
Karnataka

Summary Report

PN-ABU-447

National Family Health Survey

1992-93

**Population Research Centre
Institute for Social and Economic Change
Bangalore**

**International Institute for Population Sciences
Bombay**

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(MCH and Family Planning)

Karnataka

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Population Research Centre, Institute for Social and Economic Research, Bangalore

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February 1995

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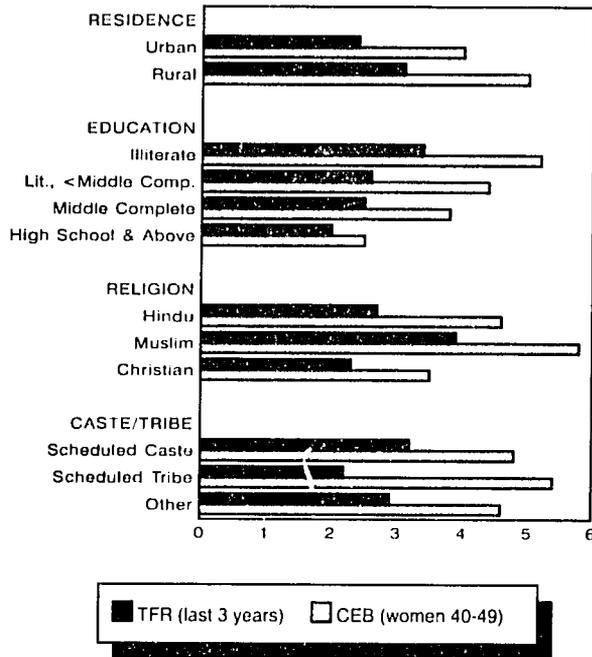


BACKGROUND

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 a source of demographic and health data for inter-state 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, immunizations, and infant and child mortality.

In Karnataka, the interviewers collected information from 4,413 ever-married women age 13-49 in urban and rural areas. The fieldwork in Karnataka was conducted between November, 1992 and February, 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, Institute for Social and Economic Change, Bangalore; the Centre for Development Research and Training, Madras; the East-West Center/Macro International, U.S.A; and the United States Agency for International Development (USAID), New Delhi. 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 Karnataka for the period 1990-92 is 2.9 children, about 15 percent lower than the national average, as estimated from the same source. As expected, the urban TFR of 2.4 is lower than the rural TFR of 3.1. Under the present schedule of fertility, women in rural areas would have, on average, 0.7 more children in her childbearing years than a woman in the urban areas. The TFR of 3.1 estimated for 1991 from the Sample Registration System (SRS) maintained by the Office of the Registrar General, India, is very close to the TFR of 2.9 estimated in the NFHS. The crude birth rate for 1990-92 estimated in the NFHS is 25.9 per 1,000 population compared with 26.9 from the 1991 SRS.

At current fertility rates, women in Karnataka will have an average of 2.9 children (15 percent lower than the national average).

- The NFHS also collected data on cohort fertility as measured by the number of children ever born to women of different ages. Women age 45-49 at the time of the survey had borne an average of 4.9 children per woman. This is much higher than the total fertility rate of 2.9 for the period 0-4 years preceding the survey because most of the fertility experienced by these older women occurred considerably fur-

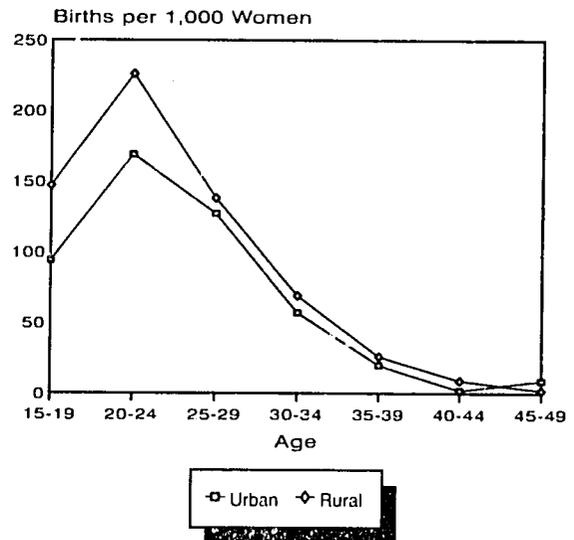
ther back in time, when fertility rates were much higher. Corresponding total fertility rates (truncated at age 40) for the periods 5-9 and 10-14 years before the survey are 3.9 and 4.6 respectively. In other words, fertility declined by almost two children during the last fifteen years.

- 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 3.4 for illiterate women and 2.0 for women with at least a high school education. Fertility differentials by religion are also notable. Muslim women have, on average, 3.9 children which is one child more than the average for the state.
- Childbearing in Karnataka is concentrated in the age group 15-29, during which four-fifths of births occur. Current fertility in Karnataka is characterized by a substantial amount of early childbearing: 23 percent of total fertility is accounted for by births to women age 15-19 and the contribution from women age 30-49 is only 17 percent. Slightly more than one-fifth of all women age 15-19 and 72 percent of ever-married women age 13-19 have begun childbearing.

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

- The median interval between births is 30 months or 2.5 years. One in every 8 births occurred within 18 months of the previous birth, and 29 percent of all births occurred within 24 months. These are high-risk births with a relatively low probability of survival.

