

Nepal Family Health Program

Mid-Term Survey

September 2005



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Preface

The Nepal Family Health Program (NFHP) is a 5-year USAID-funded health project, supporting public sector maternal-child health/ family planning programs. The program provides support at central level and in the field. Our fieldwork focuses on 17 mainly Terai districts, which we designate as Core Program Districts (CPDs). NFHP uses a variety of means of tracking performance including:

- the government's Health Management Information and Logistics Management Information Systems;
- our own internal technical-support-visit-based monitoring system; and
- a yearly FCHV survey conducted by ORC Macro and New ERA.

These ongoing monitoring activities are effective in giving us a window on service delivery but do not give information on household practices, care-seeking behaviors, and the factors influencing them. To contribute to improving health outcomes we recognize that we need to effectively address not only service provision but also these other key household-level determinants. We do this through a variety of channels. To measure impact in these areas requires more difficult and expensive assessment strategies. Most important is the household survey.

NFHP did do a baseline household survey in 2002 (implemented by Valley Research Group (VaRG)). This survey however was confined to 5 districts only and, therefore, does not give a truly representative picture across the 17 CPDs. This year we have done a representative survey addressing the various technical areas where we are active, using a similar sampling strategy as for the Demographic and Health Survey (DHS). For both surveys wherever possible we have used standard items (e.g. same wording as in DHS). As a basis for comparison, we are relying primarily on data from DHS 2001, using an equivalent sampling frame (rural clusters from the 16 CPDs covered in the mid-term survey).

There are a number of areas where there appear to have been significant improvements over the past years as described in the following executive summary. These changes have been gratifying and reflect committed effective work not only by NFHP staff but by other development partners and particularly by MOH staff working in these districts.

We particularly appreciate our partners, VaRG, for implementing this survey. This has been an ambitious piece of work and we have been more than satisfied by all aspects of VaRG's work. Furthermore, we acknowledge funding and technical support from USAID not only for the survey but for all the work for which this survey is serving as an assessment tool.

Dr. Stephen Hodgins
Chief of the Party
Nepal Family Health Program
September 2005

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**Valley Research Group (VaRG)
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Abbreviations

AHW	Auxiliary Health Worker
ANC	Antenatal Care
ANM	Assistant Nurse Mid-wife
ARI	Acute Respiratory Infection
BCC	Behavior Change Communication
CEB	Children Ever Born
CPR	Contraceptive Prevalence Rate
DHS	Demographic and Health Survey
FCHV	Female Community Health Volunteer
FP	Family Planning
FP/MCH	Family Planning and Maternal and Child Health
HA	Health Assistant
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HP	Health Post
HW	Health Worker
IPC/C	Interpersonal Communication and Counseling
MCH	Maternal and Child Health
MCHW	Maternal and Child Health Worker
MOH	Ministry of Health
NFHP	Nepal Family Health Program
NGO	Non-Governmental Organization
ORS	Oral Rehydration Solution
PHCC	Primary Health Care Center
PNC	Postnatal Care
M&E	Monitoring and Evaluation
SHP	Subhealth Post
STI	Sexually Transmitted Infection
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
TV	Television
VaRG	Valley Research Group
VDC	Village Development Committee
VHW	Village Health Worker
WRA	Women of Reproductive Age

Executive Summary

a) Summary of findings

Introduction

The overall objective of the mid-term survey was to assess the progress made by the Nepal Family Health Program (NFHP) in its program districts in obtaining its goals and objectives and to get recommendations for further improvement of the program activities.

Information required for the survey was collected using quantitative technique, particularly structured interviews. The survey was conducted in all the 17-core program districts of the NFHP.

A total of 65 clusters were selected from the 17 core program districts using probability proportional to size. Three clusters (2 in Morang and one in Kailali districts), however, could not be visited due to security reasons. All households residing in each sampled ward/cluster formed the sampling unit in the final stage of the sample selection. Thirty-three households from each cluster (ward) were selected at random. All the currently married women of reproductive age (15-49 years) who slept the night prior to the survey date in the sampled households were considered as eligible respondents to acquire information. A total of 2,039 households out of 2,046 sampled households were successfully interviewed from 62 clusters. There were a total of 2,158 currently married women of reproductive age in 2,039 households. Of the 2,158 eligible women, 2,144 were successfully interviewed. The survey was carried out under the overall supervision of the senior members of the survey team. Data collection was carried out during March- May 2005.

A one-day debriefing workshop among the field staff was organized in two areas (one in Nepalgunj and another one in Biratnagar) to share experiences gained by the field teams during data collection. The workshop was instrumental for providing necessary feedback and guidance to the field team.

The data processing was done in FoxPro software to generate a “cleaned” data set. Data analysis was performed using simple frequency tables and two/three way cross tables. Basic statistics has also been used in the analysis. The Mid-term Survey results of the selected indicators have been compared with the Baseline Survey 2002 data. Some of the selected indicators have also been compared with DHS 2001 obtained from the rural areas of 16 CPDs where the mid-term survey was conducted.

Characteristics of respondents

More than a quarter (28%) of the household population was below 10 years of age and nearly one-third (32%) were adolescents and youth (10-24 years old). More than one-third (34%) were between 25-59 years of age and another 6% were over 60 years. The sex ratio is estimated at 1.03% and the average family size in the survey areas was 6.3 persons. Thirty three percent of the population aged 10 years and above was unmarried, 63% were currently married and the rest were either widow/widower or divorced/separated. A higher (37%) proportion of males were unmarried as compared with females (28%).

Nearly three in every 10 women were between 15-24 years of age, and another 39% were 25-34 years old. About a quarter of the women were 35-44 years and 7% were between 45-49 years. The mean age of the women was 29.9 years. Over one-fifth each of the women in the survey area was Brahmin/Chhetri (18%), Tharu (20%) and other terai origin – 31%. The proportion of Dalit population constituted 13%.

About a quarter (25%) of the responding women were found to be literate. More than three quarters (77%) of the women had never attended school while only 23% had attended school.

Over half (51%) of the 2,144 women were aware about the existence of mothers' group in their areas. Of those who were aware, one-fourth had ever participated in the past six months in the mothers' group meetings. Among those who participated, over 60% of the women reported discussing on child health, safe motherhood and family planning issues during mothers' group meetings.

Over half (53%) of the women had access to health facilities or clinics within a distance of less than half an hour from their residence. On an average, they have to travel about 33 minutes to reach the nearest health facility or clinic. More than two-thirds (68%) of the women have a bicycle in their households. Electricity facility was limited to only about 36% of the households. Nearly half (47%) of the respondents had a radio set in their households while only 23% owned a TV. Only about a quarter of the women have toilet facilities in their households.

Media exposures

More than three-fifths (63%) of the respondents have exposure (listenership) to the radio and about 44% have exposure to TV. Overall, nearly a quarter of the women reported that they listened to the radio almost everyday and 14% listened at least once a week. In case of TV, about 15% watched it almost every day, 9% at least once a week and about 20% watched TV less than once a week. Overall, 55% of the respondents have either a radio or TV set in their households while 45% did not have any of these two items. Ownership of radio and/or TV is significantly much higher among the literate women than their illiterate counterparts. Ownership of both the radio and TV is much better among Brahmin/Chhetri than other ethnic population. About half of the women could choose their desired program on the radio and TV always or often.

Majority of the respondents (75%) listen to Radio Nepal. About 15% of them listen to Indian Radio Stations. Quite a number of Local FM stations were also mentioned by a sizeable proportion of the women.

Over 40% of the women had seen health or family planning program on the TV. Nineteen percent respondents reported ever watching *Asal Logne* telefilm on television. Of the 2,144 respondents, 9% had heard about *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho* health programs on radio.

About 58% of the respondents said that they had seen posters about family planning. One-fifth of the respondents (spontaneously reported) had seen danger sign posters and *Sumata* poster (17%). One in every 10 women spontaneously mentioned the *poster showing five types of methods* and *FP poster* while only 6% of the respondents said that they had seen *Abhibadan poster* in the past one year.

Female Community Health Volunteers

More than 9 in every 10 respondents included in the survey reported knowing the FCHVs working in their areas. The majority (86%) of the women said that FCHVs provide FP counseling and nearly half (45%) also said they provide referral services for family planning. More than a quarter of them were also aware that FCHVs in their community distribute condoms and pills. Nearly half of the respondents were well aware that FCHVs in their areas provide information on TT vaccines followed by over 40% who said they provide information on safe motherhood and advise to visit a health facility for antenatal care. About one-third of the respondents were also aware that FCHVs in their areas distribute iron tablets and provide counseling during pregnancy, delivery and postpartum.

With respect to information and services related to child health, a large proportion of the women knew that FCHVs provide information on immunization (84%) and vitamin A (71%) and distribute vitamin A capsules to children (70%). Only a small proportion (<20%) of them were aware that FCHVs in their area provide information and services on diarrhea and pneumonia. The great majority (90%) of the women said that FCHVs in their areas provide information on ways of avoiding HIV/AIDS followed by nearly half (46%) who said they provide information on using condoms.

A higher proportion of the women had discussed with FCHVs about child health (38%) issues. About one in every 10 women had discussed issues related to family planning and safe motherhood. The practice of discussing STIs and HIV/AIDS with FCHVs was quite low.

Nearly three-fifths of the women said the FCHVs greeted them in a friendly manner and another 47% said the FCHVs made them feel at ease during their visit to FCHVs. About one-third of the women said that the FCHVs asked them about their health concerns.

Marriage, fertility and family planning

Nearly three-fifths (59%) of the women got married at less than 17 years of age and another 22% got married at the age of 17-18 years. The mean age of marriage among respondents was 16.2 years. The mean number of children ever born to all women was 3.17. The mean number of living children among the responding women was 2.72 indicating the loss/death of 0.45 children per woman.

Almost all (99%) of the respondents have heard of family planning. The contraceptive prevalence rate for any method is estimated at 47%. Of the women currently using contraceptives, 29.3% were using permanent methods (male and female sterilization), 15% were using spacing methods and another 2% were practicing natural techniques such as withdrawal and abstinence. The most commonly used current method was female sterilization (26%) followed by Depo Provera (9%). The use of male contraceptives was quite low as only 3% each reported that they were currently using male sterilization and condoms. Literate women are more likely to use contraceptives than their counterparts illiterate women. Of the women who were not currently using FP methods, more than three-quarters showed their willingness to use FP in the future. The unmet need for family planning in the survey area was estimated at 30% (9% for spacing and 21% for limiting births).

Nearly 80% of the women had ever discussed with their husbands about the desired number of children and another 74% ever talked about family planning or contraceptives indicating the existence of good practices of spousal discussions on these issues in the survey areas. Young and elder women are less likely to discuss about these issues with their husbands while women between 25-29 are more likely to discuss about these issues. The practice of spousal discussions on these issues among the Muslim was significantly low. Nearly two-fifths (38%) of the women had also discussed family planning with their

friends, neighbors or relatives during that period.

Safe motherhood

An overwhelming majority (85%) of the women thought a pregnant woman needs the same amount and kind of food as when she is not pregnant. Over 9 in every 10 respondents also thought that it is very important (80%) and somewhat important (17%) that a pregnant woman should get clinic check ups during her pregnancy. Overall, more than 9 in every 10 respondents considered it important (77% mentioned very important and 18% mentioned somewhat important) for having an appropriately trained health worker attending child delivery.

The majority of the respondents said that surface (59%), blade (58%) and thread (36%) should be kept clean during delivery. Knowledge about keeping the perineum, hands and nails clean was quite low among the women of the survey areas.

About 69% of the women who had a living child below 3 years reported that they received pregnancy check ups during their last pregnancy. However, only about 24% of the women had received 4 or more check ups during their last pregnancy. Of the 821 women who had a child below 3 years of age, 81% reported that they received tetanus toxoid injections during their last pregnancy. This figure is much higher compared to the Baseline Survey 2002 figure (69.8%) and DHS 2001: sub-sample figure (66.7%). A strong relationship was also observed between the literacy status and the service utilization as 85% of the literate women compared to only 63% of the illiterate women reported receiving pregnancy check ups during their last pregnancy. By ethnicity, Muslims are less likely to receive pregnancy check ups while Brahmins are more likely to get the services. Similarly, women who have radio or TV and residing within a distance of less than 30 minutes from the health facility are more likely to get services than their respective counterparts.

About 62% of the women had received iron/folic acid tablets during their last pregnancy while only 17% had received deworming tablets. On an average, they had taken 77 iron folic acid tablets during their last pregnancy with the standard deviation of 57.

Of the 821 women whose youngest child was below 3 years old, 84% had delivered their last child at home while only 15% had delivered at a health facility such as hospital (11.0%), private clinic/nursing home (1.7%) and rural based health facilities like HP/SHP or PHCC (1.5%). More than half (53%) of the deliveries were assisted by family members followed by relatives, friends or neighbors. About one-fifth of the deliveries were reported to be assisted by TBAs and 14% by nurses or ANMs. Less than 10% of the women had got assistance from a doctor, HAs/AHWs, VHWs, and FCHVs. Only about 28% of the women who did not deliver the last child at a health facility reported using clean delivery kits. A higher proportion of women who are literate, owning both radio and TV, living near the health facility and have low parity reported using clean delivery kits as compared to their respective counterparts.

About 41% of the women were checked on their health by a TBA or a health worker after their youngest child was born. Among these women (N=340), the highest percentage (25%) were examined by the TBAs followed by nurses or ANMs (22%), doctors (20%) and HAs or AHWs (19%).

Over three-quarters (76%) of the women did not take iron or folic acid tablets after the birth of their last child. Only about 36% women had received vitamin A capsules during the first 45 days after delivery of their youngest child. Literate women are significantly more likely to use iron tablets and vitamin A capsules than the illiterate ones. By ethnicity, Brahmin and Chhetri are more likely to use them while

Dalits and Muslims are significantly less likely to use iron folic and vitamin A capsules.

In terms of food intake, over 60% of the women reported eating more than or equal to the usual amount of food during their last pregnancy. Similarly, only a small proportion of women reported receiving less care and support than usual during their last pregnancy. Husbands were the main persons who provided care or support to them during pregnancy.

The majority of the respondents considered *severe lower abdominal pain* (74%) as the symptom during pregnancy that requires immediate care. Nearly a quarter (22%) of the women reported experiencing any of the symptoms during their last pregnancy. The most frequently cited problems were severe lower abdominal pain (53%), severe headache (26%) and blurred vision, swelling of hands and face (19%) and vomiting (15%). About one third (33%) of the women visited PHCC/HP/SHP followed by 22% who visited a hospital for consultation or services. A relatively high percentage of respondents (15%), however, reported that they had resorted to traditional home treatment when they had experienced the symptoms during pregnancy with their last child.

The great majority (97%) of the respondents were able to mention at least one danger sign/symptom that may appear during delivery. Nearly 85% of the respondents considered *labor longer than 8 hours* followed by 51% who mentioned *excessive bleeding before or after delivery* as the signs or symptoms indicating the need for immediate care. Among these women (N=821), about one fifth (21%) had experienced any one of these signs/symptoms during their last labor. Of these women, 70% reported visiting a health facility or health workers for consultation or treatment.

In terms of making plans for child delivery, the highest proportion of the women reported making monetary provisions followed by 31% who had plans about the place they wanted to deliver the baby. Nearly 30% of the respondents also had pre-identified the persons attending delivery. Slightly less than a quarter of the women had also made plans for transportation and emergency. Quite a small proportion of the women (5%) had made provision for blood.

Of the 2,144 currently married women included in the survey, about 47% had ever discussed about safe motherhood issues such as antenatal care or delivery with other people. A majority (78%) of these women had discussed with their friends or neighbors on these issues followed by 53% with their sisters-in-law and another 33% with their sisters.

Child health

Of the 821 women who reported having living children below 3 years of age, 61% had neither delivered their youngest child at a health facility nor used the clean delivery kits at the time of delivery. The practice of applying some substances (such as medicines, herbal medicines or other things) on the stump after cutting the newborns umbilical cord was found to be common in the survey areas. Nearly two-fifths (39%) of the women reported applying oil and another one-fifth each had applied ointment or powder (22%) and Dettol (21%). Some women also said they applied ash, *sindoor* (red powder) and other herbal medicines on the stump.

About 59% of the children did not receive newborn care from the health facility or health personnel while only about 41% had received newborn care. Of those who received newborn care, about two-thirds had received care from trained health workers such as doctor, nurse or ANM, HA or AHW, MCHW.

Of the women who took their newborn for check ups, nearly 89% of the reported receiving counseling on *keeping the baby warm* followed by 83% who received counseling on *breastfeeding*. About two-thirds of the women received counseling on *immunization, special care of small baby and cord care*. Over half (56%) of the women also said that they received counseling on *newborn danger signs* such as fast breathing, poor feeding, less weight, fever and cord infection. However, only a small proportion (21%) reported that they received counseling on *postpartum family planning*.

Breastfeeding is almost universal in the survey areas. About a quarter of the women initiated breastfeeding during the first hour after delivery and other three-quarters initiated one hour after the delivery. Nearly three-quarters (74%) of the women had given colostrums to their youngest child and the rest (26%) did not, citing reasons that it is harmful for child health and the child cannot digest.

The majority (81%) of the respondents were aware that a child with diarrhea should be given *Jeevan Jal* or *Nava Jeevan* (ORS) followed by about 42% who knew that the child should be given more fluids than usual. Over 10% of the respondents also knew about the need of continuing breastfeeding, feeding usual amount of foods, giving *Nun-Chini-Pani* and feeding soft rice to the child suffering from diarrhea.

The majority (84%) of the respondents opined that a child should be taken for consultation in case of *frequent watery stools* during diarrhea. Over 40% of the respondents mentioned subhealth post followed by 16% each who mentioned health post and hospital as the place where they would like to get advice or treatment for diarrhea.

About 9% of the children were suffering from diarrhea in the last two weeks preceding the interview date. Ethnicity wise data reveals that children of *Tharu, Dalit* and Muslim are more likely to suffer from diarrhea compared to the children of other ethnic groups. Nearly half of the women had taken their child to a health facility, private clinic, nursing home or health worker for consultation or treatment during diarrhea. About 14% had consulted FCHVs at least once during the last diarrheal episode while 86% did not visit FCHVs.

Almost all (98%) the respondents were found to be aware of at least one symptom of ARI/pneumonia. More than three-quarters of the respondents considered *fast or difficult breathing* as the symptom of ARI/pneumonia followed by *fever or low body temperature* (63%) and *chest indrawing* (53%). More than 9 in every 10 responding women opined that *cold or wind* could cause cough and cold/pneumonia. Similarly, more than one in every 10 mentioned *pollution or smoke* that could cause this disease. Over two-thirds (67%) of the respondents believed that a child should be taken to the health facility in case of cough or difficult breathing.

Only 3.4% (N=28) respondents reported their child below 3 years of age suffering from cough, cold or pneumonia during the two-week period before the survey date. About half of the women had provided traditional treatment at home and another half provided medicines bought from the pharmacy during cough, cold or pneumonia. Over one-third took their child to SHP, HP or PHC and about one-fifth each said they consulted other health workers or FCHVs.

Nearly 85% women said they provided Vitamin A capsule to their child aged 6-35 months at the time of Vitamin A capsule distribution in Kartik 2061. Nearly three-fifths (58%) of the children aged 12-35 months were reported to have been given deworming tablets during that time. About three-quarters (75%) of the women reported giving vaccines against measles to their children aged 9-36 months during the last *measles campaign day*.

Knowledge on HIV/AIDS

Nearly half (47%) the respondents of the survey areas had ever heard about HIV/AIDS. More than three-quarters of these women spontaneously reported that HIV/AIDS could be transmitted through *multiple sex partners* (76%) and *sexual intercourse with an infected person* (42%). After probing, a higher proportion of the women mentioned various possible ways of HIV infection.

Women in the survey areas still have misconceptions on the modes of transmission of HIV/AIDS. Higher percentages of women said the HIV could be transmitted through *mosquito bite* (64%), *sharing meal with someone who is infected* (42%) and *using the dishes that was used by an infected person* (39%).

Radio and friends/neighbor were the main sources of information about HIV/AIDS for the women in the survey areas. Television as the source of information was reported by about 30% of the women. A relatively lower percentage of the women reported community level health personnel such as FCHVs (16%) and health workers (12%) as a source of information. About 9% each of the women also reported the husband and school/teacher as their sources of information about HIV/AIDS.

A large majority of the women (93%) also believed that one could prevent him/herself from getting infected with the HIV. Except for ways like avoiding multiple sexual relationships (62%), a relatively lower percentage of respondents spontaneously mentioned other ways of preventing oneself from HIV infection. However, after probing, over 90% of the women mentioned that one could prevent HIV/AIDS infection by taking different precautions.

Higher percentages of women were also found to have misconceptions about preventive ways of HIV infection such as not touching someone who is infected (67%) and not kissing (62%). A large majority (82%) of women considered themselves as 'not at all' in risk of contracting HIV infection.

The majority (96%) of the women knew at least one source of information and services on HIV/AIDS. A higher proportion of the women mentioned hospital (53%) and health post or subhealth post (48%)

where they could get HIV related information and services.

Only half (51%) of the women reported ever discussing about HIV/AIDS with their husbands. About one-third (33%) of the respondents had also discussed with others about HIV/AIDS. A great majority (87%) of these women had discussed about this issue with their friends or neighbors followed by 46% with sisters-in-law and 36% with sisters.

b) Recommendations

Based on the findings of the survey, the following recommendations are made for the further improvement of program activities:

- 1) The survey findings reveal that nearly half of the households in the survey areas have a radio set. Therefore, dissemination of messages on health issues through radio could be much instrumental in creating awareness among the people of the rural areas. In order to disseminate information on health issues to the households who do not have a radio set, the program should also expand and strengthen its community level radio listening group activities.
- 2) The survey findings also reveal that nearly a quarter of the respondents have TV sets in their households and nearly half (44.1%) have exposure to television. About one-third of the respondents also said that they watch TV everyday. Hence, BCC could also utilize TV for communication activities.
- 3) The survey findings reveal that women in the program areas have learned various health issues through health radio programs such as *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho* radio programs. However, the proportion of women who are exposed to these two radio programs is low. Therefore, it is necessary to increase the listeners of these two radio programs in the community through appropriate measures.
- 4) A large majority of the women in the community know the FCHVs in their areas, however, quite a large proportion of the women in the program areas are still not aware about the types of information and services related to family planning, pregnancy and childbirth, child health and HIV/AIDS that FCHVs provide in their community. Hence, it is necessary to inform the community people about the FCHVs roles in their community.
- 5) The contraceptive prevalence rate for any method is estimated at 46.6% in the Midterm Survey; this figure is higher than that of the Baseline Survey 2002 (44.3%) and DHS 2001: sub-sample (40.6%). The most commonly used method was female sterilization. However, the current use of temporary methods such as oral pills, condoms, Norplant and IUD and male sterilization was still quite low indicating the need of encouraging couples of the program areas to use these contraceptives as well.

- 6) The unmet need for family planning in the survey area was estimated at 30.1% (8.9% for spacing and 21.2% for limiting births). Thus, the program should emphasize its activities in fulfilling the demand of family planning both for spacing and limiting births.
- 7) The proportion of women receiving antenatal check ups was still found to be in the low side. Those receiving antenatal check ups at least four times were even lower. Thus, the overall results indicate the need of making more efforts by the program to encourage women in the survey areas for full utilization of pregnancy check up services.
- 8) The practice of delivering the child at a health facility or with the assistance of skilled health personnel was quite low in the survey areas. Similarly, the use of clean delivery kits by the women who delivered their child at home was also low as only about 28% of the women reported using such kits during the delivery of their last child. These findings indicate the need for promoting child delivery at a health facility. Further, even if the woman, her husband or the family members prefer child delivery to take place at home, they should be educated on the importance of the presence of a skilled birth attendant and the use of clean delivery kits while delivering the child.
- 9) The survey findings reveal that women in the survey areas are still lacking proper care and support during pregnancy through after delivery periods in terms of food intake, workload and health seeking practices, etc. This finding calls for educating pregnant women, their husbands and family members on the importance of giving a balanced diet to women during pregnancy for the health of both the expectant mothers and unborn baby.
- 10) The survey findings reveal that women in the survey areas have inadequate knowledge about various types of danger signs and symptoms that may appear during pregnancy, delivery and postpartum period. It is therefore necessary to educate women about such dangers. The practice of visiting health facilities or health personnel in case of such danger signs or symptoms is also still poor. Hence, the program should make vigorous efforts to motivate the women, their husbands and the family members in the program areas to immediately see health personnel for treatment of symptoms during pregnancy, labor or postpartum that needs care.
- 11) The practice of planning for child delivery was not very common in the survey areas as evidenced by the survey results. This result clearly indicates the need for encouraging women, their husbands and the family members in the survey areas to plan for the childbirth in terms of money, place of delivery, birth attendant, transportation and emergency care and so on.
- 12) The survey results reveal that a sizeable proportion of the community people still do not use clean or sterilized instruments to cut the umbilical cord. Similarly, applying different kinds of unhygienic substances on the stump was also found to be common which is very dangerous for the child's health. Therefore, the program should inform people about the consequences of applying substances which are not medically recommended such as ash, harro, turmeric powder, jention violet or sindoor on the stump.

- 13) The exclusive breastfeeding for the children below 6 months was still low in the survey areas. Therefore, it is necessary to educate the community about the importance of exclusive breastfeeding for the new born. The program should also emphasize mothers for exclusive breastfeeding so that they get advantage of extended amenorrheic period.
- 14) Although the prevalence of diarrhea in the survey areas was quite low compared to the national average, it is necessary to educate the community regarding the importance of keeping environment clean and personal hygiene in order to prevent children from diarrhea. The survey results also reveal that still a sizeable proportion of people in the community do not take their child on time to the health personnel or health facility for consultation or treatment during diarrhea. Therefore, it is necessary to inform people about the need of taking their child to the health facility or health personnel on time for consultation or treatment during diarrhea.
- 15) Less than half of the women in the survey areas were found to be aware of HIV/AIDS. Their knowledge about the modes of transmission and precautionary measures against HIV/AIDS is still inadequate. The survey results further reveal the misconceptions prevalent among the community people about the prevention and transmission of HIV/AIDS. Thus, this result indicates the need for educating the women of the survey areas about the correct modes of HIV transmission.
- 16) The survey findings reveal that knowledge of Dalit and Muslim women on different aspects of family planning, safe motherhood and child health issues is relatively low compared to the women of other ethnic groups. Similarly, the utilization of these services by the women of these two ethnic groups was also rather low. Therefore, the program should increase its efforts to reach the services to the women of these ethnic groups.

Chapter 1

Introduction

1.1 Background

Nepal is still facing the problem of high population growth. The results of 2001 Census show that the population growth is 2.25 per annum. The total fertility rate is still high at 4.1 in the country. One of the direct implications of high population growth is on the health delivery system. After the New National Health Policy, 1991 and the Second Long Term Health Plan (1997-2017), His Majesty's Government is focusing its efforts on meeting basic health needs through the implementation of primary health care programs. Provision of basic health services to the maximum number of rural people and an increase in accessibility to services and their delivery with people's participation, particularly women, are the principal motto of the current health policy.

Despite the efforts made by the government and international donor agencies, the FP/MCH situation in Nepal has not improved as desired. For instance, the contraceptive prevalence rate has not gone beyond the level of about 39 percent. Moreover, the unmet need for family planning is 27.8% (11.4% for spacing and 16.4% for limiting) (MOH, New ERA and ORC Macro, 2002). This is a clear indication that there is much room for improving the family planning situation in the country.

With regard to the MCH services, about 51% pregnant women in Nepal still do not seek any antenatal services from the health facilities or health workers. Assistance during delivery from trained health personnel is quite low (10.8% from doctor or nurse). More than half the deliveries are attended by friends and relatives. The coverage of child immunization is still low as only 65% of the children aged 12-23 months were fully immunized. The infant mortality rate is estimated at 64.2 per 1,000 live births (MOH, New ERA and ORC Macro, 2002).

In the context of high fertility, high infant and child and maternal mortality and low level of health services seeking behavior, the Female Community Health Volunteer (FCHV) Program was introduced in 2045/46 B.S. (1988/89) to expand the coverage of the basic primary health care services including family planning in the country. By now, more than 48,000 FCHVs are working throughout the country. The role of FCHVs is mainly focused on, among others, motivation and education of local mothers and community members for safe motherhood, child care at home, immunization, family planning, nutrition, sanitation, and control of communicable diseases. It was found in a study that FCHVs are a highly desired entity in rural communities to provide primary health and minor medical care to the people along with being information, education and communication services agents. However, the study found that people do not perceive them as a credible source for consultation during times of medical need.

A survey was carried out in 2002 in the selected core program districts of Nepal Family Health Program (NFHP) in order to obtain the baseline information of project areas. The NFHP is a five-year program, which started in December 2001, and is supported by USAID/Nepal. The NFHP intended to assess the progress and achievements in mid-term basis in terms of improvements in people's knowledge and practices in issues related to FP/MCH. The findings of the survey would be helpful for the improvement of the program activities.

1.2 Objectives of the survey

The overall objective of the mid-term survey was to assess the progress made by Nepal Family Health Program in its program districts in obtaining its goals and objectives and to get recommendations for further improvement of the program activities.

The specific objectives of the mid-term survey were to assess:

- a) Extent of exposure of all currently married women of reproductive age (CMWRA) to health and related messages through electronic and print media and their exposure to BCC materials;
- b) Level of familiarity and interaction of all CMWRA with FCHVs and their attitude and behavior towards FCHVs working in the community including interpersonal communication on health issues;
- c) Level of knowledge, attitude and behavior of all CMWRA towards family planning, antenatal, delivery, postnatal care and danger signs and symptoms that may appear during pregnancy through after delivery periods;
- d) Level of knowledge, attitude and practices of all CMWRA towards newborn care, breastfeeding, diarrhea episodes, ARI, Vitamin A, deworming and measles vaccination of children; and
- e) Level of knowledge of all CMWRA on HIV/AIDS.

1.3 Methodology

The survey was based on primary sources of information. Information required for the purpose of the survey was collected using quantitative technique, particularly the structured interviews. The survey was conducted in rural areas in all 17-core program districts of Nepal Family Health Program (NFHP). Jhapa, Morang, Sunsari, Siraha, Dhanusha, Mahottari, Rasuwa, Rautahat, Bara, Parsa, Chitwan, Nawalparasi, Banke, Bardiya, Kailali, Kanchanpur and Bajura are the CPD core program districts. The study was conducted only in the rural areas (village development committees) of these program districts. Municipalities are excluded from the sample.

Selection of clusters (ward)

A total of 65 rural clusters were selected from the 17 core program districts using probability proportional to size. Three clusters (2 in Morang and one in Kailali districts), however, could not be visited due to security reasons.

Selection of households

All households residing in each sampled ward/cluster formed the sampling unit in the final stage of the sample selection. The list of household heads maintained by the respective ward office was obtained from the ex-ward chairman and these lists were updated consulting the key informants of the respective wards. In case of unavailability of such lists, the field teams themselves prepared the list of households in consultation with the key informants of the sampled clusters. Similarly, a sketch map of each ward delineating the settlement pattern, forest, rivers, school, temple, public buildings etc. was prepared by the survey team. This exercise helped the field teams locate the sampled households. Thirty-three households from each cluster

(ward) were selected at random. For this purpose, all the households from each of the selected clusters were listed separately and the required number of households was selected from each ward/cluster by using random start and a sampling interval.

All the currently married women of reproductive age (15-49 years) who slept the night prior to the survey date in the sampled households were considered as eligible respondents to acquire information. A total of 2,039 households out of 2046 sampled households were successfully interviewed from 62 clusters resulting in a non-response rate of less than one percent. Seven households could not be interviewed because there was no one at the households at the time of survey. There were a total of 2,158 eligible women (CMWRA) in 2,039 households. Of the 2,158 eligible women 2,144 were successfully interviewed resulting in a non-response rate of less than one percent. Fourteen women could not be interviewed due to the following reasons:

- Refusal/incomplete interview (N=5)
- Eligible respondent mentally retarded or dumb (N=5)
- Eligible women not present at the time of survey (N=4)

The number of households and currently married women of reproductive age (CMWRA) selected for interview is given in Table 1.1 district wise.

Table 1.1 Distribution of households and respondents by district

District	Number of sampled clusters	Number of clusters visited	Number of sampled households	Number of households interviewed	Number of sampled CMWRA	Number of CMWRA interviewed
Jhapa	4	4	132	132	144	143
Morang	6	4	132	132	137	136
Sunsari	5	5	165	165	174	173
Siraha	4	4	132	132	135	135
Dhanusha	6	6	198	198	195	194
Mahottari	4	4	132	132	133	132
Rasuwa	1	1	33	33	27	27
Rautahat	4	4	132	128	135	135
Bara	5	5	165	165	174	174
Parsa	4	4	132	129	139	138
Chitwan	3	3	99	99	108	107
Nawalparasi	5	5	165	165	181	177
Banke	2	2	66	66	63	62
Bardiya	4	4	132	132	147	147
Kailali	5	4	132	132	146	145
Kanchanpur	3	3	99	99	120	119
Total	65	62	2046	2039	2158	2144

1.4 Instrument development and pre-testing

One set of questionnaire was developed jointly by NFHP and VaRG in order to collect information from women of reproductive age. The questionnaire pre-testing was done with 24 CMWRA in Parsa and Chitwan districts. Two supervisors and four female interviewers were involved in questionnaire pre-testing. Upon reviewing the pre-test results, necessary modifications on the questionnaire were made before it was finalized.

1.5 Field organization and data collection

The survey was carried out under the overall supervision of the senior members of the survey team. Ten teams consisting of one supervisor and 2 female interviewers in each team were mobilized to collect information from the survey areas.

All the field staff had previous experience in conducting field research. Prior to field mobilization, they were given 9 day's training in Kathmandu. Training topics included description of program objectives and activities, short presentations, role-play and field practices. In addition, all supervisors were given training on maintaining consistencies in the questionnaires, supervision techniques, field management and sampling techniques. Data collection was carried out during March-May 2005.

During the data collection, NFHP M&E Team Leader and VaRG Senior Researchers made field visits to supervise the data collection work. A one-day debriefing workshop among the field staff was organized in two areas (one in Nepalgunj and the other in Biratnagar) to share the experiences gained by the field teams during data collection. The workshop was also instrumental for providing necessary feedback and guidance to the field team. The Chief of Party and Deputy Chief of Party – Program of NFHP also participated in the workshop organized in Biratnagar.

1.6 Data cleaning and analysis

All the filled-up questionnaires were checked and edited by trained data editors and coders at the VaRG Office before being entered into the computer. The edited questionnaire was coded for computer entry, entered and validated by a data processing team consisting of a computer programmer and data entry personnel. The data processing was performed in FoxPro software to generate a “cleaned” data set. Data was then transferred to SPSS PC+ and a SPSS system file was prepared.

Data analysis was done using simple frequency tables and two/three way cross tables. Basic statistical tools including percentage, measures of central tendency and measures of dispersion and degree of relationship between the selected variables have been used in the analysis. The mid-term survey results of the selected indicators have also been compared with the NFHP Baseline Survey data, which was carried out in September-October 2002 in order to measure the changes brought by the program intervention. In addition, some of the selected indicators have also been compared with DHS 2001 obtained from the rural areas of 16 CPDs where the mid-term survey was conducted. Based on the findings and their analysis, the survey has generated recommendations that could be utilized for further improvement of program activities. A number of graphs and charts have also been used to analyze the findings of the survey. Sampling error has been estimated for some key indicators which are presented in Annex 1.

About the NFHP Baseline Survey

The NFHP Baseline Survey 2002 was carried out during September-October 2002 in five core program districts of the Nepal Family Health Program (NFHP) that were purposively selected considering their regional representation and ethnicity, etc. In the Baseline Survey, 2,219 CMWRA, 585 husbands and 577 mothers-in-law of these women were interviewed. The NFHP Baseline Survey was conducted in the selected VDCs of Siraha, Bara, Nawalparasi, Banke and Kailali districts utilizing stratified multi-stage probability sampling techniques. The methodology

utilized in the mid-term survey is slightly different to baseline survey. In baseline survey, a four stage sampling design was used for extracting household samples from the survey areas. Required number of districts were selected in the first stage, followed by VDCs in the second and wards in the third stage. Then, the required number of households were selected in the final stage of sampling. As the sampling in baseline survey only covered five districts and though, comparisons are made between baseline and midterm survey in the report, observed differences do not necessarily reflect changes over time. They are more likely to reflect differences between the two samples.

Chapter 2

Respondents and Community Characteristics

Two thousand and thirty-eight households from a total sample of 2,046 households were successfully interviewed from the survey areas. From these 2,038 households, 2,144 currently married women of reproductive age (CMWRA) were interviewed. This chapter presents the characteristics of the household population including their age, sex, and marital status. Aspects like household possessions (such as electricity, bicycle, radio, television), existence of toilets, and access to health facility are also dealt with in this chapter. Similarly, the characteristics of the responding women such as age, ethnicity, literacy etc. are also discussed in this chapter.

2.1 Characteristics of household population

Of the 2,038 households included in the survey, nearly 95% (N=1,925) of the households were headed by males and the rest (5.5%; N=113) were headed by females, which is substantially lower than that of national average of 13.5% households headed by females (DHS 2001: sub-sample). Table 2.1 shows the age structure of the household population by sex. More than a quarter (27.8%) of the household population was below 10 years of age and nearly one-third (32.2%) were adolescents and youth (10-24 years old). More than one-third (34.3%) were between 25-59 years of age and another 6% were over 60 years. The sex ratio is estimated at 1.03%, which is higher than the national average of 0.93% (DHS 2001: sub-sample). The average family size in the survey areas is 6.3 persons.

Table 2.1 Percent distribution of household population by age and sex

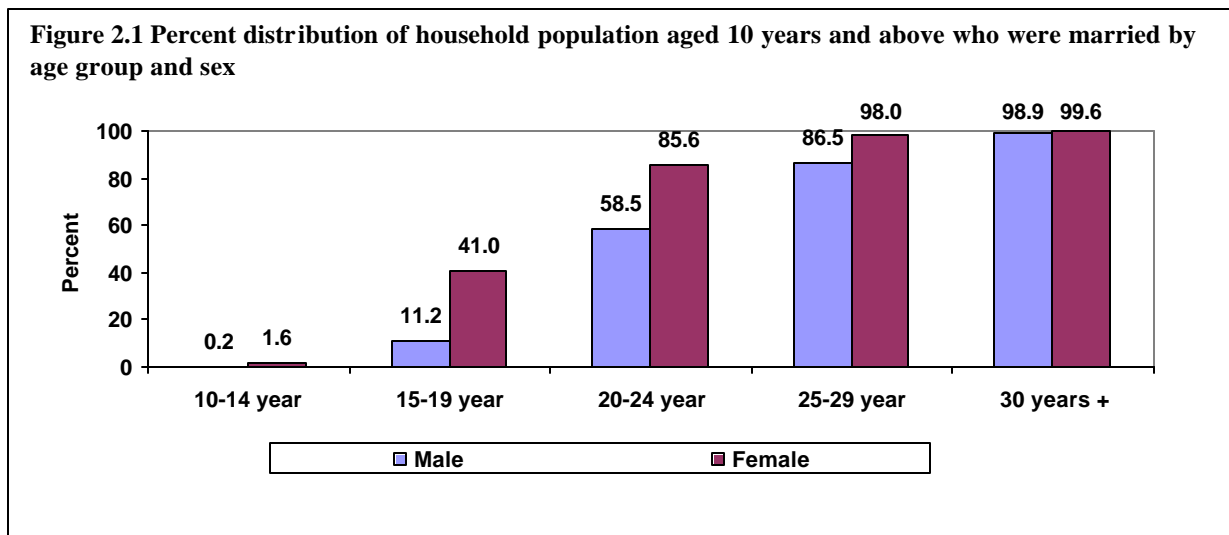
Age group (in years)	Male	Female	Total
<5	13.6	13.3	13.5
5-9	14.7	14.0	14.3
10-14	12.6	12.5	12.5
15-19	10.4	11.2	10.8
20-24	8.5	9.3	8.9
25-29	7.1	8.8	8.0
30-34	6.9	6.3	6.6
35-39	5.6	5.6	5.6
40-44	4.6	3.9	4.3
45-49	3.4	2.8	3.1
50-54	3.3	4.6	3.9
55-59	3.2	2.4	2.8
60 +	6.2	5.3	5.7
Total	6555	6366	12921
Sex Ratio		1.03	
Average family Size		6.3	

Table 2.2 presents the marital status of the household population aged 10 years and above by sex. Overall, 33% of the population was unmarried, 63% were currently married and the rest were either widow/widower or divorced/separated. A higher (37.1%) proportion of males were unmarried as compared with females (28.2%), indicating that women get married earlier than men in the survey areas.

Table 2.2 Percent distribution of household population aged 10 years and above by marital status

Marital status	Male	Female	Total
Never married	37.1	28.2	32.7
Married	60.0	65.0	62.5
Widow/ widower	2.6	6.3	4.4
Divorced/separated	0.2	0.3	0.2
Currently married but never lived with husband	0.0	0.2	0.1
Total	4702	4626	9328

Figure 2.1 further shows data on distribution of household population who were married by their age and sex. More than 40% of the females as compared to only 11% males aged 15-19 years were reported to be married. Nearly 86% of the females as against 59% males aged 20-24 years were reported to be married.



2.2 Characteristics of women

Two thousand one hundred and forty four CMWRA aged 15-49 years were interviewed from 2,038 households with an average of 1.1 women per household. This section presents the socio-demographic characteristics of the women included in the survey.

a) Age and ethnic composition

Nearly three in every 10 responding women of reproductive age were between 15-24 years of age, and another 39% were 25-34 years old. About a quarter of the women were 35-44 years and 7% were between 45-49 years. The mean age of the respondents was 29.9 years with a standard deviation of 8.5. Not much variation was observed in the age distribution of the respondents between the baseline and present survey (Table 2.3).

Table 2.3 Percent distribution of respondents by five year age groups

Respondent's age (in years)	Baseline Survey 2002		Midterm Survey	
	Number	%	Number	%
15-19	199	9.0	219	10.2
20-24	480	21.6	417	19.4
25-29	496	22.4	476	22.2
30-34	394	17.8	369	17.2
35-39	343	15.5	306	14.3
40-44	182	8.2	211	9.8
45-49	125	5.6	146	6.8
Mean (SD)	29.4	(8.0)	29.9	(8.5)
Total	2219	100.0	2144	100.0

Over one-fifth of the respondents in the survey area was Brahmin/Chhetri (18.0%) and Tharu (20.3%) and over 30% were of other terai origin such as Yadav, Kumhar, Rajbhar, Baniya, Kanu, Kurmi, Sudi, Kalwar, Teli and Kushawa. The proportion of Dalit population constituted 13%. About 9% of the respondents belonged to Tibeto-Burman ethnic group such as Limbu, Rai, Gurung and Magar and 5% were Muslim (Table 2.4). The above information indicates that there is a good representation of most types of ethnic population in the mid-term survey. No substantial difference was observed on the ethnic composition of the women between the baseline and mid-term surveys (Table 2.4).

Table 2.4 Percent distribution of respondents by ethnicity

Caste/ethnicity	Baseline Survey 2002		Midterm Survey	
	Number	%	Number	%
Brahmin/Chhetri	550	24.8	386	18.0
Tibeto-Burman	130	5.9	197	9.2
Tharu	246	11.1	436	20.3
Dalit	380	17.1	274	12.8
Muslim	170	7.7	100	4.7
Other terai origin§	580	26.1	658	30.7
Other	163	7.3	93	4.3
Total	2219	100.0	2144	100.0

§ Other terai origin includes: Yadav, Kumhar, Rajbhar, Baniya, Kanu, Kurmi, Sudi, Kalwar, Teli, and Kushawa.

b) Literacy

In the present survey, women who had completed five years of schooling or were able to read Nepali easily were defined as literate population. Those women who had never attended school or had below 6 years of schooling were again asked to read the Nepali sentence prepared for the purpose of the survey in order to test their reading ability. Based on this definition, the survey results show that about a quarter (25.2%) of the responding women were found to be literate; this figure is almost consistent with the baseline survey 2002 results but slightly lower than the DHS 2001: sub-sample (Figure 2.2).

