Table 2-48: Availability of trained or untrained Dai in the village and preference

(in percentage)

Details	Tikamgarh (Rural Area)	Damoh (Rural Area)	Combined (Rural Areas)
Availability of Dai in the village (Base: All ever-married women aged 15-49 yrs)			
Yes	56.8	70.2	63.6
No	43.2	29.8	36.4
N	442	459	901
Which Dai either trained or untrained stays near to you (Base: Those ever-married women aged 15-49 yrs reported availability of Dai in their village)			
Trained	51.0	51.6	51.3
Untrained	32.3	31.1	31.6
Both Near	0.4	0.9	0.7
Don't know	16.3	16.5	16.4
Whether prefer trained or untrained dai (Base: Those ever-married women aged 15-49 yrs reported availability of Dai in their village)			
Trained dai	66.5	78.0	72.9
Untrained dai	6.8	8.4	7.7
Don't know/no opinion	26.7	13.7	19.4
N	251	322	573
Opinion for preferring trained or untrained dai* (Base: Those ever-married women aged 15-49 yrs reported availability of Dai in their village and prefer either trained or untrained dai)			
Uses sterile razor to cut the cord	54.3	60.4	58.0
More skilled	38.6	43.5	41.6
Other people say she is better	30.4	23.0	26.0
Charges less	9.2	3.6	5.8
Others	1.6		0.6
N	184	278	462

Note: * Percentages are not added to 100, as it was a multiple response question

2.6.9 Opinion about the best place and person for delivery and reasons for preferring the place for delivery

This section details out the opinion of ever-married women about the best place for conducting deliveries and reasons that make the place best for conducting delivery. It further gives information about the opinion of respondents about the best person to help during delivery. All these information are presented in Table 2-49.

Because Dai training has little impact on maternal mortality, new strategies need to be developed to increase the proportion of births attended in medical facilities, which would decrease MMR. Many young people during focus groups stressed the importance of institutional deliveries for safe delivery shows some evidence of potential for more institutional based deliveries. Table 2-49 shows that overall about 64 percent of respondents reported that the best place of delivery was home. This proportion was significantly high in Damoh (75%) than Tikamgarh (52%). As high as 57 percent to 80 percent of respondents dwelling in rural areas of Tikamgarh as well as Damoh had reported home to be the best place for the conducting deliveries compared to 30 percent to 48 percent in urban areas of Tikamgarh and Damoh. A low proportion of respondents reported government hospital as the best place for delivery (28% in Tikamgarh and 16% in Damoh). The corresponding proportion was significantly high in urban areas of both the districts (53% in Tikamgarh and 37% in Damoh) compared to rural areas of both the districts (23% in Tikamgarh and 12% in Damoh). Overall, nearly a tenth of the respondents reported that the best place for delivery was PHC, this proportion being 13 percent in Tikamgarh and 4 percent in Damoh. The other places for deliveries such as, SC, private clinic, maternity home and respondent's parents home were reported by 1 percent to 3 percent of respondents in both the districts.

In response to the reasons for preferring above mention places of deliveries, overall, about 33 percent of respondents preferred the place of delivery because they thought that they would get more personnel attention. This proportion was 38 percent in Damoh and 29 percent in Tikamgarh. No significant variation between rural and urban areas of both the districts was found in sighting

'more personnel attention' as reason for preferring the place of delivery. About 38 percent of respondents in Tikamgarh reportedly preferred the place of delivery because of availability of doctor as against 21 percent in Damoh. A significant variation between rural and urban areas of both the districts was found in reporting 'doctor is there' as a reason for preferring the place of delivery. The other reasons for preferring the place of delivery were 'customary' (36% in Damoh and 27% in Tikamgarh) and 'has medicines' (15% in Tikamgarh and 12% in Damoh). (Table 2-49)

Overall, about 38 percent of respondents reported that the best person for conducting delivery was doctor, this proportion being 44 percent in Tikamgarh compared to 29 percent in Damoh. The proportion of respondents reporting doctor as the best person for delivery was higher in urban areas of both the districts (74 % in Tikamgarh and 48% in Damoh) than rural areas (38% in Tikamgarh and 29% in Damoh). The other best persons to help during delivery were 'Dai' (33% in Damoh and 21% in Tikamgarh) and 'her relatives' (29% in Tikamgarh and 28% in Damoh). ANM or Nurse or LHV was reported by a very small proportion of respondents in both the districts for conducting delivery (around 4% in both the districts). (Table 2-49)

Table 2-49: Opinion about the best place and person for delivery and reasons for preferring the place for delivery

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Opinion about the best place for conducting deliveries (Base: All ever-married women aged 15-49 yrs)									
Home	30.0	56.5	52.1	47.7	80.2	75.1	38.6	68.6	63.7
Govt. Hospital	53.3	23.0	28.1	37.2	11.5	15.6	45.5	17.1	21.8
PHC	11.1	14.0	13.5	1.2	4.6	4.0	6.3	9.2	8.7
Sub-center		0.2	0.2		1.1	0.9		0.7	0.6
Her parents' home		0.7	0.6					0.3	0.3
Private clinic/Hospital	4.4	1.6	2.1	7.0	1.1	2.0	5.7	1.3	2.0
Maternity Home	1.1	0.2	0.4	7.0	0.2	1.3	4.0	0.2	0.8
Others		0.5	0.4		0.2	0.2		0.3	0.3
Don't know		3.4	2.8		1.1	0.9		2.2	1.9
N	90	444	534	86	460	546	176	904	1080
Reason for preferring the place for delivery* (Base: All ever-married women aged 15-49 yrs, excluding those who don't know the place for delivery)									
More personal attention	33.3	28.2	29.1	39.5	37.1	37.5	36.4	32.8	33.4
Doctor is there	66.7	31.9	38.0	40.7	17.6	21.3	54.0	24.5	29.4
Customary	12.2	30.3	27.2	17.4	39.3	35.9	14.8	35.0	31.6
Has medicines	17.8	14.7	15.2	12.8	11.4	11.6	15.3	13.0	13.4
Low cost/less expensive	10.0	18.4	17.0	8.1	13.4	12.6	9.1	15.8	14.7
Hygienic	15.6	4.4	6.4	9.3	7.9	8.1	12.5	6.2	7.3
Cleanliness	32.2	17.2	19.8	16.3	11.0	11.8	24.4	14.0	15.8
Others	2.2	7.0	6.2	1.2	5.3	4.6	1.7	6.1	5.4
Don't know		2.1	1.7		0.4	0.4		1.2	1.0
N	90	429	519	86	455	541	176	884	1060
Opinion about the best person for conducting deliveries (Base: All ever-married women aged 15-49 yrs)									
No one		0.5	0.4	3.5	1.1	1.5	1.7	0.8	0.9
Dai		24.8	20.6	12.8	36.3	32.6	6.3	30.6	26.7
Her relatives	22.2	30.9	29.4	26.7	28.3	28.0	24.4	29.5	28.7
Doctor	74.4	37.8	44.0	47.7	29.1	32.1	61.4	33.4	38.0
ANM or LHV	3.3	4.7	4.5	7.0	3.3	3.8	5.1	4.0	4.2
Her friends		0.5	0.4	1.2	0.2	0.4	0.6	0.3	0.4
Others					0.2	0.2		0.1	0.1
Don't know		0.9	0.7	1.2	1.5	1.5	0.6	1.2	1.1
N	90	444	534	86	460	546	176	904	1080

Note: * Percentages are not added to 100, as it was a multiple response question

The distribution of reasons for preferring different places for delivery by each place of delivery indicates that about 41 percent to 46 percent of respondents in Tikamgarh and Damoh reported 'more personal attention' as reason for preferring home as a place of delivery. About 47 percent

of respondents in both the districts told that it was customary to deliver child at home. The other reasons for preferring home for delivery were 'low cost/less expensive' (16% in Tikamgarh and 11% in Damoh) and 'cleanliness' (13% in Tikamgarh and 8% in Damoh). The major reason for preferring government hospitals as a place for conducting delivery was 'doctor is there' (86% in Damoh and 76% in Tikamgarh). The other reasons for preferring hospital were mainly 'cleanliness' (28% in Tikamgarh and 25% in Damoh) and 'has medicines' (34% in Damoh and 24% in Tikamgarh). A large majority of respondents, ranging from 82 percent in Damoh to 92 percent in Tikamgarh, reported 'doctor is there' as a major reason for preferring PHC for conducting delivery. The other reasons for preferring PHC as a place for delivering child were 'has medicines' (41% in Damoh and 24% in Tikamgarh), 'low cost/less expensive' (36% in Damoh and 19% in Tikamgarh), and 'cleanliness ' (25% in Damoh and 24% in Tikamgarh). The major reason for preferring either SC or private clinic or hospital or maternity home was reported as 'doctor is there'. As very small proportion of respondents had reported SC/private clinic'/maternity home for delivering child, therefore proportion for reasons for preferring these place for delivery should be interpreted carefully.

As mentioned above whenever an institution was reported –PHC, government hospital or a private clinic – the most important reasons cited were presence of a doctor, medicines, or cleanliness, which clearly bring forth an encouraging trend for institutional deliveries that is not achieved because of existing bottlenecks and inadequacies. The government could promote these advantages more widely and increase the level of personal attention on the maternity wards as a strategy for increasing institutional births and decreasing maternal mortality. State government officials often express the concern that there is inadequate capacity in the public health system to attend all deliveries in an institution. While this is true, there is still a great deal of unused capacity, and this study demonstrates that there is unsatisfied demand for institutional deliveries at a level the government probably does have the capacity to satisfy.

Table 2-50: Reasons for preferring different places for delivery by each place

Reasons	TIKAMGARH Best place for deliveries								Total
	Home	Govt. hospital	PHC	SC	Her parents home	Pvt. clinic	MH	Other	
More personal attention	41.4	18.0	5.6		66.7	18.2		50.0	29.1
Doctor is there	1.4	76.0	91.7	100.0	33.3	72.7	100.0	50.0	38.0
Customary	47.5	2.7	5.6			9.1			27.2
Has medicines	6.1	24.7	23.6		33.3	36.4	100.0	50.0	15.2
Low cost/less expensive	15.8	20.0	19.4						17.0
Hygienic	7.6	4.0	8.3						6.4
Cleanliness	13.3	28.0	23.6			45.5	100.0		19.8
Other	4.3	11.3	2.8			9.1			6.2
Don't know	1.8	2.7							1.7
Total	278	150	72	1	3	11	2	2	519

Reasons	DAMOH Best place for deliveries							Total
	Home	Govt. hospital	PHC	SC	Pvt. clinic	MH	Other	
More personal attention	46.1	8.2	9.1		18.2	42.9		37.5
Doctor is there	1.0	85.9	81.8	80.0	100.0	57.1	100.0	21.3
Customary	46.8	2.4						35.9
Has medicines	2.4	34.1	40.9	80.0	54.5	57.1	100.0	11.6
Low cost/less expensive	11.5	11.8	36.4	40.0	9.1			12.6
Hygienic	8.3	8.2	9.1		9.1			8.1
Cleanliness	7.8	24.7	27.3	20.0	36.4			11.8
Other	5.6	2.4						4.6
Don't know	0.5							0.4
Total	410	85	22	5	11	7	1	541

2.6.10 Place/Person preferred for the emergency cares for a birth and mode of Transport used in reaching these places

This section discus about the places or persons preferred if emergency arises during the birth of a child. It further gives details of transport that would be used in reaching to these places. These information's were collected from all the ever-married women including those who had sterilisation.

Table 2-51 shows that overall 46 percent of respondents reported that they would prefer to go to government hospital in case of emergency during the birth of a child. This proportion was higher in Tikamgarh (52%) than Damoh (41%). More or less similar proportion of respondents residing in urban as well as rural areas in both the districts reported the same. About 25 percent to 27 percent of respondents in rural areas of Tikamgarh as well as Damoh reported to prefer PHC in case of emergency during birth. About 11 percent of respondents in both the districts reported that they would like to go to private hospital or NGO clinic in case of emergency during birth. The corresponding proportion was high for urban areas of both the districts (27% in Damoh and 14% in Tikamgarh) than rural areas (11% in Tikamgarh and 8% in Damoh).

About 53 percent of respondents in Damoh reported that they would be using public transport for visiting health facilities in case of emergency during birth of a child compared to 41 percent in Tikamgarh. The proportion of respondents using the public transport in case of emergency was relatively high in rural areas of both the districts (56% in Damoh and 42% in Tikamgarh) compared to urban areas (34% in Damoh and 38% in Tikamgarh). About 32 percent of respondents reported to use a borrowed vehicle in case of emergency during birth. This proportion was 37 percent in Tikamgarh as against 26 percent. A very small proportion of respondents, ranging 5 percent in Damoh to 6 percent in Tikamgarh, reported to use their own vehicle in case of emergency during the birth of a child. (Table 2-51)

Table 2-51: Place/Person preferred for the emergency cares for a birth and mode of transport used in reaching the place

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Preferred place/person for the emergency care for birth (Base: All ever-married women aged 15-49 yrs)									
Subcenter/ANM/LHV		1.1	0.9	1.2	8.9	7.7	0.6	5.1	4.4
PHC	20.0	25.0	24.2	8.1	26.7	23.8	14.2	25.9	24.0
CHC	5.6	5.9	5.8	20.9	7.6	9.7	13.1	6.7	7.8
Govt. Hospital/Dispensary	53.3	51.4	51.7	41.9	41.1	41.2	47.7	46.1	46.4
Dai		1.4	1.1		1.1	0.9		1.2	1.0
Private/NGO clinic or hospital	14.4	11.0	11.6	25.6	8.0	10.8	19.9	9.5	11.2
Private practitioner, ayurvedic	1.1		0.2				0.6		0.1
Private practitioner, allopathic	4.4	0.7	1.3	2.3	3.7	3.5	3.4	2.2	2.4
Others		1.6	1.3		0.2	0.2		0.9	0.7
Don't know	1.1	2.0	1.9		2.6	2.2	0.6	2.3	2.0
N	90	444	534	86	460	546	176	904	1080
Mode of transport used to reach the place (Base: All ever-married women aged 15-49 yrs, excluding those who don't know the place for emergency care for birth)									
Walk	6.7	6.9	6.9	24.4	6.7	9.6	15.4	6.8	8.2
Own vehicle	10.1	4.8	5.7	11.6	3.6	4.9	10.9	4.2	5.3
Borrow a vehicle	39.3	37.0	37.4	30.2	25.7	26.4	34.9	31.3	31.9
Ambulance	3.4	0.5	1.0		0.4	0.4	1.7	0.5	0.7
Public transport	38.2	42.1	41.4	33.7	56.3	52.6	36.0	49.3	47.1
Others	2.2	8.3	7.3		7.4	6.2	1.1	7.8	6.7
Don't know		0.5	0.4					0.2	0.2
N	89	435	524	86	448	534	175	883	1058

2.6.11 Awareness of Place/ Person for the Antenatal care and Immunization of children

In order to know whether respondents were aware of places or person for antenatal care and immunization, two questions, "Do you know where to go for antenatal care? Where?' and 'Do you know where to go for immunization of your children?' were addressed to all selected ever-married women in both the districts. The responses of these questions are presented in Table 2-52.

Table 2-52 reveals that overall, around 29 percent of respondents reported that they were aware of PHC, as a place for antenatal care. This corresponding proportion was 29 percent in Tikamgarh as against 28 percent in Damoh. About 19 percent to 32 percent of respondents in Damoh as well as Tikamgarh reported to be aware of government hospital as place for antenatal care. The corresponding proportion was significantly high for the urban areas of both the districts (64% in Tikamgarh and 45% in Damoh) than rural areas (28% in Tikamgarh and 15% in Damoh). Around 30 percent of respondents dwelling in urban areas of both Tikamgarh and Damoh had reported to be aware of private clinic or hospital as place for antenatal care compared to 5 percent to 11 percent of respondents residing in rural areas of Damoh and Tikamgarh.

Overall, 41 percent of respondents reported that they were aware of SC as a place of immunization for children. This proportion was relatively high in Damoh (46%) than Tikamgarh (36%). About 26 percent to 25 percent of respondents in Damoh and Tikamgarh reported to be aware of PHC as a place of immunization. The proportion of respondents reporting to be aware of government hospital as a place of immunization was 23 percent in Tikamgarh as against 11 percent in Damoh. The corresponding proportion was significantly high in urban areas of both the districts (64% in Tikamgarh and 44% in Damoh) than rural areas (18% in Tikamgarh and 6% in Damoh). A small proportion of respondents, ranging 2 percent in Damoh to 6 percent in Tikamgarh, reported that they knew private clinic as a source of immunization of child. (Table 2-52)

Table 2-52: Aware of Place/Person for the antenatal care and immunisation for the children

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Aware of place/person for the antenatal care*(Base: All ever-married women aged 15-49 yrs)									
Sub-center/ANM/LHV		28.4	25.2		46.3	40.1		37.5	32.9
PHC		32.9	29.2		32.6	28.2		32.7	28.7
CHC	8.9	2.7	3.4	15.5	3.0	4.7	12.6	2.9	4.1
Govt. Hospital/Dispensary	64.3	27.5	31.6	45.1	14.8	18.8	53.5	21.0	25.0
UFWC/PPC		0.2	0.2	1.4	0.2	0.4	0.8	0.2	0.3
Dai		1.6	1.4		1.3	1.1		1.4	1.3
Private/NGO clinic or hospital	30.4	10.6	12.8	29.6	5.4	8.7	29.9	8.0	10.7
Private practitioner, ayurvedic		0.2	0.2		0.4	0.4		0.3	0.3
Private practitioner, allopathic	8.9	5.0	5.4	16.9	8.0	9.2	13.4	6.5	7.4
Others		1.8	1.6		1.5	1.3		1.7	1.5
Don't know	1.8	8.6	7.8	4.2	3.0	3.2	3.1	5.8	5.4
Aware of place/person for the immunisation for the children* (Base: All ever-married women aged 15-49 yrs)									
Sub-center/ANM/LHV		40.5	36.0	8.5	51.5	45.8	4.7	46.1	41.0
PHC	10.7	27.0	25.2	1.4	29.3	25.6	5.5	28.2	25.4
CHC	8.9	0.9	1.8	12.7	1.1	2.6	11.0	1.0	2.2
Govt. Hospital/Dispensary	64.3	17.8	23.0	43.7	6.1	11.1	52.8	11.8	16.9
UFWC/PPC		0.5	0.4	1.4	0.2	0.4	0.8	0.3	0.4
Dai		0.2	0.2					0.1	0.1
Private/NGO clinic or hospital	19.6	3.6	5.4	7.0	1.3	2.1	12.6	2.4	3.7
Private practitioner, allopathic	5.4	1.8	2.2	12.7	2.0	3.4	9.4	1.9	2.8
Others	1.8	16.2	14.6	15.5	15.9	15.8	9.4	16.0	15.2
Don't know	1.8	5.9	5.4	4.2	2.8	3.0	3.1	4.3	4.2
N	56	444	500	71	460	531	127	904	1031

Note: * Percentages are not added to 100, as it was a multiple response question

2.6.12 Service delivery point for minor and major illness

This section gives information about the awareness of respondents about the places or persons to visit at the time of minor and major illness of respondents, person who decides about the place or persons to be approached at the time of major illness and difficulties faced in visiting the places for the treatment of major illness. Women were asked about where they go when they need health care for themselves, for a man in the household, and male and female children under five.

