Base line survey of health status in ITDA Paderu.

Institute of health systems

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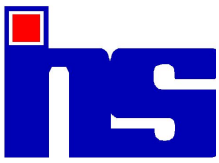

THE INSTITUTE OF HEALTH SYSTEMS

HOUSEHOLD SURVEY

INTRODUCTION

Coverage of ITDA Paderu

The ITDA Paderu aims at Socio-economic development of the tribal families residing in its area. The project area comprises 11 Mandal Praja Parishads viz., Paderu , Hukumpeta , Pedabayalu, Munchingiput , Dumbriguda , Araku , Ananthagiri , G. Madugula , Chinthapalli ,G.K.Veedhi and Koyyuru and 45 sub plan villages in six mandals which are adjoining the agency areas and having 50% or more tribal population.

Geographical and Demographic Information

Located in the dense forest of Vishakaptanam district, ITDA area of Paderu consists of 55.72% of the area of the District. The population of the ITDA area is 469093 (*1991 Census Provisional figures)* which is 14.33% of the total population living in the district. Out of the total population of Paderu division, population of tribal people constitutes 423328 and Scheduled Castes 5373 (*1991 Census).* The density of population is 75 per Sq. Km. Number of Inhabited and Un-inhibited villages of this area consists of 2866 and 536 villages respectively. As far as the sex ratio is concerned there were 984 males per 1000 males. The decennial growth rate of the population was 31.34% .

Literacy Rate

Data on literacy rate show that overall literacy rate of the area was only 17.11%. When we look at male and female literacy rate separately we observe that there are 24.75% of male who were literate and 9.35% of females who were literate *(1991 Census)* . This brings us to the conclusion that in tribal areas the males are more encouraged for education than females.

Climate and Soil

Average rainfall of the area is 1234 mm which is mainly received during south -west monsoon. The agro climatic conditions differ from plains with wide fluctuations in temperature, Humidity, altitude, and number of sunny days. These factors decide the nature, period and type of crops that are grown in the area. In addition to this, the soil of this area is of low fertility status which are continuously affected by severe weathering aberration of natural disturbances and soil erosion.

Economic Activity

The main economic activity of this area is agriculture in the *Podu* mode of cultivation, generally known as shifting cultivation. Cultivation of annual food crops which consists of

mostly Sama, Ragi, Korra and Paddy forms 80% of the total cultivated area. Vegetables and oil seeds like Niger are the main commercial crops grown by the tribals extensively in addition to Ginger, Pippali, Turmeric and others. Following table also gives the major crops and their yield in KGs. per Hectare. For all above mentioned aspects See Table 1.1

Table 1.1 Socio Economic Profile

Geographic Information		
1. Geographical Area of The District (in Sq. KMs.)	11,167	
2. Area Of ITDA (in Sq. KMs.)	6223 (55.72%)	
3. Number of Villages Inhabited	2,866	
4. Number of Villages Un-inhibited	536	
Demographic Information		
1. Tribal Population	423,328	
2. % of Popln. at Paderu ITDA to Dist. Popln	14.33	
3. Other Population	40,392	
4. Popln. of SCs.	5,373	
5. Density of Popln. (in Sq. Km)	75	
Literacy Rate		
1. Male	24.75%	
2. Female	9.35%	
3. Over all	17.11%	
Climate and Altitude		
1. Average Rainfall	1234 mm	
1. Highest Altitude (in Meters)	1651 Meters	
Crops Cultivated		
Crop	Area In Hectares.	Average Yield in kg. per hectare
Paddy	39,416	1,384
Jowar	1,902	474
Bajra	1,010	1,187
Maize	7,754	1,583
Ragi	22,784	989
Sama	21,813	495
Korra	1,199	480
Groundnut	601	494
Niger	16,195	450
Turmeric	1,533	2,400
Ginger	1,449	3,000
Pippalimodi	1,751	---

SAMPLING FRAME:

As a preliminary exercise towards conducting a training programme for Medical Officers and CDPOs at Paderu, a base line survey was conducted in order to know the socio-economic and health status of the people living in that area. The sample consisted of 22 villages. All the villages were under Hukumpeta PHC area. For this survey a team of investigators headed by a doctor, collected data on health and socio economic variables. Eight hundred and eighteen households were surveyed. Sample households taken for the study were chosen at random from different villages within the target area of Hukumpeta PHC. A detailed outline of sample households taken from various villages are given below (Table 1.2). As mentioned in the table below only 16% 0f the households were from the Hukumpeta PHC area, which shows that the sample is widely distributed.

TABLE 1.2 SAMPLE TAKEN FROM DIFFERENT VILLAGES

Name of the Village	No. of Households taken for the Survey	
	Number	Percentage
Hukumpeta	128	15.65
Dali Gummadi	38	4.65
Kontili	56	6.85
Burman Guda	30	3.67
Addumanda	64	7.82%
Pedagarava	16	1.96
Goppulapalem	15	1.83
Boorugupatta	15	1.83
Sanyasapalem	29	3.55
Thadigiri	37	4.52
Sukur	59	7.21
Gorrelakadda	32	3.91
Y.Bakura	48	5.87
Nadimi Veedhi	25	3.06
Rapa	36	4.4
Kulupadu	11	1.34
Kotnapalli	14	1.71
Santhari	24	2.93
Gadugupalli	20	2.44
Bheemavaram	30	3.67
Bakuru	87	10.61
Kottavalasa	4	0.49
TOTAL	818	100

When the question about the flooring of their houses was asked, 642 households (i.e., 78.18%) responded that they used mud for flooring their houses where as 171 households (i.e., 26.9%) used cement for flooring their houses. Little more data was collected about the housing condition of the people. i.e., regarding their roofing system. From the collected data, it was observed that nearly 537 persons i.e., (65.65%) are having the house with tiled roofs where as 258 persons have to live inside thatched huts. This could be because of the assistance from some Govt. schemes. See Table 1.3

TABLE 1.3 HOUSING CONDITIONS

Type of House				
Type.	Thatched Hut.	Tile Roof	Concrete Building	Asbestos
No. of Responses.	258 (31.54)	537 (65.65)	21 (2.57)	1 (0.12)
Flooring of House				
Types	Cement Gachu	Tiles	Mud	NM.
No. of Responses.	171 (20.9)	3 (0.37)	642 (78.48)	2 (0.24)

