CHAPTER II

FINDINGS OF ELIGIBLE WOMEN SURVEY

This chapter provides information on background characteristics of the eligible women aged 15-49 years covered under the survey. Besides, data has also been presented in this chapter on antenatal registration, checkups, IFA supplementation and administration of TT injections during the last pregnancy. Information on delivery care presented in the chapter includes place of delivery, assistance in delivery, type of delivery and child given BCG, Polio 0 dose and Hepatitis birth dose before discharge from the hospital. Knowledge among mothers about child vaccination, importance of vaccination, information provided by ASHA and health workers about different vaccines to be given to children, immunization status of children up to 3 years of age, place of vaccination and reasons for no vaccination. The other relevant issues presented include distribution of nutritional supplement by AWW during the session, staff charging for vaccination, ANM not turning up for session, ANM inquiring about the health of the child before vaccination, any problems faced after vaccination and treatment, fixed place of vaccination in the village and any IEC activity related to RI held in the village.

2.1 Socio-Economic characteristics of eligible women and spouse

Table 2.1 shows that more than three-forth of the eligible women (77 percent) covered under the study belonged to Hindu religion whereas a little less than one-forth (23 percent) were from Muslim households. Proportion of Muslim women covered in urban areas was higher (35 percent) as compared to those covered in rural areas (18 percent). As regards the caste, while the proportion of eligible women belonging to other backward caste households was about 58 percent, SC/ST accounted for nearly 30 percent of the sample.

Education level has an important influence on women's health seeking behavior. Forty five percent of the eligible women were illiterate. A significantly higher proportion of women in rural areas were illiterate (48 percent) against their counterparts living in urban slums (37 percent). Fifteen percent of eligible women had less than middle school (less than 8^{th} grade) education whereas about 23 percent had completed middle and high school (8-11^{th} grade). Fifteen percent of the eligible women had attained higher secondary and above (12+ grade). As the analysis by different levels of education shows, eligible women in urban slums were better educated than those in rural areas.

However, it can be seen from the table that spouses of the eligible women had better education with more than three-forth having passed different grades of education. For instance, only 24 percent of the husbands were illiterate while this figure was 45 percent in case of their spouses. 15 percent of the husbands had less than middle school level education i.e. less than 8^{th} Grade. Around two-fifth (38 percent) had passed middle and high school. Proportion of those passing 12 and above grades was 21 percent.

As regards the main occupation of eligible women, table shows that an overwhelming majority of them were housewives and primarily looked after their daily household activities. Analysis of the main occupation of their spouses indicates that less than one-fifth in rural areas was engaged in agriculture as main source of livelihood. However, nearly one-third were earning their sustenance through unskilled jobs both in urban slums and rural areas. Overall, less than one-fifth were engaged in skilled jobs with almost a similar proportion of husbands working as skilled workers both in urban slums (17 percent) and rural areas (14 percent). More than one-tenth of the respondents had reported service as the main occupation of spouses (urban slum-17 percent; rural-11 percent).

Table- 2.1 Socio-Economic characteristics

Particulars	**Urban Slum**	**Rural**	**Total**
Religion			
Hindu	64.6	81.7	77.2
Muslim	35.3	18.2	22.7
Others	0.1	0.1	0.1
Caste			
SC/ST	24.1	31.8	29.8
OBC	63.5	55.5	57.6
Others	12.4	12.7	12.6
Education of women			
Illiterate	37.2	47.5	44.8
Literate (without formal schooling)	1.6	1.3	1.3
Lit (<8th Grade)	15.6	14.8	15.0
Lit (8-11th Grade)	25.4	22.9	23.5
Lit (12+ Grade)	20.2	13.6	15.3
Education of Husband			
Illiterate	27.6	22.9	24.2
Literate (without formal schooling)	1.1	1.1	1.1
Lit (<8th Grade)	16.4	15.1	15.5
Lit (8-11th Grade)	33.2	39.9	38.1
Lit (12+ Grade)	21.8	21.0	21.2
Husband's Occupation			
Agricultural labour	1.2	5.7	4.5
Farmer	1.6	21.3	16.0
Artisan	3.8	1.4	2.1
Small Trader	4.2	1.6	2.3
Business Man	15.6	7.3	9.5
Unskilled Worker	33.2	33.2	33.2
Skilled Worker	16.8	13.9	14.7
Self Employed	4.4	1.6	2.3
Service	17.0	11.3	12.8
Other/No work	2.3	2.7	2.6
EW Occupation -House Wife	95.6	96.2	96.0
Total Percent	**100.0**	**100.0**	**100.0**
Number of Women	**1149**	**3185**	**4334**

2.1.1 Demographic characteristics of eligible women

Table 2.2 gives the percentage distribution of eligible women by age and parity according to place of residence. It may be mentioned here that the eligible women in the sample were those who had delivered a child during the period between April 01, 2012 and March 31, 2013. As the table reveals, overall around 9 percent of the eligible women were in 15-19 age group. Forty-two percent belonged to 20-24 age group with no significant difference observed in proportions of women between urban slum (41 percent) and rural areas (43 percent) in this age group. Again, around 30 percent were in the age group of 25-29 with percentages of urban slum and rural areas being 34 and 28 percent respectively. A large proportion of respondents belonging to prime fertility period of 20-29 was for the fact that the eligible women considered for the study were those who had delivered a child during the period of 12 months just before the survey hence tend to be younger if we take into consideration age pyramid of currently married women aged 15-49 in general population.

Proportion of mothers with higher order births was higher in rural areas than their counterparts in urban slum. If we look at the analysis, it can be noticed that proportion of currently married women with three or higher birth order was higher (41 percent) in rural areas than in urban slum (35 percent). Again, mean number of children ever born to the eligible women was higher in rural areas (2.7) than the eligible women in urban slum (2.5). Similarly, mean number of children surviving too was observed to be slightly higher (urban slum-2.3; rural-2.5).

Table- 2.2 Demographic characteristics of respondent

Particulars	Urban Slum	Rural	Total
Age Group			
15-19	7.3	9.5	8.9
20-24	41.0	42.6	42.2
25-29	33.7	28.3	29.7
30-34	13.2	13.8	13.7
35-39	3.7	4.6	4.4
40-45	1.0	0.9	1.0
45-49	0.1	0.3	0.2
Parity			
1	35.2	31.4	32.4
2	29.6	27.6	28.1
3	17.4	19.3	18.8
4+	17.8	21.7	20.7
Mean number of children ever born	2.5	2.7	2.7
Mean number of children living	2.3	2.5	2.5
Total Percent	**100.0**	**100.0**	**100.0**
Number of Women	**1149**	**3185**	**4334**

2.2 Registration of pregnancy for any ANC services

Registration of pregnancy is the first vital step for seeking various ANC services, therefore, all the mothers interviewed were asked about the registration of their last pregnancy. As the analysis shows, around 93 percent of the mothers had registered their last pregnancy with negligible difference observed between urban slum-rural households. Registration among mothers in <25 age groups was highest (94 percent), it had declined to 88 percent in case of mothers aged 30+. Similarly, higher proportion of women with low parity had registered the pregnancy and it decreased with the increase in the parity. Slightly higher proportion of mothers among Hindus (94 percent) than the Muslims (87 percent) registered their last pregnancy. Analysis by caste groups, though, did not depict any differentials in registration of pregnancy. Education of mothers tends to have an impact on health seeking behaviors. It is obvious from the analysis that registration of pregnancies had increased with increase in the education level of mothers. For example, registration among the illiterate mothers was 88 percent; it has increased to 99 percent among those who had completed 12+ years of education **(Table 2.3).**

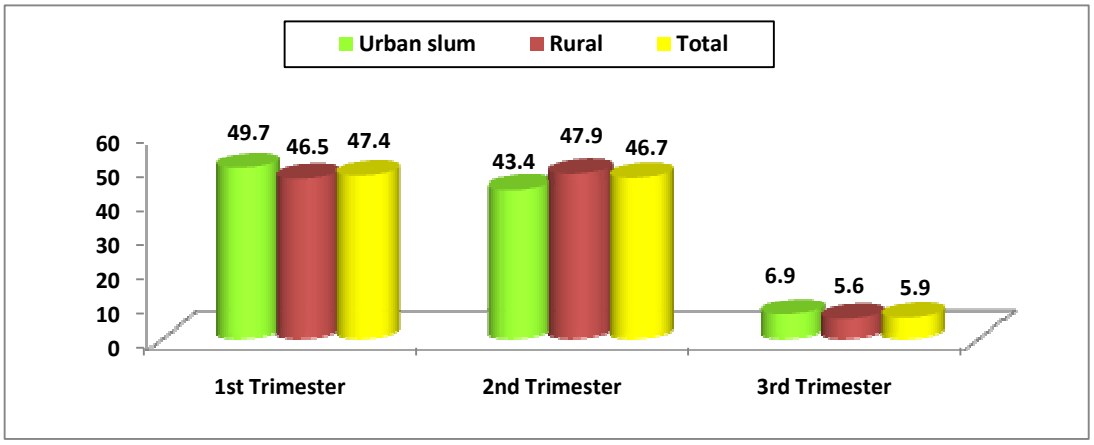
Table- 2.3 Percent distribution of women by registration during last pregnancy

