Family Health Campaign: Accountability for Change

Baseline study report


A Project implemented by

Centre for Health and Social Justice

Funded by

MacArthur Foundation

Contents

Chapter I Introduction 4

Chapter II Profile of the Respondents 12

Chapter III Maternal and Reproductive Health 17

Chapter IV Vaccination Coverage 33

Chapter V Family Planning 34

Chapter VI Gender Roles, Men's Health and Violence Against Women 40

Chapter VII Information about Health Care Services 47

ACRONYMS

ANC	Antenatal Care
ANM	Auxiliary Nurse Midwife
AWW	Anganwadi Worker
ASHA	Accredited Social Health Activist
BPL	Below Poverty Line
BCG	Bacillus Calmette-Guerin
CMO	Chief Medical Officer
CHC	Community Health Centre
DPM	District Programme Manager
DPT	Diptheria Tetanus and Pertussis
JSY	Janani Surakhsa Yojana
LHV	Lady Health Visitor
MMR	Maternal Mortality Ratio
MO	Medical Officer
NRHM	National Rural Health Mission
NGO	Non Governmental Organisation
OBC	Other Backward Class
PHC	Primary Health Centre
RKS	Rogi Kalyan Samiti
SC	Sun Centre
SC	Schedule Caste
ST	Schedule Tribe
SPSS	Statistical Package for Social Sciences
VHSC	Village Health and Sanitation Committee
VHND	Village Health and Nutrition Day

Chapter I Introduction

Context

The high rate of maternal mortality is a continuing health problem in India. The low status of women, as evident in low levels of literacy among women, early marriage and pregnancy as well as low coverage of health services have been seen as important causes behind this phenomenon. According to the government these deaths account for 15% of all deaths of women of reproductive age. Though maternal mortality ratio (MMR) in India is on the decline and is currently 212 per 100,000 live births with a lifetime risk of 0.6%, MMR levels exceed the national ratio in certain geographical areas and are of greatest concern in the northern, central and eastern states.(Source: Annual Health Survey 2011-12) Madhya Pradesh is one of those states with high maternal mortality.

Centre for Health and Social Justice is working towards addressing the social determinants that affect the reproductive and maternal health (early marriage, early and frequent pregnancies, family planning, etc.) by highlighting men as equal and responsible partners, parents and also as members of the society. It is also working on improving the quality of health service delivery through community based accountability mechanisms. This project was aimed at improving women's maternal health outcomes by bringing together these two components at the operational level in selected villages in two districts of Madhya Pradesh.

Introduction to the Project

With an overall ***goal*** **to bring about positive changes in the lives of women in rural communities of Madhya Pradesh, especially in the context of maternal health by reinforcing a process of public and social accountability**, the *Family Health Campaign: Accountability for Change* is being implemented in the two districts of Madhya Pradesh , i.e. Sidhi and Morena. The objectives of the project are:

1. To increase knowledge of government health services and health service entitlements within NRHM, especially those related to maternal health, Janani Suraksha Yojana, decentralized planning and monitoring and so on among men and women in the village who are associated with village level groups like Men's Groups and Self Help Groups.
2. To increase leadership among men from men's groups to address and engage with platforms like the panchayat, Village Health and Sanitation Committee, Rogi Kalyan Samiti with respect to health related entitlements.
3. To establish a cyclical system of monitoring and planning at the community level using the already established NRHM community monitoring guidelines based on concrete service guarantees and Indian Public Health Standards involving Village Health and Sanitation Committees.

4. To increase knowledge and change attitudes of men on gender discrimination and key sexual reproductive health and rights issues with a focus on maternal health with a gender equality framework.
5. To develop and disseminate messages which promote and support an alternative value system based on equity and justice relating to responsible parenting and partnership.

Scope of the project

The project has been designed for implementation through partners at local level over a period of three years. This is implemented in the two districts of Madhya Pradesh of Sidhi and Morena.

Hypothesis/Assumptions of the programme

The project has been developed with some assumptions about society, gender relations, health seeking behaviour, community beliefs, social change, etc. and these are

- Maternal health status in rural MP is poor
- Health seeking behaviours are not appropriate for optimal health outcomes
- Community beliefs encourage early marriage, childbearing and frequent pregnancies
- There is a high unmet need for contraception
- Current social norms encourage women's subordinate status in society and do not encourage men to become attached to parenting and partnership roles
- Only men are involved in family planning decision making
- Men do not share contraceptive and childcare responsibilities
- Men have inadequate knowledge of the women's reproductive health
- Men are yet to be mobilised on social issues
- Most men have not consciously thought about their privileged status and its effect on women and children
- Most men have not consciously thought of NRHM potentials
- NRHM provides a platform for improving health service delivery, especially Reproductive Health including Family Planning
- NRHM includes spaces for community participation in planning, implementation and overseeing

Project Strategy

The project has been to engage with men in 30 villages in 2 blocks in Morena and 1 block in Sidhi of Madhya Pradesh, form them into groups and strengthen their understanding of reproductive health and gender issues especially around responsible parenting and partnership and about the health entitlements available within National Rural Health Mission. The National Rural Health Mission provides platforms for the engagement of the community at different levels like the Village Health and Sanitation Committee and the Rogi Kalyan Samiti for increased community accountability. As a result of their improved knowledge groups and their leadership will engage with the established community level platforms and leadership

like the Panchayat and the Village Health and Sanitation Committee (VHSC) to strengthen public and social accountability towards ensuring better maternal health for women. This will include messages on the need for changes in men's behaviour as parents and partners at the individual, family and community levels, as well as messages on NRHM related entitlements. These men will take personal initiatives and influence others in their villages to take public and private actions to bring a change in gender relations at household and community levels, and take up proactive roles for improving the health and lives of women. These men will also take steps to activate the community planning and monitoring processes within NRHM.

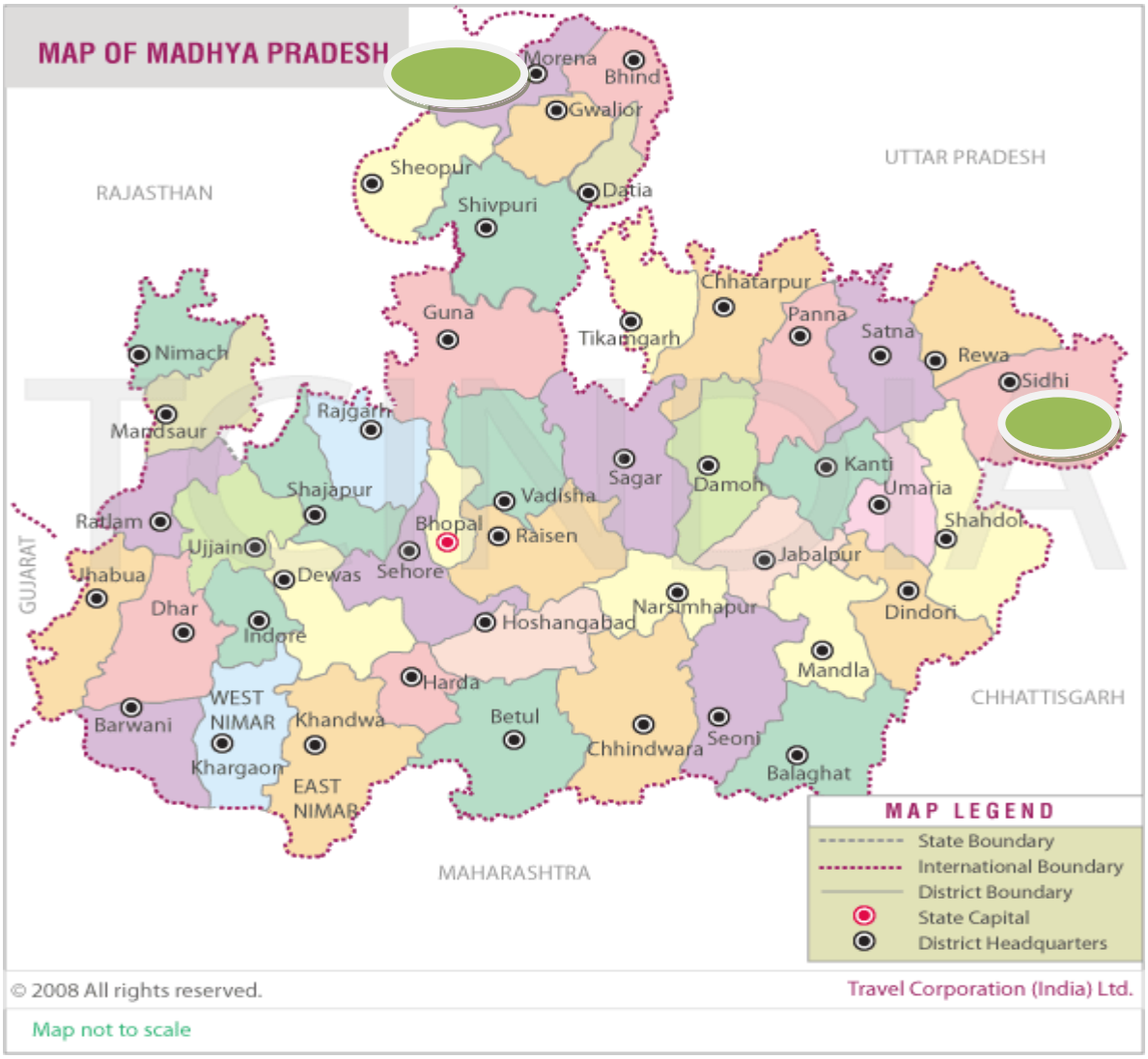
The Key Strategies of the project are

- *Organising and capacity building of men's groups* - men in the community will be mobilized into men's groups and these groups will be facilitated by trained *animators* (one animator for each village) who will orient and train them on gender related health issues and NRHM entitlements. These groups will include members or members from the families of Village Health and Sanitation Committees and local Panchayats so that there is a bridge with formal committees.
- *Setting up Community level Charters in association with Village level structures* - these village level men's groups will develop relationships with the ASHA, Anganwadi Workers, VHSCs and Panchayats, Women's Self Help Groups and together will call for the establishment to two *charters* – one the *Public Health Charter* which draws upon NRHM commitments called and the other called the Social Health Charter which draws upon men's increased understanding of social issues affecting health of women and children. The *Social Health Charter* will include a list of socially desirable attributes at the family and community level that will be developed by the Village level Men's groups as a result of training and mobilisation around gender equality and family health. The Charter will/ may cover issues around age at marriage, dowry, and education of the girl child, delaying pregnancy, immunisation and antenatal coverage and so on.
- *Community Campaigns* - the men's groups in association with the ASHA, Anganwadi Workers and village level Animators will conduct community level information *campaigns* calling for the community to adopt practices which promote the Social Health Charter. They will also hold regular interactions/meetings with providers and health managers – ANM, Medical Officer District Programme Manager, CMO for fulfillment of the Public health charter.
- *Community enquiry, report cards and public sharing* - Every six months the village level men's group will support and facilitate the VHSC to conduct a *community enquiry* to ascertain the performance of the health system and the community around the Public Health and Social Health. The enquiry results will be publicly shared through a *Community Score Card* having two parts for the two sets of charters. The public sharing process (Jan Samvad) will include a planning component to improve performance on both aspects. The enquiry and sharing process will be repeated every six months. Given below is an indicative list of issues for the social and public health charters.

