Chapter-6

Correlation between Socio Economic Background and Reproductive Health of the Respondents

It is often perceived that people with higher socio-economic position in society have a greater array of life chances and more opportunities to lead a flourishing life, which include better health. The two are linked: the more favored people are, socially and economically, the better their health. Consider one measure of social position: education. It is usually assumed through common experiences that people with university degrees have better health and longer lives than those without. For people aged 30 and above, if everyone without a degree had their death rate reduced to that of people with degrees, there would be fewer premature deaths each year.

Inequalities in health arise because of inequalities in society – in the conditions in which people are born, grow, live, work, and age. So close is the link between particular social and economic features of society and the distribution of health among the population, that the magnitude of health inequalities is a good marker of progress towards creating a fairer society. Taking action to reduce inequalities in health does not require a separate health agenda, but action across the whole of society. Hence the present chapter is an attempt to test this hypothesis, to see the relationship between social variables as age, income, occupation, family type, education etc. and variables that mirror the status of reproductive health of women.

Table-6.1: Relation between monthly income and place of first health problem consult of the respondents

Monthly income	Place of consulting for first health problem								Total	
	Nearest RMP		Nearest PHC/sub centre		Nearest pharmacy		Private doctor			
	f	%	f	%	f	%	f	%	f	%
Up to 1000	0	0	1	**100**	0	0	0	0	1	**0.3**
1000-1500	0	0	2	**100**	0	0	0	0	2	**0.7**
1500-2000	0	0	0	0	1	**100**	0	0	1	**0.3**
2000-3000	0	0	1	**4.2**	23	**95.8**	0	0	24	**8**
3000-5000	0	0	1	**1.9**	53	**98.1**	0	0	54	**18**
5000-7000	0	0	0	0	23	**100**	0	0	23	**7.7**
7000-10000	0	0	0	0	17	**28.3**	43	**71.7**	60	**20**
10000-15000	0	0	0	0	13	**56.5**	10	**43.5**	23	**7.7**
15000-20000	0	0	0	0	12	**52.2**	11	**47.8**	23	**7.7**
Above 20000	9	**10.1**	0	0	29	**32.6**	51	**57.3**	89	**29.7**
Total	9(3)		5(1.7)		171(57)		115(38.3)		300(100)	

Source: Field Data

The above table suggests that women from the lower income group (up to Rs 5000) mostly visits the nearest pharmacy (93.9 percent) for consulting their first health problem, women from the middle income group (5000-15000) visits both the nearest pharmacy and the private doctors (50 percent each) for the purpose, whereas the higher income group women prefer more to visit the private doctors (55.35 percent each) followed by the nearest pharmacy (36.6 percent) for consulting their first health problem. Therefore the table implies that consulting the private doctors which encumbers expenses is a choice of the higher income group women, whereas the nearest pharmacy is preferred by women of almost all income groups as these problems are generally perceived as trivial health issues which can be cured by taking popular medicine from the pharmacy or consulting the pharmacist.

Table-6.2: Relation between respondent qualifications and place of consulting first health problem

Respondent qualifications	Place of first health problem consult								Total	
	Nearest RMP		Nearest PHC/sub centre		Nearest pharmacy		Private doctor			
	f	%	f	%	f	%	f	%	f	%
Illiterate	0	**0**	4	**30.8**	9	**69.2**	0	**0**	13	**4.3**
Primary school	0	**0**	0	**0**	7	**70**	3	**30**	10	**3.3**
High school	3	**2.2**	0	**0**	96	**70.1**	38	**27.7**	137	**45.7**
Higher secondary	4	**5.3**	1	**1.3**	35	**46.1**	36	**47.4**	76	**25.3**
Graduate	0	**0**	0	**0**	18	**39.1**	28	**60.9**	46	**15.3**
Post graduate	0	**0**	0	**0**	5	**45.5**	6	**54.5**	11	**3.7**
Technical	2	**40**	0	**0**	1	**20**	2	**40**	5	**1.7**
Professional	0	**0**	0	**0**	0	**0**	2	**100**	2	**0.7**
Total	9(3)		5(1.7)		171(57)		115(38.3)		300(100)	

Source: Field Data

The data indicates that women above graduation level education clearly prefer the services of the private doctors (59.4 percent), whereas 69.2 percent of the illiterate women, 70 percent of the women with primary school level education prefer to visit the local pharmacy for consulting their first health problem. Therefore the table shows that as the educational level of the respondents increases their preference of venue for consultation of their first health problem shifts from the nearest pharmacy to the private doctors.

Table-6.3: Relation between respondents' occupation and place of first health problem consult.

Respondents occupation	Place of first health problem consult								Total	
	Nearest RMP		Nearest PHC/sub centre		Nearest pharmacy		Private doctor		Total	
	f	%	f	%	f	%	f	%	f	%
Student	3	**3.3**	0	**0**	51	**56.7**	34	**37.8**	88	**29.3**
Homemaker	0	**0**	0	**0**	41	**54.7**	34	**45.3**	75	**25**
Business	4	**13.8**	2	**2.7**	8	**27.6**	16	**55.2**	30	**10**
Govt service	2	**15.4**	0	**0**	2	**15.4**	9	**69.2**	13	**4.3**
Private job	0	**0**	0	**0**	4	**21.1**	15	**78.9**	19	**6.3**
Skilled worker	0	**0**	0	**0**	23	**85.2**	4	**14.8**	27	**9**
Unskilled worker	0	**0**	2	**7.1**	26	**92.9**	0	**0**	28	**9.3**
Unemployed	0	**0**	0	**0**	17	**84.2**	3	**15.8**	20	**6.3**
Total	9(3)		5(1.70		171(57)		115(38.3)		300(100)	

Source: Field Data

The above table shows that women who are doing private jobs (78.9 percent) and those who are in business (55.2 percent) are preferring the services of the private doctors for consulting their first health problem, whereas women who are unskilled workers (92.9 percent), skilled workers (85.2 percent) and unemployed (84.2 percent) are clearly preferring to visit the nearest pharmacy for their first health problem. Homemakers and students are consulting both the places for the purpose.

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Table-6.4: Relation between age at marriage and respondents qualification

Age at marriage	Respondents qualification														Total	
	Illiterate		Primary school		High school		Higher secondary		Graduate		Post graduate		Technical			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Before 18	0	0	3	75	1	23	0	0	0	0	0	0	0	0	4	2.7
18-20	10	33.3	4	13.3	13	43.3	3	10	0	0	0	0	0	0	30	20
21-23	2	5.4	0	0l	24	64.9	4	10.8	7	18.9	0	0	0	0	37	24.7
24-26	0	0	0	0	10	38.5	6	23.1	10	38.5	0	0	0	0	26	17.3
27-29	0	0	1	4.2	5	20.8	12	50	3	12.5	2	8.3	1	4.2	24	16
30-32	0	0	2	9.1	6	27.3	4	18.2	5	22.7	3	13.6	2	9.1	22	14.7
33-35	0	0	0	0	2	40	0	0	3	60	0	0	0	0	5	3.3
36-38	0	0	0	0	0	0	0	0	1	100	0	0	0	0	1	0.7
39andAbove	0	0	0	0	0	Nil	0	0	1	100	0	0	0	0	1	0.7
Total	12(8)		10(6.7)		61(40.7)		29(19.3)		30(20)		5(3.3)		3(2)		150(100)	

Source: Field Data

Table-6.5: Relation between respondent occupation and menstruation blood soaking materials

