

# Daman & Diu Union Territory

## Reproductive and Child Health

District Level Household Survey  
2002-04



International Institute for  
Population Sciences,  
(Deemed University)  
Mumbai – 400 088



Ministry of Health &  
Family Welfare,  
New Delhi – 110 011



Centre for Operations Research  
and Training,  
Vadodara - 390 007

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## **Contributors**

### **Center for Operations Research and Training (CORT)**

Bella Patel Uttekar  
Wajahat Ullah Khan

### **International Institute for Population Sciences (IIPS)**

F. Ram  
B. Paswan  
L. Ladu Singh  
Akash N. Wankhede  
Rajiv Ranjan

#### **STUDY TEAM**

Seema Narvekar  
Jashoda Sharma  
Vasant Uttekar  
Amit Nag  
Jawahar Vishwakarma  
Premlata Kshatriya

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## PREFACE AND ACKNOWLEDGEMENT

Government of India had launched the Reproductive and Child Health (RCH) program to ensure that couples have access to adequate information and services for reproductive health care. As a first step, family planning target has been withdrawn and an effort is being made to provide a package of reproductive health services at different levels of health care centres.

Monitoring of the services is also being improved. New indicators are being added to assess quality of services and provision of an integrated reproductive health care service. The District Level Household Survey (DLHS) was initiated by Government of India and financed by the World Bank covering all the districts in the country. For the second time, district level estimates will be available for most of the critical reproductive health indicators. These important initiatives are certainly quite satisfying for all those who are concerned with taking ICPD reproductive health agenda ahead. The project is being coordinated by International Institute for Population Sciences, Mumbai and implemented by a number of consulting agencies.

For the purpose of data collection, uniform questionnaires, sampling design and field procedures were used throughout the country. The survey thus provided comparable data for all the districts in the state. The present report provides salient findings of UT, Daman and Diu and covered both the districts. The findings of selected indicators of reproductive and child health services from the UT of Daman and Diu are presented in the report.

It is believed that the data generated through the survey will meet the requirements of the Programme Administrators and Policy Makers for making effective interventions for providing quality services and achieving multiple objectives.

The DLHS-RCH could not have been successfully completed without cooperation and support from innumerable sources at various stages of the project. Although, it is not possible to acknowledge everyone involved in the survey, several organizations and individuals deserve special mention.

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We would be failing in our duty if we do not thank our respondents who spent their valuable time with tremendous patience. We are thankful to all of them.

**Prof. M. M. Gandotra**  
Director

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*Centre for Operations Research  
and Training (CORT), Vadodara*

**KEY INDICATORS, DAMAN & DIU**

DISTRICT LEVEL HOUSEHOLD SURVEY- REPRODUCTIVE AND CHILD HEALTH, (DLHS-RCH), 2002-04

<b>Sample size</b>			
Households surveyed.....	2,110		
Currently married women age 15-44.....	1,539		
Husband's of eligible women.....	1,059		
<b>Characteristics of households</b>			
Percent rural.....	59.1		
Percent Hindu.....	89.7		
Percent Muslim.....	6.7		
Percent other religion (Christian).....	3.0		
Percent scheduled caste.....	11.6		
Percent scheduled tribe.....	10.9		
Percent with electricity.....	97.9		
Percent with flush toilet.....	38.0		
Percent with no toilet facility.....	43.7		
Percent living in <i>Kachcha</i> houses.....	11.6		
Percent living in <i>Pucca</i> houses.....	62.2		
Percent with low standard of living.....	13.4		
Percent with high standard of living.....	42.9		
Percent with iodized salt (15+ppm).....	53.3		
<b>Characteristics of currently married women age 15-44 years</b>			
Percent below age 30 .....	50.6		
Percent with age at first cohabitation below age 18.....	35.1		
Percent illiterate.....	26.8		
Percent having 10 or more years of schooling.....	27.4		
Percent with illiterate husband.....	10.6		
Percent with husband 10+ years of schooling.....	43.6		
<b>Marriage</b>			
Mean age at marriage for boys.....	26.7		
Mean age marriage for girls.....	23.0		
Percent of boys married below age 21.....	8.1		
Percent of girls married below age 18.....	12.3		
<b>Fertility</b>			
Mean children ever born women age 40-44 years... ..	3.6		
Percent of births of order 3 and above <sup>1</sup> .....	32.5		
<b>Current use of family planning method</b>			
Any method.....	55.6		
Any modern method.....	52.8		
Pill.....	2.6		
IUD.....	2.0		
Condom.....	4.8		
Female sterilization.....	42.7		
Male sterilization.....	0.7		
Any traditional method.....	2.8		
Rhythm/safe period.....	2.1		
Withdrawal.....	0.6		
<b>Unmet need for family planning</b>			
Percent with unmet need for spacing.....	10.8		
Percent with unmet need for limiting.....	12.8		
Percent with total unmet need.....	23.5		
<b>Maternal care<sup>2</sup></b>			
Percent of women received antenatal check-ups.....	96.7		
Antenatal check-up at home.....	1.0		
Antenatal check-up in first trimester.....	67.5		
Three or more visit for ANC.....	83.7		
Two or more tetanus toxoid injections.....	81.1		
Adequate Iron folic acid tablets/syrup <sup>3</sup> .....	36.7		
Full antenatal check-up <sup>4</sup> .....	35.4		
<b>Delivery characteristics<sup>2</sup></b>			
Delivery at home.....	31.9		
Delivery at government health institutions.....	23.6		
Delivery at private health institutions.....	44.5		
Delivery attendant by skilled persons <sup>5</sup> .....	71.5		
<b>Child health</b>			
Percent of children whose mother squeezed out milk from her breast <sup>6</sup> .....	68.1		
Percent of children <sup>7</sup> with diarrhoea <sup>8</sup> who received ORS.....	28.4		
Percent of women whose child <sup>7</sup> with pneumonia <sup>8</sup> who sought treatment.....	81.6		
<b>Percent of children who received vaccinations<sup>9</sup></b>			
BCG.....	94.5		
DPT (3 injections).....	75.9		
Polio (3 drops).....	67.3		
Measles.....	77.2		
All vaccinations <sup>10</sup> .....	56.1		
No vaccination at all.....	4.4		
<b>Percentage of women who had</b>			
Pregnancy complication <sup>2</sup> .....	32.5		
Delivery complication <sup>2</sup> .....	41.6		
Post delivery complication <sup>2</sup> .....	20.5		
Symptoms of RTI/STI.....	42.5		
Problems of vaginal discharge.....	9.9		
Menstruation related problem.....	11.0		
<b>Awareness of RTI/STI and HIV/AIDS</b>			
Percent of women who have heard of RTI/STI.....	40.6		
Percent of women who have heard of HIV/AIDS.....	57.9		
<b>Utilization of government health services</b>			
Antenatal care.....	34.2		
Treatment for pregnancy complication.....	19.6		
Treatment for post-delivery complication.....	19.3		
Treatment for vaginal discharge.....	34.8		
Treatment for children with diarrhoea.....	36.3		
Treatment for children with pneumonia.....	23.2		
<b>Quality of family planning services</b>			
Percent non-users ever advised to adopt the family planning method.....	18.5		
Percent users told about side effects of method.....	29.3		
Percent users who received follow-up services.....	14.9		
<b>Characteristics of husband of eligible women</b>			
Percent of husband knowing NSV.....	38.8		
Percent of men who have heard of RTI/STI.....	53.6		
Percent of men who have heard of HIV/AIDS.....	82.2		
Percentage who had any symptoms of RTI/STI.....	5.5		
Sought treatment for RTI/STI .....	29.3		

<sup>1</sup> For births in past three years, <sup>2</sup> For live/still births during three years preceding the survey, <sup>3</sup> 100 or more IFA tablets/Syrup, <sup>4</sup> A minimum of three visits for ANC, at least one TT injections and 100 or more IFA tablets/syrup, <sup>5</sup> Either institutional delivery or home delivery assisted by Doctor/ANM/nurse, <sup>6</sup> Children age below 3 years, <sup>7</sup> Last but one living children below age 3 years, <sup>8</sup> Last two weeks preceding the survey, <sup>9</sup> Last but one living children (age 12-23 months) born during three years preceding the survey. <sup>10</sup> BCG, three injections of DPT, three drops of polio and measles.

## SALIENT FINDINGS

For the assessment of district level Reproductive and Child Health indicators, Government of India proposed to undertake district level household surveys through non-governmental agencies on an annual basis. The District Level Household Survey (DLHS) was the result of government's initiative. In the UT of Daman and Diu, Centre for Operations Research and Training (CORT), was entrusted the work of carrying out the survey. The survey for Phase-1 of the DLHS covering the district of Daman was conducted in the month of August 2002. The survey for Phase-2 in the district of Diu was carried out during July 2004 to August 2004. The focus of the survey was on: i) Coverage of antenatal care (ANC) and immunization services, ii) Extent of safe deliveries, iii) Contraceptive prevalence rate and unmet need for family planning, iv) Awareness about RTI/STI and HIV/AIDS and v) Utilization of government health services and users' satisfaction. The salient findings of the survey are presented here.

For both the phases together, the data was collected from 2,110 households in the UT of Daman and Diu. From these households, 1,539 eligible women (usual resident or visitors who stayed in the sample household the night before the interview, currently married aged 15-44 years whose marriage was consummated) and 1,059 husbands of eligible women were interviewed.

Of the total households interviewed in the UT of Daman and Diu, 41 percent were from urban areas. There were 90 percent Hindu households, seven percent Muslim and remaining came under other category in the sample. About 23 percent of the households belonged to either scheduled castes or scheduled tribes. About 12 percent of the households lived in *Kachcha*, 26 percent in *Semi-pucca* and 62 percent in *pucca* houses. About 13 percent of the households belonged to low economic status.

About 80 percent of population aged seven and above are literate. Percent literate among females is 71 where as it is 90 for males. Proportion of non-literate is much higher among the older cohort compared to the younger ones. About 27 percent of eligible women in the UT are non-literate, and equal proportion of them have completed 10 or more years of schooling. As regards distribution of non-literate women, lesser proportion of younger women's below age 30 are illiterate compared to older women age 30 and above. Similarly, the proportion of non-literate husbands is more in the age group of 40 years and above.

The reporting of the marriages during three years prior to survey gives the mean age at marriage among the boys and girls in the UT of Daman and Diu as 26.7 and 23.0 years respectively. Eight percent of boys and 12 percent of girls in Daman and Diu got married before attaining the minimum legal age at marriage of 21 and 18 years respectively. In the district of Daman 16 percent of boys got married below the legal minimum age at marriage as compared to only six percent in Diu. In case of girls the proportion getting married below the legal minimum age is 14 percent in Daman and 12 percent in Diu district.

More than half (53 percent) of the households use cooking salt that is iodized at the recommended level of 15 parts per million or higher level of iodine content whereas 35 percent of households used salts that are not iodized at all. The proportion of households using non-iodized salt is more in Diu district.

On an average, women on the verge of completion of reproductive period have given birth to 3.6 children. The completed fertility in the UT of Daman and Diu varies between the

two districts. The mean number of children ever born in Daman is lower at 3.3 than the district of Diu at 4.7 children.

The share of births of order 3 and above in the total births that occurred three years prior to survey is 33 percent. The proportion of higher order births is quite high, about 50 percent in the district of Diu while it is only 25 percent in Daman district.

The data collected on the utilization of ANC services for the women who had their last live/still birth during three years prior to survey shows that the ANC coverage in the UT of Daman and Diu is high as 97 percent of the women received at least one ante-natal care during pregnancy. One percent of the women during their pregnancy were visited by health workers at their residence to provide ANC services. More than half (52 percent) of the women visited private health facilities and 34 percent received ANC from government health facilities. The percentage of women who got some kind of ANC during pregnancy did not vary much between the two districts.

Though 97 percent of the women in Daman and Diu received ANC, 79, 82 and 73 percent women had check-up of weight, blood pressure and abdomen respectively. About 86 percent women received Iron and Folic Acid (IFA) tablets/syrup and 91 percent got at least one TT injection. A full package of ANC including minimum three ANC visits, at least one TT injection and 100 or more IFA tablets/syrup was received by 35 percent of women.

Minimum three ANC and timing of first check up is crucial for maternal and child care. In the UT of Daman and Diu, 68 percent of women got ANC in the first trimester and 84 percent had minimum three antenatal check-ups. Extent of ANC in first trimester is much higher in Daman (71 percent) as compared to Diu (59 percent). However the proportion of women who had a minimum of three ANCs is almost equal in both the districts.

About 68 percent of the total deliveries in Daman and Diu were conducted in the health institutions; 5 percentages point up from RCH Round I. The majority (45 percent) of the deliveries were conducted in private institutions as against government institution (24 percent of total deliveries). Nearly one-third (32 percent) of the total deliveries took place at home, and out of total home deliveries only 10 percent were assisted by either a doctor or nurse/ANM. So overall, 72 percent of the deliveries, almost equal as in RCH Round I (71 percent), conducted in the UT of Daman and Diu were safe deliveries. The proportion of institutional deliveries is much higher in Daman district (83 percent) as compared to Diu district (31 percent). Safe deliveries were on the similar pattern in both the districts. The percent of the institutional deliveries increases substantially with women's education and economic status.

In the UT of Daman and Diu, 33, 42 and 21 percent of the women experienced pregnancy, delivery and post delivery complications respectively. Around 74 percent of the women sought treatment for the pregnancy complication and 63 percent of them sought treatment for the post-delivery complications. The proportion of pregnancy complications and post delivery complications are higher in Diu district whereas the incidence of delivery complication is more in Daman district. The incidence of all the three types of complications seems to be linked with each other.

In the UT, as a whole, the practice of breast-feeding is almost universal. However, the practice of initiation of breastfeeding within two hours of birth of the child is not common. In UT of Daman and Diu, only 48 percent women started breastfeeding the child within two hours

of birth and 41 percent started after one day of birth. There is great deal of variation in the pattern of breastfeeding between the two districts. In Diu district only seven percent of the women breastfed the child within two hours of birth while in the district of Daman this percentage is as high as 67.

In the UT of Daman and Diu, 95, 76, 69 and 77 percent of the children received the BCG vaccine, three doses of DPT and Polio and measles vaccine respectively. There is 18 percentage points drop from BCG to measles, and 26 percentage points drop from BCG to three doses of Polio. It means that large number of children that have contact with services providers are missed out of subsequent services. The complete schedule of immunization including BCG, three doses of DPT and Polio each and measles was received by 56 percent of the children, whereas four percent of the children did not receive a single vaccination under routine programme. About 42 percent of the children received supplementation of at least one dose of vitamin A and only 30 percent children received IFA tablets/liquid for iron supplementation.

The extent of complete immunization consisting of BCG, three injections of DPT, three doses of Polio and measles is much lower in the district of Daman at 37 percent and it is high as 87 percent in Diu district.

In the UT of Daman and Diu, 82 percent of the women were aware of diarrhoea management and 38 percent were aware of Oral Rehydration Salt (ORS). During the two-weeks period prior to survey, children of 13 percent of the women suffered from diarrhoea, and 28 percent women treated diarrhoea among children by giving ORS. In comparison with awareness about diarrhoea management, the awareness about danger signs of pneumonia is quite low. Only 13 percent of the women reported awareness about danger signs of pneumonia. Thirty percent of the women reported that their children suffered from cough, cold and difficulty in breathing in two-week period prior to survey and 82 percent sought treatment.

The knowledge of family planning methods is universal in Diu district, and in the district of Daman 93 percent of women were aware of at-least one method of family planning. However, the knowledge of any spacing method is low, but the proportion *per se* is quite high (81 percent). The knowledge of any modern methods is also universal in Diu districts, though the knowledge of all modern methods is only 48 percent. The proportion knowing all modern methods (males and females' sterilization, IUD, oral pills and condom) is 35 percent in Daman.

In DLHS, knowledge about No-scalpel vasectomy has been asked to husbands of eligible women. About 39 percent of husbands in Daman and 36 percent of husbands in Diu were aware of no-scalpel vasectomy in the UT of Daman and Diu.

The contraceptive prevalence rate (any methods) in the UT of Daman and Diu is 56 percent, as compared to 55 percent in RCH Round I, comprising of prevalence of 53 percent of modern methods and three percent of traditional methods. About 43 percent of the couples adopted sterilization. The percent user of the two male methods, sterilization and condom is only six percent. There has been positive association between contraceptive use and place of residence, female education, and economic development. The contraceptive prevalence is little more in Daman district at 57 percent than the district of Diu (51 percent).

In the UT of Daman and Diu, a total of 24 percent of women are found to have unmet need for family planning, with more for limiting than for spacing. The total unmet need is 26 percent in Daman and 19 percent in Diu district.



Only 17 percent of the women in Daman and Diu reported that either ANM/LHV or health worker visited them at their residence at least once in the past three months. About 87 percent of the women who were visited by ANM felt that ANM had given them sufficient time to discuss health-related matters and services.

Around two-fifth of the women in Diu district reported the visit of ANM/LHV to their residence, while in case of Daman only eight percent of the women reported the same. About 85 percent of the women in Daman district and 96 percent in Diu district reported visits of ANM/LHV and two-three percent reported visit of a doctor.

It has been observed that in three months period prior to survey, 37 percent of the eligible women who were required to consult health facility visited any of the government health facilities. Good proportion (21-53 percent) of the women who visited the government health facility rated facility as excellent. On the other hand, those women who did not visit the government health facility reported medicine not given or bad quality, poor quality of services, inconvenient location or time is not suited as the reasons.

In Daman and Diu, 41 and 58 percent of women are aware of RTI/STI and HIV/AIDS respectively. The corresponding level of awareness among husbands of eligible women is 54 and 82 percent. The percent of women who are aware of RTI/STI and HIV/AIDS is low in the district of Daman, 32 and 56 percent respectively as compared to Diu district, 60 and 59 percent respectively. Similarly, awareness level of husbands of eligible women of RTI/STI is low in Daman (51 percent) compared to Diu (58 percent) while it is not so in case of knowledge of HIV/AIDS. About 82 percent husbands in Daman district and 79 percent in Diu are aware of HIV/AIDS.

About 43 percent of women and six percent of husbands of eligible women in the UT of Daman and Diu reported having at least one symptoms of RTI/STI. The prevalence of RTI/STI for women is 51 percent in Daman district whereas in case of Diu it is 23 percent. Similarly more men in Daman district (6 percent) reported the symptoms of RTI/STI than in Diu district (4 percent). About 10 percent of women reported vaginal discharge with nine percent in Daman and 12 percent in Diu. More proportion of women sought treatment for vaginal discharge problem in Daman district (41 percent) compared to Diu district (35 percent).

## CHAPTER I

### INTRODUCTION

#### 1.1 Background and Objectives of the Survey

The Reproductive and Child Health (RCH) programme launched by Government of India (GoI) in 1996-97 envisages to provide quality services and achieve multiple objectives. It ushered a positive paradigm shift from method-oriented, target-based activity to providing client-centred, demand-driven quality services. Also, efforts are made to reorient provider's attitude at grassroots level and to strengthen the services at outreach levels.

The new approach requires decentralization of planning, monitoring and evaluation of the services. The district being the basic nucleus of planning and implementation of the RCH programme, Government of India has been interested in generating district level data on utilization of the services provided by government health facilities, other than that based on service statistics. It is also of interest to assess people's perceptions on quality of services. Therefore, it was decided to undertake District Level Household Survey (DLHS) under the RCH programme in the country.

The Round I of RCH survey was conducted during the year 1998-99 in two phases (each phase covered half of the districts from all states/union territories) in 504 districts for which International Institute for Population Sciences (IIPS), Mumbai was designated as the nodal agency.

In Round II, survey was completed during 2002-04 in 593 districts as per the 2001 Census. In DLHS-RCH, information about RCH has been collected using a slightly modified questionnaire. In Round II, some new dimensions, such as test of cooking salt to assess the consumption of salt fortified with iodine, collection of blood of children, adolescents and pregnant women to assess the level of anaemia, and measurement of weight of children to assess the nutritional status, were incorporated.

The main focus of the DLHS-RCH has been on the following aspects:

- Coverage of ANC and immunization services
- Proportion of safe deliveries
- Contraceptive prevalence rates
- Unmet need for family planning
- Awareness about RTI/ STI and HIV/AIDS
- Utilization of government health services and users' satisfaction.

For the purpose of conducting DLHS-RCH, all the states and the union territories were grouped into 16 regions. A total of twelve research organizations including Population Research Centres (PRCs) were involved in conducting the survey in 16 regions with IIPS as the nodal agency. Centre for Operations Research and Training (CORT) was appointed as regional research organization to conduct this study, in the UT of Daman and Diu.

## **1.2 Survey Design**

In Round II, a systematic, multi-stage stratified sampling design was adopted. In each district, 40 Primary Sampling Units (PSUs – Villages/Urban Frame Size) were selected with probability proportional to size (PPS) using the 1991 Census data. All the villages were stratified according to population size, and female literacy was used for implicit arrangement within each strata. The number of PSUs in rural and urban areas was decided on the basis of percent of urban population in the district. However, a minimum of 12 urban PSUs were selected in each district in case the percent urban was low. The target sample size in each district was set at 1,000 complete residential households from 40 selected PSUs. In order to take care of non-response due to various reasons, sample was inflated by 10 percent (i.e. 1,100 households). In the second stage, within each PSU, 28 residential households were selected with Circular Systematic Random Sampling (CSRS) procedure after house listing.

For selecting the urban sample, the National Sample Survey Organization (NSSO) provided the list of selected urban frame size (UFS) blocks in the district. The UFS blocks were made available separately for each district for urban areas. The maps of selected blocks were obtained from the NSSO field office located in each state/union-territory.

But in each state, in two districts, the PSUs that were surveyed in Round I of DLHS-RCH (also known as RHS-RCH) were also selected for survey in Round II. This was done in order to measure the changes more accurately. Two districts, one with the highest proportion of safe delivery and another with the lowest proportion of safe delivery among those surveyed during Round I of the survey were selected for this purpose. In all other districts, fresh sample of PSUs were selected.

## **1.3 House Listing and Sample Selection**

The household listing operation was carried out in each of the selected PSU segment prior to the data collection that provided the necessary frame for selecting the households. The household listing operation also involved preparation of location map and layout sketch map of the structures and recording the details of the households in these structures in each selected PSU. This exercise was carried out by independent teams each comprising of one lister, one mapper and one supervisor under the overall guidance and monitoring of the survey coordinator of households of the selected regional agencies.

A complete listing of households was carried out in villages with households up to 300. In case of villages with more than 300 households but less than or equal to 600 households, two segments of more or less same size were formed and one segment was selected at random and household listing was carried out. In case of villages with more than 600 households, segments each of about 150 households were formed and two segments were selected for listing using the systematic random sampling method.

Small villages with less than 50 households were linked with a nearest village. After combining it with the nearest village, the same sampling procedure was adopted as mentioned above. For the urban PSUs, the selected UFS blocks needed no segmentation as they were of almost equal size and contained less than 300 households.

No replacement was made if selected household was absent during data collection. However, if a PSU was inaccessible, a replacement PSU with similar characteristics was selected by the IIPS and provided to the regional agency for survey.

#### 1.4 Questionnaire

DLHS-RCH collected information on various indicators pertaining to RCH that would assist policymakers and programme managers to formulate and implement the goals set for RCH programmes. The International Institute for Population Sciences (IIPS), Mumbai, the Nodal Agency for DLHS–RCH project has made necessary modifications in the two Questionnaires: Households Questionnaire and Women’s Questionnaire and added three more Questionnaires i.e., Husband’s Questionnaire, Village Questionnaire and Health Questionnaire, in consultation with MoHFW and World Bank. These Questionnaires were discussed and finalized in training cum workshop organized at IIPS during the first week of November 2001.

These modified questionnaires were canvassed during the round II of the DLHS–RCH survey, taking into consideration the views of all the regional agencies involved. The house-listing teams, the interviewers and the supervisors for the main survey were given rigorous training based on the manuals developed for the purpose by the Nodal Agency.

All the questionnaires were bilingual, with questions in both regional and English language.

The Details of questionnaires are as follows:

**Household Questionnaire:** The household questionnaire lists all usual residents in each sample household including visitors who stayed in the household the night before the interview. For each listed household member, the survey collected basic information on age, sex, and marital status, relationship to the head of the household, education and the prevalence/incidence of tuberculosis, blindness and malaria. Information was also collected on the main source of drinking water, type of toilet facility, source of lighting, type of cooking fuel, religion and caste of household head and ownership of other durable goods in the household. In addition, a test was conducted to assess if the household used cooking salt that has been fortified with iodine. Besides, details of marriages and deaths which happen to usual residents within reference period were collected. Efforts were also made to get information about maternal deaths.

**Women Questionnaire:** Women questionnaire is designed to collect information from currently married women age 15 – 44 years who are usual residents of the sample household or visitors who stayed in the sample household the night before the interview. The women questionnaire covered the following sections:

*Section I: Background characteristics:* In this section, information collected was on age, education status and birth and death history of biological children including still birth, induced and spontaneous abortions.

*Section II: Antenatal, natal and post natal care:* In this section, the questionnaire collected information only from the women who had live birth, still birth, spontaneous or induced abortion during last three years preceding the survey date. The information on whether

women received antenatal and postpartum care, who attended the delivery and the nature of complications during pregnancy for recent births were also collected.

*Section III: Immunization and childcare:* This section gave information about feeding practices, the length of breastfeeding, immunization coverage and recent occurrence of diarrhoea, and pneumonia for young children (below age 3 years).

*Section IV: Contraception:* This section provided information on knowledge and use of specific family planning methods. Questions were included about reasons for non use, intentions about future use, desire for additional child, sex preference for next child etc.

*Section V: Assessment of quality of government health services and client satisfaction.* In this section the questions are targeted to assess the quality of family planning and health services provided by Government health facilities. The information were also collected about the rating of Government health facilities and staffs and reasons for not visiting to government health facilities by eligible woman.

*Section VI: Awareness about RTI/STI and HIV/AIDS:* In this section, the information were collected about women's knowledge of RTI/STI, source of knowledge, awareness of mode of transmission, curability, symptoms and treatment seeking behaviour. Awareness about HIV/AIDS, source of knowledge, awareness of mode of transmission and prevention etc were canvassed.

**Husband Questionnaire:** In DLHS-RCH, round II, husband questionnaire was used to collect information from husbands of eligible women about age, education status, knowledge and source of knowledge of RTI/STI and HIV/AIDS, reported symptoms of RTI/STI and male participation. Apart from these information, desire for children, reasons for not using F.P. methods, future intention to use F.P. methods and knowledge about no scalpel vasectomy (NSV) was also collected.

**Health Questionnaire:** In DLHS-RCH, round II, a health questionnaire is included. The information collected were on weight of children age 0–71 months old and the blood sample to assess the haemoglobin levels of children age 0–71 months old, adolescents 10–19 years old and pregnant eligible women. This information is useful for assessing the levels of nutrition prevailing in the population and prevalence of anaemia among women, adolescent girls and children.

**Village Questionnaire:** A village questionnaire is also added in this round of DLHS. The information collected on the availability and accessibility of various facilities in the village especially on accessibility to education and health facilities.

## **1.5 Fieldwork and Sample Coverage**

The fieldwork for RCH Round II was done in two phases. During Phase I, Daman district was covered in the month of August 2002 and Diu district was covered during Phase II from July 2004 to August 2004.

In the two rounds, a total of 2,110 households were covered from the UT of Daman & Diu. From these surveyed households, 1,539 currently married women (aged 15-44 years) and 1,059 husbands of eligible women were interviewed.

## 1.6 Data Processing

All the five types of completed questionnaires were brought to the headquarter of CORT and data were processed using microcomputers. The process consisted of office editing of questionnaires, data entry, data cleaning and tabulation. Data cleaning included validation, range and consistency checks. For both data entry and tabulation of the data, IIPS developed the software package. The district level and combined reports were prepared by CORT for Daman & Diu whereas national report is prepared by the nodal agency.

## 1.7 Sample Weights

In generating district level demographic indicator sample weight for household, women and husband, weight have been used and these for a particular district are based on three selection probabilities  $f_1^i$ ,  $f_2^i$  and  $f_3^i$  pertaining to  $i^{\text{th}}$  PSU of the district. These probabilities are defined as

$$\begin{aligned} f_1^i &= \text{Probability of selection of } i^{\text{th}} \text{ PSU in a district} \\ &= \frac{(n_r * H_i)}{H} \end{aligned}$$

Where,  $n_r$  is the number of rural PSU to be selected in a district,  $H_i$  refers to the number of household in the  $i^{\text{th}}$  PSU and  $H = \sum H_i$ , total number of household in a district.

$$\begin{aligned} f_2^i &= \text{Probability of selecting segment (s) from segmented PSU} \\ &\quad \text{(in case the } i^{\text{th}} \text{ selected PSU is segmented)} \\ &= \text{(Number of segments selected after segmentation of PSU) / (number of segment created in a PSU)} \end{aligned}$$

The value of  $f_2^i$  is to be equal to one for un-segmented PSU.

$$\begin{aligned} f_3^i &= \text{probability of selecting a household from the total listed households of a PSU or in} \\ &\quad \text{segment(s) of a PSU} \\ &= \frac{28 * HR_i}{HL_i} \end{aligned}$$

Where  $HR_i$  is the household response rate of the  $i^{\text{th}}$  sampled PSU and  $HL_i$  is the number of households listed in  $i^{\text{th}}$  PSU in a district.

**For urban PSU**,  $f_1^i$  is computed either as the ratio of number of urban PSUs to be included from the district to the total number of UFS blocks of the district or as the ratio of urban population of the selected PSU to the total urban population of the district.

The probability of selecting a household from the district works out as;

$$f^i = (f_1^i * f_2^i * f_3^i)$$

The non-normalized household weight for the  $i^{\text{th}}$  PSU of the district is,  $w^i = \frac{1}{f^i}$ , while the normalized weight used in the generation of district indicators as

$$n_i^d = \frac{\sum_i n_i}{\sum_i n_i * w^i} * w^i, \quad i=1,2,3,\dots,40.$$

Where  $n_i$  is the number of households interviewed in the  $i^{\text{th}}$  PSU. The weight for women and husband are computed in the similar manner after multiplication of expression for  $f^i$  by the corresponding response rate. State weights for households, women and husbands are further derived from the district weights  $n_i^d$  for the  $i^{\text{th}}$  psu in  $d^{\text{th}}$  district using external control so that for sample results do not deviate from the corresponding information about the population.

Let,  $n_s = \sum_i n_i^d$  and  $N_I = \sum_i N_i^d$ , denote the number of households in the sample and census of a particular state, then state level households weights are worked out as;

$$n_i^s = n_i^d * \frac{\left( \frac{n_i^d}{n_s} \right)}{\left( \frac{N_i^d}{N_{sc}} \right)}, \text{ where } n_i^d \text{ household sample in } i^{\text{th}} \text{ district, } n_s \text{ is the total sample in}$$

the state,  $N_i^d$  is the census population in the  $i^{\text{th}}$  district and  $N_{sc}$  is the census population in the state.

These households' weights are controlled for rural-urban separately.

Considering sample and census currently married women in 15-44 years and married males above 15 years for specified state by districts and rural-urban residence, state level women and husbands' weights are obtained for estimation of state level indicators.

### 1.8 Sample Implementation

Table 1.1 shows the period of fieldwork, number of households interviewed and household's response rates. A total of 2,110 households are interviewed, about 59 percent were rural. The overall household response rate – the number of households interviewed per 100 occupied households – was 99 percent. The household response rate was more than 97 percent in both the districts.

<b>Table 1.1 NUMBER OF HOUSEHOLDS INTERVIEWED</b>						
Month and year of fieldwork and number of households interviewed by district, Daman & Diu, 2002-04						
State/District	Month and year of field work		Number of households interviewed			Response rate
	From	To	Total	Rural	Urban	
State	-	-	2,110	1,245	865	98.8
State-phase I	08/2002	08/2002	-	-	-	-
State-phase II	07/2004	08/2004	-	-	-	-
Daman	08/2002	08/2002	1,028	698	330	97.8
Diu	07/2004	08/2004	1,082	547	535	99.7

Table based on unweighted cases.

In the interviewed households, interviews were completed with 1,539 currently married women who are the usual member of the household or stayed night before the household interview and 1,059 husbands of eligible women were also interviewed (Table 1.2). The number of completed interviews per 100 identified eligible women and husbands in the households with completed interviews were 89 and 72 percent respectively. The variation in the women's response between the districts was more in Diu (96 percent) than in Daman (83 percent), similarly husband's response rate was found to be much higher in Diu (89 percent) as compared to Daman (60 percent).

<b>Table 1.2 NUMBER OF WOMEN AND HUSBANDS INTERVIEWED</b>								
Number of women and husbands interviewed by district, Daman & Diu, 2002-04								
State/District	Number of women interviewed			Response rate	Number of husbands interviewed			Response rate
	Total	Rural	Urban		Total	Rural	Urban	
State	1,539	935	604	89.1	1,059	649	410	71.6
Daman	745	517	228	82.6	514	359	155	59.5
Diu	794	418	376	96.1	545	290	255	88.6

Table based on unweighted cases.

## 1.9 Basic Demographic Profile of the UT

Before presenting the survey result, the basic demographic features of Daman and Diu districts (as per census, 2001) are presented here.

The UT of Daman & Diu, located in the western part of the country with 158,059 populations in 2001. It is situated in the western sea coast of Gujarat state. Bounded by the Arabian sea and Valsad and Junagarh districts of Gujarat state.

According to 2001 census, the population of Daman & Diu is 158 thousand out of which 92.5 thousands are males and 65.6 thousands are females. The rural and urban breakup of the population shows that about 64 percent of the population was enumerated in rural areas and 36 percent in urban areas. Keeping pace with the national average, Daman & Diu has recorded an increase in the decadal growth rate from 28.6 percent in 1981-91 to 55.7 percent during 1991-2001. Among the districts, Daman has 83.5 percent decadal growth rate whereas Diu has only 11.7 percent during 1991-2001.



The proportion of Schedule Tribe and Scheduled Caste population is recorded about nine percent and three percent respectively in the union territory in 2001 Census. The UT of Daman & Diu has a population density of 1411 per sq. km. Between the two districts, Daman is more dense (1583 person/sq. km.) than Diu (1103 person/sq. km).

The sex ratio of the total population in the union territory has gone down since 1991 Census from 969 to 710 per 1000 males. Sex ratio is favourable for girls in Diu district, 1,117, however it is much lower in Daman, 591 within the union territory.

The literacy rate in the UT has improved from 52 percent in 1991 to 78 percent in 2001 and it is much higher even to the national average of 65 percent. Daman district has relatively more literacy rate (84 percent) as compared to Diu district (74 percent). The male literacy rate for the UT is 87 percent and the female literacy rate is 66 percent. Both the male and female literacy rates have increased from 1991 census to 2001 census.

<b>Table 1.3 BASIC DEMOGRAPHIC INDICATOR</b>							
Basic demographic indicator of India, state and districts, Census 2001							
India/state/district	Population (in thousand)	Percentage urban	Percentage decadal growth rate <sup>1</sup>	Sex ratio <sup>2</sup>	Percentage literate 7+		
					Male	Female	Persons
<b>India</b>	10,28,737	28.0	21.5	933	75.3	53.7	64.8
<b>UT</b>	158	36.2	55.7	710	86.8	65.6	78.2
Daman	114	31	83.5	591	89.1	73.7	83.6
Diu	44	49	11.7	1117	85.6	64.2	74.1

Note: Source: Primary Census Abstract, Series 25, Census of India, 2001. <sup>1</sup> 1991-2001, <sup>2</sup> Females per 1,000 males.

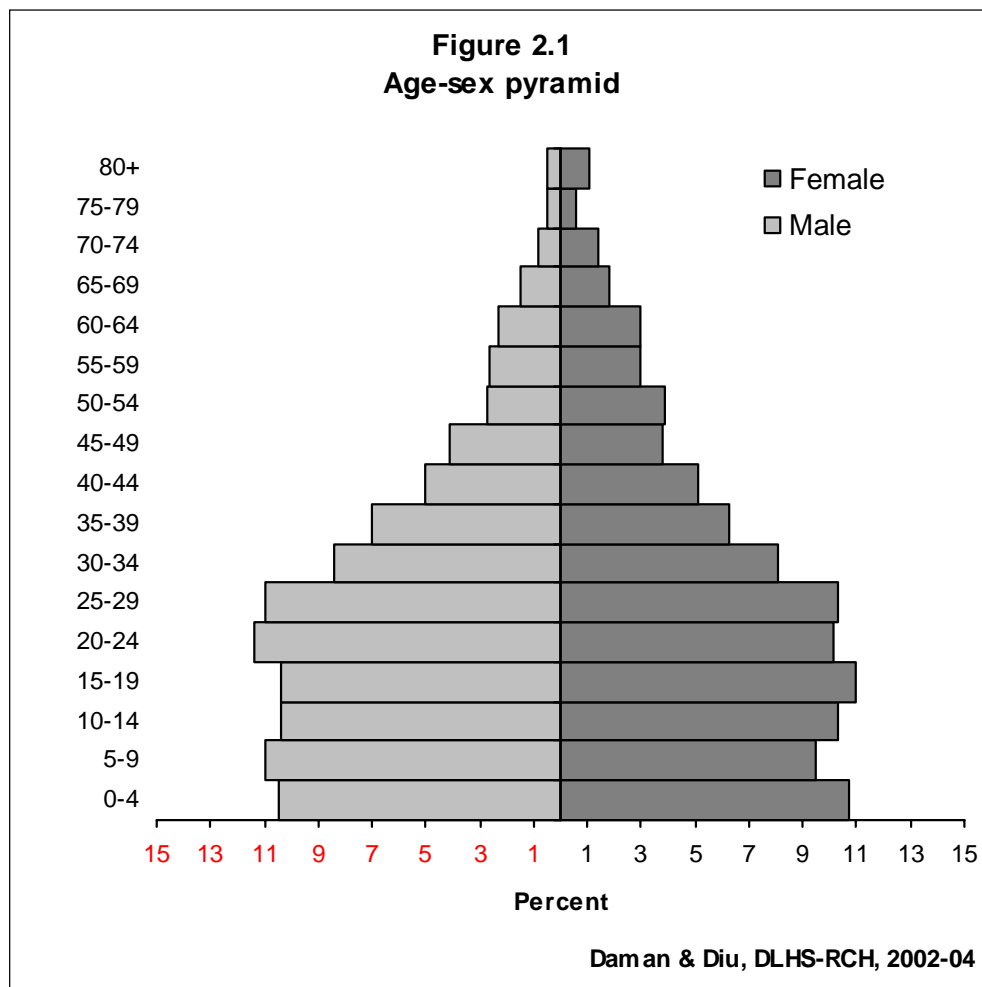
## CHAPTER II

### BACKGROUND CHARACTERISTICS OF HOUSEHOLD

This chapter provides a socio-economic and demographic profile of households interviewed in the District Level Household Survey-Reproductive and Child Health. Facilities and services such as Health, Education and Communication available in the representative sampled village are also presented here. The *de facto* method of enumeration is adopted in order to include every individual staying in the sampled Primary Sampling Units (PSU), either a village or an urban area, the night before the survey. The objective of adopting the *de facto* method is to avoid duplication of persons who are in transit.

#### 2.1 Age-Sex Structure

The age-sex distribution of sampled household population classified by residence is presented in Table 2.1. The percent distribution is based on sampled *de facto* population of 10,103 persons of whom 61 percent lived in the rural areas of Daman & Diu. The UT of Daman & Diu depicts a young and growing population with 31 percent below the age of 15 years (Figure 2.1). There are more children below 15 years recorded in rural areas (33 percent) compared to those in urban areas (28 percent).



The overall sex ratio of 103 males per 100 females is recorded for the *de facto* population. The sex ratio is more skewed, 106 in favour of males, in rural areas compared to 99 in urban areas.

<b>Table 2.1 HOUSEHOLD POPULATION BY AGE AND SEX</b>									
Percent distribution of the household population by age and by residence and sex, Daman & Diu, 2002-04									
Age	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
< 1	2.1	2.2	2.0	2.1	2.1	2.2	2.1	2.4	1.8
1-4	8.5	8.3	8.7	8.8	7.9	9.8	8.0	8.9	7.1
5-9	10.3	11.0	9.5	11.0	11.9	10.0	9.2	9.6	8.7
10-14	10.3	10.4	10.3	11.2	11.3	11.2	8.9	8.8	8.9
15-19	10.7	10.4	11.0	11.8	11.2	12.3	9.0	9.0	9.0
20-24	10.8	11.4	10.1	11.2	12.8	9.5	10.1	9.1	11.0
25-29	10.7	11.0	10.3	9.6	10.1	9.2	12.3	12.6	12.0
30-34	8.3	8.4	8.1	8.2	8.1	8.4	8.4	9.1	7.8
35-39	6.6	7.0	6.3	6.2	6.3	6.2	7.3	8.1	6.5
40-44	5.0	5.0	5.1	4.7	4.9	4.4	5.6	5.1	6.1
45-49	4.0	4.1	3.8	3.8	3.7	4.0	4.2	4.8	3.6
50-54	3.3	2.7	3.9	2.9	2.4	3.4	3.9	3.1	4.7
55-59	2.8	2.6	3.0	2.6	2.4	2.7	3.1	2.9	3.3
60-64	2.7	2.3	3.0	2.6	2.2	3.0	2.8	2.5	3.1
65-69	1.6	1.5	1.8	1.5	1.3	1.7	1.9	1.7	2.1
70-74	1.1	0.8	1.4	0.9	0.7	1.2	1.3	1.0	1.6
75-79	0.5	0.5	0.6	0.4	0.4	0.4	0.8	0.7	0.9
80+	0.8	0.5	1.1	0.5	0.4	0.5	1.3	0.7	1.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons	10,103	5,127	4,977	6,191	3,192	2,999	3,912	1,934	1,978
Sex ratio <sup>1</sup>	103	NA	NA	106	NA	NA	99	NA	NA

Note: Table is based on the *de facto* population, i.e. persons who stayed in the household the night before the interview (including both usual resident and visitors)  
NA: Not applicable <sup>1</sup> Male per 100 females

## 2.2 Household Characteristics

The percent distribution of 2,110 households surveyed in the UT of Daman & Diu by selected characteristics of the household head and the number of usual household members is shown in Table 2.2. This is based on *de jure*, the usual resident population. About 82 percent of household heads are male invariant of place of resident while the remaining 18 percent are female-headed households. Eighty-one percent of household heads are in the 30-59 years age group. The median age of household heads is around 43 years for the UT as a whole, which being about 42 years in rural and 44 years in urban areas. About 15 percent of household heads are younger than 30 years and 19 percent are at least 60 years old. Majority of the household heads are Hindu (90 percent), seven percent are Muslim, and rest belongs to other religions. The proportion of Muslim households is relatively more in urban areas (11 percent) than rural areas (4 percent).

<b>Table 2.2 HOUSEHOLD CHARACTERISTICS</b>			
Percent distribution of the household head by selected characteristics of the household head and household size, according to residence, Daman and Diu, 2002-04			
Characteristic	Total	Residence	
		Rural	Urban
<b>Sex of the household head</b>			
Male	81.8	83.8	79.0
Female	18.2	16.2	21.0
<b>Age of the household head</b>			
< 30	14.9	17.6	10.9
30-44	39.4	40.1	38.4
45-59	26.8	25.0	29.4
60+	19.0	17.3	21.4
Median age of the household head	42.7	41.6	44.4
<b>Religion of the household head</b>			
Hindu	89.7	95.8	80.9
Muslim	6.7	3.7	11.1
Christian	3.0	0.5	6.6
Sikh	0.2	0.0	0.4
Jain	0.3	0.0	0.7
Zoroastrian	0.1	0.0	0.3
<b>Caste/tribe of the household head</b>			
Scheduled caste	11.6	14.6	7.4
Scheduled tribe	10.9	17.0	2.2
Other backward class	35.6	30.2	43.3
Other #	34.6	29.8	41.6
Don't know	7.2	8.5	5.5
<b>Number of usual members</b>			
1	4.4	3.4	5.8
2	9.3	9.0	9.8
3	13.8	11.9	16.4
4	23.0	22.4	23.7
5	20.1	19.5	20.9
6	11.4	12.5	9.7
7	7.5	9.6	4.6
8	3.6	3.9	3.1
9+	7.0	7.7	6.0
Mean household size	4.7	4.9	4.4
Total percent	100.0	100.0	100.0
Number of households	2,110	1,246	864
Note: Table is based on the <i>de jure</i> population			
# Higher caste (Not belonging to a scheduled caste, a scheduled tribe and an other backward class)			

About 11-12 percent of the households in Daman & Diu belong to schedule caste and schedule tribe and 36 percent to other backward classes while 35 percent of the households are headed by other castes. About 17 percent of the household head belong to schedule tribe in rural areas and it is only two percent in urban areas. The average household size is 4.7 in Daman & Diu. The average household size is slightly higher in rural areas (4.9) as compared to urban areas (4.4).

### 2.3 Educational Level of the Household Population

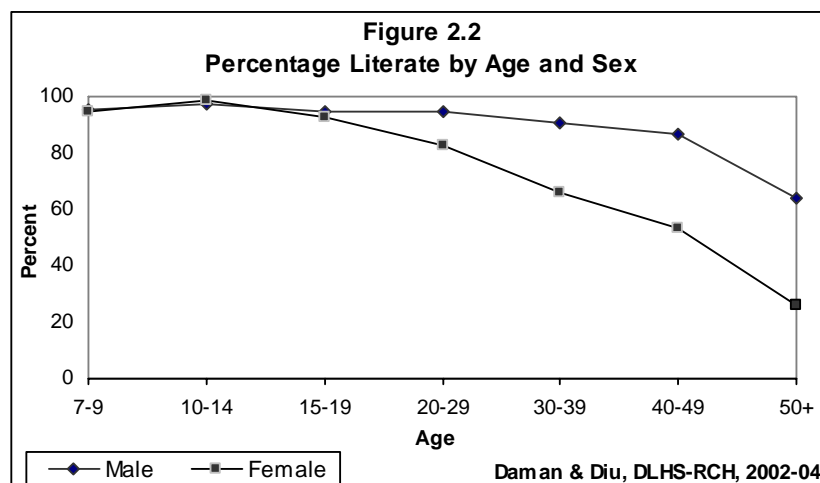
The educational background of Daman & Diu, presented in this section is based on *de facto* household population. Literacy rate and years of schooling, according to age, sex and residence are shown in Table 2.3.

<b>Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION</b>								
Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age , residence and sex, Daman & Diu, 2002-04								
Age	Non-literate	Literate but no schooling	Years of schooling				Total Percent	Number of persons
			1-5	6-8	9-10	11 or more		
<b>Total</b>								
<b>Male</b>								
7-9	4.8	0.0	94.2	1.0	0.0	0.0	100.0	360
10-14	2.5	0.0	40.9	50.0	6.7	0.0	100.0	531
15-19	5.2	0.0	5.8	26.8	32.5	29.6	100.0	533
20-29	5.4	0.2	11.8	17.4	31.7	33.5	100.0	1,151
30-39	9.1	0.1	15.1	19.6	27.6	28.5	100.0	789
40-49	13.1	0.6	21.8	21.4	23.5	19.7	100.0	467
50+	35.8	1.4	29.3	11.8	10.8	10.9	100.0	554
<b>Total</b>	<b>10.3</b>	<b>0.3</b>	<b>25.2</b>	<b>21.2</b>	<b>21.9</b>	<b>21.0</b>	<b>100.0</b>	<b>4,386</b>
<b>Female</b>								
7-9	5.0	0.0	95.0	0.0	0.0	0.0	100.0	291
10-14	1.0	0.0	36.7	56.2	6.1	0.0	100.0	511
15-19	7.3	0.0	10.0	23.1	35.7	23.9	100.0	546
20-29	17.5	0.1	10.4	22.5	27.6	21.9	100.0	1,014
30-39	34.3	0.1	15.0	21.8	18.2	10.4	100.0	718
40-49	46.4	0.4	20.6	17.0	10.2	5.5	100.0	442
50+	74.3	0.3	13.1	6.1	2.7	3.6	100.0	736
<b>Total</b>	<b>29.0</b>	<b>0.1</b>	<b>21.6</b>	<b>21.6</b>	<b>16.5</b>	<b>11.2</b>	<b>100.0</b>	<b>4,260</b>
<b>Total</b>								
7-9	4.9	0.0	94.6	0.5	0.0	0.0	100.0	652
10-14	1.7	0.0	38.8	53.0	6.4	0.0	100.0	1,043
15-19	6.3	0.0	7.9	25.0	34.1	26.7	100.0	1,079
20-29	11.1	0.1	11.1	19.8	29.8	28.1	100.0	2,165
30-39	21.1	0.1	15.0	20.7	23.1	19.9	100.0	1,508
40-49	29.3	0.5	21.2	19.2	17.0	12.8	100.0	909
50+	57.8	0.8	20.1	8.5	6.1	6.7	100.0	1,290
<b>Total</b>	<b>19.5</b>	<b>0.2</b>	<b>23.4</b>	<b>21.4</b>	<b>19.2</b>	<b>16.2</b>	<b>100.0</b>	<b>8,646</b>

Note: The table is based on *de facto* population

Contd.

Table 2.3 indicates that, about one-fifth of the population aged seven and above is not-literate. The proportion of non-literates is much higher (29 percent) among females compared to 10 percent among males. The proportion of non-literate is much higher among the older cohorts compared to the younger ones. For both males and females, going by expected trend, the level of literacy is higher in the younger population than in the older age groups with the exception of the youngest age group of 7-9 years (Figure 2.2).



About 94 to 95 percent of the male and female children in the age group of 7-9 years had 1-5 years of schooling. However, one-fourth males and 22 percent females have had education for 1-5 years. Lesser proportion of females are found in higher education of 9-10 years (17 percent) and 11 or more years (11 percent) as compared to the males having corresponding figures of 22 percent and 21 percent respectively. A negligible proportion of the total population, are found to be literate without any formal schooling.

**Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION**

Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age, residence and sex, Daman & Diu, 2002-04

Age	Non-literate	Literate but no schooling	Years of schooling				Total Percent	Number of persons
			1-5	6-8	9-10	11 or more		
<b>Rural</b>								
<b>Male</b>								
7-9	5.4	0.0	93.9	0.7	0.0	0.0	100.0	246
10-14	2.2	0.0	40.1	50.5	7.1	0.0	100.0	361
15-19	5.8	0.0	7.7	32.3	31.5	22.7	100.0	359
20-29	7.0	0.0	14.3	21.9	34.7	22.1	100.0	732
30-39	13.1	0.2	19.4	25.3	25.8	16.2	100.0	458
40-49	18.2	0.5	30.1	24.0	20.8	6.4	100.0	275
50+	51.7	0.5	30.2	9.1	6.8	1.6	100.0	310
Total	13.3	0.1	28.2	24.5	21.5	12.4	100.0	2,741
<b>Female</b>								
7-9	5.2	0.0	94.8	0.0	0.0	0.0	100.0	187
10-14	1.3	0.0	36.6	56.7	5.4	0.0	100.0	334
15-19	9.9	0.0	12.2	29.7	34.4	13.9	100.0	369
20-29	25.6	0.0	13.7	25.1	24.1	11.6	100.0	559
30-39	46.6	0.1	16.1	17.8	15.6	3.9	100.0	437
40-49	62.4	0.0	19.5	12.1	4.7	1.3	100.0	251
50+	88.6	0.0	7.0	2.7	0.6	1.0	100.0	389
Total	35.5	0.0	22.5	22.1	14.3	5.5	100.0	2,527
<b>Total</b>								
7-9	5.3	0.0	94.3	0.4	0.0	0.0	100.0	434
10-14	1.8	0.0	38.4	53.5	6.3	0.0	100.0	695
15-19	7.9	0.0	9.9	31.0	33.0	18.2	100.0	728
20-29	15.0	0.0	14.0	23.3	30.1	17.5	100.0	1,291
30-39	29.5	0.1	17.8	21.6	20.8	10.2	100.0	895
40-49	39.3	0.2	25.1	18.4	13.1	4.0	100.0	526
50+	72.3	0.2	17.3	5.5	3.4	1.3	100.0	699
Total	24.0	0.1	25.5	23.3	18.0	9.1	100.0	5,267

Contd.

An examination of the educational attainment by place of residence revealed that the urban-rural differential was quite pronounced. In urban areas, 13 percent of the total population is non-literate in comparison with 24 percent of the rural population. The number of non-literate females living in rural areas of Daman & Diu accruing a share as high as 36 percent, while non-literate rural males is 13 percent. Prevalence of illiteracy is much less in urban areas with figures of 20 percent and five percent non-literate females and males respectively. A contrasting feature of rural-urban difference in educational level is that in rural areas majority of the people who had 9 or more years of schooling was just 27 percent, whereas in urban areas a much higher proportion of people (48 percent) had this level of education.

