CHAPTER III

ANTENATAL AND DELIVERY CARE

Increasing emphasis has been laid on augmenting and promoting the utilization of maternal and child health care practices ever since the inception of the family welfare programme by the Govt. of India in the country. In order to bring qualitative and lasting improvement in the health status of women and children programme has undergone several policy and programmatic changes in last couple of decades. National Rural Health Programme (NRHM) launched by the Govt. in 2005 was a major step in this direction intended primarily at improving the health status of vulnerable and marginalized sections of the society particularly those living in rural areas. An attempt therefore has been made in this chapter to present the information collected during the present survey from mothers who had delivered a child prior to the survey on important elements of maternal and child health programme in the state. This includes status of antenatal care visits, checkups at the health facilities by health personnel, provision of IFA prophylaxis and at least two doses of TT injections, promotion of institutional deliveries, assistance at delivery by health personnel, quality of services at the health facility and provision of postnatal services for both mother as well as the new born child.

3.1 Registration for any ANC services

Registration of pregnancy constitutes a vital component of ANC services hence all the mothers who were interviewed were asked about the registration of their last pregnancy. As the Figure 3.1 reveals, 92 percent of the mothers had registered their last pregnancy with hardly a difference observed in urban slum-rural households. Registration among mothers in 20-34 age groups was highest (92.5 percent). Similarly, higher proportion of mothers with low parity had registered the pregnancy and it has decreased with the increase in the parity level. The religious differentials in pregnancy registration were not very pronounced but slightly higher proportion of mothers among Hindus (92 percent) than the Muslims (89 percent) registered the pregnancy. Education of mothers tends to have an impact on health seeking behaviors. It is evident from the analysis that registration of pregnancies had increased with the increase in the education level of mothers. For instance, registration among the illiterate mothers was 87 percent; it has increased to 99 percent among those who had completed 12+ grades **(Table 3.1).**

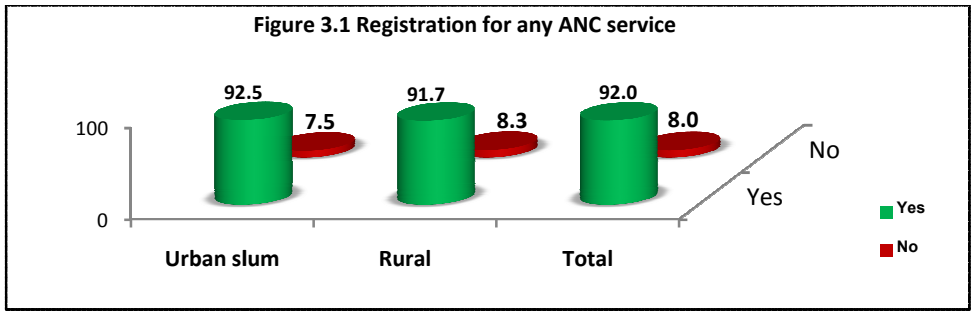


Table- 3.1 Percent of women who reported registration during last pregnancy by select background characteristics

Particulars	%		Number of women
	Yes	No	
Age Group			
<20	92.2	7.8	940
20-34	92.5	7.5	10192
35-49	82.9	17.1	609
Parity			
0*	93.0	7.0	71
1	96.8	3.2	3688
2	93.5	6.5	3314
3	91.1	8.9	2167
4+	83.7	16.3	2501
Education of Women			
Illiterate	87.5	12.5	5430
Literate (without formal schooling)	85.9	14.1	199
<8th years complete	93.7	6.3	1841
8-11 years Complete	96.4	3.6	2893
12 or more years complete	99.1	0.9	1378
Religion			
Hindu	92.9	7.1	8616
Muslim	89.3	10.7	3089
Other	100.0	0.0	36
Caste			
SC/ST	91.9	8.1	3628
OBC	91.3	8.7	5960
Other	94.1	5.9	2153
Type of residence			
Urban Slum	92.5	7.5	3925
Rural	91.7	8.3	7816
Total	**92.0**	**8.0**	**11741**

*Includes figure of those women who has given still birth and whose child died after birth.

3.2 Antenatal care checkups

Table 3.2 shows the percentage distribution of mothers who underwent some antenatal checkups by select background characteristics. Nearly 58 percent of the mothers had undergone some checkup during the last pregnancy. There were clear urban slum-rural differentials in proportion of mothers seeking antenatal care checkup. While 72 percent of the mothers in urban slums have sought antenatal checkups, 51 percent mothers did so in rural areas. Again the utilization of ANC services was highest among the lower parity mothers and it had decreased with the increase in the parity. Similarly, differentials were observed in seeking antenatal care checkups by education level. It was best exemplified by the fact that only 45 percent of the illiterate mothers sought antenatal checkups,

whereas 85 percent of mothers did so with 12+ years of education. Though there was no significant difference between different religious groups in uptake of ANC checkups, a little higher proportion of Hindus (59 percent) than the Muslim (56 percent) had sought the ANC services during last pregnancy.

Table- 3.2 Percent of women who reported checkup during last pregnancy by select background characteristics (Row %)

Particulars	%		Number of women
	Yes	No	
Age Group			
<20	55.7	44.3	940
20-34	59.2	40.8	10192
35-49	44.2	55.8	609
Parity			
0*	69.0	31.0	71
1	71.0	29.0	3688
2	59.5	40.5	3314
3	51.8	48.2	2167
4+	42.7	57.3	2501
Education of Women			
Illiterate	45.5	54.5	5430
Literate (without formal schooling)	53.3	46.7	199
<8th years complete	59.9	40.1	1841
8-11 years Complete	68.2	31.8	2893
12 or more years complete	85.1	14.9	1378
Religion			
Hindu	59.0	41.0	8616
Muslim	55.6	44.4	3089
Other	75.0	25	36
Caste			
SC/ST	55.9	44.1	3628
OBC	55.4	44.6	5960
Other	69.4	30.6	2153
Type of residence			
Urban Slum	72.3	27.7	3925
Rural	51.0	49.0	7816
Total	**58.1**	**41.9**	11741

*Includes figure of those women who has given still birth and whose child died after birth

3.2.1 Number and Timing of first antenatal checkup

Overall, around 37 percent of mothers have had 3 or more checkups. A significantly higher proportion of mothers had received 3 or more checkups in urban slum areas (47 percent) than those in rural areas (30 percent). Again, more urban slum mothers had

sought the ANC checkups during the first trimester (38 percent) than the mothers from rural areas (23 percent) **(Table-3.3).**

Table- 3.3 Number of checkups and stage of pregnancy

Particulars	Urban Slum	Rural	Total
Number of checkups			
1 checkup	22.8	34.2	29.4
2 checkups	30.3	36.0	33.7
3 or more checkups	46.9	29.8	36.9
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received checkup	**2837**	**3989**	**6826**
Months pregnant at the time of first antenatal checkup			
First Trimester (1-3 months)	38.3	23.2	29.5
Second Trimester (4-6 months)	44.7	50.9	48.3
Third Trimester (6-9 months)	17.0	25.9	22.2
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received checkups	**2837**	**3989**	**6826**

