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Maharashtra Summary Report

National Family Health Survey 1992-93

Population Research Centre
Gokhale Institute of Politics and Economics
Pune

International Institute for Population Sciences
Bombay

National Family Health Survey

(MCH and Family Planning)

Maharashtra

1992-93

Summary Report

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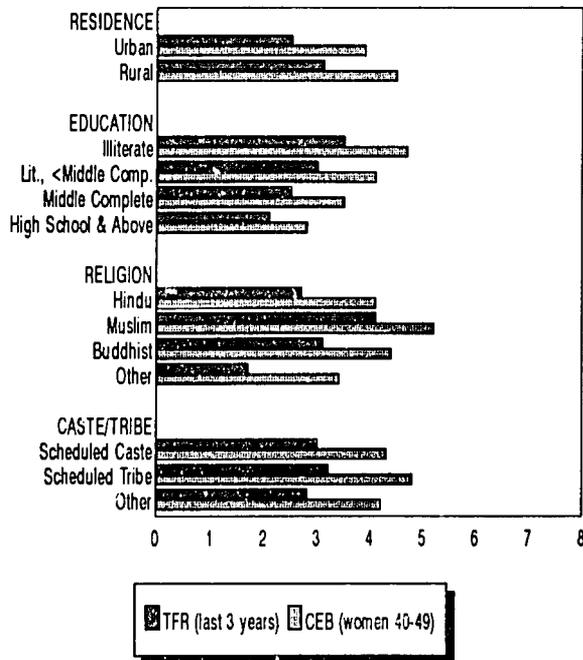


BACKGROUND

The National Family Health Survey (NFHS) is a nationally representative survey of ever-married women age 13-49. The NFHS covered the population of 24 states and the National Capital Territory of Delhi (the erstwhile Union Territory of Delhi) to provide demographic and health data for interstate comparisons. The primary objective of the NFHS was to provide national-level and state-level data on fertility, nuptiality, family size preferences, knowledge and practice of family planning, the potential demand for contraception, the level of unwanted fertility, utilization of antenatal services, breastfeeding and food supplementation practices, child nutrition and health, vaccinations, and infant and child mortality.

In Maharashtra, interviewers collected information from 4,106 ever-married women age 13-49 in urban and rural areas. The fieldwork in Maharashtra was conducted between 23 November 1992 and 18 March 1993. The survey was carried out as a collaborative project of the Ministry of Health and Family Welfare, Government of India, New Delhi; the International Institute for Population Sciences, Bombay; the Population Research Centre at the Gokhale Institute of Politics and Economics, Pune; the Centre for Management Development Programmes, Hyderabad; the United States Agency for International Development (USAID), New Delhi; and the East-West Center/Macro International, United States of America. Funding for the survey was provided by USAID.

Figure 1
Total Fertility Rate (TFR) and Mean Number of Children Ever Born (CEB)



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

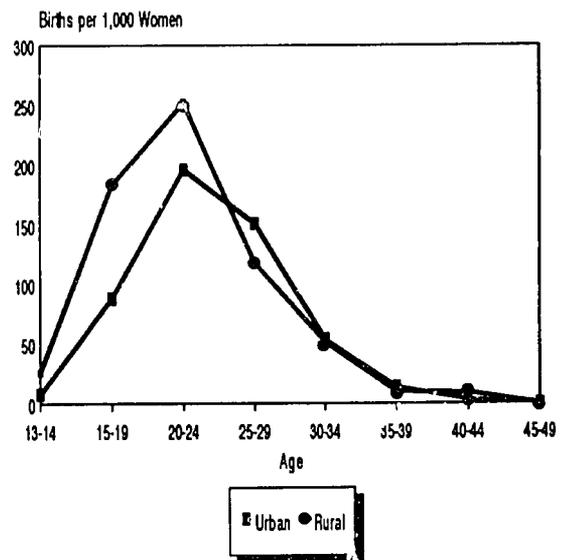
- The NFHS total fertility rate (TFR) for women age 15-49 in Maharashtra for the period 1990-92 is 2.9 children, about 15 percent lower than the national average, as estimated from the same source. The TFR is about half a child lower in urban areas (2.5) than in rural areas (3.1).

Current fertility in Maharashtra is 15 percent lower than national fertility.

- The TFR of 3.0 estimated for 1991 from the Sample Registration System (SRS) maintained by the Office of the Registrar General, India, agrees very well with the TFR of 2.9 estimated from the NFHS. Crude birth rates from the two sources are virtually identical, at 26.7 and 26.2 births per 1,000 population from the NFHS and the 1991 SRS, respectively.
- The NFHS data on fertility provide clear evidence of declining fertility over time. Maharashtra's TFR fell from 3.8 in 1980 to 2.9 in 1990-92, a decline of 24 percent. The fall of fertility was larger in rural areas (26 percent) than in urban areas (14 percent) during this period. The TFR estimated by the SRS was 3.5 during 1985-87 and 3.0 in 1991.

- Fertility is lower for more educated women and has fallen to replacement level for women with at least a high school education. The TFR is 3.5 for illiterate women and 2.1 for women with at least a high school education. Fertility differentials by religion and caste/tribe are also substantial in Maharashtra. The Muslim TFR of 4.1 is higher than the Hindu TFR of 2.7 by almost one and a half children. Scheduled castes and scheduled tribes have higher fertility than other groups.
- Childbearing in Maharashtra is concentrated in the age group 15-29, during which 88 percent of births occur. Early childbearing in Maharashtra is indicated by the fact that women age 15-19 contribute 25 percent to total fertility, in contrast to women age 30-44 who contribute only 12 percent to total fertility. Slightly more than two-thirds of currently married women age 13-19 have begun childbearing.