<b>Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION</b>								
Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age , residence and sex, Daman & Diu, 2002-04								
Age	Non-literate	Literate but no schooling	Years of schooling				Total Percent	Number of persons
			1-5	6-8	9-10	11 or more		
<b>Urban</b>								
<b>Male</b>								
7-9	3.6	0.0	94.9	1.5	0.0	0.0	100.0	114
10-14	3.0	0.0	42.4	48.9	5.6	0.0	100.0	170
15-19	4.0	0.0	2.0	15.5	34.5	44.0	100.0	174
20-29	2.6	0.4	7.4	9.4	26.6	53.5	100.0	419
30-39	3.5	0.0	9.0	11.7	30.1	45.6	100.0	332
40-49	5.8	0.7	9.9	17.6	27.5	38.6	100.0	192
50+	15.5	2.6	28.2	15.1	15.8	22.7	100.0	244
Total	5.3	0.6	20.2	15.9	22.7	35.4	100.0	1,645
<b>Female</b>								
7-9	4.5	0.0	95.5	0.0	0.0	0.0	100.0	104
10-14	0.4	0.0	37.0	55.2	7.5	0.0	100.0	177
15-19	1.9	0.0	5.5	9.5	38.3	44.8	100.0	177
20-29	7.7	0.2	6.4	19.2	32.0	34.5	100.0	455
30-39	15.4	0.2	13.4	28.1	22.3	20.7	100.0	281
40-49	25.5	0.9	21.9	23.4	17.3	11.0	100.0	191
50+	58.2	0.7	19.8	9.9	4.9	6.5	100.0	348
Total	19.5	0.3	20.3	20.8	19.6	19.5	100.0	1,733
<b>Total</b>								
7-9	4.0	0.0	95.2	0.8	0.0	0.0	100.0	218
10-14	1.7	0.0	39.7	52.1	6.6	0.0	100.0	347
15-19	2.9	0.0	3.7	12.5	36.5	44.4	100.0	351
20-29	5.2	0.3	6.9	14.5	29.4	43.7	100.0	874
30-39	9.0	0.1	11.0	19.3	26.5	34.2	100.0	613
40-49	15.6	0.8	15.9	20.5	22.4	24.8	100.0	384
50+	40.6	1.5	23.3	12.0	9.4	13.2	100.0	591
Total	12.6	0.4	20.3	18.4	21.1	27.2	100.0	3,378

## 2.4 Marital Status of the Household Population

The DLHS, collected information on the marital status of all household members aged 10 years and above. Table 2.4 shows percentage distribution of the household population by marital status distribution of *de facto* household population by age and sex. About 18 percent of females in the age group 15-19 years, 69 percent in the age group 20-24 years, and 89 percent in the age group 25-29 years, are currently married. The proportion of never married population is 37 percent in this UT, and it is higher for males (44 percent) than females (30 percent). The proportion of never married among males declines with increasing age and reaches very low at about five percent by the time they are in the age group 30-44 years. A similar pattern has been observed in the case of females, with the eight percent married for the age group 25-29 years and four percent for the age group 30-44 years. The proportion of divorced, separated or widowed is seven percent however it is limited to the older ages. More than half (63 percent) women aged 60 years or above are widowed/divorced/separated while in case of males this figure is only 13 percent. Among the *de facto* population aged 10 years and above, 54 percent of males and 57 percent of females are currently married.

<b>Table 2.4 MARITAL STATUS OF THE HOUSEHOLD POPULATION</b>						
Percent distribution of the household population aged 10 years and above by marital status, according to age and sex , Daman & Diu, 2002-04						
Age	Marital status				Total Percent	Number of persons
	Never married	Currently married	Married, <i>gaunna</i> not performed	Widowed/ divorced/ Separated		
Male						
10-14	99.1	0.0	0.9	0.0	100.0	531
15-19	96.1	2.5	1.4	0.0	100.0	533
20-24	74.8	24.8	0.3	0.1	100.0	586
25-29	38.6	59.9	0.6	0.9	100.0	565
30-44	5.3	92.8	0.5	1.4	100.0	1,045
45-59	0.3	95.8	0.0	3.9	100.0	481
60+	1.3	85.6	0.0	13.1	100.0	285
Total	43.6	53.9	0.6	1.9	100.0	4,025
Female						
10-14	99.7	0.2	0.1	0.0	100.0	511
15-19	81.8	17.7	0.6	0.0	100.0	546
20-24	29.0	68.8	0.8	1.4	100.0	502
25-29	8.1	88.7	0.7	2.5	100.0	512
30-44	3.5	88.5	0.0	8.0	100.0	972
45-59	1.9	70.6	1.0	26.5	100.0	531
60+	1.7	35.7	0.1	62.5	100.0	395
Total	30.1	57.3	0.4	12.2	100.0	3,969
Total						
10-14	99.4	0.1	0.5	0.0	100.0	1,043
15-19	88.8	10.2	1.0	0.0	100.0	1,079
20-24	53.7	45.1	0.5	0.7	100.0	1,088
25-29	24.1	73.6	0.7	1.7	100.0	1,077
30-44	4.4	90.7	0.3	4.6	100.0	2,017
45-59	1.1	82.6	0.5	15.8	100.0	1,012
60+	1.5	56.6	0.1	41.8	100.0	679
Total	36.9	55.6	0.5	7.0	100.0	7,994

Note: Table is based on *de facto* population

## 2.5 Marriage

Marriage in the household is an important event that reflects the socio-cultural practices of the communities surveyed in DLHS. This section outlines the age at marriage during the three years period prior to the survey. Mean age at marriage by sex and percentage of total marriages, which are below legal age at marriage, 21 years for boys and 18 years for girls by residence in the UT and at district levels are shown in Table 2.5.

Mean age at marriage for boys and girls in urban areas of Daman & Diu are 28 years and 23 years respectively. The corresponding figures in rural areas are 25 years and 23 years. On the whole, as far as Daman & Diu is concerned, both boys and girls seem to adhere the legal age at marriage, the mean age at marriage being 27 years for boys and 23 years for girls. However, eight percent of boys and 12 percent of girls got married below the corresponding specified legal age at marriage. The proportion is higher in the rural areas compared to the urban areas of Daman & Diu.

When it comes to district level variation in mean age at marriage, it is highest in Daman at 27 years for boys and 24 years for girls. However in Diu, it is 26 years for boys and 20 years for girls. It is also found that, the percentage of girls who were married below the



legal age at marriage was little more in the district of Daman (14 percent) than Diu (12 percent). In the case of boys, the proportion of marrying below the legal age, is found much higher in Diu (16 percent) as compared to Daman (6 percent).

<b>Table 2.5 MARRIAGE</b>				
Mean age at marriage and percentage of marriages below legal at marriage by sex and by districts, Daman & Diu, 2002-04				
Place of residence/ District	Mean age at marriage		Percentage of marriage below legal age at marriage	
	Boy	Girl	Boy (<21)	Girl (<18)
<b>UT – Total</b>	26.7	23.0	8.1	12.3
<b>UT – Rural</b>	25.4	22.8	12.5	18.8
<b>UT – Urban</b>	28.4	23.3	2.4	1.8
Daman	26.9	24.4	5.8	13.7
Diu	25.5	20.3	15.8	11.6

Note: Table based on *de jure* population.  
Reference period: - January 1<sup>st</sup>, 1999 to survey date for phase-1, and January 1<sup>st</sup>, 2001 to survey date for phase-2.

## 2.6 Morbidity Rates

The DLHS-RCH has collected information on the morbidity status relating to blindness, tuberculosis and malaria of the *de jure* members of the household. Table 2.6 provides prevalence rates.

<b>Table 2.6 MORBIDITY RATES</b>			
Prevalence of blindness, tuberculosis, and malaria, according to place of residence, Daman & Diu, 2002-04.			
Morbidity	Total	Residence	
		Rural	Urban
Prevalence rate of blindness			
Male			
Partial	2,729	2,793	2,624
Complete	891	1,235	320
Night blindness	192	285	39
Female			
Partial	3,684	3,585	3,835
Complete	1,325	1,944	384
Night blindness	133	221	0
Persons			
Partial	3,196	3,173	3,231
Complete	1,103	1,575	352
Night blindness	163	254	20
Prevalence rate of tuberculosis			
Male	104	167	0
Female	24	16	36
Person	65	95	18
Prevalence rate of malaria <sup>1</sup>			
Male	896	1,193	408
Female	1,201	1,443	834
Person	1,046	1,314	622

Note: All the rates refer to *de jure* population.  
Prevalence rate per 100, 000 population  
Reference period: - January 1<sup>st</sup>, 1999 to survey date for phase-1, and January 1<sup>st</sup>, 2001 to survey date for phase-2. <sup>1</sup> Last two weeks prior to the survey

## Partial, Complete and Night Blindness

The overall prevalence of partial blindness is 3,196 per 100,000 population in the Union Territory of Daman & Diu with a rural-urban differential of 3,173 in rural against 3,231 in urban per 100,000. It is more prevalent among the females. The prevalence of complete blindness is 1103 per 100,000 population and it is much higher in rural areas (1,575 per 100,000) compared to urban areas (352 per 100,000). Sex differential in complete blindness is also observed to some extent. The prevalence of night blindness due to vitamin A deficiency is 163 per 100,000 population, which is again much higher in rural areas (254) than in urban areas (20).

## Tuberculosis

The prevalence of tuberculosis is 65 per 100,000 population, with rural areas having a higher prevalence of 95 compared to 18 per 100,000 in urban areas. The prevalence of TB is higher among males (104 per 100,000) than among females (24 per 100,000).

## Malaria

In the DLHS-RCH, household respondents were asked to state whether any member of their household suffered from malaria (characterized by recurrent fever with shivering) any time during the two weeks prior to the survey. In Daman & Diu, 1,046 persons per 100,000 population were reported to have suffered from malaria. Rural residents are more than two times more likely to suffer from malaria (1,314 per 100,000) than urban residents (622 per 100,000). The reported prevalence of malaria is more for females than males.

## 2.7 Morbidity Rates by Districts

Table 2.7 shows the prevalence of blindness, tuberculosis and malaria in the districts of Daman and Diu. The prevalence of partial blindness is much higher in Daman at 3,678 per 100,000 population against 1,959 per 100,000 in Diu. Similarly, prevalence rate of complete blindness is almost fifteen times higher in the district of Daman (1560) compared to Diu (105).

District	Prevalence <sup>1</sup> of morbidity			
	Partial blindness	Complete blindness	Tuberculosis	Malaria <sup>2</sup>
Daman	3,678	1,560	86	1,066
Diu	1,959	105	22	1,090
Daman & Diu	3,196	1,103	65	1,046

Note: All the rates refer to *de jure* population.  
<sup>1</sup> Prevalence rate per 100, 000 population  
Reference period: - January 1<sup>st</sup>, 1999 to survey date for phase-1, and January 1<sup>st</sup>, 2001 to survey date for phase-2. <sup>2</sup> Last two weeks prior to the survey

Inter-district variation is also substantial for tuberculosis. The prevalence rate of tuberculosis is found to be 86 per 100,000 population in Daman while it is just 22 per 100,000 in the district of Diu. In case of malaria, the prevalence rate is more or less same in both the districts.

## 2.8 Housing Characteristics

This section describes the availability of basic amenities in the UT. Table 2.8 presents the percentage distribution of households by selected housing characteristics. By and large almost all the households (98 percent) in the Union Territory of Daman & Diu have electricity connection.

As regards source of drinking water 84 percent of the households get drinking water through taps, while 10 percent get the water from hand pumps/bore-wells, and four percent drink water from wells. Ninety-three percent of households in urban areas get piped water for drinking, whereas in rural areas 78 percent of the households have such provision.

<b>Table 2.8 HOUSING CHARACTERISTICS</b>			
Percent distribution of the household by housing characteristics and percentage of households owing selected durable goods, according to residence, Daman and Diu, 2002-04			
Housing characteristic	Total	Residence	
		Rural	Urban
<b>Electricity</b>			
Yes	97.7	96.9	98.7
No	2.3	3.1	1.3
<b>Source of drinking water</b>			
Tap inside	59.3	46.3	78.0
Tap shared public	24.7	31.3	15.1
Hand pump/ bore well	10.1	14.8	3.2
Well covered	0.9	0.8	1.1
Well uncovered	2.6	3.7	1.1
Pond	0.2	0.2	0.2
Other	2.2	2.9	1.2
<b>Sanitation facility</b>			
Own flush toilet	38.0	18.3	66.3
Own pit toilet / latrine	7.9	7.6	8.3
Shared toilet of any type	6.2	8.7	2.7
Public / community toilet	4.2	2.9	6.0
No toilet facility	43.7	62.5	16.7
<b>Main type of fuel used for cooking</b>			
Liquid petroleum gas/ electricity	57.6	39.5	83.6
Kerosene	11.0	12.5	8.9
Wood	29.3	45.4	6.1
Other	2.1	2.6	1.4
<b>Type of house</b>			
<i>Kachcha</i>	11.6	18.7	1.4
Semi - <i>pucca</i>	26.1	35.7	12.4
<i>Pucca</i>	62.2	45.5	86.3
<b>Household assets</b>			
Fan	92.2	88.9	97.0
Radio/transistor	32.9	25.9	42.9
Sewing machine	11.1	5.5	19.2
Television	64.7	52.7	81.8
Telephone	29.6	17.7	46.8
Bicycle	47.8	49.8	44.9
Motor cycle/ scooter	34.1	27.5	43.5
Car / Jeep	4.8	3.3	7.0
Tractor	0.3	0.4	0.1
<b>Standard of living index</b>			
Low	13.4	21.1	2.4
Medium	43.6	54.4	28.2
High	42.9	24.5	69.5
Number of households	2,110	1,246	865

When it comes to sanitation facility, only 38 percent of the households have flush toilets, while eight percent have pit based toilets or latrines, six percent depend on shared toilets and 44 percent of the households have no toilet facility. There is a large rural-urban difference; 63 percent of rural households have no toilet facility, compared to just 17 percent of urban households.

DLHS-RCH has also collected data on type of fuel used in the households for cooking. Majority (58 percent) of the households use liquid petroleum/gas or electricity for cooking in Daman & Diu and 29 percent of the households depend on fire woods. Eleven percent households rely on kerosene for cooking. The use of liquid petroleum gas/electricity for cooking is reported more in urban areas (84 percent), while firewood for cooking is reported more in rural areas (45 percent).

There is considerable variation in the quality of housing. On the basis of building material, type of floor, walls and roof, households are categorised into *kachcha*, semi-*pucca* and *pucca*. About 12 percent of the households are living in *kachcha* houses, 26 percent in semi *pucca* houses and 62 percent in *pucca* houses. Eighty-six percent of urban households live in *pucca* houses compared to 46 percent of rural households.

The possession of consumer durable goods is an indication of a household's socio-economic status. Table 2.8 shows that many of the households in the UT own an electric fan (92 percent), television (65 percent), bicycles (48 percent), motor cycle/scooter (34 percent) and radio/transistor (33 percent).

Other durable goods found in the surveyed households are telephone (30 percent) and sewing machine (11 percent). Car/jeep owned by five percent of households in Daman & Diu. Ownership of all these consumer durable items, except the bicycle is more among the urban households than among the rural households.

Considering household amenities, such as, source of drinking water, type of house, source of lighting, fuel for cooking, toilet facility and ownership of durable goods a composite measure, standard of living index (SLI) is made for classification of households. The standard of living index is calculated by adding the following scores;

*Source of drinking water:* 3 for Tap (own), 2 for Tap (shared), 1 for hand pump and well, and 0 for other;

*Type of house:* 4 for *pucca*, 2 for semi-*pucca*, and 0 for *kachcha*;

*Source of lighting:* 2 for electricity, 1 for kerosene, and 0 for other;

*Fuel for cooking:* 2 for LPG gas/electricity, 1 for kerosene and 0 for other;

*Toilet facility:* 4 for own flush toilet, 2 for own pit toilet, 2 for shared toilet and 0 for no toilet;

*Ownership for items:* 4 each for car and tractor, 3 each for television, telephone and motorcycle/scooter, and 2 each for fan, radio/transistor, sewing machine and bicycle.

The total of the scores may vary from the lowest of a 0 to maximum of 40. On the basis of total score, households are divided into three categories as;

- a) Low – if total score is less than or equal to 9,
- b) Medium – if total score is greater than 9 but less than or equal to 19 and
- c) High – if total score is greater than 19.

As per the standard of living index, 35 percent of the households come under the low standard of living category, 32 percent of households to medium standard of living, and 33 percent of the households to high standard of living.

The proportion of sample households with high standard of living is comparatively higher in urban areas (67 percent) than in rural areas (14 percent), and the proportion of households with a low standard of living is much higher in rural households (51 percent) than in urban households (4 percent) in the UT of Daman & Diu.

## 2.9 Housing Characteristics by District

Both the districts in the UT are not uniform in terms of basic amenities and possession of consumer durables. Table 2.9 presents an inter-district comparison of housing characteristics. The percentages of households with electricity and households used piped water or water from a hand pump for drinking is almost same in both the districts. Largely both the districts Daman and Diu have inadequate (54-56 percent) toilet facility.

<b>Table 2.9 HOUSING CHARACTERISTICS BY DISTRICT</b>					
Selected housing characteristics by district, Daman & Diu, 2002-04					
Districts	Percentage of households:				
	With electricity	With drinking water <sup>1</sup>	With toilet facility	Using Liquid petroleum gas/electricity	Living in <i>pucca</i> house
Daman	97.3	94.7	53.6	60.4	47.5
Diu	98.4	95.0	56.4	44.1	94.5
Daman & Diu	97.7	94.9	56.3	57.6	62.2

Note: <sup>1</sup> That is piped or from a hand pump/bore well

Use of liquid petroleum gas/electricity for cooking, is more in Daman (60 percent) than Diu (44 percent). The percentage of households living in *pucca* houses is quite low in the district of Daman at 48 percent while in Diu district, it is about 95 percent.

## 2.10 Iodization of Salt

Consumption of salt fortified with iodine is recommended to avoid miscarriages, brain disorders, cretinism and retarded psychomotor development. As per the Prevention of Food Adulteration Act, 1988, the minimum iodine content of edible salt is 30 parts per million (PPM) at the manufacturing level.

In the DLHS-RCH survey, each interviewer was provided with a test kit to measure the level of iodine content of salt consumed by the surveyed households. The test results (Table 2.10) are classified by degree of iodization of salt and categorised by background characteristics. It is observed that only 53 percent of households used salt that contained a

minimum recommended 15 ppm or higher level of iodine content whereas 35 percent of households used salt that is not iodized at all and another nine percent used salt, which was inadequately iodized.

<b>Table 2.10 IODIZATION OF SALT</b>						
Percent distribution of household heads by degree of iodization of salt, according to selected background characteristics, Daman and Diu, 2002-04						
Background characteristic	Not iodised	7ppm	15+ppm	Other <sup>1</sup>	Total percent	Number of households
<b>Place of Residence</b>						
Rural	49.5	9.6	38.1	2.8	100.0	1,246
Urban	13.2	8.8	75.1	2.9	100.0	865
<b>Education of the household heads</b>						
Non-literate	58.3	9.2	27.9	4.7	100.0	571
0-9@ years	34.0	9.8	53.9	2.3	100.0	908
10 and above	14.2	8.4	75.5	1.9	100.0	631
<b>Religion of household head</b>						
Hindu	37.1	9.0	50.9	3.0	100.0	1,893
Muslim	17.7	13.9	66.6	1.8	100.0	141
Christian	6.0	6.4	87.0	0.7	100.0	63
<b>Caste/tribe of the household head#</b>						
Scheduled caste	42.8	7.9	47.3	2.0	100.0	246
Scheduled tribe	60.1	8.3	27.6	4.0	100.0	230
Other backward class	38.2	9.9	48.4	3.5	100.0	751
Other	19.4	9.3	69.5	1.8	100.0	730
<b>Standard of living index</b>						
Low	74.6	3.3	17.4	4.7	100.0	283
Medium	40.6	10.9	45.1	3.4	100.0	921
High	16.1	9.4	72.8	1.7	100.0	906
Total	34.7	9.2	53.3	2.8	100.0	2,110
Note: Ppm: Parts per million						
@ Literate persons with no years of schooling are also included. # Total number of cases may not add upto N due to do not know and missing cases. <sup>1</sup> Includes salt not at home, salt not tested, refused and missing cases. Total includes 13 household of other religion were not shown separately.						

In rural areas, nearly half of the households against 13 percent in urban areas used non-iodized salts. Percentage of households using inadequately (less than or equal to 7 ppm) iodized salt in rural and urban areas is almost same. Number of households using non-iodized or inadequately iodized salt is closely associated with the educational level of the household head. About three-fourth of households headed by persons who had more than 10 years of schooling reported the use of adequately iodized salts against only 28 percent those non-literate. Consumption of adequately iodised salt among households of other caste is 70 percent, followed by 48 percent each in other backward class and scheduled caste. However among the scheduled tribe households it is 28 percent.

Differential in the consumption of properly iodized salt is more pronounced when analysed by religion of the household head and standard of living index. Percentage of households using adequately iodized salt is only 51 percent among the Hindus and 67 percent among the Muslims households, whereas the corresponding figure for Christian households is 87 percent. Again, households with low standard of living are more likely to use non-iodized or inadequately iodized salt compared to households with medium or high standard of living index. About three-fourth households with low standard of living used non-iodized salt, while 16 percent households with a high standard of living fall in this category. The number of

households with a high standard of living using adequately iodized salt is more than four times higher than those with a low standard of living.

## 2.11 Iodization of Salt by Districts

Table 2.11 shows district level variation in the percent distribution of households by level of iodization of salt used in the households.

<b>Table 2.11 IODOIZATION OF SALT BY DISTRICT</b>				
Percent distribution of household heads by degree of iodization of salt by district, Daman & Diu, 2002-04				
District	Not iodized	7ppm	15+ppm	Other <sup>1</sup>
Daman	33.1	9.6	54.8	2.6
Diu	44.0	8.6	44.0	3.5
Daman & Diu	34.7	9.2	53.3	2.8

Note: ppm: Parts per million. <sup>1</sup> Includes salt not at home, salt not tested, refused and missing cases

Daman district has the low proportion of households (33 percent) using non-iodized salt, compared to Diu (44 percent). Percentage of households using inadequately iodized (7 ppm) salt is more or less same in both the districts. Use of iodized salt (15+ ppm), is more in the district of Daman (55 percent) than Diu (44 percent).

## 2.12 Availability of Facility and Services to the Rural Population

The DLHS-RCH collected information about surveyed village from knowledgeable persons such as, the 'Sarpanch' or 'Pradhan', (village head) or other village officials or other persons including 'teacher' in the villages on health and educational facilities and other services available in the village. One important aspect was on the distance of the village from various types of education facilities, if not available within the village, including primary school, middle school, secondary school, higher secondary school, college, *Gurujee* scheme and 'Madarsa'. Further information was collected on the distance of the village, from various types of health facility, including sub-centres, primary health centres (PHCs), community health centres/ Rural Hospitals (CHCs/RHs), Government dispensary, hospital, private clinic or hospitals and health facilities of Indian system of Medicine (ISM) if not available within the village.

Table 2.12 gives the distance of surveyed villages from an education facility. The unit of analysis is usual residents of rural population. All the rural residents (the *de-jure* rural population) in Daman & Diu have a primary school, 65 percent live in villages with middle school and 46 percent of the rural population live in villages with secondary schools. Higher secondary schools are available for one-fourth of the rural population. About 23 percent of the rural population live in villages, which have *Madarssas* and *Gurujee* scheme each. None of the surveyed villages have a college. As regards the distribution of educational institutions within 5 kilometres distance from the village, it can be seen that, 35 percent of the villages have middle school, 23 percent have secondary school, 11 percent have higher secondary school and less than one percent have a college within this distance. For 73 percent of the rural population the college is 5-9 kilometres away while for 61 percent of them higher secondary school is available at this distance. However, for 26 percent of the rural population college is more than ten kilometres away.

<b>Table 2.12 DISTANCE FROM THE NEAREST EDUCATION FACILITY</b>						
Percent distribution of rural household population by distance from the nearest education facility, Daman & Diu, 2002-04						
Education facility	Within village	Distance from the village:			Don't know/missing	Total percent
		< 5 km	5-9 km	10+ km		
Primary School	100.0	0.0	0.0	0.0	0.0	100.0
Middle School	65.1	34.9	0.0	0.0	0.0	100.0
Secondary School	45.6	23.0	31.4	0.0	0.0	100.0
Higher Secondary School	24.6	10.7	60.8	0.0	3.9	100.0
College	0.0	0.4	73.3	26.3	0.0	100.0
Gurujee Scheme	23.4	10.9	16.8	0.0	48.9	100.0
Madarsa	23.0	18.4	27.9	0.0	30.7	100.0

Note: Table based on rural *de jure* population

Table 2.13 summarises the availability of health facilities within the surveyed villages and provides information on the distance between the villages and the nearest health facility. About 55 percent of the rural population live in villages with Sub-centres. Only one-fourth of the rural household population live in a village with a primary health centre, though the proportion of villages having facilities of either sub-centre or primary health centre is 71 percent. The proportion of rural population with each CHCs/RHs, Government dispensary and Government hospitals is less than five percent. However, 36 percent of the rural household population live in the villages where private clinic is available.

The proportion of rural population located within a distance of 5 kilometres from health facilities are 23 percent for either sub-centres or primary health centres, about 18 percent each for a CHCs/RHs, Government dispensary, Government hospitals and 13 percent for private clinic. Distance of particular health facilities is beyond 10 kilometres from surveyed villages in the case of Government hospitals (29 percent), CHCs/RHs (25 percent), and for private hospitals, (25 percent).

<b>Table 2.13 DISTANCE FROM THE NEAREST HEALTH FACILITY</b>						
Percent distribution of rural household population by distance from the nearest health facility, Daman & Diu, 2002-04						
Health facility	Within village	Distance from the village:			Don't know/missing	Total percent
		< 5 km	5-9 km	10+ km		
Rural household population						
Sub-centre	55.2	17.8	0.0	22.2	4.8	100.0
Primary health centre	24.5	15.6	54.0	6.0	0.0	100.0
Either sub-centre or PHC	71.4	22.6	0.0	6.0	0.0	100.0
Community health centre/Referral hospital	3.8	17.7	53.8	24.7	0.0	100.0
Government dispensary	1.7	17.5	39.0	17.8	23.9	100.0
Government hospital	1.7	17.5	56.1	29.3	0.0	100.0
Private clinic	36.2	12.9	47.9	0.0	0.0	100.0
Private hospital	0.0	15.9	66.3	24.7	0.0	100.0
ISM health facility	0.0	3.4	64.7	17.8	13.8	100.0

Note: Table based on rural *de jure* population

Table 2.14 shows the proportion of rural residents in the UT that live in the villages with various health services. Almost all (97 percent) of rural residents live in villages that have an *anganwadi*, (a nursery school for children age 3-6 years) and at the same time 95 percent of rural households live in villages with *anganwadi* workers (*Anganwadi* workers provide integrated child development services).



<b>Table 2.14 AVAILABILITY OF SERVICES</b>	
Percentage of rural residents living in villages that have selected services, Daman & Diu, 2002-04	
Services	Percentage of rural residents
Anganwadi centre	96.6
Anganwadi worker	95.3
Private doctor	38.2
Visiting doctor	55.2
Homeopathic doctor	16.2
Village health guide	8.3
Trained birth attendant	18.5
Traditional healer	24.7
Dai	26.4

Note: Table based on rural *de jure* population

Nearly two-fifths (38 percent) of the rural residents live in villages that have a private doctor, 55 percent live in villages with a visiting doctor, 18 percent with a homeopathy doctor, eight percent with a village health guide, 19 percent with a trained birth attendant and 25 percent with a traditional healer. About 26 percent of the rural residents live in villages that have a *Dai* (*Dai* provides the services for the delivery).

### 2.13 Availability of Education Facility and Health Services by Districts

Table 2.15 shows the availability of education and health facilities for the rural population within the surveyed villages by districts. All the rural population in both the districts have access to the primary or middle school. About 62 percent of the rural population in Daman have sub-centres within the village, while 34 percent of the rural population in Diu.

<b>Table 2.15 AVAILABILITY OF FACILITY AND SERVICES BY DISTRICT</b>							
Selected facility and services of rural household population within village by district, Daman & Diu, 2002-04							
Districts	Percentage of rural household population with:						
	Primary or middle school	Sub-centre	PHCs	Any government health facility <sup>1</sup>	Doctor <sup>2</sup>	TBA <sup>3</sup>	Anganwadi worker
Daman	100.0	62.0	11.0	62.0	53.3	24.5	95.3
Diu	100.0	34.4	65.6	100.0	100.0	0.0	100.0
Daman & Diu	100.0	55.2	24.5	71.4	64.8	18.5	95.3

Note:<sup>1</sup> Includes sub-center, primary health center, community health center or referral hospital, government hospital, and government dispensary within the village <sup>2</sup> Either private or visiting doctor <sup>3</sup> Trained birth attendant

Availability of PHC within the village to the surveyed rural population is six times more in the district of Diu (66 percent) than in the district of Daman (11 percent). However, all the surveyed households in the rural area of Diu against 62 percent of the rural households in Daman, have access to at least one government health facility including sub-centre, primary health centre, community health centre or referral hospital, government hospital and government dispensary within the village.

All the rural households are visited either by private or by visiting doctors in the surveyed villages of Diu district, whereas only 53 percent households can be classified in this category in Daman district. About one-fourth of rural household population are attended by trained birth attendant in Daman, while none of rural population, had such provision in Diu. In Diu District, all the rural households are visited by *anganwadi* workers, while it is 95 percent in Daman district.

## CHAPTER III

### CHARACTERISTICS OF WOMEN, HUSBANDS AND FERTILITY

The Reproductive and Child Health (RCH) programme is targeted towards the underprivileged section of the population, particularly, women and children. The utilization of RCH services provided across the country depends to a large extent on the characteristics of women, their husbands and episodes of pregnancies, miscarriages, abortions, number of children born to them and survival status of children. Age of women, marital duration, educational attainment, social background and living standard are important factors, which influence reproductive and child health. With this in view, the DLHS-RCH data were collected on demographic characteristics, such as current age, age at consummation of marriage and number of pregnancies, live births and surviving children from eligible women respondents of selected representative households. Information regarding household background characteristics was collected using a separate household questionnaire that covered religion and caste of head of household, type of house, source of drinking water and possession of consumer durables. Fertility preference of women in terms of timing and desire for additional children in comparison with the number of living children provides information on the need for reproductive and child health services.

This chapter provides a comprehensive outline of distribution of currently married women by present age, age at consummation of marriage, duration of marriage, complete years of schooling, pregnancy episodes, children ever born and children surviving, along with social and economic characteristics of households the women represent.

#### 3.1 Background Characteristics of Women

The percentage distribution of currently married women in the reproductive age group 15-44 years by residence, religion and caste of head of household, economic standard of household and other demographic characteristics are shown in Table 3.1. A sample of 1,539 eligible women represents the UT of Daman & Diu in DLHS-RCH and 61 percent of these women are drawn from rural areas. Two-third of the currently married women are in the age group of 20-34 years and a similar age distribution is observed both for urban and rural areas. Age at consummation of marriage, particularly in rural areas is found to be very low with as many as 42 percent of the women having cohabited before 18 years of age, while it is 25 percent in urban areas. Looking at the distribution of marital duration it is noted that one-third of the women across the UT are married for more than 15 years.

Among the sample of 1,539 representative women in Daman & Diu, Hindus and Muslims constitute 90 percent and 7 percent respectively. More, Muslim women are found in urban areas (13 percent) than in rural areas (3 percent). Two percent of the women belonging to the Christian religion, the other religious groups are insignificant in proportion and absolute terms. A little more than one-third of the sampled women belong to the other backward classes. About 12 percent women are from scheduled tribes and 13 percent from scheduled castes. In rural areas, there are more women belonging to scheduled caste and scheduled tribe than in urban areas, while more women from other backward class and other castes are found in urban areas. There is a clear rural-urban differential in the educational attainment of women. For the UT of Daman & Diu, 27 percent of women are non-literate and

women of this literacy category constitute 36 percent in rural areas, while it is just 13 percent in urban areas.

<b>Table 3.1 BACKGROUND CHARACTERISTICS OF WOMEN</b>			
Percent distribution of currently married women aged 15-44 by selected background characteristics, according to residence, Daman & Diu, 2002-04			
Background characteristic	Total	Residence	
		Rural	Urban
<b>Age group</b>			
15-19	5.6	7.7	2.4
20-24	21.1	23.3	17.8
25-29	23.9	21.6	27.4
30-34	20.8	21.1	20.4
35-39	15.1	14.6	15.9
40-44	13.4	11.6	16.2
<b>Age at consummation of marriage</b>			
Below 18 years	35.1	41.5	25.3
18 years & above	64.9	58.5	74.7
<b>Marital duration</b>			
0-4	23.2	24.1	21.9
5-9	22.3	21.4	23.7
10-14	21.0	19.5	23.4
15+	33.4	35.0	31.0
<b>Religion</b>			
Hindu	90.4	96.2	81.3
Muslim	7.2	3.4	13.1
Christian	2.0	0.3	4.5
Sikh	0.3	0.1	0.6
Jain	0.1	0.0	0.4
Zoroastrian	0.1	0.0	0.1
<b>Caste/tribe</b>			
Scheduled caste	12.8	16.4	7.3
Scheduled tribe	12.4	19.2	1.9
Other backward class	33.9	29.6	40.6
Other #	35.3	28.6	45.8
Don't know	5.5	6.2	4.4
<b>Education (Years of schooling)</b>			
Non-literate	26.8	36.0	12.5
0-9@ years	45.8	47.3	43.6
10 years & above	27.4	16.7	43.9
<b>Husband's education (Years of schooling)</b>			
Non-literate	10.6	14.5	4.7
0-9@ years	44.6	54.6	29.2
10 years & above	43.6	30.2	64.4
Don't know	0.3	0.1	0.7
Missing	0.8	0.7	1.0
<b>Standard of living index</b>			
Low	11.8	17.9	2.3
Medium	41.5	53.3	23.1
High	46.7	28.7	74.6
Number of women	1,539	935	604

Note: # Not belonging to a scheduled caste, scheduled tribe and an other backward class.  
 @ Literate persons with no year of schooling are included.

About 46 percent of the women across the UT have completed 0-9 years of schooling. Only 17 percent of rural women have completed 10 or more years of schooling compared to 44 percent for urban women. Men are more literate than their spouses. In Daman & Diu, 11

percent of the husbands of eligible women are non-literate and the corresponding figures are 15 percent in rural areas and five percent in urban areas.

The DLHS-RCH includes data on materials used for floor, walls and roofs of the housing structure along with status of possession of a list of durables and these are utilized to construct a composite index of household standard of living. Households are further classified as those with low, medium and high standard of living. About 47 percent of the women in the UT belong to high standard of living category, while 42 percent to medium standard of living and the rest 12 percent belong to the low standard of living. Majority (53 percent) of the rural women across the UT could be categorised as middle standard of living. In urban areas, three-fourth of women belongs to high standard of living and the corresponding figure is 29 percent in rural areas.

### **3.2 Educational Level of Women**

Table 3.2 provides details of educational level of eligible women in terms of classification by years of schooling, and selected background characteristics, such as, place of residence, religion, and caste and husbands' education. As regards distribution of non-literate women, it is observed that a lesser proportion of younger women below 30 years of age are non-literate compared to older women above 30 years. A distinct pattern of educational attainment of women is that maximum of them attended schooling for 6-8 years and only 14 percent of them attended 11 or more years of schooling. For the women in the age group 15-19 years, 29 percent had 9-10 years while only nine percent had 11 or more years of schooling. Among the older women in the age group 40-44 years, distribution of schooling by year is more or less uniform with 11 percent and 10 percent for 9-10 and 11 or more years of schooling respectively.

There is a substantial rural-urban differential in the level of education of women in Daman & Diu. More than one-third (36 percent) of rural eligible women are non-literate and only seven percent of them have 11 or more years of schooling. The corresponding figures in urban areas are 13 percent and 26 percent respectively. Religion wise data indicates that more Hindu women (28 percent) are non-literate compared to Muslim women (20 percent). However, only four percent of the women belonging to Christian communities are found to be non-literate. For literate eligible women from Hindu and Muslim religious communities, maximum of them have 6-8 years of schooling. The proportion of Hindu women with 1-5 years of schooling is 12 percent and the same is 20 percent for Muslim women. Among the Muslim women 12 percent of them have 11 or more years of schooling, while 14 percent of Hindu women have attained this level of education.

The uneven level of educational attainment by caste can be noted from the recorded proportion of non-literate women among other backward class (36 percent), scheduled tribe (26 percent), scheduled caste (22 percent), and other caste or tribe (18 percent). The literate women belonging to different castes or tribes are concentrated more in the range of 6-8 years of schooling. The husband's education is an important characteristic, which has strong association with the education of eligible women. For as many as 79 percent of women whose husbands are non-literate, women are also non-literate, while only six percent of women whose husbands have 11 or more or years of schooling are non-literate. Forty six percent of literate women educated for 11 or more years of schooling have husbands who have the same level of education.

<b>Table 3.2 LEVEL OF EDUCATION OF ELIGIBLE WOMEN</b>								
Percent distribution of currently married women aged 15-44 by years of schooling, according to selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Non-literate	Literate but no schooling	Years of schooling				Total percent	Number of women
			1-5 years	6-8 years	9-10 years	11 or more years		
<b>Age group</b>								
15-19	15.2	0.0	8.0	40.0	29.0	7.8	100.0	87
20-24	18.2	0.0	9.3	27.9	28.1	16.5	100.0	325
25-29	24.2	0.2	9.5	20.4	24.1	21.6	100.0	368
30-34	29.6	0.1	15.4	23.6	19.6	11.7	100.0	320
35-39	35.4	0.0	14.5	23.5	17.5	9.0	100.0	233
40-44	35.5	1.9	20.1	22.1	10.8	9.5	100.0	206
<b>Place of residence</b>								
Rural	36.0	0.5	14.7	22.9	19.1	6.8	100.0	935
Urban	12.5	0.1	9.7	26.9	25.2	25.6	100.0	604
<b>Religion</b>								
Hindu	28.0	0.3	12.4	24.7	21.0	13.6	100.0	1,391
Muslim	20.4	0.7	19.9	26.5	20.8	11.7	100.0	111
Other	(3.6)	(0.0)	(7.1)	(7.1)	(39.3)	(42.9)	(100.0)	37
<b>Caste/tribe #</b>								
Scheduled caste	22.4	0.0	18.3	29.4	21.4	8.5	100.0	197
Scheduled tribe	26.1	2.1	22.4	27.5	15.9	6.0	100.0	191
Other backward class	35.6	0.2	11.2	24.4	20.5	8.0	100.0	522
Other	18.2	0.0	8.9	21.6	24.3	27.0	100.0	544
<b>Husband's education</b>								
Non-literate	79.2	0.0	8.6	8.4	3.7	0.0	100.0	164
1-5 years	42.7	1.7	15.9	27.7	9.9	2.1	100.0	251
6-8 years	27.3	0.2	24.0	30.6	15.1	2.7	100.0	354
9-10 years	13.9	0.0	10.6	31.8	34.9	8.9	100.0	386
11 or more years	5.7	0.0	3.5	14.5	30.2	46.1	100.0	366
Total	26.8	0.3	12.8	24.4	21.5	14.2	100.0	1,539

Note: # Total number may not add upto N due to don't know and missing cases. Table includes 17 missing / do not know cases on husband's education and 2 cases literate but no year of schooling were not shown separately. () Based on less than 50 cases.

### 3.3 Background Characteristics of Husbands of Eligible Women

In DLHS-RCH, husbands of eligible women were also interviewed. Selected background characteristics of husbands are shown in Table 3.3. Across the UT of Daman & Diu, majority (41 percent) of husbands each are in the age group 25-34 and 35-44 years. About 11 percent of them are 45 years or older. In Daman & Diu, 90 percent of the husbands are Hindus, seven percent are Muslims, three percent Christian and the presence of other religious groups is insignificant. Fifteen percent of husbands in the UT belong to the scheduled caste and 14 percent to the scheduled tribe and it is little more in rural areas than in urban areas. About 29 percent of the husbands belong to other backward classes. In urban areas, husbands from other castes constitute 44 percent, while it is 33 percent in rural areas. As regards educational characteristics of the husbands of surveyed eligible women, majority (54 percent) of them have completed 0-9 years of schooling and the proportion of non-literate husband ranges from five percent in urban areas to 11 percent in rural areas, while the overall UT figure is nine percent.

**Table 3.3 BACKGROUND CHARACTERISTICS OF MEN**

Percent distribution of husband of eligible women by selected background characteristics, according to residence, Daman &amp; Diu, 2002-04

Background characteristic	Total	Residence	
		Rural	Urban
<b>Age group</b>			
< 25	6.3	8.0	3.7
25-34	41.2	42.8	38.7
35-44	41.2	39.2	44.3
45 +	11.3	10.0	13.4
<b>Religion</b>			
Hindu	90.0	96.2	80.2
Muslim	7.1	3.5	12.6
Christian	2.6	0.2	6.3
Sikh	0.2	0.1	0.4
Jain	0.1	0.0	0.4
<b>Caste/tribe</b>			
Scheduled caste	15.2	19.7	8.2
Scheduled tribe	13.7	20.4	3.0
Other backward class	28.5	21.0	40.2
Other #	37.4	33.3	43.7
Don't know	5.3	5.5	4.9
<b>Education (Years of schooling)</b>			
Non-literate	8.9	11.1	5.2
0-9@ years	53.8	65.8	34.7
10 years & above	37.4	23.1	60.0
<b>Standard of living index</b>			
Low	14.6	22.3	2.4
Medium	42.3	53.7	24.2
High	43.1	24.0	73.4
<b>Number of living children</b>			
0	13.7	13.1	14.7
1	17.5	15.3	21.0
2	30.4	27.2	35.4
3	22.9	25.6	18.7
4+	15.5	18.9	10.3
Number of Men	1,059	649	410

Note: # Higher caste Not belonging to a scheduled caste, scheduled tribe and an other backward class.

@ Literate persons with no year of schooling are included.

The proportion of husbands classified as low, medium and high standard of living are 15 percent, 42 percent and 43 percent respectively. In rural areas, 22 percent of the husbands live in low standard of living households compared to just two percent in urban areas. This is complementary in the case of husbands living in high standard of living households, 73 percent in urban and 24 percent in rural areas. Around 30 percent of husbands across the UT reported to have two living children. The corresponding figures for rural and urban areas are 27 and 35 percent respectively. Across the UT of Daman & Diu, nearly two-fifth (38 percent) of the husbands have three or more living children and it is more in rural areas (45 percent) compared to the husbands of urban eligible women (29 percent).

### 3.4 Educational Level of Husbands of Eligible Women

Educational levels in categories of years of schooling classified by age, place of residence, religion and caste/tribe of husbands of eligible women are shown in Table 3.4. The percentage distribution of non-literate husbands is directly proportional to the age from age 25 onward. As age of the husbands increases the proportion of non-literate husbands increases, except for the age group 25-34 years. Seven percent of husbands are non-literate in the age group of less than 25 years compared to nine percent, and 19 percent for husbands in the age groups 35-44 years and 45 years or more respectively. Among the literate husbands, irrespective of their age at the time of survey, 46 percent of them have at least 9 years of schooling. Like in the case of eligible women more of Hindu husbands (10 percent) are non-literate while the corresponding non-literate husbands among Muslim are about two percent. The proportions of Hindu and Muslim husbands who have 11 or more years of schooling constitute 21 percent and 19 percent respectively. Educational attainment of husbands of eligible women varies according to the caste/tribe they belong. There are more non-literate husbands belonging to other backward class (15 percent), followed by scheduled caste and scheduled tribe (10 percent each). Among the scheduled caste, scheduled tribe and other backward class husbands, 36 percent, 24 percent and 46 percent of them have 9 or more years of schooling. Among the husbands belonging to other castes, about three percent of them are non-literate and 58 percent of them have 9 or more years of schooling.

<b>Table 3.4 LEVEL OF EDUCATION OF MEN</b>								
Percent distribution of husbands of eligible women by years of schooling, according to selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Non-literate	Literate but no schooling	Years of schooling				Total percent	Number of men
			1-5 years	6-8 years	9-10 years	11 or more years		
<b>Age group</b>								
< 25	7.0	0.0	13.4	46.6	31.9	1.2	100.0	67
25-34	6.1	0.0	18.9	22.2	25.0	27.8	100.0	436
35-44	9.1	0.0	21.7	26.8	24.2	18.1	100.0	436
45+	19.3	0.0	22.3	18.3	16.0	24.1	100.0	120
<b>Place of residence</b>								
Rural	11.1	0.0	25.8	32.4	19.7	10.9	100.0	649
Urban	5.2	0.0	11.0	13.9	31.0	38.9	100.0	410
<b>Religion</b>								
Hindu	9.5	0.0	20.7	24.5	23.9	21.4	100.0	953
Muslim	1.7	0.0	17.3	38.7	23.5	18.9	100.0	75
Other	(5.0)	(0.0)	(5.0)	(10.0)	(35.0)	(45.0)	(100.0)	31
<b>Caste/tribe #</b>								
Scheduled caste	10.3	0.0	25.7	27.7	22.0	14.3	100.0	161
Scheduled tribe	10.1	0.0	40.3	25.4	17.0	7.2	100.0	145
Other backward class	14.7	0.1	14.8	24.2	24.5	21.8	100.0	302
Other	2.5	0.0	13.2	26.3	27.3	30.7	100.0	396
Total	8.9	0.0	20.1	25.2	24.1	21.7	100.0	1,059

Note: # Total number may not add upto N due to don't know and missing cases. ( ) Based on less than 50 unweighted cases.

### 3.5 Children Ever Born and Surviving

In DLHS-RCH, currently married women in the age group of 15-44 years were asked about the children ever born alive and the number of children surviving. Table 3.5 shows mean number of children ever born and mean surviving children by selected background

characteristics and sex of children. A look at the mean number of children ever born by age of the women reveals that older women, as expected, had experienced more average live births than younger women. Sex differential is not found by mean number of children ever born and surviving. Completed fertility, that is, mean number of children ever born to women in the age group 40-44 years is 3.6 for the UT of Daman & Diu and it comprises an average of 1.9 male children and 1.8 female children. Out of the 3.6 mean children ever born to women in the 40-44 year age group, an average of 3.3 children survived. By sex of children, out of 1.9 mean numbers of males, on an average 1.7 survived and the corresponding mean number of females surviving was 1.6 out of 1.8.

<b>Table 3.5 CHILDREN EVER BORN AND LIVING</b>							
Mean children ever born (CEB) and children surviving (CS) by selected background characteristics of currently married women aged 15-44 years, Daman & Diu, 2002-04							
Background characteristic	Mean children ever born			Mean children surviving			Number of women
	Total	Male	Female	Total	Male	Female	
<b>Age group (years)</b>							
15-19	0.5	0.2	0.3	0.5	0.2	0.3	87
20-24	1.3	0.6	0.7	1.3	0.6	0.7	325
25-29	2.1	1.2	1.0	2.1	1.1	1.0	368
30-34	2.8	1.4	1.4	2.7	1.3	1.3	320
35-39	3.4	1.7	1.7	3.2	1.6	1.6	233
40-44	3.6	1.9	1.8	3.3	1.7	1.6	206
<b>Marital duration</b>							
0-4	0.8	0.3	0.5	0.8	0.3	0.4	358
5-9	2.1	1.0	1.0	2.0	1.0	1.0	343
10-14	2.7	1.5	1.2	2.6	1.4	1.2	324
15+	3.5	1.8	1.8	3.3	1.6	1.7	515
<b>Residence</b>							
Rural	2.6	1.3	1.3	2.4	1.2	1.2	935
Urban	2.1	1.1	1.0	2.1	1.1	1.0	604
<b>Religion</b>							
Hindu	2.4	1.2	1.2	2.3	1.1	1.2	1,391
Muslim	2.3	1.3	1.0	2.2	1.2	1.0	111
Other	(1.6)	(0.9)	(0.7)	(1.6)	(0.9)	(0.7)	37
<b>Caste/tribe #</b>							
Scheduled caste	2.4	1.1	1.3	2.3	1.1	1.3	197
Scheduled tribe	2.1	1.1	1.0	2.1	1.1	1.0	191
Other backward class	2.8	1.4	1.4	2.6	1.3	1.3	522
Other	2.0	1.1	0.9	1.9	1.0	0.9	544
<b>Education</b>							
Non-literate	3.4	1.8	1.7	3.2	1.6	1.5	412
0-9@ years	2.3	1.1	1.1	2.2	1.1	1.1	706
10 years & above	1.6	0.8	0.8	1.5	0.8	0.8	422
<b>Standard of living index</b>							
Low	2.6	1.2	1.4	2.5	1.1	1.3	181
Medium	2.5	1.3	1.3	2.4	1.2	1.2	638
High	2.2	1.2	1.1	2.1	1.1	1.0	719
All women	2.4	1.2	1.2	2.3	1.1	1.1	1,539

Note: # Total number may not add upto N due to don't know and missing cases. @ Literate women with no year of schooling are included () Based on less than 50 unweighted cases.

Here again, women with longer marital duration have higher mean children ever born. On an average, women who are married for 15 or more years have 3.5 children ever born and 3.3 of them are surviving. There is a clear cut rural-urban divide in terms of mean number of children ever born with 2.6 children in rural areas and 2.1 children in urban areas. The mean



number of children ever born to women who are Hindu and Muslim are almost same at 2.3 and 2.4 respectively. The corresponding mean number of surviving children are respectively 2.3, and 2.2 for these religious groups. The average children ever born also vary by caste/tribe of the eligible women. For women belonging to scheduled caste, the mean number of children ever born are 2.4, for the scheduled tribe it is 2.1, other backward classes it is 2.8 and other castes mean number of children ever born is 2.0.

For the UT of Daman & Diu, the DLHS-RCH shows inverse association between mean children ever born and educational attainment of women and also the level of household economic comfort. The mean children ever born is higher for non-literate women (3.4) than women who have completed 0-9 years of schooling (2.3) and 10 or more years of schooling (1.6). The mean number of surviving children for women corresponding to these educational levels is 3.2, 2.2 and 1.5 respectively. Further, the mean number of children ever born for women classified into low, medium and high standard of living are 2.6, 2.5 and 2.2 respectively.

### 3.6 Completed Fertility by District

The level of completed fertility as measured by mean number of children, ever born to women of 40-44 years by districts in Daman & Diu together with mean number of surviving children are shown in Table 3.6.

<b>Table 3.6 COMPLETED FERTILITY BY DISTRICT</b>						
Mean children ever born (CEB) and children surviving (CS) to currently married women aged 40-44 by district, Daman & Diu, 2002-04						
District	Mean children ever born			Mean children surviving		
	Total	Male	Female	Total	Male	Female
Daman	3.3	1.6	1.6	3.0	1.5	1.5
Diu	4.7	2.5	2.2	4.2	2.3	2.0
Daman & Diu	3.6	1.9	1.8	3.3	1.7	1.6

On an average, women on the verge of completing reproductive period have given birth to 3.6 children in their reproductive life of which on the average 3.3 children are surviving. The completed fertility in Diu is relatively high at 4.7 as compared to Daman at 3.3. No sex differential is found by mean number of children born in Daman while 2.5 male mean number of children were born against 2.2 female, in Diu. Similar pattern is observed by mean number of children surviving. Looking at the absolute difference between mean number of children ever born and mean number of surviving children, it seems that infant and child mortality varies between the two districts.