3.2.2 Type of antenatal checkups

It is evident from the analysis in table 3.4 that a significantly higher proportion of mothers in urban slum had sought different type of antenatal checkups during the last pregnancy than those living in rural areas. Seventy-two percent of the mothers belonging to urban slum had reported undergoing abdominal checkups while around 49 percent stated so in rural areas. Overall, 56 percent mothers underwent abdominal checkups during the last pregnancy. Overall, 44 percent of the mothers reported blood test with figures for urban slum and rural mothers being 64 and 34 percent respectively. Almost half of the mothers in urban slum had reported about weight measurement while this figure for rural mothers was 30 percent. Proportion of mothers reporting urine test in urban slum (56 percent) was double to that of mothers in rural areas (28 percent). It was observed and also revealed during discussions with various stakeholders that comparatively better awareness and access to health facilities in urban areas was contributing to significantly higher proportion of mothers seeking various antenatal services.

Table- 3.4 Percent of mothers who underwent different type of antenatal checkups

Type of checkups	Urban Slum	Rural	Total
Weight Measurement	49.9	30.1	36.8
Blood Pressure	55.1	29.5	38.1
Abdominal checkup	72.4	48.6	56.1
Urine Test	56.4	27.8	25.8
Blood Test	64.2	34.5	44.5
Number of women who registered for any ANC	**3632**	**7171**	**10803**

3.2.3 Antenatal health care provider

Almost six in every 10 mothers have sought antenatal care checkup from the doctors. Proportion of mothers seeking antenatal care services in urban slums (72 percent) was noticeably higher than those living in rural areas (51 percent). Nearly a two-third of the mothers sought services from ANM/Nurse with evidently higher proportion of mothers in rural areas (69 percent) reported seeking antenatal checkups from ANM/Nurse/LHV than those in urban areas (58 percent).

Table- 3.5 Antenatal health care provider who did the checkups

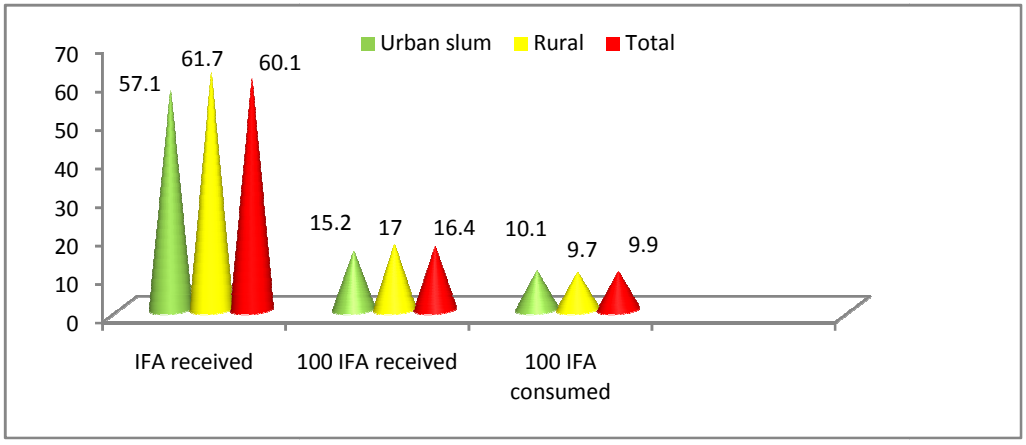
Health personnel	Urban Slum	Rural	Total
Doctor	71.6	51.0	59.6
ANM/Nurse/LHV	58.1	69.0	64.5
ISM Practitioner	0.2	0.0	0.1
Others	0.2	0.4	0.3
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received checkups	**2837**	**3989**	**6826**

*Percent would exceed 100 percent due to multiple responses

3.3 IFA Supplementation

Iron Folic Acid supplementation during pregnancy forms an essential component of antenatal care services hence information was obtained from the mothers about the IFA tablets/syrup received during the last pregnancy. Figure 3.2 shows the proportions of women who received IFA tablets and also those who received and consumed 100 IFA tablets. Overall, 60 percent of the women had reported receiving IFA supplementation during the last pregnancy with slightly higher proportion of women in rural areas (62 percent) reported receiving IFA than those belonging to urban slums (57 percent). However, proportion of women receiving 100 tablets was even lower with percentage being 16 percent in the total sample (urban slum-15 percent; rural-17 percent). Overall, about 10 percent women had consumed 100 tablets.

Figure-3.2 100 IFA consumed



Further analysis of the mothers who consumed 100 IFA tablets by educational level has been presented in Table 3.6. Differentials in the consumption pattern of IFA tablets by the education of mothers were not very pronounced. However, consumption has increased with the increase in the education level of mothers.

Table- 3.6 Consumption of 100 IFA tablets by education of mothers

Education	Row %		
	Yes	No	Number of women
Illiterate	6.7	93.2	5430
Literate (without formal schooling)	8.5	91.4	199
<8th years complete	7.9	92.1	1841
8-11 years Complete	11.6	88.4	2893
12 or more years complete	21.4	78.6	1376
Total %	**9.9**	**90.1**	**11741**

Discussing about the inhibition in consumption of IFA tablets by the pregnant women one of the medical officers remarked:

> ***"Pregnant mothers in the villages complain of nausea feeling after consuming IFA tablets and quite often refuse to take the supply from the field workers".***

Some of the health functionaries during discussions had opined that though the awareness has been created on various aspects of the antenatal care but misconceptions, social inhibition, traditions and will of the elders still play some role in health seeking matters of the households particularly in rural areas.

3.3.1 Source of IFA supply

Table 3.7 provides information on source of supply of IFA tablets/syrup received during the last pregnancy. A large majority of mothers reported to have received supply from public health outlets. Less than one-tenth of the respondents were provided iron folic acid supplementation from the Private clinic/hospital. Thus public health outlets had emerged as the main source of supply of IFA tablets/syrup for the pregnant women seeking various antenatal health care services.