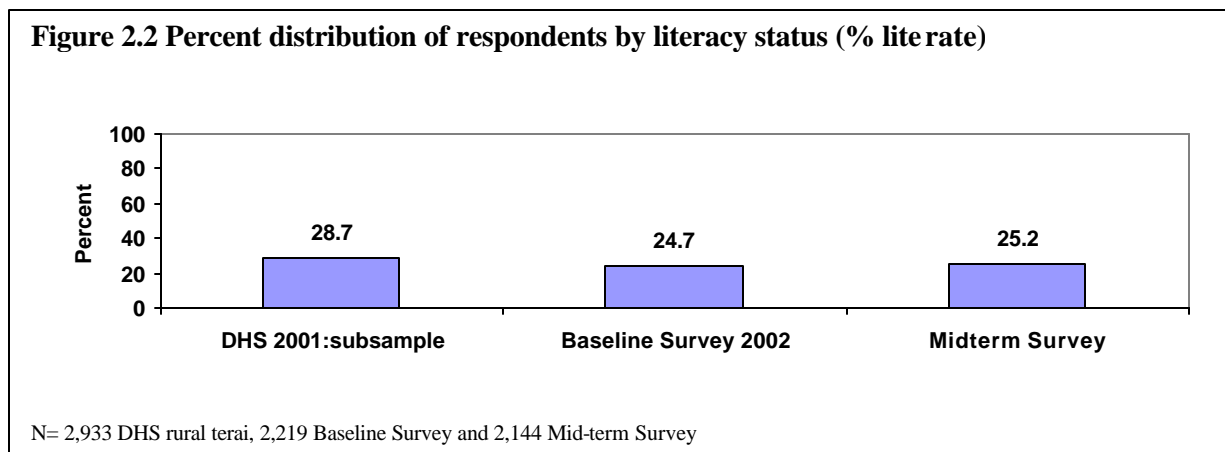


Table 2.5 further shows the literacy status of responding women by their age and ethnicity. Younger women are significantly more likely to be literate than elder ones. For instance, about 40% of the women below 25 years, 29% of the age group 25-29 years and less than 20% aged 30 years or above were reported to be literate. Ethnicity wise data reveals that Brahmin/Chhetri and Tibeto-Burman are significantly more likely to be literate than the respondents of other ethnic groups. Only 6% of the Muslim women were reported to be literate.

Table 2.5 Percent distribution of literate respondents by their age and ethnicity

Description	% literate	Number
Respondent's age (in years)*		
15-19	37.9	219
20-24	39.8	417
25-29	29.0	476
30-35	18.4	369
35-39	17.0	306
40-44	10.9	211
45-49	7.5	146
Ethnicity*		
Brahmin/Chhetri	47.7	386
Tibeto-Burman	45.7	197
Tharu	26.4	436
Dalit	10.6	274
Muslim	6.0	100
Other terai origin	13.8	658
Other	28.0	93
Total	25.2	2144

*Significant at <.05 level

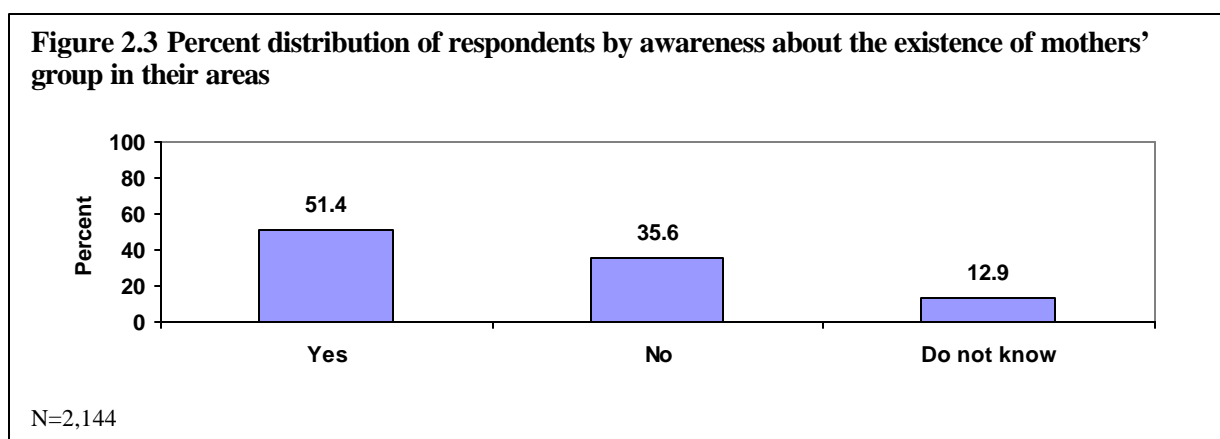
When further enquired about the schooling, more than three-quarters (76.9%) of the respondents reported that they had never attended schooling while only 23% said that they had attended school. About 11% of the women had attained some primary level of education and another 10% had attained some secondary level of education. Only 3% of the respondents had completed SLC or higher level of education (Table 2.6).

Table 2.6 Percent distribution of respondents by level of education

Level of education	Number	%
No schooling	1649	76.9
Some primary	226	10.5
Some secondary	204	9.5
SLC or above	65	3.0
Total	2144	100.0

2.3 Existence of mothers' group

In principle, there should be at least one mothers' group in each ward and FCHVs are selected from among the mothers' group members. In this context, all the respondents were asked if mothers' group has existed in their areas. Just over half (51.4%; N=1,103) of the 2,144 respondents were aware about the existence of mothers' group in their areas. More than one-third (35.6%) said that there is no mothers' group in their areas and 13% were not aware of it. Combining these two groups together, almost half of the respondents do not know about mothers' group (Figure 2.3).

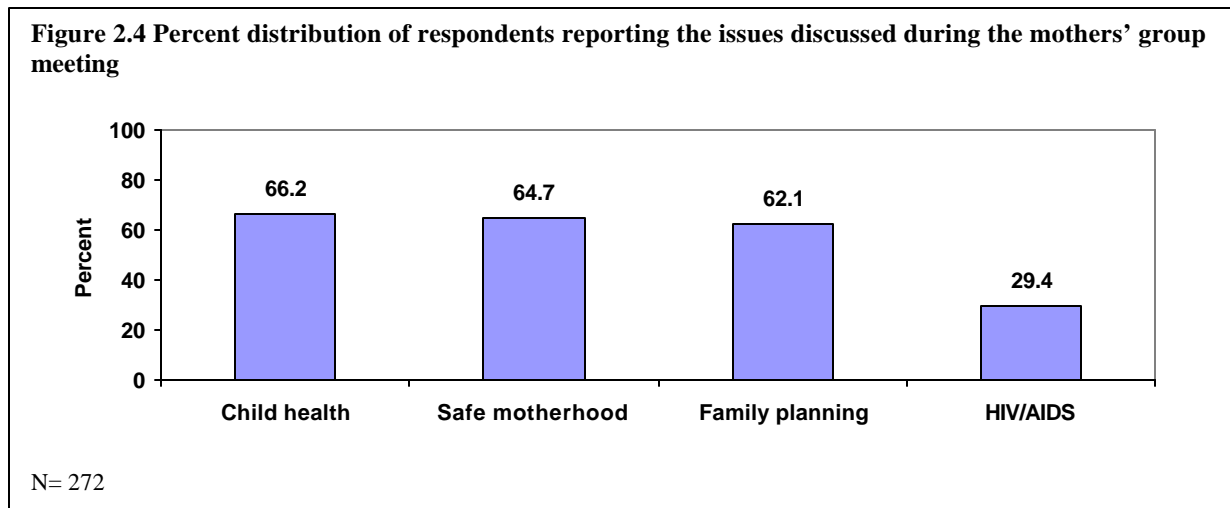


Only about a quarter of the women who were aware of the existence of mother's group in their areas reported participating in the mothers' group meetings in the past 6 months indicating less participation of community people in the mothers group meetings (Table 2.7). Age wise data reveals that elder women are more likely to participate in the mother's group meeting than their younger counterparts.

Table 2.7 Percent distribution of respondents who participated in mothers group meeting by age group

Age group (in years)	% yes	Number
15-19	11.5	87
20-24	21.4	201
25-29	26.2	252
30-35	29.6	196
35-39	24.6	171
40-44	24.6	122
45-49	31.9	74
Total	24.7	1103

Those women who reported participating in the mothers' group meeting in the last 6 months were again asked whether there were discussions on issues such as family planning, safe motherhood, child health and HIV/AIDS during group meetings. Over 60% of the women said they discussed on child health (such as ARI, diarrhea, malnutrition, immunization, measles vaccines, etc), safe motherhood (antenatal, delivery and postpartum care) and family planning issues during mothers group meetings. However, only about 29% of the women said they discussed HIV/AIDS during these meetings (Figure 2.4).



2.4 Household possession and access to health facility

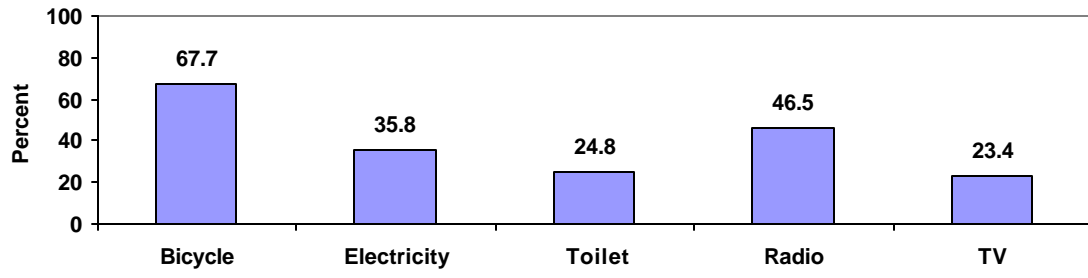
Over half (53.4%) of the respondents had access to health facility or clinic within a distance of less than half an hour from their residence. About 43% of the respondents reported that they have to walk for more than half an hour to reach the nearest health facility or clinic. On an average, they have to travel about 33 minutes to reach the nearest health facility or clinic (Table 2.8).

Table 2.8 Percent distribution of respondents by travel time to reach the nearest health facility or clinic from their residence

Walking distance to the nearest health facility	Number	%
Less than 30 minutes	1144	53.4
30 minutes or more	924	43.1
Do not know	76	3.5
Mean (SD)	32.7	(35.5)
Total	2144	100.0

More than two-thirds (67.7%) of the respondents said that they have a bicycle in their households. Electricity facility was limited to only about 36% of the households. Nearly half (46.5%) of the respondents had radios in their houses while only 23% had TV sets. Only about a quarter of the women reported that they have toilet facilities in their households (Figure 2.5).

Figure 2.5 Percent distribution of respondents having different household items



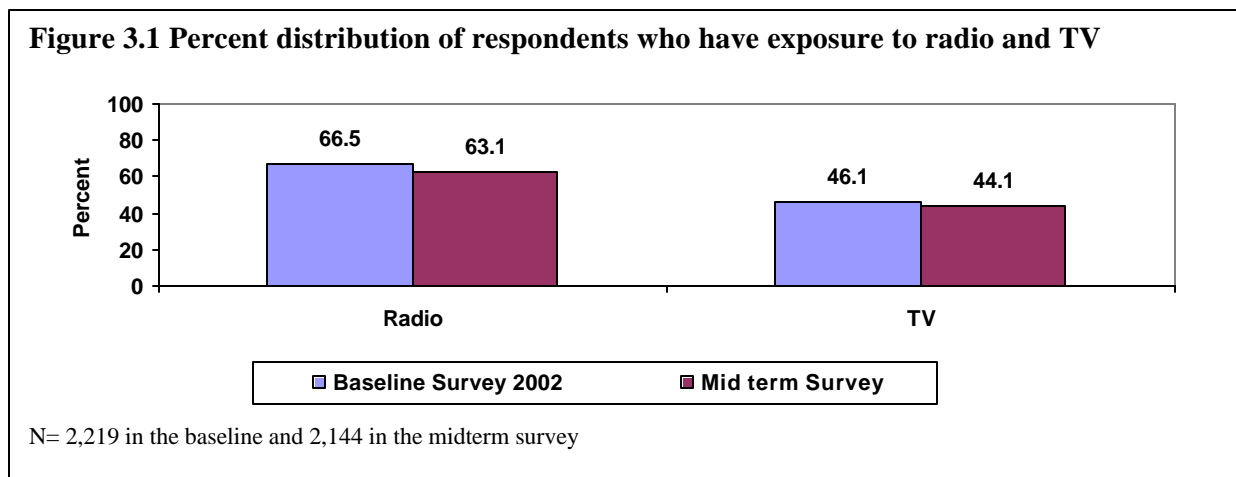
Chapter 3

Media Exposure

This chapter discusses the level of exposure of respondents to different mass media including electronic and print media. Similarly, extent of exposure of respondents to different health related programs including the NFHP initiated radio serials and health related posters and pamphlets are also discussed in this chapter.

3.1 Exposure to electronic media

Information regarding the exposure (listenership) of the respondents to different electronic media such as radio and TV was collected in the present survey. The mid-term survey results reveal that more than three-fifths (63.1%) of the respondents have exposure to the radio and about 44% have exposure to TV. This figure is slightly lower than that of the baseline survey 2002 results; but the observed difference is not statistically significant (Figure 3.1).



Overall, nearly a quarter of the women reported that they listened to the radio almost everyday and 14% listened at least once a week. Over one-third (36.9%) of the women said they do not listen to the radio. In case of TV, about 15% watched it almost every day, 9% at least once a week and about 20% watched TV less than once a week. Over half (55.9%) of the women said they do not watch TV at all (Table 3.1). There is a strong relationship between the ownership of radio/TV and their frequency of listenership/viewership by the respondents. For instance, nearly half of the women who had radio sets compared to only 1% who do not have it reported listening to the radio every day. Likewise, nearly 60% of the women who have TV sets as against less than one percent who do not have it in their households reported watching TV almost everyday.

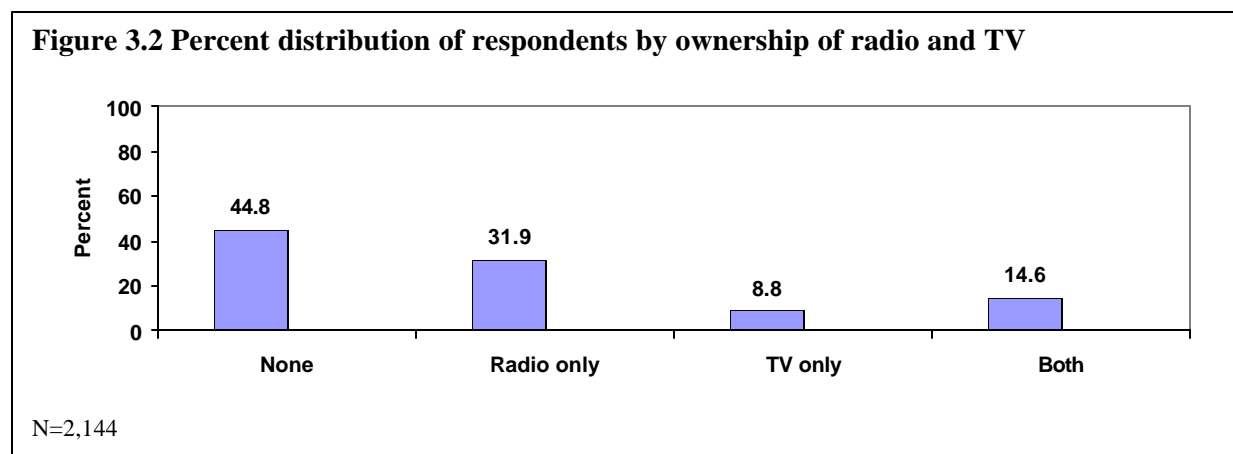
Table 3.1 Percent distribution of respondents by frequency of listening to radio and watching TV by their ownership

Description	Almost every day	At least once a week	Less than once a week	None	Number
Ownership of radio *					
Yes	49.7	25.5	24.8	-	996
No	1.0	4.6	25.5	68.9	1148
Total	23.6	14.3	25.2	36.9	2144
Ownership of TV*					
Yes	59.1	25.3	15.6	-	501
No	0.9	3.8	22.3	72.9	1643
Total	14.5	8.9	20.8	55.9	2144

*Significant at <.05 level

Information regarding the ownership of the radio and TV set was also collected from the responding women during the survey. Overall, 55% of the respondents have either a radio or TV set in their households while 45% did not have any of these two items (Figure 3.2). About one in every 7 respondents has both the radio and TV sets in their households. Nearly, one-third (31.9%) own radio only and another 9% own TV only. The above findings clearly show that a higher proportion of respondents have radio sets as compared to TV sets in their households. As quite a high proportion (46.5%) of the households has radio sets as compared to TV sets (23.4%), dissemination of messages on health issues through radio could be more instrumental in creating awareness among the people of the rural areas. Compared to the DHS 2001: sub-sample, the proportion of women having radio and TV sets in their households has increased in the present survey. According to the DHS 2001: sub-sample, 35.2% of the rural terai women had radio sets and 12.3% had TV sets in their households.

Figure 3.2 Percent distribution of respondents by ownership of radio and TV



Data on ownership of television and radio among the respondents according to the background characteristics of the responding women is presented in Table 3.2. A higher proportion of women with younger age cohorts have radios or TVs in their households as compared to respondents of older age cohorts, but the observed difference is not statistically significant. Ownership of radio and/or TV is significantly much higher among the literate women in comparison to their illiterate counterparts. For instance, over 80% of the literate women as compared with less than half of the illiterate ones (46.0%) reported that they have radio and/or TV in their households. Ownership of both the radio and TV is much higher among Brahmin/Chhetri in comparison to other ethnic population. Nearly, three-quarters

(73.0%) of the Muslim respondents said they do not have both the radio and TV in their households; it is followed by Dalit (55.8%) and other terai origin (54.0%) respectively. The above information suggests that the program should strengthen its radio listening group activities in the predominant areas of Muslims, Dalit and other terai origin castes in order to deliberate messages related to health and family planning.

Table 3.2 Percent distribution of respondents by ownership of electronic media according to their selected background characteristics

Background characteristics	None	Radio only	TV only	Both radio and TV	Total (N)
Respondent's age (in years) ns					
15-19	41.1	37.4	10.0	11.4	219
20-24	40.0	33.3	7.7	18.9	417
25-29	43.1	28.2	12.2	16.6	476
30-35	50.7	31.7	5.4	12.2	369
35-39	45.4	31.7	7.8	15.0	306
40-44	47.9	32.2	8.1	11.8	211
45-49	48.6	31.5	10.3	9.6	146
Literacy*					
Illiterate	54.0	29.4	8.4	8.2	1603
Literate	17.4	39.2	10.0	33.5	541
Ethnicity *					
Brahmin/Chhetri	28.0	36.8	7.0	28.2	386
Tibeto-Burman	31.0	46.7	7.1	15.2	197
Tharu	39.7	33.9	13.1	13.3	436
Dalit	55.8	30.3	6.6	7.3	274
Muslim	73.0	15.0	8.0	4.0	100
Other terai origin	54.0	24.6	9.4	12.0	658
Other	39.8	44.1	2.2	14.0	93
Total %	44.8	31.9	8.8	14.6	100.0
Number	960	683	188	313	2144

*Significant at <.05 level

ns= Not significant

Those women who reported having a radio (N=996) or TV set (N=501) in their households were further asked about their opportunity to choose the desired programs on the radio and TV. About half of the women said they could choose their desired program on the radio and TV *always or often*. About 4 in every 10 women said that they could choose the program on the radio and TV *sometimes only*. Nearly one-fifth (18.1%) reported that they have no opportunity to choose their desired program on the radio while in case of TV, this figure was only 9% (Table 3.3). This information indicates that women in the survey areas have more control over radio than on TV.

Table 3.3 Percent distribution of respondents by opportunity to choose the desired program on the radio and TV

Opportunity to choose the desired program	Radio	TV
Always	22.1	29.9
Often	18.2	23.2
Sometimes	41.7	38.3
Rarely	13.3	7.0
Never	4.8	1.6
Total	996	501

Table 3.4 further shows differentials on respondents' control over choosing the desired programs on the radio and television by their selected background characteristics. While analyzing the data, five possible options as discussed in Table 3.3 are further categorized into two groups, namely, **control over programs** (combining responses "always" or "often") and **no control over programs** (combining responses "sometimes", "rarely" or "never"). Significantly, a higher proportion of respondents aged 20-24 years have more control over choosing the radio programs while those belonging to age group 15-19 years have less control over it. In the case of choosing TV programs, no significant difference was observed across the age group of the respondents. Literate and Brahmin or Chhetri have more control over choosing radio or TV programs compared to their respective counterparts. Quite a small proportion of Muslim respondents reported that they have control over choosing their desired radio or TV programs in their households.

Table 3.4 Percent distribution of respondents by control over choosing desired radio and TV program by selected background characteristics

Background characteristics	Control over choosing radio program			Control over choosing TV program		
	Yes	No	Total	Yes	No	Total
Respondent's age (in years)	*			ns		
15-19	23.4	76.6	107	40.4	59.6	47
20-24	45.0	55.0	218	52.3	47.7	111
25-29	44.1	55.9	213	60.6	39.4	137
30-35	44.4	55.6	162	52.3	47.7	65
35-39	39.2	60.8	143	54.3	45.7	70
40-44	39.8	60.2	93	42.9	57.1	42
45-49	31.7	68.3	60	55.2	44.8	29
Literacy	*			*		
Illiterate	29.4	70.6	603	39.5	60.5	266
Literate	57.0	43.0	393	68.5	31.5	235
Ethnicity	*			*		
Brahmin/Chhetri	58.6	41.4	251	72.1	27.9	136
Tibeto-Burman	47.5	52.5	122	63.6	36.4	44
Tharu	29.6	70.4	206	43.5	56.5	115
Dalit	32.0	68.0	103	39.5	60.5	38
Muslim	5.3	94.7	19	25.0	75.0	12
Other terai origin	30.3	69.7	241	41.8	58.2	141
Other	51.9	48.1	54	86.7	13.3	15
Total (%)	40.3	59.7	996	53.1	46.9	501

*Significant at <.05 level

ns= Not significant

Those women (N=1,353) who had lifetime exposure to radio were further asked about the radio

stations they usually listen to. The majority (74.7%) reported that they listen to Radio Nepal. About 15% of the women reported to have listened to Indian Radio Stations. Quite a number of Local FM stations were also mentioned by a sizeable proportion of the women. Nearly a quarter (23.1%) of them mentioned Kantipur FM. Kalika FM and Birgunj FM were mentioned by about 10% of the women (all of them were from central and western terai areas). Kanchanjuga FM was also found to be popular among the women of Jhapa district (Table 3.5).

Table 3.5 Percent distribution of respondents by the radio stations they usually listen to

Radio stations	Number	%
Radio Nepal	1101	74.7
Indian stations	203	15.0
Kantipur FM (Morang/Sunsari/Jhapa/Dhanusa/Bara/ Siraha/Rautahat/ Rasuwa/ Chitwan)	313	23.1
Kalika FM (Bara/Nawaparasi/Chitwan)	135	10.0
Birgunj FM (Ratahat/Parsa/Bara)	131	9.7
Kanchanjanga FM (Jhapa)	81	6.0
Saptakoshi FM (Morang/Sunsari/Jhapa/ Sarlahi)	36	2.7
Koshi FM (Morang/Sunsari/Jhapa)	31	2.3
Other FM _s	208	15.4
Do not know	5	0.4
Total	1353	-

§Other FM_s include: Bageshwari, Bheri, and Ghodaghodi in Mid and Far west Terai; Rupandehi, Adhyatmajyoti, Manakamana, Machhapuhre, Sinarji, Bijay, Butwal, Tanahu, Lumbini, Palpa Annapurna Himchuli and Pokhara in central and western terai; and Metro FM Sagarmatha Times Star Hits Palung Classic in Rasuwa.

3.2 Exposure to health related TV and radio programs

TV Program

Those women (N=946) who had life time exposure to TV were asked if they had seen anything on the TV about health or family planning in the past year. Over 40% of the women said that they had seen health or family planning program on the TV while almost 60% had not seen anything on these topics. Table 3.6 shows the differentials on exposure of women to health or family planning programs on TV by their selected background characteristics. There is no significant relationship between exposure to the health program on TV and the women's ages. However, women who are literate are significantly more likely to have exposure to health and family planning programs on TV as compared to the illiterate ones. By ethnicity, Brahmin and Chhetri are more likely to get exposure to such programs while Muslim and Dalit castes are less likely to get exposure to such programs. A higher proportion of respondents residing within a distance of less than half an hour from the health facility reported seeing health and family planning programs on TV as compared to those residing at farther distance (i.e. >30 minutes).

Table 3.6 Percent distribution of respondents who have seen anything on the TV about health and family planning in the past year by selected background characteristics

Background characteristics	Yes	No/ DK	Total (N)
Respondent's age (in years) ns			
15-19	36.5	63.5	96
20-24	45.3	54.7	203
25-29	43.0	57.0	228
30-35	40.5	59.5	148
35-39	35.7	64.3	129
40-44	32.9	67.1	85
45-49	42.1	57.9	57
Literacy *			
Illiterate	28.1	71.9	565
Literate	58.8	41.2	381
Ethnicity *			
Brahmin/Chhetri	59.4	40.6	202
Tibeto-Burman	43.0	57.0	114
Tharu	36.7	63.3	218
Dalit	27.2	72.8	92
Muslim	15.0	85.0	20
Other terai origin	33.8	66.2	278
Other	54.5	45.5	22
Ownership of radio/TV *			
None	20.8	79.2	216
Radio only	24.5	75.5	229
TV only	43.1	56.9	188
Both radio and TV	64.2	35.8	313
Walking distance to the nearest health facility *			
Less than 30 minutes	45.1	54.9	576
30 minutes or more	33.5	66.5	346
Do not know	29.2	70.8	24
Total %	40.5	59.5	100.0
Number	383	563	946

*Significant at <.05 level

ns= Not significant

These women were also asked to enumerate the types of health or family planning related messages they have watched on TV. In this respect, more than one-fifth (20.6%) of the women said they got messages from TV about the importance of using permanent and temporary family planning methods for spacing or limiting births. The other most frequently cited messages they watched on TV were as follows (Table not shown):

On family planning

- Good health can be maintained by not having many children; mother will become weak if she has too many children; should have few children; easy to feed, easy to educate small family (19.6%)
- About family planning methods (8.1%)
- Use family planning/use family planning after having two children (7.8%)
- Advertisement on condoms (3.9%)
- Use of permanent family planning methods / female sterilization (3.7%)

On safe motherhood

- Should go for antenatal check up (12.5%)
- Safe motherhood (6.8%)
- Should take iron tablets during pregnancy /about type of care needed during pregnancy/ not doing too much work during pregnancy (5.2%)
- Eat nutritious food during pregnancy (3.9%)
- Giving birth in a clean place (0.5%)
- Need of taking delivery services /get assistance from health worker or go to hospital (1.6%)

On child health

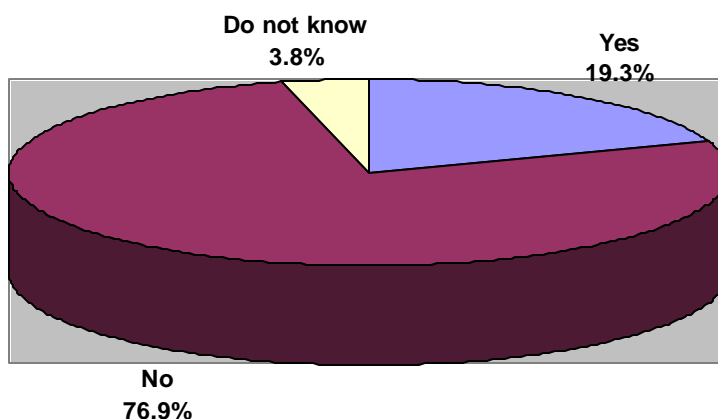
- Feeding Jeevan Jal during diarrhea/use of latrine helps prevent diarrhea (5.5%)
- Information on immunization against measles/ about immunization (5.5%)
- Feeding vitamin A to the child (2.1%)
- Polio (3.7%)

On STIs and HIV/AIDS

- Use condom to prevent AIDS or STIs (10.2%)
- Maintain cleanliness to prevent diseases (6.8%)
- Not to have careless sex in order to be safe from HIV infection/only have safe sex (5.5%)
- Information about HIV/should care for AIDS infected person (4.7%)
- Not to have sex with many persons (4.4%)

Information regarding the exposure of the respondents to the telefilm called *Asal Logne* (good husband) was also collected in the survey. Of the 946 women who had ever watched TV, 19% reported watching *Asal Logne* telefilm on television. Over three-quarters (76.8%) had never watched the *Asal Logne* telefilm and about 4% were uncertain about it (Figure 3.3).

Figure 3.3 Percent distribution of television viewers who had ever watched *Asal Logne* telefilm on TV



Radio Program

All the respondents were asked if they had heard any health or family planning program on the radio in the past one year. The interviewers first noted the spontaneous response. Those respondents who did not respond to a specific program spontaneously were further prompted by naming each of the radio programs. Quite a small proportion (<2%) of the respondents spontaneously mentioned that they have heard about *Gyan Nai Shakti Ho*, *Sewa Nai Dharma Ho* and *Jana Swasthya Karyakram*. After probing, nearly 13% of the respondents reported to have heard about *Jana Swasthya Karyakram* followed by *Sewa Nai Dharma Ho* by 8% and *Gyan Nai Shakti Ho* by 5% (Table 3.7).

Table 3.7 Percent distribution of respondents by type of health and family planning program heard on the radio in the past year (N=2,144)

Type of health or family planning programs heard on the radio in the past year	Spontaneous yes	After prompting yes	Both spontaneous and probing
Gyan Nai Shakti Ho	0.9	5.3	6.2
Sewa Nai Dharma Ho	0.7	7.8	8.5
Jan Swasthya Karyakram	1.6	12.9	14.5
Safe motherhood program	0.3	0.2	0.5
Other §	0.4	-	0.4

§ Other includes: *Aangan Pani Program*, *Shivanandan Kushwaha Chetna Sandesh (Indian)*, *Sathi Sanga Manka Kura*, *Thul Didi*, *Ghanti Heri Haad Nilauun*.

Those 133 women who reported having heard about *Gyan Nai Shakti Ho* radio program were further asked about the frequency of listening to the radio program. Over one-third (34.6%) of them reported listening to the radio program a couple of times in a month and 21% reported every week. About a quarter of them reported that they had listened to the program only once or twice (Table 3.8). Those women who reported not listening to the *Gyan Nai Shakti Ho* radio program most often were further asked about the reasons for not listening to the program. Lack of leisure (62.7%) followed by lack of knowledge about broadcast time (20.3%), inconvenient broadcast time (15.3%) and lack of radio set (10.2%) were the most frequently cited reasons for not listening to the radio program most often. Four out of 59 women gave the reason as language difficulty for not listening to the program (Table not shown). Only 14% (N=18) of the 133 women reported listening to this radio program in the radio listener's group (Table not shown).

Table 3.8 Percent distribution of respondents by frequency of listening to Gyan Nai Shakti Ho radio program

Frequency of listening to Gyan Nai Shakti Ho	Number	%
Every week	28	21.1
A couple of times a month	46	34.6
Once a month	11	8.3
Less than once a month	18	13.5
Only listened once or twice	30	22.6
Total	133	100.0

Those women who had heard about *Sewa Nai Dharma Ho* radio program were asked about the frequency of listening to the radio program. More than two-fifths (42.6%) reported listening to this radio program every week or a couple of times in a month. About 27% usually listen once or less than once a month. About 3 in every 10 women had listened to this radio program only once or twice (Table 3.9).

Table 3.9 Percent distribution of respondents by frequency of listening to Sewa Nai Dharma Ho radio program

Frequency of listening to Sewa Nai Dharma Ho	Number	%
Every week	26	14.2
A couple of times a month	52	28.4
Once a month	31	16.9
Less than once a month	19	10.4
Only listened once or twice	55	30.1
Total	183	100.0

Of the 2,144 respondents included in the survey, 9% (N=200) had ever heard about *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho* health programs on radio. Table 3.10 shows differentials on exposure of respondents to these radio health programs by their background characteristics. Age wise data shows that a higher proportion of younger women compared to those of elder ones reported listening to radio programs. However, the observed difference was not statistically significant. Association between the literacy of respondents and their exposure to radio programs was observed. For instance, about 23% of the literate respondents as compared to only 5% illiterate ones reported listening to *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho* radio program. Exposure to radio program was significantly higher among Brahmin/Chhetri and Tibeto-Burman castes than those belonging to other castes or ethnic groups. None of the Muslim respondents and only 3% of the Dalit reported getting exposure to these radio programs indicating the need of focusing these ethnic groups in the program areas. Differential on exposure to radio programs was also observed according to the ownership of radio or TV. Significantly, a higher proportion of respondents who have radios reported hearing these radio programs as compared to those who do not have radios. This information suggests that efforts should be made to reach people who do not have access to radio in their households. This could be done by establishing radio listening groups in the community.

Table 3.10 Percent distribution of respondents by exposure to Gyan Nai Shakti Ho or Sewa Nai Dharma Ho radio programs according to the background characteristics

Background characteristics	Yes	No/ DK	Total (N)
Respondent's age (in years) ns			
15-19	10.5	89.5	219
20-24	12.2	87.8	417
25-29	9.2	90.8	476
30-35	8.1	91.9	369
35-39	9.5	90.5	306
40-44	5.7	94.3	211
45-49	7.5	92.5	146
Literacy*			
Illiterate	4.7	95.3	1603
Literate	22.9	77.1	541
Ethnicity *			
Brahmin/Chhetri	17.1	82.9	386
Tibeto-Burman	16.2	83.8	197
Tharu	11.0	89.0	436
Dalit	3.3	96.7	274
Muslim	-	100.0	100
Other terai origin	5.8	94.2	658
Other	7.5	92.5	93
Ownership of radio/TV *			
None	2.1	97.9	960
Radio only	18.0	82.0	683
TV only	4.8	95.2	188
Both radio and TV	15.3	84.7	313
Total %	9.3	90.7	2144

*Significant at <.05 level

ns= Not significant

On the question of health topics they heard from *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho* radio programs, the respondents mentioned a number of topics related to safe motherhood, family planning, child health and other topics. The topics they heard in the radio programs are presented in Table 3.11. Over 90% of the respondents reported hearing the following topics from the radio programs:

- On safe motherhood (antenatal care)
- On family planning (contraceptive methods)
- On child health (immunization, vitamin A, diarrhea)

More than three quarters of the women said they heard about danger signs during pregnancy or delivery, assistance during delivery, postpartum care, nutrition, breastfeeding, cough and cold and HIV/AIDS and other STIs. Over two-thirds also said that they heard about danger signs in the newborn, malaria, importance of spousal communication, FCHV's roles in the community and men's role in health issues from the radio programs *Gyan Nai Shakti Ho* or *Sewa Nai Dharma Ho*. The above information clearly indicates that these two radio programs are quite instrumental in disseminating information on different health issues to the community people. Therefore, it is necessary to increase the listeners of these two radio programs in the community.

Table 3.11 Percent distribution of respondents reporting the topics they heard from the Gyan Nai Shakti Ho or Sewa Nai Dharma Ho radio program (N=200)

Health topics heard while listening to Gyan Nai Shakti Ho or Sewa Nai Dharma Ho	Spontaneous yes	After prompting yes	Both spontaneous and probing
Safe Motherhood			
Antenatal care	33.5	58.0	91.5
Danger signs during pregnancy or delivery	17.5	66.5	84.0
Assistance during delivery of child	12.0	71.5	83.5
Postpartum care	12.5	70.5	83.0
Nutrition	9.0	71.0	80.0
Family planning			
Contraceptive methods	15.5	74.5	90.0
Child health			
Immunization	17.0	77.0	94.0
Vitamin A	14.5	79.0	93.5
Diarrhea	17.0	76.5	93.5
Cough/cold and Pneumonia	7.5	77.0	84.5
Breastfeeding	5.5	75.5	81.0
Danger signs for the newborn child	8.5	63.5	72.0
Other topics			
HIV/AIDS and other STIs	10.5	67.5	78.0
Importance of spousal communication	2.0	69.5	71.5
FCHV's roles in community	3.0	64.5	67.5
Men's health/role	2.0	65.0	67.0
Adolescent health	8.0	57.5	65.5
Malaria	2.5	62.5	65.0
Role of family members	3.0	61.5	64.5
Clients rights when interacting with FCHVs/other HWs	2.5	51.5	54.0
Other§	2.0	1.0	3.0

§ Other includes: should care for the people who have difficult life, on TT, TB, leprosy, care for the children.

3.3 Exposure to print and other IEC materials

All the respondents were asked by prompting if they had seen or heard any health related messages from the newspaper, magazine, group meetings and festival or community events in the past one year. Quite a small proportion (<6%) of the respondents reported that they had seen or heard health messages from these media in the past one year (Table not shown).

On the question whether they had seen any posters about family planning in the past year, about 58% of the respondents said they had seen posters on it while about 42% reported not seeing any posters about family planning. Data presented in Table 3.12 reveals that a significantly higher proportion of younger and literate respondents have seen posters on family planning compared to their respective counterparts, elders and illiterate ones. Differentials on exposure to family planning posters were also observed across the respondents of different ethnic groups. Brahmin/Chhetri, other terai castes and Tibeto-Burman castes are more likely to have seen family planning posters than the respondents of other ethnic groups. There is a strong relationship between exposure to the family planning posters and distance to the health facility from the residence of the respondents. Those respondents who were residing within less than half an hour from the health facility are more likely to have seen the posters than those who are residing farther from the service facility.

Table 3.12 Percent distribution of respondents who have seen posters about family planning in the past year according to the selected background characteristics

Background characteristics	Yes	No/ DK	Total (N)
Respondent's age (in years) *			
15-19	58.9	41.1	219
20-24	61.6	38.4	417
25-29	64.9	35.1	476
30-35	59.1	40.9	369
35-39	50.7	49.3	306
40-44	50.7	49.3	211
45-49	42.5	57.5	146
Literacy *			
Illiterate	54.3	45.7	1603
Literate	67.7	32.3	541
Ethnicity *			
Brahmin/Chhetri	59.8	40.2	386
Tibeto-Burman	58.9	41.1	197
Tharu	53.4	46.6	436
Dalit	55.8	44.2	274
Muslim	41.0	59.0	100
Other terai origin	65.0	35.0	658
Other	37.6	62.4	93
Ownership of radio/TV *			
None	54.9	45.1	960
Radio only	59.6	40.4	683
TV only	55.9	44.1	188
Both radio and TV	63.3	36.7	313
Walking distance to the nearest health facility *			
Less than 30 minutes	64.1	35.9	1144
30 minutes or more	51.5	48.5	924
Do not know	36.8	63.2	76
Total %	57.7	42.3	2144

*Significant at <.05 level

Those women (N=1,237) who reported seeing any kind of posters on family planning over the past one year period were again asked to mention the types of posters they had seen. The results are presented in Table 3.13. Nearly one-fifth of the respondents spontaneously reported that they had seen danger signs poster (19.9%) and Sumata poster (17.4%). One in every 10 women spontaneously mentioned *poster showing five types of methods* and *FP poster* while only 6% of the respondents said that they had seen *Abhibadan poster* in the past one year. Those respondents who did not spontaneously mention any particular poster was further probed by showing them the posters and asking if they had seen them. After showing the posters, about 78% and 71% of the women respectively reported seeing the *danger sign* and *Sumata posters*. Likewise, more than two-thirds (68.8%) mentioned *Abhibadan poster*, 62% mentioned *poster showing 5 types of methods* and 58% mentioned *FP poster*.

Table 3.13 Percent distribution of respondents by types of FP related posters seen in the past eight months (N=1,237)

Types of posters seen	Spontaneous yes	After showing poster yes	Total Yes
Danger sign poster	19.9	58.2	78.1
Sumata poster	17.4	53.6	71.0
Poster showing 5 types of methods	11.5	50.0	61.5
FP Poster	9.9	48.1	58.0
Abhibadan Poster	6.1	62.7	68.8
Other§	2.8	0.6	3.4

§ Other includes: poster showing pregnant man, poster on condom, poster on mini-lap, husband should accompany his wife while visiting to health facility for ANC, poster on small family, poster showing father, mother, son and daughter, poster on pregnancy check up, poster on getting Depo Provera, a woman carrying firewood after getting female sterilization.

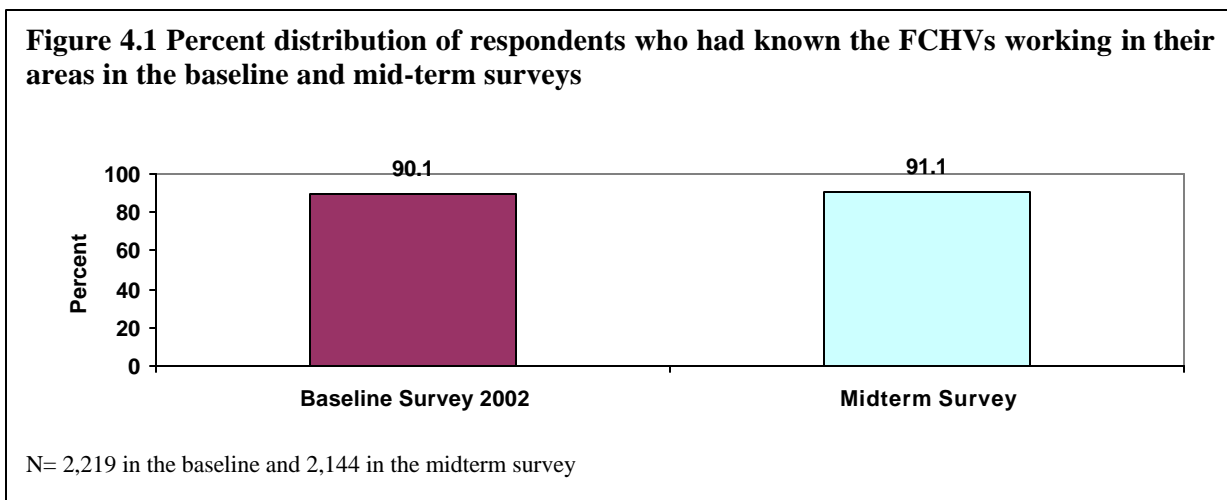
Chapter 4

Female Community Health Volunteers

His Majesty's Government of Nepal (HMG/N) introduced Female Community Health Volunteers (FCHVs) program since 1988 (2045/46 BS). FCHVs are selected by Mother's Group members with the help of HP/SHP staff. FCHVs are mainly involved in motivating and educating the community people on safe motherhood, family planning, child health and other health issues. They also distribute temporary family planning methods, ORS packets and vitamin A capsules. At present there are more than 48,000 FCHVs working all over the country. Information regarding the extent of community people's familiarity with the FCHVs and their services, extent of interaction of the FCHVs with community people including their behavior and attitudes of community towards the FCHVs services were collected from all the women included in the survey. This chapter presents the survey findings on these aspects.

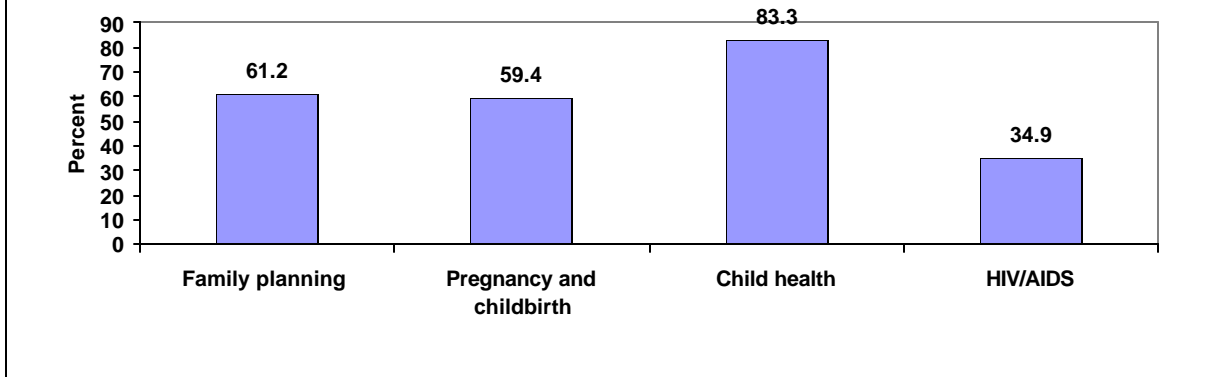
4.1 Familiarity with FCHVs and their services

Of the 2,144 respondents included in the survey, 91% (N=1,954) reported knowing the FCHVs working in their areas. This figure is higher by one percentage point compared to the baseline survey results of 90% (Figure 4.1).



All the respondents were asked if the FCHV working in their areas provide information and services related to family planning, pregnancy and childbirth, child health and HIV/AIDS. In response, more than 83% of the respondents spontaneously said that FCHVs in their areas provide information and services related to child health. About 6 in every 10 respondents also said that information related to family planning and safe motherhood are provided by the FCHVs. Slightly over one-third (34.9%) of the respondents also knew that FCHVs in their community also provide information and services on HIV/AIDS (Figure 4.2).

