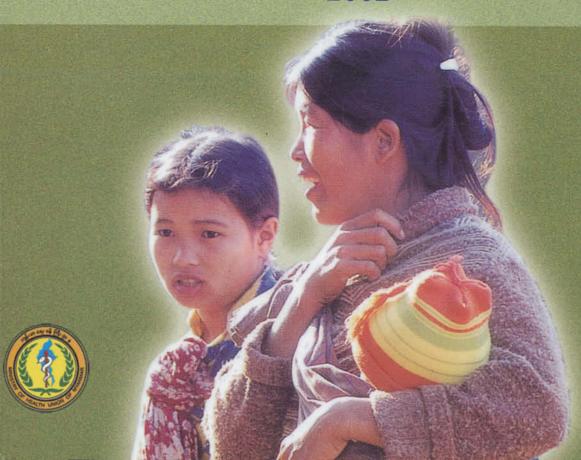
Union of Myanmar Ministry of Health Department of Health Planning/UNFPA



Myanmar
Reproductive Health Baseline Community Survey
2002





Union of Myanmar Ministry of Health Department of Health Planning/UNFPA







Preface

The 2002 Reproductive Health Baseline Community Survey is to obtain detailed baseline information on the level of knowledge & practice of the communities on the various aspects of reproductive health in the townships.

This report will provide baseline information for evaluating the progress in the level of knowledge & behavioral change on reproductive health, STD, HIV/AIDS, maternal health and contraception at the end of project in 2005. We hoped that the data contains in this report will provide on wealth of information for policy makers, program managers, international organizations and NGOS.

The staff of the Department of Health Planning and local Maternal and Child Welfare Association members assisted in the field operation and data collection including hard to reach rural areas. The Department of Health Planning was responsible for conducting the survey including sample design, planning and organizing field operation, data collection, data processing and tabulation, and report writing.

We like to express our sincere thanks to UNFPA for its full support for the survey. We would like to extend my gratitude and appreciation to the invaluable support provided by U Nyan Lynn, National Consultant in the preparation of this report and to members of UNFPA/CST.

Last but not the least, thanks are due to all field staff, hundreds of interviewers and all those who involved in survey activities for their time and hard work.

Dr Kyi Soe
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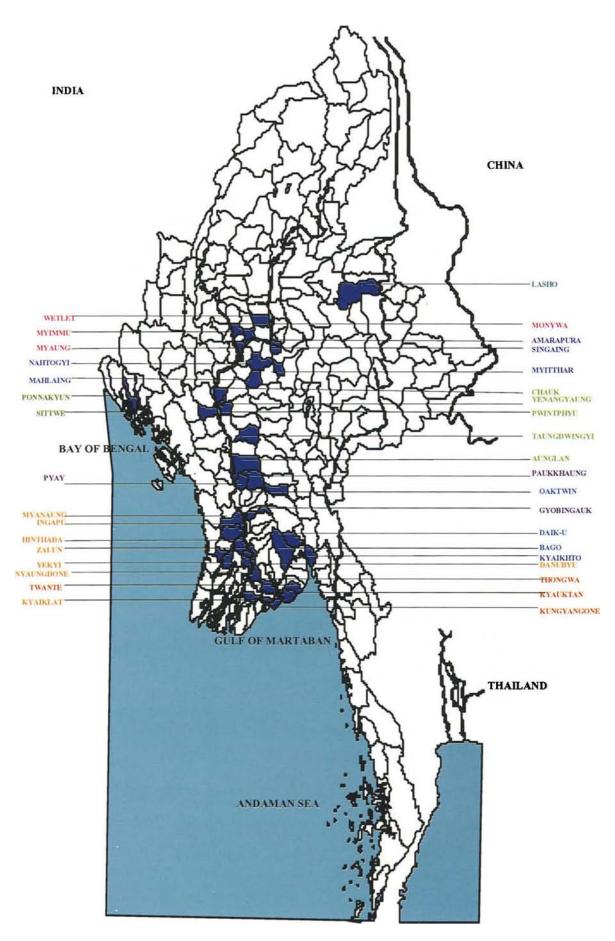
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Sample Townships for Reproductive Health Community Survey, Myanmar, 2002



Chapter I

Introduction

1.1 Background Situation of the Study

The Reproductive Health Baseline Community Survey (RHBCS) is a large scale survey which is conducted by the Department of Health Planning (DHP) for collecting reproductive health information for the townships under the reproductive health project carried out by the Ministry of Health with UNFPA assistance. The RHBCS is carried out in 72 townships and the 14 townships are to be included in the year 2003. It is a large-scale study which includes 36 townships from 10 states and divisions (See Figure.1), covering more than 30 percent of the population and over 1.5 million women of reproductive age that focused on the various aspects of reproductive health including knowledge on STD, HIV/AIDS, knowledge and practice on maternal health and contraception.

The Department of Population (DOP) had conducted Population and Fertility survey (1991), Fertility and Reproductive Health Survey (FRHS) in 1997 and 2001 with the financial and technical assistance from UNFPA. The FRHS surveys had collected information at the national level, on reproductive health (RH) components besides contraception, fertility and mortality. The DOP has continued the local RH study in the border townships, Tachileik in 1999, Kawthaung and Muse in 2000 which are in the high-risk area near the country borders with China and Thailand.

1.2 Survey Objectives

The main objective of 2002 RHBCS is "to obtain detailed information on the level of knowledge and practice of the communities on the various aspects of reproductive health in the townships under the UNFPA project". This study will provide baseline information for evaluating the progress in the level of knowledge and behavioral change on the reproductive health in those township communities at the end of project in 2005.

The specific objectives of RHBCS are

- (1) To collect information on the knowledge, attitude and practice related to reproductive health, STD, HIV/AIDS, maternal health and contraception
- (2) To obtain basic information for calculating specific Objectively Verifiable Indicators (OVIs) for the project townships
- (3) To strengthen the capability of Department of Health Planning to plan and carry out future surveys

1.3 Objectively Verifiable Indicators (OVIs)

Since the OVIs will be used for monitoring and evaluation of the UNFPA RH project, a baseline survey in 2002 and end-of-project survey in 2005 will be needed to evaluate the impact of the RH project and its activities. Among the selected OVIs indicators for evaluating the RH project, the present RHBCS (2002) aims specifically at obtaining baseline information for the following OVIs for the 86 project townships.

The specific OVIs are

- (1) 70% of clients are satisfied with Birth Spacing (BS) services provided
- (2) At least 65% of pregnant women are receiving 4 or more contacts for Antenatal Care
- (3) 65% of postnatal women are receiving 6 contacts for postnatal care
- (4) 95% of women with abortion complications are going to Service Delivery Points (SDPs) to receive emergency care
- (5) Referrals for obstetric emergencies by TBAs are increased by 30%
- (6) At least 70% of women and men can identify
 - (a) four modern contraceptive methods
 - (b) three correct ways of HIV transmission prevention

1.4. Methodology

Two types of questionnaires were used in RHBCS, the household questionnaire and the individual questionnaire. The questionnaires were tested with the non-trainee employees of DHP and tested in the field with the trainees of Training of Trainers (TOT) in Taikkyi and Hmawbi townships in November, 2002. Necessary modifications were made after these field tests. The household questionnaire was to identify the respondents who are eligible for the interview while the individual questionnaire was asked to eligible household members viz. men aged 15 years and over and women between 15 to 49 years of age, who were usual residents of the households and stayed at the house last night. All eligible household members identified in the sample household were interviewed.

1.5. The Household Ouestionnaire

It is to identify the eligible household members viz. male of age 15 years and over and female of age 15 to 49 years to be interviewed with the individual questionnaire. The household questionnaire is also used to collect information on household member's age, sex, residence and marital status.

1.6 Individual Questionnaire

The individual questionnaire which was used to collect information on eligible household members listed in the household questionnaire, included the following topics

- (1) Respondent's background
- (2) Knowledge on reproductive health
- (3) Knowledge on STDs and HIV/AIDS
- (4) Knowledge and practice on maternal health
- (5) Pregnancy history
- (6) Knowledge and practice on abortion
- (7) Knowledge and practice on contraception
- (8) Infertility

All topics were asked to all eligible household members except pregnancy history, practice on maternal health, practice on abortion and infertility. Pregnancy history was asked to ever married women (EMW), practice on pregnancy, delivery, postnatal care and abortion were asked to currently married women (CMW) and infertility was asked to currently married household members only.

1.7 Survey Organization

Senior Personnel from Department of Health Planning were chosen as trainers and supervisors for training as well as field operation and the interviewers were mainly assistant statisticians and assistant health education officers from Department of Health Planning. 36 survey teams each consisting of one trainer, one supervisor and two or three central / state and division level interviewers were engaged in the field work. The training of trainers (TOT) and field supervisors were conducted in November 2002 by the senior officials of the DHP including NPD and OG specialists. The field enumerators were recruited locally from the Maternal and Child Welfare Association members who have passed basic high school level with experience in field research and proficiency in local language.

1.8 Sample Design

The population for RHBCS is 86 townships, of which 72 townships is under UNFPA current program of assistance and 14 townships are to be included in the year 2003. The 14 townships to be added in 2004 and 2005 will not be included in the population because of the short duration of implementation for assessment of the impact of program to be made in 2005.

The sample was selected using three-stage survey design with townships as the first stage unit, ward or village as the second stage unit and cluster of 40 households as the third stage unit. Urban-rural stratification was used in the first stage unit viz. township.

36 sample townships were selected from 86 project townships by probability proportional to size systematic selection method, size being the estimated township population. The first stage sampling frame with the selected sample townships are shown in Table 1.1. In the second stage, 3 wards were selected from the list of wards and 7 villages were selected from the list of village tracts in the selected township, again using PPS systematic selection method. For a few townships where the population figures were not available at the village level, village tracts were selected first. From each selected village tract, a village was selected at random.

For each selected ward or village, the segments of size 40 households were formed on the field map based on the natural or man-made boundaries and settlement pattern of population in the ward or village. One segment was selected at random and all the 40 house holds in the selected segment were interviewed.

Table 1.1 Distribution of sample townships by State/Division

Sr. No	State/ Division	No. of townships		Name of sample township		
		Project	sample			
1	Shan (North)	4	1	Lashio		
2	Rakhine	2	2	Sittwe, Ponnakyun		
3	Mon	3	1	Kyaikhto		
4	Sagaing	10	4	Monywa, Wetlet, Myinmu, Myaung		
5	Mandalay	13	5	Singaing, Myitthar, Mahlaing, Nahtogyi, Amarapura		
6	Magway	10	5	Chauk, Pwintphu, Taungdwingyi, Aunglan, Yenangyaung		
7	Bago (East)	8	3	Oktwin, Bago, Dauk-U		
8	Bago (West)	8	3	Pyay, Paungte, Gyobingauk		
9	Ayeyawady	13	8	Nyaungdone, Zalon, Ingapu, Yekyi, Danuphyu, Hinthada, Kyaiklat, Myanaung		
10	Yangon	10	4	Kyauktan, Thonegwa, Kungyangone, Tontay		
11	Tanintharyi	2	_	-		
12	Shan (East)	1		-		
13	Kachin	2	_	-		

The distribution of sample households, sample household population, number of eligible male and female respondents are given in Table 1.2.

Table 1.2 Distribution of number of households, sample population, member of eligible male and female respondents by state /Division.

Sr. No.	S/D	No. of HH	Population	Eligible Male	Eligible Female
1	Sagaing	1603	7771	1711	1723
2	Magway	2007	10177	2410	2452
3	Mandalay	2020	9834	1959	2310
4	Mon	398	2031	450	504
5	Rakhine	800	3990	856	901
6	Yangon	1603	7922	1883	1843
7	Ayeyawady	3215	15640	3518	3458
8	Bago (East)	1214	5899	1122	1317
9	Bago(West)	1224	6181	1524	1383
10	Shan (North)	<u>4</u> 00	1918	356	403
	Total	14484	71363	15789	16294

1.9 Data Processing

The Department of Health Planning in Yangon did the data processing. Out of the two main operations in data processing, the manual data processing consisted of editing of the coverage and contents of questionnaires completed and coding while the automatic data processing consisted of data entry into computer, data cleaning and tabulation. Since there are no open-ended question data items, editing of coverage and completeness of data items and coding were done by the field supervisors at the township. Data entry and data cleaning were done on the personal computers at DHP by the Department of Health Planning computer staff in Yangon. The department utilized 25 personal computers and about 25 data entry operators for data entry. There were 5 senior programmers and 8 junior programmers for program development and debugging. Integrated System for Survey Analysis (ISSA) software package was used for data entry and data cleaning. Statistical package for Social Science (SPSS) software package was used for creating tables for analysis while Microsoft word, Microsoft Excel and Map Info/Arc View software packages were used for preparation of the report.

1.10 Response Rate

Out of 32090 total eligible household members, 32083 members viz. 99.9 % were successfully interviewed. The reason for a few non-responses is due to the partial refusal of the respondents. The non-response rate is very low and negligible in this survey.

Chapter II

Demographic Characteristics

The purpose of this chapter is to provide the basic demographic characteristics of the household population and the eligible population. The demographic aspect will focus on fertility which will serve as background information to the following chapters on various aspects of reproductive health viz. antenatal care, delivery, postnatal care, abortion, STDs, HIV/AIDS and contraception.

2.1 Population by sex and age

The household questionnaire in 2002 RHBCS was used to list all the household members who usually lived in the households. Some basic information of the household members including sex, relationship to head, age, marital status and residence at the time of the interview was collected. The main purpose of the household questionnaire was to identify eligible household members for individual interview. The age distribution of the household population by sex and residence is given in Table 2.1 and Figure 2.1.

Table 2.1 Percent distribution of the household population by 5-year age groups according to urban-rural residence and sex, RHBCS 2002

Age		Urban			Rural			Total		
group	Male	Female	Total	Male	Female	Total	Mal <u>e</u>	Female	Total	
0-4	7.0	5.8	6.3	8.5	7.4	7.9	8.1	6.9	7.5	
5 - 9	9.0	7.0	7.9	10.4	8.7	9.5	10.0	8.2	9.0	
10-14	11.5	11.3	11.4	12.8	12.7	12.8	12.5	12.3	12.4	
15-19	8.2	7.5	7.8	8.5	8.3	8.4	8.4	8.0	8.2	
20-24	8.3	9.1	8.7	8.7	9.4	9.1	8.6	9,3	9.0	
25-29	8.1	8.5	8.3	7.9	8.2	8.1	8.0	8.3	8.1	
30-34	8.1	9.4	8.8	7.8	8.2	8.0	7.9	8.6	8.3	
35-39	8.1	8.3	8.2	7.2	7.3	7.2	7.4	7.6	7.5	
40-44	7.0	6.7	6.9	6.2	6.3	6.2	6.4	6.4	6.4	
45-49	5.8	5.4	5.6	5.5	4.6	5.0	5.5	4.9	5.2	
50-54	5.1	6.4	5.8	4.6	5.8	5.2	4.7	6.0	5.4	
55- 5 9	3.8	3.7	3.7	3.4	3.5	3.4	3.5	3.5	3.5	
60-64	3.3	3.7	3.5	2,8	3.4	3.1	2.9	3.5	3.2	
65-69	3.1	2.9	3.0	2.5	2.6	2.5	2.6	2.7	2.7	
70-74	1,9	2.1	2.0	1.8	1.9	1.9	1.8	2.0	1.9	
75-79	1.0	1.1	1,1	1.0	1.0	1.0	1.0	1.0	1.0	
80-84	0.5	0.7	0.6	0.4	0.5	0.4	0.4	0.5	0.5	
85+	0.2	0.4	0.3	0.2	0.3	0.3	0.2	0.4	0.3	
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Number	9395	11356	20751	23939	26673	50612	33334	38029	71363	

Age composition is affected by past levels of fertility, mortality and migration. The population pyramid has a narrow top with a wide base reflecting high fertility in the past. The narrowing base was due to a decline in fertility in the last few years.

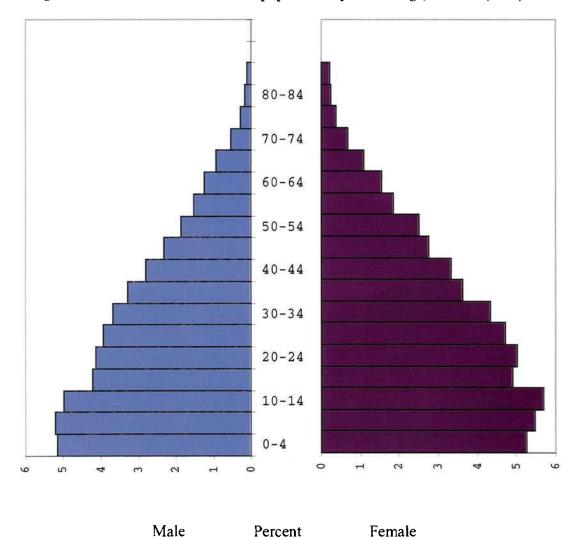


Figure 2.1 Distribution of household population by sex and age, RHBCS (2002)

2.2 Population by age from selected sources

The percent distribution of RHBCS (2002) sample population by broad age group is presented in Table 2.2 along with data from 1983 Census, 1991 PCFS and 1997 FRHS. Percent population at ages 60 and over grew continuously with growth greater in urban than in rural. The faster growth in young dependents than the growth of old age dependents has resulted in a continuous decline in dependency ratio, the decline faster in

urban than in rural areas. The sex ratio in Myanmar was always in favour of females. The rather low sex ratios in 2002 RHBCS may be due to the particular townships selected in the survey.

Table 2.2 Percent Distribution of house hold population by age and urban rural residence

Census/survey	F	\ge Group	,	Dependency Ratio	Sex Ratio
	0-14	15-59	60+	•	
1983 Census					
Total	38.6	55.0	6.4	82.0	98.6
Urban	35.7	58.1	6.2	72.0	99.1
Rural	39.3	54.1	6.4	85.0	98.4
1991 PCFS					
Total	35.0	57.8	7.2	73.0	95.0
Urban	30.5	62.1	7.4	61 .0	92.1
Rural	36.8	56.1	7.1	78.0	96.2
1997 FRHS					
Total	31.8	59.6	8.6	68.0	93.3
Urban	25.7	65.0	9.3	54.0	90.7
Rural	33.9	57.7	8.4	73.0	94.2
2002 RHBCS					
Total	28.9	61.6	9.6	62.4	87.7
Urban	25.6	63.8	10.5	56.6	82.7
Rural	30.2	60.7	9.2	64 9	89.7

Note: FRHS = Fertility and Reproductive Health Survey

: RHCS = Reproductive Health Community Survey

: Dependency Ratio is the number of person aged under 15 year and over 59 years

per 100 persons aged 15 to 59 years

: Sex Ratio is the number of males per 100 females

2.3 Household size and head of household

The distribution of household heads by sex and urban-rural residence is shown in Table 2.3. The percent of female household heads is 17.3% with that in urban areas greater than that in rural areas (20.4 % vs. 15.9%). The average household size is 4.9 persons. The average household size is slightly smaller in urban areas (4.8 persons) than in rural areas (5 persons).

Table 2.3 Percent distribution of household heads by sex and urban-rural residence

Characteristics	Total	Urban	Rural
Heads of household			
Male	82.7	79.6	84.1
Female	17.3	20.4	15.9
Total	100.0	100.0	100.0
Number of households	14488	4355	10133
Mean household size	4.9	4.8	5.0

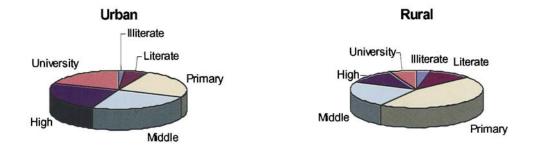
2.4 Education

The eligible household population are classified by educational attainment and is shown in Table 2.4.

Table 2.4 Percent distribution of the eligible household population according to educational attainment, by background characteristics

No Sch	ooling	Primary	Middle	High	University	Total	Number
Illiterate	Literate		School	School	-		
2.0	3.5	35.6	23.9	22.5	12.5	100.0	8109
3.1	7.6	42.1	23.3	13.4	10.5	100.0	20253
4.0	28.8	31.2	19.5	11.2	5.2	100.0	3721
2.3	12.4	34.3	25.9	16.5	8.6	100.0	15789
3.6	5.7	43.9	20.3	14.4	12.1	100.0	16294
1.5	5.6	24.2	24.7	24.6	19.4	100.0	9314
3.5	10.4	45.3	22.3	11.7	6.7	100.0	22769
2.9	9.0	39.2	23.0	15.4	10.4	100.0	32083
	2.0 3.1 4.0 2.3 3.6 1.5 3.5	2.0 3.5 3.1 7.6 4.0 28.8 2.3 12.4 3.6 5.7 1.5 5.6 3.5 10.4	Illiterate Literate 2.0 3.5 35.6 3.1 7.6 42.1 4.0 28.8 31.2 2.3 12.4 34.3 3.6 5.7 43.9 1.5 5.6 24.2 3.5 10.4 45.3	Illiterate Literate School 2.0 3.5 35.6 23.9 3.1 7.6 42.1 23.3 4.0 28.8 31.2 19.5 2.3 12.4 34.3 25.9 3.6 5.7 43.9 20.3 1.5 5.6 24.2 24.7 3.5 10.4 45.3 22.3	Illiterate Literate School School 2.0 3.5 35.6 23.9 22.5 3.1 7.6 42.1 23.3 13.4 4.0 28.8 31.2 19.5 11.2 2.3 12.4 34.3 25.9 16.5 3.6 5.7 43.9 20.3 14.4 1.5 5.6 24.2 24.7 24.6 3.5 10.4 45.3 22.3 11.7	Illiterate Literate School School 2.0 3.5 35.6 23.9 22.5 12.5 3.1 7.6 42.1 23.3 13.4 10.5 4.0 28.8 31.2 19.5 11.2 5.2 2.3 12.4 34.3 25.9 16.5 8.6 3.6 5.7 43.9 20.3 14.4 12.1 1.5 5.6 24.2 24.7 24.6 19.4 3.5 10.4 45.3 22.3 11.7 6.7	Illiterate Literate School School 2.0 3.5 35.6 23.9 22.5 12.5 100.0 3.1 7.6 42.1 23.3 13.4 10.5 100.0 4.0 28.8 31.2 19.5 11.2 5.2 100.0 2.3 12.4 34.3 25.9 16.5 8.6 100.0 3.6 5.7 43.9 20.3 14.4 12.1 100.0 1.5 5.6 24.2 24.7 24.6 19.4 100.0 3.5 10.4 45.3 22.3 11.7 6.7 100.0

Figure 2.2 Percent distribution of the eligible household population according to educational attainment



Out of 32083 eligible household population, the largest proportion (39.2%) has the primary level education, followed by middle level education (23.0%) and high school level (15.4%). The proportion of eligible population with university level education stands out at 10.4% which is larger than the literate proportion with no formal schooling (9.0%). The illiterate proportion is 2.9%. The proportion of female respondents who are illiterate is greater than that of male respondents (3.6% vs 2.3%). It is interesting to note that the proportion of female respondents with university level education(12.1%) is higher than that of male respondents (8.6%). For "No schooling" and "Primary" categories, the proportions of rural respondents are higher than those of urban respondents but the proportions of the urban respondents are higher than those of rural respondents in the higher education categories.

2.5 Nuptiality

"Nuptiality" generally refers to the characteristics of persons united in marriage and the dissolution of such unions. Marriage is one of the four main proximate determinants of fertility the other three being contraception, abortion and breast feeding. Early and universal marriage leads to higher fertility with long term social and economic consequences. The nuptiality parameters such as the proportions never married, currently married, widowed, divorced and separated with the ages at which these events take place are highly dynamic with social and economic implications for the community.

Marital Status

The marital status classification is essentially based on the respondents' statement in the individual interview. The respondents classified by the current marital status is shown in Table 2.5.

Table 2.5 Percentage distribution of Eligible Household Population according to current marital status by background characteristics

Background Characteristics		Current marital status					
	Single	Married	Divorced	Widowed	Separated	Total	
Sex							
Male	26.9	69.2	0.8	2.7	0.2	100.0	15789
Female	36.8	58.2	2.0	2.3	0.7	100.0	16294
Residence							
Urban	34.0	61,2	1.5	2.6	0.6	100.0	9314
Rural	31.1	64.6	1.4	2.5	0.4	100.0	22769
Total	31.9	63.6	1.5	2.5	0,5	100.0	32083

Nearly one-third of the eligible population remains single. In the "Single" category, the proportion of single females is more than that of males (36.8% vs 26.9%) while the proportion of the urban respondents (34%) is slightly greater than that of rural respondents (31.1%). The "Divorced" and "Separated" events are not common in Myanmar culture. Accordingly, the proportions of "divorced" and "separated" respondents are very low (1.5% and 0.5%). Dissolution of marriage due to widowhood is more prevalent in "urban" subgroup and "Male" subgroup but the differences are not large with "rural" subgroups and "female" subgroup. Eligible women age is between 15 and 49 years while men age is fixed above 15 years with no upper limit to be eligible for the interview. This eligibility criterion raises the proportion of eligible male respondents which becomes greater than that of eligible female respondents in the "widowed" category. Urban-rural differential is found to be very small.

Age at first marriage

Information on completed age at first marriage was obtained for every ever married eligible males as well as females. The mean age at first marriage is calculated for urban-rural, male-female and education subgroups in Table 2.6 together with comparable data from 1997 FRHS.

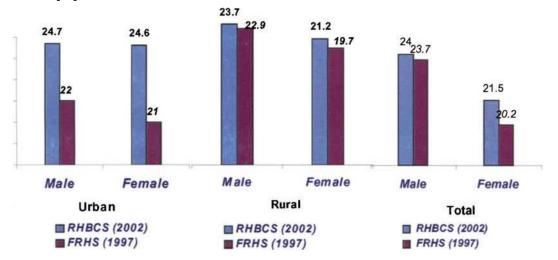
Table 2.6 Mean age at first marriage by education, residence and sex for eligible household population, RHBCS,2002

Education —	Urban	R	ural	Total		
	Male	Female	Male	Female	Male	Female
No Schooling (Illiterate)	24.4	19.5	23.6	19.8	23.7	19.7
No Schooling (Literate)	23.6	21.1	23.7	20.9	23.7	20.9
Primary	23.6	20.8	23.4	20.9	23.4	20.9
Middle School	24.0	21.3	23.5	21.3	23.7	21.3
High School	25.5	22.9	24.4	22.6	24.9	22.8
University	27.5	25.5	26.0	24.8	26.8	25.2
2002 RHBCS Total	24.7	22.0	23.7	21.2	24.0	21.5
1997 FRHS	24.6	21.0	22.9	19.7	23.7	20.2

It is found that the mean age at first marriage in 2002 RHBCS is larger than that in 1997 FRHS with the difference in mean age for female greater than that for male. Women when they first married were 20.2 years in 1997 FRHS and 21.5 years in 2002 RHBCS

on the average. In general, higher age at marriage is related to higher level of education consistently for all age groups except the primary education level. Respondents especially women who do not continue their education after primary level married early. There is urban-rural differential in favour of urban subgroup.