Introduction to project area

Madhya Pradesh lies in the heart of India. It covers an area of 3,08,245 sq. km, making it the biggest state in the country, bordering seven other states - Uttar Pradesh, Bihar, Orissa, Andhra Pradesh, Maharashtra, Gujarat and Rajasthan.

According to Census of 2011, the literacy rate of Madhya Pradesh is 70.6 per cent. Female and male literacy rates in 2011 are 60.0 per cent and 80.5 per cent respectively. In Census 2011, Madhya Pradesh stood 28th position in female literacy rate. The literacy gap between male and female of Madhya Pradesh is 20.5% and in India the gap is 16.68. Sidhi and Morena have sex ratio of 952 and 839 females respectively for every 1000 males and a literacy rate of 66.09 per cent in Sidhi and 72.1 per cent in Morena. (Census of India 2011).



The societal context is very different in these two areas. Morena is part of the crime prone Chambal region –famous for its particular brand of masculinity- including moral standards, *izzat*, valour and a very domestic role/*purdah* for women and the idea that 'real men' don't hurt but protect women. The Chambal valley with peculiar topography added with ravines, at the intersection of three states (namely, Madhya pradesh, Rajasthan and Uttar pradesh) makes

it a breeding ground for outlaws and crime. In the region dacoity is directly linked to ravine formation. The ravines of Chambal have been a problem for agriculture related activities and the life is getting tougher for the people of this area. There is no employment opportunity and the only occupation farming, too becoming impossible with not much land is available to cultivate. The 20-50 feet deep ravines provide good hideout to the dacoits therefore harbors many outlaws. Another disheartening trend that developed in the region recently, is the kidnapping the persons from weaker section, as not many well to do people left in the villages. The main occupation is the farming, the people have to be out most of the time and they become the easy targets for kidnapping. Morena have a long been associated with tales of female infanticide, today with increasing number of ultrasound clinics which at times provide a safe haven for illegal foetal sex determination, these silent landmarks stand witness to the growing practice of female foeticide. Here, feudal practices dominate and display of guns is a sign of valor. The child sex ratio (0-6) is abysmally low and it has declined in 2011 census (819 from 825 in 2001 census). About the Chambal area - mythology has it that the Chambal River is the symbol of Draupadi's open tresses, which she had vowed never to plait till she washed it in the blood of Dushshasan, who had disrobed her in open court. Thus, revenge for restoration of honour lies at the core of Chambal's psyche, the psyche of the people of one of the toughest terrains anywhere: the bihad, or the arid, ravines, where life is always a massive struggle. And traditionally, whenever anyone from these bihad had felt wronged, he had become a baaghi and not rested till revenge had doused the fire in his heart.

The general caste people are dominant in Morena and they are mostly hindu. In Morena, dowry related crime, reported rape cases and child marriage are very high. .

On the other hand Sidhi is tribal- mostly belong to Gond, Baiga, Panika, Kherwair and Agariya dominated area. These tribes of Madhya Pradesh have preserved very remarkably their distinct way of life in small isolated communities. The people used to follow animism as their religion but slowly they started practicing Hinduism and Christianity. The economy of this region is basically forest based. Among these tribes, the relationships between women and men and the idea of masculinity are very different. The community of Sidhi is mostly involved in farming. In Sidhi, though patriarch exists but the patriarchal values are not that strong as compare to the other part of Madhya Pradesh. In Sidhi, Child marriage is a major problem and also the early pregnancies.

Unlike Morena, in Sidhi, both women and men take part in economic activities. May be this is one of the reasons for less gender based discrimination against women. The settlement in villages in Sidhi are dispersed and scattered and people build their houses in their agriculture field. The structure of the houses is *kuchcha*, made of mud, dung and husk. In Sidhi, families are mostly nuclear. It is very common in Sidhi that young people prefer not to stay with parents after their marriage.

Like any other tribe of India, the tribal people of Sidhi also are under intense land pressure. Migration into tribal lands has increased and these tribal people have lost title to their lands in many ways – lease, forfeiture from debts, or bribery of land registry officials. Due to this

many tribal members have become landless labourers. Government policies on forest reserves have affected tribal peoples profoundly. Government efforts to reserve forests have precipitated armed (if futile) resistance on the part of the tribal peoples involved. Intensive exploitation of forests has often meant allowing outsiders to cut large areas of trees (while the original tribal inhabitants were restricted from cutting), and ultimately replacing mixed forests capable of sustaining tribal life with single-product plantations. Alcohol drinking is in the tradition of tribal community and it is socially permissible in tribal societies compared to non tribal societies. They offer alcohol to the god. Women and men both drink alcohol and there is a community control over alcohol consumption among the tribal population of Sidhi.

Some of the health indicators of Madhya Pradesh and the districts of Sidhi and Morena where CHSJ is working are as follows

MATERNAL HEALTH OUTCOMES	MP	Sidhi	Morena
Maternal Mortality Ratio	310	336	311
Infant Mortality	67	72	48
ANTE NATAL CARE			
Currently Married Pregnant Women aged 15-49 registered for ANC (%)	66.5	51.1	64.1
Mothers who received any antenatal check-up (%)	88.6	68.8	68.9
DELIVERY CARE			
Institutional Delivery (%)	76.1	54.9	89.7
Delivery at Home (%)	23.5	44.8	10
IMMUNIZATION			
Children aged 12-23 months Fully Immunized (%)	54.9	59.5	
CONTRACEPTION USED			
Male Sterilization	1	1.8	0.2
Any contraceptive method used	61.2	45.9	56.4
Average month of pregnancy at the time of abortion	3.1	3.1	3.6

Source: Annual Health Survey 2011-12

The Maternal Mortality Ratio is still very high as compared to national MMR i.e. 212. Infant Mortality Rate is also very high in MP that is 67.

Baseline study

The project is treated as an operation research project and it includes a baseline study, extensive process documentation, end line evaluation. The baseline study has done to understand the ground realities related to maternal health; health seeking behaviour; social beliefs and norms; family planning and use of contraceptive methods; understanding of gender issues; partnership; parenting; knowledge on health entitlements under National Rural Health Mission (NRHM) in the study district. The baseline study has helped the programme team to understand the ground realities, social context, etc. of the project area and moreover it has facilitated to implement the project effectively so that it brings the expected results and also brings about some amount of changes in the attitude of the community.

The main objective of the baseline study is to find out the current ground realities with respect to men's behaviour and attitude towards their roles and responsibilities as partners in the area of their own and partner's health and parenting.

Objectives of the baseline study

- To understand the knowledge and understanding of gender issues especially these related to responsible parenting and partnership
- To document knowledge and understanding related to sexual and reproductive health and health entitlements within NRHM framework
- To document the behaviour and attitudes towards family and self-health care

The key issues that were enquired through the baseline survey are

- Basic socio economic profile of the respondents
- Behaviour of men as care givers to their wives during pregnancy and in early infant care and parenting
- Antenatal and post natal care
- Behaviour towards family's and self health care
- Men's participation in domestic roles and responsibilities
- Decision making at home
- Use of contraception
- Perceptions related to gender, sexuality and masculinity
- Knowledge, behaviour related to sexual and reproductive health
- Violence in the household
- Knowledge regarding NRHM and some aws

Design of the study

The study is a cross sectional study conducted in Sidhi and Morena districts of Madhya Pradesh. This study was conducted in 15 villages in each district.

Methodology

The baseline study employed quantitative survey methods

Male respondents- The project was expected to work with one village men's groups (age between 18 and 45) in each of the villages of the project area. It was anticipated that the project would directly involve about 500 men in these 30 villages and this was considered to be the universe. The sample size was kept as half the number of anticipated members of the village groups. This brought the total sample size to 250 and 125 of whom, were to be drawn from each project site. Once the sample size of decided, the partners were asked to draw up a possible list of members from each village who they felt was a potential member of the men's group. A table was drawn with the population size of each village along with the names of the potential members of the each village group. The number of individuals that would be selected from each village was decided according to the population of the village to follow a

Population Proportion to Size principle. Once the number of individuals was decided by this method, the name were drawn using a lottery method from each village list. This list was provided to the partner organisation and they conducted the survey. The age boundaries were kept between 18 and 45 years. Scrutiny of the forms showed that seven forms did not follow the age criteria and these were rejected, keeping the sample size 243.

Female respondents- The universe for the women's survey was all women who had childbirth in the last one year – January to December 2011. It was decided that the total sample size would be kept to 250, 125 from each area. A list was prepared by the partner organisation on the basis of information collected from AWW or ASHA. There were only 233 respondents in all and the entire group of women was surveyed.

Ethical aspects

The survey was conducted by two facilitators from each organisation. The facilitators were trained in the ethical issues related to the information that was being collected. Verbal consent was taken from all respondents prior to the interview, giving the respondents the option to opt out or stop the survey at any point.

Tools

Structured questionnaires in Hindi were used to collect the data from men and women separately. The tools were pre tested in the field prior to data collection.

Data analysis

The quantitative data was analysed using SPSS 18 package.

Chapter II Profile of the respondents

The health, health seeking behaviour, participation of men in parenting and partnership, etc. of women and men vary by their characteristics, such as age, marital status, occupation, religion and caste.

This chapter presents a profile of the demographic and socioeconomic characteristics of female and male respondents of baseline survey. Here, in this survey only married women who had delivered during January to December 2011 were selected for the interview. In the case of male respondents, both married and unmarried men were selected for the interview.

Age distribution

The following table (Table 1) presents the distribution of female and male respondents by age, marital status, religion, caste, occupation, age at marriage and education. The age distribution table shows that the lowest percentage of (24.3 percent) male respondents and highest percentage of (42.9 percent) of female respondents are below the age of 23. Higher proportion (41.6%) of male respondents comes under the category of 24 to 29 years of age. The range among female respondent is higher than the range among the male respondents.

Table 1 : Age distribution of respondents

Characteristics	Men		Women		District wise age distribution of the respondents			
					Sidhi		Morena	
	Number of respondents	Percentage	Number of respondents	Percentage	Men	Women	Men	Women
less than 23	59	24.3	100	42.9	19	45	40	55
24 to 29	101	41.6	85	36.5	54	36	47	49
Above 30	83	34.2	48	20.6	47	33	36	15
Total (N)	243	100	233	100	120	114	123	119
Mean Age (in years)	**27.38**		**25.36**					
Median (in years)	**27**		**24**					
Mode (in years)	**25**		**22**					
Standard Deviation	**4.67**		**4.86**					
Range	**17**		**28**					

Table 2: Status of marriage of the male respondents				
Status of marriage	**Frequency**	**Percent**	**District wise distribution**	
			Sidhi	**Morena**
Married	220	90.5	109	111
Not married	23	9.5	11	12
Total (N)	243	100.0		

In this baseline survey only married women were selected who had delivered within a year prior to survey that is in the year 2011 (January to December). The adjacent table shows that 90.5 percent male respondents are married.