NM: Not Mentioned
Figures in Parenthesis shows Percentage Figures

Education of Children

Out of 338 families 446 children were sent to school for primary education and out of 252 families 366 children were sent for secondary education. From this data it becomes obvious that granting some amount of overlapping of the families between these two categories, there would still be families which did not send any child to school, primary or secondary. A detailed picture of this phenomenon can be easily observed by looking at Table 1. 4

Table 1.4 Education of School Going Children

Description about the School Going Children	No. of Children going to the School From Different Houses					
Category of Schools	No Child	1 Child	2 Child	3 Child	4 Child	5 Child
1. Primary School	480	245	78	15	0	0
2. High School	566	160	75	13	3	1
Total Number of Children Attending The School						
	1 Child	2 Child	3 Child	4 Child	5 Child	Total
1. Primary School	245	156	45	0	0	446
2. High School	160	150	39	12	5	366

HEALTH AND DEMOGRAPHIC SITUATION

Generally tribal people are confronted with various health problems due to lack of proper medical facilities and personnel, inaccessibility and cultural bias which is further aggravated

by inadequate health related services such as, lack of proper sanitation and water supply, lack of a suitable environment etc. At the same time much work needs to be done to do further research and to popularise some of the potentially useful aspects of tribal; medicine.

With the responses given in the questionnaire we could prepare Table 1.5 which gives us some information about their demographic profile. As the table shows there were 129 births all together in the 818 households surveyed. Number of families with single adult deaths were 57 whereas there were two adult deaths in 4 families. So total death comes around 65. Similarly for infants 20 families had only one death and only one family had two deaths which adds up to 22 deaths during the year.

TABLE 1.5 DEMOGRAPHIC PROFILE

Number of Births	Number of Adult Deaths		Number Infant of Deaths	
	One Death in No of Families	Two Deaths in No. of Families	One Death in no of Families	Two Deaths in no of Families
129	57	4	20	1
Total Number of Deaths	65		22	

Mortality

As per the survey results, out of the 818 households there were 65 households where adult death occurred during Year 1995-96. Though the largest single cause of death of adults has been natural death, diseases such as Tuberculosis, Fever with chills, Cancer, Jaundice and even diarrhoea has claimed 8%, 8%,9%,6% and 9% of the deaths respectively. For infants, the major cause of death have been diarrhoea, followed by intrapartum and neopartum death. A look at the Table 1.6 will give further details.

Table 1.6 CAUSES OF DEATH

Cause of Death for Adults	No	Percentage	Cause of Death for Infants	No	Percentage
Suicidal Death	3	4.62	Diarrhoea	7	31.82
Natural Death	8	12.31	Intra Partum Death	3	13.64
Paralysis	5	7.69	Neo natal Death	3	13.64
Cancer	6	9.23	Not Mentioned	9	40.91
Pain Abdomen	4	6.15			
Fever With Chills	5	7.69			
Tuberculosis	5	7.69			
Chest Pain	4	6.15			
Unspecified Long Term illness	2	3.08			
Diarrhoea	6	9.23			
Feats	1	1.54			
Jaundice	4	6.15			
Weakness	1	1.54			
Not Mentioned	11	16.92			
Total	65	100		22	100

MORBIDITY PROFILE

All the diseases which were of one month duration or less are considered as short term illnesses for the purpose of this study. All diseases which exceeded one month are grouped under long term diseases separately.

Short Term Illnesses

Out of the available responses the highest reported disease was fever with 47% episodes. Scabies with 15% came next , while persistent cough which could be symptomatic of TB had 7% reporting. Details of morbidity reporting of other diseases are presented in Table 1.7.

Table 1.7 SHORT TERM ILLNESSES

Kinds of Illness of Illness	Total Number of Persons Fallen Sick	Percentage
Vomiting	2	0.61
Diarrhoea	13	3.96
Throat pain	2	0.61
Whooping Cough	2	0.61
Abdominal Pain	12	3.66
Scabies	48	14.63
Conjunctivitis	6	1.83
Measles	1	0.3
Fever	154	46.95
Cough with expectoration	12	3.66
Persistent Cough	23	7.01
Dysentery	2	0.61
Injuries	3	0.91
Other Illness	27	8.23
Chest Pain	2	0.61
Hypertension	1	0.3
Arthritis	1	0.3
Gastritis	1	0.3
Heart Pain	6	1.83
Not Mentioned	10	3.05
Total	**328**	**100**

Long Term Illnesses:

Persistent cough is again one of the prominent long term illnesses with 9% reporting. In addition is cough with expectoration was reported by 6% of the episodes. Abdominal pain also was reported by 11% of respondents. Scabies and other skin ailments constituted 16% of the

illness episodes. It is interesting to note that menstrual problems was reported by only .28% of the respondents and also that no gynaecological problems was reported by the respondents. This points to a very high level of under reporting of female morbidity probably due to specific cultural inhibitions. See Table 1.8.

TABLE 1.8 INFORMATION REGARDING LONG TERM ILLNESS

Type of Illness	Total Sick Persons	Figures In Percentage
Vomiting	3	0.83
Diarrhoea	5	1.39
Throat pain	2	0.56
Whooping Cough	7	1.94
Abdominal Pain	38	10.56
Scabies	44	12.22
Conjunctivitis	2	0.56
Ear Ache	6	1.67
Measles	1	0.28
Fever	18	5
Cough with expectoration	23	6.39
Persistent Cough	31	8.61
Dysentery	3	0.83
Injuries	9	2.5
Other Illness	66	18.33
Chest Pain	2	0.56
Hypertension	1	0.28
Arthritis	10	2.78
Leprosy	2	0.56
Night Blindness	1	0.28
Backaches	11	3.06
Headache	4	1.11
Goitre	1	0.28
Menstrual Problems	1	0.28
Blindness	3	0.83
Polio	1	0.28
Paralysis	3	0.83
Bronchitis	2	0.56
Bronchial Asthma	3	0.83
Skin ailments	14	3.89
Cough	7	1.94
Burning sensation of (eye)	1	0.28
Burning sensation of abdomen	3	0.83
Heart pain	7	1.94
Eye diseases	1	0.28
Dumb	3	0.83
Cancer	1	0.28
Jaundice	1	0.28
Anaemia	1	0.28
Malaria	1	0.28
Not Mentioned	17	4.72
TOTAL	360	100

SPECIFIC QUESTIONS ABOUT THE DISEASES LIKE LEPROSY & TB:

When the households were specifically asked the question whether anybody in their house was suffering from any cough with expectoration 47 out of 818 households said that they suffered from that disease where as 771 responses were negative. When the households were asked whether anyone in their house was having any skin ailments , 136 of them responded that they were suffering from such problems. Out of this 14.77 % was having white spots without sensation symptomatic of leprosy. Detailed aspects regarding specific disease profile can be observed from Table 1.9.