Respondent Occupation	Soaking materials												Total	
	Sanitary napkin		Piece of cloth		Phanek		Sanitaty napkin +Piece of cloth		Piece of cloth + Phanek		Sanitary napkin+ Piece of cloth +Phanek			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Student	46	51.1	14	15.6	0	0	28	31.1	2	2.2	0	0	90	30
Housewife	9	12	12	16	1	1.3	22	29.3	30	40	1	1.3	75	25
Business	3	10.3	13	44.8	0	0	8	27.6	5	17.2	0	0	29	9.7
Govt service	7	53.8	1	7.7	0	0	3	23.1	2	15.4	0	0	13	4.3
Private job	8	42.1	0		0	0	10	52.6	1	5.3	0	0	19	6.3
Skilled worker	2	7.4	11	40.7	0	0	7	25.9	3	11.1	4	14.8	27	9
Unskilled worker	0		0		0	0	2	7.1	26	92.9	0	0	28	9.3
Unemployed	4	21.1	1	5.3	0	0	9	47.4	4	21.1	1	5.3	19	6.3
Total	79(26.3)		52(17.3)		1(0.3)		89(29.7)		73(24.3)		6(2)		300(100)	

Source: Field Data

Table-6.6: Relation between monthly income and menstruation blood soaking materials

Monthly income	Soaking materials												Total	
	Sanitary napkin		Piece of cloth		Phanek		Sanitaty napkin +Piece of cloth		Piece of cloth + Phanek		Sanitary napkin+ Piece of cloth +Phanek			
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
Up to 1000	0	0	0	0	0	0	1	**100**	0	0	0	0	1	**0.3**
1000-1500	0	0	0	0	0	0	0	0	2	**100**	0	0	2	**0.7**
1500-2000	0	0	0	0	0	0	0	0	1	**100**	0	0	1	**0.3**
2000-3000	4	**16.7**	0	0	0	0	6	**25**	14	**58.3**	0	0	24	**8**
3000-5000	0	0	12	**22.2**	0	0	12	**22.2**	28	**51.9**	2	3.7	54	**18**
5000-7000	2	**8.7**	6	**26.1**	0	0	6	**26.1**	7	**30.4**	2	**8.7**	23	**7.7**
7000-10000	23	**38.3**	7	**1.2**	0	0	17	**28.3**	12	**20**	1	1.7	60	**20**
10000-15000	5	**21.7**	7	**30.4**	0	0	9	**39.1**	2	**8.7**	0	0	23	**7.7**
15000-20000	4	17.4	8	34.8	0	0	7	30.4	4	17.4	0	0	23	**7.7**
Above 20000	41	**46.1**	12	13.5	1	**1.1**	31	34.8	3	3.4	1	**1.1**	89	**29.7**
Total	79(26.3)		52(17.3)		1(0.3)		89(29.7)		73(24.3)		6(2)		300(100)	

Source: Field Data

The table-6.4 clarifies that women who have graduation and above degree mostly (81.57 percent) got married after 23 years, whereas women who are either illiterate or have primary level education mostly got married before 21 years. Hence the data confirms that with rise in educational qualification the age at marriage tends to be deferred

The Table-6.5 indicates that women who are doing private jobs (94.73 percent), government jobs (76.92 percent), students (82.22 percent) and unemployed (68.42 percent) are using more sanitary napkins together with piece of cloths, while women who are engaged in occupation as unskilled workers (92.85 percent), homemakers (62.06 percent), businesswomen (57.33 percent) and skilled workers (51.85 percent), are mostly using piece of cloth and phanek for soaking menstruation blood. Therefore the data tells that the occupation which requires more educational qualification as private jobs, government jobs and students are using more napkins than the occupation which demands less educational qualification as unskilled workers, homemakers, businesswomen, skilled workers are using piece of cloth and phanek for soaking menstruation blood. Hence the positive relationship between education and use of sanitary napkins can be established from the table.

The data in table-6.6 clearly indicates that with the rise in income more women tend to use sanitary napkins for soaking their menstruation blood. Hence a positive relation between income and use of sanitary napkins for soaking their menstruation blood is established from the table.

Table-6.7: Relation between respondents' occupation and frequency of bath during menstruation

Respondents occupation	Take bath daily during menstruation				Total	
	No		Yes			
	f	%	f	%	f	%
Student	83	94.3	5	5.7	88	29.3
Homemaker	48	64	27	36	75	25
Business	12	40	18	60	30	10
Govt service	3	23.1	10	76.9	13	4.3
Private job	11	57.9	8	42.1	19	6.3
Skilled worker	24	88.9	3	10.1	27	9
Unskilled worker	21	75	7	25	28	9.3
Unemployed	17	85	3	15	20	6.7
Total	219(73)		81(27)		300	100

Source: Field Data

The data shows that apart from women who are engaged in business, government jobs and private jobs, women engaged in all other occupation are mostly following the belief of not taking bath during menstruation. Hence the profession which demands women to look neat and tidy are actually not following this belief.

Table-6.8: Relation between respondents' qualification and frequency of bath during menstruation

Respondents qualification	Take bath daily during menstruation				Total	
	No		Yes			
	f	%	f	%	f	%
Illiterate	9	**69.2**	4	**30.8**	13	**4.3**
Primary school	6	**60**	4	**40**	10	**3.3**
High school	109	**79.6**	28	**20.4**	137	**45.7**
Higher secondary	58	**76.3**	18	**23.7**	76	**25.3**
Graduate	26	**56.5**	20	**43.5**	46	**15.3**
Post graduate	7	**63.3**	4	**36.4**	11	**3.7**
Technical	2	**40**	3	**60**	5	**1.7**
Professional	2	**100**	0	**Nil**	2	**0.7**
Total	**219(73)**		**81(27)**		**300**	**100**

Source: Field Data

The table shows that with the rise in (from graduation onwards) educational qualification respondents tend not to practice the ritual of who have educational take bath daily during menstruation.

Table-6.9: Relation between respondents qualification and respondents perception about keeping shunned during menstruation

Respondents qualification	Perception about keeping shunned during menstruation				Total	
	Natural		Bad			
	f	%	f	%	f	%
Illiterate	0	0	13	100	13	4.3
Primary school	1	10	9	90	10	3.3
High school	79	57.7	58	42.3	137	45.7
Higher secondary	39	51.3	37	48.7	76	25.3
Graduate	15	32.6	31	67.4	46	15.3
Post graduate	3	27.3	8	72.7	11	3.7
Technical	5	100	0	0	5	1.7
Professional	0	0	2	100	2	0.7
Total	142(47.3)		158(52.7)		300	100

Source: Field Data

It is often believed that respondents with more educational qualification will find the belief of treating women as shunned during menstruation unacceptable, though the above table shows that with the mount of educational qualification from graduation onwards respondents tend to find the ritual improper, but surprisingly all the respondents who have technical qualification believe that this ritual is natural and all the respondents who are illiterate and majority who have just primary level education believe that this ritual is bad. Hence there is hardly any relation between educational qualification and belief of treating women as shunned during menstruation.

Table-6.10: Relation between reproductive health problems and age groups

Reproductive health problems		Age-groups						Total	
		16-25		26-35		36-45			
		f	%	f	%	f	%	f	%
White discharge	Yes	16	33.3	16	33.3	16	33.3	48	16
	No	84	33.3	84	33.3	84	33.3	252	84
Burning urination	Yes	5	20	4	16	16	64	25	8.3
	No	95	34.5	96	34.9	84	20.5	275	91.7
Rash & soil near public region	Yes	3	25	4	33.3	5	41.7	12	4
	No	97	33.7	96	33.3	95	33	288	96
Itching during menses	Yes	25	32.9	21	27.6	30	39.5	76	25.3
	No	75	33.5	79	35.3	70	31.3	224	74.7
Backache	Yes	49	26.6	54	29.3	81	44.1	184	61.3
	No	51	44	46	39.7	19	16.4	116	38.7
Abdominal pain	Yes	72	48.6	54	36.5	22	14.9	148	49.3
	No	28	18.4	46	30.3	78	51.3	152	50.7

Source: Field Data

The table indicates that the entire reproductive health problem listed in the table is more reported by the women from 36-45 age groups. In 26-35 age group the problem of abdominal pain, backache, itching during menses and white discharge is reported more. Most of the respondents in the age group 16-25 are also suffering from abdominal pain, backache, itching during menses and white discharge. Hence the data shows that the respondents in the study area are mostly suffering from reproductive health problems such as abdominal pain, backache, itching during menses and white discharge.

