CHAPTER -VIII
RIGHT TO HEALTH: AN EMPIRICAL STUDY

A purely theoretical study of *Right to Health* and critical evaluation of legislative provisions related to health cannot prove beneficial unless an empirical study is performed in order to identify the functional and technical deficiencies in health system & awareness of health related laws in the community. Thus, the empirical study was conducted with an objective to ascertain lacunas in the implementation of health related existing laws, and to have insight into people’s perception about health related knowledge. For this purpose, the universe of empirical study in Chandigarh included various classes of persons who were given questionnaires so that views of nearly fair representative data related to right to health could be collected for analysis & evaluation. Questionnaires were designed for different categories of people keeping the objective of the survey and informational needs in mind. Questions were common for Students, General Public & Parents but for Medical Professionals (Doctors) questionnaire was different.

Since the objective of the questionnaires has been to conduct an in-depth study of the *Health Rights in India*, sample surveys of 40 respondents were carried out. For this, four different categories has been taken into consideration for filling the questionnaires i.e. Medical Professional (Doctors), Parents, General Public and Students (educated and semi literate and illiterate people, from urban, rural and slum areas of the city Chandigarh). The distribution of categories are as follows (Figure 8.1)
The responses were analysed and are elucidated in the charts and presented in the study. Filled questionnaires\(^1\) were collected and data was processed. Following various questions posed to them are related to maternal & child's health such as:

- Are there any gender differentiation between male & female children's health care?
- Are you aware of health laws?
- Is there any effect on fertility with maternal educational level?
- Do the deliveries in your locality are conducted by Doctor, Nurse, Dai or untrained persons?
- Are married women subjected to more domestic violence?
- Are you satisfied with the legislative provisions made for protection of health of the children?
- Do you know about Prenatal Diagnostic Techniques Act 1994 related to prohibition of sex determination in India, etc.?

Relevant data has been prepared for various parameters in graphical form and is given below (Figure 8.2 Awareness of community about Health Laws? )

\(^1\) See Questionnaires in Appendix.
The very first question in the questionnaire regarding with the awareness about health legislation amongst different categories of people in India suggested that there doesn’t seem to be any uniform awareness about Health Laws. In all categories the awareness is less. Among doctors awareness about health laws is 68%, general public 23% & parents about 15%. However, 53% of students shown to be aware of health laws.

The next question, on gender differentiation between male & female children's health care resulted as seen below in the chart that 43% general public, 50% students and 33% parents did agree that there is gender differentiation between male and female children’s health care in the community.

(Figure 8.3 Gender differentiation between male and female children’s health care)
The next question was in relation to the effect on fertility with maternal education level? (Figure 8.4)

In all categories majority have agreed that maternal educational level has strong impact on fertility control. In this case students 73%, General Public 98% & Parents 80% have agreed on this.

The next question was whether son preference affect women’s desire for children. (Figure 8.5)

In this case, all categories have admitted that son preference affect women’s desire for children. In this case Students 78%, General Public 65% & Parents 63% have agreed on this. In all categories, the majority is of the opinion that there is always a hidden desire among females to have a son.
Next question was on knowledge about Family planning methods in the community. (Figure 8.6)

Regarding this question, students 78%, General Public 83% & Parents 90% answered positively. But 23% students of class 11th & 12th were not aware of family planning methods. And among parents 10% were found to be not aware of family planning methods.

Next question was in continuation of the previous question relating to family planning methods (Figure 8.7)

It was found that awareness about number of family planning methods in the community is not good. Among students only 23%, General
Public 23%, Parents 18% said they don’t have knowledge of different Family planning methods.

Next question was about knowledge of health hazards of emergency contraceptive I-Pill. (Figure 8.8)

Regarding this question, only 20% students, 30% General Public & 30% Parents were found to be lacking in knowledge of health hazards of I-Pills. Amongst women only educated agreed to have knowledge regarding the side effects of emergency contraceptive pills.

