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National Family Health Survey

(MCH and Family Planning)

Haryana

1993

Summary Report

Population Research Centre, Panjab University, Chandigarh

International Institute for Population Sciences, Bombay

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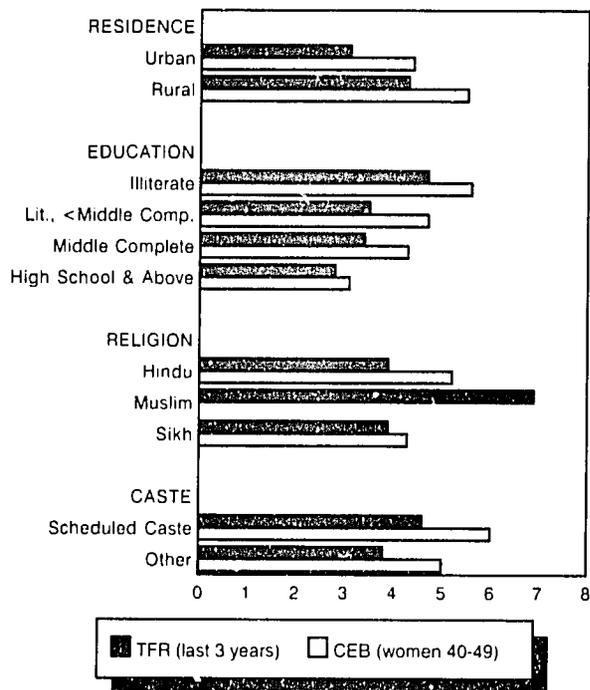


BACKGROUND

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 Haryana, the interviewers collected information from 2,846 ever-married women age 13-49 in urban and rural areas. The fieldwork in Haryana was conducted between January and April, 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, Panjab University, Chandigarh; the Centre for Research in Rural and Industrial Development, Chandigarh; 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)



Note: Mean CEB for Muslims is not shown because it is based on fewer than 25 cases



FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

The fertility level has declined substantially in Haryana. However, there still exists considerable scope for further decline. Women in their forties have had an average of five children, but women who are currently in their childbearing years can be expected to have four children, on average, during their lifetime if current fertility levels prevail. The NFHS total fertility rate (TFR) for women age 15-49 for the state as a whole for 1990-92 is 4.0 children per woman, somewhat higher than the national average. As expected, the urban TFR (3.1 children per woman) is substantially lower than the rural TFR (4.3 children per woman). Under the present fertility schedule, a woman in the rural areas would have, on the average, 1.2 more children in her childbearing years (i.e., 39 percent more children) than her urban counterpart. The NFHS estimate of TFR of 4.0 for 1990-92 is almost the same as the TFR estimated by the Sample Registration System (SRS) maintained by the Office of the Registrar General, India for Haryana for the year 1991. This is true of estimates for urban and rural areas as well.

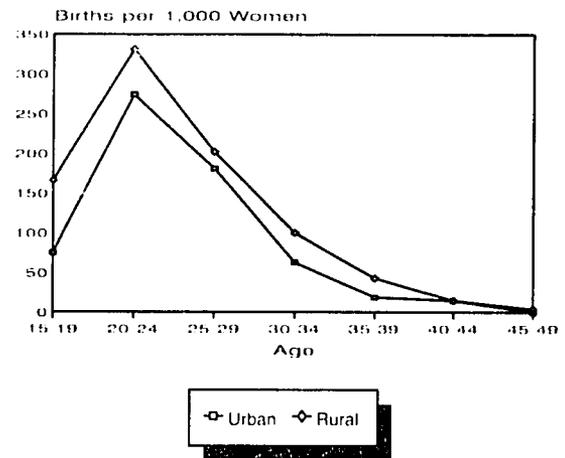
At current fertility rates, women in Haryana will have an average of 4.0 children.

- Substantial differences are noted in the fertility levels with respect to educational attainment of women. The current fertility level for illiterate women is 4.7 children per woman compared with 2.8 children per woman for women with at least a high school education. Differences by religion are also substantial. Current fertility is higher for Muslims compared with either Hindus or Sikhs, and the latter two groups do not differ much in current fertility. The differences between the fertility levels of scheduled castes and nonscheduled castes are also quite substantial. On the average, scheduled caste women have one child more than nonscheduled caste women.
- Childbearing in Haryana is highly concentrated in the 15-29 age group, during which 82 percent of births occur. Current fertility in Haryana is characterized by a substantial amount of early childbearing: 18 percent of the total fertility is accounted for by births to women age 15-19. Twenty-three percent of women age 15-19 have ever had a child and one-half of currently married women age 15-19 have had at least one child. Bearing children late in life is not common. Sixty-nine percent of women age 45-49 had their last birth before age 35 and only 10 percent had a child after age 39.

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

- The median interval between births is just over 28 months. One in every six births occurs within 18 months of the previous birth and one-third of all births occur within 24 months. These are high-risk births with a relatively low probability of survival.