Figure 2
Age-Specific Fertility Rates by Residence



Note: Rates are for the three years before the survey (1990-92)

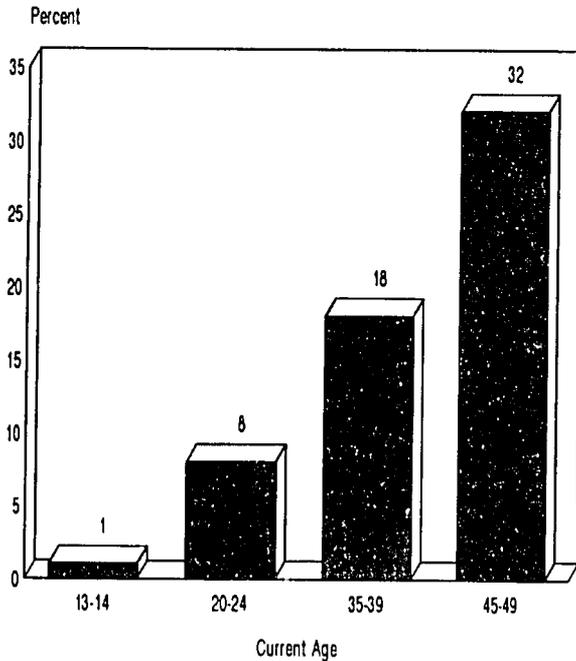
Childbearing is concentrated in the age group 15-29 years.

- The overall median interval between births is about 29 months. One in every 8 births occurs within 18 months of the previous birth. Thirty-one percent of births occur within 24 months of the previous birth.

The contribution of age group 35-49 to total fertility is only 3 percent and that of women age 15-19 is 25 percent.



Figure 3
Percentage of Women Married by Age 13, by
Current Age



Marriage

- As in many other states in India, marriage is virtually universal in Maharashtra. At age 15-19, nearly 38 percent of women are married (21 percent in urban areas and 50 percent in rural areas). At age 25-29, 95 percent are married (90 percent in urban and 99 percent in rural areas).
- Marriage at very young ages has been declining over time. The proportion marrying by age 13 declined from 32 percent in the 45-49 age cohort to just over one percent in the 13-14 age cohort, and the proportion marrying by age 15 declined from 51 percent in the 45-49 age cohort to 16 percent in the 15-19 age cohort. Although the median age at marriage has been rising in both urban and rural areas, it is still low, especially in rural areas. The median age at marriage for the more recent cohort of women age 20-24 is 17.5 years. Urban women marry three years later than rural women (18.9 years in urban areas and 15.8 in rural areas).



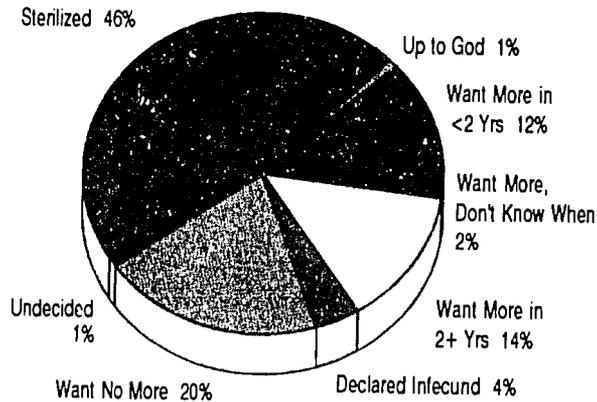
The median age at marriage for girls in rural areas is still very low.

- Marriages occur at a considerably later age among more educated women. Women belonging to scheduled castes or tribes have a lower age at marriage than nonscheduled castes or tribes. It is noteworthy that more than 14 years after the amendment of the Child Marriage Restraint Act, which stipulated a minimum age at marriage of 18 for girls and 21 for boys, a large majority of girls in rural areas and a sizeable proportion of girls in urban areas still marry before age 18. Moreover, knowledge of the legal minimum age at marriage for girls and boys is not widespread. In Maharashtra, slightly less than half of ever-married women can identify the legal minimum age at marriage for girls, and slightly less than one-third can identify the legal minimum age at marriage for boys. The urban-rural difference in this regard is large; the proportion of ever-married women who know the legal age at marriage for girls is 68 percent in urban areas but only 36 percent in rural areas.



Slightly less than half of ever-married women can identify the legal minimum age at marriage for girls.

Figure 4
Fertility Preferences Among Currently Married Women Age 13-49



Fertility Preferences

- Twenty percent of currently married women do not want any more children, and 46 percent of currently married women (or their husbands) are sterilized. Together, these two groups constitute two-thirds of all currently married women in Maharashtra. Overall, 80 percent of currently married women want to either space their children or stop having children altogether.

Two-thirds of currently married women do not want any more children.

- The desire for additional children declines rapidly as the number of living children increases. Seventy-two percent of women with no living children want to have children, and only one percent do not want any children. The proportion of women who want another child drops to 26 percent for women with two living children and 11 percent for women with three living children.
- The desire to space children is strong for women who have fewer than three children. The proportion of currently married women who would like to wait at least two years before having their next child is 9 percent for women with no children, 45 percent for women with one living

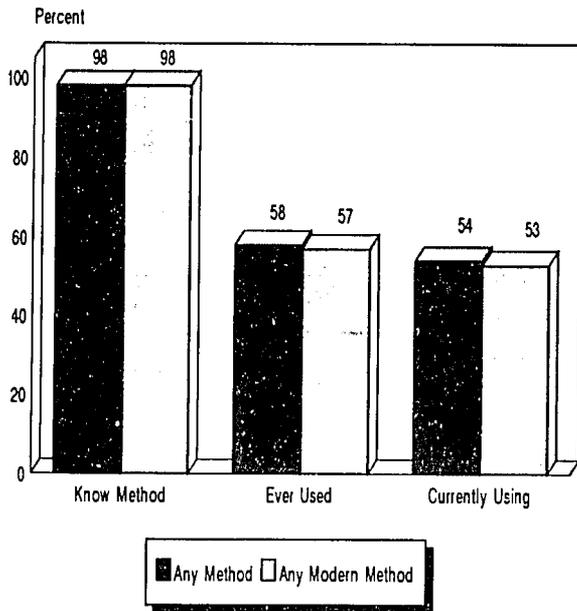
child, and 15 percent for women with two living children. The proportion of women who either do not want any more children or are sterilized (or the husband is sterilized) is 71 percent for women with two living children, 86 percent for women with three living children, and 90 percent for women with four or more living children.