Figure 4.2 Percent distribution of respondents reporting the types of health related information provided by FCHVs in their areas



Those women who reported that FCHVs in their areas provide information and services related to family planning, pregnancy and childbirth, child health and HIV/AIDS were further asked to mention the types of health related information and services they provide in their community.

Table 4.1 presents data on types of information and services related to family planning, and pregnancy and childbirth related services provided by the FCHVs in the community. The majority (86.1%) of the women said that FCHVs provide FP counseling and nearly half (45.1%) also said they provide referral services for family planning. More than a quarter of them were also aware that FCHVs in their community distribute condoms and pills. Providing help during sterilization camp was also mentioned by nearly one-fifth of the responding women.

With regard to pregnancy and child health services, nearly half (49.8%) of the respondents were well aware that FCHVs in their areas provide information on TT vaccines followed by over 40% who said they provide information on safe motherhood, advise to visit health facility for antenatal care, distribute vitamin A to children and provide information on child immunization (Table 4.1). About one-third of the respondents were also aware that FCHVs in their areas distribute iron tablets and provide counseling during pregnancy, delivery and postpartum. The above findings indicate that quite a large number of women in the program areas are still not aware about the types of information and services related to family planning, pregnancy and childbirth that the FCHVs provide in their community. Hence, it is necessary to inform the community people about these aspects.

Table 4.1 Percent distribution of respondents mentioning the types of FP, pregnancy and child birth related information and services provided by FCHV in their community

Description	Number	%
Types of information and services related to FP provided by FCHV		
Provides FP counseling	1113	86.1
Refers for FP services	583	45.1
Distributes pills	352	27.2
Distributes condoms	340	26.3
Helps in sterilization camp	254	19.6
Other±	5	0.4
Total	1293	-
Types of pregnancy and childbirth related information and services does she provide		
Provide information on TT vaccine	634	49.8
Advise to give vitamin A to children	571	44.9
About child immunization	533	41.9
Advise to visit HF for antenatal services	519	40.8
Provide information on safe motherhood	516	40.5
Provide counseling during pregnancy, delivery and postpartum	452	35.5
Provide iron tablets	422	33.2
Assist during delivery	98	7.7
Advise to visit HF for postnatal services	104	8.2
Taking deworming tablets during pregnancy	21	1.6
Advise for eating good food/ advise for eating nutritious food/ advise for eating green vegetables	23	1.8
Advise for not doing too much work/ advise for not lifting heavy items	9	0.7
Other§	19	1.5
Total	1273	-

± Other includes: small family is happy, advised on withdrawal technique, advised on birth spacing.

§ Other includes: provide vitamin A, inform on the need to keep oneself clean, husband-wife not to sleep together during pregnancy, advise to use clean delivery kits, advise for not smoking or drinking alcohol, referral services.

Data on women's knowledge about the types of child health and HIV/AIDS related information and services provided by the FCHV in their community is presented in Table 4.2. A large proportion of the women spontaneously mentioned that FCHV provide information on immunization (83.8%) and vitamin A (70.9%) and distribute vitamin A capsules to children (69.6%). Only a small proportion (<20%) of them were aware that FCHVs in their area provide information and services on diarrhea and pneumonia. With regard to HIV/AIDS, a great majority (90.3%) of the women said that FCHV in their areas provide information on ways of avoiding HIV/AIDS followed by nearly half (45.7%) who said they provide information on using condoms.

Table 4.2 Percent distribution of respondents mentioning the types of child health and HIV/AIDS related information and services provided by FCHV in their community

Description	Number	%
Types of information and services related to child health does she provide		
Provide information on immunization	1496	83.8
Provide information on vitamin A	1266	70.9
Provide vitamin A capsules	1242	69.6
Provide information on diarrhea	335	18.8
Provide diarrhea treatment services (ORS)	284	15.9
Provide ARI/ pneumonia treatment services	151	8.5
Provide information on ARI	125	7.0
Provide information on malnutrition	89	5.0
Provide referral services	65	3.6
Provide information on deworming	64	3.6
Provide newborn care services	49	2.7
Other §	45	2.5
Do not know	7	0.4
Total	1785	-
Types of HIV/AIDS related information and services does she provide		
Provide information on ways of avoiding HIV/AIDS	318	90.3
Provide information on using condom	161	45.7
Provide referral services	20	5.7
Advise for not having sex with other/ advise for not having sex with many people/ advise for not having careless sex	6	1.7
Other (advise for not sharing needles)	1	0.3
Do not know	11	3.1
Total	352	-

§ Other includes: advise mother for not eating cold stuff, give different types of information, advise mothers for exclusive breastfeeding, about malaria, about feeding nutritious foods, advise mother to take children for weighing, provide medicines for minor injuries, advise mothers to feed lito, advise mother to keep children clean, advise to go health facility, advise mother to keep the children away from cold.

Responses of respondents on four types of information and services that are provided by FCHVs such as providing information on diarrhea, diarrhea treatment, information on ARI and ARI/pneumonia treatment as discussed in Table 4.3 are further analyzed according to the age of the child of the respondents and their ethnicity. Comparatively, a higher proportion of women with children 36 months or above were well informed about these four services and treatment as compared to those with young children. However, the observed difference was not statistically significant except for the responses provide *diarrhea treatment* and *ARI/pneumonia treatment*. Ethnicity wise data reveals that Tharu women were more informed about the information and treatment that FCHVs provide in their community than the women of other ethnic groups. In case of information and treatment services on ARI/pneumonia, women belonging to Tibeto-Burman castes were significantly more aware than the women of other ethnic groups. *Dalit* and Muslim women are less aware about these four types of information and services that FCHVs in their areas provide.

Table 4.3 Percent distribution of respondents mentioning diarrhea and ARI/pneumonia services and treatment provided by FCHVs in their community according to the age of child and ethnicity

Background characteristics	Information on diarrhea	Diarrhea treatment	Information on ARI	ARI/pneumonia treatment	Total (N)
Age of child (in months)	ns	*	ns	*	
< 36 months	18.1	12.4	6.3	7.8	709
36 months	19.6	19.2	7.8	9.8	936
No child/no living child	17.1	11.4	5.7	2.9	140
Ethnicity	*	*	*	*	
Brahmin/Chhetri	20.4	18.3	7.1	11.5	338
Tibeto-Burman	14.6	7.6	13.2	13.2	144
Tharu	25.1	18.8	9.7	9.9	383
Dalit	17.8	15.5	3.3	6.6	213
Muslim	19.2	9.6	4.1	6.8	73
Other terai	16.7	15.8	6.4	5.6	551
Other	6.0	14.5	-	6.0	83
Total	18.8	15.9	7.0	8.5	1785

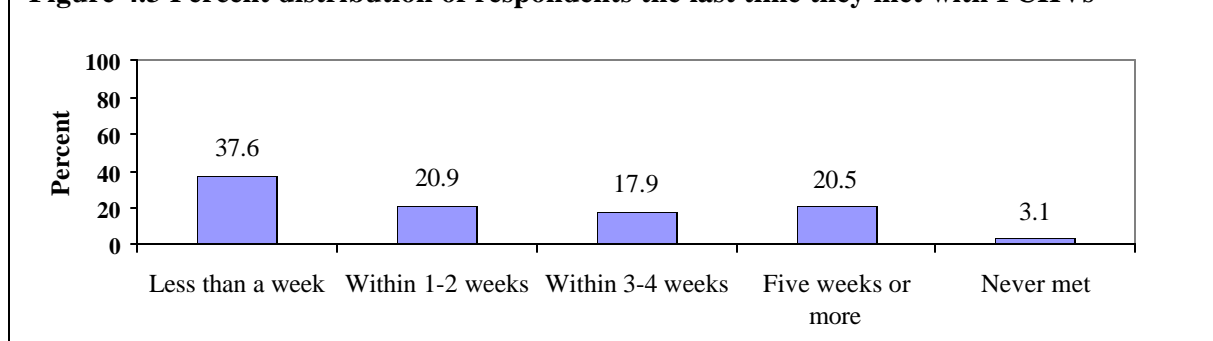
*Significant at <.05 level

ns= Not significant

4.2 Interaction with FCHV

Of the 2,144 respondents included in the survey, 1,954 reported knowing FCHVs working in their areas. These women were again asked when they met her the last time. Nearly two-fifths (37.6%) of the women had met them within 7 days preceding the survey date and another 21% met them 1-2 weeks prior. About 18% had met 3-4 weeks prior and another 21% had met her more than 90 days prior to the survey date. Only 3% of the women said that they had not met the FCHV yet. The above information reveals that community people meet FCHVs more frequently to get information and services related to health issues.

Figure 4.3 Percent distribution of respondents the last time they met with FCHVs



When further asked about the place where their most recent discussion with FCHVs took place, the survey results show that a higher proportion (42.8%) of the women met the FCHVs casually while doing something else. About 28% of the women were visited by FCHVs and another 18% said they themselves visited FCHV to get information and services. Two percent of the women also reported that the discussions took place during group meetings. A few of them (<10%) had discussed with FCHVs during special events such as National Immunization Day, etc. and at the health facility (Table not shown).

Those women who reported meeting FCHVs in the past were further asked about the issues they

discussed with them during their last meeting. Data presented in Table 4.4 reveals that a higher proportion of them had discussed about child health (37.9%) issues. About one in every 10 women had discussed issues related to family planning and safe motherhood. The practice of discussing STIs and HIV/AIDS with FCHVs was quite low as only about 2% said they had discussed about it. The survey results also reveal that quite a sizeable proportion (20.4%) of the rural women had also discussed about their personal matters with FCHVs in addition to health issues.

Table 4.4 Percent distribution of respondents who have discussed with FCHVs on different issues during their last meeting

Types of health issues discussed with the FCHV the last time	Number	%
Child health	718	37.9
Family planning	177	9.3
Safe motherhood	171	9.0
HIV/AIDS/STI	30	1.6
About household issue/ about farming/ other issues	386	20.4
About fever/ about head ache/ about own health/ about maintaining cleanliness/ about visiting hospital in case of sickness	29	1.5
About mother's group meeting	8	0.4
Have not discussed anything	170	9.0
Other§	422	22.3
Do not know	12	0.6
Total	1894	-

§ Other includes: about taking census of houses, about saving scheme, about leprosy, about training, about the construction of latrines, to check iodized salt.

All the women who reported that FCHVs in their areas provide information and services related to family planning, pregnancy and childbirth, child health and HIV/AIDS were further asked whether they had spoken with FCHV on these issues in the last 6 months prior to survey date. A higher proportion of the women reported discussing with FCHV on child health issues (39.8%) followed by on HIV/AIDS (34.7%). Slightly over a quarter had discussed with FCHVs on family planning, pregnancy and childbirth (Table 4.5).

The practice of using behavior change communication (BCC) materials by the FCHVs was much higher during the discussion on HIV/AIDS issues than in other health matters. For instance, about half of the women said the FCHVs used BCC materials during discussion on HIV/AIDS while only 19% said that FCHVs used such materials during discussion on child health (Table 4.5). The types of BCC materials used by the FCHVs during discussions on family planning were mainly the posters (35.3%), pictorials (28.8%) and flip charts (21.2%) (Table not shown). All the women find these BCC materials useful (Table not shown).

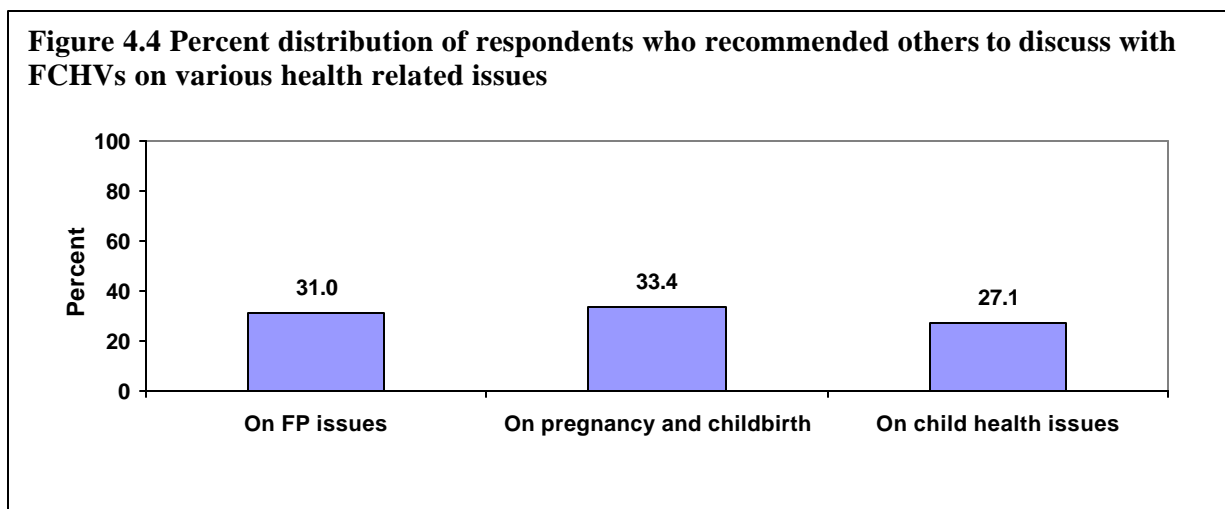
Table 4.5 Percent distribution of respondents who had spoken with FCHVs in the last 6 months on issues related to FP, pregnancy and childbirth, child health and HIV/AIDS and use of BCC materials during discussions

Description	Family planning	Pregnancy and child birth	Child health	HIV/AIDS
Whether spoken with FCHV in the last 6 months				
Yes	28.5	25.3	39.8	34.7
No	70.1	73.1	59.4	61.1
Self FCHV	1.1	1.1	0.8	4.0
Do not know	0.3	0.5	0.1	0.3
Total	1293	1273	1785	352
Whether the FCHV used any BCC materials or visuals aids to explain you				
Yes	38.6	37.9	18.9	50.0
No/do not know	61.4	62.1	81.1	50.0
Total	368	322	710	122

4.3 Attitude towards FCHV services

Those women who were aware about the services being provided by FCHVs were again asked if they have ever recommended any one to speak to the FCHV about various health related issues such as family planning, pregnancy and childbirth and child health. About one-third (33.4%) of the women reported recommending others to discuss about pregnancy and childbirth with FCHVs. Similarly, more than 3 in every 10 women said they recommended others to speak about family planning issues (Figure 4.4). Over a quarter had recommended discussing child health issues.

Figure 4.4 Percent distribution of respondents who recommended others to discuss with FCHVs on various health related issues



4.4 Behavior of FCHV

The respondents’ opinion regarding the behavior of FCHVs was also collected during the survey. Those women who had met FCHVs were further prompted to give their opinion regarding behavior of FCHVs during their last meeting. To get their opinion regarding the FCHVs’ behavior, the interviewers were instructed to read each of the behavioral related questions included in the questionnaire. Nearly three-fifths of the women said the FCHVs greeted them in a friendly manner and another 47% said the FCHVs made them feel at ease. About one-third of the women said that the FCHVs asked them about their health concerns. The other aspects such as assuring confidentiality of the discussion, encouraging to ask questions, reassuring health concern, scheduling other visits, referring clients to a health facility and encouraging to talk with spouse about health issues were mentioned by less than one-fifth of the respondents. The above findings suggest to motivate FCHVs to inform their clients about such issues.

Table 4.6 Percent distribution of respondents by opinion regarding FCHV’s behavior during interaction (N= 1,894)

Whether the FCHVs did the following	Yes	No/DK
Greets you in a friendly manner	57.8	42.2
Makes you feel at ease	46.8	53.2
Asks you about your health concerns	31.8	68.2
Assures you that your discussion would be confidential	16.8	83.2
Encourages you to ask questions	17.6	82.4
Asks you to come again/schedule another visit	17.7	82.3
Asks you to talk to your spouse about health issues	17.3	82.7
Reassures you about your concerns	12.8	87.2
Refers you to a health facility for additional services	11.0	89.0

Chapter 5

Marriage, Fertility and Family Planning

Several questions related to marriage, fertility and family planning were asked to the respondents included in the survey. Questions related to age at marriage, number of children born and currently living, desire for additional children and knowledge and use of family planning methods including supply sources were asked to the respondents. This chapter presents survey findings on these aspects.

5.1 Marriage and fertility

Data presented in Table 5.1 shows that nearly three-fifths (58.9%) of the women got married at less than 17 years of age and another 22% got married at the age of 17-18 years. Only about 16% reported getting married at the age of 19 years or more. The mean age of marriage among respondents was 16.2 years, which is consistent with the earlier studies (15.7 years in the baseline survey 2002 and 16.2 years in DHS 2001: sub-sample).

Table 5.1 Percent distribution of respondents by age at first marriage

Age at first marriage (age in completed years)	Number	%
<15	506	23.6
15-16	756	35.3
17-18	481	22.4
19-20	246	11.5
21+	91	4.2
Do not remember	64	3.0
Mean (SD)	16.2	(2.58)
Total	2144	100.0

Of the 2,144 women included in the survey, nearly 94% (N=2,004) had experienced pregnancy and about 98% of the 2,004 women had ever given birth (Table not shown). Table 5.2 presents data on the mean number of children ever born (CEB) and surviving among all the women included in the survey. The mean number of children ever born to all women was 3.17 which is close to the baseline survey 2002 results (3.16 children) but slightly lower (3.30 children) than that of rural terai women of DHS 2001: sub-sample. The mean number of living children among the responding women was 2.72 indicating the loss/death of 0.45 children per woman. Data presented in Table 5.2 further reveals that illiterate women have more CEB than their counterpart literate ones. Likewise, the mean number of children ever born to women belonging to Muslim or *dalit* castes was found to be higher than the women of other ethnic groups. Association between ownership of radio/TV and number of children ever born to women was also observed which shows a higher CEB for women who do not have both radio and TV or have only radio compared to those who have owned TV only or both TV and radio.

Table 5.2 Mean number of children ever born and currently living by selected background characteristics of the respondents

Background characteristics	Mean number of children ever born	Mean number of children currently living	Total (N)
Literacy			
Illiterate	3.54	3.00	1603
Literate	2.07	1.91	541
Ethnicity			
Brahmin/Chhetri	3.07	2.74	386
Tibeto-Burman	3.18	2.76	197
Tharu	3.05	2.59	436
Dalit	3.23	2.69	274
Muslim	3.64	3.15	100
Other terai origin	3.16	2.71	658
Other	3.54	3.00	93
Ownership of radio/TV			
None	3.42	2.89	960
Radio only	3.18	2.72	683
TV only	2.92	2.56	188
Both radio and TV	2.54	2.31	313
Total	3.17	2.72	2144

5.2 Knowledge of family planning methods

Almost all (98.6%) of the respondents reported that they have heard of family planning. Only 31 out of the 2,144 respondents have not heard about it. More than 95% of the respondents were found to be aware of female sterilization (97.4%) and Depo Provera (96.0%). Over 90% of the respondents were aware of condoms (91.9%), male sterilization (91.5%) and oral pills (91.1%). More than 8 in every 10 respondents reported to have heard of Norplant and more than half (55.2%) had heard of IUD. Quite a sizeable proportion of the respondents were also aware of natural family planning techniques such as periodic abstinence (38.7%) and withdrawal (29.3%). No noticeable variation was observed on the level of knowledge of various contraceptives among the respondents between the baseline 2002 and mid-term survey periods (Table 5.3).

Table 5.3 Percent distribution of respondents by knowledge of different FP methods in the baseline and mid-term surveys

FP methods	Baseline Survey 2002	Mid-term Survey		
		Spontaneous yes	After probing yes	Total yes
Oral pills	95.3	59.3	31.8	91.1
IUD	65.8	14.1	41.1	55.2
Injection (Depo Provera)	98.1	68.7	27.3	96.0
Condom	94.9	35.3	56.6	91.9
Norplant	88.3	26.1	55.0	81.1
Female sterilization	98.8	65.5	31.9	97.4
Male sterilization	96.4	37.9	53.6	91.5
Periodic abstinence	1.4	1.2	37.5	38.7
Withdrawal	1.0	0.8	28.5	29.3

5.3 Use of family planning methods

Ever use

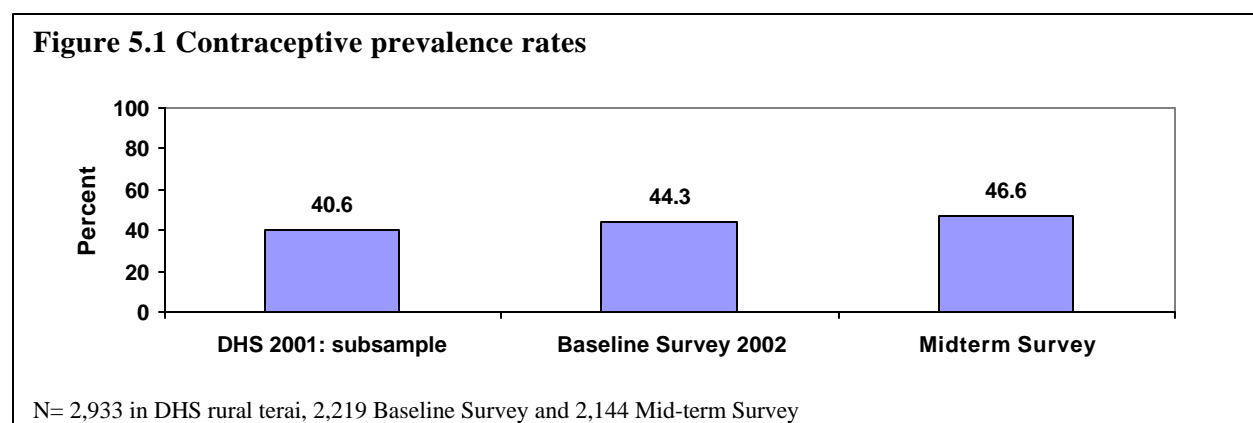
Over 58% of the women reported that they or their husbands had ever used family planning methods in the past. This figure is higher than that of the baseline survey 2002 results of 53.4% and DHS 2001: sub-sample of 54.2%. Female sterilization followed by Depo Provera was reported as the most commonly used methods in all three survey periods. The ever use of Depo Provera and female sterilization has been increasing gradually. However, no appreciable increase in the use of other permanent and temporary methods was observed over the last five year period in rural terai (Table 5.4).

Table 5.4 Percent distribution of respondents by ever use of specific FP methods in different survey periods

FP methods ever used	DHS 2001: sub-sample	Baseline Survey 2002	Midterm Survey
Oral pills	9.8	7.5	9.4
IUD	0.5	0.9	0.6
Injection (Depo Provera)	17.4	18.4	22.2
Condom	11.1	8.3	8.1
Norplant	0.6	0.9	1.5
Female sterilization	23.2	23.3	26.1
Male sterilization	3.9	4.3	3.4
Periodic abstinence	5.5	0.5	1.9
Withdrawal	8.2	0.4	1.4
None	45.8	46.6	41.7
Any method	54.2	53.4	58.3
Total	2933	2219	2144

Current use

Data on current use of contraceptives by the couples of the survey areas is presented in Table 5.5. The contraceptive prevalence rate for any method is estimated at 46.6% in the midterm survey; this figure is higher than that of the baseline survey figure of 44.3% and DHS 2001: sub-sample of 40.6% (Figure 5.1).



Of the 46.6% women who reported using contraceptives currently, 29.3% were using permanent methods (male and female sterilization), 15.2% were using spacing methods and another 2.1% were

practicing natural techniques such as withdrawal and abstinence. The most commonly used current method was female sterilization (26.0%) followed by Depo Provera (9.0%). The use of male contraceptives was quite low as only 3.3% and 2.9% respectively reported that they were currently using male sterilization and condoms. The current use of other temporary methods such as oral pills, Norplant and IUD was still quite low indicating the need of encouraging couples of the program areas to use these contraceptives.

Table 5.5 Percent distribution of respondents by current use of specific FP methods in different survey periods

FP method currently using	DHS 2001: sub-sample	Baseline Survey 2002	Midterm Survey
Oral pills	1.3	2.7	2.3
IUD	0.1	0.4	0.2
Injection (Depo Provera)	6.5	8.5	9.0
Condom	2.7	4.0	2.9
Norplant	0.3	0.6	0.8
Female sterilization	22.7	23.3	26.0
Male sterilization	3.7	4.3	3.3
Periodic abstinence	1.0	0.3	1.4
Withdrawal	2.1	0.1	0.7
Other	0.2	-	-
None	59.4	55.7	53.4
Any method	40.6	44.3	46.6
Total	2933	2219	2144

Table 5.6 further shows differentials on the current use of family planning methods by the selected background characteristics of the respondents. A higher proportion of women of older age cohorts reported using contraceptives than the women of younger age cohorts, however, the observed difference was not statistically significant. With regard to education, literate women are more likely to use contraceptives than their counterparts illiterate women, however, the observed difference is not statistically significant. The current use of contraceptives was significantly higher among Tharu, while it was significantly lower among the Muslims. No significant difference was observed on the use of contraceptives by access to health facility. The proportion of respondents currently using contraceptives was higher among those who have 3 or more living children as compared with those who have less than 3 children.

Table 5.6 Percent distribution of respondents currently using any FP methods by selected background characteristics

Background characteristics	CPR	Number
Respondent's age (in years)	*	
15-19	17.4	219
20-24	23.0	417
25-29	47.1	476
30-35	57.7	369
35-39	67.6	306
40-44	67.8	211
45-49	53.4	146
Literacy	ns	
Illiterate	46.2	1603
Literate	47.9	541
Ethnicity	*	
Brahmin/Chhetri	44.6	386
Tibeto-Burman	49.7	197
Tharu	63.5	436
Dalit	40.5	274
Muslim	14.0	100
Other terai origin	44.5	658
Other	36.6	93
Ownership of radio/TV	*	
None	40.6	960
Radio only	49.8	683
TV only	54.8	188
Both radio and TV	53.0	313
Walking distance to the nearest health facility	ns	
Less than 30 minutes	47.6	1144
30 minutes or more	46.1	924
Do not know	38.2	76
Number of living children	*	
None	6.7	209
1-2 children	36.0	810
3-4 children	62.2	826
5 children or more	59.9	299
Total	46.6	2144

*Significant at <.05 level

ns= Not significant

Reasons for not using FP methods

Those women (N=1,114) who reported not using any family planning methods at the time of survey were enquired about reasons for non-use. The main reasons for not using family planning methods are presented into six broad categories. The reasons for not using family planning method associated with reproductive health cycle issues were desire for children (35.5%), currently pregnant (10.9%) and no resumption of menses (7.3%). Spousal issues such as husband away from home and infrequent sex was mentioned by 17% and 4% women respectively as the reasons for non-use of family planning methods. In the baseline survey too, nearly 18% of the women reported not using contraceptives giving the reason

as *husband away from home*. Nearly 10% of the women reported not using family planning methods on health grounds or fertility concerns and about 5% said that they were confused about the method. Issues related to method unavailability and religion was mentioned by only a few (<3%) women.

Table 5.7 Percent distribution of respondents by reasons for not using FP methods

Reasons for not currently using a FP method	Number	%
Reproductive health cycle issues		
Want more children/want son/want daughter	395	35.5
Currently pregnant	121	10.9
No resumption of menses	81	7.3
Menopausal/hysterectomy	67	6.0
Recently delivered a child/child is too small	54	4.8
Spousal issues		
Husband away from home	186	16.7
Infrequent sex	49	4.4
Spouse did not like	35	3.1
Method dissatisfaction or health issues		
Health/fertility concerns	110	9.9
Confused about method	57	5.1
Difficult to get pregnant	11	1.0
Was not satisfied using it	5	0.4
Inconvenient to use	4	0.4
Side effects ±	47	4.2
Religion		
Religion	30	2.7
Unavailability		
Not available	5	0.4
Not available nearby	9	0.8
No one at health facility	1	0.1
Other		
Family members did not like	20	1.8
Other than health related §	45	4.0
Total	1114	-

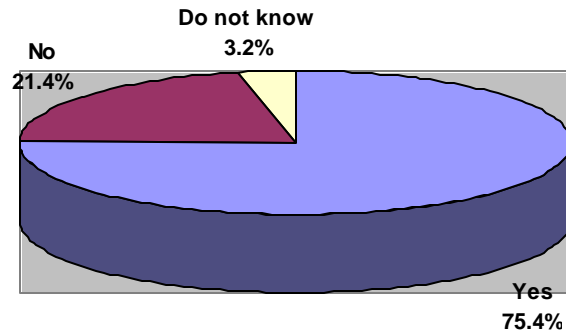
± Side-effects include: excessive bleeding, stomach pain, headache, dizziness, irregular pains, IUD makes pain.

§ Other includes: felt not necessary, not enough money to eat nutritious food, bad health of husband, was not able to conceive, prevented conception by using herbs, no time to go health facility to get method, lack of knowledge of how to use the method, believed self not able to conceive anymore, lack of money, thought breast milk will dry up, too old, no sterilization services available when visiting health facility.

Intention to use FP

Those women (N=1,114) who had heard of family planning but were not using any methods at the time of survey were asked about their intention to use them in the future. More than three-quarters of the women showed their willingness to use FP in the future while 21% did not show their willingness to use them. Three percent of the women were uncertain about it (Figure 5.2).

Figure 5.2 Percent distribution of respondents by intention to use FP methods in future



N= 1114

Table 5.8 shows the data on intention to use family planning methods by the women according to their selected background characteristics. Significantly, a higher proportion of younger and literate women compared to their respective older and illiterate counterparts showed their willingness to use family planning methods in the future. The proportion of women intending to use contraceptives was significantly lower among Muslims than women of other castes. A strong positive relationship between the future use of FP methods and exposure to media was also observed. For instance, about 87% of responding women who had exposure to both the radio and TV compared to only 68% women who did not have exposure to both media showed their willingness to use FP in the future. Likewise, significantly a higher proportion of women with 1-2 living children showed their willingness to use FP than those who have 3 or more than three living children or have no living child.

Table 5.8 Percent distribution of respondents by intention to use FP methods according to their background characteristics

Background characteristics	% Yes	Number
Respondent's age (in years)	*	
15-19	81.4	177
20-24	90.6	309
25-29	87.9	247
30-35	68.9	151
35-39	63.5	96
40-44	30.3	66
45-49	20.6	68
Literacy	*	
Illiterate	70.2	832
Literate	90.8	282
Ethnicity	*	
Brahmin/Chhetri	84.4	211
Tibeto-Burman	72.4	98
Tharu	79.5	156
Dalit	79.4	160
Muslim	44.2	77
Other terai origin	72.2	353
Other	86.4	59
Ownership of radio/TV	*	
None	68.1	545
Radio only	80.4	341
TV only	83.1	83
Both radio and TV	86.9	145
Walking distance to the nearest health facility	*	
Less than 30 minutes	73.2	578
30 minutes or more	79.2	490
Do not know	63.0	46
Number of living children	*	
None	78.6	187
1-2 children	84.7	503
3-4 children	70.7	307
5 children or more	42.7	117
Total	75.4	1144

*Significant at <.05 level

ns= Not significant

Source of supply of FP methods

All the respondents who have heard of any family planning methods irrespective of their current use status were asked about the source of supply of family planning methods. The question asked to the current FP users was: *Where did you obtain (current method) the last time?* This question was slightly rephrased for the non-users as *Where would you go if you want to get FP methods or services?* The results are presented in Table 5.9. The major source of supply of FP methods for the current users was government hospital (37.9%) followed by outreach clinics (12.5%) and subhealth post (10.3%) respectively (Table 5.9, column 2). About 5% each of the respondents have obtained

their current methods from subhealth posts, family planning camp and NGO clinics. Although outreach clinics and FCHVs are the nearest sources of family planning methods for the rural community, only a few respondents reported getting contraceptives from these sources. It is therefore necessary to inform the community that spacing methods are available in the community from these sources as well. Among the respondents who were not currently using any FP method, over one-third (34.8%) mentioned that these methods could be obtained from government hospitals followed by subhealth posts (27.3%) and health posts (11.9%). Again quite a small proportion of the non-users were aware that FP methods could be obtained from outreach clinics and FCHVs.

Table 5.9 Percent distribution of current users by source of supply of FP and non-users by knowledge about source of supply of FP

Supply source of FP methods	Current users	Non users	Total
Government hospital	37.9	34.8	36.3
SHP	10.3	27.3	19.3
Health post	5.2	11.9	8.8
PHC	3.9	5.5	4.7
Outreach clinic	12.5	0.6	6.2
Private hospital/clinic	2.5	3.0	2.7
Mobile clinic	3.9	1.3	2.6
FCHV	2.6	2.5	2.6
NGO clinic	4.7	0.5	2.5
Family planning camp	4.5	0.1	2.2
Pharmacy/chemist	2.8	1.1	1.9
MCHW	1.0	0.8	0.9
Private doctor	0.1	0.1	0.1
Shop	0.2	-	0.1
Other §	2.7	4.3	3.5
Currently using withdrawal or periodic abstinence technique	4.5	-	2.1
Do not know	0.5	6.1	3.5
Total	999	1114	2113

§ Other includes: VHW, not necessary to use, Menopausal, do not want to use FP, husband HW so used in own home, sterilization performed in India, too old.

5.4 Interpersonal communication on family planning

All the respondents who reported having heard of family planning were asked if they ever talked to their husbands about the desired number of children and use of family planning. Nearly 80% of the respondents claimed that they had ever discussed with their husbands about the desired number of children and another 74% ever talked about family planning or contraceptives indicating the existence of good practices of spousal discussions on these issues in the survey areas. Table 5.10 presents differentials on spousal discussions on desired number of children and contraceptive use by the selected characteristics of the respondents. Young and elder women are less likely to discuss these issues with their husbands while women aged between 25-29 are more likely to discuss these issues. A higher proportion of literate women as compared to illiterate ones reported discussing about the desired number of children and contraceptive use with their husbands. The practice of spousal discussions on these issues among the Muslim was significantly low as compared to respondents of other ethnic groups. Ownership of radio/TV was also significantly associated to the spousal discussions on desired number of children and contraceptives use.

Table 5.10 Percent distribution of respondents who discussed with their husbands about desired number of children and FP by selected background characteristics

Background characteristics	About children	About FP use	Number
Respondent's age (in years)	*	*	
15-19	62.8	54.4	215
20-24	81.5	70.1	405
25-29	86.6	82.2	471
30-35	81.0	76.9	364
35-39	83.2	81.8	303
40-44	80.4	78.0	209
45-49	63.7	61.0	146
Literacy	*	*	
Illiterate	77.0	71.1	1572
Literate	86.9	83.2	541
Ethnicity	*	*	
Brahmin/Chhetri	86.9	82.5	383
Tibeto-Burman	84.2	78.6	196
Tharu	84.5	84.3	433
Dalit	78.2	72.0	271
Muslim	54.9	33.0	91
Other terai origin	76.3	69.2	646
Other	66.7	65.6	93
Ownership of radio/TV	*	*	
None	72.5	65.1	935
Radio only	84.4	82.7	681
TV only	81.7	75.3	186
Both radio and TV	88.7	82.3	311
Total	79.6	74.2	2113

*Significant at <.05 level

ns= Not significant

All the respondents who have heard of family planning were again asked if they had discussed FP with any of their friends, neighbors or relatives in the past 6 months from the survey date. Nearly two-fifths (38.1%) of the respondents said that they had discussed family planning with their friends, neighbors or relatives during that period. The majority (81.6%) of the respondents had discussed about it with friends or neighbors followed by 48% with sisters-in-law and 28% with sisters. Discussion on family planning issues between mothers-in-law and daughters-in-law was found to be quite low as only 10% of the respondents reported discussing FP with their mothers-in-law in the past 6 months (Table 5.11).

Table 5.11 Percent distribution of respondents who have discussed FP with any of their friends, neighbors or relatives in the past 6 months

Description	Number	%
Whether discussed FP with any of your friends, neighbors or relatives in the past 6 months		
Yes	804	38.1
No	1305	61.8
Do not know	4	0.2
Total	2113	100.0
With whom did you discuss		
Friends/neighbors	656	81.6
Sister-in-law	383	47.6
Sister	221	27.5
Mother-in-law	83	10.3
Mother	26	3.2
Daughter	13	1.6
Other relatives§	25	3.1
Other (MCHW/health worker)	2	0.2
Total	804	-

§ Other relatives include: husband, father-in-law, daughter-in-law, maternal aunt, aunt.

5.5 Need for family planning

The unmet need for family planning has been grouped into two categories: unmet need for spacing births and unmet need for limiting births. The unmet needs estimated in this survey are based on the following definitions:

The unmet need for spacing is defined as:

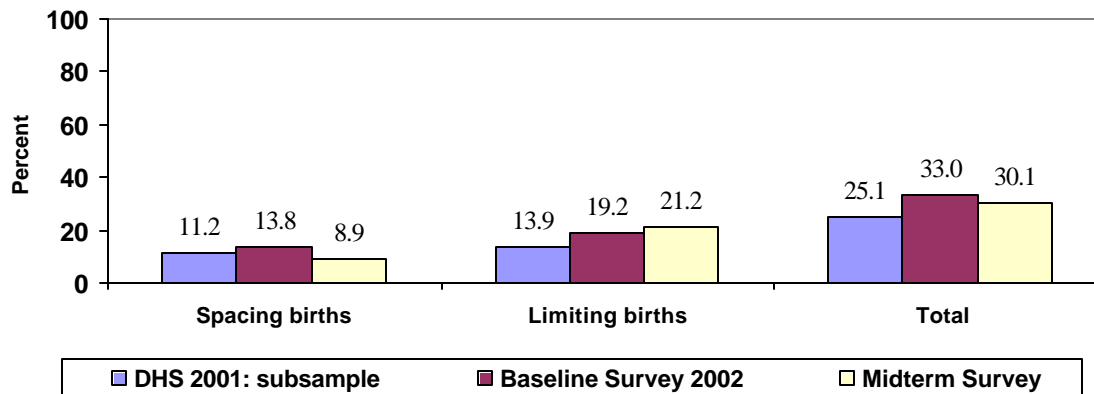
- currently pregnant women whose pregnancy was mistimed,
- fecund women who are not currently pregnant and are not using any FP but say they want to postpone the next birth for two or more years, and
- fecund women who are not using any FP method and say they are unsure whether they want another child or want another child but are unsure when to have the birth.

The unmet need for limiting is defined as:

- currently pregnant women whose pregnancy was unwanted, and
- women who are not pregnant and are not using any method of family planning but want no more children.

Based on the above definitions, the unmet need for family planning in the survey area was estimated at 30.1% (8.9% for spacing and 21.2% for limiting births). This figure is higher by 5 percentage points compared to DHS 2001: sub-sample and lower by 3 percentage points compared to the baseline survey 2002 results (Figure 5.3).

Figure 5.3 Unmet need for family planning



N= 2,933 in DHS rural terai, 2,219 Baseline Survey and 2,144 Mid-term Survey

Table 5.12 further shows data on differentials of unmet need for family planning by the selected characteristics of the responding women. Overall, the unmet need for family planning is higher among women aged 20-29 years. The unmet need for spacing is higher among younger women (<25 years old) while the unmet need for limiting is higher among elder age cohorts (>39 years old). The above information clearly indicates that a higher proportion of younger women are in need of spacing methods while those who belong to older age cohorts are in need of limiting methods. By literacy status, the unmet need is higher for literate women than the illiterate ones, but a higher proportion of literate women are in need of spacing method while a higher proportion of illiterate ones are in need of limiting methods. By ethnicity, unmet need for family planning is lower among Tharus and other terai caste categories of respondents than the respondents of other ethnic groups.

Table 5.12 Unmet need for family planning by selected background characteristics of the respondents

Background characteristics	Need for spacing	Need for limiting	Total	Number
Respondent's age (in years)				
15-19	20.1	2.3	22.4	219
20-24	21.8	15.8	37.6	417
25-29	8.8	25.0	33.8	476
30-35	3.0	23.3	26.3	369
35-39	1.0	22.9	23.9	306
40-44	0.0	27.5	27.5	211
45-49	0.0	34.2	34.2	146
Literacy				
Illiterate	6.9	22.8	29.7	1603
Literate	15.0	16.5	31.5	541
Ethnicity				
Brahmin/Chhetri	11.1	26.9	38.0	386
Tibeto-Burman	8.1	31.5	39.6	197
Tharu	8.5	12.8	21.3	436
Dalit	8.4	20.1	28.5	274
Muslim	7.0	28.0	35.0	100
Other terai origin	9.0	17.6	26.6	658
Other	6.5	35.5	42.0	93
Ownership of radio/TV				
None	8.1	24.1	32.2	960
Radio only	8.8	20.6	29.4	683
TV only	6.9	14.3	21.2	188
Both radio and TV	22.8	17.6	40.4	313
Walking distance to the nearest health facility				
Less than 30 minutes	8.9	19.1	28.0	1144
30 minutes or more	9.1	23.9	33.0	924
Do not know	6.6	18.4	25.0	76
Number of living children				
None	2.4	0.5	2.9	209
1-2 children	20.2	17.7	37.9	810
3-4 children	2.4	25.9	28.3	826
5 children or more	0.7	32.8	33.5	299
Total	8.9	21.2	30.1	2144

*Significant at <.05 level

A higher proportion of women (37.9%) with 1-2 living children are in need of family planning than the women with 3 or more living children. The unmet need for spacing is higher among women with less than 3 living children while the need for family planning to limit births was much higher among women with more than 2 living children.

Chapter 6

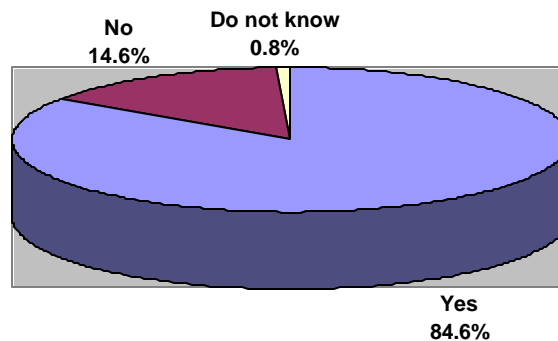
Safe Motherhood

This chapter presents the opinion on and utilization of safe motherhood services by the women included in the survey. The chapter also includes information on the extent and type of care and support received by the respondents during pregnancy, delivery and postnatal period. Respondent's knowledge of danger signs that may appear during pregnancy, delivery and postpartum periods and their experience of the danger signs, if any, is also discussed in this chapter. Likewise, this chapter presents information on the preparations made by the respondents during the period of pregnancy, delivery and postpartum. Information on the extent of interpersonal communication on safe motherhood is also presented in this chapter.

6.1 Opinion on the use of safe motherhood services

The opinion of the respondents regarding the required food intake by a pregnant woman and the need for clinical check ups during pregnancy was sought during the survey. On the question whether a pregnant woman needs about the same amount and kinds of food as when she is not pregnant, an overwhelming majority (84.6%) of the women felt that a pregnant woman needs the same amount and kinds of food as when she is not pregnant. Nearly one in every seven responding women did not think it necessary to have the same amount and kinds of food during pregnancy (Figure 6.1).

Figure 6.1 Percent distribution of respondents by opinion regarding the need of same amount and kinds of food a pregnant woman should take as when she is not pregnant



N=2144

Overall, over 9 in every 10 respondents also thought that it is very important (79.6%) and somewhat important (17.4%) that a pregnant woman should get clinic check ups during her pregnancy. Quite a small proportion of the respondents did not think it necessary to have check ups during pregnancy (Table 6.1). Of the women who thought it is important to have clinic check ups during pregnancy (N=2,079), nearly three-quarters (73.0%) thought the check ups are important for examining the condition of mother and the fetus. Similarly, about 6 in every 10 women thought the check ups are important for confirming the position of the fetus. About 30% each of the women thought the check ups are important in order to ensure safe pregnancy and to have a healthy baby, and for obtaining TT vaccine. The other reasons mentioned by a smaller

proportion of the women were that clinical check ups are important for normal delivery (14.4%) and for obtaining medicine for anemia (12.7%).

