

DLHS -2

Delhi

Reproductive and Child Health

District Level Household Survey
2002-04



International Institute for
Population Sciences,
(Deemed University)
Mumbai-400088



Government of India,
Ministry of Health & Family
Welfare
New Delhi-110011



Society for Applied Research
in Humanities,
New Delhi-110067

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CONTENTS

	Page
Tables.....	iv
Figures.....	vii
Maps.....	vii
Preface and acknowledgement.....	ix
Key Indicators.....	xi
Salient Findings.....	xiii
CHAPTER I INTRODUCTION	
1.1 Background and Objectives of the Survey.....	1
1.2 Survey Design.....	1
1.3 House Listing and Sample Selection.....	2
1.4 Questionnaire.....	3
1.5 Fieldwork and Sample Coverage.....	4
1.6 Data processing.....	5
1.7 Sample Weights.....	5
1.8 Sample Implementation.....	6
1.9 Basic Demographic Profile of the State.....	7
CHAPTER II BACKGROUND CHARACTERISTICS OF HOUSEHOLD	
2.1 Age –Sex Structure.....	9
2.2 Household Characteristic.....	10
2.3 Educational Level.....	11
2.4 Marital Status of the Household Population.....	15
2.5 Marriages.....	16
2.6 Morbidity Rates.....	17
2.7 Morbidity Rates by District.....	18
2.8 Housing Characteristics.....	19
2.9 Housing Characteristics by District.....	22
2.10 Iodization of Salt.....	22
2.11 Iodization of Salt by District.....	24
2.12 Availability of Facilities and Services in Rural Population.....	24
2.13 Availability of Education Facility and Health Services by District.....	26
CHAPTER III CHARACTERISTICS OF WOMEN, HUSBANDS AND FERTILITY	
3.1 Background Characteristics of Women.....	31
3.2 Educational Level of Women.....	32
3.3 Background Characteristics of Husbands' of Eligible Women.....	34
3.4 Educational Level of Husbands' of Eligible Women.....	34
3.5 Children Ever Born and Surviving.....	36
3.6 Completed Fertility by District.....	38
3.7 Birth Order.....	38
3.8 Birth Order by District.....	40
3.9 Fertility Preference.....	41
3.10 Pregnancy Outcomes.....	43

	Page
CHAPTER IV MATERNAL HEALTH CARE	
4.1 Antenatal Check-Ups.....	45
4.2 Antenatal Check-Ups at Health Facility.....	48
4.3 Antenatal Check-Ups by District.....	49
4.4 Components of Antenatal Check-Ups.....	50
4.5 Antenatal Care Services.....	51
4.6 Antenatal Care Indicator by Districts.....	56
4.7 Pregnancy Complication and Treatment.....	58
4.8 Delivery Care.....	58
4.8.1 Place of Delivery.....	58
4.8.2 Assistance during Home Delivery	61
4.8.3 Delivery Assisted by Skilled Person.....	63
4.9 Reasons for Not Going to Health Institutions for Delivery.....	64
4.10 Delivery Characteristics by Districts.....	66
4.11 Complication during Delivery.....	66
4.12 Post Delivery Complication and Treatment	67
4.13 Obstetric Morbidity by District.....	68
CHAPTER V CHILD CARE AND IMMUNIZATION	
5.1 Breastfeeding.....	75
5.1.1 Breastfeeding by Districts.....	78
5.2 Immunization of Children.....	79
5.3 Source of Immunization.....	84
5.4 Vitamin A and IFA Supplements	85
5.5 Immunization Coverage by Districts.....	85
5.6 Child Morbidity and Treatment.....	87
5.6.1 Awareness of Diarrhoea.....	87
5.6.2 Treatment of Diarrhoea.....	89
5.6.3 Awareness of Pneumonia	90
5.6.4 Treatment of Pneumonia.....	90
5.6.5 Awareness of Diarrhoea, ORS and Pneumonia and Incidence of Diarrhoea and Pneumonia by District	92
CHAPTER VI FAMILY PLANNING	
6.1 Knowledge of Family Planning Methods.....	95
6.1.1 Knowledge of Family Planning Methods by District.....	97
6.1.2 Knowledge of No-Scalpel Vasectomy (NSV).....	98
6.1.3 Knowledge of No-Scalpel Vasectomy (NSV) by District.....	98
6.2 Current Use of Family Planning Methods.....	99
6.2.1 Current Use of Family Planning Methods by District.....	99
6.2.2 Current Use and Ever Use of Family Planning Methods by Women.....	102
6.2.3 Current Use and Ever Use of Family Planning Methods as Reported by Husbands.....	103
6.3 Reasons for Not Using Male Methods.....	104
6.4 Source of Contraceptive Methods.....	104

	Page
6.5	Problems with Current Use of Contraceptive Method..... 105
6.6	Treatment for Health Problems with Current Use of Contraception..... 107
6.7	Advice to Non-Users to Use Contraception..... 108
6.7.1	Future Intension to Use Contraceptive 108
6.7.2	Future Intention to Use Among Women by Number of Living Children 109
6.8	Reasons for Discontinuation and Non-Use of Contraception..... 109
6.8.1	Reasons for Not Using Contraceptive Methods..... 110
6.9	Unmet Need for Family Planning Services..... 112
6.9.1	Unmet Need for Family Planning Services by District..... 114
CHAPTER VII ACCESSIBILITY AND PERCEPTION ABOUT GOVERNMENT HEALTH FACILITIES	
7.1	Home Visit By Health Worker..... 117
7.2	Home Visit By Health Worker by District..... 117
7.3	Matter Discussed during Home Visit or Visits to Health Facilities..... 117
7.4	Visit to Health Facility..... 119
7.5	Visit to Health Facility by District..... 120
7.6	Client’s Perception of Quality of Government Health Services..... 121
7.7	Reasons for Not Visiting Government Health Centre..... 121
7.8	Family Planning Services and Advice Received..... 122
7.9	Availability of Pills and Condom..... 123
7.10	Quality of Care of Family Planning Services..... 123
7.11	Quality of Care Indicators for Contraceptive Users by District 124
7.12	Quality of Care of Maternal Health Care..... 125
CHAPTER VIII REPRODUCTIVE HEALTH PROBLEMS AND AWARENESS OF RTIs/STIs and HIV/AIDS	
8.1	Awareness of RTI/STI..... 127
8.1.1	Knowledge of Mode of Transmission of RTI/STI..... 129
8.2	Prevalence of RTI/STI..... 132
8.3	Menstruation Related Problems..... 136
8.4	Prevalence of RTI/STI by Districts 137
8.5	HIV/AIDS..... 138
8.5.1	Knowledge of HIV/AIDS..... 138
8.5.2	Knowledge of Mode of Transmission about HIV/AIDS..... 142
8.5.3	How to avoid HIV/AIDS..... 145
8.5.4	Misconception about HIV/AIDS..... 148
8.5.5	Knowledge of Curability of HIV/AIDS..... 149
8.6	Awareness of RTI/STI and HIV/AIDS by Districts..... 151
APPENDICES	
Appendix A	Estimation of Sampling Errors 153
Appendix B	DLHS Staff 159
Appendix C	Questionnaire 163

TABLES

	Page
Table 1.1	Number of Households Interviewed..... 7
Table 1.2	Number of Women And Husbands Interviewed 7
Table 1.3	Basic Demographic Indicator 8
Table 2.1	Household population by age and sex 10
Table 2.2	Household characteristics 11
Table 2.3	Educational level of the household population 12
Table 2.4	Marital status of the household population 16
Table 2.5	Marriage 17
Table 2.6	Morbidity rates 18
Table 2.7	Morbidity rates by district..... 19
Table 2.8	Housing characteristics 20
Table 2.9	Housing characteristics by district..... 22
Table 2.10	Iodization of salt..... 23
Table 2.11	Iodization of salt by district..... 24
Table 2.12	Distance from the nearest education facility 25
Table 2.13	Distance from the nearest health facility 26
Table 2.14	Availability of services 26
Table 2.15	Availability of facility and services by district..... 27
Table 3.1	Background characteristics of women 32
Table 3.2	Level of education of eligible women 33
Table 3.3	Background characteristics of men 35
Table 3.4	Level of education of men 36
Table 3.5	Children ever born and living 37
Table 3.6	Completed fertility by district 39
Table 3.7	Birth order 39
Table 3.8	Birth order by district 41
Table 3.9	Fertility preference 42
Table 3.10	Outcomes of pregnancy 43
Table 4.1	Antenatal check-up 47
Table 4.2	Place of antenatal check-up 48
Table 4.3	Antenatal check-ups by district 50
Table 4.4	Components of antenatal check-ups 51
Table 4.5	Antenatal care 52
Table 4.6	Antenatal care indicators by district 57
Table 4.7	Pregnancy complications 59
Table 4.8	Treatment for pregnancy complications 60
Table 4.9	Place of delivery..... 62
Table 4.10	Assistance during home delivery and safe delivery 64
Table 4.11	Reasons for not going to health institutions for delivery 65
Table 4.12	Delivery characteristics by district 66
Table 4.13	Delivery complications 67
Table 4.14	Post delivery complications 69
Table 4.15	Treatment for Post delivery complication 70
Table 4.16	Pregnancy, Delivery and Post Delivery Complications..... 70

	Page
Table 5.1	Initiation of breastfeeding 76
Table 5.2	Exclusive breastfeeding by child's age 78
Table 5.3	Breastfeeding by district 79
Table 5.4	Vaccination of children 81
Table 5.5	Childhood vaccination received by 12 months of age 83
Table 5.6	Source of childhood vaccination 84
Table 5.7	Vitamin a and IFA supplementation for children 86
Table 5.8	Childhood vaccination by district 86
Table 5.9	Awareness of diarrhoea 88
Table 5.10	Treatment of diarrhoea 89
Table 5.11	Awareness of pneumonia 91
Table 5.12	Treatment of pneumonia 92
Table 5.13	Knowledge of diarrhoea management and pneumonia by district 93
Table 6.1	Knowledge of contraceptive methods 96
Table 6.2	Knowledge of contraceptive methods by districts 97
Table 6.3	No-scalpel vasectomy (NSV)..... 98
Table 6.4	No-scalpel vasectomy by district 99
Table 6.5	Contraceptive prevalence rate 100
Table 6.6	Contraceptive prevalence rates by districts 101
Table 6.7	Use of contraception by women 102
Table 6.8	Use of contraception by men 103
Table 6.9	Reasons for not using male methods 104
Table 6.10	Source of modern contraceptive methods 105
Table 6.11	Health problems with current use of contraception..... 106
Table 6.12	Sought treatment for health problems with current use of contraception 107
Table 6.13	Advice on contraceptive use 108
Table 6.14	Future intention to use 109
Table 6.15	Future use of contraception by number of living children 110
Table 6.16	Reasons for discontinuation of contraception 111
Table 6.17	Reason for not using contraceptive method 111
Table 6.18	Unmet need for family planning services 113
Table 6.19	Unmet need by district 114
Table 7.1	Home visit by health worker 118
Table 7.2	Home visit by health worker by district 118
Table 7.3	Matter discussed during contact with a health worker 119
Table 7.4	Visit to health facility 120
Table 7.5	Visit to health facility by district 121
Table 7.6	Quality of government health facility 122
Table 7.7	Reason for not preferring government health facility 122
Table 7.8	Advise to adopt family planning method 123
Table 7.9	Availability of regular supply of condoms/pills 123
Table 7.10	Information of other modern method before sterilization 124

	Page
Table 7.11	Information on side effect and follow-up for current method 124
Table 7.12	Quality of care indicators for contraceptive users by district 125
Table 7.13	Advised to have delivery at health facility and follow-up services for post partum check-up 126
Table 7.14	Quality of care indicators for maternal care 126
Table 8.1	Source of knowledge about RTI/STI among women 128
Table 8.2	Source of knowledge about RTI/STI among men 130
Table 8.3	Source of knowledge about mode of transmission of RTI/STI among women 131
Table 8.4	Source of knowledge about mode of transmission of RTI/STI among men.. 132
Table 8.5	Symptoms of RTI/STI among women 133
Table 8.6	Symptoms of RTI/STI among men 135
Table 8.7	Abnormal vaginal discharge 136
Table 8.8	Menstruation related problems 137
Table 8.9	Reproductive health care indicators by district 138
Table 8.10	Source of knowledge about HIV/AIDS among women 140
Table 8.11	Source of knowledge about HIV/AIDS among men 141
Table 8.12	Source of knowledge about mode of transmission of HIV/AIDS among women 143
Table 8.13	Source of knowledge about mode of transmission of HIV/AIDS among men 144
Table 8.14	Knowledge about avoidance of HIV/AIDS among women 146
Table 8.15	Knowledge about avoidance of HIV/AIDS among men 147
Table 8.16	Misconception about transmission of HIV/AIDS among women 149
Table 8.17	Misconception about transmission of HIV/AIDS among men 150
Table 8.18	Knowledge of curability about HIV/AIDS 150
Table 8.19	Awareness of RTI/STI and HIV/AIDS by district 151

FIGURES

		Page
Figure 2.1	Age-sex-pyramid	9
Figure 2.2	Percentage literate by age and sex	13
Figure 3.1	Birth order 3 & above by selected background characteristic	40
Figure 3.2	Birth order 3 & above by district	41
Figure 3.3	Fertility preference.....	42
Figure 4.1	Source of antenatal care	46
Figure 4.2	Full antenatal care by background characteristic	57
Figure 4.3	Percentage of women with pregnancy complication and by symptoms	60
Figure 4.4	Place of delivery and assistance during delivery	63
Figure 4.5	Delivery assisted by skilled person by background characteristic	65
Figure 4.6	Percentage of women with delivery complication and by symptoms	68
Figure 4.7	Percentage of women with post delivery complication and by symptoms....	69
Figure 5.1	Initiation of breastfeeding	77
Figure 5.2	Percentage of children age 12-23 months who have received specific vaccination	80
Figure 5.3	Percentage of children age 12-23 months who have received all vaccination	82
Figure 5.4	Child vaccination by age	84
Figure 6.1	Knowledge of family planning method	96
Figure 6.2	Practise of family planning method	101
Figure 6.3	Source of family planning among current users of modern contraceptive methods	106
Figure 8.1	Symptoms of RTI/STI among women	129
Figure 8.2	Symptoms of RTI/STI among men	134
Figure 8.3	Awareness of RTI/STI by sex according to residence	134
Figure 8.4	Awareness of HIV/AIDS by sex according to residence	142

MAPS

		Page
Map 1	Percent Girl Marrying Below Legal Age at Marriage.....	28
Map 2	Percentage of Households Using Salt that Contains 15 PPM Level of Iodine	29
Map 3	Percentage of Women Received Three or More Antenatal Check Ups.....	72
Map 4	Percentage of Delivery Attended by Skilled Person.....	73
Map 5	Percentage of Children (Age 12-23 Months) Who Have Received Full Vaccination.....	94
Map 6	Current Use of Any Family Planning Method.....	115

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 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 Delhi and covered all the districts. The findings of selected indicators of reproductive and child health services from the state of Delhi are presented in the report.

It is believe 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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New Delhi
June, 2006

O.P.VIG
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KEY INDICATORS, Delhi

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

Sample size			
Households surveyed.....	9,133	Adequate Iron folic acid tablets/syrup ³	45.7
Currently married women age 15-44.....	6,224	Full antenatal check-up ⁴	36.2
Husband's of eligible women.....	2,433	Delivery characteristics²	
Characteristics of households		Delivery at home.....	49.3
Percent rural.....	5.3	Delivery at government health institutions.....	29.5
Percent Hindu.....	85.3	Delivery at private health institutions.....	20.5
Percent Muslim.....	11.1	Delivery attendant by skilled persons ⁵	59.9
Percent other religion (Sikh).....	1.8	Child health	
Percent scheduled caste.....	24.3	Percent of children whose mother squeezed out milk from her breast ⁶	49.2
Percent scheduled tribe.....	1.2	Percent of children ⁷ with diarrhoea ⁸ who received ORS.....	37.6
Percent with electricity.....	98.7	Percent of women whose child ⁷ with pneumonia ⁸ sought treatment.....	70.8
Percent with flush toilet.....	40.6	Percent of children who received vaccinations⁹	
Percent with no toilet facility.....	9.3	BCG.....	92.9
Percent living in <i>Kachcha</i> houses.....	1.7	DPT (3 injections).....	70.2
Percent living in <i>Pucca</i> houses.....	91.8	Polio (3 drops).....	71.6
Percent with low standard of living.....	2.2	Measles.....	73.7
Percent with high standard of living.....	63.4	All vaccinations ¹⁰	59.2
Percent with iodized salt (15+ppm).....	81.8	No vaccination at all.....	4.7
Characteristics of currently married women age 15-44 years		Percentage of women who had	
Percent below age 30.....	46.1	Pregnancy complication ²	29.3
Percent with age at first cohabitation below age 18... ..	40.2	Delivery complication ²	31.4
Percent illiterate.....	34.9	Post delivery complication ²	17.5
Percent having 10 or more years of schooling.....	34.9	Symptoms of RTI/STI.....	26.2
Percent with illiterate husband.....	13.6	Problems of vaginal discharge.....	13.8
Percent with husband 10+ years of schooling.....	55.2	Menstruation related problem.....	12.8
Marriage		Awareness of RTI/STI and HIV/AIDS	
Mean age at marriage for boys.....	23.8	Percent of women who have heard of RTI/STI.....	15.0
Mean age marriage for girls.....	20.6	Percent of women who have heard of HIV/AIDS.....	69.6
Percent of boys married below age 21.....	17.2	Utilization of government health services	
Percent of girls married below age 18.....	10.8	Antenatal care.....	53.8
Fertility		Treatment for pregnancy complication.....	53.9
Mean children ever born women age 40-44 years.....	3.8	Treatment for post-delivery complication.....	36.5
Percent of births of order 3 and above ¹	42.2	Treatment for vaginal discharge.....	44.8
Current use of family planning method		Treatment for children with diarrhoea.....	20.3
Any method.....	64.1	Treatment for children with pneumonia.....	23.9
Any modern method.....	55.8	Quality of family planning services	
Pill.....	5.0	Percent non-users ever advised to adopt the family planning method.....	8.7
IUD.....	5.5	Percent users told about side effects of method.....	13.9
Condom.....	19.3	Percent users who received follow-up services.....	2.1
Female sterilization.....	24.8		
Male sterilization.....	0.9	Characteristics of husband of eligible women	
Any traditional method.....	8.2	Percent of husband knowing NSV.....	36.3
Rhythm/safe period.....	2.6	Percent of men who have heard of RTI/STI.....	15.0
Withdrawal.....	5.5	Percent of men who have heard of HIV/AIDS.....	87.8
Unmet need for family planning		Percentage who had any symptoms of RTI/STI.....	2.3
Percent with unmet need for spacing.....	5.0	Sought treatment for RTI/STI.....	52.2
Percent with unmet need for limiting.....	11.4		
Percent with total unmet need.....	16.4		
Maternal care²			
Percent of women received antenatal check-ups... ..	81.4		
Antenatal check-up at home.....	0.5		
Antenatal check-up in first trimester.....	40.9		
Three or more visit for ANC.....	67.3		
Two or more tetanus toxoid injections.....	75.0		

¹ For births in past three years, ² For live/still births during three years preceding the survey, ³ 100 or more IFA tablets/Syrup, ⁴ A minimum of three visits for ANC, at least one TT injections and 100 or more IFA tablets/syrup, ⁵ Either institutional delivery or home delivery assisted by Doctor/ANM/nurse, ⁶ Children age below 3 years, ⁷ Last but one living children below age 3 years, ⁸ Last two weeks preceding the survey, ⁹ Last but one living children (age 12-23 months) born during three years preceding the survey, ¹⁰ 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. The Society for Applied Research in Humanities was entrusted the work of carrying out of the survey in the NCT of Delhi. The survey for Phase-1 of the DLHS covering five districts of the state was conducted during April 2002 to August 2002. The survey for Phase-2 covering the remaining four districts of the state was carried out during Jan 2004 to May 2004. The focus of the survey was on: i) Coverage on ante natal 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 9,133 households in Delhi. From these households, 6,224 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 2,433 husbands of eligible women were interviewed.

Of the total households interviewed in Delhi, about 95 percent were from urban areas and over five percent from rural areas. There were 85 percent Hindu households and 11 percent Muslim households, while over three percent households constituted other religious groups. Over 25 percent households belonged to scheduled castes/scheduled tribes, 17 percent belonged to OBC and 55 percent belonged to others, while caste of about three percent household heads was not known. Only two percent of the households lived in *Kachcha* houses and 92 percent in *Pucca* houses, while over six percent households lived in *Semi-pucca* houses. Over 63 percent of the households were with high SLI and over two percent households with low SLI, while 34 percent households were with medium SLI.

Over 19 percent of the population aged seven years and above were non-literate in the state - 27 percent females and over 12 percent for males. In other words, percent literate among females was 73 percent as against 87 percent among males. Proportion of non-literate was much higher among the older cohort compared to the younger ones. Thirty-five percent of eligible women were non-literate and 30 percent had studied for 0-9 years, while 35 percent women had studied for 10 years and above. On the other hand, 14 percent of the husbands were non-literate and 55 percent of them had studied for 10 years and above. These data have shown that husband's are better educated than their wives.

Data on marriages during three years prior to survey gives the mean age at marriage among the boys and girls in the state as 23.8 and 20.6 years respectively. Seventeen percent of boys and 11 percent of girls in the state got married before attaining the minimum legal age at marriage of 21 and 18 years respectively. In all the districts, except Central and Southwest districts 10 percent or more of the boys got married below the legal minimum age at marriage. On the other hand, 10 percent or less of girls got married below the legal minimum age at marriage in six out of nine districts of the state and it was quite high in the remaining three districts of New Delhi (22 percent), Northwest (20 percent) and South (18 percent).

Majority of the households (82 percent) were using cooking salt that was iodized at the recommended level of 15 parts per million or higher level of iodine content, whereas 11 percent of the households were using salts that was not iodized at all. Lowest proportion of households (three percent) in Southwest district was using non-iodized salt whereas in West district the highest proportion of households (27 percent) were using non-iodized salt. Further, five percent or more of the households in New Delhi, Northwest, South and Southwest districts were consuming adequately iodized salt and less than five percent in the remaining five districts.

On an average, women on the verge of completion of reproductive period have given birth to 3.8 children. The completed fertility in the state varies from the lowest of 2.6 children ever born per women in New Delhi district to the highest of 4.6 children in Northeast district.

The share of births of order 3 and above in the total births that occurred three years prior to survey was 42 percent in the state. In most of the district, proportion of higher order (3+) births is quite high, ranging from the lowest of around 30 percent in East district, to the highest of over 50 percent in Northeast 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 state was quite high as 81 percent of the women received at least one ante-natal check-up during pregnancy. Less than one percent of the women were home visited by health worker during pregnancy for providing ANC. Twenty-one percent of the women visited private health facility and 54 percent government health facility to receive ANC service. The percent of women who got some kind of ANC during pregnancy ranges between 74 percent in South district to 95 percent in East district. Only in three districts out of nine districts, 90 percent or more women got any antenatal care.

Though 81 percent of the women in Delhi State received ANC, 87, 82 and 68 percent women had check-up of weight, blood pressure and abdomen respectively. Sixty-nine percent women received Iron and Folic Acid (IFA) tablets and 82 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 36 percent of women.

Minimum three ANC and timing of first check up is crucial for maternal and childcare. In Delhi 41 percent of women got ANC in the first trimester and 67 percent had minimum three antenatal check-up. The extent of ANC in first trimester varies from minimum of 32 percent in West district to the maximum of 54 percent in East and Southwest districts. The percentage of women who received minimum of three ANC varies from minimum of 53 percent in South district to 83 North district.

One-half of the total deliveries in the NCT of Delhi were conducted in the health institutions; 20 percentage points down from RCH Round-I. The majority of the institutional deliveries were conducted in government institutions (29 percent of total deliveries) as against 20 percent in private institution. Forty-seven percent of the total deliveries, that took place at home, were assisted by midwifery trained persons i.e. doctor/nurse and ANM. Thus, 60 percent of the deliveries, down from RCH Round-I (84 percent), in the state were assisted by skilled personnel. The extent of institutional deliveries varies from the highest of 76 percent in Central district to the lowest of 34 percent in West district. Safe deliveries were on the similar pattern in all the districts.

The percent of the institutional deliveries increases with increase in education and standard of living index of the women.

In the NCT of Delhi, 29, 31 and 17 percent of the women experienced pregnancy, delivery and post delivery complications respectively. Over 48 percent of the women sought treatment for pregnancy complications and over 47 percent for the post-delivery complications. The pregnancy complication varies from the lowest of 19 percent in East district to the highest of 43 percent in New Delhi district. Similarly, the delivery complication varies from the lowest of 18 percent in East district to the highest of 40 percent in South district. The post-delivery complication varies from the lowest of eight percent in East and North districts to the highest of 33 percent in New Delhi district.

In most of the districts and the state as a whole, the practice of breast-feeding is almost universal. However, the practice of initiation of breastfeeding within two hours of childbirth is not that common. Only 26 percent of the women breastfed the child within two hours of birth and 50 percent after one day of birth. There is great deal of variation in the pattern of breastfeeding across the districts. In West district only 14 percent of the women breastfed the child within two hours of birth, while in New Delhi district 37 percent of the women breastfed the child within two hours of birth.

In the NCT of Delhi, 93, 70, 72 and 74 percent of the children received the BCG vaccine, three doses of DPT, Polio and Measles vaccine respectively. There is 19 percentage points drop from BCG to Measles. It means that large number of children that have contact with services providers were missed out of subsequent services. The complete schedule of immunization including BCG, three doses of DPT and Polio each and Measles was received by 59 percent children, whereas five percent children did not receive any vaccination under routine programme. Over 24 percent children received supplementation of at least one dose of vitamin A and only over four 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 was the lowest in South district (38 percent) and highest in West district (77 percent). In Central, East, North, Northeast, Northwest, Southwest and West districts more than 50 percent of the children received complete immunization.

Seventy-three percent of the women were aware of diarrhoea management and 33 percent women were aware of Oral Rehydration Salt (ORS) in the state. The children of over 11 percent of the women suffered from diarrhoea during the two-week period prior to survey. And 38 percent women treated diarrhoea among children by giving ORS. In comparison to awareness about diarrhoea management, the awareness about danger signs of pneumonia was quite low. Only 40 percent of the women reported awareness about danger signs of pneumonia. Eight percent of the women reported that their children suffered from cough, cold and difficulty in breathing in two-week period prior to survey and 71 percent sought treatment.

The knowledge of family planning methods was universal in all districts of the NCT of Delhi, with around 99 percent of the women reporting knowledge of one method or the other. However, the knowledge of any spacing method was marginally low, but the proportion *per se* was quite high (97 percent). The knowledge of any modern methods was also universal in all the districts,

though the knowledge of all modern methods was only 77 percent. The proportion knowing all modern methods (males and females' sterilization, IUD, oral pills and condom) varies from 57 percent in New Delhi district to 86 percent in West district.

In DLHS, knowledge about No-scalpel vasectomy has been asked to husbands of eligible women. Over one-third of the husbands were aware of no-scalpel vasectomy in the state. However, the proportion of husbands knowing No-scalpel vasectomy varies from 20 percent in North district to 60 percent in East district.

The contraceptive prevalence rate (any method) in the state was 64 percent, seven-percentage point down from RCH Round-I, comprising of prevalence of over 68 percent of modern method and over two percent of traditional methods. Twenty-six percent of the couples adopted sterilization. The percent user of the two male methods-sterilization and condom is 20 percent. The highest contraceptive prevalence is in East district (67 percent) followed by West district (66 percent) and lowest (60 percent) in New Delhi district.

The percentage of women having unmet need for family planning was 16 percent in the state – five percent women were having unmet need for spacing and over 11 percent for limiting family. The total unmet need varies from 13 percent in Northeast district to 22 percent in New Delhi district.

Only less than one percent of the women in the state reported that either ANM/LHV or health worker visited them at their residence at least once in the past three months. Less than one third of women who were visited by ANM felt that ANM had given them sufficient time to discuss health-related matters.

It has been observed that in three months period prior to survey, 18 percent of the eligible women who needed to visit health facility and visited any of health facility. Forty-four percent women visited government health facility and 54 percent women visited private health facility. Most of the women who visited government health facility were satisfied with the services and facilities available at the health facility. On the other hand, percentage of the women who visited private health facility reported main reasons for not visiting government health facility as 'not conveniently located', 'time is not suited', 'poor quality of services' and 'heavy rush'.

The district level variation in the utilization of the government health facilities ranges from 34 percent in South and Southwest districts to 67 percent in New Delhi district. The percentage of women who visited to private health facilities varies from the lowest of 33 percent in New Delhi district to the highest of 65 percent in South and Southwest district.

In the NCT of Delhi, 15 percent of women were aware of RTI/STI and as against 70 percent of women who were aware of HIV/AIDS. Similarly, percentage of men aware of RTI/STI was over 15 percent as against 88 percent men aware of HIV/AIDS in the state. The percent of women who are aware of RTI/STI was highest (33 percent) in New Delhi district, followed by 32 percent in Central district and the lowest (over four percent) in West district. Similarly, percentage of women aware of HIV/AIDS was the highest (84 percent) in Southwest district, followed by 80 percent in Central and North district and the lowest (62 percent) in Northwest district. The percentage of men aware of RTI/STI was the highest (35 percent) in East district, followed by over 30 percent in Southwest district and the lowest (five percent) in West district.

Similarly, percentage of men aware of HIV/AIDS was the highest (96 percent) in Central district, followed by 95 percent in East and Southwest districts and the lowest (80 percent) in West district. The percentage of women aware of HIV/AIDS is invariably lower than that of men in all the districts of the state.

Over 26 percent of women and over two percent of husbands of eligible women reported having at least one symptoms of RTI/STI in the state. In all of the districts the reported prevalence of RTI/STI among husbands was low. The prevalence of RTI/STI among women was the highest (39 percent) in South district, followed by 35 percent in Northeast district and the lowest (eight percent) in East district. Further, the percentage of women who reported abnormal vaginal discharge was the highest (20 percent) in Central district, followed by 18 percent in West district and the lowest (over eight percent) in Southwest district, while it was 14 percent for the state. The percentage of women who sought treatment for vaginal discharge problem was the highest (53 percent) in Northwest district, followed by 49 percent in New Delhi and Southwest districts and the lowest (44 percent) in West district.

CHAPTER I

INTRODUCTION

1.1 Background and Objectives of the Survey

The Reproductive and Child Health (RCH) programme that has been launched by Government of India (GoI) in 1996-97 is expected 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 being 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 & 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.

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 was 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 the second stage, within each PSU, 28 residential households were selected with Circular Systematic Random Sampling (CSRS) procedure after house listing. In order to take care of non-response due to various reasons, sample was inflated by 10 percent (i.e. 1,100 households).

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.

In each state, in two districts, the PSUs that were surveyed in Round I of DLHS-RCH (also known as RHS-RCH) were 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 deliveries and another with the lowest proportion of safe deliveries 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 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 had been canvassed during round II of the DLHS–RCH survey, taking into consideration the views of all the regional agencies involved. The house listing teams and 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 whether 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 the information collected on age, educational 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 collect 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 gives 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 provides 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 was 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 about awareness, Source of knowledge, aware of mode of transmission, curability, symptoms and treatment seeking behaviour. About HIV/AIDS; Awareness, Source of knowledge, aware of mode of transmission and prevention etc were canvassed.

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

1.5 Fieldwork and Sample Coverage

The fieldwork for RCH Round II was done in two phases. During Phase-I, five districts were covered from March 2002 to August 2002 and remaining four districts were covered during Phase- II from January 2004 to May 2004.

During Round II, a total of 9,133 households were covered. From these surveyed households, 6,224 currently married women aged 15-44 years and 2,433 husbands of eligible women were interviewed.

1.6 Data processing

All the five types of completed questionnaires were brought to headquarter of the regional agencies 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 and state level reports were prepared by regional agency 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^{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^{th} PSU and $H = \sum H_i$, total number of household in a district.

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

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^{th} sampled PSU and HL_i is the number of households listed in i^{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^{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^{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^{th} psu in d^{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 work out as;

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

state, N_i^d is the census population in the i^{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 9,133 households were interviewed, only five percent were rural. The overall household response rate – the number of households interviewed per 100 occupied households was 100 percent. The household response rate was 100 percent in every district.

In the interviewed households, interviews were completed with 6,224 currently married women who were the usual member of the household or stayed night before the household interview and 2,433 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 82 and 32 percent respectively. Women's response rate was the highest (87 percent) in Southwest and East districts, followed by 83 percent in North and West districts and the lowest (74 percent) in Northwest district. Similarly, response rate of husband's was the highest (57 percent) in New Delhi district, followed by 37 percent in Northeast district and the lowest (21 percent) in East district.

Table 1.1 NUMBER OF HOUSEHOLDS INTERVIEWED						
Month and year of fieldwork and number of households interviewed by district, Delhi, 2002-04						
State/District	Month and year of field work		Number of households interviewed			Response rate
	From	To	Total	Rural	Urban	
State	-	-	9,133	485	8,648	100.0
State-phase I	03/2002	08/2002	-	-	-	-
State-phase II	01/2004	05/2004	-	-	-	-
Central	01/2004	03/2004	1,025	0	1,025	100.0
East	03/2004	04/2004	1,061	0	1,061	100.0
New Delhi	03/2002	05/2002	818	0	818	100.0
North	01/2004	04/2004	1,033	52	981	100.0
North East	06/2002	07/2002	1,099	84	1,015	100.0
North West	06/2002	06/2002	1,027	102	925	100.0
South	05/2002	06/2002	933	73	860	100.0
South West	01/2004	05/2004	1,030	118	912	100.0
West	07/2002	08/2002	1,107	56	1,051	100.0

Note: Table based on unweighted cases.

Table 1.2 NUMBER OF WOMEN AND HUSBANDS INTERVIEWED								
Number of women and husbands interviewed by district, Delhi, 2002-04								
State/District	Number of women interviewed			Response rate	Number of husbands interviewed			Response rate
	Total	Rural	Urban		Total	Rural	Urban	
State	6,224	393	5,831	81.7	2,433	166	2,267	32.5
Central	665	0	665	80.3	240	0	240	30.0
East	693	0	693	86.8	162	0	162	20.6
New Delhi	456	0	456	80.6	310	0	310	57.1
North	719	45	674	82.9	203	19	184	23.9
North East	828	73	755	81.1	381	35	346	37.4
North West	675	73	602	74.1	276	19	257	30.5
South	672	58	614	79.8	296	35	261	35.7
South West	681	108	573	87.3	206	42	164	27.2
West	835	36	799	82.8	359	16	343	35.6

Note: Table based on unweighted cases.

1.9 Basic Demographic Profile of the State

The NCT of Delhi is capital city of India. It has witnessed many historical events. Believed to be established as new capital of Pandava named Indraprastha at circa 1450 B.C. from time to time it served as capital city of India for many kingdoms and had Zenith under the monarchy of Shah Jahan. It was reconstructed again under the guidance of Adwin Lutin at the time of British rule and has since been serving as capital city of India since 1911. The present state of Delhi consists of nine districts. Delhi is situated between 28° 25' and 28° 53' N latitude and 76° 50' and 77° 22' E longitude. It is situated between Himalayas and Aravali ranges in the heart of Indian subcontinent. It is surrounded in the east across the Yamuna River by Uttar Pradesh and on the sides of Haryana. The major part of the territory, however, lies to the west of Yamuna River. Delhi comprises of three statutory towns (Delhi Municipal Corporation, New Delhi Municipal Committee and Delhi Cantonment) and 59 census towns, and rural areas are divided into 27 tahsil. The NCT of Delhi consists of nine districts- Central, East, New Delhi, North, Northeast, Northwest, South, Southwest and West.

Table 1.3 gives basic demographic indicators of India, state and district, census 2001. The population of NCT of Delhi was 13.8 million in 2001 - 7.61 millions are males and 6.24 millions females. The rural and urban breakup of the population shows that about seven percent of the population was enumerated in rural areas and over 93 percent in urban areas. Keeping pace with the national average, NCT of Delhi has recorded a sharp decline in the decadal growth rate from 51.4 per cent in 1981-91 to 47.0 percent during 1991-2001. The decadal growth rate was the highest (over 62 percent) in Northeast district, followed by over 61 percent in Southwest district and the lowest (about two percent) in Central district.

The percentage of scheduled caste population has marginally declined during 1991-2001 and the proportion of schedule caste population to total population is 16.9 percent, while scheduled tribe population is negligible in Delhi. The highest percentage of schedule caste population has been recorded in Central district (23.3 per cent) and the lowest (14.7 percent) in Southwest district. The population density of 9294 persons per sq. km. as against 325 persons per square km. for India. Among the districts, Northeast district has the highest density (29,395 person/sq. km.) and Southwest district has the lowest (4165 person/sq. km.).

The sex ratio of the total population in the state has marginally declined since 1991 census from 827 to 821 per 1000 males. Northeast district has recorded the highest sex ratio (849) and Southwest district has the lowest (784) within the state.

The literacy rate in the state has improved from 75.3 percent in 1991 to 81.7 percent in 2001 and it is higher than even the national average of 64.8 percent. The literacy rate in urban areas (81.9 percent) is considerably higher than in the rural areas (78.1 percent) of the state. Among the districts, East district has the highest literacy rate of 84.9 percent and Northeast district has the lowest literacy rate of 77.5 percent. The male literacy for the state is 87.3 percent and the female literacy rate is 74.7 percent.

Table 1.3 BASIC DEMOGRAPHIC INDICATOR							
Basic demographic indicator of India, state and districts, Census 2001							
India/state/district	Population (in thousand)	Percentage urban	Percentage decadal growth rate ¹	Sex ratio ²	Percentage literate 7+		
					Male	Female	Persons
India	1,028,737	28.0	21.5	933	75.3	53.7	64.8
State	13,850	93.2	47.0	821	87.3	74.7	81.7
Central	646	100.0	1.9	842	82.7	76.1	79.7
East	1,463	98.7	41.6	843	89.6	79.3	84.9
New Delhi	179	100.0	2.5	820	88.6	76.3	83.2
North	781	91.6	13.3	826	84.6	74.5	80.1
North East	1,768	91.8	62.5	849	84.8	68.9	77.5
North West	2,861	89.8	60.1	784	86.7	73.1	80.6
South	2,267	91.5	50.3	799	88.3	73.9	82.0
South West	1,755	86.3	61.3	784	89.9	75.6	83.6
West	2,129	94.6	47.8	830	87.8	78.0	83.4

Source: Primary Census Abstract, Series 20, Census of India, 2001. ¹ 1991-2001, ² Females per 1,000 males.

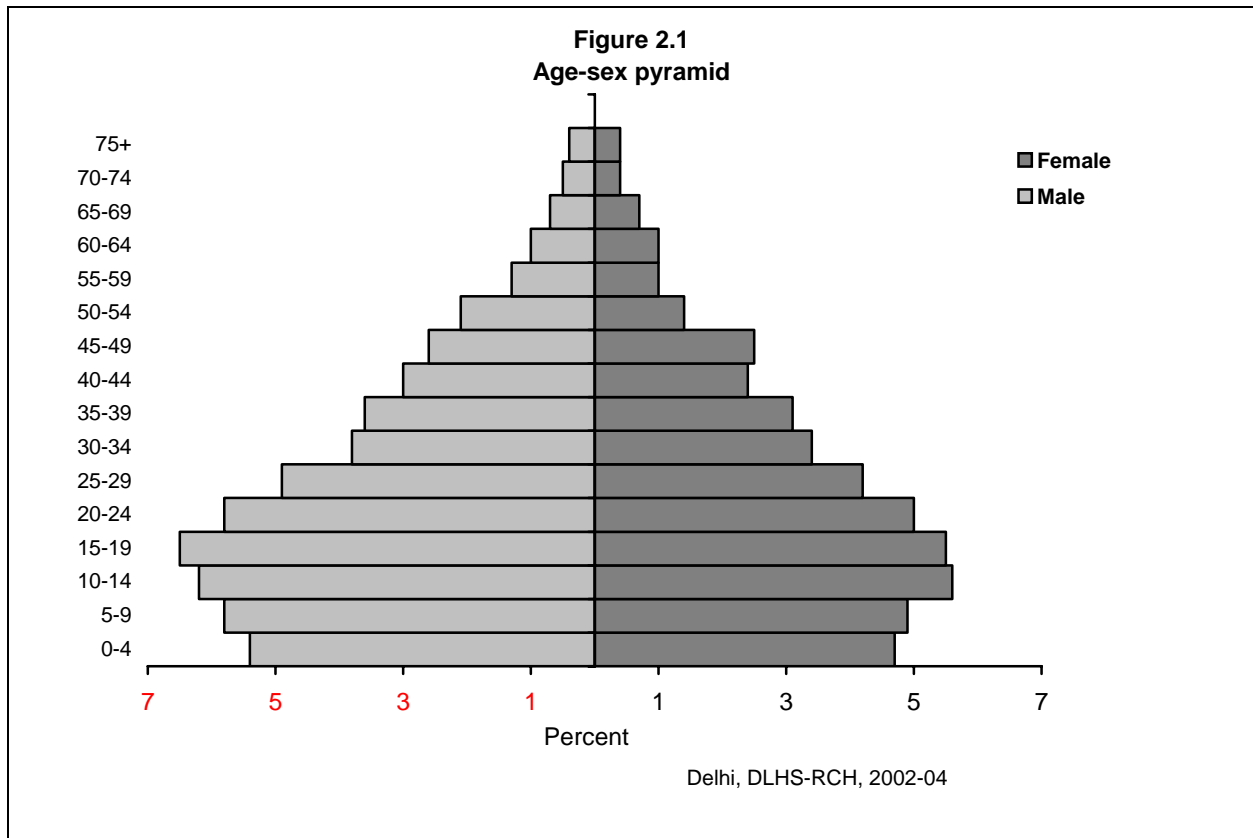
CHAPTER II

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* procedure of enumeration is adopted in order to include every individual staying in the sampled household 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 given in Table 2.1. The percent distribution is based on sampled *de facto* population of 48,055 persons of whom over 94 percent lived in urban areas and only about six percent in the rural areas of Delhi. The NCT of Delhi depicts a young and growing population with 33 percent below the age of 15 years (Figure 2.1). There are more children below 15 years recorded in rural areas (34 percent) compared to those in urban areas (32 percent).



The overall sex ratio of 115 males per 100 females is recorded for the *de facto* population. The sex ratio is more skewed, 121 in favour of males in rural areas as against 115 in urban areas.

Table 2.1 HOUSEHOLD POPULATION BY AGE AND SEX

Percent distribution of the household population by age and by residence and sex, Delhi, 2002-04

Age	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
< 1	1.9	2.0	1.9	2.3	2.0	2.5	1.9	2.0	1.8
1-4	8.2	8.1	8.3	9.6	7.8	11.6	8.1	8.2	8.1
5-9	10.7	10.8	10.6	11.7	12.3	11.1	10.6	10.7	10.6
10-14	11.8	11.6	12.1	10.0	11.4	8.3	11.9	11.6	12.3
15-19	12.0	12.2	11.8	11.9	14.1	9.2	12.0	12.1	12.0
20-24	10.8	10.8	10.8	10.0	9.4	10.8	10.8	10.9	10.8
25-29	9.1	9.1	9.0	10.0	8.1	12.4	9.0	9.1	8.8
30-34	7.2	7.1	7.4	8.8	9.2	8.3	7.1	7.0	7.4
35-39	6.7	6.7	6.7	6.3	7.3	5.2	6.7	6.6	6.8
40-44	5.4	5.6	5.3	4.5	3.9	5.3	5.5	5.7	5.3
45-49	5.1	4.9	5.4	3.4	3.9	2.9	5.2	4.9	5.5
50-54	3.5	3.9	3.1	2.9	2.3	3.7	3.5	4.0	3.0
55-59	2.3	2.4	2.2	2.2	2.1	2.4	2.3	2.4	2.2
60-64	2.1	1.9	2.2	2.4	2.0	3.0	2.0	1.9	2.2
65-69	1.4	1.2	1.5	2.0	2.0	2.0	1.3	1.2	1.5
70-74	0.9	0.9	0.8	0.9	1.2	0.5	0.9	0.9	0.8
75-79	0.4	0.4	0.4	0.4	0.6	0.2	0.4	0.4	0.4
80+	0.4	0.4	0.5	0.5	0.5	0.5	0.4	0.4	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons	48,055	25,742	22,313	2,681	1,466	1,215	45,374	24,275	21,099
Sex ratio ¹	115	NA	NA	121	NA	NA	115	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

¹ Male per 100 females

2.2 Household Characteristics

Table 2.2 gives distribution of the household head by selected characteristics and household size, according to residence in NCT of Delhi. This is based on *de jure*, the usual resident population. The percentage of male household heads was 92 percent in the state – 94 percent in rural areas and 92 percent in urban areas. While only eight percent household heads were females. Only 12 percent household head were below 30 years and over 14 percent 60+ years, while around three-fourth were aged 30-59 years. The median age of household heads was 43 years for the state, while it is 41 years in rural areas and over 43 years in urban areas. Majority of the household heads were Hindu (85 percent), 11 percent Muslim and over three percent belonged to other religions. Hindus constitute a higher proportion of population in rural areas (94 percent) than in urban areas (85 percent). Only five percent of the Muslim households are in rural areas as against 11 percent in urban areas.

One-fourth of the households belong to schedule caste, over one percent to schedule tribe and 17 percent to other backward classes and 55 percent to other castes, while caste of three percent of the household head was not known. More (49 percent) of household head from other backward castes were living in rural areas and more (56 percent) of household head from other castes were living in urban areas.

Table 2.2 HOUSEHOLD CHARACTERISTICS

Percent distribution of the household head by selected characteristics of the household head and household size, according to residence, Delhi, 2002-04

Characteristic	Total	Residence	
		Rural	Urban
Sex of the household head			
Male	92.1	93.6	92.0
Female	7.9	6.4	8.0
Age of the household head			
< 30	12.0	12.2	12.0
30-44	41.6	45.0	41.4
45-59	31.9	27.2	32.1
60+	14.5	15.6	14.4
Median age of the household head	43.4	40.8	43.5
Religion of the household head			
Hindu	85.3	94.2	84.8
Muslim	11.1	5.1	11.4
Christian	0.7	0.4	0.8
Sikh	1.8	0.4	1.9
Buddhist	0.2	0.0	0.2
Jain	0.8	0.0	0.8
Caste/tribe of the household head			
Scheduled caste	24.3	26.5	24.1
Scheduled tribe	1.2	3.3	1.1
Other backward class	17.3	49.0	15.5
Other #	54.6	19.9	56.5
Don't know	2.7	1.3	2.7
Number of usual members			
1	2.3	1.1	2.3
2	6.1	5.0	6.1
3	10.4	9.5	10.5
4	20.2	22.7	20.0
5	22.1	22.3	22.1
6	15.8	14.5	15.9
7	9.4	9.1	9.4
8	5.8	6.2	5.7
9+	7.9	9.7	7.8
Mean household size	5.2	5.3	5.2
Total percent	100.0	100.0	100.0
Number of households	9,133	485	8,648
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)			

Over two percent of the households were one member household as against six percent two member household. Majority (53 percent) of the households were 3-5 member household and 31 percent 6-8 member household, while eight percent were 9+ member household. The mean household size was 5.2 irrespective of residence.

2.3 Educational Level

Table 2.3 gives distribution of household population (based on *de jure* household population) age 7 years and above by literacy level and years of schooling, according to age, residence and sex in Delhi. The data shows that over 19 percent of the population aged seven years and above were

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, Delhi, 2002-04

Age	Non-literate	Literate but no schooling	Years of schooling				Missing	Total Percent	Number of persons
			1-5	6-8	9-10	11 or more			
Total Male									
7-9	5.2	0.6	92.7	0.8	0.0	0.0	0.7	100.0	1,580
10-14	4.7	0.1	46.7	41.2	6.8	0.0	0.5	100.0	2,979
15-19	7.6	0.0	9.7	29.3	34.2	19.2	0.0	100.0	3,140
20-29	10.4	0.0	9.0	17.1	28.0	35.6	0.0	100.0	5,121
30-39	14.9	0.1	9.4	14.9	25.8	34.9	0.0	100.0	3,542
40-49	17.0	0.2	11.3	14.4	22.2	34.9	0.0	100.0	2,688
50+	26.4	0.2	12.6	11.0	17.5	32.2	0.0	100.0	2,886
Total	12.5	0.1	21.0	19.5	21.5	25.2	0.1	100.0	21,935
Total Female									
7-9	5.7	0.2	90.3	2.7	0.0	0.0	1.1	100.0	1,387
10-14	4.1	0.3	43.0	45.9	6.5	0.0	0.3	100.0	2,700
15-19	9.1	0.1	9.2	25.4	33.8	22.4	0.1	100.0	2,640
20-29	22.6	0.3	9.5	15.6	19.7	32.2	0.0	100.0	4,415
30-39	38.1	0.1	12.2	14.6	13.9	21.1	0.0	100.0	3,158
40-49	47.5	0.3	11.4	11.1	10.4	19.3	0.0	100.0	2,372
50+	61.5	0.3	10.9	7.5	6.9	12.8	0.0	100.0	2,393
Total	27.4	0.3	21.0	18.6	14.6	18.1	0.1	100.0	19,065
Total									
7-9	5.4	0.4	91.5	1.7	0.0	0.0	0.9	100.0	2,967
10-14	4.4	0.2	45.0	43.4	6.6	0.0	0.4	100.0	5,679
15-19	8.3	0.1	9.5	27.5	34.0	20.7	0.0	100.0	5,780
20-29	16.0	0.2	9.2	16.4	24.1	34.1	0.0	100.0	9,536
30-39	25.8	0.1	10.7	14.7	20.2	28.4	0.0	100.0	6,700
40-49	31.3	0.2	11.4	12.9	16.7	27.6	0.0	100.0	5,060
50+	42.3	0.3	11.8	9.4	12.7	23.4	0.0	100.0	5,278
Total	19.4	0.2	21.0	19.0	18.3	21.9	0.1	100.0	41,000

Note: Table is based on *de facto* population.

Contd.

non-literate in the state. Twenty-seven percent of females as against over 12 percent of males were non-literates in the state. However, percentage of non-literate population was less than 10 percent in the age group less than 20 years irrespective of sex. Thereafter proportion of non-literate population increases substantially irrespective of sex. The increase in the non-literate population is much faster for females than males. The age-specific sex differential of non-literate population are 12 percentage points in the age group 20-29 years, 23 percentage points in the age group 30-39 years, 30 percentage points in the age group 40-49 years and 35 percentage points in the age group 50+ years. The gap has increased from 12 percentage points in the age group 20-29 years to 35 percentage points in the age group 50+ years. Figure 2.2 gives literacy by age and sex. .

The data shows that over 21 percent of the rural population aged seven years and above were non-literate in the state. Thirty-three percent of females as against 12 percent of males were non-literate. The percentage of non-literate females is higher than males in the age group 15-19 years onward. The age-specific sex differential of non-literate rural population is 15 percentage points in the age group 20-29 years, 21 percentage points in the age group 30-39 years, 43 percentage points in the age group 40-49 years and 56 percentage points in the age group 50+ years. The percentage of

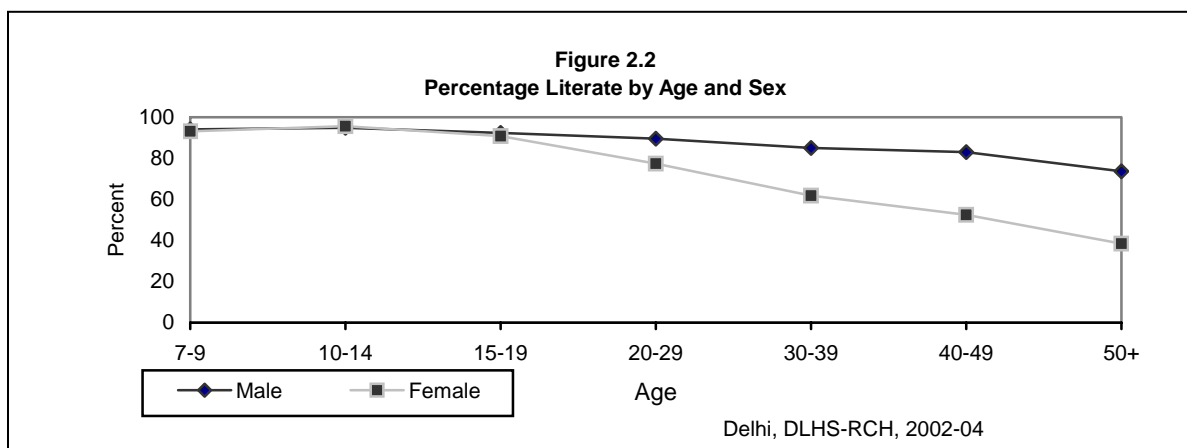


Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age, residence and sex, Delhi, 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		
RURAL								
Male								
7-9	6.7	0.0	93.3	0.0	0.0	0.0	100.0	98
10-14	8.7	0.0	40.6	44.3	6.3	0.0	100.0	167
15-19	5.4	0.0	11.3	20.8	42.4	20.1	100.0	206
20-29	10.3	0.0	7.6	13.9	35.8	32.3	100.0	256
30-39	12.6	0.0	7.7	20.1	35.5	24.1	100.0	242
40-49	8.8	0.0	13.2	8.6	29.9	39.5	100.0	114
50+	29.7	0.0	9.9	5.3	26.1	29.0	100.0	156
Total	11.7	0.0	20.3	17.7	28.3	22.0	100.0	1,240
Female								
7-9	12.6	0.0	86.3	1.1	0.0	0.0	100.0	82
10-14	3.9	0.0	46.9	45.5	3.6	0.0	100.0	101
15-19	9.5	0.0	2.6	29.1	45.9	12.9	100.0	112
20-29	25.6	0.0	8.4	20.5	21.5	24.0	100.0	283
30-39	33.7	0.0	13.9	11.9	19.0	21.4	100.0	163
40-49	52.1	0.0	14.1	18.5	11.9	3.4	100.0	100
50+	85.4	0.0	12.1	2.1	0.4	0.0	100.0	150
Total	33.5	0.0	20.2	18.0	16.1	12.2	100.0	990
Total								
7-9	9.4	0.0	90.1	0.5	0.0	0.0	100.0	180
10-14	6.9	0.0	43.0	44.8	5.3	0.0	100.0	268
15-19	6.8	0.0	8.3	23.7	43.6	17.5	100.0	318
20-29	18.3	0.0	8.0	17.4	28.3	28.0	100.0	538
30-39	21.1	0.0	10.2	16.8	28.9	23.1	100.0	406
40-49	29.0	0.0	13.6	13.2	21.5	22.7	100.0	214
50+	57.0	0.0	11.0	3.7	13.5	14.8	100.0	306
Total	21.4	0.0	20.2	17.8	22.9	17.7	100.0	2,230

Contd.

non-literate rural population was 85 percent for females and 29 percent for males, while it was 57 percent for the state in the age group 50 years and above.

The percentage of non-literate urban population was 19 percent in the state – 27 percent for females and 12 percent for males. The proportion of non-literate urban population was less than 10 percent for the age group below 20 years irrespective of sex. Thereafter it increases in each group irrespective of sex. The age-specific sex differential of non-literate urban population is 12 percentage points in the age group 20-29 years, 23 percentage points in the age group 30-39 years, 30 percentage points in the age group 40-49 years and 34 percentage points in the age group 50+ years. Further, percentage of non-literate female population aged 50 years and above was 85 percent in rural areas as against 60 percent in urban areas- difference of 25 percentage points.