- Among women who want another child there is a strong preference for sons, with 44 percent wanting the next child to be a son and only 11 percent wanting the next child to be a daughter. However, 45 percent of women indicate no preference, with 35 percent saying it does not matter and 10 percent saying it is up to God. The preference for sons is stronger in rural areas, where 49 percent want a son, than in urban areas, where 36 percent want a son.
- Responses on ideal family size in Maharashtra fall mostly within a narrow range of 2 to 3 children. The mean ideal family size is 2.5 children, and there is not much difference between urban areas (2.4) and rural areas (2.7). Women who have completed at least middle school have an ideal family size close to two children.



The ideal family size for married women is 2.5 children.

Figure 5
Knowledge and Use of Family Planning
 (Currently Married Women Age 13-49)



FAMILY PLANNING

Knowledge of Family Planning Methods

- Awareness of family planning methods is widespread in Maharashtra. The proportion of ever-married women who report knowledge of at least one method of family planning is 99 percent in urban areas and 96 percent in rural areas. The percentage with knowledge of any method and the percentage with knowledge of any modern method are slightly higher among currently married women than among ever-married women.

Knowledge of at least one modern contraceptive method is universal.

- There is considerable variation in knowledge of particular methods of contraception. The most widely known method among ever-married women is female sterilization (97 percent), followed by male sterilization (83 percent). The three officially sponsored spacing methods are less familiar to respondents. The most well known among the spacing methods are the IUD (70 percent) and the pill (66 percent). Only 56 percent of women know of the condom. Awareness of modern methods exceeds awareness of traditional methods by a wide margin. Traditional methods are known to only 23 percent of ever-married women. Twenty-one percent know of the periodic abstinence/rhythm method, and 8 percent of women know about withdrawal. Knowledge about sources of contraception is widespread in Maharashtra, with 95 percent of ever-married women knowing where to obtain at least one method of family planning.

Contraceptive Use

- Fifty-eight percent of currently married women age 13-49 in Maharashtra have ever used a contraceptive method. Modern methods have been used by 57 percent and traditional methods by 4 percent.
- The overall level of current use of contraception in Maharashtra is 54 percent, with 53 percent using modern methods and 1 percent using traditional methods. Female sterilization (40 percent) and male sterilization (6 percent) are the most commonly used methods, and together they account for 86 percent of total contraceptive prevalence. Female sterilization accounts for 87 percent of total sterilizations. The IUD and the condom are each used by about 3 percent of women, and each of the other spacing methods is used by 1 percent of women or less.

Fifty-four percent of married women are currently using family planning.

- Contrary to expectation, the contraceptive prevalence rate for modern methods is higher in rural areas (54 percent) than in urban areas (51 percent). This is due to the higher rates of sterilization in rural areas (51 percent) than in urban areas (40 percent). The prevalence of spacing methods is more than three times higher in urban areas (11 percent) than in rural areas (3 percent).

The contraceptive prevalence rate is higher in rural areas.



Figure 6
Current Use of Modern Contraceptive Methods,
by Education

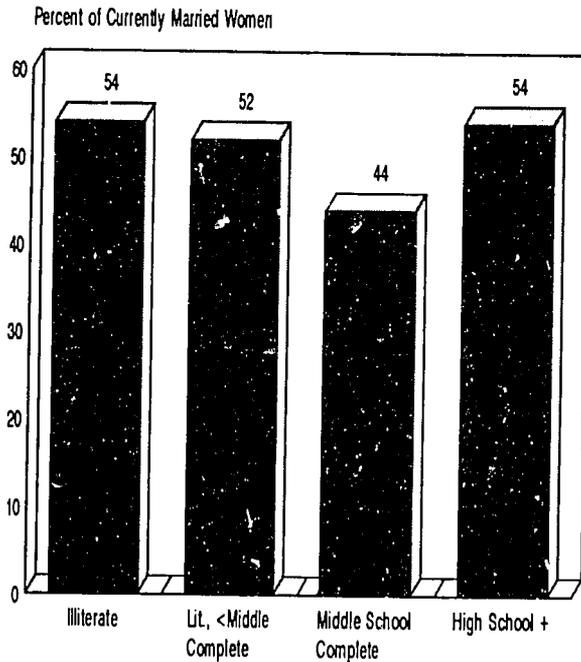
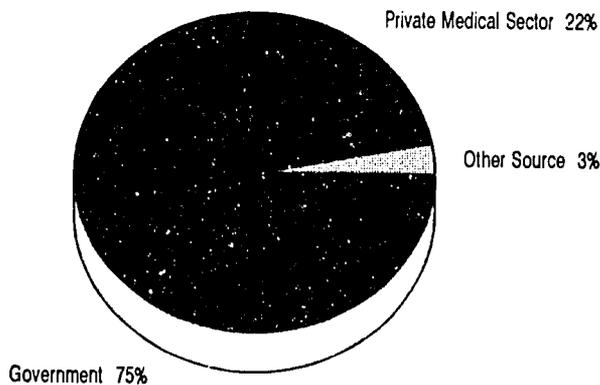


Figure 7
Sources of Family Planning Among Current
Users of Modern Contraceptive Methods



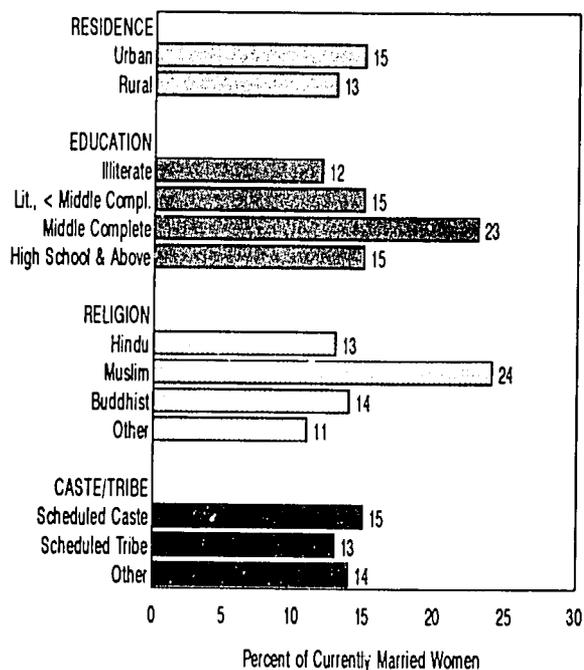
- The relationship between current use and educational attainment of women is weak. However, the type of method used varies with education. The use of sterilization decreases and the use of spacing methods (both modern and traditional) increases as education increases. The Hindu-Muslim difference in current use of contraception is substantial, with prevalence at 57 percent among Hindus and 36 percent among Muslims. Although there is not much difference in contraceptive prevalence among scheduled castes, scheduled tribes and others, the proportion of contraceptive use accounted for by sterilization is especially high among scheduled caste and scheduled tribe women (95 percent).
- The contraceptive prevalence rates by sex composition of living children at each parity indicate the existence of son preference. Current use of family planning is lowest for women with no sons and highest for women with all sons.
- The public sector (including government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) supplies three-fourths of all modern methods used, and the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drug stores) supplies 23 percent. The public sector supplies a larger percentage of modern methods in rural areas (88 percent) than in urban areas (55 percent).

