

DLHS -2

MANIPUR

Reproductive and Child Health

District Level Household Survey
2002-04



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

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

Development & Research
Services Pvt. Ltd.
New Delhi-110029

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PREFACE AND ACKNOWLEDGEMENT

Government of India had launched the Reproductive and Child Health (RCH) program to ensure that couples have access to adequate information and services for reproductive health care. As a first step, family planning target has been withdrawn and an effort is being made to provide a package of reproductive services at different levels of health care centres.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 Manipur and covered all the districts. The findings of selected indicators of reproductive and child health services from the state of Manipur are presented in the report.

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

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

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KEY INDICATORS, MANIPUR

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

Sample size			
Households surveyed.....	9,732		
Currently married women age 15-44.....	8,137		
Husband's of eligible women.....	6,019		
Characteristics of households			
Percent rural.....	80.4		
Percent Hindu.....	45.5		
Percent Muslim.....	5.6		
Percent other religion (Christian).....	49.0		
Percent scheduled caste.....	3.7		
Percent scheduled tribe.....	38.8		
Percent with electricity.....	80.8		
Percent with flush toilet.....	10.7		
Percent with no toilet facility.....	7.3		
Percent living in <i>Kachcha</i> houses.....	57.1		
Percent living in <i>Pucca</i> houses.....	6.0		
Percent with low standard of living.....	46.9		
Percent with high standard of living.....	15.4		
Percent with iodized salt (15+ppm).....	79.6		
Characteristics of currently married women age 15-44 years			
Percent below age 30.....	36.8		
Percent with age at first cohabitation below age 18.....	19.7		
Percent illiterate.....	30.3		
Percent having 10 or more years of schooling.....	33.3		
Percent with illiterate husband.....	12.8		
Percent with husband 10+ years of schooling.....	50.5		
Marriage			
Mean age at marriage for boys.....	27.5		
Mean age marriage for girls.....	24.1		
Percent of boys married below age 21.....	11.0		
Percent of girls married below age 18.....	9.6		
Fertility			
Mean children ever born women age 40-44 years... ..	3.8		
Percent of births of order 3 and above ¹	43.1		
Current use of family planning method			
Any method.....	33.5		
Any modern method.....	21.1		
Pill.....	2.6		
IUD.....	5.3		
Condom.....	3.5		
Female sterilization.....	8.8		
Male sterilization.....	0.5		
Any traditional method.....	12.4		
Rhythm/safe period.....	3.1		
Withdrawal.....	9.2		
Unmet need for family planning			
Percent with unmet need for spacing.....	15.3		
Percent with unmet need for limiting.....	25.6		
Percent with total unmet need.....	40.9		
Maternal care²			
Percent of women received antenatal check-ups	77.8		
Antenatal check-up at home.....	0.2		
Antenatal check-up in first trimester.....	56.4		
Three or more visit for ANC.....	58.0		
Two or more tetanus toxoid injections.....	67.6		
Adequate Iron folic acid tablets/syrup ³	17.4		
Full antenatal check-up ⁴	16.4		
Delivery characteristics²			
Delivery at home.....	54.9		
Delivery at government health institutions.....	37.2		
Delivery at private health institutions.....	7.4		
Delivery attendant by skilled persons ⁵	57.8		
Child health			
Percent of children whose mother squeezed out milk from her breast ⁶	35.8		
Percent of children ⁷ with diarrhoea ⁸ who received ORS.....	63.4		
Percent of women whose child ⁷ with pneumonia ⁸ sought treatment.....	56.8		
Percent of children who received vaccinations⁹			
BCG.....	85.3		
DPT (3 injections).....	46.0		
Polio (3 drops).....	49.1		
Measles.....	53.3		
All vaccinations ¹⁰	34.4		
No vaccination at all.....	9.6		
Percentage of women who had			
Pregnancy complication ²	27.3		
Delivery complication ²	28.4		
Post delivery complication ²	23.0		
Symptoms of RTI/STI.....	33.2		
Problems of vaginal discharge.....	6.3		
Menstruation related problem.....	14.4		
Awareness of RTI/STI and HIV/AIDS			
Percent of women who have heard of RTI/STI.....	43.0		
Percent of women who have heard of HIV/AIDS.....	89.6		
Utilization of government health services			
Antenatal care.....	54.6		
Treatment for pregnancy complication.....	61.1		
Treatment for post-delivery complication.....	55.3		
Treatment for vaginal discharge.....	41.8		
Treatment for children with diarrhoea.....	68.9		
Treatment for children with pneumonia.....	41.0		
Quality of family planning services			
Percent non-users ever advised to adopt the family planning method.....	3.7		
Percent users told about side effects of method.....	40.3		
Percent users who received follow-up services.....	4.9		
Characteristics of husband of eligible women			
Percent of husband knowing NSV.....	38.3		
Percent of men who have heard of RTI/STI.....	56.4		
Percent of men who have heard of HIV/AIDS.....	88.7		
Percentage who had any symptoms of RTI/STI.....	11.0		
Sought treatment for RTI/STI.....	34.9		

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. In Manipur, DRS, India was entrusted the work of carrying out of the survey. The survey for Phase-1 of the DLHS covering 9 districts of the state was conducted during May 2002 to August 2002. The survey for Phase-2 covering the remaining districts of the state was carried out during Feb 2004 to June 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 9,732 households in Manipur. From these households, 8,137 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 6,019 husbands of eligible women were interviewed.

Of the total households interviewed in Manipur, nearly 80 percent were from rural areas. There were 46 percent Hindu households, 6 percent Muslim and 39 percent were Christians in the sample. Forty three percent of the households belonged to either scheduled castes or scheduled tribes. Fifty seven percent of the households lived in *Kachcha* and about 6 percent were in *pucca* houses. The majority of the households belonged to low economic status (47 percent in low SLI)

About 79 percent of population aged seven and above are literate. Percent literate among females is 72 where as it is 87 percent for male. Proportion of non-literate is much higher among the older cohort compared to the younger ones. Nearly 28 percent of eligible women in the state are non-literate, and 16 percent have completed 10 or more years of schooling. In Manipur the level of literacy among the eligible women and their husbands are low. As regards distribution of non-literate women, lesser proportion of younger women's below age 30 are illiterate compared to older women age 30 and above, but in case of non-literate husbands across age is more or less uniform, though it is marginally more for husbands below 30 years.

The reporting of the marriages during three years prior to survey gives the mean age at marriage among the boys and girls in the state as 27.5 and 24.1 years respectively. Eleven percent of boys and 10 percent of girls in the state got married before attaining the minimum legal age at marriage of 21 and 18 years respectively. In some of the districts, like Senapati (69 percent), Churachandpur (32 percent), Thoubal (19 percent) and Chandel (18 percent) the number of boys who got married below the legal minimum age at marriage, was quite high. Except in Imphal West, Imphal East and Thoubal, in all the districts nearly 11 to over 21 percent of the girls got married below the legal minimum age at marriage.

About more than three quarters of the households (80 percent) use cooking salt that is iodized at the recommended level of 15 parts per million or higher level of iodine content

whereas 2 percent of households used salts that are not iodized at all. No household reported using non-iodised salt in Bishnupur, Imphal East and Imphal West .Lowest proportion of households (1 percent) in Ukhrul is using non-iodized salt whereas in Senapati the highest proportion of households (8 percent) used non-iodized salt. While more than 80 percent of households in Bishnupur, Imphal East, Imphal West, Tamenglong and Thoubal consume adequately iodized salt, only 25 percent of households in Ukhrul do so.

On an average, women on the verge of completion of reproductive period have given birth to 3.8 children. The completed fertility in the states varies from the lowest of 3.4 children ever born per women in a Chandel and Imphal West each, to the highest of 4.7 children in Ukhrul.

The share of births of order 3 and above in the total births that occurred three years prior to survey is 43 percent. In most of the district, proportion of higher order births is quite high, ranging from the lowest of around 38 percent in Imphal West, to the highest of about 61 percent in Ukhrul.

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 is high as 78 percent of the women received at least one ante-natal care during pregnancy. About 0.2 percent of the women during their pregnancy were visited by health worker at their residence for providing ANC. Twenty-one percent of the women visited private health facilities and 55 percent received ANC from government health facilities. The percent of women who got some kind of ANC during pregnancy range between 45 percent in Ukhrul to 92 percent in Bishnupur. In 5 districts out of 9, 80 percent or more women got some antenatal care.

Though 78 percent of the women in Manipur received ANC, only 81, 84 and 74 percent women had check-up of weight, blood pressure and abdomen respectively. Twelve percent women received Iron and Folic Acid (IFA) tablets and 11 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 11 percent of women.

Minimum three ANC and timing of first check up is crucial for maternal and child care. In Manipur nearly 56 percent of women got ANC in the first trimester and nearly 18 percent had minimum three antenatal check-ups. An extent of ANC in first trimester varies from minimum of 22 percent in Ukhrul to the maximum of 71 percent in Bishnupur. In Ukhrul, only 16 percent of women had minimum three ANC whereas in Imphal West more than 78 percent women had got minimum three ANC.

Nearly 45 percent of the total deliveries in Manipur were conducted in the health institutions; 16 percentages point up from RCH Round I. The majority of the institutional deliveries were conducted in government institutions (37 percent of total deliveries) as against in private institution 7 percent of total deliveries. Twenty-four percent of the total deliveries, that took place at home, were assisted by midwifery trained persons i.e. doctor/ nurse and ANM. So in all, 58 percent of the deliveries, slightly up from RCH Round I (50 percent), in the state were assisted by skilled personnel. The extent of institutional deliveries varies from the highest of 65

percent each, in Imphal East and Imphal West to the lowest of 12 percent in Senapati. In all the districts, comparatively higher proportion of the deliveries took place in government health institutions. Safe deliveries were on the similar pattern in all the districts. The percent of the institutional deliveries increases substantially with women's education and economic status, though the variation in the institutional deliveries by women's education is much conspicuous than that by women's economic status.

In Manipur, 27, 28 and 23 percent of the women experienced pregnancy, delivery and post delivery complications respectively. About 53 percent of the women sought treatment for the pregnancy and 29 percent for the post-delivery complications. The pregnancy complication varies from the lowest of 8 percent in Thoubal to the highest of 60 percent in Senapati. The incidence of all the three types of complications seems to be linked with each other. In the districts where the incidence of pregnancy complications is high, the incidence of delivery and post-delivery complications is also high.

In most of the districts and the state as a whole, the practice of breast-feeding is almost universal. The practice of initiation of breastfeeding within two hours of birth of the child is quiet common. In Manipur, 56 percent women started breastfeeding the child within two hours of birth and nearly 21 percent started after one day of birth. There is great deal of variation in the pattern of breastfeeding across the districts. In Tamenglong district only 32 percent of the women breastfed the child within two hours of birth. In Ukhrul and Churachandpur district, the percentage is highest (71 and 68 percent respectively).

In Manipur 85, 46, 49 and 53 percent of the children received the BCG vaccine, three doses of DPT, Polio and measles vaccine respectively. There is 36 percentage points drop from BCG to measles. It means that large number of children that have contact with services providers are missed out of subsequent services. The complete schedule of immunization including BCG, three doses of DPT and Polio each and measles was received by 34 percent of the children, whereas 10 percent of the children did not receive a single vaccination under routine programme. About 36 percent of the children received supplementation of at least one dose of vitamin A and only 2 percent children received IFA tablets/liquid for iron supplementation.

The extent of complete immunization consisting of BCG, three injections of DPT, three doses of Polio and measles is the lowest in Chandel (1 percent) and highest in Bishnupur (53 percent). In 3 districts (Bishnupur, Imphal East and Imphal West) more than 50 percent of the children received complete immunization.

In Manipur, 80 percent of the women were aware of diarrhoea management and 55 percent were aware of Oral Rehydration Salt (ORS). During the two-week period prior to survey, children of 15 percent of the women suffered from diarrhoea. And 63 percent women treated diarrhoea among children by giving ORS. In comparison to awareness about diarrhoea management, the awareness about danger signs of pneumonia is quite low. Only 33 percent of the women reported awareness about danger signs of pneumonia. Twenty-three percent of the women reported that their children suffered from cough, cold and difficulty in breathing in two-week period prior to survey and 57 percent sought treatment.

The knowledge of family planning methods is universal in all districts of Manipur, with over 77 percent women reporting knowledge of one method or the other. However, the knowledge of any spacing method is marginally low, but the proportion *per se* is quite high (71 percent). The knowledge of any modern methods is also universal in all the districts, though the knowledge of all modern methods is only 39 percent. The proportion knowing all modern methods (males and females' sterilization, IUD, oral pills and condom) varies from about one percent in Chandel to 79 percent in Bishnupur.

In DLHS, knowledge about No-scalpel vasectomy has been asked to husbands of eligible women. About 38 percent of the husbands were aware of no-scalpel vasectomy in the state. The proportion of husbands knowing No-scalpel vasectomy varies from about 3 percent each, in Chandel and Ukhrul to 68 percent in Imphal East.

The contraceptive prevalence rate (any methods) in the state is 34 percent, 5 percentage point up from RCH Round I, comprising of prevalence of about 21 percent of modern methods and 12 percent of traditional methods. Nine percent of the couples adopted sterilization. The percent user of the two male methods sterilization and condom is only 4 percent. There has been positive association between contraceptive use and female education, economic development and availability of health facility. The highest contraceptive prevalence is in Bishnupur (60 percent) followed by Imphal West (51 percent) and lowest is in Chandel (5 percent).

In Manipur, a total of 41 percent of women are found to have unmet need for family planning, with 26 percent for limiting and 15 percent for spacing. There are inter-district differences in the pattern of unmet need. The total unmet need varies from 19 percent in Bishnupur to 21 percent in Imphal West followed by Thoubal (71 percent).

It has been observed that in three months period prior to survey, 58 percent of the eligible women who were required to consult health facility visited any of the government health facilities. Very small proportion of the women who visited the health facility rated facility as excellent. On the other hand, nearly 51 percent of the women who did not visit the government health facility reported government health facility "non-conveniently located" or "time is not suited" as reason.

The district level variation in the utilization of the government health facilities ranges from 21 percent in Chandel to 94 percent in Tamenglong. A large percentage of women visited to private health facilities (37 percent), ranges from 3 percent in Tamenglong, to 80 percent in Chandel.

In Manipur 43 and 90 percent of women are aware of RTI/STI and HIV/AIDS respectively. The corresponding level of awareness among husbands of eligible women is 56 and 89 percent. The percent of women who are aware of RTI/STI and HIV/AIDS is lowest in Ukhrul 2 percent and Chandel 64 percent respectively to highest in Imphal West 82 percent and Bishnupur and Imphal East 99 percent each.. Similarly awareness level of husbands of eligible women of RTI/STI and HIV/AIDS are lowest in Ukhrul (5 percent) and in Chandel (52 percent) to highest in Imphal East (80 percent) and in Bishnupur and Imphal West (100 percent each)

respectively. Out of 9, in 5 districts the awareness of HIV/AIDS is below state figure for women and in 4 districts for husbands of eligible women.

About 33 percent of women and 11 percent of husbands of eligible women in the state reported having at least one symptoms of RTI/STI. In most of the districts the reported prevalence of RTI/STI among husbands was low. The prevalence of RTI/STI is lowest in Tamenglong (12 percent) for women and in Churachandpur (3 percent) for husbands to highest in Chandel and Churachandpur (45 percent each) for women and in Imphal East (21 percent) for husbands. About 6 percent of women reported vaginal discharge with low in Senapati (less than one percent) to highest in Chandel (13 percent). Twenty-seven percent of women sought treatment for vaginal discharge problem and 35 percent of husbands sought treatment with at least one symptoms of RTI/STI. It may be noted that in 2 out of 9 districts higher proportion of women compared to husbands sought treatment for their reproductive health problems.

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 were selected in each district in case the percent urban was low. The target sample size in each district was set at 1,000 complete residential households from 40 selected PSUs. In 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.

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

1.3 House Listing and Sample Selection

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

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

Small villages with less than 50 households were linked with a nearest village. After combining it with the nearest village, the same sampling procedure was adopted as mentioned above.

For the urban PSUs, the selected UFS blocks needed no segmentation as they were of almost equal size and contained less than 300 households.

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

1.4 Questionnaire

DLHS-RCH collected information on a 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 of 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 were also collected about the rating of Government health facilities and staffs and reasons for not visiting to government health facilities by eligible woman.

Section VI: Awareness about RTI/STI and HIV/AIDS: In this section the information were collected about women's knowledge of RTI/STI 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, 7 districts were covered from May 2002 to August 2002 and remaining 6 districts were covered during Phase II from January 2004 to July 2004.

During Round II, a total of 13,429 households were covered. From these surveyed households, 11,874 currently married women (aged 15-44 years) and 117 husbands of eligible women were interviewed.

1.6 Data processing

All the five types of completed questionnaires were brought to the headquarters of regional agencies and data was 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

$$f_1^i = \text{Probability of selection of } i^{\text{th}} \text{ PSU in a district}$$

$$= \frac{(n_r * H_i)}{H}$$

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.

$$f_2^i = \text{Probability of selecting segment (s) from segmented PSU}$$

(in case the i^{th} selected PSU is segmented)

$$= \frac{\text{(Number of segments selected after segmentation of PSU)}}{\text{(number of segment created a PSU)}}$$

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

$$f_3^i = \text{probability of selecting a household from the total listed households of a PSU or in segment(s) of a PSU}$$

$$= \frac{28 * HR_i}{HL_i}$$

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;

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

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 9,732 households are interviewed, about eighty 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 more than 99 percent in every district.

Table 1.1 NUMBER OF HOUSEHOLDS INTERVIEWED						
Month and year of fieldwork and number of households interviewed by district, Manipur, 2002-04						
State/District	Month and year of field work		Number of households interviewed			Response rate
	From	To	Total	Rural	Urban	
State	-	-	9,732	7,826	1,906	99.9
State-phase I	08/2002	10/2002	-	-	-	-
State-phase II	06/2004	10/2004	-	-	-	-
Chandel	09/2002	10/2002	1059	792	267	100.0
Churachandpur	08/2002	10/2002	1052	1052	0	100.0
Senapati	08/2002	09/2002	1088	1088	0	100.0
Thoubal	08/2002	10/2002	1091	768	323	100.0
Ukhrul	08/2002	10/2002	1062	1062	0	100.0
Bishnupur	06/2004	09/2004	1102	711	391	99.9
Imphal East	06/2004	09/2004	1083	761	322	99.4
Imphal West	06/2004	08/2004	1103	500	603	99.8
Tamenglong	09/2004	10/2004	1092	1092	0	100.0

Note: Table based on unweighted cases.

In the interviewed households, interviews were completed with 8,137 currently married women who are the usual member of the household or stayed night before the household interview and 6,019 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 92 and 72 percent respectively. The variation in the women's response rate by district was highest in Ukhrul (100 percent) and lowest in Bishnupur (84 percent), similarly husband's response rate was found to be highest in Tamenglong (85 percent) and lowest in Chandel (64 percent).

Table 1.2 NUMBER OF WOMEN AND HUSBANDS INTERVIEWED								
Number of women and husbands interviewed by district, Manipur, 2002-04								
State/District	Number of women interviewed			Response rate	Number of husbands interviewed			Response rate
	Total	Rural	Urban		Total	Rural	Urban	
State	8,137	6,593	1,544	92.0	6,019	4,911	1,108	71.7
Chandel	929	670	259	95.9	605	412	193	63.6
Churachandpur	880	880	0	88.5	705	705	0	71.2
Senapati	1,014	1,014	0	97.2	704	704	0	68.4
Thoubal	938	663	275	95.4	686	484	202	71.8
Ukhrul	1,029	1,029	0	99.8	807	807	0	80.4
Bishnupur	805	528	277	84.1	569	374	195	67.7
Imphal East	846	606	240	86.4	626	453	173	71.1
Imphal West	891	398	493	89.5	614	269	345	67.4
Tamenglong	805	805	0	90.7	703	703	0	84.6

Note: Table based on unweighted cases.

1.9 Basic Demographic Profile of the State

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

The state of Manipur, is located in NorthEastern of the country with 1.42 million population in 2001. Nagaland in the north, Mizoram in the south, upper Myanmar in the east and Cachar district of Assam in the west bound Manipur The valley portion of the state is surrounded by hill ranges from all sides In other words. It is one of the border States in the North-Eastern part of India, bounded by Nagaland on the north, Assam on the west and Mizoram on the South. The state is consisted of 9 districts, 38 sub-districts (Blocks) and 2,391 villages. The urban areas of the state comprise 33 towns during 2001. Imphal is the capital of the state.

According to 2001 census the population of Manipur is 2.16 million out of which 1.09 millions are males and 1.07 millions are females. The rural and urban breakup of the population shows that 73.4 percent of the population was enumerated in rural areas and 26.6 percent in urban areas. Keeping pace with the national average, Manipur has recorded a sharp decline in the decadal growth rate from 29.9 per cent in 1981-91 to 30.02 percent during 1991-2001. Among the districts, Senapati with 81.9 percent has the highest decadal growth rate whereas Bishnupur with 13.9 percent has the lowest decadal growth rate of total population during 1991-2001.

Percentage of both Scheduled Caste and Schedule Tribe population have experienced a marginal decline during 1991-2001 and the proportion of schedule caste and scheduled tribe population in total population of 2001 are 2.8 percent and 34.2 percent respectively. Highest proportion of Schedule Caste population has been recorded in Thoubal district (9.3 per cent) and that of Schedule Tribe in Ukhrul (95.5 per cent) and Ukhrul has the lowest proportion of Schedule Caste (0.0 per cent) and that of Schedule Tribe in Bishnupur (2.9 per cent) With a population density of 107 per sq. km., Manipur ranks 29th among the states and union territories in India and this figure is almost three times higher than the all India density of 325 persons per square km. Among the districts, Imphal West has the highest density (847 person/sq. km.) and Tamenglong has the lowest (25 person/sq. km).

The sex ratio of the total population in the state has improved since 1991 Census from 958 to 978 per 1000 males. Imphal West has recorded the highest sex ratio (1004) and surprisingly Ukhrul has the lowest (916) within the state.

The literacy rate in the state has improved from 59.89 percent in 1991 to 70.5 percent in 2001 and it is lower even the national average of 64.8 percent. The literacy rate in urban (65 percent) is considerably higher in the state than that in rural areas (82.4 percent). Among the districts, Imphal East has the highest literacy rate of 70.0 percent. Chandel has the lowest literacy rate of 48.6 percent. The male literacy for the state is 80.3 percent and the female literacy rate is 60.5 percent. Both the rates have increased from 1991 census to 2001 census.

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	2,293	26.6	24.9	978	80.3	60.5	70.5
Bishnupur	208	35.9	13.90	993	79.6	55.7	67.6
Chandel	118	12.6	72.80	981	64.3	48.0	56.2
Churachandpur	228	0.0	29.81	944	77.7	63.1	70.6
Imphal East	395	27.4	19.16	991	85.5	65.3	75.4
Imphal West	444	55.5	15.42	1004	89.2	71.3	80.2
Senapati	157	0.0	81.96	951	67.9	51.2	59.8
Tamenglong	111	0.0	29.23	922	68.7	49.0	59.2
Thoubal	364	36.0	24.62	998	80.4	52.5	66.4
Ukhrul	141	0.0	28.98	916	80.1	65.4	73.1

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

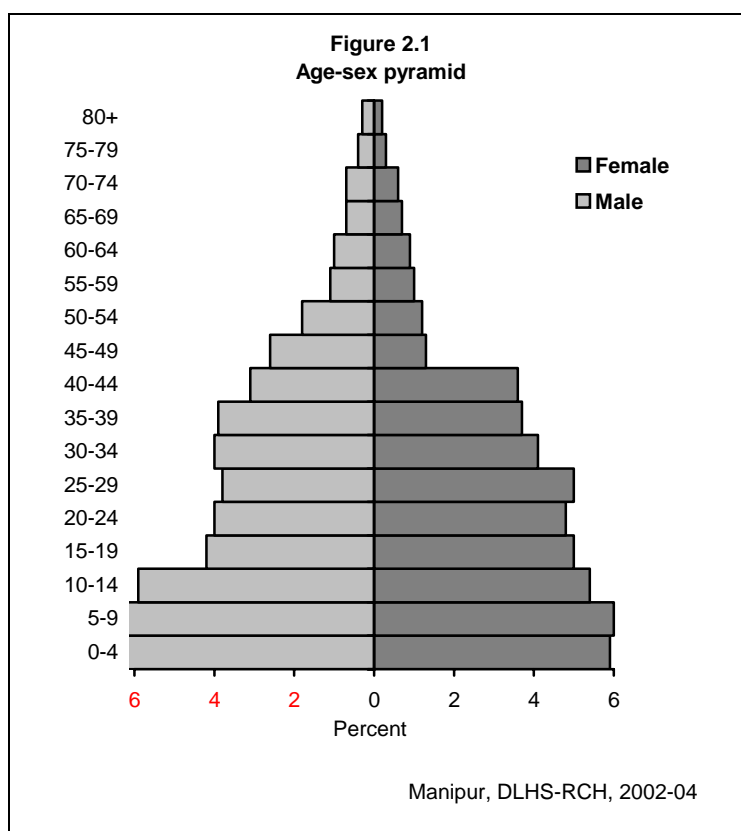
CHAPTER II

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* producer of enumeration is adopted in order to include every individual staying in the sampled Primary Sampling Units (PSU), a village or an urban area, the night before the survey. The objective of adopting the *de facto* method is to avoid duplication of persons who are in transit.

2.1 Age –Sex Structure

The age-sex distribution of sampled household population classified by residence is presented in Table 2.1. The percent distribution is based on sampled *de facto* population of 53,806 persons of whom 80 percent lived in the rural areas of Manipur. The state of Manipur depicts a young and growing population with 36 percent below the age of 15 years (Figure 2.1). There is little difference between number of children below 15 years recorded in rural areas (37 percent) compared to those in urban areas (32 percent).



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

Table 2.1 HOUSEHOLD POPULATION BY AGE AND SEX									
Percent distribution of the household population by age and by residence and sex, Manipur, 2002-04									
Age	Total			Rural			Urban		
	Total	Male	Female	Total	Male	Female	Total	Male	Female
< 1	2.2	2.3	2.2	2.2	2.3	2.2	2.2	2.2	2.2
1-4	9.9	10.2	9.7	10.2	10.3	10.0	9.1	9.6	8.6
5-9	12.4	12.6	12.1	12.8	13.0	12.6	10.6	10.9	10.3
10-14	11.3	11.8	10.9	11.8	12.1	11.4	9.8	10.5	9.1
15-19	9.2	8.4	10.0	9.4	8.5	10.3	8.7	8.2	9.1
20-24	8.8	8.0	9.7	8.8	8.0	9.7	8.9	8.1	9.6
25-29	8.7	7.5	9.9	8.6	7.3	9.9	9.2	8.4	10.1
30-34	8.1	8.0	8.2	7.9	7.8	7.9	9.1	8.7	9.5
35-39	7.6	7.7	7.5	7.6	7.8	7.4	7.8	7.7	7.9
40-44	6.8	6.3	7.3	6.9	6.1	7.6	6.6	6.9	6.3
45-49	4.0	5.3	2.6	4.0	5.4	2.6	3.7	4.8	2.7
50-54	3.0	3.6	2.4	2.9	3.7	2.1	3.5	3.6	3.5
55-59	2.1	2.2	2.0	1.9	2.1	1.7	2.9	2.8	3.0
60-64	2.0	2.1	1.9	1.8	2.0	1.6	2.5	2.3	2.6
65-69	1.3	1.3	1.3	1.2	1.2	1.1	2.1	2.0	2.2
70-74	1.2	1.4	1.1	1.1	1.2	1.0	1.8	1.9	1.6
75-79	0.7	0.8	0.6	0.6	0.7	0.5	0.9	0.9	0.9
80+	0.5	0.5	0.4	0.4	0.5	0.3	0.7	0.7	0.7
Total percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number of persons	53,806	26,970	26,836	42,800	21,494	21,306	11,006	5,476	5,530
Sex ratio ¹	100	NA	NA	101	NA	NA	99	NA	NA

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

2.2 Household Characteristics

The percent distribution of 9,732 households surveyed in the state of Manipur by selected characteristics of the household head and the number of usual household members are shown in Table 2.2. This is based on *de jure*, the usual resident population. More than 92 percent of household heads are male invariant of place of resident while only 8 percent are female-headed households. Nearly 72 percent of household heads are in the 30-59 years age group. The median age of household heads is 45 years for the state as a whole, while it is 44 years in rural areas and 48 years in urban areas. About 9 percent of household heads are younger than 30 years and as high as 19 percent are at least 60 years old. Majority of the household heads are Hindu (46 percent), 39 percent are Christian, and 10 percent belongs to other religions. Hindus constitute a higher proportion of population in urban areas (75 percent) than in rural areas (38 percent). Only 5 percent of the rural households are Muslim, and only 9 percent of urban households. Considerable numbers of people are Christian in rural area (48 percent) where as the corresponding number in urban areas is only 4 percent. About 5 percent in rural areas and 9 percent in urban areas are Muslims.

Table 2.2 HOUSEHOLD CHARACTERISTICS			
Percent distribution of the household head by selected characteristics of the household head and household size, according to residence, Manipur, 2002-04			
Characteristic	Total	Residence	
		Rural	Urban
Sex of the household head			
Male	92.0	93.3	86.6
Female	8.0	6.7	13.4
Age of the household head			
< 30	8.6	9.1	6.7
30-44	42.3	43.9	35.7
45-59	29.9	30.0	29.8
60+	19.2	17.1	27.8
Median age of the household head	44.5	43.7	48.2
Religion of the household head			
Hindu	45.5	38.2	75.3
Muslim	5.6	4.8	8.9
Christian	39.0	47.5	4.0
Sikh	0.1	0.1	0.0
Buddhist	0.1	0.1	0.0
No Religion	0.1	0.1	0.0
Other	9.7	9.2	11.7
Caste/tribe of the household head			
Scheduled caste	3.7	2.3	9.3
Scheduled tribe	38.8	47.3	4.1
Other backward class	47.0	42.1	67.1
Other #	10.2	8.0	19.1
Don't know	0.3	0.3	0.4
Number of usual members			
1	0.5	0.5	0.5
2	3.2	3.3	2.7
3	10.0	10.2	9.1
4	18.7	18.8	18.0
5	21.3	21.7	20.1
6	17.6	17.4	18.1
7	12.4	12.3	12.5
8	8.0	8.1	7.7
9+	8.4	7.6	11.4
Mean household size	5.5	5.5	5.7
Total percent	100.0	100.0	100.0
Number of households	9,732	7,826	1,906
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)			

Four percent of the households in Manipur belong to schedule caste, 39 percent to schedule tribes and 47 percent belong to other backward classes while the remaining 10 percent of the households are headed by other castes not under schedule caste, schedule tribe and other backward classes. About 47 percent of the household head belong to schedule tribe in rural areas and it is only 4 percent in urban areas. Household heads belonging to other backward classes in urban areas is as high as 67 percent while it is 42 percent in rural areas. The overall state average

household size is 5.5 persons. The rural-urban differential in average household size is 5.5 in rural areas and 5.7 in urban areas which is very minor.

2.3 Educational Level

The educational background of Manipur presented in this section is based on *de facto* household population. Level of literacy and years of schooling, according to age, sex and residence are shown in Table 2.3.

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, Manipur, 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	23.1	3.3	71.6	0.8	0.0	0.0	1.2	100.0	1,855
10-14	6.8	0.3	56.4	31.6	4.2	0.0	0.7	100.0	3,176
15-19	5.2	0.0	9.2	28.5	45.1	12.1	0.0	100.0	2,271
20-29	5.7	0.1	6.1	12.6	32.6	42.8	0.0	100.0	4,182
30-39	9.8	0.2	5.9	12.3	31.0	40.7	0.0	100.0	4,246
40-49	18.0	0.1	9.7	16.4	27.9	27.7	0.2	100.0	3,114
50+	29.9	1.2	17.4	13.2	20.3	17.9	0.1	100.0	3,232
Total	13.3	0.6	21.3	16.5	24.3	23.7	0.3	100.0	22,076
Female									
7-9	24.5	3.9	68.9	0.7	0.0	0.0	1.9	100.0	1,857
10-14	9.1	0.6	52.8	33.3	3.8	0.0	0.3	100.0	2,931
15-19	8.9	0.1	7.4	29.6	44.1	9.8	0.0	100.0	2,693
20-29	15.7	0.2	6.8	13.7	31.2	32.1	0.2	100.0	5,259
30-39	30.1	0.2	10.8	12.5	22.0	24.2	0.2	100.0	4,226
40-49	49.0	0.3	11.6	11.4	13.4	14.2	0.1	100.0	2,672
50+	75.9	1.3	10.1	4.3	4.5	3.9	0.1	100.0	2,614
Total	28.5	0.7	19.9	15.5	19.5	15.5	0.3	100.0	22,253
Total									
7-9	23.8	3.6	70.2	0.7	0.0	0.0	1.6	100.0	3,712
10-14	7.9	0.5	54.7	32.4	4.0	0.0	0.5	100.0	6,107
15-19	7.2	0.1	8.2	29.1	44.5	10.9	0.0	100.0	4,965
20-29	11.3	0.2	6.5	13.2	31.9	36.9	0.1	100.0	9,442
30-39	19.9	0.2	8.4	12.4	26.5	32.5	0.1	100.0	8,472
40-49	32.3	0.2	10.6	14.1	21.2	21.5	0.1	100.0	5,786
50+	50.5	1.2	14.1	9.2	13.2	11.6	0.1	100.0	5,846
Total	21.0	0.6	20.6	16.0	21.9	19.6	0.3	100.0	44,330
Note: Table is based on <i>de facto</i> population.									Contd.

Table 2.3 indicates that, 21 percent of the population aged seven and above are illiterate. The proportion of illiterates is 29 percent for females compared to 13 percent for males. The proportion of illiterates is much higher among the older cohorts compared to the younger ones. For both males and females, going by expected trend, the level of literacy is higher in the younger population than in the older age groups with the exception of the youngest age group of 7-9 years (Figure 2.2).

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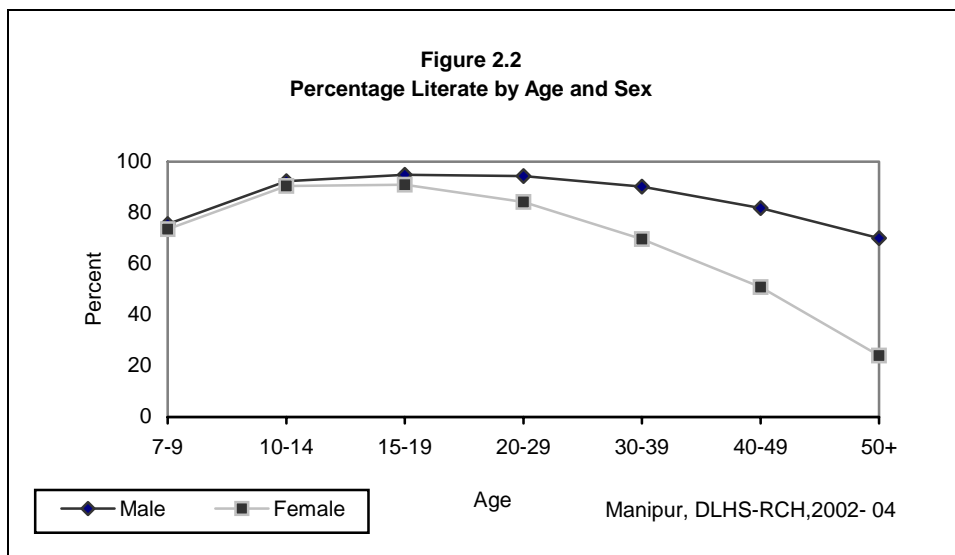


Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION
Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age, residence and sex, Manipur, 2002-04

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			
RURAL									
Male									
7-9	23.1	2.9	72.1	0.7	0.0	0.0	1.3	100.0	1,523
10-14	7.0	0.2	57.4	30.9	3.7	0.0	0.7	100.0	2,603
15-19	5.9	0.0	10.9	29.0	43.3	10.8	0.0	100.0	1,820
20-29	5.7	0.1	6.8	13.6	33.9	40.0	0.0	100.0	3,280
30-39	10.9	0.3	6.6	13.6	31.9	36.6	0.0	100.0	3,349
40-49	20.3	0.1	11.0	17.0	28.3	23.3	0.1	100.0	2,478
50+	31.9	1.3	18.1	13.4	19.5	15.7	0.1	100.0	2,453
Total	14.2	0.6	22.6	17.1	24.3	21.1	0.3	100.0	17,507
Female									
7-9	24.9	3.8	68.6	0.7	0.0	0.0	2.0	100.0	1,533
10-14	9.4	0.7	53.5	32.7	3.4	0.0	0.3	100.0	2,426
15-19	9.7	0.1	8.3	30.9	41.9	9.0	0.0	100.0	2,189
20-29	16.5	0.2	7.9	14.8	31.4	29.1	0.1	100.0	4,170
30-39	31.9	0.2	12.2	13.5	22.5	19.5	0.3	100.0	3,265
40-49	50.5	0.3	12.8	12.0	12.8	11.5	0.1	100.0	2,173
50+	76.3	1.1	11.2	4.1	4.2	3.0	0.1	100.0	1,814
Total	28.7	0.7	21.3	16.3	19.3	13.4	0.3	100.0	17,569
Total									
7-9	24.0	3.3	70.3	0.7	0.0	0.0	1.7	100.0	3,056
10-14	8.1	0.5	55.6	31.8	3.6	0.0	0.5	100.0	5,030
15-19	8.0	0.1	9.5	30.1	42.6	9.8	0.0	100.0	4,008
20-29	11.7	0.2	7.4	14.2	32.5	33.9	0.1	100.0	7,450
30-39	21.3	0.2	9.4	13.5	27.3	28.1	0.1	100.0	6,614
40-49	34.4	0.2	11.8	14.7	21.0	17.8	0.1	100.0	4,651
50+	50.8	1.3	15.1	9.5	13.0	10.3	0.1	100.0	4,267
Total	21.4	0.6	21.9	16.7	21.8	17.2	0.3	100.0	35,076

Contd.

Around 72 percent of males as well females in this age group 7 - 9 had 1-5 years of schooling. Nearly 56 percent of males in the age group 10-14 years have had education for 1-5 years. Females are also not far behind compared to their male counterparts in this category with a corresponding share of 69 percent in the age group 9-10 years and 53 percent in the age group 10-14 years. Lesser proportion of females are found in higher education of 9-10 years (20 percent) and 11 or more years (16 percent) compared to the males having corresponding figures of 24 percent for each. Less than one percent of the total population, 0.6 percent of males and 0.7 percent of females are found to be literate without any formal schooling.

Table 2.3 EDUCATIONAL LEVEL OF THE HOUSEHOLD POPULATION

Percent distribution of household population age 7 and above by literacy level and years of schooling, according to age, residence and sex, Manipur, 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	23.3	5.1	69.3	1.3	0.0	0.0	1.1	100.0	332
10-14	6.1	0.6	51.5	34.4	6.4	0.0	1.0	100.0	572
15-19	2.1	0.0	2.2	26.2	52.0	17.4	0.0	100.0	452
20-29	5.9	0.2	3.7	8.9	28.1	53.3	0.0	100.0	903
30-39	5.6	0.0	3.3	7.4	27.6	56.1	0.0	100.0	897
40-49	9.3	0.1	4.6	14.2	26.5	44.9	0.4	100.0	636
50+	23.6	0.6	15.3	12.7	22.7	25.0	0.1	100.0	778
Total	10.2	0.6	16.3	14.4	24.5	33.7	0.3	100.0	4,570
Female									
7-9	22.8	4.6	70.4	0.7	0.0	0.0	1.6	100.0	325
10-14	8.1	0.2	49.4	36.4	5.5	0.0	0.3	100.0	505
15-19	5.4	0.2	3.6	24.0	53.3	13.5	0.0	100.0	505
20-29	12.4	0.5	2.8	9.9	30.5	43.7	0.2	100.0	1,089
30-39	23.7	0.4	6.1	9.2	20.2	40.2	0.1	100.0	961
40-49	42.4	0.3	6.2	9.0	16.0	26.1	0.0	100.0	499
50+	75.1	1.5	7.7	4.7	5.1	5.9	0.0	100.0	800
Total	28.1	0.8	14.5	12.5	20.2	23.7	0.2	100.0	4,684
Total									
7-9	23.0	4.9	69.8	1.0	0.0	0.0	1.3	100.0	656
10-14	7.0	0.4	50.5	35.4	5.9	0.0	0.7	100.0	1,077
15-19	3.8	0.1	2.9	25.0	52.7	15.4	0.0	100.0	956
20-29	9.5	0.3	3.2	9.4	29.4	48.0	0.1	100.0	1,991
30-39	15.0	0.2	4.8	8.4	23.8	47.9	0.1	100.0	1,858
40-49	23.9	0.2	5.3	11.9	21.9	36.6	0.2	100.0	1,136
50+	49.7	1.1	11.4	8.7	13.8	15.3	0.1	100.0	1,579
Total	19.3	0.7	15.4	13.4	22.3	28.6	0.2	100.0	9,254

An examination of the educational attainment by place of residence revealed that the urban-rural differential was quite pronounced. In urban areas, only 19 percent of the total population is illiterate in comparison to 21 percent of the rural population. The numbers of illiterate females living in rural areas of Manipur accruing a share as high as 29 percent, while illiterate rural males is 14 percent. Prevalence of illiterate is a little less in urban areas with figures of 28 percent and 10 percent illiterate females and males respectively. A contrasting feature of rural-urban difference in educational level is that in rural areas most people had 1-5

years of schooling (22 percent), and those who had 11 or more years of schooling was just 17 percent, whereas in urban areas a significant proportion of people (17 percent) had this level of education.

2.4 Marital Status of the Household Population

The DLHS, collected information on the marital status of all household members aged 10 years and above. Table 2.4 shows the percent distribution of household population by marital status distribution of *de facto* household population by age and sex. Forty-two percent of females in the age group 20-24 years, followed by 75 percent in the age group 25-29 years, and 92 percent in the age group 30-44 years, are currently married. The proportion of never married for both males and female is 41 percent in the state, and it is higher for males (43 percent) than for females (39 percent). The proportion of never married among males declines with increasing age and reaches the lowest by the time they are in the age group 60 + years. A similar pattern has been observed in the case of females, with the lowest never married proportion for the age group 45-59 years. The proportions of divorced, separated or widowed are negligible and limited to the older ages. Forty-seven percent of women aged 60 years or above are widowed /divorced /separated. Among the *de facto* population aged 10 years and above, 55 percent of males and 56 percent of females are currently married.

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 , Manipur, 2002-04						
Age	Marital status				Total Percent	Number of persons
	Never married	Currently married	Married, gaunna not performed	Widowed/ divorced/ Separated		
Male						
10-14	96.2	2.5	1.2	0.1	100.0	3,176
15-19	98.1	1.8	0.1	0.0	100.0	2,271
20-24	81.9	17.7	0.2	0.2	100.0	2,154
25-29	43.8	55.9	0.2	0.1	100.0	2,028
30-44	9.6	89.7	0.1	0.6	100.0	5,941
45-59	1.4	95.2	0.1	3.3	100.0	3,007
60+	0.6	81.7	0.0	17.6	100.0	1,644
Total	42.4	55.2	0.3	2.1	100.0	20,221
Female						
10-14	96.9	2.0	0.6	0.0	100.0	2,931
15-19	91.2	8.3	0.1	0.3	100.0	2,693
20-24	56.3	42.2	0.4	1.1	100.0	2,596
25-29	24.8	74.5	0.1	0.5	100.0	2,664
30-44	6.2	91.6	0.1	2.1	100.0	6,188
45-59	1.9	82.8	0.3	15.0	100.0	1,886
60+	2.1	51.2	0.2	46.6	100.0	1,438
Total	38.6	55.5	0.2	5.6	100.0	20,396
Total						
10-14	96.5	2.2	0.9	0.1	100.0	6,107
15-19	94.4	5.3	0.1	0.2	100.0	4,965
20-24	67.9	31.1	0.3	0.7	100.0	4,749
25-29	33.0	66.5	0.1	0.3	100.0	4,692
30-44	7.9	90.7	0.1	1.4	100.0	12,129
45-59	1.6	90.4	0.2	7.8	100.0	4,893
60+	1.3	67.4	0.1	31.1	100.0	3,082
Total	40.5	55.4	0.2	3.9	100.0	40,617

Note: Table is based on *de facto* population

2.5 Marriage

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

Table 2.5 MARRIAGE				
Mean age at marriage and percentage of marriages below legal at marriage by sex and by districts, Manipur, 2002-04				
Place of residence/ District	Mean age at marriage		Percentage of marriage below legal age at marriage	
	Boy	Girl	Boy (<21)	Girl (<18)
Manipur – Total	27.5	24.1	11.0	9.6
Manipur – Rural	27.0	23.6	12.4	11.2
Manipur – Urban	28.7	25.4	7.4	5.9
District				
Bishnupur	27.2	23.4	7.9	11.1
Chandel	25.5	20.4	(16.7)	(15.3)
Churachandpur	22.2	20.0	31.7	15.6
Imphal East	28.3	25.5	12.4	8.9
Imphal West	29.1	24.7	3.8	7.1
Senapati	20.5	19.7	(68.7)	19.3
Tamenglong	26.1	21.0	7.5	10.8
Thoubal	25.1	23.6	19.4	8.0
Ukhul	25.9	21.5	(12.9)	20.6

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. () Based on less number of cases

Mean age at marriage for boys and girls in urban areas of Manipur are 29 years and 24 years respectively. The corresponding figures in rural areas are 27 years and 24 years. On the whole, as far as Manipur is concerned, both boys and girls seem to oblige the legal age marriage, the average age at marriage being 28 years for boys and 24 years for girls. However, 11 percent boys and nearly 10 percent girls got married below the corresponding specified legal age marriage. The proportion is much higher in the rural areas compared to the urban areas of the state.

When it comes to district level variation in mean age at marriage, it is highest in Imphal West, 29 years for boys and in Imphal East 26 years for girls. The lowest mean age at marriage for boys is 21 years and for girls is 20 years, recorded for the district of Senapati.

It is also found that, the percentage of girls who were married below the legal age at marriage was the highest in Senapati (19 percent) and the lowest in Imphal West (7 percent). In the case of boys, marriages below the legal age at marriage are the highest in Senapati district (69 percent) and lowest in Imphal West (4 percent).

2.6 Morbidity Rates

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

Table 2.6 MORBIDITY RATES			
Prevalence of blindness, tuberculosis, and malaria, according to place of residence, Manipur, 2002-04.			
Morbidity	Total	Residence	
		Rural	Urban
Prevalence rate of blindness			
Male			
Partial	2,335	2,425	1,985
Complete	1,217	1,259	1,055
Night blindness	356	410	148
Female			
Partial	2,106	2,042	2,354
Complete	1,275	1,350	984
Night blindness	338	373	203
Persons			
Partial	2,222	2,235	2,169
Complete	1,246	1,304	1,020
Night blindness	347	391	176
Prevalence rate of tuberculosis			
Male	980	1,111	467
Female	593	636	425
Person	787	875	446
Prevalence rate of malaria¹			
Male	1,261	1,518	249
Female	881	1,069	154
Person	1,072	1,294	201

Note: All the rates refer to *de jure* population. 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. ¹Last two weeks prior to the survey

Partial, Complete and Night Blindness

The overall prevalence of partial blindness is 2,222 per 100,000 populations in the state and is higher in rural areas (2,235 per 100,000) than in urban areas (2,169 per 100,000). It is more among females. The prevalence of complete blindness is 1,246 per 100,000 populations with a rural-urban differential of 1,304 against 1,020 per 100,000. Sex differential in complete blindness is not significant. The prevalence of night blindness due to vitamin A deficiency is 347 per 100,000 population, and the corresponding numbers in rural areas is 391 and in urban areas it is 176.

Tuberculosis

The prevalence of tuberculosis is 787 per 100,000 population, with rural areas having a higher prevalence of 875 compared to 446 per 100,000 in urban areas. The prevalence of TB is higher among males (980 per 100,000) than among females (593 per 100,000).

Malaria

In the DLHS-RCH, household respondents were asked to state whether any member of their household suffered from malaria (characterized by recurrent fever with shivering) any time during the two weeks prior the survey. In the state of Manipur, 1,072 persons per 100,000 population were reported to have suffered from malaria. Rural residents are more likely to suffer from malaria (1,294 per 100,000) than urban residents (201 per 100,000).

2.7 Morbidity Rates by Districts

Table 2.7 shows the prevalence of blindness, tuberculosis and malaria in the districts of Manipur. The prevalence of partial blindness varies considerably among the districts the lowest being 477 per 100,000 in Ukhrul and the highest, 3,777 per 100,000 in Chandel.

District	Prevalence ¹ of morbidity			
	Partial blindness	Complete blindness	Tuberculosis	Malaria ²
Bishnupur	3,216	173	511	236
Chandel	3,777	4,693	2,144	4,388
Churachandpur	2,874	2,430	2,284	1,349
Imphal East	790	329	293	109
Imphal West	2,336	434	457	446
Senapati	1,701	1,529	943	4,964
Tamenglong	820	447	179	1,065
Thoubal	3,298	1,825	441	94
Ukhrul	477	1,082	948	840
Manipur	2,222	1,246	787	1,072

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. ²Last two weeks prior to the survey

The district with a prevalence rate below 1,000 per 100,000 are Ukhrul, Imphal East and Tamenglong. The prevalence rate of complete blindness ranges from 173 per 100,000 in Bishnupur to 4,693 per 100,000 in Chandel. Inter-district variations are substantial for tuberculosis and malaria.

The prevalence rate of tuberculosis is the highest in district Churachandpur (2,284 per 100,000 population) and it is lowest in Tamenglong (179 per 100,000). In the case of malaria, the prevalence rate is highest in Senapati (4,964 per 100,000) and lowest in Thoubal (94 per 100,000).

2.8 Housing Characteristics

This section describes the availability of basic amenities in the state. Table 2.8 presents the percent distribution of households by selected housing characteristics. Eighty-one percent of the households in Manipur have electricity connection and it is much more in urban areas (88 percent) than in rural areas (79 percent).

