Chapter 2 MATERIALS AND METHODS

Location and topography

The physiographic setting of Calcutta (22° 34' north latitude and 88° 24' east longitude), both at the time of its foundation in 1690 and at present, is dominated by the meandering river Hooghli (Ganga). The Hooghli now forms the westernmost limit of the Gangetic delta, the largest delta in the world, built up by the slow deposition of river silts into the sea. Hence, Calcutta is a typical riverine city surrounded by marshes, tidal creeks, mangrove swamps and wetlands (DasGupta, 1990).

Calcutta rests on a clay bed deposited by rivers forming the lower plain of the Gangetic delta. The clay overlies a thick pile of alluvial sediments deposited in the recent geological era; the upper 300 m. of this alluvial pile clearly belong to the Quaternary age (DasGupta, 1990).

Climate

Except for the three months of winter (mid-November to mid-February), Calcutta has a subtropical climate. The maximum temperature reaches 42° C and the minimum about 7° C. In Calcutta, the monsoon comes during mid-June and continues up to mid-September (Chakraborti, 1990). The average annual rainfall is 1625 mm.

Flora and fauna

Within the city, the vegetation in parks, and open spaces is hopelessly disproportionate to the sprawling built-up area. The city harbours a surprising variety of common birds: the pariah kite, blue rock pigeon, spotted dove, house swift, myna, bulbul, etc. Among the mammals, there are rodent, jackal, mongoose, etc. (Mookherjee, 1990).

Population and area

According to Census (1991), the city of Calcutta covers an area of 185 sq. km. and about 4,388,262 people live here. The population density of Calcutta is 23,670 persons/sq.km. The city is under the Presidency division of West Bengal. The total number of Wards under the Calcutta Municipal Corporation is 145 (Census, 1991).
In the Calcutta Metropolitan area, there are large slums and squatter settlements. One such squatter settlement is located on the embankment of the canal stretching from Baghbazar to Beliaghata railway bridge. The settlement is located on both sides of the embankment. Both the Hindu and Muslim reside here. The majority of the Hindu is Bengali-speaking and have migrated to this area from the South 24 Parganas district, as well as from Bangladesh. The Bengali-speaking Muslim also has migrated mainly from the South 24 Parganas district. Bengali-speaking Hindu and Muslim originating from the South 24 Parganas district have been studied.

The environment of the squatter settlement referred to above is extremely unhygienic. The lack of sanitation and garbage accumulation are conspicuous. The impoverished condition of these people is manifested in their dwelling types, materials used for constructing the dwellings, overcrowding, etc.

The stretch selected for the study comprise Calcutta Municipal Corporation Wards no. 28 and 36 (Canal West) and 29 (Canal East). This stretch has been selected particularly because the two social groups reside here in adjacent clusters. The city of Calcutta, specifically the above mentioned area, has been selected for of operational convenience.

About the history of this settlement, no written records are available from governmental offices. However, an attempt has been made to gather the same from some elderly persons residing in the slum opposite to the settlement under study. The canal was previously known as Marhatta Ditch. Upto the 1960s, country boats used to sail carrying wood, earthen vessels and fish from the Sunderban forests. But, transportation through this route stopped as the canal lost its navigability due to silting. During the late 1960s, a total number of four to five settlements existed here on both the embankments. The main occupation of the people was to prepare fuel cakes with sediments (collected from canal bed) and saw dust. The rest of the land was used for storing wooden logs, as garage for hand-pulled rickshaws and push-carts, and as cowsheds. The number of settlements increased to 20-25 (approximately) during the early 1970s. During 1974-75, the canal was dredged and the people had to shift themselves to the opposite roadside temporarily. The side of the canal was fenced and trees were planted. But after some months people started re-settling there. The major inflow took place after 1977. During this time, a large group came from the rural parts of the South 24 Parganas district,
FIG. 2.1 MAP OF CALCUTTA

LOCATION OF STUDY AREAS

STUDY AREAS

DELHI
WEST BENGAL
INDIA
MUMBAI
BAY OF BENGAL
CHENNAI
ARABIAN SEA
CALCUTTA
HU GLI RIVER
SKYAMBAZAR
CIRCULAR CANAL
WARD NO. 28
WARD NO. 29
WARD NO. 36
SEALDAH STATION
BELIAGHATA CANAL
STORM WATER OUTLET

SCALE
0 1 2 3 4 KMS

WARD BOUNDARY
some from the pavements of Maniktala area and a few from the opposite slum area due to lack of space there.

