

**“UTILIZATION OF ANTENATAL, INTRANATAL AND
POSTNATAL HEALTH CARE SERVICES BY MOTHERS IN
RURAL FIELD PRACTICE AREA OF JNMC, BELGAUM-
A CROSS SECTIONAL STUDY”**

By

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Guide

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May - 2010

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I hereby declare that this dissertation entitled “**UTILIZATION OF ANTENATAL, INTRANATAL AND POSTNATAL HEALTH CARE SERVICES BY MOTHERS IN RURAL FIELD PRACTICE AREA OF JNMC, BELGAUM- A CROSS SECTIONAL STUDY**” is a bonafide and genuine research work carried out by me under the guidance of **Dr. A.S. WANTAMUTTE MD (BHU)**, Professor and Head, Department of Community Medicine, Jawaharlal Nehru Medical College, Nehru Nagar, Belgaum-590010.

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List of abbreviations

ANC	– Antenatal care
ANM	– Auxiliary Nurse Midwife
BAMS	– Bachelor of Ayurvedic Medicine and Surgery
BHMS	– Bachelor of Homeopathic Medicine and surgery
CHC	– Community Health Centre
DLHS	– District Level Household and Facility Survey
EBF	– Exclusive Breast Feeding
ESI	– Employee State Insurance
IEC	– Information Education Communication
IFA	– Iron and Folic Acid
IMR	– Infant Mortality Rate
KLES	– Karnataka Lingayath Education Society
LBW	– Low Birth Weight
LHV	– Lady Health Visitor
MCH	– Maternal and Child Health
MMR	– Maternal Mortality Rate
NFHS	– National Family Health Survey
NGO	– Non-Governmental Organization
No.	– Number
PHC	– Primary Health Centre
RCH	– Reproductive and Child Health
RMP	– Registered Medical Practitioner
RHTC	– Rural Health and Training Centre
UTI	– Urinary Tract Infection
TBA	– Traditional Birth Attendant
TT	– Tetanus Toxoid
WHO	– World Health Organization

Abstract

Background and objectives

Maternal mortality and morbidity continue to be high despite the existence of national programme for improving maternal and child health. One of its main focus is on maternal health which includes antenatal, intranatal and postnatal care. It is vital to document the utilization pattern of these services in the community. Such information will indirectly help in gauging the progress and impact of the programme. Therefore, the study was carried out with the objectives to determine the extent of utilization of antenatal, intranatal and postnatal health care services by mothers in the rural area, and to know the factors influencing the utilization of antenatal, intranatal and postnatal services.

Methods

Study area: Handignur primary health center, rural field practice area of J N Medical College Belgaum.

Study participants: A total of 497 mothers who delivered during June 2007 to May 2008

Study design: Cross sectional study

Statistical analysis: Proportions and Chi-square test

Results

Antenatal registration was 100%. 62.6% of the mothers utilized full antenatal care (≥ 3 antenatal visits, at least one dose of tetanus toxoid injection and ≥ 100 IFA tablets). Skilled health personnel conducted 93.8% of deliveries and 85.3% of mothers had institutional deliveries. Only 2.4% of mothers had three postnatal visits within two months of delivery. The socio- demographic factors like literacy status, occupation, type

of family, socioeconomic status and parity were found to influence the pattern of utilization.

Interpretations and conclusion

The situation in the present study does not appear to be very dismal but there is a lot of scope for improving the utilization of services by promoting female literacy and Information Education Communication (IEC) activities to educate mothers.

Key words

Utilization; antenatal care; intranatal care; postnatal care; sociodemographic factor; mothers; rural.

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Introduction

In any community, mothers and children constitute priority group. In India, women of child bearing age group (15-44 years) constitute 22.2% and children below 15 years of age constitute about 35.3% of the total population, making them a larger chunk (57.5%) of the total population and they are the major consumers of the available health services.¹

Motherhood is the basis of family life, which in turn is the backbone of all orders of society. Promoting women's health improves not only individual health but also the health of the family, community and the nation.² But safe motherhood is still a dream in India as well as in the third world countries. Most of the pregnant women in these countries live where poverty, illiteracy, malnutrition, poor sanitation, gender bias, unequal feeding practices, religious taboos and lack of availability of medical facilities render them prone for health hazards which are preventable.³

According to World Health Organisation (WHO), global maternal mortality rate (MMR) is 400 maternal deaths per one lakh live births, among which 11-17% of maternal deaths happen during delivery and between 50-71% deaths occur in postpartum period. In India, MMR is 300 maternal deaths per one lakh live births and in Karnataka it is 288 maternal deaths per one lakh live births. Global Infant Mortality Rate (IMR) for 2007 is about 47 per thousand live births and in India it is 54 per thousand live births. Maternal health status is considered as one of the key indicators of human development. Generally MMR and IMR strongly reflect the overall effectiveness of health care system.¹

As it is known that 'the test of any civilization is the measure of consideration and care which it gives to its weaker members'. For building a sound and healthy

nation, protecting the health of expectant mothers and her children is of prime importance.⁴ In this aspect, care of the mother and child occupies a paramount place in health service delivery system. The primary aim of safe motherhood is to achieve a healthy mother and a healthy baby at the end of pregnancy. This could be achieved only by taking preventive measures to combat future complications through regular antenatal checkups, deliveries under medical supervision, and proper postnatal health checkups.

Many programmes have been implemented and many more are on anvil. The conventional Maternal and Child Health (MCH) services were fragmented into antenatal, intranatal, postnatal and infant care etc, but, the present approach is to provide an integrated package of 'essential health care' also known as 'primary health care' which is based on the principles of equity, inter-sectorial co-ordination and community participation.¹

The National Family Welfare Programme moved from target based activity to client centred, demand driven, and quality service programme. The subcentres and primary health centres are geared up to fulfil the health aspirations of the people.⁵ Even after this paradigm shift in approach of the national family welfare programme to the Reproductive Child Health (RCH) programme, no significant reduction in MMR and IMR has occurred in India.⁶

The reasons could be non-utilization, underutilization of services by the people due to ignorance, illiteracy, social taboos, customs, lack of transport, hostile behaviour of health personnel etc.

The department of Community Medicine, J. N. Medical College, Belgaum has been catering various health services to rural communities through its Public-Private

Partnership by adopting three primary health centres in the surrounding rural area of Belgaum. So, present study has been undertaken to know the utilization pattern of antenatal, intranatal and postnatal services in rural area of Belgaum district, in order to know the factors influencing the utilization pattern and to take the corrective measures.

Objectives

1. To know the utilization pattern of antenatal, intranatal and postnatal health care services by mothers in rural area.
2. To know the factors influencing the utilization of antenatal, intranatal and postnatal health care services.

Review of literature

Historical prospective

The first reference to safe motherhood has been noted in Ayurveda, the ancient Indian Medical Science. Ayurveda describes the general management of pregnancy under ‘Garbhini Vyakaran’ in which rules concerning diet, activities, behaviour and mental activity were also laid down. Even 3000 years ago, Ayurveda had stressed the importance of safe motherhood. Its aim was to achieve excellence in formation of the foetus, its development without anomalies, a comfortable full term delivery and maintenance of the health of the mother.²

Care of mothers and children has been in existence from the beginning of the civilization. The great physicians of those times Charaka and Sushruta in India have described care of the mother and child, and also advocated sound principles of this care. The midwifery work was in the hands of trained women, who imparted advice on hygiene, diet and general care.

About the same time the Greek physicians promoted welfare of mothers and children. Trained midwives attended on mothers during childbirth in Persia, Egypt, Greece and Palestine.

The services for the mother and children received a real scientific approach in 17th century from the days of William Harvey (1578-1657) who is known as ‘father of midwifery.’⁷

Milestones in maternal and child health and family welfare programme

In the late 19th century first effort was made to improve MCH services in India through establishment of training for Dias in Amritsar in 1880. Later in 1902, first midwifery act was enacted to promote safe delivery.⁸ In 1931, the entire work of MCH was coordinated by establishing a maternal and child welfare bureau under the Indian Red Cross Society. The government of Madras was the first state government to setup a special section of maternal welfare in 1931. In 1946, Bhore committee in its recommendation gave high priority to MCH services and for developing them as an integral part of general health service.⁹

After the independence, India became the first country in the world to formulate a demographic goal and to launch a government sponsored family planning programme during the first five year plan (1951-56).

During the second five year plan (1956-61) the service approach was introduced and in the third five year plan (1961-66) the approach was changed to extensive education. In the subsequent five year plans Intrauterine Devices (IUDs) were included in the programme and more emphasis was placed on MCH, by renaming the Family Planning programme as 'Family Welfare programme' in 1977.

The components of Family Welfare programme were

- 1.MCH services
- 2.Family Planning services
- 3.Immunisation services
- 4.Nutrition
- 5.Health education ¹⁰

In the 7th five year plan, various national programmes like, Universal Immunisation Programme, Oral Rehydration Therapy programme and many others were also started. The objectives of all these programmes were convergent and aimed at improving the health of the mothers and the young children and to provide them facilities for prevention and treatment of major diseases. As the various programmes were vertically run, this resulted in various administrative problems and also adversely affected the outcome. Therefore, during 8th five year plan, these programmes were integrated under Child Survival and Safe motherhood programme which was implemented from April 1992.

During the 9th five year plan the programme was renamed with additional inputs as Reproductive and Child Health Programme. The RCH Programme incorporates the components covered under the Child Survival and Safe Motherhood Programme and includes an additional component relating to reproductive tract infections and sexually transmitted infections.¹¹

Initially, the RCH programme was designed as a five year project and should have ended by March 2002. But it has been extended up to March 2005 that is up to the launching of RCH- II. The vision of RCH – II is to bring about outcomes as envisioned in the Millennium development goals.¹⁰

The need for bringing down maternal mortality rate significantly and improving maternal health in general has been strongly stressed in the National Population Policy 2000. This policy recommends a holistic strategy for bringing about total intersectoral coordination at the grass root level and involving the NGOs, Civil Societies, Panchayati raj institutions and Women's Group in bringing down Maternal Mortality Rate and Infant Mortality Rate.¹⁰

Reduction of maternal mortality is an important goal. The Department of Family Welfare has taken several new initiatives during the Ninth Plan period, to make the programme broad based and client friendly. The focus was accordingly shifted from individualized vertical interventions to a more holistic and integrated approach giving more focused attention to the reproductive health care. The Maternal Health Programme which is a component of the Reproductive and Child Health Programme aims at reducing maternal mortality to less than 100 per lakh live birth by the 2010.

Antenatal care

Antenatal care (ANC) is pregnancy related health care provided by a doctor or a health worker in a medical facility or at home. Antenatal care monitors a pregnancy for signs of complications, detect and treat pre-existing and concurrent problems of pregnancy, provide advice and counselling on preventive care, diet during pregnancy, delivery care, postnatal care and related issues.

The number of antenatal checkups and timing of first check-up are important for health of mother and the outcome of pregnancy. Conventional recommendation of antenatal check-up after confirmation of pregnancy is once in a month during first seven months, then every two weeks until last month and weekly thereafter in the last month.¹² The RCH programme encourages early registration of each pregnancy, preferably by 12-16 weeks and recommends provision of at least 3 antenatal checkups for pregnant women.¹³

Effectiveness of antenatal check-ups in ensuring safe motherhood depends in part on the tests and measurements done and the advice given during check-ups. Following are the components of antenatal check-ups.

Components of antenatal check-ups¹²

Antenatal measurements/ tests

Weight measurement

Height measurement

Checking Blood pressure

Blood examination

Urine examination

Abdomen examination

Internal examination

Ultrasonography

Amniocentesis

Antenatal advice

Diet

Danger signs of pregnancy

Delivery care

Newborn care

Family planning

In India an important cause of death in infancy is neonatal tetanus, which is caused by *Clostridium tetani* infecting the umbilical cord stump. In order to prevent it tetanus toxoid immunisation for expectant mothers is included in antenatal care. According to the National Immunisation Schedule a pregnant woman should receive two doses of tetanus toxoid injection, the first when she is 16-20 weeks pregnant and second when she is 20-24 weeks pregnant.¹ Re-inoculation is recommended every three years. If two doses were received less than three years, single booster injection is recommended.¹²

Nutritional deficiencies are exacerbated during pregnancy because of additional nutrient requirements for foetal growth. Iron deficiency anaemia is the most common micronutrient deficiency during pregnancy. It is the major threat to the health and survival of infants because it contributes to low birth weight, lowered

resistance to infection, impaired cognitive development and adversely affects the health of the mother. So, to prevent nutritional anaemia provision of Iron and Folic acid (IFA) tablets to pregnant women has become integral part of RCH programme. The programme recommends pregnant women to consume 100 tablets of iron and folic acid during pregnancy.¹²

Utilization of antenatal services varies from state to state and village to village. A cross sectional study conducted in rural area of Aligarh in Uttar Pradesh in the year 2000 showed that, out of the total pregnancies only 57.2% were registered ANC cases, 78% at RHTC, 15% at CHC and remaining 6.8% by private practitioners. Among the registered cases only 15.2% were registered in the first trimester, 66.1% in second trimester, and 18.6% in third trimester. Only 62% of these registered cases had 3 or more ANC visits. 93.2% of the pregnant women were immunised with two doses or a booster dose of tetanus toxoid (TT). Majority 81.3 % of them received 1-50 IFA tablets, 51-100 IFA tablets were given to 16.9% of the antenatal cases and only 1.7% of mothers received more than 100 IFA tablets. General physical examination, urine examination and blood examination were done in about 80% of registered cases. The reasons, for non-availing of ANC services were lack of knowledge or ignorance (11.4%), objection from family members (36.4%) and socio- cultural taboos (52.3%).⁶

A study done in 7 districts of Madhya Pradesh in the year 1999 revealed that 46.7% of the mothers had three or more antenatal visits. Injection TT, two doses or a booster dose was given to 77.6% of the mothers. Full ANC package was availed by 41.9% of the mothers. Only 34.3% of the illiterate mothers received full ANC whereas 54.3% of the graduate mothers had full ANC.¹⁴

In a study conducted in Thiruvananthapuram district in the year 2000-01, it was found that, 42.2% of the pregnant women registered early (within first trimester). 80% of the pregnant women paid three or more antenatal visits. Weight and height were measured in 74.77% and 14.25% of the pregnant women respectively. Blood pressure was recorded in 94.16% of the antenatal cases and haemoglobin was estimated in 95.33% of the pregnant women. Antenatal advice regarding diet was given to 51.3% of the pregnant women and only 2.3% of them received family planning advice during the antenatal period. Advice on rest, exercise and sleep was given to negligible number of women.¹⁵

In another study undertaken in 27 slums of Davangere city, showed that 50.6% of the mothers received three or more antenatal visits. 55.6% of the mothers below the age of 18 years and all the mothers above the age of 35 years did not receive antenatal care.¹⁶

A study conducted in urban health centre (UHC) of Kolkata, revealed antenatal registration was 100% of which 58% mothers registered early within 16 weeks. ANC card was issued to 97% of the mothers. Three or more antenatal visits were paid by 93% of the mothers. All the mothers were immunised with tetanus toxoid injections. 92% of the mothers received 100 IFA tablets. Full pregnancy care (ANC card, 3 antenatal check-ups, 100 IFA, Injection TT 2nd or booster dose and routine investigation) was given to 86% of the mothers.¹⁷

In a study conducted in Rewa municipal area of Madhya Pradesh showed that, out of total deliveries, 91.5% were registered in antenatal period. Out of which, 61% were registered in first trimester, 25.8% in IInd trimester and 5.6% cases registered in

At least a single dose of TT injection was administered to 86.9% of the mothers. Blood pressure was recorded in 78.9% of the antenatal cases. Only 40.7% of mothers consumed 100 IFA tablets. Full ANC was availed by 37.7% of the mothers.²⁰

A study conducted in Shindolli village of Belgaum district revealed that, majority (56.93%) of the pregnant women had registered in second trimester, 30% in first trimester, 5.38% pregnant women registered in last trimester, 7.9% were unregistered antenatal cases. Three or more antenatal visits were made by 78.23% of the pregnant women. 8.06% of the women were not immunised with TT injection. 59.68% of the pregnant women consumed IFA tablets. Reasons for not consuming IFA tablets were side effects like vomiting, diarrhoea, gastritis in 52 %, no antenatal care in 20%, other reasons were it causes body heat(8%), foetus will grow big(6%), bitter to taste(6%) and causes headache (6%). Full ANC was received by 39.52 % of the pregnant women.²¹

Intranatal Care

The Reproductive and Child Health Programme encourages deliveries under proper hygienic conditions.

- The 5 cleans to be practiced during delivery are as follows;
 1. Clean surface
 2. Clean hand
 3. Clean cloth
 4. Clean blade
 5. Clean cord and tie
- All the deliveries must be conducted by trained personnel.
- Promotion of institutional deliveries
- Identification of complications and referral.¹³

In a study conducted in 90 districts of India in the year 1999, it was found that, out of 19,000 mothers 41% had institutional delivery and 51.7% delivered at home. Only 22.4% of illiterate women preferred hospital delivery, whereas 64.6% of literate women delivered in hospital.²²

A study conducted in Birbhum district of West Bengal, revealed that, out of the total deliveries in a year, 51.88% took place in government health facilities , 9.69% in private hospitals, 37.81% delivered at home and 0.62% delivered on transit. Skilled health personnel conducted deliveries in 75% of the cases, among them government doctors conducted 25.94% of deliveries, 27.81% of deliveries were conducted by ANM, 13.76% by trained TBA and 7.50% by private doctors. Friends and relatives conducted 2.18% of deliveries and 1.25% of deliveries were conducted by unqualified practitioners.²³

In another study done in Rewa Municipal area of Madhya Pradesh, showed that, 85% of the women had institutional deliveries and 14.89% of the total deliveries took place at home. Women having family income above Rs.8000/month delivered in private hospitals, those with family income between Rs.4000- 8000/month preferred government hospitals for delivery and home deliveries were seen in mothers with family income below Rs.4000/month.¹⁸

A study undertaken in urban health centre of Kolkata revealed that, all the deliveries were conducted by skilled health personnel. 93% of the mothers had institutional deliveries.¹⁷

In a study done in Balmiki Basti , a slum in New Delhi in the year 2004, showed that 95.1% of mothers had normal vaginal delivery and 4.8% delivered by cesarean section. Of the total deliveries, 68.2% were conducted by a doctor or nurse. 66.6% of

the home deliveries were attended by trained dais. Mothers availing antenatal care preferred dais to a lesser extent (13.1%) than those having no antenatal care (66%).²⁴

In a study conducted in rural area of Chandigarh during the year 2004, it was found that, of the total deliveries 58.3% were assisted by TBA at home, 41.7% of mothers delivered at hospital. 13.4% of mothers had delivered low birth weight babies.²⁵

A cross-sectional study carried out in Haldwani of Nainital district, Uttaranchal during the year 2005, revealed that, out of the total deliveries in a year, 51.45% were home deliveries and 48.55% were institutional deliveries. 82.36% of mothers from upper socio-economic status delivered in a hospital, whereas only 57.83% of mothers belonging to lower socioeconomic status had institutional delivery.²⁶

According to DLHS-3 conducted in the year 2007-08, in Karnataka, out of the total deliveries in a year, 65.1% took place in an institution, 34.1% at home. Among the home deliveries 19.1% were conducted by skilled health personnel. Safe deliveries (Either institutional delivery or home delivery attended by skilled health personnel (Doctor/ ANM/Nurse/midwife/LHV/Other health personnel). accounted for 71.5% of the total deliveries.²⁰

In a longitudinal study conducted at Shindolli village in Belgaum district, it was found that, out of the total pregnant women, 88.80% had normal vaginal delivery, 11.20% delivered by cesarean section. 84.2% were full term live births, 8% preterm, 4% still births and 4% early neonatal deaths. 55.2% were institutional deliveries, 44.8% of deliveries took place at home. Majority 55.2% of deliveries were conducted by doctors, 14.4% by local practitioners at home, 16.8% by trained dais and ANM and 13.6% of the deliveries were assisted by untrained dais and family members.²⁷

Postnatal Care

The health of a mother and her newborn child depends not only on the health care she receives during her pregnancy and delivery, but also on the care she and the infant receive during the first few weeks after delivery. The Reproductive and Child Health Programme recommends three postpartum visits within the first 2 months after delivery.¹²

Health education in the postnatal period must include.²⁸

- Dietary advice, to take extra food
- IFA tablets intake for 6 months
- Abstinence for 6 weeks
- Family planning advice
- Exclusive breast feeding
- Child care

In a study conducted in rural area of Kathmandu district, in Nepal in 2006, showed that, utilization of postnatal care was 34% within 42 days after delivery, and 19% within 48 hours. Women had postnatal care from a doctor in 65% cases, by a nurse in 20% cases and by other health workers in 16% of the cases. Majority of women 78% had received their postnatal care in hospital.²⁹

In a study in 3 urban and 6 rural primary health care units of Lucknow district, revealed that 18.5% of urban mothers and 22.2% of urban newborns were examined in postnatal period. Advice regarding breast feeding was given to 40% of mothers in rural area. Postnatal advice on diet and family planning was given to 33.8% and 58.1% of mothers respectively.³⁰

A study done in ten subcentres of Rohtak district showed that, only 4.4% of the mothers received 3 postnatal visits in the first two months after delivery.⁵ In another study conducted in slums of Davangere city, it was found that 35.9% of the mothers had utilized antenatal, intranatal and postnatal health care services completely. One postnatal visit within the two months after delivery was received by 64.7% of the mothers.¹⁶ A study conducted in urban health centre (UHC) of Kolkata, revealed that 76% of the mothers had received postnatal visits.¹⁷

In a study done in a slum of New Delhi, during the year 2004 showed, 16% of mothers received postnatal care. Breast feeding was initiated within 24 hours of delivery by 69.5% of the mothers.²⁴

In a study conducted in rural area of Mysore district, it was found that 62.97% of the mothers had 3-6 postnatal visits, 15.14% of mothers had less than three postnatal visits and 21.89% did not have any postnatal check-up. Reasons for not utilizing postnatal services were lack of knowledge (43.5%), no time to visit health centre (29.19%) and felt not necessary (27.01%).³¹ According to DLHS 3, in Belgaum 64.6% mothers had received postnatal care within two days of delivery²⁰.