Next question was in relation to the most important problem in India i.e. on the maternal health. In this, knowledge about Antenatal care to be taken/visit by pregnant ladies was asked. (Figure 8.9)
In answer to this, about 80% students, 58% Parents and 28% amongst General Public said that more than 4 visits women do take during pregnancy but it was found that awareness and importance of more Antenatal care visit was very less amongst Parents & General Public especially amongst people living in slums of Chandigarh, villages of Chandigarh.

Next question was regarding mode of delivery conduction in the community. (Figure 8.10)

In reply to this, 5% parents said that still deliveries are conducted by untrained person, whereas 8% Students, 18% General Public and 30% Parents said that still deliveries are conducted by Dais inspite of having big Hospitals in Chandigarh city.

Next question was regarding importance of early post-natal care for the health of the mother. (Figure 8.11)
In this case all categories found to have good awareness about importance of early post natal care in safeguarding the life and health of mother.

Next question was how many ultrasound examination in pregnancy are required (Figure 8.12)

The survey indicated that about 20% students, 33% general public and 23% parents were of the view that no ultrasound examination is required in pregnancy. However, only 25% Students, 38% General Public & 48% parents said that 2 ultrasonography examination are required during pregnancy to rule out any malformation in the baby.

Next question was regarding married women subjected to more domestic violence. (Figure 8.13)
In reply to this, all categories agreed that married women are subjected to more domestic violence. 98% Students, 65% General Public & 70% Parents agreed on this. This response shows that there is still existence of violence against women in the society though Domestic Violence Act 2005 have been operationalised by our Government.

Next question was on the awareness to prevent HIV/AIDS. (Figure 8.14)

In response to this, none of the students, 15% General Public and 33% Parents found to have no awareness of prevention of HIV/AIDS. Next question was in continuation of earlier one i.e. HIV/AIDS, and question was regarding the knowledge of methods to prevent STDs/HIV/AIDS, and unwanted pregnancies? (Figure 8.15)
On this, 33% Parents, 18% General Public & 0% of the students showed their ignorance regarding method for prevention of HIV/STDs and unwanted pregnancies.

Next question was on effects of smoking and other environmental pollutions on the health of foetus. (Figure 8.16)

With regard to this, all categories were shown to have good knowledge of regarding bad effects of smoking and environmental pollution on health of foetus & expectant mother.

Next question was regarding effectiveness of legislative provisions made for the protection of health of the children. (Figure 8.17)
In this context, unanimously majority in all categories agreed that laws related to protection of health of children are non effective. In this, 53% students, 43% general public & 48% parents said that existing legislative provisions are non effective.

Next question was also regarding children, dealing with definition of child as children have given rights under various laws. (Figure 8.18)

There does not seem to be any uniform definition of child. Under labour laws it is 14 years under law of contract it is 18 years under criminal law for absolute incapacity it is 7 years. In all the categories most of the people, agreed that the age of child should be 12 years.

Next question was regarding knowledge about child immunization schedule for less than 1 year of age. (Figure 8.19)

In relation 15% Students, 13% General Public & 23% parents found to have no knowledge of immunization scheduled for less than 1 year of child.
Next question was related to knowledge regarding benefits of breast feeding within 1st hour of delivery. (Figure 8.20)

In reply to this, all categories agreed to know about benefits of this. Student 50%, General Public 88% and Parents 93% agreed that breast feeding within 1st hour of delivery is beneficial.

Next question was about diet of children between age of 6-9 months. (Figure 8.21)

On this, majority in all groups found to be lacking in knowledge of adequate diet which is recommended for 6-9 month of child. Only 38% students, 50% general public & 78% parents said that semisolid diet is given to 6-9 months of children. Rest of the community focussed on the breast feeding only.
Next question was in relation to the awareness on the Pre-conception and Prenatal Diagnostic Techniques (Prohibition of sex selection) Act, 1994 for the control of sex determination in India (Figure 8.22)

Surprisingly, majority in all categories, found to be lacking in knowledge of PNDT Act regarding prohibition of sex determination in India. 70% students, 55% general public & 70% parents said they don’t know about PNDT act for control of sex determination in India.