The South 24 Parganas district covers an area of 9961 sq. km. The population density of this area is 574/sq km. The total population of the district is 57,15,030, of which 34.45% belong to the Scheduled Castes and 1.24% to the Scheduled Tribes. The district is under the Presidency division of West Bengal (Census, 1991).

The erstwhile district of undivided 24 Parganas was located between 21° 1' and 22° 7' north latitude, and 88° 2' and 89° 6' east longitudes. The mean temperature of this district is 25.1° C with an average annual rainfall of 1718 mm. The main rivers flowing through this district are Hooghly, Bidhyadhari, Piali and Jamuna.

Calcutta - a brief history

During the early days of British rule in India, Calcutta was the capital of the country, but later the British rulers shifted the capital to Delhi, the present capital of India. Calcutta is now the capital of the state of West Bengal. Before Calcutta, there were at least five other capitals or urban centres in Bengal at different times: Gour, Rajmahal, Dhaka (now in Bangladesh), Nadia and Murshidabad. Calcutta can thus be called the sixth capital of the erstwhile province of Bengal (Chatterjee, 1990).

"In August 1690, a British tradesman, Job Charnok, found this place as a good landing place to set up an outpost of the East India Company. The then villages of Sutanuti, Gobindapur and Kalikata provided the high land needed for massive business houses, residential quarters, villas (sometimes truly palatial) and other establishments needed for the administrative and commercial activities of the East India Company and the growing British Raj" (DasGupta, 1990). "True enough, Charnok laid the foundation of British Calcutta in the early days of the East India Company's mercantile adventures in Eastern India. It is comparatively a new city than other cities like Agra, Delhi, Allahabad or Varanasi of India" (Ray, 1986).

Before the advent of British, Portuguese traders commenced operation in Bengal, mainly in Chattagram (now in Bangladesh) and in Saptagram (a village, northwest of Chunchura) in the 16th century. In the late 16th century, the merchant princes of Saptagram began to seek fresh markets as their original seat declined owing to the caprices
of the river. The great majority settled at Hooghli, a Portuguese settlement since the late 15th century, dominated from the 1630s by the Dutch, the leading European traders in Bengal at that time. However, four families of Basaks and one of the Seths came further downstream to found the village of Gobindapur on the east bank. Northwards, they proceeded to set up the Sutanuti Hat or cotton and yarn market. In between Sutanuti and Gobindapur was a lesser settlement, namely Kalikata. These three villages became the site of the British holdings that eventually grew into the city of Calcutta (Chatterjee, 1990).

The three villages were parts of an estate belonging to the Mughal Emperor himself whose zamindari rights were held by the Sabarna Chowdhury family of Barisha-Behala. Gradually the East India Company increased their territory of occupancy and ultimately in the year 1765, Shah Alam I, the then Mughal Emperor, granted the right to the East India Company to collect land revenue and administer justice to the Bengal province (including the present day Bihar and Orissa) (Nair, 1990).

"Since the days of its inception, the city of Calcutta continued to expand its limit slowly but steadily. At the dawn of the 18th century, 41 villages along with Sutanuti, Kalikata and Gobindapur gave the first shape of Calcutta Municipal area" (Mitra, 1990). In 1794, governor-general Lord Cornwallis fixed the boundaries of Calcutta for municipal and judicial purposes: north, Marhatta Ditch; east, Circular Road; west, the Hooghli river; and south, Lower Circular Road to Khidderpore Bridge (Nair, 1990).