Figure 2.3 Mean age at first marriage by education, residence and sex for eligible household population, RHBCS,2002



The proportion never married among eligible population are summarized by age, sex, residence and education in Table 2.7.

Table 2.7 Proportion Never Married among eligible household population

by age, education, residence and sex Background Characteristics Male Female Total Age 15-19 97.0 91.3 93.8 20-24 67.0 57.7 61.3 25-29 35.4 36.4 34.6 30-34 18.7 21.4 20.3 35-39 11.1 18.8 15.5 40-44 12.1 6.3 16.6 45-49 3.4 14.6 6.0 Education No Schooling (Illiterate) 16.0 15.1 15.4 No Schooling (Literate) 11.0 20.8 14.2 27.9 Primary 22.4 25.5 Middle School 27.7 38.2 32.4 52.1 46.0 High School 40.6 University 42.5 62.4 54.3 Residence Urban 40.0 34.0 27.2 Rural 26.8 35.4 31.1 Total 26.9 36.8 31.9 The proportion of never married women is about 10% higher than that of never married men (36.8% vs 26.9%). The proportions are higher for men up to the age group 25-29 and from that onwards the proportions for women are higher. The higher proportions for men up to the age group 25-29 may be due to the higher age at marriage for men compared to women. The higher proportions for women from the age group 30-34 onwards may be due to greater non-marriage among women compared to men. The proportion never married is consistently higher with the higher level of education for both male and female subgroups with proportions in the female subgroup consistently higher than those of male subgroup.

Number of marriages

"Marriage for life" is generally accepted in Myanmar culture although both man and women can marry as many times as they wish. In 2002 RHBCS, a question on the number of marriages is asked to the respondents and the information is summarized in Table 2.8.

Table 2.8 Percent Distribution of the Eligible Household Population by number of marriages and background characteristics

Background Characteristics	Nur ma	Total	Number			
	1	2	3	>3		
Age group						
15-19	99.2	0.4	-	0.4	100.0	240
20-24	98.3	1.5	0.2	0.1	100.0	1649
25-29	97.9	1.9	0.1	-	100.0	2763
30-34	96.3	3.3	0.3	0.1	100.0	3763
35-39	96,2	3.6	0.2	0.1	100.0	3775
40-44	95.1	4.5	0.3	-	100.0	3371
45-49	93.3	5.9	0.7	0.1	100.0	6275
Sex						
Male	95.1	4.3	0.5	0.1	100.0	11535
Female	96.2	3.5	0.3	_	100.0	10301
Residence						
Urban	95.8	3,9	0.3	_	100.0	6144
Rural	95.6	4.0	0.4	0.1	100.0	15692
Total	95.6	3.9	0.4	0.1	100.0	21836

Over 95% of ever married respondents has one marriage while the proportion having two marriages 3.9% and this proportion increases steadily over the age groups. This is explained by the fact that as respondents got older and the spouse died, there was a

second marriage. The proportion of respondents with 3 or more marriages is very low (0.5%). The proportions having more than one marriage are higher for male subgroup compared to female subgroup and rural subgroup compared to urban subgroup.

2.6 Fertility

2002 RHBCS collects two kinds of data on fertility: children ever born to ever married women and number of births during the twelve months prior to the survey. In this section, the second data item will be analyzed and compared to previous FRHSs to assess the fertility level in the project townships.

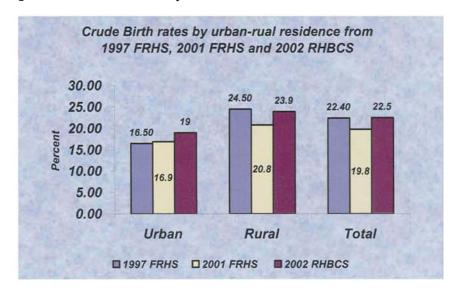
Crude Birth Rates

Based on the information on the deliveries during twelve months before the survey, crude birth rates are computed and shown in Table 2.9 along with comparable data from previous FRHSs.

Table 2.9 Crude Birth rates by urban-rural residence from 1997 FRHS, 2001 FRHS and 2002 RHBCS

Residence	1997 FRHS	2001 FRHS	2002 RHBCS
Urban	16.50	16.90	19.00
Rural	24.50	20.80	23.90
Total	22.40	19,80	22.50

Figure 2.4 Crude Birth rates by urban-rural residence from 1997 FRHS, 2001 FRHS and 2002 RHBCS



There is an urban-rural fertility differential in all surveys in favour of rural subgroup. Compared with 1997 FRHS data, there is a moderate increase in urban CBR in 2002 RHBCS. It should be noted that the coverage of FRHS and RHBCS are not comparable and the fertility trend based on these surveys will not be strictly justified.

Total Fertility Rate

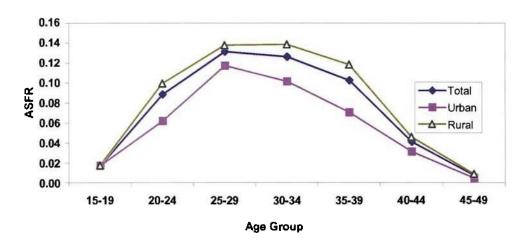
A more meaningful fertility measure is the TFR which is obtained by adding the age specific fertility rates over the age groups in the child bearing period and multiplied by 5. The age specific fertility rates are computed for all age groups of the child bearing age and are given in Table 2.10 and Figure 2.5 together with the TFRs.

Table 2.10 Age Specific Fertility Rate (ASFR), Total Fertility Rate (TFR) by urban-rural residence from births during the 12 months preceding the survey, 2002 RHBCS

Age of woman -	No.		
Age of wortan	Total	Urban	Rural
15-19	0.0174	0.0176	0.0173
20-24	0.0887	0.0622	0.0996
25-29	0.1315	0.1177	0.1376
30-34	0.1264	0.1018	0.1384
35-39	0.1028	0.0708	0.1184
40-44	0.0414	0.0315	0.0460
45-49	0.0076	0.0049	0.0089
2002 RHCBS TFR	2.58	2.03	2.83
2001 FRHS TFR	2.4	1.77	3,11

Note: TFR is five times the sum of age-specific fertility rates.

Figure 2.5 Age Specific Fertility rate (ASFR) by urban/rural residence, 2002 RHBCS



The TFR in 2002 RHBCS is higher than 2001 FRSH ie 2.4. The decrease in TFR occurs in the rural subgroup while there is increase in urban subgroup. The urban-rural differential is more pronounced in 1997 FRHS.

Chapter III

Knowledge on Reproductive Health

In Myanmar, over 60 per cent of the total population constitutes with mothers and children who are the most vulnerable group so that the concept of comprehensive reproductive health care was introduced into the health care delivery system. Reproductive health in all life cycle stages is a crucial part of the general health and is a reflection of health beyond the reproductive years for both women and men.

WHO defines "Reproductive Health" as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system and to its function and processes. Reproductive health, therefore, implies that people are able to have a satisfying and safe sex life and they have to reproduce and the freedom to decide when and how often to do so. Reproductive health includes sexual health which is not merely counseling and care related to reproduction and sexually transmitted diseases.

In RHBCS (2002), data items on ways of obtaining and sources for information on reproductive health including adolescent reproductive health were included in the individual questionnaire to be interviewed with the eligible sample household members. These data items are analyzed for different segments of the eligible population to assess the public awareness of the reproductive health and the effectiveness of the various information delivery channels.

3.2 Reproductive Health Messages

Respondents were asked whether they have heard of the reproductive messages listed in the questionnaire starting from the "physiological changes of puberty" up to HTV/AIDS. In answering each RH message read out to them by the interviewer, they recounted the knowledge they have heard of or experienced in the past. The responses for all 32083 eligible household members are summarized in Table 3.1 by their background characteristics.

Table 3.1 Percent Distribution of Eligible Household population who have ever heard of RH messages by Background Characteristics (Q5A) (Multiple Choice)

Physiological changes of puberty **Background Characteristics** Natal and postnatal care Contraceptive Method Menstrual regulation **HIVIAIDS** AN Care Number others Ε **Broad Age Group** 8109 15-24 69.8 55.9 41.7 33.1 36.4 14.9 54.7 77.6 1.5 25-34 70.9 72.0 62.8 53.0 41.2 20.8 62.4 77.6 1.3 8996 64.3 65.9 23.1 77.4 11257 35-49 72.2 57.6 41.4 1.4 70.9 50+ 68.7 53.2 55.4 47.8 20.9 19.3 68.5 73.9 2.7 3721 Sex Male 71.1 60.0 50.7 42.0 19.5 18.6 68.3 78.8 1.6 15789 55.5 75.4 16294 Female 69.7 71.5 64.5 55.8 55.3 21.2 1.5 Residence 72.2 68.5 62.0 51.7 42 4 24.1 68.0 80.4 1.0 9314 Urban Rural 69.6 64.7 56.0 47.9 35.8 18.2 59.3 75.7 1.8 22769 Education 51.4 47.0 49.9 41.2 29.0 10.3 36.2 61.4 5.4 945 No Schooling (illiterate) 64.8 55.8 54.2 47.2 27.6 17.1 56.2 70.4 2.3 2891 No Schooling (Literate) 40.2 18.7 57.2 75.6 12572 Primary School 68.0 65.5 58.6 51.7 1.7 Middle School 71.0 66.9 57.9 48.1 35.0 19.8 65.0 79.7 1.2 7389 High School 75.5 67.6 55.2 45.1 36.8 21.0 68.1 79.7 1.1 4952 28,3 83.4 3334 8.08 76.0 62.9 50.3 46.7 74.7 0.9 University **Current Marital Status** 72.6 54.6 39.1 29.9 37.0 15.7 57.7 77.5 1.6 10247 Single 63.9 77.1 1.5 20409 Married 69.5 71.7 66.8 58.2 38.0 22.0 74.5 2.3 1427 Others 66.6 62.2 61.0 54.2 38.5 21.1 62.0 70.4 65.8 37.7 19.9 61.8 77.1 32083 Total 57.7 49.0

Among the eligible household population, the majority of respondents (77.1%) have heard RH message on HIV/AIDS followed by RH message on "Physiological change of puberty" (70.4%) and on "Contraceptive method" (65.8%). Only 19.9% have heard RH message on RTI. The message on HIV/AIDS and "Physiological change of puberty" were the RH messages heard by the majority of respondents for all subgroups classified by age, sex, urban-rural residence, education and current marital status. The message on "Contraceptive method" was reported to have been heard by the majority in 25-49 year age, female, university level and married subgroups of respondents. For all the RH messages, an increase in the level of education raised the corresponding proportion of respondents hearing the RH message. The "Others" category mainly include "Have never heard" the RH messages but overall percent in that category is found to be low (1.6%).

The age group "15-24" is of particular interest and the adolescents who have ever heard of various RH messages are classified by sex, urban-rural residence and education in Table 3.2. 80% or more the adolescents have ever heard of RH message on "HIV/AIDS" in the "Male", "Urban" and "University" subgroups. Over 70% of adolescents in the same subgroups have ever heard of RH on "Physiological changes of puverty". It is found that more female than male adolescents have ever heard of RH messages except the messages "STD" and "HIV/AID'. The "Illiterate" subgroup has lower proportions in hearing the messages except the RH messages "AN care", "Natal and postnatal care" and "Menstrual regulation".

Table 3.2 : Percent distribution of adolescents (15-24) who have ever heard of RH messages by background characteristics

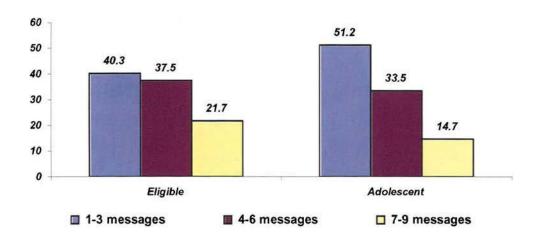
Background Characteristics	Physiological changes of puberty	Contraceptive Method	AN Care	Natal and Postnatal care	Menstrual regulation	RTI	STD	HIV/AIDS	others	Number
Sex	70.6	47.0	20.0	22.0	100	10.7	60.4	70.5	4 5	2222
Male Female	70.6 69.3	47.2 62.1	30.8 49.4	22.8 40.5	13.2 52.8	12.7 16.5	62.4 49.3	79.5 76.3	1,5 1,5	3362 4747
Residence Urban Rural	71.9 69.0	58.9 54.8	46.1 40.1	34.4 32.7	39.4 35.3	16.9 14.1	60.8 52.4	80.7 76.5		2229 5880
Education										
No Schooling (Illiterate)	46.9	37.5	41.9	36.3	30.0	7.5	34.4	67.5	4.4	160
No Schooling (Literate)	63.1	48,6	37.9	30,9	23.8	11,0	44,3		1.1	282
Primary	66.5	53.9	41,0	36.1	39.1	15.4	48.8	76.5	1.7	2890
Middle School	69.3	54.3	40.8	31.8	33.7	13.7	53,0	76.3	1,5	1941
High School	74.1	57.8	39.9	28.7	33.8	14.4	60,4	79.4	1.2	1825
University	78.2	66,3	50.0	35.5	42.9	19.0	70.8	85.2	8.0	1011
Total	69.8	55.9	41.7	33.1	36.4	14.9	54.7	77.7	1.5	8109

It will be of some interest to see how many RH messages the eligible population and adolescents know in the urban and rural areas. This information is summarized in Table 3.2(A) below.

Table 3.2 (A) Percent Distribution of eligible household population and adolescents by the number of RH messages ever heard and urban-rural residence

	Ur	ban	Ru	ıral	Total		
No. of RH messages	Eligible (n=9314)	Adolescent Eligib (n=2229) (n=2276		Adolescent (n≃5880)	Eligible (n=32083)	Adolescent (n=8109)	
0	0.5	0.6	0.6	0.6	0.5	0.6	
1-3	34.9	44.9	42.5	53.6	40.3	51.2	
4-6	39.3	38.5	36.8	31.6	37.5	33.5	
7-9	25.4	16.0	20.1	14.2	21.7	14.7	
Total	100.0	100.0	100.0	100.0	100.0	100.0	

Figure 3.1 Percent Distribution of eligible household population and adolescents by the number of RH messages ever heard and urban-rural residence



The percentages of eligible population and adolescents who have ever heard of RH messages are very high (99.4% and 99.5%) respectively. The majority of eligible population (40.3%) and adolescents (51.2%) have ever heard of 1 to 3 RH messages while the percentage of eligible population who have ever heard of 7 or more RH messages is greater than the corresponding adolescent percentage (21.7% against 14.7%). The proportions of eligible population are less in the classes which are less than 4 RH messages while these proportions are more in the classes which are more than 3 RH messages than the corresponding adolescent proportions. This pattern is true also for both rural and urban subpopulations.

The sources from which the respondents heard the RH message were summarized in Table 3.3 by selected background characteristics. The highest proportion of all respondents (49.2%) got their RH message from "Radio, newspaper, magazine and media" source followed by "Parent, Friend or Relatives" (40.6%) and "Youth to youth" (29.1%) sources. Since only less than half of respondents got the RH messages from these sources, the proportions of respondents getting message from these sources are modest. These three sources are obviously the major sources for all subgroups classified by age, residence, education and current marital status. The "Health professional" is the other major source of RH message for "Female", "High school", "University", "Married" and "age 35-49" subgroups. The "School outside class" is also the major information source for the "Single", "age 15 to 24", "High school" and "University" subgroups. It is interesting to note that the proportion getting RH message from "Youth to youth" source in rural areas is greater than that in urban areas although the difference is small. The "Others" category include the sources "Spouse", "Workplace" and "Locality".

The sources of RH messages for the adolescents are summarized by sex, urbanrural residence and education in Table 3.4. Most youths got their RH messages from "Radio, newspaper, magazine & media" (47.9%), followed by "Youth to youth" (42.0%) and "Parent, Friend and relatives" (38.5%). Hence, "Youth to youth" or "peer education" is a major channel for communicating RH messages to the adolescents. The percentages of adolescents getting RH messages in urban areas are normally higher than those in rural areas except "Youth to youth", "Health professionals" and "Others".

Table 3.3 Percent Distribution of Eligible Household Population by Sources of RH messages and selected background characteristics

Background Characteristics	School in class	School outside class	Youth to Youth	Parent /Friend/ Relatives	Community leader	(NGOs+ MCWA+INGOs)	Health personals (BHS+ Doctors)	Radio,Newspaper, Magazine & media-	Others	Number
Broad Age Group										
15-24	8.3	22.6	42.0	38.5	9.9	13.0	18.1	47.9	2.5	8109
25-34	4.0	9.0	32.4	41.5	11.4	16.2	24.0	49.5	3.0	8996
35-49	3.2	6.9	22.0	42.7	13.9	17.3	26.5	49.2	3.0	11257
50+	3.0	5.0	14.1	3 6.9	21.4	13.5	24.9	50.9	4.6	3721
Sex										
Male	4.7	10.5	31.7	37.6	15.6	13.5	23.4	50.9	3.1	15789
F emal e	4.6	12.0	26.5	43.5	10.6	17.3	23.7	47.5	3.1	16294
Residence										
Urban	5.4	14.0	27.1	41.6	14.1	17.0	22.4	54.6	3.2	9314
Rural	4.4	10.1	29.8	40.2	12.6	14.8	24.0	46.9	3.0	22769
Education										
No Schooling (illiterate)	8.0	1.6	18.8	46.8	11.5	8.9	17.8	25.6	5.7	945
No Schooling (Literate)	3.7	5.3	22.0	42.3	16.8	12.7	20.5	40.2	4.9	2891
Primary School	2 .5	4.6	29.0	42.3	12.3	14.3	22.4	44.1	3.3	12572
Middle School	4.3	9.4	29.7	40.3	13.5	16.1	23.4	52.6	2.5	7389
High School	8.3	23.1	31.1	36.6	13.5	17.7	25.8	56.7	2.3	4952
University	10.4	30.4	34.0	37.7	11.3	19.3	28.7	64.0	2.3	3334
Current Marital Status										
Single	8.3	21.7	3 9.7	38.8	11.3	14.0	18.7	51.2	2.6	10247
Married	3.0	6.4	24.3	41.2	13.9	16.3	25.9	48.5	3.3	20409
Others	2.2	4.7	21.2	45.6	14.1	14.2	23.7	44.0	4.3	1427
Total	4.7	11.2	29.1	40.6	13.1	15.5	23.5	49.2	3.1	32083

Figure 3.2 Percent distribution of eligible household population by sources of RH massages

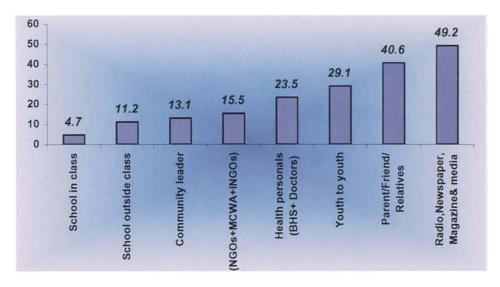


Table 3.4 Percent distribution of adolescents (15-24) by the sources of RH messages and background characteristics

OSR

Q5B								_		
Background Characteristics	School in class	School outside class	Youth to Youth	Parent /Friend/ Relatives	Community leader	(NGOs+ MCWA+INGOs)	Health personals (BHS+ Doctors)	Radio,Newspaper, Magazine & media-	Others	Number
Sex		00 -	-10		10.0	40.0	47.0	40.4	0.0	2202
Male	8.8	23.7	51.3	33.5	10.8	10.6	17.2	48.1	2.2	3362 4747
Female	7.9	21.8	35.3	42.0	9.2	14.7	18.8	47.8	2.8	4/4/
Residence										
Urban	9.0	30.3	41.3	38.7	11.2	14.0	16.7	52.6	2.1	2229
Rural	8.0	19.6	42.2	38.4	9.4	12.7	18.7	46.1	2.7	5880
Education										
No Schooling (Illiterate)	1.3	1.9	35.0	45.6	9.4	9.8	13.1	25.0	5.6	160
No Schooling (Literate)	6.4	8.9	45.4	42.2	8.9	9.8	15.4	31.9	2.5	282
Primary	3.4	6.1	41.9	41.8	9.2	11.5	16.9	43.1	3.2	2890
Middle School	8.6	21.0	42.5	38.6	10.2	13.2	18.1	49.5	2.6	1941
High School	14.4	43.9	41.4	32.9	11.5	14.8	19.0	51.6	1.3	1825
University	12.0	41.0	42.3	36.8	8.8	15.3	21.8	60.1	2.1	1011
Total	8.3	22.6	42.0	38.5	9.9	13.0	18.1	47.9	2.5	8109

3.3 Reproductive Health Education Providers

The question on the RH education providers was included in the individual questionnaire and the percent distribution of eligible population who have heard of RH education providers making educating activities in their living areas are summarized in Table 3.5.

Table 3.5 Percent Distribution of Eligible Household population who have heard of Community Leaders and Youth Leaders that provide RH Education

Background Characteristics	Provide RH Education	H Education by				
	Community Leaders/ NGOs	Youth Leaders	Number			
Broad Age Group	-					
15-24	6 8.5	55.1	8109			
25-34	73.3	56.8	8996			
35- 4 9	74.1	54.2	11257			
50+	67.1	43.7	3721			
Sex						
Male	70.2	53.7	15789			
Female	73.0	54.2	16294			
Residence						
Urban	76.4	60.5	9314			
Rural	69.7	51.2	22769			
Education						
No Schooling (illiterate)	45.6	21.8	945			
No Schooling (Literate)	63.3	41.9	2891			
Primary School	68.7	49.6	12572			
Middle School	74.8	57.3	7389			
High School	78.7	64.1	4952			
University	79.6	67.6	3334			
Current Marital Status						
Single	69.5	55.4	10247			
Married	72.9	53.8	20409			
Others	68.5	45.9	1427			
Total	71.6	53.9	32083			

The community leaders and NGOs are normally the main RH education providers and youth leaders are normally peer RH educators in their living areas. A higher proportion of respondents (71.6%) reported that they have heard the community leaders or NGOs provide RH education in their locality while only 53.9% of them reported such activities by the youth leaders. The proportions hearing the activities on RH education in the "25-49", "Female", "Urban", "University" and "Married" subgroups are high (over 70%). The subgroups in which the proportions of respondents hearing the activities on RH education are high, are found to be "Single" in addition to "Urban", "University",

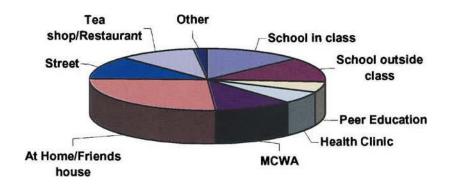
"15-49" age subgroups. The difference between the proportions between male and female subgroups is found to be negligible.

Out of 8108 respondents in the young age group "15-24" years, 2742 young people have met and obtained RH information and education from youth leaders who are educating peers on RH. These young people are summarized according to their place of meeting with the RH educating youth leaders in Table 3.6 by sex and residence. The highest proportion of these young people met with the educating youths at home or friend's house (54.5%) followed by "school in class" (27.1%) and "school outside class" (26%). The "Home/friend's house", "School in class" and "School outside class" are the usual places of meeting for the youth leaders to educate their peers on RH education. Moreover, "Tea shop or Restaurant" is the other meeting place for the young male in urban and "Street" is the other common place of meeting in rural areas. Likewise, MCWA office is the other meeting place for educating young females on RH by youth leaders.

Table 3.6 Percent distribution of young people (15-24) who have met educating peer youth leaders and obtain RH information by place of meeting and background characteristics

tics				F	Place of	meetir	ng			
Background Characteristics	School in class	School Outside class	Peer Education	Health Clinic	MCWA	At Home/Friends house	Street	Tea shop/Restaurant	Others	Number
Sex										
Male	26.3	28.0	12.4	10.5	14.2	49.6	30.3	40.0	3.0	1265
Female	27.8	24.4	9.8	15.5	27.8	58.8	18.5	5.3	5.0	1477
Residence										
Urban	33.1	30.1	9.6	12.6	20.2	51.9	22.5	27.7	4.0	840
Rural	24.4	24.2	11.6	13.5	22.1	55.7	24.6	18.5	4.1	1902
Total	27.1	26.0	11.0	13.2	21.5	54.5	23.9	21.3	4.1	2742

Figure 3.3 Percent distribution of young people (15-24) who have met educating peer youth leaders and obtain RH information by place of meeting and background characteristics.



Chapter IV

Maternal Health Care

4.1 Introduction

Maternal health care refers to the care received by mothers during antenatal, delivery and postnatal period. Any woman can develop complications during pregnancy, delivery and postnatal period and it is not possible to accurately identify all women who will develop a complication based on risk profiling. Many complications can be prevented through provision of quality antenatal, delivery and postnatal care. The knowledge on the type of complications that can occur during antenatal, delivery and postnatal period as well as the sources for the type of health care providers is important. In this chapter, the knowledge and practice of eligible household population on these matters are analyzed by various background characteristics and presented. Abortion is a serious problem during pregnancy and the knowledge and practice on the abortion complications are also analyzed.

4.2.1 Knowledge of Antenatal Care

There are 32083 eligible household members among whom 20706 (64.5%) household members responded that they know complications related to pregnancy. They were further asked the type of pregnancy-related complications they are aware of and the information is summarized in Table 4.2.1 by their background characteristics. The "Severe morning sickness" is the most common complication (38.0%) followed by "Abortion" (30.5%), "Swelling of feet and face" (26.3%) and "Bleeding in early pregnancy" (25.5%). The first two complications are also common complications in the rural areas which have slightly higher proportions of respondents than those in urban areas. The age group "35-49" have consistently higher proportions of population who has the knowledge of all the pregnancy-related complications except "Severe morning sickness" complication. The proportions in "urban" subgroup against "Rural" subgroup are mixed. However, the "University" subgroup has a higher proportion in having knowledge across all the pregnancy-related complications than other education subgroups.

