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National Family Health Survey

(MCH and Family Planning)

Goa

1992-93

Summary Report

Population Research Centre, J.S.S. Institute of Economic Research, Dharwad, Karnataka

International Institute for Population Sciences, Bombay

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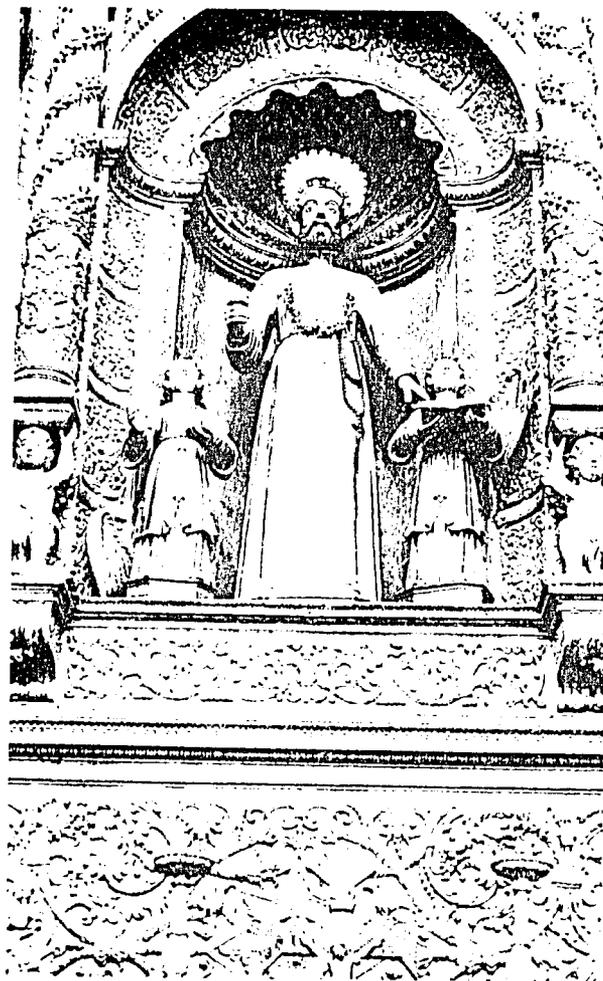
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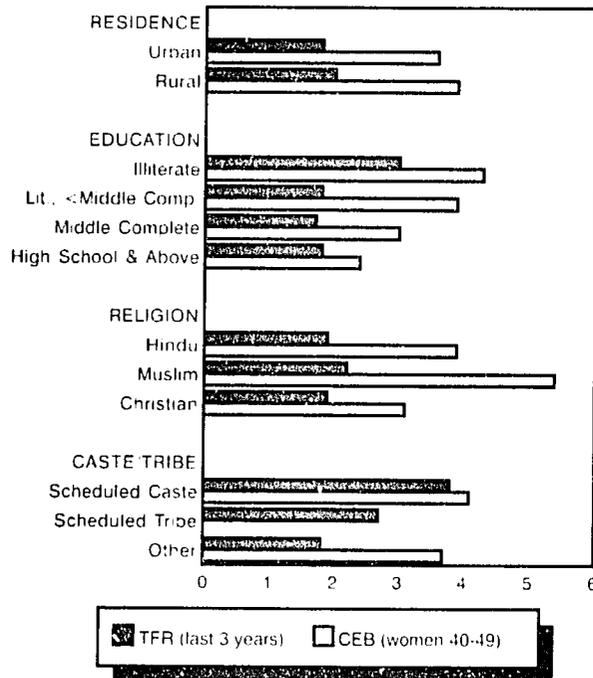


BACKGROUND

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, breast-feeding and food supplementation practices, child nutrition and health, immunizations, and infant and child mortality.

In Goa, the interviewers collected information from 3,141 ever-married women age 13-49 in urban and rural areas. The fieldwork in Goa was conducted between 1 December 1992 and 28 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, J.S.S. Institute of Economic Research, Dharwad, Karnataka; the Centre for Management of Development Programmes, Hyderabad; 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 scheduled tribe is not shown because it is based on fewer than 25 cases

FERTILITY AND MARRIAGE

Fertility Levels, Trends and Differentials

- Goa has attained below replacement-level fertility, with a total fertility rate (TFR) of 1.9 children per woman estimated for the period 1990-92. Fertility is negligible for women age 15-19, with only 4 percent of the total fertility contributed by women in this age group. The majority of total fertility (64 percent) occurred to women age 20-29, the fertility being highest for women age 25-29. The estimate of the crude birth rate attests to the low level of fertility in the state, which is 17 births per 1,000 population. The fertility estimates from other sources, like the Sample Registration System and a large-scale survey taken in the region in 1984, imply that the low level of fertility in Goa is not a recent phenomenon. The birth rate in the region fell below the level of 20 per 1,000 births more than a decade ago. Another striking feature of fertility in Goa is its uniformity in urban and rural areas. The difference in fertility between urban and rural women is negligible.



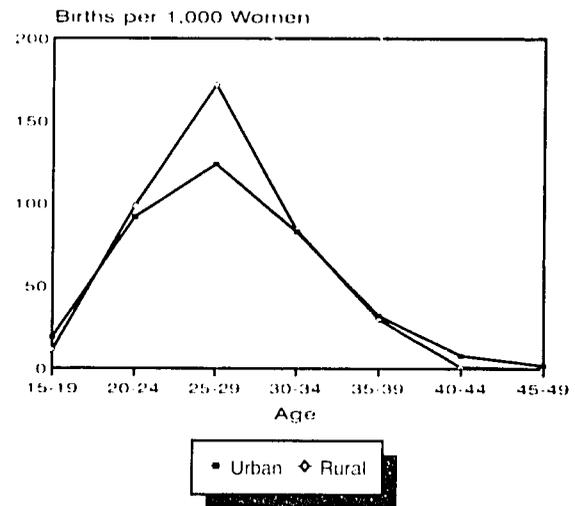
Goa has below-replacement fertility with a TFR of 1.9 children per woman.