Particulars	Percentage		
	Yes	No	Number of women
Age Group			
<25	94.0	6.0	2213
25-29	93.3	6.7	1288
30+	88.4	11.6	833
Parity			
1	96.0	4.0	1405
2	93.3	6.7	1220
3	92.5	7.5	814
4+	86.9	13.1	895
Education of Women			
Illiterate	87.9	12.1	1941
Literate (without formal schooling)	84.5	15.5	58
<8th years complete	94.9	5.1	651
8-11 years Complete	96.4	3.6	1020
12 or more years complete	99.5	0.5	664
Religion			
Hindu	94.2	5.8	3345
Muslim	87.5	12.5	986
Other	100.0	0.0	3
Caste			
SC/ST	93.3	6.7	1289
OBC	92.6	7.4	2498
Other	92.0	8.0	547
Type of residence			
Urban slum	92.4	7.6	1149
Rural	92.8	7.2	3185
Total	**92.7**	**7.3**	**4334**

2.2.1 Registration by stage of pregnancy

Further, the mothers who affirmed registration of last pregnancy were asked about the time of pregnancy registration. Slightly less than half of the mothers (47 percent) were registered during the first trimester. Though the urban slum-rural differentials were not so manifested but almost 50 percent mothers in urban slum as compared to 46 percent in rural areas registered their last pregnancy in the first trimester itself. Overall, about 47 percent mothers registered during 1st trimester stage of their pregnancy **(Figure 2.1).**

Figure 2.1 Registration by stage of pregnancy



2.2.2 Antenatal checkups

Table 2.4 shows the percentage distribution of mothers who underwent some antenatal checkups by select background characteristics. Nearly 62 percent of the mothers underwent some checkup during the last pregnancy. There were clear urban slum-rural differentials in proportion of mothers seeking antenatal care checkup. While 73 percent of the mothers in urban slums have sought antenatal checkups, 58 percent mothers did so in rural areas. Analysis further indicates that young women were more inclined to seek checkup than those belonging to higher age cohorts. For instance, nearly two-third (65 percent) of mothers aged <25 years reported antenatal checkups as compared to 46 percent in age group of 30+ years. Again the utilization of ANC services was highest among the lower parity women and it had decreased with the increase in the parity. Seventy four percent of mothers with single parity underwent checkups than those whose parity was 4+ (46 percent). 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 86 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 (63 percent) than the Muslim (58 percent) had sought the ANC services during last pregnancy.

Table- 2.4 Antenatal checkups during last pregnancy by selected characteristics

Particulars	Percentage		
	Yes	No	Number of women
Age Group			
< 25	65.1	34.9	2213
25-29	61.6	38.4	1288
30 +	46.5	53.5	833
Parity			
1	74.0	26.0	1405
2	62.2	37.8	1220
3	56.8	43.2	814
4+	46.4	53.6	895
Education of women			
Illiterate	48.3	51.7	1941
Literate (without formal schooling)	50.0	50.0	58
<8 years complete	61.8	38.2	651
8-11 years Complete	72.0	28.0	1020
12 or more years complete	86.3	13.7	664
Religion			
Hindu	62.6	37.4	3345
Muslim	58.5	41.5	986
Other	100.0	0.0	3
Caste			
SC/ST	55.4	44.6	1289
OBC	62.3	37.7	2498
Other	74.0	26.0	547
Type of residence			
Urban Slum	73.3	26.7	1149
Rural	57.6	42.4	3185
Number of Women	**61.7**	**38.3**	**4334**

2.2.3 Number of checkups

As can be seen from the table 2.5, nearly 45 percent of mothers had received 3 or more checkups. Significantly higher proportion of mothers in urban slum (53 percent) than those in rural areas (41 percent) underwent 3 or more checkups.

Table- 2.5 Percent of women by number of checkups done during last pregnancy

Number of checkups	Urban Slum	Rural	Total
1 checkup	17.8	24.2	22.2
2 checkups	29.0	34.6	32.9
3 or more checkups	53.2	41.1	44.9
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who received checkups	**842**	**1833**	**2675**

2.2.4 Type of checkups

Analysis reveals 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 percent of the mothers belonging to urban slum had reported undergoing abdominal checkups while around 49 percent stated so in rural areas. Overall, 55 percent mothers underwent abdominal checkups during the last pregnancy. Of the total, 46 percent of the mothers reported blood test with figures of urban slum and rural mothers being 63 and 40 percent respectively. More than half of the mothers in urban slum had reported about weight measurement while this figure for rural mothers was 35 percent. Proportion of mothers reporting urine test in urban slum (57 percent) was almost double to that of mothers in rural areas (35 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 higher proportion of mothers seeking various ANC services **(Table 2.6).**

Table-2.6 Percent of mothers who underwent different type of antenatal checkups

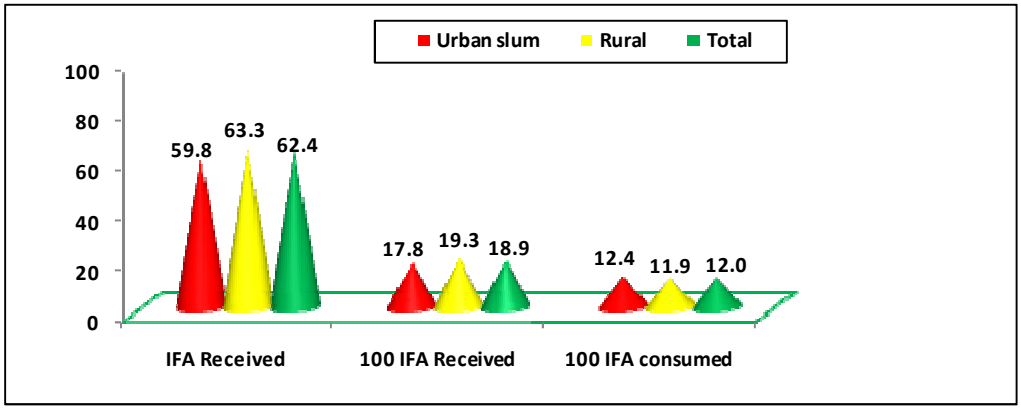
Type of checkups	Urban Slum	Rural	Total
Weight Measurement	52.5	35.0	39.6
Blood Pressure	54.6	33.4	39.0
Abdominal checkup/Ultrasound	69.6	49.3	54.6
Urine Test	56.6	35.4	41.0
Blood Test	63.4	40.0	46.1
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who were registered for any ANC	**1062**	**2956**	**4018**

2.2.5 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 2.2 shows the proportions of women who received IFA tablets and also those who received and consumed 100 IFA tablets. Overall, 62 percent of the women had reported receiving IFA supplementation during the last pregnancy with slightly higher proportion of women in rural areas (63 percent) reported receiving IFA as compared to those belonging to urban slums (60 percent). However, it can be further observed that proportion of mothers receiving 100 tablets was considerably lower with percentage being 19 percent in the total sample (urban slum-18 percent; rural-19 percent). Overall, more than one-tenth of the mothers had consumed 100 tablets, which necessitates an urgent attention of programme mangers as many mothers while informally talking to our researchers had spoken about some sort of nausea feeling after consuming the tablets. While this might be a genuine problem, it calls for immediate steps to be taken so as to impress upon the mothers the

importance and necessity of IFA supplementation during the pregnancy as anemic mothers are considered at high risk during pregnancy.

Figure 2.2 IFA received and consumed



Further analysis of consumption of IFA tablets by education of mothers indicates that lowest consumption was observed among illiterate mothers and highest among those who had passed 12+ Grades **(Table-2.7).**

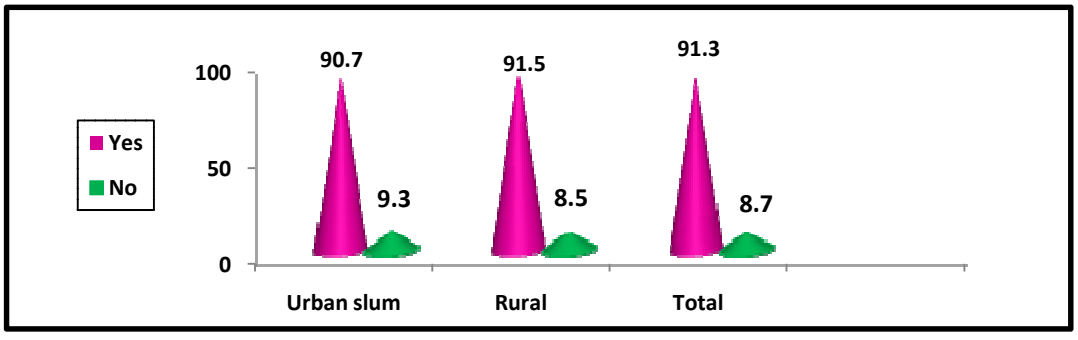
Table- 2.7 Percent of mothers who consumed 100 IFA tablets by education level

Education of women	Yes	No	Number of women
Illiterate	7.8	92.2	1941
Literate (without formal schooling)	10.3	89.7	58
<8 years complete	14.5	85.5	651
8-11 years Complete	16.4	75.9	1020
12 or more years complete	18.3	70.6	664
Total Percent	**12.0**	**88.0**	**4334**

2.2.6 Tetanus Toxoid Injections

Figure 2.3 presents the percent distribution of mothers by type of residence. Analysis reveals that almost 91 percent of the mothers received at least one dose of TT injection. No significant difference was observed in the proportion of mothers receiving TT injection between urban slum and rural areas.