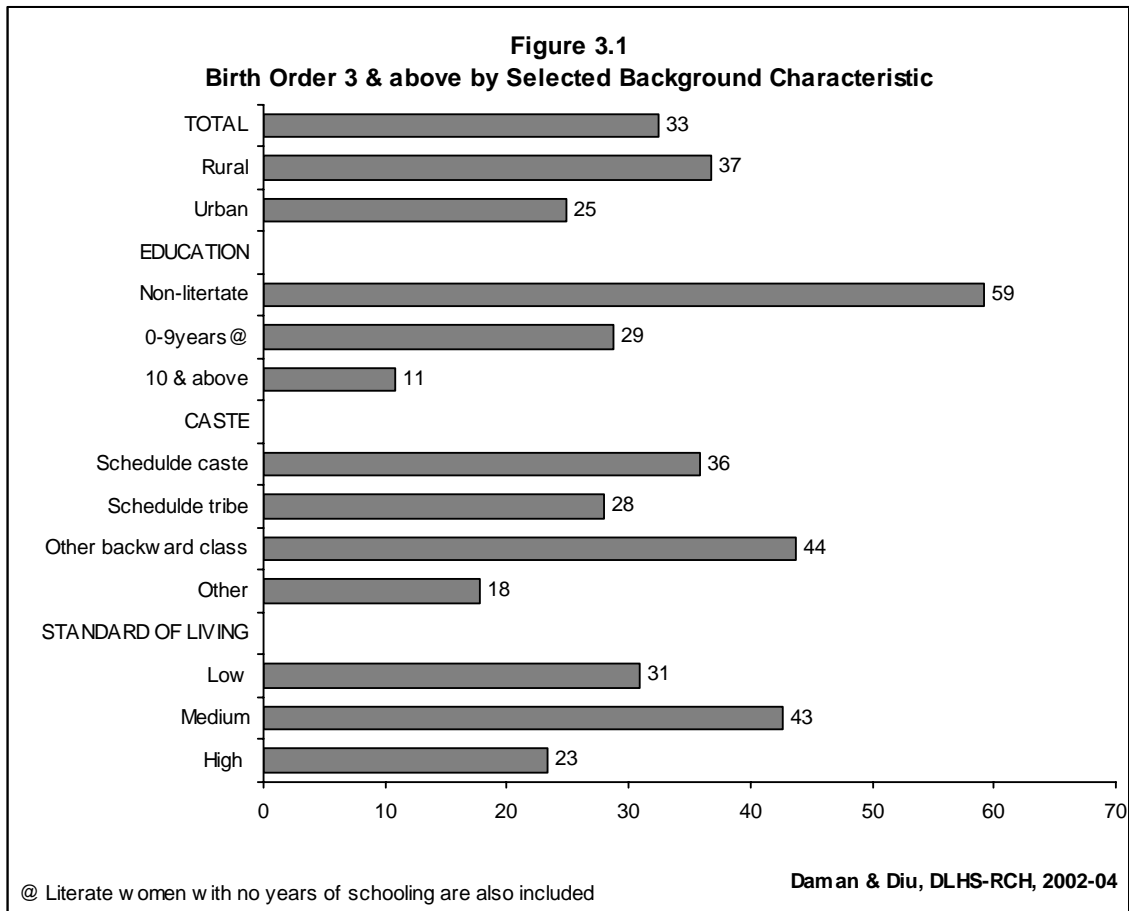
### 3.7 Birth Order

Birth order distribution by selected background characteristics of women is provided in Table 3.7 and Figure 3.1. This distribution can be used as a measure of fertility in the absence of formal measures of fertility, such as, crude birth rate and total fertility rate.

<b>Table 3.7 BIRTH ORDER</b>						
Percent distribution of births during three years preceding the survey by birth order by selected background characteristics, Daman & Diu, 2002-04						
Background characteristic	Birth order				Total percent	Number of births
	1	2	3	4+		
<b>Age of women</b>						
<25	52.8	36.8	10.1	0.3	100.0	285
25-29	22.3	33.3	26.0	18.4	100.0	190
30-34	7.8	16.4	21.1	54.7	100.0	68
35& above	(7.7)	(19.2)	(15.4)	(57.7)	100.0	27
<b>Place of residence</b>						
Rural	31.9	31.3	18.5	18.3	100.0	364
Urban	40.9	34.2	15.9	9.0	100.0	205
<b>Education (Years of schooling)</b>						
Non-literate	22.5	18.3	22.0	37.2	100.0	164
0-9@ years	33.2	37.9	20.2	8.6	100.0	246
10 years & above	51.0	38.3	9.0	1.8	100.0	160
<b>Religion</b>						
Hindu	36.0	32.4	16.7	14.8	100.0	508
Muslim	26.2	29.4	25.7	18.6	100.0	53
<b>Caste/tribe #</b>						
Scheduled caste	47.0	17.1	14.8	21.1	100.0	62
Scheduled tribe	24.5	47.7	18.9	9.0	100.0	77
Other backward class	30.2	26.0	22.2	21.6	100.0	202
Other	43.4	39.0	12.1	5.6	100.0	190
<b>Standard of living index</b>						
Low	22.0	47.1	21.5	9.4	100.0	96
Medium	34.6	23.0	19.5	22.9	100.0	236
High	41.0	35.7	14.1	9.3	100.0	238
Total	35.1	32.3	17.6	14.9	100.0	570

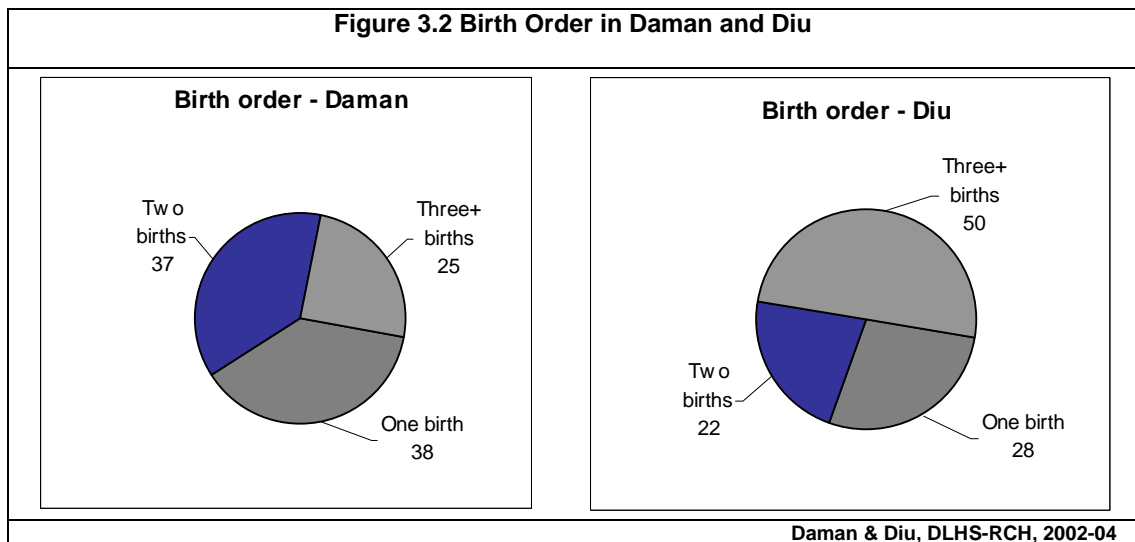
Note: Total includes 9 births with other religion were not shown separately. # Total number of births may not add upto N due to don't know and missing cases. ( ) Based on less than 50 unweighed cases

For the UT of Daman & Diu, 35 percent of the births born in the three years period preceding the survey were of first order, 32 percent of second order and the remaining one-third were of third and higher order births. By current age of eligible women, more than half (55 percent) of births to the women in the age group 30-34 years are 4 and higher order births. For women below 25 years of age, 53 percent births are of first order and 37 percent births are of second order. In the case of eligible women in urban areas, one-fourth of the births are of 3 and higher order whereas higher order births constitute 37 percent for rural women indicating that higher order births are more concentrated in rural areas. Of the total births born to non-literate women, 59 percent are 3 and higher order births, followed by 29 percent for women with 0-9 years of schooling and 11 percent for women who had 10 or more years of schooling. In short, births born to non-literate women are majority of higher order whereas lower order births occurred to women who completed 10 or more years of schooling. Looking at the religious differential in birth order distribution, it is observed that 44 percent of births born to Muslim women are 3 and higher order births while for Hindu women, it constitute 32 percent. The occurrence of births of order 3 and above is more among other backward classes (44 percent) than among scheduled caste (36 percent), scheduled tribe (28 percent), and other castes (18 percent) women. Incidence of births of order 3 and above for women classified by household standard of living index are 23 percent for high, 42 percent for medium and surprisingly 31 percent for low living standard households women.



### 3.8 Birth Order by District

Table 3.8 and figure 3.2 shows the births order distribution by Daman and Diu. The proportion of births of order 3 and above is much higher in Diu (50 percent) than Daman (25 percent). In the district of Diu, half of the births are of order 3 and above, while in case of Daman only one-fourth births are of order 3 and above.

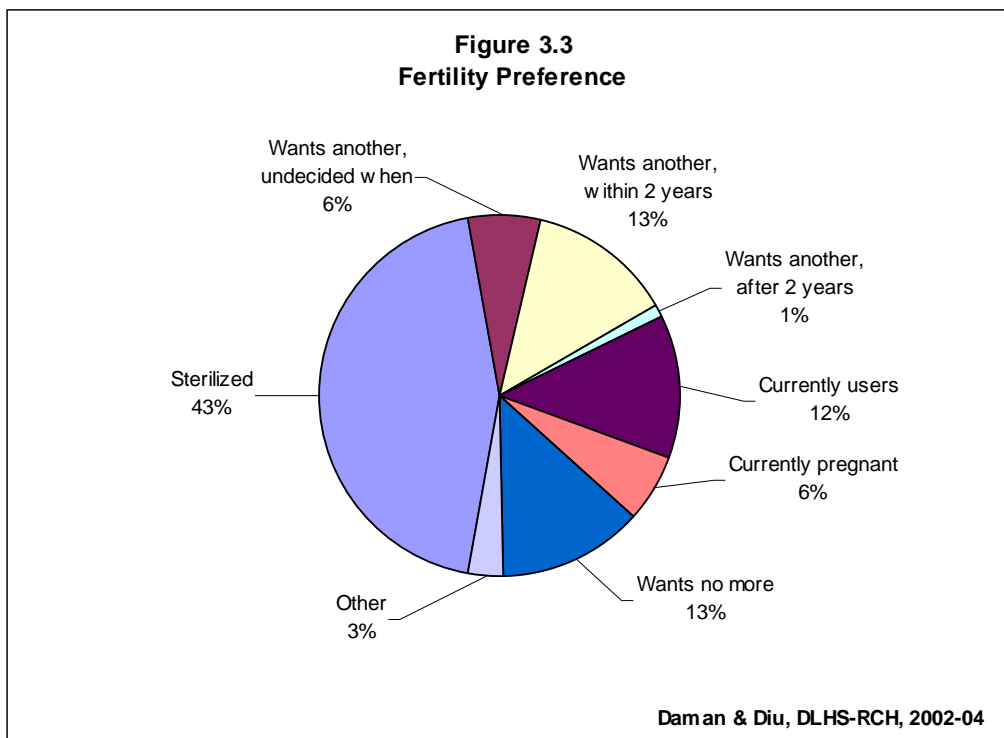


In the district of Daman the highest order of birth is first, which have 38 percent of births whereas the corresponding figure for Diu it is about 28 percent and thereafter the proportion of births declined with the increase in the birth order in both the districts.

<b>Table 3.8 BIRTH ORDER BY DISTRICT</b>				
Percent distribution of births during three years preceding the survey by birth order, according to district, Daman & Diu, 2002-04				
District	Birth order			
	1	2	3	4+
Daman	38.2	36.9	15.5	9.3
Diu	27.5	22.3	22.4	27.9
Daman & DIU	35.1	32.3	17.6	14.9

### 3.9 Fertility Preference

The distribution of currently married women desiring additional children and preferred sex of additional children by number of living children of the women is shown vividly in Table 3.9 and Figure 3.3. Out of the 184 women with no living child, 19 percent are currently pregnant while 43 percent want to have children within two years and 22 percent are undecided about the timing of birth and another four percent are using spacing methods. Among the currently married women, the desire for additional children dwindles down with increasing number of living children. About one-fourth women having one living child are using spacing methods and three percent are sterilized whereas 28 percent of them want additional children within two years, four percent after two years, 15 percent are undecided about the timing of the next child and eight percent of them want no more additional children. Use of permanent as well as temporary means of contraception tends to be accelerated with number of living children.



<b>Table 3.9 FERTILITY PREFERENCE</b>						
Percent distribution of currently married women by desire for children, according to number of living children, Daman & Diu, 2002-04						
Desire for children	Number of living children					Total
	0	1	2	3	4+	
<b>Desire for additional child</b>						
Wants another soon <sup>1</sup>	43.1	27.7	6.2	4.0	1.6	12.7
Wants another later <sup>2</sup>	0.0	3.7	1.3	0.3	1.2	1.3
Want another, undecided when	21.5	15.4	1.4	1.3	1.3	6.1
Undecided	6.0	3.4	2.6	2.6	0.0	2.6
Up to God	0.4	0.0	0.6	0.5	0.1	0.3
Want no more	3.0	7.8	17.3	15.4	13.3	12.8
Sterilized	0.0	2.8	48.6	64.5	70.3	43.4
Currently users <sup>3</sup>	3.9	23.6	18.3	7.8	4.9	12.3
Currently pregnant	18.9	13.7	3.4	0.8	1.5	6.0
Declared infecund	3.2	2.0	0.4	2.7	5.7	2.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	184	255	432	349	320	1,539
<b>Preferred sex of additional children</b>						
Boy	10.8	26.1	40.0	(40.5)	*	23.1
Girl	3.1	8.6	6.2	(16.2)	*	7.5
Doesn't matter	23.1	20.6	10.9	(10.8)	*	19.6
Upto God	63.0	44.7	42.9	(32.4)	*	49.8
Total percent	100.0	100.0	100.0	(100.0)	100.0	100.0
Number of women	130	128	52	31	13	354
Note: <sup>1</sup> Wants next births within 2 years. <sup>2</sup> Wants to delay next birth for 2 or more years. <sup>3</sup> Other than sterilization () Based on less than 50 unweighted cases. * Percentage not shown based on few cases.						

In Daman and Diu, out of the 1,539 surveyed women, 13 percent desired to have additional children within two years, one percent after two years, 13 percent want no more children, six percent are currently pregnant and majority (56 percent) are using either terminal or temporary contraceptive methods. A total of 354 women want additional children irrespective of the number of living children. Out of 130 women who have no living children and desire for additional children, 11 percent want a boy, three percent desired for girl, for 23 percent, the sex of the child is immaterial and 63 percent leave it to God. With increasing number of living children, male child is the dominating preferred sex in the community of the next child.

### 3.10 Pregnancy Outcomes

Table 3.10 shows distribution of pregnancy outcomes including live birth, stillbirth, induced abortion and spontaneous abortion by the districts of UT. For the UT as a whole, 95 percent of pregnancy ends in live births, about three percent in induced abortions, two percent in spontaneous abortion and one percent in stillbirth. More pregnancies in rural areas end in live births (96 percent) than in urban areas (93 percent), while the incidence of induced abortion is more in urban areas (6 percent) than in rural areas (4 percent).

**Table 3.10 OUTCOMES OF PREGNANCY**

Percent distribution of all pregnancies of currently married women aged 15-44 years by their outcomes three year preceding the survey currently married women, according to districts, Daman & Diu, 2002-04

Districts	Live birth	Stillbirth	Induced abortion	Spontaneous abortion	Total percent
<b>State-Rural</b>	96.2	0.4	2.0	1.5	100.0
<b>State-Urban</b>	92.8	1.5	3.5	2.2	100.0
<b>State-Total</b>	94.9	0.8	2.5	1.7	100.0
Daman	95.8	0.7	3.1	0.4	100.0
Diu	93.2	1.0	1.0	4.9	100.0

The proportion of pregnancies ending in live births is little more in Daman (96 percent) than Diu (93 percent). It is interesting to note that the incidence of induced abortion is high in Daman while the incidence of spontaneous abortion is high in Diu.

## CHAPTER IV

### MATERNAL HEALTH CARE

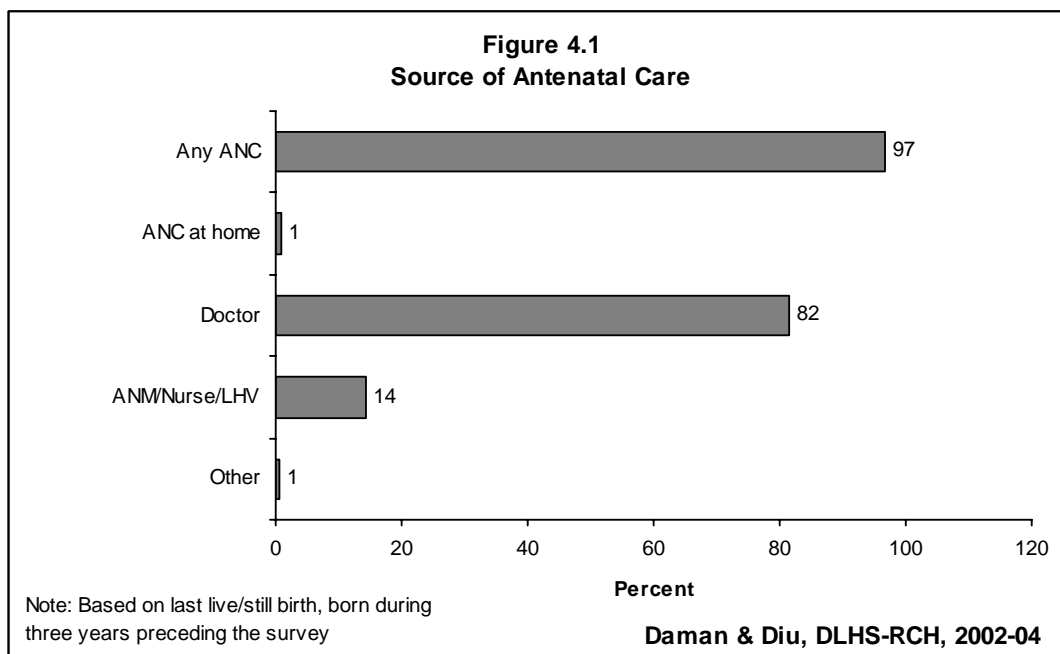
Provisions of maternal health care services to ensure safe motherhood is one of the major components of the Reproductive and Child Health (RCH) programme. The RCH programme services for antenatal care, includes at least three antenatal care visits, iron prophylaxis for pregnant and lactating women, at least one dose of tetanus toxoid vaccine, detection and treatment of anaemia in mothers, and management and referral of high-risk pregnancies, natal care, that is encouragement of safe delivery, post-natal care, and management of unwanted pregnancies. In rural areas, the government delivers reproductive health and other health services through its network of Sub-Centres (SCs), Primary Health Centres (PHCs) and other health facilities. In addition, pregnant women and children can get services from private maternity homes, hospitals, private practitioners, and in some case non-governmental organisations (NGOs) and trust hospitals. In urban areas, reproductive health services are available mainly through government or municipal hospitals, Urban Health Posts (UHPs), Urban Family Welfare Centres (UFWCs), hospitals and nursing homes operated by NGOs, and private nursing and maternity homes.

The National Population Policy (NPP), 2000 adopted by the Government of India (Ministry of Health and Family Welfare, 2000) reiterates the Government's commitments to the safe motherhood programme within the wider context of reproductive health. Among the national socio-demographic goals for 2010 specified by the policy, several goals pertain to safe motherhood, that 80 percent of all deliveries should take place in institutions by 2010, hundred percent deliveries should be attended by trained personnel, and the maternal mortality ratio should be reduced to a level below 100 per 100,000 live births. Empowering women for improved health and nutrition is one of the 12 strategic themes identified in the policy to be pursued either as stand-alone programmes or as intersectoral programmes.

In DLHS-RCH Phase-I, all the eligible women who had their last pregnancy after January 1, 1999 a separate section on the status of maternal health and utilisation of maternal health care services was canvassed. In Phase-II, the same section was canvassed to all the eligible women who had their last pregnancy after January 1, 2001. The women whose last pregnancy terminated into live/still birth were asked about the details of antenatal, natal and post-natal care they received; pregnancy, delivery and post-delivery complications they suffered from and the treatment seeking behaviour in case of complications. Women whose last pregnancy terminated into abortion, either spontaneous or induced, were asked about the utilisation of safe abortion services and the post-abortion complications they experienced. This chapter presents information on antenatal, natal and postnatal care received by women whose last pregnancy had terminated during the three years preceding the survey as live birth or as stillbirth.

## 4.1 Antenatal Check-Ups

Women who had given a birth during the three years preceding the survey were asked whether they had gone for antenatal check-ups outside the home, and if they had, what type of service provider had given them the check-ups. They were also asked whether any health worker had visited them at home to provide antenatal check-ups. Table 4.1 and Figure 4.1 present the percentage of women who had given birth during the three years preceding the survey and information regarding the antenatal check-ups they had by source of antenatal check-ups according to some selected background characteristics. Results show that by and large all the women received antenatal check-ups during the three years preceding the survey, two percentage point more than RCH Round I (95 percent). Most (82 percent) of women received antenatal check-ups from doctors, followed by 14 percent from ANM/Nurse/LHV. Only one percent women received antenatal check-ups at the doorstep from the ANMs or health worker.



Antenatal check-ups are comparatively more among the younger women age below 35 years and those women who had given their first or second birth than the women age 30 years or more and women who had given third or higher order births. The coverage of antenatal check-up in urban areas is almost universal while it is little less in rural areas (95 percent). The proportion of antenatal check-up among the scheduled tribe women is low at 87 percent as compared to scheduled caste, other backward class and other caste (97-100 percent). The percentage of women who received antenatal check-ups from doctors is more in urban areas (92 percent) than in rural areas (75 percent). However 18 percent of rural women received antenatal check-ups from auxiliary nurse midwife, nurse or LHVs, and the same for women in urban areas is eight percent. Ninety-three percent of non-literate women as compared to nearly all women (99 percent) who had completed high school received antenatal check-ups for their last pregnancy that terminated into births (either live or still birth) during the three years preceding the survey.



<b>Table 4.1 ANTENATAL CHECK-UP</b>						
Percentage of women* who received any antenatal check-up (ANC) during pregnancy by source of antenatal provider, according to selected background characteristics, Daman & Diu, 2002-04						
Background characteristic	Any <sup>1</sup> antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC <sup>2</sup>			Number of women
			Doctor	ANM/ Nurse/ LHV	Other <sup>3</sup>	
<b>Age group</b>						
Less than 30 years	97.4	0.5	82.5	14.8	0.5	468
30 years & above	93.4	3.0	76.6	12.4	1.4	103
<b>Children ever born</b>						
1	98.7	0.0	83.3	15.0	0.3	193
2	97.4	1.0	88.2	10.6	0.0	174
3	93.8	1.0	78.6	12.5	1.6	116
4+	94.8	2.9	69.7	20.4	1.7	85
<b>Residence</b>						
Rural	95.1	1.5	75.4	18.3	1.1	361
Urban	99.5	0.0	91.8	7.7	0.0	211
<b>Education</b>						
Non-literate	93.1	3.6	72.8	15.6	1.0	146
0-9 @ years	97.3	0.1	79.2	18.2	1.0	257
10 years & above	99.0	0.0	92.2	7.4	0.0	169
<b>Religion</b>						
Hindu	96.5	1.1	81.7	14.0	0.5	509
Muslim	97.8	0.0	74.4	20.5	2.9	51
<b>Caste/tribe#</b>						
Scheduled caste	100.0	0.0	81.1	20.3	0.0	72
Scheduled tribe	87.3	0.0	63.3	24.0	0.0	78
Other backward class	97.4	1.9	85.1	9.5	1.0	192
Other	98.0	0.6	87.9	10.8	0.3	199
<b>Standard of living index</b>						
Low	89.6	1.2	62.9	27.1	1.5	101
Medium	96.4	1.8	77.9	16.4	0.3	231
High	100.0	0.0	92.7	7.0	0.8	240
<b>Availability of health facility in village</b>						
No	90.8	0.3	65.6	24.7	2.5	133
Yes	97.6	2.2	81.1	14.5	0.3	228
Total	96.7	1.0	81.5	14.3	0.7	572

Note: \* Women who had their last live/still birth since 1-1-1999/1-1-2001. Total includes 3 women with zero parity and 12 with other religion who were not shown separately. <sup>1</sup> Antenatal check-ups either at home or outside from home at health facility. <sup>2</sup> Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. <sup>3</sup> Other includes trained and untrained *dai*. # Total figure may not add to N due to do not know and missing cases. @ Literate women with no years of schooling are also included.

The proportion of women who received antenatal check-ups from a doctor, increased steadily with the level of education and the standard of living index. Seventy-three percent non-literate women as compared to 92 percent having education of more than 10 years received ANC from doctors. Similarly, 63 percent women belonging to households with a low standard of living against 93 percent of that from a high standard of living fall in this category. The proportion of Hindu women who received antenatal check-ups from doctors (82 percent) was more than that of Muslim women (74 percent). Almost nine out of every ten women from the 'other castes' category received antenatal check-ups from doctors, while it was 81 percent for scheduled caste women, and 63 percent for scheduled tribe women, and for women from other backward classes, it was 85 percent. Women from scheduled tribes and scheduled caste were more likely to receive antenatal check-ups from auxiliary nurse

midwives, or LHVs. About one-fourth of scheduled tribe and one-fifth of scheduled castes women received antenatal check-ups from ANMs, while it was around 10 percent among other backward class and women from the 'other' castes category.

## 4.2 Antenatal Check-Ups at Health Facility

DLHS-RCH asked women who had a birth during the three years preceding the survey whether they had received antenatal check-ups, and if they had, from where they had availed such services.

<b>Table 4.2 PLACE OF ANTENATAL CHECK-UP</b>									
Percentage of women* who received any antenatal check-ups (ANC) during pregnancy by source and place of antenatal check-ups, according to selected background characteristics, Daman & Diu, 2002-04									
Background characteristic	Antenatal check-up only at home	Place of antenatal check-ups <sup>1</sup>							Number of women
		Government <sup>2</sup> health facility	Private <sup>3</sup> health facility	PHC	SC	ISM <sup>4</sup> facility			
						Govt.	Private	Other	
<b>Age group</b>									
Less than 30 years	0.5	35.7	52.8	9.0	0.4	0.0	9.0	0.7	468
30 years & above	3.0	27.5	50.7	9.6	0.0	4.3	9.7	0.3	103
<b>Children ever born</b>									
1	0.0	28.6	62.2	3.3	0.6	0.0	7.8	0.5	193
2	1.0	38.7	45.8	12.1	0.2	0.0	13.3	0.6	174
3	1.0	45.0	42.9	11.3	0.0	0.0	5.6	0.6	116
4+	2.9	24.6	58.2	14.4	0.2	5.1	5.3	1.1	85
<b>Residence</b>									
Rural	1.5	36.8	51.3	8.2	0.5	1.2	5.0	0.6	361
Urban	0.0	29.9	54.4	10.6	0.0	0.0	15.8	0.6	211
<b>Education</b>									
Non-literate	3.6	35.3	50.1	13.8	0.1	3.1	1.4	0.9	146
0-9 @ years	0.1	47.4	44.0	11.8	0.6	0.0	6.3	0.9	257
10 years & above	0.0	13.4	67.2	1.5	0.0	0.0	19.4	0.0	169
<b>Religion</b>									
Hindu	1.1	33.2	54.2	9.3	0.4	0.8	7.6	0.7	509
Muslim	0.0	48.5	31.9	8.7	0.0	0.0	21.9	0.0	51
<b>Caste/tribe#</b>									
Scheduled caste	0.0	41.9	49.4	7.0	0.0	5.5	3.1	0.0	72
Scheduled tribe	0.0	60.6	23.3	4.4	0.0	0.0	3.0	0.9	78
Other backward class	1.9	28.1	61.5	18.2	0.8	0.0	6.9	1.0	192
Other	0.6	27.3	54.3	3.6	0.2	0.0	17.0	0.3	199
<b>Standard of living index</b>									
Low	1.2	66.0	21.0	6.2	1.4	0.0	0.7	0.9	101
Medium	1.8	33.3	54.6	13.3	0.1	1.8	5.4	0.6	231
High	0.0	21.9	63.5	6.4	0.1	0.0	15.7	0.6	240
<b>Availability of health facility in village</b>									
No	0.3	46.4	37.4	1.2	0.0	3.3	4.1	0.0	133
Yes	2.2	31.2	59.4	12.0	0.8	0.0	5.5	0.9	228
Total	1.0	34.2	52.4	9.1	0.3	0.7	9.1	0.6	572

Note: \* Women who had their last live/still birth since 1-1-1999/1-1-2001. Total includes 3 women with zero parity and 12 with other religion who were not shown separately. # Total figure may not add to N due to do not know and missing cases. @ Literate women with no years of schooling are also included. <sup>1</sup> Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. <sup>2</sup> Includes sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. <sup>3</sup> Includes Private hospital/clinic or non-governmental hospital/ trust hospital or clinic.

Table 4.2 shows the percentage of women who had received antenatal check-ups during pregnancy by place. During pregnancy, women received antenatal check-ups from multiple sources such as, health workers providing ANC at home, Government health facility, private health facility, and at Indian System of medicine etc. Women who received antenatal check-ups both at home and outside the home are categorised as having received care outside the home. Little more than one-third of women received antenatal check-ups at Government health facility, including nine percent through primary health centre and 52 percent at a private health facility. Other than this, nine percent of women reported that they had received antenatal check-ups at the private Indian system of medicine. As mentioned above women availed antenatal check-ups from multiple sources. Women who were visited by an ANM might have also visited government and/ or private health facilities including Indian system of medicine.

Younger women (less than 30 years) were more likely to receive antenatal-check-ups at government health facilities (36 percent) than older women aged 35 and above (28 percent). Similarly, more women from rural areas (37 percent) availed government health facilities for antenatal check-ups than urban areas (30 percent). It may be mentioned that only a less than one percent of the women from rural areas received antenatal check-ups at sub-centre. This indicates that the services are not reaching the target population, particularly through the public sector.

### 4.3 Antenatal Check-Ups by District

Table 4.3 indicates the antenatal coverage in the UT. In both the districts, more than 95 percent of women got some kind of antenatal check-ups for their last births during the three years preceding the survey. Antenatal check-ups received from doctor, was higher in Diu district (87 percent) as compared to Daman (78 percent). In the districts of Diu only nine percent of the women received antenatal check-ups by ANM/Nurse/LHV while this figure was almost double in case of Daman (17 percent).

<b>Table 4.3 ANTENATAL CHECK-UPS BY DISTRICT</b>							
Percentage of women* who received any antenatal care (ANC), by source and place of antenatal check-ups by district, Daman & Diu, 2002-04							
District	Any <sup>1</sup> antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC		Place of antenatal check-ups		
			Doctor	ANM/ Nurse	Government <sup>2</sup> health facility	Private <sup>3</sup> health facility	ISM <sup>4</sup> facility
Daman	95.7	0.4	78.1	17.2	38.1	45.0	12.7
Diu	98.5	2.4	87.3	8.8	26.6	69.7	0.0
Daman & Diu	96.7	1.0	81.5	14.3	34.2	52.4	9.4

Note: \* Women who had last live/still birth during three years preceding the survey. <sup>1</sup> Antenatal check-ups either at home or health facility. <sup>2</sup> Includes sub-centre, primary health centre, community health centre or rural hospital, urban health centre/ urban health post/ urban family welfare centre, government hospital or dispensary. <sup>3</sup> Includes Private hospital/clinic or non-governmental hospital/ trust hospital or clinic. <sup>4</sup> Either government or private Indian system of medicine.

The extent of utilisation of government health facilities for antenatal check-ups was lower than that of private health facilities in both the districts. However, women from Daman were more likely to avail antenatal check-ups from government health facility than the district of Diu. In Daman, 38 percent of the women had received antenatal check-ups from government health facility whereas in case of Diu this percentage is 27. In UT, 13 percent

pregnant women in Daman district availed the Indian system of medicine (either government or private) for an antenatal check-up. However, none of the women in Diu had antenatal check-up from Indian system of medicine.

#### 4.4 Components of Antenatal Check-ups

Women who received any kind of antenatal check-ups were asked whether they received each of the several components of antenatal check-ups at least once during their pregnancy. Table 4.4 presents the percentage of women who received specific components of check-ups by residence. Except for X-rays (which are not recommended as a standard component of antenatal care), all of the measurements and tests are part of essential obstetric care or are required for monitoring high-risk pregnancies.

Most (84 percent) of women got their blood tested, 82 percent each had their blood pressure checked and urine test, 73 percent of the women had an abdominal examination and 79 percent were weighed as part of the antenatal check-ups. Other common components of antenatal check-ups were internal examination (41 percent), breast examination (31 percent) and the measurement of height (32 percent). Half of the women had a sonography or ultrasound conducted, eight percent had an X-ray and four percent of women reported that they had amniocentesis test. All of these measurements or procedures were performed more often during antenatal check-ups in urban areas than in rural areas and the rural-urban difference is substantial.

<b>Table 4.4 COMPONENTS OF ANTENATAL CHECK-UPS</b>			
Percentage of women* who received an antenatal check-up by specific components of antenatal check-up, according to residence, Daman & Diu, 2002-04			
Components of antenatal check-ups	Total	Rural	Urban
<b>Antenatal measurements/tests</b>			
Weight measured	78.5	74.7	84.6
Height measured	32.0	31.9	32.2
Blood pressure checked	81.6	77.4	88.6
Blood test	84.3	79.2	92.7
Urine test	82.2	77.3	90.2
Abdomen examined	73.4	69.5	79.7
Internal exam	41.0	35.8	49.7
Breast exam	30.6	30.1	31.3
X-ray	7.7	7.0	8.8
Sonogram or ultrasound	50.0	39.3	67.3
Amniocentesis	3.6	2.2	5.8
<b>Antenatal advice</b>			
Diet	75.2	70.1	83.7
Danger signs of pregnancy	47.7	40.0	60.2
Delivery care	45.0	41.4	51.0
Breast feeding	38.0	35.0	43.0
New born care	40.8	37.0	46.9
Family planning	22.4	20.8	25.0
Number of women who received Any antenatal check-up	553	343	210

\* Women who had their last live/still birth since 1-1-1999/1-1-2001

The type of advice received by women who had antenatal check-ups for last live/still births during three years preceding the survey is also presented in Table 4.4. Advice on diet was given to 84 percent of urban women as compared to 70 percent of rural women. Forty-

eight percent of the women received advice on danger signs of pregnancy. Women were less likely to receive advice on delivery care (45 percent), on breastfeeding (38 percent), and on newborn care (41 percent). Advice on family planning was given to 21 percent of rural women and 25 percent of urban women.

#### **4.5 Antenatal Care Services**

In India, under the Reproductive and Child Health Programme, all pregnant women should be registered in the first 12-16 weeks (Ministry of Health and Family Welfare, 1997). Accordingly, the first antenatal check-ups should take place at least during the first trimester of the pregnancy. It also includes the provision of at least three antenatal care visits, of at least one tetanus toxoid injection, and supplementary iron in the form of IFA tablets daily for 100 days. To assess whether the women had received all the care during pregnancy, information was collected regarding number of antenatal visits, timing of the first visit, doses of tetanus toxoid injection and supplement of iron folic acid tablets. The results are presented in Table 4.5. In the UT of Daman and Diu, 84 percent of the women received at least three antenatal check-ups and two-third of them had four or more check-ups. At least three antenatal check-ups were received by 92 percent of women in urban areas compared with 79 percent of women in rural areas. Number of visits for antenatal care varies by education, children ever born, caste and standard of living index. Seventy-two percent of non-literate, 85 percent literate women (educated below high school) and 92 percent of women who had 10 or more years of schooling visited for minimum three antenatal care. Parity of women is negatively associated with antenatal check-ups. By and large, women with parity one received three or more antenatal check-ups against seven out of every ten women with parity 4 and above.

Not much difference between Hindu and Muslim women, is found for having at least three visits for antenatal check-ups. However, coverage of antenatal check-up is substantially lower for women from scheduled-tribes (64 percent) than women of scheduled caste, other backward class and other caste (85-90 percent). Having three or more antenatal visits also increased with the standard of living, 68 percent for women with a low standard of living, 82 percent for women with a medium standard of living and 92 percent for women with a high standard of living. Availability of health facility in the village had positive impact on the minimum number of three visits for antenatal check-ups.

Data on timing of first antenatal check-ups shows that 68 percent of the women received their first antenatal check-up in the first trimester of pregnancy, 24 percent received their first check-up in the second trimester, and five percent of women received their first check-up in the third trimester. A relatively more proportion of women in the urban areas (74 percent) as compared to those in rural areas (63 percent) had a check-up in the first trimester of pregnancy. The first antenatal check-up in the first trimester has steadily increased with education and standard of living, and decreased with parity. About 57 percent of non-literate women had undergone their first antenatal check-up in the first trimester, and 86 percent of women who had completed at least 10 years of schooling received their first antenatal check-up in the first trimester. Similarly, 39 percent of women with low standard of living, 67 percent with medium standard of living, and 80 percent of women with high standard of living had undergone their first antenatal check-up in the first trimester of their pregnancy period. Three-fourth of women with parity-1 visited in first trimester whereas only 57 percent women with parity- four and above had undergone antenatal check-up in first trimester.

**Table 4.5 ANTENATAL CARE**

Percent distribution of women who had live/still births during three years preceding the survey by number of antenatal check-ups, the stage of pregnancy at the time of first check-up, the number of tetanus toxoid injections received and were given iron folic acid (IFA) tablets/syrup during pregnancy, and percentage who received full antenatal check-ups by some selected background characteristics, Daman & Diu, 2002-04

Antenatal care indicators	Total	Residence		Education			Children ever born			
		Rural	Urban	Non-literate	0-9@ years	10 years & above	1	2	3	4+
<b>Number of ANC visits</b>										
No visit	3.3	4.9	0.5	6.9	2.7	1.0	1.3	2.6	6.2	5.2
1	2.5	2.7	2.1	4.9	1.2	2.4	1.7	2.0	2.6	5.5
2	10.5	13.7	5.0	15.9	10.9	5.2	4.3	13.7	9.5	19.6
3	17.0	20.6	10.9	20.8	24.1	3.0	13.3	14.2	27.0	18.2
4+	66.7	58.1	81.5	51.5	61.1	88.5	79.4	67.5	54.7	51.6
<b>Stage of pregnancy at the time of the first antenatal check-up</b>										
No antenatal check-up	3.3	4.9	0.5	6.9	2.7	1.0	1.3	2.6	6.2	5.2
First trimester	67.5	63.4	74.4	56.6	61.8	85.5	75.2	65.9	64.0	56.5
Second trimester	24.4	26.7	20.4	29.2	30.2	11.4	20.3	27.2	23.6	29.6
Third trimester	4.9	5.0	4.6	7.3	5.3	2.1	3.1	4.2	6.1	8.7
<b>Women who received TT</b>										
No TT	8.4	9.3	6.9	11.9	6.8	8.0	9.1	9.7	6.1	7.7
1	8.6	11.8	3.2	11.1	9.9	4.6	7.4	8.7	10.9	7.7
2+	81.1	76.8	88.6	77.0	80.8	85.1	80.7	79.1	82.3	84.6
Do not remember/missing	1.8	2.1	1.4	0.0	2.5	2.4	2.8	2.5	0.7	0.0
<b>Women who received IFA tablets/syrup</b>										
No IFA/syrup	13.5	13.6	13.3	18.5	12.1	11.4	12.6	14.3	13.4	14.6
Received but not consumed	5.9	6.5	4.8	10.6	7.1	0.0	5.1	2.1	9.7	10.4
Consumed one IFA per day	53.6	52.8	54.9	53.3	54.9	51.8	52.5	54.6	50.3	56.7
Received 100+ IFA tablets/syrup	36.7	33.1	42.8	27.5	31.3	52.7	40.6	37.1	32.2	30.7
Percentage of women who received full <sup>1</sup> antenatal check-ups	35.4	32.0	41.2	27.2	30.2	50.3	40.2	35.0	31.3	28.4
Number of women	572	361	211	146	257	169	193	174	116	85

Note: Total includes 3 women with zero parity and 12 women with other religion who were not shown separately.

@ Literate women with no years of schooling are also included. <sup>1</sup> At least three visits for antenatal check-ups, at least one TT injection received and were given adequate amount of IFA tablets/syrup.

Continued....

**Table 4.5 ANTENATAL CARE (Contd)**

Percent distribution of women who had live/still births during three years preceding the survey by number of antenatal check-ups, the stage of pregnancy at the time of first check-up, the number of tetanus toxoid injections received and iron and were given iron folic acid (IFA) tablets/syrup during pregnancy, and percentage who received full antenatal check-ups by some selected background characteristics, Daman & Diu, 2002-04

Antenatal care indicators	Religion		Caste#				Standard of living index		
	Hindu	Muslim	Scheduled caste	Scheduled tribe	Other backward class	Other	Low	Medium	High
<b>Number of ANC visits</b>									
No visit	3.5	2.2	0.0	12.7	2.6	2.0	10.4	3.6	0.0
1	2.4	3.0	0.6	2.4	3.3	1.8	3.5	2.8	1.8
2	10.6	8.3	12.5	20.7	9.5	6.5	17.7	11.8	6.1
3	16.9	22.3	31.2	28.6	16.6	8.5	37.2	18.7	7.0
4+	66.6	64.2	55.7	35.6	68.0	81.2	31.2	63.0	85.2
<b>Stage of pregnancy at the time of the first antenatal check-up</b>									
No antenatal check-up	3.5	2.2	0.0	12.7	2.6	2.0	10.4	3.6	0.0
First trimester	67.6	64.1	75.4	52.2	62.9	77.7	38.6	67.1	80.0
Second trimester	24.4	25.5	23.1	31.3	27.4	15.9	43.7	24.2	16.4
Third trimester	4.6	8.1	1.4	3.7	7.1	4.4	7.4	5.2	3.6
<b>Women who received TT</b>									
No TT	8.2	12.4	8.9	17.7	5.8	8.2	12.8	6.7	8.3
1	8.8	8.4	3.3	24.6	8.8	4.2	20.0	8.4	4.0
2+	80.9	79.2	82.3	57.7	84.5	85.2	66.7	83.5	84.8
Do not remember/missing	2.1	0.0	5.5	0.0	0.9	2.4	0.4	1.4	2.9
<b>Women who received IFA tablets/syrup</b>									
No IFA/syrup	13.3	16.5	16.7	20.1	10.0	13.0	14.7	13.1	13.3
Received but not consumed	5.9	7.5	13.5	0.0	7.7	4.0	11.0	6.9	2.9
Consumed one IFA per day	53.7	53.6	43.8	46.0	62.8	48.5	48.3	57.1	52.4
Received 100+ IFA tablets/syrup	36.6	35.1	32.4	32.2	33.3	45.0	20.1	33.9	46.3
Percentage of women who received full <sup>1</sup> antenatal check-ups	35.1	35.1	32.4	28.6	32.7	43.4	19.7	32.6	44.6
Number of women	509	51	72	78	192	199	101	231	240

Note: <sup>1</sup> At least three visits for antenatal check-ups, at least one TT injection received and was given adequate amount of IFA tablets/syrup. # Total figure may not add to N due to don't know and missing cases. Total includes 12 women of other religion were not shown separately.

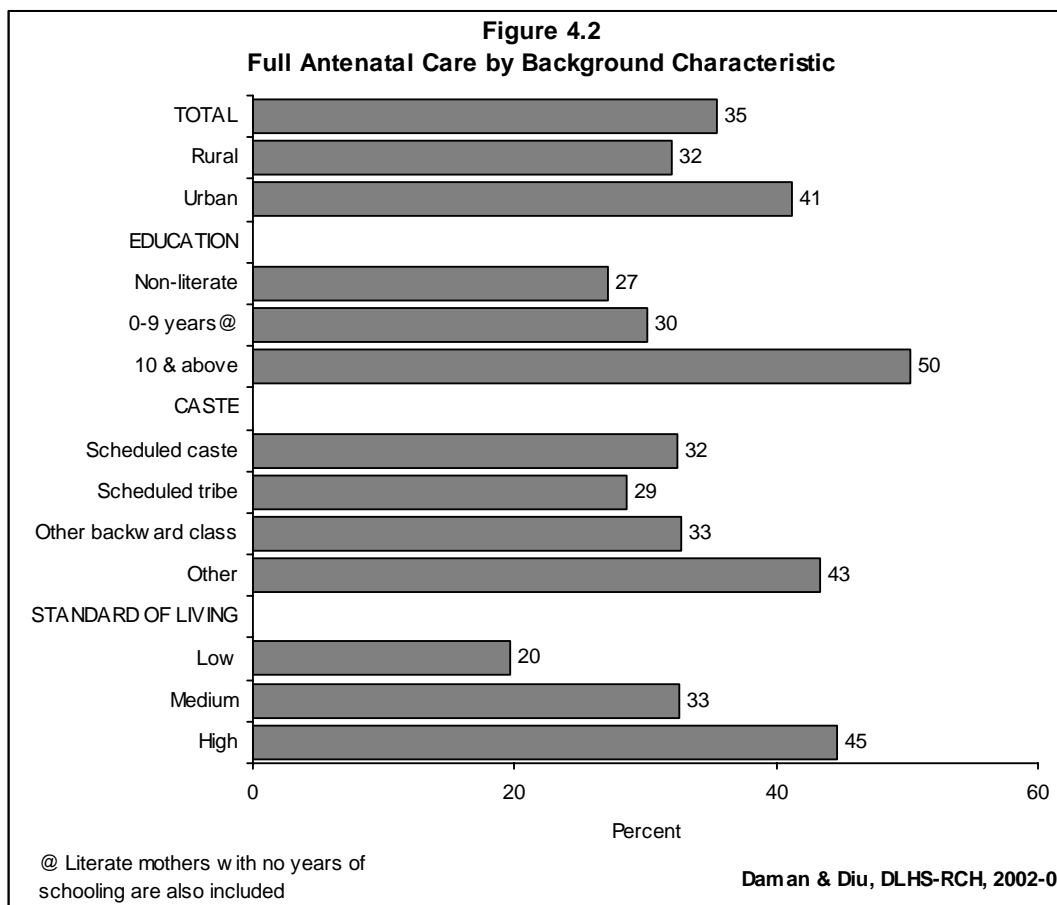
Women from scheduled tribe and from other backward classes were less likely to visit for antenatal check-ups in the first trimester compared to scheduled caste and other caste category. A little more than half (52 percent) of scheduled tribe women visited in first trimester for first antenatal check-ups, while 63 percent of other backward class women, 75 percent of scheduled caste women, and 78 percent women from 'other' caste category had their first antenatal check-up in their first trimester.

For the last live birth or stillbirth during the three years preceding the survey, women were asked whether they were given tetanus toxoid injection to prevent them and their baby from getting tetanus. Table 4.5 shows that 81 percent of the women received two or more tetanus toxoid injections. Coverage of two or more TT injections is more in urban areas (89 percent) than that in rural areas (77 percent). The coverage of at least one tetanus toxoid injections does not differ much by the religions. Coverage of two or more tetanus toxoid injections is almost similar for schedule caste (82 percent), other backward classes and women from 'other' caste category (85 percent each), while it is much lower for the women of schedule tribe (58 percent). More than three-fourths (77 percent) non-literate women received at least two tetanus toxoid injections for their last birth, whereas 81 percent literate women with 9 years of schooling, and 85 percent of women who had completed 10 years or more of schooling received at least two tetanus toxoid injections for their last birth. More than 80 percent of women irrespective of their status of living, received at least one tetanus toxoid injection. However, about two-third women with a low standard of living received two or more tetanus toxoid injections and 84-85 percent women with medium or high standard of living received same number of injections for their last live/still birth. The coverage do not vary much by parity.

Nutritional deficiencies among women are often exacerbated during pregnancy because of the additional nutrient requirements of foetal growth; therefore a pregnant woman needs six times more iron than a non-pregnant woman. The information on receiving iron folic acid tablets/syrup during pregnancy is also collected. Table 4.5 shows that about 87 percent of women in UT received IFA supplements for the last birth during three years preceding the survey. The coverage of IFA tablets is more or less same in urban and rural areas. IFA coverage is lower among the non-literate women, scheduled caste-tribe women, and women from Muslim religion. Again, during pregnancy in the last three years preceding the survey, only 37 percent of women received 100 or more IFA, one-third in rural areas and 43 percent in urban areas. This proportion is positively associated with education, standard of living and negatively associated with parity. Nearly one-third of the women from each scheduled caste, scheduled tribe and other backward class received 100 or more IFA tablets, against 45 percent of women from other caste category.

The percentage of women who received full antenatal care, (that is, at least three antenatal check-ups, and at least one tetanus toxoid injection and supplementary iron in the form of IFA tablets daily for 100 days as recommended by the RCH programme,) has been presented in Figure 4.2 and Table 4.5. Only 35 percent of women in Daman and Diu received full antenatal care. Coverage of full antenatal care is low for non-literate women, women with higher parity, women from scheduled tribe, and women with a low standard of living. Full antenatal coverage was also less in rural areas (32 percent) than in urban areas (41 percent).





#### 4.6 Antenatal Care Indicator by District

Table 4.6 shows the percentage of women who had given live/still birth during the three years preceding the survey who received different types of antenatal care; (the percentage who received antenatal check-up in the first trimester of pregnancy, the percentage who received at least three antenatal check-ups, the percentage who received at least one tetanus toxoid injection, the percentage given 100 or more iron folic acid tablets/syrup, and the percentage who received full antenatal care services) by district.

The utilisation of antenatal care services differs for Daman and Diu. In the district of Daman 71 percent of the women received their first antenatal check-up in the first trimester of pregnancy while in Diu district, the coverage is 59 percent. However, almost equal proportion of women in both the districts received three or more antenatal check-ups. There has been good coverage of tetanus toxoid injection in both the districts, ranging 87 to 97 percent, but on the other hand, performance regarding receipt of 100 or more IFA is poor. In both the districts, 32-38 percent of the women received adequate amount of IFA. The coverage of full antenatal care is slightly more in Daman (37 percent) than Diu (32 percent).

**Table 4.6 ANTENATAL CARE INDICATORS BY DISTRICT**

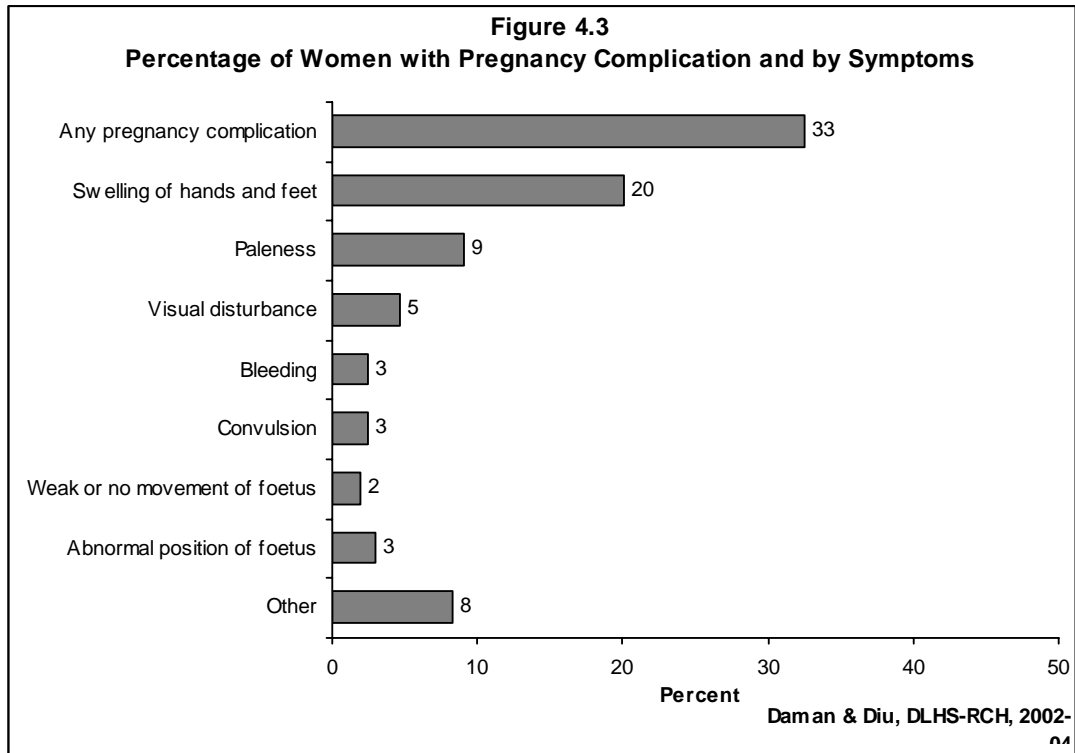
Percentage of women\* who received different type of antenatal care by district, Daman &amp; Diu, 2002-04

District	Percentage that received an antenatal check-up in the first trimester of pregnancy	Percentage that received three or more antenatal check-ups	Percentage that received at least one tetanus toxoid injection	Percentage that received adequate amount of IFA <sup>1</sup>	Percentage that received full <sup>2</sup> antenatal check-ups
Daman	70.6	83.1	86.7	38.0	36.5
Diu	58.8	83.7	96.8	32.2	31.6
Daman & Diu	67.5	83.7	89.7	36.7	35.4

Note: \* Women who had their last live/still birth since 1-1-1999/1-1-2001. <sup>1</sup> 100 or more iron folic acid tablets including syrup. <sup>2</sup> At least three visits for antenatal check-ups, at least one TT injection received and adequate amount of IFA.