"The town continued to grow steadily throughout the 18th and 19th centuries and the first 50 years of the present century marked an unprecedented rate of expansion. In 1701 the physical extension of the city was 1,682 acres and in 1953 it went up to 23,629 acres" (Mitra, 1990). At present the city proper, i.e. the area under the Calcutta Municipal Corporation, covers no less than 100 sq. km. with a population of 3.3 million (1981). With the addition of three erstwhile municipal areas in 1984, the total area of the Calcutta Municipal Corporation is now 187.33 sq. km.

Calcutta was basically a commercial city, a port town where both Europeans and Bengalis had made fortunes in the late 18th and early 19th centuries. Ever since the 18th century, this city had evolved into an urban agglomeration - a commercial, administrative, residential and military complex - from an area initially restricted to a few hundred acres. The emergence of an industrial infrastructure along with the proliferation of commercial
activities gave Calcutta an air of importance which no other town or city in the whole eastern region experienced. Thus, by the first half of the present century, the population of Calcutta evolved into a heterogeneous entity (Mitra, 1990).

Throughout the 19th century, the city area expanded in conformity with its rapidly increasing population, but in the first half of the 20th century, it witnessed an unprecedented growth in both size and population. According to 1901 census, 68.15% of the total city population comprised immigrants. Of them, 52.2% came from interior districts of Bengal, 14.8% from other parts of India, and the remaining 1.1% from outside the country. In the census of 1951, the total number of Bengali immigrants to the city was 1,163,718, while those from the rest of India was 673,007. These figures clearly establish the fact that majority of the inhabitants consisted of immigrants, and they had a tendency to concentrate in the city proper rather than the suburbs. Apart from this general inflow of immigrants from different parts of the state, the bulk came from East Bengal in the 1930s and 1940s. A large proportion of the inhabitants of Calcutta were non-Bengalees and their numbers steadily increased throughout the period. Of these immigrants, the majority came from the neighbouring provinces of Bihar, Orissa and Uttar Pradesh and also from other states like Punjab and Rajasthan (Mitra, 1990).

"Centuries ago, colonial and trading interests gave birth to the city of Calcutta and this made it the focal point of intensive economic activities. The infrastructure of the city, together with its vast hinterland, attracted multiple industries which enhanced the scope of employment" (Mitra, 1990). Calcutta had long been the second capital of the British empire and its primacy in the eastern hemisphere obviously had a great impact on its socioeconomic growth. Gradually the city of Calcutta became a job centre. This pulled the job-seekers from the nearby districts and states to it in various occupational categories. In 1911, there were 624,000 workers, accounting for three-fifth of the total city population. The extent of predominance of immigrant earners in Calcutta's occupational structure, remained unchanged throughout the first six decades of the 20th century. In 1961, the percentages of workers among resident and migrant groups was 29.72% and 70.25%, respectively (Mitra, 1990).

A majority of the immigrants came from the districts of Bengal, mostly from 24 Parganas (North and South), Howrah, Hooghli, Midnapore, etc. The Bengali immigrants to Calcutta accounted for 341,000 persons in 1911 and their number steadily increased to
11,63,716 in 1951, excluding the refugees from Bangladesh. As the bulk of Bengali migrants came from the neighbouring districts, they naturally moved into the city with their families, considerably enhancing the number of dependants among these immigrants (Mitra, 1990).

"From the hinterland stretching beyond the state limits and encompassing such adjoining regions as Bihar, Orissa, Uttar Pradesh, etc., a substantial inflow of non-Bengalees occurred for long. In 1911, their number was 343,689 for Calcutta and suburbs; while in 1951, the city alone contained as many as 673,00 non-Bengali immigrants" (Mitra, 1990).