Figure 2.3 Percent of mothers who received TT injections



Analysis by age indicates that percentage of mothers receiving TT had decreased with the increase in the age. For example, about 93 percent mothers aged <25 years had received the TT injection as compared to only around 87 percent of mothers aged 30+. Similarly, TT coverage of mothers had declined with the increase in the parity level. Ninety five percent mothers with single parity received the TT injection while only about 85 percent reported so having parity of 4 and above. There was even a difference of 12 percentage points in coverage of TT between mothers who were illiterate and those who had completed 12 + grades. Differentials were not so pronounced among the mothers belonging to different caste groups, while lower percent of mothers from Muslims households had received the TT than their Hindu counterparts **(Table 2.8).**

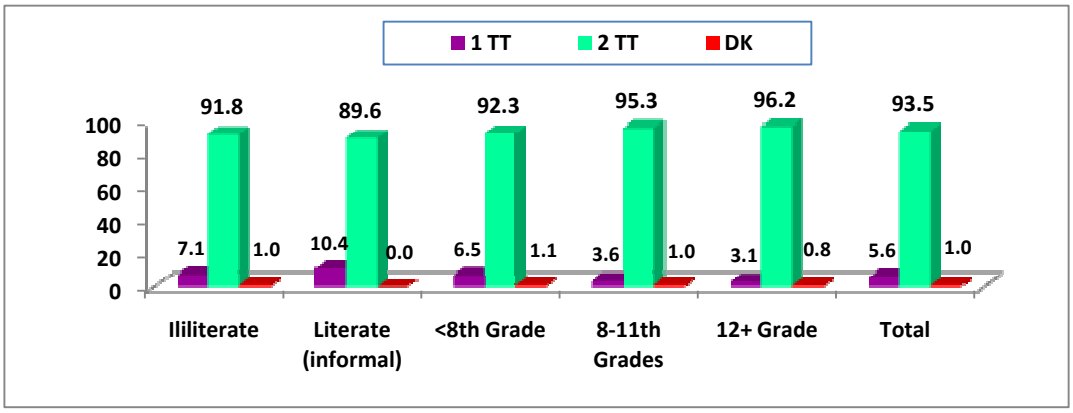
Table-2.8 Percent of mothers who received TT injection by select background characteristics

Particulars	Percentage		
	Yes	No	Number of women
Age Group			
<25	92.7	7.3	2213
25-29	91.8	8.2	1288
30 +	86.8	13.2	833
Parity			
1	95.2	4.8	1405
2	92.1	7.9	1220
3	90.5	9.5	814
4+	84.8	15.2	895
Education of women			
Illiterate	86.5	13.5	1941
Literate (without formal schooling)	82.8	17.2	58
<8th years complete	94.0	6.0	651
8-11 years Complete	94.7	5.3	1020
12 or more years complete	98.2	1.8	664
Religion			
Hindu	92.9	7.1	3345
Muslim	86.0	14.0	986
Other	100.0	0.0	3
Caste			
SC/ST	90.1	9.9	1289
OBC	91.4	8.6	2498
Other	93.6	6.4	547
Type of residence			
Urban Slum	90.7	9.3	1149
Rural	91.5	8.5	3185
Number of Women	**91.3**	**8.7**	**4334**

Further analysis of mothers who had received 1 or 2 doses of TT injections by education of mothers has been presented in Figure 2.4. It is evident from the figure that percentage of mothers receiving 2 TT injections had enhanced with increase in the

education of mothers. For instance, about 92 percent illiterate mothers reported receiving 2 TT injections while the corresponding figure for mothers who had completed 12+ grades was 96 percent.

Figure 2.4 Percent of mothers who received 1 or more doses of TT



2.3 Place of Delivery

Serious efforts are being made to promote institutional deliveries under the JSY scheme particularly among the marginalized and vulnerable sections of the society. All mothers were asked about place of their last delivery. Figure 2.5 shows that a little more than 71 percent of the deliveries were conducted in Govt. and private institutions. Around 29 percent of the deliveries took place at 'Home'. Half of the deliveries in rural areas were conducted at different Govt. institutions (51 percent) whereas private institutions accounted for one-fifth of the deliveries (20 percent). A significantly higher proportion of deliveries in urban slums took place in Private institutions (33 percent) while this figure for Govt. health institutions was 38 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 even lower at 43 percent.

Figure 2.5 Place of delivery

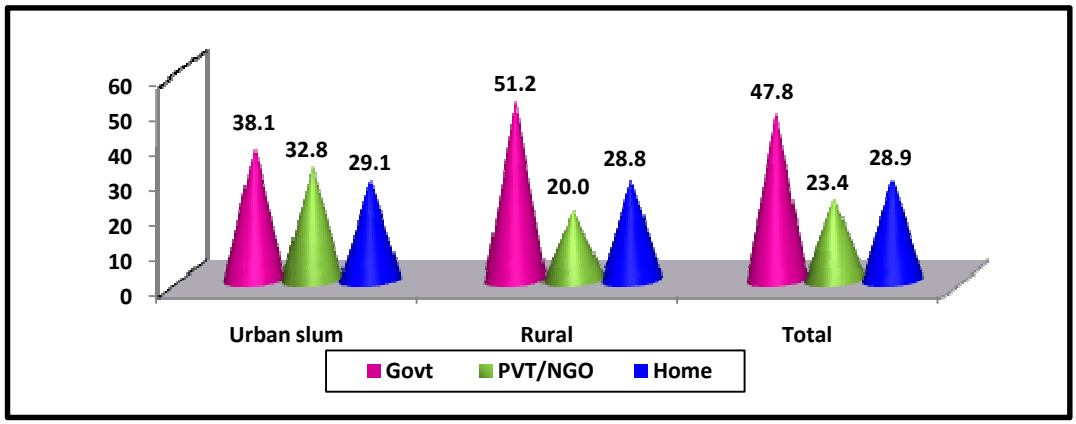


Table- 2.9 Percent distribution of women by place of delivery and select background characteristics

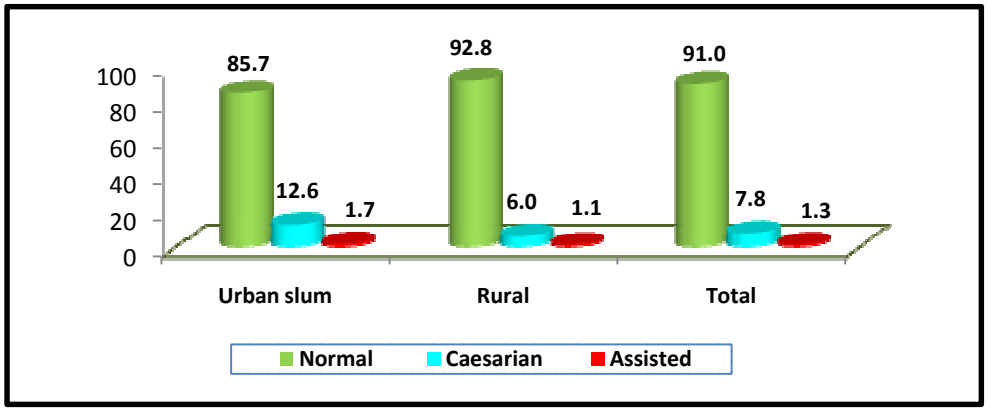
Particulars	Place of delivery			Number of women
	Govt.	Pvt. NGO/Trust	Home	
Age Group				
<25	49.0	26.0	25.0	2213
25-29	47.4	22.3	30.3	1288
30 +	45.1	18.0	36.9	833
Parity				
1	46.6	34.4	19.0	1405
2	47.2	24.8	28.0	1220
3	52.5	14.6	32.9	814
4+	46.0	12.1	41.9	895
Education of Women				
Illiterate	46.6	15.4	38.0	1941
Literate (without formal schooling)	41.4	20.7	37.9	58
<8th years complete	51.3	20.6	28.1	651
8-11 years Complete	51.8	26.5	21.8	1020
12 & more years complete	42.2	44.7	13.1	664
Religion				
Hindu	49.3	23.0	27.6	3345
Muslim	42.5	24.4	33.1	986
Other	33.3	33.3	33.3	3
Caste				
SC/ST	49.2	17.9	32.9	1289
OBC	47.1	24.5	28.3	2498
Other	47.3	30.9	21.8	547
Type of residence				
Urban Slum	38.1	32.8	29.1	1149
Rural	51.2	20.0	28.8	3185
Total	**47.8**	**23.4**	**28.9**	**4334**

Analysis of place of deliveries by select characteristics in table 2.9 above indicates that the percent of home deliveries had increased with the increase in the age of mothers. For example, only 25 percent of mothers aged <25 years delivered at 'home' than 37 percent in age cohort of 30+. It was further seen that education of mothers also plays an important role as with the increase in mothers' education there was a noticeable decline in home deliveries from nearly 38 percent among illiterate mothers to only 13 percent among mothers with 12 + grade education. Again home deliveries present an increasing trend as 19 percent of deliveries of single parity mothers took place at home in comparison to about 42 percent among 4+ parity mothers. Among the different religious groups, marginal differentials were observed as comparatively higher proportion of deliveries in Muslim households took place at 'home' (33 percent) than that of 'Hindus' (28 percent). Similarly, caste differences were obvious as higher proportion of deliveries among SC/ST households (33 percent) took place at home than other castes (21 percent).

2.3.1 Type of Delivery

All the mothers were asked whether their last delivery was normal. Figure 2.6 shows that overall about 91 percent of the deliveries were normal. Proportion of normal deliveries taking place in rural areas was higher (93 percent) as compared to urban slum (86 percent). On the other hand, 13 percent of the mothers in urban slums reported the deliveries through caesarian section as against 6 percent reporting so in rural areas.

Figure 2.6 Type of Delivery



2.3.2 Assistance in delivery

All mothers were asked about the persons who assisted in conduct of delivery. Analysis has been presented in table 2.10. Slightly above one-fifth of the mothers stated that assistance in delivery was provided by the doctor. A significantly higher proportions of mothers reported assistance by the doctor in urban slums (33 percent) than their counterparts in rural areas (18 percent). Overall, less than two-third (64 percent) of deliveries were assisted by ANM/Nurse/LHV.