As regards household source of drinking water about 33 percent of the households get drinking water through taps, while 9 percent drink water from hand pumps/ bore-wells, and 5 percent drink water from wells. About 67 percent of households in urban areas get piped water for drinking, whereas in rural areas only 25 percent of the households have such provision.

When it comes to sanitation facility, only 11 percent of the households have flush toilets, while 62 percent have pit based toilets or latrines, 19 percent depend on shared toilets and nearly 7 percent of the households have no toilet facility at all. There is a large rural-urban difference; 9 percent of rural households have no toilet facility, compared to just 0.1 percent of urban households.

DLHS-RCH has also collected data on type of fuel used in the households for cooking. Thirty-four percent of the households used liquid petroleum/gas or electricity for cooking in Manipur. About 63 percent of households rely on fire woods, 2 percent on kerosene, and less than one percent of households use other types of fuel for cooking. The use of liquid petroleum gas/electricity for cooking is reported more in urban areas (58 percent), and firewood as source for cooking are reported more in rural areas (68 percent).

There is considerable variation in the quality of housing. On the basis of building material, type of floor, walls and roof, households are categorised into *kachcha*, semi-*pucca* and *pucca*. More than half of the households are living in *kachcha* houses, 37 percent in semi *pucca* houses and 6 percent in *pucca* houses. Eleven percent of urban households live in *pucca* houses compared to 5percent of rural households.

The possession of consumer durable goods is an indication of a household's socio-economic status. Table 2.8 shows that majority of the households in the state own radio/transistor (64 percent), bicycles (50 percent), an electric fan (32 percent), and television (34 percent).

Table 2.8 HOUSING CHARACTERISTICS

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

Housing characteristic	Total	Residence	
		Rural	Urban
Electricity			
Yes	80.8	79.0	87.9
No	19.2	21.0	12.1
Source of drinking water			
Tap inside	7.6	5.3	17.2
Tap shared public	25.4	19.6	49.4
Hand pump/ bore well	8.9	9.7	5.5
Well covered	2.3	2.7	0.6
Well uncovered	2.5	2.6	2.0
River	15.6	17.1	9.4
Pond	17.9	18.7	14.5
Spring	19.1	23.7	0.2
Other	0.7	0.6	1.2
Sanitation facility			
Own flush toilet	10.7	8.8	18.2
Own pit toilet / latrine	62.3	64.1	54.9
Shared toilet of any type	18.8	16.9	26.4
Public / community toilet	0.9	1.1	0.4
No toilet facility	7.3	9.0	0.1
Main type of fuel used for cooking			
Liquid petroleum gas/ electricity	34.2	28.4	57.9
Kerosene	2.4	2.6	1.8
Wood	62.8	68.4	39.7
Other	0.6	0.6	0.6
Type of house			
Kachcha	57.1	60.6	43.1
Semi - pucca	36.8	34.7	45.7
Pucca	6.0	4.8	11.2
Household assets			
Fan	32.1	27.2	52.4
Radio/transistor	64.0	61.1	75.5
Sewing machine	12.5	11.2	18.0
Television	34.0	29.2	53.9
Telephone	9.5	7.8	16.3
Bicycle	50.3	46.8	64.8
Motor cycle/ scooter	16.0	13.6	26.1
Car / Jeep	4.3	3.4	8.0
Tractor	1.1	1.0	1.3
Standard of living index			
Low	46.9	53.1	21.2
Medium	37.7	35.1	48.3
High	15.4	11.8	30.5
Number of households	9,732	7,826	1,906

Other durable goods found in the surveyed households are telephone (10 percent), sewing machine (13 percent), and motorcycle or scooter (16 percent). Car/jeep and tractor are owned by five percent of households in Manipur. Ownership of most of the consumer durable items is more among the urban households than among the rural households.

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

As per the standard of living index, 47 percent of the households come under the low standard of living category, 38 percent of households to medium standard of living, and 15 percent of the households to high standard of living.

The proportion of sample households with medium and high standard of living is comparatively higher in urban areas than in rural areas, and the proportion of households with a low standard of living is much higher in rural households (53 percent) than in urban households (21 percent) in the state of Manipur.

2.9 Housing Characteristics by Districts

The 9 districts in Manipur are not uniform in terms of basic amenities and possession of consumer durables. Table 2.9 presents an inter-district comparison of housing characteristics. The percentage of households with electricity is 52 percent in the district of Tamenglong which is the lowest. The household with electricity is highest in Imphal East (90 percent). More than fifty percent or more of households used piped water or water from a hand pump for drinking in 5 districts except for Chandel (43 percent), Tamenglong and Ukhrul (11 percent each) and lowest in Senapati which is only 3 percent.

Largely the districts in Manipur have adequate toilet facility, in Ukhrul only 57 percent of households have toilet facilities, which is the lowest among all districts.

In Tamenglong district the percentage of households using liquid petroleum gas/electricity for cooking is only 5 percent and in the rest of the districts, it is relatively low ranging between 7 to 52 percent. The percentage of households living in *pucca* houses is quite low in all the districts of Manipur. In 2 of the 9 districts, less than one percent of the households live in *pucca* houses. Imphal East is the only district where 15 percent of the households live in *pucca* houses.

Table 2.9 HOUSING CHARACTERISTICS BY DISTRICT					
Selected housing characteristics by district, Manipur, 2002-04					
Districts	Percentage of households:				
	With electricity	With drinking water ¹	With toilet facility	Using Liquid petroleum gas/ electricity	Living in pucca house
Bishnupur	87.9	55.1	98.2	45.3	4.4
Chandel	76.8	43.1	76.9	24.4	0.9
Churachandpur	84.0	63.2	99.1	41.9	4.2
Imphal East	89.5	56.8	94.3	52.4	15.4
Imphal West	86.4	62.9	98.7	51.2	9.5
Senapati	87.8	3.1	91.9	6.6	1.7
Tamenglong	51.8	10.7	95.1	4.6	2.8
Thoubal	78.1	49.9	99.9	32.0	3.6
Ukhrul	59.9	10.7	57.4	7.9	0.3
Manipur	80.8	44.2	92.7	34.2	6.0

Note: 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 (Table 2.10) are classified by degree of ionization of salt and categorised by background characteristics. It is observed that nearly 80 percent of households used salt that contained a minimum recommended 15 ppm or higher level of iodine content whereas 2 percent of households used salt that is not iodized at all and another 15 percent used salt, which was inadequately iodized.

In rural areas, 2 percent of households against 0.9 percent in urban areas used non-iodized salts. Percentage of households using inadequately iodized salt in rural areas is higher compared to that in urban areas. Number of households using non-iodized or inadequately iodized salt is closely associated with the educational level of the household head. Nearly 81 percent of households headed by persons who had more than 10 years of schooling reported the use of adequately iodized salts. Consumption of adequately iodised salt among households of other backward classes is 93 percent, followed by 92 percent in other castes households and among scheduled caste and scheduled tribe it is 88 percent and 60 percent of households, respectively.

Table 2.10 IODIZATION OF SALT

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

Background characteristic	Not iodised	7ppm	15+ppm	Other ¹	Total percent	Number of households
Place of Residence						
Rural	2.4	17.4	76.5	3.7	100.0	7,826
Urban	0.9	5.5	92.2	1.4	100.0	1,906
Education of the household heads						
Non-literate	2.2	12.8	79.8	5.3	100.0	2,336
0-9@ years	2.2	16.8	78.3	2.7	100.0	3,664
10 and above	1.9	14.7	80.9	2.5	100.0	3,724
Religion of household head						
Hindu	0.8	4.3	93.1	1.7	100.0	4,426
Muslim	0.8	5.8	88.1	5.3	100.0	544
Christian	4.2	31.7	59.4	4.6	100.0	3,794
Other	0.2	4.2	91.9	3.6	100.0	967
Caste/tribe of the household head#						
Scheduled caste	1.6	8.0	88.0	2.4	100.0	357
Scheduled tribe	4.3	31.4	59.8	4.5	100.0	3,779
Other backward class	0.6	4.2	92.7	2.5	100.0	4,574
Other	0.8	6.2	92.0	1.0	100.0	992
Standard of living index						
Low	3.3	24.0	68.2	4.6	100.0	4,562
Medium	1.3	8.8	88.0	2.0	100.0	3,668
High	0.6	3.3	93.7	2.4	100.0	1,502
Total	2.1	15.1	79.6	3.2	100.0	9,732

Note: Ppm: Parts per million. Table includes 8 household head with missing information on education 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.

Differential in the consumption of properly iodized salt is more pronounced when analysed by religion of the household head and standard of living index. Percentage of households using adequately iodized salt is only 59 percent among Christian households, whereas the corresponding figures for Hindu, Muslim and other religion households are 93 percent, 88 percent and 92 percent respectively. Again, households with low standard of living are more likely to use non-iodized or inadequately iodized salt compared to households with medium or high standard of living index. While 3 percent of households with low standard of living used non-iodized salt, 0.6 percent households with a high standard of living fall in this category. The number of households with a high standard of living using adequately iodized salt is higher than those with a low standard of living (94 percent and 68 percent).

2.11 Iodization of Salt by Districts

Table 2.11 shows district level variation in the percent distribution of households by level of iodization of salt used in the households. Bishnupur, Imphal East and Imphal West have the lowest proportion of households (zero percent) using non-iodized salt, whereas Senapati has the highest proportion of households (8 percent) using non-iodized salt. Percentage of households using inadequately iodized salt is the highest (70 percent) in Ukhrul and the lowest in Imphal East (3 percent). Around 80 percent of the households in the state used adequately iodized salt, the highest being in the district of Imphal West (96 percent) and the lowest is in Ukhrul (24 percent). (see Map-2).

Table 2.11 IODIZATION OF SALT BY DISTRICT				
Percent distribution of household heads by degree of iodization of salt by district, Manipur, 2002-04				
District	Not iodized	7ppm	15+ppm	Other ¹
Bishnupur	0.0	6.9	92.8	0.2
Chandel	2.1	35.4	52.1	10.5
Churachandpur	4.6	29.1	63.6	2.7
Imphal East	0.0	3.1	94.8	2.0
Imphal West	0.0	3.5	95.9	0.6
Senapati	8.2	18.9	65.7	7.2
Tamenglong	5.9	12.1	82.0	0.0
Thoubal	2.5	3.9	88.6	5.1
Ukhrul	1.3	69.6	25.4	3.7
Manipur	2.1	15.1	79.6	3.2

Note: 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 the distance of surveyed villages from an education facility. The unit of analysis is usual residents of rural population. Majority of the rural residents (86 percent) (the *de jure* rural population) in the state live in villages that have a primary school, 50 percent live in villages with middle school and 30 percent of the rural population live in villages with secondary schools. Higher secondary schools are available for 13 percent of the rural population. Nineteen percent of the rural population live in villages, which have Madarassas. Seven percent of the

surveyed villages have a college. As regards the distribution of educational institutions within 5 kilometres distance from of the village, it can be seen that, 31 percent of the villages have middle school, 27 percent have secondary school, 28 percent have higher secondary school and 8 percent have a 'Madarassa' within this distance. For 42 percent of the villages, the college is more than 10 kilometres away and madarassa are available at this distance for 38 percent of the villages.)

Table 2.12 DISTANCE FROM THE NEAREST EDUCATION FACILITY
Percent distribution of rural household population by distance from the nearest education facility, Manipur, 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	86.4	8.0	2.5	3.2	0.0	100.0
Middle School	49.8	31.1	7.4	11.7	0.0	100.0
Secondary School	29.9	27.1	17.9	24.9	0.2	100.0
Higher Secondary School	12.7	27.5	26.5	33.1	0.3	100.0
College	7.0	27.9	22.5	41.9	0.7	100.0
Gurujee Scheme	0.0	0.0	0.0	0.0	100.0	100.0
Madarsa	19.1	8.2	12.5	38.1	22.1	100.0

Note: Table based on rural de jure population

Table 2.13 DISTANCE FROM THE NEAREST HEALTH FACILITY
Percent distribution of rural household population by distance from the nearest health facility, Manipur, 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	35.0	20.3	23.5	20.9	0.3	100.0
Primary health centre	20.5	21.7	26.6	31.0	0.2	100.0
Either sub-centre or PHC	48.1	19.3	20.6	11.9	0.1	100.0
Community health centre/ Referral hospital	2.3	18.2	28.5	49.1	1.9	100.0
Government dispensary	15.1	14.3	26.9	43.5	0.2	100.0
Government hospital	3.7	8.3	12.7	74.0	1.2	100.0
Private clinic	7.0	10.7	23.9	56.5	1.9	100.0
Private hospital	2.6	6.9	24.2	64.2	2.0	100.0
ISM health facility	6.1	5.9	9.3	24.6	54.1	100.0

Note: Table based on rural de jure population

Table 2.13 summarises the availability of health facilities within the surveyed villages and provides information on the distance between the villages and the nearest health facility. About 35 percent of the rural population live in villages with Sub-centres. Only 21 percent of the rural household population live in a village with a primary health centre, though the proportion of villages having facilities of either Sub-centre or primary health centre is 48 percent. The proportion of rural population with other health facilities is 2 percent for CHCs/RHs, 15 percent for Government dispensary. Four percent of villages have Government hospitals, whereas 7 percent have private clinics, 3 percent has facility of private hospitals and 6 percent for Indian System of Medicine.

Table 2.14 AVAILABILITY OF SERVICES	
Percentage of rural residents living in villages that have selected services, Manipur, 2002-04	
Services	Percentage of rural residents
Anganwadi centre	92.1
Anganwadi worker	87.7
Private doctor	11.0
Visiting doctor	15.6
Homeopathic doctor	10.1
Village health guide	24.2
Trained birth attendant	15.7
Traditional healer	43.8
Dai	36.4

Note: Table based on rural de jure population

The proportion of rural population located within a distance of 5 kilometres from health facilities are 20 percent for sub-centres, 22 percent for primary health centres, 18 percent for CHCs/RHs. 14 percent for a Government dispensary, 8 percent for Government hospitals, 11 percent for private clinic, 7 percent for private hospitals and 6 percent for ISM health facilities. Distance of particular health facilities is beyond 10 kilometres from surveyed villages in the case of Government hospitals (74 percent) and for private hospitals, (64 percent).

Table 2.14 shows the proportion of rural residents in the state that live in the villages with various health services. Almost 92 percent of rural residents live in villages that have an anganwadi, (a nursery school for children age 3-6 years) and at the same time 88 percent of rural households live in villages with anganwadi workers (Anganwadi workers provide integrated child development services) are available.

About 11 percent of the rural residents live in villages that have a private doctor, 16 percent live in villages with a visiting doctor, 10 percent with a homeopathy doctor, and 24 percent with a village health guide, 16 percent with a trained birth attendant and 44 percent with a traditional healer. Thirty-six percent of rural residents live in villages that have a Dai (Dai provides the services for the delivery).

2.13 Availability of Education Facility and Health Services by Districts

Table 2.15 shows the availability of education and health facilities for the rural population within the surveyed villages by districts in Manipur. In all the districts, the rural population have access to primary schools. In the state of Manipur, 90 percent of the rural population live in villages having primary schools. Around 35 percent of the rural population in the state have sub-centres within the village, with the highest coverage of 90 percent in Thoubal and the lowest of 5 percent of the population in Chandel.

Highest availability of PHCs within the village is found in Imphal West (44 percent). In Thoubal 92 percent of the households in the rural area (highest in the area) have access to at least one government health facility including sub-centre, primary health centre, community health centre or referral hospital, government hospital and government dispensary within the village.

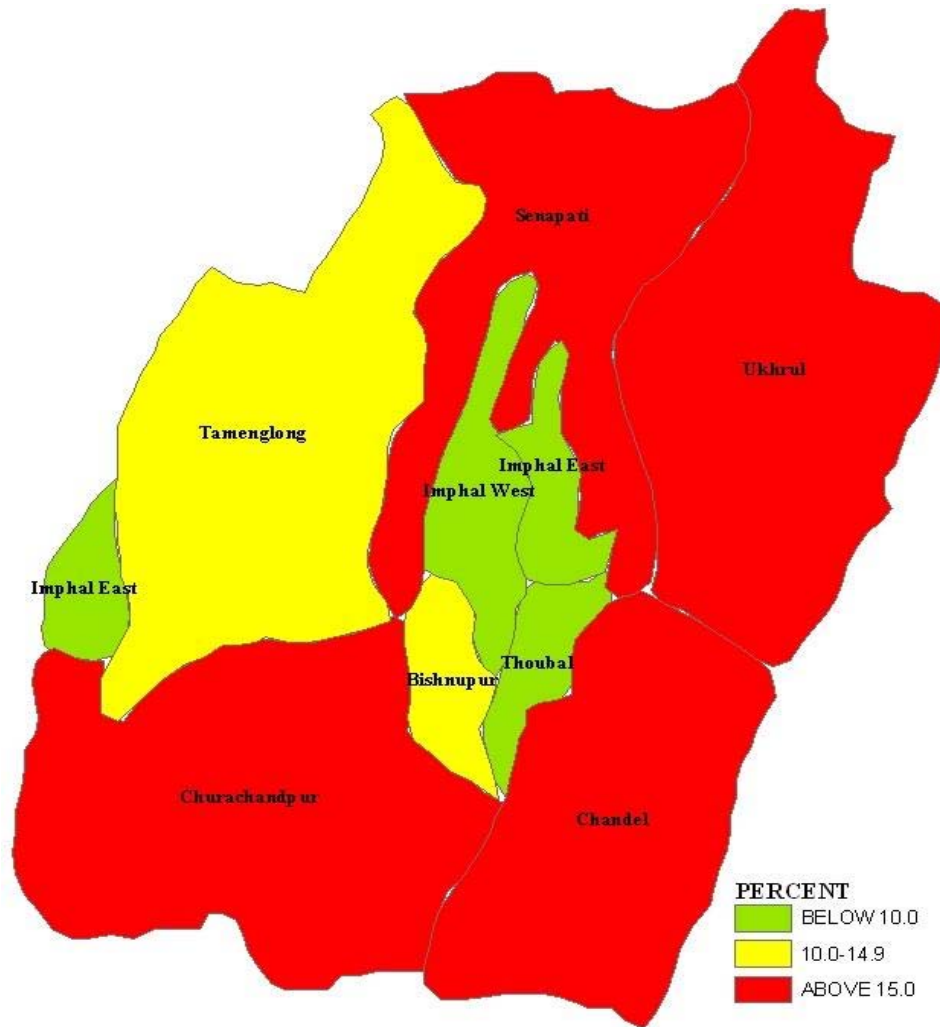
Table 2.15 AVAILABILITY OF FACILITY AND SERVICES BY DISTRICT							
Selected facility and services of rural household population within village by district, Manipur, 2002-04							
Districts	Percentage of rural household population with:						
	Primary or middle school	Sub-centre	PHCs	Any government health facility ¹	Doctor ²	TBA ³	Anganwadi worker
Bishnupur	94.5	36.1	31.7	55.6	37.4	15.9	93.5
Chandel	78.3	5.0	5.0	9.0	17.4	2.3	100.0
Churachandpur	77.7	25.7	28.1	49.2	21.4	2.9	95.3
Imphal East	95.1	38.4	12.0	51.0	9.0	9.9	90.2
Imphal West	100.0	25.8	44.0	61.5	42.6	30.1	100.0
Senapati	66.1	10.9	6.3	21.8	25.0	16.0	36.1
Tamenglong	92.7	21.1	11.3	45.9	37.2	31.0	91.8
Thoubal	100.0	90.2	7.6	92.3	9.2	20.5	85.7
Ukhrul	100.0	15.2	37.9	57.9	18.5	17.3	97.2
Manipur	90.4	35.0	20.5	53.6	22.1	15.7	87.7

Note: 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

Around 43 percent of the rural population are visited either by private or by visiting doctors in the surveyed villages of Imphal West district, whereas it is the lowest in Thoubal (9 percent). Highest numbers of rural population (31 percent) are attended by trained birth assistants in Tamenglong, while only 2 percent of rural population, availed themselves of such a provision in Chandel. A visit by *anganwadi* workers to rural households is highest (100 percent) in Chandel and the lowest in Senapati (36 percent).

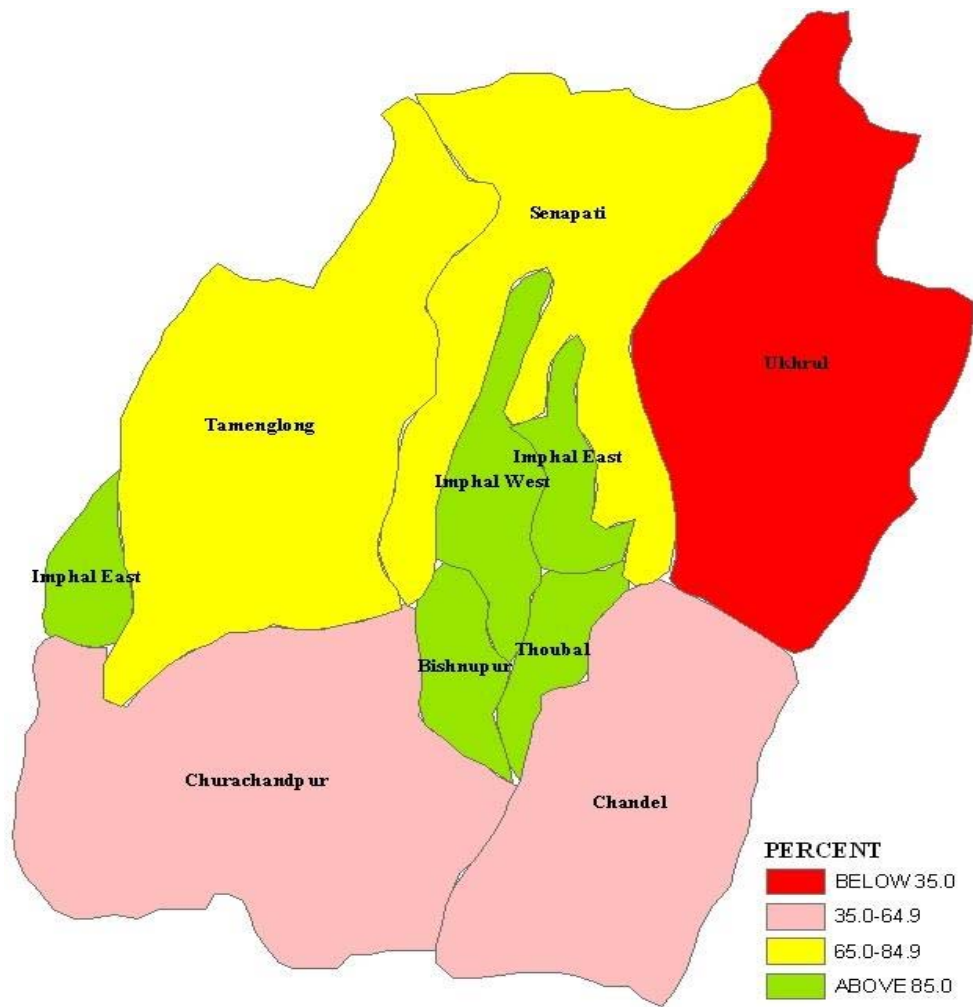
MAP-1

Percent Girl Marrying Below Legal Age at Marriage



Map-2

Percentage of Households Using Salt that Contains 15PPM 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 represent.

3.1 Background Characteristics of Women

The percent distribution of currently married women in the reproductive age group 15-44 years by residence, religion and caste of head of household, economic standard of household and other demographic characteristics are shown in Table 3.1. A sample of 8,137 eligible women represents the state of Manipur in DLHS-RCH and 6,593 of these women are drawn from rural areas. About 66 percent of the currently married women are in the age range of 20-39 years and a similar age distribution is observed both for urban and rural areas. Age at consummation of marriage, particularly in rural areas is found to be almost same as urban area where 16 percent of the women having cohabited before 18 years of age in urban areas, while it is 21 percent in rural areas. Looking at the distribution of marital duration it is noted that about 32 percent of the women across the state are married for more than 15 years.

Among the sample 8,137 representative women in Manipur, Hindus and Muslims constitute 47 percent and 6 percent respectively. Whereas, Christian, and those belonging to other religions comprise of 37 and 10 percent respectively. More, Hindu women are found in urban areas (74 percent) than in rural areas (41percent). The presence of women belonging to other religious groups is insignificant in proportional and absolute terms. Four percent of the women belong to scheduled castes, 37 percent to scheduled tribes and 49 percent to other backward classes. Majority of the sample women (11 percent) belong to a general caste other than scheduled caste/tribe and other backward class. In rural areas, there are more women

belonging to scheduled tribes than in urban areas, while more women from other backward classes are found in urban areas. There is a clear rural-urban differential in the educational attainment of women. For the state of Manipur, 30 percent of women are non-literate and women of this literacy category constitute 31 percent in rural areas, while it is just 26 percent in urban areas.

Table 3.1 BACKGROUND CHARACTERISTICS OF WOMEN			
Percent distribution of currently married women aged 15-44 by selected background characteristics, according to residence, Manipur, 2002-04			
Background characteristic	Total	Residence	
		Rural	Urban
Age group			
15-19	2.0	2.1	1.7
20-24	12.0	12.0	11.8
25-29	22.8	23.3	20.4
30-34	21.5	20.9	24.0
35-39	21.3	20.9	23.1
40-44	20.5	20.8	19.1
Age at consummation of marriage			
Below 18 years	19.7	20.5	16.3
18 years & above	80.3	79.5	83.7
Marital duration			
0-4	23.3	23.0	24.6
5-9	23.2	22.2	27.3
10-14	21.6	21.8	20.4
15+	31.9	32.9	27.7
Religion			
Hindu	47.2	41.0	74.0
Muslim	5.8	5.0	9.0
Christian	37.0	44.6	4.5
Sikh	0.1	0.1	0.0
Buddhist	0.1	0.1	0.1
No religion	0.1	0.1	0.0
Other	9.7	9.1	12.3
Caste/tribe			
Scheduled caste	3.8	2.2	10.7
Scheduled tribe	36.7	44.3	4.2
Other backward class	48.6	44.5	66.0
Other #	10.6	8.7	18.7
Don't know	0.3	0.2	0.3
Education (Years of schooling)			
Non-literate	30.3	31.3	25.8
0-9@ years	36.4	38.1	29.4
10 years & above	33.3	30.6	44.8
Husband's education (Years of schooling)			
Non-literate	12.8	14.2	7.2
0-9@ years	35.8	37.4	28.9
10 years & above	50.5	47.5	63.3
Don't know	0.6	0.7	0.3
Missing	0.3	0.3	0.3
Standard of living index			
Low	44.5	50.3	19.5
Medium	38.8	36.6	48.4
High	16.7	13.1	32.1
			1,544
Number of women	8,137	6,593	

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

Thirty six percent of women across the state have completed 0-9 years of schooling. Only 31 percent of rural women have completed 10 or more years of schooling compared to 45 percent for urban women. Men are more literate than their spouses. In Manipur, 13 percent of the husbands of eligible women are non-literate and the corresponding figures are 14 percent in rural areas and 7 percent in urban areas. The DLHS-RCH, includes data on materials used for floor, walls and roofs of the housing structure along with status of possession of a list of durables and these are utilized to construct a composite index of household standard of living. Households are further classified as those with low, medium and high standard of living. Forty five percent of women in the state live in low standard of living households and this is 50 percent in rural areas and 20 percent in urban areas. Majority of women across the state live in households categorised as medium standard of living. In urban areas, 32 percent of women belong to high standard of living households and the corresponding figure is just 13 percent in rural areas.

3.2 Educational Level of Women

Table 3.2 provides details of educational level of eligible women in terms of classification by years of schooling, and selected background characteristics, such as, place of residence, religion, and caste and husbands' education. As regards distribution of non-literate women, it is observed that a lesser proportion of younger women below 30 years of age are non-literate compared to older women above 30 years. This age divide remains true even among literate women. A distinct pattern of educational attainment of women is that maximum of them attended schooling either for 1-5 years or 6-8 years and not many had 11 or more years of schooling. For the women in the age group 15-19 years, 16 percent and 26 percent of them had 1-5 years and 6-8 years of schooling, while only 9 percent had 11 or more years of schooling. Among the senior women in the age group 40-44 years, distribution by year of schooling is more or less uniform with 11 percent of them having attended school for 1-5 and 12 percent with 6-8 years of schooling, 16 percent having attended school for 9-10 and 14 percent with 11 or more years of schooling.

There is a not a very significant rural-urban differential in the level of education of women in Manipur. About 31 percent of rural eligible women are non-literate and 11 percent, 15 percent, 25 percent and 17 percent of the women have 1-5, 6-8, 9-10 and 11 or more years of schooling. The corresponding figures in urban areas are 26 percent non-literate and 5 percent, 10 percent, 26 percent and 33 percent respectively. More Muslim women (54 percent) are non-literate compared to Hindu women (24 percent), Christian women (32 percent) and women belonging to other religious communities (34 percent). For literate eligible women from all religious communities, maximum of them have 9 - 10 years of schooling. The proportion of Hindu women with 9 - 10 years of schooling is 28 percent and for the same is 17 percent for Muslim women, 23 percent for Christian women and 27 percent for women from other religions. Among the literate Muslim women hardly 8 percent of them have 11 or more years of schooling, while 29 percent of literate Hindu women have attained this level of education.

The uneven level of educational attainment by caste can be noted from the recorded proportion of non-literate women among scheduled caste (34 percent), scheduled tribe (32 percent), other backward class (29 percent) and other caste or tribe (29 percent). The literate women belonging to different castes or tribes are concentrated more in the range of 9-10 years of schooling. The husband's education is an important characteristic, which has strong association

with the education of eligible women. As many as 76 percent of women whose husbands are non-literate are also non-literate, while only 10 percent of women whose husbands have 11 or more years of schooling are non-literate. Forty seven percent of literate women educated for 11 or more years of schooling have husbands who have the same level of education.

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, Manipur, 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	16.1	0.0	15.9	26.0	33.0	9.0	0.0	100.0	162
20-24	18.8	0.1	10.1	19.5	33.5	18.0	0.0	100.0	973
25-29	22.3	0.2	7.9	14.9	31.4	23.3	0.0	100.0	1,855
30-34	26.8	0.1	11.2	10.9	27.7	23.3	0.0	100.0	1,746
35-39	33.6	0.0	10.8	14.8	19.1	21.6	0.1	100.0	1,735
40-44	47.4	0.0	10.5	12.1	15.7	14.3	0.0	100.0	1,667
Place of residence									
Rural	31.3	0.1	11.4	15.2	24.7	17.3	0.0	100.0	6,593
Urban	25.8	0.1	4.9	10.2	26.4	32.7	0.0	100.0	1,544
Religion									
Hindu	25.4	0.1	6.6	11.5	27.5	28.9	0.0	100.0	3,844
Muslim	54.1	0.4	7.1	13.8	16.9	7.8	0.0	100.0	470
Christian	31.7	0.0	15.4	18.5	22.6	11.7	0.0	100.0	3,008
Other	34.3	0.0	9.3	11.6	27.3	17.4	0.2	100.0	815
Caste/tribe #									
Scheduled caste	33.9	0.0	4.7	11.6	21.3	28.4	0.0	100.0	312
Scheduled tribe	32.1	0.0	15.6	18.5	22.3	11.5	0.0	100.0	2,987
Other backward class	28.9	0.1	7.4	12.5	26.7	24.3	0.0	100.0	3,951
Other	28.8	0.0	5.8	8.5	28.3	28.6	0.0	100.0	866
Husband's education									
Non-literate	75.9	0.0	6.4	8.5	6.9	2.4	0.0	100.0	1,044
1-5 years	41.5	0.0	31.1	14.4	10.5	2.6	0.0	100.0	645
6-8 years	39.9	0.1	17.0	23.1	15.4	4.5	0.0	100.0	1,195
9-10 years	25.0	0.1	11.2	19.3	33.4	11.1	0.0	100.0	2,477
11 or more years	9.7	0.0	2.8	8.0	32.5	46.9	0.1	100.0	2,697
Total	30.3	0.1	10.2	14.2	25.1	20.2	0.0	100.0	8,137

Note: Table includes 72 missing / do not know cases on husband's education who were not shown separately.# Total number may not add upto N due to don't know and missing cases. Total includes in husband education 7 husband are literate but no year of schooling of category were not shown separately.

3.3 Background Characteristics of Husbands of Eligible Women

In DLHS-RCH husbands of eligible women were also interviewed. The response rate for husbands is relatively low compared to that of eligible women. Selected background characteristics of husbands are shown in Table 3.3. Across the state of Manipur, husbands are mostly in the age group 35-44 years. Fewer husbands are less than 25 years old. In Manipur, 45 percent of the husbands are Hindus, 39 percent are Christians and 6 percent are Muslim, whereas the presence of other religious groups is insignificant. Thirty nine percent of husbands in the state belong to the scheduled tribe and it is much more in rural areas (47 percent) than in urban

areas (4 percent). Nearly 48 percent of the husbands belong to other backward classes. In urban areas husbands from other backward classes constitute 67 percent, while it is 44 percent rural areas. As regards educational characteristics of the husbands of surveyed eligible women, 38 percent of them have completed 0-9 years of schooling and the proportion of non-literate husband ranges from 7 percent in urban areas to 14 percent in rural areas, while the overall state figure is 13 percent.

Table 3.3 BACKGROUND CHARACTERISTICS OF MEN			
Percent distribution of husbands of eligible women by selected background characteristics, according to residence, Manipur, 2002-04			
Background characteristic	Total	Residence	
		Rural	Urban
Age group			
< 25	4.5	4.6	4.3
25-34	32.4	32.2	33.2
35-44	41.3	41.0	42.7
45 +	21.7	22.2	19.8
Religion			
Hindu	45.3	38.8	73.9
Muslim	5.7	4.9	9.2
Christian	38.8	46.5	4.6
Sikh	0.1	0.1	0.1
Buddhist	0.1	0.1	0.1
No religion	0.1	0.2	0.0
Other	10.0	9.5	12.2
Caste/tribe			
Scheduled caste	3.3	1.5	11.2
Scheduled tribe	38.7	46.5	4.3
Other backward class	48.1	43.7	67.4
Other #	9.7	8.0	17.0
Don't know	0.2	0.3	0.2
Education (Years of schooling)			
Non-literate	12.6	13.8	7.4
0-9@ years	37.9	40.0	28.5
10 years & above	49.5	46.2	64.0
Standard of living index			
Low	45.3	51.2	19.0
Medium	39.0	36.6	49.6
High	15.7	12.2	31.4
Number of living children			
0	8.7	8.3	10.3
1	16.8	16.1	19.6
2	24.2	23.5	27.2
3	21.2	20.8	23.1
4+	29.2	31.3	19.7
Number of Men	6,019	4,911	1,108
Note:# Not belonging to a scheduled caste, scheduled tribe and other backward classes. @ Literate persons with no year of schooling are included.			

The proportion of husbands living in households classified as low, medium and high standard of living index are 45 percent, 39 percent and 16 percent respectively. In rural areas, 51 percent of the husbands live in low standard of living households compared to 19 percent in urban areas. This is complementary in the case of husbands living in high standard of living households, 31 percent in urban and 12 percent in rural. In terms of household standard of living composition, those living in medium standard of living dominate in urban (47 percent) and in rural Manipur most (37 percent) husbands live in low standard of living households. Around 29 percent of husbands across the state reported to have four or more living children. More husbands in urban areas (27 percent) reported to have two living children, while more husbands in rural areas (31 percent) have four or more living children. About 23 percent of the husbands of urban eligible women have more than three living children and it is 21 percent for husbands of rural eligible women.

3.4 Educational Level of Husbands of Eligible Women

Educational levels in categories of years of schooling classified by age, place of residence, religion and caste/tribe of husbands of eligible women are shown in Table 3.4. The distribution of non-literate husbands across age is more or less uniform, though it is more for husbands above 45 years (17 percent) and other than 35-45 years (14 percent) compared to 9 percent and 7 percent for husbands in the age groups 25-34 years and less than 25 years respectively. Among the literate husbands, irrespective of their age at the time of survey most of them have 9 - 10 years of schooling, 38 percent of those below 25 years and 64 percent of those in the age group 25-44 years of age. As expected less number of husbands (25 percent) below 25 years have 11 or more years of schooling. As in the case of eligible women, 19 percent of Muslim and 16 percent of Christian husbands are non-literate while the corresponding non-literate husbands of Hindu and other religions are 9 percent and 12 percent respectively. The proportions of husbands of Hindu, Muslim and other religions who have 11 or more years of schooling constitute 44 percent, 28 percent and 28 percent respectively. Most of the literate Christian husbands (13 percent) have completed 1-5 years of schooling and the corresponding numbers are 8 percent and 10 percent respectively for Muslim and other religions husbands. Educational attainment of husbands of eligible women varies according to the caste/tribe they belong. There are more non-literate husbands belonging to scheduled tribes (16 percent) followed by scheduled caste (12 percent) and other castes husbands (14 percent). Among the husbands belonging to other backward classes, 39 percent and 32 percent of them have 11 years or more and 9-10 of schooling respectively. The literacy level of other backward classes is comparable with that of husbands from castes other than scheduled tribe, scheduled caste and other backward classes. Among the husbands belonging to scheduled tribes, 16 percent of them are non-literate and 21 percent of them have 11 or more years of schooling.

Table 3.4 LEVEL OF EDUCATION OF MEN

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

Background characteristics	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									
< 25	7.0	0.0	13.9	15.7	38.2	25.1	0.0	100.0	273
25-34	9.2	0.2	7.0	12.9	34.0	36.7	0.0	100.0	1,950
35-44	13.5	0.0	7.3	14.9	29.5	34.7	0.0	100.0	2,488
45+	17.2	0.3	13.9	17.7	26.9	24.0	0.0	100.0	1,308
Place of residence									
Rural	13.8	0.1	10.2	15.7	31.2	29.1	0.0	100.0	4,911
Urban	7.4	0.1	3.6	11.7	29.0	48.1	0.0	100.0	1,108
Religion									
Hindu	8.7	0.2	5.4	11.0	30.7	44.0	0.0	100.0	2,725
Muslim	19.0	0.7	7.7	15.2	29.3	28.1	0.0	100.0	341
Christian	16.4	0.0	13.1	18.1	31.0	21.2	0.1	100.0	2,334
Other	12.0	0.0	9.8	19.8	30.8	27.7	0.0	100.0	619
Caste/tribe #									
Scheduled caste	11.7	0.6	5.5	12.5	30.3	39.5	0.0	100.0	197
Scheduled tribe	16.3	0.0	13.2	18.4	30.6	21.4	0.1	100.0	2,331
Other backward class	9.5	0.2	6.6	13.1	31.6	39.1	0.0	100.0	2,894
Other	13.5	0.0	5.2	10.7	27.3	43.3	0.0	100.0	582
Total	12.6	0.1	9.0	14.9	30.8	32.6	0.0	100.0	6,019

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

3.5 Children Ever Born and Surviving

In DLHS-RCH, currently married women in the age group of 15-44 years were asked about the children ever born alive and the number of children surviving. Table 3.5 shows mean children ever born and mean surviving children by selected background characteristics and sex of children. A look at the mean children ever born by age of the women reveals that older women had experience more average live births than younger women. On the average, women in the reproductive age group have given birth to more male children than female children and similar a sex differential is also noted when it comes to mean surviving children, but in both cases the difference is marginal. Completed fertility, that is, mean children ever born to women in the age group 40-44 years is 3.8 for the state of Manipur and it comprises of same average for male and female children (1.9 each). Out of the 4.3 mean children ever born to women in the 40-44 year age group an average of 3.8 children survived. By sex of children, out of 1.9 mean numbers of males, 1.9 survived on the average and the corresponding mean number of females surviving was 1.8 out of 1.9.

Women with longer marital duration have higher mean children ever born. On the average, women who are married for 15 or more years have 4 children ever born and on the average 3.9 of them are surviving. There is a clear rural-urban divide in terms of mean children ever born with 2.7 children in rural areas and 2.4 children in urban areas. The mean children ever born to women who are Hindu, Muslim, Christian and other religions are 2.4, 3.4, 2.9 and 2.7

respectively. The corresponding mean surviving children are respectively 2.3, 3.3, 2.9 and 2.6 for these religious groups. The average children ever born also vary by caste/tribe of the eligible women. For women belonging to scheduled caste, the mean children ever born are 2.3, for the scheduled tribe are 2.9, other backward classes are 2.6 and other castes are 2.5. For all religious groups, the mean number of surviving children is slightly more than 2 shared almost by one surviving male and one surviving female children on the average.

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, Manipur, 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	0.6	0.3	0.3	0.6	0.3	0.3	162
20-24	1.2	0.7	0.6	1.2	0.7	0.6	973
25-29	2.0	1.0	1.0	2.0	1.0	1.0	1,855
30-34	2.8	1.4	1.4	2.7	1.4	1.3	1,746
35-39	3.3	1.7	1.6	3.2	1.6	1.6	1,735
40-44	3.8	1.9	1.9	3.7	1.9	1.8	1,667
Marital duration							
0-4	0.9	0.4	0.4	0.9	0.4	0.4	1,896
5-9	2.2	1.2	1.0	2.2	1.1	1.0	1,888
10-14	3.2	1.6	1.6	3.1	1.6	1.6	1,756
15+	4.0	2.0	2.0	3.9	2.0	1.9	2,598
Residence							
Rural	2.7	1.4	1.3	2.7	1.4	1.3	6,593
Urban	2.4	1.3	1.2	2.4	1.2	1.1	1,544
Religion							
Hindu	2.4	1.2	1.2	2.3	1.2	1.1	3,844
Muslim	3.4	1.7	1.7	3.3	1.7	1.6	470
Christian	2.9	1.5	1.4	2.9	1.5	1.4	3,008
Other	2.7	1.3	1.4	2.6	1.3	1.4	815
Caste/tribe #							
Scheduled caste	2.3	1.2	1.1	2.2	1.2	1.1	312
Scheduled tribe	2.9	1.5	1.4	2.9	1.5	1.4	2,987
Other backward class	2.6	1.3	1.2	2.5	1.3	1.2	3,951
Other	2.5	1.2	1.3	2.4	1.1	1.3	866
Education							
Non-literate	3.3	1.7	1.6	3.2	1.6	1.6	2,464
0-9@ years	2.7	1.4	1.3	2.7	1.4	1.3	2,963
10 years & above	2.1	1.0	1.0	2.0	1.0	1.0	2,708
Standard of living index							
Low	3.0	1.5	1.5	2.9	1.5	1.4	3,617
Medium	2.5	1.3	1.2	2.5	1.3	1.2	3,160
High	2.2	1.1	1.0	2.1	1.1	1.0	1,361
All women	3.8	1.9	1.9	3.7	1.9	1.8	8,137
Note: Table includes 2 women with missing information on education. # Total number may not add up to N due to don't know and missing cases. @ Literate women with no year of schooling are included.							

The mean children ever born is higher for non-literate women (3.3) than women who have completed 0-9 years of schooling (2.7) and 10 or more years of schooling (2.1). The mean number of surviving children for women corresponding to these educational levels is 3.2, 2.7 and 2.0 respectively. Further the mean children ever born for women classified into low, medium and high standard of living by SLI are 3.0, 2.5 and 2.2 respectively. For the state of Manipur, the DLHS-RCH shows inverse association between mean children ever born and educational attainment of women and also the level of household economic comfort.

3.6 Completed Fertility by District

The level of completed fertility as measured by mean children, ever born to women of 40-44 years by districts in Manipur together with mean number of surviving children are shown in Table 3.6. On the average, women on the verge of completing reproductive period have given birth to 3.8 children in their reproductive life of which 3.7 children are surviving on the average. Completed fertility in Manipur varies from the low of 3.4 mean children ever born for Chandel to the highest of 4.7 children in Ukhrul district. Completed fertility in terms of mean children ever born is high in the districts of Senapati (4.5), Tamenglong (4.1) and Bishnupur (3.7). It is also true that in most of the districts mean number of male children is more than the mean of female children born to women in the 40-44 year age group. Imphal West (3.3) recorded lowest mean number of surviving children while Ukhrul (4.6) recorded the highest mean number of surviving children. Looking at the absolute difference between mean children ever born and mean number of surviving children, it seems that infant and child mortality is not very high and the variation among the districts is also minor.

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, Manipur, 2002-04						
District	Mean children ever born			Mean children surviving		
	Total	Male	Female	Total	Male	Female
Bishnupur	3.7	1.9	1.8	3.5	1.9	1.7
Chandel	3.4	1.8	1.6	3.4	1.8	1.6
Churachandpur	3.5	1.8	1.7	3.5	1.8	1.7
Imphal East	3.6	2.0	1.6	3.4	1.9	1.6
Imphal West	3.4	1.7	1.7	3.3	1.7	1.6
Senapati	4.5	2.2	2.3	4.4	2.1	2.3
Tamenglong	4.1	2.2	1.9	4.0	2.2	1.8
Thoubal	3.7	1.8	1.9	3.6	1.8	1.8
Ukhrul	4.7	2.2	2.5	4.6	2.1	2.4
Manipur	3.8	1.9	1.9	3.7	1.9	1.8

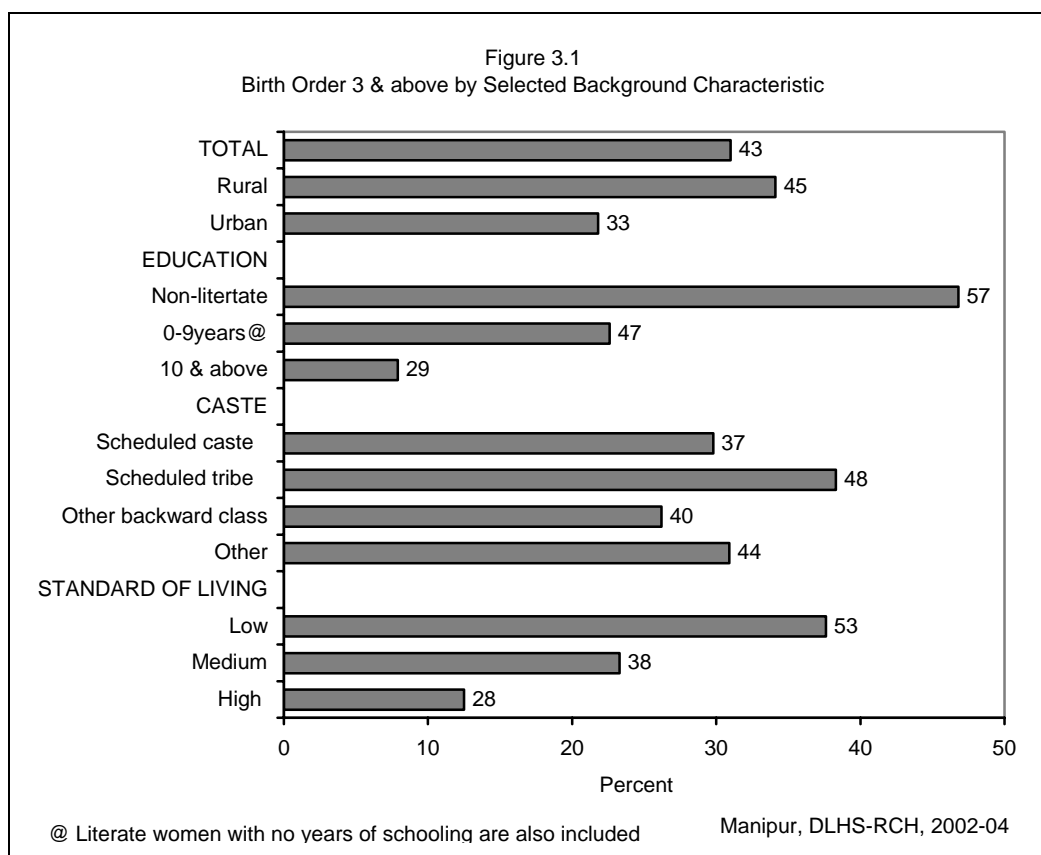
3.7 Birth Order

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

Table 3.7 BIRTH ORDER						
Percent distribution of births during three years preceding the survey by birth order by selected background characteristics, Manipur, 2002-04						
Background characteristic	Birth order				Total percent	Number of births
	1	2	3	4+		
Age of women						
15-19	81.6	16.9	1.5	0.0	100.0	81
20-24	60.4	27.9	10.1	1.6	100.0	739
25-29	30.6	29.8	25.4	14.2	100.0	1,295
30-34	18.4	23.6	22.6	35.3	100.0	883
35-39	12.8	19.0	25.5	42.8	100.0	541
40-44	11.3	12.7	20.8	55.2	100.0	141
Place of residence						
Rural	30.3	24.3	21.8	23.5	100.0	3,015
Urban	36.6	30.4	16.9	16.2	100.0	664
Education (Years of schooling)						
Non-literate	19.5	23.4	20.8	36.3	100.0	892
0-9@ years	28.5	24.3	23.3	24.0	100.0	1,470
10 years & above	42.8	28.1	18.4	10.7	100.0	1,318
Religion						
Hindu	34.9	28.0	22.8	14.3	100.0	1,747
Muslim	20.3	19.1	18.7	41.9	100.0	298
Christian	27.4	24.0	19.7	28.9	100.0	1,251
Other	37.7	23.3	18.0	21.0	100.0	384
Caste/tribe #						
Scheduled caste	40.5	22.5	29.8	7.2	100.0	151
Scheduled tribe	27.8	23.9	19.5	28.8	100.0	1,240
Other backward class	33.3	26.6	20.8	19.4	100.0	1,879
Other	30.9	25.4	23.2	20.5	100.0	403
Standard of living index						
Low	24.1	22.7	21.2	32.1	100.0	1,653
Medium	33.7	28.3	21.7	16.2	100.0	1,409
High	46.0	26.2	18.5	9.3	100.0	617
Total	31.4	25.4	20.9	22.2	100.0	3,679
Note: @ Literate women with no year of schooling are included.# Total number of births may not add upto N due to don't know and missing cases. () Based on less than 50 unweighed cases.						

