

Reaching Health Messages to Women in India: Evidences from District Level Health Survey - 3

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Abstract: *Change in behavior is a process that depends on many factors. Mass media plays an effective role in creating awareness and influencing beliefs, attitude and practices. Since it is an effective instrument in guiding social norms, it is an equally important factor for behavioral change. The main objectives of this paper are to examine the extent of reach of messages and it also examines the major source of the health messages for women in select states. For the present study data of District Level Household Survey, 2007-08 (DLHS3) has been analyzed. In DLHS 3 data was collected from 720,320 households from 34 states and union territories of India (excluding Nagaland). DLHS 3 interviewed 643,944 married women aged 15-49. For the present study simple cross tab analyses has been done. To have a better insight into communication of different health messages, health information index has been calculated. There is a significant rural-urban, caste and religion differential in reach and accessibility of health messages through mass media. Health professionals and friends/relatives are the major sources to receive health messages. Electronic media is the third largest source for health information but it is also influenced by background characteristics like place of residence, education of women, economic states etc.*

Key Words: *Health Messages, Health Communication, Health Information, health program awareness.*

I. INTRODUCTION

India is a vast country bestowed with great diversity of physical features, land forms, religions, castes, languages, cultures, flora fauna and levels of socio-economic development too. Such a vast diversity sometimes acts as an impediment, particularly the caste system that acts as a stumbling block as regards socio-economic and political equality in India. This has an appreciable impact on the status of education and health too. Health is largely a neglected factor when we speak in terms of accessibility and utilization of services at the grass root levels, although after independence the government has started various programs for the prevention as well as promotion of health related activities through the awareness messages, mass media, public private partnerships etc. Thus the role of human resources as well as media in terms of spreading awareness largely affects the opinion of the population about various health issues.

In the social sphere the general customs and manners of the people greatly differ and hence behavioral change is a step by step and long term process which depends on individual's own experiences and upbringing. Thus 'nurture' and 'nature' both plays an important role in equal measure in the human behavior. Thus the role of radio, television, print media forms an important medium to reach to the masses. Information, Education and Communication (IEC) are increasingly becoming important components of behavioral changes in human population. Reaching out to and educating the masses along with creating public opinion on various issues of development has become easier due to the technological advancement. Parlato (1990), pointed the fact that planned and neat IEC can results positive social awareness, thereby leading to change in public opinion. Piotrow, et al., (1990) noted that mass media can be a effective instrument for developing peoples attitude and vision for obtaining more information and guiding their efforts to apply the information in their own behavior.

Besides conveying simple information through the advertisement, a blend of entertainment along with education has proven to be more attractive and appealing as it consists of songs and dramas laced with new ideas. It compels the observers to feel and think on the message and implement it. Also, the participation of different role models in the publicity of the health related issues has proven to be an effective in involving larger participation of people to change their perceptions and behavior (Kincaid, et al., 1988). Bertrained, et al., (1987) and Piotrow, et al., (1990) are of the opinion that the use of contraception as a family planning method is largely guided through the awareness created by the media. The findings of National Family Health Survey (NFHS)-3 highlighted the fact that access to antenatal care (ANC) and immunization services is better among the women those who have media exposure compared to those who don't have (IIPS and Macro International, 2007).

This paper is an attempt to examine the extent of reach of messages to the women about government health programs through different media such as radio, television, newspapers, books, magazines, meetings. It also examines the variation in getting access health related messages across different states, gender, culture, religion and place of residence.

II. REVIEW OF LITERATURE

There are two different views which differ with regards to media exposure and behavioral changes. One view believes that mass media is less effective in bringing a change in attitude of people (Bertrand, et al., 1987), while others believe that media is an effective instrument to create awareness and imparting knowledge, although it exerts little impact on the behavior (Hyman and Sheatsly, 1974). Agha, (2000), argues that media exposure, particularly in terms of interpersonal communication, is very useful means of communication and likely affect behavior positively. The study conducted by Klapper (1969) discussed that though media exposure could help to change the behavior of people, but this change can operate through various channels. Therefore, media exposure has indirect effect on human behavior. In addition to this, Bogue (1962) stated that selective discussions among groups and use of personal contact can yield more results in motivating people than the exposure to mass media. Westoff and Rodriguez (1993) conducted a study to find the correlation between media exposure and family planning. The study revealed the positive association between media exposure and utilization of family planning services. It highlighted that those exposed to media were in favor of small family size and less children.

There are many determinants affecting media exposure and behavioral change such as age, sex, place of residence, education and socio economic background. Westoff and Rodreiguz (1993) highlighted that there was a positive correlation between education and media exposure. It had found that as level of education increases the media exposure also increases. Along with education there are other factors like religion, which play a significant role in spreading media awareness. Women with liberal and modern values and women from urban background are more likely to access media exposure than women from traditional value system and women of rural background respectively. Furthermore, the survey found that occupation of husband is important factor for media exposure and utilization of family planning services. If husband is working in technical and professional setting, then wife has more probability of been exposed to media than the wife having husband in agriculture and allied fields.