Attitudes Toward Family Planning

- Attitudes toward the use of family planning are generally positive, with 76 percent of currently married, nonsterilized women approving the use of family planning (83 percent in urban areas and 70 percent in rural areas). Fifty-eight percent of currently married women reported that both they and their husbands approve of family planning, and 15 percent said that they both disapprove.
- Education of women as well as their husbands plays an important role in determining attitudes toward family planning. The proportion who approve of family planning is 65 percent for illiterate women and 93 percent for women who have completed high school. Joint approval by both husband and wife is lowest among illiterate women (43 percent).
- There is little difference in the approval of family planning by religion or caste/tribe, although approval is somewhat lower among scheduled tribe women (67 percent).
- More than 95 percent of women who have ever used family planning report that they approve of family planning. Seventy percent of women who have never used family planning also approve of it. Among never users who approve of family planning, 14 percent say their husbands do not approve of family planning.



Figure 8
Unmet Need for Family Planning, by Selected Characteristics



- Overall, 65 percent of currently married non-users do not intend to use any method of family planning in the future. Among those who intend to use some family planning method in the future, more than two-thirds (68 percent) want to use female sterilization, 14 percent want to use the pill, 7 percent want to use the IUD and 5 percent want to use the condom. The finding that 26 percent of intended future users want to use spacing methods, while only 12 percent are currently using such methods, indicates the potential demand for spacing methods.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching slightly more than half of ever-married women in Maharashtra.

Need for Family Planning Services

- Overall, 14 percent of women in Maharashtra have an unmet need for family planning services. There is little difference between the unmet need for spacing and the unmet need for limiting (about 7 percent each). If all the women who say they want to space or limit the children were to use family planning, the contraceptive prevalence rate would increase from the present 54 percent to 68 percent of currently married women. These figures indicate that 79 percent of the demand for family planning is being met by the current family planning programme in Maharashtra.

MATERNAL AND CHILD HEALTH

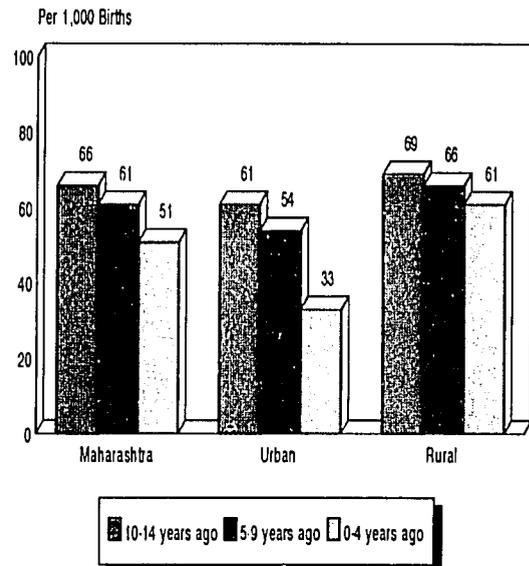
Infant and Child Mortality

- The infant mortality rate in Maharashtra declined during the past 15 years, from 66 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 51 per 1,000 live births during 1988-92 (0-4 years prior to the survey), a decline of 23 percent in 10 years. Among births occurring during the five years immediately preceding the survey, 1 in 20 children died within the first year of life, and 1 in 14 children died before reaching age 5. Therefore, child survival programmes in Maharashtra need to be intensified to further reduce infant and child mortality levels.

One in every 20 children dies within the first year of life.

- During 1988-92, the infant mortality rate was 85 percent higher in rural areas (61 per 1,000) than in urban areas (33 per 1,000). Children in rural areas of Maharashtra experienced a 55 percent higher risk of dying before their fifth birthday than urban children.
- The infant mortality rate for the 10-year period preceding the survey declines sharply with increasing education of women. The infant mortality rate among babies born to women who have at least a high school education (24 per 1,000) is one-third of that for babies born to illiterate women (72 per 1,000).

Figure 9
Infant Mortality Rates for Five-Year Periods by Residence



Note: Rates are for 5-year periods preceding the survey



Figure 10
Infant Mortality Rates by Selected Demographic Characteristics

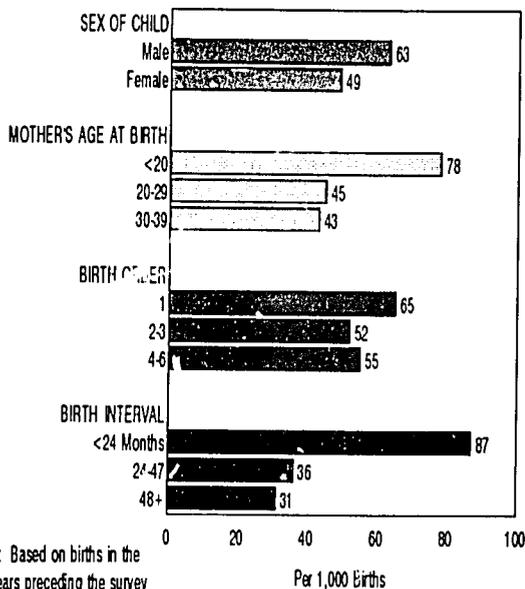
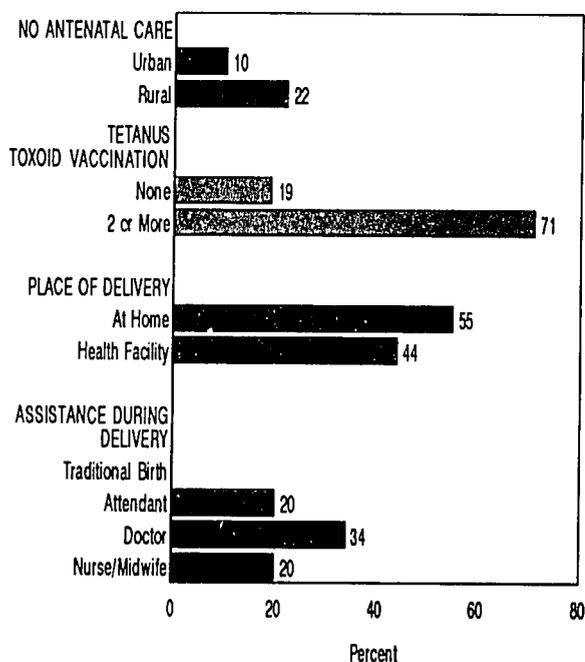


