.2	25	24.7	60	24.5	237	16.85	174	20.7	414
35-44	6.6	57	5.2	47	6.5	114	11.6	13	3.8	5	7.4	18	7.8	76	4.5	47	6.2	123
45-54	4.8	41	6.5	59	5.1	90	0.8	1	6.15	8	3.7	9	3.6	35	6.325	65	5.0	99
54<	15.7	135	12.3	111	13.9	245	15.1	17	13.84	18	14.5	35	15.7	152	13.07	135	14.4	289
<b>Total</b>	<b>857</b>		<b>904</b>		<b>1761</b>		<b>112</b>		<b>130</b>		<b>242</b>		<b>969</b>		<b>1034</b>		<b>2003</b>	

*All data are shown in column percentages. The figures in the bottom row indicate N.*

**Marital status:** We included information on the marital status of all household members age 13 and above. Table 3 shows percent distribution of the population by marital status, according to sex. From the study sample, 77 percent of the populations were currently married and 6 percent were widowed.

Marital	OKHALKANDA	RAMGARH	TOTAL
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status	Male	Female	Total	Male	female	Total	male	Female	total
<b>Currently married</b>	74.95	78.51	<b>76.72</b>	87.69	74.02	<b>80.4</b>	76.3	77.9	<b>77.1</b>
<b>Unmarried</b>	20.74	13.87	<b>17.34</b>	10.76	15.58	<b>13.4</b>	19.7	14.1	<b>16.9</b>
<b>Widowed</b>	4.29	7.60	<b>5.93</b>	1.53	10.38	<b>6.33</b>	4.0	8.0	<b>5.9</b>
<b>Total</b>	<b>535</b>	<b>526</b>	<b>1061</b>	<b>65</b>	<b>77</b>	<b>142</b>	<b>600</b>	<b>603</b>	<b>1203</b>

*All data are shown in column percentages. The figures in the bottom row indicate n.*

**Education:** Educational attainment is an important indicator of social development. It tends to impact positively many of the aspects of reproductive behaviour along with many other aspects of life. **Table 4** presents the level of education of the population age 6 and above by sex. Of the total population, about one-fourth (23.8%) of the population did not have any schooling and only 15.4 percent had more than 10 years of education.

**Table 4:** Percent distribution of the population above age 5 years according to completed years of education.

Completed years of education	Okhalkanda			Ramgarh			Total		
	Male	Female	Total	Male	Female	Total	Male	female	total
<i>No schooling</i>	14.5%	33.9%	24.4%	9.0%	28.3%	19.5%	13.8%	33.1%	23.8%
<i>1-4 years</i>	9.6%	14.4%	12.0%	12.4%	12.3%	12.3%	9.9%	14.1%	12.1%
<i>5-8 years</i>	28.7%	37.2%	33.1%	27.0%	27.4%	27.2%	28.5%	35.9%	32.3%
<i>9-10 years</i>	25.9%	7.6%	16.5%	19.1%	11.3%	14.9%	25.1%	8.1%	16.3%
<i>11-12 years</i>	13.0%	4.0%	8.3%	14.6%	6.6%	10.3%	13.2%	4.3%	8.6%
<i>13-15 years</i>	5.2%	1.8%	3.5%	5.6%	0.0%	2.6%	5.3%	1.5%	3.3%
<i>Above 15 years</i>	3.1%	1.2%	2.1%	12.4%	14.2%	13.3%	4.2%	2.9%	3.5%
<b>Total</b>	648	682	1330	89	106	195	737	788	1525

*All data are shown in column percentages. The figures in the bottom row indicate n.*

The gender inequities in educational attainment are revealed by the data. Thirty three percent of females compared to 14 percent of males from the population have never been to school. If we compare this with more than 8 years of schooling, the data reveals stark gender discrimination. While 23 percent of the

male in the study area had more than 10 yrs of schooling, the corresponding figure for females is less than 9 percent. Similar pattern is observed in both the blocks.

More female are found in the 1-8 year education bracket because there is very less proportion of females who study high school so their proportion is more in the lower category.

**Housing:** During the survey observation was made with regard to the physical condition of the house. Eleven percent people (*Okhalkanda*-11%, *Ramgarh*-7%) lived in *kachcha* houses, 15 percent (*Okhalkanda*-15%, *Ramgarh* -10%) in semi *pucca* houses and the rest of the population (*Okhalkanda*-73%, *Ramgarh* -83%) resided in *pucca* houses.

**Hygienic practices:** The practices related to water storage and sanitation has an important impact on the health of a household. Thus in this survey we collected data regarding source of drinking water, its storage and sanitation practices.

People in the study area take water for drinking from multiple sources. The data reveals that, 33 percent people had a tap inside their house/plot, 36 percent get water from public tap, 29 percent from *naula*, 18 percent from river, and percent people get drinking water from other sources like hand pump, spring and ponds. **Table-5**

With regard to storage of water, 22 percent households reported storing drinking water in open pots and 78 percent stored it in closed pots. As compared between the two blocks, percentage of people using open pots for storing drinking water was considerably higher in Ramgarh (37.9% as against 19.8% in Okhalkanda).

As far presence of toilet is concerned, the survey showed that 44 percent population use flush toilet, 22 percent use pit toilet and as much as 34 percent of the study population reported having no toilets. In Ramgarh, most of the people (92.86%) used flush toilet the rest (7.14%) didn't have toilets. In Okhalkanda, 38% used flush toilet, 25% used pit toilets and 37% didn't have toilets.

For bathing, 46% in Okhalkanda and 41% in Ramgarh use bathroom. Rest of the population bathe in open spaces.

### Pregnancy outcome

<b>Table- 6:</b> percent distribution of women by outcome of their pregnancies			
<b>PREGNANCY OUTCOME</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>live birth</i>	95.3	96.1	95.3
<i>still birth</i>	2.5	1.3	2.4
<i>spontaneous abortion</i>	1.5	1.3	1.5
<i>induced abortion</i>	0.3	1.3	.4
<i>Currently pregnant</i>	0.4	0	.4

<b>Table-5:</b> Percent distribution of the population by source of drinking water			
<b>Source</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<b>Tap</b>	<b>30.6</b>	<b>51.7</b>	<b>32.8%</b>
<b>shared/public tap</b>	<b>36.4</b>	<b>31.0</b>	<b>35.9%</b>
<b>Hand pump/bore well</b>	<b>1.9</b>	<b>0</b>	<b>1.7%</b>
<b>Naula</b>	<b>27.5</b>	<b>41.4</b>	<b>28.9%</b>
<b>River</b>	<b>19.4</b>	<b>3.4</b>	<b>17.8%</b>
<b>Pond</b>	<b>.8</b>	<b>0</b>	<b>0.7%</b>
<b>Spring</b>	<b>1.6</b>	<b>17.2</b>	<b>3.1%</b>
<b>Other</b>	<b>4.3</b>	<b>3.4</b>	<b>4.2%</b>
<b>Total</b>	<b>258</b>	<b>29</b>	<b>287</b>

*All data are shown in column percentages. The figures in the bottom row indicate n.*

Out of 796 (3 missing data) life time pregnancies of 287 women interviewed in the quantitative survey, there were 756 live births, 19 still births, 12 spontaneous abortions, 3 induced abortion and 3 women were currently pregnant. **Table- 6**

<b>TOTAL</b>	<b>717</b>	<b>76</b>	<b>793</b>
<i>All data shown in column percentages. The figures in the bottom row indicate n.</i>			

Of the 756 live births, 476 children during the time of survey were less than 5 years old. Of them 232 (48.7%) were boys and rest 244 (51.3%) were girls.

## **B. NUTRITIONAL PRACTICES**

Maternal diet is an important determinant of outcomes of pregnancy. Malnutrition during pregnancy and its consequences maximally affect the health and long-term outcomes of the population. Low birth weight accounts for almost 30% of all births; with maternal malnutrition as a dominant risk factor. This study aims to investigate the existing beliefs and practices regarding food restrictions during pregnancy and lactation.

### ***Food practices during pregnancy:***

In FGDs and KIIs, participants were asked what women are given during pregnancy. Data reveals that food practices are not uniform through out the survey area which is evident from the following findings given below:

- Majority of the women did not follow any special diet during pregnancy (reported by mothers, mother-in laws, Dai, ASHA). "*garbhvati mahila ko samanya mahila ki tarah khana diya jata hai*"
- Only 1 village (Bhayalgaon) reported that they give emphasis on increased consumption of green vegetables and fruits and cereals during pregnancy. They said that pregnant women were given egg, meat and *cereals* for supplementing in nutrition..
- But data from other places (besides Bhayalgaon) reveal that pregnant women were advised not to take eggs, fish and meat as well as *aadu*, curd, sour foods, oily and hot foods (*Karaya*, *Jhadagontalla*). Some said, "*dahi mattha se bachche ko lechi ho jati hai*" (lechi is vernix caseosa) This restriction, according to the ASHA is due to their beliefs about side effects it would cause. For example, some people fear that consumption of spicy and hot food may spoil the breast milk. There is also a belief among many people in the villages that consumption of fish by a pregnant woman/lactating mother may cause fish-bones (*machlee ke kaante*) in her breast-milk. Some people have reported the notion that food like egg, meat may cause miscarriage.
- Both providers and other respondents who included mothers, mother-in-laws and fathers (*kalagar*, *Sasatada*, *Karaial*) mentioned that pregnant women also don't like to eat the usual food that is cooked for others—"aam khana achcha nahi lagta".
- Some (fathers from *Kalagar*, mothers from *Haidakhan*) reported that during pregnancy women like to smoke and eat *koyla-mitti*.