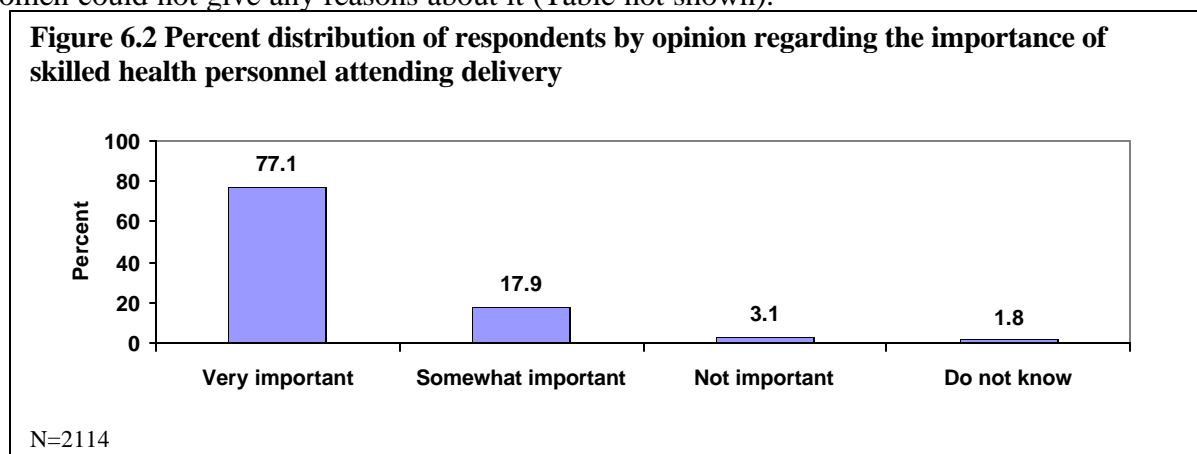
Table 6.1 Percent distribution of the respondents by opinion regarding the importance of taking clinic check ups during pregnancy

Description	Number	%
Opinion regarding importance of getting clinic check ups during pregnancy		
Very important	1706	79.6
Somewhat important	373	17.4
Not important	39	1.8
Do not know	26	1.2
Total	2144	100.0
Reasons for being important for a pregnant woman to get clinical check-ups during her pregnancy		
To examine condition of mother/child	1517	73.0
To confirm position of fetus	1246	59.9
To ensure safe pregnancy/ healthy baby	613	29.5
For TT injection	594	28.6
For normal delivery	300	14.4
To get medicine for anemia	264	12.7
Other§	44	2.1
Do not know	25	1.2
Total	2079	-

§ Other includes: to check weight, to get advice on health matters, to confirm the sex of baby, for normal health, to check blood pressure, to get vitamins, to get iron tablets, to get advice on delivery date.

Respondents' opinion regarding the importance of having an appropriately skilled health worker such as staff nurse, ANM, doctor, etc. for child delivery was also sought during the survey. Overall, more than 9 of every 10 respondents considered it important (77.1% mentioned very important and 17.9% mentioned somewhat important) for having an appropriately trained health worker attending the child delivery. Three percent of the respondents, however, did not think it important (Figure 6.2). Among the reasons given for the need of an trained health worker attending the delivery, 63% thought it is important in case serious problems are encountered, 51% thought it is important for ensuring normal delivery and 44% of the respondents thought the presence of a trained health worker is important to keep the baby safe. Only 27 out of 2,038 women could not give any reasons about it (Table not shown).

Figure 6.2 Percent distribution of respondents by opinion regarding the importance of skilled health personnel attending delivery



Those women (N=2,038) who considered the importance of health workers attending delivery were asked to name a suitable health worker to attend delivery. In response, nearly 4 in every 10 women thought a doctor would be a suitable health worker for attending delivery while about one-third considered nurse/ANM as suitable health worker for attending delivery. Only 12% women thought that TBA is the suitable person for attending delivery. A relatively small percentage of women mentioned other health workers such as MCHW (6.0%), HA/AHW (5.3%) and FCHV (2.8%) as suitable for attending delivery (Table 6.2).

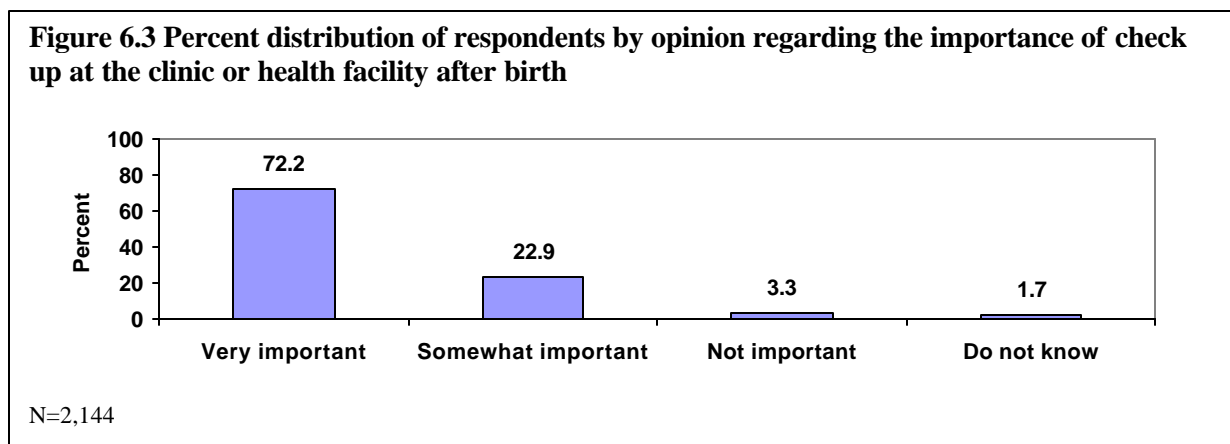
Table 6.2 Percent distribution of the respondents by opinion regarding the suitable health workers for attending the delivery

Opinion regarding the suitable health worker for attending the delivery	Number	%
Doctor	773	37.9
Nurse/ANM	694	34.1
TBA	244	12.0
MCHW	122	6.0
HA/AHW	109	5.3
FCHV	57	2.8
VHW	12	0.6
Other (untrained TBA)	8	0.4
Do not know	19	0.9
Total	2038	100.0

The opinion of the respondents regarding the importance of having check ups at the clinic or health facility after child birth was also collected in the survey. As in the case of ANC and delivery care, over 9 in every 10 respondents thought that it is very important (72.2%) or somewhat important (22.9%) to have a check up at the clinic or a health facility after the birth of a child (Figure 6.3). Only about 3% of the respondents thought it was not important to have the health check up after the birth (Figure 6.3). The main reasons for considering it to be important as mentioned by the respondents were as follows: (Table not shown)

- For good health of mother and child (72.9%)
- To protect child from any kind of illness or infection (54.2%)
- For child immunization (39.2%)
- To measure child's weight (15.9%)
- To get medicines, iron tablets, vitamins, advice on breastfeeding and nutritious food and to get FP methods (1.8%)

Figure 6.3 Percent distribution of respondents by opinion regarding the importance of check up at the clinic or health facility after birth



All the respondents (N=2,144) included in the survey were asked about the things that need to be kept clean during childbirth. In response, the majority of the respondents said that surface (59.0%), blade (57.6%) and thread (35.8%) should be kept clean. Knowledge about keeping the perineum, hands and nails clean was quite low among the women of the survey areas as just over one-fifth each of the women said that perineum and hands should be kept clean and only 6% mentioned that nails should be kept clean. About one-fifth of the respondents also knew that clothes for the newborn should also be kept clean. Nearly 4% of the respondents had no knowledge about the things that need to be kept clean during childbirth (Table 6.3).

Table 6.3 Percent distribution of the respondents by knowledge about the things that need to be kept clean during childbirth

Opinion regarding things that need to be kept clean during childbirth	Number	%
Surface	1264	59.0
Blade	1236	57.6
Thread	767	35.8
Clean hands	491	22.9
Clothes for newborn	506	23.6
Perineum	453	21.1
Clothes	434	20.2
Mother's clothes	310	14.5
Clean nails	125	5.8
Clean water/ clean water to bath newborn baby	82	3.8
Bed/ place being used for the mother and newborn	74	3.5
Own body	38	1.8
Other ±	76	3.5
Nothing needs to be done	1	0.0
Do not know	74	3.5
Total	2144	-

± Other includes: coin for cord cutting, plastic, oil, utensils, gloves, scissor, straw, Khurpa, Hasiya.

6.2 Use of safe motherhood services

Of the 2,144 women included in the survey, 821 had a living child below the 3 years of age. These women were asked questions related to the utilization of safe motherhood services. This section, thus, presents the findings on the extent of utilization of ANC, delivery and postpartum services by these women.

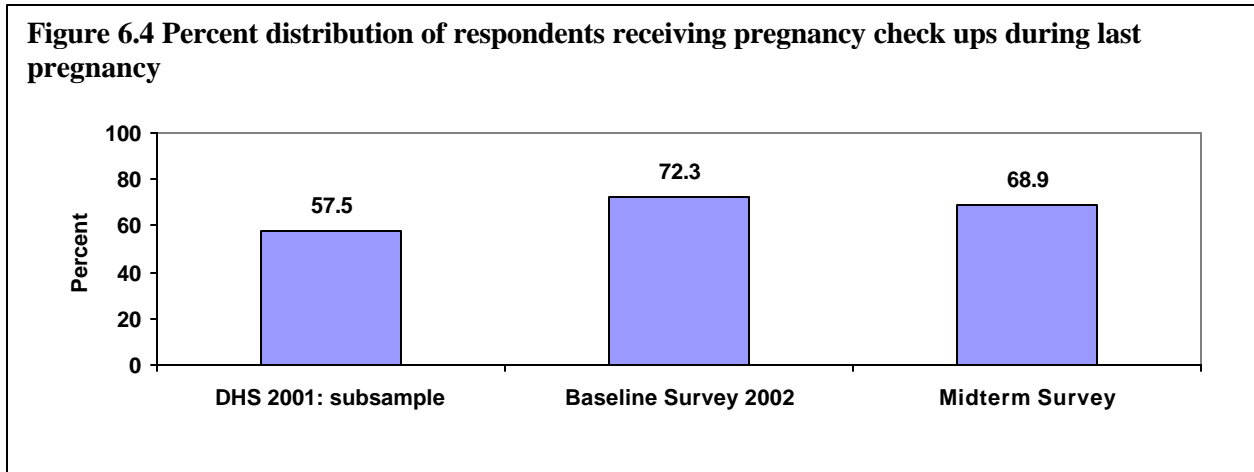
a) Antenatal services

Those women (N=821) who had a child below 3 years of age were asked if they had received pregnancy check ups during their last pregnancy. About 69% (N=566) of the women reported that they received pregnancy check ups during their last pregnancy while 31% of the women did not receive antenatal check ups. The proportion of women receiving antenatal check ups during the present survey was slightly lower (by 3 percentage points) than the Baseline Survey 2002 but substantially higher (by 11 percentage points) than the DHS 2001: sub-sample (Figure 6.4). Those women (N=411) who reported not receiving pregnancy check ups during their last pregnancy were further asked about the reasons for not receiving check ups. The main reasons given by the women were:

- Felt not necessary/ had no health problems (22.7%)
- Lack of knowledge (22.0%)

- Lack of time (20.0%)
- Not available nearby (18.4%)
- Due to shyness (17.6%)

The other reasons mentioned by a few women were: family members did not allow, costs too much, husband did not allow and not customary. Thus, the overall results indicate the need of making more efforts by the program to encourage women in the survey areas for the full utilization of pregnancy check up services (including taking prescribed doses of TT vaccine).



The utilization of pregnancy check up services is further analyzed on the basis of the selected background characteristics of the responding women. The results show that younger women are significantly more likely to utilize this service than the women in the higher age groups (Table 6.4). A strong relationship was also observed between the literacy status and the service utilization as 85% of the literate women compared to only 63% of the illiterate women reported receiving pregnancy check ups during their last pregnancy. By ethnicity, Muslims are less likely to receive pregnancy check ups while Brahmins are more likely to get the services. Similarly, women who have radio or TV and residing within a distance of less than 30 minutes from the health facility are more likely to get services than their respective counterparts.

Table 6.4 Percent distribution of respondents receiving pregnancy check ups during last pregnancy by selected background characteristics

Background characteristics	Yes	No	Number
Respondent's age (in years) *			
15-19	82.0	18.0	89
20-24	72.0	28.0	293
25-29	69.8	30.2	242
30-35	58.2	41.8	122
35-39	58.8	41.2	51
40-44	52.9	47.1	17
45-49	42.9	57.1	7
Literacy *			
Illiterate	62.7	37.3	590
Literate	84.8	15.2	231
Ethnicity *			
Brahmin/Chhetri	81.3	18.7	155
Tibeto-Burman	60.7	39.3	56
Tharu	67.9	32.1	159
Dalit	77.5	22.5	111
Muslim	44.0	56.0	50
Other terai origin	72.3	27.7	242
Other	31.3	68.8	48
Ownership of radio/TV *			
None	57.6	42.4	382
Radio only	74.5	25.5	259
TV only	76.7	23.3	60
Both radio and TV	89.2	10.8	120
Walking distance to the nearest health facility*			
Less than 30 minutes	73.0	27.0	415
30 minutes or more	65.8	34.2	383
Do not know	47.8	52.2	23
Total	68.9	31.1	821

**Significant at <.05 level*

Those women (N=566) who reported receiving pregnancy check ups during their last pregnancy were further asked about the persons they consulted or visited to get the services. Data presented in Table 6.5 reveals that about 38% had visited a nurse/ANM followed by 35% to MCHW and 22% to doctor. Similarly, 21% had visited HA/AHW for pregnancy check ups. Quite a small proportion of the women reported visiting FCHV (6.0%), VHW (3.2%) or TBA (0.5) for these check ups (Table 6.5).

Table 6.5 Percent distribution of respondents by persons consulting or visiting for pregnancy check ups during last pregnancy

Persons consulted or visited for pregnancy check-ups during last pregnancy	Number	%
Nurse/ANM	217	38.3
MCHW	196	34.6
Doctor	124	21.9
HA/AHW	116	20.5
FCHV	34	6.0
VHW	18	3.2
TBA	3	0.5
Other	1	0.2
Total	566	-

Those women who did not mention spontaneously that they visited FCHVs for consultation during their last pregnancy were further probed if they had consulted the FCHVs or not. In response, 199 women or 35% said they consulted FCHVs. In total, 233 (41.2%) out of 566 women who reported receiving pregnancy check ups had consulted FCHVs during their last pregnancy (Figure 6.5).

Figure 6.5 Percent distribution of respondents reported visiting FCHVs for consultation during their last pregnancy

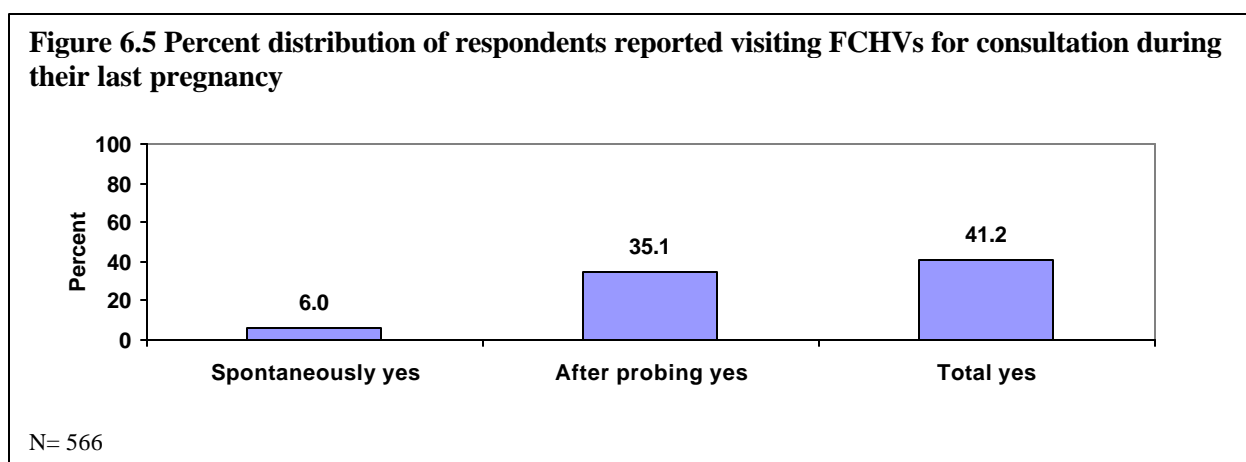


Table 6.6 further shows differentials on utilization of FCHVs services during pregnancy according to the selected background characteristics of the responding women. No significant difference was observed on the utilization of pregnancy check ups from the FCHVs with respect to women's age, literacy status, number of children ever born and distance to the health facility. However, there was an association on the use of pregnancy check ups from FCHVs with women's ethnicity and their ownership of radio/TV. Tharu and *dalit* women are more likely to get pregnancy services from FCHVs as compared to the respondents of other ethnic groups. Muslim women are significantly less likely to get services from the FCHVs indicating the need of motivating this group of women to consult with FCHVs during pregnancy. Women having *radio only* are more likely to consult with FCHVs while those who own both radio and TV are less likely to get services from them.

Table 6.6 Percent distribution of respondents consulting FCHVs for pregnancy check ups by selected background characteristics

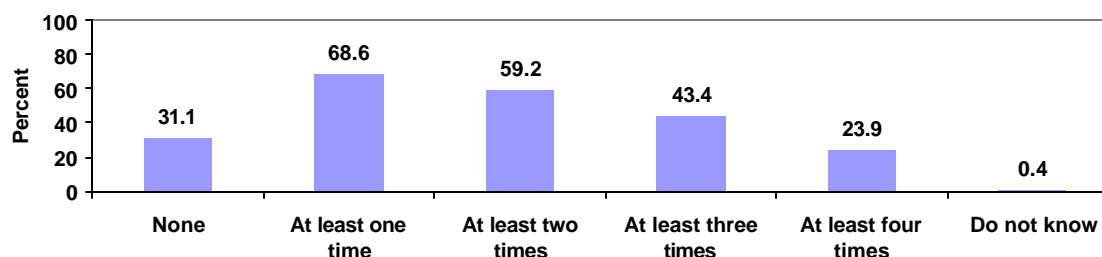
Background characteristics	Percent	Number
Respondent's age (in years)	ns	
15-19	50.7	73
20-24	39.3	211
25-29	40.8	169
30-35	47.9	71
35-39	23.3	30
40-44	22.2	9
45-49	33.3	3
Literacy	ns	
Illiterate	41.9	370
Literate	39.8	196
Ethnicity	*	
Brahmin/Chhetri	35.7	126
Tibeto-Burman	38.2	34
Tharu	50.9	108
Dalit	45.3	86
Muslim	13.6	22
Other terai origin	39.4	175
Other	60.0	15
Ownership of radio/TV	*	
None	43.2	220
Radio only	47.2	193
TV only	34.8	46
Both radio and TV	29.0	107
Walking distance to the nearest health facility	ns	
Less than 30 minutes	39.3	303
30 minutes or more	42.9	252
Do not know	54.5	11
Number of living children	ns	
1-2 children	39.4	353
3-4 children	42.6	169
5 children or more	50.0	44
Total	41.2	566

*Significant at <.05 level

ns= Not significant

A woman should make at least four antenatal visits during her pregnancy. All the women who reported having a living child below three years of age were asked about the number of times they received pregnancy check ups during their last pregnancy. Data presented in Figure 6.6 shows that only about 24% of the women had received 4 or more check ups during their last pregnancy. More than two-thirds (68.6%) had received pregnancy check ups at least one time, 59.2% at least two times and 43% had received at least three times.

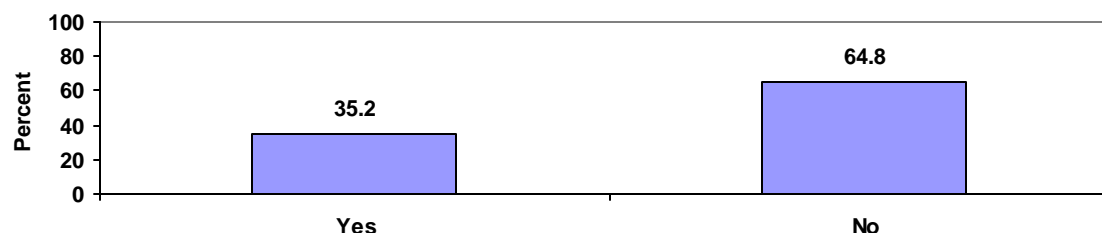
Figure 6.6 Percent distribution of respondents by number of times receiving pregnancy check ups during their last pregnancy



N= 821

Those women (N=566) who reported receiving pregnancy check ups during their last pregnancy were further asked if they were accompanied by their husbands during these check ups. The survey results show that only 35% of the women were accompanied by their husbands during pregnancy check ups (Figure 6.7).

Figure 6.7 Percent distribution of respondents who were accompanied by their husbands during pregnancy check ups



N=566

Of the 821 women who had a child below 3 years of age, 81% reported that they received tetanus toxoid (TT) injections during their last pregnancy, which is higher than the Baseline Survey 2002 figure 69.8% and DHS 2001: sub-sample figure (66.7%). About 8% of the women had received one dose, 40% had received 2 doses and 34% had received 3 or more doses of TT vaccines. Table 6.7 presents data on utilization of TT vaccines by the women according to their selected background characteristics. Younger and literate women are significantly more likely to receive TT vaccines than their respective counterparts, elder and illiterate women. Ethnicity wise data reveal that women belonging to Brahmin or Chhetri and Dalit are significantly more likely to receive TT vaccines while those belonging to Tibeto-Burman and Muslim castes are less likely to receive it. Positive relationship on the utilization of TT vaccines and ownership of radio/TV was also observed. Access to health facility was also found to be significantly associated with the utilization of the TT vaccines by the women. Likewise, a higher proportion of women with low parity than those of high parity were reported to be taking TT vaccines during their last pregnancy.

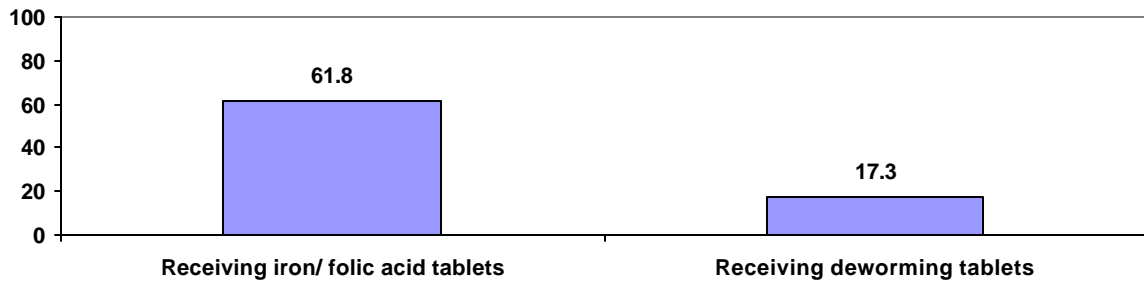
Table 6.7 Percent distribution of the respondents by utilization of tetanus toxoid injection during last pregnancy by selected background characteristics

Background characteristics	None	One dose	Two dose	Three or more dose	Number
Respondent's age (in years) *					
15-19	5.6	6.7	49.4	38.2	89
20-24	17.1	5.5	45.1	32.4	293
25-29	17.8	9.5	37.2	35.5	242
30-35	26.2	12.3	32.0	29.5	122
35-39	27.5	11.8	27.5	33.3	51
40-44	35.3	-	17.6	47.1	17
45-49	57.1	-	28.6	14.3	7
Literacy *					
Illiterate	20.8	9.0	34.1	36.1	590
Literate	13.4	5.6	53.2	27.7	231
Ethnicity *					
Brahmin/Chhetri	11.0	9.0	47.7	32.3	155
Tibeto-Burman	44.6	8.9	35.7	10.7	56
Tharu	22.0	10.1	41.5	26.4	159
Dalit	16.2	9.9	32.4	41.4	111
Muslim	32.0	8.0	26.0	34.0	50
Other terai origin	7.0	5.8	43.8	43.4	242
Other	54.2	4.2	18.8	22.9	48
Ownership of radio/TV *					
None	24.1	9.4	35.3	31.2	382
Radio only	18.5	6.2	38.2	37.1	259
TV only	16.7	8.3	33.3	41.7	60
Both radio and TV	3.3	7.5	58.3	30.8	120
Walking distance to the nearest health facility *					
Less than 30 minutes	11.3	7.7	47.5	33.5	415
30 minutes or more	26.4	8.6	31.3	33.7	383
Do not know	26.1	4.3	30.4	39.1	23
Number of living children*					
1-2 children	13.5	8.6	42.8	35.1	467
3-4 children	21.2	6.3	39.0	33.5	269
5 children or more	40.0	10.6	22.4	27.1	85
Total	18.9	7.9	39.5	33.7	821

*Significant at <.05 level

Similarly, of the 821 women who had a child less than 3 years of age, about 62% had received iron/folic acid tablets during their last pregnancy while only 17% had received deworming tablets (Figure 6.8). On an average, they had taken 77 iron/folic acid tablets during their last pregnancy with the standard deviation of 57 (Table not shown). In the Baseline Survey 2002 and the DHS 2001: sub-sample, the proportion of women receiving iron/folic tablets was 38.6% and 25.9% respectively.

Figure 6.8 Percent distribution of respondents taking iron/folic acid and deworming tablets during their last pregnancy



N=821

Table 6.8 further shows differentials on the use of iron/folic acid by the women during their last pregnancy according to their selected background characteristics. A strong association on the use of iron/folic acid and age of women was observed as significantly a higher proportion of women of younger age than those of older age reported receiving these tablets during their last pregnancy. A higher proportion of literate women and those belonging to Brahmin/Chhetri castes compared to their illiterate counterparts and women of other castes had received iron/folic tablets. Similarly, women who own a radio/TV and residing within a distance of less than half an hour from the health facility are significantly more likely to receive iron/folic acid tablets during pregnancy. Likewise, a significantly higher proportion of women with low parity reported taking these tablets than those of high parity.

Table 6.8 Percent distribution of respondents who received iron/folic acid tablets during last pregnancy by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	79.8	89
20-24	61.4	293
25-29	62.8	242
30-35	54.1	122
35-39	52.9	51
40-44	47.1	17
45-49	42.9	7
Literacy	*	
Illiterate	57.5	590
Literate	72.7	231
Ethnicity	*	
Brahmin/Chhetri	74.2	155
Tibeto-Burman	53.6	56
Tharu	57.2	159
Dalit	67.6	111
Muslim	32.0	50
Other terai origin	68.2	242
Other	31.3	48
Ownership of radio/TV	*	
None	52.1	382
Radio only	64.5	259
TV only	71.7	60
Both radio and TV	81.7	120
Walking distance to the nearest health facility	*	
Less than 30 minutes	68.4	415
30 minutes or more	55.1	383
Do not know	52.2	23
Number of living children	*	
1-2 children	66.2	467
3-4 children	58.7	269
5 children or more	47.1	85
Total (%)	61.8	821

*Significant at <.05 level

Those women (N=507) who reported receiving iron/folic acid tablets were also asked the places from where they obtained these tablets. More than three in every 10 women obtained them from a subhealth post followed by 26% from FCHVs and 13% from health post. About one in every 10 had also obtained these tablets from hospital (Table 6.9).

Table 6.9 Percent distribution of the respondents by source of supply of iron/folic acid tablets

Source of supply of iron/folic acid tablets	Number	%
Subhealth post	154	30.4
FCHV	132	26.0
Health post	66	13.0
Hospital	55	10.8
Mobile clinic	32	6.3
PHCC	25	4.9
Private clinic/nursing home	25	4.9
Pharmacy	9	1.8
Other§	9	1.8
Total	507	100.0

§ Other includes: health worker/ volunteer of UNICEF DACAW program/ NGO clinic/ India/ MCHW.

b) Delivery services

Question related to delivery practices at the time of delivery of the women's youngest child who was below 3 years of age at the time of survey was also included in the survey. Of the 821 women, 84% had delivered their last child at home while only 15% had delivered their child at the health facility such as hospital (11.0%), private clinic/nursing home (1.7%) and rural based health facilities like HP/SHP or PHCC (1.5%) (Table not shown). The DHS 2001: sub-sample data shows that only 9.7% of the deliveries took place at a health facility (7.2% at government sector, 1.7% at private sector and 0.8% at NGO). In the Baseline Survey 2002 also, about 85% of the women had reported delivering their last child at home. Table 6.10 further shows differentials on place of delivery of the last child among the women included in the survey. A higher proportion of younger women compared with the elder ones had delivered their last child at a health facility; however, the observed difference is not statistically significant. The proportion of literate women delivering their last child was significantly higher compared to their illiterate counterparts. Women belonging to Brahmin or Chhetri castes are significantly more likely to deliver their child at a health facility while those belonging to *Dalit* or Muslim castes are significantly less likely to deliver their babies at a health facility. Strong association between the use of health facility for delivery and exposure to media was also observed as more than one-third of the women who had exposure to both radio and TV compared to only 10% women who had no exposure to media reported delivering their last child at a health facility. Likewise, a significantly higher proportion (19.3%) of women having 1-2 living children compared to only 10% with 3-4 living children and 6% with 5 children or more reported delivering their youngest child at the health facility.

Table 6.10 Percent distribution of respondents by place of delivery of their youngest child by selected background characteristics

Background characteristics	Health facility	Home or other	N
Respondent's age (in years) ns			
15-19	20.2	79.8	89
20-24	16.4	83.6	293
25-29	13.6	86.4	242
30-35	13.1	86.9	122
35-39	9.8	90.2	51
40-44	5.9	94.1	17
45-49	-	100.0	7
Literacy *			
Illiterate	8.8	91.2	590
Literate	29.9	70.1	231
Ethnicity *			
Brahmin/Chhetri	25.2	74.8	155
Tibeto-Burman	14.3	85.7	56
Tharu	15.1	84.9	159
Dalit	6.3	93.7	111
Muslim	10.0	90.0	50
Other terai origin	13.6	86.4	242
Other	10.4	89.6	48
Ownership of radio/TV *			
None	9.7	90.3	382
Radio only	12.4	87.6	259
TV only	16.7	83.3	60
Both radio and TV	35.0	65.0	120
Walking distance to the nearest health facility ns			
Less than 30 minutes	15.2	84.8	415
30 minutes or more	14.4	85.6	383
Do not know	13.0	87.0	23
Number of living children*			
None	-	-	-
1-2 children	19.3	80.7	467
3-4 children	9.7	90.3	269
5 children or more	5.9	94.1	85
Total	14.7	85.3	821

*Significant at <.05 level

Those 821 women whose youngest child was below 3 years were also asked about the person who assisted with the delivery of their last child. Overall, a quarter (25.0%) of the deliveries were reported to be assisted by health personnel such as doctor, nurse or ANM, HA or AHW, MCHW and VHW. This figure is quite high compared to the DHS 2001: sub-sample results as only 13.2% of the deliveries were reported to be assisted by health personnel (Table 6.11). Nineteen percent of the deliveries were assisted by TBAs and 2% by FCHVs. More than half (52.4%) of the women said they were assisted by family members. Data presented in Table 6.11 reveal that younger and literate women are more likely to receive assistance from health personnel during delivery than their respective counterparts elder and illiterate women. Dalit and Tharu women are less likely to receive assistance from health personnel than the women of other

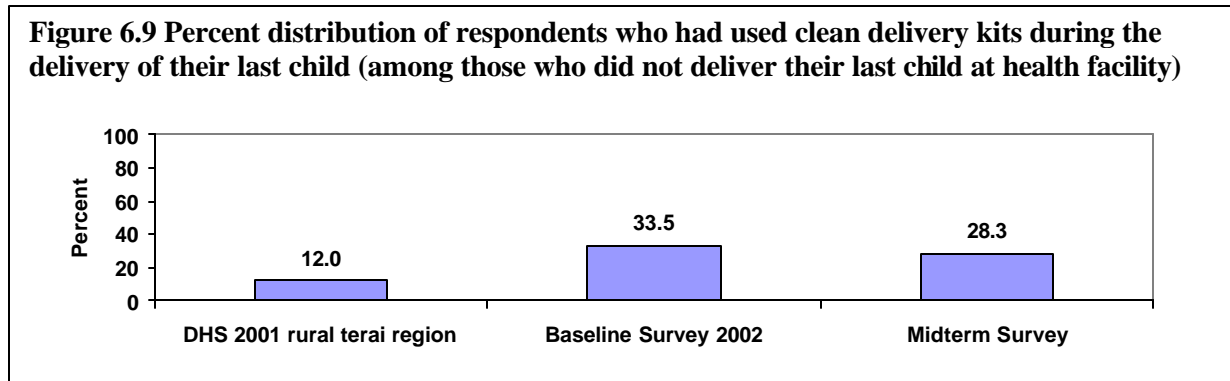
castes. Positive association was also observed between the exposure to the media and seeking assistance from the health personnel during delivery. Strong relationship between seeking assistance from health personnel during delivery and distance to the health facility was also observed as a higher proportion of the women residing within a distance of less than half an hour as compared to those living farther from half an hour reported receiving assistance from the health personnel during delivery of their last child.

Table 6.11 Percent distribution of respondents by persons assisting during delivery of the youngest child by selected background characteristics

Background characteristics	Doctor	Nurse/ ANM	HA/ AHW	MCHW	VHW	FCHV	TBA	Family members and other	None	Total
Respondent's age (in years) *										
15-19	12.4	5.6	9.0	4.5	-	2.2	18.0	48.3	-	89
20-24	10.6	8.2	6.5	3.8	0.7	1.4	15.7	52.9	0.3	293
25-29	6.2	7.4	6.6	2.1	-	1.2	23.1	50.4	2.9	242
30-35	7.4	4.9	5.7	1.6	-	1.6	22.1	54.9	1.6	122
35-39	5.9	5.9	2.0	-	-	2.0	21.6	56.9	5.9	51
40-44	5.9	-	-	5.9	5.9	5.9	5.9	70.6	-	17
45-49	-	-	14.3	28.6	-	-	28.6	28.6	-	7
Literacy *										
Illiterate	4.6	4.4	6.3	2.0	0.3	2.0	22.9	55.9	1.5	590
Literate	18.6	13.0	6.5	5.6	0.4	0.4	10.4	43.3	1.7	231
Ethnicity *										
Brahmin/Chhetri	5.5	11.0	0.6	4.5	-	2.6	9.7	52.9	3.2	155
Tibeto-Burman	10.7	14.3	5.4	1.8	1.8	-	7.1	53.6	5.4	56
Tharu	8.2	6.3	5.0	3.8	-	2.5	24.5	49.7	-	159
Dalit	2.7	3.6	11.7	2.7	0.9	-	20.7	56.8	0.9	111
Muslim	6.0	4.0	-	-	2.0	-	18.0	70.0	-	50
Other terai origin	7.9	5.4	10.7	2.9	-	1.7	27.3	43.4	0.8	242
Other	4.2	4.2	2.1	2.1	-	2.1	6.3	75.0	4.2	48
Ownership of radio/TV *										
None	4.7	5.5	6.8	2.4	0.3	2.8	19.9	56.0	2.4	382
Radio only	6.6	6.9	5.4	3.5	0.4	1.9	17.8	56.4	1.2	259
TV only	8.3	5.0	6.7	1.7	-	-	28.3	50.0	-	60
Both radio and TV	25.0	11.7	6.7	5.0	0.8	-	16.7	33.3	0.8	120
Walking distance to the nearest health facility *										
Less than 30 minutes	8.2	7.5	8.0	3.6	0.2	1.2	21.0	49.9	0.5	415
30 minutes or more	8.9	6.5	4.4	1.8	0.5	1.6	17.5	55.9	2.9	383
Do not know	8.7	-	8.7	13.0	-	8.7	21.7	39.1	-	23
Number of living children *										
1-2 children	12.0	7.9	7.9	4.3	0.4	1.5	17.6	47.8	0.6	467
3-4 children	4.1	5.9	5.2	0.7	-	1.5	23.4	56.9	2.2	269
5 children or more	3.5	3.5	1.2	3.5	1.2	2.4	16.5	63.5	4.7	85
Total (present survey)	8.5	6.8	6.3	3.0	0.4	1.6	19.4	52.4	1.6	821
DHS 2001:sub-sample	7.2	3.2	2.2	0.3	0.3	-	37.7	43.9	5.3	2,406

*Significant at <.05 level

Those women who did not deliver their last child at the health facility were further asked by the field workers by showing a packet of *clean delivery kits* as to whether clean delivery kits were used during the delivery. The survey results show that about 28% of the women had used such kits during the delivery of their last child (Figure 6.9). This figure is slightly lower than the Baseline Survey 2002 results of 33.5% but significantly higher as compared with the findings of DHS 2001 in rural terai region (12.0%). These findings indicate the need for promoting child delivery at a health facility. Further, even if the woman, her husband or the family members prefer the child delivery to take place at home, they should be educated on the importance of the presence of an skilled birth attendant and the use of clean delivery kits while delivering the child.



Differentials on the use of clean delivery kits during the delivery of the last child by selected background characteristics of the responding women is given in Table 6.12. By age, a significantly higher proportion of younger women compared with the elder ones had used clean delivery kits during the delivery of their last child. A higher proportion of women who are literate, owning both radio and TV, living near the health facility and have low parity reported using clean delivery kits as compared to their respective counterparts. No significant difference was observed on the use of clean delivery kits in terms of the ethnicity of the respondents.

Table 6.12 Percent distribution of respondents who used clean delivery kits during the delivery of the last child by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	45.1	71
20-24	29.4	245
25-29	25.4	209
30-35	23.6	106
35-39	23.9	46
40-44	18.8	16
45-49	28.6	7
Literacy	*	
Illiterate	24.3	538
Literate	41.4	162
Ethnicity	ns	
Brahmin/Chhetri	25.0	116
Tibeto-Burman	29.2	48
Tharu	32.6	135
Dalit	26.0	104
Muslim	20.0	45
Other terai origin	33.5	209
Other	11.6	43
Ownership of radio/TV	*	
None	20.6	345
Radio only	34.4	227
TV only	26.0	50
Both radio and TV	46.2	78
Walking distance to the nearest health facility	*	
Less than 30 minutes	33.0	352
30 minutes or more	22.6	328
Do not know	40.0	20
Number of living children	*	
1-2 children	32.4	377
3-4 children	24.3	243
5 children or more	21.3	80
Total (%)	28.3	700

*Significant at <.05 level

ns= Not significant

c) Postpartum services

Of the 821 women who had given birth in the last three years, about 41% (N=340) were checked on their health by a TBA or a health worker after their youngest child was born while 59% (N=481) had not received any health check up after delivery (Table 6.13). Data presented in Table 6.13 reveals that almost all the women (96.7%) who delivered their child at a health facility were checked up by a health worker while, this figure was only 32% for those women who did not deliver their child at health facility.

Table 6.13 Percent distribution of the respondents by utilization of check up services after delivery

Place of delivery	HW or TBA check on your health after delivery		Number
	Yes	No	
Delivered at health facility	96.7	3.3	121
Not delivered at health facility	31.9	68.1	700
Total	41.4	58.6	821

Among the women who had check ups after the child was born (N=340), the highest percentage (25.0%) were examined by the TBAs followed by nurses or ANMs (21.8%), doctors (19.7%) and HAs or AHWs (19.1%). Some women (<10%) were examined by other health personnel like MCHWs, VHWs, and FCHVs (Table 6.14). Of the women who received check up services from TBAs or health workers (N=340), over 91% said they received the services the same day and another 9% received it within a month after the childbirth (Table not shown).

Table 6.14 Percent distribution of the respondents reporting the persons who checked on their health after their delivery

Persons who checked on your health at that time	Number	%
Doctor	67	19.7
Nurse/ANM	74	21.8
HA/AHW	65	19.1
MCHW	25	7.4
VHW	5	1.5
FCHV	16	4.7
TBA	85	25.0
Other (compounder)	3	0.9
Total	340	100.0

Those women (N=821) who had living child below three years of age were asked about number of days they took iron or folic tablets after the birth of their youngest child. The interviewers asked this question to the respondents by showing a packet of iron tablets. Over three quarters (76.0%) of the women said they did not take such tablets. About 8% of the women said they took these tablets for less than 30 days, 13% took them for 30-59 days and another 3% took them for more than two months period (Table 6.15).

Table 6.15 Percent distribution of the respondents by number of days they took iron or folic tablets after the delivery of their last child

Number of days taken iron or folic tablets after delivery of the youngest child	Number	%
Not taken at all	624	76.0
<30 days	62	7.6
30-59 days	109	13.3
60-90 days	21	2.6
Do not know	5	0.6
Total	821	100.0

By showing a packet of vitamin A capsules, all the responding women were asked how many capsules they consumed in the first 45 days after the delivery of their last child. In response, only

about 36% women had received vitamin A capsules in the first 45 days after delivery of their youngest child (Table 6.16). A slightly higher proportion of women who were assisted by MCHWs and FCHVs had received vitamin A capsules than those who were assisted by health workers, family members and others; however, the observed difference is not statistically significant. Similarly, a higher proportion of women who delivered their child at a health facility compared to those who delivered at homes or other places reported receiving vitamin A capsules, however, the difference is not statistically significant. In this context, therefore, the program needs to put more effort in motivating pregnant women/mothers to have recommended doses of Vitamin A capsules.

Table 6.16 Percent distribution of respondents who received iron tablets and vitamin A capsules after delivery of their youngest child by selected background characteristics

Background characteristics	Yes	No	Number
Person assisting during delivery ns			
Doctor	41.4	58.6	70
Nurse/ANM	37.5	62.5	56
HA/AHW	36.5	63.5	52
MCHW	56.0	44.0	25
VHW	-	100.0	3
FCHV	46.2	53.8	13
TBA	40.3	59.7	159
Family members/other	31.6	68.4	430
No one	23.1	76.9	13
Place of birth of the last child ns			
At health facility	42.1	57.9	121
Home or other place	34.4	65.6	700
Total	35.6	64.4	821

ns= Not significant

Table 6.17 further shows data on use of iron tablets and vitamin A capsules by the women after the delivery of their youngest child according to their selected background characteristics. The proportion of women who had received iron folic tablets and Vitamin A capsules was higher among younger cohorts, however the observed difference was statistically significant in case of utilization of Vitamin A capsules. Literate women are significantly more likely to use iron tablets and vitamin A capsules than the illiterate ones. By ethnicity, Brahmin and Chhetri are more likely to use them while Dalits and Muslims are significantly less likely to use iron folic and vitamin A capsules. A higher proportion of women who had exposure to media reported to be using both iron folic tablets and Vitamin A capsules compared to those who had no exposure to media. Women residing at less than 30 minutes distance from the health facility are more likely to use them but the observed difference was found to be statistically significant only for the use of iron folic tablets.

Table 6.17 Percent distribution of respondents who received iron tablets and vitamin A capsules after delivery of their youngest child by selected background characteristics

Background characteristics	Iron folic tablets	Vitamin A capsules	Number
Respondent's age (in years)	ns	*	
15-19	27.0	46.1	89
20-24	24.6	37.9	293
25-29	23.1	33.9	242
30-35	23.0	36.9	122
35-39	17.6	19.6	51
40-44	11.8	11.8	17
45-49	14.3	14.3	7
Literacy	*	*	
Illiterate	20.8	29.2	590
Literate	29.9	51.9	231
Ethnicity	*	*	
Brahmin/Chhetri	29.7	45.2	155
Tibeto-Burman	21.4	32.1	56
Tharu	25.8	48.4	159
Dalit	9.9	25.2	111
Muslim	10.0	8.0	50
Other terai origin	27.3	36.0	242
Other	22.9	16.7	48
Ownership of radio/TV	*	*	
None	19.4	25.7	382
Radio only	23.2	43.2	259
TV only	31.7	40.0	60
Both radio and TV	32.5	48.3	120
Walking distance to the nearest health facility	*	ns	
Less than 30 minutes	27.7	37.1	415
30 minutes or more	19.1	33.7	383
Do not know	17.4	39.1	23
Number of living children	ns	ns	
1-2 children	23.8	38.1	467
3-4 children	25.3	34.2	269
5 children or more	15.3	25.9	85
Total	23.4	35.6	821

*Significant at <.05 level

6.3 Care and support during pregnancy, delivery and postpartum periods

a) Care and support during pregnancy

Information regarding the care and support that the women received from their family members during their last pregnancy was also collected among the responding women whose youngest child was below 3 years of age. In terms of food intake, the majority of the women reported eating less than or equal to the usual amount of food. For example, 38% of the women reported eating less than the usual amount of food while a slightly higher percentage (43.4%) of women reported eating about the same amount of food during their last pregnancy (Table 6.18). This

finding calls for educating pregnant women, their husbands and family members on the importance of giving a balanced diet to women during pregnancy for the health of both the expectant mothers and the unborn baby.