Table-6.11: Relation between reproductive health problem of married respondents and age groups

Reproductive health problems		Age-groups						Total	
		16-25		26-35		36-45			
		f	%	f	%	f	%	f	%
Painful intercourse	**Yes**	**3**	**42.9**	**3**	**42.9**	**1**	**14.3**	**7**	4.7
	No	10	7	44	30.8	89	62.2	143	**95.3**
	Total	13	8.7	47	31.3	90	60	150	**100**
Infertility	**Yes**	**0**	**0**	**0**	**0**	**4**	**100**	**4**	**2.7**
	No	13	8.9	47	32.2	86	58.9	146	**97.3**
	Total	13	8.7	47	31.3	90	60	150	**100**

Source: Field Data

The table indicates that the problem of painful intercourse is reported more by women of 16-25 and 26-35 age groups. Only four cases of infertility are reported by women of 36-45 age groups. Hence the problem of painful intercourse is reported more by the young respondents whereas few cases of infertility is found only in case of the comparatively older age group.

Table-6.12: Relation between reproductive health problems and marital status

Reproductive health problems		Marital status				Total	
		Married		Unmarried			
		f	%	f	%	f	%
White discharge	**Yes**	**25**	**52.1**	**23**	**47.9**	**48**	16
	No	125	49.6	127	50.4	252	**84**
Burning urination	**Yes**	**21**	**84**	**4**	**16**	**25**	**8.3**
	No	129	46.9	146	53.1	275	**91.7**
Rash & soil near public region and arms	**Yes**	**8**	**66.7**	**4**	**33.3**	**12**	**4**
	No	142	49.3	146	50.7	288	**96**
Itching during menses	**Yes**	**47**	**61.8**	**29**	**38.2**	**76**	**25.3**
	No	103	46	121	54	224	**74.7**
Backache	**Yes**	**107**	**58.2**	**77**	**41.8**	**184**	**61.3**
	No	43	37.1	73	62.9	116	**38.7**
Abdominal pain	**Yes**	**39**	**26.4**	**109**	**73.6**	**148**	**49.3**
	No	111	73	41	27	152	**50.7**

Source: Field Data

The table shows that the married respondents are mostly suffering from backache, abdominal pain and itching during menses, whereas abdominal pain and backache is mostly reported by the unmarried respondents. Hence abdominal pain and backache is a common problem among the respondents of both the marital statuses.

Table-6.13: Relation between respondent's qualification and treatment received after the health problem

Respondents qualification	Treatment received				Total	
	No		Yes			
	f	%	f	%	f	%
Illiterate	10	**76.9**	3	**23.1**	13	**4.3**
Primary school	9	**90**	1	**10**	10	**3.3**
High school	118	**86.1**	19	**13.9**	137	**45.7**
Higher secondary	62	**81.6**	14	**18.4**	76	**25.3**
Graduate	32	**69.6**	14	**30.4**	46	**15.3**
Post graduate	8	**72.7**	3	**27.3**	11	**3.7**
Technical	3	**60**	2	**40**	5	**1.7**
Professional	2	**100**	0	**Nil**	2	**0.7**
Total	**244(81.3)**		**56(18.7)**		**300**	**100**

Source: Field Data

The data here reveals that mere 18.7 percent of the respondents have opted for treatment after experiencing the above health problems. But the table also shows that apart from the 3 cases of the illiterate respondents, as the educational qualification of the respondents mounts more of them opt for treating the health problems. Hence a positive relationship between educational qualification and opting for treatment for reproductive health problems is established from the above table.

Table-6.14: Relation between respondents' occupation and treatment received after the health problem

Respondents occupation	Treatment received				Total	
	No		Yes			
	f	%	f	%	f	%
Student	69	78.4	19	21.6	88	29.3
Homemaker	62	82.7	13	17.3	75	25
Business	14	46.7	16	53.3	30	10
Govt service	12	92.3	1	7.7	13	4.3
Private job	13	68.4	6	31.6	19	6.3
Skilled worker	27	100	0	0	27	9
Unskilled worker	28	100	0	0	28	9.3
Unemployed	19	95	1	5	20	6.7
Total	244(81.3)		56(18.7)		300	100

Source: Field Data

The table shows that most of the respondents who are engaged in business (53.3 percent) and private jobs (31.6 percent) have opted for treating their reproductive health problem, followed by the student (21.6 percent) and homemaker (17.3 percent). Surprisingly the respondents who are engaged in government jobs (7.7 percent) are not very frequently visiting any health service providers for their reproductive health problem, the visiting of no respondents who are skilled and unskilled workers and 5 percent of the unemployed to treat their reproductive health problem is in the expected lines considering their poor economic and educational background.

Table-6.15: Relation between monthly income and treatment received after the health problem

Monthly income	Treatment received				Total	
	No		Yes			
	f	%	f	%	f	%
Up to 1000	0	**0**	1	**100**	1	**0.3**
1000-1500	0	**0**	2	**100**	2	**0.7**
1500-2000	1	**100**	0	**0**	1	**0.33**
2000-3000	24	**100**	0	**0**	24	**8**
3000-5000	54	**100**	0	**0**	54	**18**
5000-7000	20	**87**	3	**13**	23	**7.7**
7000-10000	47	**78.3**	13	**21.7**	60	**20**
10000-15000	20	**87**	3	**13**	23	**7.7**
15000-20000	21	**91.3**	2	**8.7**	23	**7.7**
Above 20000	57	**64**	32	**36**	89	**29.7**
Total	**244(81.3)**		**56(18.7)**		**300**	**100**

Source: Field Data

The table clearly shows that most of the respondents who have opted for treating their reproductive health problem are to be found in the income groups from 7000 to above 20000. Hence it can be concluded from the above table that the monthly income and opting treatment for the reproductive health problems are positively related.

Table-6.16: Relation between monthly income and medicine preferred

Monthly income	Received treatment								Total	
	Allopath		Homeopath		Branded Ayurvedic treatment		Allopath+ Folk medicine			
	f	%	f	%	f	%	f	%	f	%
Up to 1000	0	0	1	**100**	0	0	0	0	1	**0.3**
1000-1500	1	**50**	1	**50**	0	0l	0	0	2	**0.7**
1500-2000	0	0	0	0	0	0	1	**100**	1	**0.3**
2000-3000	0	0	0	0	0	0	24	**100**	24	**8**
3000-5000	0	0	0	0	0	0	54	**100**	54	**18**
5000-7000	0	0	0	0	0	0	23	**100**	23	**7.7**
7000-10000	47	**78.3**	0	0	0	0	13	**21.7**	60	**20**
10000-15000	13	**56.5**	0	0	0	0	10	**43.5**	23	**7.7**
15000-20000	11	**47.8**	0	0	0	Nil	12	**52.2**	23	**7.7**
Above 20000	63	**70.8**	2	**2.2**	6	**6.7**	18	**20.2**	89	**29.7**
Total	135(45)		4(1.3)		6(2)		155(51.7)		300	100

Source: Field Data

The table indicates that in the income group from 1500-7000, all the respondents have opted for both allopath and folk medicine for treating their illness. But as the income rises from 7000 to above 20000, most of the respondents have opted for only allopath followed by both allopath and folk medicine for the purpose. Hence the table shows that as the income ascends the trust of the respondents' shifts from folk medicine to allopath for treating their illness