- Perceptible fertility differences, however, exist between various population subgroups. The fertility of illiterate women is substantially higher (TFR of 3.0) than the fertility of literate women (TFR of 1.8). Differentials by caste/tribe are also substantial. Scheduled caste women have the highest TFR (3.8), followed by scheduled tribes (2.7) and others (1.8). Religious differentials are, however, less prominent. While the TFRs for Hindu and Christian women are the same at 1.9 children per woman, the TFR for Muslim women is slightly higher at 2.2 children per woman.

Marriage

- Late marriage is characteristic of Goan women. Although marriage is nearly universal, only 3 percent of women are married at age 15-19 increasing to 29 percent by age 20-24. Even at age 25-29, about one-third of women in Goa (35 percent in urban and 26 percent in rural areas) are never married, and 3 percent are never married at the end of their reproductive life (age 45-49).
- The Singulate Mean Age at Marriage (which is calculated from age-specific proportions never married for age groups 15-19 through 45-49) for Goan males and females is 30.6 and 25.1 years, respectively, probably the highest in India. The increase in age at marriage also has been quite systematic and dramatic. The proportion marrying by age 20 declined from 50 percent for the 45-49 age cohort to 15 percent for the 20-24 age cohort. The trend is similar in both urban and rural areas.

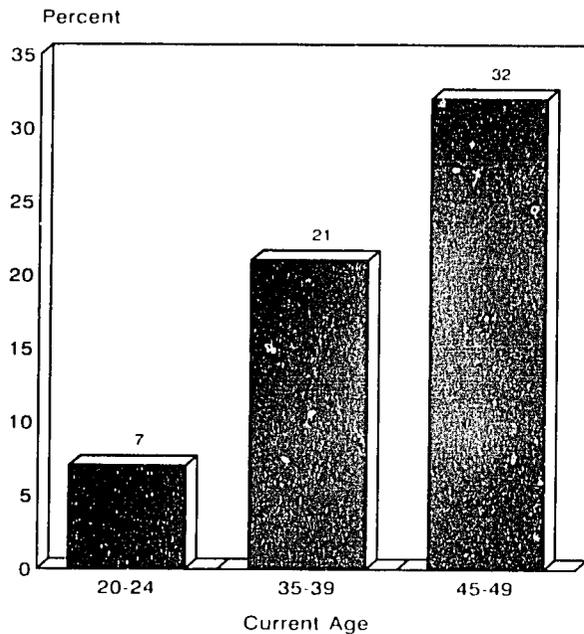
Figure 2
Age-Specific Fertility Rates by Residence



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



Figure 3
Percentage of Women Married by Age 18, by
Current Age



- Age at marriage increases sharply with education of women. Among women age 25-29, the median age at marriage rises from 20.0 years for illiterate women to 24.6 years for women who have completed high school, a difference of nearly 5 years. Differences by religion are also substantial. Among women age 25-49, the median age at first marriage is 23.6 years for Christian women, compared with 20.9 years for Hindus and 18.4 years for Muslims.

Goan women marry late; the mean age at marriage for women is 25 years.

- Interestingly, only 36 percent of women could correctly report age 18 as the legal minimum age at marriage for females and only one-quarter could correctly report age 21 as the legal minimum age at marriage for males. Thus, the fact that nearly all women in Goa marry after attaining the legal minimum age at marriage apparently reflects social norms and economic conditions rather than conscious adherence to the legal minimum age at marriage.



Fertility Preferences

- Seventy percent of currently married women with two living children either do not want any more children or are sterilized. Among women with three or more living children, almost 90 percent either do not want additional children or are sterilized. Overall, 78 percent of women want to either space their next birth or stop having children altogether.

Seventy-eight percent of currently married women want to either postpone their next birth or stop having children altogether.

- The desire for spacing children is quite strong for both urban and rural women. Twelve percent of women with no children and 48 percent of women with one living child would like to wait for at least two years before having a child.
- The preference for having a son as the next child is not very strong in Goa. Among women who want another child, 31 percent indicate that they would prefer a son and 16 percent say they would prefer a daughter. However, almost one-half say that it does not matter to them whether the child is a boy or a girl. Among women with no living children who want a child, 83 percent did not have any specific preference for a boy or girl for their first child, and this is true for both the rural and urban women. Even among women with two living children who are both daughters, 49 percent want no more children. The percent not desiring additional children is, however, higher if the two living children are sons.

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

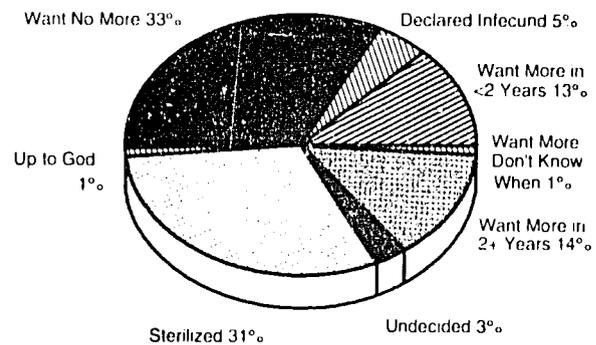
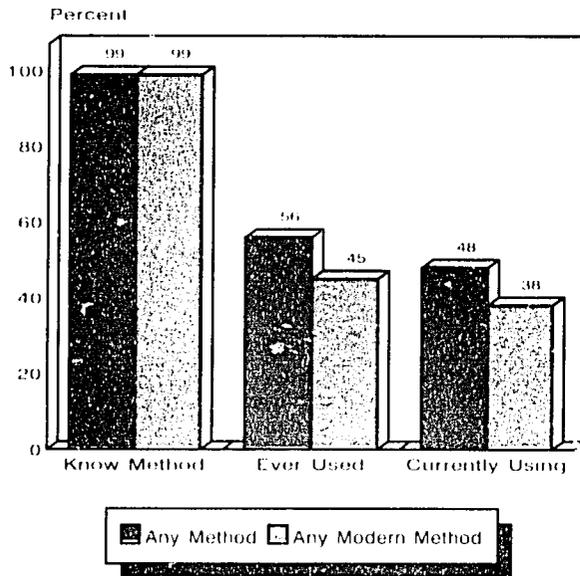