Materials and methods

Study area

The present study was conducted in Handignur Primary Health Centre (PHC), a rural field practice area of department of Community Medicine, J.N. Medical College, Belgaum. Handignur PHC with a total population of 24,786 is situated about 15 km from Belgaum towards north east.

Handignur PHC has four subcentres covering 16 villages. All the 16 villages were included in the study. There are 8 BHMS doctors, 3 BAMS doctors, 4 RMP and 1 MBBS doctor in the PHC area. All the 22 traditional birth attendants in the study area are trained.

Study design:

It is a community based cross- sectional study.

Study period:

The present study was conducted for a period of one year from January 2008 to December 2008.

Study participants:

All married women residing in these sixteen villages of Handignur PHC area, who had delivered during June 2007 to May 2008.

Sample size:

All married women in these sixteen villages, who had delivered during the one year period from June 2007 to May 2008, were included in the study. Most of the rural women visit their parent's place for delivery, hence women who had delivered six months before

data collection period were enrolled in the study. A total of 497 women delivered during June 2007- May 2008.

Inclusion criteria:

1. Married women who delivered during June 2007 to May 2008.
2. Women who are residing in primary health centre area since one year.

Exclusion criteria

1. Unmarried women
2. Women who had come to their parent's place in these 16 villages for delivery.

Method of data collection

A list of women, who had delivered during the reference period, according to the villages was prepared with the information obtained from ANM and local Anganwadi worker. Each of the women was visited at her house after two months of delivery. After taking her informed consent, data was collected according to predesigned and pretested questionnaire which included information on antenatal care, intranatal care, postnatal visits and advice received, along with sociodemographic variables.

Statistical analysis:

Data was analyzed by obtaining rates and proportions. Chi-square test was used to find the significance. This whole analysis was done using SPSS version 11 software.

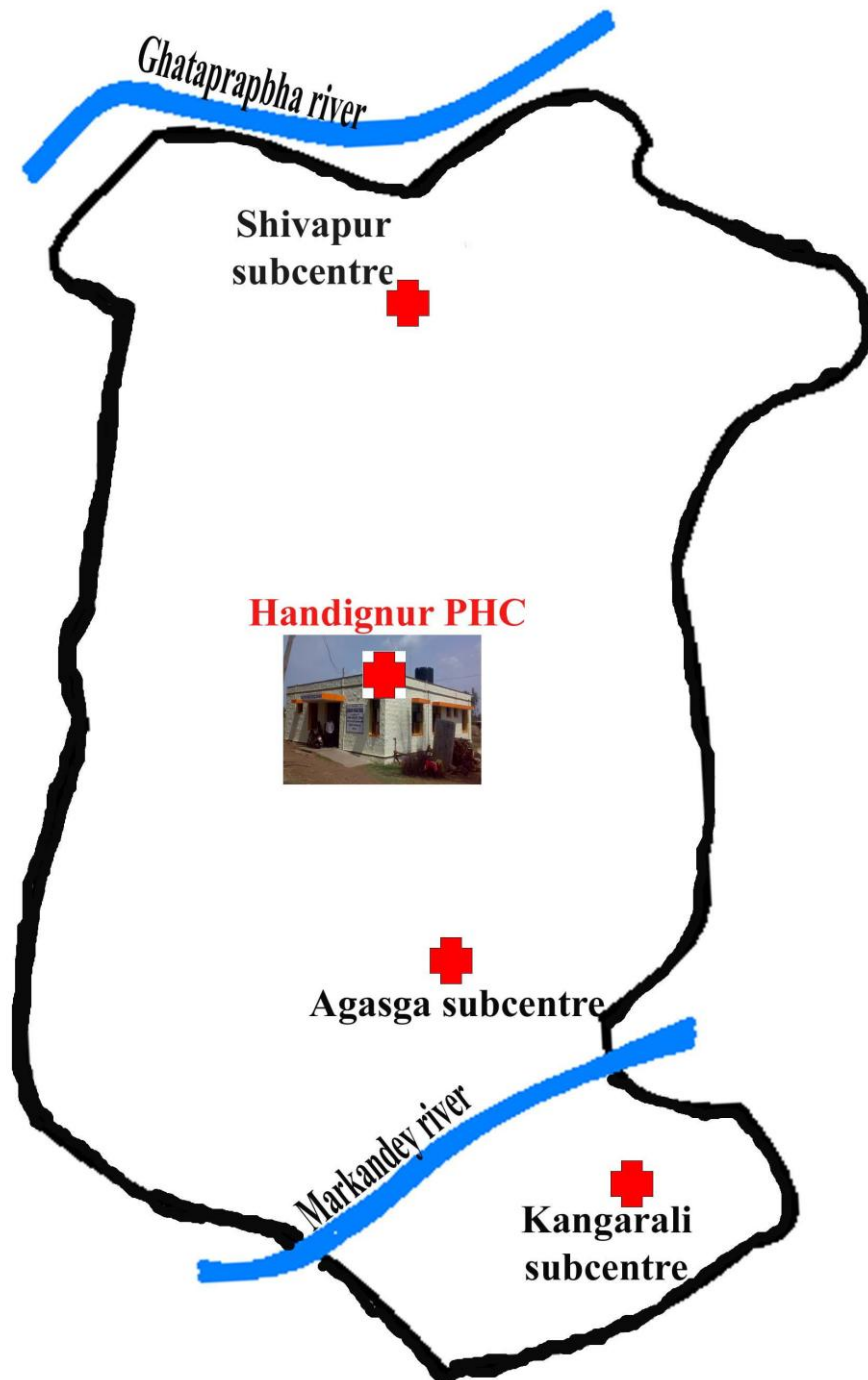


Fig 2. Map of study area (Handignur PHC)

Fig 3. View of Primary Health Centre - Handignur



Fig 4. Interviewing the mother



Definition of variables

Age: Age was recorded to the nearest completed years

Literacy status

- Illiterate - A person aged more than 7 years who cannot read and write.
- Primary school – Person who has studied from 1st to 4th standard.
- Middle school – Person who has studied from 5th to 7th standard.
- High school – Person who has studied 8th to 10th standard.
- College - Person who has studied Pre-university / Diploma / degree courses.

Type of family

- **Nuclear family:** The family consisting of married couples and their children
- **Joint family:** It consists of number of married couples and their children who live in the same household sharing a common kitchen
- **Three generation family:** It consists of three generation elated to each other by direct descent, living together.

Socio-economic status:

Information regarding per capita income (in Rupees / month) was collected and socio-economic status was classified using Modified B G Prasad's classification for the

study period (2008-09) and it was calculated by Multiplication factor (2008-09) with 1961 Prasad's classification values.³²

Social-economic class.	Prasad's classification 1961 (per capita income in Rs/month)	Modified Prasad's classification In study period 2008-09 (per capita income in Rs/month)
I	100 and above	2166 and above.
II	50—99	1083 – 2165
III	30-49	650 – 1082
IV	15-29	325 – 649
V	<15	below 325

Average consumer price index³³ for year 2008 - 09 = 439.33

Full antenatal care: It is considered when pregnant woman receives at least three antenatal check-up visits, one TT injection and consumes 100 or more IFA tablets.²⁰

Deliveries by skilled health personnel: These are either institutional or home deliveries assisted by Doctor/ ANM /Nurse /midwife /LHV /Trained TBA /Other health personnel.

Preterm: delivery before the end of 37 weeks of gestation (less than 259 days)

Full term: Delivery from 37 completed weeks to less than 42 completed weeks (259 to 293 days) of gestation.

Post term: Delivery at 42 completed weeks or any time there after (294 days and over) of gestation.

Low birth weight: Birth weight of less than 2.5 kg regardless of gestational age.

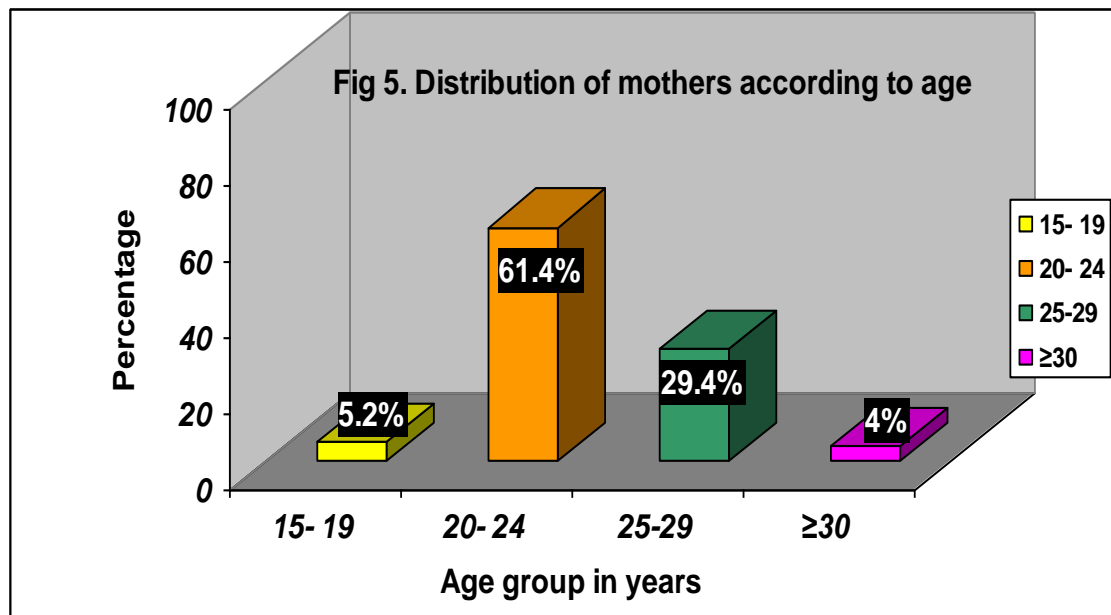
Exclusive breast feeding (EBF): According to World Health Organization is defined as the practice of feeding only breast milk (including expressed breast milk) and allows baby to receive vitamins, minerals or medicine. Water, breast milk substitutes, other liquids and solid foods are excluded.³⁴

Results

The present study is a cross sectional study undertaken in the primary health centre area of Handignur, rural field practice area of department of community medicine, J.N. Medical college Belgaum. The study participants were married women who delivered during June 2007 to May 2008. The results and observations are as follows.

Table 1: Distribution of mothers according to age

Age(years)	Number	Percentage
15- 19	26	05.2
20- 24	305	61.4
25-29	146	29.4
≥30	20	04.0
Total	497	100.0



In the present study, mean age of the mothers is 23.3 ± 3.14 years. Out of 497 mothers, majority 305 (61.4%) mothers belonged to 20-24 years of age group.

Table 2: Distribution of mothers according to religion

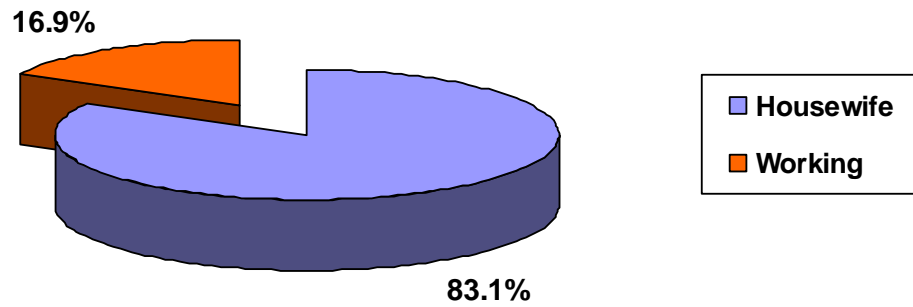
Religion	Number	Percentage
Hindu	492	99
Muslim	05	01
Total	497	100

In our study, 492 (99%) of mothers were Hindus.

Table 3: Distribution of mothers according to occupation

Occupation	Number	Percentage
Housewife	413	83.1
Working	84	16.9
Total	497	100

Fig 6. Distribution of mothers according to occupation



In our study, majority 413 (83.1%) of mothers were housewives.

Table 4. Distribution of mothers according to type of family

Type of family	Number	Percentage
Nuclear	107	21.5
Joint	355	71.4
Three generation	35	07.1
Total	497	100

In our study, 355 (71.4%) mothers lived in joint family

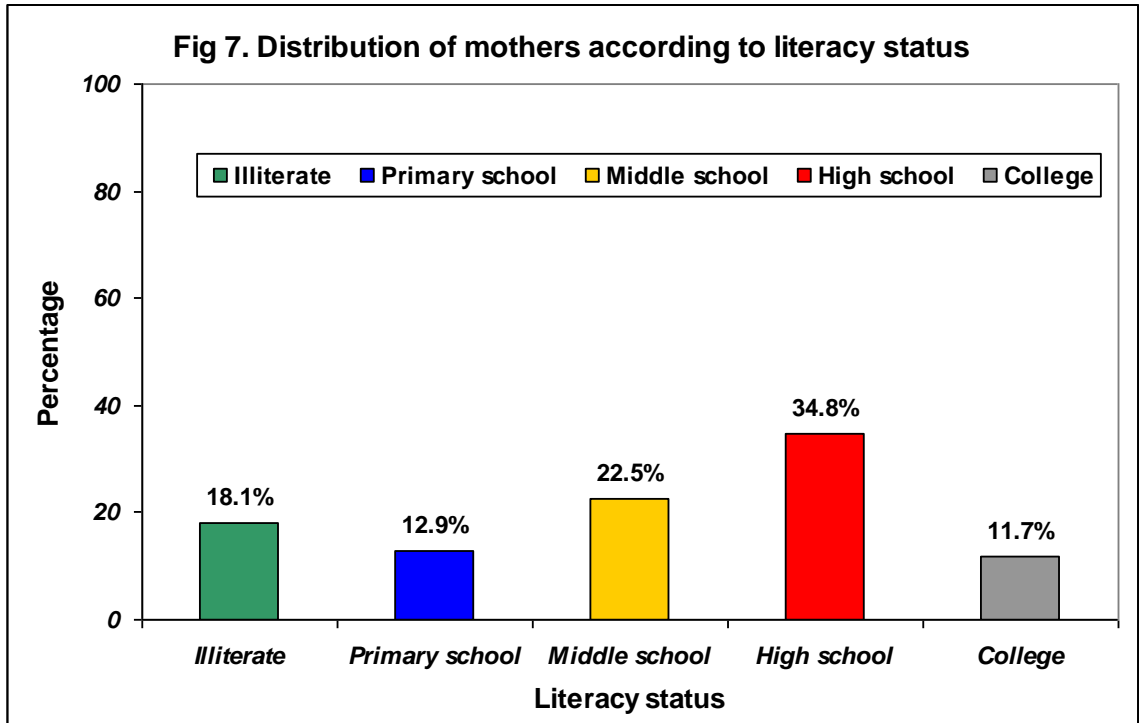
Table 5. Distribution of mothers according to socioeconomic status.

Socioeconomic status- class	Number	Percentage
I	10	2.0
II	39	7.8
III	138	27.8
IV	242	48.7
V	68	13.7
Total	497	100

In our study, most 242 (48.7%) of mothers belonged to class IV socioeconomic status according to modified BG Prasad's classification.

Table 6. Literacy status of mother and husband

Literacy status	Mother		Father	
	Number	%	Number	%
Illiterate	90	18.1	44	8.9
Primary school	64	12.9	23	4.6
Middle school	112	22.5	109	21.9
High school	173	34.8	193	38.8
College	58	11.7	128	25.8
Total	497	100	497	100



In the present study, 90 (18.1%) mothers were illiterate and 173 (34.8%) were educated up to high school level. Majority of the husbands 193 (38.8%) were educated up to high school level and 44 (8.9%) were illiterate.

Table 7. Distribution of mothers according to subcentre

Subcentre	Number	Percentage
Kangarali	226	45.5
Agasga	101	20.3
Handignur	87	17.5
Shivapur	83	16.7
Total	497	100

In our study, out of 497 mothers, 226 (45.5%) were from subcentre Kangarali

Table 8. Distribution of mothers according to age at marriage

Age at marriage	Number	Percentage
<18 years	109	21.9
≥ 18 years	338	78.1
Total	497	100

In the present study, it is observed that mean age at marriage was 18.8 ± 1.89 years. Out of 497, 109 (21.9%) mothers were married before the legal age of 18 years.

Table 9. Distribution of mothers according to age at first pregnancy

Age at first Pregnancy (years)	Number	Percentage
15-19	173	34.8
20-24	296	59.6
25-30	28	05.6
Total	497	100

The mean age at first pregnancy of the participants was 20.3 ± 2.08 years. Majority 296

(59.6%) mothers had their first pregnancy between 20-24 years of age and 178 (34.8%) were first time pregnant in their teenage (15-19years).

Table 10. Distribution of mothers according to parity

Parity	Number	Percentage
1	197	39.6
2	199	40.1
3	75	15.1
4	21	04.2
5	5	01.0
Total	497	100

In our study majority, 396 (79.7%) of mothers had 1-2 deliveries after viability period and 5 (1%) were grand multiparous.

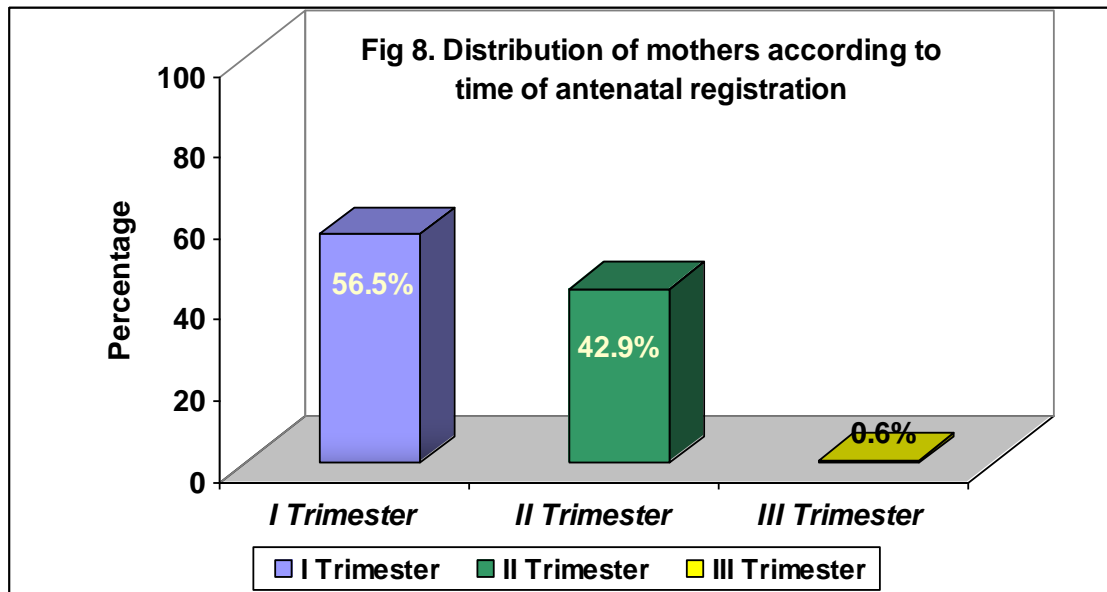
Table 11. Distribution of mothers according to number of living children

Number of Living children	Number	Percentage
0	03	0.6
1	210	42.3
2	193	38.8
3	72	14.5
4	18	3.6
5	01	0.2
Total	497	100

In the present study, majority 403 (81.1%) of mothers had one or two living children.

Table 12. Distribution of mothers according to the time of antenatal registration

Time of registration	Number	Percentage
I Trimester	281	56.5
II Trimester	213	42.9
III Trimester	03	0.6
Total	497	100



In the present study, majority of mothers 281 (56.5%) registered their pregnancy in the first trimester.

Table 13. Distribution of mothers according to place of antenatal registration

Place of registration	Number	Percentage
Subcentre	71	14.3
PHC	63	12.7
District hospital	106	21.3
Private	195	39.2
KLES Hospital	52	10.5
Others*	10	2.0
Total	497	100

(* ESI, Military Hospital, Anganwadi centre)

In the present study out of 497 mothers, 214 (48.3%) were registered at a government health facility.