#### 4.7 Pregnancy Complications and Treatment

Complications during pregnancy may affect both women's health and the outcome of the pregnancy adversely. Early detection of complications during pregnancy and their management are important components of the safe motherhood programme. In the survey, all the eligible women who had given last live or still birth during the three years preceding the survey were asked if at any time during the pregnancy, they had experienced any of the following pregnancy-related problems such as swelling of hands and feet, paleness, visual disturbance, vaginal bleeding, convulsions, weak or no movement of foetus, abnormal position of foetus, and other problems. All the information is based on women's self-reporting which is presented in Table 4.7 and Figure 4.3.



<b>Table 4.7 PREGNANCY COMPLICATIONS</b>										
Percentage of women who had live/still births during three years preceding the survey by pregnancy complication and type of complication during pregnancy by some selected background characteristics, Daman & Diu, 2002-04										
Background characteristic	Percentage of women with any pregnancy complication	Type of pregnancy complication;								Number of women
		Swelling of hands and feet	Paleness	Visual disturbances	Bleeding	Convulsion	Weak or no movement of foetus	Abnormal position of foetus	Other	
<b>Age group (years)</b>										
Below 25	36.8	22.0	11.3	4.9	2.0	3.6	2.4	3.2	7.6	267
25-29	32.0	19.1	7.5	3.7	1.3	1.2	2.1	4.0	9.6	202
30-34	19.0	11.8	2.9	4.0	1.6	0.6	0.9	0.0	10.3	75
35 & above	(39.3)	(35.7)	(10.7)	(7.1)	(10.7)	(3.6)	(3.6)	(3.6)	(3.6)	28
<b>Children ever born</b>										
1	40.7	27.9	12.3	4.6	0.9	3.7	5.0	2.9	5.3	193
2	29.2	19.4	7.4	1.8	3.3	1.1	0.9	2.1	6.6	174
3	26.0	13.9	3.5	4.8	0.0	2.3	0.0	5.8	9.9	116
4+	27.3	12.6	12.8	10.5	7.2	2.8	0.2	1.5	13.1	85
<b>Residence</b>										
Rural	30.7	18.8	8.7	5.1	2.8	3.9	0.3	2.6	7.1	361
Urban	35.7	22.3	9.9	4.1	1.8	0.0	4.8	3.8	10.5	211
<b>Standard of living index</b>										
Low	14.4	11.8	5.8	0.7	2.6	4.1	0.0	0.0	1.9	101
Medium	38.4	20.8	9.1	6.9	2.8	3.3	0.5	3.0	11.4	231
High	34.5	23.0	10.5	4.4	2.1	1.0	4.2	4.2	8.1	240
<b>Received any ANC</b>										
Yes	33.4	20.6	9.4	4.9	2.6	2.6	2.1	3.1	8.6	553
Total	32.5	20.1	9.1	4.7	2.5	2.5	2.0	3.0	8.3	572

Note: Total includes 3 women with zero parity and 19 women with No category on receiving any ANC who were not shown separately. ( ) Based on less than 50 unweighted cases .

About one-third of the women experienced at least one pregnancy related problem. The proportion is relatively more among the urban women (36 percent) than rural women (31 percent). Women below 25 years of age, women with first parity and women with medium or high standard of living face at least one pregnancy related problem more than older women, women with higher parity and women belonging to low standard of living index. The major problems reported were swelling of hand and feet (20 percent), paleness (9 percent), and visual disturbance (5 percent). Only about two-three percent each reported vaginal bleeding, convulsions, weak or no movement of foetus and abortion position of foetus. Other problems related to pregnancy were reported by eight percent of women. Swelling of hands and feet is more common among women below 25 years of age, women with parity-1, women from urban areas, and women with high standard of living. The percentage of women who were more anaemic belonged to the age group less than 25 years, and women with a high standard of living. Weak or no movement of foetus were reported more by the women with parity-1, urban women and with high standard of living whereas convulsion as a pregnancy complication were reported more by the rural women and women with low standard of living.

Women who reported at least one pregnancy related complication were asked whether they had consulted someone or had sought treatment for their problem and also the source of treatment. Table 4.8 shows the percentage of women who had pregnancy complications who obtained advice or had sought treatment by source of treatment according to residence and availability of health facility in the village. Around three-fourth (74 percent) of women reported that they had obtained advice or consulted someone for their problem. The proportion was more or less similar in urban (72 percent) and rural areas (74 percent), and two-third of women from those villages where health facility was available sought treatment as compared to 87 percent (read with caution due to less than 50 cases) of women with non-availability of health facility within the village.

Among women who sought treatment for pregnancy complications, 20 percent visited a government health facility including a primary health centre (9 percent). More than two-third (69 percent) of them visited a private health facility and 12 percent had gone to a facility with the Indian system of medicine. Another two percent obtained advice from another health facility. The proportion of women who visited a private health facility is slightly more in urban areas (71 percent) than in rural areas (68 percent). Among women who sought treatment, nine out of every ten women went to a doctor and nine percent to an auxiliary nurse midwife or nurse or LHV. Ninety-four percent women in urban areas and 88 percent in rural areas were examined by the doctor whereas ANM/Nurse/LHV examined 12 percent women in rural areas and six percent in urban areas.

<b>Table 4.8 TREATMENT FOR PREGNANCY COMPLICATIONS</b>					
Percentage of women* who had any pregnancy complication, sought treatment and source of treatment according to residence and availability of health facility in the village, Daman & Diu, 2002-04					
Treatment and source	Total	Residence		Availability of health facility <sup>5</sup> in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any pregnancy complication	73.5	74.2	72.4	(87.0)	66.6
Number of women	186	111	75	40	71
<b>Percentage sought treatment at health facility</b>					
Government health facility <sup>1</sup>	19.6	25.0	11.5	(30.0)	(14.1)
Primary health centre	8.7	9.2	7.8	(5.0)	(7.7)
Sub centre	0.1	0.2	0.0	(0.0)	(1.3)
Private health facility <sup>2</sup>	69.4	68.3	71.2	(65.0)	(80.8)
ISM <sup>3</sup> facility	12.2	8.8	17.3	(10.0)	(3.8)
Other	1.5	2.5	0.0	(5.0)	(1.3)
<b>Percent distribution of women who obtained treatment from</b>					
Doctor	90.3	87.7	94.4	(85.0)	(92.3)
ANM/nurse/midwife/LHV	9.2	11.6	5.6	(15.0)	(6.4)
Other <sup>4</sup>	0.4	0.7	0.0	(0.0)	(1.3)
Total percent	100.0	100.0	100.0	(100.0)	(100.0)
Number of women	137	82	55	35	47
<sup>1</sup> Include municipal hospital, dispensary, urban health centre/urban health post/urban family welfare centre, community health centre/rural hospital, primary health centre and sub centre. <sup>2</sup> Include private hospital/clinic and non-governmental organization/trust hospital. <sup>3</sup> Either government or private Indian system of medicine. <sup>4</sup> Other include Dai trained or untrained, other health professional and ISM practitioner <sup>5</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village ( ) Based on less than 50 unweighted cases.					

## 4.8 Delivery Care

### 4.8.1 Place of Delivery

One of the important thrusts of the Reproductive and Child Health Programme is to encourage deliveries under proper hygienic conditions under the supervision of trained health professionals. The provision of delivery services in the government health institutions is one of the components of the RCH programme. For each live/still birth during three years preceding the survey, DLHS-RCH asked the women where (place) their children were born, who assisted during the deliveries in case of home deliveries, characteristics of delivery, and any problems that occurred during the delivery. Table 4.9 and Figure 4.4 present the place of delivery. About 24 percent of the birth took place in government health institutions, 45 percent in private health institutions, and a large proportion of births (32 percent) also took place at home. About 79 percent of the deliveries in urban areas and 62 percent of the deliveries in rural areas took place in health institutions. Deliveries in health facilities in Daman and Diu rose from 63 percent in Round-I to 68 percent in Round-II.

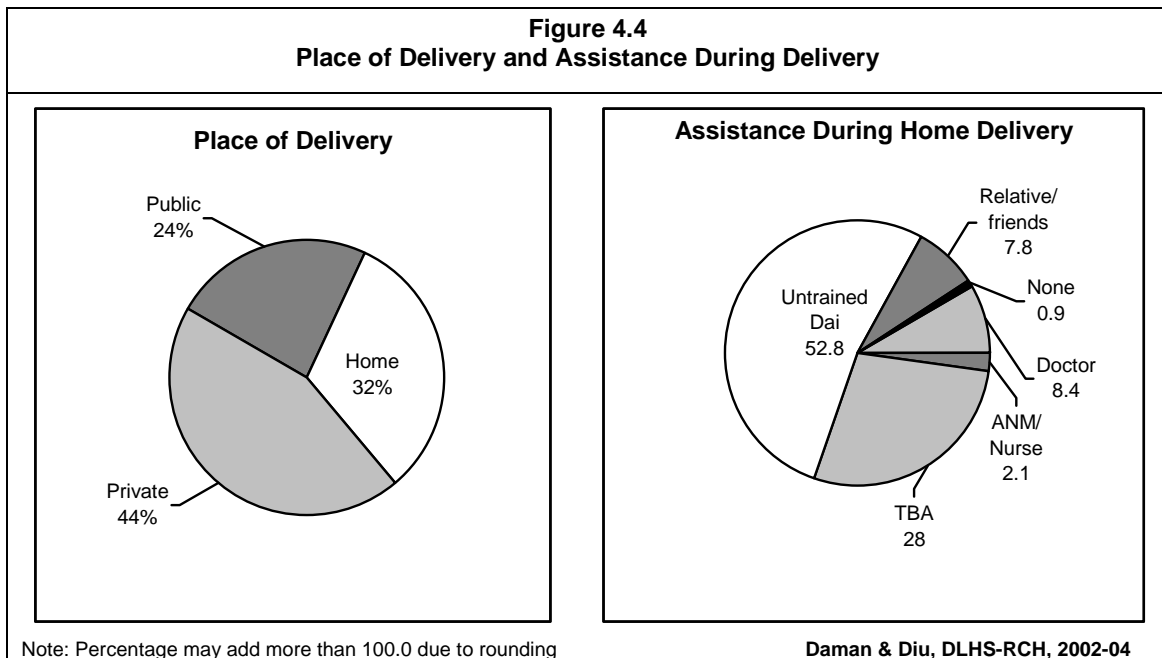
<b>Table 4.9 PLACE OF DELIVERY</b>					
Percent distribution of women who had given live/still births during three years preceding the survey, by place of delivery, according to selected background characteristics, Daman & Diu, 2002-04					
Background characteristics	Health institutions			Total percent	Number of women
	Public	Private	Home		
<b>Age group (in years)</b>					
Below 30	24.6	45.2	30.2	100.0	468
30 and above	19.2	41.4	39.4	100.0	103
<b>Children ever born</b>					
1	23.9	53.1	23.1	100.0	193
2	27.3	48.4	24.3	100.0	174
3	27.9	37.3	34.8	100.0	116
4+	10.6	25.3	64.1	100.0	85
<b>Residence</b>					
Rural	25.4	36.2	38.4	100.0	361
Urban	20.5	58.6	20.8	100.0	211
<b>Education</b>					
Non-literate	17.2	28.2	54.6	100.0	146
0-9@ years	30.1	35.2	34.8	100.0	257
10 years & above	19.4	72.6	8.0	100.0	169
<b>Religion</b>					
Hindu	22.3	44.0	33.7	100.0	509
Muslim	41.1	38.0	20.9	100.0	51
<b>Caste#</b>					
Scheduled caste	31.3	46.2	22.5	100.0	72
Scheduled tribe	48.9	15.8	35.3	100.0	78
Other backward class	7.5	39.3	53.2	100.0	192
Other	26.4	62.9	10.8	100.0	199
<b>Standard of living index</b>					
Low	46.8	18.8	34.4	100.0	101
Medium	20.7	38.4	40.9	100.0	231
High	16.7	61.1	22.2	100.0	240
<b>Number of antenatal check-ups</b>					
2	24.6	23.1	52.3	100.0	60
3	39.5	17.1	43.5	100.0	97
4+	18.0	58.1	23.9	100.0	381
<b>Delivery characteristics</b>					
Normal	24.5	38.6	36.9	100.0	494
Caesarean	19.0	81.0	0.0	100.0	74
<b>Availability of health facility in the village</b>					
No	33.3	36.6	30.1	100.0	133
Yes	20.9	36.0	43.2	100.0	228
Total	23.6	44.5	31.9	100.0	572
Note: Total includes 3 women with zero parity, 12 women in other religion, 19 women not visited for ANC and 14 women made 1 visit in delivery characteristics and 3 women with assisted delivery who were not shown separately. @ Literate women with no years of schooling are also included. # Total figure may not add to N due to do not know and missing cases.					

The proportion of births occurring in health institutions is higher for women aged below 30 years (70 percent) than for women aged 30 years and above (61 percent). Institutional deliveries, particularly in private health facilities, increase sharply with education and the standard of living. Forty-five percent of the births to non-literate women and 92 percent births to literate women who had completed at least 10 or more years of schooling took place at health institutions. Women with a high standard of living were more likely to give birth in health institutions than women with a low and medium standard of living. The proportion of institutional deliveries decreases as parity increases from parity one

(97 percent) to parity four and above (36 percent). Institutional deliveries are less among the women from Hindu religion (66 percent) than Muslim women (79 percent). Only 47 percent births from other backward classes women are institutional deliveries as compared to 78 percent of births to the women from scheduled-castes, 65 percent to scheduled-tribes and 89 percent of births to women from the 'other' caste category. Institutional deliveries are more common among women who had four or more antenatal check-ups than among those who had fewer antenatal check-ups. As expected, a large proportion of births occurred by caesarean section (81 percent), took place at private health institutions. Interestingly enough more than half (57 percent) of births took place at health institutions in the villages with availability of health facility compared to 70 percent of births from villages without any health facility.

#### 4.8.2 Assistance During Home Delivery

Table 4.10 shows distribution of assistance during home delivery by selected background characteristics. Generally, assistance during delivery can be provided by medical staff (doctors, ANM/nurse/LHV), TBA, untrained *dai*, and relatives/friends. If more than one type of attendant assisted during the delivery, then only the most qualified person is considered. In the last three years, only eight percent of home deliveries were attended by doctors and two percent were attended by ANM or nurse or LHV, while 28 percent of the home deliveries were attended by trained birth attendants, 53 percent by untrained *dais*, eight percent were attended by relatives and friends and one percent of home deliveries were not attended by anyone (Figure 4.4).



Births to the literate women, who had not completed 10 years of schooling, were attended by health professionals more than three times higher than those among non-literate women. The proportion of home deliveries attended by health professionals to women with a high standard of living (21 percent) is much higher compared to the women with a low and medium standard of living (4 percent each).

### 4.8.3 Delivery Assisted by Skilled Persons

The extent of safe deliveries varied substantially by background characteristics of the women (Table 4.10 and Figure 4.5). Nearly three-fourth (72 percent) of the births were safe in the UT of Daman and Diu. The proportion of safe deliveries is much better in urban areas (85 percent) as compared to rural areas (63 percent). About 73 percent of the deliveries were safe for younger women aged below 30 years than elderly women (63 percent).

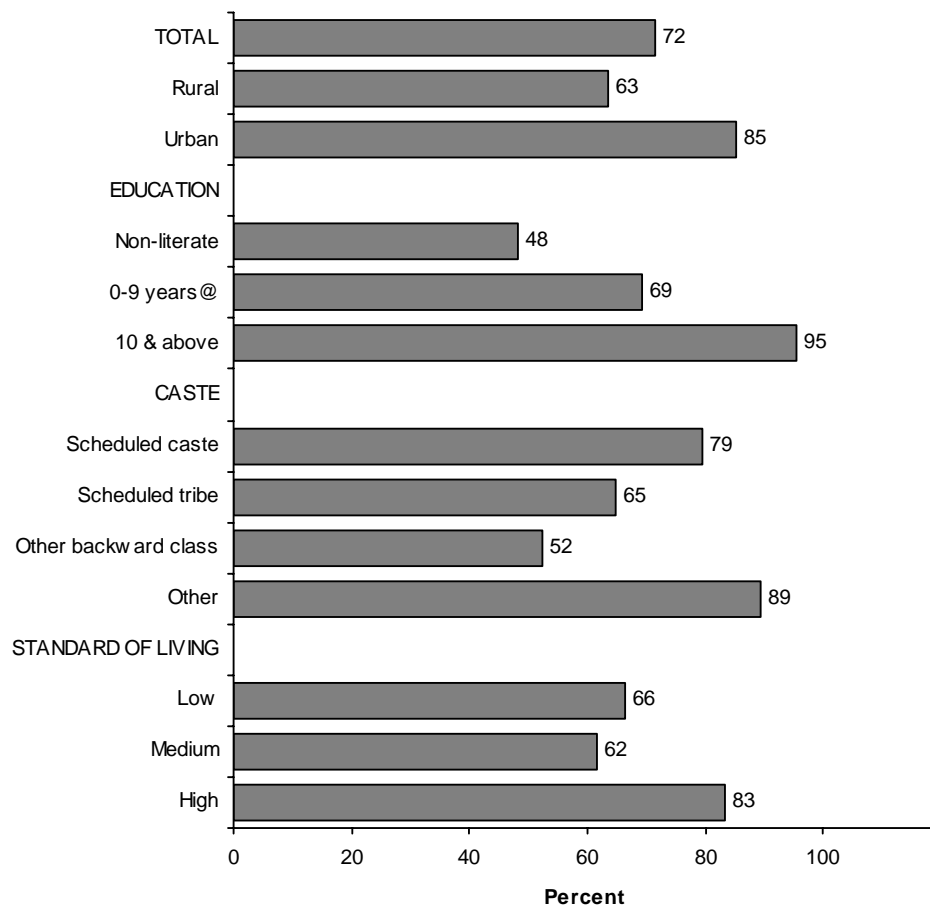
<b>Table 4.10 ASSISTANCE DURING HOME DELIVERY AND SAFE DELIVERY</b>								
Percent distribution of women who had given live/still births during three years preceding the survey, by assistance during home delivery, and percentage of safe delivery, according to selected background characteristics, Daman & Diu, 2002-04								
Background characteristics	Attendant assisting during home delivery <sup>1</sup>						Number of women	Percentage of safe <sup>2</sup> delivery
	Doctor	ANM/ Nurse/ LHV	TBA	Un- trained <i>dai</i>	Relative/ friends	None		
<b>Age group (in years)</b>								
Below 30	9.4	2.7	24.7	55.3	6.7	1.2	142	73.4
30 and above	(7.1)	(0.0)	(39.3)	(48.2)	(5.4)	(0.0)	41	62.5
<b>Children ever born</b>								
1	(14.8)	(5.6)	(18.5)	(55.6)	(3.7)	(1.9)	44	80.7
2	(18.4)	(4.1)	(24.5)	(44.9)	(8.2)	(0.0)	42	79.2
3	(12.7)	(1.8)	(30.9)	(50.9)	(1.8)	(1.8)	40	68.2
4+	3.1	1.3	33.6	54.6	7.4	0.0	55	38.8
<b>Residence</b>								
Rural	3.7	1.0	29.9	56.7	8.0	0.8	138	63.4
Urban	(27.3)	(7.6)	(19.7)	(39.4)	(4.5)	(1.5)	44	85.2
<b>Education</b>								
Non-literate	2.8	2.3	32.6	53.5	8.9	0.0	79	48.2
0-9@ years	9.8	1.9	23.7	54.8	7.9	1.9	89	69.3
10 years & above	*	*	*	*	*	*	*	94.8
<b>Religion</b>								
Hindu	8.6	2.2	28.5	52.7	7.0	1.0	172	69.9
Muslim	*	*	*	*	*	*	*	80.3
<b>Caste#</b>								
Scheduled caste	*	*	*	*	*	*	*	79.3
Scheduled tribe	(0.0)	(0.0)	(46.2)	(46.2)	(7.7)	(0.0)	27	64.7
Other backward class	9.0	1.1	27.6	59.0	2.7	0.6	102	52.2
Other	*	*	*	*	*	*	*	89.0
<b>Standard of living index</b>								
Low	(4.0)	(0.0)	(44.0)	(40.0)	(12.0)	(0.0)	35	66.2
Medium	3.6	2.3	30.0	60.1	3.2	0.7	95	61.5
High	21.4	3.0	20.8	43.5	9.4	2.0	53	83.2
<b>Number of antenatal check-ups</b>								
2	(5.7)	(2.9)	(31.4)	(57.1)	(2.9)	(0.0)	31	52.5
3	(0.0)	(0.0)	(32.1)	(64.2)	(1.9)	(1.9)	42	56.5
4+	12.3	3.8	28.5	47.0	7.2	1.2	91	79.9
<b>Delivery characteristics</b>								
Normal	8.4	2.1	28.0	52.8	7.8	0.9	182	66.9
Caesarean	*	*	*	*	*	*	*	100.0
<b>Availability of health facility in the village</b>								
No	(15.8)	(5.3)	(26.3)	(36.8)	(15.8)	(0.0)	40	72.5
Yes	2.1	1.1	29.5	61.5	4.8	1.1	98	58.2
Total	8.4	2.1	28.0	52.8	7.8	0.9	182	71.5

Note: Total includes 1 women with zero parity, 21 other caste, and 9 each of No. of visits i.e. No visits and one visit who were not shown separately. @ Literate women with no years of schooling are also included. # Total figure may not add to N due to do not know and missing cases. <sup>1</sup> If the respondent mentioned more than one attendant, only the most qualified attendant is shown. <sup>2</sup> Either institutional delivery or home delivery assisted by doctor/ANM/Nurse/LHV. ( ) Based on less than 50 unweighted cases. \* Percentage not shown based on few cases.



The proportion of safe deliveries was much lower among the women from other backward class (52 percent) as compared to women from scheduled-tribe, scheduled-castes. Around 90 percent of the births were safe to the women from 'other castes' category. Proportion of safe deliveries decreases as parity rises from 1 (81 percent) to 4 and above (39 percent). Safe deliveries were least prevalent among women who receive two or three antenatal check-ups (53-57 percent), and it is most prevalent among women who had four or more antenatal check-ups (80 percent). The proportion of safe deliveries increased with women's education and standard of living. Only 48 percent of non-literate women had safe deliveries whereas its prevalence is 95 percent among women who had completed at least high school. Women with a high standard of living had 83 percent safe deliveries compared to 63 percent of women with a medium standard of living and 66 percent with a low standard of living. As compared to women who had caesarean deliveries only 67 percent of women with normal deliveries are safe deliveries. The proportion of safe deliveries was higher in villages without a health facility than to women from those villages where health facilities are available.

**Figure 4.5**  
**Delivery Assisted by Skilled Person by Background Characteristic**



@ Literate mothers with no years of schooling are also included.

#### 4.9 Reasons for Not Going to Health Institutions for Delivery

Table 4.11 shows main reason for not going to health institutions for women who did not deliver in health institutions in the three years preceding the survey according to residence and availability of health facility in the village. About 61 percent of the women stated that it was not necessary to deliver in health institutions. Although this proportion is much higher among the women of urban areas (76 percent) compared to rural women (58 percent), but due to less than 50 cases in urban areas interpretation should be read with caution. Also, 65 percent of women, belonging to health facility villages, stated that it was not necessary to deliver in health institutions. Other factors contributing for not going to health institutions for delivery were, 'no time to go' (15 percent), 'it cost too much', 'better care at home' and 'no transportation' or 'health facility is too far' (4 percent each), and 'other' (8 percent). About 14 percent of women from the villages where health facility is available within the village, reported no time to go as a reason for not having delivery at health institution.

<b>Table 4.11 REASONS FOR NOT GOING TO HEALTH INSTITUTIONS FOR DELIVERY</b>					
Percent distribution of women who had given last live/still birth at home during three years preceding the survey by the main reason for not going to health institution for delivery, according to residence and availability of health facility in the village, Daman & Diu, 2002-04					
Reason	Total	Residence		Availability of health facility <sup>1</sup> in the village	
		Rural	Urban	No	Yes
Not Necessary	60.9	57.8	(75.8)	(36.8)	64.7
Not customary	3.3	2.5	(4.5)	(5.3)	1.6
Cost too much	4.3	5.6	(0.0)	(0.0)	7.9
Health facility too far/ No transport	3.9	4.6	(1.5)	(10.5)	2.7
No time to go	14.8	17.8	(4.5)	(26.3)	13.9
Family did not allow	0.4	0.6	(0.0)	(5.3)	0.0
Better care at home	4.0	3.8	(4.5)	(5.3)	4.6
Lack of knowledge	0.7	0.9	(0.0)	(0.0)	1.2
Other	7.7	6.6	(9.1)	(10.5)	3.3
Total percent	100.0	100.0	(100.0)	(100.0)	100.0
<b>Number of women</b>	182	138	44	40	98

<sup>1</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village. ( ) Based on less than 50 unweighted cases.

#### 4.10 Delivery Characteristics by District

Table 4.12 shows the delivery characteristics by district; institutional delivery (delivery in government or private health institutions), home delivery and attendant assisted during home delivery for last live/still births to women during the three years preceding the survey. The proportion of institutional delivery is much low in Diu at 31 percent while in the district of Daman most (83 percent) of the women delivered their baby in the institution.

<b>Table 4.12 DELIVERY CHARACTERISTICS BY DISTRICT</b>				
Place of delivery, assistance during home deliveries, and percentage of safe deliveries by district, Daman & Diu, 2002-04				
Districts	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled <sup>1</sup> persons	Percentage of safe <sup>2</sup> delivery
Daman	82.6	17.4	6.8	83.7
Diu	30.8	69.2	12.1	39.1
Daman & Diu	68.1	31.9	10.5	71.5

Note: \*Table includes last live/still birth since 1-1-1999/1-1-2001.  
<sup>1</sup> Includes Doctor/ANM/Nurse. <sup>2</sup> Either institutional delivery or home delivery assisted by skilled person.

A little more than two-third (68 percent) of births are institutional in the UT of Daman and Diu, but in case of Diu, more than two-third (69 percent) of the births took place at home while the corresponding figure in the district of Daman is only 17 percent. Nearly one out of every ten home deliveries were attended by a health professional and the proportions for both the districts are 12 and 6 in the district of Diu and Daman respectively. The extent of safe deliveries were reported to be high in the district of Daman (84 percent) but in case of Diu only 39 percent of the deliveries were safe deliveries.

#### 4.11 Complications During Delivery

Complications during delivery include premature labour, obstructed labour, prolonged labour (more than 12 hours), breech presentations, excessive bleeding during delivery and other problems at the time of delivery reported by women during the three years preceding the survey. More than two-fifths (42 percent) of the women experienced at least one problem during delivery (Table 4.13 and Figure 4.6).

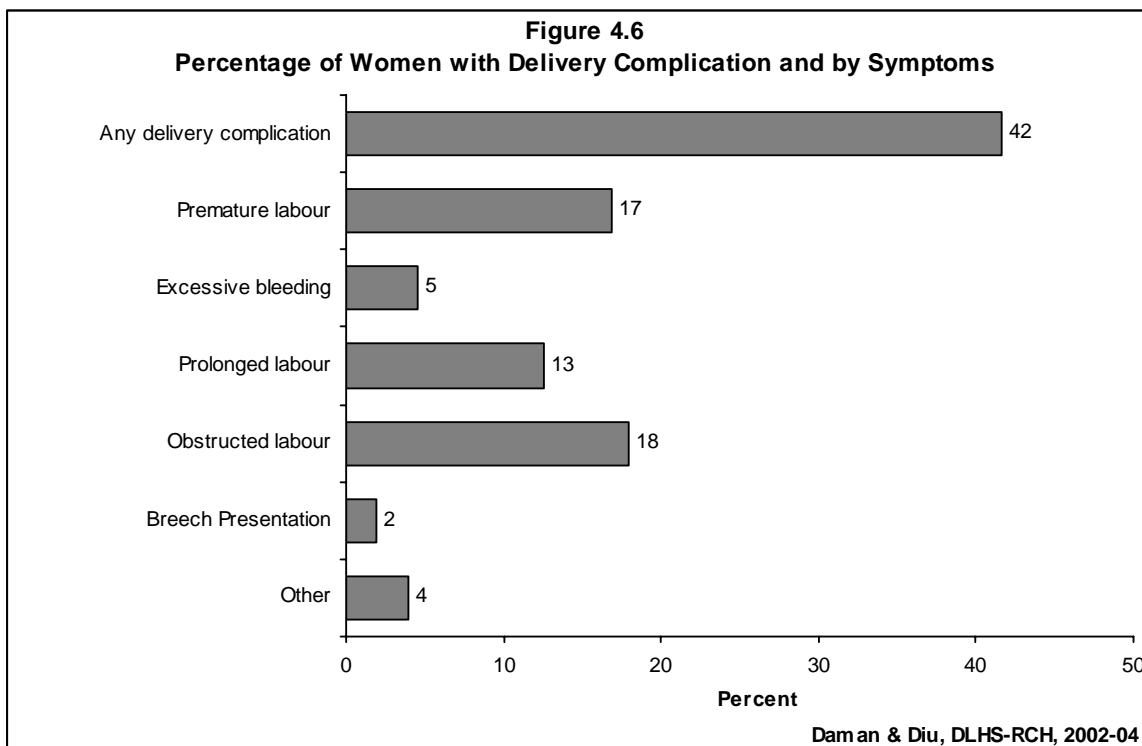
<b>Table 4.13 DELIVERY COMPLICATIONS</b>								
Percentage of women who had given last live/still births during three years preceding the survey by delivery complication, according to selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Any delivery complication	Type of delivery complication;						Number of women
		Premature labour	Excessive bleeding	Prolonged labour	Obstructed labour	Breech presentation	Other	
<b>Age group (in years)</b>								
Below 30	44.1	18.8	4.7	13.9	18.4	1.5	3.8	468
30 and above	30.5	8.2	3.6	6.9	15.8	3.8	5.1	103
<b>Children ever born</b>								
1	44.7	18.1	5.5	19.2	21.5	3.5	4.6	193
2	46.8	25.7	4.4	9.2	15.4	0.4	1.9	174
3	33.2	11.5	4.6	10.3	13.1	1.3	4.6	116
4+	34.0	3.8	2.7	8.1	22.2	2.1	3.2	85
<b>Residence</b>								
Rural	39.3	17.8	4.4	11.8	18.0	0.9	3.2	361
Urban	45.6	15.3	4.8	13.9	17.8	3.5	5.5	211
<b>Number of antenatal check-ups</b>								
1-2 visit	32.6	15.1	2.8	11.5	18.2	2.5	0.7	74
3	46.6	23.0	3.3	12.4	15.7	0.0	4.4	97
4+	42.6	16.5	4.4	13.5	18.8	2.4	4.8	381
<b>Delivery characteristics</b>								
Normal	38.7	17.3	4.6	12.0	18.3	1.2	0.6	494
Caesarean	58.4	13.9	4.2	16.3	15.2	6.3	23.1	74
<b>Place of delivery</b>								
Government sector	46.5	21.5	7.5	16.9	19.6	0.0	0.4	135
Private sector	49.5	21.3	4.1	14.0	19.8	3.8	8.7	254
Home	27.0	7.2	3.1	7.4	13.9	0.6	0.3	182
Total	41.6	16.9	4.5	12.6	17.9	1.9	4.0	572

Note: Table include 3women each with zero parity and assisted delivery and 19 woman who have not visited for ANC were not shown separately.

The proportion of delivery complications is little more among urban women (46 percent) than rural women (39 percent). Younger women below the age of 30 years, and women with low parity reported more delivery related problem than older women and

women with higher parity. Among women who had caesarean delivery, 58 percent reported experiencing such problems, and 39 percent women with normal deliveries also cited complications during delivery. A relatively higher proportion of women who delivered in health institutions (47-50 percent) faced at least one delivery complication compared to those who delivered at home (27 percent).

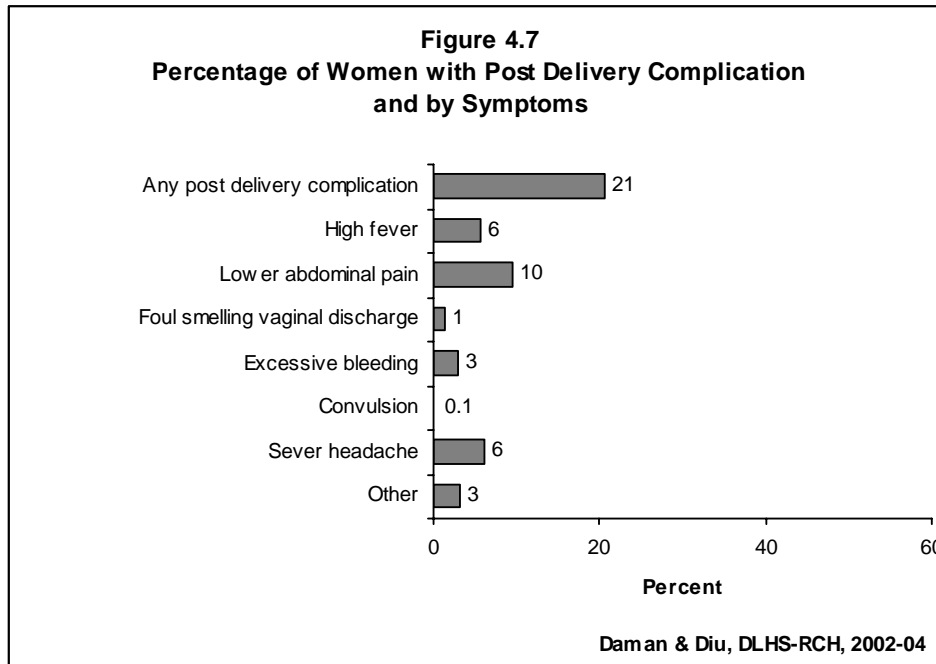
The major problems reported were ‘obstructed labour’ (18 percent), ‘premature labour’ (17 percent), ‘prolonged labour’ (13 percent), and ‘excessive bleeding’ (5 percent). Another two percent reported ‘breech presentation’, and four percent reported ‘other’ problems related to delivery. Women aged 30 and above, women from rural areas, women with parity-1 and 4 were more likely to report obstructed labour, while younger women, and women with parity-2, and those who had three ANC check-ups were more likely to report premature labour. Breech presentations are more prevalent among the women aged 30 and above and among the urban women. Prolonged labour more commonly reported by the younger women, women with parity-1, and urban women. Prolonged labour and breech presentation was more likely among those who had a caesarean, than by women with normal delivery during the three years preceding the survey. Women whose recent delivery was performed in medical institutions were more likely to report these complications compared with home delivery.



#### 4.12 Post Delivery Complications and Treatment

Table 4.14 and Figure 4.7 present information about women who faced complications after delivery according to some selected background characteristics. The incidence of post delivery complications judged by any of the following during the first six-weeks of delivery- high fever, lower abdominal pain, foul smelling vaginal discharge, excessive bleeding,

convulsion, severe headache, and other problems. About one-fifth of women reported that they faced some problems during the first six weeks after their delivery. The proportion of women who cited at least one post delivery complication is less in rural areas (19 percent) than in urban areas (22 percent). Younger women aged below 30 years, who had caesarean deliveries, and those whose deliveries took place at home are more prone to report at least one post delivery related problem.



Women mainly reported lower abdominal pain (10 percent), high fever, and severe headache (6 percent each), as post delivery complications. Foul smelling vaginal discharge and excessive vaginal bleeding each were also mentioned by one and four percent of the women respectively.

Not much rural-urban difference is observed in all the symptoms of postpartum complications. All the postpartum complications, except excessive bleeding and convulsions, are more prevalent among the women below 30 years of age. Those women delivered in the government sector are less likely to report symptoms in the postpartum period compared to private and those women who had delivery at home.

<b>Table 4.14 POST DELIVERY COMPLICATIONS</b>									
Percentage of women who had given last live/still births during three years preceding the survey by post delivery complication, according to selected background characteristics, Daman & Diu, 2002-04									
Background characteristic	Any post delivery complication	Type of post delivery complication;							Number of women
		High fever	Lower abdominal pain	Foul smelling vaginal discharge	Excessive bleeding	Convulsion	Severe headache	Other	
<b>Age</b>									
Below 30	21.6	5.8	9.9	1.4	2.8	0.1	6.6	3.6	468
30 and above	15.4	4.6	7.4	1.1	4.1	0.4	4.6	2.6	103
<b>Children ever born</b>									
1	20.1	3.8	7.6	1.4	4.2	0.1	4.6	3.9	193
2	21.4	6.5	14.0	2.2	1.2	0.0	7.6	0.8	174
3	16.4	4.7	5.6	0.0	3.0	0.0	6.0	2.4	116
4+	22.2	6.2	10.1	1.2	4.2	0.5	7.7	5.1	85
<b>Residence</b>									
Rural	19.4	5.9	9.0	1.1	3.5	0.2	6.6	3.2	361
Urban	22.4	5.1	10.4	1.8	2.1	0.0	5.7	3.8	211
<b>Delivery characteristics</b>									
Normal	17.9	4.7	7.5	1.0	3.0	0.0	6.0	2.5	494
Caesarean	34.1	8.3	23.1	2.4	2.3	0.9	7.8	5.8	74
<b>Place of delivery</b>									
Government sector	16.7	1.9	9.7	1.3	4.3	0.0	5.1	0.4	135
Private sector	20.0	5.4	9.3	2.0	2.2	0.3	5.4	4.4	254
Home	24.0	8.7	9.5	0.5	3.1	0.0	8.2	4.1	182
<b>Assistance during home delivery</b>									
TBA	24.6	6.7	14.1	1.6	2.8	0.0	8.9	1.7	51
Untrained dai	18.6	7.6	5.5	0.0	1.8	0.0	6.0	5.4	96
Total	20.5	5.6	9.5	1.3	3.0	0.1	6.2	3.4	572

Note: Table include 3 women with zero parity and assisted delivery was not shown separately. Total includes 15,4 ,14 and 2 women who were assisted during home delivery by doctor, ANM, relatives/friends and none category were not shown separately.

Women who reported at least one complication during the postpartum period were asked, whether they had consulted or sought treatment for their problems and also the source of treatment. Table 4.15 shows the percentage of women who had post delivery complications and who sought treatment by source of treatment according to residence and availability of health facility in the village. Nearly two-third (63 percent) of the women reported that they had obtained advice or had consulted someone for their problems. The proportion was little more among rural women (65 percent) than among urban women (60 percent), and 83 percent of women sought treatment from those villages where health facility was available (should read with caution due to less than 50 cases).

Among women who sought treatment for complications in the postpartum period, only 19 percent visited a government health facility including primary health centre (10 percent). More than half (59 percent) of women visited a private health facility, and 14 percent went to a facility with the Indian system of medicine (either government or private) and another eight percent obtained advice from other health facilities. Among women who sought treatment, most (93 percent) preferred to go to a doctor and five percent visited to an auxiliary nurse midwife or nurse or LHV.

<b>Table 4.15 TREATMENT FOR POST DELIVERY COMPLICATIONS</b>					
Percentage of women who had last live/still births during three years preceding the survey and who had any post delivery complication, sought treatment for the problems, and source of treatment according to residence and availability of health facility in the village, Daman & Diu, 2002-04					
Treatment and source	Total	Residence		Availability of health facility <sup>5</sup> in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any post delivery complication	62.7	65.4	(60.4)	*	(82.7)
Number of women	117	70	47	24	46
<b>Percentage sought treatment at health facility</b>					
Government health facility <sup>1</sup>	19.3	(10.8)	(28.1)	*	(10.4)
Primary health centre	9.6	(6.8)	(18.8)	*	(7.5)
Private health facility <sup>2</sup>	59.2	(77.0)	(50.0)	*	(77.6)
ISM <sup>3</sup> facility	13.7	(4.1)	(12.5)	*	(3.0)
Other	7.8	(8.1)	(9.4)	*	(9.0)
<b>Percent distribution of women who obtained treatment from</b>					
Doctor	93.1	(94.6)	(96.9)	*	(97.0)
ANM/nurse/midwife/LHV	4.9	(2.7)	(3.1)	*	(1.5)
Other health professionals <sup>4</sup>	1.1	(1.4)	(0.0)	*	(0.0)
Other	1.0	(1.4)	(0.0)	*	(1.5)
Total percent	100.0	(100.0)	(100.0)	(100.0)	(100.0)
Number of women	73	46	28	12	34
<sup>1</sup> Include municipal hospital, dispensary, urban health centre/urban health post/urban family welfare centre, community health centre/rural hospital, primary health centre and sub centre, <sup>2</sup> Include private hospital/clinic and non-governmental organization/trust hospital. <sup>3</sup> Either government or private Indian system of medicine. <sup>4</sup> Other health professionals include Dai (trained or untrained), relative/friends and ISM practitioner. <sup>5</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village ( ) based on less than 50 unweighted cases. * Percentage not shown based on few cases.					

### 4.13 Obstetric Morbidity by District

The extent of health problems/complications women suffer during pregnancy, delivery and post delivery period indicates the state of obstetric morbidity. Table 4.16 presents the incidence of pregnancy, delivery and post-delivery complications and treatment seeking behaviour in case of pregnancy and post delivery complications by district. As mentioned earlier, in the UT of Daman and Diu, 33 percent, 42 percent and 21 percent of the women experienced pregnancy, delivery and post delivery complications respectively. Nearly three-fourth of the women sought treatment for pregnancy complications and 63 percent for post delivery complications.

The incidence of pregnancy complication and post delivery complications is less than that of delivery complication. The incidence of pregnancy complications is comparatively higher in Diu district at 40 percent than in the district of Daman (29 percent). However, the incidence of delivery complications is higher in Daman district (44 percent) than in Diu (35 percent) district. The proportion of women who had post delivery complications is almost more than two times higher in Diu as compared to Daman.

<b>Table 4.16 PREGNANCY, DELIVERY AND POST DELIVERY COMPLICATIONS</b>					
Extent of pregnancy, delivery and post delivery complications and treatment seeking behaviour by districts, Daman & Diu, 2002-04					
District	Percentage of women <sup>1</sup>				
	Who had complication during pregnancy	Sought treatment for pregnancy complication <sup>2</sup>	Who had delivery complication	Who had post delivery complication	Sought treatment for post delivery complication <sup>3</sup>
Daman	29.4	70.4	44.3	16.1	51.8
Diu	39.8	79.1	34.7	31.1	76.4
Daman & Diu	32.5	73.5	41.6	20.5	62.7

Note: <sup>1</sup> Women who had last live/still birth during three years preceding the survey. <sup>2</sup> Women who reported at least one complication of pregnancy. <sup>3</sup> Women who reported at least one post delivery complication.

In both the districts of UT, by and large women received some kind of antenatal care. In spite of a large proportion of women having contact with a doctor or any other health workers during the antenatal period, in both districts one-fourth of the women did not seek any treatment for pregnancy complication and among the women who experienced at least one symptoms of postpartum complication, only a less than two-third of the women sought treatment for their complications.



## CHAPTER V

### CHILD CARE AND IMMUNIZATION

Child health services under the Reproductive and Child Health (RCH) programme include health education to mothers on breast-feeding and services for immunization, Vitamin A supplements and Iron prophylaxis, treatment of diarrhoea and Acute Respiratory Infections (ARIs). The District Level Household Survey (DLHS) covered all the currently married women whose last surviving child was born during the three years preceding the survey, and information on those breastfeeding currently and duration of breastfeeding. They were also asked about their awareness of diarrhoea management and danger signs of pneumonia and practices followed in case of episodes of diarrhoea and ARI among the children. Data on immunization, administering Vitamin A supplements and Iron prophylaxis was collected for the last two living children born after January 1, 1999/2001. This chapter presents an analysis of the data collected on the above aspects.

#### 5.1 Breastfeeding

Educating mothers on correct breastfeeding practices and child nutrition is one of the components of the RCH programme. Infant feeding practices have significant effects on the health of both mothers and children. Mothers are affected through the influences of breastfeeding on the period of postpartum infertility, and hence on fertility levels and the length of birth intervals. These effects vary according to the duration and intensity of breastfeeding. Proper infant feeding, starting from the time of birth, is important for the physical and mental development of the child. Breastfeeding improves the nutritional status of young children and reduces morbidity and mortality. Breast milk not only provides important nutrients, but also protects the child against infection. The timing and type of supplementary foods introduced in an infant's diet have significant effects on the child's nutritional status.

As recommended by the World Health Organization (WHO), breastfeeding should be initiated immediately after birth and should be continued upto a minimum of six months. The WHO also suggests that the yellowish milk, known as colostrums, should be given to the baby because it provides protection against certain infections. Afterwards, it has to be supplemented with other semi-solid and solid foods at the proper time intervals.

Table 5.1 shows the breastfeeding practices among children born during the three years preceding the survey in UT of Daman and Diu. Although, the practice of breastfeeding is common in UT, the initiation of breastfeeding within two hours of the birth of the child is not always followed. A less than half (48 percent) of the children were breastfed within two hours of birth, and 59 percent were breastfed within one day of birth (including those who were breastfed within two hours of birth), while remaining 41 percent of children were breastfed after one day of birth. As shown in Figure 5.1, 10 percent of the children were breastfed within one day of birth but after two hours of birth, 29 percent were breastfed after the first day of birth but before 3 days, and 12 percent of the children were put to the breast after three days. Data by socio-economic groups shows that women who reside in rural areas, educated women, women from other than Hindu religion, women from scheduled tribe and

women who live in households with a low standard of living are more likely to start breastfeeding their children within two hours of birth than their counterparts. About 83 percent of children from scheduled tribe were breastfed within two hours of birth, and two-third of children from other backward class were breastfed after one day of birth. A large proportion of children from urban areas (43 percent), children of non-literate mothers (61 percent), and children from households with a high standard of living (40 percent) were put to the breast after one day of birth.

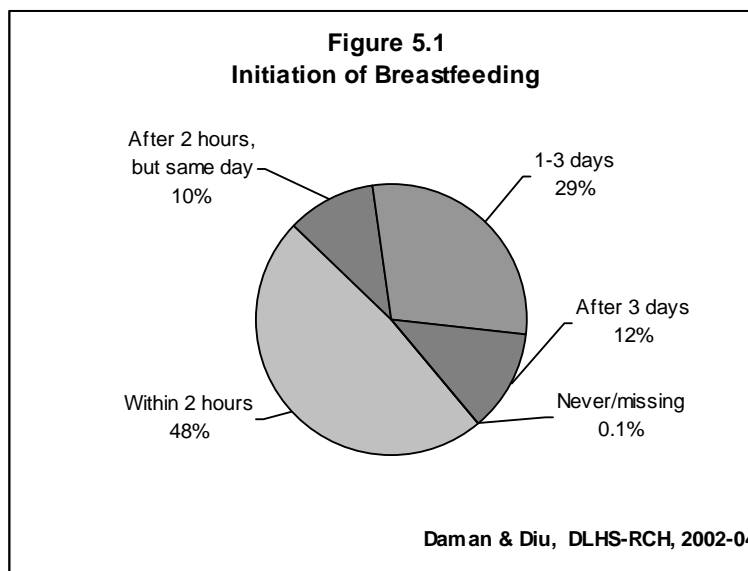
**Table 5.1 INITIATION OF BREASTFEEDING**

Percentage of children born during the three years preceding the survey who started breastfeeding within two hours of births, within one day of birth, and after one day of birth and percentage whose mother squeezed the first milk from her breast before breastfeeding by selected background characteristics, Daman & Diu , 2002-04

Background characteristic	Percentage started breastfeeding			Percentage whose mother squeezed first milk from breast	Number of children
	Within two hours of birth	Within one day of birth <sup>1</sup>	After one day of birth		
<b>Residence</b>					
Rural	52.0	60.1	39.9	69.9	308
Urban	42.4	56.6	43.3	65.1	183
<b>Mother's education</b>					
Non-literate	33.2	39.5	60.5	65.5	132
0-9@ years	55.3	64.5	35.4	75.8	214
10 and above	52.2	68.0	32.0	59.1	144
<b>Religion</b>					
Hindu	47.7	58.6	41.3	68.0	437
Other	54.5	60.4	39.6	69.3	53
<b>Caste/tribe#</b>					
Scheduled caste	54.0	62.1	37.9	69.9	59
Scheduled tribe	83.1	95.3	4.7	86.7	62
Other backward class	26.6	33.4	66.4	65.9	168
Other	56.5	71.4	28.6	64.9	171
<b>Standard of living index</b>					
Low	71.3	85.1	14.9	81.2	79
Medium	40.0	47.2	52.8	68.3	200
High	47.9	59.9	39.9	63.0	211
Total	48.4	58.8	41.1	68.1	490

Note: Table based on youngest living child born during the three years preceding the survey  
<sup>1</sup> Includes children who started breastfeeding within two hours of births  
@ Literate mother with no years of schooling are included. #Total figure may not add to N due to do not know and missing cases.

More than two-thirds of the women (68 percent) who gave birth to children during the three years preceding the survey squeezed the first milk from the breast before they began breastfeeding. The custom of squeezing the first milk from the breast before breastfeeding is widely practised in all groups, however it is slightly higher among the mothers from rural areas, children whose mothers are literate up-to 9 years, and mothers of scheduled tribe. Children who live in households with a high and medium standard of living are less likely than children in low standard of living households to have mothers who squeezed the first milk from the breast before breastfeeding. Mothers of children born in the three years preceding the survey were asked whether the child had been fed breast milk exclusively and if so, what the duration was. Here it needs to be mentioned that, exclusive breastfeeding includes breastfeeding the child without giving it anything including water. Results are shown in Table 5.2.



In Daman and Diu, two-fifth of children under six months of age are exclusively breastfed. The percentage of infants exclusively breastfed drops 12 percentage points, from children under 6 months of age to the children who are 6-11 months of age. About two-fifth of the children in the age group 4-6 months were exclusively breastfed up to atleast 4 months and almost same proportion of children in the age group 7-9 months breastfed upto atleast 6 months.

**Table 5.2 EXCLUSIVE BREASTFEEDING BY CHILD'S AGE**

Percentage of children under age 3 years by exclusive breastfeeding, according to child's age in month, Daman & Diu, 2002-04

Age in months	Status of exclusive breastfeeding			Number of children
	Exclusive breastfeeding	At least 4 months	At least 6 months	
<6 month	39.6	47.9	*	80
6-11 months	27.9	54.2	35.4	116
12-17 months	23.7	42.6	34.3	80
18-23 months	14.1	43.2	35.3	72
24-29 months	11.1	47.1	32.0	67
30-35 months	(2.1)	(36.4)	(34.0)	44
4-6 months	37.8	40.9	*	54
7-9 months	37.2	65.5	40.3	67
10+ months	17.1	46.4	36.0	328
Total	23.7	48.6	48.6	490

Note: Table based on youngest living child born during the three years preceding the survey (\*) Based on less than 50 unweighted cases.

### 5.1.1 Breastfeeding by District

Table 5.3 shows that in both the districts of UT, nearly half of the children were put to the breast within two hours of birth. About seven percent of the children were breastfed within two hours of birth in Diu and 67 percent of the children in Daman. About 21 percent of the children were put to the breast after one day of birth in Daman. The corresponding figure in Diu was 89 percent. Mothers of about two-third children squeezed the first milk before

breastfeeding in Daman district and in Diu district, 73 percent of children were put on breast after squeezing first milk by the mothers.

<b>Table 5.3 BREASTFEEDING BY DISTRICT</b>					
Percentage of children under age 3 who started breastfeeding within two hours of births, within one day of birth and after one day of birth, percentage whose mother squeezed the first milk from her breast before breastfeeding and percentage of children who exclusively breastfed by District, Daman & Diu, 2002-04					
District	Percentage started breastfeeding			Percentage whose mother squeezed first milk from breast	Exclusive breastfeeding <sup>2</sup>
	Within two hours of birth	Within one day of birth <sup>1</sup>	After one day of birth		
Daman	66.8	79.4	20.6	66.3	50.6
Diu	6.5	10.7	89.1	73.2	2.4
Daman & Diu	48.4	58.8	41.1	68.1	36.2

Note: Table based on youngest living child born during the three years preceding the survey  
<sup>1</sup> Includes children who started breastfeeding within two hours of births. <sup>2</sup> Based on youngest children age 6 months and older at the time of survey and breastfed exclusively 6 months or more as mother reported.

There is a great deal of variation in the extent of exclusive breastfeeding for six months and above. This proportion is much higher in Daman district at 51 percent as compared to just two percent in Diu. This variation could be due to the variation in institutional deliveries in both the districts.

## 5.2 Immunization of Children

The immunization of children against six serious but preventable diseases namely, tuberculosis, diphtheria, pertusis, tetanus, poliomyelitis and measles is the main component of the child survival programme. As part of the National Health Policy, the National Immunization Programme is being implemented on a priority basis. The Government of India initiated the Expanded Programme on Immunization (EPI) in 1978 with the objective of reducing morbidity, mortality and disabilities among children from six diseases.