Table- 2.10 Percent distribution of women received assistance during delivery by different persons

Persons who provided assistance*	Urban Slum	Rural	Total
Doctor	32.7	18.1	21.9
ANM/Nurse/LHV	63.5	64.9	64.5
Other Health personnel	3.9	5.5	5.1
Trained Dai	6.7	4.1	4.8
Untrained Dai	15.7	18.7	17.9
Friends/Relatives	6.9	14.9	12.8
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who delivered	**1149**	**3185**	**4334**

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

However, analysis of home deliveries by type of persons who assisted indicates that less than one-tenth (8 percent) took place with the help of skilled birth attendant while 12

percent by trained traditional birth attendant. Majority of home deliveries were, however, assisted by friends/relatives and untrained Dais **(Table 2.11)**.

Table- 2.11 Percent distribution of mothers who delivered at home by type of persons who assisted in home deliveries

Type of person who assisted home deliveries	Percentage
Doctor	0.3
ANM/Nurse	6.8
Other health personnel	1.2
Trained Dai	12.0
Untrained Dai	49.4
Friends/relatives	56.0
No one	0.6
Number of women who delivered at home	**1251**

2.3.3 BCG, Polio 0 dose and Hepatitis birth dose given before discharge from hospital

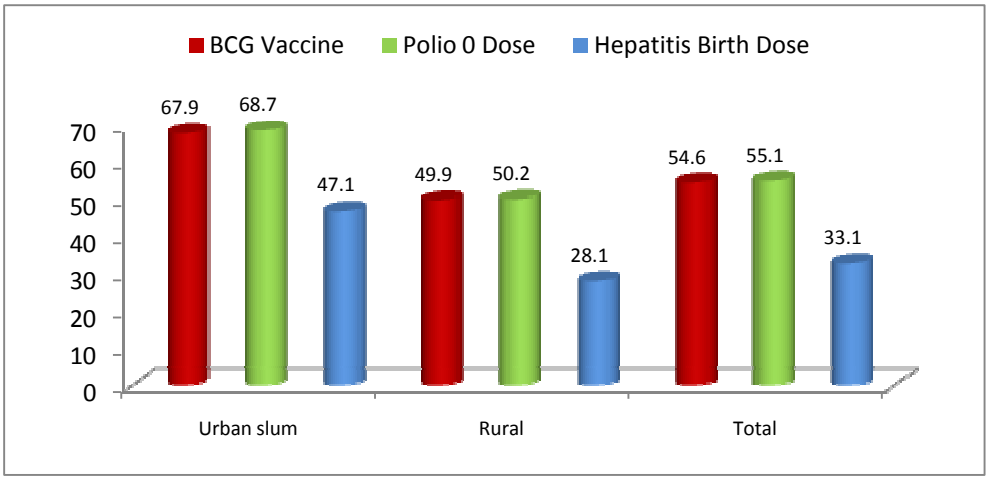
It can be observed from table 2.12 that overall 58 percent of the children who were delivered in Govt. health facilities were given BCG dose. Significantly higher proportions of children in urban slums (75 percent) were inoculated against BCG than those in rural areas (54 percent). Proportion of children given Polio 0 dose was almost identical. Proportions of children administered Hepatitis Birth dose was significantly lower both in Govt. as well as Pvt. Health facilities as compared to BCG and Polio 0 dose. Only around one-third of children reported receiving Hepatitis Birth dose (Govt.-34 percent; Pvt.-32 percent). Overall, 55 percent each of children were given BCG and Polio 0 dose while the corresponding figure for Hepatitis Birth dose was only 33 percent **(Figure 2.7).**

Table-2.12 Percent of women by vaccination of child against BCG, Polio 0 Dose and Hepatitis birth dose before discharge from health facilities after delivery

Dose given	Govt. Facility			Pvt. Facility			All		
	Urban Slum	Rural	Total	Urban Slum	Rural	Total	Urban Slum	Rural	Total
BCG Vaccine									
Yes	74.9	53.4	57.9	59.7	40.9	47.9	67.9	49.9	54.6
No	25.1	46.6	42.1	40.3	59.1	52.1	32.1	50.1	45.4
Polio 0 Dose									
Yes	75.8	53.7	58.4	60.5	41.2	48.4	68.7	50.2	55.1
No	24.2	46.3	41.6	39.5	58.8	51.6	31.3	49.8	44.9
Hepatitis Birth Dose									
Yes	50.2	29.2	33.7	43.5	25.2	32.0	47.1	28.1	33.1
No	49.8	70.8	66.3	56.5	74.8	68.0	52.9	71.9	66.9
Total %	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**	**100.0**
N*	**438**	**1632**	**2070**	**377**	**636**	**1013**	**815**	**2268**	**3083**

***Number of women who delivered in Govt. and Pvt. Health facilities**

Figure 2.7 Percent children given BCG, Polio 0 and Hepatitis birth dose (Govt./Pvt.)



2.4 Immunization and related aspects

This section attempts to present analysis of indicators such as awareness level of mothers about preparation of immunization card, knowledge of mothers about different vaccines to be administered to child less than one year of age, extent of importance of child vaccination and persons who ever provided information on vaccination etc. Further besides the immunization coverage, analysis on indicators such as quality of services during the immunization session, counseling by ANM, ASHA and AWW has also been presented in subsequent paragraphs.

2.4.1 Awareness among mothers about vaccination of child < 1 year

All the mothers were asked whether they were aware that card was prepared after the birth of child to maintain immunization record. Analysis of their response has been presented in table 2.13 by select background characteristics of the mothers. No urban slum-rural disparity in the awareness level of mothers about the card preparation has been observed (urban slum-93 percent; rural-92 percent). Age of mothers also did not depict any noticeable differentials in this context. A marginal difference, however, had been noticed in awareness level by parity of mothers. Ninety four percent of mothers having single parity knew about card preparation in comparison to 91 percent of those with 4+ parity level. Awareness in this context had increased with the increase in the education of mothers as 96 percent of mothers were aware about the preparation of immunization card that had completed 12+ Grades as against 90 percent of illiterate mothers. Caste and religious differences were not so pronounced. Analysis deciphers that awareness about different aspects related to vaccination has reached such levels that age, education, caste and creed had become almost irrelevant in this context.

Table- 2.13 Percent of women aware about preparation of child immunization card according select background characteristics

Place of delivery	Percentage		
	Yes	No	Number of women
Age Group			
< 25	93.6	6.4	2213
25-29	92.8	7.2	1288
30 +	91.6	8.4	833
Parity			
1	94.4	5.6	1405
2	93.4	6.6	1220
3	91.8	8.2	814
4+	91.3	8.7	895
Education of women			
Illiterate	90.0	10.0	1941
Literate (without formal schooling)	94.8	5.2	58
<8th years complete	93.1	6.9	651
8-11 years Complete	94.7	5.3	1020
12 or more years complete	95.8	4.2	664
Caste			
SC/ST	92.6	7.4	1289
OBC	92.7	7.3	2498
Other	94.9	5.1	547
Religion			
Hindu	93.5	6.5	3345
Muslim	91.3	8.7	986
Other	100.0	0.0	3
Type of residence			
Urban Slum	93.2	6.8	1149
Rural	92.2	7.8	3185
Total	**93.0**	**7.0**	**4334**

2.4.2 Different sources of information about child vaccination

All mothers were asked whether the persons such as ANM, ASHA, AWW, PRI members, and religious leaders ever informed them about the child vaccination. Analysis of their response has been presented in table 2.14. ASHA emerged as the main source of information about child vaccination in rural areas (87 percent) followed by ANM/Nurse (31 percent). As regards the urban slums, AWW was found to be the most important source (56 percent) while ANM/Nurse provided information to 30 percent of the mothers. PRI members and religious leaders seemed to have played no role whatsoever in this context.

Table- 2.14 Percent distribution of women who ever received information about child vaccination by different persons

Persons who provided information*	Urban Slum	Rural	Total
ANM/Nurse	29.7	31.4	30.9
ASHA	NA	87.1	64.0
AWW	56.5	28.0	35.5
Pradhans/Panchayat Member	0.0	0.5	0.3
Religious Leaders	1.0	0.6	0.7
Others	13.5	5.4	7.6
Number of women	**1149**	**3185**	**4334**

*Percentage would exceed 100 due to multiple responses NA-Not applicable

2.4.3 Knowledge about vaccines given to child aged < 1 year

All mothers were asked about the type of vaccines that were given to children under one year of age to protect them from six killer diseases. It was interesting to note that comparatively higher proportion of mothers knew about the BCG vaccines (94 percent) than those knowing about other vaccines such as DPT1 (89 percent), OPV1 (89 percent) and Measles (82 percent). Interestingly, percent of mothers having knowledge about DPT and Polio had decreased with the increase in the number of doses given in case of both vaccines. For instance, 89 percent mothers had mentioned about first dose of DPT, whereas it had decreased by nearly 6 percentage points in case of third dose of DPT. Almost a similar pattern had been observed in case of OPV. **Table 2.15** shows the percent of mothers by adding both spontaneous and probing answers.