For the state of Manipur, 31 percent of the births born in the three years period preceding the survey were of first order, 25 percent of second order and the remaining 43 percent were of order 3 and higher order births. By current age of eligible women, more than 26 percent and 78 percent of births to women in the age group 35-39 years are third order births and women in the age group of and 40-44 years 55 percent are 4 and higher order births. For women of 15-19 years, 82 percent births are of first order and 17 percent births are of second order. In the case of eligible women in urban areas 37 percent of the births are of first order whereas this order births

constitute 30 percent for rural women indicating that first order births are more concentrated in urban areas. Of the total births born to non-literate women, 36 percent are 4 and higher order births, followed by 24 percent for women with 0-9 years of schooling and 11 percent for women who had 10 or more years of schooling. In short, births born to non-literate women are of higher order whereas much lower order births occurred to women who completed 10 or more years of schooling. Looking at the religion differential in birth order distribution, it is observed that 42 percent of births born to Muslim women are 4 and higher order births. For Hindu and Christian women, the 3 and higher order births constitute 14 percent and 29 percent respectively. The occurrence of births of order 3 and above is more among scheduled tribe (48 percent) than among scheduled caste (37 percent), other backward classes (40 percent) and other castes (44 percent) women. Incidence of births of order 3 and above for women classified by household standard of living index are 28 percent for high, 38 percent for medium and 53 percent for low living standard households women.



3.8 Birth Order by District

Table 3.8 and Figure 3.2 shows the births order distribution by districts in Manipur. The proportion of births of order 3 and above ranges from the lowest of 35 percent in Churachandpur to the highest of 61 percent in Ukhrul. The districts, which have lower proportion of births of order 3 and above, are Imphal East (37 percent), Imphal West (38 percent) and Bishnupur (39

percent). The districts, which can be classified as having higher proportion of births of order 3 and above, are Senapati (58 percent), Tamenglong (46 percent), and Thoubal and Chandel (45 percent each).

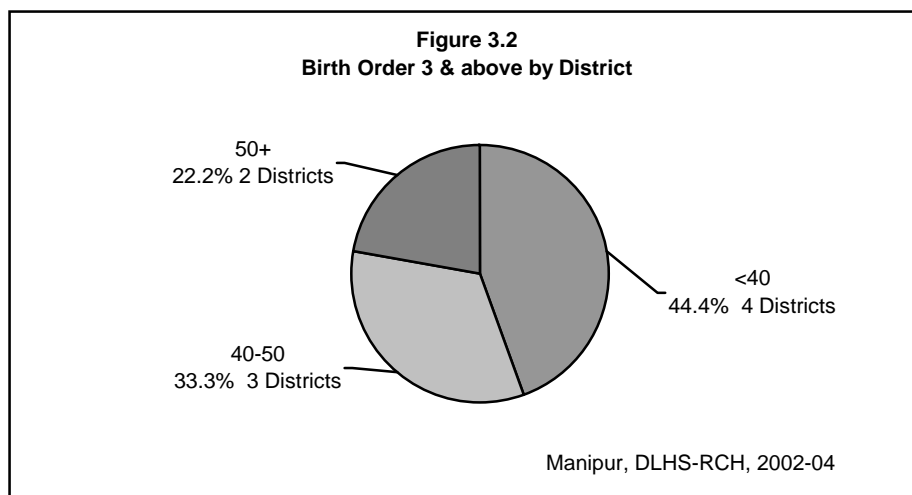


Table 3.8 BIRTH ORDER BY DISTRICT
Percent distribution of births during three years preceding the survey by birth order, according to district, Manipur, 2002-04

District	Birth order			
	1	2	3	4+
Bishnupur	34.3	26.7	19.0	20.1
Chandel	32.6	22.7	19.3	25.4
Churachandpur	38.7	25.9	18.5	16.9
Imphal East	34.2	28.4	19.0	18.3
Imphal West	34.0	28.3	20.8	16.9
Senapati	18.1	24.0	23.3	34.6
Tamenglong	26.3	28.2	21.5	24.0
Thoubal	32.8	22.3	24.2	20.7
Ukhrul	21.7	17.5	19.7	41.1
Manipur	31.4	25.4	20.9	22.2

3.9 Fertility Preference

The distribution of currently married women desiring additional children and preferred sex of additional children by number of living children of the women is shown vividly in Table 3.9 and Figure 3.3. Out of the 698 women with no living child, 11 percent are currently pregnant and 3 percent are using spacing methods, while 13 percent want to have children within two years, 2 percent want to have children after two years, 6 percent are undecided about the timing of birth and 26 percent desired not to have any children. Among the currently married women, the desire for additional children dwindles down with increasing number of living children. As many as 23

percent of the women having one living child are using spacing methods, 21 percent of them want additional children within two years, 6 percent after two years, 15 percent are undecided about the timing of the next child, 10 percent of them want no more additional children and 1 percent are sterilized. Use of permanent as well as temporary means of contraception tends to be accelerated with number of living children. In the state of Manipur, out of the 8,137 surveyed representative women, 13 percent desired to have additional children within two years, 2 percent after two years, 26 percent want no more children, 11 percent are currently pregnant and 24 percent are using either terminal or temporary contraceptive methods. A total of 2,257 women want additional children irrespective of the number of living children. Out of 323 women who have no living children and desire for additional children, 41 percent want a boy as the first child, 3 percent desired for girl, for 33 percent, the sex of the child is immaterial and 23 percent leave it to God. With increasing number of living children, is male the dominating preferred sex of the next child though a sizeable proportion of women desiring additional children expressed that the sex of the child was immaterial.

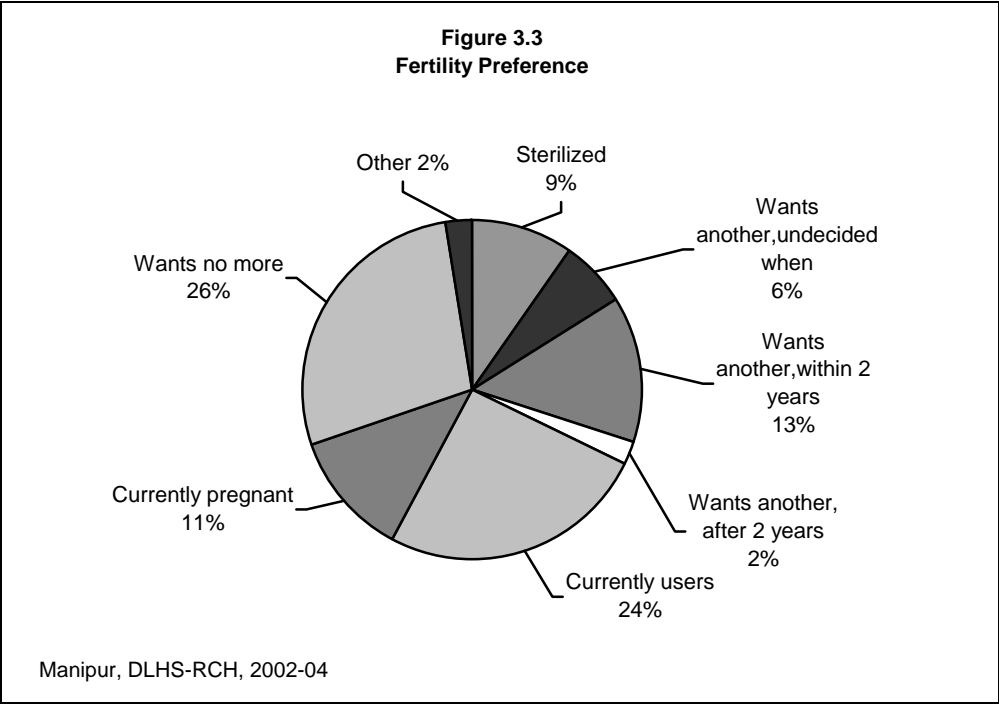


Table 3.9 FERTILITY PREFERENCE						
Percent distribution of currently married women by desire for children, according to number of living children, Manipur, 2002-04						
Desire for children	Number of living children					Total
	0	1	2	3	4+	
Desire for additional child						
Wants another soon ¹	39.1	21.0	13.1	7.7	3.7	12.9
Wants another later ²	0.5	6.4	2.8	1.0	0.4	2.2
Want another, undecided when	3.1	15.2	6.4	5.2	1.8	6.2
Undecided	1.3	4.2	4.1	3.9	4.2	3.9
Up to God	2.3	1.7	2.5	2.1	3.9	2.6
Want no more	5.0	10.0	22.8	31.5	39.5	25.6
Sterilized	0.9	1.1	6.0	12.2	17.7	9.4
Currently users ³	2.7	23.2	31.8	28.5	21.6	24.0
Currently pregnant	40.4	15.4	8.8	5.6	4.5	10.8
Declared infecund	3.0	1.0	1.7	2.1	2.6	2.0
Missing	1.6	0.8	0.1	0.3	0.1	0.4
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	698	1,511	1,798	1,779	2,352	8,137
Preferred sex of additional children						
Boy	41.0	41.0	42.9	37.4	26.2	38.7
Girl	2.5	27.5	20.1	15.8	13.3	18.3
Doesn't matter	33.3	20.7	18.9	18.4	18.1	21.3
Upto God	23.1	10.8	18.2	28.4	42.5	21.6
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	323	733	519	353	328	2,257

Note:¹ Wants next births within 2 years. ² Wants to delay next birth for 2 or more years. ³ Other than sterilization.

3.10 Pregnancy Outcomes

Table 3.10 shows distribution of pregnancy outcomes including live birth, stillbirth, induced abortion and spontaneous abortion by districts in Manipur. For the state as a whole, 95 percent of pregnancy ends in live births, 2 percent in induced abortions, 2 percent in spontaneous abortion and 1 percent in stillbirth. More pregnancies in rural areas end in live births (95 percent) than in urban areas (93 percent), while the incidence of induced abortion is more in urban areas (4 percent) than in rural areas (2 percent). The proportion of pregnancies ending in live births ranges from 89 percent in Chandel to 99 percent in Senapati and Thoubal. The district on the lower side of pregnancies ending in live birth includes Chandel (89 percent), Tamenglong and Imphal West (91 percent each) and Imphal East (93 percent). The incidence of stillbirth is highest in Chandel (8 percent) followed by Ukhrul (3 percent) and Churachandpur (1 percent). In the rest of the districts it is less than one percent. Induced abortion is higher in the districts of Imphal East (5 percent), Imphal West (4 percent) and Tamenglong and Bishnupur (3 percent each). In rest of the districts it is less than one percent. Spontaneous abortion is highest in Tamenglong (5 percent) and nil in Thoubal.

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, Manipur, 2002-04

Districts	Live birth	Stillbirth	Induced abortion	Spontaneous abortion	Missing	Total percent
Manipur-Rural	95.3	1.2	1.9	1.5	0.1	100.0
Manipur-Urban	93.1	0.3	4.3	2.2	0.1	100.0
Manipur-Total	94.9	1.0	2.3	1.7	0.1	100.0
Bishnupur	96.4	0.0	2.9	0.8	0.0	100.0
Chandel	89.3	8.3	1.1	1.3	0.0	100.0
Churachandpur	98.3	1.3	0.0	0.5	0.0	100.0
Imphal East	93.1	0.9	4.7	1.3	0.0	100.0
Imphal West	91.1	0.5	4.4	3.9	0.2	100.0
Senapati	99.2	0.3	0.0	0.5	0.0	100.0
Tamenglong	90.9	0.6	3.3	5.3	0.0	100.0
Thoubal	99.4	0.1	0.2	0.0	0.3	100.0
Ukhrul	94.7	3.2	0.3	1.8	0.0	100.0

CHAPTER IV

MATERNAL HEALTH CARE

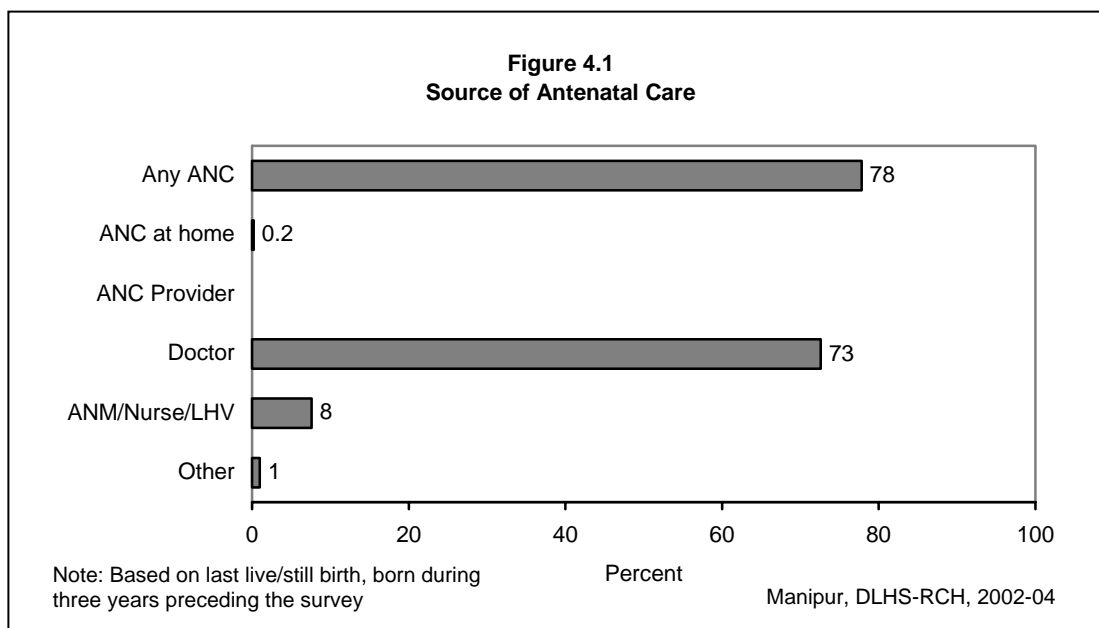
Provisions of maternal health care services to ensure safe motherhood is one of the major components of the Reproductive and Child Health (RCH) programme. The RCH programme services for antenatal care, includes at least three antenatal care visits, iron prophylaxis for pregnant and lactating women, at 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 intersectoral programmes.

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

4.1 Antenatal Check-Ups

Women who had given a birth during the three years preceding the survey were asked whether they had gone for antenatal check-ups outside the home, and if they had, what type of service provider had given them the check-ups. They were also asked whether any health worker had visited them at home to provide antenatal check-ups. Table 4.1 and Figure 4.1 present the percentage of women who had given birth during the three years preceding the survey and information regarding the antenatal check-ups they had by source of antenatal check-ups according to some selected background characteristics. Results show that nine out of every ten women received antenatal check-ups during the three years preceding the survey, slightly more than RCH Round I (71 percent). Seventy three percent of women received antenatal check-ups from doctors, and 8 percent from ANM/Nurse/LHV. Less than one percent women received antenatal check-ups at the doorstep from the ANMs or health worker.



Antenatal check-ups are more common among women in the age group 20-34 years and above 35 years than among younger women though the difference is not much. It is more common among those women who had given their first birth. The percentage of women who received antenatal check-up was comparatively higher in urban areas (91 percent) than in rural areas (75 percent), and the percentage of women who received antenatal check-ups from doctors is much higher in urban areas (89 percent) than in rural areas (69 percent), and on the other hand an 7 percent of rural women and 10 percent of urban women received antenatal check-ups from auxiliary nurse midwife, nurse or LHVs. Sixty percent of non-literate women received antenatal check-ups, nearly all women (90 percent) who had completed high school received antenatal check-ups for their last pregnancy that terminated into births (either live or still birth) during the three years preceding the survey.

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, Manipur, 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 health professional	Other ³	
Age group							
Less than 20 years	68.0	0.5	60.4	6.1	1.8	3.6	81
20-34 years	79.9	0.3	74.5	8.2	1.1	1.6	2,910
35 years & above	70.4	0.0	66.7	5.5	0.5	1.8	751
Children ever born							
1	85.5	0.3	82.7	4.7	0.8	1.3	1,109
2	81.1	0.3	75.5	8.5	1.2	2.3	944
3	76.8	0.3	69.3	11.2	1.1	1.0	814
4+	65.1	0.0	59.4	7.3	0.7	1.8	845
Residence							
Rural	74.9	0.3	68.9	7.1	0.8	1.3	3,055
Urban	90.5	0.0	89.1	10.2	1.8	3.3	688
Education							
Non-literate	59.6	0.2	52.5	9.2	0.7	1.7	887
0-9 @ years	77.2	0.1	71.9	8.0	1.5	1.8	1,501
10 years & above	90.3	0.4	86.6	6.2	0.6	1.5	1,354
Religion							
Hindu	88.8	0.1	86.0	6.1	1.4	2.3	1,830
Muslim	79.6	0.5	75.4	8.0	0.9	0.9	275
Christian	58.3	0.4	48.2	10.4	0.5	1.4	1,250
Other	87.5	0.1	86.1	5.8	0.5	0.0	387
Caste/tribe#							
Scheduled caste	81.4	0.0	80.4	1.9	0.0	1.9	162
Scheduled tribe	58.5	0.4	48.4	10.3	0.5	1.4	1,246
Other backward class	88.2	0.2	85.4	7.1	1.3	1.8	1,922
Other	86.3	0.1	82.8	4.0	1.0	1.4	407
Standard of living index							
Low	63.5	0.3	54.3	10.6	0.9	1.6	1,672
Medium	86.4	0.1	83.9	5.8	1.2	1.9	1,415
High	95.7	0.3	94.8	4.2	0.6	1.3	656
Availability of health facility⁴ in the village							
No	69.8	0.3	64.2	6.2	0.8	1.4	1,351
Yes	79.0	0.3	72.6	7.8	0.8	1.1	1,704
Total	77.8	0.2	72.6	7.6	1.0	1.6	3,743

Note:* Women who had their last live/still birth since 1-1-1999/1-1-2001. Total includes 31 women with zero parity 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 also 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.⁴ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The proportion of women who received antenatal check-ups from a doctor, increased steadily with the level of education and the standard of living index. Fifty three percent non-literate women as compared to 87 percent having education of more than 10 years received ANC from doctors. Similarly, 54 percent women belonging to households with a low standard of living against 95 percent of that from a high standard of living fall in this category. The proportion of Hindu women who received antenatal check-ups from doctors (89 percent) was much higher than that of Muslim women (80 percent), and Christian women (58 percent). Eighty eight percent of women from the other backward classes category received antenatal check-ups from doctors, while it was 81 percent for scheduled caste women, and 59 percent for scheduled tribe women, and for women from other castes, it was 86 percent. Women from

scheduled tribes were more likely to receive antenatal check-ups from auxiliary nurse midwives, or LHVs. Ten percent of scheduled tribes' women received antenatal check-ups from ANMs, while it was 2 percent each among scheduled castes, 7 percent in other backward classes and 4 percent women from the 'other' castes category.

4.2 Antenatal Check-Ups at Health Facility

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

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, Manipur, 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 20 years	0.5	56.9	14.3	21.6	3.8	0.0	1.9	2.2	81
20-34 years	0.3	56.1	20.6	18.0	2.3	0.9	5.7	4.7	2,910
35 years & above	0.0	48.4	20.9	18.2	3.2	0.0	4.2	5.7	751
Children ever born									
1	0.3	53.7	28.6	14.0	1.9	0.8	6.2	3.8	1,109
2	0.3	55.4	21.8	15.5	2.0	1.1	6.4	5.3	944
3	0.3	58.1	16.4	22.5	2.4	0.2	3.6	5.2	814
4+	0.0	51.2	12.7	24.5	4.4	0.5	4.3	5.7	845
Residence									
Rural	0.3	52.8	19.8	18.3	2.4	0.7	5.2	3.9	3,055
Urban	0.0	62.9	23.9	17.6	2.7	0.8	5.8	8.1	688
Education									
Non-literate	0.2	51.5	7.7	26.2	5.3	0.5	2.5	4.8	887
0-9 @ years	0.1	55.3	18.7	18.8	2.1	0.8	5.8	4.8	1,501
10 years & above	0.4	55.8	31.1	14.0	1.6	0.7	6.2	4.9	1,354
Religion									
Hindu	0.1	62.8	25.1	18.6	1.8	0.8	3.5	6.0	1,830
Muslim	0.5	70.2	12.5	22.5	3.8	0.8	0.9	3.6	275
Christian	0.4	37.6	14.4	13.1	2.8	0.5	12.1	1.9	1,250
Other	0.1	59.9	24.7	23.5	4.5	0.4	2.5	6.4	387
Caste/tribe#									
Scheduled caste	0.0	60.9	21.2	50.5	4.7	1.8	2.7	4.3	162
Scheduled tribe	0.4	37.1	14.8	13.2	2.9	0.5	12.0	2.2	1,246
Other backward class	0.2	65.0	23.0	18.8	2.1	0.7	2.9	5.5	1,922
Other	0.1	56.5	26.8	13.0	2.5	0.5	4.2	7.3	407
Standard of living index									
Low	0.3	49.7	11.9	24.7	3.9	0.8	6.3	3.4	1,672
Medium	0.1	61.0	22.7	15.5	2.1	0.8	4.6	6.0	1,415
High	0.3	53.4	38.1	12.2	0.8	0.3	5.2	5.0	656
Availability of health facility⁵ in the village									
No	0.3	45.5	20.3	13.2	2.3	0.8	7.0	3.4	1,351
Yes	0.3	58.5	19.4	21.8	2.5	0.6	4.0	4.3	1,704
Total	0.2	54.6	20.6	18.1	2.5	0.7	5.3	4.8	3,743

Note: * Women who had their last live/still birth since 1-1-1999/1-1-2001. Total includes 31 women with zero parity # 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. ⁴ Indian system of medicine. ⁵ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

Table 4.2 shows the percentage of women who had received antenatal check-ups during pregnancy by place. During pregnancy, women received antenatal check-ups from multiple sources such as, health workers providing ANC at home, Government health facility, private health facility, and at Indian System of medicine etc. Women who received antenatal check-ups both at home and outside the home are categorised as having received care outside the home. Around 55 percent of women received antenatal check-ups at Government health facility, including 18 percent through primary health centre and 3 percent through sub-centre, and 21 percent at a private health facility. Other than this, less than one percent of women reported that they had received antenatal check-ups at the Government Indian system of medicine, and 5 percent at private Indian system of medicine. As mentioned above women availed antenatal check-ups from multiple sources. Women who were visited by an ANM might have also visited government and/or private health facilities including Indian system of medicine.

Younger women were more likely to receive antenatal-check-ups at government health facilities (57 percent) than older women 56 percent for age 20-34 and 48 percent for age 35 and above. Fifty three percent women from rural areas availed government health facilities for antenatal check-ups that were much lower than women in urban areas (63 percent), and a high proportion of women (24 percent) from urban areas availed private health facilities for antenatal check-ups than women from rural areas (20 percent). It may be mentioned that about 2 percent of the women from rural areas and women aged above 20 years (4 percent) received antenatal check-ups at sub-centre. This indicates that the services are reaching the target population, particularly through the public sector. A comparatively high proportion of women who received antenatal check-ups at Government health facilities are literate, Hindu, Muslim, scheduled caste or other backward classes, living in households with a medium or high standard of living and women from those villages where health facilities are available.

4.3 Antenatal Check-Ups by District

Table 4.3 indicates the antenatal coverage in Manipur that ranges from the highest of 91 percent in Imphal West to the lowest of 45 percent in Ukhrul. Almost all districts, except Chandel and Tamenglong more than 50 percent of women got some kind of antenatal check-ups for their last births during the three years preceding the survey. Antenatal check-ups received from doctor was low in Tamenglong (30 percent), Ukhrul (31 percent), Senapati (36 percent) and Chandel (42 percent) and in all the remaining districts more than 75 percent. Number of the women who received antenatal check-ups from doctor is highest in Bishnupur (90 percent) followed by Imphal West (89 percent). In Tamenglong 19 percent of the women received antenatal check-ups by ANM/Nurse/LHV. In the rest of the districts the percentage of women who received antenatal check-ups by ANM/Nurse/LHV ranged between one to 15 percent.

The extent of utilisation of government health facilities for antenatal check-ups was higher than that of private health facilities. The range of antenatal check-ups coverage through government facilities was highest in Bishnupur (66 percent) to the lowest of 29 percent in Chandel. In Imphal West 31 percent of the women visited private health facility and the

lowest recorded in this category is in Tamenglong (less than one percent). In Manipur, 17 percent pregnant women in Churachandpur district availed the Indian system of medicine (either government or private) for an antenatal check-up.

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, Manipur, 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
Bishnupur	91.5	0.0	89.6	4.6	66.2	28.3	3.9
Chandel	48.2	2.1	42.0	5.0	29.4	11.3	9.8
Churachandpur	81.0	0.3	77.8	3.0	36.1	28.5	16.6
Imphal East	88.8	0.0	88.8	0.4	56.2	31.0	6.2
Imphal West	91.0	0.2	88.4	11.7	57.3	29.3	2.8
Senapati	50.3	0.0	36.3	14.9	38.6	10.5	3.4
Tamenglong	46.5	0.0	29.6	18.7	45.1	0.8	0.1
Thoubal	80.8	0.2	74.9	8.6	76.3	4.5	0.9
Ukhrul	44.6	0.3	31.4	14.3	34.4	9.7	1.3
Manipur	77.8	0.2	72.6	7.6	54.6	20.6	4.4

Note: * 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.

4.4 Reasons for Not Seeking Antenatal Check-Ups

Table 4.4 shows the percentage of women who had given live/still births during the three years preceding the survey and who did not receive any antenatal check-ups by the main reason for not seeking check-ups according to residence and availability of health facility in the village. Thirty nine percent of women stated that it was not necessary to have an antenatal check-up. It was surprising to see that a higher proportion of urban women (58 percent) than rural women (37 percent) felt that it was not necessary to have an antenatal check-up. Forty four percent of the women stated that an antenatal check-up was not necessary in villages with a health facility whereas 31 percent of women from those villages where a health facility is not available fall in this category. About 4 percent of women felt that it was not customary to go for an antenatal check-up. Other factors contributing to non-use of antenatal care were that it costs too much (20 percent), it was situated too far, or there was no transportation (21 percent), no time to go and family did not allow to avail antenatal care (5 percent each), and other 9 percent were reported lack of knowledge of these services. Eleven percent of the women reported 'poor quality of services' as the main reason. Sixteen percent of women from villages with a health facility reported that health facility was too far to go and 15 percent of women reported that because of the poor quality of service they did not have an antenatal check-up. The corresponding figures were 28 percent and 8 percent of women respectively from villages without a health facility.

Table 4.4 REASONS FOR NOT SEEKING ANTENATAL CHECK-UPS					
Percentage of women* who did not receive any antenatal check-up by the main reason for not receiving an antenatal check-up, according to residence and availability of health facility in the village, Manipur, 2002-04					
Reason	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Not Necessary	39.0	37.4	57.9	31.3	44.4
Not customary	4.3	4.6	0.6	5.7	3.3
Cost too much	19.6	18.8	28.5	21.3	16.1
Health facility too far/ No transport	21.0	22.8	0.4	28.3	16.4
Poor quality service	11.0	11.3	7.5	8.4	14.6
No time to go	2.6	2.5	4.2	2.6	2.4
Family did not allow	1.9	1.9	1.1	2.6	1.2
Lack of knowledge	9.1	8.4	17.0	9.0	7.8
Other	5.1	5.2	3.5	6.6	3.6
Number of women	825	761	64	408	353

Note: * Women who had their last live/still birth since 1-1-1999/1-1-2001.
¹ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.
Note: percentage may add more than 100.0 due to multiple response

4.5 Components of Antenatal Check-ups

Women who received any kind of antenatal check-ups were asked whether they received each of the several components of antenatal check-ups at least once during their pregnancy. Table 4.5 presents the percentage of women who received specific components of check-ups by residence. Except for X-rays (which are not recommended as a standard component of antenatal care), all of the measurements and tests are part of essential obstetric care or are required for monitoring high-risk pregnancies.

Eighty one percent of women were weighed, 84 percent had their blood pressure checked, and 74 percent had an abdominal examination as the part of the antenatal check-ups. Other common components of antenatal check-ups were blood test (66 percent), urine test (62 percent), the measurement of height (23 percent), internal examination (57 percent), and breast examination (25 percent). About 20 percent of women had a sonogram or ultrasound, 4 percent had an X-ray and only one percent of women reported that they had amniocentesis test. All of these measurements or producers were performed more often during antenatal check-ups in urban areas than in rural areas.

The type of advice received by women who had antenatal check-ups for last live/still births during three years preceding the survey is also presented in Table 4.5. Advice on diet was given to 68 percent of urban women as compared to 57 percent of rural women and 59 percent in general. Twenty two percent of the women received advice on danger signs of pregnancy. Women were less likely to receive advice on delivery care (32 percent), on breastfeeding (23 percent), and on newborn care (20 percent). Advice on family planning was given to 9 percent of rural women and 7 percent of urban women.

Table 4.5 COMPONENTS OF ANTENATAL CHECK-UPS			
Percentage of women* who received an antenatal check-up by specific components of antenatal check-up, according to residence, Manipur, 2002-04			
Components of antenatal check-ups	Total	Rural	Urban
Antenatal measurements/tests			
Weight measured	81.4	79.7	87.8
Height measured	23.0	23.2	22.5
Blood pressure checked	84.3	83.1	88.7
Blood tested	65.7	64.6	69.7
Urine tested	62.0	59.8	70.1
Abdomen examined	74.3	73.3	77.9
Internal examined	57.2	55.9	62.1
Breast examined	25.4	24.5	28.7
X-ray	4.1	3.7	5.3
Sonography /ultrasound	19.6	18.1	25.1
Amniocentesis	1.3	1.4	1.0
Antenatal advice			
Diet	59.3	56.9	68.2
Danger signs of pregnancy	21.7	21.0	24.3
Delivery care	31.7	30.5	36.3
Breast feeding	23.3	22.4	26.5
New born care	19.7	19.3	21.2
Family planning	8.9	9.2	7.7
Number of women who received any antenatal check-up	2,911	2,289	622
Note: * Women who had their last live/still birth since 1-1-1999/1-1-2001			

4.6 Antenatal Care Services

In India, the Reproductive and Child Health Programme includes 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, of at least one tetanus toxoid injection, and supplementary iron in the form of IFA tablets daily for 100 days. To assess whether the women had received all the care during pregnancy, information was collected regarding number of antenatal visits, timing of the first visit, received tetanus toxoid injection and supplement iron folic acid tablets. The results are presented in Table 4.6. In Manipur, 11 percent of the women received at least three antenatal check-ups and 40 percent had four or more check-ups. At least four antenatal check-ups were received by 62 percent of women in urban areas compared with 35 percent of women in rural areas. Number of visits for antenatal care varies by education, children ever born, religion, caste and standard of living index. 24 percent of non-literate, 33 percent literate women (educated below high school) and 58 percent of women who had 10 or more years of schooling visited for minimum three antenatal care. Parity of women is negatively associated with antenatal check-ups. About 53 percent of women with parity one received four or more antenatal check-ups compared to only 23 percent of the women with parity 4 and above.

Table 4.6 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, Manipur, 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	22.1	24.9	9.4	40.1	22.7	9.5	14.5	18.8	23.0	34.4
1	5.2	5.9	2.2	6.1	6.9	2.7	3.9	4.4	5.1	7.8
2	14.5	15.7	9.4	11.3	18.4	12.3	11.3	15.5	17.2	15.5
3	18.1	18.4	17.2	18.0	18.7	17.6	17.3	17.8	19.6	18.7
4+	39.9	35.0	61.8	24.2	33.2	57.7	53.0	43.4	35.0	23.0
Missing	0.2	0.2	0.2	0.3	0.1	0.2	0.0	0.0	0.2	0.5
Stage of pregnancy at the time of the first antenatal check-up										
No antenatal check-up	22.1	24.9	9.4	40.1	22.7	9.5	14.5	18.8	23.0	34.4
First trimester	56.4	53.3	70.2	39.5	52.6	71.7	69.3	59.2	52.6	39.7
Second trimester	17.4	17.7	16.1	16.7	18.9	16.1	13.3	17.9	20.2	20.0
Third trimester	4.0	4.0	4.1	3.4	5.7	2.5	2.9	4.0	4.1	5.4
Missing	0.2	0.2	0.2	0.3	0.1	0.2	0.0	0.0	0.2	0.5
Women who received TT										
No TT	21.4	23.9	10.2	34.4	22.1	12.0	16.0	17.1	21.4	32.6
1	10.8	10.6	11.7	11.8	10.8	10.2	5.8	13.7	9.7	15.6
2+	67.6	65.2	78.0	53.5	66.8	77.6	77.9	68.9	68.7	51.6
Do not remember/missing	0.3	0.3	0.0	0.3	0.3	0.2	0.3	0.3	0.2	0.3
Women who received IFA tablets/syrup										
No IFA/syrup	47.1	50.6	31.5	61.7	51.8	32.3	35.6	45.1	48.0	62.7
Received but not consumed	6.5	6.7	5.7	7.8	6.3	5.9	7.0	5.3	8.3	5.7
Consumed one IFA per day	29.2	25.5	45.6	19.2	25.2	40.3	37.9	31.1	27.6	17.8
Received 100+ IFA tablets/syrup	12.2	11.1	17.0	6.9	8.0	20.5	18.6	12.3	8.9	6.7
Percentage of women who received full ¹ antenatal check-ups	10.9	9.9	15.4	6.6	6.9	18.2	17.0	11.3	7.8	5.3
Number of women	3,743	3,055	688	887	1,501	1,354	1,109	944	814	845

Note: Total includes 31 women with zero parity 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 4.6 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, Manipur, 2002-04

Antenatal care indicators	Religion				Caste#				Standard of living index			Availability of health facility ² in the village	
	Hindu	Muslim	Christia n	Other	Schedule d caste	Schedule- d tribe	Other backward class	Other	Low	Medium	High	No	Yes
Number of ANC visits													
No visit	11.0	20.4	41.6	12.5	18.5	41.4	11.6	13.7	36.2	13.6	4.1	30.2	20.7
1	2.6	4.1	8.9	6.3	2.7	9.0	3.4	3.1	7.1	4.3	2.4	7.5	4.6
2	13.4	15.3	17.0	11.2	5.3	17.7	12.5	17.9	17.8	12.9	9.6	14.8	16.4
3	21.0	21.3	13.0	19.2	15.0	13.1	22.0	16.5	17.6	20.5	14.5	17.1	19.3
4+	51.8	38.9	19.3	50.8	58.4	18.6	50.2	48.7	21.0	48.7	69.2	30.4	38.6
Missing	0.3	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.3	0.0	0.2	0.0	0.3
Stage of pregnancy at the time of the first antenatal check-up													
No antenatal check-up	11.0	20.4	41.6	12.5	18.5	41.4	11.6	13.7	36.2	13.6	4.1	30.2	20.7
First trimester	68.0	54.5	36.0	68.7	66.9	35.6	67.7	62.8	39.4	65.0	81.4	49.6	56.2
Second trimester	16.9	23.8	17.0	16.4	12.8	17.7	17.1	19.4	19.2	17.4	12.6	15.9	19.1
Third trimester	3.9	1.4	5.2	2.3	1.7	5.2	3.4	4.1	4.9	4.0	1.7	4.3	3.7
Missing	0.3	0.0	0.1	0.0	0.1	0.1	0.2	0.0	0.3	0.0	0.2	0.0	0.3
Women who received TT													
No TT	12.6	17.5	38.9	8.7	20.1	38.7	11.7	14.5	34.4	13.1	5.8	29.0	19.8
1	11.4	10.4	8.4	16.2	10.4	8.0	12.9	9.6	11.2	10.5	10.4	8.7	12.1
2+	75.9	72.1	52.3	74.6	69.5	52.9	75.2	75.4	54.0	76.1	83.7	61.9	67.8
Do not remember/missing	0.2	0.0	0.4	0.5	0.0	0.4	0.1	0.5	0.3	0.3	0.1	0.4	0.3
Women who received IFA tablets/syrup													
No IFA/syrup	38.3	42.2	66.8	29.0	55.9	66.7	34.2	44.9	63.6	40.1	20.3	53.0	48.8
Received but not consumed	4.9	10.1	8.1	6.6	2.2	7.8	6.5	4.4	7.0	7.2	3.7	6.2	7.1
Consumed one IFA per day	38.6	32.4	11.1	41.2	31.9	11.6	40.2	30.2	17.0	32.9	52.7	24.0	26.8
Received 100+ IFA tablets/syrup	17.4	10.2	2.8	19.5	11.6	2.5	17.7	16.1	4.0	13.8	29.8	10.1	12.0
Percentage of women who received full ¹ antenatal check-ups	16.4	9.3	1.3	17.3	11.6	1.1	16.5	14.2	2.8	12.7	27.8	8.8	10.8
Number of women	1,830	275	1,250	387	162	1,246	1,922	407	1,672	1,415	656	1,351	1,704

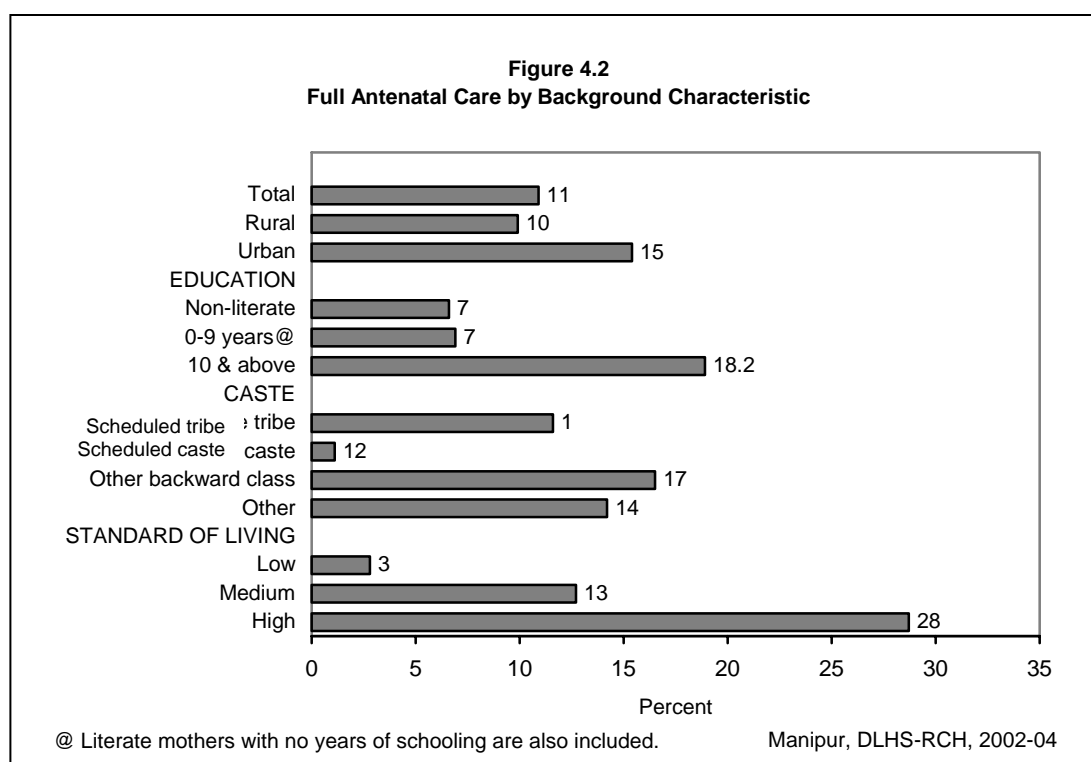
Note: ¹ At least three visits for antenatal check-ups, at least one TT injection received and was given adequate amount of IFA tablets/syrup. # Total figure may not add to N due to don't know and missing cases. ² Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

Hindu women (52 percent) were more likely to have at least three visits for antenatal check-ups than Muslim women (39 percent) and Christian women (19 percent). Coverage is substantially lower for women from scheduled-tribes (19 percent) than to women of scheduled caste (58 percent) and other backward classes (50 percent). Having three or more antenatal visits also increased with the standard of living-21 percent for women with a low standard of living, 49 percent for women with a medium standard of living and 69 percent for women with a high standard of living. Availability of health facility in the village makes a minor difference to the minimum three visits for antenatal check-ups.

Data on timing of first antenatal check-ups shows that about 56 percent of the women received their first antenatal check-up in the first trimester of pregnancy, and another 17 percent received their first check-up in the second trimester, and 4 percent of women received their first check-up in the third trimester. A relatively higher proportion of women in the urban areas (70 percent) as compared to those in rural areas (53 percent) had a check-up in the first trimester of pregnancy. The first antenatal check-up in the first trimester has steadily increased with education. Forty percent of non-literate women had undergone their first antenatal check-up in the first trimester, and 72 percent of women who had completed at least 10 years of schooling received their first antenatal check-up in the first trimester. More women (70 percent) with parity-1 were visited in first trimester and only 40 percent women with parity- four and above had undergone antenatal check-up in first trimester. Christian women were less likely to go for first antenatal check-up in first trimester of their pregnancy as compared to Hindu and women of other religion, and 67 percent of scheduled caste women were visited in first trimester for first antenatal check-ups compared with 36 percent to scheduled tribe women, 68 percent of other backward class of women and 63 percent women from 'other' caste category. Forty percent women with low standard of living, 65 percent with medium standard of living, and 81 percent of women with high standard of living respectively had undergone their first antenatal check-up in the first trimester of their pregnancy period

Nutritional deficiencies in women are often exacerbated during pregnancy because of the additional nutrient requirements of foetal growth; therefore a pregnant woman needs six times more iron than a non-pregnant woman. The information on receiving iron folic acid tablets/syrup during pregnancy is also collected. Table 4.6 shows that 12 percent women in Manipur received IFA supplements for the last birth during three years preceding the survey. The coverage of IFA tablets is relatively lower in rural areas (11 percent) than in urban areas (17 percent). IFA coverage is much below for non-literate women, women with medium standard of living, scheduled caste-tribe women, and women of higher parity. IFA coverage is higher among 'other' religion women (20 percent) than Hindu (17 percent), Muslim (10 percent) women and Christian women (3 percent). Again, during pregnancy in the last three years preceding the survey, only 12 percent of women received 100 or more IFA, 11 percent in rural areas and 17 percent in urban areas. Intake of 100 or more IFA is positively associated with education and standard of living index and negatively associated with parity. Women from other religions and other backward classes received an intake of 35 percent of 100 or more IFA than their counterparts. Such a large difference in receiving IFA or intake of 100 or more IFA tablets/syrup is not found while analysing the situation by availability of health facility in the village.

For the last live birth or stillbirth during the three years preceding the survey, women were asked whether they were given tetanus toxoid injection to prevent them and their baby from getting tetanus. Table 4.6 shows that Sixty eight percent of the women received two or more tetanus toxoid injections. Coverage of two or more TT injection is slightly higher in urban areas (78 percent) than that in rural areas (65 percent). The coverage of at least one tetanus toxoid injection for Hindu women (76 percent) is more than that for Muslim women (72 percent) and women from other religions (75 percent). Coverage of at least one tetanus toxoid injection is almost similar for schedule caste (70 percent), schedule tribe (53 percent), other backward classes (75 percent), and for 'other' caste category women (75 percent). Non-literate women received at least one tetanus toxoid injection for 54 percent of their last birth, whereas literate women with 9 years of schooling received at least one tetanus toxoid injection for 67 percent, and women who had completed 10 years or more of schooling received at least one tetanus toxoid injection for 78 percent of their last birth. Eighty-four percent of women with a high standard of living received at least one tetanus toxoid injection, and 54-76 percent women with low or medium standard of living received at least one tetanus toxoid injection for their last live/still birth. The coverage varies inversely by parity. At least one tetanus toxoid injection was received by 78 percent women of Parity-1 compared with 52 percent of Parity 4 and above.



The percentage of women who received full antenatal care, (that is, at least three antenatal check-ups, and at least one tetanus toxoid injection and supplementary iron in the form of IFA tablets daily for 100 days as recommended by the RCH programme,) has been presented in Figure 4.2. Only 11 percent of women in Manipur received full antenatal care. Coverage of full antenatal care is low for non-literate women, women with higher parity, Muslim women, women from

scheduled caste, women with a low standard of living, and women from those villages where health facilities are available. Full antenatal coverage was also lower in rural areas (10 percent) than in urban areas (15 percent).

4.7 Antenatal Care Indicator by District

Table 4.7 shows the percentage of women who had given live/still birth during the three years preceding the survey who received different types of antenatal care; (the percentage who received antenatal check-up in the first trimester of pregnancy, the percentage who received at least three antenatal check-ups, the percentage who received at least one tetanus toxoid injection, the percentage given 100 or more iron folic acid tablets/syrup, and the percentage who received full antenatal care services) by district.

Table 4.7 ANTENATAL CARE INDICATORS BY DISTRICT					
Percentage of women* who received different type of antenatal care by district, Manipur, 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
Bishnupur	70.7	71.1	88.1	9.7	9.0
Chandel	35.1	30.1	50.5	3.0	1.0
Churachandpur	55.1	53.2	75.9	4.5	1.4
Imphal East	70.4	73.6	88.5	20.9	19.8
Imphal West	66.7	76.7	90.0	23.4	22.4
Senapati	26.4	18.3	68.6	0.3	0.0
Tamenglong	26.4	29.2	46.2	4.2	3.1
Thoubal	61.9	64.7	82.7	8.2	6.5
Ukhrol	21.6	16.0	40.3	1.3	0.4
Manipur	56.4	58.0	78.4	12.2	10.9

Note: * 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.

The utilisation of antenatal care services differs from district to district. In Bishnupur, Imphal East, Imphal West and Thoubal about 71 percent, 70 percent, 67 percent and 62 percent women received their first antenatal check-up in the first trimester of pregnancy. The percentage of women who received at least three visits for antenatal check-ups ranges from 16 percent in Ukhrol to 74 percent in Imphal East. In two districts namely Ukhrol and Senapati, the coverage of at least three visits of ANC were less than 20 percent (see Map-3). There has been fairly good coverage of tetanus toxoid injection in the all districts, ranging from 40 to 90 percent, but on the other hand, and performance regarding receipt of 100 or more IFA is poor. In all the districts, the value ranges from zero percent to 23 percent, and it is lowest in Senapati. The percentage of women who received full antenatal care ranges from less than one percent in Ukhrol to 22 percent in Imphal West. In 7 of 9 districts, Bishnupur, Chandel, Churachandpur, Senapati, Tamenglong, Thoubal and Ukhrol coverage rate of full antenatal care is below than that of the state average.

4.8 Pregnancy Complications and Treatment

Complications during pregnancy may affect both women's health and the outcome of the pregnancy adversely. Early detection of complications during pregnancy and their management are important components of the safe motherhood programme. In the survey, all the eligible women who had given last live or still birth during the three years preceding the survey were asked if at any time during the pregnancy, they had experienced any of the following pregnancy-related problems such as swelling of hands and feet, paleness, visual disturbance, vaginal bleeding, convulsions, weak or no movement of foetus, abnormal position of foetus, and other problems. All the information is based on women's self-reporting which is presented in Table 4.8 and Figure 4.3.

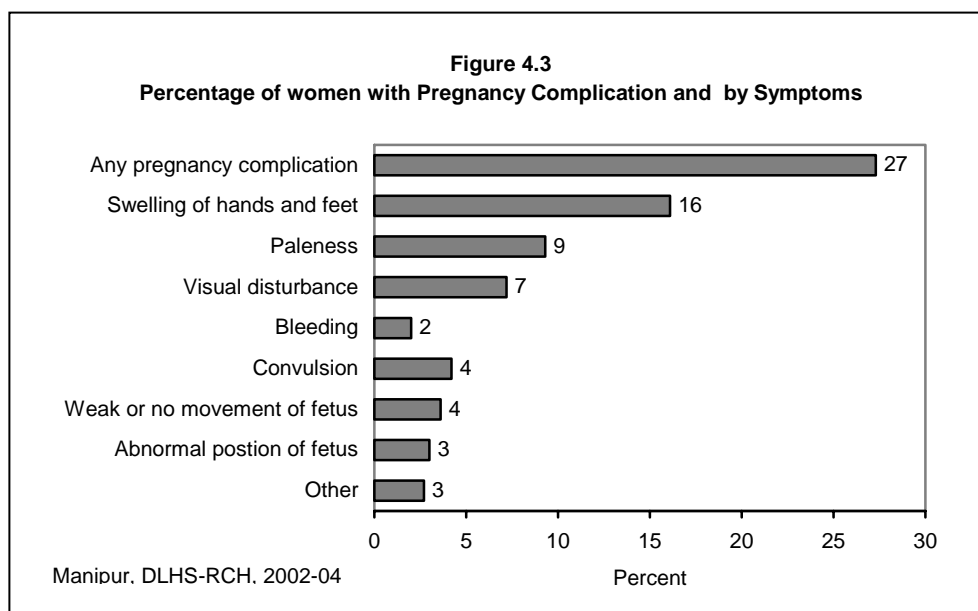


Table 4.8 PREGNANCY COMPLICATIONS

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, Manipur, 2002-04

Background characteristic	Percentage of women with any pregnancy complication	Type of pregnancy complication;								Number of women
		Swelling of hands and feet	Paleness	Visual disturbances	Bleeding	Convulsion	Weak or no movement of foetus	Abnormal position of foetus	Other	
Age group (years)										
15-19	32.2	18.8	14.8	7.5	5.1	7.0	5.4	9.0	2.0	81
20-24	26.6	16.4	8.2	6.8	2.1	3.7	3.0	3.3	3.1	706
25-29	27.5	16.4	9.9	7.3	2.0	3.8	3.4	2.5	2.8	1,259
30-34	27.9	15.2	10.3	7.1	1.6	5.1	4.8	3.9	2.8	945
35-39	27.9	17.5	8.2	8.0	1.4	4.3	3.6	1.8	2.3	581
40-44	22.2	11.0	5.4	6.7	3.5	2.5	0.4	1.6	2.5	170
Children ever born										
1	26.3	17.1	7.8	6.0	1.8	2.8	2.7	2.5	2.6	1,109
2	27.2	15.7	9.0	6.1	2.2	4.2	3.9	3.4	3.7	944
3	28.6	13.9	10.8	8.0	1.6	4.9	3.9	3.4	2.5	814
4+	27.7	17.0	10.5	9.6	2.3	5.4	3.8	3.1	2.0	845
Residence										
Rural	27.6	16.0	10.1	8.2	2.1	4.6	3.9	3.2	2.4	3,055
Urban	25.9	16.3	5.7	3.1	1.6	2.2	2.6	2.3	4.1	688
Standard of living index										
Low	28.2	16.4	10.6	8.6	2.5	5.2	4.2	3.2	2.2	1,672
Medium	27.4	16.0	10.1	6.8	1.8	3.8	3.3	3.1	2.7	1,415
High	25.0	15.5	4.5	4.6	1.3	2.7	2.8	2.4	4.1	656
Received any ANC										
Yes	28.5	17.1	9.2	7.4	1.8	4.0	3.5	2.9	3.0	2,911
No	22.8	12.2	9.5	6.6	2.4	4.6	3.8	3.4	1.7	825
Total	27.3	16.1	9.3	7.2	2.0	4.2	3.6	3.0	2.7	3,743

Note: Total include 31 women with zero parity and 6 case with missing information on receiving any antenatal care who were not shown separately.