### ***Food practices after delivery:***

**Table-7:** percent distribution of women by type of food taken in three days before survey

<b>FOOD TAKEN</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<b>Green vegetables</b>	66.7%	90.9%	72.3%
<b>Egg</b>	27.8%	36.4%	29.8%
<b>Meat</b>	19.4%	27.3%	21.3%
<b>Fish</b>	25%	9.1%	21.3%
<b>Daal</b>	47.2%	100%	59.6%
<b>Milk</b>	78.4%	81.8%	79.2%
<b>Other</b>	22.2	0	17.0

In the quantitative survey, women who had delivered in the last 6 months were asked what they ate in the last 3

<b>Total</b>	<b>36</b>	<b>11</b>	<b>47</b>
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*All data shown in column percentages. These are multiple responses. The figures in the bottom row indicate N.*

days from the date of survey. The responses show that green vegetables and *daal* was taken by most of the women. 72 percent women took green vegetables and 60 percent took *daal*. Egg was taken by 30 percent women, meat by 21 percent, fish by 21 percent and nearly 79 percent women consumed milk in the last three days. (**Table-7**) If we compare the data of both the blocks, we see women from Ramgarh block had better food habits.

To substantiate this, information on this aspect was also sought through the qualitative methods, which to some extent contradicted the quantitative findings. During FGDs mothers shared that usually no special food is prepared for a new mother but she is restrained from eating some of the food prepared in the regular menu of others. For instance women are prohibited from eating fish, meat, eggs, *raajma* and advised to take less water, less salt and avoid cold water or cold food. They are also prohibited from eating spicy and hot food up to 6 months after delivery in many cases. Women also shared that they are advised to avoid rice if it is winter.

In contrast, a dai (*Sangila* village) shared that new mothers were given all food except rice.-- "*chawal chhodkar sabhi chizein khilai jati hai*".

## C. HEALTH SEEKING BEHAVIOUR BY WOMEN

### Health care during pregnancy

Adherence to good ANC is an important intervention for reducing maternal and perinatal morbidity and mortality. Antenatal care (ANC) refers to pregnancy-related health care provided by a doctor, an ANM or any health professional to women. In India, the Reproductive and Child Health Programme aims at providing at least three antenatal check-up, immunization against tetanus, and iron and folic acid for anaemia management. <sup>1</sup> Quantitative data shows that around 64 percent of women had some sort of ante-natal check up during their last pregnancy. The corresponding data for Okhalkanda and Ramgarh were 63 percent and 79 percent respectively.

Of these 158 women (137 in Okhalkanda and 21 in Ramgarh) who had some sort of ANC care, only 21.5 percent women (21.2% in Okhalkanda and 24.0% in Ramgarh) had full ANC (3 ANC visits, 90 IFA tablets, and 2 TT).

Out of those who received ante-natal check-up, 66 percent had less than three check ups and only 34 percent had undergone three or more ante natal check ups in their last pregnancy. Percentage of women who had 3 or more check-ups was much higher in Ramgarh(54%) as compared to Okhalkanda(31%) [Table-8]

**Table-8:** percent distribution of women by number of ante-natal check-ups received

No. of ante-natal check-ups	OKHALKANDA	RAMGARH	TOTAL
1	21.74%	20.83%	21.62%
2	47.20%	25.00%	44.32%
3	27.95%	54.17%	31.35%
4	1.86%	0	1.62%
5	0.62%	0	0.54%
8	0.62%	0	0.54%
<b>Total</b>	<b>161</b>	<b>24</b>	<b>185</b>

*All data shown in column percentages. The figures in the bottom row indicate N.*

Among women who received ante-natal check up, 69 percent visited sub center for ante-natal check-up during their last pregnancy. 15 percent women went to NGO/trust hospitals and 12 percent went to district hospital.

Other areas where women went for ante-natal check up in their last pregnancy, included private hospitals/clinics (3.7%), CHC (1.6%), PHC (1.06%), government allopathic hospital (1.06%), govt. Ayurvedic hospital (0.53%) and other places (4.78%). Stark difference is

**Table-9:** percent distribution of women by place visited for ante-natal check-up

PLACE	OKHALKANDA	RAMGARH	TOTAL
District hospital	12.8%	8.3%	12.2%
CHC	.8%	4.2%	1.6%
PHC	.8%	0	1.1%
Government Ayurvedic hospital	.4%	0.00	0.5%
Government allopathic hospital	.4%	4.2%	1.1%
Sub center	49.6%	4.2%	68.6%
NGO/trust hospital/clinic	2.7%	91.7%	15.4%
Private hospital/clinic	2.3%	4.2%	3.7%
Other	3.5%	0	4.8%
<b>Total</b>	<b>64</b>	<b>24</b>	<b>188</b>

*All data shown in column percentages. The figures in the bottom row indicate N.*

<sup>1</sup> <http://cdf.ifmr.ac.in/wp-content/uploads/2011/03/NRHM-Brief.pdf>

seen between the two blocks in seeking ante-natal check-ups from NGO/trust hospital and Sub center. While maximum women in Okhalkanda went to Sub center, most of the women in Ramgarh went to Aarohi hospital for check-up. [Table-9]

Data also shows that 83 percent of the ante-natal check ups were done by ANM/nurse, 21 percent were done by doctors, 3 percent by untrained dais, 1 percent by trained dais, 1 percent by some other health professionals and another 3 percent by others. Separate block findings for blocks also show a similar picture with Ramgarh showing a higher percentage of antenatal check-ups done by ANM. (Table-10)

Quantitative data also show that 70 percent women received Iron and Folic Acid supplements in their last pregnancy. Block-wise comparison shows that 69% women in Okhalkanda and 83% in Ramgarh received IFA supplements in last pregnancy. Out of those women who received IFA, only 4 percent took 90 or more than 100 tablets. When compared between the two blocks, significant difference is noticed in the consumption of full dose of IFA tablet, where proportion of women is double in Ramgarh block than in Okhalkanda block. (Table-11)

Number of IFA doses taken	OKHALKANDA	RAMGARH	TOTAL
30 or less	29.9	28.0	30.2
30 to 90	65.9	64.0	65.6
90 or more	3.9	8.1	4.0
<b>Total</b>	<b>177</b>	<b>25</b>	<b>202</b>
<i>All data shown in column percentages. The figures in the bottom row indicate n.</i>			

In their last pregnancy, 81 percent women received tetanus injection in their last pregnancy. Eighty percent in Okhalkanda and 93 percent in Ramgarh received the same.

Out of those who received tetanus injection, 6 percent received it once, 87 percent received twice and 4 percent had it thrice. Another 3 percent could not remember how many times they received it but reported receiving at least once. Four percent in Okhalkanda and none in Ramgarh received three doses of TT. [Table-12]

No. of TT doses received	OKHALKANDA	RAMGARH	TOTAL
1	6.4	3.6	6.1
2	85.2	96.4	86.6
3	4.4	0.0	3.9
Don't remember	3.9	0.0	3.5
<b>Total</b>	<b>203</b>	<b>28</b>	<b>231</b>
<i>All data shown in column percentages. The figures in the bottom row indicate n.</i>			

Those women who didn't go for ante-natal check-up were asked about the reasons for the same. Seventy nine percent women said that it was not necessary. Other reasons mentioned were no permission from family (6.6 %), lack of knowledge (4.4%), too high cost (5.5%), not customary (2.2%), poor services (1.1%) and others (4.4%). (Table-13)

REASONS	OKHALKANDA	RAMGARH	TOTAL
not necessary	81.4%	40%	79.1%
not customary	1.2%	20%	2.2%
Cost too much	4.7%	20%	5.5%
poor quality service	1.2%	0	1.1%

<b>family didn't allow lack of knowledge</b>	<b>7.0%</b>	<b>0</b>	<b>6.6%</b>
<b>Other</b>	<b>3.5%</b>	<b>20.0%</b>	<b>4.4%</b>
<b>Total</b>	<b>86</b>	<b>5</b>	<b>91</b>

All data shown in column percentages. The figures in the bottom row indicate N.

Forty eight percent women in Okhalkanda and 53 percent in Ramgarh either consulted some one or sought some treatment for the health problems faced during their last pregnancy. The figure was 48 percent when looked at the two blocks together.