Table 2-53 shows that overall, about 43 percent of respondents reported that they were aware of private allopathic practitioner for the care of minor illness. The corresponding proportion was higher in Damoh (50%) than Tikamgarh (36%). The proportion of respondents reported to be aware of private allopathic practitioner as a person for the treatment of minor illness was higher in urban areas (47%) than rural areas (34%) of Tikamgarh. This picture got reversed in Damoh. About 34 percent to 35 percent of respondents in Damoh and Tikamgarh reported to be aware of PHC as a source for the care of minor illness. The other sources, which respondents reported to be aware for the minor illness, were mainly 'district hospital' (15% in Tikamgarh and 10% in Damoh) and Sub-Centre (15% in Damoh and 5% in Tikamgarh).

Overall, about half of the respondents reported that they were aware of district hospital for the treatment of major illness. The corresponding proportion was higher in Damoh (52%) than Tikamgarh (47%). The proportion of respondents reported to be aware of district hospital as a place for the treatment of major illness was higher in urban areas (52%) than rural areas (46%) of

Tikamgarh. This picture got reversed in Damoh. About 34 percent of respondents reported to be aware of private doctor as a person for visiting for the treatment of major illness in Tikamgarh as against 17 percent in Damoh. About 28 percent in Damoh and 26 percent in Tikamgarh reported to be aware of PHC as a place for the treatment of major illness (Table 2-53).

About 62 percent to 65 percent of respondents in Damoh and Tikamgarh reported that the decision to visit health facility at the time of major illness was made by husbands. The corresponding proportion was slightly high in rural areas of both the districts (66% in Tikamgarh and 64% in Damoh) than urban areas (62% in Tikamgarh and 51% in Damoh). Overall, 27 percent of respondents reported that respondent jointly with her husband took decision for visiting a health facility or a person for the treatment of major illness. This proportion was higher in Damoh (32%) than Tikamgarh (21%). Only about 2 percent to 3 percent of respondents in both the districts reported that either jointly with others members of family or respondent herself decided about the place or person to be contacted at the time of her major illness. (Table 2-53)

About 53 percent of respondents reported that one of the major difficulty which the respondent faced in visiting the health facilities was 'difficult transport' i.e. unavailability or irregular transport facilities in Tikamgarh as against 45 percent in Damoh. Respondents who live in rural areas than urban areas of both the districts relatively faced such difficulty more. 'High cost' reported to be as another difficulty faced by 29 percent of respondents in Damoh and 26 percent in Tikamgarh in visiting health facility at the time of major illness. (Table 2-53)

Table 2-53: Service delivery point for minor and major illness of women

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Aware of Places/Persons to visit at the time of minor illness* (Base: All ever-married women aged 15-49 yrs)									
Teaching hospital	1.1		0.2		0.2	0.2	0.6	0.1	0.2
Private/NGO hospital	27.8	17.1	18.9	17.4	5.2	7.2	22.7	11.1	13.0
District Hospital	34.4	11.3	15.2	36.0	5.2	10.1	35.2	8.2	12.6
CHC	1.1	1.6	1.5	2.3	3.5	3.3	1.7	2.5	2.4
PHC	16.7	39.2	35.4	14.0	38.1	34.3	15.3	38.6	34.8
SC		5.6	4.7		17.9	15.0		11.8	9.9
Civil Hospital		0.5	0.4					0.2	0.2
Traditional healer		0.9	0.7		1.7	1.5		1.3	1.1
Maternity home/MCH center				1.2		0.2	0.6		0.1
Private allopathic practitioner	46.7	34.2	36.3	45.3	51.0	50.1	46.0	42.7	43.3
Private Ayurvedic practitioner		0.7	0.6		0.2	0.2		0.4	0.4
None		1.1	0.9	2.3	0.4	0.7	1.1	0.8	0.8
Others	4.4	2.0	2.4	3.5	2.4	2.6	4.0	2.2	2.5
N	90	444	534	86	459	545	176	903	1079
Aware of Places/Persons to visit at the time of major illness* (Base: All ever-married women aged 15-49 yrs)									
Teaching hospital	1.1	0.9	0.9				0.6	0.4	0.5
Private/NGO hospital	45.6	31.1	33.5	27.9	15.0	17.0	36.9	22.9	25.2
District Hospital	52.2	46.2	47.2	38.4	55.0	52.4	45.5	50.7	49.8
CHC	1.1	2.5	2.2	11.6	3.0	4.4	6.3	2.8	3.3
PHC	16.7	27.5	25.7	8.1	31.3	27.7	12.5	29.4	26.7
SC		1.8	1.5		4.1	3.5		3.0	2.5
Civil Hospital	2.2	4.7	4.3	9.3	5.2	5.9	5.7	5.0	5.1
Maternity home/MCH centre	1.1	0.5	0.6				0.6	0.2	0.3
Private allopathic practitioner	25.6	14.6	16.5	29.1	21.1	22.3	27.3	17.9	19.4
Private Ayurvedic practitioner		*0.2*	*0.2*		*0.9*	*0.7*		*0.6*	*0.5*
None				2.3	1.1	1.3	1.1	0.6	0.6
Others					0.7	0.5		0.3	0.3
N	90	444	534	86	460	546	176	904	1080
Decision maker for major illness (Base: Those ever-married women aged 15-49 years who are aware of places/persons for major illness)									
Herself	3.3	3.2	3.2	3.5	2.0	2.2	3.4	2.6	2.7
Husband	62.2	65.5	65.0	51.2	63.7	61.7	56.8	64.6	63.3
Woman & Man jointly	22.2	21.2	21.3	45.3	29.5	32.0	33.5	25.4	26.7
Other in household	5.6	7.7	7.3		2.4	2.0	2.8	5.0	4.6
Woman jointly with other in household	6.7	2.5	3.2		2.4	2.0	3.4	2.4	2.6
Difficulties faced in visiting the places for major illness ((Base: Those ever-married women aged 15-49 years who are aware of places/persons for major illness)									
High cost	26.7	25.7	25.8	32.6	27.8	28.5	29.5	26.7	27.2
Difficult transport	23.3	58.8	52.8	14.0	51.0	45.1	18.8	54.8	48.9
No difficulty	47.8	14.6	20.2	51.2	19.3	24.3	49.4	17.0	22.3
Husband does not permit				1.2		0.2	0.6		0.1
Household responsibilities	2.2	0.5	0.7	1.2		0.2	1.7	0.2	0.5
Others		0.5	0.4		2.0	1.7		1.2	1.0
N	90	444	534	86	457	543	176	901	1077

Note: * Percentages are not added to 100, as it was a multiple response question

This section gives information about the awareness of respondents regarding the places or persons to visit at the time of minor and major illness of man in the households, and difficulties faced in visiting the places for the treatment of major illness.

The choice of a source of care for men with a minor illness are more varied between the two districts and there are urban/rural differences in Damoh. Table 2-54 shows that overall, about 37 percent of respondents reported that they were aware of private allopathic practitioner for the treatment of minor illness of man in the households. The corresponding proportion was higher in Damoh (45%) than Tikamgarh (29%). The proportion of respondents reported to be aware of private allopathic practitioner as a person for the treatment of minor illness was higher in urban areas (34%) than rural areas (27%) of Tikamgarh. This picture got reversed in Damoh. About 34 percent of respondents in Tikamgarh reported to be aware of PHC as a source for the care of minor illness as against 28 percent in Damoh. The other sources, which respondents reported to be aware for the treatment of minor illness, were mainly 'government hospital' (27% in Tikamgarh and 20% in Damoh) and private hospital (17% in Tikamgarh and 14% in Damoh).

Overall, slightly more than half of the respondents reported that they were aware of government hospital for the treatment of major illness of man in the households. The corresponding proportion was slightly higher in Tikamgarh (54%) than Damoh (50%). The proportion of respondents reported to be aware of government hospital as a place for the treatment of major illness was higher in rural areas in both the districts (56% in Tikamgarh and 51% in Damoh) than urban areas (48% in Tikamgarh and 47% in Damoh). About 18 percent of respondents reported to be aware of private doctor as a person for visiting for the treatment of major illness in Damoh as against 13 percent in Tikamgarh. About 25 percent to 23 percent of respondents reported to be aware of PHC as a place for the treatment of major illness in Damoh and Tikamgarh.(Table 2-54)

About 55 percent of respondents reported that one of the major difficulty which the respondent faced in visiting the health facilities was 'difficult transport' i.e. unavailability or irregular transport facilities in Tikamgarh as against 45 percent in Damoh. Respondents who live in rural areas than urban areas of both the districts relatively faced such difficulty more. 'High cost' reported to be as another difficulty faced by 31 percent of respondents in Damoh and 25 percent in Tikamgarh in visiting health facility at the time of major illness. About 23 percent of respondents reportedly did not face any problem for the treatment of man in the households in Damoh as against 19 percent in Tikamgarh (Table 2-54)

Table 2-54: Service delivery point for minor and major illness of men

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Aware of Places/Persons to visit at the time of minor illness* (Base: All ever-married women aged 15-49 yrs)									
Sub-center/ANM/LHV		3.8	3.2	1.2	10.9	9.3	0.6	7.4	6.3
PHC	25.6	35.6	33.9	5.8	32.0	27.8	15.9	33.7	30.8
CHC	4.4	3.8	3.9	9.3	2.6	3.7	6.8	3.2	3.8
Govt. Hospital/Dispensary	30.0	26.8	27.3	30.2	18.5	20.3	30.1	22.6	23.8
Traditional Healer		0.5	0.4	1.2	1.5	1.5	0.6	1.0	0.9
Private/NGO clinic or hospital	24.4	15.8	17.2	38.4	9.3	13.9	31.3	12.5	15.6
Private practitioner, ayurvedic	4.4	0.9	1.5				2.3	0.4	0.7
Private practitioner, allopathic	34.4	27.3	28.5	40.7	45.4	44.7	37.5	36.5	36.7
Shop	1.1	0.2	0.4		1.1	0.9	0.6	0.7	0.6
Others	8.9	1.4	2.6		2.0	1.6	4.5	1.7	2.1
Don't know		0.2	0.2		0.2	0.2		0.2	0.2
Aware of Places/Persons visit at the time of major illness* (Base: All ever-married women aged 15-49 yrs)									
Sub-centre/ANM/LHV		0.9	0.7		4.3	3.7		2.7	2.2
PHC	23.3	22.7	22.8	1.2	29.1	24.7	12.5	26.0	23.8
CHC	3.3	7.9	7.1	17.4	12.8	13.6	10.2	10.4	10.4
Govt. Hospital/Dispensary	47.8	55.6	54.3	46.5	51.1	50.4	47.2	53.3	52.3
UFWC				1.2		0.2	0.6		0.1
Traditional Healer				1.2		0.2	0.6		0.1
Private/NGO clinic or hospital	40.0	24.8	27.3	33.7	19.1	21.4	36.9	21.9	24.4
Private practitioner, Ayurvedic		0.5	0.4					0.2	0.2
Private practitioner, allopathic	21.1	11.0	12.7	23.3	17.0	17.9	22.2	14.0	15.4
Pvt. Homeo. Practitioner					0.2	0.2		0.1	0.1
Others		2.5	2.1	1.2	2.0	1.8	0.6	2.2	1.9
Don't know		0.7	0.6		0.9	0.7		0.8	0.6
N	90	444	534	86	460	546	176	904	1080
Difficulties faced in visiting the places for major illness* (Base: Those ever-married women aged 15-49 years who are aware of places/persons for major illness)									
High cost	26.7	25.2	25.4	29.1	31.4	31.0	27.8	28.3	28.2
Difficult transport	24.4	61.5	55.2	19.8	50.2	45.4	22.2	55.7	50.2
No difficulty	47.8	12.5	18.5	51.2	17.8	23.1	49.4	15.2	20.8
Husband does not permit	1.1	0.2	0.4				0.6	0.1	0.2
Household responsibilities		0.2	0.2					0.1	0.1
None		0.5	0.4					0.2	0.2
Dk					0.7	0.6		0.3	0.3
N	90	441	531	86	456	542	176	897	1073

Note: * Percentages are not added to 100, as it was a multiple response question

The utilization patterns are very similar for men and women. For care of a minor illness the first choices for men and women are the private allopathic practitioner or the district hospital. Other important sources of care are private clinics or hospitals and the PHC for urban areas. Rural women in Damoh are less likely than men to go to the district hospital for a minor illness, and both men and women in rural areas of Damoh are more likely to go to the sub-centre than those in Tikamgarh. For a major illness everyone's first choice is the district hospital. In urban areas and rural Damoh the private clinic or hospital is a second choice along with the private practitioner in urban Tikamgarh.

This section gives information about the awareness of respondents regarding the places or persons to visit at the time of minor and major illness of girl under 5 year of age, and difficulties faced in visiting the places for the treatment of major illness.

When a girl child under five needs care for a minor illness, she is taken to pretty much the same facilities as an adult woman: the private allopathic practitioner, district hospital, private clinic or hospital, or the PHC. In rural Tikamgarh the first choice is the PHC for a young girl, as it is for her mother, while everywhere else it is the private practitioner. In rural Damoh the sub-centre is a fairly important and the district hospital has little importance as a source for care of minor illness for a girl, as is the case for the mother. Table 2-55 shows that overall, about 41 percent of respondents reported that they were aware of private allopathic practitioner for the treatment of minor illness of girl under 5 years of age. The corresponding proportion was higher in Damoh (48%) than Tikamgarh (34%). The proportion of respondents reported to be aware of private allopathic practitioner as a person for the treatment of minor illness was higher in urban areas (41%) than rural areas (32%) of Tikamgarh. This picture got reversed in Damoh. About 40 percent of respondents in Tikamgarh reported to be aware of PHC as a source for the care of minor illness as against 38 percent in Damoh. The other sources, which respondents reported to be aware for the minor illness, were mainly 'district hospital' (16% in Tikamgarh and 9% in Damoh) and private hospital (21% in Tikamgarh and 11% in Damoh).

Overall, around 55 percent of the respondents reported that they were aware of district hospital for the treatment of major illness of girl aged below 5 years of age. The corresponding proportion was slightly higher in Damoh (56%) than Tikamgarh (54%). The proportion of respondents reported to be aware of government hospital as a place for the treatment of major illness was higher in rural areas in Damoh (59%) than urban areas (40%). But reverse was true in case for Tikamgarh. About 30 percent of respondents reported to be aware of private hospital as a place for visiting for the treatment of major illness in Tikamgarh as against 18 percent in Damoh. About 23 percent of respondents in both the districts reported to be aware of PHC as a place for the treatment of major illness in Damoh and Tikamgarh. (Table 2-55)

Table 2-55: Service delivery point for minor and major illness of girls under 5 years of age

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Aware Places/Persons to visit at the time of minor illness* (Base: All ever-married women aged 15-49 yrs)									
Teaching hospital		0.5	0.4		0.2	0.2		0.3	0.3
Private/NGO hospital	27.8	19.1	20.6	16.3	10.0	11.0	22.2	14.5	15.7
District Hospital	38.9	11.7	16.3	22.1	6.1	8.6	30.7	8.8	12.4
CHC		2.7	2.2	4.7	3.3	3.5	2.3	3.0	2.9
PHC	18.9	44.1	39.9	23.3	40.4	37.7	21.0	42.3	38.8
SC		5.6	4.7	1.2	14.3	12.3	0.6	10.1	8.5
Civil Hospital		0.9	0.7	1.2		0.2	0.6	0.4	0.5
Traditional healer		0.5	0.4		1.7	1.5		1.1	0.9
Maternity home/MCH centre		0.2	0.2					0.1	0.1
Private allopathic practitioner	42.2	32.0	33.7	46.5	48.5	48.2	44.3	40.4	41.0
Private Ayurvedic practitioner	1.1	0.5	0.6				0.6	0.2	0.3
None		0.9	0.7					0.4	0.4
Others		0.9	0.7	2.3	2.2	2.2	1.1	1.5	1.5
Don't know		0.5	0.4		0.2	0.2		0.3	0.3
Aware of Places/Persons to visit at the time of major illness*(Base: All ever-married women aged 15-49 yrs)									
Teaching hospital		0.7	0.6					0.3	0.3
Private/NGO hospital	34.4	29.5	30.3	23.3	16.5	17.6	29.0	22.9	23.9
District Hospital	58.9	52.5	53.6	39.5	59.3	56.2	49.4	56.0	54.9
CHC		1.8	1.5	16.3	3.0	5.1	8.0	2.4	3.3
PHC	18.9	24.3	23.4	5.8	26.5	23.3	12.5	25.4	23.3
SC		1.4	1.1		3.7	3.1		2.5	2.1
Civil Hospital	1.1	5.6	4.9	8.1	6.1	6.4	4.5	5.9	5.6
Traditional healer					0.4	0.4		0.2	0.2
Maternity home/MCH centre		0.5	0.4					0.2	0.2
Private allopathic practitioner	22.2	14.0	15.4	29.1	23.7	24.5	25.6	18.9	20.0
None		0.5	0.4					0.2	0.2
Others		0.5	0.4		2.0	1.6		1.2	1.0
Don't know	1.1		0.2	1.2		0.2	1.1		0.2
N	90	444	534	86	460	546	176	904	1080

Note: * Percentages are not added to 100, as it was a multiple response question

This section gives information about the awareness of respondents regarding the places or persons to visit at the time of minor and major illness of boy under 5 year of age.

Table 2-56 shows that overall, about 42 percent of respondents reported that they were aware of private allopathic practitioner for the treatment of minor illness of boy under 5 years of age. The corresponding proportion was higher in Damoh (48%) than Tikamgarh (35%). The proportion of respondents reported to be aware of private allopathic practitioner as a person for the treatment of minor illness was higher in urban areas (45%) than rural areas (32%) of Tikamgarh. But about 49 percent of respondents in rural and 46 per cent in urban areas reported the same in Damoh. About 37 percent of respondents in Tikamgarh reported to be aware of PHC as a source for the care of minor illness as against 35 percent in Damoh. The other sources, which respondents reported to be aware for the minor illness, were mainly 'district hospital' (17% in Tikamgarh and 10% in Damoh) and private hospital (21% in Tikamgarh and 9% in Damoh).