A list of government service holders in 1942-43 shows that more than 50% posts, i.e. 1,388 out of 2,671, were held by the Bengalis. In 1961, the figure became 61,214. An estimate for 1963 revealed that more than 73% of the Bengalis were doing "white collar jobs". They were the literate middle class Bengalis. However, the poor nonliterate Bengalis found employment in mills and factories and in numerous informal sectors. The Bengali's aversion to manual labour was transcended by the necessity of survival. Mostly, the immigrants were poor peasants and agricultural labourers from economically devastated rural areas of Bengal. This ethnic group in 1948-49 constituted 82.4% lessee and 68% tenant families in the "bustees" (slums and other settlements with makeshift dwellings) of Calcutta. These people were found in slums and even on pavements. In 1951, one-fourth of the population of Calcutta lived in slums, i.e. 617,374. This increased by 18,000 in 1961. They toiled to ensure the leisured life of the affluent class, but were denied the minimum requirements of life themselves (Mitra, 1990).

Dwellings on pavements were coming up since the early decades of this century, but those became widespread after the famine of 1943. These slums were often constructed on low ground and were flooded during monsoons, both by rain water and by overflowing sewers. Insufficient supply of filtered water is a perpetual problem. The sheer negligence of the city authorities has kept the inhabitants in sordid surroundings, forcing them to use polluted river and tank water. However, the colonial administration never admitted to this failure in providing basic amenities. This negligence persisted even after independence (Mitra, 1990).

The slum population of Calcutta has grown at a much faster rate than the population of the city as a whole. This accelerating growth of the slum population also
indicates the growing impoverishment of the working population of the city. In 1961, the slum population, as a percentage of the total population of the city, was 22%. The figure increased by 41% in 1981. A survey conducted by Calcutta Metropolitan Development Authority (CMDA) in 1971 recorded 48,802 pavement dwellers. In 1987, CMDA conducted another survey and found 55,571 pavement dwellers (Ghosh, 1990).

The unhealthy environment of both slums and pavement dwellings often adversely affect their inhabitant's health. The health officers of Calcutta Municipal Corporation not only registered the diseases and deaths but also recorded the causes of such epidemics. They repeatedly pointed out that these slums, squatter settlements and pavement dwellings were most susceptible to various diseases like tuberculosis, respiratory troubles, phthisis, etc. for living in ill-ventilated dark and damp rooms; and to cholera and other enteric diseases due to consumption of polluted water (Mitra, 1990).

Guha (1958) surveyed a "bustee" population in Calcutta and pointed out that 1.6% of the individuals was infected with tuberculosis. Other ailments, such as enteric diseases, malaria, cholera and venereal diseases, afflicted the dwellers of the same slums.

**Duration of field work**

The field work was conducted from June, 1993 to January, 1997, in several instalments. A very good rapport was established with the study population through repeated visits at the outset.

**Study Design**

The main thrust of the design is to choose the groups in such a way that the cultural differences between them are maximal.

One of the cultural factors the difference with respect to which has been considered, is the nature and extent of exposure to the middle class knowledge, attitude and practices (KAP). The Hindu and Muslim women, who differ appreciably with respect to their employment as maid-servants in neighbouring middle class households, and thereby to the possibility of differential exposure to the middle class KAP, were compared to examine the correlates of such differential exposure, if any, on health and well-being. Among the Hindu women, those working as maid-servants and those not working in that capacity have been compared for confirmation.
Method of data collection

Socioeconomic characteristics

The socioeconomic data were collected, using questionnaire/schedule from 192 Hindu households and 135 Muslim households. The questionnaire/schedule were completed using information on occupation, education, and expenditure from household head and cross checked from several sources.

The "poverty line" in rural India is defined as total annual consumption of Rs. 6,400 by a family of five or Rs. 106.67 per capita per month at 1984-85 prices, that can provide 2,400 calories per capita per day and other basic necessities. Consumer price index for agricultural labour was 525 in 1984-85 with 1960-61 as base. In 1993-94 it went upto 1,147 or 2.185 times. According to 50th round of survey conducted by the National Sample Survey Organisation, the poverty line in 1993-94 was equal to Rs. 106.67 x 2.185 = Rs 233 per capita per month. The urban poverty line is taken to be around 25% higher than rural poverty line or about Rs 291 per capita per month at 1993-94 prices (NAPM News Bulletin, 1996).