Next question was on awareness of healthy food habits (Figure 8.23)

In this all categories were shown to have good knowledge of healthy food habits. Students 100%, general public 97% and parents 100% said yes to this question.
Next form of questions was related to children’s health in the present era of society, like sex before marriage by young children, whether is detrimental to their health. (Figure 8.24)

![Graph showing responses to sex before marriage by young children](image)

In all categories, even students 88% agreed on this that sex before marriage by young children is detrimental to their health.

Next question was in relation to sex education. (Figure 8.25)

![Graph showing responses to sex education](image)

Majority in all categories students 93%, General Public 78% and Parents 73% agreed, that sex education be made part of school education as a measure to improve all round health of adolescent, teenage children.
Next two questions pertained to drug abuse amongst children. (Figure 8.26)

Today, drug abuse amongst children/youth is on rampant. Do you think that society has a responsibility to educate and raise awareness amongst children regarding ill effects of drug addition?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Can’t say</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Public</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In reply to these questions 98% students, 100% General Public and 100% Parents agreed that society has a responsibility to educate and raise awareness amongst children regarding ill effect of drug addiction. Further, 75% students, 53% General Public and 40% Parents agreed that counselling by parents, school teachers, print/electronic media and help of NGO/social worker is equally important for raising the awareness regarding drug addiction in the society. (Figure 8.27)
Keeping the objective of survey and informational needs in mind, separate questionnaire was made for Medical Professionals (Doctors). Sample survey of 40 doctors was carried out in Chandigarh. Amongst the Medical Professionals all categories of doctors like Gynaecologists, General Physicians & opinion of Public Health Specialists was taken so to have feedback from all sections of medical professionals. The responses were analysed and are elucidated in the charts and presented in the study. Relevant data has been prepared for various parameters in graphical form and is given below. (Figure-8.28)

![Graph](image)

In response to this, 40% doctors said that PNDT Act is not effectively being implemented for control of sex determination in India, whereas, 35% doctors were of the opinion that said Act is being implemented effectively. Therefore, it seems that there was no consensus amongst medical professionals with regard to misuse.

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2 See Questionnaire in appendix
Next question posed to them was regarding misuse of the provisions of Medical Termination of Pregnancy Act 1971 (Figure 8.29)

Does Medical Termination of Pregnancy Act, 1971, is being misused in India?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can't Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>80%</td>
<td>15%</td>
<td>5%</td>
</tr>
</tbody>
</table>

78% doctors answered positively regarding the misuse of the said Act in India, while 15% answered negatively, and about 7% were not able to express their opinion.

Next question was on Maternal and Child Health (Figure 8.30)

Do you think informal education of rural community regarding anaemia and nutrition is going to have positive impact on the health of mother and child in future?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Can't Say</th>
</tr>
</thead>
<tbody>
<tr>
<td>98%</td>
<td>2%</td>
<td>0%</td>
</tr>
</tbody>
</table>

In response to this, about 98% doctors did say that informal education of rural community regarding anaemia and nutrition is definitely going to have positive effect on the health of mother & children.
Next question was regarding two year rural posting of doctors be made compulsory for the better care of rural population (Figure 8.31)

![Graph showing doctors' opinions on compulsory rural posting](chart1.png)

In reply to this only 50% doctors admitted that 2 years compulsory rural posting of doctor is going to prove beneficial for better care of health of rural population. But some doctors have also given suggestion that rural posting of young doctors without sensitivity and awareness, may prove to be a futile endeavour.

Next question related to the indulgence of children in drug abuse and awareness of health hazards of various drugs abuse by them. (Figure 8.32)

![Graph showing children's awareness of drug hazards](chart2.png)

On this issue, 78% doctors agreed that in the present scenario children are involved in drug abuse (like cough syrup abuse, smoking etc.) and they are not aware of health hazards of drugs.