Social background

Majority of the respondents were Hindus among both men and women. A small percentage i.e. 2.1% men and 3.9% women respondents were Muslim.

An overwhelming majority of the respondents in Sidhi were from the Scheduled Tribes (84.2% for men and 67.5% for women), while in Morena the population was distributed General Category, Other Backward Caste and Scheduled Castes.

Table 3: Religion and caste wise distribution of respondents

Religion and caste	**Men**	**Women**	**District wise distribution caste and religion of respondents**			
			Sidhi		**Morena**	
	Number of respondents	**Number of respondents**	**Men**	**Women ***	**Men**	**Women**
Hindu	238 (97.9%)	223 (95.7%)	119 (99.6%)	110 (97.3%)	119 (96.75)	113 (94.5%)
Muslim	5 (2.1%)	9 (3.9%)	1 (0.83)	3 (2.65%)	4 (3.25%)	6 (5%)
Total (N)	**243**	**232***	**120**	**113**	**123**	**119**
SC	30 (12.3%)	28 (12%)	7 (5.83%)	6 (5.26%)	23 (18.7%)	22 (18.5%)
OBC	48 (19.8%)	68(29%)	7 (5.83%)	25 (21.9%)	41 (33.3%)	43 (36.13)
ST	102(42%)	77(33%)	101 (84.2%)	77 (67.54%)	1 (0.81%)	0
General	63 (25.9%)	58(24%)	5 (4.16%)	4 (3.50%)	58 (47.1%)	54 (45.37%)
Minority	0	2 (0.9%)	0	2 (1.75%)	0	0
Total (N)	**243**	**232***	**120**	**114**	**123**	**119**

The figure in parenthesis indicate column percentage
* One woman in Sidhi does not believe in any religion

Occupational Status

The baseline study tried to look at the workforce participation of men respondents but women were asked only about their husband's occupation. The data of the following table shows **(Table: 5)** that farming is the dominant occupation in both areas and in both groups – men and husbands of the female respondents.

Table 4 : Occupation of the male respondents			
Occupation	**Sidhi**	**Morena**	**Total**
Farming in own land	61 (56%)	69 (59%)	130 (57.5%)
Farming in others land	15 (13.8%)	6 (5.2%)	20 (9.4%)
wage labour	24 (1.8%)	11 (2.6%)	35 (15.5%)
Self employed	2 (1.8%)	10 (8.5%)	12 (5.7%)
Migrant labour	3 (2.8%)	15 (12.8%)	18 (8%)
Teacher	1 (0.9%)	1 (0.9%)	2 (0.8%)
Student	2 (1.8%)	5 (4.3%)	7 (3.09%)
Driver	1 (0.9%)	0 (0%)	1 (0.4%)
Unemployed	11 (9.1%)	6 (4.87%)	17 (7%)
Total	120	**123**	**243**
The figure in parenthesis indicate column percentage			

Table 5 : Occupation of the husband of the women respondents			
Occupation	**Number of respondents**	**District wise distribution**	
		Sidhi	**Morena**
Farming in own land	74 (31.8%)	27 (2.3.7%)	47 (39.5%)
Labour in other's farms	41 (17.6%)	34 (30%)	7 (5.9%)
wage labourer	27 (11.6%)	17(15%)	8 (6.7%)
self employment(halwai)	26 (11.2%)	7(6.1%)	19 (16%)
Migrant Labour	41 (17.6%)	22 (19.3%)	19 (16%)
teacher	2 (0.9%)	1(0.9%)	1(0.8%)
Govt employee	5 (2.1%)	0	5 (4.2%)
Working in Private organisation	7 (3.0%)	1 (0.9%)	6 (5%)
Unemployed	4 (1.7%)	1 (0.9%)	3 (2.5%)
Driver	3 (1.3%)	2 (1.8%)	1 (0.8%)
Bus conductor	2 (0.9%)	1(0.9%)	2 (1.7%)
Panchayat related work	1 (0.4%)	(10.9%)	1 (0.8%)
Total (N)	233	114	119

Marital Status

Marital status is a vital component of this study to understand the present situation of parenting, partnership, behaviour towards family's and self health, use of contraception, etc. among men and women. The table below shows that most (61.7%) of the male respondents had been married for one year to 10 years. The male respondents are mostly in the age group of 30 years and below. Only two persons among the total respondents are married for less than a year.

Table 8: Years of marriage of male respondents			
Years of marriage	Sidhi	Morena	Total
Less than 1 year	0	2 (1.62%)	2 (0.8%)
1 to 5 years	22 (18.3%)	49 (40%)	71 (29.2%)
6 to 10 years	47 (39.1%)	32 (26%)	79 (32.5%)
11 to 16 years of marriage	29 (24.1%)	17 (14%)	46 (18.9%)
More than 17 years of marriage	11 (9.1%)	11(9%)	22 (9.1%)
Total of married men respondents	109(90.8%)	111 (90.2%)	220 (90.5%)
Unmarried	11 (9.1%)	12 (9.7%)	23 (9.5%)
Total	120	123	243

Early marriage is prevalent in both the districts among women respondents. In the baseline study, it was found that 48% women were married before 18 years of age with the distribution being similar in both districts.

Table 9 : Age at marriage among women respondents			
Age at marriage	**Sidhi (N=114)**	**Morena (N=119)**	**Total (N=233)**
Before 14	14 (12.28%)	12(10%)	26 (11.1%)
14 to 17 years	43 (37.7%)	43 (36.13%)	86 (37%)
18 to 22 years	35 (31%)	64 (53.78%)	99 (42.5%)
Don't know the age	22 (19.29%)	0	22 (9.44%)
Total	114	119	233

Education Attainment

The distribution of respondents by completed number of years of education reveals a lower education attainment among female respondents. Most of the male respondents had completed at least up to 10 years of education. The data shows that very few women had more than 10 years of education.

Table 12 : Education attainment of respondents

Years of education	Men respondents			Women respondents		
	Sidhi	Morena	Total	Sidhi	Morena	Total
No schooling	20 (16.6%)	11 (9%)	31 (12.75%)	56 (49.1%)	55 (46.2%)	111 (47.6%)
1 to 5 years	24 (20%)	6 (4.9%)	30 (12.3%)	14 (12.3%)	12 (10.1%)	26 (11.2%)
6 to 8 years	19 (15.8%)	15 (12.2%)	34 (14%)	18 (15.8%)	28 (23.5%)	46 (19.7%)
9 to 10 years	30 (25%)	53 (43.1%)	83 (34.1%)	19 (16.6%)	16 (13.4%)	35 (15%)
11 to 12 years	19 (16%)	20 (16.3%)	39 (16%)	5 (4.4%)	4 (3.3%)	9 (3.8%)
13 to 15 years of education	7 (6%)	16 (13%)	23 (9.5%)	1 (0.87%)	4 (3.3%)	5 (2.14%)
More than 15 years	1 (0.83%)	2 (1.62%)	3 (1.2%)	0	0	0
Missing	0	0	0	1 (0.87%)	0	1 (0.42%)
Total	120	123	243	114	119	233

Chapter III Maternal and reproductive Health

One of the project objectives is to increase knowledge of government health services and health service entitlements within NRHM, especially those related to maternal health, Janani Suraksha Yojana, immunization, family planning, delivery and pregnancy care, partnership and parenting, gender relation among men and women in the village. A wide range of questions were included on pregnancy, child birth, Ante Natal Care, safe motherhood, accessing maternal health services, contraceptive use, immunization, etc. in both male and female questionnaire.

Birth History of live birth

The data among female respondents shows that 45 children were born before the couple completed their first wedding anniversary.

Table 15: Women respondents: Months after marriage the first child was born

Months	District		Total
	Sidhi	Morena	
Within a year	14	31	45
Within two years	19	40	59
Within three year	34	24	58
Within four years	17	7	24
Within five years	19	12	31
After five years	11	5	16
Total	114	119	233

Birth Order

The following table shows the distribution of birth order by age. 66.6% in Sidhi and 61.82% in Morena births to mother's age less than 23 are first order birth.

Table 16: Birth Order of women respondents

	Birth Order							
Mother's Current age	1	2	3	4	5	6	7	8
Sidhi								
Less than 23	30 66.67%	9 20.00%	4 8.89%	2 4.44%	0 0.00%	0 0.00%	0 0.00%	0 0%
24 -29	6 16.67%	10 27.78%	12 33.33%	3 8.33%	5 13.89%	0 0.00%	0 0.00%	0 0%
Above 30	1 3.03%	2 6.06%	4 12.12%	13 39.39%	7 21.21%	5 15.15%	1 3.03%	0 0 %
Morena								
Less than 23	34 61.82%	18 32.73%	3 5.45%	0 0.00%	0 0.00%	0 0.00%	0 0.00%	0 0%
24 -29	5 10.20%	12 24.49%	22 44.90%	10 20.41%	0 0.00%	0 0.00%	0 0.00%	0 0.00%
Above 30	3 20.00%	1 6.67%	4 26.67%	0 0.00%	5 33.33%	1 6.67%	0 0.00%	1 6.67%

Out of 233 women respondents, 48 women had become pregnant for five and more times. The number of women who got pregnant for five and more than five times is higher in Sidhi.

Antenatal Care

Under Antenatal Care, a pregnant woman gets information on pregnancy related health care and services from a doctor, ANM or any other health professional. Antenatal care includes monitoring of a pregnancy for sign of complications, detect and treat pre-existing and concurrent problems and providing advice and counselling on preventive care, diet during pregnancy, delivery care, post-natal care and related issues. The base line survey gathered information on the above mentioned issues from male and female respondents.

Antenatal Care providers

In the baseline survey, women were asked with whom they registered their last pregnancy.. The highest number of ANC registration was done with Anganwadi Workers in both the districts. In Morena nearly 30% of the women had registered with a Government or private doctor, which was not the case in Sidhi with none of the women registering with doctors. The role of the ASHA was also found insignificant in both areas, and the ANM also did not seem to play much of a role.

Table 20:Where did you register your pregnancy			
Registration (multiple answers)	**Sidhi (N=114)**	**Morena (N=119)**	**Total (N=233)**
Government Doctor	0	17 (14.3%)	17 (7.29%)
Private Doctor	0	18 (15.1%)	18 (7.7%)
ANM	17 (15%)	3 (2.5%)	20 (8.6%)
AWW	102 (89.47%)	99 (83%)	201 (86.3%)
ASHA	1(0.87%)	2 (1.7%)	3 (1.3%)
Not registered	5 (4.4%)	1 (0.84%)	6 (2.57%)
Other	0	1 (0.84%)	1 90.4%)

Number and timing of Antenatal Care visits

The questions on number of antenatal care visits and timing of the first visit were included in the women questionnaire. The number of antenatal care visits and the timing of the first visit are important for the health of the mother and the outcome of the pregnancy. According to World Health Organisation recommendations, all pregnant women should have at least four ANC assessments by or under supervision of a skilled attendant.

The following table shows the number of women who had delivered within the year of January to December 2011 by the number and timing of antenatal care visit for their last delivery. Fifty eight women in Sidhi had 1-2 ANC care and 69 in Morena had 1-2 ANC care.