Table- 2.15 Percent of women aware about different vaccines to be given to children under one year against killer diseases

Type of vaccines*	Urban Slum	Rural	Total
BCG	93.1	93.9	93.7
DPT1	90.1	88.8	89.1
DPT2	85.0	84.4	84.5
DPT3	83.6	83.0	83.1
OPV1	89.6	88.7	88.9
OPV2	84.5	84.3	84.7
OPV3	83.8	83.2	83.4
Measles	82.1	81.7	81.8
Vitamin A	81.7	81.3	81.4
Number of women	**1149**	**3185**	**4334**

Analysis of awareness level by select characteristics of women has been presented in table 2.16. Knowledge about BCG vaccine was highest among all age groups as compared to rest of the vaccines given to child under one year of age. Interestingly, it was lowest about measles. If the awareness was compared about different vaccines by parity of mothers, differentials could be observed between the mothers having single parity and the mothers with parity of 4 and above. Proportions of mothers knowing about a particular vaccine had decreased with the increase in the parity. While

difference in awareness level was observed to be varying between 5 and 6 percentage points, it was even higher in case of measles and Vitamin A (11 percentage points). Educational standard was yet another factor that might be attributed to higher awareness levels about different vaccines among mothers with higher grades as it varied by 10-12 percentage points between illiterates and those who had attained 12+ grades. Caste differentials were not so obvious between SC and OBC groups, but a noticeably higher proportion of mothers (90-98 percent) belonging to 'other groups' were aware about different vaccines. Urban slum-rural differentials were not quite discernible.

Table- 2.16 Percent of women aware about different type of vaccines by some select background characteristics

Characteristics	Type of vaccines					Number of women
	BCG	DPT	OPV	Measles	Vit.A	
Age Group						
< 25	93.9	88.8	88.6	83.8	81.1	2213
25-29	94.9	92.0	91.5	85.9	85.2	1288
30 +	91.0	85.8	85.7	76.5	76.3	833
Parity						
1	94.3	89.8	89.6	83.3	82.8	1405
2	94.8	90.7	90.5	86.6	86.1	1220
3	95.7	91.2	91.0	82.6	81.9	814
4+	89.3	84.2	84.1	72.4	71.3	895
Education						
Illiterate	89.5	83.8	84.1	75.0	74.5	1941
Literate (non-formal)	91.4	86.0	86.2	77.6	77.6	58
<8th years complete	95.9	89.9	89.1	81.6	80,6	651
8-11 years Complete	96.6	93.6	93.0	86.9	86.6	1020
12 & above complete	99.5	97.3	96.8	94.9	94.4	664
Caste						
SC/ST	92.4	88.8	87.5	80.1	79.8	1289
OBC	93.4	88.2	88.4	80.8	80.4	2498
Others	98.0	94.5	94.9	90.7	89.9	547
Religion						
Hindu	94.5	90.3	90.1	83.0	82.8	3345
Muslim	90.9	85.3	84.9	78.0	76.7	986
Others	100.0	100.0	100.0	100.0	100.0	3
Type of residence						
Urban slum	93.1	90.1	89.5	82.1	81.7	1149
Rural	93.9	88.8	88.7	81.7	81.3	3185
Total	**93.7**	**89.1**	**88.9**	**81.8**	**81.4**	**4334**

2.4.4 Opinion of mothers on importance of child immunization

All mothers were asked for their opinion about the extent of importance of child immunization. Overall, around 84 percent opined that child vaccination was important for them to a great extent with no significant difference being observed between

mothers belonging to urban slum (82 percent) and rural areas (84 percent). Difference in opinion about the importance of child vaccination was, however, palpable among the mothers who had attained different levels of education. For example, significantly higher percent of mothers who had attained 12 + Grades (96 percent) accorded importance to child immunization 'to a great deal' in comparison to only 76 percent of illiterate mothers. Percentage of such mothers giving much significance to child immunization had enhanced with increase in their education level. While caste differentials were not discernible, a higher proportion of mothers belonging to Hindu households (86 percent) considered child the immunization very important as compared to their Muslim counterparts (78 percent). It may be deciphered from the analysis there was a positive relationship between the level of education and the importance given to vaccination **(Table 2.17).**

Table- 2.17 Percent of women by extent of importance given to child vaccination by some select background characteristics

Characteristics	Level of importance				Number of women
	To a great extent	To some extent	Not important	Can't say	
Education of women					
Illiterate	76.1	10.1	5.2	8.6	1941
Literate (without formal schooling)	79.3	10.3	0.0	10.3	58
<8th years complete	85.6	8.0	2.2	4.3	651
8-11 years Complete	88.6	6.9	1.6	2.9	1020
12 or more years complete	96.4	2.3	0.6	5	664
Religion					
Hindu	86.4	6.9	2.2	4.5	3345
Muslim	78.1	7.1	6.1	8.7	986
Others	100.0	0.0	0.0	0.0	3
Caste					
SC/ST	84.8	7.8	1.8	5.7	1289
OBC	82.6	8.0	3.6	5.8	2498
Others	85.6	7.1	3.8	3.5	547
Type of residence					
Urban slum	**82.2**	**7.0**	**3.0**	**7.7**	**1149**
Rural	**84.1**	**8.2**	**3.1**	**4.6**	**3185**
Total	**83.6**	**7.8**	**3.1**	**5.4**	**4334**

2.4.5 Persons who inform before immunization session

An attempt was made to understand whether the mothers were informed by someone before the start of immunization session. A large majority of mothers said that they were informed before the session (86 percent). While most of the mothers were informed in rural areas (92 percent), only 69 percent mothers reported so in urban slums. Among the women who were informed, ninety six percent were informed by

ASHA in rural areas whereas 80 percent in urban slums were frequented by AWW before the immunization session. PRI members appear to have played no role in this context. In rural areas, it was ASHA who had become a pivot in delivery of health services offered though Govt. health setup **(Table 2.18).**

Table- 2.18 Percent of mothers informed by anyone before the Immunization session

Particulars	Urban Slum	Rural	Total
Informed by anyone			
Yes	69.5	92.3	86.2
No	30.5	7.7	13.8
Total Percent	**100.0**	**100.0**	**100.0**
Number of women	**1149**	**3185**	**4334**
Persons who informed*			
ASHA	NA	96.5	75.9
AWW	80.2	14.0	28.1
ANM	8.8	1.4	3.0
NGO worker	3.5	0.2	0.9
Pradhans	0.0	0.5	0.3
Others	15.5	4.2	6.6
Number of women who were informed	**798**	**2939**	**3737**

***Percent would exceed 100 due to multiple response** NA-Not applicable

2.4.6 Family members who take child for immunization

Seven in every ten respondents told that they themselves take the child for immunization in urban slum and rural areas. More than one-third (36 percent) also stated that any adult female member would also take child for vaccination. Father of the child also shouldering this responsibility was mentioned by more than one-tenth (13 percent) of the respondents. Proportion of mothers reporting so in urban slum was almost double (20 percent) to that of the rural areas (11 percent). However, primarily it was the mother of the child herself who usually take the child for vaccination **(Table 2.19).**

Table-2.19 Percent of women reporting about different family members who take the child for vaccination

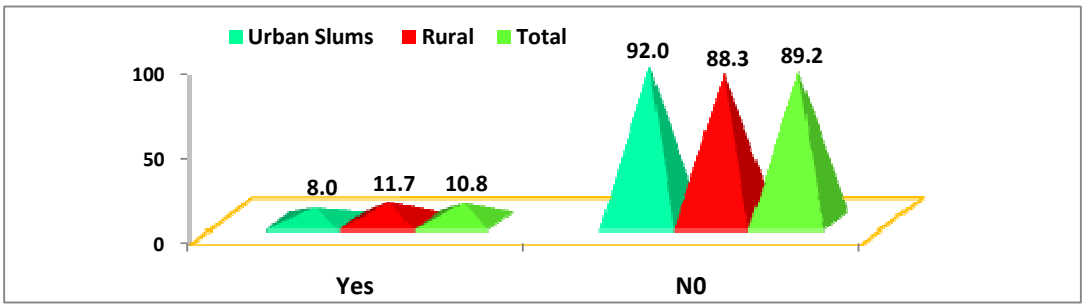
Family members*	Urban Slum	Rural	Total
Mother	71.9	68.4	69.3
Father	20.4	10.9	13.4
Any adult member (Male)	4.4	4.9	4.7
Any adult member (Female)	30.6	37.9	36.0
Adolescents/Youngsters	7.2	10.0	9.3
NA	9.6	7.3	7.9
Number of women	**1149**	**3185**	**4334**

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

2.4.7 ANM visiting home for vaccination

All the mothers were asked whether ANM visit at home for vaccination. As the Figure 2.8 indicates, almost nine in every ten mothers reported that the ANM did not visit at home for vaccination. In other words, one-tenth told about ANMs' visit for vaccination at their homes.

Figure- 2.8 Percent of mothers reporting ANMs' visit at home for immunization



2.4.8 Childhood vaccination by 12 months of age

Table 2.20 shows the percentages of urban slum and rural children age 12-23 months who received various vaccinations during first year of life any time before the survey. Estimates have been worked out based on both the card shown as well as oral reporting by mothers. The 12-23 month age group was chosen because the Government of India guidelines recommend that all children should be fully immunized by the time they complete their first year of life. In the analysis, children who have received BCG, Measles and three doses each of DPT and Polio (excluding Polio 0) are considered fully immunized. As the analysis reveals, around 62 percent of the children age 12-23 months were fully vaccinated. Interestingly, comparatively higher proportions of children in rural areas were fully immunized (63 percent) as compared to children living in urban slums (59 percent).