Figure 11
Antenatal Care, Place of Delivery, and Assistance During Delivery



- Girls in Maharashtra have higher mortality risks than boys, except during the neonatal period. The neonatal mortality rate, which reflects a substantial component of congenital conditions, as expected, is higher for boys (46 per 1,000 live births) than for girls (29 per 1,000 live births). However, the female disadvantage becomes evident in postneonatal and child mortality where the ratio of female to male mortality is 1.21 and 1.24, respectively.
- The infant mortality rate is highest for births to mothers under age 20 (78 per 1,000 live births). The infant mortality rate is slightly less than three times as high for children with a preceding birth interval of less than 24 months as for children with a preceding interval of 48 months or more (87 compared with 31 per 1,000 live births).

Antenatal Care and Assistance at Delivery

- Utilization of antenatal care is quite high in Maharashtra. During the four years preceding the survey, mothers received antenatal care for 83 percent of births, with 74 percent of them receiving antenatal care from a doctor. Similarly, women received two or more doses of tetanus toxoid injections for 71 percent of births, and the same percentage received iron and folic acid tablets.
- The urban-rural difference in utilization of antenatal care services is substantial. The proportion of births whose mothers received antenatal care is 90 percent in urban areas and 78 percent in rural areas. Antenatal care ranges from 73 percent among illiterate women to 98 percent among women with at least a high school education.

- Fifty-five percent of births are delivered at home, 23 percent in public health facilities and 21 percent in private health facilities. Thirty-four percent of the deliveries are assisted by a doctor and another 20 percent by a nurse/midwife. One in five deliveries is attended by a traditional birth attendant, and 26 percent of deliveries are attended by relatives or other persons.

Fifty-five percent of babies are delivered at home.

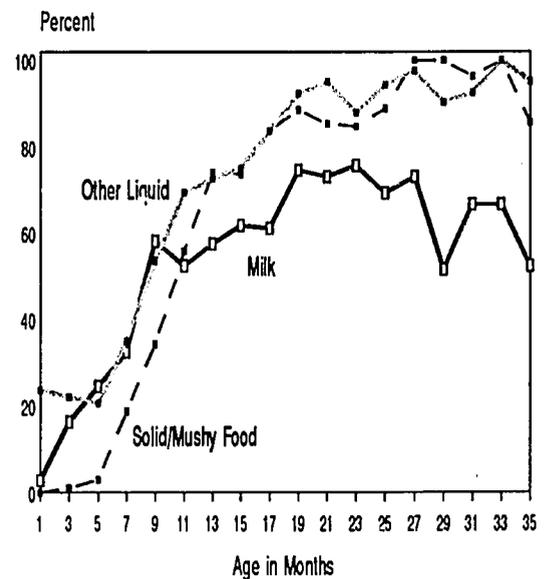
- There are substantial differences in place of delivery by residence and education of the mother. Whereas 73 percent of deliveries in urban areas take place in public or private health facilities, only one quarter of the births in rural areas are delivered in a health facility. Only 1 out of 4 births to illiterate mothers is delivered in a health facility, compared with almost 9 out of 10 births to mothers with at least a high school education.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Maharashtra, with 97 percent of all children having been breastfed. The practice of breastfeeding is high in all subgroups, ranging from 93 to 100 percent.
- Seven percent of children begin breastfeeding within one hour of birth, and 18 percent begin within one day of birth. A substantial majority of women who breastfeed squeeze the first milk from the breast before they initiate breastfeeding, thereby depriving the infant of colostrum, which provides natural immunity against diseases and important nutrients to the baby.



Figure 12
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



Note: Based on youngest child under age three being breastfed; Milk refers to fresh milk and tinned/powdered milk



- Although exclusive breastfeeding is recommended for all children through age 4-6 months, water and other supplements are given to slightly more than half of children below one month of age. Thirty-one percent of children age 2-3 months are exclusively breastfed, and slightly more than one-fourth of children age 4-5 months are exclusively breastfed.
- Supplements other than plain water are given in addition to breast milk to 25 percent of children age 0-1 month, 31 percent of children age 2-3 months and more than three-quarters of children age 8-9 months.
- The use of a bottle with a nipple is rare in Maharashtra. The proportion using a bottle increases from just over 1 percent in the first month of life to a high of 17 percent for children age 10-11 months, after which it declines slowly to less than 1 percent for children above 27 months of age.

Vaccination of Children

- Among children 12-23 months, 87 percent have been vaccinated against tuberculosis (BCG vaccine), 83 and 82 percent have received all three doses of DPT and polio, respectively, and 70 percent of children have been vaccinated against measles. Sixty-four percent of all children have been fully vaccinated against six serious but preventable diseases, and about 8 percent have received no vaccinations at all. Contrary to expectation, a higher percentage of children in rural areas than in urban areas have received each type of vaccination, with 66 percent of children in rural areas and 62 percent in urban areas having received all vaccines. Vaccination cards were seen for 41 percent of children in rural areas and 36 percent in urban areas.

Sixty-four percent of children age 12-23 months are fully vaccinated.

- There is a substantial Hindu-Muslim difference in vaccination rates, with 67 percent of Hindu children and 46 percent of Muslim children having received all vaccines. Except for measles, the vaccine coverage does not differ greatly by sex of child. The sex differences that do exist are generally favourable to female children. There are marked differences in vaccine coverage by education of mother. Fifty-six percent of children of illiterate mothers are fully vaccinated compared to 81 percent of children of mothers with at least a high school education.