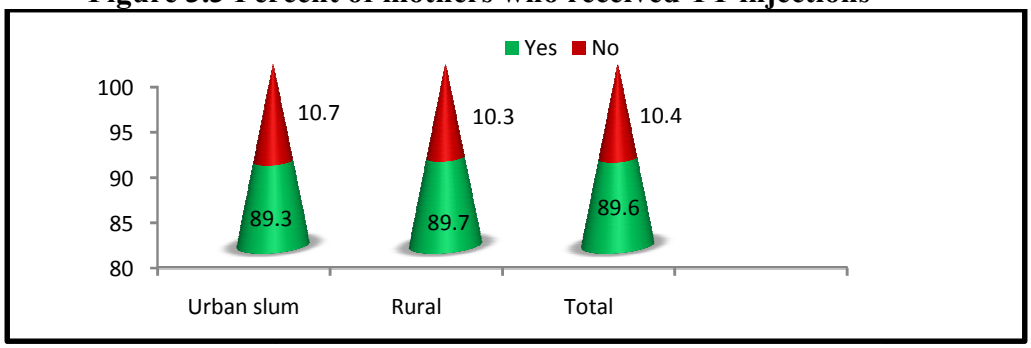
Table- 3.7 Percent of mothers who received IFA tablets/syrup by source

Sources	Urban Slum	Rural	Total
Govt. Health facilities	71.3	92.8	85.9
Private clinic/hospital/Trust	18.9	3.6	8.5
Others/Missing	9.7	3.6	5.5
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received IFA tablets/syrup	**2242**	**4820**	**7062**

3.4 Tetanus Toxoid Injections

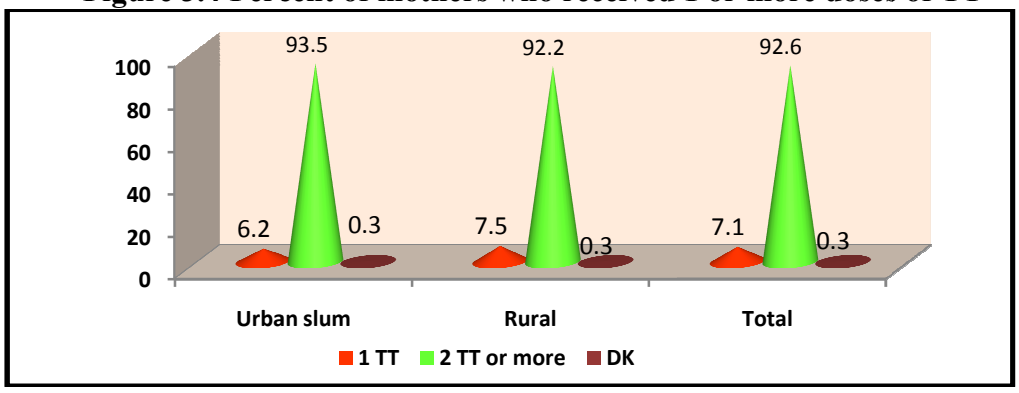
Figure 3.3 presents the percent distribution of mothers by type of residence. Analysis reveals that almost 90 percent of the mothers received at least one dose of TT injection. No differentials were observed in the proportion of mothers receiving TT injection between urban slum and rural areas.

Figure 3.3 Percent of mothers who received TT injections



Further analysis of mothers who had received 1 or 2 doses of TT injections by different characteristics has been presented in Table 3.8. Among those who had received TT injections during last pregnancy, nearly 93 percent reported receiving 2 or more TT injections. Proportion of mothers who had received 2 or more TT injections was almost identical both in urban slums (93 percent) and rural areas (92 percent).

Figure 3.4 Percent of mothers who received 1 or more doses of TT



Analysis of mothers receiving 2 doses of TT by age does not depict any differentials. On the other hand, proportion of mothers with low parity receiving 2 doses of TT decreased with the increase in the parity. A positive association in the level of TT coverage and education of mothers was also observed. For instance, 90 percent of illiterate mothers reported receiving 2 doses of TT injections while this figure for mothers having passed 12 + grades was 97 percent. However, religious and caste differentials were not so obvious in proportion of mothers receiving 2 doses of TT injections.

Table- 3.8 Percent of women who received 2 or more TT injections during last pregnancy by select background characteristics

Particulars	Number of TT injections			Number of women who received TT
	1	2 or more	DK	
Age Group				
<20	8.3	91.1	0.6	858
20-34	6.9	92.8	0.3	9170
35-49	8.7	91.1	0.2	483
Parity				
0*	9.5	90.5	0.0	63
1	3.2	96.4	0.4	3512
2	6.4	93.3	0.3	3008
3	7.2	92.6	0.3	1914
4+	11.2	88.6	0.2	2014
Education of Women				
Illiterate	9.3	90.3	0.4	4590
Literate (without formal schooling)	11.4	88.6	0.0	167
<8th years complete	7.4	92.3	0.3	1681
8-11 years Complete	5.0	94.6	0.4	2721
12 or more years complete	2.7	97.2	0.1	1352
Religion				
Hindu	6.7	93.0	0.3	7817
Muslim	8.1	91.5	0.4	2658
Other	11.1	88.9	0.0	36
Caste				
SC/ST	8.3	91.4	0.3	3230
OBC	6.8	92.8	0.4	5299
Other	5.6	94.3	0.1	1982
Type of residence				
Urban Slum	6.2	93.5	0.3	3500
Rural	7.5	92.2	0.3	7011
Total	**7.1**	**92.6**	**0.3**	**10511**

*Includes figure of those women who has given still birth and whose child died after birth

3.4.1 Full ANC

Table 3.8a shows the proportions of women who received full ANC. Overall, around one-tenth of the mothers had received full ANC. If one compares the picture with DLHS-3 (2007-08) findings on full antenatal care, a threefold improvement could be observed.

Table 3.8a Full Antenatal care*

Source	Urban slum	Rural	Total
Present survey	14.6	7.4	9.8
DLHS-3 (2007-08)	**6.6**	**2.7**	**3.3**

***Full ANC (3 checkups, 1 TT and 100 IFA tablets consumed)**

3.4.2 Sources of Tetanus Toxoid injections

Table 3.9 provides information about the source of TT injections received by mothers during the last pregnancy. An overwhelming majority of mothers reported receiving TT injections from Govt. health outlets (85 percent). Only around 14 percent received TT injections at the private facilities. Evidently, most of the mothers in rural areas (94%) had received the services in public health outlets whereas slightly above two-third reported so in urban slums (69 percent). Almost three in every ten mothers reported receiving TT injections at private health facilities in urban slums.

Table-3.9 Percent of mothers who received TT injection by type of source

Source of TT injection	Urban Slum	Rural	Total
Govt. Health facilities	68.8	93.6	85.2
Private	29.4	6.1	13.9
NGO/Trust	1.9	0.1	0.7
Others/Missing	0.2	0.2	0.2
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received TT injection	**3500**	**7011**	**10511**

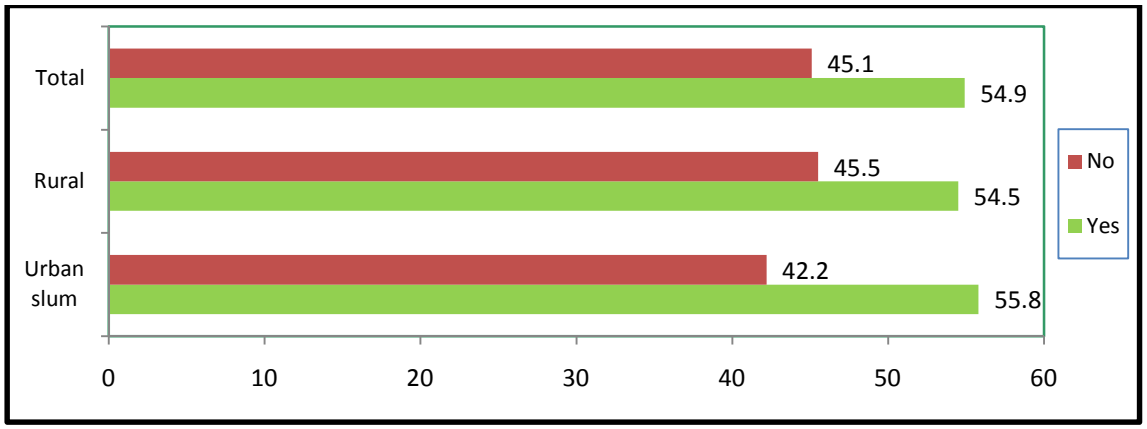
3.5 Information received from ASHA or health workers on ANC and natal care

In order to assess, whether ASHAs and health workers were counseling and giving information to mothers during the pregnancy about ANC checkups, complications faced during antenatal period and birth preparedness, all the mothers were asked questions related to these issues. Analysis is delineated in subsequent paragraphs.