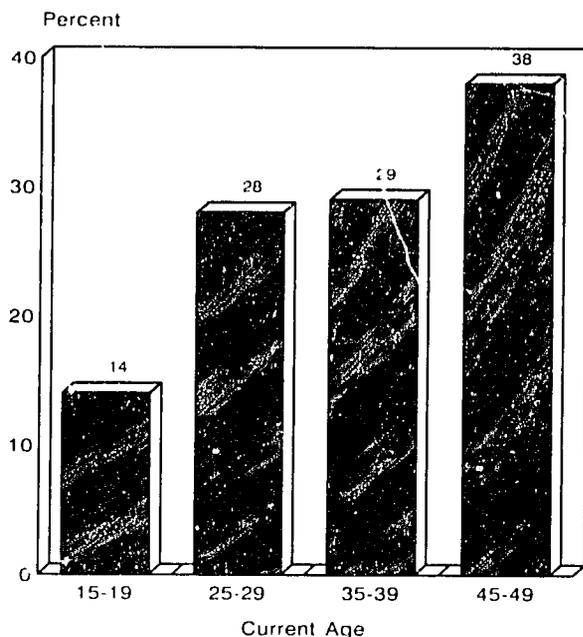
Figure 2
Age-Specific Fertility Rates by Residence



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



Figure 3
Percentage of Women Married by Age 15, by
Current Age



Marriage

- As in many other parts of India, marriage is universal and takes place at relatively young age in Karnataka. At age 15-19, 38 percent of women are married. The proportion ever married at age 15-19 is lower in urban areas (27 percent) than in rural areas (43 percent).
- Marriage at very young ages has been declining rapidly over time. The proportion marrying by age 13 declined from 20 percent for those age 45-49 to 4 percent for those age 15-19. Similarly, the proportion marrying by age 15 declined from 38 percent for those age 45-49 to 14 percent for those age 15-19. 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 17.9 years. Urban women age 20-24 marry almost three years later than rural women of the same age (19.6 years in urban areas and 16.9 in rural areas).

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

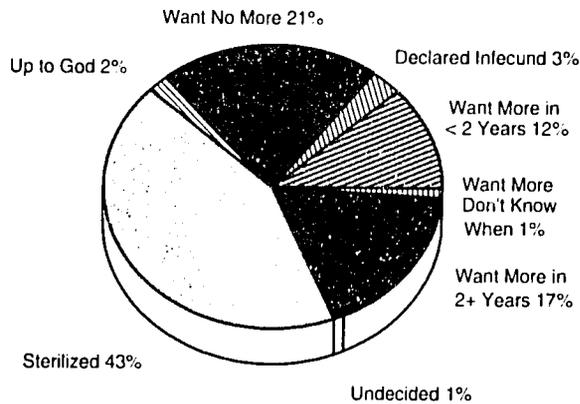
- Differences in marriage age by education are pronounced. Among illiterate women currently age 25-29, the median age at marriage is 15.6 years, which is nearly 7 years younger than women with at least a high school education. According to the Child Marriage Restraint Act of 1978, the minimum legal age at marriage in India is 18 years for women and 21 years for men. Many marriages in Karnataka, however, do not abide by the legal regulations regarding age at marriage. More than one half of women age 20-24 were married at age 18 or younger. The proportion of women age 20-24 who married by age 18 years is higher in rural areas (59 percent) than in urban areas (36 percent). Moreover, knowledge of the legal minimum age at marriage for men and women is not widespread. Only 41 percent of women know the minimum legal age at marriage for females and the percentage who know the minimum legal age at marriage for men is even less at 24 percent.



More than one half of women age 20-24 are married at age 18 or younger.



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



- It has been observed in a few studies that children born to consanguineous couples run a higher mortality risk than those of nonconsanguineous couples. Consanguineous marriages are common in Karnataka. Twenty-seven percent of ever-married women married a first cousin (on either their father's side or their mother's side), and another 9 percent married other blood relatives. The custom of cousin marriage is less common in urban areas and among women with at least a high school education. Marriages between first cousins on the mother's side are relatively more common among the scheduled castes and scheduled tribes.

Twenty-seven percent of ever-married women married their first cousins and 9 percent married other blood relatives.

Fertility Preferences

- Slightly over one-fifth of women say they do not want any more children, and 43 percent of women (or their husbands) are sterilized so that they cannot have any more children. These two groups together constitute 64 percent of all currently married women in Karnataka. Only 30 percent of women say they want another child sometime in the future, and over half of these women (17 percent of all currently married women) say they would like to wait at least two years before having the next child.