Demography

The demographic data were collected using household and fertility questionnaire/schedule from 192 Hindu and 135 Muslim households. The household questionnaire/schedule was completed using information on age, sex, marital status, occupation of household members, etc. obtained from the head of the household. In the absence of household head, the information was obtained from some elderly member(s) of the household. The fertility questionnaire/schedule was completed using information from evermarried women on their reproductive performance, including live births, dead children and reproductive wastages. In order to cross check the fertility data, genealogies were collected. Assessment of age, particularly in case of adults, was very difficult, except in a few households. Age was, therefore, estimated by reference to some important local events, and cross checked from a number of elderly individuals so as to reduce the chance of error of reporting. The same age estimates were used in all analyses.
Data on reproductive wastages were not analysed in the present study because of the possibility of underreporting.

Data on migration were collected from all the 192 Hindu and 135 Muslim households also by the questionnaire/schedule technique. Married individuals were asked about the time of arrival at this particular place and about the place from where they migrated. Data on the present nature of contact with the native village were collected from the head of the household only.

* Anthropometry (child) *

The anthropometric measurements were made following standard techniques (Weiner and Lourie, 1981). Anthropometric data were collected on children of both the social groups between 3 and 5 years of age, at an interval of two months, for a period of one year. Occurrence of morbidity of several kinds was higher shortly before the measurements were made at the 4th time point (i.e. end of June-beginning of July), as per reports obtained from the mothers of the children measured.

The measurements were made on a total number of 142 children (Hindu 87, Muslim 55) of both sexes and both social groups, wearing light apparel [male 3 years, 23 (Hindu 12, Muslim 11); female 3 years, 19 (Hindu 13, Muslim 6); male 4 years, 18 (Hindu 11, Muslim 7); female 4 years, 22 (Hindu 11, Muslim 11); male 5 years, 26 (Hindu 15, Muslim 11); female 5 years, 34 (Hindu 25, Muslim 9)].

The following measurements were made:
1. Height (cm.)
2. Weight (kg.)
3. Head circumference (cm.)
4. Chest circumference (cm.)
5. Biacromial diameter (cm.)
6. Biiliac diameter (cm.)
7. Mid upper arm circumference (cm.)
8. Triceps skinfold thickness (mm.)
9. Subscapular skinfold thickness (mm.) and
10. Elbow breadth (cm.)
Biomedical traits

Data on biomedical traits were collected from Hindu and Muslim mothers between 20 and 40 years of age and having at least one child of 3 years of age, and on children between 3 and 7 years of age.

Clinical investigations were carried out on 135 mothers (Hindu 97, Muslim 38), and 133 children (Hindu 91, Muslim 42). Investigation for the following traits were made:

1. Anaemia (Pallor)
2. Enlargement of lymph nodes
3. Skin diseases
4. Oedema
5. Any obvious deformities
6. Any obvious lump or swelling
7. Vitamin deficiency diseases like:
   7.1 Cheilosis
   7.2 Glossitis
   7.3 Angular Stomatitis
   7.4 Bitot's Spot
8. Any type of abnormality found in:
   8.1 Heart - any additional sound or murmur
   8.2 Lung - crepitations or rhonchi
   8.3 Liver - palpable or not
   8.4 Spleen - palpable or not
9. Menstrual irregularities
10. Family planning practices
11. Blood pressures (mothers)
12. Pulse rate
13. Height (cm.) (mothers) and
14. Weight (kg.) (mothers).

