10. Reproductive and Child Health Project: Rapid Household Surveys in Karnataka, Kerala and Goa

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Introduction

The Reproductive and Child Health (RCH) interventions that are being implemented by Government of India (GoI) are expected to provide quality services and achieve multiple objectives. There has been a positive paradigm shift from Method-Mix-Target based activity to client-centred-demand-driven quality services. Attempts are being made by GoI to not only re-orient the programme and service provider's attitude at the grass-roots, but also strengthen the services at outreach levels.

The new approach requires decentralisation of planning, monitoring and evaluation of the services. As part of these objectives, GoI has been interested in generating district-level data, other than service statistics, on utilisation of the services provided by government health facilities. It is also of interest to assess people's perceptions on quality of services. Therefore, it was decided to undertake District Level Household Surveys (DLHS) under RCH Project in the country. In the first year of the first phase of the second round DLHS-RCH, about 50 per cent of the districts were covered. Data collection in the remaining 50 districts is in progress. The Population Research Centre (PRC) at the Institute for Social and Economic Change (ISEC) has been entrusted with carrying out the survey in Karnataka, Kerala and Goa.

The District Level Household Survey focuses on the following aspects: (i) coverage of ANC & immunisation services, (ii) proportion of safe deliveries, (iii) contraceptive prevalence rates, (iv) unmet need for Family Planning, (v) awareness of RTI/STI and HIV/AIDS, and (vi) utilisation of health services and the users' satisfaction.

Methodology

Like Round 1 of Phase 2 (2002), in Round 2, nearly half of the 43 districts in three states as existed in 2001 census in India were selected with random start from either first or second district, and then alternative districts were selected. By this means, 14 districts in Karnataka, 7 districts in Kerala, and one district in Goa were covered in the first year, 2002, and the remaining 13 districts in Karnataka, 7 districts in Kerala and one district in Goa, are being covered in Round 2. In each of the selected districts, 40 Primary Sampling Units (PSUs — Villages/Wards) were selected with probability proportional to size (PPS) after stratification of the PSU. The village/ward level population as per the 1991 census was used for this purpose. The sample size was fixed at 1,000 households, i.e., 25 households from each selected PSU. In order to take care of non-response due to various reasons,

oversampling of 10 per cent of the households was done. Thus, in all, 28 households from each PSU were selected following a circular systematic random sampling procedure. For the selection of 28 households in each PSU, complete house-listing was carried out prior to the household survey.

The International Institute for Population Sciences (IIPS), Mumbai, the Nodal Agency for RCH Project, had designed Household Questionnaire, Woman's Questionnaire, Husband's Questionnaire, Village Questionnaire, and Health and Nutritional Questionnaire in consultation with Ministry of Health and Family Welfare, New Delhi, and the World Bank. Further, these questionnaires were discussed and finalised in a training-cum workshop organised at IIPS.

The Household Questionnaire was used to list all the usual members in the selected households as well as any visitors who stayed in the household the night before the interview, and to collect information on marriages, births, infant and maternal deaths since January 1, 1999, among the usual residents of the households. In addition, the questionnaire sought information on socio-economic characteristics of the households, and the incidence/prevalence of malaria, tuberculosis, and blindness. For all the marriages reported in the survey, the age at marriage of boys and girls in the household since January 1, 1999 was recorded.

The Women's Questionnaire was used to collect information from the eligible women listed in the household questionnaire, i.e., all currently married women aged 15–44 years, who were usual residents of the selected household or visitors who stayed in the selected household the night before the interview and whose marriages were consummated. The Woman's Questionnaire consisted of the following broad sections: (i) woman's characteristics, (ii) antenatal, natal and postnatal care, (iii) immunisation and childcare, (iv) contraception, (v) quality of government health services and client's satisfaction, and vi) awareness of RTI/STI and HIV/AIDS and reported symptoms of RTI/ STI.

The Husband Questionnaire was used to collect information from the husbands of eligible women listed in the household questionnaire on knowledge of RTI/STI and HIV/AIDS, and reported symptoms of RTI/STI as well as male participation in family planning. The Village Questionnaire was used to collect information on availability of health and education facilities in the village and whether the health facilities were accessible throughout the year. The Health and Nutrition questionnaire was used to collect blood samples to assess the haemoglobin level in pregnant women, adolescent girls aged 10–19, and children aged less than 72 months. The data were processed using microcomputers. The process consisted of office editing of questionnaires, data entry, data cleaning, and tabulation.

On the basis of 50 per cent of the districts surveyed in Round 1 of Phase 2, the following conclusions have emerged. Fertility, as measured by the Crude Birth Rate, has indicated a declining trend in the majority of the districts. Age at marriage of females is rising. There has been a very marginal increase in the acceptance of family planning methods. In general, the percentage of safe deliveries like hospital deliveries and domiciliary deliveries attended by trained personnel has been increasing. While the awareness of HIV/AIDs is very high, knowledge of HIV/AIDs is very low. Also, the general awareness of RTI and STI is low. These trends are similar across both male and female categories.