Table 4.2.1 Percent distribution of the eligible population who know pregnancy-related complication by their knowledge of type of complication and background characteristics

												8QB	(Mu	ltiple)
Background characteristics	Severe Morning Sickness	Bleeding in early pregnancy	Ectopic pregnancy	H-mole	Swelling of feet and face	Hyper tension	Convulsion/fits	Bleeding in late pregnancy	High fever	Severe Anaemia	Death	Abortíon	Other	Number
Age group														
15-24	40.1	23.4	10.7	5.6	22.0	21.0	15.5	7.5	12.4	12.2	21.0	29.7	14.4	3654
25-34	39.0	25.2	9.2	5.2	27.7	25.9	17.1	10.0	12.9	15.8	18.7	30.2	12.8	6200
35-49	37.9	27.8	11.3	6.4	27.6	26.4	17.6	11.0	13.4	15.7	18.7	30.7	13.1	8429
50+	32.4	21.7	9.0	5.2	24.8	24.1	18.7	9.1	12.0	13.5	23.6	31.7	13.6	2423
Sex														
Male	35.6	22.6	9.5	4.9	24.6	23.7	17.1	7.8	12.2	14.0	22.3	31.2	13.2	9004
Female	39.8	27.8	10.9	6.4	27.7	26.0	17.3	11.4	13.4	15.5	17.7	30.0	13.4	11702
Residence														
Urban	37.5	25.8	12.7	7.2	28.5	28.6	17.3	9.2	13.5	13.9	17.7	29.1	15.8	6049
Rural	38.2	25.4	9.3	5.2	25.4	23.5	17.2	10.1	12.6	15.2	20.5	31.1	12.3	14657
Education														
No Schooling (Illiterate)	36.2	26.9	3.4	3.0	20.4	14.3	13,1	11.9	12.7	12.5	20.4	27.5	10.9	495
No Schooling (Literate)	32.4	23.8	9.6	5.7	25.3	21.4	17.4	9.0	10.9	11.8	23.0	30.0	13.7	1867
Primary	38.0	24.5	8.7	4.2	25.8	22.6	15,6	10.0	11.8	14.7	19.6	30.7	13.2	8279
Middle School	38.3	23.8	9.3	5.3	25.9	26.1	17.2	8.7	13.6	15.0	18.9	29.5	12.9	4735
High School	39.9	28.1	13.0	7.5	26.8	28.9	19.1	10.3	15.2	15.3	17.8	30.2	14.0	3070
University	39.4	30.4	16.5	10.6	30.7	31.3	21.1	11.4	14.2	17.4	21.2	33.2	14.0	2260
Current marital status														
Single	40.2	23.3	12.7	7.1	23.4	23.2	16.9	7.1	11.6	11.5	22.1	29.5	14.3	4259
Married	37.5	26.3	9.7	5.4	27.1	25.5	17.2	10.5	13.2	15.9	18.8	30.6	13.1	15433
Other	35.3	23.1	8.5	5.5	26.4	24.5	18.4	10.7	13.8	12.7	22.5	33.9	12.2	1014
Total	38.0	25.5	10.3	5.8	26.3	25.0	17.2	9.8	12.9	14.8	19.7	30.5	13.3	20706

4.2.2Knowledge on AN Care Provider

Some of the maternal morbidities and mortalities appear to be due to delayed referral from primary health care providers such as auxiliary midwives calling midwives first when it should have been clear the woman needed referral to the hospital. Prompt identification of these conditions requiring immediate referral to a medical facility need the proper health service provider and the knowledge of the sources of health care provider as well as the health service delivery points is essential. The percent distribution of eligible household population who know pregnant woman need AN care is classified by AN care service provider and is given in Table 4.2.2. Also, the same population is classified by the type of SDP they have accessed and is given in Table 4.2.3 for various subgroups of the population under study.

Out of the total eligible population of 32083 household members, 24257 household members (76%) know that pregnant woman needs AN care. Although the proportion is high, it shows that one member out of every four household members is not aware that pregnant woman needs AN care. In the subpopulation, the majority know that "Midwife" is a AN care provider (76.9%), followed by "Hospital or MCH MO" (37.3%) and "LHV or nurse"(24.9%). The age subgroups "25-34" and "35-49" have higher proportions of members who know the sources of AN care than the other age groups. Urban-rural differential shows that "Urban" household members know "OG", "GP" or "Hospital or MCH medical officer" sources better than the rural household members, which is not surprising since these professionals rarely live in the rural areas.

With regard to SDP for AN care, the highest proportion (46.7%) is found for "RHC or Sub-RHC", followed by "At home" (46.3%) and "Government hospital" (42.4%). These proportions are influenced by "Rural" subgroup which has household nearly three times large more members than the "Urban" subgroup. The "Rural" subgroup has a higher proportion for "At home" or "RHC or sub-RHC" types of SDP than the "Urban" subgroup.

Table 4.2.2 Percent distribution of the eligible population who know pregnant women need AN care by types of AN care and background characteristics

Background Characteristics	90	GP	Hospital/MCH MO	НА	LHV/Nurse	ΜM	AMW	ТТВА	TBA	Other	Number
Age group											
15-24	12.7	9.0	37.3	6.7	23.8	76.9	12.6	5,9	13.9	1.0	4742
25-34	13.8	8.8	36.0	7.6	24.7	77.2	13.5	6,0	14.0	1.0	7242
35-49	13.9	10.0	37.8	8.0	25.7	76.9	13.2	6.0	14.0	1.1	9474
50+	12.0	9.2	39.0	7.8	24.4	76.2	12.3	5.7	18.8	1.2	2799
Sex											
Male	13 .0	9.2	37.0	7.8	24.8	77.1	13,5	6.1	14.8	1,0	10947
Female	13.8	9.5	37.6	7.4	24.9	76.8	12.7	5.8	14.3	1.1	13310
Residence											
Urban	18.8	13.8	58.8	6.3	24.1	70.8	5.8	3.5	9.2	1.7	7197
Rural	11.2	7.5	28.3	8.2	25 2	79.5	16.1	7.0	16.8	0.8	17 060
Education											
No Schooling (Illiterate)	5.7	4.0	22.5	3.7	14.3	72.7	8.9	5.4	24.0	1.0	596
No Schooling (Literate)	9.1	7.0	25,9	6.8	18.0	77.0	13.6	7,7	23,2	1.0	2122
Primary	8.8	6.6	28.6	6.4	22.1	78.7	14.6	6.8	18.1	0.9	9688
Middle School	12.5	9.7	38.5	7.9	25.9	78.1	13.1	5.1	11.9	1.0	5573
High School	19.7	12.7	52.1	8.8	30.6	74.3	11.7	5.5	8.4	1.2	3 663
University	29.0	17.3	59.0	11.3	32.9	72.7	10.0	3.8	6.4	1.9	2 61 5
Current marital status											
Single	16.3	10.6	42.7	8.0	25.9	76.1	13.0	5.3	12.2	1.3	55 62
Married	12.6	9.0	35.8	7.5	24.6	77.1	13.2	6.2	14.9	1.0	17533
Other	11.9	8.7	34.0	6.8	23.2	78.8	11.6	5.2	20.3	0.8	1162
Total	13.4	9.3	37.3	7.6	24.9	76.9	13.1	5.9	14.5	1.1	24257

Table 4.2.3 Percent distribution of the eligible population who know pregnant need AN care by type of SDP giving AN care and background characteristics(Multiple)

క్ర		O		Government Hospital				
ound	<u>v</u>	ib-RH		ment		ist GF		_
Background characteristics	At Home	RHC/Sub-RHC	MCH	3overn	g.	Specialist GP	Others	Number
Age group								
15-24	43.6	48.6	29.7	45.1	12.1	4.5	1.6	4742
25-34	45.9	47.1	31.8	40.5	12.5	5.0	1.5	7242
35-49	47.4	. 46.1	32.8	42.0	12.5	4.8	1.7	9474
50+	48 .5	44.3	30.9	44.0	9.9	4.6	1.8	2799
Sex								
Male	47 .0	47.2	29.8	43.9	11,9	4.7	1.5	10947
Female	45.8	46.2	33.2	41.2	12.3	4.9	1.7	13310
Residence								
Urban	36,1	13. 5	66.8	51.0	16.0	7.2	1.9	7197
Rural	50.6	60.7	16.8	38.8	1 0 .5	3.8	1.5	17060
Education								
No Schooling (Illiterate)	56.9	41.1	17.3	25.5	11.2	2.0	1.5	596
No Schooling (Literate)	56.4	49.9	20.2	35.5	7.8	2.8	1.6	2122
Primary	49.3	53.4	23.5	35.7	9.7	2.7	1.9	9688
Middle School	44 0	44 7	33.4	44.1	12.9	4.6	1,4	5573
High School	40.0	37.6	46.6	52.0	14.5	7.6	1.4	3663
University	38.3	37 .3	49.6	59.6	20.0	11.4	1.5	2615
Current marital status								
Single	40.5	46.7	32.8	50.7	13.3	5.6	1.7	5562
Married	47.9	46.9	31.2	39.9	11.8	4.6	1.6	17533
Other	49.7	43.3	32.2	41.0	11.3	3.9	2.2	1162
Total	46,3	46.7	31.6	42.4	12.1	4.8	1.6	24257

4.2.3 Knowledge of Delivery and Postnatal Care

Only 65 percent of the total eligible household populations are aware of the complications of delivery and postnatal period. The percent distribution of this household subpopulation is given classified in Table 4.2.4 by their knowledge of specific type complications for various subgroups. Regarding the knowledge of the specific type complications in delivery and postnatal period, "Swelling of feet and face" complication is known most (40.7%), followed by the complications "Hypertension" (31.9%), prolonged obstructive labour (30.6%) and "Convulsion or fits" (28.1%). This fact is not surprising because these complications are the most visible ones which are familiar by the eligible household population. "Female" and "Urban" subgroups have consistently higher proportions than the other subgroups in the eligible subpopulation categorized by urban-rural and sex classifications

4.2.4 Knowledge on Abortion

Contraceptive failure, ineffective use and non use of contraceptives are all observed to be causes of unwanted pregnancy and it very essential to provide accurate information about the dangers of unsafe abortions. Only 15491 eligible household members (48 2%) know the abortion complications. The percent distribution of the eligible household population who know abortion-related complications give in Table 4.2.5 by their knowledge of type of abortion-related complications for various subgroups. The complications "Bleeding leading to blood transfusion" (65%), "Septicemia" (56.2%) and "Death" (34.2%) are the most commonly known complications for unsafe abortion. The age groups "25-34" and "34-49" which have members with some experience, have higher proportions of members who know the abortion-related complications. Also, the "Female" subgroup and the "Urban" subgroups have higher proportions than other groups in their respective classifications. Although the level of education increase the awareness of abortion-related complications, low education subgroups viz. "No schooling (Literate)" and "Primary" have a slightly higher proportion than the education subgroups for the complication "Septicemia".

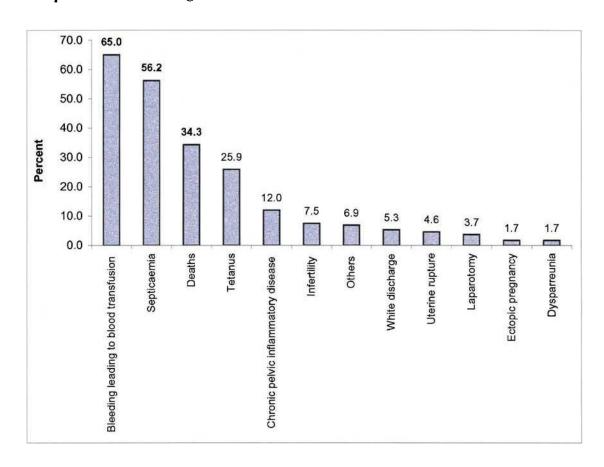
Table 4.2.4 Percent distribution of the eligible household population who know the complications of delivery and postnatal period by their knowledge of type of complications and background characteristics

(Q8G)																			
Background characteristics	Swelling of feet and face	Hypertension	Convulsion/fits	Preclampsia	Prolonged/Obstructed labour	Vaginal tear! Uterine rupture	Forceps delivery / LSCS	SB	Early neonatal death	LBW	Retained placenta	ЬРН	Preterm delivery / PROM	Puerperial pyrexia	Difficulties in breast feeding	Severe anemia	Death	Others	Number
Age group																			
15-24	40.3	30.5	26.7	24.3	32.0	4.9	20.4	13 5	4.0	6.3	17.6	21.6	5 4	5.9	2.6	8.3	20.6	7.7	2927
25-34	40.3	32.4	28.4	27.2	30.5	5.1	20.0	123	36	63	20.6	24.7	57	8.6	2.8	10.1	17.1	8.4	5377
35-49	41.1	32.1	28.2	28.1	30.5	5.3	20.0	12.1	3.4	57	2 1.2	26 3	5.3	8.8	3.3	10.4	16.6	8.3	7541
50+	40.5	31.6	29.0	27.8	29.4	3.6	17.4	14.4	3.1	5.1	19.1	24.0	5.6	6.6	3.1	8.8	21.9	7.4	20 98
Sex																			
Male	39.6	31.4	28.2	25.5	29.8	3.6	18.5	12.7	3.0	5.2	16.4	22.6	5.1	7.2	2.7	9.4	21 2	7.3	7485
Female	41.4	32.2	28.0	28.4	31.2	5.9	20.7	12.7	3.9	6.4	22.9	26.3	5.7	8.6	3.1	10 1	158	8 7	10458
Residence																			
Urban	41.4	34.2	27.0	29.4	30.3	6.3	25 6	13.2	4.0	7.4	18.0	22 1	6.0	8.0	4.2	10.2	15.8	9.1	5129
Rurai	40 4	30.9	28.6	26.3	30.7	4.4	17.4	12.5	3.3	5.4	21.1	25.8	5.3	8.0	2.5	9.6	18.9	7.7	12814
Education																			
No Schooling (Illiterate)	39.0	30.1	28 8	18.4	25.8	20	10.2	8.9	3.1	2.3	18.4	25.8	3.8	11.0	1.8	8.9	14.0	6.1	392
No Schooling (Literate)	40.5	30.0	30.5	21.7	31.3	3.5	13.3	11.3	2.3	3.0	16.8	21.7	4.2	6.7	2.8	8 0	21.5	8.4	1646
Primary	3 9 .3	29 3	27.8	23.8	30.6	4.6	17,7	12.0	3.3	4.8	21.7	26 1	5.0	8.4	2.4	10.1	17.7	8.5	7426
Middle School	3 9 5	32 1	27.0	29.2	29.8	4,5	2 1 ?	11.7	3.3	5.7	18.8	249	5.4	7.7	3.3	10.2	17.7	8.1	4054
High School	42 7	36 1	28.8	31 4	31.5	5.6	25.0	14.6	4.1	8.1	20.0	24.0	6.7	7.7	3.8	9.8	16.6	7.7	2590
University	46.4	38.1	28 7	37 4	31.6	86	25.3	17.0	5.1	11.0	20.9	22 4	7.4	8.2	4.0	9.6	19.7	7.3	1835
Current marital status																			
Single	41.2	32.0	28.5	26.6	30.7	5.4	21.9	14.1	3.8	6.5	16.2	19.7	5.3	5.5	2.7	7.3	22.6	7.1	3277
Married	40.6	32.1	28.2	27.4	30.6	4.9	19.2	123	3.5	5.9	21.1	25.7	5.4	8.6	3.0	10.3	17.0	8.5	13721
Other	39.4	27.7	25.4	26.5	30.7	4.9	19.7	13.2	3.4	4.8	21.3	29.1	6.8	8.4	4.0	11.3	17.8	6 .5	945
Total	40 <u>.7</u>	31.9	28.1	27.2	30.6	5.0	19.8	12.7	3.5	59	20.2	24.8	5.5	8.0	3.0	9.8	18.0	8. <u>1</u>	17943

Table 4.2.5 Percent distribution of the eligible female household population who know the abortion related complications by their knowledge of type of complications and background characteristics

Bleeding leading to blood transfusion	Septicaemia	Tetanus	Laparotomy	Uterine rupture	Chronic pelvic inflammatory disease	White discharge	Dyspareunia	Infertility	Ectopic pregnancy	Death	Others	Number
					•	4.4						2677
	_											4633
												6387
62.4	55.0	26.5	3.4	3.6	7.6	3.5	1.6	7.1	1.8	39.4	7.0	17 9 4
63.1	54.2	27.5	3.6	3.8	8.3	3.5	1.8	7.8	1.7	38.3	5.9	6529
66.4	57.6	24.8	3.7	5.1	14.7	6.5	1.7	7.3	1.8	31.4	7.7	8962
6 8 1	55.7	26.9	4.4	5 .5	11.3	5.1	1.4	9.5	2.1	36.8	8.9	4527
638	56 4	25.6	3.4	4.2	12.3	5.3	1.9	6.7	1.6	33.3	6.1	10964
6 3 4	52.1	19 9	25	22	13.6	6.6	1.3	6.6	0.6	28.4	7.3	317
62 3	56 7	22.6	4.6	3.6	10.5	3.8	1.5	6,2	1.5	35.1	6.7	1383
62 7	57.3	22.2	2.9	3.8	13.3	5.0	1.8	6 .9	1.1	31.4	7.1	6350
65.8	56.5	26.6	3.4	4.7	11.1	5.4	1.6	7.5	1.9	35.8	6.6	3490
67.1	55 .8	30.7	4.4	5.1	12.2	5.6	1.4	8.7	2.8	37.0	6.8	2235
71.8	52.1	36.1	5.4	7.7	10.0	6.4	2.5	9.6	2.9	38.7	7.2	1716
62.1	48.5	25 .3	3. 6	3.9	6.7	4.1	1.1	7.9	1.6	40.5	6.1	3182
65.8	58.0	26.3	3.7	4.7	13.3	5.5	1.9	7.4	1.8	32.6	7.3	11545
65.2	60.6	23.4	2.9	4.2	14.8	6.8	1.4	7.5	1.3	34.4	5.0	764
65.0	56.2	25.9	3.7	4.6	12.0	<u>5.3</u>	1.7	<u>7.5</u>	_ 1.7	34.3	6.9	15491
	60.6 65.5 67.3 62.4 63.1 66.4 68.1 63.8 62.7 65.8 67.1 71.8 62.1 65.8 65.2	60.6 50.7 65.5 57.2 67.3 58.0 62.4 55.0 63.1 54.2 66.4 57.6 68.1 55.7 63.8 56.4 63.4 52.1 62.3 56.7 62.7 57.3 65.8 56.5 67.1 55.8 71.8 52.1 62.1 48.5 65.8 58.0 65.2 60.6	60.6 50.7 24.6 65.5 57.2 25.0 67.3 58.0 27.0 62.4 55.0 26.5 63.1 54.2 27.5 66.4 57.6 24.8 68.1 55.7 26.9 63.8 56.4 25.6 63.4 52.1 19.9 62.3 56.7 22.6 62.7 57.3 22.2 65.8 56.5 26.6 67.1 55.8 30.7 71.8 52.1 36.1 62.1 48.5 25.3 65.8 58.0 26.3 65.2 60.6 23.4	60.6 50.7 24.6 3.7 65.5 57.2 25.0 3.7 62.4 55.0 26.5 3.4 63.1 54.2 27.5 3.6 66.4 57.6 24.8 3.7 63.8 56.4 25.6 3.4 63.4 52.1 19.9 2.5 62.3 56.7 22.6 4.6 62.7 57.3 22.2 2.9 65.8 56.5 26.6 3.4 67.1 55.8 30.7 4.4 71.8 52.1 36.1 5.4 62.1 48.5 25.3 3.6 65.8 58.0 26.3 3.7 65.2 60.6 23.4 2.9	60.6 50.7 24.6 3.7 3.9 65.5 57.2 25.0 3.7 4.7 67.3 58.0 27.0 3.7 5.0 62.4 55.0 26.5 3.4 3.6 63.1 54.2 27.5 3.6 3.8 66.4 57.6 24.8 3.7 5.1 68 1 55.7 26.9 4.4 5.5 63 8 56 4 25.6 3.4 4.2 63 4 52.1 19 9 2.5 2.2 62 3 56 7 22.6 4.6 3.6 62 7 57.3 22.2 2.9 3.8 65 8 56.5 26.6 3.4 4.7 67.1 55.8 30.7 4.4 5.1 71.8 52.1 36.1 5.4 7.7 62.1 48.5 25.3 3.6 3.9 65.8 58.0 26.3 3.7 4.7 65.2 60.6 23.4 2.9 4.2	60.6 50.7 24.6 3.7 3.9 9.4 65.5 57.2 25.0 3.7 4.7 13.3 67.3 58.0 27.0 3.7 5.0 13.4 62.4 55.0 26.5 3.4 3.6 7.6 63.1 54.2 27.5 3.6 3.8 8.3 66.4 57.6 24.8 3.7 5.1 14.7 68.1 55.7 26.9 4.4 5.5 11.3 63.8 56.4 25.6 3.4 4.2 12.3 63.4 52.1 19.9 2.5 2.2 13.6 62.3 56.7 22.6 4.6 3.6 10.5 62.7 57.3 22.2 2.9 3.8 13.3 65.8 56.5 26.6 3.4 4.7 11.1 67.1 55.8 30.7 4.4 5.1 12.2 71.8 52.1 36.1 5.4 7.	60.6 50.7 24.6 3.7 3.9 9.4 4.4 65.5 57.2 25.0 3.7 4.7 13.3 6.0 67.3 58.0 27.0 3.7 5.0 13.4 5.6 62.4 55.0 26.5 3.4 3.6 7.6 3.5 63.1 54.2 27.5 3.6 3.8 8.3 3.5 66.4 57.6 24.8 3.7 5.1 14.7 6.5 68.1 55.7 26.9 4.4 5.5 11.3 5.1 63.8 56.4 25.6 3.4 4.2 12.3 5.3 63.4 52.1 19.9 2.5 2.2 13.6 6.6 62.3 56.7 22.6 4.6 3.6 10.5 3.8 62.7 57.3 22.2 2.9 3.8 13.3 5.0 65.8 56.5 26.6 3.4 4.7 11.1 5.4 <tr< td=""><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 63.4 52.1 19.9 2.5 2.2 13.6 6.6 1.3 62.3 56.7 22.6 4.6 3.6 10.5 3.8 1.5 62.7 57.3 22.2 2.9 3.8 13.3<td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 63.4 52.1 19.9 2.5 2.2 13.6 6.6 1.3 6.6 62.7 57.3 22.2 2.9 3.8 13.3</td><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 62.7 57.3 22.2 2.9 3.8 13.3 5.0 1.8</td><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 33.3 <tr< td=""><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 5.8 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 6.4 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 7.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 7.0 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 5.9 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 7.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 8.9 63.4 52.1 19.9 2.5 2.2</td></tr<></td></td></tr<>	60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 63.4 52.1 19.9 2.5 2.2 13.6 6.6 1.3 62.3 56.7 22.6 4.6 3.6 10.5 3.8 1.5 62.7 57.3 22.2 2.9 3.8 13.3 <td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 63.4 52.1 19.9 2.5 2.2 13.6 6.6 1.3 6.6 62.7 57.3 22.2 2.9 3.8 13.3</td> <td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 62.7 57.3 22.2 2.9 3.8 13.3 5.0 1.8</td> <td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 33.3 <tr< td=""><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 5.8 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 6.4 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 7.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 7.0 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 5.9 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 7.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 8.9 63.4 52.1 19.9 2.5 2.2</td></tr<></td>	60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 63.4 52.1 19.9 2.5 2.2 13.6 6.6 1.3 6.6 62.7 57.3 22.2 2.9 3.8 13.3	60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 62.7 57.3 22.2 2.9 3.8 13.3 5.0 1.8	60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 63.8 56.4 25.6 3.4 4.2 12.3 5.3 1.9 6.7 1.6 33.3 <tr< td=""><td>60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 5.8 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 6.4 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 7.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 7.0 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 5.9 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 7.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 8.9 63.4 52.1 19.9 2.5 2.2</td></tr<>	60.6 50.7 24.6 3.7 3.9 9.4 4.4 1.0 7.2 1.5 39.3 5.8 65.5 57.2 25.0 3.7 4.7 13.3 6.0 1.8 8.0 1.8 33.3 6.4 67.3 58.0 27.0 3.7 5.0 13.4 5.6 2.1 7.4 1.8 31.4 7.8 62.4 55.0 26.5 3.4 3.6 7.6 3.5 1.6 7.1 1.8 39.4 7.0 63.1 54.2 27.5 3.6 3.8 8.3 3.5 1.8 7.8 1.7 38.3 5.9 66.4 57.6 24.8 3.7 5.1 14.7 6.5 1.7 7.3 1.8 31.4 7.7 68.1 55.7 26.9 4.4 5.5 11.3 5.1 1.4 9.5 2.1 36.8 8.9 63.4 52.1 19.9 2.5 2.2

Figure 4.1 Percent distribution of the eligible female household population who know the abortion-related complications by their knowledge of type of complications and background characteristics



4.2.5 Awareness of obstetric complications and care providers

It will be interesting to assess the knowledge of the eligible population on complications and care providers or SDPs for obstetric care by the number of alternatives they are aware of. This information obtained from the survey is summarized in the following tables.

The percentage distribution of the number of different AN care providers which the eligible respondents know is given in Table 4.2.6(A) by urban-rural residence.

Table 4.2.6 (A) Percent distribution of the eligible population who are aware of AN care by the number of AN care providers they know and urban-rural residence

No. AN care providers	Urban	Rural	Total
	(n=9314)	(n=22769)	(n=32083)
0	22.7	25.1	24.4
1-3	69.4	68.7	68.9
4-6	7.0	5.9	6.2
7-10	0.8	0.4	0.5
Total	100.0	100.0	100.0

Out of 32083 eligible respondents, 7826 respondents (24.4%) answered that they are not aware of any AN care services. Among those who are aware of AN care, 68.9% of all respondents know 1 to 3 type of AN care providers. Very small percentage of eligible respondents (0.5%) know over 7 different AN care providers and no significant difference between the proportions of urban and rural areas is observed for "1-3" class (69.4% vs 68.7%).

The percentage distributions of eligible population who know complications related to pregnancy, postnatal period and abortion are summarized in Table 4.2.6(B), Table 4.2.6(C) and Table 4.2.6(D) by urban-rural residence.