If one looks at the vaccine-wise and dose-wise analysis of children vaccinated, it may be observed that 90 percent of the children age 12-23 months had received BCG. Eighty three percent of children had received first dose of DPT and first dose of Polio. DPT and Polio vaccination was given simultaneously as part of routine immunization programme which got reflected in survey data as coverage rates of both vaccinations were almost equal. Again, as it is obvious from the table not all children who begun the first dose of DPT and Polio vaccination series went on to complete it. Overall, the difference between the percentages of children receiving first and third doses was 12 percent for both DPT and Polio. The drop was 14 percent in rural areas while it was around 10 percent in urban slum areas. The coverage of children for Measles vaccination was even lower. For instance, 90 percent of the children had received the dose of BCG while 67 percent children got dose of Measles vaccine, a difference of 23 percent. In order to check this phenomenon, there was need for a clear cut strategy so as to ensure maximum coverage of fully immunized children by one year of age.

Table-2.20 Percent of children aged 12-23 months who received specific vaccinations by 12 months of age

Vaccine	Urban Slum	Rural	Total
BCG	87.6	91.0	90.1
DPT			
1	79.3	84.9	83.4
2	75.3	78.1	77.3
3	68.9	70.6	70.2
Polio			
1	78.9	84.2	82.7
2	74.9	78.2	77.3
3	68.9	70.6	70.2
Measles	62.5	68.9	67.2
Fully Immunized*	59.0	62.9	61.8
Partially Immunized	30.3	29.8	30.0
None	10.8	7.3	8.3
Total Percent	**100.0**	**100.0**	**100.0**
Number of children aged 12-23 months	**251**	**657**	**908**

***BCG, Measles, 3 doses each of DPT and polio vaccines (excluding Polio 0 dose)**

Similar trends were observed in analysis of children aged 12-35 months with 88 percent receiving BCG and around 82 percent each the first dose of DPT and Polio. As compared to this 68 percent children received Measles. Proportion of children aged 12-35 who were fully immunized by age of 12 months was estimated at 64 percent **(Table 2.21).**

Table-2.21 Percent of children aged 12-35 months who received specific vaccinations by 12 months of age

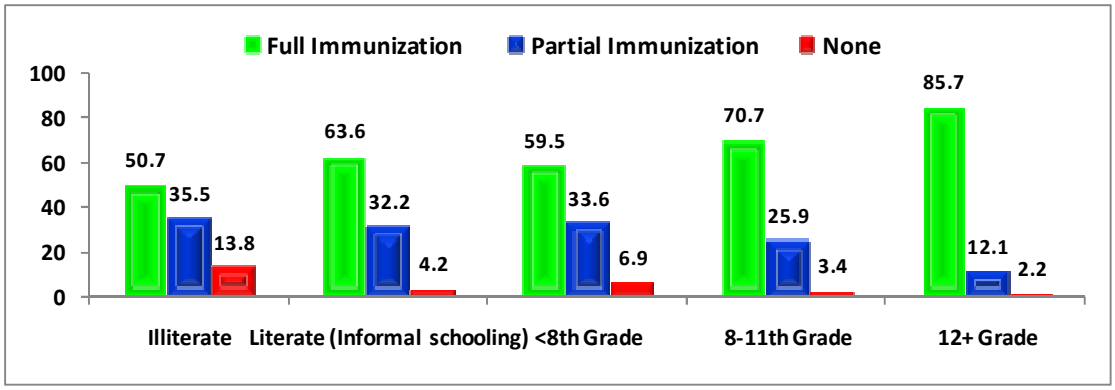
Vaccine	Urban Slum	Rural	Total
BCG	85.3	89.3	88.3
DPT			
1	77.0	83.2	81.6
2	72.7	77.9	76.0
3	67.3	72.3	71.1
Polio			
1	76.3	82.3	80.8
2	72.5	77.8	76.4
3	67.2	72.3	71.1
Measles	62.3	70.5	68.4
Fully Immunized*	61.2	64.9	63.7
Partially Immunized	25.5	25.9	26.0
None	13.3	9.2	10.3
Total Percent	**100.0**	**100.0**	**100.0**
Number of children aged 12-35 months	**422**	**1233**	**1655**

***BCG, Measles, 3 doses each of DPT and polio vaccines (excluding Polio 0 dose)**

Analysis of fully immunized children age 12-23 months by education of mothers indicates that there was a positive relationship between education level of mothers and the

children fully immunized. For illustration, only 51 percent of children of illiterate mothers had received full vaccination as compared to 86 percent whose mothers had completed 12 and above Grades. Percentage of fully immunized children depicts an increasing trend with the increase in the level of education of mothers **(Figure 2.9).**

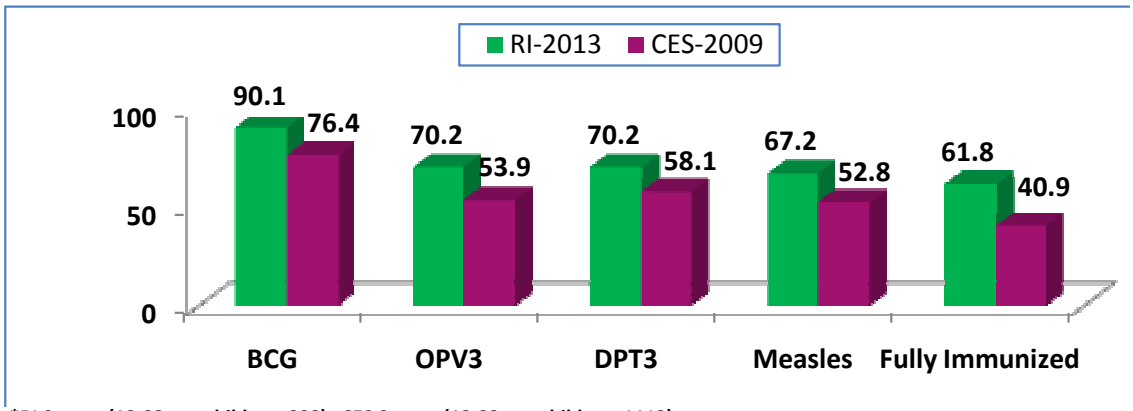
Figure 2.9 Percent of fully immunized children age 12-23 by education of mothers



2.4.9 Comparative picture of fully immunized children (RI survey Vs CES 2009)

If we compare the findings of the present RI Survey 2013 and Coverage Evaluation Survey 2009 (UNICEF)-UP it can be seen in Figure 2.9 that the percentage of fully immunized children age 12-23 had increased by 21 percent. Dose wise comparison of BCG, OPV3, DPT3 and Measles also presents an increasing trend since CES -2009. It may however be noted that difference in percentage of children who received BCG and Measles was almost identical at 22-23 percent for both the surveys.

Figure 2.10 Percent of fully immunized children age 12-23 months*

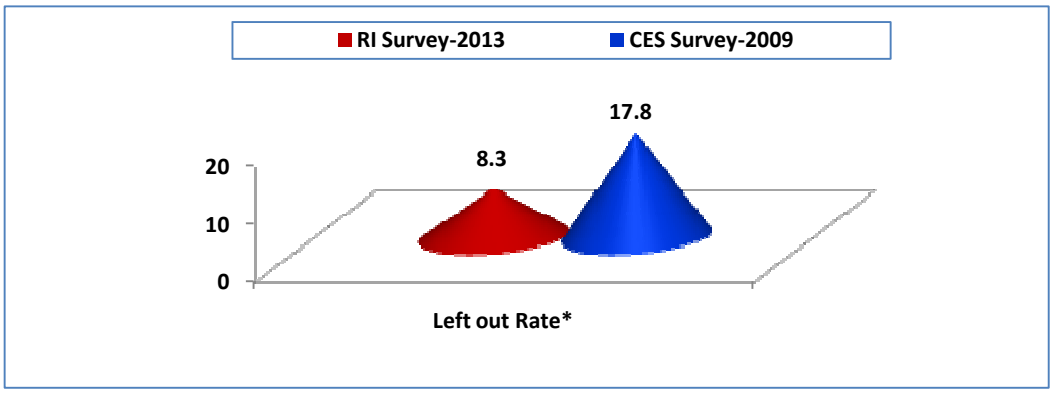


*RI Survey (12-23 age children=908) CES Survey (12-23 age children=1112)

Further, Figures 2.11 and 2.12 present a comparative picture of left out rate and dropout rates between doses of BCG-Measles, BCG-DPT1, BCG-DPT3, DPT1-Measles, DPT1-DPT2, DPT2-DPT3 and DPT1-DPT3 respectively. It can be inferred from the figure that left out rate has become almost half (8.3 percent) than that of the left out rate estimated at the time of CES-2009 (18 percent) in Uttar Pradesh **(Figure-2.11).** Similarly

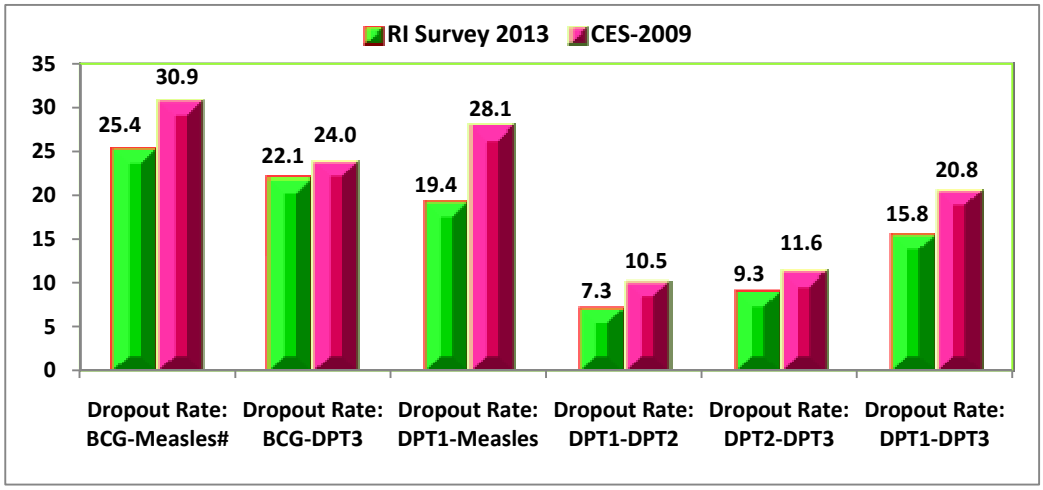
the dropout rates have also declined considerably but it has to be further improved from the current level.