Figure 5
Knowledge and Use of Family Planning
 (Currently Married Women Age 13-49)



FAMILY PLANNING

Knowledge of Family Planning Methods

- Knowledge of any method of family planning is almost universal in Goa. Among currently married women, both in urban and rural areas, 99 percent are aware of at least one method of family planning.

Knowledge of family planning is nearly universal.

- As expected, female sterilization is the most well known method (98 percent). However, spacing methods such as the pill, IUD and condom are also quite well-known. Even in rural areas, 74 percent of women have knowledge of the pill and 63 percent are aware of the condom. In fact, spacing methods are better known than male sterilization. Traditional methods are relatively less well known than modern methods, although a substantial proportion of currently married women (46 percent) reported knowledge of these methods. Among these methods, periodic abstinence is better known (42 percent) than the withdrawal method (24 percent).



Contraceptive Use

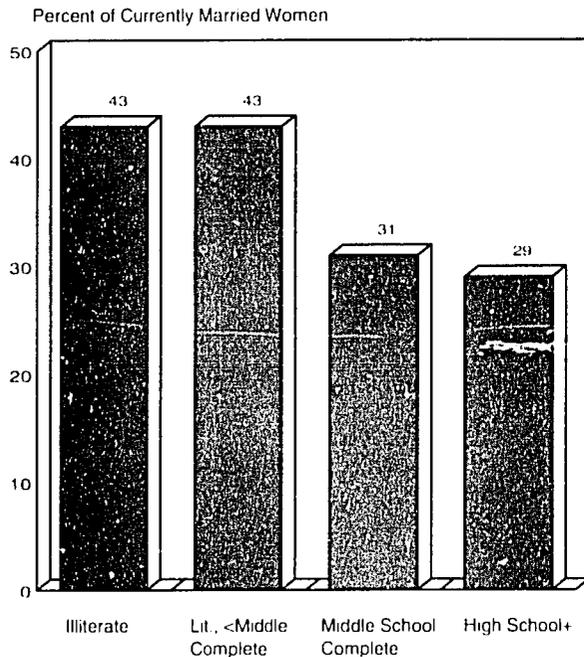
- Fifty-six percent of currently married women in Goa have ever used a contraceptive method. Twenty percent have ever used a traditional method (primarily periodic abstinence or withdrawal) and 45 percent a modern method.
- Current use of contraception is somewhat lower. Thirty-eight percent of currently married women reported using a modern method and another 10 percent a traditional method. Although the prevalence of contraception is higher among urban women, the gap in the contraceptive prevalence rate between urban and rural areas is not striking. In fact, the use of a modern method is somewhat higher among rural (39 percent) than urban women (37 percent). The use of traditional methods is, however, substantially higher among urban (15 percent) than rural women (5 percent).

Forty-eight percent of currently married women use family planning, but only 38 percent use a modern method of family planning.

- Female sterilization is used by 30 percent of currently married women. It alone accounts for 62 percent of total contraceptive prevalence. The next most popular method is periodic abstinence, used by 8 percent of women.



Figure 6
Current Use of Modern Contraceptive Methods
by Education



- The practice of contraception is strongly related to the level of education of women. The use of sterilization decreases as the level of education increases. However, the opposite is true for all other methods. The prevalence rates of any modern method and any traditional method are 43 and 4 percent, respectively, among illiterate women, whereas the rates are 29 and 21 percent, respectively, among women with at least a high school education.
- Religious differentials in the prevalence of contraception are also substantial. The prevalence rate of any method of family planning is lowest among Christians (36 percent) and highest among Hindus (52 percent). The prevalence rate is 48 percent among Muslims. In all three religious groups, current use of modern methods is higher than the current use of traditional methods, but a substantially higher proportion of Christians (15 percent) than either Hindus (8 percent) or Muslims (4 percent) are using traditional methods.



Traditional methods of family planning are more popular among Christian women.

- The public sector, consisting of government/municipal hospitals, Primary Health Centres and other government health institutions, supplies nearly three-fourths of all modern methods used. The private medical sector, including private hospitals and clinics, private doctors and pharmacies/drugstores, supplies methods to 27 percent of users. Less than 2 percent of users obtain their methods from other sources, such as shops, friends and relatives. The public sector supplies a larger percentage of modern methods in rural areas (81 percent) than in urban areas (63 percent).

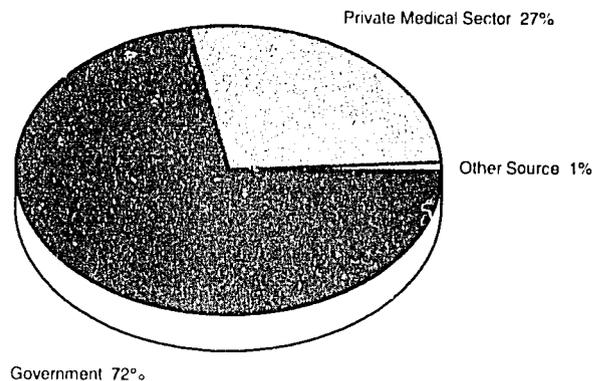
Attitudes Toward Family Planning

- Eighty-six percent of currently married women who are not sterilized and know about a contraceptive method approve of family planning. In general, women perceive their husbands to be about equally favourable toward family planning as they are themselves. Sixty-seven percent of women reported that both they and their husbands approve of family planning.