Out of women who sought treatment or consultation, 34 percent sought the help from district hospital, 15 percent had home remedy and 12 percent sought help from sub center. Other sources from where consultation were sought included CHC (6.5%), PHC (2.2%), Govt. Ayurvedic hospital (6.5%), govt. allopathic hospital (5.4%), private hospitals/clinics (8.6%), NGO/trust hospitals(8.6%), trained dai (1.1%), untrained dai (6.5%), *jadibuti* (1.1%), *jhadphoonk* (5.4%) and others (3.2%). [Table 15]

The above data reveals that a significant proportion of women from Okhalkanda block resorted to untrained provider for relief from problems arising during pregnancy.

*Qualitative data gave the following information on health seeking behaviour during pregnancy:*

- Health providers informed that pregnant women and their family members didn't follow their advice because they believed in traditional ways and didn't understand the importance of ANC. They said that women gave more importance to their household tasks than to a visit for ante natal check up. Providers including ANM and the AWW also said that all women didn't accept ANC services and some refused to take TT, IFA thinking that it might kill the fetus.
- On the other hand, some providers (**Dai** from **Sangila** and **Swasthya Karmi** from **Bhayalgaon**) said that women easily accept the services provided by the government.
- VHSC members mentioned that the TT vaccines were often not taken in time. They said that pregnant women didn't take allopathic medicine fearing side effects.
- Women on the other hand reasoned that they didn't take it because it caused nausea and vomiting. They also shared that mother-in-laws and other elderly women restrict them from taking TT saying that it's not important. "*humne tikey nahi lagaye hamare bachche kaise huey*". Mothers said that issues of pregnancy complications were solved by the head of the family and other members. Sometimes people from the village were also called up.

In Kalagar village, the situation was somewhat different. Most of the women had iron folic and two vaccines during pregnancy but very few of them had any check up during pregnancy. They had undergone hemoglobin and weight test. Some (mothers, Dais) mentioned that women got the check up during pregnancy from Dais (both trained & untrained). This included checking the belly, the position of the child and pain—"*pet ki jaanch, bachche ki sthhati aur dard*". These women were referred to PHC by the Dai if there is any sign of complication.

**Preferred place for delivery—home/institutional:**

In India, it is a prevalent practice to deliver the child at home instead of taking the pregnant women to some health facility. This is more common in rural areas as compared to urban areas. There are many reasons for it. One of the major reasons for having home delivery besides not having easy accessibility to a quality health centre, is the perception that delivery is a natural process for women, and thereby home delivery is preferred unless complications occur or someone tells them to deliver at health facilities. The findings of this study are also along similar lines.

As per the quantitative data, around 90 percent deliveries occurred at home. The findings were similar in both the blocks. (**Table 16**)

**Table 16:** percent distribution of deliveries by the place of delivery

Place of delivery	delivery		TOTAL
	OKHALKANDA	RAMGARH	
<i>Home</i>	<b>91.19</b>	<b>90.28</b>	91.1
<i>PHC</i>	<b>4.26</b>	<b>2.78</b>	4.1
<i>govt hospital</i>	<b>4.12</b>	<b>6.94</b>	4.4
<i>Other</i>	<b>0.43</b>	--	.4
<b>Total</b>	<b>704</b>	<b>72</b>	<b>776</b>

*All data shown in column percentages. The figures in the bottom row indicate N.*

An enquiry into the reasons for not going to institutions showed that in 82 percent cases people felt that it was not necessary to go for institutional delivery. In 3 percent cases people said that it was not customary to go to institutions and in another 5 percent cases they felt that there was better care available at home. Other reasons mentioned included high cost of institutional delivery (0.75%), transportation problem (2.25%), poor services in institutions (1.05%), sudden delivery (1.95%), no permission from family (2.55%) and others (1.50%).[**Table-17**].

*Qualitative data also gives a similar impression on people's preference with regard to the place of delivery.*

- A. As reported by both health providers and other respondents, majority of the

**Table-17:** percent distribution of women by reasons mentioned for not going for institutional deliveries

REASONS	OKHALKAND	RAMGAR	TOTAL
	A	H	
<i>not necessary</i>	<b>84.69</b>	<b>56.92</b>	<b>81.98</b>
<i>Not customary</i>	<b>1.66</b>	<b>20.00</b>	<b>3.45</b>
<i>Costs too much</i>	<b>0.83</b>	<b>0</b>	<b>0.75</b>
<i>no easy transport</i>	<b>2.33</b>	<b>1.54</b>	<b>2.25</b>
<i>Poor services</i>	<b>1.00</b>	<b>1.54</b>	<b>1.05</b>
<i>Sudden delivery</i>	<b>1.83%</b>	<b>3.08</b>	<b>1.95</b>
<i>family didn't allow</i>	<b>2.33</b>	<b>4.62</b>	<b>2.55</b>
<i>Better care at home</i>	<b>3.66</b>	<b>12.31</b>	<b>4.50</b>
<i>Other</i>	<b>1.66</b>	<b>0</b>	<b>1.50</b>
<b>Total</b>	<b>601</b>	<b>65</b>	<b>666</b>

*All data shown in column percentages. The figures in the bottom row indicate N.*

villagers preferred home delivery. The reasons for this preference according to them included the following-

<b>Table 18:</b> percent distribution of all deliveries by persons who conducted the same			
<b>CONDUCTED BY</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>

- the distance of the hospitals, lack of transportation facilities, lack of facilities in PHCs and the sub centers,
- difficulties including high cost caused by institutional delivery
- It was reported that the nuclear families didn't go for institutional deliveries due to lack of additional help.
- FGDs also revealed that money that is to be given to a family after institutional delivery is often not given, or they don't get the full amount as they have to distribute it among health centre staff or ANM.
- It was also reported that people didn't go for institutional delivery primarily because there was no female doctor (*Haidakhan*). They said that the women got afraid because check up etc. involved insertion of one's hand into the vagina.

- B. It was mentioned that the cases were referred to institutions only if there was complication.
- C. But VHSC members of *Bhayalgaon* (it has got a trained Dai) gave a different opinion that women preferred institutional delivery for the reason that the deliveries in institutions were handled skillfully and safely and people also got some money out of this. (*ajkal mahilayein prasav haspatal par karana chahti hai*).
- D. An ASHA reported that some people went for institutional deliveries where as majority of others avoided it mainly because of poverty, fear and distance of the hospitals. (*Jhargaon Malla*)

### ***Place of delivery at home:***

Quantitative data shows that most of the deliveries (45%) were conducted by mother-in-laws. Trained dais conducted 28% of the deliveries and 16% were handled by untrained dais. (**Table-18**). What is significant to note that in Ramgarh block where Aarohi has been undertaking intervention for a long time, as much as 85 percent deliveries were conducted by trained dais as compared to only 9 percent in Okhlakanda block.

As per the qualitative data, the place in home where deliveries usually take place is usually a room with windows closed and very little light. In single-room houses the place is usually a clean corner of the room which was sometimes separated with banana trees, shawls, wood or banana leaves etc. for ensuring privacy. Also, place of delivery at home wouldn't be close to the home temple. Often the delivery place was surrounded with heaps of cow-dung. During winter people put fire to keep the room warm.

In case of institutional deliveries for the last pregnancy, it is important to note that as much 50 percent of the institutional deliveries were not conducted by doctors. (**Table 19**)

*Qualitative data provided following findings about home deliveries,*

A. The preparations for delivery including arranging the Dai were done by mother-in-law, husband or other elder members of the family, neighbourhood. In nuclear families the pregnant woman herself had to call up the *Dai* and make the basic arrangements or ask neighbours for help.

B. At home, most of the deliveries were conducted by Dais who was assisted by mother-in-law, sister-in-law (experienced) or other neighbouring women. Apart from dais, some experienced mother-in-laws also conducted deliveries at times.

C. *The delivery kit* in home deliveries included a new blade (boiled if not new), a coin, boiling water, thread, soap and cleans clothes. These things were arranged by the family. Some Dais used the delivery kit issued to them from the Block office (*Vikas Khand*).

D. The cord was cut by Dai (in few cases by others or even the new mother) with the new blade putting it on the coin. Some had said that the cord was bound with a thread before putting it on the coin. Usually the coin and the new blade were washed in the boiling water. People also mentioned about using flour during cord-cutting.

E. People in all areas had said that cleanliness of new mother and baby was always taken care of. Baby was given a bath immediately after birth. But mothers took bath usually after five days. Changing clothes and bed covers was also done after five days. In some communities, the mother took bath on the 5th or the 7th or the 9th day after delivery.

F. In 1 FGD it was reported that mother and child were kept inside the room where delivery occurred and were considered untouchables. In most of the places it was a period of 11 days while in some areas it is of 3 days.

G. (*phali ka nistaran*)- Cord was usually disposed under a milky tree (a tree that secretes white liquid when cut) and green-leafy trees. Some people hung it on the front door or near the oven and it was based on their belief that the child would return home for food where ever it goes.