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

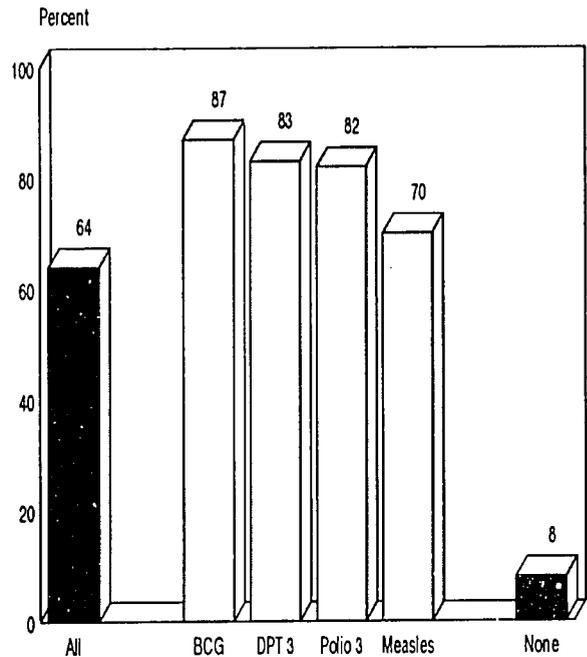
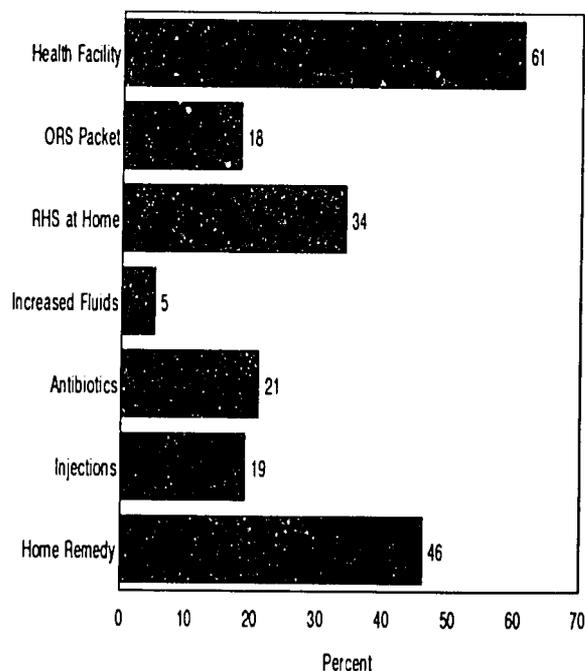


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey
(Children Under 4)



Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 6 percent of children under four years of age had symptoms of acute lower respiratory infection (cough accompanied by fast breathing). Seventy-three percent of these children were taken to a health facility or provider, and 82 percent of these children received some form of treatment.
- Over the same period, 22 percent of children suffered from fever, which may be a sign of malaria or other illness. Seventy-five percent of them were taken to a health facility or provider for treatment.
- One in 10 children had diarrhoea during the two weeks before the survey. Sixty-one percent of them were taken to a health facility or provider; 18 percent were treated with a solution prepared from oral rehydration salt (ORS) packets, 34 percent were treated with recommended home solutions (RHS), 5 percent received increased fluids, and 55 percent were not given any type of oral rehydration treatment.

Knowledge of ORS is not widespread.

- Knowledge and use of ORS are not widespread. Fifty-three percent of mothers are not familiar with ORS packets, and 69 percent have never used them.

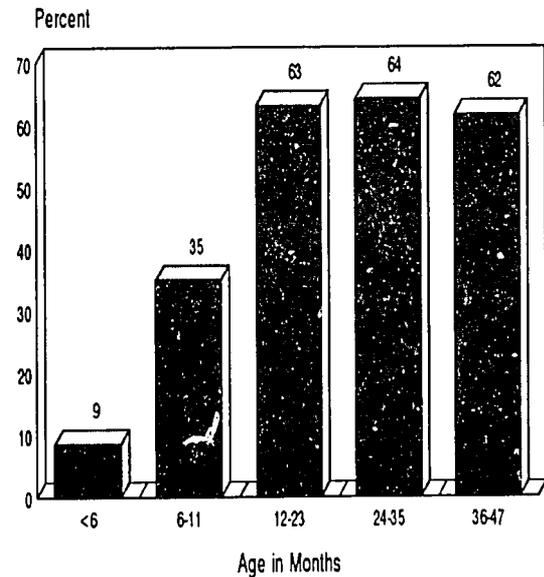
Nutritional Status of Children

- Both chronic and acute undernutrition in Maharashtra are common. More than half of all children are underweight, and about half are stunted. The proportion of children who are severely undernourished is also very high: 20 percent as measured by weight-for-age and 22 percent as measured by height-for-age. One in five children in Maharashtra is affected by the most serious nutritional condition for which data were collected, namely wasting.

Both chronic and acute undernutrition are common.

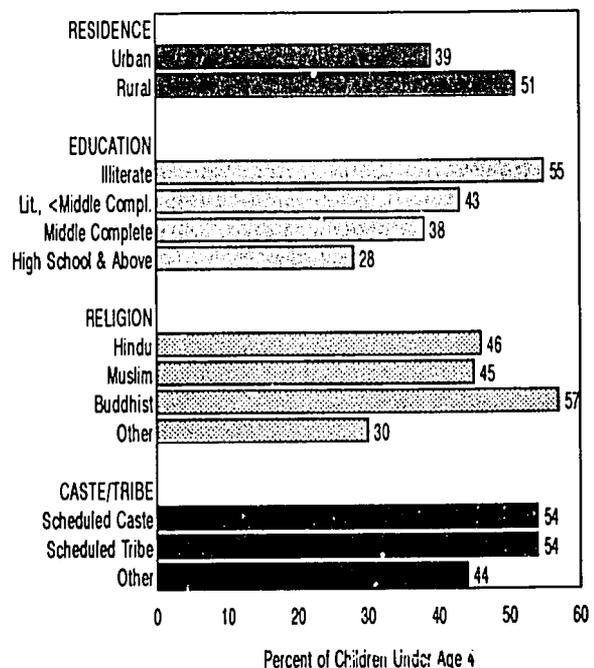
- There is not much difference in the nutritional status of children by sex. However, slightly higher percentages of girls in Maharashtra are underweight and stunted than boys.
- Both chronic and acute undernutrition are more common in rural areas than in urban areas. Hindu and Muslim children have approximately the same levels of undernutrition. Scheduled caste and scheduled tribe children are more undernourished than other children.
- Differentials in nutritional status by education of mother are more striking. Among children of illiterate mothers, 23 percent are wasted and 55 percent are stunted. Among children whose mothers have at least a high school education, 10 percent are wasted and 28 percent are stunted.