Table 4.2.6(B) Percent distribution of the eligible population who know pregnancy complications by the number of different complications they know and urban-rural residence

No. of complications	Urban (n=9314)	Rural (n=22769)	Total (n=32083)
0	35.1	35.6	35.5
1-4	58.3	58.6	58.6
5 - 8	6.0	5.2	5.5
9-13	0.6	0.5	0.5
Total	100.0	100.0	100.0

Table 4.2.6(C) Percent distribution of the eligible population who know postnatal complications by the number of different complications they know and urban-rural residence

No. of postnatal complications	Urban	Rural	Total
	(n=9314)	(n=22769)	(n=32083)
0	44.9	43.7	44.1
1- 6	52.0	53,7	53.2
7 -12	2.7	2.4	. 2.5
13-17	0 4	0.2	0.2
Total	100.0	100.0	100.0

Table 4.2.6 (D) Percent distribution of eligible population who know the abortion complication by the number of abortion complication they know and urban-rural residence

No. of abortion		•	
complications	Urban	Rural	Total
	(n=931 <u>4)</u>	(n=22769)	(n=32083)
0	51.4	51.8	51.7
1-4	46.2	46.5	46.4
5-8	2.3	1.6	1.8
9-12	0.1	0.1	0.1
Total	100.0	100.0	100.0

The proportion of respondents that is not aware of complications is more in the postnatal complications and abortion complications than pregnancy complications. The percentage who know 1 to 6 postnatal complications, 1 to 4 pregnancy complications and 1 to 4 abortion complications are slighter greater in the rural areas than the urban areas. However, the reverse is true for complications greater than 6 in the postnatal case, greater than 4 in the pregnancy case and abortion case.

The number of SDPs that the eligible household members access is summarized in Table 4.2.6(E) by urban-rural residence.

Table 4.2.6(E) Percent distribution of the eligible population who are aware of AN care need by the number of different AN care SDPs they access and urban-rural residence

Urban	Rural	Total
(n=9314)	(n≠22769)	(n=32083)
22.8	25.1	24.4
59.3	61.4	60.8
16.8	12.6	13.8
1,1	1.0	1.0
100 .0	100.0	100.0
	(n=9314) 22.8 59.3 16.8 1.1	(n=9314) (n=22769) 22.8 25.1 59.3 61.4 16.8 12.6 1.1 1.0

The majority of sample household population access 1 to 2 SDPs for AN care in both urban and rural areas (59.3% and 61.4%). As expected, more household population access to higher number of SDPs in the urban areas where the health infrastructures are better.

4.3 Pregnancy and antenatal care

Antenatal care information is obtained from the last birth that occurred within the last year so that the number of pregnancies is equal to the deliveries within the same year. Since the recall period is short the information which is recorded will reflect the most current situation.

4.3.1 Background characteristics

Out of 16294 eligible female population, 10301 women are ever married women. These EMW are classified according to the number of pregnancies they have by background characteristics in Table 4.3.1.

Table 4.3.1 Percent distribution of EMW according to the number of pregnancies by background characteristics

Background characteristics		Numbe	r of pre	gnancie	s	Number
background characteristics		1-4	5-8	9-13	Total	Humber
Age group	-					
15-19	46.0	54.0	_	-	100.0	189
20-24	21.3	78.2	0.5	0.1	100.0	1094
25-29	10.6	87.0	2.3	0.2	100.0	1637
30-34	5.4	83.1	11.3	0.2	100.0	2194
35-39	4.3	76.2	18.1	1.4	100.0	2080
40-44	3.6	66.0	27.6	2.8	100.0	1798
45-49	4.6	61.0	30.3	4.1	100.0	1309
Residence						
Urban	8.9	79.8	10.6	0.7	100.0	2984
Rural	7.6	73.7	17.0	1.7	100.0	7317
Education						
No Schooling (Illiterate)	4.5	61.9	27.9	5.7	100.0	494
No Schooling (Literate)	6.5	66.3	24.5	2.7	100.0	738
Primary	7.1	73.2	18.0	1.6	100.0	5162
Middle	8.0	80.6	10.8	0.6	100.0	2043
High School	9.5	84.0	6.4	-	100.0	1121
University	15.6	82.0	2.4	_	100.0	743
Total	8.0	75.5	15.1	1.4	100.0	10301

About 75% of pregnancy cases are from 1 to 4 pregnancies although the percent of EMW having pregnancies between 5 and 8 is not small (15.1%). Although the proportion of EMW having pregnancies less than 5 is higher in urban areas the proportion of EMW having pregnancies greater than 4 is higher in rural areas. The urban-rural differential is however small.

Abortion is a maternal health care problem with serious social and health consequences and female respondents are normally reluctant to give answer. The estimate obtained in the survey will be an underestimate. The percentage distribution of EMW according to the number of abortions is given in Table 4.3.2 by their common background characteristics.

Table 4.3.2 Percent distribution of EMW according to the number of abortions by background characteristics

Background characteristics			Number				
	0	1 _	2	3	>3	Total	
Age group							
15-19	93.1	6.3	0.5	-	-	100.0	189
20-24	89.4	8.7	1.6	0.3	-	100.0	1094
25-29	85.8	12.1	1,6	0.4	0.1	100.0	1637
30-34	83.1	13.4	2.7	0.6	0.1	100.0	2194
35-39	80.6	15.7	2.9	0.3	0.4	100.0	2080
40-44	78.4	15.3	5.1	0.8	0.4	100.0	1798
45-49	80.7	13.6	4.3	1.1	0.3	100.0	1309
Residence							
Urban	82.3	13.9	3.2	0.3	0.3	100.0	2984
Rural	82.9	13.2	3.0	0.7	0.2	100.0	7317
Education							
No Schooling (Illiterate)	78.9	14.0	5.3	1.0	8.0	100.0	494
No Schooling (Literate)	80.5	14.2	4.3	8.0	0.1	100.0	738
Primary	81.6	13.8	36	0.7	0.3	100.0	5162
Middle	83.9	13.1	23	0.4	0.2	100.0	2043
High School	86.5	12.0	1.4	0.1	-	100.0	1121
University	86.9	12.1	0.8	0.1	-	100.0	743
Total	82.8	13.4	3.0	0.6	0.2	100.0	10301

There is no large urban-rural differential with regard to abortion. From age group classification, the proportion of ever married adolescents with one abortion is 6.3% and the proportion with 2 abortions is 0.5%. The proportions having abortion decrease with the increase in the level of education of women.

Out of 1605 births recorded in the RHBCS survey, 1520 births (94.7%) have received antenatal care at least once.

The types of AN care provider for CMW who have given birth within the last 12 months are classified by 5-year age group, urban-rural residence and educational level and is given in Table 4.3.3. "Midwife' is the most common AN health care provider providing to nearly (59.9)% of all the pregnancies followed by "MO", "LHV" and "TBA" providing AN care to 11.8%, 7.6% and 7.3% of total pregnancies respectively. The "MW" provides AN care to slightly greater proportion of pregnancies in the rural areas than that in urban areas (61.0% v 56.5%). The proportion of pregnancies seeking AN care from "MO" in urban area is about three times that for pregnancies in rural areas whereas the reverse is approximately true for "TBA" AN care provider. Mothers with high level of education seek AN care from highly qualified professional "OG" or "MO" whereas illiterate mothers get AN care from "TBA".

The types of SDP for AN care are given in Table 4.3.4 by background characteristics. "Home" and "RHC" are the most common SDPs for the pregnancies of mothers in the young age group (46.9%), rural areas (49.3%), illiterate subgroup (59.5%) and "No schooling (literate)" subgroup(44.8%). The qualified AN care SDPs such as "Hospital", "MCH", "GP" and "Specialist" are accessed by mothers in the old age group "45-49", "urban areas" and subgroup with "university" education.

Table 4.3.3 Percent distribution of currently married women who have given birth within the last 12 months by type of AN care provider and background characteristics Q10A3

Background Characteristics	OG	GР	МО	НΑ	LHV	MW	AMW	ТТВА	TBA	Other	Number
Age group											
15-19	2.0	2.0	8.2	-	2.0	73.5	4.1	-	8.2	-	49
20-24	2.4	2.4	11.0	1.7	5.2	60.0	4.8	3.8	7.9	0.7	290
25-29	3.0	1.3	10.7	8.0	8,6	61.4	5.3	1.8	6.9	0.3	394
30-34	4.9	1.5	14.6	0.5	8.7	57.0	4.3	1.0	6.9	0.5	391
35-39	1.7	2.8	11.2	1.0	8.4	58.4	5.2	2.8	8.4	-	286
40-44	2.1	4.2	11.5	1.0	5.2	63.5	5.2	2.1	5.2	-	96
45-49	14.3	-	7.1	-	14.3	57.1	-	-	7.1	-	14
Residence											
Urban	6.4	2.4	23.7	-	5.9	56.5	0.5	8.0	3.2	0.5	375
Rural	2.1	1.9	7.9	1.2	8.1	61.0	6.3	2.5	8.6	0.3	1145
Education											
No Schooling (Illiterate)	1.3	-	6.3		1.3	55.7	5.1	-	30.4	-	79
No Schooling (Literate)	1.0	1.9	5.7	1.9	6.7	63.8	5.7	2.9	10.5	-	105
Primary	1.5	1.7	7.5	1.0	7.1	64.6	5.8	2.8	7.7	0.3	777
Middle	4.4	2.7	18.8	1.0	9.1	52.3	4.4	1.3	5.0	10	298
High School	6.3	2.5	20 8	06	88	55 3	3.8	1 .9	-	-	159
University	10.8	3.9	206	-	10 8	529		-	1.0		102
Total	3.2	2.0	11.8	0 9	76	59.9	4.9	2. 1	7.3	0.3	1520

Table 4.3.4 Percent distribution of CMW who have given birth in the last 12 months by type of SDP for AN care and Background characteristics

Q10A5

Background characteristics	At home	ВНС	МСН	Hospital	дъ	Specialist	Other	Number
Age group								
15-19	46.9	30.6	14.3	4.1	2.0	-	2.0	49
20-24	47.9	25.2	13.4	7.2	3.1	1.0	2.1	290
25-29	44.2	25.4	14.7	9.6	2.0	3.0	1.0	394
30-34	42.2	23.8	14.8	10.2	2.3	3.8	2.8	391
35-39	46.5	23.4	14.3	10.5	2.4	0.7	2.1	286
40-44	42.7	30.2	8.3	12.5	3.1	2.1	1.0	96
45-49	42.9	14.3	14.3	28.6	-	-	0.0	14
Residence								
Urban	31.2	3.5	44.3	9.6	5.1	4.8	1.6	375
Rural	49.3	32.0	4.1	9.7	1.6	1.4	2.0	1145
Education								
No Schooling (Illiterate)	59.5	21.5	7.6	5.1	1.3	1.3	3.8	79
No Schooling (Literate)	44.8	36.2	10.5	4.8	1.9	-	1.9	105
Primary	50.8	27.2	9.5	7.5	1.3	1.5	2.2	777
Middle	40.6	18.5	19.1	15.1	3.4	1.7	1.7	298
High School	32.1	23.9	22.6	13.2	3.8	4.4	0.0	159
University	19.6	19.6	28.4	13.7	7.8	8.8	2.0	102
Total	44.8	24.9	14.0	9.7	2.4	2.2	1.9	1520

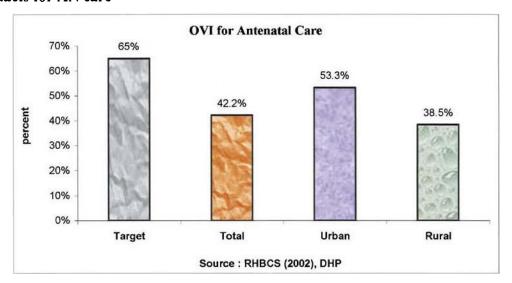
4.3.2 OVI for antenatal care

The selected OVI for antenatal care requires that "At least 65% of pregnant women are receiving 4 or more contacts for AN care". The RHBCS (2002) gives the situation of AN care receiving status classified by urban-rural residence in Table 4.3.5.

Table 4.3.5 Percent distribution of the number of AN care received by CMW

Number of AN Care	Urban	Urban Rural						
_	(n=375)	(n=1145)	(n=15 <u>20)</u>					
1-3	46.7	61.5	57.8					
4-7	38.1	32.2	33.7					
8-12	15.2	6.3	8.5					
Total	100.0	100.0	100.0					

Fig 4.2 Target and current proportion of pregnant women receiving 4 or more contacts for AN care



In the urban areas 53.3 % of pregnant women are receiving 4 or more contacts for AN care whereas only 38.5% of pregnant women are receiving 4 or more contacts for AN care in rural. On the whole, 42.2% of pregnant women are receiving 4 or more contacts for AN care indicating that about 23.0% of pregnant women need to contact more for AN care to achieve the OVI target.

Out of 1605 CMW who give births during the last 12 months, 85 women (5.3%) did not receive AN care. It will be of interest to study the reasons of the pregnant women for not getting the antenatal care for both urban as well as rural areas and this is given in Table 4.3.6.

Table 4.3.6 Percent distribution of currently married women who have birth within the last 12 months by reasons for not getting AN care and urban-rural residence

Reason	Urban (n=20)	Rural (n=65)	Total (n=85)
Services too far	5.0	10.8	9,4
No time	25.0	16.9	18.8
Poor transport	-	15.4	11.8
Inconvenient opening hour	-	1.5	1.2
Too expensive	35.0	26.2	28.2
No health care personnel	-	4.6	3.5
Not satisfied with health care	5.0	-	1.2
Not known	25.0	20.0	21.2
Others	15.0	21.5	20.0
Total	100.0	100.0	100.0

The main reason for not getting AN care for both urban and rural areas is economic viz. "Too expensive". Since the "Others" class contain mostly the mothers do not know about AN care for pregnancy, the "Not known" reason will account for approximately "41.2%" of not getting AN care for pregnancy indicating the lack of knowledge on AN care is also a main reason.

4.3.2 TT injection

One of the AN care for pregnant women are taking the TT injections two times before delivery to safeguard both the mother and the baby. The number of TT injections received by pregnant women is summarized by age group and urban-rural residence is summarized in Table 4.3.7.

Table 4.3.7 Percent distribution of the number of TT injections received by CMW who have birth in the last 12 months by age and urban-rural residence

	1	Number of	TT injectio	ns	Number
	0	1	2	Total	
Age group					
15-24	7.4	13.7	79.0	100.0	366
25-34	5.2	10.4	84.4	100.0	827
35-49	5.6	9.2	85.2	100.0	412
Residence					
Urban	4.8	10.1	85.1	100.0	395
Rural	6.1	11.1	82.8	100.0	1210
Total	5.8	10.8	83.4	100.0	1605

Most of the pregnant women (83.4%) received the full dose of 2 TT injections with not much difference between urban and rural areas. There is still 5.8% or 93 pregnant women who have not received any TT injection. These women are studied in more detail in Table 4.3.8 by the reasons for not getting TT injection and some background characteristics.

Table 4.3.8 Percent distribution of CMW who have birth in the last 12 months by type of reason for not getting TT injection and background characteristics (Q10A9)

Background Characteristics	Services too far	No time	Poor transport	Inconvenient opening hour	Too expensive	No health personnel	Other	Number
Age group								
15-24	3.7	48.1	7.4	7.4	-	11.1	48.1	27
25-34	14.0	34.9	2.3	7.0	7.0	2.3	44.2	43
35-49	21.7	39.1	8.7	4.3	-	8.7	34.8	23
Residence								
Urban	10.5	36.8	•	10.5	5.3	5.3	47.4	19
Rural	13.5	40.5	6.8	5.4	2.7	6.8	41.9	74
Total	12.9	39.8	5.4	6.5	3.2	6.5	43.0	93

The "Others" class includes mostly "Don't know" so that, the majority of the pregnant women not receiving ATT injections were not aware that such AN care is available. The reason "No time" is more common in rural areas indicating accessibility problem for getting the ATT injections which is supported by the fact that substantial proportions exist in the class "Services too far" or "poor transportation".

4.3.3 Complications during pregnancy

The type of complications during pregnancy is related to the quality of AN care received by mothers and the type of complications during pregnancy is summarized by the background characteristics of the pregnant women in Table 4.3.9.

Table 4.3.9 Percent distribution of CMW who have birth in the last 12 months by type of complications during pregnancy and background characteristics

(Multiple) (Q10A10)

Background Characteristics	Severe morning sickness	Bleeding in early pregnancy	Ectopic pregnancy	H-mole	Swelling of feet and face	Hypertension	Convulsion/fits	Bleeding in late pregnancy	High fever	Severe anemia	Other	Number
Age group												
15-24	25.7	3.6	-	8.0	13.1	13.1	4.4	3.0	9.3	17.5	47.3	366
25-34	27.9	4.8	0.6	1.1	17.7	11.2	3.3	1.5	7.9	16.2	43.8	827
35-49	21.8	4.1	0.5	•	18.0	14.3	5.8	4.4	8.0	16.3	43.7	412
Residence												
Urban	30,9	5.1	0.5	8.0	21,0	13.2	3.0	2.5	6.6	14.7	40.8	395
Rural	24.2	4.1	0.4	0.7	15.3	12.2	4.5	2.6	8.8	17.1	45.8	1210
Education												
No Schooling (Illiterate)	21.9	6.3	-	-	16.7	8.3	2.1	4.2	18.8	16.7	39.6	96
No Schooling (Literate)	20.2	2.6	-	1.8	14.0	9.6	5.3	0.9	7.9	12.3	52,6	114
Primary	25.0	3.4	0.5	0.5	14.3	11.2	3.5	2.3	7.7	17.8	48.4	827
Middle School	26.4	5.0	0,3	1.0	22.1	13.5	5,6	4.6	7.9	17.5	38.0	303
High School	30.2	8.6	0.6	1.2	21.0	13.6	4.3	1.2	6.8	14.8	35.8	162
University	34.0	3.9	1.0	1.0	16.5	24.3	5.8	1.0	5.8	10.7	42.7	103
Total	25.9	4.4	0.4	0.7	16.7	12.5	4.2	2.6	8.2	16.5	44.5	160 <u>5</u>

The most common type of complication during pregnancy is "Other" subgroup(44.5%) which include loss of appetite, palpitation, sleeplessness, worries, pain due to foetal movement etc. followed by "Severe morning sickness"(25.9%), "Swelling of face and feet"(16.7%) and "Severe anemia"(16.5%). There is an increasing trend in the proportions of mothers with "Severe morning sickness" and "Hypertension" with the level of education. A consistent pattern of change is observed in the proportions with the age groups. The complications "Severe morning sickness", "Bleeding in early pregnancy", "Swelling of feet and face", "Ectopic pregnancy" and "H-mole" occur more in urban women while the remaining complications occur more in the rural women.

4.3.4 Unplanned pregnancy

Information is asked to eligible woman whether she plan to become pregnant at all if she is pregnant at the time of interview. From this information, the unplanned pregnancies are summarized by their back ground characteristics in Table 4.3.10.

Table 4.3.10 Percentage of unplanned pregnancy among currently pregnant women by background characteristics

Background characteristics	Percentage	Total pregnancies
Age group		
15-19	32.0	25
20-24	31.5	108
25-29	36.7	150
30-34	42.1	164
35-39	54.6	108
40-44	68.6	35
Residence		
Urban	43.1	144
Rural	41.9	446
Education		
No Schooling (Illiterate)	67 <i>.</i> 4	43
No Schooling (Literate)	35.7	42
Primary	45.6	309
Middle	30.6	111
High School	42.0	50
University	25. 7	3 5
Total	42.2	590

Out of a total of 590 pregnancies, 42.2 % pregnancies are unplanned pregnancies. The proportions of unplanned pregnancies decrease with the level of educational level. The proportions of unplanned pregnancy are about the same in both urban and rural areas with a slightly higher proportion in the urban area. The proportions increase with the increase in the age of mothers indicating more awareness in the contraception methods in the younger aged mothers.

4.4 Delivery and postnatal care

Many women in Myanmar prefer to deliver at home for several reasons including the availability of family support and low cost. There is also a general belief that it is safer to deliver at home so that few women consider going to hospital for delivery purpose alone. The role of TBA in delivery is considerable especially in rural areas. Generally, post-delivery care is provided by the midwives and auxiliary midwives at the woman's home. The national guidelines require to visit the woman each day during the first week after delivery and again at six weeks. The content of postnatal care concentrates on care of the neonate. Service providers, including TBA, normally give advice on breast feeding, breast and cord care and sometimes counseling for birth spacing. In this section, the survey information on various aspects of delivery and postnatal care will be analyzed and presented.

4.4.1 Background characteristics

The percent distribution of CMW who has birth in the last 12 months by place of delivery and by type of assistance at delivery are given in Table 4.4.1 by their background characteristics.

The "home" is obviously the most common delivery place with 79% of all the deliveries occurred to the eligible women within the last twelve months as shown in Table 4.4.1. This also confirms the belief of women in Myanmar that "home" is a safe and most convenient place of delivery. The next common place of delivery is "Hospital" where 14.1% of all the deliveries of CMW in the survey are made. Although the deliveries at home in the rural area is more than those in the urban areas (83.4% Vs 65.6%), the "hospital" is the most common place of delivery next to "Home" the proportion of which is about two times more than that of rural area. An increasing trend is found in the proportions over age groups for both "Home" and "Hospital" categories.. However, the proportions decreases with the increase in the level of education for the "Home" category.

Table 4.4.1 Percent distribution of CMW who have birth in the last 12 months by place of delivery and background characteristics

					single	9 0.0 0.0 0.0 0.6 0.2 0.2 0.3 0.3					
Background characteristics	Health centre	Hospital	Matemity home	Private	At home	Otherhome	Other	Number			
Age group											
15-19	3.8	7.5	1.9	0.0	84.9	0.0	1.9	53			
20-24	1.3	10.9	1.6	1.0	83.4	0.6	1.3	313			
25-29	2,4	13.8	1.9	2.7	78.3	0.7	0.2	414			
30-34	2.2	16.2	0.2	3.4	77.0	0.2	0.7	413			
35-39	2.4	15. 5	1.0	2.0	78.5	0.3	0,3	297			
40-44	4.0	14.9	0.0	4.0	77.2	0.0	0,0	101			
45-49	7.1	21.4	7.1	0.0	64.3	0.0	0.0	14			
Residence											
Urban	3.8	22.3	1.3	5.6	6 5. 6	0.3	1.3	395			
Rural	1.8	11.4	1.2	1.3	83.4	0.5	0.4	1210			
Education											
No Schooling (Illiterate)	3.1	6.3	0.0	0.0	88.5	1.0	1.0	96			
No Schooling (Literate)	2.6	7.9	0.9	0.9	87. 7	0.0	0.0	114			
Primary	2.5	10.3	1.2	1.0	84.0	0.5	0.5	827			
Middle	0.7	19.8	2.0	1.3	74.9	0.7	0.7	303			
High School	4.3	21.0	0.6	8.0	64.8	0.0	1.2	162			
University	1.0	31.1	1.0	11.7	54.4	0.0	1.0	103			
Total	2.3	14.1	1.2	2.4	79.0	0.4	0.6	1605			

The percent distribution of EMW by type of assistance at delivery is given in Table 4.4.2 for various background characteristics. "MW" (midwife) is the most popular type of assistance at delivery for both urban and rural areas averaging 47.6% of all recorded deliveries. The next popular type of assistance at birth is "TBA" with 20.2%, with the proportion in the rural area more than twice that of urban area. The assistance at delivery by "MO" is more common in urban area (18.7%) than the rural area (8.8%), averaging 11.3% of all deliveries. Generally, the proportions of EMW are more in the urban areas with the qualified professionals such as "OG", "MO", "GP" and "MW" while the proportions of EMW are more in the rural areas with the unqualified professionals such as "AMW", "TBA", "TTBA".

The type of complications which occurred at delivery is given in Table 4.4.3 by various background characteristics. "Swelling of feet and face", "prolonged or obstructed labour" "Hypertension", "Severe anemia" and "Puerperial pyrexia" are the most common complications which occurred in rural areas. In urban areas, the remaining complications occur more.

The type of care provider who provide PN care services are summarized in Table 4.4.4 by various background characteristics of CMW. The most common type of PN care provider is "MW"(60.8%), followed by "TBA" (16.5%), "MO"(12.2%), and "AMW"(10.3%). In urban areas, the mothers depend more on qualified PN care providers such as "MW", "GP", "MO" and "LHV" whereas the mothers rely more on less qualified PN care providers such as "TBA", "TTBA", "HA". It is of interest to note that TBA is still a popular PN care provider accessed by 7.3% of mothers even in urban area. The proportion of CMW relying on "TBA" as PN care provider increases with the increase in the age of mothers indicating that older mothers tend to rely on the traditional TBA more.