About 27 percent of the women experienced at least one pregnancy related problem. The proportion was higher among rural women (28 percent) than among urban women (26 percent). Women aged 30 years and above, and women with higher parity face at least one pregnancy related problem more than younger women and women with low parity do. This proportion is relatively high among women who had received some kind of antenatal care during the pregnancy. Twenty nine percent of women who had an antenatal check-up reported that they had experienced at least one problem during their pregnancy while 23 percent of women did not receive any antenatal check-up during their pregnancy fall in this category. The major problems reported were 'swelling of hand and feet' (16 percent), 'paleness' (9 percent), and 'visual disturbance' (7 percent). Only 3 percent reported 'abnormal position of foetus', and 'vaginal bleeding', 'convulsions', and 'weak or no movement of foetus' 2 percent, 4 percent and 4 percent. Other problems related to pregnancy were reported by 3 percent of women. Swelling of hands and feet is more common among women of all age groups, women with parity-2 and parity-4. The percentage of women who were more anaemic belonging to the age group 15-19 years and 30-34 years, women from rural areas, women with a low and medium standard of living. Anaemia, visual disturbance, and convulsion increased steadily with increase of parity, whereas women with parity-2 and 4 reported vaginal bleeding and weak or no movement of foetus and abnormal position of foetus were reported by women with parity 2 and 3. The women in the age group 35-39 years and 40-44 years were more likely to report vaginal bleeding and abnormal position of foetus as pregnancy complications was reported more by women in the age group 20-25 years and 30-34 years.

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 4.9 shows the percentage of women who had pregnancy complications who obtained advice or had sought treatment by source of treatment according to residence and availability of health facility in the village. Fifty three percent of women reported that they had obtained advice or consulted someone for their problem. The proportion was higher among urban women (73 percent) than among rural women (49 percent), and 61 percent of women sought treatment from those villages where health facility was available as compared to 36 percent of women with non-availability of health facility within the village.

Among women who sought treatment for pregnancy complications, 61 percent visited a government health facility including a primary health centre (9 percent) and sub-centre (5 percent). 36 percent of them visited a private health facility, and 8 percent had gone to a facility with the Indian system of medicine, while another 10 percent obtained advice from another health facility. The proportion of women who visited a private health facility is higher in rural areas (36 percent) than in urban areas (34 percent). Among women who sought treatment, 94 percent went to a doctor and 4 percent to an auxiliary nurse midwife or nurse or LHV, and another two percent to someone else. Ninety-nine percent of these women in urban areas, and 92 percent in rural areas were examined by a doctor, whereas ANM/Nurse/LHV examined 4 percent women in rural areas and 1 percent in urban areas.

Table 4.9 TREATMENT FOR PREGNANCY COMPLICATIONS					
Percentage of women* who had any pregnancy complication, sought treatment and source of treatment according to residence and availability of health facility in the village, Manipur, 2002-04					
Treatment and source	Total	Residence		Availability of health facility ⁵ in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any pregnancy complication	53.1	48.9	73.3	35.5	61.3
Number of women	1,023	845	178	407	438
Percentage sought treatment at health facility					
Government health facility ¹	61.1	61.8	58.7	57.2	64.3
Primary health centre	9.2	9.9	7.0	5.8	12.1
Sub centre	4.7	5.0	3.9	4.0	5.5
Private health facility ²	35.7	36.2	34.3	35.8	36.3
ISM ³ facility	8.0	8.2	7.3	7.7	8.5
Other	10.1	9.7	11.2	10.4	9.3
Percent distribution of women who obtained treatment from					
Doctor	93.8	92.3	98.6	90.7	93.2
ANM/nurse/midwife/LHV	3.5	4.3	0.7	7.3	2.8
Other ⁴	2.2	2.6	0.7	1.2	3.4
Missing	0.5	0.7	0.0	0.9	0.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	544	413	131	144	268
Note: 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 Include 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 professional and ISM practitioner. ⁵ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital and government dispensary within the village.					

4.9 Delivery Care

4.9.1 Place of Delivery

One of the important thrusts of the Reproductive and Child Health Programme is to encourage deliveries under proper hygienic conditions under the supervision of trained health professionals. The provision of delivery services in the government health institutions is one of the components of the RCH programme. For each live/still birth during three years preceding the survey, DLHS-RCH asked the women where (place) their children were born, who assisted during the deliveries in case of home deliveries, characteristics of delivery, and any problems that occurred during the delivery. Table 4.10 and Figure 4.4 present the place of delivery. About 37 percent of the birth took place in government health institutions, 7 percent in private health institutions, and a large proportion of births (55 percent) took place at home. About thirty-two percent of the deliveries in rural areas and 59 percent of the deliveries in rural areas took place in public health institutions. Deliveries in health facilities in Manipur rose from 34 percent in Round-I to 50 percent in Round-II.

Table 4.10 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, Manipur, 2002-04

Background characteristics	Health institutions					Total percent	Number of women
	Public	Private	Home	Other	Missing		
Age group (in years)							
Below 20	36.4	2.5	59.3	0.9	1.0	100.0	81
20-34	37.1	6.9	55.4	0.4	0.1	100.0	2,910
35 and above	37.5	9.8	52.1	0.5	0.0	100.0	751
Children ever born							
1	50.5	7.8	40.9	0.6	0.1	100.0	1,109
2	38.1	8.3	53.4	0.1	0.1	100.0	944
3	32.8	8.8	57.4	0.8	0.2	100.0	814
4+	21.1	4.6	74.0	0.2	0.1	100.0	845
Residence							
Rural	32.3	7.1	60.3	0.3	0.1	100.0	3,055
Urban	59.1	8.8	30.9	1.2	0.0	100.0	688
Education							
Non-literate	20.0	1.8	77.9	0.2	0.1	100.0	887
0-9@ years	32.6	6.5	60.0	0.7	0.1	100.0	1,501
10 years & above	53.6	12.0	34.0	0.3	0.1	100.0	1,354
Religion							
Hindu	50.3	9.1	40.1	0.5	0.0	100.0	1,830
Muslim	27.3	0.9	71.8	0.0	0.0	100.0	275
Christian	17.7	6.8	74.7	0.6	0.4	100.0	1,250
Other	45.5	5.9	48.6	0.0	0.0	100.0	387
Caste#							
Scheduled caste	34.1	5.4	60.5	0.0	0.0	100.0	162
Scheduled tribe	17.5	7.0	74.6	0.6	0.4	100.0	1,246
Other backward class	48.8	6.3	44.4	0.5	0.0	100.0	1,922
Other	44.0	14.3	41.7	0.0	0.0	100.0	407
Standard of living index							
Low	19.8	4.4	75.2	0.3	0.3	100.0	1,672
Medium	46.6	6.6	46.2	0.6	0.0	100.0	1,415
High	61.2	16.7	21.7	0.4	0.0	100.0	656
Number of antenatal check-ups							
No check-up	10.7	1.5	87.0	0.5	0.3	100.0	825
1	31.4	4.2	63.1	1.3	0.0	100.0	195
2	34.5	7.6	57.8	0.0	0.0	100.0	544
3	35.8	6.8	57.1	0.2	0.1	100.0	679
4+	54.0	11.3	34.1	0.6	0.1	100.0	1,493
Delivery characteristics							
Normal	36.1	6.1	57.2	0.5	0.0	100.0	3,385
Caesarean	52.1	23.6	24.3	0.0	0.0	100.0	248
Assisted	36.3	9.2	53.9	0.0	0.5	100.0	105
Availability of health facility¹ in the village							
No	31.2	6.3	62.1	0.1	0.3	100.0	1,351
Yes	33.1	7.7	58.8	0.4	0.0	100.0	1,704
Total	37.2	7.4	54.9	0.4	0.1	100.0	3,743

Note: Total includes 31 women with zero parity, 6 women on number of antenatal care and 5 with missing information on delivery characteristics 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 Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.

The proportion of births occurring in health institutions is higher for older women in the age group 20 to 35 years and above (37-38 percent) than for women aged below 20 years (36 percent). Institutional deliveries, particularly in private health facilities, increase sharply with education and the standard of living. Around 22 percent of the births to non-literate women and

66 percent births to literate women who had completed at least 10 or more years of schooling took place at health institutions. Women with a high standard of living were more likely to give birth in health institutions than women with a low standard of living (Figure 4.4). The proportion of institutional deliveries decreases as parity increases from parity one (58 percent) to parity four and above (26 percent). Institutional delivery is much lower for Christian women (25 percent) than for Hindus (59 percent) and other religion women (51 percent). Only 25 percent births of women from scheduled-tribes are institutional deliveries as compared to 40 percent of births to women from scheduled-castes, 55 percent to other backward classes and 58 percent of births to women from the 'other' caste category. Institutional deliveries are more common among women who had four or more antenatal check-ups (65 percent) than among who had fewer antenatal check-ups (36-43 percent). Institutional deliveries are least prevalent among births to women who did not receive any antenatal check-ups (12 percent). As expected, a large proportion of births occurred through caesarean section (76 percent), and 46 percent of assisted deliveries took place at health institutions. At the same time, 24 percent of caesarean deliveries and 54 percent of assisted deliveries took place at home. Forty-one percent of births took place at health institutions in the village with availability of health facility compared to 38 percent of births from villages without any health facility.

4.9.2 Assistance During Home Delivery

Table 4.11 shows distribution of assistance during home delivery by selected background characteristics. Generally, assistance during delivery can be provided by medical staff (doctors, ANM/nurse/LHV, TBA, 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. In the last three years only 7 percent of home deliveries were attended by doctors, 17 percent by ANM or nurse or LHV, 17 percent by trained birth attendants, 30 percent by untrained *dais*, 29 percent were attended by relatives and friends and less than one percent of home deliveries were not attended by anyone (Figure 4.4). Overall, health professionals attended 24 percent of deliveries that took place at home. The percentage of births (home delivery) attended by health professionals has some difference in relation to the age of women. About 9 percent of births attended by health professional are for women below 20 years and 24 percent for women in the age group 20-34 years and 26 percent of births for women age 35 and above were attended by health professionals. In rural areas, 22 percent of births were attended by health professionals as compared to 41 percent of that in urban areas. The percentage of births attended by health professionals were decreased steadily with increasing with parity of women.

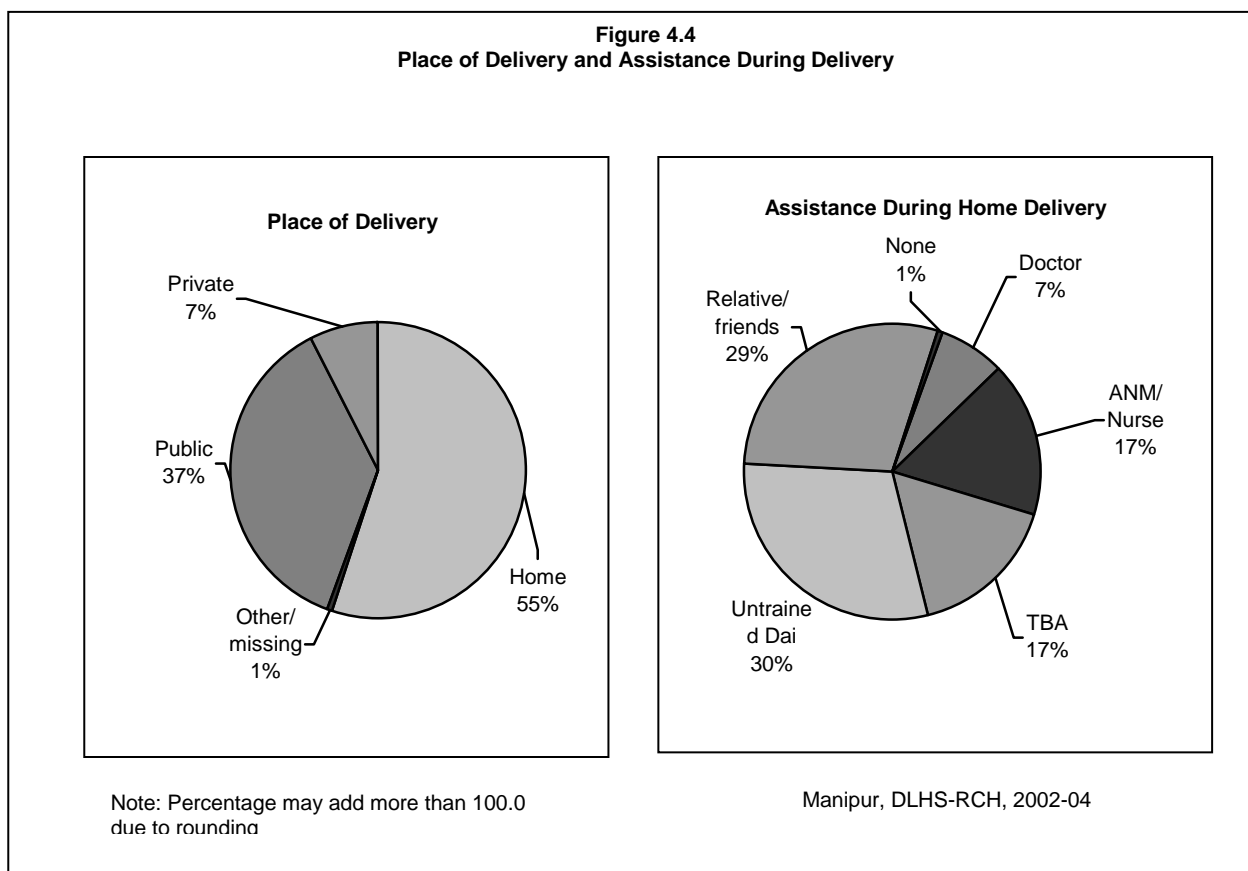
Births to literate women who had completed 10 or more years of schooling which were attended by health professionals is higher than those of non-literate women. About 35 percent of home deliveries to women with a medium standard of living and 16 percent of deliveries to women with a low standard of living were attended by health professionals. Home deliveries are more likely to be attended by health professionals among Hindu women (36 percent) and Christian women (17 percent) than among Muslim women (11 percent).

Table 4.11 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, Manipur, 2002-04

Background characteristics	Attendant assisting during home delivery ¹						Number of women	Percentage of safe ² delivery
	Doctor	ANM/ Nurse/ LHV	TBA	Un- trained dai	Relative / friends	None		
Age group (in years)								
Below 20	(8.2)	(1.2)	(14.3)	(40.8)	(26.5)	(0.0)	48	46.8
20-34	6.7	17.6	16.6	30.3	28.4	0.4	1,614	57.5
35 and above	9.7	14.8	17.1	25.8	31.9	0.7	392	60.1
Children ever born								
1	10.3	23.6	11.3	28.8	25.3	0.7	454	72.2
2	7.5	16.8	21.1	25.4	29.2	0.0	504	59.4
3	9.0	16.5	16.7	32.9	24.7	0.2	468	56.2
4+	3.6	11.8	16.7	31.5	35.5	0.9	625	37.2
Residence								
Rural	7.2	15.0	16.8	28.7	31.8	0.5	1,841	52.7
Urban	8.7	32.1	14.6	37.9	6.6	0.0	212	80.6
Education								
Non-literate	5.7	12.8	16.1	30.8	33.9	0.6	692	36.3
0-9@ years	6.6	15.0	17.3	31.6	29.3	0.2	901	52.1
10 years & above	11.0	26.2	15.7	24.3	22.0	0.8	461	78.2
Religion								
Hindu	11.3	25.0	25.7	29.4	8.2	0.5	734	73.9
Muslim	2.5	8.0	26.9	49.0	13.6	0.0	197	35.8
Christian	5.2	11.9	6.6	22.8	52.8	0.6	934	37.2
Other	7.3	18.3	19.2	44.6	10.3	0.4	188	63.8
Caste#								
Scheduled caste	32.0	44.1	10.3	6.4	7.1	0.0	98	85.5
Scheduled tribe	5.3	11.7	7.0	22.1	53.2	0.7	929	37.2
Other backward class	5.8	16.5	26.3	43.5	7.5	0.4	853	65.0
Other	11.8	30.2	23.1	15.4	19.4	0.1	170	75.8
Standard of living index								
Low	4.5	11.5	13.4	29.9	40.2	0.5	1,258	36.2
Medium	9.5	25.3	22.1	29.5	13.3	0.4	653	69.3
High	22.8	24.0	19.1	28.7	4.9	0.5	142	88.0
Number of antenatal check-ups								
No check-up	3.1	7.6	11.8	27.5	49.5	0.5	718	21.6
1	7.5	14.7	12.0	27.2	36.2	2.4	123	49.6
2	8.7	13.0	17.1	27.9	33.2	0.1	314	54.8
3	6.4	20.4	26.6	36.6	9.6	0.3	387	57.9
4+	13.0	29.8	16.4	29.3	11.2	0.3	510	79.8
Delivery characteristics								
Normal	6.0	16.9	16.2	30.4	30.2	0.3	1,936	55.4
Caesarean	26.8	7.1	28.2	26.1	7.9	4.0	60	83.9
Assisted	30.2	21.2	17.3	10.1	18.5	2.8	57	73.3
Availability of health facility³ in the village								
No	4.6	11.0	9.1	31.6	42.9	0.8	839	47.1
Yes	9.3	18.3	23.2	26.3	22.5	0.3	1,002	57.1
Total	7.3	16.8	16.5	29.7	29.2	0.5	2,053	57.8

Note: Total includes 3 women with zero parity and 1 with missing information on number of antenatal check-up 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. ³ 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

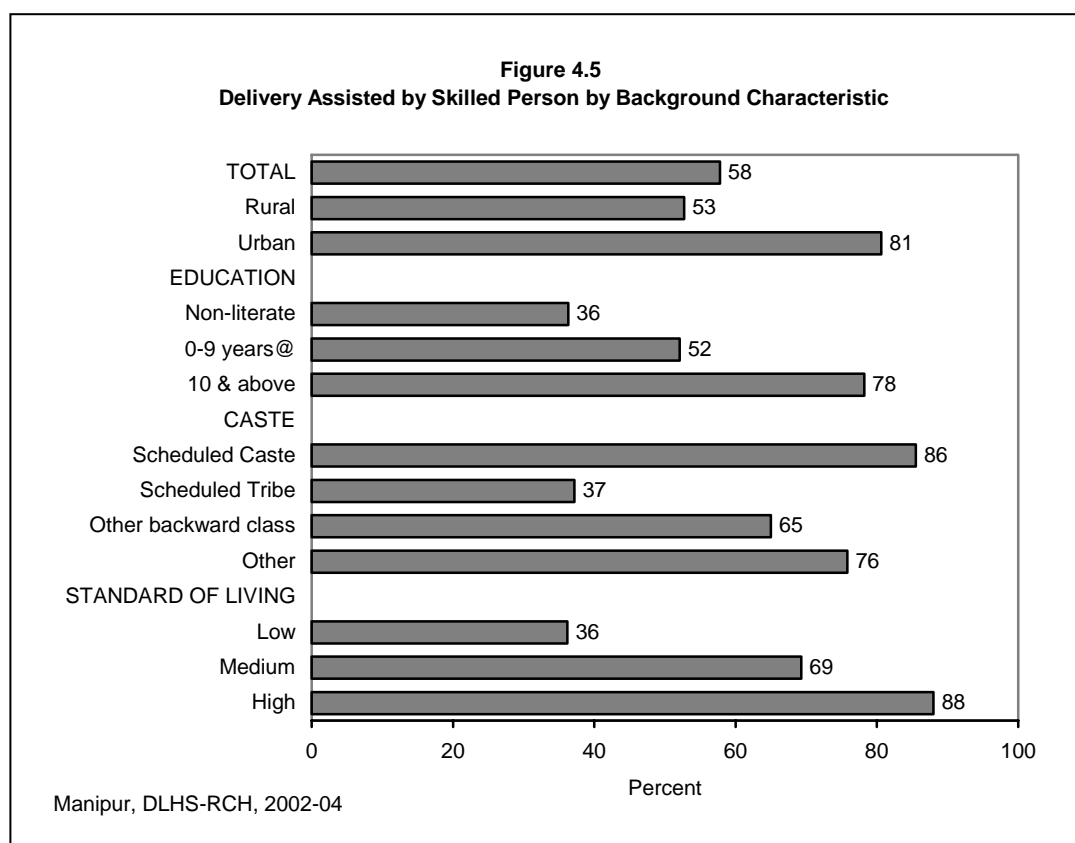
As many as 76 percent of births to women from scheduled castes, 17 percent to scheduled tribes, 22 percent to other backward classes and 42 percent to women belonging to ‘other castes’ category were attended by health professionals. Eleven percent of home deliveries to women who did not have any antenatal check-ups were attended by health professionals compared to 43 percent of home deliveries to women who had four or more antenatal check-ups. About 23 percent of home deliveries that were normal were attended by health professionals, which differ substantially to births by either caesarean section or assisted (33-36 percent), but the result should be interpreted with caution due to the small number of cases. 16 percent home deliveries were attended by health professionals in villages with non-availability of a health facility and the corresponding figure for villages with availability of a health facility is 28 percent.



4.9.3 Delivery Assisted by Skilled Persons

The extent of safe deliveries varied substantially by background characteristics of women (Table 4.11 and Figure 4.5). More than half of the births (58 percent) were safe in Manipur. In urban areas more than three-fourths (81 percent) of the deliveries were safe as against little more than half (53 percent) in rural areas. About 47-58 percent of the deliveries were safe for younger women aged below 35 than to elderly women (60 percent). The proportion of safe deliveries was much lower among Muslim women (36 percent) than among Hindu women and women from other religions (74-64 percent). Only 37 percent of births to women from scheduled-tribe were

safe deliveries, compared to 86 percent to women from scheduled-castes, 65 percent to women from other backward classes, and 76 percent of births to women from ‘other castes’ category. Proportion of safe deliveries decreases as parity rises from 1 (72 percent) to 4 and above (37 percent). Safe deliveries were least prevalent among women who did not receive any antenatal check-ups (22 percent), and it is most prevalent among women who had four or more antenatal check-ups (80 percent). The proportion of safe deliveries increased sizeably with women’s education and standard of living. Only Thirty six percent of non-literate women had safe deliveries whereas its prevalence is 78 percent among women who had completed at least high school. Women with a high standard of living had 88 percent safe deliveries compared to 69 percent of women with a medium standard of living and 36 percent with a low standard of living. As compared to women who had caesarean and assisted deliveries (84-73 percent) only 55 percent of women with normal deliveries are safe deliveries. The proportion of safe deliveries was slightly higher in villages with a health facility than to women from those villages where health facilities are not available.



4.10 Reasons for Not Going to Health Institutions for Delivery

Table 4.12 shows the percentage distribution of women who did not deliver in health institutions in the three years preceding the survey. The main reason for not going to health institutions has been presented according to residence and availability of health facility in the village. About 30 percent of the women stated that it was not necessary to deliver in health institutions. It is

surprising to see that more of urban women (35 percent) than rural women (29 percent) felt this way. Also, 34 percent of women stated that it was not necessary to deliver in health institutions when their villages were equipped with health facilities, when compared to 23 percent of women from villages where a health facility is not available. About 1 percent of the women felt that it was not customary to deliver in health institutions. Other factors contributing for not going to health institutions for delivery were, 'it cost too much' (11 percent), 'no transportation' or 'health facility is too far' (11 percent), 'no time to go' (16 percent), 'family did not allow' (2 percent), 'better care at home' (21 percent), and 'other' (3 percent). About 3 percent reported lack of knowledge regarding the delivery facilities. Three percent women did not opt for institutional delivery due to poor quality of services. The corresponding figures were less than one percent in urban areas and 3 percent in rural areas. It is also needs mention that 3 percent of women from villages with a health facility reported lack of knowledge as a reason for not having delivery at home.

Table 4.12 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 and availability of health facility in the village, Manipur, 2002-04					
Reason	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Not Necessary	29.6	29.0	34.8	22.9	34.1
Not customary	1.2	1.0	2.7	1.3	0.8
Cost too much	10.5	10.5	10.4	13.8	7.8
Health facility too far/ No transport	11.3	12.1	4.5	19.0	6.4
Poor quality service	2.7	3.0	0.4	2.4	3.4
No time to go	16.2	14.7	29.1	14.3	15.1
Family did not allow	1.6	1.6	0.9	0.9	2.3
Better care at home	21.4	22.3	14.1	17.9	26.0
Lack of knowledge	2.8	2.9	1.7	2.5	3.3
Other	2.7	2.8	1.5	5.1	0.9
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	2,053	1,841	212	839	1,002
Note: ¹ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village.					

4.11 Delivery Characteristics by District

Table 4.13 shows the delivery characteristics by district; institutional delivery (delivery in government or private health institutions), home delivery and attendant assistance during home delivery for last live/still births to women during the three years preceding the survey. The proportion of institutional delivery is lowest in Senapati (12 percent) and followed by Ukhrul (14 percent) and it is highest in Imphal West (65 percent).

Table 4.13 DELIVERY CHARACTERISTICS BY DISTRICT				
Place of delivery, assistance during home deliveries, and percentage of safe deliveries by district, Manipur, 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
Bishnupur	59.0	40.8	38.2	74.5
Chandel	15.7	82.2	18.6	30.9
Churachandpur	44.5	53.5	38.6	65.1
Imphal East	65.1	34.7	18.9	71.7
Imphal West	64.9	33.8	31.2	75.5
Senapati	12.0	87.9	9.2	20.1
Tamenglong	17.5	82.2	23.5	36.8
Thoubal	33.9	66.1	32.0	55.1
Ukhrul	13.7	86.3	7.3	20.0
Manipur	44.6	54.9	24.1	57.8

Note: *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 doctor/nurse/ANM.

Compared to delivery in a private health facility, deliveries at home are more common in all the districts of Manipur. Almost 55 percent of births are by delivery at home in the state. In all the districts, more than half of the births took place at home except in Bishnupur (41 percent) and Chandel, Senapati, Tamenglong and Ukhrul had more than 80 percent of home deliveries. Percentage of home deliveries which were attended by a health professionals in all the districts range from 7 percent to 39 percent. The extent of safe deliveries also varies by district, in 20 of 76 districts, the proportion of safe deliveries are below state average, it ranges from 20 percent in Ukhrul to 55 percent in Thoubal. The proportion of safe deliveries is less than 30 percent in two districts i.e. Ukhrul and Senapati.

4.12 Complications During Delivery

Complications during delivery include ‘premature labour’, ‘obstructed labour’, ‘prolonged labour (more than 12 hours)’, ‘breech presentations’, ‘excessive bleeding during delivery’ and ‘other problems’ at the time of delivery reported by women during the three years preceding the survey. Twenty eight percent of the women experienced at least one problem during delivery (Table 4.14 and Figure 4.6). The proportion of delivery complications is higher among rural women (30 percent) than among urban women (30 percent). Younger women below the age of 20 years, and women with low parity 1-2 reported more at least one delivery related problem than older women aged 35 years and above and women with higher parity. This proportion is relatively high among women who had received some kind of antenatal care during their pregnancy. Thirty two percent of women who had not had any antenatal check-up reported that they experienced at least one problem during their pregnancy when compared to 44-26 percent of women who had received some kind of antenatal check-up. Among women who had assisted or caesarean delivery, 29-67 percent reported experiencing such problems, and 26 percent women with normal deliveries also cited complications during delivery. A relatively higher proportion of women who delivered in

health institutions (34-29 percent) faced at least one delivery complication compared to those who delivered at home or other places (25 percent).

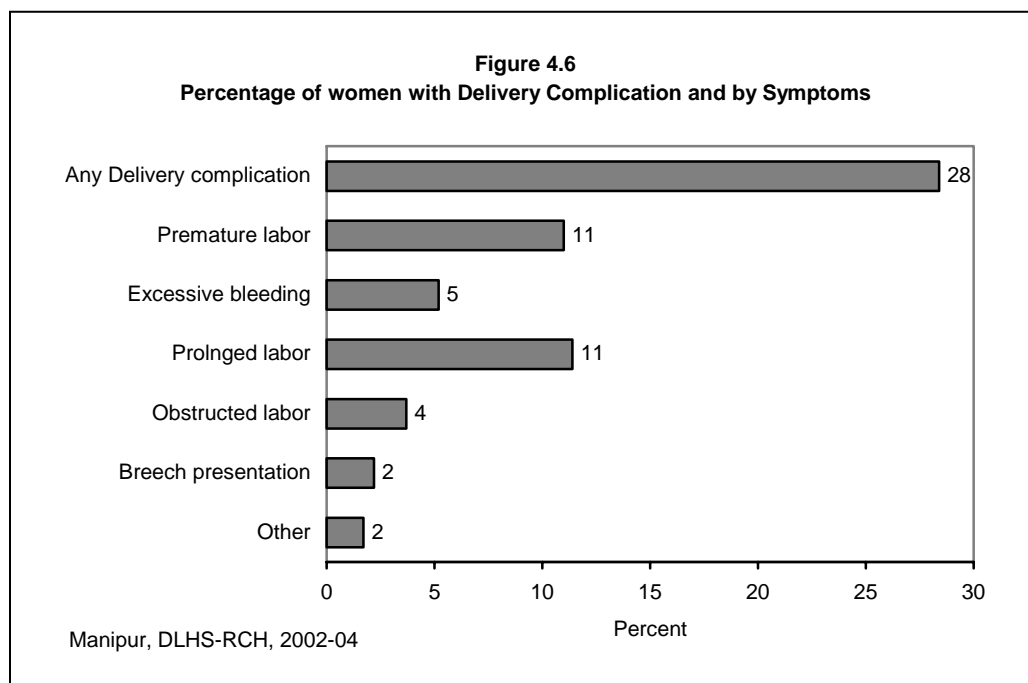
Table 4.14 DELIVERY COMPLICATIONS
Percentage of women who had given last live/still births during three years preceding the survey by delivery complication, according to selected background characteristics, Manipur, 2002-04

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 20	45.4	21.6	6.1	16.4	10.0	0.4	0.0	81
25-34	28.2	10.7	5.0	11.7	3.7	2.2	1.6	2,910
35 and above	27.7	11.5	5.9	9.6	3.3	2.4	1.9	751
Children ever born								
1	31.7	12.1	3.2	12.3	5.2	2.1	1.6	1,109
2	26.1	11.4	5.1	10.4	3.2	2.3	2.0	944
3	24.9	10.2	4.9	9.2	3.0	1.9	1.1	814
4+	29.8	10.4	8.5	13.0	2.9	2.3	1.7	845
Residence								
Rural	30.0	12.1	6.0	11.8	3.7	2.3	1.8	3,055
Urban	21.7	6.9	1.9	9.5	3.6	1.7	1.0	688
Number of antenatal check-ups								
No check-up	32.3	14.7	9.3	11.8	3.7	1.7	1.9	825
1	44.2	19.7	10.9	14.5	1.2	2.9	3.7	195
2	28.6	11.2	5.9	14.4	3.2	2.4	1.6	544
3	23.7	8.1	3.7	11.4	3.1	1.7	0.6	679
4+	26.1	9.1	2.7	9.7	4.6	2.5	1.7	1,493
Delivery characteristics								
Normal	25.6	11.0	5.3	10.5	2.7	1.5	1.4	3,385
Caesarean	67.4	14.1	4.4	26.6	18.8	7.6	3.9	248
Assisted	28.7	7.5	4.8	5.2	1.9	12.4	5.2	105
Place of delivery								
Government sector	34.1	12.9	2.7	15.6	5.0	3.2	1.1	1,392
Private sector	28.6	9.4	2.4	8.1	6.1	4.5	1.7	276
Home	24.6	10.1	7.4	9.1	2.6	1.2	2.1	2,053
Total	28.4	11.1	5.2	11.4	3.7	2.2	1.7	3,743

Note: Table include 31 women with zero parity, 6 cases on number of antenatal check-up, 5 missing cases on delivery characteristic, 4 missing cases on place of delivery and 17 cases on delivery at other place that were not shown separately.

The major problems reported were ‘obstructed labour’ (4 percent), ‘prolonged labour’ (11 percent), ‘premature labour’ (11 percent), and ‘excessive bleeding (5 percent)’. Only 2 percent reported ‘breech presentation’, and two percent reported ‘other’ problems related to delivery. Premature labour, prolonged labour, obstructed labour and breech presentation are more common among younger women, and women with low parity. Rural women were more likely to report delivery complications such as excessive bleeding, whereas premature labour, prolonged labour, obstructed labour and breech presentations are more prevalent among urban women. Premature labour, prolonged labour, obstructed labour and other health problems related to delivery were more among women whose last delivery was assisted with instruments, and breech presentation

was more likely among those who had a caesarean, and excessive bleeding during delivery than by women with normal delivery during the three years preceding the survey. Women whose recent delivery was performed in medical institutions were more likely to report premature labour, prolonged labour, breech presentation and obstructed labour compared with place of delivery other than medical institutions.



4.13 Post Delivery Complications and Treatment

Table 4.15 and Figure 4.7 present information about women who faced complications after delivery according to some selected background characteristics. The incidence of post delivery complications judged by any of the following during the first six-weeks of delivery- ‘high fever’, ‘lower abdominal pain’, ‘foul smelling vaginal discharge’, ‘excessive bleeding’, ‘convulsion’, ‘severe headache’, and ‘other’ problems. Twenty three percent of women reported that they faced any of the problems during the first six weeks after their delivery. The proportion of women who cited at least one post delivery complication is lower in urban areas (17 percent) than in rural areas (24 percent). Older women aged 35 years and above, and women with higher parity 4 and over, had their deliveries assisted with instruments, and those whose deliveries took place at home, and those whose deliveries at home were attended by none are more prone to report at least one post delivery related problem.

Table 4.15 POST DELIVERY COMPLICATIONS

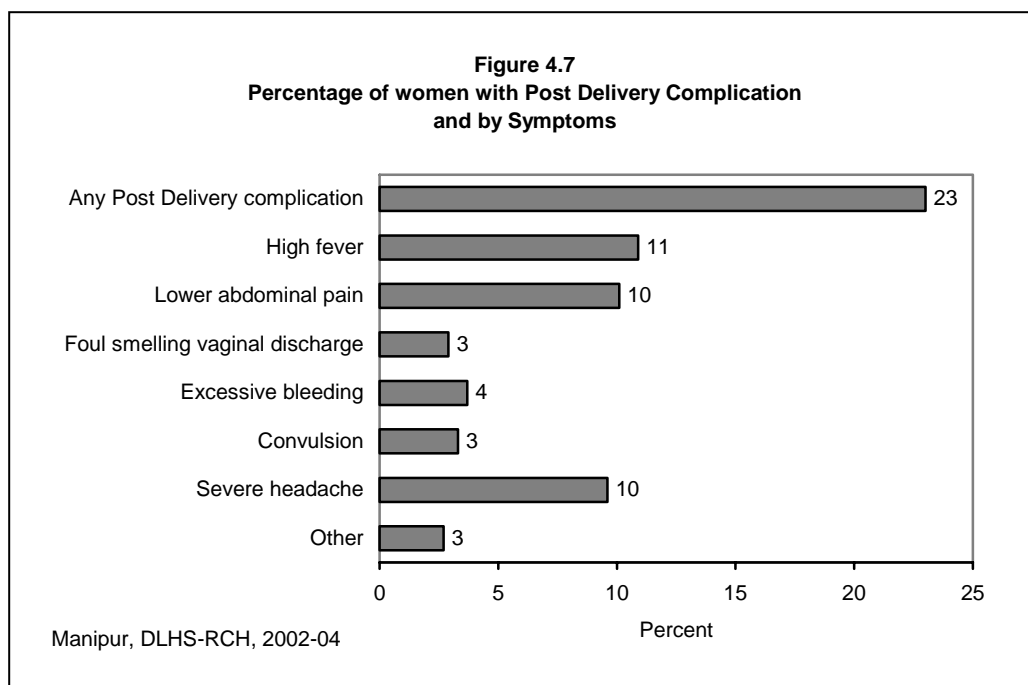
Percentage of women who had given last live/still births during three years preceding the survey by post delivery complication, according to selected background characteristics, Manipur, 2002-04

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 20	14.0	9.9	4.1	3.4	4.2	0.6	9.0	2.5	81
20-34	23.7	10.9	10.7	3.1	3.6	3.5	9.4	3.0	2,910
35 and above	21.1	10.7	8.3	2.0	3.9	3.0	10.4	1.9	751
Children ever born									
1	18.8	8.6	7.0	2.5	2.0	1.8	7.2	3.0	1,109
2	24.4	12.1	11.9	3.5	4.2	4.5	9.7	2.5	944
3	20.2	10.6	7.9	2.8	2.8	3.2	8.9	2.3	814
4+	29.5	12.6	14.2	2.8	6.3	4.2	13.4	3.2	845
Residence									
Rural	24.2	11.8	10.9	3.3	4.1	3.6	10.4	2.8	3,055
Urban	17.4	6.8	6.3	0.8	1.9	2.0	6.1	2.5	688
Delivery characteristics									
Normal	23.0	10.8	10.2	3.0	3.5	3.6	10.0	2.8	3,385
Caesarean	26.7	13.3	11.8	2.7	5.4	1.0	8.5	1.8	248
Assisted	14.2	7.1	2.8	0.2	5.0	2.2	0.7	3.4	105
Place of delivery									
Government sector	22.5	9.9	7.9	2.4	3.0	1.9	7.5	3.2	1,392
Private sector	24.3	15.6	5.4	0.8	1.7	2.0	12.0	2.4	276
Home	23.3	11.0	12.2	3.6	4.5	4.5	10.8	2.5	2,053
Assistance during home delivery									
Doctor	18.5	10.0	7.9	1.1	4.3	2.5	4.4	0.6	150
ANM/Nurse/LHV	16.3	7.1	8.1	1.4	1.4	2.9	8.4	1.5	344
TBA	16.8	9.5	8.0	2.2	0.9	0.7	6.8	1.1	340
Untrained <i>dai</i>	24.7	9.0	8.8	3.0	3.3	2.5	13.2	3.7	609
Relative/friends	30.6	16.3	21.4	6.9	9.3	10.4	13.7	2.9	599
Total	23.0	10.9	10.1	2.9	3.7	3.3	9.6	2.7	3,743

Note: Table include 31 women with zero parity, and 5 and 4 missing cases on delivery characteristics, place of delivery respectively that were not shown separately. Total includes 17 cases on place of delivery as other and 10 cases on assistance during delivery as none, who were not shown separately.

Women reported high fever (11 percent), severe headache (10 percent), lower abdominal pain (10 percent), foul smelling vaginal discharge (3 percent), excessive vaginal bleeding (4 percent), and convulsion (3 percent). Three percent of women reported other problems. Rural-urban differences in all symptoms of postpartum complication are large. All the postpartum complications are more prevalent among women in the age group 20-34 years than among older and younger women. The symptoms of postpartum complications were increasing steadily with increased parity. There are minimal differences in the likelihood of having different symptoms in the postpartum period by place of delivery. Women who had the last delivery at home and were not assisted by anyone were more likely to have high fever, lower abdominal pain and other postpartum problems during the first six weeks of delivery. Symptoms like high fever and severe

headache are more common for women who delivered at home assisted by an ANM/nurse/LHV, trained birth attendant, untrained *dai*, or relatives or friends.



Women who reported at least one complication during the postpartum period were asked, whether they had consulted or sought treatment for their problems and also the source of treatment. Table 4.16 shows the percentage of women who had post delivery complications and who sought treatment by source of treatment according to residence and availability of health facility in the village. Twenty-nine percent of women reported that they had obtained advice or had consulted someone for their problems. The proportion was higher among urban women (50 percent) than among rural women (25 percent), and 36 percent of women sought treatment from those villages where health facility was available as compared to 17 percent of women who did not have a health facility within the village.

Table 4.16 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 and availability of health facility in the village, Manipur, 2002-04					
Treatment and source	Total	Residence		Availability of health facility ⁵ in the village	
		Rural	Urban	No	Yes
Percentage of women sought treatment who had any post delivery complication	28.7	25.2	50.0	16.6	36.2
Number of women	859	740	120	414	325
Percentage sought treatment at health facility					
Government health facility ¹	55.3	52.2	65.0	52.9	51.8
Primary health centre	6.2	8.1	0.0	6.0	9.4
Sub centre	1.5	2.0	0.0	0.3	3.0
Private health facility ²	32.8	35.7	23.8	33.8	36.8
ISM ³ facility	3.0	2.8	3.6	0.6	4.0
Other	15.9	16.5	14.2	13.6	18.1
Percent distribution of women who obtained treatment from					
Doctor	82.0	81.2	84.5	74.4	85.2
ANM/nurse/midwife/LHV	9.0	10.2	5.4	16.4	6.6
Other health professionals ⁴	4.1	4.8	1.9	4.2	5.2
Other	4.9	3.8	8.2	5.0	3.1
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	246	187	60	69	118
Note: 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 Include 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 professional and ISM practitioner. ⁵ Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital and government dispensary within the village.					

Among women who sought treatment for complications in the postpartum period, only 55 percent visited a government health facility including primary health centre and sub-centre (6 percent and 2 percent). About thirty three percent of women visited a private health facility, and 3 percent went to a facility with the Indian system of medicine (either government or private) and another 16 percent obtained advice from other health facilities. The proportion of women who visited a government health facility is relatively higher in urban areas (65 percent) than in rural areas (52 percent). On the other hand, the proportion of women seeking treatment from a private health facility is more among women who belonged to villages with availability of health facility within the village. Among women who sought treatment, 82 percent preferred to go to a doctor and 9 percent visited an auxiliary nurse midwife or nurse or LHV, 4 percent went to other health professionals, and 5 percent went to some one else. Eighty-five percent of these women in urban areas, and 81 percent in rural areas went to a doctor, whereas a visit to an ANM/nurse/LHV was

10 percent in rural areas and 5 percent in urban areas. There are also differences by availability of health facilities and non-availability of health facilities in the village. Eighty-five percent of women who belonged to villages with availability of health facilities were seen by doctor compared to 74 percent of women belonging to villages with non-availability of health facilities.

4.14 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 4.17 presents the incidence of pregnancy, delivery and post-delivery complications and treatment seeking behaviour in case of pregnancy and post delivery complications by district. As mentioned earlier, in the state, 27 percent, 28 percent and 23 percent of the women experienced pregnancy, delivery and post delivery complications respectively. About 53 percent of the women sought treatment for pregnancy complications and 29 percent for post delivery complications. In every district, more than 14 percent of the women experienced at least one of the symptoms of pregnancy complications except in Thoubal (8 percent).

Table 4.17 PREGNANCY, DELIVERY AND POST DELIVERY COMPLICATIONS					
Extent of pregnancy, delivery and post delivery complications and treatment seeking behaviour by districts, Manipur, 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
Bishnupur	36.4	66.3	25.6	24.4	40.0
Chandel	15.9	18.2	40.0	17.3	21.4
Churachandpur	23.3	55.3	49.0	30.2	4.8
Imphal East	29.7	70.2	21.6	24.6	51.8
Imphal West	28.3	77.9	24.1	19.6	40.0
Senapati	60.3	14.2	55.3	60.1	5.5
Tamenglong	30.0	39.9	22.3	7.7	27.0
Thoubal	8.0	31.8	14.9	5.4	70.4
Ukhrul	19.4	32.2	32.0	24.4	5.1
Manipur	27.3	53.1	28.4	23.0	28.7

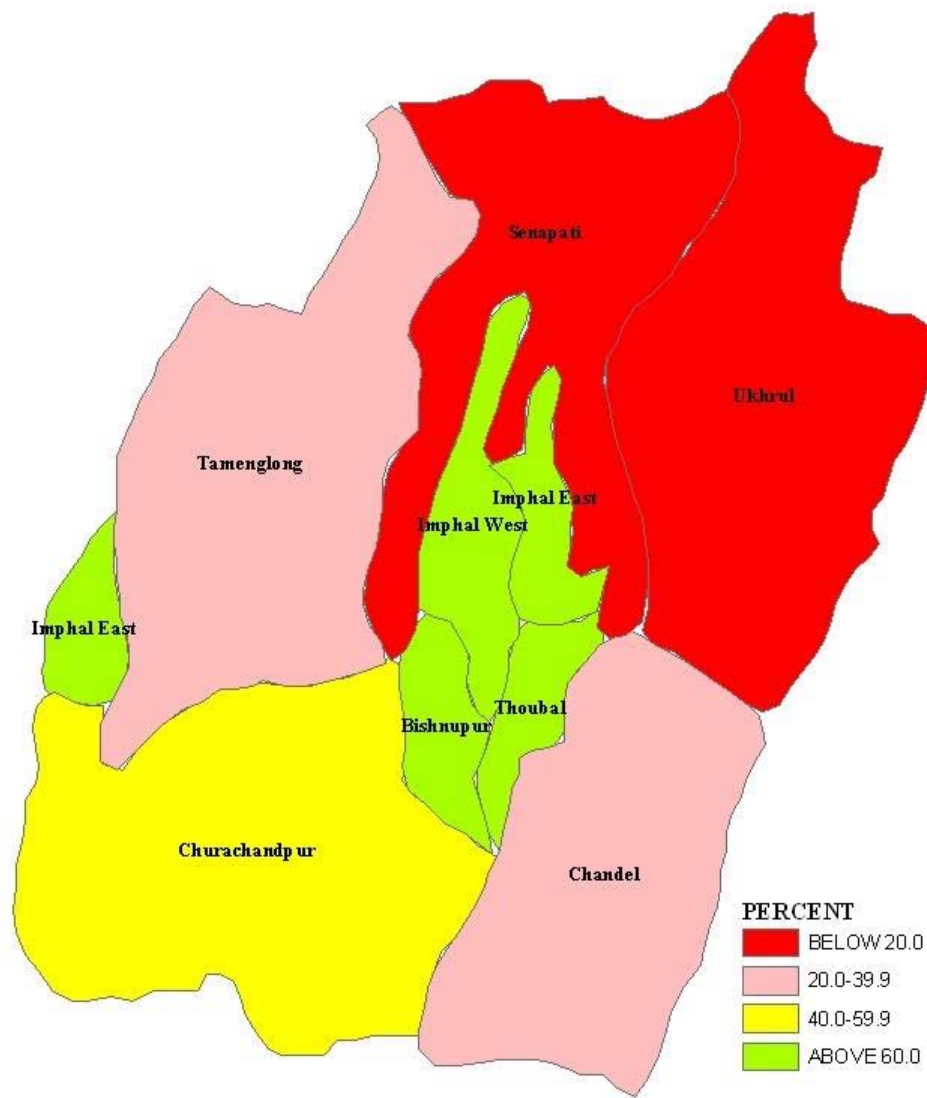
Note: ¹ Women who had last live/still birth during three years preceding the survey. ² Women who reported at least one complication of pregnancy. ³ Women who reported at least one post delivery complication.

In a few districts like, Senapati (60 percent), Bishnupur (36 percent) and Tamenglong (30 percent), the incidence of pregnancy complications is comparatively higher than other districts. The incidence of pregnancy complication is higher than that of delivery and post delivery complications. The percentage of women who experienced at least one type of delivery complication ranges from 15 percent in Thoubal to 55 percent in Senapati, and incidence of post delivery complication varies from 5 percent in Thoubal to 60 percent in Senapati. The incidence of all three types of complications seems to be linked with each other in varying proportions.

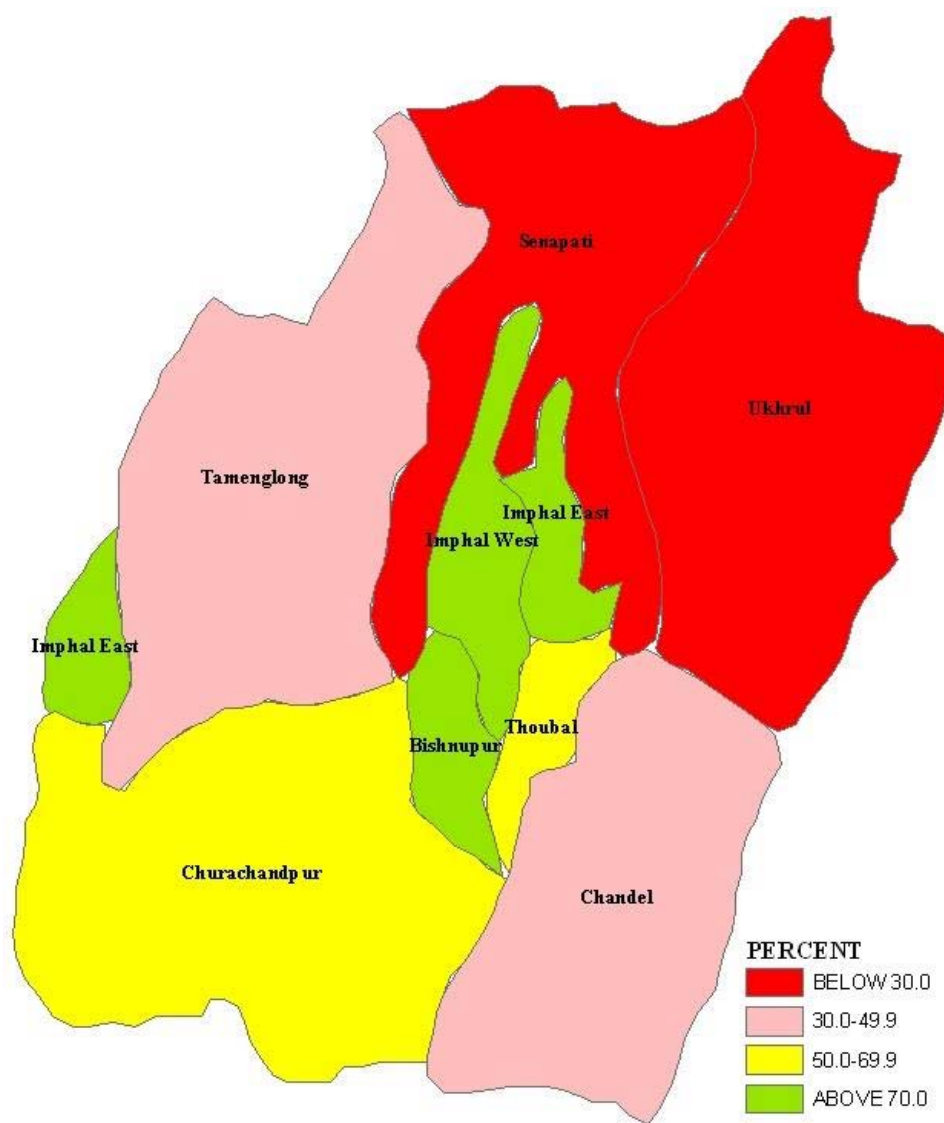
In most of the districts of Manipur about three-quarters of the women received some kind of antenatal care. In spite of a large proportion of women having contact with a doctor or any other health workers during the antenatal period, in all districts less than 60 percent of the women sought treatment for pregnancy complication. Similarly, among women who experienced at least one symptoms of postpartum complication, the proportion seeking treatment also varies across the districts, ranging from 5 percent in Ukhrol and Churachandpur to 70 percent in Thoubal.