3.5.1 Information provided on antenatal checkups

As the Figure 3.5 reveals that around 55 percent of mothers had received any information on antenatal care checkups from ASHA or any health workers during the last pregnancy. No significant difference was observed in proportions of mothers reporting so in urban slum (56 percent) and rural areas (54 percent).

Figure 3.5 Information about ANC checkups given by ASHA and other workers



Analysis by age of mothers indicates that comparatively higher proportion in younger age groups were able to recall that they had received information on ANC checkups. In the same way, noticeably higher proportion of mothers with single parity (61 percent) had been informed by ASHA and other grassroots workers about the checkups than those having higher order parity i.e. 4+. A positive relationship was observed between information recall on ANC checkups by health personnel or ASHA and the education of mothers. For instance, percentage of mothers with education level of 12+ years was significantly higher (68 percent) than those who were illiterate (47 percent) in this context. While the religious differentials were not manifested, a higher proportion of respondents from other castes (General) (67 percent) have had received information about ANC checkups than those from SC/ST and OBCs (54-55 percent) **(Table 3.10).**

Table- 3.10 Percent of women who received information about ANC checkups from ASHA or other health worker during last pregnancy by select characteristics

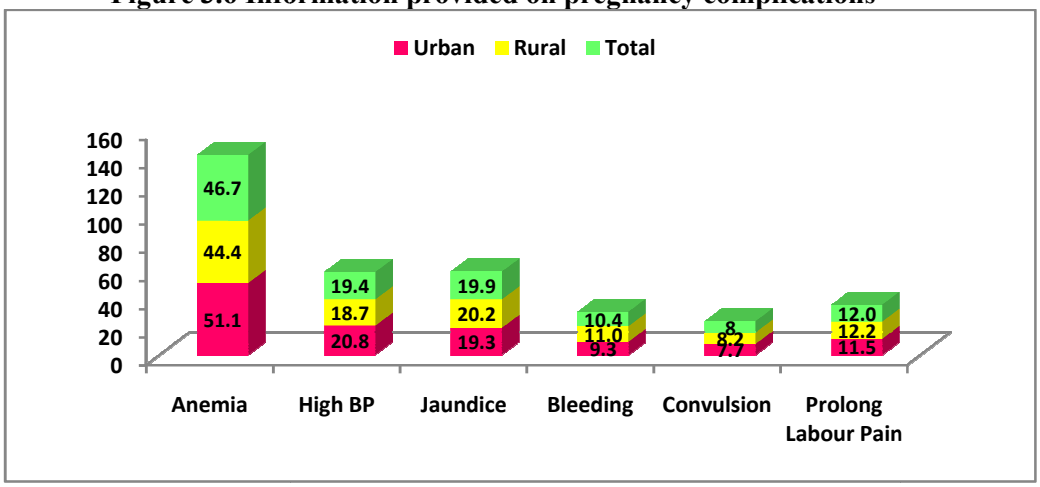
Particulars	%		Number of women
	Yes	No	
Age Group			
<20	50.7	49.3	940
20-34	55.7	44.3	10192
35-49	48.3	51.7	609
Parity			
0*	59.2	40.8	71
1	60.7	39.3	3688
2	55.9	44.1	3314
3	52.3	47.7	2167
4+	47.2	52.8	2501
Education of Women			
Illiterate	47.7	52.3	5430
Literate (without formal schooling)	47.7	52.3	199
<8th years complete	56.7	43.3	1841
8-11 years Complete	61.5	38.5	2893
12 or more years complete	68.0	32.0	1378
Religion			
Hindu	55.1	44.9	8616
Muslim	54.3	45.7	3089
Other	66.7	33.3	36
Caste			
SC/ST	54.5	45.5	3628
OBC	53.3	46.7	5960
Other	60.1	39.9	2153
Type of residence			
Urban Slum	55.8	44.2	3925
Rural	54.5	45.5	7816
Total	**54.9**	**45.1**	11741

*Includes figure of those women who has given still birth and whose child died after birth

3.5.2 Information provided during antenatal visit on pregnancy complications

Overall, less than half of the respondents (47 percent) were provided information on 'anemia' by ASHA and other health workers. Proportion of mothers reported receiving this information in urban slum areas (51 percent) was relatively higher as compared to rural areas (44 percent). Information on 'high blood pressure' during pregnancy as a complication was provided to around one-fifth of the mothers with no significant urban-rural difference being observed in this context. Almost similar proportions of mothers reported to have received information about 'jaundice'. Information on other complications such as 'bleeding', 'convulsions' and 'prolonged labour pain' during pregnancy was reportedly received by lesser proportion of mothers (8-12 percent) **(Figure 3.6)**.

Figure 3.6 Information provided on pregnancy complications



3.5.3 Information given on birth preparedness

Table 3.11 present the analysis whether ASHA or any health worker had discussed about important aspects of birth preparedness during the last pregnancy. Overall, around three-fifth of mothers were told about the 'identification of health facility/place for delivery' (58 percent). Around 70 percent of mothers reported so in rural areas (70 percent) whereas this figure for urban slum was about 36 percent. Significantly higher proportions of mothers receiving this information in rural areas may be attributed to home visits of ASHAs and increasing efforts made under JSY on institutional deliveries. Surprisingly, a lower proportion of mothers had reported about any discussions by either ASHA or other health workers on' saving/arranging money for the delivery' (25 percent). 'Arrangement of vehicle for reaching the facility for delivery' was also mentioned by almost a similar proportion of mothers. A little more than one-tenth of the mothers had stated so in urban areas. Birth preparedness is an important aspect in promoting institutional deliveries, it was however inferred from the analysis that all aspects were not given due emphasis by

the ASHAs and workers while counseling the mothers for institutional deliveries. It was therefore very important that ASHAs and other grassroots workers were impressed upon to give due emphasis to other issues of birth preparedness other than the 'identification of health facility/place for delivery.