Table 14. Distribution of mothers according to place of antenatal visits

Place of antenatal visit	Number	Percentage
Subcentre	17	3.4
PHC	34	6.8
District hospital	100	20.1
Private hospital	163	32.9
More than one Govt. health centre	32	6.4
Both Govt. & Private Hospital	103	20.7
KLES Hospital	42	8.5
Others*	6	1.2
Total	497	100

(* ESI & military hospital)

In our study, 205 (41.4%) mothers had their antenatal checkups in a private hospital (including KLES Hospital), 183 (36.7%) in government health centre and 103 (20.7%) in both government and private hospitals.

Table 15. Distribution of mothers according to number of antenatal visits and number of tetanus toxoid injections received.

Number of antenatal visits	Number	Percentage
1	05	01.0
2	79	15.9
≥3	413	83.1
Total	497	100
Number of TT injections received		
Single dose as booster	44	08.9
2	453	91.1
Total	497	100

In our study, majority 413 (83.1%) mothers had three or more antenatal visits.

All the mothers were immunized with 2 or booster dose of injection TT.

Table 16. Distribution of mothers according to consumption of IFA tablets

Number of IFA tablets Consumed	Number	Percentage
≥100	326	65.6
60-100	52	10.5
30-60	99	19.9
<30	17	3.4
Nil	3	0.6
Total	497	100

In our present study, majority 326 (65.6%) mothers had taken 100 or more IFA tablets.

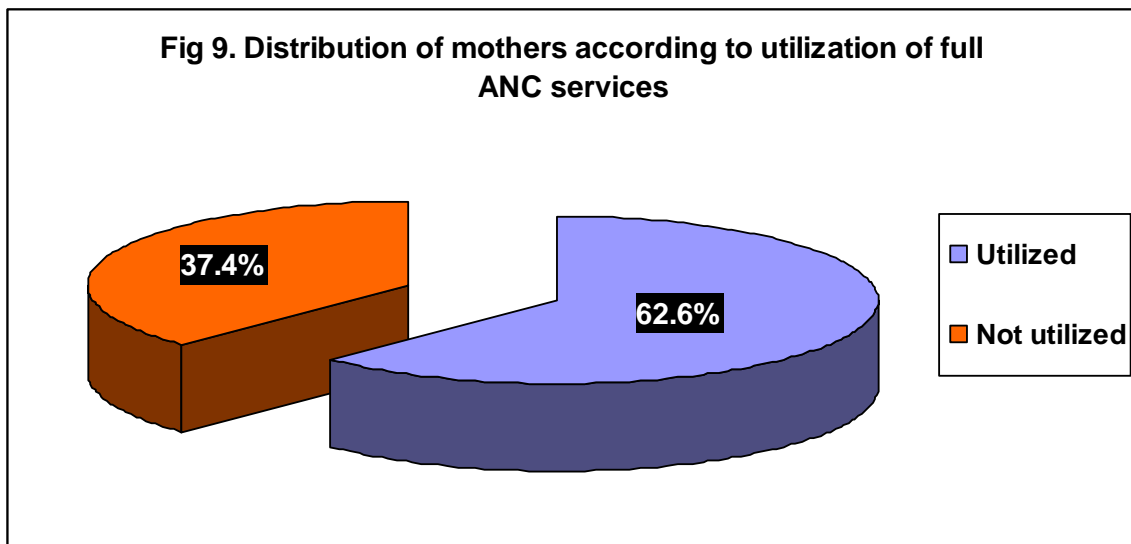
Table 17. Reasons for partial or Non-consumption of IFA tablets

Reasons	Number	Percentage
Received less tablets	20	11.7
Side effects	77	45
Objection from family members	36	21.1
Others	38	22.2
Total	171	100

In our study, the prime reason for partial or non consumption of IFA tablets was side effects of tablets in 77 (45%) mothers.

Table 18. Distribution of mothers according to utilization of full antenatal care

Full antenatal care	Number	Percentage
Utilized	311	62.6
Not utilized	186	37.4
Total	497	100



In our study, 311 (62.6%) mothers had utilized full antenatal care during pregnancy.

Table19. Distribution of mothers according to details of antenatal checkup

Measurements/ Tests	Done		Not done		Total	
	No.	%	No.	%	No.	%
Weight	495	99.6	02	0.4	497	100
Height	472	95.0	25	5.0	497	100
Blood pressure	497	100.0	00	0.0	497	100
Hb test	496	99.8	01	0.2	497	100
Urine test	497	100.0	00	0.0	497	100
Abdominal exam	493	99.2	04	0.8	497	100

Weight and height were measured in 495 (99.6%) and 472 (95%) mothers respectively. Blood pressure recording and urine test was done for all the mothers. Hemoglobin estimation and abdominal examination was done for 496 (99.8%) and 493 (99.2%) mothers respectively.

Table20. Distribution of mothers according to advice received during antenatal checkup

Advice	Received		Not received		Total	
	No.	%	No.	%	No.	%
Diet	473	95.2	24	4.8	497	100
Danger signs	427	85.9	70	14.1	497	100
Intranatal care	392	78.9	105	21.1	497	100
Newborn care	315	63.4	182	36.6	497	100
Family planning	256	51.5	241	48.5	497	100

In our study, dietary advice was given to 473 (95.2%) mothers and family planning advice to 256 (51.5%) mothers.

Table 21. Distribution of mothers according to type of antenatal complication

Antenatal complications	Number	Percentage
Nil	470	94.6
Raised BP	8	1.6
Foot swelling	3	0.6
Vaginal bleeding	3	0.6
Mal-presentation	3	0.6
More than one complications	2	0.4
Others*	8	1.6
Total	497	100

(*severe anaemia, polyhydromnia)

In our study, majority 470 (94 %) mothers had no antenatal complications and 27 (5.4%) mothers gave history of antenatal complication.

Table 22. Distribution of mothers according to referral services during antenatal period

Referral	Number	Percentage
Referred	08	01.6
Not referred	489	98.4
Total	497	100

In the present study, 8 (1.6%) mothers were referred to KLES hospital.

Table23. Distribution of mothers according to gestational age at delivery

Gestational age	Number	Percentage
Preterm	051	10.3
Full term	445	89.5
Post term	01	0.2
Total	497	100

In our present study, 45 (89.5%) mothers had full term delivery.

Table24. Distribution of mothers according to mode of delivery

Mode of delivery	Number	Percentage
Normal	431	86.7
Instrumental	03	0.6
Cesarean section	63	12.7
Total	497	100

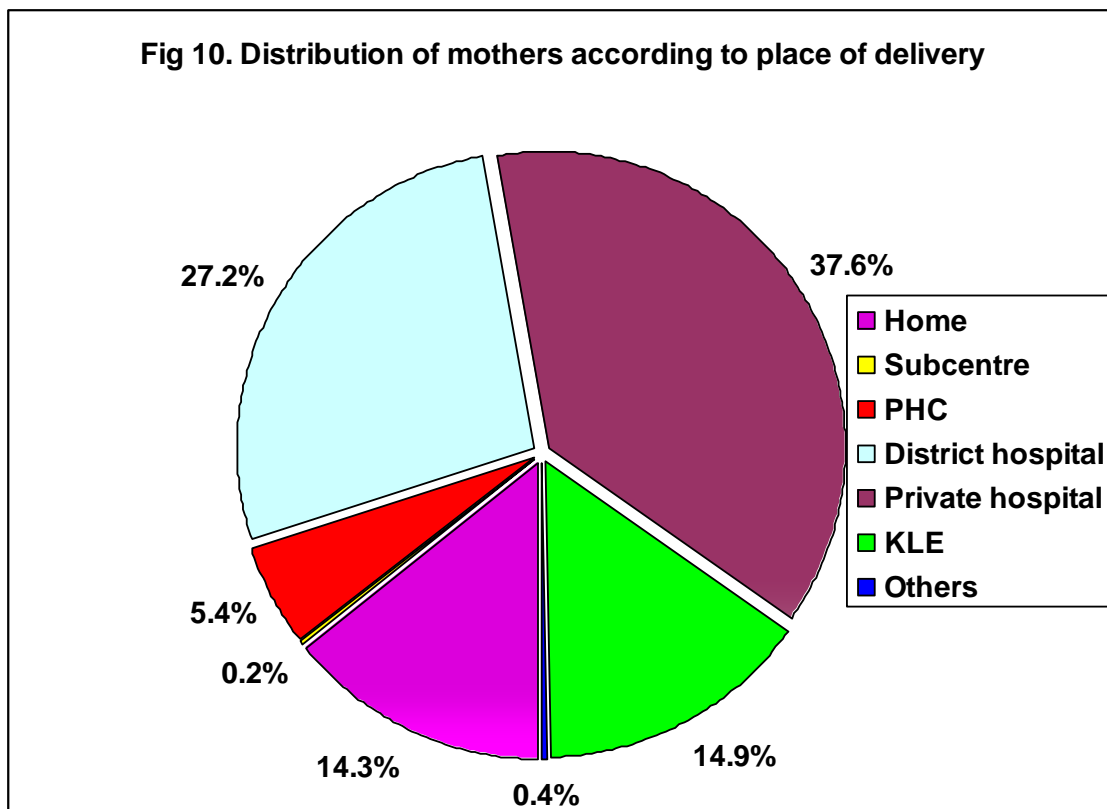
In the present study, 43 (86.7%) mothers had normal vaginal delivery and 63 (12.7%) mothers delivered by cesarean section.

Table25. Distribution of mothers according to place of delivery

Place of delivery	Number	Percentage
Home	71	14.3
Subcentre	01	0.2
PHC	27	5.4
District hospital	135	27.2
Private hospital	187	37.6
KLES Hospital	74	14.9
Others*	02	0.4
Total	497	100

(* during transit)

Fig 10. Distribution of mothers according to place of delivery

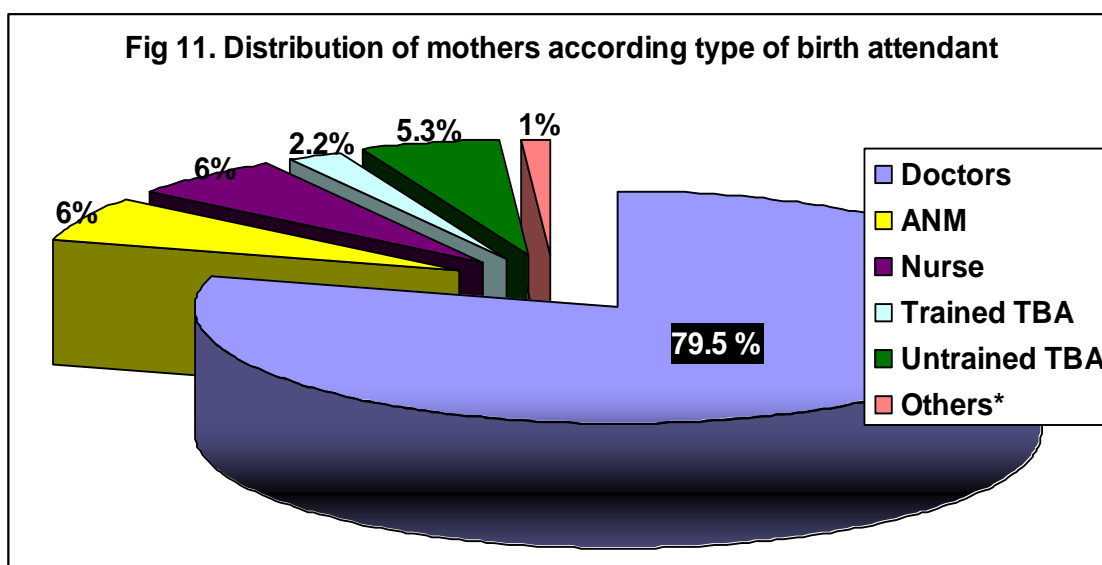


In our present study, 28 (5.6%) mothers delivered in subcentre/ PHC, 135 (27.2%) in district hospital and 71 (14.3%) at home.

Table26. Distribution of mothers according to type of birth attendants

Birth attendants	Number	Percentage
Doctors	395	79.6
ANM	30	6.0
Nurse	30	6.0
Trained TBA	11	2.2
Untrained TBA	26	5.2
Others*	05	1.0
Total	497	100

(*relatives, neighbours)



In our study, 395 (79.6%) deliveries were conducted by doctors and 26 (5.2%) were assisted by untrained TBA.

Table27. Distribution of mothers according to intranatal complications

Intranatal complication	Number	Percentage
Nil	483	97.2
Prolonged labour	05	1.0
Fetal distress	05	1.0
Premature rupture of membranes	03	0.6
Others	01	0.2
Total	497	100

In our study, only 14 (2.8%) women gave history of intranatal complications.

Table28. Distribution of mothers according to pregnancy outcome

Pregnancy outcome	Number	Percentage
Live birth	494	99.4
Still birth	03	0.6
Total	497	100

In our study, 494 (99.4%) mothers had live births and 3 (0.6%) had still birth.

Table29. Distribution of newborns according to sex and birth weight

Sex of newborn	Number	Percentage
Male	252	50.7
Female	245	49.3
Total	497	100
Birth weight		
Recorded	427	85.9
Not recorded	70	14.1
Total	497	100
Birth weight		
LBW	85	19.9
Normal weight	342	80.1
Total	427	100

In the present study, 252 (50.7%) newborns were male and 245 (49.3%) newborns were female. Birth weight was recorded for 427 (85.9%) newborns, of which 85 (19.9%) newborns had low birth weight.

Table30. Distribution of mothers according to number of postnatal visits & persons consulted

No. of postnatal visits	Number	Percentage
Nil	232	46.7
1	206	41.4
2	47	9.5
3	12	2.4
Total	497	100
Persons consulted		
ANM	144	54.3
Nurse	04	01.5
Doctor	117	44.2
Total	265	100

In our study, 206 (41.4%) mothers had one, 12 (2.4%) had 3, while 232 (46.7%) had no postnatal visits. Out of 265 mothers who had postnatal visits, 144 (54.3%) had postnatal checkups from ANM and 117 (44.2%) by doctors.

Table 31. Reasons for not utilising postnatal care

Reasons for not utilising postnatal care	Number	Percentage
Lack of knowledge	218	93.9
Not accessible	08	3.5
Objection from family members	05	2.2
Not necessary	01	0.4
Total	232	100

In our study, lack of knowledge was the major reason for not utilising postnatal care in 218 (93.9%) mothers.

Table 32. Distribution of mothers according to postnatal complication and the place of treatment

Postnatal complication	Number	Percentage
Nil	470	94.6
Mastitis	15	3.0
UTI	12	2.4
Total	497	100
Place of treatment		
PHC	01	03.7
District Hospital	07	26.0
Private hospital	11	40.7
KLES Hospital	04	14.8
Others	02	07.4
Not taken treatment	02	07.4
Total	27	100

In the present study, 27 (5.4%) mothers had postnatal complications, 15 (55.5%) of these women received treatment in private hospitals (including KLES) and 2 (7.4%) women didn't take treatment.

Table 33. Distribution of mothers according to postnatal advice received

Postnatal advice	Received		Not received		Total	
	No.	%	No.	%	No.	%
Diet	337	67.8	160	32.2	497	100
Exercise	59	11.9	438	88.1	497	100
EBF	413	83.6	81	16.4	494*	100
Care of newborn	374	75.7	120	24.3	494*	100
Immunization	416	84.2	78	15.8	494*	100
Family planning	316	63.6	181	36.4	497	100

(* 3 mothers who had stillbirth were excluded)

In the present study, postnatal dietary advice was given to 337 (67.8%) mothers and 316 (63.6%) mothers received family planning advice. Advice regarding exclusive breast feeding (EBF) and immunization of child was given to 413 (83.6%) and 416 (84.2%) mothers respectively. Only 59 (11.9%) mothers received advice on postnatal exercise.

There were 2 early neonatal deaths and 3 stillbirths among the study participants. Hence the total sample considered for child parameters was 492.

Table 34. Distribution of children according to colostrum feed, exclusive breast feeding & type of feeding practiced.

Colostrum feed	Number	Percentage
Given	454	92.3
Not given	38	7.7
Total	492	100
Exclusive breast feeding		
Practiced	347	70.5
Not practiced	145	29.5
Total	492	100
Type of breast feeding		
On demand	490	99.6
Timed	02	0.4
Total	492	100

In our study, 454 (92.3%) children were fed colostrum and 347 (70.5%) children were exclusively breast fed. On demand breast feeding was practiced for 490 (99.6%) children.

Table 35. Distribution of children according to immunisation status for the age

Immunisation status	Number	Percentage
Complete	393	79.9
Incomplete	99	20.1
Total	492	100

Out of 492 children immunisation for the age was complete for 393 (79.9%) children.

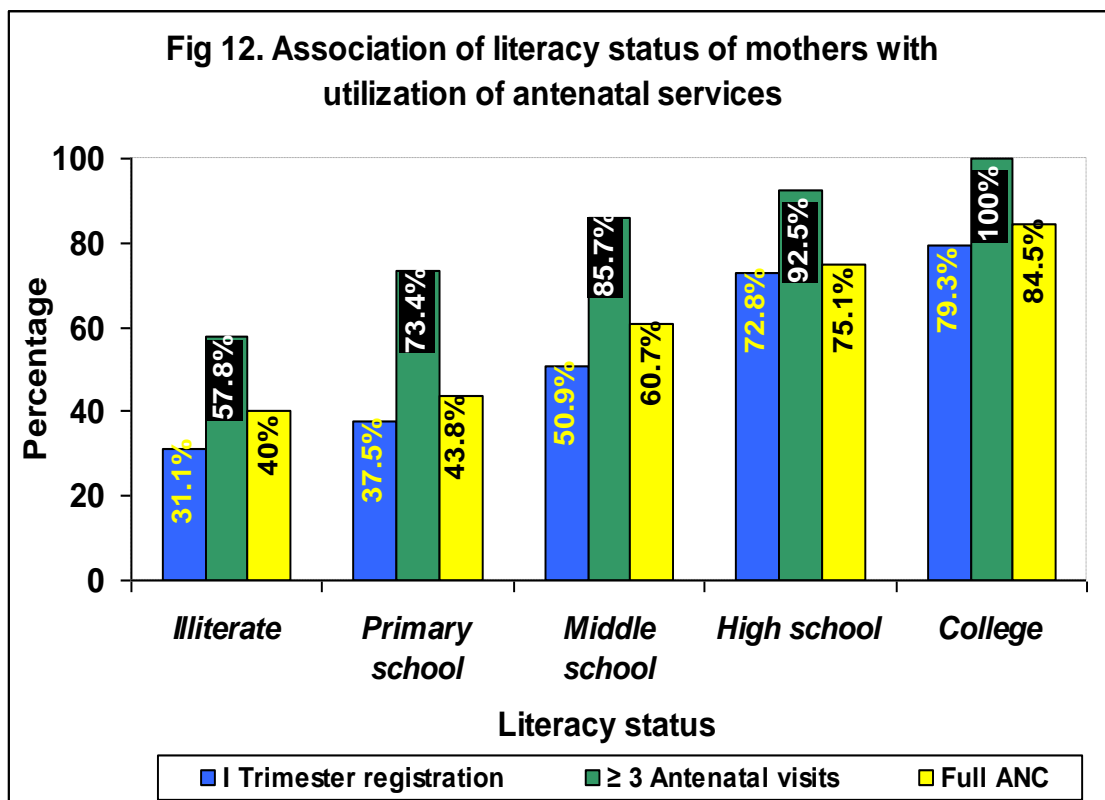


Table 36. Association of literacy status of mother with utilization of antenatal services

Literacy Status	Time of registration			No. of antenatal visits			Full ANC		
	I Trimester	II & III Trimester	Total	≥ 3	< 3	Total	Utilized	Not utilized	Total
Illiterate	28 (31.1)	62 (68.9)	90 (100)	52 (57.8)	38 (42.2)	90 (100)	36 (40)	54 (60)	90 (100)
Primary School	24 (37.5)	40 (62.5)	64 (100)	47 (73.4)	17 (26.6)	64 (100)	28 (43.8)	36 (56.2)	64 (100)
Middle School	57 (50.9)	55 (49.1)	112 (100)	96 (85.7)	16 (14.3)	112 (100)	68 (60.7)	44 (39.3)	112 (100)
High School	126 (72.8)	47 (27.2)	173 (100)	160 (92.5)	13 (7.5)	173 (100)	130 (75.1)	43 (24.9)	173 (100)
College	46 (79.3)	12 (20.7)	58 (100)	58 (100)	00 (0)	58 (100)	49 (84.5)	9 (15.5)	58 (100)
Total	281 (56.5)	216 (43.5)	497 (100)	413 (83.1)	84 (16.9)	497 (100)	31 (62.6)	186 (37.4)	497 (100)
	$\chi^2 = 64.64, df=4, p=0.000$			$\chi^2 = 68.34, df=4, p=0.000$			$\chi^2 = 52.994, df=4, p=0.000$		

(Figures in parenthesis indicate percentage)