Sixty-seven percent of women reported that both they and their husbands approve of family planning.

- The extent of approval of family planning varies more by education, both of women and their husbands, than by other background characteristics. Approval of family planning is lowest among illiterate women (71 percent) and among women whose husbands are illiterate (73 percent). The proportion approving increases to 93 percent among women who have completed high school, and to 95 percent among women whose husbands are educated beyond high school.

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





- In Goa, 58 percent of women who were not using contraception at the time of the survey reported that they do not intend to use contraception in the future and another 9 percent were not sure about their intentions. The main reasons for not intending to use contraception in the future are the desire for additional children and actual or perceived sterility (for 30 percent of women each). Among women who reported their intentions to use contraception in the future (33 percent), slightly more than two-fifths prefer to use terminal methods and about one-third would like to use modern spacing methods.

Exposure to Family Planning Messages

- Family planning messages through the electronic mass media (radio and television) have reached a large proportion of ever-married women. Almost three-fourths of women received such messages through the media in the month preceding the survey, and one-half heard a message on both the radio and television.

The majority of women received family planning messages through the electronic media in the month preceding the survey, and the majority approve of family planning messages on radio and television.

- As expected, the exposure to family planning messages differs substantially according to the level of education of women. While only 53 percent of illiterate women heard such a message either on the radio or television, the proportion increases to 93 percent among women with at least a high school education.
- A large majority of women (83 percent) mentioned that it is acceptable to broadcast family planning messages on the radio and television. Illiterate women are less likely than others to view the broadcasting of such messages on the radio and television as acceptable.

Need for Family Planning Services

- Currently married women who say either that they do not want any more children or that they want to wait two or more years before having another child, but who are not using contraception, are defined as having an unmet need for family planning. Overall, 16 percent of currently married women are found to have an unmet need for family planning services. The unmet need is evenly divided between women who want to limit their family size and women who want to space between children. If all of these women were to use family planning, the contraceptive prevalence rate could increase from 48 to 61 percent of married women.

Sixteen percent of women have an unmet need for family planning.

Figure 8
Unmet Need for Family Planning by Selected Characteristics

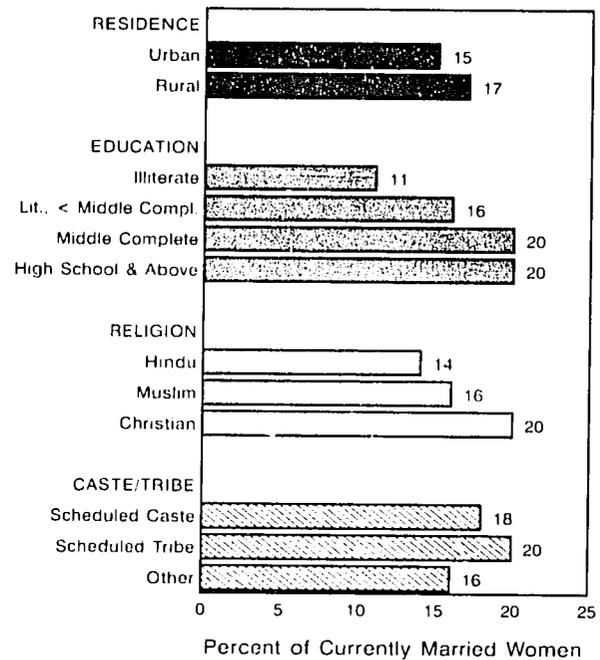
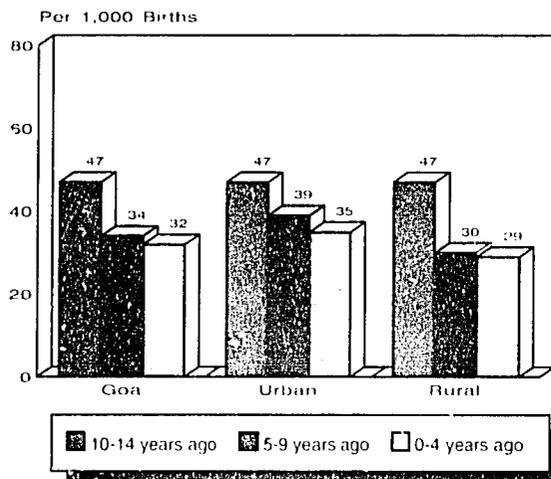


Figure 9
Infant Mortality Rates for Five-Year Periods
by Residence



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



MATERNAL AND CHILD HEALTH

Infant and Child Mortality

- The infant mortality rate (IMR) has reached a low level of 32 per 1,000 live births during 1988-92. The trend in the infant mortality rate is indicative of a decline in its level. The IMR was 47 per 1,000 live births during 1978-82 (10-14 years before the survey). The child mortality rate has also declined considerably from 16 per 1,000 live births during 1978-82 to 7 per 1,000 live births during 1988-92. According to the mortality rates, 97 out of 100 children born will attain age 1 and 96 will survive until age 5.

The infant mortality in Goa is one of the lowest in India, 32 per 1,000 live births during 1988-92.