MAP-3

Percentage of Women Received Three or More Ante Natal Check-Ups



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 breastfeeding currently and duration of breastfeeding. They were also asked about their awareness of diarrhoea management and danger signs of pneumonia and practices followed in case of episodes of diarrhoea and ARI among the children. Data on immunization, administering Vitamin A supplements and Iron prophylaxis was collected for the last two living children born after January 1, 1999/2001. This chapter presents an analysis of the data collected on the above aspects.

5.1 Breastfeeding

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

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

Table 5.1 shows the breastfeeding practices among children born during the three years preceding the survey in Manipur. Although, the practice of breastfeeding is common in Manipur, the initiation of breastfeeding within two hours of the birth of the child is not always followed. Fifty-six percent of the children were breastfed within two hours of birth, and 78 percent were breastfed within one day of birth (including those who were breastfed within two hours of birth), while 21 percent of children were breastfed after one day of birth. As shown in Figure 5.1, about 22 percent of the children were breastfed within one day of birth but after two hours of birth, 14 percent were breastfed after the first day of birth but before 3 days, and 7 percent children were put to the breast after three days. One percent of the children were never breastfed. About 36 percent who gave birth to children during the three years preceding the survey squeezed the first milk from the breast before they began breastfeeding. Not more than 60 percent of children in

any socio-economic groups shown in Table 5.1 were breastfed within two hours of birth. Fifty-nine percent of children from scheduled tribe were breastfed within two hours of birth, and 49 percent of children from scheduled castes were breastfed within one day of birth. Women who reside in urban areas, women who have had high school education and above and women who live in households with a high standard of living started breastfeeding their children within two hours of birth.. A large proportion of children from urban areas (22 percent), Muslim children (30 percent), children from other backward classes (27 percent), children of educated mothers (20 percent), and children from households with a high standard of living (25 percent) were put to the breast after one day of birth.

Table 5.1 INITIATION OF BREASTFEEDING					
Percentage of children born during the three years preceding the survey who started breastfeeding within two hours of births, within one day of birth, and after one day of birth and percentage whose mother squeezed the first milk from her breast before breastfeeding by selected background characteristics, Manipur, 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	55.2	78.1	20.9	38.1	2,634
Urban	57.6	77.2	21.9	25.8	594
Mother's education					
Non-literate	50.5	76.1	23.1	43.9	756
0-9@ years	56.5	77.6	21.1	35.6	1,292
10 and above	58.1	79.5	19.7	31.0	1,180
Religion					
Hindu	55.0	75.6	23.2	27.7	1,583
Muslim	44.2	68.6	29.9	47.1	243
Christian	60.4	85.7	13.7	46.0	1,073
Other	51.8	70.4	28.7	33.6	329
Caste/tribe#					
Scheduled caste	48.6	83.1	16.9	22.3	148
Scheduled tribe	59.4	85.3	14.1	46.4	1,068
Other backward class	53.2	72.5	26.6	31.7	1,640
Other	59.0	79.0	17.9	29.0	366
Standard of living index					
Low	55.2	80.5	18.9	40.6	1,443
Medium	54.7	76.5	21.8	34.0	1,215
High	59.1	74.3	25.2	27.6	570
Total	55.7	77.9	21.1	35.8	3,228
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 @ Literate mother with no years of schooling are included. #Total figure may not add to N due to do not know and missing cases.					

The custom of squeezing the first milk from the breast before breastfeeding is widely practised in every group, but it is slightly higher among the mothers of scheduled tribe children, children belonging to Muslim and Christian religion, those belonging to other castes, and children whose mothers are Non-literate. The standard of living also has a reflection on the percentage of mothers who squeezed the first milk from the breast before breastfeeding. In the rural areas the percentage of the custom of squeezing the first milk from the breast before breastfeeding is slightly higher (38 percent) than urban areas (26 percent). Mothers of children

born in the three years preceding the survey were asked whether the child had been fed breast milk exclusively and if so, what the duration was. Here it needs to be mentioned that, exclusive breastfeeding includes breastfeeding the child without giving it anything including water. Results are shown in Table 5.2.

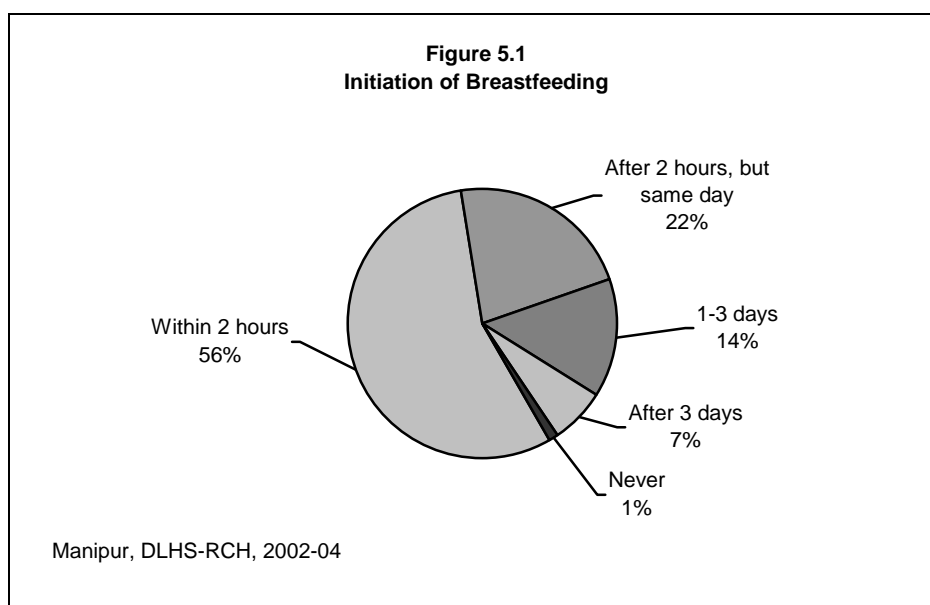


Table 5.2 EXCLUSIVE BREASTFEEDING BY CHILD'S AGE
Percentage of children under age 3 years by exclusive breastfeeding, according to child's age in month, Manipur, 2002-04

Age in months	Status of exclusive breastfeeding			Number of children
	Exclusive breastfeeding	At least 4 months	At least 6 months	
<2	80.7	*	*	138
2-3	65.9	*	*	227
4-5	57.5	79.0	*	206
6-7	40.5	87.2	49.8	253
8-9	21.8	75.7	32.7	240
10-11	9.4	74.9	30.1	188
12-13	17.1	74.5	30.8	256
14-15	14.2	59.6	26.8	199
16-17	15.3	79.9	26.3	227
18-19	10.7	74.1	35.1	195
20-21	11.6	71.8	34.4	158
22-23	7.6	78.1	29.6	73
24-25	4.3	74.0	23.9	166
26-27	10.3	75.3	20.6	185
28-29	8.7	66.2	24.5	134
30-31	9.2	80.9	30.3	185
32-33	7.4	67.1	26.1	118
34-35	9.5	72.6	33.1	83
< 4 months	71.5	*	*	364
4-6 months	53.2	83.2	*	337
7-9 Months	26.0	78.7	35.8	362

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

In Manipur, 81 percent of children under 2 months of age are exclusively breastfed. The percentage of infants exclusively breastfed drops steadily from 81 percent for children under 2 months of age to 22 percent for children who are 8-9 months old. About 79 percent of children in the age group 4-6 months were exclusively breastfed up to 4 months and 50 percent of children in the age group 6-7 months are exclusively breastfed upto 6 months.

5.1.1 Breastfeeding by Districts

Table 5.3 shows that in all the districts of Manipur, except Tamenglong and Thoubal, more than 50 percent of the children were put to the breast within two hours of birth. Less than 32 percent of the children were breastfed within two hours of birth in Tamenglong district. More than seventy percent of the children were put to the breast after one day of birth in all the districts of Manipur the state average in this category being 78 percent. In Senapati, the mothers of more than 72 percent children squeezed the first milk before breastfeeding. In the rest of the districts the percentage varied from 16 percent in Imphal West to 53 percent in Thoubal.

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 breastfed by District, Manipur, 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		
Bishnupur	63.1	69.5	29.0	23.3	22.3
Chandel	52.5	84.2	15.8	33.4	59.0
Churachandpur	67.5	83.2	15.6	38.7	53.8
Imphal East	50.7	70.6	27.8	30.9	17.7
Imphal West	65.1	76.3	22.3	15.8	18.0
Senapati	59.2	84.5	15.5	72.2	56.8
Tamenglong	31.7	88.0	11.6	32.6	3.1
Thoubal	37.9	79.6	20.4	52.8	42.0
Ukhrul	71.2	89.4	9.4	44.3	33.3
Manipur	55.7	77.9	21.1	35.8	30.9

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.

There is a great deal of variation in the extent of exclusive breastfeeding for six months. It is highest in Chandel (59 percent) and lowest in Tamenglong (3 percent).

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, Figures 5.2 and 5.3 presents vaccination coverage rates for children in the age group 12-25 months. Only 34 percent of the children are fully vaccinated, and around 10 percent have not received any routine vaccination. Coverage of each vaccination 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 (Figure 5.3). Only 46 percent of the children have received three doses of DPT and 49 percent of the children received 3 drops of Polio, and only 53 percent of the children have been vaccinated against measles. Moreover, not all children who begin the DPT and polio vaccination series go on to complete them. The differences between the percentage of children receiving the first and third doses is 30-percentage point for DPT and 32 percentage points for polio.

There has been some improvement in full vaccination coverage in Manipur since the time of Round I in 1998-99. These data indicate that despite the progress that has been made in immunization coverage for children in Manipur, coverage levels are still low and a large proportion of children who received some early vaccinations dropped out of the programme before receiving all of the recommended vaccinations.

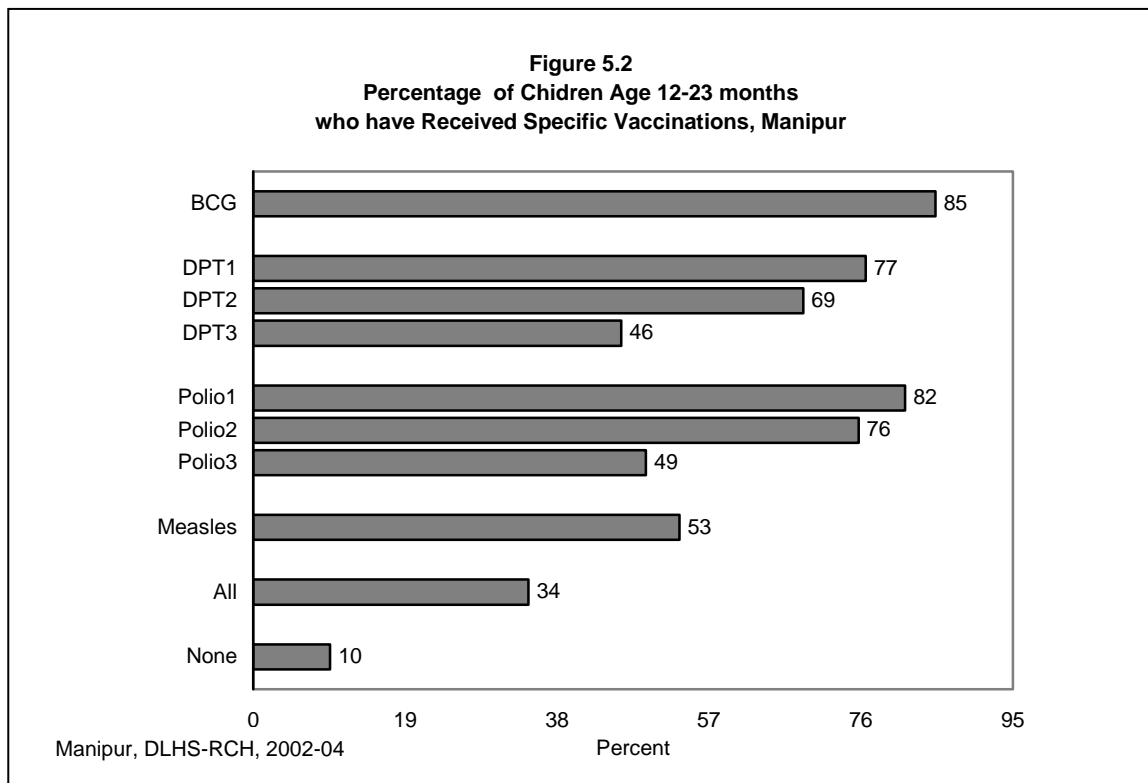
Table 5.4 VACCINATION OF CHILDREN

Percentage of children age 12-23 months who received vaccination according to some selected background characteristics, Manipur, 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	58.3	83.6	73.6	65.7	43.7	79.4	73.0	46.9	49.9	31.9	10.4	947
Urban	74.8	92.7	89.8	82.7	56.1	90.8	87.4	58.9	68.4	45.3	6.2	213
Sex of the child												
Male	60.6	84.1	75.2	68.3	45.4	82.2	76.6	46.6	58.8	36.2	9.2	574
Female	62.0	86.4	77.9	69.4	46.7	80.9	74.7	51.5	47.9	32.6	10.0	586
Birth order												
1	70.7	92.0	82.1	74.1	49.9	90.2	82.8	53.7	61.5	39.3	5.4	384
2	62.1	84.9	79.4	70.2	54.0	83.7	77.4	51.0	56.4	39.1	7.4	294
3	62.0	85.9	72.0	66.0	36.8	73.3	69.9	45.3	46.3	26.0	11.4	261
4+	43.1	73.4	68.6	61.1	39.5	73.5	67.7	42.9	43.5	29.6	17.7	221
Mother's education												
Non-literate	42.4	67.9	58.8	49.8	29.5	71.3	65.4	44.7	30.8	21.2	23.1	294
0-9@ years	58.1	88.4	81.1	72.1	47.2	79.4	71.7	44.7	49.2	34.9	7.2	421
10 years and above	76.8	93.8	84.0	78.2	55.9	90.3	86.2	56.1	72.1	42.6	3.0	445
Religion												
Hindu	79.7	95.1	86.1	80.9	56.3	90.4	86.7	61.5	66.7	45.8	3.0	547
Muslim	36.7	65.3	60.0	48.7	22.2	61.5	50.6	29.6	25.5	16.7	28.1	107
Christian	39.5	74.0	61.2	48.9	29.5	70.1	62.2	31.7	39.9	20.0	15.8	379
Other	67.8	93.3	95.1	92.9	70.9	94.4	89.2	63.6	59.0	42.9	3.7	128
Caste/tribe#												
Scheduled caste	87.3	97.2	40.9	36.1	26.7	95.5	92.8	52.8	56.2	23.1	2.5	71
Scheduled tribe	39.3	73.4	60.6	48.6	29.3	69.3	61.5	31.5	39.8	19.7	16.4	377
Other backward class	67.9	88.9	87.6	83.5	61.1	88.6	84.9	62.8	61.1	46.6	7.6	555
Other	78.7	95.6	92.3	80.8	41.3	79.3	69.4	41.1	56.7	30.9	3.4	154
Standard of living index												
Low	44.3	74.2	62.8	51.4	27.6	69.4	60.6	36.9	32.0	20.6	17.8	512
Medium	68.9	91.7	87.4	82.2	59.5	87.7	84.4	56.4	67.5	44.9	4.5	445
High	87.5	99.2	87.4	83.3	63.1	98.8	94.4	63.8	76.1	46.1	0.0	203
Total	61.3	85.3	76.6	68.8	46.0	81.5	75.7	49.1	53.3	34.4	9.6	1,160

Note: Table includes only last and last but one living child born since 1.1.1999/1.1.2001. @ 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

The data indicates that the coverage of each type of vaccine is more in urban areas than in rural areas. Forty-five percent of the children in urban areas had received all the recommended vaccinations by the time of the survey, compared with 20 percent in rural areas. Differentials in rural-urban against polio 0 may be observed from the table. Seventy-five percent of the children have received polio vaccine at the time of birth in urban areas whereas 58 percent received the same in the rural areas.



Male children (36 percent) are more likely than female children (33 percent) to be fully vaccinated. Male children are also much more likely than female children to have received most of the individual vaccinations. The relationship between vaccination coverage and birth order is consistently negative for almost all vaccinations. A large majority of first-order births occur to younger women who are more likely than older women to utilize child health care services. As with the use of child health care services, there is a positive relationship between mother's education and children's vaccination coverage. Only 21 percent children of non-literate mothers are fully vaccinated compared to 35 percent of children with mothers' education below high school and 43 percent of mothers who have at least completed high school. Hindu children and children belonging to other category are much more likely than Muslim children to have received each of the recommended vaccinations. Children from Scheduled Castes and children from other backward classes are more likely to have BCG, DPT-1, DPT-2, Polio-1, Polio-3 and measles vaccinations, and children from scheduled tribes. The standard of living index of the household has a strong positive relationship with vaccination coverage. Forty six percent of children from households with a high standard of living are fully vaccinated, whereas only 21 percent of children are from households with a low standard of living are fully vaccinated.

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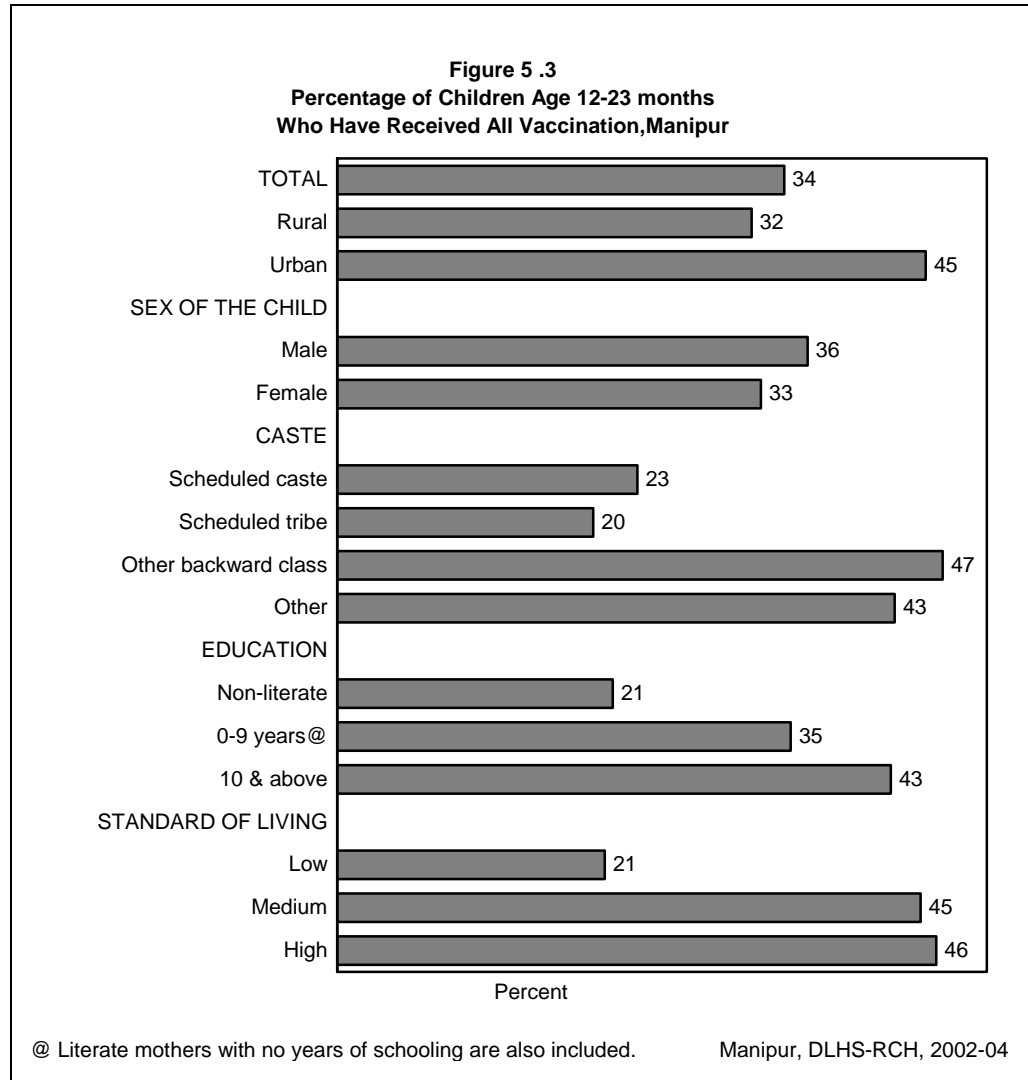
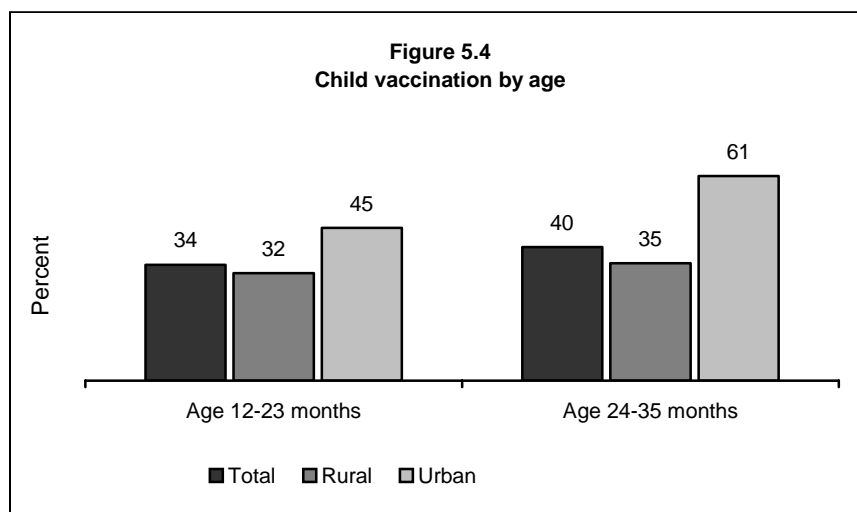


Table 5.5 shows the percentage of children in the age group 12-23 months and 24-35 months with a vaccination card, and the percentage who received various vaccinations during the first year of life by current age of children and place of residence. The interviewer was shown this vaccination card.

The proportion of children fully vaccinated by age 12 months decreased slightly from 46 percent for children in the age group 12-23 months to 37 percent for children in the age group 24-35 months. A rural-urban differential for the coverage of full vaccination is also observed. Forty five percent of children in the age group 12-23 months are fully vaccinated against 33 percent of children in the age group 24-35 months in rural areas, and this gap is almost negligible in urban areas (Figure 5.4). Only 51 percent of children in the age group 12-23 months have received all vaccinations in urban areas compared to 53 percent with children in the age group 24-35 months. Younger children aged 12-23 months are more likely to receive each type of vaccine except Polio-3, DPT-3 and measles.

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, Manipur, 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	45.7	37.0	44.5	33.4	51.2	52.7
Percentage vaccinated by 12 months of age						
Polio 0	61.3	56.6	58.3	51.7	74.8	78.3
BCG	85.3	81.4	83.6	77.8	92.7	97.6
Polio doses						
No Polio	13.4	19.6	14.5	22.4	8.4	7.5
1	5.9	3.9	6.4	4.8	3.4	0.0
2	26.6	19.4	26.2	18.8	28.4	21.9
3	49.1	52.9	46.9	49.1	58.9	69.5
Don't remember/missing	5.0	4.2	6.0	4.9	0.8	1.2
DPT injection						
No DPT	18.6	20.7	20.6	23.7	9.8	7.4
1	7.7	8.3	7.9	9.2	7.1	4.6
2	22.8	16.4	21.9	15.5	26.5	20.8
3	46.0	51.6	43.7	48.5	56.1	65.3
Don't remember/missing	4.9	2.9	5.8	3.1	0.4	1.9
Measles	53.3	57.8	49.9	52.9	68.4	79.4
Full ¹ vaccination	34.4	39.6	31.9	34.8	45.3	60.6
No vaccination at all	9.6	12.7	10.4	15.1	6.2	1.9
Number of children	1,160	1,170	947	953	213	217

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



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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 sub-centre is the primary provider of childhood vaccinations in Manipur. Most of the children (92 percent) were immunized at the government health facilities and only two percent at private health facilities. Further, among the children immunized, 38 percent of them had received vaccination from the Government/Municipal hospital, 43 percent from PHC's, and 9 percent from Sub-centre. The percentage of children receiving vaccination from the private sector is 2 percent in rural areas and in urban areas it is less than one percent. Even in urban areas, however, 92 percent of children received their vaccination from the government health facility. Children from those villages where health facilities are available are slightly more likely to receive vaccination from the government health facility.

Table 5.6 SOURCE OF CHILDHOOD VACCINATION					
Percent distribution of children under age 3 who have received any vaccination by source of last vaccination, according to place of residence and availability of health facilities in the village, Manipur, 2002-04					
Source of vaccination	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	Yes	No
Government health sector					
Government/municipal hospital	37.7	38.3	35.1	34.2	43.9
Community/primary health centre	42.6	41.2	48.3	44.0	37.4
Sub-centre	9.2	9.3	8.5	11.4	6.7
RCH/MCP camp	2.4	3.0	0.0	2.0	4.3
Private health sector					
Private hospital	0.8	1.0	0.4	0.7	1.4
Private doctor	1.0	1.0	1.0	0.9	1.1
ISM ² health facility	0.8	0.9	0.6	1.2	0.5
Other	5.0	4.7	6.1	5.1	4.2
Do not remember	0.5	0.6	0.1	0.6	0.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of children	3,078	2,470	608	1,415	1,055
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					

5.4 Reason for Not Immunizing the Children

Table 5.7 presents the percent distribution of children under the age of three years who did not receive any vaccination by reason as reported by the mother according to place of residence and availability of health facilities in the village. About 10 percent of the children did not receive any vaccination because the mothers of children were unaware of the need for immunization, and 26 percent of children were not vaccinated, as the mothers feel that they were too young. The other reasons for not immunizing the children as reported by the mothers were place or time of

vaccination was not known (10 percent), place or time of vaccination was inconvenient (20 percent), fear of side effects (5 percent), no faith in vaccination (4 percent) and ANM absent/vaccine not available (5 percent), and family problems (14 percent). The percentage of children who did not receive any vaccinations is slightly more in urban areas (12 percent) and in rural areas (10 percent), as they were unaware of the need for immunization as reported by their mothers. Children from those villages where health facilities are available are have also reported that they were unaware of the need for immunization (8 percent) as compared to those villages where health facilities are not available (11 percent). Where health facilities were available, place/time unknown, place/time inconvenient, family problems and child too young were reported more as reasons for not immunizing the children compared to the areas without having the same.

Table 5.7 REASON FOR NOT GIVING VACCINATION					
Percent distribution of children under age 3 who did not receive any vaccination by reason reported by mother for not giving vaccination, according to place of residence and availability of health facilities in the village, Manipur, 2002-04					
Reason	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Unaware of need for immunization	9.9	9.8	(11.9)	11.2	8.0
Place/time unknown	10.4	11.1	(2.4)	10.0	12.5
Place/time inconvenient	20.2	20.3	(14.3)	22.2	17.6
Fear of side effect	4.9	4.3	(9.5)	3.8	5.0
No faith	3.6	3.9	(0.0)	5.4	1.7
ANM absent/vaccine not	5.4	5.6	(2.4)	7.7	2.8
Long waiting time	0.2	0.2	(0.0)	0.2	0.1
Child too young	26.0	25.3	(40.5)	24.9	25.8
Family problems	14.4	14.2	(16.7)	8.7	21.7
Other	5.1	5.3	(2.4)	5.8	4.7
Total percent	100.0	100.0	(100.0)	100.0	100.0
Number of children	498	457	41	263	194

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 Includes mother too busy, family problems, including illness of mother, and illness of child. () Based on less than 50 unweighted cases.

5.5 Vitamin A and IFA Supplements

Vitamin A deficiency is one of the most common nutritional deficiency disorders in the world, affecting more than 250 million children worldwide (Bolem et. al., 1997). The child survival programme also includes administration of five doses of Vitamin A for prevention of night blindness and distribution of IFA for iron supplement. In Round II, mothers of children born during the three years before the survey were asked whether their children had received a dose of Vitamin A and IFA tablets/syrup. Those who said that their children had received a dose of Vitamin A and IFA tablets/syrup were further asked how many doses were given. Table 5.8 shows the percentage of children in the age group 12-35 months who received at least one dose of Vitamin A and IFA tablets/syrup by selected background characteristics. In the state of Manipur as a whole, 36 percent of the children received at least one dose of Vitamin A, and only

two percent received IFA tablets/syrup. This indicates that a large number of children in Manipur did not receive Vitamin A supplements and very few children received IFA tablets/syrup supplementation.

Table 5.8 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, Manipur, 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	34.6	2.5	1,160
24-35 months	36.4	1.9	1,170
Sex of the child			
Male	34.3	2.2	1,179
Female	36.7	2.2	1,151
Birth order			
1	45.2	2.5	714
2	37.4	2.3	601
3	27.9	2.3	511
4+	27.4	1.5	505
Residence			
Rural	30.9	2.1	1,901
Urban	55.8	2.6	430
Mother's education			
Non-literate	20.8	1.9	609
0-9 years@	34.0	1.4	906
10 years and above	48.3	3.3	815
Religion			
Hindu	48.2	3.0	1,089
Muslim	22.6	1.9	205
Christian	18.0	1.9	793
Other	46.4	0.0	244
Caste/tribe #			
Scheduled caste	28.9	1.9	121
Scheduled tribe	17.4	1.9	786
Other backward class	47.0	2.2	1,164
Other	42.1	3.3	255
Standard of living index			
Low	21.5	1.2	1,067
Medium	42.9	2.4	900
High	58.4	4.6	363
Availability of health facility in the village¹			
Yes	36.0	2.6	1,056
No	24.6	1.5	844
Total	35.5	2.2	2,330
Note: @ 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 cases.			

Children in the age group 24-35 months are more likely to receive at least one dose of Vitamin A and IFA tablets/syrup each than children in the age group 12-23 months. Male children are more likely to receive Vitamin A than female children but in case of IFA tablets/syrup the pattern is reverse. Children living in urban areas, children whose mother completed high school and above, children living in households with a high standard of living, and children living in those villages where health facilities are available are more likely to receive a dose of Vitamin A and IFA tablets/syrup. Children of birth order 1 or above are much less likely than children of birth order 2, 3 or 4 to receive any dose of vitamin A and IFA tablets/syrup. Similarly, children from Schedule Tribes are less likely to receive at least one dose of Vitamin A and a dose of IFA tablets/syrup than other caste category.

Table 5.9 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, Manipur, 2002-04								
District	Percentage vaccinated ¹							Percentage at least one dose of vit. A ³
	Polio 0	BCG	DPT3	Polio3	Measles	Full ²	None	
Bishnupur	56.9	88.3	60.9	62.1	69.2	52.6	9.0	62.3
Chandel	47.4	71.4	9.3	13.6	25.2	1.3	17.9	10.6
Churachandpur	63.9	93.3	45.4	43.3	61.1	29.0	3.5	33.2
Imphal East	68.0	87.7	63.2	62.9	60.5	50.7	9.9	42.0
Imphal West	67.4	91.7	70.3	62.1	70.8	52.0	5.9	58.8
Senapati	37.0	71.2	16.6	24.8	17.5	5.4	8.2	8.6
Tamenglong	17.5	56.0	40.7	39.0	42.2	33.7	43.2	14.5
Thoubal	97.7	97.7	18.4	45.4	43.0	12.8	0.7	21.0
Ukhrul	4.5	56.2	12.1	12.4	36.9	11.2	26.3	13.4
Manipur	61.3	85.3	46.0	49.1	53.3	34.4	9.6	35.5

Note: Table includes only last and last but one living child born since 1.1.1999/1.1.2001. ¹ Children age 12-23 months² BCG, three injection of DPT, three doses of Polio (excluding Polio 0) and measles. ³ Children age 12-35 months.

5.6 Immunization Coverage by District

The coverage of vaccination rates for all vaccines for children in the age group 12-23 months in each district is presented in Table 5.9. There are inter-district differentials in the coverage for different vaccinations, and for children receiving all vaccinations and those that did not receive any vaccination at all. The percentage of children who are fully vaccinated ranges from one percent in Chandel to 53 percent in Bishnupur. In 5 out of 9 districts, namely Ukhrul (11 percent), Thoubal (12 percent), Senapati (5 percent), Churachandpur (29 percent) and Chandel (1 percent) the coverage rate of full immunization is below the state average of 34 percent. Forty three percent of children in Tamenglong district were not vaccinated at all, and in four districts, the percentage of children not vaccinated is higher than the state average of 10 percent. In nearly all the districts, relatively more children have received the measles vaccine than any of the other vaccinations. The coverage of polio drops at the time of birth varies from the lowest in Ukhrul (5 percent) to the highest in Thoubal (98 percent).

District wise variations in the percentage of children who received at least one dose of Vitamin A are also shown in Table 5.9. The percentage of children in the age group 12-35

months who received at least one dose of Vitamin 'A' supplements ranges from 9 percent in Senapati to 62 percent in Bishnupur. Chandel (11 percent), Churachandpur (33 percent), Senapati (9 percent), Tamenglong (15 percent), Thoubal (21 percent) and Ukhrul (13 percent) stand out as having below the state average to receive at least one dose of Vitamin A.

5.7 Child Morbidity and Treatment

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

5.7.1 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. This has been presented in Table 5.10.

In Manipur, 80 percent of the mothers with births three years preceding the survey were aware of what to do when a child had diarrhoea, as compared to 70 percent in Round I, and 55 percent were aware of ORS, which was eleven percent point down from Round I. Fifty-nine percent of the women were aware of salt and sugar solution. Some of the women also reported that they would continue normal food (16 percent), continue breastfeeding (28 percent), and give plenty of fluids (19 percent), and about 41 percent of women did not know what to give a child who had diarrhoea. As expected, knowledge of ORS is higher among urban women (70 percent) than rural women (51 percent), and among high school and above educated women (66 percent) as compared to non-literate women (44 percent). Women belonging to other backward classes (72 percent) are more likely to know about ORS than women belonging to scheduled tribe (28 percent) and scheduled caste (43 percent). Seventy-three percent of women with children having a high standard of living know about ORS and it declines to 65 percent for women with a medium standard of living and 37 percent with a low standard of living. Knowledge of ORS is more among 25-34 years age groups and among older women than among younger women. The availability of health facilities in the village has very little effect on the knowledge of diarrhoea management among the women.

Table 5.10 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, Manipur, 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 breastfeeding	Give plenty of fluids		
Age								
15-24	80.2	52.5	57.8	15.4	26.0	16.9	39.3	801
25-34	79.8	55.4	58.9	16.2	28.9	19.4	41.3	2,276
35-44	78.3	54.4	58.9	14.3	25.0	18.0	43.0	799
Residence								
Rural	77.1	50.9	55.2	15.7	26.6	17.0	41.8	3,139
Urban	89.8	70.2	73.4	15.2	31.4	25.5	38.8	737
Mother's education								
Non-literate	74.2	43.7	57.6	9.9	20.9	15.3	44.5	923
0-9@ years	77.7	50.7	54.5	14.7	27.2	16.8	42.4	1,546
10 and above	85.1	66.1	63.9	20.4	32.2	22.7	37.9	1,407
Religion								
Hindu	90.0	66.7	71.5	17.6	32.4	23.9	38.9	1,922
Muslim	88.4	64.0	73.2	6.7	24.6	10.5	30.8	281
Christian	57.2	28.5	31.8	15.1	18.9	10.8	47.4	1,266
Other	93.8	72.1	71.6	14.6	32.9	23.4	40.3	407
Caste/tribe#								
Scheduled caste	55.9	43.4	44.7	6.2	13.7	14.7	62.8	166
Scheduled tribe	56.8	28.3	31.4	15.0	18.5	10.8	48.1	1,256
Other backward class	95.6	71.5	76.5	18.1	35.2	23.3	33.5	2,013
Other	79.8	56.6	59.5	9.4	22.8	21.1	49.3	434
Standard of living index								
Low	66.3	37.7	44.9	12.6	18.7	12.6	48.0	1,700
Medium	87.8	65.2	66.4	17.1	32.5	20.9	37.5	1,488
High	94.3	73.4	76.0	20.2	38.6	28.4	32.6	688
Availability of health facility² in the village								
Yes	78.7	52.0	58.0	16.3	27.0	14.9	40.8	1,753
No	75.2	49.5	51.7	15.0	26.1	19.6	43.2	1,386
Total	79.6	54.6	58.7	15.6	27.5	18.6	41.3	3,876

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

5.7.2 Treatment of Diarrhoea

During the two weeks before the survey, 15 percent of the women reported that their children suffered from diarrhoea (Table 5.11). Women, whose children had diarrhoea, were further asked about treatment with ORS, any other medical treatment and source of treatment. About 63 percent of the women mentioned that they gave ORS therapy, and 63 percent of the women said that their child had been treated at health facility. Use of ORS for the treatment of childhood diarrhoea in Manipur is relatively high among urban women than among rural women.

It was observed that a relatively high proportion of women from those villages where health facilities are available within the village used ORS for the treatment of childhood diarrhoea.

Table 5.11 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 in the village, Manipur, 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	14.7	15.0	13.6	18.4	10.6
Number of women	3,876	3,139	737	1,753	1,386
Percentage of women whose child suffered ¹ from diarrhoea treated with ORS	63.4	60.8	75.9	66.6	47.9
Percentage of women whose child suffered ¹ from diarrhoea sought treatment	63.0	63.6	59.9	68.4	53.0
Number of women	570	470	100	323	146
Source of treatment					
Government health facility					
Hospital/dispensary	41.2	43.0	32.2	41.5	47.2
UHC/UHP/UFWC	0.3	.4	0.0	.6	0.0
CHC/ Rural hospital	2.6	3.1	0.0	3.9	0.7
Primary health centre	26.1	27.7	18.5	33.6	10.8
Sub centre	1.5	1.1	3.6	1.4	0.0
Private health facility					
Private hospital clinic	15.8	14.0	24.7	7.8	31.7
ISM ³ facility	35.5	35.9	33.8	33.8	41.8
Home remedy	14.3	15.7	6.9	16.3	14.0
Other	8.0	6.1	17.5	4.7	9.9
Percent distribution of women who seek treatment by					
Doctor	82.7	84.4	74.3	88.2	73.8
ANM/Nurse/LHV	5.7	5.6	6.6	3.7	10.9
Relative/friends	2.9	3.1	1.9	2.3	5.5
Chemist/medical shop	6.5	4.9	14.7	4.8	5.3
ISM	0.5	0.6	0.0	0.6	0.6
Dai	1.6	1.4	2.5	0.4	4.0
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	359	299	60	221	77
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					

Among those mothers whose children suffered from diarrhoea during the last two weeks before the survey and those women who consulted or obtained advice, about 16 percent of women visited private hospitals/clinics and 36 percent of women treated their children through the Indian System of Medicine.

5.7.3 Awareness of Pneumonia

Another major killer disease among infants and children is Acute Respiratory Infections (ARI) including pneumonia. Early diagnosis and treatment with antibiotics can prevent a large proportion of ARI/pneumonia deaths. An attempt was made to understand the awareness level of pneumonia, and the proportion of children who had suffered from pneumonia during the last two weeks before the survey and their health seeking behaviour. This is presented in Table 5.12. It was found that a low proportion (33 percent) of women with births three years preceding the survey in Manipur were aware of danger signs of pneumonia. (The figure was slightly up from 36 percent in Round I.) A relatively high proportion of women in urban areas (44 percent) were aware of the danger signs of pneumonia as compared to women from rural areas (30 percent). Knowledge of danger signs of pneumonia is higher among the age group 25-34 years old women (35 percent), Hindu women (47 percent), other backward classes (47 percent), highly educated women (43 percent), women living in high standard of living household (54 percent), and women living in those villages with health facilities (34 percent).

Women, who were aware of the danger signs of pneumonia, were further asked about different types of signs of pneumonia. Most of the women mentioned about 'difficulty in breathing' (83 percent), 'pain in chest and productive cough' (34 percent), 'wheezing / whistling' (61 percent), 'chest in drawing' (30 percent), 'not able to drink or take a feed' (23 percent), 'rapid breathing' (62 percent), 'condition get worse than before' (12 percent) and 'excessive drowsy and difficulty in keeping awake' (24 percent).

5.7.4 Treatment of Pneumonia

About 23 percent of women reported that their child had suffered from pneumonia during two weeks before the survey; the corresponding figures were 22 percent in rural areas and 24 percent in urban areas (Table 5.13). The incidence of pneumonia varies little with availability of health facilities in the villages.

Table 5.13 also shows that the percentage of women whose children suffered from ARI symptoms in the last two weeks before the survey who sought advice/treatment and taken to a health facility or provider. Fifty-seven percent of women received some advice or treatment whose children were ill with ARI. This percentage is relatively low in rural areas (53 percent) than in urban areas (73 percent) and village without health facilities (55 percent) than village with health facility (51 percent).

Among them who got advice for children ill with ARI, 32 percent of women visited private hospital/clinic, and 43 percent went to government hospital/dispensary, whereas 4 percent through Indian System of Medicine and 13 percent of them obtained treatment through home remedies.

Table 5.12 AWARENESS OF PNEUMONIA

Percentage of women who are aware of danger signs of pneumonia by signs by selected background characteristics and availability of health facility in the village, Manipur, 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	28.0	801	81.5	28.5	25.2	22.2	37.6	10.9	66.6	66.2	225	
25-34	35.3	2,276	82.3	31.0	22.3	25.7	33.4	11.6	59.3	60.6	804	
35-44	30.5	799	87.7	27.7	21.6	21.3	33.2	16.4	59.8	61.6	244	
Residence												
Rural	30.3	3,139	83.7	30.5	23.7	24.8	34.5	12.6	60.5	60.0	952	
Urban	43.5	737	81.6	28.2	19.6	22.5	32.8	11.9	61.2	67.1	321	
Mother's education												
Non-literate	21.0	923	83.5	37.0	18.7	20.4	25.5	13.9	60.3	61.7	193	
0-9@ years	30.9	1,546	80.5	29.9	20.4	21.3	33.0	11.5	62.5	66.1	478	
10 and above	42.7	1,407	85.3	27.6	25.7	27.8	37.8	12.7	59.4	58.4	601	
Religion												
Hindu	44.6	1,922	84.0	28.1	23.4	28.2	36.4	14.1	56.9	59.6	857	
Muslim	33.4	281	88.4	31.1	17.3	5.4	27.6	5.5	79.6	72.6	94	
Christian	8.7	1,266	80.1	21.9	22.7	8.5	29.6	6.0	59.4	63.8	111	
Other	51.7	407	79.3	40.9	22.0	24.5	30.2	12.1	68.5	64.8	211	
Caste/tribe#												
Scheduled caste	25.7	166	(75.9)	(34.5)	(13.8)	(27.6)	(27.6)	(20.7)	(51.7)	(58.6)	43	
Scheduled tribe	8.6	1,256	81.9	23.9	20.7	9.8	29.3	5.5	57.0	65.0	107	
Other backward class	46.7	2,013	85.7	32.8	25.2	25.3	36.8	13.8	65.2	64.7	939	
Other	41.9	434	72.5	18.7	13.8	27.0	24.5	8.9	42.0	46.0	182	
Standard of living index												
Low	18.0	1,700	78.6	28.0	18.8	12.5	27.1	10.3	55.4	60.5	307	
Medium	39.8	1,488	84.2	31.8	23.4	23.3	33.9	12.8	63.0	66.1	592	
High	54.3	688	85.4	28.4	24.7	35.3	40.2	13.6	61.3	56.0	374	
Availability of health facility² in the village												
Yes	34.3	1,753	85.3	27.9	21.2	24.5	36.5	12.5	60.8	60.5	602	
No	25.2	1,386	81.1	34.9	27.9	25.3	31.2	12.8	60.0	59.0	350	
Total	32.8	3,876	83.2	29.9	22.7	24.2	34.1	12.4	60.7	61.8	1,273	

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 centre, Community health centre or referral hospital, government hospital, and government dispensary within the village.

Table 5.13 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, Manipur, 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 from cough, cold and difficulty in breathing	22.7	22.3	24.1	22.6	22.0
Number of women	3,876	3,139	737	1,753	1,386
Percentage of women sought treatment whose child suffered from cough and cold	56.8	52.7	73.1	51.0	55.0
Number of women	879	701	177	397	304
Source of treatment					
Government health facility					
Hospital/dispensary	29.1	30.8	24.4	26.3	36.3
UHC/UHP/UFWC	0.2	0.3	0.0	0.5	0.0
CHC/ Rural hospital	1.9	2.0	1.8	3.2	0.5
Primary health centre	9.8	7.6	16.2	8.1	7.0
Sub centre	2.2	2.5	1.2	3.6	1.2
Private health facility					
NGO/Trust hospital/clinic	0.5	0.5	0.7	0.4	0.5
Private hospital clinic	31.4	32.9	27.3	36.8	28.1
ISM ³ facility	4.0	4.8	1.7	2.9	7.1
Home remedy	12.9	12.3	14.6	12.3	12.4
Other	17.8	16.7	20.9	16.3	17.1
Percent distribution of women who seek treatment by					
Doctor	73.9	73.7	74.5	72.4	75.2
ANM/Nurse/LHV	6.8	8.1	3.0	6.1	10.6
<i>Dai</i> (trained or untrained)	0.4	0.1	1.2	0.0	0.2
Relative/friends	2.6	2.9	1.7	4.8	0.7
Chemist/medical shop	10.6	10.2	11.8	12.4	7.6
Other	5.7	5.0	7.9	4.3	5.8
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	499	370	130	202	167
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					

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

Table 5.14 presents the knowledge of diarrhoea management, knowledge of ORS, and incidence of diarrhoea by district. Although knowledge of diarrhoea management is high in almost all districts but knowledge about ORS is among half of the respondents. Knowledge of ORS is also not common, and it is lowest in Senapati (7 percent). Women in Ukhrul, Chandel,

Churachandpur and Thoubal also have relatively low level of knowledge of ORS. The incidence of diarrhoea is 15 percent in the state as a whole and it varies from four percent in Ukhrul and Chandel to 29 percent in Thoubal. Table 5.14 also shows differentials in the awareness of danger signs of pneumonia and incidence of pneumonia. In comparison to awareness about diarrhoea management, the awareness of danger signs of pneumonia is quite low. It is the lowest in Ukhrul (less than one percent) and highest in Imphal West (58 percent). Incidence of ARI symptoms is comparatively high in nearly all the districts in Manipur. It is highest in Senapati (34 percent), Bishnupur (29 percent) and Imphal West (26 percent) and lowest in Ukhrul (8 percent).