Figure- 2.11 Left out Rate (%)



*Children age 12-23 months not receiving any vaccination

Figure- 2.12 Dropout Rate (%)



Example calculation of drop-out rate: BCG coverage minus measles coverage divided by BCG coverage

2.4.10 Place where child received vaccination

Table 2.22 shows the place of vaccination of children age 0-35 moths who received at least some vaccination by place of residence. In urban slum areas, one-fourth (24 percent) of the children had received vaccination at the Anganwadi centre while around 15 percent in district hospital. Almost a similar proportion also reported receiving vaccination at somebody's home. One-tenth (11 percent) reported about the private clinic while rest received vaccination in different places and facilities. Regarding the place of vaccination in rural areas, around one-fourth reported receiving vaccination at 'Someone's home' whereas 20-21 percent each in Anganwadi centre and primary school. Another 15 percent stated about 'sub-centre' as the place of vaccination.

Table-2.22 Percent of children aged 0-35 months who received specific vaccinations by source (health facilities) of most vaccines

Health Facilities	Urban Slum	Rural	Total
District Hospital	14.6	1.9	5.2
PHC/CHC	7.5	4.2	5.6
Sub-centre	3.0	15.0	11.8
Anganwadi centre	23.6	19.6	20.6
Primary School	4.8	20.6	16.5
Pradhans' House	0.0	2.9	2.2
Community Centre	3.0	0.7	1.3
UHP/UFWC/PPC	3.7	0.1	1.0
Private Hospital/Clinic	10.9	1.5	3.4
Somebody's' home	17.4	25.3	23.2
Total Percent	**100.0**	**100.0**	**100.0**
N*	**1387**	**3945**	**5332**

*** Children age 0-35 months who received some vaccination**

2.4.11 Reasons for non-vaccination of child age 12-35 months

All the mothers whose 12-35 months child had not received any vaccination were asked about the reasons for non-vaccination. Table 2.23 shows the percent of women reporting different reasons for non-vaccination of children aged 12-35 months. Nearly three in every ten mothers whose child was not vaccinated stated that she was 'not aware about the place and time of vaccination' (29 percent) (urban slum-23 percent; rural-31 percent). A little more than one-fifth had 'fear of side effects post immunization' hence decided not to go for vaccination with proportions of mothers reporting so both in urban slum and rural areas being almost identical. Fourteen percent did not feel the need for vaccination with higher percent of mothers reporting this in urban slums (21 percent) as compared to mothers in rural areas (12 percent). Nearly one-tenth mentioned about family problem for non-vaccination.

Table-2.23 Percent of women reporting different reasons for non-vaccination of children aged 12-35 months

Reasons for non-vaccination*	Urban Slum	Rural	Total
Did not feel the need for vaccination	20.7	12.0	14.5
Were not aware about place and time of vaccination	23.2	30.7	28.6
Fear of side effects	21.3	20.9	21.0
Don't believe in vaccination	1.2	0.7	0.9
Family problem	10.4	10.6	10.5
Vaccine was not available as per need	0.0	0.7	0.5
Health facility out of reach/inaccessible	1.8	3.9	3.3
Mother has been sick	1.8	2.5	2.3
Child illness	7.3	5.7	6.1
Others	12.2	12.0	12.1
Number of children aged 12-35 months whose child were not vaccinated	**164**	**407**	**571**

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

2.5 Services provided during the session and perception about quality

The mothers were enquired about services offered during the immunization sessions and their perception about the quality of services. Analysis on these aspects has been discussed in subsequent sections.

2.5.1 Advice given to mothers during RI sessions

Table 2.24 shows the percent of mothers who were given advice by ANM/ASHA/AWW during RI sessions. Slightly less than half of mothers were given 'information about next vaccination' (47 percent), while a little above two-fifth (41 percent) was told about 'benefits of immunization'. 'Time of RI session' was told to one-third of mothers (34 percent) whereas almost similar proportions were informed about the 'age of child for different vaccines'.

Table- 2.24 Percent of women by type of advice received during RI sessions from ANM/ASHA/AWW

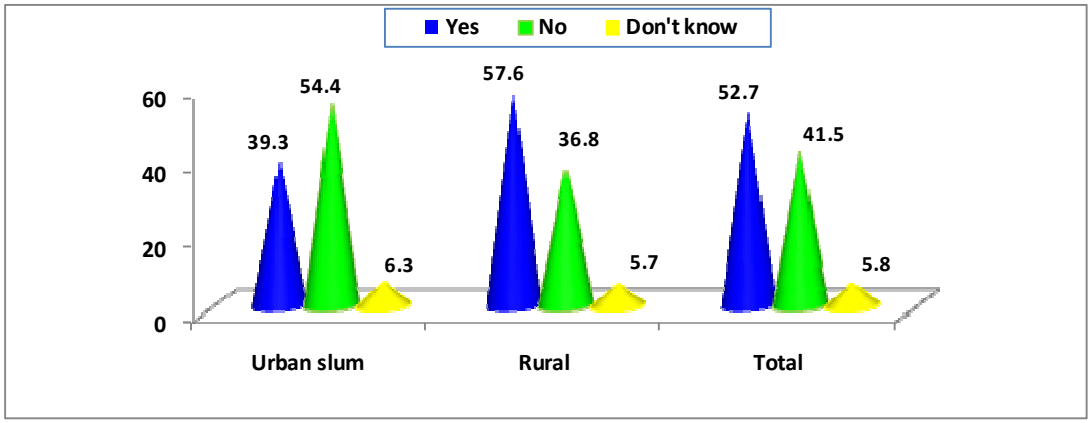
Advice/Information given*	Urban Slum	Rural	Total
Benefits of immunization	36.2	42.4	40.8
Age of child for different vaccines	32.7	31.9	32.1
Information about vaccines and disease it protects from	32.3	27.8	29.0
Time of RI session	33.3	34.4	34.1
Information about next vaccination	43.4	48.1	46.8
Number of women	**1149**	**3185**	**4334**

*Percent would exceed 100 due to multiple responses

2.5.2 Distribution of supplementary food during RI session by AWW

Fifty three percent of mothers mentioned that nutritional supplement was distributed on the day of immunization by AWW. While about 58 percent of mothers reported distribution of supplementary food during RI sessions in rural areas, the corresponding figure for urban slum was 39 percent (Figure 2.13).

Figure 2.13 Supplementary foods given on immunization day (%)



2.5.3 Mothers ever told by health personnel to come again when visited for vaccination

All the mothers were asked whether they were ever asked to come again by health personnel when she visited for vaccination. A negligible proportion of mothers affirmed this fact (4 percent), while an overwhelming majority (88 percent) said that they were never asked to come again. Among those who affirmed, nearly half mentioned about non-availability of vaccines whereas less than one-fifth cited 'vaccines finished before arrival'. Slightly above one-fourth in urban slum mentioned that the 'child had fever' hence the ANM asked to come again **(Table 2.25).**

Table- 2.25 Percent distribution of women who were ever told by health personnel to come again when visited for vaccination of child

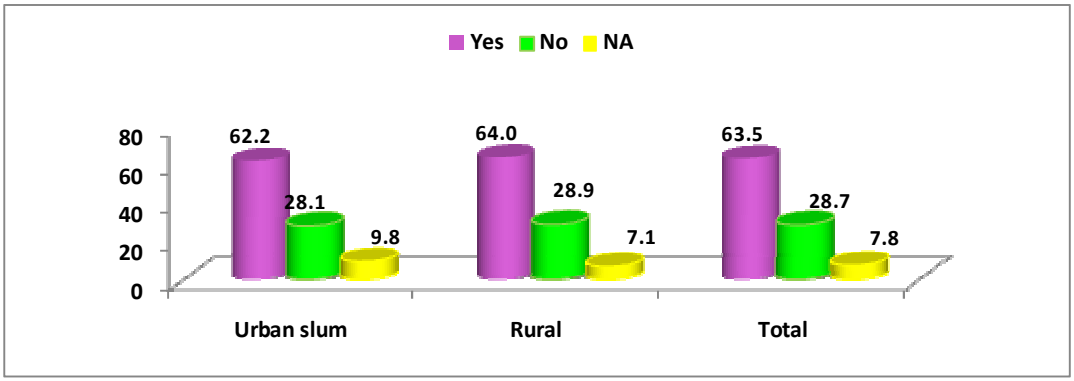
Particulars	Urban Slum	Rural	Total
Told to visit again			
Yes	2.7	4.7	4.2
No	87.4	87.9	87.7
NA	6.3	5.7	5.8
Total Percent	**100.0**	**100.0**	**100.0**
Number of women	**1149**	**3185**	**4334**
Reasons *			
Vaccines were not available	29.0	52.0	48.1
Vaccines finished before arrival	12.9	19.3	18.2
ANM has not come	9.7	5.3	6.1
Syringes got finished	6.5	8.7	8.3
Child had fever	25.8	10.0	12.7
Others	16.1	9.3	10.5
Number of women who were told	**31**	**150**	**181**