- There is only a small urban-rural differential in the level of infant and child mortality. Surprisingly, the infant mortality rate in rural areas is marginally lower than that in urban areas. The infant mortality rate declines steadily with increasing education of the mother, from 57 per 1,000 live births for illiterate mothers to 12 per 1,000 for mothers with at least a high school education.

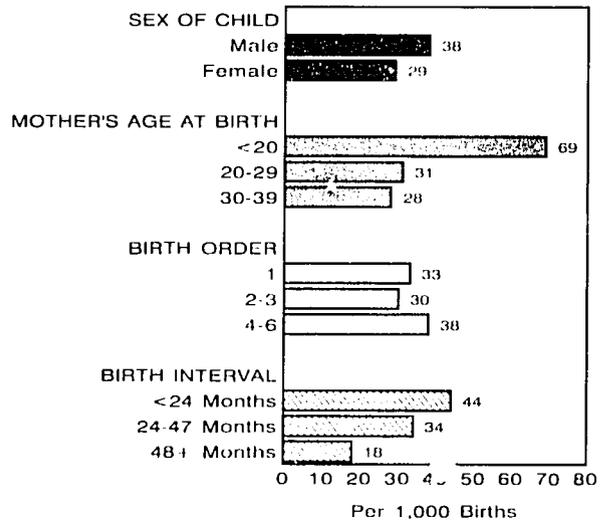
- The infant mortality rate for males is higher than that for females. The neonatal mortality rate, which reflects a substantial component of congenital conditions is also higher for male children (28 per 1,000 live births) than female children (18 per 1,000 live births). The postneonatal mortality rate, however, is marginally higher among female children (11 per 1,000 live births) than among male children (10 per 1,000 live births).
- The chances that a child will survive to age one also are affected substantially by the length of the preceding birth interval; the longer the interval, the better the chance of survival. The infant mortality rate is two and a half times higher among births that are closely spaced (less than 24 months) than among those that are adequately spaced (48 months or more).

Antenatal Care and Assistance at Delivery

- Most births (95 percent) during the last four years were to women who received antenatal care services, and 92 percent received the services from a doctor. Utilization of antenatal care is quite high (86 percent) even for births to illiterate mothers.

The vast majority of pregnant women receive antenatal care, tetanus toxoid vaccinations and iron and folic acid tablets.

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

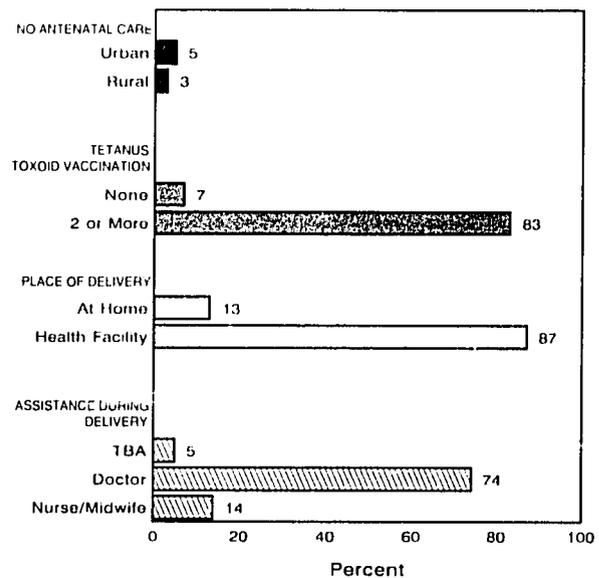
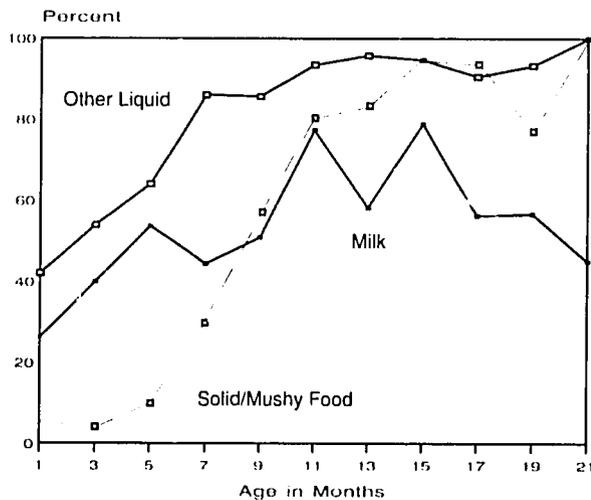




Figure 12
Percentage of Children Given Milk, Other Liquid, or Solid/Mushy Food the Day Before the Interview



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

- The median number of antenatal care visits was 7 and the median gestation age for the first antenatal care visit was 3 months. A large majority of births occurred to mothers who received two or more doses of tetanus toxoid and iron and folic acid tablets (83 and 89 percent, respectively). The differences in the utilization of antenatal care services between rural and urban women are only marginal.
- Most births (87 percent) that occurred in the last four years took place in a medical institution and this varies little by residence. In all, 88 percent of births were attended by either a doctor (74 percent) or a nurse/midwife (14 percent).

Breastfeeding and Supplementation

- As is usually the practice in India, breastfeeding is nearly universal in Goa, with 97 percent of all children having been breastfed. The practice of breastfeeding is high in all groups, ranging from 96 to 100 percent.
- Only 29 percent of children begin breastfeeding within one hour of birth, and 44 percent begin breastfeeding within the first 24 hours of birth. A majority of women (60 percent) who breastfeed, squeeze the first milk from the breast before they begin breastfeeding their babies, thereby depriving the infant of an adequate amount of colostrum, which provides natural immunity against diseases and important nutrients to the baby.

Majority of mothers do not follow the recommended infant and child feeding practices.