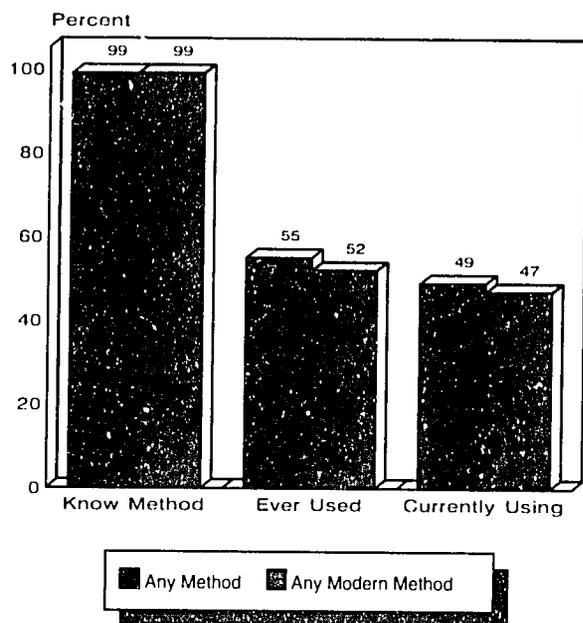
- The desire for more children declines rapidly as the number of children increases. The percentage of currently married women who want a child within two years is much higher among women with fewer than two children. The percentage of women who want to delay their next birth for two or more years is highest (51 percent) among women with one child. If such women are encouraged to use spacing methods, the overall decline in fertility could be considerable.

The percentage of women who want to delay their next birth is highest among those with one child.

- Preference for sons is fairly strong in Karnataka. Among women who want another child, 44 percent indicate that they would prefer a son and 16 percent say they would prefer a daughter. However, 32 percent say that it does not matter to them whether the child is a boy or a girl. Preference for sons is particularly strong in rural areas where 48 percent want a son compared with urban areas where 34 percent want a son.
- In Karnataka, a large majority of women consider a two- or three-child family to be ideal. On average, a family with one son and one daughter is considered to be ideal.



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



FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of a method of family planning is universal in Karnataka: 99 percent of currently married women know at least one contraceptive method, and 96 percent know where they could go to obtain a modern method. However, this widespread knowledge about family planning is mostly limited to female sterilization. Women who know about spacing methods such as the pill, IUD and condom are much fewer, ranging from 50 to 78 percent.

Knowledge of at least one modern contraceptive method is universal.

Contraceptive Use

- Half of currently married women age 15-49 in Karnataka practice family planning, 48 percent use a modern contraceptive method and 2 percent use a traditional method. Female sterilization is the most popular method. Forty-one percent of currently married women are sterilized. Other methods are used by only a small proportion of women (the IUD by 3 percent, male sterilization by 2 percent, the condom by 1 percent and the pill by less than 1 percent).

Half of currently married women use contraception, and 48 percent use modern methods.

- The contraceptive use rate is higher in urban (52 percent) than in rural areas (48 percent). The difference between the use rate for illiterate women (46 percent) and the use rate for women who have completed high school (57 percent) is considerable. Sterilization is the most popular method among illiterate and less educated women, and the IUD, condom and traditional methods are relatively more popular among women with a high school education. Among religious groups, current use of contraception is highest for Hindus (51 percent), slightly lower for Christians (48 percent), and lowest for Muslims (37 percent).

Female sterilization is the most commonly used method of family planning.

- Overall, 83 percent of women received contraceptive services from the public sector, consisting mainly of government/municipal hospitals, Primary Health Centres and sub-centres, compared with 15 percent from the private medical sector. Only 2 percent of users obtained their methods from other sources such as shops, friends and relatives. The share of the private medical sector is higher in urban areas, in particular with respect to the IUD.

Figure 6
Current Use of Modern Contraceptive Methods by Education

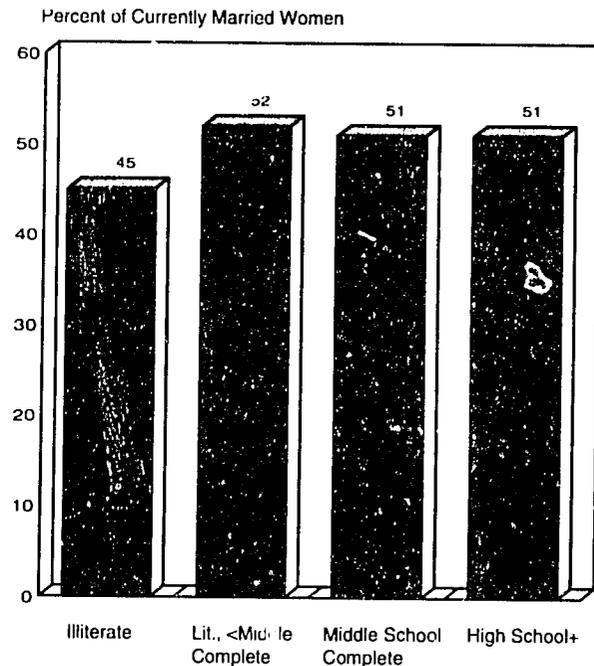
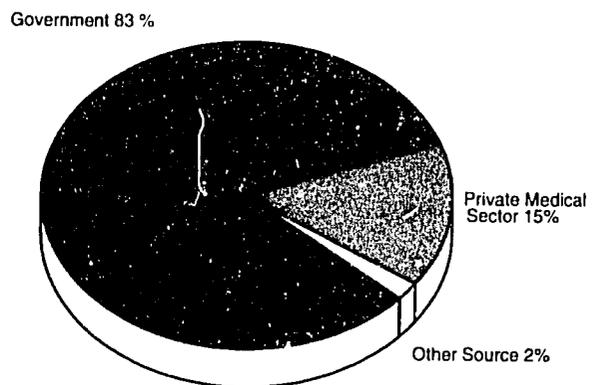


Figure 7
Sources of Family Planning Among Current Users of Modern Contraceptive Methods





Attitudes Toward Family Planning

- Attitudes toward family planning are by and large positive among women and their husbands in Karnataka. Eighty-four percent of currently married nonsterilized women who know of a contraceptive method approve of family planning and only 15 percent disapprove. Only 1 in 7 women who approve of family planning (15 percent) thinks that her husband disapproves of family planning.
- Urban women are a little more likely to approve of family planning than rural women. Approval of family planning is lower among illiterate women than among more educated women.
- Over half (54 percent) of currently married women who have never used any contraception report that they do not intend to use contraception in the future, and 38 percent of this group do not intend to use because they want more children. Another 19 percent are either menopausal or believe that it is difficult for them to get pregnant. Fourteen percent of currently married nonusers who intend to use family planning in the future prefer modern spacing methods.