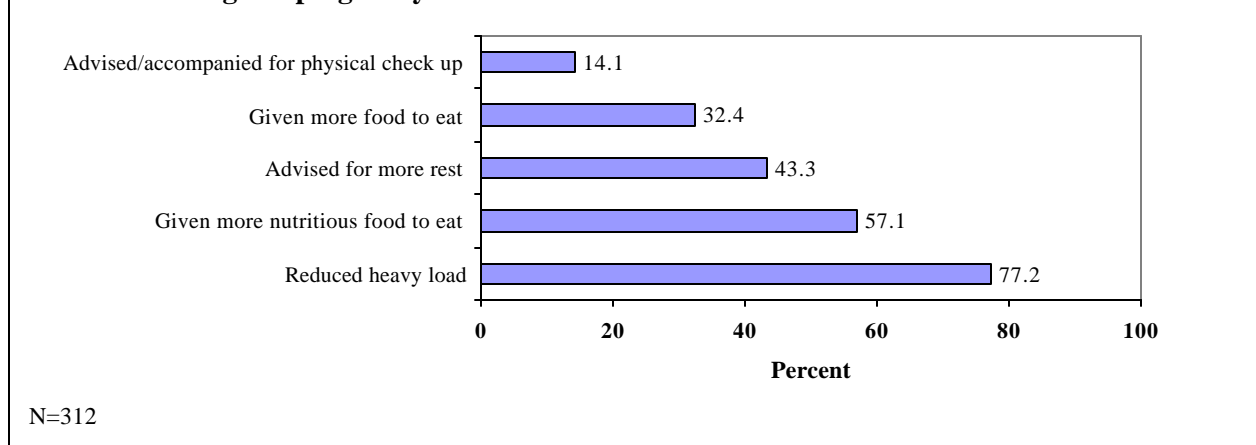
Table 6.18 Percent distribution of the respondents by volume of food intake and extent of support received from family members during last pregnancy

Description	Number	%
Amount of food eaten during last pregnancy		
Less than as usual	312	38.0
About the same	356	43.4
More than as usual	153	18.6
Total	821	100.0
Care/support received from family members during last pregnancy		
Less than as usual	32	3.9
About the same	476	58.0
More than as usual	312	38.0
Do not know	1	0.1
Total	821	100.0

Similarly, on the question of receiving care support from the family members during last pregnancy, only a small proportion of women reported of receiving less care and support than usual. The majority of the women reported receiving about the usual level (58.0%) or more than usual level (38.0%) of care and support from the family members during pregnancy (Table 6.18).

Those women (N=312) who reported receiving more support than usual during their last pregnancy were again asked to mention the type of care or support they received from their family members. The majority (77.2%) of the women said they were asked to reduce the heavy workload they usually carry in course of performing their household chores. Over half (57.1%) of the women were given more nutritious food and another 43% were advised to take more rest (Figure 6.10).

Figure 6.10 Percent distribution of respondents by type of care or support received from family members during last pregnancy



The responding women were also asked about the persons from whom they received care or support during their last pregnancy. Table 6.19 shows that husbands were the main person who provided care or support to them during pregnancy. For instance, nearly three-quarters (73.7%)

of the women said that they received care or support from their husbands. More than half of the women also stated that they received support from their mothers-in-law and another quarter (27.9%) received care from their sisters-in-law. The practice of getting support from fathers-in-law during pregnancy was quite low as only 13% of the women said they received care or support from their fathers-in-law.

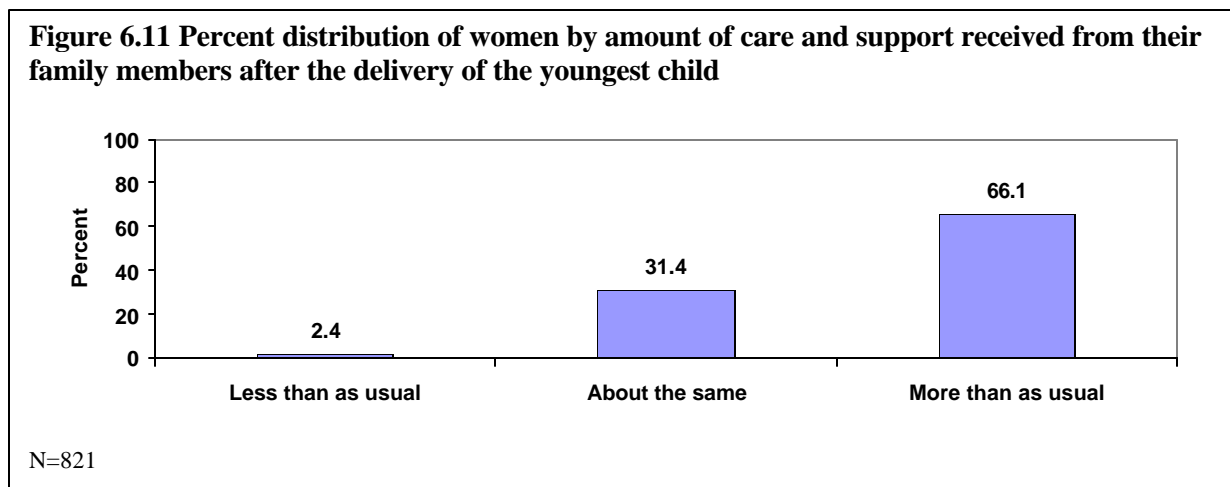
Table 6.19 Percent distribution of the respondents by the persons from whom they received care or support during last pregnancy

Persons provided care or supports	Number	%
Husband	230	73.7
Mother-in-law	167	53.5
Sister-in-law	87	27.9
Father-in-law	40	12.8
Mother/father	23	7.4
Daughter	6	1.9
Son	4	1.3
Other relatives (brother-in-law/ niece/ sister)	17	5.4
Friend/neighbor	1	0.3
Total	312	-

b) Care and support during delivery

As was the case with pregnancy, the women (N=821) were also asked about the care and support they received after the delivery of their last child who was below 3 years of age. Data presented in Figure 6.11 shows that of the total (N=821), two-thirds (66.1%) of the women reported to have received more care and support than usual after the delivery of the last child. Nearly one-third of the women (31.4%) reported receiving the usual amount of care and support while about 2% of the respondents reported of receiving less care and support than usual.

Figure 6.11 Percent distribution of women by amount of care and support received from their family members after the delivery of the youngest child



Those women (N=543) who reported receiving more care and support than usual were further asked about the type of support they received from their family members. About three-quarters each of the women reported that they were given more nutritious food to eat (76.6%) and the heavy work load was reduced (74.4%) after the delivery of the last child. Similarly, about 60% each of the women also said that they were advised to take more rest and given more food to eat. The care and support received after delivery was similar to the care and support received during

pregnancy. Quite a small proportion of the women, however, received advice from family members to get check ups or were accompanied during check ups (Table 6.20).

Table 6.20 Percent distribution of the respondents by type of care and support received from family members after the delivery of the youngest child

Description	Number	%
Types of care/support received from family members		
Given more nutritious food to eat	416	76.6
Reduced heavy load	404	74.4
Advised for more rest	333	61.3
Given more food to eat	321	59.1
Advised/accompanied for check up	22	4.1
Other±	4	0.7
Total	543	-
Persons provided above-mentioned care/support		
Husband	363	66.9
Mother-in-law	290	53.4
Sister-in-law	163	30.0
Mother	78	14.4
Father-in-law	61	11.2
Daughter/son	36	6.6
Other relatives§	60	11.0
Total	543	-

± Others include: given oil massage, provided herbal or traditional medicines.

§ Other relatives includes: niece, father, sister, brother, brother-in-law, grandmother, daughter-in-law.

A large proportion (66.9%) of women mentioned husband as the person who provided care and support after the delivery of the last child. Mothers-in-law as the person providing care and support after the delivery of their last child was reported by slightly more than half (53.4%) of the women. Three in every 10 women also said they received care and support from their sisters-in-law (Table 6.20).

6.4 Knowledge and experience of danger signs

Information regarding the knowledge of respondents on danger signs during pregnancy, delivery and postpartum period was collected in order to assess their knowledge on these aspects. In addition, experiences of these problems by the women and their management was also collected. This section presents findings on these issues.

a) During pregnancy

In order to assess the level of knowledge about the danger signs/symptoms during pregnancy, all the respondents included in the sample (N=2,144) were asked to mention the signs/symptoms that require immediate medical care. In response, the majority of the respondents considered *severe lower abdominal pain* (73.5%) as the symptom during pregnancy that requires immediate care (Table 6.21). Just over half of the respondents mentioned vaginal bleeding and nearly a quarter mentioned severe headache as the symptoms during pregnancy. Symptoms such as convulsion, and blurred vision and swelling of hands and face was mentioned by quite a small proportion (<20%) of the respondents. The above information suggest for informing community

people about the pregnancy related danger signs and symptoms which may require immediate care.

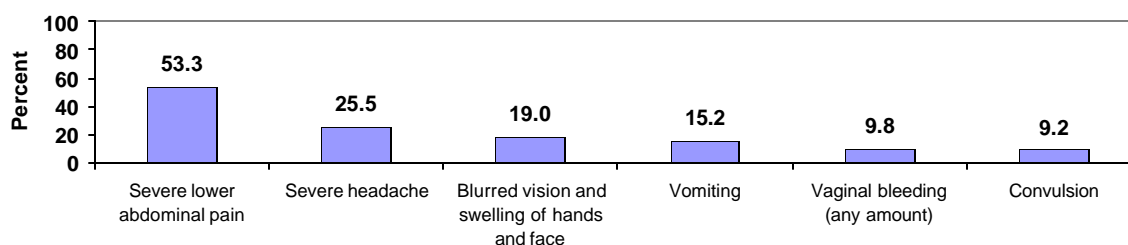
Table 6.21 Percent distribution of the respondents by knowledge of symptoms during pregnancy that require immediate care

Types of symptoms during pregnancy indicating the need to seek immediate care	Number	%
Severe lower abdominal pain	1576	73.5
Vaginal bleeding (any amount)	1108	51.7
Severe headache	484	22.6
Blurred vision and swelling of hands and face	369	17.2
Convulsion	310	14.5
Vomiting	133	6.2
No movement of fetus	86	4.0
High fever	77	3.6
Vaginal discharge/ white fluid discharge	75	3.5
Back pain or waist pain	62	2.9
Loss of appetite/no appetite	44	2.1
Dizziness	45	2.1
Weakness	46	2.1
Swelling in hands and feet/ pain in hands and feet	22	1.0
Other§	89	4.2
Do not know	147	6.9
Total	2144	-

§ Others include: diarrhea, abnormal position of baby, heart pain, prolonged labor, uterus prolapsed, weakness in body, hand and feet, jaundice, swelling of body, obstruction in passing urine or stool, cough, miscarriage, anemia, chest in drawing, high BP.

Those women (N=821) who had a living child less than three years of age were asked if they had encountered one or more of these problems during their last pregnancy. Nearly a quarter (22.4%; N=184) of the women reported experiencing any of the symptoms during their last pregnancy (Table not shown). The most frequently cited problems were severe lower abdominal pain (53.3%) followed by severe headache (25.5%) and blurred vision and swelling of hands and face (19.0%) and vomiting (15.2%). About 10% of the women reported vaginal bleeding and convulsions as the danger signs they had experienced in their last pregnancy (Figure 6.12).

Figure 6.12 Percent distribution of women by types of problems experienced during the pregnancy of the last child



N=184

Note: Less than 9% of the women mentioned loss of appetite, high fever, white fluid discharge, dizziness, back or waist pain, swelling in hands and feet, weakness, urine infection, abnormal position of baby, anemia.

Those women (N=184) who had experienced any of the symptoms during their last pregnancy were further asked about the first action they took. The survey results show that one-third of the

women visited PHCC/HP/SHP followed by 22% who visited the hospital for consultation or services. Similarly, 13% of the women who had experienced such symptoms had gone to private clinics/nursing homes to seek treatment. A relatively high percentage of respondents (14.7%), however reported that they had resorted to traditional home treatment when they had experienced the symptom during pregnancy of their last child (Table 6.22).

Table 6.22 Percent distribution of the respondents by action taken after the development of symptoms that require immediate care

Place or persons first consulted after experiencing symptoms	Number	%
PHCC /HP/ SHP	61	33.2
Hospital	41	22.3
Traditional treatment at home	27	14.7
Private clinic/nursing home	24	13.0
Bought medicine from pharmacy	6	3.3
Consulted MCHW	4	2.2
Consulted relative/neighbor/friend	4	2.2
Consulted other health worker	3	1.6
Consulted Dhami/Jhankri	3	1.6
Consulted FCHV	2	1.1
Given medicine that was at home	1	0.5
Other	8	4.3
Total	184	100.0

The women who had first sought treatment after having the symptoms were also asked whether the place they visited for treatment was the place they actually wanted to visit when they had the symptom or there were other places where they wanted to visit. In response to the question, the great majority of the women (87.0%; N=160) reported that the place where they visited was their first choice while the rest (N=24) said that they wanted to go to other places for consultation (Table not shown). The highest percentage of these women (62.5%; N=15) wanted to go to the hospital followed by 29% (N=7), who preferred to go to PHCC/HP/SHP and one each wanted to go to a private clinic and pharmacy for the treatment (Table not shown).

Those women (N=160) who visited the preferred source were asked to give the reasons for visiting the preferred sources for treatment and the results are presented in Table 6.23 (second column) . Similarly, those women (N=24) who had desired to visit other places but visited the undesired source were asked to give the reasons for not visiting the desired source. Their responses are presented in the third column of Table 6.23. The main reasons for visiting the desired source was due to the availability of good treatment, accessibility and less expensive. Likewise, the main reasons for not visiting the desired sources were service far away, expensive and lack of accompanying persons.

Table 6.23 Percent distribution of the respondents by reasons for visiting or not visiting the preferred source for the treatment of symptoms occurred during last pregnancy

Main reason for consulting the above source first or main reason for not consulting your preferred source first for the treatment of above symptoms	Reasons for visiting the desired source	Reasons for not visiting the desired source	Total
Good treatment	44.4	-	38.6
Service nearby from home	32.5	-	28.3
Less expensive	8.8	-	7.6
Service far away from home	1.9	37.5	6.5
Lack of person accompanying	0.6	37.5	5.4
Recommended by others	5.0	4.2	4.9
Expensive	0.6	16.7	2.7
Was very serious	2.5	-	2.2
Good behavior	0.6	-	0.5
Lack of transportation	0.6	-	0.5
Other§	2.5	4.2	2.7
Total	160	24	184

§ Other includes: lack of money/thought it will be alright/was not very serious.

On the question whether they were cured from the treatment at the first source, the great majority (85.3%; N=157) of the women responded affirmatively i.e. they were cured. Only 27 women were not cured of the symptoms from the first treatment sources (Table not shown). More than half of these women (51.9%; N=14) said they visited the hospital after not getting cured at the first source. Some women visited private clinics (N=4) and SHP/HP/PHC. Two of the women said they consulted *Dhami Jhankri* and adopted traditional treatment at home (Table not shown). Of the 184 women who experienced any of the symptoms during their last pregnancy, 77% sought services from the health facility or health workers and the rest (N=43) did not consult any health workers. These 43 women were asked about the reasons for not consulting a health worker when they experienced problems during last pregnancy. The most frequently cited reasons for not consulting health workers or not visiting health facility were as follows (Table not shown):

- Thought that problem will be cured on its own (58.1%)
- Did not have money (34.9%)
- Health facility far away (25.6%)
- Family members opposed for consultation with a HW (9.3%)
- Husband opposed for consultation with a HW (7.0%)
- Did not know that a HW should be consulted (2.3%)

b) During delivery

In order to assess the level of knowledge on the danger signs/symptoms during delivery, all the sample respondents (N=2,144) were asked about the signs and symptoms that may appear during labor which may require immediate care by a health professional. The great majority (96.7%) of the respondents were able to mention at least one danger sign/symptom that may appear during delivery. Nearly 85% of the respondents considered *labor longer than 8 hours* followed by 51% who mentioned *excessive bleeding before or after delivery* as the signs or symptoms indicating the need for immediate care (Table 6.24). Nearly a quarter (23%) each of the respondents thought appearance of baby's 'leg' or 'hand' first during delivery as the symptom that calls for

immediate medical care. Only about 12% respondents also regarded convulsions as one of such symptoms. The above findings indicate that women in the survey areas are not well aware of all the types of the danger signs or symptoms that may appear during delivery.

Table 6.24 Percent distribution of the respondents by knowledge on signs/symptoms during labor that require immediate care

Types of signs/symptoms during labor indicating the need to seek immediate care	Number	%
Labor longer than 8 hours	1817	84.7
Excessive bleeding before or after delivery	1087	50.7
Appearance of baby's leg first	493	23.0
Appearance of baby's hand first	488	22.8
Convulsion	256	11.9
Appearance of baby's umbilical cord first	145	6.8
Severe pain in lower abdomen	93	4.3
Abnormal position of fetus	86	4.0
Fetus death	43	2.0
White fluid discharge/ too much water discharge	45	2.1
Severe back pain	33	1.5
Severe headache	25	1.2
High fever	23	1.1
Other§	66	3.1
Do not know	70	3.3
Total	2144	-

§ Other includes: movement of fetus to upper part of the belly, jaundice, chest indrawing, shivering, in case of serious condition, excessive vomiting, too much discomfort, swelling in the body, high blood pressure, irregular labor pain, obstruction in passing urine, in case of twins fetus.

Among the women (N=821) who had a living child less than 3 years of age, about one-fifth (21.2%; N=174) had experienced any of the above mentioned sign/symptoms during their last labor. Among the symptoms, more than half (58.6%) of these women had experienced labor longer than 8 hours followed by a quarter who had experienced excessive bleeding and 13% of the women had experienced convulsions (Table 6.25).

Table 6.25 Percent distribution of the respondents who experienced signs and symptoms indicating the need to seek immediate care during the delivery of their youngest child

Description	Number	%
Whether experienced any of the above signs/s ymptoms during labor		
Yes	174	21.2
No	647	78.8
Total	821	100.0
Types of signs/symptoms experienced during labor		
Labor longer than 8 hours	102	58.6
Excessive bleeding before or after delivery	42	24.1
Convulsion	22	12.6
Severe pain in lower abdomen	20	11.5
Severe back pain	17	9.8
Severe headache	11	6.3
White fluid discharge/ too much water discharge	7	4.0
Appearance of baby's leg first	3	1.7
Abnormal position of fetus	3	1.7
High fever	3	1.7
Appearance of baby's hand first	1	0.6
Appearance of baby's umbilical cord first	1	0.6
Fetus death	1	0.6
Other§	10	5.7
Total	174	-

§ Other includes: obstruction in passing urine, irregular labor pain, swelling in hands and legs, vomiting, diarrhea.

Of the 174 women who reported experiencing any of the signs and symptoms during the delivery of their last child, more than a quarter (26.4%) had resorted to traditional treatment at home (Table 6.26). Only about 1 in every 5 women had first gone to the hospital and about 15% had gone to PHCC/HP/SHP for treatment. About 11% each of the women had gone to private clinics/nursing homes or had consulted other health workers about the problem.

Table 6.26 Percent distribution of the respondents by action taken after the development of symptoms that require immediate care during the delivery of their youngest child

Places first visited or person consulted after experiencing such symptoms	Number	%
Traditional treatment at home	46	26.4
Hospital	35	20.1
PHCC/HP/SHP	26	14.9
Private clinic/nursing home	19	10.9
Consulted other HW	19	10.9
Relatives/neighbor/friend	10	5.7
Consulted TBA	8	4.6
Consulted MCHW	4	2.3
Consulted Dhama/Jhankri	3	1.7
Given medicine that was at home	1	0.6
Other§	3	1.7
Total	174	100.0

§ Other includes: consulted mother got drips in community health center, hospital in India, oil massage.

The women who had sought treatment after experiencing the symptoms were also asked whether the place they visited or the treatment they sought was what they actually preferred. In response to the question, about a quarter (77.0%; N=134) had visited to the desired place while 23% (N=40) said they had actually wanted to go to some place else or wanted to see someone else (Table not shown). The results further show that of these 40 women, slightly less than half (45.0%) wanted to go to the hospital followed by 23% to PHCC/HP/SHP and 15% to private clinic/ nursing home (Table not shown).

The women were also asked to give their reasons for visiting the desired place and not visiting the desired place when they first had the symptoms. The second column in Table 6.27 gives reasons for visiting the desired place and the third column presents the reasons for not visiting the desired place. The main reasons for visiting the desired place were due to good treatment (47.8%) and availability of services near home (26.9%). While the main reasons for not visiting the desired place by the women were that there was no one to accompany them to the desired place (35.0%), services far away from home (27.5%) and recommended by others (12.5%).

Table 6.27 Percent distribution of the respondents by reasons for visiting or not visiting the preferred source for the treatment of symptoms occurred during the delivery of last child

Main reason for consulting the above source first or main reason for not consulting your preferred source first for the treatment of above symptoms	Reasons for visiting the desired source	Reasons for not visiting the desired source	Total
Good treatment	47.8	-	36.8
Service nearby from home	26.9	-	20.7
Lack of person accompanying	-	35.0	8.0
Service far away from home	0.7	27.5	6.9
Less expensive	6.0	-	4.6
Good behavior	5.2	-	4.0
Recommended by others	1.5	12.5	4.0
Child not very serious	3.7	-	2.9
Expensive	-	10.0	2.3
Child very serious	2.2	-	1.7
Lack of transportation	-	5.0	1.1
Other§	6.0	10.0	6.9
Total	134	40	174

§ Other includes: lack of money, person I knew was there, not accompanied by family members, though that problem will go away, own sister works there.

The women were also enquired whether they were cured by the treatment provided by the person or health facility where they had visited the first time. In response, the great majority (87.4%; N=152) of these women said they were cured by the treatment provided by the person/place while the rest (12.6%; N=22) were not cured. Nearly half of these 22 women again visited the hospital for treatment a second time and some women said they visited other places such as PHCC/HP/SHP, private clinic, MCHW, FCHV or a pharmacy. Three women said they also consulted *Dhami Jhankri* (Table not shown).

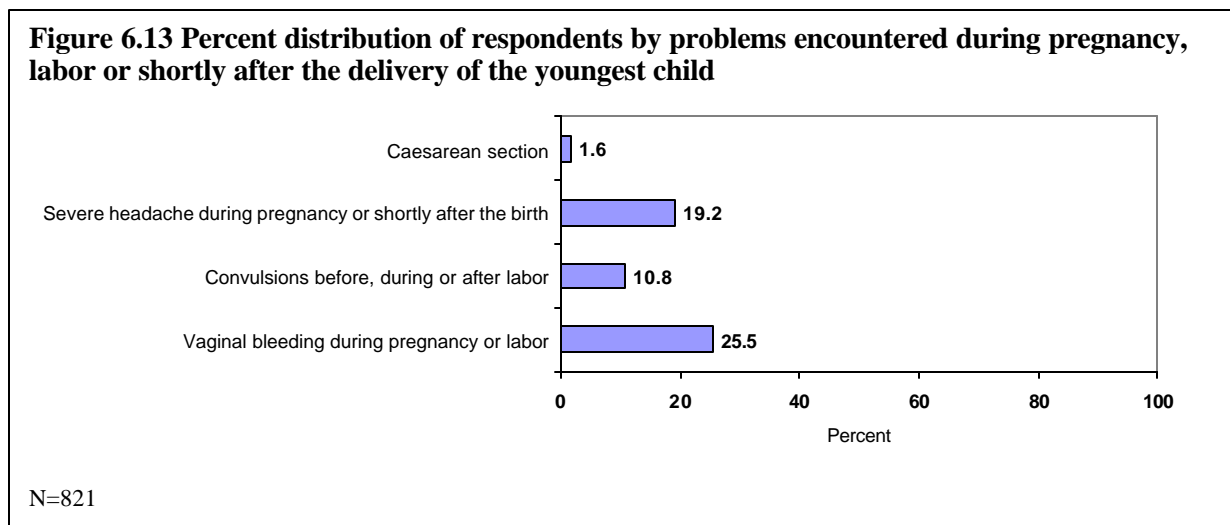
Of the 174 women who had experienced danger signs and symptoms during the delivery of their last child, 70% (N=121) reported visiting health facility or health workers while the rest (30.5%; N=53) reported not visiting any health facility or health personnel for consultation or treatment (Table not shown). These 53 women were further asked to give their reasons for not consulting

any health worker or not visiting health facility. The most frequently cited reasons for not visiting the health facility or health workers were as follows (Table not shown):

- Thought that problem will be cured by itself (54.7%)
- Did not have money (28.3%)
- Health facility far away (22.6%)
- Husband opposed to consultation with a HW (11.3%)
- Family members opposed to consultation with a HW (11.3%)
- Shameful or thought traditional healer will cure or solve the problem (3.8%)

This finding clearly shows that the program should make vigorous efforts to motivate the women, their husband and the family members in the program areas to immediately see the health personnel for treatment of symptoms during labor that need attention.

All the women (N=821) having their youngest child who is less than 3 years of age were also asked about specific problems they might have encountered during the periods of pregnancy, labor or after labor. These specific problems were first read out by the interviewers and their responses were recorded accordingly. Over a quarter (25.5%) of the women had vaginal bleeding during the pregnancy or during labor but before the baby was born. About 1 in 5 women have had a severe headache during pregnancy or shortly after the birth of their youngest child. Similarly, more than one in very 10 women said they had experienced convulsions before, during or after labor period. Nearly 2% of the women had caesarean section for their last birth (Figure 6.13).



All the women (N=808) who delivered the last child without caesarean section were asked about the amount of bleeding they have had after the delivery of the child. In response, slightly more than a quarter of women (27.6%) reported of more than normal amount of bleeding following the birth of their youngest child while a majority (71.7%) reported normal amount of bleeding. When further asked about the number of clothes they used to absorb the blood, about two-thirds (66.0%) of the women reported of using more than two pieces of clothes to absorb the blood during the first 24 hours after the youngest child was born and about one-third mentioned using 2 or less pieces of clothes (Table 6.28).

Table 6.28 Percent distribution of the respondents who had bleeding immediately following the birth of their last child and number of clothes used to absorb blood during the first 24 hours after delivery

Description	Number	%
Whether having bleeding more than normal or normal immediately following the birth of baby		
More than normal	223	27.6
Normal	579	71.7
Do not know	6	0.7
Total	808	100.0
Pieces of cloths used to absorb the blood during the first 24 hours after baby was born		
Two pieces or less	261	32.3
More than 2 pieces	533	66.0
Do not know	14	1.7
Total	808	-

The women were also asked whether they were referred by the health workers due to excessive bleeding during the delivery of their last child. Data presented in Table 6.29 reveals that 7% (N=54) of the 808 women were referred to a hospital or other health facility for very heavy bleeding during delivery. Only about 2% of the women who had used 2 pieces or less clothes and 9% who had used more than 2 pieces of clothes during bleeding were reported to be referred by the health workers to the hospital or health facility. The above findings indicate that only a few of the bleeding cases were referred to health facility, therefore, it is necessary to orient health workers to refer the women in case of heavy bleeding during pregnancy, delivery or postpartum period.

Table 6.29 Percent distribution of the respondents who were referred by health workers to hospital or other health facility due to bleeding

Referral	No. clothes used			
	Two pieces or less	More than 2 pieces	Do not know	Total
Referred	1.9	9.2	-	6.7
Not referred	98.1	90.8	100.0	93.3
Total	261	533	14	808

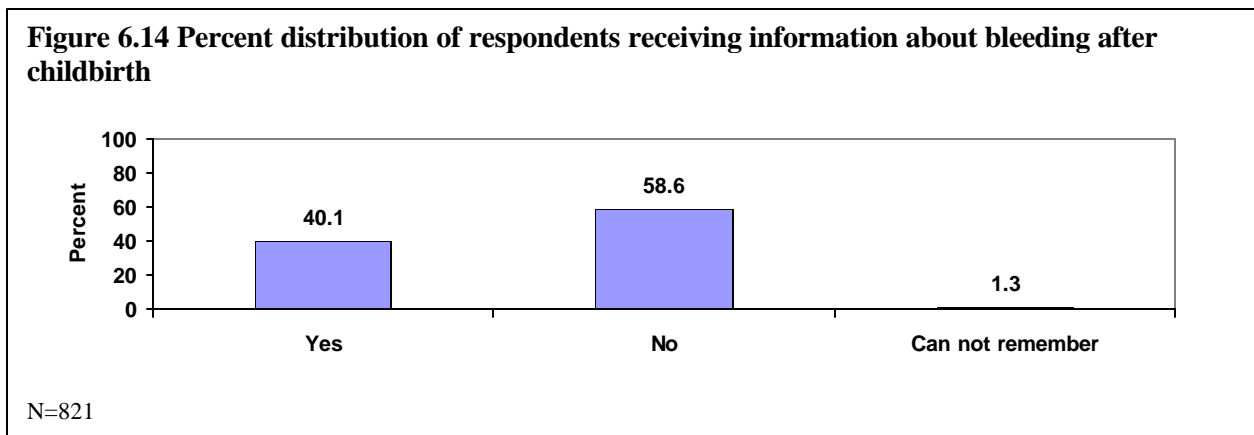
In order to examine the level of knowledge, all the respondents (N=2,144) were also asked if they knew places where the complications that may arise from unsafe abortions could be managed. In response, nearly three-quarters (74.6%) of the respondents claimed that they knew such places (Table 6.30). The majority (75.5%) of the women said that such services are available in the hospital followed by 21% who mentioned subhealth post and another 18% mentioned private clinics or nursing homes.

Table 6.30 Percent distribution of the respondents by knowledge about the places where post abortion care or services are available

Description	Number	%
Knowledge about the places where a woman should visit to manage the complications that arise from unsafe abortion		
Yes	1599	74.6
No	426	19.9
Do not know	119	5.6
Total	2144	100.0
Places where post abortion care/services available		
Hospital	1207	75.5
Subhealth post	331	20.7
Private clinic/ nursing home	284	17.8
Health post	252	15.8
Primary health care center	140	8.8
NGO clinic	24	1.5
FCHV	21	1.3
Mobile clinic	7	0.4
TBA	7	0.4
MCHW	5	0.3
VHW	1	0.1
Other (Kohalpur Medical College/ hospital in India/ herbal medicines)	12	0.8
Total	1599	-

c) During postpartum

Of the 821 women who had a child less than 3 years of age, 40% (N=329) had received information during their last pregnancy about the possibility of bleeding after childbirth (Figure 6.14).



Further analysis of data reveals that literate women are significantly more likely to have heard about bleeding after child birth than illiterate ones. Although a higher proportion of Brahmin/Chhetri and Dalit have heard about it as compared to other ethnic groups, the observed difference was not statistically significant. Women having both a TV and radio or only having radio are significantly more likely to have heard about bleeding after child birth than those who

do not have either radio or TV or have owned only a TV set. The analysis also shows significant relationship between distance to the nearest health facility and receiving information regarding possibility of bleeding after child birth (Table 6.31)

Table 6.31 Percent distribution of respondents who received information about bleeding after childbirth by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	ns	
15-19	41.6	89
20-24	39.9	293
25-29	38.8	242
30-35	42.6	122
35-39	37.3	51
40-44	41.2	17
45-49	42.9	7
Literacy	*	
Illiterate	36.6	590
Literate	48.9	231
Ethnicity	*	
Brahmin/Chhetri	51.6	155
Tibeto-Burman	33.9	56
Tharu	37.1	159
Dalit	48.6	111
Muslim	30.0	50
Other terai origin	39.7	242
Other	12.5	48
Ownership of radio/TV	*	
None	31.7	382
Radio only	48.6	259
TV only	28.3	60
Both radio and TV	54.2	120
Walking distance to the nearest health facility	*	
Less than 30 minutes	44.8	415
30 minutes or more	36.6	383
Do not know	13.0	23
Total	40.1	821

*Significant at <.05 level

ns= Not significant

Among those (N=329) who reported receiving information about bleeding after childbirth, nearly three-quarters (71.4%; N=235) were informed that such a bleeding could cause death. Similarly, about half (50.5%) and nearly a quarter (23.1%) respectively were informed that during such a situation, one should promptly go to a health facility for check up and get help from a health worker. Some women were also informed that bleeding could cause headache, weakness, miscarriage and unconsciousness (Table 6.32).

Table 6.32 Percent distribution of the respondents by type of information received about bleeding after childbirth

Description	Number	%
Type of information received about bleeding after childbirth		
Can cause death	235	71.4
Go to health facility promptly	166	50.5
Get help from health worker	76	23.1
Other±	29	8.8
Do not know	1	0.3
Total	329	-
Sources from where you learned about bleeding after childbirth		
Neighbor/family/friend/relative	180	54.7
FCHV	98	29.8
Health worker	76	23.1
Radio	52	15.8
Health facility	23	7.0
Self learned	12	3.6
Television	6	1.8
School/books	6	1.8
Other§	10	3.0
Total	329	-

± Other includes: dizziness, headache, weakness, mothers health become weak, might result in miscarriage, may become unconscious, taking soup would help stopping bleeding.

§ Other includes: poster, pamphlet, flyer, women's group, training given by Ama Milan Kendra, training given by PLAN Nepal, TBA.

The majority (54.7%) of the women said they got information about bleeding from their neighbors, family, friend or relative followed by 30% from FCHVs and 23% who got information about it from health workers. About 16% of the women also said they got information about it from the radio. Quite a small proportion of the women reported having heard about it from print and electronic media (Table 6.32).

All the respondents (N=2,144) were asked about the symptoms indicating the need to seek immediate care for the mother during the first four weeks after delivery. In response to the question, the highest percentage of the respondents mentioned heavy bleeding (61.7%), and foul discharge and lower abdominal pain (52.2%) as symptoms which require immediate care to the mothers (Table 6.33). Slightly over one-third (35.0%) of the respondents also mentioned high fever which requires immediate medical attention. The other symptoms mentioned by a few respondents were severe headache (16.3%), convulsions (12.5%) and mastitis (5.1%).

Table 6.33 Percent distribution of the respondents by knowledge of symptoms that require immediate care to mother during first four weeks after delivery

Types of the symptoms indicating the need to seek immediate care to mother during first four weeks after delivery	Number	%
Heavy bleeding	1323	61.7
Foul discharge and lower abdominal pain	1120	52.2
High fever	751	35.0
Severe headache	350	16.3
Convulsion	267	12.5
Mastitis	109	5.1
Weakness	90	4.2
Dizziness	32	1.5
Uterus prolapsed	33	1.5
Swelling in the body	29	1.4
Loss of appetite	31	1.4
Swelling in hands and feet	26	1.2
Back pain/ waist pain	24	1.1
Other§	129	6.0
Do not know	200	9.3
Total	2144	-

§ Other includes: nausea, vomiting, swelling of stomach, indigestion, flu, in case of seriousness, anemia, jaundice, white fluid discharge, trauma, pneumonia, infection in perineum, retention of pieces of placenta in uterus, retention of placenta, cough, night blindness, diarrhea, if breast milk does not flow, diarrhea.

The survey result further shows that a higher percentage of the respondents would prefer to visit subhealth post (36.4%) or the hospital (30.9%) if they experienced any of the problems that may occur during first four weeks after delivery. Similarly, about 14% said they would visit the health post while about 9% of the respondents mentioned PHCC as the place they would visit for treatment in case they experienced such symptoms (Table 6.34).

Table 6.34 Percent distribution of the respondents mentioning the place where they would go for check ups if experienced any of the danger signs or symptoms within four weeks after delivery

Where would you go for check-up if you experience any of the symptoms that you have just mentioned?	Number	%
Subhealth post	707	36.4
Hospital	601	30.9
Health post	266	13.7
Primary health care center	171	8.8
Private clinic/nursing home	137	7.0
NGO clinic/ community health center	26	1.3
Mobile clinic	8	0.4
MCHW	7	0.4
FCHV	6	0.3
Call AHW/doctor at home	3	0.2
TBA	1	0.1
Other (hospital in India, buy medicines, traditional healers)	11	0.6
Total	1944	100.0

6.5 Preparation during pregnancy, delivery and postpartum

All the women (N=821) who had a living child less than 3 years of age were asked if they and their spouses discussed plans for care such as arrangement of money, transport and so on in the event of problems during delivery or labor when they were pregnant with their youngest child. Nearly three-fifths (56.8%) of the women said they discussed about it with their husbands. Literate women as compared to illiterate ones are more likely to discuss about this issue. By ethnicity, Brahmin or Chhetri are significantly more likely to discuss about it while Muslims are less likely to discuss about it. Similarly, ownership of radio/TV and the distance to the health facility was also strongly associated with the discussion about the plan for child delivery (Table 6.35).

Table 6.35 Percent distribution of the respondents who discussed with husband on plans of delivery of the youngest child by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	ns	
15-19	62.9	89
20-24	58.4	293
25-29	60.3	242
30-35	46.7	122
35-39	51.0	51
40-44	35.3	17
45-49	57.1	7
Literacy	*	
Illiterate	51.5	590
Literate	70.1	231
Ethnicity	*	
Brahmin/Chhetri	71.6	155
Tibeto-Burman	46.4	56
Tharu	49.1	159
Dalit	59.5	111
Muslim	32.0	50
Other terai origin	64.0	242
Other	29.2	48
Ownership of radio/TV	*	
None	47.4	382
Radio only	59.5	259
TV only	60.0	60
Both radio and TV	79.2	120
Walking	*	
Less than 30 minutes	61.4	415
30 minutes or more	53.8	383
Do not know	21.7	23
Total	56.8	821

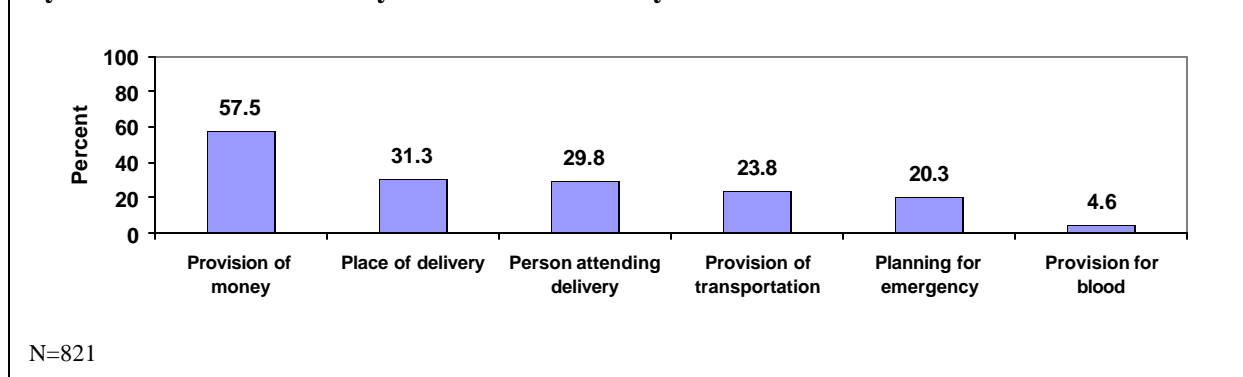
*Significant at <.05 level

ns= Not significant

Those women who reported having a living child below 3 years of age were again asked about the specific plans or preparation they themselves or their family made for the delivery of their last child. All the possible plans or preparations were read out by the interviewers during interview and their responses were recorded accordingly. The results are presented in Figure

6.15. The highest (57.5%) proportion of the women reported making monetary provisions followed by 31% who said that they had plans about the place they wanted to deliver the baby. Nearly 30% of the respondents reported that they had pre-identified the persons attending delivery. Slightly less than a quarter of the women said they had made plans for transportation and emergency. Quite a small proportion of the women (4.6%) had made provision for blood.

Figure 6.15 Percent distribution of women who reported making specific plans or preparations by themselves or their family members for delivery of their last child



Of the 821 women, about 62% (N=510) had made at least one specific plan or preparation for the birth of their last child while about 38% (N=311) had made no specific plans or preparations for the birth of their last child. This result clearly indicates the need for encouraging women, their husbands and family members in the survey areas to plan for the childbirth in terms of money, place of delivery, birth attendant, transportation, emergency care and so on.

Those women (N=510) who had made at least one plan or preparation for the delivery of their last child were further asked about the sources from which they came to know about it. Husbands were the main source of information for more than half (51.0%) of the respondents followed by other family members (34.7%) and relatives, friends or neighbors (27.5%). About 14% of the women mentioned FCHVs as their source of information. Those mentioning electronic media such as radio and TV constituted only 5% (Table 6.36).

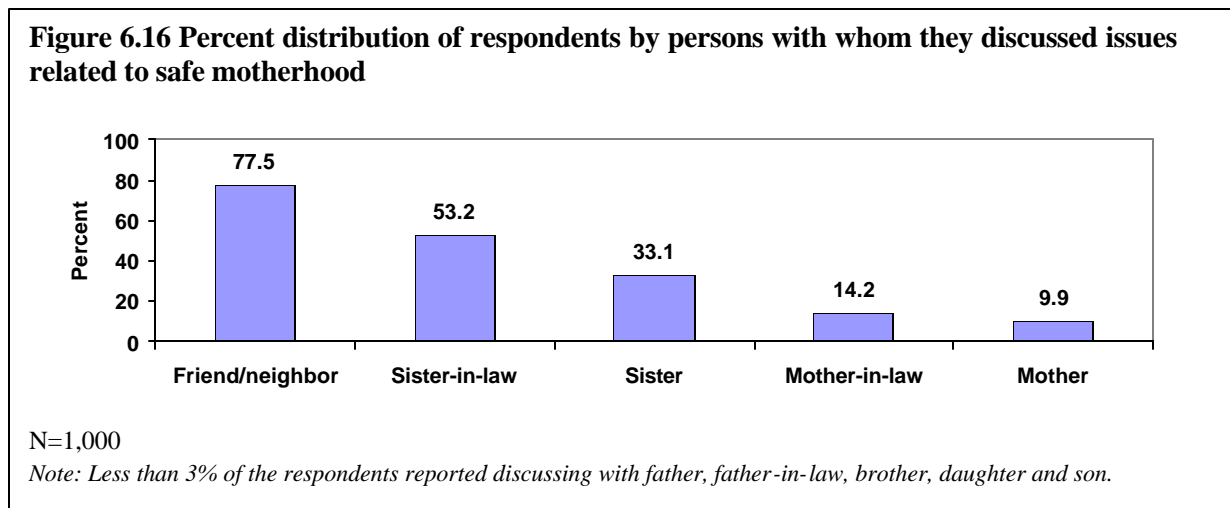
Table 6.36 Percent distribution of the respondents mentioning the sources from which they learned about making plans or preparations for the delivery of their last child

Source of information about the plans/preparations for delivery	Number	%
Husband	260	51.0
Other family members	177	34.7
Relatives/ friends/ neighbors	140	27.5
Self learning	137	26.9
FCHV	69	13.5
Other health workers	33	6.5
Media (Radio, TV, etc.)	24	4.7
MCHW	18	3.5
TBA	10	2.0
Other§	9	1.8
Total	510	-

§ Other includes: DACAW field staff of UNICEF, safe motherhood training, health related books, teachers.

6.6 Interpersonal communication on safe motherhood

Information regarding interpersonal communication on issues such as safe motherhood among the women of the survey areas was also sought during the survey. All the women included in the survey were asked if they had ever talked to other people about safe motherhood issues such as antenatal care or delivery. In response, about 47% (N=1,000) of the respondents said they ever had discussed on these issues while the rest (53.0%) had never discussed about these issues with others (Table not shown). The majority (77.5%) of the women had discussed with their friends or neighbors on these issues followed by 53% with their sisters-in-law and another 33% with their sisters. The practice of discussing safe motherhood issues with mothers-in-law or mothers was found to be quite low as only 14% and 10% of the women respectively reported that they discussed with their mothers-in-law and mothers (Figure 6.16).



Further analysis of data shows that women in the 15-19 age groups are significantly less likely to have discussed about safe motherhood than the women in the older age cohorts. The literacy status of the women was also strongly associated with the discussion about safe motherhood with other people. Similarly, Brahmin/Chhetri, Tibeto-Burman and Tharu women are more likely to have discussed than women from other ethnic groups. The analysis also shows a strong association between ownership of radio/TV and the discussions on safe motherhood issues with other people (Table 6.37).

Table 6.37 Percent distribution of respondents who have discussed safe motherhood issues by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	26.0	219
20-24	45.1	417
25-29	53.8	476
30-35	51.5	369
35-39	46.1	306
40-44	45.0	211
45-49	50.0	146
Literacy	*	
Illiterate	41.5	1603
Literate	61.7	541
Ethnicity	*	
Brahmin/Chhetri	57.0	386
Tibeto-Burman	52.3	197
Tharu	50.9	436
Dalit	40.1	274
Muslim	27.0	100
Other terai origin	43.9	658
Other	31.2	93
Ownership of radio/TV	*	
None	37.8	960
Radio only	46.9	683
TV only	56.4	188
Both radio and TV	67.4	313
Walking distance to the nearest health facility	*	
Less than 30 minutes	49.9	1144
30 minutes or more	44.0	924
Do not know	28.9	76
Total	46.6	2144

*Significant at <.05 level

Chapter 7

Child Health

Information related to child health aspects were asked to all the respondents included in the present survey in order to assess their knowledge and practices regarding child health issues. Aspects covered in this chapter are newborn care, breastfeeding and child feeding practices, prevalence of diarrhea and ARI among children under 3 years of age and use of services for management of these problems, measles vaccination coverage, use of vitamin A and deworming tablets. Of the 2,144 women (CMWRA) included in the survey, 821 women had children below 3 years of age (291 women had children below 12 months of age and another 530 women had 12-35 months old).