Overall, half of the respondents reported that they were aware of district hospital for the treatment of major illness of boy aged below 5 years of age. More or less similar proportion of respondents

in Tikamgarh as well as Damoh reported the same. The proportion of respondents reported to be aware of district hospital as a place for the treatment of major illness was higher in rural areas of Damoh (55%) than urban areas (31%). But reverse was true in case for Tikamgarh. About 32 percent of respondents reported to be aware of private hospital as a place for the treatment of major illness in Tikamgarh as against 18 percent in Damoh. About 25 percent of respondents in Damoh and 22 percent in Tikamgarh reported to be aware of PHC as a place for the treatment of major illness in Damoh and Tikamgarh. (Table 2-56)

Table 2-56: Service delivery point for minor and major illness of boys under 5 years of age

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Aware of Places/Persons to visit at the time of minor illness* (Base: All ever-married women aged 15-49 yrs)									
Teaching hospital		1.1	0.9					0.6	0.5
Private/NGO hospital	22.2	20.7	21.0	17.4	7.6	9.2	19.9	14.0	15.0
District Hospital	37.8	12.6	16.9	24.4	7.4	10.1	31.3	10.0	13.4
CHC		2.5	2.1	4.7	3.0	3.3	2.3	2.8	2.7
PHC	17.8	40.3	36.5	20.9	37.2	34.6	19.3	38.7	35.6
SC		4.7	3.9		15.9	13.4		10.4	8.7
Civil Hospital		0.2	0.2	1.2		0.2	0.6	0.1	0.2
Traditional healer		0.7	0.6		0.4	0.4		0.6	0.5
Dai		0.2	0.2					0.1	0.1
Private allopathic practitioner	45.6	32.4	34.6	46.5	48.7	48.4	46.0	40.7	41.6
Private Ayurvedic practitioner		0.7	0.6					0.3	0.3
None		0.9	0.7		0.2	0.2		0.6	0.5
Others		0.5	0.4	1.2	1.3	1.3	0.6	0.9	0.8
Don't know		0.5	0.4		0.4	0.4		0.4	0.4
Aware of Places/Persons to visit at the time of major illness*(Base: All ever-married women aged 15-49 yrs)									
Teaching hospital		0.7	0.6					0.3	0.3
Private/NGO hospital	33.3	32.2	32.4	22.1	16.7	17.6	27.8	24.3	24.9
District Hospital	57.8	47.7	49.4	31.4	55.0	51.3	44.9	51.4	50.4
CHC		1.1	0.9	15.1	3.9	5.7	7.4	2.5	3.3
PHC	11.1	23.6	21.5	7.0	28.5	25.1	9.1	26.1	23.3
SC		1.4	1.1		4.1	3.5		2.8	2.3
Civil Hospital		4.7	3.9	7.0	5.4	5.7	3.4	5.1	4.8
Private allopathic practitioner	24.4	15.3	16.9	39.5	22.0	24.7	31.8	18.7	20.8
Private Ayurvedic practitioner	1.1		0.2				0.6		0.1
None		0.9	0.7		0.2	0.2		0.6	0.5
Others		0.2	0.2		1.5	1.3		0.9	0.7
Don't know	2.2	0.5	0.7		0.9	0.7	1.1	0.7	0.7
N	90	444	534	86	460	546	176	904	1080

Note: * Percentages are not added to 100, as it was a multiple response question

This section gives information about the places or person approached last time for the treatment of girl/boy under 5 years of age suffering from any minor and major illness. It further gives information about the difficulties faced in visiting the place for treatment. In focus groups adults stated that there is no discrimination between treatment seeking behaviour for girls and boys. To determine whether the stated sources of care for boys and girls coincided with the actual experience the last time treatment was sought for a major illness, women were asked where they had taken a girl and boy under five the last time they needed such care.

Table 2-57 shows that about 8 percent of respondents reported in both the districts that they visited private allopathic practitioner for the treatment of minor illness of girl under 5 years of age.

About 8 percent of respondents in Tikamgarh and 7 percent of respondents in Damoh reported to be visited PHC last time for the treatment of minor illness. About 5 percent of respondents reported in both the districts that they visited district hospital last time for the treatment of minor illness of girl less than 5 years of age. About 5 percent of respondents in Tikamgarh and 7 percent in Damoh reported that they did nothing last time for the treatment of girl child. Most of the respondents in both the district reported that they did not have any girl under 5 years of age in both the districts (around 66% in both the districts).

Overall, about 20 percent of the respondents who had girl under 5 years of age reported that they visited district hospital last time for the treatment of major illness of her girl child. The corresponding proportion was slightly higher in Damoh (21%) than Tikamgarh (19%). The proportion of respondents who had girl aged below 5 years visited district hospital last time for the treatment of major illness was higher in urban areas (26%) than rural areas (20%) in Damoh. This picture got reversed in case of Tikamgarh. About 18 percent of respondents reportedly visited private hospital last time for the treatment of major illness in Tikamgarh as against 5 percent in Damoh. About 43 percent of respondents who had girl aged below 5 years of age in Damoh and 35 percent in Tikamgarh reported that they did nothing for the treatment when their girl child suffered last time from major illness. (Table 2-57)

About 57 percent of respondents who had girl below 5 years of age reported that one of the major difficulty which the respondent faced in visiting the health facilities was 'difficult transport' i.e. unavailability or irregular transport facilities in Tikamgarh as against 52 percent in Damoh. Respondents who live in rural areas than urban areas of both the districts relatively faced such difficulty more. 'High cost' reported to be as another difficulty faced by 24 percent of respondents in Damoh and 18 percent in Tikamgarh in visiting last time to health facility for the treatment of major illness of girl child. About 19 percent of respondents reportedly did not face any problem in visiting the health facility for the treatment of girl child in Damoh as against 18 percent in Tikamgarh. (Table 2-57)

Table 2-57: Place/Person visited last time for treatment when the girl child aged below 5 years suffered from minor or major illness and difficulties faced in visiting the place for major illness

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Place/Person visited last time for minor illness (Base: All ever-married women aged 15-49 yrs)									
Teaching hospital		0.2	0.2					0.1	0.1
Private/NGO hospital	7.8	5.4	5.8	3.5	1.3	1.6	5.7	3.3	3.7
District Hospital	7.8	4.7	5.2	7.0	4.8	5.1	7.4	4.8	5.2
Traditional healer					0.4	0.4		0.2	0.2
PHC	2.2	9.7	8.4	1.2	8.3	7.1	1.7	9	7.8
SC		0.5	0.4		4.6	3.8		2.5	2.1
CIVIL HOSP		0.2	0.2					0.1	0.1
Private allopathic practitioner	11.1	7.7	8.2	7.0	8.5	8.2	9.1	8.1	8.2
Private Ayurvedic practitioner		0.5	0.4	1.2		0.2	0.6	0.2	0.3
None	3.3	5.0	4.7	2.3	8.3	7.3	2.8	6.6	6.0
Others		0.2	0.2		0.4	0.4		0.3	0.3
Not applicable as no girl child below 5 years of age	67.8	66.0	66.3	77.9	63.5	65.8	72.7	64.7	66.0

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Place/Person visited last time for major illness (Base: All ever-married women aged 15-49 yrs having girl child below 5 years of age)									
Teaching hospital		0.7	0.6					0.3	0.3
Private/NGO hospital	20.7	17.2	17.8	15.8	4.2	5.3	18.8	10.3	11.4
District Hospital	13.8	20.5	19.4	26.3	20.2	20.9	18.8	20.4	20.2
PHC		8.6	7.2	10.5	13.1	12.8	4.2	11.0	10.1
SC		0.7	0.6		1.2	1.1		0.9	0.8
Civil Hospital		0.7	0.6					0.3	0.3
CIVIL DISP		0.7	0.6					0.3	0.3
Private allopathic practitioner	10.3	3.3	4.4	10.5	6.5	7.0	10.4	5.0	5.7
Private Ayurvedic practitioner		0.7	0.6					0.3	0.3
None	44.8	33.1	35.0	26.3	44.6	42.8	37.5	39.2	39.0
Others		0.7	0.6		0.6	0.5		0.6	0.5
Don't know		*0.7*	*0.6*		*0.6*	*0.5*		*0.6*	*0.5*
Difficulties faced in visiting the places for major illness* (Base: Those ever-married women aged 15-49 years who are aware of places/persons for major illness)									
High cost	27.6	16.0	17.9	42.1	21.6	23.7	33.3	18.9	20.8
Difficult transport	34.5	61.3	57.0	10.5	56.9	52.2	25.0	59.0	54.5
No difficulty	31.0	15.3	17.9	36.8	16.8	18.8	33.3	16.1	18.4
Husband does not permit					0.6	0.5		0.3	0.3
Others		0.7	0.6	5.3	1.8	2.2	2.1	1.3	1.4
None	6.9	15.3	14.0	10.5	20.4	19.4	8.3	18	16.7
Dk		0.7	0.6		0.6	0.5		0.6	0.5
N	29	150	179	19	167	186	48	317	365

Note: * Percentages are not added to 100, as it was a multiple response question

Table 2-58 shows that about 10 percent of respondents in Tikamgarh and 9 percent of respondents in Damoh reported to be visited PHC last time for the treatment of minor illness of a boy aged below 5 years of age. About 8 percent of respondents reported in both the districts that they visited private allopathic practitioner for the treatment of minor illness of boy under 5 years of age. About 5 percent in Damoh to 8 percent of respondents in Tikamgarh reported in both the districts that they visited district hospital last time for the treatment of minor illness of boy less than 5 years of age. Most of the respondents in both the district reported that they did not have any boy under 5 years of age in both the districts (around 65% in Damoh and 58% in Tikamgarh).

Overall, about 23 percent of the respondents who had boy under 5 years of age reported that *they visited district hospital last time for the treatment of major illness of her boy child.* The corresponding proportion was slightly higher in Damoh (26%) than Tikamgarh (21%). The proportion of respondents who had boy aged below 5 years visited district hospital last time for the treatment of major illness was higher in rural areas of both the districts (27% in Damoh & 21% in Tikamgarh) than urban areas (11% in Damoh & 16% in Tikamgarh). About 19 percent of respondents reportedly visited private hospital last time for the treatment of major illness in Tikamgarh as against 8 percent in Damoh. About 42 percent of respondents who had boy aged below 5 years of age in Damoh and 33 percent in Tikamgarh reported that they did nothing for the treatment when their boy child suffered last time from major illness. (Table 2-58)

About 63 percent of respondents who had boy below 5 years of age reported that one of the major difficulty which the respondent faced in visiting the health facilities was 'difficult transport' i.e. unavailability or irregular transport facilities in Tikamgarh as against 58 percent in Damoh. Respondents who live in rural areas than urban areas of both the districts relatively faced such difficulty more. 'High cost' reported to be as another difficulty faced by 29 percent of respondents in Tikamgarh and 19 percent in Damoh in visiting last time to health facility for the treatment of major illness of boy child. About 15 percent of respondents reportedly did not face any problem in visiting health facility for the treatment of boy child in Damoh as against 11 percent in Tikamgarh. (Table 2-58)

Table 2-58: Place/Person visited last time for treatment when the boy child aged below 5 years suffered from minor or major illness and difficulties faced in visiting the place for major illness

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Place/Person visited last time for minor illness (Base: All ever-married women aged 15-49 yrs)									
Private/NGO hospital	3.3	7.4	6.7	1.2	1.7	1.6	2.3	4.5	4.2
District Hospital	11.1	6.8	7.5	1.2	5.2	4.6	6.3	6.0	6.0
Traditional healer				1.2		0.2	0.6		0.1
PHC	2.2	11.7	10.1	1.2	10.2	8.8	1.7	11.0	9.4
CHC		1.1	0.9		3.5	2.9		2.3	1.9
SC		0.2	0.2		0.2	0.2		0.2	0.2
Civil Hospital	7.8	7.4	7.5	10.5	7.4	7.9	9.1	7.4	7.7
Private allopathic practitioner		0.7	0.6		0.2	0.2		0.4	0.4
Private Ayurvedic practitioner	3.3	8.3	7.5	5.8	9.3	8.8	4.5	8.8	8.1
None		0.7	0.6		0.2	0.2		0.4	0.4
Not applicable as no boy child below 5 years of age	72.2	55.6	58.4	79.1	62.0	64.7	75.6	58.8	61.6
Place/Person visited last time for major illness (Base: All ever-married women aged 15-49 yrs having girl child below 5 years of age)									
Teaching hospital		0.5	0.5					0.3	0.2
Pvt./NGO clinic or hospital	16.0	19.3	18.9		8.6	7.8	9.3	14.2	13.7
District hospital/CHC	16.0	21.3	20.7	11.1	27.4	25.9	14.0	24.2	23.1
PHC	4.0	12.7	11.7		8.6	7.8	2.3	10.8	9.9
Sub health centre		1.5	1.4		1.7	1.6		1.6	1.4
Civil hospital		1.5	1.4		0.6	0.5		1.1	1.0
Civil dispensary	4.0	0.5	0.9		0.6	0.5	2.3	0.5	0.7
Pvt. practitioner, allopathic	12.0	8.1	8.6	33.3	9.1	11.4	20.9	8.6	9.9
Pvt. practitioner, Ayurvedic		0.5	0.5		0.6	0.5		0.5	0.5
None	48.0	31.0	32.9	55.6	41.1	42.5	51.2	35.8	37.3
Other		0.5	0.5		0.6	0.5		0.5	0.5
Don't know		2.5	2.3		1.1	1.0		1.9	1.7
N		2.6	2.3		1.1	1.0		1.9	1.7
Difficulties faced in visiting the places for major illness* (Base: Those ever-married women aged 15-49 years who are aware of places/persons for major illness)									
High cost	32.0	28.1	28.6	22.2	19.1	19.4	27.9	23.8	24.3
Difficult transport	24.0	68.2	63.1	16.7	62.4	58.1	20.9	65.5	60.8
No difficulty	36.0	8.3	11.5	27.8	13.9	15.2	32.6	11.0	13.2
Others		6.3	5.5		1.2	1.0		3.8	3.4
None	12.0	10.9	11.1	33.3	16.8	18.3	20.9	13.7	14.5
Don't know		1.6	1.4					0.8	0.7
N	25	192	217	18	173	191	43	365	408

Note: * Percentages are not added to 100, as it was a multiple response question

2.6.13 Visit of Health provider at home in last three months

This section discusses whether any health provider made any home visit in last three months, type of health provider visited and topic discussed during the visit. Data analysed on these issues are presented in Table 2-59.

Table 2-59 reveals that about 24 percent of respondents in both the districts reported that health care provider visited their home in last three months preceding the survey. The proportion of respondents reporting the visit of health care provider at their home was higher in rural areas (26%) than urban areas in Tikamgarh. No such cases were reported from the urban areas of Damoh.

In response to the type of health care provider visited home, a majority of those respondents who reported visit of health care provider, ranging 71 percent in Tikamgarh to 85 percent in Damoh,

reported that ANM had visited their residence. The other health care provider reported to be visited home was Anganwadi worker, as reported by 12 percent in Tikamgarh and 9 percent was Anganwadi worker in Damoh. (Table 2-59)

In response to the topics discussed during the visit of health care provider at home, about 83 percent of respondents who reported the visit of health care provider at home in Damoh and 73 percent in Tikamgarh told that they discussed mainly about 'immunisation'. The other issues discussed during the visit were about 'family planning' (24% in Tikamgarh and 13% in Damoh) and 'antenatal care' (about 16% in both the districts). (Table 2-59)

Table 2-59: Home visit by health care provider in last three months and topics discussed during the visit

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Home visit by any health care provider in last three months(Base: All ever-married women aged 15-49 yrs)									
Yes	8.9	26.6	23.6		28.3	23.8	4.5	27.4	23.7
No	91.1	73.4	76.4	100.0	71.7	76.2	95.5	72.6	76.3
N	90	444	534	86	460	546	176	904	1080
Type of health care provider visited home in last three months* (Base: Those ever-married women aged 15-49 reported to be visited by any health care provider at home)									
ANM	12.5	75.4	71.4		84.6	84.6	12.5	80.2	78.1
Anganwadi worker		12.7	11.9		9.2	9.2		10.9	10.5
Dai		5.1	4.8		1.5	1.5		3.2	3.1
MPW-M		2.5	2.4		6.2	6.2		4.4	4.3
NGO worker		5.9	5.6					2.8	2.7
Others	87.5	7.6	12.7		0.8	0.8	87.5	4	6.6
Topics discussed during the visit* (Base: Those ever-married women aged 15-49 reported to be visited by any health care provider at home)									
Immunisation	87.5	72.0	73.0		83.1	83.1	87.5	77.8	78.1
Family Planning	75.0	20.3	23.8		13.1	13.1	75.0	16.5	18.4
Antenatal care		16.9	15.9		16.2	16.2		16.5	16.0
Deliveries		5.9	5.6		0.8	0.8		3.2	3.1
Water & sanitation	12.5	1.7	2.4		1.5	1.5	12.5	1.6	2.0
Food & Nutrition		7.6	7.1		2.3	2.3		4.8	4.7
Others		6.8	6.3		3.1	3.1		4.8	4.7
N	8	118	126		130	130	8	248	256

Note: * Percentages are not added to 100, as it was a multiple response question

2.6.14 The most trusted person for giving information about health and trusted media channels

This section presents data about the most trusted person for giving information about the health of respondent and children across both the surveyed districts. It also gives information about the most trusted channels of media across Tikamgarh and Damoh of Madhya Pradesh.

Table 2-60 indicates that overall, 32 percent of respondents reported that the most trusted person for obtaining information about the health of respondent and child was reported to be 'private doctor'. The corresponding proportion was higher in Damoh (34%) than Tikamgarh (29%). The proportion of respondents reporting 'private doctor' as the most trusted person for providing information on health of child and respondent herself was relatively higher in urban areas in Tikamgarh (53%) compared to rural areas (24%). The same was reverse in case of Damoh (37% in urban areas as against 44% in rural areas). About 31 percent of respondents in Damoh reported 'government doctor' as the most trusted person for providing information on respondent's and child's health as compared to 25 percent in Tikamgarh. 'Husband' reported as the other most trusted person for providing information on health, as told by 23 percent in Tikamgarh and 19 percent in Damoh. The corresponding proportion was relatively high for rural

areas than urban areas of both the districts. A small proportion of respondents, about 3 percent to 8 percent in both the districts, reported other health worker like, nurse, ANM or LHV, as the most trusted person for obtaining information on child's and respondent's health. (Table 2-60)

In response to the most trusted media channel, about 66 percent of respondents reported 'television' as the most trusted channel of media. The corresponding proportion was as high as 70 percent in Damoh compared to 62 percent in Tikamgarh. The proportion of respondents reporting the same was higher in urban areas (around 88% in Tikamgarh and 87% in Damoh) than rural areas (56% in Tikamgarh and 67% in Damoh). 'Radio' as the most trusted channel of media was reported by 33 percent of respondents in Tikamgarh as against 25 percent in Damoh. The corresponding proportion was higher for urban areas (51%) than rural areas (20%) of Damoh. But picture got reversed in case of Tikamgarh. A small proportion of respondents in both the districts reported 'poster' (2% in Tikamgarh & less than 1% in Damoh), 'newspaper' (6% in Tikamgarh and 5% in Damoh), magazine (around 1% in Tikamgarh and 3% in Damoh), and 'hoarding, wall painting' (4% in Tikamgarh and 2% in Damoh) as the most trusted media channels.

Table 2-60: The most trusted person for giving information about the respondent and children's health and trusted media channels

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
The most trusted person for giving information about the health of respondent and their children (Base: All ever-married women aged 15-49 yrs)									
Husband	16.7	24.1	22.8	17.4	19.6	19.2	17.0	21.8	21.0
Govt. Doctor	25.6	25.0	25.1	37.2	30.0	31.1	31.3	27.5	28.1
Nurse	1.1	4.1	3.6	1.2	3.0	2.7	1.1	3.5	3.1
ANM/LHV		9.9	8.2		3.9	3.3		6.9	5.7
Male MPW		0.7	0.6		0.2	0.2		0.4	0.4
Anganwadi worker		0.5	0.4		0.4	0.4		0.4	0.4
Other government worker					0.2	0.2		0.1	0.1
NGO worker		0.2	0.2					0.1	0.1
Private doctor	53.3	23.9	28.8	37.2	33.9	34.4	45.5	29.0	31.7
Private paramedic		0.2	0.2	3.5	0.2	0.7	1.7	0.2	0.5
Dai					0.2	0.2		0.1	0.1
Mother/mother in-law	3.3	5.6	5.2		1.7	1.5	1.7	3.7	3.3
Other/relative friend		2.3	1.9	3.5	2.6	2.7	1.7	2.4	2.3
No one/self		2.3	1.9		3.5	2.9		2.9	2.4
Others		1.4	1.1		0.4	0.4		0.9	0.7
Trusted media channels* (Base: All ever-married women aged 15-49)									
Radio	21.1	35.1	32.8	51.2	20.0	24.9	35.8	27.4	28.8
Television	91.1	56.3	62.2	87.2	66.5	69.8	89.2	61.5	66.0
Poster		2.3	1.9	1.2	0.4	0.5	0.6	1.3	1.2
Newspaper	13.3	4.1	5.6	12.8	3.0	4.6	13.1	3.5	5.1
Magazine	6.7	0.5	1.5	11.6	1.5	3.1	9.1	1.0	2.3
Hoarding/wall painting		4.5	3.7		2.2	1.8		3.3	2.8
Cinema		0.5	0.4		0.2	0.2		0.3	0.3
Drama/folk dance/ street play		0.9	0.7		0.2	0.2		0.6	0.5
Others	7.8	21.8	19.5	4.7	25.0	21.8	6.3	23.5	20.6
N	90	444	534	86	460	546	176	904	1080

Note: * Percentages are not added to 100, as it was a multiple response question

2.6.15 Person to be approached first

In order to know about the person to be approached first for obtaining information on respondent's and her children's health at the time of need, a question ' In general, if you need information about your health or the health of your children, where would you look first for this information?' was addressed to all selected ever married women. The analysis of this information is presented in Table 2-61.