According to IIPS and Macro International, (2007), slightly more than half women in India are exposed to television once in a week, less than one fourth women are regularly exposed to the print media and only 6 percent of women usually see movies in cinema hall at least once in a week. It is also found that there is an effect of place of residence on exposure of mass media, where more than two fifth of rural women are not regularly exposed to any mass media. There is not too much variation among the different age group of women as regards exposure to television. The result shows that there is effect of religion and social group on media exposure. Muslim women are least likely to be regularly exposed to any kind of media. Janis has the highest exposure to media than any other religious group. Exposure to print media is highest among Christian. There is least exposure to women of Schedule Tribes. Less than half of the tribal women are regularly exposed to media than any other group. There is positive correlation between economic status and media exposure. Around one fourth of women of lowest wealth quintiles exposed regularly to any kind of media exposure than 96 percent women of highest wealth quintile.

III. NEED OF THE STUDY

Above studies have shown that there is positive relationship between media exposure and health awareness. It is also true that there are other factors i.e. age, education, place of residence, socio-economic status, religion etc. may influence the exposure. Most of the studies have been focused on intervention of media exposure. Therefore, it is necessary to examine the variation in source through which women receive messages, especially India where the female literacy is just around fifty percent. Media exposures among women are not similar across the country. The women from Delhi, Manipur, Goa, and Kerala have the highest exposure (more than 90 percent) compare to other status. Regular Media exposure to women from Jharkhand, Bihar, and Rajasthan is lowest 40 percent, 42 percent, and 47 percent respectively. In Madhya Pradesh 46.9 percent, in Odisha 38.8 percent, in Maharashtra 23.6 percent and in Kerala 9.5 percent women are not regularly exposed to any media. Women exposed to news paper or magazine in Kerala is 59.6 percent, in Maharashtra 39.2 percent, in Madhya Pradesh 17.7 percent and 11.5 percent in Odisha. Even the source of media exposure varies from state to state (NFHS-3, 2005-06). Therefore, there is need to understand the extent of reach of messages about few government health programs among Indian women. So, each state can formulate policies and programs related to IEC.

IV. OBJECTIVES OF THE STUDY

- To examine the extent of reach of messages about few government health programs among Indian women.
- To analyses the major source of the health messages/ communications regarding government programs.

V. DATA AND METHODOLOGY

For the present study data of District Level Household Survey, 2007-08 (DLHS-3) has been analyzed. In DLHS-3 data was collected from 720,320 households from 34 states and union territories of India (excluding Nagaland). DLHS-3 interviewed 643,944 ever married women aged 15-49. Information on women's characteristics, maternal care, immunization and child care, contraception and fertility preference, reproductive health including knowledge about RTI/STI and HIV/AIDS have been collected. For the present study simple cross tab analyses has been done to examine the extent of reach and major sources of health messages regarding government programs.

To have a better insight into communication of different health messages, health information index has prepared. It is based on the old method of Human Development Index used by United Nations Development Programs (UNDP). It has been calculated as,

Index (I) =	Xi - X min
	X max - X min

Where, Xi: is the actual value or information received by state,

X min: The minimum value/ information received by women of state

X max: The maximum value/ information received by women of state.

VI. FINDINGS AND DISCUSSIONS

Table no.1 shows that 87.5 percent of women have received information on antenatal care. More than two third of women received information through health professional or friends and relatives. Electronic media is the third major source which is giving information on antenatal care. As education level and economic status increases, women have more accessibility to data courtesy of electronic and print media. Women of age group 25-34 years received more messages on ANC compared to other age group. There is great significance of place of residence to receive health messages especially electronic and print media sources. 16 percent women of poorest quintile received information through electronic and 1.6 percent through print media which is much lower compared to 74.8 percent and 36.4 percent women of richest quintile respectively. More than 90 percent women of other caste received information on ANC compare to 81 percent women of Schedule Tribe (ST) category. Three fifth women of other caste received information through electronic source while only 32.5 percent women of Schedule Tribe (ST) received information. Only one tenth women of Schedule Cast (SC) category received of the information on ANC through print media which is much lower than 22.5 percent women of other caste. One fourth women of Christian women religion received information through print media compared to 14 percent women of Hindu religion and only 11 percent women of Muslim religion received information on ANC through print media. Less than one tenth women received information through other media source.