Table 4.4.2 Percent distribution of CMW who have given birth in the last 12 months by type of assistance at delivery and background characteristics

										QA12 8	single	
Background	00	0.5				l di a i	A B 41 8 4	TTD 4	TD 4	Self	O4ls s	Nimakan
characteristics	OG	GP	МО	_HA	LHV	IVIVV	AMW	TTBA	IBA	delivery	Other	Number
Age group												
15-19	1.9	-	5.7	-	-	67.9	3.8	1.9	18.9	-	-	53
20-24	1.9	1.6	9.3	0.6	2.2	46.3	7.3	6.4	23.3	0.3	0.6	313
25-29	2.7	2.9	10.1	0.5	4.1	49.5	5.8	4.8	19.3	0.2	0.0	414
30-34	4.1	1.5	13.1	0.2	3.6	45.5	7.5	4.1	18.4	1.0	1.0	413
35-39	2.0	1.7	13.5	0.7	3.7	45.1	6.1	5.4	21.9	-	-	297
40-44	4.0	5.0	11.9	1.0	2.0	48.5	5.0	5.0	17.8	-	-	101
45-49	7.1	_	7.1	-	21.4	50.0	-	_	14.3	-	-	14
Residence												
Urban	5.8	2.8	18.7	0.3	3.3	54.2	1.0	2.3	11.1	0.3	0.3	395
Rural	1.9	1.8	8.8	0.6	3.5	45.5	8.2	5.8	23.1	0.4	0.4	1210
Education												
No Schooling								~ 4	45.0	0.4	4.0	00
(Illiterate)	-	4.2	5.2	-		33.3	6.3	2.1	45.8		1.0	96
No Schooling (Literate)	3.5	1.8	3.5	0.9	1.8	48.2	6.1	4.4	28.9		-	114
Primary	1.0	1.3	8.5	0.5	2.7	47.4	7.7	6.4	23.7	0.2	0 .6	827
Middle	3.6	1.3	15.8	0.7	5.9	47.9	5.6	3.3	15.5	0.3	-	303
High School	7.4	4.3	16.0	-	5.6	58.0	4.3	3.7	0.6	-	-	162
University	10.7	4.9	27.2	1.0	3.9	4 4 .7	1.9	2.9	2.9	-	-	103
Total	2.9	2.1	11.3	0.5	3.4	4 7.6	6.4	4.9	20.2	0.4	0.4	1605

Table 4.4.3 Percent distribution of CMW who have birth during the last 12 months by type of complications during delivery and postpartum period

Background Characteristics	Swelling of fete and face	Hypertension	Convulsion/ fits	Prolonged/obstructed labour	Vaginal tear/Uterine rupture	Forceps delivery/LSCS	SB	Early neonatal death	LBW	Retained placenta	Hdd	Preterm delivery/PROM	Puerperial pyrexia	Difficulties in breast feeding	Severe anemia	Others	Number
Age group																	
15-24	26.0	18.0	12.0	24.0	6.0	12.0	6.0	4.0	-	6.0	12.0	4.0	6.0	6.0	10.0	14.0	50
25-34	18.2	10.7	5.0	20.7	8.3	21.5	5.0	3.3	3.3	2.5	11.6	3.3	9.9	7.4	14.9	17.4	121
35-49	26.0	28.6	10.4	20 8	6.5	14.3	1.3	2.6	3.9	6.5	13.0	1.3	9.1	3.9	13.0	11.7	77
Residence																	
Urban	17.2	13.8	3.4	25.9	6.9	20.7	5.2	1.7	3.4	3.4	13.8	3.4	5.2	10.3	8.6	12.1	58
Rural	23.7	18.9	9.5	20.0	7.4	16.3	3.7	3.7	2.6	4.7	11.6	2.6	10.0	4.7	14.7	15.8	190
Education																	
No Schooling (Illiterate)	57.1	-	28.6	28 6	14.3	-	-	•	-	14.3	_	-	-	-	-	14.3	7
No Schooling (Literate)	10 0	10.0	10.0	25 0	0.0	15 0	5.0	5.0	10.0	5.0	15.0	-	10 0	5.0	15.0	15.0	20
Primary	24 6	16.9	8.5	22.3	6.2	16.2	6.2	3 1	2.3	4.6	13.1	3.1	92	6.2	15.4	14.6	130
Middle School	19.2	23.1	7.7	17 3	11.5	15.4	0.0	3.8	1.9	3.8	3.8	1.9	11 5	3.8	19.2	21.2	52
High School	21.7	21.7	4.3	30.4	43	21.7	4.3	-	43	-	30.4	4.3	8.7	-	-	4.3	23
University	12.5	18.8	-	6.3	12.5	37.5	-	6.3	-	6.3	6.3	6.3	0.0	25.0	-	12.5	16
Total	22.2	17.7	8.1	21.4	7.3	17.3	4.0	3.2	2.8	4.4	12.1	2.8	8.9	6.0	13.3	14.9	248

(Q10A17)
Table 4.4.4 Percent distribution of CMW who have births in the last 12 months by type of PN care provider and background characteristics

PN care provider and p	ackgr	ouna	спага	cieris	ucs						
Background characteristics	90	GР	MO FROM HOSPITAL OR MCH	НА	LHV/Nurse	MW	AMW	тва	ТВА	Other	Number
Age group									•		
15-24	1.9	1,6	9.7	1.9	7.5	62.3	12.1	6.9	14.6	3.1	321
25-34	3.6	2.2	13.0	1.5	10.8	61.1	10.5	6.6	16.6	2.2	730
35-49	2.2	2.5	13.0	1.7	8.0	58.8	8.3	7.5	18.0	2.2	362
Residence											
Urban	5.3	4.5	20.5	1.7	12.6	68.5	2.2	3.4	7.3	1.7	356
Rural	2.0	1.3	9.5	1.6	8.2	58.2	13.1	8.0	19.6	2.6	1057
Education											
No Schooling (Illiterate)	-	2.9	2.9	-	1.4	50.0	10.0	4.3	35.7	2.9	70
No Schooling (Literate)	2.2	2.2	3.3	1.1	7.6	64.1	10.9	8.7	26.1	3.3	92
Primary	1.5	1.5	9.1	1.7	7.5	59,6	13.0	8.6	19.5	2.9	723
Middle School	4.0	2.2	18.0	2.9	12.2	61.2	7.9	4.7	12.2	1.8	278
High School	3.9	3.3	21.1	1.3	13.8	71.1	7.2	5.3	2,6	2.0	152
University	10.2	4.1	20.4	-	15.3	57.1	2.0	3.1	5.1	-	98
Total	2.8	2.1	12.2	1.6	9.3	60.8	10.3	6.9	16.5	2.4	1413

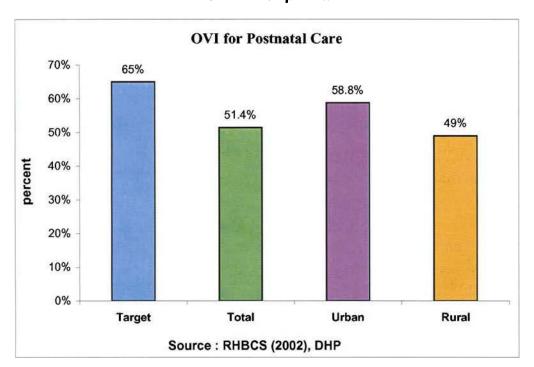
4.4.2 Postnatal care

Out of 1605 births by CMW in the last 12 months, 192 mothers said that they have not received any PN care. The reasons for not seeking PN care is classified by urban-rural residence in Table 4.4.5.

Table 4.4.5 Percent distribution of CMW who have birth in the last 12 months by type of reason for not getting PN care and urban-rural residence

by type of reason for not getting PN care and urban-rural residence					
Reason	Urban	Rural	Total		
	(n=39)	(n=153)	(n=192)		
Services too far	12.8	14.4	14.1		
No time	15.4	13.1	13.5		
Poor transport	0.0	3.9	3.1		
Inconvenient opening hour	2.6	1.3	1.6		
Too expensive	12.8	5.2	6.8		
No health care personnel	2.6	7.8	6.8		
Not satisfied on health care	0.0	2.0	1.6		
Not known	28.2	24.2	25.0		
Others	33.3	45.8	43.2		
Total_	100.0	100.0	100.0		

Fig 4.3 Target and current proportion of post natal Women receiving 6 or more contacts for postnatal care



The most common single reason is "Not known" (25%) which indicates that 1 out of 4 mothers are not aware of PN care services. "Services too far" (14.1%) and "No time" (13.5%) are the next major reasons. The reason "Services too far" is more common for rural mothers whereas "No time" is more common for urban mothers. 12.8% of urban mothers cited "Too expensive" as the reason for not getting PN care services.

Out of 1605 births, 150 mothers have received emergency obstetric care from various sources classified by urban-rural residence, is given in Table 4.4.6

(Q10A20) Table 4.4.6 Percent distribution of CMW who have received emergency obstetric care by type of sources of obstetric care and background characteristics

Background characteristics	Health centre	Hospital	Private	Maternity home	Other	Total
Age group		•				
15-24	9.5	71.4	4.8	-	14.3	21
25-34	5.6	75.3	13.5	3.4	2.2	89
35-49	2.5	90.0	7.5	-	-	40
Residence						
Urban	7.0	72.1	16.3	4.7	-	43
Rural	4.7	81.3	8.4	0.9	4.7	107
Total	5.3	78.7	10.7	2.0	3.3	150

Most mothers (78.8%) seek emergency obstetric care from "Government hospitals", followed by "Private clinic" (in patients) (10.7%) and "health centre" (5.3%) More rural mothers seek emergency care form "Government hospital" whereas more urban mothers seek emergency care from "Private clinic" and "health centre".

4.4.3 Abortion

The number of abortions of CMW by urban-rural residence is given in Table 4.4.7.

Table 4.4.7 Percent distribution of number of abortions of CMW who have abortions in the last 12 months by urban-rural residence

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Number of abortions	Urban	Rural	Total
	(n=395)	(n=1210)	(n=1605)
0	87.6	84.0	84.9
1	11.6	13.8	13.3
2	8.0	2.0	1.7
3	-	0.2	0.2
Total	100.0	100.0	100.0

Fig 4.4 Target and current proportion of women abortion complication going to SDP for emergency care

(OVI for Abortion Complications)



The majority of abortions (13.8%) has only one abortion.

Out of 243 abortions recorded in the RHBCS(2002), 129 mothers have complications which are classified by the type of complications they suffer in Table 4.4.8.

Table 4.4.8 Percent distribution of CMW who have abortion complications in the last 12 months by type of complications and background characteristics (Q12D)

Background characteristics	i Bleeding leading to blood transfusion	Septicaemia /Infection	Tetanus	Laparotomy / POD puncture	Utenne rupture/injury to viscera	Chronic pelvic disease	White discharge	Can't describe	Others	Number
Age group	20.0	20.0			5.0	25.0	5.0	5.0	20.0	20
15-24	30.0	20.0	_	-	5.0	35.0	18.2	5.0 6.1	15.2	66
25-34	36.4	34.8	-	-	1.5	33.3				
35-49	48.8	37.2	2.3	2.3	-	37.2	27.9	9.3	23.3	43
Residence	05.7	40.4				25.7	40.7	40.7	440	20
Urban	35.7	46.4	-	-	-	35.7	10.7	10.7	14.3	28
Rural	40.6	29.7	1.0	1.0	2.0	34.7	21.8	5.9	19.8	101
Total	39.5	33.3	8.0	8.0	1.6	34.9	19.4	7.0	18.6	129

"Bleeding leading to blood transfusion" (39.5%), "Septicemia" (33.3%), and "white discharge" (19.4%) are found to be the major abortion complications. "Septicemia" occurs more in urban areas whereas "Bleeding" and "White discharge" occurs more in rural areas. Most major complications tend to increase with the increasing age of mothers.

The proportions of CMW who have received post abortion counseling are given in Table 4.4.9(A) and the corresponding service providers are given in Table 4.4.9(B).

Table 4.4.9 (A) Percent distribution of CMW who have received post abortion counseling by urban-rural residence

Post abortion	Urban	Rural	Total
counseling	(n=49)	(n=194)	(n=243)
Yes	53.1	54.6	54.3
No	4 6.9	45.4	45.7
Total	100.0	100.0	100.0

Table 4.4.9(B) Percent distribution of CMW who got any post abortion counseling by type of service provider and urban-rural residence

Service provider	Urban	Rural	Total
	(n=26)	(n=106)	(n=132)
OG	11.5	2.8	4.5
Private clinic MO	7.7	3.8	4.5
MO from hospital or MCH	53.8	26.4	31.8
HA	3.8	6.6	6.1
LHV/Nurse	15.4	18.9	18.2
MW	65.4	50.0	53.0
AMW	-	10.4	8.3
TTBA	-	3.8	3.0
TBA	-	7.5	6.1
Others	3.8	13.2	11.4
Total	100.0	100.0	100.0

Only half of the CMW who have abortions got post abortion counseling. The major post abortion counseling service providers are "MW" (53.0%), "MO from hospital or MCH" (31.8%) and "LHV/nurse" (18.2%).

The proportions of CMW who have received post abortion care are given in Table 4.4.10(A) and the corresponding service providers are given in Table 4.4.10(B).

Table 4.4.10 (A) Percent distribution of CMW who have received any post abortion care by urban-rural residence

Emergency care for abortion complications	Urban (n=49)	Rural (n≃194)	Total (n=243)
Yes	51.0	60.3	58.4
No	49.0	39.7	41.6
Total	100.0	100.0	100.0

Table 4.4.10(B) Percent distribution of CMW who have received any post abortion care by type of service provider and urban-rural residence

Service provider	Urban	Rural	Total
	(n=25)	(n=117)	(n=142)
OG	4.0	2.6	2.8
Private clinic MO	24.0	2.6	6.3
MO from hospital or MCH	28.0	17.9	19.7
HA	-	5.1	4.2
LHV/Nurse	8.0	14.5	13.4
MW	56.0	54.7	54.9
AMW	_	15.4	12.7
TTBA	_	3.4	2.8
TBA	-	15,4	12.7
Others	4.0	4.3	4.2
Total	100.0	100.0	100.0

The proportions of CMW who actually got any post abortion care is 58.4% with the service providers following the same pattern as in post abortion counseling.

4.4.4 OVIs for delivery and emergency obstetric care

(a) The OVI for postpartum care is based on the number of PN care which the mothers receive, which states as

"65% of post natal woman receiving 6 contacts for post natal care"

The proportion of CMW who gave in the last 12 months and received postpartum care is given in Table 4.4.11 (A) by urban-rural residence and percent distribution of the number of PN care received by mothers is given in Table 4.4.11(B).

Table 4.4.11 (A) Percent distribution of CMW who give birth in the last 12 months and received any postpartum care by urban-rural residence

	Receive postpartum care	Urban	Rural	Total
		(n=395)	(n=1210)	(n=1605)
Yes		90.1	87.4	88.0
No		9.9	12.6	12.0
Total		100.0	100.0	100.0

Table 4.4.11(B) Percent distribution of PN care received by CMW who have birth in the last 12 months by urban-rural residence

	Number of times	Urban	Rural	Total
		(n=356)	(n=1057)	(n=1413)
1-3		25.2	30.5	29.2
4-5		16.0	20.5	19.4
6-10		58.8	49.0	51.4
Total		100.0	100.0	100.0

88.0% of total mothers who give birth in the last 12 months with a slightly more proportion in urban area.

The percentage of post natal women getting six or more contacts is 51.4%. The urban women have a higher proportion than that of rural population as expected (58.8% vs 49.0%).

(b) TBA is considered to be untrained personnel but the role of TBA in maternal health care is significant. The OVI for referrals emphasize the referrals by TBA and specifically states that

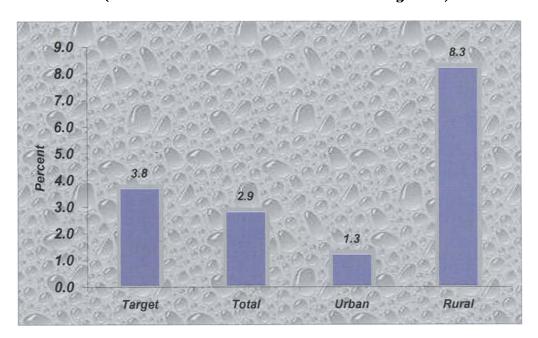
"Referrals for obstetric emergencies by TBAs are increased by 30%"

The percent distribution of number of referrals for emergency obstetric care by type of referees is given in Table 4.4.12 by urban-rural residence.

Table 4.4.12 Percentage distribution of number of referrals for emergency obstetric care by type of referees and urban-rural residence (OVI)

Referral by	Urban	Rural	Total
<u></u>	(n=24)	(n=79)	(n=103)
OG	8.3	1.3	2.9
GP	4.2	5.1	4.9
MO	8.3	7.6	7.8
HA	-	1.3	1.0
LHV	4.2	7.6	6.8
MW	66.7	67.1	67.0
AMW	-	5.1	3.9
TTBA	-	1.3	1.0
TBA	8.3	1.3	2.9
Other	-	2.5	1.9
Total	100.0	100.0	100.0

Fig 4.5 Target and current proportion of TBA referrals for emergencies obstetrics (OVI for TBA Referral in Obstetrics Emergencies)



The percentage of TBA referrals for obstetric emergencies is only 2.9%.

(c) Percentage of CMW who received emergency care for abortion complication is given in Table 4.4.13(A) and percent distribution of CMW who received emergency care for abortion complication by SDPs is given in Table 4.4.13(B).

Table 4.4.13 (A) Percent distribution of CMW who have received emergency care for abortion complications by urban-rural residence

Emergency care for abortion complications	Urban (n=29)	Rural (n=100)	Total (n=129)
Yes	96.6	68.0	74.4
No	3.4	32.0	25.6
Total	100.0	100.0	100.0

Table 4.4.13(B) Percent distribution of CMW who have received emergency care for abortion complications by SDPs and urban-rural residence

Service Delivery point	Urban	Rural	Total
	(n=28)	(n=68)	(n=96)
Health centre	3.6	7.4	6.3
Government Hospital	78.6	52.9	60.4
Private clinic	-	4.4	3.1
GP	7.1	5.9	6.3
LHV	3.6	5.9	5.2
MW	-	19.1	13.5
AMW	-	1.5	1.0
TBA	7.1	1.5	3.1
Other	-	1.5	1.0
Total	100.0	100.0	100.0

Abortion is a serious and sometimes life threatening problem for pregnant mothers. The OVI for the emergency care for abortion complication is

"95% of the women with abortion complications are going to the Service Delivery Points to receive emergency care"

From table 4.4.13(A) RHBCS (2002) shows that only 74.4% of women with abortion complications are going to the SDPs to receive emergency care.

Chapter V Knowledge of STDs and HIV/AIDS

The sexually transmitted diseases (STDs) consist of syphilis, chancroid, gonorrhea and non-gonococcus urethritis inclusive of Acquired Immune Deficiency Syndrome (AIDS). The RHBCS (2002) included a number of questions concerning the knowledge of both men and women on STDs and AIDS and strategies for their prevention. Also, detailed information regarding the public awareness about the symptoms of these diseases as well as the sources of the disease cure known to them.

5.1 Knowledge on STDs

STDs are generally seen as diseases men acquire because they visit sex workers. Out of 32083 eligible household members, 25021 household members (78%) have heard about STDs. The household members who have heard about STDs are classified by their knowledge about the symptoms of STDs and their background characteristics in Table5.1. 40.6 % of respondents answered "Don't know" indicating that a large proportion of household population is not aware of STDs. "Urethral discharge" is the most common symptom known to household population(34.9%), followed by "Genital ulcer" (29.5%) and "Burning micturation" (25.1%). Generally, higher level of education and older age raise the awareness of STD symptoms.

The percent distribution of the number of symptoms ever heard by eligible household members is given in Table 5.1 (A).

Table 5.1(A) Percent distribution of the number of symptoms of STDs ever heard by eligible household population according to urban-rural residence(Q6A.Q6B)

by eligible libeschold pe	spanation according to at	pan-latal restachee/ac	7,400
No of symptoms	Urban	Rural	Total
of STD	(n=9314)	(n=22769)	(n=32083)
0	17.2	24.2	22.1
1-3	75.6	69.9	71.5
4-6	5. 6	5.0	5.2
7-8	1.6	0.9	1.1
Total	100.0	100.0	100.0

The large majority of household members (71.5%) know 1 to 3 symptoms of STDs and the urban respondents are more aware of the symptoms of STDs than the rural respondents. The percentage of sample household members who are not aware of a single symptom of STDs is 22%.

Table 5.1 Percent distribution of eligible household population who have ever heard of STD by type of symptoms of STD and background characteristics (Multiple) (Q6A,Q6B)

Background Characteristics	Urethral discharge	Genital Ulcer	Foul smelling vaginal discharge	Burning micturation	Inguinal lymph node enlargement	Genital wart	Don't know	Others	Number
Broad age group									
15-24	30.7	25.5	15.6	21.9	11.9	7.0	47.9	7.4	5618
25-34	33.8	29.3	16.1	24.6	14.1	8.7	41.1	9.1	7073
35 -4 9	36.0	31.0	18.0	26.4	14.6	8.8	37.9	9.6	9210
50+	41.6	32.9	10.5	27.8	17.9	10.9	34.5	10.7	3120
Sex									
Male	40.8	32.0	10.9	28.5	16.7	10.3	35,6	8.9	13313
Female	28.1	26.7	21.8	21.2	11.5	6.8	46.4	9.3	11708
Residence									
Urban	33.1	29.1	17.0	27.6	14.3	9.8	40.3	10.1	7727
Rural	35.7	29.7	15.6	23.9	14.2	8.1	40.8	8.6	17294
Education									
No Schooling (Illiterate)	27.5	17.9	12.6	22.7	5.3	2.3	54.2	3.8	397
No Schooling (Literate)	32.4	29,8	14.4	24.8	15.9	10.4	43.5	10.0	2087
Primary	33.2	27.5	14.5	21.5	12.4	7.1	43.4	9.2	9176
Middle School	35.0	29.3	14.5	25.8	14.8	8.3	39.9	8.9	6057
High School	38.3	31.8	18.1	28.3	16.0	10.1	36,6	8.9	4295
University	37.7	34.3	22.0	30.4	16.5	11.8	35.9	9.5	3009
Current Marital Status									
Single	31.9	26.5	16.3	22.5	12.4	7.9	46.6	8.0	7514
Married	36.4	30.8	15.9	26.3	15.2	9.0	37.9	9.6	16420
Others	33.0	30.4	14.4	24.1	13.3	7.9	41.6	9.8	1087
Total	34.9	29.5	16.0	25.1	14.3	8.6	40.6	9.1	25021

Out of 25021 respondents who have ever heard of STDs, only 16549 household members (66.1%) know ways how to prevent STDs. This indicates that a large proportion of eligible household members are not aware of the STDs prevention methods. The percent distribution of this subpopulation are further classified by the type of preventing methods they know and is given in Table 5.2 by their background characteristics.

Table 5.2 Percentage distribution of eligible household population who know how to prevent STDs by type of preventing methods and background characteristics (Multiple)

						_	Q6D
Background characteristics	Using condom	Not having sex with sex worker	Wash genital after sex	Apply penicillin or similar antibiotic	Don't know	Others	Number
Broad age group							
15-24	51.8	89.7	17.1	15.7	8.4	3.1	3448
25-34	53.5	90.0	14.8	15.7	7.1	3.3	4707
35 -4 9	50.7	89.8	15.9	16.8	7.7	4.0	6245
50+	37.2	89.9	16.1	18.5	7.1	4.0	2149
Sex							
Male	52.1	89.9	15.2	17.3	7.4	3.3	9389
Female	47.2	89.8	16.8	15.4	7.8	3.9	7160
Residence							
Urban	58.6	89.2	16.1	16.4	8.1	4.4	5493
Rural	45.7	90.1	15.7	16.5	7.3	3.2	11056
Education							
No Schooling (Illiterate)	37.3	93.0	15.8	11.4	8.9	1.9	158
No Schooling (Literate)	32.8	90.6	17.6	19.7	10.4	3.3	1251
Primary	41.2	89.9	15.3	16.0	6.7	3.6	5536
Middle School	50.9	88.5	14.1	16.2	6.9	3.3	4159
High School	60.8	90.1	17.4	16.7	8.2	3,3	3131
University	64 .8	91.1	17.3	16.4	8.5	4.7	2314
Current Marital Status							
Single	51.8	90.4	17.5	16.3	8.6	3.3	
Married	49.8	89.6	15,3	16.5	7.2	3.7	11118
Others	39.3	89.7	13.0	16,5	7.0	4.4	661
Total	50.0	89.8	15.9	16.5	7.6	3.6	16549

Since the STDs are generally associated with sex workers, a large majority of respondents (89.8%) identified "Not having sex with sex worker" as the preventing method for STDs, followed by "Using condom" (50%), "Apply penicillin or similar antibiotics" (16.5%) and "Wash genital after sex" (15.9%). There is no significant urban-rural differential or sex differential on the knowledge of STDs preventing methods for most methods. The "Single" household members are found to be more aware of the preventing methods than other marital subgroups.

The percent distribution of the number of STDs preventing methods known to the eligible population is given in Table 5.2(A) by urban-rural residence of the respondents.

Table 5.2(A) Percent distribution of the number of STDs preventing methods known to eligible household population according to urban-rural residence (Q6A,Q6B,Q6D)

No of symptoms	Urban	Rural	Total
of STD	(n=9314)	(n=22769)	(n=32083)
0	41.1	51.5	48.5
1-2	48.4	40.6	42.9
3-4	7.1	5.8	6.2
5-6	3.4	2.0	2.4
Total	100.0	100.0	100.0

The high proportion of eligible respondents (42.9%) knows 1 to 2 STD preventing methods. The proportions of population who know 3 to 4 or 5 to 6 STD preventing methods are low. The urban respondents are more aware of the STDs preventing methods than the rural respondents.

5.3 Knowledge on HIV/AIDS

Objectively verifiable Indicator for HIV/AIDS

The specific OVI on HIV/AIDS annual target is

"At least 70% of men and women can identify three ways of HIV transmission relevance of antenatal care"

The specific transmission methods in the questionnaire are

- (1) Sexual contact with infected person/prostitutes
- (2) Infected transfusion
- (3) Injection with infected needle and syringe
- (4) Infected mother to foetus
- (5) Other

Out of 32083 eligible respondents, 26816 respondents (83.6%) answered they know the ways of transmission of HIV/AIDS. The percent distribution of the number of transmission ways of HIV/AIDS known to eligible population according to urban-rural residence is shown in Table 5.3(A).

Table 5.3(A) Percent distribution of the number of transmission ways of HIV/AIDS known to eligible household population according to urban-rural residence (Q6A,Q6B,Q6D)

<u></u>			
No. of HIV/AIDS transmission ways	Urban (n=931 4)	Rural (n=22769)	Total (n=32083)
0	12.9	18.0	16.5
1	12.2	17,3	15.8
2	27.8	27.2	27.4
3	3 3.3	28.3	29.8
4	13.3	8.8	10.1
5	0.5	0.3	0.4
Total	100.0	100.0	100.0

The RHBCS(2002) finds that 40.3% of men and women can identify three or more ways of HIV transmission relevance of antenatal care. 29.7% of men and women more have to know at least three ways to achieve the OVI target indicating more information and communication activities on HIV transmission methods need to be done.

The percent distribution of eligible population who know the transmission ways of HIV/AIDS by type of transmission ways they know is summarized in Table 5.3 by their background characteristics.

Table 5.3 Percent distribution of eligible household population who know ways of transmission of HIV/AIDS by type of transmission ways and background characteristics (Multiple) (Q7C)

Background characteristics	Sex with infected person/prostitutes	Infected blod transfusion	Injection with infected needle and syringe	Infected mother to foetus	Others	Number
Broad age group						
15-24	83.6	63.1	72.5	15.9	5.3	6741
25-34	87.2	62.6	72.0	16.9	5.8	7652
35-49	86.3	61.6	72.5	16.4	6.4	9525
50+	86.6	59.8	69.5	13.1	6.2	2898
Sex						
Male	88.1	62.2	72.4	14.2	6.0	13469
Female	83.7	61.9	71.7	18.0	5.9	13347
Residence						
Urban	86.8	67.0	76.1	18.4	8.0	8122
Rural	8 5.5	59.9	70.3	15.1	5.0	18694
Education			_			_
No Schooling (Illiterate)	83.5	48.7	55.9	7.9	6.5	417
No Schooling (Literate)	85.8	54.0	64.4	13.0	5.6	2079
Primary	84.3	54.6	66.8	12.6	5.0	9991
Middle School	86.1	63.0	73.2	14.9	6.0	6520
High School	86.7	70.0	78.9	19.6	6.4	4613
University	89.9	78.8	83.1	27.3	8.2	3196
Current Marital Status						
Single	84.0	66.2	73.9	16.2	5.6	8713
Married	86.9	60.2	71.2	16.1	6.1	17039
Others	84.9	57.5	69.8	14.8	5.4	1064
Total	85.9_	62.1	72.0	16.1	5.9	26816

"Sex with infected person/prostitute" is the most common type of transmission known (85.9%), followed by "Injection with infected needle and syringe" (72%) and "Infected blood transfusion" (62.1%). The transmission method "Infected mother to foetus" is known by relatively small percentage of respondents (16.1%). Out of 32083 eligible respondents, 75.6% said they are aware of the ways preventing HIV/AIDS transmission. The percent distribution of these respondents is summarized in Table 5.4 by their background characteristics.