Table 2-61 shows that overall, about 47 percent of respondents reported that they would approach first 'private doctor' for obtaining information on her own health and their child's health at the time of need. The corresponding proportion was relatively higher in Damoh (48%) than Tikamgarh (45%). Proportion of respondents reporting same was higher in urban areas of both the districts (67% in Tikamgarh and 59% in Damoh) than rural areas (41% in Tikamgarh and 46% in Damoh). About 44 percent of respondents in Damoh reported 'government doctor' as the first person to be approached for getting information about her own health and their children's health at the time of need as against 39 percent in Tikamgarh. The corresponding proportion was not significantly high for rural areas (45%) compared to urban areas (42%) in Damoh. But this pattern got reversed in case of Tikamgarh. A small proportion of respondents, ranging 6 percent in Damoh to 13 percent in Tikamgarh, reported 'ANM/LHV' as the first person to be approached for obtaining information about their child' health and her own health.

Table 2-61: Person to be approached first at the time of need for getting information about respondent and their children's health

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Person to be approached first (Base: All ever married women aged 15-49 years)									
Husband	10.0	15.8	14.8	16.3	13.3	13.7	13.1	14.5	14.3
Govt. Doctor	42.2	38.7	39.3	41.9	44.6	44.1	42.0	41.7	41.8
UFWC/PPC		0.2	0.2					0.1	0.1
Nurse	2.2	5.9	5.2		3.9	3.3	1.1	4.9	4.3
ANM/LHV		15.8	13.1		7.0	5.9		11.3	9.4
Male MPW		0.5	0.4		0.2	0.2		0.3	0.3
Anganwadi worker		4.1	3.4		1.7	1.5		2.9	2.4
NGO worker		0.2	0.2		0.2	0.2		0.2	0.2
Private doctor	66.7	40.5	44.9	59.3	46.1	48.2	63.1	43.4	46.6
Private paramedic		0.7	0.6	4.7	0.4	1.1	2.3	0.6	0.8
Dai		1.4	1.1		0.4	0.4		0.9	0.7
Mother/mother in-law		4.1	3.4	1.2	2.0	1.8	0.6	3.0	2.6
Other/relative friend	2.2	0.9	1.1	11.6	3.3	4.6	6.8	2.1	2.9
No one/self	1.1	0.7	0.7		1.7	1.5	0.6	1.2	1.1
Others		0.9	0.7		0.2	0.2		0.6	0.5
N	90	444	534	86	460	546	176	904	1080

2.6.16 Respondent's willingness to pay fees for improving the quality of care

This section discusses respondents' opinion about paying fees for health care services if government charges it for improving the quality of care. Table 2-62 shows that about 62 percent of respondents gave an affirmative response in favour of paying the fees if government charges for improving quality of care in both the districts. The corresponding proportion was significantly high for urban areas (72%) than rural areas (59%) in Tikamgarh. The pattern got reversed in case of Damoh. About 2 percent of respondents in Tikamgarh to 5 percent in Damoh reported that they were not able to give their opinion as someone else in their household used to decide on these issues.

About 48 percent of respondents who gave affirmative response in favour of paying fees in both the districts were willing to pay between Rs. 50 to Rs. 100/- per visit for care for female health problems. About 27 percent of such respondents reported that they would like to pay less than Rs. 50/- for the care of female health problems in Tikamgarh as against 21 percent in Damoh. The corresponding proportion was higher in rural areas of both the districts than urban areas. A small proportion of respondents, ranging between 4 percent in Damoh to 7 percent in Tikamgarh, was willing to pay between Rs. 400/- to Rs. 500/-. This proportion was significantly high in urban areas of Tikamgarh (18%) than rural areas (4%). But in Damoh, there was no significant rural-urban variation was observed. (Table 2-62)

The information about the respondents' willingness to pay per visit for antenatal care was collected only from currently married respondents who were not sterilized (both husband and wife) and would like to pay fees if government charged. About 69 percent of such respondents were willing to pay less than Rs. 100/- per visit for antenatal care in Tikamgarh as against 60 percent in Damoh. A relatively higher proportion of respondents dwelling in rural areas of Tikamgarh reported the same (74%) than urban areas (57%). This was almost same for both urban and rural areas of Damoh. The proportion of such respondents willing to pay between Rs. 100/- to Rs. 200/- for antenatal care was ranging from 16 percent in Tikamgarh to 23 percent in Damoh. A small proportion of respondents, ranging between 4 percent in Damoh to 5 percent in Tikamgarh, was willing to pay between Rs. 400/- to Rs. 500/-.

The information about the respondents' willingness to pay for IUD insertion was collected only from currently married respondents who were not sterilized (both husband and wife) and would like to pay fees if government charged. About 86 percent of such respondents was willing to pay less than Rs. 100/- for IUD insertion in Tikamgarh as against 93 percent in Damoh. A relatively higher proportion of respondents dwelling in rural areas of both the districts reported the same (89% in Tikamgarh & 94% in Damoh) than urban areas (75% in Tikamgarh & 83% in Damoh). A small proportion of respondents both in Damoh and Tikamgarh was willing to pay more than Rs. 100/- for IUD insertion. About 70 percent of respondents in Damoh reported that someone else in their household decide on these issues as against 57 percent in Tikamgarh.

The information about the respondents' willingness to pay for tubectomy was collected only from currently married respondents who were not sterilized (both husband and wife) and would like to pay fees if government charged. About 53 percent of such respondents were willing to pay less than Rs. 100/- for tubectomy in Tikamgarh as against 46 percent in Damoh. A relatively higher proportion of respondents dwelling in rural areas of both the districts reported the same (64% in Tikamgarh & 47% in Damoh) than urban areas (48% in Tikamgarh & 36% in Damoh). Rest of the respondents in Damoh and Tikamgarh, was willing to pay more than Rs. 100/- for tubectomy. About 56 percent of respondents in Damoh reported that someone else in their household decide on these issues as against 41 percent in Tikamgarh.

The information about the respondents' willingness to pay for vasectomy was collected only from currently married respondents who were not sterilized (both husband and wife) and would like to pay fees if government charged. About 64 percent of such respondents were willing to pay less than Rs. 100/- for vasectomy in Tikamgarh as against 62 percent in Damoh. No urban –rural differential in this respect was observed in both the districts. About 60 percent of respondents in Damoh reported that someone else in their household decide on these issues as against 51 percent in Tikamgarh.

The information about the respondents' willingness to pay per visit for health care after delivery was collected only from currently married respondents who were not sterilized (both husband and wife) and would like to pay fees if government charged. About 54 percent of such respondents were willing to pay less than Rs. 100/- per visit for health care after delivery in Tikamgarh as against 47 percent in Damoh. A relatively higher proportion of respondents dwelling in rural areas of both the districts reported the same (59% in Tikamgarh & 48% in Damoh) than urban areas (39% in Tikamgarh & 40% in Damoh). About 31 percent of respondents in Tikamgarh to 40 percent of respondents in Damoh were willing to pay more than Rs. 200/- per visit for health care after delivery. This proportion was higher for urban areas (45% in Damoh and 41% in Tikamgarh) than rural areas (28% in Tikamgarh and 39% in Damoh) in both the districts. About 21 percent of respondents in Damoh and similar proportion in Tikamgarh (20%) reported that someone else in their household decide on these issues.

Table 2-62: Willingness to pay fees for improving the quality of care

Response	Districts						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Willingness to pay something to improve quality of health care									
Yes	72.2	58.8	61.0	51.2	64.1	62.1	61.9	61.5	61.6
No	17.8	32.0	29.6	40.7	23.9	26.6	29.0	27.9	28.1
Someone else decides	4.4	1.1	1.7	1.2	5.4	4.8	2.8	3.3	3.2
Don't know/No opinion	5.6	8.1	7.7	7	6.5	6.6	6.3	7.3	7.1
N	90	444	534	86	460	546	176	904	1080
Willing to pay for female health prob.									
<50	22.6	28.5	27.3	10.5	22.8	21.4	18	25.5	24.3
50-100	45.2	48.6	47.9	55.3	46	47.1	49	47.2	47.5
101-200	9.7	14.9	13.8	23.7	14.7	15.8	15	14.8	14.8
201-300	3.2	2.8	2.9	2.6	8.1	7.4	3.0	5.6	5.2
301-400	1.6	0.8	1.0	2.6	4.2	4.0	2.0	2.6	2.5
401-500	17.7	4.4	7.1	5.3	3.9	4.0	13.0	4.1	5.5
501+					0.4	0.3		0.2	0.2
N	62	249	311	38	285	323	100	534	634
Willing to pay for Antenatal care									
<50	14.3	34.4	29.4	20.0	20.1	20.1	16.1	26.7	24.8
50-100	42.9	39.1	40.0	40.0	40.3	40.2	41.9	39.7	40.1
101-200	26.2	12.5	15.9	5.0	24.8	22.5	19.4	19.1	19.2
201-300	7.1	6.3	6.5	20.0	8.7	10.1	11.3	7.6	8.3
301-400	4.8	2.3	2.9	5.0	2.0	2.4	4.8	2.2	2.7
401-500	4.8	5.5	5.3	10.0	3.4	4.1	6.5	4.3	4.7
501+					0.7	0.6		0.4	0.3
N	42	128	170	20	149	169	62	277	339
Willingness to pay for IUD insertion									
<50	30.0	60.9	53.6	33.3	62.7	59.6	30.8	61.7	56.0
50-100	45.0	28.1	32.1	50.0	31.4	33.3	46.2	29.6	32.6
101-200	20.0	6.3	9.5	16.7	5.9	7.0	19.2	6.1	8.5
201-300	5.0	3.1	3.6				3.8	1.7	2.1
401-500		1.6	1.2					0.9	0.7
N	20	64	84	6	51	57	26	115	141
Willingness to pay for Tubectomy									
<50	4.0	34.1	27.6	18.2	20.8	20.5	8.3	28.2	24.6
50-100	44.0	19.8	25.0	18.2	26.4	25.3	36.1	22.7	25.1
101-200	20.0	17.6	18.1	27.3	25.0	25.3	22.2	20.9	21.1
201-300	8.0	8.8	8.6		8.3	7.2	5.6	8.6	8.0
301-400	4.0	8.8	7.8	18.2	5.6	7.2	8.3	7.4	7.5
401-500	20.0	11.0	12.9	18.2	13.9	14.5	19.4	12.3	13.6
N	25	91	116	11	72	83	36	163	199
Willingness to pay for Vasectomy									
<50	11.8	43.6	37.9	28.6	40.3	39.2	16.7	42.1	38.5
50-100	52.9	20.5	26.3	14.3	23.9	23.0	41.7	22.1	24.9
101-200	5.9	12.8	11.6	42.9	19.4	21.6	16.7	15.9	16.0
201-300	5.9	5.1	5.3		3.0	2.7	4.2	4.1	4.1
301-400	5.9	5.1	5.3		1.5	1.4	4.2	3.4	3.6
401-500	17.6	12.8	13.7	14.3	11.9	12.2	16.7	12.4	13
N	17	78	95	7	67	74	24	145	169
Willingness to pay for PPC									
<50	10.3	28.4	23.9	10.0	10.9	10.7	10.2	19.2	17.4
50-100	28.2	31.0	30.3	30.0	37.2	36.2	28.8	34.3	33.2
101-200	20.5	12.9	14.8	15.0	13.2	13.4	18.6	13.1	14.1
201-300	10.3	8.6	9.0	30.0	9.3	12.1	16.9	9.0	10.5
301-400	5.1	6.0	5.8	5.0	10.1	9.4	5.1	8.2	7.6
401-500	25.6	11.2	14.8	10.0	12.4	12.1	20.3	11.8	13.5
501+		1.7	1.3		7.0	6.0		4.5	3.6
N	39	116	155	20	129	149	59	245	304
Willing to pay for Contraception pills									
< 5	16.1	33.0	28.6	28.6	38.8	37.4	20	35.8	32.6
10-May	35.5	26.1	28.6	28.6	38.8	37.4	33.3	32.4	32.6
20-Nov	29.0	20.5	22.7	7.1	10.6	10.1	22.2	15.6	17.0
21-30		3.4	2.5	14.3	4.7	6.1	4.4	4.0	4.1
41-50	9.7	12.5	11.8	21.4	3.5	6.1	13.3	8.1	9.2
50+	9.7	4.5	5.9		3.5	3.0	6.7	4.0	4.6
N	31	88	119	14	85	99	45	173	218
Willing to pay for packet of 3 condoms									
< 5	3.4	37.3	27.9	16.7	31.3	29.1	7.3	34.5	28.4
10-May	41.4	29.3	32.7	16.7	41.8	38.0	34.1	35.2	35.0
20-Nov	24.1	12.0	15.4	33.3	16.4	19.0	26.8	14.1	16.9
20+	31.0	21.3	24.0	33.3	10.4	13.9	31.7	16.2	19.7
N	29	75	104	12	67	79	41	142	183

2.7 NUTRITION AND PREVALENCE OF ANAMEIA

Proper nutrition is important to children's growth and development, and it is key to assuring safe motherhood. Our study explored the intake level of various food groups and beliefs that might have an impact on a woman's nutritional status. The study also looked at the weight and height for children under three. This chapter focuses on the nutrition of women and young children, examining the type of food consumed by women and weight and height of children under three years of age. It also gives information about the women's opinion about the type of foods that a woman should consume more during the pregnancy. It further presents respondents' opinion about the type food that a woman should avoid during pregnancy and after giving birth. It also gives result of anaemia testing, which was conducted on ever-married women.

2.7.1 Food Habits of Respondents

This section discusses whether respondents covered under the study were vegetarian, frequency of eating meal in a day and time of taking food.

Table 2-63 indicates that slightly more than half of the respondents reported to be vegetarian in both the districts (54% in Damoh and 52% in Tikamgarh).

About 53 percent of respondents in Damoh and 50 percent in Tikamgarh reported to be eating meal three times in a day. The corresponding proportion was higher in rural areas of both the districts (54% in Damoh & 52% in Tikamgarh) than urban areas (45% in Damoh and 41% in Tikamgarh). Overall, 47 percent of respondents reported to be eating meal two times in day. The corresponding proportion was relatively higher in Tikamgarh (49%) than Damoh (45%). A relatively higher proportion of respondents living in urban areas of both the districts took meals two times in a day (about 59% in Tikamgarh and 54% in Damoh) than rural areas (47% in Tikamgarh and 43% in Damoh). (Table 2-63)

Overall, 71 percent of the respondents reported to be eating food after the family had the meals. This corresponding proportion was relatively high in Damoh (73%) than Tikamgarh (68%). The proportion of respondents reportedly taking food after the family members finished eating was significantly higher in rural areas of both the districts (76% in Damoh and 72% in Tikamgarh) than urban areas (about 53% in both the districts). About 23 percent of respondents in both the districts reported to be eating food together with the family. The corresponding proportion was significantly higher for urban areas of both the districts (41% in Tikamgarh and 44% in Damoh) than rural areas (21% in Tikamgarh and 19% in Damoh). About 3 percent in Damoh to 6 percent of respondents in Tikamgarh reported to be eating food before family.

Table 2-63: Whether vegetarian, frequency of consuming meal in a day and time of taking food

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether vegetarian or not (Base: All ever-married women aged 15-49 years)									
Yes	57.8	50.5	51.7	55.8	53.5	53.8	56.8	52	52.8
No	42.2	49.5	48.3	44.2	46.5	46.2	43.2	48	47.2
Frequency of eating meal (Base: All ever-married women aged 15-49 years)									
One time		0.2	0.2	1.2	0.4	0.5	0.6	0.3	0.4
Two times	58.9	47.1	49.1	53.5	43.5	45.1	56.3	45.2	47.0
Three times	41.1	51.8	50.0	45.3	54.3	52.9	43.2	53.1	51.5
Four times		0.7	0.6		1.1	0.9		0.9	0.7
More than four times		0.2	0.2					0.1	0.1

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Time of eating meal (Base: All ever-married women aged 15-49 years)									
Before the family	5.6	5.9	5.8	2.3	3.5	3.3	4.0	4.6	4.5
With the family	41.1	20.9	24.3	44.2	18.9	22.9	42.6	19.9	23.6
After the family	52.2	71.6	68.4	53.5	76.3	72.7	52.8	74.0	70.6
Others	1.1	1.6	1.5		1.3	1.1	0.6	1.4	1.3
N	90	444	534	86	460	546	176	904	1080

2.7.2 Frequency of consuming different food items

The frequency of eating various food groups was investigated. Foods studied include some that are high in iron, others that promote iron absorption and others than are major components of the typical diet in this region. Information on how often respondent took different food items like milk, curd, cottage cheese or yoghurt; pulses or beans; green leafy vegetables; orange colored fruits or vegetables; other fruits and vegetables; eggs; chicken, meat or fish; rice, potatoes, naan or bread was collected from all the selected ever-married women across both the districts. This information is presented in Table 2-64.

This area of the country grows and consumes wheat. Various breads are part of the staple diet, and people report in focus groups that in difficult times bread may be the only food they eat. This tendency is reflected in the consumption patterns found in this study where 89% of women eat rice/potatoes/bread daily. The proportion of respondents reporting the same was higher in urban areas of Tikamgarh (97%) than rural areas (87%). About 2 percent of respondents in both the districts reported that they had never taken rice, potatoes, naan, or bread. (Table 2-64)

Table 2-64 shows that overall, 34 percent of respondents reported to be consuming milk products such as milk, curd, cottage cheese or yoghurt occasionally. This proportion was relatively high in Damoh (39%) compared to Tikamgarh (30%). The proportion of respondents reported to be consuming milk products occasionally was higher in urban areas (49% in Damoh and 37% in Tikamgarh) than rural areas (37% in Damoh and 28% in Tikamgarh). About 37 percent of respondents in Tikamgarh reported to be taking milk products daily as against 25 percent in Damoh. The corresponding proportion was as high as 44 percent in urban areas of Tikamgarh and 30 percent in Damoh as compared to 36 percent in rural areas of Tikamgarh and 24 percent in Damoh.