Table no.2 around 79 percent women received information on institutional delivery. Out of the women of age group 25-34 years received more information as compared to other age group especially through electronic and print media. More than nine tenth women possessing education of higher secondary and above have heard or seen messages while only 67 percent women have no education and 79 percent women have primary education received information on institutional delivery. Three forth women having education higher secondary and above received information through electronic sources while only one forth women have no education and two fifth women have primary education received information. 18 percent women have education high school received information through print media which is less than half to the women having education higher secondary and above. There is a significance difference of rural urban especially in case of electronic, print media and health professionals. Only 37 percent women of rural area received information while around 64 percent women of urban area received information through electronic media. 9 percent women of rural area received information through print media which is less than half compared to the urban women. Women of rural area receives slightly more information through health professional compare to urban area. More than nine tenth women of richest quintile have heard or seen the messages on institutional delivery while only 63 percent women of poorest quintile have received. More than 72 percent women of richest quintile received information through electronic media while only one forth women of second quintile and only 16 percent women of poorest quintile received information. One third women of richest quintile received information through print media which is double than women of fourth quintile, more than four time more than women of middle quintile, ten times than women of second quintile and twenty times more than women of poorest quintile. There is very less influence of wealth quintile to received information through health professionals and friend or relatives. More than four fifth women of other caste received information on institutional delivery compared to seven tenth women of ST category. 32 percent women of ST received information through electronic media which is around half to the women of other caste. 9 percent women of SC caste received information through print media which

is half than the women of other caste. Women of ST category received significance more information through health professional compare to women of any other caste. Women of SC received slightly more information through friend or relatives than women of any other caste. Only 43 percent women of Muslim religion received information through electronic media while more than 58 percent women of other religion received information. More than one fourth women of Christian religion received information through print media which is more than double than women of Muslim religion. Women of Muslim religion received slightly less information through health professionals compare to any other religion. Women of Hindu and Muslim religion received slightly more information through friends and relatives. Less than eight percent women received information through other source.

Table no.3 presents that around 85 percent of women received information on breastfeeding. More than half women of age group 25-34 receive information through electronic and around 17 percent through print media sources. Around 98 percent of women having education levels till higher secondary and above receive information compared to 76 percent women have no education. Around four fifth women have education levels till higher secondary and above receive information, while only 28 percent women having no education receive information through electronic source. Around 45 percent women are educated till higher secondary and above receive information through print media which is more than double to women having high school education and more than seven times higher to women have primary education. There is great rural-urban significance for electronic and print media sources. 66.2 percent women of urban area receive information through electronic and 26.7 percent through print media compared to 40 percent and 10 percent of rural area respectively. 96 percent women of richest quintile receive information compared to 72 percent women of poorest quintile. Three fourth women of richest quintile received information through electronic media source compare to women of middle quintile get 41 percent and 18 percent women of poorest quintile. More than one third women of richest quintile received information through print media which is more than double to women of fourth quintile, nine time to women of second quintile and around twenty times to women of poorest quintile. Slightly more than one sixth women of other caste group received information through electronic media it is double to women of ST category. Around 11 percent Women of SC and ST category received information through print media source which is half with the women of other caste group. Three fifth Women of other religion received information through electronic media source while only 45 percent women of Christian religion get information. Around 12 percent women of Muslim religion received information through print media which is around half with the women of Christian religion. Women received 60 to 70 percent information on breastfeeding through friend or relatives and the health professional.

Table no.4 indicates around 90 percent of women received information on family planning. 54.7 percent women of age group 25-34 years received information through electronic media and 19.8 percent through print media which is more than any other age group. As education increases women received more messages, 30 percent women have no education received messages through electronic media while 47.8 percent women have primary education and 85 percent women have education higher secondary and above received the information through electronic media. 53 percent women have education higher secondary and above received information through print media which is more than double with women who have high school education. 73 percent women of urban area received information through electronic media while only 43 percent women of rural area received information. 31 percent women of urban area received information through print media which is around three times more to women of rural area. A 98 percent woman of richest quintile heard or seen messages on family planning which is much more than the 82 percent of women of poorest quintile. Around 83 percent women of richest quintile received information while less than four time women of poorest quintile and only 46 percent women of middle quintile received information through electronic media. 42 percent women of richest quintile received information through print media which is four times to women of middle quintile and twenty times more to the women of poorest quintile. 94 percent women of other caste have heard or seen messages on family planning which is more than the 84 percent women of ST category. In case of electronic and print media 69 and 27 percent women of other caste received information respectively which is around double to the women of Schedule Tribe category. In case of print media, 29 percent women of Christian religion received information which is more than double to women of Muslim religion. 66 percent Women of Hindu religion received information through health professional while only 56 percent women of Muslim religion received the information. Around 67 percent women of Hindu and Muslim religion received information while 58 percent women of Christian religion received information through friend and relatives. Health and friend/ relative are major sources to acquire information on family planning. Women received less than 10 percent information through other sources.