Exposure to Family Planning Messages

- The effort to disseminate family planning information through the electronic mass media has succeeded in reaching two-thirds of ever-married women in Karnataka. More than one-third of women heard a message on both radio and television during the month before the survey. Another 28 percent heard a message only on radio and 3 percent heard a message only on television. Illiterate, rural and scheduled tribe women are less exposed to

family planning messages than others. Given that only 52 percent of households own radios and 22 percent own televisions, it is evident that the electronic media have been utilized quite effectively by the family planning programme in Karnataka.

- More than three-fourths of women have stated that it is acceptable to have family planning messages on radio and television, and only about 5 percent reported that it is not acceptable. Rural residents, illiterate women, and scheduled tribe women are less likely than others to approve of broadcasting family planning messages.

Need for Family Planning Services

- Overall, 18 percent of currently married women have an unmet need for family planning, 12 percent for spacing births and 6 percent for limiting the number of births. These women are not using family planning, even though they either do not want any more children or want to wait at least two years before having another child. Eighteen percent of women with an unmet need for family planning, together with the 49 percent of current users, constitute 67 percent of women who have a demand for family planning. In other words, if all the women with an unmet need were to adopt family planning, the current use rate would increase from 49 to 67 percent.

If all of the women with an unmet need for family planning were to adopt it, the current use rate would increase from 49 to 67 percent.

Figure 8
Unmet Need for Family Planning by Selected Characteristics

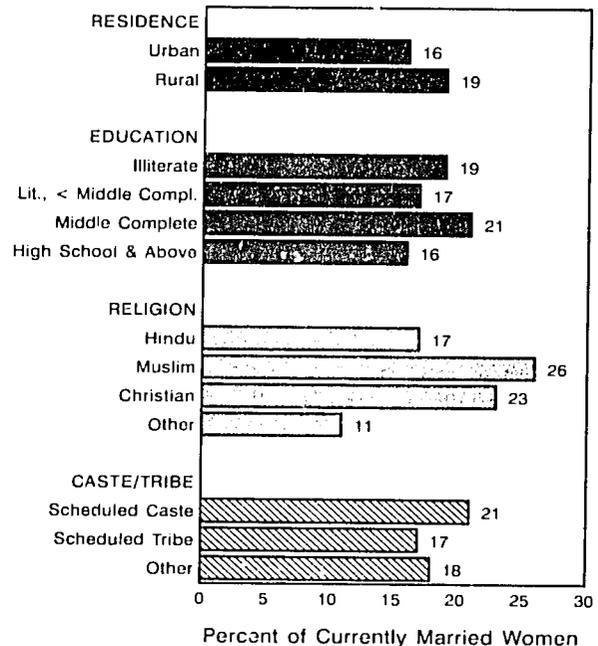
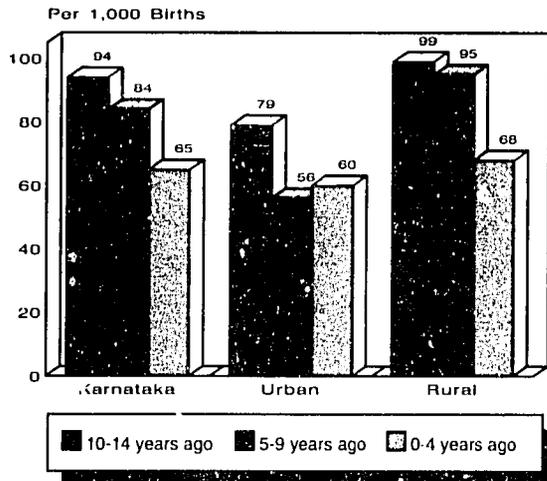