<i>trained dai</i>	8.87	84.72	15.9
<i>untrained dai</i>	30.42	2.78	27.9
<i>ASHA</i>	0.14	1.39	.3
<i>mother-in-law</i>	49.30	0	44.8
<i>AWW</i>	0	0	0
<i>ANM</i>	6.06	2.78	5.8
<i>others</i>	5.21	8.33	5.5
<b>Total</b>	<b>710</b>	<b>72</b>	<b>782</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			
<b>Table 19: percent distribution of institutional deliveries by persons who handled the same</b>			
<b>CONDUCTED BY</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>Doctor</i>	51.0	44.4%	50.0
<i>ANM/nurse</i>	44.9	55.6%	46.6
<i>Other</i>	4.1	0	3.4
<b>Total</b>	<b>49</b>	<b>9</b>	<b>58</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

- H. FGDs revealed that new mothers were not allowed to cook for 22 days after the delivery. Food prepared by them was not taken by others; they are not allowed to visit temples.

***Treatment sought for health problems after delivery:***

For the health problems faced during one-and-half month of their last delivery, as much as 60 percent women said that they didn't seek any consultation or treatment. As per block data, 61% in Okhalkanda and 50% in Ramgarh didn't seek any treatment/consultation.

Among those who received it, 10 percent depended on home remedy, 7% percent went to govt. allopathic hospitals, another 7 percent approached the district hospital, 7 percent went to private hospitals/clinics and 4 percent sought help from sub centers. For others the source of treatment/consultation were govt. Ayurvedic hospital (3.7%), PHC (3.0%), CHC (0.7%), NGO/trust hospitals (2.2%), trained dais (1.5%), untrained dais (3.0%), ASHA (2.2%), *jadibuti* (0.7%) and *jhadphoonk* (3.0%). [Table 20]

<b>Table 20:</b> percent distribution of women by source of treatment/consultation for complications experienced within one-and-half month of delivery by			
<b>SOURCE OF TREATMENT</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>no treatment</i>	60.9%	50%	60.1%
<i>District hospital</i>	6.4%	20%	7.4%
<i>CHC</i>	0.8%	0	0.7%
<i>PHC</i>	3.2%	0	3.0%
<i>Govt. Ayurvedic hospital</i>	4.0%	0	3.7%
<i>Govt. Allopathic hospital</i>	8.0%	0	7.4%
<i>Sub center</i>	4.8%	0	4.4%
<i>NGO/trust hospital/clinic</i>	1.6%	10%	2.2%
<i>private hospital/clinic</i>	7.2%	0	6.7%
<i>trained dai</i>	1.6%	0	1.5%
<i>untrained dai</i>	3.2%	0	3.0%
<i>Jadibuti</i>	0.8%	0	0.7%
<i>Jhadphoonk</i>	3.2%	0	3.0%
<i>home remedy</i>	10.4%	10%	10.4%
<i>ASHA</i>	2.4%	0	2.2%
<i>Other</i>	0.8	10%	1.5%
<b>Total</b>	<b>125</b>	<b>10</b>	<b>135</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

<b>Table 21:</b> percent distribution of women by source of treatment for complications experienced within 6 weeks of abortion			
<b>SOURCE OF TREATMENT</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>no treatment</i>	5.9%	0	5.0
<i>doctor</i>	76.5%	0	65.0
<i>ANM/Nurse/LHV</i>	0	33.3	5.0

**Health seeking in other health problems of women:**

Among women who experienced health problems after abortion, 5 percent didn't seek any treatment. 65 percent sought help from

doctors, 35 percent depended on home remedy, 20 percent took medicine from chemist/medical shop and 5 percent sought help from ANM/nurse/LHV. Another 5 percent tried some other sources of help.

<i>home remedy</i>	41.2%	0	35.0
<i>chemist/medical shop</i>	17.6%	33.3	20.0
<i>Other</i>	5.9%	0	5.0
<i>Total</i>	17	3	20
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

*In the qualitative investigation*

- A. Most informants said that in most of the problems of women, the treatment was taken from traditional healers. The traditional healers usually check feet, read pulse for diagnosing. People also prayed to gods for remedy.
- B. Some women who sought help on their own often go to the ANM.
- C. Most of the respondents said that cases were taken to hospitals when they get complicated.
- D. In common health problems of women, some said that the women usually hide their diseases.
- E. It was mentioned that if women didn't give birth even after many years (e.g., 7-8 years) then they were talked to and treated with '*jhadphoonk*' and '*jadibuti*'.

**Barriers in treatment seeking from government health providers**

Besides the reasons mentioned above for not going to health centre for deliveries or others health needs, FGDs also revealed some other causes for not depending on government health providers for their health needs.

- A. People said that the ANM came once in two-three months and reach the center very late. She gives 3 vaccines together. The data also reveals that the ANM was not found when they need her (FGD, Galni)
- B. They also revealed that they had to visit the PHC many times and give bribes for getting the maternity beneficiary money.

**C. MENSTRUAL PRACTICES**

- A. It was found that women during menstruation were made to live with animals (cows, buffaloes, goats) "*gowt me rahte heir*". In some places they were kept with animals. "*alag se rakhte hei gowt me, jahan janwar rahte heir*" (*Haidakhan*). Sometimes menstruating women stayed somewhere far from the village. (*Galni Jamni*)
- B. Some people mentioned that women didn't take bath or change clothes for three days during the period of menstruation. Women who were kept away do not get to use clothes or pad.
- C. They were not allowed to visit public places like temples and perform *puja*. They don't go to kitchen or other rooms and don't cook.
- D. It was also mentioned that women had to follow restriction on food that they were given on those days.

## **D. CARE OF MOTHERS**

### ***Workload/rest during pregnancy:***

- A. Pregnant women in almost all areas were prohibited from lifting heavy weights, doing works that need bending forward and were provided with some extra rest (usually 2-3 hours of rest during day time), especially after the fifth month of pregnancy. They were also prohibited from moving in vehicles. In some families, family members helped pregnant women in domestic chores. Women are prohibited from sleeping too much saying that it might lead to an over sized head of the child.
- B. In some families (KII-ANM, AWW reported), rest for pregnant women was not a major concern for family members, especially among mother-in-laws and other elderly women. They used to give their own examples and say that it's okay to work. "*humne kaam kiya bahu kyun nahikaregi*".
- C. One of the Dai said that people also make pregnant women smash rice ("*dhaan ka kutana*") believing that it helps to get a quick delivery—"jaldi bachcha paidahota hai"

### ***Role of the providers during pregnancy:***

#### *As per the qualitative findings*

- A. Health providers such as ANM, ASHA, AWW and VHSC members advised pregnant women briefly on balanced diet, rest, no weight lifting or hard work like moving cow-dung, no movement by vehicles and timely check up. ANM and AWW said that they also talked to husbands and mother-in-laws on these issues.
- B. The ANM shared that apart from the ante natal check up she gave two TT injections and 100 iron folic tablets to pregnant women. She suggested women to take iron folic at night, take green vegetables, local fruits, cereals, not to lift weights and not to use pillow.

In quantitative investigation, women were asked whether ANM or ASHA visited them during last pregnancy. Around ninety one percent women said that ASHA visited them and only 8 percent confirmed ANM's visit during that time. In Okhalkanda, 92 percent women confirmed ASHA's visit and around 8 percent mentioned about ANM's visit. In Ramgarh, 86% were visited by ASHA and 14 percent were visited by ANM.

It is also observed from the quantitative data, that women received various advices from doctors/ANM/ASHA during their last pregnancy. 90 percent women received advices on diet, 78 percent received advice on hygiene, 77 percent were advised on taking care of their health, 69 percent received advice on new born care, 61 percent were advised on family planning and 69 percent on breast feeding.

<b>Table 22:</b> percent distribution of women by advices received from doctor/ANM/ASHA during last pregnancy			
<b>Advices received on</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>Diet</i>	89%	100%	89.8%
<i>hygiene</i>	77.9%	75%	77.7%
<i>Taking care of oneself</i>	79.9%	41.7%	77.1%
<i>new born care</i>	70.1%	50%	68.7%
<i>family planning</i>	61.7%	50%	60.8%
<i>breast-feeding</i>	71.4%	41.7%	69.3%
<i>Total</i>	<b>154</b>	<b>12</b>	<b>166</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

***Rest/workload after delivery:***

- A. The new mother was given complete rest for 11 days (22 days in a few areas) and was provided with good food which varied from place to place. Some mentioned that the mother got complete rest till the function for naming the child got over. (*Khansyu*) The woman did simple works after that but avoids doing heavy works.
- B. Family members such as mother-in-law, husband, sister-in-law and older children looked after the new mother and helped her in the household chores. Sometimes father-in-law also played small roles in it. "*Sasur bahar se bata sakta hai*". However, in some areas help by father-in-law or brother-in-law (elder) was avoided deliberately.--"*sasur aur jet ki chhoot hoti hai wo samajik rishte ka bandhan hai*".
- C. Women during the resting period of 11 days, did works like cleaning herself and the baby, arranging the bed, washing her dish etc. (*Khansyu*)

***Role of providers in/after delivery:***

- A) Providers' role was mostly to give advices to new mothers on diet, rest etc. Sometimes after delivery advices from Dai and ASHA also included suggestions to use contraception like copper-T, Mala-D and sterilization. (FGD of Mothers).
- B) it was found that sometimes ASHA and Dai also looked after the new mother.
- B) Sometimes post delivery advices from the providers also included suggestions to use contraception like copper-T, Mala-D and sterilization.