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Next question dealt with drug abuse & factor responsible for this, such as peer pressure, domestic breakup, poverty, illiteracy etc. (Figure 8.33)

In reply to this, about 70% doctors were of the opinion that peer group pressure, domestic break-ups poverty/illiteracy all these factors contribute for drug addiction amongst children in the age group of 6-17 years. Whereas, only 30% agreed for peer group pressure was the main factor in this regard.

Next question was in relation to the kind of population which generally came forward to undergo rehabilitation treatment after drug addiction. (Figure 8.34)
In reply to this, it was believed that around 43% from middle income group population, 40% from high income group and only 17% from lower strata, come forward to undergo rehabilitation treatment after drug addiction.

Next question was regarding necessity to make compulsory Adolescent health education in high school curriculum. (Figure 8.35)

![Graph showing responses to the question about making adolescent health education compulsory in high school curriculum.]

98% doctor agreed that adolescent health education be made compulsory in high school curriculum for healthy adulthood.

Next question was asked on the importance of yoga/meditation in education system (Figure 8.36)

![Graph showing responses to the question about making yoga/meditation an integral part of the education system from primary level.]

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On this issue, about 90% doctor agreed that yoga and meditation be made integral part of our education system right from primary level.

Next question asked from doctors was with regard to the practice of surrogacy in the society. (Figure 8.37)

In response to this 40% doctors were of the opinion that surrogacy in India would affect mother-child relationship. While 48% were not able to give their opinion.

Next question was in continuation of the previous question that whether surrogacy could on surrogacy result in high mother morbidity and mortality in India (Figure 8.38)
Again, about 60% doctors said that they can’t say whether surrogacy would causing high mother morbidity & mortality in India but 18% did say that it would cause increased morbidity & mortality of mother.

Next question was regarding monitoring of IVF Clinics (Figure 8.39)

![Graph showing responses to the question about mandatory registration and monitoring of IVF clinics.]

In reply to this, 90% doctor agreed that regulation & monitoring of IVF clinics be made compulsory under law so that infertile couples don’t get exploited.

Next question was again on IVF/ Infertility and insurance coverage.(Figure 8.40)

![Graph showing responses to the question about insurance coverage for infertility treatments.]

On this 58% doctors agreed that insurance companies should cover infertility treatment like IVF/ Surrogacy.
Next question was whether child born out of surrogacy/IVF treatment should have right to access information about his/her genetic background. (Figure 8.41)

On to this doctors had mixed opinion, as about (40% said yes, 40% said no, 20% ticked can’t say) child born out of surrogacy/IVF etc. should have right to access information about his/her genetic back ground.

Next question was on reproductive cloning (Figure 8.42)
In response, 73% doctors said that reproductive cloning should not be allowed whereas only 5% doctors were in favour of it.

Next question was on budget allocation on health system for quality health care. (Figure 8.43)

In reply to this, about 53% doctor said that budget allocation on health system by Government of India is insufficient to provide quality health care to the public whereas 17% doctors were not able to give their opinion.

Next question was on NRHM (National Rural Health Mission) Programme in rural India (Figure 8.44)
On this, around 73% doctor agreed that NRHM is going to make change in health status of rural population in India.

Next question put to the doctors was whether clinical psychology consultation for coping with modern life style generated stress disorders is still perceived as stigma by the society (Figure 8.45)

![Graph showing responses to the question about consulting a clinical psychologist/psychiatrist for modern life style generated stress disorders](image)

About 70% doctors agreed that consulting a Clinical Psychologist/Psychiatric for coping with modern life style generated stress disorders is still perceived as a stigma by the society.

On the basis of analytical charts above, on answers to various questions the following conclusions are brought out. These are as per the views of the respondents, and are only representative of the cross-section of the people questioned to this effect.

- The response to the fundamental question relating to the awareness of the health legislation that exists in India it was found that majority has not been aware of such laws. Only the category of doctors (68%) and students (53%) are seemed to be aware of few laws relating to health.