TABLE 1.9 INFORMATION ABOUT SPECIFIC DISEASE (TB AND LEPROSY)

Type of Disease	Responses		
	Yes	No	Not Mentioned
Cough With Expectoration	47 (5.75)*	770 (94.13)*	1 (0.12)*
Skin Disease	1,36(16.50)*	682 (83.37)*	2 (0.24)*
* Figures in the Parenthesis Show the Percentage Figures			
If There is any Skin Disease Type of Disease			
White Spots Without Sensation	Itching	Scabies	Not Mentioned
20	71	44	1

UTILISATION OF THE MEDICAL FACILITIES

It appears that in most of the episodes i.e.. 76% which responded to the question on facility used were visiting the PHC. Sub centre utilisation is extremely inconspicuous. The second highest utilisation is for private clinics i.e.., 12%. Tribal medicine was reported 3%. The PHC utilisation could be in connection with the weekly market day. So, what would matter is how long a patient has to wait to get health care from PHC? And also what is done during this interval which obviously is not getting reported probably because they are fine tuning their health care perceptions with that of the so called modern world to which we belong. See Table 1.10. The data presented is for both short term and long term diseases.

Table 1.10 Medical Facilities Utilised

Facilities Utilised	No. of Episodes	Percentage
PHC	324	76.42
Sub-Centre (ANM)	11	2.59
Traditional healers	1	0.24
RMPs	0	0
House medicine	0	0
Quacks	0	0
Private clinics	50	11.79
Medicines from Medical shops	0	0
Tribal medicines	13	3.07
Enchanters	2	0.47
Referred to K.G.H VIZAG	12	2.83
Medicines from Anganwadi workers	2	0.47
M.P.H.W	9	2.12
	424	100

MODE OF TREATMENT

Allopathic medicine in various forms is the main mode of treatment. More specifically Tablets with or without injections constitute the major chunk of treatment. This can be observed from table 1.11.

TABLE 1.11 MODE OF TREATMENT

	Number of Episode	Percentage
Mode of Treatment		
Tablets	16	6.35
Injections	8	3.17
Tablets and Injections	88	34.92
Ayurvedic Medicine	2	0.79
Homeopathy Medicine	2	0.79
Allopathic Medicine unspecified	78	30.95
Syrups and Tonics	2	0.79
Experts Advised to KGH	19	7.54
Tribal Medicine	24	9.52
Minor Operation	13	5.16
Total Responses	252	100

SANITATION & ENVIRONMENTAL CONDITIONS: (Health Related Services)

The sanitary conditions of the Paderu Tribal area is poor. This can easily be observed from their habits after defecation, method of disposing the waste water, habit of having a home garden and their method of cooking. These aspects are given in Table 1.12 From the figures given in this table we draw the following conclusions regarding the aspects just described.

As per the responses there is no drainage system in the villages under study. Since there is no drainage system, when the households were asked about the disposal of their water 90.71% i.e., 742 respondents answered that they just leave the waste water openly whereas only 75 families i.e., 9.17% responded that they just left the water on the road after use. From the response regarding their having a home garden it was found that 663 households i.e., 81.05% did not have their home garden where as only 155 households i.e., 18.95% had it. About their cooking methods it was found that 772 households i.e., 94.38% of the household used firewood whereas only 46 persons 5.62% used smokeless chulas. See Table 1.112

Regarding their sources of drinking water it was found that is nearly 667 i.e., 81.54% households use well water for the purpose of drinking where as 81 households use the bore water for the same. A detailed account of all aspects mentioned above have been given in Table 1.12.

Out of total households, 743 i.e., 90.83% answered that they use just water after defecation where as only 70 households replied that they use soap and 3 households use ash after defecation.. The figure that 70 persons use soap after defecation creates doubt about the sample households that have been taken for the study. See Table 1.12.

Table 1.12 Sanitary and Environmental Conditions

Method of Washing the Hand after Defecation						
Methods	Soap	Ash	Just With Water	NM		
No. Of Responses...	70	3	743	2		
What Do You Use For Defection						
Sources	Septic Latrine	Bore Hole Latrines	Open Defecation	NM		
No Of Responses.	6 (0.73)	0	812 (99.27)	0		
Sources of Drinking Water						
Sources	Pond	Well	Canal	Tap	Bore	NM
No. of Responses.	12	667	51	8	80	0
Method of Disposing Waste Water						
Methods	Drainage	Leave on the Road	Leave Openly	NM		
No of Responses.	0	75	742	1		
Availability of Home garden						
Response	Yes	No				
Numbers	155 (18.95)	663 (81.05)				0
Methods of Cooking						
Methods	No. of Responses.	Fire Wood	NM			
No. of Responses.	46 (5.62)	772 (94.38)	0			

HEALTH AWARENESS AND UTILISATION OF MEDICAL FACILITIES BY WOMEN

SAMPLE VILLAGES

The study of women's status of health and related aspects was also conducted as part of the study on health and socio economic aspects of households in the month of July. All together 699 women were interviewed from different villages in Hukumpet PHC area where the household study was conducted. The results of this enquiry are presented here. The sample villages taken for the study have been given in Table 2.1. Total 21 villages were taken for the study and the sample taken was 699. Villagewise sample have been mentioned in Table 2.1.

TABLE 2.1 VILLAGES TAKEN FOR THE STUDY AND SAMPLE SIZE

S.No	Name of the Village	No women Taken for the Survey	
		Number	Percentage
1.	Hukumpet	49	7.01
2.	Dali Gummadi	37	5.29
3.	Kontili	67	9.59
4.	Burman Guda	27	3.86
5.	Sanyasapalem	70	10.01
6.	Addumanda	16	2.29
7.	Kotnapalli	13	1.86
8.	Godugupalli	17	2.43
9.	Pedagaruvu	29	4.15
10.	Nandimiveedhi	14	2
11.	Sukur	56	8.01
12.	Bheemavaram	35	5.01
13.	Bakuru	38	5.44
14.	Y.Bakura	23	3.29
15.	Gorrelakadda	52	7.44
16.	Goppula Palem	13	1.86
17.	Kottavalasa	16	2.29
18.	Boorugu Puttu	19	2.72
19.	Santhari	30	4.29
20.	Thadi Giri	69	9.87
21.	Kulu Pada	9	1.29
Total Sample		**699**	**100**

Age Wise Break Up Of Sample

As mentioned below in Table 2.2 most of the women interviewed i.e. 71.67% were between the age group of 25-45 followed by 18.45% women between the age group of 16-24, and 7.3% between the age group of 45-65.