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, Delhi, 2002-04									
Age	Non-literate	Literate but no schooling	Years of schooling				Missing	Total Percent	Number of persons
			1-5	6-8	9-10	11 or more			
URBAN									
Male									
7-9	5.1	0.7	92.6	0.9	0.0	0.0	0.8	100.0	1,482
10-14	4.4	0.1	47.0	41.1	6.8	0.0	0.5	100.0	2,812
15-19	7.7	0.0	9.6	29.9	33.6	19.2	0.0	100.0	2,934
20-29	10.4	0.0	9.0	17.2	27.6	35.8	0.0	100.0	4,865
30-39	15.1	0.1	9.5	14.5	25.1	35.7	0.0	100.0	3,300
40-49	17.4	0.2	11.2	14.7	21.9	34.7	0.0	100.0	2,574
50+	26.2	0.2	12.7	11.4	17.0	32.4	0.0	100.0	2,730
Total	12.5	0.1	21.1	19.6	21.1	25.4	0.1	100.0	20,696
Female									
7-9	5.3	0.3	90.5	2.8	0.0	0.0	1.1	100.0	1,305
10-14	4.1	0.3	42.9	45.9	6.6	0.0	0.3	100.0	2,599
15-19	9.1	0.1	9.5	25.2	33.2	22.8	0.1	100.0	2,528
20-29	22.4	0.3	9.6	15.2	19.6	32.8	0.0	100.0	4,133
30-39	38.3	0.2	12.2	14.7	13.6	21.1	0.0	100.0	2,994
40-49	47.3	0.3	11.3	10.8	10.3	20.0	0.0	100.0	2,273
50+	59.9	0.4	10.9	7.9	7.3	13.6	0.0	100.0	2,242
Total	27.1	0.3	21.0	18.6	14.5	18.4	0.1	100.0	18,075
Total									
7-9	5.2	0.5	91.6	1.8	0.0	0.0	1.0	100.0	2,786
10-14	4.3	0.2	45.1	43.4	6.7	0.0	0.4	100.0	5,411
15-19	8.3	0.1	9.5	27.7	33.4	20.8	0.0	100.0	5,462
20-29	15.9	0.2	9.3	16.3	23.9	34.4	0.0	100.0	8,998
30-39	26.1	0.1	10.8	14.6	19.6	28.7	0.0	100.0	6,294
40-49	31.4	0.3	11.3	12.9	16.4	27.8	0.0	100.0	4,846
50+	41.4	0.3	11.9	9.8	12.6	24.0	0.0	100.0	4,972
Total	19.3	0.2	21.1	19.1	18.0	22.1	0.1	100.0	38,770

The percentage of population with 1-5 years of schooling was 21 percent, irrespective of sex; in the state. Further, percentage of population, irrespective of sex, with 1-5 years of schooling was the highest in the age group 7-9 years, which declines thereafter. The educational scenario of the population with 6-8 years of schooling is similar to that of the population with 1-5 years of schooling.

The percentage of population with 9-10 years of schooling was 18 percent in the state – 14 percent for females and 21 percent for males. The educational scenario, irrespective of sex, is similar for the age group below 15 years. The percentage of population with 9-10 years of schooling

was the highest (34 percent) in the age group 15-19 years and declines thereafter-in successive age groups irrespective of sex.

The percentage of rural population with 9-10 years of schooling was the highest in the age group 15-19 years irrespective of sex. The age specific sex differential of rural population with 9-10 years of schooling was 14 percentage points in the age groups 20-29, 16 percentage points in the age group 30-39 years, 18 percentage points in the age group 40-49 years and 26 percentage points in the age group 50+ years. Similarly, age specific sex differential of urban population with 9-10 years of schooling was eight percentage points in the age groups 20-29, 11 percentage points in the age group 30-39 years, 12 percentage points in the age group 40-49 years and 10 percentage points in the age group 50+ years.

The percentage of population with 11 or more years of schooling was 22 percent in the state – 18 percent for females and 25 percent for males. The percentage of population with 11 or more years of schooling was 22 percent for females as against 19 percent for males in the age group 15-19 years- difference of three percentage points in favour of females. In the subsequent age group difference is in favour of males. The age specific sex differential of population with 11 or more years of schooling was three percentage points in the age group 20-29 years, 14 percentage points in the age group 30-39 years, 16 percentage points in the age group 40-49 years and 19 percentage points in the age group 50+ years.

The percentage of rural population with 11 or more years of schooling was 18 percent in the state – 12 percent for females and 22 percent for males. The age specific sex differential of rural population with 11 or more years of schooling was seven percentage points in the age group 15-19 years, eight percentage points in the age group 20-29 years, three percentage points in the age group 30-39 years, 36 percentage points in the age group 40-49 years and 29 percentage points in the age group 50+ years. Similarly, percentage of urban population with 11 or more years of schooling was 22 percent in the state – 18 percent for females and 25 percent for males. The percentage of urban population with 11 or more years of schooling was 23 percent for females as against 19 percent for males in the age group 15-19 years- difference of three percentage points in favour of females. Thereafter in the subsequent age groups differences are in favour of males. The age specific sex differential of urban population with 11 or more years of schooling was three percentage points in the age group 20-29 years, 15 percentage points in the age groups 30-39 and 40-49 years and 18 percentage points in the age group 50+ years.

The data shows that percentage of non-literate population was 19 percent in the state- 21 percent in rural areas and 19 percent in urban areas. The percentage of population with 9-10 years of schooling was 18 percent in the state – 23 percent in rural areas and 18 percent in urban areas. Again, percentage of population with 11 or more years of schooling was 22 percent in the state – 18 percent in rural areas and 22 percent in urban areas. These data show that rural-urban differential do exist in the state but these are quite small.

2.4 Marital Status of the Household Population

Table 2.4 gives percent distribution of *de facto* household population aged 10 years and above by marital status by age and sex. The data shows that 34 percent of females aged 10 years and above were never married, 58 percent were currently married and over seven percent were widowed/divorced/

Table 2.4 MARITAL STATUS OF THE HOUSEHOLD POPULATION						
Percent distribution of the household population aged 10 years and above by marital status, according to age and sex , Delhi, 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	98.7	0.8	0.4	0.0	100.0	2,979
15-19	97.5	1.8	0.6	0.1	100.0	3,140
20-24	73.5	25.7	0.4	0.4	100.0	2,783
25-29	23.9	74.5	0.3	1.4	100.0	2,338
30-44	3.3	94.7	0.1	1.9	100.0	4,977
45-59	0.6	94.6	0.1	4.7	100.0	2,861
60+	1.2	82.5	0.0	16.3	100.0	1,277
Total	43.2	54.1	0.3	2.4	100.0	20,356
Female						
10-14	98.9	0.8	0.1	0.2	100.0	2,700
15-19	89.4	9.8	0.6	0.1	100.0	2,640
20-24	33.6	65.2	0.3	0.9	100.0	2,402
25-29	6.5	91.4	0.0	2.2	100.0	2,013
30-44	1.2	93.8	0.1	4.9	100.0	4,333
45-59	0.7	84.2	0.2	14.9	100.0	2,375
60+	0.5	46.8	0.3	52.5	100.0	1,214
Total	34.2	58.4	0.2	7.2	100.0	17,678
Total						
10-14	98.8	0.8	0.3	0.1	100.0	5,679
15-19	93.8	5.5	0.6	0.1	100.0	5,780
20-24	55.0	44.0	0.4	0.6	100.0	5,185
25-29	15.8	82.3	0.2	1.7	100.0	4,351
30-44	2.3	94.3	0.1	3.3	100.0	9,311
45-59	0.6	89.9	0.2	9.3	100.0	5,236
60+	0.9	65.1	0.1	33.9	100.0	2,491
Total	39.0	56.1	0.3	4.6	100.0	38,034

Note: Table is based on *de facto* population

separated in the state. Again, 43 percent of males aged 10 years and above were never married, 54 percent were currently married and over two percent widowed/divorced/separated in the state. Further, 10 percent females were married before 20 years of age, two-third females were married in the age group 20-24 years, 91 percent were married in the age group 25-29 years and almost all of them were married before attaining menopause. However, 97 percent of males as against all of the females were married before reaching 45 years of age. The proportion of widowed, divorced, and separated or deserted was quite small and limited until 45 years for both the sexes. However, 52 percent of females as against 16 percent of males were widowed, divorced, and separated or deserted in the age group 60+ years.

2.5 Marriage

Marriage in the household is an important event that reflects the socio-cultural practices of the communities surveyed. This section covers the marriages sermonized during the three years period prior to the survey. Table 2.5 gives mean age at marriage and percentage of marriages below legal age at marriage by sex and by district. Mean age at marriage for girls was 20.6 years in the state- 19.9 years in rural areas and 20.7 years in urban areas. Similarly, mean age at marriage for boys was 23.8 years in the state – 21.8 percent in rural areas and 23.9 years in urban areas.

Table 2.5 MARRIAGE				
Mean age at marriage and percentage of marriages below legal at marriage by sex and by districts, Delhi, 2002-04				
Place of residence/ District	Mean age at marriage		Percentage of marriage below legal age at marriage	
	Boy	Girl	Boy (<21)	Girl (<18)
State – Total	23.8	20.6	17.2	10.8
State – Rural	21.8	19.9	37.6	15.9
State – Urban	23.9	20.7	15.9	10.4
District				
Central	25.4	21.9	7.7	7.2
East	24.7	22.1	12.4	2.2
New Delhi	24.5	20.9	19.7	22.1
North	24.9	22.4	10.9	4.4
North East	23.5	20.5	15.5	8.6
North West	22.9	19.7	25.8	20.0
South	23.3	19.7	19.1	17.8
South West	25.2	21.8	7.5	3.5
West	22.9	19.8	21.5	9.6

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

The mean age at marriage of boys was the highest (25.4 years) in Central district, followed by 25.2 years in Southwest district and the lowest (22.9 years) in Northwest and West districts, while it was 23.8 years for the state. Similarly, mean age at marriage of girls was the highest (22.4 years) in North district, followed by 22.1 years in East district and the lowest (19.7 years) in Northwest and South districts, while it was 20.6 years for the state.

Further, the percentage of girls who were married below the legal age at marriage of 18 years was the highest (22 percent) in New Delhi district, followed by 20 percent in Northwest district and the lowest (over two percent) in East district, while it was 11 percent for the state. Similarly, the percentage of boys who were married below the legal age at marriage of 21 years was the highest (26 percent) in Northwest district, followed by over 21 percent in West district and the lowest (over seven percent) in Southwest district, while it was 17 percent for the state. These data further show that legal age at marriage has been violated more for boys than for girls in the NCT of Delhi (see Map-1).

2.6 Morbidity Rates

The DLHS-RCH has collected information on the morbidity status of the *de jure* members of the household relating to blindness, tuberculosis and malaria. Table 2.6 gives prevalence rates of blindness, tuberculosis and malaria by residence in the NCT of Delhi. The prevalence rate is per 100,000 population.

Partial, Complete and Night Blindness

The prevalence of partial blindness was 675 per 100,000 population in the state – 703 in rural areas and 673 in urban areas. It was 540 for males and 831 for females. In other words, prevalence of partial blindness was more among females than males and also more in rural areas than in urban areas. Similarly, prevalence of complete blindness was 180 per 100,000 population

Table 2.6 MORBIDITY RATES			
Prevalence of blindness, tuberculosis, and malaria, according to place of residence, Delhi, 2002-04			
Morbidity	Total	Residence	
		Rural	Urban
Prevalence rate of blindness			
Male			
Partial	540	849	522
Complete	157	752	121
Night blindness	83	365	66
Female			
Partial	831	523	848
Complete	207	480	191
Night blindness	78	80	78
Persons			
Partial	675	703	673
Complete	180	631	154
Night blindness	81	238	72
Prevalence rate of tuberculosis			
Male	140	57	145
Female	162	55	168
Person	150	56	156
Prevalence rate of malaria ¹			
Male	71	22	74
Female	54	0	57
Person	63	12	66
Note: All the rates refer to <i>de jure</i> population.			
Prevalence rate per 100, 000 population			
Reference period: - January 1 st , 1999 to survey date for phase-1, and January 1 st , 2001 to survey date for phase-2. ¹ Last two weeks prior to the survey			

in the state – 631 in rural areas and 154 in urban areas. It was 207 for females and 157 for males. The data shows that prevalence of complete blindness was more among females than males and also more in rural areas than in urban areas. However, night blindness was more in rural areas than in urban areas. It was marginally higher among males than among females.

Tuberculosis

The prevalence of tuberculosis was 150 per 100,000 population in the state – 56 in rural areas and 156 in urban areas. It was 140 for males and 162 for females. In other words, prevalence of TB was higher among females than among males. It was higher in urban areas than in rural areas.

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 two weeks prior the survey. The prevalence of malaria was 63 persons per 100,000 population in the state – 12 in rural areas and 66 in urban areas. It was 71 for males and 54 for females. In other words, prevalence of malaria was higher in urban areas than in rural areas.

2.7 Morbidity Rates by Districts

Table 2.7 shows the prevalence of blindness, tuberculosis and malaria by district in the NCT of Delhi.

Table 2.7 MORBIDITY RATES BY DISTRICTS				
Prevalence of blindness, tuberculosis, and malaria, by district, Delhi, 2002-04				
District	Prevalence ¹ of morbidity			
	Partial blindness	Complete blindness	Tuberculosis	Malaria ²
Central	1,608	204	196	61
East	1,218	165	352	61
New Delhi	354	113	128	44
North	1,401	159	182	57
North East	198	19	101	37
North West	310	282	81	131
South	744	75	44	51
South West	367	402	96	50
West	867	160	272	19
Delhi	675	180	150	63

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

The data shows that prevalence of partial blindness was the highest (1608) in Central district, followed by 1401 in North district and the lowest (198) in Northeast district, while it was 675 for the state. Similarly, prevalence of complete blindness was the highest (402) in Southwest district, followed by 282 in Northwest district and the lowest (19) Northeast district, while it was 180 for the state.

The prevalence of tuberculosis was the highest (352) in East district, followed by 272 in West district and the lowest (44) in South district, while it was 150 for the state. Further, prevalence of malaria was the highest (131) in Northwest district, followed by 61 in Central and East districts, and the lowest (19) in West district, while it was 63 for the state.

2.8 Housing Characteristics

Table 2.8 gives percent distribution of the households by housing characteristics and percentage of households owning selected durable goods by residence. Ninety-eight percent of the households in NCT of Delhi were using electricity – 97 percent in rural areas and 99 percent in urban areas.

The source of drinking water of 84 percent of the households was tap – 64 percent households were having tap inside and 21 percent households were sharing public tap. More of the households in rural areas than in urban areas were sharing public tap. Source of drinking water of 12 percent households was hand pump/bore well – eight percent in rural areas and 12 percent in urban areas. Less than one percent households were drawing drinking water from covered well. Thus, 96 percent of the households were using potable water for drinking – 92 percent in rural areas and 96 percent in urban areas. In other words, four percent of the households were using unsafe water for drinking in the state – seven percent in rural areas and four percent in urban areas.

Extent of households with sanitation facility shows that 41 percent of the households had own flush toilets in the state – 12 percent in rural areas and 42 percent in urban facility. Further, over 26 percent of the households had own pit toilet/latrine in the state – 36 percent in rural areas

Table 2.8 HOUSING CHARACTERISTICS

Percent distribution of the household by housing characteristics and percentage of households owing selected durable goods, according to residence, Delhi, 2002-04

Housing characteristic	Total	Residence	
		Rural	Urban
Electricity			
Yes	98.7	97.0	98.8
No	1.2	3.0	1.1
Source of drinking water			
Tap inside	63.7	53.9	64.3
Tap shared public	20.7	30.1	20.2
Hand pump/ bore well	11.7	8.7	11.8
Well covered	0.1	0.0	0.1
Well uncovered	0.0	0.0	0.0
River	0.0	0.0	0.0
Pond	0.0	0.0	0.0
Spring	0.0	0.0	0.0
Other	3.8	7.3	3.6
Sanitation facility			
Own flush toilet	40.6	12.1	42.2
Own pit toilet / latrine	26.5	36.3	25.9
Shared toilet of any type	14.5	11.2	14.7
Public / community toilet	9.1	6.1	9.2
No toilet facility	9.3	34.3	7.9
Main type of fuel used for cooking			
Liquid petroleum gas/ electricity	77.9	54.9	79.1
Kerosene	14.0	11.7	14.2
Wood	7.6	33.3	6.2
Other	0.5	0.2	0.5
Type of house			
Kachcha	1.7	3.3	1.6
Semi - pucca	6.5	13.9	6.0
Pucca	91.8	82.7	92.3
Household assets			
Fan	97.9	95.1	98.0
Radio/transistor	41.9	30.9	42.5
Sewing machine	54.6	49.7	54.8
Television	85.7	75.8	86.2
Telephone	34.6	21.3	35.3
Bicycle	34.3	41.8	33.9
Motor cycle/ scooter	24.8	27.2	24.7
Car / Jeep	8.2	4.1	8.5
Tractor	0.3	2.3	0.2
Standard of living index			
Low	2.2	6.6	2.0
Medium	34.4	52.3	33.4
High	63.4	41.1	64.6
Number of households	9,131	486	8,646

and 26 percent in urban areas. The data shows that proportion of households having own flush toilet was more in urban areas and that of households having own pit toilet/latrine was more in rural areas. The percentage of households with shared toilet facility of any type was over 14 percent, while nine percent of the households were using public/community toilet. Further, one-third of the households in rural areas as against eight percent in urban areas were having no toilet facility, while it was nine percent for the state. .

Data were also collected on type of fuel used for cooking in the households. The percentage of households using liquid petroleum gas or electricity for cooking was 78 percent in the state – 55 percent in rural areas and 79 percent in urban areas. Fourteen percent of the households were using kerosene as against eight percent households using wood for cooking. One-third of the households in rural areas as against six percent in urban areas were using wood for cooking. Only less than one percent of the households were using other types of fuel for cooking.

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*. Data shows that only two percent of the households were living in *kachcha* houses, over six percent in semi *pucca* houses and 92 percent in *pucca* houses. Ninety-two percent of the urban households live in *pucca* houses compared to 83 percent of the rural households.

The possession of consumer durable goods is an indication of a household's socio-economic status. The data shows that 98 percent of the households owned fan, 42 percent owned radio/transistor, while 55 percent owned sewing machine in the state. Eighty-six percent of the households owned television in the state – 76 percent in rural areas and 86 percent in urban areas. More than one-third of the households were having telephone (35 percent) and bicycles (34 percent) in the state. More of the households were having telephone in urban areas while more of the households were having bicycle in rural areas. Other durable goods found in the surveyed households were motorcycle or scooter (25 percent) and car/jeep (eight percent), while less than one percent of the households owned tractor. 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 as 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.

Data shows that percentage of households with low standard of living index was over two percent in the state – seven percent in rural areas and two percent in urban areas. Similarly, 34 percent of the households were with medium standard of living index – 52 percent in rural areas and 33 percent in urban areas. The percentage of households with high SLI was 63 percent in the state – 41 percent in rural areas and 65 percent in urban areas. Thus, more of the households with high SLI were in urban areas and more of the households with medium SLI were in rural areas.

2.9 Housing Characteristics by Districts

The nine districts in the NCT of Delhi are not uniform in terms of basic amenities and possession of consumer durables. Table 2.9 gives selected housing characteristics by district. The percentage of households with electricity was the highest (100 percent) in Northwest district and the lowest (95 percent) in South district, while it was 99 percent for the state. The percentage of households with drinking water was the highest (100 percent) in New Delhi and South districts and the lowest (91 percent) in Northwest district, while it was 96 percent for the state.

The percentage of the households with toilet facility was the highest (98 percent) in East district, followed by 96 percent in Central and Northeast districts and the lowest (82 percent) in Northwest district, while it was 91 percent for the state. Further, percentage of the households using liquid petroleum gas/electricity was the highest (91 percent) in East district, followed by 89 percent in Southwest district and the lowest (63 percent) in West district, while it was 78 percent for the state. The percentage of the households living in *pucca* houses was the highest (98 percent) in Northeast district, followed by 97 percent in East district and the lowest (71 percent) in New Delhi district, while it was 92 percent for the state.

Table 2.9 HOUSING CHARACTERISTICS BY DISTRICT					
Selected housing characteristics by district, Delhi, 2002-04					
Districts	Percentage of households:				
	With electricity	With drinking water ¹	With toilet facility	Using Liquid petroleum gas/ electricity	Living in <i>pucca</i> house
Central	99.9	99.0	96.4	87.8	93.5
East	99.1	99.5	97.7	91.2	97.4
New Delhi	97.8	99.7	91.5	76.7	71.0
North	98.7	99.6	90.9	87.5	94.8
North East	99.3	92.6	96.5	79.4	98.2
North West	100.0	90.8	82.4	72.5	91.1
South	95.3	99.8	86.4	72.1	89.1
South West	99.3	95.7	91.4	89.2	91.6
West	99.0	97.3	91.9	62.8	85.8
Delhi	98.7	96.2	90.6	77.9	91.8

¹ That is piped or from a hand pump/bore well /covered well

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 are classified by degree of ionization of salt. Table 2.10 gives percent distribution of household heads by degree of iodisation of salt, according to selected background characteristics. The data shows that 82 percent households were using cooking salt that contained 15 ppm or higher level of iodine content whereas 11 percent of the households were using salt that was not iodized at all, while over

Table 2.10 IODIZATION OF SALT

Percent distribution of household heads by degree of iodization of salt, according to selected background characteristics, Delhi, 2002-04

Background characteristic	Not iodised	7ppm	15+ppm	Other ¹	Total percent	Number of households
Place of Residence						
Rural	11.2	12.8	70.3	5.6	100.0	486
Urban	11.2	4.0	82.4	2.4	100.0	8,646
Education of the household heads						
Non-literate	21.0	5.3	70.8	2.9	100.0	2,082
0-9@ years	12.8	4.9	80.3	2.0	100.0	2,677
10 and above	5.6	3.8	87.8	2.8	100.0	4,367
Religion of household head						
Hindu	10.2	4.4	83.0	2.4	100.0	7,791
Muslim	21.6	5.2	69.7	3.6	100.0	1,014
Christian	6.3	3.3	88.9	1.6	100.0	67
Sikh	4.9	4.8	87.5	2.8	100.0	165
Jain	1.0	4.1	90.2	4.7	100.0	73
Caste/tribe of the household head#						
Scheduled caste	16.3	5.5	76.4	1.8	100.0	2,214
Scheduled tribe	9.0	14.3	76.3	0.4	100.0	113
Other backward class	13.0	4.6	79.6	2.8	100.0	1,575
Other	8.1	3.5	85.5	3.0	100.0	4,982
Standard of living index						
Low	36.3	7.5	55.2	1.0	100.0	201
Medium	18.6	6.2	72.7	2.6	100.0	3,142
High	6.4	3.4	87.6	2.7	100.0	5,788
Total	11.2	4.4	81.8	2.6	100.0	9,131
Ppm: Parts per million						
Note: Table includes 4 household heads with missing information and 18 of other on religion who are not shown separately.						
@ 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. ¹ Includes salt not at home, salt not tested, refused and missing cases.						

four percent households were using cooking salt that was inadequately iodized. The percentage of households using not iodised cooking salt was the highest (21 percent) for non-literate household heads and the lowest (six percent) for household heads who have studied for 10 years and above, while it was 13 percent for household heads who had studied for 0-9 years. The percentage of households using not iodised cooking salt was the highest (36 percent) for households with low SLI and the lowest (six percent) for households with high SLI, while it was 19 percent for households with medium SLI. However, no rural-urban differential existed in the use of non-iodised cooking salts in the state.

The percentage of households using not iodised cooking salt was the highest (22 percent) for Muslim households, followed by 10 percent for Hindu households and the lowest (one percent) for Jain households. The percentage of households using non-iodised cooking salt was 16 percent for scheduled caste households as against nine percent for scheduled tribe households and 13 percent for OBC households, while it was eight percent for other caste household heads.

The extent of use of inadequately iodised salt for cooking was over four percent in the state – 13 percent in rural areas and four percent in urban areas. Similarly, extent of households using cooking salt with 15 ppm or higher level of iodine was 82 percent in the state – 70 percent

in rural areas and 82 percent in urban areas. The percentage of households using cooking salt with 15 ppm or higher level of iodine was the highest (88 percent) for household heads who had studied for 10 years and above and the lowest (71 percent) for non-literate household heads, while it was 80 percent for household heads who had studied for 0-9 years. Similarly, percentage of households using cooking salt with 15 ppm or higher level of iodine was the highest (88 percent) for households with high SLI and the lowest (55 percent) for households with low SLI, while it was 73 percent for households with medium SLI. The percentage of households using cooking salt with 15 ppm or higher level of iodine was the highest (90 percent) for Jain households, followed by 89 percent for Christian households and the lowest (70 percent) for Muslim households, while it was 83 percent for Hindu households. The extent of use of cooking salt with 15 ppm or higher level of iodine was 76 percent for SC/ST households and 80 percent for OBC households, while it was 85 percent other caste households.

2.11 Iodization of Salt by Districts

Table 2.11 gives percent distribution of household heads by degree of iodisation of salt by district. The percentage of households using not iodised cooking salt was the highest (27 percent) in West district, followed by 13 percent in Northwest district and the lowest (three percent) in Southwest district, while it was 11 percent for the state. The percentage of households using cooking salt with 7 ppm iodine content was the highest (seven percent) in Northwest district, followed by six percent in South district and the lowest (one percent) in East district, while it was over four percent for the state. The extent of households using cooking salt with 15 ppm or higher level of iodine was the highest (89 percent) in East district, followed by 87 percent in Central district and the lowest (67 percent) in West district, while it was 82 percent for the state (see Map-2). The gap between the highest and the lowest percentage of households using cooking salt with 15 ppm or higher level of iodine is 22 percentage points, which is quite high.

District	Not iodized	7ppm	15+ppm	Other ¹
Central	4.6	4.0	87.4	4.0
East	4.3	1.0	89.1	5.6
New Delhi	5.3	6.5	86.3	2.0
North	8.8	2.0	85.8	3.3
North East	10.5	2.5	85.5	1.5
North West	13.0	7.1	78.5	1.5
South	8.6	5.9	84.2	1.3
South West	3.2	5.1	86.5	5.3
West	27.1	4.1	67.3	1.5
Delhi	11.2	4.4	81.8	2.6

Ppm: Parts per million. ¹ Includes salt not at home, salt not tested, refused and missing cases

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, if not available within the village, from

various types of education facilities, including primary school, middle school, secondary school, higher secondary school, college, *Gurujee* scheme and '*Madarsa*'. Further information on the distance of the village, if not available within 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).

Table 2.12 gives distribution of rural household population by distance from the nearest education facility. The unit of analysis is usual residents of rural population (the *de jure* rural population). The data shows that 88 percent of the primary schools are located within the village, seven percent within a distance of five kms. from the village and five percent within 5-9 kms. from the village. Further, two-third of the middle/secondary schools are located within the village and 32 percent middle school and 27 percent secondary schools are situated within a distance of five kms. from the village and the remaining within 5-9 kms. of the village. Again, 58 percent of the higher secondary schools are situated within the village, 37 percent within a distance of five kms. from the village and the remaining five percent are located within 5-9 kms. from the village. Only seven percent of the colleges are located within the village and 89 percent are situated at a distance of five kms. and more from the village. Only 11 percent of the *Gurujee* scheme and *Madaraa* are located within the village and the remaining outside the village. These data show that educational facilities in the NCT of Delhi are located if not within the village then quite close to the village. The children in rural areas have not to travel long distance to reach the education facility.

Table 2.12 DISTANCE FROM THE NEAREST EDUCATION FACILITY						
Percent distribution of rural household population by distance from the nearest education facility, Delhi, 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	88.0	6.9	5.0	0.0	0.0	100.0
Middle School	65.9	32.3	1.8	0.0	0.0	100.0
Secondary School	65.9	27.5	6.6	0.0	0.0	100.0
Higher Secondary School	58.0	37.1	4.9	0.0	0.0	100.0
College	6.8	4.5	39.0	49.8	0.0	100.0
Gurujee Scheme	10.9	73.2	6.7	9.2	0.0	100.0
Madarsa	10.9	31.4	9.7	0.0	47.9	100.0

Note: Table based on rural *de jure* population

Table 2.13 gives percent distribution of rural household population by distance from the nearest health facility. The data shows that one-fourth of the sub-centres were situated within the village, 40 percent within a distance of five kms. from the village and 35 percent 5-9 kms. from the village. Further, 72 percent of the primary health centres were located within the village, 24 percent within a distance of five kms. from the village and three percent 5-9 kms, from the village. The location of sub-centre and primary health centre together shows that 80 percent of the SC/PHC were situated within the village, 17 percent within a distance of five kms. from the village and three percent 5-9 kms. from the village. Further, 44 percent of the CHC/RH were located within the village, 20 percent within a distance of five kms. from the village and 29 percent 5-9 kms. from the village. Sixty-eight percent of the government dispensaries are situated within the village, 22 percent within a distance of five kms. from the village and 10 percent 5-9 kms. from the village. Forty-seven percent of the private clinics were located with the village, 33 percent within

Table 2.13 DISTANCE FROM THE NEAREST HEALTH FACILITY						
Percent distribution of rural household population by distance from the nearest health facility, Delhi, 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	25.0	40.2	34.7	0.0	0.0	100.0
Primary health centre	72.2	24.5	3.3	0.0	0.0	100.0
Either sub-centre or PHC	79.9	16.8	3.3	0.0	0.0	100.0
Community health centre/ Referral hospital	44.2	20.4	29.5	0.0	5.9	100.0
Government dispensary	67.6	21.9	10.5	0.0	0.0	100.0
Government hospital	6.7	25.9	29.9	37.4	0.0	100.0
Private clinic	47.0	33.5	19.5	0.0	0.0	100.0
Private hospital	14.2	70.1	15.7	0.0	0.0	100.0
ISM health facility	6.7	34.7	4.9	0.0	53.7	100.0

Note: Table based on rural *de jure* population

five kms. from the village and 19 percent 5-9 kms. from the village. Seven percent of Government hospitals, 14 percent of private hospitals and seven percent of ISM facilities were located within the village.

Table 2.14 shows the percentage of rural residents living in villages that have selected services. Seventy-nine percent of rural residents live in villages that have an *anganwadi* centre, while 62 percent of them live in villages with *anganwadi* workers. Three-fourth of the rural residents live in villages that have a private doctor and also a visiting doctor, 36 percent with a homeopathy doctor, six percent with a village health guide, 41 percent with a trained birth attendant. Eight-tenth of the rural residents live in villages that have a *Dai*.

Table 2.14 AVAILABILITY OF SERVICES	
Percentage of rural residents living in villages that have selected services, Delhi, 2002-04	
Services	Percentage of rural Residents
<i>Anganwadi</i> centre	79.5
<i>Anganwadi</i> worker	62.3
Private doctor	76.3
Visiting doctor	74.0
Homeopathic doctor	35.7
Village health guide	5.9
Trained birth attendant	41.0
Dai	79.4

Note: Table based on rural *de jure* population

2.13 Availability of Education Facility and Health Services by Districts

Table 2.15 gives the selected facility and services of rural household population within village by district in the NCT of Delhi. The percentage of rural population with primary or middle school was the highest (100 percent) in Northeast and Southwest districts, followed by 94 percent in Northwest district and the lowest (13 percent) in North district, while it was 88 percent for the state. The percentage of rural population with sub-centre was the highest (100 percent) in North district, followed by 79 percent in South district and the lowest (less than one percent) in Southwest district, while it was 25 percent for the state. The percentage of rural population with PHC was the highest (100 percent) in North, West and Southwest districts, followed by 81 percent in Northwest

Table 2.15 AVAILABILITY OF FACILITY AND SERVICES BY DISTRICT

Selected facility and services of rural household population within village by district, Delhi, 2002-04

Districts	Percentage of rural household population with:						
	Primary or middle school	Sub-centre	PHCs	Any government health facility ¹	Doctor ²	TBA ³	Anganwadi worker
North	13.5	100.0	100.0	100.0	86.5	0.0	86.5
North East	100.0	35.9	35.9	74.7	100.0	61.1	0.0
North West	93.7	0.0	81.1	81.1	100.0	81.1	100.0
South	79.5	79.5	31.2	79.5	100.0	0.0	0.0
South West	100.0	0.1	99.9	100.0	100.0	0.0	100.0
West	47.2	47.2	100.0	100.0	100.0	47.2	47.2
Delhi	88.0	25.0	72.2	86.4	99.7	41.0	62.3

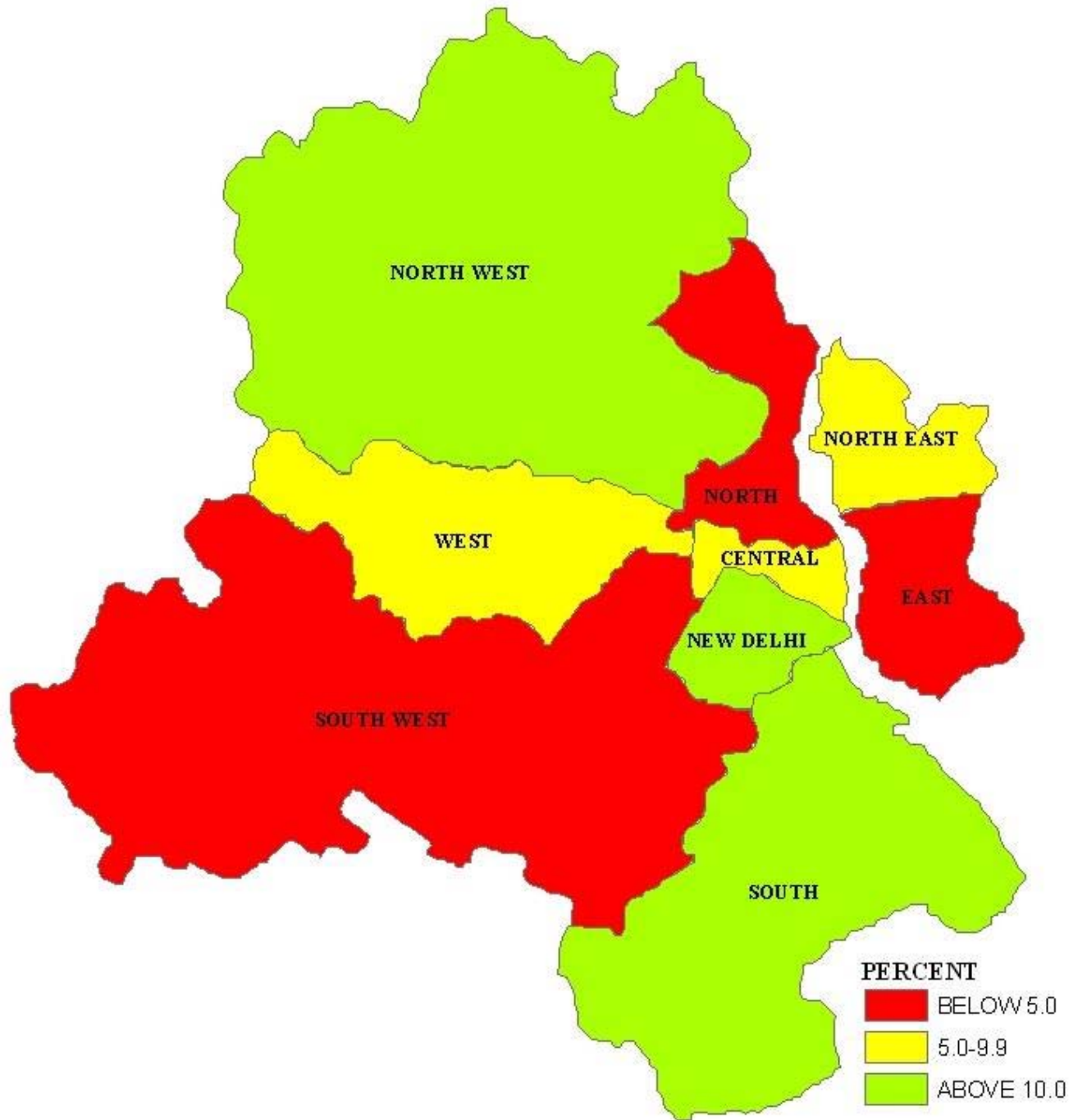
¹ Includes sub-center, primary health center, community health center or referral hospital, government hospital, and government dispensary within the village ² Either private or visiting doctor ³ Trained birth attendant
Note: Central, East and New Delhi districts are not included as there was no rural population.

district and the lowest (31 percent) in South district, while it was 72 percent for the state. The percentage of rural population with any government health facility was the highest (100 percent) in North, Southwest and West districts, followed by 81 percent in Northwest district and the lowest (75 percent) in Northeast district, while it was 88 percent for the state.

Further, all of the rural population was having access to a doctor within the village in all the districts except North district where it was 86 percent. The percentage of rural population with TBA within the village was the highest (81 percent) in Northwest district, followed by 61 percent in Northeast district and the lowest (zero percent) in North, South and Southwest districts. The percentage of rural population with *anganwadi* worker within the village was the highest (100 percent) in Northwest and Southwest districts, followed by 86 percent in North district and the lowest (zero percent) in Northeast and South districts, while it was 62 percent for the state.

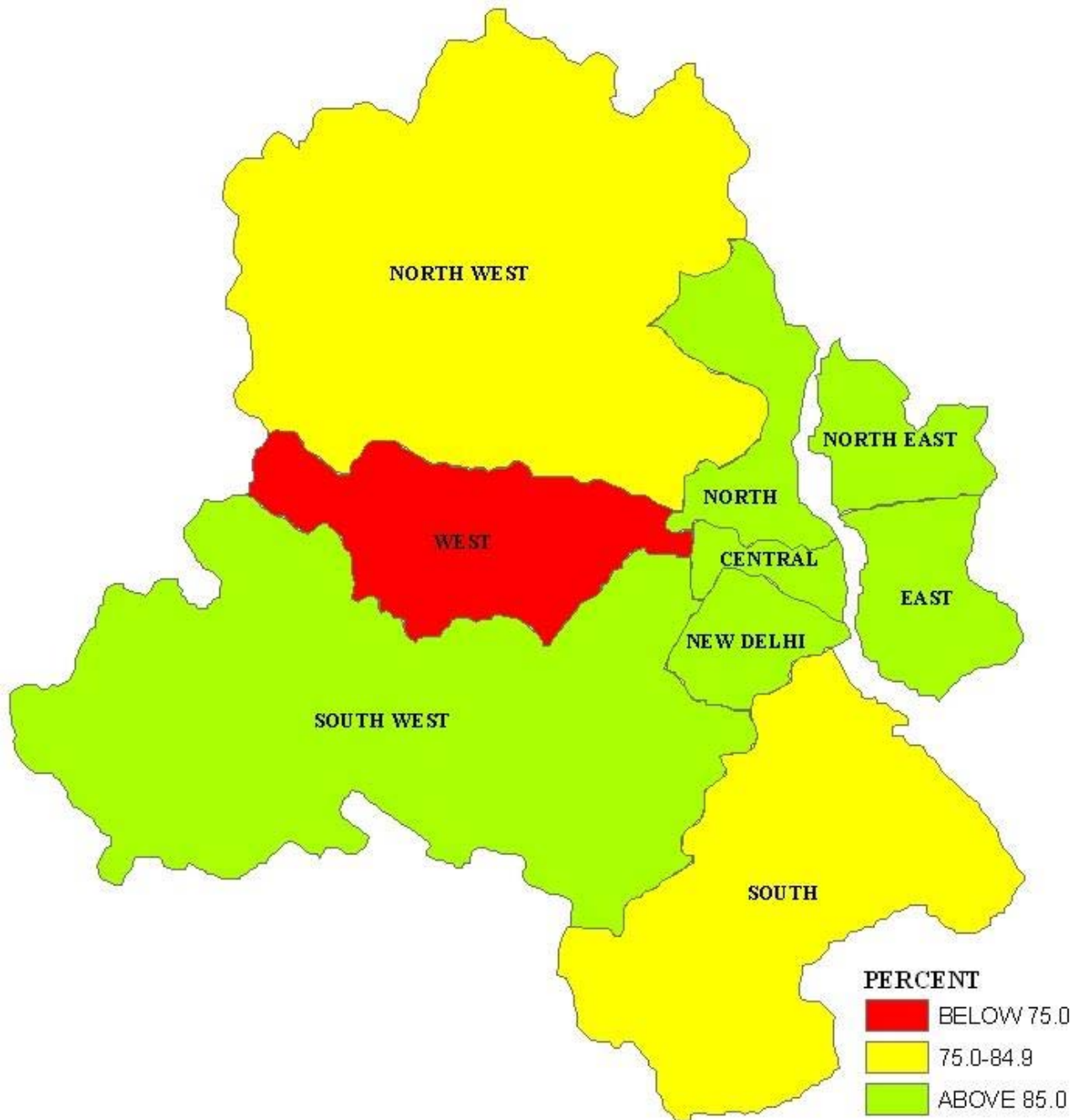
Map – 1

Percent Girl Marrying Below Legal Age at Marriage



Map-2

Percentage of Households Using Salt that Contains 15 PPM Level of Iodine



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 to 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.

3.1 Background Characteristics of Women

Table 3.1 gives percent distribution of currently married women aged 15-44 years by selected background characteristics according to residence. A sample of 6,224 eligible women represents the NCT of Delhi in DLHS-RCH and only over six percent of these women are drawn from rural areas. Sixty-five percent of the currently married women were in the age range of 20-34 years and more or less a similar age distribution is observed both for urban and rural areas. Forty percent of the women consummated their marriage before reaching 18 years of age in the state – over 45 percent in rural areas and 40 percent in urban areas. Sixty percent of the women consummated their marriage on or after reaching 18 years of age. The distribution of women by marital duration shows that 39 percent of the women were married for 15 years or more and 19 percent for 0-4 years, while marital duration of over 41 percent women was 5-14 years.

Over 85 percent of the women were Hindu, 11 percent Muslim and the remaining over three percent were Christian (one percent), Sikh (two percent), Jain (one percent) and Buddhist (less than one percent), while religion of less than one percent women was not known. Further, 24 percent of the women were scheduled castes, over one percent scheduled tribes, 18 percent other backward classes and 54 percent other castes, while three percent of the women said don't know about their caste. Majority of the women (56 percent) in urban areas belonged to other caste, while 51 percent of the women in rural areas belonged to other backward class.

The data shows that 35 percent of the women as against 14 percent of husbands were non-literate. Similarly, 35 percent of the women as against 55 percent of the husbands had studied for

Table 3.1 BACKGROUND CHARACTERISTICS OF WOMEN			
Percent distribution of currently married women aged 15-44 by selected background characteristics, according to residence, Delhi, 2002-04			
Background characteristic	Total	Residence	
		Rural	Urban
Age group			
15-19	2.6	4.4	2.5
20-24	19.0	19.3	19.0
25-29	24.5	28.9	24.2
30-34	21.3	21.9	21.2
35-39	18.8	13.5	19.2
40-44	13.8	12.1	13.9
Age at consummation of marriage			
Below 18 years	40.2	45.5	39.8
18 years & above	59.8	54.5	60.2
Marital duration			
0-4	19.2	18.3	19.3
5-9	21.2	22.7	21.1
10-14	20.3	24.6	20.0
15+	39.3	34.4	39.6
Religion			
Hindu	85.5	94.1	84.9
Muslim	11.1	5.2	11.5
Christian	0.7	0.5	0.7
Sikh	1.8	0.3	1.9
Buddhist	0.1	0.0	0.1
Jain	0.7	0.0	0.8
Zoroastrian	0.0	0.0	0.0
No religion	0.1	0.0	0.1
Caste/tribe			
Scheduled caste	23.7	25.4	23.6
Scheduled tribe	1.4	3.4	1.2
Other backward class	18.3	51.2	16.1
Other #	54.0	18.2	56.4
Don't know	2.6	1.7	2.7
Education (Years of schooling)			
Non-literate	34.9	34.2	35.0
0-9@ years	30.1	29.5	30.1
10 years & above	34.9	36.3	34.8
Missing	0.1	0.0	0.1
Husband's education (Years of schooling)			
Non-literate	13.6	9.5	13.9
0-9@ years	31.0	29.9	31.0
10 years & above	55.2	60.3	54.8
Don't know	0.1	0.0	0.1
Missing	0.1	0.2	0.1
Standard of living index			
Low	1.8	6.5	1.5
Medium	32.0	44.2	31.2
High	66.2	49.3	67.3
Number of women	6,224	393	5,831

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

10 years and more. In other words, husbands are educationally better placed than their wives. Further, distribution of women by the standard of living index (SLI) shows that 66 percent of the women were having high SLI and two percent women with low SLI, while 32 percent women had medium SLI. These data further show that more of women with high SLI were living in urban areas and more of women with medium SLI were living in rural areas.

3.2 Educational Level of Women

Table 3.2 gives percent distribution of currently women aged 15-44 years by years of schooling,

Table 3.2 LEVEL OF EDUCATION OF ELIGIBLE WOMEN

Percent distribution of currently married women aged 15-44 by years of schooling, according to selected background characteristics, Delhi, 2002-04

Background characteristic	Non-literate	Literate but no schooling	Years of schooling				Missing	Total percent	Number of women
			1-5 years	6-8 years	9-10 years	11 or more years			
Age group									
15-19	39.1	0.0	15.0	23.9	16.5	4.4	1.1	100.0	164
20-24	26.2	0.3	10.7	22.5	21.0	19.4	0.0	100.0	1,182
25-29	30.4	0.1	10.9	13.7	18.4	26.4	0.2	100.0	1,522
30-34	36.7	0.0	10.9	14.6	17.0	20.7	0.1	100.0	1,325
35-39	39.5	0.3	13.5	14.7	13.0	19.0	0.0	100.0	1,171
40-44	45.4	0.1	10.5	12.4	12.8	18.7	0.0	100.0	861
Place of residence									
Rural	34.2	0.0	9.9	15.4	22.6	18.0	0.0	100.0	393
Urban	35.0	0.2	11.5	15.9	16.3	21.0	0.1	100.0	5,831
Religion									
Hindu	33.4	0.0	11.2	16.4	17.2	21.8	0.1	100.0	5,320
Muslim	54.6	1.1	13.9	13.0	10.8	6.3	0.3	100.0	692
Sikh	13.1	0.0	11.8	11.6	26.6	36.8	0.0	100.0	111
Other	7.2	0.0	4.4	12.1	22.8	53.6	0.0	100.0	100
Caste/tribe #									
Scheduled caste	51.5	0.0	13.7	17.0	11.7	6.0	0.1	100.0	1,474
Scheduled tribe	38.1	0.0	26.8	25.1	0.5	9.5	0.0	100.0	85
Other backward class	42.7	0.4	11.2	15.8	15.7	14.1	0.1	100.0	1,139
Other	23.7	0.1	10.1	15.3	20.1	30.7	0.1	100.0	3,362
Husband's education									
Non-literate	75.2	0.1	8.3	12.7	2.4	1.0	0.2	100.0	849
1-5 years	59.8	0.1	20.8	11.3	6.2	1.3	0.4	100.0	628
6-8 years	43.3	0.5	17.9	23.6	11.5	3.3	0.0	100.0	991
9-10 years	30.4	0.0	13.0	21.8	23.8	10.9	0.1	100.0	1,649
11 or more years	10.5	0.0	5.6	10.1	22.7	51.1	0.0	100.0	2,086
Total	34.9	0.1	11.4	15.8	16.7	20.8	0.1	100.0	6,224

Total number may not add upto N due to don't know and missing cases. Note: Table includes 15 missing / do not know cases on husband's education and 5 cases literate but no year of schooling were not shown separately.

according to selected background characteristics. The data shows that the percentage of non-literate women was the highest (45 percent) for women aged 40-44 years, followed by 39 percent for women aged 15-19 years and 35-39 years and the lowest (26 percent) for women aged 20-24 years. Further, percentage of non-literate women was 35 percent in the state – 34 percent in rural areas and 35 percent in urban areas. The extent of non-literate women was one-third for Hindu women, 55 percent for Muslim women, 13 percent for Sikh women and seven percent for other women. Again, the percentage of non-literate women was the highest (51 percent) for scheduled caste women, followed by 43 percent for OBC women and the lowest (24 percent) for other caste women. Only 11 percent of the women had studied for 1-5 years of schooling in the state – 10 percent in rural areas over 11 percent in urban areas. Similarly, 16 percent of the women had studied for 6-8 years of schooling in the state – 15 percent in rural areas and 16 percent in urban areas. These data do not reveal any rural-urban differential in female education in the NCT of Delhi.

The percentage of women who had studied for 9-10 years was 17 percent in the state – 23 percent in rural areas and 16 percent in urban areas. Further, the percentage of women who had studied for 9-10 years was the highest (21 percent) in the age group 20-24 years, which steadily

declines thereafter in each age group to 13 percent in the age group 40-44 years. The percentage of women who had studied for 9-10 years was the highest (27 percent) for Sikh women, followed by 23 percent for other women and the lowest (11 percent) for Muslim women. Similarly, percentage of women who had studied for 9-10 years was the highest (20 percent) for other caste women, followed by 16 percent for OBC women and the lowest (less than one percent) for scheduled tribe women.

The percentage of women who had studied for 11 or more years was 21 percent in the state – 18 percent in rural areas and 21 percent in urban areas. Further, percentage of women who had studied for 11 or more years increases from over four percent in the age group 15-19 years to over 26 percent in the age group 25-29 years and steadily declines thereafter to about 19 percent in the age group 40-44 years. The percentage of women who had studied for 11 or more years was the highest (54 percent) for other women, followed by 37 percent for Sikh women and the lowest (six percent) for Muslim women. Again, percentage of women who had studied for 11 or more years was the highest (31 percent) for other caste women, followed by 14 percent for OBC women and the lowest (six percent) for scheduled caste women.

The cross classification of educational data by education of wife and husband shows that three-fourth of the couples were non-literate, while one percent of the women who had studied for 11 or more years had married non-literate men. Further, 60 percent of the husband's who had studied for 1-5 years had married non-literate women; 21 percent of couples had schooling for 1-5 years, while over one of women who had studied for 11 or more years had married men with 1-5 years of schooling. Again, over 10 percent of husbands who had studied for 11 or more years had married non-literate women; 23 percent of husbands who had studied for 11 or more years had married women who had studied for 9-10 years, while 51 percent of couples had studied for 11 or more years.

3.3 Background Characteristics of Husbands of Eligible Women

Table 3.3 gives percent distribution of husband of eligible women by selected background characteristics according to residence. The age distribution of husbands shows that over eight percent husbands were below 25 years, 78 percent in the age group 25-44 years and 13 percent 45 years or older. Eighty-seven percent of the husbands were Hindu, 10 percent Muslim and the remaining three percent were Christian (one percent), Sikh (over one percent) and Jain (one percent). Twenty-seven percent of husbands were scheduled caste, over one percent scheduled tribe, 19 percent OBC and 51 percent from other castes. The data shows that 51 percent of the husbands had studied for 10 years and above, 33 percent for 0-9 years, while 16 percent were non-literate. Similarly, 66 percent of the husbands were with high SLI, 32 percent with medium SLI, while over two percent had low SLI.

The percentage of husbands with no living children was 12 percent in the state – over 19 percent in rural areas and 12 percent in urban areas. Fifteen percent of the husbands were with one living child, 28 percent with two living children, 24 percent with three living children and 21 percent with four or more living children.

3.4 Educational Level of Husbands of Eligible Women

Table 3.4 gives percent distribution of husbands of eligible women by years of schooling and by

Table 3.3 BACKGROUND CHARACTERISTICS OF MEN			
Percent distribution of husband of eligible women by selected background characteristics, according to residence, Delhi, 2002-04			
Background characteristic	Total	Residence	
		Rural	Urban
Age group			
Below 25	8.4	18.8	7.7
25-34	39.6	46.0	39.1
35-44	38.7	29.0	39.4
45 +	13.3	6.3	13.8
Religion			
Hindu	87.3	93.5	86.8
Muslim	9.6	6.0	9.9
Christian	1.0	0.0	1.0
Sikh	1.3	0.6	1.3
Jain	0.8	0.0	0.8
Caste/tribe			
Scheduled caste	27.1	33.2	26.6
Scheduled tribe	1.4	1.8	1.4
Other backward class	18.6	55.2	15.9
Other #	51.3	8.8	54.4
Don't know	1.6	1.1	1.6
Education (Years of schooling)			
Non-literate	15.7	10.6	16.1
0-9@ years	32.7	40.1	32.1
10 years & above	51.4	49.3	51.6
Missing	0.2	0.0	0.2
Standard of living index			
Low	2.4	8.0	2.0
Medium	31.9	46.4	30.8
High	65.7	45.5	67.2
Number of living children			
0	12.2	19.5	11.7
1	15.3	14.2	15.4
2	27.7	26.2	27.8
3	23.6	23.9	23.6
4+	21.2	16.2	21.5
Number of Men	2,433	166	2,267
# Higher caste Not belonging to a scheduled caste, scheduled tribe and other backward class. @ Literate persons with no year of schooling are included.			

selected background characteristics. The percentage of non-literate husbands was 16 percent in the state – 11 percent in rural areas and 16 percent in urban areas. Further, percentage of non-literate husbands was the highest (19 percent) in the age group 35-44 years, followed by 17 percent in the age group 45 years or more and the lowest (12 percent) in the age group 25-34 years. The percentage of non-literate husbands was 32 percent among Muslims as against 14 percent among Hindus, while it was four percent for husband from other religion. Again, percentage of non-literate husbands was the highest (26 percent) for scheduled tribe husbands, followed by 23 percent for scheduled caste husbands and the lowest (12 percent) for husbands from other caste. Further, 11 percent husbands had studied for 1-5 years as against over 15 percent for 6-8 years.

The percentage of husbands who had studied for 9-10 years was 26 percent in the state - 38 percent in rural areas and 25 percent in urban areas. The percentage of husbands who had studied for 9-10 years was the highest (32 percent) in the age group 25-34 years, which steadily

Table 3.4 LEVEL OF EDUCATION OF MEN

Percent distribution of husbands of eligible women by years of schooling, according to selected background characteristics, Delhi, 2002-04

Background characteristic	Non-literate	Literate but no schooling	Years of schooling				Missing	Total percent	Number of men
			1-5 years	6-8 years	9-10 years	11 or more years			
Age group									
Below 25	15.4	0.0	15.3	18.1	31.5	19.7	0.0	100.0	205
25-34	12.1	0.0	9.8	17.4	32.5	27.8	0.3	100.0	963
35-44	18.9	0.0	10.6	11.9	22.8	35.6	0.2	100.0	942
45 & above	17.3	0.2	14.4	18.6	14.6	35.0	0.0	100.0	323
Place of residence									
Rural	10.6	0.0	11.5	16.8	37.7	23.4	0.0	100.0	166
Urban	16.1	0.0	11.2	15.4	25.4	31.6	0.2	100.0	2,267
Religion									
Hindu	14.3	0.0	10.5	15.7	27.5	31.9	0.3	100.0	2,124
Muslim	32.4	0.2	18.1	15.0	18.0	16.3	0.0	100.0	235
Other	3.9	0.0	10.4	11.9	19.0	54.8	0.0	100.0	75
Caste/tribe #									
Scheduled caste	23.0	0.0	15.9	21.2	25.5	14.0	0.4	100.0	659
Scheduled tribe	(26.5)	(0.0)	(20.6)	(11.8)	(13.0)	(29.4)	(0.0)	100.0	35
Other backward class	12.6	0.1	13.2	15.9	29.8	28.5	0.0	100.0	453
Other	12.4	0.0	7.5	12.5	26.2	41.2	0.2	100.0	1,249
Total	15.7	0.0	11.2	15.5	26.3	31.1	0.2	100.0	2,433

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

declines in the subsequent age groups and reaches its lowest value of 15 percent in the age group 45 years and more. Twenty-seven percent of Hindu husbands as against 18 percent of Muslim husbands had studied for 9-10 years, while it was 19 percent for husbands from other religions. The proportion of husbands who had studied for 9-10 years was the highest (30 percent) for OBC husbands, followed by 26 percent for other caste husband and the lowest (13 percent) for scheduled tribe husbands.