Table no.5 show that women of age group 25-34 received slightly more information through electronic and print media compare to other age group but women of age group 15-24 received quite more messages compared to other age group. In case of friends and relatives, age group 35-49 received slight more information than any other age group. Almost hundred percent women those have education of higher secondary and above

have received information while only nine tenth of women who have no education received information on immunization. More than four fifth women have education higher secondary and above received information through electronic media while it is only 22 percent for women have no education. Around 49 percent women having education levels till higher secondary and above received information through print media which is more than double than women have high school education. Women having education levels till higher secondary and above received slightly less information through health professionals and 50 percent women having education levels higher secondary and above received information while more than 62 percent women having no education received information through friend or relatives. Women having education till higher secondary and above received slightly more information through other media source. Only 41 percent women of rural area received information through electronic media while three fourth women of urban area received information. Around 13 percent women of rural area received information through print media which is less than half than women of urban area. Urban women received slightly less information through health professionals. 83 percent women of richest quintile received information through electronic media while 31 percent women of second quintile and 16 percent poorest quintile received. Around 44 percent women of richest quintile received information through print media which is almost four time more than women of middle quintile and around twenty two times more than the women of poorest quintile. Women of richest quintile received slightly less information through health professionals and friend or relatives. 22 percent women of ST category received information through electronic which is less than three time than the women of other caste group. In case of print media it is around five times less than women of other caste. Four fifth women of other caste received information through health professional while more than 90 percent women of ST category received information. Caste has less significance to received messages through friend or relatives and other media sources. 66 percent women of Muslim religion received information through electronic media while only 46 percent women of Hindu religion received information. Only 13 percent women of Hindu religion received information through electronic media. It is more the three times than the women of Christian religion. More than 90 percent women of other religion received information through health professional it is much more than the 72 percent women of Christian religion received information. More than 58 percent women of Hindu religion get information through friend or relatives while 40 percent women of Christian religion received information.

Table no.6 indicate that women of age group 25 – 34 received more messages especially through Electronic and Print media on prevention of sex selection than any other age group. As education and economic status increases women receive more messages especially through Electronic and print media. 73 percent women having no education received information by way of friend/ Relatives compared to four tenth women have education higher secondary and above. There is great rural- urban difference to received information about prevention of sex selection. 80 percent women of urban area have heard/ seen messages compared to 56 percent women of rural area. Only 15 percent women of rural area received information on prevention of sex selection through Print media compared to 25 percent women of urban area. But women of rural area received more information through Friend/ relatives than women of urban area. 72 percent women of poorest quintile received information through Friend/ relatives compared to 42 percent women of richest quintile. Only 41 percent women of Schedule Tribe have heard or seen messages on prevention of sex selection. Compared to 77 percent women of other caste. Less than four tenth women of Schedule Tribe received information through Electronic media compared to two third women of other caste. 22 percent women of other caste received information through print media compared to women 7.4 women of Schedule Tribe only 57 percent women of Muslim religion have heard/ seen messages compared to 70 percent women of other religion. Only 57 percent women of Hindu religion received information through Electronic sources compared to 73 percent women of Christian religion. Around 58 percent women of Hindu religion received information through friend/ relatives which is two times more than the women of Christian Religion.

Table no.7 present the above Index prepared to measure the health information received by women in India. It shows the state wise variation about health information. For the above Index following formula has been used. Health Information Index = $\frac{\text{Actual} - \text{Minimum}}{\text{Maximum} - \text{Minimum}}$. The Index of Antenatal care (ANC) shows that there are 10 states below the Indian average. Bihar has the lowest rate and Lakshadweep has highest rate. In case of Institutional Delivery, eight states are below the national average. Women of Meghalaya have received less information on institutional delivery by any media compared to any other Indian states. Women of Chandigarh received highest messages on institutional delivery. 85.6 percent of Indian women received messages on Breast Feeding out of which women of seven states have received less than the Indian average. Almost 100 percent women of Chandigarh have received information on breastfeeding while only 64.8 percent women of Bihar have heard or seen messages.

Table no.8 indicates that in the case of immunization 94.6 percent of women of India received messages. Only five states are lagging behind the Indian average and one state is equal with Indian average. 99.8 percent women of Daman and Diu get the information on immunization while only 74.2 percent women of Bihar received messages on immunization which is lowest in India. In India 90.7 percent of women received

messages on family planning by any sources. Almost all women of Chandigarh received information on family planning while only 55.4 percent women of Meghalaya received which are least messages than any other Indian states. There are 13 states below the Indian average. In case of Prevention of Sex selection Messages 16 states have below and one has equal with Indian average. 97.3 percent of women of Chandigarh received messages on prevention of sex selection which is highest among all Indian states. Only 16.9 percent women of Meghalaya received least information among Indian states.