- Effects on fertility with maternal education level was next query from respondents. In this case the students 73%, general public 98% and
Parents 80% have agreed that educated woman has better control over her fertility and she knows various options to balance a family.

- On the issue of I-pill health hazards the view is not unanimous. As far as health hazard are concerned the majority of respondent found to have have less knowledge.

- As far as conduction of deliveries are concerned 5% parents said that still deliveries are conducted by untrained persons whereas 30% parents, 18% general public 8% students agreed that still deliveries are conducted by dais in periphery villages, slums adjoining to the Chandigarh city, despite having hospitals and health centres in the Chandigarh. The next question which was made part of the questionnaire to know the awareness about number of family planning methods. 23% students, 23% general public and 18% parents were found to have no knowledge about different family planning methods.

- As far as PNDT law is concerned, majority in all categories do not have knowledge about this legislation. On the issue of sex determination tests, some students gave there special comments that the test to know the sex of baby should be totally banned. They also showed their concern for the evil female foeticide and said that there should be seminars in schools on this issue.

- As far as sex education should be made part of school curriculum is concerned, though majority agreed on this, yet some parents have expressed their opinion that it should not be made part of the school education as they were of the opinion that prior information in this regard will excite them for experimenting the sex.

- On the issue of PNDT 1994 and MTP 1971 laws, 40% doctors agreed that these are not effectively being implemented for the control of sex determination tests in India, whereas 35% were of the opinion that it is effectively being implemented. 78% doctors said that MTP act is being misused in the country. Some doctors blamed that MTP act is
not being implemented as it was perceived. This is because of poor monitoring of Medical Termination of Pregnancy Cases.

- As far as benefit of two years compulsory rural posting of doctors to the rural population’s health is concerned, only 50% doctors agreed for this. While some doctors expressed the opinion that only compulsory rural posting may not be the solution unless a sensitivity is inculted amongst the young breed of doctors towards the rural health problems. Thus, without any awareness & sensitivity to the problem rural posting may be a futile endeavour.

- On the issue of making yoga/meditation as a part of education system, 90% doctors agreed that it should be made integral part of our education system right from the primary level.

- On the emergence of new issues like surrogacy, registration of IVF clinics and reproductive cloning technologies, 40% doctors were found to be of the opinion that surrogacy would affect mother child relationship, whereas, 48% doctors were not able to express their opinion. Doctors agreed that IVF and surrogacy should be strictly legalised. 73% doctors said that reproductive cloning should not be allowed. Only 5% doctors were in favour of reproductive cloning.

- As far as NRHM programme is concerned, 73% doctors agreed that it is going to make change in health status of rural population in India. Few doctors were of the opinion that funds are not being used properly that are provided for NRHM.

- In response to the last question that whether consulting a clinical psychologist/ psychiatrist for coping with modern life style generated stress disorders is still perceived as a stigma by the society, 70% doctors agreed that it is still perceived as a stigma by the people.

Further, data as collected by District Level Health Survey III (DLHS III – 2007-08) Chandigarh indicate that in urban belt population of male is 88.8% whereas as of female is 91%. In rural area it is 11.2% in case of male
and 9% female, in slums 12.4% male and 11.3% females. Chandigarh has a sex ratio of 773 per 1000. Males are more literate (85.6%) as compared to females (76.6%).

The city has a extensive network of primary, secondary and tertiary health care institution.