Further, percentage of husbands who had studied for 11 or more years was 31 percent in the state – 23 percent in rural areas and 32 percent in urban areas. The percentage of husbands who had studied for 11 or more years was about 20 percent in the age group less than 25 years as against over 35 percent in the age group 35 years and more. Thirty-two percent of Hindu as against 16 percent of Muslim husbands had studied for 11 or more years, while it was 55 percent for other religions. The percentage of husbands who had studied for 11 or more years was the highest (55 percent) for scheduled tribe husbands, followed by 41 percent for husbands from other castes and the lowest (14 percent) for scheduled caste husbands. The rural-urban differential in the education of husbands becomes apparent only for nine or more years of schooling.

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 gives mean children ever born (CEB) and mean surviving children (CS) by selected background characteristics of currently married women aged 15-44 years. On the average, women in the reproductive age group have given birth to 2.7 children – 1.4 male children and 1.3 female children. The mean number of children ever

Table 3.5 CHILDREN EVER BORN AND LIVING

Mean children ever born (CEB) and children surviving (CS) by selected background characteristics of currently married women aged 15-44 years, Delhi, 2002-04

Background characteristic	Mean children ever born			Mean children surviving			Number of women
	Total	Male	Female	Total	Male	Female	
Age group (years)							
15-19	0.3	0.2	0.2	0.3	0.1	0.2	164
20-24	1.3	0.7	0.6	1.2	0.6	0.5	1,182
25-29	2.3	1.2	1.1	2.1	1.1	1.0	1,522
30-34	3.2	1.7	1.5	3.0	1.6	1.4	1,325
35-39	3.6	1.9	1.7	3.3	1.8	1.5	1,171
40-44	3.8	2.0	1.8	3.5	1.8	1.7	861
Marital duration							
0-4	0.8	0.4	0.4	0.7	0.4	0.3	1,196
5-9	2.1	1.1	1.0	1.9	1.0	0.9	1,321
10-14	3.0	1.5	1.4	2.7	1.4	1.3	1,264
15+	3.9	2.1	1.8	3.5	1.9	1.6	2,443
Residence							
Rural	2.6	1.4	1.2	2.4	1.3	1.0	393
Urban	2.7	1.4	1.3	2.5	1.3	1.2	5,831
Religion							
Hindu	2.6	1.4	1.2	2.4	1.3	1.1	5,320
Muslim	3.6	1.8	1.7	3.4	1.7	1.6	692
Sikh	1.8	1.0	0.8	1.7	0.9	0.8	111
Other	2.0	0.9	1.1	1.9	0.9	1.0	100
Caste/tribe #							
Scheduled caste	3.0	1.5	1.5	2.7	1.4	1.3	1,474
Scheduled tribe	2.7	1.5	1.2	2.5	1.4	1.1	85
Other backward class	2.8	1.5	1.4	2.6	1.4	1.3	1,139
Other	2.5	1.4	1.2	2.3	1.3	1.1	3,362
Education							
Non-literate	3.5	1.8	1.7	3.2	1.6	1.5	2,175
0-9@ years	2.7	1.4	1.3	2.5	1.3	1.2	1,871
10 years & above	1.9	1.0	0.9	1.8	1.0	0.8	2,172
Standard of living index							
Low	3.6	2.0	1.6	3.0	1.6	1.4	113
Medium	3.0	1.6	1.4	2.7	1.4	1.3	1,994
High	2.5	1.4	1.2	2.4	1.3	1.1	4,117
All women	2.7	1.4	1.3	2.5	1.3	1.2	6,224

Total number may not add upto N due to don't know and missing cases.

Note: Table includes 6 women with missing information on education. @ Literate women with no year of schooling are included

born increases with increase in the age of women. The mean children ever born was 0.3 children in the age group 15-19 years, 1.3 children in the age group 20-24 years, 2.3 children in the age group 25-29 years, which steadily increases to 3.8 children in the age group 40-44 years. The mean number of children ever born increases by one child in the successive age group upto 30-34 years and thereafter it declines and increase is less than one child in each successive age group. In other words, fertility declines begins after 35 years of age. Further, mean children ever born to women in the age group 40-44 years was 3.8 children in the state – 2.0 male children and 1.8 female children, which is close to the completed family size of a woman. The mean children surviving to women in the age group 40-44 years was 3.5 children in the state - 1.8 male children and 1.7 female children. Thus a woman experience child loss of 0.3 children during her reproductive span of 30 years and loss due to death is more of male children than female children.

The data shows that mean children ever born increases with increase in marital duration. Mean children ever born was 0.8 children for marital duration less than four years, 2.1 children for 5-9 years 3.0 children for 10-14 years and 3.9 children for 15 or more years. On the average, women who are married for 15 or more years have 3.9 children ever born as against 3.5 children surviving. There appears no rural-urban divide in terms of mean children ever born or mean children surviving. The mean children ever born to women were the highest (3.6 children) for Muslim women, followed by 2.6 children for Hindu women and the lowest (1.8 children) for Sikh women. The mean children ever born also vary by caste/tribe of the eligible women. For women belonging to scheduled caste, mean children ever born was 3.0, for the scheduled tribe it was 2.7, other backward classes are 2.8 and other castes are 2.5. Mean children surviving shows that loss due death experienced was 0.3 children, while it was 0.2 children for all other castes.

The mean children ever born was the highest (3.5 children) for non-literate women and the lowest (1.9 children) for women who had studied for 10 years and above, while it was 2.7 children for women who had studied for 0-9 years. The mean-surviving children for women corresponding to these educational levels were 3.2, 1.8 and 2.5 respectively. Further the mean children ever born were the highest (3.6 children) for women with low SLI and the lowest (2.5 children) for women with high SLI, while it was 3.0 children for women with medium SLI. The mean surviving children for women corresponding to these standard of living indexes were 3.0, 2.7 and 2.4 respectively. The differences between mean children ever born to non-literate women and women who had studied for 10 years and above was 1.6 children. Similarly, difference between mean children ever born to women with low SLI and women with high SLI was 1.1 children. These data have shown that mean children ever born decreases with increase in the level of education and standard of living index of the women. In other words, there exists inverse association between mean children ever born and educational level and standard of living index of the women.

3.6 Completed Fertility by District

Table 3.6 gives mean children ever born and children surviving to currently married women aged 40-44 years by district in the NCT of Delhi. The mean children ever born was the highest (4.6 children) in Northeast district, followed by 4.5 children in West district and the lowest (2.6 children) in New Delhi district, while it was 3.8 children for the state. Further, mean number of male children ever born was equal to or more than mean number of female children ever born in all the districts. Further, mean children surviving were the highest (4.1 children) in Northeast and West districts, followed by 4.0 children in Northwest district and the lowest (2.5 children) in New Delhi district, while it was 3.5 children for the state. Further, loss of children due to mortality was the highest (0.5 children) in Northeast district, followed by 0.4 children in West district and the lowest (0.1 children) in New Delhi district.

3.7 Birth Order

Table 3.7 gives percent distribution of birth during three years preceding the survey by birth order by selected background characteristics in Delhi. The distribution of births by birth order shows that 29 percent births were first order births, over 28 percent second order births, 20 percent third order births and 22 percent fourth and higher order births. The percentage of third and higher order births were 42 percent in the state – 38 percent in rural areas and over 42 percent in urban areas.

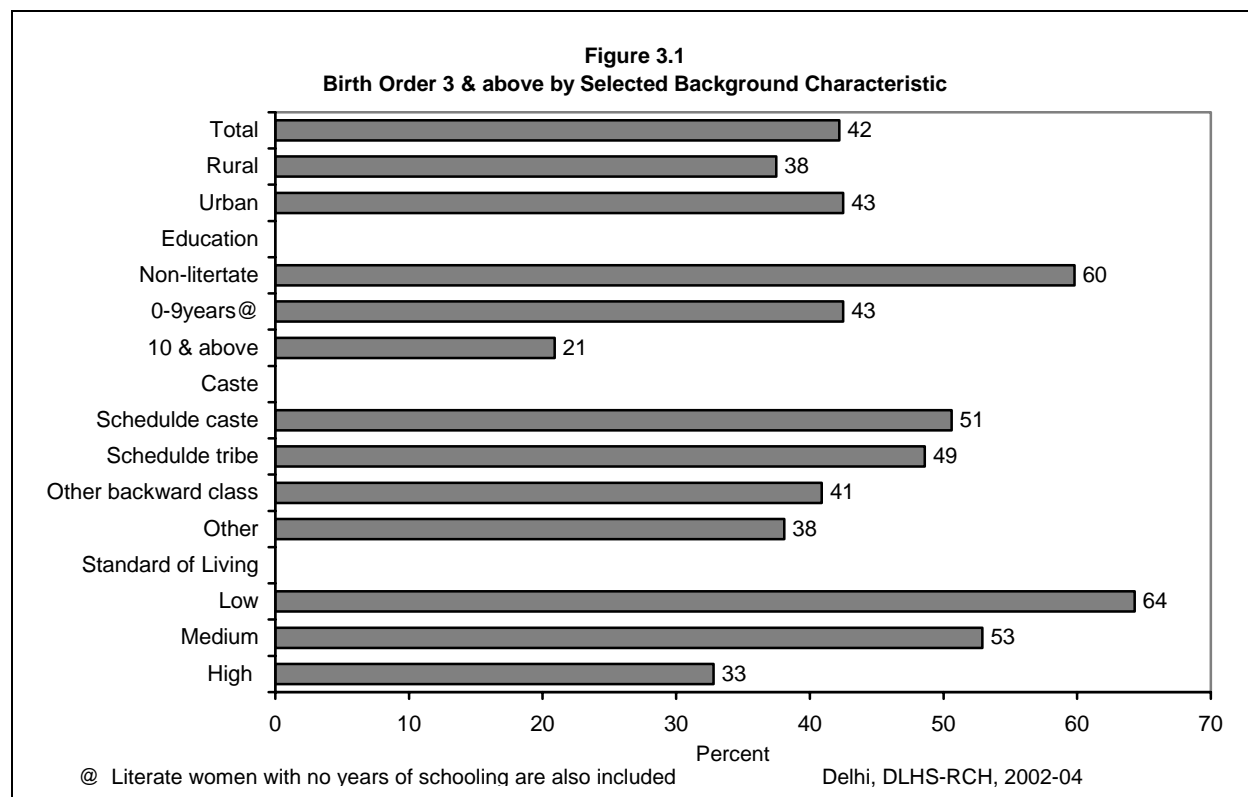
Table 3.6 COMPLETED FERTILITY BY DISTRICT						
Mean children ever born (CEB) and children surviving (CS) to currently married women aged 40-44 by district, Delhi, 2002-04						
District	Mean children ever born			Mean children surviving		
	Total	Male	Female	Total	Male	Female
Central	3.5	1.9	1.6	3.3	1.8	1.5
East	3.0	1.6	1.3	2.8	1.5	1.3
New Delhi	2.6	1.5	1.1	2.5	1.5	1.0
North	3.4	1.9	1.5	3.2	1.8	1.4
North East	4.6	2.3	2.2	4.1	2.1	2.0
North West	4.3	2.2	2.1	4.0	2.0	2.0
South	3.6	1.9	1.7	3.4	1.8	1.6
South West	2.9	1.6	1.3	2.7	1.5	1.2
West	4.5	2.4	2.1	4.1	2.1	1.9
Delhi	3.8	2.0	1.8	3.5	1.8	1.7

Table 3.7 BIRTH ORDER						
Percent distribution of births during three years preceding the survey by birth order by selected background characteristics, Delhi, 2002-04						
Background characteristic	Birth order				Total percent	Number of births
	1	2	3	4+		
Age of women						
15-19	(76.8)	(19.6)	(3.6)	(0.0)	100.0	49
20-24	51.2	34.5	11.2	3.0	100.0	919
25-29	19.6	30.9	29.7	19.8	100.0	977
30-34	6.4	16.0	21.8	55.8	100.0	428
35-39	3.6	13.9	10.7	71.8	100.0	110
40-44	(18.5)	(7.4)	(3.7)	(70.0)	100.0	27
Place of residence						
Rural	26.3	35.9	16.3	21.5	100.0	170
Urban	29.5	27.9	20.2	22.3	100.0	2,340
Education (Years of schooling)						
Non-literate	20.4	19.8	19.7	40.1	100.0	918
0-9@ years	26.0	31.4	23.5	19.0	100.0	823
10 years & above	43.3	35.8	16.4	4.5	100.0	767
Religion						
Hindu	30.1	29.5	21.0	19.4	100.0	2,038
Muslim	20.8	24.2	16.0	39.0	100.0	406
Sikh	(55.2)	(17.2)	(10.3)	(17.2)	100.0	36
Other	(39.0)	(26.8)	(19.5)	(14.6)	100.0	30
Caste/tribe #						
Scheduled caste	24.3	25.1	22.6	28.0	100.0	650
Scheduled tribe	(25.7)	(25.7)	(28.6)	(20.0)	100.0	44
Other backward class	29.1	29.9	19.3	21.6	100.0	532
Other	32.3	29.7	18.5	19.6	100.0	1,199
Standard of living index						
Low	12.6	23.1	19.0	45.3	100.0	74
Medium	22.6	24.6	23.6	29.3	100.0	1,058
High	35.4	31.8	17.2	15.6	100.0	1,377
Total	29.3	28.5	19.9	22.3	100.0	2,510
Note: Total includes 2 births with missing information on mother's education 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						

The percentage of third and higher order births were four percent in the age group 15-19 years as against 14 percent in the age group 20-24 years. Similarly, percentage of third and higher order births were over 49 percent in the age group 25-29 years as against (78 percent) in the age group 30-34 years. The percentage of third and higher order births were 82 percent in the age group 35-39 years as against 74 percent in the age group 40-44 years.

The percentage of third and higher order births were the highest (60 percent) for non-literate women and the lowest (21 percent) for women who had studied for 10 years and above, while it was over 42 percent for women who had studied for 0-9 years. Similarly, percentages of third and higher order births were the highest (64 percent) for women with low SLI and the lowest (33 percent) for women with high SLI, while it was 53 percent for women with medium SLI. These data have shown that percentage of third and higher order births decreases with increases in the educational level and standard of living index of the women. In other words, there exists inverse association between percentage of third and higher order births and educational level and SLI of the women.

Further, percentage of third and higher order births were 40 percent for Hindu women as against 55 percent for Muslim women, while it was one-third for other women. The percentage of third and higher order births were the highest (51 percent) for scheduled caste women, followed by 49 percent for scheduled tribe women and the lowest (38 percent) for women from other castes. Figure 3.1 gives birth order three and above by selected background characteristics.

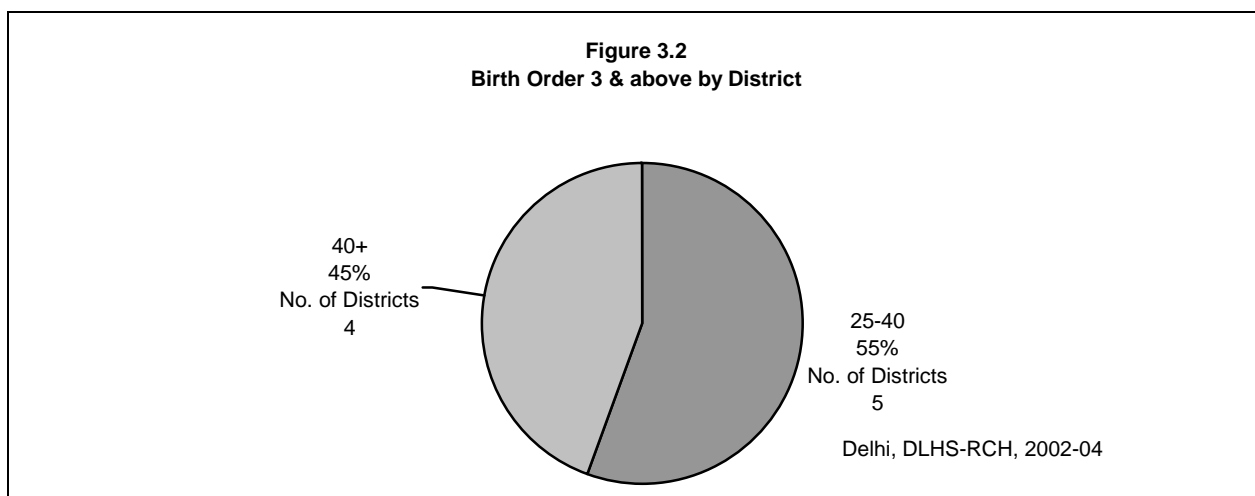


3.8 Birth Order by District

Table 3.8 gives percent distribution of births during three years preceding the survey by birth order,

District	Birth order			
	1	2	3	4+
Central	36.7	28.7	19.2	15.3
East	39.2	31.1	15.4	14.3
New Delhi	35.7	29.1	13.8	21.4
North	35.2	32.5	18.9	13.3
North East	26.4	23.1	20.8	29.7
North West	29.1	26.6	25.2	19.2
South	22.9	29.2	19.1	28.8
South West	34.9	34.3	16.8	14.0
West	28.5	29.3	18.0	24.2
Delhi	29.3	28.5	19.9	22.3

by district. The percentage of first order births was the highest (39 percent) in East district, followed by 37 percent in Central district and the lowest (23 percent) in South district, while it was 29 percent for state. Similarly, percentage of second order births was the highest (34 percent) in Southwest district, followed by 32 percent in North district and the lowest (23 percent) in Northeast district, while it was 28 percent for the state. The higher order births (3+) was the highest (50 percent) in Northeast district, followed by 48 percent in South district and the lowest (30 percent) in East district, while it was 42 percent for the state. The percentage of higher order births (3+) was 40 percent or more in Northeast, Northwest, South and West districts and in the remaining five districts it was less than 40 percent. Figure 3.2 shows birth order three and above by district.

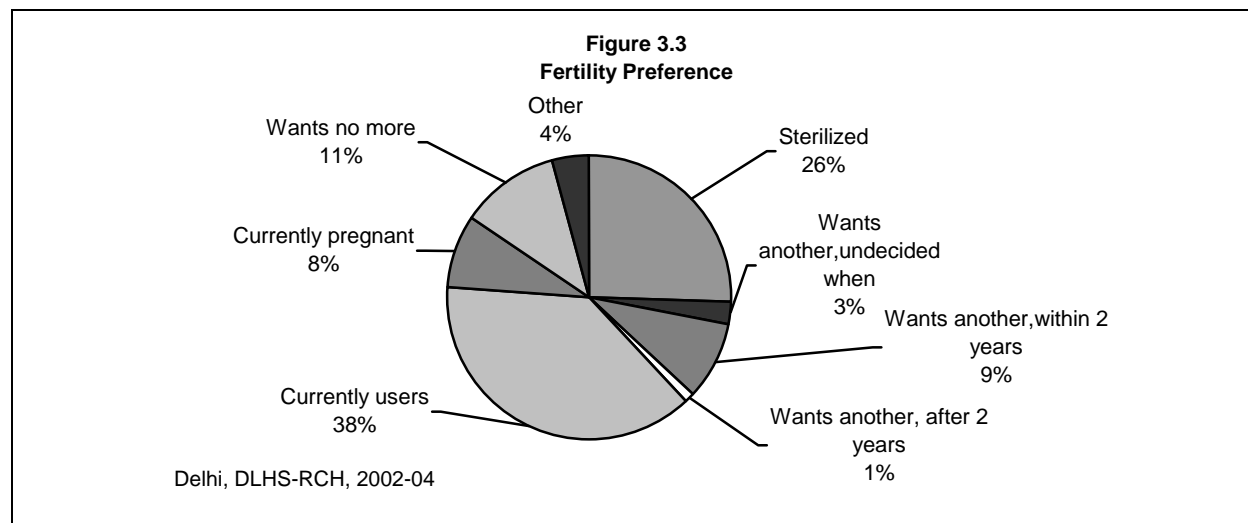


3.9 Fertility Preference

Table 3.9 gives percent distribution of currently married women by desire for children, according to number of living children in Delhi. Out of the 615 women with no living children in Delhi, 28 percent were currently pregnant and seven percent were using spacing methods, while 52 percent wanted next birth within two years and over one percent after two years. However, six percent of the women wanted an other child but were undecided about its timing. The desire for additional children declines with increasing number of living children. The current user of contraception increases

Table 3.9 FERTILITY PREFERENCE						
Percent distribution of currently married women by desire for children, according to number of living children, Delhi, 2002-04						
Desire for children	Number of living children					Total
	0	1	2	3	4+	
Desire for additional child						
Wants another soon ¹	52.4	12.7	4.7	1.8	1.0	8.9
Wants another later ²	1.4	2.9	0.8	0.2	0.1	0.9
Want another, undecided when	5.9	7.4	2.1	1.0	0.5	2.6
Undecided	1.4	3.8	1.1	1.1	0.2	1.3
Up to God	0.8	0.5	0.2	0.4	0.2	0.4
Want no more	1.7	5.5	13.5	14.2	13.8	11.4
Sterilized	0.3	1.0	17.5	39.4	43.3	25.6
Currently users ³	6.7	47.5	51.5	36.8	34.9	38.4
Currently pregnant	28.1	15.9	6.1	3.8	2.5	8.2
Declared in-fecund	0.8	1.2	2.4	0.9	3.2	2.0
Missing	0.5	1.7	0.0	0.3	0.4	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	615	922	1,506	1,399	1,783	6,224
Preferred sex of additional children						
Boy	1.7	22.6	49.5	44.1	(55.9)	20.4
Girl	5.7	8.0	11.3	5.2	(5.9)	7.4
Doesn't matter	70.7	45.7	28.0	20.1	(11.8)	51.0
Upto God	21.7	23.7	10.7	30.6	(26.5)	21.1
Missing	0.3	0.0	0.5	0.0	(0.0)	0.2
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	381	252	133	64	36	866
¹ Wants next births within 2 years. ² Wants to delay next birth for 2 or more years. ³ Other than sterilization () Based on less than 50 unweighted cases.						

with increase in the number of living children. The percentage of women wanting no more children increases with increasing number of living children. Further, 64 percent women were currently practising family planning, 11 percent wanted no more children and nine percent wanted next birth within two years. Figure 3.3 shows fertility preference of the eligible women.



The percentage of women having no living children desiring additional children by preferred sex shows that only two percent wanted boy, six percent wanted girl, while sex of the child was immaterial for 71 percent women and 22 percent said leave it to God. With increasing number of living children, male is the dominating preferred sex of the next child though a sizeable proportion of women desiring additional children said that the sex of the child was immaterial or upto God.

3.10 Pregnancy Outcomes

Table 3.10 gives percent distribution of all pregnancies of currently married women aged 15-44 years by their outcomes three years preceding the survey, according to district in Delhi. The data shows that 12 percent of the pregnancies resulted in stillbirth (one percent), induced abortion (six percent) and spontaneous abortion (five percent), while about 88 percent were live birth. The percent of live birth was the highest (96 percent) in Northeast district, followed by 91 percent in New Delhi district and the lowest (80 percent) in North district, while it was 88 percent for state. Further, percentage of induced abortion was the highest (10 percent) in East, North and West districts, followed by over five percent in Southwest district and the lowest (over one percent) in Northeast district, while it was six percent for the state. The percentage of spontaneous abortion was the highest (eight percent) in North district, followed by seven percent in East district and the lowest (over two percent) in Northeast district, while it was five percent for the state. Further, pregnancy wastage due to abortion was the highest (18 percent) in North district, followed by 17 percent in East district and the lowest (four percent) in Northeast district, while it was 11 percent in the state.

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, Delhi, 2002-04						
Districts	Live birth	Stillbirth	Induced abortion	Spontaneous abortion	Missing	Total percent
State-Rural	88.1	0.5	5.6	5.8	0.0	100.0
State-Urban	87.6	1.0	5.9	5.2	0.3	100.0
State-Total	87.6	0.9	5.9	5.2	0.3	100.0
Central	90.0	0.4	3.9	5.7	0.0	100.0
East	82.8	0.3	10.1	6.8	0.0	100.0
New Delhi	91.1	1.2	2.5	3.2	2.1	100.0
North	80.5	1.4	10.4	7.8	0.0	100.0
North East	96.1	0.2	1.4	2.2	0.0	100.0
North West	88.3	2.1	4.2	4.5	0.9	100.0
South	88.4	1.0	4.6	5.6	0.3	100.0
South West	87.9	0.4	5.4	6.3	0.0	100.0
West	83.2	0.3	10.5	6.0	0.0	100.0

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.

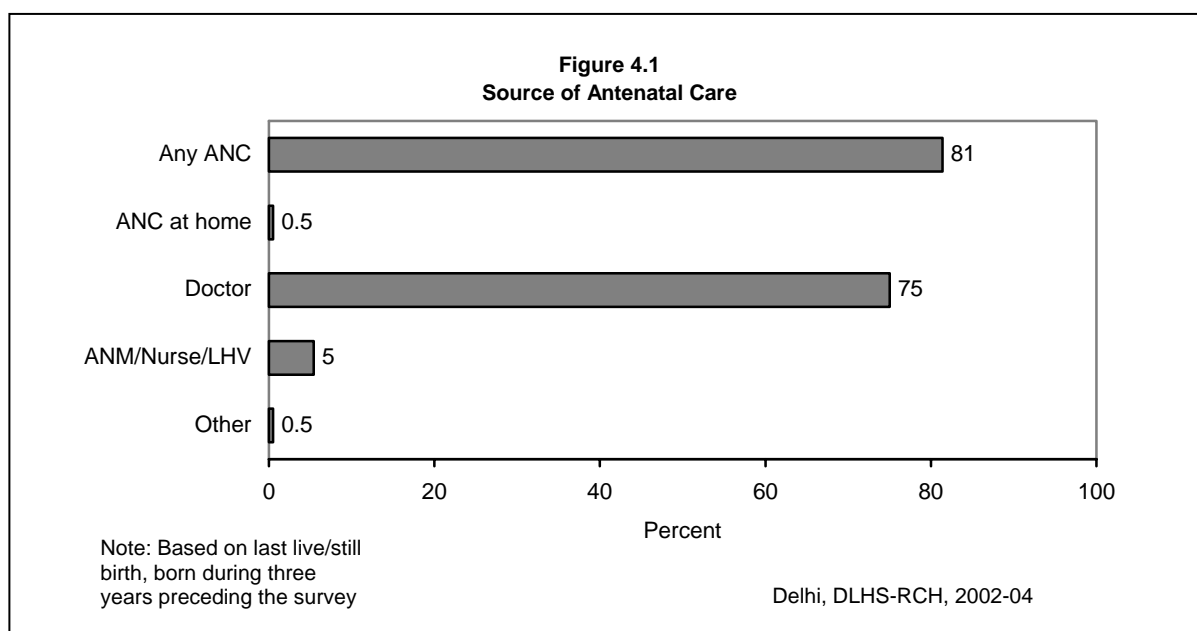
The National Population Policy (NPP), 2000 adopted by the Government of India (Ministry of Health and Family Welfare, 2000) reiterates the Government's commitments to the safe motherhood programme within the wider context of reproductive health. Among the national socio-demographic goals for 2010 specified 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 inter-sectoral programmes.

In DLHS-RCH Phase-I, a separate section on the status of maternal health and utilisation of maternal health care services was canvassed to all the eligible women who had their last pregnancy after January 1, 1999. 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 three years preceding the survey were asked whether they had gone for antenatal check-up outside the home, and if they had, what type of service provider had given them the check-up. They were also asked whether any health worker had

visited them at home to provide antenatal check-up. Table 4.1 gives percentage of women who received any antenatal check-up during pregnancy by source of antenatal provider, according to selected background characteristics in Delhi. The percentage of women who received antenatal check-up was 81 percent in the state- 69 percent in rural areas and 82 percent in urban areas. It is slightly less than RCH Round-I (89 percent). Seventy-five percent women received antenatal check-up from doctor and five percent from ANM/Nurse/LHV. Only less than one percent women received antenatal check-up at home from the ANM. Figure 4.1 gives source of antenatal care.



The percentage of women who received antenatal check-up was 85 percent for women aged below 25 years, 80 percent for women aged 25-34 years and 73 percent for women aged 35 years and above. The percentage of women who received antenatal check-up was the highest (91 percent) for women with one child ever born, followed by 86 percent for women with two children ever born and the lowest (67 percent) for women with four or more children ever born. On the other hand, percentage of women who received antenatal check-up from doctor steadily decreases from 86 percent for women with one child ever born to 62 percent for women with four and more children ever born.

The percentage of women who received antenatal check-up was the highest (95 percent) for women who had studied for 10 years and above and the lowest (66 percent) for non-literate women, while it was 84 percent for women who had studied for 0-9 years. Similarly, percentage of women who received antenatal check-up was the highest (89 percent) for women with high SLI and the lowest (48 percent) for women with low SLI, while it was 73 percent for women with medium SLI. These data show that percent of ANC increases with increases in the level of education and SLI of women. This suggests that there exists positive association between percent of ANC and education and SLI of women. The scenario is similar in the case of ANCs conducted by the doctor.

Table 4.1 ANTENATAL CHECK-UP

Percentage of women* who received any antenatal check-up (ANC) during pregnancy by source of antenatal provider, according to selected background characteristics, Delhi, 2002-04

Background characteristic	Any ¹ antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC ²			Number of women
			Doctor	ANM/ Nurse/ LHV	Other ³	
Age group						
Less than 24 years	84.8	1.0	77.4	5.4	0.6	818
25-34 years	80.2	0.2	74.3	5.5	0.5	1,234
35 years & above	72.6	0.5	67.5	4.6	0.0	141
Children ever born						
1	91.3	0.7	86.0	4.5	0.0	594
2	86.1	0.2	76.4	7.8	0.8	614
3	78.8	0.0	73.5	4.9	1.4	464
4+	66.6	1.0	61.8	4.0	0.0	510
Residence						
Rural	68.9	0.8	64.2	3.9	3.4	136
Urban	82.3	0.5	75.8	5.5	0.3	2,056
Education						
Non-literate	66.0	1.2	57.3	7.0	0.2	770
0-9 @ years	84.3	0.2	79.4	3.9	0.6	699
10 years & above	95.1	0.1	89.7	5.2	0.8	721
Religion						
Hindu	82.4	0.6	75.9	5.4	0.5	1,796
Muslim	73.7	0.3	68.9	3.9	0.5	338
Other	96.6	0.0	83.4	12.9	0.2	59
Caste/tribe#						
Scheduled caste	80.3	0.6	74.0	5.2	0.0	568
Scheduled tribe	(70.0)	(3.3)	(60.0)	(6.7)	(0.0)	36
Other backward class	73.6	0.5	69.0	3.6	1.9	448
Other	85.5	0.4	78.7	6.1	0.3	1,077
Standard of living index						
Low	48.5	2.7	40.8	4.8	0.2	60
Medium	73.5	1.1	66.6	4.9	0.9	888
High	88.7	0.0	82.7	5.7	0.2	1,244
Total	81.4	0.5	75.0	5.4	0.5	2,192

* Women who had their last live/still birth since 1-1-1999/1-1-2001. Note: Total includes 11 women with zero parity and 2 with missing information on education who were not shown separately. ¹ Antenatal check-ups either at home or outside from home at health facility. ² Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. ³ 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. (): Based on less than 50 unweighted cases.

Eighty-two percent of Hindu women as against 74 percent of Muslim women received antenatal check-up, while it was 97 percent for other women. Similarly, percentage of women who received antenatal check-up was the highest (85 percent) for other castes women, followed by 80 percent for scheduled caste women and the lowest (70 percent) for scheduled tribe women. Seventy-six percent of Hindu women as against 69 percent of Muslim women received antenatal check-ups from the doctor, while it was 83 percent for women from other religion. Seventy-four percent of scheduled caste women, 60 percent of scheduled tribe women and 69 percent of other backward class women received antenatal check-up from the doctor, while it was 79 percent for women from other castes. More of women in urban areas than in rural areas received antenatal check-up from ANM/Nurse/LHV. The doctor in the NCT of Delhi has attended most of the ANCs, while contribution of ANM/Nurse/LHV has been marginal.

4.2 Antenatal Check-Up at Health Facility

Table 4.2 gives percentage of women who received antenatal check-up during pregnancy by source and place of antenatal check-up, according to selected background characteristics. During pregnancy, women received antenatal check-up from multiple sources such as Government health facility, private health facility, health workers providing ANC at home and ISM health facility etc. Women who received antenatal check-up both at home and outside the home are categorised as having received ANC outside the home. The percentage of women who received

Table 4.2 PLACE OF ANTENATAL CHECK-UP									
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, Delhi, 2002-04									
Background characteristic	Antenatal check-up only at home	Place of antenatal check-ups ¹							Number of women
		Government ² health facility	Private ³ health facility	PHC	SC	ISM ⁴ facility			
						Govt.	Private	Other	
Age group									
Less than 24 years	1.0	56.2	21.6	7.1	2.3	1.1	5.8	0.0	818
25-34 years	0.2	52.9	20.4	5.4	2.8	0.3	7.3	0.9	1,234
35 years & above	0.5	47.2	18.2	2.5	5.1	1.2	7.4	0.6	141
Children ever born									
1	0.7	54.4	28.3	3.7	2.5	0.9	8.0	0.0	594
2	0.2	53.5	26.4	7.1	2.7	0.0	5.6	0.9	614
3	0.0	57.6	13.8	4.9	2.7	1.2	7.5	0.6	464
4+	1.0	49.9	11.2	8.6	3.2	0.7	5.6	0.7	510
Residence									
Rural	0.8	50.6	14.4	6.2	5.1	1.0	3.7	0.0	136
Urban	0.5	54.0	21.1	5.8	2.6	0.6	6.9	0.6	2,056
Education									
Non-literate	1.2	48.9	11.2	8.3	2.3	1.1	5.9	0.0	770
0-9 @ years	0.2	59.8	17.6	7.9	3.7	0.3	7.2	0.5	699
10 years & above	0.1	53.0	33.9	2.3	2.2	0.6	7.0	0.9	721
Religion									
Hindu	0.6	55.3	20.2	5.9	2.7	0.8	6.3	0.5	1,796
Muslim	0.3	47.4	19.3	6.5	3.1	0.0	9.0	0.4	338
Other	0.0	42.5	45.2	2.3	0.8	0.0	9.3	0.7	59
Caste/tribe#									
Scheduled caste	0.6	64.3	11.2	9.4	5.4	0.4	4.3	0.1	568
Scheduled tribe	(3.3)	(43.3)	(16.7)	(0.0)	(0.0)	(0.0)	(10.0)	(0.0)	36
Other backward class	0.5	47.8	18.2	10.7	0.7	0.3	9.0	0.5	448
Other	0.4	51.3	27.1	2.7	2.3	1.0	6.3	0.8	1,077
Standard of living index									
Low	2.7	32.0	10.9	6.0	0.8	0.0	5.2	0.0	60
Medium	1.1	52.8	13.5	9.1	2.2	0.7	7.6	0.1	888
High	0.0	55.5	26.3	4.0	3.1	0.6	6.3	0.8	1,244
Total	0.5	53.8	20.7	5.9	2.7	0.6	6.8	0.5	2,192

* Women who had their last live/still birth since 1-1-1999/1-1-2001. Note: Total includes 11 women with zero parity and 2 with missing information on education 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. ¹ Antenatal check-ups outside home and percentage add more than 100.0 due to multiple responses. ² 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. ³ Includes Private hospital/clinic or non-governmental hospital/ trust hospital or clinic.
(): Based on less than 50 unweighted cases.

antenatal check-up at government health facility was 54 percent including six percent through primary health centre and three percent through sub-centre, and at a private health facility 21 percent. Further, one percent of women received antenatal check-up at the government ISM health facility and seven percent at the private ISM health facility.

The percentage of women who received antenatal check-up was 56 percent at the government health facility as against 22 percent at the private health facility in the age group less than 25 years. Further, percentage of women who received antenatal check-up at the government health facility was 53 percent as against 20 percent at the private health facility in the age group 25-34 years. The percentage of women who received antenatal check-up was 47 percent at the government health facility as against 18 percent at the private health facility in the age group 35 years and above. Again, percentage of women who received antenatal check-up at the government health facility was 51 percent and 14 percent at the private health facility in rural areas. Similarly, percentage of women who received antenatal check-up at the government health facility was 54 percent as against 21 percent at the private health facility in urban areas. Further, more of women with low parity than women higher (three +) parity seek antenatal check-up from private health facility. Fifty-five percent of the Hindu women as against 47 percent of the Muslim women received antenatal check-up at the government health facility, while it was 42 percent for other women. Further, percentage of women who received antenatal check-up at the government health facility was the highest (64 percent) for scheduled caste women, followed by 51 percent for other women and the lowest (43 percent) for scheduled tribe women. On the other hand, percentage of women who received antenatal check-up at the private health facility was the highest (27 percent) for other women, followed by 18 percent for OBC women and the lowest (11 percent) for scheduled caste women.

The percentage of women who received antenatal check-up from the government health facility was the highest (60 percent) for women who had studied for 0-9 years and the lowest (49 percent) for non-literate women, while it was 53 percent for women who had studied for 10 years and above. Similarly, percentage of women who received antenatal check-up from the government health facility was the highest (55 percent) for women with high SLI and the lowest (32 percent) for women with low SLI, while it was 53 percent for women with medium SLI. However, percentage of women who received antenatal check-up at the private health facility increases with increase in education and standard of living index of the women.

4.3 Antenatal Check-Ups by District

Table 4.3 gives percentage of women who received any antenatal care by source and place of antenatal check-up by district in Delhi. The percentage of women who received any antenatal check-up was the highest (95 percent) in East district, followed by 92 percent in Central and North districts and the lowest (74 percent) in South district, while it was 81 percent for the state. Further, percentage of women who received antenatal check-up from the doctor was the highest (87 percent) in East district, followed by 86 percent in Central district and the lowest (66 percent) in New Delhi district, while it was 75 percent for the state. Similarly, percentage of women who received any antenatal check-up from the ANM/Nurse/LHV was the highest (over 11 percent) in North district, followed by about 11 percent in New Delhi and Southwest districts and the lowest (over one percent) in Northeast district, while it was over five percent for the state.

Further, percentage of women who received antenatal check-up at the government health

Table 4.3 ANTENATAL CHECK-UPS BY DISTRICT
Percentage of women* who received any antenatal care (ANC), by source and place of antenatal check-ups by district, Delhi, 2002-04

District	Any ¹ antenatal check-up	Antenatal check-up only at home by ANM	Health personnel providing ANC		Place of antenatal check-ups		
			Doctor	ANM/ Nurse	Government ² health facility	Private ³ health facility	ISM ⁴ facility
Central	92.5	0.0	85.9	6.6	48.7	41.1	2.7
East	95.0	1.2	86.9	6.9	53.7	36.2	3.2
New Delhi	80.5	1.6	65.8	10.9	62.0	9.7	3.7
North	91.8	0.0	80.3	11.4	60.7	29.7	2.6
North East	79.2	0.3	77.6	1.4	53.4	18.4	6.9
North West	80.9	0.4	72.4	7.3	52.7	16.4	10.8
South	73.6	1.4	68.0	3.3	42.0	23.4	6.4
South West	89.8	0.0	79.2	10.6	63.4	24.6	0.5
West	75.6	0.3	72.9	2.0	61.8	9.4	4.1
Delhi	81.4	0.5	75.0	5.4	53.8	20.7	6.0

* Women who had last live/still birth during three years preceding the survey. ¹ Antenatal check-ups either at home or health facility. ² 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. ³ Includes Private hospital/clinic or non-governmental hospital/ trust hospital or clinic. ⁴ Either government or private Indian system of medicine.

facility was the highest (63 percent) in Southwest district, followed by 62 percent in New Delhi and West districts and the lowest (42 percent) in South district, while it was 54 percent for the state. Similarly, percentage of women who received antenatal check-up at the private health facility was the highest (41 percent) in Central district, followed by 36 percent in East district and the lowest (nine percent) in West district, while it was 21 percent for the state. Further, percentage of women who received antenatal check-up at the ISM health facility was the highest (11 percent) in Northwest district, followed by seven percent in Northeast district and the lowest (less than one percent) in Southwest district, while it was six percent for the state.

4.4 Components of Antenatal Check-up

Women who received any kind of antenatal check-up were asked whether they received each of the several components of antenatal check-up at least once during their pregnancy. Table 4.4 gives percentage of women who received an antenatal check-up by specific components of antenatal check-up by residence in Delhi. 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.

Eighty-seven percent women were weighted, 82 percent had their blood pressure checked and 68 percent had an abdominal examination as the part of the antenatal check-up. Other common components of antenatal check-up were blood test (80 percent), urine test (78 percent), height measurement (50 percent), internal examination (46 percent), and breast examination (26 percent). One-half of the women had sonography/ultrasound; nine percent had an X-ray and only four percent of women reported amniocentesis test. The intensity of all these measurements/ tests was almost the same irrespective of residence except sonography/ultrasound that were performed more in urban areas (50 percent) than in rural areas (38 percent).

The type of antenatal advice received by women during antenatal check-up for the last

Table 4.4 COMPONENTS OF ANTENATAL CHECK-UPS			
Percentage of women* who received an antenatal check-up by specific components of antenatal check-up, according to residence, Delhi, 2002-04			
Components of antenatal check-ups	Total	Rural	Urban
Antenatal measurements/tests			
Weight measured	87.1	92.7	86.7
Height measured	50.4	51.6	50.3
Blood pressure checked	82.3	88.4	82.0
Blood tested	79.7	89.7	79.2
Urine tested	78.2	74.8	78.4
Abdomen examined	68.0	74.4	67.7
Internal examined	46.2	45.2	46.3
Breast examined	26.5	26.9	26.5
X-ray	9.1	7.3	9.2
Sonography /ultrasound	49.4	38.0	50.0
Amniocentesis	4.0	4.3	3.9
Antenatal advice			
Diet	65.3	68.1	65.2
Danger signs of pregnancy	38.5	43.6	38.3
Delivery care	39.6	40.0	39.6
Breast feeding	45.9	58.8	45.2
New born care	39.4	44.0	39.1
Family planning	30.6	37.1	30.3
Number of women who received any antenatal check-up	1,786	94	1,692
* Women who had their last live/still birth since 1-1-1999/1-1-2001			

live/still births during three years preceding the survey is also presented in Table 4.4. Advice on diet was given to 65 percent women, danger signs of pregnancy (38 percent), delivery care (40 percent), breast-feeding (46 percent), newborn care (30 percent) and family planning (31 percent).

4.5 Antenatal Care Services

In India, the Reproductive and Child Health Programme envisages that 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 latest during the first trimester of the pregnancy. It also includes the provision of at least three antenatal care visits, atleast one tetanus toxoid injection and supplementary iron in the form of IFA tablets daily for atleast 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, received tetanus toxoid injection and supplement iron folic acid tablets. The results are presented in Table 4.5. The data shows that 67 percent women received at least three antenatal check-up and 53 percent four or more antenatal check-up. The percentage of women who received atleast three antenatal check-up was 53 percent in rural areas and 68 percent in urban areas.

The percentage of women who received atleast three antenatal check-up was the highest (83 percent) for women who had studied for 10 years and above and the lowest (49 percent) for non-literate women, while it was 71 percent for women who had studied for 0-9 years. Similarly, percentage of women who received atleast three antenatal check-up was the highest (77 percent) for women with high SLI and the lowest (28 percent) for women with low SLI, while it was 56 percent for women with medium SLI. These data suggest that there exists positive association between percent of at least three antenatal check-up and education and standard of living index of the women.

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, Delhi, 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+
Number of ANC visits										
No visit	18.7	31.1	17.8	34.0	15.8	5.2	8.7	13.9	21.7	33.4
1	4.3	8.2	4.0	4.7	4.4	3.8	4.3	2.9	5.2	5.2
2	9.8	7.6	9.9	12.0	9.3	7.8	8.1	8.6	12.4	10.9
3	14.5	10.9	14.7	16.0	18.1	9.1	9.4	14.8	20.5	14.2
4+	52.8	42.1	53.5	33.2	52.5	74.1	69.5	59.7	40.2	36.3
Stage of pregnancy at the time of the first antenatal check-up										
No antenatal check-up	18.7	31.1	17.8	34.0	15.8	5.2	8.7	14.3	21.2	33.4
First trimester	40.9	37.4	41.2	25.8	37.3	60.7	57.6	43.4	34.5	24.0
Second trimester	34.8	28.6	35.2	32.3	41.6	30.7	27.8	37.8	39.8	34.7
Third trimester	5.6	2.9	5.8	7.9	5.3	3.4	5.8	4.5	4.4	7.9
Women who received TT										
No TT	11.1	17.8	10.7	20.5	9.2	3.0	5.9	7.4	11.2	21.7
1	7.5	18.6	6.8	8.2	9.6	4.9	5.2	6.6	8.6	10.2
2+	75.0	63.1	75.8	65.8	74.3	85.6	80.3	78.9	74.3	64.7
Do not remember/missing	6.3	0.5	6.7	5.5	6.9	6.5	8.5	7.1	5.9	3.3
Women who received IFA tablets/syrup										
No IFA/syrup	31.0	37.6	30.6	46.4	29.9	15.7	18.8	27.4	34.9	45.3
Received but not consumed	4.1	5.6	4.0	3.6	5.1	3.8	4.1	5.1	4.1	3.0
Consumed one IFA per day	27.6	23.8	27.8	21.2	29.2	32.6	31.3	29.6	26.5	22.3
Received 100+ IFA tablets/syrup	45.7	41.8	46.0	33.4	44.3	60.0	57.8	49.4	40.7	32.5
Percentage of women who received full ¹ antenatal check-ups	36.2	33.9	36.3	24.8	35.1	49.2	46.3	39.2	31.5	25.4
Number of women	2,192	136	2,056	770	699	721	594	614	464	510

Note: Total includes 11 women with zero parity and 2 women with missing information on education who were not shown separately.

@ Literate women with no years of schooling are also included. ¹ 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, Delhi, 2002-04

Antenatal care indicators	Religion			Caste#				Standard of living index		
	Hindu	Muslim	Other	Scheduled caste	Scheduled tribe	Other backward class	Other	Low	Medium	High
Number of ANC visits										
No visit	17.7	26.3	3.4	19.7	(30.0)	26.9	14.5	51.5	26.8	11.3
1	4.1	4.7	6.5	2.8	(10.0)	4.9	4.4	2.0	6.2	3.1
2	9.9	8.8	9.7	11.6	(13.3)	8.6	9.5	18.3	11.2	8.4
3	14.5	16.3	2.6	16.3	(10.0)	15.8	12.5	5.4	17.3	12.9
4+	53.7	43.9	77.8	49.6	(36.7)	43.9	59.2	22.8	38.6	64.3
Stage of pregnancy at the time of the first antenatal check-up										
No antenatal check-up	17.7	26.3	3.4	19.7	(30.0)	26.4	14.7	51.5	26.5	11.5
First trimester	41.7	33.5	59.0	33.9	(26.7)	34.9	48.7	9.9	31.3	49.3
Second trimester	35.7	30.8	29.4	41.1	(40.0)	32.5	31.3	31.2	34.9	34.9
Third trimester	4.8	9.4	8.3	5.3	(3.3)	6.2	5.3	7.4	7.3	4.3
Women who received TT										
No TT	10.7	14.6	4.9	9.4	(20.0)	15.5	10.3	35.6	17.4	5.4
1	7.7	6.8	6.9	8.5	(13.3)	8.9	5.8	15.9	9.6	5.7
2+	74.5	77.2	77.8	74.7	(66.7)	70.0	77.7	42.2	68.6	81.2
Do not remember/missing	7.1	1.4	10.4	7.4	(0.0)	5.6	6.1	6.2	4.4	7.7
Women who received IFA tablets/syrup										
No IFA/syrup	29.6	40.0	22.7	31.2	(40.0)	37.1	28.4	65.7	38.9	23.7
Received but not consumed	4.4	3.1	0.8	5.8	(3.3)	3.2	3.7	0.0	4.4	4.2
Consumed one IFA per day	27.7	24.4	40.9	26.2	(26.7)	23.2	30.0	14.3	23.0	31.5
Received 100+ IFA tablets/syrup	47.5	35.1	51.3	43.8	(26.7)	40.7	49.4	15.1	39.1	51.9
¹ Percentage of women who received full antenatal check-ups	37.0	30.9	39.6	35.1	(20.0)	33.1	38.7	10.2	29.7	42.0
Number of women	1,796	338	59	568	36	448	1,077	60	888	1,244

¹ 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. (): Based on less than 50 unweighted cases.

Further, percentage of women who received atleast three antenatal check-up was the highest (79 percent) for women with one child ever born, followed by 74 percent for women with two children ever born and the lowest (50 percent) for women with four and more children ever born, while it was 61 percent for women with three children ever born. These data suggest that parity of women is negatively associated with percent of atleast three antenatal check-up. Sixty-eight percent of Hindu women as against 60 percent of Muslim women and 80 percent of women from other religions received atleast three antenatal check-up. The percentage of women who received atleast three antenatal check-up was the highest (72 percent) for other castes women, followed by 66 percent for scheduled caste women and the lowest (47 percent) for scheduled tribe women, while it was 60 percent for OBC women.

Data on timing of first antenatal check-up shows that percentage of women who received their first antenatal check-up in the first trimester of pregnancy was 41 percent in the state – 37 percent in rural areas and 41 percent in urban areas. Thirty-five percent women received their first antenatal check-up in the second trimester and six percent in the third trimester. The percentage of women who had first antenatal check-up in the first trimester was the highest (61 percent) for women who had studied for 10 years and above and the lowest (26 percent) for non-literate women, while it was 37 percent for women who had studied for 0-9 years. Similarly, percentage of women who had first antenatal check-up in the first trimester was the highest (49 percent) for women with high SLI and the lowest (10 percent) for women with low SLI, while it was 31 percent for women with medium SLI. These data show that percent of women who had first antenatal check-up in the first trimester is positively associated with education and standard of living index of the women.

Further, percentage of women who had first antenatal check-up in the first trimester was the highest (58 percent) for women with one child ever born, followed by 43 percent for women with two children ever born and the lowest (24 percent) for women with four or more children ever born, while it was 34 percent for women with three children ever born. Forty-two percent of Hindu women as against 33 percent of Muslim women had first antenatal check-up in the first trimester, while it was 59 percent for women from other religion. The percentage of women who had first antenatal check-up in the first trimester was the highest (49 percent) for other caste women, followed by 35 percent for OBC women and the lowest (27 percent) for scheduled tribe women, while it was 34 percent for scheduled caste women.

The percentage of pregnant women who had no antenatal check-up was 19 percent in the state – 31 percent in rural areas and 18 percent in urban areas. The percentage of pregnant women who had no antenatal check-up was the highest (33 percent) for women with four or more children, followed by 21 percent for women with three children ever born and the lowest (nine percent) for women with one child ever born, while it was 14 percent for women with two children ever born. Data shows that percentage of women not having any antenatal check-up increases with increase in the parity of women. Further, percentage of pregnant women who had no antenatal check-up was the highest (34 percent) for non-literate women and the lowest (five percent) for women who had studied for 10 years and above, while it was 16 percent for women who had studied for 0-9 years. Similarly, percentage of pregnant women who had no antenatal check-up was the highest (51 percent) for women with low SLI and the lowest (11 percent) for women with high SLI, while it was 27 percent for women with medium SLI. These data suggest that there exists negative association between percent of no antenatal check-up and education and standard of living index of the women.

Twenty-six percent of Muslim women as against 18 percent of Hindu women had no antenatal check-up, while it was only over three percent for women from other religions. The percentage of pregnant women who had no antenatal check-up was the highest (30 percent) for scheduled tribe women, followed by 27 percent for OBC women and the lowest (14 percent) for other castes women, while it was 20 percent for scheduled caste women.

Nutritional deficiencies in women are often exacerbated during pregnancy because of the additional nutrient requirements of foetal growth; therefore need of iron supplement of a pregnant woman increases many-fold than that of a non-pregnant woman. Information on iron folic acid tablets/syrup consumed during pregnancy was also collected, which is given in Table 4.5. Data shows that 69 percent of the women received IFA tablets/syrup in the state – 62 percent in rural areas and 69 percent in urban areas. The percentage of women who received IFA tablets/syrup was the highest (84 percent) for women who had studied for 10 years and above and the lowest (54 percent) for non-literate women, while it was 70 percent for women who had studied for 0-9 years. Similarly, percentage of women who received IFA tablets/syrup was the highest (76 percent) for women with high SLI and the lowest (34 percent) for women with low SLI, while it was 61 percent for women with medium SLI.

Again, only 46 percent of women received 100+IFA tablets/syrup in the state – 42 percent in rural areas and 46 percent in urban areas. The percentage of pregnant women who received 100+ IFA tablets/syrup was the highest (60 percent) for women who had studied for 10 years and above and was the lowest (33 percent) for non-literate women, while it was 44 percent for women who had studied for 0-9 years. Similarly, percentage of pregnant women who received 100+ IFA tablets/syrup was the highest (52 percent) for women with high SLI and the lowest (15 percent) for women with low SLI, while it was 39 percent for women with medium SLI. These data suggest that percent of women who received 100+ IFA tablets/syrup are positively associated with education and standard of living index of the women.

The percentage of pregnant women who received 100+ IFA tablets/syrup was the highest (58 percent) for women with one child ever born, followed by 49 percent for women with two children ever born and the lowest (32 percent) for women with four or more children ever born. This, in other words, means that percentage of pregnant women who received 100+ IFA tablets/syrup is negatively associated with parity of the women. Forty-seven percent of Hindu women as against 35 percent of Muslim women received 100+ IFA tablets/syrup, while it was 51 percent for women from other religions. The percentage of pregnant women who received 100+ IFA tablets/syrup was the highest (49 percent) for other caste women, followed by 44 percent for scheduled caste women and the lowest (27 percent) for scheduled tribe women, while it was 41 percent for other backward classes women.

Further, 82 percent of the women received atleast one tetanus toxoid (TT) injection in the state irrespective of residence. The coverage of atleast one TT injection was 85 percent for women with one or two children ever born, 83 percent for women with three children ever born and 75 percent for women with four or more children ever born. The coverage of atleast one TT injection was 82 percent for Hindu women, 84 percent for Muslim women and 85 percent for women from other religions. Again, coverage of atleast one TT injection was 79 percent for OBC women, 80 percent for schedule tribe women and 83 percent for schedule caste women and for other caste women.