TABLE 2.2 AGE WISE BREAK UP OF THE SAMPLE

AGE GROUP	NUMBER	Percentage
16-24	129	18.45
25-45	501	71.67
45-65	51	7.3
Not Mentioned	18	2.58
Total	**699**	**100**

Utilisation Of Health Facilities By Women

When the women were asked regarding the utilisation of the facilities, 636 out of the 699 i.e., nearly 90.99% of them responded that they will go to PHC when they were ill. This response is followed by the utilization of private facilities - 2%, traditional tribal medicine - 2%, with quacks 0.29%. None of them responded that they used either Ayurvedic medicine or medicine from Sub Centre. Only one woman responded that she used household medicine when she fell ill (See Table 2.3). The reported high utilisation of PHC could refer to their visits to the PHC on the market day. But what is more important is when do they start treatment on a particular illness episode given the difficult access situation in the tribal areas. Another is whether actually the first recourse to traditional practitioner is getting reported given the fact the tribal people do understand the ethnocentric biases of we plainsmen to the so called modern medicine. Are they offering us with the data which they think we are looking for. Such qualitative in depth information cannot be captured within the framework of the survey method which was followed.

TABLE 2.3 HEALTH FACILITY UTILISATION

	Number	Percentage
Primary Health Centre	636	90.99
Sub-Centre	0	0
RMP - Doctor	2	0.29
Quacks	7	1
Ayurvedic Medicine	0	0
Traditional Medicine	14	2
House hold medicine	1	0.14
Pvt Doctor qualified (Paderu)	14	2
Not Mentioned	25	3.58
Total	**699**	**100**

Women's Visit to PHC

When the women were specifically asked about their visit to PHC they said that they preferred to go to PHC since there was qualified doctor and also because they felt that they would get better treatment at PHC compared to other places. This answer was reported by 94% of the women. Out of the other 6% of women, nearly all responded that they never visited PHC for any kind of health problems. This may be because of their faith in traditional medicine or because the PHC was too inaccessible to them. See Table 2.4

TABLE - 2.4 VISITING PHCs

Visit to PHC	Number	Percentage
"YES" we do go	658	94.13
"NO" we don't	40	5.72
Not mentioned	1	0.14
Total	**699**	**100**

Women' Visit to Sub Centre

From the general question about the preferences of women for going to subcentre we could not find any woman who preferred to go to subcentre. But when we asked specifically whether they go to subcentre or not 172 of them mentioned that they went the subcentres which are run by ANMs. But the rest of them were not aware that ANM's were there and were not going to the sub centres. See Table 2.5

TABLE - 2.5 VISITING SUB CENTRES

Visit to Sub centre	Number	Percentage
"YES" we do go	172	24.61
"NO" we don't	454	64.95
Not mentioned	73	10.44
Total	**699**	**100**

The relatively higher positive response about Sub Centre utilisation could be attributed to the fact that in most of the cases i.e., 79% of the responses the distance from subcentre is less than three KMs. (See Table 2.6 & 2.7). As is seen in table 2.5 a little over 52% of the women were staying between 5.1 Km to 15 Km from the PHC. The higher PHC visits could be those on market days very likely to be much later than the start of the episode.

TABLE - 2.6 DISTANCE FROM PHC

Distance from PHC	Number	Percentage
0 - 1 Km	83	11.87
1.1 - 3 Km	104	14.88
3.1 - 5 Km	98	14.02
5.1 - 8 Km	66	9.44
8.1 - 11 Km	84	12.02
11.1 - 15 Km	216	30.9
15.1 Km - 20Km	33	4.72
20.1 - 25 Km	2	0.29
25.1 + Km	1	0.15
Not Mentioned	12	1.72
Total	**699**	**100**

TABLE - 2.7 DISTANCE FROM SUB CENTRE

Distance of Sub Centre from House	Number
0 - 1 Km	129
1.1 - 3 Km	33
3.1 - 5 Km	31
5.1 - 8 Km	1
8.1 - 11 Km	8
11.1 - 15 Km	2
15.1 Km - 20	1
20.1 - 25 Km	0
25+ Km	0
Not Mentioned	494
Total	**699**

* *Percentages Not presented on account of High No responses.*

Utilisation of Health Facility During Emergency

For emergency purposes most of the people were depending upon PHC Hukumpet, followed by to private practitioners (Qualified) in Paderu (See Table 2.8).

TABLE - 2.8 UTILISATION OF FACILITY DURING EMERGENCY

Responses	Number	Percentage
PHC Hukumpet	653	93.42
RMP Doctors	1	0.14
Quacks	2	0.29
Traditional Medicine	3	0.43
Private Medical Practitioners at Paderu	11	1.57
Not Mentioned	29	4.15
Total	**699**	**100**

Distance Travelled For Emergency Treatment

For the emergency treatment 24% women responded that they had to travel 11.1 to 15 Kms for their treatment, while 9% had to travel more than 15kms for seeking emergency care. 13% travelled only 1.1 to 3 Kms. Nearly 35 % of the women had to travel between 3.1km to 11 kms. See Table 2.9.

TABLE 2.9 DISTANCE TRAVELLED DURING EMERGENCY

Distance (in KMs)	Number	Percentage
0-1	90	12.88
1.1 -3	94	13.45
3.1 -5	80	11.44
5.1 -8	81	11.59
8.1 -11	81	11.59
11.1 - 15	168	24.03
15.1- 20	41	5.87
20.1- 25	17	2.43
25+	3	0.43
NM	1	0.14
NA	43	6.15
Total	**699**	**100**

House visti of A.N.M , C.H.W

Most of the women ie.98%. told that they were visited by ANM/CHW. Nearly (1.3%) responded that they were not coming to their villages. (See Table 2.10)

TABLE 2.10 VISIT BY ANM/CHW

Responses	Number	Percentage
"YES" They do visit	683	97.71
"NO" They don't	9	1.29
Not mentioned	7	1
Total	**699**	**100**

Nearly 40% of the respondents were visited by ANM/CHWs only once in a month. Most of the rest had more frequent visits from them. See Table 2.11.