Table 1: Public Health Infrastructure in U.T., Chandigarh

<table>
<thead>
<tr>
<th>Health care level</th>
<th>Description of health care facility</th>
<th>Number of units</th>
<th>Number of beds available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary</td>
<td>Civil dispensaries</td>
<td>25</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Rural dispensaries</td>
<td>9</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Ayurvedic dispensaries</td>
<td>7</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Homeopathic</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Dispensaries of other organizations</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Mini Family Welfare centres</td>
<td>5</td>
<td>-</td>
</tr>
<tr>
<td></td>
<td>Sub-centres</td>
<td>14</td>
<td>-</td>
</tr>
<tr>
<td>Secondary</td>
<td>General hospital, Sector-16</td>
<td>1</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>CHC-Manimajra</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>CHC-22</td>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>EISIS Ind. Area. Ph-II, Ram darbar</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>ITBP Hospital, Behlana</td>
<td>1</td>
<td>50</td>
</tr>
<tr>
<td></td>
<td>Police Hospital-26</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Poly clinic-45</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Tertiary</td>
<td>GMCH, Sector-32</td>
<td>1</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>PGIMER, Sector-12</td>
<td>1</td>
<td>1104</td>
</tr>
</tbody>
</table>

Number of beds available in public health infrastructure 2314

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3 According to census 2001. The total population of Chandigarh is 9,00,635 out of which 56.3% is males, 43.7% are females.
As per the report information regarding Reproductive and child Health is collected at the grass root level by ANMs. ANMs posted at each health facility collects the data related to RCH (maternal health, child health, family planning, immunization, consumption of drugs and vaccines) on monthly basis and submits it to the District Family Welfare Bureau on the last working day. Data is then compiled at District level and submitted to the Government of India on monthly, quarterly and yearly basis.

Impact indicators related to reproductive and child health programme is shown in table 2. Given below:

Table 2: Impact indicators of reproductive and child health programme in Chandigarh

<table>
<thead>
<tr>
<th>IMPACT INDICATORS5</th>
<th>INDIA</th>
<th>CHANDIGARH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2007-08</td>
<td>2007-08</td>
</tr>
<tr>
<td>CBR</td>
<td>23.1</td>
<td>15.7</td>
</tr>
<tr>
<td>IMR</td>
<td>55</td>
<td>27</td>
</tr>
<tr>
<td>MMR</td>
<td>301</td>
<td>183.2</td>
</tr>
<tr>
<td>TFR</td>
<td>2.7</td>
<td>NA</td>
</tr>
<tr>
<td>NMR</td>
<td>39</td>
<td>2.91</td>
</tr>
</tbody>
</table>

As per table 2 Crude Birth Rate (CBR) of Chandigarh is lower (15.7/1000 MYP) as compared to all India (23.1/1000 MYP). Infant mortality rate (IMR) of Chandigarh is also lower (27/1000 LB) as compared to all India (55/1000 LB) in 2007-08. Maternal Health Indicators in urban, rural and slum areas of Chandigarh as per table 3 given below suggests that in Chandigarh as per DLHS-3 (2007-08), women marrying at age below 18 is 3.5%. This percentage is decreasing from DLHS -2 (4.4.%). Similarly, percentage of boys marrying at below 21 is also decreasing (12.4%) in Chandigarh as a whole. Percentage of mothers who receive any ANC is 85.9% (Urban 87.6%, rural 74.1%). Mothers who had more than 1 or at least 3 ANC has decreased from 80.8% in 2006 to 77.6% in 2008. This decrease is more in rural areas . In slums this figure is 69.6%. Only very few

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4 http://www.mohfw.nic.in/NRHM/PIP_09_10/chandigarh/RCH_Text_Pdf. (accessed on September 8, 2009)

5 Crude Birth Rate (CBR), Infant Mortality Rate (IMR), Maternal mortality ratio (MMR), Total Fertility Rate (TFR), Neonatal mortality rate (NMR), NA-not available.

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mothers (33%) consumed 100 IFA tablets as per DLHS 3 data. This can be due to non availability of IFA tablets. Post natal care within 2 week has been increased to 79% (DLHS-3). Overall percentage of institutional deliveries has been increased to 76.1% (DLHS-3). In 2008 Percentage of institutional deliveries in Urban is 80.9% and in rural areas is 44.4%, where as in slums only 32% deliveries are institutional6.

Table 3. Maternal Health Indicators in Urban, Rural and Slums areas of Chandigarh*.