As high as 73 percent of respondents in Damoh reported to be consuming pulses or beans daily as compared to about 65 percent in Tikamgarh. The corresponding proportion was reportedly higher for rural areas (76%) than urban areas (54%) in Damoh. But this picture got reversed for Tikamgarh. The proportion of respondents reportedly eating pulses or beans weekly was 28 percent in Tikamgarh and 24 percent in Damoh. This proportion was higher in urban areas of both the districts (42% in Damoh and 30% in Tikamgarh) than rural areas (28% in Tikamgarh and 21% in Damoh). (Table 2-64)

About 57 percent of respondents in Damoh reportedly consuming green leafy vegetables daily as against 44 percent in Tikamgarh. A relatively higher proportion of respondents living in rural areas reported the same (59%) than urban areas (44%) in Damoh. A reverse picture of this was observed in Tikamgarh. About 26 percent of respondents in Tikamgarh and 14 percent in Damoh had taken green leafy vegetables occasionally. This proportion was relatively high for rural areas in Tikamgarh (28%) than urban areas (12%). The trend was just the reverse in case of Damoh. (Table 2-64)

A small proportion of respondents, ranging 5 percent in Tikamgarh to 6 percent in Damoh, had consumed orange coloured vegetables or fruits such as carrots, mangoes, and papayas daily. About 65 percent of respondents in both the districts used to take orange coloured vegetables or fruits occasionally. The proportion of respondents occasionally taking the same was reportedly

higher in rural areas in Tikamgarh (68%) than urban areas (56%). In this regard no rural urban difference exist in Damoh. (Table 2-64)

A small proportion of respondents, ranging 4 percent in Damoh to 6 percent in Tikamgarh, had consumed other fruits and vegetables daily. About 66 percent of respondents in both the districts used to take other fruits and vegetables occasionally. The proportion of respondents occasionally taking the same was reportedly higher in rural areas in Tikamgarh (70%) than urban areas (48%). (Table 2-64)

About 55 percent of respondents reported that they never had eggs in both the districts. Not much difference was observed in this respect between rural and urban areas of both the districts. About 1 percent to 2 percent of respondents in Damoh and Tikamgarh reported to consume eggs daily. (Table 2-64)

About 53 percent of respondents reported that they had never eaten chicken in both the districts. This proportion was reported to be relatively high in urban areas in Tikamgarh (60%) than rural areas (51%). About 2 percent in Damoh to 3 percent of respondents in Tikamgarh reported to consume chicken daily. (Table 2-64)

Basically the diet consists of bread, pulses or beans, green leafy vegetables, and dairy products for the majority of women. This could not be considered a well-rounded diet.

Table 2-64: Frequency of consuming different food items

(in percentage)

Frequency of eating food items (Base: All ever-married women aged 15-49 years)	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Milk, curd, cottage, cheese or yoghurt									
Daily	44.4	36.0	37.5	30.2	24.3	25.3	37.5	30.1	31.3
Weekly	17.8	28.6	26.8	19.8	33.7	31.5	18.8	31.2	29.2
Occasionally	36.7	28.4	29.8	48.8	36.7	38.6	42.6	32.6	34.3
Never	1.1	7.0	6.0	1.2	5.2	4.6	1.1	6.1	5.3
Pulses or beans									
Daily	67.8	64.0	64.6	53.5	76.3	72.7	60.8	70.2	68.7
Weekly	30.0	27.7	28.1	41.9	21.3	24.5	35.8	24.4	26.3
Occasionally	2.2	8.1	7.1	3.5	2.0	2.2	2.8	5.0	4.6
Never		0.2	0.2	1.2	0.4	0.5	0.6	0.3	0.4
Green leafy vegetables									
Daily	67.8	39.4	44.2	44.2	58.9	56.6	56.3	49.3	50.5
Weekly	20.0	31.3	29.4	27.9	29.1	28.9	23.9	30.2	29.2
Occasionally	12.2	28.2	25.5	26.7	11.1	13.6	19.3	19.5	19.4
Never		1.1	0.9	1.2	0.9	0.9	0.6	1.0	0.9
Orange colored fruits or vegetables									
Daily	10.0	3.4	4.5	4.7	6.3	6.0	7.4	4.9	5.3
Weekly	27.8	21.8	22.8	29.1	21.5	22.7	28.4	21.7	22.8
Occasionally	55.6	68.0	65.9	64.0	65.4	65.2	59.7	66.7	65.6
Never	6.7	6.8	6.7	2.3	6.7	6.0	4.5	6.7	6.4
Other fruits and vegetables									
Daily	14.4	4.3	6.0	2.3	4.6	4.2	8.5	4.4	5.1
Weekly	32.2	18.9	21.2	27.9	20.2	21.4	30.1	19.6	21.3
Occasionally	47.8	70.0	66.3	68.6	66.3	66.7	58.0	68.1	66.5
Never	5.6	6.8	6.6	1.2	8.9	7.7	3.4	7.9	7.1
Eggs									
Daily	2.2	1.6	1.7		1.5	1.3	1.1	1.5	1.5
Weekly	23.3	20.7	21.2	16.3	13.3	13.7	19.9	16.9	17.4
Occasionally	16.7	22.5	21.5	29.1	30.4	30.2	22.7	26.5	25.9
Never	57.8	55.2	55.6	54.7	54.8	54.8	56.3	55.0	55.2

Frequency of eating food items (Base: All ever-married women aged 15-49 years)	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Chicken, meat or Fish									
Daily		3.8	3.2	1.2	2.0	1.8	0.6	2.9	2.5
Weekly	23.3	20.9	21.3	14.0	15.4	15.2	18.8	18.1	18.2
Occasionally	16.7	24.3	23.0	30.2	29.3	29.5	23.3	26.9	26.3
Never	60.0	50.9	52.4	54.7	53.3	53.5	57.4	52.1	53.0
Rice, potatoes, naan or other bread									
Daily	96.7	87.2	88.8	88.4	89.6	89.4	92.6	88.4	89.1
Weekly	2.2	6.5	5.8	9.3	8.0	8.2	5.7	7.3	7.0
Occasionally	1.1	3.6	3.2	1.2	0.7	0.7	1.1	2.1	1.9
Never		2.7	2.2	1.2	1.7	1.6	0.6	2.2	1.9
N	90	444	534	86	460	546	176	904	1080

2.7.3 Foods to be taken more during pregnancy

In order to understand women's opinion about the consumption of more food and type of food taken during pregnancy, two questions, "In your opinion, when a woman is pregnant, should she increase consumption of any foods?" and "What foods should a woman eat more often when she is pregnant?", were addressed to all ever-married women. Further information on availability of such foods was also collected. Women have little knowledge of proper nutrition during pregnancy and lactation, particularly rural women. All these information are presented in Table 2-65.

Table 2-65 indicates that overall, 40 percent of respondents opined that women should increase consumption of any foods during pregnancy. The corresponding proportion was relatively high in Tikamgarh (44%) than Damoh (34%). The proportion of women having opinion about increased food consumption during pregnancy was significantly higher in urban areas of both the districts (74% in Tikamgarh and 55% in Damoh) than rural areas of (37% in Tikamgarh and 37% in Damoh).

In response to the type of foods taken more during pregnancy, about 85 percent of respondents in Tikamgarh who had opinion that women should take more food during pregnancy reported that *green leafy vegetables should be taken more during pregnancy compared to 78 percent in* Damoh. The corresponding proportion was relatively high for urban areas of both the districts (96% in Tikamgarh and 87% in Damoh) than rural areas (81% in Tikamgarh and 75% in Damoh). About 65 percent in Tikamgarh to 68 percent in Damoh reported that women should consume milk/curd/cottage cheese/ yoghurt more during pregnancy. The other foods that should be taken more during pregnancy were 'pulses or beans' (47% in Tikamgarh and 39% in Damoh), 'orange colored fruits or vegetables' (33% in Tikamgarh and 29% in Damoh), 'other fruits and vegetables' (29% in Tikamgarh and 17% in Damoh) and 'rice/potatoes/naan/bread' (11% in Tikamgarh and 10% in Damoh). Daliya, the food supplement provided in the ICPD Program, was mentioned by *only 8% of women, and the traditional concept of clean and hot foods (not related to temperature)* were rarely mentioned. (Table 2-65)

Table 2-65 further shows that about 84 percent of respondents who opined increased food consumption in Tikamgarh and 81 percent in Damoh reported that these foods were easily available. The corresponding proportion was significantly higher in urban areas of both the districts (100% in Damoh and 98% in Tikamgarh) than rural areas (75% in Damoh and 78% in Tikamgarh).

More of the husbands were aware that women should increase intake during pregnancy: 74 percent of urban and 57 percent of rural men. The foods they believed should be increased were green, leafy vegetables (70%), dairy products (59%), orange colored fruits or vegetables (41%), other fruits and vegetables (34%), daliya (20%), and beans and pulses (11%). (See Chapter 8 for Husband's perception)

Table 2-65: Opinion of Respondents about the frequency, type of food to be taken more during pregnancy and availability of such foods

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether women during pregnancy increase consumption of any foods (Base: All ever-married women aged 15-49 years)									
Yes	74.4	37.4	43.6	54.7	33.7	37.0	64.8	35.5	40.3
No	25.6	61.5	55.4	45.3	65.4	62.3	35.2	63.5	58.9
Don't know		1.1	0.9		0.9	0.7		1.0	0.8
N	90	444	534	86	460	546	176	904	1080
Type of food to be taken more during pregnancy (Base: Those ever-married women aged 15-49 years reporting increased consumption of any foods)									
Milk, curds, cottage cheese or yoghurt	67.2	64.5	65.2	55.3	71.6	67.8	62.3	67.9	66.4
Pulses or beans	43.3	48.2	46.8	51.1	35.5	39.1	46.5	42.1	43.2
Green leafy vegetables	95.5	81.3	85.4	87.2	74.8	77.7	92.1	78.2	81.8
Orange colored fruits or vegetables	34.3	33.1	33.5	21.3	31.6	29.2	28.9	32.4	31.5
Other fruits and vegetables	23.9	31.3	29.2	14.9	18.1	17.3	20.2	24.9	23.7
Eggs	10.4	10.8	10.7	4.3	3.2	3.5	7.9	7.2	7.4
Chicken, meat or fish	7.5	4.8	5.6	4.3	2.6	3.0	6.1	3.7	4.4
Rice, potatoes, naan or other bread	9.0	12.0	11.2	4.3	12.3	10.4	7.0	12.1	10.8
Clean foods	6.0	4.2	4.7	2.1	1.9	2.0	4.4	3.1	3.4
Hot foods		0.6	0.4	2.1		0.5	0.9	0.3	0.5
Daliya	7.5	7.8	7.7	2.1	11.0	8.9	5.3	9.3	8.3
Others		1.2	0.9		0.6	0.5		0.9	0.7
Whether these foods easy to obtain (Base: Those ever-married women aged 15-49 years reporting increased consumption of any foods)									
Yes	98.5	77.7	83.7	100.0	74.8	80.7	99.1	76.3	82.3
No	1.5	21.1	15.5		22.6	17.3	0.9	21.8	16.3
Don't know		1.2	0.9		2.6	2.0		1.9	1.4
N	67	166	233	47	155	202	114	321	435

2.7.4 Foods to be avoided during pregnancy

This section gives opinion of women about the foods to be avoided during the pregnancy and type of food to be avoided during this time.

Table 2-66 delineates that overall, about 48 percent of respondents opined that there were some foods that a woman should avoid during pregnancy. The corresponding proportion was marginally high in Tikamgarh (51%) than Damoh (45%).

About 64 percent of respondents with an opinion of avoiding food during pregnancy in Tikamgarh to 62 percent in Damoh reported that the pregnant women should avoid taking hot and spicy foods. The corresponding proportion was marginally high for urban areas (70%) than rural areas (62%) in Tikamgarh. This pattern got reversed in Damoh. The other foods that should be avoided by a pregnant women were 'cold foods' (36% in Tikamgarh and 30% in Damoh); 'pickle' (26% in Damoh and 25% in Tikamgarh); 'unclean foods' (36% in Damoh and 16% in Tikamgarh) and stale foods (19% in Damoh and 14% in Tikamgarh). (Table 2-66)

More urban than rural men reported women should avoid certain foods during pregnancy (54% vs. 48%), although a third did not know. The foods they said should be avoided are pickles (47%), hot spicy foods (46%), beans and pulses (25%) eggs (24%), stale foods (17%), and cold foods (16%). There is a clear need for nutrition education for men and women since both, but especially men, mentioned foods that should be increased as ones to avoid during pregnancy. (Also see Chapter 8 for Husband's perception)

Table 2-66: Opinion of Respondents about type of foods to be avoided during pregnancy

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether women avoid some foods during pregnancy (Base: All ever-married women aged 15-49 years)									
Yes	74.4	46.2	50.9	46.5	44.8	45.1	60.8	45.5	48.0
No	12.2	26.6	24.2	27.9	35.4	34.2	19.9	31.1	29.3
Don't know	13.3	27.3	24.9	25.6	19.8	20.7	19.3	23.5	22.8
N	90	444	534	86	460	546	176	904	1080
Type of food to be avoided during pregnancy (Base: Those ever-married women aged 15-49 years *reporting avoiding food during pregnancy*)									
Milk, or curds		4.9	3.7		1.5	1.2		3.2	2.5
Pulses or beans	3.0	5.4	4.8	10.0	8.7	8.9	5.6	7.1	6.8
Green leafy vegetables	1.5	2.4	2.2	2.5	1.9	2.0	1.9	2.2	2.1
Other vegetables	3.0	4.9	4.4	2.5	11.2	9.8	2.8	8.0	6.9
Fruits		0.5	0.4	2.5		0.4	0.9	0.2	0.4
Eggs	11.9	8.8	9.6	15.0	5.3	6.9	13.1	7.1	8.3
Chicken, meat or fish	23.9	14.1	16.5	27.5	13.6	15.9	25.2	13.9	16.2
Hot, spicy foods	70.1	62.4	64.3	60.0	62.1	61.8	66.4	62.3	63.1
Cold foods	37.3	35.1	35.7	65.0	22.8	29.7	47.7	29.0	32.8
Unclean foods	23.9	14.1	16.5	42.5	34.5	35.8	30.8	24.3	25.7
Stale foods	20.9	11.2	13.6	37.5	15.5	19.1	27.1	13.4	16.2
Jaggery	13.4	13.2	13.2	22.5	9.2	11.4	16.8	11.2	12.4
Pickle	31.3	22.4	24.6	12.5	29.1	26.4	24.3	25.8	25.5
Papaya, Pine apple	7.5	7.3	7.4		2.4	2.0	4.7	4.9	4.8
Others	3.0	7.8	6.6		3.9	3.3	1.9	5.8	5.0
N	67	205	272	40	206	246	107	411	518

2.7.5 Foods to be avoided after giving birth

Present section gives information about the respondents opinion about the foods that a woman should avoided taking after birth also type of foods that should be avoided.

An even larger proportion of women both from the urban and rural areas stated that there are foods to be avoided in the postpartum period. Table 2-67 indicates that about 72 percent of respondents in both the districts opined that there were some foods that a woman should avoid after giving birth. The corresponding proportion was significantly higher for urban areas of both the districts (96% in Tikamgarh and 79% in Damoh) than rural areas (68% in Tikamgarh and 70% in Damoh).

Table 2-67 further indicates that about 61 percent of respondents in Tikamgarh who had an opinion of avoiding some foods after giving birth reported that women should avoid taking cold foods after giving birth as against 54 percent in Damoh. About 32 percent of such respondents in both the districts reported that women should not take hot and spicy foods after delivering a child. The corresponding proportion was relatively high for urban areas of both the districts (46% in Damoh and 44% in Tikamgarh) than rural areas (29% in Damoh and 28% in Tikamgarh). The other foods that should be avoided by a woman after giving birth were 'pickle' (37% in Damoh and 23% in Tikamgarh), 'unclean foods' (11% in Tikamgarh and 9% in Damoh) and 'stale foods' (13% in Damoh and 9% in Tikamgarh).

Again more than a third of men did not know, while just over half said there are foods to be avoided in the postpartum period. The urban-rural difference is found among the men also but to a much lesser degree. The foods men believe should be avoided are pickles (54%), cold foods (34%), hot spicy foods (32%), beans and pulses (25%), chicken/meat/fish (25%), stale foods (15%), and eggs (14%). Again we see that both sexes, but especially men, believe in avoiding some of the foods that are actually the ones that should be increased during lactation.

Table 2-67: Opinion of Respondents about type of foods to be avoided after giving birth

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether women avoid some foods after giving birth (Base: All ever-married women aged 15-49 years)									
Yes	95.6	68.2	72.8	79.1	70.4	71.8	87.5	69.4	72.3
No	1.1	15.5	13.1	17.4	15.9	16.1	9.1	15.7	14.6
Don't know	3.3	16.2	14.0	3.5	13.7	12.1	3.4	14.9	13.1
N	90	444	534	86	460	546	176	904	1080
Type of food to be avoided after giving birth (Base: Those ever-married women aged 15-49 years reporting avoiding food after giving birth)									
Milk, or curds	2.3	10.6	8.7	4.4	6.2	5.9	3.2	8.3	7.3
Pulses or beans	12.8	19.8	18.3	20.6	20.1	20.2	16.2	19.9	19.2
Green leafy vegetables	10.5	9.9	10.0	4.4	17.6	15.3	7.8	13.9	12.7
Other vegetables	18.6	10.6	12.3	11.8	16.4	15.6	15.6	13.6	14.0
Fruits	1.2	3.3	2.8	1.5	0.6	0.8	1.3	1.9	1.8
Eggs	3.5	7.9	6.9	8.8	2.8	3.8	5.8	5.3	5.4
Chicken, meat or fish	15.1	9.9	11.1	14.7	9.0	9.9	14.9	9.4	10.5
Hot, spicy foods	44.2	28.1	31.6	45.6	29.0	31.9	44.8	28.5	31.8
Cold foods	65.1	59.4	60.7	47.1	55.6	54.1	57.1	57.4	57.4
Unclean foods	9.3	11.9	11.3	20.6	6.8	9.2	14.3	9.3	10.2
Stale foods	12.8	7.9	9.0	16.2	13.0	13.5	14.3	10.5	11.3
Jaggery	19.8	16.2	17.0	27.9	27.5	27.6	23.4	22.0	22.3
Pickle	25.6	22.4	23.1	30.9	38.0	36.7	27.9	30.5	30.0
Papaya, Pine apple	4.7	4.6	4.6	1.5	3.1	2.8	3.2	3.8	3.7
Others	9.3	23.8	20.6	14.7	12.7	13.0	11.7	18.0	16.8
N	86	303	389	68	324	392	154	627	781

2.7.6 Anaemia among Women

Anaemia is characterised by low level of haemoglobin in the blood. Haemoglobin is necessary for transporting oxygen from lungs to other tissues and organs of the body. Anaemia usually results from nutritional deficiency of iron, folate, vitamin B_{12}, or some other nutrients. This type of anaemia is commonly referred to as iron-deficiency anaemia. Anaemia may have detrimental effects on the health of women and may become an underlying cause of maternal mortality and peri-natal mortality. Anaemia also results in an increased risk of premature delivery and low birth weight.

Because anaemia is such a serious health problem, the study undertook direct measurement of the haemoglobin levels of all ever-married women age 15-49 years. Measurements were taken in the field using HemoCue system. This system uses a single drop of blood from a finger prick, which is drawn into cuvette and then inserted into a portable, battery-operated instrument.

Before the anaemia testing was undertaken in a household, the investigator read a detailed informed consent to the respondent, informing her about anaemia, describing the procedure to be followed for the test, and emphasizing the voluntary nature of test. She was then asked whether or not her consent was obtained before conducting test.

Table 2-68 shows anaemia levels for ever-married women aged 15-49 years. Four levels of anaemia are distinguished: Normal (11 grams/decilitre and above), Mild anaemia (10.0-10.9 g/dl), Moderate anaemia (7.0-9.9 g/dl) and Severe anaemia (less than 7.0 g/dl). The Table shows that about 72 percent of respondents in Damoh had normal haemoglobin level as against 66 percent in Tikamgarh. The corresponding proportion was relatively higher for urban areas of both the districts (81% in Damoh and 74% in Tikamgarh) than rural areas (70% in Damoh and 65% in Tikamgarh). About 17 percent in both the districts were mildly anaemic. About 9 percent of respondents in Damoh to 13 percent in Tikamgarh were moderately anaemic. This proportion was relatively high for rural areas of both the districts (14% in Tikamgarh and 9% in Damoh) than urban areas (7% in Tikamgarh and 6% in Damoh). About 2 percent of respondents in Damoh and 3 percent in Tikamgarh were severely anaemic.