Figure 9
Infant Mortality Rates for Five-Year Periods
by Residence



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



MATERNAL AND CHILD HEALTH

Infant and Child Mortality

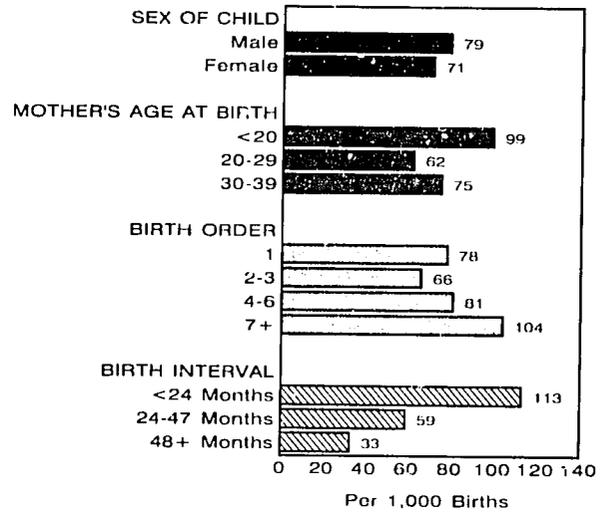
- Infant and childhood mortality rates have declined substantially in Karnataka. The infant mortality rate for the state declined from 93.5 per 1,000 live births during 1978-82 (10-14 years prior to the survey) to 65.4 per 1,000 live births during 1988-92 (0-4 years prior to survey). During the same period, the child mortality rate declined from 52 per 1,000 live births to 24 per 1,000 live births, and the under-5 mortality rate declined from 141 per 1,000 live births to 87 per 1,000 live births. The SRS estimates give the average infant mortality rate of 75 per 1,000 live births for the period 1988-92.
- Despite the overall decline in infant and child mortality, 1 in every 15 children born during the five years before the NFHS died within the first year of life, and 1 in 11 children died before reaching age 5. Therefore, child survival programmes still need to be intensified to produce further reductions in the level of infant and child mortality.

Infant and child mortality have declined substantially in the last 15 years, but 1 in 11 children die before reaching age 5.

- The infant mortality rate is 42 percent higher and the child mortality rate is 78 percent higher in rural areas than in urban areas. The risk of dying between birth and age five is more than three times higher for children born to illiterate mothers than for those born to mothers with at least a high school education. Hindu children have higher mortality rates than Muslim children and children of scheduled castes and scheduled tribes have higher mortality rates than others.
- The infant mortality rate is lower among those who received antenatal and delivery care, 48 per 1,000 live births, than among those who received neither type of maternity care, 73 per 1,000 live births. Mortality rates are higher among births to very young women (younger than age 20) and births following a short (24 months or shorter) birth interval.

Mortality risks are higher among births to women under age 20 and births following a birth interval of less than 24 months.

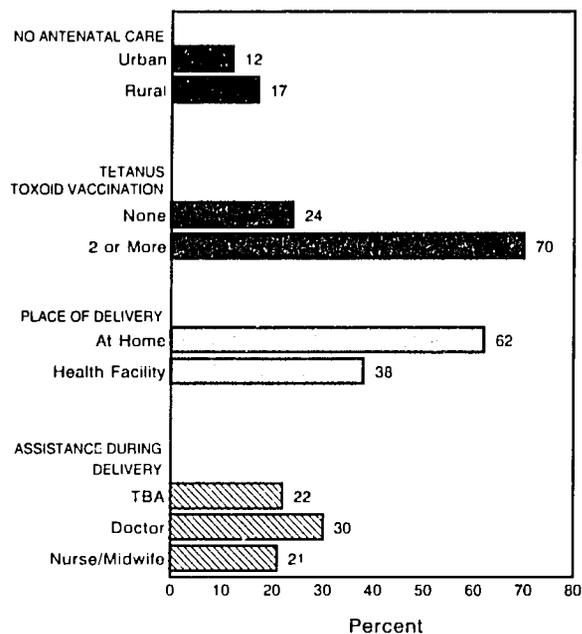
Figure 10
 Infant Mortality Rates by Selected Demographic Characteristics



Note: Based on births in the 10 years preceding the survey



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



- Neonatal mortality, which reflects a substantial component of congenital conditions, is higher for males than for females. Because the neonatal mortality constitutes a large percentage of infant mortality, the estimated infant mortality rate is higher for males than females. However, this difference is reversed after one year of age. Between ages one and five, female children experience 30 percent higher mortality risk than males.

Antenatal Care and Assistance at Delivery

- Mothers received antenatal care for 84 percent of their births during the four years preceding the survey. Mothers in rural areas are less likely than mothers in urban areas to visit an allopathic doctor for antenatal care. Use of antenatal care services is higher for more educated women; 77 percent of births to illiterate mothers received antenatal care, compared with 96 percent of births to mothers who completed middle school. On average, mothers had the first antenatal care visit when they were four months pregnant.



Mothers received antenatal care for 84 percent of births, but only 38 percent of children were delivered in health institutions.

- Mothers of nearly 70 percent of births during the four years preceding the survey received two doses of tetanus toxoid. Nearly a quarter of all mothers did not receive a single dose. Three-fourths of births were to mothers who received iron and folic acid tablets.
- Only 38 percent of live births during the four years preceding the survey were delivered in health institutions and 62 percent were delivered at home. However, one-half of the deliveries were attended by doctors or nurses/midwives. Twenty-two percent of births were delivered with the assistance of a traditional birth attendant.

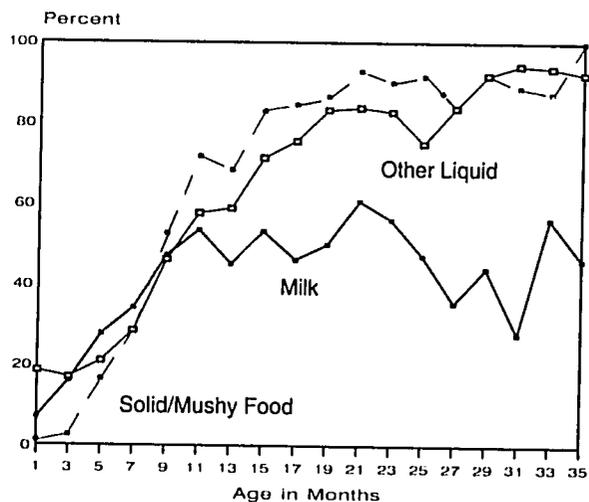
Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Karnataka. Over 95 percent of children born during the four years preceding the survey were breastfed, and this proportion varies little by background characteristics. However, only 5 percent of children were breastfed within one hour of birth and 18 percent within 24 hours of birth. Moreover, 67 percent of the mothers squeezed out the first milk before breastfeeding the infants, thereby removing the colostrum which provides immunity to children.