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Total 2007-08</th>
<th>Urban 2007-08</th>
<th>Rural 2007-08</th>
<th>Slum 2006</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women married below age 18 (%)</td>
<td>3.5</td>
<td>2.9</td>
<td>6.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Boys married at age below 21 (%)</td>
<td>12.4</td>
<td>10.2</td>
<td>29.4</td>
<td>NA</td>
</tr>
<tr>
<td>Mean age at marriage for girls (year)</td>
<td>23.4</td>
<td>23.5</td>
<td>22.8</td>
<td>NA</td>
</tr>
<tr>
<td>Mean age at marriage for boys (years)</td>
<td>25.3</td>
<td>25.6</td>
<td>23.2</td>
<td>NA</td>
</tr>
<tr>
<td><strong>Antenatal and post natal care (%)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any ANC</td>
<td>85.9</td>
<td>87.6</td>
<td>74.1</td>
<td>NA</td>
</tr>
<tr>
<td>ANC in first trimester</td>
<td>71.2</td>
<td>73.6</td>
<td>55.6</td>
<td>NA</td>
</tr>
<tr>
<td>More than 1 or atleast 3 ANC</td>
<td>77.6</td>
<td>79.2</td>
<td>66.7</td>
<td>69.6</td>
</tr>
<tr>
<td>At least one T.T</td>
<td>84.4</td>
<td>86.5</td>
<td>70.4</td>
<td>85.2</td>
</tr>
<tr>
<td>Consumed 100 IFA Tabs</td>
<td>33.7</td>
<td>32.6</td>
<td>40.7</td>
<td>72.5</td>
</tr>
<tr>
<td>Postnatal care within 2 weeks of delivery</td>
<td>79</td>
<td>81.5</td>
<td>63</td>
<td>69.6</td>
</tr>
<tr>
<td><strong>Delivery</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Institutional delivery</td>
<td>76.1</td>
<td>80.9</td>
<td>44.4</td>
<td>32</td>
</tr>
<tr>
<td>Delivery at home</td>
<td>23.9</td>
<td>19.1</td>
<td>55.6</td>
<td>68</td>
</tr>
<tr>
<td>Safe delivery</td>
<td>81</td>
<td>85.4</td>
<td>51.9</td>
<td>32</td>
</tr>
</tbody>
</table>

* Source: Baseline Survey 2006, DLHS-III (2007-08)

6 ibid
Contraceptive prevalence rate has increased from 66.5% in 2006 to 76.9% in 2008. Female sterilization has increased from 23% in 2006 to 29.7% in 2008. According to DLHS III (2007-08) women are more aware about HIV/AIDS (94.7%) than reproductive tract infections (RTI)/ Sexual transmitted infections (STI) 53.7%. This awareness is more in urban areas as compared to rural areas. Only 4.5% women reported about any RTI/STI. About 15% women underwent test for detecting HIV/AIDS.

In August, 2007, honourable Governor of Punjab and Administrator of Chandigarh has launched project for the benefit of mothers and children living in slum areas under 11th five year health plan of Chandigarh. Under this project it was also decided that RCH related indicators will be monitored regularly by an external agency (SPH, PGIMER) by establishing monitoring and evaluation cell.

According to RCH-II Programme implementation Plan-2005-2010, goals to be achieved by 2009-2010 were decided. Comparison of these goals and achievements till now are given in table 4. Regarding maternal health we are lagging behind in providing complete antenatal care, especially IFA tablets to combat anaemia among pregnant ladies. However, safe and institutional deliveries are increasing towards the desired goal. Post natal checkups are also increasing. Coverage of all the vaccines under national immunization schedule is increasing. Vitamin A supplementation needs to be strengthened as only 55% children are currently receiving it. Contraceptive use rate has increased as desired. But unmet need for family planning has not decreased, rather it has increased\(^7\).