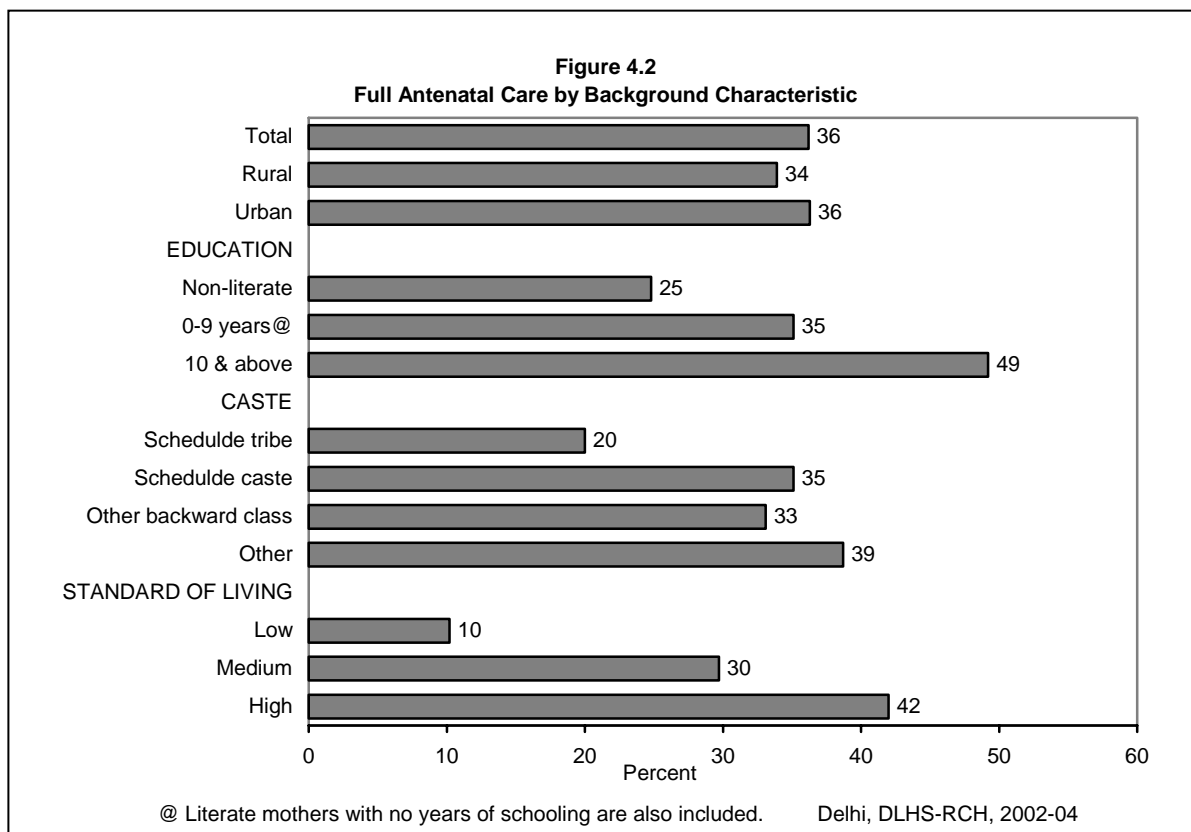
The percentage of women who received atleast one TT injection was the highest (90 percent) for women who had studied for 10 years and above and the lowest (74 percent) for non-literate women, while it was 84 percent for women who had studied for 0-9 years. Similarly, percentage of women who received atleast one TT injection was the highest (87 percent) for women with high SLI and the lowest (58 percent) for women with low SLI, while it was 78 percent for women with medium SLI. These data show that percentage of women who received atleast one TT injection was positively associated with education and standard of living index of the women.

Further, percentage of women who received full antenatal care (atleast three antenatal check-up, at least one TT injection and 100+ IFA tablets) was 36 percent in the state – 34 percent in rural areas and 36 percent in urban areas. The extent of women who received full antenatal care was the highest (46 percent) for women with one child ever born, followed by 39 percent for women with two children ever born and the lowest (25 percent) for women with four or more children ever born. The coverage of women who received full antenatal care was the highest (39 percent) for other caste women, followed by 35 percent for scheduled caste women and the lowest (20 percent) for scheduled tribe women. In other words, coverage of women who received full antenatal care decreases with increase in parity of the women. The percentage of women who received full antenatal care was 37 percent for Hindu women as against 31 percent for Muslim women and 40 percent for women from other religions.

Coverage of full antenatal care was the highest (49 percent) for women who had studied for 10 years and above and the lowest (25 percent) for non-literate women, while it was 35 percent for women who had studied for 0-9 years. Similarly, percentage of women who received full antenatal care was the highest (42 percent) for women with high SLI and the lowest (10 percent) for women with low SLI, while it was 30 percent for women with medium SLI. These data have shown that percentage of women who received full antenatal care is positively associated with education and standard of living index of the women. Figure 4.2. Shows full antenatal coverage by selected background characteristics.

4.6 Antenatal Care Indicator by District

Table 4.6 gives percentage of women who received different types of antenatal care by district in Delhi. The percentage of women who received antenatal check-up in the first trimester of pregnancy was the highest (54 percent) in East and Southwest district, followed by 51 percent in Central district and the lowest (32 percent) in West district, while it was 41 percent for the state. The percentage of women who received three or more antenatal check-up was the highest (83 percent) in North district, followed by 82 percent in East district and the lowest (53 percent) in South district. The percentage of women who received three or more antenatal check-up was higher than that of the state (67 percent) in Central, East, North, Northeast, Northwest and Southwest districts and in the remaining three districts it was lower than that of the state. Again, percentage of women who received atleast one TT injection was the highest (89 percent) in East district, followed by 88 percent in Northeast district and the lowest (73 percent) in New Delhi district. The percentage of women who received atleast one TT injection was higher than that of the state (82 percent) in Central, East, North, Northeast, Southwest and West districts and in the remaining three districts it was lower than that of the state. The percentage of women who received 100+ IFA tablets/syrup was the highest (56 percent) in Central district, followed by 54



percent in East district and the lowest (40 percent) in South district, while it was 46 percent for the state. Again, percentage of women who received full antenatal care was the highest (43 percent) in Central and East districts, followed by 42 percent in Northeast district and the lowest (26 percent) in South district. The percentage of women who received full antenatal care was higher than that of the state (36 percent) in Central, East, Northeast, Southwest and West districts and in the remaining four districts it was lower than that of the state.

Table 4.6 ANTENATAL CARE INDICATORS BY DISTRICT

Percentage of women* who received different type of antenatal care by district, Delhi, 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 ¹	Percentage that received full ² antenatal check-ups
Central	50.9	80.0	86.5	56.0	43.0
East	54.1	81.6	89.5	53.6	43.5
New Delhi	44.8	62.5	72.6	43.9	30.9
North	44.3	83.3	85.7	43.5	35.1
North East	36.9	68.5	88.1	47.3	42.4
North West	42.6	67.7	78.6	45.1	34.6
South	34.7	52.9	77.4	40.3	26.0
South West	53.6	77.1	86.7	50.0	41.4
West	32.0	61.5	82.9	43.5	37.3
Delhi	40.9	67.3	82.5	45.7	36.2

* Women who had their last live/still birth since 1-1-1999/1-1-2001. ¹ 100 or more iron folic acid tablets including syrup. ² 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 adversely affect both women's health and the outcome of the pregnancy. 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 reference period were asked if at any time during the pregnancy, they had experienced any pregnancy-related complications. Table 4.7 gives percentage of women who had live/still births during three years preceding the survey by pregnancy complication and type of complication during pregnancy by selected background characteristics in Delhi. The percentage of the women who experienced any pregnancy related complications was 29 percent in the state – 24 percent in rural areas and 30 percent in urban areas. More of the women aged 35 years and above and less of the women aged below 25 years experienced any pregnancy related problem. Further, percentage of the women who experienced any pregnancy related complications was the highest (32 percent) for women with four or more children ever born, followed by 30 percent for women with one child ever born and the lowest (26 percent) for women with two children ever born. The percentage of women who experienced any pregnancy related complications was the highest (31 percent) for women with high SLI and the lowest (22 percent) for women with low SLI, while it was 28 percent for women with medium SLI. Thirty percent of the women who received any antenatal care as against 25 percent of the women who received no antenatal care experienced any pregnancy related complications.

The major problems reported were 'swelling of hand and feet' (21 percent), 'paleness' (10 percent), 'visual disturbance' (over two percent), 'bleeding' (one percent), 'convulsion' (less than one percent), 'weak or no movement of foetus' (one percent), 'abnormal position of foetus' (one percent), and 'Other complications' (three percent). Swelling of hands and feet was more common among urban women and also among women who received any antenatal care. The percentage of women who were more anaemic belonged to the age group 35 years or more. Figure 4.3 shows percentage of women with pregnancy complications.

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 gives percentage of women who had pregnancy complication, sought treatment by source of treatment according to residence. The percentage of women who sought treatment of pregnancy complications was 48 percent in the state – 36 percent in rural areas and 49 percent in urban areas. Fifty-four percent of women sought treatment from government health facility, 33 percent from private health facility and 12 percent from ISM facility, while over one percent women sought treatment from other health facility. Further, 97 percent of the women obtained treatment from the doctor, two percent from ANM/Nurse/LHV.

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 safe deliveries conducted under the supervision of trained health workers under hygienic conditions. Provision of delivery services in the government health institutions is one of the components

Table 4.7 PREGNANCY COMPLICATIONS

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, Delhi, 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 fetus	Abnormal position of fetus	Other	
Age group (years)										
Below 25	28.1	20.1	10.7	2.2	0.9	0.5	0.9	0.4	2.4	818
25-29	29.2	21.4	7.9	1.8	0.4	0.3	0.6	1.0	3.4	845
30-34	30.6	20.8	9.1	2.4	0.2	0.1	1.0	1.0	4.1	389
35 & above	34.1	19.2	15.2	5.0	0.8	0.0	4.4	0.6	0.0	141
Children ever born										
1	30.4	22.2	7.6	1.5	0.9	0.7	0.7	1.0	3.9	594
2	25.7	17.4	8.8	1.2	0.6	0.2	1.1	0.8	1.6	614
3	29.2	21.0	9.0	1.5	0.4	0.4	1.4	0.5	4.4	464
4+	32.1	22.3	13.4	5.2	0.3	0.0	1.1	0.7	2.1	510
Residence										
Rural	24.4	18.6	10.8	2.2	0.6	0.0	0.0	2.0	1.1	136
Urban	29.7	20.8	9.6	2.3	0.6	0.4	1.1	0.7	3.1	2,056
Standard of living index										
Low	22.0	20.5	14.3	6.4	0.9	1.2	0.8	0.0	0.4	60
Medium	28.0	19.0	9.6	2.7	0.5	0.4	0.5	0.7	3.2	888
High	30.6	21.8	9.5	1.7	0.6	0.2	1.4	0.8	2.9	1,244
Received any ANC										
Yes	30.4	21.6	9.9	2.0	0.7	0.3	1.2	0.9	3.0	1,786
No	24.7	16.7	8.4	3.3	0.2	0.4	0.6	0.1	2.6	407
Total	29.3	20.7	9.6	2.3	0.6	0.3	1.1	0.7	2.9	2,192

Note: Total include 11 women with zero parity and 2 with missing information on type of pregnancy complication who were not shown separately.

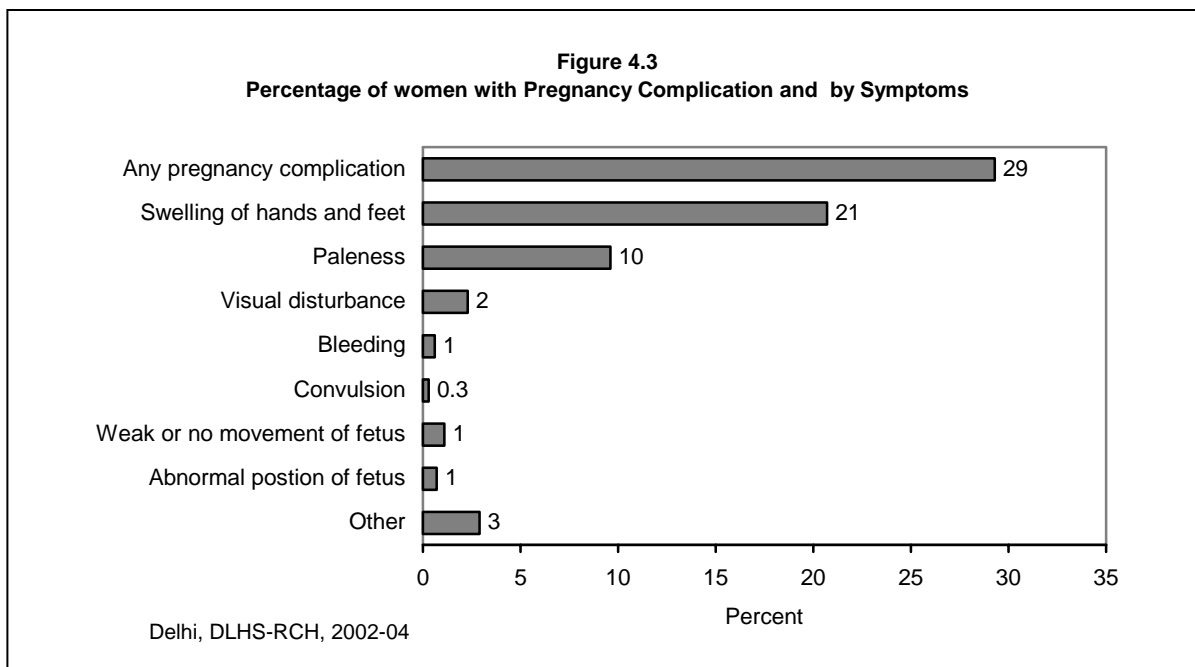


Table 4.8 TREATMENT FOR PREGNANCY COMPLICATIONS

Percentage of women* who had any pregnancy complication, sought treatment and source of treatment according to residence, Delhi, 2002-04

Treatment and source	Total	Residence	
		Rural	Urban
Percentage of women sought treatment who had any pregnancy complication	48.4	(37.8)	49.0
Number of women	643	33	610
Percentage sought treatment at health facility			
Government health facility ¹	53.9	*	55.0
Primary health centre	1.9	*	2.0
Sub centre	0.4	*	0.5
Private health facility ²	33.1	*	31.7
ISM ³ facility	12.2	*	12.4
Other	1.2	*	1.3
Percent distribution of women who obtained treatment from			
Doctor	97.0	*	96.9
ANM/nurse/midwife/LHV	2.1	*	2.2
Other ⁴	0.1	*	0.1
Missing	0.8	*	0.9
Total percent	100.0	100.0	100.0
Number of women	311	12	299

¹ 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. ² Includes private hospital/clinic and non-governmental organization/ trust hospital. ³ Either government or private Indian system of medicine. ⁴ Other includes *Dai* (trained or untrained), other health professionals and ISM practitioner. * Percentage not shown based on few cases.

of the RCH programme. For each live/still birth during three years preceding the survey, women were asked about the place of birth of their children, who assisted during the deliveries,

characteristics of delivery and any problems that occurred during the delivery. Table 4.9 gives 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 in Delhi. Fifty percent of the deliveries were institutional deliveries and 49 percent were home deliveries, while less than one percent deliveries were conducted at other places. Twenty-nine percent deliveries were conducted at the government health institutions, 20 percent at the private health institutions, while the remaining deliveries were non-institutional deliveries. The percentage of institutional deliveries was 40 percent in rural areas and 50 percent in urban areas. On the other hand, percentage of home deliveries was 59 percent in rural areas and 49 percent in urban areas. Deliveries in conducted in health facilities declined from 70 percent in Round-I to 50 percent in Round-II.

The percentage of institutional deliveries was the highest (67 percent) for women with one child ever born, followed by 55 percent for women with two children ever born and the lowest (27 percent) for women with four or more children ever born. In other words, percentage of institutional deliveries declines with increase in parity of the women. Fifty-one percent of Hindu women as against 40 percent of Muslim women had institutional delivery, while it was 80 percent for women from other religions. The percentage of institutional deliveries was the highest (61 percent) for other caste women and the lowest (33 percent) for scheduled caste women, while it was 47 percent for OBC women and scheduled tribe women. The extent of institutional deliveries was the lowest (17 percent) for women who had no antenatal check-up and quite high for women who had any antenatal check-up, while it was the highest (65 percent) for women with four or more antenatal check-up. Forty-five percent of the normal deliveries as against 97 percent of the caesarean deliveries were institutional deliveries.

Further, percentage of institutional deliveries was the highest (77 percent) for women who had studied for 10 years and above and the lowest (26 percent) for non-literate women, while it was 48 percent for women who had studied for 0-9 years. Similarly, percentage of institutional deliveries was the highest (62 percent) for women with high SLI and the lowest (eight percent) for women with low SLI, while it was 36 percent for women with medium SLI. Figure 4.4 shows place of delivery and assistance during delivery.

4.8.2 Assistance During Home Delivery

Table 4.10 gives percent distribution of women who had given live/still birth during three years preceding the survey by assistance during home delivery, and percentage of safe deliveries according to selected background characteristics in Delhi. Generally, assistance during delivery can be provided by medical staff (doctors, ANM/nurse/LHV, TBA), un-trained *dai* and relatives/friends. If more than one type of attendant assisted during the delivery, then only the most qualified person is considered. Only seven percent of home deliveries were attended by doctor, 13 percent by ANM/Nurse/LHV, 27 percent by trained birth attendants, 42 percent by untrained *dais*, 10 percent by relatives and friends, while over one percent of the home deliveries were not attended by anyone (Figure 4.4).

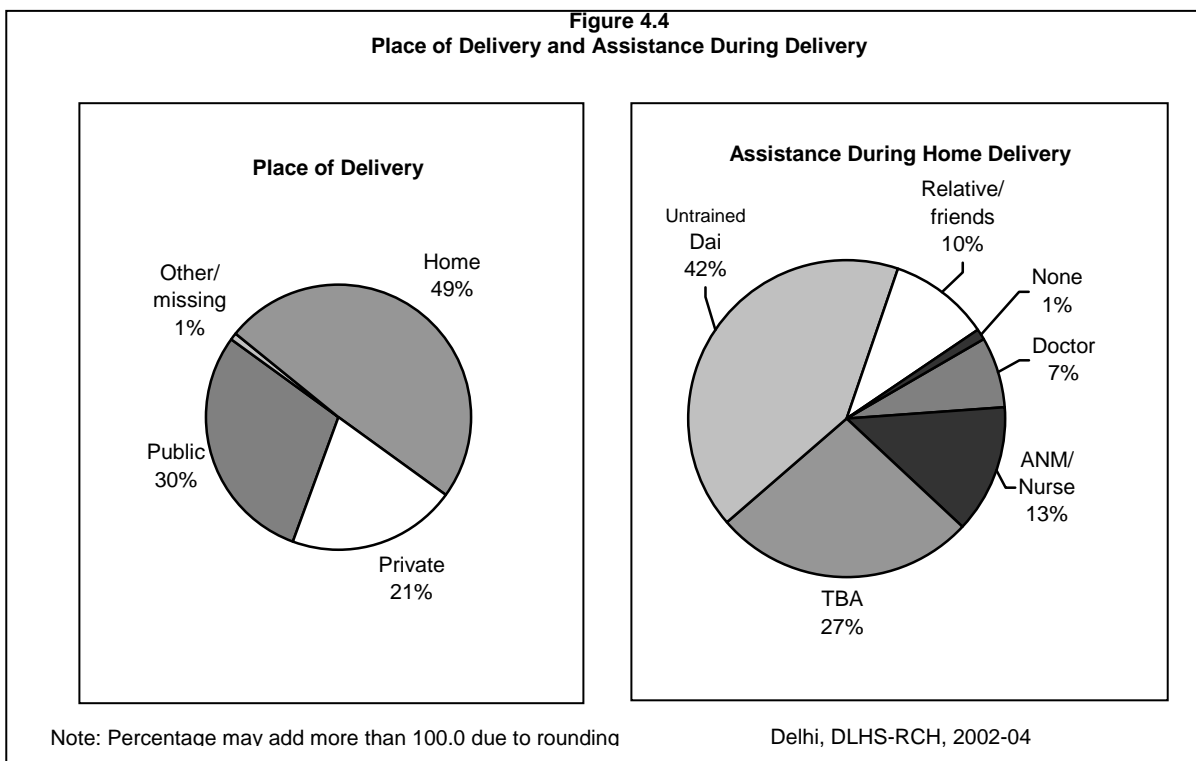
Only one-fifth of the home deliveries were attended by health professionals, over one-fourth by TBA and the remaining more than one-half of the home deliveries were attended by untrained personnel. Trained health personnel attended 51 percent of the home deliveries in rural

Table 4.9 PLACE OF DELIVERY							
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, Delhi, 2002-04							
Background characteristics	Health institutions		Home	Other	Missing	Total percent	Number of women
	Public	Private					
Age group (in years)							
Below 24	31.7	18.3	49.3	0.4	0.3	100.0	818
25-34	28.9	21.7	48.4	0.4	0.5	100.0	1,234
35 and above	20.6	21.9	56.3	1.2	0.0	100.0	141
Children ever born							
1	37.9	29.1	32.2	0.4	0.4	100.0	594
2	32.1	23.0	44.3	0.6	0.1	100.0	614
3	28.9	16.5	53.9	0.6	0.0	100.0	464
4+	16.2	11.0	71.6	0.2	1.1	100.0	510
Residence							
Rural	19.2	21.3	59.4	0.0	0.0	100.0	136
Urban	30.1	20.4	48.6	0.5	0.4	100.0	2,056
Education							
Non-literate	18.5	7.7	71.8	1.0	1.0	100.0	770
0-9@ years	33.1	15.2	51.3	0.3	0.1	100.0	699
10 years & above	37.7	39.2	23.1	0.0	0.0	100.0	721
Religion							
Hindu	31.1	19.8	48.2	0.5	0.5	100.0	1,796
Muslim	20.9	18.9	59.8	0.3	0.0	100.0	338
Other	29.6	50.7	19.7	0.0	0.0	100.0	59
Caste#							
Scheduled caste	22.1	11.1	66.0	0.2	0.7	100.0	568
Scheduled tribe	(26.7)	(20.0)	(53.3)	(0.0)	(0.0)	(100.0)	36
Other backward class	27.8	19.5	52.7	0.0	0.0	100.0	448
Other	34.5	26.1	38.1	0.8	0.4	100.0	1,077
Standard of living index							
Low	7.0	0.7	84.7	0.0	7.6	100.0	60
Medium	25.3	11.1	62.8	0.5	0.3	100.0	888
High	33.5	28.1	37.9	0.4	0.1	100.0	1,244
Number of antenatal check-ups							
No check-up	10.4	6.4	81.6	0.7	0.9	100.0	409
1	31.5	20.6	47.0	0.9	0.0	100.0	94
2	24.1	14.2	59.9	0.0	1.8	100.0	214
3	32.6	10.6	55.8	1.0	0.0	100.0	317
4+	36.1	29.3	34.2	0.2	0.1	100.0	1,157
Delivery characteristics							
Normal	27.9	17.4	54.1	0.5	0.2	100.0	1,977
Caesarean	46.7	50.5	2.8	0.0	0.0	100.0	197
Total	29.5	20.5	49.3	0.4	0.4	100.0	2,192

Note: Total includes 11 women with zero parity, 2 with missing information on education, 6 missing cases on delivery characteristics and 13 of 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. () Based on less than 50 unweighted cases.

areas as against 46 percent in urban areas, while it was 47 percent for the state. Trained health personnel attended 54 percent of the home deliveries of women with one child ever born, 46 percent of women with two or three children ever born and 44 percent of women with four or more children ever born. Further, percentage of home deliveries attended by trained health personnel does not bring out any age, religion and caste differentials.

The percentage of home deliveries attended by trained health personnel were the highest (66 percent) for women who had studied for 10 years and above and the lowest (42 percent) for non-literate women, while it was 45 percent for women who had studied for 0-9 years. Similarly, percentage of home deliveries attended by trained health personnel was the highest (58 percent) for women with high SLI and the lowest (28 percent) for women with



low SLI, while it was 39 percent for women with medium SLI. These data suggest that there exists positive association between percent of home deliveries attended by trained health personnel and education and standard of living index of the women.

4.8.3 Delivery Assisted by Skilled Persons

Table 4.10 further shows that percentage of safe deliveries was 60 percent in the state – 54 percent in rural areas and 60 percent in urban areas. The percentage of safe deliveries was 60 percent for women in the age group 25-34 years, 56 percent for women in the age group 35 years and above, while it was 18 percent for women in the age group below 25 years. The percentage of safe deliveries was the highest (75 percent) for women with one child ever born, followed by 64 percent for women with two children ever born and the lowest (41 percent) for women with four or more children ever born. Sixty percent of Hindu women as against 53 percent of Muslim women had safe delivery. The extent of safe deliveries was the highest (69 percent) for other caste women, followed by 58 percent for OBC women and the lowest (25 percent) for scheduled tribe women. Further, percentage of safe deliveries was the highest (74 percent) for women who had four or more antenatal check-up, followed by 56 percent for women who had three antenatal check-up and the lowest (16 percent) for women who had only one antenatal check-up, while it was 29 percent for women who had no antenatal check-up.

The percentage of safe deliveries was the highest (87 percent) for women who had studied for 10 years and above and the lowest (38 percent) for non-literate women, while it was 56 percent for women who had studied for 0-9 years. Similarly, percentage of safe deliveries was the highest (71 percent) for women with high SLI and the lowest (16 percent) for women with low SLI, while it was 47 percent for women with medium SLI. These data suggest that

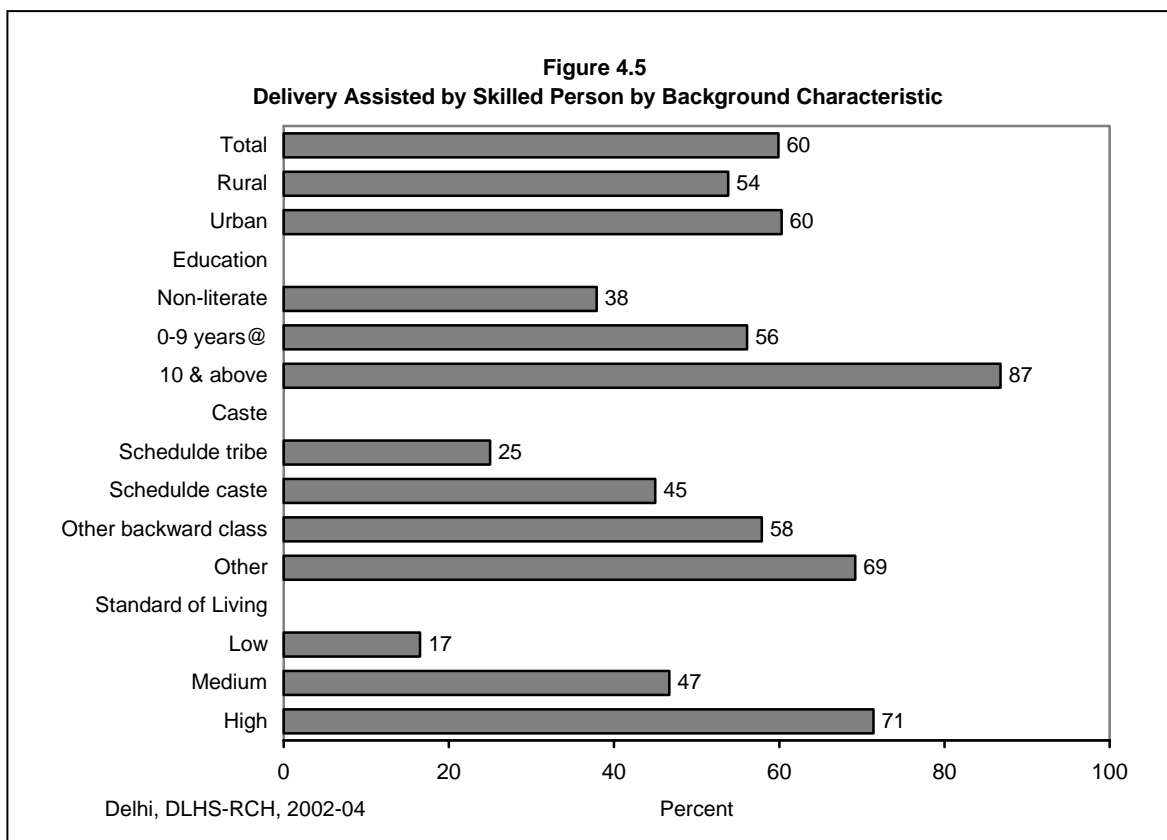
Table 4.10 ASSISTANCE DURING HOME DELIVERY AND SAFE DELIVERY								
Percent distribution of women who had given live/still births during three years preceding the survey, by assistance during home delivery, and percentage of safe delivery, according to selected background characteristics, Delhi, 2002-04								
Background characteristics	Attendant assisting during home delivery ¹						Number of women	Percentage of safe ² delivery
	Doctor	ANM/ Nurse/ LHV	TBA	Untrained <i>dai</i>	Relative/ friends	None		
Age group (in years)								
Below 24	6.6	12.2	27.2	42.8	9.5	1.8	403	59.3
25-34	6.9	13.7	26.8	40.3	11.1	0.9	598	60.7
35 and above	13.2	10.4	23.1	47.0	6.3	0.0	79	55.8
Children ever born								
1	12.4	13.0	28.3	33.9	10.6	1.9	191	75.2
2	5.7	15.6	25.2	43.4	8.9	0.9	272	64.5
3	4.9	12.0	28.9	42.6	9.6	2.0	250	54.6
4+	7.4	11.6	25.3	44.1	11.2	0.5	365	40.8
Residence								
Rural	6.4	16.0	28.7	32.3	15.3	0.0	81	53.8
Urban	7.3	12.7	26.5	42.5	9.7	1.3	999	60.3
Education								
Non-literate	7.1	9.1	25.5	43.0	13.5	1.5	553	37.9
0-9@ years	5.5	9.7	30.2	46.7	6.8	1.0	358	56.1
10 years & above	10.4	32.4	23.3	27.2	6.2	0.5	167	86.8
Religion								
Hindu	6.3	13.4	27.2	40.8	10.8	1.3	866	60.3
Muslim	11.6	10.5	23.0	46.4	7.8	0.7	202	53.1
Other	*	*	*	*	*	*	12	84.7
Caste#								
Scheduled caste	4.5	13.4	31.6	40.1	8.8	1.4	375	45.0
Scheduled tribe	*	*	*	*	*	*	21	(60.0)
Other backward class	9.6	10.4	27.5	41.2	10.0	1.2	236	57.9
Other	8.8	13.7	23.1	42.3	11.4	0.7	410	69.2
Standard of living index								
Low	4.4	5.9	17.7	50.3	15.2	4.5	51	16.5
Medium	7.0	9.4	22.7	46.5	13.3	1.0	558	46.7
High	7.9	17.8	32.3	35.2	5.8	1.0	471	71.4
Number of antenatal check-ups								
No check-up	6.4	9.0	18.8	48.9	16.0	0.9	334	29.3
1	(0.0)	(16.3)	(27.9)	(41.9)	(14.0)	(0.0)	44	57.3
2	7.1	12.5	33.2	39.6	5.6	2.0	128	50.1
3	7.7	15.4	24.4	41.7	10.5	0.3	177	56.1
4+	8.7	15.5	31.6	36.2	6.0	1.7	396	73.7
Delivery characteristics								
Normal	6.9	12.7	26.9	42.1	10.1	1.2	1,068	55.9
Caesarean	*	*	*	*	*	*	6	(99.5)
Total	7.3	12.9	26.7	41.7	10.1	1.2	1,080	59.9

Note: Total includes 2 women with zero parity and on education 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. ¹ If the respondent mentioned more than one attendant, only the most qualified attendant is shown. ² 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.

there exists positive association between percent of safe deliveries and education and standard of living index of the women. Figure 4.5 shows deliveries assisted by skilled person by selected background characteristics.

4.9 Reasons for Not Going to Health Institutions for Delivery

Table 4.11 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 by residence. The percentage of women who did not consider it necessary to go to the health



institution for delivery was 53 percent in the state – 42 percent in rural areas and 54 percent in urban areas. Other reasons reported by the women were ‘not customary’ (seven percent), ‘cost too much’ (five percent), ‘health facility too far/no transport’ (three percent), ‘poor quality services’ (less than one percent), ‘no time to go’ (12 percent), ‘family did not allow’ (two percent), ‘better care at home’ (14 percent) and ‘lack of knowledge’ (over one percent). More of the women in rural areas than in urban areas, who did not go to health facility for delivery, said ‘better care at home’, while more of the women in urban areas than in rural areas said ‘no time to go’.

Table 4.11 REASONS FOR NOT GOING TO HEALTH INSTITUTIONS FOR DELIVERY

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, Delhi, 2002-04

Reason	Total	Residence	
		Rural	Urban
Not Necessary	52.8	42.0	53.6
Not customary	6.9	7.0	6.9
Cost too much	4.7	9.1	4.4
Health facility too far/ No transport	2.8	10.2	2.2
Poor quality service	0.2	0.0	0.2
No time to go	12.4	9.7	12.7
Family did not allow	2.1	2.7	2.0
Better care at home	14.4	18.0	14.1
Lack of knowledge	1.4	1.4	1.4
Other	2.0	0.0	2.1
Total percent	100.0	100.0	100.0
Number of women	1,080	81	999

4.10 Delivery Characteristics by District

Table 4.12 gives place of delivery, assistance during home delivery and percentage of safe deliveries by residence. The percentage of institutional delivery was the highest (76 percent) in Central district, followed by 74 percent in North district and the lowest (34 percent) in West district. The percentage of institutional delivery was higher than that of the state (50 percent) in Central, East, New Delhi, North and Southwest districts and in the remaining four districts it was lower than that of the state. The percentage of home deliveries was the highest (65 percent) in West district, followed 56 percent in South district and the lowest (23 percent) in Central district. The percentage of home deliveries was higher than that of state (49 percent) in Northeast, Northwest, South and West districts and in the remaining five districts it was lower than that of the state. Further, percentage of home deliveries assisted by skilled persons was the highest (28 percent) in East district, followed by 26 percent in Northwest district and the lowest (seven percent) in New Delhi district, while it was 20 percent for state. Again, percentage of safe deliveries was the highest (81 percent) in Central district, followed by 78 percent in East and North districts and the lowest (41 percent) in West districts. The percentage of safe deliveries was higher than that of the state (60 percent) in Central, East, New Delhi, North and Southwest districts and in the remaining four districts it was lower than that of the state (see Map-4).

Table 4.12 DELIVERY CHARACTERISTICS BY DISTRICT				
Place of delivery, assistance during home deliveries, and percentage of safe deliveries by district, Delhi, 2002-04				
Districts	Percentage of women who had institutional delivery	Percentage of women who had delivery at home	Home delivery assisted by skilled ¹ persons	Percentage of safe ² delivery
Central	75.9	23.2	20.2	80.6
East	69.4	28.8	28.3	77.6
New Delhi	60.8	38.7	6.7	63.4
North	73.8	26.1	14.3	77.6
North East	48.0	51.3	22.8	59.7
North West	44.3	54.8	26.3	58.8
South	42.3	56.5	18.6	52.8
South West	68.7	31.3	23.6	76.1
West	33.8	65.5	11.6	41.4
Delhi	50.0	49.3	20.2	59.9

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

4.11 Complications During Delivery

Table 4.13 gives percentage of women who had given last live/still births during three years preceding the survey by delivery complication, according to selected background characteristics in Delhi. The percentage of women who experienced any delivery complication was 31 percent in the state – 33 percent in rural areas and 31 percent in urban areas. The percentage of women who experienced any delivery complication was the highest (35 percent) for women with four or more children ever born and the lowest (28 percent) for women with three children ever born, while it was 33 percent for women with one child ever born. The percentage of women who experienced any delivery complication was the highest (39 percent) for women who had only one antenatal check-up, followed by 34 percent for women who had two antenatal check-up and the lowest

Table 4.13 DELIVERY COMPLICATIONS								
Percentage of women who had given last live/still births during three years preceding the survey by delivery complication, according to selected background characteristics, Delhi, 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	
Age group (in years)								
Below 25	31.1	16.1	3.2	10.9	14.3	1.9	0.6	818
25-34	31.6	14.2	3.1	10.8	14.1	2.8	1.4	1,234
35 and above	30.3	12.6	3.2	16.6	3.0	4.8	2.5	141
Children ever born								
1	33.4	14.6	3.8	13.3	13.0	3.4	2.2	594
2	28.8	13.8	2.0	8.5	11.8	2.7	1.1	614
3	28.2	12.6	3.0	7.9	14.3	1.9	0.9	464
4+	35.0	18.4	3.9	14.9	15.2	2.3	0.3	510
Residence								
Rural	33.1	19.3	3.7	16.6	15.7	2.8	0.0	136
Urban	31.2	14.5	3.1	10.8	13.3	2.6	1.3	2,056
Number of antenatal checkups								
No check-up	26.8	15.0	1.5	8.6	11.0	1.5	0.0	409
1	38.7	20.1	10.5	13.4	13.5	2.0	0.2	94
2	34.2	15.3	3.4	10.7	19.1	4.1	0.3	214
3	32.3	16.2	2.6	12.2	14.0	2.0	0.0	317
4+	31.6	13.8	3.2	11.7	13.1	2.9	2.2	1,157
Delivery characteristics								
Normal	29.0	14.5	2.7	10.9	13.3	1.3	0.4	1,977
Caesarean	55.9	16.7	7.9	14.8	15.8	16.1	8.4	197
Place of delivery								
Government sector	30.3	12.9	3.9	11.7	11.3	2.8	1.6	646
Private sector	36.8	15.2	4.0	9.8	14.6	5.6	3.1	449
Home	29.4	15.6	2.4	11.4	14.3	1.2	0.1	1,080
Total	31.4	14.8	3.1	11.2	13.5	2.6	1.2	2,192

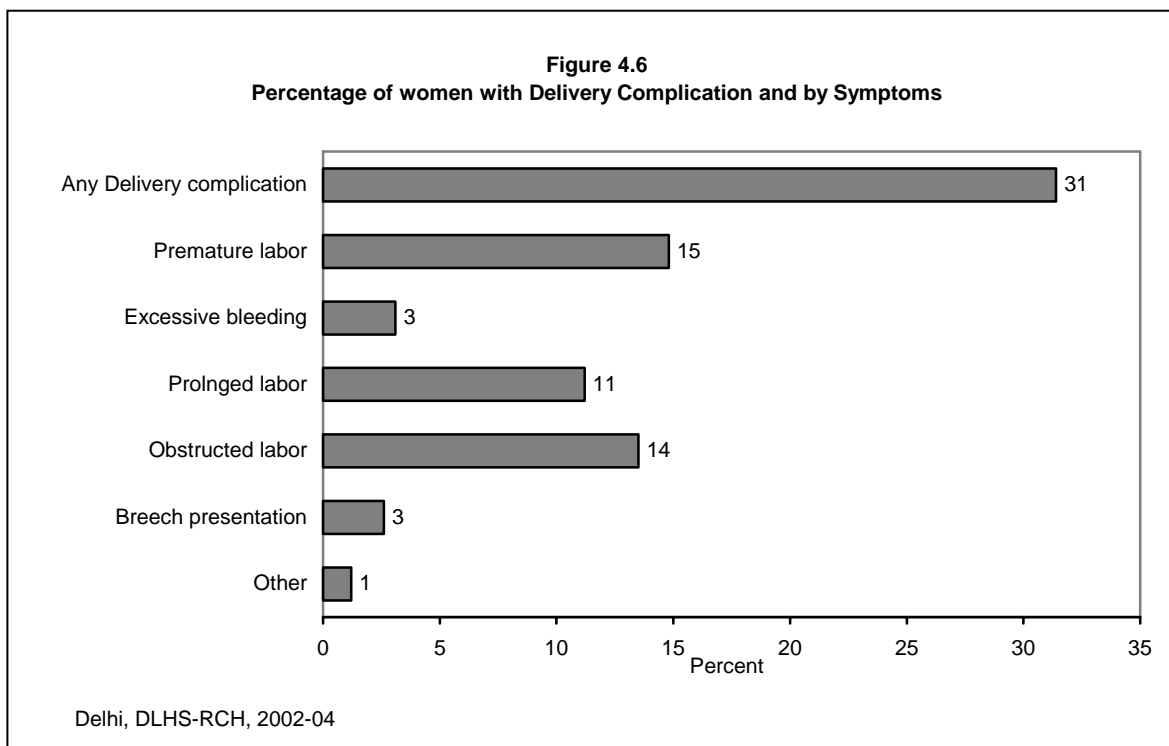
Note: Table include 11 women with zero parity and 6 missing cases on delivery characteristic, 8 women on place of delivery, 10 women with other place 13 assisted delivery who were not shown separately.

women who had no antenatal check-up during their pregnancy. Further, 29 percent of women with normal delivery as against 56 percent women with caesarean delivery experienced any delivery complication. A relatively higher proportion of women who delivered in private health institutions (37 percent) than in government health institutions (30 percent) experienced atleast one delivery complication, while it was 29 percent for home deliveries.

The major problems reported were ‘premature labour’ (15 percent), ‘obstructed labour’ (13 percent), ‘prolonged labour’ (11 percent), ‘excessive bleeding’ (three percent), and ‘breech presentation’ (three percent). Premature labour is more common among rural women than among urban women. Similarly, prolonged labour was more common among rural women than urban women. Further, premature labour, prolonged labour, excessive bleeding, prolonged labour and breech presentation were more common with caesarean deliveries than normal deliveries. Figure 4.6 gives percentage of women with delivery complication.

4.12 Post Delivery Complications and Treatment

Table 4.14 gives 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. The percentage of women who experienced atleast one post delivery complication



was over 17 percent in the state - 26 percent in rural areas and 17 percent in urban areas. Over 18 percent of the women aged below 25 years as against 17 percent of the women aged 25-34 years had experienced atleast one post-delivery complication, while it was 15 percent for women aged 35 years or more. Further, chances of post delivery complications were more for normal deliveries and home deliveries than caesarean deliveries and institutional deliveries. Similarly, chances of experiencing post delivery complication were least when conducted by a doctor and highest when conducted by relative/friends. These data further show that chances of experiencing post delivery complication increases with increase in the parity of the women.

Type of post delivery complications experienced during the first six-weeks of delivery were 'high fever' (seven percent), 'lower abdominal pain' (nine percent), 'foul smelling vaginal discharge' (over one percent), 'excessive bleeding' (three percent), 'convulsion' (one percent), 'severe headache' (six percent). Figure 4.7 shows percentage of women with post delivery complication.

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 gives extent of pregnancy, delivery and post-delivery complications and treatment seeking behaviour by district. The percentage of women who had any complication during pregnancy was the highest (43 percent) in New Delhi district, followed by 38 percent in Northwest district and the lowest (20 percent) in Southwest district, while it was 29 percent for the state. The percentage of women who sought treatment was the highest (69 percent) in New Delhi district, followed by 55 percent in Central district and the lowest (26 percent) in Southwest district, while it was 48 for the state. Further, percentage of women who had delivery complication was the highest

Table 4.14 POST DELIVERY COMPLICATIONS

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, Delhi, 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	
Age									
Below 24	18.4	6.4	9.7	1.2	2.9	0.3	5.2	1.6	818
25-34	17.2	7.4	8.9	1.6	2.6	1.1	6.3	1.1	1,234
35 and above	15.1	9.0	11.0	2.9	3.7	0.1	4.4	0.0	141
Children ever born									
1	14.2	5.5	7.1	0.7	3.6	0.4	3.4	1.7	594
2	17.9	6.4	7.8	2.0	0.9	0.2	6.7	1.7	614
3	18.2	7.4	8.2	0.8	2.7	1.6	7.1	0.8	464
4+	19.9	10.2	14.3	2.6	3.6	0.9	5.9	0.4	510
Residence									
Rural	26.4	11.8	12.8	3.6	4.8	3.5	5.2	3.4	136
Urban	16.9	7.0	9.1	1.4	2.6	0.5	5.8	1.0	2,056
Delivery characteristics									
Normal	17.8	7.2	9.5	1.7	2.8	0.8	5.9	1.3	1,977
Caesarean	15.4	8.9	7.9	0.0	3.1	0.0	4.2	0.7	197
Place of delivery									
Government sector	14.5	7.6	6.1	1.1	1.8	0.8	4.8	1.6	646
Private sector	15.0	6.4	7.3	0.6	3.1	0.4	5.7	1.5	449
Home	20.5	7.7	12.2	2.1	3.2	0.8	6.5	0.8	1,080
Assistance during home delivery									
Doctor	13.6	4.6	5.2	1.4	5.4	0.0	0.0	0.0	78
ANM/Nurse/LHV	16.2	7.1	6.3	0.9	0.9	0.0	9.2	0.0	140
TBA	20.6	6.9	13.5	1.5	4.5	0.0	5.8	2.0	288
Untrained dai	20.7	7.7	12.5	3.0	3.2	1.1	6.8	0.2	451
Relative/friends	30.2	13.6	19.7	1.8	1.7	1.8	8.0	2.2	109
Total	17.5	7.3	9.3	1.5	2.8	0.7	5.8	1.2	2,192

Note: Table include 11 women with zero parity and 6 missing cases and 13 assisted delivery on delivery characteristic, on place of delivery, 10, 8 women and 13 cases of none category on assistance during home visit who were not shown separately.

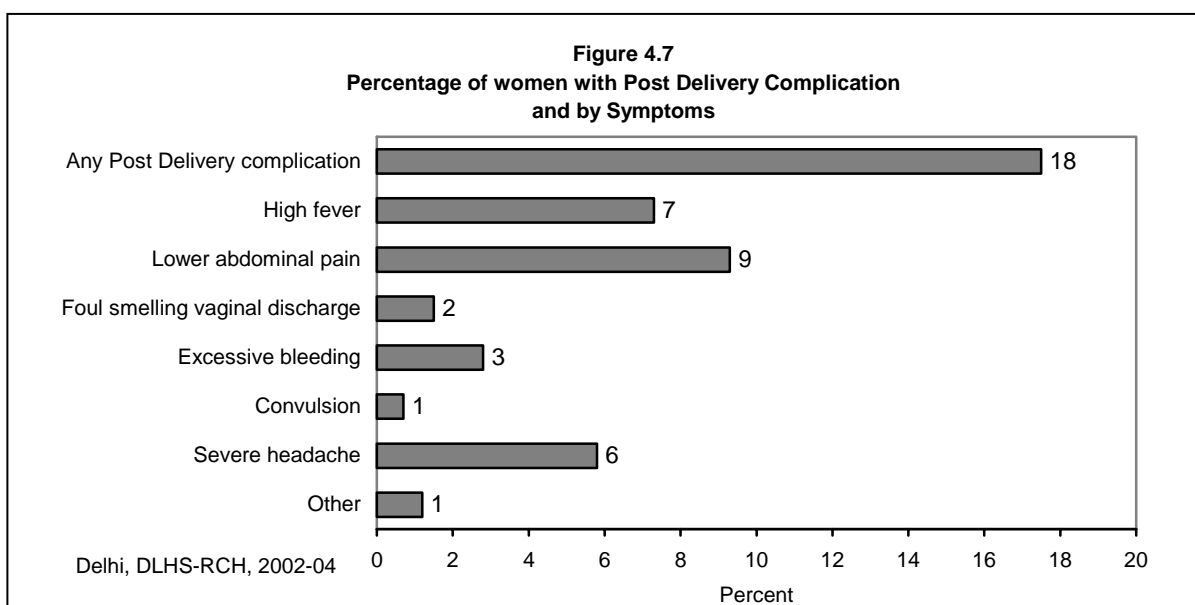


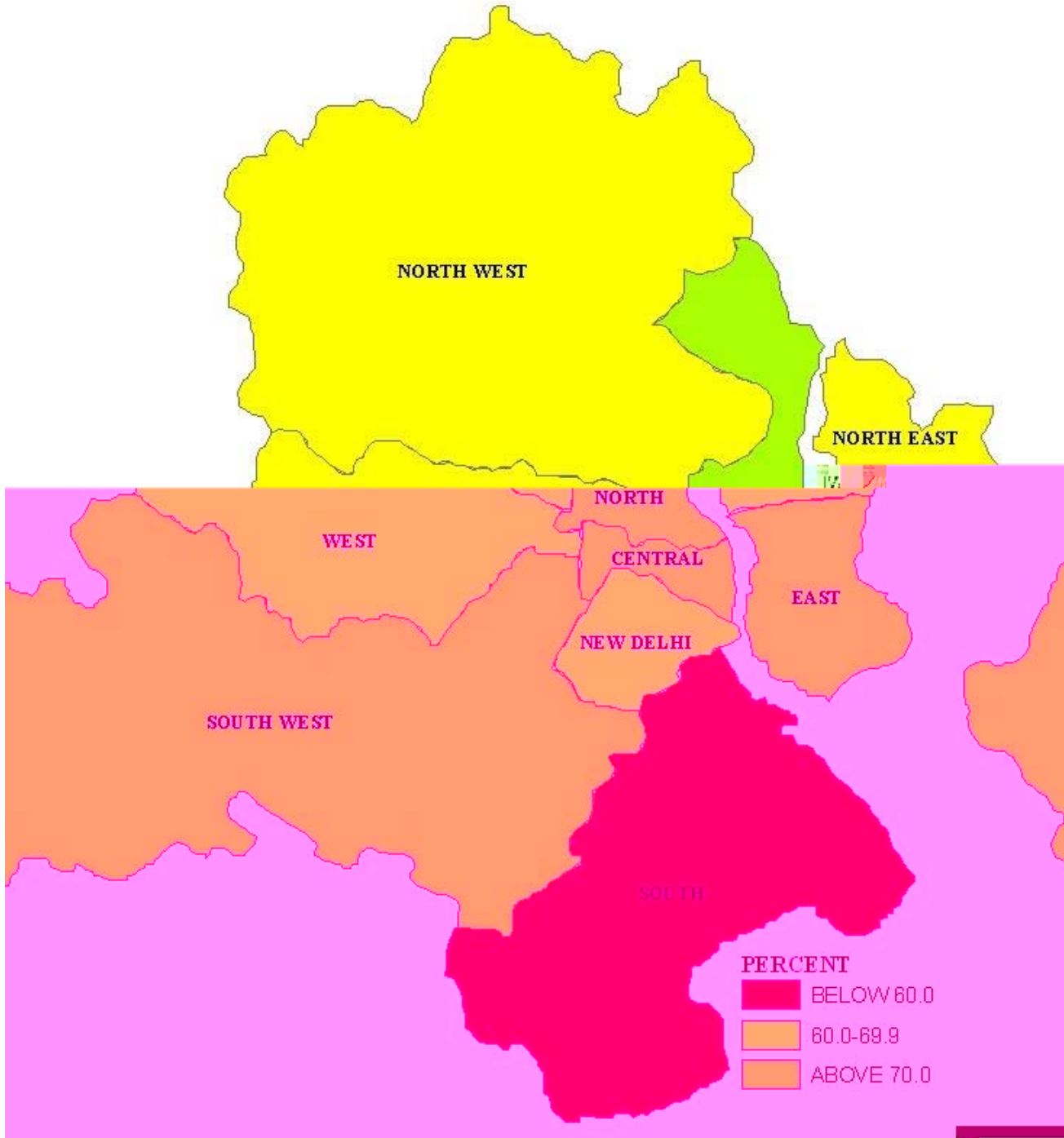
TABLE 4.15 TREATMENT FOR POST DELIVERY COMPLICATIONS			
Percentage of women who had last live/still births during three years preceding the survey and who had any post delivery complication, sought treatment for the problems, and source of treatment according to residence , Delhi, 2002-04			
Treatment and source	Total	Residence	
		Rural	Urban
Percentage of women sought treatment who had any post delivery complication	47.5	(41.7)	48.9
Number of women	383	36	347
Percentage sought treatment at health facility			
Government health facility ¹	36.5	*	37.2
Primary health centre	0.1	*	0.1
Sub centre	2.0	*	2.2
Private health facility ²	56.2	*	55.9
ISM ³ facility	6.3	*	6.0
Other	0.2	*	0.1
Percent distribution of women who obtained treatment from			
Doctor	96.6	*	96.4
ANM/nurse/midwife/LHV	2.1	*	2.3
Other health professionals ⁴	0.4	*	0.4
Other	0.0	*	0.0
Missing	0.8	*	0.9
Total percent	100.0	100.0	100.0
Number of women	182	12	170
¹ 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. ² Includes private hospital/clinic and non-governmental organization/ trust hospital. ³ Either government or private Indian system of medicine. ⁴ Other includes <i>Dai</i> (trained or untrained), other health professionals and ISM practitioner. () Based on less than 50 unweighted cases.* Percentage not shown based on few cases.			

Table 4.16 PREGNANCY, DELIVERY AND POST DELIVERY COMPLICATIONS					
Extent of pregnancy, delivery and post delivery complications and treatment seeking behaviour by districts, Delhi, 2002-04					
District	Percentage of women ¹				
	Who had complication during pregnancy	Sought treatment for pregnancy complication ²	Who had delivery complication	Who had post delivery complication	Sought treatment for post delivery complication ³
Central	31.3	55.3	23.8	12.0	41.0
East	18.6	51.8	17.6	8.0	47.0
New Delhi	42.7	68.7	31.4	33.3	60.3
North	22.2	57.3	22.8	8.3	54.7
North East	27.3	45.2	28.4	13.4	54.1
North West	37.8	49.9	32.6	19.4	48.3
South	29.9	44.4	39.7	27.2	39.1
South West	19.6	26.5	24.1	9.5	36.9
West	29.7	54.3	37.5	19.6	55.9
Delhi	29.3	48.4	31.4	17.5	47.5
Note: ¹ Women who had last live/still birth during three years preceding the survey. ² Women who reported at least one complication of pregnancy. ³ Women who reported at least one post delivery complication.					

(40 percent) in South district, followed by 37 percent in West district and the lowest (18 percent) in East district, while it was 31 percent for the state. The percentage of women who had post delivery complication was the highest (33 percent) in New Delhi district, followed by 27 percent in South district and the lowest (eight percent) in East district, while it was over 17 percent for the state. Again, percentage of women who sought treatment for post delivery complication was the highest (60 percent) in New Delhi district, followed by 56 percent in West district and the lowest (37 percent) in Southwest district, while it was over 47 percent for the state.