## E. CHILD CARE PRACTICES

### *Feeding practices for the baby*

In survey, 37 percent women said that they had started breast-feeding their last living child within half-an-hour of birth. Thirty one percent said that they started it after half-an-hour and 30 percent mentioned about starting it a few days after birth. The rest 2 percent never breast-fed their last living child. [Table-23]

In case of feeding the last living child, it was found that 89 percent women breast-fed the child for at least 6 months. Sixty five percent continued breast feeding for at least 12 months and 21 percent continued it for 24 months or more. In block wise comparison, percentage of women breast feeding for 24 months or more was much higher than that in Okhalkanda. On the other hand, percentage of women breast feeding for at least 6 months and percentage of those continuing it for at least 12 months were found to be higher in Okhalkanda. (Table 24)

<b>Table 23:</b> percent distribution of women by time of starting breast-feeding last living child			
<b>Breast feeding started</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>within half-an-hour of birth</i>	35.48%	48.28%	36.82%
<i>after half-an-hour of birth</i>	29.84%	41.38%	31.05%
<i>a few days after birth</i>	32.66%	10.34%	30.32%
<i>Never</i>	2.02%	0	1.81%
<b>Total</b>	<b>248</b>	<b>29</b>	<b>277</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

<b>Table 24:</b> percent distribution of women by months of continuing breast feeding last living child			
<b>BREAST FED FOR</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>6 months or more</i>	<b>90.3%</b>	<b>73.1%</b>	<b>88.7%</b>
<i>12 months or more</i>	<b>66.9%</b>	<b>46.2%</b>	<b>65.0%</b>
<i>24 months or more</i>	<b>18.5%</b>	<b>42.3%</b>	<b>20.8%</b>
<b>Total</b>	<b>248</b>	<b>26</b>	<b>274</b>
<i>All data shown in column percentages. The figures in the bottom row indicate N.</i>			

*Qualitative data gave the following results with regard to breast feeding practices reveals a different picture:*

- A. The first milk was squeezed out believing that it's hard and might cause stomachache (as reported by **Swasthya Karmi** from **Haidakhan** and ANM from **Khansuw**) or cough to the baby. Breastfeeding was generally started after 3-5 days of birth.
- B. However, it was also mentioned that some people had started to breast-feed immediately after birth. This was reported by the **Anganwadi worker** from **Gargarimali**, the **ASHA** from **Jharganmalla** and a **trained Dai** from **Khansuw** village. ASHA from Khansuw village said that when the delivery occurs at hospitals, breast-feeding is usually started immediately after birth.
- C. Breast feeding was continued for 1-3 years and exclusive breast-feeding was continued maximum up to 6 months.
- D. Some said that the baby was given *baal jivan ghutti*, cow milk or honey. Sometimes the baby was served with breast-milk of lactating mothers from the neighbourhood. (*Karaiyal*).
- E. Not much information about weaning practices is received from the study. ANM from **Khansyu** village said that there is no specific food that is provided during weaning period. Dai from

**Jhadgaontalla**) said that weaning was started by giving the children milk-rice or by pacifying or forcing it—“*doodhbhat de kar, samjhakar maarkar*”.

- F. FGDs revealed that girls were first given rice at the age of 5 months but boys get this at the age of 6/7 month.

### **Immunisation of children**

In the quantitative investigation women were asked whether their last child of age between 1-3 years was vaccinated. As reported by the women, 72 percent of the 221 children were vaccinated. Twenty seven percent women said that the child was not vaccinated and 1 percent said that they didn't have the card. Similar reporting from Ramgarh shows that 100 percent of the 13 children in the mentioned age group were vaccinated. In Okhalkanda 70 percent were vaccinated, around 1 percent women said that they didn't have the card and the rest 28 percent reported that the child was not vaccinated.

Out of those children who were vaccinated, 89 percent received 3 doses of OPV, 91 percent received 3 doses of DPT, 94 percent received BCG, 91 percent received MMR and 89 percent were given vitamin-A doses.

In Okhalkanda, 88` percent of the vaccinated children received 3 doses of OPV, 90 percent received 3 doses of DPT, 93 percent received BCG, 90

percent received MMR and 88 percent were given vitamin-A doses.

In Ramgarh, 100 percent of such children received 3 doses of OPV and DPT and the required doses of BCG, MMR and vitamin-A.

The data was further analysed to get information on complete immunization. The findings revealed that 85 percent of the vaccinated children received complete immunisation (**BCG, MMR and three doses of OPV, DPT**). In block wise comparison it was found that 83 percent in Okhalkanda and 100 percent in Ramgarh received complete immunisation for children aged 12-23 months.

		OKHALKANDA	RAMGARH	TOTAL
<b>OPV doses received</b>	<b>1st dose</b>	<b>98.52%</b>	<b>100%</b>	<b>98.67%</b>
	<b>2nd dose</b>	<b>89.70%</b>	<b>100%</b>	<b>90.72%</b>
	<b>3rd dose</b>	<b>87.5%</b>	<b>100%</b>	<b>88.74%</b>
<b>DPT doses received</b>	<b>1st dose</b>	<b>94.11%</b>	<b>100%</b>	<b>94.36%</b>
	<b>2nd dose</b>	<b>90.44%</b>	<b>100%</b>	<b>91.27%</b>
	<b>3rd dose</b>	<b>89.70%</b>	<b>100%</b>	<b>90.6%</b>
<b>Received BCG</b>		<b>93.43%</b>	<b>100%</b>	<b>94.1%</b>
<b>Received MMR</b>		<b>89.92%</b>	<b>100%</b>	<b>90.84%</b>
<b>Received Vitamin-A</b>		<b>88.37%</b>	<b>100%</b>	<b>89.43%</b>

<b>REASON FOR NOT VACCINATING CHILD</b>	<b>OKHLALKANDA</b>
<i>Unaware of need for immunisation</i>	<b>29.4%</b>
<i>place of Immunisation unknown</i>	<b>29.4%</b>

Among women whose child was not vaccinated, 29 percent women said that they were unaware of the need for immunisation. Another 29 percent women said that they didn't know the place of immunisation, 41 percent said that the ANM was absent and for 49 percent of the women not knowing the time of immunisation was a reason for not immunizing the child. Other reasons mentioned included distance of the place of immunisation (17.6%), no faith in immunisation (3.9%), fear of side effects (2%), inconvenient time (3.9%), mother was too busy (3.9%) and long waiting hours (2%). [Table-26]

<i>time of immunisation unknown</i>	<b>49%</b>
<i>fear of side effects</i>	<b>2%</b>
<i>no faith in immunisation</i>	<b>3.9%</b>
<i>place of immunisation to far</i>	<b>17.6%</b>
<i>time of immunisation inconvenient</i>	<b>3.9%</b>
<i>ANM absent</i>	<b>41.2%</b>
<i>mother too busy</i>	<b>3.9%</b>
<i>long waiting time</i>	<b>2.0%</b>
<i>Other</i>	<b>13.7%</b>
<i>Total</i>	<b>51</b>
<i>Data shown in column percentage, figures in the bottom row indicating N.</i>	

*Qualitative findings on immunisation of children include the following-*

- A. Providers mentioned that children get immunized regularly.
- B. Some said that people didn't go for immunisation as because they didn't realize the importance.
- C. Some mothers said that they didn't know much about the vaccines but had their children immunized more than once between the age one month and one and half year.
- D. Those who didn't get it are either not informed properly or they lacked awareness (SK-Haidakhan).
- E. Some said that the health workers didn't go with the scheduled dates of immunization and gave the vaccines any time they like and many people didn't get to know the dates in advance and missed the programme. (Bhilagon and Sangeela).