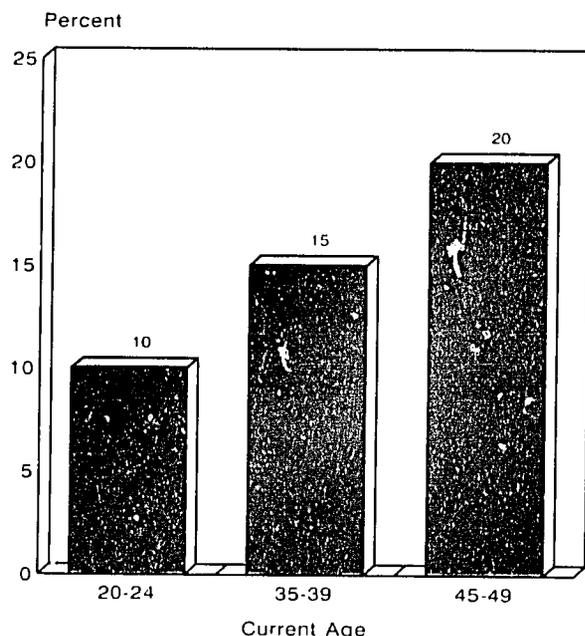
Figure 2
Age-Specific Fertility Rates by Residence



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



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



Marriage

- Marriage, particularly of women, is virtually universal in Haryana. For example, by age 29, 99 percent of women are married. However, as reflected in the proportion of married women age 15-19 (25 percent in urban areas and 52 percent in rural areas), marriages in rural areas take place at relatively younger ages than in urban areas. This is in spite of the fact that in Haryana, adolescent marriages have been declining dramatically over time. The proportions marrying by age 13 declined from 20 percent in the 45-49 age cohort to 6 percent in the 15-19 age cohort. Similarly, the proportion marrying by age 15 years declined from 34 percent in the 45-49 age cohort to 13 percent in the 15-19 age cohort. Marriages below age 15 have been virtually eliminated in urban areas of Haryana. But no significant improvement has been noted in the overall median age at marriage which has fluctuated between 15.7 and 17.1 years for the last two decades. The median age at marriage for the most recent cohort of women age 20-24 is 17.1 years. Urban women age 20-24 marry almost three years later than the rural women of the same age (19.5 years in urban areas and 16.6 years in rural areas).

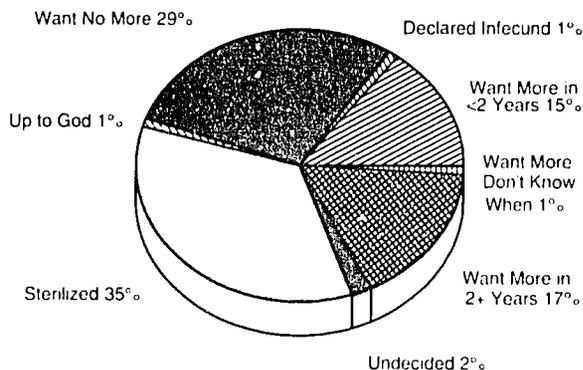
The median age at marriage for girls in rural areas is still very low.

- Marriage occurs at a considerably later age among educated women. The median age at marriage is five years higher among women who have completed high school, than among illiterate women. Differences by religion are also notable, with Sikhs marrying about three years later than either Hindus or Muslims. The median age at marriage for scheduled castes is about one year lower than the median age for women belonging to nonscheduled castes.
- 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. In Haryana, it is clear that the majority of marriages do not abide by these legal regulations. More than half (57 percent) of women age 20-24 got married by age 18 or younger. Part of the reason why the marriage law is not being obeyed is that the majority of women are not aware of what the legal minimum age at marriage is. Only 41 percent of respondents could correctly identify age 18 as the legal minimum age at marriage for women and only 28 percent could correctly identify age 21 as the legal minimum age at marriage for men.

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



Fertility Preferences

- Less than one-third of all women expressed the desire for an additional child. The proportion of women wanting to space the desired child (17 percent) is somewhat similar to the proportion of women desiring to have one soon (15 percent). Interestingly, the desire to space the next child is considerable for women who have fewer than three children. Eighteen percent of women with no living children say that they would like to wait at least two years before having their first child. This percentage increases to 62 percent of women with one living child and returns to 18 percent of women with two children. Since 45 percent of women have fewer than three living children, the considerable desire to space children among these women cannot be ignored and needs to be taken into account by the official family planning programme.

The desire to space children is very strong among women with fewer than three children.

- A strong son preference is evident among women who desire to have an additional child: 51 percent prefer a boy and only 5 percent prefer a girl. The preference for sons is stronger in rural areas, where 54 percent want a son, than in urban areas, where 40 percent want a son.
- Responses to ideal family size in Haryana fall within a narrow range of 2 to 3 children. The mean ideal family size is 2.6 children, and it ranges from 2.3 for women with less than 3 living children to 3.1 for those who already have 6 or more children.

FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of family planning is universal in Haryana as 99 percent of all currently married women have heard of at least one contraceptive method, and 98 percent know where they could go to obtain a modern method. Knowledge of both female and male sterilization is most widespread at 98-99 percent. Among the modern spacing methods, the IUD is known by nearly four-fifths of women, followed by the pill and the condom known by three-fourths of women. Injections are the least known method, with only 46 percent of women reporting knowledge of them. Fifty-nine percent of women know of at least one traditional method.

Knowledge of at least one modern contraceptive method is universal.

Contraceptive Use

- In comparison to the universal knowledge of family planning methods, practice of contraception is moderate in Haryana. Fifty-eight percent of currently married women in Haryana have ever used a contraceptive method. Modern methods have been used by 52 percent and traditional methods by 16 percent of women. Current use of contraception is 50 percent, with 44 percent of currently married women using modern methods and 5 percent traditional methods.