Figure 15
Percentage of Children Under Age Four Who Are Underweight, by Age



Note: Percentage of children more than 2 standard deviations below the median of the International Reference Population

Figure 16
Chronic Undernutrition (Stunting) by Selected Characteristics



KNOWLEDGE OF AIDS

- In order to assess basic knowledge about Acquired Immune Deficiency Syndrome (AIDS), the Maharashtra NFHS incorporated a series of questions on AIDS. All ever-married women age 13-49 years were asked about awareness of AIDS, source of information about AIDS, and knowledge about means of transmission and prevention of the disease. Awareness of AIDS is very limited in Maharashtra. Only 19 percent of ever-married women have heard of AIDS. Generally, women who have heard of AIDS have correct knowledge about its transmission. The most important single source of information about AIDS is television.

Only 19 percent of ever-married women have heard of AIDS.



CONCLUSIONS

Fertility and Family Planning

- Although there is clear evidence of a rapid decline in fertility in Maharashtra during the last decade, the state has not yet achieved replacement-level fertility. The TFR is 2.9 children per woman, the crude birth rate is 27 per 1,000 population and the contraceptive prevalence rate is 54 percent. The ideal number of children is 2.5. The government of Maharashtra vigorously advocates a two-child family norm.
- Perhaps the most striking feature of the pattern of current age-specific fertility rates is the substantial contribution of women age 15-19 to the total fertility rate (25 percent). The contribution of women age 35 years and above to the total fertility is negligible (only 3 percent), and that of women age 30 and over is also quite small (12 percent). In rural areas, the contribution of young women age 15-19 to total fertility (29 percent) is even higher than in the state as a whole. The prime childbearing years in Maharashtra extend from age 15 to 29. To promote safe motherhood and child survival, childbearing should ideally be concentrated in the age group 20-29 years.
- In order to achieve replacement-level fertility in Maharashtra, it is essential to reduce the contribution of teenage women to total fertility. This contribution is large partly because many women marry below the legally stipulated minimum age of 18 years. The proportion ever-married at age 15-19 is 50 percent in rural areas, 21 percent in urban areas, and 38 percent in the state as a whole. Although low, the median age at marriage has increased over time. Nevertheless, in rural areas the median age at marriage for the cohort of women age 20-24 years at the time of the survey is still only 15.8 years, 2.2 years short of the legally stipulated minimum age at marriage of 18 years. The comparable figure for urban areas is 18.9 years. There is a need to educate and motivate the public to delay marriage and avoid the risk associated with early childbearing. It is noteworthy that less than one-third of ever-married women know the legal minimum age at marriage for men and slightly less than half know the legal minimum age at marriage for women. The information, education and communication (IEC) component of the state's family welfare programme should do more to promote later marriage.
- Another way to reduce fertility among married teenage women is to promote the use of spacing methods. The current contraceptive use rate in Maharashtra among currently married women age 15-19 is 9 percent, and slightly less than half of current users (or their husband) are sterilized. An added benefit of lower fertility among women under age 20 would be lower infant mortality, because infant mortality rates are relatively high for children of mothers below age 20.
- The family planning programme in Maharashtra has achieved considerable success, with a contraceptive prevalence rate of 54 percent. Some noteworthy features of family planning in Maharashtra are a comparatively high contraceptive use rate (especially sterilization) in rural areas, where the overall use rate is 55 percent; a median age at sterilization of 25.6 years; use of modern methods of contraception by a very small proportion of married women age 15-19, a substantial proportion of women age 20-24, and a large majority of women age 30-49; and low rates of use of spacing methods. Sixty-eight percent of noncontracepting women say their preferred future method of family planning is sterilization, indicating that a large majority of women in Maharashtra equate sterilization, and especially female sterilization, with family planning. Limited availability and promotion of spacing methods in the family welfare programme are partly responsible for the low contraceptive use rate and the high fertility rate at age 15-19, and this has meant that the pro-

gramme's achievements are less than they could be. The NFHS findings indicate a substantial demand for spacing methods, and this demand would probably increase if spacing methods were more widely promoted and available.

Maternal and Child Health

- Various indicators of maternal and child health show that Maharashtra has achieved considerable progress in the area of maternal and child health. Continued improvement of services is essential for achieving the goals of the Child Survival and Safe Motherhood (CSSM) programme. Although the infant mortality rate in Maharashtra has declined rapidly, it is still rather high in rural areas, at 61 deaths per 1,000 live births. The urban rate is much lower, at 33 deaths per 1,000 live births. The infant mortality rate is also high among scheduled castes. The majority of births in Maharashtra are delivered at home. Whereas almost three-fourths of babies are delivered in a health facility in urban areas, only one-quarter of babies are delivered in a health facility in rural areas. Seventy-one percent of births were to mothers who received two or more doses of tetanus toxoid vaccine, and 71 percent were to mothers who also received iron and folic acid tablets as a prophylaxis against nutritional anaemia during pregnancy. This achievement, though substantial, falls short of the official target of 100 percent coverage by 1990.
- Although Maharashtra did not meet the objective of the Universal Immunization Programme to cover 85 percent of all infants by 1990, vaccination coverage of children age 12-23 months against the six serious but preventable diseases is reasonably good at 64 percent. The coverage of BCG is very good (87 percent) and that of DPT and polio is also quite good (83 and 82 percent, respectively). The coverage of measles

is comparatively low at 70 percent. Special efforts are needed to improve the relatively low coverage of Muslim children under the Universal Immunization Programme.