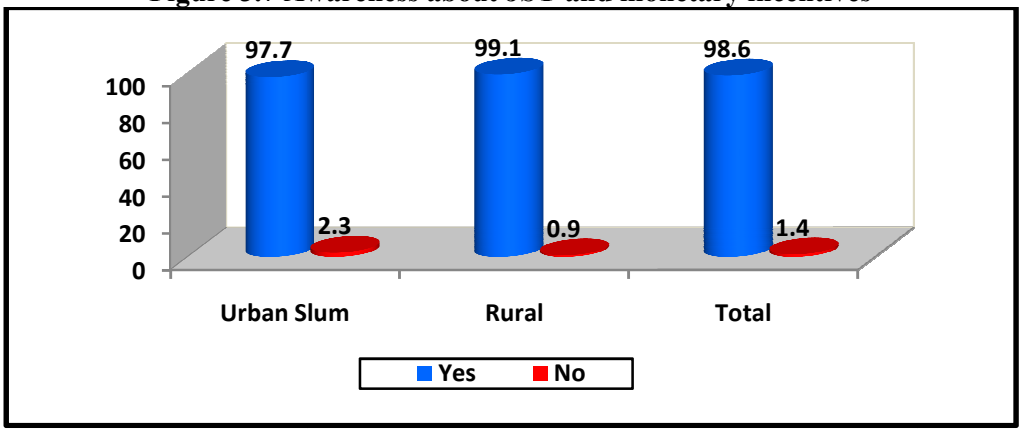
Table-3.11 Information given by ASHA or any health personnel for birth preparedness

Information about	Urban Slum	Rural	Total
Identification of health facility/place for delivery	35.6	69.7	58.3
Saving/arranging money for the delivery	11.3	31.3	24.6
Arrangement of vehicle for reaching the facility for delivery	11.1	34.1	26.4
Number of women	**3925**	**7816**	**11741**

3.6 Awareness about JSY and monetary incentive

All the mothers were asked about the Janani Surksha Yojna (JSY) and the monetary incentives given under the scheme for institutional deliveries. As the analysis reveals, almost all the respondents (99 percent) were aware about the JSY and the monetary incentives for institutional deliveries. No differentials had been observed in awareness levels as almost an equal proportion of mothers in both urban slum and rural areas knew about the JSY scheme. In other words, the awareness about JSY was almost universal among the mothers. Figure 3.7 presents awareness levels among the mothers about JSY and monetary incentives according to type of residence.

Figure 3.7 Awareness about JSY and monetary incentives



3.6.1 Source of Information about JSY

All those who were aware about the scheme and monetary incentive for institutional delivery were further enquired about the source of information. Analysis of their responses has been provided in Table 3.12. Three-fourth of the respondents in rural areas

(77 percent) was informed by ASHA. Less than one-fourth of the respondents in rural areas reported that ANM had informed them about JSY whereas 13 percent received information from Govt. Doctor. Almost a similar proportion also reported about Govt. Doctor in urban slum as well. Interestingly, family members/friends emerged as the major source of information for mothers in urban slums (43 percent) followed by Radio/TV (33 percent). A little less than one-third of the respondents in rural areas also stated about family members/friends.

Table- 3.12 Percent of women who received information on JSY from different sources

Sources*	Urban Slum	Rural	Total
ASHA	NA	77.2	51.7
ANM/Nurse	8.3	22.7	18.0
Govt. Doctor	11.5	12.6	12.2
Radio/TV	32.9	15.0	20.9
Family Members/Friends	42.8	31.5	35.3
Others	6.2	3.4	4.1
Number of women who were aware about JSY	**3834**	**7743**	**11577**

*Percent would exceed 100 due to multiple responses

3.6.2 Information given by ASHA

All the respondents who were informed by ASHA regarding JSY were further asked about the type of information given by ASHA related to JSY. Analysis has been presented in table 3.13.

Table- 3.13 Percent of women who received different type of information about JSY from ASHA

Information given by ASHA*	Rural %
Advice for institutional delivery	87.5
Advice to seek assistance from trained personnel in case of home delivery	19.7
Informed about monetary incentive given under JSY	84.7
Advised to inform herself (ASHA) before the delivery	23.1
Informed about vehicle arrangement to be made by ASHA for institutional delivery	20.8
Informed about the list of blood donors in the village in case of need of blood	1.1
Others	0.1
Number of women who received information about JSY from ASHA	**5983**

***Percent would exceed 100 due to multiple responses**

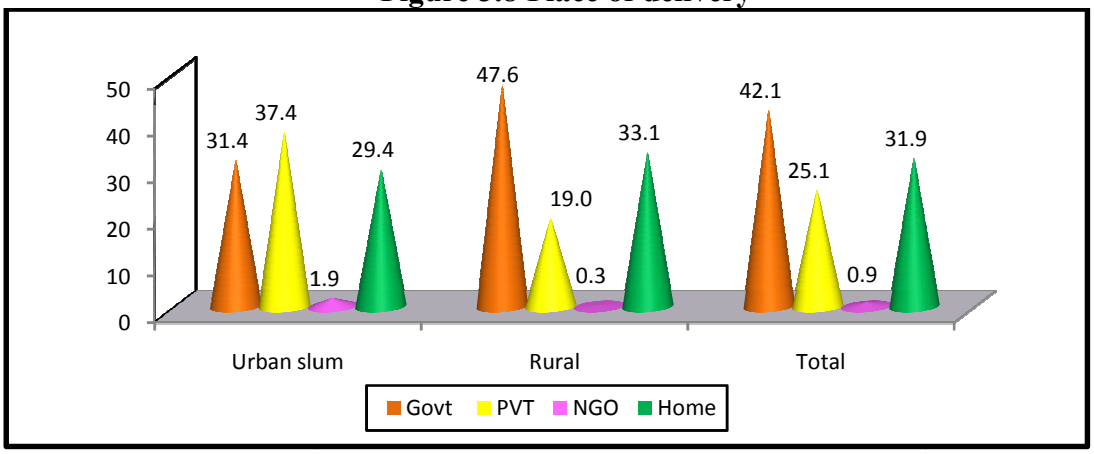
Eighty four percent of the mothers reported that ASHA had given message about the institutional deliveries. Similarly, message on 'monetary incentive given for institutional deliveries' was received by 84 percent of the mothers. One-fifth of the respondents told

that they were told about the vehicle arrangement to be made by ASHA for taking mothers to the health facility for delivery under JSY.

3.7 Place of Delivery

Promoting institutional deliveries is one of the major objectives of the JSY scheme particularly among the marginalized and vulnerable sections of the society. All mothers were asked about place of their last delivery. Figure 3.8 reveals that a little more than 68 percent of the deliveries were conducted in Govt. and private institutions. Less than one-third of the deliveries had taken place at 'Home' (32 percent). Around half of the deliveries in rural areas were conducted at different Govt. institutions (48 percent) whereas private institutions accounted for nearly one-fifth of the deliveries (19 percent). A significantly higher proportion of deliveries in urban slums took place in Private institutions (39 percent) while this figure for Govt. health institutions was 31 percent. Findings from **AHS (2010-11)** indicate that 46 percent deliveries were conducted in Govt. and Private Institutions. While 58 percent deliveries in urban areas took place in health institutions, the corresponding figure for rural areas was about 43 percent.