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

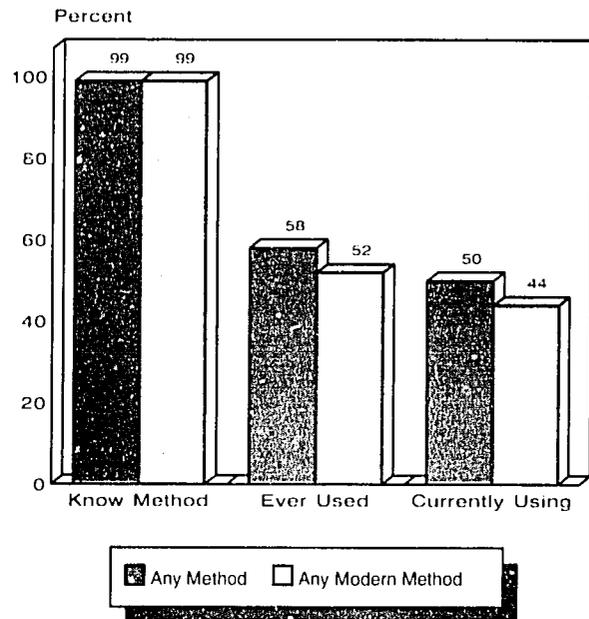
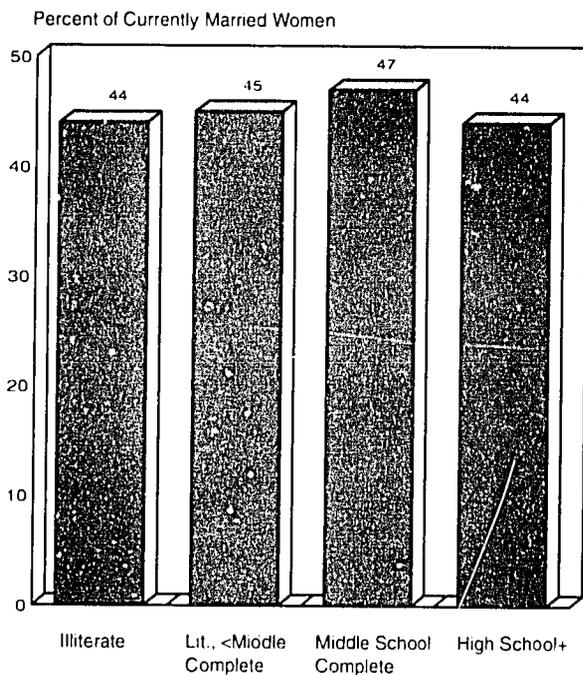


Figure 6
Current Use of Modern Contraceptive Methods
by Education



One half of currently married women are using family planning.

- As in many other Indian states, female sterilization is the most widely used contraceptive method. Thirty percent of currently married women are sterilized and female sterilization accounts for 60 percent of the contraceptive prevalence. Another five percent of currently married women reported that their husbands are sterilized. The condom is used by 5 percent of currently married women, the IUD by 3 percent, and the pill by 1 percent.
- Current use of contraception is relatively higher in urban areas (58 percent) than in rural areas (47 percent). Major urban-rural differences are found in the use of female sterilization, which is considerably higher in rural areas, and in the use of condoms which is higher in urban areas.
- The use of contraception is 16 percent higher among women with a high school education than among illiterate women. However, illiterate women are 3 times more likely to use sterilization than women with at least a high school education. The use of both the modern and traditional spacing methods is higher among the more educated women.

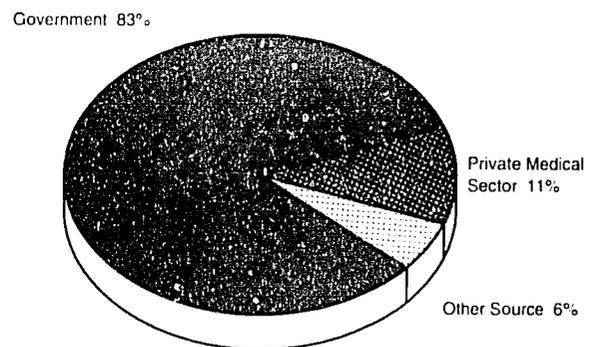


- Current use of contraception is significantly lower among Muslims (14 percent) than Hindus (51 percent) and Sikhs (47 percent). The use of contraception is also relatively low among scheduled castes. Use of family planning methods is positively related to the number of living children a woman has, increasing from 3 percent for women with no children to 71 percent for women with 3 children. Furthermore, a strong son preference is apparent in the contraceptive behaviour of women in Haryana; at each parity, use of family planning methods is relatively higher among women with male children than among women with no male child. In other words, attempts to regulate fertility are made only after the couples have the desired number of sons.

At each parity, family planning use is higher among couples having at least one son than among couples having no sons.

- The public sector (including government/municipal hospitals, Primary Health Centres and other governmental health infrastructure) is the main source of supply for users of the IUD and sterilization. However, for the supply of condoms and, to a lesser extent pills, acceptors depend either on the private medical sector (including private hospitals or clinics, private doctors and pharmacies/drug stores) or other sources (including shops, friends and relatives). The public sector supplies a larger percentage of modern methods in rural areas (90 percent) than in urban areas (66 percent).