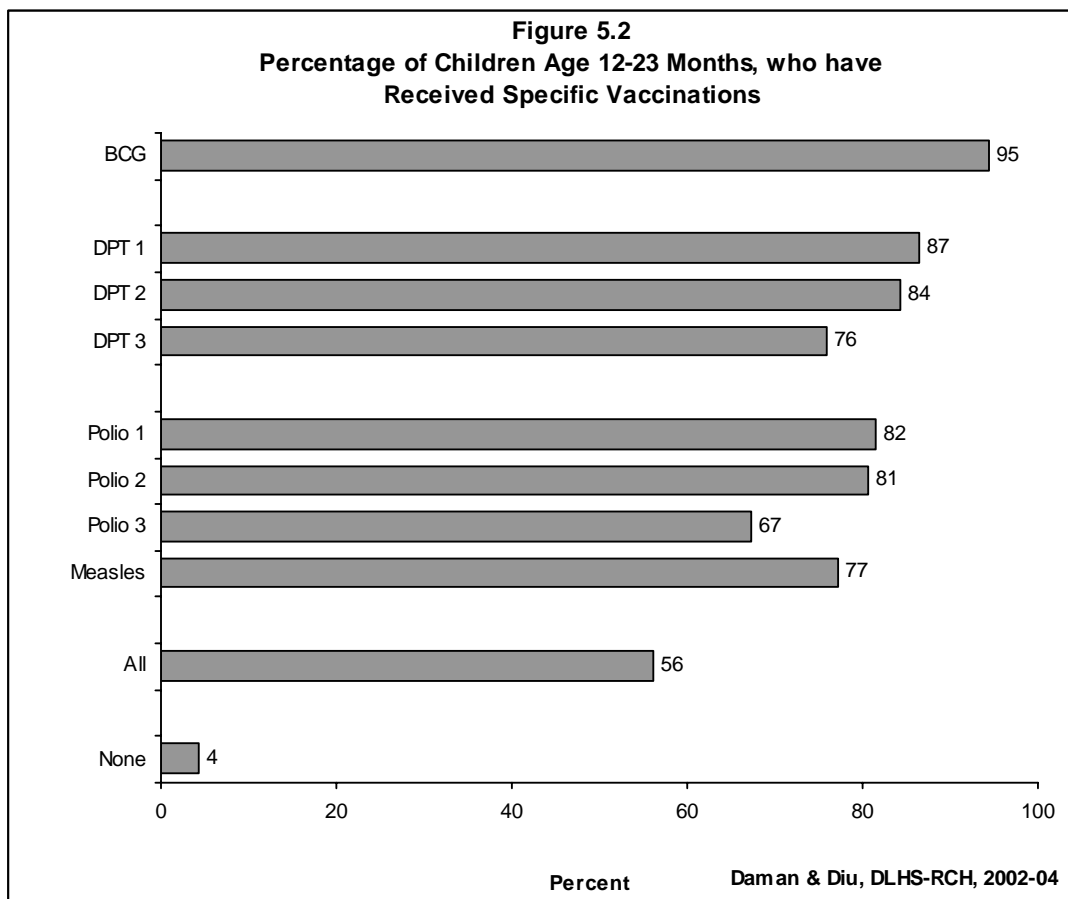
The Universal Immunization Programme (UIP) was introduced in 1985-86 with the objective of covering at least 85 percent of all infants against the six vaccine preventable diseases by 1990. This scheme has been introduced in every district of the country. The standard immunization schedule developed for the child immunization programme specifies the age at which each vaccine should be administered and the number of doses to be given. Routine vaccinations received by infants and children are usually recorded on a vaccination card that is issued for the child.

In the first phase of Round II, all the women with last and last but one living child born after January 1, 1999 were asked whether the child/children had received the vaccination against polio, tuberculosis (BCG), diphtheria, whooping cough (pertusis), tetanus (DPT) and measles, and for the second phase, the reference period was from January 1, 2001. For Polio and DPT, further information on polio at birth and number of doses was asked. Children who received BCG, three doses of DPT and polio (excluding polio 0) and measles are considered to be fully vaccinated. Information on the source of immunization for last dose and in case where immunization was not given, the reason for not giving immunization was also compiled.

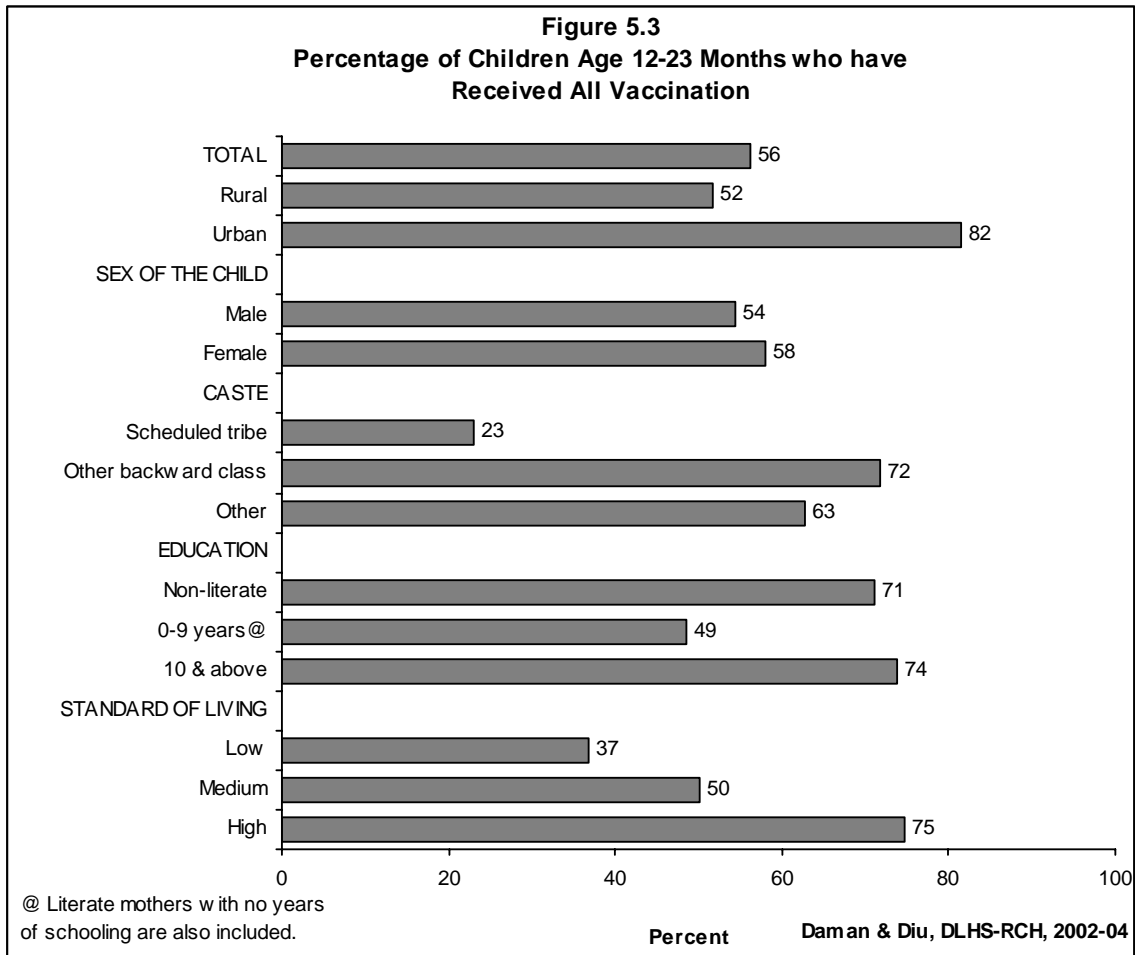
Table 5.4, Figures 5.2 and 5.3 presents vaccination coverage rates for children in the age group 12-23 months. Only 56 percent of the children are fully vaccinated, and four percent have not received any routine vaccination. Coverage of each vaccination was relatively higher than the percentage fully vaccinated. BCG, the first and second dose of DPT and Polio vaccine has each been given to more than 80 percent of children (Figure 5.2). About three-fourth of the children have received three doses of DPT, and 67 percent have received three doses of Polio whereas 77 percent have been vaccinated against measles. Moreover, not all children who receive the first dose of DPT and polio vaccination series, go on to complete them. The differences between the percentage of children receiving the first and third doses is 11 percentage point lower for DPT and 14 percentage points lower for polio.

These data indicate that howsoever better immunization coverage for children in UT is these, a large proportion of children who received some early vaccinations dropped out of the programme before receiving all of the recommended vaccinations.

The data indicates that the coverage of each type of vaccine has variation by the socio-economic groups, but interpretation should be read with caution due to the small number of children in some of the categories. As expected, immunization coverage is better in urban areas than in rural areas. About 82 percent of the children in urban areas had received all the recommended vaccinations by the time of the survey, compared with 52 percent in rural areas.



<b>Table 5.4 VACCINATION OF CHILDREN</b>												
Percentage of children age 12-23 months who received vaccination according to some selected background characteristics, Daman & Diu, 2002-04												
Background characteristic	Polio 0	BCG	DPT			Polio			Measles	Full <sup>1</sup> vaccination	No vaccination	Number of children
			1	2	3	1	2	3				
<b>Residence</b>												
Rural	82.3	96.0	84.9	82.1	74.3	83.1	81.6	64.6	76.6	51.6	2.4	117
Urban	(75.9)	(96.3)	(96.3)	(96.3)	(90.7)	(88.9)	(88.9)	(87.0)	(88.9)	(81.5)	(3.7)	44
<b>Sex of the child</b>												
Male	79.9	94.7	89.1	86.8	78.5	87.8	86.2	68.5	74.4	54.4	5.3	87
Female	81.4	94.3	83.3	81.7	72.9	74.5	74.0	65.9	80.5	58.1	3.2	74
<b>Birth order</b>												
1	83.8	100.0	91.7	87.9	82.7	91.8	91.2	69.9	71.4	51.7	0.0	53
2	81.0	91.4	79.6	79.6	69.7	66.6	66.1	61.0	81.1	55.5	8.6	61
3+	(79.0)	(96.8)	(93.5)	(91.9)	(85.5)	(93.5)	(91.9)	(82.3)	(83.9)	(72.6)	(1.6)	46
<b>Mother's education</b>												
Non-literate	(73.1)	(94.2)	(90.4)	(88.5)	(78.8)	(90.4)	(90.4)	(82.7)	(75.0)	(71.2)	(3.8)	42
0-9@ years	85.7	94.4	83.6	82.1	75.7	78.8	76.7	60.7	78.9	48.6	5.6	85
10 years and above	(85.7)	(100.0)	(97.6)	(95.2)	(90.5)	(88.1)	(88.1)	(81.0)	(90.5)	(73.8)	(0.0)	35
<b>Religion</b>												
Hindu	80.4	95.6	86.7	84.5	76.2	81.4	81.0	67.4	76.6	55.0	3.2	146
<b>Caste/tribe#</b>												
Scheduled tribe	(92.3)	(92.3)	(76.9)	(76.9)	(53.8)	(76.9)	(69.2)	(46.2)	(69.2)	(23.1)	(0.0)	29
Other backward class	67.1	94.0	89.1	86.3	81.0	83.9	83.9	75.1	81.5	71.8	6.0	64
Other	(81.4)	(97.7)	(88.4)	(88.4)	(79.1)	(88.4)	(83.7)	(74.4)	(74.4)	(62.8)	(2.3)	45
<b>Standard of living index</b>												
Low	(94.7)	(94.7)	(78.9)	(78.9)	(57.9)	(84.2)	(73.7)	(68.4)	(57.9)	(36.8)	(0.0)	29
Medium	76.0	93.7	86.5	82.3	72.0	85.0	85.0	62.3	74.6	50.1	6.3	73
High	79.7	95.9	93.2	92.9	86.9	84.6	82.8	78.0	85.4	74.7	4.1	58
Total	80.6	94.5	86.5	84.4	75.9	81.6	80.6	67.3	77.2	56.1	4.4	161
Note: Table includes only last and last but one living child born since 1.1.1999/1.1.2001.												
Total includes 15 children with other religion, 13 children with scheduled caste were not shown separately.												
@ Literate mothers with no years of schooling are included. # Total figure may not add to N due to do not and missing cases.												
<sup>1</sup> BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles. ( ) Based on less than 50 unweighted cases.												



It is interesting to note that a little higher proportion of female children (58 percent) are fully vaccinated compared to male children (54 percent). The relationship between vaccination coverage and birth order is consistently positive for full vaccinations. However, no pattern is observed between mother's education and children's vaccination coverage. Children from Scheduled tribe are less likely to have BCG, DPT, Polio, and measles vaccinations. The standard of living index of the household has a positive relationship with vaccination coverage. Three-fourth children from households with a high standard of living are fully vaccinated, whereas only 37 percent of children from households with a low standard of living are fully vaccinated.

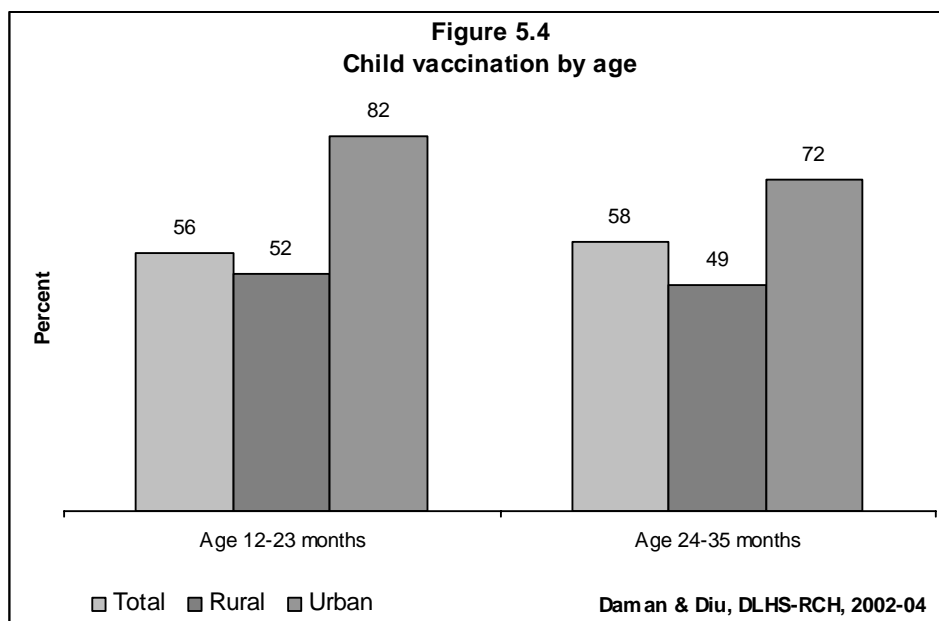
Table 5.5 shows the percentage of children in the age group 12-23 months and 24-35 months with a vaccination card, and the percentage who received various vaccinations during the first year of life by current age of children and place of residence.

The proportion of children fully vaccinated by age 12 months increased slightly from 56 percent for children in the age group 12-23 months to 58 percent for children in the age group 24-35 months. A rural-urban differential for the coverage of full vaccination is also observed. About 82 percent children in the age group 12-23 months are fully vaccinated against 72 percent of children in the age group 24-35 months in urban areas. Only 52 percent of children in the age group 12-23 months have received all vaccinations in rural areas

compared to 49 percent with children in the age group 24-35 months (Figure 5.4). Elder children aged 24-35 months are more likely to have received each type of vaccine.

<b>Table 5.5 CHILDHOOD VACCINATION RECEIVED BY 12 MONTHS OF AGE</b>						
Percentage of children age 12-23 months and 24-35 months with a vaccination card that shown to the interviewer and percentage who received specific vaccinations by 12 months of age according to residence, Daman & Diu, 2002-04						
Vaccination status	Total		Rural		Urban	
	12-23 months	24-35 months	12-23 months	24-35 months	12-23 months	24-35 months
Vaccination card shown to interviewer	50.9	43.1	52.0	41.8	(57.4)	45.0
Percentage vaccinated by 12 months of age						
Polio 0	80.6	86.5	82.3	83.4	(75.9)	91.2
BCG	94.5	93.5	96.0	90.1	(96.3)	98.7
<b>Polio doses</b>						
No Polio	14.1	7.7	13.4	9.7	(5.9)	4.6
1	1.1	0.0	1.5	0.0	(0.0)	0.0
2	13.6	9.5	17.1	13.7	(2.0)	3.3
3	68.9	74.6	64.9	66.6	(92.2)	86.5
Don't remember/missing	2.3	8.3	3.2	10.0	(0.0)	5.7
<b>DPT injection</b>						
No DPT	12.8	7.3	14.1	8.9	(3.7)	4.9
1	2.0	2.4	2.8	3.0	(0.0)	1.4
2	8.5	5.3	7.8	4.6	(5.6)	6.3
3	75.9	79.1	74.3	76.2	(90.7)	83.3
Don't remember/missing	0.8	6.0	1.0	7.3	(0.0)	4.0
Measles	77.2	79.8	76.6	77.0	(88.9)	83.8
Full <sup>1</sup> vaccination	56.1	58.3	51.6	49.0	(81.5)	72.1
No vaccination at all	4.4	4.2	2.4	6.2	(3.7)	1.3
Number of children	161	198	117	118	44	80

Note: Table includes only last and last but one living child born since 1.1.1999/1.1.2001  
<sup>1</sup> BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles. ( ) Based on less than 50 unweighted cases.





### 5.3 Source of Immunization

Table 5.6 gives the percent distribution of children under three years of age who have received any vaccination by the source of last vaccine, according to place of residence and availability of health facilities in the village. The community/primary health centre is the primary provider of childhood vaccinations in UT.

<b>Table 5.6 SOURCE OF CHILDHOOD VACCINATION</b>					
Percent distribution of children under age 3 who have received any vaccination by source of last vaccination, according to place of residence and availability of health facilities in the village, Daman & Diu, 2002-04					
Source of vaccination	Total	Residence		Availability of health facility <sup>1</sup> in the village	
		Rural	Urban	No	Yes
<b>Government health sector</b>					
Government/municipal hospital	32.5	32.5	32.5	36.7	30.3
Community/primary health centre	26.0	21.7	33.4	14.1	25.9
Sub-centre	5.4	7.9	1.2	6.2	8.8
RCH/MCP camp	0.2	0.3	0.0	0.0	0.5
<b>Private health sector</b>					
Private hospital	13.5	10.4	18.7	12.2	9.5
Private doctor	3.5	5.3	0.5	5.8	5.1
ISM <sup>2</sup> health facility	9.0	8.1	10.7	15.2	4.2
Other	9.8	13.7	3.1	9.8	15.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	520	329	192	115	214
Note: Table includes last and last but one living children born in the three years preceding the survey					
<sup>1</sup> Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village					
<sup>2</sup> Either government or private health facility of Indian System of Medicine. * Percentage not shown based on few cases.					

Majority of the children (64 percent) were immunized at the government health facilities and only 17 percent at private health facilities. Further, among the children immunized at the government health facility, one-third of them immunized from government/municipal hospital, 26 percent of them had received vaccination from the community health centre or from primary health centre, and five percent from sub-centre. One out of every ten children was also vaccinated from other sources including anganwadi. The percentage of children receiving vaccination from the private sector is slightly more in urban areas (19 percent) than in rural areas (16 percent). Even in urban areas, 67 percent of children received their vaccination from the government health facility. Children from those villages where health facilities are available are slightly more likely to receive vaccination from the government health facility.

### 5.4 Vitamin A and IFA Supplements

Vitamin A deficiency is one of the most common nutritional deficiency disorders in the world, affecting more than 250 million children worldwide (Bolem et. al., 1997). The child survival programme also includes administration of five doses of Vitamin A for prevention of night blindness and distribution of IFA for iron supplement. In Round II, mothers of children born during the three years before the survey were asked whether their children had received a dose of Vitamin A and IFA tablets/syrup. Those who said that their children had received a dose of Vitamin A and IFA tablets/syrup were further asked how many doses were given.

Table 5.7 shows the percentage of children in the age group 12-35 months who received at least one dose of Vitamin A and IFA tablets/syrup by selected background characteristics. In the UT of Daman and Diu, as a whole, 42 percent of the children received at least one dose of Vitamin A, and only 30 percent received IFA tablets/syrup. This indicates that a large number of children in UT did not receive Vitamin A supplements and IFA tablets/syrup supplementation.

<b>Table 5.7 VITAMIN A AND IFA SUPPLEMENTATION FOR CHILDREN</b>			
Percentage of children age 12-35 months who have received at least one dose of Vitamin A and iron folic acid tablets/syrup, according to selected background characteristics, Daman & Diu, 2002-04			
Background characteristic	Percentage who received at least one dose of vitamin A	Percentage who received iron folic acid tablets/syrup	Number of children
<b>Age of the child</b>			
12-23 months	35.9	27.6	161
24-35 months	47.7	31.4	198
<b>Sex of the child</b>			
Male	43.0	30.4	188
Female	41.7	29.0	170
<b>Birth order</b>			
1	43.7	31.3	114
2	35.5	24.6	126
3+	48.6	33.6	118
<b>Residence</b>			
Rural	39.0	35.3	235
Urban	48.9	19.2	124
<b>Mother's education</b>			
Non-literate	50.4	24.6	98
0-9 years@	37.7	38.5	166
10 years and above	42.4	19.5	94
<b>Religion</b>			
Hindu	42.6	31.4	318
Other	(51.5)	(21.8)	41
<b>Caste/tribe #</b>			
Scheduled caste	(51.5)	(33.3)	35
Scheduled tribe	27.1	40.1	54
Other backward class	52.9	31.1	125
Other	33.0	17.4	122
<b>Standard of living index</b>			
Low	33.5	35.3	71
Medium	46.3	33.1	140
High	43.0	23.7	147
<b>Availability of health facility in the village<sup>1</sup></b>			
No	24.4	27.3	80
Yes	46.5	39.4	155
Total	42.4	29.7	359

Note: Table includes last and last but one living children born in the three years preceding the survey.  
 @ Literate mother with no years of schooling are also included here. # Total figure may not add to N due to do not know and missing cases. <sup>1</sup> Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village. ( ) based on less than 50 cases.

Children in the age group 24-35 months are more likely to receive at least one dose of Vitamin A and IFA tablets/syrup each than children in the age group 12-23 months. No much sex differential is found in the receipt of Vitamin A and IFA tablets/syrup. Children from rural areas, from Scheduled tribe, and children living in households with a low standard of

living, are less likely to receive at least one dose of Vitamin A, but children in these categories are more likely to receive IFA tablets/syrup. Children living in those villages where health facilities are available are more likely to receive a dose of Vitamin A and a dose of IFA tablets/syrup than the children from those villages where health facilities are not available.

## 5.5 Immunization Coverage by District

The coverage of vaccination rates for all vaccines for children in the age group 12-23 months in both the districts is presented in Table 5.8. There are inter-district differentials in the coverage for different vaccinations, and for children receiving all vaccinations and those who did not receive any vaccination at all. The percentage of children who are fully vaccinated in Daman is only 37 and in the district of Diu this proportion is much higher at 87 percent. Around four percent of the children in each district were not vaccinated at all. The coverage of polio drops at the time of birth also varies, as it is 68 percent in Diu and 88 percent in Daman.

<b>Table 5.8 CHILDHOOD VACCINATION BY DISTRICT</b>								
Percentage of children age 12-23 months with a vaccination card that shown to the interviewer and percentage who received specific vaccinations by district, Daman & Diu, 2002-04								
District	Percentage vaccinated <sup>1</sup>							Percentage at least one dose of vit. A <sup>3</sup>
	Polio 0	BCG	DPT3	Polio3	Measles	Full <sup>2</sup>	None	
Daman	88.3	93.7	67.9	53.9	71.5	37.1	4.4	32.1
Diu	68.2	96.5	89.2	89.2	87.1	86.9	3.5	63.7
Daman & Diu	80.6	94.5	75.9	67.3	77.2	56.1	4.4	42.4

Note: Table includes only last and last but one living child born since 1.1.1999/1.1.2001. <sup>1</sup> Children age 12-23 months. <sup>2</sup> BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles. <sup>3</sup> Children age 12-35 months.

District wise variations in the percentage of children who received at least one dose of Vitamin A are also shown in Table 5.8. The proportion of children in the age group 12-35 months who received at least one dose of Vitamin 'A' supplements is 32 percent in Daman and 64 percent in Diu.

## 5.6 Child Morbidity and Treatment

This section discusses the awareness, prevalence and treatment of diarrhoea and acute respiratory infection (ARI). Mothers of surviving children born during the three years preceding the survey were asked if their children suffered from cough and cold or diarrhoea during the two weeks preceding the survey, and if so, the type of treatment that had been given. Accuracy of all these measures is affected by the reliability of the mother's recall of when the diseases occurred.

### 5.6.1 Awareness of Diarrhoea

Diarrhoea is a major killer disease of children under five years of age. Deaths from acute diarrhoea are mostly due to dehydration resulting from loss of water and electrolytes. An attempt was made to collect data on awareness of diarrhoea management and the practices followed during the episode of diarrhoea. This has been presented in Table 5.9.

In UT of Daman and Diu, 82 percent of the mothers with births three years preceding the survey were aware of what to do when a child had diarrhoea, which is exactly same as in Round I, and 38 percent were aware of ORS, which was 30 percent in Round I. Twenty-two percent of the women were aware of salt and sugar solution. Three to four percent of the women also reported that they would continue normal food, continue breastfeeding, and give plenty of fluids, and a substantial proportion of women (18 percent) did not know what to give a child who had diarrhoea. As expected, knowledge of ORS is higher among urban women (48 percent) than rural women (33 percent), and among high school and above educated women (50 percent) as compared to non-literate women (27 percent). Women belonging to Schedule tribes are least likely to know about ORS than women belonging to other caste groups. About 45 percent women with children having a high standard of living know about ORS and it declines to 35 percent for women with a medium standard of living and 30 percent with a low standard of living. Knowledge of ORS is more among middle age groups and among older women than among younger women. Women from villages with availability of health facilities are more aware of ORS than women from other villages.

<b>Table 5.9 AWARENESS OF DIARRHOEA</b>								
Percentage of women who are aware of diarrhoea management, type of practice followed if child gets diarrhoea, and percentage of women whose child suffered <sup>1</sup> from diarrhoea by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Knowledge of diarrhoea management	Type of practices to be followed do if child gets diarrhoea*						Number of women
		Give ORS	Salt and sugar solution	Continue normal food	Continue breastfeeding	Give plenty of fluids	Do not know	
<b>Age</b>								
15-24	76.7	35.0	23.6	5.0	4.3	5.5	23.3	268
25-34	88.5	40.7	21.1	3.7	3.1	1.6	11.5	275
35-44	(88.9)	(44.4)	(14.8)	(0.0)	(3.7)	(0.0)	(11.5)	28
<b>Residence</b>								
Rural	78.3	32.8	20.7	4.8	3.5	4.6	21.7	360
Urban	89.0	47.9	24.4	3.0	4.4	1.2	11.0	212
<b>Mother's education</b>								
Non-literate	81.0	26.8	12.9	5.1	1.3	1.7	19.0	146
0-9@ years	79.5	37.3	22.0	3.2	1.7	3.2	20.5	259
10 and above	87.6	50.3	30.2	4.8	9.4	5.1	12.4	166
<b>Religion</b>								
Hindu	82.1	36.3	21.6	4.2	3.4	3.5	17.9	510
Other	83.9	55.4	26.3	3.9	7.4	2.1	16.1	61
<b>Caste/tribe#</b>								
Scheduled caste	81.1	44.6	38.0	18.2	11.0	16.9	18.9	72
Scheduled tribe	43.4	22.6	11.7	1.5	1.2	0.0	56.6	78
Other backward class	94.7	35.5	12.0	0.6	0.5	1.6	5.3	189
Other	86.6	47.0	32.9	4.1	6.1	1.5	13.4	198
<b>Standard of living index</b>								
Low	63.8	30.3	29.0	4.0	5.4	7.9	36.2	101
Medium	82.1	34.7	14.9	4.1	0.5	1.1	17.9	230
High	90.1	45.2	26.0	4.3	6.4	3.7	9.9	241
<b>Availability of health facility<sup>2</sup> in the village</b>								
No	66.2	28.0	25.1	10.4	7.9	10.4	33.8	133
Yes	85.4	35.6	18.1	1.5	1.0	1.2	14.6	227
<b>Total</b>	<b>82.3</b>	<b>38.4</b>	<b>22.1</b>	<b>4.1</b>	<b>3.9</b>	<b>3.4</b>	<b>17.8</b>	<b>571</b>

Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.  
<sup>1</sup> Last two weeks prior to survey. @ Literate mother with no years of schooling are included. # Total figure may not add to N due to do not know and missing cases. <sup>2</sup> Includes sub-centre, primary health center, Community health centre or referral hospital, government hospital, and government dispensary within the village. ( ) Based on less than 50 cases.

## 5.6.2 Treatment of Diarrhoea

During the two weeks before the survey, 13 percent of the women reported that their children suffered from diarrhoea (Table 5.10). Women, whose children had diarrhoea, were further asked about treatment with ORS, any other medical treatment and source of treatment. About 28 percent of the women mentioned that they gave ORS, and 77 percent of the women said that their child had been treated at health facility.

<b>Table 5.10 TREATMENT OF DIARRHOEA</b>					
Percentage of women who sought treatment whose child suffered from diarrhoea and by source of treatment, according to place of residence and availability of health facility in the village, Daman & Diu, 2002-04					
Sought treatment/source of treatment	Total	Residence		Availability of health facility <sup>2</sup> in the village	
		Rural	Urban	No	Yes
Percentage of women whose child suffered <sup>1</sup> from diarrhoea	13.3	15.8	9.2	19.9	13.3
Number of women	571	360	212	133	227
Percentage of women whose child suffered <sup>1</sup> from diarrhoea treated with ORS	28.4	23.1	*	(16.7)	(35.9)
Percentage of women whose child suffered <sup>1</sup> from diarrhoea sought treatment	77.3	78.3	*	(83.3)	(87.2)
Number of women	76	57	19	26	30
<b>Source of treatment</b>					
<b>Government</b>					
Government hospital/ dispensary	24.2	(27.1)	*	*	*
UHC/UHP/UFWC	2.1	(2.8)	*	*	*
Primary Health centre	10.0	(4.7)	*	*	*
<b>Private</b>					
Private hospital/clinic	51.1	(51.5)	*	*	*
ISM hospital/clinic	26.1	(29.6)	*	*	*
Home remedy	2.5	(3.3)	*	*	*
Other	6.9	(6.5)	*	*	*
<b>Percent distribution of women who seek treatment by</b>					
Doctor	84.2	(75.0)	*	*	*
ANM/Nurse/LHV	7.7	(9.1)	*	*	*
Relative/friends	2.5	(4.5)	*	*	*
Chemist/medical shop	5.1	(6.8)	*	*	*
ISM practitioner	0.6	(4.5)	*	*	*
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	59	44	14	21	24
Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II. <sup>1</sup> Last two weeks prior to survey. <sup>2</sup> Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village. <sup>3</sup> Either government or private health facility of Indian System of Medicine. ( ) Based on less than 50 unweighted cases.* Percentage not shown based on few cases.					

Among those mothers whose children suffered from diarrhoea during the last two weeks before the survey and those women who consulted or obtained advice, little more than half (51 percent) of women visited private hospitals/clinics and 36 percent of women treated their children through the Government health facility. Another 26 percent of the women visited ISM hospital/clinic for the treatment of their children had diarrhoea. Most of the children (84 percent) were treated by the doctors and eight percent sought treatment from ANM/Nurse or LHV.

### 5.6.3 Awareness of Pneumonia

Another major killer disease among infants and children is Acute Respiratory Infections (ARI) including pneumonia. Early diagnosis and treatment with antibiotics can prevent a large proportion of ARI/pneumonia deaths. An attempt was made to understand the awareness level of pneumonia, and the proportion of children who had suffered from pneumonia during the last two weeks before the survey and their health seeking behaviour. This is presented in Table 5.11. It was found that a very small proportion (13 percent) of women with births three years preceding the survey in Daman and Diu were aware of danger signs of pneumonia. The figure is same as in Round I. Higher proportion of women in urban areas (22 percent) were aware of the danger signs of pneumonia as compared to women from rural areas (7 percent). Knowledge of danger signs of pneumonia is higher among the high school and above educated women (28 percent) and women living with high standard of living (20 percent), however, it is least among the younger women, 15-24 age group (7 percent), women from scheduled tribe (1 percent), and women belonging to low standard of living. Availability of health facility in the village did not have any impact on knowledge of danger signs of pneumonia.

Women, who were aware of the danger signs of pneumonia, were further asked about different types of signs of pneumonia. Majority of the women mentioned about difficulty in breathing (63 percent) followed by chest in drawing (42 percent), pain in chest and productive cough (36 percent), and rapid breathing (26 percent). Excessive drowsiness and difficulty in keeping awake, condition get worse than before, and wheezing/whistling and not able to drink or take a feed were also reported by eight to eleven percent of the women.

<b>Table 5.11 AWARENESS OF PNEUMONIA</b>											
Percentage of women who are aware of danger signs of pneumonia by signs by selected background characteristics and availability of health facility in the village, Daman & Diu, 2002-04											
Background characteristic	Percentage of women aware of danger signs of pneumonia	Number of women	Danger signs							Number of women	
			Difficulty in breathing	Chest in-drawing	Not able to drink or take a feeding	Excessive drowsy and difficulty in keeping awake	Pain in chest and productive cough	Conditions get worse than before	Wheezing/whistling		Rapid breathing
<b>Age</b>											
15- 24	7.1	268	*	*	*	*	*	*	*	*	19
25-34	16.9	275	(61.5)	(35.9)	(2.6)	(5.1)	(53.8)	(10.3)	(12.8)	(17.9)	47
35-44	(22.2)	28	*	*	*	*	*	*	*	*	6
<b>Residence</b>											
Rural	6.7	360	*	*	*	*	*	*	*	*	24
Urban	22.4	212	(61.5)	(25.6)	(2.6)	(5.1)	(46.2)	(12.8)	(10.3)	(17.9)	47
<b>Mother's education</b>											
Non-literate	8.7	146	*	*	*	*	*	*	*	*	13
0-9@ years	5.0	259	*	*	*	*	*	*	*	*	13
10 and above	27.5	166	(72.1)	(25.6)	(2.3)	(9.3)	(51.2)	(11.6)	(9.3)	(18.6)	46
<b>Religion</b>											
Hindu	12.0	510	(60.4)	46.3	1.7	9.8	33.4	9.8	7.6	23.9	61
Other	16.6	61	*	*	*	*	*	*	*	*	10
<b>Caste/tribe#</b>											
Scheduled caste	13.2	72	*	*	*	*	*	*	*	*	10
Scheduled tribe	1.3	78	*	*	*	*	*	*	*	*	1
Other backward class	10.0	189	*	*	*	*	*	*	*	*	19
Other	20.1	198	(69.0)	(31.0)	(0.0)	(6.9)	(34.5)	(17.2)	(17.2)	(27.6)	40
<b>Standard of living index</b>											
Low	1.6	101	*	*	*	*	*	*	*	*	2
Medium	9.0	230	*	*	*	*	*	*	*	*	21
High	20.4	241	(65.2)	(19.6)	(2.2)	(8.7)	(54.3)	(10.9)	(8.7)	(17.4)	49
<b>Availability of health facility<sup>2</sup> in the village</b>											
No	7.8	133	*	*	*	*	*	*	*	*	10
Yes	6.0	227	*	*	*	*	*	*	*	*	14
<b>Total</b>	<b>12.5</b>	<b>571</b>	<b>62.5</b>	<b>41.5</b>	<b>1.5</b>	<b>8.4</b>	<b>35.5</b>	<b>8.4</b>	<b>11.3</b>	<b>25.9</b>	<b>71</b>

Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II. <sup>1</sup> Last two weeks prior to survey. @ Literate mother with no years of schooling are included. # Total figure may not add to N due to do not know and missing cases. <sup>2</sup> Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village. () Based on less than 50 unweighted cases. \* Percentage not shown based on few cases.

## 5.6.4 Treatment of Pneumonia

A less than one-third (30 percent) of the women reported that their child had suffered from pneumonia during two weeks before the survey, the corresponding figures were 34 percent in rural areas and 24 percent in urban areas (Table 5.12). The incidence of pneumonia did not vary much with availability of health facilities in the villages.

Table 5.12 also shows the percentage of women whose children suffered from ARI symptoms in the last two weeks before the survey, who sought advice/treatment, and had gone to a health facility or provider. Most (82 percent) of women received some advice or treatment whose children were ill with ARI. This percentage is almost similar in rural and urban areas.

Among those who got treatment/advice for children who were suffering from ARI, majority (61 percent) of women visited private hospital/clinic, and only less than one-fourth (23 percent) went to government health facility, and 11 percent of them obtained treatment through Indian System of Medicine. By and large children were treated by the doctor for the pneumonia.

<b>Table 5.12 TREATMENT OF PNEUMONIA</b>					
Percentage of women who sought treatment whose child suffered <sup>1</sup> from cough and cold and source of treatment, according to place of residence and availability of health facility in the village, Daman & Diu, 2002-04					
Sought treatment/ source of treatment	Total	Residence		Availability of health facility <sup>2</sup> in the village	
		Rural	Urban	No	Yes
Percentage of women whose child suffered from cough, cold and difficulty in breathing	30.3	33.9	24.3	32.2	34.9
Number of women	571	360	212	133	227
Percentage of women sought treatment whose child suffered from cough and cold	81.6	82.0	80.6	(87.0)	80.2
Number of women	173	122	51	43	79
<b>Source of treatment</b>					
<b>Government health facility</b>					
Hospital/dispensary	15.7	15.4	(14.9)	(20.0)	9.8
Primary health centre	7.5	6.1	(14.9)	(5.0)	7.3
<b>Private health facility</b>					
NGO trust hospitals	0.4	0.0	(2.1)	(0.0)	0.0
Private hospital clinic	60.3	62.0	(55.3)	(60.0)	67.8
ISM <sup>3</sup> facility	11.4	10.7	(8.5)	(10.0)	8.9
Home remedy	2.2	1.9	(4.3)	(5.0)	0.0
Other	3.0	3.9	(2.1)	(0.0)	6.2
Percent distribution of women who seek treatment by					
Doctor	95.0	95.7	(89.4)	(95.0)	95.5
ANM/LHV	2.1	2.5	(2.1)	(5.0)	1.6
Chemist/medical shop	1.0	1.1	(2.1)	(0.0)	1.7
Other	1.8	0.7	(6.4)	(0.0)	1.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	141	100	41	36	64
Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.					
<sup>1</sup> Last two weeks prior to survey. <sup>2</sup> Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.					
<sup>3</sup> Either government or private health facility of Indian System of Medicine ( ) Based on less than 50 unweighted cases.					



### 5.6.5 Awareness of Diarrhoea, ORS and Pneumonia and Incidence of Diarrhoea and Pneumonia by District

Table 5.13 presents the knowledge of diarrhoea management, knowledge of ORS, and incidence of diarrhoea by district. Although knowledge of diarrhoea management is high in both the districts but knowledge about ORS is found to be low. Almost all the women from Diu district were aware about diarrhoea management against 74 percent of women in Daman district. However, women from Daman district (40 percent) had more knowledge of ORS as compared to Diu district (32 percent). The incidence of diarrhoea is almost similar in both the districts, 13 percent in Diu and 15 percent in Daman.

Table 5.13 also shows differentials in the awareness of danger signs of pneumonia and incidence of pneumonia. In comparison with awareness about diarrhoea management, the awareness of danger signs of pneumonia is quite low. Only 14 percent of the women were aware of danger signs of pneumonia in the district of Daman and this proportion is half in case of Diu district. Incidence of ARI symptoms is comparatively high in Diu district of UT. About 36 percent of the women in Diu and 28 percent in Daman, mentioned that their child had suffered from pneumonia during the last two weeks prior to survey.

<b>Table 5.13 KNOWLEDGE OF DIARRHOEA MANAGEMENT AND PNEUMONIA BY DISTRICT</b>					
Percentage of women by awareness of diarrhoea management, ORS, and sought treatment for diarrhoea whose child had suffered from diarrhoea during last two weeks prior to survey by district, Daman & Diu, 2002-04					
Districts	Percentage of women aware of		Percentage of women whose child suffered <sup>1</sup> from diarrhoea	Percentage of women aware of danger signs of pneumonia	Percentage of women whose child suffered <sup>1</sup> from pneumonia
	Diarrhoea Management	ORS			
Daman	74.2	40.3	13.2	13.8	28.4
Diu	99.9	31.9	14.9	7.3	36.1
Daman & Diu	82.3	38.4	13.3	12.5	30.3

Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.  
<sup>1</sup> Last two weeks prior to survey.

Under the RCH programme, the government health facilities are strengthened to provide treatment of ARI. However, the percentage of women who visited a government health facility for treatment of their children, sick with ARI symptoms, was very low.

## **CHAPTER VI**

### **FAMILY PLANNING**

The Reproductive and Child Health Programme has been implemented with a new philosophy and direction to meet the health care needs of women and children. It envisages the provision of couples to control their fertility and have sexual relations free from the fear of pregnancy. Provision of free contraceptive services to all the needy couples is one of the components of the RCH programme. In DLHS-RCH, a separate section on family planning was canvassed to all the eligible women to assess the knowledge and practice of various family planning methods. The information on currently adopted contraceptive method, source of supply of the method and health problems related to contraceptive use were collected from current users. The current non-users were asked about the past status of contraceptive use, reason for not using contraceptives currently and future intention to adopt a family planning method.

An attempt was made to understand why male methods of family planning especially that of vasectomy was not in common use. The husbands of sampled eligible women were asked about the contraceptive method they would recommend to a couple who was not desirous of any additional children. They were also asked about the reasons for not preferring male methods and their knowledge about the no-scalpel vasectomy. This chapter presents the results of data on contraceptive practices collected from both the sampled women and their husbands.

#### **6.1 Knowledge of Family Planning Methods**

Lack of knowledge of various contraceptive choices can be a major barrier to promotion and use of contraceptives among couples. In DLHS-RCH, information on knowledge of contraceptives was obtained by asking a question, "Which are the family planning methods you know?" to each sampled eligible women. The knowledge of no-scalpel vasectomy was also asked to the husbands of eligible women. If the respondent did not recognise the name of the family planning method, he was given a brief description on how the particular method was to be used. The DLHS-RCH assesses the knowledge of female sterilisation, male sterilisation including NSV, IUD, Pills, condom and traditional methods along similar lines.

The extent of knowledge of contraceptive methods among currently married women for specific methods and selected background characteristics are shown in Table 6.1 and Figure 6.1. Knowledge of any method including any modern contraceptive method is about 95 percent in the UT of Daman and Diu. The knowledge of any method and any modern method do not vary much by residence. The knowledge of modern spacing method among currently married women is 81 percent, and higher among the women with an urban residence. There are large differentials in knowledge of all modern methods with respect to the aforesaid background characteristics. For instance, 30 percent of women from rural areas are aware about all modern methods compared to 53 percent of their urban counterparts.

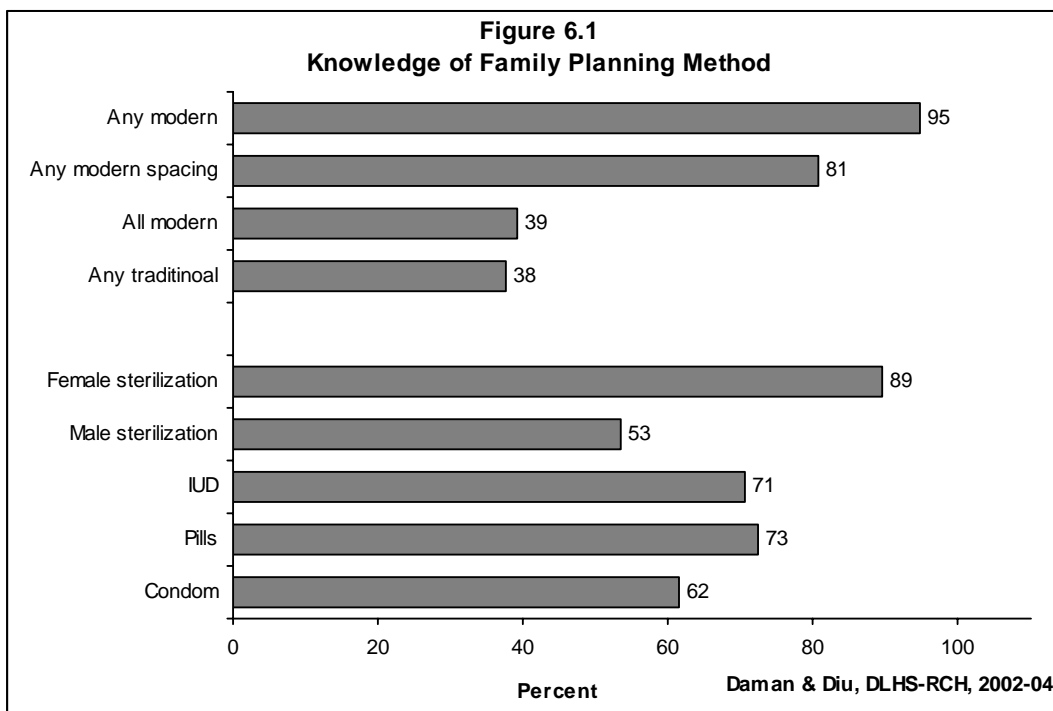
Female sterilisation is the most widely known method of all contraceptive methods in the UT followed by Pills. Overall, 89 percent of currently married women are aware of female sterilization and 53 percent knew about male sterilization.

<b>Table 6.1 KNOWLEDGE OF CONTRACEPTIVE METHODS</b>					
Percentage of currently married women age 15-44 years who know any contraceptive method by specific method and selected background characteristics, Daman & Diu, 2002-04					
Contraceptive methods	Total	Residence		Availability of health facility in the village <sup>3</sup>	
		Rural	Urban	No	Yes
Any method	94.9	93.1	97.7	82.7	97.3
Any modern method	94.8	92.8	97.7	82.7	96.9
Any modern spacing method <sup>1</sup>	80.8	74.5	90.6	61.2	79.9
All modern methods <sup>2</sup>	39.1	30.1	53.0	20.2	34.1
<b>Female sterilization</b>	89.4	87.5	92.4	72.5	93.5
Tubectomy	79.3	76.3	84.0	66.7	80.1
Laparoscopy	55.6	51.4	62.2	44.2	54.2
<b>Male sterilization</b>	53.4	49.3	59.7	50.3	48.9
Vasectomy	39.0	34.3	46.4	27.9	36.8
No-scalpel vasectomy	16.9	15.4	19.4	16.7	14.8
IUD/Loop	70.5	63.3	81.6	48.0	69.4
<b>Pills</b>	72.5	65.4	83.5	54.7	69.7
Daily	56.8	47.4	71.4	36.1	52.0
Weekly	23.3	19.5	29.2	15.9	20.9
Condom/Nirodh	61.5	51.1	77.6	34.4	57.8
Sponge (today)	6.7	4.1	10.8	2.6	4.7
Injectables	20.7	13.8	31.3	6.9	16.7
Norplant	1.3	0.8	2.2	0.0	1.2
Contraceptive herbs	3.3	3.2	3.4	4.0	2.9
Any traditional method	37.5	31.1	47.4	15.8	37.3
Any other Indian system of medicinal contraceptives	0.6	0.6	0.5	0.0	0.9
Number of women	1,539	935	604	269	666

Note: <sup>1</sup> Include IUD, pills and condom. <sup>2</sup> Include Female sterilization, Male sterilization, IUD, pills and condom  
<sup>3</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

There is no much rural - urban difference in knowledge of female sterilization but it is not the case of male sterilization. Higher proportion of urban women (60 percent) know about male sterilization as compared to 49 percent of rural women. There are differentials in spacing methods such as IUD/Loop, pill and condom with respect to the background characteristics. The best-known spacing methods are pills (73 percent) and IUD/Loop (71 percent). About 62 percent of women know about the condoms. There is a large differential in knowledge of spacing methods by residence. The modern spacing methods, Pill and IUD are known by 65 and 63 percent of rural women respectively while the corresponding figures in urban areas are 84 and 82 percent respectively. Only 51 percent of the rural women know condom compared to 78 percent of urban women. The knowledge of these spacing methods remains low as compared to knowledge of sterilization.

In Daman and Diu, about 38 percent of the women are aware of a traditional method and less than one percent are aware of other contraceptives of the Indian System of Medicine. It is also observed that women from villages with a health facility are slightly more aware about modern spacing methods.



### 6.1.1 Knowledge of Family Planning Methods by Districts

Table 6.2 shows the knowledge of contraceptive methods by both the districts of UT. In both districts more than 90 percent of women know about contraceptives including modern methods.

**Table 6.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY DISTRICT**

Percentage of currently married women age 15-44 years who know any contraceptive method by specific method and district, Daman & Diu, 2002-04

Districts	Any method	Any modern <sup>1</sup> method	Any modern spacing <sup>2</sup> method	All modern <sup>3</sup> methods	Male sterilization	Female sterilization	IUD	Pill	Condom/Nirodh	Any traditional method
Daman	92.7	92.5	75.1	34.6	52.5	85.1	63.2	66.2	52.4	23.8
Diu	100.0	100.0	93.5	48.3	54.7	100.0	87.1	86.5	81.9	72.1
Daman & Diu	94.9	94.8	80.8	39.1	53.4	89.4	70.5	72.5	61.5	37.5

Note: <sup>1</sup> Includes Female sterilization, Male sterilization, IUD, Pills and Condom.  
<sup>2</sup> Includes IUD, Pills and Condom.  
<sup>3</sup> Includes Female sterilization & Male sterilization & IUD & Pills and Condom.

A large differential is noticed in the knowledge of all modern methods by districts. The awareness of all modern methods of contraception is more in Diu district (48 percent) than in Daman district (35 percent). The knowledge about IUD/Loop, Pills and condom is also higher in Diu as more than 80 percent of women were aware about these methods as compared to 63, 66 and 52 percent respectively in the district of Daman. For traditional method, awareness is much higher at 72 percent in district of Diu as compared to only 24 percent in Daman district.

### 6.1.2 Knowledge of No-Scalpel Vasectomy (NSV)

Knowledge of no-scalpel vasectomy among the husbands of currently married women in the UT of Daman and Diu is shown in Table 6.3. Around two-fifth of the husbands know about the no-scalpel vasectomy. In rural areas, 37 percent of husbands know about NSV compared to 42 percent in urban areas. For women residing in villages with a health facility, one-third of their husbands are aware of No-scalpel vasectomy and it is more at 46 percent for those living in villages without health facilities. Among the husbands who know about NSV, 44 percent reported that NSV is simpler than a conventional family planning method, 58 percent feel that it does not lead to any complication and half of them reported that NSV does not affect a man's sexual performance.

Knowledge of NSV	Total	Residence		Availability of health facility in the village <sup>1</sup>	
		Rural	Urban	No	Yes
Percentage of husband who had knowledge about NSV	38.8	37.1	41.6	46.4	32.6
Number of husbands	1,059	649	410	213	437
Who know that NSV is simpler than conventional vasectomy	44.0	39.1	50.8	41.4	37.5
Who feel that NSV does not lead to any complication	57.6	59.7	54.6	65.5	55.7
Who feel that NSV does not affect man's sexual performance	50.4	53.6	45.9	58.5	50.2
Number of husbands	411	241	171	99	142

Note: <sup>1</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

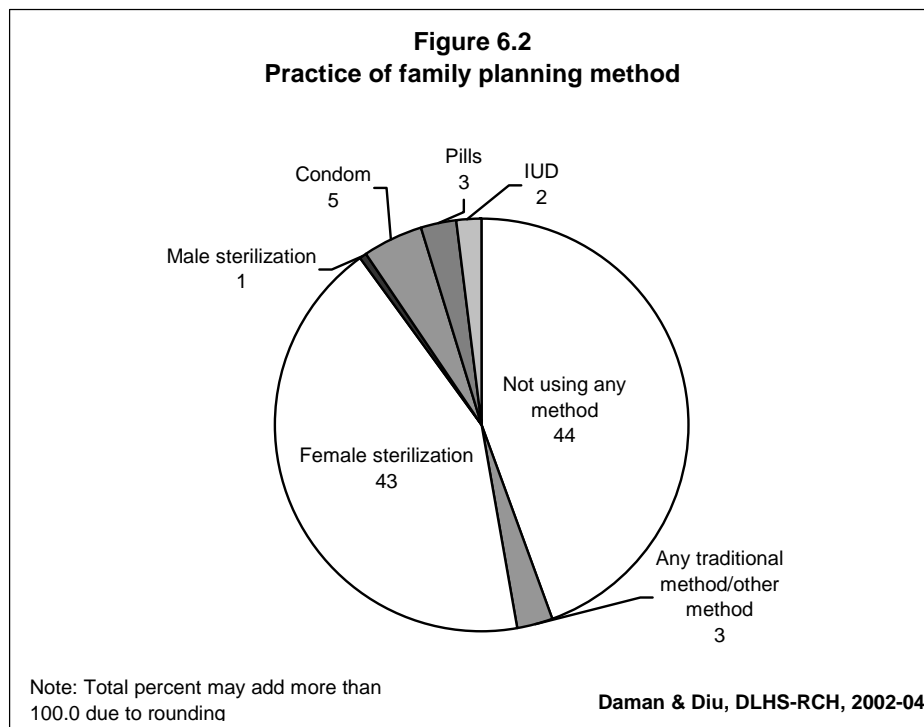
### 6.1.3 Knowledge of No-Scalpel Vasectomy (NSV) by Districts

Awareness of no-scalpel vasectomy by districts in UT is provided in Table 6.4. A little less than two-third (39 percent) of the husbands in Daman district and 36 percent in Diu district knows about NSV. Nearly half of the husband in Diu, mentioned that NSV is simpler than conventional method. The corresponding figure for Daman is 42 percent. That NSV does not lead to any complications was reported by 61 percent of the husbands in Daman district, and 42 percent in Diu. The proportion of husbands who reported that the NSV does not affect a man's sexual performance is same at 50 percent in each district.