Table 5.4 Percent distribution of eligible household population who know ways of preventing HIV/ AIDS by type of preventing ways and background characteristics (Q7E)(Multiple)

Use condom	Have only one sex partner	Avoid sex with prostitute	Avoid homosex	Avoid deep kissing	Avoid infected blood transfusion	Avoid injection with infected needle	avoid tattooing/acupuncture	Others	Number
	<u> </u>								
39.4	34.9	73.1	17.2	5.7	44.5	53.0	10.9	2.3	6032
45.9	37.5	75.1	17.5	5.8	43.3	52.6	10.4	2.3	6963
43.4	39.5	74.6	17.6	6.3	42.5	51.7	10.0	3.0	8637
35.1	37.6	74.0	17.1	5.7	43.2	49.8	11.7	3.2	2651
47.3	38.3	75.7	18.6	6.2	42.3	50.2	12.4	2.6	12431
36.9	36.8	72.8	16.2	5.7	44.3	54.0	8.6	2.7	11852
51.6	39.3	74.5	21.7	6.6	45.1	53,8	11.6	3.5	7422
38.1	36,8	74.2	15.5	5.7	42.5	51.3	10.0	2.3	16861
22.3	32.3	68.3	7.0	4.4	39.0	41.9	3,5	0.6	341
29.5	35.0	76.9	14.0	5.4	39.1	45,2	8.2	2.8	1819
3 2 4	34 2	73.0	13.2	5.0	38,8	48.9	7.9	2.2	8724
44 0	36. 5	74.3	17.5	5.6	43.7	52.2	10.0	2.7	6010
54 1	41.2	74.0	21.1	6.8	47.0	56,8	14.0	2.7	4341
5 9.6	46.3	77.6	27.4	8.8	53.0	59.4	16.3	4.0	3048
40.3	34.9	73.5	18.8	6.5	46.0	54.1	11,3	2.5	7902
43.7	39.1	74.6	16.7	5.7	42.1	51.1	10.2	2.7	15430
34.9	35.2	75.8	16.4	4.8	40.9	50.9	9.5	2.2	951
42.2	37.6	74.3	17.4	6.0	43.3	52.1	10.5	2.6	24283
	39.4 45.9 43.4 35.1 47.3 36.9 51.6 38.1 22.3 29.5 32.4 44.0 54.1 59.6 40.3 43.7 34.9	39.4 34.9 45.9 37.5 43.4 39.5 35.1 37.6 47.3 38.3 36.9 36.8 51.6 39.3 38.1 36.8 22.3 32.3 29.5 35.0 32.4 34.2 44.0 36.5 54.1 41.2 59.6 46.3 40.3 34.9 43.7 39.1 34.9 35.2	39.4 34.9 73.1 45.9 37.5 75.1 43.4 39.5 74.6 35.1 37.6 74.0 47.3 38.3 75.7 36.9 36.8 72.8 51.6 39.3 74.5 38.1 36.8 74.2 22.3 32.3 68.3 29.5 35.0 76.9 32.4 34.2 73.0 44.0 36.5 74.3 54.1 41.2 74.0 59.6 46.3 77.6 40.3 34.9 73.5 43.7 39.1 74.6 34.9 35.2 75.8	39.4 34.9 73.1 17.2 45.9 37.5 75.1 17.5 43.4 39.5 74.6 17.6 35.1 37.6 74.0 17.1 47.3 38.3 75.7 18.6 36.9 36.8 72.8 16.2 51.6 39.3 74.5 21.7 38.1 36.8 74.2 15.5 22.3 32.3 68.3 7.0 29.5 35.0 76.9 14.0 32.4 34.2 73.0 13.2 44.0 36.5 74.3 17.5 54.1 41.2 74.0 21.1 59.6 46.3 77.6 27.4 40.3 34.9 73.5 18.8 43.7 39.1 74.6 16.7 34.9 35.2 75.8 16.4	39.4 34.9 73.1 17.2 5.7 45.9 37.5 75.1 17.5 5.8 43.4 39.5 74.6 17.6 6.3 35.1 37.6 74.0 17.1 5.7 47.3 38.3 75.7 18.6 6.2 36.9 36.8 72.8 16.2 5.7 51.6 39.3 74.5 21.7 6.6 38.1 36.8 74.2 15.5 5.7 22.3 32.3 68.3 7.0 4.4 29.5 35.0 76.9 14.0 5.4 32.4 34.2 73.0 13.2 5.0 44.0 36.5 74.3 17.5 5.6 54.1 41.2 74.0 21.1 6.8 59.6 46.3 77.6 27.4 8.8 40.3 34.9 73.5 18.8 6.5 43.7 39.1 74.6 16.7 5.7 34.9 35.2 75.8 16.4 4.8	39.4 34.9 73.1 17.2 5.7 44.5 45.9 37.5 75.1 17.5 5.8 43.3 43.4 39.5 74.6 17.6 6.3 42.5 35.1 37.6 74.0 17.1 5.7 43.2 47.3 38.3 75.7 18.6 6.2 42.3 36.9 36.8 72.8 16.2 5.7 44.3 51.6 39.3 74.5 21.7 6.6 45.1 38.1 36.8 74.2 15.5 5.7 42.5 22.3 32.3 68.3 7.0 4.4 39.0 29.5 35.0 76.9 14.0 5.4 39.1 32.4 34.2 73.0 13.2 5.0 38.8 44.0 36.5 74.3 17.5 5.6 43.7 54.1 41.2 74.0 21.1 6.8 47.0 59.6 46.3 77.6 27.4 8.8 53.0 40.3 34.9 73.5 18.8 6.5<	39.4 34.9 73.1 17.2 5.7 44.5 53.0 45.9 37.5 75.1 17.5 5.8 43.3 52.6 43.4 39.5 74.6 17.6 6.3 42.5 51.7 35.1 37.6 74.0 17.1 5.7 43.2 49.8 47.3 38.3 75.7 18.6 6.2 42.3 50.2 36.9 36.8 72.8 16.2 5.7 44.3 54.0 51.6 39.3 74.5 21.7 6.6 45.1 53.8 38.1 36.8 74.2 15.5 5.7 42.5 51.3 22.3 32.3 68.3 7.0 4.4 39.0 41.9 29.5 35.0 76.9 14.0 5.4 39.1 45.2 32.4 34.2 73.0 13.2 5.0 38.8 48.9 44.0 36.5 74.3 17.5 5.6 43.7 52.2 54.1 41.2 74.0 21.1 6.8 47.0 5	39.4 34.9 73.1 17.2 5.7 44.5 53.0 10.9 45.9 37.5 75.1 17.5 5.8 43.3 52.6 10.4 43.4 39.5 74.6 17.6 6.3 42.5 51.7 10.0 35.1 37.6 74.0 17.1 5.7 43.2 49.8 11.7 47.3 38.3 75.7 18.6 6.2 42.3 50.2 12.4 36.9 36.8 72.8 16.2 5.7 44.3 54.0 8.6 51.6 39.3 74.5 21.7 6.6 45.1 53.8 11.6 38.1 36.8 74.2 15.5 5.7 42.5 51.3 10.0 22.3 32.3 68.3 7.0 4.4 39.0 41.9 3.5 29.5 35.0 76.9 14.0 5.4 39.1 45.2 8.2 32.4 34.2 73.0 13.2 5.0 38.8 48.9 7.9 44.0 36.5 74.3 17	39.4 34.9 73.1 17.2 5.7 44.5 53.0 10.9 2.3 45.9 37.5 75.1 17.5 5.8 43.3 52.6 10.4 2.3 43.4 39.5 74.6 17.6 6.3 42.5 51.7 10.0 3.0 35.1 37.6 74.0 17.1 5.7 43.2 49.8 11.7 3.2 47.3 38.3 75.7 18.6 6.2 42.3 50.2 12.4 2.6 36.9 36.8 72.8 16.2 5.7 44.3 54.0 8.6 2.7 51.6 39.3 74.5 21.7 6.6 45.1 53.8 11.6 3.5 38.1 36.8 74.2 15.5 5.7 42.5 51.3 10.0 2.3 22.3 32.3 68.3 7.0 4.4 39.0 41.9 3.5 0.6 29.5 35.0 76.9 14.0 5.4 39.1 45.2 8.2 2.8 32.4 34.2 73.0

Among the nine possible methods of preventing HIV/AIDS transmission, "Avoid sex with prostitute" is the most well-known method (74.3%), followed by "Avoid injection with infected needle" (52.1%), "Avoid infected blood transfusion" (43.3%) and "Use condom" (42.2%). Other methods of prevention such as "avoid deep kissing" (6.0%) and "Avoid tattooing/acupuncture" (10.5%) are less known to the respondents. There is no significant sex differential regarding the knowledge on HIV/AIDS preventing methods. However, the level of education raises the level of awareness of the preventing methods. The percent distribution of the number of HIV/AIDS preventing ways known to eligible household members is given in Table 5.4 (A) by urban-rural residence.

Table 5.4A Percent distribution of the number of HIV/AIDS preventing ways known to eligible household population according to urban-rural residence(Q7E)

No. of HIV/AIDS preventing	Urb an	Rural	Total
ways	(n=9314)	(n=22769)	(n=32083)
0	20.4	26.0	24.3
1-2	33.0	36.4	35.4
3-5	40.1	33.5	35.4
6-9	6.5	4.1	4.8
Total	100.0	100.0	100.0

One out of four eligible persons does not know HIV/AIDS preventing ways. One out of three eligible persons know one to two HIV/AIDS preventing ways or three to five HIV/AIDS preventing ways. The percentage of respondents who knows more than six HIV/AIDS preventing ways is low (4.8%).

The sources of information from which the respondents obtain the knowledge of HIV/AIDS preventing ways are given in Table 5.5 by the respondents' background characteristics. "Radio, newspaper, magazine and media" is the most common source of information (63.2%) for knowledge on HIV/IDS preventing ways, followed by "Basic health staff"(34.9%), "Parent, friend and relative"(34.7%) and "MCWA" (30.7%). It is found that more males obtained knowledge for preventing methods from most sources except "School" source. Adolescents obtained more information about these HIV/AIDS prevention methods from "School", "Youth to youth" and "Parent/friend / relative" sources. The level of education is positively correlated with the proportions of respondents who know HIV/AIDS preventing ways for almost all the methods.

To investigate the effectiveness of various communication channel for HIV/AIDS preventing ways, the percent distribution of the number of sources for HIV/AIDS preventing ways is given in Table 5.5(A) by urban-rural residence.

Table 5.5A Percent distribution of the number of sources of information for HIV/AIDS preventing ways known to eligible household population according to urban-rural residence(Q7E)

No. of sources on HIV/AIDS	Urban	Rural	Total
preventing ways	(n=9314)	(n=22769)	(n=32083)
0	3.9	6.6	5.8
1-4	86.3	86.2	86.2
5-8	9.2	6.8	7.5
9-12	0.7	0.4	0.5
Total	100.0	100.0	100.0

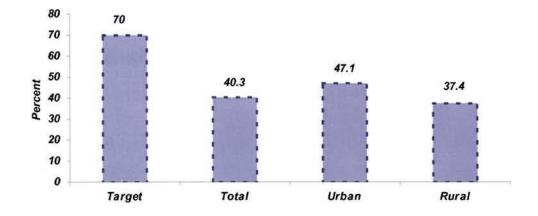
One to four sources of information are common accounting for 86.2% of all eligible population whereas the proportion of respondents who are not aware of (5.8%) or who know more than 5 sources (8%) is found to be low.

Table 5.5 Percent distribution of eligible household population who know HIV/AIDS preventing ways by sources of information and background characteristics (Multiple) (Q7F)

ways by sources of information and background characteristics (littlitiple) (Q71)													
Background characteristics	School(in class)	School (outside class)	Youth to youth	Parent/friend/relat ives	Policy maker	NGOs	MCWA	Basic health staff	Doctors	Radio,newspaper , magazine & media	INGOs	Others	Number
Broad age group		_	,									_	
15-24	9.4	24.9	42.0	34.5	9.5	9.8	26.2	28.0	11.7	61.5	2.3	1.9	7636
25-34	4.6	9.4	31.2	35.6	11.1	12.2	32.8	35.8	16.3	63.7	1.9	2.3	8572
35-49	4.5	8.2	21.7	35.2	13.3	12.5	34.1	38.7	17.7	63.1	2.2	2.9	10682
50+	4.2	6.4	13.5	29.0	19.7	12.7	25.0	36.4	19.6	66.1	2.4	3.0	3381
Sex													
Male	5.7	11.7	31.7	32.7	14.3	12.4	24.9	35.0	17.6	64.9	2.4	2.5	15018
Female	5.8	13.4	25.5	36.2	10.6	11.2	36.5	34.9	14.4	61.5	2.0	2.5	15253
Residence													
Urban	6.3	15.2	27.0	36.4	13.6	11.2	35.3	28.5	20.3	66.2	2.5	3.2	8966
Rural	5.5	11.5	29.2	33.6	12.0	12.0	28.8	37.6	14.2	61.9	2.0	2.2	21305
Education													
No Schooling (Illiterate)	1.8	2.6	16.4	37.6	13.1	8.0	16.5	30.0	8.4	42.4	5.4	3.1	654
No Schooling (Literate)	5.1	6.6	23.0	36.8	15.2	12.2	23.4	33.4	11.0	54.8	1.5	3.6	2528
Primary	3.6	5.6	28.3	35.8	11.8	11.2	27.7	34.6	12.3	59.1	1.6	2.5	11774
Middle School	5.1	10.3	28.1	33.9	13.0	11.2	33.1	35.5	16.8	65.4	1.9	2.1	7167
High School	9.6	24.2	31.5	30.7	12.4	13.6	35.0	34.9	21.5	69.4	2.7	2.3	4860
University	10.5	31.7	32.9	33.6	11.3	12.8	38.8	37.0	24.7	74.5	3.8	2.7	3288
Current Marital Status													
Single	9.4	24.0	38.9	35.2	11.1	10.8	27.9	28.8	13.8	64.6	2.1	1.9	9705
Married	4.0	7.3	24.0	34.1	13.1	12.4	32.2	38.0	17.1	62.7	2.2	2.7	19276
Others	4.3	5.9	20.3	34.2	12.9	10.4	29.8	35.4	16.6	61.3	1.6	3.7	1290
Total	5.7	12.6	28.6	34.4	12.4	11.8	30.7	34.9	16.0	63.2	2.2	2.5	30271

Figure: 5.1 Target and current proportion of women and men who can identify 3 or more correct ways of HIV Transmission Prevention.

(OVI for HIV/AIDS Transmission)



Chapter VI

Contraception

Determining the level of knowledge on contraception was one of the current base line survey objectives, since the knowledge of contraceptive methods and knowledge on the sources of information as well as the service providers are the major determinants of their use. Level of use of contraceptive methods is generally accepted as a criterion for measuring the success of a birth spacing program. The contraceptive use will also be studied from various aspects for different segments of the study population to yield information for making the correct service promotion efforts. In Myanmar, the majority of such services were provided by the private sector with little awareness of the quality of services and the consequent problems associated with various methods. These aspects will also be studied in this chapter.

6.1 Knowledge of Contraception

OVI for contraception

The specific OVI for knowledge of contraception is

"At least 70% of men and women can identify four modern contraceptive methods"

RHBCS (2002) asked whether the respondents have ever heard of any method to prevent pregnancy and if the answer is 'Yes', a further question about what method they have heard was asked. Seventeen different methods were presented to them and their knowledge was recorded in the following Table 6.1(A)

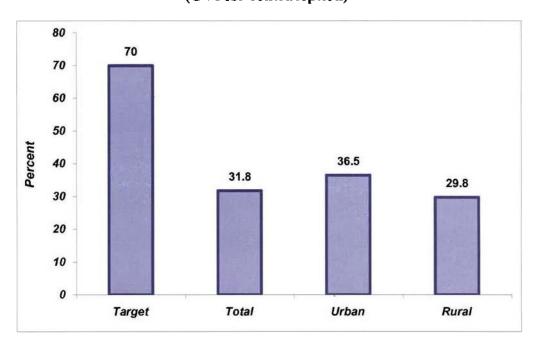
Table 6.1(A) Percent distribution of the number of contraceptive methods known to eligible population according to urban-rural residence

No. of contraceptive	Urban	Rural	Total
methods	(n=9314)	(n=22769)	(n=32083)
0	13.0	14.3	13.9
1-3	50.5	56.0	54.4
4-6	31.6	26.8	28.2
7-9	4.4	2.5	3.1
10+	0.5	0.5	0.5
Total	100.0	100.0	100.0

The percentage of population who know four or more contraceptive methods is 31.8%, indicating that a further 38.2% of respondents have to be educated on the contraceptive methods to achieve the annual target of OVI on contraception.

Fig 6.1 Target and current proportion of men and women who can identify four or more modern contraception methods.

(OVI for contraception)



A moderate proportion(13.9%) of the respondents said they do not know any contraceptive method. The percent distribution of eligible population who has heard any contraceptive method is given in Table 6.1 by the type of contraceptive methods they are aware and their background characteristics. "Pills" (94.3%) and "Injection" (84.3%) are the two most well-known contraceptive methods, followed by "IUCD" (44.1%), "Use condom" (32.7%), "Female sterilization" (31.0%) and "Male sterilization" (27.2%). Recently oral contraceptive pills and injectable contraceptives have been placed on Myanmar's essential drug list which allows these contraceptives to be imported duty free. Hence, "Pills" and "Injection" will continue to play a major role for contraception in future. The major contraceptive methods such as "Pills", "Injection" "IUCD", "Use condom" are used more the young age group "15-24" while the other methods are used more by the older age group "35-49". The urban respondents are more knowledgeable about the modern contraception while the rural respondents are more aware of such methods "Massage", "Induced abortion" and "traditional method". Educational level have some positive effect on the awareness of these methods but not significantly.

Table 6.1 Percent distribution of eligible household population who have ever heard of any contraceptive method by type of contraceptive method and background characteristics (Multiple) Q13A, Q13B

Background characteristics	Pills	IUCD	Injection	Use condom	Female sterilization	Male sterilization	Periodic Abstinence	Withdrawal	Massage	Induced abortion/MR	Breast feeding	Cervical cap	spermicides jelly, cream, foam etc.	Intradermal drugs	Emergency contraceptive pills	Traditional medicine	Others	Number
Broad age group																		
15-24	95.1		83.2		24.9		3.1		2.3	2.1	1.1	0.6	0.5		0.3	2.6	0.8	6373
25-34		48.2		35.1			5.9		2.9	2.1	1.3	0.7		0.3	0.3	2.7	0.6	8166
35-49		47.5	85.3		34.3		6. 6		3.1	2.1	1.3	1.1		0.6	0.5	3.0	0.9	10333
50+ Residence	89.7	35.9	74.2	27.3	33.1	32.4	6.3	2.3	4.5	2.1	0.9	0.7	0.9	D.9	1.0	5.1	1.6	2754
													• •		•		• •	2407
Urban		46.2		42.6			8.2		2.7	1.5	1.6	1.0		0.6	0.3	2.4	8.0	8107
Rural Education Ne Schooling	94.1	43.2	84.6	28.6	29.9	25.9	4.4	1.5	3.1	2.3	1.1	0.8	U.5	0.5	0.5	3.3	0.9	19519
(Illiterate)	93.8	26.7	80.0	12.1	21,1	15.8	1.9	0.5	1.1	8.0	0.8	0.6	0.2	0.5	0.3	3.2	1.6	634
No Schooling (Literate)	91.9	36.2	80.8	20.5	26.9	22.8	3.3	1.3	4.9	2.9	8.0	0.6	0.6	0.5	0.8	4.2	1.1	2236
Primary	94.0	42.2	84.6	22.8	26.3	22.9	3.3	1.3	3.3	2.4	1.0	0.6	0.4	0.3	0.4	3.3	0.9	10925
Middle School	94.3	43.9	84.8	36.0	31,7	27.9	5.5	2.0	2.7	2.0	1.2	0.8	0.5	0.5	0.4	2.7	0.9	6468
High School	94.9	48.6	84.1	46.3	36.6	33.1	8.0	2.4	2.5	1.5	1.9	1.1	8.0	0.7	0.3	2.7	0.6	4336
University	96.2	54.3	85.8	55.5	43.8	38.8	12.7	3.4	2.1	1.9	1.7	1.4	1.2	1.2	0.6	2.3	0.7	3027
Current Marital Status	i																	
Single	95.3	38.2	82.6	32.3	27.4	23.2	3.8	1.5	2.0	2.0	1,1	0.7	0.5	0.6	0.3	2.5	8.0	7806
Married	93.9	46.6	85.1	33.3	32.5	29.0	6.3	2.0	3.3	2.1	1.3	8.0	0.6	0.5	0.5	3.1	0.9	18666
Others	92.9	42.2	82.7	25.3	31.0	26.7	5.0	1.6	4.5	2.8	1.0	1.4	0.9	0.5	0.4	4.7	1.4	1154
Total	94.3	44.1	84.3	32.7	31.0	27.2	5. 5	1.8	3.0	2.1	1.2	0.8	0.6	0.5	D.4	3.0	0.8	27626

Sources of contraceptive methods

The sources of contraceptive methods are given by the number of methods known to the eligible population in Table 6.2(A) according to urban-rural residence.

Table 6.2(A) Percent distribution of the number of sources of information known to

No. of contraceptive	Urban	Rural	Total
methods	(n=9314)	(n=22769)	(n=32083)
0	13.1	14.3	14.0
1 -4	82.4	81.9	82.0
5 -8	4.3	3.5	3.7
9 -12	0.3	0.2	0.2
Total	100.0	100.0	100.0

The percentage of eligible population with no source (14%) corresponds to the percentage of population who do not know any contraceptive method. The majority of population (82%) knows one to four numbers of sources for contraceptive methods. There is no significant urban-rural differential regarding the number of sources known to the respondents.

The eligible population who have heard of any contraceptive method are classified by sources of information and their background characteristics in Table 6.2. Out 12 possible sources, the answers of respondents are recorded as multiple-choice one where the respondents will report one or more sources as they know "Basic health staff", "Radio, newspaper and magazine" and "Parent, friend or relative" are the major sources of information for contraceptive methods with over 40% of respondents reporting to be aware of these methods. Although the proportion of population who know "MCWA", is high (31.2%) the sources "other NGOs" and "INGO" are low (8.6% and 2.0%). "Youth to Youth", "Parent, friend or relative" are the major sources of information to young age group "15-24" as well as to "single" respondents.

Table 6.2 Percent distribution of eligible household population who have heard of any contraceptive method by sources of information and background characteristics (Multiple)

												C	13C
Background characteristics	School (in class)	School(Outside class)	Youth to youth	Parent/friend/relative	Policy maker	NGOs	MCWA	Basic health staff	Doctors	Radio, newspaper, Magazine etc.	INGOs	Others	Number
Broad age group													
15-24	3.7	10.1	37.7	46.2	5.5	7.4	26.3	33.2	14.3	38.4	1.8	2.3	6373
25-34	2.1	4.1	26.8	40.0	5.5	8.9	32.4	44.7	21.6	41.0	2.0	2.7	8166
35-49	1.9	3.6	16 .9	38.5	7.1	8.9	34.5	47.2	23.6	41.8	2.0	3.0	10333
50+	1 .7	2.4	11.2	34.0	12.2	9,6	26,1	41.6	27.8	48.7	2.0	3.7	2754
Sex													
Male	2.3	4.7	26.9	37.3	8.4	9.0	25.3	40.5	23. 2	45.2	2.1	3.1	12944
Female	2.4	5.5	21.5	42.9	5 .3	8.3	36.3	44.6	19.6	38.2	1.8	2.6	14682
Residence													
Urban	2.7	6.2	21.8	41.5	6.6	7.7	37.8	35.2	26.8	47.0	1.9	3.0	8107
Rural	2.2	4.7	25.0	39.7	6.8	9.0	28.4	45.8	19.0	39.2	2.0	2.8	19519
Education													
No Schooling (Illiterate)	0.9	1.1	11.8	47.6	5.8	6.9	18.9	43.5	14.4	20.8	4.4	2.5	634
No Schooling (Literate)	1.7	2.1	17.7	41.1	9.8	8.5	24.9	44.0	16.3	33.3	1.3	3.5	2236
Primary	1.4	2.5	24.2	41 .4	6.1	8.4	27.9	43.5	17.3	35.5	1.7	3.1	10925
Middle School	2.1	4.1	24.2	39.6	7.2	8.4	32.6	42.5	22.5	43.6	2.2	2.6	6468
High School	3.8	9.1	27.2	37.5	6.4	9.4	35.3	40.9	26.6	49.7	2.1	2.8	4336
University	4.9	14.1	25.8	39.3	6.3	9.4	40.9	41.5	30.7	56.9	2.3	2.1	3027
Current Marital status													
Single	4.0	10.7	36.0	46.2	6.3	7.6	28.0	31.3	16.1	43.7	1.6	1.9	7806
Married	1.7	2.9	19.6	37.8	6.9	9.1	32.3	47.3	23.4	40.7	2.1	3.2	18666
Others	1.6	2.3	15.3	40.4	6 .9	8.6	33.3	44.9	22.8	39.5	2.0	3.3	1154
Total	2.3	5.1	24.0	40.3	6.7	8.6	31.2	42.7	21.3	41.5	2.0	2.8	27626

Q13E

The eligible population who have heard of any contraceptive method are classified by sources of information and their background characteristics in Table 6.2. Out of 12 possible sources, the answers of respondents are recorded as multiple-choice one where the respondents will report one or more sources as they know. "Basic health staff", "Radio, newspaper and magazine" and "Parent, friend or relative" are the major sources of information for contraceptive methods with over 40% of respondents reporting to be aware of these methods. Although the proportion of population who know "MCWA", is high (31.2%) the sources "other NGOs" and "INGO" are low (8.6% and 2.0%). "Youth to Youth", "Parent, friend or relative" are the major sources of information to young age group "15-24" as well as to "single" respondents.

6.2 Problems of Contraception

It is important to provide the community with information, education and communication measures on birth-spacing in advance as it is an important issue. The problems of contraception should be fully aware before the couples are going to use it. These problems are asked in RHBCS (2002) and analyzed in this section. Twelve possible problems were asked to the respondents in the survey and the number of problems they know is summarized in Table 6.3 (A).