- Despite the publicity given to the use of oral rehydration salts (ORS) and recommended home solutions (RHS) of sugar, salt and water (designated as life-saving fluid in the Marathi language), knowledge of ORS and the use of ORS and RHS are very limited. The IEC component of this aspect of the child survival programme needs to be strengthened.
- Although almost half of the women in Maharashtra are exposed to the mass media, there is a need to introduce alternative communication strategies, such as the distribution of video cassettes with culturally appropriate programmes that can be shown on community televisions. The need for increased media coverage should extend to AIDS as well as family planning. The NFHS findings indicate that knowledge of AIDS is very limited in Maharashtra, with large urban-rural differences in the percentage of women who know about AIDS (35 percent in urban areas and 7 percent in rural areas). There is an urgent need to increase the level of knowledge of AIDS, its mode of transmission, and means of preventing its spread.

Status of Women

- Although there has been progress in the education of women in Maharashtra, 50 percent of ever-married women age 13-49 are still illiterate (32 percent in urban areas and 63 percent in rural areas). The NFHS findings show that education has played a major role in shaping the attitudes and behaviour of women. Educational attainment is strongly associated with several important variables, including access to mass media, age at marriage, knowledge about the legal minimum age at marriage, fertility behaviour, use of spacing methods, interspousal communication regarding family planning, ideal number

of children, wanted fertility rate, infant and child mortality, utilization of antenatal care services, delivery in a health facility, delivery by trained medical attendants, vaccination of children, knowledge and ever use of ORS and RHS, and nutritional status of children. Improvement in women's literacy and education is clearly desirable, not only in its own right but also because of its favourable demographic and health impacts.

Half of ever-married women in their childbearing years are illiterate.

- The comparatively low status of women in Maharashtra is evident from lower female than male literacy, lower school attendance rates for girls age 6-14, a sex ratio that is unfavourable to women, a lower level of female employment, son preference, higher post-neonatal and child mortality rates for girls, and a low mean age at marriage for women, especially in rural areas. On the other hand, there is virtually no difference in vaccination rates for boys and girls, and gender differences in nutritional status of children, although slightly advantageous to boys, are very small. Programmes to elevate the status of women are clearly needed. In particular, improving the education of girls and young women is important for reducing fertility, increasing age at marriage and strengthening maternal and child health. Urban-rural differences in several of the factors listed above are glaringly large and indicate a particular need for programmes to elevate the status of women in rural areas.



FACT SHEET-MAHARASHTRA

1991 Population Data

Office of the Registrar General and Census
Commissioner

Total population (millions)	78.9
Percent urban	38.7
Percent scheduled caste	11.1
Percent scheduled tribe	9.3
Decadal population growth rate (1981-91)	25.7
Crude birth rate (per 1,000 population)	26.2
Crude death rate (per 1,000 population)	8.2
Life expectancy at birth (years) ¹	
Male	61.9
Female	62.9

National Family Health Survey, 1992-93

Sample Population

Ever-married women age 13-49	4,106
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Background Characteristics of Women Interviewed

Percent urban	41.4
Percent illiterate	50.2
Percent completed secondary school or higher	14.8
Percent Hindu	76.4
Percent Muslim	12.6
Percent working	49.0

Marriage and Other Fertility Determinants

Percent of women age 13-49 currently married	70.6
Percent of women age 13-49 ever married	76.0
Singulate mean age at marriage for females (in years) ..	19.3
Singulate mean age at marriage for males (in years)	24.9
Percent of women married to first cousin ²	20.5
Median age at marriage among women age 25-49	16.1
Percent of ever-married women with knowledge about the legal minimum age at marriage	
For males	31.4
For females	49.1
Median months of breastfeeding ³	23.0
Median months of postpartum amenorrhoea ³	8.5
Median months of postpartum abstinence ³	4.5

Fertility

Total fertility rate ⁴	2.86
Mean number of children ever born to women age 40-49	4.25

Desire for Children

Percent of currently married women who:	
Want no more children	20.5
Want to delay their next birth at least 2 years	13.5
Mean ideal number of children ⁵	2.5
Percent of births in the last 5 years which were:	
Unwanted	7.1
Mistimed	15.0

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	97.8
Knowing a modern method	97.8
Knowing a source for a modern method	95.6
Ever using any method	58.1
Currently using any method	54.1

Percent of currently married women currently using:

Pill	1.4
IUD	2.5
Injection	-
Condom	2.5
Female sterilization	40.3
Male sterilization	6.2
Periodic abstinence	1.1
Withdrawal	0.1
Other method	0.1

Mortality and Health

Infant mortality rate ⁶	50.5
Under-five mortality rate ⁶	70.3
Percent of births ⁷ whose mothers:	
Received antenatal care from a doctor or other health professional	69.3
Received 2 or more tetanus toxoid injections	71.0
Percent of births ⁷ whose mothers were assisted at delivery by:	
Doctor	33.6
Nurse/midwife	19.5
Traditional birth attendant	20.4
Percent of children 0-1 month who are breastfeeding ...	98.6
Percent of children 12-13 months who are breastfeeding	89.2
Percent of children 12-23 months who received: ⁸	
BCG	86.9
DPT (three doses)	83.1
Polio (three doses)	81.6
Measles	70.2
All vaccinations	64.1

Percent of children under 4 years⁹ who:

Had diarrhoea in the 2 weeks preceding the survey ...	9.7
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	5.9
Had a fever in the 2 weeks preceding the survey	21.7
Are chronically undernourished (stunted) ¹⁰	46.0
Are acutely undernourished (wasted) ¹⁰	20.2

Knowledge of AIDS

Percent of ever-married women age 13-49 who have heard about AIDS	18.6
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1 1986-91

2 Based on ever-married women

3 Current status estimate based on births during the 36 months preceding the survey (48 months for breastfeeding)

4 Based on births to women age 15-49 during the 3 years preceding the survey

5 Based on ever-married women age 13-49, excluding women giving non-numeric responses

6 For the 5 years preceding the survey (1988-92)

7 For births in the period 1-47 months preceding the survey

8 Based on information from vaccination cards and mothers' reports

9 Children born 1-47 months preceding the survey

10 Stunting assessed by height-for-age, wasting assessed by weight-for-height; undernourished children are those more than 2 standard deviations below the median of the international reference population, recommended by the World Health Organization