#### ***Health seeking in other problems of children:***

<b>Table 27:</b> percent distribution of women by source of treatment for the last child who had diarrhea in last 6 months before the survey			
	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>no treatment</i>	<b>28.7%</b>	<b>27.3%</b>	<b>28.35%</b>
<i>district hospital</i>	<b>0.8%</b>	<b>9.1%</b>	<b>1.5%</b>
<i>Community health center</i>	<b>0.8%</b>	<b>9.1%</b>	<b>1.5%</b>
<i>PHC</i>	<b>8.2%</b>	<b>0</b>	<b>7.5%</b>
<i>Government hospital (Ayurvedic or allopathic)</i>	<b>32.0%</b>	<b>9.1%</b>	<b>30.07%</b>
<i>Sub-center</i>	<b>2.6%</b>	<b>0</b>	<b>2.25%</b>
<i>NGO/trust hospital/clinic</i>	<b>7.4%</b>	<b>18.2%</b>	<b>8.27%</b>
<i>private hospital/clinic</i>	<b>11.5%</b>	<b>18.2%</b>	<b>12%</b>

In case of the last living child who had diarrhea in the last six months, 28 percent mothers mentioned that they didn't go for any treatment. Out of those who consulted some one or sought some treatment 30 percent went to government hospitals, 17.2% depended on home remedy, 12

<i>Jadi-buti</i>	<b>5.7%</b>	<b>9.1%</b>	<b>6%</b>
<i>Jhad-phoonk</i>	<b>1.6%</b>	<b>0</b>	<b>1.5%</b>
<i>Home remedy</i>	<b>17.2%</b>	<b>18.2%</b>	<b>17.2%</b>
<i>other</i>	<b>0.8%</b>	<b>9.1%</b>	<b>1.5%</b>
<i>Total</i>	<b>122</b>	<b>11</b>	<b>133</b>
<i>Data shown in column percentage, figures in the bottom row indicating N.</i>			

percent sought treatment/consultation from private hospitals/clinics, 7 percent went to PHC and 8 percent mentioned about NGO/trust hospital as the source of treatment. Other sources of treatment mentioned included district hospital (1.5%), CHC (1.5%) and Sub center (2.2%). Six percent women reported about taking *jadibuti* treatment, 1.5 percent about *jhadphoonk* and another 1.5 percent mentioned about some other sources of treatment. **[Table 27]**

Among those mothers whose last living child had cough or cold with breathing difficulty, 29 percent mentioned that they didn't go for any treatment. Out of those who consulted some one or sought some treatment 18 percent went to government hospitals, 16 percent depended on home remedy, another 16 percent went to Sub Center, 7 percent sought treatment/consultation from private hospitals/clinics, 1 percent went to PHC and 5 percent mentioned about NGO/trust hospital as the source of treatment. Other sources of treatment mentioned included district hospital (3.7%) and CHC (3.7%). Three percent women reported about taking *jadibuti* treatment and 1.5 percent mentioned about some other sources of treatment. **[Table 28]**

<b>Table 28:</b> percent distribution of women by source of treatment for the last child who had cough/cold with breathing difficulty in past 1 month before the survey			
<b>Source of treatment</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>No treatment</i>	<b>29.0</b>	<b>36.4</b>	<b>29.6</b>
<i>district hospital</i>	<b>2.4</b>	<b>18.2</b>	<b>3.7</b>
<i>community health center</i>	<b>3.2</b>	<b>9.1</b>	<b>3.7</b>
<i>Government hospitals (allopathic/Ayurvedic)</i>	<b>17.7</b>	<b>27.3</b>	<b>18.5</b>
<i>Sub-center</i>	<b>16.9</b>	<b>9.1</b>	<b>16.3</b>
<i>PHC</i>	<b>0.8</b>	<b>0</b>	<b>0.7</b>
<i>NGO/trust hospital/clinic</i>	<b>5.6</b>	<b>0</b>	<b>5.2</b>
<i>private hospital/clinic</i>	<b>8.1</b>	<b>0</b>	<b>7.4</b>
<i>Jadi-buti</i>	<b>3.2</b>	<b>0</b>	<b>3.0</b>
<i>Home remedy</i>	<b>17.7</b>	<b>0</b>	<b>16.3</b>
<i>Other</i>	<b>2.4</b>	<b>0</b>	<b>2.2</b>
<b>Total</b>	<b>122</b>	<b>11</b>	<b>133</b>
<i>Data shown in column percentage, figures in the bottom row indicating N.</i>			

It was found in the qualitative study that the problems of children were mostly dealt with by the traditional healers. They were taken to hospitals only if they were not cured by the traditional healers.

## **F. HEALTH PROBLEMS OF WOMEN**

**Pregnancy complications:**

While talking about health problems experienced during their last pregnancy, 23 percent women said that they had swelling on hands and feet, 14 percent mentioned about paleness, 10 percent mentioned visual disturbances, 8 percent mentioned about excessive bleeding (*rakt shraab*) and 3 percent reported about convulsions. 32 percent women also mentioned about weak or no movement of fetus and another 13 percent mentioned about abnormal position of fetus. [Table-29]

*In the qualitative investigation*

- A. Some women shared that sometimes pregnant women got complications like bleeding if they fall somewhere (*Tanda*).
- B. They also shared that pregnant women sometimes get burning sensation in chest.
- C. These women also opined that there can be complications during breech presentation *or* if the fetus is twin.

<b>Table 29:</b> percent distribution of women by complications experienced in last pregnancy			
<b>Treatment/consultation taken from</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<b><i>Swelling of hands &amp; feet</i></b>	<b>20.8%</b>	<b>46.7%</b>	<b>23.4%</b>
<b><i>Paleness</i></b>	<b>7.7%</b>	<b>66.7%</b>	<b>13.8%</b>
<b><i>Visual disturbances</i></b>	<b>9.2%</b>	<b>13.3</b>	<b>9.7%</b>
<b><i>Excessive bleeding(rakt shraab)</i></b>	<b>7.7%</b>	<b>13.3</b>	<b>8.3%</b>
<b><i>convulsions</i></b>	<b>3.8%</b>	<b>0</b>	<b>3.4%</b>
<b><i>Weak or no movement of foetus</i></b>	<b>34.6%</b>	<b>6.7</b>	<b>31.7%</b>
<b><i>Abnormal position of foetus</i></b>	<b>14.6%</b>	<b>0</b>	<b>13.1%</b>
<b><i>other</i></b>	<b>35.4%</b>	<b>20.0</b>	<b>33.8%</b>
<b>Total</b>	<b>130</b>	<b>15</b>	<b>145</b>
<i>All data shown in column percentage. Figures in the bottom row indicates N</i>			

<b>Table 30:</b> percent distribution of women by complications experienced in last delivery			
<b>complications</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>Nothing</i>	<b>65.3%</b>	<b>73.9</b>	<b>66.1</b>

**Delivery complications:**

Of the 287 seven women, 248 were asked about health problems experienced during their last delivery. Sixty six percent of them said that they didn't face any such problem. Among the women who reported of experiencing some health problems, premature labour was reported by 20 percent, prolonged labour of more than 12 hours by 19 percent, excessive bleeding by 10 percent. Women also reported about obstructed labour (2.8%), breech presentation (1.2%) and other problems (6.1%). **[Table 30]**

A further analysis of the above data did not reveal any relation between ANC and presentation of problem during delivery in a bivariate analysis.

<i>premature labour</i>	<b>20.4</b>	<b>13.0</b>	<b>19.8</b>
<i>excessive bleeding</i>	<b>10.2</b>	<b>4.3</b>	<b>9.7</b>
<i>prolonged labour(more than 12 hours)</i>	<b>20.9</b>	<b>4.3</b>	<b>19.4</b>
<i>obstructed labour</i>	<b>3.1</b>	<b>0</b>	<b>2.8</b>
<i>breech presentation</i>	<b>1.3</b>	<b>0</b>	<b>1.2</b>
<i>Other</i>	<b>6.2</b>	<b>4.3</b>	<b>6.1</b>
	<b>225</b>	<b>23</b>	<b>248</b>
<i>All data shown in column percentage. Figures in the bottom row indicate N</i>			

**Post--delivery complications:**

When asked about complications experienced within one and a half months of delivery, 67 percent women said that they didn't face any complication. Among those who reported some health problems lower abdominal pain, severe headache and fever were the most commonly reported symptoms (**Table 31**). Vaginal discharge and excessive bleeding were the other commonly mentioned problems. A few women also mentioned about convulsion. Six percent women mentioned about some other health problems. The separate findings for two blocks showed that the percentage of women reporting about the problems was a little lower in Ramgarh. As compared to 67 percent in Okhalkanda, 71 percent women in Ramgarh mentioned that they didn't face any health problem during the period. No case of convulsion was reported by women in Ramgarh.