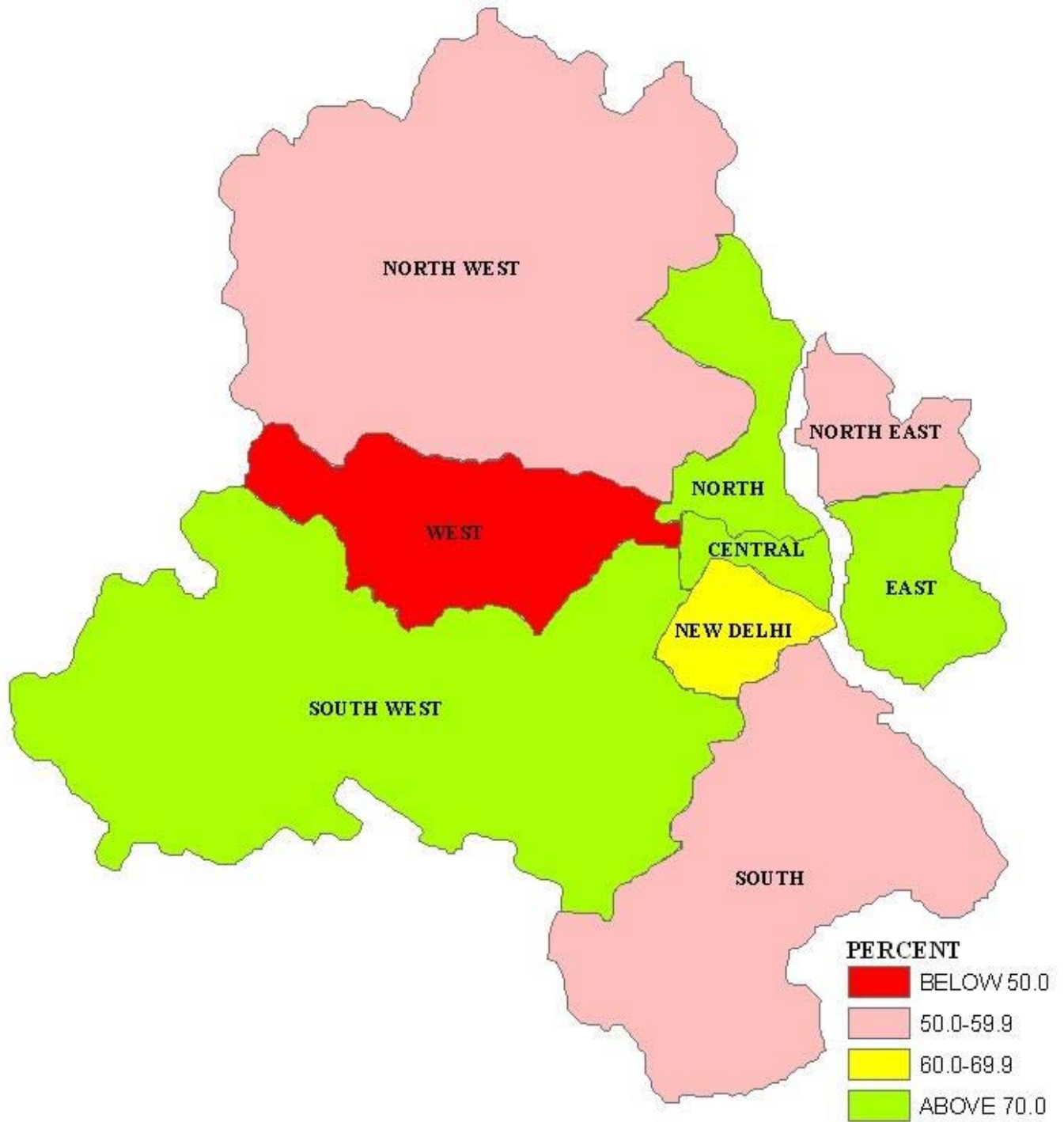
Map-3

Percentage of Woman Received Three or More Antenatal Check Up



Map-4

Percentage of Delivery Attended by Skilled Person



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 breast-feeding 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 mother 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 gives percentage of children born during 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 breast milk before breastfeeding by selected background characteristics in Delhi. Although, the practice of breastfeeding is common in Delhi, the initiation of breastfeeding within two hours of the birth of the child was not always followed. Further, only 26 percent of the children were breastfed within two hours of birth and 48 percent within one day of birth (including those who were breastfed within two hours of birth), while 50 percent of children were breastfed after one day of birth. As seen from the Figure 5.1, 26 percent of the children were breastfed within two hours of birth, 22 percent after two hours but same day, 37 percent were breastfed after the first day of birth but before 3 days and 13 percent children after three days, while two percent of the children were never breastfed.

Further, 49 percent of the women who gave birth to children during three years preceding the survey squeezed the first milk from the breast before breastfeeding the child. More than one-

Table 5.1 INITIATION OF BREASTFEEDING

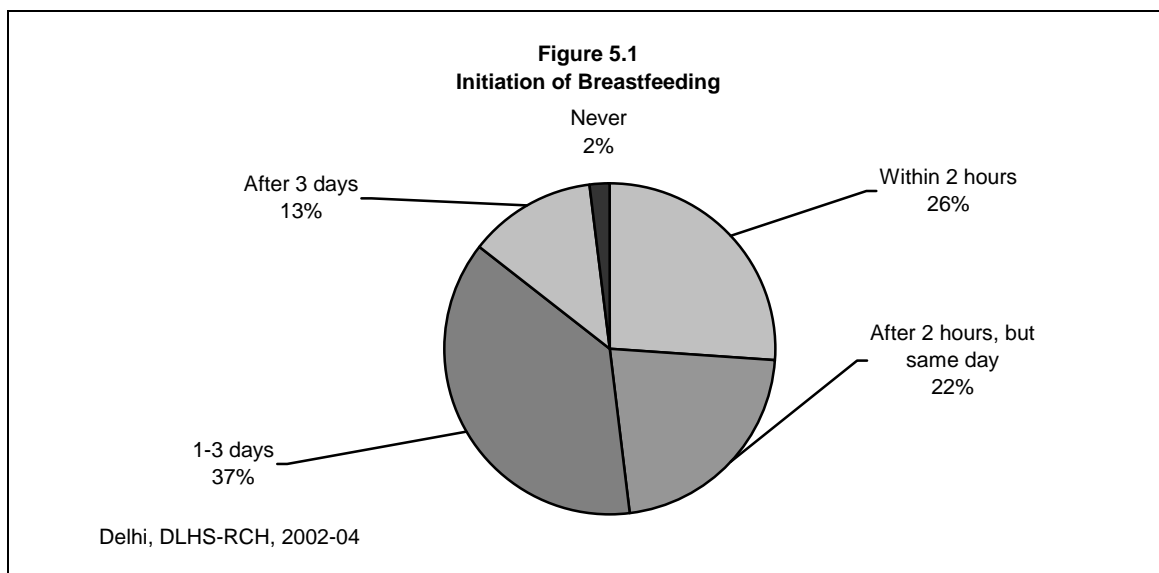
Percentage of children born during the three years preceding the survey who started breastfeeding within two hours of births, within one day of birth, and after one day of birth and percentage whose mother squeezed the first milk from her breast before breastfeeding by selected background characteristics, Delhi, 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 ¹	After one day of birth		
Residence					
Rural	36.5	48.5	48.1	44.0	130
Urban	25.2	48.1	50.1	49.6	1,923
Mother's education					
Non-literate	20.6	37.4	61.2	60.8	717
0-9@ years	24.0	45.5	51.7	52.6	658
10 and above	33.4	62.1	36.2	33.4	676
Religion					
Hindu	27.2	49.2	48.8	48.9	1,690
Muslim	18.4	39.7	59.4	53.2	307
Other	28.9	62.0	31.0	37.5	56
Caste/tribe#					
Scheduled caste	23.4	40.7	57.6	53.4	524
Scheduled tribe	(16.0)	(40.0)	(56.0)	(48.0)	32
Other backward class	30.3	46.4	51.0	49.2	407
Other	25.6	52.8	45.3	46.4	1,026
Standard of living index					
Low	13.8	26.5	71.5	71.4	52
Medium	23.8	39.8	58.0	56.6	827
High	27.9	54.9	43.3	43.0	1,174
Total	25.9	48.1	49.9	49.2	2,053
Note-1: Table based on youngest living child born during the three years preceding the survey					
Note-2: Table includes 2 children with missing information on mother's education who were not shown separately					
¹ 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.					
() Based on less than 50 unweighted cases.					

third (36 percent) of the children in rural areas as against one-fourth of the children in urban areas were breastfed within two hours of birth. Thirty-seven percent of Hindu women as against 18 percent of Muslim women breastfed the child within two hours of birth, while it was 29 percent for women from other religions. Thirty percent of OBC women as against 26 percent of other caste women breastfed the child within two hours of birth, followed by 23 percent for scheduled caste women, while 16 percent of scheduled tribe women breastfed the child within two hours of birth.

The percentage of women who breastfed the child within two hours of birth was the highest (33 percent) for women who had studied for 10 years and above and the lowest (21 percent) for non-literate women, while it was 24 percent for women who had studied for 0-9 years. Similarly, percentage of women who breastfed the child within two hours of birth was the highest (28 percent) for women with high SLI and the lowest (14 percent) for women with low SLI, while it was 24 percent for women with medium SLI. These data suggest that there exists positive association between percent of women who breastfed the child within two hours of birth and education and standard of living index of the women.

The percentage of women who breastfed the child within one day of birth was 48 percent in the state irrespective of residence. The percentage of women who breastfed the child after one



day of birth was 50 percent in the state - 48 percent in rural areas and 50 percent in urban areas. Fifty-nine percent of Muslim women as against 49 percent of Hindu women and 31 percent of women from other religious group breastfed the child after one day of birth. Similarly, 58 percent of scheduled caste women as against 56 percent of scheduled tribe women and 51 percent of OBC women breastfed the child after one day of birth, while it was 45 percent for other caste women. The percentage of women who breastfed the child after one day of birth was the highest (61 percent) for non-literate women and the lowest (36 percent) for women who had studied for 10 years and above, while it was 52 percent for women who had studied for 0-9 years. Similarly, percentage of women who breastfed the child after one day of birth was the highest (71 percent) for women with low SLI and the lowest (43 percent) for women with high SLI, while it was 57 percent for women with medium SLI. These data suggest that there exists negative association between percentage of women who breastfed the child after one day of birth and education and standard of living index of the women. The scenario of relationship that emerges for women who breastfed the child within two hours of birth is just opposite to that of women who breastfed the child after one day of birth.

The data shows that practice of squeezing the first breast milk before breastfeeding is being practised by every socio-economic group only its intensity varies. The percentage of women who squeezed the first breast milk was 49 percent in the state – 44 percent in rural areas and 50 percent in urban areas. The percentage of women who squeezed the first breast milk was 49 percent among Hindu women as against 53 percent among Muslim women, while it was 37 percent for women from other religions. Further, percentage of women who squeezed the first breast milk was the highest (53 percent) among scheduled caste women, followed by 49 percent among OBC women and the lowest (46 percent) for other caste women, while it was 48 percent for scheduled tribe women.

The percentage of women who squeezed the first breast milk was the highest (61 percent) for non-literate women and the lowest (33 percent) for women who had studied for 10 years and above, while it was 53 percent for women who had studied for 0-9 years. Similarly, percentage of women who squeezed the first breast milk was the highest (71 percent) for women with low SLI and the lowest (43 percent) for women with high SLI, while it was 57 percent for women with

medium SLI. These data have shown that there exists negative association between percentage of women who squeezed the first breast milk and education and standard of living index of the women.

Table 5.2 gives percentage of children under age three years by exclusive breastfeeding, according to child's age in month in Delhi. The data shows that 71 percent children aged below four months were exclusively breastfed, which declined to 24 percent in the age group 4-7 month. The drop in the percent children exclusively breastfed is 47 percentage points in four months. This decline continued till the age group 32-35 months where it reaches the lowest of over one percent. Further, 28 percent children aged 4-6 months were exclusively breastfed, 56 percent of them were exclusively breastfed four months. Similarly, 16 percent children aged 7-9 months were exclusively breastfed – 64 percent for four months and 35 percent for six 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, Delhi, 2002-04				
Age in months	Status of exclusive breastfeeding			Number of children
	Exclusive breastfeeding	At least 4 months	At least 6 months	
<4	71.3	*	*	177
4-7	24.3	60.3	32.0	264
8-11	13.4	66.3	39.3	151
12-15	11.0	67.2	43.1	190
16-19	4.8	61.1	30.1	252
20-23	2.5	62.1	31.5	225
24-27	2.0	61.5	28.3	229
28-31	1.8	53.7	27.1	188
32-35	1.4	54.7	31.4	204
<4 months	71.3	*	*	177
4-6 months	27.6	56.4	*	176
7-9 Months	15.6	64.4	35.1	252

Note: Table based on youngest living child born during the three years preceding the survey

5.1.1 Breastfeeding by Districts

Table 5.3 gives percentage of children under age three years who started breastfeeding within two hours of birth, within one day of birth and after one day of birth, percentage whose mother squeezed the first breast milk before breastfeeding and percentage of children who were exclusively breastfed by district in Delhi. The percentage of children who were breastfed within two hours of birth was the highest (37 percent) in New Delhi district, followed by 36 percent in Southwest district and the lowest (14 percent) in West district, while it was 26 percent for the state. The percentage of children who were breastfed within one day of birth was the highest (71 percent) in Southwest district, followed by 62 percent in East district and the lowest (34 percent) in West district, while it was 48 percent for the state. The percentage of children who were breastfed after one day of birth was the highest (64 percent) in West district, followed by 56 percent in Northwest district and the lowest (27 percent) in Southwest district, while it was 50 for the state.

Further, percentage of children whose mother squeezed first breast milk from breast was the highest (63 percent) in South district, followed by 62 percent in New Delhi and West districts and Lowest (18 percent) in Southwest and Central districts, while it was 49 percent for the state. The percentage of children who were exclusively breastfed was the highest (60 percent) in South district, followed by 56 percent in New Delhi district and the lowest (four percent) in West district, while it was 32 percent for the state.

Table 5.3 BREASTFEEDING BY DISTRICT

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 breastfeed by District, Delhi, 2002-04

District	Percentage started breastfeeding			Percentage whose mother squeezed first milk from breast	Exclusive breastfeeding ²
	Within two hours of birth	Within one day of birth ¹	After one day of birth		
Central	23.6	58.9	39.3	17.6	22.8
East	26.6	61.6	36.7	24.3	9.9
New Delhi	37.2	48.8	49.8	62.3	55.7
North	26.0	57.0	40.9	32.6	9.9
North East	30.3	50.5	48.2	48.3	24.6
North West	26.2	40.4	56.2	58.6	51.3
South	28.5	45.5	52.3	63.2	60.2
South West	36.2	71.1	27.4	17.7	20.2
West	14.2	34.2	64.0	61.7	4.2
Delhi	25.7	47.8	49.9	49.4	32.3

Note: Table based on youngest living child born during the three years preceding the survey

¹ Includes children who started breastfeeding within two hours of births. ² Based on youngest children age 6 months and older at the time of survey and breastfeed exclusively 6 months or more as mother reported.

5.2 Immunization of Children

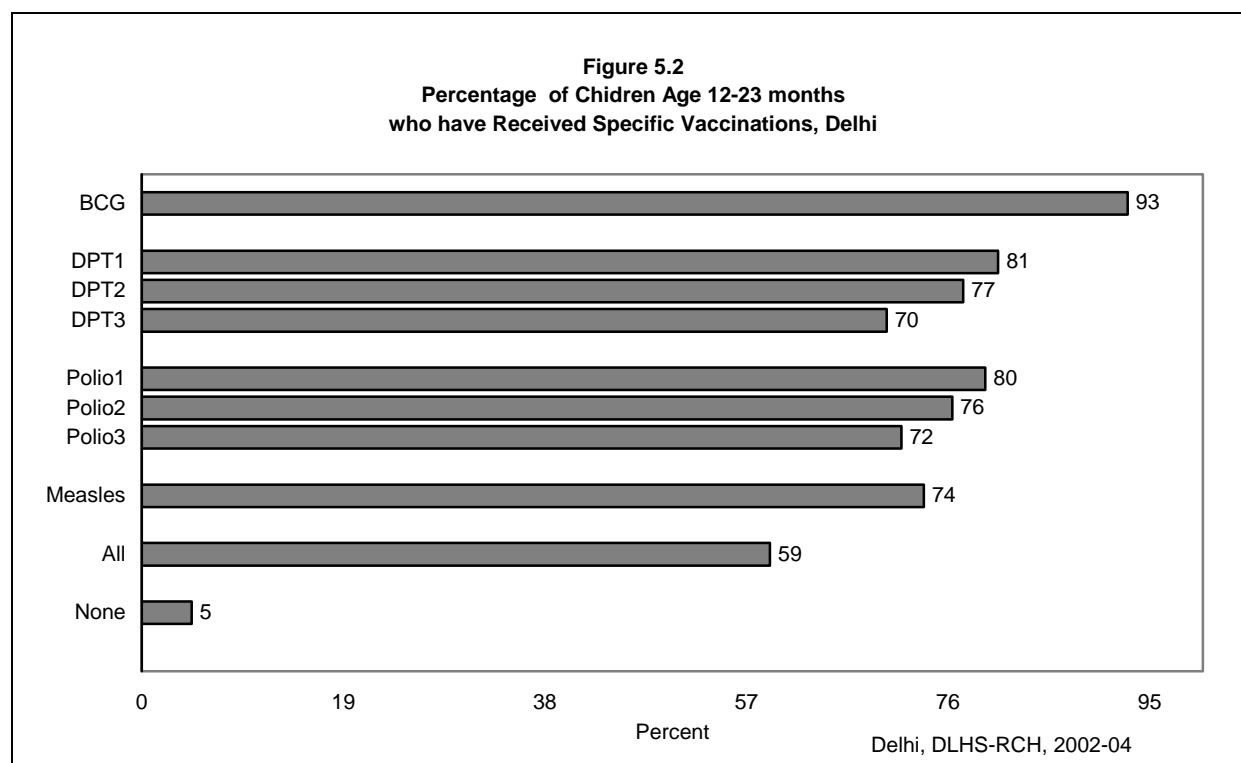
The immunization of children against six serious but preventable diseases namely, tuberculosis, diphtheria, pertusis, poliomyelitis and measles is the main component of the child survival programme. As part of the National Health Policy, the National Immunization Programme is being implemented on a priority 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 gives percentage of children age 12-23 months who received vaccination by selected background characteristics in Delhi. Sixty-eight percent children received Polio-0 at birth

in the state - 65 percent in rural areas and 68 percent in urban areas. The percentage of children who received BCG vaccination was 93 percent as against 74 percent children who received Measles vaccine. The percentage of children who received three doses of DPT was 70 percent as against 72 percent children who received three doses of Polio vaccine. The percentage of children who received full vaccination was 59 percent in the state – 46 percent in rural areas and 60 percent in urban areas. About five percent children did not receive vaccination at all. In other words, more than one-third children were partially vaccinated in the state – 49 percent in rural areas and 33 percent in urban areas. Coverage of each vaccination including Polio-0 is much higher than the percentage fully vaccinated. BCG, the first and second dose of DPT and Polio vaccine has each been given to more than three-fourths of children. Figures 5.2 gives percentage of children age 12-23 months who have received specific vaccination in Delhi.



There has been some decline in full vaccination coverage in the NCT of Delhi since the time of Round-I in 1998-99. It was 84.7 percent in Round-I as against 59.2 percent in Round-II in 2002-04. These data are strictly not comparable. The NCT of Delhi consisted of only one district in Round-I, while it consists of nine districts in Round-II.

The percentage of children who received full vaccination was the highest (63 percent) for first and second birth order children and the lowest (52 percent) for third birth order children, while it was 56 percent for fourth and higher order birth order children. Further, 60 percent of Hindu children as against 55 percent of Muslim children were fully vaccinated. The percentage of children who received full vaccination was the highest (63 percent) for children from other castes and the lowest (52 percent) for OBC children, while it was 56 percent for scheduled caste children. Sixty-five percent male children as against 53 percent female children were fully vaccinated, while it was 59 percent for the state. The male-female differential in the full vaccination of children is 12 percentage points, which is quite high.

Table 5.4 VACCINATION OF CHILDREN												
Percentage of children age 12-23 months who received vaccination according to some selected background characteristics, Delhi, 2002-04												
Background characteristic	Polio 0	BCG	DPT			Polio			Measles	Full ¹ vaccination	No vaccination	Number of children
			1	2	3	1	2	3				
Residence												
Rural	(64.9)	(86.0)	(82.5)	(80.7)	(63.2)	(73.7)	(71.9)	(61.4)	(61.4)	(45.6)	5.8	44
Urban	68.2	93.3	81.0	77.5	71.3	80.8	77.6	72.9	73.9	60.2	(7.0)	673
Sex of the child												
Male	66.1	94.0	82.5	79.2	72.5	82.7	80.5	74.7	80.0	64.7	2.9	379
Female	70.4	91.7	78.7	75.3	67.6	75.9	71.8	68.1	66.7	53.0	6.7	338
Birth order												
1	76.6	95.8	85.9	84.1	74.8	83.9	82.5	75.7	75.7	63.1	2.6	225
2	70.8	93.5	83.7	79.6	72.5	79.1	76.9	75.1	80.2	62.8	3.5	187
3	63.0	90.7	79.2	75.5	67.4	79.6	74.5	66.1	65.6	51.8	7.0	147
4+	57.5	90.2	71.2	66.8	63.5	73.4	68.8	66.8	70.9	56.2	6.9	158
Mother's education												
Non-literate	46.5	84.9	69.1	65.5	57.9	68.1	62.7	56.9	62.9	45.7	11.4	249
0-9@ years	69.9	97.0	82.8	77.6	72.2	81.2	78.6	74.3	74.3	61.3	2.1	240
10 years and above	89.8	97.4	91.2	90.0	81.5	90.1	88.9	84.8	85.0	71.7	0.1	229
Religion												
Hindu	69.7	93.6	82.4	79.1	71.4	80.4	77.7	73.0	74.7	59.6	3.8	584
Muslim	56.7	88.6	71.2	66.9	63.6	72.4	67.2	64.1	68.5	55.3	9.6	119
Caste/tribe#												
Scheduled caste	56.2	96.3	74.2	71.2	64.3	75.0	72.3	66.5	69.6	56.4	1.3	165
Other backward class	67.8	91.9	78.4	74.8	64.8	75.1	73.1	67.8	70.1	51.8	6.4	157
Other	74.5	91.8	84.1	81.9	75.3	82.8	80.3	75.8	77.5	63.2	5.5	367
Standard of living index												
Low	(44.8)	(75.9)	(55.2)	(55.2)	(41.4)	(55.2)	(48.3)	(37.9)	(44.8)	(27.6)	(17.2)	34
Medium	57.1	85.9	70.9	66.8	59.1	68.7	65.3	60.0	63.1	47.2	9.1	260
High	77.3	97.8	88.9	85.7	79.2	88.2	85.6	81.3	82.2	68.9	1.2	423
Total	68.1	92.9	80.7	77.4	70.2	79.5	76.4	71.6	73.7	59.2	4.7	717
Note-1: Table includes only last and last but one living child born since 1.1.1999/1.1.2001.												
Note-2: Total includes 15 children with other religion,7 children with scheduled tribe 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.												
¹ BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles () Based on less than 50 unweighted cases.												

The percentage of children who received full vaccination was the highest (72 percent) for children whose mother had studied for 10 years and above and the lowest (46 percent) for children having non-literate mother, while it was 61 percent for children whose mother had studied for 0- 9 years. Similarly, percentage of children who received full vaccination was the highest (69 percent) for children with high SLI and the lowest (28 percent) for children with low SLI, while it was 47 percent for children with medium SLI. These data have shown that there exists positive association between percent of children fully vaccinated and education and standard of living index of the mother. Figure 5.3 shows percentage of children age 12-23 months who have received all vaccination in Delhi.

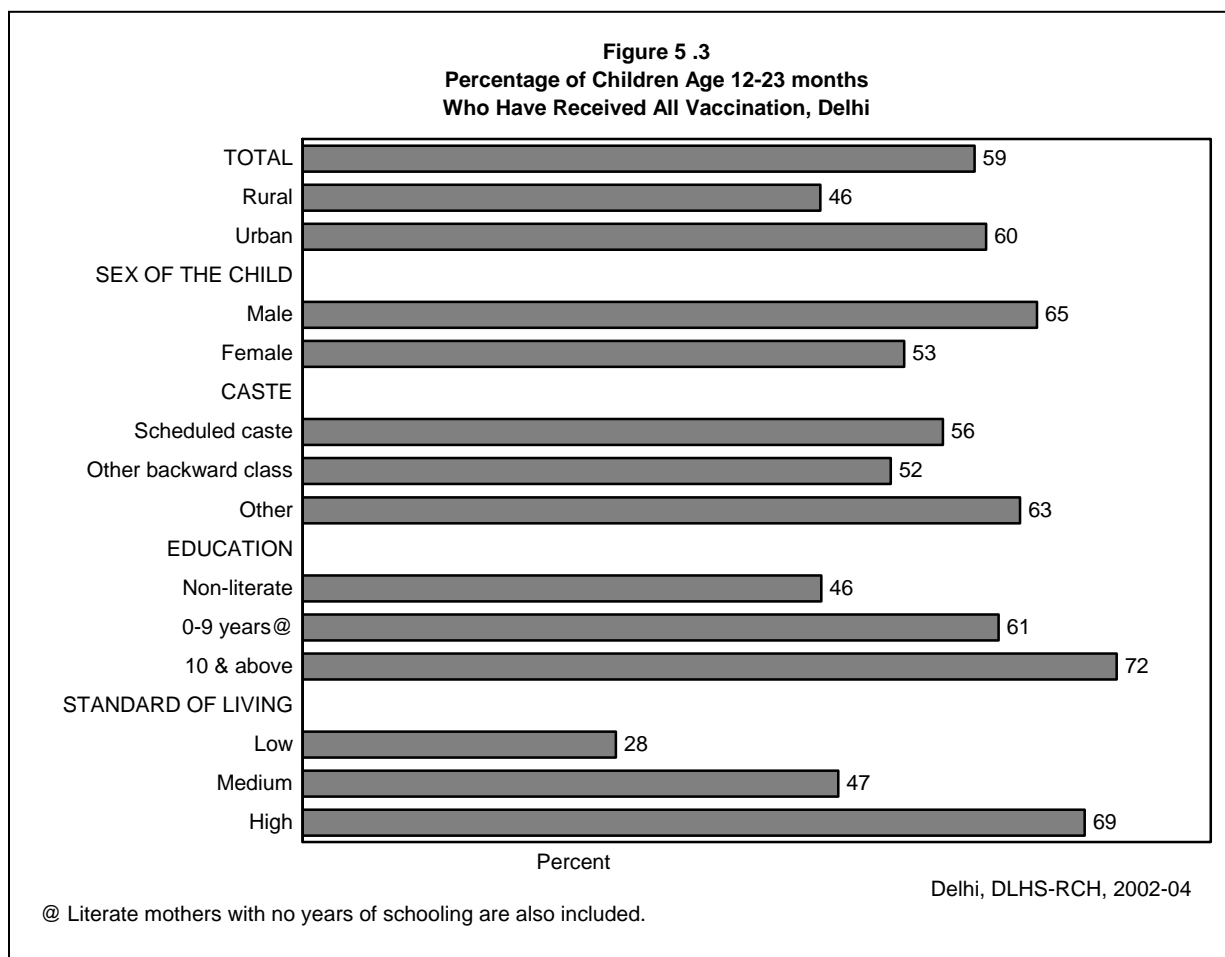


Table 5.5 gives percentage of children age 12-23 months and 24-35 months with a vaccination card that was shown to the interviewer and percentage who received specific vaccinations by 12 months of age according to residence in Delhi. The percentage of children whose vaccination card was shown to the interviewer was 41 percent for children aged 12-23 months and 31 percent for children aged 24-35 months. The percent of children whose vaccination card was shown to the interviewer in rural areas was 28 percent for children aged 12-23 months as against 16 percent for children aged 24-35 months. The scenario in urban areas is similar to that of the state.

The percentage of children who received Polio-0 was 68 percent for children aged 12-23

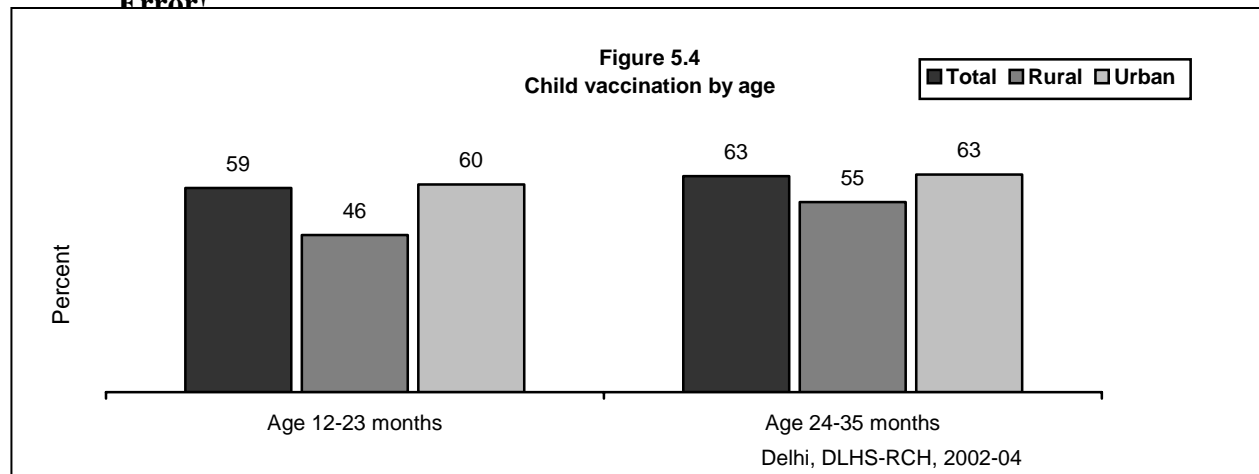
Table 5.5 CHILDHOOD VACCINATION RECEIVED BY 12 MONTHS OF AGE						
Percentage of children age 12-23 months and 24-35 months with a vaccination card that shown to the interviewer and percentage who received specific vaccinations by 12 months of age according to residence, Delhi, 2002-04						
Vaccination 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	41.1	31.4	(28.1)	16.1	41.6	32.5
Percentage vaccinated by 12 months of age						
Polio 0	68.1	65.0	(64.9)	79.6	68.2	64.0
BCG	92.9	89.2	(86.0)	88.4	93.3	89.3
Polio doses						
No Polio	9.5	11.7	14.5	9.3	9.0	11.9
1	3.1	1.1	(1.8)	0.0	3.2	1.2
2	4.9	4.6	(10.9)	14.4	4.7	3.9
3	73.3	73.9	(63.6)	74.2	74.2	73.8
Don't remember/missing	9.2	8.7	(9.1)	2.1	8.9	9.2
DPT injection						
No DPT	10.5	12.3	(10.5)	17.9	10.3	11.9
1	3.4	2.5	(1.8)	0.0	3.5	2.7
2	7.2	5.3	(17.5)	12.5	6.2	4.8
3	70.2	71.9	(63.2)	68.9	71.3	72.2
Don't remember/missing	8.8	7.9	(7.0)	0.7	8.7	8.5
Measles	73.7	78.7	(61.4)	78.6	73.9	78.7
Full ¹ vaccination	59.2	62.6	(45.6)	55.1	60.2	63.2
No vaccination at all	4.7	7.8	(7.0)	7.6	4.6	7.8
Number of children	717	823	44	54	673	769

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

months as against 65 percent for children aged 24-35 months in the state. Similarly, percentage of children who received BCG vaccine was 93 percent for children aged 12-23 as against 89 percent for children aged 24-35 months in the state. The percentage of children who received three doses of Polio was 73 percent for children aged 12-23 as against 74 percent for children aged 24-35 months in the state. Again, percentage of children who received three doses of DPT vaccine was 70 percent for children aged 12-23 as against 72 percent for children aged 24-35 months in the state. The percentage of children who received Measles vaccine was 74 percent for children aged 12-23 as against 79 percent for children aged 24-35 months in the state.

Further, percentage of children fully vaccinated was 59 percent for children aged 12-23 months as against 63 percent for children aged 24-35 months in the state. The percentage of children with no vaccination at all was five percent for children aged 12-23 months as against eight percent for children aged 24-35 months in the state. In other words, percentage of children partially immunized was 36 percent for children aged 12-23 months as against 30 percent for children aged 24-35 months. The percentage of children fully immunized has declined slightly from 63 percent for children aged 24-35 months to 59 percent for children in the age group 12-23 months. Similarly, percentage of children with no vaccination at all has declined from eight percent for children aged 24-35 months to about five percent for children aged 12-23 months in urban areas. Figure 5.4 shows child vaccination by age.

Error!



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 percentage of children who received any vaccinations was 80 percent from government health facility, 14 percent from private health facility and three percent from ISM health facility, while three percent children received it from other health facility. The children who had their last vaccination from government health facility received it from ‘Government/Municipal hospital’ (48 percent), ‘Community/Primary health centre’ (26 percent), ‘Sub-centre (over five percent) and ‘RCH/MCP camp’ (less than one percent). Children who received their last vaccination from private health facility received it from ‘private hospital’.

Table 5.6 SOURC OF CHILDHOOD VACCINATION					
Percent distribution of children under age 3 who E have received any vaccination by source of last vaccination, according to place of residence and availability of health facilities in the village, Delhi, 2002-04					
Source of vaccination	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Government health sector					
Government/municipal hospital	48.1	58.6	47.3	*	62.9
Community/primary health centre	26.3	19.3	26.8	*	17.7
Sub-centre	5.4	2.4	5.7	*	0.7
RCH/MCP camp	0.1	0.0	0.1	*	0.0
Private health sector					
Private hospital	9.4	3.1	9.9	*	1.7
Private doctor	4.6	1.1	4.8	*	0.7
ISM ² health facility	2.9	1.5	3.0	*	1.7
Other	2.6	12.9	1.8	*	13.3
Do not remember	0.6	1.1	0.6	*	1.3
Missing	0.1	0.0	0.1	*	0.0
Total percent	100.0	100.0	100.0	*	100.0
Number of children	2,097	148	1,949	21	128

Note: Table includes last and last but one living children born in the three years preceding the survey
¹ Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village
² Either government or private health facility of Indian System of Medicine. * Percentage not shown based on few cases.

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 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 gives 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. The percentage of children who received at least one dose of Vitamin-A was 24 percent in the state – 18 percent in rural areas and 25 percent in urban areas. Further, 28 percent male children as against 20 percent female children received at-least one dose of Vitamin-A- difference of seven percentage points in favour of male children. The percentage of children who received at least one dose of Vitamin-A was the highest (27 percent) for first birth order children and the lowest (19 percent) for fourth or higher birth order children, while it was 25 percent for second and third birth order children. Twenty-five percent of Hindu children as against 20 percent of Muslim children received atleast one dose of Vitamin-A, while it was over 32 percent for children from other religions. Eighteen percent of OBC children as against 27 percent of scheduled caste and other caste children received one dose of Vitamin-A. Further, percentage of children who received atleast one dose of Vitamin-A was 18 percent for children having non-literate mother as against 26-28 percent for children having literate mother. The percentage of children who received atleast one dose of Vitamin-A was the highest (28 percent) for children with high SLI and the lowest (four percent) for children with low SLI, while it was 21 percent for children with medium SLI.

The percentage of children who received IFA tablets/syrup was six percent for children aged 12-23 months as against three percent for children aged 24-35 months. The percentage of children who received IFA tablets/syrup was four percent for male children as against five percent for female children, while it was over four percent for the state. The percentage of children who received IFA tablets/syrup was the highest (seven percent) for scheduled caste children and the lowest (three children) for OBC children, while it was four percent for other caste children.

5.5 Immunization Coverage by District

Table 5.8 gives percentage of children age 12-23 months with a vaccination card that was shown to the interviewer and percentage who received specific vaccinations by district in Delhi. The percentage of children who received Polio-0 was the highest (93 percent) in Southwest district, followed by 84 percent in Central district and the lowest (54 percent) in South district, while it was 68 percent for the state. The percentage of children who received BCG vaccination was the highest (100 percent) in Southwest district, followed by 97 percent in Northwest district and the lowest (74 percent) in New Delhi district, while it was 93 percent for the state. Ninety percent or more of the children received BCG vaccination in seven out of nine districts in Delhi. Further, percentage of children who received three doses of DPT was the highest (83 percent) in West district, followed by 81 percent in Northeast district and the lowest (51 percent) in South district, while it was 70 percent for the state. The percentage of children who received three doses of Polio vaccine was the highest (81 percent) in Northeast and West districts, followed by 77 percent

Table 5.7 VITAMIN A AND IFA SUPPLEMENTATION FOR CHILDREN

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, Delhi, 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
Age of the child			
12-23 months	23.6	6.2	717
24-35 months	24.9	3.1	823
Sex of the child			
Male	27.6	4.2	831
Female	20.4	4.9	709
Birth order			
1	26.8	5.2	487
2	25.0	4.0	442
3	24.6	3.4	291
4+	19.3	5.3	320
Residence			
Rural	17.8	5.0	98
Urban	24.8	4.5	1,442
Mother's education			
Non-literate	18.4	3.5	523
0-9 years@	26.9	6.6	510
10 years and above	27.9	3.6	505
Religion			
Hindu	25.1	4.7	1,270
Muslim	20.0	4.2	232
Other	(32.5)	(2.5)	39
Caste/tribe #			
Scheduled caste	26.6	6.7	385
Other backward class	18.0	2.6	319
Other	26.8	4.2	768
Standard of living index			
Low	(4.3)	(0.0)	49
Medium	21.0	4.7	600
High	27.7	4.7	892
Availability of health facility in the village¹			
Yes	14.7	4.5	79
Total	24.3	4.5	1,540

Note-1: Table includes last and last but one living children born in the three years preceding the survey. Note-2: Total includes 2 missing cases on mother education, 18 cases of ST and 19 of no category in availability of health facility were not shown separately. @ 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. ¹ 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.

Table 5.8 CHILDHOOD VACCINATION BY DSITRICT

Percentage of children age 12-23 months with a vaccination card that shown to the interviewer and percentage who received specific vaccinations by district, Delhi, 2002-04

District	Percentage vaccinated ¹							Percentage at least one dose of vit. A ³
	Polio 0	BCG	DPT3	Polio3	Measles	Full ²	None	
Central	83.9	93.7	77.9	73.9	79.3	60.9	4.3	33.2
East	80.6	94.9	78.6	76.8	77.2	66.7	3.9	24.8
New Delhi	71.9	73.7	52.7	61.9	64.2	39.6	12.9	26.9
North	78.0	91.7	68.8	66.0	83.9	56.4	5.5	40.7
North East	70.3	91.8	81.4	81.4	70.9	68.8	6.0	23.3
North West	67.5	96.9	65.9	71.8	72.6	56.8	1.4	21.7
South	54.3	84.4	51.2	55.2	62.7	38.3	10.1	20.8
South West	93.5	100.0	68.8	66.6	78.6	54.4	0.0	15.0
West	55.2	94.4	82.6	81.7	82.6	77.4	4.0	31.6
Delhi	68.1	92.9	70.2	71.6	73.7	59.2	4.7	24.3

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

in East district and the lowest (55 percent) in South district, while it was 72 percent for the state. The percentage of children who received Measles vaccine was the highest (84 percent) in North district, followed by 83 percent in West district and the lowest (63 percent) in South district, while it was 74 percent for the state.

Further, percentage of children who were fully vaccinated was the highest (77 percent) in West district, followed by 69 percent in Northeast district and the lowest (38 percent) in South district, while it was 59 percent for the state. In two districts, namely New Delhi and South districts the coverage of full immunization was below 40 percent (see Map-5). The percentage of children who did not receive any vaccination was the highest (13 percent) in New Delhi district, followed by 10 percent in South district and the lowest (zero percent) in Southwest district, while it was five percent for the state.

The percentage of children who received at least one dose of Vitamin-A was the highest (41 percent) in North district, followed by 33 percent in Central district and the lowest (15 percent) in Southwest district. The percentage of children who received at least one dose of Vitamin-A was higher than that of the state (24 percent) in Central, East, New Delhi, North and West districts, while in four districts it was lowest than that of the state.

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. The accuracy of all these measures is affected by the reliability of 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 practice followed during the episode of diarrhoea. Table 5.9 gives percentage of women who are aware of diarrhoea management, type of practices followed if child gets diarrhoea and percentage of women whose child suffered from diarrhoea by selected background characteristics in Delhi. The percentage of women who had knowledge of diarrhoea management was 73 percent in the state – 65 percent in rural areas and 74 percent in urban areas. Over 73 percent of Hindu women as against 69 percent of Muslim women and 84 percent of women from other religions were aware of diarrhoea management. The extent of awareness about diarrhoea management among women was the highest (77 percent) for women from other caste, followed by 72 percent for scheduled caste women and the lowest (64 percent) for scheduled tribe women. Further, extent of awareness about diarrhoea management among women was the highest (86 percent) for women who had studied for 10 years and above and the lowest (59 percent) for non-literate women, while it was 75 percent for women who had studied for 0-9 years. The extent of awareness about diarrhoea management among women was the highest (78 percent) for women with high SLI and the lowest (48 percent) for women with low SLI, while it was 67 percent for women with medium SLI. There has been no change in the level (73-74 percent) of knowledge about diarrhoea management among women since Round-I.

Table 5.9 AWARENESS OF DIARRHOEA

Percentage of women who are aware of diarrhoea management, type of practice followed if child gets diarrhoea, and percentage of women whose child suffered¹ from diarrhoea by selected background characteristics, Delhi, 2002-04

Background characteristic	Knowledge of diarrhoea management	Type of practices to be followed do if child gets diarrhoea*					Do not know	Number of women
		Give ORS	Salt and sugar solution	Continue normal food	Continue breast-feeding	Give plenty of fluids		
Age								
15-24	69.5	31.7	32.3	7.4	5.7	12.1	30.1	828
25-34	75.8	34.1	40.0	11.8	7.3	17.2	23.0	1,261
35-44	70.5	30.0	33.0	20.4	5.0	13.3	29.9	136
Residence								
Rural	65.2	23.8	25.2	15.7	11.0	20.8	33.5	140
Urban	73.6	33.6	37.5	10.3	6.3	14.7	25.6	2,086
Mother's education								
Non-literate	58.8	11.2	24.3	11.2	6.4	10.7	39.9	777
0-9@ years	75.4	28.1	38.3	10.8	7.5	11.5	23.5	705
10 and above	86.1	60.4	48.1	10.0	5.9	23.1	13.6	741
Religion								
Hindu	73.5	34.1	36.3	1.9	5.5	3.9	33.9	14,958
Muslim	69.1	24.5	35.7	1.5	5.4	3.6	28.1	2,826
Other	84.3	46.5	53.3	6.2	6.2	15.9	9.6	54
Caste/tribe#								
Scheduled caste	72.1	29.9	33.8	12.4	6.0	13.4	25.9	566
Scheduled tribe	(64.3)	(25.9)	(25.9)	(3.7)	(3.7)	(14.8)	(22.2)	33
Other backward class	65.6	25.8	33.5	7.3	6.5	11.1	33.3	451
Other	76.8	38.1	39.9	11.3	6.8	18.2	23.0	1,111
Standard of living index								
Low	48.2	9.4	10.2	13.9	5.2	8.8	47.4	57
Medium	67.1	21.1	30.2	10.3	6.9	11.8	31.3	892
High	78.4	42.2	42.4	10.7	6.4	17.6	21.4	1,277
Availability of health facility² in the village								
Yes	66.1	21.8	22.7	18.0	12.6	20.0	32.6	118
Total	73.1	33.0	36.7	10.7	6.6	15.1	26.1	2,225

Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II. ¹ 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. ² Includes sub-centre, primary health center, Community health centre or referral hospital, government hospital, and government dispensary within the village. Total includes 2 women missing information on education and in availability of health facility 21 cases of No category were not shown separately. () Based on less than 50 unweighted cases.

Further, percentage of women aware of ORS is 33 percent in Round-II as against 62 percent in Round-I, which has declined by 29 percentage points. The other practices to be followed if child gets diarrhoea were 'salt and sugar solution' (37 percent), 'continue normal food' (11 percent), 'continue breastfeeding' (seven percent), 'give plenty of fluids' (15 percent), while 26 percent women said do not know about practice to be followed if child gets diarrhoea.

The knowledge of ORS among women was 33 percent in the state – 24 percent in rural areas and 34 percent in urban areas. The knowledge of ORS was 34 percent among Hindu women as against over 24 percent among Muslim women, while it was over 46 percent among women from other religions. The knowledge of ORS was the highest (38 percent) among women from other castes and the lowest (26 percent) among OBC and scheduled tribe women, while it was 30 percent among scheduled caste women. The knowledge of ORS among women was the highest

(60 percent) for women who had studied for 10 years and above and the lowest (11 percent) for non-literate women, while it was 28 percent for women who had studied for 0-9 years. Similarly, knowledge of ORS among women was the highest (42 percent) for women with high SLI and the lowest (nine percent) for women with low SLI, while it was 21 percent for women with medium SLI.

5.6.2 Treatment of Diarrhoea

Table 5.10 gives percentage of women whose child suffered from diarrhoea, and who sought treatment by source of treatment and place of residence in Delhi. The percentage of women whose children suffered from diarrhoea was over 11 percent in the state – nine percent in rural areas and over 11 percent in urban areas. Further, percentage of women whose children suffered from diarrhoea and treated with ORS was 38 percent in the state, while none of the rural women, whose child suffered from diarrhoea, treated the child with ORS. Over 74 percent of the women whose children suffered from diarrhoea sought treatment. The percentage of women whose children suffered from diarrhoea sought treatment from government health facility was 20 percent, 68 percent

Table 5.10 TREATMENT OF DIARRHOEA					
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 ² in the village, Delhi, 2002-04					
Sought treatment/ source of treatment	Total	Residence		Availability of health facility ² in the village	
		Rural	Urban	Yes	No
Percentage of women whose child suffered ¹ from diarrhoea	11.3	9.1	11.5	10.3	*
Number of women	2,225	140	2,086	118	21
Percentage of women whose child suffered ¹ from diarrhoea treated with ORS	37.6	*	39.3	*	*
Percentage of women whose child suffered ¹ from diarrhoea sought treatment	74.5	*	75.1	*	*
Number of women	252	13	239	12	1
Source of treatment					
Government hospital/ dispensary	19.8	*	20.6	*	*
UHC/UHP/UFWC	0.1	*	0.1	*	*
Sub centre	0.3	*	0.3	*	*
NGO/Trust hospital	0.1	*	0.1	*	*
Private hospital/clinic	67.6	*	67.1	*	*
ISM hospital/clinic	19.0	*	19.9	*	*
Home remedy	2.3	*	2.4	*	*
Other	4.2	*	3.5	*	*
Percent distribution of women who seek treatment by					
Doctor	95.0	*	95.6	*	*
ANM/Nurse/LHV	1.9	*	2.0	*	*
Relative/friends	0.2	*	0.2	*	*
Chemist/medical shop	2.9	*	2.2	*	*
Total percent	100.0	100.0	100.0	*	*
Number of women	188	8	180	8	0
Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.					
¹ Last two weeks prior to survey. ² Includes sub-centre, primary health centre, Community health centre or referral hospital, government hospital, and government dispensary within the village. ³ Either government or private health facility of Indian System of Medicine. * Percentage not shown based on few cases.					

from private health facility, 23 percent from ISM and other health facility, while over two percent women treated the children with home remedy. In other words, more than one-tenth of the children sought treatment from more than one health facility. Further, 95 percent of the children were treated by the doctor, two percent by ANM/Nurse/LHV, while three percent of the children sought treatment from chemist/medical shop and relative/friends.

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 know 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. Table 5.11 gives percentage of women who are aware of danger signs of pneumonia by sign and selected background characteristics in Delhi. The percentage of women who were aware of danger signs of pneumonia was 40 percent in the state irrespective of place of residence. However, percentage of women who were aware of danger signs of pneumonia has declined from 55 percent in Round-I to 40 percent in Round-II.

Extent of knowledge of danger signs of pneumonia increases with increase in the age of the women. The extent of knowledge of danger signs of pneumonia was the highest (52 percent) for women aged 35-44 years and the lowest (34 percent) for women aged 15-24 years, while it was 42 percent for women aged 25-34 years. The extent of knowledge of danger signs of pneumonia was 37 percent for Hindu women as against 53 percent for Muslim women, while it was 42 percent for women from other religions. The extent of knowledge of danger signs of pneumonia was the highest (42 percent) for women from other castes, followed by 38 percent for scheduled caste women and the lowest (29 percent) for scheduled tribe women. Further, the extent of knowledge of danger signs of pneumonia was the highest (44 percent) for women who had studied for 10 years and above and the lowest (37 percent) for non-literate women, while it was 39 percent for women who had studied for 0-9 years. Similarly, the extent of knowledge of danger signs of pneumonia was the highest (43 percent) for women with high SLI and the lowest (35 percent) for women with low SLI, while it was 36 percent for women with medium SLI.

Women, who were aware of the danger signs of pneumonia, were further asked about different types of danger signs of pneumonia. Women who knew different types of danger signs and reported them as 'difficulty in breathing' (44 percent), 'chest in drawing' (31 percent), 'not able to drink or take a feeding' (four percent), 'excessive drowsy and difficulty in keeping awake' (four percent), 'pain in chest and productive cough' (52 percent), 'condition get worse than before' (seven percent), 'wheezing/whistling' (20 percent) and 'rapid breathing' (48 percent).

5.6.4 Treatment of Pneumonia

Table 5.12 gives percentage of women whose child suffered from cough and cold, who sought treatment and source of treatment by place of residence and availability of health facility in Delhi. The percent of women whose child suffered from cough, cold and difficulty in breathing during two weeks before the survey was eight percent in the state – 14 percent in rural areas and eight percent in urban areas. Further, percentage of women whose children suffered from cough, cold and difficulty in breathing who sought treatment was 71 percent in the state. The percentage of

Table 5.11 AWARENESS OF PNEUMONIA

Percentage of women who are aware of danger signs of pneumonia by signs by selected background characteristics, Delhi, 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		
Age												
15- 24	34.2	828	43.9	26.2	1.6	3.0	52.0	6.5	19.5	47.3	283	
25-34	42.4	1,261	43.7	32.1	5.1	4.8	51.1	6.5	21.3	48.3	534	
35-44	52.1	136	52.0	47.0	1.7	3.6	57.1	9.5	14.2	47.6	71	
Residence												
Rural	40.2	140	32.9	20.5	1.7	1.8	37.8	10.6	7.5	73.2	56	
Urban	39.9	2,086	45.2	32.1	3.8	4.3	52.8	6.5	21.0	46.3	833	
Mother's education												
Non-literate	36.9	777	37.3	26.3	1.6	1.5	51.9	4.5	15.2	48.5	287	
0-9@ years	39.1	705	45.9	25.2	1.6	3.2	52.9	4.5	22.7	51.2	276	
10 and above	44.0	741	49.5	41.2	7.3	7.3	51.1	10.6	22.3	44.7	326	
Religion												
Hindu	37.5	1,831	44.5	30.6	4.2	3.8	51.1	7.6	19.6	47.5	686	
Muslim	53.0	334	43.0	29.0	1.8	2.5	54.9	4.4	23.1	52.5	177	
Other	42.3	60	(60.0)	(60.0)	(8.0)	(12.0)	(56.0)	(0.0)	(12.0)	(28.0)	25	
Caste/tribe#												
Scheduled caste	38.2	566	41.1	26.7	0.7	2.5	51.2	7.1	16.9	52.6	216	
Scheduled tribe	(28.6)	33	*	*	*	*	*	*	*	*	10	
Other backward class	37.2	451	42.1	31.4	2.1	1.2	54.2	3.6	19.5	51.9	167	
Other	42.4	1,111	45.5	34.4	5.5	5.8	51.5	8.0	22.3	44.2	471	
Standard of living index												
Low	34.6	57	*	*	*	*	*	*	*	*	20	
Medium	36.2	892	44.1	28.7	1.0	1.5	53.0	3.7	17.1	50.2	323	
High	42.8	1,277	45.8	33.6	5.4	5.9	50.8	8.5	22.4	46.3	546	
Total	39.9	2,225	44.4	31.4	3.7	4.1	51.9	6.7	20.1	48.0	889	

Note-1: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.

¹ 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.

Note-2: Total includes 2 women missing information on education who are not shown separately.

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

Table 5.12 TREATMENT OF PNEUMONIA			
Percentage of women who sought treatment whose child suffered ¹ from cough and cold and source of treatment, according to place of residence and availability of health facility in the village, Delhi, 2002-04			
Sought treatment/ source of treatment	Total	Residence	
		Rural	Urban
Percentage of women whose child suffered from cough, cold and difficulty in breathing	8.0	14.4	7.6
Number of women	2,225	140	2,086
Percentage of women sought treatment whose child suffered from cough and cold	70.8	*	70.5
Number of women	178	20	158
Source of treatment			
Government health facility			
Hospital/dispensary	23.7	*	24.1
UHC/UHP/UFWC	0.1	*	0.2
Primary health centre	0.1	*	0.0
Private health facility			
Private hospital clinic	63.8	*	62.8
ISM ² facility	8.4	*	8.6
Home remedy	2.0	*	2.3
Other	1.5	*	1.6
Percent distribution of women who seek treatment by			
Doctor	98.0	*	97.7
Chemist/medical shop	1.6	*	1.9
Missing	0.4	*	0.5
Total percent	100.0	*	100.0
Number of women	126	15	111
Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.			
¹ Last two weeks prior to survey.			
² Either government or private health facility of Indian System of Medicine * Percentage not shown based on few cases.			

women who sought treatment from government health facility was 24 percent, from private health facility 64 percent, from ISM (eight percent) and from other health facility (over one percent), while two percent women treated the children with home remedy. Ninety-eight percent of women whose children suffered from pneumonia sought treatment from the doctor and two percent from chemist/ medical shop.

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

Table 5.13 gives percentage of women by awareness of diarrhoea management, ORS, percentage of women whose child suffered from diarrhoea, percentage of women aware of danger signs of pneumonia and percentage of women whose child suffered from pneumonia by district in Delhi. The data shows that percentage of women aware of diarrhoea management was the highest (87 percent) in Northwest district, followed by 84 percent in North district and the lowest (60 percent) in New Delhi. The percentage of women awareness of diarrhoea management was higher than that of the state (73 percent) in Central, East, North and Northwest districts, while in the remaining five districts it was lower than that of the state. Further, percentage of women aware of ORS was the highest (54 percent) in Southwest district, followed by 53 percent in North district and the lowest (23 percent) in West district. Further, the percentage of women aware of ORS was higher than that of the state (33

percent) in Central, East, North and Southwest district, while in five districts it was lower than that of the state. The percentage of women whose child suffered from diarrhoea was the highest (16 percent) in Northwest and South districts, followed by 15 percent in New Delhi district and the lowest (over four percent) in Southwest district. The percentage of women whose child suffered from diarrhoea was higher than that of the state (11 percent) in New Delhi, Northwest and South district, while in the remaining six districts it was lower than that of the state.

The percentage of women aware of danger signs of pneumonia was the highest (52 percent) in Central district, followed by 47 percent in Northeast district and the lowest (31 percent) in Southwest district. The percentage of women aware of danger signs of pneumonia was higher than that of the state (39 percent) in Central, East, Northeast and South districts, while in the remaining five districts it was lower than that of the state. The percentage of women whose child suffered from pneumonia was the highest (19 percent) in New Delhi district, followed by 13 percent in South district and the lowest (two percent) in East district. The percentage of women whose child suffered from pneumonia was higher than that of the state (eight percent) in Central, New Delhi, Northwest and South districts, while in the remaining five districts it was lower than that of the state.