VII. CONCLUSIONS

It has been observed by study that socio-economic development plays an important role in creating awareness among people. Health professionals, Friends/ relatives and Electronic media are the major sources for the women to received information on different health programs. Women of age group 25- 34 years received more information on all health programs than any other age group. As education increases women received more information especially through Electronic, Print media. There is a significant rural-urban differential in reach and accessibility of health messages through mass media especially to received information about prevention of sex selection but there is less rural-urban difference to received information on Immunization. Friend/ relatives and Health professional are the major sources for the women have no education or primary education but they received less information through Electronic and print media. In case of women of Schedule Tribe, high illiteracy and poverty leads to less awareness regarding health messages. Poverty also negatively affects exposure to Electronic and print media. There is less significance of religion to received information on antenatal care. Therefore, strategies should be framed differently for the different group according to their level of socio- economic development.

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Table No. 1 Health Information Received by Women on ANC

Background Characteristics	Heard/seen	Sources of Health Messages					Total women (N)
		Ele.	Print	Health Professionals	Friends/Relatives	Other	
Age Group							
15-24	88	43.5	12.7	70.5	67.6	6.4	160676
25-34	88.1	48.7	17.5	69	65.9	6.5	202197
35- 49	81.8	38	11	66.2	67.8	6.4	38442
Education Level							
No Education	78.7	24.8	1.2	68	72.4	6.1	168548
Primary	88.7	39.8	6.1	71.5	68.2	5.9	58556
High School	94.5	57.9	20.4	71.1	64.1	6.4	121928
Higher Secondary and Above	98.1	77.9	47.5	67	56.7	7.8	52282
Types of Residence							
Rural	84.4	37.3	9.8	71.4	67.7	6.7	287806
Urban	95.2	64.5	26.7	64.8	64.6	5.9	113508
Wealth index quintiles							
Poorest	74.8	16	1.6	71.3	70.6	6.1	72523
Second	80.1	25.6	3.5	71.3	72.2	7	76491
Middle	88.2	38.8	7.5	72.2	69.1	6.5	78047
Fourth	93.6	55.3	15.9	69.3	65.7	6.4	84638
Richest	97.6	74.8	36.4	64.7	59.6	6.2	89542
Caste							
SC	86.7	41.5	10	70.3	67.3	6.2	73586
ST	81.9	32.5	12.4	76.7	64.1	6.8	67502
OBC	87.3	43.9	13.8	67.6	70.8	6.2	160778
Other	92.3	60.6	22.5	66.5	61.7	7	92003
Religion							
Hindu	88	44.9	14.4	70.7	67.7	6.5	299605
Muslim	85.7	43.6	11.7	63.6	68.6	6.7	60319
Christian	84.3	48.4	27.1	67.8	58.7	5.7	21276
Other	89.4	59.2	21.1	67.7	55.4	5.7	20114

Note (for all tables): Total may not be equal due to missing cases or multiple responses.

Ele.: Television and Radio,

Print: Print Media-News Paper, books, magazine, hoardings, pamphlets and posters etc)

Health Professionals: Doctor, ANM, AWW and ASHA

Other: Radio/ Drama/ Songs/ Dance Performance/ Street Play/ Puppet Show/ Exhibition/ Mela/ meetings/ programs.

Table No. 2 Health Information Received by Women on Institutional Delivery

Background Characteristics	Heard/seen	Sources of Health Messages					Total women (N)
		Ele	Print	Health Professional	Friends/Relatives	Other	
Age Group							
15-24	79	42.7	11.9	69.7	66.5	6.6	160676
25-34	79	48.3	16.3	68.2	64.9	6.7	202200
35- 49	71.3	38.7	10.7	65.2	67	6.5	38442
Education Level							
No Education	67.6	24.7	1.1	66.7	71.7	6.3	168548
Primary	78.8	38.7	5.6	71.2	66.7	6.1	58556
High School	86.3	56.1	18.5	70.4	63.2	6.7	121932
Higher Secondary and Above	93.2	75.9	42.6	66.4	56.4	7.9	52281
Types of Residence							
Rural	74.4	37	9.1	70.5	66.7	6.8	287809
Urban	88.2	62.8	24.6	64.5	63.8	6.3	113508
Wealth index quintiles							
Poorest	63.6	15.9	1.5	70.4	69.7	6	72523
Second	69.4	25.3	3.3	70.2	70.9	7	76492
Middle	78	38.1	6.7	71.4	67.8	6.9	78049
Fourth	85.1	53.3	14.4	68.5	64.9	6.8	84638
Richest	91.6	72.7	33.2	64.4	59.4	6.4	89541
Caste							
SC	78.6	40.2	9.2	69.3	66.2	6.5	73587
ST	70.6	32.8	12	77	63	6.6	67502
OBC	78.3	43.4	12.9	67	69.4	6.5	160782
Other	83.5	60.1	21.1	65.3	61.4	7.2	92003
Religion							
Hindu	78.9	44.4	13.5	69.7	66.7	6.7	299608
Muslim	74.9	43.4	10.8	62	67	6.6	60319
Christian	75.1	47.9	25.8	68.5	56.9	5.8	21276
Other	82.6	58.7	18.8	69.6	57.6	6.5	20114