Breastfeeding is universal, and 60 percent of children receive exclusive breastfeeding up to 4 months of age.

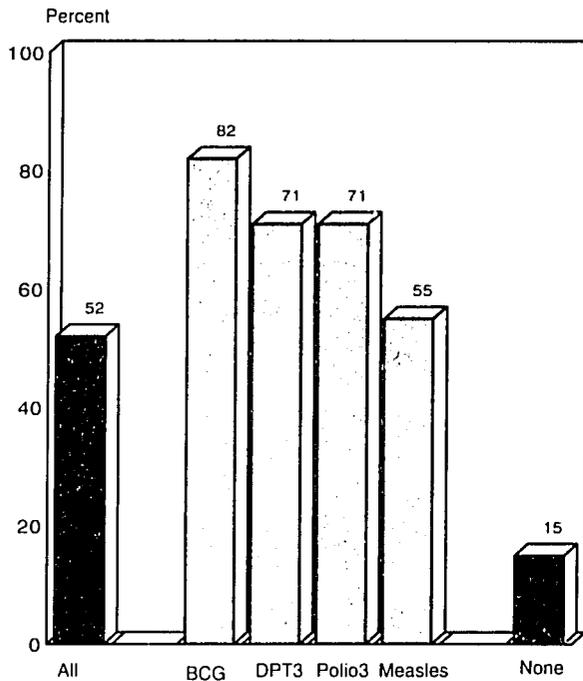


Figure 12
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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

Figure 13
Vaccination Coverage Among Children Age 12-23 Months



- Over 60 percent of the children received exclusive breastfeeding up to 4 months of age, as recommended by international guidelines. However, even at age 0-1 month, one-fourth are given water or other supplements. The median duration of breastfeeding is 21.4 months, and the mean duration of breastfeeding is 23.7 months.
- The use of bottles with nipples is rare, increasing from 7 percent in the first two months after birth to a high of 18 percent for children age 12-13 months, after which it declines slowly to zero for children over 3 years of age.

Vaccination of Children

- Among children age 12-23 months, 52 percent are fully vaccinated against six common childhood diseases. There is a moderate difference in vaccination coverage by residence, with 58 percent coverage in urban areas, compared with 50 percent in rural areas. The coverage of particular vaccinations, except measles, is fairly high. Eighty-two percent of children have received BCG, 71 percent have received three doses of both DPT and polio vaccines, and 55 percent have been vaccinated against measles. One in seven children age 12-23 months did not receive any vaccination at all. Vaccination cards were seen for 34 percent of children age 12-23 months.

Only 52 percent of children are fully vaccinated, and coverage is lowest for measles.

- The proportion who received all vaccinations increases with the education of the mother, ranging from 41 percent for children of illiterate mothers to 81 percent for children of mothers with at least a high school education. The proportion of children fully vaccinated is higher among Hindus (52 percent) than among Muslims (46 percent).

Child Morbidity and Treatment Patterns

- During the two weeks preceding the survey, 3 percent of children under four years of age had cough accompanied by fast breathing (acute respiratory infection), 17 percent had fever and 10 percent suffered from diarrhoea. Five percent of children had an episode of diarrhoea during the preceding 24 hours. Between 65 and 77 percent of these sick children were taken to a health centre or hospital for treatment. Those who were not given any treatment at all, either at home or in a health facility, were relatively few, constituting only about 12 to 20 percent.
- It is significant to note that nearly 60 percent of children with diarrhoea were not given oral rehydration salts (ORS) or the recommended home solution or increased fluids. Only about one-half of mothers who had births during the four years preceding the survey know about ORS packets, and only 31 percent have ever used them.