**Table 31:** percent distribution of women by complications experienced within one and half months of last delivery

<b>HEALTH PROBLEM</b>	<b>OKHALKANDA</b>	<b>RAMGARH</b>	<b>TOTAL</b>
<i>Nothing</i>	<b>67.0%</b>	<b>70.8%</b>	<b>67.3%</b>
<i>high fever</i>	<b>17.0%</b>	<b>8.3%</b>	<b>16.1%</b>
<i>Lower abdominal pain</i>	<b>23.2%</b>	<b>12.5%</b>	<b>22.2%</b>
<i>Foul smelling vaginal discharge</i>	<b>7.1%</b>	<b>4.2%</b>	<b>6.9%</b>
<i>excessive bleeding</i>	<b>10.7%</b>	<b>8.3%</b>	<b>10.5%</b>
<i>Convulsion</i>	<b>2.7%</b>		<b>2.4%</b>
<i>severe headache</i>	<b>20.1%</b>	<b>8.3%</b>	<b>19.0%</b>
<i>Other</i>	<b>6.7%</b>		<b>6.0%</b>
<b>Total</b>	<b>225</b>	<b>23</b>	<b>248</b>
<i>All data shown in column percentage. Figures in the bottom row indicate N</i>			

*Findings from the qualitative study:*

- A. Delivery complications according to mothers included excessive bleeding, fainting of the woman. One father in *Haidakhan* village said that when his wife delivered she was cut but no stitch was given.
- B. According to Dais, delivery complications also included *fali ka pahle aana*, more than 12 hours of pain, breech presentation etc. A trained dai in *Sangeela* village shared "*bachcha ulta nikla, pahle uske hips bahar nikle. Pahle bachche ke hips ko andar dhala gaya kaafi muskil ke baad bachcha ulta nikla*".

***Other health problems of women:***

- A. Among women who had abortion, 44.44 percent (all from Okhalkanda) reported that they had experienced some health problem within 6 weeks of the abortion. Among the health problems, excessive bleeding was experienced by 83 percent women, high fever by 50%, pain in lower abdomen by 33 percent and severe headache by 33 percent women.
- B. Common problems of women included backache (*Kamardard*), white discharge, uterine prolapse, fever, headache, cold etc. Some men in *Galni Jamni* village said that women get other diseases like piles & TB also but they usually hide this.
- C. A few people also mentioned about bloody discharge, stomach ache, burning in hands and feet, burning sensation in chest, cough, painful and irregular menstruation backache and stomach ache during menstruation, fainting excessive bleeding after delivery (*Karai*), pain in hands and feet, gas(*Jhadgaon*) etc.
- D. One women in *Karaia*/village said that her daughter-in-law doesn't have breast milk. They consulted doctor who said it is due to blood deficiency. She said that the women had four children but none of them was breast-fed because of this problem.

## **G. HEALTH PROBLEMS OF CHILDREN**

Despite health improvements over the last thirty years, lives continue to be lost to early childhood diseases like diarrhea and pneumonia. While the Infant Mortality Rate showed a rapid decline during the 1980s, the decrease has slowed during the past decade. Infant mortality in India is as high as 63 deaths per 1,000 live births. Therefore to get a picture of the health problems of the children in the study area, mothers were asked if their child had suffered from diarrhea in the last 6 months prior to survey or if the children had suffered from cough or cold accompanied by difficulty in breathing in the last one month. Two different reference periods were used for better recall as cold and cough are more common than diarrhea so the recall period was lessened to 1 month. Why different recall periods? (I have given the explanation for the difference as much as I could recall)

It was found from the survey data that the last child of 39 percent women had diarrhea in the last six months. Forty one percent women mentioned that their last child had suffered from cough or cold accompanied by difficulty in breathing. As per the block data, percentage of women reporting about these health problems of children was a little higher in Ramgarh. 50 percent in Ramgarh as against 40 percent in Okhalkanda reported about child's cough/cold with breathing difficulty. Similarly, 52 percent in Ramgarh and 38 percent in Okhalkanda reported about child's diarrhea.

*Findings from the qualitative data include the following:*

- A. Common health problems of children were mentioned as fever, cough, cold, loose motion etc.
- B. Some other less common problems included vomiting, *hapadapa*, *dadura(khasra)*, jaundice (*pilia*), Pneumonia, worms and itching. People also mentioned that along with gas, loose motion etc. children are also affected by evil eyes –“*nazar lagna*” (*Haidakhan*).
- C. A man shared that his child had deformities (undeveloped backbone) due to medicines.
- D. A man from the same village shared that his child expired in 11 days due to (*paani ki thayli phatne ke karan*).
- E. Another incident of infant death after 3 days of birth was shared by a Dai from Sangeela. She said that the baby died of Pneumonia and *pilia*.
- F. No other incidence of infant death in the last three years was reported.
- G. Mother-in-laws in *Karaial* village said that sometimes the babies didn't cry and didn't defecate. For some mothers in *Kalagar* village excessive crying by the baby was a problem.

## H. CONTRACEPTIVE BEHAVIOUR

Findings from qualitative data include the following:

### Availability

- Both men and women shared that contraceptives were available on demand but people felt shy to ask for the same.
- Mothers said that the ASHA provided condom, Mala-D and copper-T (*Haidakhan*) if they asked but they usually felt shy to talk about it with her (*Karaial*).
- Men added that the contraceptive devices they get are never adequate and received in time. They said that it's the women who goes and brings the devices. Sometimes ANM also distributes. (*Karaial* village).

### Utilisation

Among those who never used any contraception, 29 percent said that they didn't use it because they didn't have any knowledge of contraceptives, 13 percent said that their husband opposed, 12 percent didn't use it because it needed opposing family norms, and for 9 percent found it was too costly to be used. Other reasons were mentioned as method of contraception (2.19%), against religion (1.64%), family members other than husband opposed (2.74%), didn't like existing methods (0.54%), fear of operation (3.49%), fear of not being able to work after operation (2.7%), fear of side effects (0.54%), bad health (4.94%), difficulty in adopting the methods (7.13%) and difficulty in becoming pregnant (2.7%). Some other reasons constituted 35 percent.

### [Table-32]

REASONS	OKHALKANDA	RAMGARH	TOTAL
<i>no knowledge of contraceptives</i>	<b>27.5</b>	<b>46.7</b>	<b>29.1%</b>
<i>the method of contraception</i>	<b>1.8</b>	<b>6.7</b>	<b>2.2%</b>
<i>against religion</i>	<b>1.8</b>	<b>0</b>	<b>1.6</b>
<i>needs opposing the family</i>	<b>11.4</b>	<b>13.3</b>	<b>11.5</b>
<i>Husband opposed</i>	<b>13.2</b>	<b>13.3</b>	<b>13.2%</b>
<i>other family members oppose</i>	<b>3.0</b>	<b>0</b>	<b>2.7</b>
<i>existing methods are not good</i>	<b>0.6</b>	<b>0</b>	<b>0.5</b>
<i>fear of operation</i>	<b>5.4</b>	<b>6.7</b>	<b>5.5</b>
<i>wont be able to work after operation</i>	<b>3.0</b>	<b>0</b>	<b>2.7</b>
<i>the side effects may be dangerous</i>	<b>0.6</b>	<b>0</b>	<b>0.5</b>
<i>too costly</i>	<b>10.2</b>	<b>0</b>	<b>9.3</b>
<i>health doesn't permit</i>	<b>5.4</b>	<b>0</b>	<b>4.9</b>
<i>its difficult to adopt the methods</i>	<b>2.4</b>	<b>0</b>	<b>2.2</b>
<i>This method is not easy</i>	<b>5.4</b>	<b>0</b>	<b>4.9</b>
<i>difficulty in becoming pregnant</i>	<b>3.0</b>	<b>0</b>	<b>2.7</b>
<i>Other</i>	<b>37.1</b>	<b>13.3</b>	<b>35.2</b>
<i>Total</i>	<b>167</b>	<b>15</b>	<b>182</b>
<i>All data shown in column percentage. Figures in the bottom row indicate N</i>			

### In qualitative study

- Mothers said they knew about permanent and temporary methods of contraception. (*Galnijamni*) Men used condoms and women used copper-T and Mala-D. Some people (mostly women) also did sterilization. Men and women from different villages said that they used condom, copper-T and Mala-D.
- It was found that mostly women went for the permanent method of contraception. As men from *Kalagar* village said, almost 90% of those who got sterilized were women. It was said by many people that men didn't go for it because they had to do heavy work.
- Intercourse is generally avoided for six months after sterilisation. Some expressed that the sterilisation, since it requires three stitches causes difficulty for women.

- D. A few mother-in-laws in *Saa*/village had heard about sterilisation, copper-T and injectables. Other mother-in-laws didn't have any idea of contraceptive methods.

## **I. DECISION MAKING**

### ***Decision making for health care:***

- A. Decisions about the referral in case of pregnancy/delivery complications were made by head of the family, husband or other family members along with the Dai. There had been no mention of women saying anything on these issues.
- B. Decisions for having or not having immunization were made by women themselves as well as by other family members, especially elders like mother-in-laws. (Mothers, ANM).
- C. The decisions as to whether the delivery should be at home or institutional were usually made by husband, father-in-law (KII-ASHA) and Dai (FGDs, KII-VHSC member). The place of delivery at home was decided by people like mother-in-law, sister-in-law (elder) or Dai (reported in FGDs, KII with VHSC member, ANM). Decisions with regard to logistics, money etc. for delivery were made by husband, father-in-law and sometimes by mother-in-laws.
- D. In issues related to delivery and care of mother and baby such as breast-feeding, rest, food habits etc. decisions were mostly made by mother-in-laws and sometimes the father-in-laws and Dais. Men from *Haidakhan* village shared that such things are decided by mother-in-law. Parents discard if a son says something.--"*saans jo kahegi wohi hoga*" "*bete ki baat maa-pita dwara kati jati hai*". One of the VHSC member also opined that sons didn't have the required knowledge also-- "*ladke ko gyan nahi hoti hai*".