Table No. 3 Health Information Received by Women on Breast Feeding

Background Characteristics	Heard/seen	Sources of Health Messages					Total women (N)
		Ele	Print	Health Professional	Friends/Relatives	Other	
Age Group							
15-24	86.1	46.3	13.1	67.1	68	6.6	160676
25-34	86.5	51	17.5	66	67	7.2	202200
35- 49	79.2	40.7	11.7	60.8	69.2	7.5	38442
Education Level							
No Education	75.9	28	1.5	60.7	73.9	7.1	168548
Primary	86.7	42.5	6.5	66.8	68.4	6.4	58556
High School	93.3	59.6	20.7	70.1	64.3	6.8	121933
Higher Secondary and Above	97.8	79	45.8	69.2	58.1	7.9	52281
Types of Residence							
Rural	82.5	40.1	10	66.1	68.6	7.3	287809
Urban	93.6	66.2	26.7	65.8	65.3	6.3	113508
Wealth index quintiles							
Poorest	72.4	18.4	1.8	62.3	74.1	7.1	72523
Second	78.6	28.3	4	64.3	73.3	7.7	76492
Middle	85.7	41.6	7.7	67.4	69.2	7.3	78049
Fourth	91.8	58	16.1	67.7	65.3	6.8	84638
Richest	96.5	76.3	36.1	66.7	60.3	6.4	89541
Caste							
SC	84.7	44.9	10.6	66.7	67.9	6.9	73585
ST	82.2	31.3	11	70.6	68.2	8.1	67502
OBC	84.3	47.6	14.6	64.5	70.4	6.5	160782
Other	90.9	63.3	22.6	64.8	62.2	7.4	92003
Religion							
Hindu	86	47.7	14.8	67	68.5	7.1	299608
Muslim	83	47.7	12.2	60.5	67.7	6.8	60320
Christian	83	45	23.3	64.6	61.9	5.9	21276
Other	90.8	60	20.7	68.3	59	7.1	20114

Table No. 4 Health Information Received by Women on Family Planning

Background Characteristics	Heard/ seen	Sources of Health Messages					Total women (N)
		Ele	Print	Health Professionals	Friends/ Relatives	Other	
Age Group							
15-24	90.2	51	15.6	64.1	67.2	7.6	160676
25-34	91.9	54.7	19.8	65.4	65.9	8.1	202200
35- 49	87.2	43	12.5	62.8	68.6	7.6	38442
Education Level							
No Education	85.3	30	1.6	62.6	74.2	7.2	168548
Primary	90.2	47.8	8.1	66.7	67.8	7.4	58556
High School	95.2	66.8	25.5	66.4	62.1	8	121932
Higher Secondary and Above	98.6	85.5	53.1	64.2	54.6	9.5	52282
Types of Residence							
Rural	88.5	43.2	11.6	66.2	68.2	8.1	287810
Urban	96.3	73	31.1	61.1	63	7.3	113508
Wealth index quintiles							
Poorest	82.1	19.7	2	65.2	73.4	7.2	72523
Second	85.8	31	4.6	65.8	73.2	8.3	76492
Middle	90.3	46	9.9	67.3	68.9	8.1	78048
Fourth	95.2	64.2	19.1	64.6	64.3	7.8	84638
Richest	98.2	83.8	42.1	61.4	57.5	7.7	89541
Caste							
SC	91.3	48	12.4	65.1	67.6	7.7	73586
ST	83.7	35.5	13	73.6	65.3	8.6	67502
OBC	91.8	50.7	16.1	63	70.3	7.5	160782
Other	94	69	27	61.4	61	8.1	92003
Religion							
Hindu	92.1	51.2	17.1	66.3	67.7	8	299609
Muslim	87.2	52.6	13.5	56.7	66.8	7	60319
Christian	79.3	54.4	29.2	62.7	58.1	7.8	21276
Other	93	63.7	23.4	65.1	58.2	8.1	20114