Table 2-68: Haemoglobin level of ever-married women aged 15-49 years

(in percentage)

Haemoglobin level	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Normal (Hb above 11 g/dl)	73.5	64.7	66.2	81.4	70.0	71.6	77.1	67.4	68.9
Mild Anaemia (Hb 10-10.9 g/dl)	15.7	17.8	17.4	11.4	18.5	17.5	13.7	18.2	17.5
Moderate Anaemia (Hb 7-9.9 g/dl)	7.2	14.5	13.3	5.7	9.1	8.6	6.5	11.8	11.0
Severe Anaemia (Hb less than 7 g/dl)	3.6	3.0	3.1	1.4	2.4	2.3	2.6	2.7	2.7
N	83	399	482	70	416	486	153	815	968

2.7.7 Eating habit of respondent by level of haemoglobin

The distribution of respondents' eating habit such as vegetarian status, frequency of eating meal and time of eating meals by haemoglobin level was analyzed and is presented in Table 2-69.

Table 2-69 shows that the proportion of respondents who ate vegetarian food went down marginally from 54 percent for those with normal haemoglobin level to about 42 percent for those with severe anaemic.

Table 2-69 further indicates that the proportion of respondents eating food two times in a day was 51 percent with normal haemoglobin level in Tikamgarh. This proportion went down to 27 percent for those who were severe anaemic. However, in Damoh, the proportion of respondents eating food twice in a day went up from 45 percent with normal haemoglobin level to 29 percent for moderate anemic. This indicates that frequency of eating meal had affected the haemoglobin level of respondents.

About 26 percent of those respondents who ate with the family had normal haemoglobin level in Tikamgarh. This proportion had gone down with the increase in severity of anaemia and reached to about 13 percent for severe anaemic cases. But the proportion of respondents eating after family went up from 67 percent to 75 percent when anaemia level went down from normal to moderate anaemic. This indicates that timing of eating food considerably affected the haemoglobin level of women. (Table 2-69)

Table 2-69: Food consumption pattern of women by their level of Haemoglobin

(in percentage)

Food consumption pattern	Haemoglobin Level							
	Tikamgarh				Damoh			
	Normal	Mild Anaemia	Moderate Anaemia	Severe Anaemia	Normal	Mild Anaemia	Moderate Anaemia	Severe Anaemia
Whether vegetarian or not (Base: All ever-married women aged 15-49 years)								
Yes	50.5	56.0	46.9	46.7	57.2	48.2	45.2	36.4
No	49.5	44.0	53.1	53.3	42.8	51.8	54.8	63.6
Frequency of eating meal (Base: All ever-married women aged 15-49 years)								
One time			1.6		0.6		2.4	
Two times	51.1	45.2	54.7	26.7	45.4	43.5	28.6	72.7
Three times	48.6	54.8	40.6	73.3	52.6	54.1	69.0	27.3
Four times	0.3		1.6		0.6	2.4		
More than four times			1.6					
Time of eating meal (Base: All ever-married women aged 15-49 years)								
Before the family	5.6	6.0	4.7	6.7	4.0	2.4	2.4	
With the family	25.7	22.6	20.3	13.3	23.3	28.2	11.9	27.3
After the family	67.4	70.2	75.0	80.0	71.8	67.1	83.3	72.7
Others	1.3	1.2			0.9	2.4	2.4	
N	319	84	64	15	348	85	42	11

Food consumption pattern	Haemoglobin Level			
	Combined			
	Normal	Mild Anaemia	Moderate Anaemia	Severe Anaemia
Whether vegetarian or not (Base: All ever-married women aged 15-49 years)				
Yes	54.0	52.1	46.2	42.3
No	46.0	47.9	53.8	57.7
Frequency of eating meal (Base: All ever-married women aged 15-49 years)				
One time	0.3		1.9	
Two times	48.1	44.4	44.3	46.2
Three times	50.7	54.4	51.9	53.8
Four times	0.4	1.2	0.9	
More than four times			0.9	
Time of eating meal (Base: All ever-married women aged 15-49 years)				
Before the family	4.8	4.1	3.8	3.8
With the family	24.4	25.4	17.0	19.2
After the family	69.7	68.6	78.3	76.9
Others	1.0	1.8	0.9	
N	667	169	106	26

Our study explored socio-demographic characteristics and three cultural factors - vegetarianism, number of meals eaten daily, and eating after the family – that could be related to anaemia. Other characteristics like place of residence, age, employment status, contraception use and pregnancy status were also considered to establish relationship with the level of anaemia among the respondents.

The highest proportions of some degree of anaemia were found in pregnant women. In this study 12% of women were pregnant, and 43% of them had some degree of anaemia, compared with only 29% of non-pregnant women. Rural women were more likely to be anaemic than urban women. Anaemia was not associated with age, district, employment status or any other background characteristic except pregnancy and rural residence. Anaemia levels are displayed below.

Table 2-70: Proportion of Women with Anaemia and Degree by selected Background Characteristics

Characteristic	% Any Degree of Anaemia	% Mild Anaemia	% Moderate Anaemia	% Severe Anaemia
Age				
15-19	35.8	20.9	11.9	3.0
20-24	32.9	14.6	17.5	0.8
25-29	32.6	19.0	10.0	3.6
30-34	32.6	19.1	9.6	3.9
35-39	25.4	20.5	2.5	2.5
40+	26.4	13.6	10.0	2.9
Residence				
Urban	22.8	13.7	6.5	2.6
Rural	32.6*	18.2	11.8	2.7
District				
Tikamgarh	33.8	17.4	13.3	3.1
Damoh	28.4	17.5	8.6	2.3
Employment				
Employed	30.8	20.2	7.6	3.0
Not Employed	31.2	16.0	12.7	2.5
Contraception				
User	28.7	19.1	7.1	2.4
Non-User	31.2	14.9	12.6	3.7
Pregnancy				
Pregnant	43.4**	21.2	21.2	9.0
Not Pregnant	29.4	16.9	9.6	2.9
Total	31.1	17.5	11.0	2.7

Note: * significant at the p=0.017 level
** significant at the p=0.009 level

No statistically significant relationship was found between consumption of any category of food at least weekly and being anemic to any degree. Anemia was prevalent in 30.1% to 34.2 % of women who ate any category of food described above at least weekly.

Religion and marital status were not studied because the numbers of women who were not Hindu or not currently married were very small.

Overall anemia levels in our study were lower than levels found by the NFHS-2 for the entire state, although the prevalence of severe anemia is greater.

2.7.8 Cultural Factors and Anemia

None of the three factors under study was correlated with anemia in women. In our study, 53% of women reported they are vegetarians with no difference between urban and rural women. Thus more than half of women do not eat meat, which has more readily available iron than plant foods. Nevertheless, vegetarianism was not statistically associated with hemoglobin levels.

Just under half of all women respondents (47%) reported eating two meals per day, and just over half (52%) eat three meals per day. Unexpectedly, urban women are more likely to eat two meals daily (57%), while rural women are slightly more likely to eat three (53%). The number of meals eaten daily, however, was not statistically associated with hemoglobin levels.

In India many women eat after they feed the men and children, possibly contributing to inadequate total intake of food and other nutritional deficits. The majority of urban and rural women eat after the family (53% and 74%). Urban women were more likely than their rural counterparts to eat with the family (42% vs. 20%). However, there was no correlation between eating after the family and haemoglobin levels.

In sum, the proportions of women from all walks of life have anaemia to some degree is excessive. However, it is especially prevalent among pregnant and rural women. The strategy of

the government to require distribution of IFA to all pregnant women is justified by the data here, and steps should be taken to expand the program to ensure universal coverage. Rural areas should receive priority attention.

2.7.9 Nutritional Status of Children

Nutritional status is a major determinant of the health and well being of children. Inadequate or unbalanced diets and chronic illness are associated with poor nutrition among children. To assess their nutritional status, measurements of weight and height/length were obtained for children born in the three years preceding the survey. Data on weight and height/length were used to calculate the following three summary indices of nutritional status:

- Weight-for-age
- Height-for-age
- Weight-for-height

The table below gives the nutritional status of children below 3 yrs. of age in the study area. Nearly 60 percent of the children below 3 year, covered during the survey, are underweight i.e. having Z scores below -2 standard deviation. The data compares well with the NFHS -2 data that shows than 55% of the children in the State are underweight. There is not much difference in the proportion of children who are underweight in Tikamgarh (60%) and Damoh (58%). More than two- thirds of the children are stunted (68%) and the proportion is significantly higher in Tikamgarh (73%) than in Damoh (58%). As per the NFHS -2 around half of the children below 3 years in the state are stunted (51%). Poor socio-economic status of tribal district of Tikamgarh may have contributed to a higher proportion of stunted children in the survey. Nearly a quarter of the children below 3 years was wasted (23%) and the data compares well with the NFHS-2 data (19%). The proportion was marginally higher in Damoh (27%) as compared to Tikamgarh (20%).

Table 2-71: Anthropometric measurement of children under 3 years of age

(in percentage)

Nourishment Status		TIKAMGARH			DAMOH			Combined		
		Urban	Rural	TOTAL	Urban	Rural	TOTAL	Urban	Rural	TOTAL
HEIGHT FOR AGE	UNDERNOURISHED	54.6	77.1	73.4	61.5	63.2	63.1	56.5	69.6	68.2
	NORMAL	45.5	22.9	26.6	38.5	36.8	36.9	43.5	30.3	31.9
TOTAL		33	166	199	13	193	206	46	359	405
WEIGHT FOR AGE	UNDERNOURISHED	66.7	58.4	59.8	53.9	58.5	58.3	63.0	58.5	59.0
	NORMAL	33.3	41.6	40.2	46.2	41.5	41.8	37.0	41.5	41.0
TOTAL		33	166	199	13	193	206	46	359	405
WEIGHT FOR HEIGHT	UNDERNOURISHED	27.3	18.1	19.6	38.5	25.9	26.7	30.4	22.3	23.2
	NORMAL	72.7	81.9	80.4	61.5	74.1	73.3	69.6	77.7	76.8
TOTAL		33	166	199	13	193	206	46	359	405

2.8 HUSBAND'S PROFILE & HEALTH SEEKING BEHAVIOR

In the studied districts of Tikamgarh and Damoh, all spouses of currently married women were covered. In total, 990 spouses (men) of married women included in the sample size were covered under the study. The average age of men in the sample size is 33.2 years that of urban is higher i.e. 33.5 years as compared to 32.8 years in the rural areas.

The average age in urban and rural areas of the two studied districts was also similar. The average age was higher in the urban than rural areas.

Table 2-72: Age distribution of husbands covered

(in percentage)

Age	Tikamgarh			Damoh			Combined		
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
>15					0.7	0.6		0.4	0.3
15-24	13.6	15.0	14.7	12.3	12.4	12.3	13.0	13.6	13.5
25-34	33.3	42.4	40.9	28.8	44.9	42.5	31.2	43.7	41.7
35-44	29.6	31.7	31.3	30.1	26.6	27.1	29.9	29.1	29.2
45-54	23.5	10.2	12.4	24.7	13.3	15.0	24.0	11.8	13.7
55-64		0.7	0.6	4.1	2.1	2.4	1.9	1.5	1.5
N	81	401	482	73	421	494	154	822	976
Avg.	34.7	32.4	32.8	37.1	33.0	33.6	35.8	32.7	33.2

2.8.1 Fertility Preference

Table2-13 displays the preference for more children and is clear that around one-third of men wanted more children. Unlike Tikamgarh, in Damoh a higher proportion of men in rural areas (38%) wanted more children than urban areas (30%).

The primary reasons for interest in having another child is the 'want of son' as stated by 37 percent of the respondents who want more children. In Damoh district a higher proportion of the respondents in rural area (37%) cited this as the main reason as compared to the urban areas (27%). The second most important reason to have child is the fact that 22 percent of men did not have one. It is surprising to note that 19 percent of men in urban areas of Tikamgarh opined that they want more children as security in old age whereas in Damoh this has been as low as 5 percent. A higher proportion of men in Damoh district both in case of the urban and rural areas opined more number of children would share their burden in future. These two factors i.e., help in work and security in old age is directly linked with the preference for son.

Table 2-73: Desire for children and reason for desiring additional children

(in percentage)

Desire for Children	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Desire for additional Children (Base : All interviewed husbands)									
Want more	32.1	32.9	32.8	30.1	38.0	36.8	31.2	35.5	34.8
Want no more	66.7	65.3	65.6	65.8	59.4	60.3	66.2	62.3	62.9
Wife can not get pregnant	1.2	0.7	0.8	4.1	2.1	2.4	2.6	1.5	1.6
God's will		0.7	0.6		0.5	0.4		0.6	0.5
Don't know		0.2	0.2					0.1	0.1
N	81	401	482	73	421	494	154	822	976
Reason of desiring additional children (Base: Those husbands who want more children)									
Help in my work	3.8	12.9	11.4	22.7	23.1	23.1	12.5	18.5	17.6
Security in old age	19.2	13.6	14.6	4.5	3.8	3.8	12.5	8.2	8.8
Want son	38.5	38.6	38.6	27.3	36.9	35.7	33.3	37.7	37.1
Want daughter	7.7	9.8	9.5	18.2	11.3	12.1	12.5	10.6	10.9
God' will	7.7	0.8	1.9		1.3	1.1	4.2	1.0	1.5
Customary		0.8	0.6		1.3	1.1		1.0	0.9
I have no child	23.1	21.2	21.5	27.3	21.9	22.5	25.0	21.6	22.1
Others		2.3	1.9		0.6	0.5		1.4	1.2
N	26	132	158	22	160	182	48	292	340

It has been observed in the earlier studies that proportion of men wanting more children is higher than women and this was also seen in this study. Around 29 percent of women expressed the desire to have more children as against 35 percent men. Therefore, it is interesting to determine who takes the decision on the number of children.

Family members did not have much say on the number of children in the family. In the majority of the cases (47% in rural Tikamgarh to 73% in rural Damoh) opined a participatory approach i.e. both husband and wife decide about this. A high proportion of men (45% in Tikamgarh and 27% in Damoh) said that they decide alone. However, a common feature is that less than 2 percent women have say on the number of children.

Table 2-74: Opinion of Husbands about the person who decides number of children

(in percentage)

Decision Maker (Base: All interviewed husbands) (N4)	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Husband	25.9	48.4	44.6	37	25.4	27.1	31.2	36.6	35.8
Wife	1.2	1.5	1.5	1.4	1.2	1.2	1.3	1.3	1.3
Husband & wife together	72.8	47.1	51.5	60.3	72.2	70.4	66.9	60	61.1
God		1.0	0.8		0.5	0.4		0.7	0.6
Parent in-law		0.5	0.4	1.4	0.2	0.4	0.6	0.4	0.4
Other		0.2	0.2		0.2	0.2		0.2	0.2
Don't know		1.2	1.0		0.2	0.2		0.7	0.6
N	81	401	482	73	421	494	154	822	976

Another issue of concern is spacing between children as it has a direct effect on the health of mother and child.

Table2-14 reveals that 52 percent of men felt that the spacing between two children should be 3 years or more. This percentage was higher in case of urban (Tikamgarh: 65% and Damoh: 67%) than rural areas (Tikamgarh: 52% and Damoh: 46%). Around 37 percent expressed that the spacing should be 2 years and it is heart warming to note that a very small proportion (less than 5%) said the spacing to be 1 year or less.

Among those who had the correct knowledge about an ideal spacing time i.e. 3 years or more were asked about the source of information. It is clear from the above that mass media played a significant role and television (43%) had contributed more than radio (22%). As expected the role of television in information dissemination was more pronounced in urban (62%) than rural (38%) areas. Apart from mass media, government doctors played an important role also, with 21 percent being informed through them. It needs to be said here that the role of grass-roots workers was very less as only 14 percent came to know from ANM/MPW/Sub-centre and 4 percent from AWW; and this was further lower in urban areas. In fact the family members, friends and neighbours (33%) contributed more than the grass-roots workers and their contribution was much higher in the rural (36%) than urban (24%) areas. Similar patterns were observed in both the studied districts.

Table 2-75: Opinion of respondents about the ideal time between two pregnancies and source of learning good spacing for pregnancies

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Ideal time between two pregnancies (in yrs.) (Base : All interviewed husbands)									
Less than 1		1.2	1.0	1.4	1.9	1.8	0.6	1.6	1.4
1	3.7	5.0	4.8	2.7	2.9	2.8	3.2	3.9	3.8
2	28.4	33.2	32.4	24.7	44.4	41.5	26.6	38.9	37.0
3	40.7	41.6	41.5	52.1	38.7	40.7	46.1	40.1	41.1
More than 3 yrs	24.7	10.5	12.9	15.1	7.8	8.9	20.1	9.1	10.9
Don't know	2.5	8.5	7.5	4.1	4.3	4.3	3.2	6.3	5.8
N	81	401	482	73	421	494	154	822	976

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Source of learning about good spacing for pregnancy (Base: Those husbands reporting three years or more as interval between two pregnancies) *									
Television	64.2	36.4	42.0	59.2	40.3	44.1	61.8	38.3	43.0
Radio	20.8	28.2	26.7	8.2	18.4	16.3	14.7	23.5	21.7
Read about it	18.9	13.4	14.5	42.9	24.5	28.2	30.4	18.8	21.1
ANM/MPW/Sub-Centre	3.8	14.8	12.6		18.4	14.7	2.0	16.5	13.6
Nurse/Pvt. Doctor	17.0	4.8	7.3	4.1	4.6	4.5	10.8	4.7	5.9
Govt. Dr.	34.0	16.7	20.2	30.6	19.4	21.6	32.4	18.0	20.9
AWW		5.7	4.6		4.6	3.7		5.2	4.1
Friend/Rel./ Neighbour	26.4	31.1	30.2	20.4	40.8	36.7	23.5	35.8	33.3
Others	1.9	6.7	5.7	2.0	6.1	5.3	2.0	6.4	5.5
N	53	209	262	49	196	245	102	405	507

Note: * Percentages are not added to hundred, as it is a multiple response question

Although a proportion displayed a positive disposition towards spacing between children, it is likely that there is a gap between awareness and practice. The reasons underlying this gap are multi-faceted. In the section below, we attempt at understanding the contraception usage.

2.8.2 Contraception

The proportion of users of family planning methods of contraception was higher in urban (64%) than in rural (49%) areas. This difference was more pronounced in Damoh where 70 percent in urban and 49 percent in rural areas were current users of contraception than in Tikamgarh where 59 percent in urban and 49 percent in rural areas were current users of contraception.

As evident in other and nation-wide studies, the female sterilization was the most accepted of all methods by 85 percent of all users. The female methods (43%) were more acceptable than male methods (1%). It was overwhelming to observe from the table above that 17 percent of men were using condom in urban areas of Tikamgarh however from this one can't derive at any conclusion as the percentage is based on a small sample base of 49. Compared to that only 3 percent in urban Damoh were using condom.