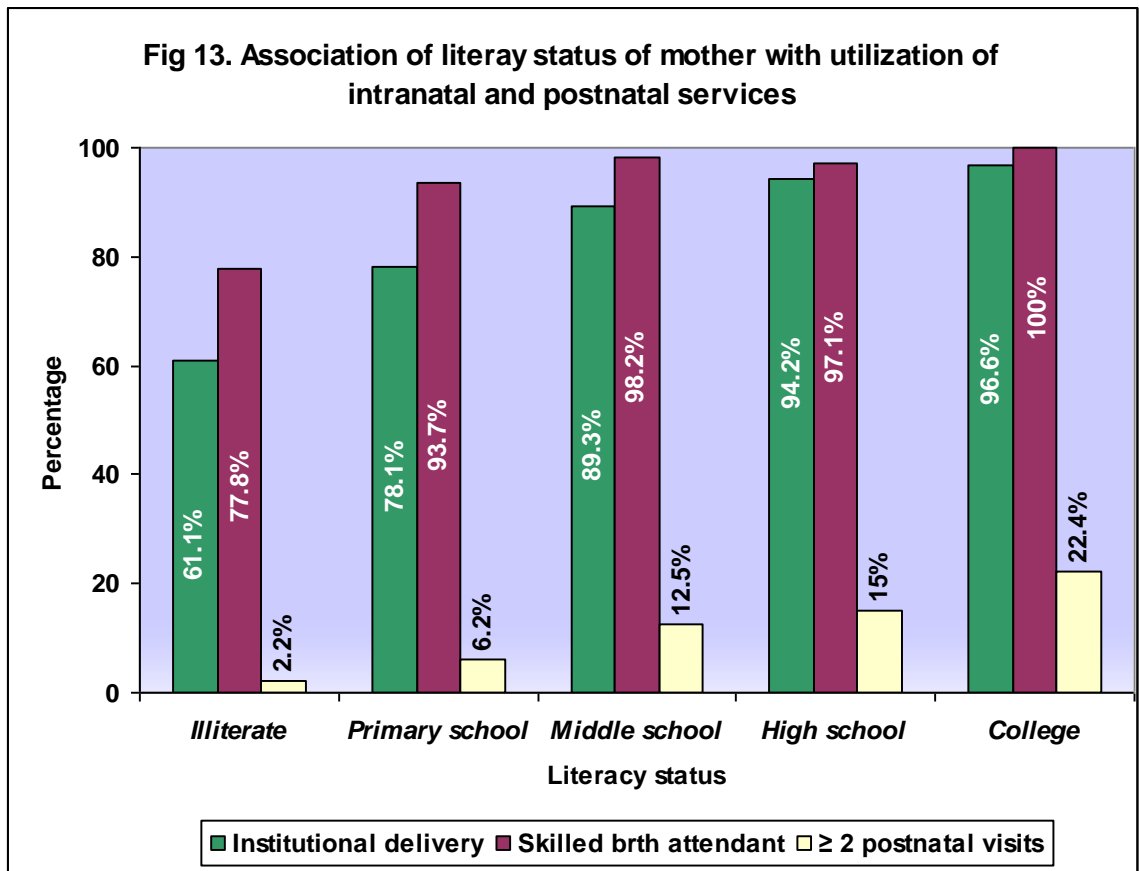
The study revealed that, percentage of mothers who registered in first trimester, who had three or more antenatal visit and who utilized full ANC increased gradually increased as the literacy status of the mother increased, it was 31.1%, 57.8% and 40% respectively among illiterate mothers and 79.3%, 100% and 84.5% respectively among

mothers who were educated up to college level. The association between literacy status and utilization of antenatal services was statistically significant.

Table 37. Association of literacy status of mother with intranatal and postnatal services

Literacy status	Place of delivery			Birth attendant			Post natal visits			
	Institutional	Home & others	Total	Skilled	Unskilled	Total	Nil	1	≥ 2	Total
Illiterate	55 (61.1)	35 (38.9)	90 (100)	70 (77.8)	20 (22.2)	90 (100)	48 (53.4)	40 (44.4)	2 (2.2)	90 (100)
Primary school	50 (78.1)	14 (21.9)	64 (100)	60 (93.7)	4 (6.3)	64 (100)	28 (43.8)	32 (50.0)	4 (6.2)	64 (100)
Middle school	100 (89.3)	12 (10.7)	112 (100)	110 (98.2)	2 (1.8)	112 (100)	61 (54.5)	37 (33)	14 (12.5)	112 (100)
High school	163 (94.2)	10 (5.8)	173 (100)	168 (97.1)	5 (2.9)	173 (100)	75 (43.4)	72 (41.6)	6 (15)	173 (100)
College	56 (96.6)	2 (3.4)	58 (100)	58 (100)	0 (0)	58 (100)	20 (34.5)	25 (43.1)	13 (22.4)	58 (100)
Total	424 (85.3)	73 (14.7)	497 (100)	466 (93.8)	31 (6.2)	497 (100)	232 (46.7)	206 (41.4)	59 (11.9)	497 (100)
	$\chi^2=62.917, df=4, p=0.000$			$\chi^2=50.289, df=4, p=0.000$			$\chi^2=23.643, df=8, p=0.003$			

(Figures in parenthesis indicate percentage)



It was observed that with increase in literacy status, percentage of mothers who had institutional deliveries, skilled birth assistance and who made two or more postnatal visits also increased. Among illiterate mothers it was 61.1%, 77.8% and 2.2% respectively which increased to 96.6%, 100% and 22.4% among mothers who were educated up to college level, this difference was statistically significant.

**Table 38. Association of literacy status of mother
with breast feeding & immunization status of child for age**

Literacy status	Colostrum feeding			Exclusive breast feeding			Immunization status for age		
	Given	Not given	Total	Practiced	Not practiced	Total	Complete	Incomplete	Total
Illiterate	80 (89.9)	9 (10.1)	89 (100)	48 (53.9)	41 (46.1)	89 (100)	61 (68.5)	28 (31.5)	89 (100)
Primary school	62 (98.4)	1 (1.6)	63 (100)	42 (66.7)	21 (33.3)	63 (100)	53 (84.1)	10 (15.9)	63 (100)
Middle school	100 (94.6)	6 (5.4)	112 (100)	88 (78.6)	24 (21.4)	112 (100)	88 (78.6)	24 (21.4)	112 (100)
High School	152 (88.4)	20 (11.6)	172 (100)	126 (73.3)	46 (26.7)	172 (100)	139 (80.8)	33 (19.2)	172 (100)
College	54 (96.4)	2 (3.6)	56 (100)	43 (76.8)	13 (23.2)	56 (100)	52 (93.9)	4 (7.1)	56 (100)
Total	454 (92.3)	38 (7.7)	492 (100)	347 (70.5)	145 (29.5)	492 (100)	393 (79.1)	99 (19.9)	492 (100)
	$\chi^2 = 9.955$, df = 4, p = 0.041			$\chi^2 = 17.401$, df=4, p=0.002			$\chi^2 = 13.909$, df=4, p=0.008		

(Figures in parenthesis indicate percentage)

In our study, it was observed that, the practice of colostrum feeding, exclusive breast feeding increased with literacy status of the mother. Among illiterate mothers,

89.9% fed colostrum to their children, 53.9% practiced exclusive breast feeding which increased to 96.4% and 76.8% respectively among mothers who studied up to college level. Similarly percentage of mothers who completely immunized their children increased with literacy status. The association between literacy status and colostrum feeding, exclusive breast feeding and immunisation status of the child was statistically significant.

Table 39. Association of occupation of mother with utilization of antenatal services

Occupation	Time of registration			No. of antenatal visits			Full ANC		
	I Trimester	II & III Trimester	Total	<3	≥3	Total	Utilized	Not Utilized	Total
Housewife	245 (59.3)	168 (40.7)	413 (100)	61 (14.8)	352 (85.2)	413 (100)	264 (63.9)	149 (36.1)	413 (100)
Working	36 (42.9)	48 (57.1)	84 (100)	23 (27.4)	61 (72.6)	84 (100)	47 (56)	37 (44)	84 (100)
Total	281 (56.5)	216 (43.5)	497 (100)	84 (16.9)	413 (83.1)	497 (100)	311 (62.6)	186 (37.4)	497 (100)
	$\chi^2 = 7.701, df = 1, p = 0.006$			$\chi^2 = 7.904, df = 1, p = 0.005$			$\chi^2 = 1.893, df = 1, p = 0.169$		

(Figures in parenthesis indicate percentage)

Our study revealed that, 59.3% of housewives registered in first trimester compared to 42.9% working mothers. Three or more antenatal visits were made by 85.2% of housewives and 72.6% of working mothers. Utilization of full ANC was more among housewives (63.9%) compared to working mothers (56%). This difference in utilization of antenatal service among housewives and working mothers was statistically significant.

Table 40. Association of occupation of mother with utilization of intranatal & postnatal services

Occupation	Place of delivery			Birth attendant			No. of postnatal visits			
	Institutional	Home & Others	Total	Skilled	Unskilled	Total	Nil	1	≥ 2	Total
Housewife	367 (88.9)	46 (11.1)	409 (100)	394 (95.4)	19 (4.6)	409 (100)	188 (45.5)	171 (41.4)	54 (13.1)	409 (100)
Working	57 (67.9)	27 (32.1)	83 (100)	72 (85.7)	12 (14.3)	83 (100)	44 (52.4)	35 (41.7)	5 (5.9)	83 (100)
Total	424 (85.3)	73 (14.7)	492 (100)	466 (93.8)	31 (6.2)	492 (100)	232 (46.7)	206 (41.4)	59 (11.9)	492 (100)
	$\chi^2 = 24.577$, df = 1, p = 0.000			$\chi^2 = 11.196$, df = 1, p = 0.001			$\chi^2 = 3.688$, df = 2, p = 0.158			

(Figures in parenthesis indicate percentage)

The study revealed that, institutional deliveries were more among housewives(89.9%) compared to 67.9% of working mothers. 95.4% of deliveries among housewives were assisted by skilled health personnel, which was 85.7% among working mothers, the association between occupation of the mother and place of delivery and type of birth attendant was statistically significant. Even though percentage of mothers who made two or more postnatal visits was more among housewives (13.1%) compared to working mothers (5.9%), but this difference was not statistically significant.

Table 41. Association of occupation of mother with breast feeding and immunisation status of the child

Occupation	Colostrum feeding			Exclusive breast feeding			Immunisation status of child		
	Given	Not-given	Total	Practiced	Not practiced	Total	Complete	Incomplete	Total
Housewife	378 (92.4)	31 (7.6)	409 (100)	303 (74.1)	106 (25.9)	409 (100)	330 (80.7)	79 (19.3)	409 (100)
Working	76 (91.6)	7 (8.4)	83 (100)	44 (53)	39 (47)	83 (100)	63 (75.9)	20 (24.1)	83 (100)
Total	454 (92.3)	38 (7.7)	492 (100)	347 (70.5)	145 (29.5)	492 (100)	393 (79.1)	99 (19.9)	492 (100)
	$\chi^2 = 0.071$, df = 1, p = 0.79			$\chi^2 = 14.738$, df = 1, p = 0.000			$\chi^2 = 0.981$, df = 1, p = 0.322		

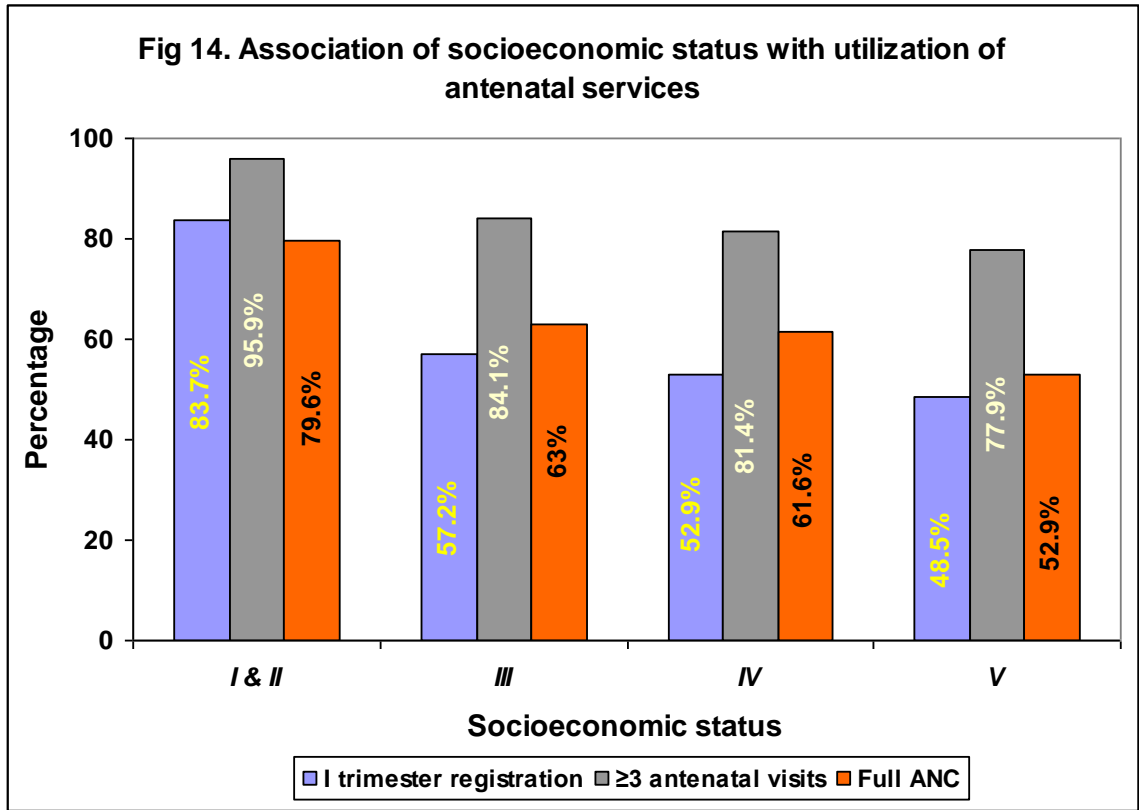
(Figures in parenthesis indicate percentage)

In our study, colostrum feeding was given by 92.4% of housewives and 91.6% of working mothers, which is almost same. The association between occupation and practice of exclusive breastfeeding was statistically significant as 74.1% of housewives practiced exclusive breast feeding compared to 53% working mothers. 80.7% of housewives and 75.9% of working mothers had completely immunized their children; the difference was not statistically significant.

Table 42. Association of socioeconomic status with utilization of antenatal services

Socio-economic status-class	Time of registration			No. of antenatal visits			Full ANC		
	I Trimester	II & III Trimester	Total	<3	≥3	Total	Utilized	Not Utilized	Total
I & II	41 (83.7)	8 (16.3)	49 (100)	2 (4.1)	47 (95.9)	49 (100)	39 (79.6)	10 (20.4)	49 (100)
III	79 (57.2)	59 (42.8)	138 (100)	22 (15.9)	116 (84.1)	138 (100)	87 (63)	51 (37)	138 (100)
IV	128 (52.9)	114 (47.1)	242 (100)	45 (18.6)	197 (81.4)	242 (100)	149 (61.6)	93 (38.4)	242 (100)
V	33 (48.5)	35 (51.5)	68 (100)	15 (22.1)	53 (77.9)	68 (100)	36 (52.9)	32 (47.1)	68 (100)
Total	281 (56.5)	216 (43.5)	497 (100)	84 (16.9)	413 (83.1)	497 (100)	311 (62.6)	186 (37.4)	497 (100)
	$\chi^2 = 17.8, df = 3, p = 0.000$			$\chi^2 = 7.60, df = 3, p = 0.055$			$\chi^2 = 8.87, df = 3, p = 0.0311$		

(Figures in parenthesis indicate percentage)



In our study it was observed that as the socioeconomic status decreased, percentage of mothers who registered early also decreased. Among class I & II it was 83.7%, which decreased to 48.5% among class V, the difference was statistically significant. Similarly percentage of mothers who had three or more antenatal visits decreased as the socioeconomic status decreased, but the association was not statistically significant. It was also observed that 79.6% of mothers from higher socioeconomic status utilized full ANC compared to 52.9% among lower class, this difference was statistically significant.

Table 43. Association of socioeconomic status with utilization of intranatal and postnatal services

Socio-economic status-class	Place of delivery			Birth attendant			No. of postnatal visits			
	Institutional	Non-Institutional	Total	Skilled	Unskilled	Total	Nil	1	≥ 2	Total
I & II	48 (98)	1 (2)	49 (100)	49 (100)	0 (0)	49 (100)	12 (24.5)	26 (53.1)	11 (22.4)	49 (100)
III	123 (89.1)	15 (10.9)	138 (100)	130 (94.2)	8 (5.8)	138 (100)	70 (50.7)	51 (37)	17 (12.3)	138 (100)
IV	202 (83.5)	40 (16.5)	242 (100)	228 (94.2)	14 (5.8)	242 (100)	120 (49.6)	101 (41.7)	21 (8.7)	242 (100)
V	51 (75)	17 (25)	68 (100)	59 (86.8)	9 (13.2)	68 (100)	30 (44.1)	28 (41.2)	10 (14.7)	68 (100)
Total	424 (85.3)	73 (14.7)	497 (100)	466 (93.8)	31 (6.2)	497 (100)	232 (46.7)	206 (41.4)	59 (11.9)	497 (100)
	$X^2 = 14.3, df = 3, p = 0.003$			$x^2 = 9.08, df = 3, p = 0.028$			$x^2 = 15.64, df = 6, p = 0.016$			

(Figures in parenthesis indicate percentage)

In our study, percentage of mothers who had institutional deliveries, skilled birth assistance and two or more postnatal visits, among class V mothers was 75%, 86.8% and 14.7% respectively, which increased to 98%, 100% and 22.4% respectively among class I & II mothers. The association between socioeconomic status and utilization of intranatal and postnatal services was statistically significant.

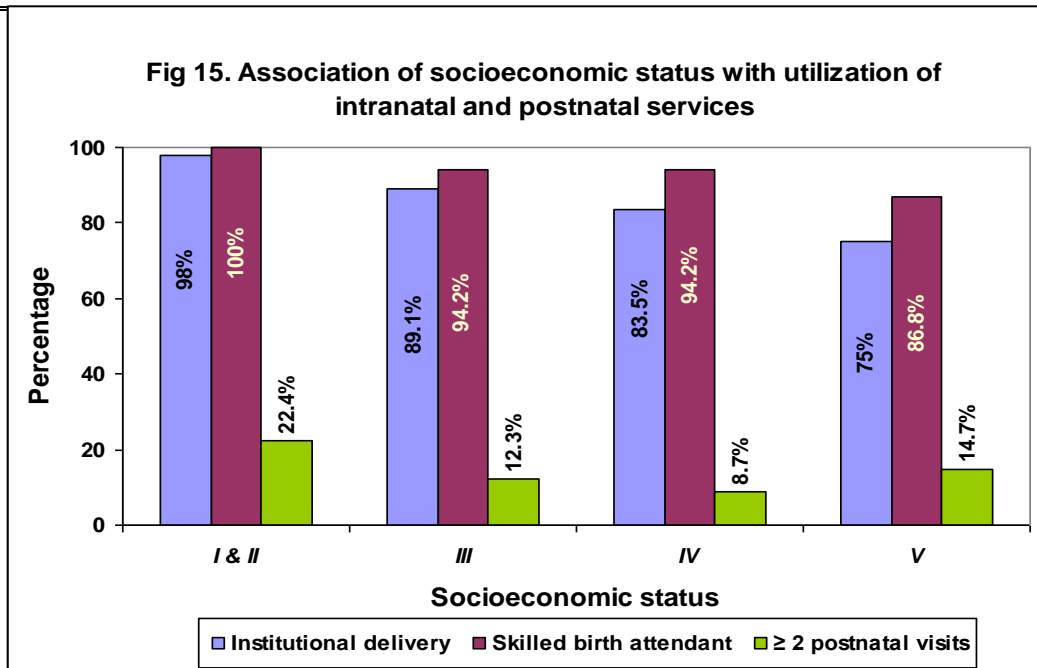


Table 44. Association of socioeconomic status with breast feeding & immunization status for the age

Socio-economic status	Colostrum feeding			Exclusive breast feeding			Immunisation status of child		
	Given	Not-given	Total	Practiced	Not practiced	Total	Complete	Incomplete	Total
I & II	44 (91.7)	4 (8.3)	48 (100)	38 (79.2)	10 (20.8)	48 (100)	45 (93.7)	3 (6.3)	48 (100)
III	128 (94.1)	8 (5.9)	136 (100)	106 (77.9)	30 (22.1)	136 (100)	112 (82.4)	24 (17.6)	136 (100)
IV	220 (91.7)	20 (8.3)	240 (100)	156 (65)	84 (35)	240 (100)	182 (77.9)	53 (22.1)	240 (100)
V	62 (91.2)	6 (8.8)	68 (100)	47 (69.1)	21 (30.9)	68 (100)	49 (72.1)	19 (27.9)	68 (100)
Total	454 (92.3)	38 (7.7)	492 (100)	347 (70.5)	145 (29.5)	492 (100)	393 (79.1)	99 (19.9)	492 (100)
	$\chi^2 = 0.91, df = 3, p = 0.822$			$\chi^2 = 8.912, df = 3, p = 0.03$			$\chi^2 = 9.42, df = 3, p = 0.024$		

(Figures in parenthesis indicate percentage)

The study revealed that more than 90% of mothers in all five socioeconomic classes fed colostrum to their children. Percentage of mothers who practiced exclusive breast feeding and completely immunized their children increased as the socioeconomic status improved, among class V it was 69.1% and 72.1% respectively, which increased to 79.2% and 93.7% respectively among class I & II mothers, this difference was found to be statistically significant.