- Exclusive breastfeeding, although recommended for all children through age 4-6 months, is not common among young children. Only 11 percent of children age 0-3 months are being exclusively breastfed. Most children age 0-3 months are given other supplements (62 percent).
- The use of a bottle with a nipple to feed children is quite common in Goa. Two-thirds of children age 0-3 months are fed with a bottle with a nipple. This percentage decreases with age, slowly during infancy, but rapidly after the child reaches one year of age.

Vaccination of Children

- Of children 12-23 months, 75 percent have been fully vaccinated against the six vaccine preventable diseases, namely tuberculosis, diphtheria, pertussis, tetanus, polio and measles. The percentages of children who received BCG, all three doses of DPT and polio, and measles are 94, 87, 87 and 78, respectively. Only five percent of children have not received any vaccination.

Three-fourths of children age 12-13 months have been fully vaccinated against six preventable childhood diseases.

- The immunization coverage of children does not vary between urban and rural areas. Female children are equally as likely to be vaccinated as male children. Mother's education, however, influences the chance of their children being vaccinated. Fifty-eight percent of children of illiterate mothers have received all vaccines, whereas 85 percent of children of mothers who have at least a high school education have been fully vaccinated.

Figure 13
Vaccination Coverage Among Children Age 12-23 Months

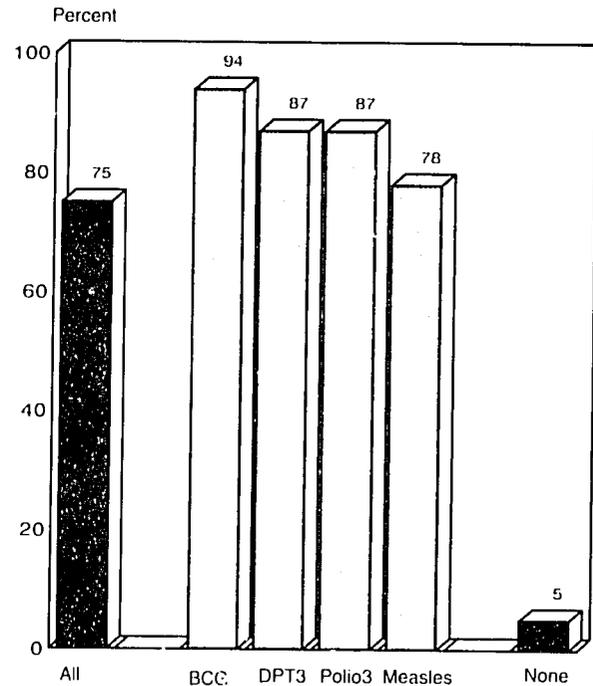
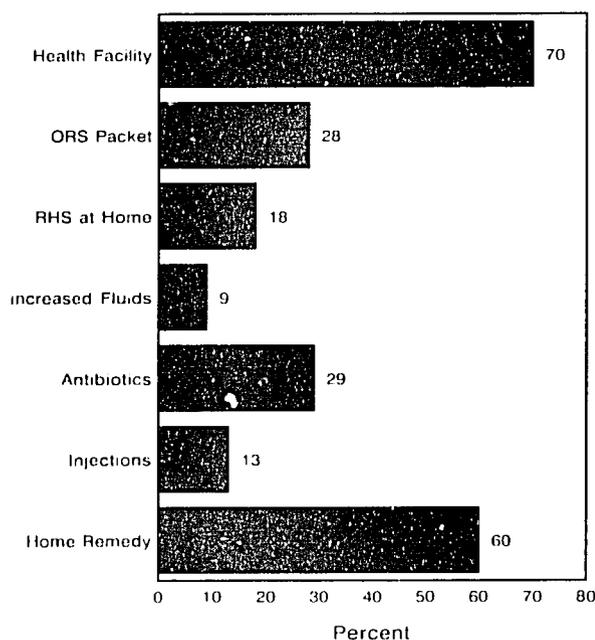


Figure 14
Treatment of Diarrhoea in the Two Weeks
Preceding the Survey
(Children Under 4)



Child Morbidity and Treatment Patterns

- One in 16 children under four years of age suffered from acute respiratory tract infection (cough accompanied by fast breathing) during the two weeks preceding the survey. Eighty-two percent of these children were taken to a health facility or provider. Slightly more than one-fifth of children suffered from fever during the same period, and 86 percent of them were taken to a health facility or provider.

Among the children who had diarrhoea during the two weeks before the survey, 55 percent did not receive any form of Oral Rehydration Therapy.

- Overall, 8 percent of children are reported to have had diarrhoea during the two weeks before the survey. Of these children who suffered from diarrhoea, 70 percent were taken to a health facility or provider; 28 percent were treated with a solution prepared from ORS packets; 18 percent were treated with a home solution (sugar, salt and water); 9 percent were given increased fluids; and 55 percent did not receive any type of oral rehydration treatment. Knowledge of ORS is not well diffused in Goa; slightly more than half of the mothers are knowledgeable about it and only 32 percent have ever used it.

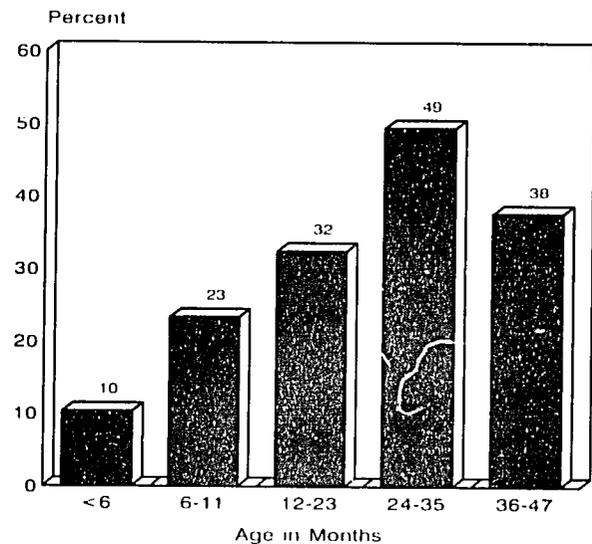
Nutritional Status of Children

- Over one-third (35 percent) of children under age four are underweight and a similar proportion (32 percent) are stunted. Severe undernourishment is observed among one in 10 children - 9 percent in the case of weight-for-age and 11 percent in the case of height-for-age. The most serious problem, wasting, measured by weight-for-height, indicates that 15 percent of the children are affected.