The number 4+ ANC visits are higher in Morena than in Sidhi. The higher proportion of women in both the districts had their first ANC visit in the 4-5 months of pregnancy that is in second trimester. Very less number of women had ANC care visits in the last trimester in both the districts.

Table 22: Number of antenatal care taken and timing of the first visit			
Number of times ANC taken	Sidhi	Morena	Total
None	3 (2.63%)	0	3 (1.3%)
1	11 (9.64%)	10 (8.4%)	21 (9%)
2	47 (41.2%)	59(49.5%)	106 (45.5%)
3	35(31%)	27 (22.7%)	62 (26.6%)
4+	2 (1.75%)	19 (16%)	21 (9%)
Don't Remember	2 (1.75%)	0	2 (0.85%)
Don't Know	10(8.8%)	3 (2.52%)	13 (5.6%)
Missing	4 (3.5%)	1 (0.84%)	5 (21.4%)
Total	**114**	**119**	**233**
Number of months pregnant at time of first ANC			
No ANC	6 (5.26%)	0	6 (2.6%)
<4	30 (26.3%)	46 (38.6%)	76 (32.6%)
4-5	44 (38.6%)	57 (48%)	101 (43.3%)
6-7	17 (15%)	11 (9.24%)	28 (12%)
8+	6 (5.26%)	2 (1.7%)	8 (3.4%)
Don't know	3 (2.6%)	1 (0.84%)	4 (1.7%)
Missing	8 (7%)	2 (1.7%)	10 (4.3%)
Total	**114**	**119**	**233**

Table 21 shows the source of Antenatal Care taken by women respondents, Anganwadi is the main source ANC among women followed by PHC. Table 21 shows the source of Antenatal Care of all 233 respondents. The other two tables show the source of ANC of women who delivered at institution and who delivered at home.

Table 23: Source of Total ANC care			
Women respondents: ANC taken from (this is a multiple answer question)	**Total (N=233)**	**Sidhi (N=114)**	**Morena (N=119)**
Government hospital	19 (8.1%)	0	19 (16%)
CHC	4 (1.7%)	0	4 (3.4%)
PHC	51 (21.8%)	47 (41.2%)	4 (3.4%)
SC	26 (11.1%)	18 (15.8%)	8 (6.7%)
Anganwadi	179 (76.8%)	83 (72.8%)	96 (80.6%)
Government school	3 (1.28%)	3 (2.63%)	0
Private NGO/trust hospital	4 (1.7%)	1 (0.87%)	3 (2.5%)
Private hospital/maternity home/ clinic	43 (18.45%)	9 (8%)	34 (28.6%)
They went to their maternal house so could not tell the source of ANC care	8 (3.4%)	7 (6.1%)	1 (0.84%)

Table 24: Source of ANC care of women who delivered in Institution			
Women respondents: ANC taken from (this is a multiple answer question)	**Total (N=188)**	**Sidhi (N=77)**	**Morena (N=111)**
Government hospital	17 (9%)	0	17 (15.3%)
CHC	4 (2%)	0	4 (3.6%)
PHC	34 (18%)	30 (39%)	4 (3.6%)
SC	21 (11.1%)	13 (17%)	8 (7.2%)
Anganwadi	144 (76.5%)	55 (71.4%)	89 (80%)
Government school	3 (1.6%)	3 (3.8%)	0
Private NGO/trust hospital	4 (2.1%)	1 (1.3%)	3 (2.7%)
Private hospital/maternity home/ clinic	0	6 (7.8%)	32 (28.9%)
They went to their maternal house so could not tell the source of ANC care	0	4 (5.2%)	1 (0.9%)

Table 25:Source of ANC care of women who delivered at home			
Women respondents: ANC taken from (this is a multiple answer question)	**Total (N=45)**	**Sidhi (N=37)**	**Morena (N=8)**
Government hospital	2 (4.4%)	0	2 (25%)
CHC	0	0	0
PHC	17 (37.7%)	17 (45.9%)	0
SC	5 (11.1%)	5 (13.5%)	0
Anganwadi	35 (77.7)	28 (75.7%)	7 (87.5%)
Government school	1 (2.2%)	1 (2.7%)	0
Private NGO/trust hospital	0	0	0
Private hospital/maternity home/ clinic	5 (11.1%)	3 (8.1%)	2 (25%)
They went to their maternal house so could not tell the source of ANC care	3 (6.6%)	3 (8.1%)	0

Antenatal Care services and information

Right kind of information or advice at right time can ensure safe motherhood. The baseline study collected information on Antenatal Care services and information received by women respondents. The following table shows the number of women received specific services and information on date of expected delivery, advice on delivery and nutrition. From the data, it has come out that most of the tests were not done during their last pregnancies. There were only eight women in Sidhi and 21 in Morena had blood pressure check only once or twice during their last pregnancies. The abdomen check-up was done once or twice among only 36 women (9 in Sidhi and 27 in Morena) during their last pregnancy.

Table 26: Women respondents: Number of women receiving selected services during their last pregnancy													
Sl. No	**ANC check-up**	**No test done**		**One time**		**Twice**		**Thrice**		**Four**		**Five**	
		Sidhi	**Morena**	**Sidhi**	**Morena**	**Sidhi**	**Morena**	**Sidhi**	**Morena**	**Sidhi**	**Morena**	**Sidhi**	**Morena**
1	Weight Check	58	35	25	41	20	33	10	7	2	2	1	1
2	Height check	112	85	2	21	0	10	0	2	0	0	0	1
3	Blood pressure	105	94	4	14	4	7	0	0	0	0	1	0
4	Blood test	64	22	14	49	23	35	10	11	1	2	1	0
5	Urine test	93	75	14	36	5	6	1	1	0	0	0	0
6	Abdomen Check-up	102	86	6	20	3	7	1	3	0	0	1	1
7	Breast examination	110	118	1	0	10	0	0	0	0	0	0	0
8	Sonography/ultra sound	110	95	1	16	1	8	1	0	0	0	0	0
9	Date of expected delivery	109	103	2	14	2	2	0	0	0	0	0	0
10	Advice on delivery	99	103	10	11	3	2	0	1	1	0	0	1
11	Advice on nutrition	96	99	7	16	6	5	2	0	2	0	0	1

Information on pregnancy care

There were 63 women (25 in Sidhi and 38 in Morena) who said that they went for urine examinations for confirming their pregnancies. During their contacts with health service providers, women are expected to be told about signs of pregnancy complications and where should they go if they have any kind of complications and from the data it has come out that very less number of women were told about pregnancy complications. The following points tell the number of women receiving information on specific pregnancy complications

- Only 8 (5 in Sidhi and 3 in Morena) were told that bleeding is sign of complication during pregnancy
- Only 7 (5 in Sidhi and 2 in Morena) were informed about fits during pregnancy
- Only 9 (5 in Sidhi and 4 in Morena) were told prolonged labour is a sign of complication

Out of 233, 218 women were not told where they should go if any kind of complication arises during their pregnancy.

Table 27: Antenatal care received by women			
Antenatal care	Total (N=233)	Sidhi (N=114)	Morena (N=119)
Did not receive any iron tablets	40 (17.16%)	24 (21%)	16 (13.45%)
Received more than 100 and iron tablets	17 (7.2%)	12 (10.52%)	5(4.20%)
Received any kind of injections	226 (97%)	108(94.7%)	118 (99.1%)
The respondents were sure that they were given TT injections	146 (62.6%)	57(50%)	89(75%)
Physical examination not done during last pregnancy	74(31.8%)	67(58.8%)	11(9.24%)

Place of delivery

The women were asked where they delivered their last child. The data shows that 80 percent of the deliveries were in institutions. In Sidhi, home delivery cases are much higher that is 37 (out of 45 home deliveries in both the districts) than Morena. Most of the Institutional delivery had taken place in PHC (37%) followed by Government hospital and at home.

Table 28: Place of delivery among women			
Place of delivery	**Sidhi**	**Morena**	**Total**
Government Hospital	10 (8.8%)	44 (37%)	54(23.17 %)
CHC	6 (5.26%)	27 (23%)	33(14.2%)
PHC	54 (47.4%)	31(26%)	85 (37%)
Sub-centre	6 (5.26%)	0	6 (2.6%)
Private Clinic/Hospital	1 (0.87%)	8 (6.72%)	9 (3.9%)
At home	37 (32.45%)	8 (6.72%)	45 (19.3%)
NGO/Trust hospital	0	1 (0.84%)	1 (0.42%)
Total	114	119	233

The women respondents were asked who encouraged them to go to institutional delivery, 84 respondents (55 in Sidhi and 29 in Morena) had said that they were encouraged by ASHAs to go for institutional delivery, 54 (3 in Sidhi and 51 in Morena) were encouraged by husband and 58 (2 in Sidhi and 56 in Morena) by their mother in laws.

Reason behind not opting for institutional delivery

Women who did not have their last delivery in a health facility were asked about the reason for not delivering in a health facility. The reasons are shown in the Table 26. From the following table it has come out that did not get time to reach the hospital and delivery took fast were the main reasons for not gone for institutional delivery followed by far distance and transport facility was not available.

Table 30: Reason for not opted institutional delivery

Reasons	Number of respondents (N=45)	Sidhi (N=37)	Morena (N=8)
Institutional delivery is expensive	2 (4.4%)	2 (5.4%)	0
Bad quality of services	7 (15.5%)	7 (19%)	0
The institutions were quite far and transportation facility was not available	10 (22.2%)	9 (24.3%)	1 (12.5%)
Did not get time to reach the hospital	15 (33.3%)	10 (27%)	5 (62.5%)
Did not think it was necessary	2 (4.4%)	2 (5.4%)	0
It is not in our custom	1 (2.3%)	1 (2.7%)	0
Good care at home	7 (15.5%)	7(18.9%)	0
Family did not give permission	1 (2.3%)	1 (2.7%)	0
No information	3 (6.6%)	3 (8.1%)	0
Delivery took fast without any complication	15 (33.3%)	14 (38%)	1 (12.5%)
Husband/no one was at home	2 (4.4%)	2 (5.4%)	0
The delivery took place at night	1 (2.3%)	1 (2.7%)	0
It was raining on delivery day	2 (4.4%)	2 (5.4%)	0

Delivery Care

Mode of transportation to the health facility during the last delivery

There are 188 women who had delivered at any kind of institutions. We assume that only that women who delivered at institutions were used any transportation facility to reach the institution for delivery. The following table shows that 29% women respondents had used Jeep/Car as a mode of transportation to reach institution for delivery followed by government vehicle.

Table 32: Vehicle used for delivery among women			
Women: Vehicle used for reaching the delivery place	**Number of respondents (N=188)**	**Sidhi (N=77)**	**Morena (N=111)**
Ambulance	28 (15%)	1 (1.3%)	27 (24.3%)
Jeep/Car	54 (29%)	23(30%)	31(28%)
Motor cycle	24 (13%)	9((11.7%)	15 (13.5%)
Bus/Train	22 (12%)	7(9%)	15 (13.5%)
Tempo	10 (5.3%)	0	10 (9%)
By walking	7 (4%)	1(1.3%)	6(5.4%)
Government vehicle	37 (19.6%)	29 (37.66%)	8 (7.2%)
Cycle	9 (5%)	9(11.7%)	0

Out of 188 women respondents who delivered at institution, 78 said that their husbands had arranged the vehicle and 50 had said that ASHA had arranged vehicle for them to reach institution for their last delivery.