Table 5.13 KNOWLEDGE OF DIARRHOEA MANAGEMENT AND PNEUMONIA BY DISTRICT

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, Delhi, 2002-04

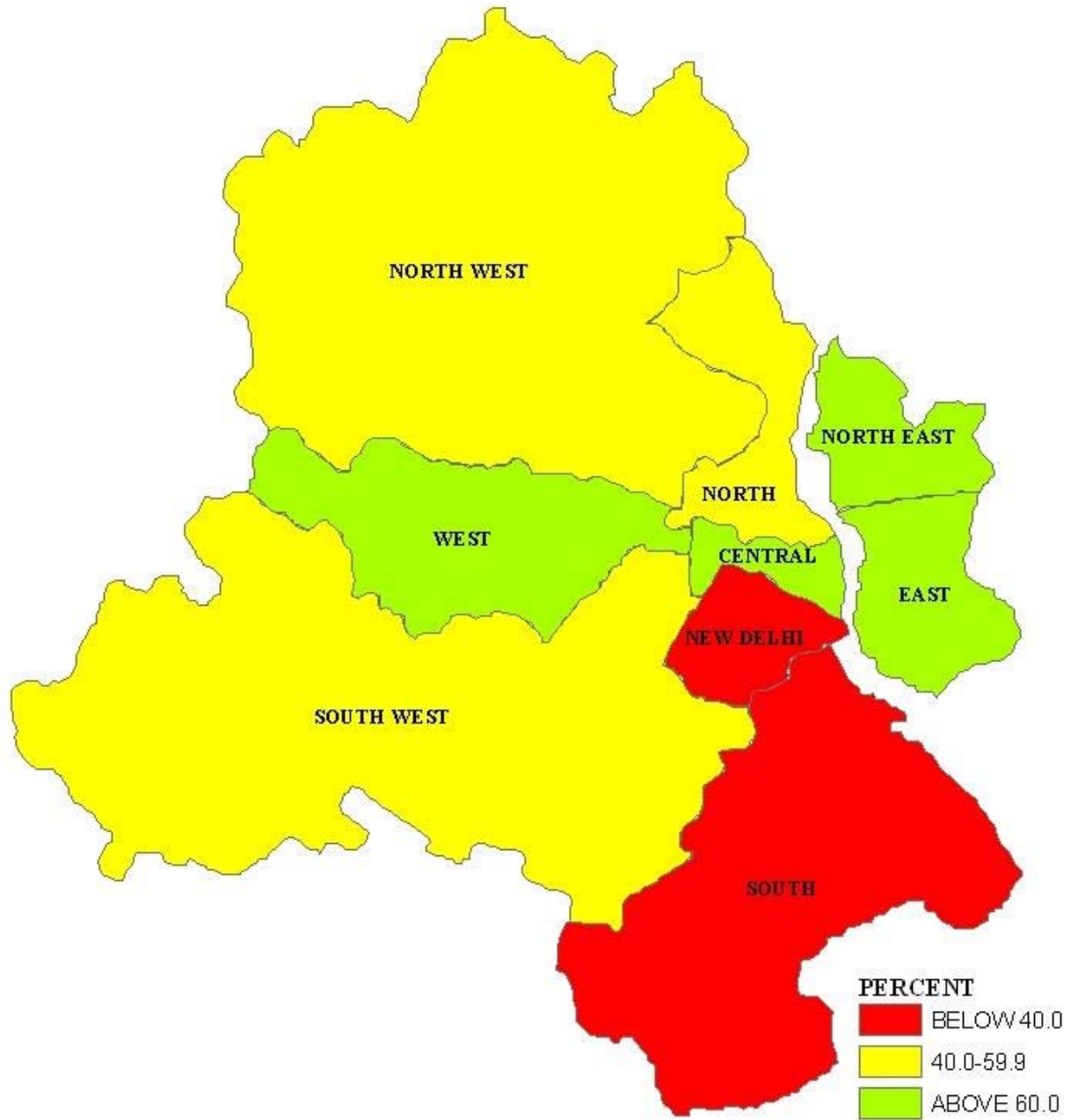
Districts	Percentage of women aware of		Percentage of women whose child suffered ¹ from diarrhoea	Percentage of women aware of danger signs of pneumonia	Percentage of women whose child suffered ¹ from pneumonia
	Diarrhoea Management	ORS			
Central	79.6	48.9	11.1	51.8	11.8
East	78.9	49.0	8.0	39.4	1.6
New Delhi	59.8	28.5	15.1	35.2	18.8
North	84.1	52.7	10.7	37.0	6.1
North East	66.9	30.3	10.7	46.6	7.1
North West	87.3	27.5	15.9	34.8	8.2
South	60.9	24.2	15.6	46.1	13.1
South West	71.0	54.3	4.4	30.6	4.3
West	68.4	23.5	6.4	38.6	7.2
Delhi	73.1	33.0	11.3	39.3	8.0

Note: Table based on women with living children born since 01.01.1999 for phase - I /01.01.2001 for phase - II.

¹ Last two weeks prior to survey.

Map-5

Percentage of Children (age 12-23 months) Who Have Received Full Vaccination



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 source of 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 of the family planning methods are you aware of?" to each sampled eligible women. The knowledge of no-scalpel vasectomy was also asked to the husbands of the 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.

Table 6.1 gives percentage of currently married women aged 15-44 years who know any contraceptive method by specific methods and selected background characteristics. Knowledge of any method was almost universal in the NCT of Delhi. The extent of knowledge of any modern method was 98 percent in the state - 96 percent in rural areas and over 98 percent in urban areas. Similarly, extent of knowledge of any modern spacing method was 97 percent in the state - 92 percent in rural areas and 97 percent in urban areas. The extent of knowledge of all modern method was 77 percent in the state - 67 percent in rural areas and 77 percent in urban areas. The percentage of women aware of female sterilization was 95 percent as against 83 percent for male sterilization. Further, 78 percent of rural women as against 84 percent of urban women were aware of male sterilization. The percentage of women aware of IUD/Loop was 91 percent, 95 percent for Pills- 90 percent for Daily and 60 percent for Weekly. Ninety-one percent women were aware of Condom/ Nirodh in the state - 82 percent in rural areas and 92 percent in urban areas. Figure 6.1 shows knowledge of family planning methods in the state.

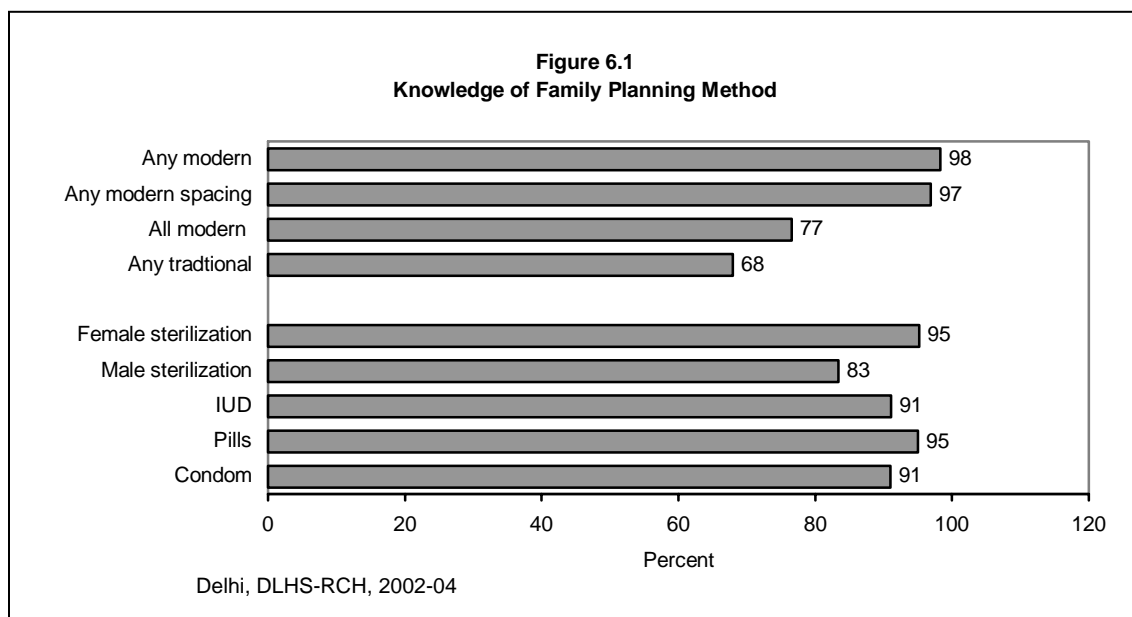


Table 6.1 KNOWLEDGE OF CONTRACEPTIVE METHODS

Percentage of currently married women age 15-44 years who know any contraceptive method by specific method and selected background characteristics, Delhi, 2002-04

Contraceptive methods	Total	Residence		Availability of health facility in the village ³	
		Rural	Urban	No	Yes
Any method	98.6	96.1	98.8	98.0	95.9
Any modern method	98.3	96.1	98.5	98.0	95.9
Any modern spacing method ¹	96.9	92.0	97.2	95.9	91.4
All modern methods ²	76.6	67.4	77.2	66.2	67.6
Female sterilization	95.2	94.0	95.3	86.6	95.2
Tubectomy	86.8	80.3	87.2	75.0	81.1
Laparoscopy	69.1	64.8	69.4	66.2	64.6
Male sterilization	83.4	78.3	83.7	83.3	77.6
Vasectomy	70.7	67.4	71.0	69.8	67.1
No-scalpel vasectomy	54.7	55.9	54.6	62.9	54.8
IUD/Loop	91.1	86.1	91.4	84.6	86.3
Pills	95.0	87.6	95.5	95.9	86.4
Daily	90.0	78.8	90.7	87.7	77.5
Weekly	60.2	53.5	60.6	79.4	49.7
Condom/Nirodh	91.0	81.7	91.6	77.9	82.2
Sponge (today)	17.6	13.3	17.9	4.4	14.7
Injectables	35.8	31.0	36.1	38.4	29.9
Norplant	3.8	3.9	3.8	1.1	4.3
Contraceptive herbs	8.9	7.5	9.0	11.0	6.9
Any traditional method	68.0	67.7	68.1	73.3	66.8
Any other Indian system of Medicinal contraceptives	3.5	5.3	3.3	6.3	5.2
Number of women	6,224	393	5,831	51	341

¹ Include IUD, pills and condom. ² Include Female sterilization, Male sterilization, IUD, pills and condom

³ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The extent of knowledge of Female sterilisation among women was 95 percent - 87 percent Tubectomy and 69 percent Laparoscopy. Similarly, extent of knowledge of Male sterilisation among women was 83 percent–71 percent Vasectomy and 55 percent No-scalpel vasectomy. The extent of knowledge about other modern contraceptive methods among women was 18 percent for Sponge (today), 36 percent for Injectables and four percent for Norplant. The extent of knowledge of traditional method among women was nine percent for contraceptive herbs, 68 percent any traditional method and over three percent for any other ISM contraceptive.

6.1.1 Knowledge of Family Planning Methods by Districts

Table 6.2 gives percentage of currently married women aged 15-44 years who know any method by specific method and district in Delhi. The percentage of women aware of any method was the highest (100 percent) in East and Northeast districts, followed by 99 percent in Central and West districts and the lowest (94 percent) in New Delhi district, while it was 99 percent for the state. The percentage of women aware of any modern method was 97 percent or more in all the districts except New Delhi district where it was 94 percent. Similarly, percentage of women aware of any modern spacing method was 91 percent or more in all the districts. The percentage of women aware of all modern method was the highest (86 percent) in West district, followed by 84 percent in East and Northeast district and the lowest (57 percent) in New Delhi district. The percentage of women aware of all modern method was higher than that of the state (77 percent) in East, Northeast, Southwest and West districts, while in five districts it was lower than that of the state.

The percentage of women aware of male sterilization was the highest (91 percent) in East district, followed by 89 percent in Northeast and West districts and the lowest (68 percent) in Central district, while it was 83 percent for the state. Similarly, percentage of women aware of female sterilization was the highest (98 percent) in East, Northeast and West districts, followed by 97 percent in Southwest district and the lowest (80 percent) in New Delhi district, while it was 95 percent for the state. The difference in awareness of female and male sterilization is 12 percentage points.

Districts	Any method	Any modern ¹ method	Any modern spacing ² method	All modern ³ methods	Male sterilization	Female sterilization	IUD	Pill	Condom/ Nirodh	Any traditional method
Central	99.1	98.8	97.2	62.2	68.4	92.9	84.2	94.9	88.4	52.0
East	99.6	99.6	98.6	84.3	90.6	98.4	93.7	97.2	94.8	46.9
New Delhi	94.2	94.1	91.0	56.6	71.1	80.2	79.5	87.6	74.5	31.8
North	98.1	98.1	93.9	64.9	72.5	94.1	87.3	90.8	86.1	41.2
North East	99.6	99.4	98.8	84.0	89.5	98.2	96.3	97.3	94.5	79.9
North West	97.7	97.3	96.6	69.8	77.9	91.5	89.1	94.8	88.4	73.7
South	98.5	98.5	96.6	73.8	81.9	93.4	89.7	93.6	89.5	76.6
South West	98.0	97.3	94.9	76.8	84.9	97.0	90.1	92.3	87.8	58.0
West	99.0	98.7	97.6	86.1	89.5	98.0	93.8	97.0	96.4	81.1
Delhi	98.6	98.3	96.9	76.6	83.4	95.2	91.1	95.0	91.0	68.0

¹ Includes Female sterilization, Male sterilization, IUD, Pills and Condom.
² Includes IUD, Pills and Condom.
³ Includes Female sterilization & Male sterilization & IUD & Pills and Condom.

The percentage of women aware of IUD/Loop was the highest (96 percent) in Northeast district, followed by 94 percent in East and West districts and the lowest (79 percent) in New Delhi district, while it was 91 percent for the state. Similarly, percentage of women aware of Pills was the highest (97 percent) in East, Northeast and West districts, followed by 95 percent in Central and Northwest districts and the lowest (88 percent) in New Delhi district, while it was 95 percent for the state. The percentage of women aware of condom/nirodh was the highest (96 percent) in West district, followed by 95 percent in East district and the lowest (74 percent) in New Delhi district, while it was 91 percent for the state. Again, percentage of women aware of any traditional method was the highest (81 percent) in West district, followed by 80 percent in Northeast district and the lowest (32 percent) in New Delhi district, while it was 68 percent for the state.

6.1.2 Knowledge of No-Scalpel Vasectomy (NSV)

Table 6.3 gives knowledge of No-scalpel vasectomy of husbands of currently married women by residence in Delhi. Only 36 percent of the husbands had knowledge about NSV in the state – 19 percent in rural areas and 37 percent in urban areas. The percentage of the husbands who know that NSV is simpler than conventional vasectomy was 68 percent in the state - 82 percent in rural areas and 68 percent in urban areas. Further, the percentage of husbands who feel that NSV does not lead to any complication was 62 percent in the state – 86 percent in rural areas and 61 percent in urban areas. The percentage of husbands who feel that NSV does not affect a man’s sexual performance was 51 percent in the state - 64 percent in rural areas and 51 percent in urban areas. This survey has shown that more of women (55 percent) than husbands (36 percent) had knowledge about No-Scalpel Vasectomy in the NCT of Delhi.

Table 6.3 KNOWLEDGE OF NO-SCALPEL VASECTOMY (NSV)					
Husbands knowledge of NSV by residence and availability of health facility in the village, Delhi, 2002-04					
Knowledge of NSV	Total	Residence		Availability of health facility in the village ¹	
		Rural	Urban	No	Yes
Percentage of husband who had knowledge about NSV	36.3	19.2	37.5	*	17.0
Number of husbands	2,433	166	2,267	24	143
Who know that NSV is simpler than conventional vasectomy	68.3	(82.1)	67.7	*	*
Who feel that NSV does not lead to any complication	61.9	(85.7)	60.7	*	*
Who feel that NSV does not affect man's sexual performance	51.4	(64.3)	50.6	*	*
Number of husbands	883	32	851	8	24

Note: ¹ 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.

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

Table 6.4 gives percentage of husbands of eligible women by knowledge of No-scalpel vasectomy by districts in Delhi. The percentage of husbands who had knowledge about NSV was the highest (60 percent) in East district, followed by 52 percent in North district and the lowest (20 percent) in Northeast district, while it was 36 percent for the district. The percentage of husbands who know that NSV is simpler than conventional method was the highest (87 percent) in Northeast district, followed by 76 percent in East district and the lowest (62 percent) in Northwest district, while it was 68 percent in the state. The percentage of husbands who feel that NSV does not lead to any

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
Central	33.8	74.9	52.1	37.3
East	59.9	76.2	46.4	39.5
New Delhi	44.8	64.3	80.0	63.6
North	52.0	66.0	54.4	43.4
North East	20.1	86.8	92.2	75.5
North West	37.9	61.6	75.9	61.4
South	31.5	67.8	71.3	57.5
South West	39.0	64.3	44.8	38.2
West	24.7	68.4	62.2	59.5
Delhi	36.3	68.3	61.9	51.4

complications was the highest (92 percent) in Northeast district, followed by 80 percent in New Delhi district and the lowest (45 percent) in Southwest, while it was 62 percent for the state. The percentage of husbands who feel that NSV does not affect msn's sexual performance was the highest (75 percent) in Northeast district, followed by 64 percent in New Delhi district and the lowest (37 percent) in Central district, while it was 51 percent for the state.

6.2 Current use of Family Planning Methods

Table 6.5 gives percentage of currently married women aged 15-44 years currently using any contraceptive method by selected background characteristics in Delhi. The extent of use of any contraceptive method was 64 percent in the state – 59 percent in rural areas and 64 percent in urban areas. The percentage of women using any modern method is 56 percent as against 68 percent in Round-I, which has declined by 12 percentage points. The percent of women using any modern method was 48 percent for Muslim women as against 56-57 percent for Non-Muslim women. Use of modern method was the highest (65 percent) for women from other castes, followed by 64 percent for OBC women and the lowest (58 percent) for scheduled tribe women. The percentage of women using any modern method was the highest (58 percent) for women who had studied for 0-9 years and the lowest (53 percent) for non-literate women, while it was 56 percent for women who had studied for 10 years and above. Similarly, percentage of women using any modern method was the highest (59 percent) for women with high SLI and the lowest (42 percent) for women with low SLI, while it was 49 percent for women with medium SLI. The percentage of women using any modern spacing methods was 30 percent – over five percent IUD/Loop, five percent Pills and 19 percent condom/nirodh. Similarly, percentage of women using any sterilization method was 26 percent – one percent male sterilization and 25 percent female sterilization. Sixty-four percent of the current users were using female methods as against 36 percent using male methods. Thus, the most preferred contraceptive methods are female methods. Further, percentage of women using traditional methods was eight percent – three percent Rhythm/periodic abstinence and over five percent withdrawal method. Figure 6.2 shows practice of family planning methods.

6.2.1 Current Use of Family Planning Methods by Districts

Table 6.6 gives percentage of currently married women aged 15-44 years currently using any by district in Delhi. The extent of women using any contraceptive method was the highest (67 percent)

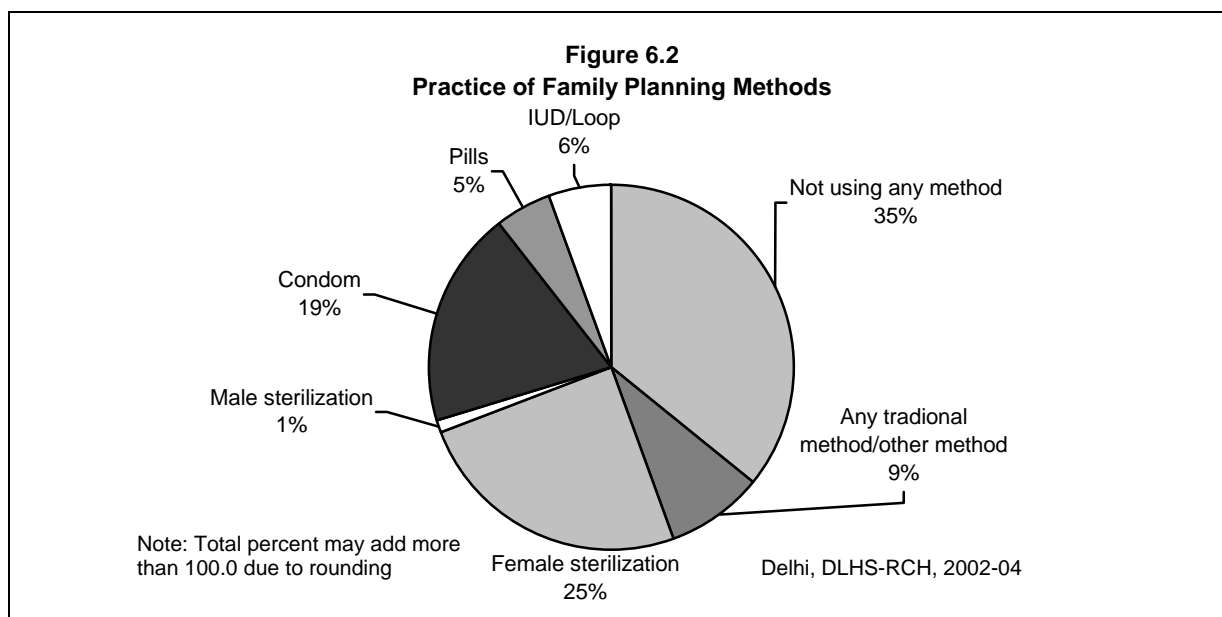
Table 6.5 CONTRACEPTIVE PREVALENCE RATE

Percentage of currently married women age 15-44 years currently using any contraceptive method by selected background characteristics, Delhi, 2002-04

Method	Any method	Any modern method ¹	Any modern spacing method ²	Any sterilization	Male sterilization	Female sterilization	IUD/ Loop	Pill	Condom / Nirodh	Any traditional method ³	Rhythm/ periodic abstinence	Withdrawal	Number of women
Residence													
Rural	59.4	55.5	18.8	36.4	0.6	35.8	4.4	2.4	12.0	4.0	2.1	1.8	393
Urban	64.4	55.8	30.6	24.9	0.9	24.0	5.6	5.2	19.8	8.5	2.7	5.8	5,831
Education													
Non-literate	61.3	53.5	21.9	31.4	0.9	30.5	2.7	4.2	15.0	7.8	2.3	5.5	2,175
0-9@ years	63.9	57.9	29.2	28.6	1.2	27.4	5.4	5.5	18.3	5.9	2.0	3.8	1,871
10 years & above	66.9	56.3	38.5	17.3	0.6	16.7	8.5	5.4	24.5	10.6	3.6	7.0	2,172
Religion													
Hindu	65.0	56.8	28.2	28.2	1.0	27.2	5.3	4.9	18.0	8.2	2.5	5.7	5,320
Muslim	56.0	48.1	39.8	8.4	0.0	8.4	6.1	5.7	28.1	8.0	3.8	4.0	692
Sikh	64.0	56.2	38.7	17.4	0.0	17.4	6.3	2.0	30.4	7.9	3.4	4.4	111
Other	68.7	57.0	38.1	18.9	0.0	18.9	13.2	8.3	16.6	11.8	3.4	8.4	100
Caste/tribe#													
Scheduled caste	61.4	54.3	23.0	31.0	1.4	29.6	2.9	3.8	16.3	7.1	2.3	4.7	1,474
Scheduled tribe	58.5	51.6	17.6	33.2	0.3	32.9	1.5	4.9	11.2	6.9	0.2	6.8	85
Other backward class	63.6	55.7	30.8	24.8	0.6	24.2	5.0	5.7	20.1	7.8	2.1	5.6	1,139
Other	65.5	56.5	32.6	23.5	0.8	22.8	7.1	5.0	20.5	9.0	2.9	6.0	3,362
Standard of living index													
Low	50.2	42.0	22.2	19.7	0.0	19.7	4.2	4.5	13.6	8.3	3.5	4.8	113
Medium	57.0	49.5	23.0	26.3	0.7	25.6	3.4	5.4	14.2	7.5	2.2	5.2	1,994
High	67.8	59.2	33.4	25.5	1.0	24.5	6.6	4.8	21.9	8.6	2.8	5.7	4,117
Availability of health facility in the village⁴													
No	65.5	60.7	38.5	22.1	0.0	22.1	9.9	6.1	22.5	4.8	1.9	3.0	51
Yes	58.5	54.7	15.8	38.5	0.7	37.8	3.6	1.8	10.4	3.8	2.2	1.6	341
Total	64.1	55.8	29.9	25.6	0.9	24.8	5.5	5.0	19.3	8.2	2.6	5.5	6,224

¹ Include Female sterilization, Male sterilization, IUD, Pills and Condom. ² Include IUD, Pills and Condom. ³ Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method. @ Literate women with no years of schooling are also included. #Total figure may not add to N due to don't know and missing cases.

⁴ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.



in East district, followed by 66 percent in West district and the lowest (60 percent) in New Delhi, while it was 64 percent in the state. The percentage of women currently using any modern method was the highest (61 percent) in West district, followed by 58 percent in Northwest district and the lowest (50 percent) in Northeast district, while it was 56 percent for the state. The percentage of women currently using any modern spacing method was the highest (36 percent) in East district, followed by 32 percent in West district and the lowest (23 percent) in Southwest district, while it was 30 percent for the state. However, current use of male sterilization was quite low in all the districts. The percentage of women currently using female sterilization was the highest (28 percent) in Northwest and Southwest districts, followed by over 26 percent in West district and the lowest (20 percent) in East district, while it was 25 percent for the state. However, variation in contraceptive prevalence at district level is basically due to the variation in the use of spacing methods (see Map-6).

Table 6.6 CONTRACEPTIVE PREVALENCE BY DISTRICT
Percentage of currently married women age 15-44 years currently using any contraceptive method by district, Delhi, 2002-04

Districts	Any method	Any modern ¹ method	Any modern spacing ² method	Male sterilization	Female sterilization	IUD	Pill	Condom/Nirodh	Any traditional ³ method
Central	60.6	52.6	30.0	0.6	21.8	6.0	3.8	20.2	8.1
East	67.3	56.1	35.6	0.2	19.9	7.8	6.3	21.5	11.2
New Delhi	60.0	53.3	25.8	1.5	25.8	5.9	4.4	15.5	6.8
North	62.1	56.0	31.5	1.6	22.0	7.4	3.8	20.3	6.2
North East	64.8	50.4	28.1	0.5	21.6	6.3	3.9	17.9	14.4
North West	62.1	58.1	29.4	1.2	27.5	4.4	4.2	20.8	4.0
South	62.2	56.2	30.3	0.4	25.6	6.0	6.8	17.5	5.8
South West	65.5	52.2	22.8	1.0	27.7	5.0	3.8	14.0	13.4
West	66.0	60.6	32.2	1.3	26.5	4.1	5.8	22.3	5.4
Delhi	64.1	55.8	29.9	0.9	24.8	5.5	5.0	19.3	8.2

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

The percentage of women using IUD/Loop was the highest (eight percent) in East district, followed by seven percent in North district and the lowest (four percent) in West and Northwest districts, while it was over five percent for the state. Similarly, percentage of women using Pills was the highest (seven percent) in South district, followed by six percent in East district and the lowest (four percent) in New Delhi and Northwest districts, while it was five percent for the state. The use of Condom/Nirodh was the highest (22 percent) in West district, followed by over 21 percent in East district and the lowest (14 percent) in Southwest district. The extent of use of Condom/Nirodh was higher than that of the state (19 percent) in Central, East, North, Northwest and West districts, while in the remaining four districts it was lower than that of the state. Further, use of any traditional method was the highest (14 percent) in Northeast district, followed by 13 percent in Southwest district and the lowest (four percent) in Northwest district, while it was eight percent for the state.

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

Table 6.7 gives percentage of currently married women age 15-44 years by current use of contraception by selected background characteristics in Delhi. The current use of any modern method increases with increase in the age of women upto 40 years, which declines thereafter. More than 60 percent of women were using any modern contraceptive method in the age group 30 years and above. On the other hand, percentage of never users was 84 percent in the age group 15-19 years, which

Table 6.7 USE OF CONTRACEPTION BY WOMEN							
Percentage of currently married women in 15-44 years by current use and ever use of contraception according to selected demographic characteristics, Delhi, 2002-04							
Demographic Characteristic	Percentage of women/husbands using				Percentage of women/husbands by contraceptive status		Number of women
	Any modern method ¹	Any traditional method ²	Any method	Not using any method	Ever used	Never used	
Age-group							
15-19	7.3	2.5	9.8	90.2	15.6	84.2	164
20-24	32.5	6.8	39.2	60.8	46.8	52.1	1,182
25-29	51.9	7.2	59.2	40.8	68.2	31.7	1,522
30-34	66.7	10.2	77.0	23.0	82.5	17.1	1,325
35-39	72.3	8.5	80.8	19.0	84.4	15.5	1,171
40-44	64.7	9.8	74.5	25.5	79.6	20.4	861
Surviving children							
0	4.9	2.1	6.9	93.1	11.1	88.9	645
1	37.2	11.0	48.1	51.9	57.5	41.2	1,013
2	60.5	9.7	70.1	29.9	77.4	22.5	1,649
3 or more	70.9	7.8	78.8	21.2	84.1	15.7	2,917
Surviving sons							
0	22.7	6.7	29.4	70.6	37.2	62.5	1,464
1	57.0	10.3	67.4	32.6	74.9	24.6	2,281
2 or more	74.2	7.2	81.4	18.5	86.0	13.8	2,478
Surviving daughters							
0	39.5	6.8	46.3	53.7	52.2	47.4	1,939
1	63.9	8.7	72.6	27.4	78.8	20.9	2,308
2 or more	62.4	9.1	71.5	28.4	78.6	21.1	1,977
All women	55.8	8.2	64.1	35.9	70.4	29.2	6,224

¹ Include Female sterilization, Male sterilization, IUD, Pills and Condom.

² Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method.

declines thereafter steadily to over 15 percent in the age group 35-39 years and then rises to 20 percent in the age group 40-44 years. The percentage of women never using any modern method was 89 percent for women with no surviving children, 41 percent for women with one surviving child and 22 percent for women with two surviving children, while it was 16 percent for women with three or more surviving children. The data shows that percentage of women never using any modern method of contraception decline with increase in the number of surviving children. In other words, percentage of women using any modern method of contraception increases with increase in the number of surviving children.

Further, percentage of never user women was 62 percent for women having no surviving sons as against 47 percent for women having no surviving daughters. On the other hand, percentage of women using any modern contraceptive was 74 percent for women having two or more surviving sons as against 62 percent women having two or more surviving daughters. These data suggest that lower level of contraception among women having no surviving sons and among women having two or more surviving daughters is perhaps due their desire to have a male progeny.

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

Table 6.8 gives percentage of husband of currently married women by current use and ever use of contraception by selected background characteristics in Delhi. The use of any modern method increases among husbands from 23 percent in the age group less than 25 years to 72 percent in the age group 35-44 years, which declines to 69 percent in the age group 45 years and above. The percentage of husbands who were not using any modern method of contraception was 86 percent

Table 6.8 USE OF CONTRACEPTION BY MEN					
Percentage of husband of currently married women by current use and ever use of contraception by selected demographic variables, Delhi, 2002-04.					
Demographic Characteristics	Percentage of husbands/women using				Number of men
	Any modern method ¹	Any traditional method ²	Any method	Not using any method	
Age-group					
<25	23.4	1.6	24.9	74.6	205
25-34	55.7	1.1	57.0	42.6	963
35-44	71.7	5.5	77.2	22.8	942
45+	69.3	6.0	76.2	23.8	323
Surviving children					
0	12.6	0.8	13.3	85.7	297
1	43.6	2.8	46.4	53.4	373
2	69.3	2.4	72.1	27.9	673
3 or more	75.0	5.1	80.4	19.6	1,090
Surviving sons					
0	31.0	1.8	33.1	66.3	625
1	62.4	5.1	67.9	32.1	839
2 or more	79.1	3.2	82.3	17.7	970
Surviving daughters					
0	42.0	2.0	44.0	55.5	756
1	70.9	2.5	73.4	26.5	957
2 or more	67.7	6.4	74.8	25.2	720
All men	61.0	3.5	64.7	35.1	2,433
¹ Include Female sterilization, Male sterilization, IUD, Pills and Condom.					
² Include Rhythm/Periodic abstinence, Withdrawal and Other traditional method.					

for husbands having no surviving sons, 53 percent for husbands having one surviving son, 28 percent for husbands having two surviving sons and 20 percent for husbands having three or more surviving sons. In other words, percentage of husbands not using any modern method of contraception decreases with increase in the number of surviving sons. On the other hand, percentage of husbands using any modern method of contraception was 31 percent for husband having no surviving sons as against 42 percent for husbands having no surviving daughters. Similarly, percentage of husbands using any modern method of contraception was 79 percent for husband having two or more surviving sons as against 68 percent for husbands having two or more surviving daughters. These data suggest that lower level of contraception among husbands having no surviving sons and among husbands having two or more surviving daughters is perhaps due their desire for a male progeny.

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 gives percentage of husbands with their choice of family planning methods and reasons for not accepting male methods by residence in Delhi. The percentage of husbands who have reported use of female methods was 64 percent in the state- 50 percent in rural areas and 55 percent in urban areas. The reasons given for not using male methods were ‘fear of weakness’ (14 percent), ‘female methods are more popular ’ (78 percent), ‘lack of sexual pleasure’ (over one percent), ‘fear of method failure’ (two percent) and ‘fear of operation’ (two percent). Only less than one percent husbands ‘fear of impotency’ as one of the reasons for not using male methods. However, female methods were equally popular among rural women as well as urban women.

Table 6.9 REASONS FOR NOT USING MALE METHODS			
Percentage of husbands with their choice of family planning methods and reasons for not accepting male methods according to residence, Delhi, 2002-04			
Female method users and reason for not accepting male methods	Total	Residence	
		Rural	Urban
Percentage of husband who have reported female methods	54.3	49.6	54.6
Number of men	1,574	99	1,476
Reasons for not accepting male methods*			
Fear of impotency	0.2	(0.0)	0.2
Lack of sexual pleasure	1.5	(0.0)	1.6
Fear of method failure	2.0	(0.0)	2.1
Fear of operation	2.0	(0.0)	2.1
Fear of weakness	13.9	(25.0)	13.4
Female methods are more popular	77.6	(75.0)	77.7
Other	5.1	(1.8)	5.3
Number of men	855	49	806
* Percentages may add to more than 100.0 because multiple responses could be recorded. () Based on less than 50 unweighted cases.			

6.4 Source of Contraceptive Methods

To assess the acceptability of various sources of contraceptive methods supply, DLHS-RCH collected information on source of supply of modern contraceptive methods. Table 6.10 gives percentage distribution of current users of modern contraceptive methods and source of supply in Delhi. The

TABLE 6.10 SOURCE OF MODERN CONTRACEPTIVE METHODS						
Percent distribution of current users of modern contraceptive methods by method and source of supply, Delhi, 2002-04						
Source	Contraceptive method					All modern methods ¹
	Female sterilization	Male sterilization	IUD/ Loop	Pills	Condom / Nirodh	
Government medical centre	82.7	84.5	44.3	14.6	7.2	46.5
Government/Municipal hospital	79.4	84.5	36.1	6.8	3.5	42.2
CHC/PHC	1.4	0.0	5.7	6.0	2.7	2.7
Sub-centre	0.1	0.0	1.9	1.4	0.5	0.5
Government doctor	0.2	0.0	0.0	0.0	0.1	0.1
Government nurse/ ANM	0.0	0.0	0.0	0.3	0.2	0.1
Family planning/RCH camp	1.3	0.0	0.6	0.0	0.1	0.7
Out reach/MCP clinic in village	0.3	0.0	0.0	0.0	0.1	0.1
Mobile clinic	0.1	0.0	0.0	0.0	0.1	0.1
Private medical centre	16.4	11.5	54.3	1.2	0.6	13.3
Private hospital	14.1	11.5	31.3	0.4	0.4	9.8
Private doctor	2.2	0.0	22.4	0.8	0.2	3.4
Private nurse	0.1	0.0	0.5	0.0	0.0	0.1
Chemist	NA	NA	NA	80.8	89.1	38.3
Other	0.5	0.0	0.7	0.9	0.9	0.7
Do not know	0.2	3.6	0.0	1.3	1.4	0.8
Missing	0.1	0.4	0.7	1.2	0.7	0.5
Total percent	100	100	100	100	100	100
Number of users	1,543	54	345	312	1,201	3,454

¹ Includes female sterilization, male sterilization, IUD, Pills or condom. CHC: Community health centre, PHC: Primary health centre. NA: Not applicable.

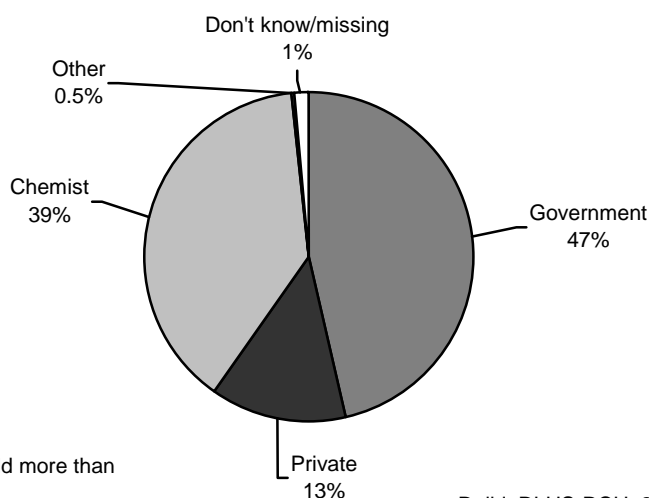
data shows that source of female sterilization of 83 percent women was government health facility, 16 percent private health facility and less than one percent other health facility. Similarly, source of male sterilization of over 84 percent males was government health facility and over 11 percent private health facility, while four percent males were not sure about the source of their sterilization operation. These data have shown that government health facility continues to be the main source of sterilization operation for limiting family. Further, these operations are being performed mainly at the Government/Municipal hospitals.

Forty-four percent women using IUD/Loop received their supplies and services from the Government health facility as against 54 percent from private health facility, while source of over one percent women was not known. The private and government health facility are the main sources of supply and services of IUD/Loop in Delhi. Further, source of supply of Pills for 15 percent women was government health facility, for over one percent women private health facility and Chemist and other for 82 percent women, while over one percent women were not sure about its source of supply. The source of supply of Condom/Nirodh was government health facility for seven percent women; private health facility for one percent women and Chemist and other for 90 percent women, while over one percent women were not aware about its source of supply. The source of supply of all modern methods was government health facility for 46 percent women, private health facility for 13 percent women and Chemist and other for 38 percent women. Figure 6.3 shows distribution of current users by source of supply.

6.5 Problems with Current Use Of Contraceptive Methods

Table 6.11 gives percentage of women informed about side effects, had side effects with the method by use of method in Delhi. Only 27 percent of the women were informed about all the available

Figure 6.3
Source of Family Planning Among Current
Users of Modern Contraceptive Methods



Note: Total percent may add more than 100.0 due to rounding

Delhi, DLHS-RCH, 2002-04

Table 6.11 HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION

Percentage of women informed about side effects, had side effects with the method by use of method, Delhi, 2002-04

Health problems/side effect	Type of method		
	Female sterilizations	IUD/loop	Pill
Women who were informed about all the available methods	27.4	NA	NA
Women who were informed about the side effects before adoption of the method	17.6	36.6	11.4
Women who had side effect/health problem due to use of contraceptive method	11.3	10.0	8.6
Number of current users	1,543	345	312
Type of health problems/side effects¹			
Weakness/inability to work	20.0	(16.7)	(30.0)
Body ache/ backache	33.6	(33.3)	(35.0)
Cramps	2.7	(3.3)	(5.0)
Weight gain	10.8	(16.7)	(10.0)
Dizziness	9.4	(10.0)	(30.0)
Nausea/vomiting	1.0	(0.0)	(0.0)
Breast tenderness	0.2	(0.0)	(5.0)
Irregular periods	15.7	(30.0)	(25.0)
Excessive bleeding	13.3	(36.7)	(5.0)
Spotting	2.0	(0.0)	(0.0)
White discharge	24.5	(3.3)	(10.0)
Other	0.0	(0.0)	(0.0)
Number of users with side effects	174	34	27

¹ Percentages may add to more than 100.0 because multiple problems could be recorded.

* Based on very few cases. () Based on less than 50 unweighted cases. NA: Note applicable

methods in the state. The percentage of women who were informed about the side effects before adoption of the method was 18 percent for female sterilization, 37 percent for IUD/Loop and over 11 percent for Pills. The percentage of women who had side effect/health problem due to use of contraceptive methods was over 11 percent for female sterilization users, 10 percent for IUD/Loop users and nine percent for Pills users. The most common problems experienced by sterilized women were 'weakness or inability to work' (20 percent), 'body ache/ backache' (34 percent), 'cramps' (three

percent), 'weight gain' (11 percent), 'dizziness' (nine percent), 'nausea/vomiting' (one percent), 'breast tenderness (less than one percent), 'irregular periods' (16 percent), 'excessive bleeding' (13 percent), 'spotting' (two percent) and 'white discharge' (24 percent).

6.6 Treatment for Health Problems with Current Use of Contraception

Table 6.12 gives percentage of women sought treatment who had side effects, follow-up and satisfaction with the method by use of method in Delhi. The percentage of women who had follow-up visit by health worker after adoption of the method was over three percent for female sterilization users, over one percent for IUD/Loop users and less than one percent for Pills users. The percentage of women who were satisfied with method of current use was 95 percent for female sterilization users, 93 percent for IUD/Loop users and 95 percent for Pills users. These data suggest that in spite of unsatisfactory follow-up service by the health workers, around 95 percent of the users of female sterilization, IUD/Loop and Pills were satisfied with the method.

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	3.3	1.4	0.3
Women who are satisfied with method of current use	95.2	93.2	94.7
Number of current users	1,543	345	312
Women who sought treatment for the health problem	61.2	(50.1)	(45.0)
Number of women with side effects	174	34	27
Source of treatments			
Government health facility			
Government hospital/dispensary	66.9	*	*
UHC/UHP/UFWC	2.8	*	*
CHC/Rural hospital	2.8	*	*
PHC	0.0	*	*
Sub-centre	0.0	*	*
Private health facility			
Private hospital/clinic	24.4	*	*
ISM health facility ¹	1.5	*	*
Chemist/Medical shop	0.5	*	*
Other	1.0	*	*
Number of women with side effects	106	17	12

¹ Either government or Private. * Percentage not shown based on very few cases.

The percentage of women who sought treatment for the health problem was 61 percent for female sterilization users, 50 percent for IUD/Loop users and 45 percent for Pills users. Over 72 percent of the users of female sterilization had treatment from the government health facility, 24 percent from private health facility and three percent from ISM and other health facility. Further, women who sought treatment from government health facility had it from 'Government hospital/dispensary' (67 percent), 'UHC/UHP/UFWC' (three percent) and 'CHC/Rural hospital' (three percent) and one-fourth women sought treatment from private hospital/clinic.

6.7 Advice to Non-Users and their Future Intention to Use Contraception

Table 6.13 gives percent of current non-users who were advised by the ANM/health worker to use contraceptives by suggested method according to place of residence in Delhi. The percentage of current non-users who were advised by the ANM/health worker to use contraception was nine percent in the state – 14 percent in rural areas and eight percent in urban areas. The percentage distribution of women who were advised to use contraception was 30 percent female sterilization, eight percent male sterilization, 26 percent IUD/Loop, 16 percent Pills and 18 percent Condom/Nirodh, while one percent women were advised other methods.

Table 6.13 ADVICE ON CONTRACEPTIVE USE			
Percentage of current non-users ¹ 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, Delhi, 2002-04			
Advise/future intension to use	Total	Residence	
		Rural	Urban
Percentage of current non-users advised by ANM/health worker to use of contraceptive method	8.7	14.4	8.3
Number of non-users	2,093	154	1,939
Percent distribution of women who were advised by method			
Female sterilization	30.1	*	27.8
Male sterilization	7.9	*	8.6
IUD/loop	26.4	*	27.4
Pill	15.6	*	13.9
Condom/Nirodh	18.5	*	20.7
Other	0.8	*	0.9
Missing	0.7	*	0.8
Total percent	100.0	100.0	100.0
Number of non-users	182	22	160
Note: ¹ Exclude women in menopause or those who have undergone hysterectomy.			
* Percentage not shown; based on few cases.			

6.7.1 Future Intentions

Table 6.14 gives percentage of current non-users who intended to use contraception in future by preferred method by residence in Delhi. The percentage of women who intend to use contraception in future was 25 percent in the state – 26 percent in rural areas and 25 percent in urban areas. On the other hand, percentage of husbands who intend to use contraception in future was 31 percent in the state – 30 percent in rural areas and 31 percent in urban areas. These data suggest that more of the husbands than wives intend to use contraception in future.

Among the women who intend to use contraception preferred female sterilization (47 percent), male sterilization (two percent), IUD/Loop (11 percent), Oral Pills (16 percent) and Condom/Nirodh (nine percent) and 13 percent preferred other methods. Among husbands who intend to use contraception preferred female sterilization (59 percent), male sterilization (five percent), IUD/Loop (four percent), Oral Pills (three percent) and Condom/Nirodh (23 percent). These data suggest that serious gaps between the preferences of husband and wives. More of husbands (59 percent) than wives (47 percent) preferred female sterilization. Similarly, more of husbands (five percent) than wives (one percent) preferred male sterilization. Again, female spacing methods are preferred more by wives than husbands. On the other hand, more of husbands (23 percent) than wives (nine percent) preferred Condom/Nirodh.

Table 6.14 FUTURE INTENTION TO USE						
Percentage of current non-users** who were intended to use contraception in future by preferred method according to place of residence, Delhi, 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	25.2	26.1	25.1	31.2	30.1	31.3
Number of non-users	2,093	154	1,939	842	66	776
Percent distribution of non-user who were preferred to use family methods by preferred method						
Female sterilization	47.2	58.3	46.2	58.7	*	56.5
Male sterilization	1.8	13.8	0.8	5.1	*	5.5
IUD/copper-T/loop	11.4	11.7	11.3	4.0	*	3.9
Oral pills	16.3	2.6	17.5	3.3	*	3.6
Condom/Nirodh	9.5	3.3	10.0	23.1	*	24.5
Rhythm/periodic abstinence	0.4	0.0	0.5	0.2	*	0.2
Withdrawal	0.7	0.0	0.8	0.5	*	0.5
Other	12.6	10.3	12.7	5.0	*	5.2
Missing	0.1	0.0	0.1	0.0	*	0.0
Total percent	100	100	100	100	100	100
Number of non-users	525	40	484	260	20	240
** Exclude women who are in menopause or those who have undergone hysterectomy. * Percentage not shown based on few cases.						

6.7.2 Future Intention to Use Among Women 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 information will be useful for the managers and programmers to identify the potential groups of future users and to provide supplies of the type of contraceptives that are likely to be in demand. Table 6.15 gives percent distribution of currently married women who were not using any contraceptive method by intention to use in the future, according to number of living children and residence in Delhi. Among the current non-users, 13 percent of the women intended to use contraception within the next twelve months, five percent women wanted to use within one to two years, while over six percent women intended to use contraceptives after two years. Thirty-nine percent women are not sure of their intention to use it, while 36 percent women do not intend to use it. The percentage of women who intend to use contraception in the next 12 months increases from two percent for women having no living children to 24 percent for women having four or more living children. Similarly, percentage of women who do not intend to use contraception in future steadily increases from 27 percent for women with no living children to 48 percent for women with four or more living children. Further, percentage of women who are not sure of their intention to use it steadily decreases from 59 percent for women with no living children to 20 percent for children with four or more living children.

6.8 Reasons for Discontinuation and Non-Use of Contraception

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

Table 6.15 FUTURE USE OF CONTRACEPTION BY NUMBER OF LIVING CHILDREN

Percent distribution of currently married women* who were not currently using any contraceptive method by intention to use in the future, according to number of living children and residence, Delhi, 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	2.1	14.1	18.7	16.7	24.3	13.3
One to two years	3.6	5.5	6.0	7.4	6.3	5.4
More than two years	8.7	7.3	5.5	5.9	1.8	6.5
Does not intend to use	26.6	30.5	41.9	45.8	48.1	36.1
Not yet decided	59.0	42.5	27.9	24.3	19.6	38.7
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	594	496	456	303	243	2,093
	Rural					
Intends to use in next 12 months	0.0	6.3	9.1	16.9	*	8.7
One to two years	0.0	12.7	0.0	10.3	*	6.5
More than two years	24.8	9.6	0.0	7.4	*	10.9
Does not intend to use	19.5	15.7	53.7	37.1	*	30.9
Not yet decided	55.7	55.6	37.2	28.4	*	43.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	47	32	33	26	16	154
	Urban					
Intends to use in next 12 months	2.3	14.7	19.5	16.7	24.2	13.6
One to two years	3.9	5.0	6.4	7.1	5.3	5.3
More than two years	7.4	7.2	6.0	5.7	1.9	6.1
Does not intend to use	27.2	31.6	40.9	46.6	48.7	36.5
Not yet decided	59.2	41.6	27.2	23.9	19.9	38.4
Missing	0.0	0.0	0.0	0.0	0.0	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	547	464	424	278	227	1,939

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

for its discontinuation. Women who had never used contraceptives were asked about the main reasons for not using contraception. Table 6.16 gives percent distribution of women who were past users by reason for discontinuation of the contraceptive method according to place of residence in Delhi. Over 62 percent of the women said that the main reason for its discontinuation was 'wanted child'. Other reasons for discontinuation of contraceptive use were 'method failed/became pregnant' (four percent), 'supply not available' (one percent), 'difficult to get method' (less than one percent), 'weakness/inability to work' (four percent), 'body ache/backache' (over two percent), 'cramps' (one percent), 'weight gain' (two percent), 'dizziness' (over one percent), 'nausea/vomiting' (one percent), 'breast tenderness' (one percent), 'irregular periods' (five percent), 'excessive bleeding' (five percent), 'spotting' (less than one percent), 'white discharge' (less than one percent), 'lack of pleasure' (over three percent) and 'method was inconvenient' (seven percent).

6.8.1 Reasons for Not Using Contraceptive Methods

DLHS asked women and husbands who were currently not using any contraceptive method and main reasons for not currently using any method. Table 6.17 gives percentage of eligible women who were currently not using any contraceptive method by reason according to place of residence

Table 6.16 REASONS FOR DISCONTINUATION OF CONTRACEPTION

Percent distribution of women who were past users (current non-users) by reason for discontinuation of the contraceptive method according to place of residence, Delhi, 2002-04

Reasons	Total	Place of residence	
		Rural	Urban
Reason for discontinuation			
Wanted child	62.5	*	63.8
Method failed/became pregnant	4.0	*	4.2
Supply not available	0.7	*	0.8
Difficult to get method	0.2	*	0.2
Weakness/inability to work	4.0	*	3.0
Body ache/ Backache	2.5	*	2.6
Cramps	0.7	*	0.7
Weight gain	1.6	*	0.9
Dizziness	1.5	*	1.5
Nausea/vomiting	0.6	*	0.7
Breast tenderness	1.1	*	1.2
Irregular periods	4.7	*	4.5
Excessive bleeding	4.7	*	5.0
Spotting	0.2	*	0.2
White discharge	0.5	*	0.5
Lack of pleasure	3.5	*	3.3
Method was inconvenient	6.7	*	6.3
Other	0.5	*	0.6
Total percent	100	100	100
Number of past users	397	20	377

* Percentage not shown based on few cases

Table 6.17 REASON FOR NOT USING CONTRACEPTIVE METHOD

Percentage of current non-users who were currently not using contraceptive method by reason according to place of residence, Delhi, 2002-04

Reason	Women			Husband*		
	Total	Rural	Urban	Total	Rural	Urban
Lack of Knowledge about FP method	7.9	9.7	7.7	3.8	(0.0)	4.1
Against the Religion	4.8	1.9	5.0	3.5	(0.0)	3.8
Opposed to family planning	9.9	15.5	9.4	4.6	(12.1)	2.3
Not like existing method	10.7	6.9	11.0	3.8	(0.0)	4.2
Afraid of sterilization	2.5	1.4	2.6	0.0	(0.0)	0.0
Can not work after sterilization	0.1	0.0	0.2	0.0	(0.0)	0.0
Worry about side effects	3.2	6.1	3.0	1.2	(0.0)	1.3
Costs too much	1.1	0.8	1.1	1.6	(3.0)	1.7
Health does not permit	8.6	15.3	8.1	2.1	(0.0)	2.3
Hard/inconvenient to get method	0.1	1.3	0.0	0.8	(6.1)	0.5
Inconvenient to use method	1.9	2.9	1.8	0.9	(0.0)	1.0
Difficult to become pregnant	16.5	7.9	17.2	4.0	(6.1)	4.1
Other	31.8	28.9	32.1	15.2	(15.2)	16.1
Missing	0.8	1.2	0.8	58.6	(57.6)	58.5
Total percent	100	100	100	100	(100)	100
Number of current non-users	1,028	73	955	375	31	344

* Excluding not decided cases on timing of next child. () Based on less than 50 unweighted cases.

in Delhi. The reasons for not using any contraceptive method were 'lack of knowledge about F.P. method' (eight percent), 'against the religion' (five percent), 'opposed to family planning' (10 percent), 'not like existing method' (11 percent), 'afraid of sterilization' (over two percent), 'can not work after sterilization' (less than one percent), 'worry about side effect' (three percent), 'cost too much' (one percent), 'health does not permit' (nine percent), 'hard/inconvenient to get method'

(less than one percent), ‘inconvenient to use method’ (two percent), ‘difficult to become pregnant’ (16 percent) and ‘other’ (32 percent).

Further, percentage of respondents currently not using contraception due to ‘lack of knowledge about family planning method’ was eight percent for women as against four percent for husbands. The percentage of respondents currently not using contraception who said ‘against the religion’ was five percent for women as against over three percent for husbands. The percentage of respondents currently not using contraception who said ‘opposed to family planning’ was 10 percent for women as against five percent for husbands. Eleven percent women as against four percent husbands were currently not using contraception because they did ‘not like the existing method’. The percentage of respondents currently not using contraception who said ‘difficult to become pregnant’ was over 16 percent for women as against four percent for husbands. These gaps might be due to lack of communication between husband and wife or their perception.

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 separately for limiting and spacing. 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 unmet for limiting and spacing.

Table 6.18 gives percentage of currently married women with unmet need for family planning services by selected background characteristics in Delhi. The unmet need for family planning was 16 percent in the state-18 percent in rural areas and 16 percent in urban areas. Further, unmet need for limiting family was over 11 percent as against five percent for spacing family, while it was 16 percent for family planning. Thus, unmet need for limiting family was more than twice that of spacing. Three-fourth of the unmet need of women in the age group 15-24 years was for spacing family in the age group 15-24 years. The unmet need for spacing was 14 percent in the age group 20-24 years, which declines to over five percent in the age group 25-29 years. Similarly, the unmet need for limiting was six percent in the age group 20-24 years, which increased to 14 percent in the age group 25-29 years. Thus, the age group 25-29 years is the critical age group where role reversal takes place. The unmet need is mainly for limiting family after age 25 years. The unmet need for family planning was the highest (24 percent) for Muslim women, followed by over 15 percent for Hindu women and the lowest (14 percent) for Sikh women. The unmet need for family planning was the highest (over 19 percent) for scheduled tribe women, followed by 17 percent for other castes women and the lowest (16 percent) for scheduled caste and OBC women. The unmet need for family planning was the highest (21 percent) for women with one living child, which steadily declines to the lowest (over 14 percent) for women with four or more living children, while it was nine percent for women having no living children.

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, Delhi, 2002-04

Background Characteristic	Unmet need for FP			Number of women
	Spacing ¹	Limiting ²	Total	
Age				
15-19	16.0	2.5	18.5	164
20-24	14.1	6.2	20.4	1,182
25-29	5.4	13.6	19.1	1,522
30-34	1.6	12.6	14.3	1,325
35-39	1.2	11.1	12.3	1,171
40-44	0.1	14.6	14.7	861
Residence				
Rural	4.1	14.2	18.3	393
Urban	5.1	11.2	16.3	5,831
Education				
Illiterate	5.9	13.7	19.6	2,175
0-9 @ years	4.2	10.8	15.0	1,871
10 years and above	4.8	9.7	14.5	2,172
Religion				
Hindu	5.0	10.5	15.5	5,320
Muslim	5.3	18.7	23.9	692
Sikh	6.1	7.8	13.9	111
Others	2.1	12.7	14.8	100
Caste/tribe#				
Scheduled caste	6.2	9.9	16.1	1,474
Scheduled tribe	6.0	13.4	19.5	85
Other backward class	4.1	11.7	15.9	1,139
Others	4.7	11.9	16.6	3,362
Number of living children				
0	7.5	1.6	9.1	645
1	15.1	6.2	21.4	1,013
2	4.0	14.1	18.1	1,649
3	2.3	13.8	16.1	1,479
4+	0.7	13.8	14.5	1,438
Standard of living Index				
Low	9.5	9.3	18.8	113
Medium	6.9	13.8	20.7	1,994
High	4.0	10.3	14.2	4,117
All women	5.0	11.4	16.4	6,224
¹ 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. ² 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				

The unmet need for family planning was the highest (20 percent) for non-literate women and the lowest (over 14 percent) for women who had studied for 10 years and above, while it was 15 percent for women who had studied for 0-9 years. The unmet need for family planning was the highest (21 percent) for women with medium SLI and the lowest (14 percent) for women with high SLI, while it was 19 percent for women with low SLI. The data shows that unmet need for family planning decreases with increase in the level of education of women. In other words, unmet need for family planning is negatively associated with education of the women.