Districts	Knowledge about NSV	NSV is simpler than conventional method	Who reported NSV does not lead to any complication	Who reported NSV does not affect man's sexual performance
Daman	38.8	41.9	61.1	50.4
Diu	36.3	48.8	42.1	50.2
Daman & Diu	38.8	44.0	57.6	50.4

## 6.2 Current use of Family Planning Methods

Table 6.5 and Figure 6.2 provide the information on current use of family planning methods for currently married women in UT. At the time of DLHS-RCH, 56 percent of currently married women were using some method of contraception, almost similar as Round I. Current contraceptive use is slightly more in urban areas (58 percent) than in rural areas (54 percent). Use of modern methods is reported by 53 percent of the women, the breakdown of which is 43 percent for permanent methods and nine percent for spacing methods. Among the users of sterilization methods most prefer female sterilization, which invalidates the use of male sterilization (1 percent). The use of traditional methods is reported by three percent of the women.



The rural-urban differential is visible in the case of modern spacing methods, where 16 percent of the urban women are using these means of contraception compared to only six percent of the rural women.

Current use of contraception is high among women of other castes (60 percent). The current use is also high among the non-literate women (60 percent) than the educated women (54 percent). Similarly, current contraceptive use varies positively with respect to the standard of living of the women, increasing the prevalence rate from 51 percent to 62 percent for women from the lowest to the highest standard of living. The availability of the health facility in the village seems to be a factor in motivating eligible women to use contraceptives. About 57 percent of the women living in the villages with a health facility reported current use of contraception which is more than the women from villages without health facility (48 percent).

<b>Table 6.5 CONTRACEPTIVE PREVALENCE RATE</b>													
Percentage of currently married women age 15-44 years currently using any contraceptive method by selected background characteristics, Daman & Diu, 2002-04													
Method	Any method	Any modern <sup>1</sup> method	Any modern spacingmethod <sup>2</sup>	Any steriliza-tion	Male steriliza-tion	Female steriliza-tion	IUD/ Loop	Pill	Condom/ Nirodh	Any traditio-nal method <sup>3</sup>	Rhythm/ periodic abstinence	Withdr-awal	Number of women
<b>Residence</b>													
Rural	54.4	52.4	5.5	46.8	0.3	46.6	1.2	2.1	2.2	2.0	1.5	0.4	935
Urban	57.6	53.5	15.6	38.0	1.2	36.7	3.3	3.5	8.8	4.0	3.1	1.0	604
<b>Education</b>													
Non-literate	60.2	58.8	2.0	56.8	0.6	56.2	0.6	0.6	0.8	1.4	1.2	0.2	412
0-9@ years	54.2	51.2	7.9	43.3	0.3	42.9	2.2	1.9	3.7	3.0	2.0	0.9	706
10 years & above	53.5	49.7	19.4	30.3	1.2	29.1	3.1	5.9	10.4	3.8	3.1	0.6	422
<b>Religion</b>													
Hindu	55.9	53.1	8.5	44.6	0.4	44.2	1.5	2.7	4.3	2.8	2.1	0.5	1,391
Muslim	52.5	51.2	22.4	28.8	4.1	24.6	9.0	2.7	10.7	1.3	0.9	0.5	111
Other	(60.7)	(53.6)	(10.7)	(42.9)	(0.0)	(42.9)	(0.0)	(3.6)	(7.1)	(7.1)	(3.6)	(3.6)	37
<b>Caste/tribe#</b>													
Scheduled caste	54.8	53.2	7.3	45.6	0.9	44.7	1.0	1.7	4.6	1.5	1.1	0.2	197
Scheduled tribe	47.3	46.3	7.1	39.2	0.0	39.2	0.0	3.1	4.0	1.0	1.0	0.0	191
Other backward class	54.8	50.5	8.5	42.0	0.0	41.9	1.9	1.6	5.0	4.3	3.1	1.2	522
Other	59.9	57.7	12.1	45.6	1.5	44.1	3.2	3.6	5.2	2.2	2.0	0.2	544
<b>Standard of living index</b>													
Low	50.5	48.7	2.1	46.6	1.0	45.6	1.0	0.6	0.6	1.8	1.3	0.0	181
Medium	50.5	48.5	5.0	43.4	0.3	43.1	1.2	1.5	2.4	2.0	1.4	0.7	638
High	61.5	57.8	15.2	42.5	0.9	41.7	3.1	4.2	7.9	3.7	2.9	0.7	719
Availability of health facility in the village <sup>4</sup>													
No	47.8	46.6	5.0	41.5	0.7	40.9	2.6	2.2	0.2	1.2	1.2	0.0	269
Yes	57.1	54.8	5.7	49.0	0.1	48.9	0.7	2.0	3.0	2.3	1.6	0.6	666
Total	55.6	52.8	9.4	43.4	0.7	42.7	2.0	2.6	4.8	2.8	2.1	0.6	1,539
Note: <sup>1</sup> Include Female sterilization, Male sterilization, IUD, Pills and Condom. <sup>2</sup> Include IUD, Pills and Condom. <sup>3</sup> Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method. <sup>4</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.													

### 6.2.1 Current Use of Family Planning Methods by Districts

Table 6.6 presents a picture of current contraceptive use in both the districts of UT. The contraceptive use is a couple concepts as family planning methods can be used either by women or by their husbands. The current use of contraception is higher in Daman (57 percent) and it is 51 percent in the district of Diu. The figure of female sterilization in the UT of Daman and Diu is 43 percent, but it is relatively higher in Daman (45 percent) than in Diu (38 percent). The variation in contraceptive prevalence at district level is basically due to the variation in the use of permanent methods.

The pattern of using Pill and Condom in UT is almost uniform. The use of IUD is more Daman district as compared to Diu while use of any traditional method is more in Diu district as compared to Daman.

<b>Table 6.6 CONTRACEPTIVE PREVALENCE BY DISTRICT</b>									
Percentage of currently married women age 15-44 years currently using any contraceptive method by district, Daman & Diu, 2002-04									
Districts	Any method	Any modern <sup>1</sup> method	Any modern spacing <sup>2</sup> method	Male sterilization	Female sterilization	IUD	Pill	Condom/Nirodh	Any traditional <sup>3</sup> method
Daman	57.2	55.7	9.9	0.8	45.0	2.5	2.8	4.6	1.5
Diu	51.2	45.3	6.9	0.1	38.3	0.5	2.1	4.3	5.9
Daman & Diu	55.6	52.8	9.4	0.7	42.7	2.0	2.6	4.8	2.8

Note: <sup>1</sup> Include Female sterilization, Male sterilization, IUD, Pills and Condom  
<sup>2</sup> Include IUD, Pills and Condom  
<sup>3</sup> Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method

### 6.2.2 Current Use and Ever Use of Family Planning Methods by Women

Table 6.7 provides information on current contraceptive use and ever use of contraception by age and number of surviving children, living sons and daughters. The current use of any method of contraception among currently married women in the age group of 15-19 years is just 11 percent and this attains a peak of 75 percent in the age group, 35-39 years. A similar age pattern of contraceptive use is also observed in case of modern method. The use of modern methods ranges from 10 percent for women in the age group 15-19 years to 74 percent for women in the age group 35-39 and 72 percent in the age group of 40-44 years.

It is crucial to understand the association between the number of living children and contraceptive use. The contraceptive use is highest among the women who have three or more surviving children in UT. The use of any method of contraception is 78 percent for the women who have two or more sons and is much higher than the women who have two or more daughters (66 percent). The same trend can be observed in the case of use of any modern method, which is 76 percent for the women who have two or more surviving sons and it is higher than the women who have two or more daughters (64 percent).



<b>Table 6.7 USE OF CONTRACEPTION BY WOMEN</b>							
Percentage of currently married women in 15-44 years by current use and ever use of contraception according to selected demographic characteristics, Daman & Diu, 2002-04							
Demographic Characteristic	Percentage of women/husbands using				Percentage of women/husbands by contraceptive status		Number of women
	Any modern method <sup>1</sup>	Any traditional method <sup>2</sup>	Any method	Not using any method	Ever used	Never used	
<b>Age-group</b>							
15-19	9.5	1.8	11.3	88.7	11.3	88.7	87
20-24	24.3	4.0	28.3	71.7	32.3	67.7	325
25-29	54.7	3.4	58.1	41.9	65.8	34.2	368
30-34	63.4	3.3	66.7	33.3	70.9	29.1	320
35-39	74.2	1.3	75.4	24.6	80.8	19.2	233
40-44	72.3	1.3	73.6	26.4	77.2	22.8	206
<b>Surviving children</b>							
0	3.3	0.5	3.8	96.2	6.7	93.3	186
1	20.3	5.4	25.7	74.3	32.1	67.9	265
2	64.1	3.8	67.9	32.1	74.7	25.3	454
3 or more	72.9	1.6	74.6	25.4	78.0	22.0	634
<b>Surviving sons</b>							
0	18.8	1.9	20.7	79.3	27.1	72.9	437
1	58.1	3.9	62.1	37.9	66.2	33.8	602
2 or more	76.2	2.2	78.4	21.6	82.8	17.2	501
<b>Surviving daughters</b>							
0	32.1	3.2	35.2	64.8	41.0	59.0	483
1	60.9	3.5	64.4	35.6	68.4	31.6	594
2 or more	64.2	1.5	65.7	34.3	70.7	29.3	462
All women	52.8	2.8	55.6	44.4	60.5	39.5	1,539

Note: <sup>1</sup> Include Female sterilization, Male sterilization, IUD, Pills and Condom.  
<sup>2</sup> Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method.

### 6.2.3 Current Use and Ever Use of Family Planning Methods as Reported by Husbands

Information pertaining to current use of family planning methods among the husbands of currently married women in UT by age and number of surviving children, sons and daughters are given in Table 6.8. The current use of any method of contraception among the husbands (aged below 25 years) of currently married women is 17 percent and it gradually picks up with the age of husband, to a peak of 78 percent in the age group, 45 years and above. Similar patterns of contraceptive use is also observed in the case of modern methods. Among the husbands in the age group, 45 years and above the use of modern methods is 75 percent and it is least at 12 percent among the husbands in the younger age group of below 25 years. The use of traditional methods ranges from two percent for husbands above 45 years of age to five percent for the husbands below 25 years of age.

The relationship of contraceptive use and number of surviving children is almost similar as in case of women. The use of any method of contraception is 80 percent for the husbands who have two or more sons as compared to 72 percent of those, who have two or more daughters. The same trend can be observed in the case of use of any modern method.

<b>Table 6.8 USE OF CONTRACEPTION BY MEN</b>					
Percentage of husband of currently married women by current use and ever use of contraception by selected demographic variables, Daman & Diu, 2002-04.					
Demographic Characteristics	Percentage of husbands/women using				Number of men
	Any modern method <sup>1</sup>	Any traditional method <sup>2</sup>	Any method	Not using any method	
<b>Age-group</b>					
<25	11.8	4.8	16.6	83.4	67
25-34	48.2	4.0	52.2	47.8	436
35-44	64.5	2.5	67.0	33.0	436
45+	75.3	2.3	77.6	22.4	120
<b>Surviving children</b>					
0	14.4	2.9	17.3	82.7	145
1	31.9	5.2	37.2	62.8	185
2	65.3	3.5	68.8	31.2	322
3 or more	73.5	2.3	75.8	24.2	407
<b>Surviving sons</b>					
0	29.0	2.6	31.6	68.4	320
1	59.4	4.1	63.5	36.5	416
2 or more	77.3	2.9	80.2	19.8	323
<b>Surviving daughters</b>					
0	41.8	4.4	46.2	53.8	365
1	58.2	2.9	61.1	38.9	393
2 or more	69.1	2.4	71.5	28.5	301
All men	55.7	3.3	58.9	41.1	1,059
Note: <sup>1</sup> Include Female sterilization, Male sterilization, IUD, Pills and Condom.					
<sup>2</sup> Include rhythm/periodic abstinence, withdrawal and Other traditional method.					

### 6.3 Reasons for Not Using Male Methods

The DLHS-RCH asked husbands of currently married women about the contraceptive methods that he or his wife was using currently. The husbands who were not using male methods were further asked the reasons for it. Table 6.9 provides information about reasons for not using male contraceptive methods in UT.

<b>Table 6.9 REASONS FOR NOT USING MALE METHODS</b>			
Percentage of husbands with their choice of family planning methods and reasons for not accepting male methods according to residence, Daman & Diu, 2002-04			
Female method users and reason for not accepting male methods	Total	Residence	
		Rural	Urban
Percentage of husband who have reported female methods	78.8	84.6	69.9
Number of men	624	378	246
<b>Reasons for not accepting male methods*</b>			
Fear of impotency	1.8	2.0	1.5
Lack of sexual pleasure	1.1	0.9	1.5
Fear of method failure	0.7	0.4	1.2
Fear of operation	2.9	3.5	1.7
Fear of weakness	32.6	40.1	18.8
Female methods are more popular	37.7	30.3	51.3
Other	26.6	25.8	28.0
Number of men	492	320	172
Note: * Percentages may add to more than 100.0 because multiple responses could be recorded.			

Among all the husbands interviewed, 79 percent reported about female methods. Reporting of female methods is higher in rural areas (85 percent) than in urban areas (70 percent). The main reasons cited for not preferring the male methods are greater popularity of female methods (38

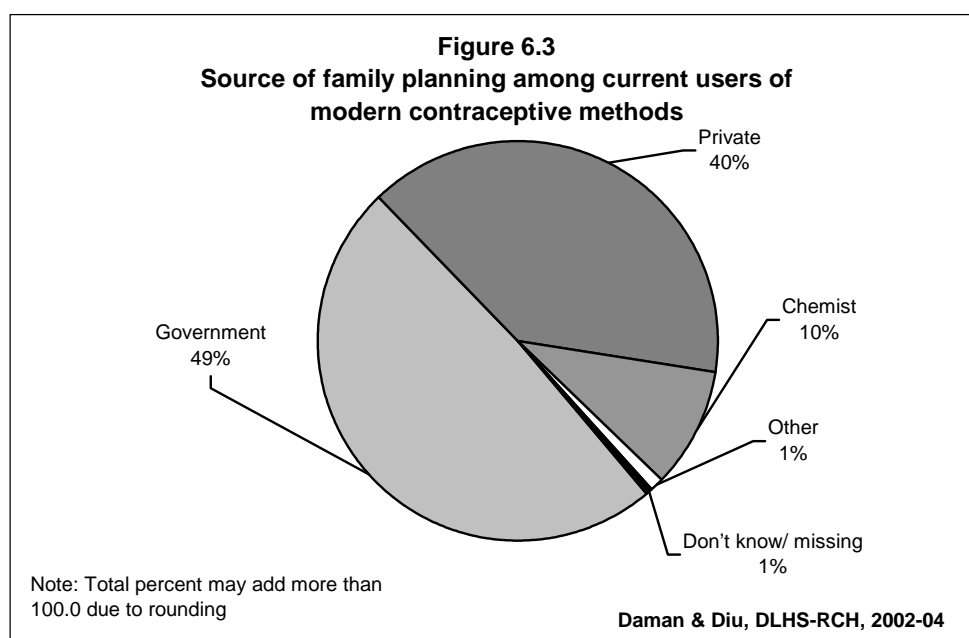
percent), and fear of weakness (33 percent). Only two percent reported fear of impotency as one of the reasons for not using male methods and one percent mentioned about lack of sexual pleasure. The expression for fear of weakness is higher in rural areas (40 percent) than in urban areas (19 percent). Popularity of female methods as a reason for not using male methods of contraception is more in urban areas (51 percent) than in rural areas (30 percent).

#### 6.4 Source of Contraceptive Methods

To assess the various sources of contraceptive methods, DLHS-RCH collected information on source of obtaining methods. Table 6.10 and Figure 6.3 show the percent distribution of current users of modern contraceptives by source of contraceptives.

Source	Contraceptive method					
	Female sterilization	Male sterilization	IUD/ Loop	Pills	Condom/ Nirodh	All modern methods <sup>1</sup>
<b>Government medical centre</b>	55.4	*	(40.9)	(25.0)	17.5	49.0
Government/Municipal hospital	36.5	*	(27.3)	(8.3)	4.3	31.2
CHC/PHC	11.9	*	(13.6)	(11.1)	2.4	10.8
Sub-centre	0.4	*	(0.0)	(2.8)	10.8	1.6
Family planning/RCH camp	6.6	*	(0.0)	(0.0)	0.0	5.3
Mobile clinic	0.0	*	(0.0)	(2.8)	0.0	0.1
<b>Private medical centre</b>	44.3	*	(59.1)	(5.6)	1.4	39.7
Private hospital	41.1	*	(54.5)	(5.6)	1.4	36.7
Private doctor	2.9	*	(0.0)	(0.0)	0.0	2.6
Private nurse	0.3	*	(4.5)	(0.0)	0.0	0.4
Chemist	NA	NA	NA	(66.7)	69.7	9.6
Other	0.3	*	(0.0)	(2.8)	4.7	1.2
Do not know	0.0	*	(0.0)	(0.0)	6.7	0.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	657	10	31	41	73	813

Note: <sup>1</sup> Includes female sterilization, male sterilization, IUD, Pills or condom. CHC: Community health centre, PHC: Primary health centre. NA: Not applicable. ( ) Based on less than 50 unweighted cases. \* Percentage not shown based on few cases.



Family planning methods and services in UT are provided primarily through a network of government hospitals. The services are also provided by private hospitals and clinics. Modern spacing methods like IUD, pill and condom are available through both the government and private sectors. Government facilities are the main source for female sterilization (55 percent). However private health facilities/nurse as the source of female sterilization was also mentioned by 44 percent of the user. It is found that the chemist is the main source for pills and condom, as more than two-third of them reported same source of supply.

## 6.5 Problems with Current Use of Contraceptive Methods

Women who were using a modern contraceptive method were asked if they had experienced any problems related with the current methods they are using. Table 6.11 shows the percentage of current contraceptive users who reported specific health problems, treatment seeking behaviour and their satisfaction about the method. The analysis of the method specific problems reveals that seven percent of the sterilized women have problem with the contraceptive methods in use. The most common problems experienced by sterilized women are white discharge (40 percent) and body ache or backache (30 percent). With regard to the modern spacing methods, only four and two women had problems in using IUD and Pills respectively.

<b>Table 6.11 HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION</b>			
Percentage of women informed about side effects, had side effects with the method by use of method, Daman & Diu, 2002-04			
Health problems/side effect	Type of method		
	Female sterilizations	IUD/loop	Pill
Women who were informed about all the available methods	24.1	(0.0)	(0.0)
Women who were informed about the side effects before adoption of the method	28.6	(50.0)	(36.1)
Women who had side effect/health problem due to use of contraceptive method	7.2	(9.1)	(8.3)
Number of current users	657	31	41
<b>Type of health problems/side effects<sup>1</sup></b>			
Weakness/inability to work	(13.3)	*	*
Body ache/ backache	(30.0)	*	*
Cramps	(5.0)	*	*
Weight gain	(5.0)	*	*
Dizziness	(10.0)	*	*
Nausea/vomiting	(1.7)	*	*
Irregular periods	(11.7)	*	*
Excessive bleeding	(8.3)	*	*
Spotting	(5.0)	*	*
White discharge	(40.0)	*	*
Number of users with side effects	47	4	2

Note: <sup>1</sup> Percentages may add to more than 100.0 because multiple problems could be recorded.  
\* Percentage not shown based on very few cases.

## 6.6 Treatment for Health Problems with Current Use of Contraception

The study of respondents who sought treatment for contraceptive related health problems reveals that 73 percent of the sterilized women sought treatment. Regarding the satisfaction about the method, 96 percent of the sterilized women reported satisfaction with sterilization.

In the case of spacing methods, 94 percent of women using Pills and all the women using IUD were satisfied with the respective methods.

Those women who had sought treatment for contraceptive use related problems, majority of them have taken treatment from private hospitals/clinics. For female sterilization related health problems, 59 percent had taken treatment from private hospitals/clinics, 36 percent from government facilities, and five percent from Indian System of Medicine health facilities. The above interpretation should be read with caution in view of the small number of women who sought treatment.

Health problems/side effect	Type of method		
	Female sterilizations	IUD/loop	Pill
Women who had follow up visit by health worker after adoption of method	17.1	(9.1)	(5.6)
Women who are satisfied with method of current use	95.9	(100.0)	(94.4)
Number of current users	657	31	41
Women who sought treatment for the health problem	(73.3)	*	*
Number of women with side effects	47	4	2
<b>Source of treatments</b>			
<b>Government health facility</b>			
Government hospital/dispensary	(13.6)	*	*
PHC	(20.5)	*	*
Sub-centre	(2.3)	*	*
<b>Private health facility</b>			
Private hospital/clinic	(59.1)	*	*
ISM health facility <sup>1</sup>	(4.5)	*	*
Number of women with side effects	37	4	00

Note: <sup>1</sup> Either government or Private. \* Based on very few cases.

## 6.7 Advice to Non-Users to Use Contraception

Information about non-users who were advised by the ANM/health worker to adopt contraceptives and their future intention to use contraception by preferred method according to their background characteristics are presented in Table 6.13. In DLHS-RCH, currently married women who were not using any method of contraception were asked about advice given by ANM/health worker for adoption of any contraceptive method. It is evident that 19 percent of the women were advised by ANM/health worker to adopt any family planning method in UT. No rural-urban differential is found as far as advice by ANM/health worker to use contraceptive method is concerned. Women from the villages with health facility are more likely to receive advice from the ANM or health worker than those, who belong to villages without health facility. About 23 percent of the current non-users, from the villages where health facility was available within the village, were advised by ANM/health worker to adopt any method as compared to 10 percent of the women from the villages where health facility was not available.

The recommended contraceptive methods by ANM/health worker are dominated by IUD (45 percent) and female sterilization (34 percent). Only 11 percent were advised to adopt Pills and 10 percent were advised for Condom/Nirodh. However, none of the women were advised for male sterilization. Rural-urban differential is also observed by the method of advice. More than half (56 percent) of the women from rural areas were advised for IUD, one-third were advised to undergo female sterilization and seven percent for Pills whereas in case of urban women, 30 percent were advised for IUD, 36 percent for female sterilization and 20 percent for Pills. About 14 of the women in urban areas were also advised for condom as compared to only four percent in rural areas.

<b>Table 6.13 ADVICE ON CONTRACEPTIVE USE</b>					
Percentage of current non-users <sup>1</sup> who were advised by the ANM/health worker to use contraception by suggested method according to place of residence and availability of health facility in the village, Daman & Diu, 2002-04					
Advise/future intension to use	Total	Residence		Availability of health facility in the village <sup>2</sup>	
		Rural	Urban	No	Yes
Percentage of current non-users advised by ANM/health worker to use of contraceptive method	18.5	18.5	18.4	9.5	23.2
Number of non-users	642	397	245	136	261
<b>Percent distribution of women who were advised by method</b>					
Female sterilization	33.6	32.6	(36.0)	*	30.9
IUD/loop	44.9	55.8	(30.0)	*	58.0
Pill	11.2	6.8	(20.0)	*	5.2
Condom/Nirodh	9.9	4.4	(14.0)	*	5.3
Other	0.3	0.4	(0.0)	*	0.5
Total percent	100.0	100.0	100.0	100.0	100.0
Number of non-users	119	74	45	13	61
Note <sup>1</sup> Exclude women in menopause or those who have undergone hysterectomy. <sup>2</sup> Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village. ( ) Based on less than 50 unweighted cases. * Percentage not shown; based on few cases.					

### 6.7.1 Future Intentions

Among the non-users, 43 percent of women expressed their intention to use any method of contraception in the future. The intention to use any method of contraception is little more in rural areas (44 percent) than in urban areas (41 percent).

Among the women who intended to use permanent methods of contraception, a vast majority (81 percent) preferred female sterilization whereas only less than one percent of the women preferred male sterilization. In case of temporary methods, the preferred methods by women are oral pills (10 percent), IUD (4 percent), and condoms (two percent).

In case of husbands, nearly half of them (48 percent) intended to use contraception in the future, among them 43 percent belong to rural areas and 55 percent from urban areas. Method wise choice in intention to use contraception is dominated by female sterilization being reported by 80 percent, followed by condom (7 percent) and IUD (6 percent).

<b>Table 6.14 FUTURE INTENTION TO USE</b>						
Percentage of current non-users* who were intended to use contraception in future by preferred method according to place of residence, Daman & Diu, 2002-04						
Future intention to use/method	Women			Husband		
	Total	Rural	Urban	Total	Rural	Urban
Percentage of respondents who intend to use contraceptive in future	42.5	43.5	40.8	47.8	43.2	55.3
Number of non-users	642	397	245	427	266	161
<b>Percent distribution of non-user who were preferred to use family methods by preferred method</b>						
Female sterilization	81.3	80.8	82.2	79.9	76.3	84.5
Male sterilization	0.3	0.4	0.0	0.9	1.3	0.4
IUD/copper-T/loop	3.9	4.1	3.5	5.7	9.3	1.1
Oral pills	10.3	12.2	6.9	0.9	1.6	0.0
Condom/Nirodh	2.3	0.9	4.7	6.7	5.0	8.9
Rhythm/periodic abstinence	0.1	0.2	0.0	0.3	0.6	0.0
Withdrawal	-	-	-	0.0	0.1	0.0
Other	1.9	1.4	2.7	5.5	5.9	5.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of non-users	273	173	100	204	115	89

Note: \* Exclude women who are in menopause or those who have undergone hysterectomy.

## 6.7.2 Future Intention to Use Contraception by Number of Living Children

Currently married women who were not using any contraceptive method at the time of survey were asked about their intentions to use a method in the future. Those women who intended to use contraceptives in the future were further asked about preferred methods. This type of information aids the managers and programmers to identify the potential groups of future users and to provide the type of contraceptives that are likely to be in demand. Table 6.15 provides the information on intention to use contraception in future according to number of living children and residence background in UT. Among the current non-users, 12 percent of the women intended to use contraceptives within the next twelve months. Only eight percent of women wanted to use contraceptives within one to two years whereas 23 percent reported their intention to use contraceptives after two years. About 31 percent are not sure of their intention to use contraceptives whereas 26 percent reported no intention to use them. The intention of using contraceptives within two years is high among the women who have two or more living children compared to the women who have either one or no living child. Nearly half (48 percent) of the women, who have no living children, reported that they are yet to decide about the use of contraceptives. The timing of using contraceptives by number of living children among women who intended to use contraceptives in future show some variation by the residence of eligible women. About 12 percent of the women in urban areas wanted to use contraceptive within 12 months and 15 percent intended to use after two years while in case of rural areas only two percent women intended to use contraceptives within 12 months and 20 percent mentioned after two years.

<b>Table 6.15 FUTURE USE OF CONTRACEPTION BY NUMBER OF LIVING CHILDREN</b>						
Percent distribution of currently married women <sup>1</sup> who were not currently using any contraceptive method by intention to use in the future, according to number of living children and residence, Daman & Diu, 2002-04						
Intention to use in the future	Number of living children					Total
	0	1	2	3	4+	
	Total					
Intends to use in next 12 months	5.4	8.6	19.9	17.9	21.3	12.4
One to two years	4.6	9.9	9.6	2.4	10.3	7.5
More than two years	18.3	29.1	19.0	25.1	17.8	22.6
Does not intend to use	23.8	25.8	26.0	26.7	37.5	26.3
Not yet decided	47.9	26.6	25.5	27.9	13.1	31.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	173	191	140	87	51	642
	Rural					
Intends to use in next 12 months	1.5	7.2	24.6	12.9	(20.8)	11.1
One to two years	7.5	10.8	6.3	2.9	(6.3)	7.2
More than two years	20.4	30.3	19.6	32.3	(31.3)	25.2
Does not intend to use	21.6	29.5	24.3	22.6	(25.0)	25.7
Not yet decided	49.0	22.3	25.1	29.2	(16.7)	30.8
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	107	111	82	62	36	397
	Urban					
Intends to use in next 12 months	11.6	10.6	13.2	(34.6)	*	14.6
One to two years	0.0	8.7	14.2	(3.8)	*	7.8
More than two years	15.1	27.4	18.3	(15.4)	*	18.3
Does not intend to use	27.3	20.7	28.3	(26.9)	*	27.4
Not yet decided	46.0	32.6	25.9	(19.2)	*	31.9
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	66	80	59	25	15	245

Note: <sup>1</sup> Exclude women who are in menopause or those who have undergone hysterectomy.  
 ( ) Based on less than 50 unweighted cases. \* Percentage not shown; based on few cases.

## 6.8 Reasons for Discontinuation and Non-Use of Contraceptives

Currently married non-pregnant women who were not using any contraceptive method at the time of survey were categorised as past users and never users according to their contraceptive experience. In DLHS-RCH, women who had discontinued contraceptive use were asked about the main reason for discontinuation. The survey also asked women who had never used contraceptives about the main reason for not doing so. Table 6.16 shows the main reason for not using contraceptives among both the past never users and current non-users. Among the past users, half of the women mentioned that they discontinued the use because they wanted child, followed by excessive bleeding (11 percent), lack of pleasure (5 percent) and weakness/ inability to work (4 percent). Little more than one-fifth of the women mentioned some other reasons for discontinuation.



<b>Table 6.16 REASONS FOR DISCONTINUATION OF CONTRACEPTION</b>			
Percent distribution of women who were past users (current non-users) by reason for discontinuation of the contraceptive method according to place of residence, Daman & Diu, 2002-04			
Reasons	Total	Place of residence	
		Rural	Urban
<b>Reason for discontinuation</b>			
Wanted child	49.7	(38.5)	(47.4)
Method failed/became pregnant	1.2	(2.6)	(2.6)
Difficult to get method	1.3	(2.6)	(0.0)
Weakness/inability to work	4.0	(5.1)	(5.3)
Body ache/ Backache	0.7	(2.6)	(0.0)
Weight gain	0.6	(0.0)	(2.6)
Irregular periods	2.3	(7.7)	(0.0)
Excessive bleeding	10.7	(15.4)	(7.9)
White discharge	1.8	(5.1)	(2.6)
Lack of pleasure	5.3	(2.6)	(0.0)
Method was inconvenient	0.3	(0.0)	(2.6)
Other	22.1	(17.9)	(28.9)
Total percent	100.0	(100.0)	(100.0)
Number of past users	75	31	44

### 6.8.1 Reasons for Not Using Contraceptive Methods

DLHS asked women and husbands, who are currently not using any contraceptives, the main reasons why they were not currently using a method. The reported main reasons for not using contraceptives are, lack of knowledge about family planning method (11 percent), opposed to family planning (10 percent), health does not permit, and inconvenient to use method (5 percent each). Against the religion, difficult to become pregnant, afraid of sterilization and do not like existing method each was also reported by two percent of the women. About 56 percent of the women reported other reasons for not using contraceptives. As far as rural-urban differentials are concerned, a little variation is observed in the reasons for not using any contraceptive.

<b>Table 6.17 REASON FOR NOT USING CONTRACEPTIVE METHOD</b>						
Percentage of current non-users who were currently not using contraceptive method by reason according to place of residence, Daman & Diu, 2002-04						
Reason	Women			Husband*		
	Total	Rural	Urban	Total	Rural	Urban
Lack of Knowledge about FP method	11.0	12.2	9.0	13.8	19.2	3.5
Against the Religion	3.6	0.2	9.5	8.3	12.3	0.6
Opposed to family planning	9.7	10.2	8.7	11.8	16.1	3.5
Not like existing method	2.2	0.3	5.4	0.4	0.4	0.4
Afraid of sterilization	2.2	2.1	2.4	1.6	1.2	2.3
Can not work after sterilization	1.5	1.6	1.2	2.0	0.0	5.8
Worry about side effects	0.8	1.0	0.5	0.0	0.0	0.0
Costs too much	0.3	0.5	0.0	0.9	0.0	2.7
Health does not permit	4.7	2.3	9.0	12.1	13.0	10.3
Hard/inconvenient to get method	0.0	0.0	0.0	6.0	9.1	0.0
Inconvenient to use method	4.5	7.0	0.0	1.2	0.0	3.5
Difficult to become pregnant	3.4	3.2	3.9	1.6	0.0	4.7
Wife is pregnant <sup>1</sup>	-	-	-	2.8	3.5	1.6
Other	56.1	59.3	50.5	37.6	25.4	61.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of current non-users	362	231	131	179	118	61

<sup>1</sup> Not applicable for women. \* Excluding not decided cases on timing of next child.

## 6.9 Unmet Need for Family Planning Services

Unmet need for family planning is one of the indicators to assess the effectiveness of the family planning programme. Policy makers and family planning programme planners use this to know the demand for family planning services/supplies. Unmet need is defined in this report separately for limiting and spacing.

**Table 6.18 UNMET NEED FOR FAMILY PLANNING SERVICES**  
Percentage of currently married women with unmet need for family planning services by selected background characteristics, Daman & Diu, 2002-04

Background Characteristic	Unmet need for FP			Number of women
	Spacing <sup>1</sup>	Limiting <sup>2</sup>	Total	
<b>Age</b>				
15-19	31.2	4.9	36.0	87
20-24	21.3	12.0	33.2	325
25-29	11.2	11.7	22.9	368
30-34	4.4	16.9	21.3	320
35-39	4.0	12.1	16.1	233
40-44	2.3	13.5	15.8	206
<b>Residence</b>				
Rural	11.8	13.0	24.7	935
Urban	9.2	12.4	21.6	604
<b>Education</b>				
Illiterate	8.0	11.0	19.0	412
0-9 @ years	12.0	15.6	27.6	706
10 years and above	11.3	9.8	21.1	422
<b>Religion</b>				
Hindu	10.8	12.7	23.5	1,391
Muslim	10.0	15.0	25.0	111
Others	(10.7)	(7.1)	(17.9)	37
<b>Caste/tribe#</b>				
Scheduled caste	16.4	18.2	34.6	197
Scheduled tribe	13.0	21.8	34.8	191
Other backward class	9.0	10.8	19.8	522
Others	9.4	10.5	19.9	544
<b>Number of living children</b>				
0	24.6	3.1	27.7	186
1	25.2	8.8	34.0	265
2	6.3	16.6	22.8	454
3	4.6	15.7	20.4	366
4+	2.9	12.9	15.7	269
<b>Standard of living Index</b>				
Low	14.6	20.0	34.5	181
Medium	11.7	11.7	23.4	638
High	9.0	11.8	20.8	719
All women	10.8	12.8	23.5	1,539

<sup>1</sup> Unmet need for spacing includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child are also included in unmet need for spacing.

<sup>2</sup> Unmet need for limiting includes the proportion of currently married women who are neither in menopause or had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method.

Total unmet need refers to unmet for limiting and spacing.

@ Literate women with no years of schooling are also included. # The total figure may not add to N due to do not know and missing cases.

Unmet need for spacing includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child, are also included in unmet need for spacing. The women who are not sure about the timing of the next child are also included in the unmet need for spacing. Unmet need for limiting includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method. Total unmet need refers to the totality of unmet need for limiting and spacing. Table 6.18 provides the information about unmet need for limiting and spacing in the UT of Daman and Diu by background characteristics.

The unmet need is highest for women below 20 years, mainly for spacing rather than for limiting. Unmet need is also high for women aged 20-24 years (33 percent) for both spacing and limiting. Among the older women of age 25-29 years, 23 percent have unmet need, almost equal for spacing and limiting. Among the women age 30 years and above, unmet need is mainly for limiting. The rural women have a little more unmet need (25 percent) than the urban women (22 percent). The unmet need for family planning is higher (28 percent) among the women with 0-9 years of schooling as compared to non-literate women (19 percent) and women with 10 years and above of schooling. Muslim and Hindu women have almost similar unmet need for family planning. Unmet need for family planning is higher for Scheduled caste and tribe (35 percent each) as compared to other backward class and other caste women (20 percent each).

Women in low standard of living have high (35 percent) unmet need than the women of medium (23 percent) and high standard of living (21 percent). Unmet need is much higher for the women with one living child (34 percent) than women with either no children (28 percent) or two children (23 percent). Among the women with no children or one child the unmet need is mainly for spacing, where as for women with two children or more unmet need is mainly for limiting.

### 6.9.1 Unmet Need for Family Planning Services by Districts

Table 6.19 provides the information about unmet need for limiting, spacing and total by the districts. The unmet need for family planning services for UT is 24 percent and it is 26 percent in Daman and 19 percent in Diu district. The unmet need for limiting is little higher than the unmet need for spacing in both the districts. However, unmet need for each limiting and spacing was found to be low in Diu district as compared to Daman district.

<b>Table 6.19 UNMET NEED BY DISTRICT</b>			
Percentage of currently married women with unmet need by district, Daman & Diu, 2002-04			
Districts	Unmet need for		
	Spacing	Limiting	Total
Daman	12.0	13.5	25.5
Diu	7.8	10.7	18.6
Daman & Diu	10.8	12.8	23.5

## CHAPTER VII

### ACCESSIBILITY AND PERCEPTION ABOUT GOVERNMENT HEALTH FACILITIES

The government health facilities at all the levels provide various RCH services. Auxiliary Nurse Midwife (ANM), family planning worker or male health worker play a key role in delivering the services to the community. Health workers are expected to make regular visits to all the households in their assigned area. During these contacts, the health workers are supposed to monitor various aspects of the health of women and children, provide information related to health and family planning, counsel and motivate to adopt appropriate health and family planning practices, and deliver other selected services. These contacts are also important as they enhance the creditability of services and establish necessary rapport with the clients. In order to assess the extent of utilisation of government health facilities by all eligible women and to find out whether ANM/health workers reach the households for providing RCH services, a separate section in the women's questionnaire was canvassed to all the eligible women. This chapter deals with the accessibility and the opinion of women about the services provided by the government health workers. The quality of care offered by the government health programme as perceived by currently married women is also presented.

#### 7.1 Home Visit by Health Workers

Table 7.1 shows the percentage of currently married women visited by health workers at home during the three months prior to the survey. Seventeen percent of the women in Daman and Diu reported that the health provider visited them at their residence at least once in last three months preceding the survey. The percentage of women in the UT of Daman and Diu receiving home visits is almost similar across the different age group and in rural and urban areas. However, non-literate women (24 percent) seemed more likely to report home visit as compared to educated women (12-16 percent). More Hindu women (18 percent) reported home visits than Muslim women (13 percent). Around one-third women from other backward class reported to have home visit as compared to 5 to 12 percent women from other castes. There was a great variation by women residing in the villages with a health facility or without a health facility. About one-fourth of the women living in the villages without a health facility reported that they had received home visit by the health professionals, against only four percent of the women living in the villages with a health facility.

Women who reported a home visit during the three months preceding the survey were asked who visited their household during the past three months and whether they were satisfied with the kind of services/advice received, and the time spent by these health workers. Among women who received services at home, 92 percent received services from ANM/LHV, 13 percent from male health worker and three percent from a doctor. Male health workers are more likely to visit educated women, women from other caste and the women who had higher standard of living. About 87 percent of women who received services at home were satisfied with the time spent with them and an equal proportion of women were also satisfied with the services or advice given to them.

<b>Table 7.1 HOME VISIT BY HEALTH WORKER</b>								
Percentage of women who had home visit by a doctor, ANM/LHV, or male health worker in the 3 months preceding the survey, among women who had home visit, satisfied with time spent by health workers and with services provided by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Percentage with home visit	Number of women	Home visit by <sup>1</sup>			Percentage of women satisfied with		Number of women
			Doctor	ANM / LHV	Male health worker	Amount of time	Services/ advices	
<b>Age</b>								
15-24	16.7	412	6.7	88.7	8.6	85.0	88.6	69
25-34	17.2	688	1.6	92.6	14.8	85.4	85.2	118
35-44	17.6	439	0.6	93.6	13.4	89.5	88.9	77
<b>Residence</b>								
Rural	17.5	935	3.5	92.0	13.6	88.3	88.3	164
Urban	16.7	604	1.3	91.7	11.4	83.6	85.3	101
<b>Education</b>								
Non-literate	24.1	412	4.0	97.1	4.7	89.2	89.5	99
0-9@ years	16.3	706	1.1	87.0	17.9	84.0	86.8	115
10 and above	12.1	422	3.5	92.8	16.8	86.9	83.6	51
<b>Religion</b>								
Hindu	17.6	1,391	2.9	92.1	12.3	87.1	88.5	245
Muslim	12.9	111	*	*	*	*	*	14
Other	14.3	37	*	*	*	*	*	5
<b>Caste/tribe#</b>								
Scheduled caste	8.5	197	*	*	*	*	*	17
Scheduled tribe	4.8	191	*	*	*	*	*	9
Other backward class	32.0	522	3.1	93.7	7.1	90.6	93.5	167
Other	11.7	544	2.8	88.4	23.2	71.8	68.3	64
<b>Standard of living index</b>								
Low	12.4	181	*	*	*	*	*	23
Medium	19.9	638	4.0	91.0	9.6	87.4	89.6	127
High	16.0	719	1.7	91.3	17.9	85.6	83.4	115
<b>Availability of health facility<sup>2</sup> in the village</b>								
No	24.5	619	3.7	93.8	12.2	91.0	91.4	152
Yes	3.8	315	*	*	*	*	*	12
Total	17.2	1,539	2.6	91.9	12.8	86.5	87.2	265

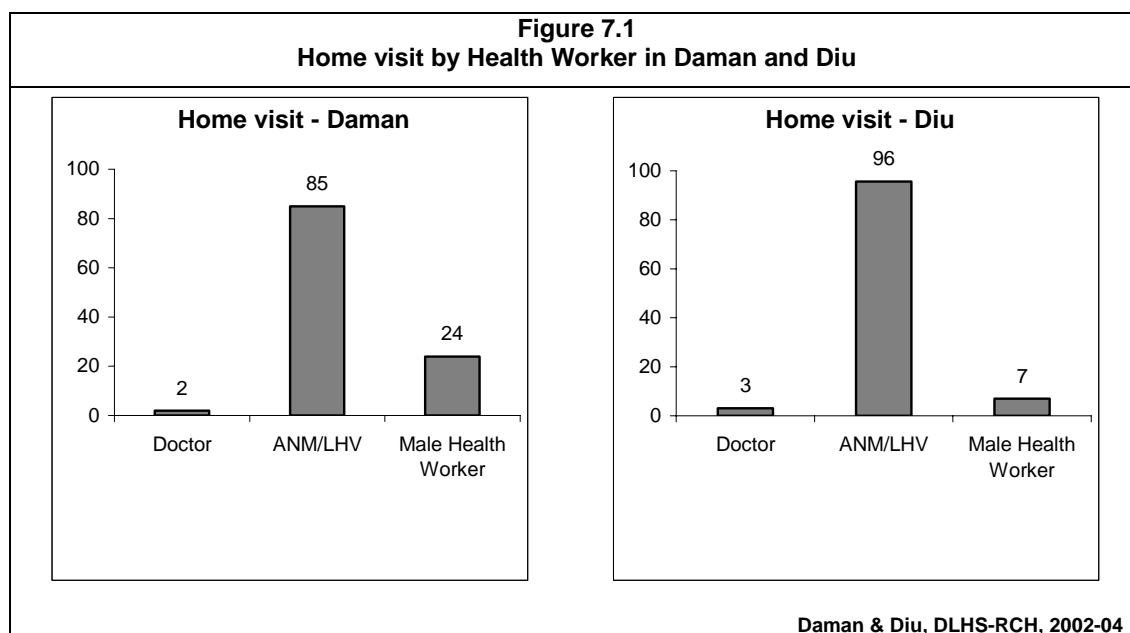
Note: <sup>1</sup> Percentage add to more than 100.0 due to multiple responses. @ Literate mother with no years of schooling are included. # Total number may not add to N due to do not know and missing cases. <sup>2</sup> Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village.  
( ): Based on less than 50 cases \* Percentage not shown based on few cases.

The proportion of women who were satisfied with the amount of time spent, and advices provided by health workers do not differ much across various background characteristics, except by the education and caste. Women who were highly literate and women from other caste are less likely to report satisfaction with amount of time spent by health workers during home visits.

## 7.2 Home Visit by Health Workers by Districts

Table 7.2 shows district-wise percentage distribution of currently married women visited by health workers at home during the three months prior to the survey. Only eight percent of the women in Daman district were visited by the health workers at home while this proportion is more than five times higher in Diu district. Among women who were visited by health

workers at home, 85 percent of them in Daman district and 96 percent in Diu were approached by ANM/LHV. Male health workers were more likely to approach clients at home in Daman (24 percent) compared to Diu (7 percent). However, percentage of women visited by doctor at home was two and three percent in Daman and Diu district respectively.



Almost all the women in Diu district were satisfied with the amount of time spent, and services provided by health workers. On the other hand, only a little more than two-third women in Daman district reported satisfaction with the time spent and services given by health workers.

**Table 7.2 HOME VISIT BY HEALTH WORKER BY DISTRICT**

Percentage of women who had home visit by a doctor, ANM/LHV, or male health worker in the 3 months preceding the survey, among women who had home visit, satisfied with time spent by health workers and with services provided by district, Daman & Diu, 2002-04

District	Percentage with home visit	Home visit by <sup>1</sup>			Percentage of women satisfied with	
		Doctor	ANM/LHV	Male health worker	Time spent	Service
Daman	8.3	2.1	85.0	24.0	67.8	67.3
Diu	40.8	3.1	95.6	7.0	96.8	98.0
Daman & Diu	17.2	2.6	91.9	12.8	86.5	87.2

<sup>1</sup> Percentage add to more than 100.0 due to multiple responses.

### 7.3 Matters Discussed during Home visits or Visits to Health Facilities

Women who were visited at home by a family planning worker, as well as those who visited government health facility or other health facility during the three months preceding the survey were asked about the different topics discussed with the workers during any of these visits. Table 7.3 shows the percentage of women who discussed the health and family planning or any health related matters to the health workers during home visits or visits to a

health facility during the past three months. There are 128 pregnant women or women with children born during the reference period, and other women includes 88 current users and 49 current non-users, who were visited by health workers at home.

The major focus of discussion during home visits was disease prevention (50 percent), immunization (25 percent), and treatment of health problems (19 percent). In addition, discussions were also made on oral rehydration and family planning (7 percent). As expected, pregnant women or women with child born within reference period were much more likely than other women to report that they discussed on immunization. A higher proportion of current contraceptive users and current non-users discussed disease prevention and treatment of health problems during the home visit by health workers during the past three months preceding the survey.

<b>Table 7.3 MATTER DISCUSSED DURING CONTACT WITH A HEALTH WORKER</b>				
Percentage of women who were visited by health worker in the three months preceding the survey, and percentage of women who visited health facility, and the percentage of women <sup>1</sup> who discussed specific topics with the health worker Daman & Diu, 2002-04				
Topic discussed	Pregnant women or women with children after reference period <sup>2</sup>	Other women		Total
		Current contraceptive users	Current nonusers	
<b>During home visit</b>				
Family planning	12.0	3.5	(1.5)	7.3
Breastfeeding	1.8	0.4	(0.0)	1.0
Supplementary feeding	0.0	2.7	(0.0)	0.9
Immunization	36.1	14.9	(7.5)	25.2
Nutrition	2.3	2.7	(0.0)	2.0
Diseases prevention	39.7	54.3	(76.1)	49.7
Treatment of health problem	16.3	24.5	(14.9)	18.9
Antenatal care	3.9	1.3	(0.0)	2.3
Delivery care	1.7	1.3	(0.0)	1.2
Postpartum care	2.0	1.3	(0.0)	1.4
Childcare	4.2	1.7	(0.0)	2.6
Sanitation / cleanliness	0.0	2.2	(1.5)	0.9
Oral rehydration	1.5	1.3	(0.0)	1.1
Other	8.0	15.0	(10.4)	10.7
Number of women	128	88	49	265
<b>During visit to health facility</b>				
Family planning	2.5	(3.5)	*	2.2
Breastfeeding	0.4	(1.8)	*	0.5
Supplementary feeding	0.0	(1.8)	*	0.2
Immunization	39.0	(1.8)	*	27.3
Nutrition	1.8	(7.0)	*	2.7
Diseases prevention	8.9	(10.5)	*	9.0
Treatment of health problem	20.7	(64.9)	*	33.0
Antenatal care	16.5	(1.8)	*	11.3
Delivery care	1.8	(1.8)	*	1.4
Postpartum care	1.7	(1.8)	*	1.3
Childcare	29.6	(28.1)	*	28.8
Sanitation / cleanliness	0.0	(3.5)	*	0.6
Oral rehydration	0.0	(1.8)	*	0.2
Other	0.0	(7.0)	*	2.7
Number of women	123	41	19	183
Note: Percentage add to more than 100.0 due to multiple responses. <sup>1</sup> Women who visited private health facility are not included. <sup>2</sup> Reference period for phase I, January 1 <sup>st</sup> 1999 and for phase II, January 1 <sup>st</sup> .2001 ( ) Based on less than 50 unweighted cases. * Percentage not shown based on few cases.				

The topic discussed most often during visits to health facility by women was treatment of health problems (33 percent), childcare (29 percent), immunization (27 percent),

and antenatal care (11 percent). Only two percent women reported that they discussed family planning during the visit. During visit to health facility 39 percent of the pregnant women or women with children born during reference period discussed on immunization, 30 percent discussed about childcare, 21 percent discussed treatment of a health problem, and 17 percent discussed about antenatal care. A few pregnant women or women with children born during reference period also discussed about delivery care, postpartum care, and nutrition during visit to health facility. A higher proportion of current users discussed on treatment of health problems during visit to health facility in three months prior to survey.

#### 7.4 Visit to Health Facility

Table 7.4 presents the percentage of currently married women who needed to visit health facility and visited the health facility by residence and availability of health facility in the village. About 29 percent of the women needed to visit health facility but did not visit in comparison with 28 percent of women who needed to visit health facility and visited in past three months of the survey. The proportion of such women who visited was slightly more in urban areas (31 percent) than in rural areas (27 percent). Among them who visited any health facility, more than half of the women (57 percent) reported that they had visited a private health facility. It is interesting to note that the proportion of women visiting private health facility is more in rural areas (61 percent) than in urban areas (52 percent).

<b>Table 7.4 VISIT TO HEALTH FACILITY</b>					
Percentage of women who need to visit health facility and visited, and percent distribution of women visited health facility by type of health facility and according to place of residence and availability of health facilities in the village, Daman & Diu, 2002-04					
Health facility	Total	Residence		Availability of health facility <sup>1</sup> in the village	
		Rural	Urban	No	Yes
Percentage of women who needed to visit health facility and not visited	28.7	36.2	17.0	66.5	20.8
Percentage of women who needed to visit health facility and visited	28.4	26.7	31.0	13.6	33.3
Number of women	1,539	935	604	315	619
<b>Government health facility</b>					
Hospital/CHC/FRU/RH	12.2	7.9	17.9	(11.4)	6.5
Dispensary	1.7	2.4	0.8	(2.9)	1.4
Primary health center	18.6	15.2	23.0	(0.0)	18.4
Sub-center	4.2	7.4	0.0	(8.6)	7.2
<b>Private health facility</b>					
Hospital	37.4	39.2	35.0	(57.1)	36.6
Dispensary	19.3	21.4	16.5	(8.6)	25.3
ISM <sup>2</sup> hospital/dispensary	1.4	1.4	1.4	(2.9)	1.3
Other	5.2	5.0	5.4	(8.6)	3.4
Total percent	100.0	100.0	100.0	(100.0)	100.0
Number of women	437	249	188	43	206
Note: CHC: Community health center, FRU: First referral unit, RH: Referral Hospital . <sup>1</sup> Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village. <sup>2</sup> Either government or private health facility of Indian System of Medicine. ( ) Based on less than 50 unweighted cases.					

About 37 percent of the women visited a government health facility, of which 19 percent visited primary health centre, 12 percent visited government health facility such as,



hospital/CHC/FRU/RH, four percent visited sub-centres, and only two percent visited government dispensary. One percent of the women reported that they visited Indian system of medicine hospital/dispensary either government or private.