Table 45. Association of type of family with utilization of antenatal services

Type of family	Time of registration			No. of antenatal visits			Full ANC		
	I trimester	II & III Trimester	Total	<3	≥3	Total	Utilized	Not Utilized	Total
Nuclear	62 (57.9)	45 (42.1)	107 (100)	16 (15)	91 (85)	107 (100)	63 (58.9)	44 (41.1)	107 (100)
Joint	188 (53)	167 (47)	355 (100)	65 (18.3)	290 (81.7)	355 (100)	225 (63.4)	130 (36.6)	355 (100)
3 generation	31 (88.6)	4 (11.4)	35 (100)	3 (91.4)	32 (8.6)	35 (100)	23 (65.7)	12 (34.3)	35 (100)
Total	281 (56.5)	216 (43.5)	497 (100)	84 (16.9)	413 (83.1)	497 (100)	311 (62.6)	186 (37.4)	497 (100)
	$\chi^2 = 16.55, df = 2, p = 0.000$			$\chi^2 = 2.52, df = 2, p = 0.284$			$\chi^2 = 0.87, df = 2, p = 0.647$		

(Figures in parenthesis indicate percentage)

In our study, it was noted that more number of antenatal mothers (88.6%) belonging to three generation family had registered in first trimester, compared to 57.9% and 53% among nuclear and joint families, which was statistically significant. The

association between type of family, number of antenatal visit and utilization of full ANC was not statistically significant.

Table 46. Association of type of family with utilization of intranatal and postnatal services

Type of family	Place of delivery			Birth attendant			No. of postnatal visits			
	Institutional	Non-institutional	Total	Skilled	Unskilled	Total	Nil	1	≥ 2	Total
Nuclear	95 (88.8)	12 (11.2)	107 (100)	103 (96.3)	4 (3.7)	107 (100)	55 (51.4)	36 (33.6)	16 (15)	107 (100)
Joint	296 (83.4)	59 (16.6)	355 (100)	329 (92.7)	26 (7.3)	355 (100)	168 (47.3)	152 (42.8)	35 (9.9)	355 (100)
3 generation	33 (94.3)	2 (5.7)	35 (100)	34 (97.1)	1 (2.9)	35 (100)	9 (25.7)	18 (51.4)	8 (22.9)	35 (100)
Total	424 (85.3)	73 (14.7)	497 (100)	466 (93.8)	31 (6.2)	497 (100)	232 (46.7)	206 (41.4)	59 (11.9)	497 (100)
	$X^2 = 4.33, df = 2, p = 0.114$			$X^2 = 2.54, df = 2, p = 0.28$			$X^2 = 12.04, df = 4, p = 0.017$			

(Figures in parenthesis indicate percentage)

In our study, the difference in utilization of intranatal services among different type of family was not statistically significant. However, it was observed that 22.9% of mothers belonging to three generation family had two or more postnatal visits, which was 15% and 9.9% among mothers belonging to nuclear and joint families respectively had two or more postnatal visits, this difference was statistically significant.

Table 47. Association of parity of woman with utilization of antenatal services

Parity	Time of registration			No. of antenatal visits			Full ANC		
	I trimester	II & III Trimester	Total	<3	≥3	Total	Utilized	Not utilized	Total
1	131 (66.5)	66 (33.5)	197 (100)	28 (14.2)	169 (85.8)	197 (100)	131 (66.5)	66 (33.5)	197 (100)
2	108 (54.3)	91 (45.7)	199 (100)	29 (14.6)	170 (85.4)	199 (100)	134 (67.3)	65 (32.7)	199 (100)
3	33 (44)	42 (56)	75 (100)	19 (25.3)	56 (74.7)	75 (100)	37 (49.3)	38 (50.7)	75 (100)
≥4	9 (34.6)	17 (65.4)	26 (100)	8 (30.8)	18 (69.2)	26 (100)	9 (34.6)	17 (65.4)	26 (100)
Total	281 (56.5)	216 (43.5)	497 (10)	84 (16.9)	413 (83.1)	497 (10)	311 (62.6)	186 (37.4)	497 (10)
	$\chi^2 = 18.25$ df = 3, p = 0.000			$\chi^2 = 9.14$, df = 3, p = 0.028			$\chi^2 = 17.5$, df = 3, p = 0.001		

(Figures in parenthesis indicate percentage)

In our study, percentage of mothers who registered in first trimester, had three or more antenatal visits and utilized full ANC among primiparous mothers was 66.5%, 85.8% and 66.5% respectively. Among mothers of 4th and 5th para it was 34.6%, 69.2% and 34.6% respectively. This shows that as the parity increased, early registrations, number of antenatal visits and utilization of full ANC decreased, this association was statistically significant.

Table 48. Association of parity of woman with utilization of intranatal and postnatal services

Parity	Place of delivery			Birth attendant			No. of postnatal visits			
	Institutional	Non-institutional	Total	Skilled	Unskilled	Total	Nil	1	≥ 2	Total
1	179 (90.9)	18 (9.1)	197 (100)	192 (97.5)	5 (2.5)	197 (100)	86 (40.6)	80 (40.6)	31 (15.7)	197 (100)
2	174 (87.4)	25 (12.6)	199 (100)	189 (95)	10 (5)	199 (100)	94 (47.2)	83 (41.7)	22 (16.1)	199 (100)
3	51 (68)	24 (32)	75 (100)	63 (84)	12 (16)	75 (100)	39 (52)	34 (45.3)	2 (2.7)	75 (100)
≥4	20 (76.9)	6 (23.1)	26 (100)	22 (84.6)	4 (15.4)	26 (100)	13 (50)	9 (34.6)	4 (15.4)	26 (100)
Total	424 (85.3)	73 (14.7)	497 (100)	466 (93.8)	31 (6.2)	497 (100)	232 (46.7)	206 (41.4)	59 (11.9)	497 (100)
	$\chi^2 = 24.96$, df = 3, p = 0.000			$\chi^2 = 21.05$, df = 3, p = 0.000			$\chi^2 = 8.51$, df = 3, p = 0.037			

(Figures in parenthesis indicate percentage)

It was observed that as the parity increased utilization of intranatal and postnatal services decreased. Among primiparous mothers, 90.9% had institutional deliveries, 97.5% had skilled birth assistance which decreased to 76.9% and 84.6% respectively among 4th & 5th para mothers. Similarly about 16% of 1st and 2nd para mothers had two or more postnatal visits compared to 9.1% among mothers with ≥3 parity. These differences were statistically significant.

Table 49. Association between parity of woman with breast feeding and immunization status of child for the age

Parity	Colostrum feeding			Exclusive breast feeding			Immunization status of child		
	Given	Not-given	Total	Practiced	Not practiced	Total	Complete	Incomplete	Total
1	174 (89.7)	20 (10.3)	194 (100)	149 (76.8)	45 (23.2)	194 (100)	163 (84)	31 (16)	194 (100)
2	191 (97)	6 (3)	197 (100)	139 (70.6)	58 (29.4)	197 (100)	159 (80.7)	38 (19.3)	197 (100)
3	67 (89.3)	8 (10.7)	75 (100)	44 (58.7)	31 (41.3)	75 (100)	50 (66.7)	25 (33.3)	75 (100)
≥4	22 (84.6)	4 (15.4)	26 (100)	15 (57.7)	11 (42.3)	26 (100)	21 (80.8)	5 (19.2)	26 (100)
Total	454 (92.3)	38 (7.7)	492 (100)	347 (70.5)	145 (29.5)	492 (100)	393 (79.1)	99 (19.9)	492 (100)
	$\chi^2=10.9$ df =3, p = 0.012			$\chi^2=10.8$, df =3, p = 0.13			$\chi^2=10.31$, df =3, p = 0.016		

(Figures in parenthesis indicate percentage)

In our study, it was observed that higher number of mothers with parity 1 & 2 fed colostrum to their children and completely immunized their children compared to mother with ≥ 3 parity. The association of parity with colostrum feeding and immunisation status of the child was significant. Even though more number of primiparous mothers (76.8%) practiced exclusive breast feeding compared to 4th & 5th para mothers (57.7%), but the difference was not statistically significant.

**Table 50: Association of utilization of full antenatal care with
Birth weight of the child**

Variables		LBW	Normal Birth Weight	Total	
Full ANC	Utilized	49 (17)	240 (83)	289 (100)	$\chi^2 = 4.88$ df = 1, $p = 0.27$
	Not utilized	36 (26.1)	102 (73.9)	138 (100)	
	Total	85 (19.9)	342 (80.1)	427 (100)	

(Figures in parenthesis indicate percentage)

In our study, it was observed that, more number of mothers (26.1%) who did not utilize full ANC delivered low birth weight babies compared 17% mothers who utilized full ANC. The association between utilization of full ANC with birth weight was statistically significant.

Discussion

The present study was undertaken in the primary health centre area of Handignur, rural field practice area of department of community medicine, J N Medical College, Belgaum. The study participants were married women who delivered during June 2007 to May 2008.

Table 1-4: Distribution of mothers according to age, religion, occupation and type of family.

In our study, mean age of mothers was 23.3 ± 31.4 years, with a range of 17 to 40 years. Majority 61.4% of mothers were aged between 20-24 years, followed by 29.4% aged between 25-29 years, 5.2% aged between 5-19 years and 4% were aged 30 years and above. Majority 99% of mothers were Hindus and only 1% was Muslims. 83.1% of mothers were housewives and 16.9% were working. Most of the mothers, 71.4% lived in joint families, 21.5% in nuclear family and 7.1% in three generation family.

Table 5: Distribution of mothers according to socioeconomic status.

The study revealed that, majority 48.7% of mothers belonged to class IV socioeconomic status according to modified B G Prasad's classification, 27.8%, 13.7% and 7.8% of mothers belonged to class III, class V and class II respectively and only 2% mothers were from class I.

Table 7: Subcentre wise distribution of mothers

The study showed that majority 45.5% of mothers were from subcentre Kangarali, 20.3% from subcentre Agasga, 17.5% from Handignur subcentre and 16.7% from Shivapur subcentre. Kangarali is the most populated subcentre, so constituted for more number of cases.

Table 8-9: Distribution of mothers according to age at marriage and age at first pregnancy.

In our study, mean age at marriage was 18.8 ± 1.89 years, with a range of 14-27 years. It was observed that 21.9% of mothers were married before the legal age of 18 years and 71.8% after 18 years. The mean age at first pregnancy was 20.3 ± 2.08 years, with a range of 15- 30 years. In our study, age at first pregnancy was less than 20 years in 34.8% of mothers, 20- 24 years in 59.6% of mothers and 25-30years in 5.6% of them.

In a study conducted in rural area of Aligarh, it was observed that, mean age at marriage was 17.94 years, 50.1% of mothers were married before 18 years and mean age at first pregnancy was 20.67 years, in 23% of women age at first pregnancy was less than 18 years.⁶

In a study done in Chandigarh revealed that, 31.6% of mothers were married before 18 years and age at first pregnancy was less than 20 years in 33.4% of mothers²⁵, which is similar to the findings of our study. In our study, less number of women married before 18 years of age, in comparison with other studies, may be because of higher literacy status in our study group.

Table 10 & 11: Distribution of mothers according to parity and number of living children

In our study, majority of mothers were 2nd para (40.1%), followed by primipara (39.6%), 3rd para (15.1%) and 4th para (4.2%). One percentage of mothers belonged to high risk group as they were grand multipara. Majority 81.1% of mothers had 1-2 living children, 14.5% had 3 children, and 3.5% of them had 4 or more children.

Table 12: Distribution of mothers according to time of antenatal registration

The present study revealed that antenatal registration was 100 percent, of which 56.5% of mothers registered in the first trimester, 42.9% in second and 0.6% in third trimester. Our findings were in agreement with DLHS-3, according to which 56% of mothers in rural area of Belgaum had registered in first trimester of gestation.²⁰ In another study done in Rewa town of Madhya Pradesh, 61% of mothers had registered in 1st trimester, 31.4% in 2nd & 3rd trimester.¹⁸ In another study conducted in Kolkata, antenatal registration was 100%, of which 58% of mothers had registered within 16 weeks.¹⁷

Table 13. Distribution of mothers according to place of antenatal registration

In our study, 48.3% of mothers had registered at government health facility (14.3% at subcentre, 12.7% at PHC & 21.3% at district hospital), 39.2% in private clinics and 10.5% mothers registered at Prabhakar Kore's KLES hospital and other 2% registered at ESI, Military hospital or Anganwadi centre.

In a study conducted in rural area of Aligarh, 78% of antenatal cases were registered at rural health and training centre (RHTC), 15% at CHC and only 6.8% at private hospitals.⁶

Table 14: Distribution of mothers according to place of antenatal visits

In our study, 41.4% mothers visited private hospitals for antenatal checkups, 36.7% visited various government health facilities like district hospital (20.1%), PHC (6.8%) and subcentre (3.4%). A few (6.4%) of them visited more than one government health facility. Around 20.7% of mothers availed antenatal services from both government and private hospitals, remaining 1.2% visited health facilities like ESI or military hospital.

Our findings were similar to study conducted at Shindolli village of Belgaum in which 48.9% women visited private hospitals, 17.74% visited district hospital, and 16.3% and 9.7% visited subcentre and PHC respectively for antenatal care services.²¹ In another study done in Vantamuri PHC, Belgaum, it was found that 43.6% of women utilized private health facility for antenatal care, 46.5% utilized government hospitals and 9.9% utilized both.³⁵

Table 15: Distribution of mothers according to number of antenatal visits and tetanus toxoid immunisation

In our study, majority 83.1% of mothers had three or more antenatal visits, 15.9% had 2 antenatal visits and 1% had single antenatal visit. All the mothers were immunized

with tetanus toxoid injection, 91.1% received 2 doses and 8.9% received single or booster dose.

Our findings are in agreement with DLHS-3 according to which, in Karnataka 81.6% of mothers had 3 or more antenatal visits and 86.9% of them were immunized with at least one dose of tetanus toxoid.²⁰ In another study done in Aligarh, 93.2% mothers received two or a booster dose of tetanus toxoid.⁶

In a study conducted at Kolkata, it was found that 3 or more antenatal visits were made by 93% of mothers and all (100%) of them were immunized with two or a booster dose of tetanus toxoid.¹⁷

Table 16 &17: Distribution of mothers according to consumption of IFA tablets and reasons for partial or non consumption

The present study revealed that majority 65.6% of mothers had consumed 100 or more IFA tablets, 33.8% consumed less than 100 and 0.6% mothers did not consume IFA tablets. In our study consumption of IFA tablets was better compared to NFHS-3 findings, according to which in India only 22.3% of mothers consumed IFA tablets for 90 days or more.¹⁹ According to DLHS-3, in Karnataka 40.7% of mothers had consumed 100 IFA tablets.²⁰

In our study main reason for partial or non consumption of IFA tablets was side effects such as diarrhoea, vomiting and gastritis in 45% of mothers, followed by, 22.2% mothers saying baby grows big, 21.1% had objection from family members and 11.7% reported that they did not receive IFA tablets.

Similar findings were found in a study conducted in rural area of Mysore district, in which 41.35% mothers consumed 100 or more IFA tablets. The main reason for partial or non consumption was side effects such as vomiting and abdominal pain in 72.97% mothers, 15.68% said they received less IFA tablets and 11.35% felt it was not necessary.³¹ In another study done in Shindolli village of Belgaum, the main reason for non-consumption of IFA tablets was side effects like vomiting, gastritis and diarrhoea in 52% of mothers.²¹

Table 18: Distribution of mothers according to utilization of full antenatal care

Our study revealed that 62.6% of mothers utilized full antenatal care. In a study done in 90 districts of various states in India, 52.5% of mothers utilized full antenatal care.²²

In another study done in Vantamuri PHC of Belgaum revealed that 50.5% mothers had utilized full antenatal care.³⁵

Table 19. Distribution of mothers according to details of antenatal checkup.

In our study, weight and height were recorded in 99.6% and 95% of mothers respectively. Blood pressure was recorded and urine test was performed in all mothers. Abdominal examination and hemoglobin estimation was done in 99.2% and 99.8% of mothers respectively. In another study done in Thiruvananthapuram district, it was observed that weight, height and blood pressure were recorded in 74.77%, 14.25% and

94.16% of mothers respectively. Hemoglobin level was estimated in 95.33% of mothers and urine test was performed in 98.83% of mothers.¹⁵

Table 20: Distribution of mothers according to advice received during antenatal period

The present study revealed that advice on diet was received by 95.2% of antenatal mothers, danger signs were explained to 85.9% of mothers. Advice on intranatal care and family planning were given to 63.4% and 51.5% of mothers respectively.

In other studies, antenatal advice on various aspects was given to a few mothers. A study conducted in Lucknow district revealed that 33.3% mothers received dietary advice. Advice on danger signs and intranatal care was received by 72% and 77% of mothers respectively.³⁰ A study conducted in Thiruvananthapuram district showed that dietary advice was received in 51.3% mothers and family planning advice was received only by 2.3% mothers.¹⁵

Table 21, 22: Distribution of mothers according to presence of antenatal complications and referral services

In our study, majority 94.6% of mothers didn't have any antenatal complications. Among the 5.4% mothers who had antenatal complications, 1.6% had increased blood pressure, 0.6% swelling of feet, 0.6% vaginal bleeding, 0.6% malpresentation and 0.4% had more than one complications. Severe anemia and polyhydromnia was reported by 1.6% mothers. A study conducted in Vantamuri PHC of Belgaum showed that only 6.5%

mothers had antenatal complications.³⁵ In our study only 1.6% mothers were referred to Prabhakar Kore's KLES hospital. Our findings are in agreement with results of a study done in the subcentres of Rohtak district in which 1.6% antenatal women were referred to higher centers.⁵ The reason for non-referral in the rest may be good management of complications at the centers of antenatal checkups.

Table 23: Distribution of mothers according to gestational age at delivery

Majority of mothers (89.5%) in our study had full term deliveries, 10.3% had preterm and only 0.2% had post term delivery. Similar findings were noted in a study done in Shindolli village of Belgaum district, in which 84.2% mothers had full term live birth, 8% had preterm delivery.²⁷

Table 24: Distribution of mothers according to mode of delivery

Our study revealed that, 86.7% mothers had normal vaginal delivery, 12.7% delivered by cesarean section and only 0.6% had instrumental delivery.

A study done in Balmiki Basti of New Delhi showed that 95.1% of mothers had normal vaginal delivery and 4.8% delivered by cesarean section.²⁴ In another study done in Shindolli village, 88.8% women had normal vaginal delivery and 11.2% delivered by cesarean section.²⁷

Table 25: Distribution of mothers according to place of delivery

In our study majority 52.5% of mothers delivered in private hospitals including Prabhakar Kore's KLES hospital, 27.2% in district hospital, 5.6% in subcentre and PHC, and 14.3% of total deliveries took place at home and 0.4% during transit. According to DLHS-3, in Belgaum 75.7% of mothers had institutional deliveries.²⁰ In our study it was high, 85.4% mothers had institutional delivery. Our findings are in agreement with a study done in Rewa municipal area of Madhya Pradesh in which about 85% of total deliveries took place in an institution and 14.89% at home.¹⁸ In our study 32.8% of mothers delivered in government health facility which is similar to the findings in a study done in Vantamuri PHC of Belgaum in which 32.5% of mothers delivered in government health facility.³⁵

Table 26: Distribution of mothers according to type of birth attendants

In our study, 93.8% of deliveries were assisted by skilled health personnel (79.6% of deliveries were conducted by doctors, 12% by ANM and nurse and 2.2% by trained TBA). Only 6.2% of deliveries were conducted by unskilled persons (5.2% by untrained TBA and 1% by relatives and neighbours).

According to NFHS-3, in Karnataka 71.3% of the deliveries were assisted by skilled health personnel.¹⁹ In a study done in Birbhum district of West Bengal 33.4% of deliveries were conducted by doctors, 27.81% by ANM/ Nurses, 13.76% by trained TBA and 25% were conducted by unskilled person.²³

In another study conducted at Shindolli village, 69.6% of deliveries were conducted by doctors, 16.8% by trained dais and female health worker, and 13.6% by unskilled persons.²⁷

In our study, number of institutional deliveries and deliveries assisted by skilled health personnel were more, probably because of awareness created during antenatal visits and high literacy status of the women.