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

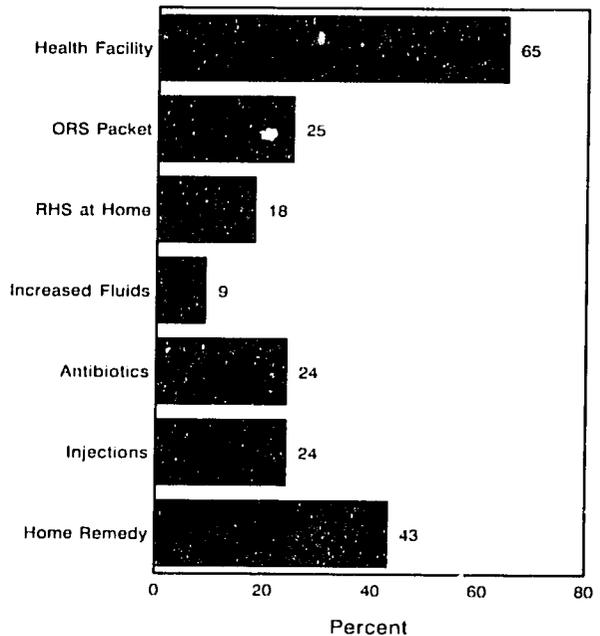
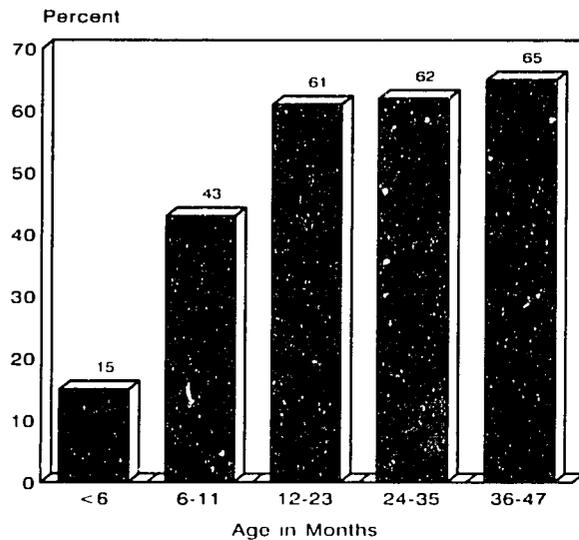
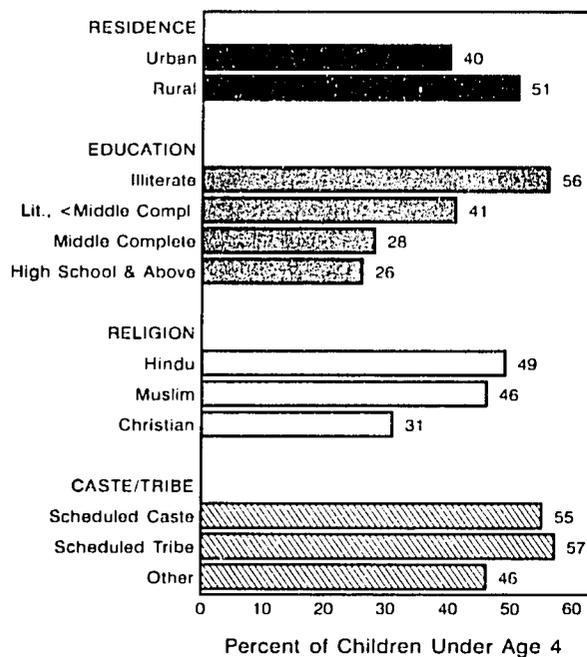


Figure 15
Percentage of Children Under Age Four Who Are Underweight, by Age



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



Nutritional Status of Children

- Both chronic and acute undernutrition are high in Karnataka. Fifty-four percent of children are underweight (weight-for-age) and 48 percent are stunted (height-for-age). Nineteen percent of children are severely underweight and 23 percent are severely stunted. Acute undernutrition, or wasting, the most serious nutritional problem measured, is also quite evident in Karnataka, affecting 1 in 6 children.

Both chronic and acute under-nutrition are common.

- Rates of undernutrition are slightly higher for females than males, but rural children are more likely to be undernourished than urban children. Differentials by religion are not large, but scheduled caste and scheduled tribe children have higher rates of undernutrition than others. Education of the mother has the most striking relationship to undernutrition as children of illiterate mothers are almost twice as likely to be malnourished as children of mothers with at least a high school education.

CONCLUSIONS

Fertility and Family Planning

- Fertility has continued to decline in Karnataka. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) is 2.9 children per woman and the crude birth rate is 26 per 1,000 population. Women on average marry at 19 to 20 years of age. However, 51 percent of women age 20-24 got married at age 18 or younger. The majority of women (59 percent) do not know the minimum legal age at marriage for females.
- Almost all currently married women in the sample know a modern family planning method and most of them also know the source from where family planning services could be obtained. However, this widespread knowledge is mostly limited to female sterilization. Those who know about spacing methods, such as the pill, IUD and condom are fewer in number, ranging from 50 percent to 78 percent. Half of currently married women age 15-49 were using a contraceptive method at the time of survey and 48 percent were using a modern method (43 percent sterilization, mostly female sterilization, and 5 percent spacing methods). Among currently married nonusers, nearly 60 percent stated that they did not intend to use a method in the future.
- Despite the relatively low fertility level and relatively high level of contraceptive use, there is considerable scope for improving family planning services. For instance, the ideal family size preferred by women is on average 2.5 children, lower than the actual total fertility rate of 2.9 children per woman. Seventeen percent of currently married women want to space their next birth, and another 21 percent want no more children. In other words, 38 percent of currently married women (excluding the 43 percent already sterilized) either desire no more children or want to space their next birth. However, only 73 percent of these women are using contraception, indicating an existence of unmet need. If all these women with unmet need for family planning were to adopt a contraceptive method, the current contraceptive use rate will increase from 49 percent to 67 percent. Reasons for nonuse include desire for more children, certain misconceptions about contraceptive methods, and actual or perceived inability to conceive (among the relatively older women).
- It is somewhat surprising to note that among 15 percent of nonsterilized currently married women, either the woman or both the woman and her husband, disapprove of family planning. Hence, there is a strong need to revitalise the Information, Education and Communication (IEC) programme. The emphasis should be given to spacing methods as well as the quality of family planning services. Although a majority of women have heard family planning message through radio, television or both, a significant proportion, 33 percent (47 percent among illiterate women) have not. Selective use of mass media as well as personal communication through the medical/paramedical personnel could possibly create a more favourable atmosphere for family planning.