## 7.5 Visit to Health Facility by Districts

Table 7.5 presents the percentage of currently married women who needed to visit health facility and visited the health facility by districts. Nearly two-fifth (38 percent) of currently married women in Daman and only seven percent in Diu, needed to visit a health facility, but they did not visit. In Daman only 19 percent of women who needed to visit health facility, visited a health facility whereas in case of Diu more than half (52 percent) of them visited when needed. Among those who visited health facility, almost similar proportion of women in both the districts (37 percent in Daman and 36 percent in Diu), visited a government health facility. However, more proportion of women in Diu district (62 percent) than Daman (55 percent) visited private health facility in past three months before the survey.

Districts	Percentage of women who need to visit health facility, but not visited	Percentage of women who need to visit health facility and visited	Percentage of women who visited to	
			Government health facility	Private health facility
Daman	37.9	19.2	37.4	55.0
Diu	7.1	51.9	35.9	61.5
Daman & Diu	28.7	28.4	36.7	58.1

## 7.6 Client's Perception of Quality of Government Health Services

Utilization of services is an essential indicator reflecting the quality of services. Better quality of services would have a higher utilization rate, which is very important from the policy point of view. Unless clients are satisfied with the services provided by the government, efforts made by the government will be wasted. In order to assess the utilization of government health facilities, a question was asked whether they had visited any health facility for their health problem during past three months to the survey. Those who visited the government health facility were asked questions regarding their perceptions about quality of services, (personal manner like courtesy, respect, sensitivity, and friendliness of the physician and staff, technical skills and quality like thoroughness, carefulness, and competence and waiting time for receiving the services) and the same is presented in Table 7.6. Women in general perceived that the quality of services, personal manner as well technical skills and quality of physician, ANM/nurse and other staff was good. Majority of the respondents perceived that personal manner (courtesy, respect, sensitivity, and friendliness) and technical skills (thoroughness, carefulness, and competence) of the physician, nurses and other staff were good, some of the respondents mentioned that personnel manner of doctor (53 percent), nurse (33 percent), and other staff including paramedical staff (29 percent) was excellent.

One-fourth of the respondents rated as poor, to the length of time spent towards waiting. Another 14-17 percent perceived technical skills of nurses, personnel manner of other staff, the explanation of what was done, and quality of medical, surgical and diagnostic equipment as poor.

<b>Table 7.6 QUALITY OF GOVERNMENT HEALTH FACILITY</b>			
Percentage of women who visited government health facility and rated quality and availability of services during most recent visit to a government health facility in the three months proceeding the survey, Daman & Diu, 2002-04			
Quality indicator	Poor	Good	Excellent
The convenience of the health facility location	7.6	48.8	43.6
Length <sup>1</sup> of time spend towards waiting	25.2	53.9	20.9
Personal manner <sup>2</sup> of the physician <sup>5</sup>	3.4	41.0	53.3
The technical skills and quality <sup>3</sup> of the physician <sup>5</sup>	10.2	54.6	32.1
Personal manner <sup>2</sup> of nurse	9.4	54.3	33.1
The technical skills and quality <sup>3</sup> of nurse	15.3	48.7	22.6
Personal manner of other staff <sup>5</sup>	14.0	48.0	28.8
The technical skills and quality of other <sup>4</sup> staff	7.7	40.0	50.0
The explanation of what was done to her	16.7	49.0	32.5
Medical, surgical and diagnostic equipment	16.0	50.3	26.0
General comfort	10.5	52.3	33.5

Note: <sup>1</sup> Poor indicate long waiting time, good indicate average waiting time, and excellent indicate short waiting time  
<sup>2</sup> Courtesy, respect, sensitivity, friendliness. <sup>3</sup>Thoroughness, carefulness, competence. <sup>4</sup> Including paramedical staff. <sup>5</sup>Includes hospital/community health center/ first referral unit/ referral hospital, dispensary, and primacy health center last visit made by women

## 7.7 Reasons for not visiting Government Health Centre

Women who visited the private health centre were asked the main reason for not visiting the government health centre and the results are presented in Table 7.7. About 17 of the women in rural areas and 24 percent in urban areas reported that they did not visit the government health centre due to poor quality of services and 24 percent (21 percent rural and 29 percent urban) women reported non-availability or bad quality of medicine as the reason. For 14 percent of the currently married women time was unsuitable for visiting the government health centre for their health problems. Other reasons for not visiting government health centres were: Not conveniently located (8 percent), heavy rush (6 percent), and doctor/health workers do not examine properly (3 percent). Another 21 percent of the respondents reported some other reasons for visiting government health facility.

<b>Table 7.7 REASON FOR NOT PREFERRING GOVERNMENT HEALTH FACILITY</b>					
Percent distribution of women visited private health facility by reason for not visiting government health facility and according to residence and availability of health facilities in the village, Daman & Diu, 2002-04					
Reason	Total	Residence		Availability of health facility <sup>1</sup> in the village	
		Rural	Urban	No	Yes
Not conveniently located	8.3	10.0	5.7	*	8.1
Time is not suited	13.6	14.3	12.6	*	14.8
Poor quality of services	19.7	17.1	23.7	*	15.8
Heavy rush	6.3	8.2	3.4	*	8.3
Non/Rare availability of doctors/health workers	1.9	3.1	0.0	*	2.5
Doctors/health workers do not examine properly	2.9	3.6	1.9	*	2.5
Medicine not/rarely given or of bad quality	24.0	20.6	29.3	*	22.9
Doctors/paramedical staff does not behave properly	1.2	1.9	0.0	*	2.3
Referred by Govt. doctor	0.7	0.9	0.5	*	1.0
Other	21.3	20.4	22.8	*	21.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	254	154	99	24	130

Note: <sup>1</sup> Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village \* Percentage not shown based on few cases.

## 7.8 Family Planning Information and Advice Received

Women who are currently not using any contraceptive method were asked whether they were ever advised by ANM or family planning health worker to adopt family planning method and method advised during any of the contact. About 18 percent of currently non-users in each rural and urban areas said that they had the advice or discussion on method of family planning with ANM or family planning health worker (Table 7.8). The most frequently discussed method was IUD (45 percent) followed by female sterilization (34 percent) and pills (11 percent). Only one out of every ten women received advice to adopt condom as a contraceptive method.

<b>Table 7.8 ADVISE TO ADOPT FAMILY PLANNING METHOD</b>			
Percentage of current non-users who reported ever advised to adopt family planning method by method of family planning by ANM/health worker, according to residence, Daman & Diu, 2002-04			
Method	Total	Rural	Urban
Percentage of non-users who were advised to adopt family planning method	18.5	18.5	18.4
Number of women	642	397	245
<b>Method</b>			
Female sterilization	33.6	32.6	(36.0)
IUD	44.9	55.8	(30.0)
Pills	11.2	6.8	(20.0)
Condom	9.9	4.4	(14.0)
Other	0.3	0.4	(0.0)
Total percent	100.0	100.0	100.0
Number of women	119	74	45

Note: ( ) Based on less than 50 unweighted cases.

## 7.9 Availability of Pills and Condom

To explore difficulties faced in the procurement of condoms and pills, current users of these methods were asked whether they had been able to get their supply whenever needed. The results are presented in Table 7.9. Due to the small number of condom users it is not feasible to discuss about the problem in condom supply. However, only 17 percent of pills users reported that they had a problem in getting supply.

<b>Table 7.9 AVAILABILITY OF REGULAR SUPPLY OF CONDOMS/PILLS</b>		
Percentage of current condom or pill users who ever had a problem getting a supply of condoms/pills by residence, Daman & Diu, 2002-04		
Method/residence	Percentage who had a problem getting supply	Number of users
<b>Condom</b>		
Rural	*	20
Urban	*	21
Total	(5.6)	41
<b>Pills</b>		
Rural	*	20
Urban	18.5	53
Total	17.3	73

Note: \* Percentage not shown based on few cases. ( ) Based on less than 50 unweighted cases

## 7.10 Quality of Care of Family Planning Services

Several aspects of quality of care of family planning services were also investigated. Current user of a sterilization was asked whether the person or centre where sterilization had been performed, informed her about other alternative methods of family planning; and further it was asked whether she was told by an ANM or a health worker about possible side effects of the modern method at the time she accepted the method; whether she received any follow-up care after accepting the method. Tables 7.10 and 7.11 present the results of this investigation.

One-fourth of sterilized women reported that they were informed about alternative methods that they could use (Table 7.10) before adopting sterilization. Urban women were more likely to be informed about the alternative methods as compared to rural women. About 23 percent of sterilized women received such information by health service provider in each government health facilities as well as in private health facilities. About one-third of women received this information in the family planning or RCH camp or out reach/ MCH clinic in village at the time of accepting the sterilization.

<b>Table 7.10 INFORMATION OF OTHER MODERN METHOD BEFORE STERILIZATION</b>				
Percentage of current users of sterilization who were informed about other modern method by the source where they get sterilized, according to the source of sterilization and residence, Daman & Diu, 2002-04				
Source of sterilization	Total	Rural	Urban	Number of users
Government health facility	23.0	20.3	30.1	322
Family planning or RCH camp/ village session	(33.8)	(39.0)	(25.9)	43
Private health facility	23.4	19.5	28.9	300
Total	24.5	22.1	29.1	667

Note: Total includes 2 women who said that they sterilized at other place of sterilization, are not shown separately. ( ) Based on less than 50 unweighted cases

Another important facet of informed contraceptive choice is being fully informed about any side effects and any other problems associated with the method. In Daman and Diu, only 29 percent of users of any modern method were informed about possible side effects or health problems associated with their current method. Twenty-four percent of acceptors of sterilization in rural area and 38 percent in urban area reported that they were informed about side effects. Among users of modern method, other than sterilization, 44 percent of rural users and 23 percent of urban users were informed about side effects. It is clear from the result that ANM or health workers in Daman and Diu are not providing sufficient information to couples who need to make an informed choice about contraceptive methods. The situation with respect to follow-up services is also not encouraging. Follow-up services among sterilization users are comparatively higher than user of other modern methods. About 19 percent of sterilization users in rural area and 12 percent in urban area reported that they received follow-up services by ANM or health worker. Only seven percent of the users of other modern method received follow-up services. In total, 19 percent of the users of any modern method in rural area and only nine percent in urban areas received follow-up services.

<b>Table 7.11 INFORMATION ON SIDE EFFECT AND FOLLOW-UP FOR CURRENT METHOD</b>			
Percentage of current users of modern contraceptive methods who were told about side effects or other problems of current method by a health worker or ANM/Nurse at the time of accepting the method and percentage who received follow-up services after accepting the method by current method and residence, Daman & Diu I, 2002-04			
Information/follow-up	Total	Rural	Urban
<b>Told about side effects</b>			
Sterilization	29.0	24.2	38.0
Other modern method	30.6	44.2	23.4
Any modern method	29.3	26.3	33.7
<b>Received follow-up</b>			
Sterilization	16.8	19.4	11.7
Other modern method	6.6	13.7	2.1
Any modern method	14.9	19.0	8.7

### 7.11 Quality of Care Indicators for Contraceptive Users by District

Table 7.12 shows inter-district variations in the percentage of users of sterilization who were told about alternative methods before adopting sterilization and about side effects or other problems related to the current method or users of modern contraceptive methods, and the percentage of users who received follow-up services.

<b>Table 7.12 QUALITY OF CARE INDICATORS FOR CONTRACEPTIVE USERS BY DISTRICT</b>						
Among currently married women who are current users of modern contraceptive methods, quality of care indicators related to the use of their current contraceptive method by district, Daman & Diu, 2002-04						
District	Percentage informed about other methods before getting sterilization <sup>1</sup>	Percentage told about side effects or other problems with method <sup>2</sup>		Percentage who received follow-up <sup>2</sup>		Percentage non-user told ever had advised to adopt contraceptive method
		Sterilization	Other modern method	Sterilization	Other modern method	
Daman	22.5	14.2	32.0	16.4	6.6	15.4
Diu	29.8	71.2	29.6	19.6	6.6	26.3
Daman & Diu	24.5	29.0	30.6	16.8	6.6	18.5

Note: <sup>1</sup> At the time of accepting the current method. <sup>2</sup> By a health worker or ANM/Nurse after accepting the current method.

The proportion of sterilization-users who were told about alternate method is lower in Daman (23 percent) than Diu (30 percent). There are also large inter-district variations in the percentage of sterilization-acceptors and users of modern contraceptive methods who were told about the possible side effect. In case of sterilization, the proportion is as high as of 71 percent in Diu, and it is only 14 percent in Daman district. For other modern contraceptive methods, 30 percent in Diu and 32 percent in Daman were told about the side effects of the method. Follow-up services are comparatively better for acceptors of sterilization than for other modern methods in both the districts of UT. Table 7.12 also shows district wise variation in the percentage of current non-users who were ever advised to adopt contraceptive methods, which is 15 percent in Daman and 26 percent in Diu.

Overall, the quality of care for family planning and health services is far from satisfactory in many of the districts of Daman and Diu; both the districts need to work much more to improve their health and family planning services, particularly the services that are provided by the government sector.

## 7.12 Quality of Maternal Health Care

Information on few other aspects of quality of care in terms of maternal care was also collected. Women with last live/still births during three years preceding the survey were asked whether the Doctor/ANM/health worker advised them to go to health facility for delivery when they were pregnant, and received any follow-up care after delivering the baby within 2 weeks of delivery and received follow-up care of at least one visit within six weeks of delivery. The same information is presented in Table 7.13.

More than half (59 percent) of the women with last live/still births during three years preceding the survey reported that they were advised by doctor or health worker to have delivery in health facility. The proportion is almost equal in both rural and urban areas to get advised to deliver their child at health facility. Only 15 percent of women reported that they were visited within two weeks of their last delivery and 16 percent reported within six weeks of delivery. Data by the residence of women shows that rural women were more likely to get follow-up services than urban women.

<b>Table 7.13 ADVISED TO HAVE DELIVERY AT HEALTH FACILITY AND FOLLOW-UP SERVICES FOR POSTPARTUM CHECK-UP</b>			
Percentage of women* who were advised to have delivery at health facility by doctor/ health worker and percentage who receive follow-up services within 2 weeks and within 6 weeks of delivery by ANM, according to residence, Daman & Diu, 2002-04			
Advise/follow-up service	Total	Rural	Urban
Percentage of women who were advised to have delivery at health facility	58.5	58.7	58.3
Percentage of women who were visited within 2 weeks of delivery	14.9	17.9	10.0
Percentage of women who were visited at least once within 6 weeks of delivery	16.2	18.8	11.7
Number of women	572	361	211

Note: \* Women who had live birth/still birth after 1.1.1999/2001.

Not much district wise variation is found as far as advice by the doctor or health worker to the women to deliver at health facility is concerned. Three out of every ten women received postpartum check-up within 2 weeks of delivery in the district of Diu while the corresponding figure in Daman district is only nine percent. Similarly, the proportion of women who had at least one postpartum check-up within six weeks of delivery is higher in Diu district (34 percent) than in Daman district (9 percent) (Table 7.14).

<b>Table 7.14 QUALITY OF CARE INDICATORS FOR MATERNAL CARE</b>			
Among currently married women* who are given live/still birth three years preceding the survey, quality of care indicators related to delivery care by district, Daman & Diu, 2002-04			
District	Percentage of women		
	Advised to have delivery at health facility by doctor/ health worker	Visited within 2 weeks of delivery by ANM	Visited at least one within 6 weeks of delivery by ANM
Daman	58.3	9.3	9.3
Diu	59.6	29.9	34.2
Daman & Diu	58.5	14.9	16.2

Note: \* Women who had live birth/still birth after 1.1.1999/2001

## CHAPTER – VIII

### REPRODUCTIVE HEALTH PROBLEMS AND AWARENESS OF RTIs/STIs AND HIV/AIDS

One of the important components of the Reproductive and Child Health Programme is to have a healthy sexual life without any fear of contracting disease. With this approach the RCH programme places a lot of emphasis on promoting and encouraging healthy sexual behaviour among couples through various Information, Education and Communication (IEC) activities. Health workers are also expected to educate women and men about Reproductive Tract Infections (RTIs) and Sexually Transmitted Infections (STIs) and motivate those people with RTI/STI problems to seek medical help. The DLHS-RCH has made an attempt to collect information on awareness and prevalence of RTI/STI. Apart from this, information on knowledge of HIV/AIDS, source of information and way of avoiding AIDS were also collected.

#### 8.1 Awareness of RTI/STI

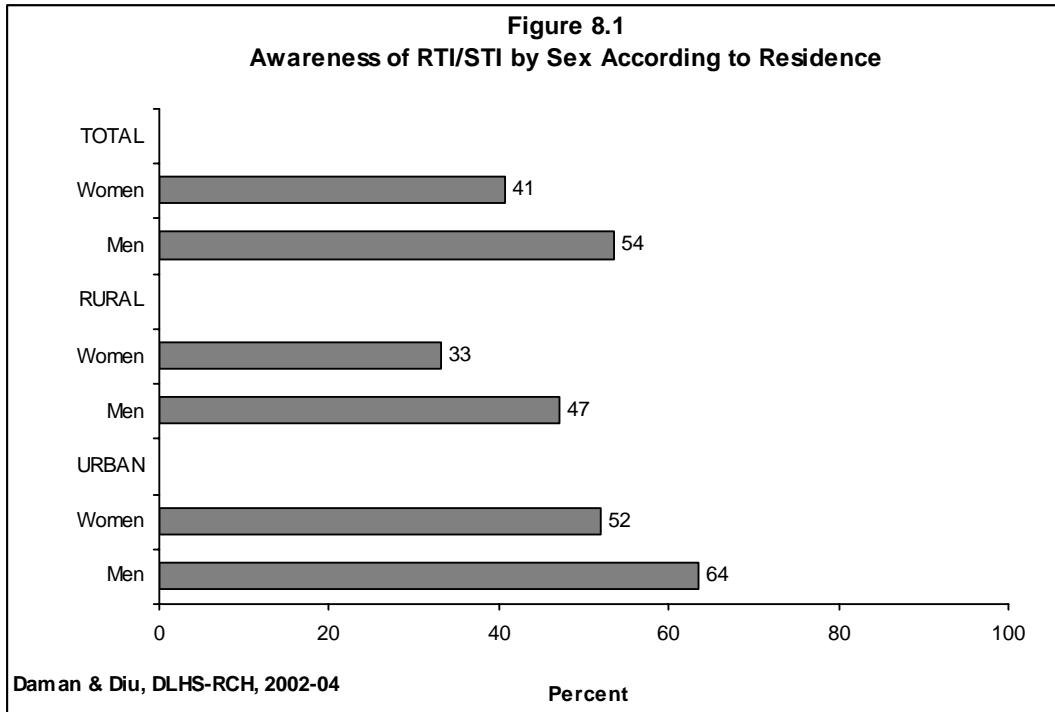
An attempt was made to assess whether couples were aware of RTI/STI. Currently married women and their husbands were asked about their awareness of RTI/STI, and if they were aware, they were further questioned about the source of information and mode of transmission of the disease.

Table 8.1 shows the percentage of women who have heard about RTI/STI by background characteristics. About 41 percent of the women in the UT of Daman and Diu had heard about RTI/STI. The proportion of women who were aware of RTI/STI is higher in urban areas (52 percent) than in rural areas (33 percent) Figure 8.1. Awareness of RTI/STI is much lower among younger women, non-literate women, scheduled tribe women and women from households with a low standard of living. Awareness of RTI/STI increased from 33 percent among non-literate women to 55 percent among women who have completed 10 or more years of schooling. The standard of living index shows a positive relationship with awareness of RTI/STI, ranging from just nine percent among women with a low standard of living to 53 percent among women with a high standard of living.

Those women who had heard of RTI/STI were further asked about the source of information of RTI/STI, which is presented in Table 8.1. More than half of the women (56 percent) reported that they received information of RTI/STI from friends or relatives. Other sources of information of RTI/STI as reported by women were television and newspaper or books or magazines (27 percent each), and slogans or posters or pamphlets or wall hoardings (12 percent). Only seven percent of women received this information from doctors and 13 percent from the health workers, and about eight percent of the women reported that they had heard of RTI/STI from radio.

Table 8.2 shows the percentage of husbands of currently married women who heard of RTI/STI by specific source of information according to some selected background characteristics. In Daman and Diu, the percentage of men who heard of RTI/STI is more than that of women (Figure 8.1). More than half of the men (54 percent) had heard of RTI/STI. Men from urban areas and men in the age group of 25-44 years were more aware of RTI/STI.

Men who belong to scheduled caste-tribes are less likely to report awareness of RTI/STI. The level of awareness of RTI/STI increases with an increase in education level and standard of living. About 18 percent of non-literate men were aware of RTI/STI as compared to 75 percent of men who had completed 10 or more years of schooling. Thirty percent of men from households with a low standard of living were aware of RTI/STI as compared to 67 percent of men with a high standard of living.



Unlike women, newspaper or books or magazines and television are the most prominent sources of RTI/STI for men in the UT of Daman and Diu. More than 40 percent of men who knew about RTI/STI received information from newspaper or books or magazines, television and relatives or friends. Other important sources of information about RTI/STI are slogans or posters or pamphlets or wall hoardings (30 percent). Only seven percent of the men received this information from a doctor, 12 percent from health workers, six percent from community meetings and two percent mentioned that they had received information about RTI/STI from the school teachers. Five percent of the men reported that they heard of RTI/STI from radio and for 16 percent it came to know from other sources. Television and relatives or friends are the most important source of information of RTI/STI in all the groups. Men from other backward class are more likely to receive information from their relative or friends. Television and newspaper/books/magazines are also an important source of information of RTI/STI for men who are from urban areas and for more than 44 years of age. The differences in the knowledge of RTI/STI from television and newspaper/ books/ magazines as the source of information by educational level and standard of living household are quite visible. Only 30 and 36 percent of men who had 0-9 years of schooling had heard of RTI/STI from these sources, which increased to 48 and 59 percent for men who have completed 10 or more years of schooling respectively. Similarly pattern is found by standard of living.



<b>Table 8.1 SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG WOMEN</b>														
Percentage of currently married women age 15 - 44 who have heard about RTI/STI and among women who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Daman & Diu, 2002-04.														
Background Characteristic	Percentage who have heard about RTI/STI	Number of Women	Among those who have heard about RTI/STI, percentage who received information from.										Number of women who have heard about RTI/STI	
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others		
<b>Age group (years)</b>														
15-19	24.5	87	*	*	*	*	*	*	*	*	*	*	*	21
20-24	36.2	325	5.1	28.2	30.3	14.4	7.9	13.0	2.8	2.3	52.5	4.9	118	
25-29	40.2	368	9.7	24.5	25.2	15.4	6.4	6.4	3.3	5.3	52.7	5.8	148	
30-34	48.7	320	4.4	31.5	30.7	6.7	3.6	18.2	3.5	0.7	57.1	6.0	156	
35-39	43.7	233	7.9	20.3	19.8	10.6	7.6	16.8	0.0	3.5	61.2	13.9	102	
40-44	38.8	206	12.6	28.2	30.0	11.8	13.7	10.5	7.4	11.8	59.4	9.7	80	
<b>Residence</b>														
Rural	33.1	935	8.9	29.5	29.8	11.8	5.3	12.7	3.6	2.5	50.3	10.1	309	
Urban	52.1	604	6.5	24.2	24.7	11.6	8.4	13.3	4.5	5.4	61.9	4.6	315	
<b>Education</b>														
Non-literate	32.3	412	1.4	4.4	3.2	1.4	0.8	7.3	0.0	0.0	77.9	17.5	133	
0-9@ years	37.0	706	7.4	28.5	26.8	13.0	3.7	14.1	0.2	5.3	56.5	6.7	261	
10 and above	54.7	422	11.7	37.8	41.4	16.3	14.0	15.1	10.6	4.7	43.1	2.2	231	
<b>Religion</b>														
Hindu	40.7	1,391	7.1	26.6	27.0	10.8	5.0	13.0	3.8	3.2	56.5	7.5	566	
Muslim	40.2	111	(3.8)	(15.4)	(13.5)	(11.5)	(9.6)	(1.9)	(0.0)	(3.8)	(75.0)	(5.8)	45	
Other	38.5	37	*	*	*	*	*	*	*	*	*	*	14	
<b>Caste/tribe<sup>#</sup></b>														
Scheduled caste	33.8	197	18.2	40.5	38.2	17.6	4.2	21.7	3.3	4.5	35.9	15.6	67	
Scheduled tribe	22.3	191	(0.0)	(35.0)	(35.0)	(15.0)	(10.0)	(15.0)	(0.0)	(5.0)	(50.0)	(10.0)	43	
Other backward class	49.4	522	2.4	11.7	11.7	4.3	2.5	11.7	0.5	1.9	79.8	6.2	258	
Other	40.2	544	11.8	36.0	37.9	15.7	13.7	11.7	9.7	3.4	43.7	4.9	219	
<b>Standard of living index</b>														
Low	9.3	181	*	*	*	*	*	*	*	*	*	*	17	
Medium	35.4	638	6.8	21.2	20.0	5.9	1.9	15.2	0.9	4.2	60.0	8.8	226	
High	53.1	719	8.6	30.6	32.0	15.2	10.1	11.8	5.9	3.8	53.2	6.7	382	
Total	40.6	1,539	7.7	26.8	27.2	11.7	6.9	13.0	4.0	4.0	56.1	7.3	625	
Note:# Total figure may not add to N due to do not know and missing cases. @ Literate women with no year of schooling are also included.														
Total includes 3 missing cases of women education were not shown separately. () Based on less than 50 unweighted cases. * Percentage not shown: Based on few cases.														

<b>Table 8.2 SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG MEN</b>													
Percentage of husband of eligible women who have heard about RTI/STI and among men who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Daman & Diu, 2002-04.													
Background characteristic	Percentage who have heard about RTI/STI	Number of men	Among those who have heard about RTI/STI, percentage who received information from.										Number of men who have heard about RTI/STI
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others	
<b>Age group (years)</b>													
< 25	30.5	67	*	*	*	*	*	*	*	*	*	*	21
25-34	57.1	436	8.1	40.5	47.2	32.3	5.9	8.8	1.8	4.9	41.2	13.2	249
35-44	56.0	436	1.8	42.4	38.0	26.3	8.4	11.6	0.6	6.2	39.9	17.9	244
45+	45.1	120	9.9	53.3	66.5	43.3	9.4	24.5	13.4	15.1	39.8	11.6	54
<b>Residence</b>													
Rural	47.2	649	6.4	35.8	37.4	22.8	7.1	13.4	1.1	4.8	34.7	22.1	307
Urban	63.6	410	4.0	48.7	52.1	38.1	7.8	10.9	3.8	8.3	46.4	7.6	261
<b>Education</b>													
Non-literate	18.1	94	*	*	*	*	*	*	*	*	*	*	17
0-9@ years	44.6	569	5.6	36.3	30.0	25.4	7.1	13.3	0.5	7.8	40.4	21.2	254
10 and above	75.0	396	5.3	47.7	58.6	34.6	8.0	11.8	4.0	5.2	38.0	11.4	297
<b>Religion</b>													
Hindu	53.3	953	5.4	41.1	42.5	29.4	7.5	11.9	2.1	6.0	39.7	16.6	509
Muslim	56.0	75	(2.3)	(56.8)	(56.8)	(38.6)	(2.3)	(11.4)	(4.5)	(6.8)	(52.3)	(2.3)	42
Other	(54.8)	31	*	*	*	*	*	*	*	*	*	*	17
<b>Caste/tribe#</b>													
Scheduled caste	49.3	161	3.3	34.1	39.4	45.2	8.4	16.6	0.9	5.6	25.9	21.5	80
Scheduled tribe	49.3	145	12.1	40.6	17.9	7.2	0.0	11.3	0.0	8.8	27.7	32.0	71
Other backward class	54.4	302	0.8	41.3	42.5	30.7	5.3	10.0	3.0	6.9	54.3	5.9	164
Other	57.0	396	7.1	43.7	55.9	30.2	11.4	13.0	3.2	6.0	37.6	14.9	226
<b>Standard of living index</b>													
Low	30.4	155	(0.0)	(20.0)	(32.0)	(28.0)	(4.0)	(12.0)	(0.0)	(4.0)	(56.0)	(20.0)	47
Medium	48.0	448	7.6	40.4	35.2	24.0	7.9	15.2	0.0	3.8	40.1	17.7	215
High	66.9	457	4.5	47.6	53.7	34.8	7.9	9.7	4.3	7.8	40.7	11.6	306
Total	53.6	1,059	5.3	41.8	44.2	29.9	7.4	12.2	2.3	6.4	40.1	15.5	568

Note: # Total figure may not add up to N due to do not know and missing cases.@ Literate men with no year of schooling are also included. ( ) Based on less than 50 cases.  
\* Percentage not shown based on few cases.

### 8.1.1 Knowledge of Mode of Transmission of RTI/STI

Women who were aware of RTI/STI were asked about the mode of transmission. This is presented in Table 8.3. Among women who reported knowledge of RTI/STI, 29 percent of them did not know anything about the mode of transmission of this disease. This proportion is relatively higher among rural women, young women, non-literate women, and those from scheduled-tribes and caste. Thirty-five percent of rural women do not know about the mode of transmission of RTI/STI compared to 24 percent of urban women. Heterosexual intercourse was mentioned by 44 percent of women as one of the modes of transmission of RTI/STI followed by lack of personnel hygiene (27 percent). Only 11 percent of the women reported homosexual intercourse and 15 percent reported other modes of transmission of RTI/STI.

<b>Table 8.3 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG WOMEN</b>						
Percentage of currently married women age 15-44 who have heard of RTI/STI, knowledge of mode of transmission by selected background characteristics, Daman & Diu, 2002-04						
Background characteristic	Percentage by knowledge of mode of transmission				Do not know	Number of women who have heard of RTI/STI
	Homosexual intercourse	Heterosexual intercourse	Lack of personnel hygiene	Other		
<b>Age</b>						
20-24	11.4	40.7	25.8	10.4	35.0	118
25-29	11.9	46.7	26.7	11.6	26.0	148
30-34	7.2	45.9	24.0	16.0	30.3	156
35-39	8.7	43.3	30.4	19.2	29.5	102
40-44	14.9	41.4	31.4	17.3	26.7	80
<b>Residence</b>						
Rural	9.9	43.4	24.4	10.5	34.9	309
Urban	12.4	44.5	29.8	18.8	23.6	315
<b>Education</b>						
Non-literate	4.8	29.3	20.3	19.0	38.5	133
0-9@ years	5.4	41.0	26.0	16.2	33.9	261
10 years and above	21.3	55.7	32.4	10.4	18.5	231
<b>Religion</b>						
Hindu	10.5	43.2	26.8	14.8	29.8	566
Muslim	(12.0)	(50.4)	(30.5)	(13.8)	(29.6)	45
<b>Caste/tribe#</b>						
Scheduled caste	8.6	30.4	24.0	10.2	45.7	67
Scheduled tribe	(7.9)	(46.0)	(15.1)	(5.4)	(47.2)	43
Other backward class	0.3	39.8	28.7	22.1	27.6	258
Other	26.3	53.6	32.9	9.1	19.3	219
<b>Standard of living index</b>						
Medium	3.6	37.0	18.9	13.9	38.7	226
High	15.1	47.5	33.1	15.7	23.3	382
Total	11.2	44.0	27.2	14.7	29.2	625
Note: Total includes 21 women in 15-19 age group, 14 women in other religion and 17 women in low SLI were not shown separately #: Total figure may not add up to N due to do not know and missing cases. @ Literate women with no year of schooling are also included. () Based on less than 50 cases.						

Table 8.4 presents the knowledge of mode of transmission of RTI/STI among men. Among men who had heard of RTI/STI, 10 percent of them mentioned that they did not know anything about the mode of transmission of this disease. The percentage of men who did not know about the mode of transmission is higher among the men from rural areas, less educated men, and men from scheduled tribe. Among the men who knew the modes of transmission of

RTI/STI, 65 percent mentioned heterosexual intercourse, 30 percent reported lack of personnel hygiene, and only 13 percent mentioned homosexual intercourse, and six percent reported other modes of transmission.

<b>Table 8.4 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG MEN</b>						
Percentage of husbands of currently married women who have heard of RTI/STI, knowledge of mode of transmission by selected background characteristics, Daman & Diu, 2002-04						
Background characteristic	Percentage by knowledge of mode of transmission					Number of men who have heard of RTI/STI
	Homosexual intercourse	Heterosexual intercourse	Lack of personnel hygiene	Other	Do not know	
<b>Age</b>						
25-34	9.2	70.7	25.9	2.8	9.7	249
35-44	16.7	58.2	33.0	8.6	12.6	244
45+	16.8	74.7	35.8	10.2	4.3	54
<b>Residence</b>						
Rural	18.2	58.4	20.6	5.5	12.9	307
Urban	7.8	73.1	41.2	6.8	7.0	261
<b>Education</b>						
0-9@ years	15.3	58.7	20.5	7.6	14.9	254
10 years and above	12.5	70.4	38.3	4.6	6.1	297
<b>Religion</b>						
Hindu	13.7	64.2	29.0	6.1	10.5	509
Muslim	(4.5)	(79.5)	(43.2)	(0.0)	(11.4)	42
<b>Caste/tribe#</b>						
Scheduled caste	9.1	75.7	27.2	6.0	11.1	80
Scheduled tribe	48.9	25.3	3.7	0.2	24.1	71
Other backward class	3.8	67.1	44.9	10.1	8.6	164
Other	10.1	72.3	30.6	4.5	7.3	226
<b>Standard of living index</b>						
Low	(8.0)	(60.0)	(32.0)	(16.0)	(16.0)	47
Medium	17.8	66.4	23.3	5.3	4.9	215
High	11.2	68.9	37.1	6.9	8.6	306
Total	13.4	65.2	30.1	6.1	10.2	568
Note: Total includes 21 men of age below 25 and 17 men with non-literate and other religion were not shown separately.						
# Total figure may not add up to N due to do not know and missing cases.						
@ Literate men with no years of schooling are also included. ( ) Based on less than 50 unweighted cases.						

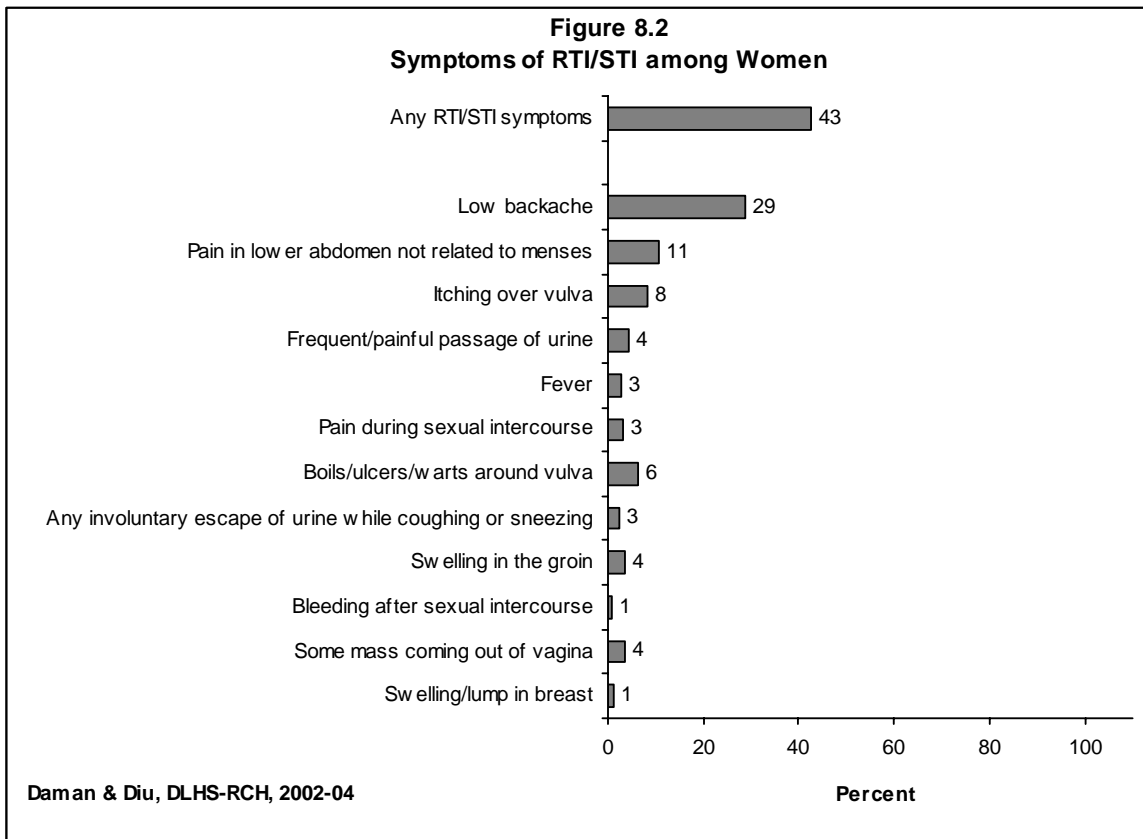
## 8.2 Prevalence of RTI/STI

In DLHS-RCH, information was collected on the common symptoms of reproductive tract infections and sexually transmitted infections from women and their husbands, and information on menstruation related problems in the three months immediately preceding the survey.

The prevalence of reproductive tract infections and sexually transmitted tract infections is judged by their symptoms. All the respondents were told about symptoms of RTI/STI, and were asked whether they had any of them. In case of the presence of at least one symptom, they were further asked whether they sought treatment for such problems, and if they had sought treatment, details regarding the source of treatment also recorded. The topic of RTI/STI is quite sensitive. The culture of silence prevents people from discussing such topics in front of others. In spite of intensive training of the investigators, the respondent might have hesitated in reporting the symptoms of RTI/STI. What gets reported in the survey though may not have given the exact prevalence, but may have given the lower limit for it.

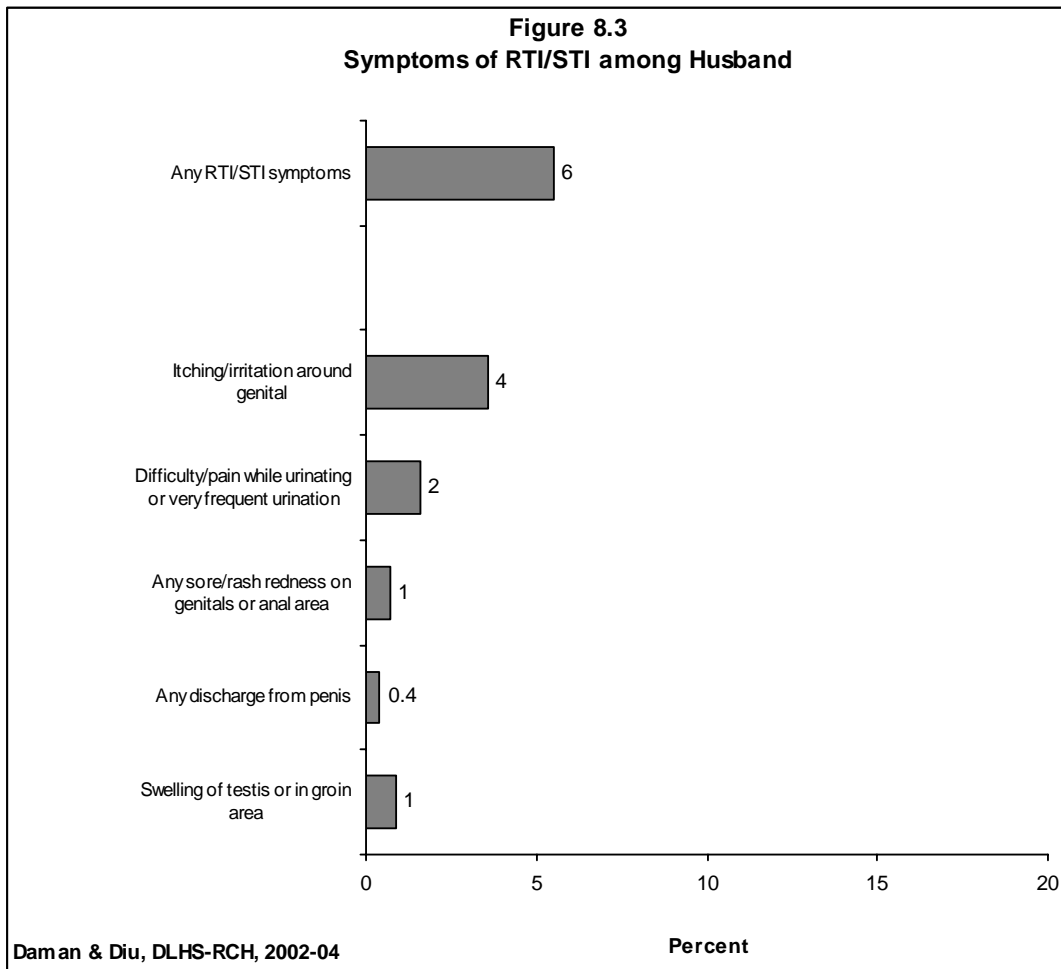
Table 8.5 and Figure 8.2 show that 43 percent of currently married women reported at least one reproductive health problem. This proportion is higher among the women from rural areas (47 percent) than urban women (36 percent).

Symptoms	Total	Residence	
		Rural	Urban
Percentage of women reported any RTI/STI symptoms	42.5	47.0	35.6
<b>Symptoms</b>			
Itching over vulva	8.1	8.8	6.9
Boils/ ulcers/ warts around vulva	6.4	6.4	6.4
Pain in lower abdomen not related to menses	10.7	10.9	10.5
Low backache	28.8	32.4	23.3
Pain during sexual intercourse	3.0	2.9	3.2
Bleeding after sexual intercourse	0.6	0.7	0.4
Swelling in the groin	3.7	4.1	3.1
Frequent / painful passage of urine	4.2	5.5	2.1
Fever	2.8	3.2	2.3
Some mass coming out of vagina	3.6	5.5	0.5
Any involuntary escape of urine while coughing or sneezing	2.5	3.1	1.7
Swelling / lump in breast	1.0	1.2	0.5
Number of women	1,539	935	604



The main problem reported by women was ‘low backache’ (29 percent), followed by ‘pain in lower abdomen’ (11 percent), ‘itching over vulva’ (8 percent), and ‘boils/ ulcers/ warts around vulva’, (6 percent). Other symptoms of reproductive health reported by three to four percent of the women were ‘swelling in the groin’, ‘frequent/painful passage of urine’ ‘some mass coming out of vagina’, ‘painful sexual intercourse’, ‘involuntary escape of urine while coughing or sneezing’, and ‘fever’. The prevalence of reproductive health problems is slightly more among the rural women than urban women.

Table 8.6 and Figure 8.3 show the prevalence of reproductive health problems among husbands of currently married women. The prevalence of RTI/STI among men was judged by the reporting of symptoms. Only six percent of men reported experiencing at least one symptom of reproductive health problem in the last three months preceding the survey. The prevalence of reproductive health problems is more among rural men (7 percent) than among urban men (2 percent). The specific problem of reproductive health experienced by men is ‘itching/irritation around genital’ (4 percent), ‘difficulty/pain while urinating or very frequent urination’ (2 percent), ‘sore/rash/redness on genitals or anal area’ and ‘swelling of testis or in groin area’ (1 percent each).



Among men who reported reproductive health problems, 29 percent of them sought treatment and it is more common in rural areas.

<b>Table 8.6 SYMPTOMS OF RTI/STI AMONG MEN</b>			
Percentage of husbands of currently married women who reported any symptoms RTI/STI and specific symptoms during three months prior to survey and sought treatment for RTI/STI by source of treatment, according to residence, Daman & Diu, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of men reported any RTI/STI symptoms	5.5	7.4	2.4
<b>Symptoms</b>			
Any discharge from penis	0.4	0.5	0.2
Any sore / rash / redness on genitals or anal area	0.7	0.8	0.5
Difficulty / pain while urinating or very frequent urination	1.6	2.6	0.0
Swelling of testis	0.9	1.4	0.2
Itching / irritation around genital	3.6	4.3	2.4
Number of men	1,059	649	410
Percentage of men sought treatment for any RTI/STI	29.3	35.4	0.0
Number of men <sup>1</sup>	58	48	10
Percentage sought treatment at health facility <sup>2</sup>	*	*	*
Government health facility <sup>3</sup>	*	*	*
Primary health centre	*	*	*
Private health facility <sup>4</sup>	*	*	*
ISM <sup>5</sup> facility	*	*	*
Chemist/medical shop	*	*	*
Other	*	*	*
Percentage obtained treatment from <sup>2</sup>			
Doctor	*	*	*
ISM practitioner	*	*	*
Chemist medical shop	*	*	*
Number of men	17	17	00

<sup>1</sup> Based on men with any symptoms of RTI/STI. <sup>2</sup> Percentage may add more than 100.0 due to multiple responses. <sup>3</sup> Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre. <sup>4</sup> Includes private hospital/ clinic, non-governmental / trust hospital/clinic. <sup>5</sup> Either government or private hospital/clinic of Indian system of medicine. ( ) Based on less than 50 cases. \* Percentage not shown based on very few cases.

The DLHS-RCH also collected information from currently married women on symptoms of RTIs, that is, on abnormal vaginal discharge, texture, colour and odour of discharge in the three months immediately preceding the survey. The prevalence of reproductive health problems among currently married women is estimated from women's experiences. Table 8.7 shows the asymptotic prevalence of vaginal discharge related problems among currently married women in the UT of Daman and Diu during the three months preceding the survey according to residence. Ten percent of the women reported problems related to vaginal discharge. The prevalence of vaginal discharge problem is slightly more among urban women (11 percent) than among rural women (9 percent).

Among the women who had reported symptoms of vaginal discharge, 39 percent went for treatments, little more from urban areas (42 percent) compared to their rural counterparts (37 percent). About 44 percent visited private health facilities and 35 percent went to a government health facility, including 14 percent to the Primary Health Centre. About nine percent visited ISM facility, three percent took home remedies and nine percent of the women visited other places for treatment. A much higher proportion (82 percent) of women in the UT of Daman and Diu obtained treatment from doctors for their problems. Eight

percent women were treated by ANM/Nurse/Midwife /LHV and three percent by other health professionals.

<b>Table 8.7 ABNORMAL VAGINAL DISCHARGE</b>			
Percentage of currently married women age 15-44 who reported had any abnormal vaginal discharge during three months prior to survey and percentage who sought treatment and source of treatment according to residence, Daman & Diu, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women reported abnormal vaginal discharge	9.9	9.3	10.8
Number of women	1539	935	604
Percentage of women sought treatment for vaginal discharge	39.1	37.2	41.6
Number of women <sup>1</sup>	153	87	65
<b>Percentage sought treatment at health facility<sup>2</sup></b>			
Government health facility <sup>3</sup>	34.8	(35.5)	(42.9)
Primary health centre	13.9	(16.1)	(25.0)
Private health facility <sup>4</sup>	44.3	(45.2)	(46.4)
ISM <sup>5</sup> facility	9.1	(9.7)	(3.6)
Home remedy	3.2	(0.0)	(3.6)
Other	8.6	(9.7)	(3.6)
<b>Percent distribution of women who obtained treatment from<sup>2</sup></b>			
Doctor	81.5	(80.6)	(89.3)
ANM/nurse/midwife/LHV	8.6	(12.9)	(3.6)
Other health professionals <sup>6</sup>	3.2	(0.0)	(3.6)
Other	6.6	(6.5)	(3.6)
Total percent	100.0	(100.0)	(100.0)
Number of women	60	33	27

<sup>1</sup> Based on women who reported having vaginal discharge. <sup>2</sup> Based on women who sought treatment for vaginal discharge. <sup>3</sup> Includes Government municipal hospital, dispensary, UHC/UHP/UWFC, CHC/rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. <sup>4</sup> Includes private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. <sup>5</sup> Either government or private hospital/clinic of Indian system of medicine. <sup>6</sup> Includes dai (trained or untrained), relative or friends and chemist/ medical shop. ( ) Based on less than 50 unweighted cases..

### 8.3 Menstruation Related Problems

Table 8.8 shows the percentage of women who had menstruation problems and who sought treatment during the three months preceding the survey. The Table shows that 11 percent women in Daman and Diu had menstruation problems, and the figures are almost equal in both rural and urban areas.

Among the women who had reported menstrual problems in Daman and Diu, majority (50 percent) of them mentioned painful periods, followed by delayed period (17 percent) and scanty bleeding (13 percent). The magnitude of scanty bleeding is reported more by the women of rural areas whereas, and delayed periods are the more prevalent menstrual problems in urban areas of Daman and Diu. Among the women who had menstrual problems, 39 percent sought treatment in the UT, and the figures for urban and rural areas are 43 percent and 37 percent respectively. The private health facility is the major source of



treatment for menstrual problems. More than half (56 percent) of the women sought treatment at a private facility and 34 percent sought treatment at government health facility. Eight percent of the women were treated at an ISM facility. Most (88 percent) of the women went to a doctor for treatment.

<b>Table 8.8 MENSTRUATION RELATED PROBLEMS</b>			
Percentage of currently married women age 15-44 who had any menstruation related problem during three months prior to survey and percentage who sought treatment and source of treatment according to residence, Daman & Diu, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women with any menstruation related problem	11.0	10.9	11.3
Number of women	1282	761	521
Symptoms <sup>1</sup>			
No period	9.0	13.3	3.0
Painful period	50.4	49.9	51.2
Frequent or short period	4.9	5.2	4.4
Delayed period	17.4	14.9	21.0
Prolonged bleeding	9.5	8.1	11.6
Excessive bleeding	9.3	9.3	9.3
Continuous bleeding	5.5	8.0	2.0
Scanty bleeding	13.0	16.8	7.7
Inter-menstrual bleeding	5.3	3.3	8.2
Percentage of women sought treatment who had any menstruation related problems	39.3	36.6	43.1
Number of women <sup>1</sup>	141	83	59
Percentage sought treatment at health facility <sup>6</sup>			
Government health facility <sup>2</sup>	34.4	(25.7)	(37.5)
Primary health centre	6.4	(8.6)	(16.7)
Sub centre	2.2	(2.9)	(0.0)
Private health facility <sup>3</sup>	55.6	(62.9)	(58.3)
ISM <sup>4</sup> facility	8.2	(8.6)	(4.2)
Other	1.8	(2.9)	(0.0)
Percentage of women obtained treatment from <sup>6</sup>			
Doctor	87.9	(82.9)	(87.5)
ANM/nurse/midwife/LHV	8.7	(14.3)	(4.2)
Other	3.4	(2.9)	(8.3)
Number of women	56	30	25
<sup>1</sup> Based on women who reported any menstruated related problems. <sup>2</sup> Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. <sup>3</sup> Includes private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. <sup>4</sup> Either government or private hospital/clinic of Indian system of medicine, <sup>5</sup> Includes <i>dai</i> (trained or untrained), relative or friends and chemist/ medical shop. <sup>6</sup> Multiple responses. ( ) Based on less than 50 unweighted cases.			

#### 8.4 Prevalence of RTIs/STIs by District

Table 8.9 presents the prevalence of RTIs/STIs among currently married women and their husbands by districts. The reported symptom of RTIs/STIs among the women is much higher in Daman district, (51 percent) as compared to Diu district (23 percent). The problems related to abnormal vaginal discharge is found to be more among the women from Diu district (12 percent) than the women of Daman district (9 percent).

<b>Table 8.9 REPRODUCTIVE HEALTH CARE INDICATORS BY DISTRICT</b>					
Percentage of currently married women and their husbands who reported reproductive health problems and percentage who sought treatment for the problems by district, Daman & Diu, 2002-04					
District	Percentage of women			Percentage of men	
	With any symptoms of RTI/STI	Reported any abnormal vaginal discharge	Sought treatment for abnormal vaginal discharge	With any symptoms of RTI/STI	Sought treatment for RTI/STI problems
Daman	50.5	9.0	41.3	6.1	15.8
Diu	22.8	12.2	34.6	3.8	(43.0)
Daman & Diu	42.5	9.9	39.1	5.5	29.3

Note: () Based on less number of cases.

In comparison with women, fewer men from both the districts of UT reported symptoms of RTIs/STIs. However, comparatively men from Daman district (6 percent) reported more symptoms of RTIs/STIs than the men from Diu (4 percent).

The percentage of women who have sought treatment for RTIs (abnormal vaginal discharge) is more in Daman, where 41 percent of women went for the treatment for their problem as compared to 35 percent in Diu district. However the proportion of men who sought treatment, is much higher in Diu (43 percent) as compared to Daman (16 percent). This interpretation should be read with caution due to small number of cases in Diu.

## 8.5 HIV/AIDS

Acquired Immune Deficiency Syndrome (AIDS) is an illness caused by the Human Immune Virus (HIV), which weakens the immune system and leads to death through secondary infection such as tuberculosis or pneumonia. The virus is generally transmitted through sexual contact, through the placenta of HIV-infected women to their children, or through contact with contaminated needle (injections) or blood. Prevalence of HIV and AIDS has been on the rise for more than a decade in India and has reached alarming proportions in recent years. To prevent HIV transmission, the government has been making various efforts.