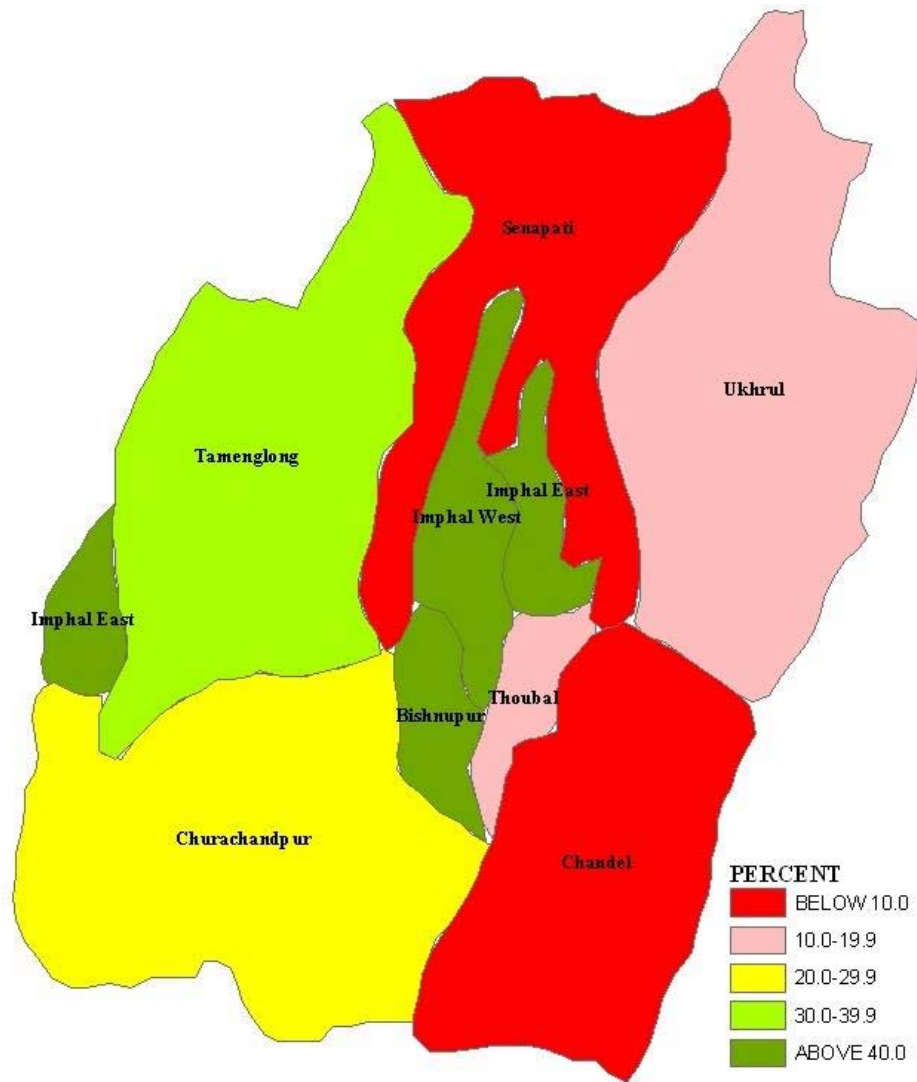
Table 5.14 KNOWLEDGE OF DIARRHOEA MANAGEMENT AND PNEUMONIA BY DISTRICT					
Percentage of women by awareness of diarrhoea management, ORS, and sought treatment for diarrhoea whose child had suffered from diarrhoea during last two weeks prior to survey by district, Manipur, 2002-04					
Districts	Percentage of women aware of		Percentage of women whose child suffered ¹ from diarrhoea	Percentage of women aware of danger sign of pneumonia	Percentage of women whose child suffered ¹ from pneumonia
	Diarrhoea Management	ORS			
Bishnupur	100.0	80.6	14.5	54.7	28.7
Chandel	29.5	24.9	(3.6)	2.6	17.9
Churachandpur	71.4	32.0	7.9	3.6	16.6
Imphal East	100.0	78.0	10.6	46.9	21.0
Imphal West	98.1	80.1	16.8	58.3	25.6
Senapati	34.6	7.0	14.0	0.8	33.8
Tamenglong	100.0	63.0	7.2	27.2	9.6
Thoubal	64.5	30.3	27.8	17.3	24.2
Ukhrul	28.3	7.5	(4.3)	0.8	7.9
Manipur	79.6	54.6	14.7	32.8	22.7

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. () Based on less number of cases.

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

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 are the family planning methods you know?" to each sampled eligible women. The knowledge of no-scalpel vasectomy was also asked to the husbands of eligible women. If the respondent did not recognise the name of the family planning method, he was given a brief description on how the particular method was to be used. The DLHS-RCH assesses the knowledge of female sterilisation, male sterilisation including NSV, IUD, Pills, condom and traditional methods along similar lines.

The extent of knowledge of contraceptive methods among currently married women for specific methods and selected background characteristics are shown in Table 6.1 and Figure 6.1. Knowledge of any method including any modern contraceptive method is almost universal in the state of Manipur. The knowledge of any method and any modern method do not vary much by residence. The knowledge of modern spacing method among currently married women is around 77 percent, and slightly higher among the women with an urban residence. There are large differentials in knowledge of all modern methods with respect to the aforesaid background characteristics. For instance, 35 percent of women from rural areas are aware about all modern methods compared to 55 percent of their urban counterparts.

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, Manipur, 2002-04					
Contraceptive methods	Total	Residence		Availability of health facility in the village ³	
		Rural	Urban	No	Yes
Any method	76.5	74.7	84.5	73.4	75.7
Any modern method	75.1	73.1	83.7	71.2	74.6
Any modern spacing method ¹	70.7	67.9	82.9	66.5	68.9
All modern methods ²	39.1	35.4	55.0	33.1	37.2
Female sterilization	63.9	61.7	73.5	62.0	61.4
Tubectomy	46.9	43.3	62.1	44.7	42.2
Laparoscopy	31.6	27.6	48.6	25.9	29.0
Male sterilization	54.0	50.7	68.3	49.2	51.9
Vasectomy	37.7	33.5	55.6	33.8	33.3
No-scalpel vasectomy	27.4	23.1	46.0	21.7	24.2
IUD/Loop	62.1	58.9	75.8	60.6	57.5
Pills	59.3	55.4	76.2	51.7	58.4
Daily	38.1	33.7	56.9	33.0	34.3
Weekly	24.2	20.2	41.4	18.2	21.8
Condom/Nirodh	55.3	52.0	69.0	48.8	54.6
Sponge (today)	7.8	7.0	11.5	6.7	7.2
Injectables	10.9	10.0	14.7	8.4	11.4
Norplant	5.0	4.1	8.6	4.1	4.1
Contraceptive herbs	22.5	17.4	44.2	14.0	20.1
Any traditional method	50.7	45.8	71.5	44.7	46.7
Any other Indian system of medicinal contraceptives	3.7	3.3	5.6	2.8	3.7
Number of women	8,137	6,593	1,544	2,938	3,655

Note: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.

Female sterilisation is the most widely known method of all contraceptive methods in Manipur followed by IUD/Loop and Pills. Overall, 64 percent of currently married women are aware of female sterilization and 54 percent knew about male sterilization. There is slight rural - urban difference in knowledge of female sterilization and it is same in the case of male sterilization. A sizable number of urban women (68 percent) know about male sterilization as compared to 51 percent of rural women. There are differentials in spacing methods such as IUD/Loop, Pill and condom users with respect to the background characteristics. The best-known spacing methods are Pills (59 percent) and IUD/Loop (62 percent). Only 24 percent of women know about the condom. There is a large differential in knowledge of spacing methods by residence only 20 percent of the rural women know condom compared to 41 percent of urban women. The modern spacing methods, Pill and IUD are known by 55 and 59 percent of rural women respectively while the corresponding figures in urban areas are 76 percent each respectively of eligible women respondents. The knowledge of these spacing methods remains low as compared to knowledge of sterilization.

In Manipur, only 51 percent of the women are aware of a traditional method and only 4 percent are also aware of other contraceptives of the Indian System of Medicine. It is also observed that women from villages with a health facility are slightly more aware about modern spacing methods.

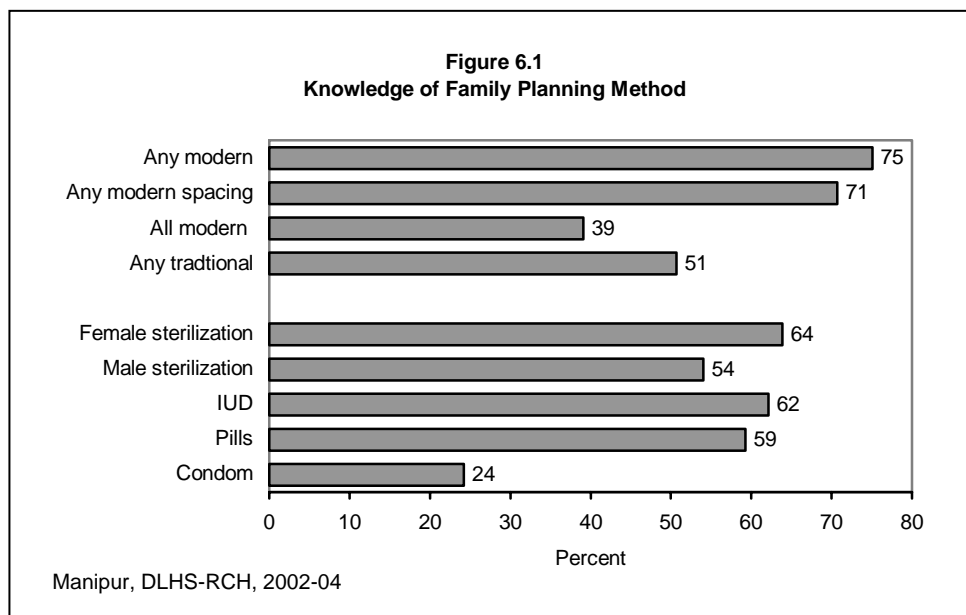


Table 6.2 KNOWLEDGE OF CONTRACEPTIVE METHODS BY DISTRICT
Percentage of currently married women age 15-44 years who know any contraceptive method by specific method and district, Manipur, 2002-04

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
Bishnupur	100.0	99.8	99.8	78.5	94.4	98.6	97.8	96.9	85.2	97.5
Chandel	17.6	16.3	14.1	1.0	2.6	7.3	8.6	6.2	5.0	0.6
Churachandpur	73.4	70.7	55.7	10.6	26.1	48.4	39.9	36.8	35.4	4.2
Imphal East	100.0	99.8	98.3	73.6	88.4	96.7	94.6	92.2	86.4	95.2
Imphal West	100.0	99.6	98.9	69.2	89.1	92.6	92.5	93.9	82.7	96.3
Senapati	41.9	41.3	37.9	6.7	19.8	26.1	32.9	16.1	12.3	3.5
Tamenglong	99.4	88.0	85.4	35.0	65.9	76.9	76.8	58.8	71.7	81.5
Thoubal	49.6	49.1	41.1	5.1	16.6	27.1	22.3	26.5	27.4	0.8
Ukhrul	67.6	63.8	58.9	18.1	27.1	51.0	52.5	45.2	42.6	22.6
Manipur	76.5	75.1	70.7	39.1	54.0	63.9	62.1	59.3	55.3	50.7

Note: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.

6.1.1 Knowledge of Family Planning Methods by Districts

Table 6.2 shows the knowledge of contraceptive methods by districts in Manipur. In all districts more than 77 percent of women know about contraceptives including modern methods. A large differential is noticed in the knowledge of all modern methods by districts. The awareness ranges from 1 percent women in Chandel to 79 percent in Bishnupur district. The knowledge of female sterilization, is the lowest in Chandel (7 percent) and the highest in Bishnupur (99 percent). Knowledge about IUD/Loop is 9 percent in Chandel which is lowest and is highest in Bishnupur (98 percent). Whereas the knowledge of pill lowest in Chandel (6 percent) and highest in Bishnupur (97 percent). As for any traditional method, awareness is 98 percent in Bishnupur district and the least in Chandel and Thoubal district (less than one percent each).

6.1.2 Knowledge of No-Scalpel Vasectomy (NSV)

Knowledge of no-scalpel vasectomy among the husbands of currently married women in the state of Manipur is shown in Table 6.3. Only thirty eight percent of the husbands know about the no-scalpel vasectomy. In rural areas, 35 percent of husbands know about NSV compared to 54 percent in urban areas. For women residing in villages with a health facility, 39 percent of their husbands are aware of No-scalpel vasectomy and it is a little less, that is, 30 percent for those living in villages without health facilities. Among the husbands who know about NSV, 68 percent reported that NSV is simpler than a conventional family planning method, 46 percent feel that reported as NSV does not lead to any complication and 41 percent reported that NSV does not affect a man's sexual performance. Only 35 percent of the husbands in villages with a health facility reported that, NSV does not affect sexual performance compared to 41 percent of husbands in villages without a health facility.

Table 6.3 KNOWLEDGE OF NO-SCALPEL VASECTOMY (NSV)					
Husbands knowledge of NSV by residence and availability of health facility in the village, Manipur, 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	38.3	34.8	53.8	29.6	39.2
Number of husbands	6,019	4,911	1,108	2,226	2,685
Who know that NSV is simpler than conventional vasectomy	67.5	63.3	79.6	76.1	55.2
Who feel that NSV does not lead to any complication	45.6	39.4	63.6	46.2	35.1
Who feel that NSV does not affect man's sexual performance	41.1	37.6	51.1	41.0	35.4
Number of husbands	2,307	1,711	596	658	1,053

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

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

No-scalpel vasectomy awareness by districts in Manipur are provided in Table 6.4. The districts in which at least 38 percent of husbands know about NSV are Bishnupur (62 percent), Imphal East (68 percent) and Imphal West (63 percent). Only 3 percent of the husbands in Chandel and Ukhrul know about the no-scalpel vasectomy. That NSV does not lead to any complications was reported by 76 percent of the husbands in Tamenglong district, followed by 67 percent in Chandel and only 15 percent in Senapati. Six percent husband from Chandel reported that the NSV does not affect a man's sexual performance and it was the highest in Tamenglong (78 percent).

Table 6.4 NO-SCALPEL VASECTOMY BY DISTRICT				
Percentage of husband of eligible women by knowledge of NSV by district, Manipur, 2002-04				
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
Bishnupur	62.0	68.3	54.9	53.0
Chandel	2.5	78.5	67.4	5.6
Churachandpur	11.5	68.9	62.5	33.0
Imphal East	67.5	83.6	53.0	43.9
Imphal West	63.3	75.0	49.9	45.2
Senapati	10.3	61.3	14.8	15.8
Tamenglong	25.7	87.2	76.1	78.1
Thoubal	29.5	14.6	15.9	15.2
Ukhrul	2.8	74.4	59.9	9.5
Manipur	38.3	67.5	45.6	41.1

6.2 Current use of Family Planning Methods

Table 6.5 and Figure 6.2 provide the information on current use of family planning methods for currently married women in Manipur. At the time of DLHS-RCH, 34 percent of currently married women were using some method of contraception, 54 percentage points up from Round I. Current contraceptive use is slightly higher in urban areas (40 percent) than in rural areas (32 percent). Use of modern method is reported by 21 percent of the women, the breakdown of which is 9 percent for permanent methods and 11 percent for spacing methods. Among the users of sterilization methods most prefer female sterilization, which invalidates the use of male sterilization (0.5 percent).

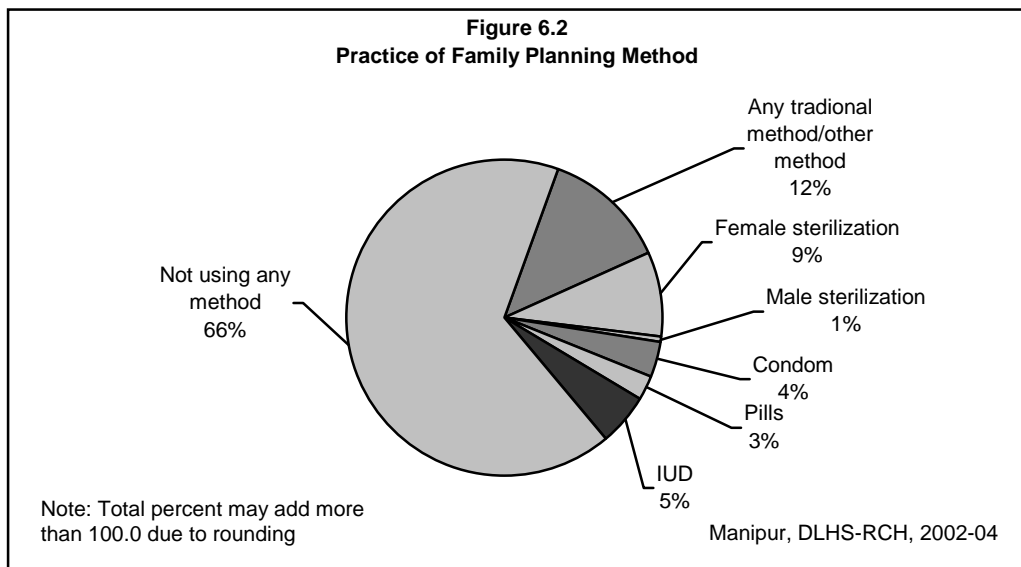
Table 6.5 CONTRACEPTIVE PREVALENCE RATE

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

Method	Any method	Any modern ¹ method	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	31.9	20.5	11.0	9.1	0.4	8.6	5.5	2.1	3.3	11.4	2.6	8.6	6,593
Urban	40.4	23.6	13.0	10.6	0.9	9.7	4.1	4.9	4.0	16.7	4.8	11.7	1,544
Education													
Non-literate	28.3	20.0	9.0	10.7	0.7	10.0	5.2	2.1	1.7	8.4	1.8	6.3	2,464
0-9@ years	36.5	24.0	12.7	10.6	0.5	10.1	5.8	3.5	3.5	12.4	2.9	9.3	2,963
10 years& above	34.9	18.9	12.0	6.8	0.4	6.4	4.8	2.2	5.0	16.0	4.4	11.6	2,708
Religion													
Hindu	41.8	24.8	14.3	10.4	0.8	9.6	5.1	3.6	5.5	17.0	3.7	13.1	3,844
Muslim	21.7	12.9	8.4	3.9	0.0	3.9	2.8	2.0	3.6	8.8	1.3	7.1	470
Christian	21.6	16.9	8.1	8.7	0.3	8.5	6.0	1.2	0.9	4.7	1.8	2.7	3,008
Other	45.0	23.7	11.4	10.0	0.5	9.5	4.5	3.6	3.3	21.2	5.5	15.6	815
Caste/tribe#													
Scheduled caste	20.7	12.8	7.9	4.7	0.0	4.7	2.5	2.7	2.6	7.9	0.8	7.1	312
Scheduled tribe	21.5	16.7	7.9	8.7	0.2	8.4	5.9	1.1	0.9	4.8	1.9	2.8	2,987
Other backward class	43.5	25.7	14.0	11.0	0.8	10.2	4.9	4.0	5.1	17.9	4.4	13.3	3,951
Other	33.9	18.6	12.5	5.8	0.4	5.5	5.9	1.4	5.1	15.3	2.0	12.8	866
Standard of living index													
Low	23.0	15.8	8.2	7.5	0.3	7.2	5.1	1.9	1.2	7.2	2.2	4.8	3,617
Medium	41.1	25.5	13.1	11.6	0.6	10.9	5.3	3.4	4.4	15.6	2.9	12.5	3,160
High	43.5	24.9	15.7	9.2	0.9	8.4	5.6	2.7	7.4	18.6	5.5	13.0	1,361
Availability of health facility in the village⁴													
No	30.4	19.2	10.1	9.0	0.3	8.7	5.8	2.1	2.2	11.2	3.0	8.1	2,938
Yes	33.0	21.6	11.7	9.2	0.5	8.6	5.3	2.1	4.3	11.5	2.4	8.9	3,655
Total	33.5	21.1	11.4	9.4	0.5	8.8	5.3	2.6	3.5	12.4	3.1	9.2	8,137

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

The use of traditional methods is reported by 12 percent of the women of which 9.2 percent are using withdrawal and 3 percent follow the rhythm or periodic abstinence practice. The rural-urban differential is minor in the case of traditional methods, where 17 percent of the urban women are using this means of contraception compared to 11 percent in rural areas.



Current use of contraception is high among women of Manipur, DLHS-RCH, 2002-04 and other backward classes (44 percent) than among scheduled caste women (21 percent). The current use is also high among the women who have less than 10 years of schooling (37 percent) than the women who have 10 years or more of schooling (35 percent) and also among non-literate women (28 percent). Similarly, current contraceptive use varies positively with respect to the standard of living of the women, increasing the prevalence rate from 23 percent to 44 percent for women from the lowest to the highest standard of living households. The availability of the health facility in the village is an important factor in motivating eligible women to use contraceptives. Thirty three percent of the women living in villages with a health facility are currently under contraception and this is higher than the women from villages deprived of a health facility (30 percent). The current use of the traditional method is also higher among women with a higher education level and with a high standard of living than their counterparts not on par with these categories of women.

6.2.1 Current Use of Family Planning Methods by Districts

Table 6.6 presents a picture of current contraceptive use in the districts of Manipur. The contraceptive use is a couple concepts as family planning methods can be used either by women or by their husbands. In most of the districts, the current use of contraception exceeds 25 percent of eligible women except for the district of Chandel, Senapati and Thoubali. (see Map-6). The state figure of current spacing methods use is 34 percent and it ranges from 5 percent in Chandel district to 60 percent in Bishnupur. The variation in contraceptive prevalence at district level is basically due to the variation in the use of spacing methods while both modern and traditional contraceptive uses do not show much variation across districts.

Table 6.6 CONTRACEPTIVE PREVALENCE BY DISTRICT									
Percentage of currently married women age 15-44 years currently using any contraceptive method by district, Manipur, 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
Bishnupur	59.6	32.7	17.8	1.5	13.2	6.2	7.5	4.0	26.9
Chandel	4.9	4.8	2.1	0.1	2.5	1.1	0.6	0.5	0.1
Churachandpur	27.1	24.1	9.7	0.0	14.4	6.6	2.1	0.9	3.0
Imphal East	45.8	26.4	14.4	1.0	11.0	5.6	3.7	5.1	19.4
Imphal West	51.1	25.3	13.7	0.7	10.8	4.6	4.7	4.3	25.8
Senapati	6.8	6.6	3.2	0.2	2.7	3.1	0.0	0.1	0.2
Tamenglong	36.8	20.3	13.6	0.7	6.0	9.2	1.0	3.3	16.5
Thoubal	15.2	15.1	9.2	0.1	4.5	3.0	0.3	5.8	0.0
Ukhrul	29.5	26.0	15.0	0.5	10.5	12.4	2.1	0.5	3.5
Manipur	33.5	21.1	11.4	0.5	8.8	5.3	2.6	3.5	12.4

Note: 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 pattern of use of contraceptive methods in Manipur is different from the general existing pattern in India. The contraceptive prevalence rate of 12 percent for traditional methods in the state is lower than that in other states in the country. The use of oral Pills is less than 8 percent in all the districts. The lowest in this category is Senapati (0 percent) followed by Chandel and Thoubal (less than one percent). In almost all the districts the use of condom is less than 5 percent and in Chandel, Churachandpur, Senapati and Ukhrul it is less than one percent.

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

Table 6.7 provides information on current contraceptive use and ever used of contraception by age and number of surviving children, living sons and daughters. The current use of any method of contraception among currently married women in the 15-19 years age group is 15 percent and this attains a peak of 41 percent in the age group, 40-44 years. A similar age pattern of contraceptive use is also observed both in case of modern and traditional methods. The use of traditional method is 10 percent for the women aged 20-24 years and 11 percent for the women aged 40-44 years and it is 11 percent for the women in younger age groups 15-19 years. The use of modern methods ranges from 4 percent for women in the age group 15-19 years to 30 percent for women in the age group 40-44 years.

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, Manipur, 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	4.0	10.6	14.6	83.1	15.0	82.7	162
20-24	13.0	9.9	22.9	76.2	27.1	72.0	973
25-29	15.6	11.9	27.4	72.2	36.0	63.7	1,855
30-34	19.6	14.3	33.9	66.0	43.2	56.7	1,746
35-39	26.5	14.0	40.4	59.5	47.3	52.6	1,735
40-44	29.7	10.9	40.5	58.9	46.0	53.5	1,667
Surviving children							
0	1.4	2.4	3.8	94.9	4.8	93.9	715
1	10.1	14.3	24.4	74.8	31.4	67.9	1,535
2	21.2	17.2	38.4	61.5	48.8	51.2	1,869
3 or more	28.7	11.2	39.9	59.9	46.5	53.3	4,018
Surviving sons							
0	9.4	10.5	19.9	79.3	26.2	73.0	1,950
1	21.5	13.5	35.1	64.6	43.4	56.3	3,006
2 or more	27.8	12.4	40.3	59.6	46.6	53.3	3,181
Surviving daughters							
0	12.4	11.9	24.3	75.1	30.0	69.4	2,363
1	21.9	14.0	35.9	63.8	43.6	56.1	2,891
2 or more	27.4	11.1	38.5	61.2	46.0	53.7	2,884
All women	21.1	12.4	33.5	66.1	40.5	59.1	8,137

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

It is crucial to understand the association between the number of living children and contraceptive use. The contraceptive use is high among the women who have three or more surviving children invariably of methods in Manipur. The use of any method of contraception is 29 percent for the women who have two or more sons and is almost the same for women who have two or more daughters (27 percent). The same trend can be observed in the case of use of any modern method which is 40 percent for the women who have two or more surviving sons and it is higher than the women who have two or more daughters (39 percent).

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

Information pertaining to current use of family planning methods among the husbands of currently married women in Manipur by age and number of surviving children, sons and daughters are given in Table 6.8. The current use of any method of contraception among the husbands (aged below 25 years) of currently married women is 22 percent and it gradually picks up with the age of husband, to a peak of 45 percent in the age group, 35-44 years. Similar age patterns of contraceptive use are observed both in the case of modern methods. Among the husbands in the age group, 35-44 years the use of traditional methods is 14 percent and it is 7

percent among the husbands in the younger age group of below 25 years. The use of modern methods ranges from 10 percent for husbands below 25 years of age to 30 percent for the husbands in the age group 35-44 years.

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, Manipur, 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	9.9	7.1	17.0	78.6	273
25-34	17.3	13.6	30.8	67.5	1,950
35-44	28.4	14.3	42.7	55.8	2,488
45+	29.9	10.7	40.5	56.9	1,308
Surviving children					
0	3.2	2.4	5.3	82.2	521
1	11.8	15.8	27.6	71.8	1,009
2	24.9	17.4	42.3	56.8	1,455
3 or more	31.7	11.7	43.4	55.5	3,034
Surviving sons					
0	11.8	10.8	22.5	72.0	1,352
1	25.4	14.4	39.8	59.7	2,267
2 or more	30.2	12.8	43.0	55.7	2,400
Surviving daughters					
0	13.4	11.8	25.2	70.3	1,721
1	26.3	15.4	41.8	57.7	2,087
2 or more	30.7	11.5	42.2	56.5	2,211
All men	24.3	13.0	37.2	60.9	6,019

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

6.3 Reasons for Not Using Male Methods

The DLHS-RCH asked husbands of currently married women about the contraceptive methods that he or his wife was using currently. The husbands who were not using male methods were further asked the reasons for it. Table 6.9 provides information about reasons for not using male contraceptive methods in Manipur. Among all the husbands interviewed, 46 percent reported about female methods. Reporting of female methods is higher in rural areas (46 percent) than in urban areas (44 percent). The reasons cited for not preferring the male methods are fear of weakness (21 percent), greater popularity of female methods (64 percent), lack of sexual pleasure (4 percent), fear of method failure (2 percent) and fear of operation (5 percent). Three percent reported fear of impotency as one of the reasons for not using male methods. However, there is not much rural-urban differential in the reasons for not using male methods. The expression for fear of weakness is same in urban as well as rural areas. Popularity of female methods as a reason for not using male methods of contraception is more in rural areas (65 percent) than in urban areas (62 percent).

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, Manipur, 2002-04			
Female method users and reason for not accepting male methods	Total	Residence	
		Rural	Urban
Percentage of husband who have reported female methods	45.7	46.4	43.5
Number of men	2,239	1,750	490
Reasons for not accepting male methods*			
Fear of impotency	2.8	2.7	3.3
Lack of sexual pleasure	3.7	2.8	6.8
Fear of method failure	2.0	1.7	3.3
Fear of operation	4.9	5.1	4.0
Fear of weakness	21.0	21.6	19.0
Female method are more popular	64.3	64.9	62.0
Other	12.8	13.9	8.6
Number of men	1,024	811	213
Note:* Percentages may add to more than 100.0 because multiple responses could be recorded.			

6.4 Source of Contraceptive Methods

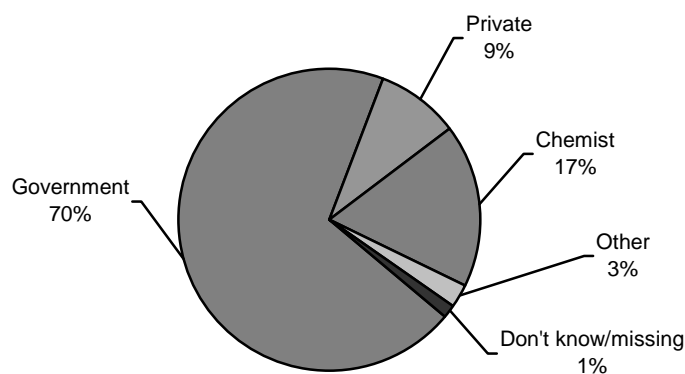
To assess the various sources of contraceptive methods, DLHS-RCH collected information on source of obtaining methods. Table 6.10 and Figure 6.3 show the percent distribution of current users of modern contraceptives by source of contraceptives. Family planning methods and services in Manipur are provided primarily through a network of government hospitals. The services are also provided by private hospitals and clinics, as well as non-governmental organisations (NGOs). Modern spacing methods like IUD, Pill and condom are available through both the government and private sectors. Government/municipal hospitals are the main source for female sterilization (78 percent) followed by community health centres or primary health centres (9 percent), family planning camps or RCH camp (less than one percent) and private hospital (4 percent). For male sterilization as well the aforesaid are the main sources with the exception of 64 percent obtaining the service from Government/municipal hospitals. Among the IUD users, 42 percent reported the source as government/municipal hospital and 22 percent from the community health centres and 6 percent from sub-centre and 5 percent from private hospital. It is found that the chemist is the main source for Pills (72 percent) and condom (49 percent).

Table 6.10 SOURCE OF MODERN CONTRACEPTIVE METHODS

Percent distribution of current users of modern contraceptive methods by method and source of supply, Manipur, 2002-04

Source	Contraceptive method					All modern methods ¹
	Female sterilization	Male sterilization	IUD/ Loop	Pills	Condom / Nirodh	
Government medical centre	90.2	81.0	76.5	22.0	42.7	69.9
Government/Municipal hospital	77.7	64.0	42.3	9.2	29.9	51.7
CHC/PHC	9.4	17.0	21.8	10.6	8.8	12.8
Sub-centre	0.3	0.0	5.7	1.1	1.5	2.0
Government doctor	1.7	0.0	1.1	0.1	0.1	1.0
Government nurse/ ANM	0.0	0.0	4.0	0.6	0.7	1.2
Family planning/RCH camp	0.8	0.0	1.2	0.0	1.6	0.9
Out reach/MCP clinic in village	0.0	0.0	0.1	0.0	0.0	0.0
Mobile clinic	0.4	0.0	0.3	0.4	0.0	0.3
Private medical centre	8.1	16.7	16.7	3.3	2.3	8.9
Private hospital	4.4	11.4	4.5	0.7	0.8	3.5
Private doctor	3.4	5.2	9.6	1.3	1.3	4.4
Private nurse	0.3	0.0	2.6	1.2	0.3	1.0
Chemist	NA	NA	NA	71.6	48.8	17.3
Other	1.7	0.0	2.3	3.1	5.8	2.7
Do not know	0.0	2.4	4.5	0.0	0.3	1.3
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of users	720	43	428	214	282	1,688

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

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

Manipur, DLHS-RCH, 2002-04

6.5 Problems with Current Use of Contraceptive Methods

Women who were using a modern contraceptive method were asked if they had experienced any problems related with the current methods they are using. Table 6.11 shows the percentage of current contraceptive users who reported specific health problems, treatment seeking behaviour and their satisfaction about the method. The analysis of the method specific problems reveals that 11 percent of the sterilized women have problem with the contraceptive methods in use. The most common problems experienced by sterilized women are weakness or inability to work (67.1 percent), white discharge (14.9 percent), dizziness (31.3 percent), body ache or backache (45.7 percent), cramps (17.1 percent), irregular periods (17.9 percent), nausea or vomiting (19.6 percent) and excessive bleeding (3.0 percent). With regard to the modern spacing methods, 12 percent and 11 percent of women had problems in using Pills and IUD. The most common problems of IUD users were weakness/inability to work (43.9 percent), dizziness (26.8 percent), white discharge (9.8 percent), weight gain (17.1 percent), body ache or backache (24.4 percent) and excessive bleeding (12.2 percent).

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, Manipur, 2002-04			
Health problems/side effect	Type of method		
	Female sterilizations	IUD/loop	Pill
Women who were informed about all the available methods	66.2	0.0	0.0
Women who were informed about the side effects before adoption of the method	37.7	55.9	35.0
Women who had side effect/health problem due to use of contraceptive method	10.5	11.5	10.9
Number of current users	720	428	214
Type of health problems/side effects¹			
Weakness/inability to work	67.1	(43.9)	*
Body ache/ backache	45.7	(24.4)	*
Cramps	17.1	(14.6)	*
Weight gain	19.4	(17.1)	*
Dizziness	31.3	(26.8)	*
Nausea/vomiting	19.6	(9.8)	*
Breast tenderness	4.9	(2.4)	*
Irregular periods	17.9	(4.9)	*
Excessive bleeding	3.0	(12.2)	*
Spotting	0.5	(4.9)	*
White discharge	14.9	(9.8)	*
Other	6.5	(7.3)	*
Number of users with side effects	75	49	23
Note: ¹ Percentages may add to more than 100.0 because multiple problems could be recorded. () Based on less than 50 unweighted cases. * Percentage not shown based on very few cases.			

6.6 Treatment for Health Problems with Current Use of Contraception

The study of respondents who sought treatment for contraceptive related health problems reveals that 34 percent of the sterilized women sought treatment, 31 percent in case of IUD and 6 percent in the case of Pills. Regarding the satisfaction about the method, 90 percent of the sterilized women reported satisfaction with sterilization. In the case of spacing methods, 86 percent of women using Pills and 90 percent of women using IUD were satisfied with the respective methods.

Those women who had sought treatment for contraceptive use related problems, majority of them have taken treatment from Government hospitals/ dispensaries For female sterilization related health problems, 40 percent had taken treatment from Government hospitals/ dispensaries, 30 percent from private hospitals/ clinics., 12 percent from Indian System of Medicine health facilities. Government hospitals/ dispensaries are the source of treatment for 72 percent of women who had health problem in using IUD.

Table 6.12 FOLLOW-UP VISIT AND SOUGHT TREATMENT FOR HEALTH PROBLEMS WITH CURRENT USE OF CONTRACEPTION			
Percentage of women who had follow-up visit, satisfied with current method, and sought treatment with side effect with the method by use of method, Manipur, 2002-04			
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	2.2	3.5	4.2
Women who are satisfied with method of current use	90.3	90.4	86.4
Number of current users	720	428	214
Women who sought treatment for the health problem	45.6	(61.0)	*
Number of women with side effects	75	49	23
Source of treatments			
Government health facility			
Government hospital/dispensary	(32.0)	(68.0)	*
PHC	(8.0)	(4.0)	*
Private health facility			
NGO/trust hospital clinic	(8.0)	(0.0)	*
Private hospital/clinic	(24.0)	(16.0)	*
ISM health facility ¹	(12.0)	(12.0)	*
Chemist/Medical shop	(20.0)	(4.0)	*
Home remedy	(4.0)	(0.0)	*
Other	(8.0)	(0.0)	*
Number of women with side effects	34	31	6
Note: ¹ Either government or Private. *Percentage not shown due to very few cases. () Based on less than 50unweighted cases. * Percentage not shown based on very few cases			

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

Information about non-users who were advised by the ANM/health worker to adopt contraceptives and their future intention to use by preferred method according to their background characteristics are presented in Table 6.13. In DLHS-RCH currently married women who were not using any method of contraception, were asked about advice given by ANM/health worker for adoption of any contraceptive method. It is evident that 4 percent of the women were advised by ANM/health worker to adopt any family planning method in Manipur. Among rural women, 4 percent were advised by ANM/health worker to adopt any method and it is higher than the urban women (2 percent) who were advised so.

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, Manipur, 2002-04					
Advise/future intension to use	Total	Residence		Availability of health facility in the village ²	
		Rural	Urban	No	Yes
Percentage of current non-users advised by ANM/health worker to use of contraceptive method	3.7	4.0	2.3	4.6	3.6
Number of non-users	5,216	4,321	895	1,957	2,364
Percent distribution of women who were advised by method					
Female sterilization	14.5	14.9	*	19.2	10.3
Male sterilization	35.4	34.4	*	27.2	42.1
IUD/loop	27.8	30.3	*	32.4	28.2
Pill	13.6	12.6	*	12.9	12.2
Condom/Nirodh	3.9	3.3	*	3.5	3.0
Rhythmic /periodic	2.2	2.4	*	4.7	0.0
Abstinence	2.4	1.8	*	0.0	3.7
Withdrawal	0.2	0.3	*	0.0	0.5
Other					
Total percent	100.0	100.0	100.0	100.0	100.0
Number of non-users	195	174	21	89	85

Note:¹ Exclude women in menopause or those who have undergone hysterectomy. ² Includes sub-centre, primary health centre, community health centre or referral hospital, government hospital, and government dispensary within the village. * Percentage not shown; based on few cases.

The recommended contraceptive methods by ANM/health worker is dominated by female sterilization (15 percent) and Pill (14 percent). Twenty eight percent were advised either to adopt IUD/loop and Condom/Nirodh (4 percent) as spacing methods. Male sterilization has been advised to 35 percent. This pattern of advice also emerges irrespective of residence and availability of health facility in the village.

6.7.1 Future Intentions

Among the non-users, 19 percent of women have expressed their intention to use any method of contraception in the future. The intention to use any method of contraception is higher in urban areas (25 percent) than in rural areas (17 percent).

Among the women who intended to use permanent methods of contraception, 25 percent preferred female sterilization whereas only 4 percent of the women preferred male sterilization. In case of temporary methods, the preferred methods by women are oral Pills (13 percent), rhythm/periodic abstinence (8 percent), condoms (7 percent), withdrawal (10 percent), IUD (29 percent) and other methods (4 percent) respectively.

Twenty five percent of the husbands intended to use contraception in the future, among them 22 percent belong to rural areas and 36 from urban areas. Method wise choice in intention to use contraception is dominated female sterilization being reported by 19 percent, followed by IUD (13 percent), rhythm/periodic abstinence (14 percent), condom (22 percent) and withdrawal (10 percent)

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, Manipur, 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	18.6	17.2	25.0	24.6	22.3	35.6
Number of non-users	5,216	4,321	895	3,656	3,039	617
Percent distribution of non-user who were preferred to use family methods by preferred method						
Female sterilization	24.7	24.7	24.8	18.5	17.8	20.5
Male sterilization	4.4	4.4	4.4	14.4	13.5	17.1
IUD/copper-T/loop	29.2	30.2	25.9	12.6	12.0	14.5
Oral pills	12.9	12.1	15.7	6.3	5.4	8.8
Condom/Nirodh	7.1	7.8	4.8	21.5	20.1	25.9
Rhythm/periodic abstinence	7.8	8.3	6.2	13.6	17.0	3.4
Withdrawal	9.6	8.3	14.0	10.0	11.5	5.1
Other	4.2	4.2	4.2	2.8	2.1	4.7
Missing	0.0	0.1	0.0	0.4	0.5	0.0
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of non-users	968	745	224	896	677	219

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

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 type of information aids the managers and programmers to identify the potential groups of future users and to provide the type of contraceptives that are likely to be in demand. Table 6.15 provides the information on intention to use contraception in future according to number of living children and residence background in Manipur. Among the current non-users, around 9 percent of the women intended to use contraception within the next twelve months. Only 5 percent of women wanted to use within one to two years whereas 5 percent reported their intention to use

contraceptives after two years. About 31 percent are not sure of their intention to use, where as 50 percent reported no intention to use. The intention of using contraception is high among the women who have two or more living children compared to the women who have either one or no living children. Around 45 percent of the women who have no living children reported that they are yet to decide about the use of contraceptives.

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, Manipur, 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	2.0	6.7	12.1	8.7	11.0	8.7
One to two years	6.2	5.3	4.3	4.9	3.7	4.7
More than two years	7.1	8.4	5.7	3.3	2.1	5.1
Does not intend to use	39.7	43.9	51.7	50.7	58.6	50.0
Not yet decided	45.0	35.6	26.2	32.3	24.6	31.4
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	654	1,134	1,113	1,012	1,303	5,216
	Rural					
Intends to use in next 12 months	1.7	5.3	11.2	7.6	10.1	7.8
One to two years	5.4	4.9	4.2	5.3	4.1	4.7
More than two years	6.7	7.7	5.1	2.9	2.3	4.7
Does not intend to use	40.4	43.6	51.5	49.2	58.4	49.9
Not yet decided	45.7	38.3	28.0	35.0	25.1	32.9
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	505	914	932	853	1,117	4,321
	Urban					
Intends to use in next 12 months	2.8	12.5	17.1	14.8	16.3	13.0
One to two years	8.8	6.5	4.4	2.6	1.5	4.7
More than two years	8.7	11.3	8.6	5.9	1.3	7.3
Does not intend to use	37.2	45.2	52.8	59.0	59.6	50.9
Not yet decided	42.5	24.5	17.2	17.7	21.3	24.1
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of women	149	220	180	159	186	895

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

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 for discontinuation. The survey also asked women who had never used contraceptives about the main reason for not doing so. Table 6.16 shows the main reason for not using contraceptives among both the past never users and current non users. Among the past

users, around 58 percent of the women mentioned that they discontinued the use because they had wanted child, method failed/became pregnant (5 percent), weakness/inability to work (4 percent), irregular periods (2 percent), method was inconvenient (3 percent) and other reasons (9 percent). For urban women 6 percent have reported method failure/become pregnant due to discontinuation. In urban areas, 5 percent of women reported as weakness/inability to work as reason for discontinuing the use and where as the same is 4 percent among rural women.

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, Manipur, 2002-04			
Reasons	Total	Place of residence	
		Rural	Urban
Reason for discontinuation			
Wanted child	58.2	60.0	52.2
Method failed/became pregnant	5.4	6.0	3.6
Supply not available	1.9	2.5	0.0
Difficult to get method	1.6	1.1	2.9
Weakness/inability to work	3.9	3.5	5.1
Body ache/ Backache	2.2	1.6	3.8
Cramps	1.1	1.1	1.2
Weight gain	2.5	2.3	3.2
Dizziness	1.7	1.3	3.0
Nausea/vomiting	3.3	3.9	1.6
Breast tenderness	0.8	1.1	0.0
Irregular periods	3.1	2.6	4.8
Excessive bleeding	1.7	1.8	1.3
White discharge	0.4	0.5	0.0
Lack of pleasure	0.9	0.2	2.8
Method was inconvenient	2.5	1.7	5.0
Other	8.9	8.7	9.6
Total percent	100.0	100.0	100.0
Number of past users	574	438	136

6.8.1 Reasons for Not Using Contraceptive Methods

DLHS asked women and husbands who are currently not using any contraception and main reasons why they were not currently using a method. The reported main reasons for not using contraceptives are, difficult to become pregnant (7 percent), health does not permit (14 percent), lack of knowledge about family planning methods (23 percent), opposed to family planning (13 percent), against the religion (2 percent) and afraid of sterilization (4 percent). About 16 percent of the women reported other reasons for not using contraception. As far as rural-urban differentials are concerned, a little variation is observed in the reasons for not using any contraceptive.

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, Manipur, 2002-04

Reason	Women			Husband*		
	Total	Rural	Urban	Total	Rural	Urban
Lack of Knowledge about FP method	20.6	19.9	23.5	19.4	20.6	14.2
Against the Religion	8.2	7.9	9.4	15.9	17.5	7.5
Opposed to family planning	13.2	14.2	8.5	2.6	2.1	5.3
Not like existing method	2.1	2.3	1.5	1.2	1.2	1.1
Afraid of sterilization	3.5	4.0	1.4	2.2	2.0	3.4
Can not work after sterilization	1.6	1.7	1.3	3.0	2.9	4.0
Worry about side effects	8.2	7.7	10.3	6.9	4.6	18.6
Costs too much	2.8	2.9	2.1	1.9	1.9	1.6
Health does not permit	9.2	8.6	12.0	16.4	16.2	17.8
Hard/inconvenient to get method	1.3	1.0	2.3	0.4	0.3	0.7
Inconvenient to use method	7.0	7.4	5.0	3.6	3.7	3.1
Difficult to become pregnant	4.2	4.2	4.1	10.5	11.1	7.5
Wife is pregnant ¹	-	-	-	0.2	0.2	0.2
Other	17.7	17.7	17.7	13.7	13.6	14.3
Missing	0.6	0.5	0.8	1.9	2.1	0.5
Total percent	100.0	100.0	100.0	100.0	100.0	100.0
Number of current non-users	3,330	2,756	574	1,683	1,417	267

Note: ¹ Not applicable for women. * Excluding not decided cases on timing of next child.

6.9 Unmet Need for Family Planning Services

Unmet need for family planning is one of the indicators to assess the effectiveness of the family planning programme. Policy makers and family planning programme planners use this to know the demand for family planning services/supplies. Unmet need is defined in this report separately for limiting and spacing. Unmet need for spacing includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and who want more children after two years or later and are currently not using any family planning method. The women who are not sure about whether and when to have next child, are also included in unmet need for spacing. The women who are not sure about the timing of the next child are also included in the unmet need for spacing. Unmet need for limiting includes the proportion of currently married women who are neither in menopause nor had hysterectomy nor are currently pregnant and do not want any more children but are currently not using any family planning method. Total unmet need refers to the totality of unmet for limiting and spacing. Table 6.18 provides the information about unmet need for limiting and spacing in Manipur by background characteristics.

The unmet need is high for women below 20 years, mainly for spacing rather than for limiting. Unmet need is also relatively high for women aged 20-24 years (24 percent and 13 percent) for both spacing and limiting. Among the older women of age 25-29 years, 19 percent have unmet need, and mostly for limiting. Among the women age 30 years and above, unmet need is for limiting (24 percent). The rural women and urban women unmet need of 35 percent each. The unmet need for family planning is higher (39 percent) among the non-literate women than among the women with 0-9 years of schooling (31 percent) and 10 or more years of schooling (33 percent) women. Hindu women have lesser unmet need for family planning (34 percent) compared to the Muslim women (44 percent) or Christian women (37 percent) but the least is Buddhist women (31 percent). Unmet need for family planning is higher (37 percent) for Scheduled tribe followed by other backward class (34 percent), other caste and Scheduled caste (31 percent each) women.

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, Manipur, 2002-04

Background Characteristic	Unmet need for FP			Number of women
	Spacing ¹	Limiting ²	Total	
Age				
15-19	25.4	7.8	33.3	525
20-24	23.9	13.0	36.9	2,149
25-29	15.5	18.5	33.9	2,973
30-34	10.0	24.3	34.3	2,325
35-39	6.0	28.5	34.5	2,191
40-44	6.2	31.6	37.8	1,710
Residence				
Rural	13.9	21.2	35.1	8,644
Urban	11.5	23.7	35.2	3,230
Education				
Illiterate	13.2	25.3	38.5	5,918
0-9 @ years	13.6	17.7	31.3	4,034
10 years and above	12.8	19.9	32.7	1,920
Religion				
Hindu	9.5	24.9	34.3	4,601
Muslim	16.1	28.3	44.4	405
Christian	17.0	19.7	36.7	2,259
Buddhist	9.3	21.6	30.9	1,353
No Religion	15.2	29.2	44.3	205
Others	17.6	17.7	35.3	3,051
Caste/tribe#				
Scheduled caste				
Scheduled caste	10.4	20.9	31.3	885
Scheduled tribe	16.3	20.8	37.1	6,976
Other backward class	9.4	24.6	34.0	811
Others	7.7	23.1	30.8	2,692
Number of living children				
0	11.5	8.0	19.5	1,134
1	25.1	10.5	35.5	2,135
2	13.2	22.0	35.1	2,817
3	9.6	26.3	35.9	2,461
4+	9.1	30.5	39.7	3,327
Standard of living Index				
Low	16.2	22.0	38.2	5,662
Medium	11.0	20.5	31.5	3,861
High	9.9	23.8	33.7	2,351
All women	13.3	21.9	35.1	11,874

Note: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. Total includes 3 missing information on education were not shown separately.

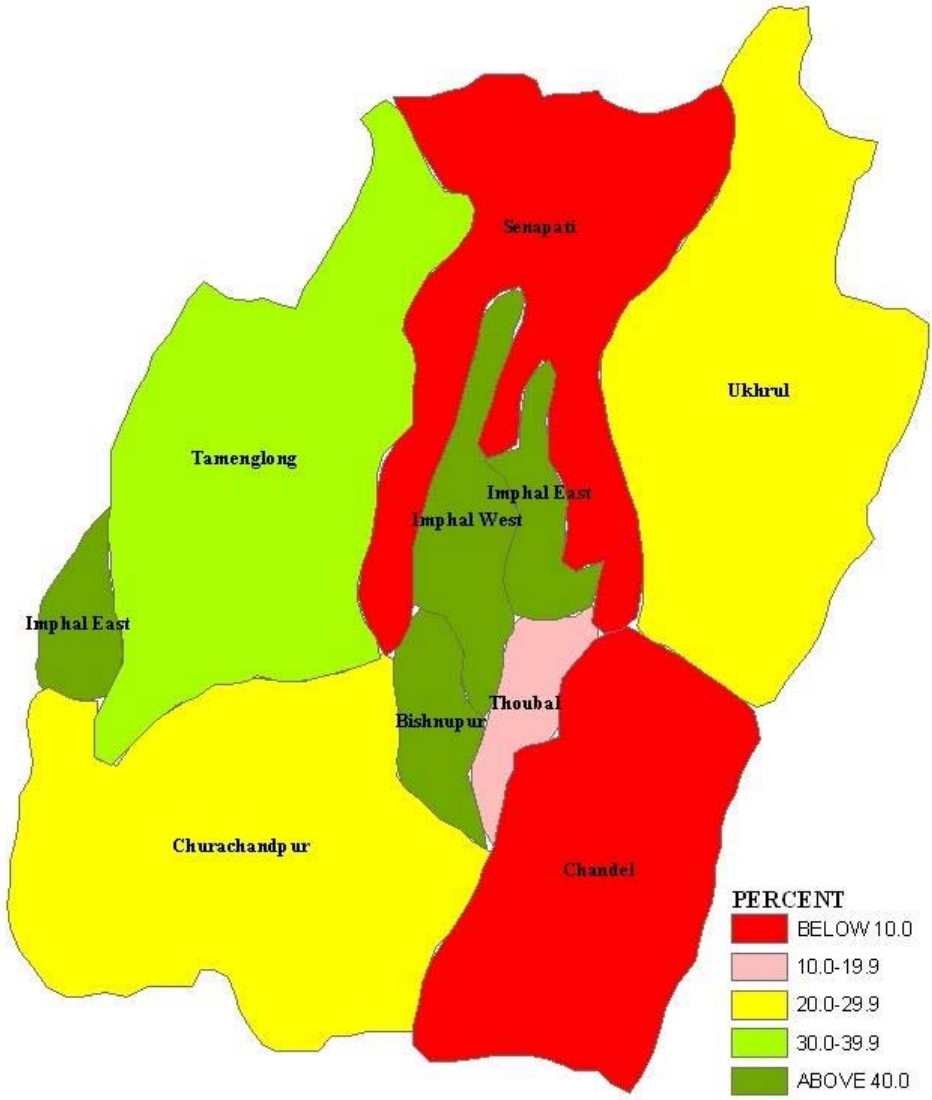
Women in low standard of living have high (50 percent) unmet need than the women of medium (35 percent) and high standard of living (31 percent). Unmet need is much higher for the women with 4 or more living children (51 percent) than women with either no children (11 percent) or two or more children (41 percent). Among the women with no children or one child the unmet need is mainly for spacing, where as for women with two children or more unmet need is exclusively for limiting.