Table No. 5 Health Information Received by Women on Immunization

Background Characteristics	Heard/seen	Sources of Health Messages					Total women (N)
		Ele	Print	Health Professionals	Friends/Relatives	Other	
Age Group							
15-24	94.6	48.2	14.3	84.4	57.3	7.8	160676
25-34	95.1	50.8	18.5	83.1	57.5	8	202198
35 - 49	92	37.4	12.5	81.4	59.1	7.1	38442
Education Level							
No Education	90.4	22.6	1.3	85.7	62.4	6.1	168547
Primary	95.5	43.3	5.5	85.6	60.8	7.9	58556
High School	98.1	63.7	22.9	83	54.3	8.5	121933
Higher Secondary and Above	99.3	82.8	48.4	77.6	49.7	10.6	52281
Types of Residence							
Rural	93.4	41.6	12.9	85.1	57.3	7.7	287808
Urban	97.8	74.5	28.6	78.1	58.1	8.3	113508
Wealth index quintiles							
Poorest	88.5	16.4	1.8	87.6	59.6	5.3	72523
Second	91	31.9	4.2	87	63	7.7	76493
Middle	95.3	51.2	11	85	57.7	9.2	78047
Fourth	97.8	69.4	24.1	81.1	54	8.9	84639
Richest	99.1	83.2	43.7	76.1	52.7	8.9	89541
Caste							
SC	94.3	45.9	11.4	83.3	58.8	8.2	73586
ST	92.9	22.2	4.5	90.7	55.4	5.9	67502
OBC	94.2	55	20.4	80.6	59.3	8.2	160781
Other	96.7	65.5	24.1	81.7	55.9	8.8	92003
Religion							
Hindu	95.1	46.4	13.4	84.3	58.4	7.7	299607
Muslim	92.6	66.3	34.9	77.4	55.7	8	60319
Christian	91.9	58.6	46.6	72.1	40.3	8.6	21276
Other	96.2	57.9	23	90.2	45.5	10.6	20114

Table No. 6 Health Information Received by Women on Prevention of Sex Selection

Background Characteristics	Heard/ seen	Sources of Health Messages					Total women (N)
		Ele	Print	Health Professional	Friends/Relatives	Other	
Age Group							
15-24	63.5	54.9	14.4	58	57.4	6.4	160676
25-34	64.6	61.7	21.2	55.5	54.3	6.6	202201
35 - 49	53	51.7	20.1	50.9	59.6	5.8	38442
Education Level							
No Education	46.5	31.8	1	54.6	73	5.4	168548
Primary	59.6	49.9	4	56.1	64	6.2	58556
High School	75.8	65	20.4	57.4	50.5	6.6	121932
Higher Secondary and Above	90.6	82.4	45.4	56.4	40.2	7.7	52282
Types of Residence							
Rural	56.2	52.5	15.5	56.1	57.7	6.5	287809
Urban	80.4	73.2	25.3	57.1	51.5	6.2	113508
Wealth index quintiles							
Poorest	35.7	27.4	2.6	53.8	72.7	5.6	72523
Second	47.7	39.2	4.4	57.4	67.6	6.1	76493
Middle	60.2	54.3	9.1	58.2	58.8	7.3	78049
Fourth	75.5	67.8	21.2	56.5	50	6.7	84639
Richest	88.9	81.1	39.8	55.5	42.6	6.3	89541
Caste							
SC	62.5	53.8	11.3	53.6	58.6	6.6	73586
ST	41.6	38	7.4	63.9	61.7	7.8	67502
OBC	65.2	59.9	20.8	54.3	56.1	6.1	160782
Other	77	66.6	22.8	57.5	52	6.4	92003
Religion							
Hindu	64.8	57.2	15.4	56.8	58.1	6.3	299608
Muslim	57.7	62.3	30.9	52.4	48.9	6	60320
Christian	46.9	73.5	59.8	43.7	25.1	7.5	21276
Other	70.1	56.5	17.5	67.1	46.2	11	20114

Table No. 7 Health Information Index

States	ANC		ID		BRFD	
	Heard/ Seen	Rate	Heard/ Seen	Rate	Heard/ Seen	Rate
Jammu & Kashmir	89.1	0.6936416	83.3	0.6983122	94.4	0.8409091
Himachal Pradesh	95.4	0.8757225	83.4	0.7004219	96.4	0.8977273
Punjab	97.3	0.9306358	96	0.9662447	99.3	0.9801136
Chandigarh	97.8	64.772016	97.6	1	100	1
Uttarakhand	86.1	0.6069364	72.8	0.4767932	92.4	0.7840909
Haryana	97	0.9219653	86.3	0.7616034	91.6	0.7613636
Delhi	97.6	0.9393064	92	0.8818565	97.9	0.9403409
Rajasthan	91.2	0.7543353	86.3	0.7616034	93	0.8011364
Uttar Pradesh	85.7	2.039604	73.6	0.4936709	75.9	0.3153409
Bihar	65.1	0	58.5	0.1751055	64.8	0
Sikkim	89.6	0.7080925	88.1	0.7995781	82.5	0.5028409
Arunachal Pradesh	86.8	0.6271676	83.3	0.6983122	86.9	0.6278409
Manipur	88.3	0.6705202	84.2	0.7172996	93	0.8011364
Mizoram	91.1	0.7514451	87.3	0.7827004	84.7	0.5653409
Tripura	86.4	0.6156069	86	0.7552743	94.1	0.8323864
Meghalaya	70.9	0.1676301	50.2	0	65.2	0.0113636
Assam	89.2	0.6965318	61.4	0.2362869	86.4	0.6136364
West Bengal	92.9	0.8034682	86.3	0.7616034	90.8	0.7386364
Jharkhand	76.6	0.3323699	59	0.185654	80.3	0.4403409
Odisha	90.5	0.734104	90.9	0.8586498	88.1	0.6619318
Chhatisgarh	94.8	0.8583815	83.5	0.7025316	92.7	0.7926136
Madhya Pradesh	88.1	0.6416185	81.9	0.6687764	87.8	0.6534091
Gujarat	87.3	0.6416185	66.7	0.3481013	86.8	0.625
Daman & Diu	98.9	0.9768786	95	0.9451477	97.1	0.9176136
Dadra and Nagar Haveli	83.9	0.5433526	57.7	0.1582278	77.3	0.3551136
Maharashtra	93.1	0.8092486	81.6	0.6624473	90.7	0.7357955
Andhra Pradesh	82.6	0.5057803	82.1	0.6729958	82.3	0.4971591
Karnataka	96.6	0.9104046	93.9	0.9219409	96.2	0.8920455
Goa	97.9	0.9479769	93.4	0.9113924	99.1	0.9744318
Lakshwadip	99.7	1	89.1	0.8206751	98.9	0.96875
Kerala	97.8	0.9450867	88.6	0.8101266	98.8	0.9659091
Tamil Nadu	98.4	0.9624277	96.3	0.9725738	99.5	0.9857955
Pondicherry	98	0.9508671	94.2	0.92827	98.4	0.9545455
Andaman and Nicobar Iceland	91.1	0.7514451	84.8	0.7299578	92.8	0.7954545
Total	87.5		78.3		85.6	