Table 27: Distribution of mothers according to intranatal complications

In present study, only 2.8% of mothers experienced intranatal complication. In a study conducted at Vantamuri PHC, Belgaum only 4.5% of mothers had intranatal complication.³⁵

Table 28: Distribution of mothers according to pregnancy outcome

Our study revealed that 99.4% mothers had live births and 0.6% had stillbirth. Our finding of 0.6% stillbirth was less compared to study done in Aligarh, in which 3% mothers had still birth.⁶ The reason could be utilization of antenatal care services was more in our study. More number of mothers had institutional deliveries and deliveries conducted by skilled birth attendant.

Table 29: Distribution of newborns according to sex and birth weight

In our study, majority 50.7% of newborns were males and 49.3% were females. Birth weight was recorded in 85.9% of birth. Birth weight of babies was not recorded in deliveries conducted at home. Low birth weight was observed in 19.9% of newborns. In a study conducted in Lucknow district, birth weight was measured in all institutional deliveries; this was similar to our study.³⁰

In the study done in Allahabad, it was found that 34.37% of newborns were less than 2.5 kgs.³⁶ In another study conducted in Meerut, Uttar Pradesh, 21.8% of newborns had low birth weight.³⁷ Maternal health, antenatal care, play an important role in deciding baby's weight.

Table 30: Distribution of mothers according to number of postnatal visits and persons consulted

In our study, 46.7% mothers did not receive postnatal care, 53.3% had 1-2 postnatal visits and only 2.4% had three postnatal visits. In a study conducted in slums of Davangere city, 64.7% mothers had at least one postnatal visit.¹⁶ A study done in subcentre of Rohtak district it was observed that 4.4% of mothers had three postnatal visits.⁵ In our study postnatal checkup was conducted by doctor in 44.2% of cases, ANM in 54.3% of cases and nurses in 1.5% of cases.

In a study done in Nepal, it was found that 65% of women had postnatal care from doctor, 20% by nurse and 16% from female health worker.²⁹ In another study conducted in Vantamuri PHC of Belgaum, 32% of mothers received postnatal care from

doctors, 22.5% from ANM/ Nurse, 7% from trained dais and 38.5% from untrained dais.³⁵

Table 31: Reasons for not utilising postnatal care

In our study, the major reason for not utilising postnatal care was lack of knowledge in 93.9% women, 3.5% of women said health centre was not accessible, 2.2% had objection from family members and 0.4% felt it was not necessary. In a study conducted in rural area of Mysore district, reasons for not utilizing postnatal services were lack of knowledge (43.5%), no time to visit health center (29.2%) and felt it was not necessary (27.01%).³⁵

Table 32: Distribution of mothers according to postnatal complications and place of treatment of postnatal complications

In our study, majority 94.6% mothers didn't have any postnatal complications. Among 5.4% of mothers who had postnatal complications, 3% reported having mastitis and other 2.4% had urinary tract infections. Of the total mothers who had postnatal complications, 55.5% took treatment from private health facility and 29.7% from government health facility. 7.4% received treatment from both government and private health facility, and others 7.4% didn't take any treatment.

In the study done at Vantamuri PHC of Belgaum, it was found that 6% mothers had postnatal complications. Among them 50% took treatment from government health

facility, 33.3% from private health facility and 10.7% from both government and private health facility.³⁵

Table 33: Distribution of mothers according to postnatal advice received

In our study, postnatal dietary advice was given to 67.8% of mothers and 63.6% of mothers received family planning advice. Advice regarding exclusive breast feeding and immunisation of child was given to 83.1% and 83.7% of mothers respectively. Only 11.9% received advice on postnatal exercise.

In a study done in Lucknow district, it was found that 70% mothers had received advice on breast feeding and advice on diet and family planning was given to 33.8% and 58.1% respectively.³⁰ In comparison with this study, more number of mothers in our study group had received postnatal advice but still it needs to be improved.

Table 34: Distribution of children according to feeding of colostrum, exclusive breast feeding and type of feeding

In our study, majority 92.3% of children received colostrum, 70.5% were exclusively breast fed and on demand feeding was practiced in 99.6% of children. In a study done in Kalamboli, Mumbai, 95.1% of children had received colostrum. 70.2% of mothers exclusively breast fed their children.³⁸

Another study conducted in Chandigarh, 81.6% of children had received colostrum.³⁹

In a study done in rural areas of central Karnataka, it was found that 60% of mothers exclusively breast fed their children.⁴⁰ In another study done in rural area of West Bengal, 84.1% of mothers practiced demand feeding.⁴¹

Table 35: Immunization status of the children for the age

In our study 79.9% of children were completely immunized for the age. In a study conducted in 9 districts of Madhya Pradesh it was observed that 60.8% of children were fully immunized.¹⁴

Table 36: Association of literacy status of mother with utilization of antenatal services

In our study, among illiterate mothers 31.1% had registered in first trimester, 57.8% had three or more antenatal visits and 40% utilized full antenatal care, which increased to 79.3%, 100% and 84.5% respectively among mothers educated up to college level. The association between literacy status of mother and utilization of antenatal services was statistically significant.

Similar findings were found in a study conducted in 90 districts of various states in India, which showed that 43.7% illiterate mothers had three or more antenatal visits and 37.1% had utilized full antenatal care, which increased to 84.4% and 70.7% among mothers who were graduates, this difference was statistically significant.²²

In other studies, the association between literacy status of mother and utilization of full antenatal care was statistically significant.^{14, 18, 21}

Table 37: Association of literacy status of mother with utilization of intranatal and postnatal services

In our study, it was observed that as the literacy status increased, more number of mothers had institutional deliveries, deliveries by skilled health personnel and had two or more postnatal visits. This association was statistically significant.

In a study done in urban slum of Nainital district, education of mother was significantly associated with place of delivery.²⁶ In another study done in rural area of Mysore district, the association between literacy status of mothers and utilization of skilled birth attendant and postnatal care was statistically significant.³¹

Table 38: Association of literacy status of mother with breast feeding and immunisation status of child

In our study, as the literacy status of mother increased, number of mothers who fed colostrum, practiced exclusive breast feeding and completely immunized their children were also increased. This association was statistically significant.

In a study done in Kalamboli, Mumbai has shown significant association between literacy status of mother with colostrum feeding and exclusive breast feeding.³⁸

Association between literacy status of mothers and immunisation of status of their children was statistically significant in a study done in 7 districts of Madhya Pradesh.¹⁸

Table 39: Association of occupation of mothers with utilization of antenatal services

In our study, more number of housewives registered early, had three or more antenatal visits and utilized full antenatal care compared to working women. This association was statistically significant. The reason for poor utilization among working women might be due to the fact that they couldn't afford to lose one day wages. Similar findings were observed in a study done in Vantamuri PHC, Belgaum.³⁵

Table 40: Association of occupation with utilization of intranatal and postnatal services

In our study, more number of housewives had institutional deliveries and deliveries by skilled birth attendants compared to working women. This difference was statistically significant. Similar findings were found in a study done in Nepal.⁴² In the present study, association between occupation and number of postnatal visits was not statistically significant. Similar findings were found in a study conducted in slums of Davangere.¹⁶

Table 41: Association of occupation of mother with breast feeding and immunisation status of the child

In our study, colostrum feeding was practiced by housewives and working women equally. The association between occupation and exclusive breast feeding was significant, as working women tend to go for work 2-3 months after delivery, therefore they discontinue exclusive breast feeding early. The association between immunisation

status of child and occupation of mother was not significant. Similar findings were observed in a study done in Vantamuri PHC, Belgaum.³⁵

Table 42: Association of socioeconomic status with utilization of antenatal services

In our study, socioeconomic status was significantly associated with utilization of full antenatal care and time of registration, but not with number of antenatal visits. Similar findings were seen in several other studies.^{21, 24 & 35}

Table 43: Association of socioeconomic status with utilization of intranatal and postnatal services

In our study, institutional deliveries, skilled birth assistance and two or more postnatal visits were more among mothers belonging to higher socioeconomic status compared to lower socioeconomic status mothers, the difference was statistically significant.

In other studies, hospital deliveries increased with increase in socioeconomic status of the family ($p < 0.001$).^{26, 42} In studies conducted at Mysore and Nepal, more number of mothers utilized skilled birth attendants as the socioeconomic status increased ($p < 0.001$).^{31, 42}

Table 44: Association of socioeconomic status with breast feeding and immunisation status of child

In our study, no association was found between socioeconomic status and colostrum feeding. However, it was observed that more number of mothers from higher

socioeconomic status practiced exclusive breast feeding compared to mothers from lower socioeconomic status. The difference was statistically significant. The probable reason for this could be women from lower socioeconomic status go to work to support their families and therefore discontinue exclusive breast feeding early. In our study, as the socioeconomic status decreased less number of mothers completely immunized their children, the difference was statistically significant. Our findings are in agreement with study in Vantamuri PHC of Belgaum district.³⁵

Table 45: Association of type of family with utilization of antenatal services

In our study, more number of mothers belonging to three generation family, registered early followed by nuclear and joint family mothers. This association was statistically significant. However, the association of type of family with number of antenatal visits and utilization of full ANC was not statistically significant. In studies conducted in rural areas of Mysore and Belgaum showed no significant association between type of family and utilization of full ANC.^{31,35}

Table 46: Association of type of family with utilization of intranatal and postnatal services

In our study, association of type of family and utilization of intranatal services was not statistically significant. Similar finding was made in studies conducted in slums of Nainital district²⁶ and in rural areas of Mysore district.³¹ However, in our study, two or more postnatal visits were made by 22.9% of mothers belonging to three generation

families compared to 15% and 9.9% among mothers belonging to nuclear and joint families. The difference was statistically significant.

Table 47: Association of parity of woman with utilization of antenatal services

In our study, it was observed that as the parity increased, early registration, number of antenatal visits and utilization of full antenatal care decreased. This association was statistically significant. May be primipara women are more apprehensive, worried and scared and needed medical care and support, hence they went for early registration and utilized full antenatal care. Our findings are in agreement with study done in slums of Davangere.¹⁶

Table 48: Association of parity with utilization of intranatal and postnatal services

Our study findings are similar to study conducted in slums of Davangere¹⁶, in which utilization of intranatal and postnatal services was more among mothers of lower parity compared to mothers of high parity. This difference in our study is statistically significant. According to NFHS-3, as the parity increased number of mothers who had institutional deliveries decreased.¹⁹

In our study, more number of 4th and 5th para mothers had institutional deliveries (76.9%) and two or more postnatal visits (15.4%) compared to 3rd para mothers (68% and 2.7% respectively). Probably, the advice given by the antenatal care provider that these deliveries come under high risk category, they opted for institutional delivery.

Table 49: Association of parity of woman with breast feeding and immunisation status of child

In the present study, more number of mothers with lower parity (1 &2) fed colostrum to their children and completely immunized their children compared to mothers of higher parity (≥ 3) which was statistically significant. It was also observed that less number of primipara mothers fed colostrum to their children compared to 2nd para mothers, the reason could be failure of lactation in some of primipara mothers. It was also noted that 80.8% of 4th and 5th para mothers completely immunized their children compared to 66.7% of 3rd para mothers, one of the reasons may be the last child probably is male, more care is taken and they are completely immunized.

Table 50: Association of utilization of full antenatal care with birth weight of child

The present study revealed that utilization of full antenatal care was significantly associated with birth weight, as 26.1% of mothers who did not utilize full antenatal care had low birth weight babies compared to 17% of mothers who utilized. Our findings are in accordance with results of other studies.^{36, 37, 43}

Conclusion

The results of the present study reveal that utilization of antenatal services was good as majority of them received full antenatal care. The prime reason for non-compliance of IFA tablets was side effects. The impression about antenatal care provider from this study is that care from private sources is considered far superior to that from government services.

It was happy note that majority of the mothers had institutional delivery. Doctors conducted most of the deliveries. Mothers utilized private health sector more than government, may be because of better infrastructure, cleanliness, care and accessibility of private hospitals.

Postnatal services were the most neglected one, because of lack of knowledge about the existing services during postnatal care. There are socio- cultural and behavioral barriers like female literacy, occupation, type of family, socioeconomic status and parity of the women which influence the utilization of maternal health services.

On the whole, the situation in the present study does not appear to be very dismal, but there is a lot of scope for improvement of services, which would lead to improvement of the status of maternal health ultimately ensuring a healthy mother and child.

Summary

The present study was a cross sectional study conducted in the primary health center area of Handignur, which is a rural field practice area of the department of community medicine, J N Medical College Belgaum. The objectives of the study were to determine the extent of utilization of antenatal, intranatal and postnatal health care services by mothers in rural area and to know the factors influencing the utilization of antenatal, intranatal and postnatal health care services. The study period was from January 2008 to December 2008. The study participants were married women who had delivered during June 2007 to May 2008.

- Majority of mothers (61.4%) were aged between 20-24 years. 99% of them were Hindus by religion. Literacy rate of mothers was 81.9%. Most of the mothers (71.4%) lived in joint families and 83.1% were housewives by occupation. About half of them (48.7%) belonged to class IV socioeconomic status according to modified B. G. Prasad's classification.
- It was unfortunate to note that 21.9% of mothers were married before the legal age of 18 years and 34.8% had their first pregnancy during teenage (15- 19 years).
- The utilization of antenatal services was good (60- 80 utilization), 56.5% mothers had registered in the first trimester and three or more antenatal visits were made by 83.1% of them. All of the mothers were immunized with two or booster dose of tetanus toxoid injection.

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- Adequate number (more or 100) of IFA tablets were consumed by 65.6% of mothers. The main reason for partial or non-utilization of IFA tablets was side effects like, diarrhoea, vomiting and gastritis.
 - Full antenatal care (three or more antenatal visits + at least one or booster dose of tetanus toxoid injection + 100 or more IFA tablets) was utilized by 62.6% of mothers.
 - Majority 41.3% mothers utilized private health facilities for antenatal care
 - Literacy, socioeconomic status and parity of mother were significantly associated with utilization of full antenatal care.
 - Utilization of intranatal services was fair (80-100% utilization) as 85.3% mothers had institutional deliveries and 93.8% of deliveries were assisted by skilled health personnel.
 - Majority 52.5% mothers delivered in private hospital.
 - Literacy status, occupation, socioeconomic status and parity of mother were significantly associated with utilization of intranatal services.
 - The prevalence of low birth weight was 19.9%. Utilization of full antenatal care was significantly associated with birth weight.
 - Utilization of postnatal services was poor, only 53.3% mothers received postnatal visits within two months of delivery. Lack of knowledge about the postnatal services was the main reason for non- utilization of postnatal services.
 - Literacy status, socioeconomic status, type of family and parity of mother were significantly associated with utilization of postnatal services.
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Recommendations

1. Promotion of female literacy and empowerment are required to prevent early marriages and to improve utilization of maternal health services.
2. Information, Education and Communication (IEC) activities should be conducted to educate the mothers to create awareness about various facilities available.
3. Holding out-reach sessions on maternal and child health once in every fortnight on a fixed day is essential to improve coverage of services, especially in remote areas which lack transportation facilities.
4. Improving the infrastructure at the subcentre level will help in increasing institutional deliveries and also utilization of government health facility.
5. Importance of antenatal, intranatal and postnatal care should be emphasized to mothers through mothers meeting, meetings of Mahila Swasthya Sangha and Mahila Mandal at village level.
6. All practitioners whether allopathic, Indian systems or even registered medical practitioners should be trained in maternal health as easily available in rural areas.
7. Measures to improve accessibility and transportation to health facilities in remote areas must be taken.

Limitations

Information regarding additional antenatal investigations such as HIV, VDRL and HBsAg were not considered.

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Annexure-I

Informed consent form

**“Utilization of antenatal, intranatal and postnatal health care services
by mothers in rural field practice area of JNMC, Belgaum-
A cross sectional study”**

Investigators: Dr. Rudramma J., Dr. A.S. Wantamutte

Introduction

You are being invited to participate in this study to find out the utilization antenatal, intranatal and postnatal care received by mothers in rural area of Handignur primary health centre, of Belgaum district.

Explanation of procedures

In this study you will have to answer a few prepared questions on antenatal, intranatal and postnatal care received like number of ANC visits, various components of ANC, intranatal history and postnatal check up. The entire procedure may take about 30 minutes.

If you agree to participate, you will be continued asking questions but the moment you don't want to continue then you can leave.

Possible Benefits

The investigator does not promise or guarantee that you will receive direct benefit being in the study. It will benefit for the whole community because by this study we will come to know the safe motherhood status. This study will surely help in future for the development of the community.

Confidentiality

Your identity will not be revealed. All information collected will be collected and coded so that no one will know your identity.

Withdrawal

Participation in this study is voluntary. If you don't not wish to participate in this study, you will not lose benefits to which you are entitled.

Costs of Participation

The cost of the study will be borne by the researcher. There will be no additional cost to you for participating in this study.

Payment of Participation

There will be no incentives to you for participating in this study.

Risks involved in the study to the participants

This survey does not contain any interventions or major procedures hence no adverse effects on the participants. However if you have any questions about this study, you should contact Dr. RUDRAMMA J and Dr. AS WANTAMUTTE at 9480283754.

If you have any questions about your rights as a study participant,

You may contact Dr V.D. PATIL, Chairman, and JNMC Institutional ethics committee on human subjects research at 0831 2741701.

Legal Rights

By signing this consent form, you are not waiving any of your legal rights.

Publication Rights

The results of the survey will be used for teaching and medical publications however the participants' identity will be kept confidential.

Consent statement

I volunteer and consent to participate to participate in this study. I have read the consent or it has been read to me. The study has been fully explained to me and I may ask questions at any time.

Signature or Left Hand Thumb Impression
(Volunteer Subject)

Date

Signature of Person Obtaining Consent

Date

Signature of Witness

Date

Annexure-II

Proforma

Name of the village: _____ Sub centre: _____ Serial No. _____
Full Name of the woman: _____
Age: _____ years

Occupation: Housewife/working specify _____ Husband's occupation: _____

Religion: Hindu/Muslim/Christian/others _____

Literacy status

Women: Illiterate/Literate (primary/middle/higher school/college)

Husband: Illiterate/Literate (primary/middle/higher school/college)

Percapita Income in Rs/month: _____

Number of family members: _____ Male _____ Female _____ Total _____
Adults _____
Children _____

Type of family: Joint/ Nuclear/ Extended _____

Marital history: Parity: _____ No. of living children: _____ Abortion: _____

1) Age at marriage: _____ years

2) Age at first pregnancy: _____ years

Antenatal Care

1) ANC registration

a) When did you registration? I/II/III trimester

b) Where did you registration? KLE/ PHC/ dist hospital/ Pvt/ other specify

2) Do you have ANC card? Yes/ No

3) ANC check-up: Yes/ No

If yes, how many visits: 1/2/3/>3

Place of ANC check-up - PHC/ Subcentre/ Dist. hospital/ Pvt. hospital/KLE/ others specify

If no, reasons for not receiving ANC: unaware/not accessible/objection/other specify

4) Injection tetanus toxoid given: Yes/ No

If yes, how many doses: TT₁ at _____ weeks, TT₂ at _____ weeks, and booster at _____ weeks.