DLHS-RCH has collected information on the general state of awareness of HIV/AIDS, its transmission, its prevention and common misconceptions about HIV/AIDS. All the currently married women in the age group 15-44, and their husbands were first asked if they had ever heard of an illness called HIV/AIDS. Respondents who had heard of HIV/AIDS were further asked about their source of information, mode of transmission, and correct knowledge of HIV/AIDS transfusion.

### 8.5.1 Knowledge of HIV/AIDS

Table 8.10 shows the percentage of women who had heard about HIV/AIDS by some selected background characteristics. More than half (58 percent) of currently married women in the UT of Daman and Diu have heard of HIV/AIDS, which is little higher than RCH Round-I. In Round-I, 51 percent of currently married women were aware of HIV/AIDS.

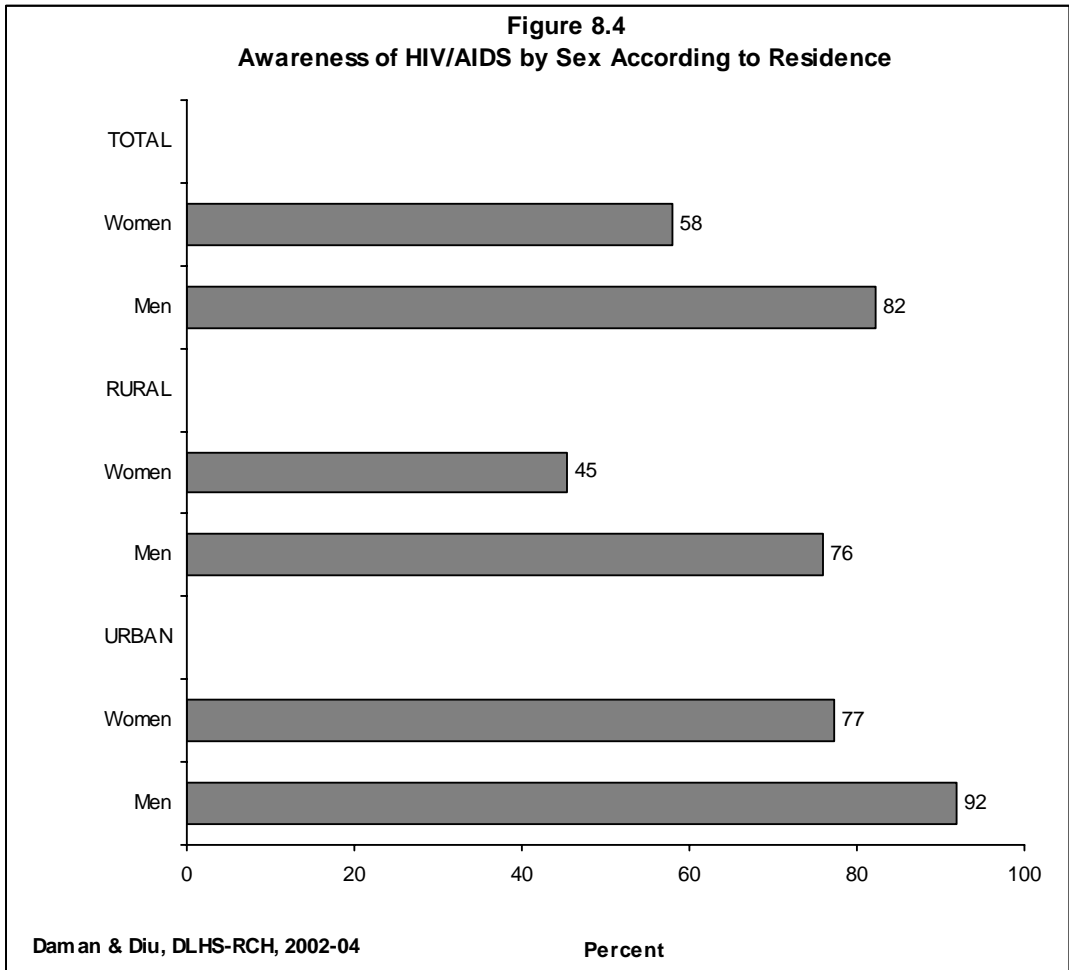
Knowledge of HIV/AIDS is much lower among the rural women, non-literate women, women from scheduled tribes, and women from households with a low standard of living. Seventy-seven percent of urban women had heard about HIV/AIDS compared to only 45 percent of rural women. Knowledge of HIV/AIDS steadily increased with increase in educational level and household standard of living. Only 27 percent of non-literate women had heard of HIV/AIDS against as high as 86 percent of women who had completed 10 or more years of schooling. Similarly 23 percent of the women with a low standard of living had heard of HIV/AIDS against 74 percent of women with a high standard of living. Only in the age group of 35-39, more than 60 percent of the women have knowledge of HIV/AIDS. Women from other caste category were more knowledgeable about HIV/AIDS (65 percent) than women belonging to other backward classes (59 percent), scheduled-caste (57 percent) and scheduled tribe women (39 percent).

The government has been using mass media, such as television, radio, and newspaper extensively to increase awareness among the general public about HIV/AIDS and its prevention. Table 8.10 shows the percentage of currently married women who were aware of HIV/AIDS from different sources. The most prominent source of information about HIV/AIDS is television. About 65 percent of women reported that television was their source of information about HIV/AIDS, followed by relatives or friends (35 percent), newspapers, books or magazines (33 percent), slogans or pamphlets/posters or wall hoardings (24 percent) and radio (14 percent). Only one-fifth of the women reported that a health worker had informed them about HIV/AIDS and 10 percent of them had received information of HIV/AIDS from a doctor. A comparatively high proportion of rural women received information about HIV/AIDS from the doctor, health worker, and slogans or pamphlets/posters or wall hoardings.

Table 8.11 shows the percentage of husbands of currently married women who had heard about HIV/AIDS. In Daman and Diu, the proportion of men who had heard about HIV/AIDS is much higher than that of women. About 82 percent of the men had heard of HIV/AIDS as compared to 58 percent of women (Figure 8.4).

About ninety-two percent of urban men had heard about HIV/AIDS as compared to only 76 percent of rural men. Knowledge of HIV/AIDS varies by men's age, and it is highest for the age group, 25-34 years (86 percent). Awareness of HIV/AIDS is much lower among non-literate men, men from scheduled tribes, and men who belong to households with a low standard of living. A more or less similar trend is observed in the case of women. About 46 percent of non-literate men had heard of HIV/AIDS, and it increased up to 79 percent for literate men and up to 96 percent of men who had completed 10 or more years of schooling. Similarly, it is positively associated with standard of living.

Table 8.11 also shows the percentage of husbands of currently married women who were aware of HIV/AIDS by different sources. As reported by the men of Daman and Diu, the most prominent source of information of HIV/AIDS was television (60 percent) followed by 'newspapers', 'relatives or friends', 'slogans or pamphlets, posters or wall hoardings', and 'books or magazines' (42-43 percent). Radio as a source of information of HIV/AIDS was reported only by six percent of the men. Eleven percent of men reported that a health worker had informed them about HIV/AIDS and only nine percent men had received information of HIV/AIDS from a doctor.



Six percent reported that they were informed through community meetings and three percent received such information from a school teacher. The information on awareness of HIV/AIDS through mass media, such as television and newspapers, and books or magazines, was received more by urban men, with at least 10 years of schooling, 'other castes' category, and men from households with a high standard of living. On the other hand, relatively higher proportion of rural men, younger men below age 25, less educated men, and men from households with a low standard of living received information from some other sources.

**Table 8.10 SOURCE OF KNOWLEDGE ABOUT HIV/AIDS AMONG WOMEN**

Percentage of currently married women age 15 - 44 who have heard about HIV/AIDS and among women who have heard about HIV/AIDS, percentage who received information from specific sources by selected background characteristics, Daman & Diu, 2002-04.

Background characteristic	Percentage who have heard about HIV/AIDS	Number of Women	Among those who have heard about HIV/AIDS, percentage who received information from.										Number of women who have heard about HIV/AIDS	
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others		
<b>Age group (years)</b>														
15-19	52.0	87	(12.8)	(74.4)	(30.4)	(17.9)	(7.7)	(17.9)	(20.5)	(2.6)	(17.9)	(0.0)	45	
20-24	55.9	325	13.4	69.7	35.5	30.5	9.3	23.2	6.8	4.5	31.9	1.7	182	
25-29	59.7	368	16.2	65.4	35.8	28.7	7.9	19.2	3.4	9.8	34.8	2.9	220	
30-34	65.1	320	12.5	67.3	34.4	22.3	6.0	23.1	3.3	8.6	32.0	4.0	209	
35-39	57.2	233	11.0	60.6	29.7	20.1	11.8	15.6	2.6	6.0	42.2	6.7	133	
40-44	49.9	206	14.2	51.2	27.8	11.8	18.9	18.3	4.6	13.0	43.2	4.6	103	
<b>Residence</b>														
Rural	45.4	935	15.2	60.8	29.0	25.0	10.7	24.3	5.1	6.7	30.2	3.2	424	
Urban	77.3	604	12.1	67.9	36.7	22.5	8.7	16.2	5.5	9.4	38.6	3.8	467	
<b>Education</b>														
Non-literate	26.6	412	5.3	36.4	3.2	1.4	3.9	18.5	0.0	3.3	58.4	1.2	110	
0-9@ years	59.4	706	10.6	58.3	24.6	20.3	7.5	23.1	1.4	9.4	40.1	4.1	419	
10 and above	86.1	422	19.5	80.1	51.8	34.3	13.8	17.0	11.5	8.0	21.1	3.6	363	
<b>Religion</b>														
Hindu	56.9	1391	12.4	62.6	32.2	23.3	8.6	21.5	4.4	6.6	35.8	3.7	791	
Muslim	59.9	111	18.8	73.1	27.4	21.8	7.4	4.1	10.8	25.1	28.8	1.6	67	
Other	91.7	37	(24.0)	(92.0)	(60.0)	(32.0)	(28.0)	(20.0)	(12.0)	(8.0)	(24.0)	(4.0)	34	
<b>Caste/tribe#</b>														
Scheduled caste	57.1	197	25.3	72.1	35.1	23.8	9.5	29.3	3.8	11.6	28.2	7.4	113	
Scheduled tribe	38.5	191	10.8	55.7	14.2	33.5	16.4	37.9	8.0	4.9	29.1	0.0	74	
Other backward class	59.2	522	6.3	50.7	22.9	17.1	2.5	21.8	2.6	7.9	51.9	4.9	309	
Other	65.4	544	17.2	76.4	45.4	27.0	14.3	12.2	7.6	8.5	23.5	1.5	356	
<b>Standard of living index</b>														
Low	23.3	181	(10.7)	(50.0)	(14.3)	(17.9)	(3.6)	(17.9)	(3.6)	(3.6)	(50.0)	(0.0)	42	
Medium	49.3	638	12.9	52.5	17.3	17.7	6.6	25.4	3.0	8.1	35.4	4.0	315	
High	74.3	719	13.4	72.5	43.6	27.5	11.6	16.4	7.0	8.5	33.1	3.5	535	
<b>Total</b>	<b>57.9</b>	<b>1,539</b>	<b>13.6</b>	<b>64.5</b>	<b>33.1</b>	<b>23.7</b>	<b>9.6</b>	<b>20.0</b>	<b>5.3</b>	<b>8.1</b>	<b>34.6</b>	<b>3.5</b>	<b>891</b>	

Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate women with no year of schooling are also included. ( ) Based on less than 50 unweighted cases.

**Table 8.11 SOURCE OF KNOWLEDGE ABOUT HIV/AIDS AMONG MEN**

Percentage of husband of currently married women who have heard about RTI/STI and among men who have heard about RTI/STI, percentage who received information from specific sources by selected background characteristics, Daman & Diu, 2002-04.

Background Characteristic	Percentage who have heard about HIV/AIDS	Number of men	Among those who have heard about HIV/AIDS, percentage who received information from.										Number of men who have heard about HIV/AIDS
			Radio	Television	Newspaper/ Books/ Magazines	Slogan/ Pamphlets/ Posters/ Wall Hoardings	Doctor	Health worker	School teacher	Community Meeting	Relative/ Friends	Others	



## 8.5.2 Knowledge of Mode of Transmission about HIV/AIDS

Women who were aware of HIV/AIDS were asked about the mode of transmission and this is presented in Table 8.12. Among women who reported awareness of HIV/AIDS, 21 percent of them did not know about the mode of transmission. This proportion is relatively higher among rural women, non-literate and less educated women, women from Hindu religion and scheduled tribe, and women with a low and medium standard of living. About 27 percent of the rural women do not know about the mode of transmission of HIV/AIDS compared to 15 percent of urban women.

Background characteristic	Percentage by knowledge of mode of transmission						Do not know	Number of women who have heard of HIV/AIDS
	Homo sexual intercourse	Hetero sexual intercourse	Needles/ blade/ skin puncture	Mother to child	Transfusion of infected blood	Other		
<b>Age</b>								
15-19	(15.4)	(71.8)	(28.2)	(23.1)	(30.8)	(5.1)	(20.5)	45
20-24	10.1	68.0	35.9	15.1	28.5	3.0	26.6	182
25-29	14.8	77.8	38.7	17.3	26.9	5.0	16.6	220
30-34	9.3	75.3	38.5	14.0	36.7	2.3	17.0	209
35-39	3.9	75.6	37.6	17.5	28.5	1.3	21.2	133
40-44	13.5	65.5	35.1	17.3	30.6	3.6	26.1	103
<b>Residence</b>								
Rural	11.4	67.0	25.6	14.3	21.8	2.8	26.5	424
Urban	10.9	78.8	46.7	18.3	37.8	3.9	15.2	467
<b>Education</b>								
Non-literate	6.7	66.1	15.6	2.6	11.3	3.9	26.8	110
0-9@ years	9.0	68.5	28.8	9.4	25.3	3.4	26.5	419
10 years and above	15.0	80.7	52.2	28.7	41.4	3.3	11.9	363
<b>Religion</b>								
Hindu	9.5	72.0	35.4	16.3	29.9	3.6	21.7	791
Muslim	21.2	89.8	43.7	14.6	29.2	0.0	10.2	67
Other	(24.0)	(72.0)	(56.0)	(28.0)	(40.0)	(4.0)	(16.0)	34
<b>Caste/tribe#</b>								
Scheduled caste	11.7	61.2	26.8	18.9	30.9	7.5	31.4	113
Scheduled tribe	8.2	65.5	29.6	18.2	27.0	8.3	24.0	70
Other backward class	3.0	80.2	35.3	9.6	29.1	2.3	17.1	349
Other	18.2	73.5	43.6	21.5	32.4	2.1	19.3	356
<b>Standard of living index</b>								
Low	(10.7)	(64.3)	(14.3)	(21.4)	(17.9)	(3.6)	(28.6)	42
Medium	5.4	66.6	22.7	7.4	19.6	4.0	26.4	315
High	14.1	79.3	46.7	21.4	37.3	2.6	14.9	535
Total	11.2	73.2	36.7	16.4	30.2	3.4	20.6	891

Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate women with no year of schooling are also included. ( ) Based on less than 50 unweighted cases.

Among women who reported different ways of transmission of HIV/AIDS, a large proportion (73 percent) mentioned heterosexual intercourse as a mode of transmission. All the socio-economic groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by women were transmission through needle or blade or skin puncture (37 percent), transfusion of infected blood (32 percent), mother to child, if pregnancy occurs during a stage of HIV (16 percent); only 11 percent of

the women mentioned that homosexual intercourse could also be a mode of transmission. Three percent stated that there were other ways of transmission of HIV/AIDS.

Table 8.13 presents the knowledge about mode of transmission of HIV/AIDS among men. About 14 percent of the men who had heard about HIV/AIDS mentioned that they do not know the mode of transmission. The percentage of men not knowing the mode of transmission is higher among younger men, rural men, less educated men, and men from households with a low standard of living. Among those men who reported ways of transmission of HIV/AIDS, 83 percent of them mentioned heterosexual intercourse as a mode of transmission. All the groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by men are transmission through needle or blade or skin puncture (33 percent) and transfusion of infected blood (32 percent). Only seven percent of men mentioned that mother to child, if pregnancy occurs during a stage of HIV and three percent said homosexual intercourse could be a mode of transmission of HIV/AIDS. Two percent also stated that there were other ways of transmission of HIV/AIDS.

<b>Table 8.13 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDS AMONG MEN</b>								
Percentage of husbands of currently married women who have heard of HIV/AIDS , knowledge of mode of transmission by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Percentage by knowledge of mode of transmission						Do not know	Number of men who have heard of HIV/AIDS
	Homo-sexual intercourse	Hetero-sexual intercourse	Needles/ blade/ skin puncture	Mother to child	Transfusion of infected blood	Other		
<b>Age</b>								
<25	3.2	78.7	9.6	4.6	3.9	0.9	18.1	51
25-34	4.9	83.2	34.5	9.0	31.9	1.4	14.1	376
35-44	1.4	82.0	32.0	4.9	32.4	1.8	15.1	354
45+	5.3	84.0	47.8	7.1	47.7	2.4	9.5	90
<b>Residence</b>								
Rural	3.0	76.5	22.9	4.6	21.9	1.2	19.5	494
Urban	3.9	90.4	47.2	9.8	45.4	2.1	7.4	377
<b>Education</b>								
Non-literate	(1.3)	(81.0)	(7.6)	(1.3)	(6.3)	(1.3)	(16.5)	43
0-9@ years	3.4	77.3	18.8	6.1	21.6	1.1	19.8	449
10 years and above	3.4	90.2	54.0	8.5	47.2	2.4	6.6	378
<b>Religion</b>								
Hindu	3.3	82.2	31.0	6.6	31.3	1.2	14.6	780
Muslim	1.9	89.6	58.3	1.5	41.6	3.1	7.5	65
Other	(11.8)	(82.4)	(58.8)	(23.5)	(41.2)	(5.9)	(11.8)	26
<b>Caste/tribe#</b>								
Scheduled caste	1.9	86.5	28.5	11.5	22.2	1.7	9.1	128
Scheduled tribe	7.7	49.4	19.8	1.7	8.5	0.9	42.9	108
Other backward class	1.0	91.9	39.3	6.3	38.8	0.9	6.1	251
Other	4.6	84.2	37.8	6.8	39.2	2.4	13.3	347
<b>Standard of living index</b>								
Low	0.9	59.2	9.1	0.9	1.2	0.4	39.9	89
Medium	2.9	78.6	19.6	6.6	20.5	0.8	16.9	358
High	4.4	90.7	50.1	8.4	48.4	2.5	6.7	424
Total	3.4	82.5	33.4	6.9	32.1	1.6	14.3	871
Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate men with no year of schooling are also included. () Based on less than 50 cases.								



### 8.5.3 How to avoid HIV/AIDS

All the respondents, male and female, were asked about how to prevent HIV/AIDS. The percentage of women who said that HIV/AIDS could be avoided by various ways has been presented in Table 8.14 by some selected background characteristics.

Among women who reported about awareness of HIV/AIDS, about one-fourth of them did not know how to avoid becoming infected by HIV/AIDS. This percentage is more among rural women than among urban women. The percentage of women who did not know of any way to avoid infection decreases with increasing levels of education and household standard of living. The percentage of women who did not know ways to avoid infection is also high among Hindu women and scheduled-tribe women.

<b>Table 8.14 KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG WOMEN</b>								
Among currently married women age 15-44 who have heard about HIV/AIDS, the percentage of women reported HIV/AIDS can be avoided in specific ways by selected background characteristics, Daman & Diu, 2002-04								
Background Characteristic	Percentage reported HIV/AIDS can be avoided by:							Number of women
	Sex With Only one partner	Using condoms correctly during each sexual intercourse	Checking blood prior to transfusion	Sterilizing needles and syringes for injection	Avoiding pregnancy when having HIV/AIDS	Other	Do not know To avoid HIV/AIDS	
<b>Age</b>								
15-19	(66.7)	(15.4)	(25.6)	(15.4)	(5.1)	(10.3)	(28.2)	45
20-24	63.5	17.5	31.1	30.5	5.0	3.3	35.6	182
25-29	72.3	25.0	36.9	21.2	4.0	8.1	18.9	220
30-34	67.0	24.5	35.4	23.0	4.5	3.2	22.0	209
35-39	67.1	23.8	35.6	30.3	6.3	8.2	23.2	133
40-44	65.1	28.7	41.8	23.9	3.1	5.3	28.8	103
<b>Residence</b>								
Rural	59.7	16.6	21.2	13.9	2.5	6.0	32.4	424
Urban	73.8	29.3	47.0	34.3	6.4	5.4	19.4	467
<b>Education</b>								
Non-literate	67.0	2.9	15.2	12.2	1.4	3.4	28.3	110
0-9@ years	63.2	15.1	25.7	19.1	3.0	5.2	30.4	419
10 years and above	71.7	38.8	51.0	34.7	7.3	7.0	19.1	363
<b>Religion</b>								
Hindu	65.5	22.4	32.4	24.5	4.4	6.0	26.7	791
Muslim	85.1	27.2	51.2	24.7	6.1	3.9	12.6	67
Other	(68.0)	(36.0)	(56.0)	(32.0)	(8.0)	(4.0)	(24.0)	34
<b>Caste/tribe#</b>								
Scheduled caste	55.7	16.5	29.4	19.1	5.5	8.6	33.0	113
Scheduled tribe	46.2	22.4	13.4	9.5	0.0	8.0	38.2	74
Other backward class	73.8	16.9	30.8	28.0	3.3	5.3	21.7	309
Other	69.8	32.5	44.2	26.0	5.6	4.4	23.8	356
<b>Standard of living index</b>								
Low	(57.1)	(7.1)	(21.4)	(14.3)	(7.1)	(10.7)	(32.1)	42
Medium	59.5	12.6	18.8	14.7	2.6	6.5	34.1	315
High	74.2	30.3	45.7	31.7	5.7	5.1	18.6	535
Total	67.1	23.2	34.7	24.6	4.6	5.7	25.5	891

Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate women with no year of schooling are also included. ( ) : Based on less than 50 cases.

Among women who mentioned ways to avoid HIV/AIDS, a much higher proportion of women (67 percent) said that “sex with only one partner is the way to avoid it”. Other ways to prevent HIV/AIDS mentioned by women were ‘checking blood prior to transfusion’ (35 percent), ‘sterilizing needles and syringe before injecting’ (25 percent), ‘using a condom correctly during each sexual intercourse’ (23 percent), and five percent of the women reported that the pregnancy should be avoided if couples were infected by HIV/AIDS. All the specific ways to avoid becoming infected by HIV/AIDS reported by women are proportionally higher in urban areas, among the Muslim women, women with a high level of education and women with a high standard of living.

Table 8.15 shows the percentage of men who reported that HIV/AIDS could be avoided by some selected background characteristics. Among men who are aware of HIV/AIDS, 18 percent of them did not know of any method to avoid infection, compared to 26 percent women in the UT of Daman and Diu.

<b>Table 8.15 KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG MEN</b>								
Among husbands of currently married women who have heard about HIV/AIDS, the percentage of men reported HIV/AIDS can be avoided in specific ways by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Percentage reported HIV/AIDS can be avoided by:							Number of men
	Sex with only one partner	Using condoms correctly during each sexual intercourse	Checking blood prior to transfusion	Sterilizing needles and syringes for injection	Avoiding pregnancy when having HIV/AIDS	Other	Do not know to avoid HIV/AIDS	
<b>Age</b>								
<25	42.9	30.1	6.9	4.2	0.0	19.3	16.9	51
25-34	59.3	47.7	32.8	29.7	1.0	4.4	17.2	376
35-44	60.4	42.5	26.9	26.1	0.9	10.3	17.8	354
45+	63.1	46.1	37.9	42.0	4.2	5.7	23.0	90
<b>Residence</b>								
Rural	48.7	38.3	20.2	17.1	0.2	7.9	25.1	494
Urban	72.9	52.4	41.5	42.3	2.7	7.7	8.7	377
<b>Education</b>								
Non-literate	(62.0)	(20.3)	(3.8)	(6.3)	(0.0)	(20.3)	(20.3)	43
0-9@ years	52.1	37.4	20.1	16.8	0.0	5.5	26.3	449
10 years and above	68.2	55.7	43.6	44.1	2.8	9.7	7.1	378
<b>Religion</b>								
Hindu	56.7	42.9	28.7	25.7	1.2	7.7	19.1	780
Muslim	73.0	58.5	39.3	50.5	0.3	4.6	10.9	65
Other	(94.1)	(58.8)	(41.2)	(47.1)	(5.9)	(11.8)	(5.9)	26
<b>Caste/tribe#</b>								
Scheduled caste	37.4	37.8	26.7	23.1	0.0	13.6	28.0	128
Scheduled tribe	28.8	36.3	8.6	7.0	0.0	2.7	45.0	108
Other backward class	67.5	49.4	33.1	33.1	1.6	7.8	9.1	251
Other	68.9	45.7	35.2	35.1	1.9	7.3	13.1	347
<b>Standard of living index</b>								
Low	30.4	18.9	1.2	7.7	0.0	10.8	48.7	89
Medium	51.0	39.0	20.0	14.9	0.3	7.9	23.2	358
High	72.1	54.3	43.3	43.4	2.3	7.1	7.2	424
Total	59.2	44.4	29.4	28.0	1.2	7.8	18.0	871

Note: # Total figure may not add up to N due to do not know and missing cases.  
 @ Literate men with no year of schooling are also included. ( ) Based on less than 50 unweighted cases.

In Daman and Diu a much higher proportion of women reported that ‘sex with only one partner’ is the way to avoid HIV/AIDS, a majority of men (59 percent) also reported the same, and this was the most commonly reported way to avoid HIV/AIDS in all the groups.

Other ways to prevent HIV/AIDS mentioned by men are ‘using a condom correctly during each sexual intercourse’ (44 percent), ‘checking blood prior to transfusion’ (29 percent), and ‘sterilizing needles and syringe before injecting’ (28 percent). All the specific ways to avoid becoming infected by HIV/AIDS reported by men are proportionally higher in urban areas, among men who belong to ‘other caste’ category, men with a high level of education and men with a high standard of living.

#### 8.5.4 Misconception about HIV/AIDS

People generally have misconceptions about the ways of transmission of HIV/AIDS, such as ‘shaking hands with a person having AIDS’, hugging and kissing with them, sharing their clothes or sharing eating utensils, stepping on urine/stool, through insect bites, for example, being bitten by mosquitoes, fleas and bedbugs. All these questions were asked to the respondents who had heard of HIV/AIDS.

<b>Table 8.16 MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG WOMEN</b>								
Among currently married women age 15-44 who have heard about HIV/AIDS, the percentage of women having misconception about the transmission of HIV/AIDS by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Percentage having misconception about the transmission of HIV/AIDS							Number of women
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito, flea, or bedbugs biting	
<b>Residence</b>								
Rural	12.9	15.6	22.7	22.1	23.4	17.0	19.5	424
Urban	8.4	9.9	19.2	14.5	14.0	16.3	19.4	467
<b>Education</b>								
Non-literate	22.0	18.0	24.2	24.6	23.0	19.3	20.4	110
0-9@ years	11.1	14.4	21.8	19.8	21.4	18.9	23.2	419
10 years and above	6.4	8.9	18.8	14.2	13.7	13.3	14.8	363
<b>Religion</b>								
Hindu	11.0	13.2	21.6	19.0	19.0	17.4	19.7	791
Muslim	10.6	12.3	17.5	12.6	14.9	13.7	16.7	67
Other	(0.0)	(0.0)	(12.0)	(8.0)	(12.0)	(4.0)	(16.0)	34
<b>Caste/tribe#</b>								
Scheduled caste	3.0	10.4	18.5	14.8	20.2	18.1	19.6	113
Scheduled tribe	15.8	17.6	20.0	32.5	35.4	21.8	28.4	74
Other backward class	15.8	17.5	25.1	21.9	22.0	21.0	24.1	309
Other	6.7	7.4	16.6	12.2	10.6	10.6	12.0	356
<b>Standard of living index</b>								
Low	(21.4)	(25.0)	(25.0)	(35.7)	(28.6)	(28.6)	(25.0)	42
Medium	13.0	17.6	24.0	21.1	25.6	18.0	22.6	315
High	7.8	9.1	19.0	14.3	13.0	14.5	16.7	535
Total	10.5	12.6	20.9	18.1	18.5	16.7	19.4	891

Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate women with no year of schooling are also included. () Based on less than 50 unweighted cases.

Table 8.16 shows the percentage of women with misconceptions about spreading HIV/AIDS through specific ways by selected background characteristics. Kissing is the commonly reported way of getting HIV/AIDS infection by women, and this percentage is

little more in the rural areas (23 percent) than in urban areas (19 percent). Other misconceptions about the spreading of HIV/AIDS were ‘mosquito, flea, or bedbugs biting’ (19 percent), ‘sharing clothes’ (18 percent), ‘stepping on urine/stool’ (17 percent), ‘hugging’ (13 percent), and ‘shaking hands’ (11 percent). The percentage of all these misconceptions is higher among rural women, non-literate women, Hindu women and women with a low standard of living.

Table 8.17 presents the percentage of men with misconceptions about the spreading of HIV/AIDS through specific ways by selected background characteristics. The men in almost all the categories reported that HIV/AIDS is transmitted through kissing and insect bites, mosquitoes, flea or bedbugs. The percentage who reported that HIV/AIDS could be transmitted through kissing was more among rural men (40 percent) than among urban men (36 percent). Other misconceptions about the spread of HIV/AIDS are ‘sharing eating utensils’ (29 percent), ‘sharing clothes’ (27 percent), ‘stepping on urine/stool’ (22 percent), ‘hugging’ (15 percent), and ‘shaking hands’ (12 percent). All the misconceptions reported by men are relatively higher than those reported by women. The percentage of all these misconceptions is also higher among men who belong to scheduled-tribe, non-literate men and men with a medium standard of living.

<b>Table 8.17 MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG MEN</b>								
Among husbands currently married women who have heard about HIV/AIDS, the percentage of men having misconception about the transmission of HIV/AIDS by selected background characteristics, Daman & Diu, 2002-04								
Background characteristic	Percentage having misconception about the transmission of HIV/AIDS							Number of men
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito, flea, or bedbugs biting	
<b>Residence</b>								
Rural	13.4	18.0	39.7	30.5	31.1	21.7	32.5	494
Urban	9.5	11.4	35.6	23.0	26.3	21.7	35.0	377
<b>Education</b>								
Non-literate	(29.1)	(31.6)	(48.8)	(40.5)	(45.6)	(32.9)	(46.8)	43
0-9@ years	14.6	18.8	40.0	30.7	34.4	24.4	35.0	449
10 years and above	6.2	8.7	33.3	21.6	20.5	17.3	30.9	378
<b>Religion</b>								
Hindu	11.3	15.2	38.6	27.1	29.0	21.3	33.0	780
Muslim	14.1	10.6	28.2	27.8	25.6	22.9	41.5	65
Other	(11.8)	(17.6)	(35.3)	(17.6)	(23.5)	(17.6)	(23.5)	26
<b>Caste/tribe#</b>								
Scheduled caste	15.3	13.2	32.6	23.2	29.2	28.2	28.4	128
Scheduled tribe	14.8	28.5	47.3	45.3	41.7	25.4	30.5	108
Other backward class	14.2	16.3	44.4	31.1	33.4	25.2	40.5	251
Other	6.6	10.2	31.0	19.5	19.4	16.1	30.5	347
<b>Standard of living index</b>								
Low	21.6	21.7	34.5	20.8	19.5	16.5	22.2	89
Medium	15.1	21.0	46.0	33.6	37.1	25.7	41.3	358
High	6.7	8.7	31.8	23.2	24.2	19.4	29.4	424
Total	11.7	15.1	37.9	27.2	29.0	21.7	33.6	871

Note: # Total figure may not add up to N due to do not know and missing cases.

@ Literate men with no year of schooling are also included. ( ) Based on less than 50 unweighted cases.

### 8.5.5 Knowledge of Curability of HIV/AIDS

Table 8.18 shows the percentage distribution of currently married women and their husbands who have heard about HIV/AIDS by knowledge of curability of the same, according to some selected background characteristics. About 23 percent women and 26 percent men have the notion that HIV/AIDS is curable, whereas 49 percent women and 55 percent men replied that the disease is not curable. Twenty-eight percent women and 19 percent men do not have any idea regarding the curability of the disease. It can be safely asserted from the figures that higher proportion of men and women from urban areas, having high level of education, and from households of high standard of living have correct knowledge about the curability of HIV/AIDS.

Background characteristic	Percent distribution of women			Number of women	Percent distribution of men			Number of Men
	Yes	No	Do not know		Yes	No	Do not know	
<b>Residence</b>								
Rural	24.8	38.1	37.1	424	25.3	53.1	21.7	494
Urban	21.9	57.9	20.1	467	26.4	58.0	15.6	377
<b>Education</b>								
Non-literate	30.5	31.2	38.3	110	(21.5)	(43.0)	(35.4)	43
0-9@ years	17.2	47.6	35.2	419	28.2	49.1	22.7	449
10 years and above	28.2	54.8	17.0	363	23.5	63.7	12.8	378
<b>Religion</b>								
Hindu	23.5	48.4	28.2	791	25.7	54.1	20.3	780
Muslim	25.7	47.4	26.9	67	24.8	63.2	12.0	65
Other	14.6	54.1	31.3	34	(23.5)	(76.5)	(0.0)	26
<b>Caste/tribe#</b>								
Scheduled caste	18.4	48.1	33.6	113	37.6	41.0	21.5	128
Scheduled tribe	36.7	39.0	24.3	74	17.2	60.5	22.2	108
Other backward class	21.3	51.6	27.2	309	28.3	56.4	15.3	251
Other	22.3	50.6	27.1	356	22.5	58.3	19.2	347
<b>Standard of living index</b>								
Low	21.0	26.0	53.0	42	33.3	33.8	32.8	89
Medium	23.8	38.8	37.4	315	23.3	55.8	20.9	358
High	23.2	56.0	20.8	535	26.2	59.2	14.6	424
Total	23.3	48.5	28.2	891	25.7	55.2	19.1	871

Note: # Total figure may not add up to N due to do not know and missing cases. @ Literate persons with no year of schooling are also included. () Based on less than 50 unweighted cases.

### 8.6 Awareness of RTI/STI and HIV/AIDS by District

Table 8.19 shows the percentage distribution of currently married women and their husbands who are aware of RTI/STI and HIV/AIDS by districts.

According to DLHS, 41 and 58 percent of women were aware of RTI/STI and HIV/AIDS respectively and the corresponding figures for husbands of eligible women are 53 and 82 percent respectively. The awareness of RTI/STI and HIV/AIDS among men is higher than that among women by 12 and 29 percentage points respectively.

In general, men and women are more aware of RTI/STI in the district of Diu. However level of awareness among the men and women about HIV /AIDS is more or less

same in both the districts. Six out of every ten women in Diu district are aware about RTI/STI against only 32 percent in Daman district. Similarly more men (58 percent) in Diu are aware of RTI/STI than in the district of Daman (51 percent).

<b>Table 8.19 AWARENESS OF RTI/STI AND HIV/AIDS BY DISTRICT</b>				
Percentage of currently married women and their husbands aware of RTI/STI and HIV/AIDS by district, Daman & Diu, 2002-04				
District	Percentage of women		Percentage of men	
	Aware of RTI/STI	Aware of HIV/AIDS	Aware of RTI/STI	Aware of HIV/AIDS
Daman	32.4	56.0	51.1	81.5
Diu	60.0	59.1	58.1	79.0
Daman & Diu	40.6	57.9	53.6	82.2

The proportion of husbands of eligible women for currently married women ages 15-44 who are aware of HIV/AIDS in the districts of Daman and Diu is also presented in Table 8.19. Among women the level of awareness about HIV/AIDS is 59 percent in Diu and 56 percent in Daman district. In case of men about 82 percent of them in Daman district and 79 percent in Diu district are aware of HIV/AIDS.

Sampling errors, Daman and Diu, 2002-04

Variables	Estimate (R)	Sampling error (SE)	Number of cases		Design Effect	Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted			R-1.96 SE	R+1.96 SE
<b>Contraceptive Prevalence Rate (Currently Married Women age 15-44)</b>								
Total	0.556	0.017	1539	1539	1.787	3.0	0.523	0.590
Rural	0.544	0.023	935	935	1.981	4.2	0.499	0.589
Urban	0.576	0.024	604	604	1.477	4.2	0.528	0.623
<b>Unmet Need (Currently Married Women age 15-44)</b>								
Total	0.235	0.015	1539	1540	2.020	6.5	0.205	0.265
Rural	0.247	0.021	935	935	2.263	8.6	0.206	0.289
Urban	0.216	0.021	604	605	1.592	9.8	0.175	0.258
<b>Received Any Antenatal Check up (last live/still birth of past 3 years)</b>								
Total	0.967	0.011	571	572	2.367	1.2	0.945	0.990
Rural	0.951	0.018	365	361	2.432	1.9	0.916	0.986
Urban	0.995	0.005	206	211	1.150	0.5	0.984	1.005
<b>Received 3+ Antenatal Check up (last live/still birth of past 3 years)</b>								
Total	0.837	0.021	571	571	1.915	2.6	0.796	0.879
Rural	0.787	0.031	365	361	2.006	3.9	0.727	0.847
Urban	0.924	0.022	206	210	1.476	2.4	0.880	0.967
<b>Institutional Delivery (last live/still birth of past 3 years)</b>								
Total	0.681	0.024	571	571	1.512	3.5	0.634	0.728
Rural	0.616	0.034	365	360	1.726	5.5	0.550	0.683
Urban	0.792	0.027	206	211	0.957	3.4	0.738	0.845
<b>Safe Delivery (last live/still birth of past 3 years)</b>								
Total	0.715	0.023	571	572	1.528	3.3	0.669	0.760
Rural	0.634	0.033	365	361	1.720	5.3	0.569	0.700
Urban	0.852	0.024	206	211	0.955	2.8	0.805	0.898
<b>Received BCG Vaccination (last and last but one living children, age 12-23 months)</b>								
Total	0.945	0.024	172	161	1.874	2.5	0.898	0.992
Rural	0.960	0.022	118	117	1.468	2.3	0.916	1.003
Urban	0.906	0.063	54	44	2.485	7.0	0.779	1.033
<b>Received Measles (last and last but one living children, age 12-23 months)</b>								
Total	0.772	0.043	172	161	1.792	5.6	0.688	0.857
Rural	0.766	0.051	118	117	1.705	6.7	0.665	0.868
Urban	0.788	0.080	54	44	2.054	10.2	0.627	0.950
<b>Birth order 3+ (birth in last three years)</b>								
Total	0.325	0.024	593	569	1.506	7.4	0.278	0.372
Rural	0.368	0.032	387	364	1.615	8.8	0.305	0.431
Urban	0.249	0.034	206	205	1.285	13.7	0.182	0.316

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Contraceptive Prevalence Rate (Currently Married Women age 15-44)</b>							
Diu	0.512	0.021	794	778	4.1	0.470	0.553
Daman	0.572	0.022	745	741	3.9	0.529	0.616

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Unmet Need (Currently Married Women age 15-44)</b>							
Diu	0.186	0.018	794	778	9.5	0.151	0.220
Daman	0.255	0.020	745	741	8.0	0.215	0.295

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Received Any Antenatal Check up (last live/still birth of past 3 years)</b>							
Diu	0.985	0.008	305	307	0.8	0.969	1.001
Daman	0.957	0.017	266	269	1.8	0.924	0.991

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Received 3+ Antenatal Check up (last live/still birth of past 3 years)</b>							
Diu	0.837	0.026	305	308	3.1	0.786	0.887
Daman	0.831	0.030	266	270	3.6	0.773	0.889

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Institutional Delivery (last live/still birth of past 3 years)</b>							
Diu	0.308	0.030	305	306	9.8	0.249	0.367
Daman	0.826	0.029	266	270	3.5	0.769	0.882



Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Safe Delivery (last live/still birth of past 3 years)</b>							
Diu	0.391	0.032	305	307	8.2	0.329	0.454
Daman	0.837	0.028	266	270	3.4	0.782	0.893

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Received BCG Vaccination (last and last but one living children, age 12-23 months)</b>							
Daman	0.937	0.032	64	64	3.5	0.873	1.001
Diu	0.965	0.027	94	105	2.8	0.910	1.019

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Received Measles (last and last but one living children, age 12-23 months)</b>							
Daman	0.715	0.064	64	64	8.9	0.589	0.840
Diu	0.871	0.044	94	105	5.0	0.785	0.958

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Birth order 3+ (birth in last three years)</b>							
Diu	0.503	0.032	329	332	6.5	0.439	0.566
Daman	0.248	0.032	264	259	12.9	0.186	0.311

## Appendix – A

### Sampling Error Estimation

The accuracy of programme indicators such as contraceptive prevalence rate, unmet need and institutional delivery, antenatal coverage etc. estimated from DLHS-RCH can be assessed in terms of stability of the estimated indicators as measured by the standard errors. Standard errors reflect only the appropriateness and suitability of sampling design adopted for RCH survey. However, the accuracy of estimated programme indicator are also affected to a great extent by non-sampling errors arising from lack of proper operationalisation and non-response cases, and is inherent in large scale surveys. The estimation producers of District Level Reproductive & Child Health survey takes into consideration design appropriateness and non-response rates. DLHS-RCH estimator of programme indicators is design as

$$r = \frac{\sum_h \sum_j \sum_i w_{hji} y_{hji}}{\sum_h \sum_j \sum_i w_{hji} x_{hji}} = \frac{y}{x} \dots\dots\dots (1)$$

where the cell (h, j, i) stands for i<sup>th</sup> observational unit in j<sup>th</sup> primary sampling unit (PSU) in h<sup>th</sup> stratum, basically rural-urban areas of a district are taken as strata. W<sub>hij</sub> is the sampling weight of (h, j, i)<sup>th</sup> cell inflated by response rates. The variables y and x denote the main and the auxiliary characteristics required for computation of proportion or ratios.

The equation for estimation of variance of programme indicator ( r ) is obtained after Taylor series linearisation as

$$\text{var} ( r ) = \frac{1}{x^2} [ \text{var} ( y ) + r^2 \text{var} ( x ) - 2 r \text{cov} ( y, x ) ] \dots\dots\dots(2)$$

$$\text{var} ( y ) = \sum_h \frac{n_h}{n_h - 1} \left[ \sum_j \sum_i (w_{hji} y_{hji})^2 - \frac{\left( \sum_j \sum_i w_{hji} y_{hji} \right)^2}{n_h} \right] \dots\dots\dots(3)$$

$$\text{cov} ( y, x ) = \sum_h \frac{n_h}{n_h - 1} \left[ \sum_j \sum_i w_{hji}^2 y_{hji} x_{hji} - \frac{(\sum_j \sum_i w_{hji} y_{hji})(\sum_j \sum_i w_{hji} x_{hji})}{n_h} \right] \dots\dots\dots(4)$$

and n<sub>h</sub> is the number of sampled PSUs representing rural or urban areas of a district.

**List of Selected Programme Variables for Sampling Errors, RCH 2002-04**

<b>Variable</b>	<b>Estimate</b>	<b>Base Population</b>
CPR (Any Method)	Proportion	Currently married women age 15-44 years
Unmet Need	Proportion	Currently married women age 15-44 years
Any ANC	Proportion	Last live/still births in the past three years
ANC3+	Proportion	Last live/still births in the past three years
Institutional Delivery	Proportion	Last live/still births in the past three years
Safe Delivery	Proportion	Last live/still births in the past three years
BCG	Proportion	Children age 12-23 months
Measles	Proportion	Children age 12-23 months
Birth order 3+	Proportion	Currently married women age 15-44 years with births in past three years

Sampling errors, Daman and Diu, 2002-04								
Variables	Estimate (R)	Sampling error (SE)	Number of cases		Design Effect	Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted			R-1.96 SE	R+1.96 SE
<b>Contraceptive Prevalence Rate (Currently Married Women age 15-44)</b>								
Total	0.556	0.017	1539	1539	1.787	3.0	0.523	0.590
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Rural	0.247	0.021	935	935	2.263	8.6	0.206	0.289
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Total	0.967	0.011	571	572	2.367	1.2	0.945	0.990
Rural	0.951	0.018	365	361	2.432	1.9	0.916	0.986
Urban	0.995	0.005	206	211	1.150	0.5	0.984	1.005
<b>Received 3+ Antenatal Check up (last live/still birth of past 3 years)</b>								
Total	0.837	0.021	571	571	1.915	2.6	0.796	0.879
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Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
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Daman	0.831	0.030	266	270	3.6	0.773	0.889

Sampling errors, Daman and Diu, 2002-04							
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			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
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Diu	0.308	0.030	305	306	9.8	0.249	0.367
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Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
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Daman	0.937	0.032	64	64	3.5	0.873	1.001
Diu	0.965	0.027	94	105	2.8	0.910	1.019

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
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Daman	0.715	0.064	64	64	8.9	0.589	0.840
Diu	0.871	0.044	94	105	5.0	0.785	0.958

Sampling errors, Daman and Diu, 2002-04							
District	Estimate (R)	Sampling error (SE)	Number of cases		Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted		R-1.96 SE	R+1.96 SE
<b>Birth order 3+ (birth in last three years)</b>							
Diu	0.503	0.032	329	332	6.5	0.439	0.566
Daman	0.248	0.032	264	259	12.9	0.186	0.311

## APPENDIX B

### DLHS-RCH STAFF, DAMAN & DIU

#### CORT, VADODARA

##### Project Director

Prof. M. M. Gandotra

##### Field Officer

Ms. Jashoda Sharma  
Mr. Amit Nag  
Mr. Jawahar Vishwakarma  
Mr. Prakash Bachharwal

##### Team Supervisors

Mr. Adhik Kharva  
Mr. Anand Garodia  
Mr. Arvind Mishra  
Mr. Bhalchandra Jadhav  
Mr. Bhavesh Patel  
Mr. Chintan Patel  
Mr. Dharmesh Patel  
Mr. Digish Shah  
Mr. Jabir Shaikh  
Mr. Jigar Shah  
Mr. Ketan Patel  
Mr. Ketan G Makwana  
Mr. Pankaj Basera  
Mr. Prashant Parmar  
Mr. Shaikh Mohammad A.  
Mr. Shravan S. Gain

##### Project Coordinator

Dr. Bella Patel Uttekar

##### Field Manager

Mr. Wajahat Ullah Khan

##### Field Editors

Ms. Anjum Shaikh  
Ms. Gayatri Raulji  
Ms. Krupali Shah  
Mr. Manish Dave  
Ms. Neela Jariwala  
Mr. Nikhil Mehta  
Ms. Priti Naik  
Ms. Purnima Shah  
Ms. Samina Shaikh  
Ms. Shivani V. Desai  
Ms. Tejal Patel

##### Health Investigators

Mr. Bhavesh M. Jethva  
Mr. Harish N. Patel  
Mr. Harshad Dabhi  
Ms. Hema Parmar  
Mr. Jigar Brahmabhatt  
Mr. Maheshbhai Vankar  
Mr. Nihir Shah  
Mr. Pratik Dave  
Mr. Vikram Kharchikar

Ms. Deepa Rana  
Ms. Dolly Darji  
Ms. Kavita Godse  
Ms. Manisha Jangam  
Ms. Pravina D. Chauhan  
Ms. Varsha Parmar

## Interviewers

Mr. Amit Tamboli  
Mr. Anil Patel  
Mr. Babubhai Parmar  
Mr. Bhavnesh Parekh  
Mr. Chimanbhai Jadav  
Mr. Deepak Patil  
Mr. Gaurang Pathak  
Mr. Jigar Pandya  
Mr. Kaushik Parmar  
Mr. Mayur Shah  
Mr. Mehul S. Patel  
Mr. Navneet Bhai  
Mr. Prakash Ghorpade  
Mr. Pritesh Patel  
Mr. Punam L. Makwana  
Mr. Rajnikant Makwana  
Mr. Rakesh Yadav  
Mr. Satish Patel  
Mr. Shailesh Chapaneriya  
Mr. Shashikant A. Patel  
Mr. Sujit Brahmbhatt  
Mr. Vikram Khidkikar  
Mr. Virendra G. Patel  
Mr. Vishal Patel

Ms. Anita Budhwani  
Ms. Anjana Trivedi  
Ms. Anju Chaudhari  
Ms. Bharati khatri  
Ms. Bhavika Patel  
Ms. Chitra Dave  
Ms. Daxaben S. Vasaiya  
Ms. Drashti Jadav  
Ms. Gayatri Mishra  
Ms. Hasuben Chaudhari  
Ms. Ila Chaudhari  
Ms. Jayshree M. Tandel  
Ms. Jayshree Trivedi  
Ms. Kumud H. Patel  
Ms. Malti D. Patel  
Ms. Minakshi Chauhan  
Ms. Neha Mistry  
Ms. Neha Patel  
Ms. Nilam Panchal  
Ms. Nutan K. Patel  
Ms. Pratima Bele  
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Ms. Rukhsana Pathan  
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Ms. Sandita C Chaudhari  
Ms. Sangita B Chaudhari  
Ms. Sangita Gamit  
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Ms. Shilpa M. Patel  
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Ms. Trupti Pandya  
Ms. Vaishali Jadhav  
Ms. Vaishali Shah  
Ms. Vanita J. Tandel  
Ms. Vasmitaben Chavda



Household listing Supervisors

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Mr. Mukesh Chawda

Mr. Santosh More  
Mr. Tushar Jadhav

Household Listers and Mappers

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Mr. Amit M. Purohit  
Mr. Amit P. Patel  
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Mr. Vishubhai Jambu

Office Editors

Ms. Jagruti R. Stampwala  
Ms. Trupti Joshi  
Ms. Yagna Gaikwad

Ms. Ranjana Pawade  
Ms. Sabita Prasad

Data Entry Operators

Mr. Afzal Ahmed  
Mr. Ashok Chauhan  
Mr. Kalpesh Mistry  
Mr. Ketan Soni  
Mr. Naren Chauhan

Ms. Parul Parmar  
Ms. Reena Shah  
Ms. Trupti Joshi  
Ms. Yagna Gaikwad

## **International Institute for Population Sciences, Mumbai**

### Project Coordinators

Dr. F. Ram  
Dr. B. Paswan  
Dr. L. Ladu Singh

### Senior Research Officers

Mr. Rajiv Ranjan  
Mr. K.C.Lakhara  
Mr. Nizamuddin Khan

### Research Officers

Mr. M. Nagavara Prasad  
Mr. Akash N. Wankhede  
Mr. Uttam J Sonkamble  
Mr. Ashok Kumar  
Ms. Jigna Thacker  
Ms. Baishali Goswami  
Ms. Sancheeta Ghosh  
Ms. Kirti Mishra  
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Mrs. Santhi N.S.  
Ms. Sanjeeta Gupta  
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Mr. Manas Pradhan

Mr. Suhas Narkhede  
Mr. Pramod Kumar Gupta  
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Dr. Kalyan Saha  
Dr. N Anbazhaham  
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Mr. Manoj Kumar  
Mr. Dibya L Mohanta  
Mr. Mohan Tiwari  
Mr. Battala Madhusudana  
Mr. Bardanwala S.I.  
Mr. Jiten Kumar Singh  
Mr. Manoranjan Barik  
Mr. Laxmi Prasad Sonwani  
Mr. Nimakwala M. I.

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Mr. Jeba Kumar (Data Entry Operator)  
Ms. Pratima P. Zore (Data Entry Operator)  
Ms. Preeti S. Kharat (Data Entry Operator)  
Ms. Sayali Shivalkar (Data Entry Operator)

Mrs. Seema V. Zagade (Office Assistant)  
Mrs. Deepa J. Nair (Office Assistant)  
Mr. Chandra D. Singh (Office Boy)  
Mr. Ravindra P. Gawade (Office Boy)  
Mr. Sanjay P. Kadam (Office Boy)

## LIST OF CONTRIBUTORS

Dr. Bella Patel Uttekar, Associate Director, Center for Operations Research and Training, 402, Woodland Apartment, Race Course, Vadodara-390 007

Mr. Wajahat Ullah Khan, Senior Research Executive, Center for Operations Research and Training, 402, Woodland Apartment, Race Course, Vadodara-390 007

Dr. F. Ram, Professor & Head, Department of Fertility Studies, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088.

Dr. B. Paswan, Reader, Department of Population Policy and Programme, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088.

Dr. L. Ladu Singh, Professor & Head, Department of Mathematical Demography and Statistics, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088.

Mr. Akash N. Wankhede, Research Officer, DLHS-RCH, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088.

Mr. Rajiv Ranjan, Senior Research Officer, DLHS-RCH, International Institute for Population Sciences, Govandi Station Road, Deonar, Mumbai-400 088.