***Decision with regard to becoming pregnant:*** It was mentioned by some of the providers that women were not forced for pregnancy immediately after marriage; while at the same time some others confirm the prevalence of such pressure on women from family soon after marriage and even at an early age.

### ***Decision making for contraception:***

- A. People said that the issues of contraception were decided by husband and wife.
- B. Some shared that such decisions were made by husbands. (*Kalagar*)
- C. Mothers said that the decision about sterilisation was made by women themselves. (*Galni Jamni*)

## **J. FUNCTIONING OF VILLAGE LEVEL HEALTH CENTERS AND PROVIDERS**

### ***VHSCs:***

- A. VHSC members were chosen in publicly organized village meetings. Members didn't have much information of the roles and responsibilities of the committee (*Sangila*). The work of the VHSC included giving awareness on immunization, information on iron folic tablets for pregnant women, importance of pure drinking water, cleaning drains etc.
- B. Some VHSC member didn't know the names of the 9 members of the *Samiti*. Member from *Sangila* shared that she didn't know how many members were there in the committee. Some didn't know when the VHSC was formed.
- C. Except for the VHSC members in *Bhayalgaon* which had undergone a three-day training, no other VHSC members had not received any training.
- D. The VHSCs didn't hold meetings and had not prepared any village plan till the time of this study.
- E. Some VHSC members said that they didn't have much impact on ANM functionalities alone. It was expressed that it was not possible for them to do anything in the work of the government. (*sarkari kaamkaj me hum kya kar sakte hein*).
- F. Mother-in-laws of Saal village said they knew nothing about any *Swasthya Samiti* in the village. They said that men might know but women were never told anything.

### ***PHC/Sub Centers:***

- A. ANM said that the sub center didn't have facilities for delivery (*Okhalkanda*) but there was delivery facility in PHC. As a reason behind not going for institutional delivery, people from *Khansyu* village mentioned that their PHC didn't have good facilities and it didn't take cases easily. "*PHC me subidhayein nahi hai, case asani se nahi lete hein*".
- B. The ASHA in a village didn't know anything about the work of ASHA.
- C. There was an Ayurvedic Hospital and a pharmacy but no doctor (*Kalagar village*). They bought medicine from private stores.
- D. There was a hospital which got a doctor. But it was very far from their village (*Bhayalgaon*) and didn't have medicine also. People had to go to another (*Ramgarh*) PHC which had relatively better facilities and could handle emergency cases.
- E. Mothers in *Haidakhan* said that there was no doctor in the government hospital and they needed to buy medicine from private stores. There was no Anganwadi also.
- F. Sometimes ASHA distributed medicine in the village (*Galni Jamni*).
- G. Some mother-in-laws said that some of them knew traditional ways of treating. They also shared that there were many others in the village who provide such medicine. (*Karaya*).

### ***Pregnancy registration:***

- A)** Women made visits for pregnancy registration on their own and some were also informed by ASHA.
- B)** The process of registration included asking about date of last menstruation and telling them the expected date of delivery depending on the date of last menstruation, urine test, checking BP and weight, providing 40 iron folic tablets and TT injection, suggesting for next level of check ups etc.
- C)** Mothers in *Kalagar* village said that the name of husband and village were also recorded in the Pregnancy registration.

***Dais:*** Most of the deliveries happened at home and were handled mostly by Dais. People including some providers (SKs, VHSC members) had shown much faith on dais in dealing with issues of delivery and care after delivery. Accordingly they left most of the decisions to her. There were trained Dais in some villages (*Bhilgaon, Khansuw and Sangila*) but people were happy to depend on untrained dais as well. "*dai aprashiskshit hai lekin prasab surakshit kara leti hai* (SK-**Haidakhan**)".

### ***Some other findings about the health providers/centers***

- The VHSC member from *Bhayalgaon* mentioned that ASHA did the pregnancy registration once in 3-4 months in their village.

- All the VHSC members said that the AWW had stopped providing nutrition to the children. On an enquiry she said that she didn't receive it anymore.

## **K. ATTITUDE AND KNOWLEDGE OF VILLAGE LEVEL HEALTH PROVIDERS**

### ***Early pregnancy:***

- A)** Most of the providers (ANM, AWW, ASHA, VHSC member, Dai, SK) had mentioned that pregnancy at early age is harmful for the mother as well as the baby.
- B)** They said that it might cause ill health and death of mother and the baby.
- C)** According to them, it restricts the women from looking after her baby properly and that early pregnancy leads to the birth of weak child and lack of breast milk, (gargarimalli)
- D)** They think that it may also cause delivery complications and uterine prolapse. (ASHA-Khansyu, Gargarimalli)

### ***NRHM:***

- A.** The Knowledge of NRHM was low among providers, especially Dais. Some Dais said that all they knew about NRHM was that there is an ASHA under NRHM who takes women for institutional delivery and distributes medicines.
- B.** ANM identified ANC services to be provided under NRHM as providing pregnant women iron folic tablets, motivating people for hygiene and sanitation, three check ups (for checking BP, weight, position of the fetus) distribution of temporary contraceptives and motivating people for permanent methods.

## **L. SOME IMPORTANT NORMS AND PRACTICES**

### ***Related to pregnancy:***

- A.** It was often reported that the elderly members of the family didn't take food prepared by a woman from her fifth month of pregnancy.
- B.** These women were not allowed to watch eclipses and to visit temples or do prayers.

### ***Related to marriage***

Most people said that boys usually got married after 20-21 and girls after 18 years. No one mentioned of any child marriage. Some others said that boys got married after 18 and girls after 16. (*Gargarimalli, Haidakahn*).

### ***Son preference:***

- A)** Some people said that the birth of a male child was celebrated more than that of a female child (Galnijamni, Jhadagaon)
- B)** It was also shared by some that some people wanted a son even though they have many daughters.

### ***Sex selective abortion:***

- A)** Most of the providers and other respondents said that there had been no sex determination test or sex selective abortion. A few of them said that people sometimes went for sex-selection.
- B)** The VHSC member (**Gargaritali**) also added that the doctors didn't provide actual information to those who went for sex determination test. "*jaate hein par doctor sahi jaankari nahi deta hai, pareshani hone par baalika ko baalak batate hein*"

***Difference in care:*** there had been no report of sex based discrimination in care except the small difference in the weaning period. Some people (Dai,) said that while exclusive breast-feeding was continued up to 5 months for girls but it was usually 6/7 months for boys.

## **KEY FINDINGS**

This study in Nainital district in rural Uttarakhand found

- There is no practice of giving special food to women during pregnancy but some emphasis is given to increased consumption of green vegetables and cereals.
- There exist restrictions on food of pregnant woman. Pregnant women were advised not to take eggs, fish and meat as well as *aadu*, curd, sour foods, oily and hot foods. No special food is prepared for new mothers but she is restrained from eating fish, meat, eggs, *raajma* and advised to take less water, salt and avoid cold water or cold food.

- ANC services are not taken by many women from the study area as they feel it is not necessary. In many places mother in law decides against providing ANC services to pregnant women.
- Also where ANC is taken it means only TT injections and iron tablets.
- For health service needs related to pregnancy, majority of the households resorted to government health facilities especially hospital.
- There still are strongly held beliefs in favor of home-based childbirth although most people appear ready to take the woman to a health facility if there appears to be any problem.
- Rest for the pregnant women is not a great concern for the family members. Women are prohibited from sleeping too much saying that it might lead to an over sized head of the child.
- At home, most of deliveries were conducted by Dais and she cuts the cord.
- Post delivery health of the mother is mostly neglected, as many did not seek any treatment for their health problems and those who sought did not go to a qualified provider.
- Corruption and poor quality of health services at the PHC, discourages people to utilize PHC for health needs.
- Hygiene during menstruation is very poor. Women during menstruation were made to live with animals and not allowed to take bath.
- With regard to breast feeding contradictory information was given. While during survey majority of the mothers said that they breastfed the child soon after birth, but FGDs and KIIs reveal that breastfeeding starts after 3 days of the birth of the child.
- 85 percent of the children aged 12-23 months (Okhalkanda-83%, Ramgarh-100%) were immunized.
- Use of temporary contraception is very low.
- Most of the decisions related to RCH are taken by the elders in the family.
- VHSC members are not aware about their roles and responsibilities.
- The village level health centres like PHC and SCs do not adhere to the IPHS standards.
- Knowledge about NRHM is low among the stakeholders.