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





Attitudes Toward Family Planning

- Attitudes toward the use of family planning are highly positive; an overwhelming majority of women approve of family planning. Ninety-four percent of currently married, nonsterilized women who know of a contraceptive method approve of family planning use. Four out of every five women perceive their husbands to be as favourable toward family planning as they themselves are.
- Ninety-one percent of illiterate women approve of family planning compared with 98 percent of women who have completed high school. Joint approval by both husband and wife is lowest (71 percent) among illiterate women. Approval of family planning is higher among Hindu and Sikh couples than among Muslims. Approval is slightly higher among those belonging to scheduled castes than among nonscheduled castes.
- More than 94 percent of women who had ever used family planning reported that both they and their husbands approve of family planning. Among never users, however, 71 percent of women reported that both they and their husbands approve of family planning. Among never users who approve of family planning, 7 percent said that their husbands do not approve of it.
- Overall, only three out of ten currently married nonusers (31 percent) report that they do not intend to use contraception in the future, and 46 percent of this group do not intend to use because they want more children. Another 32 percent are either menopausal or

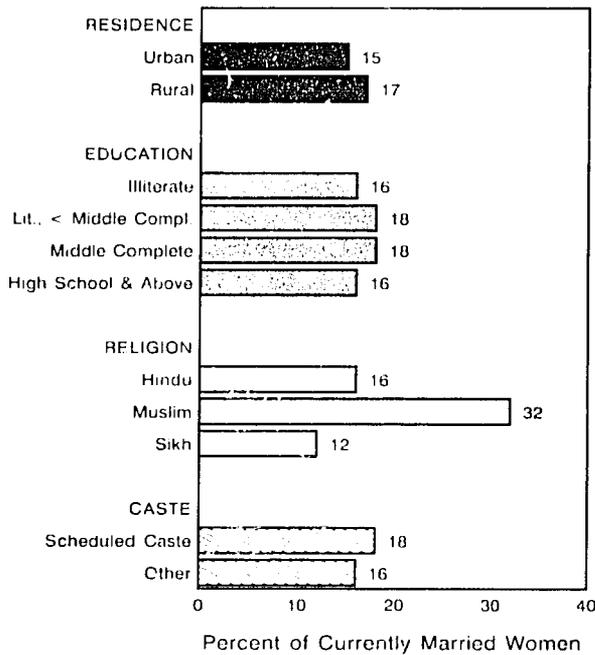
believe that it is difficult for them to get pregnant. A large majority (59 percent) say that they would use contraception in the future, and 10 percent of women are not sure about their intentions. Forty-one percent of women who intend to use contraception in the next 12 months prefer to use modern spacing methods.

Exposure to Family Planning Messages

- The efforts to disseminate family planning information through the electronic mass media (radio and television) have succeeded in reaching one-half of ever-married women in Haryana. This is commensurate with the fact that 40 percent of households in Haryana own a television and 50 percent own a radio.
- Urban-rural differentials in media coverage are substantial. The proportion of women exposed to family planning messages on radio and/or television is 82 percent in urban areas and 42 percent in rural areas. Illiterate, Muslim and scheduled caste women are less exposed to family planning messages than others.
- Four out of five women said it is acceptable to have family planning messages on radio and television. Only 7 percent said it is not acceptable and the rest (11 percent) were not sure. Family planning messages (broadcast through the electronic media) were more acceptable to women who were young, urban, literate, Hindu, Sikh, and nonscheduled caste; and less acceptable to women who were older, rural, illiterate, Muslim, and scheduled caste. Muslim women exhibit the least acceptance of family planning messages on electronic media.



Figure 8
Unmet Need for Family Planning by Selected Characteristics



Need for Family Planning Services

- Overall, 16 percent of women in Haryana have an unmet need for family planning. 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. The unmet need is slightly greater for spacing births (9 percent) than for limiting births (8 percent). Together with the 50 percent of currently married women who are using contraception, a total of 66 percent of currently married women have a demand for family planning. If all the women who say they want to space or limit their births were to use family planning, the contraceptive prevalence rate would increase from 50 to 66 percent.

If all of the women with an unmet need for family planning were to adopt it, the current use rate would increase from 50 to 66 percent.



MATERNAL AND CHILD HEALTH

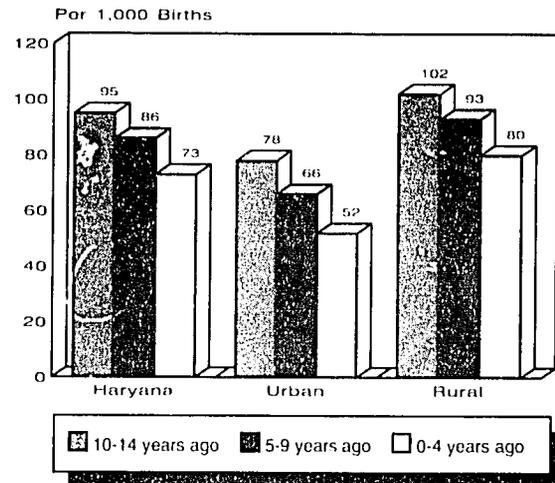
Infant and Child Mortality

- Infant and child mortality rates have declined substantially in Haryana in recent years. The infant mortality rate declined from 95 per 1,000 live births during 1978-82 (10-14 years prior to survey) to 73 per 1,000 live births during 1988-92 (0-4 years prior to survey). The child mortality rate declined from 43 per 1,000 live births to 27 per 1,000 live births during the same period. Despite the overall decline in infant and child mortality, 1 in every 14 children born during the five years before the NFHS died within the first year of life, and 1 in 10 children died before reaching age 5.