7.1 Newborn care

A series of questions related to newborn care was asked to all women who reported having a living child below 3 years of age at the time of survey. Of the 821 women who reported having living children below 3 years of age, 61% (N=502) said that they neither delivered their youngest child at health facility nor used the clean delivery kits at the time of delivery. These 502 women were asked to name the instrument that was used to cut the umbilical cord. In response, the majority (82.5%) of the women said that a *new or sterilized (boiled) blade* was used to cut the cord while 6% reported that they cut the cord with the *used blade* (Table not shown). About 11% of the respondents reported using other types of instruments to cut the umbilical cord like knife, grass cutter, khukuri, scissors and bamboo sheet (Choya). The above information clearly indicates that a sizeable proportion of the community people still do not use clean or sterilized instruments to cut the umbilical cord.

The practice of applying some substances (such as medicines, herbal medicines or other things) on the stump after cutting the cord of the newborn was found to be common in the survey areas as nearly half (48.5%) of the women said that they applied something on the stump. Nearly two-fifths (39.4%) of the women reported applying oil and another one-fifth had applied ointment or powder (22.4%) and Dettol (21.4%). Some women also said they applied ash (8.8%), *Harro* (5.0%), turmeric powder (3.0%), Jention violet (2.5%), and *Sindoor* (1.5%) on the stump (Table not shown).

The information has also been analyzed on the basis of selected background characteristics of the respondents. The results show that women between 25-29 years of age are significantly more likely to apply substances on the stump than the women of other age groups. A higher proportion of illiterate women as compared to literate ones (54.7% vs 32.5%) reported applying substances on the stump after cutting the newborns cord. Likewise, a higher proportion of respondents belonging to Muslim and other terai castes reported applying something on the stump compared to the respondents of other ethnic groups. The above findings indicate that the program should inform people of these ethnic groups about the consequences of applying substances which are not medically recommended such as ash, harro, turmeric powder, jention violet or sindoor on the stump. Association between media exposure and applying something on the stump was also observed as respondents who have radio or TV sets are less likely to apply something on the stump than those who do not have either radio or TV.

Table 7.1 Percent distribution of respondents reporting applying substances on stump after child's cord was cut by background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	48.3	89
20-24	41.6	293
25-29	55.8	242
30-35	50.8	122
35-39	51.0	51
40-44	41.2	17
45-49	42.9	7
Level of education	*	
No schooling	52.8	608
Some primary	36.8	95
Some secondary	36.6	93
SLC or above	32.0	25
Literacy	*	
Illiterate	54.7	590
Literate	32.5	231
Ethnicity	*	
Brahmin/Chhetri	34.2	155
Tibeto-Burman	23.2	56
Tharu	40.9	159
Dalit	53.2	111
Muslim	62.0	50
Other terai origin	63.2	242
Other	50.0	48
Ownership of radio/TV	*	
None	52.9	382
Radio only	49.0	259
TV only	41.7	60
Both radio and TV	36.7	120
Place of delivery	*	
At health facility	32.2	121
At home or other place	51.3	700
Person assisting during delivery	*	
Doctor	27.1	70
Nurse/ANM	33.9	56
HA/AHW	55.8	52
MCHW	40.0	25
VHW	66.7	3
FCHV	46.2	13
TBA	67.3	159
Family members/other	46.3	430
No one	53.8	13
Total	48.5	821

*Significant at <.05 level

ns= Not significant

Significantly a higher proportion of women who delivered their last baby at home compared to those who delivered at a health facility reported applying substances on the stump (Table 7.1). A higher proportion of women who were assisted by TBAs reported applying substances on the cord. Significantly a smaller proportion of the women who were assisted by doctors, nurse or ANM and MCHWs during delivery reported applying substances on the cord. The above findings indicate that women who delivered their baby at the health facility or who were assisted by health personnel are less likely to put something on the cord than those who deliver at home or are assisted by other persons.

Over three-quarters (76.9%) of the women reported that their youngest child was wiped with a dry cloth before placenta was delivered. This figure is significantly higher among the women who delivered the child at a health facility. Similarly, over four-fifths of the women said that their child was wrapped in a dry cloth before the placenta was delivered. Significantly a higher proportion of women who were assisted by trained health personnel during delivery and those who delivered their child at a health facility reported wrapping their child before the placenta was delivered. It is recommended that a newborn should be given a bath only 24 hours after delivery. In this context, all the women who had children below 3 years of age were asked how long after the delivery of their youngest child was given a bath. Nearly half of the women said that the child was given bath within one hour after birth and about 32% said they bathed the child within 2-24 hours after delivery. Only about one-fifth (21.5%) of them reported bathing their child 24 hours after the delivery. Significantly a higher proportion of women (42.5%) who delivered their child at a health facility compared to those who delivered at home (17.9%) reported bathing their child 24 hours after the delivery (Table 7.2). A higher proportion of women who were assisted by a doctor or nurse /ANM reported bathing their child 24 hours after delivery than those who were assisted by other persons. Overall, the above findings suggest that people in the survey areas should be well informed about the need for bathing the newborn only after 24 hours of birth.

Table 7.2 Percent distribution of respondents who reported drying, wrapping and bathing of their youngest child after delivery according to place of birth of the child and person assisting during delivery

Description	Wiped with a dry cloth before placenta delivered	Wrapped in dry a dry cloth before placenta delivered	Bathed the child after 24 hours	Number
Place of birth of the last child	*	*	*	
At health facility	81.0	86.8	42.5	121
Home or other place	76.1	82.4	17.9	700
Person assisting during delivery	*	*	*	
Doctor	77.1	82.9	41.4	70
Nurse/ANM	89.3	96.4	37.5	56
HA/AHW	90.4	94.2	13.5	52
MCHW	92.0	92.0	32.0	25
VHW	66.7	66.7	-	3
FCHV	84.6	84.6	23.1	13
TBA	86.2	87.4	30.2	159
Family members/other	70.2	79.1	14.0	430
No one	38.5	46.2	-	13
Total	76.9	83.1	21.4	821

*Significant at <.05 level

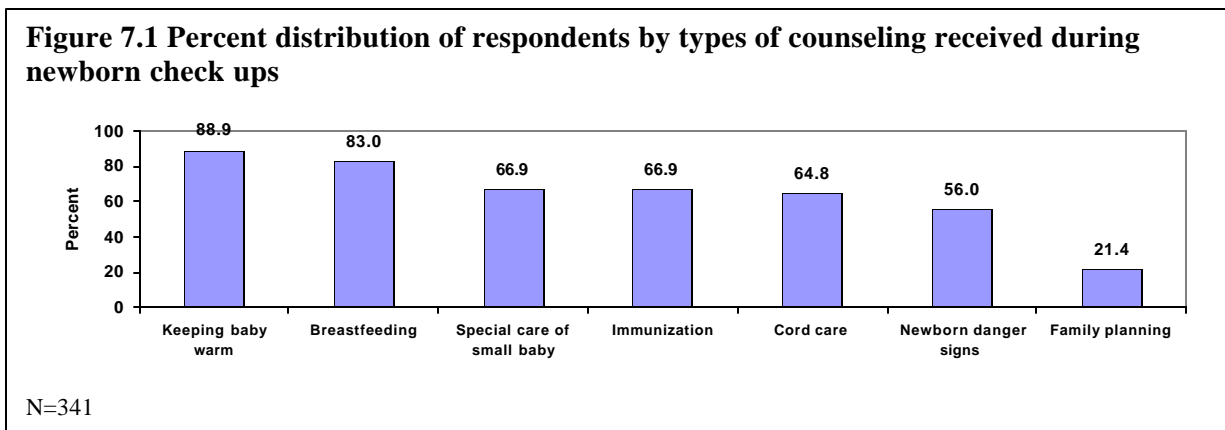
Data presented in Table 7.3 shows that about 59% of the children did not receive newborn care from the health facility or health personnel while only about 41% had received newborn care. Sex-wise data indicate that a higher proportion (43.6%) of the boy child as compared to the girl child (39.4%) had

received such newborn care; however, the observed difference was not statistically significant. Two in five children had received newborn care within 3 days of birth and another 1.4% received care within 4-30 days of birth. Of those who received newborn care, about two-thirds (65.7%) had received care from trained health workers such as doctor, nurse or ANM, HA or AHW and MCHW and about 27% from traditional birth attendants. Five percent of the women also mentioned FCHVs from whom they got newborn care services. When asked whether their youngest child was weighed after birth, about 41% responded affirmatively, i.e. their children were weighed after the birth.

Table 7.3 Percent distribution of respondents whose youngest child received newborn care after delivery

Description	Number	%
Within how many days after the delivery did someone first check the child's health		
No check up	480	58.5
Within 3 days	329	40.1
4-30 days	12	1.4
Total	821	100.0
Persons checking the child's health		
Doctor	74	21.7
Nurse/ANM	68	19.9
HA/AHW	60	17.6
MCHW	22	6.5
VHW	4	1.2
FCHV	17	5.0
TBA	92	27.0
Other (relatives, friends, neighbors, compounder)	4	1.2
Total	341	100.0
Whether the weight of the child was taken after birth		
Yes	141	41.3
No	186	54.5
Do not know	14	4.1
Total	341	100.0

Those women (N=341) who took their newborn for check up were also asked (by prompting) whether they were counseled by anyone during that time. Nearly 89% of the respondents said that they received counseling on *keeping the baby warm* followed by 83% who received counseling on *breastfeeding*. About two-thirds of the women received counseling on *immunization, special care of small baby and cord care*. Over half (56.0%) of the women also said that they received counseling on *newborn danger signs* such as fast breathing, poor feeding, less weight, fever, cord infection. However, only a small proportion (21.4%) reported that they received counseling on *postpartum family planning* (Figure 7.1).



7.2 Breastfeeding and child feeding practices

Breastfeeding is almost universal in the survey areas as almost all (99.5%) the mothers of under 3 years children said that they ever breastfed their youngest child (Table 7.4). About a quarter of the women initiated breastfeeding during the first hour after delivery and another three-quarters initiated breastfeeding one hour after the delivery.

Table 7.4 Percent distribution of respondents by initiation of breastfeeding to their youngest child who is under 3 years old at the time of survey

Description	Number	%
Whether the youngest child was ever breastfeed		
Yes	817	99.5
No	4	0.5
Total	821	100.0
Initiation of breastfeeding to the youngest child		
During the first hour after delivery	203	24.8
More than one hour	611	74.8
Do not know	3	0.4
Total	817	100.0

Nearly three-quarters (73.7%) of the women had given colostrums to their youngest child and the rest (26.3%) said they did not feed colostrums to their youngest child. The main reasons for not giving colostrums to the newborn were that they thought it is harmful for child health (56.7%) and child cannot digest (25.1%). The other reasons given by some women were: not customary, it is dirty and child/mother was not feeling well at that time (Table not shown). Ethnicity wise data reveals that Muslim and other terai caste groups are significantly less likely to feed colostrums to the newborn than the women of other ethnic groups (Table 7.5). When further asked whether they fed something to their child before feeding breast milk within the first 3 days of birth, nearly half (46.0%) of the women said they gave something else to eat or drink before breastfeeding the child (Table not shown). Ethnicity wise data reveal that Tharus are significantly more likely to initiate breastfeeding to the newborn during the first hour of birth while Muslim and other terai origin people are significantly less likely to initiate breastfeeding immediately after birth. Significantly a higher proportion of Muslim followed by other terai origin people reported that they gave something to eat to the newborn within three days after birth.

Table 7.5 Percent distribution of respondents feeding colostrums, initiation of breastfeeding and feeding something to eat to the new born by ethnicity

Caste/ethnic group	Colostrums feeding *	Initiation of breastfeeding*		Given something to eat *	Total (N)
		During the first hour	More than 1 hour or DK		
Brahmin/Chhetri	93.5	35.5	64.5	23.2	155
Tibeto-Burman	92.9	33.9	66.1	28.6	56
Tharu	82.9	41.8	58.2	25.3	158
Dalit	63.6	16.4	83.6	51.8	110
Muslim	48.0	10.0	90.0	90.0	50
Other terai origin	57.5	9.6	90.4	72.9	240
Other	87.5	35.4	64.6	14.6	48
Total	73.7	24.8	75.2	46.0	817

*Significant at <.05 level

All the women (N=291) who have children below 12 months of age were asked (by prompting) about the types of food (liquid and solid) they fed their child in the day time yesterday or the previous night preceding the interview. Overall, about half of the women said they had given plain water to their child followed by 28% who had given food made from grain and another 27% had given milk other than breast milk (Table 7.6). Comparatively, a higher proportion of children between 6-11 months those below 6 months of age were given more food items (both solid and liquid food). Thus, in this context, it is recommended that children below 6 months should be given only mothers milk i.e. exclusive breastfeeding for the good health of the newborn. Exclusive breastfeeding for children below 6 months was recorded at 60% in the survey areas.

Table 7.6 Percent distribution of children by types of foods consumed in the day or night preceding the day of interview (% yes only)

Types of liquid or solid food items consumed	<6 months	6-11 months	Total (%)
Plain water	31.0	68.5	50.2
Any milk, other than breast milk	13.4	40.3	27.1
Ghee, yogurt, mohi etc	2.1	9.4	5.8
Any liquids such as honey, tea, soup	2.1	12.8	7.6
Any food made from grains	4.9	49.7	27.8
Any type of fruits	-	8.1	4.1
Any type of vegetables	-	18.8	9.6
Dal, legumes etc	1.4	29.5	15.8
Meat, fish, egg etc	-	6.7	3.4
Jaand	0.7	2.0	1.4
Exclusive Breastfeeding	59.9	13.4	36.1
Total	142	149	291

7.3 Knowledge of diarrhea and actions to be taken

a) Knowledge about diarrhea and place for its treatment

All 2,144 respondents were asked to mention about types of home strategies to be adopted for a child with diarrhea in order to assess their level of knowledge on it. In response, the majority (81.4%) of the respondents said that a child with diarrhea should be given *Jeevan Jal* or *Nava Jeevan* (ORS) followed by about 42% who knew that the child should be given more fluids than usual. Over 10% of the respondents also knew about the need of continuing breastfeeding, feeding usual amount of food, giving *Nun-Chini-Pani* and feeding soft rice or *jaulo* to the child suffering from diarrhea (Table 7.7).

Table 7.7 Percent distribution of respondents by knowledge about the appropriate home care strategies for a child with diarrhea

Type of home care strategies	Number	%
Giving Jeevan Jal/Nawa Jeevan to child	1745	81.4
Giving more fluids to the child than usual	902	42.1
If breastfeed, continue breastfeeding	294	13.7
Feeding soft rice (Jaulo)/ feeding Khichadi, Bhat Ko Mad	287	13.4
Giving Nun-Chini-Pani	245	11.4
Giving usual amount of foods to the child	237	11.1
Giving medicines	134	6.3
Giving oil massage/ keeping the baby warm	39	1.8
Taking the baby to health facility/hospital	31	1.4
Giving less fluids to the child than usual	28	1.3
Giving less amount of foods to the child	23	1.1
If breastfeed, discontinue breastfeeding	18	0.8
Other§	264	12.3
Do not know	22	1.0
Total	2144	-

§ Other includes: feeding the paste of outer skin of guava, feeding yogurt, feeding warm food, feeding yogurt with beaten rice, feeding turmeric with ghee and salt, feeding ginger, feeding sugar and tea leaves, give tablets for diarrhea, consult traditional healers, feeding green vegetables, giving herbal medicines, keeping the baby clean, keeping the environment clean, feeding beans soup, giving raw banana to mother, feeding buffalo milk, feeding Satya Jeevan, feeding bread, feeding the paste of outer skin of mango.

All the respondents were also enquired about the circumstances under which a child with diarrhea should be taken to a health worker for consultation. The majority (84.3%) of the respondents opined that a child should be taken for consultation in case of *frequent watery stools*. Likewise, about 43% of the women suggested *taking the child to a health worker* if s/he does not get better within 3 days (Table 7.8). Nearly one-third of the respondents thought that a child should be taken to the health workers in case the child develops *repeated vomiting*. About one-fifth of the responding women also said that a child should be taken to health workers for consultation in case of fever or poor eating or drinking. Only one in every 10 respondents knew that a child should be consulted with health workers if blood appears in the stool.

Table 7.8 Percent distribution of respondents reporting the circumstances under which a child with diarrhea should be taken to a health worker for consultation

Circumstances under which a child with diarrhea should be taken to a health worker for consultation	Number	%
Frequent watery stools	1807	84.3
If child does not get better within 3 days	917	42.8
Repeated vomiting	667	31.1
Fever	445	20.8
Eating or drinking poorly	427	19.9
Blood in the stool	252	11.8
If the baby is very weak	184	8.6
Child very thirsty	124	5.8
Swelling in the stomach/ stomach pain	40	1.9
Other§	94	4.4
Do not know	23	1.1
Total	2144	-

§ Other includes: sunken eyes, red eyes, unconsciousness, faint, weight loss, headache, if hands and feet turn cold, dizziness, dry nose, fast palpitation, cough, difficult to breath, frequent crying, not passing urine, malnourishment, mucus in the stool, running nose.

When asked about the places from where they would like to get advice or treatment for the diarrhea, over 40% of the respondents mentioned subhealth post followed by 16% each who mentioned health post and hospital. Those mentioning other health facilities for seeking advice or treatment for the diarrhea were private clinics or nursing homes (8.6%), pharmacy (6.9%) and primary health care center (6.6%). However, only 2% of the respondents preferred getting advice or treatment for diarrhea from the FCHVs (Table 7.9).

Table 7.9 Percent distribution of respondents by preferred place for seeking advice or treatment for diarrhea

Preferred place for seeking advice or treatment for the diarrhea	Number	%
Subhealth post	885	41.3
Health post	354	16.5
Hospital	332	15.5
Private clinic/nursing home	184	8.6
Pharmacy	148	6.9
Primary health care center	141	6.6
FCHV	40	1.9
NGO clinic/ community health center	38	1.8
Other ±	13	0.6
Do not know	9	0.4
Total	2144	100.0

± Other includes: mobile clinic, dhama jhakri, AHW, VHW, home treatment.

b) Prevalence of diarrhea and its treatment

Of the 2,144 respondents included in the survey, 821 had children below 3 years of age. In order to examine the diarrheal prevalence and its treatment practices, all these women were asked if their child had diarrhea in the last two weeks preceding the interview date. Data presented in Figure 7.2 reveals that only about 9% (N=77) of the children were suffering from diarrhea during that period. Surprisingly, the prevalence of diarrhea during the mid-term survey period was recorded to be quite low compared

to the Baseline Survey 2002 (15.0%) and DHS 2001: sub-sample results (22.8% of children below 5 years).

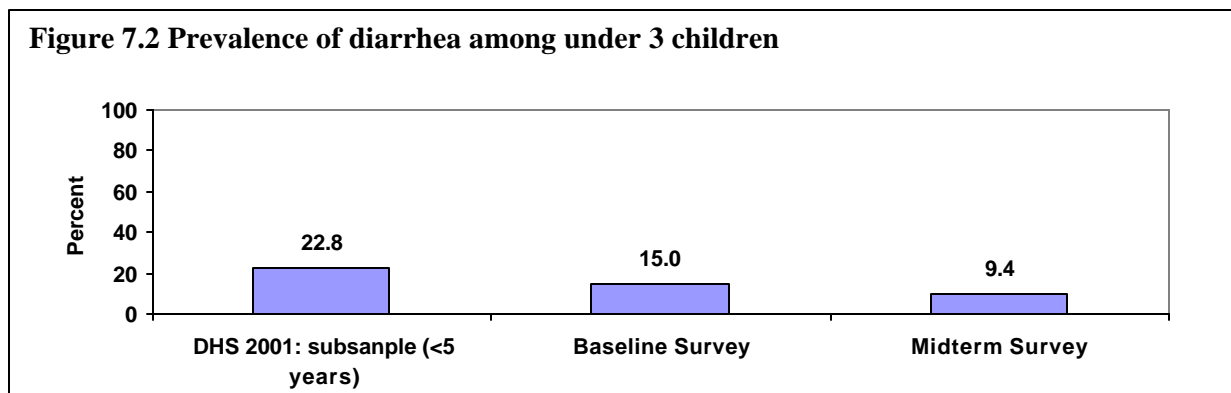


Table 7.10 further shows differentials on diarrheal prevalence according to the age group, literacy status and ethnicity of responding women. A higher proportion of children aged 7-23 months as compared to the children of other age groups were found to be suffering from diarrhea but the observed difference was not statistically significant. Ethnicity wise data reveals that children of *Tharu*, *Dalit* and Muslim are more likely to suffer from diarrhea compared to the children of other ethnic groups. The above information suggests that the Tharu, Dalit and Muslim community should be educated to keep and maintain the personal hygiene and their housing environment clean.

Table 7.10 Prevalence of diarrhea among under 3 children by selected background characteristics

Description	Percent	Number
Child's age	ns	
Less than 6 months	5.6	142
7-23 months	11.1	450
24-35 months	8.3	229
Sex of child	ns	
Boy	9.4	415
Girl	9.4	406
Literacy	ns	
Illiterate	9.7	590
Literate	8.7	231
Ethnicity	*	
Brahmin/Chhetri	5.8	155
Tibeto-Burman	5.4	156
Tharu	13.8	159
Dalit	15.3	111
Muslim	14.0	50
Other terai origin	7.4	242
Other	2.1	48
Total	9.4	821

*Significant at <.05 level

ns= Not significant

Those women whose youngest child had diarrhea in the last 2 weeks preceding the survey date were further asked (by prompting) about types of consultations or treatment they sought during diarrhea. The results are presented in Table 7.11. Nearly half (45.5%) of the women said they just provided

medicines bought from a pharmacy without consulting health workers followed by 39% who provided traditional treatment at home and 23% who took the child to SHP, HP or PHC. About 18% of the women said they consulted *Dhami Jhankri* and another 14% reported consulting FCHVs. Taking the child to a private clinic or nursing home during diarrhea was also found to be common in the survey areas as about 17% of the women said so.

In addition, the women were also enquired about the type of treatment or consultation they sought first. They were also asked to mention the places they took their child for consultation or treatments the second time and third time, in case their child was not cured from the first treatment. On the question where they took their child first for consultation or treatment during the last diarrheal episode, only about a quarter (26.0%) of the women said they took their child to the health facility, private clinic or nursing homes. About one-third of the women provided traditional treatment at home, 17% said they bought medicines from a pharmacy without consulting health workers and 7% consulted *Dhami Jhankri*. Only 5% of the women said they consulted FCHV when their child was suffering from diarrhea (Table 7.11, third column). The main reasons for taking their child first to the above facilities or individuals were mainly related to cost, accessibility, good services and health condition of the child. The reasons given by the women were as follows: (Table not shown)

- Near from home (22.1%)
- Less expensive (20.8%)
- Good treatment (19.5%)
- Child was not very serious (13.0%)
- Child was very serious (7.8%)

Availability of medicines, good behavior of health service providers and referral or recommendations were the other reasons for taking their child for treatment or consultation as mentioned by less than 5% of the women.

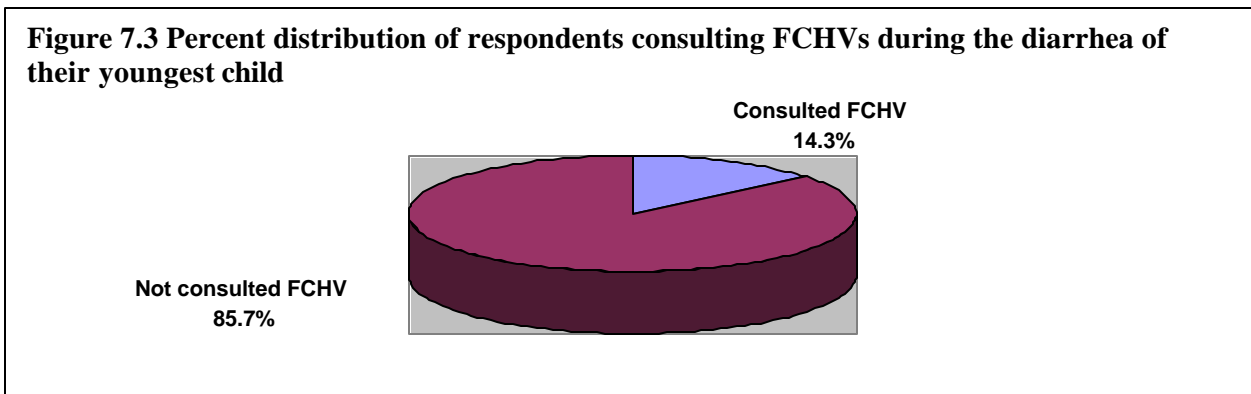
Table 7.11 Percent distribution of respondents by types of treatment provided to their child during last diarrheal episode (% yes only)

Types of consultations or treatments during diarrhea	Types of actions taken	First time visited	Second time visited	Other assistance or care sought
Traditional treatment at home	39.0	33.8	3.7	-
Gave medicine that was at home	15.6	7.8	-	-
Consulted a Dhami/Jhankri	18.2	6.5	3.7	-
Consulted an FCHV	14.3	5.2	14.8	-
Took child to SHP/HP/PHC	23.4	14.3	18.5	13.0
Took child to hospital	1.3	-	3.7	8.7
Took child to a private clinic/nursing home	16.9	11.7	11.1	4.3
Consulted other health workers	7.8	-	-	-
Bought medicine from a pharmacy	45.5	16.9	29.6	13.0
Nothing done	-	3.9	14.8	60.9
Total	77	77	27	23

About two-thirds (64.9%) of the 77 women said their child was cured of diarrhea after consultation or treatment from the first source while 35% (N=27) said that their child was not cured (Table not shown). These 27 women were again asked about the places or persons they consulted the second time. About three in every 10 women said they bought medicines from a pharmacy without consulting health workers followed by 19% who took their child to a government health facility and another 15% who consulted

FCHVs. One in every 10 women said they took the child to a private clinic or nursing home (Table 7.11, fourth column). Some women also said they took their child again to other places even after consulting or receiving services from the second source. The above information clearly shows that a sizeable proportion of people in the community still do not take their child on time to the health personnel or health facility for consultation or treatment during diarrhea. Therefore, it is necessary to inform people about the need of taking their child on time to the health facility or health personnel for consultation or treatment during diarrhea.

Of the 77 women whose child was suffering from diarrhea 14% (N=11) said they consulted FCHVs at least once during the last diarrheal episode while 86% (N=66) did not visit FCHVs (Figure 7.3). Quite a sizeable proportion (37.9%) of the women did not consult FCHVs because they did not know that FCHVs provide diarrheal treatment followed by 24% who did not visit FCHVs because they live far away from their residence. Some other reasons mentioned by the women for not visiting FCHVs for consultation were related to poor behavior (15.2%), unavailability of medicines (9.1%) and incompetence (3.0%) (Table not shown).



On the question whether the child was given ORS (Jeevan Jal or Nava Jeevan) during the last diarrheal episode, nearly half (49.4%; N= 38) of the women said they fed ORS to their child (Table not shown). Those women who reported feeding ORS to their child during the last diarrheal episode were again asked about the ways of preparing ORS. The survey results reveal that the great majority of the women were found to be preparing the ORS correctly as about 87% said they mixed one packet of ORS with 6-tea glasses or 1 liter of clean water (Table not shown). Sixteen out of 38 women said they fed ORS to their child after every loose motion and the same number said they fed ORS whenever their child asked for it. Some women also said they fed ORS slowly with a spoon and some fed whenever the child looked thirsty (Table not shown).

Table 7.12 presents data on the amount of liquid and solid food given to children during the last diarrheal episode. Nearly half (48.1%) of the women reported that they provided about the same amount of liquid to drink as before the diarrhea while 36% provided more liquid than usual. Only 12% of the women said they gave a lesser amount of liquid to drink and about 4% did not feed any liquid item. With regard to the solid foods, about 47% of the women said that they gave about the same amount of food as before the diarrheal episode. More than three in every 10 women provided less food while only 9% provided more food than usual. Some respondents (6.5%) said they stopped feeding solid food to their child during diarrhea.

Table 7.12 Percent distribution of children below three years by amount of food or liquid given during diarrhea

Description	Number	%
Amount of liquid given during diarrhea		
Less than usual	9	11.7
About the same	37	48.1
More than usual	28	36.4
Nothing to drink	3	3.9
Do not know	-	-
Total	77	100.0
Amount of solid food given during diarrhea		
Less than usual	24	31.2
About the same	36	46.8
More than usual	7	9.1
Stopped food	5	6.5
Never gave food	4	5.2
Do not know	1	1.3
Total	77	100.0

7.4 Knowledge of ARI and actions to be taken

Several questions related to ARI such as knowledge of ARI, its causes including prevalence and treatment were asked to all the respondents included in the survey. The survey findings are presented in this section.

a) Knowledge about ARI and place for its treatment

All the respondents were asked about the serious respiratory illness (ARI or pneumonia) that could develop in their child. The survey results reveal that almost all (97.5%) respondents were aware of at least one symptoms of ARI/pneumonia. Those respondents who were aware of pneumonia/ARI in the baseline survey 2002 were also 97.5%. More than three-quarters of the respondents considered *fast or difficult breathing* as the symptom of ARI/pneumonia followed by *fever or low body temperature* (62.6%) and *chest indrawing* (53.3%). Some respondents considered inability to eat or breastfeed, abnormal sleeping or difficulty in waking up and coughing as the symptoms of ARI/pneumonia.

Table 7.13 Percent distribution of respondents by knowledge about symptoms of ARI/ pneumonia

Symptoms of developing a more serious respiratory illness	Number	%
Fast/difficult breathing	1630	76.0
Fever/ low body temperature	1342	62.6
Chest indrawing	1143	53.3
Inability to eat/breastfeed	481	22.4
Abnormally sleepy/difficult to wake	324	15.1
Coughing	305	14.2
Dry nose/ dry mouth/ dry lips	94	4.4
Frequently crying	47	2.2
Severely malnourished	22	1.0
Other§	227	10.6
Do not know	53	2.5
Total	2144	-

§ Other includes: weight loss, weakness, running nose, swelling in the stomach, sore throat, vomiting, trauma/flu, hand and feet turns cold, does not pass urine, swelling mouth, green colored stool, body pain.

More than 9 in every 10 responding women opined that *cold or wind* could cause cough and cold/pneumonia. Similarly, more than one in every 10 mentioned *pollution or smoke* that could cause this disease. *Infection* and *eating hot and sour food by mother or children* were other causes of cough or pneumonia mentioned by a few (<5%) respondents. About 5% of the respondents were not aware about the causes of cough and cold or pneumonia (Table not shown).

All the respondents were also asked to give their opinion regarding the circumstances under which a child with cough, cold or pneumonia should be taken to the health facility or a health worker for consultation or treatment. In response, over two-thirds (67.0%) of the respondents opined that a child should be taken to the health facility in case of cough or difficult breathing (Table 7.14). Similarly, more than half of the respondents viewed that in case of fever (57.8%) or chest indrawing (50.5%), a child should be taken to the health facility or health worker. The other conditions requiring care of a health worker mentioned by a sizeable proportion of the respondents were fast breathing (44.2%), inability to breast feed or drink (19.3%) and soreness of throat (4.2%).

Table 7.14 Percent distribution of respondents by opinion regarding circumstances under which a child with cough, cold or pneumonia should be taken to a health facility or a health worker for consultation or treatment

Circumstances under which a child with cough/cold, pneumonia should be taken to a health facility or a health worker for consultation/treatment	Number	%
Cough/difficult breathing	1437	67.0
Fever	1240	57.8
Chest indrawing	1082	50.5
Fast breathing	948	44.2
Inability to breastfeed or drink	413	19.3
Soreness of throat	91	4.2
Abnormally sleepy/ difficult to wake/rolling eyes	48	2.2
Dry nose/ dry mouth/ dry lips	38	1.8
Weakness/weight loss	28	1.3
Frequently crying	22	1.0
Other§	69	3.2
Do not know	57	2.7
Total	2144	-

§ Other includes: swelling in the stomach, constipation, running nose, vomiting, cold, restless, throat infection, diarrhea, difficult to pass stool and urine, headache.

The respondents were also asked about the home care strategies required for the management of a child suffering from cough, cold or pneumonia. In response, the majority (69.9%) of the respondents suggested keeping the child warm followed by giving massages with ghee, oil or other herbal medicines (24.0%) and looking for chest indrawing (19.8%). The other types of home care strategies suggested by a few respondents were: looking for fast or difficult breathing, giving more fluid, breastfeeding frequently, cleaning nose, giving food frequently and feeding herbal medicines (Table 7.15).

Table 7.15 Percent distribution of respondents by knowledge about the home care strategies needed for a child suffering from cough, cold or pneumonia

Home care strategies for a child with suffering from cough/cold, pneumonia	Number	%
Keep the child warm	1499	69.9
Give massage with ghe, oil/ give massage by mixing turmeric with hot oil/ give massage with a mixture of egg's yolk and honey/ keep the throat warm	515	24.0
Look for chest indrawing	425	19.8
Look for fast breathing/ difficult breathing	352	16.4
Give more fluid	149	6.9
Breastfeed the baby frequently	141	6.6
Feed hing, herbs, warm water, lemon juice, ginger juice /give warm water mixing turmeric, ginger and timur/ give warm water mixing tulasi leaf/ give tulasi leaf, ginger and butter	130	6.1
Apply vicks	100	4.7
Clean the nose	95	4.4
Give more food frequently	83	3.9
Give massage with kerosene	83	3.9
Consult traditional healers/ consult Guruwa	52	2.4
Go to doctor or health facility if not cured/ go to hospital	33	1.5
Do not feed hot, sour, sweet and cold food/ do not feed stale or oily food	25	1.2
Other§	124	5.8
Do not know	78	3.6
Total	2144	-

§ Other includes: keep wet towel on top of child's head, feeding medicines time to time, not eating hot and sour by mother, feed eggs, feed meat, give warm food, feeding orange juice, provide herbal medicines.

The respondents were also enquired about the preferred place or providers to seek advice or treatment of pneumonia for their child. Data presented in Table 7.16 reveal that more than one-third (35.8%) of the respondents preferred to get advice or treatment services from subhealth post. Likewise, 20% of the respondents mentioned hospital, 17% health post and another 10% private clinic or nursing home. Only about 3% of the respondents stated that they would prefer to get services from FCHVs. The above information clearly shows that the majority of the respondents prefer to get advice or services for pneumonia from the government health facility.

Table 7.16 Percent distribution of respondents by preferred place to seek advice or treatment for the child with pneumonia

Preferred place to seek advice or treatment for cough/cold, pneumonia	Number	%
Subhealth post	767	35.8
Hospital	431	20.1
Health post	354	16.5
Private clinic/ nursing home	216	10.1
Primary health care center	144	6.7
Pharmacy	108	5.0
FCHV	56	2.6
NGO clinic/community clinic	34	1.6
Other±	20	0.9
Do not know	14	0.7
Total	2144	100.0

± Other includes: dhama jhakri, mobile clinic, VHW, MCHW, self FCHV.

b) Prevalence of ARI/pneumonia and its treatment

Those women (N=821) who had children under 3 years of age were asked if their child had cough/cold/pneumonia during the past 2 weeks preceding the survey date. Only 3.4% (N=28) said their child was suffering from cough, cold or pneumonia during that period. The proportion of children suffering from cough, cold or pneumonia in the midterm survey was quite low compared to the baseline survey 2002 results of 6.7% (Table not shown). The women were also asked (by prompting) about the places or persons where they took their child for consultations or treatment during cough, cold or pneumonia. About half of the women said they provided traditional treatment at home and another half provided medicines bought from pharmacy. Over one-third took their child to SHP, HP or PHC and about one-fifth each said they consulted other health workers or FCHVs (Table 7.17, column 2).

Table 7.17 Percent distribution of respondents by types of treatment provided to their child during cough, cold or pneumonia

Types of treatment provided to the youngest child during cough/cold or pneumonia	Types of actions taken	First time visited	Second time visited	Other assistance or care sought
Traditional treatment at home	50.0	39.3	-	-
Gave medicine that was at home	14.3	3.6	-	-
Consulted a Dhami/Jhankri	14.3	3.6	9.1	-
Consulted an FCHV	17.9	7.1	-	-
Took child to SHP/HP/PHC	35.7	17.9	45.5	10.0
Took child to hospital	17.9	10.7	-	30.0
Took child to a private clinic/nursing home	14.3	-	-	10.0
Consulted other health workers	21.4	3.6	-	10.0
Bought medicine from a pharmacy	50.0	14.3	36.4	10.0
Nothing done	-	-	9.1	30.0
Total	28	28	11	10

On the question as to whom they consulted first during the last episode of pneumonia, nearly two-fifths (39.3%) of the women said they just provided traditional treatment at home. About 18% of the women said they took the child to SHP, HP or PHC and another 11% took the child to hospital. About 7% of them reported consulting FCHVs (Table 7.17; column 3). The main reasons for consulting or utilizing the above services were: near from home (42.9%), good services or treatment (21.4%), less expensive (10.7%) and availability of medicines (7.1%) (Table not shown). More than 60% out of 28 women said that their child was cured after getting treatment from the first source while the rest (N=11) said their child did not get cured. Nearly half of the women said they took their child a second time to SHP, HP or PHC after not getting cured from the first source and another one-third gave medicines bought from the pharmacy. When further asked as to where they consulted for their child after not getting cured from the second source, the majority of the women said they took the child either to the health facility or health personnel for treatment (Table 7.17; column 5).

Of the 28 women whose children were suffering from cough, cold or pneumonia 18% (N=5) reported consulting FCHVs and the rest (N=23) did not consult FCHVs (Table not shown). Most of the women (65.2%) did not consult FCHVs because they were not aware that FCHVs also provide such services. The other reasons for not consulting FCHVs during cough, cold or pneumonia were (Table not shown):

- FCHV lives far away (17.4%)
- FCHV not competent (8.7%)
- FCHV does not give medicines (8.7%)

Of the 28 women whose child was suffering from cold, cough or pneumonia, 75% (N=21) reported consulting health workers during sickness. Only 6 out of these 21 women said they took their child for follow up services after 2 days while 15 respondents did not take the child for follow up services. The reasons were: the child was cured after consultation (N=2), health workers did not advise them for follow up visit (N=3) and lack of money (N=2) (Table not shown).

7.5 Immunization, Vitamin A and Deworming

All the women who have children between 6-35 months at the time of survey were asked if their youngest child was given Vitamin A capsule when it was distributed in Kartik 2061 B.S. During that time, deworming tablets were also distributed along with vitamin A capsules; therefore, the mothers of children between 12-35 months old were also asked if their youngest child was given deworming tablets during that time. Therefore, an attempt has been made to assess the coverage of these services. In response, nearly 85% said that their children were provided Vitamin A capsules (Table 7.18). The above information indicates a good coverage of vitamin A distribution campaign in the NFHP program districts. Nearly three-fifths (57.5%) of the children aged 12-35 months were reported to have been given deworming tablets during that time. On the question whether their youngest child aged 9-36 months was given vaccines against measles during the last measles campaign day, about three-quarters of the respondents responded affirmatively (Table not shown). Table 7.18 further shows differentials on use of vitamin A capsules and deworming tablets by the children during Kartik distribution by their selected background characteristics. Significantly a higher proportion of children between 12-36 months as compared to younger ones had received vitamin A capsules during Kartik distribution. No significant difference was observed in use of these medicines according to the sex of children. Sex-wise data reveals that a higher proportion of Muslim children had received vitamin capsules than the children of other ethnic groups; however, the difference was not statistically significant. With regard to the use of deworming tablets, a significantly higher proportion of children of literate women and those belonging to Brahmin and Chhetri castes had received it.

Table 7.18 Percent distribution of children 6-35 months receiving vitamin A capsules and 12-35 months receiving deworming tablets by selected background characteristics

Background characteristics	Vitamin A		Deworming tablets	
	%	Total (N)	%	Total (N)
Age of child (in months)	*		*	
6-11	55.0	149	-	
12-23	92.7	301	53.5	301
24-35	93.9	229	62.9	229
Sex of child	ns		ns	
Boy	84.4	346	58.3	266
Girl	85.3	333	56.8	264
Literacy of mother	ns		*	
Illiterate	84.0	499	54.0	389
Literate	87.2	180	67.4	141
Ethnicity	ns		*	
Brahmin/Chhetri	84.6	123	68.0	97
Tibeto-Burman	89.1	46	57.5	40
Tharu	87.7	138	62.1	103
Dalit	87.4	87	52.1	73
Muslim	90.9	33	51.7	29
Other terai origin	82.0	211	59.1	154
Other	75.6	41	23.5	34
Total	84.8	679	57.5	530

*Significant at <.05 level

Chapter 8

Knowledge on HIV/AIDS

The mid-term survey also included some questions on the knowledge about HIV/AIDS. All respondents were asked whether they had ever heard of HIV/AIDS, their knowledge on its modes of transmission and ways of prevention, sources of knowledge, and the extent of discussion on issues related to HIV/AIDS with other people. The results regarding these issues are presented in this chapter.

8.1 Heard of HIV/AIDS

The overall result indicates that nearly half (47.0%) the respondents of the survey areas had ever heard about HIV/AIDS (Table 8.1). This figure is quite low compared to the Baseline Survey 2002 results of 64.6% and slightly higher (42.4%) than DHS 2001: sub-sample. Table 8.1 presents differentials on knowledge of HIV/AIDS according to the selected background characteristics of the respondents. Younger women are more likely to have heard of HIV/AIDS than the elder ones. For instance, more than half of the women aged 20-29 years compared to less than 45% who are above 30 years of age reported ever hearing about HIV/AIDS. Literate women are significantly more likely to have heard of HIV/AIDS than the illiterate ones. Knowledge about HIV/AIDS was significantly much higher among Brahmin or Chhetri and Tibeto-Burman castes (>73% each) while it was quite low among Muslim (18.0%) women. There was a strong relationship between the ownership of radio/TV and their level of knowledge about HIV/AIDS. Only 27% of the women who had no radio and TV compared to about 81% who had owned both the TV and radio reported having ever heard about HIV/AIDS.

Table 8.1 Percent distribution of respondents who have heard of HIV/AIDS by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	47.5	219
20-24	55.4	417
25-29	51.1	476
30-35	40.7	369
35-39	44.8	306
40-44	40.3	211
45-49	39.7	146
Literacy	*	
Illiterate	32.7	1603
Literate	89.5	541
Ethnicity	*	
Brahmin/Chhetri	73.1	386
Tibeto-Burman	73.6	197
Tharu	55.0	436
Dalit	40.1	274
Muslim	18.0	100
Other terai origin	26.1	658
Other	44.1	93
Ownership of radio/TV	*	
None	27.0	960
Radio only	57.4	683
TV only	55.3	188
Both radio and TV	80.8	313
Walking distance to the nearest health facility	*	
Less than 30 minutes	46.6	1144
30 minutes or more	47.9	924
Do not know	42.1	76
Total	47.0	2144

*Significant at <.05 level

All the women (N=1,008) who reported having heard of HIV/AIDS were further asked (by prompting) to mention ways through which a person may get infected by the virus. While asking the question, the interviewer first recorded all the *spontaneous* responses then the interviewer proceeded *probing* for the response among those who did not spontaneously answer 'yes' to the possible ways of HIV infection. Thus, the overall results show that except for ways of infection like *multiple sex partners* (75.5%) and *sexual intercourse with infected person* (41.8%), the spontaneous response was very low. But after probing, the response rate became very high for almost all the possible ways of HIV infection (Table 8.2).

Table 8.2 Percent distribution of respondents by knowledge about modes of transmission of HIV (N=1008)

Ways in which a person can get infected with HIV	Spontaneous	After probing	Spont + probe	No	DK
People having multiple sexual relationships	75.5	23.2	98.7	-	1.3
Sexual intercourse with infected partner	41.8	56.1	97.8	0.5	1.7
Getting injections with a needle that has been already used by someone else who is infected with HIV virus	26.3	67.5	93.8	1.0	5.3
An infected blood transfusion	17.0	75.7	92.7	1.2	6.2
Pregnant woman infected with HIV or AIDS to her unborn child	2.8	85.0	87.8	1.9	10.3
Woman with HIV or AIDS to her newborn child through breastfeeding	1.4	70.8	72.2	10.9	16.9
From a mosquito bite	0.9	63.5	64.4	22.7	12.9
Sharing a meal with someone who is infected with HIV	4.6	37.2	41.8	50.7	7.5
Using dishes to eat of a HIV/AIDS infected person	1.6	37.4	39.0	52.2	8.8
Working together with some one infected with HIV/AIDS	2.5	31.0	33.4	57.9	8.6
Not using condoms during sex	3.5	0.2	3.7	-	96.3
Sharing equipment used by HIV infected person/ sharing blade or syringes	1.7	-	1.7	-	98.3
Other§	1.6	-	1.6	-	98.4

§ Others include: sharing clothes used by infected person/ speaking with HIV infected person, hugging, sharing condoms used by HIV infected person.