Figure 3.8 Place of delivery



With the increase in mothers' education there was a decline in home deliveries from nearly 42 percent among illiterate mothers to only 13 percent among mothers having 12 + grade education. Again, percent of home deliveries present an increasing trend with the increase in the parity of mothers. For instance, it had increased from 21 percent among single parity mothers to about 46 percent among 4+ parity mothers. Percent of mothers delivering at home in older age groups i.e. 35-49 (41 percent) was noticeably higher as compared to mothers in younger age cohorts of < 20 and 20-34 (31 percent each). Among the different religious groups, differentials were observed as higher proportion of deliveries in Muslim households took place at home (40 percent) than the Hindus (29 percent). Similarly, caste differentials were obvious as higher proportion of deliveries among SC/ST households (35 percent) took place at home than other caste (25 percent) **(Table 3.14).**

Table- 3.14 Percent distribution of women by place of delivery according to some select background characteristics

Particulars	Place of delivery				Number of women
	Govt.	Pvt.	NGO	Home	
Age Group					
<20	45.0	23.1	0.9	31.0	940
20-34	42.1	25.6	0.9	31.4	10192
35-49	38.4	19.9	0.7	41.1	609
Parity					
0*	35.2	39.5	1.4	23.9	71
1	42.8	34.6	1.1	21.4	3688
2	43.4	26.3	0.8	29.5	3314
3	42.2	19.5	0.8	37.5	2167
4+	39.6	14.1	0.6	45.7	2501
Education of Women					
Illiterate	41.3	17.2	0.5	41.1	5430
Literate (without formal schooling)	38.2	19.6	0.5	41.7	199
<8th years complete	45.1	22.9	0.9	31.1	1841
8-11 years Complete	44.7	30.9	1.2	23.2	2893
12 or more years complete	36.6	48.2	1.7	13.5	1378
Religion					
Hindu	44.8	24.9	0.9	29.3	8616
Muslim	34.7	25.5	0.7	39.9	3089
Other	27.8	47.2	0.0	25.0	36
Caste					
SC/ST	41.7	22.5	1.0	34.8	3628
OBC	42.2	24.5	0.7	32.6	5960
Other	42.7	31.3	1.1	24.9	2153
Type of residence					
Urban Slum	31.4	37.4	1.9	29.4	3925
Rural	47.6	19.0	0.3	33.1	7816
Total	**42.1**	**25.1**	**0.9**	**31.9**	**11741**

3.7.1 Assistance in delivery

Table 3.15 shows information about the persons who assisted or conducted the delivery by place of residence. As can be seen from the table, around one-fourth of the deliveries were assisted by Doctor. However, a significantly higher proportion of Doctors had assisted deliveries in urban areas (36 percent) than the deliveries taking place in rural areas (19 percent). Around 61 percent of the deliveries were assisted by Nurse/ANM/LHV (urban slum-62 percent; rural-60 percent). Friends/Relatives and untrained dais were reported to have assisted in around 29 percent of deliveries. It is

important to note here that a high percentage of deliveries were assisted by skilled birth attendants.

Table- 3.15 Percent distribution of women received assistance during delivery by different persons

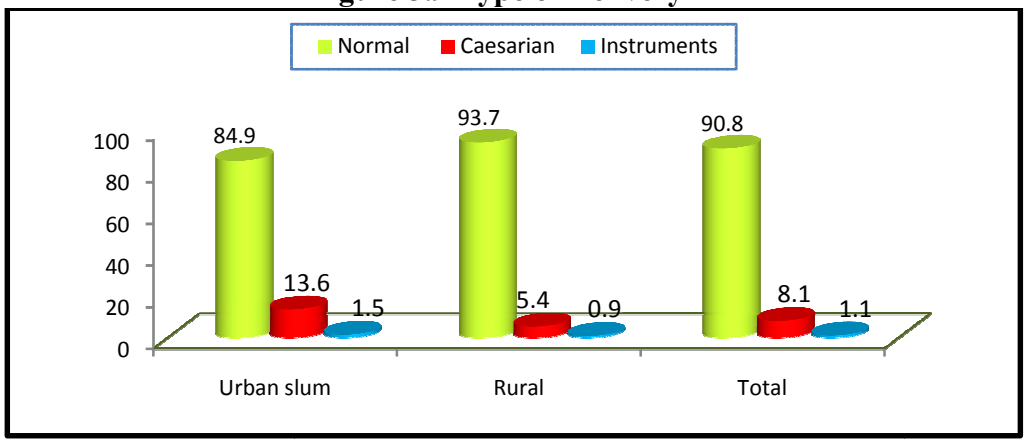
Persons who provided assistance*	Urban Slum	Rural	Total
Doctor	35.7	19.2	24.7
ANM/Nurse/LHV	62.2	59.8	60.7
Other Health personnel	1.2	2.7	2.2
Trained Dai	3.5	2.7	3.0
Untrained Dai	15.8	17.5	16.9
Friends/Relatives	6.1	14.0	11.4
Others	0.4	0.4	0.4
Number of women	**3925**	**7816**	**11741**

***Percent would exceed 100 due to multiple responses**

3.7.2 Type of Delivery

All the mothers were asked whether their last delivery was normal. As can be seen in figure 3.9, overall about 91 percent of the deliveries were normal. Proportion of normal deliveries taking place in rural areas was higher (94 percent) as compared to urban slum (85 percent). On the other hand, 15 percent of the mothers in urban slums reported the deliveries through caesarian section as against 5 percent reporting so in rural areas.

Figure 3.9 Type of Delivery



3.7.3 Reasons of not going for institutional delivery

All the mothers whose last delivery took place at 'Home' were enquired about the reasons for not going to the health facility. Analysis of their responses has been presented in table 3.16. Overall, nearly half of the respondents stated that they had 'no time to go to the facility for the delivery'. Another 36 percent reported that 'it was not necessary'.

'Good care at home' was yet another factor that was mentioned by 27 percent of the mothers. It was important to note that nearly one-fifth of the respondents in urban slums cited reasons such as 'poor quality of services' and 'high expenses' to decide in favour of home deliveries. All in all they had quoted multiple reasons to opt for home deliveries rather than the institutional deliveries. There was an urgent need to raise awareness level of such people about the need and importance of institutional deliveries through customized and focused behavior change communication strategies.