A total of 91 women respondents said that they had spent less than Rs. 100 on vehicle. 82 persons had spent Rs. 100 to 500 on vehicle to reach institution for last delivery. Three respondents had spent more than Rs. 1000 on vehicle.**Assistance during Delivery**

Following table shows that **ANM/Nurse/LHV** and **dai** had conducted highest number of deliveries among the study respondents. From the data, it is clear that dai is assisting deliveries at institution as well as at home in Sidhi.

Table 33: Delivery assistance among women delivered at institution			
Who conducted your last delivery	**Number of respondents (N=188)**	**Sidhi (N=77)**	**Morena (N=111)**
Doctor	7 (3.7%)	2 (2.6%)	5 (4.5%)
ANM/Nurse/LHV	151 (80.3%)	46 (60%)	105 (94.6%)
Dai	26 (13.8%)	26 (33.8%)	0
Relatives/friends	1 (0.53%)	1(1.3%)	0
No one	1 (0.53%)	1 (1.3%)	0
While going to the hospital	2 (1.1%)	1 (1.3%)	1 (0.9%)
Mother in law	3 (1.6%)	3 (4%)	0
ASHA	3 (1.6%)	3 (4%)	0
Self	7 (3.72%)	7 (9%)	0
Chaprasi	1 (0.53%)	1(1.3%)	0
No answer	1 (0.53%)	1(1.3%)	0

Table 34: Delivery assistance among women delivered at Home			
Who conducted your last delivery	**Number of respondents (N=45)**	**Sidhi (N=37)**	**Morena (N=8)**
Dai	15 (33.3%)	13 (35.5%)	2 (25%)
No one	1 (2.2%)	1 (2.7%)	0
Mother in law	14 (31%)	10 (27%)	4 (50%)
ASHA	1 (2.2%)	1 (2.7%)	0
Self	8 (17.7%)	7 (19%)	1 (12.5%)
Mother	1 (2.2%)	1 (2.7%)	0
Grandmother in law	1 (2.2%)	0	1 (12.5%)
Sister/Sister in law	8 (17.7%)	8 (21.6%)	0

- 85% (198 out of 233) respondents (101 in Sidhi and 97 in Morena) said that the delivery kit was available during their last delivery
- 92.3% (215) said that the baby was cleaned and wrapped with clean clothes immediately after birth (103 in Sidhi and 113 in Morena)
- 93% (217) said that new blade was used to cut umbilical cord after the delivery (105 in Sidhi and 112 in Morena)

Expenditure on delivery

When the women respondents were asked about the money spent on institutional delivery not including the travel cost, 41 respondents had spent less than Rs. 100, 117 had spent Rs. 100 to 1000, 19 had spent Rs. 1000 to 3000 and 4 respondents had spent more than Rs. 10,000.

One woman in Sidhi had spent more than Rs.1000 in home delivery.

Table 35: Money Spent on delivery among women who delivered at institution			
Money spent on delivery	District		Total (N=188)
	Sidhi (N=77)	Morena (N=111)	
less than 100	20 (26%)	21 (19%)	41 (21.8%)
100 to 1000	53 (68.8%)	64 (57.6%)	117 (62.2%)
1001 to 3000	2 (2.6%)	17 (15.3%)	19 (10%)
3001 to 10000	1 (1.3%)	5 (4.5%)	6 (32%)
10001 to 20000	0	3 (2.7%)	3 (1.6%)
More than 20000	0	1 (0.9%)	1 (0.53%)
No Answer	1 (1.3%)	0	1 (0.53%)

Table 36: Money Spent on delivery among women who delivered at home			
Money spent on delivery	District		Total (N=45)
	Sidhi (N=37)	Morena (N=8)	
less than 100	24 (65%)	6 (75%)	30 (66.6%)
100 to 1000	12 (32.4%)	2 (25%)	14 (31.1%)
1001 to 3000	1 (2.7%)	0	1 (2.2%)
3001 to 10000	0	0	0
10001 to 20000	0	0	0
More than 20000	0	0	0
No Answer	0	0	0

A total of 77% (181, 76 in Sidhi and 105 in Morena) women said that they received JSY benefits for their last delivery. There were 70 (30%) respondents (52 in Sidhi and 18 in Morena) said that they took loan or sold property to pay for their last delivery expenditure.

Out of 233 respondents, only 12 (6 in each district) said that they did not have any registration card for last delivery, 59 (42 in Sidhi and 17 in Morena) said that they knew there was a card but they had not seen it yet. 160 (64 in Sidhi and 96 in Morena) respondents had seen the registration card. Information regarding JSY benefits and immunisation card is higher among women respondents in Morena than in Sidhi.

Work and rest related to Delivery

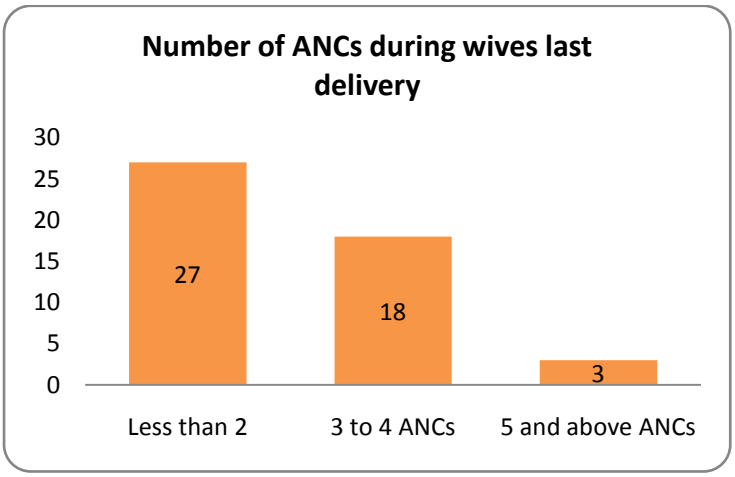
Women were asked whether they were involved in any work prior to last delivery and it appeared that 93% women were working prior to their last delivery in Sidhi. But it was low in Morena i.e. only 24.4%. Women were also asked after how many days they had started their work after the last delivery. In Sidhi, out of 114 women respondents, 60 women (52%) were back to their work within 30 days after the last delivery. There were 29 (25.4%) and 104(87.4%) women in Sidhi and Morena respectively did not work after the last delivery. Agricultural work and labour were the type of works the women were involved in after the delivery.

Table 6 : Working status of women prior to last delivery			
Working status	**District**		**Total**
	Sidhi	**Morena**	
Yes	106 (93%)	29 (24.4%)	135
No	8 (7%)	90 (75%)	98
Total	114	119	233

Table 7: Number of days started to work after delivery by women			
Number of days started to work after delivery	Number of respondents	Sidhi	Morena
More than 60 days	25(10.7%)	15 (13.2%)	10 (8.4%)
>30 and <60 days	11 (4.7%)	10 (8.8%)	1 (0.8%)
Did not work post delivery	133 (57.1%)	29(25.4%)	104 (87.4%)
Less than 15 days	20 (8.6%)	18 (15.8%)	2 (1.7%)
15 to 30 days	44 (18.9%)	42 (36.8%)	2 (1.7%)
Total	233	114	119

Male participation in pregnancy related care towards their wives (This section includes only those persons who have children less than two years of age)

The data among the male respondents shows that out of 243 male respondents, only 95 people have children less than two years of age. Out of 95 people, 48 (27 in Sidhi and 21 in Morena) said that their wives had taken Antenatal Care (ANC) during their last delivery, 37 people answered that their wives did not take any ANC and 10 said they did not know whether their wives had taken ANC or not.



The above bar graph depicts that out of 48, 3 persons said that their wives had taken more than 5 ANCs during the last delivery. Only 18 respondents said that they went with their wives for ANC check-ups. Out of 18 respondents who went with their wives for ANC, nine had accompanied their wives more than twice.

Among male respondents, the most common answer (14 answers) for reasons behind their wives not going for ANCs during last pregnancy was that the respondents did not think it was

necessary to go for ANC and the second most common (10 answers) was no acquaintances with any health officials. This proves that acquaintances and comfortability do matter while taking any services. Ten respondents said that their wives had problems during last pregnancy. The types of problems include swollenness in hand and face; severe headache, fever, pain in lower abdomen, blood discharge from the vagina, etc. Only eight respondents answered that their wives had gone for treatment for problems during last pregnancy and only five had accompanied their wives to the place of treatment out of eight respondents.

Place of delivery of wife of male respondents

Table 31: Place of last delivery of wives

Place	District		Total
	Sidhi	Morena	
Sub Centre	18 (35.3%)	4(9%)	22(23%)
PHC	8 (15.7%)	20(45.5%)	28(29%)
CHC	3(5.9%)	1(2.2%)	4(4%)
District Hospital	3(5.9%)	13(29.54%)	16(17%)
Private hospital	0	5(11.36)	5(5%)
At home	19 (37.25%)	1(2.3%)	20(22%)
Total	51	44	95

The husband (36), husband's mother (39) and ASHA (37) accompanied respondent's wives for delivery. Wives of 75 respondents had delivered in health facilities and during delivery 27 husbands were there for entire time and 29 were not at all present during the last delivery of their wives. Total of 96% (72 out of 75 delivery cases) deliveries were normal delivery. The following table shows the district wise distribution of place where the last delivery took place of respondents wives.

Husband's involvement during wife's pregnancy (This section includes only those persons who have children less than two years of age)

Information on care provided by husband during wife's pregnancy, post delivery and parenting were collected. In both the questionnaires for men and women, there were 12 questions on care taken during wife's pregnancy by husbands and parenting and 11 questions on post delivery care and parenting. Following are the statements of husband's involvement during wife's pregnancy. The table shows that Morena has scored poor than Sidhi in all the statements related to care taken by husband during pregnancy and post pregnancy care

Table 37: Statement related to husband's involvement during wife's pregnancy		
Satements	**Sidhi (N=51)**	**Morena (N=44)**
Often cooked for family	2 (1.7%)	0 (0%)
Often Cleaning the house	1 (0.8%)	0
Often Fetching water	7 (5.8%)	22 (17.9%)
Often Washing utensils	1(0.8%)	0
Often Feeding children	2(1.7%)	2 (1.6%)
Often arrange some extra nutrition for wife	2(1.7%)	24 (19.5%)
Often washed wife's cloths	0	0
Often Bathing elder children	1 (0.8%)	2(1.6%)
Often combing elder children's hair	1 (0.8%)	1(0.8%)
Often drop elder children at school	0	1(0.8%)
Often be awake at night when elder children are sick	4 (3.3%)	1(0.8%)
Often take care of elder children when they are sick	4 (3.3%)	6(4.9%)
Statement related to husband's involvement during post delivery care		
Often washing cloths	0	0
Often washing children's cloths	3 (2.5%)	1 (0.8%)
Often change diapers	3 (2.5%)	0
Often Washing utensils	2 (1.7%)	0
Often Cleaning the house	2 (1.7%)	0
Often Fetching water	5 (4.2%)	24 (19.5%)
Often went with wife and children for immunisation	1 (0.8%)	3 (2.4%)
Often arrange some nutritious food for wife	7 (5.8%)	23 (18.7%)
Often cooked for family	3 (2.5%)	0
Often getting the child ready to go to school	2 (1.7%)	0
Often play with children	4 (3.3%)	7 (5.7%)

The respondents who got the higher score are clubbed in category very good (above 20). If we see the data, we find that there is only one person who scored well (scored 16-20 points) and unsatisfactory (Less than 10 points) answers are on the higher side. The men in both the districts did not share household chores during their wives' pregnancy.