6.9.1 Unmet Need for Family Planning Services by Districts

Table 6.19 provides the information about unmet need for limiting, spacing and total by district. The unmet need for family planning services for state is 41 percent and it ranges from 19 percent in Bishnupur to 71 percent in Thoubal. In 5 out of 9 districts unmet need for family planning is more than state average. Unmet need for limiting was found lowest in Tamenglong (11 percent) followed by Bishnupur (12 percent), Imphal West (15 percent), Imphal East (18 percent) and highest in Thoubal (44 percent). Similarly, unmet need for spacing was lowest to 6 percent in Imphal West to 27 percent in Thoubal. It may also observe that in all the districts of Manipur unmet need for limiting was more than spacing.

Table 6.19 UNMET NEED BY DISTRICT			
Percentage of currently married women with unmet need by district, Manipur, 2002-04			
Districts	Unmet need for		
	Spacing	Limiting	Total
Bishnupur	7.5	11.6	19.1
Chandel	20.2	46.9	67.1
Churachandpur	20.1	23.7	43.8
Imphal East	11.9	17.8	29.6
Imphal West	5.9	15.0	20.9
Senapati	22.0	38.0	59.9
Tamenglong	11.2	10.9	22.1
Thoubal	26.4	44.3	70.7
Ukhrul	12.5	27.6	40.1
Manipur	15.3	25.6	40.9

MAP-6
Current Use of Any Family Flanning 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 also important as they enhance the creditability of services and establish necessary rapport with the clients. In order to assess the extent of utilisation of government health facilities by all eligible women and to find out whether ANM/health workers reach the households for providing RCH services, a separate section in the women's questionnaire was canvassed to all the eligible women. This chapter deals with the accessibility and the opinion of women about the services provided by the government health workers. The quality of care offered by the government health programme as perceived by currently married women is also presented.

7.1 Home Visit by Health Workers

Table 7.1 shows the percentage of currently married women visited by health workers at home during the three months prior to the survey. Less than one percent of the women in Manipur reported that the health worker visited them at their residence at least once in last three months preceding the survey. Younger women in the age group 25-34 years seemed more likely to report a home visit than older women but in the other two age groups the percentage of women who reported at least one home visit was less than one percent. The percentage of women in Manipur receiving home visits is higher in rural areas (1 percent) than in urban areas (0.2 percent). Women who had completed 9 years of schooling, Christian women, women belonging to scheduled tribe and those with low standard of living all reported 1 percent home visits. In the rest of the categories the reporting percentage was less than one percent. Home visits were less common for women residing in the villages with a health facility.

Women who reported a home visit during the three months preceding the survey were asked who visited their household during the past three months and whether they were satisfied with the kind of services/advice received, and the time spent by these health workers. Among women who received services at home, 1 percent received services. There were less rural-urban differentials by visit of households by health worker

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, Manipur, 2002-04

Background characteristic	Percentage with home visit	Number of women
Age		
15-24	0.4	1,134
25-34	1.1	3,600
35-44	0.7	3,402
Residence		
Rural	1.0	6,593
Urban	0.2	1,544
Education		
Non-literate	0.6	2,464
0-9 years@	1.0	2,963
10 and above	0.9	2,708
Religion		
Hindu	0.6	3,844
Muslim	0.0	470
Christian	1.4	3,008
Other	0.0	815
Caste/tribe#		
Scheduled caste	0.1	312
Scheduled tribe	1.4	2,987
Other backward class	0.5	3,951
Other	0.5	866
Standard of living index		
Low	1.0	3,617
Medium	0.6	3,160
High	0.9	1,361
Availability of health facility² in the village		
No	1.2	3,655
Yes	0.7	2,938
Total	1.0	6,593

Note: Total includes 2 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.

7.2 Home Visit by Health Workers by Districts

In all the districts in Manipur, health workers visited less than one percent of the women at home (Table 7.2) except in Tamenglong (4 percent), Churachandpur and Ukhrul (2 percent each) and Imphal West (1 percent).

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, Manipur, 2002-04	
District	Percentage with home visit
Bishnupur	0.1
Chandel	0.2
Churachandpur	1.6
Imphal East	0.2
Imphal West	1.1
Senapati	0.1
Tamenglong	4.3
Thoubal	0.1
Ukhrul	1.9
Manipur	0.8

7.3 Matters Discussed during Home visits or Visits to Health Facilities

Women who were visited at home by a family planning worker, as well as those who visited government health facility or other health facility during the three months preceding the survey were asked about the different topics discussed with the workers during any of these visits. Table 7.3 shows the percentage of women who discussed the health and family planning or any health related matters to the health workers during home visits or visits to a health facility during the past three months. There are 37 percent pregnant woman or women with children born during the reference period, and other women includes 10 percent current users and 20 percent current non-users, who were visited by health workers at home.

The major focus of discussion during home visits was immunization (47 percent), family planning (25 percent) and treatment of a health problem (20 percent). In addition, discussions were also made on supplementary feeding (14 percent) and breastfeeding and antenatal care (10 percent each) and disease prevention (8 percent).

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, Manipur, 2002-04				
Topic discussed	Pregnant women or women with children after reference period ²	Other women		Total
		Current contraceptive users	Current nonusers	
During home visit				
Family planning	(24.5)	*	*	24.6
Breastfeeding	(10.2)	*	*	5.8
Supplementary feeding	(14.3)	*	*	18.0
Immunization	(46.9)	*	*	38.4
Nutrition	(8.2)	*	*	7.2
Diseases prevention	(8.2)	*	*	22.4
Treatment of health problem	(20.4)	*	*	19.5
Antenatal care	(10.2)	*	*	15.1
Delivery care	(4.1)	*	*	4.0
Postpartum care	(2.0)	*	*	6.8
Childcare	(6.1)	*	*	12.6
Sanitation / cleanliness	(0.0)	*	*	6.7
Oral rehydration	(2.0)	*	*	6.4
Other	(0.0)	*	*	9.1
Number of women	37	10	20	67
During visit to health facility				
Family planning	4.2	10.7	2.4	4.9
Breastfeeding	2.5	1.4	0.0	1.9
Supplementary feeding	1.9	1.4	0.0	1.5
Immunization	20.5	1.4	2.0	14.7
Nutrition	3.9	1.4	1.8	3.2
Diseases prevention	7.5	13.6	21.2	10.6
Treatment of health problem	23.7	64.1	61.5	35.9
Antenatal care	38.4	8.0	4.1	28.3
Delivery care	11.3	4.8	2.7	8.9
Postpartum care	2.8	1.1	2.1	2.4
Childcare	10.9	9.0	2.4	9.3
Sanitation / cleanliness	1.2	0.9	1.5	1.2
Oral rehydration	1.1	1.4	0.1	1.0
Other	1.0	3.9	4.4	2.0
Number of women	655	143	154	953
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 Percentage not shown based on few cases.				

The topic discussed most often during visits to health facility by women was treatment of health problems (24 percent), delivery care and Childcare (11 percent each), antenatal care (38 percent) and immunization (21 percent). Only 4 percent women reported that they discussed family planning during the visit. During visit to health facility about 64 percent of the pregnant women or women with children born during reference period discussed on treatment of a health problem, 14 percent discussed about disease prevention, 21 percent discussed immunization and 8 percent discussed antenatal care. A few pregnant women or women with children born after reference period also discussed about delivery care, postpartum care, breastfeeding, nutrition, oral re-hydration and breastfeeding during visit to health facility. A higher proportion of current users and non-users discussed on treatment of health problems, disease prevention, and other health related problems than pregnant women with children after reference period during visit to health facility in three months prior to survey.

7.4 Visit to Health Facility

Table 7.4 presents the percentage of currently married women who needed to visit health facility and visited the health facility by residence and availability of health facility in the village. Around 51 percent of women needed to visit health facility but did not visit in comparison with 19 percent of women who needed to visit health facility and visited in past three months of the survey. The proportion of such women was higher in urban areas (23 percent) than in rural areas (18 percent). Among them who visited any health facility, 53 percent of women reported that they had visited a government hospital/dispensary, (36 percent in rural areas and 41 percent in urban areas).

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, Manipur, 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	51.3	53.0	44.3	57.4	49.5
Percentage of women who needed to visit health facility and visited	18.7	17.6	23.4	16.4	18.5
Number of women	8,137	6,593	1,544	2,938	3,655
Government health facility					
Hospital / CHC / FRU / RH	37.3	36.0	41.3	32.3	38.6
Dispensary	4.0	5.0	1.0	5.4	4.7
Primary health center	14.6	15.5	11.6	18.1	13.6
Sub-center	1.9	2.4	0.3	1.8	2.8
Private health facility					
Hospital	31.3	32.4	27.7	32.8	32.1
Dispensary	3.6	3.5	4.1	3.7	3.4
ISM ² hospital/dispensary	2.1	1.3	4.6	1.4	1.2
Other	5.2	3.9	9.4	4.5	3.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	1,511	1,151	360	480	671

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.

Only 35 percent of the women visited a private hospital/dispensary. 58 percent of those who visited a Government health facility, 37 percent visited a hospital/CHC/FRU/RH, 2 percent visited sub-centres, and 15 percent visited primary health centre and only four percent visited to government dispensary. Two percent of the women reported that they visited Indian system of medicine hospital/ dispensary either government or private. There are not many differences in visit to any health facility according to availability of health facility in the village in the past three months of the survey.

7.5 Visit to Health Facility by Districts

Table 7.5 presents the percentage of currently married women who needed to visit health facility and visited the health facility by districts. Ninety percent of currently married women in Ukhrul and 33 percent in Bishnupur, needed to visit a health facility, but they did not visit. Out of 9, in 6 districts i.e Chandel, Churachandpur, Senapati, Tamenglong, Thoubal and Ukhrul the percentage of the women visited health facility for their health problems was below the state average of 19 percent. In Senapati only 4 percent of women visited health facility when needed. Among them who visited health facility, the state average for number of women who visited government health facility is higher (58 percent) than that of number of women visiting private health facility (37 percent).

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, Manipur, 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
Bishnupur	32.7	32.7	56.4	43.6
Chandel	54.7	5.5	20.5	79.5
Churachandpur	43.9	9.0	28.8	71.2
Imphal East	49.1	33.1	62.9	32.8
Imphal West	51.9	27.1	51.8	33.4
Senapati	89.6	4.1	74.5	25.5
Tamenglong	54.5	12.4	93.6	3.0
Thoubal	41.2	8.5	62.8	37.2
Ukhru	72.1	7.6	69.3	29.8
Manipur	51.3	18.7	57.9	36.9

7.6 Client's Perception of Quality of Government Health Services

Utilization of services is an essential indicator reflecting the quality of services. Better quality of services would have a higher utilization rate, which is very important from the policy point of view. Unless clients are satisfied with the services provided by the government, efforts made by the government will be wasted. In order to assess the utilization of government health facilities, a question was asked whether they had visited any health facility for their health problem during past three months to the survey. Those who visited the government health facility were asked their perceptions about quality of services, (personal manner like courtesy, respect, sensitivity, and friendliness of the physician and staff, technical skills and quality like thoroughness, carefulness, and competence and waiting time for receiving the services) and same is presented in Table 7.6. Women in general perceived that the quality of services, personal manner as well technical skills and quality of physician, ANM/nurse and other staff was good. Majority of the respondents perceived that personal manner (courtesy, respect, sensitivity, and friendliness) and technical skills (thoroughness, carefulness, and competence) of the physician, nurses and other staff were good, a few respondents mentioned that convenience of the health facility location (4 percent), personal manners of the physician (3 percent) and his technical skills (2 percent) was excellent.

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, Manipur , 2002-04			
Quality indicator	Poor	Good	Excellent
The convenience of the health facility location	19.5	76.9	3.6
Length ¹ of time spend towards waiting	29.9	65.8	4.3
Personal manner ² of the physician ⁵	12.4	84.8	2.6
The technical skills and quality ³ of the physician ⁵	13.4	84.7	1.7
Personal manner ² of nurse	14.3	83.7	2.0
The technical skills and quality ³ of nurse	14.4	83.6	2.0
Personal manner of other staff ⁵	13.5	84.4	1.9
The technical skills and quality of other ⁴ staff	16.0	82.6	1.4
The explanation of what was done to her	13.1	83.8	3.0
Medical, surgical and diagnostic equipment	20.1	77.4	2.5
General comfort	18.0	80.5	1.5

Note: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
⁴ Including paramedical staff. ⁵Includes hospital/community health center/ first referral unit/ referral hospital, dispensary, and primacy health center last visit made by women.

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. Thirty-five percent of the currently married women reported poor quality of services as one of the reason for not visiting the government health centre for their health problems, as expected this reason is more reported by urban women (47 percent) than rural women (32 percent), and women from those village where health facilities are available (38 percent). About 21 percent reported that the time not suited as a reason for not visiting a government health centre; out of this 23 percent belonged to urban areas and 21 percent were from the rural areas. Other reasons for not visiting government health centres were: Heavy rush (10 percent), doctor/ health workers do not examine properly (12 percent) and other reasons (6 percent).

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 and availability of health facilities in the village, Manipur, 2002-04					
Reason	Total	Residence		Availability of health facility ¹ in the village	
		Rural	Urban	No	Yes
Not conveniently located	7.0	8.6	1.7	10.5	7.1
Time is not suited	21.4	20.9	23.0	20.6	21.1
Poor quality of services	35.3	31.8	47.0	24.1	37.5
Heavy rush	9.8	8.0	15.5	11.2	5.7
Non/rare-availability of doctors/health workers	5.1	6.4	0.8	1.3	10.2
Doctors/health workers do not examine properly	12.0	14.6	3.6	20.3	10.4
Medicine not/rarely given or of bad quality	0.6	0.7	0.0	1.8	0.0
Doctors/paramedical staff does not behave properly	2.4	2.8	1.2	5.6	0.7
Services are charged	0.9	1.1	0.0	0.7	1.4
Referred by government doctor	0.1	0.2	0.0	0.0	0.3
Other	5.5	4.9	7.2	4.0	5.6
Total percent	100.0	100.0	100.0	100.0	100.0
Number of women	558	427	130	181	246

Note:¹ Includes sub-center, primary health center, Community health center or referral hospital, government hospital, and government dispensary within the village.

7.8 Family Planning Information and Advice Received

Women who are currently not using any contraceptive method were asked whether they were ever advised by ANM or family planning health worker to adopt family planning method and method advised during any of the contact. Four percent of currently non-users said that they had advices or discussion on method of family planning with ANM or family planning health worker (Table 7.8). The most frequently discussed method was male sterilization (35 percent) and IUD (29 percent). Only 4 percent of women received advices to adopt condom and 15 percent to adopt female sterilization as a contraceptive method. Discussions about traditional method, such as rhythm or withdrawal were rare. There is variation by types of residence in terms of family planning information and advice received.

7.9 Availability of Pills and Condom

To explore difficulties faced in the procurement of condoms and pills, current users of these methods were asked that they had been able to get their supply whenever needed. The results are presented in Table 7.9. Only 4 percent each of condom users and pills users reported that they had a problem in getting these supply. A little higher proportion of rural women than urban women had problems in getting a supply of condom.

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, Manipur, 2002-04			
Method	Total	Rural	Urban
Percentage of non-users who were advised to adopt family planning method	3.7	4.0	2.3
Number of women	5,216	4,321	895
Method			
Female sterilization	14.5	14.9	*
Male sterilization	35.4	34.4	*
IUD	27.8	30.3	*
Pills	13.6	12.6	*
Condom	3.9	3.3	*
Rhythm/periodic abstinence	2.2	2.4	*
Withdrawal	2.4	1.8	*
Other	0.2	0.3	*
Total percent	100.0	100.0	100.0
Number of women	195	174	21
* Percentage not shown: Based on few cases.			

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, Manipur, 2002-04		
Method/residence	Percentage who had a problem getting supply	Number of users
Condom		
Rural	4.9	138
Urban	3.0	76
Total	4.3	214
Pills		
Rural	4.3	221
Urban	1.5	62
Total	3.6	282

7.10 Quality of Care of Family Planning Services

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

Around 67 percent of sterilized women reported that ANM or health worker informed them about alternative methods that they could use (Table 7.10) before adopting sterilization. Around 68 percent of sterilized women received such information by a ANM or health worker in the government health facilities compared to around 66 percent of women who were sterilized in private health facilities.

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, Manipur, 2002-04				
Source of sterilization	Total	Rural	Urban	Number of users
Government health facility	67.9	63.6	84.4	676
Private health facility	65.5	59.1	85.4	65
Total	66.9	62.2	83.8	763
Note: Total includes 6,3, 12 and 1 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, Manipur, 2002-04			
Information/follow-up	Total	Rural	Urban
Told about side effects			
Sterilization	37.7	38.2	35.4
Other modern method	42.4	43.6	38.0
Any modern method	40.3	41.2	36.8
Received follow-up			
Sterilization	2.4	2.2	3.6
Other modern method	7.0	8.3	2.5
Any modern method	4.9	5.5	2.7

Another important facet of informed contraceptive choice is being fully informed about any side effects and any other problems associated with the method. In Manipur, only 40 percent of users of any modern method were informed about possible side effects or health problems associated with their current method. Thirty-eight percent of acceptors of sterilization in rural area and 35 percent in urban area reported that they were informed about side effects. Among users of modern method other than sterilization, 44 percent of rural users and 38 percent of urban users were informed about side effects. It is clear from the result that ANM or health workers in Manipur are not providing sufficient information to couples who need to make an informed choice about contraceptive methods. The situation with respect to follow-up services is also not encouraging. Follow-up services among sterilization users are much lower than user of modern methods. About two percent of sterilization users in rural area and four percent in urban area reported that they received follow-up services by ANM or

health worker. Only 7 percent of the users of other modern method received follow-up services. In all, only 5 percent of the users of any modern method in rural area and same in urban areas received follow-up services.

7.11 Quality of Care Indicators for Contraceptive Users by District

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

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, Manipur, 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	
Bishnupur	91.2	48.9	35.1	3.4	1.6	6.6
Chandel	4.4	9.4	(11.3)	0.0	(0.0)	4.0
Churachandpur	0.0	21.5	36.6	0.7	0.7	6.9
Imphal East	90.6	24.7	36.6	1.3	3.5	1.9
Imphal West	87.6	27.5	29.6	2.1	1.6	3.4
Senapati	16.3	22.5	52.6	18.2	5.6	5.7
Tamenglong	100.0	60.2	57.8	7.3	1.0	1.8
Thoubal	38.9	85.8	62.7	2.7	34.9	1.6
Ukhrul	76.7	66.3	72.6	3.9	1.4	4.2
Manipur	66.9	37.7	42.4	2.4	7.0	3.7

Note: 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.

The percentage of sterilization-users who were told about alternate method is lowest in Churachandpur (0 percent) but it is highest in Tamenglong (100 percent). There are also large inter-district variations in the percentage of sterilization- users and users of modern contraceptive methods who were told about the possible side effect. In case of sterilization, the proportion varied from a low of 9 percent in Chandel to a high of 86 percent in Thoubal. For other modern contraceptive methods, 73 percent users in Ukhrul and a minimum of 11 percent of users in Chandel were told about the side effects of the method. Follow-up services are slightly better for acceptors of sterilization than for other modern methods in most of the districts of Manipur. Table 7.12 also shows district wise variation in the percentage of currently non-users who were ever advised to adopt contraceptive methods, which varies from a low 2 percent in Imphal East, Tamenglong and Thoubal to a high of 7 percent in Bishnupur and Churachandpur.

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

7.12 Quality of Care of Maternal Health Care

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

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, Manipur, 2002-04			
Advise/follow-up service	Total	Rural	Urban
Percentage of women who were advised to have delivery at health facility	50.2	46.8	65.4
Percentage of women who were visited within 2 weeks of delivery	2.7	2.8	2.4
Percentage of women who were visited at least once within 6 weeks of delivery	4.4	4.8	2.8
Number of women	3,743	3,055	688
Note:* Women who had their last live/still birth during three years preceding the survey			

About fifty percent of the women with last live/still births during three years preceding the survey reported that they were advised by doctor or health worker to have delivery in health facility. Women from urban areas (65 percent) were more likely than rural areas (47 percent) to get advised to deliver their child at health facility.

In district wise variation, the percentage varies from as low as 11 percent in Chandel to as high as 81 percent in Imphal West (Table 7.14). In four of the 9 districts, the percentage of women who were advised to deliver their child in health facility (Bishnupur, Imphal East, Imphal West and Tamenglong) was higher than the state average of 50 percent.

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, Manipur, 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
Bishnupur	61.4	2.5	4.4
Chandel	10.6	2.8	14.9
Churachandpur	47.0	8.8	8.8
Imphal East	63.6	0.8	0.6
Imphal West	80.7	2.7	3.2
Senapati	18.7	1.7	9.5
Tamenglong	53.0	0.4	0.4
Thoubal	25.7	3.3	4.0
Ukhul	30.0	1.8	4.5
Manipur	50.2	2.7	4.4

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

Three percent of the women reported that they were visited by an ANM within two weeks of delivery; such visit was only 3 percent in rural areas and 2 percent in urban areas. Only 5 percent of the women in rural area and 3 percent in urban areas received at least one follow-up service within six weeks of delivery.) Not more than 4 percent women received postpartum check-up within 2 weeks of delivery in any district of Manipur, and the proportion of women who had at least one postpartum check-up within six weeks of delivery varied from a low of 4 percent in Manipur and Bishnupur to high of 15 percent in Chandel (Table 7.14).)

CHAPTER – VIII

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

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

8.1 Awareness of RTI/STI

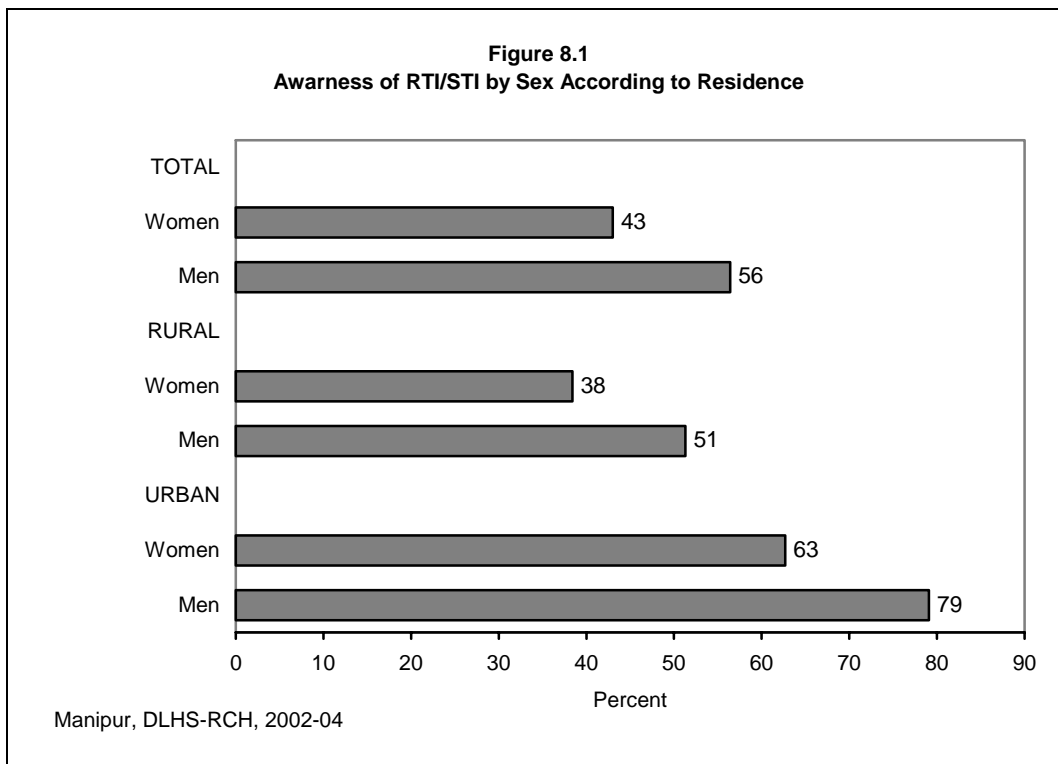
An attempt was made to assess whether couples were aware of RTI/STI. Currently married women and their husbands were asked about their awareness of RTI/STI and if they were aware, they were further questioned about the source of information and mode of transmission of the disease.

Table 8.1 shows the percentage of women aware of RTI/STI by background characteristics. About 43 percent of the women in Manipur were aware of RTI/STI. The proportion of women who were aware of RTI/STI is higher in urban areas (63 percent) than in rural areas (38 percent) as shown in Figure 8.1. Awareness of RTI/STI is lower among younger women, non-literate women, and women from Christian religion, women from scheduled tribes and women from households with a low standard of living. Awareness of RTI/STI increases from 30 percent among non-literate women to 55 percent among women who have completed 10 or more years of schooling. The standard of living index shows a positive relationship with awareness of RTI/STI, ranging from 23 percent among women with a low standard of living to 69.7 percent among women with a high standard of living.

Those women who had heard of RTI/STI were further asked about the source of information of RTI/STI, which is also presented in Table 8.1. About 28 percent of the women reported that they received information of RTI/STI from television and 58 percent from friends or relatives. Other sources of information of RTI/STI as reported by women were newspaper or books or magazines (20 percent), radio (88 percent), slogans or posters or pamphlets or wall hoardings (12 percent) and community meetings (8 percent). About 12 percent of women received this information from doctors and 3 percent from health workers, and about 4 percent of the women reported that they had heard of RTI/STI from other sources.

Table 8.2 shows the percentage of husbands of currently married women who heard of RTI/STI by specific source of information according to some selected background characteristics. In Manipur, the percentage of men who heard of RTI/STI is a little higher than that of women (Figure 8.1). About 56 percent of the men had heard of RTI/STI. Men from urban

areas were relatively more aware of RTI/STI. Men who are non-literate, men belonging to Christian religion and those belonging to scheduled tribes are less likely to report awareness of RTI/STI. The level of awareness of RTI/STI increases with an increase in education level and standard of living. Only 29 percent of non-literate men were aware of RTI/STI as compared to 69 percent of men who had completed 10 or more years of schooling. About 35 percent of men from households with a low standard of living were aware of RTI/STI as compared to 85 percent of men with a high standard of living.



The radio is the most prominent source of information about RTI/STI for men in Manipur. About 84 percent of men who knew about RTI/STI received information from radio. Other important sources of information about RTI/STI are newspapers or books or magazines (42 percent), television (32 percent), slogans or posters or pamphlets or wall hoardings (24 percent) and relatives or friends (56 percent). About 12 percent of the men received this information from a doctor, 16 percent from community meetings, 5 percent from health workers and 4 percent mentioned that they had received information about RTI/STI from school teachers. About 4 percent of the men reported that they had heard of RTI/STI from other sources. The radio is the most important source of information of RTI/STI in all the groups. The 'television' is a bigger source of information of RTI/STI for men who are from urban areas than for those who come from rural areas. The differences in the knowledge of RTI/STI from television as a source of information by educational level and standard of living are quite visible. About 9 percent of men who were non-literate had heard of RTI/STI from television, which increased to 40 percent for men who have completed 10 or more years of schooling. Non-literate men, men who have completed 0-9 years of schooling, men belonging to Muslim religion, men belonging to other backward classes and younger men are more prone to receive information from relatives or friends.

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, Manipur, 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	27.3	162	(90.0)	(17.5)	(7.5)	(10.0)	(15.0)	(2.5)	(2.5)	(10.0)	(40.0)	(5.0)	44	
20-24	45.3	973	89.3	22.4	15.8	11.4	6.9	0.5	2.1	6.6	58.5	3.3	440	
25-29	45.2	1,855	88.2	29.0	18.5	13.1	12.9	3.0	0.8	6.5	60.8	6.0	838	
30-34	44.6	1,746	86.2	29.5	25.5	13.9	14.9	3.4	1.4	8.5	60.5	2.8	779	
35-39	45.4	1,735	88.1	24.2	18.5	12.1	8.8	3.4	2.0	8.1	53.9	1.8	788	
40-44	36.6	1,667	86.5	36.1	23.2	9.7	15.3	5.6	1.5	11.5	59.3	5.2	610	
Residence														
Rural	38.4	6,593	85.7	26.1	17.3	11.6	11.8	3.6	1.1	9.1	55.9	3.9	2,531	
Urban	62.7	1,544	92.6	34.2	28.5	13.9	13.0	2.7	2.7	6.0	64.5	3.6	968	
Education														
Non-literate	30.3	2,464	85.7	13.6	4.5	6.1	8.2	2.6	0.8	7.2	60.6	2.5	747	
0-9@ years	42.4	2,963	86.3	23.6	13.5	8.8	8.0	1.8	0.6	7.1	58.1	2.8	1,257	
10 and above	55.2	2,708	89.7	39.7	34.2	18.1	17.5	5.0	2.7	9.7	57.2	5.4	1,494	
Religion														
Hindu	60.5	3,844	91.3	32.4	22.1	15.5	12.3	3.3	2.1	9.6	57.3	3.6	2,326	
Muslim	51.0	470	87.6	16.7	11.5	5.5	9.8	0.7	0.0	3.3	69.3	1.6	240	
Christian	12.3	3,008	66.9	12.6	14.0	5.7	13.0	4.7	1.0	8.8	55.9	7.9	371	
Other	69.1	815	85.8	26.9	21.3	5.7	11.4	3.6	0.3	4.3	59.0	3.0	563	
Caste/tribe#														
Scheduled caste	31.8	312	85.1	30.8	23.8	19.4	23.4	2.3	1.6	10.7	66.8	6.0	99	
Scheduled tribe	12.3	2,987	67.5	12.0	12.7	5.0	11.6	4.8	0.8	8.5	56.2	7.5	368	
Other backward class	66.2	3,951	91.2	29.2	20.1	12.3	10.6	2.8	1.2	8.2	58.2	3.3	2,614	
Other	47.5	866	83.3	36.9	28.3	16.3	18.8	5.6	4.4	7.8	57.9	3.1	411	
Standard of living index														
Low	23.3	3,617	84.8	10.3	10.2	7.6	9.4	2.3	0.6	6.4	59.5	4.1	842	
Medium	54.1	3,160	87.8	25.9	16.1	10.0	10.5	2.7	1.7	8.6	56.8	3.4	1,709	
High	69.7	1,361	89.7	48.7	37.2	20.3	17.4	5.4	2.1	9.1	59.8	4.5	948	
Total	43.0	8,137	87.6	28.3	20.4	12.2	12.1	3.3	1.5	8.2	58.3	3.8	3,499	

Note: Total includes 2 cases of missing information of education on aware of RTI/STI are not shown separately. @ 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. () Based on less than 50 unweighted cases.

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, Manipur, 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	51.2	273	92.2	28.7	35.0	18.5	8.2	1.2	2.1	14.6	59.5	3.1	139	
25-34	60.4	1,950	84.2	35.7	41.5	24.3	10.7	5.5	4.6	12.5	54.2	3.1	1,179	
35-44	58.1	2,488	86.3	32.5	44.7	22.8	11.6	4.2	4.8	19.2	57.7	5.4	1,446	
45+	48.4	1,308	77.7	23.3	40.0	26.1	15.4	6.2	2.2	13.8	55.2	4.3	632	
Residence														
Rural	51.3	4,911	83.4	29.2	40.9	21.7	11.3	4.6	4.3	16.1	55.6	4.0	2,520	
Urban	79.1	1,108	86.5	39.0	46.3	29.7	13.6	6.0	3.6	14.7	57.5	4.9	877	
Education														
Non-literate	29.4	759	74.8	8.6	4.1	20.8	13.2	1.8	2.0	9.0	61.3	1.3	223	
0-9@ years	49.1	2,280	81.2	21.4	28.0	17.1	7.9	1.1	2.8	12.0	61.2	1.7	1,120	
10 and above	69.0	2,978	86.8	39.9	54.2	27.8	13.9	7.4	5.1	18.5	52.8	6.0	2,054	
Religion														
Hindu	78.5	2,725	85.5	35.2	43.4	25.8	9.5	3.9	3.7	17.7	58.4	3.9	2,138	
Muslim	74.2	341	82.6	14.5	32.2	27.2	21.3	5.8	5.4	16.0	62.5	3.5	253	
Christian	22.7	2,334	81.0	31.6	52.6	21.0	19.2	12.4	7.0	15.1	42.0	6.5	530	
Other	76.8	619	82.5	25.5	31.2	15.9	9.6	0.8	2.2	7.4	58.1	4.1	476	
Caste/tribe#														
Scheduled caste	49.3	197	90.9	33.8	40.9	28.1	4.8	1.4	4.3	25.0	46.3	3.4	97	
Scheduled tribe	23.0	2,331	80.8	30.8	51.4	20.4	18.3	11.7	7.4	14.4	41.9	6.8	536	
Other backward class	82.7	2,894	85.5	31.2	39.7	24.6	10.7	3.6	3.7	16.8	60.7	3.6	2,392	
Other	62.5	582	79.0	36.3	46.6	21.5	12.1	4.7	2.2	7.6	49.3	5.1	364	
Standard of living index														
Low	35.4	2,726	77.0	16.6	31.7	21.6	13.5	3.5	3.2	14.8	55.9	3.9	964	
Medium	69.6	2,346	86.7	30.8	39.5	22.0	9.0	4.9	4.8	15.2	55.4	3.9	1,632	
High	84.6	947	87.6	51.8	60.7	29.9	15.9	6.7	3.9	17.8	57.8	5.4	801	
Total	56.4	6,019	84.2	31.7	42.3	23.8	11.9	4.9	4.2	15.7	56.1	4.3	3,397	

Note: Total includes 2 cases with missing information of education are not shown separately. @ Literate men with no year of schooling are also included. #Total figure may not add to N due to do not know and missing cases.

8.1.1 Knowledge of Mode of Transmission of RTI/STI

Women who were aware of RTI/STI were asked about the mode of transmission. This is presented in Table 8.3. Among women who reported knowledge of RTI/STI, 5 percent of them did not know anything further about the mode of transmission of this disease. This proportion is relatively higher among rural women, older women, women who are illiterate and women from Christian religion, women from scheduled-tribes and women coming from households with low standard of living. About 6 percent of rural women do not know about the mode of transmission of RTI/STI compared to 3 percent of urban women. Lack of personal hygiene was mentioned by 57 percent of women and heterosexual intercourse by 84 percent of women as mode of transmission of RTI/STI. Only 17 percent of women reported homosexual intercourse and one percent reported other modes of transmission of RTI/STI.

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, Manipur, 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						
15-19	(12.5)	(90.0)	(55.0)	(2.5)	(0.0)	44
20-24	11.0	83.0	49.4	4.9	6.8	440
25-29	16.9	86.3	55.6	5.4	4.3	838
30-34	20.2	85.7	61.9	6.0	3.4	779
35-39	17.8	81.6	55.3	9.6	5.3	788
40-44	15.4	81.4	61.8	4.4	7.1	610
Residence						
Rural	15.6	84.6	55.1	6.2	5.9	2,531
Urban	19.5	82.0	62.2	6.1	3.0	968
Education						
Non-literate	12.2	78.3	46.7	2.5	8.7	747
0-9@ years	11.4	81.6	53.4	6.7	5.4	1,257
10 years and above	23.5	88.6	65.5	7.5	3.1	1,494
Religion						
Hindu	18.6	85.1	62.5	7.1	4.0	2,326
Muslim	7.2	83.6	36.9	2.2	5.6	240
Christian	12.1	77.8	46.0	4.8	9.0	371
Other	16.1	82.9	50.8	5.0	6.8	563
Caste/tribe#						
Scheduled caste	21.7	86.4	68.5	8.1	2.1	99
Scheduled tribe	10.2	75.8	45.4	4.7	10.1	368
Other backward class	17.7	84.6	59.3	5.8	4.6	2,614
Other	15.0	86.5	50.5	9.5	4.5	411
Standard of living index						
Low	8.7	80.0	49.9	4.0	7.3	842
Medium	16.9	82.8	55.3	6.1	4.7	1,709
High	23.5	89.4	66.7	8.2	3.8	948
Total	16.7	83.9	57.1	6.2	5.1	3,499

Note: Total includes 2 cases of missing information on education are not shown separately. @ 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. () Based on less than 50 unweighted cases.

Table 8.4 presents the knowledge of mode of transmission of RTI/STI among men. Among men who had heard of RTI/STI, 6 percent of them mentioned that they did not know anything about the mode of transmission of this disease. The percentage of men who did not know about the mode of transmission is higher among younger men, non-literate men, Muslim and Christian men, men from scheduled tribes and men from households with a low standard of living. Among the men who knew the modes of transmission of RTI/STI, 85 percent mentioned heterosexual intercourse, 47 percent reported lack of personal hygiene, 26 percent mentioned homosexual intercourse and 4 percent reported other modes of transmission.

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, Manipur, 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	32.6	82.9	34.5	3.4	12.2	139
25-34	25.1	85.7	45.7	3.5	5.7	1,179
35-44	27.7	86.3	50.3	3.5	5.5	1,446
45+	24.5	81.6	43.1	6.7	7.0	632
Residence						
Rural	26.1	85.1	41.6	3.8	6.8	2,520
Urban	27.3	85.2	61.5	4.8	4.3	877
Education						
Non-literate	9.5	73.8	35.7	0.8	10.5	223
0-9@ years	19.5	84.5	38.5	3.2	7.7	1,120
10 years and above	32.0	86.6	52.4	5.0	4.8	2,054
Religion						
Hindu	26.2	85.9	49.5	2.8	5.2	2,138
Muslim	29.2	78.6	48.8	4.8	8.1	253
Christian	31.2	83.0	42.6	10.7	8.1	530
Other	20.4	87.4	37.5	2.4	6.8	476
Caste/tribe#						
Scheduled caste	28.6	85.5	50.8	4.5	3.7	97
Scheduled tribe	30.8	83.5	43.7	10.2	8.6	536
Other backward class	27.2	85.8	48.4	2.1	5.6	2,392
Other	14.2	83.1	39.4	7.7	5.9	364
Standard of living index						
Low	24.6	82.2	39.8	5.8	8.3	964
Medium	26.5	83.9	46.6	3.2	6.7	1,632
High	28.4	91.0	55.2	3.9	2.4	801
Total	26.4	85.1	46.7	4.1	6.1	3,397

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

8.2 Prevalence of RTI/STI

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

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

Table 8.5 and Figure 8.2 show that many of the currently married women (33 percent) reported at least one reproductive health problem. The main problems reported by women were ‘low backache’ (18 percent), ‘pain in lower abdomen’ (11 percent), ‘frequent / painful passage of urine’ (4 percent), ‘itching over vulva’ (12 percent), ‘swelling in the groin’ (1 percent) and ‘fever’ (6 percent). Other symptoms of reproductive health problems reported by women were ‘painful sexual intercourse (4 percent), ‘involuntary escape of urine while coughing or sneezing’ (3 percent), ‘some mass coming out of vagina’ (3 percent) and ‘boils/ ulcers/ warts around vulva’ (4 percent). Very few women reported ‘bleeding after sexual intercourse’ (1 percent) and ‘swelling / lump in breast’ (1 percent). The prevalence of most of the reproductive health problems is more among rural women than urban women.

Symptoms	Total	Residence	
		Rural	Urban
Percentage of women reported any RTI/STI symptoms	33.2	34.8	26.4
Symptoms			
Itching over vulva	11.7	12.4	8.6
Boils/ ulcers/ warts around vulva	4.4	5.2	1.0
Pain in lower abdomen not related to menses	10.5	11.4	6.7
Low backache	18.3	19.4	13.5
Pain during sexual intercourse	3.6	4.1	1.5
Bleeding after sexual intercourse	1.0	1.1	0.5
Swelling in the groin	1.2	1.4	0.8
Frequent / painful passage of urine	4.0	4.3	2.7
Fever	7.5	8.0	5.6
Some mass coming out of vagina	2.6	2.9	1.3
Any involuntary escape of urine while coughing or sneezing	3.0	3.2	2.4
Swelling / lump in breast	1.0	1.1	0.4
Number of women	8,137	6,593	1,544

Figure 8.2
Symptoms of RTI/STI among Women

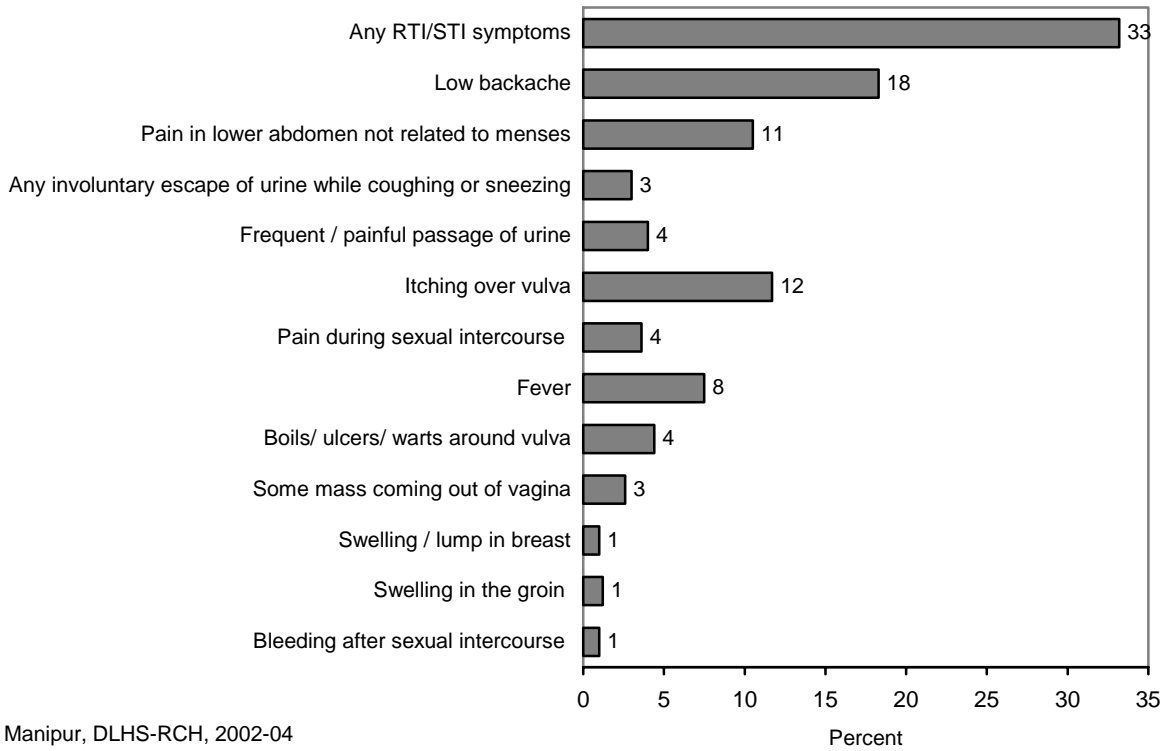


Figure 8.3
Symptoms of RTI/STI among Husbands

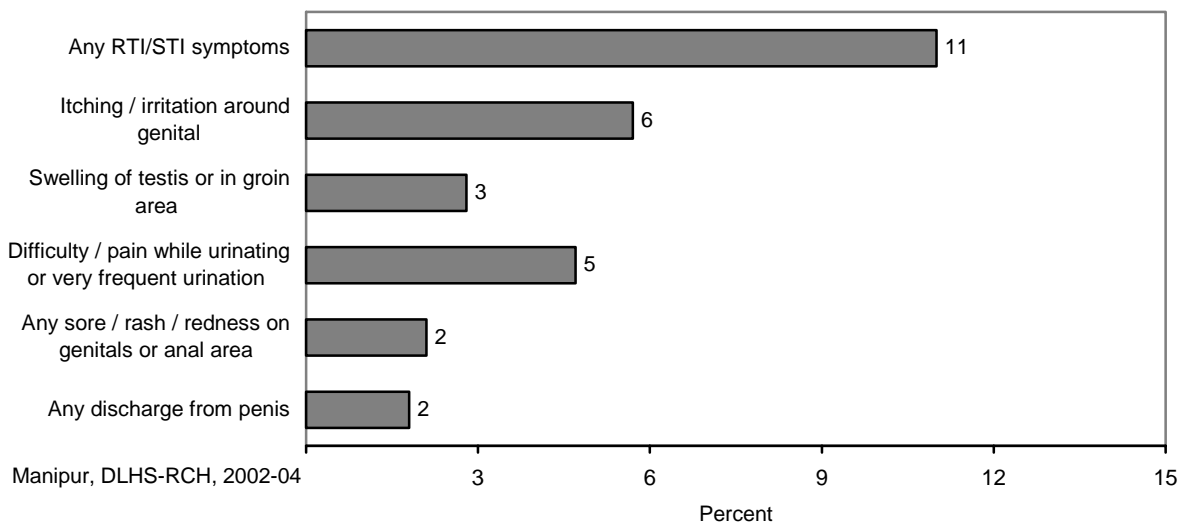


Table 8.6 and Figure 8.3 show the prevalence of reproductive health problems among husbands of currently married women. The prevalence of RTI/STI among men was judged by the reporting of symptoms. About 11 percent of men reported experiencing at least one symptom of reproductive health problem in the last three months preceding the survey. The prevalence of reproductive health problems is higher among rural men (12 percent) than among urban men (9 percent). The problems of reproductive health experienced by men are ‘difficulty / pain while urinating or very frequent urination (5 percent), ‘discharge from penis’ (2 percent), ‘itching / irritation around genitals’ (6 percent), ‘sore / rash / redness on genitals or anal area’ (2 percent) and ‘swelling of testes or in groin area’ (3 percent).

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, Manipur, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of men reported any RTI/STI symptoms	11.0	11.5	8.5
Symptoms			
Any discharge from penis	1.8	1.9	1.4
Any sore / rash / redness on genitals or anal area	2.1	2.3	1.4
Difficulty / pain while urinating or very frequent urination	4.7	5.0	3.0
Swelling of testis or in groin area	2.8	3.2	1.0
Itching / irritation around genital	5.7	5.9	4.9
Number of men	6,019	4,911	1,108
Percentage of men sought treatment for any RTI/STI	34.9	35.1	33.3
Number of men ¹	661	567	94
Percentage sought treatment at health facility²			
Government health facility ³	65.4	69.6	(44.0)
Primary health centre	5.3	5.5	(4.0)
Sub centre	10.2	11.8	(0.0)
Private health facility ⁴	9.5	6.3	(28.0)
ISM ⁵ facility	10.6	8.6	(24.0)
Chemist/ medical shop	15.6	14.2	(24.0)
Other	9.0	8.8	(8.0)
Percentage obtained treatment from²			
Doctor	78.0	79.9	(68.0)
Male health worker	3.8	3.2	(8.0)
Traditional healer	2.2	2.6	(0.0)
Relative/friends	4.3	4.9	(0.0)
ISM practitioner	2.7	3.2	(0.0)
Home remedy	3.0	2.6	(4.0)
Chemist medical shop	16.0	14.6	(24.0)
Other	7.6	8.3	(4.0)
Number of men ⁶	231	199	31
Note: ¹ Based on men with any symptoms of RTI/STI. ² Percentage may add to more than 100.0 due to multiple responses and based on who sought treatment. 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. ⁶ Based on who sought treatment for RTI/STI. () Based on less than 50 un-weighted cases.			

Among men who reported reproductive health problems, 35 percent of them sought treatment, which comprises of 33 percent of urban men and 35 percent of rural men. Among them 65 percent visited a government health facility, including a primary health centre (5 percent) and sub-centre (10 percent) whereas 10 percent visited a private health facility. About 11 percent of men were treated by the Indian system of medicine, 16 percent obtained treatment from a chemist or medical shop and about 9 percent of the men reported that they were treated at other sources. A relatively higher proportion of men from rural areas utilised the government health facility and sub centre. On the other hand, utilisation of the Indian system of Medicine facility and chemist or medical shop for treatment is much higher among urban men than among rural men. A large proportion of men saw a doctor (78 percent), 68 percent in urban areas and 80 percent in rural areas. About 4 percent of the men went to a male health worker and 16 percent of the men went to a chemist/medical store. About 4 percent of the men were seen by relatives or friends, 2 percent by a traditional healer and 3 percent by an ISM practitioner. Another 8 percent of the men obtained treatment from other sources. The percentage of men who obtained treatment from chemists is somewhat higher in urban areas than in rural areas.

The DLHS-RCH also collected information from currently married women on symptoms of RTIs, that is, on abnormal vaginal discharge, texture, colour and odour of discharge in the three months immediately preceding the survey. The prevalence of reproductive health problems among currently married women is estimated from women's experiences. Table 8.7 shows the asymptotic prevalence of vaginal discharge related problems among currently married women in Manipur during the three months preceding the survey according to residence. About 6 percent of the women reported problems related to vaginal discharge. The prevalence of vaginal discharge problem is relatively higher among rural women (7 percent) than among urban women (5 percent).

Among the women who had reported symptoms of vaginal discharge, 27 percent went for treatment, a higher percentage (43 percent) from urban areas compared to their rural counterparts (24 percent). A considerable proportion (46 percent) visited private health facilities followed by government health facility (41 percent). About 7 percent sought home remedy, 4 percent went to an ISM, 8 percent went to the Primary Health Centre and 24 percent of the women visited other places for treatment. The proportion of women who visited a private health facility is higher in rural areas (48 percent) than in urban areas (39 percent) and the proportion of women who visited a government health facility is also marginally higher in rural areas (43 percent) than in urban areas (39 percent). A significantly high proportion (83 percent) of the women in the state of Manipur obtained treatment from doctors for their problems. Around 4 percent women were treated by ANM/Nurse/Midwife/LHV and 8 percent by other health professionals.