Table- 3.16 Percent of women reporting different reasons of not going for institutional delivery

Reasons for not going to health facility for delivery*	Urban Slum	Rural	Total
Very high expenses	18.1	12.7	14.3
Poor quality of services	18.8	11.4	13.9
Too far/conveyance not available	6.4	14.9	12.3
No time to go to health facility	50.1	49.3	49.6
Not necessary	34.9	36.9	36.3
No such practice	3.3	4.6	4.2
Good care at home	31.3	26.1	27.7
Family members do not allow	5.4	5.0	5.1
Lack of knowledge	4.8	4.7	4.7
Others	4.8	4.7	4.7
Number of women who delivered at Home	**1152**	**2591**	**3743**

***Percent would exceed 100 due to multiple responses**

3.8 Quality of care at the facility before and after the delivery

In this section an attempt has been made to present the analysis on various aspects of quality of care provided at the facility, like the examination of mothers on reaching the facility, time before the examination was done, health personnel who did the checkup, satisfaction with service received and reasons for satisfaction and problems if any faced. Information related to checkup of newborn baby has also been presented in this section.

3.8.1 Checkup done after reaching health facilities for delivery and time taken

The women who delivered at the health facilities were asked whether their checkup was done after reaching the facility and after how much time. A little more than 93 percent of the mothers reported that checkup was done after reaching the facility. Majority of the mothers reported checkup within 30 minutes of reaching the facility and around 12 percent within 30 min.-1 hour of time. Urban-rural differentials were not visible in this context. Further analysis of mothers who had delivered at the private health facilities shows that 98 percent of them were checked up after reaching the facility and most of them were attended to within 30 minutes by some health personnel at the facility.

Overall, 88 percent of the mothers received checkup within 30 minutes after reaching the private health facility.

Table- 3.17 Percent distribution of women who underwent checkup after reaching at the Govt. health facility and time after which checkup was done

Particulars	Delivery in Govt. Facility			Delivery in Pvt. Facility			All		
	Urban Slum	Rural	Total	Urban Slum	Rural	Total	Urban Slum	Rural	Total
Yes	92.5	93.9	93.5	97.5	97.8	97.7	95.3	95.0	95.1
No	7.5	6.1	6.5	2.5	2.2	2.3	4.7	5.0	4.9
N*	**1233**	**3713**	**4946**	**1540**	**1512**	**3052**	**2773**	**5225**	**7998**
Time after which checkup done on reaching facility									
0-30 minutes	84.7	85.9	85.6	92.4	93.0	92.7	89.1	88.1	88.4
30 min.-1 hr.	11.4	11.8	11.7	6.9	6.3	6.6	8.8	10.2	9.7
1.1 hr.- 2 hrs.	2.1	1.0	1.3	0.5	0.1	0.3	1.2	0.7	0.9
> 2 hrs.	1.8	1.3	1.4	0.2	0.6	0.3	0.8	1.1	1.0
N**	**1140**	**3486**	**4626**	**1502**	**1479**	**2981**	**2642**	**4965**	**7607**

*Number of women who delivered in health facilities
**Number of women who underwent checkup after reaching these facilities

3.8.2 Health personnel who did the checkup

Overall, slightly above one-fourth (26 percent) of the mothers who were admitted to the Govt. health facilities for delivery reported that 'doctor' carried out initial checkup on arrival. Proportions of mothers reporting checkup by the Doctor in urban areas (42 percent) was significantly higher as compared to those reporting so in rural areas (21 percent). More than three-quarter (77 percent) of the mothers in rural areas reported that their initial checkup was done by 'Nurse/ANM/LHV' after admission for delivery. The corresponding figure for urban areas was 57 percent. On the other hand, 53 percent of the mothers who delivered in the private health facilities told that their initial checkup on arrival was done by the doctor as compared to only around 18 percent reporting so in rural areas. Nurses and other paramedical staff had carried out checkup as reported by 47 percent of the mothers **(Table 3.18).**

Table- 3.18 Percent distribution of women by type of health personnel who conducted checkups after reaching the facility

Health personnel	Delivery in Govt. Facility			Delivery in Pvt. Facility			All		
	Urban Slum	Rural	Total	Urban Slum	Rural	Total	Urban Slum	Rural	Total
Doctor	42.2	21.0	26.2	49.8	56.6	53.2	46.5	31.6	36.8
Nurse/ ANM/LHV	57.3	77.3	72.4	50.1	43.2	46.7	53.2	67.2	62.3
Others	0.5	1.7	1.4	0.1	0.2	0.1	0.3	1.2	0.9
Total Percent	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N*	**1140**	**3486**	**4626**	**1502**	**1479**	**2981**	**2642**	**4965**	**7607**

*Number of women who underwent checkup after reaching these facilities

3.8.3 Problem faced at the Govt. health facility

All women who delivered at Govt. health facilities were asked whether they had faced any problem during their stay at the health facility. Interestingly, around 15 percent of the women faced some service related problem at the facility where the delivery took place. In other words, 85 percent did not experience any problem. Regarding the problems faced, among them a sizeable proportion of women complained that 'staff ask for money before admission' (40 percent). Nearly a quarter of mothers complained of 'bad attitude/behavior of the staff (23 percent). Less than one-fifth stated that 'staff attended late' upon arrival at the facility **(Table-3.19).**

Table- 3.19 Percent of women who faced any service related problem during their stay at the Govt. health facility for delivery and type of problems faced

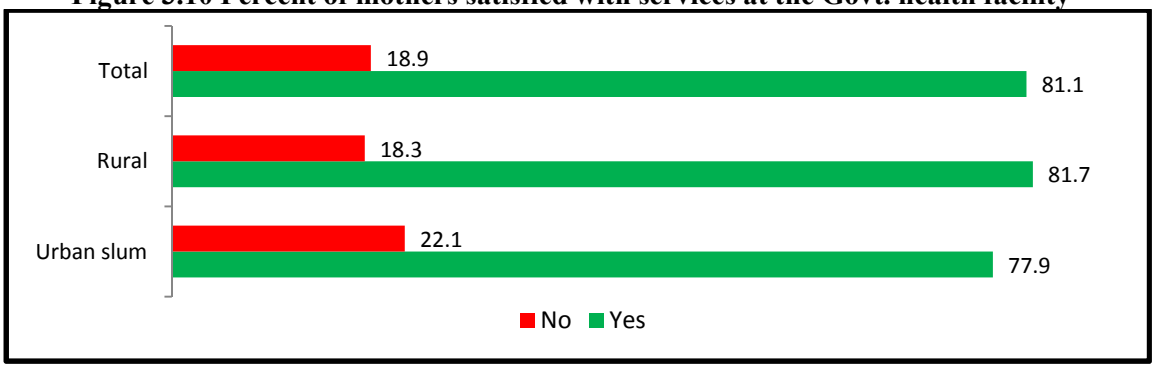
Particulars	Urban Slum	Rural	Total
Yes	16.5	14.2	14.7
No	83.5	85.8	85.3
Number of women delivered at Govt. facilities	**1233**	**3713**	**4946**
Type of problems faced *			
No bed facility	16.3	23.2	21.3
Bad attitude/behavior of staff	32.5	19.6	23.2
Ask for money before admission	41.4	39.2	39.8
Medicine not provided from hospital	33.9	25.3	27.7
Staff attended late	10.8	16.3	14.8
Electricity was not proper	1.0	3.8	3.0
Number of women who faced some problem	**203**	**526**	**729**

***Percent would exceed 100 due to multiple responses**

3.8.4 Satisfaction with the services received at Govt. health facility

Figure 3.10 shows the percentage of mothers satisfied with the services available at the Govt. health facilities. Eighty one percent of the mothers were satisfied with the services available at the Govt. health facilities where they had given birth to their last child.