Table-6.17: Relation between respondents' qualification and medicine preferred

Respondents qualification	Medicine preferred								Total	
	Allopath		Homeop ath		Branded Ayurvedic treatment		Allopath+ Folk medicine			
	f	%	f	%	f	%	f	%	f	%
Illiterate	2	15.4	2	**15.4**	1	7.7	8	61.5	13	**4.3**
Primary school	2	20	0	0	0	0	8	80	10	**3.3**
High school	45	32.8	2	1.5	0	0	90	65.7	137	**45.7**
Higher secondary	44	57.9	0	0	0	0	32	42.1	76	**25.3**
Graduate	34	73.9	0	0	1	**2.2**	11	23.9	46	**15.3**
Post graduate	3	27.3	0	0	2	**18.2**	6	54.5	11	**3.7**
Technical	3	60	0	0	2	**40**	0	0	5	**1.7**
Professional	2	100	0	0	0	0	0	0	2	**0.7**
Total	**135(45)**		**4(1.3)**		**6(2)**		**155(51.7)**		**300**	**100**

Source: Field Data

The table shows that most of the respondents who have up to high school level of educational qualification have opted for both allopath and folk medicine for treating their illness. But as their educational qualification mounts from higher secondary onwards there is a shift in the choice to only allopath. Hence the table clearly indicates that as the educational qualification of the respondents go up the reliance of the respondents' shifts from folk medicine to allopath for treating their illness

Table-6.18: Relation between respondents' qualification and health awareness program attended by the respondents

Respondents qualification	health awareness program attended				Total	
	No		Yes			
	f	%	f	%	f	%
Illiterate	5	38.5	8	61.5	13	4.3
Primary school	3	30	7	70	10	3.3
High school	86	62.8	51	37.2	137	45.7
Higher secondary	55	72.4	21	27.6	76	25.3
Graduate	34	73.9	12	26.1	46	15.3
Post graduate	8	72.7	3	27.3	11	3.7
Technical	3	60	2	40	5	1.7
Professional	2	100	0	Nil	2	0.7
Total	196(65.3)		104(34.7)		300(100)	

Source: Field Data

The data here exhibits the fact that most of the respondents who are either illiterate (61.5 percent) or have primary level degree (70 percent) have attended health awareness programs. Hence the table shows that it is the respondents who have lesser educational qualification considers more that they need to attend more health awareness programs.

Table-6.19: Relation between respondents occupation and health awareness program attended by the respondents

Respondents occupation	Health awareness program attended				Total	
	No		Yes			
	f	%	f	%	f	%
Student	81	**92**	7	**8**	88	**29.3**
Homemaker	39	**52**	36	**48**	75	**25**
Business	19	**63.3**	11	**36.7**	30	**10**
Govt service	6	**46.2**	7	**53.8**	13	**4.3**
Private job	16	**84.2**	3	**15.8**	19	**6.3**
Skilled worker	9	**33.3**	18	**66.7**	27	**9**
Unskilled worker	10	**35.7**	18	**64.3**	28	**9.3**
Unemployed	16	**80**	4	**20**	20	**6.7**
Total	**196(65.3)**		**104(34.7)**		**300(100)**	

Source: Field Data

The data shows that most of the respondents who are engaged as skilled and unskilled workers followed by government service have attended health awareness programs more. Therefore the data indicates that the respondents who are engaged as skilled and unskilled workers believe that they need to attend more health awareness programs.

Table-6.20: Relation between respondents' qualification and number of children of the married respondents

Respondents qualification	Number of children								Total	
	1-2 children		3-4 children		5-6 children		7-8 children			
	f	%	f	%	f	%	f	%	f	%
Illiterate	3	**25**	6	**50**	3	**25**	0	0	12	**8.4**
Primary school	5	**50**	2	**20**	2	**20**	1	**10**	10	**7**
High school	32	**56.1**	20	**35.1**	5	**8.8**	0	0	57	**40.1**
Higher secondary	18	**64.3**	8	**28.6**	2	**7.1**	0	0	28	**19.7**
Graduate	11	**39.3**	15	**53.6**	2	**7.1**	0	0	28	**19.7**
Post graduate	0	0	3	**75**	1	**25**	0	0	4	**2.8**
Technical	3	**100**	0	0	0	**0**	0	0	3	**2.1**
Total	72(50.7)		54(38)		15(10.6)		1(0.7)		142	100

Source: Field Data

Most of the respondents who have any educational qualification have 1-2 children, but surprisingly there is hardly any relation between number of children and monthly income of the respondents, as the increase or decrease in income is not affecting in the rise or fall in the number of the children of the respondents.

Table-6.21: Relation between monthly income and number of children of the married respondents

Monthly income	Number of children								Total	
	1-2 children		3-4 children		5-6 children		7-8 children			
	f	%	f	%	f	%	f	%	f	%
Up to 1000	0	0	1	**100**	0	0	0	0	1	**0.7**
1000-1500	0	0	2	**100**	0	0	0	0	2	**1.4**
1500-2000	1	**100**	0	0	0	0	0	0	1	**0.7**
2000-3000	10	**76.9**	1	**7.7**	2	**15.4**	0	0	13	**9.1**
3000-5000	10	**47.6**	6	**28.6**	4	**19**	1	**4.8**	21	**14.8**
5000-7000	1	**14.3**	6	**85.7**	0	0	0	0	7	**4.9**
7000-10000	17	**47.2**	17	47.2	2	**5.6**	0	0	36	**25.3**
10000-15000	6	**75**	2	25	0	0	0	0	8	**5.6**
15000-20000	10	**76.9**	2	15.4	1	**7.7**	0	0	13	**9.1**
Above 20000	17	**42.5**	17	42.5	6	**15**	0	0	40	**28.2**
Total	**72(50.7)**		**54(38)**		**15(10.6)**		**1(0.7)**		**142**	**100**

Source: Field Data

The data reveals that when the relationship between number of children and monthly income of the respondents is seen there is hardly any relation as the increase or decrease in income is not affecting in the rise or fall in the number of the children of the respondents.

Table-6.22: Relation between monthly income and place of ante-natal check up

Monthly income	Place of ante-natal check up						Total	
	Sub-centre		Govt hospital		Private hospital			
	f	%	f	%	f	%	f	%
Up to 1000	1	100	0	0	0	0	1	0.7
1000-1500	2	100	0	0	0	0	2	1.5
1500-2000	1	100	0	0	0	0	1	0.7
2000-3000	11	100	0	0	0	0	11	8
3000-5000	19	100	0	0	0	0	19	13.9
5000-7000	7	100	0	0	0	0	7	5.1
7000-10000	13	36.1	13	36.1	10	27.8	36	26.3
10000-15000	4	50	2	25	2	25	8	5.8
15000-20000	7	53.8	6	46.2	0	0	13	9.5
Above 20000	4	10.3	13	33.3	22	56.4	39	28.5
Total	69(50.4)		34(24.8)		34(24.8)		137	100

Source: Field Data

The table clearly shows that all the respondents whose monthly income is up to Rs 7000 visits only the sub centre for ante-natal checkups. As their income rises their choice shift to both government and private hospitals. Therefore the table reveals that the poor respondents prefer to visit the sub centre for ante-natal checkups as it is both close to their house and cost them less.