Over one-third of children under age four are underweight for their age, and a similar proportion are stunted.

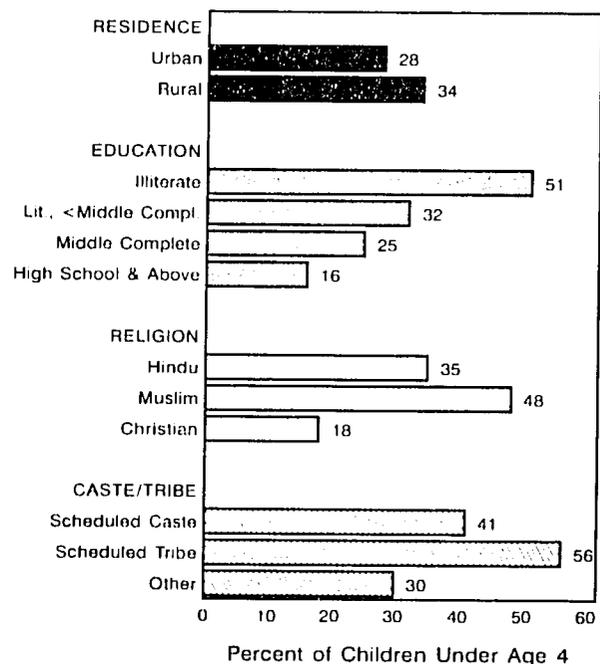
- Nutritional status does not differ much by sex of the child. According to most measures males are slightly disadvantaged compared with females. The percentage of underweight or stunted children declines consistently as the interval since previous birth increases. This shows a clear health advantage for children with longer birth intervals. There also exists a strong association between the level of education of the mother and the percentage of underweight and stunted children. Among children of illiterate women, about half are stunted, compared with only 16 percent among children of mothers with at least a high school education.

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 Goa, the NFHS included a number of questions on Acquired Immune Deficiency Syndrome (AIDS) to understand the extent of knowledge about the disease. All ever-married women were asked about awareness, source of information, knowledge regarding means of transmission and prevention of AIDS.
- Only 42 percent of women have heard of AIDS. As can be expected, there is a strong positive correlation between level of education of women and their knowledge about AIDS. Only 8 percent of illiterate women have heard about the disease, compared with 89 percent of women with at least a high school education. Television has helped immensely in spreading the knowledge, 82 percent of women who have heard about the disease mentioned it as the source of their knowledge.

Only 42 percent of women age 13-49 had ever heard of AIDS.



CONCLUSIONS

Fertility and Family Planning

- Goa, although insignificant in terms of its population size, occupies a unique position in terms of the prevailing demographic situation in the country. Fertility in the state is very low. In fact, it has attained below replacement-level fertility with a TFR of 1.9 children per woman. Indications are that the state has been experiencing a low level of fertility for quite some time.
- The low level of fertility has been achieved with only a moderate level of contraceptive use. Only 38 percent of currently married women are practising a modern method of family planning. Although the practice of family planning is moderate, unwanted fertility is low; a little more than 4 percent of the births that occurred during the four years preceding the survey are reported as unwanted. Women in the state marry late; the mean age at marriage for females is 25 years. There are also other factors favourable to a low level of fertility in the state. The infant mortality rate, a crucial indicator of human development, is very low. Also significant is the level of education of women. Fifty percent of women age 13-49 have education beyond the primary level. Seventy-three percent of females age 6 and above are literate, which is much higher than the all-India level. Also, 93 percent of female children age 6-14 years are attending school. This is one of the few states in India where the sex ratio is in favour of females. Other available indicators from the survey reveal that there is little, if any, evidence of discrimination against females. There are hardly any sex differentials in the vaccination of children against six preventable

diseases, the treatment of children for illness and the nutritional status of children. Urban-rural differentials for most of the fertility and family planning estimates are also very small.