Figure 3.10 Percent of mothers satisfied with services at the Govt. health facility



Further these mothers were asked about the reasons for their satisfaction. 'Appropriate treatment' emerged as the most important reason for the satisfaction of 58 percent of mothers while another 42 percent cited 'good facilities'. Only around one-fourth appeared satisfied with the 'behavior of health staff'. Nearly three in every ten felt 'it was less expensive'. One-fourth in rural areas were satisfied due to the 'easy accessibility of health facility' from their place of residence.

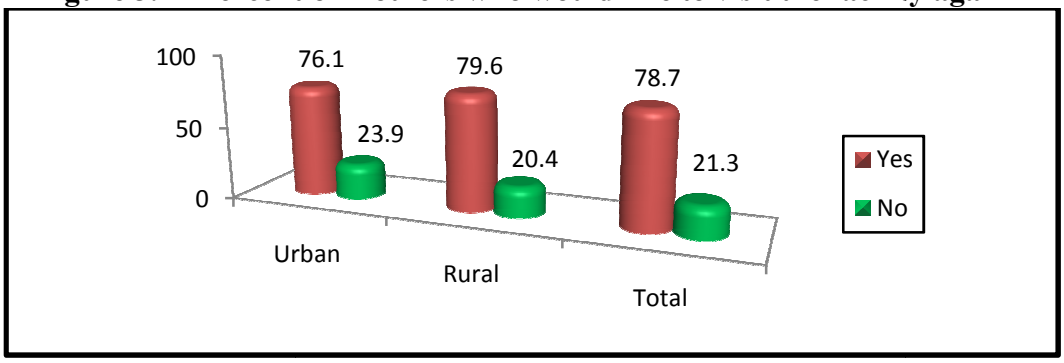
Table- 3.20 Percent of women reporting different reasons for satisfaction with services for a delivery in a Govt. health facility

Reasons for satisfaction*	Urban Slum	Rural	Total
Appropriate/better treatment	54.2	59.7	58.3
Faith/confidence on health service provider	9.8	11.1	10.6
Good attitude of the health staff	26.3	28.7	28.1
Availability of good facilities	36.0	43.5	41.7
Easy accessibility to the health facility	19.1	24.5	23.2
Less expensive	34.2	27.8	29.4
Availability of medicines	14.0	11.2	11.9
Others	0.5	0.5	0.5
Number of women who were satisfied	**977**	**3035**	**4012**

***Percent would exceed 100 due to multiple responses**

They were also asked whether they would like to return to health facility for services. Seventy nine percent told that they would like to come back again **(Figure 3.11).**

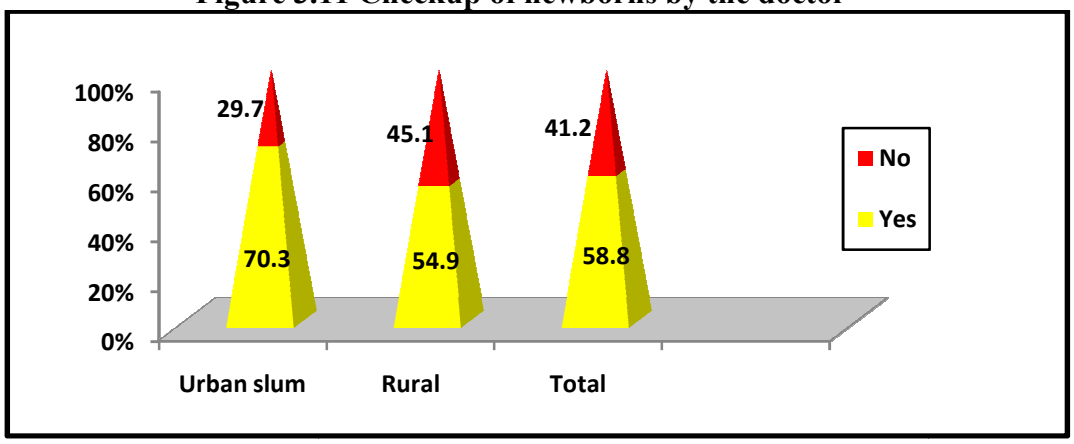
Figure 3.11 Percent of mothers who would like to visit the facility again



3.8.5 Checkup of newborn baby by doctor in Govt. health facility

All the mothers who delivered in Govt. health facilities were enquired whether the doctor has conducted the checkup of the newborn baby. A little above 70 percent of women in urban slum reported the checkup of newborn by the doctor while 55 percent reported so in rural areas. Overall, 59 percent of the newborns were checked up by the doctor was an indication of the fact that there was improvement in quality of services as greater stress has been laid on augmenting the postnatal newborn care services under NRHM **(Figure 3.11).**

Figure 3.11 Checkup of newborns by the doctor



3.8.6 Advice given by any health worker on newborn care issues during ANC/PNC visit

All the mothers were asked whether they had received any advice on newborn care either during the last pregnancy or after the delivery of the last child. Analysis has been presented in table 3.21. About six in every ten mothers reported receiving 'advice on exclusive breastfeeding'. A comparatively higher proportion of mothers in urban slum (63 percent) were reported to have received this advice than their counterpart in rural areas (56 percent). Almost an equal proportion of mothers in both the urban and rural areas reported receiving advice regarding 'immunization of child (60 percent)'. Advice on 'colostrums feeding' was received by more than half of the mothers. Slightly higher percentage of mothers in urban slums (59 percent) had received such an advice than those belonging to rural areas (51 percent). Nearly two-fourth of the mothers in both urban slum and rural areas reported receiving advice on 'cleaning the baby and wrapping up with soft cloth'. The other important advices which were received in varying proportions included 'to give bath to newborn after some time (28 percent)', 'to keep the baby warm during the first week (22 percent)' and 'keeping the cord dry and not to apply anything on it till it fell off' (18 percent).

Table- 3.21 Advice given by any health personnel during antenatal period or after delivery on immediate newborn care and other related issues

Advice/counseling received for newborn care*	Urban Slum	Rural	Total
To clean the newborn and wrapping up with soft cloth	40.1	38.2	38.9
To keep the baby warm during the first week	23.8	21.3	22.1
To give bath to newborn after some time	27.9	27.4	27.5
Exclusive breastfeeding	63.1	56.7	58.8
To keep the cord dry and not to apply anything on it	19.3	17.5	18.1
Colostrums' feeding	58.8	51.1	53.7
Supplementary Nutrition	29.3	23.6	25.5
Immunization	60.0	61.0	60.7
Number of women	**3925**	**7816**	**11741**

***Percent would exceed 100 due to multiple responses**