Table-6.23: Relation between respondents' qualification and place of ante-natal check- up

Respondents qualification	Place of ante-natal check up						Total	
	Sub-centre		Govt hospital		Private hospital			
	f	%	f	%	f	%	f	%
Illiterate	9	90	1	10	0	0	10	7.3
Primary school	8	80	0	0	2	20	10	7.3
High school	29	53.7	12	22.2	13	24.1	54	39.4
Higher secondary	15	53.6	9	32.1	4	14.3	28	20.4
Graduate	7	25	12	42,9	9	32.1	28	20.4
Post graduate	1	25	0	0	3	75	4	2.9
Technical	0	0	0	0	3	100	3	2.2
Total	69(50.4)		34(24.8)		34(24.8)		137	100

Source: Field Data

The data shows that as the educational qualification of the respondents go up their preference shifts from sub centre to government and private hospitals for ante-natal checkups. Hence the educated respondents are favoring more the service of the private hospitals followed by the government hospitals and finally the sub centres for the ante-natal checkups.

Table-6.24: Relation between qualification of spouse of the respondent and their spouse reaction regarding the sex of the child

Qualification of spouse of the respondents	Spouse reaction regarding the sex of the child				Total	
	Positive		Negative			
	f	%	f	%	Freq	%
Primary school	5	55.6	4	44.4	9	6.3
High school	52	91.2	5	8.8	57	40.1
Higher secondary	32	88.9	4	11.1	36	25.4
Graduate	24	92.3	2	7.7	26	18.3
Post graduate	10	100	0	0	10	7
Technical	1	100	0	0	1	0.7
Professional	2	66.7	1	33.3	3	2.1
Total	126(88.7)		16(11.3)		142	100

Source: Field Data

The data shows that there is no clear relationship between the spouse negative reaction on the sex of the child and their educational background, as the spouse who have reacted negatively on the sex of the child are from different educational background.

Table-6.25: Relation between qualification of the respondents spouse and abortion of the respondents

Qualification of the spouse	Abortion				Total	
	No		Yes			
	f	%	f	%	f	%
Primary school	7	77.8	2	22.2	9	6
High school	48	77.4	14	22.6	62	41.3
Higher secondary	31	83.8	6	16.2	37	24.7
Graduate	24	85.7	4	14.3	28	18.7
Post graduate	9	90	1	10	10	6.7
Technical	1	100	0	0	1	0.7
Professional	3	100	0	0	3	2
Total	123(82)		27(18)		150	100

Source: Field Data

The table clearly reveals that as the educational qualification of the respondent's spouse go up the number of abortion cases falls, which shows that the educated respondents spouse must have practiced the preventive measures that can avoid abortion of the child.

Table-6.26: Relation between respondents' qualification and abortion of the respondents

Respondents qualification	Abortion				Total	
	No		Yes			
	f	%	f	%	f	%
Illiterate	8	66.7	4	33,3	12	8
Primary school	6	60	4	40	10	6.7
High school	51	83.6	10	16.4	61	40.7
Higher secondary	22	75.9	7	24.1	29	19.3
Graduate	28	93.3	2	6.7	30	20
Post graduate	5	100	0	0	5	3.3
Technical	3	100	0	0	3	2
Total	123(82)		27(18)		150	100

Source: Field Data

Like the earlier table the educational qualification of the respondents and number of abortion cases is positively related as the rise in the educational qualification of the respondent spouses leads to the fall in the number of abortion cases, which shows that the educated respondents must have practiced the preventive measures that can avoid abortion of the child.

Table-6.27: Relation between respondents' qualification and consumption of nutritious food during pregnancy

Respondents qualification	Nutritious food				Total	
	No		Yes			
	Freq	%	Freq	%	Freq	%
Illiterate	12	**100**	0	0	12	**8.5**
Primary school	6	**60**	4	**40**	10	**7**
High school	30	**52.6**	27	**47.4**	57	**40.1**
Higher secondary	9	**32.1**	19	**67.9**	28	**19.7**
Graduate	10	**35.7**	18	**64.3**	28	**19.7**
Post graduate	1	**25**	3	**75**	4	**2.8**
Technical	0	0	3	**100**	3	**2.1**
Total	68(47.9)		74(52.1)		142	100

Source: Field Data

The data clearly shows that as the educational qualification of the respondents go up they prefer more to take nutritious food. Hence expectedly the educational qualification of the respondents and their preference for nutritious food is positively related.

Table-6.28: Relation between monthly income and consumption of nutritious food during pregnancy

Monthly income	Nutritious food				Total	
	No		Yes			
	f	%	f	%	f	%
Up to 1000	1	100	0	0	1	0.7
1000-1500	2	100	0	0	2	1.4
1500-2000	1	100	0	0	1	0.7
2000-3000	10	76.9	3	23.1	13	9.1
3000-5000	19	90.5	2	9.5	21	14.8
5000-7000	6	85.7	1	14.3	7	4.9
7000-10000	15	41.7	21	58.3	36	25.4
10000-15000	2	25	6	75	8	5.6
15000-20000	2	15.4	11	84.6	13	9.1
Above 20000	10	25	30	75	40	28.1
Total	68(47.9)		74(52.1)		142	100

Source: Field Data

The table shows that monthly income of the respondents and their preference for nutritious is related i.e. as the monthly income of the respondents go up they prefer more to take nutritious food. Therefore nutritious which demands more money is preferred more by the respondents who can more easily afford it.

Table-6.29: Relation between consumption of nutritious food and got enough rest during pregnancy and family types

Got enough		Family type				Total	
		Nuclear		Joint			
		f	%	f	%	f	%
Nutritious food during pregnancy	No	59	86.8	9	13.2	68	47.9
	Yes	63	85.1	11	14.9	74	52.1
	Total	122	85.9	20	14	142	100
Rest during pregnancy	No	41	83.7	8	16.3	49	34.5
	Yes	81	87.1	12	12.9	93	65.5
	Total	122(85.9)		20(14.1)		142	100

Source: Field Data

The data shows that though in both the type of families' majority of the respondents take nutritious food but a significant share of the respondents do not take it in both the type of families.

In case of taking rest during pregnancy data shows that in both the type of families majority of the respondents take enough rest during pregnancy.

Table-6.30: Relation between monthly income and got enough rest during pregnancy

Monthly income	Enough rest				Total	
	No		Yes			
	f	%	f	%	f	%
Up to 1000	0	0	1	100	1	0.7
1000-1500	0	0	2	100	2	1.4
1500-2000	1	100	0	0	1	0.7
2000-3000	6	46.2	7	53.8	13	9.1
3000-5000	15	71.4	6	28.6	21	14.8
5000-7000	3	42.9	4	57.1	7	4.8
7000-10000	6	16.7	30	83.3	36	25.4
10000-15000	3	37.5	5	62.5	8	5.6
15000-20000	3	23.1	10	76.9	13	9.1
Above 20000	12	30	28	70	40	28.1
Total	49(34.5)		93(65.5)		142	100

Source: Field Data

The table reveals that with the rise in the monthly income of the respondents' family their practice of taking enough rest during pregnancy also increases. Hence the respondents whose monthly income is more can afford to take enough rest during pregnancy.

Table-6.31: Relation between respondents' occupation and nature of delivery of the respondents

Respondents occupation	Nature of delivery						Total	
	Normal		Caesarean		Both			
	f	%	f	%	f	%	f	%
Homemaker	54	79.4	8	11.8	7	10.3	68	47.9
Business	19	73.4	2	7.4	6	22.2	27	19
Govt Service	11	91.7	0	0	1	8.3	12	8.5
Private Job	2	50	2	50	0	0	4	2.8
Skilled Worker	2	100	0	0	0	0	2	1.4
Unskilled Worker	25	89.3	1	3.6	2	7.1	28	19.7
Total	113(79.6)		13(9.1)		16(11.3)		142	100

The table shows that business women and homemaker prefer caesarean together with normal delivery, most of the respondents from all other occupations clearly prefer normal delivery over caesarean delivery.