Table 2-76: Current use of Contraception

(in percentage)

Current use of contraception	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether currently using any FP method									
Yes	59.3	48.6	50.4	69.9	48.5	51.6	64.3	48.5	51.0
No	40.7	51.4	49.6	30.1	51.5	48.4	35.7	51.5	49.0
N	81	401	482	73	421	494	154	822	976
Any method (Only those who are using FP method currently)									
Any modern method									
Female Sterilisation	37.0	41.6	40.9	60.3	43.2	45.7	48.1	42.5	43.3
Male Sterilisation		0.5	0.4	1.4	0.7	0.8	0.6	0.6	0.6
Condom/Nirodh	17.3	5.2	7.3	2.7	1.4	1.6	10.4	3.3	4.4
IUD/Loop	1.2	0.2	0.4	2.7		0.4	1.9	0.1	0.4
Pill	2.5	0.5	0.8	1.4	1.0	1.0	1.9	0.7	0.9
Any Traditional Method									
Rhythm/safe period		0.5	0.4	1.4	1.4	1.4	0.6	1.0	0.9
Withdrawal					0.5	0.4		0.2	0.2
Other methods	1.2		0.2		0.2	0.2	0.6	0.1	0.2
Not using any method	40.7	51.4	49.6	30.1	51.5	48.4	35.7	51.5	49.0
N	81	401	482	73	421	494	154	822	976

The use of traditional methods was limited to nearly 2 percent of the users. Among the traditional methods, rhythm/safe period was the most favoured one as being used by 1 percent.

Table2-77, 2-78 and 2-79 indicate the sources of learning about different family planning method. Television is the most important source of Information dissemination in both the districts. It is observed that although condom usage is low in Damoh vis a vis Tikamgarh, most of the respondents have the knowledge about condoms and approximately 75 percent of the respondents have sought the learning about condoms from Television. Television is the major source of information for Female sterilization also, which is the most common mode of Family planning. It is to be noted that radio does not feature as a major source for disseminating knowledge of Male Sterilization although it is very commonly accessed.

Friends and relative are the major sources of learning in both the districts and the spread of information through friends and relative is also large. Propagation of traditional methods like Rhythm is primarily doe through this source.

ANM/MPW/ SUB centre and Government Doctors play a pivotal role in disseminating knowledge on family planning methods. These methods also include methods, which are not very common like IUD/loop/ pill, withdrawal etc.

Table 2-77: Source of learning about different FP methods - Tikamgarh

source	FS	MS	Condom	IUD/ Loop	Pill	Rhythm	Other	Total
TV	31.5	50.0	68.6	100.0	75.0	50.0	100.0	38.7
Radio	16.2		37.1	50.0				18.9
Read about it	8.1		14.3		25.0			9.1
ANM/MPW/SUBCENTRE	23.4		22.9	50.0				22.6
NURSE/PVT.DR.	6.6	50.0	2.9					6.2
GOVT.DR.	20.8	50.0	11.4				100.0	19.3
Anganwadi worker	5.6		2.9					4.9
Friend, relative, neighbour	35.5		22.9		25.0	50.0		32.9
Other	3.6		5.7					3.7
N	197	2	35	2	4	2	1	243

Table 2-78: Source of learning about different FP methods - Damoh

source	FS	MS	Condom	IUD/ Loop	Pill	Rhythm	Withdrawal	Other	Total
TV	27.4	50.0	75.0	100.0	100.0				30.2
Radio	11.5	25.0	25.0	50.0	20.0		50.0		12.5
Read about it	13.7		50.0		60.0				14.9
ANM/MPW/SUBCENTRE	19.5	50.0	25.0		20.0	14.3			19.6
NURSE/PVT.DR.	6.6		12.5			14.3			6.7
GOVT.DR.	27.9	25.0	25.0	50.0	40.0		50.0		27.5
Anganwadi worker	3.1								2.7
Friend, relative, neighbour	39.4	25.0	12.5		20.0	100.0			38.8
Other	9.7							100.0	9.0
N	226	4	8	2	5	7	2	1	255

Table 2-79: Source of learning about different FP methods - Combined

source	FS	MS	Condom	IUD/ Loop	Pill	Rhythm	Withdrawal	Other	Total
TV	29.3	50.0	69.8	100.0	88.9	11.1		50.0	34.3
Radio	13.7	16.7	34.9	50.0	11.1		50.0		15.7
Read about it	11.1		20.9		44.4				12.0
ANM/MPW/SUBCENTRE	21.3	33.3	23.3	25.0	11.1	11.1			21.1
NURSE/PVT.DR.	6.6	16.7	4.7			11.1			6.4
GOVT.DR.	24.6	33.3	14.0	25.0	22.2		50.0	50.0	23.5
Anganwadi worker	4.3		2.3						3.8
Friend, relative, neighbour	37.6	16.7	20.9		22.2	88.9			35.9
Other	6.9		4.7					50.0	6.4
N	423	6	43	4	9	9	2	2	498

The 49 percent of men or their spouses not using methods were asked further about the reason why their wife should not use the FP methods. Table2-20 delineates that around 2/3rd were not using, as they wanted more children during the time of survey.

Further, 11 percent of men said that their spouse's health did not permit the use of any method, which interpreted otherwise, seems that the use of method is the onus of women. The side effects of various methods were a deterrent in their use among 9 percent of non-users. Around 6 percent of non-users were not using, as they do not as a custom. Although small (around 4%), unavailability was stated as one of the issues for not using contraception and as evident, this is a rural problem.

It is observed that the major sources of information in urban areas are limited to Television, Government Doctors and Friends & relatives. In rural areas people are also dependent on Radios, ANMs and Nurses.

Only 11 percent population in rural areas are dependent on Doctors which is much less vis a vis dependence in urban areas (25 percent)

Table 2-80: Main Reason why wife should not use any FP method and source of learning such information

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Main reason why wife should not use any FP method (Base: Those husbands or their wives reportedly not using any family planning method)									
Method side effects	9.1	13.1	12.6	4.5	6.5	6.3	7.3	9.7	9.4
Her health	15.2	11.7	12.1	4.5	11.1	10.5	10.9	11.3	11.3
God's will	3.0	1.5	1.7		2.8	2.5	1.8	2.1	2.1
Not customary	9.1	8.3	8.4		4.6	4.2	5.5	6.4	6.3
Want more children	54.5	56.8	56.5	77.3	70.0	70.7	63.6	63.6	63.6
Not available		5.8	5.0		2.8	2.5		4.3	3.8
Others	9.1	2.9	3.8	13.6	2.3	3.3	10.9	2.6	3.6
N	33	206	239	22	217	239	55	423	478
Source of information on why wife should not use any FP methods									
TV	20.0	13.5	14.4	40.0	10.8	12.9	25.0	12.3	13.8
Radio	6.7	13.5	12.5		6.2	5.7	5.0	10.4	9.8
Read about it		6.7	5.8		1.5	1.4		4.5	4.0
ANM/MPW/SUBCENTRE		14.6	12.5		15.4	14.3		14.9	13.2
UFWL/PPL					3.1	2.9		1.3	1.1
NURSE/PVT.DR.	6.7	6.7	6.7		7.7	7.1	5.0	7.1	6.9
GOVT.DR.	26.7	5.6	8.7	20.0	20.0	20.0	25.0	11.7	13.2
Anganwadi Worker		2.2	1.9		4.6	4.3		3.2	2.9
Friend, relative, neighbour	40.0	56.2	53.8	20.0	52.3	50.0	35.0	54.5	52.3
Other	26.7	9.0	11.5	20.0	16.9	17.1	25.0	12.3	13.8
N	15	89	104	5	65	70	20	154	174

2.8.3 Health Seeking Behaviour

The prerequisite to access health services is to know about its availability. Table2-21 shows that 98 percent of the men respondents in urban areas are aware of some health facility or the other nearest to their house. Whereas 7 percent in rural areas were not aware of health facility nearest to their house, as can be seen in both Tikamgarh and Damoh districts.

In urban areas, PHC/CHC (42%) and district hospital (57%) were stated to be the two nearest health facility whereas in rural areas, PHC/CHC (61%) and sub-centre (27%) were expressed as two nearest health centres. As expected, district hospital was not the nearest health centre among the majority as only 11 percent said so. Similar observations can be made for both the studied districts.

Table 2-81: Awareness and type of nearest government health facilities

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether aware of nearest government health facility (Base: All interviewed husbands)									
Yes	100.0	92.3	93.6	95.9	94.1	94.3	98.1	93.2	94.0
No		7.7	6.4	4.1	5.9	5.7	1.9	6.8	6.0
N	81	401	482	73	421	494	154	822	976
Type of this government health facility (Base: Those husbands aware of government health facility)									
SC		15.4	12.6	1.4	37.4	32.0	0.7	26.8	22.5
PHC/CHC	50.6	75.4	71.0	32.9	48.0	45.7	42.4	61.2	58.1
District Hospital	49.4	7.3	14.9	65.7	13.6	21.5	57.0	10.6	18.2
Civil Hospital		0.8	0.7					0.4	0.3
Don't know		1.1	0.9		1.0	0.9		1.0	0.9
N	81	370	451	70	396	466	151	766	917

The majority (82%) of men had visited one health facility or other and this proportion was a bit higher in urban (89%) than rural (80%) areas. Similarly in Tikamgarh and Damoh, a higher proportion of men in urban (90% and 87% respectively) than rural (78% and 82%) visited the nearest health facility.

Two primary reasons for visiting the health facilities were child (68%) and adult (64%) illness. Following this was family planning by 21 percent. It is worth noting that involvement of men in immunisation and ANC was limited to 13 and 5 percent respectively and this was slightly lower in rural than urban areas.

Table 2-82: Ever visited the facility and reason for visiting the facility

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether ever visited the government health facility	**(Base: All Husbands)**								
Yes	90.1	78.1	80.3	87.1	81.8	82.6	88.7	80.0	81.5
No	9.9	21.4	19.3	10.0	15.9	15.0	9.9	18.5	17.1
Don't know/CS		0.5	0.4	2.9	2.3	2.4	1.3	1.4	1.4
N	*81*	*370*	*451*	*70*	*396*	*466*	*151*	*766*	*917*
Reasons for visiting government health facility*	**(Base: Those Husbands ever visited health facility)**								
Adult illness	71.2	59.9	62.2	55.7	67.0	65.2	64.2	63.6	63.7
Child illness	72.6	61.6	63.8	73.8	70.4	70.9	73.1	66.2	67.5
Family Planning	23.3	22.1	22.4	41.0	16.0	20.0	31.3	18.9	21.2
Immunisation	17.8	12.5	13.5	16.4	11.1	11.9	17.2	11.7	12.7
Antenatal Care	5.5	2.4	3.0	18.0	4.6	6.8	11.2	3.6	5.0
Other		0.7	0.6	1.6	0.6	0.8	0.7	0.7	0.7
N	73	289	362	61	324	385	134	613	747

Note: * Percentages are not added to 100, as it was a multiple response question

Since men seldom take their children for immunisation or go along with women for ANC, it is important to understand who the decision-maker in the family is for accessing health care.

As we have seen above that only 2 percent of the women have a say in the number of children in the family, a similar role in decision making regarding accessing health care is evident from the table above. It shows that only 3 percent of women were in a decision-making position regarding accessing health care. As high as 59 percent of men decide on this issue and 31 percent of men and women decided jointly. The other members in the family had a negligible role to play in this matter.

Table 2-83: Person who decides about obtaining health care for wife

(in percentage)

(Base: All Husbands)	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Wife	11.1	3.2	4.6		2.6	2.2	5.8	2.9	3.4
Husband/Self	51.9	73.3	69.7	65.8	46.6	49.4	58.4	59.6	59.4
Wife & husband jointly	30.9	17.7	19.9	23.3	44.2	41.1	27.3	31.3	30.6
Others in household	4.9	3.0	3.3	2.7	2.6	2.6	3.9	2.8	3.0
Jointly with others in household	1.2	2.7	2.5	8.2	4.0	4.7	4.5	3.4	3.6
N	81	401	482	73	421	494	154	822	976

We have seen that involvement of man in the house is important regarding accessing health care on one hand and his negligible involvement in accessing ante-natal care on the other. The following table tries to explore whether the man has a positive disposition towards giving permission for ANC or not.

Around 3/4th of men allowed their women to access antenatal care. However, the areas of concern were rural Tikamgarh and urban Damoh where 21 and 45 percent of men did not allow women to access ANC. The main reason for not allowing was that it was felt to be not necessary as opined by 87 percent of those who do not allow.

Following antenatal care, an important issue of concern is assisted delivery. Nearly 2/3rd of deliveries in India are conducted at home and the rest in institutions. The problem with home deliveries is lack of assistance by trained personnel thus there is a higher probability of complications. Moreover, home deliveries are not equipped to handle complications due to lack of facility. Thus, it is very important to seek outside care in case of such emergencies so as to save both mother and child. The study also attempted at unrevealing this aspect.

Table 2-84: Whether give permission for visiting health facility for antenatal care and reason for not giving permission

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether give permission to wife for visiting health facility for antenatal care (Base: All husbands)									
Yes	82.7	76.8	77.8	43.8	83.4	77.5	64.3	80.2	77.7
No	17.3	21.2	20.5	45.2	9.5	14.8	30.5	15.2	17.6
Don't know		2.0	1.7	11.0	7.1	7.7	5.2	4.6	4.7
N	81	401	482	73	421	494	154	822	976
Reason for not allowing wife for visiting health facility for antenatal care (Base: Those husbands who did not allow)									
Costly		7.1	6.1					4.8	3.5
Poor quality of care		11.8	10.1	9.1	2.5	5.5	6.4	8.8	8.1
Not necessary	92.9	80.0	81.8	90.9	97.5	94.5	91.5	85.6	87.2
Others	7.1	1.2	2.0				2.1	0.8	1.2
N	14	85	99	33	40	73	47	125	172

Around 80 percent said that they would take their wives to health institutions during times of emergency or complications and surprisingly this was lower in urban (66%) than rural (83%). The urban area of Damoh depicted a picture of concern as only 47 percent said that they would seek outside care in case of emergency during delivery. It is further a matter of concern as more than 90 percent did not feel the need to seek institutional care for delivery related complications.

The average perceived price of a delivery in the hospital was around Rs. 2,000 in urban and around Rs. 1,500 in rural areas which was similar in the studied districts.

Table 2-85: Opinion of husbands about taking their wife to hospital during complicated delivery and reasons of not taking their wife to health facility during such delivery

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Opinion about taking their wife to hospital during complicated delivery (Base: All husbands)									
Yes	82.7	81.3	81.5	46.6	84.1	78.5	65.6	82.7	80.0
No	17.3	17.7	17.6	41.1	9.7	14.4	28.6	13.6	16.0
Don't know		1.0	0.8	12.3	6.2	7.1	5.8	3.6	4.0
N	81	401	482	73	421	494	154	822	976
Reason for not taking their wife to health facility during such delivery (Base: Those husbands who did not take their husband to health facility)									
Costly		2.8	2.4		2.4	1.4		2.7	1.9
Poor quality of care		4.2	3.5		2.4	1.4		3.6	2.6
Not necessary	92.9	90.1	90.6	100.0	95.1	97.2	97.7	92.0	93.6
Others	7.1		1.2				2.3		0.6
Don't know		2.8	2.4					1.8	1.3
N	14	71	85	30	41	71	44	112	156

The majority felt that the cost of delivery at hospital was very high. It is quite surprising to note the response from rural areas regarding cost of deliveries as institutional deliveries in rural areas are primarily conducted in government hospitals and are free of cost. However, when probed further, the study found that men in rural areas were willing to pay Rs. 400-500 for hospital delivery and Rs. 600-650 in urban areas.

Table 2-86: Perception about cost of delivery

(in percentage)

Grade of perception	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Too much	68.6	86.2	83.3	75.4	81.5	80.6	71.7	83.9	82
Too Little		2.0	1.6		0.9	0.8		1.4	1.2
Reasonable	31.4	11.0	14.4	24.6	17.0	18.1	28.3	13.9	16.2
Dk		0.8	0.7		0.6	0.5		0.7	0.6
N	70	355	425	57	335	392	127	690	817

A large part of the attitude in not seeking outside care during pregnancy can be attributed to their understanding of the seriousness of the problem. Table below shows that nearly half of the men respondents had not heard or read about care of women during pregnancy and more so in rural areas (52%) as compared to urban areas (32%) and similarly in the two studied district. The rest came to know about it primarily through mass media (31%), doctor (17%), and friends/relatives/neighbours (20%) grass-root workers (13%).

Table 2-87: Source of hearing about women's health care during pregnancy

(in percentage)

Source	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Never heard	28.4	51.6	47.7	32.9	52.0	49.2	30.5	51.8	48.5
Television	48.1	18.7	23.7	35.6	13.8	17.0	42.2	16.2	20.3
Radio	17.3	13.2	13.9	5.5	7.1	6.9	11.7	10.1	10.3
Read about it	13.6	6.7	7.9	23.3	8.8	10.9	18.2	7.8	9.4
ANM/MPW/ Sub-centre	11.1	12.5	12.2		16.6	14.2	5.8	14.6	13.2
Nurse	16.0	4.5	6.4	2.7	4.3	4.0	9.7	4.4	5.2
Doctor	22.2	11.0	12.9	20.5	20.0	20.0	21.4	15.6	16.5
Anganwadi worker		4.7	3.9	1.4	1.7	1.6	0.6	3.2	2.8
Friend,Rel.,Neighbour	23.5	17.2	18.3	8.2	23.0	20.9	16.2	20.2	19.6
Teacher	1.2	0.5	0.6		0.5	0.4	0.6	0.5	0.5
Other		1.0	0.8	4.1	2.4	2.6	1.9	1.7	1.7
N	81	401	482	73	421	494	154	822	976

Information on child health was not available to 43 percent and lower in urban (27%) than rural (46%) areas. Among the rest, the primary source of information was mass media (TV: 21% and Radio: 11%) followed by friends/relatives/neighbours (20%) doctors (19%) and grass-root workers (18%). The role of grass-roots workers was more pronounced in rural (15%) than urban (6%) areas.

Table 2-88: Source of hearing about child's health

(in percentage)

Source	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Never heard	22.2	44.9	41.1	32.9	46.6	44.5	27.3	45.7	42.8
Television	51.9	19.7	25.1	39.7	14	17.8	46.1	16.8	21.4
Radio	19.8	14.5	15.4	2.7	7.1	6.5	11.7	10.7	10.9
Read about it	16.0	5.5	7.3	24.7	7.6	10.1	20.1	6.6	8.7
ANM/MPW/Sub Centre	11.1	13.2	12.9		16.4	14.0	5.8	14.8	13.4
Nurse	13.6	4.5	6.0	1.4	4.5	4.0	7.8	4.5	5.0
Doctor	19.8	15.5	16.2	23.3	20.4	20.9	21.4	18.0	18.5
Anganwadi worker	1.2	5.7	5.0		3.6	3.0	0.6	4.6	4.0
Friend,Rel.,Neighbour	24.7	17.2	18.5	9.6	24.5	22.3	17.5	20.9	20.4
Teacher		0.5	0.4		0.5	0.4		0.5	0.4
Other		0.7	0.6	2.7	2.6	2.6	1.3	1.7	1.6
N	81	401	482	73	421	494	154	822	976

2.8.4 Quality of Care and Willingness to Pay

In order to ensure a satisfied client, it is very important that the quality of care is improved. This study also attempted in determining the quality of care in the health facility they visited.

The primary reasons for liking the health facility was cleanliness (76%) followed by friendly staff (22%) and medicines being given there (21%). This kind of trend was seen in the two studied districts also. Quality of care implying a lot of issues was also stated by 9 percent as one of the reasons for liking the nearest health facility.

Three most important reasons for not liking a facility included poor facility (62.4%), lack of medicines (54%) and poor quality of care (47%). Following this unfriendly staff (19%) was a reason for not liking the facility. Therefore, it is quite apparent that cleanliness and availability of medicines were very important for liking a facility whereas poor quality of care, unavailability of medicines and lack of medicines work as deterrents.