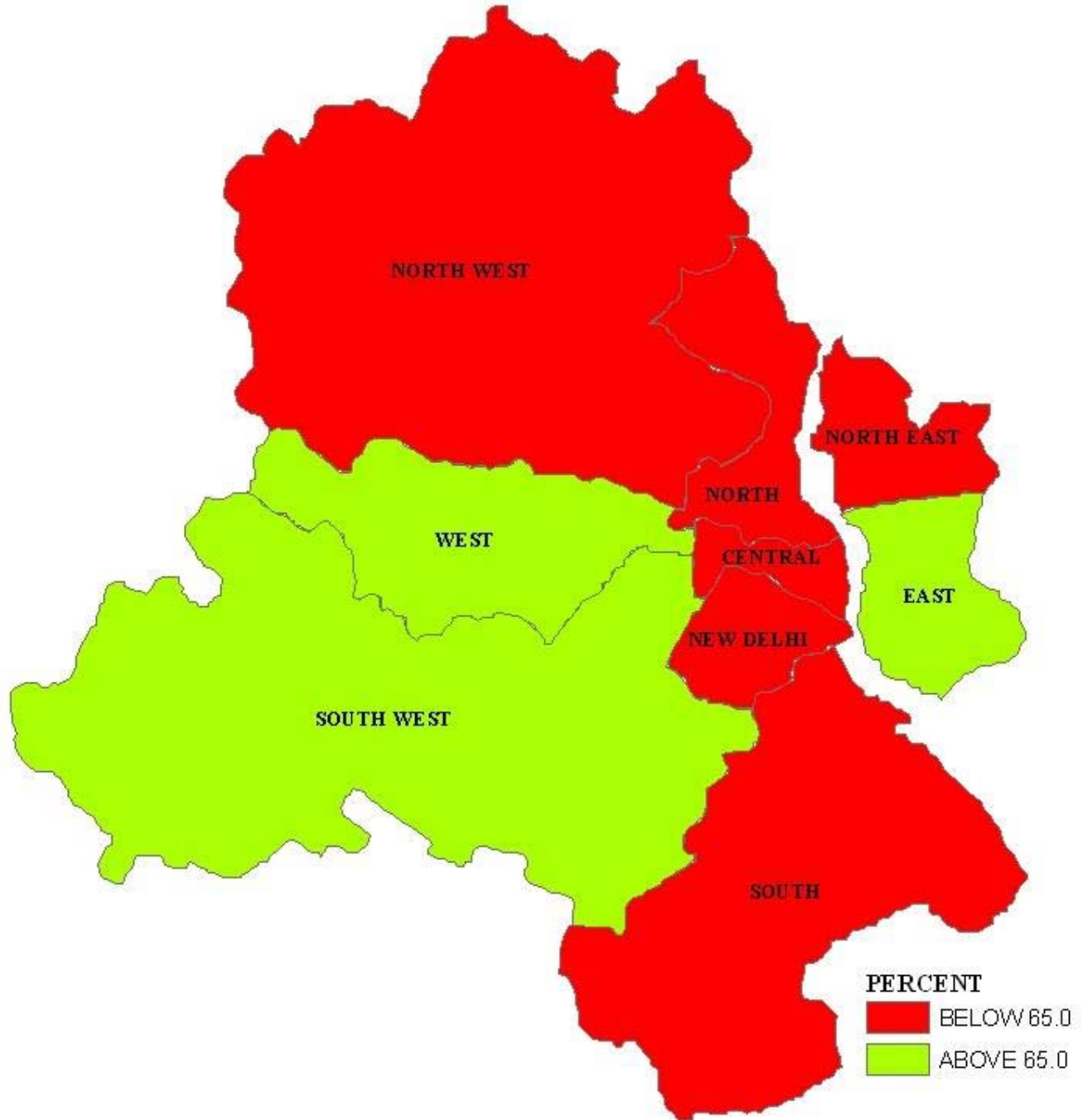
6.9.1 Unmet Need for Family Planning Services by Districts

Table 6.19 gives percentage of currently married women with unmet need by district in Delhi. The unmet need for spacing was the highest (seven percent) in New Delhi and South districts, followed by six percent in Northwest district and the lowest (three percent) in Central district, while it was five percent for the state. The unmet need for limiting was the highest (over 14 percent) in New Delhi district, followed by about 14 percent in East district and the lowest (nine percent) in Northeast district, while it was over 11 percent for the state. Further, unmet need for family planning was the highest (22 percent) in New Delhi district, followed by 19 percent in South district and the lowest (13 percent) in Northeast district. The unmet need for family planning was higher than that of the state (16 percent) in East, New Delhi, North, Northwest and South districts, while in the remaining four districts it was lower than that of the state.

TABLE 6.19 UNMET NEED BY DISTRICT			
Percentage of currently married women with unmet need by district, Delhi, 2002-04			
District	Unmet need for		
	Spacing	Limiting	Total
Central	3.2	13.0	16.2
East	4.2	13.6	17.8
New Delhi	7.2	14.5	21.7
North	4.9	13.4	18.4
North East	3.8	8.8	12.6
North West	6.3	11.6	17.9
South	6.7	12.0	18.7
South West	3.5	10.9	14.4
West	4.5	10.4	14.9
Delhi	5.0	11.4	16.4

Map-6

Current Use of Any Family Planning Method



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 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 the 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 from 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 gives percentage of women who had home visit by health workers in the three months preceding the survey by selected background characteristics in Delhi. Only less than one percent of the women reported that the health worker visited them at their residence at least once in last three months preceding the survey.

7.2 Home Visit by Health Workers by Districts

Table 7.2 shows that percentage of women who home visited by the health workers was the highest (three percent) in New Delhi district, followed by one percent in South district and the lowest (zero percent) in Southwest and West districts, while it was less than one percent for the state.

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 visited health facility and percentage of women who discussed specific topics with the health workers in the state. The topic discussed during visits to health facility with pregnant women or women with children born after the reference period were 'family planning' (12 percent), 'breastfeeding' (less than one percent), 'immunization' (over two percent), 'disease prevention' (15 percent), 'treatment of health problem' (15 percent), 'antenatal care' (51 percent), 'delivery care' (five percent), 'postpartum care' (three percent) and 'child care' (two percent). Similarly, topic discussed during visits to health facility with current contraceptive user women were 'family planning' (one percent), 'nutrition'

Table 7.1 HOME VISIT BY HEALTH WORKER

Percentage of women who had home visit by health worker in the 3 months preceding the survey by selected background characteristics, Delhi, 2002-04

Background characteristic	Percentage with home visit	Number of women
Age		
15-24	0.4	1,345
25-34	0.4	2,846
35-44	0.3	2,032
Residence		
Rural	0.2	393
Urban	0.4	5,831
Education		
Non-literate	0.2	2,175
0-9 years@	0.7	1,871
10 and above	0.2	2,172
Religion		
Hindu	0.4	5,320
Muslim	0.2	692
Sikh	0.0	111
Other	0.2	100
Caste/tribe#		
Scheduled caste	0.5	1,474
Scheduled tribe	5.6	85
Other backward class	0.2	1,139
Other	0.2	3,362
Standard of living index		
Low	0.3	113
Medium	0.7	1,994
High	0.2	4,117
Availability of health facility² in the village		
No	0.0	51
Yes	0.3	341
Total	0.4	6,224

Note: Total includes 6 cases with missing information on education were not shown separately.

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

Total number may not add to N due to do not know and missing cases.

² Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village.

Table 7.2 HOME VISIT BY HEALTH WORKER BY DISTRICT

Percentage of women who had home visit by health worker in the 3 months preceding the survey by district, Delhi, 2002-04

District	Percentage with home visit
Central	0.5
East	0.2
New Delhi	3.0
North	0.6
North East	0.2
North West	0.3
South	1.0
South West	0.0
West	0.0
Delhi	0.4

Table 7.3: MATTER DISCUSSED DURING CONTACT WITH A HEALTH WORKER				
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 ¹ who discussed specific topics with the health worker, Delhi, 2002-04				
Topic discussed	Pregnant women or women with children after reference period ²	Other women		
		Current contraceptive users	Current nonusers	Total
During visit to health facility				
Family planning	12.0	1.2	0.0	6.2
Breastfeeding	0.1	0.0	0.0	0.0
Supplementary feeding	0.0	0.0	0.0	0.0
Immunization	2.5	0.0	0.0	1.2
Nutrition	0.0	2.3	3.1	1.3
Diseases prevention	14.9	50.8	42.4	32.4
Treatment of health problem	15.1	52.2	50.3	34.2
Antenatal care	51.1	1.9	4.1	25.5
Delivery care	5.2	0.0	1.4	2.6
Postpartum care	2.6	0.0	0.0	1.2
Childcare	1.8	2.7	0.5	2.0
Sanitation / cleanliness	0.0	0.0	0.0	0.0
Oral rehydration	0.0	0.0	3.2	0.4
Other	2.2	2.2	6.4	3.1
Number of women	240	195	70	507
Note: Percentage add to more than 100.0 due to multiple responses. ¹ Women who visited private health facility are not included. ² Reference period for phase I, January 1 st 1999 and for phase II, January 1 st .2001				

(two percent), 'disease prevention' (51 percent), 'treatment of health problem' (52 percent), 'antenatal care' (two percent) and 'childcare' (three percent). The percentage of current nonuser women who visited health facility reported topic discussed as 'disease prevention' (42 percent), 'treatment of health problem' (50 percent), 'nutrition' (three percent), 'antenatal care' (four percent), 'delivery care' (over percent), 'child care' (less than one percent) and 'oral rehydration' (three percent).

The percentage of women who visited health facility reported topics discussed as 'family planning' (six percent), 'immunization' (one percent), 'nutrition' (one percent), 'disease prevention' (32 percent), 'treatment of health problem' (34 percent), 'antenatal care' (over 25 percent), 'delivery care' (three percent), 'postpartum care' (one percent), 'child care' (two percent) and 'oral rehydration' (three percent). Surprisingly family planning was not discussed with current non-user women.

7.4 Visit to Health Facility

Table 7.4 gives percentage of women who needed to visit health facility and visited, percent of women visited health facility by type of health facility by residence and availability of health facility in the village. The percentage of women who needed to visit health facility and not visited it was four percent in the state – over six percent in rural areas and four percent in urban areas. The percentage of women who needed to visit health facility and visited was 18 percent in the state – over 22 percent in rural areas and 18 percent in urban areas. Further, percentage of women who visited health facility and visited government health facility was 44 percent, 54 percent visited private health facility and two percent visited ISM and other health facility. Women who visited government health facility visited Hospital/CHC/FRU/RH (34 percent), dispensary (over seven percent), PHC (over two percent) and sub-centre (less than one percent). Further, women who visited private health facility and visited Hospital (31 percent) and Dispensary (24 percent).

Table 7.4 VISIT TO HEALTH FACILITY					
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, Delhi, 2002-04					
Health facility	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Percentage of women who needed to visit health facility and not visited	4.1	6.3	4.0	1.1	7.0
Percentage of women who needed to visit health facility and visited	18.0	22.5	17.7	11.1	24.2
Number of women	6,224	393	5,831	51	341
Government health facility					
Hospital / CHC / FRU / RH	33.7	44.5	32.8	*	45.5
Dispensary	7.5	1.5	8.0	*	0.0
Primary health center	2.5	0.0	2.8	*	0.0
Sub-center	0.4	0.0	0.4	*	0.0
Private health facility					
Hospital	30.6	25.1	31.0	*	25.0
Dispensary	23.6	26.8	23.3	*	27.2
ISM ² hospital/dispensary	1.0	0.9	1.0	*	0.9
Other	0.7	1.2	0.6	*	1.3
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1,119	88	1,131	6	82
Note: CHC: Community health center, FRU: First referral unit, RH: Referral Hospital. ¹ Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village. ² Either government or private health facility of Indian System of Medicine. *Percentage not shown based on few cases.					

7.5 Visit to Health Facility by Districts

Table 7.5 gives percentage of women who needed to visit health facility but not visited, and percentage of women who visited health facility by type of health facility and district. The percentage of women who needed to visit health facility but not visited it was the highest (seven percent) in Northeast district, followed by over five percent in New Delhi and West districts and the lowest (two percent) in East district, while it was four percent for the state. Further, percentage of women who needed to visit health facility and visited it was the highest (21 percent) in West district, followed by 20 percent in Northeast, Northwest and South districts and the lowest (nine percent) in East district, while it was 18 percent for the state.

The percentage of women who needed to visit health facility and visited government health facility was the highest (67 percent) in New Delhi district, followed by 53 percent in Northeast and Northwest districts and the lowest (34 percent) in South and Southwest districts. The percentage of women who visited government health facility was equal to or higher than that of the state (45 percent) in Central, New Delhi, North, Northeast, Northwest and West districts, while in the remaining three districts it was lower than that of the state. Further, percentage of women who visited private health facility was the highest (65 percent) in South and Southwest districts, followed by 61 percent in East district and the lowest (33 percent) in New Delhi district. The percentage of women who visited private health facility was higher than that of the state (55 percent) in East, South and Southwest districts, while in the remaining six districts it was lower than that of the state.

Table 7.5 VISIT TO HEALTH FACILITY BY DISTRICT				
Percentage of women who needed to visit health facility, but not visited and percentage of women who visited health facility by type of health facility and by district, Delhi, 2002-04				
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
Central	4.1	18.3	46.1	52.2
East	1.9	9.4	38.7	61.3
New Delhi	5.5	14.2	66.9	33.1
North	3.6	12.2	51.2	46.4
North East	6.6	19.7	53.1	46.9
North West	2.7	20.0	53.5	46.5
South	4.4	20.1	33.7	65.3
South West	4.3	17.6	34.1	64.9
West	5.3	21.1	44.7	54.3
Delhi	4.1	18.0	44.7	54.7

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 that means optimum utilization of health facilities, 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 their perceptions about quality of services such as 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, which are presented in Table 7.6. Women who visited government health facility and rated quality of services as good and excellent was 'convenience of the health facility location' (79 percent), 'length of time spent towards waiting' (69 percent), 'personal manner of the physician' (94 percent), 'technical skills and quality of the physician' (93 percent), 'personal manner of the nurse' (94 percent), 'technical skills and quality of nurse' (94 percent), 'personal manners of other staff' (93 percent), 'technical skills and quality of other staff' (93 percent), 'explanation of what was done to her' (90 percent), 'medical, surgical and diagnostic equipment' (90 percent) and 'general comport' (90 percent). More than 20-24 percent of the respondents were not satisfied with the location of the facility and length of time spent towards waiting. By and large the respondents were satisfied with the services and facilities available at the government health facility in the NCT of Delhi.

7.7 Reason 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. Women who visited private health facility said that reasons for not visiting the government health facility were 'not conveniently located' (21 percent), 'time is not suited' (15 percent), 'poor quality of services' (20 percent), 'heavy rush' (27 percent), 'non/rare availability of doctors/health workers' (less than one percent), 'Doctors/health workers do not examine properly' (two percent), 'medicine not/rarely given or of

Table 7.6 QUALITY OF GOVERNMENT HEALTH FACILITY				
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 preceding the survey, Delhi , 2002-04				
Quality indicator	Poor	Good	Excellent	Missing
The convenience of the health facility location	19.9	74.7	4.7	0.7
Length ¹ of time spend towards waiting	23.4	65.4	3.9	7.3
Personal manner ² of the physician ⁵	5.1	87.3	6.9	0.8
The technical skills and quality ³ of the physician ⁵	6.1	84.4	8.8	0.8
Personal manner ² of nurse	5.0	88.8	5.4	0.7
The technical skills and quality ³ of nurse	4.9	89.7	4.6	0.7
Personal manner of other staff ⁵	6.2	89.6	3.5	0.8
The technical skills and quality of other ⁴ staff	5.8	89.9	3.5	0.7
The explanation of what was done to her	9.2	84.0	6.0	0.7
Medical, surgical and diagnostic equipment	9.5	85.5	4.2	0.8
General comfort	8.6	85.7	3.9	1.7

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

Table 7.7 REASON FOR NOT PREFERRING GOVERNMENT HEALTH FACILITY			
Percent distribution of women who visited private health facility by reason for not visiting government health facility and according to residence, Delhi, 2002-04			
Reason	Total	Residence	
		Rural	Urban
Not conveniently located	21.2	(13.5)	22.3
Time is not suited	15.1	(13.5)	15.7
Poor quality of services	20.3	(13.5)	20.9
Heavy rush	27.2	(29.7)	26.5
Non/rare-availability of doctors/health workers	0.5	(0.0)	0.5
Doctors/health workers do not examine properly	2.0	(5.4)	1.8
Medicine not/rarely given or of bad quality	6.4	(10.8)	5.9
Doctors/paramedical staff does not behave properly	0.9	(8.1)	0.1
Services are charged	0.5	(0.0)	0.5
Referred by government doctor	0.6	(0.0)	0.6
Other	5.5	(5.4)	5.1
Total percent	100.0	100.0	100.0
Number of women	612	46	566

() Based on less than 50 unweighted cases

bad quality’ (over six percent), ‘Doctors/paramedical staff does not behave properly’ (one percent), ‘services are charged’ (less than one percent)and ‘referred by government doctor’ (one percent). Main reasons for not visiting government health facility were ‘not conveniently located’, ‘time is not suited’, ‘poor quality of services’ and ‘heavy rush’.

7.8 Family Planning Information and Advice Received

Table 7.8 gives percentage of current non-users who were advised to use family planning method by method of family planning by ANM or health worker, according to residence in Delhi. The percentage of non-users who were advised to adopt family planning method was nine percent in the state – 14 percent in rural areas and eight percent in urban areas. Methods of contraception advised were ‘female sterilization’ (30 percent), ‘male sterilization’ (eight percent), ‘IUD/Loop’ (26 percent), ‘Pills’ (16 percent), ‘Condom/Nirodh’ (over 18 percent) and ‘other method’ (one percent). Sixty percent of the current non-users were advised spacing methods.

Table 7.8 ADVISE TO ADOPT FAMILY PLANNING METHOD			
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, Delhi, 2002-04			
Advice/method	Total	Rural	Urban
Percentage of non-users who were advised to adopt family planning method	8.7	14.4	8.3
Number of women	2,092	154	1,938
Method			
Female sterilization	30.1	*	27.8
Male sterilization	7.9	*	8.6
IUD	26.4	*	27.4
Pills	15.6	*	13.9
Condom	18.5	*	20.7
Other	0.8	*	0.9
Missing	0.7	*	0.8
Total percent	100.0	100.0	100.0
Number of women	182	22	160
* Percentage not shown- based on few cases.			

7.9 Availability of Pills and Condom

Table 7.9 gives percentage of current condom or pill users who had a problem getting a supply of condoms/pills by residence in the state. Only less than one percent of condom users and one percent of Pills users reported problem in getting supply.

Table 7.9 AVAILABILITY OF REGULAR SUPPLY OF CONDOMS/PILLS		
Percentage of current condom or pill users who ever had a problem getting a supply of condoms/pills by residence, Delhi, 2002-04		
Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Rural	*	09
Urban	0.3	302
Total	0.3	312
Pills		
Rural	(0.0)	47
Urban	1.0	1,154
Total	1.0	1,201
() Based on less than 50 unweighted cases. * Percentage not shown- based on few cases.		

7.10 Quality of Care of Family Planning Services

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

Table 7.10 shows that percentage of current users of sterilization who were informed about other modern methods was 27 percent for those who were sterilized at the government

health facility as against 33 percent for those who were sterilized at the private health facility. Only 20 percent of users of sterilization in rural areas as against 28 percent in urban, who were sterilized at the government health facility, were informed about other modern methods before the operation. Similarly, 45 percent of users of sterilization in rural areas as against 32 percent in urban, who were sterilized at the private health facility, were informed about other modern methods before the operation. This shows that private health facility is doing their job more seriously than government health facility. Table 7.11 shows that only 14 percent of users of modern methods were told about side effects of any modern method – 17 percent about sterilization and 11 percent about other modern methods. Further, only two percent of the current users reported follow-up visit by ANM/health worker – over percent for sterilization users and over one for users of other modern methods.

Table 7.10 INFORMATION OF OTHER MODERN METHOD BEFORE STERILIZATION				
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, Delhi, 2002-04				
Source of sterilization	Total	Rural	Urban	Number of users
Government health facility	27.0	20.0	27.7	1,296
Private health facility	33.1	45.0	32.3	260
Total	28.0	22.4	28.5	1,596

Note: Total includes 24,1,5, 2, and 7 women who said that they sterilized at Family planning or RCH camp/ village session, mobile clinic, and by chemist, and who do not know including missing information of place/source of sterilization, are not shown separately.

Table 7.11 INFORMATION ON SIDE EFFECT AND FOLLOW-UP FOR CURRENT METHOD			
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 according to place of residence, Delhi, 2002-04			
Information/follow-up	Total	Rural	Urban
Told about side effects			
Sterilization	17.3	11.2	17.8
Other modern method	11.1	14.9	10.9
Any modern method	13.9	12.5	14.0
Received follow-up			
Sterilization	3.2	8.4	2.8
Other modern method	1.2	10.8	0.8
Any modern method	2.1	8.8	1.7

7.11 Quality of Care Indicators for Contraceptive Users by District

Table 7.12 gives currently married women who are current users of modern methods, quality of care indicators related to the use of their current contraceptive method by district in Delhi. The percentage of current users informed about other methods before getting sterilization was the highest (51 percent) in Southwest district, followed by 39 percent in New Delhi district and the lowest (17 percent) in West district, while it was 28 percent for the state. The percentage of current users who were told about side effects or other problems with the use of sterilization was the highest (35 percent) in Southwest district, followed by 33 percent in East district and the lowest (less than one percent) in West district, while it was 17 percent for the state. The percentage of current users who were told about side effects or other problems with the use of other modern methods was the highest (30 percent) in New Delhi district, followed by 24 percent in Southwest district and the lowest (less than one percent) in West district, while it was 11 percent for the state.

Table 7.12 QUALITY OF CARE INDICATORS FOR CONTRACEPTIVE USERS BY DISTRICT						
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, Delhi, 2002-04						
District	Percentage informed about other methods before getting sterilization ¹	Percentage told about side effects or other problems with method ²		Percentage who received follow-up ²		Percentage non-user told ever had advised to adopt contraceptive method
		Sterilization	Other modern method	Sterilization	Other modern method	
Central	33.5	16.8	11.2	4.4	0.8	13.7
East	37.6	32.8	14.3	0.0	1.6	4.7
New Delhi	38.7	25.9	29.7	11.7	4.6	9.7
North	36.1	30.7	12.1	2.2	1.5	9.2
North East	24.2	4.5	2.4	1.0	0.0	9.0
North West	18.4	14.3	11.8	6.6	1.1	5.7
South	24.1	17.3	15.4	6.5	2.3	10.9
South West	51.1	35.3	24.1	1.4	3.3	13.7
West	16.9	0.5	0.5	0.0	0.0	7.9
Delhi	28.0	17.3	11.1	3.2	1.2	8.7

¹ At the time of accepting the current method.
² By a health worker or ANM/Nurse after accepting the current method. (): Based on less number of cases.

Further, percentage of current users of sterilization who received follow-up care was the highest (12 percent) in New Delhi district, followed by seven percent in Northwest district and the lowest (zero percent) in East and West districts, while it was over three percent for the state. The percentage of current users of other modern method who received follow-up services was the highest (five percent) in New Delhi district, followed by over three percent in Southwest district and the lowest (zero percent) in Northeast and West districts, while it was over one percent for the state. Further, The percentage of non-users who were advised to adopt contraceptive method was the highest (14 percent) in Central and Southwest districts, followed by 11 percent in South district, while it was nine percent for the state. The percentage of non-users who were advised to adopt contraceptive method was higher than that of the state (nine percent) in Central, New Delhi, North, Northeast, South and Southwest districts, while in three districts it was lower than that of the state.

7.12 Quality of Care of Maternal Health Care

Table 7.13 gives percentage of women who were advised to have delivery at health facility by doctor/health worker, who received follow-up services within two weeks and six weeks of delivery by ANM by residence in Delhi. Women who were advised to have delivery at health facility were 48 percent in the state – 32 percent in rural areas and 49 percent in urban areas. Women who were visited within two weeks of childbirth were three percent in the state – one percent in rural areas and three percent in urban areas. Similarly, percentage of women who were visited atleast once within six weeks of delivery was 24 percent in the state – one percent in rural areas and 26 percent in urban areas.

Table 7.14 shows that percentage of women who were advised to have delivery at health facility by doctor/health worker was the highest (72 percent) in Central district, followed by 71 percent in East district and the lowest (33 percent) in Northwest district, while it was 48 percent for the state. The percentage of women who were home visited within two weeks of the

Table 7.13 ADVISED TO HAVE DELIVERY AT HEALTH FACILITY AND FOLLOW-UP SERVICES FOR POSTPARTUM CHECK-UP

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, Delhi, 2002-04

Advise/follow-up service	Total	Rural	Urban
Percentage of women who were advised to have delivery at health facility	47.6	32.4	48.6
Percentage of women who were visited within 2 weeks of delivery	2.7	0.8	2.8
Percentage of women who were visited at least once within 6 weeks of delivery	24.4	0.8	26.0
Number of women	2,192	136	2,056

* Women who had their last live/still birth during three years preceding the survey

Table 7.14 QUALITY OF CARE INDICATORS FOR MATERNAL CARE

Among currently married women* who are given last live/still birth three years preceding the survey, quality of care indicators related to delivery care by district, Delhi, 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
Central	72.1	0.0	0.0
East	71.1	2.1	2.1
New Delhi	53.7	2.4	98.0
North	59.6	3.3	2.9
North East	51.3	0.9	0.9
North West	33.3	4.0	50.4
South	43.9	5.9	55.2
South West	59.0	0.0	0.0
West	40.3	0.5	0.5
Delhi	47.6	2.7	24.4

delivery by ANM was the highest (six percent) in South district, followed by four percent in Northwest district and the lowest (zero percent) in Central and Southwest districts. The percentage of women who were home visited atleast once within six weeks of delivery by ANM was the highest (98 percent) in New Delhi district, followed by 55 percent in South district and the lowest (zero percent) in Central and Southwest district, while it was 24 percent for the state.

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 greater 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. The 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 gives percentage of currently married women age 15-44 years who have heard about RTI/STI and percentage who received information from specific source by selected background characteristics in Delhi. Only 15 percent of the women have heard about RTI/STI in the state – 17 percent in rural areas and 15 percent in urban areas. Only five percent women in the age group 15-19 years as against 16-17 percent women in the age group 30 years and above have heard about RTI/STI. The percentage of women who have heard about RTI/STI was the highest (32 percent) for other religion women, followed by 29 percent for Sikh women and the lowest (13 percent) for Muslim women. Similarly, percentage of women who have heard about RTI/STI was the highest (over 25 percent) for scheduled tribe women, followed by 19 percent for other caste women and the lowest (nine percent) for scheduled caste women.

Further, percentage of women who have heard about RTI/STI was the highest (27 percent) for women who had studied for 10 years and above and the lowest (five percent) for non-literate women, while it was 13 percent for women who had studied for 0-9 years. The percentage of women who have heard about RTI/STI was the highest (19 percent) for women with high SLI and the lowest (six percent) for women with low SLI, while it was seven percent for women with medium SLI. The awareness of RTI/STI increases with increase in the education of the women, which suggests a positive relationship between them. Figure 8.1 shows awareness of RTI/STI by sex according to residence.

The distribution of women who had heard of RTI/STI by source of information shows 'radio' (four percent), 'television' (57 percent), 'newspaper/books/magazines' (51 percent), 'slogan/posters/pamphlets/wall hoardings' (10 percent), 'doctor' (10 percent), 'health worker' (eight percent), 'school teacher' (two percent), 'community meeting' (23 percent) and 'friends/relatives' (13 percent).

Table 8.1 SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG WOMEN

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, Delhi, 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		
Age group (years)														
15-19	5.0	164	*	*	*	*	*	*	*	*	*	*	*	8
20-24	13.0	1,182	1.0	51.6	46.2	6.8	6.9	9.3	2.1	11.0	20.0	0.1	150	
25-29	14.8	1,522	4.1	51.8	50.4	11.7	10.9	7.2	3.6	27.5	10.7	1.3	225	
30-34	16.0	1,325	2.4	62.1	55.0	10.2	7.4	6.8	2.8	25.7	10.9	1.6	212	
35-39	16.6	1,171	7.3	56.6	53.7	10.6	14.0	8.1	0.0	21.5	10.1	1.2	194	
40-44	16.8	861	5.6	61.5	46.3	7.9	10.8	8.0	1.0	29.2	13.7	3.3	144	
Residence														
Rural	16.6	393	7.1	75.6	47.9	3.0	9.2	7.1	0.0	16.2	10.0	0.0	65	
Urban	14.9	5,831	3.8	55.5	51.3	10.3	10.0	7.7	2.1	23.9	12.8	1.6	869	
Education														
Non-literate	4.6	2,175	2.7	54.8	40.7	0.0	2.7	10.6	0.9	30.4	9.9	4.2	99	
0-9@ years	12.9	1,871	3.7	55.8	40.8	5.5	9.5	10.3	0.7	27.5	16.6	1.1	242	
10 and above	27.3	2,172	4.4	57.8	57.0	13.2	11.4	6.1	2.7	20.5	11.4	1.1	593	
Religion														
Hindu	15.0	5,320	3.6	56.4	49.9	10.3	9.0	6.6	2.0	24.6	12.9	1.4	780	
Muslim	12.9	692	4.5	56.2	50.2	5.0	10.0	13.6	3.2	18.4	15.1	0.0	89	
Sikh	29.2	111	(5.9)	(52.9)	(61.8)	(11.8)	(11.8)	(11.8)	(0.0)	(17.6)	(5.9)	(2.9)	33	
Other	31.9	100	(8.9)	(65.7)	(74.3)	(17.1)	(25.7)	(8.6)	(0.0)	(11.4)	(2.9)	(5.7)	32	
Caste/tribe[#]														
Scheduled caste	9.2	1,474	2.2	62.6	54.1	6.6	2.6	10.2	1.2	24.6	9.8	0.2	136	
Scheduled tribe	25.5	85	*	*	*	*	*	*	*	*	*	*	22	
Other backward class	11.3	1,139	4.5	50.7	41.2	7.1	13.9	5.8	0.5	28.2	12.4	1.9	129	
Other	18.9	3,362	4.1	56.5	53.2	11.1	10.7	7.9	2.6	22.2	12.8	1.7	636	
Standard of living index														
Low														
Medium	5.7	113	*	*	*	*	*	*	*	*	*	*	6	
High	6.9	1,994	4.3	50.5	36.8	3.9	7.0	14.2	1.5	27.9	12.2	0.0	137	
Total	15.0	6,224	4.1	56.9	51.1	9.8	10.0	7.7	2.0	23.3	12.6	1.5	934	

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

Note: Total includes 6 women missing on education were not shown separately. * Percentage not shown based on few cases.

() Based on less than 50 unweighted cases.

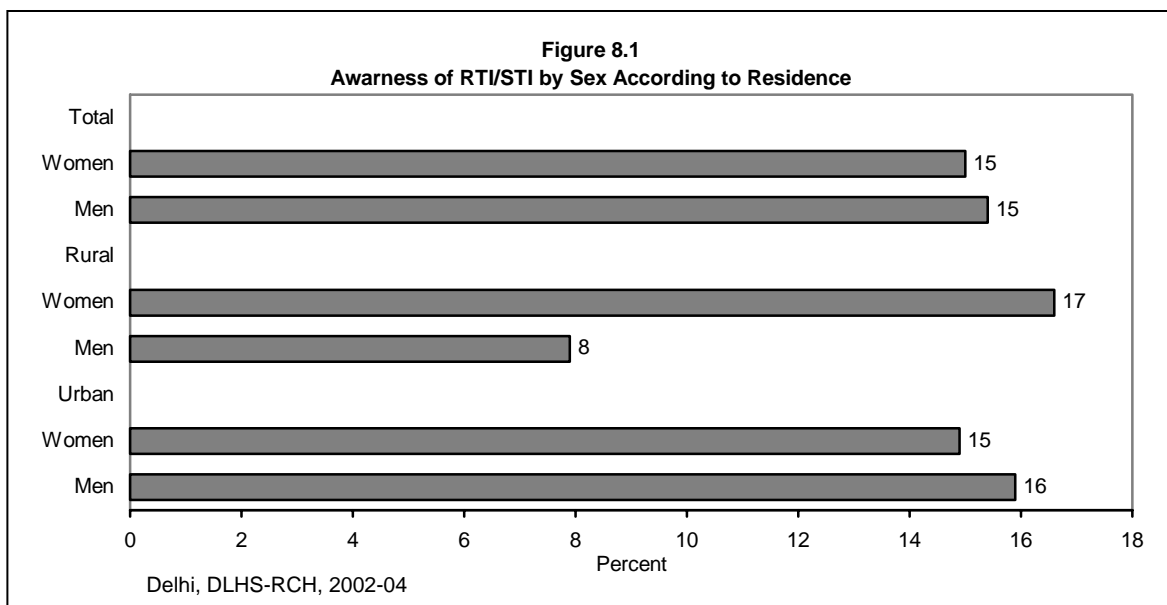


Table 8.2 gives percentage of husbands of eligible women who have heard about RTI/STI and percentage who received information from specific sources by selected background characteristics in Delhi. The percentage of men who have heard about RTI/STI was over 15 percent in the state – eight percent in rural areas and 16 percent in urban areas (Figure 8.1). Further, 12 percent of men aged less than 25 years as against 17 percent of men aged 45 years and above have heard about RTI/STI, while it was 15 percent for men aged 25-44 years. Sixteen percent of Hindu men as against nine percent of Muslim men have heard about RTI/STI, while it was 26 percent for men from other religions. The percentage of men who have heard about RTI/STI the highest (20 percent) for other caste men, followed by over 18 percent for scheduled tribe men and the lowest (eight percent) for scheduled caste men. The percentage of men who have heard about RTI/STI was the highest (23 percent) for men who had studied for 10 years and above and the lowest (over one percent) for non-literate men, while it was 10 percent for men who had studied for 0-9 years. Similarly, percentage of men who have heard about RTI/STI was the highest (over 20 percent) for men with high SLI and the lowest (three percent) for men with low SLI, while it was six percent for men with medium SLI. The level of awareness of RTI/STI increases with increase in education and standard of living index of the men. These data suggests positive association between level of awareness of RTI/STI and education and standard of living index of the women.

The distribution of men who had heard of RTI/STI by source of information shows ‘radio’ (39 percent), ‘television’ (64 percent), ‘newspaper/ books/ magazines’ (57 percent), ‘slogan/ posters/pamphlets/wall hoardings’ (45 percent), ‘doctor’ (14 percent), ‘health worker’ (nine percent), ‘school teacher’ (less than one percent), ‘community meeting’ (four percent) and ‘friends/ relatives’ (12 percent).

8.1.1 Knowledge of Mode of Transmission of RTI/STI

Table 8.3 gives percentage of currently married women age 15-44 years who have heard about RTI/STI, knowledge of mode of transmission by selected background characteristics in Delhi. The percentage of women who have heard about RTI/STI and reported its mode of

Table 8.2 SOURCE OF KNOWLEDGE ABOUT RTI/STI AMONG MEN

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, Delhi, 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		
Age group (years)														
< 25	11.8	205	*	*	*	*	*	*	*	*	*	*	*	24
25-34	15.4	963	35.4	55.5	56.4	44.6	13.0	6.9	0.0	3.5	12.5	1.0	148	
35-44	15.6	942	44.4	73.7	63.6	49.6	13.0	7.2	0.7	4.2	12.1	2.8	147	
45+	17.2	323	31.8	59.5	53.2	39.4	16.3	21.3	0.9	4.9	7.9	2.5	56	
Residence														
Rural	7.9	166	*	*	*	*	*	*	*	*	*	*	13	
Urban	15.9	2267	40.0	65.2	58.2	46.1	13.3	8.2	0.4	3.9	12.0	2.0	362	
Education														
Non-literate	1.5	382	*	*	*	*	*	*	*	*	*	*	6	
0-9@ years	9.6	795	28.6	46.1	29.3	32.4	12.0	8.0	0.1	2.8	17.9	3.1	76	
10 and above	23.2	1251	42.3	68.8	65.8	48.5	13.6	9.1	0.5	3.7	10.1	1.6	291	
Religion														
Hindu	15.7	2124	38.6	64.2	58.4	47.1	13.4	7.5	0.5	3.9	12.4	1.8	334	
Muslim	8.9	235	*	*	*	*	*	*	*	*	*	*	21	
Other	26.1	75	*	*	*	*	*	*	*	*	*	*	20	
Caste/tribe#														
Scheduled caste	8.4	659	17.8	45.4	47.4	33.8	13.0	11.8	0.1	3.4	11.9	1.2	55	
Scheduled tribe	(17.6)	35	*	*	*	*	*	*	*	*	*	*	2	
Other backward class	14.5	453	27.9	54.6	49.7	44.3	17.2	10.7	0.0	2.1	3.9	2.0	66	
Other	19.9	1249	46.3	71.0	62.0	48.5	12.8	7.6	0.6	4.0	13.4	2.0	249	
Standard of living index														
Low	2.9	58	*	*	*	*	*	*	*	*	*	*	2	
Medium	5.8	776	(17.5)	(47.4)	(21.1)	(19.3)	(10.5)	(12.3)	(0.0)	(3.5)	(15.8)	(5.3)	45	
High	20.5	1600	41.6	66.8	62.5	49.6	14.8	7.8	0.5	4.0	10.6	2.0	328	
Total	15.4	2433	38.9	64.4	57.0	45.2	13.7	8.7	0.4	3.8	11.6	1.9	375	

Note: Table includes 5 men missing of education on aware of RTI/STI were not shown separately.

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. * Percentage not shown based on few cases.

Table 8.3 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG WOMEN						
Percentage of currently married women age 15-44 who have heard of RTI/STI, knowledge of mode of transmission by selected background characteristics, Delhi, 2002-04						
Background characteristic	Percentage by knowledge of mode of transmission					Number of women who have heard of RTI/STI
	Homosexual intercourse	Heterosexual intercourse	Lack of personnel hygiene	Other	Do not know	
Age						
20-24	4.0	55.8	33.0	2.5	27.2	150
25-29	7.4	60.2	36.3	0.9	27.4	225
30-34	6.8	59.1	37.3	4.3	24.9	212
35-39	10.3	64.8	44.8	1.4	14.6	194
40-44	4.1	56.4	52.9	0.7	21.7	144
Residence						
Rural	7.1	52.5	55.9	8.5	15.7	65
Urban	6.7	60.0	38.9	1.5	23.8	869
Education						
Non-literate	3.2	50.1	30.1	1.3	32.0	99
0-9@ years	5.7	49.4	31.1	1.4	31.0	242
10 years and above	7.8	65.2	45.5	2.4	18.7	593
Religion						
Hindu	6.8	60.4	39.7	2.1	22.8	780
Muslim	5.1	51.5	38.8	0.6	28.1	89
Sikh	(5.9)	(52.9)	(32.4)	(2.9)	(26.5)	33
Other	(11.4)	(71.4)	(54.3)	(2.9)	(14.3)	32
Caste/tribe#						
Scheduled caste	3.8	47.7	30.2	1.5	32.0	136
Other backward class	7.4	57.8	32.5	6.3	29.5	129
Other	7.4	62.9	44.5	1.3	19.7	636
Standard of living index						
Medium	5.0	48.4	35.3	0.9	28.4	137
High	7.1	61.6	41.2	2.2	22.3	790
Total	6.8	59.5	40.1	2.0	23.3	934
Note: Total includes 8 women in 15-19 age group, 22 women in ST and 6 women in low SLI were not shown separately #: Total figure may not add up to N due to do not know and missing cases. () Based on less than 50 unweighted cases. @ Literate women with no year of schooling are also included.						

transmission as 'homosexual intercourse' (seven percent), 'heterosexual intercourse' (59 percent), 'lack of personnel hygiene' (40 percent), while 23 percent of the women said 'do not know'. The percentage of women who said 'do not know' about mode of transmission of RTI/STI was 16 percent in rural areas and 24 percent in urban areas. The percentage of women who said 'do not know' about mode of transmission of RTI/STI was 28 percent for Muslim women as against 23 percent for Hindu women and 26 percent Sikh women, while it was 14 percent for other women. This proportion was relatively higher among non-literate women, scheduled-caste women and women with medium standard of living index.

Table 8.4 gives percentage of husbands of currently married women who have heard of RTI/STI, knowledge of mode of transmission of RTI/STI by selected background characteristics in Delhi. The percentage of men who have heard of RTI/STI and reported its mode of transmission as 'homosexual intercourse' (27 percent), 'heterosexual intercourse' (61 percent), 'lack of personnel hygiene' (51 percent), while nine percent of the men said 'do not know' about its mode of transmission. The percentage of men who did not know about its mode of transmission was highest among men

Table 8.4 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF RTI/STI AMONG MEN						
Percentage of husbands of currently married women who have heard of RTI/STI , knowledge of mode of transmission by selected background characteristics, Delhi, 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	
Age						
25-34	26.3	62.4	46.0	1.1	10.4	148
35-44	33.0	66.1	55.0	2.5	4.7	147
45+	17.4	49.4	62.6	4.3	11.5	56
Residence						
Urban	28.2	62.2	51.5	2.1	9.3	362
Education						
0-9@ years	25.0	45.7	48.2	2.5	18.2	76
10 years and above	28.6	65.3	52.5	2.0	6.8	291
Religion						
Hindu	29.3	60.8	51.0	2.3	9.8	334
Caste/tribe#						
Scheduled caste	10.8		35.7	1.7	15.2	55
Other backward class	26.9	46.3	51.0	1.4	11.0	66
Other	31.4	57.1	55.6	2.3	7.3	249
		65.9				
Standard of living index						
Medium	(19.3)	(50.9)	(38.6)	(1.8)	(12.3)	45
High	28.1	64.1	52.0	1.9	8.8	328
Total	27.2	61.3	51.5	2.1	9.2	375

Note: Total includes 2 men with missing of education,24 men of below age 25,in rural 13, illiterate 6,in religion 21 muslim,20 other,2 men of ST and low SLI on mode of transmission 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.

aged 45 years and above and the lowest (five percent) among men aged 35-44 years, while it was 10 percent for men aged less than 25 years. The percentage of men who did not know about the mode of transmission of RTI/STI was 15 percent for scheduled caste men as against 11 percent for OBC men, while it was seven percent for men from other castes. The percentage of men who said 'do not know' about knowledge of mode of transmission of RTI/STI was 18 percent for men who had studied for 0-9 years as against seven percent for men who had studied for 10 years and above. The percentage of men who said 'do not know' about knowledge of mode of transmission of RTI/STI was 12 percent for men with medium SLI as against nine percent for men with high SLI.

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

Table 8.5 SYMPTOMS OF RTI/STI AMONG WOMEN

Percentage of currently married women age 15-44 who reported any symptoms RTI/STI and specific symptoms during three months prior to survey, according to residence, Delhi, 2002-04

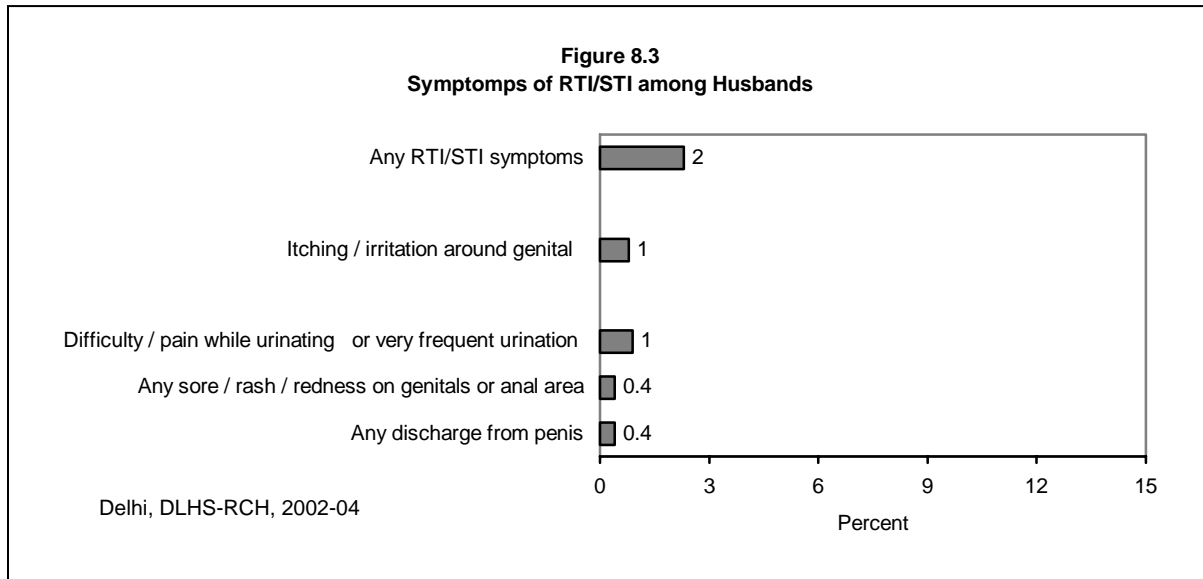
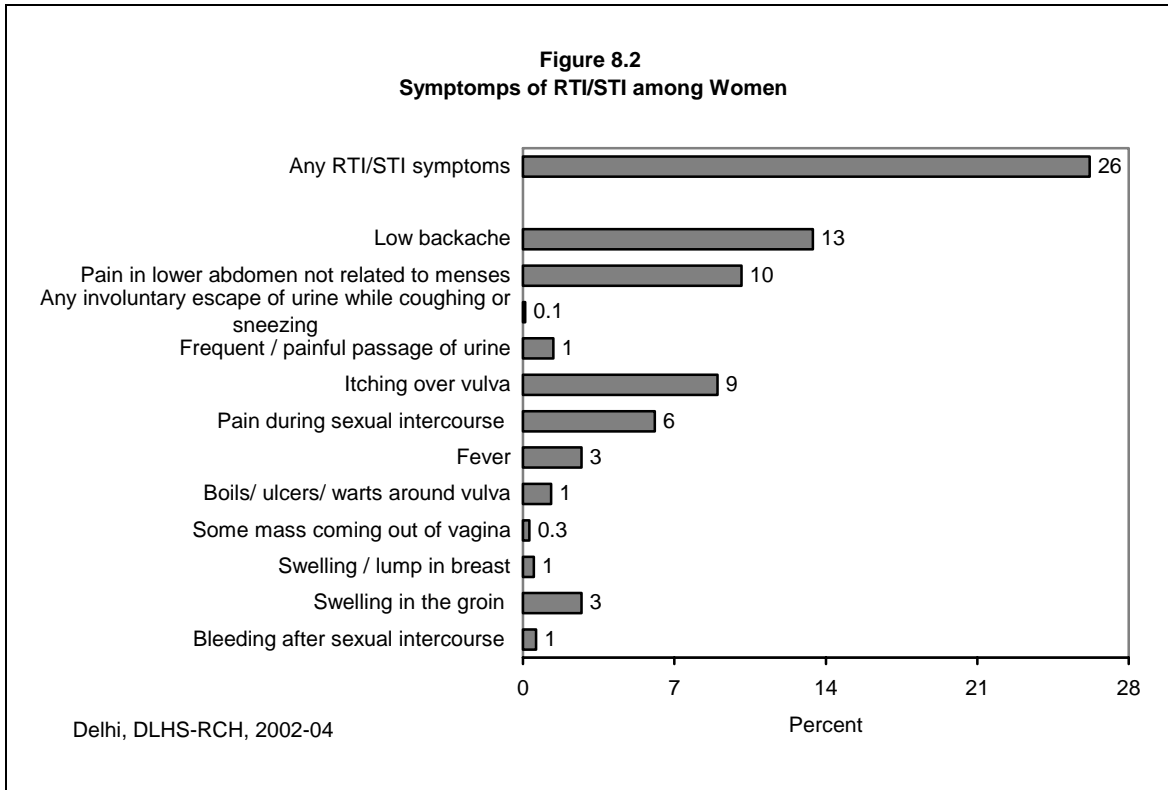
Symptoms	Total	Residence	
		Rural	Urban
Percentage of women reported any RTI/STI symptoms	26.2	37.2	25.5
Symptoms			
Itching over vulva	9.0	10.0	8.9
Boils/ ulcers/ warts around vulva	1.3	2.7	1.2
Pain in lower abdomen not related to menses	10.1	16.5	9.7
Low backache	13.4	20.6	12.9
Pain during sexual intercourse	6.1	8.1	6.0
Bleeding after sexual intercourse	0.6	0.7	0.6
Swelling in the groin	2.7	3.3	2.7
Frequent / painful passage of urine	1.4	4.5	1.2
Fever	2.7	2.8	2.7
Some mass coming out of vagina	0.3	0.8	0.3
Any involuntary escape of urine while coughing or sneezing	0.1	0.0	0.1
Swelling / lump in breast	0.5	0.7	0.5
Number of women	6,224	393	5,831

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. The responses reported in the survey may not give the exact prevalence, but may be close to its lower limit.

Table 8.5 gives percentage of currently married age 15-44 years who reported any symptoms of RTI/STI and specific symptoms during three months prior to survey by residence in Delhi. The percentage of women reported any RTI/STI symptoms were 26 percent in the state – 37 percent in rural areas and over 25 percent in urban areas. The RTI/STI symptoms reported by women were ‘itching over vulva’ (nine percent), ‘boils/ulcers/warts around vulva’ (over one percent), ‘pain in lower abdomen not related to menses’ (10 percent), ‘low backache’ (13 percent), ‘pain during sexual intercourse’ (six percent), ‘bleeding after sexual intercourse’ (one percent), ‘swelling in the groin’ (three percent), ‘frequent / painful passage of urine’ (over one percent), ‘fever’ (three percent), ‘some mass coming out of vagina’ (less than one percent), ‘any involuntary escape of urine while coughing or sneezing’ (less than one percent), and ‘swelling / lump in breast’ (less than one percent). Very few women reported and. Figure 8.2 shows symptoms of RTI/STI among women.

Table 8.6 gives percentage of husbands of currently married women who reported any symptoms of RTI/STI and specific symptoms during three months prior to survey and sought treatment by residence in Delhi. The percentage of men who reported any RTI/STI symptoms was over two percent in the state – four percent in rural areas and over two percent in urban areas. The RTI/STI symptoms reported by men were ‘any discharge from penis’ (less than one percent), ‘any sore/rash/redness on genital or anal area’ (less than one percent), ‘difficulty/pain while urinating or very frequent urination’ (one percent) and ‘itching/irritation around genital’ (one percent). Figure 8.3 gives symptoms of RTI/STI among husbands.

Among men who reported RTI/STI symptom and sought treatment was 52 percent in the state. The percentage of men who sought treatment from government health facility was 25 percent,



from private health facility 11 percent, from ISM health facility 43 percent and from chemist/medical shop 18 percent, while four percent men sought treatment from other health facility. Eighty-six percent of the men obtained treatment from the doctor, four percent from ISM practitioner and seven percent from chemist/medical shop.

The DLHS-RCH collected information from currently married women on symptoms of

Table 8.6 SYMPTOMS OF RTI/STI AMONG MEN

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, Delhi, 2002-04

Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of men reported any RTI/STI symptoms	2.3	3.6	2.2
Symptoms			
Any discharge from penis	0.4	0.0	0.4
Any sore / rash / redness on genitals or anal area	0.4	0.0	0.4
Difficulty / pain while urinating or very frequent urination	0.9	3.6	0.7
Itching / irritation around genital	0.8	0.0	0.8
Number of men	2,433	166	2,267
Percentage of men sought treatment for any RTI/STI	52.2	*	47.5
Number of men ¹	55	6	(51.0)
Percentage sought treatment at health facility²			
Government health facility ³	(25.0)	*	*
Primary health centre	(3.6)	*	*
Private health facility ⁴	(10.7)	*	*
ISM ⁵ facility	(42.9)	*	*
Chemist/ medical shop	(17.9)	*	*
Other	(3.6)	*	*
Percentage obtained treatment from²			
Doctor	(85.7)	*	*
ISM practitioner	(3.6)	*	*
Chemist medical shop	(7.1)	*	*
Number of men	29	5	23

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

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 gives percentage of currently married women age 15-44 years who reported any vaginal discharge during three months preceding the survey and percentage who sought treatment and source of treatment by residence in the state. The percentage of the women who reported abnormal vaginal discharge was 14 percent in state – 15 percent in rural areas and 14 percent in urban areas. Forty-eight percent of the women sought treatment of vaginal discharge in the state - 35 percent in rural areas and 49 percent in urban areas.

Among the women who had reported any vaginal discharge and sought treatment from government health facility was 45 percent, from private health facility 40 percent, from ISM health facility 12 percent and from other health facility four percent, while two percent women tried home remedy. Thus, more than one-half of the women sought treatment private and other health facility. Further, 92 percent women obtained treatment from the doctor, two percent from ANM/Nurse/LHV and five percent from other health professional.

Table 8.7 ABNORMAL VAGINAL DISCHARGE			
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, Delhi, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women reported abnormal vaginal discharge	13.8	14.6	13.7
Number of women	6,224	393	5,831
Percentage of women sought treatment for vaginal discharge	48.0	34.6	49.0
Number of women ¹	856	57	799
Percentage sought treatment at health facility²			
Government health facility ³	44.8	*	44.4
Primary health centre	0.8	*	0.8
Sub centre	2.0	*	2.1
Private health facility ⁴	40.4	*	41.1
ISM ⁵ facility	11.9	*	11.7
Home remedy	1.7	*	1.8
Other	4.0	*	4.2
Percent distribution of women who obtained treatment from²			
Doctor	92.2	*	92.3
ANM/nurse/midwife/LHV	2.1	*	1.9
Other health professionals ⁶	2.3	*	2.4
Other	2.7	*	2.8
Total percent	100.0	*	100.0
Number of women	411	20	391
¹ Based on women who reported having vaginal discharge. ² Based on women who sought treatment for vaginal discharge. ³ Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. ⁴ Includes private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. ⁵ Either government or private hospital/clinic of Indian system of medicine, ⁶ Includes <i>dai</i> (trained or untrained), relative or friends and chemist/ medical shop. * Percentage not shown based on few cases.			

8.3 Menstruation Related Problems

Table 8.8 gives percentage of currently married women who had any menstruation related problem during three months prior to survey and percentage who sought treatment and source of treatment by residence in the state. The percentage of women with any menstruation related problem was 13 percent in the state - 16 percent in rural areas and over 12 percent in urban areas.

The symptoms of menstruation related problem were 'no period' (seven percent), 'painful period' (18 percent), 'frequent or short period' (35 percent), 'delayed period' (15 percent), 'prolonged bleeding, (16 percent), 'excessive bleeding' (22 percent), 'continuous bleeding' (over two percent), 'scanty bleeding' (four percent) and 'inter-menstrual bleeding' (three percent).