Thus, when the spontaneous and probed responses are combined together, the overall knowledge of women regarding different ways of HIV infection appeared to be high in the survey areas. For example, almost all the respondents (93% to 99%) had knowledge of possible ways of infection such as *through infected blood, sharing used needles, having multiple sexual relationships* and *having sexual intercourse with infected partner*. A very high percentage of respondents (87.8%) also knew that *a pregnant mother infected with HIV might infect her unborn child*. Very small percentage of respondents (3.7%), however, knew that a person may get HIV infection if s/he does not use condom while having sex.

It should, however, also be noted that a high percentage of women also had misconceptions about some of the ways of HIV transmission such as *one may get infected through mosquito bites* (64.4%), *one may get infected by sharing a meal with someone who is infected* (41.8%) and *a person may get infected by using the dishes that was used by an infected person* (39.0%). These are not the scientifically established modes of HIV transmission (Table 8.2). Thus, this result indicates the need for educating the women of the survey areas about the correct modes of HIV transmission.

8.2 Sources of information about HIV/AIDS

All the women (N=1,008) who reported having heard about HIV/AIDS were asked about the sources from where they learned about it. *Radio* and *friends or neighbor* were the main sources of information about HIV/AIDS for the women in the survey areas as about half of the respondents reported that they learned about HIV/AIDS through these sources (Table 8.3). *Television* as the source of information was reported by about 30% of the women. A relatively lower percentage of the women reported community level health personnel such as FCHVs

(16.0%) and health workers (12.1%). About 9% of the women also reported the husband and school/teacher as their sources of information about HIV/AIDS.

Table 8.3 Percent distribution of respondents by sources of information on HIV/AIDS

Sources of information about AIDS	Number	%
Radio	510	50.6
Neighbors/friends	464	46.0
TV	291	28.9
FCHV	161	16.0
Health worker	122	12.1
School/ teacher	86	8.5
Husband	94	9.3
Newspapers/magazines	54	5.4
Training/workshop/meeting	37	3.7
Pamphlets/ posters	26	2.6
Mother's group meeting/ mother's group	14	1.4
VHW	11	1.1
Your children	10	1.0
Other§	113	11.2
Do not know	1	0.1
Total	1008	-

§ Others include: NGO, health post, subhealth post, health facility. Brother-in-law, mother, sister-in-law, literacy classes, street drama, brothel, TBA, DACAW worker, books, guardians meeting.

8.3 Knowledge of HIV prevention and services

Those women (N=1,008) who reported having heard about HIV/ADIS were further asked (by prompting) about the ways of HIV/AIDS prevention. In response, a large majority (93.0%; N=937) also believed that one could prevent him/herself from getting HIV infection (Table not shown). These women (N=937) were further asked to mention the ways in which they believed one could prevent oneself from getting HIV infection. In this case too, except for the ways like avoiding multiple sexual relationships (62.2%), a relatively lower percentage of respondents spontaneously mentioned other ways of prevention of getting the HIV infection. However, the response rate becomes very high after probing on the responses (Table 8.4).

Thus the overall result, after combining the spontaneous and probed responses, shows that the level of knowledge of women on the ways of HIV prevention was quite high. Over 90% of the women mentioned that one could prevent HIV/AIDS infection through:

- abstaining from sexual intercourse
- having just one sex partner who has no other partners
- having one uninfected faithful sex partner
- avoiding multiple sexual relationships
- avoiding sex workers

Similarly, a higher proportion of the women also mentioned other ways of avoiding HIV infection such as, avoiding sharing razor/blades (83.5%), only using sterilized needles (83.3%), and avoiding unprotected sex with homosexuals (61.5%). A higher percentage of women also have misconceptions about preventive ways of HIV infection such as, not touching someone who is infected (67.2%) and not kissing (62.1%).

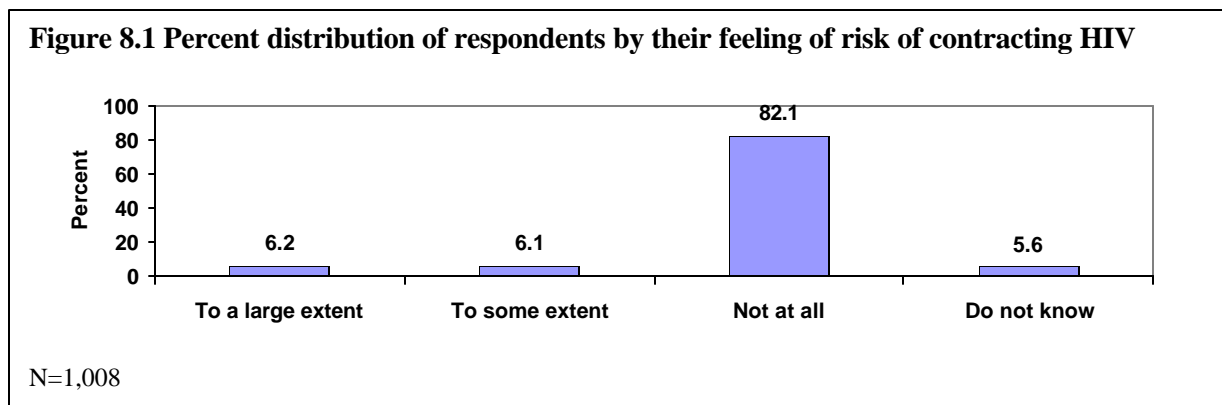
Table 8.4 Percent distribution of respondents by knowledge about ways of HIV/AIDS prevention (N=937)

Preventive measures against HIV/AIDS infection	Spontaneous	After probing	Spont + probe	No	DK
By avoiding multiple sexual relationship	62.2	33.5	95.7	3.4	0.9
By having one uninfected faithful sex partner	13.9	78.9	92.7	4.9	2.3
By abstaining from sexual intercourse	20.3	72.1	92.4	6.1	1.5
By having just one sex partner who has no other partners	12.8	78.0	90.8	6.8	2.3
By avoiding sex workers	26.5	64.1	90.6	3.5	5.9
By using a condom every time having sex	26.1	63.6	89.8	6.4	3.8
By avoiding sharing razor/blades	7.9	75.6	83.5	11.5	5.0
By using sterilized needles	23.3	60.0	83.3	9.3	7.5
By avoiding mosquito bites	2.6	70.4	73.0	17.1	9.9
By not sharing food with a person who has AIDS	7.5	63.5	71.0	23.5	5.5
By avoiding touching someone who is infected	3.3	63.9	67.2	24.9	7.9
By avoiding kissing	0.3	61.8	62.1	17.9	20.0
Avoiding unprotected sex with homosexuals	1.2	60.3	61.5	13.0	25.5
By having non-penetrative sex/thigh sex	0.2	35.0	35.2	15.5	49.3
Other§	9.3	0.3	9.6	0.2	90.2

§ Others include: by taking medicines, not going out with boys, not speaking with HIV infected persons, not having sex with HIV infected person, taking only the lab tested blood, not taking others blood, using medicines consulting doctors, not sharing clothes with HIV infected person, HIV infected woman should not get pregnant/ not using the same condom used by HIV infected person.

The women were also asked as to what extent they felt themselves at the risk of contracting HIV infection. The survey results show that a large majority (82.1%) of women considered themselves as *not at all* in risk of contracting HIV infection. Six percent each considered themselves at risk *to a large extent* and only *to some extent* (Figure 8.1). During the interview, one respondent declared that she was infected with HIV/AIDS.

Figure 8.1 Percent distribution of respondents by their feeling of risk of contracting HIV



Those women who reported having heard of HIV/AIDS (N=1,008) were also asked if they knew a place where they could go to get HIV/AIDS related information and services. The majority (95.7.0%) of the women were able to mention at least one source of information and service. A higher proportion of women mentioned hospital (53.0%) and health post or subhealth post (48.4%) where they could get HIV related information and services (Table 8.5). A sizeable proportion of the women also mentioned that they could get information and services from FCHVs (21.8%), friends or relatives (17.7%), private hospitals or clinics (17.0%) and health workers (16.8%).

Table 8.5 Percent distribution of respondents by knowledge about places where one could get HIV/AIDS related information and services

Sources from which one can get HIV/AIDS-related information and services	Number	%
Government hospital	534	53.0
Health post/subhealth post	488	48.4
FCHV	220	21.8
Friends/ relatives	178	17.7
Private hospital/clinic	171	17.0
Health worker	169	16.8
Radio	135	13.4
TV	67	6.6
Private doctor	52	5.2
FP clinic	33	3.3
Mobile clinic	20	2.0
Pharmacy	38	3.8
Books/ health related books	34	3.4
VHW	14	1.4
Other§	74	7.3
Do not know	43	4.3
Total	1008	-

§ Others include: general shop, mother's group, PHCC, training, street drama, newspaper, magazine, school, guardian's meeting, family members, NGO, life line, AIDS team, HIV infected persons, TBA, Red Cross, own children.

8.4 Interpersonal communication on HIV/AIDS

All the women (N=1,008) who reported ever having heard of HIV/AIDS were also asked whether they have ever discussed HIV/AIDS with their spouses. The survey does not show a very encouraging scenario of inter-spousal discussion on HIV/AIDS as only half (50.6%; N=510) of the women reported ever discussing about this issue with their spouse. Table 8.6 further shows data on spousal discussions on HIV/AIDS issues according to their selected background characteristics. Age wise data reveals that elder women are significantly less likely to discuss HIV/AIDS issues with their husbands than the women of younger age cohorts. Literate and those who have owned radio or TV are significantly more likely to discuss about it than their respective illiterate counterparts and those who do not have radio/TV. Ethnicity wise data reveals that communication between spouses on HIV/AIDS issues was less pronounced among Muslim women than women of other castes, but the observed difference was not statistically significant.

Table 8.6 Percent distribution of respondents who ever discussed on HIV/AIDS with their husbands by selected background characteristics

Background characteristics	Percent	Number
Respondent's age (in years)	*	
15-19	44.2	104
20-24	53.7	231
25-29	59.7	243
30-35	58.0	150
35-39	40.9	137
40-44	41.2	85
45-49	29.3	58
Literacy	*	
Illiterate	43.7	524
Literate	58.1	484
Ethnicity	ns	
Brahmin/Chhetri	51.1	282
Tibeto-Burman	47.6	145
Tharu	53.3	240
Dalit	45.5	110
Muslim	33.3	18
Other terai origin	54.7	172
Other	46.3	41
Ownership of radio/TV	*	
None	40.5	259
Radio only	52.8	392
TV only	54.8	104
Both radio and TV	55.7	253
Walking distance to the nearest health facility	ns	
Less than 30 minutes	54.0	533
30 minutes or more	47.4	443
Do not know	37.5	32
Total	50.6	1008

*Significant at <.05 level

ns= Not significant

The women (N=1,008) were further asked if they discussed HIV/AIDS with any of their friends, neighbors or relatives in the past 6 months. In response, about one-third (33.1%; N=334) said they discussed with others about HIV/AIDS (Table 8.7). A great majority (86.8%) of these women had discussed about HIV/AIDS with their friends or neighbors followed by 46% with sisters-in-law and 36% with sisters.

Table 8.7 Percent distribution of respondents by discussion on HIV/AIDS with their friends, neighbors or relatives in the past 6 months

Description	Number	%
Whether discussed HIV/AIDS with any of your friends, neighbors or relatives in the past 6 months		
Yes	334	33.1
No	671	66.6
Do not know	3	0.3
Total	1008	100.0
Persons with whom you discussed (Multiple Response)		
Friend/neighbor	290	86.8
Sister-in-law	155	46.4
Sister	120	35.9
Mother-in-law	15	4.5
Daughter/son	10	3.0
Mother	7	2.1
Father	3	0.9
Brother	2	0.6
Father-in-law	1	0.3
Other (mother's sister/ aunt/ daughter-in-law/ students/ doctor)	12	3.6
Total	334	-

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Annexes

Annex 1: Sampling Error and Design Effect

NFHP Mid-term Survey Estimates of Standard Error & Design Effect of Key Variables

The sample of respondents selected in this survey is one of the many possible samples that could be selected from the same population, using the same sampling design and size. Each of these samples certainly would yield results that differ somewhat from the results of the actual sample selected. In such a case, sampling errors are used as a measure of the variability between all possible samples. To estimate the sampling error, the Jackknife method of estimation of standard errors is used which is designed for estimation of standard error based on multistage cluster sampling design. The variance estimation by this method is calculated using the following expression:

$$\text{Var}(r) = \frac{1}{k(k-1)} \sum_{i=1}^k (r_i - r)^2$$

Where $r_i = kr - (k-1)r(i)$, r is the overall estimate of the proportion,

k = number of PSUs (in our case 62), and

$r(i)$ is the estimate of the proportion excluding the data from the i^{th} PSU.

The design effect (DEFF), as a ratio of the standard error using given sampling design and the standard error that would result if a simple random sample had been used is also calculated. A design effect value of 1.0 indicates that the sample design is as efficient as a simple random sample, while a value greater than 1.0 indicates the increase in the sampling error due to the use of more complex design.

The 95% confidence interval of the estimate indicates the true probability of estimate, which will lie between the stated lower and upper limit.

The calculated value of standard error, design effect and 95% confidence intervals for the selected indicators are summarized below.

Indicators	Proportion (r)	Standard Error of the Estimate (SE)	Design Effect (DEFF)	95% Confidence Limits	
				r - 1.96 SE	r + 1.96 SE
Received pregnancy check-up during last pregnancy	0.689	0.032	2.0	0.626	0.752
Received TT injection during last pregnancy	0.812	0.026	1.9	0.761	0.863
Received Iron/Folic tablets during last pregnancy	0.618	0.030	1.8	0.559	0.677
Babies nothing apply on the stump after the cord was cut	0.515	0.035	2.0	0.446	0.584
Babies bathed only after 24 hours	0.214	0.025	1.7	0.165	0.263
Had diarrhea in last 2 weeks	0.094	0.014	1.4	0.067	0.121
Consulted FCHV during diarrhea	0.143	0.028	0.7	0.088	0.198
Had suffer from cough/cold, pneumonia in last 2 weeks	0.034	0.008	1.3	0.018	0.050
Ever heard of HIV/AIDS	0.470	0.039	3.6	0.394	0.546
Heard of Gyan Nai Sakti Ho program	0.062	0.010	1.8	0.042	0.082
Ever use of contraceptives	0.583	0.023	2.2	0.538	0.628
Current use of any FP methods	0.466	0.019	1.8	0.429	0.503
Current use of Oral pills	0.023	0.005	1.5	0.013	0.033
Current use of IUD	0.002	0.001	1.0	0.000	0.004
Current use of DEPO	0.090	0.010	1.6	0.070	0.110
Current use of Condom	0.029	0.005	1.4	0.019	0.039
Current use of Norplant	0.008	0.003	1.3	0.002	0.014
Current use of female sterilization	0.260	0.016	1.7	0.229	0.291
Current use of male sterilization	0.033	0.008	2.1	0.017	0.049
Current use of periodic abstinence	0.014	0.004	1.6	0.006	0.022
Current use of withdrawal	0.007	0.002	1.1	0.003	0.011
Receiving medical assistance during last delivery	0.247	0.025	1.7	0.198	0.296
Vitamin A coverage of children 6-36 months	0.848	0.014	1.0	0.821	0.875
Receiving measles vaccines (aged >8 months)	0.747	0.023	1.3	0.702	0.792

Annex 2
Survey Instruments

**NEPAL FAMILY HEALTH PROGRAM (NFHP)
MID-TERM SURVEY, 2005
QUESTIONNAIRE FOR HEAD OF THE HOUSEHOLD**

Form No.

District:.....	
Name of VDC.....	
Ward No.....	
Village name.....	
Cluster No.	
Household No.	
Name of the household head	
Name of the respondent.....	

INTERVIEWER VISITS			
	1	2	3
DATE			
INTERVIEWER'S NAME:			
RESULT*			
NEXT VISIT :DATE			
TIME			

*RESULT CODES:

1 = Completed 2 = Household absent 3 = Time and date set for later	4 = Dwelling not found 5 = No competent respondent at home 6 = Refused	7 = Other (specify): ____ _____ --
--	--	--

HOUSEHOLD SCHEDULE

May I please have some information about the people who usually live in your household or who are staying with you now?

NO	USUAL RESIDENCE AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	RESIDENCE		SEX	AGE	MARITAL STATUS	ELIGIBILITY
	Please give me the names of the persons who usually live in your household or are staying with you now and guests of the household who stayed here last night, starting with the head of the household. (WRITE FULL NAMES)	What is the relationship of (NAME) to the head of the household?	Does (NA -ME) usually live here?	Did (NA-ME) sleep here last night	Is (NA-ME) male or female?	How old is (NA -ME)? (If less than one year write "00")	For all those 10 years and above. What is his/her marital status now? 1=Never married 2=Married 3=Widow/ widower 4=Divorced/ separated 5=Currently married but never lived with husband	Circle line number of women eligible for individual interview (A woman is eligible if she is currently married and 15 - 49 years of age).
(1)	(2)	(3)	(4) Yes=1 No=2	(5) Yes=1 No=2	(6) M=1 F=2	(7) Years	(8)	(9)
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10
11								11
12								12
13								13
14								14
15								15

Codes for Column 3: Relationship to Head of Household

- | | | | |
|--------------------|--------------------|----------------------|-------------------|
| 01=Head | 04=Daughter-in-law | 07=Parent-in-law | 10=Other Relative |
| 02=Wife or Husband | 05=Grandchild | 08=Brother or sister | 11=Not Related |
| 03=Son or Daughter | 06=Parent | 09=Nephew or Niece | 98=Don't Know |

**NEPAL FAMILY HEALTH PROGRAM (NFHP)
MID-TERM SURVEY, 2005
QUESTIONNAIRE FOR CURRENTLY MARRIED WOMEN**

Form No.				
Household No.				

District.....	
Name of VDC.....	
Ward No.....	
Village name.....	
Cluster No.	
Household No.	
Name of the household head	
Name of the respondent.....	

	INTERVIEWER		VISITS
	1	2	3
DATE			
INTERVIEWER'S NAME:			
RESULT*			
NEXT VISIT : DATE			
TIME			

*RESULT CODES:

1 = Completed	4 = Incomplete interview
2 = Absent	5 = Refused
3 = Time and date set for later	6 = Other (specify): _____

INTRODUCTION AND CONSENT

Namaste! My name is _____, and I am from Valley Research Group (VaRG) Kathmandu. VaRG is conducting this study for Ministry of Health/HMG. MOH has been implementing Nepal Family Health Program in this district with the objectives of improving mother and child health status. We are here to find about the health of mothers and children to help you and your community to keep mothers and children healthy. We are asking many women in many communities the same questions in order to understand their knowledge, attitudes and behavior regarding the mother and child health. We would very much appreciate your participation in this survey. This information will help MOH to improve its program in the districts. The survey usually takes around one hour. But I assure you that your name will not be shared with anyone else and your answers to my questions will be combined with answers from many other people so that no one will know that the answers you give me today belong to you. Your privacy is protected and I assure that your answers are kept confidential.

Your participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

May I proceed with the questions?

RESPONDENT AGREES TO BE INTERVIEWED..... 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED..... 2 ? END INTERVIEW & THANK THE RESPONDENT

Section 1: Respondent's Background

First I would like to ask some questions about you.

Q. #	Question	Codes	GO TO Q.															
101	How old are you?	AGE IN COMPLETED YEARS... DON'T KNOW98																
102	Have you ever-attended school?	YES 1 NO..... 2	→105															
103	What is the highest class you completed?	GRADE.....																
104	CHECK Q. 103:	GRADE 5 OR BELOW..... 1 GRADE 6 AND ABOVE..... 2	→106															
105	Now, I would like you to read out loud as much of this sentence as you can. (CHUROT KHANU RAMRO BANI HOINA) (Show card to the respondents)	Can not read at all 1 Able to read only parts of sentence..... 2 Able to read whole sentence..... 3																
106	Did your husband ever attend school?	YES 1 NO..... 2	→108															
107	What was the highest class he completed?	GRADE DON'T KNOW98																
108	What is your caste or ethnicity? (WRITE CASTE IN SPACE RPROVIDED. DO NOT FILL BOX)	CASTE/ETHNICITY <input style="width: 40px; height: 20px;" type="text"/>																
109	How old were you when you (first) got married?	AGE IN COMPLETED YEARS... DON'T REMEMBER.....98																
110	What is the walking distance from your house to the nearest health facility/clinic/nursing home?	IN MINUTES..... DON'T KNOW 998																
111	Is there a mothers' group in your area?	YES 1 NO..... 2 DO NOT KNOW 8	→114 →114															
112	Have you participated in the past 6 months in the mothers' group meeting	YES 1 NO..... 2	→114															
113	Was there a discussion on the following issues during group meeting?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1 Family planning</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2 Safe motherhood (antenatal, delivery and PP care)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3 Child health (ARI, Diarrhea, Malnutrition, immunization, measles vaccine etc.)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4 HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	1 Family planning	1	2	2 Safe motherhood (antenatal, delivery and PP care)	1	2	3 Child health (ARI, Diarrhea, Malnutrition, immunization, measles vaccine etc.)	1	2	4 HIV/AIDS	1	2	
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3 Child health (ARI, Diarrhea, Malnutrition, immunization, measles vaccine etc.)	1	2																
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114	Does your household have the following items?	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>1 Electricity</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2 Bicycle</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3 Toilet</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	1 Electricity	1	2	2 Bicycle	1	2	3 Toilet	1	2				
	Yes	No																
1 Electricity	1	2																
2 Bicycle	1	2																
3 Toilet	1	2																

Section 2: Fertility

Now I would like to ask about pregnancy and childbearing.

Q. #	Question	Codes	GO TO Q.
201	Have you ever been pregnant?	YES 1 NO..... 2	→212
202	Have you ever given birth?	YES 1 NO..... 2	→207
203	How many sons and daughters have been ever born to you (including those who might currently be away from home)? IF NONE ENTER "00".	TOTAL SONS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> TOTAL DAUGHTERS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
204	Of all the children born to you, how many sons and daughters are alive now? IF NONE ENTER "00".	SONS LIVING <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DAUGHTERS LIVING..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NONE.....97	
205	In what year and month was your youngest child born?	YEAR <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MONTH..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW98	
206	How old is he/she now? Year:..... Month:.....	MONTHS <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> NO LIVING CHILD (YOUNGEST)....97	
207	CHECK QUESTIONS 202, 205 AND 206:	YOUNGEST LIVING CHILD LESS THAN 3 YEARS 1 YOUNGEST LIVING CHILD MORE THAN 3 YEARS.....2 NEVER GIVEN BIRTH.....3 NO LIVING CHILD.....7	→ 209 → 209
208	Is your youngest child son or daughter?	SON..... 1 DAUGHTER..... 2	
209	Are you pregnant now?	YES 1 NO..... 2 NOT SURE 9	→ 212 → 212
210	How many months pregnant are you? RECORD NO. OF COMPLETED MONTHS.	MONTHS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DON'T KNOW98	
211	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you <u>want to wait until later</u> , or did you <u>not want to become pregnant at all</u> ?	THEN 1 LATER 2 NOT AT ALL..... 3	

Q. #	Question	Codes	GO TO Q.
212	<p>Now I have some questions about childbearing in the future. (Check Q209 and tick appropriate box)</p> <p>Currently pregnant..... “ Would you like to have children after the child you are expecting?</p> <p>Currently not pregnant/unsure..... “ Would you like to have a child / another child or would you prefer not to have any / any more children?</p>	<p>HAVE ANOTHER CHILD 1 NO MORE 2 CANNOT GET PREGNANT 3 DON'T KNOW 8</p>	<p>} → 301</p>
213	<p>When would you like to have the child?</p>	<p>IMMEDIATELY 1 WITHIN A YEAR 2 1 - 2 YEARS 3 2 - 3 YEARS 4 3 - 4 YEARS 5 4 YEARS AND MORE 6 DON'T KNOW 8</p>	

Section 3: Family Planning

Q. #	Question	Codes	GO TO Q.																																								
301	Have you ever heard of family planning?	YES.....1 NO2	→401																																								
302	<p>Which methods of family planning have you heard about?</p> <p>(INTERVIEWER: CIRCLE CODE 01 FOR EACH METHOD MENTIONED SPONTANEOUSLY UNDER "YES/SPONT" COLUMN. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE "2" IF METHOD IS RECOGNIZED, AND CODE "3" IF NOT RECOGNIZED).</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">READ DESCRIPTION OF EACH METHOD</th> <th style="text-align: center;">YES/ SPONT</th> <th style="text-align: center;">YES/ PROBED</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>1 PILL: woman can take a pill every day. Have you ever heard of pill?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>2 IUD: Women can have a loop or coil placed inside them by a doctor or a nurse. Have you ever heard of IUD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>3 INJECTION: Women can have an injection by a doctor or a nurse, which stops them from becoming pregnant for several months. Have you ever heard of Injection?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>4 CONDOM: Men can use a rubber sheath during sexual intercourse. Have you ever heard of Condom?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>5 NORPLANT: Capsule to be inserted into women's arm. It prevents pregnancy for seven years. Have you ever heard of Norplant?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>6 FEMALE STERILIZATION: Women can have an operation to avoid having any more children. Have you ever heard of FEMALE sterilization?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>7 MALE STERILIZATION: Men can have an operation to avoid having any more children. Have you ever heard of MALE Sterilization?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>8 PERIODIC ABSTINENCE: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. Have you ever heard of Periodic abstinence?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>9 WITHDRAWAL: MEN can be careful and pull out before climax. Have you ever heard of withdrawal?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table>			READ DESCRIPTION OF EACH METHOD	YES/ SPONT	YES/ PROBED	NO	1 PILL: woman can take a pill every day. Have you ever heard of pill?	1	2	3	2 IUD: Women can have a loop or coil placed inside them by a doctor or a nurse. Have you ever heard of IUD?	1	2	3	3 INJECTION: Women can have an injection by a doctor or a nurse, which stops them from becoming pregnant for several months. Have you ever heard of Injection?	1	2	3	4 CONDOM: Men can use a rubber sheath during sexual intercourse. Have you ever heard of Condom?	1	2	3	5 NORPLANT: Capsule to be inserted into women's arm. It prevents pregnancy for seven years. Have you ever heard of Norplant?	1	2	3	6 FEMALE STERILIZATION: Women can have an operation to avoid having any more children. Have you ever heard of FEMALE sterilization?	1	2	3	7 MALE STERILIZATION: Men can have an operation to avoid having any more children. Have you ever heard of MALE Sterilization?	1	2	3	8 PERIODIC ABSTINENCE: Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. Have you ever heard of Periodic abstinence?	1	2	3	9 WITHDRAWAL: MEN can be careful and pull out before climax. Have you ever heard of withdrawal?	1	2	3
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Now I would like to talk with you about any method of family planning you may have used or are currently using.	
303	Have you or your husband ever used (METHOD)? If you have, what methods were/are they?
304	Are you or your husband currently using (METHOD)? If you are, what is that method?
(Code in grid under <i>ever used</i> column for methods ever used and code in grid under <i>currently using</i> column for methods being currently used)	

	303	304
FP method	Ever used	Currently using
Pill	1	1
IUD	2	2
Depo-Provera	3	3
Condom	4	4

	303	304
FP method	Ever used	Currently using
Norplant	5	5
Female Sterilization	6	6
Male Sterilization	7	7
Periodic abstinence	8	8
Withdrawal	9	9
None	87	87

Q. #	Question	Codes	GO TO Q.
305	Check Q 304 and circle appropriate code:		
	CURRENTLY USING A METHOD	1	→308
	CURRENTLY NOT USING A METHOD	2	
306	Can you tell me what is (are) the reasons for not currently using a family planning method? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	NOT AVAILABLE.....1 NOT AVAILABLE NEARBY2 NO ONE AT HEALTH FACILITY.....3 SPOUSE DID NOT LIKE4 FAMILY MEMBERS DID NOT LIKE..5 PROVDER BEHAVIOR NOT GOOD...6 WANT MORE CHILDREN.....7 DIFFICULT TO GET PREGNANT.....8 MENOPAUSAL/HYSTERECTOMY ...9 RELIGION10 CONFUSED ABOUT METHOD11 WAS NOT SATISFIED USING IT.....12 HEALTH/FERTILITY CONCERNS ..13 INCONVENIENT TO USE.....14 INFREQUENT SEX.....15 HUSBAND AWAY FROM HOME ...16 SIDE EFFECTS _____ 17 (SPECIFY) OTHER _____ 26 (SPECIFY)	
307	Do you think you will use a method to delay or avoid pregnancy at any time in future?	YES.....1 NO2 DON'T KNOW8	

Q. #	Question	Codes	GO TO Q.
308	<p>(Check Q305 and tick appropriate box)</p> <p>Currently using..... “</p> <p>Where did you obtain (current method) the last time?</p> <p>Currently not using..... “</p> <p>Where do you go if you want to get FP methods or services?</p>	GOVERNMENT HOSPITAL.....1 PHC2 HEALTH POST3 SHP.....4 MOBILE CLINIC.....5 PRIVATE DOCTOR6 PRIVATE HOSPITAL / CLINIC.....7 NGO CLINIC8 PHARMACY/CHEMIST.....9 SHOP10 FRIENDS / RELATIVES.....11 FCHV12 VHW13 MCHW.....14 OTHER 15 (SPECIFY) DON'T KNOW98	
309	Have you and your spouse ever discussed the number of children you would like to have?	YES.....1 NO2 DON'T KNOW8	
310	Have you ever discussed FP/contraceptive use with your spouse?	YES.....1 NO2 DON'T KNOW8	
311	In the past 6 months, have you discussed FP with any of your friends, neighbors or relatives?	YES.....1 NO2 DON'T KNOW8	→313 →313
312	<p>With whom did you discuss?</p> <p>Any one else?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	MOTHER.....1 MOTHER-IN-LAW2 SISTER.....3 SISTER-IN-LAW.....4 DAUGHTER5 FRIEND/NEIGHBOR6 OTHER 7 (SPECIFY)	
313	Does the FCHV of your area provide FP information and services?	YES.....1 NO2 DON'T KNOW8	→401 →401
314	<p>What type of information and services related to FP does she provide?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	PROVIDES FP COUNSELLING.....1 DISTRIBUTES CONDMS2 DISTRIBUTES PILLS.....3 REFERS FOR FP SERVICES4 HELPS IN STERILIZATION CAMP ...5 OTHER 6 (SPECIFY)	
315	Have you spoken with FCHV with regard to the FP in the last 6 months?	YES.....1 NO2 DON'T KNOW8	→318 →318

Q. #	Question	Codes			GO TO Q.
316	Did the FCHV use any of the following BCC materials or visuals aids to explain about FP to you? (Read All)				
		Yes	No	DK	
	1 Flip chart	1	2	8	
	2 Pictorial	1	2	8	
	3 Posters	1	2	8	
4 Other (specify) _____	1	2	8		
	5 None of the above	7			→318
317	If yes, was use of materials helpful to you?	Very much helpful..... 1 Helpful2 Not helpful.....3			
318	Have you ever recommended anyone to speak to the FCHV about FP issues?	YES..... 1 NO2 DON'T KNOW 8			

Section 4: Safe Motherhood

Now, I would like to ask about safe motherhood.

Q. #	Question	Codes	GO TO Q.
401	Do you feel that a pregnant woman needs about the same amount and kind of foods as when she is not pregnant?	YES1 NO.....2 DON'T KNOW8	
402	In your opinion, how important do you feel that a pregnant woman should get clinic check-ups during her pregnancy?	VERY IMPORTANT.....1 SOMEWHAT IMPORTANT2 NOT IMPORTANT3 DON'T KNOW8	→404 →404
403	Why do you think it is important for a pregnant woman to get clinical check-ups during her pregnancy? (CIRCLE ALL RESPONSES GIVEN)	TO EXAMINE CONDITION OF MOTHER/CHILD.....1 TO CONFIRM POSITION OF FETUS..2 FOR TT INJECTION.....3 FOR NORMAL DELIVERY.....4 TO GET MEDICINE FOR ANEMIA5 TO ENSURE SAFE PREGNANCY/ HEALTH BABY6 OTHER 7 (SPECIFY) DON'T KNOW98	
404	In your opinion, having an appropriate skilled health worker (staff nurse, ANM, doctor, etc) attending the delivery is very important, somewhat important or not important?	VERY IMPORTANT.....1 SOMEWHAT IMPORTANT2 NOT IMPORTANT3 DON'T KNOW8	→407 →407
405	Why do you think it is important that a skilled health worker should attend? (CIRCLE ALL RESPONSES GIVEN)	IN CASE OF SERIOUS PROBLEM WITH THE DELIVERY.....1 TO KEEP BABY SAFE.....2 FOR NORMAL DELIVERY.....3 OTHER 4 (SPECIFY) DON'T KNOW8	
406	Who would be a suitable health worker to have attended the delivery?	DOCTOR.....1 NURSE/ANM.....2 HA/AHW.....3 MCHW4 VHW5 TBA.....6 FCHV7 OTHER 8 (SPECIFY) DON'T KNOW98	
407	In your opinion, having check-up at the clinic/health facility after the birth is very important, somewhat important or not important?	VERY IMPORTANT.....1 SOMEWHAT IMPORTANT2 NOT IMPORTANT3 DON'T KNOW8	→409 →409

Q. #	Question	Codes	GO TO Q.
408	Why do you think it is important to have check-up at the clinic/health facility after the birth of the baby? (CIRCLE ALL RESPONSES GIVEN)	FOR GOOD HEALTH OF MOTHER AND CHILD.....1 TO MEASURE CHILD'S WEIGHT.....2 FOR CHILD IMMUNIZATION.....3 TO PROTECT CHILD FROM ANY KIND OF ILLNESS OR INFECTION...4 OTHER _____ 5 (SPECIFY) DON'T KNOW8	
409	CHECK Q 207 AND CIRCLE BELOW: Has living child less than 3 years..... 1 Has living child more than 3 years/No Child 2		→426
410	When you were pregnant with (NAME) did you receive pregnancy check-ups?	YES.....1 NO.....2	→412
411	Why did not you receive pregnancy check-ups when you were pregnant with (NAME)? (CIRCLE ALL RESPONSES GIVEN)	NOT AVAILABLE NEARBY1 LACK OF KNOWLEDGE2 HUSBAND DID NOT ALLOW3 FAMILY MEMBERS DID NOT ALLOW4 LACK OF TIME5 COST TOO MUCH6 OTHER _____ 7 (SPECIFY) DON'T KNOW98	→ 416
412	Whom did you see for pregnancy check-ups when you were pregnant with (NAME)? Anyone else? (CIRCLE ALL RESPONSES GIVEN)	DOCTOR.....1 NURSE/ANM.....2 HA/AHW.....3 MCHW4 VHW5 FCHV6 TBA.....7 OTHER _____ 8 (SPECIFY)	→414
413	Did you also consult FCHV when you were pregnant with (NAME)?	YES.....1 NO.....2	
414	How many times did you receive pregnancy check-ups when you were pregnant with (NAME)?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
415	Did your husband ever accompany you for pregnancy check-ups?	YES.....1 NO.....2	
416	Did you receive tetanus toxoid injection when you were pregnant with (NAME)?	YES.....1 NO.....2 DON'T KNOW8	→418 →418
417	How many times did you receive immunization against tetanus (TT) during that pregnancy?	NUMBER OF SHOTS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
418	When you were pregnant with (NAME), were you given or did you buy any iron/folic acid tablets? SHOW IRON TABLETS.	YES.....1 NO.....2 DON'T KNOW8	→421 →421

Q. #	Question	Codes	GO TO Q.
419	During the whole pregnancy, for how many days did you take the tablets?	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....998	
420	Where did you obtain the iron/folic acid tablets?	HOSPITAL.....1 PHCC2 HEALTH POST3 SUBHEALTH POST4 MOBILE CLINIC.....5 PVT. CLINIC/N. HOME.....6 PHARMACY7 FCHV8 TBA.....9 OTHER _____ 10 (SPECIFY)	
421	When you were pregnant with (NAME) did you receive deworming tablets?	YES1 NO.....2 DON'T KNOW8	
422	During this pregnancy did you eat less than as usual, about the same amount or more than as usual?	LESS THAN AS USUAL1 ABOUT THE SAME.....2 MORE THAN AS USUAL3 DON'T KNOW8	
423	When you were pregnant with (NAME) did you receive less care/support than usual, about the same or more than usual care from your family members?	LESS THAN AS USUAL1 ABOUT THE SAME.....2 MORE THAN AS USUAL3 DON'T KNOW8	→425a →425a →425a
424	What types of care/support did you receive from your family members? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	GIVEN MORE FOOD TO EAT1 GIVEN MORE NUTRIOUS FOOD TO EAT.....2 ADVISED FOR MORE REST3 REDUCED HEAVY LOAD.....4 ADVISED/ACCOMPANIED FOR PHYSICAL CHECK-UP.....5 OTHER _____ 6 (SPECIFY)	
425	From whom did you receive above-mentioned care/support(s)? (CIRCLE ALL RESPONSES GIVEN)	HUSBAND.....1 MOTHER-IN-LAW.....2 FATHER-IN-LAW.....3 SISTER-IN-LAW.....4 DAUGHTER.....5 SON.....6 OTHER _____ 7 (SPECIFY)	
425a	During your last pregnancy, did you receive any information about bleeding after childbirth?	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER..8	→426 →426

Q. #	Question	Codes	GO TO Q.
425b	What information did you receive about bleeding after childbirth? PROMPT FOR ADDITIONAL RESPONSES; CHECK ALL THAT APPLY	CAN CAUSE DEATH.....1 GO TO HEALTH FACILITY PROMPTLY2 GET HELP FROM HEALTH WORKER.....3 OTHER (SPECIFY).....4	
425c	Please name all the sources from which you learned about bleeding after childbirth. PROMPT FOR ADDITIONAL RESPONSES; CHECK ALL THAT APPLY	RADIO1 PAMPHLET/FLYER.....2 POSTER3 TELEVISION4 FCHV5 WOMEN'S GROUP.....6 HEALTH WORKER7 HEALTH FACILITY.....8 NEIGHBOR/FAMILY/FRIEND/ RELATIVE.....9 OTHER (SPECIFY).....10	
426	What are the symptoms during pregnancy indicating the need to seek immediate care? Any others? (CIRCLE ALL RESPONSES GIVEN)	VAGINAL BLEEDING (ANY AMOUNT)1 SEVERE LOWER ABDOMINAL PAIN.....2 SEVERE HEADACHE.....3 CONVULSION4 BLURRED VISION AND SWELLING OF HANDS AND FACE5 OTHER _____ 6 (SPECIFY) DON'T KNOW98	
427	CHECK Q 207 AND CIRCLE BELOW: Has living child less than 3 years..... 1 Has living child more than 3 years/No Child 2		→450
428	Did you experience any of the above symptoms when you were pregnant with (NAME)?	YES.....1 NO.....2	→437
428a	What types of symptoms did you experience when you were pregnant with (NAME)? Any others? (CIRCLE ALL RESPONSES GIVEN)	VAGINAL BLEEDING (ANY AMOUNT)1 SEVERE LOWER ABDOMINAL PAIN.....2 SEVERE HEADACHE.....3 CONVULSION4 BLURRED VISION AND SWELLING OF HANDS AND FACE5 OTHER _____ 6 (SPECIFY) DON'T KNOW98	

Q. #	Question	Codes	GO TO Q.
429	When you had the above symptoms what did you do first or whom did you consult first ?	TRADITIONAL TREATMENT AT HOME1 GIVEN MEDICINE THAT WAS AT HOME2 HOSPITAL3 PHCC /HP/ SHP4 PVT. CLINIC/N. HOME.....5 BOUGHT MEDICINE FROM PHARMACY6 CONSULTED FCHV7 CONSULTED MCHW8 CONSULTED A TBA.....9 CONSULTED OTHER HW..... 10 CONSULTED DHAMI/JHANKRI..... 11 CONSULTED RELATIVE/NEIGHBOR/FRIEND..... 12 OTHER _____ 13 (SPECIFY)	
430	Was the above provider of treatment you had actually preferred to obtain first or there were other preferences for provider that you had actually wanted but could not do so due to various reasons?	DESIRED ABOVE SOURCE FIRST.....1 OTHER PLACES DISIRED FIRST.....2	→432
431	What was your first preferred provider of treatment?	TRADITIONAL TREATMENT AT HOME1 GIVE MEDICINE THAT IS AT HOME2 HOSPITAL3 PHCC /HP/ SHP4 PVT. CLINIC/N. HOME.....5 PHARMACY6 FCHV7 MCHW8 TBA.....9 OTHER HW..... 10 DHAMI/JHANKRI..... 11 NEIGHBOR/RELATIVE/FRIEND..... 12 OTHER _____ 13 (SPECIFY)	

Q. #	Question	Codes	GO TO Q.
432	<p>(Check Q 430 and tick appropriate box) Consulted preferred source (Code 1)..“</p> <p>What is the main reason that you consulted the above source first for the treatment of above symptoms?</p> <p>Preferred source not consulted (Code 2).....“</p> <p>What is the main reason that you did not consult your preferred source first for the treatment of above symptoms?</p> <p>(CIRCLE ONLY ONE MAIN REASON)</p>	SERVICE NEARBY FROM HOME.....1 GOOD TREATMENT.....2 LESS EXPENSIVE.....3 GOOD BEHAVIOR.....4 WAS VERY SERIOUS.....5 RECOMMENDED BY OTHERS.....6 SERVICE FAR AWAY FROM HOME.7 EXPENSIVE.....8 LACK OF TRANSPORTATION.....9 LACK OF PERSON ACCOMPANYING.....10 OTHER _____ 11 (SPECIFY)	
433	Were you cured from the above treatment?	YES.....1 NO.....2	→435
434	<p>If not, what other assistance/care did you seek next?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	TRADITIONAL TREATMENT AT HOME.....1 GIVEN MEDICINE THAT WAS AT HOME.....2 HOSPITAL.....3 SHP/HP/PHCC.....4 PVT. CLINIC/N. HOME.....5 BOUGHT MEDICINE FROM PHARMACY.....6 CONSULTED FCHV.....7 CONSULTED MCHW.....8 CONSULTED TBA.....9 CONSULTED OTHER HW.....10 CONSULTED DHAMI/JHANKRI.....11 CONSULTED NEIGHBOR/RELATIVE.....12 OTHER _____ 13 (SPECIFY) NOTHING DONE.....97	
435	<p>CHECK Q 429 and 434 AND CIRCLE BELOW</p> <p>Consulted a health facility/health worker.....1 Did not consult a health facility/health worker.....2</p>		→437
436	<p>Why did not you consult a health worker for those signs/symptoms?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	THOUGHT THAT PROBLEM WILL BE CURED ITSELF.....1 DID NOT KNOW THAT A HW SHOULD BE CONSULTED.....2 HEALTH FACILITY FAR AWAY.....3 DID NOT HAVE MONEY.....4 HUSBAND OPPESED FOR CONSULTATION TO A HW.....5 FAMILY MEMBERS OPPESED FOR CONSULTATION TO A HW.....6 OTHER _____ 7 (SPECIFY)	

Q. #	Question	Codes		GO TO Q.
437	When you were pregnant with (NAME) did you/your family has the following specific plans/preparation for delivery of your birth? (READ ALL) 1 Where should the delivery take place? 2 Who should attend the delivery? 3 Planning for emergency/ complications? 4 Provision of transportation? 5 Provision of money? 6 Provision for blood? 7 None of the above	Yes 1 1 1 1 1 1	No 2 2 2 2 2 2 7	
438	From where did you know about these plans/preparations? (CIRCLE ALL RESPONSES GIVEN)	MCHW1 FCHV2 TBA.....3 OTHER HEALTH WORKERS.....4 MEDIA (RADIO, TV, ETC.)5 HUSBAND.....6 OTHER FAMILY MEMBERS.....7 RELATIVES/FRIENDS/NEIGHBORS..8 SELF LEARNING.....9 OTHER _____ 10 (SPECIFY)		→439
439	Who assisted with the delivery of (NAME)? Any body else? (CIRCLE ALL RESPONSES GIVEN)	DOCTOR.....1 NURSE/ANM.....2 HA/AHW.....3 MCHW4 VHW5 FCHV6 TBA.....7 FAMILY MEMBER.....8 RELATIVE/FRIEND/NEIGHBOR.....9 OTHER _____ 10 (SPECIFY) NO ONE.....97		
440	Where did you give birth to (NAME)?	HOSPITAL.....1 PRIMARY HEALTH CARE CENTER..2 HEALTH POST3 SUBHEALTH POST4 PVT. CLINIC/ NURSING HOME.....5 AT HOME6 OTHER _____ 7 (SPECIFY)		→442
441	Was the clean delivery kit used during the delivery of (NAME)? (SHOW CLEAN DELIVERY KIT)	YES.....1 NO.....2 DON'T KNOW8		
442	After (NAME) was born, did a health worker or a traditional birth attendant check on your health?	YES.....1 NO.....2		→445