Table-6.32: Relation between monthly income and nature of delivery of a child of the respondents

| Monthly income | Nature of delivery | | | | | | Total | |
| | Normal | | Caesarean | | Both | | | |
	f	%	f	%	f	%	f	%
Up to 1000	0	0	0	0	1	**100**	1	**0.7**
1000-1500	2	**100**	0	0	0	0	2	**1.4**
1500-2000	1	**100**	0	0	0	0	1	**0.7**
2000-3000	13	**100**	0	0	0	0	13	**9.2**
3000-5000	18	**85.7**	0	0	3	14.3	21	**14.8**
5000-7000	7	**100**	0	0	0	0	7	**4.9**
7000-10000	32	**88.9**	4	11.1	0	0	36	**25.4**
10000-15000	4	**50**	1	12.5	3	37.5	8	**5.6**
15000-20000	11	**84.6**	2	**15.4**	0	0	13	**9.2**
Above 20000	25	**62.5**	6	**15**	9	**22.5**	40	**28.2**
Total	113(79.6)		13(9.1)		16(11.3)		142	100

The table reveals that with the climb in the monthly income of the respondents' family their preference of kind of delivery shifts from normal to caesarean. Hence the respondents whose monthly income is more can afford to go for caesarean delivery.

Table-6.33: Relation between respondents' qualification and place of delivery of a child of the respondents

Respondents qualification	Place of delivery										Total	
	Home		Hospital		MCH centre		Nursing Home		Home and Hospital			
	f	%	f	%	f	%	f	%	f	%	f	%
Illiterate	9	75	0	0	0	0	0	0	3	25	12	8.5
Primary school	6	40	1	10	0	0	0	0	3	30	10	7
High school	19	33.3	19	33.3	6	10.5	7	12.3	6	10.5	57	40.1
Higher secondary	8	28.6	9	32.1	9	32.1	2	7.1	0	0	28	19.7
Graduate	3	10.7	14	50	4	14.3	6	21.4	1	3.6	28	19.7
Post graduate	0	0	4	100	0	0	0	0	0	0	4	2.8
Technical	0	0	0	0	3	100	0	0	0	0	3	2.1
Total	45(31.7)		47(33.1)		22(15.5)		15(10.6)		13(9.6)		142	100

Source: Field Data

The data shows that the number of respondents who opted for delivery at their home rises as their qualification declines. Whereas, the number of respondents who opted for delivery at hospital rises as their qualification mounts and the same can be said for the delivery at the MCH centre and nursing home. Therefore the table reveals that the educated respondents preferred delivery at hospital rises, followed by the MCH centre and nursing homes. But home is the preference for majority of the respondents for delivery who are either illiterate or have less educational qualification.

Table-6.34: Relation between monthly income and place of delivery of a child of the respondents

Monthly income	Place of delivery										Total	
	Home		Hospital		MCH centre		Nursing Home		Home & Hospital			
	f	%	f	%	f	%	f	%	f	%	f	%
Up to 1000	1	**100**	0	0	0	0	0	0	0	0	1	**0**
1000-1500	1	**50**	0	0	0	0	0	0	1	**50**	2	**1.4**
1500-2000	0	0	1	**100**	0	0	0	0	0	0	1	**0.7**
2000-3000	12	**92.3**	1	**7.7**	0	0	0	0	0	0	13	**9.6**
3000-5000	14	**66.7**	2	**9.5**	0	0	1	**4.8**	4	**19**	21	**14.8**
5000-7000	6	**85.7**	0	0	0	0	0	0	1	**4.3**	7	**4.9**
7000-10000	7	**19.4**	13	**36.1**	16	**44.4**	0	0	0	0	36	**25.4**
10000-15000	1	**12.5**	4	**50**	0	0	2	**25**	1	**12.5**	8	**5.6**
15000-20000	2	**15.4**	5	**38.5**	0	0	6	**46.6**	0	0	13	**9.1**
Above 20000	1	**2.5**	21	**52.5**	6	**15**	6	**15**	6	**15**	40	**28.7**
Total	45(31.7)		47(33.1)		22(15.5)		15(10.6)		13(9.6)		142	100

Source: Field Data

The data indicates that most of the respondents up to the monthly income of Rs 7000 clearly preferred delivery at their home. But as the income of the household rises from Rs 7000-above 20000 their preference visibly shifts to hospitals, followed by nursing homes. Hence respondents who are economically backward preferred home for the delivery of their child, whereas those whose monthly income is more favored hospitals followed by nursing homes for the delivery of their child.

Table-6.35: Relation between respondents' qualification and assistance during delivery of a child of the respondent

Respondents qualification	Assistance during delivery						Total	
	Doctor		Relatives/Dias		Health Worker/Dais			
	f	%	f	%	f	%	f	%
Illiterate	1	8.3	9	75	2	16.7	12	8.5
Primary School	3	30	5	50	2	20	10	7
High School	35	61.4	20	35.1	2	3.5	57	40.1
Higher Secondary	19	67.9	9	32.1	0	0	28	19.1
Graduate	24	85.7	3	10.7	1	3.6	28	19.1
Post Graduate	4	100	0	0	0	0	4	2.8
Technical	3	100	0	0	0	0	3	2.1
Total	89(62.7)		46(32.4)		7(4.9)		142	100

Source: Field Data

The data shows that the number of respondents who opted for delivery to be attended by their relatives or *dais* rises as their qualification declines. Whereas, the number of respondents who opted for delivery under the supervision of the doctors rises as their qualification mounts. Therefore the table reveals that the educated respondents preferred delivery under the supervision of the doctors. But relatives or *dais* are the preference for majority of the respondents for conduction delivery who are either illiterate or have less educational qualification.

Table-6.36: Relation between monthly income and assistance during delivery of a child of the respondent

Monthly income	Assistance during delivery						Total	
	Doctor		Relatives/Dias		Health Worker/Dais			
	f	%	f	%	f	%	f	%
Up to 1000	0	0	1	100	0	0	1	0.7
1000-1500	0	0	1	50	1	50	2	1.4
1500-2000	1	100	0	0	0	0	1	0.7
2000-3000	1	7.7	12	92.3	0	0	13	9.6
3000-5000	3	14.3	14	66.7	4	19	21	14.8
5000-7000	0	0	6	85.7	1	14.3	7	4.9
7000-10000	29	80.6	7	19.4	0	0	36	25.4
10000-15000	6	75	1	12.5	1	12.5	8	5.6
15000-20000	10	76.9	3	23.1	0	0	13	9.2
Above 20000	39	97.5	1	2.5	0	0	40	28.2
Total	89(62.7)		46(32.4)		7(4.9)		142	100

Source: Field Data

The data indicates that most of the respondents with less monthly income (up to Rs 7000) clearly preferred their relatives or local *dais* to conduct their child's delivery. But as the income of the household rises from Rs 7000-above 20000 their preference visibly shifts to doctors to supervise the delivery. Hence respondents who are economically backward preferred the services of their relatives or *dais* for conducting the delivery of their child, whereas those whose monthly income is more favored delivery of their child under the supervision of the doctors.

Table-6.37: Relation between respondents' qualification and duration of rest after delivery of a child

Respondents qualification	Duration of rest after delivery								Total	
	40 Days		3 Months		More than 3 Months		Less than 40 Days			
	f	%	f	%	f	%	f	%	f	%
Illiterate	8	66.7	4	33.3	0	0	0	0	12	8.5
Primary School	7	70	3	30	0	0	0	0	10	7
High School	28	49.1	27	47.4	2	3.5	0	0	57	40.1
Higher Secondary	11	39.3	12	42.9	4	14.3	1	3.6	28	19.1
Graduate	8	28.6	16	57.1	0	0	4	14.3	28	19.1
Post Graduate	0	0	4	100	0	0	0	0	4	2.8
Technical	0	0	0	0	3	100	0	0	3	2.1
Total	62(43.7)		66(46.5)		9(6.3)		5(3.5)		142	100

Source: Field Data

The data shows that as the educational qualification of the respondents mounts they prefer to take rest up to 40 days, whereas the duration of the rest significantly increases to 3 months as their qualification go up. Hence educated respondents who are more aware of the importance of physical rest after delivery, prefer to take more rest (up to 3 months) compared to their less educated counterparts whose economic condition only allows them to take rest up to 40 days.