Infant and child mortality have declined substantially in the last 15 years, but 1 in 10 children die before reaching age 5.

- Both the infant and child mortality rates are 46 percent higher in rural areas than in urban areas. The risk of dying between birth and age 5 is about two and a half times higher for children born to illiterate mothers than for those born to mothers with at least a high school education. Mortality is also higher among births to scheduled caste women than among births to other women.

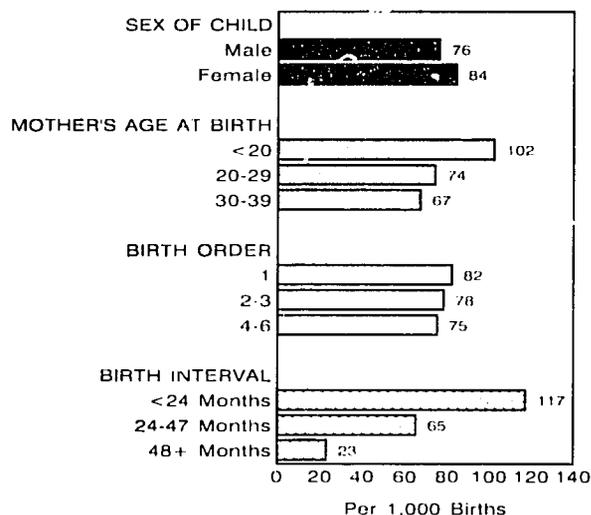
Figure 9
Infant Mortality Rates for Five-Year Periods by Residence



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



Figure 10
Infant Mortality Rates by Selected Demographic Characteristics



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



- Girls in Haryana have higher mortality risks than boys, except during the neonatal period. The neonatal mortality rate, which reflects a substantial component of congenital conditions is, as expected, higher for boys (47 per 1,000 live births) than for girls (38 per 1,000 live births). However, the female disadvantage becomes evident after the first four weeks of life. The ratio of female to male mortality is 1.6 in the case of postneonatal mortality, 2.4 in the case of child mortality and 1.3 in the case of under-five mortality.
- Births to mothers receiving antenatal care (antenatal or delivery care by a trained health professional) have substantially lower mortality risks. Infant mortality is much higher for births that did not receive antenatal or delivery care from medical professionals (87 per 1,000 live births) than for births which received either care (71 per 1,000 live births) and births which received both types of care (58 per 1,000 live births). Mortality rates are higher among births to very young women (younger than age 20) and births following short (24 months or shorter) birth intervals.

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

Antenatal Care and Assistance at Delivery

- Mothers received antenatal care for 73 percent of their births during the four years preceding the survey. Nearly two-thirds of births were to mothers who received two or more doses of tetanus toxoid injections and 60 percent of births were to mothers who received iron and folic acid tablets. Utilization of antenatal care is lower among rural, Muslim, scheduled caste, less educated and higher-parity women.

Mothers received antenatal care for 73 percent of births, but only 20 percent of children were delivered in health institutions.

- Four out of five babies were delivered at home and two out of three deliveries were attended by a traditional birth attendant. Only 17 percent of deliveries were attended by a doctor and 13 percent by a nurse or midwife.

Breastfeeding and Supplementation

- Breastfeeding is nearly universal in Haryana with 97 percent of all children having been breastfed. However, late initiation of breastfeeding of children persists. Only 44 percent of children born during the 4 years preceding the survey were breastfed within 24 hours of birth. A substantial majority of women who breastfeed their children, squeeze out the first milk from the breast before they begin breastfeeding, thus depriving the infant of the natural immunity in the colostrum.

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

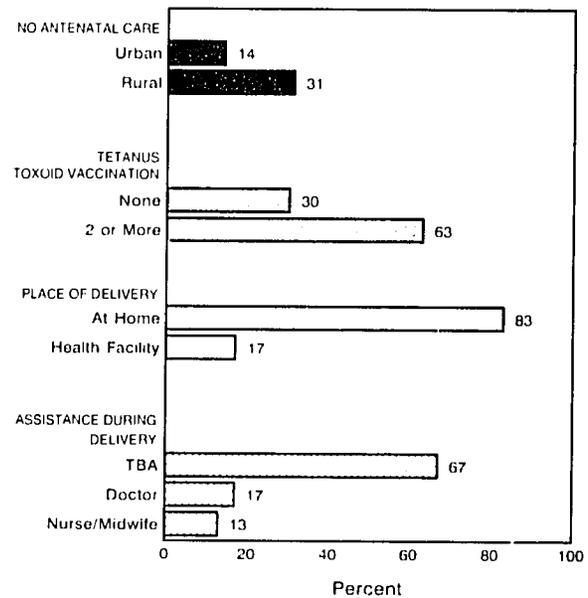
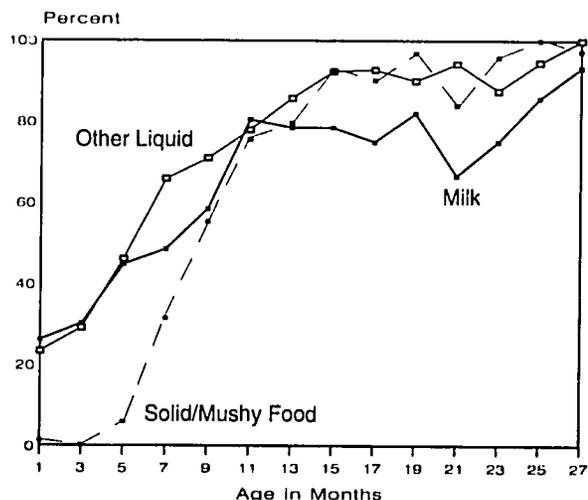