TABLE 2.11 FREQUENCY OF VISIT BY ANM/CHW

Responses	Number	Percentage
Weekly once	151	21.6
Weekly twice	77	11.02
Once in 10 days	29	4.15
Monthly Twice	144	20.6
Monthly once	273	39.06
Once in two months	2	0.29
Quarterly Once	2	0.29
Half yearly once	0	0
Yearly Once	0	0
Not mentioned	21	3
Total	**699**	**100**

DELIVERY PRACTICES:

- **Place Of Delivery**

Most of the Deliveries were conducted at Home i.e., nearly 91%. Only 3.29 percent of the respondents preferred to go to Sub-centre and 1.29% preferred to go to PHC for delivery. This could be because of their faith in home delivery and due to their lack of knowledge about the advantages of institutional deliveries. Another reason could be the inaccessibility of health care institutions. See Table 2.12.

TABLE 2.12 PLACE OF DELIVERY

Responses	Number	Percentage
At Home	634	90.7
At Neighbours House	0	0
At Sub centre	23	3.29
At PHC	9	1.29
Other Places	1	0.14
At Private Doctors clinic	1	0.14
Not Mentioned	31	4.44
Total	**699**	100

- **Persons Conducting The Delivery:**

As mentioned in the above table, most of the deliveries are conducted at home. From this it is obvious that the elders at home must be conducting these which has been found true.

See Table 2.13. Nearly 73% of the deliveries are conducted by elders, 7.44% by Untrained Dais and 6.01 by ANMs.

TABLE - 2.13 PERSONS CONDUCTING DELIVERIES

Responses	Number	Percentage
Elders	505	72.25
Trained Dai	41	5.87
ANM	42	6.01
Doctors	24	3.29
Others (Untrained Dais)	52	7.44
Not Mentioned	36	5.14
Total	**699**	**100**

• Perceptions On Precautions A Pregnant Woman Should Take During Delivery

Regarding the precautions that are to be taken by the women when they are pregnant most of the women responded that they want good diet and bed rest during their pregnancy i.e., nearly 48%. Thirty percent of the women responded that they need Iron Tablets and TT Injections when they are pregnant. Very insignificant percentage i.e., 0.21 responded that they need to go for health check up to the PHC. Around 6% said that they would seek help from ANM in the case of complicated deliveries. See Table 2.14.

TABLE . 2.14 EXPECTED PRECAUTIONS FOR A PREGNANT WOMAN

Responses	Number	Percentage
Good diet and bed rest	335	47.93
Iron tablets & TT injections	210	30.04
Health check up at PHC	2	0.29
Approach ANM in complicated case	36	5.15
Not Mentioned Any of Above	116	16.6
Total	**699**	**100**

• Personnel Who Should Give Injection

Regarding the personnel who will give the injections 70% of the women responded that the injections are given by ANMs. See 2.15.

TABLE 2.15 PERSONNEL WHO GIVE INJECTIONS

Answers	Number	Percentage
ANMs	488	69.81
PHC doctor	13	1.86
Private doctors	Nil	Nil
RMPs	3	0.29
Not Mentioned	194	27.25
Total	699	100

Availability of Anganwadi centres

As the responses show anganwadi centres are located in most of the villages i.e., 79% of them, where as in only 21% of the villages it was not located. See Table 2.16.

TABLE 2.16 AVAILABILITY OF ANGANWADI CENTRE IN VILLAGE

S.No	Answers	Number	Percentage
1	Available	550	78.68
2	Not Available	144	20.74
3	Not Mentioned	5	0.58
Total		699	100

KNOWLEDGE ABOUT NATIONAL HEALTH PROGRAMMES

Most of the respondents know about pulse polio programme i.e, 51.22%. This response is followed by their knowledge about Malaria and Pulse Polio as a combination i.e., 12.16%. NMEP, Pulse Polio, UIP, ICDS and Vitamin A prophylaxis seems to be the most commonly known national programmes which appear singly and in combinations in the table presented below. It is however noteworthy that the National Programmes on Tuberculosis and Leprosy are poorly known among women. Detailed information regarding this have been given in Table 2.17.

TABLE -2.17 KNOWLEDGE ABOUT NATIONAL HEALTH PROGRAMMES

Responses	Number	Percentage
ICDS	60	8.58
NMEP	77	11.02
Vitamin - A Prophyloxis	15	2.15
UIP	0	0
Pulse Polio	358	51.22
Leprosy Irradication Programme	1	0.14
Goitre Control Programme	0	0
Dont'' Know	2	0.29
Malaria and Pulse Polio	85	12.16
ICDS & Pulse Polio	3	0.43
ICDS, Malaria, Pulse Polio	7	1
Malaria, Vitamin A, Pulse Polio	13	1.86
ICDS, Malaria, Vitamin A, UIP	19	2.72
Malaria, Vitamin A, UIP, Pulse Polio	5	0.72
ICDS, Malaria, Vit. A., UIP, Pulse Polio	6	0.86
All Programmes Mentioned Above	0	0
Malaria and UIP.	1	0.14
ICDS, Vit A, UIP, LEP.	1	0.14
Not Mentioned	46	6.58
Total	699	100

WOMEN KNOWLEDGE REGARDING PRECAUTIONS OF DIARRHOEA AND VOMITING OF THEIR CHILDREN

Mostly 25.18% of the respondents mentioned that they would use ORS as well as the medicines given by ANM. Also 6.72% of the women responded that they will give Sugar and Salt solution. ORS or Sugar and Salt solution are also appearing in a number of combinations mentioned below. Also in many of the response combinations presented below, we find that they will give hot broth and tea decaution along with the medicine. This implies that their belief in the traditional tribal medicine still remains and those type of treatment do probably work also. This aspect needs to be looked into in detail for propagation of whatever scientific value it has. See Table 2.18

TABLE - 2.18 KNOWLEDGE ABOUT DIARRHOEA

Answers	Number	Percentage
Will Give Hot Broth	16	2.29
Will Give Medicine	2	0.29
Will Give O.R.S+ Medicine By A.N.M	176	25.18
Will Give Traditional Medicine	18	2.58
Will Go To P.H.C	34	4.86
Will Give Tablets From Medical Shop	2	0.29
Sugar+ Salt Solution	47	6.72
Will Go To R.M.P Doctor	4	0.57
Will Do Nothing	75	10.73
Will Give Hot Broth & Medicine By A.N.M	30	4.29
Will Give O.R.S & Use Medicine Given By A.N.M & Health Worker	2	0.29
Will Give Medicine, Use Medicine Given By A.N.M & Will Go To P.H.C	1	0.14
Will Give Hot Broth, Use Medicine Given By A.N.M & Give O.R.S	5	0.72
Will Use O.R.S, Medicine Given By A.N.M And Sugar + Salt Solution	2	0.29
Will Give Hot Broth And Take To R.M.P	2	0.29
Will Give Tea Decauction And Hot Broth	3	0.43
Will Give Hot Broth And Traditional Medicine	3	0.43
Hot Broth, Tea Decauction, O.R.S, Medicine Given By A.N.M	1	0.14
O.R.S, Medicine Given By A.N.M, Traditional Medicine, Tea Decauction	1	0.14
Total	699	100