Table-6.38: Relation between family type and duration of rest after delivery of a child

Family type	Duration of rest after delivery								Total	
	40 days		3 months		More than 3 months		Less than 40 days			
	f	%	f	%	f	%	f	%	f	%
Nuclear	53	43.4	55	45.1	9	7.4	5	4.1	122	85.9
Joint	9	45	11	55	0	0	0	0	20	14.1
Total	62(45.7)		66(46.5)		9(6.3)		5(3.5)		142	100

Source: Field Data

The table indicates that in nuclear families which is majority in the study area (85.9 percent), though most of the respondents prefer to take rest up to three months, but a considerable proportion of them also take rest only for forty days after delivery. In case of joint families more than half of the respondents take rest up to three months after delivery, but here too a significant fraction of them also take rest only for forty days after delivery. Hence though in joint families more respondents take rest up to three months after delivery as there is more human resource in the families and in nuclear families comparatively less respondents can afford to take rest up to three months after delivery, but a very significant part of them in both the families take rest only for forty days after delivery and here many factors are playing their role as economic condition of the family which is not allowing them to take enough rest together with their deep rootedness with their culture which discourage them to take more rest.

Table-6.39: Relation between monthly income and duration of rest after delivery of a child.

Monthly income	Duration of rest after delivery								Total	
	40 days		3 months		More than 3 months		Less than 40 days			
	f	%	f	%	f	%	f	%	f	%
Up to 1000	0	0	1	**100**	0	0	0	0	1	0.7
1000-1500	1	**50**	1	**50**	0	0	0	0	2	1.4
1500-2000	1	**100**	0	0	0	0	0	0	1	0.7
2000-3000	13	**100**	0	0	0	0	0	0	13	9.2
3000-5000	20	**95.2**	1	**4.8**	0	0	0	0	21	14.8
5000-7000	4	**57.1**	3	**42.9**	0	0	0	0	7	4.9
7000-10000	11	**30.6**	21	**58.3**	3	**8.3**	1	**2.8**	36	25.4
10000-15000	2	**25**	4	**50**	1	**12.5**	1	**12.5**	8	5.6
15000-20000	6	**46.2**	7	**53.8**	0	0	0	0	13	9.2
Above 20000	4	**10**	28	**70**	5	**12.5**	3	**7.5**	40	28.2
Total	62(43.7)		66(46.5)		9(6.3)		5(3.5)		142	100

Source: Field Data

The data shows that as the income of the respondents rises more of them take rest up to 3 months after delivery, whereas as their monthly income decreases more of them

take rest up to 40 days after delivery. Hence the economically poor respondents prefer to take less rest after their delivery of child compare to their affluent counterparts.

Table-6.40: Relation between respondents' qualification and currently using family planning method

Respondents Qualification	Currently using Family planning method				Total	
	No		Yes			
	f	%	f	%	f	%
Illiterate	12	**100**	0	0	12	**8**
Primary School	4	**40**	6	**60**	10	**6.7**
High School	36	**59**	25	**41**	61	**40.7**
Higher Secondary	11	**37.9**	18	**62.1**	29	**19.3**
Graduate	16	**53.3**	14	**46.7**	30	**20**
Post Graduate	4	**80**	1	**20**	5	**3.3**
Technical	1	**33.3**	2	**66.7**	3	**2**
Total	84 (56)		66 (44)		150	100

Source: Field Data

The data indicates that surprisingly family planning measures are more popular among the respondents with less educational qualification but as their educational qualification mounts from graduation onwards there seems a decline in the number of respondents who uses family planning measures. Hence the rise in educational qualification leads to the fall in the use of family planning measures. This may be because the ASHA workers could only manage to motivate the less educated respondents and the educated respondents avoid it as they prefer to have natural sex and practice the tradition of self control to control birth.

Table-6.41: Relation between monthly income and currently using family planning method

Monthly income	Currently using family planning method				Total	
	No		Yes			
	f	%	f	%	f	%
Up to 1000	1	100	0	0	1	0.7
1000-1500	2	100	0	0	3	2
1500-2000	1	100	0	0	1	0.7
2000-3000	3	21.4	11	78.6	14	9.3
3000-5000	14	56	11	44	25	16.7
5000-7000	2	28.6	5	71.4	7	4.7
7000-10000	20	55.6	16	44.4	36	24
10000-15000	5	62.5	3	37.5	8	5.3
15000-20000	12	80	3	20	15	10
Above 20000	24	58.5	17	41.5	41	27.3
Total	84(56)		66(44)		150	100

Source: Field Data

The data shows that as the monthly income of the respondents mounts from Rs 2000 to 7000 most of them seems to prefer to use the family planning measures, whereas as their income rises from Rs 7000 to above 20000 there is a decline in the no. of family planning method users. Hence though the use of family planning measures may not ask for much economic affluence, but the economically poor respondents who are also less educated could only be motivated by the ASHA workers, and the economically stable respondents who are generally also more educated avoid it as they prefer to have natural sex and practice the tradition of self control to control birth.

Table-6.42: Relation between monthly income and type of family planning method useing by the couple

| Monthly income | Type of Method used | | | | | | | | | | | | Total | |
| | Condom | | Copper-T | | Pills | | Tubectomy | | Condom + Pills | | Vasectoy | | | |
	f	%	f	%	f	%	f	%	f	%	f	%	f	%
2000-3000	0	0	11	**100**	0	0	0	0	0	0	0	0	11	**16.7**
3000-5000	0	0	10	**90.9**	1	**9.1**	0	0	0	0	0	0	11	**16.7**
5000-7000	0	0	4	**80**	1	**20**	0	0	0	0	0	0	5	**7.6**
7000-10000	3	**18.8**	4	**25**	6	**37.5**	3	**18.8**	0	0	0	0	16	**24.2**
10000-15000	0	0	2	**66.7**	0	0	1	**33.3**	0	0	0	0	3	**4.5**
15000-20000	0	0	0	0	2	**66.7**	0	0	0	0	1	**33.3**	3	**4.5**
Above 20000	1	**5.9**	8	**47.1**	3	**17.6**	3	**17.6**	2	**11.8**	0	0	17	**25.8**
Total	**4(6.1)**		**39(59.1)**		**13(19.7)**		**7(10.6)**		**2(3)**		**1(1.5)**		66	100

Source: Field Data

The table clearly shows that copper-T is visibly preferred most by the respondents in the study area but the share of the respondents who prefer this method of family planning is much more in the top three income groups. The higher income groups are favoring pills and tubectomy more. Surprisingly a condom which is available in all village health sub centres free is only used by the respondents (11.8 percent) whose monthly income is more than Rs 20000.

Conclusion

Place of consultation for the first health problem is an important variable as it reveals the awareness of the respondents regarding the choice they make. Now these choices may be inspired by other sociological variables as monthly income, educational qualification and occupation, hence it generates a quest to know the status of other sociological variables of the respondents who are making these particular choices. When the monthly income of the respondents who is making these choices as place of consultation for the first health problem is seen, the data shows that consulting private doctors which encumbers expenses is a choice of the higher income group women, whereas the nearest pharmacy is preferred by women of almost all income groups as these problems are generally perceived as trivial health issues which can be cured by taking popular medicine from the pharmacy or consulting the pharmacist. Analysis of data shows that as the educational level of the respondents raises their preference for the place of consulting their first health problem shifts from the nearest pharmacy to the private doctors. It also shows that women who are doing private jobs and those who are in business are preferring the services of the private doctors for consulting their first health problem, whereas women who are unskilled workers, skilled workers and unemployed are clearly preferring to visit the nearest pharmacy for their first health problem. Homemakers and students are consulting both the private doctors and pharmacist in the nearest pharmacy for their first health problem. .