Note: ANC-Anti natal care, ID-Institutional Delivery, BRFD-Breast Feeding

Table No 8 Health Information Index

States	IM		FP		PSS	
	Heard/ Seen	Rate	Heard/ Seen	Rate	PSS	Rate
Jammu & Kashmir	95.1	0.8164063	83.5	0.6300448	63.7	0.5820896
Himachal Pradesh	99.3	0.9804688	97.7	0.9484305	85.1	0.8482587
Punjab	99.1	0.9726563	99.2	0.9820628	96	0.9838308
Chandigarh	99.6	0.9921875	100	1	97.3	1
Uttaranchal	97.7	0.9179688	95.8	0.9058296	74.8	0.7201493
Haryana	99.1	0.9726563	98.3	0.9618834	90.2	0.9116915
Delhi	99	0.96875	98	0.955157	91.7	0.9303483
Rajasthan	96.7	0.8789063	96.6	0.9237668	75.1	0.7238806
Uttar Pradesh	96.2	0.859375	93.7	0.8587444	63	0.5733831
Bihar	74.2	0	75.5	0.4506726	50.9	0.4228856
Sikkim	94.6	0.796875	93.9	0.8632287	48.9	0.39801
Arunachal Pradesh	95.7	0.8398438	98.2	0.9596413	58.5	0.5174129
Manipur	95.7	0.8398438	89	0.7533632	74.4	0.7151741
Mizoram	94.8	0.8046875	79.5	0.5403587	50	0.4116915
Tripura	95.2	0.8203125	83.2	0.6233184	40.7	0.2960199
Meghalaya	77.7	0.1367188	55.4	0	16.9	0
Assam	96.4	0.8671875	80.9	0.5717489	30.3	0.1666667
West Bengal	98.9	0.9648438	89.1	0.7556054	39.9	0.2860697
Jharkhand	94.1	0.7773438	86.8	0.7040359	37.7	0.2587065
Odisha	97.8	0.921875	91.6	0.8116592	58.3	0.5149254
Chhattisgarh	99	0.96875	98.2	0.9596413	65.5	0.6044776
Madhya Pradesh	95.4	0.828125	94.8	0.8834081	65	0.5982587
Gujarat	96.9	0.8867188	89.6	0.7668161	57.2	0.5012438
Daman & Diu	99.8	1	99.8	0.9955157	87.3	0.8756219
Dadara and Nagarhaveli	98.8	0.9609375	88.5	0.7421525	49.5	0.4054726
Maharashtra	97.9	0.9257813	94.5	0.8766816	78.7	0.7686567
Andhra Pradesh	90.6	0.640625	83.2	0.6233184	60.1	0.5373134
Karnataka	99.1	0.9726563	93.1	0.8452915	78.3	0.7636816
Goa	98.7	0.9570313	93.7	0.8587444	90.7	0.9179104
Lakshwadip	99.2	0.9765625	97.7	0.9484305	91.9	0.9328358
Kerala	99.4	0.984375	96.7	0.926009	93.3	0.9502488
Tamil Nadu	99.6	0.9921875	99	0.9775785	59.6	0.5310945
Pondicherry	98.3	0.9414063	95.9	0.9080717	52.8	0.4465174
Andaman and Nicobar Iceland	93.9	0.7695313	90.5	0.7869955	52.8	38
Total	94.6		90.7		63	

Note: IM-Immunization, FP-Family planning, PSS-Prevention of Sex Selection