IMMUNISATION STATUS OF THE CHILDREN

•Age and Sex Wise distribution of Children

In order to know the immunisation status of the children the questions were asked about the children of the women interviewed. We could found 456 children out of total women surveyed. The children about whom the questions were asked were between the age group 1-5 years. A detailed Table regarding this aspect have been given below. Nearly 40% of the children were between age group of 1-3 years, 33.75% between 3-5 years and nearly 24% were between 3-5 years. See Table 2.19. Out of total sample taken for the study, there were nearly 54% male child and rest of them were female. See Table 2.20.

TABLE 2.19 AGE WISE DISTRIBUTION OF CHILDREN

Age of children	No. of. children	%
0-1 Year	103	22.59
1-3 Years	188	41.23
3-5 Years	154	33.77
Not Mentioned	11	2.41
Total	**456**	**100**

TABLE 2.20 SEX WISE DISTRIBUTION OF CHILDREN

Sex	No. of. children	%
Male	246	53.94
Female	210	46.05
Total	**456**	**100**

•Information Regarding BCG Vaccination

Nearly 83% of the children were given BCG Vaccine within one month from their birth and 2% were not vaccinated at all. Nearly 16% could not respond to the question asked to them. This could be due to their lack of knowledge about the importance of vaccination or the children might be vaccinated when they were absent at home. See Table 2.21.

TABLE 2.21 BCG VACCINATION

BCG Vaccination	No. of. children	Percentage
Not Immunised	377	82.67
Not Immunised	8	1.7
Not Mentioned	71	15.57
Total	**456**	**100**

- **Information Regarding DPT Vaccination**

As the table shows, nearly 69% of the children were given DPT for 3 times and 15% of the total children were given only two doses. But it is a matter of concern that 5% of the children were given only one dose. For details See Table 2.22.

TABLE 2.22 DPT VACCINATION

S.No	DPT Vaccination	No. of. children	%
1	1st dose	23	5.04
2	2nd dose	67	14.69
3	3 rd dose	311	68.2
4	DPT not given	9	1.97
5	Not mentioned	46	10.09
Total		**456**	**100**

Information Regarding Oral Polio Vaccination (OPV)

A similar type of situation is observed when we look at the doses given for Oral Polio Vaccine. Out of total sample 69% were given 3 doses where as nearly 16% were given two doses of OPV. It is more miserable to see that only 6% of the children were given 1 dose of OPV. The reasons for this might be same as mentioned for BCG vaccination. Details can be seen from Table 2.23.

TABLE 2.23 ORAL POLIO VACCINE

S.No	Oral Polio Vaccine	No. of. children	%
1	1st dose	27	5.29
2	2nd dose	71	15.57
3	3 rd dose	315	69.08
4	OPV not given	12	2.68
5	Not mentioned	31	6.80
Total		**456**	**100**

Measles Vaccination

Nearly 73% of the children were immunised against Measles. Nine Percent of the responses is not applicable for this kind of vaccination as the age of their children is less than 9 months. Out of total children nearly 2% were not given any vaccination. Response to this question which are not mentioned occupies a significant percentage of children i.e., nearly 17% . See Table 2.24.

TABLE 2.24 MEASLES VACCINATION

S.No	Measles Vaccine	No. of. children	%
1	Immunised against Measles	331	72.59
2	Not applicable	42	9.19
3	Not mentioned	76	16.67
4	Vaccine not given	7	1.54
	Total	**456**	**100**

- **Where Children Were Delivered?**

Approximately, 82% of the children were delivered at their parents' houses where as only 9% were delivered at hospital. The hospital delivery might be because of the reason that the cases might be complicated or the hospital might be nearer to their place. Nearly 10% did not mention their place of delivery. See Table 2.25.

TABLE - 2.25 PLACE OF DELIVERY

S.No	Place of Delivery	No. of. children	%
1	At home	372	81.57
2	At hospital	39	8.55
3	Not mentioned	45	9.86
	Total	**456**	**100**

HEALTH STATUS OF SCHOOL GOING CHILDREN

Three Hundred and thirty five school children between 5-12 years were selected from 8 schools located in Hukumpeta PHC area. The students were from the I to Vth Standards. The findings of this enquiry are presented in this chapter.

Age Wise Distribution

A large chunk of the students were from 7-8 year age group amounting to 50% (See Table 3.1). Six years aged were 17.61% . Rest of the details are available in Table 3.1. There were no students with the age more than 12 years in the 4th and 5th classes.

Table 3. 1 Age wise Distribution of Children

S. No	Age in Years	Number	%
1	5	7	2.09
2	6	59	17.61
3	7	87	25.97
4	8	81	24.18
5	9	52	15.52
6	10	31	9.25
7	11	10	2.99
8	12	3	0.9
9	Not Mentioned	5	1.49
Total		335	100

Distribution of Children by Classes of Study

Most of the students were from Ist standard in which there were 94 students out of 335 amounting to 28%. Next came III standard students whose number was 80, amounting to 24%. See Table 3.2 for details.

Table 3.2 Class Wise Distribution of Children

S.No	Class	Number	%
1	I	94	28.06
2	II	62	18.51
3	III	80	23.88
4	IV	46	13.73
5	V	48	14.33
6	Not Mentioned	5	1.49
Total		335	100

Health Problems that the School Children Suffered From

Different health problems that the children are suffering from are given in the next section.

•Scabies

There were nearly 32% of pupils, who suffered from Scabies. About 67% were not suffering from this type of disease. See Table 3.3. .