Table 6.3(A) Percent distribution of the number of problems of contraceptive methods known to eligible population by urban-rural residence

No. of contraceptive	Urban	Rural	Total
Problems	(n=931 4)	(n=22769)	(n=32083)
0	46.5	52.3	50,6
1-4	49.1	43.6	4 5.2
5-8	4.2	3.9	4.0
9-12	0.2	0.2	0.2
Total	100.0	100.0	100.0

Half of the respondents are not aware of any type of problem for contraception while the proportion of respondents who know one to four types of problems is 45.2%. The urban population are normally more aware of the problems of contraception than the rural population. The respondents who have heard about the problems of contraception are further asked about the types of problems they know and the sources from where they have heard these problems. This information is summarized in Table 6.3 and Table 6.4 by the respondents' background characteristics.

Table 6.3 Percent distribution of eligible household population who have heard of problem of contraceptive method by type of problem and background characteristics (Multiple) (Q13E)

Background characteristics	Vomitimg/Dizziness	Headache	Palpitation	Painful breast	Change of body weight	Depression	Hypertension	Jaundice/dyspepsia	Scanty menstruation	Small frequent menstruation	amenorrhoea	Others	Number
Broad age group													
15-24	59.6	37.7	37.4	5.2	52.1	2.7	9.1	2.9	6.4	8.1	11.4	9.9	2886
25-34	62.3	38.1	39.1	5.0	51.0	2.5	9.5	2.8	9.6	12.3	16.8	11.2	4997
35-49	61.7	39.6	38.8	6.1	50.4	3.0	11.1	3.5	9.0	11.7	15.9	12.0	6614
50+	52.9	40.4	34.2	5.8	47.5	3.9	13.4	4.7	5.3	5.8	7.9	14.2	1352
Sex													,,,,,
Male	55.9	39.5	35.4	5.4	49.7	3.6	11.7	3.5	5.3	5.4	8.8	12.0	6117
Female	63.8	38.5	40.0	5.7	51.3	2.4	9.7	3.1	10.3	14.1	18.4	11.3	9732
Residence													
Urban	57.4	36.7	38.0	5.8	50.9	2.9	11.5	3.1	7.9	10.2	13.9	14.5	4985
Rural	62.3	39.8	38.4	5.5	50.5	2.8	10.0	3.3	8.6	11.0	15.0	10.2	10864
Education No Schooling (Illiterate) No Schooling	63.4	38.2	31.7	3.1	47.7	1.9	5.0	2.7	9.2	10.7	16.0	7.3	262
(Literate)	64.0	41.8	36.0	9.9	52.7	3.1	9.6	3.6	7.5	10.1	11.1	11.0	1157
Primary	62.9	38.1	38.3	5.0	48.7	2.3	8.0	2.9	7.8	10.9	14.5	11.0	6307
Middle School	58.6	38.2	38 7	4.6	51.3	3.1	11.3	3.6	7.6	10.1	13.9	11.3	3682
High School	58.2	40 1	38 2	5.6	51.8	3.2	13.3	3.1	9.3	10.9	14.9	12.0	2521
University Current marital status	58.8	39.0	39 4	7.2	53.5	3.6	14.2	3.8	11.0	11.9	18.5	14.4	1920
Single	58.4	36 8	37.0	5.9	53.3	2.7	10.3	2.9	5.3	6.3	11.5	10.6	3446
Married	61.5	39.5	38.6	5 .5	49.8	2.9	10.4	3.4	9.2	11.9	15.4	11.8	11701
Others	60.4	37.5	38.3	6.1	52.0	2.8	12.1	3.7	9.5	14.5	17.9	13.0	702
Total	60.8	38.8	38.2	5.6	50.7	2.8	10.4	3.3	8.4	10.8	14.7	11.6	15849

Figure (6.2) Percent distribution of eligible household population who have heard of problem of contraceptive method by type of problem and background characteristics.

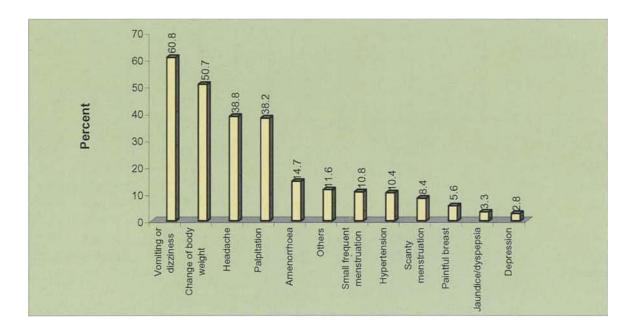


Table 6.4 Percent distribution of eligible household population who have heard of problems of contraceptive method by sources of information and background characteristics (Q13F)

Background	School (in class)	School(Outside class)	Youth to youth	Parent/friend/relative	Policy maker	NGOs	MCWA	Basic health staff	Doctors	Radio, newspaper, Magazine etc.	INGOs	Others	Number
Broad age group					_								
15-24	3.7	8.0	48.0	46.1	6.4	10.2	24.2	26.7	12.5	30.8	1.6	4.0	2886
25-34 35-49	1,7	3.4	40.1	39.6	5.4	12.9	27.2	32.9	17.3	30,0	1.8	6.2	4997
50+	1.7	2.8	31.9	39.2	7.2	12.1	29.3	34.2	18.3	32.0	1.9	6.0	6614
Sex	1.8	3.0	20.0	34.5	13.2	12.9	26.3	33.4	23.3	41.6	2.3	5.8	1352
Male	2.1	3.7	33.8	36.3	0.5	40 G	24.2	24.6	40 E	272	2.4	E 6	6447
Female	2.1	4.1	38.1	42.6	9.5 5.4	12.6 11.7	24.2 29.5	31.6 32.8	19.5 16.0	37.3 28.6	2.4 1.5	5.6 5.8	6117 9732
Residence	2.0	4.1	3 0. I	42.0	3.4	11,7	29.5	32.0	10.0	20.0	1.3	3.0	9132
Urban	2.0	4.3	33.1	42.8	6.7	10.2	31.6	26.1	21.8	36.0	1.6	6.2	4985
Rural	2.1	3.8	38.0	39.0	7.1	12.9	25.5	35.2	15.3	30.1	1.9	5.4	10864
Education	2.1	0.0	00.0	00.0	*. '	12.0	20.0	00.2	10.0	00.1	1.0	0.4	10004
No Schooling (Illiterate)	1.1	0.8	34.4	43.1	4.6	8.0	17.2	33.2	10.7	19.8	1.1	6.1	262
No Schooling (Literate)	1.8	1.7	31.5	42.3	10.9	13.7	23.9	31.7	13.3	27.1	1.0	5.3	1157
Primary	1.3	2.1	38.5	40.1	6.2	11.4	23.5	31.6	14.0	26.2	1.9	6.3	6307
Middle School	1.8	2.9	36.8	40.0	7.2	11.5	28.5	31.3	17.4	32.9	1.8	6.1	3682
High School	3.2	6.3	33.2	39.5	7.6	13.8	32.7	33.5	21.4	37.6	1.9	5.0	2521
University	3.8	10.8	36.5	39.8	6.3	12.4	34.9	35.5	26.1	46.3	2.3	3.9	1920
Current marital status													
Single	4.5	9.3	45.9	47.0	7.0	9.6	25.9	26.3	14.6	34.9	1.7	2.4	3446
Married	1.4	2.5	33.9	38.1	6.9	12.7	27.7	33.9	18.0	31.0	1.9	6.6	11701
Others	0.7	2.0	32.2	41.0	8.4	13 .7	30.2	36.2	20.1	33.0	1.3	5.7	702
Total	2.1	4.0	36.4	40.2	7.0	12.1	27.4	32.3	1 7.3	32.0	1.8	5.7	15849

Among the type of problems the respondents know in Table 6.3, "Vomiting or dizziness" is the most common known problem (60.8%) followed by "Change of body weight" (50.7%), "headache" (38.8%) and "Palpitation" (38.2%). "Amenorrhea", "Small frequent menstruation" and "Hypertension" are also problems heard by more than 10% of the respondents. For "Male" subgroup "Headache" and "Hypertension" and "Change of body weight" are more reported problems. "Hypertension" is heard to occur more among the contraceptive users in "Urban" areas. No systematic pattern is found among the age and educational subgroups.

Among the places from which the information about the problems of contraception are heard (Table 6.4), "Parent, friend or relative" is the most common source(40.2%), followed by "Youth to youth" (36.4%), "Basic health staff" (32.4%), "Radio newspaper, magazine and media"(32%) and "MCWA" (27.4%). Adolescents got this type of information more from "Youth to youth" and "Parent, friend or relative" more while older age "50+" and "University" education subgroups got this type of information from "Radio, magazine and media". The number of sources are further classified by urban-rural residence in Table 6.4(A).

Table 6.4(A) Percent distribution of the number of sources of information on contraceptive methods known to eligible population by urban-rural residence Q13F

No. of information	Urban	Rural	Total
Sources	(n=9314)	(n=22769)	(n=32083)
0	46.6	52.3	50.7
1-3	45.9	4 2 1	43.2
4-6	7.2	5 3	5.8
7-11	0.4	0.4	0.4
Total	100.0	100.0	100.0

Among the proportions of respondents who know at least one source, the majority (43.2%) know one to three sources of information.

6.3 Practice of contraception

Out of 32083 eligible respondents, 10361 respondents (32.3%) have ever used at least one contraceptive method and 21722(67.7%) are never user of any contraceptive method. Out of that subpopulation, 7474 respondents (23.3%) are currently using at least one contraceptive method. The current users and never users of contraceptive methods are studied in this section to understand more about the nature of practice of contraception.

The percent distribution of eligible population who are current users of contraceptive methods are classified by the type of contraceptive methods used for different segments of the subpopulation (Table 6.5). "Injection" (48.5%), "Pills" (40.3%) and "IUCD" (10.2%) are the main contraceptive methods used by the current contraceptive users. The proportions of users for remaining contraceptive methods are less than 5% of total current users. "Condom" is used by only 5% of total current users. This is in agreement with the findings in Table 6.1 where these three methods are also the most well-known contraceptive methods. "Pills" and "Injection" are used more by adolescents while "IUCD" is used more by the older age groups "35-49" and "50+". "Education" has no relation with the type of contraceptive method used.

The number of non-users is twice the number of users of contraceptive methods. Among the non-users of contraceptive methods (Table 6.6), "Single, widow and separated" subgroup which account for 39.4% of non-users do not need to use any method. "Want children" is the major reason (19%) for not using contraceptive methods followed by "others" reason which includes various reasons such as "Not necessary", "Don't want to make induced abortion", "Old age", "Afraid to use", "Well off" etc..., and "Myself disapproves" (10.3%). "Want more children" reason is given more by the middle age group "25-34". The "Rural" and "Female" subgroups give the reason "Wants children" for not using the contraceptive methods. The proportion of non-users due to the reason "Side effect" is low (3.9%).

Table 6.5 Percent distribution of eligible population who are current users of contraceptive methods by type of contraceptive methods used and background characteristics

Q14D

Background characteristics	Pills IUCD	Injection	Use cndom	Female strilization	Male strilization	Periodic Abstinence	Withdrawal	Massage	Induced abortion/MR	Breast feeding	Cervical cap	spermicides jelly, cream, foam etc.	Intradermal drugs	Emergency contraceptive pills	Traditional medicine	Others	Number
Broad age group																	
15-24	49.0 5.0	51.3	3.2	0.9	0.6	0.6	0.3	0.1	0.3	0.5	0.3	0.4	0.4	0.5	1.0	1.4	784
25-34	41.2 9.7	53.0	5.0	2.9	1.7	1.2	0.7	0.4	0.4	0.5	0.4	0.3	0.3	0.3	0.7	0.3	2969
35-49	38.1 11.7	45.3	5.3	7.3	5.1	1.5	0.6	0.3	0.3	0.2	0.2	0.2	0.1	0.2	0.5	0.3	3493
50+	30.7 11.8	28.1	7.9	20.6	16.7	3.5	1.8	1.3	1.8	1.8	1.3	0.9	0.9	0.9	1.8	0.4	228
Residence																	
Urban	39.4 9.9	40.3	6.1	7.7	4.4	1.8	0.5	0.1	0.1	0.2	-	-	-	0.1	0.6	0.4	2276
Rural	40.7 10.3	52.1	4.6	4.2	3.3	1.2	0.7	0.4	0.5	0.5	0.4	0.4	0.3	0.3	8.0	0.5	5198
Education No Schooling (Illiterate) No Schooling (Literate)	48.9 3.7 40.1 10.3	43.0 54.9	2.2	7.4 5.7	3.7 3.4	1.2	- 0.2	0.5	0.7	0.5	0.7	0.7	0.5	- 0.0	0.5	- 0.0	135 406
Primary	44.5 10.0	47.2	2.9	4.3	3.2	1.1	0.7	0.5	0.4	0.5	0.4	0.3	0.3	0.4	0.8	0.4	3128
Middle School	38.7 9.3	51.5	6.3	4.9	3.5	1.4	0.7	0.2	0.5	0.4	0.3	0.4	0.3	0.3	0.8	0.5	1964
High School	33.6 11.8	47.7	7.4	6.7	4.9	1.3	0.6	0.2	0.1	0.1	0.0	0.1	0.0	0.2	0.6	0.6	1128
University	35.2 11.9	44.6	8.6	7.4	4.2	2.7	0.4	0.4	0.1	0.6	0.1	0.1	0.3	0.3	0.4	0.4	713
Total	40.3 10.2	48.5	5.0	5.3	3.6	1.4	0.6	0.3	0.4	0.4	0.3	0.3	0.2	0.3	0.7	0.4	7474

Table 6.6 Percent distribution of eligible household population who are never users of contraceptive methods by reasons of not using these methods and background characteristics (Q14B,Q14C)(Multiple)

Background characteristics	Wants children	Spouse disapproves	Myself disapproves	Cost too much	Inconvenient to use	Side effect	Not available	Religious	Notknown	Single/window/separated	Others	Number
Broad age group												
15-24	7.4	8.0	1.8	0.3	0.5	1.0	0.2	0.3	2.1	64.1	5.2	7051
25-34	28.9	3.9	10.2	1.2	2.2	3.7	0.4	0.9	4.3	42.5	14.5	5043
35-49	27.4	5.1	17.4	1.6	3.4	7.3	0.5	1.7	8.4	25.5	21.5	6420
50+	11.9	3.3	15.0	8.0	1.1	3.6	0.3	2.8	14.2	8.0	28.1	3208
Sex												
Male	18.6	2.9	12.2	0.9	1.7	3. 5	0.4	1.5	8.1	28.4	16.7	11367
Female	19. 4	3.4	8.3	1.0	1.9	4.3	0.4	0.9	4.3	51.5	14.3	10355
Residence												
Urban	18.6	2.3	8.3	0.6	1.9	3 3	0.2	1.0	5.4	44.1	16.8	6083
Rural	19.1	3.5	11.1	1.1	1.8	4.1	0.4	1.3	6.6	37.6	15.1	15639
Total	19.0	3.1	10.3	1.0	1.8	3.9	0.4	1.2	6.3	39.4	15.6	21722

Side effects and problems of contraceptive use

Out of 7474 current users of contraceptive methods, 952 users (12.7%) are reported to have various side effects after using the contraceptive method. This subgroup is classified by the type of side effects and background characteristics in Table 6.7.

(Q14B,Q14E,Q14F)

Table 6.7 Percent distribution of eligible household population who are current users of contraceptive methods and suffered side effects of contraception by type of problem and residence (Multiple)

Type of problem	Urban (n=300)	Rural (n=652)	Total (n=952)
Vomiting/Dizziness	49.0	48.5	48.6
Hypertension	12.7	10.3	11.0
Jaundice/dyspepsia	2.0	3.1	2.7
Scanty menstruation	10.7	16.0	14.3
Small frequent menstruation	9.7	12.9	11.9
Amenorrhea	15 <i>.</i> 3	19.8	18.4
Others	25.7	23.3	24 .1

"Vomiting/dizziness" (48.6%), "Change of body weight" (33.6%) and "Others" which includes "Feeling tired" (24.1%) are the most common side effects for using the contraceptive methods. "Hypertension", "Scanty menstruation", "Small frequent menstruation" and "Amenorrhea" are the side effects which accounts for over 19% of the current users with side effects.

Out of 7474 current users, only 129 respondents (1.7%) reported to have a problem or to get the drug. The percent distribution of respondents who have a problem to use contraceptive method or to get the drug is given in Table 6.8.

Table 6.8 Percent distribution of eligible household population who have a problem to use contraceptive

methods or to get by type of problem and residence(Multiple) (Q13G,Q13H)

Background characteristics	Urban	Rural	Total
	(n=30)	(n=99)	(n=129)
Spouse disapproves	10.0	17.2	15.5
Not available	26.7	21.2	22.5
Too expensive	46.7	64.6	60.5
Inconvenient to use	26.7	18.2	20.2
Others	6.7	17.2	14.7

The major problem in both the rural and urban area is found to "Too Expensive" (60.5%) and "Not available" (22.5%) while the main problem to use the contraceptive method is "Inconvenient to use" (20.2%).

6.4 Service Providers of Contraceptive Methods

To improve the quality of birth spacing services, it is essential to know the major service providers. RHBCS (2002) collected information regarding the service providers from the current users of the last contraceptive methods they have used. This information is summarized by type of service providers and background characteristics of respondents in Table 6.9. "Hospital" is the main service provider (41.1%), followed by "Pharmacy" (35.4%) and GP(11%). The remaining service providers provides services to less than 10% of the current users although "Shops" and "MCWA" provide services to about 5% of the current contraceptive users. This finding has some policy implication for improving the birth spacing services. There is a need to improve the quality of birth spacing services provided by GP and find some ways to improve the quality of contraceptive commodities provided by pharmacy shops. Regarding the relation between user subgroups and service providers, the adolescents depend more on "Pharmacy", "Shops" and "GP" while the older age groups depend more on "Hospitals". The users in "Rural" subgroup depends more on "Hospital" while the "Urban" users depend more on "GP" and "MCWA". Both subgroups depend on "Pharmacy" substantially.

Table 6.9 Percent distribution of eligible household population who are current users by sources of the last contraceptive method used and background characteristics (Single)(Q14I)

Background characteristics	Hospital	GР	Pharmacy	Traditional Healers	Shops	Friends	Parents	MCWA	INGOs	Others	Total	Number
15-24	36.6	11.7	38.5	_	8.4	0.1	0.3	3.6	-	8.0	100.0	784
25-34	41.0	11.1	35.4	0.1	5.6	0.1	0.1	5.1	0.1	1.4	100.0	2969
35-49	42.2	10.8	34.9	0.1	4,3	0.2	0.1	4.2	0.2	3.0	100.0	3493
50+	41.7	10.5	32.9	0.9	4.4	0.4	-	3.1	-	6.1	100.0	228
Residence												
Urban	32.3	15.6	36.1	0.2	3.0	0.3	0.2	8.7	0.2	3.5	100.0	2276
Rural	45.0	9.0	35.1	0.1	6,3	0.2	0.1	2.6	0.1	1.7	100.0	5198
Total	41.1	11.0	35.4	0.1	5.3	0.2	0.1	4.4	0.1	2,2	100.0	7474

OVI for Birth Spacing Services

The OVI for birth spacing services is a qualitative indicator depending on the satisfaction status of the clients. Explicitly, it states

" 70% of clients are satisfied with the Birth Spacing services provided"

RHBCS(2002) asked the clients about their satisfaction on the birth spacing services anf the information is summarized in Table 6.10.

Table 6.10 Percent distribution of CMW who have received BS services by satisfaction status and urban-rural residence(Q14M) (OVI)

Satisfaction status	Urban	Rural	Total
	(n≃4448)	(n=9765)	(n=14213)
Very satisfied	7.8	10.1	9.4
Satisfied	87.8	84.0	85.2
Not Satisfied	0.4	0.3	0.4
Not so Satisfied	-	-	-
Don't know	4.0	5.6	5.1
Total	100.0	100.0	100.0

RHBCS(2002) found that "Very satisfied" and "Satisfied" categories together give the proportion of CMW who received contraceptive services as 94.6%. The result should be taken with caution since the "Satisfied" category may include "little satisfied" clients.

6.5 Infertility

RHBCS (2002) collected data on infertility by asking the married respondents whether there is infertility for two years without using contraceptive methods or infertility after having children. The information is summarized in Table 6.11.

Table 6.11 Percent distribution of CMW who have suffered infertility by birth condition and background characteristics (Q15A,Q15B)

Background characteristics	<u>Infertility</u>			
	Without contraception for 2 years	After having children	_	
Broad age group		<u> </u>		
15-24	3.9	1.9	1783	
25-34	6.3	3.4	6230	
35-49	8.0	5.0	9164	
50+	7.9	4.3	3232	
Residence				
Urban	8.7	5.2	5703	
Rural	6.5	3.7	14706	
Education				
No Schooling (Illiterate)	5.0	1.7	719	
No Schooling (Literate)	7.9	3.6	2202	
Primary	7.0	4.1	8779	
Middle School	7.5	4.5	4721	
High School	7.3	4.9	2532	
University	5.8	3.6	1456	
Total	3.1	4.1	20409	

Among the 20409 married eligible respondents 3.1% had infertility without contraception for two years and 4.1% have infertility after having children. By residence, "urban" subgroup has more infertility than the "rural" subgroup but "Illiterate" subgroup has the lowest proportions of infertility in both situations.

Discussion and Recommendations

The 2002 RHBCS collected information on the knowledge, attitude and practice related to reproductive health, STDs, HIV/AIDS, maternal health and contraception in the project townships and aims to serve as a base line survey for monitoring and evaluation of RH projects and its activities in these townships. The main aim is to obtain the basic information to calculate the specific OVIs. The 2002 RHBCS yields the base line information for seven OVIs as follows.

(1)OVI for Birth spacing services: "70% of clients are satisfied with Birth Spacing (BS) services provided"

RHBCS(2002) found that "Very satisfied" and "Satisfied" categories together give the proportion of CMW who received contraceptive services as 94.6%. The result should be taken with caution since the "Satisfied" category may include "little satisfied" clients.

(2) OVI for ante natal care: "At least 65% of pregnant women are receiving 4 or more contacts for Antenatal Care"

RHBCS (2002) found that 42.2% of pregnant women are receiving 4 or more contacts for AN care indicating that about 23.0% of pregnant women need to contact more for AN care to achieve the OVI target.

(3) OVI for postnatal care: "65% of post natal women are receiving 6 contacts for postnatal care"

The percentage of post natal women getting six or more contacts is 51.4%. The urban women have a higher proportion than that of rural population (58.8% Vs 49.0%), indicating more intensified efforts should be made in the rural areas.

(4) OVI for abortion complications: "95% of women with abortion complications are going to Service Delivery Points (SDPs) to receive emergency care"

RHBCS (2002) shows that only 74.4% of women with abortion complications are going to the SDPs to receive emergency care. Since abortion complication is a serious and life threatening problem for mothers, more has to be done for achieving the OVI target as quickly as possible.

(5) OVI for TBA referrals in case of obstetric emergencies: "Referrals for obstetric emergencies are increased by 30%"

2002 RHBCS found that the percentage of TBA referrals for obstetric emergencies is only 2.9%.

(6 a) OVI for contraception: "At least 70% of women and men can identify four modern contraceptive methods"

The baseline survey found that the percent of population who know four or more contraceptive methods is 31.8%, indicating a further 38.2% of eligible respondents have to be educated on the contraceptive methods to achieve the OVI target for contraception.

(6 b) OVI for HIV/AIDS transmission: "At least 70% of women and men can identify three correct ways of HIV transmission prevention"

The RHBCS(2002) finds that 40.3% of men and women can identify three or more ways of HIV transmission relevance of antenatal care. 29.7% of men and women more have to know at least three ways to achieve the OVI target indicating more information and communication activities on HIV transmission methods need to be done.

Reproductive Health Baseline Survey Household questionnaire

	Coding categories
State/Division	
Township	
Ward/Village tract	
Segment No.	
Area	
(Urban = 1, Rural = 2)	
Household number	
Interview started date year	
Time HourMinute	
Interview Result	
(1) Completed	
(2) No Household member at home (3) Refused	
(4) Partly completed	
(5) Dwelling is destroyed	
(6) Others(specify)	
Total number of person in the Household	
Total eligible female	
Total eligible male	
Eligibility:-Women age 15-49 and men age 15+ who are usual resident night.	it and stayed here last
Interview finisheddatemonthyear	
TimeMinute	
Enumerator's Sign	nature
Enumerator's Nar	ne

All persons in the Household

Line num- ber (Circle the line no, of men- opause	Name	Sex Male=1 Female=2	Does (Name) usually live here? Yes=1 No=2	Did (Name) Stay here last night? Yes=1 No=2	Relation to head	Age (Completed age) Year=1 Month=2 Day=3	Marital Status Age 15 and over	Circle the line number of eligible person
01								01
02								02
03								03
04								04
05								05
06								06
07								07
08								08
09								09
10								10

CODE FOR:

Relation

- 01. Head of HH
- 02. Spouse
- 03. Son or daughter
- 04. Son or daughter in law
- 05. Grand child
- 06. Parent
- 07. Parent-in-law
- 08. Brother or sister
- 09. Grand parent
- 10. Other relative
- 11. Adopted/foster/step child
- 12. not related

Marital status

- 1. Single
- 2. Married
- 3. Divorced
- 4. Widowed
- 5. Separated

Note: If there is menopause due to surgical operation, please write surgery near the line number.