Table 38: Involvement of husband during women's pregnancy and post delivery care among women			
Pre-pregnancy care by husband	District		
	Sidhi	Morena	Total
Very good	2 (1.75%)	0	2 (0.85%)
Good	3 (2.63%)	1 (0.8%)	4 (1.71%)
Satisfactory	20 (17.54%)	17 (14.2%)	37 (15.87%)
Unsatisfactory	89 (78.8%)	101 (84.87%)	190 (81.54%)
Total	114	119	233
Post delivery care by Husband			
Very good	1 (0.8%)	0	1 (0.42%)
Good	1 (0.8%)	0	1(0.42%)
Satisfactory	6(5.26%)	2 (1.68%)	8 (3.43)
Unsatisfactory	106 (93%)	117 (98.31%)	223 (95.7%)
Total	114	119	233

If we look at post delivery care data, care of women by their husbands, both the districts had fared poorly unsatisfactory. There is no district wise variation of care during pregnancy and post delivery phases.

Table 39: Survey among men: Involvement of husband during women's pregnancy and post delivery care			
Care by husbands during wives pregnancy	**District**		
	Sidhi	**Morena**	**Total**
Good	1 (0.8%)	0	1 (0.4%)
Satisfactory	22 (18.3%)	4 (3.3%)	26 (10.7%)
Unsatisfactory	97 (81%)	119 (96.7%)	216 (88.9%)
Total	120	123	243
Post-delivery care by husband			
Good	1 (0.8%)	0	1 (0.4%)
Satisfactory	7 (5.8%)	2 (1.6%)	9 (3.7%)
Unsatisfactory	112 (93.3%)	121 (98.4%)	233 (95.9%)
Total	120	123	243

Knowledge related to delivery and post delivery

Male respondents were asked about their knowledge on delivery and pregnancy care. There were seven questions on pregnancy related myth and facts included in the questionnaire.

- 147 (86 in Sidhi and 61 in Morena) respondents said that two DPT injections should be given to women during their pregnancy.
- A total of 189 respondents (Sidhi=89 and Morena=100) said that pregnant women should have abdomen check during the pregnancy.

- 161 (56 and 105 in Sidhi and Morena respectively) said that a pregnant woman should not lift heavy objects
- Only 12 (In Sidhi=8 and in Morena=4) respondents said that eating green vegetables make baby dark in complexion
- A total of 86 (43 each in both the districts) respondents said that pregnant woman should take rest during the day time and if not there would be a problem during delivery
- 66 respondents (33 each in both the districts) said that if a pregnant woman eats more there is a chance that the baby gains more weight and this could create problem during delivery
- A total of 167 out of 243 (94 in Sidhi and 73 in Morena) respondents were aware that 100 iron tablets have to be taken by a pregnant woman

Sign of emergency

One of the project goals is to involve men in women's reproductive health. During delivery emergency, man of households plays important role in many ways from arranging vehicle, to call upon a health service provider. The study tried to find out that whether men knew about sign of emergency during delivery. The following table shows that a total of only 43 per cent respondents were aware that bleeding is sign of emergency during pregnancy and 33 per cent knew that it is a emergency during delivery.

Table 40: Knowledge of sign of emergency among men respondents

Sign of emergency	Sidhi (N=120)	Morena (N=123)	Total (N=243)
During pregnancy			
Vomiting	44 (36.6%)	42 (34.1%)	86 (35.4%)
Nausea	35 (29.2%)	25 (20.3%)	61 (25.1%)
Swollen abdomen	41 (34.2%)	22 (17.9%)	63 (26%)
Bleeding	64 (53.3%)	41 (33.3%)	105 (43.2%)
Swollenness of feet	65 (54.1%)	32 (26%)	97 (40%)
Dizziness	64 (53.3%)	31 (25.2%)	95 (39%)
At the time of delivery			
Labour Pain	30 (25%)	35 (20.3%)	56 (23%)
Breaking water bag	34 (28.3%)	29 (23.6%)	63 (26%)
Bleeding	60 (50%)	22 (17.9%)	82 (33.7%)
Labour pain lasting for more than a day	61 (50.8%)	25 (20.3%)	86 (35.4%)
Entire placenta does not come out after delivery	72 (60%)	15 (12.3%)	87 (36%)
Post delivery			
Blood flowing from the uterus	40 (33.3%)	13 (10.5%)	53 (22%)
High fever	69 (57.5%)	38 (31%)	107 (44%)
Pain in the hands and feet	46 (38.3%)	25 (20.3%)	71 (29.2%)
Continuous bleeding	81 (67.5%)	50 (40.6%)	131 (34%)
Burning while urinating	68 (56.6%)	16 (13%)	84 (34.5%)

Chapter IV Vaccination Coverage

The baseline survey collected information on immunization of youngest child born between January and December 2011. Universal immunization against seven vaccine preventable diseases is crucial for reducing child and infant mortality. Every mother was asked about children immunization card from where data has been gathered. From the following table it shows that except polio other vaccine coverage is very poor in both the districts. BCG, Polio and DPT coverage is good in Morena compared to other vaccination coverage like Measles, HepB and Vitamin A. As compared to Morena, Sidhi has slightly better coverage of Measles, Vitamin A and HepB.

There are total 578 children of 233 women respondents. From the survey, it has come out that, 104 children are less than 9 months old**.** According to NRHM guidelines, Measles, Hepatitis B and Vitamin A are to be given to the children after nine month of age. If we see the coverage of these three vaccines, it is very low in both the districts.

Table 41: District wise vaccination coverage of last child

Vaccines	Sidhi (N=114)	Morena (N=119)
BCG	59 (52.2%)	110(92.4%)
Polio	107 (94.7%)	114 (95.8)
DPT	34 (30%)	104 (84.4%)
Measles	35 (31%)	27 (22.7%)
Hep B	21 (18.6%)	27 (22.7%)
Vitamin A	57 (50.4%)	17 (14.3%)

Vaccination coverage of children who were born at home

The vaccination coverage rate among children who were born at home had similar trend of vaccination like who were born at institutions. Only polio vaccine coverage is better than the other vaccines but that is also not 100 per cent covered. In Morena, HepB was not given to any children who were born at home.

Table 42: Vaccination Coverage who were born at home

Vaccines	Sidhi (N=37)	Morena (N=8)	Number of respondents (N=45)
BCG	18 (48.6%)	7 (87.5%)	25
Polio	34 (91.89%)	7 (87.5%)	41
DPT	12 (32.4%)	7 (87.5%)	19
Measles	8 (21.6%)	2 (25%)	10
Hepatitis B	6 (16.2%)	0 (0%)	6
Vitamin A supplement	16 (43%)	2 (25%)	18

Chapter V Family Planning

This chapter presents information on use of contraception and prevalence of contraception among men and women respondents. Information was gathered from men and women like type of contraception used presently and before and knowledge related to use of the methods. Women were asked whether they spent any money to avail the methods of contraception, the source where did they get the contraceptive methods, who provided the information which method to use, etc.

(The section only includes those male respondents who are married) Almost 44 percent of Male respondents (total number of married men is 220) have used a family planning method at some time in their lives. Female sterilization is by far the most commonly used modern method among both men and women respondents. In Sidhi there is not a single user of contraceptive pills among women. The use of contraceptive pill is low in Morena too.

Table 44: Ever use of any type of contraception by male respondents and their spouse

Type of sterilization	Sidhi (N= 109)	Morena (N=111)	Total number of respondents (N=220)
Female Sterilization	25 (39%)	18 (16.2%)	43
Male sterilization	12 (11%)	0	12
Contraceptive pills	0	3 (2.7)	3
Condoms	6 (5.5%)	14 (12.6%)	20
Natural methods	0	23 (20.7%)	23
Injectables	1 (0.9%)	0	1
Herbs and desi dawai	0	1 (0.9%)	1
Not use of any methods	64 (58.7%)	67	131

Ever Use of contraception among men

From the survey among men, it has been found that in Sidhi district, female and male sterilisations are common contraceptive methods. If we see the use of contraceptive by age, the prevalence of sterilization is high in people who are married for more than six years. In Morena, not single male sterilization case had been reported in the baseline survey.

Table 46: Ever Use of contraception among men and their spouse by years of marriage						
Types of contraceptives	Less than 1 year of marriage (N=2)	1 to 5 years (N=71)	6 to 10 years (N=79)	11 to 16 years (N=46)	More than 17 years (N=22)	Total (N=220)
Female sterilization	0	0	16 (20%)	15 (32.6%)	12 (54.5%)	43 (19.5%)
Male sterilization	0	0	5 (6.3%)	6 (13%)	1 (4.5%)	12 (5.4%)
Contraceptive pills	0	1 (1.4%)	1 (1.3%)	1 (2%)	0	3 (1.36%)
Condoms	0	7 (9.8%)	8 (10%)	3 (6.5%)	2 (9%)	20 (9%)
Natural Methods	0	5 (7%)	8 (10%)	8 (17.4%)	2 (9%)	23 (10.4%)
Injectables	0	1 91.4%)	0	0	0	1 (0.45%)
Herbs and desi dawa	0	0	0	0	0	0
No use of any contraceptives methods	2 (100%)	57 (80%)	47 (59.5%)	19 (41.3%)	6 (27%)	131 (59.5%)
Sidhi						
Types of contraceptives	Less than 1 year of marriage (N=0)	1 to 5 years (N=22)	6 to 10 years (N=47)	11 to 16 years (N=29)	More than 17 years (N=11)	Total (N=109)
Female sterilization	0	0	11(23.4%)	9 (31%)	5 (45%)	25 (23%)
Male sterilization	0	0	5 (11%)	6 (20%)	1 (9%)	12 (11%)
Contraceptive pills	0	0	0	0	0	0
Condoms	0	2 (9%)	3 (6.4%)	0	1 (9%)	6 (5.5%)
Natural Methods	0	0	0	0	0	0
Injectables	0	1 (4.54%)	0	0	0	1 (0.9%)
Herbs and desi dawa	0	0	0	0	0	0
No use of any contraceptives methods	0	18 (82%)	29 (61.7%)	13 (45%)	4 (36%)	64 (59%)
Morena						
Types of contraceptives	Less than 1 year of marriage	1 to 5 years (N=49)	6 to 10 years (N=32)	11 to 16 years (N=17)	More than 17 years (N=11)	Total (N=111)

	(N=2)					
Female sterilization	0	0	5 (15.6%)	6 (35.2%)	7 (63.6%)	18 (16.2%)
Male sterilization	0	0	0	0	0	0
Contraceptive pills	0	1 (2%)	1 (3.1%)	1 (5.9%)	0	3 (2.7%)
Condoms	0	5 (10%)	5 (15.6%)	3 (17.6%)	1 (9%)	14 (12.6%)
Natural Methods	0	5 (10%)	8 (25%)	8 (47%)	2(18%)	23 (21%)
Injectables	0	0	0	0	0	0
Herbs and desi dawa	0	0	0	0	0	0
No use of any contraceptives methods	2 (100%)	39 (79.6%)	18 (56.3%)	6 (35.3%)	2 (18%)	67 (60.4%)

Current use of contraceptive methods

Current use of different methods of family planning among women and men are shown in the following tables. As shown earlier the permanent methods of family planning among women and men are the same as presented in the section of ever use of contraceptive methods. Among the spacing methods, the most widely used methods are condom and natural methods in Morena among both men and women respondents. In Sidhi, permanent methods are more prevalent in Sidhi.