Table 3 . 3 Scabies Among Children		
Responses	Number	%
Having Scabies	108	32.04
Not Having	224	66.8
Not mentioned	3	0.9
Total	335	100

Treatment that was taken for Scabies:

Most of the students i.e., 15% who responded told that they will apply White medicine (Benzyle Benzoate). 31 pupils told that they will go to hospital. The next frequency goes to traditional medicine in which students apply " Kanzu Oil " to their skin, amounts to 4.78%. 61% of the students (205) did not mention any thing regarding the treatment. See Table 3.4

Table 3.4 Treatment that would be taken for Scabies		
Responses	Number	%
Will Go To Hospital	31	9.26
Will Go To Doctor	13	3.88
Will Go To Anm	13	3.88
Will Apply White Medicine	49	14.63
Will Use Traditional Medicine	16	4.78
Will Take Medicine From Teacher	3	0.9
Do Not Know	4	1.19
Not Mentioned	205	61.19
Enchanters (Quacks)	1	0.3
Total	335	100

- **Conjunctivitis**

Most of the students i.e.., 79 % did not suffer any time from Conjuctivitis. Nineteen percent, told that they suffered from Conjuctivitis. The percentage of students who did not respond were only 2.39%. See Table 3.5

Table 3. 5 Children Suffering From Conjunctivitis		
Responses	Number	%
Suffering	63	18.81
Not suffering	264	78.81
Not Mentioned	8	2.39
Total	335	100

Treatment Taken for Conjunctivitis:

Twenty seven students out of total 335 i.e. 8% told that they would go to hospital for medication. Seventeen students i.e., 5% told that they would buy medicines from the medical shops. Another 4% students told that they would approach ANM for the treatment. 67% of the students did not mention any treatment that they would take for is. they would take. See Table 3.6

Table 3. 6 Treatment that was taken for Conjunctivitis

Responses	Number	%
Will Go To Hospital	27	8.06
Will Go To Doctor	13	3.88
Will Go To A.N.M	15	4.48
Will Take Medicine	17	5.07
Will Use Plant Extract	24	7.16
Will Tell Mother	1	0.3
Do Not Know	4	1.19
Not Applicable	8	2.39
Not Mentioned	225	67.16
Enchantment (Quacks)	1	0.3
Total	335	100

- **Abdominal Pain**

80 % of the students mentioned that they did not have any pain in abdomen after meals while 16.12% of the pupils said that they used to get pain after meals. See Table 3.7

Table 3.7 Students suffering from Abdominal Pain			
S.No.	Responses	Number	%
1	Having Pain after meals	54	16.12
2	No Such Pain	270	80.6
3	Not Mentioned	11	3.28
Total		335	100

Treatment Taken For Abdominal Pain:

The students who would go to the hospital, or the doctor amounted to 18% and the students who would go to medical shops were 7.46 %. Two students did not know what they were to do. See Table 3.8.

Table 3.8 Treatment that would be Taken For Abdominal Pain		
Responses	**Number**	**%**
Will Go To Hospital	25	7.46
Will Go To Doctor	14	4.18
Will Tell Teacher And Then Go To The Doctor	20	5.97
Will Go To A.N.M	9	2.69
Will Tell Mother	2	0.6
Will Take Traditional Medicine	9	2.69
Do Not Know	2	0.6
Not Applicable	11	3.28
Not Mentioned	218	65.08
Will Take Medicine from medical shops	25	7.46
Enchantment (Quacks)	Nil	Nil
Total	**335**	**100**

- **Diarrhoea**

Most of the students could not define severe vomiting and motions as diarrhoea. Only 4% could identify the problem as diarrhoea. However 19% could recognise it as a dangerous pupil told it as dangerous. See Table 3.9

Table 3. 9 What Is Severe Vomiting And Loose Motions?

S. No.	Responses	Number	%
1	'Dangerous'	64	19.1
2	'Diarrhoea'	15	4.48
3	Not Mentioned	157	46.87
4	Do Not Now	99	29.55
Total		**335**	**100**

Treatment Taken For Vomiting And Loose Motions

Thirty four per cent students out of 335 told that they would go to hospital or consult a doctor if they get severe vomiting and motions. 25 students i.e. 7%, told that they would approach ANM in that severe condition and take her advice. 45 % of the students did not mention any thing. See Table 3.10

Table 3.10 Treatment That Would Be Taken For Severe Vomiting & Loose Motions		
Responses	Number	%
Will drink broth	11	3.28
Will Take Medicine	10	2.99
Will Go To A.N.M	25	7.46
Will Go To Doctor	38	11.34
Will Go To Hospitals	76	22.69
Will Tell Teacher	3	0.9
Do not Know	19	5.67
Not Applicable	Nil	Nil
Not mentioned	151	45.08
Will Tell Mother	2	0.6
Enchantment (Quacks)	Nil	Nil
Total	335	100

- **Fever**

Thirty six Percent of the students would go to the hospital; or consult a doctor, while 8 % would seek care from ANM. Being a small problem 18% would take medicines from the teacher. See Table 3.11 for more details.

Table 3.11 Remedies that would Be taken for Fever		
Responses	Number	%
Will Take Medicine	74	22.09
Teacher Will Give Medicine	61	18.21
Will Go To A.N.M	28	8.36
Will Go To Doctor	33	9.85
Will Go To Hospital	89	26.57
Will Tell Mother And Father	3	0.9
Do Not Know	7	2.09
Not Applicable	Nil	Nil
Not Mentioned	37	11.05
Enchanters/Quacks	3	0.9
Total	335	100

Individual Sanitation

Ninety percent of students take bath once in a day while 6% of them would take bath twice. There are very few who would not take bath everyday. See Table 3.12 . Ninety four percent of students take bath with soap. 4% students told that they will take bath with just water. See Table 3.13. As high as 95% of the students brush their teeth once every day. Nearly 60% of the students would use the twig. Thirty eight percent would use tooth brush. See Table 3.14

Table 3.12 Bathing Habits

Responses	Number	%
Once	301	89.85
Twice	21	6.27
Once In Two Days	6	1.79
Once In A Week	5	1.49
Not mentioned	2	0.6
Total	**335**	**100**

Table 3.13 Use of Toiletry for Bathing

S.No	Responses	Number	%
1	With Soap	314	93.73
2	With Flour	3	0.9
3	Just With Water	16	4.78
4	Not Mentioned	2	0.6
Total		**335**	**100**

Table 3.14 Mode of Brushing

S.No	Responses	Number	%
1	Finger	7	2.09
2	Brush	126	37.61
3	Stick (Twig)	197	58.81
5	Not Mentioned	5	1.15
Total		**335**	**100**

The number of students who will cut their finger nails once in a week comes to 302 i.e., 90.15 (See Table 3.15). Nearly 5% cut it twice a week.. See Table 3.15. Table 3.16 will give more details.