Individual questionnaire

		Started Time] Hour[Minute
			Coding	categories
State/Division	on			
Township				
Ward/Villag	ge tract			
Segment No), 			
Агеа				
(Urban = 1, 1	Rural =2)			
Household	·			
Line numbe	r of eligible person			
Interview st	arted datemont	h year		
Interview re				
(1) Complet				
(2) Not at he	ome			
(3) Refused (4) Partly co	omnleted			
	pecify)			
(-)				
Sr.No	Ouestion	Answer/Result		Coding

Sr.No	Question	Answer/Result	Coding
1	Age		
1(A)	What is your date of birth?	Day Month Year	
1(B)	(Completed age)	Year	
2	What is your highest level of school completed?	No education	

Sr.No	Question	Answer/Result	Coding
3	Sex -Male/Female	Male 1 Female 2	
4	Marital Status		
4.A	What is your current marital	Single1 Skip to (5)	
	status?	Married2	
		Divorced3	
		\\ .:owed4	
		Separated5	
4.B	Completed age at first marriage	year	
4.C	Number of marriage		
4.D	Line no, of your spouse(If person not at home enter 88)		
5	Knowledge on Reproductive Hea	alth	
5,A	Have you ever heard of the	(1)Physiological changes of puberty	
	following reproductive health messages? (Please read each	(2)Contraceptive method	
	message by enumerator If yes,	(3)Antenatal care	
	Circle that number by enumerator)	(4)Natal and post natal care	
	Yes1	(5)Menstrual regulation	
<u> </u> -	No2 for coder	(6)Reproductive Tract Infection	
<u> </u>		(7)STD	
		(8)HIV/AIDS	
		(9)Other(Specify)	
5.B	From whom you get these messages?	(1)School, in class	
	• Circle all answers/ multiple	(2) School, outside class	
	choice	(3) Youth centre	
	Yes1 for coder	(4)Parent/ friend/ relatives	
	No2	(5)Policy maker	
		(6)NGOs (7)MCWA	
		(8)Basic Health staff	
		(O)Dasic ricaltii stari	

Sr.No	Question	Answer/Result	Coding
		(9)Doctors	
•		(10) Radio, Newspaper, Magazine &	
		mediaetc	
		(11) International NGOs	
		(12)Others(Specify)	
			<u> </u>
5.C	Have you heard if there are any	Yes 1	
	community leaders/ NGOs in your area that provide RH education to people?	No 2	
5.D	Have you heard if there are any	Yes 1	
	young people in your area that educate other young people on RH?	No 2 → skip to 6	
5.E	Check age Age(15-24)years Only	Other → skip to 6	
5,	Have you ever met any of these	Yes1	
E-1	young people?	No2 → skip to 6	
5.	Where did you meet them?	(1)School (in class)	
E-2	 Circle all answers/ multiple choice 	(2) School (outside class)	
	**	(3) Youth centre	
	Yes1 for coder	(4) Health Clinic	
	No2 for coder	(5) MCWA	
		(6) At home/ Friend's house	
		(7) Street	
		(8) Tea shop / Restaurant	
		(9) Others (Specify)	
5.	Did you obtain any reproductive	Yes 1	
E-3	health information & education from them?	No 2	
6	Knowledge on STDs		-
6.A	Have you ever heard of STD?	Yes 1	
		No 2 → skip to 7	

Sr.No	Question	Answer/Result	Coding
6.B	What are the symptoms of STD? • Circle all answers/ multiple choice Yes1 No2 for coder	 (1) Urethral discharge (2) Genital ulcer (3) Foul smelling vaginal discharges (4) Burning micturation (5) Inguinal lymph node enlargement (6) Genital wart (7) Don't know (8) Other(Specify)	
6.C	Do you know how to prevent STDs?	Yes 1 No 2 → skip to 7	
6.D	What are they? • Circle all answer/ multiple choice Yes1 No2 for coder	(1)Using condom (2)Not having sex with sex worker (3)Wash Genital after sex (4)Apply penicillin / similar antibiotic (5)Taking antibiotic after sex (6)Other (Specify)	
7	Knowledge on HIV/AIDS		
7.A 7.B	Have you ever heard of HIV/AIDS? Do you know the ways of	Yes1 No2	
7.13	transmission of HIV/AIDS?	No 2 skip to 7(D)	
7 .C	What are they? • Circle all answer/ multiple choice Yes1 for coder No2	(1)Sexual contact with infected person/ sex with prostitutes (2)Infected blood transfusion (3)Injection with infected needle and syringe (4)Infected mother to foetus (5)Other (Specify)	

Sr.No	Question	Answer/Result	Coding
7.D	Do you know the ways of preventing HIV/AIDS?	Yes 1	
		No 2 → skip to 7 (F)	
7.E	What are they ?	(1)Use condom	
	Circle all answer/ multiple choice	(2)Have only one sex partner	
	Yes1 No2	(3)Avoid sex with prostitute	
		(4)Avoid homosex	
	No2	(5)Avoid deep kissing	
		(6)Avoid infected blood transfusion	
		(7)Avoid injection with infected	
		needle / drug abuse	
		(8)Avoid tattooing/ acupuncture	
		(9)Other(Specify)	
7.F	Where did you get the information on HIV/AIDS? • Circle all answer/ multiple choice Yes1 No2	(1)School, in class	
		(2)School, outside class	
		(3)Youth centre	
		(4)Parent/ friend/ relatives	
		(5)Policy maker	
		(6)NGOs	
		(7)MCWA	
		(8)Basic Health staff	-
		(9)Doctors	
i		(10) Radio, Newspaper, Magazine &	
		mediaetc	
		(11) International NGOs	
		(12) Others(Specify)	
8	Knowledge on Pregnancy, Deliv	ery and Postnatal care	<u> </u>
8.A	Do you know any complication/	Yes 1	
	problem related to pregnancy?	No 2 skip t0 8(C)	
<u> </u>	<u> </u>	<u> </u>	

S B What are the complications/ problem related to pregnancy?	Sr.No	Question	Answer/Result	Coding
Ocircle all answer/ multiple choice Yes1 No2 for coder No2 for coder No2 for coder (3)Ectopic pregnancy (4)H-mole (5)Swelling of feet and face(Oedema) (6)Hyper tension (7)Convulsion / fits (8)Bleeding in late pregnancy (9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)	8.B		(1)Severe Morning sickness	
Choice (3)Ectopic pregnancy (4)H-mole (4)H-mole (5)Swelling of feet and face(Oedema) (6)Hyper tension (7)Convulsion / fits (8)Bleeding in late pregnancy (9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)			(2)Bleeding in early pregnancy	
Yes1		•	(3)Ectopic pregnancy	
(6)Hyper tension (7)Convulsion / fits (8)Bleeding in late pregnancy (9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)		Yes1	(4)H-mole	
(6)Hyper tension (7)Convulsion / fits (8)Bleeding in late pregnancy (9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)		for coder	(5)Swelling of feet and face(Oedema)	
(8)Bleeding in late pregnancy (9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)		No2 J	(6)Hyper tension	
(9)High fever (10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)			(7)Convulsion / fits	
(10)Severe anaemia (11)Death (12)Abortion (13)Other(Specify)			(8)Bleeding in late pregnancy	
(11)Death (12)Abortion (13)Other(Specify)			(9)High fever	
S.C Do you know all pregnant women need AN Care? Yes1 No2 Skip to 8(F)			(10)Severe anaemia	
8.C Do you know all pregnant women need AN Care? 8.D From whom pregnant women get the AN care? • Circle all answer/ multiple choice Yes1 No2 for coder No2 for coder No2 6) Circle all answer/ multiple choice (a) MO from hospital/MCH (b) MW (7) AMW (8) TTBA (9) TBA (10) Other(Specify)			(11)Death	
8.C Do you know all pregnant women need AN Care? 8.D From whom pregnant women get the AN care? • Circle all answer/ multiple choice Yes1 No2 for coder No2 for coder No2 6) Circle all answer/ multiple (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)			(12)Abortion	
women need AN Care? No 2 → Skip to 8(F) 8.D From whom pregnant women get the AN care? • Circle all answer/ multiple choice Yes1 No2 for coder No (2)GP (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)			(13)Other(Specify)	
women need AN Care? No 2 → Skip to 8(F) 8.D From whom pregnant women get the AN care? Circle all answer/ multiple choice Yes1 No2 for coder No (2)GP (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)	8.C	Do you know all pregnant	Ves 1	
the AN care? Circle all answer/ multiple choice Yes1 No2 for coder No2 for coder No2 for coder (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)				
Circle all answer/ multiple choice Yes1 No2 for coder No2 for coder No2 (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)	8.D		(1)OG	
Choice		1	(2)GP	
No2 for coder (5)LHV/Nurse			(3) MO from hospital/MCH	
8.E Where do pregnant women get AN Care? Circle all answer/ multiple choice (6)MW (7)AMW (8)TTBA (10)Other(Specify)		Yes1	(4)HA	
8.E Where do pregnant women get AN Care? Circle all answer/ multiple choice (6)MW (7)AMW (8)TTBA (10)Other(Specify)		for coder	(5)LHV/Nurse	
8.E Where do pregnant women get AN Care? Circle all answer/ multiple choice (10)Other(Specify)		No2 J	(6)MW	
8.E Where do pregnant women get AN Care? Circle all answer/ multiple choice (10)Other(Specify)			(7)AMW	
8.E Where do pregnant women get AN Care? Circle all answer/ multiple choice (10)Other(Specify)			(8)TTBA	
8.E Where do pregnant women get AN Care? • Circle all answer/ multiple choice (1) At home (2)RHC/ Sub-RHC (3)MCH			(9)TBA	
8.E Where do pregnant women get AN Care? • Circle all answer/ multiple choice (1) At home (2)RHC/ Sub-RHC (3)MCH			(10)Other(Specify)	
AN Care? • Circle all answer/ multiple choice (1) At home (2)RHC/ Sub-RHC (3)MCH				
● Circle all answer/ multiple choice (2)RHC/ Sub-RHC (3)MCH	8.E		(1) At home	
choice (3)MCH		1	(2)RHC/ Sub-RHC	
		· -		
No2 for coder (5)GP		Yes1		
		No2 for coder		

Sr.No	Question	Answer/Result	Coding
		(6) Specialist GP	
		(7) Others	
8.F	Did you know the complications	Yes 1	
	of delivery & post natal period?	No 2 Female Skip to 9 Male Skip to 11	
8. G	What are they?	(1) Swelling of feet & face	
	• Circle all answer/ multiple choice	(2) Hypertension	
		(3) Convulsion/ fits	
	Yes1 No2	(4) Pre-eclampsia	
	No2	(5) Prolonged Labour/ Obstructed Labour	
		(6) Vaginal tear/ Uterine rupture	
		(7) Forceps delivery/LSCS	
		(8) SB	
		(9) Early neonatal death	
		(10)LBW	
		(11) Retained placenta	
		(12) PPH	
		(13) Preterm delivery/ PROM	
		(14) Puerperial pyrexia	
		(15) Difficulties in breast feeding	
		(16) Severe anaemia	
		(17) Death	
		(18) Others(Specify)	
9	Practice on Pregnancy (Female (Only)	
9.A	Number of Pregnancy?	times	
9.B	Number of Abortion?	times	
9.C	Number of Delivery?		
9. D	Number of Children?		

Sr.No	Question	Answer/Result	Coding
10	Practice on Pregnancy, Delivery	and Postnatal period.	
	(Female Only)		
10.	Did you have birth within 12	Yes 1	
A-1	month?	No 2 Skip to 10-B-1	
10.	Did you get AN care?	Yes 1	
A-2	, ,	No 2 Skip to 10-A-6	
10.	From whom you got AN care?	(1) 0 G	
A-3	(● Circle the most qualified one)	(2)GP	
		(3) MO from hospital/MCH	
		(4)HA	,
		(5)LHV/Nurse	
		(6)MW	
		(7)AMW	
		(8)TTBA	
		(9)TBA	
		(10)Other(Specify)	
10			
10.	Where did you get AN care?	(1) At home	
A-4	(Circle the most qualified one)	(2)RHC/ Sub-RHC	
		(3)MCH	
		(4)Government hospital	i
		(5)GP	
		(6) Specialist GP	
		(7) Others	
10. A-5	How many times?	times Skip to 10-A-7	
10.	Why you did not get AN care?	(1) Services too far	
A- 6	• Circle all answer/ multiple choice	(2) No time	
		(3) Poor transport	
	Yes1 for coder	(4) Inconvenient opening hour	
	No2	(5) Too expensive(6) No health care personnel	
		(7) Not satisfy on health care	

Sr.No	Question	Answer/Result	Coding
		(8) Not known	
	:	(9) Others (Specify)	
10.	Did you get injection ATT?	Yes 1	
A-7		No 2 Skip to 10-A-9	
10. A-8	How many times?	times Skip to 10-A-10	
10.	Why you did not get injection	(1) Services too far	
A- 9	ATT? • Circle all answer/ multiple	(2) No time	
	choice	(3) Poor transport	
	Yes1	(4) Inconvenient opening hour	
	Yes1 for coder	(5) Too expensive	
	No2 J	(6) No health care personnel	
		(7) not satisfied on health care	
		(8) Other (Specify)	
10.	Did you have following	(1)Severe Morning sickness	
A-10	complications during pregnancy? (Please read each complication by enumerator If yes, Circle this	(2)Bleeding in early pregnancy	
		(3)Ectopic pregnancy	
	number by enumerator.) (© Circle all answers/ multiple	(4)H-mole	
	choice).	(5)Swelling of feet and face	
	Yes1	(6)Hypertension	
	Yes1 for coder	(7)Convulsion / fits	
	No2 J	(8)Bleeding in late pregnancy	
		(9)High fever	
		(10)Severe anaemia	
;		(11)Other(Specify)	
10.	Where did you give birth?	(1) Health Centre	
A-11	(● Circle the most qualified one)	(2) Government hospital	
		(3) Maternity home	
		(4) Private clinic	
		(5) At home	
			;

Sr.No	Question	Answer/Result	Coding
_		(6) Other home	
		(7) Others (Specify)	
10.	Who assisted with the delivery?	(1) OG	
A-12	(● Circle the most qualified one)	(2) GP	
	,	(3) MO from hospital/ MCH	
		(4) HA	
		(5) LHV/ Nurse	
		(6) MW	
		(7) AMW	
		(8) TTBA	
ı		(9) TBA	
		(10) Traditional medical practitioners	
		(11) By self delivery	
		(12) Others (Specify)	
10.	Do you have any complication	Yes 1	
A-13	during delivery/ postpartum period?	No 2 Skip to 10-A-15	
10.	What are the complications?	(1) Swelling of feet & face	
A-14	• Circle all answer/ multiple choice	(2) Hypertension	
į	V	(3) Conclusion/ fits	
	Yes1 for coder No2	(4) Prolong Labour/ obstructed Labour	
		(5) Vaginal tear/ Utrine rupture	
		(6) Forceps delivery/LSCS	
		(7) SB	
		(8) Early neonatal death	
ì	,	(9)LBW	
		(10) Retained placenta	
		(11) PPH	
		(12) Preterm delivery/ PROM	
	į	(13) Puerperial pyrexia	
		(14) Difficulties in breast feeding	

Sr.No	Question	Answer/Result	Coding
		(15) Severe anaemia	
		(16) Others(Specify)	
10.	Did you get any postpartum	Yes 1	
A-15	care?	No 2 Skip to 10-A-18	
10.	How many times?	times	
A-16	Eromondo no constante de DNI CO	(1)00	
10. A-17	From whom you get PN care? Circle all answer/ multiple	(1)OG (2)GP	
	choice		
	Yes1	(3) MO from hospital/MCH	
	Yes1 for coder	(4)HA	
	14022	(5)LHV/Nurse skip to	
		(6)MW >10-A-19	
		(7)AMW	
		(8)TTBA	
		(9)TBA	
		(10)Other(Specify)	
10.	Why you did not get postpartum		<u> </u>
A-18	care?	(2) No time	
	 Circle all answer/ multiple choice 	(3) Poor transport	
	Ves1	(4) Inconvenient opening hour	
	Yes1 for coder	(5) Too expensive	
Ī	No2 J	(6) No health care personnel	
		(7) Not satisfied on health care	
		(8) Not known	
		(9) Others (Specify)	
10.	Did you go to receive emergency	Yes 1	
A -19	care for pregnancy, delivery and	No 2 — Skip to 10-A-21	
i	postpartum complication?	1	

Sr.No	Question	Answer/Result	Coding
10. A-20	Where did you get? (● Circle the most qualified one)	(1)Health centre (2)Government hospital (3)Private clinic (inpatient) (4)Maternity home (5)Other (Specify)	
10. A-21	Did you have any referrals during pregnancy, delivery, postpartum period?	Yes1 No2	
10. A-22	Who referred you? (Circle the most qualified one)	(1)OG (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse (6)MW (7)AMW (8)TTBA (9)TBA (10)Other(Specify)	
10. B-1 10.	Are you pregnant now? How many months?	Yes1 No2	
B-2	(gestational period)	month	
10. B-3	At the time you become pregnant, did you plan to become pregnant at all?	Yes1 No2	
10. B-4	Did you seek any AN Care?	Yes1 No2 → skip to 10-B-7	
10. B-5	From whom do you get antenatal care? (Circle the most qualified one)	(1)OG (2)GP (3) MO from hospital/MCH (4)HA (5)LHV/Nurse	

Sr.No	Question	Answer/Result	Coding
		(6)MW	
		(7)AMW	
		(8)TTBA	
		(9)TBA	
		(10)Other(Specify)	
10. B-6	From where do you get antenatal care?	(1) At home	
D- 0	(• Circle the most qualified	(2)RHC/ Sub-RHC	
İ	one)	(3)MCH	
		(4)Goverment hospital 10-B-8	:
		(5)GP	
		(6) Specialist GP	
		(7) Others	
10.	Why you did not get any	(1) Services too for	
B-7	antenatal care?	(2) No time	
	• Circle all answer/ multiple	(3) Poor transport	
	choice	(4) Inconvenient opening hour	
	Yes1	(5) Too expensive	
	for coder	(6) Lack of BHS	
	No2	(7) Not satisfied for health care	
		(8) Not known	
		(9) Others (specify)	
10.	What complication occured	(1) Severe Morning sickness	
B-8	during this pregnancy?	(2) Bleeding in early pregnancy	
		(3) Swelling of feet and face	
	• Circle all answer/ multiple	(4) Hypertension	
	choice	(5) Convulsion / fits	
	Yes1 for coder	(6) Bleeding in late pregnancy	
		(7) High fever	
	No2	(8) Severe anaemia	
		(9) Others (specify)	
	<u> </u>	<u></u>	<u> </u>

Sr.No	Question	Answer/Result	Coding
10.	Have you prepared for delivery?	Yes1	[]
B- 9		No2skip to 11	<u> </u>
10.	Who will assist your delivery?	(1) OG	
B-10	(Circle the most qualified	(2) Private Clinic MO	
	one)	(3) MO from hospital/MCH	
		(4) HA	
		(5) LHV/Nurse	
		(6) MW	
		(7) AMW	
		(8) TTBA	
		(9) TBA	
		(10) Others (Specify)	
10.	Where will you give birth?	(1) Health Centre	
B-11	(● Circle the most qualified	(2) Government Hospital	<u> </u>
	one)	(3) GP	
		(4) Maternity home	
		(5) At home	
		(6) Others (Specify)	
11.	Knowledge on abortion		
11.A	Do you know the abortion complication?	Yes1 Female →Skip to 12	
	complications	No2	
11 D	What are the complication?	Male → Skip to 13	
11.B	What are the complication? ■ Circle all answer/ multiple	(1) Bleeding leading to blood transfusion	
	choice	(2) Septicaemia/Infection	
	Yes1 } for coder	(3) Tetanus	
		(4) Laparotomy/POD puncture due to	
}	No2	pelvis abscess (5) Uterine rupture /Injury to viscera	
		(6) Chronic pelvic Inflammatory Disease	
		(7) White discharge	
		(8) Dyspareunia	
		(9) Infertility	
			1

Sr.No	Question	Answer/Result	Coding
		(10) Ectopic pregnancy (11) Death (12) Others (Specify)	
12	Practice on Abortion(Female on		
12.A	Did you have abortion within 12 month?	Yes1 No2 → Skip to 13	
12.B	How many times?	times	
12.C	Did you have any complications due to abortion?	Yes1 No2 → Skip to 12 (E)	
12.D	suffer? (Please read each	(1) Bleeding leading to blood transfusion	
	complication by enumerator If yes, Circle that number by		
	enumerator)	(3) Tetanus	
	(• Circle all answers/ multiple choice)	(4) Laparotomy/POD puncture due to	
	Yes1 No2 for coder	pelvis abscess	
	No2	(5) Uterine rupture /Injury to viscera	
		(6) Chronic pelvic Disease	
		(7) White discharge	
		(8) Can't describe	
		(9) Others (Specify)	
:			
12.E	Did you go to receive emergency	Yes1	
:	care for abortion complications?	No2 → Skip to 12 (G)	
12.F	Where did you go?	(1) Health centre	
	(Circle the most qualified	(2) Government hospital	
	one) (Please to be firstly go to	(3) Private clinic (inpatient)	
	receive)	(4) Maternity home	
		(5) GP	
		(6) OG	
		(7) HA	
		(8) LHV / Nurse	
		(9) MW	

Sr.No	Question	Answer/Result	Coding
		(10) AMW	
		(11) TTBA	
		(12) TBA	
		(13) Others (Specify)	
12. G	Did you have any referrals?	Yes1	
		No2 → Skip to 12 (I)	
12.H	Who referred you?	(1) MO from hospital	
	(Circle the most qualified	(2) Private Clinic MO	
	one)	(3) HA	
		(4) LHV/Nurse	
		(5) MW	
		(6) AMW	
		(7) TTBA	
	,	(8) TBA	
		(9) Others (Specify)	
		<u> </u>	
12.I	Did you get any post abortion	Yes1	
	counseling?	No2 → Skip to 12 (K)	
12.J	Who give you?	(1) OG	
12.3	• Circle all answer/ multiple	(2) Private Clinic MO	
	choice	(3) MO from hospital/MCH	
	Yes1	(4) HA	
	for coder	(5) LHV/Nurse	
	for coder	(6) MW	
	1102	(7) AMW	
		(8) TTBA	
		(9) TBA	
		(10) Others (Specify)	
12 .K	Did you get any post abortion	Yes1	
	care?	No2 skip to 13	

Sr.No	Question	Answer/Result	Coding
12 .L	Who cared you? Circle all answer/ multiple choice Yes1 for coder No2	(1) OG (2) Private Clinic MO (3) MO from hospital/MCH (4) HA (5) LHV/Nurse (6) MW (7) AMW (8) TTBA (9) TBA (10) Others (Specify)	
13	Knowledge on birth spacing		
13.A	Have you ever heard of any method to prevent pregnancy?	Yes 1 No 2 → skip to 14	
13.B	What method have you heard? • Circle all answer/ multiple choice Yes1 for coder No2	(1) pills (2) IUCD (3) Injection (4) Use condom (5) Female sterilization (6) Male sterilization (7) Periodic Abstinence (8) With drawal (9) Massage (10)Induced abortion/MR (11)Breast feeding (12)Cervical cap (13) Spermicides jelly, cream, foam etc. (14) Intradermal drugs (15) Emergency contraceptives pills (16)Traditional medicine (17)Other (Specify)	

Sr.No	Question	Answer/Result	Coding
13.C	Where did you get information	(1)School, in class	
	about contraceptive methods? • Circle all answer/ multiple	(2)School, outside class	
	choice	(3) Youth centre	
		(4) Parents/ friend/ relatives	
	} for coder	(5) Policy maker	
	Yes1	(6) NGOs	
		(7) MCWA	
		(8) Basic Health staff	
		(9) Doctors	
		(10) Radio, Newspaper, Magazine &	
		mediaetc.	
		(11) International NGOs	
		(12) Others(Specify)	
13.D	Did you ever heard of side	Yes 1	
	effect/ problem related to various contraceptive methods?	No2 skip to 14	
13.E	What are they?	(1) Vomiting/ Dizziness	
	• Circle all answer/ multiple	(2) Headache	
	choice	(3) Palpitation	
	Yes1	(4) Painful breast	
	for coder	(5) Change of body weight	
	No2	(6) Depression	
		(7) Hypertension	
		(8) Jaundice/dyspepsia	
		(9) Scanty menstruation	
		(10)Small frequent menstruation	
		(11)Amenorrhoea	
		(12)Others (Specify)	
13.F	From whom you get these	(1) School, in class	
	information? • Circle all answer/ multiple	(2) School, outside class	
	choice	(3) friend (Youth centre)	
		(4) Parents/ relatives	
	Yes1 for coder No2	(5) Policy maker	
	No2 J	(6) NGOs	

Sr.No	Question	Answer/Result	Coding
		(7) MCWA (8) Basic Health staff (9) Doctors (10) Radio,Newspaper, Magazine & mediaetc. (11) International NGOs (12) Others (Specify)	
14	Practice on Birth Spacing		
14. A	Did you ever use any method?	Yes 1 No 2	
14.B	Are you & your spouse using any method now?	Yes 1	
14.C	Why not to use? • Circle all answer/ multiple choice Yes1 No2 for coder	(1) Wants children (2) Spouse disapproves (3) Myself disapproves (4) Cost too much (5) Inconvenient to use (6) Side effect (7) Not available (8) Religious (9) Not known (10)Single/ widow/separated (11)Others (Specify)	
14.D	,Which method are you & your spouse using now? • Circle all answer/ multiple choice Yes1 No2 for coder	(1) pills (2) IUCD (3) Injection (4) Use condom (5) Female sterilization (6) Male sterilization	

Sr.No	Question	Answer/Result	Coding
		(7) Periodic Abstinence	
		(8) With drawal	
		(9) Massage	
		(10)Induced abortion/MR	
		(11) Breast feeding	
		(12) Cervical cap	
i		(13) Spermicides jelly, cream, foam	
l		etc.	
		(14) Intradermal drugs	
		(15) Emergency contraceptives pills	
		(16)Tradtional medicinc	
		(17)Other (Specify)	
14.E	Did you suffer any side effects with the method you are using?	Yes 1 No2 — skip to 14 (G)	
14.F	What are they?	(1) Vomiting/Dizziness	
	(Please read each problem by enumerator If yes, Circle that	(2) Painful breast	
	number by enumerator) (• Circle all answers/ multiple	(3) Change of body weight	
		(4) Depression	
	choice)	(5) Hypertension	
	Yes1 for coder No2	(6) Jaundice/dyspepsia	
	No2	(7) Scanty menstruation	
	•	(8)Small frequent menstruation	
		(9)Amenorrhoea	
		(10)Others (Specify)	
14.G	Do you have any problem to use the methods/ to get the drugs?	Yes1 No2 → skip to 14 (I)	
14.H	What are the problems? • Circle all answer/ multiple	(1)Spouse disapproves	
		(2)Not available	
	choice	(3)Too expensive	
	Yes1	(4)inconvenient to use	
1	No2	(5)Others (Specify)	

Sr.No	Question	Answer/Result	Coding
14.I	Where did you get the last method you used? (Circle the most qualified one)	(1)Government Hospital/Health staff (2)GP (3)Pharmacy (4)Traditional healers (5)Shops (6)Friends (7)Parents/ Relatives (8)MCWA (9)INGOs (10)Others (Specify)	
14.J	Did you have sexual contact within one year?	Yes1 No2 → skip to 14 (M)	
14.K	Did you use condom in last sexual contact?	Yes1 No2	
14.L	Did you ever use condom during this year?	Yes1 No2	
14.M	Do you satisfy the Reproductive health services by health centre? ((1)Very satisfy(2)Satisfy(3) Not satisfy(4) Not so satisfy(5) Don't know	
15	Married only		
15.A	Did you have infertility without contraception for 2 years?	Yes1 No2 Not relevant3	
15.B	Do you have infertility after having children?	Yes1 No2 Not relevant3	
16	Duration of interview	Hour Minute	
	finished	Time T Hour	- Minuto

Minute