Table 48: Type of contraception used currently among MALE Respondents

	Number of Men (N=220)	**District**	
		Sidhi (N=109)	**Morena (N=111)**
Female Sterilization	43	25	18
Male sterilization	13	13	0
Contraceptive pills	2	0	2
Condom	17	4	13
Natural methods	16	0	16
Herbs and desi dawa	1	0	1
Total	**85**	**42**	**43**

Female sterilization (N=43)

From the survey among male it had come out that there are four cases of female sterilization after two girl children and two cases of female sterilization after three girl children without any boy child.

Male sterilization (N=13)

The data shows that there is only one man who had done sterilization after one girl child and one man had done after three girl child without any boy child.

Use of contraceptive methods and number of children among men

Table 47:Use of contraceptive methods and number of children among men				
Sidhi				
Types of contraceptives	Before 1st child	Before 2nd child	Before 3rd child	Before 4th child
Female sterilization	0	0	0	0
Male sterilization	0	0	0	0
Contraceptive pills	0	0	0	0
Condoms	1	4	0	0
Natural Methods	1	0	0	0
Injectables	0	0	0	0
Herbs and desi dawa	0	0	1	0
No use of any contraceptives methods	0	0	0	0
Morena				
Female sterilization	0	0	0	0
Male sterilization	0	0	0	0
Contraceptive pills	1	0	1	1
Condoms	5	7	5	0
Natural Methods	5	17	9	2
Injectables	0	0	0	0
Herbs and desi dawa	1	1	0	0
No use of any contraceptives methods	0	0	0	0

- 13 male respondent(4.5%) out of 220 married men said that they used contraceptive methods (Condom=6, Natural methods=6 and herbs and desi dawa=1) before the first child
- Use of contraception is slightly higher before the second child i.e. 29 out of 145 respondents who have two children (Condom=11, natural methods=17 and herbs and desi dawa=1)
- Out of 86 (who have three children) only 13 (contraceptive pills=1, condom=5, natural methods=9, herbs and desi dawa=2) people had used contraceptive methods before the third child
- 36 respondents had four children and out of that only three (contraceptive pills=1 and natural methods=2) had used contraceptive methods before the fourth child was born.

- From the current contraceptive data among women, it has come out that not a single male respondent is sterilized in Morena and female sterilization is more prevalent in both the districts. Use of condom and natural methods are higher in Morena compared to Sidhi.
- From the women respondents data, female sterilization is the main contraceptive method in current use.

Current Use of Contraceptives among women

The data shows that only 91 (39%) women had said that they are currently using contraceptive methods to avoid pregnancies. Out of 91, 24 (26.3%) women are using permanent family planning methods 28 years and below of age.

Table 49: Use of any type of contraception by WOMEN respondents and their spouse

Type of sterilization	District		Total (N=91)
	Sidhi (N=27)	Morena (N=64)	
Female sterilization	22	17	39
Male sterilization	3	0	3
Contraceptive pills	0	3	3
Copper T	0	2	2
Condom	1	29	30
Natural methods	0	12	12
Contraceptive injectables	0	1	1
Consumed some herbs	1	0	1

Table 50 : Ever Use of contraception among women and their spouse by years of marriage

	Below 18 years of age		18 to 22 years		23 to 28 years		29 years and above	
	Sidhi	Morena	Sidh	Morena	Sidhi	Morena	Sidhi	Morena
Female sterilization	0	0	3	0	10	11	9	6
Male sterilization	0	0	0	0	0	0	3	0
Contraceptive pills	0	0	0	2	0	1	0	0
Copper T	0	0	0	1	0	1	0	0
Condom	0	1	0	15	1	12	0	1
Natural methods	0	2	0	3	0	6	0	1
Contraceptive injectables	0	0	0	0	0	0	0	1
Consumed some herbs	0	0	0	0	0	0	1	0

Ever Use of contraception among women

In the survey among women it has come out that out of 233 respondents, 144 said that they did not use any contraceptive methods. Women were asked whether they had spent money to avail any contraceptive methods. A total of 46 women (2 in Sidhi and 44 in Morena) had spent money for availing the contraceptive methods. There are 39 women who had undergone sterilization, out of them 13 respondents had undergone tubectomy and 16 had undergone non-surgical methods of female sterilization. Ten women respondent had no idea what methods were used. There were only three male sterilization cases in the women survey.

- Out 233 women respondents, 12 respondents (7 in Sidhi and 5 in Morena) are currently pregnant.
- 88 respondents said that they are not using any kind of contraceptive methods currently to avoid pregnancy

Table 45: Ever use of any type of contraception by women respondents and their spouse

Type of sterilization	District		Total (N=233)
	Sidhi (N=114)	Morena (N=119)	
Female sterilization	22 (19.3%)	17 (14.3%)	39 (16.7%)
Male sterilization	3 (2.63%)	0	3 (1.3%)
Contraceptive pills	0	3 (2.5%)	3 (1.3%)
Copper T	0	2 (1.7%)	2 (0.8%)
Condom	3 (2.63%)	25 (21%)	28 (12%)
Natural methods	1 (0.87%)	12 (10%)	13 (5.6%)
Contraceptive injectables	1 (0.87%)	3 (2.5%)	4 (1.7%)
Consumed some herbs	1(0.87%)	0	1 (0.4%)
Not used any methods	84 (73.7%)	60 (50%)	144 (62%)

Source of information on Contraceptive methods

Women were asked who provided information on contraceptive methods. Form the survey among women, it had come out that husbands (30 women respondents), women themselves (44 women respondents) and ASHA (17 respondents) were the main source of information regarding what contraceptive methods to be used for avoiding pregnancy.

Chapter VI Gender Roles, Men's health and violence against women

The baseline study has tried to get information on men's involvement in traditionally female household chores. The data reveals that the primary responsibility of household's chores is on women. There are hardly any involvements in domestic activities which are done inside the house. In Morena, there is no involvement of men in domestic chores that are done inside the house. Men are basically involved in those works where they have to go out to do the work.

Participation in domestic chores by male respondents

Table 51: Participation of men in domestic chores				
	Participation of men in domestic chores	**Sidhi (N=120)**	**Morena (N=123)**	**Total (N=243)**
1	Involvement of men in the household for washing clothes	8 (6.6%)	0	8 (3.3%)
2	Involvement of men in the household for cleaning	3 (2.5%)	0	3 (1.2%)
2	Involvement of men in the household for cooking	1 (0.83%)	0	1 (0.4%)
3	Involvement of men in the household for washing dishes	1 (0.83%)	0	1 (0.4%)
4	Involvement of men in the household for serving food	2 (1.6%)	0	2 (0.8%)
5	Involvement of men in the household for taking care of animals	32 (26.6%)	37 (30%)	69 (28%)
6	Involvement of men in the household for fetching water	20 (16.6%)	38 (31%)	58 (24%)
7	Involvement of men in the household for buying veggies and groceries	48 (40%)	100 (81%)	148 (61%)
8	Involvement of men in the household for buying clothes for family	49 (41%)	74 (60%)	123 (50.6%)

Male Respondents: Household decision making

Household decision making is always in men's domain so here the baseline survey tried to look at gender dynamics of decision making at household level. The following table shows the district wise data of participation of men and women in household decision making. The involvement of only women in decision making is very poor and if we see the district wise data on same, Morena has lesser involvement women in household decision making than Sidhi.

Table 52: Household decision making							
		Always by men		Always or mostly by women		By respondent and his wife	
Sl. No	Decision making	Sidhi (N=120)	Morena (123)	Sidhi (N=120)	Morena (123)	Sidhi (N=120)	Morena (123)
1	Spending on food	41 (34%)	55 (44.7%)	10 (8.3%)	3 (2.4%)	36 (30%)	4 (3.2%)
2	Spending on clothing	39 (32.5%)	56 (45.5%)	8 (6.6%)	2 (1.6%)	39 (32.5%)	4 (3.2%)
3	Spending money in large investment such as buying TV,VCD, Vehicle, etc.	31 (26%)	53 (43%)	12 (10%)	1 (0.8%)	38 (31.6%)	3 (2.4%)
4	Spending money in buying land and house	26 (21%)	53 (43%)	12 (12%)	1 (0.8%	39 (32.5%)	3 (2.4%)
5	Spending on health care of the family	21 (17.5%)	51 (41.4%)	11 (9%)	5 (4%)	54 (45%)	5 (4%)
6	Spending on child's education	32 (26.6%)	47 (38%)	8 (6.6%)	3 (2.4%)	42 (35%	2 (1.62%)
7	Taking loan	40 (33%)	55 (44.7%)	8(6.6%)	3 (2.4%)	37(31%)	3 (2.4%)
8	Decision on educating children	34 (28%)	48 (39%)	8 (6.6%)	3 (2.4%)	38 (32%)	3 (2.4%)
9	Spending own salary	35 (29%)	85 (69%)	11 (9.2%)	2 (1.6%)	47 (39%)	5 (4%)
10	Spending wife's salary	12 (10%)	1 (0.81%)	15 (12.5%)	2 (1.6%)	60 (50%)	0

In the questionnaire for men there were 39 statements on attitudes related to gender, masculinity and sexuality and each statement had the responses agree and disagree. The responses were scored 1 and 0 depending on whether the response was gender sensitive or not. Out of these 39 statements those who had given more than 30 right answers were put in the category of very good knowledge or high gender sensitive. The respondents who had given 20 to 29 right answers were put in the category of good gender sensitive, who had given 11-19 right answers were put in the category of satisfactory and who had given less than 10 right answers were put under the category of unsatisfactory.