Q. #	Question	Codes	GO TO Q.
443	How many days after the delivery did the first check-up take place? IF SAME DAY RECORD '00'	DAYS.....	
444	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR.....1 NURSE/ANM.....2 HA/AHW.....3 MCHW.....4 VHW.....5 FCHV.....6 TBA.....7 OTHER.....8 (SPECIFY)	
445	After the delivery of (NAME) for about how many days did you take iron or folic tablets? SHOW IRON TABLETS IF NOT TAKEN AT ALL ENTER '000'	NUMBER OF DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....998	
446	In the first 45 days after delivery, did you receive a Vitamin A dose like this? SHOW VITAMIN A CAPSULE.	YES.....1 NO.....2	
447	After the delivery of (NAME) did you receive less care/support than usual, about the same or more than usual care from your family members?	LESS THAN AS USUAL.....1 ABOUT THE SAME.....2 MORE THAN AS USUAL.....3 DON'T KNOW.....8	→450 →450 →450
448	What types of care/support did you receive from your family members? (CIRCLE ALL RESPONSES GIVEN)	GIVEN MORE FOOD TO EAT.....1 GIVEN MORE NUTRIOUS FOOD TO EAT.....2 ADVISED FOR MORE REST.....3 REDUCED HEAVY LOAD.....4 ADVISED/ACCOMPANIED FOR CHECK-UP.....5 OTHER.....6 (SPECIFY)	
449	From whom did you receive above-mentioned care/support? (CIRCLE ALL RESPONSES GIVEN)	HUSBAND.....1 MOTHE-IN-LAW.....2 FATHER-IN-LAWS.....3 SISTER-IN-LAWS.....4 DAUGHTER/SON.....5 OTHER.....6 (SPECIFY)	

Q. #	Question	Codes	GO TO Q.
450	<p>What are the signs/symptoms during labor indicating the need to seek immediate care?</p> <p>Any others?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	<p>LABOR LONGER THAN 8 HOURS1</p> <p>APPEARANCE OF BABY'S HAND FIRST2</p> <p>APPEARANCE OF BABY'S LEG FIRST.....3</p> <p>APPEARANCE OF BBY'S UMBILICAL CORD FIRST4</p> <p>EXCESSIVE BLEEEING BEFORE OR AFTER DELIVERY5</p> <p>CONVULSION6</p> <p>OTHER _____ 7 (SPECIFY)</p> <p>DON'T KNOW98</p>	
451	<p><u>CHECK Q 207 AND CIRCLE BELOW:</u></p> <p>Has living child less than 3 years..... 1</p> <p>Has living child more than 3 years/No Child 2</p>		→462
452	<p>Did you experience any of the above signs/symptoms during your labor?</p>	<p>YES.....1</p> <p>NO.....2</p>	→460a
452a	<p>What types of signs/symptoms did you experience during your labor?</p> <p>Any others?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	<p>LABOR LONGER THAN 8 HOURS1</p> <p>APPEARANCE OF BABY'S HAND FIRST2</p> <p>APPEARANCE OF BABY'S LEG FIRST.....3</p> <p>APPEARANCE OF BBY'S UMBILICAL CORD FIRST4</p> <p>EXCESSIVE BLEEEING BEFORE OR AFTER DELIVERY5</p> <p>CONVULSION6</p> <p>OTHER _____ 7 (SPECIFY)</p> <p>DON'T KNOW98</p>	
453	<p>When you had the above symptoms what did you do first or whom did you consult first?</p>	<p>TRADITIONAL TREATMENT AT HOME.....1</p> <p>GIVEN MEDICINE THAT WAS AT HOME2</p> <p>HOSPITAL.....3</p> <p>PHCC/HP/SHP.....4</p> <p>PVT. CLINIC/N. HOME.....5</p> <p>BOUGHT MEDICINE FROM PHARMACY6</p> <p>CONSULTED FCHV7</p> <p>CONSULTED MCHW8</p> <p>CONSULTED A TBA.....9</p> <p>CONSULTED OTHER HW.....10</p> <p>CONSULTED DHAMI/JHANKRI11</p> <p>RELATIVES/NEIGHBOR/FRIEND....12</p> <p>OTHER _____ 12 (SPECIFY)</p>	

Q. #	Question	Codes	GO TO Q.
454	Was the above provider of treatment you had actually preferred to obtain first or there were other preferences for the first provider that you had actually wanted but could not do so due to various reasons?	DESIRED ABOVE SOURCE FIRST.....1 OTHER PLACES DISIRED FIRST.....2	→456
455	What was your first preferred provider for the treatment?	TRADITIONAL TREATMENT AT HOME1 GIVE MEDICINE THAT WAS AT HOME2 HOSPITAL.....3 SHP/HP/PHCC.....4 PVT. CLINIC/N. HOME.....5 PHARMACY6 FCHV7 MCHW8 TBA.....9 OTHER HW.....10 DHAMI/JHANKRI.....11 NEIGHBOR/FRIEND/RELATIVE.....12 OTHER13 (SPECIFY)	
456	<p>(Check Q 454 and tick appropriate box)</p> <p>Consulted preferred source (Code 1)..“</p> <p>What is the main reason that you consulted the above source first for the treatment of above symptoms?</p> <p>Preferred source not consulted (Code 2).....“</p> <p>What is the main reason that you did not consult your preferred source first for the treatment of above symptoms?</p> <p>(CIRCLE ONLY ONE MAIN REASON)</p>	SERVICE NEARBY FROM HOME.....1 GOOD TREATMENT2 LESS EXPENSIVE3 GOOD BEHAVIOR4 CHILD NOT VERY SERIOUS.....5 CHILD VERY SERIOUS.....6 RECOMMENDED BY OTHERS.....7 SERVICE FAR AWAY FROM HOME.8 EXPENSIVE.....9 LACK OF TRANSPORTATION.....10 LACK OF PERSON ACCOMPANYING.....11 OTHER12 (SPECIFY)	
457	Were you cured from the above treatment?	YES.....1 NO.....2	→459

Q. #	Question	Codes	GO TO Q.
458	If not, what other assistance/care did you seek next? (CIRCLE ALL RESPONSES GIVEN)	TRADITIONAL TREATMENT AT HOME1 GIVEN MEDICINE THAT WAS AT HOME2 HOSPITAL3 SHP/HP/PHCC4 PVT. CLINIC/N. HOME5 BOUGHT MEDICINE FROM PHARMACY6 CONSULTED FCHV7 CONSULTED MCHW8 CONSULTED A TBA9 CONSULTED OTHER HW 10 CONSULTED DHAMI/JHANKRI 11 CONSULTED NEIGHBOR/ RELATIVE 12 OTHER 13 (SPECIFY) NOTHING DONE97	
459	<u>CHECK Q 453 and 458 AND CIRCLE BELOW</u> Consulted a health facility/health worker.....1 Did not consult a health facility/health worker.....2		→460a
460	Why did not you consult a health worker for those signs/symptoms? (CIRCLE ALL RESPONSES GIVEN)	THOUGHT THAT PROBLEM WILL BE CURED ITSELF.....1 DID NOT KNOW THAT A HW SHOULD BE CONSULTED.....2 HEALTH FACILITY FAR AWAY.....3 DID NOT HAVE MONEY4 HUSBAND OPPESED FOR CONSULTATION TO A HW5 FAMILY MEMBERS OPPOSED FOR CONSULTATION TO A HW6 OTHER 7 (SPECIFY)	
460a	Did you have any vaginal bleeding during your pregnancy or during labor before the baby was born?	YES1 NO2	
460b	Did you have convulsions before, during or after labor?	YES1 NO2	
460c	Did you have a severe headache during pregnancy or shortly after the birth of [NAME]?	YES1 NO2	
460d	Did you have a caesarean section? <i>PROMPT: Did a doctor cut open your abdomen to deliver the baby?</i>	YES1 NO2	→460H
460e	Did you bleed more than normal or normal immediately following the birth of your baby ?	MORE THAN NORMAL1 NORMAL2 DON'T KNOW8	

Q. #	Question	Codes	GO TO Q.
460f	How many cloths did you use to absorb the blood during the first 24 hours after your baby was born?	<input type="text"/> <input type="text"/> DON'T KNOW/CAN'T REMEMBER ..8	->460H
460g	<i>PROBE: Was it more than two?</i>	YES.....1 NO.....2 DON'T KNOW/CAN'T REMEMBER 98	
460h	Were you ever referred to a hospital or other health facility for very heavy bleeding during pregnancy, delivery, or the postpartum period with [NAME]?	YES.....1 NO.....2	
461	When you were pregnant with (NAME) have you and your spouse discussed plans for care such as arrangement of money, transport etc. in the event of problem during labor/delivery?	YES.....1 NO.....2	
462	What are the symptoms indicating the need to seek immediate care to mother during first four weeks after delivery? Any others? (CIRCLE ALL RESPONSES GIVEN)	FOUL DISCHARGE AND LOWER ABDOMINAL PAIN.....1 HIGH FEVER.....2 HEAVY BLEEDING.....3 MASTITIS.....4 SEVERE HEADACHE.....5 CONVULSION6 OTHER7 (SPECIFY) DON'T KNOW98	->464
463	Where would you go for check-up if you experience any of the symptoms that you have just mentioned?	HOSPITAL.....1 PRIMARY HEALTH CARE CENTER.2 HEALTH POST3 SUBHEALTH POST4 MOBILE CLINIC.....5 PVT. CLINIC/NURSING HOME.....6 MCHW7 FCHV8 TBA.....9 VHW10 OTHER11 (SPECIFY)	
464	In your opinion, what things need to be kept clean during childbirth? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	CLEAN NAILS.....1 CLEAN HANDS.....2 BLADE.....3 SURFACE.....4 THREAD.....5 PERINEUM.....6 OTHER7 (SPECIFY) DON'T KNOW98	

Q. #	Question	Codes	GO TO Q.
465	Some women, by means of local measures or by using unskilled personnel, abort pregnancies that are not intended. These procedures may cause problems. Do you know where should such women visit to manage the complications that arise from unsafe abortion?	YES.....1 NO.....2 DON'T KNOW.....8	→467 →467
466	Where are post abortion care/services available? (CIRCLE ALL RESPONSES GIVEN)	HOSPITAL.....1 PRIMARY HEALTH CARE CENTER..2 HEALTH POST.....3 SUBHEALTH POST.....4 MOBILE CLINIC.....5 PVT. CLINIC/NURSING HOME.....6 MCHW.....7 FCHV.....8 TBA.....9 VHW.....10 OTHER.....11 (SPECIFY)	
467	Have you ever talked to other people about safe motherhood issues, like antenatal care or delivery?	YES.....1 NO.....2 DON'T KNOW.....8	→469 →469
468	With whom did you discuss? Any one else? (CIRCLE ALL RESPONSES GIVEN)	MOTHER.....1 FATHER.....2 MOTHER-IN-LAW.....3 FATHER-IN-LAW.....4 SISTER.....5 SISTER-IN-LAW.....6 BROTHER.....7 DAUGHTER/SON.....8 FRIEND/NEIGHBOR.....9	
469	Does the FCHV of your area provide pregnancy and child birth related information and services?	YES.....1 NO.....2 DON'T KNOW.....8	→501 →501

Q. #	Question	Codes	GO TO Q.
470	What type of pregnancy and childbirth related information and services does she provide? Probe: Any others? (CIRCLE ALL RESPONSES GIVEN)	PROVIDE INFORMATION ON SAFE MOTHERHOOD..... 1 PROVIDE COUNSELING DURING PREGNANCY, DELIVERY AND POSTPARTUM..... 2 ASSIST DURING DELIVERY..... 3 ADVISE TO VISIT HF FOR ANTENATAL SERVICES 4 ADVISE TO VISIT HF FOR POSTNATAL SERVICES 5 ADVISE TO GIVE VITAMIN A TO CHILDREN..... 6 ABOUT CHILD IMMUNIZATION 7 PROVIDE TT VACCINE..... 8 PROVIDE IRON TABLETS..... 9 TAKING DEWORMING TABLETS DURING PREGNANCY 10 OTHER _____ 11 (SPECIFY)	
471	Have you spoken with FCHV with regard to the pregnancy and childbirth in the last 6 months?	YES.....1 NO.....2 DON'T KNOW8	→473 →473
472	Did the FCHV use any BCC materials or visual aids to explain pregnancy and childbirth to you?	YES.....1 NO.....2 DON'T KNOW8	
473	Have you ever recommended anyone to speak to the FCHV about pregnancy and childbirth?	YES.....1 NO.....2 DON'T KNOW8	

Section 5: Child Survival

Now, I would like to ask about your children.

Q. #	Question	Codes	GO TO Q.
501	CHECK Q207 AND CIRCLE BELOW: Has living child less than 3 year..... 1 Has living child more than 3 years/No Child.....2		→521
502	CHECK 440 AND 441 AND CIRCLE BELOW:	BORN AT HF OR CLEAN DELIVERY KIT USED..... 1 BORN AT HOME AND NO CLEAN DELIVERY KIT USED 2	→504
503	When (NAME) was born what instrument was used to cut the cord?	NEW BLADE/BOILED BLADE..... 1 USED BLADE 2 KNIFE 3 GRASS CUTTER (HASIYA)..... 4 WEAPON (KHUKURI)..... 5 SCISSOR 6 OTHER 7 (SPECIFY) DON'T KNOW98	
504	Did anybody apply anything on the stump after (NAME's) cord was cut?	YES 1 NO..... 2 DON'T KNOW 8	→506 →506
505	What did they apply? (CIRCLE ALL RESPONSES GIVEN)	OIL..... 1 ASH..... 2 SINDOOR..... 3 OINTMENT/POWDER 4 TURMERIC/TURMERIC POWDER.... 5 ANIMAL DUNG..... 6 OTHER 7 (SPECIFY)	
506	Was (NAME) wiped with a dry cloth before placenta was delivered?	YES 1 NO..... 2 DON'T KNOW 8	
507	Was (NAME) wrapped in a dry cloth before the placenta was delivered?	YES 1 NO..... 2 DON'T KNOW 8	
508	How long after the birth of (NAME) was bathed?	WITHIN 1 HOUR..... 1 2-24 HOURS..... 2 AFTER 24 HOURS..... 3	
509	After (NAME) was born did anyone check on (NAME's) health?	YES 1 NO..... 2	→514
510	Within how many days after the delivery did someone first check (NAME's) health? IF SAME DAY, RECORD '00'	NO OF DAYS..... DON'T KNOW98	

Q. #	Question	Codes			GO TO Q.
511	Who checked (NAME's) health?	DOCTOR	1		
		NURSE/ANM.....	2		
		HA/AHW	3		
		MCHW	4		
		VHW	5		
		FCHV	6		
		TBA.....	7		
		RELATIVE/FRIENDS/NEIGHBORS...	8		
		OTHER.....	9		
		(SPECIFY)			
512	During the (NAME's) check did anyone counsel on the followings? (Read All)	Yes	No	DK	
	1 Keeping the baby warm?	1	2	8	
	2 Breastfeeding?	1	2	8	
	3 Newborn Danger signs (e.g. fast breathing, poor feeding, less weight, fever, cord infection, etc.)?	1	2	8	
	4 Cord care?	1	2	8	
	5 Special care of small baby?	1	2	8	
	6 Immunization?	1	2	8	
	7 Family planning?	1	2	8	
513	Was the weight of (NAME) taken after birth?	YES	1		
		NO.....	2		
		DON'T KNOW	8		
514	Did you ever breastfeed (NAME)?	YES	1		
		NO.....	2		→519
515	How long after birth did you first put (NAME) to the breast?	DURING THE FIRST HOUR AFTER DELIVERY	1		
		MORE THAN 1 HOUR.....	2		
		DON'T KNOW	8		
516	Did you give (NAME) the first yellow milk (Bigauti) that came from your breasts?	YES	1		→518
		NO.....	2		
517	Why did not you give yellow milk/Bigauti to (NAME)?	HARMFUL FOR CHILD HEALTH.....	1		
		CHILD CAN NOT DIGEST.....	2		
		OTHER.....	3		
		(SPECIFY)			
		DON'T KNOW	8		
518	Did you give (NAME) anything else to eat or drink before feeding him/her breast milk within the first 3 days of birth?	YES	1		
		NO.....	2		
519	CHECK Q205 AND Q206, AND CIRCLE BELOW: Child below 12 months of age.....	1			
	Child 12 months or above	2			→521
520	During the daytime yesterday and last night did (NAME) drink or ate.....?	Yes	No		
	1 Plain water?	1	2		
	2 Any milk, other than breast milk?	1	2		
	3 Ghee, yogurt, mohi etc?	1	2		
	4 Any liquids such as honey, tea, soup?	1	2		

Q. #	Question	Codes		GO TO Q.
	5 Any food made from grains?	1	2	
	6 Any type of fruits?	1	2	
	7 Any type of vegetables?	1	2	
	8 Dal, legumes etc?	1	2	
	9 Meat, fish, egg etc?	1	2	
	10 Jaand?	1	2	
521	<p>How do you look after for a child with diarrhea at home?</p> <p>Probe: Any other?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	<p>GIVING MORE FLUIDS TO THE CHILD THAN USUAL..... 1</p> <p>GIVING USUAL AMOUNT OF FOODS TO THE CHILD..... 2</p> <p>IF BREASTFED, CONTINUE BREASTFEEDING 3</p> <p>GIVING JEEVAN JAL/NAWA JEEVAN TO CHILD 4</p> <p>GIVING LESS FLUIDS TO THE CHILD THAN USUAL..... 5</p> <p>GIVING LESS AMOUNT OF FOODS TO THE CHILD..... 6</p> <p>IF BREASTFED, DISCONTINUE BREASTFEEDING 7</p> <p>OTHER..... 8</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>		
522	<p>Under what circumstances a child with diarrhea should be taken to a health worker for consultation?</p> <p>Probe: Any other?</p> <p>(CIRCLE ALL RESPONSES GIVEN)</p>	<p>IF CHILD DOES NOT GET BETTER WITHIN 3 DAYS..... 1</p> <p>FREQUENT WATERY STOOLS..... 2</p> <p>REPEATED VOMITING..... 3</p> <p>CHILD VERY THIRSTY..... 4</p> <p>EATING OR DRINKING POORLY..... 5</p> <p>FEVER..... 6</p> <p>BLOOD IN THE STOOL..... 7</p> <p>OTHER..... 8</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>		
523	Where would you seek for advice or treatment for the diarrhea?	<p>HOSPITAL..... 1</p> <p>PRIMARY HEALTH CARE CENTER. 2</p> <p>HEALTH POST..... 3</p> <p>SUBHEALTH POST 4</p> <p>MOBILE CLINIC..... 5</p> <p>PVT. CLINIC/NURSING HOME..... 6</p> <p>PHAMACY..... 7</p> <p>FCHV 8</p> <p>TBA..... 9</p> <p>VHW/MCHW.....10</p> <p>DHAMI/JHANKRI.....11</p> <p>OTHER.....12</p> <p>(SPECIFY)</p> <p>DON'T KNOW98</p>		

Q. #	Question	Codes	GO TO Q.
524	CHECK Q 207 AND CIRCLE BELOW: Has living child less than 3 year..... 1 Has living child more than 3 years/No Child.....2		→539
525	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO..... 2 DON'T KNOW 8	→539 →539
526	When (NAME) had diarrhea did you do the following consultations/treatments? (Read All)	Yes No	
	1 Traditional treatment at home?	1 2	
	2 Gave medicine that was at home?	1 2	
	3 Consulted a Dhami/Jhankri?	1 2	
	4 Consulted an FCHV?	1 2	
	5 Took child to SHP/HP/PHC?	1 2	
	6 Took child to hospital?	1 2	
	7 Took child to a private clinic/nursing home?	1 2	
	8 Consulted other health workers?	1 2	
	9 Bought medicine from a pharmacy?	1 2	
527	Of the above consultations/treatments what was done first during diarrhea? (RECORD ONLY ONE ANSWER THAT WAS DONE FIRST)	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY..... 9 OTHER..... 10 (SPECIFY)	
528	What is the main reason for this choice? (CIRCLE ONLY ONE MAIN REASON)	NEARBY FROM HOME..... 1 GOOD TREATMENT 2 MEDICINES AVAILBLE 3 LESS EXPENSIVE..... 4 GOOD BEHAVIOR..... 5 STAFF COMPETENT..... 6 CHILD NOT VERY SERIOUS..... 7 CHILD VERY SERIOUS..... 8 RECOMMENDED BY OTHERS..... 9 OTHER..... 10 (SPECIFY)	
529	Was (NAME) cured from diarrhea from the above consultation/treatment?	YES 1 NO..... 2	→532

Q. #	Question	Codes	GO TO Q.
530	If not, what other assistance/care did you seek next (second time)?	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY..... 9 OTHER..... 10 (SPECIFY) NOTHING DONE.....97	→532
531	What other assistance/care did you seek next (third time)?	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY..... 9 OTHER..... 10 (SPECIFY) NOTHING DONE..... 97	
532	CHECK QUESTIONS: 526, 527, 530 AND 531	CONSULTED FCHV..... 1 NOT CONSULTED FCHV 2	→534
533	Why did not you consult a FCHV for the treatment/advice for diarrhea? (CIRCLE ALL RESPONSES GIVEN)	DO NOT KNOW WHO FCHV IS 1 FCHV WAS NOT AVAILABLE..... 2 DID NOT KNOW FCHV PROVIDE DIARRHEAL TREATMENT..... 3 FCHV IS NOT COMPETENT..... 4 FCHV HAS NO MEDICINE..... 5 FCHV BEHAVIOR NOT GOOD 6 FCHV TOO FAR AWAY.....7 OTHER..... 8 (SPECIFY) DON'T KNOW98	
534	Was (NAME) given fluid made from a special packet such as Jeevan Jal or Nava Jeevan to drink?	YES 1 NO..... 2 DON'T KNOW 8	→537 →537
535	Would you please tell me how did you prepare ORS? (Correct answer is 1 packet of ORS mixed with 6 tea glasses or 1 liter of clean water)	CORRECT 1 INCORRECT 2	

Q. #	Question	Codes	GO TO Q.
536	How did you feed the prepared ORS to (NAME)?	FED AFTER EVERY LOOSE STOOL. 1 FED WHENEVER CHILD ASKED 2 SLOWLY WITH SPOON 3 OTHER _____ 4 (SPECIFY)	
537	When (NAME) had diarrhea was he/she offered less than usual to drink, about the same amount, more than usual, or nothing to drink?	LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 NOTHING TO DRINK 4 DON'T KNOW 8	
538	When (NAME) had diarrhea was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?	LESS THAN USUAL 1 ABOUT THE SAME 2 MORE THAN USUAL 3 STOPPED FOOD 4 NEVER GAVE FOOD..... 5 DON'T KNOW 8	
Now, I would like to talk you some questions about respiratory illness of your child.			
539	What would be the symptoms that your child was developing a more serious respiratory illness? Probe: Any other? (CIRCLE ALL RESPONSES GIVEN)	FAST/DIFFICULT BREATHING..... 1 INABILITY TO EAT/BREASTFEED .. 2 ABNORMALLY SLEEPY/DIFFICULT TO WAKE 3 FEVER/LOW BODY TEMPERATURE4 CHEST INDRAWING..... 5 SEVERELY MALNOURISHED..... 6 OTHER _____ 7 (SPECIFY) DON'T KNOW98	
540	What are the causes of cough and cold/pneumonia? (CIRCLE ALL RESPONSES GIVEN)	INFECTION..... 1 COLD/WIND..... 2 POLLUTION/SMOKE..... 3 EVILEYE/CURSE/SIN4 OTHER _____ 5 (SPECIFY) DON'T KNOW98	
541	Under what circumstances a child with cough/cold, pneumonia should be taken to a health facility or a health worker for consultation/treatment? (CIRCLE ALL RESPONSES GIVEN)	COUGH/DIFFICULT BREATHING.... 1 FAST BREATHING..... 2 CHEST INDRAWING..... 3 FEVER..... 4 INABILITY TO BREASTFEED OR DRINK..... 5 SORENESS OF THROAT 6 OTHER _____ 7 (SPECIFY) DON'T KNOW98	

Q. #	Question	Codes	GO TO Q.
542	How do you look after for a child with suffering from cough/cold, pneumonia at home? (CIRCLE ALL RESPONSES GIVEN)	LOOK FOR FAST BREATHING / DIFFICULT BREATHING..... 1 LOOK FOR CHEST INDRAWING..... 2 GIVE MORE FLUID..... 3 KEEP THE CHILD WARM..... 4 BREASTFEED THE BABY FREQUENTLY 5 CLEAN THE NOSE 6 GIVE MORE FOOD FREQUENTLY... 7 OTHER _____ 8 (SPECIFY) DON'T KNOW98	
543	Where would you seek advice or treatment for cough/cold, pneumonia?	HOSPITAL 1 PRIMARY HEALTH CARE CENTER. 2 HEALTH POST..... 3 SUBHEALTH POST 4 MOBILE CLINIC..... 5 PVT. CLINIC/NURSING HOME..... 6 PHAMACY..... 7 FCHV 8 TBA..... 9 VHW/MCHW.....10 DHAMI/JHANKRI.....11 OTHER 12 (SPECIFY) DON'T KNOW98	
544	CHECK Q 207 AND CIRCLE BELOW: Has living child less than 3 year..... 1 Has living child more than 3 years/No Child.....2		→561
545	Did (NAME) suffer from cough/cold, pneumonia during the past 2 weeks?	YES 1 NO..... 2 DON'T KNOW 8	→558 →558
546	When (NAME) had cough/cold, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO..... 2 DON'T KNOW 8	
547	When (NAME) had cough/cold or pneumonia did you do the following consultations/ treatments? (Read All)	Yes	No
	1 Traditional treatment at home?	1	2
	2 Gave medicine that was at home?	1	2
	3 Consulted a Dhami/Jhankri?	1	2
	4 Consulted an FCHV?	1	2
	5 Took child to SHP/HP/PHC?	1	2
	6 Took child to hospital?	1	2
	7 Took child to a private clinic/nursing home?	1	2
	8 Consulted other health workers?	1	2
	9 Bought medicine from a pharmacy?	1	2

Q. #	Question	Codes	GO TO Q.
548	<p>Of the above consultations/treatments what was done first during cough/cold, pneumonia?</p> <p>RECORD ONLY ONE ANSWER THAT WAS DONE FIRST.</p>	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY 9 OTHER 10 (SPECIFY)	
549	<p>What is the main reason that you consulted the above source first for the treatment of cough/cold, pneumonia?</p> <p>(CIRCLE ONLY ONE MAIN REASON)</p>	NEARBY FROM HOME..... 1 GOOD TREATMENT 2 MEDECINE AVAILABLE 3 LESS EXPENSIVE..... 4 GOOD BEHAVIOR..... 5 STAFF COMPETENT 6 CHILD NOT VERY SERIOUS 7 CHILD VERY SERIOUS..... 8 RECOMMENDED BY OTHERS 9 OTHER 10 (SPECIFY)	
550	<p>Was (NAME) cured from cough/cold, pneumonia from the above treatment?</p>	YES 1 NO..... 2	→553
551	<p>If not, what other assistance/care did you seek next (second time)?</p>	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY 9 OTHER 10 (SPECIFY) NOTHING DONE..... 97	→553

Q. #	Question	Codes	GO TO Q.
552	What other assistance/care did you seek next (third time)?	TRADITIONAL TREATMENT AT HOME 1 GIVEN MEDICINE THAT WAS AT HOME 2 CONSULTED DHAMI/JHANKRI 3 CONSULTED FCHV..... 4 VISITED PHC/HP/SHP 5 VISITED HOSPITAL..... 6 VISITED PVT. CLINIC/N HOME..... 7 CONSULTED OTHER HW 8 BOUGHT FROM PHARMACY..... 9 OTHER _____ 10 (SPECIFY) NOTHING DONE.....97	
553	CHECK QUESTIONS: 547, 548, 551 AND 552	CONSULTED FCHV..... 1 NOT CONSULTED FCHV 2	→555
554	Why did not you consult a FCHV of your area for the treatment/advice of cough/pneumonia? (CIRCLE ALL RESPONSES GIVEN)	DO NOT KNOW WHO FCHV IS 1 FCHV WAS NOT AVAILABLE..... 2 DID NOT KNOW FCHV PROVIDE PNEUMONIA TREATMENT..... 3 FCHV IS NOT COMPETENT..... 4 FCHV HAS NO MEDICINE..... 5 FCHV BEHAVIOR NOT GOOD 6 FCHV TOO FAR AWAY.....7 OTHER _____ 8 (SPECIFY) DON'T KNOW98	
555	CHECK QUESTION: 547, 548, 551 AND 552	VISITED/CONSULTED HF/FCHV/HW1 NOT VISITED/CONSULTED HF/FCHV/HW 2	→558
556	Was (NAME) taken for follow-up for cough/cold, pneumonia after 2 days?	YES 1 NO..... 2 DON'T KNOW 8	→558 →558
557	If not, why? (CIRCLE ALL RESPONSES GIVEN)	HW/HF DID NOT ADVISED 1 HEALTH FACILITY TOO FAR 2 WENT BUT HF WAS CLOSED/ HW NOT PRESENT..... 3 CHILD WAS CURED 4 OTHER _____ 5 (SPECIFY) DON'T KNOW98	
558	Did (NAME) received Vitamin A capsule in the Kartik distribution?	YES 1 NO..... 2 DON'T KNOW 8	→560 →560
559	Was the child given deworming tablet at that time?	YES 1 NO..... 2 DON'T KNOW 8	
560	Was (NAME) immunized against measles on the last measles campaign day?	YES 1 NO..... 2 DON'T KNOW 8	

Q. #	Question	Codes	GO TO Q.
561	Does the FCHV of your area provide child health information and services?	YES 1 NO..... 2 DON'T KNOW 8	→601 →601
562	What type of information and services related to child health does she provide? (CIRCLE ALL RESPONSES GIVEN)	PROVIDE INFORMATION ON IMMUNIZATION.....1 PROVIDE INFORMATION ON DIARRHEA.....2 PROVIDE DIARRHEA TREATMENT SERVICES (ORS)3 PROVIDE INFORMATION ON ARI..4 PROVIDE ARI/PNEUMONIA TREATMENT SERVICES.....5 PROVIDE INFORMATION ON MALNUTRITION6 PROVIDE INFORMATION ON VITAMIN A.....7 PROVIDE VITAMIN A CAPSULES...8 PROVIDE NEWBORN CARE SERVICES.....9 PROVIDE REFERRAL SERVICES.. 10 OTHER..... 11 (SPECIFY) DON'T KNOW98	
563	Have you spoken with FCHV with regard to the child health in the last 6 months?	YES 1 NO..... 2 DON'T KNOW 8	→566 →566
564	Did the FCHV use any BCC materials or visuals aids to explain about child health to you?	YES 1 NO..... 2 DON'T KNOW 8	→566 →566
565	If yes, was use of materials helpful to you?	Very much helpful.....1 Helpful.....2 Not helpful.....3	
566	Have you ever recommended anyone to speak to the FCHV about child health issues?	YES1 NO.....2 DON'T KNOW8	

Section 6: HIV/AIDS

Now, I would like to ask you a few questions about HIV/AIDS.

Q. #	Question	Codes				GO TO Q.
601	Have you ever heard of HIV or AIDS?	YES	1			
		NO.....	2			→701
		DON'T KNOW	8			→701
602	Mention all the ways in which you believe a person can get infected with HIV? For spontaneous responses include 2 probes-Anything else? Anything else? After 2 probes for all responses not circled spontaneously ask from list and circle response in probed category.					
	Questions	Spont. yes	Read out			
			Yes	No	DK	
1	Can a person get HIV/AIDS by sharing a meal with someone who is infected with HIV?	1	2	3	8	
2	Can a person get HIV/AIDS from a mosquito bite?	1	2	3	8	
3	Can a person get HIV/AIDS by getting injections with a needle that has been already used by someone else who is infected with HIV virus?	1	2	3	8	
4	Can people get HIV/AIDS from an infected blood transfusion?	1	2	3	8	
5	Can a pregnant woman infected with HIV or AIDS transmit the virus to her unborn child?	1	2	3	8	
6	Can a woman with HIV or AIDS transmit the virus to her newborn child through breastfeeding?	1	2	3	8	
7	Can people get HIV/AIDS if they have multiple sexual relationships?	1	2	3	8	
8	Can people get HIV/AIDS through sexual intercourse with infected partner?	1	2	3	8	
9	Can a person get HIV/AIDS if s/he work together with some one infected with HIV/AIDS?	1	2	3	8	
10	Can a person get HIV/AIDS if s/he uses the dishes to eat of a HIV/AIDS infected person?	1	2	3	8	
11	Other (specify)	1	2	3	8	

Q. #	Question	Codes	GO TO Q.
603	From which sources of information have you learned about AIDS? Any other sources? (CIRCLE ALL RESPONSES GIVEN)	RADIO 1 TV.....2 NEWSPAPERS/ MAGAZINE3 PAMPHLETS/POSTERS.....4 HEALTH WORKER.....5 FCHV.....6 SCHOOL/TEACHER.....7 NEIGHBORS/FRIENDS.....8 HUSBAND.....9 YOUR CHILDREN..... 10 VHW..... 11 OTHER..... 12 (SPECIFY) DON'T KNOW..... 98	
604	In your opinion, can one prevent him /herself from getting infected from HIV/AIDS?	YES..... 1 NO2 DON'T KNOW.....8	→606 →606
605	Mention all the ways in which you believe a person can protect himself/herself from getting infected with HIV/AIDS? For spontaneous responses include 2 probes-Anything else? Anything else? After 2 probes for all responses not circled spontaneously ask from list and circle response in probed category.		
		Spont yes	Read out Yes No DK
	1 By abstaining from sexual intercourse	1	2 3 8
	2 By having just one sex partner who has no other partners	1	2 3 8
	3 By having one uninfected faithful sex partner	1	2 3 8
	4 By avoiding mosquito bites	1	2 3 8
	5 By using a condom every time having sex	1	2 3 8
	6 By avoiding multiple sexual relationship	1	2 3 8
	7 By not sharing food with a person who has AIDS	1	2 3 8
	8 By having non-penetrative sex/thigh sex	1	2 3 8
	9 By avoiding sex workers	1	2 3 8
	10 By using sterilized needles	1	2 3 8
	11 Avoiding unprotected sex with homosexuals	1	2 3 8
	12 By avoiding kissing	1	2 3 8
	13 By avoiding sharing razor/blades	1	2 3 8
	14 By avoiding touching someone who is infected	1	2 3 8
	15 Other (specify).....	1	2 3 8
606	To what extent do you feel yourself at risk of contracting HIV?	TO A LARGE EXTENT 1 TO SOME EXTENT..... 2 NOT AT ALL.....3 DON'T KNOW 8	

Q. #	Question	Codes	GO TO Q.
607	Can you name the place where you could go to get HIV/AIDS-related information and services? (CIRCLE ALL RESPONSES GIVEN)	GOVERNMENT HOSPITAL..... 1 HEALTH POST/SHP..... 2 FP CLINIC..... 3 MOBILE CLINIC..... 4 HEALTH WORKER..... 5 PRIVATE DOCTOR..... 6 PRIVATE HOSPITAL / CLINIC..... 7 PHARMACY 8 GENERAL SHOP..... 9 FRIENDS / RELATIVES.....10 FCHV11 VHW12 OTHER..... 13 (SPECIFY) DON'T KNOW98	
608	Have you and your spouse ever discussed HIV/AIDS?	YES 1 NO..... 2 DON'T KNOW 8	
609	In the past 6 months, have you discussed HIV/AIDS with any of your friends, neighbors or relatives?	YES 1 NO..... 2 DON'T KNOW 8	→611 →611
610	With whom did you discuss? Any one else? (CIRCLE ALL RESPONSES GIVEN)	MOTHER..... 1 FATHER..... 2 MOTHER-IN-LAW..... 3 FATHER-IN-LAW 4 SISTER..... 5 SISTER-IN-LAW 6 BROTHER 7 DAUGHTER/SON..... 8 FRIEND/NEIGHBOR..... 9 OTHER..... 10 (SPECIFY)	
611	Does the FCHV of your area provide HIV/AIDS related information and services?	YES 1 NO..... 2 DON'T KNOW 8	→701 →701
612	What type of HIV/AIDS related information and services does she provide? (CIRCLE ALL RESPONSES GIVEN)	PROVIDE INFORMATION ON WAYS OF AVOIDING HIV/AIDS..... 1 PROVIDE INFORMATION ON USING CONDOM..... 2 PROVIDE REFERRAL SERVICES 3 OTHER..... 4 (SPECIFY) DON'T KNOW 8	
613	Have you spoken with FCHV with regards to HIV/AIDS in the last 6 months?	YES 1 NO..... 2 DON'T KNOW 8	→701 →701
614	Did the FCHV use any BCC materials or visual aids to explain about HIV/AIDS to you?	YES 1 NO..... 2 DON'T KNOW 8	

Section 7: ACCESS AND EXPOSURE TO MASS MEDIA HEALTH MESSAGES

Q. #	Question	Codes	GO TO Q.
701	Is there a TV set in your house?	YES1 NO.....2	→703
702	How often do you get to choose what is watched on the television in your house. Do you get to choose always, often, sometimes, rarely, or never?	ALWAYS.....1 OFTEN.....2 SOMETIMES.....3 RARELY.....4 NEVER.....5	
703	Do you watch television almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	→707
704	Have you seen anything on the TV about health or family planning in the past year?	YES1 NO.....2 DON'T KNOW8	→706 →706
705	What were the main messages that you saw?	
706	Did you ever watch a telefilm on television called "Good husband"?	YES1 NO.....2 DON'T KNOW8	
707	Is there a radio in your house?	YES1 NO.....2	→709
708	How often do you get to choose what is listened to on the radio in your house. Do you get to choose always, often, sometimes, rarely, or never?	ALWAYS.....1 OFTEN.....2 SOMETIMES.....3 RARELY.....4 NEVER.....5	
709	Do you listen to the radio almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY1 AT LEAST ONCE A WEEK.....2 LESS THAN ONCE A WEEK.....3 NOT AT ALL.....4	→714
710	Which radio stations do you listen to most? (CIRCLE ALL RESPONSES GIVEN)	RADIO NEPAL.....1 LOCAL FM (specify).....2 INDIAN STATIONS.....3 OTHER.....4 (SPECIFY)	
711	What health or family planning programs have you heard on the radio in the past year? PROBE TWICE: Anything else? ASK: Have you heard _____? PROGRAM NOT MENTIONED SPONTANEOUSLY PROBE EACH ONE AND RECORD UNDER PROMPTED COLUMN.	SPONT YES	PROMPTED YES NO DK
	1 GYAN NEI SHAKTI HO	1	2 3 8
	2 SEWA NEI DHARMA HO	1	2 3 8
	3 JAN SWASTHA KARYAKRAM	1	2 3 8
	4 OTHER (SPECIFY)_____	1	2 3 8

Q. #	Question	Codes			GO TO Q.
712	Other than these programs, what else have you heard on the radio or seen on the television about health or family planning? PROBE TWICE: Anything else? RECORD ALL MENTIONED	
713	In the past year, have you seen or heard any health messages: (Read All)	YES	NO	DK	
	1 In the newspaper?	1	2	8	
	2 In a magazine?	1	2	8	
	3 While at the cinema?	1	2	8	
	4 During a community group meeting?	1	2	8	
	5 During a festival or other community event?	1	2	8	
714	CHECK Q711 AND CIRCLE BELOW: HEARD GYAN NEI SHAKTI HO..... 1 DID NOT HEAR GYAN NEI SHAKTI HO..... 2				→718
715	How often do you listen to Gyan Nai Shakti Ho?	EVERY WEEK.....1 A COUPLE OF TIMES A MONTH.....2 ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 ONLY LISTENED ONCE OR TWICE..5			→717 →717
716	Why did not you listen more often? (CIRCLE ALL RESPONSES GIVEN)	LACK OF A RADIO1 DO NOT KNOW BROADCAST TIME.2 PROGRAM NOT INTERESTING.....3 BORADCAST TIME INCONVENEINT4 LANGUAGE DIFFICULTY5 LACK OF LEISURE.....6 OTHER..... 7 (SPECIFY)			
717	Do you listen as part of a radio listener's group?	YES1 NO.....2 DON'T KNOW8			
718	CHECK Q711 AND CIRCLE BELOW: HEARD SEWA NAI DHARMA HO 1 DID NOT HEAR SEWA NEI DHARMA HO..... 2				→720
719	How often do you listen to Sewa Nai Dharma Ho?	EVERY WEEK.....1 A COUPLE OF TIMES A MONTH.....2 ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 ONLY LISTENED ONCE OR TWICE..5			
720	CHECK Q711 AND CIRCLE BELOW: HEARD GYAN NEI SHAKTI HO OR SEWA NAI DHARMA HO.....1 DID NOT HEAR BOTH GYAN NAI SHAKTI HO AND SEWA NEI DHARMA HO..2				→722

Q. #	Question	Codes			GO TO Q.
721	What health topics did you hear while listening to Gyan Nai Shakti Ho or Sewa Nai Dharma Ho? PROBE TWICE: Anything else? THEN ASK, Did you hear _____ while listening to Gyan Nai Shakti Ho or Sewa Nai Dharma Ho?				
		SPONT YES	PROMPTED YES NO DK		
	1 Adolescent health	1	2	3	8
	2 Antenatal care	1	2	3	8
	3 Danger signs during pregnancy or delivery	1	2	3	8
	4 Assistance during delivery of child	1	2	3	8
	5 Danger signs for the newborn child	1	2	3	8
	6 Post-partum care	1	2	3	8
	7 Breastfeeding	1	2	3	8
	8 Nutrition	1	2	3	8
	9 Immunization	1	2	3	8
	10 Vitamin A	1	2	3	8
	11 Diarrhea	1	2	3	8
	12 Cough/cold and Pneumonia	1	2	3	8
	13 Contraceptive methods	1	2	3	8
	14 HIV/AIDS and other STIs	1	2	3	8
	15 Malaria	1	2	3	8
	16 Importance of spousal communication	1	2	3	8
	17 FCHV's roles in community	1	2	3	8
	18 Clients rights when interacting with FCHVs/other HWs	1	2	3	8
	19 Men's health/role	1	2	3	8
	20 Role of family members	1	2	3	8
21 Other (specify) _____	1	2	3	8	
722	Have you seen any posters about family planning in the past year?	YES..... NO DON'T KNOW			→801 →801
723	What posters have you seen?	SPONT YES	PROMPTED (show pictures of posters if not mentioned spontaneously) YES NO DK		
	1 Danger sign poster	1	2	3	8
	2 Sumata poster	1	2	3	8
	3 Poster showing 5 types of methods	1	2	3	8
	4 FP Poster	1	2	3	8
	5 Abhibadan Poster	1	2	3	8
	6 Other (specify)	1	2	3	8

Section 8: USE OF FCHV's SERVICES

Q. #	Question	Codes	GO TO Q.	
801	Do you know the FCHV working in this area?	YES1 NO.....2 DON'T KNOW8	→END →END	
802	When was the last time you met with the FCHV working in this area? IF LESS THAN A WEEK WRITE '00'	WEEKS AGO..... <input type="text"/> <input type="text"/> NEVER MET98	→END	
803	What health issue or issues did you discuss with the FCHV the last time you met her? PROMPT ONCE: Anything else? RECORD ALL RESPONSES	FAMILY PLANNING1 SAFE MOTHERHOOD.....2 CHILD HEALTH3 HIV/AIDS/STL.....4 OTHER.....5 (SPECIFY) DON'T REMEMBER.....8		
804	Where did your most recent discussion with the FCHV take place?	I VISITED FCHV1 FCHV VISITED ME.....2 MET AT THE MEETING.....3 MET CASUALLY WHILE DOING SOMETHING ELSE.....4 OTHER.....5 (SPECIFY)		
805	We would like to ask you some questions regarding the FCHV's behavior during your last visit with her. This information is important because it will help us improve the quality of services available to you and others in your community. Did the FCHV.....?	Yes	No	DK
	1. Greet you in a friendly manner?	1	2	8
	2. Make you feel at ease?	1	2	8
	3. Assure you that your discussion would be confidential?	1	2	8
	4. Ask you about your health concerns?	1	2	8
	5. Encourage you to ask questions?	1	2	8
	6. Reassure you about your concerns?	1	2	8
	7. Ask you to come again/schedule another visit?	1	2	8
	8. Refer you to a health facility for additional services?	1	2	8
	9. Ask you to talk to your spouse about health issues?	1	2	8

THANK YOU FOR YOUR VALUABLE TIME FOR THE INTERVIEW.