The Body Mass Index (BMI) of mothers were calculated with data on height and weight, by applying the formula Ht.(m)/ Wt.$^2$ (kg.).
Pathological investigations were conducted on the two social groups. Venous blood specimens (2.5 ml. from each individual) were collected using disposable sterilised syringes, from 107 mothers (Hindu 76, Muslim 31). The specimens were preserved in glass vials containing an anticoagulant, EDTA. The specimens were analysed in the laboratory within two hours of collection.

Haemoglobin (Hb) level was measured by cyanomethaemoglobin technique with Drabkin's Reagent. The Total Leukocyte Count was done using W.B.C. fluid, counted in Neubauer's double improved counting chamber. The Differential Leukocyte Counts were done on blood films made on slides using Leishman stain, counting under microscope using oil immersion lens. Erythrocyte Sedimentation Rate (ESR) was estimated by Westergren tube. The rate of sedimentation was calculated during the first hour (Dacie and Lewis, 1994).

Intestinal parasitic infestations were examined in 162 mothers' (Hindu 78, Muslim 84) and the 188 children's (Hindu 91, Muslim 97) faeces specimens. The specimens were collected in plastic containers in the morning after administration of laxative the evening before. All the specimens were processed in the laboratory within three hours of collection. The specimens were examined by direct saline/iodine preparations and by concentration techniques (Faust et al., 1938).

The clinical and pathological data were collected with the help of two medical personnel.

Data on morbidity were collected (during December 1996-January 1997) on 119 mothers (Hindu : 69, Muslim : 50) and the youngest child of each (Hindu : 69, Muslim : 50) (if aged between 3 and 7 years). The information were collected from mothers. The data were collected for a period of two week immediately preceding the date of survey, both for mother and the youngest child. Data on the following symptoms were collected:
1. Diarrhoea
2. Blood/mucus in faeces
3. Stomach ache
4. Vertigo
5. Sore throat
6. Hoarseness
7. Dry cough
8. Wet cough
9. Bloody cough
10. Breathlessness
11. Cold
12. Acidity and
13. Vomiting.

**Health and hygienic practices**

Data on health and hygienic practices were collected by questionnaire/schedule on 119 mothers (Hindu 69, Muslim 50) between 20 and 40 years of age, and the youngest child (Hindu: 69, Muslim: 50) (if less than 6 years of age). The following types of information were collected:

1. Bathing (with/without use of soap for personal cleaning, related to self and child)
2. Paring of nails, related to self and child
3. Sources of water for drinking, cooking, washing of clothes and utensils
4. Washing of hands with soap after easing, related to self and child
5. Sanitation facilities
6. Household conditions like (building materials, floor area, provision of ventilation, etc.)
7. Type of fuel used for cooking
8. Place of cooking
9. Number of persons living in each household and
10. Immunisation of mother and child.

Data were collected from 42 Hindu mothers who work as maid-servants in nearby middle class households. The data relate to the nature of work done by them as maid-servants and the type of help (medicine /money/advice) they get from the middle class households.

**Case studies**

Case studies/Life histories are made by anthropologists, obtaining data from persons who are generally aware of their milieu and are articulate. The subjective information from life histories can sometimes give us insights that may enhance the
understanding provided by objective measures (Ala'ilima and Stover, 1986).

Case studies were made on 32 mothers (Hindu 22, Muslim 10) who seemed to be articulate and knowledgeable about their social behaviour related to health. These individuals were interviewed on norms and practices regarding health care learned by them from different sources.

The following abbreviations have been used to denote the study groups in the following chapters: HW - Hindu women, working as maid-servants, HNW - Hindu women, not working as maid-servants.

Table 2.1 shows the types of data collected and their sample sizes.
Table 2.1 Types of data by sample size

<table>
<thead>
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<th>Types of data</th>
<th>Households</th>
<th>Mothers (20-40) years</th>
<th>Children (3-5) years</th>
<th>Children (3-7) years</th>
<th>Children (&lt;6 years)</th>
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<td>3.4 Self reported</td>
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</table>

H - Hindu, M - Muslim

Note: The different types of data refer to different units of study, e.g. households, mother, and children of several age groups.