Figure 12
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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

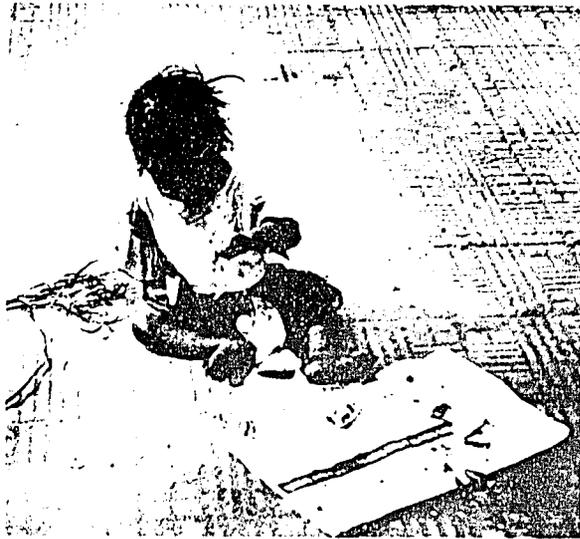
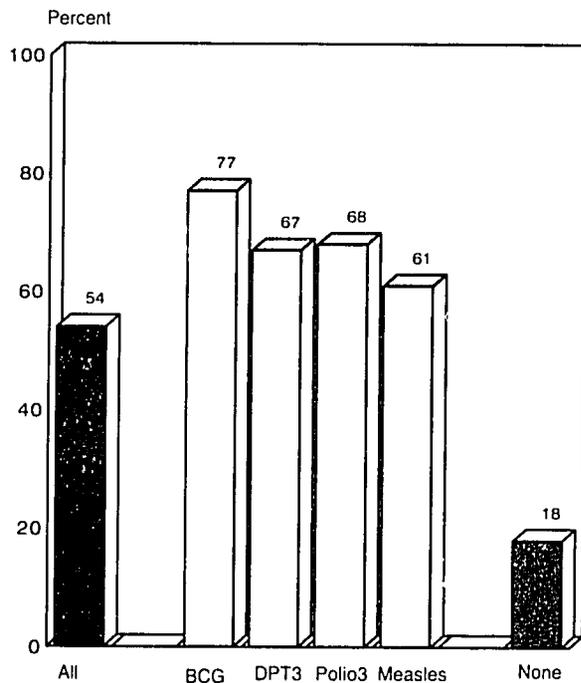


Figure 13
Vaccination Coverage Among Children Age 12-23 Months



Breastfeeding is universal, but late initiation of breastfeeding of children persists.

- In Haryana, exclusive breastfeeding is not common. Only 46 percent of children age 0-1 month and about one-third of children age 2-3 months are exclusively breastfed. Even at age 0-1 month, more than half are given water or other supplements. Supplementation by solid/mushy food is largely introduced by 6-7 months of age and by the time the children are 14-15 months old, over 90 percent are given solid/mushy food. The mean duration of breastfeeding is 25 months.

Vaccination of children

- The performance of the Universal Immunization Programme has been fairly good in Haryana. Among children age 12-23 months, 54 percent received all the vaccinations required. Seventy-seven percent of children were vaccinated against tuberculosis (BCG vaccine), and 67 to 68 percent received all three doses of the DPT and polio vaccines. The measles vaccine, however, was received by 61 percent of children. One in 6 children age 12-23 months did not receive any vaccination at all.

Fifty-four percent of children are fully vaccinated, and coverage is lowest for measles.

- Immunization coverage is low among children of illiterate mothers and scheduled caste mothers (only 44 and 42 percent, respectively, are fully immunized). Coverage is higher among male children than female children for every type of vaccine. Fifty-seven percent of male children are fully vaccinated compared with 50 percent of female children.

Child Morbidity and Treatment Patterns

- During the two-week period preceding the survey, 5 percent of children under 4 years of age suffered from acute respiratory infection (cough accompanied by fast breathing), 19 percent were sick with fever, and 12 percent had diarrhoea. Between 65 and 86 percent of the sick children were taken to a health facility or health provider for treatment. Dependence on clinical treatment was relatively low for diarrhoea.
- It is significant to note that over 70 percent of children with diarrhoea were not given oral rehydration salts (ORS) or the recommended home solution or increased fluids. Only 53 percent of mothers who had births during the four years preceding the survey know about the ORS packets and only 28 percent have ever used them.

Use of ORS to treat diarrhoea among children is very low.