If no, reason for not receiving: unaware/ taken during previous pregnancy/
Non- availability/ objection/ others specify
availability

5) IFA tablets taken: Yes/ No

If yes, how many: <30/ 30- 60/ 60- 100/ > 100

If no, reason for not taking or discontinuation of IFA:

Not received/ side effects/ objection/ others specify

6) Did the following ANC measurements/ tests done on you during ANC visit

Weight measured: Yes/ No

Height measured: Yes/ No

Blood pressure recorded: Yes/ No

Blood tested: Yes/ No

Urine tested: Yes/ No

Abdominal examination: done / not done

7) Did you receive Antenatal advice regarding

Diet: Yes/ No

Danger sign of pregnancy: Yes/ No

Intranatal care: Yes/ No

Newborn care: Yes/ No

Family planning: Yes/ No

8) Had any complications during pregnancy? (Raised BP, Swelling of feet,
Blurring of vision, APH, others)

9) Did you get referred to higher centre? : Yes/ No

If yes, why:

Where:

Who referred:

Intranatal History

1) Gestational period : preterm/ full term/ post term

2) Place of delivery : home/ PHC/ Dist. hospital/ Pvt hospital/ others specify

3) Mode of delivery : normal/ instrumental/ caesarian

4) Delivery conducted by : ANM/ Nurse/ doctor/ TBA/ UTBA/ others specify

5) Any Complication during delivery : Yes/ No

If yes, what complication:

Referred to where:

- 6) Outcome of pregnancy :
- a) Newborn – Alive/ Dead
 - Male/ Female
 - Normal/ Abnormal
 - b) Birth weight recorded: Yes/ No
 - If yes, birth weight: kg
 - c) Baby cried immediately afterbirth : Yes/ No

III) Postnatal Care

- 1) PNC provided: Yes/ No

If yes, by whom: ANM/ Nurse/ Doctor/ TBA/ UTBA

How many visits within 2 months: 1/ 2/ 3/ >3

If no, reason: unaware/ not accessible/ objection/ others specify

- 2) Postnatal complications: Yes/ No

If yes, type of complication: PPH/ sepsis/ thrombophlebitis/ mastitis/
UTI/ Others specify

Place of treatment:

- 3) Did you receive Postnatal advice regarding

Diet: Yes/ No

Postnatal exercise: Yes/ No

Exclusive breast feeding: Yes/ No

Care of newborn: Yes/ No

Immunisation: Yes/ No

Family planning: Yes/ No

- 4) For the child

- 1. Time of initiation of breast feeding
- 2. Colostrum given: Yes/ No
- 3. Exclusive Breast feeding: Yes/ No
- 4. Type of feeding: Demand/ Timed
- 5. Immunisation: BCG/ '0' dose polio/ OPV/ DPT/ Hepatitis B
- 6. Immunisation card present : Yes / No

Annexure-III

Key to Master Chart

1. Serial number
 2. Age of the woman in years
 3. Subcentre
1-Kangralli, 2-Agasga, 3-Handignur, 4-Shivapur
 4. Religion
1-Hindu, 2-Muslim
 5. Education of woman
 1. Illiterate
 2. Primary (1-4 years)
 3. Middle school (5- 7years)
 4. High school (8- 10years)
 5. College (>10 years)
 6. Education of father
 1. Illiterate
 2. Primary (1-4 years)
 3. Middle school (5- 7years)
 4. High school (8- 10years)
 5. College (>10 years)
 7. Occupation of mother
1-Housewife, 2-Working
 8. Occupation of Husband
 1. Profesional
 2. Clerical/ shopkeeper/ Farm owner
 3. Skilled worker
 4. Unskilled worker
 5. Unemployed
 9. Type of family
1- Nuclear, 2-Joint, 3- Three generation
 10. Number of family members in Numbers
 11. Socioeconomic status I- 1, II- 2, III- 3, IV- 4, V- 5
 12. Age at marriage in years
 13. Age at first pregnancy in years
 14. Parity 1/ 2/ 3/ 4/ 5
-
-

-
-
15. Number of living children in numbers
16. Abortions
1-One, 2- More than 1, 3- Nil
17. Still birth
1- One, 2- more than 1, 3- Nil
18. Death
19. Antenatal registration
1- I Trimester, 2-II Trimester, 3-III Trimester, 4-Not registered
20. Place of registration
1-Subcentre, 2-PHC, 3-District hospital, 4-Private hospital,
5-Military hospital, 6-KLE , 7- Others
21. ANC Card issued: 1- Yes, 2- No
22. Number of antenatal visits
1- One, 2- Two, 3- Three or more, 4- Zero
23. Place of antenatal visits
1- Subcentre, 2- PHC, 3- District hospital, 4- Private hospital,
5- Military hospital, 6-more than one government hospital
6- Government and private hospital, 7- KLE, 8-Others
24. Reasons for not receiving ANC
NA; not applicable
25. Number of tetanus toxoid injections
1- One / booster dose, 2- two doses
26. TT1 at ----- weeks
27. TT2 at -----weeks
28. IFA tablets
1. 100 or more tablets
 2. 60 to 100 tablets
 3. 30- 60 tablets
 4. <30
 5. zero
29. Reasons for not taking tablets
1. Not received
 2. Side effects
 3. Objections from family members
 4. Others
-
-

0. Not applicable

30. Full antenatal care: 1- Yes, 2- No

31. Weight measured: 1- Yes, 2- No

32. Height measured: 1- Yes, 2- No

33. BP measured: 1- Yes, 2- No

34. Blood/ Hb test: 1- Yes, 2- No

35. Urine test: 1- Yes, 2- No

36. Abdominal examination: 1- Yes, 2- No

37: Advice on diet: 1- Yes, 2- No

38. Advice on danger signs: 1- Yes, 2- No

39. Advice on intranatal care: 1- Yes, 2- No

40. Advice on newborn care: 1- Yes, 2- No

41. Advice on family planning: 1- Yes, 2- No

42. Antenatal complication

1. Raised BP
2. Swelling of feet
3. Blurring of vision
4. APH
5. Others
6. Nil
7. Malpresentation
8. More than 1

43. Referral: 1- not referred, 2- referred

44. Place of referral

1. PHC
2. District hospital
3. KLE
4. Others
0. Not applicable

45. Gestational period: 1- Preterm, 2- Full term, 3- Post term

46. Place of delivery

1. Home
2. Subcentre
3. PHC
4. District hospital
5. Private hospital

-
-
6. KLE
 7. Others
47. Mode of delivery: 1- Normal, 2- Instrumental, 3- Cesarean section
48. Delivery conducted by
1. ANM
 2. Nurse
 3. Doctor
 4. TBA
 5. UTBA
 6. Others
49. Intranatal complications
1. Nil,
 2. Prolonged labour
 3. Premature rupture of membrane
 4. Fetal distress
 5. Others
50. Newborn: 1- alive, 2- dead
51. Sex of newborn: 1- male, 2- dead
52. Single- 1, Twins- 2
53. Congenital anomalies: 1- Present, 2- Absent
54. Birth weight recorded: 1- Yes, 2- No
55. Birth weight in ----kg
56. Baby cried immediately after birth: 1- Yes, 2- No
57. Postnatal visit: 1 for 1, 2 for 2, 3 for 3, 4 for zero
58. Postnatal checkup by
1. ANM
 2. Nurse
 3. Doctor
 4. TBA
 5. UTBA
 6. Others
 0. Not applicable
59. Reasons for not receiving postnatal visits
- 1- Unaware, 2- Not accessible, 3- Objection from family, 4- Others,
 - 0- Not applicable
60. Postnatal complication:
- 1- Nil, 2- PPH, 3- Sepsis, 4- Thrombophlebitis, 5- Mastitis, 6- UTI, 7- Others
-
-

61. Place of treatment:

1- Subcentre, 2- PHC, 3- Dist hospital, 4- Private hospital, 5- KLE, 6- Others,
7- Not taken

62. Postnatal advice on diet: 1- Received, 2- Not received

63. Postnatal advice on exercise: 1- Received, 2- Not received

64. Postnatal advice on exclusive breast feeding: 1- Received, 2- Not received

65. Postnatal advice on care of newborn: 1- Received, 2- Not received

66. Postnatal advice on immunization of child: 1- Received, 2- Not received

67. Postnatal advice on family planning: 1- Received, 2- Not received

68. Time of initiation of breast feeding:

1- within 1 hr, 2- one to 4 hrs, 3- four to 24 hrs, 4- after 1 day

69. Colostrum: 1- given, 2- Not given

70. Exclusive breast feeding: 1- Yes, 2- No

71. Type of feeding: 1- Demand, 2- Timed

72. Immunization card issued: 1- Yes, 2- No

73. Immunization for age: 1- Complete, 2- Incomplete

Sl. No	Age of the mother	Subcentre	Religion	Education of the woman	Education of husband	occupation of woman	occupation of husband	type of family
1	21	1	1	4	1	1	4	2
2	22	1	1	4	5	1	3	2
3	26	1	1	4	5	1	2	2
4	23	1	1	5	5	1	3	1
5	29	1	1	4	4	1	4	3
6	23	1	1	4	4	2	4	2
7	24	1	1	5	5	1	2	2
8	23	1	1	4	4	1	3	2
9	29	1	1	4	4	1	2	1
10	22	1	1	5	5	1	4	2
11	26	1	1	5	1	1	2	2
12	20	1	1	4	4	1	3	3
13	22	1	1	3	4	1	2	2
14	22	1	1	3	4	1	2	3
15	22	1	1	4	5	1	3	2
16	20	1	1	3	1	1	2	1
17	24	1	1	3	4	1	4	1
18	19	1	1	4	4	1	2	2
19	22	1	1	4	5	1	4	1
20	31	1	1	5	5	2	1	3
21	24	1	1	5	5	1	2	2
22	25	1	1	4	4	1	4	1
23	25	1	1	5	5	1	2	2
24	22	1	1	5	4	1	4	2
25	27	1	1	4	5	1	4	2
26	22	1	1	5	4	1	4	2
27	32	1	1	5	5	1	5	2
28	29	1	1	4	4	1	1	2
29	27	1	1	4	4	1	2	3
30	20	1	1	4	4	1	4	1
31	25	1	1	3	4	1	3	2
32	24	1	1	3	4	2	2	2
33	25	1	1	4	5	2	2	2
34	20	1	1	1	3	1	3	2
35	25	1	1	3	5	1	1	1
36	23	1	1	4	4	1	4	1
37	26	1	1	4	5	1	3	2
38	20	1	1	4	4	1	4	2

39	25	1	1	4	5	1	3	2
40	26	1	1	4	5	1	3	2
41	20	1	2	1	4	1	4	2
42	28	1	1	4	4	1	3	2
43	22	1	1	4	5	1	3	2
44	20	1	1	4	4	1	4	2
45	23	1	1	4	4	1	2	1
46	25	1	1	4	5	1	3	1
47	27	1	1	3	5	1	2	2
48	23	1	1	5	5	1	2	1
49	28	1	1	4	5	1	2	1
50	24	1	1	5	5	1	1	2
51	27	1	1	5	5	1	2	1
52	26	1	1	4	4	1	4	1
53	30	1	1	4	5	1	3	1
54	21	1	1	3	4	1	2	3
55	24	1	1	5	5	1	2	2
56	35	1	1	1	1	1	4	1
57	21	1	1	5	5	1	2	2
58	22	1	1	5	5	1	2	1
59	24	1	1	4	5	1	1	1
60	25	1	1	5	5	1	2	2
61	21	1	1	3	4	1	3	2
62	23	1	1	4	4	1	3	2
63	25	1	1	4	4	1	4	2
64	25	1	1	1	4	1	4	1
65	24	1	1	4	5	1	3	1
66	23	1	1	1	4	1	4	1
67	25	1	1	4	4	1	3	2
68	24	1	1	5	5	1	1	2
69	23	1	1	5	5	2	3	1
70	23	1	1	4	4	1	2	2
71	24	1	1	3	4	1	3	2
72	24	1	1	4	4	1	3	1
73	27	1	1	5	5	2	1	1
74	27	1	1	5	5	1	1	1
75	20	1	1	4	5	1	1	2
76	21	1	1	5	5	1	1	2
77	21	1	1	5	5	1	1	2
78	20	1	1	4	5	1	2	2
79	20	1	1	4	5	1	4	2
80	23	1	1	4	4	1	4	2
81	22	1	1	4	5	1	4	1
82	26	1	1	4	5	2	1	1
83	26	1	1	1	1	1	3	2
84	20	1	1	1	4	1	4	1
85	22	1	1	5	5	1	3	2
86	27	1	1	2	4	2	4	2
87	28	1	1	4	5	2	4	2
88	25	1	1	5	4	1	4	2
89	21	1	1	1	4	1	4	2
90	26	1	1	5	5	1	1	2

91	25	1	1	1	3	2	4	1
92	23	1	1	4	5	1	4	2
93	22	1	1	5	5	1	3	1
94	23	1	1	5	5	1	1	2
95	21	1	1	3	5	1	3	2
96	24	1	1	4	4	1	2	2
97	22	1	1	4	4	1	3	2
98	28	1	1	5	4	1	4	2
99	25	1	1	4	5	1	3	1
100	27	1	1	4	3	1	3	1
101	25	1	1	4	5	1	3	2
102	21	1	1	5	5	1	3	2
103	26	1	1	4	5	1	2	2
104	21	1	1	4	4	1	2	2
105	26	1	1	5	4	1	3	3
106	26	1	1	1	3	1	2	1
107	22	1	1	4	5	1	3	2
108	19	1	1	1	4	1	4	3
109	22	1	1	2	3	1	4	1
110	23	1	1	4	5	2	4	3
111	26	1	1	2	4	1	3	3
112	20	1	1	1	3	1	3	1
113	22	1	1	5	5	1	2	2
114	22	1	1	3	5	1	2	2
115	20	1	1	2	3	2	4	3
116	19	1	1	4	3	1	2	1
117	23	1	1	3	4	1	2	3
118	21	1	1	2	4	1	4	3
119	23	1	1	3	3	1	2	2
120	24	1	1	4	5	1	3	2
121	26	1	1	4	5	1	2	1
122	30	1	1	5	5	1	2	2
123	26	1	1	5	5	1	2	2
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126	21	1	1	4	5	1	3	2
127	28	1	1	5	5	2	2	3
128	21	1	1	4	5	1	3	1
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135	20	1	1	2	5	1	2	2
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139	18	1	1	2	5	1	3	2
140	19	1	1	2	5	1	2	3
141	20	1	1	2	5	1	3	2
142	23	1	1	5	5	1	2	1

143	20	1	1	2	5	1	4	1
144	20	1	1	2	4	1	4	2
145	20	1	1	2	3	1	4	3
146	21	1	1	4	1	1	4	2
147	22	1	1	4	5	1	3	2
148	26	1	1	4	5	1	2	2
149	23	1	1	5	5	1	3	1
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151	23	1	1	4	4	2	4	2
152	24	1	1	5	5	1	2	2
153	23	1	1	4	4	1	3	2
154	29	1	1	4	4	1	2	1
155	22	1	1	5	5	1	4	2
156	26	1	1	5	1	1	2	2
157	20	1	1	4	4	1	3	3
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159	22	1	1	3	4	1	2	3
160	22	1	1	4	5	1	3	2
161	20	1	1	3	1	1	2	1
162	24	1	1	3	4	1	4	1
163	19	1	1	4	4	1	2	2
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166	24	1	1	5	5	1	2	2
167	25	1	1	4	4	1	4	1
168	25	1	1	5	5	1	2	2
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170	27	1	1	4	5	1	4	2
171	22	1	1	5	4	1	4	2
172	32	1	1	5	5	1	5	2
173	29	1	1	4	4	1	1	2
174	27	1	1	4	4	1	2	3
175	20	1	1	4	4	1	4	1
176	25	1	1	3	4	1	3	2
177	24	1	1	3	4	2	2	2
178	25	1	1	4	5	2	2	2
179	20	1	1	1	3	1	3	2
180	25	1	1	3	5	1	1	1
181	23	1	1	4	4	1	4	1
182	26	1	1	4	5	1	3	2
183	20	1	1	4	4	1	4	2
184	25	1	1	4	5	1	3	2
185	24	1	1	5	5	1	2	2
186	25	1	1	4	4	1	4	1
187	25	1	1	5	5	1	2	2
188	22	1	1	5	4	1	4	2
189	27	1	1	4	5	1	4	2
190	22	1	1	5	4	1	4	2
191	32	1	1	5	5	1	5	2
192	29	1	1	4	4	1	1	2
193	27	1	1	4	4	1	2	3
194	20	1	1	4	4	1	4	1

195	25	1	1	3	4	1	3	2
196	24	1	1	3	4	2	2	2
197	25	1	1	4	5	2	2	2
198	20	1	1	1	3	1	3	2
199	25	1	1	3	5	1	1	1
200	23	1	1	4	4	1	4	1
201	26	1	1	4	5	1	3	2
202	20	1	1	4	4	1	4	2
203	25	1	1	4	5	1	3	2
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205	25	1	1	2	3	1	3	1
206	27	1	1	1	2	1	3	1
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211	28	1	1	4	4	1	2	1
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213	20	1	1	4	4	1	3	2
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240	26	4	1	1	3	2	3	2
241	22	4	1	2	3	1	4	1
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244	22	4	1	2	3	1	4	2
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251	21	4	1	1	2	2	3	2
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326	28	2	1	4	3	1	4	2
327	24	2	1	4	3	1	3	2
328	20	2	1	3	3	1	4	2
329	20	2	1	4	5	1	2	2
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336	19	2	1	3	2	1	4	1
337	24	2	1	3	4	1	4	2
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353	20	2	1	3	4	1	3	2
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355	20	2	1	3	3	1	4	2
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359	25	2	1	3	4	1	3	2
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363	23	2	1	1	1	1	3	2
364	28	2	1	3	1	1	3	2
365	22	2	1	4	5	1	2	2
366	24	2	1	5	1	1	4	2
367	25	2	1	3	4	1	4	2
368	20	2	1	1	2	1	4	2
369	27	2	1	4	5	2	4	1
370	25	2	1	4	4	1	4	2
371	21	2	1	3	3	2	4	2
372	21	2	1	3	4	1	3	2
373	25	2	1	3	3	2	4	2
374	26	2	1	3	4	1	4	1
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376	30	2	1	3	4	1	4	2
377	30	2	1	1	3	1	4	1
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396	23	2	1	4	3	1	4	2
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405	20	2	1	4	4	1	3	2
406	25	2	1	1	4	1	4	2
407	30	2	1	4	4	2	3	1
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409	25	2	1	1	4	1	3	3
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411	28	3	1	1	3	2	4	1
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413	22	3	1	1	2	1	3	2
414	19	3	1	3	4	1	3	3
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417	20	3	1	3	4	1	4	2
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422	20	3	1	4	4	1	3	3
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424	26	3	1	2	4	2	3	2
425	21	3	1	4	4	1	3	2
426	40	3	1	1	3	1	4	1
427	22	3	1	3	4	1	4	2
428	24	3	1	4	4	1	3	2
429	20	3	1	3	4	1	3	2
430	27	3	1	1	3	2	3	2
431	22	3	1	3	3	1	4	1
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433	19	3	1	3	4	1	3	2
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435	20	3	1	4	4	1	3	2
436	22	3	1	3	4	1	2	2
437	24	3	1	3	4	1	4	2
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440	20	3	1	2	3	1	3	2
441	28	3	1	1	1	2	3	1
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443	23	3	1	2	3	1	3	2
444	22	3	1	3	4	1	3	2
445	24	3	1	4	4	1	2	2
446	24	3	1	4	4	1	1	2
447	23	3	1	4	5	1	1	2
448	26	3	1	1	2	1	4	2
449	25	3	1	4	4	1	2	2
450	30	3	1	1	2	1	4	2
451	20	3	1	4	5	1	2	2
452	20	3	1	3	3	1	3	1
453	23	3	1	4	4	1	3	2
454	25	3	1	4	5	1	4	1

455	17	3	1	1	1	1	3	2
456	22	3	1	4	3	1	4	2
457	21	3	1	3	5	1	3	1
458	24	3	1	3	4	1	4	2
459	21	3	1	3	4	1	2	1
460	22	3	1	2	4	1	3	2
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463	24	3	1	4	3	1	3	2
464	21	3	1	4	3	1	3	2
465	25	3	1	2	3	2	3	2
466	25	3	1	2	4	2	4	1
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468	24	3	1	3	3	1	3	1
469	26	3	1	2	1	1	3	2
470	30	3	1	3	4	1	3	1
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472	25	3	1	1	2	2	2	2
473	23	3	1	2	3	2	3	2
474	20	3	1	3	4	1	3	1
475	25	3	1	1	3	2	3	2
476	20	3	1	1	3	1	3	2
477	18	3	1	2	3	1	3	2
478	21	3	1	1	2	2	3	2
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491	26	3	1	1	3	1	4	2
492	22	3	1	3	3	1	4	2
493	24	3	1	4	4	1	3	2
494	25	3	1	1	1	1	2	1
495	25	3	1	3	4	1	3	2
496	20	3	1	4	4	1	2	2
497	25	3	1	4	5	1	2	1

No. of family members	socioeconomic status	Age at marriage	Age at first pregnancy	Parity	No. of living children	Abortions	still births	Deaths
11	4	19	21	1	1	3	3	3
7	4	20	22	1	1	3	3	3
9	1	20	22	2	2	1	3	3
4	4	19	20	2	2	3	3	3
7	5	18	21	5	4	1	3	3
10	5	20	21	2	2	3	3	3
13	2	22	24	1	1	3	3	3
23	4	18	20	3	3	3	3	3
4	4	21	22	2	2	3	3	3
13	5	20	21	2	2	2	3	3
7	3	23	24	2	1	3	1	3
4	3	18	20	1	1	3	3	3
12	3	15	16	4	3	3	1	3
5	5	19	20	2	2	3	3	3
6	3	20	22	1	1	3	3	3
3	2	19	20	1	1	3	3	3
4	3	20	21	2	2	3	3	3
8	3	18	19	1	1	3	3	3
4	4	18	19	3	2	3	3	1
6	3	27	28	2	2	1	3	3
7	4	21	22	2	2	3	3	3
3	4	23	25	1	1	3	3	3
11	5	21	22	2	2	3	3	3
11	3	19	20	2	2	3	3	3
7	4	22	26	1	1	2	3	3
6	4	20	21	2	2	3	3	3
10	4	22	25	2	2	2	3	3
8	4	19	21	3	3	3	3	3
4	4	26	27	1	1	3	3	3
3	3	20	20	1	1	3	3	3
6	4	18	20	3	3	3	3	3
10	5	18	19	2	2	1	3	3
10	3	18	21	2	2	3	3	3
7	4	18	20	1	1	3	3	3
4	2	20	22	2	2	1	3	3
4	3	20	21	2	2	3	3	3
5	4	22	26	1	1	3	3	3
6	4	18	20	1	1	3	3	3

7	5	18	19	3	3	3	3	3
8	3	20	21	3	3	3	3	3
5	4	18	19	1	1	1	3	3
6	1	18	19	4	4	3	1	3
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4	3	21	23	2	2	3	3	3
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9	1	21	24	1	1	3	3	3
5	4	21	23	1	1	3	3	3
7	3	19	20	2	2	3	3	3
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7	2	18	20	1	1	3	3	3
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4	3	18	19	2	2	3	3	3
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7	5	16	18	4	4	3	3	3
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9	1	21	22	1	1	3	3	3
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7	2	18	20	3	3	3	3	3