Maternal and Child Health

- There are certain aspects of maternal and child health which should receive the attention of programme implementors. During the 10-year period since 1978-82, the infant mortality rate has declined from 94 per 1,000 live births to 65 per 1,000 live births. Among those infants who die in their first year of life, nearly 7 out of 10 die within four weeks after birth. Babies born to mothers younger than 18 years, born within 24 months of the preceding birth, and those of higher birth order are subject to an elevated risk of mortality. These are strong reasons for postponing age at marriage and/or the age at first birth, and also for advocating adequate spacing between births.
- Breastfeeding is virtually universal in Karnataka. However, in most cases breastfeeding does not start soon after birth. Only 5 percent of the infants were breastfed within the first hour of birth and only 18 percent within the first day of birth. Moreover, two-thirds of mothers continue the practice of squeezing out the first milk containing colostrum which provides important nutrients as well as immunity for infants. The disadvantages of high risk pregnancies and the advantages of colostrum should be further stressed in the IEC programme.



- One-half of the deliveries were attended by doctors or other health professionals, and 22 percent by traditional birth attendants. Some of these attendants might be trained birth attendants, so overall well over half of all births were delivered with the assistance of health professionals. Still, however, there is a need to strengthen the training programme for *dais* in the state for the promotion of safe deliveries.
- Vaccination coverage of children is fairly good for BCG, DPT and polio, but coverage for measles is low. To increase the overall immunization coverage rate beyond the current 52 percent, great effort is needed, especially in providing measles vaccines.
- Proper treatment of childhood diarrhoea is yet another aspect of maternal and child health that needs to be emphasised in IEC. It is important to note that nearly 60 percent of children with diarrhoea were given neither oral rehydration salts (ORS), nor the recommended home solution (RHS) or even increased fluids.
- The nutritional status of children is not very encouraging. Fifty-four percent of children under age four are underweight and 48 percent are stunted. Wasting or acute undernourishment is prevalent among 17 percent of children. Here again, there is an opportunity to reexamine the effectiveness of nutritional supplements and related programmes in combating nutritional deficiencies among children.



FACT SHEET - KARNATAKA

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (millions)	45
Percent urban	30.9
Percent scheduled caste	16.4
Percent scheduled tribe	4.3
Decadal population growth rate (1981-1991)	21.1
Crude birth rate (per 1,000 population)	26.9
Crude death rate (per 1,000 population)	9.0
Life expectancy at birth (years) ¹	
Male	62.1
Female	63.3

National Family Health Survey 1992-93

Sample Population

Ever-married women age 13-49	4,413
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Background Characteristics of Women Interviewed

Percent urban	32.7
Percent illiterate	61.6
Percent completed secondary school or higher	13.6
Percent Hindu	85.9
Percent Muslim	11.0
Percent working	47.0

Marriage and Other Fertility Determinants

Percent women 15-49 currently married	72.8
Percent women 15-49 ever married	78.8
Singulate mean age at marriage for females (in years)	19.6
Singulate mean age at marriage for males (in years)	26.1
Percent of women married to first cousin ²	27.1
Median age at marriage among women at 25-49	16.6
Median months of breastfeeding ¹	21.4
Median months of postpartum amenorrhoea ¹	8.6
Median months of postpartum abstinence ¹	5.3

Fertility

Total fertility rate ⁴	2.9
Mean number of children ever born to women age 40-49	4.7

Desire for Children

Percent of currently married women who:	
Want no more children	20.6
Want to delay their next birth at least 2 years	16.7
Mean ideal number of children ⁵	2.5
Percent of births in the last four years which were:	
Unwanted	7.8
Mistimed	26.9

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	98.9
Knowing a modern method	98.8
Knowing a source for a modern method	96.1
Ever using any method	54.5
Currently using any method	49.1

Percent of currently married women using:	
Pill	0.4
IUD	3.2
Injection	0.0
Condom	1.2
Female sterilization	41.0
Male sterilisation	1.5
Periodic abstinence	1.5
Withdrawal	0.1
Other method	0.1

Mortality and Health

Infant mortality rate ⁶	65.4
Under-five mortality rate ⁶	87.3
Percent births ⁷ whose mothers:	
Received antenatal care from a doctor or other health professional	64.8
Received 2 or more tetanus toxoid injections	69.8
Percent of births whose mothers were assisted at delivery by:	
Doctor	30.4
Nurse/midwife	20.5
Traditional birth attendant	21.8
Percent of children 0-1 months who are breastfeeding	95.9
Percent of children 4-5 months who are breastfeeding	96.8
Percent of children 10-11 months who are breastfeeding	95.9
Percent of children 12-23 months who received ⁸	
BCG	81.7
DPT (three doses)	70.7
Polio (three doses)	71.4
Measles	54.9
All vaccinations	5.2

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	3.4
Had a fever in the 2 weeks preceding the survey	16.9
Are chronically undernourished (stunted) ¹⁰	40.5
Are acutely undernourished (wasted) ¹⁰	17.4

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