Further, percentage of women who had any menstrual problems sought treatment was 45 percent in the state – 51 percent in rural areas and over 44 percent in urban areas. The percentage of women who sought treatment from government health facility was 46 percent, from private health facility over 45 percent and from ISM health facility nine percent, while over one percent

Table 8.8 MENSTRUATION RELATED PROBLEMS			
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, Delhi, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women with any menstruation related problem	12.8	16.2	12.5
Number of women	5,160	312	4,848
Symptoms ¹			
No period	7.1	12.9	6.6
Painful period	17.6	21.6	17.3
Frequent or short period	34.7	32.3	34.9
Delayed period	14.8	14.8	14.8
Prolonged bleeding	16.3	24.9	15.6
Excessive bleeding	22.2	24.5	22.0
Continuous bleeding	2.3	0.1	2.5
Scanty bleeding	3.6	1.9	3.7
Inter-menstrual bleeding	2.9	3.7	2.8
Percentage of women sought treatment who had any menstruation related problems	45.0	50.9	44.5
Number of women ¹	659	51	608
Percentage sought treatment at health facility ⁶			
Government health facility ²	46.0	(54.2)	45.8
Primary health centre	1.4	(0.0)	1.6
Sub centre	0.3	(0.0)	0.4
Private health facility ³	45.5	(41.7)	44.4
ISM ⁴ facility	8.9	(4.2)	8.9
Other	1.2	(4.2)	0.9
Percentage of women obtained treatment from ⁶			
Doctor	93.1	100.0	92.5
ANM/nurse/midwife/LHV	1.5	(0.0)	1.6
Other health professionals ⁵	0.5	(0.0)	0.5
Other	0.7	(0.0)	0.7
Number of women	297	26	271
¹ Based on women who reported any menstruated related problems. ² Includes Government municipal hospital, dispensary, UHC/ UHP /UWFC, CHC/ rural hospital, Primary health centre, sub-centre and out reach/ MCP clinic in village. ³ Includes private hospital/ clinic, non-governmental / trust hospital/clinic, chemist/ medical shop. ⁴ Either government or private hospital/clinic of Indian system of medicine, ⁵ Includes <i>dai</i> (trained or untrained), relative or friends and chemist/ medical shop. ⁶ Multiple responses. () Based on less than 50 unweighted cases.			

women sought treatment from other health facility. Most of the women (93 percent) obtained treatment from the doctor, over one percent from ANM/Nurse/LHV and over one percent from other health professional and others.

8.4 Prevalence of RTIs/STIs by District

Table 8.9 gives percentage of currently married women and their husbands who reported reproductive health problems and percentage who sought treatment for the problem by district in the state. The percentage of women with any symptoms of RTI/STI was the highest (39 percent) in South district, followed by 35 percent in Northeast district and the lowest (eight percent) in East district, while it was 26 percent for the state. The percentage of women who reported any abnormal vaginal discharge was the highest (20 percent) in Central district, followed by 18 percent in West district and the lowest (over eight percent) in Southwest district, while it was 14

Table 8.9 REPRODUCTIVE HEALTH CARE INDICATORS BY DISTRICT					
Percentage of currently married women and their husbands who reported reproductive health problems and percentage who sought treatment for the problems by district, Delhi, 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
Central	15.0	19.6	48.2	2.7	(94.5)
East	8.3	11.4	47.8	0.8	(0.0)
New Delhi	32.0	8.9	48.9	1.3	(16.3)
North	12.5	17.1	47.6	1.8	(29.5)
North East	34.8	15.3	46.4	2.3	(76.5)
North West	28.6	10.8	53.3	1.5	(0.0)
South	38.9	16.1	47.6	3.8	(62.3)
South West	13.6	8.5	48.8	3.4	(85.1)
West	34.4	17.9	44.1	2.3	(40.8)
Delhi	26.2	13.8	48.0	2.3	(52.2)

() Based on less number of cases.

percent for the state. The percentage of women who sought treatment for abnormal vaginal discharge was the highest (53 percent) in Northwest district, followed by 49 percent in New Delhi and Southwest districts and the lowest (44 percent) in West district, while it was 48 percent for the state.

Further, percentage of men with any symptoms of RTI/STI was the highest (four percent) in South district, followed by over three percent in Southwest district and the lowest (over one percent) in New Delhi and Northwest districts, while it was over two percent for the state. The percentage of men who sought treatment of RTI/STI problems was the highest (94 percent) in Central district, followed by 85 percent in Southwest district and the lowest (zero percent) in East and Northwest districts, while it was 52 percent for the state.

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 gives percentage of currently married women age 15-44 years who have heard about

HIV/AIDS and percentage who received information from specific source by selected background characteristics in the state. The percentage of women who have heard of HIV/AIDS in the state was 70 percent, which is lower than in RCH Round-I. In Round-I 75 percent of currently married women were aware of HIV/AIDS.

Knowledge of HIV/AIDS was 64 percent among rural women and 70 percent among urban women. Knowledge of HIV/AIDS was the lowest (41 percent) for women aged 15-19 years, which increases to 70 percent in the age group 20-24 years and remains around the same level in the subsequent age groups. Further, knowledge of HIV/AIDS was 70 percent for Hindu women as against 61 percent for Muslim women and 86 percent for Sikh women, while it was 89 percent for other women. Knowledge of HIV/AIDS was the highest (78 percent) for other caste women, followed by 62 percent for scheduled caste women and the lowest (46 percent) for scheduled tribe women.

Knowledge of HIV/AIDS was the highest (94 percent) for women who had studied for 10 years and above and the lowest (41 percent) for non-literate women, while it was 74 percent for women who had studied for 0-9 years. Similarly, knowledge of HIV/AIDS was the highest (79 percent) for women with high SLI and the lowest (20 percent) for women with low SLI, while it was 52 percent for women with medium SLI. These data have shown that knowledge of HIV/AIDS increases with increase in education and standard of living index of the women. This suggests that there exists positive association between knowledge of HIV/AIDS and education and standard of living index of the women.

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. The percentage of women who received information about HIV/AIDS from different sources was 'radio' (six percent), 'television' (88 percent), 'newspaper/books/magazines' (21 percent), 'slogan/pamphlets/posters/wall paintings' (17 percent), 'doctor' (over five percent), 'health worker' (over five percent), 'school teacher' (over one percent), 'community meeting' (over 10 percent) and 'relatives/friends' (eight percent). These data have shown that main sources of information about HIV/AIDS were 'television', 'newspaper/books/magazines', 'slogan/pamphlets/posters/wall paintings' and 'community meeting', while contribution of medical and paramedical staff and schoolteachers has been only nominal.

Table 8.11 gives percentage of husbands of currently married women who have heard about HIV/AIDS and percentage who received information from specific sources by selected background characteristics in Delhi. The percentage of men who had heard about HIV/AIDS was 88 percent much higher than that of women (70 percent). Knowledge of HIV/AIDS among men was 88 percent in the state – 89 percent in rural areas and 88 percent in urban areas. Figure 8.4 shows awareness of HIV/AIDS by sex according to residence.

Knowledge of HIV/AIDS was 84 percent for men aged below 25 years, which increases to 91 percent in the age group 24-34 years and declines thereafter to 84 percent in the age group 45 years and above. Awareness of HIV/AIDS was 88 percent for Hindu men as against 84 percent for Muslim men, while it was 96 percent for other men. The knowledge of HIV/AIDS was 88 percent for scheduled tribe men as against 83 percent for scheduled caste men and 84 percent for OBC men, while it was 91 percent for men from other castes.

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, Delhi, 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	
Age group (years)													
15-19	40.7	164	10.6	86.1	18.6	9.8	2.4	5.2	6.0	8.8	18.0	2.0	67
20-24	69.6	1,182	4.5	85.2	18.0	12.9	6.1	5.1	2.3	8.8	7.5	0.9	822
25-29	72.4	1,522	4.5	90.3	22.2	17.1	4.7	5.2	1.8	9.7	7.8	0.7	1,101
30-34	70.9	1,325	5.8	87.8	21.8	18.3	5.2	5.8	0.8	10.7	8.9	0.7	939
35-39	71.8	1,171	7.0	89.2	21.4	18.0	5.6	5.7	0.6	12.2	6.9	0.7	840
40-44	65.2	861	5.8	86.0	24.2	19.7	5.0	4.3	0.5	11.6	6.7	2.6	561
Residence													
Rural	64.4	393	17.5	87.6	21.9	19.3	8.5	3.6	0.8	7.4	8.2	1.4	253
Urban	69.9	5,831	4.8	88.0	21.3	16.8	5.1	5.4	1.4	10.7	7.8	1.0	4,077
Education													
Non-literate	40.9	2,175	4.3	78.7	1.7	1.8	3.3	7.0	0.6	13.7	7.7	1.1	890
0-9@ years	74.4	1,871	4.0	85.2	10.3	11.8	4.7	5.2	0.4	12.8	10.5	1.1	1,392
10 and above	94.2	2,172	7.2	93.9	37.5	27.2	6.4	4.6	2.3	7.5	6.1	0.8	2,046
Religion													
Hindu	69.9	5,320	5.6	88.6	21.8	17.0	5.0	4.9	1.4	10.4	7.8	1.0	3,721
Muslim	61.3	692	4.5	80.8	11.4	11.4	5.3	7.5	0.8	11.4	8.4	0.2	425
Sikh	86.4	111	3.0	89.4	28.8	16.8	4.9	4.9	2.9	11.8	6.0	0.3	96
Other	88.9	100	13.0	92.2	44.2	43.8	15.3	11.4	2.2	9.1	6.9	4.4	89
Caste/tribe#													
Scheduled caste	62.0	1,474	3.8	85.0	10.3	10.4	5.7	7.2	1.0	10.5	6.8	1.1	914
Scheduled tribe	45.8	85	(9.5)	(88.1)	(19.0)	(19.0)	(2.4)	(2.4)	(2.4)	(19.0)	(9.5)	(0.0)	39
Other backward class	59.7	1,139	8.0	85.3	13.8	12.6	3.9	6.2	0.9	11.8	8.4	0.5	680
Other	77.8	3,362	5.3	89.6	27.7	20.8	5.5	4.2	1.5	9.9	7.8	1.1	2,615
Standard of living index													
Low	19.7	113	*	*	*	*	*	*	*	*	*	*	22
Medium	52.0	1,994	5.3	80.1	7.5	6.9	5.5	8.5	0.6	12.4	9.3	0.5	1,037
High	79.4	4,117	5.6	90.6	25.9	20.3	5.2	4.3	1.6	9.9	7.3	1.2	3,271
Total	69.6	6,224	5.6	88.0	21.4	17.0	5.3	5.3	1.4	10.5	7.8	1.0	4,330

Note: Total includes 6 women missing of education on aware of HIV/AIDSs were not shown separately

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

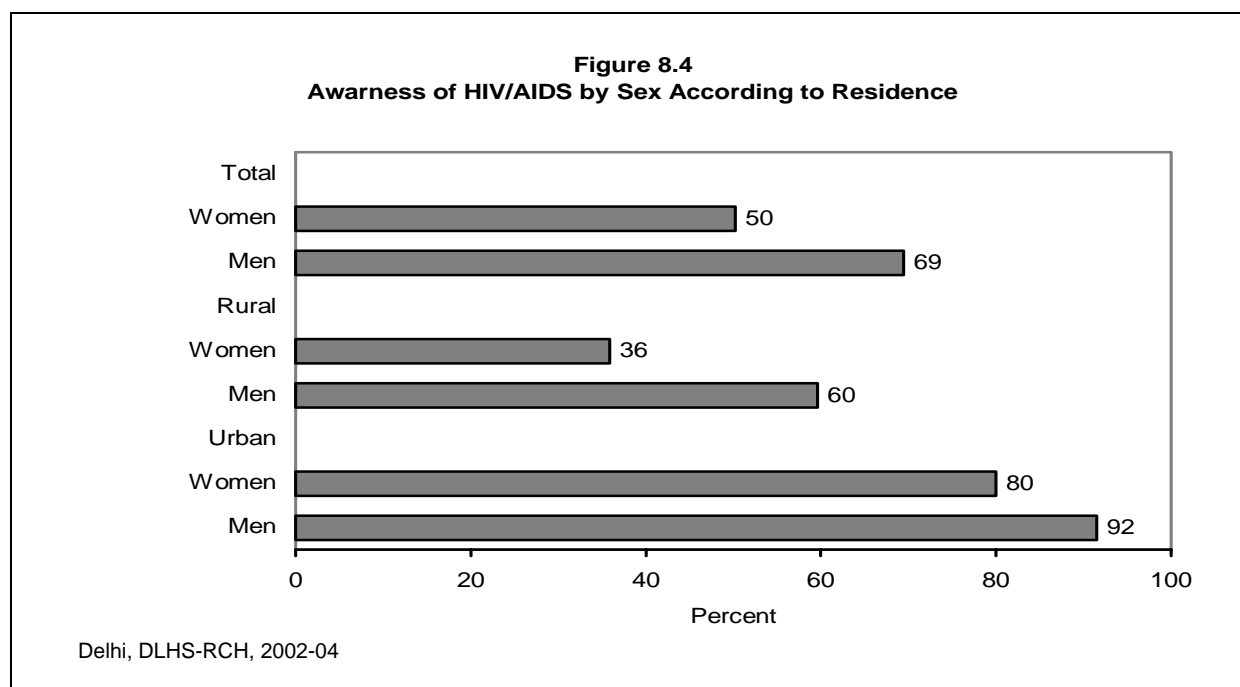
@ Literate women with no year of schooling are also included. () Based on less than 50 unweighted cases. * Percentage not shown based on few cases.

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, Delhi, 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	
Age group (years)													
< 25	84.5	205	25.4	85.9	41.5	40.2	10.2	6.6	2.7	7.6	26.7	2.3	173
25-34	91.5	963	39.1	88.7	53.1	50.5	11.2	5.1	2.5	10.4	18.9	2.6	881
35-44	86.0	942	42.0	87.7	48.7	53.0	14.9	8.4	3.0	12.1	21.1	1.4	810
45+	83.9	323	32.4	89.0	51.0	54.7	13.1	5.7	0.6	7.3	13.2	0.7	271
Residence													
Rural	89.4	166	38.5	87.3	46.3	52.3	13.8	4.7	3.4	7.4	35.6	6.3	149
Urban	87.7	2,267	38.2	88.2	50.5	51.1	12.7	6.7	2.4	10.7	18.4	1.6	1,988
Education													
Non-literate	64.4	382	24.3	81.2	11.2	20.4	4.6	3.7	0.2	9.5	16.3	2.2	246
0-9@ years	85.2	795	28.5	85.3	33.3	42.1	8.9	4.7	0.7	9.2	20.7	1.6	678
10 and above	96.7	1,251	46.6	91.1	67.7	62.4	16.6	8.1	3.9	11.4	19.7	2.0	1,210
Religion													
Hindu	87.9	2,124	37.3	88.5	50.7	51.3	13.2	6.7	2.4	10.4	19.5	1.8	1,867
Muslim	83.9	235	37.8	84.9	40.6	47.7	6.9	4.6	3.5	9.6	18.5	2.3	197
Other	96.4	75	63.1	88.4	62.5	58.0	16.8	7.1	1.0	13.4	26.0	2.8	72
Caste/tribe#													
Scheduled caste	83.3	659	27.0	87.6	36.8	37.5	9.9	4.7	1.2	11.1	20.1	3.0	549
Scheduled tribe	(88.2)	35	(43.3)	(80.0)	(43.3)	(43.3)	(6.7)	(13.3)	(3.3)	(10.0)	(30.0)	(10.0)	31
Other backward class	84.4	453	33.7	87.7	45.0	50.3	10.2	7.0	2.4	9.5	18.8	0.8	382
Other	91.3	1,249	45.8	88.6	59.9	58.5	15.3	7.2	3.0	10.6	19.5	1.8	1,140
Standard of living index													
Low	55.8	58	(38.2)	(67.6)	(26.5)	(29.4)	(2.9)	(2.9)	(2.9)	(17.6)	(20.6)	(5.8)	32
Medium	75.7	776	26.2	83.5	35.1	40.4	8.9	5.6	0.9	8.7	18.5	1.9	587
High	94.8	1,600	42.8	90.5	56.6	55.9	14.4	7.0	3.1	10.9	19.8	1.8	1,517
Total	87.8	2,433	38.2	88.1	50.2	51.2	12.8	6.5	2.5	10.4	19.6	1.9	2,136

Note: Total includes 5 men with missing information of education on aware of HIV/AIDS were not shown separately. # 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.



Knowledge of HIV/AIDS was the highest (97 percent) for men who had studied for 10 years and above and the lowest (64 percent) for non-literate men, while it was 85 percent for men who had studied for 0-9 years. Similarly, knowledge of HIV/AIDS was the highest (95 percent) for men with high SLI and the lowest (56 percent) for men with low SLI, while it was 76 percent for men with medium SLI. These data suggest that percent of knowledge of HIV/AIDS is positively associated with education and standard of living index of men.

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. The percentage of men who received information about HIV/AIDS from different sources was 'radio' (38 percent), 'television' (88 percent), 'newspaper/books/magazines' (50 percent), 'slogan/pamphlets/posters/wall paintings' (51 percent), 'doctor' (13 percent), 'health worker' (over six percent), 'school teacher' (over two percent), 'community meeting' (10 percent) and 'relatives/friends' (20 percent). These data have shown that main sources of information about HIV/AIDS were 'television', 'newspaper/books/magazines', 'slogan/pamphlets/posters/wall paintings' 'doctor' 'community meeting', while contribution of health worker and schoolteacher has been only nominal.

8.5.2 Knowledge of Mode of Transmission about HIV/AIDS

Table 8.12 gives percentage of currently married women age 15-44 years who have heard of HIV/AIDS, knowledge of mode of transmission by selected background characteristics in the state. The percentage of women who said 'do not know' about the mode of transmission of HIV/AIDS was 18 percent in the state – 11 percent in rural areas and 18 percent in urban areas. The percentage of women who said 'do not know' about the mode of transmission of HIV/AIDS varied between 30 percent in the age group 15-19 years and 15 percent in the age group 25-29 years. The percentage of women who said 'do not know' about the mode of transmission of HIV/AIDS was the highest (29 percent) for Muslim women, followed by 17 percent for Hindu women and the lowest (five percent)

Table 8.12 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDS AMONG WOMEN

Percentage currently married women age 15-44 who have heard of HIV/AIDS, knowledge of mode of transmission by selected background characteristics, Delhi, 2002-04

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		
Age								
15-19	3.9	67.2	31.6	3.4	19.9	0.0	30.3	67
20-24	5.9	80.4	42.4	11.9	25.4	0.2	18.0	822
25-29	8.4	82.2	39.6	10.4	24.0	0.3	15.5	1,101
30-34	11.1	79.6	36.4	8.6	23.2	0.5	16.5	939
35-39	8.1	78.8	34.7	9.5	22.3	0.7	18.5	840
40-44	10.0	75.1	32.3	9.0	18.5	1.6	20.4	561
Residence								
Rural	4.9	86.8	46.4	17.9	28.3	1.1	10.6	253
Urban	8.8	79.0	36.9	9.3	22.7	0.6	18.1	4,077
Education								
Non-literate	3.5	64.4	13.6	1.8	7.4	0.5	32.4	890
0-9@ years	5.5	75.0	29.0	5.3	13.9	0.6	22.3	1,392
10 years and above	12.9	89.1	53.4	16.4	36.0	0.6	8.1	2,046
Religion								
Hindu	8.8	80.4	38.7	9.7	23.5	0.6	16.8	3,721
Muslim	3.7	68.0	21.7	5.8	12.1	0.3	28.9	425
Sikh	20.0	89.9	46.9	15.8	31.7	0.0	5.2	96
Other	13.0	83.6	46.6	26.2	43.8	2.2	13.9	89
Caste/tribe#								
Scheduled caste	4.7	76.7	29.5	4.7	15.2	0.5	21.0	914
Scheduled tribe	(4.8)	(66.7)	(26.2)	(11.9)	(19.0)	(0.0)	(23.8)	39
Other backward class	6.5	77.0	35.0	9.2	20.1	0.7	20.5	680
Other	10.7	81.5	41.3	11.7	26.8	0.6	15.4	2,615
Standard of living index								
Medium	3.4	72.6	26.6	3.9	15.0	0.6	25.0	1,037
High	10.3	81.9	41.1	11.7	25.7	0.6	15.1	3,271
Total	8.6	79.5	37.4	9.8	23.0	0.6	17.6	4,330

Note: Total includes 2 women missing on education and 22 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 unweighted cases.

for Sikh women. The extent of women who said 'do not know' about the mode of transmission of HIV/AIDS was 24 percent for scheduled tribe women as against 21 percent for scheduled caste women and over 20 percent for OBC women, while it was 15 percent for women from other castes.

The extent of women who said 'do not know' about the mode of transmission of HIV/AIDS was the highest (32 percent) for non-literate women and the lowest (eight percent) for women who had studied for 10 years and above, while it was 22 percent for women who had studied for 0-9 years. Similarly, extent of women who said 'do not know' about the mode of transmission of HIV/AIDS was 25 percent for women with medium SLI and 15 percent for women with high SLI.

The percentage of women who had knowledge of mode of transmission of HIV/AIDS and reported them as 'homosexual intercourse' (nine percent), 'heterosexual intercourse' (79 percent), 'needles/blade/skin puncture' (37 percent), 'mother to child' (10 percent) and 'transfusion of infected blood' (23 percent). The extent of women who reported 'heterosexual intercourse' as the main mode of transmission of HIV/AIDS was 87 percent in rural areas as against 79 percent in urban areas. The extent of women who reported 'heterosexual intercourse' as the main mode of transmission of HIV/AIDS was the highest (89 percent) for women who had studied for 10 years and above and the lowest (64 percent) for non-literate women, while it was 75 percent for women who had studied

for 0-9 years. Seventy-three percent of women with medium SLI as against 82 percent of women with high SLI said that the main mode of transmission of HIV/AIDS was 'heterosexual intercourse'. The extent of women who said that main mode of transmission of HIV/AIDS is 'heterosexual intercourse' was the highest (90 percent) for Sikh women, followed by 84 percent for other women and the lowest (68 percent) for Muslim women. The extent of women who said that the main mode of transmission of HIV/AIDS is 'heterosexual intercourse' was the highest (41 percent) for other caste women, 35 percent for OBC women and the lowest (26 percent) for scheduled tribe women.

Table 8.13 gives percentage of husbands currently married women who have heard about HIV/AIDS, knowledge of mode of transmission by selected background characteristics in the state. The percentage of men who said 'do not know' about the mode of transmission of HIV/AIDS was over six percent in the state – seven percent in rural areas and over six percent in urban areas.

Table 8.13 SOURCE OF KNOWLEDGE ABOUT MODE OF TRANSMISSION OF HIV/AIDS AMONG MEN								
Percentage of husbands of currently married women who have heard of HIV/AIDS, knowledge of mode of transmission by selected background characteristics, Delhi, 2002-04								
Background characteristic	Percentage by knowledge of mode of transmission						Do not know	Number of men who have heard of HIV/AIDS
	Homosexual intercourse	Heterosexual intercourse	Needles/ blade/ skin puncture	Mother to child	Transfusion of infected blood	Other		
Age								
<25	35.6	81.5	55.9	33.4	51.1	6.9	8.2	173
25-34	25.9	82.2	58.7	33.9	51.4	6.1	6.1	881
35-44	28.1	80.7	61.4	31.7	54.9	8.0	6.2	810
45+	27.4	77.2	56.5	30.7	51.4	4.1	7.5	271
Residence								
Rural	27.0	62.9	37.6	24.8	43.4	16.7	6.8	149
Urban	27.7	82.3	60.8	33.2	53.4	5.9	6.4	1,988
Education								
Non-literate	16.2	69.0	25.1	16.3	24.5	5.9	17.4	246
0-9@ years	24.5	77.5	47.7	23.5	41.8	4.0	9.4	678
10 years and above	31.9	85.3	72.5	41.1	64.6	8.3	2.6	1,210
Religion								
Hindu								
Muslim	28.4	80.4	60.1	33.1	53.7	6.9	6.7	1,867
Other	16.4	81.1	46.3	22.6	38.8	4.4	6.5	197
	39.7	95.1	70.7	46.7	65.3	6.5	0.8	72
Caste/tribe#								
Scheduled caste								
Scheduled tribe	20.9	74.3	47.2	21.3	41.5	7.1	9.2	549
Other backward class	(30.0)	(66.7)	(40.0)	(26.7)	(46.7)	(6.7)	(16.7)	31
Other	24.3	86.7	59.8	33.6	48.4	3.8	5.4	382
	33.3	82.7	65.6	38.3	60.0	7.6	4.7	1,140
Standard of living index								
Low	(32.4)	(64.7)	(20.6)	(8.8)	(26.5)	(0.0)	(11.8)	32
Medium	23.3	76.6	51.1	25.5	43.8	5.2	10.3	587
High	29.4	83.0	63.0	35.6	56.5	7.3	4.9	1,517
Total	27.7	81.0	59.2	32.6	52.7	6.6	6.5	2,136

Note: Total includes 2 men missing on education were not shown separately. # 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.

Further, percentage of men who said 'do not know' about the mode of transmission of HIV/AIDS varied between six percent in the age group 25-34 years and nine percent in the age group less than 25 years. The percentage of men who said 'do not know' about the mode of transmission of HIV/AIDS was seven percent for Hindu men as against over six percent for Muslim

men, while it was one percent for other men. The extent of men who said 'do not know' about the mode of transmission of HIV/AIDS was the highest (17 percent) for scheduled tribe women, followed by nine percent for scheduled caste women and the lowest (five percent) for other caste women, while it was over five percent for OBC women.

The extent of men who said 'do not know' about the mode of transmission of HIV/AIDS was the highest (17 percent) for non-literate men and the lowest (three percent) for men who had studied for 10 years and above, while it was nine percent for men who had studied for 0-9 years. Similarly, the extent of men who said 'do not know' about the mode of transmission of HIV/AIDS was 10 percent for men with low and medium SLI and five percent for men with high SLI.

The percentage of men who had knowledge of mode of transmission of HIV/AIDS and reported as 'homosexual intercourse' (28 percent), 'heterosexual intercourse' (81 percent), 'needles/blade/skin puncture' (59 percent), 'mother to child' (33 percent) and 'transfusion of infected blood' (53 percent). The extent of men who reported 'heterosexual intercourse' as the main mode of transmission of HIV/AIDS was 63 percent in rural areas as against 82 percent in urban areas. The extent of men who reported 'heterosexual intercourse' as the main mode of transmission of HIV/AIDS was the highest (85 percent) for men who had studied for 10 years and above and the lowest (69 percent) for non-literate men, while it was 77 percent for men who had studied for 0-9 years. Similarly, the extent of men who reported 'heterosexual intercourse' as the main mode of transmission of HIV/AIDS was the highest (83 percent) for men with high SLI and the lowest (68 percent) for men with low SLI, while it was 77 percent for men with medium SLI. The extent of men who said that the main mode of transmission of HIV/AIDS is 'heterosexual intercourse' was 95 percent for men from other religions, 81 percent for Muslim men and 80 percent for Hindu men. Further, the extent of men who said that the main mode of transmission of HIV/AIDS is 'heterosexual intercourse' was the highest (87 percent) for OBC men, followed by 83 percent for other caste men and the lowest (67 percent) for scheduled tribe men.

8.5.3 How to avoid HIV/AIDS

Table 8.14 gives percentage of currently married women age 15-44 years who have heard about HIV/AIDS, percentage of women who reported HIV/AIDS can be avoided in specific ways by selected background characteristics in the state. The percentage of women aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was over 34 percent in the state – 32 percent in rural areas and 35 percent in urban areas. Further, percentage of women aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was 33 percent for Hindu women as against 49 percent for Muslim women and 17 percent for Sikh women, while it was 26 percent for other women. The percentage of women aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was the highest (43 percent) for scheduled caste women, followed by 36 for OBC women and the lowest (31 percent) for other caste women.

The percentage of women aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was the highest (53 percent) for non-literate women and the lowest (21 percent) for women who had studied for 10 years and above, while it was 42 percent for women who had studied for 0-9 years. Similarly, the percentage of women aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was 44 percent for women with medium SLI and 31 percent for women with high SLI.

Table 8.14 KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG WOMEN

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, Delhi, 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	
Age								
15-19	45.2	23.5	14.0	18.1	0.0	0.2	51.4	67
20-24	62.1	23.7	22.9	29.6	4.2	0.6	33.1	822
25-29	59.1	26.9	22.6	27.6	4.1	0.4	34.0	1,101
30-34	64.7	24.8	18.8	26.2	3.8	0.8	31.0	939
35-39	58.9	22.9	20.9	24.4	5.5	1.5	36.6	840
40-44	56.1	23.7	18.5	25.1	4.1	1.1	38.1	561
Residence								
Rural	57.6	30.5	32.1	33.3	4.5	1.8	31.9	253
Urban	60.4	24.2	20.1	26.2	4.2	0.7	34.6	4,077
Education								
Non-literate	44.0	6.4	6.2	9.0	0.4	1.1	52.8	890
0-9@ years	54.6	13.0	13.2	18.9	1.0	0.8	42.0	1,392
10 years and above	71.2	40.4	32.4	39.5	8.1	0.7	21.4	2,046
Religion								
Hindu	61.1	25.6	21.6	27.2	4.1	0.8	33.4	3,721
Muslim	46.4	12.5	9.0	14.5	1.5	0.4	49.0	425
Sikh	82.0	24.6	29.2	39.7	10.5	0.0	17.4	96
Other	66.3	41.3	37.6	43.0	16.2	1.6	26.2	89
Caste/tribe#								
Scheduled caste	53.2	13.6	12.8	21.0	0.9	0.5	42.8	914
Scheduled tribe	(50.0)	(21.4)	(11.9)	(16.7)	(4.8)	(2.4)	(33.3)	39
Other backward class	58.0	21.4	19.4	23.6	3.5	0.3	36.4	680
other	63.6	29.6	24.5	29.8	5.7	0.9	31.0	2,615
Standard of living index								
Medium	51.9	12.9	13.5	18.3	0.5	0.8	44.4	1,037
High	63.1	28.5	23.3	29.4	5.5	0.8	31.1	3,271
Total	60.2	24.6	20.8	26.6	4.3	0.8	34.5	4,330

Note: Total includes 2 women missing on education and 22 with 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 unweighted cases.

The percentage of women who reported HIV/AIDS can be avoided by 'sex with only one partner' (60 percent), 'using condom correctly during each sexual intercourse' (25 percent), 'checking blood prior to transfusion' (21 percent), 'sterilizing needles and syringe before injection' (27 percent each) and 'avoiding pregnancy when having HIV/AIDS' (over four percent). The percentage of women who said HIV/AIDS can be avoided by having sex only one partner varied between 45 percent in the age group 15-19 years to 65 percent in the age group 30-34 years. The percentage of women who said HIV/AIDS can be avoided by having sex only one partner was 61 percent for Hindu women as against 46 percent for Muslim women and 82 percent for Sikh women, while it was 66 percent for other women. The percentage of women who said HIV/AIDS can be avoided by having sex only one partner was 53 percent for scheduled caste women as against 50 percent for scheduled tribe women and 58 percent for OBC women, while it was 64 percent for other caste women. Further, the percentage of women who said HIV/AIDS can be avoided by

having sex only one partner was the highest (71 percent) for women who had studied for 10 years and above and the lowest (44 percent) for non-literate women, while it was 55 percent for women who had studied for 0-9 years. Similarly, the percentage of women who said HIV/AIDS can be avoided by having sex only one partner was 52 percent for women with medium SLI and 63 percent for women with high SLI.

Table 8.15 gives percentage of husbands of currently married women who have heard about HIV/AIDS, percentage of husbands reported HIV/AIDS can be avoided by specific ways by selected background characteristics in the state. The percentage of men aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was 13 percent in the state – 17 percent in rural areas and 12 percent in urban areas. Further, percentage of men aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was 13 percent for both Hindu and Muslim men and two percent for men from other religions. The percentage of men aware of HIV/AIDS who said 'do not know' how to avoid HIV/AIDS was 20 percent for scheduled tribe men as against 18 for scheduled caste men and 11 percent for OBC men, while it was nine percent for men from other castes.

Background characteristic	Percentage reported HIV/AIDS can be avoided by:						Do not know to avoid HIV/AIDS	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		
Age								
<25	81.4	61.7	50.5	46.9	25.6	4.9	12.5	173
25-34	79.9	59.7	52.8	51.6	28.0	2.0	13.7	881
35-44	82.9	53.6	53.6	56.0	25.5	3.5	11.2	810
45+	81.6	49.0	49.7	46.9	26.9	1.6	13.9	271
Residence								
Rural	77.1	61.9	50.5	41.2	17.1	3.7	16.6	149
Urban	81.7	55.7	52.7	53.1	27.4	2.7	12.4	1,988
Education								
Non-literate	60.6	28.1	24.6	21.4	11.1	1.0	31.8	246
0-9@ years	76.8	48.1	40.9	41.4	17.9	2.4	16.5	678
10 years and above	88.1	66.3	64.8	64.6	34.8	3.3	6.7	1,210
Religion								
Hindu	81.4	57.2	53.5	53.2	27.3	2.5	13.1	1,867
Muslim	76.6	41.3	40.2	40.5	15.3	4.3	12.7	197
Other	94.5	71.1	62.0	62.1	42.9	5.0	2.1	72
Caste/tribe#								
Scheduled caste	75.6	49.2	42.9	41.7	18.5	3.4	18.0	549
Scheduled tribe	(76.7)	(60.0)	(40.0)	(40.0)	(26.7)	(6.7)	(20.0)	31
Other backward class	83.0	57.3	49.4	48.8	26.5	1.4	11.4	382
Other	84.2	60.4	59.6	59.1	31.1	2.9	9.8	1,140
Standard of living index								
Low	(55.9)	(35.3)	(26.5)	(20.6)	(2.9)	(0.0)	(32.4)	32
Medium	72.5	45.1	40.6	40.7	19.6	1.6	20.6	587
High	85.2	60.7	57.2	57.2	29.9	3.2	9.4	1,517
Total	81.4	56.2	52.5	52.3	26.7	2.7	12.7	2,136

Note: Total includes 2 men with missing information on education were not shown separately # 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..

The percentage of men aware of HIV/AIDS who said ‘do not know’ how to avoid HIV/AIDS was the highest (32 percent) for non –literate men and the lowest (seven percent) for men who had studied for 10 years and above, while it was over 16 percent for men who had studied for 0-9 years. Similarly, the percentage of men aware of HIV/AIDS who said ‘do not know’ how to avoid HIV/ AIDS was the highest (21 percent) for men with low SLI and the lowest (nine percent) for men with high SLI, while it was 20 percent for men with medium SLI.

Further, the percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ (81 percent), ‘using condom correctly during each sexual intercourse’ (56 percent), ‘checking blood prior to transfusion’ (52 percent), ‘sterilizing needles and syringe before injection’ (52 percent each) and ‘avoiding pregnancy when having HIV/AIDS’ (27 percent). The percentage of men who said HIV/AIDS can be avoided by having sex only one partner varied between 80 percent in the age group 25-34 years to 83 percent in the age group 35-44 years. The percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ was 77 percent in rural areas and 82 percent in urban areas. The percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ was 81 percent for Hindu men as against 77 percent for Muslim men, while it was 94 percent for other men. The percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ was the highest (84 percent) for other caste men, followed by 83 percent for OBC men and the lowest (76 percent) for scheduled caste men.

The percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ was the highest (88 percent) for men who had studied for 10 years and above and the lowest (61 percent) for non-literate men, while it was 77 percent for men who had studied for 0-9 years. Similarly, percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ was the highest (85 percent) for men with high SLI and the lowest (64 percent) for men with low SLI, while it was 72 percent for men with medium SLI. These data have shown that the percentage of men who reported HIV/AIDS can be avoided by ‘sex with only one partner’ is positively associated with education and standard of living index of the men.

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. Table 8.16 gives percentage of currently married women age 15-44 years who have heard about HIV/AIDS, percentage of women having misconception about the transmission of HIV/AIDS by selected background characteristics in Delhi. The misconceptions about transmission of HIV/AIDS reported by the women were ‘shaking hands’ (10 percent), ‘hugging’ (10 percent), ‘kissing’ (11 percent), ‘sharing clothes’ (11 percent), ‘sharing eating utensils’ (11 percent), ‘stepping on urine/stool’ (over 10 percent) and ‘mosquito, fleas or bedbugs biting’ (13 percent).

Table 8.17 gives percentage of husbands of currently married women who have heard about HIV/AIDS, percentage of men having misconception about the transmission of HIV/AIDS by selected background characteristics in Delhi. The misconceptions about transmission of HIV/AIDS reported by the men were ‘shaking hands’ (seven percent), ‘hugging’ (over six percent), ‘kissing’ (11 percent), ‘sharing clothes’ (10 percent), ‘sharing eating utensils’ (10 percent), ‘stepping on urine/

Table 8.16 MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG WOMEN

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, Delhi, 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	
Residence								
Rural	13.7	13.1	13.7	17.8	14.5	15.6	14.4	253
Urban	9.9	9.9	10.8	10.8	10.4	10.2	13.3	4,077
Education								
Non-literate	12.7	13.5	14.1	14.8	14.9	13.6	16.9	890
0-9@ years	10.2	10.0	11.5	12.2	10.8	11.9	15.0	1,392
10 years and above	8.9	8.7	9.3	9.0	8.7	8.1	10.6	2,046
Religion								
Hindu	9.8	9.6	10.5	10.9	10.2	10.1	13.0	3,721
Muslim	13.4	14.6	15.2	14.3	14.3	13.7	16.4	425
Sikh	9.1	7.3	7.3	8.0	10.4	10.8	10.4	96
Other	11.2	12.5	13.9	13.6	10.5	11.9	13.1	89
Caste/tribe#								
Scheduled caste	11.0	11.1	12.6	13.5	12.3	12.7	16.3	914
Scheduled tribe	(7.1)	(7.1)	(7.1)	(9.5)	(9.5)	(2.4)	(11.9)	39
Other backward class	9.6	9.4	10.3	13.0	12.6	13.6	14.8	680
Other	9.9	9.9	10.5	9.8	9.3	8.8	11.7	2,615
Standard of living index								
Medium	12.0	12.1	12.3	13.5	11.6	12.7	16.4	1,037
High	9.6	9.5	10.6	10.5	10.4	9.8	12.3	3,271
Total	10.1	10.1	11.0	11.2	10.6	10.5	13.3	4,330

Note: Total includes 2 women missing on education and 22 with 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 unweighted cases.

stool' (seven percent) and 'mosquito, fleas or bedbugs biting' (17 percent).

8.5.5 Knowledge of Curability of HIV/AIDS

Table 8.18 gives percentage of currently married women and their husbands who have heard about HIV/AIDS, percent distribution of respondents by knowledge of curability about HIV/AIDS, according to selected background characteristics in the state. One-third of the women as against 26 percent of men said that HIV/AIDS is curable in the state. Similarly, 40 percent of women as against 51 percent men said that HIV/AIDS is not curable in the state. On the other hand, 27 percent women as against 23 percent men said 'do not know' about its curability. Forty-four percent of women as against 16 percent of men in rural areas said that HIV/AIDS is curable. Similarly, 32 percent of women as against 26 percent of men in urban areas said that HIV/AIDS is curable. Further, percentage of women who said HIV/AIDS is curable was the highest (39 percent) for other women, followed by 33 percent for Hindu women and the lowest (26 percent) for Sikh women. The percentage of women who said HIV/AIDS is curable was 32 percent for scheduled caste women as against 36 percent for scheduled tribe women, while it was 33 percent for OBC and other caste women. The percentage of women who said HIV/AIDS is curable was the highest (36 percent) for women who had studied for 0-9 years and the lowest (28 percent) for non-literate women, while it was 33 percent for women who had studied for 10 years and above. Thirty-two percent of women with medium SLI as against over 33 percent women with high SLI said that HIV/AIDS is curable.

The percentage of men who said HIV/AIDS is curable was 25 percent for Hindu men as

Table 8.17 MISCONCEPTION ABOUT TRANSMISSION OF HIV/AIDS AMONG MEN

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, Delhi, 2002-04

Background characteristic	Percentage having misconception about the transmission of HIV/AIDS							
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito, flea, or bedbugs biting	Number of men
Residence								
Rural	8.5	7.2	8.3	10.1	10.2	5.6	13.3	149
Urban	6.6	6.5	11.3	10.4	9.9	6.8	16.9	1,988
Education								
Non-literate	11.7	11.4	16.4	16.1	11.9	11.8	16.7	246
0-9@ years	8.4	7.5	9.9	12.2	10.5	5.4	17.0	678
10 years and above	4.9	5.0	10.7	8.2	9.2	6.3	16.3	1,210
Religion								
Hindu	6.1	5.8	10.6	9.8	9.4	6.5	15.9	1,867
Muslim	10.8	10.7	14.5	13.6	12.5	9.6	22.7	197
Other	12.5	13.9	15.2	14.3	15.3	4.8	18.1	72
Caste/tribe#								
Scheduled caste	9.6	8.2	13.0	11.9	9.1	6.7	17.4	549
Scheduled tribe	(16.7)	(16.7)	(20.0)	(13.3)	(13.3)	(13.3)	(16.7)	31
Other backward class	4.0	3.1	6.7	7.4	7.0	3.6	14.1	382
Other	6.4	6.9	10.8	10.5	11.1	7.6	16.4	1,140
Standard of living index								
Low	(14.7)	(11.8)	(17.6)	(20.6)	(11.8)	(8.8)	(23.5)	32
Medium	8.9	8.5	14.1	11.9	10.4	8.5	18.0	587
High	5.7	5.7	9.9	9.5	9.7	6.0	15.9	1,517
Total	6.8	6.5	11.1	10.3	9.9	6.8	16.6	2,136

Note: Table total includes 2 men with missing information on education were not shown separately. # 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

Table 8.18 KNOWLEDGE OF CURABILITY ABOUT HIV/AIDS

Among currently married women and their husband, who have heard about HIV/AIDS, Percent distribution of respondents by knowledge of curability about HIV/AIDS, according to some selected background characteristics, Delhi, 2002-04

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	
Residence								
Rural	43.8	37.9	18.3	253	16.1	58.3	24.8	149
Urban	32.4	39.8	27.8	4,077	26.3	50.6	22.7	1,988
Education								
Non-literate	28.3	25.2	46.6	890	21.3	36.2	41.8	246
0-9@ years	36.1	32.6	31.2	1,392	24.9	42.7	31.8	678
10 years and above	33.1	50.7	16.1	2,046	26.7	59.0	14.0	1,210
Religion								
Hindu	33.3	39.3	27.4	3,721	25.3	51.3	23.0	1,867
Muslim	31.7	35.9	32.4	425	30.7	43.4	25.9	197
Other	32.2	54.8	13.0	18.5	20.5	69.6	9.9	72
Caste/tribe#								
Scheduled caste	32.1	33.0	34.9	914	24.4	45.2	30.2	549
Scheduled tribe	36.4	36.5	27.1	39	(40.0)	(33.3)	(26.7)	31
Other backward class	33.4	36.2	30.4	680	20.4	54.8	24.0	382
Other	32.9	43.2	23.9	2,615	27.9	54.1	17.5	1,140
Standard of living index								
Low	*	*	*	22	(26.5)	(23.5)	(50.0)	32
Medium	31.9	31.6	36.5	1,037	18.4	44.9	35.8	587
High	33.4	42.4	24.2	3,271	28.3	54.1	17.4	1,517
Total	33.1	39.7	27.2	4,330	25.6	51.2	22.8	2,136

Note: Total includes 2 women and men missing on education # 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. * Percentage not shown based on few cases.

against 31 percent for Muslim men, while it was over 20 percent for others. The percentage of men who said HIV/AIDS is curable was 24 percent for scheduled caste men as against 40 percent for scheduled tribe men and 20 percent for OBC men, while it was 28 percent for other caste men. The percentage of men who said HIV/AIDS is curable was the highest (27 percent) for men who had studied for 10 years and above and the lowest (21 percent) for non-literate men, while it was 25 percent for men who had studied for 0-9 years. Similarly, percentage of men who said HIV/AIDS is curable was the highest (28 percent) for men with high SLI and the lowest (18 percent) for men with medium SLI, while it was over 26 percent for men with low SLI

8.6 Awareness of RTI/STI and HIV/AIDS by Districts

Table 8.19 gives percentage of currently married women and their husbands aware of RTI/STI and HIV/AIDS by district in the state. The percentage of women aware of RTI/STI was the highest (33 percent) in New Delhi, followed by 32 percent in Central district and the lowest (over four percent) in West district. The percentage of women aware of RTI/STI was the higher than that of the state (15 percent) in Central, East, New Delhi, North, South and Southwest districts, while in the remaining three districts it was lower than that of the state.

The percentage of women aware of HIV/AIDS was the highest (84 percent) in Southwest district, followed by 80 percent in Central and North districts and the lowest (62 percent) in Northwest district. The percentage of women aware of HIV/AIDS was the higher than that of the state (70 percent) in Central, East, New Delhi, North and Southwest districts, while in the remaining four districts it was lower than that of the state.

Table 8.19 AWARENESS OF RTI/STI AND HIV/AIDS BY DISTRICT				
Percentage of currently married women and their husbands aware of RTI/STI and HIV/AIDS by district, Delhi, 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
Central	31.6	79.9	14.0	96.4
East	16.3	78.8	35.2	95.3
New Delhi	33.4	69.9	31.4	85.1
North	23.0	80.0	28.3	92.0
North East	14.1	66.6	7.0	90.7
North West	7.3	62.0	6.2	86.1
South	15.9	62.7	9.6	81.3
South West	28.6	84.3	30.5	94.9
West	4.4	64.0	5.2	79.9
Delhi	15.0	69.6	15.4	87.8

The percentage of men aware of RTI/STI was the highest (35 percent) in East district, followed by 31 percent in New Delhi district and the lowest (five percent) in West district. The percentage of men aware of RTI/STI was the higher than that of the state (15 percent) in East, New Delhi, North and Southwest districts, while in the remaining five districts it was lower than that of the state.

The percentage of men aware of HIV/AIDS was the highest (96 percent) in Central district, followed by 95 percent in East and Southwest districts and the lowest (80 percent) in West district. The percentage of men aware of HIV/AIDS was the higher than that of the state

(88 percent) in Central, East, North, Northeast and Southwest districts, while in the remaining four districts it was lower than that of the state. These data have shown that awareness about HIV/AIDS was higher among men than among women in all the nine district NCT of Delhi. Further, sex differential in the awareness of HIV/AIDS was the highest (24 percent points) Northeast and Northwest district, followed by 19 percent points in South district and the lowest (11 percent points) in Southwest district.

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 ith observational unit in jth primary sampling unit (PSU) in hth stratum, basically rural-urban areas of a district are taken as strata. W_{hij} is the sampling weight of (h, j, i)th 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

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

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

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

and n_h is the number of sampled PSUs representing rural or urban areas of a district/state.

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

Variable	Estimate	Base Population
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 12-35 months
Measles	Proportion	Children age 12-35 months
Birth order 3+	Proportion	Currently married women age 15-44 years with births in past three years

Sampling errors, Delhi, 2002-04								
	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
Contraceptive Prevalence Rate (Currently Married Women age 15-44)								
Total	0.641	0.008	6224	6223	1.568	1.2	0.626	0.656
Rural	0.594	0.038	393	392	2.293	6.3	0.521	0.668
Urban	0.644	0.008	5831	5831	1.515	1.2	0.629	0.659
Unmet Need (Currently Married Women age 15-44)								
Total	0.164	0.006	6224	6224	1.612	3.6	0.152	0.176
Rural	0.183	0.029	393	393	2.161	15.7	0.127	0.239
Urban	0.163	0.006	5831	5831	1.572	3.7	0.151	0.175
Received Any Antenatal Check up (last live/still birth of past 3 years)								
Total	0.814	0.011	2099	2192	1.609	1.3	0.794	0.835
Rural	0.689	0.053	146	136	1.804	7.8	0.584	0.793
Urban	0.823	0.011	1953	2056	1.613	1.3	0.802	0.844
Received 3+ Antenatal Check up (last live/still birth of past 3 years)								
Total	0.673	0.013	2099	2192	1.636	1.9	0.648	0.698
Rural	0.530	0.060	146	135	1.984	11.4	0.412	0.649
Urban	0.682	0.013	1953	2057	1.622	1.9	0.657	0.708
Institutional Delivery (last live/still birth of past 3 years)								
Total	0.499	0.013	2099	2192	1.586	2.7	0.473	0.526
Rural	0.405	0.061	146	136	2.063	15.0	0.287	0.524
Urban	0.505	0.014	1953	2056	1.575	2.7	0.478	0.532
Safe Delivery (last live/still birth of past 3 years)								
Total	0.599	0.013	2099	2192	1.610	2.2	0.572	0.625
Rural	0.538	0.060	146	136	1.976	11.2	0.420	0.656
Urban	0.603	0.014	1953	2056	1.599	2.3	0.576	0.629
Received BCG Vaccination (last and last but one living children (age 12-35 months)								
Total	0.909	0.009	1472	1540	1.444	1.0	0.892	0.927
Rural	0.879	0.039	111	98	1.381	4.4	0.803	0.955
Urban	0.911	0.009	1361	1442	1.454	1.0	0.894	0.929
Received Measles (last and last but one living children (age 12-35 months)								
Total	0.764	0.014	1472	1541	1.597	1.8	0.737	0.791
Rural	0.750	0.060	111	99	1.891	8.0	0.632	0.868
Urban	0.765	0.014	1361	1442	1.578	1.8	0.737	0.792
Birth order 3+ (birth in last three years)								
Total	0.422	0.013	2355	2510	1.645	3.0	0.397	0.447
Rural	0.378	0.056	173	170	2.258	14.8	0.268	0.488
Urban	0.425	0.013	2182	2340	1.613	3.0	0.400	0.451

Sampling errors, Delhi, 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
Contraceptive Prevalence Rate (Currently Married Women age 15-44)							
Central Delhi	0.606	0.020	665	665	3.3	0.568	0.645
East	0.673	0.019	693	692	2.8	0.636	0.710
New Delhi	0.600	0.025	456	456	4.2	0.551	0.650
North	0.621	0.019	719	718	3.1	0.583	0.659
North East	0.648	0.018	828	828	2.8	0.613	0.684
North West	0.621	0.020	675	673	3.2	0.581	0.660
South	0.622	0.020	672	672	3.2	0.582	0.662
South West	0.655	0.025	681	681	3.8	0.606	0.705
West	0.660	0.019	835	835	2.9	0.623	0.697

Sampling errors, State, 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
Unmet Need (Currently Married Women age 15-44)							
Central Delhi	0.162	0.015	665	665	9.3	0.133	0.191
East	0.178	0.015	693	692	8.4	0.148	0.208
New Delhi	0.217	0.021	456	456	9.7	0.175	0.259
North	0.184	0.015	719	718	8.2	0.154	0.213
North East	0.126	0.013	828	829	10.3	0.101	0.152
North West	0.179	0.016	675	673	8.9	0.147	0.211
South	0.187	0.017	672	673	9.1	0.154	0.220
South West	0.144	0.018	681	681	12.5	0.109	0.179
West	0.149	0.015	835	835	10.1	0.121	0.178

Sampling errors, State, 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
Received Any Antenatal Check up (last live/still birth of past 3 years)							
Central Delhi	0.925	0.020	204	197	2.2	0.887	0.963
East	0.950	0.017	180	175	1.8	0.915	0.984
New Delhi	0.805	0.038	150	160	4.7	0.730	0.880
North	0.918	0.022	213	218	2.4	0.876	0.961
North East	0.792	0.025	314	318	3.2	0.744	0.841
North West	0.809	0.026	259	259	3.2	0.759	0.860
South	0.736	0.029	279	280	3.9	0.679	0.793
South West	0.898	0.034	180	185	3.8	0.832	0.963
West	0.756	0.026	320	319	3.4	0.705	0.808

Sampling errors, State, 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
Received 3+ Antenatal Check up (last live/still birth of past 3 years)							
Central Delhi	0.800	0.029	204	196	3.6	0.743	0.857
East	0.816	0.032	180	175	3.9	0.753	0.879
New Delhi	0.625	0.044	150	160	7.0	0.539	0.712
North	0.833	0.028	213	218	3.4	0.778	0.889
North East	0.685	0.028	314	320	4.1	0.630	0.741
North West	0.677	0.031	259	259	4.6	0.616	0.737
South	0.529	0.032	279	279	6.0	0.465	0.593
South West	0.771	0.049	180	184	6.4	0.675	0.866
West	0.615	0.030	320	319	4.9	0.555	0.674

Sampling errors, State, 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
Institutional Delivery (last live/still birth of past 3 years)							
Central Delhi	0.759	0.031	204	197	4.1	0.698	0.820
East	0.694	0.038	180	176	5.5	0.620	0.769
New Delhi	0.608	0.044	150	160	7.2	0.521	0.695
North	0.738	0.033	213	218	4.5	0.674	0.802
North East	0.480	0.030	314	320	6.3	0.421	0.539
North West	0.443	0.033	259	259	7.4	0.378	0.509
South	0.423	0.032	279	279	7.6	0.360	0.486
South West	0.687	0.051	180	183	7.4	0.587	0.786
West	0.338	0.029	320	319	8.6	0.281	0.396

Sampling errors, State, 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
Safe Delivery (last live/still birth of past 3 years)							
Central Delhi	0.806	0.028	204	197	3.5	0.751	0.861
East	0.776	0.035	180	175	4.5	0.708	0.843
New Delhi	0.634	0.044	150	159	6.9	0.548	0.720
North	0.776	0.031	213	219	4.0	0.714	0.837
North East	0.597	0.030	314	320	5.0	0.539	0.655
North West	0.588	0.033	259	259	5.6	0.523	0.652
South	0.528	0.032	279	280	6.1	0.464	0.591
South West	0.761	0.049	180	184	6.4	0.664	0.858
West	0.414	0.031	320	318	7.5	0.354	0.475

Sampling errors, State, 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
Received BCG Vaccination (last and last but one living children (age 12-35 months)							
Central Delhi	0.919	0.025	129	127	2.7	0.870	0.968
East	0.902	0.028	127	123	3.1	0.847	0.957
New Delhi	0.763	0.043	105	105	5.6	0.679	0.847
North	0.929	0.023	150	154	2.5	0.883	0.975
North East	0.892	0.022	239	239	2.5	0.850	0.935
North West	0.955	0.017	178	181	1.8	0.921	0.988
South	0.825	0.030	193	189	3.6	0.767	0.883
South West	0.970	0.020	132	138	2.1	0.932	1.000
West	0.921	0.018	219	220	2.0	0.886	0.956

Sampling errors, State, 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
Received Measles (last and last but one living children (age 12-35 months)							
Central Delhi	0.770	0.038	129	127	4.9	0.695	0.844
East	0.793	0.039	127	123	4.9	0.717	0.869
New Delhi	0.646	0.051	105	105	7.9	0.546	0.747
North	0.863	0.032	150	154	3.7	0.800	0.925
North East	0.725	0.032	239	239	4.4	0.663	0.787
North West	0.763	0.034	178	181	4.5	0.697	0.829
South	0.684	0.036	193	189	5.3	0.613	0.756
South West	0.810	0.051	132	138	6.3	0.710	0.909
West	0.822	0.027	219	220	3.3	0.768	0.875

Sampling errors, State, 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
Birth order 3+ (birth in last three years)							
Central Delhi	0.346	0.034	218	212	9.8	0.280	0.412
East	0.297	0.034	196	189	11.4	0.230	0.365
New Delhi	0.351	0.043	160	165	12.3	0.267	0.436
North	0.322	0.033	239	243	10.2	0.258	0.386
North East	0.504	0.029	342	345	5.8	0.448	0.561
North West	0.444	0.032	280	285	7.2	0.381	0.506
South	0.478	0.029	356	357	6.1	0.422	0.535
South West	0.308	0.051	194	210	16.6	0.207	0.408
West	0.422	0.029	370	379	6.9	0.365	0.479

APPENDIX B

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