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

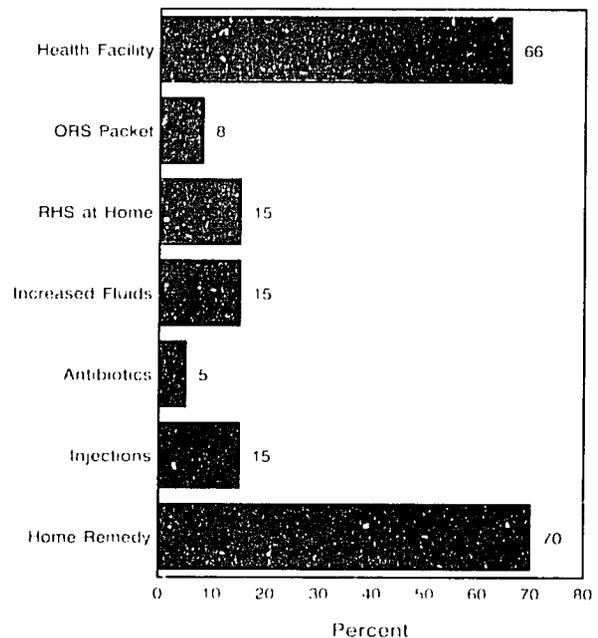
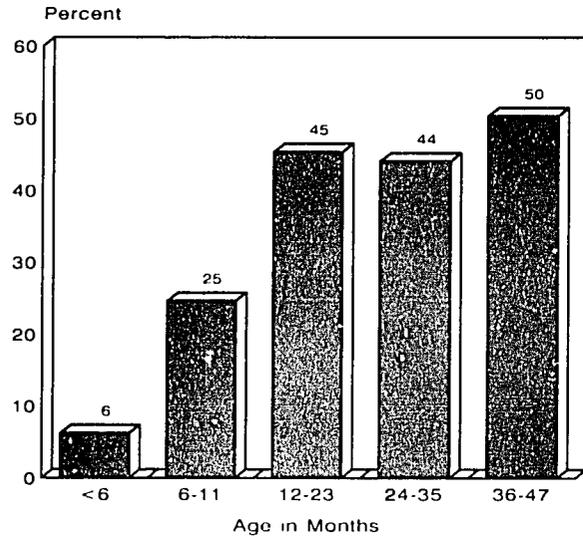
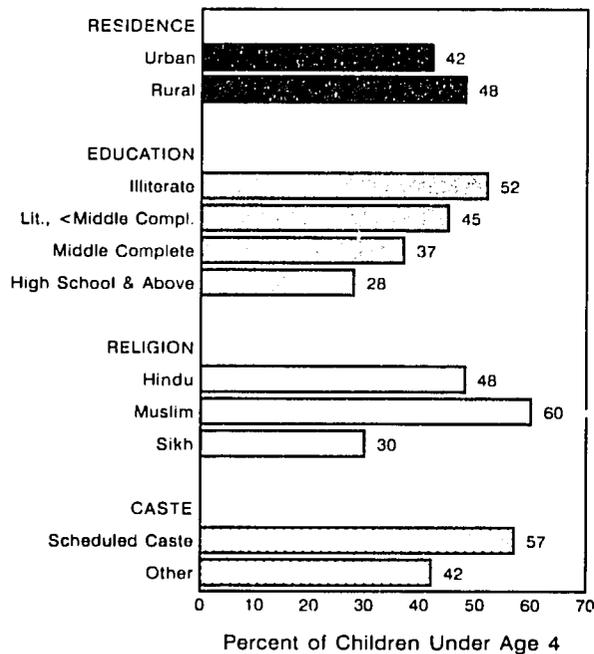


Figure 15
Percentage of Children Under Age Four Who Are Underweight, by Age



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

- Thirty-eight percent of children under four years of age are underweight and 47 percent are stunted. The proportion of children who are severely undernourished is more than twice as high in the case of height-for-age (19 percent) as in the case of weight-for-age. Acute undernutrition or wasting, the most serious nutritional problem measured, affects 6 percent of children.

Thirty-eight percent of children are underweight and 47 percent are stunted.

- Rates of undernutrition are slightly higher for females than males. Fifty and 42 percent of female children are stunted and underweight, respectively, compared to 44 and 35 percent of male children who are stunted and underweight, respectively. The percentage of children who are undernourished is highest for Muslims; almost three-fifths each are underweight and stunted, and 13 percent of children are wasted. Scheduled caste children are relatively more undernourished than other children. 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

- The current fertility level of women in Haryana is higher than the all-India level. According to the NFHS estimate, for the three-year period of 1990-92, the total fertility rate (TFR) is 4.0 children per woman and the crude birth rate is 33 per 1,000 population. A large percentage of girls in Haryana, particularly in rural areas, continued to be married in their teens. Women on average marry at 18 to 19 years of age. Fifty-seven percent of women age 20-24 got married at age 18 (which is the legal minimum age at marriage for females in India) or younger. This not only leads to the continuation of a high fertility rate, but also has implications for the health of the mother and child. There is a need for creating a favourable environment for raising the age at marriage of girls, particularly in rural areas.
- Knowledge of contraceptives is universal in Haryana with 99 percent of all currently married women knowing about modern methods of family planning. In comparison, the use of family planning methods is moderate with half of all currently married women using a family planning method. It is possible to further increase the contraceptive acceptance level given the favourable attitude toward family planning in the state. For instance, the ideal family size preferred by women is on average 2.6 children, lower than the actual total fertility of 4.0 children per woman. Among never users of contraception as many as three out of five intend to adopt contraception in the future. This observation

is also supported by the fact that 16 percent of women have an unmet need for family planning in Haryana. The family planning service delivery system will have to be geared-up to satisfy the demand for spacing methods by becoming more sensitive to people's needs. Furthermore, as condom users depend more on market sources for fulfilling their needs, commercial marketing of condoms should be further strengthened to promote their use.

- The effort to disseminate information about family planning through electronic media has succeeded in reaching only half of the women. Given that most women approve of media messages on family planning, there is a great potential to exploit this media to reach more women.