Table 2-89: Reasons for liking and disliking the visited health facility

(in percentage)

detail	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Reasons for liking the visited health facility* (Base: Those who ever visited health facility)									
Friendly Staff	30.1	18.3	20.7	41.0	19.8	23.1	35.1	19.1	22.0
They give medicines	11.0	23.9	21.3	14.8	21.0	20.0	12.7	22.3	20.6
Quality of Care	12.3	9.0	9.7	9.8	8.0	8.3	11.2	8.5	9.0
Cleanfiness	67.1	76.5	74.6	65.6	79.6	77.4	66.4	78.1	76.0
Low/no cost		5.5	4.4		4.6	3.9		5.1	4.1
Other	11.0	1.7	3.6	1.6	4.9	4.4	6.7	3.4	4.0
N	73	289	362	61	324	385	134	613	747
Reasons for disliking the visited health facility* (Base: Those who ever visited health facility)									
Unfriendly staff	21.9	28.0	26.8	3.3	13.0	11.4	13.4	20.1	18.9
Lack of medicines	61.6	51.2	53.3	80.3	50.3	55.1	70.1	50.7	54.2
Poor quality of care	24.7	48.1	43.4	44.3	52.5	51.2	33.6	50.4	47.4
Poor facilities	56.2	56.1	56.1	72.1	67.6	68.3	63.4	62.2	62.4
Staff frequently absent	15.1	10.0	11.0		10.5	8.8	8.2	10.3	9.9
Others	9.6	13.8	13.0	11.5	14.2	13.8	10.4	14.0	13.4
N	73	289	362	61	324	385	134	613	747

Almost all (93%) agreed to pay for improved quality of care and for care of women. The average amount they are willing to pay was around Rs. 225-250.

Table 2-90: Respondents willingness to pay some fees for improving the quality of care if charged by the Govt.

(in percentage)

detail	DISTRICT						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Willing to pay something to improve quality of health centre (Base: all men)									
Yes	88.9	90.3	90.0	94.5	96.2	96.0	91.6	93.3	93.0
No	11.1	9.2	9.5	4.1	3.8	3.8	7.8	6.4	6.7
Someone else decides		0.5	0.4					0.2	0.2
Dk/no opinion				1.4		0.2	0.6		0.1
N	81	401	482	73	421	494	154	822	976
Willing to pay for specific to women (Base: Men Willing to pay)									
< 50	7.7	12.0	11.4	14.3	5.5	6.7	10.9	8.8	9.1
50-100	34.6	35.6	35.5	30.6	27.7	28.1	32.7	31.7	31.8
101-200	19.2	19.9	19.8	20.4	34.1	32.2	19.8	26.9	25.9
201-300	5.8	7.3	7.0	14.3	9.3	10.0	9.9	8.3	8.5
301-400	11.5	8.5	8.9	4.1	4.5	4.4	7.9	6.5	6.7
401-500	15.4	12.3	12.7	8.2	14.5	13.6	11.9	13.4	13.2
501+	5.8	4.4	4.6	8.2	4.5	5.0	6.9	4.5	4.8
N	52	317	369	49	311	360	101	628	729
AVG	258.9	219.9	225.4	223.3	241.7	239.2	241.7	230.7	232.2

2.8.5 Women's Status and Participation

As high as 42 percent said that their wives participate in community activities. The proportion was higher in Damoh (46%) particularly due to increased participation in the rural (51%) areas of the district. In general, a higher proportion of women in rural (46%) than urban (20%) areas participated in community activities. Out of those whose wives did not participate, around 1/3rd said that they would not like them to participate at all.

Participation of women in women's development group was further lower (12.1%) and higher in rural (13%) than urban (6%) areas. This was similar in both the studied districts.

As high as 89-92 percent of men expressed that they would allow their women to have an income and more or less all said that they would allow her (wife) to have control on it. Although small, around 7 percent of men are of concern, as they on the one hand would allow their women to have her own income but on the other did not allow her to have control over it.

Table 2-91: Respondent's willingness about wife's participation in different community activities and wife's own income

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether the wife participate in any community activities (Base: All husbands)									
Yes	25.9	39.7	37.3	13.7	51.1	45.5	20.1	45.5	41.5
No	74.1	60.3	62.7	86.3	48.9	54.5	79.9	54.5	58.5
N	81	401	482	73	421	494	154	822	976
Whether respondent approved her wife's participation in community activities (Base: Those husbands whose wife participate in the activities)									
Yes	81.7	67.4	70.2	54.0	69.9	66.2	67.5	68.5	68.3
No	18.3	32.6	29.8	46.0	30.1	33.8	32.5	31.5	31.7
N	60	242	302	63	206	269	123	448	571
Whether the wife participate in any women's development group in the community (Base: All husbands)									
Yes	7.2	11.5	10.8	4.6	14.7	13.4	6.1	13.2	12.1
No	92.8	87.0	88.0	95.4	84.8	86.2	94.0	85.9	87.1
Don't know/CS		1.5	1.2		0.5	0.4		1.0	0.8
N	83	399	482	65	429	494	148	828	976
Whether respondent approved her wife's participation in women's development group (Base: Those husbands whose wife participate in the activities)									
Yes	7.4	11.5	10.8	4.1	15.0	13.4	5.8	13.3	12.1
No	92.6	87.0	88.0	95.9	84.6	86.2	94.2	85.8	87.1
Don't know		1.5	1.2		0.5	0.4		1.0	0.8
N	81	401	482	73	421	494	154	822	976
Whether allow wife to have her own income (All husbands)									
Yes	86.4	89.5	89.0	78.1	92.2	90.1	82.5	90.9	89.5
No	13.6	10.2	10.8	21.9	7.8	9.9	17.5	9.0	10.3
Don't know/CS		0.2	0.2					0.1	0.1
Whether allow wife to spend her own income (All husbands)									
Yes	79.0	74.1	74.9	83.6	89.3	88.5	81.2	81.9	81.8
No	21.0	24.9	24.3	15.1	10.5	11.1	18.2	17.5	17.6
Don't know/CS		1.0	0.8	1.4	0.2	0.4	0.6	0.6	0.6
N	81	401	482	73	421	494	154	822	976

Regarding training, almost all (96%) of men was positive about their wives receiving training on skill development.

Men and women together (50%) or husband alone (33%) usually took the decision on purchase of household items. The involvement of women alone was limited to 2 percent and further less in rural areas (2%). The other members in the household (5%) alone played a minimal role in decision making in buying household goods however, family member were consulted by around 10 percent cases while taking these decisions. The joint decision making i.e. with household members in Tikamgarh (8%) was lower than Damoh (12%).

Table 2-92: Husband's willingness about the training of wife and persons who decides *about the purchase of household items*

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether allow wife to receive training									
Yes	96.3	95.5	95.6	89.0	96.7	95.5	92.9	96.1	95.6
No	3.7	3.5	3.5	11.0	2.9	4.0	7.1	3.2	3.8
Don't know		1.0	0.8		0.5	0.4		0.7	0.6
Person deciding about the purchase of household items									
Wife	2.5	2.5	2.5	9.6	0.7	2.0	5.8	1.6	2.3
Husband	33.3	41.9	40.5	35.6	23.3	25.1	34.4	32.4	32.7
Wife and Husband jointly	50.6	41.1	42.7	39.7	59.6	56.7	45.5	50.6	49.8
Others in household	7.4	6.5	6.6	4.1	3.8	3.8	5.8	5.1	5.2
Jointly with others in the household	6.2	8.0	7.7	11.0	12.6	12.3	8.4	10.3	10.0
N	81	401	482	73	421	494	154	822	976

2.8.6 Assessment of Nutritional Level

Awareness about nutrition for women was prevalent more among urban (69%) than rural (44) men. This is true for both the studied districts. Among those who knew, the source of information had been primarily from television (40%), friends/relatives/neighbour (21%), reading it (18%) and government doctor (19%) in urban areas. Whereas in rural areas, primary sources of information were friend/relatives/neighbour (19%) followed by television (16%), government doctor (12%) and grass roots workers (11%).

Table 2-93: Source of hearing about nutrition for women

(in percentage)

Source	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Never heard	24.7	52.4	47.7	38.4	58.9	55.9	31.2	55.7	51.8
Television	45.7	17.7	22.4	32.9	13.3	16.2	39.6	15.5	19.3
Radio	21.0	12.2	13.7	1.4	6.9	6.1	11.7	9.5	9.8
Read about it	13.6	7.0	8.1	21.9	8.8	10.7	17.5	7.9	9.4
ANM/MPW/Sub Centre	4.9	9.0	8.3		11.9	10.1	2.6	10.5	9.2
UFWL					0.2	0.2		0.1	0.1
Nurse/Pvt. Dr.	11.1	1.7	3.3	5.5	3.1	3.4	8.4	2.4	3.4
Govt. Doctor	24.7	7.2	10.2	12.3	16.6	16.0	18.8	12.0	13.1
Anganwadi worker		6.0	5.0		2.1	1.8		4.0	3.4
Friend, Rel.,Neighbour	28.4	18.2	19.9	12.3	20.2	19.0	20.8	19.2	19.5
Other		1.0	0.8		0.2	0.2		0.6	0.5
N	81	401	482	73	421	494	154	822	976

Awareness about anaemia was higher in urban (42%) than rural (16.1%) and this was also observed in Tikamgarh where 49 and 16 percent in urban and rural areas were aware of anemia whereas in Damoh, 33 and 16 percent in urban and rural areas were aware of anemia.

As common in India and more so in rural areas, women eat after family has taken food as evident from 77 percent doing it in the studied districts. Only 20 percent ate with the family which was also due to the higher proportion in urban (42%) than rural (16%) areas. This phenomenon was observed in both the studied districts. Only a negligible proportion (2.3%) ate before the family members ate.

The custom of women eating after the entire family has implication on her nutritional status especially in poor families. Thus, it was important to understand whether men would like to

challenge this custom on knowing about his wife being suffering from anaemia or not. Table2-34 reveals that 84 percent answered in affirmative however the challenge remains to convert the rest 16 percent.

Table 2-94: Heard of anaemia among women and custom of taking meals for the wife in the family

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Heard of Anaemia among women									
Yes	49.4	16.2	21.8	32.9	16.2	18.6	41.6	16.2	20.2
No	50.6	83.8	78.2	67.1	83.8	81.4	58.4	83.8	79.8
When the wife in the family take food (Base: All husbands)									
Before	3.7	2.5	2.7	1.4	1.9	1.8	2.6	2.2	2.3
With the family	43.2	16.5	21.0	39.7	15.2	18.8	41.6	15.8	19.9
After the family	50.6	79.3	74.5	58.9	82.2	78.7	54.5	80.8	76.6
Don't know	2.5	1.7	1.9		0.7	0.6	1.3	1.2	1.2
N	81	401	482	73	421	494	154	822	976
Whether change the custom and allow wife to eat with the family, if wife has anaemia (Base: Those husbands who reported that wife eat meal after the family)									
Yes	93.0	77.5	79.3	86.0	88.3	88.0	89.5	83.1	83.8
No	7.0	20.6	19.0	14.0	11.2	11.5	10.5	15.7	15.1
Don't know		0.9	0.8		0.6	0.5		0.7	0.7
NA		0.9	0.8					0.4	0.4
N	43	325	368	43	349	392	86	674	760

Many studies have shown local cultural practices affecting the health and nutritional status of women and the study tried to understand these. As evident in Table2-35, only 59.4 percent said that women increased their food intake during pregnancy. This proportion was higher in urban (74%) than rural (57%) area especially in urban Damoh where 75 percent fell into this category.

It is positive to note that the men who said that women should increase in-take of food during pregnancy showed a preference for green leafy vegetables (84%), other fruits and vegetables (47%), orange colored fruits and vegetables (33%) and milk products (54%) in urban areas; and green leafy vegetables (66%), other fruits and vegetables (31%), orange colored fruits and vegetables (43%) and milk products (60%) in rural areas. The preference for non-vegetarian and carbohydrate rich food was low.

Around 91 and 79 percent in urban and rural areas respectively opined that these foods are easily obtainable.

Table 2-95: Opinion of Husbands about the frequency, type of food to be taken more during pregnancy by wife and availability of such foods

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	*Rural*	*Total*	*Urban*	*Rural*	*Total*	*Urban*	*Rural*	*Total*
Whether wife during pregnancy increase consumption of any foods (Base: All Husbands)									
Yes	72.8	53.6	56.8	75.3	59.6	61.9	74	56.7	59.4
No	11.1	26.2	23.7	5.5	20.4	18.2	8.4	23.2	20.9
Don't know	16.0	20.2	19.5	19.2	20.0	19.8	17.5	20.1	19.7
N	81	401	482	73	421	494	154	822	976
Type of food to be taken more during pregnancy (Base: Those husbands reporting increased consumption of any foods)									
Milk, curds, cottage cheese or yoghurt	62.7	60.0	60.6	45.5	59.4	56.9	54.4	59.7	58.6
Pulses or beans	11.9	10.2	10.6	9.1	12.4	11.8	10.5	11.4	11.2
Green leafy vegetables	81.4	61.4	65.7	87.3	70.5	73.5	84.2	66.3	69.8
Orange colored fruits or vegetables	59.3	48.4	50.7	5.5	37.8	32.0	33.3	42.7	40.9
Other fruits and vegetables	35.6	28.4	29.9	58.2	33.1	37.6	46.5	30.9	34.0
Eggs	8.5	3.7	4.7	1.8	6.4	5.6	5.3	5.2	5.2
Chicken, meat or fish	6.8	4.2	4.7	16.4	6.4	8.2	11.4	5.4	6.6
Rice, potatoes, naan or other bread		7.4	5.8	1.8	5.2	4.6	0.9	6.2	5.2
Clean foods	10.2	7.9	8.4	10.9	9.6	9.8	10.5	8.8	9.1
Hot foods		1.9	1.5		0.4	0.3		1.1	0.9
Daliya	16.9	19.1	18.6	7.3	23.1	20.3	12.3	21.2	19.5
Others		1.4	1.1		2.8	2.3		2.1	1.7
Whether these foods easy to obtain (Base: Those husbands reporting increased consumption of any foods)									
Yes	89.8	82.3	83.9	92.7	75.3	78.4	91.2	78.5	81.0
No	10.2	15.3	14.2	7.3	21.5	19.0	8.8	18.7	16.7
Don't know		2.3	1.8		3.2	2.6		2.8	2.2
N	59	215	274	55	251	306	114	466	580

As expected a half of the men expressed that there were certain kinds of food, which women should avoid during pregnancy. As high as 33 percent were not aware of any such thing. Among those who expressed some foods to be forbidden during pregnancy, almost half of them included non-vegetarian, hot and spicy food in their list. Around a quarter said that pulses should be avoided and a bit less than 20 percent said that stale food should be avoided as can be seen from the table below.

Table 2-96: Opinion of Husbands about type of foods that wife should avoid during pregnancy

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether wife should avoid some foods during pregnancy (Base: All husbands)									
Yes	60.5	43.4	46.3	47.9	53.4	52.6	54.5	48.5	49.5
No	17.3	25.2	23.9	12.3	12.4	12.3	14.9	18.6	18.0
Don't know	22.2	31.4	29.9	39.7	34.2	35.0	30.5	32.8	32.5
N	81	401	482	73	421	494	154	822	976
Type of food wife should avoid during pregnancy (Base: Those husbands reported that wife should avoid food during pregnancy)									
Milk, or curds	6.1	2.3	3.1	2.9	5.3	5.0	4.8	4.0	4.1
Pulses or beans	36.7	25.9	28.3	17.1	23.6	22.7	28.6	24.6	25.3
Green leafy vegetables	4.1	3.4	3.6		1.8	1.5	2.4	2.5	2.5
Other vegetables	12.2	8.6	9.4	5.7	12.0	11.2	9.5	10.5	10.4
Fruits	2.0	2.3	2.2		0.4	0.4	1.2	1.3	1.2
Eggs	28.6	40.2	37.7	11.4	12.9	12.7	21.4	24.8	24.2
Chicken, meat or fish	36.7	54.0	50.2	40.0	29.8	31.2	38.1	40.4	40.0
Hot, spicy foods	63.3	44.3	48.4	31.4	46.2	44.2	50.0	45.4	46.2
Cold foods	26.5	16.7	18.8	2.9	14.7	13.1	16.7	15.5	15.7
Unclean foods	14.3	9.2	10.3	25.7	8.9	11.2	19.0	9.0	10.8
Stale foods	18.4	12.1	13.5	11.4	20.4	19.2	15.5	16.8	16.6
Jaggery		11.5	9.0	5.7	4.0	4.2	2.4	7.3	6.4
Pickle	40.8	39.7	39.9	42.9	55.1	53.5	41.7	48.4	47.2
Papaya, Pineapple		3.4	2.7	28.6	2.2	5.8	11.9	2.8	4.3
Others	2.0	0.6	0.9	2.9	4.9	4.6	2.4	3.0	2.9
N	49	174	223	35	225	260	84	399	483

The nature of food given to the mother after delivery is also guided by custom thus becomes important to find out if any wrong or detrimental practices are undertaken or not. As high as 52 percent said that the mother should avoid certain foods after delivery. These primarily include non-vegetarian food, pulses and stale food as similar for pregnant women. Consuming clean food during pregnancy was more pronounced in urban (21%) than rural (9%) areas.

Table 2-97: Opinion of husbands about type of foods that wife should be avoiding after giving birth

(in percentage)

Details	District						Combined		
	Tikamgarh			Damoh					
	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural	Total
Whether wife should avoid some foods after giving birth (Base: All husbands)									
Yes	60.5	49.6	51.5	49.3	53.9	53.2	55.2	51.8	52.4
No	18.5	16.5	16.8	4.1	4.8	4.7	11.7	10.5	10.7
Don't know	21.0	33.9	31.7	46.6	41.3	42.1	33.1	37.7	37.0
N	81	401	482	73	421	494	154	822	976
Type of food that wife should avoided after giving birth (Base: Those husbands reported that wife should avoid food after giving birth)									
Milk, or curds	16.3	9.0	10.5	22.2	9.7	11.4	18.8	9.4	11.0
Pulses or beans	40.8	19.1	23.4	25.0	26.9	26.6	34.1	23.2	25.0
Green leafy vegetables	2.0	3.0	2.8		3.1	2.7	1.2	3.1	2.7
Other vegetables	14.3	5.5	7.3	8.3	14.5	13.7	11.8	10.3	10.6
Fruits		2.0	1.6		1.8	1.5		1.9	1.6
Eggs	14.3	25.1	23.0	2.8	5.3	4.9	9.4	14.6	13.7
Chicken, meat or fish	26.5	37.2	35.1	16.7	15.9	16.0	22.4	25.8	25.2
Hot, spicy foods	49.0	36.2	38.7	22.2	25.1	24.7	37.6	30.3	31.5
Cold foods	36.7	35.7	35.9	66.7	27.3	32.7	49.4	31.2	34.2
Unclean foods	12.2	9.5	10.1	16.7	3.1	4.9	14.1	6.1	7.4
Stale foods	26.5	15.1	17.3	8.3	12.8	12.2	18.8	13.8	14.7
Jaggery	4.1	5.0	4.8		1.3	1.1	2.4	3.1	2.9
Pickle	42.9	53.3	51.2	55.6	56.8	56.7	48.2	55.2	54.0
Papaya, Pine apple	4.1	3.0	3.2	2.8	0.4	0.8	3.5	1.6	2.0
Others	6.1	6.0	6.0		18.5	16.0	3.5	12.7	11.2
N	49	199	248	36	227	263	85	426	511

In addition, cold food was said by 51 and 31 percent and urban and rural areas respectively as an avoidable food. Around 20 percent in urban areas also expressed avoiding milk and milk products after delivery.