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6	4	18	19	2	2	3	3	3
3	2	20	22	1	1	3	3	3
6	2	21	23	2	1	3	1	3
5	4	17	19	2	2	3	3	3
7	4	20	21	2	2	3	3	3
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6	4	22	25	2	2	3	3	3
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4	4	18	22	1	1	3	3	3
5	3	18	18	1	1	1	3	3
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5	2	22	22	2	1	1	3	3
7	5	16	18	4	4	3	3	3
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7	2	22	22	1	1	3	3	3
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7	3	22	23	1	1	3	3	3
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4	3	19	20	1	1	3	3	3
8	3	18	20	1	1	1	3	3
7	3	18	19	2	2	3	3	3
2	2	24	24	2	2	3	3	3
3	3	19	19	1	1	1	3	3
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3	2	19	19	1	1	3	3	3
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Antenatal registration	Place of registration	ANC card	No. of antenatal visits	Place of antenatal visit	Reasons for no antenatal visits	Inj. TT	TT1	TT2/Booster
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place of delivery	mode of delivery	delivery conducted by	intrnatal complications	newborn	sex of the child	single/twins	congenital anomalies	birth weigt measured
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6	1	3	1	1	2	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
4	1	3	1	2	2	1	2	1
5	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
5	1	3	1	1	2	1	2	1
4	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
2	1	3	3	1	2	1	2	1
5	1	2	1	1	2	1	2	2
5	3	3	1	1	1	1	2	1
6	3	3	1	1	1	1	2	1

5	3	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
1	1	3	1	1	1	1	2	2
5	1	3	1	1	2	1	2	1
1	1	5	1	1	2	1	2	2
1	1	5	1	1	1	1	2	2
4	1	3	1	1	1	1	2	1
6	1	3	1	1	2	1	2	1
3	1	1	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
6	1	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
3	1	1	1	1	2	1	2	1
3	1	1	1	1	1	1	2	1
5	3	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
3	1	1	1	1	2	1	2	1
3	1	1	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
1	1	1	1	1	1	1	2	2
3	1	1	1	1	1	1	2	1
6	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
3	1	1	1	1	1	1	2	1
3	1	1	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
3	1	1	1	1	2	1	2	1
1	1	5	1	1	2	1	2	2
4	1	3	1	1	2	1	2	1
4	1	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
4	1	3	1	1	1	1	2	1

5	1	2	2	1	2	1	2	1
1	1	1	1	1	2	1	2	2
4	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
4	1	3	1	1	2	1	2	1
1	1	4	1	1	1	1	2	2
5	1	3	1	1	2	1	2	1
4	3	3	1	1	2	2	2	1
1	1	3	1	1	1	1	2	2
1	1	3	1	1	1	1	2	2
1	1	6	1	1	2	1	2	2
4	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
1	1	4	1	1	2	1	2	2
5	1	3	1	1	1	1	2	1
1	1	4	1	1	2	1	2	2
5	1	3	1	1	1	1	2	1
1	1	3	1	1	1	1	2	2
5	1	5	1	1	1	1	2	2
1	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
4	1	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
6	1	3	1	1	2	1	2	1
3	1	2	1	1	2	1	2	1
1	1	5	1	1	2	1	2	2
1	1	4	1	1	1	1	2	2
1	1	3	1	1	1	1	2	2
3	1	1	1	1	1	1	2	1
3	1	1	1	1	1	1	2	1
3	1	1	1	1	1	1	2	1
5	1	3	1	1	2	1	2	1
3	1	1	1	1	2	1	2	1
1	1	5	1	1	2	1	2	2
6	1	3	1	1	2	1	2	1
4	1	3	1	1	1	1	2	1
4	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
6	3	3	1	1	1	1	2	1
5	1	3	1	1	1	1	2	1
4	1	3	1	1	1	1	2	1
4	1	3	1	1	2	1	2	1
5	1	3	1	1	1	1	2	1
6	1	3	1	1	2	1	2	1

birth weight	baby cried immediately	postnatal visit	postnatal check up conducted by	reasons not receiving postnatal visit	postnatal complications	place of treatment	postnatal advice on diet	postnatal advice on exercise
2.5	1	2	3	0	1	0	1	2
3	1	2	3	0	1	0	1	2
2.25	1	1	1	0	1	0	2	2
NA	1	4	0	1	1	0	2	2
2.7	1	3	3	0	1	0	2	2
2.7	1	3	3	0	1	0	1	2
2.4	1	2	3	0	5	5	2	2
3	1	4	0	1	1	0	2	2
1.9	1	2	3	0	1	0	1	2
2.5	1	2	1	0	1	0	1	2
2.4	1	4	0	1	1	0	2	2
2.8	1	2	3	0	6	4	1	1
2.8	1	4	0	1	1	0	2	2
3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.2	1	2	1	0	1	0	1	2
2.5	1	2	3	0	1	0	1	2
2.8	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	1	2
2.5	1	2	1	0	1	0	1	1
2.6	1	4	0	1	1	0	2	2
2.7	1	1	1	0	1	0	2	2
2.5	1	4	0	3	1	0	2	2
2.2	1	3	3	0	1	0	2	1
3	1	4	0	1	1	0	1	1
2.2	1	4	0	1	1	0	2	2
2.5	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
3	1	1	3	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	1	1
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.7	1	1	3	0	1	0	1	1
2.3	1	1	3	0	1	0	1	2

2.7	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	1	2
3.5	1	4	0	1	1	0	1	2
2.4	1	4	0	1	1	0	1	2
2.5	1	4	0	3	1	0	1	2
3.6	1	1	3	0	1	0	1	1
2.7	1	1	3	0	1	0	1	2
3.5	1	2	1	0	1	0	1	1
2.3	1	2	1	0	1	0	1	2
3	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
2.8	1	1	3	0	1	0	1	1
3	1	1	3	0	1	0	1	1
2.7	1	1	1	0	1	0	2	2
2.8	1	1	3	0	1	0	1	1
3	1	4	0	1	1	0	2	2
2.2	1	3	1	0	1	0	1	2
2.3	1	2	3	0	1	0	1	2
2.8	1	2	3	0	1	0	1	1
2.9	1	1	3	0	1	0	1	2
3.3	1	1	3	0	1	0	1	1
2.2	2	1	1	0	5	6	2	2
NA	1	4	0	1	1	0	2	2
2.5	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.3	1	1	3	0	1	0	1	2
3	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
3.2	1	1	3	0	1	0	1	1
3	1	1	3	0	1	0	2	2
3	1	4	0	1	1	0	2	2
2.4	1	2	3	0	1	0	1	2
2.9	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	1
2.7	1	1	3	0	1	0	1	2
2.3	1	2	3	0	1	0	1	1
3	1	1	3	0	1	0	1	1
2.5	1	1	3	0	1	0	1	1
2.7	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	1
3.5	1	1	3	0	1	0	1	2
2.7	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.5	1	1	3	0	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.2	1	1	3	0	1	0	1	2
2.5	1	1	3	0	1	0	1	1
2.5	1	1	3	0	1	0	1	2
3	1	1	3	0	1	0	1	2

2.2	1	4	0	1	1	0	1	2
3	1	1	1	0	6	4	1	2
3.5	1	3	3	0	6	4	1	2
2.5	2	1	1	0	5	5	2	2
3	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	1
3	1	1	3	0	1	0	1	1
3	1	1	3	0	1	0	1	1
3	1	4	0	1	1	0	1	2
2.7	1	2	3	0	1	0	1	2
2.7	1	4	0	1	1	0	1	1
3	1	1	3	0	1	0	1	1
3	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	1	1
3	1	1	3	0	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.7	1	1	3	0	1	0	1	2
2.6	1	1	3	0	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.6	1	1	2	0	1	0	1	2
2.7	1	1	1	0	5	3	1	2
2.9	1	1	1	0	1	0	1	2
2.7	1	2	1	0	6	4	1	1
2.6	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	1
2.7	1	1	1	0	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.6	1	3	3	0	5	6	1	2
2.5	1	1	1	0	1	0	1	2
2.3	1	4	0	1	6	2	1	1
2.8	1	2	3	0	1	0	1	2
2.5	1	4	0	1	5	3	2	2
2.1	1	2	3	0	1	0	1	1
2.8	1	2	3	0	1	0	1	2
2.7	1	1	1	0	1	0	1	1
2.6	1	2	1	0	5	3	1	1
2.3	1	3	3	0	5	3	1	1
2.6	1	2	3	0	1	0	1	2
2.3	1	2	3	0	6	4	1	1
2.6	1	1	1	0	1	0	1	2
2.6	1	1	1	0	5	3	1	2
3	1	1	3	0	5	3	1	1
2.6	1	1	1	0	1	0	1	2
2.6	1	1	1	0	1	0	1	1
2.8	1	2	3	0	1	0	1	2
2.6	1	4	0	2	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.6	1	1	1	0	1	0	1	2
2.8	1	1	3	0	1	0	1	2
2.5	1	2	3	0	1	0	1	2
2.9	1	2	3	0	1	0	1	2

2.7	1	2	2	0	1	0	2	2
2.6	1	4	0	1	1	0	1	2
2.4	1	4	0	1	1	0	1	2
2.5	1	2	3	0	1	0	1	2
3	1	2	3	0	1	0	1	2
2.25	1	1	3	0	1	0	2	2
NA	1	4	0	1	1	0	2	2
2.7	1	3	3	0	1	0	2	2
2.7	1	3	3	0	1	0	1	2
2.3	1	2	3	0	5	5	2	2
3	1	4	0	1	1	0	2	2
1.9	1	2	3	0	1	0	1	2
2.5	1	2	3	0	1	0	1	2
2.4	1	4	0	1	1	0	2	2
2.8	1	2	3	0	6	4	1	1
2.8	1	4	0	1	1	0	2	2
3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.2	1	2	3	0	1	0	1	2
2.5	1	2	3	0	1	0	1	2
2.8	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	1	2
2.5	1	2	3	0	1	0	1	1
2.6	1	4	0	1	1	0	2	2
2.7	1	1	1	0	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.2	1	3	3	0	1	0	2	1
3	1	4	0	1	1	0	1	1
2.2	1	4	0	3	1	0	2	2
2.5	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	1	1
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.7	1	1	1	0	1	0	1	1
2.3	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
2.5	1	2	3	0	1	0	1	1
2.6	1	4	0	1	1	0	2	2
2.7	1	1	1	0	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.2	1	3	3	0	1	0	2	1
3	1	4	0	1	1	0	1	1
2.2	1	4	0	3	1	0	2	2
2.5	1	1	1	0	1	0	1	2
2.7	1	1	3	0	1	0	1	2
3	1	1	3	0	1	0	1	2
3	1	1	3	0	1	0	1	2

2.7	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	1	1
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.7	1	1	3	0	1	0	1	1
2.3	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	2	2
2.7	1	4	0	1	6	7	1	2
3	1	4	0	1	1	0	1	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
2.8	1	4	0	1	1	0	1	2
2.8	1	4	0	1	1	0	1	2
2.1	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	1	2
2.7	1	4	0	2	1	0	2	2
NA	1	4	0	2	1	0	2	2
2.8	1	1	1	0	1	0	1	1
2.7	1	4	0	1	1	0	1	2
2.8	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.3	1	4	0	1	1	0	1	2
3.5	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.8	1	4	0	1	1	0	1	2
NA	1	4	0	1	1	0	2	2
2.5	1	4	0	2	1	0	1	2
2.9	1	1	3	0	1	0	2	2
2.8	1	1	3	0	1	0	1	2
NA	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.5	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.8	1	4	0	2	1	0	1	2
NA	1	4	0	2	1	0	2	2
2.3	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	1	2
NA	1	1	3	0	1	0	2	2
2.3	1	4	0	2	1	0	1	1
2.8	1	4	0	1	1	0	1	2
2.4	1	4	0	1	5	5	1	2
NA	1	1	1	0	1	0	1	2

2.5	1	4	0	1	1	0	1	2
3	1	1	1	0	1	0	1	2
2.3	1	1	3	0	6	4	1	2
2.7	1	4	0	1	6	7	1	2
2.2	1	1	3	0	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	1	2
NA	1	1	3	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.8	1	4	0	1	1	0	1	2
2.1	1	2	1	0	1	0	2	1
2.5	1	1	1	0	1	0	1	2
2.8	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	2	2
2.8	1	4	0	1	1	0	1	2
2.8	1	4	0	1	1	0	1	2
2.7	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
NA	1	1	1	0	1	0	1	2
2.2	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.4	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	1	2
2	1	1	1	0	1	0	1	2
3	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.7	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	2	2
2.7	1	1	3	0	1	0	2	2
2	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	2	1	0	1	2
2.7	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2

NA	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	1	1
3	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.6	1	1	3	0	1	0	1	2
NA	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	1	2
NA	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	1	2
3	1	1	2	0	1	0	1	1
3.2	1	4	0	1	1	0	2	2
NA	1	4	0	4	1	0	2	2
2.7	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
3.5	1	1	2	0	1	0	2	2
2.7	1	1	1	0	1	0	1	2
3.2	1	1	1	0	1	0	2	2
3.2	1	4	0	1	1	0	2	2
3.5	1	1	1	0	1	0	2	2
2.8	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
3.2	1	1	3	0	1	0	2	2
3	1	4	0	1	1	0	2	2
2.8	1	4	0	1	1	0	2	2
2.5	1	1	3	0	1	0	2	2
3	1	4	0	1	1	0	2	2
2.1	1	1	1	0	1	0	2	2
2.6	1	1	1	0	1	0	2	2
2.4	1	4	0	1	1	0	2	2
3	1	4	0	1	1	0	2	2
NA	1	1	3	0	1	0	2	2
2.7	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	2	2
3	1	4	0	1	1	0	2	2
2.7	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.2	1	1	1	0	1	0	1	1
2.3	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.2	1	1	1	0	1	0	1	2
2.2	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	2	2
2.3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	2
3	1	4	0	1	1	0	2	2

2.3	1	1	1	0	1	0	2	2
2.5	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	2	2
2.3	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	1	2
3	1	1	3	0	1	0	2	2
2.5	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
3.2	1	4	0	1	1	0	1	2
2.1	1	1	1	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.6	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.8	1	4	0	1	1	0	1	2
NA	1	1	3	0	1	0	2	2
3	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.7	1	1	3	0	1	0	1	2
2.5	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
NA	1	1	3	0	1	0	1	2
3	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.3	1	1	3	0	1	0	1	2
3.5	1	4	0	1	1	0	2	2
3.5	1	1	1	0	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	2	2
NA	1	1	3	0	1	0	1	2
2.4	1	1	1	0	5	3	1	2
2.5	1	4	0	1	1	0	2	2
2	1	1	3	0	1	0	1	2
3	1	1	1	0	1	0	1	2
2.8	1	4	0	1	6	4	1	2
2	2	1	1	0	1	0	2	2
3	1	4	0	1	1	0	2	2
2.8	1	1	1	0	1	0	1	2
2.8	1	4	0	1	1	0	1	2
2.4	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.5	1	1	1	0	5	4	1	2
2.2	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	2	2
2.5	1	1	3	0	1	0	1	2

3	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	2	2
2.8	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
2.5	1	2	1	0	1	0	1	2
2	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
2.3	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	1	2
3	1	4	0	1	1	0	1	2
2.7	1	1	3	0	1	0	1	2
2.2	1	2	3	0	6	4	1	2
2	1	2	3	0	1	0	1	2
2.3	1	4	0	1	1	0	1	2
2.5	1	2	1	0	1	0	1	1
2.7	1	4	0	1	1	0	1	2
2.2	1	1	3	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
3	1	1	1	0	1	0	1	2
2.5	1	1	1	0	1	0	1	2
2.9	1	1	1	0	1	0	1	2
2	1	1	3	0	1	0	1	2
2.5	1	2	1	0	1	0	1	2
3	1	1	1	0	1	0	1	1
2.7	1	4	0	1	1	0	1	2
2.5	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	1	2
2.7	1	1	3	0	1	0	1	2
2.5	1	4	0	1	1	0	1	2
2.2	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	1	2
2.7	1	1	1	0	1	0	1	2
3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.3	1	4	0	1	1	0	1	2
3	1	1	1	0	1	0	1	2
2.8	1	1	1	0	1	0	1	2
2.9	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.4	1	1	3	0	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2	1	4	0	1	1	0	2	2
3	1	1	1	0	1	0	2	2

3	1	4	0	1	1	0	2	2
NA	1	2	1	0	1	0	1	1
3	1	4	0	1	1	0	1	2
2.7	1	2	1	0	1	0	1	2
2.5	1	4	0	1	1	0	2	2
2.5	1	4	0	1	1	0	1	2
NA	1	4	0	1	1	0	2	2
3	1	3	3	0	5	4	1	1
2.2	1	2	3	0	1	0	1	2
NA	1	1	1	0	1	0	1	1
NA	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.8	1	1	1	0	1	0	1	2
2.5	1	1	1	0	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.7	1	1	1	0	1	0	1	2
NA	1	1	3	0	1	0	1	2
2.3	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	1	2
3	1	4	0	3	1	0	1	2
2	1	1	1	0	1	0	1	2
2.2	1	4	0	1	1	0	1	2
2.1	1	2	1	0	1	0	1	1
2.2	1	1	1	0	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	4	0	1	1	0	2	2
NA	1	1	1	0	1	0	2	2
2.7	1	4	0	1	1	0	1	2
2.9	1	1	1	0	1	0	1	2
3	1	1	1	0	1	0	2	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	1	2
NA	1	1	1	0	1	0	2	2
2.3	1	1	1	0	1	0	1	2
2.5	1	4	0	1	1	0	2	2
2.7	1	4	0	1	1	0	2	2
2.2	1	1	1	0	1	0	1	2
2.2	1	1	1	0	1	0	1	2
3	1	4	0	1	1	0	2	2
2.3	1	1	1	0	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.7	1	4	0	1	1	0	1	2
2.5	1	1	1	0	1	0	1	2

advice on EBF	Advice on care of newborn	Advice on immunisation	Advice on family planning	Age of the child	Time of initiation of breast feeding	Colostrum	Exclusive breast feeding	Type of feeding
1	1	1	1	8	4	2	2	1
1	1	1	1	7	4	2	2	1
2	1	1	1	7	4	2	2	1
2	2	2	2	2	1	1	1	1
1	1	1	2	3	4	2	2	1
1	1	1	1	7	1	1	1	1
1	1	1	2	7	2	1	1	1
1	1	1	1	7	4	1	1	1
1	1	1	1	5	4	1	1	1
1	1	1	1	2	1	1	1	1
2	2	2	2	2	1	1	1	1
1	1	1	1	7	2	1	1	1
1	1	1	1	2	1	1	1	1
1	1	1	1	6	1	1	1	1
1	1	1	1	8	1	1	1	1
1	1	1	2	3	1	1	1	1
1	1	1	1	4	1	1	1	1
1	1	1	1	8	1	1	1	1
2	2	2	2	7	4	1	2	1
1	1	1	1	4	1	1	2	1
1	1	1	1	2	3	1	1	1
2	2	2	2	4	1	1	1	1
1	1	1	1	2	1	1	1	1
1	1	1	1	8	2	1	1	1
1	1	1	1	8	2	1	1	1
1	1	1	1	7	1	1	1	1
1	1	1	1	8	3	1	2	1
1	1	1	1	8	2	1	1	1
1	1	1	2	7	4	2	2	1
1	1	1	1	8	1	1	1	1
1	1	1	2	5	1	1	1	1
2	2	2	2	3	2	1	1	1
2	2	2	2	3	2	1	1	1
1	1	1	1	7	2	1	1	1
1	2	2	2	6	1	1	1	1
1	1	1	1	4	2	1	1	1
1	1	1	2	4	1	1	1	1
1	1	1	1	7	1	1	1	1

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1	1	1	2	2	3	1	2	1
1	1	1	1	5	1	1	1	1
1	1	1	2	2	4	2	2	1
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1	1	1	1	4	2	1	1	1
1	2	1	2	7	1	1	1	1
2	2	2	2	2	1	1	1	1
1	1	1	1	4	2	1	2	1
1	1	1	1	7	2	1	2	1
2	2	1	1	7	1	1	1	1
1	1	1	2	7	1	1	1	1
1	1	1	1	3	1	1	1	1
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1	1	1	2	2	1	1	1	1
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2	2	2	2	0	0	0	0	0
2	2	2	2	6	4	2	2	1
1	1	1	2	2	2	1	1	1
2	2	2	2	2	1	1	1	1
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1	1	1	1	4	1	1	1	1
2	2	2	1	4	2	1	1	1
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1	1	1	1	7	2	1	1	1

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1	1	1	2	8	1	1	1	1
2	2	2	2	0	0	0	0	0
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1	1	1	1	9	2	1	1	1
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2	2	2	2	4	1	1	1	1
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2	2	2	2	3	2	1	1	1
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1	1	1	1	6	1	1	1	1
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1	2	1	1	6	2	1	2	1
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2	2	2	2	5	2	1	2	1
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1	1	1	1	11	2	1	1	1
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