The relation between belief of not taking bath during menarche and the occupational background of the respondents shows that the profession as business, government jobs and private jobs which demands women to look neat and tidy are actually not following this belief. Moreover, the relation between respondent qualification and take bath daily during menstruation confirms that with the rise in educational qualification respondents tend not to practice the ritual of not taking bath daily during menstruation. When the relationship between another belief of keeping shunned during menstruation and surprisingly there is hardly any relation between educational qualification and belief of treating women as shunned during menstruation. Similarly, when the relation between general reproductive health problems and age groups is seen the data shows that the respondents of almost all the age groups in the study area are mostly suffering from reproductive health problems such as abdominal pain, backache, itching during menses and white discharge. Now the relation between

reproductive health problems particularly those suffered by the married women and age groups confirms that the problem of painful intercourse is reported more by the young respondents whereas though the number is few but the cases of infertility is found only in case of the comparatively older age group. A very clear relation between reproductive health problem and marital status cannot be established as the problem of abdominal pain and backache is a common among the respondents of both the marital statuses.

Opting for treatment to these reproductive health problems is a very imperative choice that the respondents make; hence there is always a quest to know the other socio economic background i.e. educational qualification, occupation and monthly household income of the respondents who are making these choices. The data related to relationship between respondent qualification and received treatment indicates a positive relationship between educational qualification and opting for treatment for reproductive health problems is established because as the educational qualification of the respondents mounts more of them opt for treating the health problems. Likewise the relation between respondent occupation and received treatment reveals that most of the respondents who are engaged in business (53.3 percent) and private jobs (31.6 percent) and government jobs have opted for treating their reproductive health problem, whereas respondents who are skilled and unskilled workers don't prefer to treat their reproductive health problem is in the expected lines considering their poor economic and educational background.

Now the respondents' choice of a particular form of medicine can be influenced by other sociological variables as monthly household income and education. Therefore the data regarding the relation between respondents' monthly household income and medicine preferred indicates that as the income ascends the trust of the respondents' shifts from folk medicine to allopath for treating their illness. Moreover the data related to the relation between respondents' qualification and medicine preferred clearly indicates that as the educational qualification of the respondents go up the reliance of the respondents' shifts from folk medicine to allopath for treating their illness.

When the data associated with the link between respondents' qualification and health awareness program attended is studied it shows that the respondents who have lesser educational qualification considers more that they need to attend more health

awareness programs. Moreover the data also confirms the fact that the respondents who are engaged as skilled and unskilled workers believe that they need to attend more health awareness programs.

The number of children of respondents can be directly linked to either their educational qualification or monthly household income. Though the data reveals that the respondents who have any educational qualification generally have 1-2 children, but surprisingly there is hardly any relation between number of children and monthly income of the respondents, as the increase or decrease in income is not affecting in the rise or fall in the number of the children of the respondents.

Similarly the place of antenatal check up can also be directly linked to either their educational qualification or monthly household income. Hence the data related to their relation to monthly household income reveals that the poor respondents prefer to visit the sub centre for ante-natal checkups as it is both close to their house and cost them less and as their income rises their choice shift to both government and private hospitals. In case of their relation with educational qualification the data shows that as the educational qualification of the respondents go up their preference shifts from sub centre to government and private hospitals for ante-natal checkups.

When the respondents spouse' reaction regarding the sex of the child is studied it also generates a quest to know the educational background of the spouse as it is expected to make a difference in the decision. But surprisingly the data shows that there is no clear relationship between the spouses' negative reaction on the sex of the child and their educational background, as the spouses who have reacted negatively on the sex of the child are from different educational background.

The relation between educational qualification of the respondent spouse and abortion shows that as the educational qualification of the respondent's spouse go up the number of abortion cases falls, which shows that the educated respondents' spouse must have practiced the preventive measures that can avoid abortion of the child. Likewise the relation between respondent qualification and abortion indicates that the rise in the educational qualification of the respondent leads to the fall in the number of abortion cases, which shows that the educated respondents must have practiced the preventive measures that can avoid abortion of the child.

Similarly the relation between respondent qualification and consumption of nutritious food during pregnancy shows as the educational qualification of the respondents go up they prefer more to take nutritious food. Hence expectedly the educational qualification of the respondents and their preference for nutritious food is positively related. Moreover the relation between monthly income and consumption of nutritious food during pregnancy also shows that they are positively related. Therefore nutritious which demands more money is preferred more by the respondents who can more easily afford it.

There is hardly any relation between consumption of nutritious food and family type indicates that as in both the type of families' majority of the respondents take nutritious food. Similarly, in both the type of families' majority of the respondents takes enough rest during pregnancy. The relation with monthly household income suggests that with the rise in the monthly income of the respondents' family their practice of taking enough rest also increases. Hence the respondents whose monthly income is more can afford to take enough rest during pregnancy.

The relation between monthly income and nature of delivery reveals that with the climb in the monthly income of the respondents' family their preference of kind of delivery shifts from normal to caesarean. Hence the respondents whose monthly income is more can afford to go for caesarean delivery.

Relation between respondent qualification and place of delivery shows that the educated respondents preferred delivery at hospital rises, followed by the MCH centre and nursing homes. But home is the preference for majority of the respondents for delivery who are either illiterate or have less educational qualification. Moreover, when its relation with monthly income is considered the data indicates that respondents who are economically backward preferred more home for the delivery of their child, whereas those whose monthly income is healthier favored hospitals followed by nursing homes for the delivery of their child.

Likewise, the relation between respondent qualification and person attended delivery shows that the educated respondents preferred delivery under the supervision of the doctors. But relatives or *dais* are the preference for majority of the respondents for conducting delivery who are either illiterate or have less educational qualification. Its relation with monthly household income suggests that respondents who are

economically backward preferred the services of their relatives or *dais* for conducting the delivery of their child, whereas those whose monthly income is more favored delivery of their child under the supervision of the doctors.

The data related to the relation between respondent qualification and duration of rest after delivery shows that educated respondents who are more aware of the importance of physical rest after delivery, prefer to take more rest (up to three months) compared to their less educated counterparts whose economic condition only allows them to take rest up to forty days. In case of relation between family type and duration of rest after delivery the data indicates that in joint families more respondents take rest up to three months after delivery as there is more human resource in the families and in nuclear families comparatively less respondents can afford to take rest up to three months after delivery, and here many factors are playing their role as economic condition of the family which is not allowing them to take enough rest together with their deep rootedness with their culture which discourage them to take more rest. Similarly, the relation between monthly income and duration of rest after delivery a child shows that the economically poor respondents prefer to take less rest after their delivery of child compare to their affluent counterparts.

As far as the relation of family planning methods used and monthly household income of the respondents is concerned, the data shows that though the use of family planning measures may not ask for much economic affluence, but the economically poor respondents who are also less educated could only be motivated by the ASHA workers, and the economically stable respondents who are generally also more educated avoid it as they prefer to have natural sex and practice the tradition of self control to control birth. Moreover when the monthly household income of the different family planning method users are studied that data shows that copper-T is visibly preferred largely by the respondents in the study area but the share of the respondents who prefer this method of family planning is much more in the least three income groups. The higher income groups are favoring pills and tubectomy more.