Table 3.15 Frequency of Cutting Nails

Responses	Number	%
Once In A Week	302	90.15
Twice In A Week	16	4.78
Twice In A Month	12	3.58
Not Mentioned	5	1.49
Total	**335**	**100**

Table 3.16 Mode of cutting Nails

Responses	Number	%
Blade	251	74.93
Biting with teeth	12	3.58
Nail Cutter	64	19.10
Not Applicable	4	1.19
Not Mentioned	4	1.19
Total	**335**	**100**

Weight of Children According to Age:

Given the standard weight of a 5 year old child as 18.7 Kg., out of 6 school children who were of 5 years age we could not find any one of them having this weight. The case was almost same for the students who were of 6 years age. When we looked at 59 students of 6 years age it was found that none of them had the required weight of 21.2 Kg. As high as 81.35% of the students belonged to the 14 to 16 Kg. weight category. So far as the 7 year old children were concerned , only one student was found to be of 25 Kg. which crossed the standard weight of 23.7 KGs. There was a major chunk of children, nearly 67 i.e., 77% whose weight were around 15 - 19 KGs. For 8 year old students two children were found to met the minimum standard of 26.2 Kg whereas other 78 i.e., 98% did not have minimum standard weight. The highest concentration was on the 20 Kg. group. In the case of 9 year students only 2 out of 52 were found to meet the required weight of 28.7 Kg. Out of 31 children at the age of 10, only two children had achieved the required weight of 31.2 Kg. Beyond 10 years of age weight varies for the sexes and therefore standards could not be calculated. See Table 3.17 for further details.

AGE WITH WEIGHT OF RESIDENTIAL SCHOOL CHILDREN

Table -3. 17

AGE (In Years)	WEIGHT (In Kgs)	NO.OF CHILDREN	STANDARD WEIGHT
5 years	12	1	18.7
	13	Nil	
	14	2	
	15	2	
	16	Nil	
	17	1	
Total		6	
6 years	13	1	21.2
	14	14	
	15	21	
	16	13	
	17	4	
	18	3	
	19	1	
	20	2	
Total		59	
7 years	14	5	23.7
	15	12	
	16	15	
	17	17	
	18	9	
	19	14	
	20	7	
	21	2	
	22	4	
	23	1	
	25	1	
Total		87	

8 years	14	3	
	15	6	
	16	5	
	17	8	
	18	5	
	19	8	
	20	21	26.02
	21	7	
	22	3	
	23	4	
	24	3	
	25	5	
	26	1	
	27	1	
Total		80	
9 years	17	1	
	18	3	
	19	4	
	20	16	
	21	8	
	22	4	
	23	3	28.7
	24	1	
	25	7	
	26	2	
	27	1	
	28	Nil	
	30	1	
	33	1	
Total		52	
10 years	17	1	
	18	Nil	
	19	3	
	20	2	
	21	1	
	22	1	
	23	4	
	24	6	31.2
	25	4	
	26	2	
	27	3	
	29	1	
	30	1	
	33	1	
	36	1	
Total		31	

Note: *The weight by Age calculations are based on Park & Park, Preventive And Social Medicine, Banarsidas Bhanot, 1994, p.323.*

From the Table 3.18 it can easily be observed that there are 45.37% children in the age group of 5-7 year. Among them there would be children below the standard height of 102.5 Centimetres for a 5 year old and 112.5 Centimetres for a 7 year child. See Table 3.19. (Height Standards based on *Ghai O.P, Essential Paediatrics*)

Table - 3.18
HEIGHT OF CHILDREN

S.NO.	AGE IN YEARS	HEIGHT (in cms)	NO. OF STUDENTS (%)
1.	5 to 7 years of age group	95 to 129	152 (45.37)
2.	7.1 to 10 years age group	103 to 148	164 (48.96)
3.	10.1 to 12 years age group	126 to 136	13(3.88)
4.	Not Mentioned		6(1.79)
Total			335

The number of students who were having their mid arm circumference between 12 and 19 cms in the 5 to 7 year age group was 152. For another 164 students in the 8 to 10 year age group, the mid arm circumference was between 14-20 cms. Thirteen children of the children of 10-12 year age group had their mid arm circumference below 20 cm.

AGE/MID ARM CIRCUMFERENCE OF CHILDREN

Table 3.19

S.NO.	AGE GROUP	MID ARM CIRCUMFERENCE (In cms)	NO. OF STUDENTS
1.	5 to 7 years age group	12 to 19	152
2.	8 to 10 years age group	14 to 20	164
3.	10 and 12 years age group	15 to 20	13
4.	Not Mentioned		6
	Total		335

DAIS AND THEIR PRACTICE

In order to arrive at an understanding of the knwledge, training and practices of *Dais* a mall sub study was conducted on 15 Dais. Most of them were from the villages where the sample for the households were taken. By and large they were between the age group of 45 to 65.

When they were asked about whether they underwent any tarining, only 1 of them responded that she underwent training where as other 14 did not have any formal training. Eight of them had a length of practice of 2 years, while 3 mentioned that they were attending ti deliveries for an year. One of them was taking deliveries since 4 years.

The reasons for complicated deliveries according to one of them could be the first pregnancy. For another complications might be caused by delayed deliveries. For yet another complications might arise due to twin births. Three of them said that complications could be because of twin birhs as well as delayed labour. Five of them attributed the reasons to first pregnancy as well ass twin births. Two of them felt that the reason might be due to the complications in the previous caesarian delivery. And the other two mentioned that delivery complications might be due to placenta coming first instead of foetus and the cessation of labour pains. None of them mentioned about continuous bleeding or painless bleeding.

Out of the 15 *dais,* 2 mentioned that they had conducted 1 delivery each, 2 of them had conducted 3 deliveries each, 1 of them conducted 3 deliveries, 3 *Dais* conducted 4 deliveries, 2 of them conducted 5 deliveries, while one of them had conducted 7 deliveries and the other *dai* who responded had conducted 15 deliveries.

While cutting the umblical cord 1 used blade, 6 *Dais* used scissors and thread, 5 of them used blade and knife and 3 of them used blade only.

As far as the sanitary measures suggested by them, 10 advised mothers to clean the baby, 2 advised to the families to clean the mother with hot water, 2 suggested that Dais should wear gloves while 1 suggested to clean the hands properly.

When Dais faced complicated delivery cases, most of them ie., 9 out 15 mentioned they would wait for some time and refer the case to ANM and then to PHC . Six of them mentioned that they directly send the woman to PHC.