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, Manipur, 2002-04			
Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women reported abnormal vaginal discharge	6.3	6.5	5.0
Number of women	8,137	6,593	1,544
Percentage of women sought treatment for vaginal discharge	26.8	23.9	42.5
Number of women ¹	510	432	78
Percentage sought treatment at health facility ²			
Government health facility ³	41.8	42.8	(39.3)
Primary health centre	7.9	9.4	(3.6)
Sub centre	1.6	0.0	(7.1)
Private health facility ⁴	46.1	48.2	(39.3)
ISM ⁵ facility	4.0	3.5	(7.1)
Home remedy	7.2	4.6	(14.3)
Other	23.6	23.9	(21.4)
Percent distribution of women who obtained treatment from ²			
Doctor	82.5	85.7	(75.0)
ANM/nurse/midwife/LHV	3.6	2.5	(7.1)
Other health professionals ⁶	7.8	6.8	(10.7)
Other	4.8	3.2	(7.1)
Total percent	100.0	100.0	(100.0)
Number of women	136	103	33

Note: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 *dai* (trained or untrained), relative or friends and chemist/ medical shop. () Based on less than 50 unweighed cases.

8.3 Menstruation Related Problems

Table 8.8 shows the percentage of women who had menstruation problems and who sought treatment during the three months preceding the survey. Table 8.8 shows that around 14 percent women in Manipur had menstruation problems and the figures are 14 percent and 18 percent in the rural and urban areas respectively. The main symptoms of menstrual problems that were reported by the women in Manipur were no period (46 percent), painful periods (30 percent), scanty bleeding (37 percent) and delayed periods (17 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, Manipur, 2002-04

Symptoms and treatment	Total	Residence	
		Rural	Urban
Percentage of women with any menstruation related problem	14.4	13.6	18.1
Number of women	6,334	5,133	1,201
Symptoms			
No period	45.9	45.1	48.1
Painful period	29.6	32.8	19.3
Frequent or short period	9.7	10.8	6.2
Delayed period	16.7	15.9	19.3
Prolonged bleeding	7.9	7.7	8.5
Excessive bleeding	9.0	10.4	4.5
Continuous bleeding	5.9	5.6	6.9
Scanty bleeding	36.6	35.3	40.8
Inter-menstrual bleeding	2.6	2.3	3.9
Number of women ¹	915	698	217
Percentage of women sought treatment who had any menstruation related problems	29.5	29.3	30.4
Percentage sought treatment at health facility⁶			
Government health facility ²	44.4	43.5	47.0
Primary health centre	7.6	8.1	6.1
Sub centre	3.5	4.1	1.6
Private health facility ³	44.7	47.0	37.4
ISM ⁴ facility	6.8	6.5	7.9
Other	8.9	6.8	15.4
Percentage of women obtained treatment from⁶			
Doctor	89.5	88.6	92.2
ANM/nurse/midwife/LHV	9.7	9.8	9.6
Other health professionals ⁵	6.8	7.5	5.0
Other	6.5	6.9	5.5
Number of women	270	204	66
Note: 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 dai (trained or untrained), relative or friends and chemist/ medical shop. ⁶ Multiple responses.			

The prevalence of no period and painful periods is more among rural women as compared to scanty bleeding and delayed periods which were prevalent more among urban women. Among the women who had menstrual problems, about 30 percent sought treatment in the state and the figures for urban and rural areas are 30 percent and 29 percent respectively. The private health facility and government health facility are the main sources of treatment for

menstrual problems. Around 45 percent of women sought treatment at a private health facility and 44 percent sought treatment at a government health facility. About 7 percent of the women sought treatment at an ISM facility. Most of the women went to a doctor for treatment (90 percent). The figures for urban and rural areas are 92 and 89 percent respectively.

8.4 Prevalence of RTIs/STIs by District

Table 8.9 presents the prevalence of RTIs/STIs among currently married women and their husbands by districts. The percentage of women who reported any symptoms of RTIs/STIs is lowest in Tamenglong (12 percent) and highest in Chandel (45 percent). The problems related to abnormal vaginal discharge ranges from 1 percent in Senapati to 13 percent in Chandel. In comparison to women, fewer men from all districts of Manipur reported symptoms of RTIs/STIs. Men from Churachandpur (3 percent) reported the lowest prevalence of symptoms of RTIs/STIs and men from Imphal East (21 percent) reported the highest prevalence.

The percentage of women who have sought treatment for RTIs (abnormal vaginal discharge) ranges from 7 percent in Ukhrul to 49 percent in Bishnupur and for men who have sought treatment; it ranges from 9 percent in Ukhrul to 51 percent in Thoubal.

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, Manipur, 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
Bishnupur	43.0	5.1	49.2	5.9	40.5
Chandel	44.8	13.1	10.9	3.5	(35.2)
Churachandpur	44.4	2.3	(8.7)	2.9	(20.5)
Imphal East	28.0	8.1	38.3	21.4	26.1
Imphal West	29.3	7.4	24.4	8.5	31.9
Senapati	40.5	0.8	(29.8)	12.3	50.5
Tamenglong	12.0	4.0	18.6	3.7	43.6
Thoubal	24.8	3.7	48.6	14.8	50.7
Ukhrul	32.9	11.4	6.5	8.4	9.0
Manipur	33.2	6.3	26.8	11.0	34.9

() Based on less number of cases

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 needles (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 years and their husbands were first asked if they had ever heard of an illness called HIV/AIDS. Respondents who had heard of HIV/AIDS were further asked about their source of information, mode of transmission and correct knowledge of HIV/AIDS transfusion.

8.5.1 Knowledge of HIV/AIDS

Table 8.10 shows the percentage of women who had heard about HIV/AIDS by some selected background characteristics. Ninety percent of currently married women in Manipur have heard of HIV/AIDS, which is higher than RCH Round – I. In Round-I only 84 percent of currently married women were aware of HIV/AIDS.

Knowledge of HIV/AIDS is a little lower among rural women, non-literate women, and Christian women, women from households with a low standard of living, younger women and women in the age group 40-44 years. About 98 percent of urban women had heard about HIV/AIDS compared to only 88 percent of rural women. Knowledge of HIV/AIDS steadily increased with increase in educational level and household standard of living. About 80 percent of non-literate women had heard of HIV/AIDS against 95 percent of women who had completed 10 or more years of schooling. Similarly 82 percent of the women with a low standard of living had heard of HIV/AIDS against 96 percent of women with a high standard of living. Among women in the age group 20-34 years about 93 percent have knowledge of HIV/AIDS. Christian women (77 percent) were less aware of HIV/AIDS compared to women from Hindu (97 percent), Muslim (95 percent) and 'other' religions (97 percent). Women from 'other backward classes' category was more knowledgeable about HIV/AIDS (99 percent) than women belonging to other castes (94 percent), scheduled-caste (90 percent) and scheduled tribe women (77 percent).

The government has been using mass media, such as television, radio, and newspaper extensively to increase awareness among the general public about HIV/AIDS and its prevention. Table 8.10 shows the percentage of currently married women who were aware of HIV/AIDS from different sources. The most prominent source of information about HIV/AIDS is radio. About 89 percent of women reported that radio was their source of information about HIV/AIDS, followed by television (42 percent), relatives or friends (66 percent), newspapers, books or magazines (31 percent) and slogans or pamphlets, posters or wall hoardings (30 percent). Six percent of the women reported that a health worker had informed them about HIV/AIDS and 16 percent of the women received information of HIV/AIDS from a doctor. A comparatively high proportion of rural women received information about HIV/AIDS from the radio, doctor, health worker, and relatives or friends.

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, Manipur, 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	87.0	162	88.1	38.4	27.0	40.7	13.8	7.0	1.7	14.0	58.9	8.2	141
20-24	92.9	973	86.8	39.4	28.7	30.3	13.5	5.4	4.5	19.4	67.5	7.6	903
25-29	93.1	1,855	90.1	43.3	36.4	31.4	16.4	5.9	3.7	17.4	67.2	10.4	1,727
30-34	92.6	1,746	88.9	41.8	33.1	30.9	19.5	5.3	4.7	19.8	64.1	10.2	1,616
35-39	88.3	1,735	89.8	38.7	28.1	29.4	13.9	6.5	1.7	17.7	67.8	12.5	1,531
40-44	82.2	1,667	87.4	43.7	25.2	24.4	16.6	7.1	2.2	16.7	65.0	8.1	1,371
Residence													
Rural	87.7	6,593	86.8	36.3	27.5	26.0	16.7	6.6	3.3	17.8	65.6	9.3	5,783
Urban	97.6	1,544	96.4	61.2	42.8	43.3	14.5	4.2	3.2	19.0	68.2	12.4	1,506
Education													
Non-literate	80.2	2,464	88.2	22.7	6.1	17.4	8.5	2.5	1.5	11.1	62.7	6.8	1,977
0-9@ years	92.6	2,963	85.8	36.5	26.6	24.8	15.8	6.2	1.9	18.1	68.3	9.9	2,744
10 and above	94.8	2,708	92.5	61.2	54.0	44.1	22.5	8.7	6.1	23.4	66.4	12.4	2,566
Religion													
Hindu	97.1	3,844	96.6	53.4	34.7	35.1	13.1	4.0	3.5	17.9	65.3	11.6	3,731
Muslim	95.3	470	93.1	34.0	13.5	22.9	13.0	1.5	1.3	9.3	66.1	2.7	448
Christian	77.1	3,008	73.3	19.7	29.3	22.0	23.5	11.0	3.2	21.7	69.2	7.8	2,320
Other	97.0	815	94.8	53.7	25.5	29.9	11.2	4.2	4.0	12.9	60.9	12.8	791
Caste/tribe#													
Scheduled caste	90.1	312	94.0	35.2	36.5	41.5	17.2	4.0	0.7	34.7	72.3	14.1	281
Scheduled tribe	76.9	2,987	73.2	19.5	28.8	20.9	22.8	10.2	3.1	21.5	69.2	7.8	2,298
Other backward class	98.1	3,951	96.4	52.1	30.5	32.9	12.4	3.6	3.6	15.4	67.2	11.2	3,875
Other	94.4	866	94.5	55.3	34.9	33.9	14.9	6.8	3.2	14.9	50.1	9.0	817
Standard of living index													
Low	82.2	3,617	81.1	18.8	16.4	18.3	16.1	6.9	1.8	14.4	67.5	6.4	2,975
Medium	95.2	3,160	93.1	47.5	32.4	34.3	14.5	4.6	3.1	19.4	64.7	11.0	3,007
High	96.1	1,361	96.4	79.1	59.2	44.4	20.3	7.7	7.1	23.3	66.1	15.6	1,307
Total	89.6	8,137	88.8	41.5	30.7	29.6	16.2	6.1	3.3	18.1	66.1	10.0	7,289

Note: Total includes 2 cases of missing information on education are not shown separately. @ 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.

Table 8.11 SOURCE OF KNOWLEDGE ABOUT HIV/AIDS AMONG MEN

Percentage of husbands 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, Manipur, 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	90.8	273	92.2	50.5	61.2	44.2	17.3	9.5	9.3	30.4	57.5	8.8	248	
25-34	91.6	1,950	92.3	53.6	58.7	50.6	19.3	9.3	7.2	24.3	55.6	14.0	1,787	
35-44	89.7	2,488	91.7	50.9	60.6	52.8	21.4	10.5	7.0	30.3	57.0	12.8	2,233	
45+	82.0	1,308	91.2	40.2	50.6	48.5	21.0	10.4	4.8	25.9	48.3	13.9	1,072	
Residence														
Rural	86.5	4,911	91.0	44.7	56.0	46.2	19.3	9.2	5.7	26.2	53.7	11.1	4,248	
Urban	98.6	1,108	95.2	68.7	65.9	68.8	24.8	13.4	10.9	32.0	59.3	21.8	1,092	
Education														
Non-literate	68.3	759	83.1	19.5	9.0	20.1	16.3	3.6	4.3	19.4	59.2	11.7	518	
0-9@ years	88.6	2,280	91.2	40.0	45.3	42.2	15.4	6.2	4.0	20.7	52.5	11.2	2,019	
10 and above	94.1	2,978	94.0	62.2	76.2	62.7	24.8	14.0	9.2	33.7	55.7	15.0	2,803	
Religion														
Hindu	98.3	2,725	93.4	60.0	62.7	61.2	21.6	10.1	7.5	30.9	58.4	13.8	2,680	
Muslim	88.9	341	92.3	48.1	50.2	59.6	31.2	10.1	11.8	25.9	65.4	7.2	303	
Christian	74.9	2,334	88.5	35.5	55.2	34.8	18.4	10.0	6.0	24.6	47.3	14.1	1,749	
Other	98.3	619	94.1	45.8	49.4	46.7	15.7	10.0	2.8	20.7	55.5	11.3	609	
Caste/tribe#														
Scheduled caste	94.0	197	93.3	58.5	61.9	55.8	21.2	13.8	14.2	39.9	38.6	13.0	185	
Scheduled tribe	74.8	2,331	88.6	36.0	55.1	34.9	18.3	10.1	5.8	25.1	46.4	13.8	1,744	
Other backward class	99.5	2,894	93.7	54.0	58.8	58.8	20.6	8.6	5.5	27.9	62.1	11.5	2,879	
Other	89.8	582	91.8	67.6	62.5	57.9	26.5	16.6	14.1	28.3	48.8	20.9	523	
Standard of living index														
Low	80.5	2,726	88.9	29.7	46.9	39.4	17.1	8.5	5.9	22.0	55.3	13.4	2,194	
Medium	94.7	2,346	93.8	55.2	60.7	54.5	21.3	9.9	7.7	30.4	53.8	13.5	2,221	
High	97.8	947	94.1	83.5	77.8	69.0	26.4	14.1	6.4	33.1	56.2	12.1	926	
Total	88.7	6,019	91.8	49.7	58.0	50.8	20.4	10.1	6.7	27.4	54.8	13.3	5,340	

Note: Total includes 2 cases of missing information on education are not shown separately. @ Literate men with no year of schooling are also included. # Total figure may not add to N due to don't and missing cases.

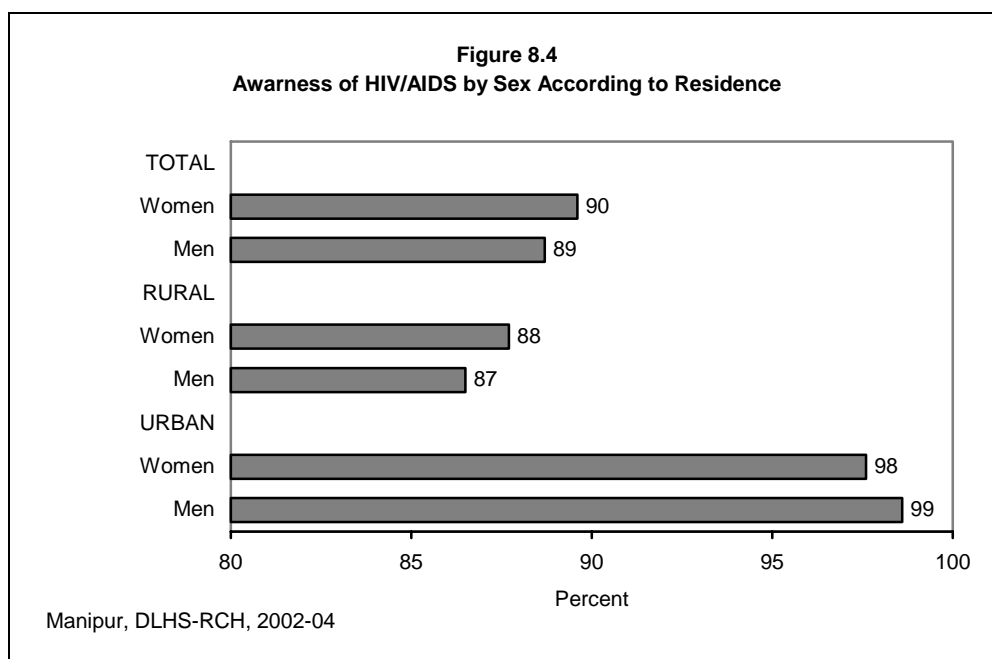


Table 8.11 shows the percentage of husbands of currently married women who had heard about HIV/AIDS. In Manipur, the proportion of men who had heard about HIV/AIDS is a little lower than that of women. About 89 percent of men had heard of HIV/AIDS as compared to 90 percent of women (Figure 8.4).

About 98.6 percent of urban men had heard about HIV/AIDS as compared to only 87 percent of rural men. Knowledge of HIV/AIDS varies by men's age, and it is higher for the age group, less than – 44 years. Awareness of HIV/AIDS is much lower among non-literate men, men from scheduled tribes, and men who belong to households with a low standard of living. A similar trend is observed in the case of women. About 68.3 percent of non-literate men had heard of HIV/AIDS, and it increased up to 89 percent for literate men and up to 94 percent of men who had completed 10 or more years of schooling. It is positively related to standard of living. 81 percent of men from low standard of living reported awareness about HIV/AIDS as compared to 95 percent and 98 percent belonging to medium and high standard of living respectively.

Table 8.11 also shows the percentage of husbands of currently married women who were aware of HIV/AIDS by different sources. As reported by the men of Manipur, the most prominent source of information of HIV/AIDS was radio (92 percent) followed by newspapers, books or magazines (58 percent) and relatives or friends (55 percent). Other important sources of HIV/AIDS are the television (50 percent) and slogans or pamphlets, posters or wall hoardings (51 percent). About 20 percent of men reported that a doctor had informed them about HIV/AIDS and 10 percent men had received information of HIV/AIDS from a health worker whereas 27 percent got the information from community meetings.

About 7 percent received such information from a school teacher. Comparatively, a higher proportion of urban men received information about HIV/AIDS from the radio, doctor,

health worker, school teacher and relative or friends than rural men. The information on awareness of HIV/AIDS through mass media, such as television and newspapers, and books or magazines, was received more by younger men (35-45 years), urban men, and men from other religions and 'other castes' category, with at least 10 years of schooling, and men from households with a high standard of living. On the other hand, relative or friends were the main source of information for rural men, younger men below age 25, non-literate men, Muslim men, men from a scheduled tribes men and men from households with a low standard of living

8.5.2 Knowledge of Mode of Transmission about HIV/AIDS

Women who were aware of HIV/AIDS were asked about the mode of transmission and this is presented in Table 8.12. Among women who reported awareness of HIV/AIDS, 4 percent of them did not know about the mode of transmission.

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, Manipur, 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	28.9	79.1	65.0	35.1	72.1	15.0	2.8	141
20-24	17.5	85.8	75.7	41.2	64.9	12.6	4.6	903
25-29	21.3	85.3	72.3	42.7	67.3	13.5	4.2	1,727
30-34	24.8	84.2	70.7	43.8	63.6	11.9	3.0	1,616
35-39	23.5	81.4	72.8	40.5	66.5	15.6	3.7	1,531
40-44	27.4	80.4	67.8	39.9	65.7	14.1	4.4	1,371
Residence								
Rural	23.3	82.3	70.1	40.7	65.1	14.2	4.5	5,783
Urban	23.7	87.1	77.0	45.1	68.7	11.5	1.7	1,506
Education								
Non-literate	20.4	75.9	56.1	29.8	54.5	11.0	6.7	1,977
0-9@ years	20.7	83.8	71.5	38.2	64.5	12.8	3.8	2,744
10 years and above	28.5	88.3	83.3	54.4	76.0	16.5	1.8	2,566
Religion								
Hindu	24.4	87.2	76.2	46.5	71.2	13.8	1.6	3,731
Muslim	17.5	76.8	60.1	35.4	51.4	7.6	5.2	448
Christian	24.3	74.5	64.1	32.7	57.7	15.4	8.5	2,320
Other	18.8	94.2	77.0	48.4	72.3	10.7	0.4	791
Caste/tribe#								
Scheduled caste	23.4	85.7	71.6	32.2	60.5	13.8	1.1	281
Scheduled tribe	23.8	74.7	64.0	32.6	57.4	15.3	8.6	2,298
Other backward class	21.8	89.0	77.3	49.4	71.4	12.7	1.0	3,875
Other	28.8	79.7	64.9	33.5	65.2	13.1	5.5	817
Standard of living index								
Low	20.4	77.6	61.1	29.8	57.3	13.5	7.3	2,975
Medium	25.6	84.7	75.3	45.7	67.7	12.9	1.7	3,007
High	25.0	92.8	86.4	59.3	80.9	15.6	1.2	1,307
Total	23.4	83.3	71.5	41.6	65.8	13.6	3.9	7,289
Note: Total includes 2 cases of missing information on education are not shown separately. @ 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.								

This proportion is relatively higher among rural women, older women, non-literate women, and Christian women, women from scheduled tribe and women with a low standard of living. About 5 percent of the rural women do not know about the mode of transmission of HIV/AIDS compared to 2 percent of urban women.

Among women who reported different ways of transmission of HIV/AIDS, a large proportion (83 percent) mentioned heterosexual intercourse as a mode of transmission. All the socio-economic groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by women were transmission through needle or blade or skin puncture (72 percent), transfusion of infected blood (66 percent), mother to child, if pregnancy occurs during a stage of HIV (42 percent); 23 percent of the women mentioned that homosexual intercourse could also be a mode of transmission. About 14 percent stated that there were other ways of transmission of HIV/AIDS.

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, Manipur, 2002-04								
Background characteristic	Percentage by knowledge of mode of transmission							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	Do not know	
Age								
<25	33.6	92.0	85.5	56.0	79.3	11.5	2.8	248
25-34	33.8	89.8	77.9	45.0	71.1	13.2	2.9	1,787
35-44	36.9	88.0	79.9	46.0	71.1	13.6	3.5	2,233
45+	34.2	83.1	71.8	45.2	62.2	11.2	5.7	1,072
Residence								
Rural	35.4	86.8	76.0	44.5	67.5	12.7	4.2	4,248
Urban	34.5	91.8	84.9	51.8	78.3	13.7	1.7	1,092
Education								
Non-literate	19.4	79.8	62.2	27.5	51.0	9.4	7.0	518
0-9@ years	30.0	85.5	71.8	40.1	65.4	12.0	5.4	2,019
10 years and above	41.9	91.0	85.1	53.6	76.2	14.1	1.8	2,803
Religion								
Hindu	33.1	91.3	80.8	49.4	77.7	12.5	1.3	2,680
Muslim	39.8	90.7	84.7	48.5	73.1	5.0	0.2	303
Christian	40.4	80.4	70.6	42.1	52.9	17.5	9.1	1,749
Other	27.1	92.3	82.2	40.8	81.1	5.1	0.6	609
Caste/tribe#								
Scheduled caste	45.0	85.6	79.5	48.4	69.9	21.1	7.8	185
Scheduled tribe	40.5	80.1	70.6	41.6	53.4	17.6	9.1	1,744
Other backward class	31.8	91.9	82.3	49.6	78.8	7.9	0.6	2,879
Other	32.8	92.0	77.2	39.8	73.8	21.7	1.6	523
Standard of living index								
Low	35.8	83.3	71.4	40.6	58.1	12.8	6.6	2,194
Medium	36.0	89.3	81.8	48.6	75.1	12.7	2.0	2,221
High	31.8	94.9	83.6	52.5	84.1	13.4	0.7	926
Total	35.2	87.8	77.9	46.0	69.7	12.9	3.7	5,340

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

Table 8.13 presents the knowledge about mode of transmission of HIV/AIDS among men. About 4 percent of the men who had heard about HIV/AIDS mentioned that they do not know the mode of transmission. The percentage of men not knowing the mode of transmission is higher among older men, rural men, non-literate men, Christian men, scheduled-tribes, and men from households with a low standard of living. Among whom reported ways of transmission of HIV/AIDS, 88 percent of them mentioned heterosexual intercourse as a mode of transmission. All the groups reported that heterosexual intercourse was the main mode of transmission of HIV/AIDS. Other modes reported by men are transmission through needle or blade or skin puncture (78 percent), transfusion of infected blood (70 percent), mother to child, if pregnancy occurs during a stage of HIV (46 percent), and 35 percent of men mentioned that homosexual intercourse could also be a mode of transmission of HIV/AIDS. About 13 percent stated that there were other ways of transmission of HIV/AIDS.

8.5.3 How to avoid HIV/AIDS

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

Among women who reported about awareness of HIV/AIDS, 7 percent of them did not know how to avoid becoming infected by HIV/AIDS. This percentage is higher among rural women than among urban women. The percentage of women who did not know of any way to avoid infection decreases with increasing levels of education and household standard of living. About 11 percent of non-literate women reported that they did not know of any way to avoid infection as compared to 3 percent of women who had completed ten or more years of schooling. Similarly, 13 percent of women with low a standard of living stated that they did not know of any way to avoid infection as compared to 1 percent of women with a high standard of living. The percentage of women who did not know ways to avoid infection is also high among Christian women and scheduled-tribe women.

Among women who mentioned ways to avoid HIV/AIDS, a higher proportion of women (77 percent) said that “sex with only one partner is the way to avoid it”. Other ways to prevent HIV/AIDS mentioned by women were ‘using a condom correctly during each sexual intercourse’ (61 percent) and ‘sterilizing needles and syringe before injecting’ (66 percent each), ‘checking blood prior to transfusion’ (65 percent), and 33 percent of the women reported that the pregnancy should be avoided if couples were infected by HIV/AIDS. All the specific ways to avoid becoming infected by HIV/AIDS reported by women are proportionally higher in urban areas, among Hindu women, women with a high level of education and women with a high standard of living.

Table 8.15 shows the percentage of men who reported that HIV/AIDS could be avoided by some selected background characteristics. Among men who are aware of HIV/AIDS, 3 percent of them did not know of any method to avoid infection, compared to 7 percent women in the state.

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, Manipur, 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	76.1	59.2	57.2	59.5	27.8	11.1	4.6	141
20-24	75.2	65.1	65.9	69.8	30.7	10.0	9.1	903
25-29	76.3	62.9	67.2	66.8	34.0	8.2	6.4	1,727
30-34	77.9	58.2	66.6	64.8	32.9	8.5	7.3	1,616
35-39	75.9	61.2	64.7	65.4	32.9	11.6	6.3	1,531
40-44	75.5	56.9	62.9	65.5	31.9	12.6	6.8	1,371
Residence								
Rural	76.2	57.7	64.4	64.1	31.6	10.3	8.3	5,783
Urban	76.4	71.6	69.1	73.8	36.5	9.2	1.9	1,506
Education								
Non-literate	66.5	45.6	53.5	52.1	22.1	9.3	11.3	1,977
0-9@ years	77.9	59.7	63.5	63.4	29.2	8.9	7.9	2,744
10 years and above	82.1	73.1	76.6	79.6	44.4	11.9	2.7	2,566
Religion								
Hindu	82.0	66.5	71.5	73.8	38.6	9.5	2.3	3,731
Muslim	60.4	57.8	57.6	56.0	27.5	2.9	8.0	448
Christian	68.9	49.5	53.1	51.7	22.7	13.0	15.8	2,320
Other	79.7	67.1	76.8	77.2	36.0	8.2	2.5	791
Caste/tribe#								
Scheduled caste	85.3	57.3	51.5	71.0	20.8	16.9	1.6	281
Scheduled tribe	68.2	49.1	52.7	51.6	22.5	12.6	16.2	2,298
Other backward class	79.0	68.9	75.8	75.8	41.1	8.2	1.8	3,875
Other	82.9	54.9	56.4	59.1	24.5	9.0	7.3	817
Standard of living index								
Low	69.4	50.7	53.8	52.6	20.3	10.2	12.9	2,975
Medium	81.0	62.5	68.9	71.9	37.2	9.6	3.6	3,007
High	81.1	78.8	83.6	83.3	50.0	10.9	1.2	1,307
Total	76.3	60.6	65.4	66.1	32.6	10.1	7.0	7,289

Note: Total includes 2 cases of missing information on education are not shown separately.

@ 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.

In Manipur a higher proportion of women reported that ‘sex with only one partner’ is the way to avoid HIV/AIDS, a majority of men (77 percent) also reported the same, and this was the most commonly reported way to avoid HIV/AIDS in all the groups.

Other ways to prevent by HIV/AIDS mentioned by men are ‘sterilizing needles and syringe before injecting’ (73 percent), ‘using a condom correctly during each sexual intercourse’ (80 percent) and ‘checking blood prior to transfusion’ (76 percent). All the specific ways to avoid becoming infected by HIV/AIDS reported by men are proportionally higher in urban areas than in rural areas, and among men who belong to ‘other backward classes’ category, men with a high level of education and men with a high standard of living. Hindu and Muslim men were more likely to report using a condom correctly during each sexual intercourse (84 percent and 84 percent respectively).

Table 8.15 KNOWLEDGE ABOUT AVOIDANCE OF HIV/AIDS AMONG MEN

Among husbands of currently married women who have heard about HIV/AIDS, the percentage of men reported HIV/AIDS can be avoided in specific ways by selected background characteristics, Manipur, 2002-04

Background characteristic	Percentage reported HIV/AIDS can be avoided by:							Number of men
	Sex with only one partner	Using condoms correctly during each sexual intercourse	Checking blood prior to transfusion	Sterilizing needles and syringes for injection	Avoiding pregnancy when having HIV/AIDS	Other	Do not know to avoid HIV/AIDS	
Age								
<25	78.0	85.3	80.0	79.6	48.4	10.5	1.7	248
25-34	75.8	80.4	78.3	71.4	35.9	8.7	2.8	1,787
35-44	78.4	80.1	76.3	74.4	37.7	10.8	3.3	2,233
45+	77.0	76.8	72.7	69.2	33.6	10.2	4.6	1,072
Residence								
Rural	76.3	78.3	74.5	69.9	34.1	10.4	3.8	4,248
Urban	81.0	85.5	83.9	83.0	47.0	8.3	1.6	1,092
Education								
Non-literate	65.8	62.9	55.7	62.9	25.1	7.8	8.9	518
0-9@ years	75.7	73.6	69.4	66.5	31.5	9.8	4.1	2,019
10 years and above	80.4	87.4	85.3	78.8	42.7	10.5	1.7	2,803
Religion								
Hindu	78.5	83.5	81.3	81.2	40.1	7.5	1.6	2,680
Muslim	84.0	83.9	79.6	77.4	40.7	3.3	0.7	303
Christian	74.5	73.4	67.2	56.3	32.7	17.6	6.8	1,749
Other	76.5	79.5	79.7	79.4	31.8	2.0	2.2	609
Caste/tribe#								
Scheduled caste	78.8	75.2	68.5	76.8	45.2	12.7	7.1	185
Scheduled tribe	74.4	73.0	67.2	56.7	32.3	17.8	6.9	1,744
Other backward class	79.5	83.3	82.3	81.8	40.2	4.1	1.3	2,879
Other	73.7	84.3	77.5	73.6	29.7	15.1	1.5	523
Standard of living index								
Low	76.6	73.3	67.6	60.3	30.6	11.8	6.1	2,194
Medium	78.4	83.0	79.4	80.6	40.4	9.6	1.9	2,221
High	76.1	87.5	90.1	82.7	42.7	6.4	0.3	926
Total	77.2	79.8	76.4	72.6	36.8	10.0	3.3	5,340

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

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 shows the percentage of women with misconceptions about spreading HIV/AIDS through specific ways by selected background characteristics. Being bitten by mosquitoes, fleas or bedbugs is commonly reported as the way of getting HIV/AIDS infection by women in all the groups, and this percentage is higher among rural areas (16 percent) than in urban areas (8 percent). Non-literate women, women from households with a low standard of

living, Christian women, and women from scheduled tribes mentioned this method of transmission more often. Other misconceptions about the spreading of HIV/AIDS were ‘stepping on urine/stool’ (6 percent), ‘sharing eating utensils’ (4 percent), ‘sharing clothes’ (3 percent), ‘kissing’ (4 percent), ‘hugging’ (2 percent), and ‘shaking hands’ (3 percent). The percentage of all these misconceptions is also higher among women who belong to scheduled tribes, among Christian women, non-literate women and women with a low standard of living.

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, Manipur, 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	2.9	2.5	4.0	3.4	4.3	6.8	15.6	5,783
Urban	1.9	1.2	1.3	2.0	1.7	1.2	8.4	1,506
Education								
Non-literate	3.3	2.9	3.9	4.7	5.7	7.5	17.0	1,977
0-9@ years	2.5	2.3	4.3	3.0	3.9	7.0	16.3	2,744
10 years and above	2.4	1.7	2.2	2.0	2.1	2.6	9.5	2,566
Religion								
Hindu	1.6	1.4	1.8	1.9	1.7	2.2	11.1	3,731
Muslim	2.6	2.4	3.9	4.2	4.9	3.6	12.5	448
Christian	4.5	3.0	6.4	4.9	7.2	12.7	20.1	2,320
Other	2.5	3.6	2.5	2.8	2.5	2.2	11.4	791
Caste/tribe#								
Scheduled caste	1.2	0.0	0.0	1.5	0.9	1.6	5.2	281
Scheduled tribe	4.5	3.1	6.6	5.0	7.3	12.7	20.4	2,298
Other backward class	1.9	2.0	2.2	2.3	2.2	2.5	12.0	3,875
Other	1.5	1.4	1.3	2.0	1.7	1.5	9.1	817
Standard of living index								
Low	3.5	3.0	5.3	4.9	6.0	8.8	17.7	2,975
Medium	2.4	1.8	2.5	1.7	2.5	4.0	13.0	3,007
High	1.6	1.5	1.6	2.3	1.4	1.9	8.4	1,307
Total	2.7	2.2	3.5	3.1	3.8	5.6	14.1	7,289

Note: Total includes 2 cases of missing information on education are not shown separately. @ 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.

Table 8.17 presents the percentage of men with misconceptions about the spreading of HIV/AIDS through specific ways by selected background characteristics. Again, just like the women, men in all the groups reported that HIV/AIDS is transmitted through insect bites, mosquitoes, through flea or bedbugs. About 10 percent of the men in Manipur felt so. The percentage who reported that HIV/AIDS could be transmitted through the biting by mosquitoes or flees or bedbugs was much higher among rural men (11 percent) than among urban men (5 percent). Non-literate men, men from households with a low standard of living, Christian men, and scheduled tribes men are of the impression that HIV/AIDS spreads when one is bitten by mosquitoes, fleas or bedbugs. Other misconceptions about the spread of HIV/AIDS are ‘sharing eating utensils’ (2 percent), ‘stepping on urine/stool’ (2 percent) and ‘kissing’ (5 percent each), ‘sharing clothes’ (2 percent), ‘hugging’ (2 percent), and ‘shaking hands’ (2 percent). All the

misconceptions reported by men are relatively lower than those reported by women. The percentage of all these misconceptions is also higher among men who belong to scheduled-tribe or caste, Christian men, non-literate men and men with a low standard of living.

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, Manipur, 2002-04								
Background characteristic	Percentage having misconception about the transmission of HIV/AIDS							Number of men
	Shaking hands	Hugging	Kissing	Sharing clothes	Sharing eating utensils	Stepping on Urine / stool	Mosquito, flea, or bedbugs biting	
Residence								
Rural	2.4	2.6	6.0	2.1	2.2	2.0	10.7	4,248
Urban	0.4	0.5	0.7	0.3	0.3	0.6	5.3	1,092
Education								
Non-literate	3.7	3.9	5.2	2.7	3.1	3.2	16.9	518
0-9@ years	2.4	3.0	7.6	2.6	2.4	2.1	13.4	2,019
10 years and above	1.4	1.2	2.9	0.9	1.1	1.1	5.5	2,803
Religion								
Hindu	1.3	1.2	0.9	0.9	1.0	0.8	6.0	2,680
Muslim	0.5	0.5	1.1	0.6	0.5	0.6	5.2	303
Christian	3.8	4.1	12.6	3.4	3.4	3.2	15.9	1,749
Other	0.7	1.5	2.3	0.9	1.2	1.7	9.6	609
Caste/tribe#								
Scheduled caste	1.4	0.0	0.6	0.0	0.4	0.8	9.1	185
Scheduled tribe	3.8	4.1	12.3	3.4	3.4	3.3	15.6	1,744
Other backward class	1.0	1.2	1.2	0.8	1.0	1.0	6.7	2,879
Other	1.7	1.5	2.3	1.4	1.4	0.8	5.5	523
Standard of living index								
Low	2.8	3.2	9.1	2.5	2.5	2.6	14.2	2,194
Medium	1.5	1.7	2.6	1.3	1.5	1.3	7.9	2,221
High	1.2	0.8	0.6	0.6	0.5	0.4	2.8	926
Total	2.0	2.1	4.9	1.7	1.8	1.7	9.6	5,340

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

8.5.5 Knowledge of Curability of HIV/AIDS

Table 8.18 shows the percentage distribution of currently married women and their husbands who have heard about HIV/AIDS by knowledge of curability of the same, according to some selected background characteristics. Around 4 percent women and 8 percent men have the notion that HIV/AIDS is curable, whereas 90 percent women and 83 percent men replied that the disease is not curable. 6 percent women and 9 percent men do not have any idea regarding the curability of the disease. It can be safely asserted from the figures that both men and women of urban area, having high level of education, belonging to Hindu religion and scheduled castes and from households of high standard of living are showing better performance as far as the knowledge of curability of HIV/AIDS is concerned.

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, Manipur, 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	4.0	89.2	6.8	5,783	8.8	82.2	9.0	4,248
Urban	4.0	91.6	4.4	1,506	3.9	87.7	8.4	1,092
Education								
Non-literate	3.2	86.6	10.2	1,977	5.0	74.6	20.4	518
0-9@ years	4.5	89.0	6.5	2,744	7.2	84.5	8.3	2,019
10 years and above	4.2	92.8	3.0	2,566	8.8	84.1	7.2	2,803
Religion								
Hindu	4.4	90.9	4.7	3,731	7.3	86.1	6.6	2,680
Muslim	5.1	88.7	6.1	448	6.9	82.1	11.0	303
Christian	3.3	86.4	10.3	2,320	7.6	79.3	13.1	1,749
Other	4.0	94.1	1.9	791	11.3	83.0	5.7	609
Caste/tribe#								
Scheduled caste	1.3	93.8	4.9	281	4.6	90.7	4.7	185
Scheduled tribe	3.3	86.4	10.3	2,298	7.9	79.1	12.9	1,744
Other backward class	4.9	91.1	4.0	3,875	8.6	84.9	6.5	2,879
Other	2.7	91.1	6.2	817	4.7	85.3	10.1	523
Standard of living index								
Low	3.5	86.3	10.2	2,975	6.6	81.0	12.4	2,194
Medium	3.8	92.3	3.9	3,007	7.8	85.6	6.6	2,221
High	5.8	91.4	2.8	1,307	10.9	83.2	5.9	926
Total	4.0	89.7	6.3	7,289	7.8	83.3	8.9	5,340

Note: Total includes 2 cases of missing information on education of women are not shown separately. @ Literate persons with no year of schooling are also included. # Total figure may not add to N due to do not know and missing cases.

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

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

According to DLHS, 43 percent and 90 percent of women were aware of RTI/STI and HIV/AIDS respectively and the corresponding figures for husbands of eligible women are 56 and 89 percent respectively. The awareness of RTI/STI among men is higher than that among women by 13 percentage points and for HIV/AIDS it is lower by 1 percentage points.

In general, in all of the districts men are more aware of RTI/STI and HIV/AIDS than women. The highest level of awareness about RTI/STI among women was reported in Imphal West (82 percent), followed by Bishnupur (81 percent) to the lowest in Ukhrul (2 percent). Among men the highest level of awareness of RTI/STI was reported in Imphal West (91 percent), followed by Imphal East (80 percent) and Bishnupur (76 percent) and to the lowest in Ukhrul (5 percent).

The proportion of husbands of eligible women for currently married women ages 15-44 who are aware of HIV/AIDS in the districts of state Manipur are also presented Table 8.19. Among women the awareness about HIV/AIDS ranges from the highest of 99 percent each in Imphal East and Bishnupur to the lowest of 64 percent in Chandel. With the exception of Senapati and Chandel in every district a minimum of three fourth women reported awareness of HIV/AIDS. A high level of awareness of HIV/AIDS among men of about 100 percent was reported in Bishnupur and Imphal West – it ranges from highest in Bishnupur and Imphal West (100 percent) to lowest in Chandel (52 percent).

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, Manipur, 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
Bishnupur	80.6	99.0	76.2	99.8
Chandel	4.3	63.8	10.6	51.9
Churachandpur	5.3	77.8	19.8	71.2
Imphal East	71.6	98.5	79.9	96.8
Imphal West	81.9	98.1	91.4	99.5
Senapati	4.9	66.7	17.0	73.2
Tamenglong	39.9	86.8	49.0	92.6
Thoubal	20.9	95.4	65.7	97.4
Ukhrul	1.7	86.1	5.4	86.2
Manipur	43.0	89.6	56.4	88.7

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 a 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_{hji} 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

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

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

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

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 12-23 months
Measles	Proportion	Children age 12-23 months
BO3+	Proportion	Currently married women age 15-44 years with births in past three years

Sampling errors, Manipur, 2002-04								
Variables	Estimate (R)	Sampling error (SE)	Number of cases		Design Effect	Relative Error (%)	95% Conf. Interval	
			Unweighted	Weighted			R-1.96 SE	R+1.96 SE
Contraceptive Prevalence Rate (Currently Married Women age 15-44)								
Total	0.335	0.009	8,134	8,135	2.731	2.6	0.318	0.352
Rural	0.319	0.010	6,591	6,592	3.133	3.2	0.299	0.338
Urban	0.404	0.014	1,543	1,543	1.264	3.5	0.376	0.431
Unmet Need (Currently Married Women age 15-44)								
Total	0.409	0.009	8,134	8,135	2.826	2.2	0.391	0.427
Rural	0.418	0.011	6,591	6,592	3.154	2.6	0.396	0.439
Urban	0.371	0.014	1,543	1,543	1.335	3.8	0.343	0.399
Received Any Antenatal Check up (last live/still birth of past 3 years)								
Total	0.778	0.011	3,604	3,742	2.527	1.4	0.757	0.799
Rural	0.749	0.013	2,957	3,055	2.687	1.7	0.724	0.775
Urban	0.905	0.013	647	687	1.325	1.4	0.879	0.930
Received 3+ Antenatal Check up (last live/still birth of past 3 years)								
Total	0.582	0.013	3,604	3,742	2.613	2.2	0.556	0.608
Rural	0.535	0.015	2,957	3,055	2.858	2.9	0.505	0.565
Urban	0.791	0.018	647	687	1.289	2.2	0.757	0.826
Institutional Delivery (last live/still birth of past 3 years)								
Total	0.446	0.013	3,604	3,741	2.539	2.9	0.420	0.471
Rural	0.393	0.015	2,957	3,054	2.833	3.8	0.364	0.422
Urban	0.679	0.020	647	687	1.328	3.0	0.639	0.720
Safe Delivery (last live/still birth of past 3 years)								
Total	0.578	0.013	3,604	3,743	2.616	2.3	0.552	0.604
Rural	0.527	0.015	2,957	3,055	2.861	2.9	0.497	0.557
Urban	0.806	0.017	647	688	1.253	2.1	0.772	0.839
Received BCG Vaccination (last and last but one living children, age 12-23 months)								
Total	0.853	0.014	1,119	1,159	1.650	1.6	0.826	0.880
Rural	0.836	0.016	923	947	1.781	1.9	0.804	0.868
Urban	0.927	0.020	196	212	1.155	2.2	0.888	0.967
Received Measles (last and last but one living children, age 12-23 months)								
Total	0.533	0.025	1,119	1,159	2.763	4.7	0.484	0.582
Rural	0.499	0.029	923	947	3.052	5.8	0.443	0.556
Urban	0.684	0.036	196	212	1.198	5.3	0.612	0.756
Birth order 3+ (birth in last three years)								
Total	0.431	0.013	3,574	3,680	2.530	3.0	0.406	0.457
Rural	0.454	0.015	2,966	3,015	2.769	3.3	0.424	0.483
Urban	0.331	0.021	608	665	1.327	6.4	0.289	0.372

Sampling errors, Manipur, 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)							
Bishnupur	0.596	0.018	805	805	3.0	0.560	0.632
Chandel	0.049	0.008	929	970	16.3	0.034	0.064
Churachandpur	0.271	0.022	880	880	8.1	0.228	0.313
Imphal East	0.458	0.019	846	846	4.1	0.421	0.494
Imphal West	0.511	0.017	891	891	3.3	0.477	0.545
Senapati	0.068	0.012	1,014	1,014	17.6	0.044	0.091
Tamenglong	0.368	0.018	805	805	4.9	0.332	0.404
Thoubal	0.151	0.032	935	937	21.2	0.089	0.214
Ukhrual	0.295	0.030	1,029	1,029	10.2	0.236	0.354

Sampling errors, Manipur, 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)							
Bishnupur	0.191	0.015	805	805	7.9	0.162	0.220
Chandel	0.671	0.017	929	970	2.5	0.637	0.705
Churachandpur	0.438	0.023	880	880	5.3	0.392	0.483
Imphal East	0.296	0.017	846	846	5.7	0.263	0.330
Imphal West	0.209	0.014	891	891	6.7	0.182	0.236
Senapati	0.599	0.022	1,014	1,014	3.7	0.555	0.643
Tamenglong	0.221	0.015	805	805	6.8	0.191	0.251
Thoubal	0.707	0.034	935	937	4.8	0.640	0.773
Ukhrual	0.401	0.032	1,029	1,029	8.0	0.338	0.465

Sampling errors, Manipur, 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)							
Bishnupur	0.915	0.014	421	422	1.5	0.887	0.943
Chandel	0.482	0.037	248	259	7.7	0.410	0.555
Churachandpur	0.810	0.026	311	337	3.2	0.759	0.860
Imphal East	0.888	0.017	417	406	1.9	0.855	0.921
Imphal West	0.910	0.014	452	451	1.5	0.883	0.938
Senapati	0.503	0.033	500	507	6.6	0.438	0.568
Tamenglong	0.465	0.028	382	379	6.0	0.411	0.519
Thoubal	0.808	0.044	433	408	5.4	0.721	0.895
Ukhrual	0.446	0.054	440	459	12.1	0.341	0.551

Sampling errors, Manipur, 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)							
Bishnupur	0.717	0.023	421	420	3.2	0.671	0.763
Chandel	0.301	0.034	248	259	11.3	0.235	0.367
Churachandpur	0.532	0.039	311	337	7.3	0.455	0.609
Imphal East	0.736	0.024	417	406	3.3	0.690	0.782
Imphal West	0.769	0.020	452	452	2.6	0.729	0.809
Senapati	0.190	0.026	500	507	13.7	0.139	0.240
Tamenglong	0.292	0.026	382	380	8.9	0.242	0.342
Thoubal	0.647	0.051	433	406	7.9	0.547	0.747
Ukhrual	0.160	0.041	440	459	25.6	0.080	0.240

Sampling errors, Manipur, 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)							
Bishnupur	0.590	0.025	421	422	4.2	0.540	0.639
Chandel	0.157	0.026	248	260	16.6	0.105	0.208
Churachandpur	0.445	0.040	311	337	9.0	0.366	0.524
Imphal East	0.651	0.027	417	406	4.1	0.599	0.703
Imphal West	0.649	0.023	452	450	3.5	0.604	0.695
Senapati	0.120	0.021	500	507	17.5	0.078	0.162
Tamenglong	0.175	0.021	382	379	12.0	0.133	0.217
Thoubal	0.339	0.046	433	407	13.6	0.249	0.429
Ukhrual	0.137	0.041	440	459	29.9	0.057	0.217

Sampling errors, Manipur, 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)							
Bishnupur	0.745	0.022	421	423	3.0	0.702	0.788
Chandel	0.309	0.034	248	259	11.0	0.243	0.376
Churachandpur	0.651	0.037	311	337	5.7	0.579	0.723
Imphal East	0.717	0.025	417	406	3.5	0.667	0.766
Imphal West	0.755	0.021	452	451	2.8	0.713	0.797
Senapati	0.201	0.025	500	507	12.4	0.152	0.250
Tamenglong	0.368	0.027	382	379	7.3	0.316	0.421
Thoubal	0.551	0.050	433	407	9.1	0.453	0.648
Ukhrual	0.200	0.045	440	459	22.5	0.111	0.289

Sampling errors, Manipur, 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 12-23 months)							
Bishnupur	0.883	0.027	142	141	3.0	0.831	0.936
Chandel	0.714	0.065	66	65	9.0	0.587	0.841
Churachandpur	0.933	0.021	93	104	2.3	0.891	0.975
Imphal East	0.877	0.031	127	122	3.5	0.816	0.938
Imphal West	0.917	0.025	135	135	2.7	0.869	0.966
Senapati	0.712	0.048	162	157	6.7	0.618	0.806
Tamenglong	0.560	0.048	115	113	8.6	0.465	0.654
Thoubal	0.977	0.012	114	117	1.3	0.953	1.001
Ukhrul	0.562	0.101	118	118	18.0	0.363	0.761

Sampling errors, Manipur, 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 12-23 months)							
Bishnupur	0.692	0.040	142	141	5.8	0.613	0.771
Chandel	0.252	0.065	66	65	25.6	0.125	0.379
Churachandpur	0.611	0.071	93	104	11.6	0.472	0.750
Imphal East	0.605	0.046	127	122	7.6	0.515	0.696
Imphal West	0.708	0.040	135	135	5.7	0.629	0.787
Senapati	0.175	0.034	162	157	19.4	0.108	0.241
Tamenglong	0.422	0.049	115	113	11.5	0.326	0.517
Thoubal	0.430	0.099	114	117	23.0	0.236	0.624
Ukhrul	0.369	0.092	118	118	24.9	0.189	0.550

Sampling errors, Manipur, 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)							
Bishnupur	0.391	0.025	423	418	6.4	0.342	0.440
Chandel	0.447	0.040	218	229	8.9	0.369	0.525
Churachandpur	0.354	0.038	305	340	10.7	0.279	0.429
Imphal East	0.373	0.026	413	405	7.0	0.322	0.425
Imphal West	0.377	0.023	459	461	6.1	0.331	0.422
Senapati	0.579	0.032	538	520	5.5	0.516	0.642
Tamenglong	0.454	0.028	360	351	6.2	0.399	0.509
Thoubal	0.449	0.053	387	359	11.8	0.345	0.553
Ukhrul	0.607	0.049	417	474	8.1	0.510	0.704

APPENDIX B

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APPENDIX -C

**QUESTIONNAIRES
HOUSEHOLD
WOMEN
HUSBAND
VILLAGE**

NOTES

NOTES