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

2.5.4 ANM inquiring about health of the child before vaccination

All mothers were asked whether the ANM ask about the health of the child before vaccination. Overall, less than two-third of mothers (63 percent) stated that ANM inquired about the health of the child before vaccination **(Figure 2.14).**

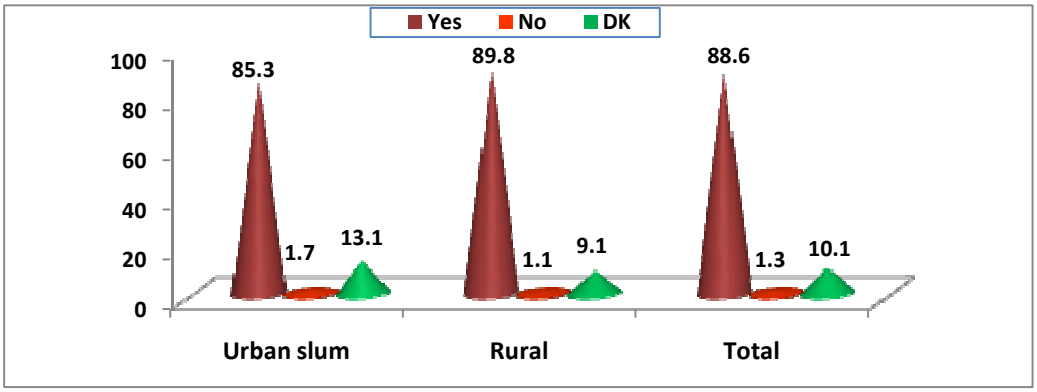
Figure 2.14 ANM inquired about health of child before vaccination (%)



2.5.5 Use of new syringe by ANM for vaccination

The mothers were asked about the use of new syringe by ANMs for child vaccination. Almost nine in every ten mothers confirmed the use of new syringe by health workers to vaccinate each child. Interestingly, nearly one-tenth of mothers feigned ignorance in this context **(Figure 2.15).**

Figure 2.15 Percent of mothers reporting use of new syringe by ANM



2.5.6 Child faced any problem after vaccination and action taken

Table 2.26 shows the percent of mothers reporting problem faced by the child after vaccination. Less than one-tenth (7 percent) mothers reported that the child faced some problem after the vaccination. Among those who reported about the problem, 93 percent stated that the child developed 'high fever'. Less than one-tenth (8 percent) mentioned that the 'child persistently cried for 3 hours'.

Table-2.26 Percent of mothers who reported problem faced by child after vaccination and the type of problems faced

Particulars	Urban Slum	Rural	Total
Child faced any problem			
Yes	8.4	6.8	7.2
No	82.0	86.0	84.9
NA	9.7	7.2	7.8
Total Percent	**100.0**	**100.0**	**100.0**
Number of women	**1149**	**3185**	**4334**
Type of problems *			
Child persistently cried for 3 hours	7.3	8.7	8.3
High fever	93.8	92.2	92.7
Child became dull/lethargic	2.1	3.2	2.9
Body convulsions after vaccination	1.0	0.5	0.6
Number of women who told about the problem	**96**	**218**	**314**

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

All those mothers who mentioned about different problems were further enquired regarding the action taken for the treatment. Table 2.27 provides information on action taken for the treatment. Overall, 47 percent of mothers stated that the child was taken to the Pvt. Hospital/clinic for treatment (urban slum-58 percent; rural-42 percent) while around 18 percent opted for home treatment (urban slum-11 percent; rural-21 percent). Around one-tenth said that the child was taken to DH/CHC/PHC, whereas 8 percent consulted the ANM.

Table-2.27 Percent of women reporting about the action taken for the treatment of child by place of residence

Action taken	Urban Slum	Rural	Total
Child was taken to DH/CHC/PHC for treatment	15.6	7.3	9.9
Consulted ANM/Nurse at the Centre	10.4	7.3	8.3
Told ASHA about the problem	NA	7.8	5.4
Taken to Pvt. Hospital/clinic	58.3	41.7	46.8
Home treatment	11.5	20.6	17.8
Others	4.2	15.3	11.8
Total Percent	**100.0**	**100.0**	**100.0**
Number of women who reported the problem faced by child	**96**	**218**	**314**

NA-Not applicable

2.5.7 Frequency of ANM's visit for immunization and the place of immunization

All mothers were asked about the frequency of visit of ANM in their areas for the purpose of vaccination. Two-third of the mothers in rural areas (67 percent) pointed out that she frequented their village 2-3 times in a month. The proportion of mothers reporting so in urban slums was around 52 percent. Slightly above one-tenth reported once in a week with proportions of mothers being almost similar both for urban slums and rural areas (**Table 2.28)**.

Table-2.28 Percent distribution of mothers by frequency of visit of ANM for vaccination in their village /area

Frequency of visits for vaccination	Urban Slum	Rural	Total
Once in a week	10.5	11.7	11.4
2-3 times in a month	51.7	67.3	63.2
Once in a month	3.1	3.0	3.0
Once in 3 months	0.5	1.2	1.0
Only sometimes	2.6	1.8	2.0
Never	4.6	0.6	1.7
Don't know/Can't say	26.5	14.3	17.5
Others	0.4	0.1	0.2
Number of women	**1149**	**3185**	**4334**

As regards the place of vaccination, nearly two-fifth (37 percent) of mothers reported about Anganwadi Centre. Anganwadi centre as place of immunization was mentioned by around 38 percent of mothers in urban slums while this figure for rural areas was only 24 percent. On the other hand, nearly the same proportions in rural areas told about 'primary school' and 21 percent at 'someone's house'. Nearly 16 percent in rural areas also mentioned about sub-centre. Around 10 percent each in urban slums stated about 'primary school', UHC and 'Someone's house. Interestingly, 15 percent in urban slum feigned ignorance about the place of vaccination. Place of vaccination was certainly an issue for those who were residing in unorganized settlements particularly the slums located on outer reaches of the cities and towns **(Table 2.29).**

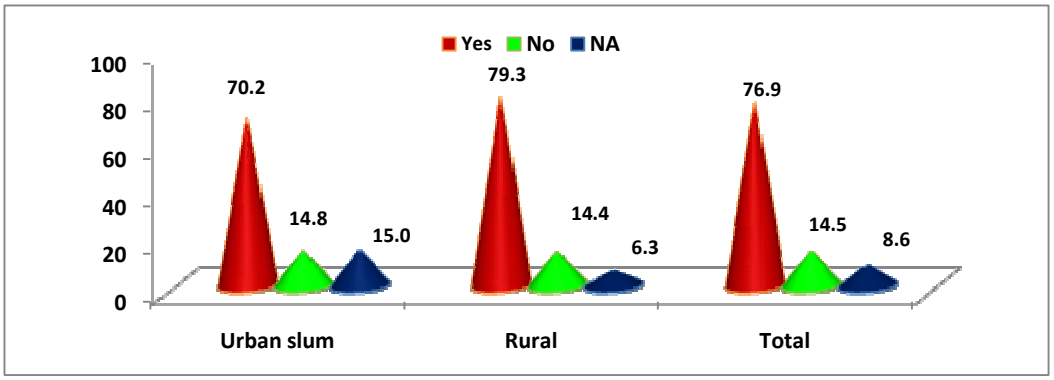
Table – 2.29 Percent of women by place of vaccination in their village /area

Place of vaccination	Urban Slum	Rural	Total
Anganwadi Centre	37.7	23.7	37.4
Primary School	9.6	23.2	19.2
Sub-centre/UHC	6.7	15.8	13.4
Pradhans' house	0.0	4.9	3.6
Community Centre	9.9	1.0	3.3
Under a tree	3.0	2.0	2.6
In someone's house	10.1	21.0	18.1
Don't know/Can't say	15.0	6.3	8.6
Others	8.4	2.0	3.7
Number of women	**1149**	**3185**	**4334**

2.5.8 RI Session held at the same place

The mothers who had informed about the place of immunization in their village/area were further asked whether RI session was always conducted in the same place. More than three-fourth of mothers reported that the vaccination was done in the same place every time. Seventy nine percent in rural areas as against 70 percent mothers in urban slums reported that the same place was used for RI session every time **(Figure 2.16).**

Figure -2.16 RI Sessions held at the same place (%)



2.6 IEC Activities held in their area/village

All mothers were asked about the IEC activities held in the village related to promotion of immunization services. Around one-tenth of the mothers reported about some IEC activity in the village (urban slum-7 percent; rural-11 percent). Among those who affirmed, 71 percent told about display of posters/banners. A higher proportion of mothers reported about this in urban slum (79 percent) than those in rural areas (69 percent). Similarly, about 58 percent mothers stated about 'wall paintings' in urban slum as compared to 38 percent in rural areas **(Table 2.30).**

Table- 2.30 Percent of women reporting about IEC activities held in their village /area related to vaccination

Particulars	Urban Slum	Rural	Total
IEC activities held			
Yes	6.8	10.9	9.8
No	93.2	89.1	90.2
Total Percent	**100.0**	**100.0**	**100.0**
Number of women	**1149**	**3185**	**4334**
Type of IEC activities*			
Nukkad Natak	9.0	4.0	4.9
Video film/Video van	3.8	5.6	4.5
Folk songs/cultural programs	1.3	0.6	0.7
Puppet shows	0.0	0.6	0.5
Magic show	5.1	0.9	1.6
Rally	34.6	16.4	19.8
Wall painting	57.7	38.3	41.9
Poster/Banner	79.5	68.6	70.6
Others	3.8	3.2	3.3
Number of women who informed about IEC activities	**78**	**347**	**425**

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