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Achieved (%)</th>
<th>Goal (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mother with 3 ANC checkups</td>
<td>77.6</td>
<td>100</td>
</tr>
<tr>
<td>TT prophylaxis</td>
<td>84.4</td>
<td>100</td>
</tr>
<tr>
<td>100 tabs of IFA</td>
<td>33.7</td>
<td>100</td>
</tr>
<tr>
<td>Institutional deliveries</td>
<td>76.1</td>
<td>85</td>
</tr>
</tbody>
</table>

\(^7\) ibid
The objectives/strategies for maternal, child and adolescent health under RCH II in Chandigarh in brief are as follows:—

- Improved use of skilled care for delivery and early neonatal care.
- Increased access to Basic and Comprehensive Emergency Obstetric Care with focus on the poorest.
- Improved access to quality antenatal services especially among the poorest.
- Improved access to post-partum care.
- Reduced unsafe abortions.
- Improve sex ratio.
- Improve access to quality, women friendly and responsive RTI and STI services.
- The main strategies related to women’s health are to increase proportion of deliveries by skilled birth attendants and in institutions.
- To strengthen Basic Emergency Obstetric Care facilities in all 2nd tier institutions so that there is increased accessibility of BEOC especially to the poor patients.
- To achieve 100% registration of pregnancy within 12-16 weeks, 100% TT prophylaxis and 100% consumption IFA tablets.
- Ensuring availability of IFA tablets round the year especially to the poor.

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8 Ibid.
• Reduction in female foeticide by enforcement of PNDT Act.

• Reduce neonatal morbidity and mortality.

• Improve care of the sick neonates, infants and children.

• Improve facility based care of neonates and children

• Promote breast feeding and complimentary feeding.

• Improve quality and coverage of routine immunization services.

• The main strategies related to child health are to strengthen essential and emergency newborn care in all 2nd tier institutions.

• Strengthening of medical health check up of under-five children in all anganwadi centers.

• To ensure 100% immunization coverage especially among slum and rural population with stress on decrease in drop out rates. To ensure a wider choice of spacing methods. To increase the availability and quality of sterilization services in public and private sector in slums and villages.

• The main objective for adolescent health is to improve reproductive health and nutrition of adolescents especially those who are married or are out of school.

• The main strategies are to ensure that reproductive health and nutrition needs of adolescents with special focus on married and out of school child are met.

• Strengthening of school health programme by medical examination of adolescents at least once a year along with de-worming and iron prophylaxis.

• Awareness generation in medical fraternity/teachers/parents/field workers regarding adolescent health issues.

The survey conducted through questionnaire by the researcher and the data as collected by DLHS III Chandigarh indicate that there is very little difference in results relation to the health awareness amongst people from different strata of the society. Only DLHS survey show little variation in results in relation to marriage age of boys and girls, ante & post natal care
institutional deliveries, vaccine coverage, breast feeding practices and deliveries in slums are institutional, awareness of AIDS etc. particularly amongst the rural and slum population. The lack of awareness on issues like AIDS, laws relating to health as found by researcher show that this is due to lack of publicity both by government and non-governmental agencies.

Keeping in mind the fact that 7 to 15 percent children have significant mental disorders, there is no special programme for them. Today, depression and anxiety disorders are more common among women and many of them continue to suffer silently⁹. Till date no concrete study is available. The researcher finding in this direction after the talks with concerned authorities show that till date studies with regard to drug abuse as well as mental health disorders has not been done in relation to the U.T. Chandigarh, but was told that the study in this direction is in the pipeline.

From the above, it is assessed that there is an imminent need not only for enacting specific legislation related to Public Health, but also to spread awareness in general masses on different health issues and their rights with regard to health through both electronic and print media. Help in this direction can also be taken from Corporate sector, NGOs, Social workers, Anganwadi workers etc. The enactment of such specific legislation can act as an umbrella where under all laws, policies relating to human health along with other rules and regulations can be implemented and monitored regularly so to achieve the desired results in the area of people’s ‘right to health’.

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