Maternal and Child Health

- Childhood mortality has improved in Haryana during the 15 years preceding the survey. The infant mortality rate has come down from 95 to 73 per 1,000 live births during the period 1978-92. The under-five mortality rate has also declined during this period.
- However, urban-rural differences in childhood mortality continue to persist. This calls for more effort, particularly in rural areas, to promote the declining trend in childhood mortality. Several factors could facilitate these efforts. The length of the birth interval is the single most important risk factor in childhood mortality. Increasing the length of the birth interval will reduce childhood mortality. This relationship can be used to promote spacing between children and thereby lower childhood mortality.

- Institutional antenatal care of expectant mothers is also a major contributing factor in lowering childhood mortality. Although nearly two-thirds of births are to women who availed themselves of institutional antenatal care during their pregnancies, home deliveries continue to be the norm for most women. Most deliveries are still handled by the traditional birth attendants.
- Haryana's performance is satisfactory regarding the goals of the Universal Immunization Programme. Except for measles, all other vaccines (BCG, three doses of polio and DPT) were received by two-thirds of children. There is a need to increase the vaccination against measles.
- Although the practice of breastfeeding is almost universal in Haryana, the initiation of breastfeeding is delayed, probably due to sociocultural reasons. Consequently most children are denied the immunity provided by the first breast milk of mothers. An educational campaign should focus on overcoming these cultural constraints.

Status of Women

- Women in Haryana are accorded a relatively lower status. There is evidence of discrimination against females in several respects. Haryana has a sex ratio of 888 females per 1,000 males (which is perhaps the lowest

among the states in India), lower female literacy, a lower school attendance rate for girls age 6-14, a low level of female employment, a relatively low age at marriage, higher female infant and child mortality rates, lower immunization coverage for female children, and higher incidence of malnourishment among girls than boys. These issues need to be vigorously addressed in all social development programmes.

- Although there has been some progress in educational attainment in recent years, almost three-quarters of rural women in their childbearing years are illiterate. Nevertheless, the education of women can play a major role in shaping the attitudes and behaviour of women. Educational attainment is strongly associated with every important variable considered in the NFHS, including exposure to mass media, age at marriage, fertility, use of modern spacing methods, ideal number of children, wanted fertility rate, utilization of antenatal care services, delivery in a health facility, vaccination of children, infant and child mortality, and the 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.



FACT SHEET - HARYANA

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (millions)	16.5
Percent urban	24.6
Percent scheduled caste	19.8
Percent scheduled tribe	0.0
Decadal population growth rate (1981-1991)	27.4
Crude birth rate (per 1,000 population)	33.1
Crude death rate (per 1,000 population)	8.2
Life expectancy at birth (years) ¹	
Male	63.4
Female	62.0

National Family Health Survey 1993

Sample Population

Ever-married women age 13-49	2,846
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Background Characteristics of Women Interviewed

Percent urban	26.3
Percent illiterate	63.8
Percent completed secondary school or higher	14.4
Percent Hindu	89.3
Percent Muslim	3.8
Percent Sikh	6.6
Percent working	28.9

Marriage and Other Fertility Determinants

Percent women 15-49 currently married	82.5
Percent women 15-49 ever married	85.6
Singulate mean age at marriage for females (in years)	18.4
Singulate mean age at marriage for males (in years)	23.1
Percent of women married to first cousin ²	0.7
Median age at marriage among women at 25-49	16.0
Median months of breastfeeding ³	23.0
Median months of postpartum amenorrhoea ³	8.9
Median months of postpartum abstinence ³	2.0

Fertility

Total fertility rate ⁴	4.0
Mean number of children ever born to women age 40-49	5.2

Desire for Children

Percent of currently married women who:	
Want no more children	29.3
Want to delay their next birth at least 2 years	17.3
Mean ideal number of children ⁵	2.6
Percent of births in the last four years which were:	
Unwanted	9.6
Mistimed	10.8

Knowledge and Use of Family Planning

Percent of currently married women:	
Knowing any method	99.4
Knowing a modern method	99.4
Knowing a source for a modern method	98.2
Ever used any method	58.0
Currently using any method	49.7

Percent of currently married women using:

Pill	1.2
IUD	3.2
Injection	0.0
Condom	5.2
Female sterilization	29.7
Male sterilization	5.0
Periodic abstinence	2.2
Withdrawal	3.0
Other method	0.1

Mortality and Health

Infant mortality rate ⁶	73.3
Under-five mortality rate ⁶	98.7
Percent births ⁷ whose mothers:	
Received antenatal care from a doctor or other health professional	72.7
Received 2 or more tetanus toxoid injections	63.3
Percent of births whose mothers were assisted at delivery by:	
Doctor	17.3
Nurse/midwife	13.0
Traditional birth attendant	66.5
Percent of children 0-1 months who are breastfeeding	100.0
Percent of children 4-5 months who are breastfeeding	96.3
Percent of children 10-11 months who are breastfeeding	91.2
Percent of children 12-23 months who received ⁸	
BCG	77.4
DPT (three doses)	66.8
Polio (three doses)	67.7
Measles	60.9
All vaccinations	53.5

Percent of children under 4 years⁹ who:

Had diarrhoea in the 2 weeks preceding the survey	12.0
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	5.4
Had a fever in the 2 weeks preceding the survey	18.6
Are chronically undernourished (stunted) ¹⁰	46.7
Are acutely undernourished (wasted) ¹⁰	5.9

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