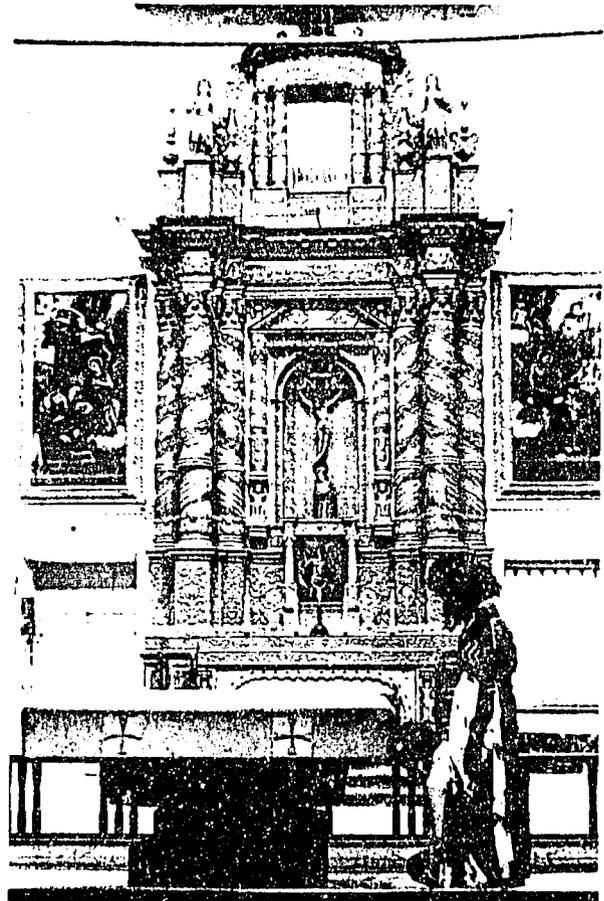
Maternal and Child Health

- The MCH Programme, in this tiny state, has been progressing satisfactorily. Most pregnant women have received antenatal care services from a doctor. It is heartening to find that a large proportion of births are delivered in institutions and are attended by trained personnel. The percentage of children fully immunized is very high, but is still below the national objective of the Universal Immunization Programme to cover 85 percent of all infants by 1990. All these services have contributed to attaining a low level of infant and child mortality in the region.
- However, the morbidity condition and nutritional status of children are not satisfactory. The proportion of children suffering from fever, diarrhoea, and ARI are quite high. The knowledge of ORS and the use of ORS and RHS are limited. Greater publicity is needed to enhance people's awareness about Oral Rehydration Therapy.
- Another practice which is crucial to the health of infants is breastfeeding. International recommendations state that infants should be given only breast milk up to 4-6 months of age. However, a large proportion of children below age 4 months are given supplements. Also, the timing of initiation of breastfeeding for a sizeable proportion of children is later than recommended. This is likely to deprive children from receiving an adequate amount of colostrum, which provides natural immunity against diseases and important nutrients to the child. Only 46 percent of children in the age

Conclusions

group 6-9 months receive both breast milk and solid foods, as recommended.

- Only 42 percent of women in Goa have heard about AIDS. It is therefore necessary to undertake all efforts to increase the awareness of AIDS and accompanying health hazards with proper knowledge about preventing the onslaught of the disease.
- The family welfare programme in the region needs to be broad based. The improvement of services is crucial to the success of the Child Survival and Safe Motherhood (CSSM) Programme. The IEC package in the CSSM Programme has to be strengthened to make couples more aware of the correct timing for introducing supplementary food to a child's diet, the advantages of giving colostrum to babies and the use of ORS for children suffering from diarrhoea. It is also necessary to inform couples about the importance of having proper spacing between births. A sizeable number of births occur within 24 months of the previous birth and a much higher proportion of these children are underweight and stunted.



FACT SHEET - GOA

1991 Population Data

Office of the Registrar General and Census Commissioner

Total population (millions)	1.2
Percent urban	41.0
Percent scheduled caste	2.1
Percent scheduled tribe	0.03
Decadal population growth rate (1981-91)	16.1
Crude birth rate (per 1,000 population)	16.8
Crude death rate (per 1,000 population)	7.5

National Family Health Survey 1992-93

Sample Population

Ever-married women age 13-49	3,141
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Background Characteristics of Women Interviewed

Percent urban	49.6
Percent illiterate	33.7
Percent completed secondary school or higher	27.2
Percent Hindu	67.5
Percent Muslim	5.1
Percent Christian	27.1
Percent Working	29.7

Marriage and Other Fertility Determinants

Percent of women 15-49 currently married ¹	55.7
Percent of women 15-49 ever married ¹	60.0
Singulate mean age at marriage for females (in years)	25.1
Singulate mean age at marriage for males (in years)	30.6
Percent of women married to first cousin ²	9.8
Median age at marriage among women age 25-49	21.7
Median months of breastfeeding ³	16.5
Median months of postpartum amenorrhoea ³	4.1
Median months of postpartum abstinence ³	5.6

Fertility

Total fertility rate ⁴	1.9
Mean number of children ever born to women age 40-49	3.74

Desire for Children

Percent of currently married women who:	
Want no more children	33.3
Want to delay next birth at least 2 years	13.8
Mean ideal number of children ⁵	2.7
Percent of births in the last four years which were:	
Unwanted	4.3
Mistimed	13.4

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	95.3
Ever using a method	56.4
Currently using any method	47.8

Percent of currently married women currently using:

Pill	0.7
IUD	2.7
Injection	0.0
Condom	3.9
Female sterilization	29.5
Male sterilization	1.0
Periodic abstinence	7.5
Withdrawal	2.4
Other method	0.1

Mortality and Health

Infant mortality rate ⁶	31.9
Under-five mortality rate ⁶	38.9

Percent of births⁷ whose mothers:

Received antenatal care from a doctor or health professional	
Professional	93.5
Received 2 or more tetanus toxoid injections	83.4

Percent of births⁷ whose mothers were assisted at delivery by:

Doctor	74.1
Nurse/midwife	14.3
Traditional birth attendant	4.6

Percent of children 0-4 months who are breastfeeding

Percent of children 0-4 months who are breastfeeding	93.2
Percent of children 12-15 months who are breastfeeding	54.3

Percent of children 12-23 months who received:⁸

BCG	93.5
DPT (three doses)	86.7
Polio (three doses)	87.1
Measles	77.8
All vaccinations	74.9

Percent of children under 4 years⁹ who:

Had diarrhoea in the 2 weeks preceding the survey	7.8
Had a cough accompanied by rapid breathing in the 2 weeks preceding the survey	5.6
Had a fever in the 2 weeks preceding the survey	21.4
Are chronically undernourished (stunted) ¹⁰	31.5
Are acutely undernourished (wasted) ¹⁰	15.3

Knowledge of AIDS

Percent of ever-married women age 13-49 who have heard about AIDS	41.7
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¹ Based on all women

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