Table 53: Statement on perception on gender, masculinity and sexuality among men				
	Statements on perceptions – (% of respondents who gave gender sensitive answers) ***(traditionally worded statements)***	Male survey		
		Sidhi (N=120)	Morena (N=123)	Total (N=243)
Gender				
1.	A Woman's primary responsibility is to take care of her home and cook for her family	2(1.7%)	3(2.4%)	2.1%
2.	Women should not work outside if their men are earning well	8(6.7%)	17(13.8)	10.3 %
3.	Women should change their name after marriage /use their husband's surname after marriage	22(18.3 %)	18(14.6%)	16.5 %
4.	Changing diapers, giving kids a bath, and feeding the kids are the mother's responsibility.	12(10%)	30(24.4%)	17.3 %
5.	It is primarily a woman's responsibility to avoid getting pregnant. A man need not worry about it	42(35%)	59(48%)	41.6 %
6.	Women should seek their husband's permission before going anywhere	47(39.2 %)	114(92.7%)	66.3 %
7.	Girls should get education after class 12	37(30.8 %)	7(5.7%)	18.%
8.	In major family matters, women may be consulted but the final decision should always be taken by men	7(5.8%)	14(11.4%)	21%
9.	Women should not participate in panchayat meetings	103(85. 8%)	43(33%)	60%
10	Girls should be allowed to decide when and whom to marry	36(30%)	6(4.9%)	42%
11	If a women earns some money she should give it to her husband	3(2.5%)	18(14.6%)	8.6%
Violence				
12	There are times when a woman deserves to be beaten.	30(25%)	3(2.4)	13.6 %
13	Men should beat their wives once a while so that things are in place	38(31.7 %)	7(5.7%)	18.5 %
14	If a woman cheats on a man, it is okay for him to hit her.	10(8.3%)	0	4.1%
15	If wife insults husband, husband should /can use violence against her	34(28.3)	3(2.4%)	15.2 %
16	A brother can beat his sister if she engages in love affair with a bad boy even after repeated warnings from the brother	8(15%)	12(9.8%)	12.3 %
17	Violence against women means physical violence only	35(29.2	58(47.2%)	38.3

		%)		%
	Sexuality			
18	A gentle girl will always walk away silently if any boy teases her	74(61.7 %)	99(80.5%)	71.2 %
19	There is nothing wrong if a man has sex with his wife even if she is not ready for it	68(56.7)	43(35%)	45.7 %
20	It is the man who should decide what type of sex to have.	28(23.3 %)	25(20.3%)	21.8 %
21	Women who carry condoms are “easy”/”loose”.	49(40.8 %)	54(43.9%)	42.4 %
22	Male sterilization has no impact on sexual desire	44(36.7 %)	18(14.6%)	25.5 %
23	Condom reduces sexual pleasure	32(26.7 %))	23(18.7%)	22.6 %
24	Vasectomy is a very difficult procedure	59(49.2 %)	19(15.46%)	32.01 %
	Progressive statements			
25	A girl above 18 years should be allowed to make friendship with any boy she wants	28(23.3 %)	9(7.3%)	15.2 %
26	Having sexual desire by an unmarried woman is normal. There is nothing to feel shy about it.	73(60.8 %)	86(69.9%)	65.4 %
27	A women can ask her husband to use condom if she knows that her husband/she herself has any problem in the genital area	89(74.2 %)	118(95.9%)	85.2 %
28	A man can marry a man	19(15.8 %)	9(7.3%)	11.5 %
29	I feel pity or bad whenever I see a man ill-treat a woman	56(46.7 %)	98(79.7%)	63.4 %
30	Whenever my partner refuses to have sex, I don’t get angry	84(70%)	84(68.3%)	69.1 %
31	Men are those who think that men and women are equal	116(96.7 %)	92(74.8%)	85.6 %
32	Man can have sexual desire with man and woman can have with woman	38(31.7 %)	11(8.9%)	20.2 %
33	It is injustice to not send the girls to school	105(87.5 %)	118(95.9%)	91.8 %
34	Whenever there is violence against women a man should stop then and there only	105(87.5 %)	121(98.4%)	93%
	Masculinity			
35	Men should not expressed their feelings if they are in any trouble or in pain	27(22.5 %)	69(56.1%)	39.5 %

36	A man should be tough and strong	2(1.7%)	15(12.2%)	7%
37	A man should protect his family and society	0	0	0
38	It is necessary that a men should get respect and praise from his family and relatives	1(0.8%)	19(15.4%)	8.2%
39	A man should always take risks	5(4.2%)	18(14.6%)	9.5%

Perceptions related to gender, masculinity and sexuality among male respondents

From the data included in the following table shows that there are no respondent who scored very good. A higher proportion had given satisfactory answers to the questions related to perception on gender, masculinity and sexuality. The following table shows the percentage of respondents who gave sensitive answers for each question and the domains are clubbed as gender, violence, sexuality, progressive statements and masculinity.

Table 54: Perceptions related to gender, masculinity and sexuality

Scores	District		Total
	Sidhi	Morena	
Good	6 (5%)	17 (13.8%)	23
Satisfactory	90 (75.0%)	81 (65.9%)	171
Unsatisfactory	24 (20.0%)	25 (20.3%)	49
Total	120	123	243

Health assessment by men respondents

There is a section in the questionnaire asked to male respondents about their health and self satisfaction. The following table shows that most men (115 and 116 in Sidhi and Morena respectively) were happy with their own body. Most answers had come positively in both the districts on self assessment.

Table 55: Health assessment by male respondents

Self assessment	Sidhi (N=120)	Morena (N=123)	Total (N=243)
I am happy with my own body	115 (96%)	116 (94%)	231
I am happy about the way I look	112 (93.3%)	116 (94%)	228
My life and myself is not useful for any work and anybody	36 (30%)	6 (4.8%)	42
I feel good when I think about my life	113 (94%)	109 (88.6%)	222
My sexual life is good	111 (92.5%)	111 (90%)	222
I feel small and weak in front of other man	50 (41.6%)	52 (42.2%)	102

Issue of alcohol drinking

The baseline study explores the consumption of alcohol among male respondents. A total of 71 (54 in Sidhi and 17 in Morena) respondents said that they consumed alcohol in the last six months. In Sidhi, the rate of consumption of alcohol is higher than Morena. 44 respondents said that they consume alcohol once a month (35 in Sidhi and in 9 in Morena). Out of 243 respondents, 60 respondents said that they never had five or more pegs at one sitting. In Sidhi, because of tribal dominant area, alcohol drinking is socially acceptable and permissible.

Table 56: Frequency of alcohol consumption

Frequency of alcohol consumtion	Sidhi	Morena	Total
Once in a month	35 (64.81%)	9 (53%)	44
2-4times in a month	10 (18.5%)	2 (12%)	12
2-3 times in a week	2 (3.7%)	3 (17.6%)	5
Very rarely	7 (13%)	1 (6%)	8
Once a year	0	1 (6%)	1
On holi	0	1 (6%)	1
Total	54	17	71

Table 57: Number of times consumed five or more pegs at one time

Frequency of alcohol consumption	District		Total
	Sidhi	Morena	
Never	46 (85.2%)	14 (82.3%)	60
less than a month	2 (3.7%)	1 (6%)	3
monthly	5 (9.2%)	1 (6%)	6
weekly	0	1 (6%)	1
everyday/almost everyday	1 (1.8%)	0	1
Total	54	17	71

Violence against women (in the last six months)

Male respondents were asked whether they had been involved in any kind of violence against women. Information was collected on different forms of violence that men were involved six months prior to the baseline survey. If we see district wise data, in Sidhi, the violence against women is higher in case of verbal and physical abuse. In Morena, sex without taking consent is higher than Sidhi. In the case of physical violence against women, less number of respondents had committed physical violence more than once. In verbal abuse, the number has increased for more than once in Morena.

Table 58: Violence against women in the last six months			
Violence against women		**District**	
		Sidhi (N=120)	**Morena (N=123)**
Physical Violence	Once	12 (10%)	8 (6.5%)
	More than once	4 (3.3%)	1 (0.8%)
Verbal Abuse	Once	12 (10%)	3 (2.4%)
	More than once	8 (6.6%)	7 (5.7%)
Disallowed to go out	Once	13 (11%)	17 (13.8%)
	More than once	12 (10%)	10 (8.1%)
Had sex without consent	Once	9 (7.5%)	12 (9.7%)
	More than once	6 (5%)	13 (10.5%)

Chapter VII Information about health care services

One of the project goals is to increase knowledge of government health services and health service entitlements within NRHM, especially those related to maternal health, Janani Suraksha Yojana, decentralized planning and monitoring among men and women. The baseline survey tried to look at the use of health services, information and knowledge about NRHM, JSY, laws related to gender and violence. The baseline study also tried to look at perceptions related to female foeticide, dowry, violence and abortion, etc.

Using of Health care services

Only 76 male respondents (56 in Sidhi and 20 in Morena), out of 243 respondents, said that they availed some kind of health care services in the last six months. A total 154 respondents (71 in Sidhi and 83 in Morena) had visited health centres within a year's time.

Information and awareness on NRHM

Only 29.2 percent of men respondents had heard about NRHM. 71 per cent respondents knew about ASHA. The information on ASHA's work was also gathered from men respondents.

Table 59: Awareness on NRHM

Awareness	Sidhi (N=120)	Morena (N=123)	Total (N=243)
Heard about NRHM	41 (34%)	30 (24.4%)	71 (29.2%)
Heard about ASHA	79 (65.8%)	93 (75.6%)	172 (70.7%)
Heard about JSY	61 (51%)	28 (22.7%)	89 (36.6%)
Heard about VHND	31 (26%)	55 (44.7%)	86 (35.4%)
Heard about Rogi Kalyan Samiti	17 (14%)	14 (11.4%)	31 (12.8%)
Heard about Janani Express	47 (39%)	91 (74%)	138 (57%)
Heard about VHSC Tadarth Samiti	35 (29.1%)	21(17%)	56 (23%)
Participated in VHSC meeting in the last six months	21 (17.5%)	5 (4%)	26 (10.7%)
Participated in Gram Sabha Meeting	72 (60%)	31 (25.2%)	103 (42.4%)

Table 60: Awareness about ASHA's Work				
	Awareness about ASHA's Work	**Sidhi** (N=120)	**Morena** (N=123)	**Total** N=243)
1	Registration of pregnant women	21	10	31
2	Help poor to get BPL card	3	0	3
3	Counselling on contraception	7	8	15
4	Accompany the woman at the time of delivery to the health facility	62	74	136
5	To talk about complete immunisation	36	33	69
6	To make arrangements for treatment of common diseases	4	3	7
7	To organise monthly health and nutrition day	2	2	4
8	Depot holder for common medicine like iron tablets	15	4	19
9	To make arrangement for nutrition	7	1	8
10	To sort out matters on domestic violence	3	0	3
11	Don't know	13	17	30

Knowledge about laws related to gender and violence

Men respondents were also asked about some laws related to marriage, dowry, abortion and sex determination. Sixty five percent of men respondents knew that a 16 years old girl should not get married. Only 47 per cent men said that taking and giving dowry is not right and only 10 per cent knew it is right if a woman can get abortion done within two months of gestation period. Only seventeen percent men said that sex determination of foetus is illegal.

Table 61: Knowledge about different laws			
Knowledge about laws	**Sidhi (N=120)**	**Morena (N=123)**	**Total (N=243)**
16 year old girl should not get married	97 (81%)	62(50.4%)	159 (65.43%)
Taking and giving dowry during wedding is not right	61 (51%)	53 (43%)	114 (47%)
A woman can get abortion done within two months of gestation period	15 (12.5%)	10 (8.1%)	25 (10.3%)
Sex determination of foetus is not right	27 (22.5%)	55 (44.7%)	82 (33.7%)
Man cannot beat any female members of their house	107 ((89.1%)	75 (61%)	182 (75%)